



# BOARD MEETING

**Date:** Tuesday 15 December 2021

**Time:** 1.30pm

**Venue:** Te Waiora Room, HBDHB Administration Building  
Corner Omaha Road and McLeod Street, Hastings  
(livestreamed for public meeting)

**Members:** Shayne Walker (Board Chair)  
Evan Davies (Deputy Chair)  
Hayley Anderson  
Ana Apatu  
Kevin Atkinson  
David Davidson  
Peter Dunkerley  
Joanne Edwards  
Charlie Lambert  
Heather Skipworth

**Apologies:** Nil

**In Attendance:** Keriana Brooking, Chief Executive Officer  
Members of the Executive Leadership Team  
Members of the Public

**Minutes:** Kathy Shanaghan

## Public Agenda

Item	Section 1: Routine	Time (pm)
1.	1.1 Karakia 1.2 Values Welcome and Apologies	1.30
2.	Interests Register	-
3.	Minutes of Previous Meeting held 2 November 2021	-
4.	Matters Arising – Review of Actions	-
5.	Board Workplan - Meeting Schedule – FRAC and Board 2022	-
	<b>Section 2: Standing Management Reports</b>	
6.	Chair's Report (verbal)	1.40
7.	Chief Executive Officer's Report	1.45
8.	Financial Performance Report – Andrew Boyd, Executive Director of Financial Services	1.50

	<b>Section 3: Strategic Delivery</b>	<b>Time (pm)</b>
9.	<a href="#">Raranga Te Tira (Partnership) – COVID-19 Response and Resilience</a> - Chris McKenna, Senior Responsible Owner – COVID Vaccination and Resurgence Programmes <ul style="list-style-type: none"> <li>- Hawke’s Bay COVID-19 Coordination Centre – Keriana Brooking, Chief Executive Officer</li> <li>- COVID-19 - Hawke’s Bay Care in the Community – Dr Nicholas Jones, Clinical Director/Medical Officer of Health</li> </ul>	1.55
	<b>Section 4: Noting Reports</b>	
10.	<a href="#">Hawke’s Bay Clinical Council Report</a> – Chair, Robin Whyman, Chief Medical & Dental Officer	-
11.	<a href="#">Pacific Population Board Report</a> – Chair, Traci Tuimaseve	-
12.	<b>Section 5: Recommendation to Exclude the Public</b> Under Clause 33, New Zealand Public Health & Disability Act 2000	2.55

**Public Excluded Agenda**

<b>Item</b>	<b>Section 6: Routine</b>	<b>Time (pm)</b>
13.	<a href="#">Minutes of Previous Meeting held 2 November 2021</a> (public excluded)	3.00
14.	<a href="#">Matters Arising – Review of Actions</a> (public excluded)	-
	<b>Section 7: Other Governance Reports</b>	
15.	<a href="#">Finance, Risk and Audit Committee Resolutions for Board Approval</a> (public excluded) – Chair, Evan Davies	3.05
	Karakia Whakamutunga	
	<b>Meeting concludes</b>	3.30

The next HBDHB Board Meeting will be held on  
Tuesday 22 February 2022 at 1.00pm

## Karakia

### Hei Aratākina te Hui (to start)

<p>E lo i runga i te Rangi          Whakarongo mai titiro iho mai          E lo i runga i te Waitai, i te Wai Moana,          i te Wai Maori          Whakapiri mai whakatata mai          E lo i runga i a Papatuānuku          Nau mai haere mai          Nōu e lo te aō nei          Whakatakina te mauri ki runga ki tēna          taura ki tēna tauira          Kia eke tārewa tu ki te Rangi          Haumie Hui E tāiki e.</p>	<p>The waters of life connect          us to all nations of this          world.          Sharing skills of one          another and an          understanding that          throughout the hui we are          courageous in our          decisions that set and          implement decisions.</p>
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### Karakia whakamutunga (to finish) Unuhia

<p>Unuhia, unuhia te uru tapu nui o Tāne          Kia wātea, kia māmā te ngākau, te          wairua,          Te tinana, te hinengaro i te ara takatū.          Koia rā e rongo, whakairia ki runga          Kia wātea, kia wātea, āe rā, kua wātea!</p>	<p>Release, release the sacred knowledge          of Tāne          To clear and to relieve the heart,          the spirit,          The body and the mind of the          bustling path.          Tis Rongo that suspends it up above          To be cleared of obstructions, yes,          tis cleared.</p>
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# Our shared values and behaviours



## 1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

### Welcoming

- ✓ Is polite, welcoming, friendly, smiles, introduce self
- ✓ Acknowledges people, makes eye contact, smiles

- ✗ Is closed, cold, makes people feel a nuisance
- ✗ Ignore people, doesn't look up, rolls their eyes

### Respectful

- ✓ Values people as individuals; is culturally aware / safe
- ✓ Respects and protects privacy and dignity

- ✗ Lacks respect or discriminates against people
- ✗ Lacks privacy, gossips, talks behind other people's backs

### Kind

- ✓ Shows kindness, empathy and compassion for others
- ✓ Enhances people's mana

- ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies
- ✗ Is abrupt, belittling, or creates stress and anxiety

### Helpful

- ✓ Attentive to people's needs, will go the extra mile
- ✓ Reliable, keeps their promises; advocates for others

- ✗ Unhelpful, begrudging, lazy, 'not my job' attitude
- ✗ Doesn't keep promises, unresponsive

## 1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

### Positive

- ✓ Has a positive attitude, optimistic, happy
- ✓ Encourages and enables others; looks for solutions

- ✗ Grumpy, moaning, moody, has a negative attitude
- ✗ Complains but doesn't act to change things

### Learning

- ✓ Always learning and developing themselves or others
- ✓ Seeks out training and development; 'growth mindset'

- ✗ Not interested in learning or development; apathy
- ✗ "Fixed mindset, 'that's just how I am', OK with just OK

### Innovating

- ✓ Always looking for better ways to do things
- ✓ Is curious and courageous, embracing change

- ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done

### Appreciative

- ✓ Shares and celebrates success and achievements
- ✓ Says 'thank you', recognises people's contributions

- ✗ Nit picks, criticises, undermines or passes blame
- ✗ Makes people feel undervalued or inadequate

## 1 RARANGATE TIRA PARTNERSHIP *Working together in partnership across the community*

### Listens

- ✓ Listens to people, hears and values their views
- ✓ Takes time to answer questions and to clarify

- ✗ 'Tells', dictates to others and dismisses their views
- ✗ Judgmental, assumes, ignores people's views

### Communicates

- ✓ Explains clearly in ways people can understand
- ✓ Shares information, is open, honest and transparent

- ✗ Uses language / jargon people don't understand
- ✗ Leaves people in the dark

### Involves

- ✓ Involves colleagues, partners, patients and whanau
- ✓ Trusts people; helps people play an active part

- ✗ Excludes people, withholds info, micromanages
- ✗ Makes people feel excluded or isolated

### Connects

- ✓ Pro-actively joins up services, teams, communities
- ✓ Builds understanding and teamwork

- ✗ Promotes or maintains silo-working
- ✗ 'Us and them' attitude, shows favouritism

## 1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

### Professional

- ✓ Calm, patient, reassuring, makes people feel safe
- ✓ Has high standards, takes responsibility, is accountable

- ✗ Rushes, 'too busy', looks / sounds unprofessional
- ✗ Unrealistic expectations, takes on too much

### Safe

- ✓ Consistently follows agreed safe practice
- ✓ Knows the safest care is supporting people to stay well

- ✗ Inconsistent practice, slow to follow latest evidence
- ✗ Not thinking about health of our whole community

### Efficient

- ✓ Makes best use of resources and time
- ✓ Respects the value of other people's time, prompt

- ✗ Not interested in effective user of resources
- ✗ Keeps people waiting unnecessarily, often late

### Speaks up

- ✓ Seeks out, welcomes and give feedback to others
- ✓ Speaks up whenever they have a concern

- ✗ Rejects feedback from others, give a 'telling off'
- ✗ 'Walks past' safety concerns or poor behaviour

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## Board "Interest Register" - as at 26 October 2021

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Shayne Walker	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	CEO	08.01.20
	Active	Daughter	Employed with Kahungunu Executive	Will abstain from all funding decisions related to Kahungunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23.11.20
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumaturua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestyle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Wharariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractual from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	Cranford Hospice Trust	Health Consultant - contracted with provider	Will advise of any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	09.12.19
David Davidson	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria University	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Executive Steering Group, Dunedin Hospital		No conflict perceived	The Chair	17.02.21
	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20



**MINUTES OF THE HBDHB BOARD MEETING  
HELD ON TUESDAY 2 NOVEMBER 2021  
TE WAIORA ROOM, DHB ADMINISTRATION BUILDING  
MCLEOD STREET, HASTINGS  
AT 3.00 PM  
(LIVESTREAMED – via ZOOM)**

**PUBLIC**

<b>Members</b>	Shayne Walker (Chair) Evan Davies (Deputy Chair) Hayley Anderson Ana Apatu Kevin Atkinson David Davidson Charlie Lambert Heather Skipworth Peter Dunkerley
<b>Apology</b>	Joanne Edwards
<b>Present</b>	Keriana Brooking, Chief Executive Officer Members of the Executive Leadership Team Members of the Public and Media (via livestream) Brenda Crene, Governance

The Chair provided a mihi to Board, the staff and members of the public who were viewing the meeting via Facebook livestream. Hawke's Bay were in Level 2 at the time of the meeting.

**1. APOLOGIES**

An apology had been received from Joanne Edwards.

David Davidson and Peter Dunkerley advised they would need to leave the meeting around 4pm.

**2. INTEREST REGISTER**

Board member Hayley Anderson advised of her interest in agenda item 9 "Raranga Te Tira – Partnership – Board Virtual Reality", as she would be participating in the presentation which related to Cranford Hospice where she was an employee.

**3. CONFIRMATION OF PREVIOUS MINUTES**

The minutes of the Board meeting held on 28 September 2021 were confirmed as a correct record of the meeting.

**Moved:** Peter Dunkerley  
**Seconded:** Heather Skipworth  
**Carried**

**4. MATTERS ARISING FROM PREVIOUS MINUTES**

Status updates for all actions were noted.

**5. BOARD WORK PLAN**

No updates discussed

**STANDING MANAGEMENT REPORTS****6. CHAIR'S REPORT (VERBAL)**

The Chair advised the following retirements, with a letter being sent conveying the Board's best wishes and thanks to Kerry and Kevin for their extended years of devoted service and contribution to the health system and all wished the well on their next journey.

**Retirements**

Name	Role	Service	Years of Service	Retired
Kerry Ellwood	Dental Therapist	Whanau & Communities	35	1 Oct
Kevin Brown	Psychotherapist	Mental Health Directorate	30	4 Nov

The Chair thanked the community of Hawke's Bay for their diligence and conveyed special appreciation for their uptake in vaccines in recent weeks. We need to protect our loved ones and our community.

On behalf of the Board, the Chair welcomed Peta Rowden to the meeting and wished her well in her new role as Acting Chief Nursing and Midwifery Officer.

With no further comments the Chair's report was noted.

**7. CHIEF EXECUTIVE OFFICER'S REPORT**

The CEO's report was taken as read with comments welcome.

Concern was expressed by David Davidson around delays from MoH regarding what clinicians were trying to put in place. Wellington appeared to be delaying our ability to respond as we should.

In response, Hawke's Bay DHB have always known we would have active transmission in HB at some stage. All we have been able to advance ahead of time, we have done. This included making necessary changes within hospital regarding access to oxygen, as well as working with public health, primary care, aged residential care and infection prevention control. For some - capital improvements may have been needed inside facilities.

NZ is moving away from managed isolation and quarantine facilities, to managing in the home. From where we sit Hawke's Bay are as prepared as we can be, however we do remain at a 'high level' of demand for non-COVID matters.

The Board conveyed their appreciation, noting the very high level of people in Hawke's Bay who participated in Super Saturday (vaccination day) receiving their first or second doses. It was also pleasing to see Central HB take the award nationally for the largest percentage of Maori vaccinated, anywhere in the country. There will be a follow up to Super Saturday this weekend, (6&7 November) to capture the three weeks follow up vaccination cycle.

With no further questions the CEO's report was adopted.

**8. FINANCIAL PERFORMANCE REPORT**

Andrew Boyd, Executive Director Financial Services noted the Financial Performance Report had been discussed at the Finance Risk and Audit Committee (FRAC) meeting held earlier in the day (2 November). He conveyed his sincere thanks across the organisation for delivery of health services during a crisis to communities, whilst upholding financial stewardship.

The paper was taken as read. With no discussion the report received was adopted.



**STRATEGIC DELIVERY****9. RARANGA TE TIRA – PARTNERSHIP BOARD VIRTUAL REALITY PRESENTATION**

*Anne Speden (Executive Director of Digital Engagement) and team including Hayley Anderson (board member)*

Entitled 'Enabling a virtual experience in palliative care' focusing on partnership in the community between Cranford Hospice, Katie Durbin (CNS) and the HBDHB's Digital Enablement team (Anne Speden, Ben Duffus and Matt Murray). This investigative opportunity came about to provide a virtual world to palliative patients who can no longer experience it in reality. An opportunity to optimise innovative solutions to assist whanau and loved ones by exploring new ideas.

The approach:

Collaborative partnership between Cranford and HBDHB to design solution • Partnership with EIT to support project collaboration with student research • Strategic Partnership with Spark Health to supply solution equipment • Agile and modern approach, focussed on rapid delivery and ongoing iterative improvements

The key benefits

Opportunity for innovation within our health ecosystem • Support research in an emerging field • A focus on wellbeing, look to improve experience for our palliative care community • Whānau able to share in this experience • One team, partnership approach focused on positive whānau/patient experiences

A trial of the product was tested with valuable learnings especially from the young IT savvy palliative patient.

In summary, there are other opportunities to explore but it is a whanau/patient centred solution and there are further opportunities to explore.

Rotary had previously donated iPads to be used by the patients. Peter Dunkerley asked whether more hardware may be needed. This was noted and would be discussed and advised.

Following the well-received presentation thanks were conveyed by the Board for their innovative approach around connecting loved ones who are in a palliative setting,

**10. HAWKE'S BAY DHB BALANCED SCORECARD**

*Emma Foster, Executive Director of Planning Funding & Performance (PF&P) and Lisa Jones (System Lead PF&P) and the author of the document were available for comment*

The Balanced Scorecard reported on results for September 2021. This monthly performance suite of data included quality and patient safety and patient experience survey detail which had not been included for several months. It was noted the Patient experience primary care survey shows there were still differences on how Maori and Pacific are feeling regarding access to primary care.

The Board were comfortable with the presentation of data following the development stage of this Scorecard and conveyed their thanks to Emma and Lisa for the very well-presented report.

**11. FUTURE HEALTH SYSTEM**

*Emma Foster was supported by Lisa Jones, Penny Rongotoa (System Lead Commissioning), Saskia Booiman (System Lead Strategic Planning) and Marie Beattie (System Lead Community)*

The report showed how four key planning drivers, led by PF&P, fit together to drive the change needed for our future health system. This document was intended as a reference for the Board, providing information on what is happening and what needs to happen for the future health system.

Saskia Booiman spoke to the four planning drivers centred around Person & Whanau Centred Care (equity) being: Performance (the difference we are making), Localities (communities involved), Commissioning (the

way we deliver services) and Infrastructure (fit for purpose facilities). This leads to a much more future focused strategic direction. This included how we shift from hospital focused services into primary care and the changes we need to make for that future health system.

