BOARD MEETING

Date: Wednesday 18 November 2020

Time: 1.00pm

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

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

In Attendance: Keriana Brooking, Chief Executive Officer
Members of the Executive Leadership Team
Robin Whyman and Julie Arthur, co-Chairs, Hawke's Bay Clinical Council

Minute Taker: Kathy Shanaghan, EA to CEO

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	Karakia	1.00
2.	Welcome and Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting – 21 October 2020	
5.	Matters Arising - Review of Actions	
6.	Board Workplan	
7.	Chair's Report (verbal)	

8.	Chief Executive Officer's Report	1.15
9.	Financial Performance Report – Carriann Hall, Executive Director Financial Services	1.20
10.	Planning & Funding Monthly Report – Emma Foster, Acting Executive Director Planning & Funding	1.25
11.	Health Services (DHB Provider Arm) Monthly Report – Chris Ash, Chief Operating Officer	1.30
12.	Board Health & Safety Champions' Report	1.35
	Section 2: Governance / Committee Reports	
13.	Māori Relationship Board Report – Chair, Ana Apatu	1.40
14.	Hawke's Bay Clinical Council Report – Co-chairs Robin Whyman and Jules Arthur	1.45
	Section 3: For Information / Discussion	
15.	Te Puni Tūmatawhānui - Health Improvement & Equity Directorate 1st Quarter Report – Patrick Le Geyt, Acting Executive Director, Health Improvement & Equity	1.50
16.	HBDHB Quarter 1 2020/21 Health System Performance Dashboard	2.00
17.	Ākina (Continuous Improvement) - Safety in the Community - Anne Speden, Executive Director Digital Enablement / Claire Caddie, Service Director, Communities, Women & Children	2.15
18.	**Section 4: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	

Public Excluded Agenda

Item	Section 5: Routine	Time
19.	Minutes of Previous Meeting – 21 October 2020 (public excluded)	2.30
20.	Matters Arising – Review of Actions (public excluded)	
21.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded)	2.35
22.	Chair's Report - verbal (public excluded)	2.40
	Section 7: Governance / Committee Reports	
23.	Hawke's Bay Clinical Council Report (public excluded) – Co-Chairs, Robin Whyman and Jules Arthur	2.45
	Section 8: For Information / Decision	
24.	Finance Risk and Audit Committee Meeting 18 November 2020 (public excluded) - Chair, Evan Davies	2.50
25.	Karakia Whakamutunga	3.00
	Meeting concludes	

The next HBDHB Board Meeting will be held on
Wednesday 16 December 2020

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 11 November 2020

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
Kevin Atkinson	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	26.10.17
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	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
	Active	Shareholder of NZ Technologies	Technology and innovative support for businesses to grow	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	2020 End of Life Choice Act Referendum Society		Will abstain from all decisions related to end of life choice.	The Chair	28.03.20
	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, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20
	Active	Crown Infrastructure Partners Covid Recovery Infrastructure Programme	Sector Expert Representative - Health	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will absence himself from discussions if asked by the Chair.	The Chair	22.04.20
Renee Brown Board Observer	Active	Hawke's Bay DHB	Employed as Management Accountant for Provider Services		The Chair	01.10.20
	Active	Mother	Board member of Te Roopu a Iwi Trust and employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Sister	Employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Uncle	Board member of Te Roopu a Iwi Trust and employee of Te Taiwhenua o Heretaunga	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
Panu Te Whaiti Board Observer	Active	Totara Health	Registered Nurse / Nurse Team Leader	Potential conflict due to contracts with the DHB. Will abstain and not take part in any conversations relating to this interest.	The Chair	13.10.20
	Active	Pasifika Health Leadership Group	Member / Deputy Chair	Advisory Committee to HBDHB Board. Unlikely to be any conflict.	The Chair	13.10.20

MINUTES OF THE HBDHB BOARD MEETING
HELD ON WEDNESDAY 21 OCTOBER 2020 AT 1.00PM

PUBLIC

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

In Attendance: Keriana Brooking, Chief Executive Officer
Members of the Executive Leadership Team
Robin Whyman, Co-Chair Hawke's Bay Clinical Council
Rachel Ritchie, Chair Hawke's Bay Health Consumer Council
Members of the Public and Media (via livestream)
Kathy Shanaghan, Executive Assistant to CEO

1. The Chair opened the meeting with a mihimihi welcoming everyone to the meeting, including the community across Hawke's Bay who were viewing the meeting via Facebook livestream. He acknowledged the public health team who were still continuing with surveillance and oversight to ensure COVID-19 did not creep back into the community.

2. APOLOGIES
Apologies were received from Peter Dunkerley and Anna Lorck.

3. INTEREST REGISTER
Heather Skipworth advised that Te Timatanga Ararau Trust no longer had a contract with the DHB, however this had transferred to Iron Maori of which she was a Director. The interest register would therefore need to be amended to reflect this. The Māori Party interest could also be removed.

No Board member advised of any interests in the items on the agenda.

4. CONFIRMATION OF PREVIOUS MINUTES
The minutes of the Board meeting held on 16 September 2020 were confirmed as a correct record of the meeting.

