NORTHLAND DISTRICT HEALTH BOARD

ANNUAL REPORT 2019

Filming the 'You are Woman' music video at Pehiaweri Marae, the theme song for the Ngā Tātai Ihorangi – Our First 2000 Days.

Presented to the House of Representatives pursuant to section 150 of the Crown Entities Act 2004

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

Reading our Annual Report

The annual report presents an account of Northland DHB's performance for the year from 1 July 2018 to 30 June 2019.

It sets out what Northland DHB committed to do in the year, and how we delivered on that commitment.

Each year, the board reviews progress on its vision and long-term strategy, and identifies what will be achieved over the next twelve months. This is documented in the Annual Plan.

A Statement of Intent is also prepared annually and is the formal accountability document between Northland DHB and the Government. It provides a concise summary of Northland's intentions for the year ahead, and covers both long-term and annual planning objectives.

This document, the Annual Report, tells you how Northland DHB performed against the Statement of Intent and Annual Plan. It provides a detailed account of how the health dollars allocated to this board were managed.

Key Components

Chair and Chief Executive Report A report from the chair and chief executive on the past year.

Introduction Northland District Health Board. A brief overview of Northland DHB's role, the district it covers, and resources it manages.

Statement of Performance A report on Northland DHB's performance against the targets set by the board, and agreed by the Minister of Health.

2017/18: The Year in Review Includes staff and health sector activities and the DHB's financial performance.

Governance and Partnerships A report on how the board of Northland DHB is structured and operates.

Financial and Audit Reports The annual financial accounts of the organisation. Includes notes and disclosures regarding remuneration, dividend payments, and interest/shares in other organisations.

Contents

He Pihinga Ora (Supporting Raising Healthy Kids) Wheels Day event.

Photo: Michael Sullivan

MESSAGE FROM THE CHAIR & CHIEF EXECUTIVE

We would like to express our gratitude to the entire organisation for the care and service that is provided to our high-need population. It is a privilege to work in health, but it certainly comes at a personal cost. We acknowledge every staff member for all the times they have gone that extra km for their patients.

Sally Macauley
Board Chairman

Dr Nick Chamberlain
Chief Executive

No-one can keep doing this on their own without the ongoing support from teams of clinicians, support staff and management, thus enabling us to achieve much greater things than the sum of our individual actions.

Northland DHB (parent) has reported a deficit of $24.7m for the financial year to 30 June 2019. This included an underlying actual operating deficit of $7.1m (which includes the impact of strike action during the year), impairment of the Finance Procurement and Information Management System of $1m and a provision for the estimated costs of compliance with the Holidays Act 2003 of $16.5m.

Recovery from our previously capped funding, acute demand growth, industrial action and a number of one-off crises such as the Meningococcal W outbreak and vaccination programme have also contributed to the deficit.

Our deficit puts pressure on our cash flow and also leaves a problem for the following year, so achieving financial sustainability must be the ultimate goal. Looking at the sector deficit, there is clearly a need for a significant increase in funding to achieve this sustainability. But we need to ensure we continue to be extremely frugal, and good stewards of public funding. One thing is certain in a public health system – there will never be enough money. But we must continue to provide safe services for our staff and patients (while also investing upstream to eliminate inequities and move to a health and wellbeing rather than an illness model).

Acute demand growth in both Medicine and Surgery is one of our biggest challenge. The past year has been particularly severe, driven by our rapidly increasing, ageing, rural and high-need population.

Given the extreme pressure that we are experiencing within our acute and planned services, it is no surprise to learn that Northland is actually the fastest-growing region in New Zealand. According to the 2018 Census, our population has increased by 18.1 percent over five years to 179,076. Our growth is nearly 3 percent higher than the next highest DHB or region with about 70 percent of our growth being Māori and twice the national average growth in our over 65 non-Māori population.

This unprecedented population growth has put huge pressure on our staff, facilities, and budget, and it feels like we are constantly playing catch up to provide the services our population needs and deserves. It is a credit to our staff that we are able to provide such high quality care in the face of this increased demand.

Unfortunately, supply also drives demand in health. When we provide more services (new cancer treatments; new surgical and medical techniques; more beds – which we have added for the last two years; increased staffing – about 60 per year for the last few years), it feeds more demand.

Sadly we had three deaths in Northland from MenW in 2018 which resulted in an outbreak being declared just four weeks before Christmas. A mass vaccination programme was rolled out on 5 December throughout the region. This is our third vaccination campaign and seems to prove that Northland is more susceptible to infection than the rest of the country.

Our focus was to ensure that every single eligible Northland child (22,707) was given the opportunity to be protected. Eligible children were from two cohorts – 9 months to under 5 years and from 13 to under 20 years. More than 3,000 people were involved in delivering the initial 13-week community outbreak campaign including pharmacies, Māori Health providers, General Practice and Northland DHB clinics. As at 30 June 2019, 14,615 eligible enrolments were vaccinated.

With the highest active immunisation decline rate in the country, our focus was to encourage parents and caregivers to throw any anti-Vax views or principles out the window and get them immunised against the deadly new Meningococcal W strain.

In late April 2019 our first measles case was confirmed. We wrote to all schools in Northland encouraging them to keep unvaccinated children at home, given the outbreak being experienced in Auckland. Although the DHB received some caution about this approach, many schools engaged with us to improve their own immunisation registers. Horahora Primary school was particularly proactive and achieved a 95 percent immunisation rate (herd immunity) with our support.

We are embarking on a new Northland Health Strategy that will provide high-level direction for delivering health services and improving wellbeing in our district. The strategy will strongly emphasise the elimination of inequities in access to services, the way they are provided, and in health outcomes for Māori. We are seeking online feedback, hosting planned engagement workshops to capture what our community say about health priorities for Te Tai Tokerau. The development of the strategy is inclusive of all health services, government agencies and local councils.

About three years ago, Northland DHB met with the PHO boards and wrote to them asking them to form a single entity by 1 July 2019. We had a vision of a single entity that we could partner with rather than either compete with or simply try to tell them what to do.

Manaia Health and Te Tai Tokerau PHOs formed the Te Kaupapa Mahitahi Hauora – Papa o Te Raki Trust and appointed a new chair, Eru Lyndon and then Phillip Balmer as chief executive at the end of January 2019.

The Trust developed a vision for Primary Healthcare which far exceeded what Northland DHB had envisioned. We acknowledge the PHO board chairs Lynette Stewart and Dr Andrew Miller and the vast amount of time put into this kaupapa - without your leadership and willingness to let go for the greater good, this may well not have happened.

The Trust met its deadline with the establishment of the new single Primary Health Entity - Mahitahi Hauora marking a significant mindset change, to deliver on commitments made in Te Tiriti o Waitangi and develop a new model for primary health in Northland with the primary health sector, Iwi leaders, the district health board and the wider community.

The use of technology and innovations such as Zoom video-conferencing have allowed us to communicate more effectively to our partners and reach a wider audience as

well as reduce unnecessary travel. The successful Telehealth programme has been an important model of care change and an example of innovation that has already proven successful. By increasing access to this technology, our patients will have an advantage when they can zoom in for consultations from their homes rather than having to come to one of our facilities – particularly in rural Northland.

After years of hard work, advocacy, and significant system changes, Whangarei Hospital has become one of the 11 hospitals in New Zealand to become accredited for Medical Intensive Care Specialist Training by the College of Intensive Care Medicine of Australia and New Zealand. This is a significant achievement.

The opening of Stage One of the Bay of Islands Redevelopment was a highlight for the Mid North. Securing $31m of Government funding for Endoscopy, increased operating theatre capacity, a Cardiac Cath Lab and Stage Two of the Bay of Islands Hospital has also been well received. We continue to push for more funding to address critical compliance and capacity constraints within Whangarei until we can get approval to build a new hospital. The current state of our working environment is unsafe, inefficient, cramped and uncomfortable to work in and we are working closely with the Ministry of Health and government to help them understand how important this is for us.

We have again had mixed results with the Health Targets this year. We exceeded the Raising Healthy Kids Target of 95 percent; and we provided advice and support to quit smoking to 95.4 percent of pregnant women against the target of 90 percent. The continued significant growth in acute demand means we didn't achieve the Shorter Stays in EDs Target (95 percent), with 84.4 percent of patients admitted, discharged or transferred within six hours.

Our performance against the Faster Cancer Treatment target fell (reaching 79.6 percent – 90 percent target); the percentage of PHO enrolled patients who smoke who were offered help to quit reached 83.8 percent against the 90 percent target). Our high decline rate means we continue to struggle to meet the Increased Immunisation for eight-month-olds (reaching 82.6 percent – 95 percent target).

The 2018 Health & Social Innovation Awards late last year highlighted examples of our projects that create positive change for our community. This event occurs every two years, and for 2018 the format was changed. Thanks to the sponsors and organising committee, it was once again a highly successful event.

The winner of the Cedric Kelly Supreme Award and Collaboration Award, Te Ara Oranga, was also acknowledged nationally by winning the Supreme Matua Raki Workforce Innovation Award at the Cutting Edge Conference in Rotorua in September. The collaboration between us, the police and the wider community has been central to the project's achievements so far. The success of the project has made it a model for the rest of the country to use in the fight against the scourge that is methamphetamine. The Ministry of Health has commissioned a Phase 2 Evaluation of Te Ara Oranga: 2019–2021.

The organisation seems to have a growing reputation for producing great music and music videos to spread key messages through social media. First, we had Te Ara Oranga's "Let's Make a Change", followed by "You are Woman", the theme song for the Ngā Tātai Ihorangi – Our First 2000 Days project – an innovative new programme of resources. With the support of Kaylah and Reece, who allowed us to document their pregnancy, and by working closely with health providers and social services, Ngā Tātai Ihorangi delivers 10 key principles to ensure the health and wellbeing of expectant mothers throughout their pregnancy and for the first five years of their pēpi life.

The successful SUDI work that was undertaken in 2017 was a model for this project, focusing on Māori women through whānau centred wananga. The reduction of infant SUDI deaths in our region is ongoing, and we continue to lead the rates of exclusive breastfeeding after birth, so the māmā and pēpi in our region are in good hands.

Several long-standing staff have retired this year, and on the flip side we have now well over 3,100 of our people working in the organisation, and this number will keep growing to keep up with demand. One of the new appointments has been Paul Welford into the newly created Chief Operating Officer role. Paul is now supporting a number of projects that will result in the provision of safer (for staff and patients), more timely, equitable, efficient and effective patient and whānau centred care.

Throughout the year we have used consumer feedback, as well as our Consumer Council to help us assess how we work, enhance our services and focus on areas that need development. Having a patient's point of view is invaluable to highlight simple things like how we use language to frame situations for patients to improve how we operate at work and in daily life.

We can learn a lot from three words used in a speech on 19 March 2019 from our Prime Minister about Christchurch and the Muslim people – 'They are Us'. We know our staff 'get' that when it comes to our patients – many will either have sampled our health system or had whānau who have. We are sure that most will have had a positive experience because we do live our Values and treat patients and whānau as they would want to be treated.

We take this opportunity to acknowledge and sincerely thank the members of our board and advisory committees, our executive team and all our wonderful staff for their continued strong passion and commitment to their roles during the year. Healthcare continues to be challenging, but working in health is also a privilege. We acknowledge that we are all doing everything possible to improve access and provide excellent, high-value healthcare to Northlanders.

To all those volunteers and community groups that use their own time to support our work, thank you. Without your help, the hospitals wouldn't have the warmth and extra care that you provide.

We would also like to record the appreciation of the Board to the Kaunihera Council of Elders (kaumātua and kuia) for their continuing support, advice and wisdom on matters of tikanga Māori.

It was with great sadness that we learnt of Kaumātua Hare Rihari passing on 29 August. Hare had recently retired and we remember him as a gentle, dedicated person always putting whānau first and willing to help our staff with cultural advice or karakia. We are all very saddened by his death as he now follows our other kaumātua who have gone to join their ancestors namely Kaumātua Rob Sarich, Kaumātua Kopa Tipene and Whaea Bella Hutchinson.

No reira e hoa, ka hinga koe i te wao nui o Tane. He tōtara hakanui, he tōtara humarie. He rongorongo mai koe te karanga o nga tini mātua tūpuna. Moe mai ra i te poho o nga tūpuna. Friend, you have fallen within the forest of Tane. You were larger than life like a tōtara, you were humble. You have heard the call of the many ancestors. Go now and rest within their embrace.

Sally Macauley
Board Chairman

Dr Nick Chamberlain
Chief Executive

ABOUT NORTHLAND DHB

Who are we and what we do

Northland DHB is categorised as a Crown Agent under section 7 of the Crown Entities Act 2004. Responsible for providing or funding health and disability services for the people of Northland, the DHB covers a large geographical area from Te Hana in the south to Cape Reinga in the north.

The DHB employs 3,086 staff. Acute services are provided through the DHB's four hospitals, based at Whangarei, Dargaville, Kawakawa and Kaitaia, with elective surgery performed at Whangarei and Kaitaia. These services are supplemented by a network of community-based, outpatient and mental health services, a range of allied health services, and a public and population health unit. Some specialist services, like radiation treatment and neurology services are provided from Auckland or through visiting specialists travelling to Northland.

The DHB allocates funding across the health sector in Northland, contracting with a range of community-based service providers such as Mahitahi Hauora, our single Primary Health Entity, dentists, pharmacies and other non-government organisations.

Our Health Profile

Māori

Māori experience low health status across a range of health and socio-economic statistics. They comprise over one-third percent of Northland's total population, but 52 percent of the child and youth population, a key group for achieving long-term gains. Māori experience early onset of long-term conditions like cardiovascular disease and diabetes, and their life expectancy is about nine years less than non-Māori.

Child and Youth

The child and youth proportion of Northland's population is projected to decline over the coming years from 32.7 percent in 2018 to 30.7 percent in 2028, but remains a priority because healthy children make for healthy adults and because children are more vulnerable than adults.

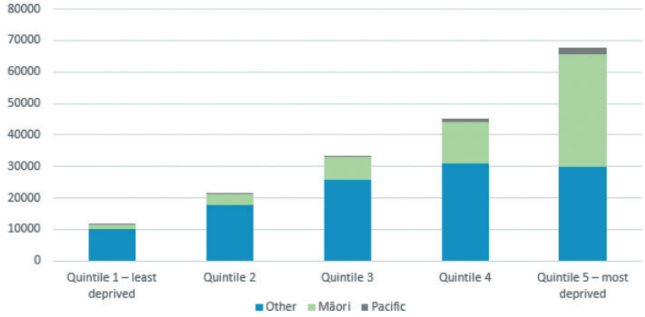
The deprivation index, which divides New Zealanders into ten groups according to their deprivation scores, placed 80 percent of the population on the most deprived half of the index.

Older People

In 2018, 18 percent of our population was aged 65 or more; that is projected to rise to 28 percent by 2028 (when the national figure will be only 21 percent). The ageing population places significant demands on health services provided specifically for older people (residential care, home and community support services, day care). It also increases the prevalence of long-term conditions that become more common with age.

Deprivation, 2018/19

Northland has a very high proportion of people in the most deprived section of the population while the least deprived section is under-represented.



Ref: Ministry of Health website Population of Northland DHB - Deprivation is reported in 'quintiles'. Quintile 1 represents the least deprived section of the population while quintile 5 represents the most deprived section.

Long-Term Conditions

About three-quarters of deaths in Northland are from cardiovascular disease (heart disease and stroke) or cancer (most commonly trachea-bronchus-lung, colorectal, prostate and breast).

Twenty-one percent of adult Northlanders have been told they have high blood pressure and 13 percent that they have high cholesterol, both known risk factors for cardiovascular disease.

Although diabetes is not a major killer itself, it is a primary cause of heart disease. A great deal of unnecessary illness and hospitalisation is related to poor management of diabetes.

Oral Health

Northland's Year 8 students have a higher number of decayed, missing or filled teeth (1.12 compared with 0.7 nationally). Our 5-year-olds have one of the lowest percentages of teeth without tooth decay (45 percent compared with 59.7 percent nationally).

Lifestyle Behaviours

The way people live their lives and the behaviours they exhibit have an enormous effect on health status. There are many influences, but key ones are smoking, diet, alcohol and other drugs, and lack of physical activity.

Social Influences

Many of the causes of ill health rest with social and economic factors such as housing, education and economic prosperity. The health sector cannot affect these directly, but as a DHB we work collaboratively with other government and local body organisations to achieve a healthier Northland.

WHERE THE MONEY GOES

$383m

Whangarei, Dargaville, Bay of Islands and Kaitaia Hospitals (surgical and medical services, emergency departments, imaging, laboratories, maternity), public health.

$70m

Primary Health (general practitioners, community dental services, radiology)

$72m

Health of older people (including residential care, rehabilitation)

$58m

Mental Health Services

$6m

Māori health services

$40m

Community pharmacies

$8m

Community laboratory services

$84m

Inter-district flows (publicly-funded health services paid to other district health boards and others for services provided to Northland patients)

Total $721m

EACH DAY IN NORTHLAND

On average, each day in Northland there are:

Emergency Department presentations

148

Theatre events

51

Mental health community visits

502

Immunisations for 8-month-olds

7

Inpatient discharges

110

Radiology exams

282

General practice consultations

1,813

Breast screens

41

Outpatient attendances

2,174

Lab test results – Hospital

3,944

Prescription items processed by pharmacies

7,966

Subsidised bed days in aged residential care

949

Outpatient missed appointments

77

Lab test results – Community

4,209

Community visits by allied health services

79

People assessed by hospice services nursing teams

19

Northland patients discharged by other DHBs

15

Babies born in hospital

5

District nursing visits

191

Hours of home-based support services for older people

1,635

Chemotherapy attendances

18

Deaths in Northland

5

Oral health visits in primary schools

231

Renal dialysis

58

Mental health hospital admissions

3

Immunisations for 2-year-olds

8

OUR SERVICES

There are currently 169 GPs and 172 practice nurses across 37 general practices providing primary healthcare to Northlanders enrolled with Northland PHOs, and non-enrolled and non-resident patients.

Northland DHB has 247 contracts with 130 non-government organisations (NGOs) including Māori Health providers and Whānau Ora collectives that provide a range of public health, primary healthcare and community services across Northland.

Figure 1
Northland PHOs

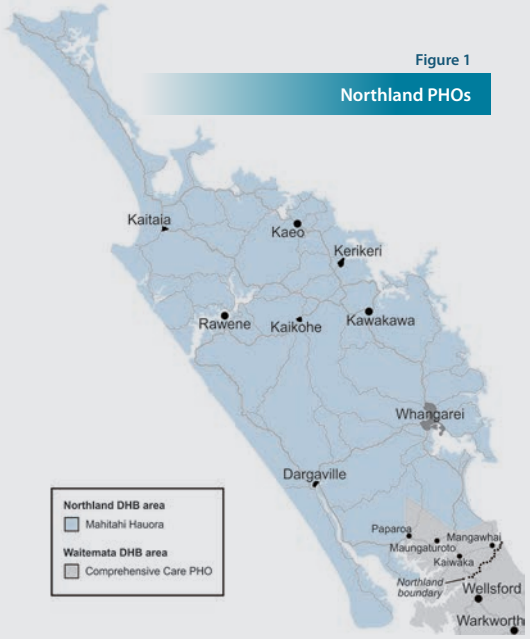


Figure 2
Māori NGOs

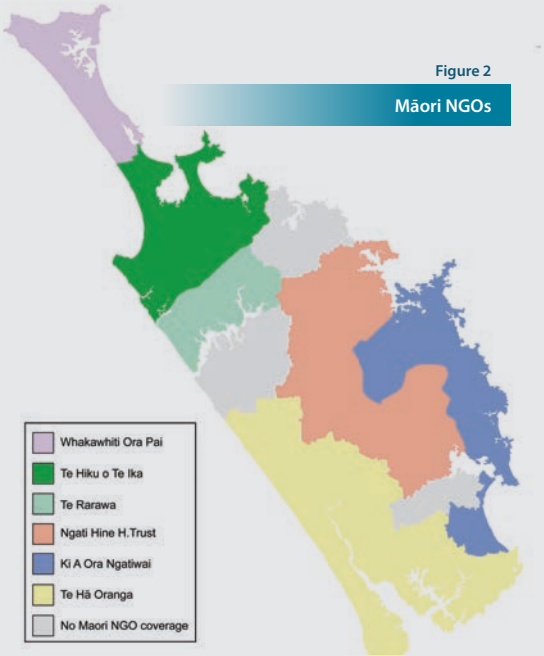


Figure 3
Northland Hospitals

Figure 4
Travel Distances

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

OUR PEOPLE

He whakapapa, he mokopuna, he tamariki, he mātua, he tūpuna. He aha te mea nui. He tāngata, he tāngata, he tāngata.

Our people are central to all we do. Our people are what drive our organisational culture. The five organisational Values are what we pride ourselves on. They are the foundation of our culture that we continue to build on.

Demographics

Northland DHB workforce profile	Total workforce 3,086 active employees
Age profile	Female average age 46.23 years Male average age 45.90 years
Ethnic profile	Māori 17.04 percent Pacific 1.04 percent European 60.73 percent Asian 10.53 percent Other 3.79 percent Not stated 6.87 percent
Disability profile	Specific data is not currently held for this category. Individuals with disabilities applying for vacancies are given full considerations based on the needs of the position
Gender profile	Female 2,462 employees (79.78 percent) Male 624 employees (20.22 percent)

Leadership, Accountability and Culture

Northland DHB is committed to meeting its statutory, legal and ethical obligations to be a good employer. We strive to provide an organisational culture that has strong leadership and accountability – where everyone is able to contribute to the way the organisation develops, improves and adapts to change.

We engage our employees through positive relationships to foster leadership skills at all levels. A key priority for the DHB is achieving equity for Māori through Te Tiriti principles, which have led to several programmes and initiatives being enhanced or established to support current and future leaders to achieve this priority.

The organisational Values help to maintain our relationship-based culture, which encourages collaboration across services and occupational groups to contribute to employee engagement and patient outcomes and positive relationships with union partners. Local engagement groups continue to meet regularly and remain integral to maintaining a cooperative working environment. The objectives of the groups are to provide a forum for ongoing constructive engagement between Northland DHB and the unions that represent its employees.

Achievements in 2018-19 include:

- A Leadership Programme based on the State Services Commission programme has been established. This introduces a pulse learning approach to ongoing leadership competency development, which include three new courses:
  - Leading through Influence
  - People Leadership
  - Strategic Leadership.
- The establishment of a ten-year Northland Workforce Development Strategy 2019–29, provides a snapshot of the current challenges and needs. It has the following four key headline objectives:
  - Attract, recruit and develop a talented workforce
  - Grow the capacity and capability of our Māori workforce
  - Reshape the workforce to deliver innovative and integrated models of care in response to changing population needs
  - Foster a safe, well, engaged, enabled workforce supported by effective leadership.

Recruitment, Selection and Induction

Māori are under-represented in Northland DHB's workforce, comprising just 17.04 percent of the total staff. Northland DHB is committed to encouraging more Māori into health and disability fields. This applies particularly to areas where Māori are under-represented as health professionals and over-represented in their health needs. The DHB approved the appointment of a full-time Workforce Equity Manager who started in the third quarter of 2019.

Our objective to 'grow our own' workforce has led to a number of development projects which have been implemented with great success. Northland DHB holds the regional hub contract for Kia Ora Hauora. This was established to increase the number of Māori entering first-year tertiary study, and to recruit and retain Māori in health-related career pathways and into the health sector workforce.

We are committed to future proofing our service delivery by attracting, recruiting and developing high potential talent. The recruitment team are engaged with NeonLogic, our agency partners, in developing the recruitment Employer Value Proposition to help us attract and retain high quality employees.

Robust safety screening processes and our Values-based recruitment processes are used to select all staff. Staff are welcomed and inducted to Northland DHB through the Organisation Orientation event, and through department/team inductions. Our recruitment processes comply with child protection safety checking regulations and all interview questions include specific Vulnerable Children's Act questions.

Partnerships with education providers to promote health careers and strengthen student capability are key in nurturing a high quality entry pipeline. Strong relationships with the University of Auckland, Auckland University of Technology and NorthTec continue to provide future opportunities for doctors, nurses, midwives and allied health professionals to join the organisation.

In 2018/19, key roles were created, one of which was the Chief Operating Officer role. The appointment into this role will make a significant contribution to the provision of safer (for staff and patients), more timely, equitable, efficient and effective patient and whānau centred care.

Achievements in 2018-19 include:

- Appointment of the Integrated Operations Centre Manager to:
  - direct workforce and capacity across the organisation
  - enable key teams to be responsive to use real-time data analysis for clinical and operational decision making across the organisation
  - develop a central hub where the day's activity and responses are coordinated for better patient outcomes and safe staffing levels.
- Appointment of the Clinical Director, Acute Demand to:
  - Strengthen the primary care clinical interface.
- Promotion of health careers to all secondary schools:
  - Kia Ora Hauora (northern) recruited 596 Māori to their programme in the last 12 months
  - Support provided to the University of Auckland Rural Grassroots programme in schools.
- Support Science achievement:
  - 2019 Rangatahi Health symposium (53 students attended)
  - Science for Hauora at Massey University (52 students attended)
  - STAH Forum (Allied Health Careers Promotion) 34 students attended
  - Free science and maths tutorials provided through 'See the Solutions' (29 year 12/13 students registered for this support)
  - Health Science Academy – 30 Year 12 attendees.
- Supporting tertiary achievement:
  - Kia Ora Hauora (northern) has supported 143 secondary students into tertiary education
  - Provided 22 Pihirau scholarships towards fees to tertiary students across the region
  - Nine tertiary support packages to students in hardship (consists of any of the following: laptop & software, one-off accommodation grant, travel assistance)
  - Four Tertiary Support Grants to Māori student bodies at various tertiary institutions to support retention
  - Scholarship workshops – 108 tertiary students attended
  - Supported 32 medical students with Waitangi Day promotion and cultural wānanga.
- Transition to work:
  - Kia Ora Hauora (northern) has supported 219 of its members into employment. 35 members transitioned to employment between July 2018 and June 2019. Work ready programmes are delivered regionally.
  - 533 new employees have been welcomed through the Northland DHB Organisation Orientation.

OUR PEOPLE

Employee Development, Promotion and Exit

Northland DHB is committed to growing the cultural competency of our workforce in a response to achieving health equity outcomes for our Māori communities. Evidence shows patient outcomes improve when they are treated with a higher level of cultural competency, and cared for by a skilled workforce that reflects the community we serve. Te Kaupapa Whakaruruhau / The Māori Health Cultural Quality Programme provides opportunities to gain cultural competencies. Northland DHB has also committed to implementing an equity lens over the organisational onsite training.

Northland DHB has a comprehensive onsite and online training programme which staff are encouraged to take advantage of. External training courses, conferences and workshops are also available to build capability and support career and personal development objectives.

We provide medical staff with continuing medical education (CME) support and nursing and midwifery staff with professional development recognition programmes. Health Workforce NZ funding continues to be provided for postgraduate study for nursing and midwifery and the non-regulated workforce.

Northland DHB generally has a turnover of 11.3 percent, which is comparable to the national average of 11.2 percent. An online confidential Staff Exit Survey is offered to all department staff, along with the opportunity for 'face to face' exit interviews.