The Board were very appreciative and raised a query relating to page 51, around - support the future health system to identify patients at risk rather than come to use when they are unwell?

In response, Lisa Jones advised this related to risk stratification which needs to be moved forward. In doing so, it would identify patients at pre-risk of diabetes, cardio vascular etc and ask them come visit the practice or community hub to ensure their health conditions were being proactively managed, rather than the system being reactive. We would then use data and have patients receiving care in the community, rather than reporting poor performance.

This is about having providers working in this space ie., expanding community services out to whanau, providing better access and having whanau go to the right place, rather than the DHB telling them where to go.

The board noted the paper and provided grateful thanks for their great and extremely valuable work.

## **12. TE ARA WHAKAWAIORA (TAW) – HEALTH OF KAUMĀTUA – AGEING WELL IN HAWKE’S BAY**

*Emma Foster supported by Lisa Jones, Marie Beattie, Penny Rongotoa and Saskia Booiman were available for this report.*

The purpose was to update the Board on the Ageing well in Hawke’s Bay, providing progress against the Healthy Ageing Strategy and TAW actions for Health of Kaumatua.

A well-prepared report with appendices including Progress on Actions against timelines providing comfort to readers. As well as the development of an Annual HB Healthy Ageing System Responsiveness Dashboard.

Penny Rongotoa covered the key points and outlined the tableau data story board which integrates data to create meaningful pictures of what is happening for older people, including which services were supporting Kaumatua, and identifying inequities.

Board member Hayley Anderson advised this was a stunning paper which takes you on a journey. It now feels like we truly are pulling this all together.

A request was made of Lisa Jones to assist the Board’s understanding by having Lisa pull out some of the trends to show what was happening and enable tracking.

**ACTION** Planning Funding & Performance to provide an interpretation of the Dashboard (this could be placed in Diligent.).

The Board noted the paper provided and advised these were lovely pieces of work and would make huge differences to the Hawke’s Bay community.

**13. CENTRAL TECHNICAL ADVISORY SERVICES (TAS) AGM REPORT**

A procedural matter, the Board noted the Annual Report and approved attendance.

**RESOLUTION:**

That the HBDHB Board

1. **Note** the Annual Report for TAS for the year ended 30 June 2021
2. **Note** Shayne Walker as the HBDHB representative to attend the TAS Annual General Meeting to be held on 2 December 2021, with Keriana Brooking appointed as his Alternate.

**Adopted**

**14. ALLIED LAUNDRY SERVICES AGM REPORT**

The Board received the report and papers for AGM to be held on 23 November and approved attendance.

**RESOLUTION:**

That the HBDHB Board

1. **Note** the Annual Report and Financial Statements for allied Laundry Services Ltd (which have been reviewed by the auditors) for the year ended 30 June 2021
2. **Note** Ken Foote as the HBDHB Shareholder representative to attend the Allied Laundry Services Ltd AGM to be held on 23 November 2021 at 10.00am, with Andrew Boyd appointed as his Alternate.

**Adopted**

**NOTING REPORTS****15. HB CLINICAL COUNCIL – CHAIR’S REPORT**

Dr Robin Whyman’s report was taken as read, advising that Council’s Annual General Meeting would take place on 3 November. In addition to the AGM, Council would be discussing the outstanding action to advise of their governance priorities (2021-22).

Robin noted the pressure everyone in the health system were under and that Council had struggled to reach a quorum(s).

The board noted the paper provided.

**16. PACIFIC POPULATIONS BOARD REPORT**

The report was taken as read with Hayley advising that Chair Traci Tuimaseve was overseas.

Vaccinations for Pasifika sits at 103%, due in part to RSE vaccinated workers in the area. This was an amazing achievement and an exceptional outcome for Pacific people in Hawke’s Bay.

The board noted the paper provided.

## 17. RECOMMENDATION TO EXCLUDE THE PUBLIC

### RESOLUTION

#### That the Board:

**Exclude** the public from the following items:

18. Confirmation of Previous Minutes (Public Excluded)
19. Matters Arising – Review of Actions (Public Excluded)
20. Chair's Report – verbal (Public Excluded)
21. Chief Executive Officer's Report (Public Excluded)
22. Health & Disability Service Review Transition Update (Public Excluded)
23. Localities Planning (Public Excluded)
24. COVID Response Update (Public Excluded)
25. Finance, Risk and Audit Committee Meeting (Public Excluded)
26. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
27. Safety & Wellbeing Report (Public Excluded)
28. DHB and Smoke free Aotearoa 2025 Goal (Public Excluded)
29. DHB Position Statement on the Sale and Supply of Alcohol Act (Public Excluded)

**Moved:**           **Shayne Walker**

**Seconded:**   **Heather Skipworth**

**Carried**

The Chair thanked members of the public for viewing the meeting via Facebook.

The public section of the Board meeting concluded at 3.50pm

Signed:

\_\_\_\_\_  
Chair

Date:

\_\_\_\_\_

**BOARD MEETING - MATTERS ARISING  
(Public)**

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	31 Aug 21	Clinical Council to provide their governance priorities to the Board	Clinical Council Chair	Dec	Contained in the Clinical Council report to Board – 15 December meeting
3	2 Nov 21	Te Ara Whakawaiora – Health of Kaumātua – Ageing Well in Hawke’s Bay Planning Funding & Performance to provide an interpretation of the Dashboard to assist the Board’s understanding	Planning Funding & Performance	Feb	In progress, update in February 2022 Board meeting



Board Meeting 15 December 2021 - Board Workplan

Board Workplan to June 22	Lead	Author / Support	BOARD Meeting date
Board Approval of Actions Exceeding Limits Delegated by CEO - discuss by exception (PE)	Emma Foster	Ashton Kirk	22/02/22
Chief Executive Officer's Report	Keriana Brooking		22/02/22
Clinical / Consumer / Pacific / TePitau TBC - Public and /or (PE)	Respective Chair(s)		22/02/22
Covid Response Plan or Update	Andrew Phillips or Nicholas Jones		22/02/22
Financial Performance Report (Dec/Jan)	Andrew Boyd		22/02/22
Full review of COVID Resurgence Plan (as advised to Board 28Sept21)	Andrew Phillips	Ken Foote	22/02/22
Hawke's Bay DHB Balanced Scorecard - public section	Emma Foster	Lisa Jones	22/02/22
Health and Disability Service Review (HDSR) Transition Update - std item (PE)	Keriana Brooking		22/02/22
Oral Health Update	Emma Foster, Patrick LeGeyt	Panu Graham, Charissa Keenan, Tracy	22/02/22
PHO Qtly Report (Oct in Nov/Feb/May) - Board	Phillipa Blakey	Emma Foster / Marie Beattie	22/02/22
Safety & Wellbeing Report (PE)	Martin Price	Christine Mildon	22/02/22
<a href="#">Strategic Workplan: Schedule for 2022 TBC by PF&amp;P ... (PE)</a>	Emma Foster		22/02/22
Te Ara Whakawaiaora - Cultural Responsiveness (Culturally responsive workforce / Did not a	Martin Price	Jim Scott, Service Director, JB, Katie	22/02/22
Board Approval of Actions Exceeding Limits Delegated by CEO - discuss by exception (PE)	Emma Foster	Ashton Kirk	22/03/22
Chief Executive Officer's Report	Keriana Brooking		22/03/22
Clinical / Consumer / Pacific / TePitau TBC - Public and /or (PE)	Respective Chair(s)		22/03/22
Covid Response Plan or Update	Andrew Phillips or Nicholas Jones		22/03/22
Financial Performance Report	Andrew Boyd		22/03/22
Hawke's Bay DHB Balanced Scorecard - public section	Emma Foster	Lisa Jones	22/03/22
Hawke's Bay DHB Q2 Health System Performance Dashboard (Mar 22)	Emma Foster	Lisa Jones	22/03/22
Health and Disability Service Review (HDSR) Transition Update - std item (PE)	Keriana Brooking		22/03/22
Safety & Wellbeing Report (PE)	Martin Price	Christine Mildon	22/03/22
<a href="#">Strategic Workplan: Schedule for 2022 TBC by PF&amp;P ... (PE)</a>	Emma Foster		22/03/22
Te Ara Whakawaiaora - Mental Health (MH & AOD)	Emma Foster	Jill Garrett, David Warrington, Peta	22/03/22
Board Approval of Actions Exceeding Limits Delegated by CEO - discuss by exception (PE)	Emma Foster	Ashton Kirk	26/04/22
Chief Executive Officer's Report	Keriana Brooking		26/04/22
Clinical / Consumer / Pacific / TePitau TBC - Public and /or (PE)	Respective Chair(s)		26/04/22
Covid Response Plan or Update	Andrew Phillips or Nicholas Jones		26/04/22
Financial Performance Report	Andrew Boyd		26/04/22
Hawke's Bay DHB Balanced Scorecard - public section	Emma Foster	Lisa Jones	26/04/22
Health and Disability Service Review (HDSR) Transition Update - std item (PE)	Keriana Brooking		26/04/22
Safety & Wellbeing Report (PE)	Martin Price	Christine Mildon	26/04/22
<a href="#">Strategic Workplan: Schedule for 2022 TBC by PF&amp;P ... (PE)</a>	Emma Foster		26/04/22
Te Ara Whakawaiaora - Access to care (previously Did not Attend)	Chris Ash	Charissa Keenan, Tracy Ashworth and	26/04/22

Board Meeting 15 December 2021 - Board Workplan

Board Workplan to June 22	Lead	Author / Support	BOARD Meeting date
Annual Plan (May)	Andrew Boyd		24/05/22
Board Approval of Actions Exceeding Limits Delegated by CEO - discuss by exception (PE)	Emma Foster	Ashton Kirk	24/05/22
Chief Executive Officer's Report	Keriana Brooking		24/05/22
Clinical / Consumer / Pacific / TePitau TBC - Public and /or (PE)	Respective Chair(s)		24/05/22
Covid Response Plan or Update	Andrew Phillips or Nicholas Jones		24/05/22
Financial Performance Report	Andrew Boyd		24/05/22
Hawke's Bay DHB Balanced Scorecard - public section	Emma Foster	Lisa Jones	24/05/22
Health and Disability Service Review (HDSR) Transition Update - std item (PE)	Keriana Brooking		24/05/22
PHO Qtly Report (Oct in Nov/Feb/May) - Board	Phillipa Blakey	Emma Foster / Marie Beattie	24/05/22
Safety & Wellbeing Report (PE)	Martin Price	Christine Mildon	24/05/22
<a href="#">Strategic Workplan: Schedule for 2022 TBC by PF&amp;P ... (PE)</a>	Emma Foster		24/05/22
Board Approval of Actions Exceeding Limits Delegated by CEO - discuss by exception (PE)	Emma Foster	Ashton Kirk	28/06/22
Chief Executive Officer's Report	Keriana Brooking		28/06/22
Clinical / Consumer / Pacific / TePitau TBC - Public and /or (PE)	Respective Chair(s)		28/06/22
Covid Response Plan or Update	Andrew Phillips or Nicholas Jones		28/06/22
Financial Performance Report	Andrew Boyd		28/06/22
Hawke's Bay DHB Balanced Scorecard - public section	Emma Foster	Lisa Jones	28/06/22
Hawke's Bay DHB Q3 Health System Performance Dashboard (Jun 22)	Emma Foster	Lisa Jones	28/06/22
Health and Disability Service Review (HDSR) Transition Update - std item (PE)	Keriana Brooking		28/06/22
Safety & Wellbeing Report (PE)	Martin Price	Christine Mildon	28/06/22
<a href="#">Strategic Workplan: Schedule for 2022 TBC by PF&amp;P ... (PE)</a>	Emma Foster		28/06/22
Te Ara Whakawaiaora - Child Health (Access / Breastfeeding / Oral Health)	Emma Foster, Patrick LeGeyt	Panu Graham, Charissa Keenan, Tracy	28/06/22
External Audit (as required)	Andrew Boyd		TBC



**FINANCE, RISK AND AUDIT COMMITTEE AND BOARD MEETING DATES  
2022**

<b>Dates</b>	<b>FRAC Meeting Times</b>	<b>Notes</b>	<b>Board Meeting Times</b>
22 February	9.00 – 11.30am	11.30 – 12.30 Board only time Followed by lunch 12.30 – 1.00pm	1.00 – 4.00pm
22 March	9.00 – 11.30am	11.30 – 12.30 Board only time Followed by lunch 12.30 – 1.00pm	1.00 – 4.00pm
26 April	9.00 – 11.30am	11.30 – 12.30 Board only time Followed by lunch 12.30 – 1.00pm	1.00 – 4.00pm
24 May	9.00 – 11.30am	11.30 – 12.30 Board only time Followed by lunch 12.30 – 1.00pm	1.00 – 4.00pm
28 June	9.00 – 11.30am	11.30 – 12.30 Board only time Followed by lunch 12.30 – 1.00pm	1.00 – 4.00pm






## **CHAIR'S REPORT**

Verbal



	<b>15 December 2021 DHB CEO BOARD GOVERNANCE REPORT</b>
	For the attention of: <b>HBDHB Board</b>
Document Author(s)	Keriana Brooking
Date	08 December 2021
Purpose/Summary of the Aim of the Paper	To provide a monthly strategic and operational update to the Board of HBDHB.
Health Equity Framework	The penultimate version of the revised Equity Plan is now live.
Principles of the Treaty of Waitangi that this report addresses	Post Finance Risk and Audit Committee (FRAC) meeting feedback, a process has been established by the Executive Leadership Team (ELT) to group review this section of ELT- produced papers to ensure all elements of the principles of Te Tiriti are explored and documented in this section for each paper.
Risk Assessment	Hawke's Bay DHB continues to carry a high degree of clinical, financial and equity risk with ongoing service demand risks in primary care, aged residential care facilities, acute services and inpatient services. From the staff to the executive, daily decisions are being made to keep our people and services safe.
Financial/Legal Impact	Nothing for noting.
Stakeholder Consultation and Impact	I have had the following interactions in this period: <ul style="list-style-type: none"> <li>• Attended the COVID-19 Vaccine and Immunisation Programme Steering Group weekly meetings</li> <li>• Chaired the National DHB CEs weekly check in meetings</li> <li>• Met with Hon Meka Whaitiri MP to discuss COVID vaccination roll out for Hawke's Bay</li> <li>• Attended a meeting to discuss COVID-19 response preparedness (separate meetings with Wairoa, Heretaunga, Ahuriri and Tamatea)</li> <li>• Met with Te Puni Kokiri (TPK) to discuss professional development workshops for TPK Ikaroa-Rāwhiti (Stewardship of Māori Assets)</li> <li>• Attended the Association of Salaried Medical Specialists (ASMS) Joint Consultative Committee</li> <li>• Attended a meeting with Hastings District Council regarding public health risk in relation to Splash Planet</li> <li>• Attended the Hawke's Bay Regional Leadership Group weekly meetings</li> <li>• Attended the Medical Leaders, Head of Department and Medical Directors monthly meeting</li> <li>• Attended a meeting with Ngāti Kahungunu Iwi Incorporated to discuss pandemic planning</li> <li>• Attended the COVID Vaccine DHB CE leads and MoH weekly meetings</li> <li>• Chaired the COVID-19 Immunisation and Implementation Advisory Group fortnightly meetings</li> <li>• As DHB CEO co-lead for primary care, attended a meeting with the Ministry of Health to discuss Managing COVID-19 in the Community Programme</li> </ul>

