BOARD MEETING

Date: Tuesday 28 September 2021

Time: 2.00pm

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

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

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

Minute Taker: Brenda Crene, Governance

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	Karakia Welcome and Apologies	2.00
2.	Interests Register	
3.	Minutes of Previous Meeting held 31 August 2021	
4.	Matters Arising – Review of Actions	
5.	Board Workplan	
	Section 2: Standing Management Reports	
6.	Chair's Report (verbal)	2.10
7.	Chief Executive Officer's Report	2.15
8.	Financial Performance Report – Andrew Boyd, Executive Director of Financial Services	2.20

	Section 3: Strategic Delivery	
9.	Hawke's Bay DHB Balanced Scorecard – Emma Foster and Lisa Jones (System Lead PF&P)	2.25
10.	Hawke's Bay DHB Q4 20/21 Health System Performance Dashboard – Emma Foster & Lisa Jones	2.30
11.	Raranga te Tira Organisational Values presentation – Anne Speden and team	2.35
	Section 4: Other Governance Reports	
12.	Board Health and Safety Champions' Report (verbal)	2.40
	Section 5: Noting Reports	
13.	Oral Health Update - Emma Foster	-
14.	Māori Relationship Board Report – Chair, Ana Apatu	-
15.	Hawke's Bay Clinical Council Report – Chair, Robyn Whyman 15.1 Council Membership for Endorsement	2.45
16.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	2.50

Public Excluded Agenda

Item	Section 7: Routine	Time
17.	Minutes of Previous Meeting held 31 August (public excluded)	3.00
18.	Matters Arising – Review of Actions (public excluded)	
	Section 8: Standing Management Reports	
19.	Chair's Report – verbal (public excluded)	3.10
	Section 9: Strategic Delivery	
20.	Health & Disability Service Review Transition Update (Public Excluded)	3.15
21.	Implementation of Broader Outcomes in the Procurement Cycle – Ashton Kirk (Business Manager, PF&P), Andrew Boyd, ED Financial Services, Emma Foster (ED PF&P)	3.20
22.	Nurse and Midwifery Strategy Update (Public Excluded) – Hayley Anderson and Chris McKenna (Chief Nursing Officer)	3.30
23.	HBDHB COVID-19 Resurgence Plan – Review and Update (Public Excluded) – Andy Phillips (CAHPO) and Ken Foote (Peak Management & Mediation Ltd	3.55
	Section 10: Other Governance Reports	
24.	Finance, Risk and Audit Committee Meeting – 28 September 2021 (public excluded) – Chair, Evan Davies	4.05
25.	Te Pītau Health Alliance Agreement - Emma Foster	4.10
	Section 11: Noting Reports	
26.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster	4.20
27.	Māori Relationship Board Report (public excluded) – Chair, Ana Apatu	-
28.	Safety & Wellbeing Committee Report – 16 September 2021 (public excluded) – Martin Price, Executive Director of People & Culture	-
	Karakia Whakamutunga	
	Meeting concludes	4.25pm

The next HBDHB Board Meeting will be held on
Tuesday 2ND November 2021 at 1.00pm

Karakia

Hei Aratākina te Hui (to start)

E Io i runga i te Rangi Whakarongo mai titiro iho mai E Io i runga i te Waitai, i te Wai Moana, i te Wai Maori Whakapiri mai whakatata mai E Io i runga i a Papatuānuku Nau mai haere mai Nōu e Io 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.	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.

Karakia whakamutunga (to finish) Unuhia

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!	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.

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

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 peoples 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

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

RARANGA TE 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

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

Board "Interest Register" - as at 4 May 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 Kahugnunu 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	Kaumatua - 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 lifestryle 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 Whararíki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural 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	Hawke's Bay District Health Board	Contracted as Incident Controller	Potential conflict. Will advise of any conflict of interest.	The Chair	16.09.20
		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 Univesity	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 31 AUGUST 2021
TE WAIORA ROOM, DHB ADMINISTRATION BUILDING
MCLEOD STREET, HASTINGS
AT 1.00 PM
(LIVESTREAMED – via ZOOM)

PUBLIC

Present on ZOOM: Shayne Walker (Chair)
Evan Davies (Deputy Chair)
Hayley Anderson
Ana Apatu
Kevin Atkinson
David Davidson
Peter Dunkerley
Charlie Lambert
Heather Skipworth
Joanne Edwards
Renee Brown (Board Observer
Panu Te Whaiti (Board Observer)

Apology: Keriana Brooking (CEO)

Present on ZOOM Andrew Boyd, Acting Chief Executive Officer
Members of the Executive Leadership Team
Members of the Public and Media (via livestream)
Brenda Crene, Governance Administrator

The Chair provided a mihimihi to the Board and the staff and also the members of the public who were viewing the meeting via Facebook livestream. Noting NZ was in Level 4 lockdown and along with other parts of NZ were about to transition to level 3.

The passing of Des Ratima was acknowledged with sincere condolences to his whanau. Des had held many leadership roles including an active leadership governance role on the Māori Relationship Board and was a great influencer within our community. He will be missed.

1. APOLOGIES

An apology was noted for Keriana Brooking our CEO who had volunteered to stand up the National Health Coordination Centre in Wellington, serving as a trusted conduit between the MoH and DHB Chief Executive Officers, for the COVID response.

Andrew Boyd was welcomed as acting CEO role in Keriana's absence.

2. INTEREST REGISTER

There were no amendments to the interest register and no Board member advised of any interests in the items on the agenda.

3. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 3 August 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

The governance workplan was noted with comment that this would be reviewed/discussed with likely adjustments made up to 1 July 2022.

STANDING MANAGEMENT REPORTS

6. CHAIR'S REPORT (VERBAL)

- The Chair advised of the following retirement, with a letter being sent conveying the Board's best wishes and thanks for Diana's extended years of devoted service and contribution to the health system, and wished her all the best in their next journey.

Name	Role	Service	Years of Service	Retired
Diana Schmid	Research Coordinator	Chief Nursing Officer Dept	26	6 August 21

With the Chair's update he acknowledged all DHB staff and Executives who were working tirelessly to keep COVID out and keep our community safe. He encouraged everyone to understand the vaccination process, advising there were plenty of vaccination centres set up. For anyone within the community feeling unwell, please get tested. He also stressed to the community that activity must be deemed essential before you step out of your 'bubble'. As leaders of health in Hawke's Bay, we take requirements very seriously.

He also acknowledged those providing health services within the community and was very heartened how all had stepped up.

The Chair advised he sat on a regional leaders' forum in Hawke's Bay and was heartened how community leaders are ensuring we are all aligned and taking this pandemic very seriously to keep our community safe.

RECOMMENDATION

That the HBDHB Board:

1. **Note** and acknowledge this report.

7. CHIEF EXECUTIVE OFFICER'S REPORT

Andrew Boyd as Acting CEO, conveyed his thanks on behalf of Keriana Brooking to the entire health sector team and all sector community leaders' who have provided a really well coordinated response in many areas including: supporting national contact tracing; setting up welfare centres; food deliveries etc. He reiterated that if anyone is feeling sick - do not go to work.

The CEO's report was taken as read.

Comments included:

- Expressed how impressed he had been during this lockdown that more services were stood up and available compared to last year and provided an overview of the services provided.
- Noted that these lockdowns do cause harm and we need to balance the public health messages but if are sick and need help reach out and get that help not only physically but by virtual consult.

In addition to the Hospital Services Update provided within the CEO's report, the Chief Operating Officer advised that during the prior lockdown we undertook urgent and acute work only. This lock-down however, we stretched into non deferable cases including cancer surgery; with high risk cancer clinics running; switching to virtual consults wherever possible and radiology has been operating (distancing people in waiting areas).

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

RECOMMENDATION

That the HBDHB Board:

1. **Note** and acknowledge this report.

Adopted

8. FINANCIAL PERFORMANCE REPORT

Andrew Boyd as Executive Director Financial Services, noted the report had been discussed in detail at the Finance Risk and Audit Committee (FRAC) meeting held earlier in the day on 31 August 2021.

The Financial Report was taken as read.
The Chair noted Annual Plan was yet to be signed off by Ministry.

With no further comments or questions the recommendation to note the financial report was adopted.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

STRATEGIC DELIVERY

9. PROCUREMENT STRATEGY/POLICY

Andrew Boyd and Ashton Kirk (Business Manager, Planning Funding and Performance) provided an update on current work on the Procurement Strategy Policy, with a focus on risks such as contractors with convictions, and information gathering such including work force ethnicity.

Contractual Survey

A Contractual Survey tool has been finalised and the week of the board meeting would be sent to all suppliers/ providers that HBDHB utilises, including those commissioned by Facilities, Procurement and Contracts. The initial requirement for this tool came from the Te Puni Kōkiri target for 5% of agreements to be with Māori businesses, however we are using this as an opportunity to assess the social impact of HBDHB spend. Specifically, we will be collecting information on the following:

- What proportion of the supply chain utilised by the supplier originates from within New Zealand
- Whether the supplier has developed written quality standards
- Auditing activity and how issues identified have been addressed
- Whether the supplier has legislative compliance processes (including Children Act)
- Compliance with Health and Safety legislation and what actions are being taken where there is not compliance
- Staffing level and staff ethnicity
- Support for the "Living Wage" and whether the living wage has been implemented
- Opportunities for shared skills and training development that the DHB could support
- List of governance body members
- Confirmation that there are no prohibited directors
- Confirmation that no directors have criminal convictions
- Insurance / going concern
- Governance members ethnicity or confirmation that

There were a number of other questions we decided not to include, as a lengthy template was considered a barrier to suppliers providing the information.

Broader Outcome Framework
A strategy/ paper is being developed regarding "Broader Outcomes" and how to include the consideration of social determinants into DHB procurement process, incorporating a range of considerations into procurement processes outside the traditional price, quality of product and reputation of the supplier. Likely areas for consideration are opportunities for Māori enterprises, opportunities for Pacifica enterprises, sustainable fair and equitable employment, skills and workforce development, environmental sustainability practices and outputs, regional development (eg, Hawke's Bay based businesses) and creating opportunities for employment.

This paper sits under the Health Equity Action Plan framework piece of work. Within the Health Equity Action Plan, we are looking at incorporating equity throughout the commissioning cycle. There is a map of the current thinking around processes and change which needs to be consulted on and is very much in draft form.

Supplier Strategy
Quite rightly pointed out we need to develop a Procurement Supplier strategy; however, this will fall out of the Health Equity Action Plan piece of work.

Comments summarised:
- As HBDHB is a significant contributor to the economy of Hawke's Bay, we are not looking at the lowest cost as this would have a multiplying effect within the economy.
- A query around the national procurement program was raised. Advised the Health sector catalogue provides consistency in purchasing – making savings and ensuring good supply chains by purchasing on catalogue. HBDHB will be part of that project.
- How do we validate that businesses are owned and have Māori staff members?
  Nationally they are looking at setting up a website and validation will occur through that process. They are looking for broader outcomes, a focus on quality and price becomes less important, more about value.
- Capital backing of major contractors is seen as a deterrent to Māori businesses!
  In response it was advise there are other mechanisms to consider in contracting procurement framework that does not deny participation for areas of the region that could otherwise be disadvantaged.

A procurement paper will be provided to the Board at the 28 September meeting.
This will be included onto the workplan. **Action**

With no further discussion the Board noted and thanked Andrew and Ashton for the detail provided.

10. HAWKE'S BAY DHB BALANCED SCORECARD
Emma Foster, Executive Director Planning, Funding & Performance (PF&P) and Lisa Jones, System Lead Performance and Insights, PF&P were available for this item.

Following an internal developmental stage this was the first time the Balanced Scorecard had been included in the public section of the board meeting.

The paper was taken as read with comments as follows:
- Treatment waiting times seem unbalanced? In response, currently focusing on the provider arm working on performance but the observation is correct there is treatment waiting time imbalance which we are working hard to improve.
- There had been a small deterioration seen in First Specialist Assessments (FSA) waiting times. In August there were 108 more people waiting for an FSA. The RSV outbreak put the hospital into the red trying to cope.
- Māori and Pacific people have significant inequities in accessing primary care with higher rates of ED usage compared to other ethnic groups. A key insight is 78 % of the Pacific population were enrolled with a General Practice.

- Working hard to get the Balanced Scorecard to a place where it is understandable and enable easy and close monitoring.
- An enquiry as to how far away were the A&M numbers? Advised the first cut of data had been recently provided from Hastings Health Centre, compliments of a very supportive General Manager, to include within the DHB Dashboard. We will likely see these starting to come through in the September Scorecard.

With no further comments the Board thanked the presenters and noted the report and dashboard provided.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the Balanced Scorecard detail for the month of August 2021.

Adopted

11. TE ARA WHAKAWAIORA – ADULT HEALTH ACCESS

Emma Foster, Executive Director, PF&P supported by Penny Rongotoa, System Lead Commissioning Planning, PF&P were available for this item.

The purpose of the report and dashboard was to provide a progress update on long term conditions work that has been undertaken which is a key component of our adult health, equity priority focus. This aligns with our commitment to improve/achieve equity for adult Māori.

The Dashboard provided detail around: long Term Conditions – prevention, early detection and treatment at every level included: Scope; Definition Long Term Conditions; Problem Statements and Objectives. Workstream areas were highlighted as: Person and whanau centred care; Person and whanau centred processes and systems; Workforce Development; and Governance, risk stratification and funding.

We have monitored performance in 2021 year and can see what we have got over the line and what we have not. The key is the working with Lisa Jones regarding contributing measures to ensure we are hitting the mark and know we are putting investment in the right places. This will ensure we can target services better.

In Bowel Screening, the DHB have been fortunate enough to fund Oranga Tonutanga to support whanau to participate bowel screening services through Māori health services and this incorporates Kaupapa Māori. The Ministry of Health had completed an audit and relayed a commendable comment regarding Oranga Tonutanga approach. This Pilot has run for the past eight months and we now move into a more sustainable funding approach to that program.

Following an enquiry around consumer engagement, it was advised that whanau had been actively engaged to ensure the objectives came directly from and were signed off by them.

Around Oranga Tonutanga, the Chair was keen to challenge some of the CVD risk parameters as they do not appear to make sense to our community's wellbeing. Advised we are championing the same messages to the Ministry to lower the age.

The Chair asked, how involved are primary care systems around CVD, diabetes testing and gout and he encouraged to move forward with this to improve services to our whanau.

In response, as well as can be as this work is done in partnership with PHO partners. Gout came up in Māori health investment and they are looking innovatively in that space.

Around Health Checks**,** the Chair was concerned there are checks around diabetes and CVD but those checks do not include gout and prostate cancer. Some may not engage with us but often there is no tomorrow. We need more holistic approaches!

Penny noted the Chair's comment and would advise all other commissioners to consider holistic approaches when funding services. **Action**

The Chair thanked the team for their presentation and the great work going on.

With no further comments the Board adopted the recommendation and looks forward to receiving the System Performance Measures – Stubborn Reds in September.

RECOMMENDATION

That the HBDHB Board:

1. **Note** and discuss the contents of the report
2. **Note** the Board will receive trend data for the 2020/21-year performance against LTC Adult Health indicators (and others) in September via Stubborn Reds report.

Adopted

OTHER GOVERNANCE REPORTS

12. BOARD HEALTH & SAFETY CHAMPIONS' REPORT

The Board Health and Safety representative, David Davidson conveyed there was no report this month due to lock-down.

NOTING REPORTS

13. MĀORI RELATIONSHIP BOARD – CHAIR'S REPORT

Ana Apatu Chair spoke to the paper provided around Hoki Ki Te Kāinga (HKTK)

Ana was thanked for the report and the contents noted.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

14. HB CLINICAL COUNCIL – CO-CHAIRS' REPORT

Co-Chair Dr Robin Whyman was unavailable. The report was taken as read with items included in the report covering the COVID Vaccination Programme and the Equity Action Plan presentation, noting that Council had expressed an interest in participating and monitoring the equity action plan, seeking progress reporting and progress with the implementation of equity funding agreed in 2021/22 HBDHB Budget.

Karyn Bousfield (a Clinical Council member) was available for comment and introduced herself as the newly appointed Executive Director of Patient Safety and Quality.

With regard to Council wishing to participate and monitor the equity action plan, a board member did not feel that monitoring against the equity action plan came from Clinical Council and provided several examples of areas that Clinical Council should be engaged with such nursing and maternity workforce sustainability issues.

Karyn felt a refresh may be required relating the role of Clinical Governance, and to follow the clear HQSC framework, this does include (an engaged and effective) 'workforce' as one of the remits of Clinical Governance. There may be a need to reprioritise what Clinical Governance should encompass.

The Chair conveyed there is likely an opportunity when realigning the Board's workplan to align Clinical Council and risks as well. We need to understand Clinical Council's view on what their governance priorities may be and provide detail/recommendations. **Action for Clinical Council**

With no further comments the board noted the contents of Council's report.

RECOMMENDATION
That the HBDHB Board:

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

Adopted

Additional item included
BOARD OBSERVERS' PROGRAMME – initiated by the Ministry of Health

This concludes the 12-month board observers' program (made available to Māori and Pacific) which has been operating for a year at HBDHB as well as within other DHBs around the country. The purpose has been to enable participation and further insight into the health system from a governance perspective and to develop capacity within the system. It is understood this programme will continue.

The Chair conveyed it had been a privilege to have Renee Brown and Panu Te Whaiti on this programme having had the pleasure of their youthful insights. This programme has enabled them to share their experiences in a governance setting and for board and management to walk alongside them during their journey to further their personal development.

Renee Brown conveyed her heartfelt thanks for her inclusion on the programme. Renee praised the support provided by the Hawkes Bay DHB toward a programme targeted at Māori & Pacific Community. The programme highlighted the importance of having a voice, sharing a unique perspective, gaining governance skills to help achieve equitable outcomes. Without the skills and support provided she would not have otherwise had the confidence to do so. She felt she was in a safe environment which had enabled active participation. She conveyed her special thanks the Board and Executive Team. A special acknowledgement to board member Hayley Anderson who was her mentor, who walked beside her and challenged her, enabling her to grow personally. A very rewarding experience for which Renee was very grateful to have been a part of.

Panu Te Whaiti conveyed a big thank you to board members Ana Apatu and Chair Shayne Walker for being her mentors and other members of the Board for their support and sharing of their experiences and learnings. Thanks also were conveyed to the CEO, Executive Leadership team, management and staff of the DHB (primary and secondary care). She expressed her heartfelt appreciation for how very hard everyone works in health. She expressed appreciation also towards the MOH in developing a programme that provide Māori and Pacific people with opportunities to grow and develop in the area governance. A very special moment of togetherness for her was helping serve Xmas breakfast to our staff. She conveyed her love for our community and is very proud of our DHB. Panu is excited to see the growth and development of this internship and positive outcomes.