Achievements in 2018-19 include:

- The nursing graduate programmes (NETP & MESP) are committed to supporting employment of new graduate nurses, to support the growth of the nursing workforce for Northland and to increase the Māori nursing workforce to reflect the Northland population. The programmes support new graduates in their first year of practice to develop their clinical skills, knowledge and integration into the nursing workforce.
  - Northland DHB employed approximately 94 percent of applicants throughout Northland, mostly in the secondary settings but also in Primary and Aged Residential Care (ARC) areas
  - The Nursing Directorate is collaboratively working with the NorthTec nursing school, and Kia Ora Hauora to use the 'pipeline' development of new students transitioning to nursing as well as returning nurses.
- Ngā Manukura o Āpōpō – the national Māori nursing and midwifery workforce programme is now in its 16th year. This programme is sponsored by the Northland DHB Acting Director of Nursing and Midwifery and in partnership with the National Māori Hauora Coalition.
- In February 2019, health care assistants were enrolled in the NZQA Certificate in Health & Wellbeing (Level 3) for Health Care Assistants in hospital settings programme. Fourteen successfully completed the programme in June 2019. This represents a 100 percent pass rate with 50 percent of the participants identifying as Māori.
- The Health Workforce Directorate Post Graduate Nursing contract has been fully allocated for July 2018 to June 2019. The funding has been evenly spread between the primary and secondary health sectors. Māori support funding was received. Māori nurses reported that it was a valuable personalised support. Achievements for Northland nurses studying at post graduate level were:
  - Bachelor of Nursing Hons student completing research on model or care for acute inpatient services
  - A 100 percent pass rate
  - Several nurses studying Māori leadership, prescribing pathways and long-term conditions.
- Tū Tira, Northland DHB Kaupapa Māori Health Symposium: The Tū Tira Kaimahi Māori Working Group was established with the aim to deliver an annual Kaupapa Māori Health Symposium. The goal is to elevate kaupapa Māori literacy within Northland DHB's workforce and encourage innovative knowledge and practices. This is guided by the organisation's workforce strategy in addressing inequities. The Kaupapa Māori Health Symposium was held at the Whangarei Events Centre on 29 March 2019 and was attended by 105 staff.
- Northland DHB's cultural "Engaging Effectively with Māori" quality programme continues to be a significant course for all staff with 69 percent overall attendance at 30 June 2019. The organisation has established its own group of six facilitators who deliver in pairs every month. This ensures the continuity of the programme and develops the capability of our own staff.
- The Learning and Development department recorded attendance of 13,268 people. This includes 2,164 through the internal courses from the Learning and Development Programme, 3,268 through internal business partnerships and 7,843 online completions through the LEARN platform.
- The Wellbeing initiative was well supported with 333 people attending courses that covered topics such as nutritional information, breathing techniques, Myers Briggs personality profiles, tools for managing stress, building resilience and a boot-camp pilot.
- Two new Learning Pathways have been established, Enabling Wellbeing and Driving Excellence.
- A new scholarship fund with an external philanthropist was established to support and encourage tertiary health studies for internal staff working in the unregulated workforce. Four scholarships were provided in 2018/19 for studies in nursing, mental health and human resources.
- The average length of service at Northland DHB is eight years.

Flexibility and Work Design

Northland DHB operates 24 hours a day, seven days a week, providing full-time and part-time opportunities. Flexible work hours based on employee needs and the requirements of the position are available. Specific disabilities are recognised and provided for.

Northland DHB has fostered an environment where our key partners can evolve the development of primary care health system across Northland that eliminate health inequities for Māori, promote wellbeing and self-determination, provide value to the system and measure success through achieving population outcomes across a health and social care spectrum.

Achievements in 2018-19 include:

- Northland DHB completed its implementation of a single contracting entity for primary care, a policy adopted by the Board in November 2016. This transformational project over two years of planning at a governance level involved the two PHOs, Te Kahu o Taonui (our iwi Chairs), and Māori Health Providers. This culminated in the appointment of Independent Chair, Eru Lyndon in late 2018. Chief Executive Phillip Balmer was appointed in January to lead the new Primary Health Entity Te Kaupapa Mahitahi Hauora – Papa O Te Raki Trust. Mahitahi Hauora has been formed from representatives of the previous PHO boards as well as community and iwi representatives and the DHB Chief Executive as a non-voting member.
- The Calderdale Framework is a clinically-led workforce development tool to facilitate a 'best for patient, best for system' approach. It provides opportunities to standardise patient care and achieve service efficiencies.
- A cohort of ten Calderdale Framework Facilitators trained across Allied Health and District Nursing services. Each facilitator is implementing a workforce re-design project within their service. The goal of the project is to embed District Nursing and Allied Health workforce capacity and capability strategies into the Northland practice workflow.
- After its introduction mid-2018, it was quickly realised that Zoom video conferencing could be of substantially wider benefit to Northland DHB than just corporate use. Zoom has been deployed in business and clinical areas to meet demand, with 500 active users across the organisation.
    - Dental therapy clinics were successfully piloted to the mid and far north with a service-wide deployment plan for Oral Health developed and currently seeking funding
    - Primary Care led multi-disciplinary team meetings have been further developed from the Te Hono model, and deployed in the mid north with regular meetings now occurring
    - A Telestroke service has been introduced to the acute care telehealth network for Whangarei Hospital and the links from ICU to the rural hospitals have been upgraded with mobile telehealth carts using Zoom. This service is now called Rapid Information Telehealth Assessment (RITA). A model for patient consultations to the home is being developed for transplant patients with the renal team. A primary goal is to make this model scalable with many other clinical areas potentially able to benefit.
- Growth of the Primary Options Acute Demand Management Service (POADMS).
- Enabling primary/secondary care collaboration through the development of a working group programme, Innovation Support.

11 staff from a range of services across Northland DHB attended three days of intensive Calderdale Framework Facilitator training in May 2019

OUR PEOPLE

Remuneration, Recognition and Conditions

Northland DHB adheres to the good employer requirements in section 118 of the Crown Entities Act 2004 which covers:

- Good and safe working conditions
- An equal employment opportunities programme
- The impartial selection of suitably qualified persons for appointment
- Recognition within the workplace of the aspirations and needs of Māori, other ethnic or minority groups, women and people with disabilities.

Northland DHB's workforce is covered by 21 collective employment agreements. A smaller proportion of staff are on individual employment agreements. Transparent job evaluation criteria, developed in consultation with relevant unions, are in place for a range of employee groups. This includes specific merit programme criteria which are available for most employee groups.

Achievements in 2018-19 include:

- On 14 November 2018, the Northland Health and Social Sector Innovation Awards celebrated quality, innovation and integration across Te Tai Tokerau health and social sectors.
  - Northland District Health Board, NorthAble Disability Services, Manaia Health and Te Tai Tokerau PHOs proudly came together to showcase the achievements from across our region over the past two years. Our award categories reflect services from iwi organisations, social services, general practice, and non-government and government agencies. We celebrated the way we work which is unique to Northland
  - The event was a 'Theatre Experience' hosted by entertainer Luke Bird and held at the Capitaine Bougainville Theatre at Forum North in Whangarei. The Cedric Kelly Supreme Award was presented to Te Ara Oranga Methamphetamine Demand Reduction Programme
  - The event would not have been possible without the kind support from the following sponsors: Northland Community Foundation, Spotless, IC Motor Group Hyundai, Webb Ross McNab Kilpatrick, Mediaworks Radio, Te Tai Tokerau PHO, Calders Design and Print, Hotprintz, Manaia Health PHO, NZME, Cnorth, NorthAble EQ+, Air New Zealand, On Design, Office Max, Whitehead HD, Health Quality & Safety Commission, Refining NZ and Jeff Oliver Print.
- International Nurses Day and International Day of the Midwife was recognised and celebrated with the annual nursing and midwifery awards held 9 May 2019.

Harassment and Bullying Prevention

Northland DHB's zero tolerance to bullying and harassment is reinforced by policy, training and support, which are provided to all staff with clear guidelines outlined in the Managing Unacceptable Behaviour in the Workplace Policy. All current and new managers are required to attend training which supports their ability to recognise, investigate and ameliorate such concerns when they occur.

Achievements in 2018-19 include:

- The 'DATIX' electronic reporting tool for reporting incidents of alleged violence, bullying and harassment continues in use, and we have started engagement with our union partners to refine the tool to ensure improved ease of use
- The 'Managing Unacceptable Behaviour' HR training module for managers has been updated to include various new role-play scenario's to enhance the training experience.

Health, Safety and Wellbeing

Northland DHB is committed to providing a safe and healthy workplace for all employees, patients, whānau, visitors and other workers. The organisation is required by legislation and contractual obligations to have effective emergency and corporate risk management systems and processes in place.

In December 2018, a Wellbeing programme and Wellbeing Steering Group was established to ensure the wellbeing of staff continues to be a priority and the numerous initiatives that fall under the wellbeing banner are well managed.

Achievements in 2018-19 include:

- 77 percent of staff from across all our hospitals and worksites vaccinated against 2019 seasonal Influenza. This uptake was key in managing Influenza disease and in controlling its spread to patients and within our community
- The 2018/19 Health and Safety objectives for the Executive Leadership Team and Board have been achieved.
- Reducing the number of Lost Time Injuries continues to be a focus for the organisation. The number of lost time injuries for 2018/19 was 38. The frequency rate (7.4) remains significantly below the national (11.4), northern region (12.7) and medium sized (12.4) DHB average benchmarks. The organisation has identified the following six risks to personal health based on work exposure:
  - Violence from patients or visitors, acute or gradual health impact
  - Moving and Handling, including patients
  - Chemical (personal exposure to toxic, flammable or explosives)
  - Biological (disease transmission)
  - Environmental, e.g. asbestos (exposure when working in asbestos containing buildings)
  - Personal Stress (personal resilience and wellbeing).
- Successfully retained tertiary (the highest) level accreditation in ACC's Partnership Programme audit.
- Maintaining an injury prevention focus on moving and handling people, manual handling and chemical management.
- Wellbeing programme established, which aims to:
  - Equip leaders and teams with the ability to identify and respond appropriately to disengaged and/or unwell staff
  - Increase accountability for staff wellbeing across all leader roles
  - Develop support pathways
  - Create further opportunities for participation in physical fitness and resilience programmes
  - Build awareness of existing wellbeing initiatives, courses and team events
  - Develop a recognition framework.
- A Workplace Violence Prevention Group was established in 2017 whereby awareness campaigns and online training demonstrated Northland DHB's commitment to eliminate workplace violence. Subsequently the role of a Workplace Violence Prevention Programme Manager was established to provide oversight, guidance and interventions to further support staff safety.
  - Wide consultation with staff took place between January and June 2019 to determine the scope of impact on the safety, health and wellbeing for employees
  - A Workplace Violence Prevention Framework has been proposed.

NZ Fire Service assisting Whangarei Muslim community bring flowers to Whangarei Hospital that had been left at their mosque from people acknowledging the Christchurch mosque shootings.

'You are Women' star Kaylah Bermingham (left) holding three-week-old Ngāwai Madisyn-Blair Bermingham with midwife Ange Yendall.

WHAT ARE WE TRYING TO ACHIEVE?

Our Vision of "He Hauora Mo Te Tai Tokerau - A Healthier Northland."

We aim to achieve this by working together in partnership under the Treaty of Waitangi to:

- Improve population health and reduce inequities
- Improve the patient experience
- Live within our means.

We endeavour to work consistently according to our Values:

Our Values

Living Our Values for Safety, Health and Wellbeing

Tāngata i te tuatahi

He whakapapa, he mokopuna, he tamariki, he mātua, he tūpuna. He aha te mea nui. He tāngata, he tāngata, he tāngata

People First

Our people are central to all we do

Our Behaviours

- Builds relationships, connects with others
- Makes people feel welcome, is polite, greets people and says 'hello', introduces themselves
- Sees the person, takes the time
- Seeks feedback

Whakaute (tuku mana)

He whakaaro nui ki ētahi atu

Respect

We treat others as they would like to be treated

Our Behaviours

- Clearly respects different cultures, backgrounds, views, ideas and roles
- Supportive of people's dignity and privacy
- Respects others' time. Prompt, organised, prepared
- Actively listens

Manaaki

Ko te manaaki – he whāngai, he kākahu, he ropiropi. Akona e te whānau whānui

Caring

We nurture those around us and treat all with dignity and compassion

Our Behaviours

- Genuine, compassionate, gentle, considers people's feelings
- Kind, attentive, helpful, and considerate
- Makes time for people
- Acknowledges, appreciates and values colleagues

Whakawhitiwhiti Kōrero

Whakawhitiwhiti kōrero i runga te tika, te pono me te aroha

Communication

We communicate openly, safely and with respect to promote clear understanding

Our Behaviours

- Honest, open, takes time to listen and understand
- Shares relevant information, keeps people up to date, explains clearly, follows up
- Works together and involves people, gives options
- Clarifies understanding and reflect back

Te Hiranga

Kia kaha, kia māia, kia manawa nui

Excellence

Our attitude of excellence inspires confidence and innovation

Our Behaviours

- Positive, aims high, keeps learning, shares knowledge
- Self-aware, calm, professional and open-minded
- Thorough and accurate
- Speaks up, adaptable and accountable for actions

HAVE WE MADE A DIFFERENCE?

Our Outcomes Framework is a tool for holding us to account on whether we are making a difference to the health of our population. The two key rows are Outcome Measures (covered in the first section after the Framework) and Output Measures (covered in the next section, the Statement of Performance).

Outcome Measures describe the health of the whole population or significant groups within it. They have a long-term focus because the factors that affect them typically take years to change (and often lie outside the direct influence of the health system).

The next section, the Statement of Performance, is based on Output Measures that describe services or behaviours that contribute to the outcomes. Changes to the way services are provided have more immediate impacts, so we monitor performance against them annually.

National Health Targets (HTs)

The Health Targets reported on here are those that apply until the end of 2018-19. The Ministry of Health is working on a completely new set of Health Targets with a stronger population health outcome focus, but at the time of writing they haven't been announced.

Outcomes Framework

National	MoH Purpose and Role	Improve and protect the health of New Zealanders				
	MoH High Level Outcomes	New Zealanders are healthier and more independent		High quality health and disability services are delivered in a timely and accessible manner	The future sustainability of the health and disability system is assured	
	NZ Health Strategy themes	People powered	Care closer to home	High value & performance	One team	Smart system
Northland	Vision	A Healthier Northland		He Hauora Mo Te Tai Tokerau		
	Mission	Achieved by working together in partnership under the Treaty of Waitangi to:				
		Improve population health and reduce inequities		Improve the patient experience	Live within available funding	
	Outcome Measures	Life expectancy gap between Māori and non-Māori reduced by 2 years	Unplanned hospital admissions for Northlanders reduced by 2,000 by 2017 [1]	>95% of patients report they would recommend the service provided	Reduce gaps between: (a) Māori and non-Māori (b) Northland and NZ	Decrease in infant mortality Mortality rate, age-standardised
	Output Measures	Adults who are current smokers Full and exclusive breastfeeding at 3 months 8-month-olds who are fully immunised Breast cancer screening Cervical cancer screening	Ambulatory sensitive hospitalisations, ages 0–4 Average number of decayed, missing or filled teeth in Y8 students Good blood sugar management in diabetics Eligible people receiving CVD risk assessment in the last 5 years % of 4-year-olds identified as obese referred to a health professional	Urgently referred patients with a high suspicion of cancer who receive their first cancer treatment within 62 days % of people with enduring mental illness aged 20–64 who are seen over a year Increase in elective surgical discharges ED patients with length of stay less than 6 hours Quality measures	HCSS clients assessed using interRai tool HCSS providers certified ARRC providers with at least 3-year certification
	Output Classes	Prevention	Early detection and management	Intensive assessment and treatment	Rehab and support	
	Enablers	Workforce	Information technology	Quality systems	Financial management	

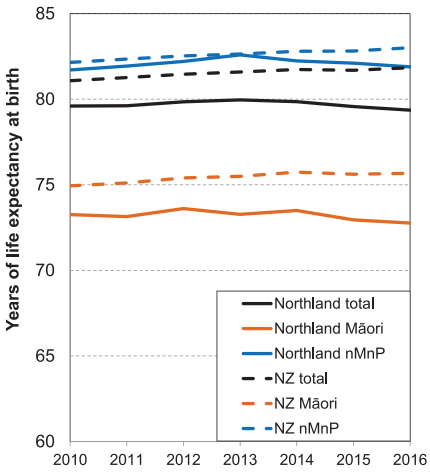
[1] The target is drawn from the Northland Health Services Plan whose timespan ran until 2017. This high-level measure will not be updated until our Strategy is developed during 2019/20.

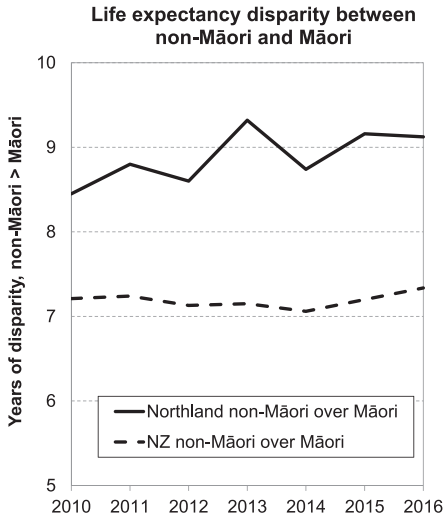
Outcome Measures

Overall we are either making gains or holding steady in most of our outcomes. Mortality is gradually decreasing, patient satisfaction is improving, life expectancy has been stable, and there have been minimal increases in acute admissions to hospital in the face of significant and growing pressures.

We still need to do more to improve equity for Māori however. Māori live on average about nine years less than non-Māori. Overall Māori mortality (adjusted for their different age structure) is about half as high again, and infant mortality is higher.

Life expectancy





Between 2010 and 2016 in New Zealand, life expectancy increased gradually for both non-Māori (from 82.2 to 83.01 years) and Māori (from 74.9 to 75.7 years), and the gap between them remained steady at just over seven years. For Northland the picture is not so encouraging. Non-Māori life expectancy rose from 81.7 to 81.9, but for Māori it decreased from 73.3 to 72.8, and the gap increased from 8.4 to 9.1 years.

Life expectancy at birth is a high-level measure of the health of the population. Key influences are social and economic factors such as education, income, employment, housing and the environment. There has been evidence that the gap between rich and poor nationally has been increasing over the last few years, and it is likely that more deprived areas such as Northland will be the most adversely affected.

Infant mortality has a significant effect on the final life expectancy calculation. As the next heading shows, Northland's figures for infant mortality are poorer than the national average. A key influence on length of life is how we live it. Two of the most harmful behaviours are smoking and unhealthy lifestyles leading to obesity, which cause some of the most prevalent lifestyle-related conditions such as heart disease, diabetes and cancers.

The government has set a national target of no more than 5 percent of the population smoking by 2025; in Northland smoking rates have been declining satisfactorily towards this for non-Māori (from 13.4 percent to 11.3 percent between 2014/15 and 2018/19) but not for Māori (35.1 percent to 33.6 percent over the same period). Northland has a number of initiatives and services aimed at preventing smoking uptake and supporting people to quit.

Advice is provided to smokers in hospital and the community, with particular focus on pregnant women. Nationally, the historical reduction in smoking rates has been influenced by the Government's policy of planned price rises.

Obesity in Northland has worsened: in the total population between the NZ Health Surveys of 2011–14 and 2014–17 (the last time it was done), it rose from 33.5 percent to 37.2 percent. Encouragingly the picture improved slightly for Māori: over the same period their obesity rate dropped from 49.6 percent to 48.3 percent. High rates of excess weight are influenced by our society's obesogenic environment.

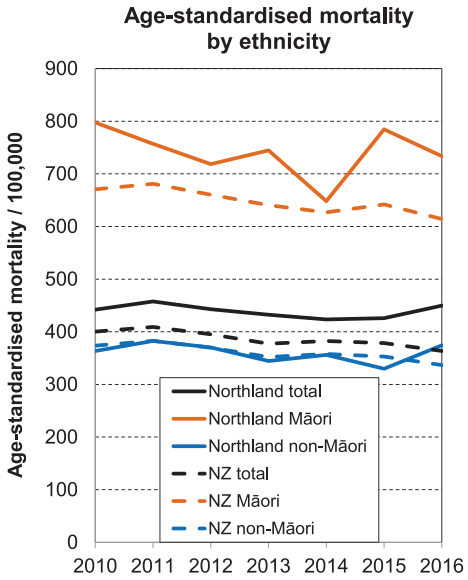
Northland's health service providers have numerous initiatives aimed at encouraging healthier behaviours that go some way towards reducing the problem. Obesity is the target of the Under 5 Energise programme, Project Energise (aimed at school ages), advocacy on sugar-sweetened beverages, and the Northland Food Rescue Service.

About the data. Life expectancy data is traditionally sourced from Statistics New Zealand, only produced every five years. The estimates presented here are calculated by the Auckland and Waitemata DHBs' joint Planning, Funding and Outcomes team, using methodology that aligns with that of Statistics New Zealand. It uses a three-year aggregation of deaths and population that smooths out random yearly variations that can occur in numbers of deaths in some age groups and ethnicities. Life expectancy for '2016' includes preliminary data for all deaths registered in 2016, 2017 and 2018, and the 2018 update to the official DHB population projections.

Life expectancy in Northland 2010-16 increased for non-Māori but decreased for Māori. The ethnic disparity has increased by 0.7 years.

HAVE WE MADE A DIFFERENCE?

Mortality overall



Mortality rates among Māori are about twice that of non-Māori.

Reasons include earlier onset of long-term conditions and lower rates of access to and use of primary care services.

Age-standardised mortality rates for Māori in Northland have historically been about twice that of non-Māori. The gap varies considerably year to year because the Māori rate is more variable, a consequence of their population being about half that of non-Māori in Northland.

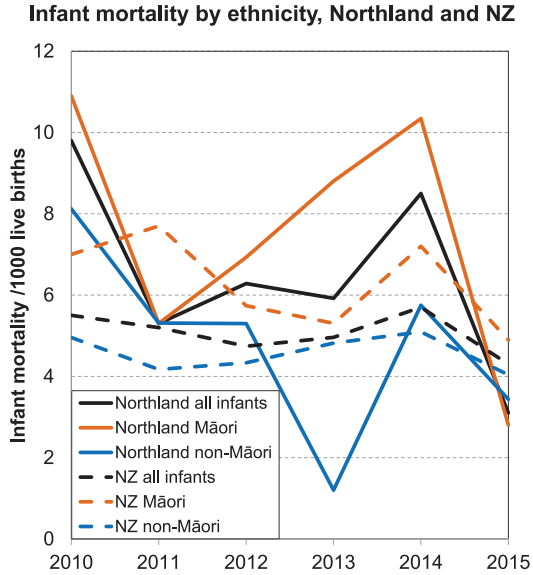
The Māori rate is higher principally because of earlier onset of diseases, and lower rates of access to and use of primary care services. Among the reasons are:

- Māori have higher rates of smoking and obesity
- these are associated with earlier onset of long-term conditions such as heart disease and cancers
- generally Māori do not attend their GP as often as non-Māori, and the most frequently cited reason for this [2] was cost (28% of Māori, 20% of non-Māori)
- 21% of Māori do not pick up their prescriptions (compared with about 10% of non-Māori [3]).

Recent years have seen an increased emphasis on services that intervene earlier in long-term conditions so they can be better managed. Advice to smokers is given in primary care and hospital. Faster cancer treatment has been a Health Target, colonoscopy rates have risen, people have CT and MRI scans more quickly, access to services for stroke and acute heart conditions has improved, and primary care has continued to perform cardiovascular and diabetes risk assessments.

About the data. Numbers of deaths from the Ministry of Health's Mortality Data Tables have been analysed to create age-standardised mortality rates. We can't simply divide total numbers of deaths by total population because Māori have a much younger age structure, and the resulting rate would mask the higher proportion of deaths they experience in middle age. To get around that, the data has been adjusted as if both populations had the same age structure. The resulting mortality rates are not 'real', but they can be compared.

Infant mortality



Infant mortality among Māori in Northland is higher than among non-Māori.

Northland's rates for both ethnicities are higher than New Zealand's.

[2] https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/news-and-events/news/3786/#.XUtEXOsOr_M.email

[3] Ibid

Infant mortality continued

The low numbers of infant deaths in Northland create volatile trends, although two things are clear: Māori infant mortality has on average been higher than non-Māori across the years, and Northland's rates for both ethnicities have on average been higher than New Zealand's.

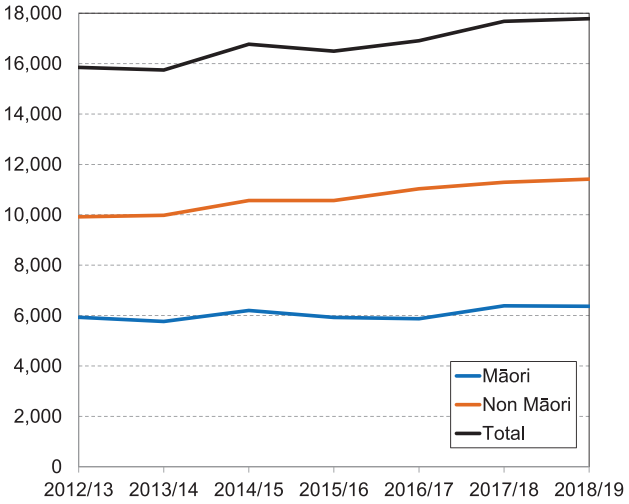
Northland health services have been making strenuous efforts in recent years to improve the health of infants, particularly Māori. Although Northland has not yet met the immunisation Health Target because of the high rate of parental declines (about 10 percent), the Māori rate among 8-month-olds has been about the same as that of non-Māori.

Breastfeeding contributes to creating healthier, more resilient babies; Māori coverage at six weeks is only one percent below target at 74 percent, though still lower than the non-Māori 82 percent (the gap has remained fairly steady over the past four years). Rates of sudden unexpected death of an infant (SUDI) have decreased in the wake of risk factor assessments and the adoption of safer sleeping practices for babies. Northland also has the 'High Five' notification form that tells a mother post-birth about enrolment of their baby in the five key service providers.

About the data. Data comes from the Ministry of Health. Data from 2015 was unpublished at the time of writing and supplied by request.

Acute admissions to hospital

Acute admissions by ethnicity, NDHB 2012/13-2018/19



Acute admissions rose by only 2 percent per year between 2013 and 2019.

Acute Māori admissions increased by about 1 percent annually.

Original goal underestimated the population's growth and ageing.

In 2012, the Northland Health Services Plan (NHSP) set an ambitious goal of reducing unplanned readmissions by 2,000 by 2017. The intention was to monitor how well conditions, especially long-term conditions, were being managed by primary care services. There is no set definition of an unplanned readmission; as a proxy we decided to measure acute admissions because they occur urgently, without forewarning (in contrast to elective admissions that can be planned ahead of time).

Over the five years of the NHSP (2012/13 to 2016/17) acute admissions increased from 15,850 to 16,905, or 7 percent. Since then they have risen further to 16,905 (7 percent) increase since the base year.

The percentage of Māori admissions has remained steady at about 36 or 37 percent between 2012 and 2019.

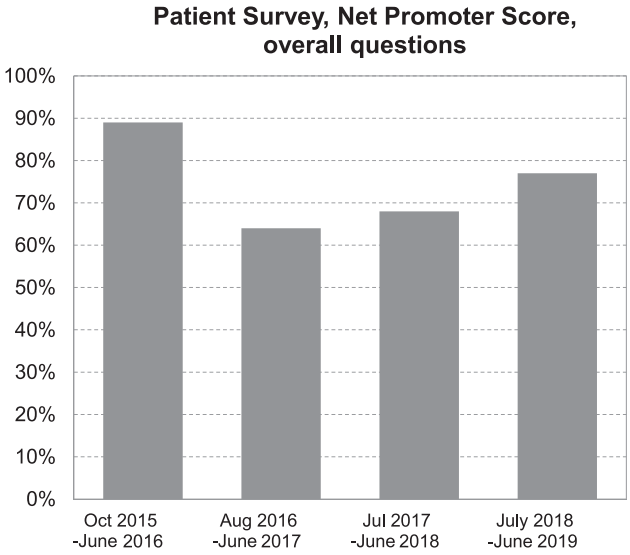
This 12% acute demand growth over six years needs to be viewed in a context of extraordinary total population growth of 18.1% between 2013 and 2018. We know from Census 2018 data that the majority of this growth was Māori (over 70%) or older non-Māori (a further 20%), both of whom are known to be drivers of acute demand and complexity.