	<ul style="list-style-type: none"> <li>• Attended the Central Region CEs meeting</li> <li>• Attended the PHO Services Agreement Amendment Protocol (PSAAP) group quarterly meeting</li> <li>• Along with all other DHBs in her electorate, met with Hon Meka Whaitiri MP re presentation of data and Māori rollout for COVID vaccination</li> <li>• Along with the Chief Operating Officer and Chief Medical and Dental Officer, met with representatives from the High Commission of Canada, Australia, United Kingdom and Germany</li> <li>• Met with the Hawke's Bay Regional Council and Central Hawke's Bay Chief Executives and Civil Defence Emergency Management (CDEM) re Hawke's Bay's response planning for COVID collaboration</li> <li>• Attended a meeting between HBDHB and Taumata Arowai</li> <li>• Attended the opening of the new Allied Health Therapies Building</li> <li>• Attended the HBDHB Resurgence Plan Workshop</li> <li>• Participated in presentations from the preferred candidates for HBDHB Chief Nursing &amp; Midwifery Officer</li> <li>• Attended the dedication of a plaque in memory of Annie Aranui at MSD</li> <li>• Attended the National Chief Executives meeting</li> <li>• Attended the Combined National Chairs and Chief Executives meeting</li> <li>• Attended the Matariki Executive Steering Group meeting</li> <li>• Attended a Regional Public Service Leads Scenario Planning session</li> <li>• Attended a COVID Welfare Planning meeting</li> <li>• Along with Emma Foster, met with the CEO Heritage Life Care</li> <li>• Attended a meeting with Minister Little, DHB Chairs and Chief Executives to receive a COVID update</li> <li>• Along with Emma Foster and Susanne Parkinson, visited Brittany House (aged residential care facility)</li> <li>• Attended the farewell for Rev Barbara Walker</li> <li>• Attended the Hawke's Bay CDEM Group Joint Committee</li> <li>• Along with others, attended the COVID Response Planning meeting for Heretaunga and Ahuriri</li> <li>• Met with the ACC Auditor</li> <li>• Attended a Pacific Community Fono for COVID preparedness</li> <li>• Attended a meeting with MoH, Te Arawhiti and iwi leaders to discuss sharing COVID vaccination data</li> <li>• Participated in filming for HBDHB's Safety1st video</li> <li>• Attended a meeting between HBDHB and Health Hawke's Bay Chairs and CEs to discuss shared transition work programmes</li> <li>• Attended the National Oral Health Clinical Group meeting</li> <li>• Along with Emma Foster, attended a meeting with the Hawke's Bay GP Faculty</li> <li>• Attended the National Bipartite Advisory Group</li> <li>• Attended the Central Region CEs meeting followed by the Combined Regional Governance Group and CEs</li> <li>• Participated on an international Pandemic Leadership Panel (CHI Innovate 2021)</li> </ul>
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	<ul style="list-style-type: none"> <li>Along with Patrick Le Geyt and JB Heperi-Smith, visited Central Hawke's Bay and met with Te Taiwhenua o Tamatea, Central Hawke's Bay District Council, CHB Health Centre staff, Te Taiwhenua o Heretaunga and Takapau Health Centre</li> </ul>
Strategic Impact	None to note
Previous Consideration / Interdependent Papers	None to note
<b>RECOMMENDATION:</b> <i>It is recommended that the Board:</i> 1. <i>Note and acknowledge this report.</i>	

## HOSPITAL SERVICES UPDATE

### Unplanned Care

The hospital remained busy during November. Emergency Department (ED) attendances were relatively unchanged, month-on-month, but ongoing bed flow challenges meant extended waits for treatment and discharge or admission in ED. While performance against the six-hour standard has been maintained at 76.2 percent in October, it continues to remain significantly below target performance.

### Planned Care

While onsite elective productivity remains strong for onsite activity, elective delivery has been challenged through both COVID-related interruptions, and the impact of sustained higher demand.

- A net total of 2,460 referrals were received in November. This is 692 more referrals than in October but similar to the number received in November 2020 (2,401). In total, 1,925 patients were provided with First Specialist Assessments in November – this is 212 more patients than October
- The number of patients overdue against the ESPI2 measure decreased by 22 patients from October. The proportion waiting four months or more for their appointment decreased slightly month-on-month to 30.5 percent, down from 30.6 percent in October


In respect of elective surgery, HBDHB delivered 81.3 percent of the overall Ministry of Health production planning discharge target in November (a total of 545 discharges vs 670 plan).

- On-site activity performed to plan with a total of 481 discharges in November. This has been achieved despite significant operational challenges to accommodate overnight inpatients as the Oxygen Upgrade works are completed in the tower block. Over this time, a number of elective surgeries have been postponed
- Inter District Flow activity in November is expected to reach 80 discharges, which is broadly on-plan
- Once all outsourced activity has been coded, we expect to hit 85 discharges (81.7 percent of the plan of 104)
- Overall the waiting list for surgery increased from October to November, up by 106 to 2,291. Of these, 45.1 percent of patients have now waited more than the ESPI5 measure of four months (down from 46.6 percent in October).

The month-end forecast is above 90 percent for discharges and around 90 percent for case weights. Had it not been for the capacity impact of the Oxygen Upgrade works in the tower block, it is projected that 100 percent would have been achieved on both measures.





	<b>Financial Performance Report</b>
	For the attention of: <b>HBDHB Board</b>
<b>Document Owner</b>	Andrew Boyd, Executive Director Financial Services
<b>Document Author</b>	Phil Lomax, Financial and Systems Accountant
<b>Date</b>	November 2021
<b>Purpose</b>	To provide a monthly update on the key financial metrics
<b>Health Equity Framework</b>	As a part of the suite of consolidated reporting, provide financial information to support decision making around health equity
<b>Principles of the Treaty of Waitangi that this report addresses</b>	Through providing information on the overall financials, supports debate around the Treaty Principle of 'Options: Providing for and properly resourcing kaupapa Māori health and disability services'
<b>Risk Assessment</b>	The report provides summary information on the risks
<b>Financial/Legal Impact</b>	As per the report
<b>Stakeholder Impact</b>	None identified
<b>Strategic Impact</b>	Achieving a sustainable underlying financial position will support the DHB to achieve its strategic objectives
<b>Previous Consideration / Interdependent Papers</b>	Interdependency with papers on the Strategic Planning and Budgeting over a multiyear timeframe
<b>RECOMMENDATION</b>  It is recommended that the Board:  <b>Note</b> the contents of this report	

#### EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

##### *Financial Performance*

The operating result is on plan both year-to-date and for the month of October. The main drivers are recruitment challenges, and release of reserves not spent in Q1 that are offset by increases in the PHARMAC forecast, actual and expected MECA settlements higher than planned and yet to be identified cost savings.

The surplus/(deficit) including COVID-19 and Holidays Act is \$1.3m adverse year-to-date, including \$0.8m adverse in October, relating to COVID-19 costs incurred being processed for reimbursement by the Ministry of Health (MOH). This is the figure that will be compared to and monitored against our Annual Plan.

The Annual Plan figures included in this report are from the submitted Draft Annual Plan as awaiting formal approval by Ministers.

The forecast deficit for the year is \$34.9m, \$6.8m adverse to plan. This is in line with last month and reflects the adverse positions of PHARMAC and COVID. Providing Health Services is \$6.1m favourable mainly due to challenges filling vacancies and new positions. Reserves are \$6.3m adverse reflecting provisioning for MECA settlements and unidentified savings. The forecast assumes \$6.7m of savings will be delivered, \$400k of which relate to ACC treatment injury claims, and the remainder are to be pursued.

\$'000	October				Year to Date				Year End Forecast	Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance			
Operating Revenue	58,986	58,958	28	0.0%	237,432	236,815	616	0.3%	708,901	1
Less:										
Providing Health Services	27,190	28,396	1,206	4.2%	113,743	118,018	4,275	3.6%	349,062	2
Funding Other Providers	25,346	25,520	174	0.7%	102,117	101,213	(904)	-0.9%	306,137	3
Corporate Services	5,383	5,547	163	2.9%	21,701	21,781	80	0.4%	67,127	4
Reserves	1,548	(9)	(1,557)		6,881	2,838	(4,043)	-142.4%	16,452	5
Operating Result	(481)	(495)	14	2.8%	(7,009)	(7,034)	25	0.4%	(29,877)	
Plus:										
Emergency Response (COVID-19)	(770)	-	(770)	0.0%	(1,267)	-	(1,267)	0.0%	(1,999)	
Holidays Act Remediation	(236)	(231)	(6)	-2.5%	(1,000)	(984)	(16)	-1.6%	(3,000)	
	(1,488)	(726)	(762)	-105.0%	(9,276)	(8,019)	(1,257)	-15.7%	(34,876)	

### Other Performance Measures

	October				Year to Date				Year End	Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	
	\$'000	\$'000	\$'000	%	\$'000	\$'000	\$'000	%	\$'000	
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Capital spend	2,363	3,358	(995)	-29.6%	8,165	12,912	(4,747)	-36.8%	37,392	12
Employees	2,768	2,848	81	2.8%	2,760	2,824	64	2.3%	2,873	2 & 4

- Capital spend (Appendix 10)

Capital spend to October is at 62% of plan (last month 60%). This is caused by slippage in strategic projects, and delivery challenges relating to COVID-19 in the clinical equipment block.

- Cash (Appendices 9 & 11)

The cash low point for the month was \$6.7m overdrawn on 1 October (September was \$5.9m overdrawn on 2 September).

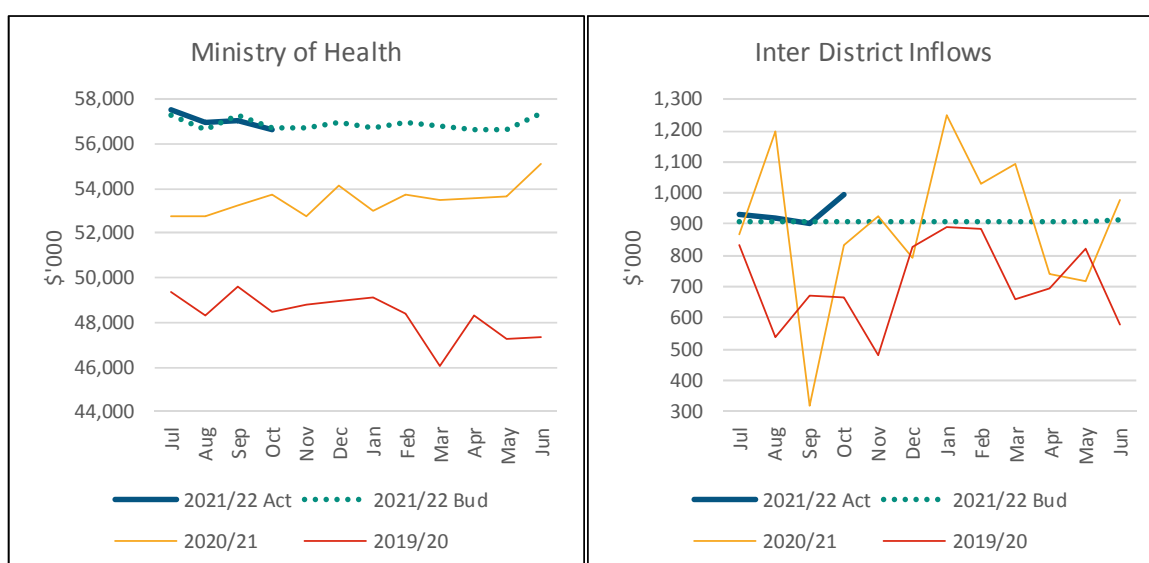
- Employees (Appendices 2 & 4)

The lower than planned employee FTE numbers reflect the difficulties recruiting to vacant and new positions.

## APPENDICES

## 1. OPERATING REVENUE

Excludes revenue for COVID-19 \$'000	October				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Ministry of Health	56,620	56,760	(139)	-0.2%	228,171	228,035	136	0.1%	682,082
Inter District Flows	993	913	79	8.7%	3,747	3,654	93	2.5%	11,055
Other District Health Boards	306	278	28	10.1%	1,388	1,114	274	24.6%	3,824
Financing	17	4	14	379.6%	56	15	41	280.9%	85
ACC	522	459	63	13.8%	1,769	1,835	(66)	-3.6%	5,431
Other Government	43	38	5	13.6%	181	151	30	19.9%	428
Abnormals	-	-	-	0.0%	5	-	5	0.0%	5
Patient and Consumer Sourced	101	121	(20)	-16.6%	434	483	(50)	-10.3%	1,266
Other Income	384	386	(2)	-0.6%	1,682	1,529	153	10.0%	4,726
	58,986	58,958	28	0.0%	237,432	236,815	616	0.3%	708,901

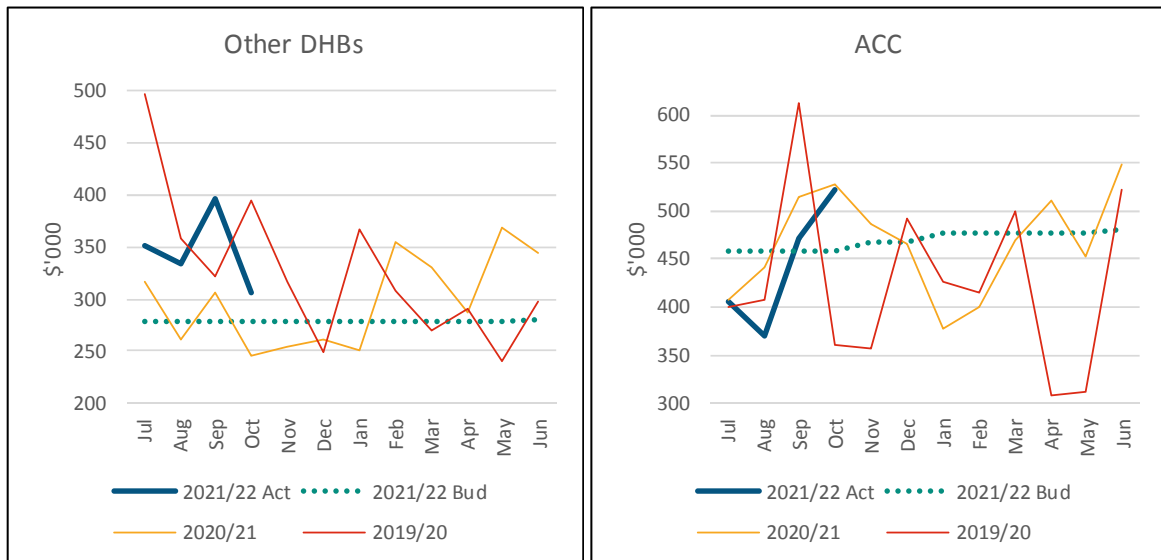


*Ministry of Health (\$136k favourable YTD)*

Close to budget.

*Inter District Flows (\$93k favourable YTD)*

Increase attributed to more visitors to Hawke's Bay due to closure of the international border.