Renee and Panu had shared such valuable input at the Board table and both show a great deal of talent. It was a fabulous opportunity to support two very talented women and have had the opportunity to be a part of that. Hopefully their learnings will enable them to grow personally and professionally to take these learnings to support and grow their communities.

15. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board:

Exclude the public from the following items:

16. Confirmation of Previous Minutes (Public Excluded)
17. Matters Arising – Review of Actions (Public Excluded)
18. Chair's Report (Public Excluded)
19. Health & Disability Service Review Transition Update (Public Excluded)
20. Values: Tauwhiro, Rāranga te tira, He kauanuanu
    – Planned Care Insights presentation (Public excluded)
21. Finance, Risk and Audit Committee Meeting (Public Excluded)
22. Health System Catalogue Pre-Paid Services Agreement (Public Excluded)
23. Board Health & Safety Champion's Report (Public Excluded)
24. PHO Performance Discussion (Public Excluded)
25. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
26. Māori Relationship Board Report (public excluded)
27. Hawke's Bay Clinical Council Report (public excluded)
28. Safety & Wellbeing Report – no meeting held (public excluded)

Moved: **Shayne Walker**

Seconded: **Peter Dunkerley**

Carried

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

The public section of the Board meeting concluded at 2.05 pm

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	31 Aug 21	Workplan inclusions advised for the 28 September Board meeting: - Procurement Report - Community/Consumer Council & Localities / Community networks		Sept Nov	28 September Board Agenda Item 21 Deferred to 2 November Meeting
2	31 Aug 21	Comment received as part of the Te Ara Whakawaiora paper / Adult Health Access. Holistic approaches to be considered when funding services. Conveyed to commissioners.	Penny Rongotoa	Sept	Actioned
3	31 Aug 21	Clinical Council to provide views on what their governance priorities may be and provide detail/ recommendations to the Board.	Clinical Council Chair	Nov	In hand for 2 November Meeting

FINANCE RISK AND AUDIT COMMITTEE			
ELT	FINANCE	SRR	Frequency
EDFS	Financial Performance Report	18	Monthly
EDFS	Annual Plan Budget (Feb-June)	12, 18	Monthly
EDFS	Capital Plan Financials (April/June/Sept/Dec)	15, 16, 18	Quarterly
EDFS	Insurance	14	Annually
	OUTPUT PERFORMANCE		
EDPS	Provider Services Performance (Mar/June/Sept/Dec) *(HAC)*	1, 2, 3, 4, 13	Quarterly
EDHIE	Public Health Performance (April/July/October/Jan) *(CPHAC / DSAC)*	7, 8	Quarterly
EDPFP	Funded Services Performance (May/August/Nov/Feb) *(CPHAC / DSAC)*	7, 8, 11, 12	Quarterly
EDPFP	Annual Plan (May)	8, 11, 12, 13, 18	Annually
EDPFP	Annual Report (Oct)	8, 11, 12, 13, 18	EDPFP
EDPFP	Strategic Capital Projects (execution)		
	CLNICAL QUALITY AND PATIENT SAFETY		
ECL	Quality and Patient Safety incl. Standard Dashboard (May/August/Nov/Jan) *(HAC)*	1, 2, 3, 4, 13	Quarterly
	PEOPLE HEALTH AND SAFETY		
EDP&C	People & Staff Safety and Standard Dashboard (May/Aug/Nov/Feb)	5, 6, 13	Quarterly
	RISK MANAGEMENT		
EDFS	Risk Management Report and Exceptions (Feb/May/Aug/Nov))	ALL	Quarterly
	Risk Management Improvement Initiative – Monthly Update	ALL	Monthly
	AUDIT AND COMPLIANCE		
EDFS	External Audits		As per schedule
EDFS	Internal Audit	4, 12, 17, 13, 14	Agreed timetable
EDPFP	External Provider Audits (April/July/Oct/Jan) *(CPHAC / DSAC)*		Quarterly
EDFS	Audit Actions Update (May/August/Nov/Jan)		Quarterly

BOARD				
ELT	STANDING MANAGEMENT PAPERS	SRR	Public/Public Excluded	Frequency
	Chairs Report		Public / Public Excluded	Monthly
CEO	Chief Executive Officers Report	ALL	Public / Public Excluded	Monthly
EDPFP	Balanced Scorecard	8, 11, 12, 13, 18	Public Excluded	Monthly
EDFS	Financial Performance Report	18	Public	Monthly
	STRATEGIC DELIVERY			
Bd reps	Health and Safety Committee Report		Public/Public Excluded	Monthly
EDPFP	Strategic Workplan	8, 11, 12, 13, 18	Public Excluded	Monthly
EDPFP	Hawke's Bay DHB Quarterly Health System Performance Dashboard" (March/June/Sept/Dec) *(CPHAC / DSAC)*	8, 11, 12, 13, 18	Public	Quarterly
EDDE	Ākina	ANY	Public	As required
PHO CE	PHO Quarterly Report (Nov 21, Feb & May 22)		Public	Quarterly
EDPFP	Annual Plan (May)	8, 11, 12, 13, 18	Public	Annually
EDPFP	Annual Report (October)	8, 11, 12, 13, 18	Public	Annually
EDPFP	Hawke's Bay DHB Balanced Scorecard	8, 11, 12, 13, 18	Public	Monthly
EDHIE	Te Ara Whakawaiora reports (Aug/Nov/Feb22/Mar/Apr/Jun)	8, 11, 12, 13, 18	Public	Monthly
	CAPITAL PROJECTS			
EDPFP	Capital Investment / Business Cases	15, 16	Public Excluded	As required
	OTHER GOVERNANCE PAPERS			
	Health & Safety Champions	5, 6	Public/Public Excluded	Monthly
EDFS	Annual Reports: Allied Laundry/NZHP/TAS		Public	Annually
EDFS	External Audit		Public/Public Excluded	As required
CEO	Health & Disability Service Review (HDSR) Transition Update		Public/Public Excluded	Monthly
EDHIE	Pacific Population Board (monthly from September 2021)		Public/Public Excluded	Monthly
	NOTING PAPERS *(Discuss by exception)*			
	Māori Relationship Board		Public/Public Excluded	Monthly
	Hawke's Bay Clinical Council		Public/Public Excluded	Monthly
	Hawke's Bay Health Consumer Council		Public/Public Excluded	Monthly
			Public/Public Excluded	Bi-Monthly
	Te Pitau - to be confirmed		Public/Public Excluded	Monthly
EDPFP	Board approval of actions exceeding limits delegated by CEO	14, 17	Public Excluded	Monthly

External Audits		
Month	Detail	ELT
Mar 21	Audit NZ – Final Audit Letter	EDFS
	DAA Group	CMDO
	ICU Accreditation	COO
Aug 22	Audit NZ – Interim Audit Letter	EDFS

Internal Audits	
Month	Detail
Mar 21	Health and Safety – Enforceable Undertaking
May 21	Risk Management
Oct 21	Controlled Drugs Review
Dec 21	Risk Management Improvement

Significant Risk Register (SRR) Description			
Register #	Description	Register #	Description
Patient Care and Clinical Quality		Strategic Outcomes	
1	Vulnerable Services	10	Significant Event
2	Service Capacity	11	Consumer Engagement
3	Clinical Governance Processes	12	National Priorities
4	Patient Administration and Contact Process	13	Workforce
Health, Safety & Wellbeing		14	Legislative Compliance (including Treaty of Waitangi)
5	Health & Safety	Property & Information Systems	
6	Abuse & Assault	15	Disaster Recovery
Health of the Population		16	Infrastructure Assets
7	Family Harm	Financial	
8	Equity of Outcomes	17	Fraud and/or Corruption
9	BLANK < was Cold Chain >	18	Financial Sustainability

Updated 21/9/21

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**28 September 2021 DHB CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	22 September 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 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 (HBDHB) continues to carry a high degree of clinical, financial and equity risk with ongoing service demand challenges 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: • Was on secondment with the Ministry of Health supporting the August COVID-19 outbreak • Opened the HBDHB World Physiotherapy Day zoom lunch • Attended the National bi-partite meeting • Attended the opening and blessing of Gilmour's Pharmacy in Havelock North • Attended the Commissioning and Localities Working Group for the Health and Disability System Review • Attended the National COVID-19 vaccination and immunisation steering group weekly meetings • Attended the Hawke's Bay Regional Leadership group for COVID-19 • Co-chaired the Central Region regional resurgence planning committee • Attended the Wairoa Community Partnership Group meeting • Attended the National DHB CEO meeting • Attended Matariki Executive Steering Group

Strategic Impact	None to note
Previous Consideration / Interdependent Papers	None to note
RECOMMENDATION: *It is recommended that the Board:* 1. *Note and acknowledge this report.*	

HOSPITAL SERVICES UPDATE

Unplanned Care

The Health Target result for August was 72.8 percent (up from 71.4 percent in July), reflective of the impact of 11 percent fewer presentations during Alert Level 4, but offset by the increased precautionary measures necessary.

Planned Care

Hawke's Bay DHB (HBDHB) planned care delivery dropped in August 2021 for both outpatients and onsite elective surgery. This reflects the move to Alert Level 4 midway through the month, in which resulted in overall waitlist size increases.

- A net total of 1,856 referrals were received in August. This is a decrease of 414 compared with July, and 537 referrals fewer than in June.
- In total, 1,350 patients were provided with First Specialist Assessments in August. This is 291 fewer patients compared with July, and 425 fewer patients compared with June. The combined effect of these movements saw the overall waiting list increase by 61 patients to 5,503.
- The number of patients overdue against the ESPI2 measure increased by three patients from July. The proportion of patients waiting for an appointment for four months or longer improved marginally in August - 21.7 percent, down from 21.9 percent in July.
- This result is also reflected in overall trajectory numbers, with HBDHB 26.2 percent higher (248 patients) than the month-end target for the Ministry of Health Improvement Action Plan.

In respect of August elective surgery volumes, change in COVID-19 Alert Levels resulted in HBDHB delivering 65.2 percent of Ministry of Health production planning discharge targets - a total of 421 discharges vs 646 planned.

- COVID-19 impacts saw Inter District Flow activity below target with 73.0 percent achieved – 54 discharges versus 74 planned discharges.
- On-site activity was also impacted at 71.5 percent. This equated to a total of 337 discharges in August, versus a planned total of 471. However, this is significantly higher volumes in comparison to the 2020 Level 4 lockdown period. Services used learnings from 2020 to enable higher activity within Level 4 restrictions, meaning elective surgery continued for a higher proportion of cancer and urgent patients.
- Outsourced achieved a similar performance month-on-month for August with 30 discharges achieved. However, this was against 101 planned discharges (29.7 percent of plan).
- Overall the waiting list for surgery increased due to COVID-19 impacts by 52 patients, ending the month at 2,374. Of these, 39.2 percent of patients have now waited more than the ESPI5 measure of four months (up from 38.6 percent in July) – this equates to an additional 35 patients overdue.

COVID-19 RESPONSE UPDATE

The recent COVID-19 upsurge in Auckland and Wellington has given added impetus to our local health and disability system preparations for a potential community transmission in Hawke's Bay. A reviewed resurgence plan will be discussed at the September Board meeting. A simulation exercise using the resurgence plan is being planned to test readiness. The Public Health Unit has once again responded magnificently with a secondment of a Medical Officer of Health to the Ministry, staff supporting National Contact Tracing and a Medical Officer of Health relieving at Auckland Regional Public Health Service.

Our operational planning for Managed Isolation Facilities in Hawke's Bay (if required as part of a localised response to community transmission) has accelerated since the appointment of a management lead. We have concentrated testing efforts on increasing numbers in Central Hawke's Bay and Wairoa and for Māori and Pacific whānau.

Work to improve oxygen availability, particularly to the B2 ward which would be designated for COVID-19 patients, should there be an outbreak, is proceeding with the need for minimal disruption to the hospital. This includes improving other ward infrastructure for decanting patients. HBDHB executive has approved a number of projects to ensure the DHB has the appropriate infrastructure to maintain sustainability, patient and staff safety and wellbeing. This includes capital investment in additional polymerase chain reaction (PCR) laboratory testing equipment that will give us additional capacity in the event of an upsurge, as well as sustainability in the event of equipment failure.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report**
	For the attention of: **HBDHB Board**
Document Owner	Andrew Boyd, Executive Director Financial Services
Document Author	Phil Lomax, Financial and Systems Accountant
Date	September 2021
Purpose	To provide a monthly update on the key financial metrics
Health Equity Framework	As a part of the suite of consolidated reporting, provide financial information to support decision making around health equity
Principles of the Treaty of Waitangi that this report addresses	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'
Risk Assessment	The report provides summary information on the risks
Financial/Legal Impact	As per the report
Stakeholder Impact	None identified
Strategic Impact	Achieving a sustainable underlying financial position will support the DHB to achieve its strategic objectives
Previous Consideration / Interdependent Papers	Interdependency with papers on the Strategic Planning and Budgeting over a multiyear timeframe

RECOMMENDATION

It is recommended the Finance Risk and Audit Committee:

Note the contents of this report

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The operating result for August is $1.7m adverse to plan. The main drivers are difficulties identifying and achieving efficiencies, and a number of one-off impacts including: an increase in projected backpays based on settlements to date; additional sabbatical costs relating to a change in interpretation; and a decrease in the latest PHARMAC rebate forecast.

The year-to-date result is $0.8m adverse as the result for August offset the $1m favourable result in July. The July result arose mainly from delays recruiting to new and vacant positions, challenges that continued at a lower level into August, and were offset by non identification and achievement of efficiencies.

The surplus/(deficit) including COVID-19 and Holidays Act is also $1.7m adverse for August. COVID-19 expenditure is covered by various funding sources, and the ongoing growth in the Holidays Act provision is now included in the budget. 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 yet to be formally approved by Ministers.

	August				Year to Date				Year End	Refer
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	Appendix
Operating Revenue	59,193	58,859	334	0.6%	119,048	118,382	666	0.6%	709,032	1
Less:										
Providing Health Services	27,902	28,444	543	1.9%	58,846	60,865	2,019	3.3%	348,671	2
Funding Other Providers	26,146	25,293	(853)	-3.4%	51,304	50,452	(852)	-1.7%	303,678	3
Corporate Services	5,442	5,484	42	0.8%	10,701	10,842	142	1.3%	65,884	4
Reserves	3,068	1,320	(1,748)	-132.4%	5,317	2,633	(2,685)	-102.0%	15,844	5
Operating Result	**(3,365)**	**(1,683)**	(1,682)	-100.0%	**(7,120)**	**(6,409)**	(710)	-11.1%	**(25,045)**	
Plus:										
Emergency Response (COVID-19)	(7)	-	(7)	0.0%	(7)	-	(7)	0.0%	-	
Holidays Act Remediation	(250)	(231)	(19)	-8.4%	(500)	(461)	(39)	-8.4%	(3,000)	
	(3,622)	**(1,913)**	(1,709)	-89.3%	**(7,627)**	**(6,871)**	(756)	-11.0%	**(28,045)**	

Other Performance Measures

	August				Year to Date				Year End	Refer
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	Appendix
	$'000	*$'000*	*$'000*	*%*	*$'000*	*$'000*	*$'000*	*%*	*$'000*	
Capital spend	1,240	3,362	(2,123)	-63.1%	4,210	6,314	(2,104)	-33.3%	47,019	12
	FTE	*FTE*	*FTE*	*%*	*FTE*	*FTE*	*FTE*	*%*	*FTE*	
Employees	2,727	2,776	49	1.8%	2,755	2,804	50	1.8%	2,824	2 & 4

- Capital spend (Appendix 10)

  Close to budget year-to-date, with the exception of radiology refurbishment, which may need to be redesigned due to buildability issues in consultation with the Ministry.

- Cash (Appendices 9 & 11)

  The cash low point for the month was the $2m overdrawn on 2 August (last month's low was $2.2m overdrawn on 1 July.

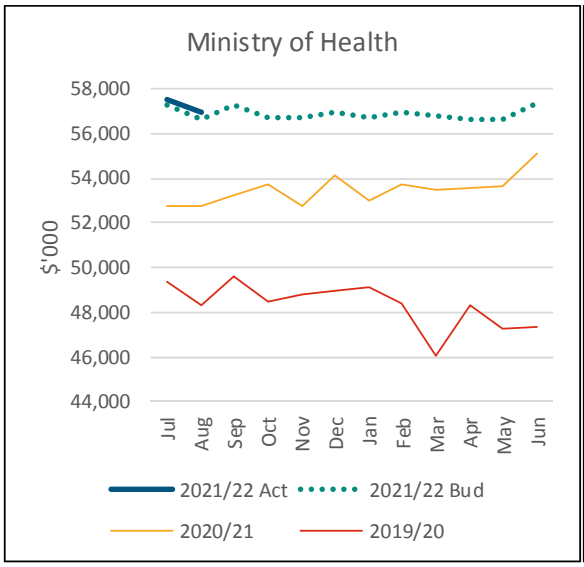
- Employees (Appendices 2 & 4)

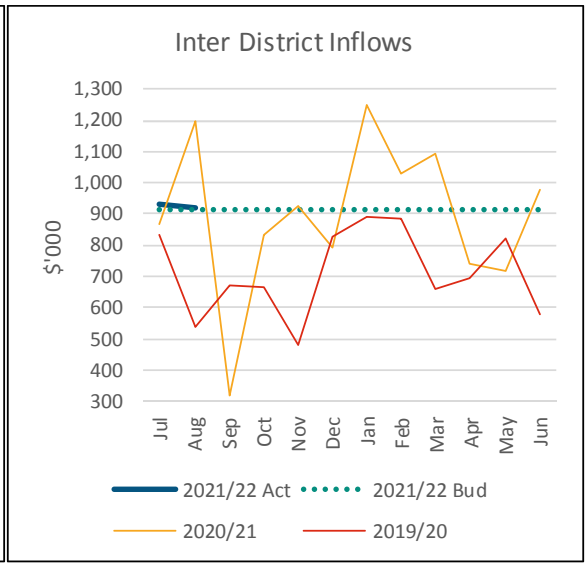
  The lower than planned employee FTE numbers reflect the challenges recruiting to vacant and new positions.