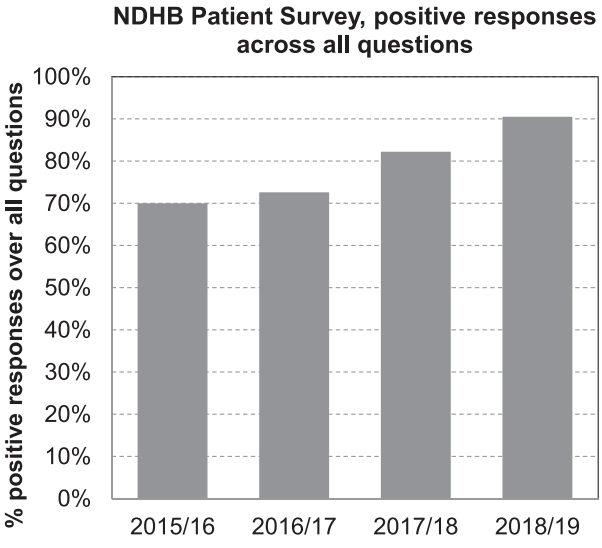
The main source of referrals to hospital is the primary health sector, so its role is key. A core priority of Northland's new primary health entity, Mahitahi Hauora, is to eliminate health inequities by targeting resources and improving how services are delivered. Long-term conditions need to be monitored and managed well in the community so that fewer complications arise and there will be fewer acute admissions.

About the data. Data comes from Northland DHB.

HAVE WE MADE A DIFFERENCE?

Patient satisfaction





One of the six Headline Targets in the Northland Health Services Plan (NHSP) was "95 percent of patients report they would recommend the service provided". Performance on this can be addressed through the results of our internal patient survey, which contains a question on 'overall satisfaction' as well as questions covering a range of issues relating to a stay in hospital.

Since 2016/17 the score on the overall question of "How would you rate your overall experience of being here?" has increased from 64 percent to 77 percent. Across all the detailed questions in the patient survey, the average positive response has risen steadily from 73 percent in 2016/17 to 91% in 2018/19.

Comparison of these results with the NHSP question is tricky because the wordings are different. The results are also not comparable because the NHSP target focused on total positive responses, whereas the patient survey uses the more stringent Net Promoter Score (described in 'About the data' below).

About the data. Data comes from Northland DHB. The Ministry of Health, through its Health Quality and Safety Commission, has a different patient survey that forms part of the System Level Measures. MoH prefer their survey because it is applied to all DHBs and provides a consistent basis for comparison. However it has a low response rate (about 20 percent), so we prefer to use our own internal survey because it's much larger sample size makes it more valid and reliable.

The percentages quoted are Net Promoter Scores, derived by subtracting total 'detractor' responses (0–6 on a ten-point scale) from the total 'very satisfied' (9+10); 7s and 8s are ignored.

Positive responses to the overall satisfaction question rose by 4 percent since last year.

Positive responses across the detailed questions rose by 9 percent.

STATEMENT OF PERFORMANCE

The Statement of Performance is a snapshot of how the services provided for the Northland population have been performing. It is divided into four output classes that cover the spectrum of services from those promoting health in the population, through primary and community care to hospital services and later-in-life care.

The Statement of Performance assesses how well we have done this year compared with the targets set during the previous year's planning cycle. The measures selected are a combination of national priorities (including all the Health Targets) and local priorities. Collectively they contribute to the high level outcomes described in the previous section. We have tried to keep the number of measures small by choosing a representative sample of key ones, while still covering the breadth of services.

The measures do not cover just Northland DHB's services. DHBs are legislatively responsible for the health of their populations, so as well as providing services ourselves we contract with, monitor and evaluate other service providers in the health sector. Many of the measures, especially those in the first two output classes, describe performance outside the DHB.

Data from 2017/18 appears in two places in the tables. The 'baseline' columns are copied from the 2018/19 Statement of Performance Expectations, which had to be prepared before 2017/18 ended so the data does not cover the whole year. The '2017/18 result' column captures data for the whole year, as reported in the Annual Report for that year.

Achievement ratings

Achieved	Substantially achieved	Not achieved but progress made	Not achieved	No conclusion can be drawn
Target met or bettered	*Within 5%[4] absolute of target*	*More than 5% absolute from target, but progress made*	*Not achieved*	*Problems with data availability, changing definitions etc.*

Output Class 1: Prevention

This Output Class includes publicly funded services that protect and promote health across the whole population or particular subgroups of it. These services improve the health status of the population, as distinct from curative and rehabilitative services (the other three Output Classes) which repair or support illness and injury.

The Output Class includes:

- health promotion to prevent illness
- statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases
- population health protection services (immunisation, screening etc.)
- well-child services.

The Nga Tai Ora Team - Public Health Northland team

[4] For most measures 'within 5%' means within 5% absolute of the target (eg 91% achievement for a 95% target). When targets are a small percentage (eg the mental health measure has two targets of less than 10%) or a small number (the oral health measure, some of the quality ones) a different sort of 'close to target' assessment is required. How that is addressed is described in footnotes.

STATEMENT OF PERFORMANCE

Output Class 1: Prevention

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achieve-ment
		Period	Data				
% of Northland adult population who are current smokers [5]	Total Māori Non-Māori	2017/18 Q2	18.9% 34.3% 12.1%	18.8% 34.3% 11.9%	16.1% 28.5% 10.7% [6]	18.2% 33.6% 11.3%	
Full and exclusive breastfeeding at 3 months	Total Māori Non-Māori	2017/18 Q1	63% 45% 69%	New measure	70%	63.8% 52.7% 73.9% [7]	
% of 8-month-olds who are fully immunised National Health Target	Total Māori Non-Māori	2017/18 Q3	86.4% 85.4% 87.1%	85.3% 85.8% 84.7%	95%	82.6% 81.4% 83.9%	
95% of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions National Health Target	Total Māori Non-Māori	2017/18 Q4	98% 100% 98%	99% 99% 100%	95%	99.3% 99.0% 100.0%	
Breast cancer screening in eligible population	Total Māori nMnP [8]	2017	72.0% 70.3% 72.6%	69.9% 68.4% 70.3%	70%	71.2% 73.5% 70.4%	
Cervical cancer screening in eligible populations	Total Māori Other [9]	2017/18 Q1	75.1% 68.3% 79.5%	74.7% 69.3% 77.0%	80%	72.2% 71.2% 72.6%	

Further information on results	
% of Northland adult population who are current smokers	NZ has a target of 5% smokers by 2025. In Northland, smoking rates are declining among non-Māori more or less in line with this, but the Māori rate is not declining fast enough. To address this, client data from Stop Smoking Services (SSS), Youth Health Clinics and Māori Antenatal Programmes is included in the primary health care data. SSS targets Māori, so this data captures Māori who have received brief advice but who have not accessed a GP during this time. The recent consolidation of two PHOs into one enables a consistent approach to smoking cessation practice across Northland general practices.
Full and exclusive breastfeeding at 3 months	Northland's results are at the forefront for breastfeeding at 3 months. Even though the 70% target is unachieved we lead other DHBs for all population, Māori and high deprivation measures. This is also demonstrated with breastfeeding at 6 weeks where Northland achieves target for all but Māori which is only 1% off. Equity for Māori is addressed by developing Nga Wānanga o Hine Kōpū – Hapu Mama Antenatal Wānanga where midwives provide specifically targeted breastfeeding education and advocacy amongst other kaupapa.
% of 8-month-olds who are fully immunised	Over 80% of parents choose to vaccinate their children in Northland. More than 10% of parents are classed by the Ministry of Health as 'decline or opt-off', meaning they decline to have their children immunised or choose not allow their children to be registered on the National Immunisation Register. Reasons for this include parents who are well informed and make a rational choice, those who remain adamantly opposed to immunisation, those who experience barriers to accessing services, and families who are under so much stress (because of poverty of income, food or housing) that immunisation is not a high priority. Northland continues to implement multiple strategies to improve our coverage, including: • Immunisation Outreach Service covering all of Northland • robust systems to ensure all children have an opportunity for vaccination, children are identified and are provided with support to GP and or Outreach Service for timely vaccination • increase access to vaccination including all-day clinic in central Whangārei. Public Health Nurses providing opportunistic vaccination • communications to promote immunisations as safe and best protection against communicable disease.
Cervical cancer screening in eligible populations (all)	Northland's demographic and geography make it a challenge to achieve this target. A Steering Group meets quarterly with expertise from across the health system to identify opportunities to improve cervical screening rates. To reach priority women, an additional track and trace function is supplied through Support To Services. A higher number of MoH funded free smears would support achievement of the targets, particularly for priority women.

[5] Smoking rate data is sourced from primary care providers. The data isn't perfect because it relies on general practices to keep their smoking status records up to date, but it is available regularly (every quarter) and PHO enrolments cover close to 100% of the Northland population. This data is preferred to Health Target data which only measures advice given by primary care practitioners. The NZ Health Survey also contains data on adult smoking but it is not useful for regular monitoring because it is produced infrequently and each set of data covers several years.

[6] The targets represent the progress necessary by the last quarter of 2017/18 to reach the '5% smokers by 2025' national target.

[7] Data is for the first six months of 2018/19, which so far are all that is available.

[8] Non-Māori, non-Pacific.

[9] Non-Māori, non-Pacific, non-Asian. Full non-Māori percentage cannot be computed because raw data is not made available by the National Screening Unit.

Output Class 2: Early Detection and Management

Commonly referred to as 'primary' or 'community' services, these can be directly accessed by people in the community. They are delivered by a range of providers including general practice, Māori health providers, pharmacies, and oral health services. The services are generalist (non-specialist) in nature and similar types of services are usually delivered in numerous locations across the community.

The Output Class includes:

- primary health care
- oral health
- primary community care programmes
- pharmacy services
- community referred testing and diagnostics (laboratory and imaging services)
- primary mental health services.

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
Ambulatory sensitive hospitalisation rate per 100,000, ages 0–4, unstandardised	Total Māori Non-Māori	2017	7,432 8,765 5,769 [10]	7,483 9,123 5,157 [11]	13% equity gap	7,708 9,291 5,798 (60% gap)	●
Average number of decayed, missing or filled teeth in Y8 students	Total Māori Non-Māori	2017	0.85 1.17 0.55	0.85 1.17 0.55	0.98	1.12 1.64 0.67	● ● ●
Good blood sugar management in diabetics (≤ 64 mmol/mol)	Total Māori Non-Māori	2017/18 Q2	30.7% 23.5% 37.4%	42.4% 36.5% 47.9%	80%	50.2% 37.8% 62.1%	● ● ●
Eligible people receiving cardiovascular (CVD) risk assessment in the last 5 years	Total Māori Non-Māori	2017/18 Q3	89.2% 90.0% 88.0%	89.7% 86.0% 91.5%	90%	89.0% 85.0% 90.9%	● ● ●
% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking	Total Māori Non-Māori	2017/18 Q2	87.8% 86.8% 92.0%	90.2% 89.6% 92.4%	90%	95.4% 95.4% 95.8%	● ● ●

Further information on results	
Ambulatory sensitive hospitalisation (ASH) rate per 100,000, ages 0–4, unstandardised	We monitor performance on this by looking at the equity gap, the percentage by which the Māori rate exceeds the non-Māori rate. The original target of reducing the equity gap to 13% was incorrect and underestimated the real figure of 52% (Māori 8,765 and non-Māori 5,769 as reported in the 2018/19 SPE). Even if 52% had been included, the current trend is in the wrong direction. The two main areas of focus to reduce ASH admissions are oral health and respiratory. **Oral Health** Currently being implemented are 80 fully funded oral health assessment and intervention pilots for pregnant Māori women. A co-design process in partnership with whānau Māori who have preschoolers aims to improve enrolment and engagement with oral health services across the continuum for pregnancy to age five years. Five key oral health messages have been agreed and education packages with resources have been developed with a focus on priority areas such as hapu Mama, first visit before age 1 year, 2-3 years and 4 year olds. **Respiratory** Most areas identified for action in the respiratory workstream have been completed, though there have been delays in recruiting the specialist nursing roles in paediatrics. Although many of the contributors to the ASH rates are outside our influence, we continue to focus on improving our own processes, especially those pertaining to 'connections' between whānau and providers and between health and social service providers. To strengthen overall commitment to agreed activities, the child health services advisory group is to being realigned to have broader scope and oversight of the System Level Measures for ASH 0-4 years and BLISH (babies living in smokefree homes). The current multidisciplinary team forum reviewing ASH respiratory will expand its scope to include all ASH-related readmissions. The membership of this group will increase and processes will be enhanced to maximise use of health technologies. The development of the Child Health Hub model in primary care provides an opportunity to work more collaboratively and directly with providers, especially toward mitigating issues related to general practice enrolment and access for children. There is also an opportunity to socialise this programme of work with the Northland Intersectoral Forum to share accountability and contributions toward addressing determinants of health that impact on achieving our SLM milestones.
Average number of decayed, missing or filled teeth (DMFT) in Y8 students	For many years Northland DHB had sub-contracted out the provision of oral health services in the Bay of Islands area, but we regained provision of these services early last year. All children under Northland DHB's care receive both an annual visual examination and a radiograph, and the DMFT score is calculated once the radiograph has been read. The former provider used only visual examination, and literature tells us that 40% of decay is missed through that method. Now that those children are receiving radiographs, the detection rate of problems with teeth has increased.

[10] The Māori and non-Māori baseline figures were reported in the SPE as representing an equity gap of 18%, whereas it should have been 52%.

[11] The data for Māori and non-Māori was accidentally swapped around in the 2018 Annual Report; the data in the table is the correct version.

STATEMENT OF PERFORMANCE

Output Class 2: Early Detection and Management Continued

Further information on results	
Good blood sugar management in diabetics (equal to or less than 64 mmol/mol).	The Northland Diabetes Strategic Advisory Group is a multidisciplinary team that oversees and guides primary diabetes services. It is continuing to develop outcome matrices to guide funding and practice of services to put the patient at the centre of the service delivery. It will take time to shift funding towards individualised packages of care, but it is believed that by taking a holistic patient approach to management of diabetes, this indicator will continue to improve.
Eligible people receiving cardiovascular (CVD) risk assessment in the last 5 years	Northland is very close to achieving target. We continue to drive the focus on CVD risk assessment rates for our population, and now have a CVDRA action plan in place and being implemented at the PHO.

Output Class 3: Intensive Assessment and Treatment

These are complex, *specialist* services delivered by those who work in a particular specialty, commonly referred to as 'secondary' or 'hospital' services. They include emergency department, inpatient, outpatient, daypatient, and diagnostic services. They are accessible only by referral from a primary health practitioner and are available in few locations. The Output Class includes:

- inpatient services, both acute (treatment is needed now) and elective (treatment can be scheduled at a later date). Includes diagnostic, therapeutic and rehabilitative services
- ambulatory services for people treated by a hospital but not admitted as an inpatient (includes outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services
- emergency department services including triage, diagnostic and therapeutic services
- secondary mental health services
- secondary maternity services
- assessment treatment and rehabilitation.

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
% of patients who receive their first cancer treatment (or other management) within 62 days referred urgently with a high suspicion of cancer and a need to be seen within two weeks National Health Target	Total Māori Non-Māori	2017/18 Q2	86.2% 85.6% 86.4%	86.1% 82.0% 87.2%	90%	74.6% 86.2% 70.5%	🔴 🟠 🔴
% of people with enduring mental illness aged 20–64 who are seen over a year	Total Māori Non-Māori	2017/18 Q2	5.94% 9.28% 4.32%	4.86% 4.94% 4.77%	5.70% 9.24% n/a	5.9% 9.7% 4.1%	🟢 🟢 ⚫
Shorter waits for non-urgent mental health and addiction services for 0-19 year olds – % of people seen within 3 weeks [12]	Total Māori Non-Māori	n/a	n/a	New measure	80.0% [13]	76.1%	🔵
Northland acute bed days per 1000 (non-standardised)	Dep 4 Dep 5 [14]	n/a	n/a	510 604	495 586 [15]	527 623	🔴 🔴
	Total Māori [16] Non-Māori Non-Pacific	n/a	n/a	469.3 437.2 491.3	n/a	484.8 454.0 505.9	
Increase in elective service discharges [17]	Total Māori Non-Māori	2017/18 Q3	6,503 1,564 4,568	9,320 2,279 7,040	9,146	9,001 2,438 6,563	🔵 [18] ⚫ ⚫
Patients with an emergency department length of stay of less than 6 hours National Health Target	Total Māori Non-Māori	2017/18 Q3	91.7% 93.0% 90.9%	90.9% 92.4% 90.1%	95%	84.4% 86.2% 83.2%	🔴 🔴 🔴

[12] Results for this measure are calculated by MoH based on waiting times for both urgent and non-urgent cases. Urgent referrals are seen sooner than non-urgent, so the actual results for non-urgent patients will be lower than the reported result.
[13] Measure was not included in the 2018/19 SPE but has been included from Northland DHBs Annual Plan.
[14] The two most deprived quintiles from NZDep 2013.
[15] Based on the target of "reduce for those in dep. quintiles 4 and 5 by 3%" from Northland's 2018/19 System Level Measure Plan.
[16] Ethnic measures were not part of the SLM plan but have been added for consistency with the other measures.
[17] Was a Health Target until 2017/18 Q4.
[18] DHBs are not required by MoH to set targets by ethnicity for elective services so achievement has been rated grey because no conclusion can be drawn.

Output Class 3: Intensive Assessment and Treatment Continued

Output measure		Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
			Period	Data				
Number of falls causing harm in Northland DHB facilities [19]		Total	2017/18 Q3 extrap.	84	112	0	125	●
Number of pressure injuries in Northland DHB facilities		Total	2017/18 Q3 extrap.	65	67	0	58	●
% compliance with surgical Checklist:	Sign in	Total	2017/18 Q2	96%	90%	100%	97%	●
	Time out			92%	95%		97%	●
	Sign out			100%	98%		98%	●
% hand hygiene compliance		Total	2017/18 Q3	85%	85%	90%	88%	●
% patients with medicines reconciled [20]		Total	2017/18 Q3	65%	65%	n/a [21]	70%	●

Further information on results	
% of patients who receive their first cancer treatment (or other management) within 62 days referred urgently with a high suspicion of cancer and a need to be seen within two weeks (Total/Māori/non-Māori)	From July to September 2018 the result achieved target, but since then our performance has steadily decreased The main reasons cited by Northland DHB in our quarterly reports were staffing issues due to vacancies, leave or illness and strikes (industrial action). There were also external capacity breaches related to services provided in Auckland (by Auckland DHB and the private provider) due to lack of Radiation Therapists and capacity issues with the private provider for PETCT (positron emission tomography – computed tomography) imaging. To improve performance, Northland DHB will identify areas for improvement across the various types of tumour streams, streamline patient flows across DHBs in the Northern Region, and draw upon best practice examples provided by our regional partners. To ensure we maintain equity, the Clinical Nurse Specialist Māori / Pacific Navigator will continue to monitor services, information will be tailored for Māori with a health literacy focus, and barriers such as institutional racism will be identified to improve attendance at services and deal with complex referrals.
Shorter waits for non-urgent mental health and addiction services for 0-19 year olds – % of people seen within 3 weeks	Many of the referrals in this age group have ADHD. Their treatment path is longer, because before getting an appointment they are first referred to the Incredible Years programme for an assessment, and that takes some time.
Elective surgical discharges	Northland DHB acknowledges the underperformance in our contracted elective volumes in 2018/19. The reasons for this are a combination of one-off events outside the control of the DHB (sustained industrial action over the year) and ongoing requirements to balance rising acute demand. Between 15 and 25 elective procedures are delivered per day. Twenty-one days of elective activity were lost relating to industrial action taken from the Resident Doctors Association (RDA) and Anaesthetic Technicians strike through their union APEX. In addition rising acute demand has led to further elective operating time exchanged for acute operating. In addition to this occurring on an ad hoc basis during 2018/19, three days per week of elective operating was exchanged for a second acute theatre. This was extended from December 24 2018 to March 1 to five days per week.
Acute bed days	The acute bed days rate reflects the amount of acute need in the community that reaches hospital. An increase means hospital services are responding effectively to increased need (though it may also reflect need that might have been identified or managed better in the community). During 2018/19 Whangārei Hospital opened additional medical beds to increase its acute capabilities.
Patients with an emergency department length of stay of less than 6 hours	Patients discharged from ED generally met the target (92%). For those admitted to hospital (mostly to medical wards) 65% met the target. Continued increasing demand has reduced ED's ability to reach the target (average daily presentations to ED increased from 120 in 2017/18 to 125 in 2018/19) and there has been an increasing complexity in the presentations. The acuity of patients increased by 6% in 2018. Service- and hospital-wide improvements include an Integrated Operations Centre opened in 2019, weekly patient flow meetings focusing on decompressing ED, a patient flow project within ED, development of code triggers and a hospital response plan.
Number of falls causing harm in Northland DHB facilities	Numbers of falls have increased partly because of an ageing population and higher acuity patients, but also because of increased reporting. Falls are reported into DATIX, the adverse event reporting system, and monthly audits of coded falls have raised awareness among staff of unreported falls, and they then enter them into the system retrospectively. Events are discussed at Northland DHB's Harm Reduction Group meeting monthly and followed up as required.

[19] For the five quality measures (this one and the next four) data is not produced by ethnicity.
[20] 'Reconciled' refers to monitoring the consistency between medications prescribed by a patient's GP and those prescribed while they are in hospital.
[21] There is no national target for this measure because Northland and Taranaki are the only two DHBs reporting on it.

STATEMENT OF PERFORMANCE

Output Class 3: Intensive Assessment and Treatment Continued

Further information on results	
Number of pressure injuries in NDHB facilities	Audits are done monthly of hospital acquired pressure injuries entered into DATIX and coded pressure injuries acquired in hospital. Any discrepancies are discussed at Northland DHB's Harm Reduction Group meeting and followed up as required. Pressure relieving mattresses have been in short supply, but now a substantial sum has been approved from the capital budget to buy mattresses. Once the mattresses have been supplied they will be lent out across Northland DHB to services in greatest need.
Surgical checklist	There have been some staffing factors which have prevented us completing 100% in all parts of the checklist. Although the target has not been achieved, there has been improvement towards achieving 100% completion of all parts of the safe surgery checklist. Some of this can be attributed to the 40% turnover of nursing staff in the previous 18 months, the employment of overseas trained staff (both surgeons and nursing) and resignation of some of the auditors. It is good to note that 50 moments have been achieved and engagement scores meet the target. Overall there has been an improvement on previous years.
Hand hygiene	Northland DHB hand hygiene compliance has remained above the national target of 80% for a number of years now. Northland DHB set its own target of 90% which we are currently working towards. Some clinical areas are already achieving above 90% compliance. Education and support is provided to other areas to increase compliance and meet Northland DHB's target.

Output Class 4: Rehabilitation and Support Services

This Output Class covers services for older people (home and community support services, residential care and services for dementia) and palliative care services:

- needs assessment and service coordination
- home based support
- age related residential care beds
- respite care
- day services
- rehabilitation
- palliative care
- life-long disability services.

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achieve-ment
		Period	Data				
% Home and Community Support Services (HCSS) clients assessed using interRai tool	Total	2017/18	91%	91%	95%	94%	●
% of HCSS providers certified	Total	2017/18	100%	100%	100%	100%	●
% of ARRC providers with at least 3-year certification	Total	2017/18	91%	92%	88%	92%	●

Further information on results	
% Home and Community Support Services (HCSS) clients assessed using interRai tool	The slightly under-target result is due to a reduced number of assessments delivered due to a staff shortage in our Needs Assessment and Service Coordination (NASC) team. Northland DHB has recruited and trained new NASC staff and has implemented a programme to address the NASC assessment wait list.

Health of the Older team work collaboratively with ACC on a project to prevent falls and keep people out of hospital.

Hospital Volunteers at the annual Volunteers Luncheon.

STATEMENT OF PERFORMANCE

Actual Cost of Service Statement

For the year ended 30 June 2019	$000 Intensive Assessment & Treatment	$000 Early Detection & Management	$000 Prevention	$000 Rehabilitation & Support Services	$000 Total
DHB Provider Revenue	324,020	27,095	2,787	10,606	364,508
Other Provider Revenue	7,541	6,628	11,135	4,170	29,473
Less Revenue Offsets - Note 1	(2,963)	(2,641)	(4,064)	(1,243)	(10,911)
DHB Funder Revenue	100,126	121,663	10,712	69,647	302,148
Total Revenue	428,724	152,745	20,570	83,180	685,218
Personnel Costs					
Medical Labour	80,457	7,169	1,212	372	89,211
Nursing Labour	93,578	7,424	2,492	5,549	109,043
Allied Health Labour	29,384	10,479	2,639	2,618	45,119
Non Clinical Support Labour	5,686	205	88	82	6,062
Management and Admin Labour	29,483	3,187	3,158	1,407	37,236
Non-Personnel Operating Costs					
Outsourced Clinical Services	10,187	1,440	503	148	12,279
Oth Clinical Supp	33,528	2,231	329	2,420	38,507
Implants	5,492	0	0	0	5,492
Pharmaceuticals	11,901	107	20	706	12,734
Infrastructure and Non Clinical	39,163	3,588	1,674	1,972	46,398
Cost of Capital	7,983	713	328	384	9,408
CTA Recoveries	(3,424)	(334)	(349)	(79)	(4,186)
Patient Support	4,956	7	0	13	4,976
Sterile Supplies	303	5	0	1	309
Provider Payments - to providers					
Personal Health	71,813	119,194	5,090	1,125	197,222
Mental Health	13,619	2,813	0	0	16,431
Disability Support Services	136	0	0	75,429	75,565
Public Health	0	1,490	436	0	1,926
Maori Health	0	572	5,569	72	6,213
Total Operating Expenditure	434,246	160,291	23,189	92,220	709,946
Surplus (Deficit)	(5,522)	(7,546)	(2,620)	(9,040)	(24,728)

Budget Cost of Service Statement

For the year ended 30 June 2019	$000 Intensive Assessment & Treatment	$000 Early Detection & Management	$000 Prevention	$000 Rehabilitation & Support Services	$000 Total
DHB Provider Revenue	320,174	27,095	2,787	10,606	360,663
Other Provider Revenue	8,293	6,628	11,135	4,170	30,226
DHB Funder Revenue	90,962	121,663	10,212	69,647	292,485
Total Revenue	419,430	155,386	24,134	84,423	683,373
Personnel Costs					
Medical Labour	68,317	6,815	1,531	34	76,698
Nursing Labour	85,071	7,751	1,800	5,102	99,723
Allied Health Labour	25,796	11,933	2,654	2,703	43,086
Non Clinical Support Labour	5,004	166	129	83	5,381
Management and Admin Labour	26,584	3,807	2,580	1,668	34,640
Non-Personnel Operating Costs					
Outsourced Services	21,906	3,354	878	607	26,746
Clinical Supplies	46,586	2,025	604	2,627	51,842
Infrastructure and Non Clinical	36,641	4,129	1,723	1,957	44,450
Finance and Capital Costs	7,333	776	272	360	8,741
Provider Payments - To Providers					
Personal Health	75,989	116,255	4,663	1,018	197,925
Mental Health	13,665	2,601	0	0	16,266
Disability Support Services	161	0	0	76,198	76,359
Public Health	0	1,337	367	0	1,704
Maori Health	0	566	5,176	66	5,808
Total Operating Expenditure	413,053	161,514	22,378	92,424	689,368
Surplus (Deficit)	6,377	(6,128)	1,756	(8,001)	(5,995)

National Health Target Results

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achieve-ment
		Period	Data				
Patients with an emergency department length of stay of less than 6 hours	Total Māori Non-Māori	2017/18 Q3	91.7% 93.0% 90.9%	90.9% 92.4% 90.1%	95%	84.4% 86.2% 83.2%	🔴 🔴 🔴
% of patients who receive their first cancer treatment (or other management) within 62 days referred urgently with a high suspicion of cancer and a need to be seen within two weeks	Total Māori Non-Māori	2017/18 Q2	86.2% 85.6% 86.4%	86.1% 82.0% 87.2%	90%	74.6% 86.2% 70.5%	🔴 🟠 🔴
% of 8-month-olds who are fully immunised	Total Māori Non-Māori	2017/18 Q3	86.4% 85.4% 87.1%	85.3% 85.8% 84.7%	95%	82.6% 81.4% 83.9%	🔴 🔴 🔴
% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking	Total Māori Non-Māori	2017/18 Q2	87.8% 86.8% 92.0%	90.2% 89.6% 92.4%	90%	95.4% 95.4% 95.8%	🟢 🟢 🟢
95% of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	Total Māori Non-Māori	2017/18 Q4	98% 100% 98%	99% 99% 100%	95%	99.3% 99.0% 100.0%	🟢 🟢 🟢
Not included in the 2018/19 SPE because it measures only quit-smoking advice given to patients, not smoking behaviour (the percentage of the population who smoke, used in the Prevention Output Class, is a more valid measure).							
% of PHO enrolled patients who smoke who have been offered help to quit by a health care practitioner in the last 15 months	Total Māori Non-Māori	2017/18	83.2% 81.9% 86.7%	83.2% 81.9% 86.7%	90%	83.8% 81.6% 86.6%	🔴 🔴 🔴

STATEMENT OF PERFORMANCE COMMENTARY

A key influence on length of life is how we live it. Two of the most harmful behaviours are smoking and obesity, which cause some of the most prevalent lifestyle-related conditions such as heart disease, diabetes and cancers.