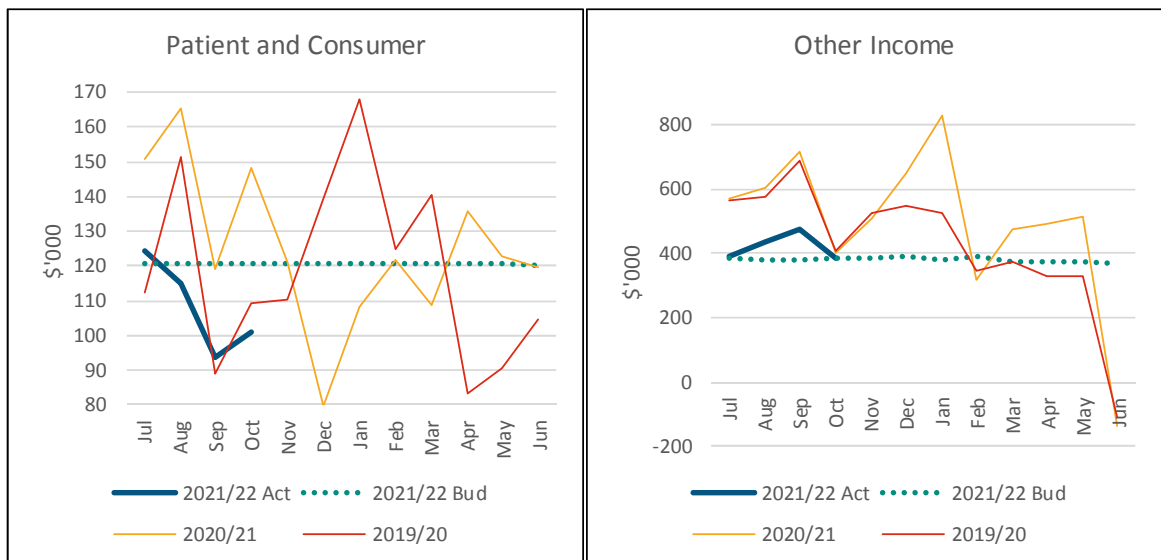


**Other District Health Boards (\$274k favourable YTD)**

Tairāwhiti DHB for pharmaceutical cancer treatments (PCTs), Mid-Central DHB for oncology clinics, Capital & Coast Health for neurosurgery clinics, and a number of DHBs for patient transport reimbursements.

**ACC (\$66k adverse YTD)**

Lower than planned provision of rehabilitation services, partly offset by increased elective surgery.



**Patient and Consumer (\$50k adverse YTD)**

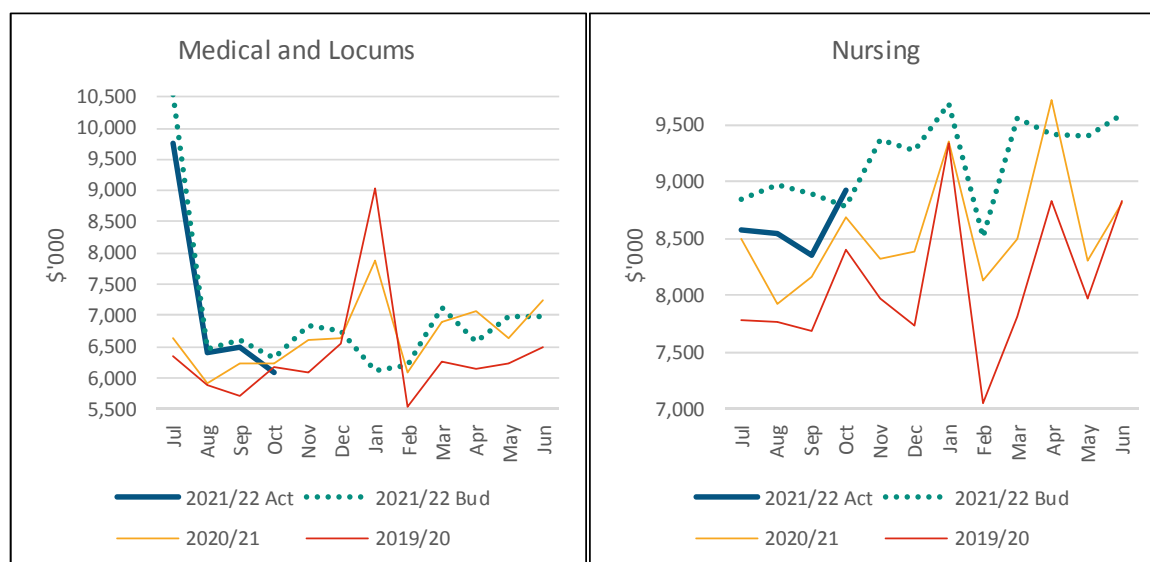
Reduced audiology co-payments as the outsourcing of audiology services is being piloted, partly offset by increased revenue from pharmaceutical sales and meals on wheels.

**Other income (\$153k favourable YTD)**

Provision of COVID-19 tests to primary providers, and reimbursement for staff involved in the NZ Medical Assistance Team deployment to Fiji for the COVID-19 pandemic response.

## 2. PROVIDING HEALTH SERVICES

	October				Year to Date				Year
	Actual	Budget	Variance		Actual	Budget	Variance		End Forecast
Expenditure by type \$'000									
Medical personnel and locums	6,084	6,320	236	3.7%	28,732	29,939	1,207	4.0%	82,487
Nursing personnel	8,932	8,781	(151)	-1.7%	34,413	35,503	1,090	3.1%	107,895
Allied health personnel	3,479	3,932	452	11.5%	14,359	15,568	1,209	7.8%	46,539
Other personnel	2,281	2,378	97	4.1%	9,678	9,646	(32)	-0.3%	30,291
Outsourced services	1,066	1,354	289	21.3%	4,228	4,956	727	14.7%	14,069
Clinical supplies	4,014	4,104	90	2.2%	16,193	16,376	183	1.1%	49,039
Infrastructure and non clinical	1,334	1,526	193	12.6%	6,139	6,030	(109)	-1.8%	18,741
	27,190	28,396	1,206	4.2%	113,743	118,018	4,275	3.6%	349,062
Expenditure by directorate \$'000									
Hospital	15,696	16,165	469	2.9%	65,128	67,659	2,531	3.7%	199,212
Whanau and Communities	5,907	6,169	261	4.2%	24,766	25,497	731	2.9%	75,678
Mental Health and Addictions	2,132	2,102	(30)	-1.4%	8,893	9,140	247	2.7%	27,200
Support	2,366	2,562	196	7.6%	10,085	9,901	(184)	-1.9%	30,942
Other	1,088	1,399	310	22.2%	4,871	5,822	951	16.3%	16,031
	27,190	28,396	1,206	4.2%	113,743	118,018	4,275	3.6%	349,062
Full Time Equivalents									
Medical personnel	378.8	412.4	34	8.2%	415	430	15	3.5%	428.0
Nursing personnel	1,212.5	1,160.0	(53)	-4.5%	1,155	1,158	3	0.2%	1,182.6
Allied health personnel	527.8	604.1	76	12.6%	532	574	42	7.3%	583.7
Support personnel	129.4	128.8	(1)	-0.4%	129	124	(5)	-4.0%	130.6
Management and administration	290.8	308.0	17	5.6%	299	305	6	2.1%	312.5
	2,539.4	2,613.4	74	2.8%	2,530	2,591	61	2.4%	2,637.5

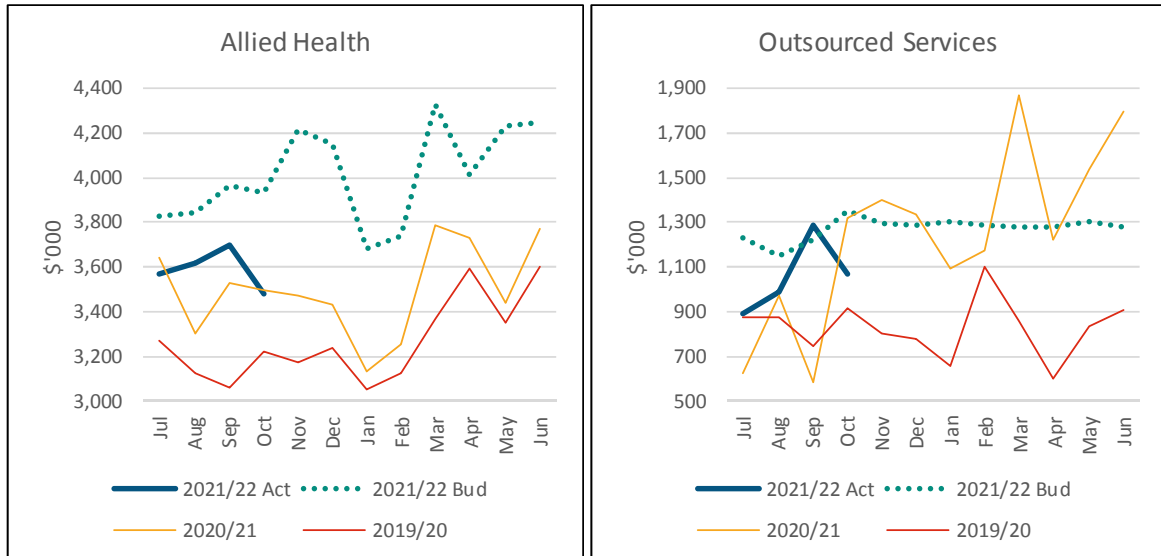


### Medical personnel and locums (\$1.2m favourable YTD)

Vacancies in new and existing positions. Low use of continuing medical education leave (CME) reflecting COVID-19 restrictions - partly offset by locum cover. The high budget in July, and the low budget in January in comparison to prior years, reflects the change in entitlement date for CME from 1 January to 1 July of each year.

**Nursing (\$1.1m favourable YTD)**

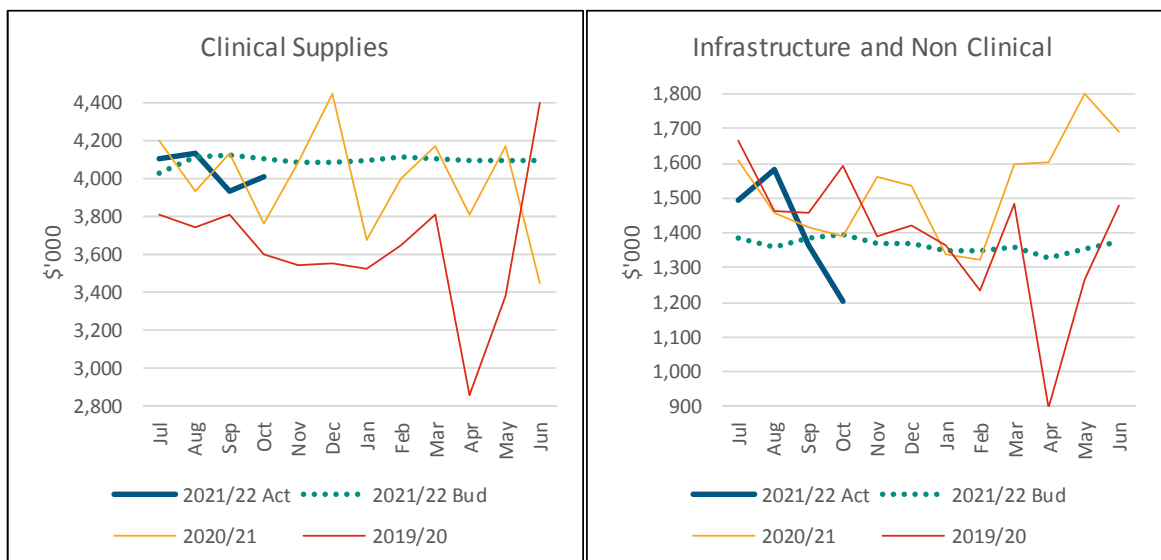
Filling new care capacity demand management (CCDM) positions, testing of patients entering hospital, and high staffing levels in ED have resulted in a month adverse variance.

**Allied Health (\$1.2m favourable YTD)**

Vacancies in technicians, medical imaging technologists, therapists, pharmacists, social workers, and psychologists.

**Outsourced services (\$0.7m favourable YTD)**

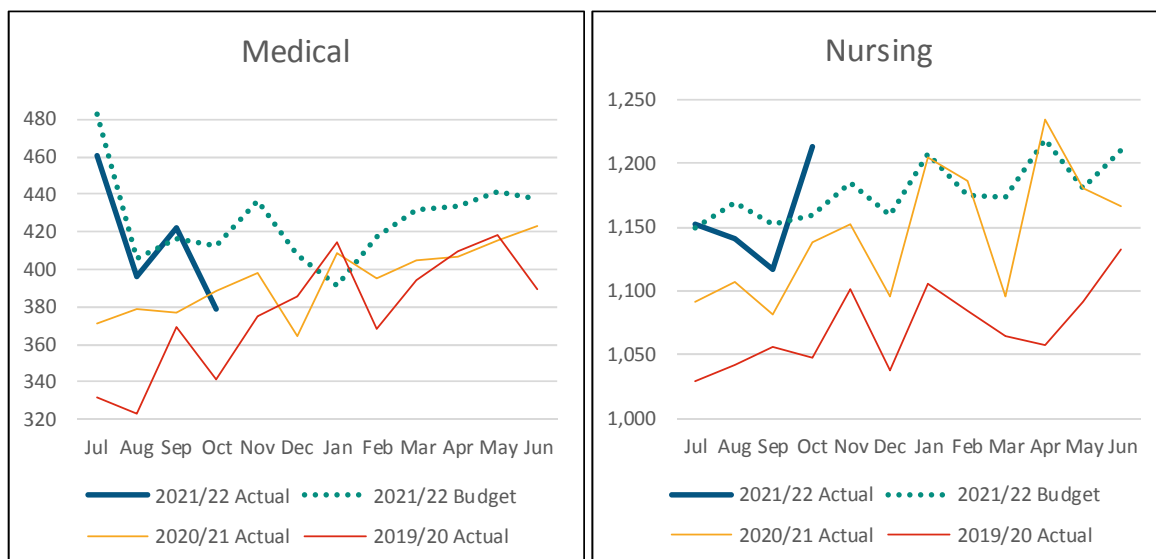
Lower than budgeted outsourcing of radiology services and elective surgery.

**Clinical supplies (\$0.2m favourable YTD)**

Lower than budgeted implants, prostheses and treatment disposables relating to operating theatre activity. Partly offset by patient transport costs, expenditure on low value equipment, lower pharmaceutical reimbursements, and high PPE use.

**Infrastructure and non clinical supplies (\$0.1m adverse YTD)**

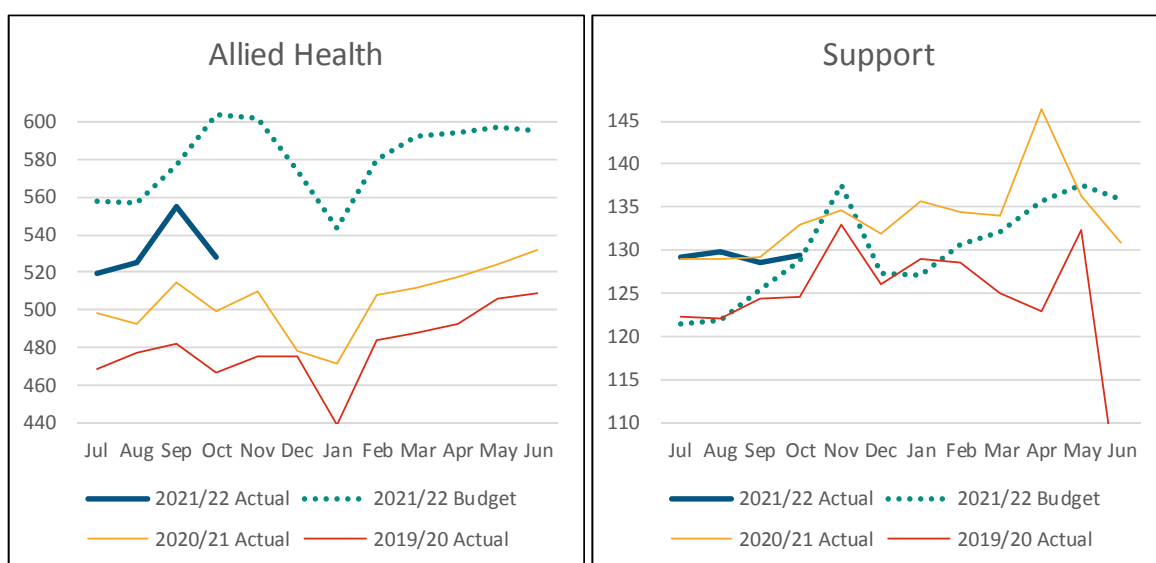
Cleaning, radiology outsourced maintenance, and uniforms offset in corporate training costs and Māori workforce development costs. October includes a lower than expected radiology outsourced maintenance cost.