APPENDICES

1. OPERATING REVENUE

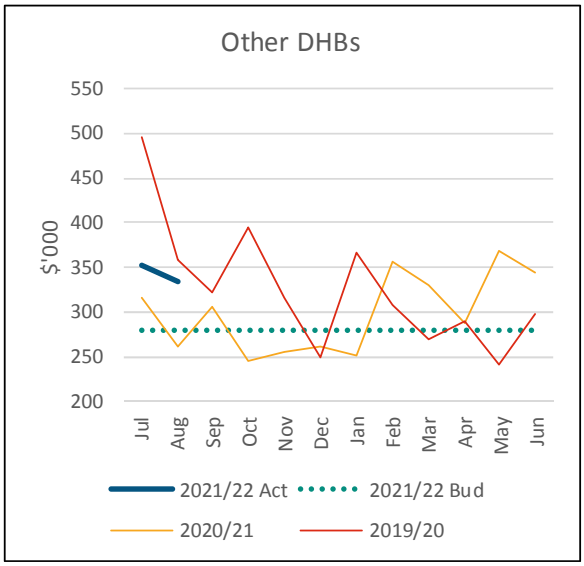
Excludes revenue for COVID-19	*August*				*Year to Date*				*Year End*
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Ministry of Health	56,968	56,664	303	0.5%	114,538	113,992	546	0.5%	682,739
Inter District Flows	920	913	6	0.7%	1,853	1,827	26	1.4%	10,962
Other District Health Boards	334	278	56	20.0%	686	557	129	23.2%	3,343
Financing	11	4	8	211.9%	28	7	20	279.9%	44
ACC	370	459	(89)	-19.3%	776	917	(141)	-15.4%	5,506
Other Government	39	38	2	4.5%	97	75	22	28.9%	438
Abnormals	-	-	-	0.0%	5	-	5	0.0%	-
Patient and Consumer Sourced	115	121	(6)	-4.8%	239	242	(2)	-1.0%	1,450
Other Income	435	382	53	14.0%	826	765	61	8.0%	4,550
	59,193	**58,859**	334	0.6%	**119,048**	**118,382**	666	0.6%	**709,032**

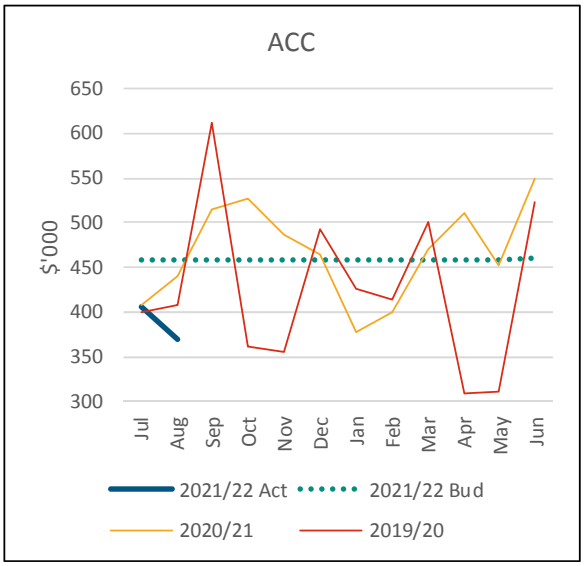




Ministry of Health ($546k favourable YTD)
Close to budget.

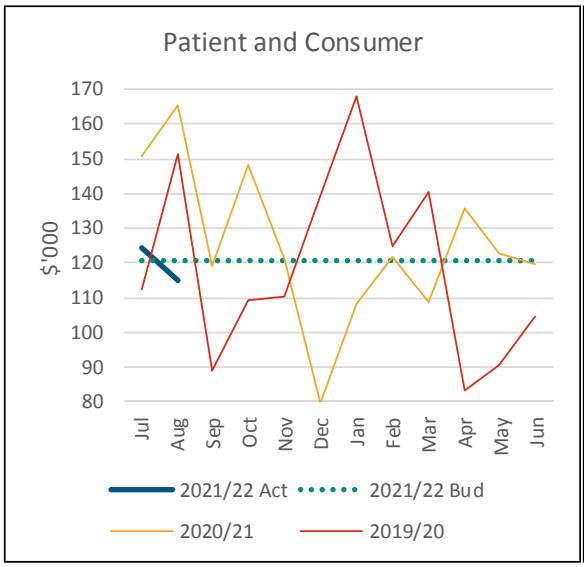
Inter District Flows ($26k favourable YTD)
Close to budget.

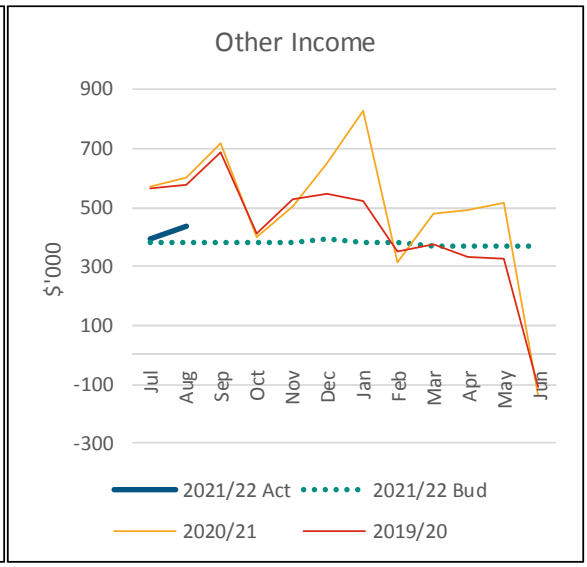




Other District Health Boards (\$129k favourable YTD)
Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), Mid Central DHB for oncology clinics, Capital & Coast Health for neurosurgery clinics, and a number of DHBs for patient transport reimbursements.

ACC (\$141k adverse YTD)
Lower than planned provision of rehabilitation services.



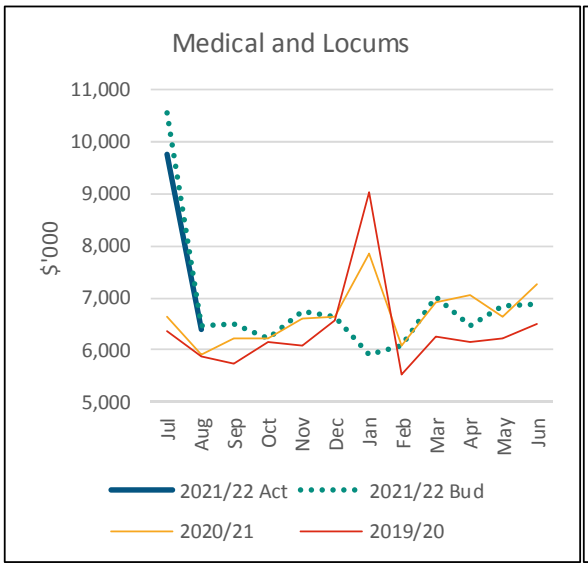


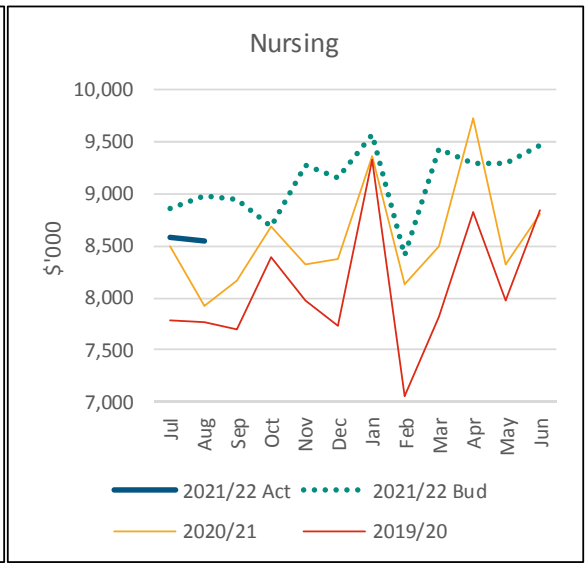
Patient and Consumer (\$2k adverse YTD)
Reduced audiology co-payments as the outsourcing of audiology services is being piloted.

Other income (\$61k favourable YTD)
Reimbursement for staff involved in the NZ Medical Assistance Team deployment to Fiji for the COVID response.

2. PROVIDING HEALTH SERVICES

	August				Year to Date				Year End
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Expenditure by type $'000									
Medical personnel and locums	6,397	6,470	73	1.1%	16,162	17,016	855	5.0%	82,321
Nursing personnel	8,551	8,977	427	4.8%	17,127	17,832	705	4.0%	109,362
Allied health personnel	3,613	3,841	227	5.9%	7,180	7,672	491	6.4%	46,916
Other personnel	2,509	2,406	(104)	-4.3%	4,931	4,822	(110)	-2.3%	29,111
Outsourced services	985	1,149	163	14.2%	1,874	2,380	505	21.2%	14,189
Clinical supplies	4,138	4,119	(19)	-0.5%	8,243	8,149	(94)	-1.2%	48,911
Infrastructure and non clinical	1,708	1,483	(225)	-15.2%	3,328	2,994	(334)	-11.1%	17,861
	27,902	**28,444**	543	1.9%	**58,846**	**60,865**	2,019	3.3%	**348,671**
Expenditure by directorate $'000									
Hospital	16,691	17,149	458	2.7%	35,045	36,629	1,584	4.3%	209,307
Whanau and Communities	5,911	6,040	129	2.1%	12,752	13,049	297	2.3%	75,737
Mental Health and Addictions	2,186	2,212	25	1.2%	4,672	4,871	199	4.1%	27,175
Support	1,968	1,706	(262)	-15.4%	3,886	3,488	(399)	-11.4%	21,042
Other	1,145	1,338	193	14.4%	2,490	2,828	338	12.0%	15,409
	27,902	**28,444**	543	1.9%	**58,846**	**60,865**	2,019	3.3%	**348,671**
Full Time Equivalents									
Medical personnel	395.9	405.7	10	2.4%	428	444	16	3.6%	424.5
Nursing personnel	1,140.4	1,166.6	26	2.3%	1,147	1,157	10	0.9%	1,173.9
Allied health personnel	525.7	549.0	23	4.2%	522	549	26	4.8%	560.5
Support personnel	129.9	121.9	(8)	-6.6%	130	122	(8)	-6.5%	127.6
Management and administration	308.1	301.3	(7)	-2.3%	301	301	1	0.2%	303.0
	2,500.0	**2,544.4**	44	1.7%	**2,527**	**2,572**	45	1.7%	**2,589.5**

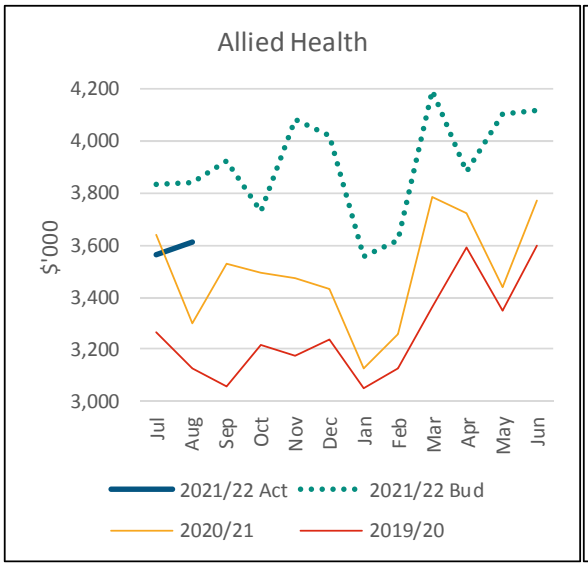


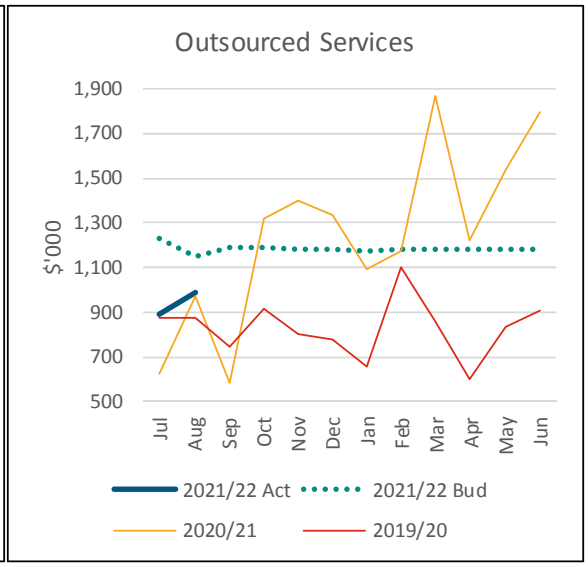


Medical personnel and locums ($0.9m favourable YTD)

Low use of continuing medical education leave (CME) reflecting COVID-19 restrictions, and vacancies - including in new positions - 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.

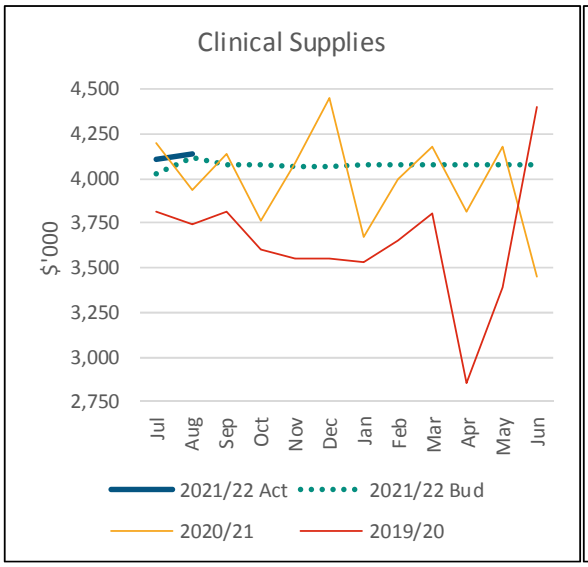
Nursing ($0.7m favourable YTD)
Mainly vacant new care capacity demand management (CCDM) positions currently being recruited to.

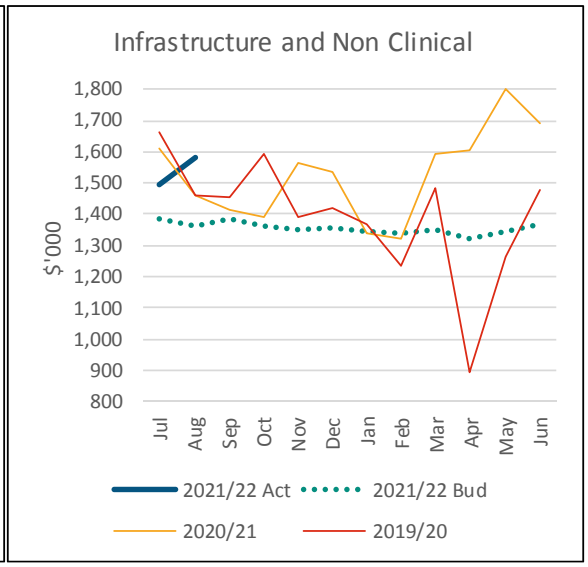




Allied Health ($0.5m favourable YTD)
Vacancies in psychologists, technicians, pharmacists, medical imaging technologists and social workers.

Outsourced services ($0.5m favourable YTD)
Lower than budgeted outsourcing of elective surgery, expected to be incurred later in the year.

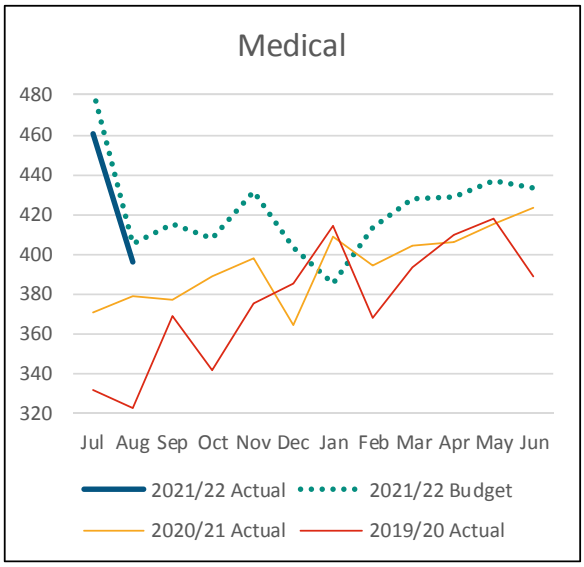


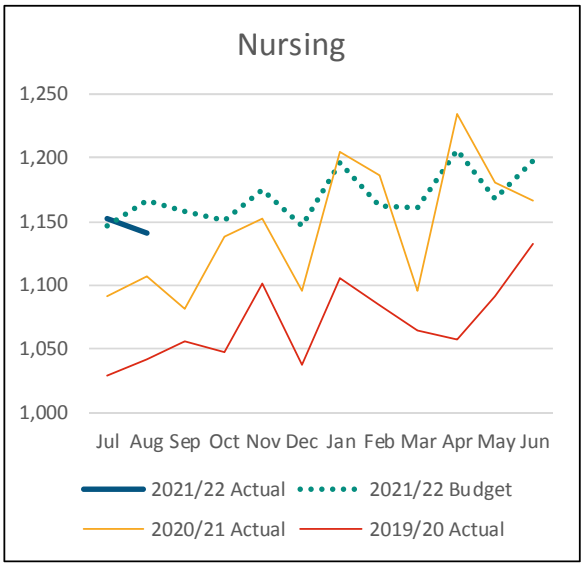


Clinical supplies ($0.1m adverse YTD)
Adverse patient transport, instruments and equipment, protective clothing, and diagnostic supply costs, mostly offset by favourable implants and prostheses, and blood intragam costs.

Infrastructure and non-clinical supplies ($0.3m adverse YTD)
Radiology outsourced maintenance offset in clinical engineering (Corporate).