A number of events across the region, and afar have adopted a fizz free approach as a result of the leadership from Waitangi National Trust.

Output Class 1: Prevention

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
% of 8-month-olds who are fully immunised National Health Target	Total Māori Non-Māori	2017/18 Q3	86.4% 85.4% 87.1%	85.3% 85.8% 84.7%	95%	82.6% 81.4% 83.9%	● ● ●

Everybody Needs to do Their Part

A key issue for health professionals in this millennia is that as vaccine preventable diseases have become less commonplace because of immunisation, people have become less aware of how dangerous such illnesses can be.

Measles is an example of what is thought to be a mild childhood illness. However, five of the 22 people infected with measles (as at 14 August 2019) in Northland this year were hospitalised, including two people who needed intensive care treatment (ICU).

Most parents in New Zealand are supportive of immunisation, and the majority of New Zealand children are immunised as part of regular early childhood healthcare. However, there will always be some children who cannot be vaccinated for medical reasons and herd immunity or immunising the people around these children offers them protection by reducing the spread of infection.

A portion of the population holds different health beliefs and social media trolling by anti-vaxxers spreads misinformation. Vaccine hesitancy has increased despite overwhelming evidence that vaccinations are safe and effective.

Increased global travel means that New Zealand is more exposed than ever before to vaccine preventable disease outbreaks that occur overseas. When a disease like measles enters the country and members of our community are not protected, then it becomes a DHB issue to protect our population.

When the disease first broke out in other areas of the country, Northland DHB foresaw a potential issue for our population due to our low immunisation rate. Our public health team specialise in containing infectious diseases and put a plan into action to prepare. When the first cases were confirmed in April, each case was dealt with swiftly.

Medical officer of health Dr Virginia McLaughlin said a key public health strategy in preventing the spread of disease is contact tracing, and during this process over 1,000 people were contacted to either assess their immunity to measles or provide information about the signs and symptoms of measles, as well as raising awareness about the importance of up-to-date vaccinations and being isolated if they become ill.

Ian's daughter Renee was one of those to be treated in ICU. Renee contracted measles during a trip in the Philippines and Ian said the public health nurse team were very thorough and helpful throughout their ordeal. Everyone Renee had been in contact with during the incubation period had to be considered and contacted. Their whole family had to be isolated for 14 to 21 days to prevent the disease from spreading, during which time the nurses were in daily contact with them. Ian said they were extremely proactive, making sure they had all the information they needed. Much to his relief, Renee has recovered and is back at work.

Of the 22 Northland cases, most didn't know if they were immune or not. However, thanks to the support from the public health team, they all followed protocol and stayed in isolation.

"This has been a tremendous effort on the part of our Public Health team and reflects their hard work and dedication in protecting our community and preventing spread of further illness. We also need to acknowledge the support of those asked to remain in quarantine, ascertain their immunisation status and also get their immunisations up to date (both for themselves and family)," says Dr McLaughlin.

Through this intense effort and hard work we managed to contain the spread of measles, which was celebrated.

Northland DHB's role is to ensure our population is made aware of and has every opportunity to access immunisation programmes. As family life becomes busier and more complex, we see this as a potential barrier to increasing our immunisation coverage. So new platforms where parents can access vaccines to fit into their lifestyle – e.g. pharmacy settings – have been developed.

This coverage does not vary much by deprivation levels. Partly because children living in deprivation are more often at the doctor, so have more opportunity to be offered immunisation. Healthcare services also try hard to immunise children living in poverty and poor housing as these children are at the highest risk of infectious diseases, and so benefit the most.

Northland DHB continues to invest in developing our public health team's capacity and capability while communicating to our population the importance of vaccinating our children. Effective public health measures rely on everybody (organisations and individuals) working together – don't forget to do your part.

Output Class 1: Prevention

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
Full and exclusive breastfeeding at 3 months	Total Māori Non-Māori	2017/18 Q1	63% 45% 69%	New measure	70%	63.8% 52.7% 73.9% [7]	🔴 🔴 🟢

Big Latch On

Well over 100 Northland mothers were out in force at venues around the region for the 2019 Big Latch On events to celebrate Global World Breastfeeding week.

The annual event first started in New Zealand in 2005 by Women's Health Action. In 2010 the rest of the world joined in, and it is now a worldwide peer support and community development event aiming to strengthen national and global support for breastfeeding. Last year almost 40,000 mothers from around the world latched on over two days.

In New Zealand, thousands of women from different cultures and backgrounds gathered together at over 100 registered venues to access community and peer-to-peer support and to breastfeed their children.

Isis McKay from Women's Health Action said they decided in 2014 to go online to respond to those mothers who weren't able to get to a venue for various reasons and encouraged women to take selfies or 'brelfies' and add them to the Facebook page. The latch on count includes breastfeeding mothers and also those that bottle feed expressed milk.

Northland DHB lactation consultant Helen Wellington was thrilled with the turnout for the Whangarei event which officially saw 80 mums latch on at 10.30am. She said the tally was good considering the stormy weather and trialling the new location at Clark Road Chapel in Kamo, which was the perfect venue for the mums and their babies. She was also pleased to see a lot more older children breastfeeding which shows more mums are feeding for longer.

Helen's daughter Kylee Parker has been organising the event for the past five years with Charlene Morunga. Kylee said they were overwhelmed with the support they received from local businesses that came forward to offer products for spot prizes.

Mum of three Angela Lewis said she calls Helen Wellington her best friend because without her support, she would've never been able to continue to breastfeed after having issues with her two-month-old baby Julia. Angela's first two children were born in the United Kingdom during her OE, and she had no difficulties breastfeeding them. She said having a baby here at home in New Zealand is an entirely different experience, with support throughout pregnancy, to the birth and after.

Latching on has been a difficult journey for Angela and Julia. But with the support from lactation consultants at Whangarei Hospital at least once a day and then continual follow up with her once she got home, she is able to breastfeed. She also regularly attends the free lactation clinics to get ongoing support and meet up with other mothers. "Today has been magic. It's such a good community event that brings everyone together because sometimes being at home can be lonely."

Northland has consistently been at the top of New Zealand's exclusive breastfeeding rates for mothers leaving our hospitals thanks to the hard work and support from midwifery, nursing staff, lead maternity carers and lactation consultants.

To support mothers carrying on breastfeeding after being discharged from hospital Northland DHB holds free lactation drop in clinics every Monday, Tuesday and Thursday from 10am to 2pm at Te Puawai Ora at 18 Commerce Street in Whangarei and Kawakawa Maternity on Fridays from 10am until 2pm.

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
Breast cancer screening in eligible population	Total Māori nMnP [8]	2017	72.0% 70.3% 72.6%	69.9% 68.4% 70.3%	70%	71.2% 73.5% 70.4%	🟢 🟢 🟢

Acknowledging Breast Screening Community Providers

Northland DHB's Breast Screening service acknowledge the community providers in Northland who work closely with the women in their community to increase informed participation in breast screening.

Te Hiku Hauora has been a leader in ensuring every priority woman is followed up by either a phone call or home visit. In the past year it has contacted 700 priority women, 548 of whom were screened in the Kaitaia area alone.

This was a 9.2 percent increase on the work done two years before. The success of priority women screened in Northland is due to the community provider's support of the women and the programme along with staff across Northland and Breast Screen Waitemata.

STATEMENT OF PERFORMANCE COMMENTARY

Output Class 1: Prevention

An Easy Guide to Breast Screening

The booklet guiding Northland women with a cognitive impairment through the breast cancer screening process is helping patients across Northland and nationwide.

Entitled 'An Easy Guide To Breast Screening,' the first-of-its-kind booklet was launched at IDEA Services in Whangarei on 12 July 2017 to ensure that women (especially those aged 45 to 69) were fully informed about the process of having a mammogram.

Since then the booklet has proven helpful for women for whom English is a second language and the booklet template has been made available to other DHBs via the National Screening Unit.

The inspiration for the booklet came from an experience in which a woman with cognitive impairment arrived at the clinic to have her two-yearly mammogram. Both the patient and her caregiver expressed that they found the mammogram confusing, distressing, and had no guide to indicate to them beforehand what to expect. It became evident a booklet was needed with the right language and pictures to prepare patients for the mammogram process.

Community coordinator Kelly Leha'uli set up a team to develop the booklet including Sue Cresswell, a medical radiation technologist, Mauri Ora Breast Screening Clinic operations manager Barbara Miller, Māori support worker Rebecca Gilbert and Population Health Strategist Lyn Rostern. Liz Inch from the Communications team took the photos.

They worked with Kim Fuller, who is health advisor for IDEA Services, and Kim communicated with IDEA clients and their carers to bring in their perspective. This led to women such as Cindy Andrews and Beverly Clifton becoming champions for the project and the faces of the booklet – although the booklet has a deliberately wide selection of faces on its cover, to help it appeal to consumers from a range of cultural backgrounds.

Cindy Andrews is the main patient in the booklet and is shown using her local breast screening clinic, from paperwork to waiting room to mammogram. Cindy said she contributed an important detail to the booklet – a reminder for people like her to "Keep still, relax and breathe" while having their breast X-rayed – and said she had a good experience during the photo shoot.

The purpose of this booklet is to provide an easy guide to breast screening. It is recommended that it be used with the support of a carer, family member, friend and/or support worker.

Cindy Andrew (middle right), with staff and friends, serves as the main patient in the booklet and is shown using her local breast screening clinic, from paperwork to waiting room to mammogram.

Output Class 2: Early Detection and Management

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
Good blood sugar management in diabetics (≤ 64 mmol/mol)	Total Māori Non-Māori	2017/18 Q2	30.7% 23.5% 37.4%	42.4% 36.5% 47.9%	80%	50.2% 37.8% 62.1%	🔴 🔴 🔴

Freestyle Libre Blood Sugar Sensors

Four-year-old Whaiawa Tito, like her dad Pat, has type 1 diabetes. There is no cure for type 1 diabetes, and it requires constant careful self-management and good medical care.

Whaiawa was the Northland face of the 2018 Countdown Kids Hospital Appeal which was launched in August and finished on 28 October. The appeal raised funds for the DHB to buy medical equipment to help ease the stress on the lives of families with a range of medical conditions.

Mum Lisa says because Whaiawa's body doesn't produce insulin, they need to know exactly how many carbohydrates are in what she's eating. "With help from dieticians, we work out ratios to figure out how much insulin to give her. We also have to watch how much activity she does to ensure she doesn't get too low. It can be especially difficult during an illness, which means something like a tummy bug can be life-threatening to her."

When Whaiawa was diagnosed, the Titos decided to look for other options to reduce the need for Whaiawa to be finger pricked up to 15 times per day. Both Whaiawa and Pat started using Freestyle Libre Blood Sugar Sensors, which constantly monitor their insulin levels without the need for needles. The couple said they wouldn't consider giving them up, despite the hefty $100 per fortnight cost to the family.

The sensors have made a massive difference to their lives because they haven't had to interrupt Whaiawa's life so much. The device gives much more information than the normal blood sugar finger pricking does.

"The monitoring can help prevent high and low blood sugar levels; it's easy to just scan her at night and helps us tailor the medication she needs. Because of the constant monitoring her levels are really good which will help to prevent her from getting kidney and eye damage or having to go on dialysis in the future," says Lisa.

The appeal raised $81,000 and has gone towards buying a stock of blood sugar sensors to loan out to parents who can't afford the device. The sensor gives parents and children a break from the daily finger pricks required to monitor insulin levels and enables them to do a period of intensive sugar monitoring to try to improve their diabetes control.

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
Average number of decayed, missing or filled teeth in Y8 students	Total Māori Non-Māori	2017	0.85 1.17 0.55	0.85 1.17 0.55	0.98	1.12 1.64 0.67	🔴 🔴 🟢

Zoom Video Conferencing Technology and Specialised Intraoral Camera

Northland DHB Oral Health Service and Telehealth are piloting the use of Zoom video conferencing technology and a specialised intraoral camera. This will allow dentists at Whangarei Hospital to do examinations and consultations on children at Northland's remote clinic locations.

The therapist sees the images live so is able to adjust the camera as needed and on instructions from the dentist. Previously, the dentist would have travelled to Kaitaia and seen the patients in person. The live clinical quality imaging provided by the specialised intraoral camera is the key technical component that makes these clinics possible.

The first trial involved an oral health therapist operating the camera at Kaitaia Hospital for the Whangarei based dentist. Additional clinics to Kerikeri and Kaikohe have been successfully trialled and the first Mobile Dental Clinic was implemented in July.

The service is targeting children and adolescents initially, but is expected to expand to adult services in time. Linking the more rural mobile dental clinics would provide a significant improvement to access of care for those families unable to travel to centres. It also enables assessment in real time and discussion with whānau members who are with the patient during the assessment. The use of telehealth also provides support and peer contact engagement from dentists to dental and oral health therapists who are working in the community service.

Oral health therapist Kirstie Culpan using an intraoral camera so dentist Ellen Clark (pictured on the monitor) can view and examine a patient's teeth.

STATEMENT OF PERFORMANCE COMMENTARY

Output Class 3: Intensive Assessment and Treatment

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
Number of falls causing harm in Northland DHB facilities [19]	Total	2017/18 Q3 extrap.	84	112	0	125	●

Northland Falls and Fragility Fracture Prevention Programme for High Risk Older People

Northland DHB and Sport Northland are being supported through a three-year partnership agreement with ACC to deliver two mutually beneficial falls prevention programmes for our senior citizens, across Northland.

There has been an increase in falls-related presentations to the emergency department, consistent with Northland's ageing population and those over 75 years experiencing functional decline due to ageing and increasing frailty.

The falls prevention programme has supported earlier identification of those with high falls risk, and fragility fractures. There has also been a strong focus on bone health and prescribing bone protection medication.

In many cases an older person has multiple minor falls before they sustain a fractured neck of femur. This is why early intervention for people who suffer a non-injury fall is so important. The programme improves strength and balance through exercises that use natural resources available in the home.

To be eligible, the person must be over 75 years of age, live in the community and be unable to attend community group strength and balance classes due to their assessed level of frailty. Screening and referral can be undertaken by all those who are 'trigger' points for identifying those at risk, including primary healthcare, St John, Sport Northland, community NGOs, Northland DHB services and informal carers.

Over the past year we made 226 referrals to the Physiotherapy led in-home strength and balance exercise and re-training programme. So while we expected to see more presentations, our performance over the past year shows that fragility fracture numbers are stable with a decreasing trend for fractured neck of femurs. This signals a positive change given our ageing population and level of frailty for those on the falls prevention programme.

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achievement
		Period	Data				
% of people with enduring mental illness aged 20–64 who are seen over a year	Total	2017/18 Q2	5.94%	4.86%	5.70%	5.9%	●
	Māori		9.28%	4.94%	9.24%	9.7%	●
	Non-Māori		4.32%	4.77%	n/a	4.1%	●

Te Tumu Waiora – To Head Towards Wellness and Health

In early 2018, Northland DHB was approached by ProCare Health Limited to trial a pilot of an enhanced primary mental health model of care within our general practices. Northland was seen as a good fit to expand the trial as the model had previously only been tested in Auckland.

In July 2018, Northland DHB approved funding of $600K to support a one-year pilot of the Te Tumu Waiora model. The funding would be used to support the establishment of the model in two GP practices, Bush Road in Kamo, Whangarei and Kerimed in Kerikeri. A third site was identified in Otangarei through the Te Hau Awhiowhio community trust and assisted by funding from the Ministry of Social Development.

The model is closely aligned with the key themes of Closing the Loop 2015. Te Tumu Waiora enables Primary Care to do much more to help those with mental health and addictions issues return to wellness, limit complications and reduce the impact on individuals, families and communities by having:

- a system that is responsive to the varying needs of our populations
- a model of support that enables meaningful outcomes from the first point of contact
- the enablers that effectively support the model
- well-resourced research, development and evaluation
- the right system leadership.

In essence, the model works to provide immediate access to effective support as part of an enhanced general practice team. The patient has the option of same day access to a mental health clinician and/or kaiārahi or health coach and/or peer support who are practising as a part of the general practice team. These roles also provide coordination of external services, including social support and specialist services, happening as part of an extended team-based model.

The model ensures that the majority of patients are seen on the same day for brief intervention therapy, with a significant proportion seen immediately through a referral from the GP or practice nurse. The Northland approach has partnered with local NGOs and Kaupapa Māori services to provide dedicated kaiārahi or health coach support to the practice or community health centre.

Output Class 4: Rehabilitation and Support

Output measure	Ethnicity	2017/18 baseline from 2018/19 SPE		2017/18 result	2018/19 target	2018/19 result	Achieve-ment
		Period	Data				
% of patients who receive their first cancer treatment (or other management) within 62 days referred urgently with a high suspicion of cancer and a need to be seen within two weeks	Total Māori Non-Māori	2017/18 Q2	86.2% 85.6% 86.4%	86.1% 82.0% 87.2%	90%	74.6% 86.2% 70.5%	● ● ●

He Pihinga Ora – Supporting Raising Healthy Kids

He Pihinga Ora is a pilot designed as a support to children and whānau who are above 98 percent BMI at their Before School check. However, if the whānau of a four year old wanted to make some small positive changes to nutrition, activity and wellbeing within their whānau, He Pihinga Ora is happy to talk with them about joining the pilot.

These changes are based on conversations held with the whānau around kaiora (healthy kai), hākinakina (physical activity) and hauora (other factors that contribute to our wellbeing). Through this process of whakawhitiwhiti kōrero, other kaupapa Māori concepts come into play such as manaakitanga, aroha, tuku mana and whānaungātanga.

He Pihinga Ora is not designed to create marathon runners but instead support whānau to accomplish goals such as being able to spend more time together, making smarter kai choices or learning Te Reo Māori as a whānau.

He Pihinga Ora is whānau orientated, and Northland DHB Kaiāwhina considers that they are part of the whānau.

Whānau who have shown a commitment to the Northland DHB He Pihinga Ora programme were gifted bikes and helmets at an event at the Town Basin so they can continue to grow on their journey together as a whānau and make memories for their tamariki.

He Pihinga Ora programme participants were gifted bikes and helmet.

ASSET PERFORMANCE 2018-19

Asset Portfolio	Asset Classes with Portfolio	Asset Purpose
Property	Land, buildings, plant and equipment	To provide facilities from which health services are delivered across Northland
Clinical Equipment	Equipment including scanners, imaging, testing and surgical instruments	To provide investigations, diagnosis, treatment and rehabilitation services
ICT	Computer hardware and software	Key information systems provided by healthAlliance

Asset Portfolio Name	Asset Performance Measure	Asset Performance Indicator	Draft Target level	Actual performance 2018/19	Actual performance 2017/18	Measure description (may include how it's calculated)	Target description
Property	% of occupied buildings classed as "Potentially earthquake prone"	Condition	<5%	3.0%	3.0%	Percentage of buildings housing patients that exceed the minimum "Potentially earthquake prone" seismic rating requirement .	This is a measure that is aimed at reducing the risk to staff and/ or customers by identifying % of the buildings in the portfolio that are earthquake-prone. The earthquake-prone / national building standard assessments
Property	Occupied buildings rated as "poor" or "very poor condition"	Condition	<5%	19.0%	19.0%	% is based on proportion of overall buildings value. The assessment is based on the building condition criteria	The target is implied and reflects NDHB desire to have occupied buildings no lower than average condition, however this must balance cost, risk and benefit. Based on RDT Building Condition Assessment
Property	% of facilities complying with modern standards	Functionality	>85%	19.5%	7.5%	% of floor space of facilities complying with modern standards	% of facilities complying with modern standards (i.e. new building standards, fit for purpose, technology standards etc)
Property	Average Medical/ Surgical Bed occupancy	Utilisation	>85%	77.3.0%	80.0%	Average occupation of inpatient beds throughout the year. (Excluding short stay and ICU beds)	The target was adopted by operational senior management in alignment with international best practice and reflects the variation between peak winter and low summer demand.
Clinical equipment	Preventative Maintenance Tasks outstanding	Condition	<10%	33.0%	17.0%	Percentage of outstanding preventative maintenance tasks	Compliance ensures assets operate safely and do not adversely impact health and safety of staff and patients.

Note a suite of measures and targets for ICT will be developed for inclusion in next year's report.

SCBU Nurse Vivian Tundagui using the new i-STAT Alinity Analyzer thanks to a generous donation from Dairy Goat Co-operative Trust.

Reducing Methamphetamine Harm In Northland

October 2017 – June 2019

Reduce methamphetamine demand by enhancing treatment services and increasing our responsiveness.

Northland DHB and NZ Police were initially funded $3M to deliver Te Ara Oranga - Methamphetamine Demand Reduction Strategy pilot that ended 31 March 2018. Pilot funding was made available under the Criminal Proceeds (Recovery) Act. Health and Police continue to fund Te Ara Oranga with support from the Wellbeing budget.

At 30 June 2019

110 Arrests

31 Firearms Seized

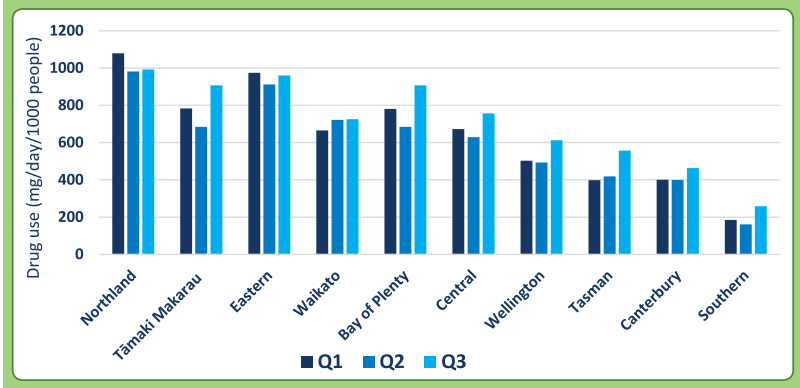
81 Search Warrants

30 Reports of Concern for 77 children

367 Referrals to Treatment

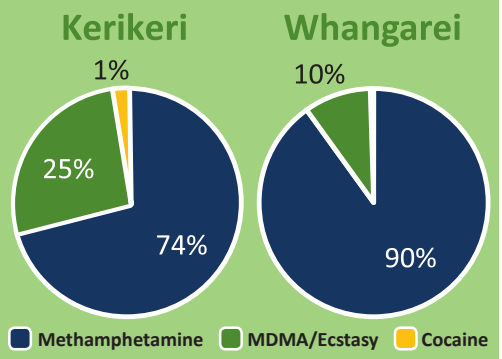
125 Drug Tests of Persons on Bail

Methamphetamine: Prevalence per capita



Graphs below illustrate average daily drug use per 1,000 people which enables relative comparison between Police Districts. Quarter 3 covers between May and July 2019.

"Meth is now cheaper, more abundant and available in a wider range of quantities with amounts available for as little as $50,"noted Renee O'Connell, Detective Sergeant, Meth Harm Reduction Team in Northland . "For a methamphetamine user struggling with addiction this means it is more easily accessible."



(1) Graphs below illustrate the average proportion of drug use detected within catchment areas; which aims to highlight the difference in patterns of drug use throughout New Zealand

(2) Quarter 3 covers the three-month period between May and July 2019

(3) Baseline usage across drug types and sample regions is unclear at present, but will become evident in due course as testing continues. Therefore, cautious interpretation is advised.

Treatment

- **1156** cases managed by methamphetamine focus clinicians.

Employment

- **151** Total Referrals (for 135 individuals)
- **61** New Employments (for 40 individuals)
- **24** Education/Work Skills (for 18 individuals)
- **7** Job Retentions.

Choice

(One-day Brief Intervention Programmes)

- **58** Choice programmes delivered
- **567** referrals to Choice
- **286** attended
- **226** indicating behaviour change.

Pou Whānau Connectors

- **462** clients and their whānau members supported by Pou Whānau Connectors.

Screening and Brief Intervention

- **6719** people screened in ED to the 30 June
- **172** self-reported methamphetamine use in previous 3 months representing 2.7% of those screened. Nationally, 0.8% of adults had used amphetamines in the past year in 2017/18
- **68** users consented to a referral to support/treatment services
- **46** of these noted they were using daily or almost daily
- **18** agreed to a referral to address other substance use.

New Zealand POLICE Ngā Pirihimana o Aotearoa

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

MEN W OUTBREAK COMMUNICATIONS OVERVIEW

Campaign Update

General Practice
Manaia Health PHO.....626
Te Tai Tokerau PHO 506

589
589 Pharmacy, Māori Health Providers and DHB Clinics

Pharmacies
Shackletons Kaitaia 52
Maunu 41
Kamo Unichem.....44
Kerikeri 29
Kensington Pharmacy.....33
Onerahi Unichem 40
Buchanans.....40
Doubtless Bay Pharmacy.....2

Māori Health Providers
Ki A Ora Ngatiwai 21
Te Ha Oranga.....20
Te Hau Ora O Ngapuhi.....8
Whakawhiti Ora Pai 40
Ngati Hine Health Trust.....12
Hokianga Health (MenW immunisation offered within routine clinics).....66

Northland DHB
Community Clinics.....124
Drop In Clinics 17

More than 3000 people
Involved with delivering the initial 13 week outbreak community vaccination programme.

As at 30 June 2019 **14,615** were vaccinated out of the **22,707** eligible enrollments.

Vaccination Figures 9 Mths - < 5 years

Ethnicity	*Eligible Pop*	*Vaccinated*	
Māori	5305	3093	58.3%
Pacific	262	135	51.5%
Other	4154	3253	78.3%
Total	**9721**	**6481**	**66.7%**

Vaccination Figures 13 years - < 20 years

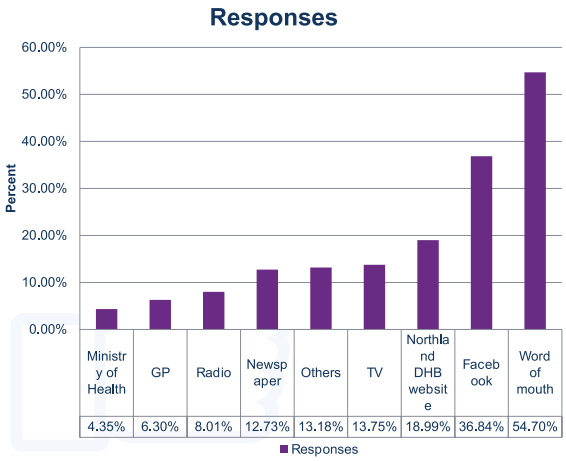
Ethnicity	*Eligible Pop*	*Vaccinated*	
Māori	6261	3354	53.6%
Pacific	293	134	45.7%
Other	6432	4646	72.2%
Total	**12986**	**8134**	**62.7%**

Social Media Engagement

422,488
People reached during reporting period

142 posts
Posts which had **639,454** impressions during the reporting period

1777 comments
The 142 Posts had 1777 comments with approximately 174 responses from Comms Team. These posts attracted 5132 likes, and were shared 4028 times



Website

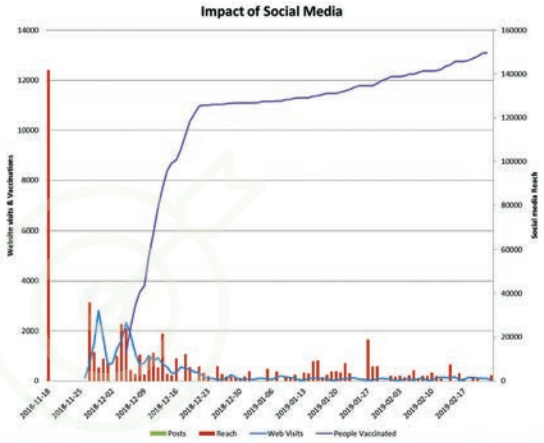
29,756 hits
To this campaign page during the period

21% of all website traffic
The MenW page accounted for 21% of the total website traffic of 141,572 page hits

3:55 min
The average time visitors spent on the MenW web page. Compared to 1:18 min average for the rest of the website

155 updates
To the campaign page

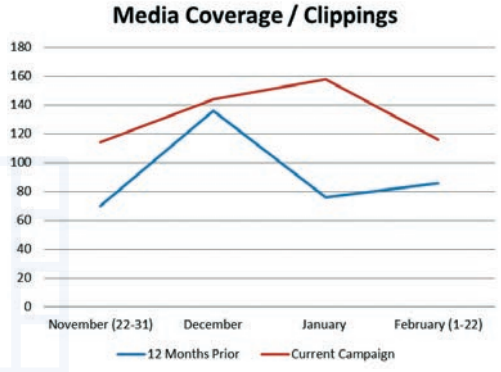
Most popular questions in our FAQ section
"Is there enough vaccine for people wanting to purchase the vaccine privately?", "What is your advice to people who aren't covered", "What is the Cost"



Media

Non Consent Claims via Social Media
- 6 media outlets query regarding post
- 8 media clippings on this specific matter

6 Media Releases
40 Media Queries in reporting window
20 Interviews – TV, Newspaper, Radio
12 Interviews Opening Day 5 Dec - WHG/ Kaitaia/Kerikeri – TVNZ // Radio NZ // Māori TV // TV3 Newshub // Te Hiku Media // Northern Advocate //
97 Media Clippings



53% increase in Total Clippings 12 months prior vs reporting period

HIGHLIGHTS 2018-19

Mahitahi Hauora

Mahitahi Hauora met its 1 July 2019 deadline and is now officially the only primary care entity in Northland. Launched at Te Rūnanga Marae – Waitangi Treaty Grounds on 28 June, it replaces Te Tai Tokerau and Manaia Health Primary Health Organisations.