**Full Time Equivalents (FTE)****Medical personnel (15 FTE / 3.5% favourable)**

Specialist vacancies and recruitment challenges. Long lead times to onboard medical staff relating to completion of training. High cost in July relates to entitlements for continuing medical education leave.

**Nursing personnel (3 FTE / 0.2% favourable)**

The increase in October included the filling of some vacancies, additional COVID-19 testing of patients entering hospital and high staffing levels in ED.



*Allied health personnel (42 FTE / 7.3% favourable)*

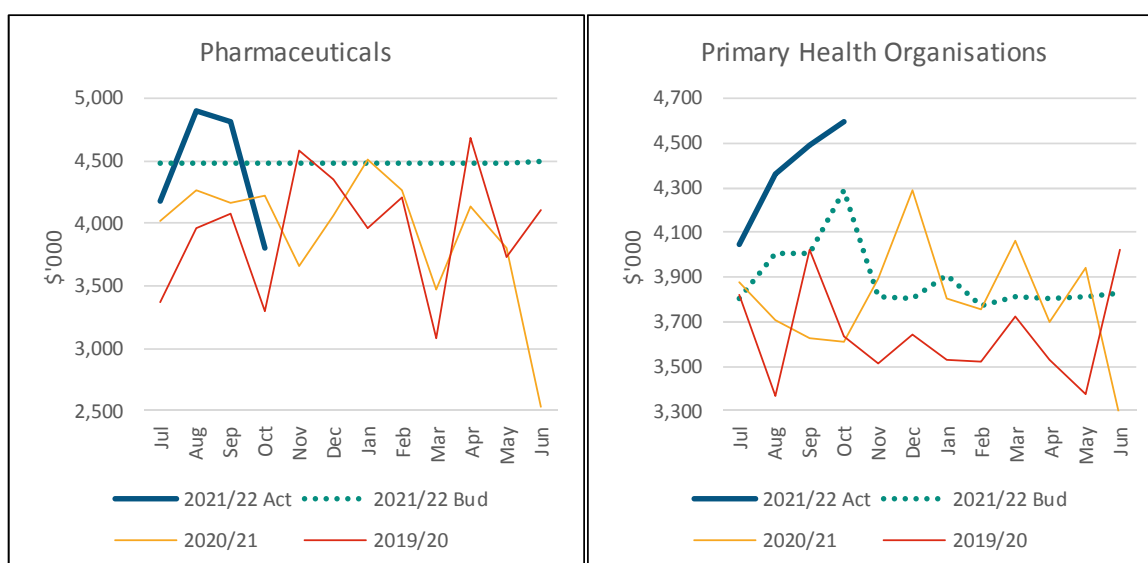
Ongoing challenges filling vacancies including social workers, pharmacists, psychologists, technicians and health promotion workers.

*Support personnel (-5 FTE / -4.0% unfavourable)*

Sterile services vacancies. Orderly and kitchen assistant numbers driven by patient activity and dependency.

**3. FUNDING OTHER PROVIDERS**

	October				Year to Date				Year End Forecast
\$'000	Actual	Budget	Variance		Actual	Budget	Variance		
Payments to Other Providers									
Pharmaceuticals	3,797	4,481	684	15.3%	17,700	17,925	225	1.3%	54,510
Primary Health Organisations	4,599	4,288	(311)	-7.3%	17,505	16,103	(1,402)	-8.7%	48,055
Inter District Flows	5,781	5,781	0	0.0%	22,851	23,147	295	1.3%	69,100
Other Personal Health	2,245	2,298	54	2.3%	8,923	9,306	383	4.1%	29,276
Mental Health	1,779	1,410	(368)	-26.1%	6,455	5,721	(735)	-12.8%	18,497
Health of Older People	6,777	6,863	86	1.3%	26,979	27,466	486	1.8%	81,917
Other Funding Payments	368	398	30	7.5%	1,703	1,546	(157)	-10.1%	4,782
	25,346	25,520	174	0.7%	102,117	101,213	(904)	-0.9%	306,137
Payments by Portfolio									
Strategic Services									
Secondary Care	5,449	5,498	49	0.9%	21,454	22,032	579	2.6%	65,486
Primary Care	9,775	10,140	365	3.6%	40,907	39,607	(1,301)	-3.3%	121,185
Chronic Disease Management	-	-	-	0.0%	-	-	-	0.0%	-
Mental Health	2,019	1,741	(278)	-16.0%	7,418	7,044	(375)	-5.3%	22,106
Health of Older People	7,443	7,442	(1)	0.0%	29,602	29,782	180	0.6%	89,180
Other Health Funding	-	-	-	0.0%	-	-	-	0.0%	-
Maori Health	550	584	33	5.7%	2,339	2,335	(4)	-0.2%	7,013
Population Health	109	115	6	4.9%	396	413	17	4.2%	1,168
	25,346	25,520	174	0.7%	102,117	101,213	(904)	-0.9%	306,137

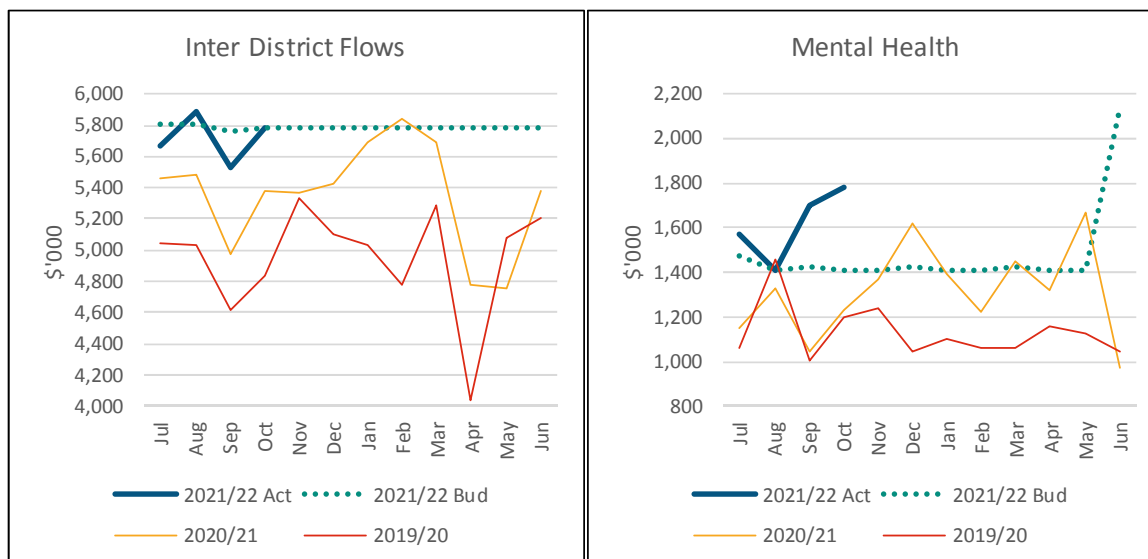
*Pharmaceuticals (\$0.2m favourable YTD)*

Based on latest available PHARMAC forecasts and community and hospital pharmacy activity. Incorporates recognising a year-to-date increase in the PHARMAC rebate.



**Primary Health Organisations (\$1.4m adverse YTD)**

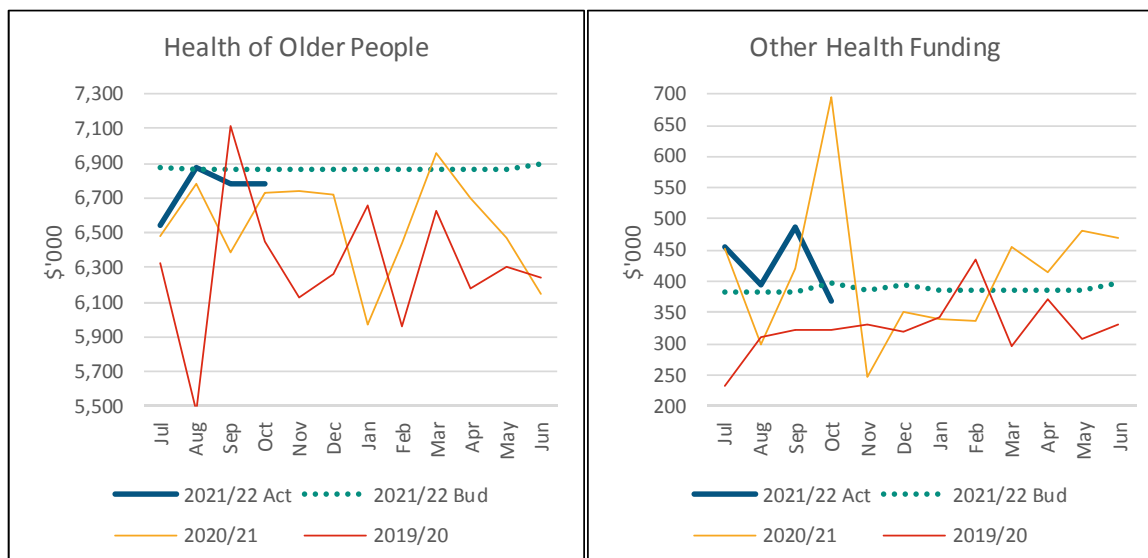
Services for under 13s, performance payments, discharge pathway funding, services to community services card holders, and first contact services.

**Inter District Flows (\$0.3m favourable YTD)**

Inter District Flows are inherently unpredictable due to the small volume and high cost. The first four months have followed a similar trend to previous years.

**Mental Health (\$0.7m adverse YTD)**

Includes pay equity costs budgeted under Health of Older People, and additional expenditure funded by additional MoH revenue under operating revenue above.

**Health of Older People (\$0.5m favourable YTD)**

Disruption in bed numbers related to the August lockdown, a fire at one residential care facility, and staffing issues at another.

*Other Funding Payments (\$0.2m adverse YTD)*

Higher than planned Whānau Ora and public health infrastructure costs in July and September.

**4. CORPORATE SERVICES**

\$'000	October			Year to Date			Year End Forecast
	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Operating Expenditure</b>							
Personnel	1,686	1,845	158 8.6%	7,278	7,538	260 3.4%	22,708
Outsourced services	54	106	53 49.5%	246	280	34 12.3%	709
Clinical supplies	164	112	(51) -45.8%	608	449	(159) -35.3%	1,657
Infrastructure and non clinical	1,602	1,672	70 4.2%	6,308	6,346	37 0.6%	19,271
	3,506	3,735	230 6.1%	14,440	14,613	173 1.2%	44,344
<b>Capital servicing</b>							
Depreciation and amortisation	1,450	1,457	7 0.5%	5,554	5,751	198 3.4%	17,505
Financing	2	21	19 90.1%	5	83	78 94.5%	171
Capital charge	426	333	(92) -27.7%	1,703	1,333	(369) -27.7%	5,108
	1,878	1,811	(66) -3.7%	7,261	7,168	(93) -1.3%	22,783
	<b>5,383</b>	<b>5,547</b>	<b>163 2.9%</b>	<b>21,701</b>	<b>21,781</b>	<b>80 0.4%</b>	<b>67,127</b>
<b>Full Time Equivalents</b>							
Medical personnel	0.9	0.8	(0) -23.3%	1	1	0 0.3%	0.8
Nursing personnel	7.6	5.2	(2) -46.2%	6	5	(1) -23.3%	5.2
Allied health personnel	0.8	1.6	1 51.9%	1	2	1 36.1%	1.6
Support personnel	27.2	30.3	3 10.2%	27	30	3 9.8%	30.6
Management and administration	191.7	196.8	5 2.6%	194	195	1 0.4%	197.7
	<b>228.2</b>	<b>234.7</b>	<b>7 2.8%</b>	<b>230</b>	<b>233</b>	<b>3 1.3%</b>	<b>235.9</b>

Later than planned recruitment of medical staff relating to the international market has delayed when recruitment costs will be incurred. The adverse result for clinical supplies relates mainly to the renewal of service contracts for clinical engineering, that will be offset by underexpenditure later in the year. The adverse capital charge relates to the higher than projected deficit funding received in June. Lower than planned depreciation and amortisation expenditure reflects the lower than planned capital spend year-to-date.

**5. RESERVES**

\$'000	October			Year to Date			Year End Forecast
	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Expenditure</b>							
Investment reserves	1,194	956	(239) -25.0%	3,470	5,267	1,797 34.1%	13,094
Efficiencies	-	(985)	(985) -100.0%	-	(3,139)	(3,139) -100.0%	(6,700)
Other	354	20	(333)	3,411	711	(2,701) -380.0%	10,058
	<b>1,548</b>	<b>(9)</b>	<b>(1,557)</b>	<b>6,881</b>	<b>2,838</b>	<b>(4,043) -142.4%</b>	<b>16,452</b>

Investment reserves include reserves for funding envelope growth, equity, pay equity, and a number of small reserves for specific purposes including one for risk. As plans for the use of the reserves are finalised, the budgets are being moved to the appropriate areas.

A large proportion of reserves are expected to be used for ongoing investments, meaning any underexpenditure earlier in the year will not be spent, and can be used to offset the shortfall in efficiencies year-to-date.

Part of the efficiencies are expected to be achieved through review of services that could be charged to ACC. The remaining amount will be embedded into budgets as savings plans are identified.

Other includes additional salary costs based on settlements to date and additional sabbatical costs to correct miscalculations in historical payments.

## 6. FINANCIAL POSITION

30 June 2021	\$'000	October				Annual Budget	
		Actual	Budget	Variance from budget	Movement from 30 June 2021		
	<b>Equity</b>						
253,745	Crown equity and reserves	261,574	263,744	(2,170)	7,829	278,467	
(129,509)	Accumulated deficit	(138,786)	(139,173)	387	(9,277)	(159,199)	
<b>124,236</b>		<b>122,788</b>	<b>124,571</b>	<b>(1,782)</b>	<b>(1,448)</b>	<b>119,268</b>	
	<b>Represented by:</b>						
	<u>Current Assets</u>						
574	Bank	6,767	4	6,763	6,193	4	
1,451	Bank deposits > 90 days	1,455	2,055	(600)	4	2,055	
22,480	Prepayments and receivables	22,193	19,826	2,367	(288)	20,048	
4,975	Inventory	5,165	4,534	631	190	4,569	
<b>29,480</b>		<b>35,580</b>	<b>26,419</b>	<b>9,161</b>	<b>6,100</b>	<b>26,675</b>	
	<u>Non Current Assets</u>						
208,941	Property, plant and equipment	211,678	216,904	(5,226)	2,737	230,151	
16,514	Intangible assets	16,347	13,919	2,429	(167)	13,238	
1,673	Investments	1,896	1,341	554	222	1,341	
<b>227,128</b>		<b>229,920</b>	<b>232,164</b>	<b>(2,243)</b>	<b>2,792</b>	<b>244,731</b>	
<b>256,608</b>	<b>Total Assets</b>	<b>265,500</b>	<b>258,582</b>	<b>6,918</b>	<b>8,892</b>	<b>271,406</b>	
	<b>Liabilities</b>						
	<u>Current Liabilities</u>						
-	Bank overdraft	-	3,679	3,679	-	26,762	
40,876	Payables	37,718	32,077	(5,641)	3,159	32,451	
88,407	Employee entitlements	101,905	94,967	(6,939)	(13,499)	86,636	
-	Current portion of borrowings	-	-	-	-	3,000	
<b>129,283</b>		<b>139,623</b>	<b>130,722</b>	<b>(8,901)</b>	<b>(10,340)</b>	<b>148,849</b>	
	<u>Non Current Liabilities</u>						
3,089	Employee entitlements	3,089	3,289	200	-	3,289	
<b>3,089</b>		<b>3,089</b>	<b>3,289</b>	<b>200</b>	<b>-</b>	<b>3,289</b>	
<b>132,372</b>	<b>Total Liabilities</b>	<b>142,712</b>	<b>134,011</b>	<b>(8,701)</b>	<b>(10,340)</b>	<b>152,138</b>	
<b>124,236</b>	<b>Net Assets</b>	<b>122,788</b>	<b>124,571</b>	<b>(1,782)</b>	<b>(1,448)</b>	<b>119,268</b>	

### Variances from budget:

Most YTD variances from budget relate to variability in working capital (current assets – current liabilities) and are expected to be short term.