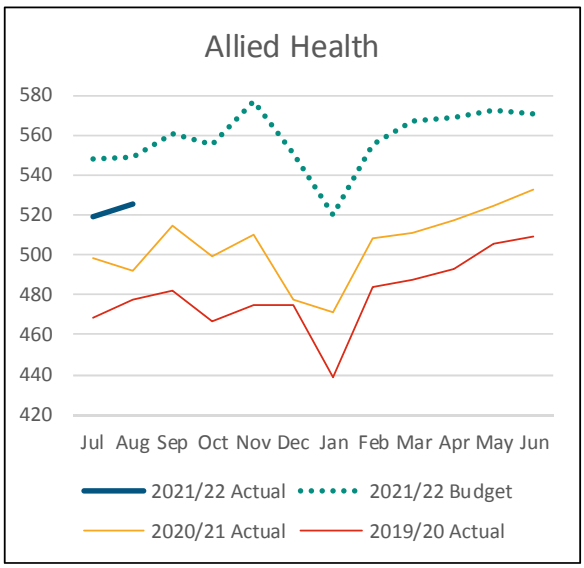
Full Time Equivalents (FTE)

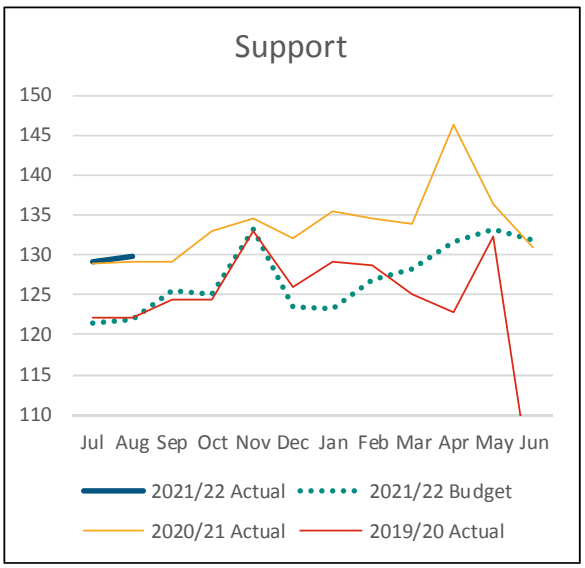




Medical personnel (16 FTE / 3.6% favourable)
Specialist vacancies, and recruitment difficulties. Long lead times to onboard medical staff relating to completion of training. High cost in July relates to entitlements for continuing medical education leave.

Nursing personnel (10 FTE / 0.9% favourable)
Difficulty filling new positions. FTEs in July were high due to status of the hospital.



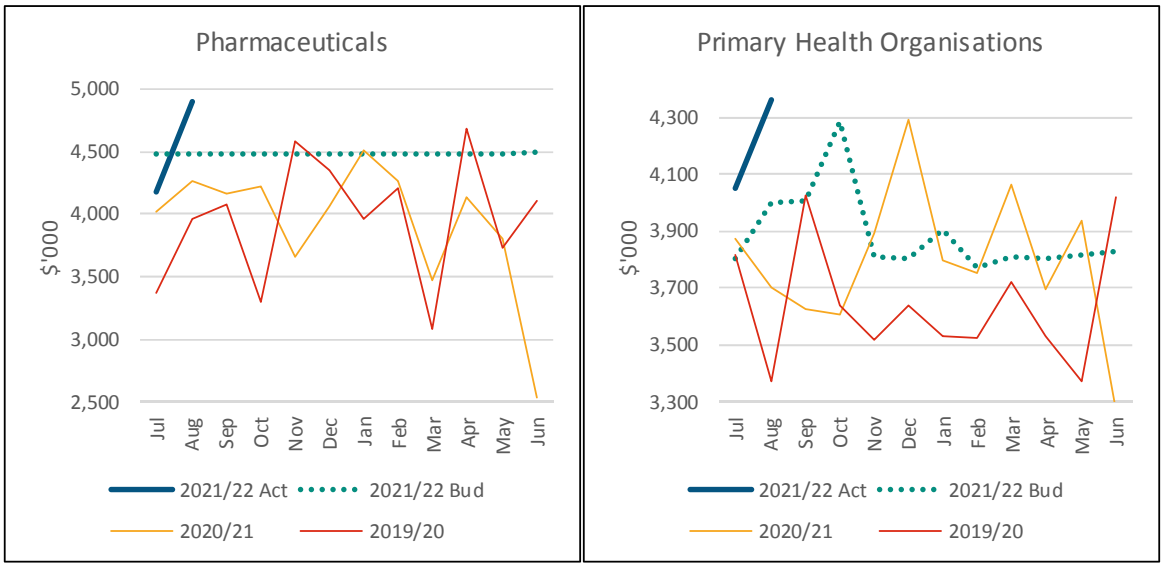


Allied health personnel (26 FTE / 4.8% favourable)
Ongoing difficulty filling vacancies including psychologists, technicians, pharmacists, medical imaging technologists, and social workers.

Support personnel (-8 FTE / -6.5% unfavourable)
Orderly and kitchen assistant numbers driven by patient activity and dependency.

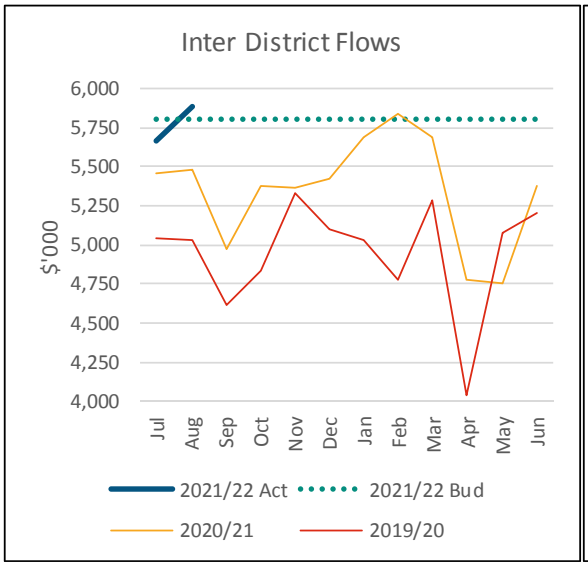
3. FUNDING OTHER PROVIDERS

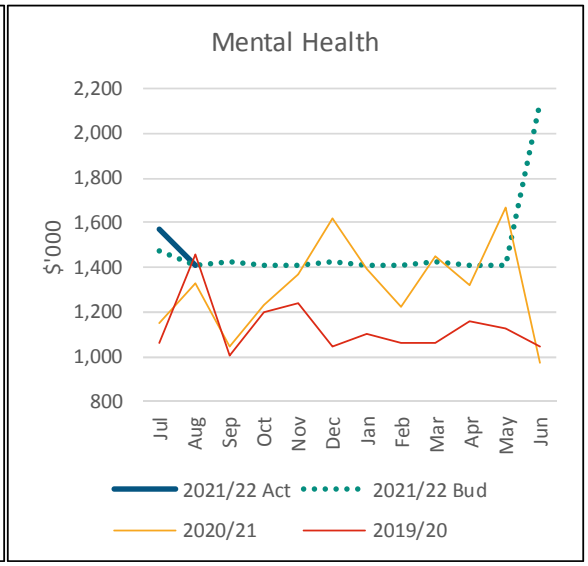
$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,908	4,481	(426)	-9.5%	9,081	8,962	(119)	-1.3%	53,795
Primary Health Organisations	4,364	4,002	(361)	-9.0%	8,413	7,806	(607)	-7.8%	46,653
Inter District Flows	5,883	5,804	(79)	-1.4%	11,547	11,607	60	0.5%	69,644
Other Personal Health	2,318	2,349	30	1.3%	5,013	4,686	(328)	-7.0%	28,805
Mental Health	1,406	1,410	5	0.3%	2,978	2,885	(93)	-3.2%	17,762
Health of Older People	6,875	6,863	(12)	-0.2%	13,423	13,739	316	2.3%	82,404
Other Funding Payments	393	384	(9)	-2.3%	849	766	(83)	-10.8%	4,614
	26,146	25,293	(853)	-3.4%	**51,304**	**50,452**	(852)	-1.7%	303,678
Payments by Portfolio									
Strategic Services									
Secondary Care	5,524	5,518	(6)	-0.1%	10,839	11,035	196	1.8%	66,214
Primary Care	10,762	9,869	(894)	-9.1%	20,555	19,572	(983)	-5.0%	117,990
Chronic Disease Management	-	-	-	0.0%	-	-	-	0.0%	-
Mental Health	1,737	1,741	4	0.2%	3,548	3,546	(2)	-0.1%	21,731
Health of Older People	7,401	7,442	41	0.6%	14,928	14,898	(31)	-0.2%	89,359
Other Health Funding	-	-	-	0.0%	-	-	-	0.0%	-
Maori Health	602	600	(2)	-0.3%	1,196	1,156	(41)	-3.5%	6,937
Population Health	120	124	4	3.4%	237	245	8	3.3%	1,447
	26,146	25,293	(853)	-3.4%	**51,304**	**50,452**	(852)	-1.7%	303,678



Pharmaceuticals ($0.1m adverse YTD)
Based on latest available PHARMAC forecasts and community and hospital pharmacy activity. Incorporates PHARMAC advice regarding a reduced rebate despite increased volumes.

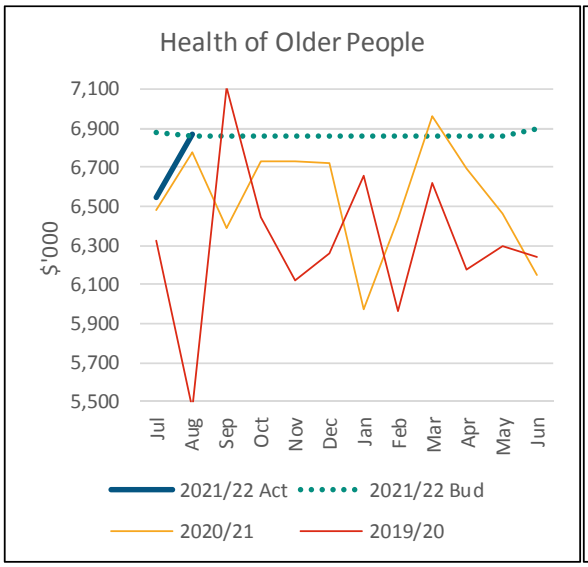
Primary Health Organisations ($0.6m adverse YTD)
Performance payments, services for under 13s, services to community services card holders, Discharge Pathway funding, and first contact services.

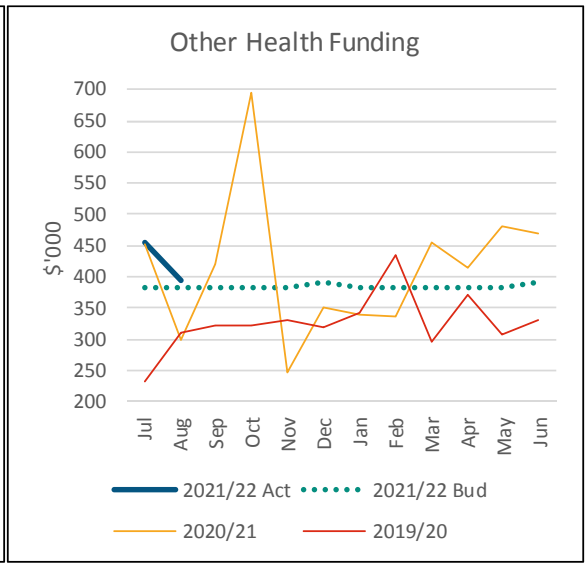




Inter District Flows ($0.1m favourable YTD)
Inter District Flows are inherently unpredictable due to the small volume and high cost. July and August are relatively close to budget.

Mental Health ($0.1m adverse YTD)
Close to budget.





Health of Older People ($0.3m favourable YTD)
Respite care and initiatives programme expenditure in July.

Other Funding Payments ($0.1m adverse YTD)
Higher than planned Whanau Ora and public health infrastructure costs for July.

4. CORPORATE SERVICES

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,806	1,925	119	6.2%	3,644	3,792	148	3.9%	22,580
Outsourced services	94	58	(36)	-61.7%	145	116	(30)	-25.6%	695
Clinical supplies	254	108	(146)	-134.4%	306	221	(86)	-38.9%	1,476
Infrastructure and non clinical	1,468	1,594	126	7.9%	2,972	3,116	145	4.6%	19,182
	3,622	3,685	64	1.7%	7,068	7,244	177	2.4%	43,933
Capital servicing									
Depreciation and amortisation	1,394	1,444	51	3.5%	2,781	2,890	109	3.8%	17,702
Financing	1	21	20	97.1%	1	42	41	97.6%	249
Capital charge	426	333	(92)	-27.7%	851	667	(185)	-27.7%	4,000
	1,820	1,798	(22)	-1.2%	3,633	3,598	(35)	-1.0%	21,951
	5,442	**5,484**	42	0.8%	**10,701**	**10,842**	142	1.3%	**65,884**
Full Time Equivalents									
Medical personnel	1.1	1.1	(0)	-1.7%	1	1	0	14.0%	1.1
Nursing personnel	4.9	5.2	0	4.9%	5	5	0	5.0%	5.2
Allied health personnel	0.9	1.6	1	45.9%	1	2	0	23.3%	1.6
Support personnel	27.9	30.3	2	8.0%	28	30	3	9.1%	30.6
Management and administration	192.3	193.7	1	0.7%	193	194	1	0.5%	195.8
	227.0	**231.8**	5	2.1%	**227**	**232**	5	2.0%	**234.3**

The adverse result for clinical supplies relates mainly to the renewal of service contracts for clinical engineering. This will be offset by under expenditure later in the year. The adverse capital charge relates to the higher than projected deficit funding received in June.

5. RESERVES

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	1,721	1,721	(0)	0.0%	3,650	3,532	(118)	-3.3%	19,648
Efficiencies	-	(767)	(767)	-100.0%	-	(1,533)	(1,533)	-100.0%	(9,200)
Other	1,347	365	(981)	-268.5%	1,667	634	(1,033)	-163.1%	5,395
	3,068	**1,320**	(1,748)	-132.4%	**5,317**	**2,633**	**(2,685)**	-102.0%	**15,844**

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 will be moved to the appropriate areas.

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, additional sabbatical costs to correct miscalculations in historical payments, adjustments to the phasing of PHO payments offset in Funding Health Services, and sustainability costs relating to demand and capacity modelling.

6. FINANCIAL POSITION

30 June 2021	$'000	August Actual	August Budget	Variance from budget	Movement from 30 June 2021	Annual Budget
	Equity					
253,745	Crown equity and reserves	256,079	258,774	(2,694)	2,334	278,467
(129,509)	Accumulated deficit	(137,136)	(138,025)	890	(7,627)	(159,199)
124,236		118,944	120,748	(1,804)	(5,293)	119,268
	Represented by:					
	Current Assets					
574	Bank	543	4	539	(31)	4
1,451	Bank deposits > 90 days	1,455	2,055	(600)	4	2,055
22,480	Prepayments and receivables	20,605	23,950	(3,345)	(1,875)	20,048
4,975	Inventory	5,035	4,525	510	61	4,569
29,480		27,638	30,534	(2,897)	(1,842)	26,675
	Non Current Assets					
208,941	Property, plant and equipment	210,435	213,351	(2,916)	1,494	230,151
16,514	Intangible assets	16,439	14,052	2,386	(75)	13,238
1,673	Investments	1,785	1,341	443	111	1,341
227,128		228,658	228,745	(87)	1,530	244,731
256,608	**Total Assets**	**256,296**	**259,280**	**(2,983)**	**(312)**	**271,406**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	936	7,523	6,587	(936)	26,762
40,876	Payables	34,441	31,983	(2,458)	6,435	32,451
88,407	Employee entitlements	98,887	95,736	(3,151)	(10,480)	86,636
-	Current portion of borrowings	-	-	-	-	3,000
129,283		134,264	135,242	979	(4,981)	148,849
	Non Current Liabilities					
3,089	Employee entitlements	3,089	3,289	200	-	3,289
3,089		3,089	3,289	200	-	3,289
132,372	**Total Liabilities**	**137,353**	**138,531**	**1,179**	**(4,981)**	**152,138**
124,236	**Net Assets**	**118,944**	**120,748**	**(1,804)**	**(5,293)**	**119,268**

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	August Actual	August Budget	Variance from budget	Movement from 30 June 2021	Annual Budget
11,420	Salaries & wages accrued	17,618	12,362	(5,256)	(6,198)	9,425
1,160	ACC levy provisions	1,092	238	(854)	69	190
6,727	Continuing medical education	10,047	14,290	4,243	(3,320)	6,143
67,169	Accrued leave	68,184	66,950	(1,234)	(1,015)	68,945
5,019	Long service leave & retirement grat.	5,036	5,186	150	(17)	5,222
91,496	**Total Employee Entitlements**	101,976	99,025	(2,951)	(10,480)	89,925

Growth in annual leave provisioning relating to COVID, ACC levies to be paid later than projected, and growth in projected backpays based on settlements to date, drive the variance from budget.

8. PLANNED CARE

Not yet available from MoH.

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 July was a $1.2m overdrawn (June was $0.7m overdrawn).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. However, September's low point is projected to be $8.4m overdrawn on 30 September.

The main cash risks are Holidays Act remediation payments, 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 August is close to plan,

See table on the next page.