Health Minister Dr David Clark attended the launch at Waitangi, which only the day before had been named New Zealand's first national historic landmark. The location was specially chosen to symbolise a renewed commitment to the partnership between General Practice, Māori Health Providers, Iwi and Northland District Health Board.

Mahitahi Hauora is responsible for allocating resources to priorities that whānau, communities and providers identify via locality driven planning.

Given the challenges of rurality, geography, and population differences, place or locality-based solutions will be tailored to the local context with the relevant partners at the table such as employment, education, housing, health and social services.

The purpose of Mahitahi Hauora is to support a primary healthcare system that sustains equitable, self-determined wellbeing and ensures every person has an opportunity to live a long healthy life with a broader focus on addressing the wider determinants of wellbeing, including social, economic, and environmental factors.

Working with local communities Mahitahi Hauora will develop clinical networks to ensure our primary healthcare system is providing more comprehensive services to meet those community's needs.

Workforce growth and retention is another focus given the wide range of factors that make it hard to attract and retain clinical staff and more particularly medical staff to the region. Mahitahi Hauora aims to better support General Practitioners, Nursing, and Allied Health workforces in Te Tai Tokerau.

Mahitahi Hauora Chief Executive Phillip Balmer

Health Minister Dr David Clark, Eru Lyndon, Dr Nick Chamberlain, MP Matt King

Eru Lyndon receiving Taonga from Manaia Health PHO and Te Tai Tokerau PHO symbolising their coming together as Mahitahi Hauora.

Ngā Tātai Ihorangi – Our First 2000 Days

Ngā Tātai **Ihorangi**

A new waiata 'You are Woman' was launched at Pehiāweri Marae in Tikipunga in late October 2018. It marked the beginning of a new initiative by Northland DHB and service providers to ensure the health and wellbeing of expectant mothers is nurtured throughout their pregnancy and for the first five years of their pēpi's lives.

Ngā Tātai Ihorangi – Our First 2000 Days is an innovative new programme of resources developed by Northland DHB with the support of health providers and social services. Its 10 key principles focus on Māori women through whānau centred wānanga, in an attempt to reduce the health inequity gaps for Māori in our region.

The resources include workshop displays, a workbook and a range of audio visual resources for social media, which will be delivered via the Northland DHB Facebook page over the next 12 months. Mothers will also receive a wahakura (weaved bassinet) when they take part in the programme.

Ngā Tātai Ihorangi specifically focuses on the health of the mother and making good choices from conception onwards. The cessation of smoking and alcohol is key, as is engaging the services of a midwife to help and guide mothers during their pregnancy (only 22 percent of Māori mothers currently attend antenatal classes). Encouraging separate sleeping is also essential and by providing the wahakura, babies have their own safe space to sleep in.

In 2012, Northland topped the statistics for SUDI rates in New Zealand – losing between 6 and 8 Māori babies a year. Northland DHB chief executive Dr Nick Chamberlain took a proactive step that no other DHB or the Ministry of Health would by funding the SUDI works to reduce these numbers.

This project focused on engagement and discussion with Māori women in marae based wānanga. It aimed to reduce the key risk factors for SUDI of maternal smoking, adult/sibling bed sharing with an infant and the position of baby when sleeping. By the end of 2017 the programme was proving successful, with Māori infant SUDI deaths reduced to two and over 900 safe sleep spaces distributed.

For Ngā Tātai Ihorangi to be effective, the working group wanted to ensure the 10 key principles reached the wider community. Waiata was the perfect medium to achieve this. 'You are Woman' was written and performed by Taniora Tauariki and Gibson Harris, supported by the Hātea Kapa Haka group, Northland midwives and health providers. This wonderful music video sends the message that giving new life is the most important role women and their whānau have.

Filmed by Dean Whitehead, the music video follows a young couple, Kaylah and Reece Bermingham, going through important milestones during their pregnancy. When cast and crew turned up for the final day's filming, they learnt that Kaylah and Reece's baby Ngāwai Madisyn Blair Bermingham had been born that morning!

"I congratulate everyone involved in the development of this taonga, which I believe will help us improve health outcomes for tamariki and whānau throughout Northland," offered Chief Executive Dr Chamberlain.

Bay of Islands Hospital Redevelopment Opened

The humble beginnings of the Bay of Islands Hospital began 106 years ago in 1911 with the formation of The Bay of Islands Hospital and Charitable Aid Board and a seeding fund of £150. The final cost of building the hospital was £1,836. This money came from government subsidy and subscriptions of £562. The official opening of the Bay of Islands Hospital was on the 17 January 1913, by MP Vernon H Reed.

Fast forward to 2018 and Stage One of the $14m Bay of Islands Hospital redevelopment was officially opened by Health Minister Rt Hon Dr David Clark on 28 September. Local kaumātua and kuia officiated the site blessing ceremony at dawn to pave the way for the official ceremony later that morning.

The redevelopment project started in 2015 with the demolition of older buildings, re-routing and replacing of core infrastructure services. "We faced a number of challenges along the way as might be expected when working with such old buildings," noted Northland DHB chief executive, Dr Nick Chamberlain. "Having been built in the 1940s–70s there was lead paint and asbestos. We also discovered previous works unmarked on plans – for example, we unearthed a shower block and some concrete pits we didn't know about."

Geotechnical testing of what was a historical coal mining town also had its challenges (rest assured there was no mining under the Bay of Islands Hospital site). Compliance requirements such as resource and building consents being issued were also challenging. Unfortunately Ngāti Hine Health Trust had to withdraw from the project because of soaring building costs.

"By then we had already completed design, enabling works and signed contracts to build. So with some modifications we pressed on with the build while redrafting a more cost effective design", Dr Chamberlain said.

"Everyone has worked really hard to reduce the impact of things beyond our control. However we have a slight delay while we get the new patient monitoring system in and complete staff training. We expect to be moving into the new facility by mid-November."

The new twenty-bed Medical Ward has been built above the new Accident and Medical Department as a two-storey building, enabling the relocation of the current General Ward, with access via lift and stairs. The new expanded Accident and Medical level consists of a suite of rooms including four acute bays, a procedure room, X-ray room and two resuscitation bays, named the Hugo Resuscitation Bays.

"I would like to acknowledge the community, staff and contractors who made sure that the hospital remained operational throughout construction. It is always disruptive working around a 'live' construction site – the dust, noise, vibrations, power, water and wastewater issues – however, everyone has taken it in their stride," Dr Chamberlain acknowledged.

Local Service Clubs and individuals fundraised to provide eight new Romeo Recliner chairs for patients' visitors through health Fund PLUS and a series of photos were gifted by staff and community members, creating a sense of place that showcases the unique and beautiful Mid North.

HIGHLIGHTS 2018-19

Whangarei Hospital Accredited for Medical Intensive Care Specialist Training

In early 2019, after years of hard work, lobbying and massive system changes, Whangarei Hospital became one of the 11 hospitals in New Zealand to become accredited for Medical Intensive Care Specialist Training by the College of Intensive Care Medicine of Australia and New Zealand.

The Northland ICU is a C6 unit, which means they can provide six months of training. In comparison, Auckland DHB is a C24 unit because they provide Neuro ICU, General ICU and Cardiac ICU, which equates to 24 months of training. In Whāngarei there are eight Senior Medical Officers (SMOs) on the rota; four are dual trained in anaesthesia and intensive care, the other four are anaesthetists with an interest in intensive care. This is impressive for the size of the hospital and adds to the appeal for trainees.

With an eight-year journey ahead of them, trainee intensive specialists who come to Northland will not just gain ICU training but also anaesthetic and rural experience. The anaesthetic training is quite a 'bottleneck' for registrars, and Northland DHB is in a unique position because they have Australian and New Zealand College of Anaesthetists accreditation, which brings a lot to the ICU training programme.

ICU Team with the Certificate of Accreditation

Meningococcal W Outbreak Campaign

When the Government declared the Northland Meningococcal W outbreak in November 2018, Northland DHB immediately put the wheels in motion for a mammoth vaccination programme to immunise 22,000 Northland children in just three weeks.

An immunisation team of 108 were tasked to achieve this feat. Input came from several service areas within Northland DHB, including the Chief Executive, members of the Executive Leadership Team, doctors, nurses, immunisers, administration staff, human resources, payroll, stores, emergency services and communications.

Considering the quest was timed so close to Christmas, it was a huge ask, especially after a hectic year for the organisation. In any other industry, calling on staff to take on such a request at this time of year could possibly bring about a human resources nightmare. In the health sector, a task like this is part and parcel of each person's role, and the skills they have in managing such a feat are something to be commended.

These staff members have a collective purpose in life, which is saving lives. Preventing even one family from going through the heartache caused by this disease is what fuelled them to keep going.

This team put their heads together, discussed what needed to be organised and got the job underway. Daily meetings kept the programme on track and gave those involved a platform to discuss valuable feedback from the clinics, which enabled them to fine-tune the campaign as it progressed.

A total of 139 community clinics were held before Christmas from as far North as Te Hapua, to the small west coast communities in Kaihu, Pouto Point and down to Maungaturoto. This ensured the target groups from each pocket of our far-reaching region were able to attend a clinic.

Each and every team member put their regular duties on hold to focus on completing the task at hand. Their personal lives were also put on hold. All of their partners and families made exceptions for them so they could help other Northland families get immunised.

Those on the ground in the clinic fed back that the public were grateful to Northland DHB for offering free immunisations. They were thankful that clinics weren't just a giant waiting room and appreciated that staff had made an effort to keep kids happy with bubbles and biscuits to distract them. Only a couple of nurses said they had to deal with any negativity.

Online, through the Northland DHB Facebook page, the communications team dealt with the other side of the public reaction. Emotions ran high with people feeding in with supportive and unsupportive commentary. Several people used our Facebook page to vent, and anti-vaccination groups targeted the page in an attempt to sabotage the campaign.

On the flip side, members of the public helped spread the messages by sharing clinic information, commenting on posts telling people to "calm down and wait their turn – that the DHB was doing all they could to protect those most vulnerable." New likes and followers on the page increased by 80 percent since the campaign started, proving this tool is a valuable means to communicate with the people of Northland.

Radio and print also helped promote the campaign along with a dedicated website page that achieved record hits.

What the public don't always consider when they turn up for these clinics or comment on a post from the safety of their phone is just how much resource, personal sacrifice and energy has gone into a campaign such as this.

The three-week campaign that took just two weeks to coordinate, culminated in 9,000 children being immunised before Christmas. Clinic staff travelled hundreds of kilometers to achieve this target over the non-stop three week period. There will be valuable learnings to come out of this. This campaign will be used as a model for future vaccination programmes.

The outbreak community vaccination programme ended up running for 13 weeks and involved more than 3,000 people. As at 30 June 2019 14,615 were vaccinated out of the 22,707 eligible enrolments.

New Online Referral System a First for New Zealand

In November 2018, Northland DHB and the Department of Corrections Ngawha facility rolled out a first for New Zealand when they unveiled a new online referrals system to streamline healthcare efficiency within the prison system.

This online process will replace the paper based and fax processes currently in use. Project leaders Northland DHB, Department of Corrections and their IT partner's healthAlliance and Spark see the online referral pathway as a more secure tool to improve prisoner health. It guarantees against loss of information and improves timeliness and quality of communication pathways between referring clinicians at Ngawha and specialists at the Northland DHB. For patients, clinicians and support staff, this is an important step forward.

Northland DHB's Dr Alan Davis says the project is an enabler for future developments around the country. "As we move increasingly into the world of secure digital communications, the reliability and safety of traditional communications are becoming more exposed. Paper is easily lost and puts patient care at risk.

"This represents a first for the Department of Corrections in New Zealand. It highlights an important piece of work between the Department and Northland DHB, with our IT partners. The work done in Northland will allow the same process to be promulgated throughout other parts of the country."

Korero and Learnings

There was no hiding the bad roads and isolation issues that our health professionals and patients deal with on a daily basis when the country's DHB communication managers came to Northland for their National Conference in October 2018.

A road trip from Whangārei to Waitangi along State Highway One was added to the agenda to give them a sense of the distances involved for health workers in this most far flung of DHBs. The packed two-day programme, organised by Northland DHB communications manager Liz Inch, was purposely coordinated to unveil how we as a region work through obstacles to develop innovative projects that enhance the health and wellbeing of our people.

Acting Manager Internal & Stakeholder Communications at the Ministry of Health Charlotte Gendall said she was privileged to share experiences and learn about health initiatives and priorities in the host region.

Charlotte said Liz and communications officer Paula Martin put together an enriching programme which kicked off with a session outlining Hapu Wānangā – Te Wānangā o Hine kōpū. A presentation on Te Ara Oranga was of particular interest. Attendees were fascinated to see how the Northland DHB, police and PHOs were working together on the integrated model of Police and Health activity to reduce methamphetamine demand.

All 12 attendees remarked on how much they had learnt from the genuine and passionate speakers and how community engagement and good communication had helped progress these projects. They all said they would be taking home these learnings to their own DHBs.

National DHB Communication Managers Conference 2018 attendees and Kaumātua Te Ihi Tito

Jumpsuit Gifts for Special Care Baby Unit

There will be no shortage of jumpsuits for premature babies in the Special Care Baby Unit (SCBU) at Whangarei Hospital following a large donation of outfits by a grateful family. Without the support from the unit, their baby wouldn't be here today.

Little Eric Kim was born two months premature at 33 weeks, weighing just 2.3kg. Eric's mother Alice Choi said Eric stopped breathing after an emergency caesarean, but was brought back to life and kept stable for the first three and a half weeks thanks to the team of specialists and nurses in SCBU.

"I was able to stay with Eric the whole time. As a new mother to a premature baby, I learnt heaps and was very confident after I left SCBU. We really wanted to say thanks to everyone in SCBU and do something to show our appreciation," said Alice.

When he, his family and friends delivered the jumpsuits to the team, the nurses in the unit gathered around to see how well he had grown. At the time Eric was five months old and weighed a healthy 6.7kg.

SCBU associate clinical nurse manager Merophy Brown said a gesture like this highlights the fact that the public appreciates the work they do for them. "We love doing what we do, but it's really nice to know that the Choi family have gone and done this off their own bat and that they were able to raise so much money for our unit. We are really fortunate to be donated lots of items – which we often then give to our families on discharge, so it's really nice to get a whole lot of new sleep suits today."

Alice Choi and healthcare assistant Melanie Thomas

OUR COMMUNITY

Northland Community Foundation

Health begins where we live and work, learn and play. Northland DHB's commitment to supporting people to stay well in the community means we partner with a range of other agencies to support healthy lifestyles.

The partnership between Northland DHB and Northland Community Foundation focuses on encouraging community giving to benefit the health needs of all Northlanders, now and in the future.

Health Fund PLUS is the name given to the fundraising programme developed in 2016 to encourage larger gifts, donations and endowments to Northland DHB. The funds can be used for the optional extras that support and enhance the patient or family/whānau experience of care. This year the Foundation has received gifts or notification of bequests amounting to $172,000.

BNZ Community Wall Refresh

In October 2018, seven gentlemen from Programmed Property Services volunteered on a Saturday morning to give the BNZ Community Wall inside the Jim Carney Cancer Treatment Centre a facelift, with paint donated by our local Dulux team.

The BNZ Community Wall was part of the Project Promise fundraising programme that was managed on behalf of Northland DHB by Northland Community Foundation. Project Promise galvanised Northland to raise $3m in three years to build the Centre. More than 400 bricks were sold during the campaign and people continue to support the ongoing work of the Centre by buying a 'brick'.

"The gift of a brick is greatly valued by our team so we decided to freshen up the wall to enhance the visual reminder of the people who support our work," explains Dee Telfer, clinical nurse manager.

Choosing the right colour was important and after lots of consultation the team settled on Dulux Lyall Bay. "We wanted to choose a colour that tied in our service with our natural environment, reflecting Northland's association with the sea, and also a colour that was relaxing and settling for patients who may be feeling unwell from their cancer or treatments," offered Oncologist Dr Vince Newton.

"We are really grateful for the generosity from Dulux NZ through Mana Mackie and Glenn Baker and the team from Programmed Property Services who all put up their hands to volunteer last Saturday. The paint job is fantastic."

Bricks are still available for purchase for $1,000 to support the ongoing work of the Centre. Every brick has a message on it. You can choose your own message (up to 40 characters) so that 'your' brick is special and personalised.

Health Fund PLUS Helps Ease the Pressure

Thanks to a generous donation from Dairy Goat Co-operative Trust to Northland DHB via Health Fund PLUS, a time-saving device has been installed into the Whangarei Hospital Special Care Baby Unit (SCBU) enabling staff to analyse test results faster.

The new i-STAT Alinity Analyser is an advanced, easy-to-use, portable system that delivers real-time, lab-quality blood test results at the point of care. The system allows staff to take the technology to babies in the unit to do on-the-spot blood tests.

Dairy Goat Co-operative Trust Chair, Nicola Locke, says funding focuses on organisations which aim to improve the health, education and welfare of children and families. "We are delighted to be able to support the local community in such a meaningful way. The donation fits perfectly with the mission and purpose of the Trust. The new equipment will make a big difference to the care of infants in SCBU."

Countdown Kids Hospital Appeal

Since the Appeal first began in 2007, Countdown customers and staff have raised $12.8m to support thousands of sick kiwi kids and their families around the country. Over those 12 years Northland DHB has received $860,000 of those funds. Last year the DHB was handed a cheque for $81,000 which has made a significant difference to children with disabilities who have the use of a new wheelchair and mobility scooter both in the Child Health Centre and in the community. They were also able to purchase glucose monitoring systems for children with diabetes, a trauma stretcher, breast pumps, portable and wall mounted ophthalmoscopes for the Child Health Centre and the Children's Ward. Child Protection and Gateway Services received an IPad to use for distraction therapy when children are undergoing procedures. Kaitaia Hospital received a heated cot, and portable blood pressure monitors. The team at the Child Health Service added $2,000 to the Appeal from funds raised at a movie night and soup days.

Romeo recliner Chairs for Dargaville Hospital

A Gold Star wish list first drawn up in 2007 by staff at Dargaville Hospital is slowly being ticked off thanks to donations from the community and substantial fundraising efforts from local service clubs.

The wish list contains items which are 'above and beyond' what the Northland DHB can provide for the Hospital. The most recent purchase from funds raised was four New Zealand made Romeo recliner chairs for patients and their families to use while staying at Dargaville Hospital.

Kaipara Community Health Trust chief executive Debbie Evans said that the Trust with support from Aratapu Hobson Trust, Northern Wairoa Lions, Ruawai Lions, Dargaville Rotary and community donations, managed to raise over $6,000 to purchase the four recliners.

"People generously donated what they could at a collection held outside Countdown Dargaville and shared their own heart-warming stories about the great care they had received in our little hospital."

Dargaville Hospital operations manager Jen Thomas said without the ongoing support from their sponsors and the community they couldn't do what they do. She thanked them from the bottom of her heart for not only providing the funds for the four recliners which will make a massive difference to families, but also for contributing to many other fundraising projects they have been involved in.

The Charitable Accounts Committee

A committee of Northland DHB and Northland Community Foundation staff meets quarterly to receive and consider applications for funding from the many different services and departments of Northland DHB. Grants are made from funds held and administered by Northland Community Foundation. This year's grants include support for: the Jim Carney Cancer Treatment Centre, Kaitaia Renal Unit and the hire of an exercise bike for the renal department.

Unregulated Healthcare Workers Scholarships

Four Northland DHB staff are benefiting from a scholarship that encourages staff to further their education. The scholarship was made possible by an anonymous $50,000 donation.

Workforce and Wellbeing Manager, Catherine Parker said they received 40 scholarship applications. The selection panel narrowed these down to 16 before the final four were chosen. A portion of the original grant ($8,066.83 excluding GST) has been distributed to the successful applicants for the 2018/19 academic year and the balance of the monies will be invested for future distribution.

GOVERNANCE


Northland DHB Board

Northland DHB Appropriation

	Parent	
	2019	2018
	$000	$000
Appropriation Revenue		
Original	599,300	557,165
Supplementary	4,596	7,124
Total Appropriation Revenue	603,896	564,289

The Appropriation Revenue received equals the Government's actual expenses incurred in relation to the appropriation which is a required disclosure from the Public Finance Act. It has been appropriated towards the provision of personal and mental health services including services for the health of older people, provision of hospital and related services and management outputs by Northland DHB. The Northland DHB has provided these services in alignment with Government priorities; the strategic direction set for the health sector by the Ministry of Health; the needs of the district population and regional considerations.

The performance measures of these services and outputs are outlined in the Statement of Intent reported in the Statement of Performance.

Ministerial Direction

Directions issued by a Minister during the 2018/19 year, or that remain current are as follows:

- Direction to support a whole of government approach as to implementation of a New Zealand Business Number, issued in May 2016 under section 107 of the Crown Entities Act. http://www.mbie.govt.nz/info-services/business/better-for-business/nzbn.
- Health and Disability Services Eligibility Direction 2011, issued under section 32 of the New Zealand Public Health and Disability Act 2000. http://www.health.govt.nz/system/files/documents/pages/eligibility-direction-2011.pdf.
- Directions to support a whole of government approach, issued in April 2014 under section 107 of the Crown Entities Act. The three directions cover Procurement, ICT and Property. http://www.ssc.govt.nz/whole-of-govt-directions-dec2013
- The direction on the use of authentication services, issued in July 2008, continues to apply to all Crown agents apart from those with sizeable ICT business transactions and investment specifically listed within the 2014 direction. www.ssc.govt.nz/sites/all/files/AoG-direction-shared-authentication-services-july08.PDF

GOVERNANCE AND PARTNERSHIPS

In accordance with the New Zealand Public Health and Disability Act 2000, the Board has 11 members, seven of whom were elected in October 2016 and four of whom are appointed by the Minister of Health*. The Board also has three committees, which provide a more detailed level of focus on particular issues.

Board Members:

Term Commenced 5 December 2016

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

Hospital Advisory Committee:

This committee advises the Northland DHB Board on the financial and operational performance of Northland Health, the Board's provider of hospital and health related services. It is also required to assess strategic issues relating to the provision of these services.

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

Community & Public Health and Disability Support Advisory Committee:

This committee advises the Northland DHB Board on the health needs of Northlanders, including disability support needs, and any factors it believes may adversely affect the overall health status of the population. That advice must ensure that all service interventions funded and provided maximise the overall health gain such as the independence in society of people with disabilities.

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

Finance, Risk and Assurance Committee:

June McCabe (Chair)
Craig Brown
Denise Jensen
Sally Macauley
Sue Brown

The Board at Bay of Islands Hospital Stage One building site checking on progress in October 2017.

Northland DHB Attendance at Board and Committee Meetings July 2018 – June 2019

Financial Year Member Attendance - 1 July 2018 - 30 June 2019

	2018						2019					
BOARD	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Sally Macauley (Chair)	✓	✓		✓	✓		✓		✓	✓	✓	
Sue Brown (Deputy Chair)	✓	✓		✓	✓		×		✓	✓	✓	
Colin Kitchen	×	✓		✓	✓		✓		✓	✓	✓	
Craig Brown	✓	✓		×	✓		✓		✓	✓	✓	
Debbie Evans	✓	✓		✓	✓		✓		✓	✓	✓	
Denise Jensen	✓	✓		✓	×		×		✓	✓	×	
Dr Gary Payinda	✓	✓		×	✓		✓		✓	✓	✓	
John Bain	✓	✓		✓	✓		✓		✓	✓	✓	
June McCabe	✓	✓		✓	×		✓		×	✓	✓	
Libby Jones	✓	✓		✓	✓		✓		✓	✓	✓	
Sharon Shea	✓	✓		×	✓		✓		✓	×	✓	

No Meeting Held

Financial Year Member Attendance - 1 July 2018 - 30 June 2019

	2018						2019					
HAC	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
John Bain (Chair)	✓	✓		✓			✓		✓	✓	✓	
Debbie Evans	✓	✓		✓			✓		✓	✓	✓	
Denise Jensen	✓	✓		✓			×		✓	✓	×	
Dr Gary Payinda	✓	✓		×			✓		✓	✓	✓	
Libby Jones	✓	✓		✓			✓		✓	✓	✓	
Sally Macauley	✓	✓		✓			✓		✓	✓	✓	
Sue Brown	✓	✓		✓			×		✓	✓	✓	

No Meeting Held

	2018						2019					
CPHAC/DiSAC	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Libby Jones (Chair)			✓			✓	✓		✓			✓
Beth Cooper			✓			✓	✓		×			✓
Beryl Wilkinson			✓			✓	✓		✓			✓
Craig Brown			✓			✓	✓		✓			✓
Colin Kitchen			✓			✓	✓		✓			✓
Jonny Wilkinson			✓			✓	✓		✓			✓
Sally Macauley			✓			✓	✓		✓			✓
Sharon Shea			✓			×	✓		✓			✓
Sue Brown			✓			✓	×		✓			✓

No Meeting Held

Left to right Northland MP Willow-Jean Prime (with baby Heeni), Northland DHB Chief Executive Dr Nick Chamberlain, Janie Te Tai, Health Minister Dr David Clark and midwife Sue Bree.

Stage One of the $14m Bay of Islands Hospital redevelopment was officially opened by Health Minister Dr David Clark on 28 September 2018.

FINANCIAL & AUDIT REPORTS

For the year ended 30 June 2019

Statement of Responsibility

1 The Board is responsible for the preparation of the Northland District Health Board and group's Financial Statements and Statement of Performance and for the judgements made in them.

2 The Board of Northland District Health Board has the responsibility for establishing and maintaining a system of internal control designed to provide reasonable assurance as to the integrity and reliability of financial and non financial reporting.

3 The Board is responsible for any end-of-year performance information provided by Northland District Health Board under section 19A of the Public Finance Act 1989.

4 In the Board's opinion these Financial Statements and the Statement of Performance for the year ended 30 June 2019 fairly reflect the financial position and operations of Northland District Health Board.

Signed on behalf of the Board:

Sally Macauley
Chairman
31 October 2019

June McCabe
Chairman - FRAC
31 October 2019

Dr Nick Chamberlain
Chief Executive
31 October 2019

Meng Cheong
Chief Financial Officer
31 October 2019

Board Report

The Board has pleasure in submitting the Financial Statements and Statement of Performance for Northland District Health Board for the year to 30 June 2019.