## 7. EMPLOYEE ENTITLEMENTS

30 June 2021	\$'000	October				Annual Budget	
		Actual	Budget	Variance from budget	Movement from 30 June 2021		
11,420	Salaries & wages accrued	19,349	16,137	(3,212)	(7,929)	13,825	
1,160	ACC levy provisions	1,304	-	(1,304)	(144)	190	
6,727	Continuing medical education	9,902	9,090	(812)	(3,175)	1,743	
67,169	Accrued leave	69,374	67,836	(1,538)	(2,205)	68,945	
5,019	Long service leave & retirement grat.	5,065	5,193	128	(46)	5,222	
91,496	<b>Total Employee Entitlements</b>	104,994	98,256	(6,739)	(13,499)	89,925	

Growth in projected backpays based on settlements to date, annual leave and continuing medical leave provisioning relating to COVID factors, and ACC levies to be paid later than projected.

## 8. PLANNED CARE

MoH data to September is tabled below. Funding is largely determined on performance against inpatient caseweight delivery and this report shows 81.6% of plan was achieved to the end of August (77.8% in September). The financial forecast and YTD result assumes achievement of delivery targets by the end of the the year.

### 2021/22 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2021/22 Total Planned Volume
Inpatient Caseweight Delivery	2,120.9	743.7	2,864.6	2,336.6	81.6%	10,945.1
Inpatient Surgical Discharges	1,406	537	1,943	1,668	85.8%	7,428
Minor Procedures	581	251	832	1,065	128.0%	2,992
Non Surgical interventions	9	21	30	0	0.0%	118

Figures are DHB of Domicile and include publicly funded, Elective and Arranged Surgical Discharges reported to NMDS, and selected Minor Procedure Purchase Units reported to NMDS and NNPA.

NMDS Refresh Date: 1/11/2021 NNPA Refresh Date: 1/11/2021  
Data up to: Sep 2021 Report Run Date: 1/11/2021

## 9. TREASURY

### Liquidity Management

The surplus cash of all DHBs is managed by NZHP under a sweep arrangement facilitated by BNZ. The DHB provides forecast cash flow information to NZHP to allow it to invest the funds at the most advantageous rates and uses the same information to ensure the DHB has the funds to meet its obligations as they fall due. The cash balance at the end of October was \$4.9m in funds (September was \$2.9m overdrawn).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4<sup>th</sup> of the month, and November's low point is projected to be \$92k in funds on 3 November.

The main cash risks are Holidays Act remediation payments (not expected this financial year), the net impact of COVID-19 expenditure, and the timing of MoH equity injections for capital projects.

### ***Debt Management***

The DHB has no interest rate exposure relating to debt.

### ***Foreign Exchange Risk Management***

No material transactions occurred during the month. No transactions met the criteria that would trigger the requirement to arrange foreign exchange rate cover.

## **10. CAPITAL EXPENDITURE**

Capital spend to October is at 62% of plan (last month 60%). This is caused by slippage in strategic projects, and delivery issues relating to COVID-19 in the clinical equipment block.

Notes in relation to the capital table below:

- Equity to fund capital expenditure incurred last year and received this year of \$2.518m, and \$0.770m underspent last year due to COVID-19 supply change delay, has been added to forecast to increase the amount that can be spent this year by \$3.288m.
- The capital plan presented to the Board in September indicated funding of \$41.749m including the supply chain delay of \$0.770m. The \$0.770m has been removed from the plan, and expenditure from the additional \$3.288m prior year underspend will be reported as overspend this year for consistency. The new planned expenditure is \$40.979m.
- To achieve the \$40.979 planned expenditure, a required slippage line has been added to the budget of \$1.100m.
- Underspend in the orthopaedics/hand therapy and emergency department capacity/flow projects that are included in the Interim Asset Plan, are expected to contribute to the required slippage.

The radiology project is likely to change significantly as it is rescoped, and is the largest risk factor in the plan.

Board Meeting 15 December 2021 - Financial Performance Report

	----- Year to Date -----			--- End of Year Forecast ---			----- Life of Project -----		
	Actual	Budget	Variance	Forecast	Budget	Variance	Forecast	Approved	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Source of Funds									
<b>Operating Sources</b>									
Depreciation	5,554	5,751	(198)	17,505	17,702	(198)			
Covid Supply chain slippage 20/21	429		429	770		770			
	5,983	5,751	231	18,275	17,702	572			
<b>Other Sources</b>									
Special Funds and Clinical Trials	73	-	73	73	-	73			
Funded Programmes	8	-	8	8	-	8			
Finance Leases (Clinical Equipment)			-	-	620	(620)			
Equity Injection	5,311	-	5,311	21,259	22,657	(1,398)			
Equity (Prior year expenditure)	2,518	-	2,518	2,518	-	2,518			
	7,910	-	7,910	23,858	23,277	581			
<b>Total funds sourced</b>	<b>13,892</b>	<b>5,751</b>	<b>8,141</b>	<b>42,133</b>	<b>40,979</b>	<b>1,153</b>			
Application of Funds:									
<b>Block Allocations</b>									
Facilities	533	680	146	2,369	2,000	(369)			
Information Services	872	1,000	127	3,114	3,000	(114)			
Clinical Equipment	264	1,000	736	3,275	3,000	(275)			
	1,669	2,679	1,010	8,759	8,000	(759)			
<b>MOH funded Strategic</b>									
Surgical Services Expansion Project	2,327	2,166	(161)	3,296	3,296	-	20,843	20,843	-
Radiology Facilities Redevelopment	96	1,379	1,283	2,000	2,490	490	25,100	25,100	-
Main Electrical Switchboard Upgrade	836	1,036	200	3,114	3,114		4,000	4,000	
Planned Care Procedure Rooms x 4	4	321	317	1,924	1,924		1,924	1,924	
Mobile Dental Clinics	627	347	(280)	1,536	1,536	-	1,600	1,600	-
Angiography Suite Replacement	377	662	286	2,888	2,888	-	3,000	3,000	-
Procedure Rooms Upgrade Endo Building	499	699	200	1,918	2,827	909	3,000	3,000	-
Seismic Upgrade Acute Admissions Unit S	0	159	158	0	490	490	3,450	3,450	-
Seismic Upgrade Surgical Services Expans	545	1,029	483	3,093	3,093	-			-
Linear Accelerator	-	167	167	1,000	1,000	-	33,156	33,156	-
	5,311	7,964	2,653	20,769	22,658	1,889	96,073	96,073	-
<b>DHB funded Strategic</b>									
Surgical Services Expansion Project	-	-	-	3,204	3,204	-	-	-	-
Radiology Facilities Redevelopment	-	-	-	510	510	-	-	-	-
Replacement Generators	184	607	424	2,430	2,430	-	4,430	4,430	-
Cardiology PCI	-	-	-	-	-	-	13,580		(13,580)
Health System Catalogue	-	-	-	857	857	-	1,404	1,404	-
Mental Health Crisis Hub	18	567	549	567	567	-	-	-	-
Interim Asset Plan	757	1,095	338	2,913	3,913	1,000	-	-	-
Required Slippage					(1,160)	(1,160)			
	957	2,269	1,312	10,480	10,321	(159)	19,414	5,834	(13,580)
<b>Other</b>									
Special Funds and Clinical Trials	73	-	(73)	73	-	(73)			
Funded Programmes	8	-	(8)	8	-	(8)			
Other	40	-	(40)	40	-	(40)			
	120	-	(120)	120	-	(120)			
<b>Capital Spend</b>	<b>8,058</b>	<b>12,912</b>	<b>4,854</b>	<b>40,129</b>	<b>40,979</b>	<b>850</b>	<b>115,487</b>	<b>101,907</b>	<b>(13,580)</b>

## 11. ROLLING CASH FLOW

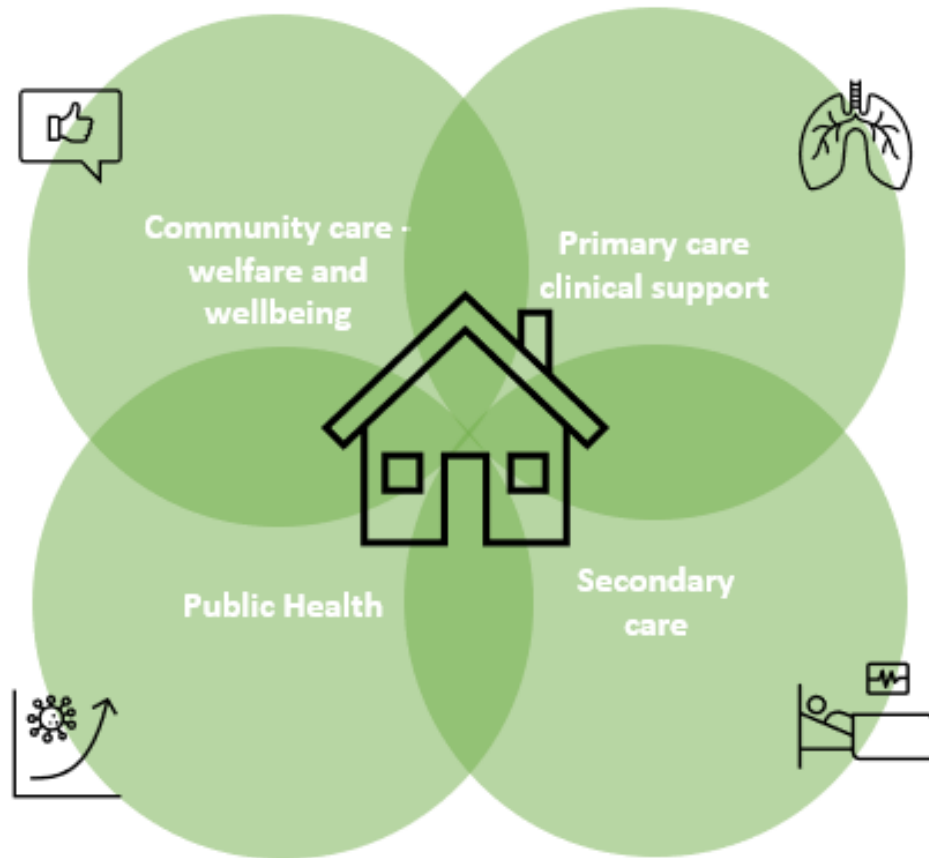
	Oct-21			Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
	Actual	Forecast	Variance	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Cash Inflows</b>															
Devolved MOH revenue	76,688	80,305	-3,617	62,298	126,302	896	62,099	62,099	62,099	59,848	82,099	59,848	59,848	60,560	59,848
Other revenue	6,192	5,362	830	11,952	9,180	8,810	8,810	9,550	8,625	9,365	9,180	9,180	9,550	9,365	8,810
Total cash inflow	82,880	85,667	-2,787	74,250	135,482	9,706	70,909	71,649	70,724	69,213	91,279	69,028	69,398	69,925	68,658
<b>Cash Outflows</b>															
Payroll	14,542	14,363	-179	14,669	19,250	14,680	14,680	17,430	14,700	14,680	19,230	14,700	17,380	14,750	14,680
Taxes	10,240	10,011	-229	10,077	8,900	13,400	10,200	10,200	10,900	10,200	12,100	10,200	10,200	10,900	10,200
Sector Services	34,852	35,365	513	33,558	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000
Capital expenditure	2,437	1,567	-870	1,243	6,000	1,600	1,600	2,000	1,600	1,600	2,000	1,600	1,600	2,000	1,600
Other expenditure	13,058	16,268	3,210	14,961	14,666	11,686	15,166	17,416	14,666	14,905	17,416	14,754	16,034	18,016	14,667
Total cash outflow	75,128	77,847	2,446	74,507	79,816	72,366	72,646	78,046	72,866	72,385	81,746	72,254	76,214	76,666	72,147
Total cash movement	7,752	7,820	-341	-257	55,666	-62,661	-1,737	-6,397	-2,142	-3,172	9,533	-3,226	-6,817	-6,742	-3,489
Add: opening cash	-2,873	-4,227	1,354	4,878	4,621	60,287	-2,374	-4,111	-10,508	-12,651	-15,822	-6,290	-9,516	-16,333	-23,074
Closing cash	4,878	3,593	1,012	4,621	60,287	-2,374	-4,111	-10,508	-12,651	-15,822	-6,290	-9,516	-16,333	-23,074	-26,563
Maximum cash overdraft (in month)	-6,656	0	-6,656	4,621	-5,896	-2,374	-12,966	-13,852	-12,651	-15,822	-26,340	-9,516	-16,333	-23,074	-26,563

Forecast other revenue cash inflows have been reviewed to reflect increases over the last few months that are likely to continue over the next year, including regular COVID-19 funding, higher PHARMAC rebates, and additional MoH contract revenue.