	--------- Year to Date --------			Annual
	Actual	*Budget*	*Variance*	*Budget*
	$'000	*$'000*	*$'000*	*$'000*
Source of Funds				
Operating Sources				
Depreciation	2,781	2,890	(109)	17,702
Covid Supply chain slippage 20/21				
	2,781	2,890	(109)	17,702
Other Sources				
Special Funds and Clinical Trials	42	-	42	-
Finance Leases (Clinical Equipment)			-	3,000
Equity Injection received		-	-	25,024
Source to be determined	-	-	-	3,397
	42	-	42	31,421
Total funds sourced	**2,823**	**2,890**	**(67)**	**49,123**
Application of Funds:				
Block Allocations				
Facilities	265	330	65	2,000
Information Services	483	500	17	3,000
Clinical Equipment	157	500	343	3,000
	904	1,329	425	8,000
MOH funded Startegic				
Seismic Radiology HA27	0	99	99	593
Surgical Expansion	1,012	1,083	71	3,201
Radiology MRI & equipment	67	1,984	1,916	4,996
Main Electrical Switchboard Upgrade	607	516	(90)	3,100
Mobile Dental Unit	359	67	(292)	800
Angiography Suite	359	142	(217)	1,700
Endoscopy Building (Procedure Rooms)	142	167	24	1,000
Seismic AAU Stage 2	2	76	74	456
Seismic Surgical Theatre HA37	365	513	147	3,078
Linear Accelerator	-	-	-	1,000
MOH Planned Care Procedure rooms x 4	-	-	-	1,900
	2,913	4,645	1,733	21,824
DHB funded Strategic				
Surgical Expansion	-	-	-	3,299
Radiology MRI & equipment	-	-	-	6,911
Replacement Generators	7	202	196	2,430
Cardiology PCI	-	-	-	250
Health System Catalogue	-	-	-	1,089
Interim Asset Plan	322	137	(185)	5,320
Digital Transformation	(1)	-	1	-
	327	339	12	19,299
Other				
COVID-19 Capex	(1)	-	1	-
Special Funds and Clinical Trials	42	-	(42)	-
Other	24	-	(24)	-
	66	-	(66)	-
Capital Spend	**4,210**	**6,314**	**2,104**	**49,123**

11. ROLLING CASH FLOW

	Aug-21			Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-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*
Cash Inflows															
Devolved MOH revenue	62,978	61,397	1,581	68,085	65,514	60,397	123,061	3,616	59,664	59,664	59,668	59,664	59,664	59,664	60,664
Other revenue	7,546	6,332	1,214	7,720	6,300	6,300	5,440	5,800	6,650	6,650	6,350	6,600	6,237	6,300	6,550
Total cash inflow	70,524	67,729	2,795	75,805	71,814	66,697	128,501	9,416	66,314	66,314	66,018	66,264	65,901	65,964	67,214
Cash Outflows															
Payroll	14,362	13,681	-681	16,345	13,700	13,680	17,950	13,680	13,680	16,230	13,700	13,680	17,930	13,700	16,180
Taxes	9,740	9,200	-540	9,603	9,200	9,200	6,000	12,400	9,200	9,200	9,200	9,200	9,200	9,200	9,200
Sector Services	30,796	28,828	-1,968	37,634	29,512	27,288	26,802	25,950	26,855	27,050	24,450	27,350	27,293	24,078	26,767
Capital expenditure	2,708	1,895	-813	1,929	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	0	0
Other expenditure	13,788	16,345	2,557	15,983	14,346	17,802	21,800	12,748	14,508	14,514	14,537	14,569	21,069	14,567	12,071
Total cash outflow	71,394	69,949	-1,445	81,496	68,653	69,864	74,447	66,673	66,139	68,889	63,782	66,694	77,387	61,545	64,218
Total cash movement	-870	-2,220	1,350	-5,691	3,161	-3,167	54,054	-57,257	175	-2,575	2,236	-430	-11,485	4,419	2,996
Add: opening cash	-1,719	-1,719	0	-2,589	-8,280	-5,119	-8,287	45,767	-11,490	-11,315	-13,890	-11,654	-12,084	-23,569	-19,150
Closing cash	-2,589	-3,939	1,350	-8,280	-5,119	-8,287	45,767	-11,490	-11,315	-13,890	-11,654	-12,084	-23,569	-19,150	-16,154
Maximum cash overdraft (in month)	-2,040	-3,939	1,899	-8,280	-9,447	-9,751	-16,155	-11,490	-19,422	-18,597	-14,220	-12,084	-23,569	-23,849	-29,217

HAWKE'S BAY District Health Board Whakawāteatia	**Hawke's Bay DHB Balanced Scorecard**
	For the attention of: **HBDHB Board**
Document Author(s)	Emma Foster, Executive Director Planning, Funding & Performance Lisa Jones, System Lead Performance & Insights, Planning, Funding & Performance
Date	September 2021
Purpose/Summary of the Aim of the Paper	This Balanced Scorecard (BSC) provides Governance with a monthly report and a wider view of performance across Hawke's Bay District Health Board (DHB) and the Hawke's Bay health system.
Health Equity Framework	The Equity Framework consists of four stages. This report addresses stage four – 'monitor progress and measure effectiveness'.
Principles of the Treaty of Waitangi that this report addresses	Tino Rangatiratanga provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of healthcare. This report responds to the monitoring of the healthcare component.
Risk Assessment	This report covers the five risk areas: 1. Equity of outcomes – considers the equity agenda for Hawke's Bay DHB, and indirectly impacts on population health outcomes. 2. Consumer engagement – highlights aspects of patient experience across components of the system. 3. National priorities – covers performance relating to quality, provider performance and financial performance. 4. Workforce – provides performance data relating to workforce diversity and safety of our staff. 5. Financial sustainability – gives us an up-to-date picture on our financial performance.
Financial/Legal Impact	Nil
Stakeholder Consultation and Impact	Key organisational leaders responsible for each quadrant are partnering with Planning, Funding & Performance to provide the data.
Strategic Impact	Performance monitoring is a key aspect of strategic management in the health sector.
Previous Consideration / Interdependent Papers	Hawke's Bay DHB Balanced Scorecard – FRAC February 2021, March 2021, April 2021, May 2021, June 2021, July 2021 August 2021.

RECOMMENDATION:

It is recommended that the HBDHB Board:

1. **Note** the Balanced Scorecard for the month of September 2021 that reports results from August 2021.

EXECUTIVE SUMMARY

A Hawke's Bay DHB monthly Balanced Scorecard (BSC) has been developed to compliment the quarterly Health System Performance Dashboard. The BSC gives Hawke's Bay DHB's Board an overview of the key performance indicators covering the four quadrants:-

- Quality Care and Safety
- Service Performance
- Workforce
- Financial Management.

The BSC has been co-designed with the Hawke's Bay DHB Finance and Risk Committee (FRAC) and is now a standard monthly report to the Hawke's Bay DHB Board. The September BSC reports results for August 2021. Where reporting is a month in arrears due to clinical coding this is noted in the report below and can also be found in the definitions section of the BSC.

Key Insights

Quality Care and Safety Quadrant

Safety

Hawke's Bay Fallen Soldiers' Memorial Hospital (Hawke's Bay Hospital) was in status Red 22% (167 hours) of the total 744 hours in August 2021, which was a 55% reduction on the previous month (July 2021). This result was 4% higher compared to the same time last year. Although very high, average daily bed occupancy of the Hawke's Bay Hospital was 91.6% in August, which was lower compared to 95.6% in July.

Access

Seven general practices (33% of all practices) were open to new patient enrolments in August 2021. This is one less general practice compared to the previous month, and 5% (1) less general practices open to new patient enrolments compared to same month last year (August 2020).

Emergency Department (ED) presentations (not admitted) at Hawke's Bay Hospital decreased by 13.5% (401 less attendances) compared to last month (July 2021). This was due to COVID-19 Alert Level 4. Attendances were down by 1.7 per 1000 population compared to the same month last year (August 2020).

This month the percentage of ED presentations resulting in no admission were 50% higher for Māori and 30% higher for Pasifika people compared to non-Māori/non-Pasifika. This inequity gap has decreased from the previous month's level and is largely due to Alert Level 4 during August 2021 reducing overall ED (non-admitted) attendances. However, the result still points to inequity in accessing primary care for Māori and Pasifika.

There were 5,211 Accident and Medical (A&M) consultations in August 2021. This is a new measure of utilisation of primary care A&M services. Although we don't report a previous year comparator, the volume of consultation's was down in August 2021 compared to the previous month due to Alert Level 4. This result represents consultation rates of 29.1 per 1000 population. The consultation rate for Māori is 21.1 per 1000 population, which is lower than the rate for Pasifika at 34.1 per 1000 and other ethnicities at 32.1 per 1000. This is a new indicator and the COVID-19 Alert Level 4 during August 2021 makes it difficult to interpret the result.

Compliments/Complaints
There were 30 compliments covering care received in the hospital and community health centre settings in the month of August 2021, which was less than the 39 compliments received in the previous month (July 2021) and 27 less compliments received compared to the same month last year (August 2020).

The number of complaints decreased by seven for August 2021 compared to last month, and 21 less complaints than the same month last year (August 2020). Recent complaints have focused in the following areas: Service capacity issues, for example declined for First Specialist Assessment (FSA) and treatment, and the COVID-19 vaccination programme, for example access and signage issues.

The number of complaints and compliments reduced during Alert level 2,3 and 4.

Service Performance Quadrant

Service Delivery/Rates
Acute
The acute hospitalisation indicators are reported a month in arrears and the data is reported for July 2021.

The number of acute hospitalisations in July 2021 continue to increase over the previous month and compared to the same month in the previous year (July 2020). Average case-weights in July 2021 were slightly higher (1.3 case-weights per event) compared to the long- term average of 1.2 case-weights for the last 18 months.

Elective/Arranged
Elective and Arranged hospitalisations are reported a month in arrears and the data is reported for July 2021.
The number of Elective /Arranged hospital discharges and case weights for the month of July 2021 are below target.
Planned Care Inpatient Surgical Discharges in the month of July 2021 on site are 5.1% above the planned volume while outsourced and inter district flow (IDF) volumes are below planned volumes.

Theatre Utilisation
Elective theatre utilisation dropped to 63.5% in the month of August 2021 due to COVID-19 Alert Level 4. This result was 25% down on August last year. Surgical procedures across all specialties had lower actual procedures compared to planned volumes in the month of August 2021. The specialties with highest variance were ear, nose and throat (ENT) at 36% of plan, Ophthalmology (71.1% of plan) and Orthopaedics (73.3% of plan).

Planned Care Waiting times
FSA waiting times
There are 3 more people waiting longer than four months for a First Specialist Assessment at end of August 2021, compared to the previous month (July 2021) and 7.4% less compared to the same time last year (August 2020). In total 21.7% or 1,196 people are waiting longer than four months for a first specialist assessment (FSA). Māori and Pasifika are more likely to be waiting longer. At the end of August 2021, 24.1% of Māori people (321 people) and 25.7% Pasifika people (43 people) were waiting longer than four months for an FSA. The specialties with the highest numbers of people waiting longer than four months is ENT, Gynaecology and Neurology.

Treatment waiting times
The number of people given certainty for treatment who are waiting longer than four months has increased by 37 to 931 people at month end (that is 39.2% of all people waiting). This is a 9.3% increase over the same period last year (August 2020). Nearly 43% of Māori (244 people) and 33% of Pasifika (27 people) who were given certainty for treatment are waiting longer than four months as at end of August 2021. Specialties with highest numbers waiting for four months or more are Ophthalmology, General Surgery and Orthopaedics.

Diagnostics

We continue to see a marked deterioration in access to timely diagnostics. The percentage of patients seen within the targeted wait times for diagnostics has continued to decline this month across MRI, CT and non-urgent colonoscopy and as at August 2021 urgent colonoscopy is no longer meeting target. As a consequence, variance to target has increased this month compared to last month for these indicators. The percentage of people waiting for an MRI within the 6-week timeframe has dropped by 50% compared to same period last year. 83% of referrals for urgent colonoscopy were seen in the time frame of 14 days which is below the target of 90%. Colonoscopy surveillance waiting times continue to meet target.

Learning Development and Workforce Quadrant

DHB Staff

The DHB's Māori staff head count increased by six staff this month and makes up 16.5% of the total head count, which is below the DHB's target of 17.5%. The increase has been in Nursing and Midwifery, Allied Health and Support Personnel.

Turnover in the last 12 months has increased 3.0 % compared to the same period last year.

Staff Related Events

There were 94 staff related events in August 2021, an increase 9 events this month compared to the previous month. Please note: Staff events in July 2021 have been updated to 85 events and differ to those published in the August BSC as a result of late data entry.

APPENDICES

Appendix 1: Hawke's Bay DHB Balanced Scorecard September 2021

Hawke's Bay DHB Balanced Scorecard for September 2021

Version 1.0 September 2021

Quality Care and Safety Quadrant

	Total Population			
SAFETY	**# Number**	**Rate**	**Change**	**Variance**
Number of hospital acquired cases of SAB (Staphylococcus Aureus Bacteremia) per 10,000 bed days	*13*	*1.2*	*0.46*	
Surgical site infections within 90 days of operation (Hip and knee replacements) per 100 operations	N/A	1.7	0%	0.9
Rate of falls resulting in fracture or intracranial injury per 10,000 episodes	*18*	*5.4*	*2.2*	
% of Hours the Hospital Status was Red	167	22%	4.0%	
Inpatient Mortality Ratio (HDXSMR)	*336*	*77*	*-9*	*-14*

	Total Population					Māori			Pacific		
EFFECTIVENESS	**# Number**	**Actual (%)**	**Change**	**Target**	**Variance**	**# Number**	**Actual (%)**	**Change**	**# Number**	**Actual (%)**	**Change**
Acute readmissions to hospital 0-28 days	4675	12.3%	0.3%	11.8%	0.50%	1205	11.9%	-0.5%	166	11.4%	-0.2%
ED 6 hour Rule	2491	72.8%	-3.9%	95.0%	-22.20%	816	79.8%	-0.8%	123	76.4%	-10.1%

	Total Population			Māori			Pacific		
ACCESS	**# Number**	**Actual (Rate or %)**	**Change**	**# Number**	**Actual (Rate or %)**	**Change**	**# Number**	**Actual (Rate or %)**	**Change**
% GP Providers open to new patients	7	33.0%	-5.0%						
% of population PHO enrolled	*168613*	*94.0%*	*1.3%*	*43740*	*87.0%*	*-*	*6157*	*78.0%*	*-*
The number of A&M centre consultations rate per 1000 population	5211	29.1		1057	21.1		266	34.1	
Emergency Department Attendances (not admitted) rate per 1000 of population	2565	14.3	-1.7	937	18.7	-2.6	127	16.3	-8.1
ARRC Occupancy %		*94.1%*	*1.3%*						

	Total Population		Māori		Pacific	
PATIENT EXPERIENCE	**Actual (%)**	**Change**	**Actual (%)**	**Change**	**Actual (%)**	**Change**
*Primary Care Survey**	*80.9%*	*2.4%*	*77.8%*	*6.6%*	*68.4%*	*1.6%*
*Hospital Inpatient Survey **	*72.1%*	*-3.6%*	*63.3%*	*-15.3%*	*N/A*	
Complaints (Number)	47	-21				
Compliments (Number)	30	-27				

* The answer is "No in the last 12 months , there was never a time when the patient wanted healthcare from a GP /Nurse Clinic and couldn't get it

**Were your family /whanau included in discussions about the care you received

NOTE: Light grey indicators and numbers indicates no update this month

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Hawke's Bay DHB Balanced Scorecard for September 2021

Version 1.0 September 2021

Service Performance Quadrant

		Total Population						Māori			Pacific		
DELIVERY / RATES		Number (#)	Rate per 1000	Change (#)	Target	Variance	Trendline	Number (#)	Rate per 1000	Change (#)	Number (#)	Rate per 1000	Change (#)
Acute Activity	Discharges	1404	7.8	↑ 123	-	-		397	7.9	↑ 72	58	7.4	↓ -1
	Caseweight	1803	10.1	↑ 239	-	-		410	8.2	↑ 37	53	6.8	↓ -2
Elective /Arranged	Discharges	588	3.3	↑ 38	623	-5.6%		130	2.6	↑ 7	10	1.3	↓ -13
	Caseweight	750	4.2	↓ -113	919	-18.4%		149	3.0	↓ -51	8	1.0	↓ -14
Planned Care Inpatient Surgical Discharges	Onsite	478		↓ -25	455	5.1%							
	Outsourced	30		↓ -8	71	-57.7%							
	IDF	80		↓ -5	97	-17.5%							

	Total Population				
THEATRE UTILISATION		Actual (%)	Change	Target	Variance
Theatre Session Utilisation rate		63.5%	-25.0%	85.0%	-21.5%

	Total Population						Māori			Pacific		
SPECIALIST WAITING TIMES	Number (#)	Actual (%)	Change	Target	Variance	Trendline	Number (#)	Actual (%)	Change	Number (#)	Actual (%)	Change
First Specialist Assessment > 4 Months	1196	21.7%	-7.4%	0.0%	-21.7%		321	24.4%	-9.2%	43	25.0%	-7.0%
Waiting times for Treatment > 4 Months	931	39.2%	9.3%	0.0%	-39.2%		244	42.7%	14.2%	27	33.3%	1.5%

	Total Population						Māori			Pacific		
DIAGNOSTIC WAITING TIMES	Number (#)	Actual (%)	Change	Target	Variance	Trendline	Number (#)	Actual (%)	Variance	Number (#)	Actual (%)	Variance
CT - within 42 days	467	66.3%	-21.0%	90.0%	-24%		96	64%	-26%	11	65%	-25%
MRI - within 42 days	290	37.2%	-50.0%	90.0%	-53%		62	37%	-53%	3	25%	-65%
Colonoscopy - Urgent - 14 days	33	81%	-14%	90%	-10%		8	73%	-17%	-	-	-
Colonoscopy - Non Urgent - 42 days	218	39%	8%	70%	-31%		37	41%	-29%	3	43%	-27%
Colonoscopy - Surveillance - 84 days	258	72%	31%	70%	2%		36	84%	14%	0	-	-

	Total Population				Māori		Pacific	
TELEHEALTH OUTPATIENT ATTENDANCES	Actual (#)	Change	Target	Variance	Actual (#)	Change	Actual (#)	Change
Telephone	4357	↑ 529	N/A	N/A	1181	↑ 202	145	↑ 19
Video Conferencing	53	↑ 25	N/A	N/A	15	↑ 11	0	→ 0

Hawke's Bay DHB Balanced Scorecard for September 2021

Version 1.0 September 2021

Financial Performance Quadrant

The change columns below contain the movement between the current month's YTD variance from budget and the previous month's YTD variance from budget, and are an indicator of whether the measure is improving (positive) or deteriorating (negative).

	Year to date result ($M)				*Forecast full year ($M)*			
FINANCIAL RESULT (excluding Covid-19 and Holidays Act)	**Actual**	**Change**	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Operating Result	-7.1	-1.7	-6.4	-0.7	-25.0	0.0	-25.0	0.0

The tables below compare actuals with the management budget (left) and the Annual Plan (right). The management budget is the Annual Plan adjusted for changes that improve management understanding of financial performance without changing the overall result e.g. additional revenue and associated offsetting expenditure. Covid-19 and Holidays Act revenue and expenditure are excluded.