Principal Activities

The entity's principal activities during the period were funding and the provision of health and disability services for the people of Northland with specialist treatment, community nursing, health promotion and health protection services, most of which were based on contractual arrangements with the Ministry of Health.

Northland District Health Board operates the following hospitals and related services:

- Whangarei Hospital
- Kaitaia Hospital
- Bay of Islands Hospital (Kawakawa)
- Dargaville Hospital
- Primary and community health services providing community, district and public health nursing, public health services, health promotion and health protection services.

The group result comprises of Northland DHB and its controlled entity the Kaipara Total Health Care Joint Venture (54% owned).

	2019	2018
Results and Distribution - Group	**$000s**	**$000s**
Surplus/(deficit) Before and After Tax	(25,201)	(11,166)
Financial Position		
Equity was represented by:		
Current Assets	31,931	31,144
Less Current Liabilities	(105,783)	(83,301)
Plus Non-Current Assets	243,072	235,425
Less Non-Current Liabilities	(18,943)	(14,667)
Total Equity	150,277	168,601

Review of the Operations

A review of the entity's operations accompanies this report under the heading Message from the Chair and Chief Executive.

Distributions to Owners

The Board have made payments by way of a specified health payment (capital charge) based on net equity which is treated as an expense, not a distribution.

Board Member Fees

No board member of the entity has, since the establishment of the Board, received or become entitled to receive a benefit, except for board and committee member fees and travel allowances, as set by the Ministry of Health. Fees paid to Board and Committee members are detailed in Note 18 of the Financial Statements.

Statement of Information

There were no notices from the Board members requesting to use the information received in their capacity as Board Members which would not otherwise have been available to them.

Interest Register

All relevant and required disclosures relating to Board members' interests have been effected during the year.

Board Members' Insurance

Northland District Health Board and its Board members have taken out liability insurance providing cover against particular liabilities.

Events Subsequent to Balance Date

The Board members are not aware of any matter or circumstance since the end of the financial year (not otherwise dealt with in this report or the Board's financial statements) that may significantly affect the operation of Northland District Health Board, the result of its operations, or the state of affairs of the Board.

Staff Remuneration

The number of staff with total cost to the entity for senior staff packages including salary and other benefits, such as superannuation, with totals in excess of $100,000 for the year to 30 June 2019 (in $10,000 bands):

	Actual 2019	Actual 2018		Actual 2019	Actual 2018		Actual 2019	Actual 2018
$100,001 - $110,000	122	73	$230,001 - $240,000	8	7	$360,001 - $370,000	3	3
$110,001 - $120,000	67	54	$240,001 - $250,000	9	8	$370,001 - $380,000	3	0
$120,001 - $130,000	42	28	$250,001 - $260,000	8	9	$380,001 - $390,000	5	3
$130,001 - $140,000	29	19	$260,001 - $270,000	5	10	$390,001 - $400,000	3	3
$140,001 - $150,000	21	22	$270,001 - $280,000	7	9	$400,001 - $410,000	1	1
$150,001 - $160,000	18	9	$280,001 - $290,000	11	9	$410,001 - $420,000	1	0
$160,001 - $170,000	4	11	$290,001 - $300,000	7	10	$430,001 - $440,000	0	2
$170,001 - $180,000	15	9	$300,001 - $310,000	10	5	$440,001 - $450,000	2	0
$180,001 - $190,000	5	8	$310,001 - $320,000	5	10	$460,001 - $470,000	2	0
$190,001 - $200,000	8	13	$320,001 - $330,000	10	6	$480,001 - $490,000	0	1
$200,001 - $210,000	10	4	$330,001 - $340,000	6	6	$500,001 - $510,000	1	1
$210,001 - $220,000	7	6	$340,001 - $350,000	7	4	$520,001 - $530,000	1	0
$220,001 - $230,000	13	11	$350,001 - $360,000	4	6			

Of the 480 (2018:380) staff shown above, 245 (2018:222) are or were medical or dental staff (doctors).

If the remuneration of part-time staff were grossed-up to an FTE basis, the total number of staff with FTE salaries of $100,000 or more would be 675 (2018:534), compared with the actual total number of staff of 480 (2018:380).

The year on year increase is primarily due to wage settlements during the year relating to clinical staff.

During the year ended 30 June 2019, 48 (2018: 48) employees received compensation and other benefits in relation to cessation totalling $709,769 (2018: $710,978).

Donations

No donations were made for the year to 30 June 2019, (2018: $0).

Changes in Accounting Policies

There have been no changes in accounting policies from those adopted in the Northland District Health Board's last audited financial statements, other than those required by new standards or amendments adopted as detailed in the accounting policies.

Auditor's Remuneration

The Controller and Auditor-General is appointed under section 15 of the Public Audit Act 2001. Audit New Zealand is contracted to provide audit services on behalf of the Auditor-General. Audit New Zealand in their capacity as Auditors are due $198,511 (2018: $192,962) for audit fees for the group.

Good Employer Obligations

In accordance with section 151(1)(g) of the Crown Entities Act 2004 Northland District Health Board is compliant with its obligation to be a good employer (including its equal employment opportunities programme).

Northland District Health Board has a comprehensive range of human resource management policies and procedures in place in order to uphold its good employer status. These include but are not restricted to appointment, orientation, recruitment, leave, continuing education, credentialing, performance management, disciplinary procedures, harassment protection, impaired staff, work and family, workplace rehabilitation and equal employment opportunities.

For and on behalf of the Board of Northland District Health Board.

Sally Macauley
Chairman

Independent Auditor's Report

To the readers of Northland District Health Board and group's financial statements and performance information for the year ended 30 June 2019

The Auditor-General is the auditor of Northland District Health Board (the Health Board) and group. The Auditor-General has appointed me, Karen MacKenzie, using the staff and resources of Audit New Zealand, to carry out the audit of the financial statements and the performance information, including the performance information for an appropriation, of the Health Board and group on his behalf.

Opinion

We have audited:

- the financial statements of the Health Board and group on pages 58 to 84, that comprise the statement of financial position as at 30 June 2019, the statement of comprehensive revenue and expense, statement of changes in equity, statement of cash flows and statement of accounting policies for the year ended on that date and the notes to the financial statements that include other explanatory information; and
- the performance information of the Health Board and group on pages 16 to 35 and 45.

In our opinion:

- the financial statements of the Health Board and group on pages 58 to 84:
    - present fairly, in all material respects:
        - its financial position as at 30 June 2019; and
        - its financial performance and cash flows for the year then ended; and
    - comply with generally accepted accounting practice in New Zealand in accordance with Public Benefit Entity Reporting Standards; and
- the performance information of the Health Board and group on pages 16 to 35 and 45:
    - presents fairly, in all material respects, the Health Board and group's performance for the year ended 30 June 2019, including:
        - for each class of reportable outputs:

- its standards of delivery performance achieved as compared with forecasts included in the statement of performance expectations for the financial year; and
- its actual revenue and output expenses as compared with the forecasts included in the statement of performance expectations for the financial year; and

- what has been achieved with the appropriation; and
- the actual expenses or capital expenditure incurred compared with the appropriated or forecast expenses or capital expenditure; and

- complies with generally accepted accounting practice in New Zealand.

Our audit of the financial statements and the performance information was completed on 31 October 2019. This is the date at which our opinion is expressed.

The basis for our opinion is explained below, and we draw your attention to a material uncertainty related to going concern and to the uncertainties in estimating the group's Holidays Act liability. In addition, we outline the responsibilities of the Board and our responsibilities relating to the financial statements and the performance information, we comment on other information, and we explain our independence.

Material uncertainty related to going concern

Without modifying our opinion, we draw your attention to the disclosures made in the statement of accounting policies on page 78 about the use of the going concern assumption in preparing the financial statements. The Board has considered the circumstances which could affect the validity of the going concern assumption, including its forecast operating cash flows. The Board is of the view that it has adequate resources to operate for the foreseeable future. Nevertheless, there is uncertainty that all of the group's cash requirements can be met from existing funding sources. This casts some doubt on the group's ability to continue as a going concern. We consider these disclosures to be adequate.

Uncertainties in estimating the Holidays Act 2003 liability

Without modifying our opinion, we draw your attention to note 15 on page 73, that explains the group has been investigating issues associated with the calculation of employee entitlements under the Holidays Act 2003, as part of a national approach to remediate these issues. The group has estimated a liability as at 30 June 2019 of $16.5 million to remediate these issues. However, until the review process is completed, there are some uncertainties surrounding the amount of its liability. We consider these disclosures to be adequate.

Basis for our opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and the International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Board for the financial statements and the performance information

The Board is responsible on behalf of the Health Board and group for preparing financial statements and performance information that are fairly presented and comply with generally accepted accounting practice in New Zealand.

The Board is responsible for such internal control as it determines is necessary to enable it to prepare financial statements and performance information that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements and the performance information, the Board is responsible on behalf of the Health Board and group for assessing the Health Board and group's ability to continue as a going concern. The Board is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Health Board and group or there is no realistic alternative but to do so.

The Board's responsibilities arise from the Crown Entities Act 2004, the New Zealand Public Health and Disability Act 2000 and the Public Finance Act 1989.

Responsibilities of the auditor for the audit of the financial statements and the performance information

Our objectives are to obtain reasonable assurance about whether the financial statements and the performance information, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these financial statements and the performance information.

For the budget information reported in the financial statements and the performance information, our procedures were limited to checking that the information agreed to the Health Board and group's statement of performance expectations.

We did not evaluate the security and controls over the electronic publication of the financial statements and the performance information. As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements and the performance information, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health Board and group's internal control.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- We evaluate the appropriateness of the reported performance information within the Health Board and group's framework for reporting its performance.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the Board and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast a significant doubt on the Health Board and group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements and the performance information or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Health Board and group to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements and the performance information, including the disclosures, and whether the financial statements and the performance information represent the underlying transactions and events in a manner that achieves fair presentation.
- We obtain sufficient appropriate audit evidence regarding the financial statements and the performance information of the entities or business activities within the group to express an opinion on the consolidated financial statements and the consolidated performance information. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Our responsibilities arise from the Public Audit Act 2001.

Other Information

The Board is responsible for the other information. The other information comprises the information included on pages 2 to 15 and 36 to 51 but does not include the financial statements and the performance information, and our auditor's report thereon.

Our opinion on the financial statements and the performance information does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the financial statements and the performance information, our responsibility is to read the other information. In doing so, we consider whether the other information is materially inconsistent with the financial statements and the performance information or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on our work, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independence

We are independent of the Health Board and group in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board.

Other than the audit, we have no relationship with, or interests in, the Health Board or any of its subsidiaries.

Karen MacKenzie
Audit New Zealand
On behalf of the Auditor-General
Auckland, New Zealand

The face of the Northland 2018 Countdown Kids Hospital Appeal, Whaiawa Tito.
The funds raised by the appeal helped purchase Freestyle Libre Blood Sugar Sensors to monitor and control type 1 diabetes.

Statement of Comprehensive Revenue and Expenditure

For the Year Ended 30 June 2019

	Notes	Group Budget 2019 $000	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Revenue						
Patient Care Revenue	1	677,519	689,446	636,704	689,446	636,704
Finance Revenue		465	494	874	479	859
Other Revenue	1	4,975	5,775	6,328	6,204	6,757
Total Revenue		682,959	695,715	643,906	696,129	644,320
Expenditure						
Personnel Costs	3	255,474	275,524	235,137	275,524	235,137
Depreciation and Amortisation Expense	10,11	15,103	14,638	13,492	14,030	12,994
Outsourced Services		30,775	40,343	34,736	40,343	34,736
Clinical Supplies		57,064	52,956	49,768	52,956	49,768
Infrastructure and Non-Clinical Expenses	2	24,221	30,688	28,614	31,237	29,164
Payments to other District Health Boards		87,768	84,181	83,213	84,181	83,213
Payments to Non-Health Board Providers		210,299	213,178	201,576	213,178	201,576
Finance Costs		502	126	71	126	71
Capital Charge	5	8,220	9,282	8,465	9,282	8,465
Total Expenses		689,426	720,916	655,072	720,857	655,124
Surplus/(deficit) Before and After Tax		(6,467)	(25,201)	(11,166)	(24,728)	(10,804)
Surplus attributable to:						
Northland District Health Board		(6,315)	(25,049)	(11,064)	(24,728)	(10,804)
Minority Interest		(152)	(152)	(102)	0	0
Other Comprehensive Revenue and Expenditure						
Item that will be reclassified to surplus/(deficit)						
Movements on Property Revaluations	12	0	397	23,936	0	20,603
Total other Comprehensive Revenue and Expenditure		0	397	23,936	0	20,603
Total Comprehensive Revenue and Expenditure		(6,467)	(24,804)	12,770	(24,728)	9,799
Total Comprehensive Revenue and Expenditure attributable to:						
Northland District Health Board		(6,315)	(24,834)	11,338	(24,728)	9,799
Minority Interest		(152)	30	1,432	0	0

Explanations of major variances against budget are detailed in note 21.

The accompanying accounting policies and notes form part of these financial statements.

Statement of Changes in Equity

For the Year Ended 30 June 2019

	Notes	Group Budget 2019 $000	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Balance at 1 July		170,951	168,601	155,951	159,834	150,035
Total Comprehensive Revenue and Expenditure		(6,467)	(24,804)	12,770	(24,728)	9,799
Capital Contribution (Owner Transaction)	12	0	6,600	0	6,600	0
Balance at 30 June	12	164,484	150,397	168,721	141,706	159,834
Distributions made to Minority Interest		0	(120)	(120)	0	0
Balance at 30 June	12	164,484	150,277	168,601	141,706	159,834
Total Equity attributable to:						
Northland District Health Board		160,985	145,404	163,638	141,706	159,834
Minority Interest		3,499	4,873	4,963	0	0
Balance at 30 June		164,484	150,277	168,601	141,706	159,834

The accompanying accounting policies and notes form part of these financial statements.

Statement of Financial Position

As at 30 June 2019

	Notes	Group Budget 2019 $000	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Assets						
Cash and Cash Equivalents	6	356	2,508	6,040	2,487	6,021
Trade and Other Receivables	7	20,014	23,803	19,738	23,791	19,734
Term Deposits	8	423	359	184	0	0
Inventories	9	4,088	4,241	4,089	4,241	4,089
Prepayments		444	364	444	364	444
Trust/Special Fund Assets	12	649	656	649	656	649
Total Current Assets		25,974	31,931	31,144	31,539	30,937
Property, Plant and Equipment	10	223,186	223,843	215,941	213,825	205,844
Intangible Assets	11	2,259	1,327	2,270	1,327	2,270
Investments in controlled entities	8	1,762	0	0	1,896	1,762
Investments in equity accounted investees	8	17,452	17,837	16,981	17,837	16,981
Term Deposits	8	0	65	233	0	0
Total Non-Current Assets		244,659	243,072	235,425	234,885	226,857
Total Assets		270,633	275,003	266,569	266,424	257,794
Equity						
Crown Equity	12	65,005	75,807	69,207	75,807	69,207
Other Reserves	12	109,112	109,534	109,319	102,569	102,569
Accumulated Surplus/(Deficit)	12	(13,780)	(40,593)	(15,537)	(37,326)	(12,591)
Trust/Special Fund Assets	12	648	656	649	656	649
Total Equity Attributable to Northland District Health Board		160,985	145,404	163,638	141,706	159,834
Minority Interest	12	3,499	4,873	4,963	0	0
Total Equity		164,484	150,277	168,601	141,706	159,834
Liabilities						
Trade and Other Payables	13	40,114	41,873	41,539	41,866	41,531
Interest Bearing Loans and Borrowings	14	978	6,632	742	6,632	742
Employee Entitlements	15	42,378	56,980	40,645	56,980	40,645
Provisions	16	0	298	375	298	375
Total Current Liabilities		83,470	105,783	83,301	105,776	83,293
Interest Bearing Loans and Borrowings	14	9,046	2,463	1,034	2,463	1,034
Employee Entitlements	15	13,633	16,480	13,633	16,480	13,633
Total Non-Current Liabilities		22,679	18,943	14,667	18,943	14,667
Total Liabilities		106,149	124,726	97,968	124,719	97,960
Total Equity and Liabilities		270,633	275,003	266,569	266,424	257,794

Explanations of major variances against budget are detailed in note 21.

The accompanying accounting policies and notes form part of these financial statements.

Sally Macauley
Chairman
31 October 2019

June McCabe
Chairman - Finance, Risk & Assurance Committee
31 October 2019

Statement of Cash Flows

For the Year Ended 30 June 2019

	Notes	Group Budget 2019 $000	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Cash Flows from Operating Activities						
Cash Receipts from Ministry of Health and Patients		682,494	690,298	644,537	690,727	644,966
Cash Paid to Suppliers		(410,127)	(418,904)	(396,054)	(419,454)	(396,604)
Cash Paid to Employees		(254,453)	(255,968)	(227,316)	(255,968)	(227,316)
Cash Generated from Operations		17,914	15,426	21,167	15,305	21,046
Interest Received		455	608	855	601	841
Interest Paid		(502)	(126)	(71)	(126)	(71)
Net Taxes Refunded/(Paid) (Goods and Services Tax)		0	381	(228)	381	(228)
Capital Charge Paid		(8,220)	(9,282)	(8,465)	(9,282)	(8,465)
Net Cash Flows from Operating Activities	6	9,647	7,007	13,258	6,879	13,123
Cash Flows From Investing Activities						
Proceeds from Sale of Property, Plant and Equipment		0	18	22	18	22
Acquisition of Property, Plant and Equipment		(21,683)	(22,721)	(16,917)	(22,721)	(16,917)
Acquisition of Intangible Assets		0	0	(79)	0	(79)
Acquisition of Investments in Associates	8	(1,773)	(1,629)	(1,679)	(1,629)	(1,679)
Acquisition of Investments		(5)	(6)	(8)	0	0
Net Cash Flows from Investing Activities		(23,461)	(24,338)	(18,661)	(24,332)	(18,653)
Cash Flows from Financing Activities						
Borrowings Raised		9,500	8,167	0	8,167	0
Capital Contribution	12	0	6,600	0	6,600	0
Borrowings (Repaid)		(1,252)	(848)	(711)	(848)	(711)
Distributions (Paid)	12	(120)	(120)	(120)	0	0
Net Cash Flows from Financing Activities		8,128	13,799	(831)	13,919	(711)
Net Increase/(Decrease) in Cash and Cash Equivalents		(5,686)	(3,532)	(6,234)	(3,534)	(6,241)
Cash and Cash Equivalents at Beginning of Year		6,042	6,040	12,274	6,021	12,262
Cash and Cash Equivalents at End of Year	6	356	2,508	6,040	2,487	6,021

The accompanying accounting policies and notes form part of these financial statements.

Notes to Financial Statements

1 Revenue

	Notes	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Patient Care Revenue					
Ministry of Health population-based funding		655,766	605,727	655,766	605,727
Ministry of Health other contracts		15,556	14,471	15,556	14,471
Inter-district flows		10,881	9,907	10,881	9,907
ACC contract revenue		5,156	4,635	5,156	4,635
Other patient care related revenue		2,087	1,964	2,087	1,964
Total Patient Care Revenue		689,446	636,704	689,446	636,704
Other Revenue					
Donation Revenue		200	200	200	200
Other Revenue		5,575	6,128	6,004	6,557
Total Other Revenue		5,775	6,328	6,204	6,757

2 Infrastructure and Non-Clinical Expenses

		Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Included in Infrastructure and Non-Clinical Expenses:					
Allowance for Credit Losses (Bad and Doubtful Debts)	7	217	53	217	53
Loss/(Gain) on disposal of Property, Plant and Equipment		(18)	(22)	(18)	(22)
Audit Fees paid to Audit New Zealand for Audit of Financial Statements		199	193	193	187
Board and Committee Member Fees and Expenses		300	298	300	298
Impairment of FPIM assets	11	989	355	989	355

Northland DHB pays the audit fee of the Kaipara Total Health Care Joint Venture on the controlled entity's behalf. The fee was $5,856 (2018: $5,856).

3 Personnel Costs

	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Wages and Salaries	248,847	221,080	248,847	221,080
Contributions to Defined Contribution Schemes	7,495	6,652	7,495	6,652
Increase /(Decrease) in Employee Entitlements	19,182	7,405	19,182	7,405
	275,524	235,137	275,524	235,137

Employer contributions to defined contribution schemes include contributions to Kiwisaver, National Provident Scheme and the Government Superannuation Fund.

4 Operating Lease Commitments

	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
Less than one year	2,708	2,925	3,005	3,222
One to two years	1,910	2,032	2,207	2,329
Two to five years	3,527	3,062	4,418	3,953
Over five years	2,713	2,234	4,173	4,288
Total Operating commitments	10,858	10,253	13,803	13,792

Northland DHB leases a number of buildings, vehicles and office equipment (mainly photocopiers) under operating leases. The leases run for various lengths of time depending on requirements (for buildings) and typically 5 years (for vehicles and office equipment), with an option to renew the lease after that date. None of the leases include contingent rentals.
During the year ended 30 June 2019, $4,343k was recognised as an expense in the statement of comprehensive revenue and expenditure in respect of operating leases (2018: $4,000k).

5 Capital Charge

The Northland DHB pays a capital charge every six months to the Crown. The charge is based on actual closing equity as at 30 June and 31 December each year. The capital charge for the year ended 30 June 2019 was 6% p.a. (2018:6%).

6 Cash and Cash Equivalents

	Group		Parent	
	2019 $000	2018 $000	2019 $000	2018 $000
Cash On Hand and at Bank	31	29	10	10
Cash on Deposit with NZ Health Partnerships Limited	2,477	6,011	2,477	6,011
Balance at 30 June	2,508	6,040	2,487	6,021

There were no impairment provisions for cash and cash equivalents.

Reconciliation of Surplus for the period with Net Cash Flows from Operating Activities

	Notes	Group		Parent	
		2019 $000	2018 $000	2019 $000	2018 $000
Surplus/(deficit) for the Period		(25,201)	(11,166)	(24,728)	(10,804)
Add back Non-Cash Items:					
Depreciation, Amortisation and Assets Written Off		14,620	13,470	14,012	12,972
Other non cash items		1,743	(2,290)	1,743	(2,290)
Movements in Working Capital:					
(Increase)/Decrease in Trade and Other Receivables		(3,985)	4,857	(3,977)	4,858
(Increase)/Decrease in Inventories		(152)	(445)	(152)	(445)
Increase/(Decrease) in Trade and Other Payables		876	1,202	876	1,202
Increase/(Decrease) In Employee Entitlements		19,182	7,405	19,182	7,405
Increase/(Decrease) in Provisions		(77)	225	(77)	225
Net Movement in Working Capital		15,844	13,244	15,852	13,245
Net Cash Inflow from Operating Activities		7,007	13,258	6,879	13,123

7 Trade and Other Receivables

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Trade Receivables from Non-related Parties	8,161	8,467	8,149	8,463
Ministry of Health Receivables	16,038	11,450	16,038	11,450
Less: Allowance for credit losses	(396)	(179)	(396)	(179)
Balance at 30 June	23,803	19,738	23,791	19,734

As at 30 June, the allowance for credit losses is detailed below:

	Group		Group	
	Gross Receivable	Expected Credit Loss	Gross Receivable	Expected Credit Loss
	2019	2019	2018	2018
	$000	$000	$000	$000
Not past due	20,276	76	18,636	12
Past due 0-30 days	960	3	907	8
Past due 31-60 days	269	6	163	20
Past due 61-90 days	272	9	9	8
Past due >91 days	2,422	302	202	131
Total	24,199	396	19,917	179

The allowance for credit losses has been calculated based on expected losses for the Northland DHB's pool of debtors. Expected losses have been determined based on an analysis of the Northland DHB's losses in previous periods and current and foward-looking factors that might affect the recoverability of receivables, and review of specific debtors.

The movement in the allowance for credit losses is as follows:

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Balance 1 July	179	126	179	126
Increase in loss allowance made during the year	494	126	494	126
Receivables written off during the period	(277)	(73)	(277)	(73)
Balance at 30 June	396	179	396	179

8 Investments

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Investment in Controlled Entity (at cost)	0	0	1,896	1,762
Investment in Associate (Equity accounted investee)	17,837	16,981	17,837	16,981
Term deposits - Current portion	359	184	0	0
Term deposits - Non Current portion	65	233	0	0
Balance at 30 June	18,261	17,398	19,733	18,743

The carrying amounts of term deposits approximate their fair value.

Investment in Controlled Entity
General Information

Name of Entity	Principal Activity	Interest Held 2019	Interest Held 2018	Balance Date
Kaipara Total Health Care Joint Venture	Landlord of Dargaville Hospital	54%	54%	30 June

Investment in Associate (equity accounted investee)
General Information

Name of Entity	Principal Activity	Interest Held 2019	Interest Held 2018	Balance Date
healthAlliance N.Z. Limited	The operation of shared services for Northland, Waitemata, Auckland and Counties Manukau District Health Boards	25%	25%	30 June

During 2019 $856k of information technology and related capital expenditure (2018: $3,303k) was added to the carrying amount of the investment in healthAlliance. As at 30 June 2019 Northland DHB held 9.75% of allocated C class shares (2018: 10.51%).

The following amounts represent the aggregate assets, liabilities, revenue and profit of equity accounted investees:	As at and for the year ended 30 June 2019	As at and for the year ended 30 June 2018
	$000	$000
Assets		
Current assets	27,793	14,335
Non-current assets	184,879	177,662
Total assets	212,672	191,997
Liabilities		
Current liabilities	24,275	24,843
Non-current liabilities	6,826	6,495
Total liabilities	31,101	31,338
Net assets	181,571	160,659
Revenue	155,137	136,512
Expenses (including interest and tax)	154,846	137,004
Profit after tax	291	(492)

The 2019 financial information for healthAlliance is provided as a draft and is subject to final audit clearance as at 31 October 2019. The 2018 numbers have been restated to reflect the final result.

9 Inventories

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Pharmaceuticals	283	297	283	297
Surgical and Medical Supplies	3,958	3,792	3,958	3,792
Balance at 30 June	4,241	4,089	4,241	4,089

No inventories are pledged as security for liabilities. However some inventories are subject to retention of title clauses.
Write-down of Inventories to net realisable value amounted to $0 for 2019 (2018: $213,000).
The amount of inventories recognised as an expense during the year was $40.616m (2018: $38.154m), which is included in the clinical supplies line item in the Statement of Comprehensive Revenue and Expenditure.