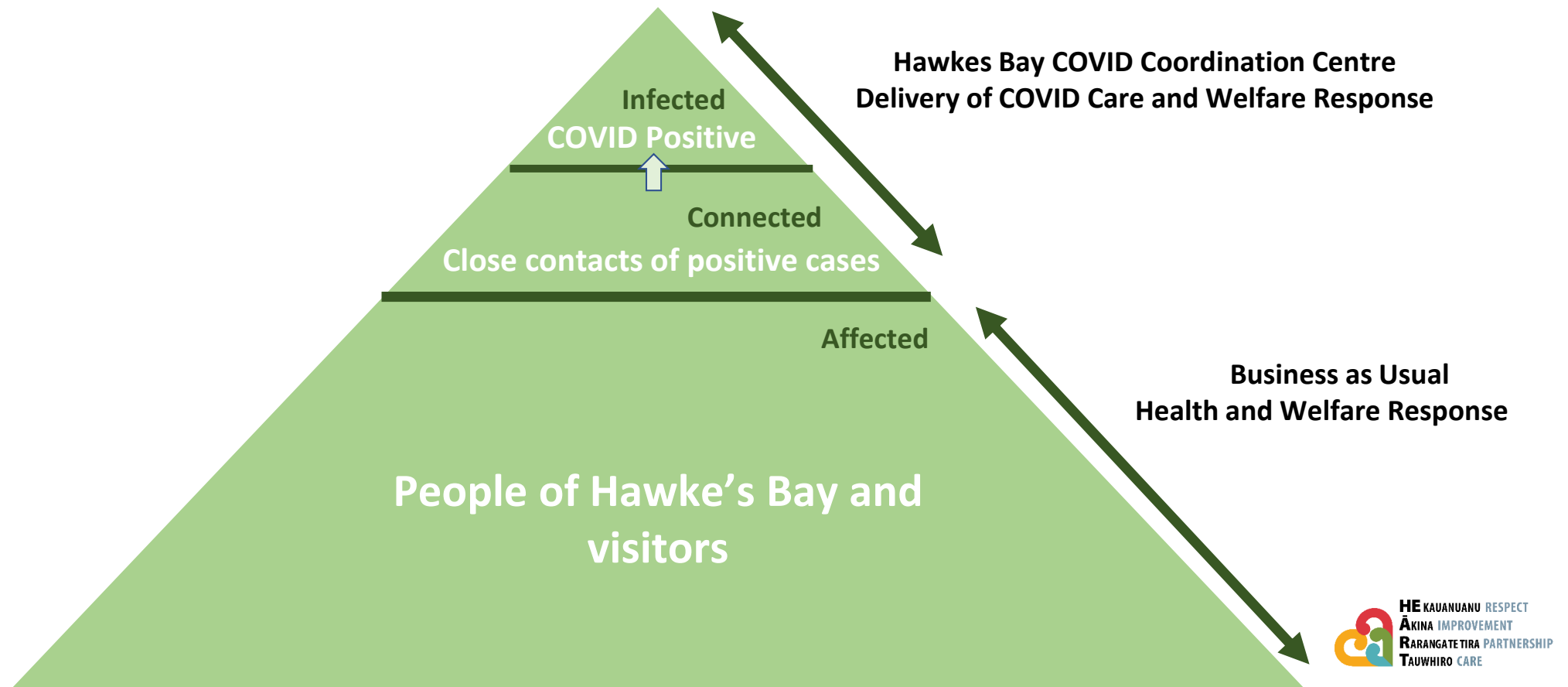




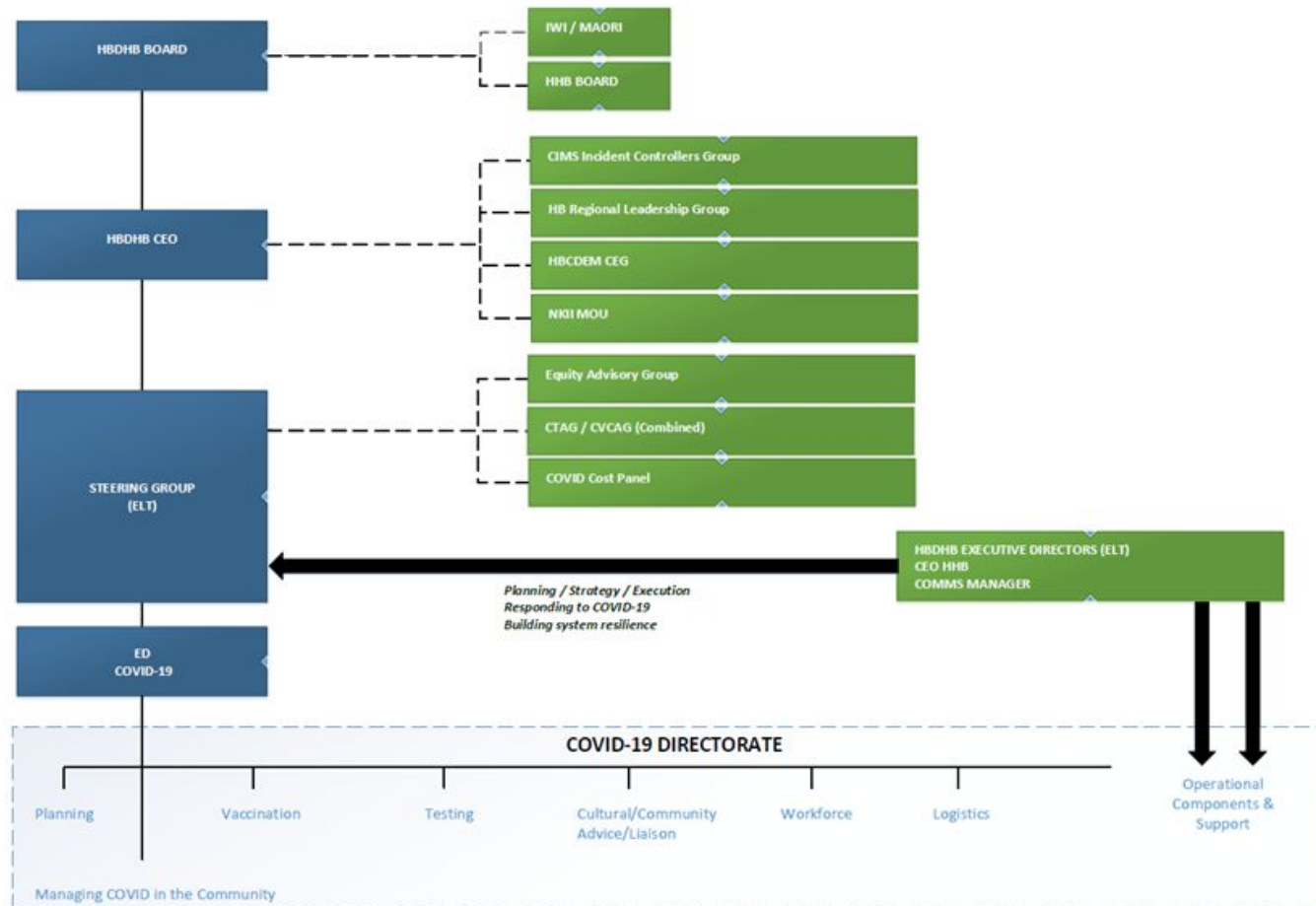
## Managing COVID-19 Care in the Community



## Hawke's Bay COVID Coordination Centre



# HB Health System COVID-19 Resilience Programme



*Figure 1 Managing COVID-19 in the community overview*

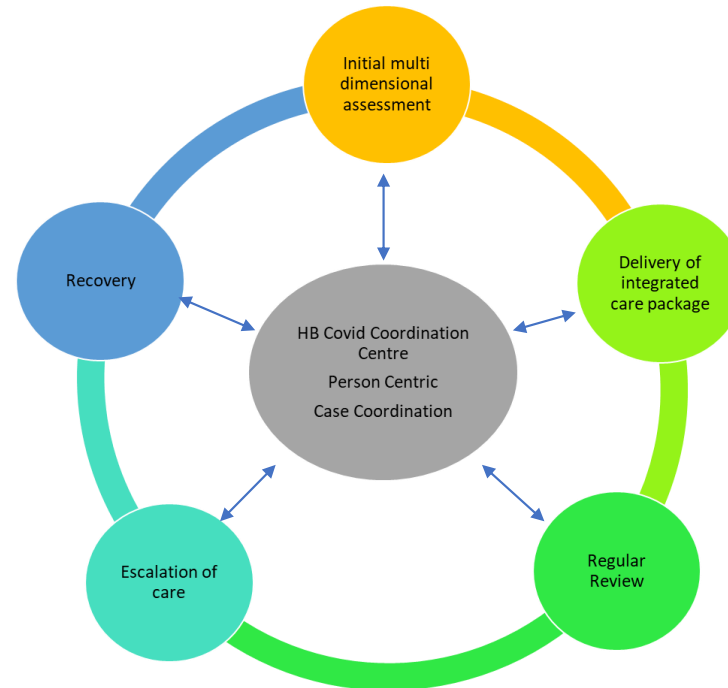
### Current Linear Pathway

- Multiple transfers of care
- No single case manager

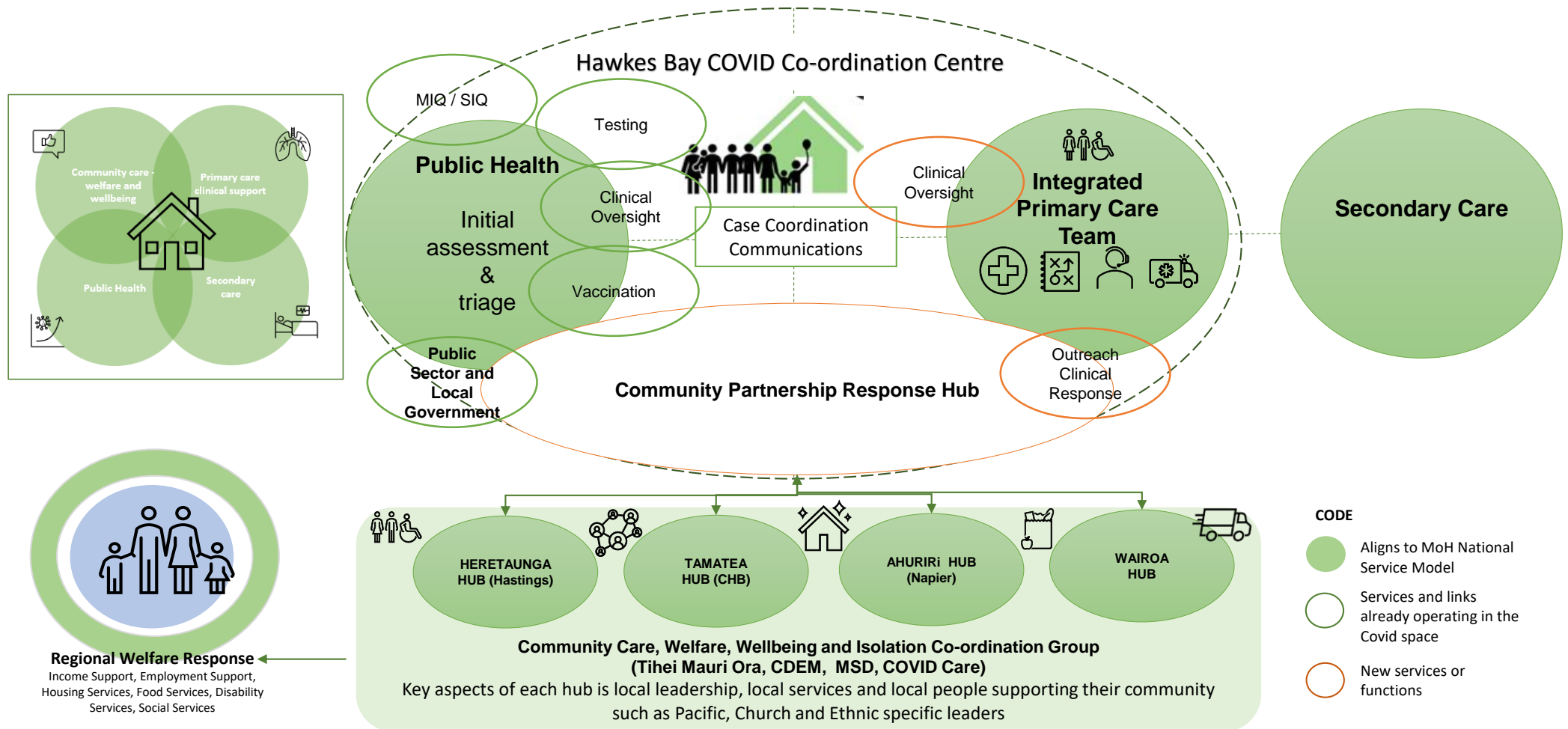


### Integrated Care Pathway

- Centralised Coordination
- Tailored response
- Maintains relationship
- Services delivered to person



# Managing COVID +ve and Close Contacts in the Community



## Current Actions



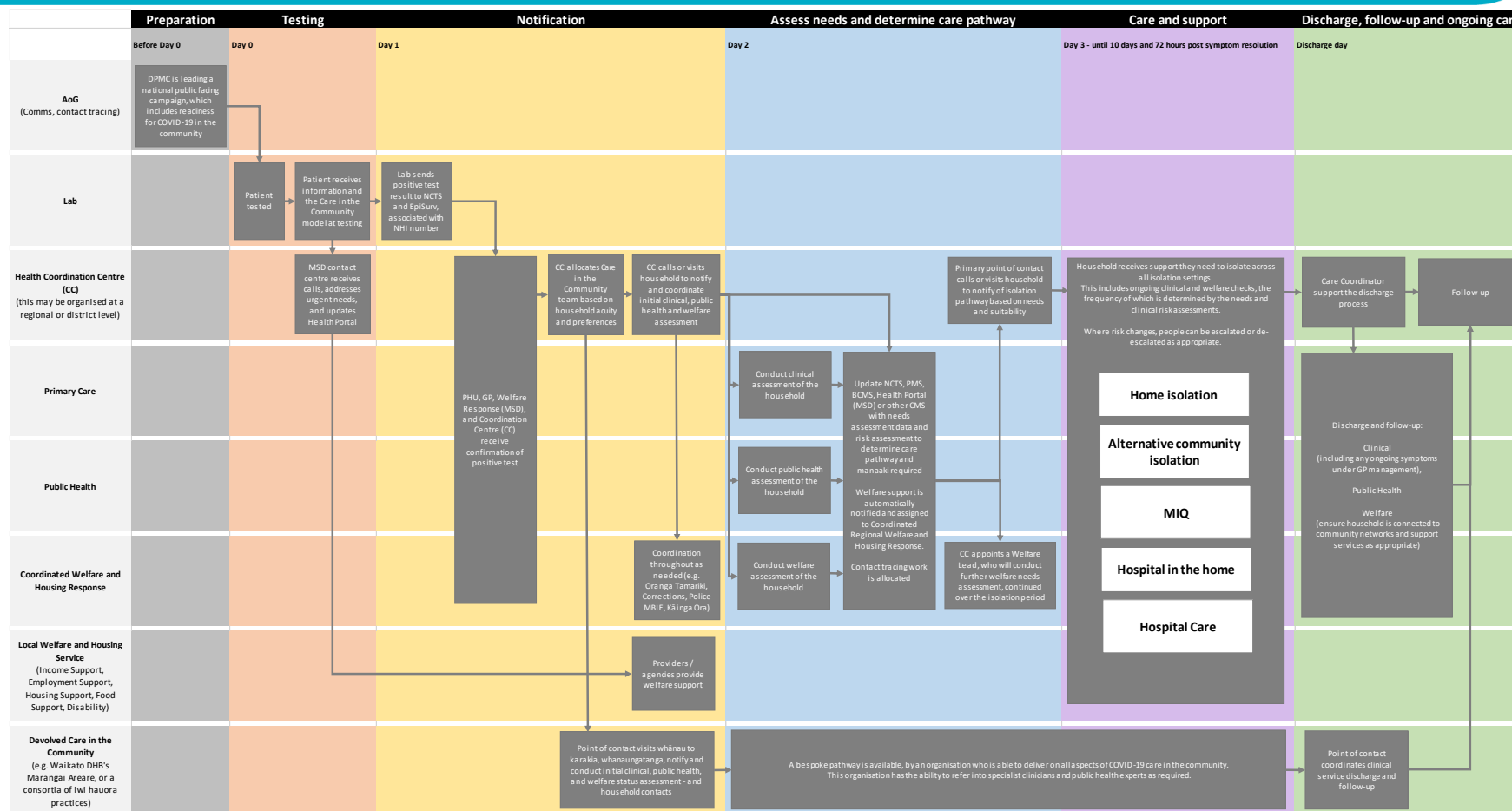
- Socialise Hawkes Bay COVID Coordination Centre model
- Develop and operationalise Standard Operating Procedures
- Ensure Standard Operating Procedures define referral pathways, operating roles and responsibilities for each service
  - Public Health
  - Primary Care Team
  - Outreach Clinical Response Team
  - HB COVID Coordination Centre – Clinical Oversight
  - Secondary
- Localise Health Pathway for Managing COVID +ve people and close contacts in the community
- Formalise Outreach Clinical Response Team