	Year to date result ($M)				*Year to date result ($M)*			
	Actual	**Change**	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Revenue	119.0	0.3	118.4	0.7	119.0	0.6	117.9	1.1
Total expenditure	126.2	-2.0	124.8	-1.4	126.2	-2.3	120.2	-6.0
Expenditure measures	Actual	**Change**	**Mgmt Bud**	**Variance**	Actual	Change	**Ann Plan**	Variance
DHB Health Services	58.8	0.5	60.9	2.0	58.8	0.0	55.7	-3.1
Payment to Other providers (excl. IDFs)	39.8	-1.0	38.6	-1.1	39.8	-1.0	38.6	-1.1
Inter- District Flows (IDFs)	11.5	-0.1	11.6	0.1	11.5	-0.1	11.6	0.1

	Year to date result ($M)				*Year to date result ($M)*			
PERSONNEL COST	**Actual**	**Change**	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Total personnel cost	49.5	0.1	51.2	1.8	49.5	-0.4	46.2	-3.3
Locum /Outsourced cost	1.2	-0.1	0.8	-0.4	1.2	-0.2	0.8	-0.4

	Year to date cost per FTE ($M)				*Year to date cost per FTE ($M)*			
COST PER FTE	**Actual**	**Change**	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Total personnel cost/FTE	18.0	-0.1	18.3	0.3	18.0	0.2	17.1	-0.9

	Year to date result ($000)			
BALANCE SHEET	**Actual**	**Change**	**Mgmt Bud**	**Variance**
Capital Expenditure	4.2	2.1	6.3	2.1
Closing Cash Balance (BNZ Sweep)	-1.2	-1.7	-7.5	-6.3

INVOICE PAYMENTS	**Result**	**Change**	**Target**	**Variance**
Invoices paid within 10 working days of entry	100.0%	0.0%	95.0%	5.0%

Hawke's Bay DHB Balanced Scorecard for September 2021

Version 1.0 September 2021

Learning, Development and Workforce Quadrant

	Head Count by Ethnicity						*FTE Change %*		*Turnover*		*Sick Leave*	
	Māori			Pacific	Asian	Other	Māori	Pacific	Actual	Change	Actual	Change
DHB STAFF	Target	# Number	Actual									
Senior Medical Officer (SMO)		4	2.2%	0.6%	12.3%	84.9%	-0.1%	0.0%	5.1%	-0.4%	2.7%	-0.8%
Resident Medical Officer (RMO)		15	8.4%	2.8%	10.1%	78.8%	-0.2%	-0.1%			2.2%	0.2%
Nursing & Midwives		270	13.2%	1.8%	14.1%	70.9%	-1.1%	0.2%	15.3%	2.2%	3.8%	0.2%
Allied Health		133	19.6%	1.3%	7.8%	71.3%	2.6%	0.4%	15.4%	4.3%	3.7%	0.3%
Support Personnel		85	38.6%	2.3%	6.4%	52.7%	2.7%	0.1%	19.8%	5.1%	4.6%	0.4%
Management and Administration		145	20.1%	2.9%	3.1%	73.9%	2.4%	1.0%	14.2%	4.2%	2.9%	0.0%
Grand Total	**17.5%**	**599**	**16.5%**	**1.9%**	**10.9%**	**70.7%**	**0.3%**	**0.3%**	**14.9%**	**3.0%**	**3.5%**	**0.2%**

ANNUAL LEAVE LIABILITY ($M)	Current Month	Change Last Month	Change this year
Annual Leave (excluding provision for Holidays Act)	29.7	-0.6	-0.6

STAFF INJURY RATE	Rate	Change	Change last year
*Average Days Lost (YTD)**	*24.8*	*4.6*	*-11.8*

* to workforce injuries or illness

STAFF RELATED EVENTS (No)	Current Month	Change Last Month	Change last year
	94	9.0	27.0

	Year to Date FTE				*Year to Date FTE*			
WORKFORCE AGAINST PLAN	Actual	Change	Mgmt Bud	Variance	Actual	Change	Ann Plan	Variance
Medical	429.2	-1.1	445.2	16.0	429.2	32.1	401.8	-27.4
Nursing	1,151.5	17.2	1,162.1	10.5	1,151.5	15.7	1,117.6	-33.9
Allied Health	523.6	-1.6	550.2	26.6	523.6	-2.6	538.3	14.6
Support	157.1	-0.4	151.9	-5.2	157.1	-0.4	151.9	-5.2
Management and administration	493.2	-7.3	494.9	1.7	493.2	-7.0	491.0	-2.2
Total FTE	2,754.7	6.8	2,804.3	49.6	2,754.7	37.8	2,700.7	-54.0

Definitions and Information

Quality Care and Safety

The quadrant contains DHB Indicators across the Quality dimensions of Safety , Effectiveness , Access and Patient Experience

Measure	Data period	Variance	Data source	Change (Period comparison)	Frequency of data	By DHB of	Goal
Number of hospital acquired cases of SAB (Staphylococcus Aureus Bacteremia) per 10,000 bed days	12 months to Dec 2020		Health Roundtable (HRT)	Same period Last year	6 monthly	Service	Decrease
Surgical site infections within 90 days of operation (Hip and knee replacements) per 100 operations**	Month of December 2020	Compared to National Median	HQ&S	Same period Last year	Quarterly	Service	Decrease
Rate of falls resulting in fracture or intracranial injury* per 10,000 episodes	12 months to March 2021		Health Roundtable (HRT)	Same period Last year	6 monthly	Service	Decrease
% of Days where the Hospital Status was Red	Current Month	No comparison	Hospital At A Glance	Same month last Year	Monthly	Service	Decrease
Inpatient Mortality Ratio (HDXSMR)#	12 months to March 2021	Compared to National Ratio	Health Roundtable (HRT)	Same period Last year	6 monthly	Service	Decrease
Acute readmissions to hospital 0-28 days	12m to March 2021	Compared to MOH 20/21 target	Ministry of Health	Same period Last year	Quarterly	Domicile	Decrease
ED 6 hour rule	Current Month	Compared to MOH 20/21 target	HB DHB BIRS	Same period previous year	Monthly	Service	Increase
% GP Providers open to new patients	Current Month	Health Hawke's Bay (PHO)	Health HB (PHO)	Same month last Year		N/A	Increase
% of population PHO enrolled	Current Month	Health Hawke's Bay (PHO)	Health HB (PHO)	Same month last Year	Monthly	Domicile	Increase
The number of A&M centre consultations	Current Month		Work in progress	Same month last Year	Monthly	Service	
Emergency Department Attendances (not admitted)	Current Month		HB DHB Data warehouse	Same month last Year	Monthly	Service	Decrease
ARRC Occupancy %	Q3 2021		Central Region Technical Advisory Service	Same period previous year	Quaterly	Service	Decrease
Primary Care Survey %	Q4 2021		HQ&S (IPSOS)	Q3 2021	Quaterly	Domicile	Increase
Hospital Inpatient Survey	Q4 2021		HQ&S (IPSOS)	Q3 2021	Quaterly	Domicile	Increase
Complaints (Number)	Current Month		HB DHB Consumer service team	Same month last Year	Monthly	Service	Decrease
Compliments (Number)	Current Month		HB DHB Consumer service team	Same month last Year	Monthly	Service	Decrease

Change is actual result minus previous period.

Source : Health Round Table This is the number of observed deaths per 100 expected deaths.
*Source : Health Roundtable This includes Intracranial injury, Fractured neck of femur and Other fractures
**Source: HQSC Health Quality and Safety Markers

Service Performance

This quadrant contains DHB of service performance measures

Measure	Data period	Frequency	Variance	Data source	Change	Goal
Acute Activity Discharges and caseweights	Previous Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Elective Activity Discharges and caseweights	Previous Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase
Planned Care Inpatient Surgical Discharges	Previous Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase
Theatre Session Utilisation rate (Elective)	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase
First Specialist Assessment > 4 Months	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Waiting times for Treatment > 4 Months	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
CT - within 42 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
MRI - within 42 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Colonoscopy - Urgent - 14 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Colonoscopy - Non Urgent - 42 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Colonoscopy - Surveillance - 84 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Cardiology Diagnostic Procedures- Wait times	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
TELEHEALTH Outpatient Attendances	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase

Change is actual result minus previous period.

Data Source: HB DHB Data Warehouse BIRS

Financial Performance

This quadrant contains DHB financial performance information, reported in $Millions

Change is actual current month YTD variance minus the previous months YTD variance

Invoices paid within 10 working days of entry — Monthly result compared to target (percentage)

Data source: DHB Financial Reporting system

Learning, Development and Workforce

This quadrant includes measures covering the DHB workforce

Measure	Data period	Frequency	Variance	Data Source	Change	Goal
Head Count by ethnicity	Current Month	Rolling 12 Months		HB HRIS	Same period Last year	
Turnover rate	Current Month	Rolling 12 Months		HB HRIS	Same period Last year	Decrease
Sick Leave: Measure of employee time lost to absence due to sickness/ ill health	Current Month	Rolling 12 Months		HB HRIS	Same period Last year	Decrease
ANNUAL LEAVE LIABILITY $M	Current Month	Monthly		HBDHB Payroll system	Same period Last year	Decrease
STAFF RELATED EVENTS (No)	Current Month	Monthly		Events system	Same period Last year	Decrease
STAFF INJURY RATE	YTD	Quarterly		Events system	Same period Last year	Decrease
WORKFORCE AGAINST PLAN Actual year to date FTEs (includes overtime) compared to Management and AP budget.	Current Month	Monthly	Comparison against Target	HB HRIS	Change between current variance and variance of previous month	Decrease

Change is actual result minus previous period.
Data Source: HRIS/ Leader and Finance Management system
Turnover: the number of employees who cease employment due to voluntary resignation during the period divided by Total headcount of employees at the beginning of the period

Traffic Lights

The traffic lights on the table measure if the DHB has meet the targets/Expectations

On target or better	Achieved
0.01-5% away from target	Not achieved
>5% away from target	Not achieved

Arrows

The arrows on the tables indicate a change that has occurred between a current period and the previous comparison period

Arrow up	Result is better than the previous period
Arrow Sideways	No difference in results
Arrow down	Result is worse than previous period

What do the sub-headings mean?

Actual:	Actual performance result for the most recent reporting period
Variance:	Most recent result minus the target (either national or individual to the DHB) or national average.
Change:	Most recent result minus the result from a prior time period - please refer to quadrant information for specifics.

HAWKE'S BAY District Health Board Whakawāteatia	**Hawke's Bay DHB Quarter 4 20/21 Health System Performance Dashboard**
	For the attention of: **HBDHB Board**
Document Owner	Emma Foster, Executive Director Planning, Funding & Performance
Document Author(s)	Lisa Jones, System Lead Planning and Performance, Planning, Funding & Performance
Date	September 2021
Purpose/Summary of the Aim of the Paper	This is the fourth Quarterly Health System Performance Dashboard for the 20/21 year. This Dashboard covers performance in the five health system priorities: • *First 1000 days (FTD)* • *Mental Health and Addiction (MHA)* • *Long term conditions (LTC)* • *Frail and Older People (FOP)* • *A Responsive Health System (RHS).*
Health Equity Framework	This dashboard provides an equity lens across the Hawke's Bay health system's performance and provides a summary report for Māori and Pacific equity performance. The Equity Framework consists of four stages. This report addresses stage four – monitor progress and measure effectiveness.
Principles of the Treaty of Waitangi that this report addresses	The DHB continues to assess the opportunities to improve our equity performance reporting in partnership with Māori and our governance partners.
Risk Assessment	
Financial/Legal Impact	N/A
Stakeholder Consultation and Impact	
Strategic Impact	Performance monitoring is a key aspect of strategic management in the health sector.
Previous Consideration / Interdependent Papers	Qtr 1 20/21 Health System Performance Dashboard (November 2020 Board meeting), Qtr 2 20/21 Health System Performance Dashboard (March 2021 Board meeting), Qtr 3 Health system Dashboard (May 2021)

RECOMMENDATION:

It is recommended that the Board:

1. **Note and acknowledge** the Quarter 4 20/21 Health System Performance Dashboard

EXECUTIVE SUMMARY

This is the fourth quarterly Health System Performance Dashboard for the 20/21 year. This provides performance reporting across Hawke's Bay District Health Board's (HBDHB) five health system priorities: First 1000 days (FTD), Mental Health and Addiction (MHA), Long term conditions (LTC), Frail and Older People (FOP) and a Responsive Health System (RHS).

The report also includes a highlights summary of performance that shows:

- the movement of indicators to red, green or amber in Quarter (Q) 4 20/21
- the indicators which remain stubborn reds (Indicators which are red for four periods or more)
- where there is good and poor equity performance against target for Māori and Pasifika.

The key findings are outlined below including key actions to address the stubborn reds performance measures.

OUTCOMES EXPECTED

Hawke's Bay DHB's Board is well informed of the performance of key areas across the health system priority areas and understands its inequity risks.

Key Insights

First 1000 days
Areas of improvement

The percentage of pregnant women identified as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit. This indicator has moved from Red in Q1 20/21 to Amber for Māori and Total in Q4 20/21.

The Carbon Monoxide (CO) free homes programme has been completed across the Hawke's Bay region. All HBDHB midwives have been equipped with carbon monoxide monitors and these have become routine practice when engaging with their clients. Carbon Monoxide monitor use has become a routine way of engaging with patients and their whānau. The monitors have also supported education about second hand smoke. The aim is also to impact on the System Level Measure of more Māori babies who live in a smokefree home.

The percentage of eight-month olds fully immunised has moved from Red in Q1 20/21 to Amber in Q4 20/21. Māori rates for this age group remain Stubborn Red and actions to address this are outlined in the table below.

Ambulatory Sensitive Hospitalisation rates in Māori 0-4-year olds remains Green in Q4 20/21. A Te Pae Mahutonga model was implemented in 20/21, which is a whānau ora respiratory support service for 0-4 year olds. All children seen under Te Pae Mahutonga model will be referred to Healthy Homes where eligible.

Areas of weakening performance

The percentage of two-year olds having completed all age appropriate immunisations between birth and age two years has declined from 90.3% (Amber) in Q3 20/21 to 84.7% (Red) in Q4 20/21. Childhood immunisation coverage rates have declined nationally. Challenges due to COVID and alert level changes, a combination of hesitancy to seek appointments during COVID restrictions and/or increasing demand on service providers with COVID-19 vaccine rollout are all thought to be impacting factors.

The percentage of new-borns enrolled with General Practice at 3 months of age for the total group has remained Red for the last two quarters and has declined from 78.7% in Q3 to 74.8% in Q4.

Stubborn Reds

ID	Indicator description	Performance Exception Report Flag	Underlying reason (or reasons) for under performance.	Key action/s to address under performance	Timeframes for completion
FTD 1	% of women booked with an LMC by week 12 of their pregnancy (Māori)	Stubborn Red	Nga Maia and Māori midwives advise many Māori women do not see the benefit of early engagement with an LMC. Additionally, there may be some reluctance to disclose a pregnancy that could have impacts on work and income benefits.	Work with Māori midwives and Nga Maia to raise awareness of the importance of early enrolment with a midwife. Communications out to the wider sector on the importance of this measure.	Q2 21/22

ID	Indicator description	Performance Exception Report Flag	Underlying reason (or reasons) for under performance.	Key action/s to address under performance	Timeframes for completion
FTD4	% of new-borns enrolled in general practice by 3 months of age	Stubborn Red (Maori)	Capacity in General Practice is contributing to this performance measure.	Maternity Services will work closely with the PHO to identify drivers of this poor performance. Ensure all General Practice details of hapū māmā are current and enrolment confirmed.	Q2 21/22
FTD-6	% of eight-month-olds olds fully immunised	Stubborn Red/ Māori Equity Top 5 under performance	This is a national trend. Impacts of COVID-19 alert level changes, redeployment of resources to the COVID - 19 response and capacity challenges in General Practice are all contributing factors to the decline in vaccination rates.	Pilot the provision of an outreach clinic in predominantly Māori communities.	Q2 21/22

Mental Health and Addictions

Areas of improvement

There has been a marked improvement in waiting times for young people accessing Mental Health and Addiction Services.

The percentage of young people (0-19 yrs) seen within three weeks from referral for secondary Mental Health Services has improved for Māori and Pasifika young people having moved from Red in Q1 to Amber in Q4 20/21.

The percentage of Māori young people (0-19 yrs) seen within three weeks from referral to Addiction Services has improved from 77% in Q1 20/21 to 86% and above target (Green) in Q 4 20/21. The percentage of young people (0-19 yrs) seen within eight weeks has increased from 90% in Q1 20/21 to 96% and above target (Green) in Q 4 20/21. Additionally, 98% of Māori young people (0-19yrs) referred to secondary mental health service and seen within eight weeks is above target in Q 4.

Stubborn Reds

ID	Indicator description	Performance Exception Report Flag	Underlying reason (or reasons) for under performance.	Key action/s to address under performance	Time frames for completion
MHA-4	% of zero-19-year olds seen within 8 weeks of referral Addictions (provider arm and NGO)	Stubborn Red	These are very small numbers. There is no wait list and a choice of 1-3 appointments are offered. Outliers are due to key worker trying to get hold of person to meet or a did not attend (DNA) which is being followed up	The key worker will continue to keep the client open to services. They will continue to follow up to engage with the young person. The key worker could close the referral after 3 attempts - on evaluation on a case by case basis- via MDT discussion this is not a preferred option. The clinical coordinator in Child, Adolescent and Family Service (CAFS) working with key workers on case load management will work on follow up and potential closure based on individual need.	Q2 21/22
MHA-5	Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan	Stubborn Red	Some timing issues with closure of clients within the patient information management system (ECA) meant that clients not formally closed in the system (when all aspects of discharge had been completed).	Community Mental Health managers will monitor MDTs for clients about to be closed and check that a plan is in place and on discharge all links within the patient information management system (ECA) are closed. Follow-up with staff in one-to-one meetings to ensure clients are closed off within ECA when discharged.	Q2 21/22

ID	Indicator description	Performance Exception Report Flag	Underlying reason (or reasons) for under performance.	Key action/s to address under performance	Time frames for completion
MHA-4	% of zero-19-year olds seen within 8 weeks of referral Addictions (provider arm and NGO)	Stubborn Red	These are very small numbers. There is no wait list and a choice of 1-3 appointments are offered. Outliers are due to key worker trying to get hold of person to meet or a did not attend (DNA) which is being followed up	The key worker will continue to keep the client open to services. They will continue to follow up to engage with the young person. The key worker could close the referral after 3 attempts - on evaluation on a case by case basis- via MDT discussion this is not a preferred option. The clinical coordinator in Child, Adolescent and Family Service (CAFS) working with key workers on case load management will work on follow up and potential closure based on individual need.	Q2 21/22
MHA-7	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan.	Stubborn Red	Lack of discharge planning being commenced on admission.	Clinical Nurse Manger to-follow up with RMOs to determine reason for incompletion and develop a set of actions. Early referral to community key worker following admission so they are part of the admission through to discharge process for example,. full engagement of community teams will help address barriers to discharge planning.	Q2 21/22
MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000.	Stubborn Red (Māori)	More analysis needs to occur to understand this trend.	Expressions of Interest RFP for a community based rangatahi service will be sought next year with the aim to provide greater access to rangatahi-led designed service.	Q4 20/21

Long Term Conditions

Long term conditions indicators all remain below target.

Stubborn Reds

ID	Indicator description	Performance Exception Report Flag	Underlying reason (or reasons) for under performance.	Key action/s to address under performance	Time frames for completion
LTC-3	% of the eligible population will have had a cardiovascular disease (CVD) risk assessment in the last five years.	Stubborn Red	General practice requiring to manage population health / chronic condition management alongside growing acute demand.	Embed a community CVD outreach screening programme for Māori via sports clubs, workplace, marae, and community and link in with general practice. Work with HB Rugby Union and HB Netball Association to incentivise CVD risk assessment for all players. Local Health Hawke's Bay (PHO) focus is on its Kā Hikitea indicator: % of Māori aged 30 to 74 years for Māori male or 40 to 74 years for Māori female, have had a cardiovascular risk assessment completed within the last 5 years.	Q1 21/22 Work with HB Rugby Union and HB Netball Association to incentivise CVD risk assessment for all players. Q2 21/22 Organise summer and event based wānanga: Q3 21/22 Prepare for rugby and netball season Q4 21/22 Evaluate and report on activity.
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years.	Stubborn Red	Availability challenges and promotion of alternative services in primary and community services.	To monitor the performance and progress of the Long-Term Conditions plan Number of the activities completed in the LTC plan.	Q4 2021/22

Frail and Older people

Areas of improvement

The number of Needs Assessment and Service Co-ordination Assessments (NASC) have increased this quarter and are above target.