10 Property, Plant and Equipment

(a) Group

	Freehold land	Freehold buildings	Plant, equipment and vehicles	Work in progress	Total
	$000	$000	$000	$000	$000
Cost					
Balance at 1 July 2017	8,170	174,587	68,504	8,929	260,190
Additions	0	0	0	17,640	17,640
Disposals	0	(128)	(384)	0	(512)
Movement due to Revaluation	2,327	(5,156)	0	0	(2,829)
Transfer	0	3,745	4,235	(7,980)	0
Balance at 30 June 2018	10,497	173,048	72,355	18,589	274,489
Balance at 1 July 2018	10,497	173,048	72,355	18,589	274,489
Additions	0	133	0	21,985	22,118
Disposals	0	0	(247)	0	(247)
Movement due to Revaluation	0	396	0	0	396
Transfer	1,275	21,415	6,970	(29,660)	0
Balance at 30 June 2019	11,772	194,992	79,078	10,914	296,756

	Freehold land	Freehold buildings	Plant, equipment and vehicles	Work in progress	Total
	$000	$000	$000	$000	$000
Depreciation and Impairment Losses					
Balance at 1 July 2017	0	17,623	54,732	0	72,355
Depreciation Charge for the year	0	9,304	4,166	0	13,470
Movement due to Revaluation	0	(26,765)	0	0	(26,765)
Disposals	0	(128)	(384)	0	(512)
Balance at 30 June 2018	0	34	58,514	0	58,548
Balance at 1 July 2018	0	34	58,514	0	58,548
Depreciation Charge for the year	0	9,852	4,759	0	14,611
Disposals	0	0	(246)	0	(246)
Balance at 30 June 2019	0	9,886	63,027	0	72,913

10 Property, Plant and Equipment *(Continued)*

	Freehold land	Freehold buildings	Plant, equipment and vehicles	Work in progress	Total
	$000	$000	$000	$000	$000
Carrying amounts					
At 1 July 2017	8,170	156,964	13,772	8,929	187,835
At 30 June 2018	10,497	173,014	13,841	18,589	215,941
At 1 July 2018	10,497	173,014	13,841	18,589	215,941
At 30 June 2019	11,772	185,106	16,051	10,914	223,843

(b) Parent

	Freehold land	Freehold buildings	Plant, equipment and vehicles	Work in progress	Total
	$000	$000	$000	$000	$000
Cost					
Balance at 1 July 2017	7,994	166,506	68,504	8,929	251,933
Additions	0	0	0	17,640	17,640
Disposals	0	(128)	(384)	0	(512)
Movement due to Revaluation	2,327	(6,994)	0	0	(4,667)
Transfer	0	3,745	4,235	(7,980)	0
Balance at 30 June 2018	10,321	163,129	72,355	18,589	264,394
Balance at 1 July 2018	10,321	163,129	72,355	18,589	264,394
Additions	0	0	0	21,985	21,985
Disposals	0	0	(247)	0	(247)
Transfer	1,275	21,415	6,970	(29,660)	0
Balance at 30 June 2019	11,596	184,544	79,078	10,914	286,132

	Freehold land	Freehold buildings	Plant, equipment and vehicles	Work in progress	Total
	$000	$000	$000	$000	$000
Depreciation and Impairment Losses					
Balance at 1 July 2017	0	16,629	54,732	0	71,361
Depreciation Charge for the year	0	8,806	4,166	0	12,972
Movement due to Revaluation	0	(25,271)	0	0	(25,271)
Disposals	0	(128)	(384)	0	(512)
Balance at 30 June 2018	0	36	58,514	0	58,550
Depreciation and Impairment Losses					
Balance at 1 July 2018	0	36	58,514	0	58,550
Depreciation Charge for the year	0	9,244	4,759	0	14,003
Disposals	0	0	(246)	0	(246)
Balance at 30 June 2019	0	9,280	63,027	0	72,307

10 Property, Plant and Equipment *(Continued)*

	Freehold land	Freehold buildings	Plant, equipment and vehicles	Work in progress	Total
	$000	$000	$000	$000	$000
Carrying Amounts					
At 1 July 2017	7,994	149,877	13,772	8,929	180,572
At 30 June 2018	10,321	163,093	13,841	18,589	205,844
At 1 July 2018	10,321	163,093	13,841	18,589	205,844
At 30 June 2019	11,596	175,264	16,051	10,914	213,825

Work in progress

Property, plant and equipment in the course of construction by class of asset is detailed below

	Group & Parent	
	2019	2018
	$000	$000
Buildings	9,179	16,953
Plant, equipment and vehicles	1,735	1,636
Total work in progress	10,914	18,589

Capital Commitments

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Buildings	5,127	1,776	2,617	1,776
Plant, equipment and vehicles	0	3,000	0	3,000
Total	5,127	4,776	2,617	4,776

Capital commitments represent capital expenditure contracted for at balance date but not yet incurred.

Impairment

No Impairments were recognised in the current year (2018: $0).

Property, Plant and Equipment held under Finance Lease

The net carrying amount of assets held under finance leases is $5.7m (2018: $0m) for land and buildings and $3.2m (2018: $1.3m) for other equipment.

Northland DHB financed Patient Monitoring Equipment in March 2019 with a seven year finance lease. The lessor is Maia Financial New Zealand Limited. Northland DHB may purchase the equipment at any time during the agreement by paying any amount due at that time plus the present value of instalment payments payable for the balance of the term together with any break costs. At the expiry of the term when all amounts due under the agreement have been paid title to the equipment will vest in Northland DHB. Northland DHB is not permitted to sublease the equipment without the lessor's written consent.

In March 2019 Northland DHB entered into a five year operating lease on a building. The lessor is Maia Financial New Zealand Limited. The lease includes a put option which either party may exercise during the term of the lease to trigger a contract for sale and purchase of the property requiring Northland DHB purchase the property from the lessor with settlement required within thirty work days. If the put option has not been triggered during the term of the agreement it will be deemed to be exercised in February 2024. Northland DHB is not permitted to assign the put option.

Revaluation

Current Crown accounting policies require all Crown Entities to revalue land and buildings in accordance with PBE IPSAS 17, Property, Plant and Equipment. Current valuation standards and guidance notes have been developed in association with the Treasury for the valuation of hospitals and tertiary institutions.

The revaluation of land and buildings was carried out as at 30 June 2018 by Peter Todd, an independent registered valuer of Darroch Limited and a member of the Property Institute of New Zealand. The valuations conform to International Valuation Standards. Land has been valued on a market basis and buildings excluding work in progress have been valued on a depreciated replacement cost basis because no reliable market data is available for such buildings. The valuer was contracted as an independent valuer. The next valuation is due to be completed by 30 June 2021.

Depreciated replacement cost is determined using a number of significant assumptions. Significant assumptions include:

- The replacement asset is based on the replacement with modern equivalent assets, with adjustments where appropriate for optimisation due to over-design or surplus capacity.
- The replacement cost is derived from recent construction contracts of similar assets and Property Institute of New Zealand cost information.
- For earthquake-prone buildings that are expected to be strengthened, the estimated earthquake strengthening costs have been deducted off the depreciated replacement cost in estimating fair value.
- The remaining useful life of assets is estimated using recent asset management information.
- Straight-line depreciation has been applied in determining the depreciated replacement cost value of the asset.

10 Property, Plant and Equipment *(Continued)*

Restrictions

Northland DHB does not have full title to Crown land it occupies but transfer is arranged if and when land is sold. Some of the land is subject to Waitangi Tribunal claims. The disposal of certain properties may be subject to the provision of section 40 of the Public Works Act 1981.

Titles to land transferred from the Crown to Northland DHB are subject to a memorial in terms of the Treaty of Waitangi Act 1975 (as amended by the Treaty of Waitangi (State Enterprises Act 1988). The effect on the value of assets resulting from potential claims under the Treaty of Waitangi Act 1975 cannot be quantified.

11 Intangible Assets

Parent and Group

FPIM Rights (B Class Shares in NZ Health Partnerships Limited)	Notes	2019 $000	2018 $000
Cost			
Balance at 1 July		2,207	2,249
Contribution towards FPIM assets being developed by NZ Health Partnerships		73	313
Provision for Impairment of FPIM assets being developed by NZ Health Partnerships	2	(989)	(355)
Balance at 30 June		1,291	2,207

Software	2019 $000	2018 $000
Cost		
Balance at 1 July	1,411	1,331
Additions	0	80
Balance at 30 June	1,411	1,411
Amortisation		
Balance at 1 July	1,348	1,326
Amortisation Charge for the Year	27	22
Balance at 30 June	1,375	1,348
Carrying Amounts		
Balance at 1 July	63	5
Balance at 30 June	36	63
Total Intangible Assets at 30 June	1,327	2,270

There are no development costs accounted for as intangible assets.

There are no restrictions over the title of Northland DHBs intangible assets, nor are any intangible assets pledged as security for liabilities.

Finance Procurement and Information Management System (FPIM)

New Zealand Health Partnerships has issued B class shares to DHBs to fund the development of FPIM (previously the National Oracle Solution).

The FPIM rights have been tested for impairment at 30 June 2019, by comparing the carrying amount of the intangible asset to its recoverable service amount. For the year ended 30 June 2019, it was determined that the following impairment indicators exist:

- There has been a delay in government's decision on the business case;
- 10 out of the 20 DHBs have decided not to continue participating in the programme; and
- The project's scope has been further reduced which is expected to result in a revised level of economic benefits or service potential.

The process to determine the recoverable service amount of the assets related to the project involved:

- Derecognising components of the asset that are no longer expected to be used by reviewing the cost of each work stream and activity that has been previously capitalised; and
- Determining the revised recoverable service amount of the remaining assets based on the re-scoped project and writing the carrying value down to that value.

To support the estimate of the Optimised Depreciated Replacement Cost of the programme assets, the estimated present value of benefits the remaining DHBs expect to generate from the programme once it is completed and fully implemented has been determined. It has been concluded that a further impairment of $989k (2018: $355k) of the FPIM carrying amount was required for the year ended 30 June 2019.

In July 2019 the Minister of Health confirmed that the FPIM preferred option business case presented to Cabinet in June 2019 was approved to proceed for 10 DHBs (including NDHB). The MoH will assume interim responsibility for the programme, and the programme will transfer to another entity or entities on a permanent basis (from NZHPL) by the end of 2019.

12 Equity

	Notes	Group 2019 $000	Group 2018 $000	Parent 2019 $000	Parent 2018 $000
General Funds					
Balance at 1 July		69,207	69,207	69,207	69,207
Capital Contribution (Owner Transactions)		6,600	0	6,600	0
Balance at 30 June		75,807	69,207	75,807	69,207
Accumulated Surplus/(Deficit)					
Balance at 1 July		(15,537)	(4,489)	(12,591)	(1,804)
Surplus/(Deficit)		(25,049)	(11,065)	(24,728)	(10,804)
Transfer to Trust Funds		(10)	(20)	(10)	(20)
Transfer from Trust Funds		3	37	3	37
Balance at 30 June		(40,593)	(15,537)	(37,326)	(12,591)
Reserves					
Revaluation Reserve					
Balance at 1 July		109,319	86,916	102,569	81,966
Revaluations		215	22,403	0	20,603
Balance at 30 June		109,534	109,319	102,569	102,569
Revaluation Reserve consists of:					
Land		8,937	8,937	8,937	8,937
Buildings		100,597	100,382	93,632	93,632
Total Revaluation Reserve		109,534	109,319	102,569	102,569
Trust/Special Funds					
Balance at 1 July		649	666	649	666
Funds received		6	10	6	10
Interest received		4	10	4	10
Funds spent		(3)	(37)	(3)	(37)
Balance at 30 June		656	649	656	649
Minority Interest					
Balance at 1 July		4,963	3651	0	0
Surplus/Deficit for period		30	1,432	0	0
Distributions made		(120)	(120)	0	0
Total Minority Interest		4,873	4,963	0	0
Total Equity at 30 June		**150,277**	**168,601**	**141,706**	**159,834**

All trust funds are held in bank accounts that are separate from Northland DHB's normal banking facilities.

Included in the minority interest surplus for the period is $397K (2018:$1,533K) of movements on property revaluations.

13 Trade and Other Payables

	Group		Parent	
	2019 $000	2018 $000	2019 $000	2018 $000
Payables under exchange transactions				
Trade Payables to Non-related Parties	6,192	5,400	6,185	5,400
Amounts due to Related Parties	1,326	1,326	1,326	1,326
Revenue in Advance	2,570	3,306	2,570	3,306
Other Non-trade Payables and Accrued Expenses	23,265	23,918	23,265	23,918
Total payables under exchange transactions	33,353	33,950	33,346	33,950
Payables under non-exchange transactions				
Taxes payable (GST, PAYE, FBT, Withholding tax and rates)	8,520	7,589	8,520	7,581
Total payables under non-exchange transactions	8,520	7,589	8,520	7,581
Total Trade and Other Payables	41,873	41,539	41,866	41,531

Trade and Other Payables are at fair value and payable within 12 months.

14 Interest Bearing Loans and Borrowings

	Group		Parent	
	2019 $000	2018 $000	2019 $000	2018 $000
Current				
Crown Energy Efficiency Loan	284	284	284	284
Term loans - Finance Leases	6,348	458	6,348	458
	6,632	742	6,632	742
Non-Current				
Crown Energy Efficiency Loan	426	710	426	710
Term loans - Finance Leases	2,037	324	2,037	324
	2,463	1,034	2,463	1,034
Total Interest Bearing Loans and Borrowings	9,095	1,776	9,095	1,776

The Energy Efficiency and Conservation Authority $710k (2018: $994k) loan is interest free (2018 0%).

Repayable as follows:	Group		Parent	
	2019 $000	2018 $000	2019 $000	2018 $000
Within one year	284	567	284	567
Two to five years	426	427	426	427
Total	710	994	710	994

Finance lease liabilities are effectively secured, as the rights to the leased asset revert to the lessor in the event of default. The net carrying amount of assets held under finance leases is disclosed in note 10.

14 Interest Bearing Loans and Borrowings *(Continued)*

Analysis of Financial Leases	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Minimum Lease payments payable				
Within one year	6,348	458	6,348	458
Two to five years	2,037	324	2,037	324
Total	8,385	782	8,385	782

15 Employee Entitlements

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Current Liabilities				
Liability for Long Service Leave and Retirement Gratuities	4,666	4,629	4,666	4,629
Liability for Annual Leave	37,490	18,911	37,490	18,911
Liability for Sick Leave	534	690	534	690
Liability for Sabbatical Leave	23	23	23	23
Liability for Continuing Medical Education Leave	6,566	6,354	6,566	6,354
Salary and Wages Accrual	7,094	9,349	7,094	9,349
ACC Partnership Programme Liability	607	689	607	689
	56,980	40,645	56,980	40,645
Non-Current Liabilities				
Liability for Long Service Leave and Retirement Gratuities	15,285	12,665	15,285	12,665
Liability for Sabbatical Leave	437	418	437	418
Liability for Sick Leave	758	550	758	550
	16,480	13,633	16,480	13,633
Total Employee Entitlements	73,460	54,278	73,460	54,278

Actuarial Valuations

The long service leave, retirement gratuities, sick and sabbatical leave were valued by an independent actuary.

The present value of the retirement, sabbatical and long service leave obligations depend on a number of factors that are determined on an actuarial basis using a number of assumptions. Two key assumptions used in calculating this liability include the discount rate 1.26% (2018: 1.77%) and the salary inflation factor 2.7% (2018: 2.7%). Any changes in these assumptions will impact on the carrying amount of the liability.

The discount rates used were obtained by finding weighted averages of returns on Government stock of different terms. The salary inflation factor has been determined after considering historical salary inflation patterns.

The valuation result is most sensitive to the assumed rates of salary growth, based on all other assumptions being unaltered, an increase in the salary inflation factor of 1% would increase the employee entitlements by $1,488k. A 1% decrease would reduce the employee entitlements by $1,290k.

15 Employee Entitlements *(Continued)*

Holidays Act 2003

A number of New Zealand's public and private organisations have identified issues with the calculation of leave entitlements under the Holidays Act 2003 ("the Act").

For employers such as the DHBs that have workforces that include differential occupational groups with complex entitlements, non-standard hours, allowances and/or overtime, the process of assessing non-compliance with the Act and determining any additional payments is time consuming and complicated.

Work has been ongoing since 2016 on behalf of 20 District Health Boards (DHBs) and the New Zealand Blood Service (NZBS), with the Council of Trade Unions (CTU), health sector unions and Ministry of Business Innovation and Employment (MBIE) Labour Inspectorate, to agree on a national approach to identify, rectify and remediate any non-compliance with the Act by DHBs.

This has led to a Memorandum of Understanding (MOU) being agreed which (along with a Baseline Document and Framework) outlines the actions DHBs will take to assess compliance with the Act, sets out the interpretations and methods that have been agreed for calculating individual payments to employees, and sets out the agreed review process for assessing each DHB's compliance with the Baseline Document.

The review process agreed as part of the MOU will roll-out in tranches to the DHBs and NZBS, and has recently commenced at Northland DHB.

Notwithstanding this, as at 30 June 2019, in preparing these financial statements, the Northland DHB recognises it has an obligation to address any historical non-compliance under the MOU and has made an estimate of its liability by undertaking its own review of its payroll processes based on the requirements of the MOU. A copy of the payroll system was created, modifications made to the system configuration and scripts run to recalculate what the value of the liability on an individual employee basis was estimated to be.

The estimated liability of $16.5 million is included in the Liability for Annual Leave. This is the DHB's best estimate at this stage. The liability may change as the agreed process set out in the Framework continues and until payments are made (which is 2021 at the earliest). Until this process has been completed, there remain some uncertainties over the DHB's estimate of the liability.

16 Provisions

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Balance at 1 July	375	150	375	150
Provision made during the year	298	375	298	375
Provision used/reversed during the year	(375)	(150)	(375)	(150)
Total Provisions	298	375	298	375

Provisions have been made for legal actions against Northland DHB, employee cessation costs and contract penalties.

17 Financial Instruments

The DHB's activities expose it to a variety of financial instrument risks, including market risk, credit risk, foreign currency risk and liquidity risk. The DHB has a series of policies to manage the risks associated with financial instruments and seeks to minimise exposure from financial instruments. These policies do not allow any transactions that are speculative in nature to be entered into.

Financial instruments, which potentially subject Northland DHB to concentrations of risk, consist principally of cash, short-term deposits and accounts receivable.

Credit Risk

Credit risk is the risk that a third party will default on its obligations to the DHB, causing it to incur a loss.

The DHB places its investments with high-quality financial institutions and the DHB has a policy that limits the amount of credit exposure to any financial institution.

Concentrations of credit risk from accounts receivable are limited due to the large number and variety of customers. Northland DHB receives most of its revenue from the Ministry of Health, who is also the largest single debtor. It is assessed to be a low risk and high-quality entity due to its nature as the Government funded purchaser of health and disability support services.

Credit quality of financial assets

The credit quality of financial assets that are neither past due nor impaired can be assessed by reference to Standard and Poor's credit ratings (if available) or to historical information about counterparty default rates.

The status of trade receivables at the reporting date is shown in note 7.

17 Financial Instruments *(Continued)*

The table below analyses the Northland DHB's maximum credit exposure as a result of the financial instruments it is party to. The amounts disclosed are the contractual undiscounted cash flows.

		Group		Parent	
	Notes	2019	2018	2019	2018
		$000	$000	$000	$000
Cash on Hand and at Bank	6	31	29	10	10
Cash on Hand with NZ Health Partnership Limited	6	2,477	6,011	2,477	6,011
Term Deposits	8	424	417	0	0
Trusts/Special Funds		656	649	656	649
Trade and Other Receivables	7	23,803	19,738	23,791	19,734
Total		27,391	26,844	26,934	26,404

At balance date there were no significant other concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the statement of financial position.

Credit Quality of Financial Assets

		Group		Parent	
	Notes	2019	2018	2019	2018
Counterparties with credit ratings		$000	$000	$000	$000
Cash and cash equivalents and Investments AA-		445	436	0	0
Counterparties without credit ratings					
New Zealand Health Partnerships Limited (NZHP)		2,477	6,011	2,477	6,011
Debtors and other receivables with no default in the past		23,803	19,738	23,790	19,734
Total Counterparties without credit ratings		26,280	25,749	26,267	25,745

Liquidity Risk

Management of liquidity risk

Liquidity risk is the risk that the DHB will encounter difficulty raising liquid funds to meet commitments as they fall due. Prudent liquidity risk management implies maintaining sufficient cash, the availability of funding through an adequate amount of committed credit facilities, and the ability to close out market positions.

The DHB mostly manages liquidity risk by continuously monitoring forecast and actual cash flow requirements and maintaining an overdraft facility through the "DHB Treasury Services Agreement" between NZHP and participating DHB's.

Contractual maturity analysis of financial liabilities

The table below analyses financial liabilities into relevant maturity groupings based on the remaining period at balance date to the contractual maturity date. Future interest payments on floating rate debt are based on the floating rate of the instrument at balance date. The amounts disclosed are the contractual undiscounted cash flows.

	Notes	Carrying Amount	Contractual Cashflows	Less than 1 year	1-5 years	More than 5 years
		$000	$000	$000	$000	$000
Parent & Group 2019						
Crown Energy Efficiency Loan	14	710	710	284	426	0
Finance Leases	14	8,385	8,906	6,487	1,683	736
Trade and Other Payables	13	30,783	30,783	30,783	0	0
Total		39,878	40,399	37,554	2,109	736
Parent & Group 2018						
Crown Loans	14	994	994	284	710	0
Finance Leases	14	782	830	498	332	0
Trade and Other Payables	13	30,644	30,644	30,644	0	0
Total		32,420	32,468	31,426	1,042	0

17 Financial Instruments *(Continued)*

Market Risk

Price risk

Price risk is the risk that the value of a financial instrument will fluctuate as a result of changes in market prices. The DHB has no financial instruments that give rise to price risk.

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate due to changes in market interest rates. The DHB's exposure to fair value interest rate risk arises from bank deposits and bank loans that are at fixed rates of interest. Northland DHB does not consider there to be any significant exposure to the interest risk rate on investments.

The Board has a series of policies providing risk management for interest rates and the concentration of credit. The Board is risk averse and seeks to minimise exposure from its treasury activities.

Foreign Currency Risk

Foreign exchange risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates.

Northland DHB does not consider there to be any significant exposure to foreign currency risk. Only a small amount of purchases are denominated in a foreign currency, none of which were outstanding at 30 June.

Sensitivity Analysis

As at 30 June 2019, if floating interest rates had been 100 basis points higher/lower, with all other variables held constant, the surplus/deficit to Northland DHB's surplus before tax would have been approximately $40,000 (2018: $80,000) lower/higher.

Categories of Financial Assets and Liabilities

The classification and fair values together with the carrying amounts in the statement of financial position are as follows:

	Group		Parent	
	2019	2018	2019	2018
Financial Assets at Amortised Cost	$000	$000	$000	$000
Trade and Other Receivables	23,803	19,738	23,791	19,734
Trusts/Special Funds	656	649	656	649
Cash and Cash Equivalents	2,508	6,040	2,487	6,021
Short Term Deposits	424	417	0	0
Total Financial Assets at Amortised Cost	27,391	26,844	26,934	26,404
Financial Liabilities at Amortised Cost				
Trade and Other Payables	30,783	30,644	30,776	30,644
Interest Bearing Loans and Borrowings	9,095	1,776	9,095	1,776
Total Financial Liabilities at Amortised Cost	39,878	32,420	39,871	32,420

Treasury Services Agreement

Northland DHB is a party to the "DHB Treasury Services Agreement" between the NZHP and the participating DHBs. This Agreement enables NZHP to "Sweep" DHB bank accounts and invest surplus funds. The DHB Treasury Service Agreement provides for individual DHBs to have an overdraft with NZHP, which will incur interest at the credit interest rate received by NZHP plus an administrative margin. The maximum balance that is available to any DHB is the value of provider arm's planned monthly Crown revenue, used in determining working capital limits, is defined as 1/12th of the annual planned revenue paid by the funder arm to the provider arm as denoted in the most recent agreed Annual Plan inclusive of GST. For Northland DHB that equates to $34,879k. Due to the PBE IPSAS 30 disclosure requirements for the credit quality of the financial assets, the money with NZHP is classified under "counterparties with no credit ratings".

18 Related Parties

Related party disclosures have not been made for transactions with related parties that are within a normal supplier or client/recipient relationship on terms and condition no more or less favourable than those that it is reasonable to expect Northland DHB would have adopted in dealing with the party at arms length in the same circumstances. Further, transactions with other government agencies (for example Government Departments and Crown Entities) are not disclosed as related party transactions when they are consistent with the normal operating arrangements between government agencies and undertaken on the normal terms and conditions for such transactions.

Board and Key Management Compensation

	Group		Parent	
	2019	2018	2019	2018
	$000	$000	$000	$000
Board members				
Remuneration	287	286	287	286
Full time equivalent members	11	11	11	11
Executive team				
Remuneration	3,280	2,967	3,280	2,967
Full time equivalent members	12	11	12	11
Total key management personnel remuneration	3,567	3,253	3,567	3,253
Total full time equivalent personnel	23	22	23	22

The full time equivalent for Board members has been determined based on 1 full time equivalent (FTE) per board member as it is difficult to quantify the estimated time for Board members.

Key management personnel costs include any compensation or other benefits paid or payable. Key management personnel consist of the CE, COO, seven General Manager roles, Chief Medical Officer, Director of Nursing and Midwifery and Director Allied Health, Scientific and Technical.

Board Member Fees

Current Board Members	2019	2018
Sally Macauley (Chairman)	$48,350	$47,663
Sue Brown (Deputy Chairman)	$30,275	$30,025
Craig Brown	$23,670	$23,170
Colin Kitchen	$22,420	$22,170
Debbie Evans	$23,170	$23,170
Denise Jensen	$23,420	$23,670
Gary Payinda	$22,920	$23,170
John Bain	$23,608	$23,608
June McCabe	$22,670	$22,358
Libby Jones	$24,420	$24,733
Sharon Shea	$22,420	$21,920

19 Subsequent Events

There are no significant events subsequent to balance date.

20 Capital Management

Northland DHB's capital is its equity, which comprises of crown equity, reserves, trust/special funds and accumulated comprehensive revenue and expenditure. Equity is represented by net assets. The Northland DHB manages its revenues, expenses, assets, liabilities and general financial dealings prudently in compliance with the budgetary processes. The Northland DHB's policy and objectives of managing the equity is to ensure the Northland DHB effectively achieves its goals and objectives, whilst maintaining a strong capital base. The Northland DHB policies in respect of capital management are reviewed regularly by the governing Board. There have been no material changes in the Northland DHB's management of capital during the period.

21 Variance Analysis

Key Financial Information	Group Actual 2019 $000	Group Budget 2019 $000	Variance $000
Operational Revenue	695,715	682,959	12,756

The revenue budget is based on the funding envelope advised by the Ministry of Health. Subsequent to this advice, further funding was made available for additional services, including care and support workers pay equity, in between travel and various other programmes.

Operational Cost (including Capital Charge)	720,915	689,426	31,489

The major factor contributing to the increase in operational expenditure is a provision made for the estimated cost of remediation in relation to compliance with the Holidays Act. Also contributing is the cost of providing additional services including the costs of the care and support workers pay equity settlements as detailed in the above revenue comment.

Total Assets (excluding cash and term deposits)	272,071	269,854	2,217

The variance in total assets is largely due to larger than budgeted Ministry of Health receivables.

Total Liabilities (excluding loans)	115,631	96,125	19,506

Liabilities are higher than budget due to larger employee entitlement accruals, primarily due to the estimated cost of remediation in relation to compliance with the Holidays Act and increase in long service and gratuity actuarial valuations.

Cash Resources (cash, deposit and investment balances less loans)	(6,163)	(9,245)	3,082

Cash Resources are higher than budget primarily due to an unbudgeted equity injection.

The budget figures included in the financial statements are the budget figures for the Group.

The final result for the parent is a $24.7m deficit. This included an underlying actual operating deficit of $7.1m (which includes the impact of strike action during the year), impairment of the FPIM asset of $1m and a provision for the estimated costs of compliance with the Holidays Act 2003 of $16.5m.

The reported budget includes parent values based on the Statement of Performance Expectations approved by the Board in October 2018. Under the Crown Entities Act, NDHB is required to report against this budget. Subsequent to this approval, discussions between the Board and Ministry of Health continued resulting in the approval of a revised forecast deficit of $7.495m for the financial year.

22 Contingent Liabilities and assets

Northland DHB and group has no Contingent liabilities or assets as at 30 June 2019.

At 30 June 18, Northland DHB recognised a contingent liability regarding underpayment of entitlements under the Holidays Act 2003, given more information is now available, Northland DHB have been able to determine an estimated provision of $16.5m in the current year accounts.

Statement of Accounting Policies

For the year ended 30 June 2019

Reporting entity

Northland District Health Board (Northland DHB) is a Health Board established by the New Zealand Public Health and Disability Act 2000. Northland DHB has designated itself as a Public Benefit Entity (PBE) for financial reporting purposes. It is domiciled and operates in New Zealand. Northland DHB is a Crown Entity as defined by the Crown Entities Act 2004. Northland DHB's ultimate parent is the Crown.

The consolidated financial statements of Northland DHB and group for the year ended 30 June 2019 comprise Northland DHB, its controlled entity the Kaipara Total Health Care Joint Venture (54% owned).

Northland DHB's activities involve funding and delivering health and disability services in a variety of ways to the community.

The financial statements were authorised for issue by the Board on 31 October 2019.

Basis of preparation

Statement of compliance

The financial statements have been prepared in accordance with the requirements of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004, which include the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP).

The financial statements comply with PBE and other applicable Financial Reporting Standards, as appropriate for public benefit entities. They have been prepared in accordance with Tier 1 PBE accounting standards and are on a going-concern basis.