## COVID-19 Care in the Community

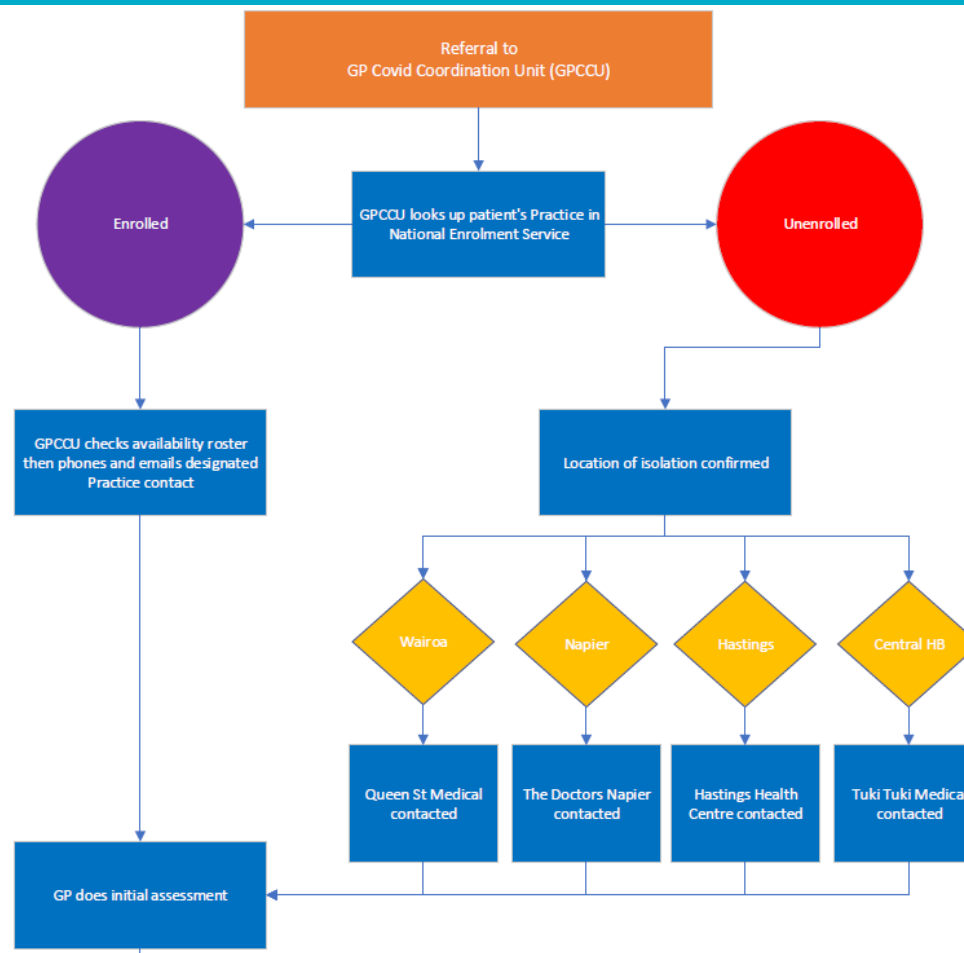


# Care in the Community Model

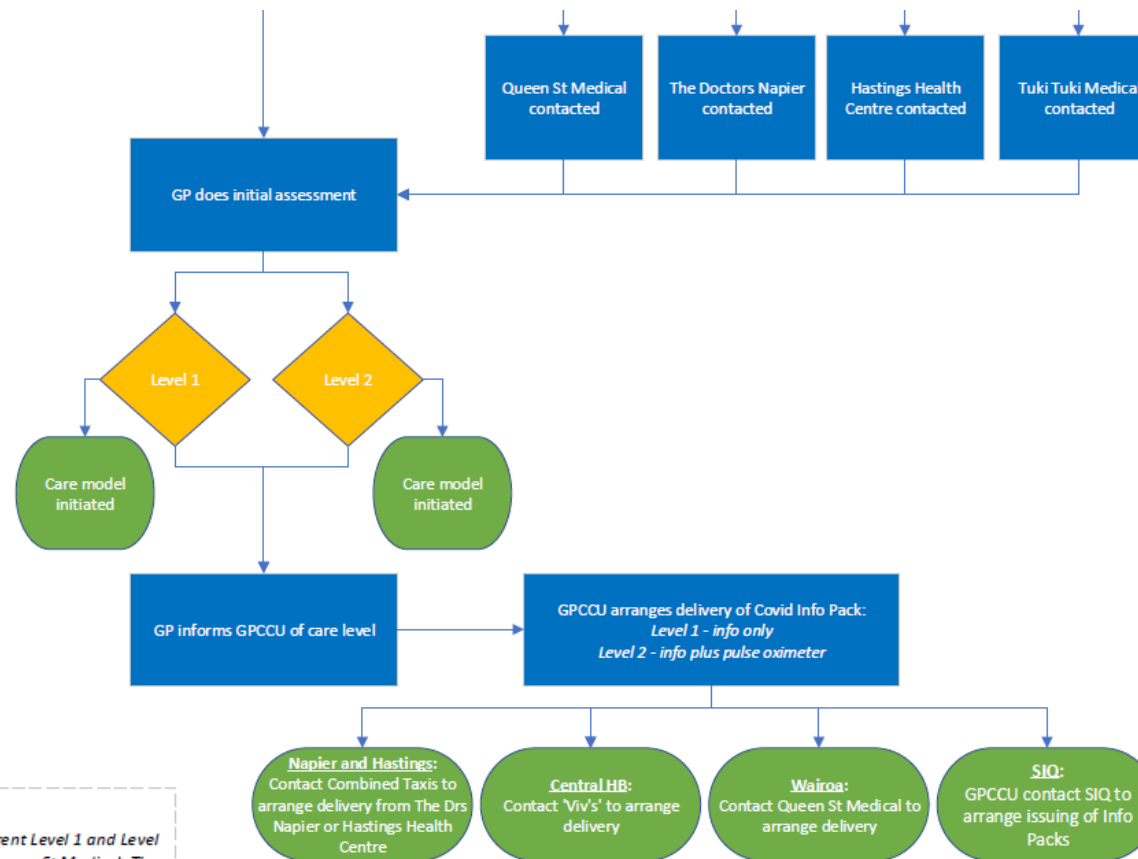




## Primary Care Pathway



## Primary Care Pathway – Continued....



**Note:**  
GPCCU arranges for supplies of current Level 1 and Level 2 Info Pack to be in stock at Viv's, Queen St Medical, The Doctors Napier and Hastings Health Centre



## Secondary Care



- The greatest factor protecting hospitals from a surge in COVID-19 demand is vaccination
  - As of Monday, there were 6,811 active cases of COVID-19 in Aotearoa NZ
  - Of these, 61 cases are in hospital, with 4 in ICU
  - Of the hospitalised cases, 64% were unvaccinated
- Modelling, based on 90% vaccination rates in Hawke's Bay and loose travel controls suggests that we should now be planning for 14,500 cases of COVID-19 in our region next year:
  - Of these, we are expecting weekly COVID-19 related ED attendances of 41
  - This would lead to hospitalisations of 16
  - Of these hospitalisations, the modelling suggests that 2 will require Intensive Care
  - We know from how cases occur there will be peaks and troughs so the numbers will vary from week to week


9



## *Hospital Preparedness*



- Most COVID-positive patients who come to hospital will enter the system via the Hawke's Bay Care in the Community approach
  - This means their arrival at hospital will be pre-arranged
- The arrival of people arriving to our Emergency Department where we (including possibly the person) do not know they are positive requires careful management
  - The Department has therefore designed 'hot' and 'cold' COVID flows to separate patients who fit the case definition from those who do not
- The management of patients with suspected (unconfirmed) COVID requires greater physical separation than confirmed cases
  - The hospital has capacity with negative pressure, enhanced airflow or single room capabilities in ED, ICU, B2, A1 and Children's Ward to support management of patients with suspected COVID
- Isolation (negative pressure) and enhanced air flow (cohort) beds are central to the hospital's management plan for COVID-19
  - In January, work will be completed to upgrade air handling in B2 ward
  - This will be in addition to Ruakōpito, a 17-bed cohort negative pressure area that can be converted to use for COVID positive patients, either at general ward or ICU level

	<b>REPORT FROM HAWKE'S BAY CLINICAL COUNCIL (Public)</b> <b>DECEMBER 2021</b>
	For the attention of: <b>HBDHB Board</b>
Document Author Document Owner(s)	Gemma Newland (Executive Assistant to Chief Allied Health Professions Officer) Dr Robin Whyman (Chair) and Brendan Duck (Deputy Chair)
Date	December 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 1 December 2021.
Health Equity Framework	The Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua.
Principles of the Treaty of Waitangi that this report addresses:	The Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system; committed to Te Tiriti o Waitangi and achieving equity for Tangata Whenua and other populations, in the provision of health care in the Hawkes' Bay District.
Risk Assessment	Risks associated with the issues considered by the Clinical Council include lack of direction for clinical governance frameworks when the district health boards cease to exist in July 2022.
Financial/Legal Impact	
Stakeholder Consultation and Impact	Stakeholder engagement is the basis of discussion of issues at the Clinical Council
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified
<b>RECOMMENDATION:</b> It is recommended that the Board: 1. <b>Note</b> the contents of this report	

## 1. Clinical Council Annual Work Plan for 2022

Council discussed and confirmed the annual workplan for 2022 which is attached to this report. They agreed to change the frequency of Clinical Council meetings to bimonthly from February, to enable member attendance and improved alignment for Board and FRAC reporting.

The annual workplan is based on maintaining a focus on the four domains of quality (consumer engagement, clinical effectiveness, engaged and effective workforce and quality improvement and patient safety) with equity, system level measures and Covid as overarching topics and themes to the work.

The group expressed concern that the move from District Health Boards to Health NZ in July 2022 leaves a current lack of clarity for the framework of clinical governance after this date. Members agreed that with this in mind development of a Clinical Governance Board for Provider Services is a priority for early 2022.

## **2. End of Life Choice Act**

Council discussed the policies and documents currently available on this issue for the recently implemented Act. It was noted the DHB's involvement focus is limited as the Act is largely administered by the Ministry of Health to independent providers. Most packages of care are expected to occur in the community.

The Ministry has stated an expectation that DHB facilities will be available as a location of last resort when implementing this Act. The intent is that DHB's must be available but staff wouldn't be the provider of the service (just provide the facility). The access agreement is to allow for those people coming onsite to provide the services. The DHB has therefore developed a policy and drafted procedures with this requirement and approach intended. A DHB staff information brochure is being developed by kaumātua.

Communications to local GP's and DHB staff has been to use the e-learning tools to upskill on how to provide information to patients. The feedback on acknowledging this service is that it is about being supportive of a patient's choice. A DHB staff education session with Buddle Finlay, Patient Safety and Quality Lead and the Chief Medical and Dental officer was held on 12 November.

## **3. Clinical Governance Committees**

The Patient Safety and Risk Management Committee had met and noted that where areas of concern have been focused on, the areas of focus have made improvements and that this progress must be maintained. These areas were particularly falls, and clinical event review group and patient at risk teams. The committee did note that common to the pressures on health for staffing recruitment delays do impact quality improvement programmes and ability to attend associated meetings. However, active leadership and action plans are behind the areas of sustained improvement.

The Professional Standards and Performance Committee co-chairs had followed up meetings with the RMO Training and Advisory group. They were pleased to note that the plan to replace pagers with iPhones was continuing to progress. A trial with a new software solution, currently used in Canterbury DHB, will be undertaken before Christmas with the intent of replacing emergency pagers with the iPhone and software solution. An ongoing concern remains with RMO inductions and availability of staff at the changeover date for RMOs, especially house officers at the end January. Full staffing levels of RMO's for next year is ongoing.

## **4. Patient Safety Quarterly Report**

The Patient Safety Report was discussed and will be discussed at the Finance Risk and Audit meeting.

## **5. Member Issues / Updates**

Health system and hospital busyness was discussed by the group including its impact on attendance by some Council members. It was noted that at the time of the meeting the hospital was at capacity with a number of members involved in actively managing the situation. The drivers of the hospital's busyness were discussed by the Council.

Council were pleased to note that Child Development Service and Child and Family Services teams will be locating offsite and together in Avenue Road East. This is a significant opportunity for two services with a common patient group to co-locate and jointly develop their service delivery.

# Clinical Council Annual Workplan 2022

## COVID

## System Level Measures

### Consumer Engagement

- Work with new Consumer Council on localities structure of future clinical governance
- End of Life Choice Act implementation

### Clinical Effectiveness

- Clinical outcome—HRT, HQSC data DASHBOARD
- Health Pathways
- HSCGG—Monitor development of Clinical Governance Board Provider Services

### Engaged and Effective Workforce

- Credentialing
- Staff experience surveys
- Quarterly invitation to People and Culture (Dashboard)
- Education and training
- Integrated Community Services


### Quality Improvement and Patient Safety

- Adverse Event Policy



## Equity



	<b>Pacific Population Board – Chairs Report</b>
	For the attention of: <b>HBDHB Board</b>
Document Owner:	Panu Te Whaiti, Co-Chair of PHLG
Reviewed by:	Talalelei Taufale, Pacific Health Manager
Month:	December 2021
Consideration:	For information and endorsement

**RECOMMENDATION****That the HBDHB Board**

1. **Note** the contents of this report.

The Pacific Population Board (PPB) met on 9 November 2021. An overview of the items discussed and/or agreed at the meeting is provided below.

**Pacific Population Board Work Plan**

A reshape of the agenda and workplan was agreed going forward. Members agreed that a sub-committee be formed to shape a work programme that identifies key issues and concerns. A sub-committee of members would meet the following week to determine the programme going forward for 2022.

**Pacific Health Manager Report**

It was noted that:

- The PPB are pleased with the rates of Hawke's Bay Pacific vaccinations and the preparatory work being undertaken with community leaders and agencies for COVID in the community. Booster shots, traffic light system, confirmation of vaccination passes for the returning 3000+ RSE workers and vaccinations for 5-12 years remain as immediate priorities to focus on that will have future implications to how we work with Pacific communities as part of the health reforms.
- A recent Pacific community survey noted requests for more community-based messaging and health checks. This is a positive foundation to build on. The survey data will be presented at the next PPB meeting.
- The successful measles immunisations and other health promotion for bowel, breast and cervical cancer has been a special feature of the Pacific COVID vaccination clinics.
- Anticipated Governance training and the confirmation of Pacific health targets the early 2022 will carry Pacific health into the health reforms transitioning.

**Performance Dashboard**

Members will focus on areas to prioritise as the 'suite of indicators'. The indicators selected will be monitored going forward. This will be discussed at the sub-committee meeting to align for 2022.

**Health Reforms Update**

Talalelei Taufale has been appointed a member of the rural health advisory group for the transition unit of health reforms. A meeting held last week was an opportunity to strengthen the Pacific voice. There is of opportunity going forward to encourage a Pacific health provider. Members were advised of the Ministers visit in December.

**COVID Resilience Planning for Pacific**

Members were provided with an overview of how the Pacific team would work to support COVID detection and management in the community. The journey would require support for Pacific whanau through welfare, managed isolation and clinical/hospital. Community leaders will receive on resilience support.





## **Recommendation to Exclude the Public**

### ***Clause 32, New Zealand Public Health and Disability Act 2000***

That the public now be excluded from the following parts of the meeting, namely:

13. Confirmation of Previous Minutes (Public Excluded)
14. Matters Arising – Review of Actions (Public Excluded)
15. Finance, Risk and Audit Committee Resolutions for Board Approval (Public Excluded)

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).