The number of subsidised permanent Health of Older people (HOP) and Long Term Chronic Health Conditions (LTS-CHC) residential beds per night, per 1000 population 65 years and over, remain within target of less than and equal to 35 bed nights per 1000 population in Q4 20/21.

There has been a deterioration in the re-admission rate in the 75 years and over age group in Q4 20/21 and the overall result has moved from Amber in Q3 to Red in Q4. Māori and Pasifika re-admission rates have improved in this age group and have met target (Green) in Q4 20/21.

Responsive Health System

Areas of improvement

The overall percentage of women aged 50-69 years receiving breast screening in the last two years performance has improved over the 20/21, increasing from 65% (Red) in Q1 to 68.5% (Amber) in Q4. However, performance for 50-69 years receiving breast screening for Māori and Pasifika women remains stubbornly red.

There has been some improvement in waiting times for surveillance colonoscopy over the 20/21 year. Planned care interventions delivery have improved in 20/21 and there has been improvement in meeting the Faster Cancer Treatment (FCT) time frames.

Weakening performance

Due to COVID-19 impacts, cervical screening rates in women 25-69 years have not advanced and will move to stubborn red in the next reporting period should rates not improve significantly. Māori and Pasifika population estimates, which drives calculation of coverage rates, were updated in 2020 resulting in increased population estimates.
The number of smears taken in Hawke's Bay have reduced since COVID 19 with the various challenges of the pandemic and workforce challenges via outreach clinics or general practice. The DHB's population health screening team continues to work with Health Hawke's Bay to look at new ways to promote the importance of cervical screening and improve coverage.

Stubborn Reds

ID	Indicator description	Performance Exception Report Flag	Underlying reason (or reasons) for under performance.	Key action/s to address under performance	Time frames for completion
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)	Māori Equity Top 5 under performance	Reduced capacity due to decommissioning of three Mobile Dental Vans. Maintaining a full workforce remains a challenge as the aged workforce retire	Recruited 5.6 FTE new/ recently qualified Oral Health Therapists for the 2021 year and looking to recruit similar numbers for the 2022 year. The introduction of digital radiography throughout the service will also improve efficiency and impact on service capacity.	Q4 21/22
RHS-4	% of women aged 50-69 years receiving breast screening in the last 2 years	Stubborn Red Māori	Increases in equity experienced in screening rates for Māori and Pasifika women have reversed. Breast Screening Coast to Coast (BSCC) halted follow-up calls if women didn't confirm appointments This has increased the number of DNAs and women to follow-up by the Population Health Screening Team. These calls have now been re-instated (there are over 200 women who DNA in the last 10 months)	Refer wāhine Māori and Pasifika women, that do not confirm or DNA their Breast Screening appointments to additional support services. BSCC send a daily list of priority women they are unable to contact to the Population Health screening team to follow up.	Q4 21/22

ID	Indicator description	Performance Exception Report Flag	Underlying reason (or reasons) for under performance.	Key action/s to address under performance	Time frames for completion
RHS-12	% of patients waiting over four months for FSA (ESPI 2)	Stubborn Red Māori Equity Top 5 under performance	Volumes of immediate and urgent cases are resulting in patients who are routine waiting longer.	Agreed trajectories with Ministry of Health (MoH) to reduce waitlist	Q4 20/21
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)	Stubborn Red Māori Equity Top 5 under performance	A combination of theatre and consultant capacity. In addition, to the volumes of immediate and urgent cases causing patients who are routine to wait longer periods of time.	Agreed trajectories with MoH to reduce waitlist	Q4 20/21
RHS -14	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.	Stubborn Red	Increase in demand	Agreed trajectories with Min MoH to reduce wait list . Invested in new clinical equipment to increase testing capacity and these patients are then virtually reviewed. Previously all patients were seen in person by Senior Medical Officer (SMO). Once up and running it will provide an extra 1,000 more follow up appointment slots (all virtual) per annum. Increased capacity through up-skilling and increasing nurse led clinics. Expanding the use of Glaucoma Shared Care community scheme.	Q4 20/21
RHS-15	Did not attend (DNA) rate across first specialist assessments	Māori Equity Top 5 under performance Pacific Equity Top 5 under performance	Barriers to access Hospital process and lack of choice	Planned Care Access Policy has an auditing framework that focuses on equity including DNA's Auditing framework developed and endorsed	Q2 21/22

APPENDICES

Health System Performance Dashboard Quarter 4 20/21

Highlights of Strategic Priorities as at Quarter 4 20/21

HIGHLIGHTS of Strategic Priorities ("Total") as at 20/21 Q4

TOP 5

Top Performance

RHS-17	Planned care interventions for people living within the HBDHB region. Minor procedures and Non-Surgical.
FOP-3	% of older patients assessed as at risk of falling receive an individualised care plan
FOP-6	The average number of subsidised permanent Health of Older People (HOP) and Long Term Support - Chronic Health Conditios (LTS-CHC) residential beds per night per 1,000 of the 65+ population.
FOP-4	Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments).
RHS-6	% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP information system.

Under Performance

RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-14	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)
LTC-6	% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission

TREND MOVEMENTS

Leaving Red for Amber

FTD-6	% of eight-month-olds olds fully immunised
RHS-22	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.

Leaving Green for Amber

Newly Green

MHA-3	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm
MHA-6	% of clients discharged will have a quality transition or wellness plan
FOP-4	Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments).
RHS-11	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date

Newly Red

FTD-7	% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years
MHA-1	% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm
MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
FOP-7	Acute readmission rate: 75 years +
RHS-15	Did not attend (DNA) rate across first specialist assessments

TREND ENDURES (last 4 Quarters)

Consistent Green

FOP-3	% of older patients assessed as at risk of falling receive an individualised care plan
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.

Stubborn Red

LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
MHA-4	% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)
MHA-5	Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan
MHA-7	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-14	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.

Key

- Stubborn Red: In Red for the last 4 periods
- Newly Red: the current period is Red
- Leaving Green for Amber: Moved from Green (previous period) to Amber (current period)
- Leaving Red for Amber: Moved from Red (previous period) to Amber (current period)
- Newly Green: the current period is in Green
- Consistent Green: In Green for the last 4 periods

HIGHLIGHTS of Strategic Priorities ("Māori") as at 20/21 Q4

TOP 5

Top Performance

FTD-9	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)
RHS-11	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.
RHS-22	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)

Under Performance

RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
RHS-15	Did not attend (DNA) rate across first specialist assessments

TREND MOVEMENTS

Leaving Red for Amber

Leaving Green for Amber

Newly Green

MHA-2	% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation(NGO))
MHA-3	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm
FOP-7	Acute readmission rate: 75 years +
RHS-11	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date

Newly Red

LTC-6	% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
MHA-8	% reduction in the rate of Māori under s29 orders per 100,000 population
RHS-20	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)

TREND ENDURES (last 4 Quarters)

Consistent Green

FTD-9	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)

Stubborn Red

FTD-1	% of women booked with an LMC by week 12 of their pregnancy (Māori)
FTD-4	% of new-borns enrolled in general practice by 3 months of age
FTD-6	% of eight-month-olds olds fully immunised
LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
MHA-4	% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)
MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
RHS-4	% of women aged 50-69 years receiving breast screening in the last 2 years
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-15	Did not attend (DNA) rate across first specialist assessments

Key

- Stubborn Red: In Red for the last 4 periods
- Newly Red: the current period is Red
- Leaving Green for Amber: Moved from Green (previous period) to Amber (current period)
- Leaving Red for Amber: Moved from Red (previous period) to Amber (current period)
- Newly Green: the current period is in Green
- Consistent Green: In Green for the last 4 periods

HIGHLIGHTS of Strategic Priorities ("Pacific") as at 20/21 Q4

TOP 5

Top Performance

MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
FOP-7	Acute readmission rate: 75 years +
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.
RHS-9	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive)
RHS-22	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.

Under Performance

RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
RHS-15	Did not attend (DNA) rate across first specialist assessments
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)

TREND MOVEMENTS

Leaving Red for Amber

MHA-1	% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm
MHA-3	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm

Leaving Green for Amber

FTD-7	% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years

Newly Green

RHS-22	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.

Newly Red

FTD-4	% of new-borns enrolled in general practice by 3 months of age
RHS-7	% of patients with accepted referrals for Computed Tomography (CT) scans who receive their scan, and scan results are reported, within 6 weeks (42 days)

TREND ENDURES (last 4 Quarters)

Consistent Green

MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
RHS-6	% of people who returned a positive FIT have a first offered diagnostic date

Stubborn Red

LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
RHS-4	% of women aged 50-69 years receiving breast screening in the last 2 years
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-15	Did not attend (DNA) rate across first specialist assessments

Key

- Stubborn Red: In Red for the last 4 periods
- Newly Red: the current period is Red
- Leaving Green for Amber: Moved from Green (previous period) to Amber (current period)
- Leaving Red for Amber: Moved from Red (previous period) to Amber (current period)
- Newly Green: the current period is in Green
- Consistent Green: In Green for the last 4 periods

Health System Performance Dashboard as at 20/21 Q4

First 1000 days

	Performance Measures	Target		The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
FTD-1	% of women booked with an LMC by week 12 of their pregnancy (Māori)	≥	80%	↑	N/A	46.9%	N/A	N/A		65		
FTD-2	% 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.	≥	90%	↑	86.4%	85.7%	-	-	1	1		
FTD-3	SLM Number of Māori babies who live in a smoke-free household at 6 weeks post-natal	≥	68%	↑	N/A	DSA	N/A	N/A				
FTD-4	% of new-borns enrolled in general practice by 3 months of age	≥	85%	↑	74.8%	53.6%	73.1%	98.1%	54	78	3	
FTD-5	% of infants exclusively breastfed at 3 months	≥	70%	↑	DSA	DSA	DSA	DSA				
FTD-6	% of eight-month-olds olds fully immunised	≥	95%	↑	90.3%	81.9%	97.2%	95.4%	27	29		
FTD-7	% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years	≥	95%	↑	84.7%	79.3%	90.3%	89.1%	53	30	1	15
FTD-8	% of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr1)	≥	95%	↑	DSA	DSA	DSA	DSA				
FTD-9	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)	≤	8,205	↓	N/A	6,321	N/A	N/A				
	OVERALL TARGETS MET				**0%**	**17%**	**33%**	**67%**				

Mental Health and Addictions

	Performance Measures	Target		The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
MHA-1	% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm	≥	80%	↑	75.0%	78.2%	78.6%	72.8%	28	4	1	24
MHA-2	% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation(NGO))	≥	80%	↑	75%	86%	-	60%	1		-	2
MHA-3	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm	≥	95%	↑	96%	98%	93%	96%			1	
MHA-4	% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)	≥	95%	↑	79%	86%	-	70%	4	1	-	3
MHA-5	Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan	≥	95%	↑	72.4%				64			
MHA-6	% of clients discharged will have a quality transition or wellness plan	≥	95%	↑	98%							
MHA-7	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan	≥	95%	↑	66%				88			
MHA-8	% reduction in the rate of Māori under s29 orders per 100,000 population	≤	395	↓	N/A	434	N/A	N/A		19		
MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000	≤	64	↓	70.9	84.6	22.5	65.5	23	28		3
	OVERALL TARGETS MET				**25%**	**33%**	**33%**	**20%**				

Responsive Health System

	Performance Measures	Target		The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
RHS-1	% of Māori population enrolled in the PHO	≥	95%	↑	N/A	87%	N/A	N/A		3998		
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)	≤	10%	↓	27.26%	22.40%	17.58%	31.39%	5212	1403	128	3681
RHS-3	% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr1)	≥	85%	↑	33.20%				5565			
RHS-4	% of women aged 50-69 years receiving breast screening in the last 2 years	≥	70%	↑	68.5%	59.4%	60.3%	71.1%	430	614	61	
RHS-5	% of women aged 25-69 years who have had a cervical screening event in the past 36 months	≥	80%	↑	69%	62%	62%	72%	4964	1970	246	2748
RHS-6	% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP information system.	≥	95%	↑	100.0%	100.0%	100.0%	100.0%				
RHS-7	% of patients with accepted referrals for Computed Tomography (CT) scans who receive their scan, and scan results are reported, within 6 weeks (42 days)	≥	95%	↑	77.9%	76.9%	83.3%	77.9%	151	31	2	118
RHS-8	% of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days).	≥	90%	↑	47.9%	50.0%	50.0%	47.2%	363	72	8	283
RHS-9	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive)	≥	90%	↑	93.3%	66.7%	100.0%	95.0%		1		
RHS-10	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	≥	70%	↑	44.6%	43.1%	75.0%	44.4%	130	18		113
RHS-11	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date	≥	70%	↑	71.4%	80.6%	0.0%	70.8%			1	
RHS-12	% of patients waiting over four months for FSA (ESPI 2)	≤	0%	↓	20.9%	23.1%	21.4%	19.8%	1058	302	34	745
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)	≤	0%	↓	38.1%	34.5%	31.6%	37.7%	915	200	24	627
RHS-14	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.	≤	0%	↓	30.3%	-	-	-	1227			
RHS-15	Did not attend (DNA) rate across first specialist assessments	≤	6%	↓	6.4%	12.8%	11.4%	4.1%	45	102	10	
RHS-16	Planned care interventions for people living within the HBDHB region. Inpatient Surgical Discharges.	≥	*7,427*	↑	7,386	-	-	-	41			
RHS-17	Planned care interventions for people living within the HBDHB region. Minor procedures and Non-Surgical.	≥	*3,102*	↑	5,752	-	-	-				
RHS-18	% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)	≥	95%	↑	86%	-	-	-	2			
RHS-19	% of ACS patients undergoing coronary angiogram - door to cath within 3 days	≥	70%	↑	57.8%	53.3%	0.0%	60.4%	9	3	1	5
RHS-20	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)	≥	12%	↑	5.3%	9.1%	0.0%	4.3%	6	1		5
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	≥	85%	↑	88.1%	95.2%	100.0%	86.3%				
RHS-22	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.	≥	90%	↑	87.3%	100.0%	100.0%	82.9%	2			3
	OVERALL TARGETS MET				**24%**	**24%**	**31%**	**38%**				

Long term conditions

	Performance Measures	Target		The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
LTC-1	% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	≥	90%	↑	50%	48%	40%	54%	8481	4286	424	3771
LTC-2	Acute rheumatic fever initial hospitalisation rate per 100,000	≤	1.5	↓	DSA	DSA	DSA	DSA				
LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years	≥	90%	↑	80%	77%	76%	82%	5517	1724	248	3213
LTC-4	% of people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	≥	60%	↑	31%	23%	22%	36.9%	2054	917	191	945
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years	≤	3,510	↓	4,475	7,804	7,376	3,483	439	401	46	
LTC-6	% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission	≥	80%	↑	25%	25%	0%	27%	11	2	1	8
LTC-7	% of stroke patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.	≥	60%	↑	DNO	DNO	DNO	DNO				
LTC-8	Acute readmissions to hospital	≤	11.80%	↓	12.31%	11.93%	11.41%	12.51%	190	13		179
	OVERALL TARGETS MET				**0%**	**0%**	**17%**	**17%**				

Frail and Older people

	Performance Measures	Target		The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
FOP-1	% of 65+ year olds immunised - flu vaccine	≥	75%	↑	DSA	DSA	DSA	DSA				
FOP-2	% of older patients given a falls risk assessment	≥	90%	↑	89%	-	-	-	2			
FOP-3	% of older patients assessed as at risk of falling receive an individualised care plan	≥	90%	↑	97%	-	-	-				
FOP-4	Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments).	≥	449	↑	476	-	-	-				
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)	≤	2,002	↓	1,929	1,836	1,871	1,956				
FOP-6	The average number of subsidised permanent Health of Older People (HOP) and Long Term Support - Chronic Health Conditios (LTS-CHC) residential beds per night per 1,000 of the 65+ population.	≤	35	↓	32.2	-	-	-				
FOP-7	Acute readmission rate: 75 years +	≤	12.0%	↓	12.8%	11.6%	5.9%	12.9%	55			62
	OVERALL TARGETS MET				**67%**	**100%**	**100%**	**50%**				

Key

Green	Target achieved or exceeded
Amber	Within 0-5% of target
Red	More than 5% below target
N/A	Not relevant for the target
DNP	Data not Provided (data not from internal sources, not released to us)
DNO	Data not Obtainable (does not exist)
DNA	Data not Available (data from external sources, not released to us yet)
DSA	Bi-Yearly/Seasonal/Annual (data NOT captured every quarter)

Themes

IO	Influence only
DI	Direct Influence

HAWKE'S BAY
District Health Board
Whakawāteatia

RARANGA TE TIRA

11

Organisational Values
Presentation

BOARD HEALTH & SAFETY CHAMPIONS' REPORT

12

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Oral Health Update**
	For the attention of: HBDHB Board
Document Author(s) Document Owner	Panu Te Whaiti, Portfolio Manager, Te Puni Toha Ratonga Charrissa Keenan, Programme Manager, Te Wahanga Hauora Māori. Emma Foster, Executive Director, Te Puni Toha Ratonga.
Date	17 September 2021
Purpose/Summary of the Aim of the Paper	The purpose of this paper is to provide an update on oral health equity in Wairoa. It outlines the immediate actions we are taking.
Health Equity Framework	Application of the Health Equity Framework to identify: • Health issues impacting inequitably on Māori • Recommend co-designed solutions • Monitor equity achievement.
Principles of the Treaty of Waitangi that this report addresses:	The following principles of Te Tiriti O Waitangi will inform the following for this status review: • Equity: Improving oral health outcomes for Māori • Active Protection: Targeted strategies and actions with timeframes. • Partnership: Consultation with Māori Governance, with whānau and consumer voice. • Review options that incorporate Māori models of health.
Risk Assessment	While adult oral health sits largely outside publicly funded oral health provisions, there is a risk that not addressing the oral health burden of vulnerable and low-income adults will result in ongoing presentations to Emergency Departments, further compromising the health and wellbeing of an already unwell and/or at-risk population. Adults with poor oral health status warrants concern for younger generations living in the same situation.
Financial/Legal Impact	Funded from within baselines.
Stakeholder Consultation and Impact	This paper uses Tō Waha feedback received through face-to-face interviews with whānau, and rangatahi surveys and kanohi ki te kanohi korero. Actions have been developed in partnership with Māori Health and Planning, Funding and Performance directorate. This paper was submitted to, and unanimously endorsed, by Wairoa Community Partnership Group.
Strategic Impact	Equity as a priority for Māori and high need groups. Potential workforce implications.