Going Concern

The going concern principle has been adopted in the preparation of these financial statements. The Board, after making enquiries, has a reasonable expectation that the DHB has adequate resources to continue operations for the foreseeable future based on current trading terms and legislative requirements. The Board has reached this

conclusion having regard to circumstances which it considers likely to affect the DHB during the period of one year from the date of signing the 2018/19 financial statements, and to circumstances which it knows will occur after that date which could affect the validity of the going concern assumption.

Operating and cash flow forecasts show that there will be an operating cash flow deficit for the 2019/20 year.

The DHB's forecasts indicate it will be reliant on accessing its overdraft facility with NZHPL to meet this operating cash flow deficit and to meet the investing cash flow requirements of the DHB for the 2019/20 financial year.

DHB sector forecasts create some uncertainties about the DHB's access to the required quantum of overdraft funds. If these funds weren't available, the DHB could look at reducing and/or deferring forecast capital expenditure.

Presentation currency

The financial statements are presented in New Zealand Dollars and all values are rounded to the nearest thousand dollars ($000). The functional currency of the Northland DHB and its subsidiary is New Zealand dollars (NZ$).

The accounting policies as set out below have been applied consistently to all periods presented in these consolidated financial statements.

Critical accounting estimates and assumptions

The preparation of financial statements in conformity with PBE accounting standards requires management to make judgments, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, revenue and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates will be recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below:

Land and buildings revaluations

Note 10 provides information about the estimates and assumptions applied in the measurement of revalued land and buildings.

Long service leave, retirement gratuities and Holidays Act 2003 liability

Note 15 provides an analysis of the DHB's exposure in relation to estimates and uncertainties surrounding retirement and long service leave liabilities, as well as leave entitlements under the Holidays Act 2003.

Estimating useful lives and residual values of property, plant and equipment

The useful lives and residual values of property, plant and equipment are reviewed at each balance date. Assessing the appropriateness of useful life and residual value estimates requires Northland DHB to consider a number of factors such as the physical condition of the asset, advances in medical technology, expected period of use of the asset by Northland DHB, and expected disposal proceeds (if any) from the future sale of the asset.

Critical judgements in applying accounting policies

Leases classification

Determining whether a lease agreement is a finance lease or an operating lease requires judgement as to whether the agreement transfers substantially all the risks and rewards of ownership to the Northland DHB.

Judgment is required on various aspects that include, but are not limited to, the fair value of the leased asset, the economic life of the leased asset, whether or not to include renewal options in the lease term, and determining an appropriate discount rate to calculate the present value of the minimum lease payments. Classification as a finance lease means the asset is recognised in the statement of financial position as property, plant, and equipment, whereas for an operating lease no such asset is recognised.

Northland DHB has exercised its judgment on the appropriate classification of leases, and has classified finance lease appropriately.

Statement of Accounting Policies

Changes in accounting policies

There have been no changes in accounting policies during the financial year, other than the standard early adopted (PBE IFRS9).

Standard early adopted

Financial instruments

In January 2017, the XRB issued PBE IFRS 9 Financial Instruments. This replaces PBE IPSAS 29 Financial Instruments: Recognition and Measurement. PBE IFRS 9 is effective for financial years beginning on or after 1 January 2021, with earlier application permitted. The main changes under the standard relevant to the DHB are new financial asset classification requirements for determining whether an asset is measured at fair value or amortised cost.

Classification and measurement of financial assets

Northland DHB classifies its financial assets as subsequently measured at either amortised cost or fair value depending on business model for managing the financial assets and the contractual cash flow characteristics of the financial assets.

The Treasury has early adopted PBE IFRS 9 in the Financial Statements of the Government for the 30 June 2019 financial year. The DHB has also early adopted PBE IFRS 9 for the 30 June 2019 financial year to be consistent with Crown's accounting policy for financial instruments.

PBE IRFS 9 prescribes an "expected loss model" instead of the previous "incurred loss" model, so it is no longer necessary for an event to have occurred before recognising credit losses. NZ IFRS 9 requires the entity to base the measurement of expected credit losses on forward-looking information, as well as current and historic information. As the entity has been providing for credit losses based on historic patterns and there is no information to indicate that there has been any material change to this, there is no significant increase in credit risk.

There has been no impact on original measurement categories under PBE IPSAS 29 and the new measurement categories under PBE IFRS 9 for each class of financial assets as at 1 July 2018, they remain at Amortised cost.

Standards issued and not yet effective and not early adopted

Standards and amendments, issued but not yet effective, that have not been early adopted are:

Amendment to PBE IPSAS 2 Statement of Cash Flows

An amendment to PBE IPSAS 2 Statement of Cash Flows requires entities to provide disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. This amendment is effective for annual periods beginning on or after 1 January 2021, with early application permitted. Northland DHB does not intend to early adopt the amendment.

PBE IPSAS 34-38

PBE IPSAS 34-38 replace the existing standards for interests in other entities (PBE IPSAS 6-8). These new standards are effective for annual periods beginning on or after 1 January 2019. Northland DHB will apply these new standards in preparing the 30 June 2020 financial statements. No effect is expected as a result of this change.

PBE IPSAS 41 Financial Instruments

The XRB issued PBE IPSAS 41 Financial Instruments in March 2019. This standard supersedes PBE IFRS 9 Financial Instruments, which was issued as an interim standard. It is effective for reporting periods beginning on or after 1 January 2022. Although Northland DHB has not assessed the effect of the new standard, it does not expect any significant changes as the requirements are similar to PBE IFRS 9.

PBE FRS 48 Service Performance Reporting

PBE FRS 48 replaces the service performance reporting requirements of PBE IPSAS 1 and is effective for reporting periods beginning on or after 1 January 2021. Northland DHB has not yet determined how application of PBE FRS 48 will affect its statement of performance.

Basis for consolidation

Subsidiaries

Subsidiaries are entities controlled by Northland DHB. Control exists when Northland DHB has the power, directly or indirectly, to govern the financial and operating policies of an entity so as to obtain benefits from its activities. In assessing control, potential voting rights that presently are exercisable or convertible are taken into account. The financial statements of subsidiaries are included in the consolidated financial statements from the date that control commences until the date that control ceases.

The consolidated financial statements include the parent (Northland DHB) and its subsidiary. The subsidiary is accounted for using the acquisition method, which involves adding together corresponding assets, liabilities, revenues and expenses on a line by line basis.

Transactions eliminated on consolidation

Intragroup balances and any unrealised gains and losses or revenue and expenses arising from intragroup transactions, are eliminated in preparing the consolidated financial statements.

Investments in subsidiaries are carried at cost in Northland DHB's own "parent entity" financial statements.

Equity accounted Investees: Associates

Associates are entities over which Northland DHB has significant influence, but not control, over the financial and operating policies. Equity accounted investees are initially recognised at cost. Subsequent to initial recognition, they are accounted for using the equity method in the consolidated financial statements.

The consolidated financial statements include Northland DHB's share of the profit or loss after tax of equity accounted investees from the date that significant influence commenced. Distributions received from an associate reduce the carrying amount of the investment. Where the group transacts with an associate, surpluses or deficits are eliminated to the extent of the group's interest in the associate.

Investments in associates are carried at cost in Northland DHB's own parent entity financial statements.

Statement of Accounting Policies

Budget figures

The group budget figures presented in the financial statements comprise of the Northland DHB parent figures that were approved in its statement of performance expectations and the subsidiary's budget figures that were approved by its own board. The budget figures have been prepared in accordance with GAAP using accounting policies that are consistent with those adopted by the Board in preparing these financial statements.

Foreign currency transactions

Transactions in foreign currency are translated at the foreign exchange rate ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated to NZD at the foreign exchange rate ruling at that date. Foreign exchange differences arising on translation are recognised in the surplus or deficit. Non-monetary assets and liabilities that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the transaction.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, cash on deposit with NZ Health Partnership Limited, deposits held on call with banks and other short-term highly liquid investments with original maturities of three months or less.

Trade and other receivables

Short-term receivables are recorded at the amount due, less an allowance for credit losses.

Northland DHB base the measurement of expected credit losses on forward-looking information, as well as current and historic information. They have been grouped based on the days past due.

Short term receivables are written off when there is no reasonable expectation of recovery.

Trade and other payables

Trade and other payables are recorded at their face value.

Investments

Bank term deposits

Investments in bank term deposits are initially measured at the amount invested.

After initial recognition, investments in bank deposits are measured at amortised cost using the effective interest method, less any provision for impairment.

Inventories

Inventories held for distribution in the provision of services that are not supplied on a commercial basis are measured at cost (using the average weighted cost method) and adjusted when applicable, for any loss of service potential.

Inventories acquired through non-exchange transactions are measured at fair value at the date of acquisition.

Inventories held for use in the provision of goods and services on a commercial basis are valued at the lower of cost (using the average weighted cost method) and net realisable value.

Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

The amount of any write-down for the loss of service potential or from cost to net realisable value is recognised in the surplus or deficit in the period of the write-down.

Interest bearing borrowings

Interest bearing borrowings are recognised initially at fair value less attributable transaction costs. Subsequent to initial recognition, interest bearing borrowings are stated at amortised cost with any difference between cost and redemption value being recognised in the surplus or deficit over the period of the borrowings on an effective interest basis. Borrowings are classified as current liabilities unless Northland DHB has an unconditional right to defer settlement of the liability for at least 12 months after balance date.

Property, plant and equipment

Property, plant and equipment consists of the following asset classes: land, buildings and plant, equipment and motor vehicles.

Owned assets

Except for land and buildings and the assets vested from the hospital and health service (see below), items of property, plant and equipment are stated at cost, less accumulated depreciation and accumulated impairment losses. The cost of self-constructed assets includes the cost of materials, direct labour, the initial estimate, where relevant, of the costs of dismantling and removing the items and restoring the site on which they are located, and an appropriate proportion of direct overheads.

Land and buildings are revalued to fair value as determined by an independent registered valuer at least every three years or, where there is evidence of a significant change in fair value. The net revaluation results are credited or debited to other comprehensive revenue and is accumulated to an asset revaluation reserve in equity for that class of asset. Where this would result in a debit balance in the asset revaluation reserve, this balance is not recognised in other comprehensive revenue but is recognised in the surplus or deficit.

Any subsequent increase on revaluation that offsets a previous decrease in value recognised in the surplus or deficit will be recognised first in the surplus or deficit up to the amount previously expensed, and then recognised in other comprehensive revenue.

Accumulated depreciation at revaluation date is eliminated against the gross carrying amount so that the carrying amount after revaluation equals the revalued amount.

Where material parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate components of property, plant and equipment.

Property, plant and equipment vested from the Hospital and Health Service

Under section 95(3) of the New Zealand Public Health and Disability Act 2000, the assets of Northland Health Limited (a hospital and health service company) were vested in Northland DHB on 1 January 2001. Accordingly, assets were transferred to Northland DHB at their net book values as recorded in the books of the hospital and health service. In effecting this transfer, the Northland DHB has recognised the cost and accumulated depreciation amounts from the records of the hospital and health service. The vested assets will continue to be depreciated over their remaining useful lives.

Disposal of property, plant and equipment

Where an item of plant and equipment is disposed of, the gain or loss recognised in the surplus or deficit is calculated as the difference between the net sales price and the carrying amount of the asset. The gain or loss is recognised in the reported net surplus or deficit in the period in which the transaction occurs. Any balance attributable to the disposed asset in the asset revaluation reserve is transferred to retained earnings.

Additions to property, plant and equipment

The cost of an item of property, plant and equipment is recognised as an asset if it is probable that future economic benefits or service potential associated with the item will flow to Northland DHB and the cost of the item can be measured reliably.

In most instances, an item of property, plant and equipment is recognised at its cost. Where an asset is acquired through a non-exchange transaction, it is recognised at its fair value as at the date of acquisition.

Subsequent costs

Subsequent costs are added to the carrying amount of an item of property, plant and equipment when that cost is incurred, if it is probable that the service potential or future economic benefits embodied within the new item will flow to Northland DHB. All other costs are recognised in the statement of comprehensive revenue as an expense as incurred. The costs of day-to-day servicing of property, plant and equipment are recognised in the surplus or deficit as they are incurred.

Depreciation

Depreciation is provided using the straight line method on all property plant and equipment other than land, and recognised in the surplus or deficit.

Depreciation is set at rates that will write off the cost or fair value of the assets, less their estimated residual values, over their useful lives. The estimated useful lives of major classes of assets and resulting rates are as follows:

Class of asset	Estimated life	Depreciation rate
Buildings (including components)	10 to 70 years	(1.4% - 10%)
Plant and Equipment	1 to 15 years	(6.6% - 100%)
Motor Vehicles	5 to 15 years	(6.6% - 20%)

The residual value of assets is reassessed annually to determine if there is any indication of impairment.

Work in progress is recognised at cost less impairment and is not depreciated. The total cost of a project is transferred to the appropriate class of asset on its completion and then depreciated.

Borrowing costs

Borrowing costs are recognised as an expense in the period which they are incurred.

Intangible assets

Intangible assets that are acquired by Northland DHB are stated at cost less accumulated amortisation and impairment losses.

Acquired computer software licences are capitalised on the basis of the costs incurred to acquire and bring to use the specific asset.

Costs that are directly associated with the development of software for internal use, are recognised as an intangible asset. Direct costs can include the software development employee costs and an appropriate portion of relevant overheads.

Subsequent expenditure

Subsequent expenditure on intangible assets is capitalised only when it increases the service potential or future economic benefits embodied in the specific asset to which it relates. All other expenditure is expensed as incurred.

Amortisation

Amortisation is provided in the surplus or deficit on a straight-line basis over the estimated useful lives of intangible assets unless such lives are indefinite. Intangible assets with an indefinite useful life are tested for impairment at each balance sheet date. Other intangible assets are amortised from the date they are available for use.

Class of asset	Estimated life	Amortisation rate
Software	2 to 3 years	(33% - 50%)

Impairment of property, plant and equipment and intangible assets

Northland DHB does not hold any cash-generating assets. Assets are considered cash-generating where their primary objective is to generate a cash return.

Intangible assets that have an indefinite useful life, or not yet available for use, are not subject to amortisation and are tested annually for impairment. Assets that have a finite useful life are reviewed for indicators of impairment at each balance date. When there is an indicator of impairment the asset's recoverable amount is estimated. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is depreciated replacement cost for an asset where the fair value of an asset cannot be reliably determined by reference to market based evidence. Specialised Hospital Buildings are an example of this.

If an asset's carrying amount exceeds its recoverable amount, the asset is impaired and the carrying amount is written down to the recoverable amount. For revalued assets, the impairment loss is recognised in other comprehensive revenue to the extent the impairment loss does not exceed the amount in the revaluation reserve in equity for that same class of asset. Where that results in a debit balance in the revaluation reserve, the balance is recognised in the surplus or deficit.

For assets not carried at a revalued amount, the reversal of an impairment loss is recognised in the surplus or deficit.

Statement of Accounting Policies

Employee benefits

Defined contribution schemes

Obligations for contributions to defined contribution plans are recognised as an expense in the surplus or deficit as incurred.

Defined benefit schemes

Northland DHB makes employer contributions to the Defined Benefits Plan Contributors Scheme (the scheme), which is managed by the Board of Trustees of the National Provident Fund. The scheme is a multi-employer defined benefit scheme.

Insufficient information is available to use defined benefit accounting, as it is not possible to determine from the terms of the scheme the extent to which the surplus/deficit will affect future contributions by individual employers, as there is no prescribed basis for allocation. The scheme is therefore accounted for as a defined contribution scheme.

Long service leave, sabbatical leave and retirement gratuities

Northland DHB's obligation in respect of long service leave, sabbatical leave and retirement gratuities is the amount of future benefit that employees have earned in return for their service in the current and prior periods. The obligation is calculated on an actuarial basis and involves the projection, on a year by year basis, of the entitlements, based on accrued service. These benefits are estimated in respect of their incidence according to assumed rates of death, disablement, resignation and retirement and in respect of those events according to assumed rates of salary progression. A value is placed on the resulting liabilities by discounting the projected entitlements back to the valuation date using a suitable discount rate. All other employee entitlements are classified as current liabilities.

Annual leave, conference leave, medical education leave and expenses

Annual leave, conference leave and medical education leave are short-term obligations and are calculated on an actual basis at the amount Northland DHB expects to pay. These are recognised in the surplus or deficit when they accrue to employees. Northland DHB accrues the obligation for paid absences when the obligation both relates to employees' past services and it accumulates.

Sick leave

Northland DHB recognises a liability for sick leave to the extent that compensated absences in the coming year are expected to be greater than the sick leave entitlements earned. The amount is calculated based on the unused sick leave entitlement that can be carried forward at balance date to the extent the Northland DHB anticipates it will be used by staff to cover those future absences.

Bonuses

A liability and an expense are recognised for bonuses where there is a contractual obligation or where there is a past practice that has created a constructive obligation and a reliable estimate of the obligation can be made.

Provisions

A provision is recognised at fair value when Northland DHB has a present legal or constructive obligation as a result of a past event, it is probable that an outflow of economic benefits will be required to settle the obligation and that a reliable estimate can be made. If the effect is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market rates and, where appropriate, the risks specific to the liability. The movement in provisions are recognised in the surplus or deficit.

Restructuring

A provision for restructuring is recognised when an approved detailed formal plan for the restructuring has either been announced publicly to those affected, or for which implementation has already commenced.

ACC Accredited Employers Programme

Northland DHB belongs to the ACC Accredited Employers Programme (the "Full Self Cover Plan") whereby Northland DHB accepts the management and financial responsibility for employee work-related illnesses and accidents. Under the programme, Northland DHB is liable for all claims costs for a period of two years after the end of the cover period in which the injury occurred. At the end of the two-year period, Northland DHB pays a premium to ACC for the value of residual claims, and from that point the liability for ongoing claims passes to ACC.

The liability for the ACC Accredited Employers Programme is measured using actuarial techniques at the present value of expected future payments to be made in respect of the employee injuries and claims up to balance date. Consideration is given to anticipated future wage and salary levels and experience of employee claims and injuries. Expected future payments are discounted using market yields on government bonds at balance date with terms to maturity that match, as closely to possible, the estimated future cash outflows.

Equity

Equity is the community's interest in Northland DHB and is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into a number of components.

The components of equity are Retained Earnings, Revaluation Reserve (consisting of Land and Buildings), non-controlling interest in the group and Trust/Special Funds. The minority interest in the group is represented by the joint venture partner in the controlled entity. Trust/Special funds are funds donated or bequeathed for a specific purpose. The use of these assets must comply with the specific terms of the sources from which the funds were derived. The revenue and expenditure in respect of these funds is included in the surplus or deficit. An amount equal to the expenditure is transferred from the trust fund component of equity to retained earnings. An amount equal to the revenue is transferred from revenue earnings to trust funds.

Property revaluation reserve

This reserve relates to the revaluation of property, plant, and equipment to fair value.

Fair value through other comprehensive revenue and expense reserves

The specific accounting policies for significant revenue items are explained below.

Revenue

The specific accounting policies for significant revenue items are explained below.

Ministry of Health population-based revenue

Northland DHB receives annual funding from the Ministry of Health, which is based on population levels within the Northland DHB region.

Ministry of Health population-based revenue for the financial year is recognised based on the funding entitlement for that year.

Ministry of Health Contract Revenue

The revenue recognition approach for Ministry of Health contract revenue depends on the contract terms. Those contracts where the amount of revenue is substantively linked to the provision of quantifiable units of service are treated as exchange contracts and revenue is recognised as Northland DHB provides the services. For example, where funding varies based on the quantity of services delivered, such as number of screening tests or heart checks. Other contracts are treated as non-exchange and the total funding receivable under the contract is recognised as revenue immediately, unless there are substantive conditions in the contract. If there are substantive conditions, revenue is recognised when the conditions are satisfied. A condition could include the requirement to provide services to the satisfaction of the funder to receive or retain funding. Revenue for future periods is not recognised where the contract contains substantive termination provisions for failure to comply with the service requirements of the contract. Conditions and termination provisions need to be substantive, which is assessed by considering factors such as the past practice of the funder. Judgement is often required in determining the timing of revenue recognition for contracts that span a balance date and multi-year funding arrangements.

Goods sold and services rendered

Revenue from goods sold is recognised when Northland DHB has transferred to the buyer the significant risks and rewards of ownership of the goods and Northland DHB does not retain either continuing managerial involvement to the degree usually associated with ownership nor effective control over the goods sold.

Revenue from services is recognised, to the proportion that a transaction is complete, when it is probable that the payment associated with the transaction will flow to Northland DHB and that payment can be measured or estimated reliably, and to the extent that any obligations and all conditions have been satisfied by Northland DHB.

Revenue from other DHBs

Inter-district patient inflow revenue occurs when a patient treated within the Northland DHB region is domiciled outside of Northland. The Ministry of Health credits Northland DHB with a monthly amount based on an estimated patient treatment for non-Northland residents within Northland. An annual wash-up occurs at year end to reflect the number of non-Northland patients treated at Northland DHB.

Donated services

Certain operations of the Northland DHB are reliant on services provided by volunteers. Volunteer services received are not recognised as revenue or expenditure by Northland DHB.

ACC contract revenue

ACC contract revenue is recognised as revenue when eligible services are provided and any contract conditions have been fulfilled.

Rental revenue

Rental revenue is recognised in the surplus or deficit on a straight-line basis over the term of the lease. Lease incentives granted are recognised as an integral part of the total rental revenue over the lease term.

Interest

Interest revenue is recognised using the effective interest method.

Expenses

Operating leases

An operating lease is a lease whose term is short compared to the useful life of the asset or piece of equipment and does not transfer substantially all the risks and rewards incidental to ownership of the asset to the lessee.

Payments made under operating leases are recognised in the surplus or deficit on a straight-line basis over the term of the lease. Lease incentives received are recognised in the surplus or deficit over the lease term as an integral part of the total lease expense.

Finance leases

A finance lease is a lease that transfers to the lessee substantially all the risks and rewards incidental to ownership of an asset, whether or not title is eventually transferred. At the commencement of the lease term, finance leases where Northland DHB is the lessee are recognised as assets and liabilities in the statement of financial position at the lower of the fair value of the leased item or the present value of the minimum lease payments. The finance charge is charged to the surplus or deficit over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability.

Financing costs

Net financing costs comprise interest paid and payable on borrowings, calculated using the effective interest rate method and are recognised as an expense in the financial year in which they are incurred.

Statement of Accounting Policies

Capital charge

The capital charge is recognised as an expense in the financial year to which the charge relates. The intention of the capital charge is to make explicit the true costs of the taxpayers' investment by requiring recognition of those costs.

Contingent liabilities

Contingent liabilities are recorded in the Statement of Contingent Liabilities at the point at which the contingency is evident. Contingent liabilities are disclosed if the possibility that they will crystallise is not remote.

Cost of service (Statement of Performance)

The cost of service statements, as reported in the statement of service performance, report the net cost of services for the outputs of Northland DHB and are represented by the cost of providing the output less all the revenue that can be allocated to these activities.

Cost allocation

Northland DHB has arrived at the net cost of service for each significant activity using the cost allocation system outlined below:

Cost allocation policy

Direct costs are charged directly to output classes. Indirect costs are charged to output classes based on cost drivers and related activity and usage information.

Direct costs are those costs directly attributable to an output class.

Indirect costs are those costs that cannot be identified in an economically feasible manner with a specific output class.

The cost of internal services not directly charged to outputs is allocated as overheads using appropriate cost drivers such as actual usage, staff numbers and floor area.

Income tax

Northland DHB is a crown entity under the New Zealand Public Health and Disability Act 2000 and is exempt from income tax under section CB3 of the Income Tax Act 1994.

Goods and services tax

All items in the financial statements are presented exclusive of GST, except for receivables and payables, which are presented on a GST inclusive basis. Where GST is not recoverable as input tax then it is recognised as part of the related asset or expense.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the statement of financial position.

The net GST paid to, or received from the IRD, including the GST relating to investing and financing activities is classified as an operating cash flow in the statement of cash flows.

Commitments and contingencies are disclosed exclusive of GST.

2019 Te Tai Tokerau Nursing and Midwifery Awards evening's winner.

Acronyms

Acronym	Meaning
AAU	Acute Assessment Unit
ALOS	Average length of stay
ARC	Aged residential care
ASH	Ambulatory sensitive hospitalisation, a subset of avoidable hospitalisations (sometimes also Action on Smoking and Health)
ASMS	Association of Salaried Medical Specialists
BAU	Business as usual
BMI	Body Mass Index (a measure of healthy weight)
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular disease
DHB	District Health Board
DMFT	Decayed, missing, filled teeth; a measure of total damaged teeth in the mouth
DNA	Did not attend
ECMS	Enterprise Content Management System, a large file-holding and file-sharing database
ED	Emergency Department
ELT	Executive Leadership Team (of Northland DHB)
FSA	First specialist appointment
FTE	Full time equivalent (= 40 hours a week of work time)
GDP	Gross Domestic Product
GP	General Practitioner
HCSS	Home and community support services (for older people)
HOP	Health of older people
HQSC	Health Quality and Safety Commission
IFHC	Integrated family health centre
interRai	A collaborative network of researchers in over 30 countries who promote evidence-based clinical practice and policy to improve health care for persons who are elderly, frail, or disabled
IT	Information technology
KPI	Key performance indicator
KRONOS	A business support financial system
LTC(s)	Long-term condition(s)
MELT	Medical Executive Leadership Team
NDHB	Northland District Health Board
NGO	Non-government organisation
NHSP	Northland Health Services Plan
PBF(F)	Population Based Funding (Formula)
PHO	Primary Health Organisation
POPN	Primary Options Programme Northland
PRIMHD	Programme for the Integration of Mental Health Data
Q	Quarter (of the year); either Jul-Sep, Oct-Dec, Jan-Mar or Apr-Jun
ROERS	Radiology orders and eResults sign-off
OMG	Operational Management Group
SMO	Senior Medical Officer
Statement of Performance Expectations	What we expect to achieve in the coming year, included as an appendix in our Annual Plan. When the year is over, the SPE becomes the basis upon which the Statement of Performance is prepared
STI	Sexually transmitted infection
SUDI	Sudden unexpected death in infancy (also sometimes sudden unexplained death in infancy)
SWOT	Strengths, weaknesses, opportunities, threats
TLA	Territorial Local Authority
VfM	Value for money

Directory

CURRENT BOARD MEMBERS AS AT 30 JUNE 2019

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

EXECUTIVE OFFICERS AS AT 30 JUNE 2019

Dr Nick Chamberlain, Chief Executive
Dee Telfer, Acting Director of Nursing and Midwifery
Dr Andrew Miller, GP Representative
Dr Chris Harmston, Clinical Director – Innovation and Transformation
Dr David Hammer, Clinical Director – Innovation and Transformation
Dr Jenny Walker, Associate Chief Medical Officer
Dr Jo Coates, Clinical Director – Innovation and Transformation
Dr Mike Roberts, Chief Medical Officer
Harold Wereta, General Manager, Māori Health
Ian McKenzie, General Manager, Mental Health & Addiction Services
Jeanette Wedding, General Manager, Child, Youth, Maternal & Oral, Public Health Services and Rural Hospitals
John Wansbone, General Manager, Planning, Integration, People & Performance
Mark McGinley, Acting General Manager, Surgical, Pathology and Ambulatory Services
Meng Cheong, General Manager, Finance, Funding & Commercial Services
Neil Beney, General Manager, Medicine, Health of Older People, Emergency & Clinical Support
Paul Welford, Chief Operating Officer
Pip Zammit, Director of Scientific, Technical, Allied Health

REGISTERED OFFICE
Northland DHB Office, Tohorā House, Hospital Road, Whangarei

POSTAL ADDRESS
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FACSIMILE
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Audit New Zealand on behalf of the Office of the Controller & Auditor General

BANKERS
Bank of New Zealand

SOLICITORS
Webb Ross Lawyers, Whangarei

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Fax: (09) 439 3531

Kaitaia Hospital
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Fax: (09) 430 4132 *after hours*

www.northlanddhb.org.nz

NORTHLAND DISTRICT HEALTH BOARD
Te Poari Hauora Ā Rohe O Te Taitokerau