Previous Consideration / Interdependent Papers	Nil

RECOMMENDATION:

It is recommended that the HBDHB Board and Māori Relationship Board

1. **Note and acknowledge** the unmet oral health need in Wairoa
2. **Note** all Rangatahi will have access to free oral health care through the Wairoa College oral health clinic even if they are no longer enrolled, until their 18th birthday
3. **Endorse** the immediate actions that are identified in this paper
4. **Note and acknowledge** that Wairoa Community Partnership Group has agreed with the actions and recommendations of this paper
5. **Note and acknowledge** an update which will be provided to you in January 2022

Oral Health in Wairoa

Wairoa has not had a dentist since the end of 2019. This gap in service delivery is having a significant impact on whānau who are isolated from main centres, have limited financial means, and high unmet needs. The flow-on effects of low utilisation rates for rangatahi Māori means they transition into adulthood with existing unmet oral health need. This year Colgate supported health promotion in Wairoa through a local dentist specialist alongside Nannies Against P. Feedback from this work shows there is a significant amount of unmet dental need as a result of drug addiction.

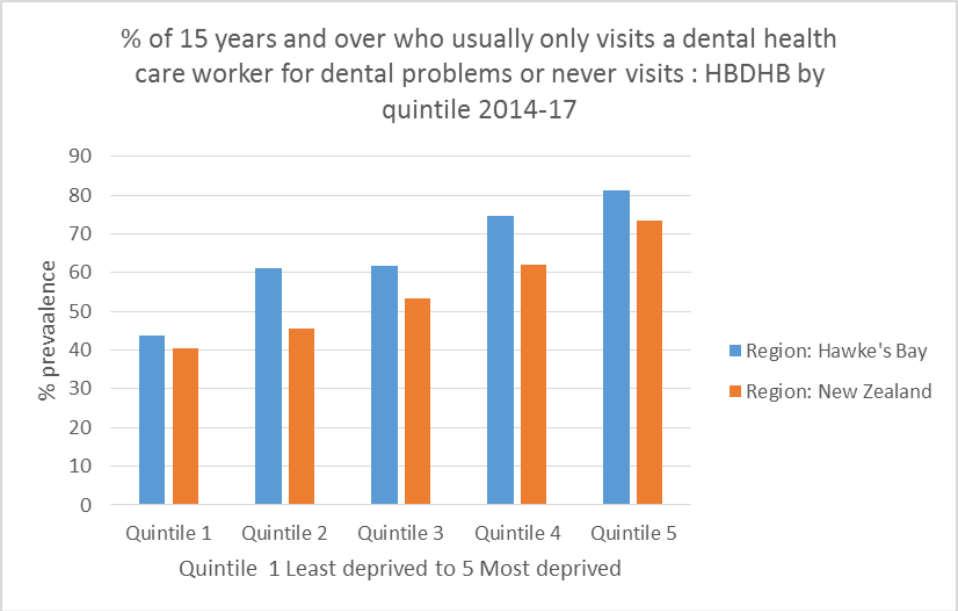
Interviews were conducted at the Tō Waha oral health initiative in March 2018 held in Flaxmere, and whānau shared experiences with their oral health.

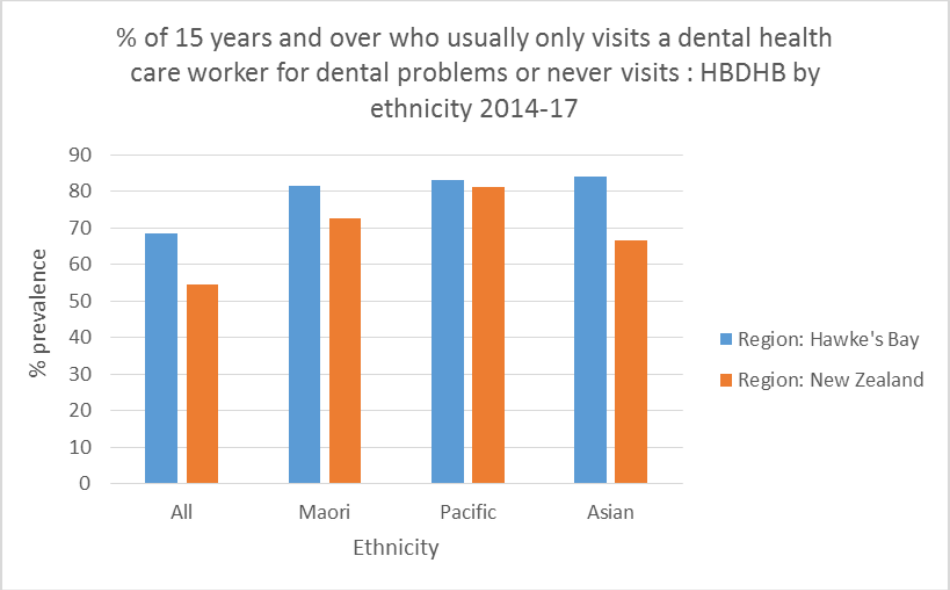
> "*I needed all this work, but I didn't have any money to pay for it".*
>
> *"My partner and I have been really struggling but have never managed to raise enough money to take care of our oral health problems. Both of us happen to have really bad teeth". (F34).*

A review of HBDHB hospital emergency department presentations from May 2020 to November 2020 found that 308 out of 608 were for dental health related problems. Māori made up 53% of these presentations, followed by Other (41%), and Pacific (6%). Over 70% of presentations by Māori lived in deprivation 8-10, and those aged between 18 and 29 years made up the largest group at 41%. These levels of unmet oral health need were further demonstrated at Tō Waha which was attended by mainly Māori (70%), high unmet oral health needs (self-identifying poor oral health status and severe pain), with 33% attendees aged between 18 and 30 years old.

Hawke's Bay utilisation rates are lower than national rates

Regional data shows Māori and the most deprived populations have less engagement with dental care compared to national rates.





What are we going to do?

Whilst the need for oral health services remains in our high deprivation areas, the first priority is to address the need in Wairoa, due to the isolation of the community and limited oral health services for low income adults. The following actions and timeframes are our immediate response, while we explore options for the long-term solutions over the next 12 months.

We note that due to the lack of choice in Wairoa for adolescent oral health care, we need to be explicit in our expectation that all rangatahi will have access to free oral health care through the Wairoa College oral health clinic even if they are no longer enrolled, until their 18th birthday.

Immediate actions for Wairoa

Fixed term contract for a dentist to do relief of pain in Wairoa for low income adults and adolescents.	Q2. Budget has been allocated and implementation is partially underway.

Explore the capacity within our current Oral Health team to have a dental assistant work alongside a dentist in Wairoa with low income adults and adolescents. If we are unable to provide an FTE to do this work, make available the funds to do so.	Q1
Provide the requirements needed to ensure the dental clinic facility in Wairoa is fit for purpose to serve low income adults.	Q1

These options will be funded from within budget. The longer-term solution for oral health in Wairoa will consider how the DHB can maximise the Combined Dental Agreement and options for a mobile service.

Other initiatives that are happening or are being planned include:

1) Tō Waha - free dental packages for māmā and their whānau

HBDHB Māori Health have implemented a new model of oral health care that is whānau-focused and wellbeing-centric. The new service is targeted to young parents and pregnant women aged between 18 to 30 years old, **and their whanau.** The service includes 120 free packages of dental care each year to māmā and their whanau living in Wairoa. The service is being delivered by Te Taiwhenua o Heretaunga at the Community Oral Health Service hub.

2) Supporting community-led mobile dental care

HBDHB is in the process of acquiring four new mobile dental units. HBDHB intends to dedicate one of the mobile units to the community based with Te Taiwhenua o Heretaunga, and another to increase access to dental care for whānau living in rural Wairoa areas.

3) Tō Waha – free dental event for Wairoa community

HBDHB is looking to hold a Tō Waha event in Wairoa in early 2022, with potential for additional events in other high need and rural areas across Hawke's Bay. Based on the Tō Waha model delivered in 2018 with the New Zealand Defence Force that saw over 700 whānau in a two-week period, the event will deliver free dental care for adults with acute and unmet oral health needs. The success of Tō Waha is the whānau-centred, collaborative approach to oral health care, working alongside the community.

Options for long term solutions

Three other DHBs with similar challenges have implemented the solutions outlined below to address unmet oral health need within their populations.

Northland DHB targets children, adolescents and adults through a mixed model of six mobile units and 11 dentists who are contracted under the Collective Dental Agreement to work with them. Predominantly the dental therapists run the mobile services and when a dentist referral is needed they will either refer or perform a virtual consult with the dentist. Mobile buses go to the rural areas and they service child, adolescents and adults. The adolescent coordinator role assists with transition process from Child Oral Health Service to private dentist, and may also assist the dentists in the follow-up process.

Bay of Plenty DHB in partnership with the local Iwi, purchased a mobile unit along with a fixed term contract with a dentist and his entire service. The oral health coordinator often collaborates with the Oral Health Promotion team who are focused on oral health prevention. To address equity following COVID-19 pandemic, an initiative to prioritise Māori has been running for the last eight months. All Māori children are offered appointments before non-Māori, this will remain as a permanent process.

Tairawhiti DHB had rolled out the Mobile Coastal Adolescent Dental Health Service that will prioritise adolescents in Years 9-13, who live in high Māori populated rural areas. All students who attend Kura and who no longer attend, are also offered the service.

Five schools of Te Kura Kaupapa Māori will be the first recipients of the service. The contract is set for three years, with the hope of expanding the services to low income adults. The service is led by a dentist who operates his own private dental clinic in Gisborne. The service includes a dentist, oral hygienist and dental therapists. Hauora Tairawhiti included a kaiawhina to support the clinicians to engage with whānau.
The solutions implemented by the three DHB's has shown the benefits of the mixed model of a fixed clinic and mobile unit to address equity by providing access services in rural areas of isolation. The offering of tele-service may also provide a more efficient and effective way of navigating between primary, secondary and tertiary sectors.

Next steps

An update will be provided for the Board in January 2022, along with a proposed solution to address our next high needs community.

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board (MRB)**
	For the attention of: **HBDHB Board**
Document Owner:	Ana Apatu (MRB Chair)
Month:	September 2021
Consideration:	For Information
Recommendation: That HBDHB Board: 1. **Note** the content of this report.	

The Māori Relationship Board met on 1 September 2021. An overview of what was discussed at the meeting is provided below.

FOR INFORMATION AND DISCUSSION

MATTERS ARISING – REVIEW OF ACTIONS

Due to this being the final Māori Relationship Board (MRB) hui until the new Treaty Partnership Group steps into the MRB role, members emphasised the importance of the Treaty Partnership Group following up the remaining MRB Matters Arising. JB Heperi-Smith and Andrew Boyd agreed and ensured that these would be followed up within the Treaty Partnership Group.

OURHEALTH HAWKE'S BAY Whakawateatia	**REPORT FROM HB CLINICAL COUNCIL (Public) SEPTEMBER 2021** For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Gemma Newland (Executive Assistant to Chief Allied Health Professions Officer) Robin Whyman (Co-Chair)
Date	September 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 1 September 2021.
Health Equity Framework	Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equitable 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:	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 Hawke's Bay District.
Risk Assessment	Risk associated with the issues considered by the Clinical Council included • Equitable delivery and uptake of the COVID vaccination programme. • Falls minimisation and polypharmacy. • Maternity workforce supply • System performance measures and a framework for monitoring actions are in the areas of First 1,000 days (FTD), Cardiovascular Disease Risk and Diabetes as Long-Term Conditions. Council also agreed on the importance of Mental Health and breast screening
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
RECOMMENDATION: It is recommended that the Board: *1.* **Note** the contents of this report	

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1. AGM Planning for October

Clinical Council AGM will occur at the October meeting. Appointments of a Senior Nurse, Nurse Director PHO, Medical Director PHO and a Senior Allied Health Professional all need to be made to ensure a full council membership, as referred to in the Terms of Reference.

2. COVID-19 Vaccine and Immunisation Programme Rollout Progress Report

Council received a report on the roll out of the COVID vaccination programme in Hawke's Bay confirming huge demand on both the workforce and resources to deliver the COVID-19 vaccination rollout during the recent delta outbreak and move to Alert Level 4.

Council noted the vaccination rate amongst Māori was holding at 16 percent. A continued challenge existed for the programme with equity of vaccination provision. The levels of Pasifika vaccinations were high.

Following recent notification from the Ministry of Health of the death of a woman from myocarditis in the days following vaccination of the Pfizer COVID-19 vaccine Clinical Council was advised the Hawke's Bay Covid team regularly reviewed all incidents associated with the COVID-19 vaccine. To-date there have been five serious immediate (suspected anaphylaxis) reactions to COVID vaccination, all given adrenaline, three were in DHB facilities, all have recovered fully and have been discussed with IMAC (Immunisation advisory Centre), and reported to Medsafe.

There have been two patients who attended ED in the days following COVID vaccination, neither admitted and both now recovered. Both reported to Medsafe.

3. Professional Standards and Performance Committee and Patient Safety and Risk Management Committee Reports

Council received reports from the Professional Standards and Performance and the Patient Safety and Risk Management Committees.

The Professional Standards and Performance committee recently met with the RMO Training and Advisory Group and had undertaken a review of medical, nursing and allied health credentialing systems.

The paper noted the medical credentialing system was robust and the regular process continues to show staff were fit to practice. Grey areas occurred when introducing new procedures and deciding whether it was a new procedure or evolution of practice, this creates challenges for the credentialing process.

For nursing and midwifery, the process is quite prescribed as the Nursing Council regulates any additional skill areas as an extended scope of practice.

The Patient Safety and Risk Management Committee noted ongoing work in the area of falls minimisation and the risks polypharmacy in the community was creating. With greater focus on ensuring equity of access to medicines, the committee noted there was less time for pharmacy facilitators to spend on falls minimisation work associated with polypharmacy. The group reported ongoing concerns with access to sufficient maternity workforce, greater demand on senior roles to function in clinical positions and limited ability to recruit from overseas. It was recognised this is a national workforce issue.

4. System Performance Measures Workshop

The Council held a workshop session with Planning Funding and Performance on System Performance Measures, and in particular the indicators which remain as "stubborn reds". The purpose was to assist t Planning Funding and Performance with Clinical Council's views of the important areas to place focus on and to assist Clinical Council with a focus for future monitoring reports.

Council indicated its strongest concerns and recommendations for actions are in the areas of First 1,000 days (FTD), Cardiovascular Disease Risk and Diabetes as Long-Term Conditions. Council also agreed on the importance of Mental Health and breast screening.

Planning Funding and Performance will create a contributory measures framework for Clinical Council to consider at a later meeting to assist in monitoring these outcomes and recommending actions for improvement, nothing that all these indicators are significant to health equity.

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council Membership Changes**
	For the attention of: **HBDHB Board and Health Hawke's Bay Board**
Document Owner:	Keriana Brooking, CEO
Document Author:	Robin Whyman, Chair HB Clinical Council
Month:	September 2021
Consideration:	For Endorsement

RECOMMENDATION

That the Board:

1. **Endorse** the new appointments to Hawke's Bay Clinical Council, as detailed in this report

Vacancies and term reappointments were reviewed and nominations sought to vacant positions. These positions have been filled with suitably skilled members who have been approved by CEO Hawke's Bay DHB and CEO Health Hawke's Bay.

It is a requirement that the Board acknowledge and endorse these appointments. This information is provided below and in the following tenure document.

Appointed to Clinical Council in September 2021:

- Dr Russell Wills as Senior Medical / Dental Officer for a 3rd term to September 2024
- Sarah Shanahan as Senior Allied Health Professional for a first term to September 2024
- Ani Tomoana as Senior Nurse for a first term to September 2024

Interim appointment by role:

- Catherine Overfield as *Acting* Director of Midwifery until Director of Midwifery is appointed.

To Note

- Nurse Director PHO: until an appointment has been made due to recent resignation, this role remains vacant.
- Medical Director PHO: the incumbent is currently not able to attend meetings at the time of Clinical Council, and discussions are ongoing regarding a nominee.

Hawke's Bay Clinical Council
Tenure as at 21 September 2021

Tenure		Term	Expiry
Russell Wills	Senior Medical / Dental Officer	3rd	Sept 24
Peta Rowden	Senior Nurse	1st	Sept 22
Ani Tomoana	Senior Nurse	1st	Sept 24
Umang Patel	General Practitioner	1st	Sept 22
Jessica Keepa	General Practitioner	1st	Dec 23
Michael Park	Senior Medical / Dental Officer	1st	Sept 22
Sarah Shanahan	Senior Allied Health Professional	1st	Sept 24
Robin Whyman	Chief Medical & Dental Officer - Hospital		N/A
Chris McKenna	Chief Nursing & Midwifery Officer		N/A
Kevin Choy	Clinical Lead Clinical Advisory Governance Committee		N/A
Nicholas Jones	Clinical Director Health Improvement & Equity		N/A
Catherine Overfield	Acting Director of Midwifery		N/A
Andy Phillips	Chief Allied Health Professions Officer		N/A
Vacant	Nurse Director PHO		N/A
Karyn Bousfield	Clinical Lead, Planning & Funding		N/A
JB Heperi-Smith	Senior Advisor, Cultural Competence		N/A
Await nominee	Medical Director PHO		N/A
Brendan Duck	Systems Lead for Medicine		N/A

Terms of Reference - Tenure

- Normally appointed for 3 years
- Ideal for one third retire by rotation each year (ie 2-3)
- Members may be reappointed but for no more than 3 terms.

Note

- Members appointed by role/position do not have a finite term.

HAWKE'S BAY
District Health Board
Whakawāteatia

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:

17. Confirmation of Previous Minutes (Public Excluded)
18. Matters Arising – Review of Actions (Public Excluded)
19. Chair's Report – verbal (Public Excluded)
20. Health & Disability Service Review Transition Update (Public Excluded)
21. Implementation of Broader Outcomes in the Procurement Cycle (Public Excluded)
22. Nurse and Midwifery Strategy Update (Public Excluded)
23. COVID Resurgence Plan (Public Excluded)
24. Finance, Risk and Audit Committee Meeting (Public Excluded)
25. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
26. Māori Relationship Board Report (Public Excluded)
27. Te Pītau Health Alliance Agreement (Public Excluded)
28. Safety & Wellbeing Report (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).