Moved: Hayley Anderson
Seconded: Joanne Edwards
Carried

5. MATTERS ARISING FROM PREVIOUS MINUTES

Status updates for all actions were noted along with the following updates:

- Item 1. Patient flow workshop confirmed for 10 November.
- Item 4: Strategic capital project site walk around confirmed for 10 November.
- Item 5: DHB representative on Wairoa Community Partnership Group. The CEO advised she had a conversation with Hine Flood and agreed to meet with Hine and other members of that group on 27 November to work through how the DHB might support them and also confirm a DHB representative at their meetings.

6. BOARD WORK PLAN

The governance workplan was noted, with no changes made. The Chair provided an overview of discussions at the Finance Risk and Audit Committee (FRAC) earlier in the day:

- A question was raised around non-financial reporting and where that sat within Governance. It was agreed that management would consider this and factor that reporting into the workplan
- The timing of the LINAC Business Case, which was scheduled for November 2020, may need to be reviewed
- There was a discussion around streamlining both FRAC and Board meetings to allow more time for discussion

Heather Skipworth suggested the Board receive a paper around the DHB's Treaty obligations. Heather said she would discuss this with the CEO off line. **Action**

7. CHAIR'S REPORT (VERBAL)

- The Chair advised of the following retirements, with a letter being sent conveying the Board's best wishes and thanks for their extended years of devoted service.

Name	Role	Service	Years of Service	Retired
Barbara Daleszak	Enrolled Nurse	Communities, Women & Children	15	27 September 2020
Dense Hooper	Care Associate	Surgical Directorate	24	27 September 2020
Susan Boake	Staff Midwife	Communities, Women & Children	40	18 October 2020

The Chair thanked the above staff for their dedication and years of service to the DHB and the community, and wished them all the best in their next journey.

- The Chair acknowledged Heather Skipworth for her efforts and hard work during her campaign for the Māori Party Ikaroa-Rāwhiti seat and welcomed her back to the Board. He also acknowledged Anna Lorck who was successful in being elected MP for Tukituki.
- The Chair welcomed Panu Te Whaiti and Renee Brown, Board Observers, to their first face to face Board meeting.
- The Chair presented Hayley Anderson with a certificate for being one of 45 Board members across the country to have completed all four governance training workshops.
- The Chair also thanked the staff in the hospital who were working extremely hard at this time due to the large volume of patients presenting to the emergency department and the subsequent admissions.

8. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO took this report as read, however provided the following comments in addition to her report:

- She acknowledged the recent death of Dave Blackley who was a member of the Partnership Advisory Group for Mental Health & Addictions

- She was looking forward to the visit to Wairoa on 27 November. Dates for a visit to Central Hawke's Bay (CHB) were also being considered and it was hoped to coincide this when Kieran McAnulty, the newly elected Labour MP whose electorate takes him into CHB, was in the district
- A really positive meeting was held with the Te Pītau Health Alliance on 14 October, with a refreshed membership. The importance of acknowledging the contribution made by members, and the pieces of work they were working on, was noted. **Action**

The Chair referred to the DHB's Annual Plan, which had now been approved by the Minister of Health, and acknowledged the Planning & Funding team for their hard work in developing the Plan, which was different to previous years.

RECOMMENDATION

That the HBDHB Board:

1. **Receives and notes** the contents of this report.

Adopted

9. FINANCIAL PERFORMANCE REPORT

The Executive Director (ED) Financial Services took this report as read highlighting that the operating result for September was $102k favourable and $429k favourable year-to-date. There had been a good discussion at the FRAC meeting earlier in the day around the drivers and occupancy issues currently being experienced. The other risk was around achieving planned care volumes, however there was a bit more confidence around that in light of recent announcements around volumes.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the contents of this report.
2. **Approve** the representation to the Minister of Health that cost increases between the September quarter of 2019 and 2020 have only been approved where unavoidable (refer Section 12 of report).

MOVED: Ana Apatu
SECONDED: Heather Skipworth

Carried

10. PLANNING & FUNDING MONTHLY REPORT

This report was taken as read. Comments noted during discussion included:

- The Ministry of Health had identified HBDHB as a leader in the development of its Annual Plan and had asked the DHB to provide some training to other DHBs
- As part of the annual planning cycle, DHBs were required to develop a Regional Services Plan (RSP). Central Region's Technical Advisory Service (TAS) was in the process of developing the Plan, which would require Board sign-off. The RSP was expected to be received early next week and given the timing for getting this approved, it would need to be circulated to Board members via email for approval.
- Heather Skipworth thanked Emma and her team for including the numbers of people in residential care by age group and ethnicity. From the statistics provided, she noted there were 357 non-Māori clients 85 years and over in residential care compared to 12 Māori clients, which must be impacting on our bed blockage. The Acting ED Planning & Funding said she would do some research into the statistics. **Action**

- The ED Planning & Funding advised that the team was working with Waikato DHB around what the last 1000 days looked like for our people, how that might look different from an equality perspective and to then use that piece of work to get flow in the hospital better. She acknowledged that navigating the system was difficult for people and the DHB was increasingly seeing elderly people presenting to hospital with no family members which made it incredibly difficult to make decisions. The CEO said she would discuss this with Annie Aranui (MSD) at their next meeting. **Action**
- Consumer Council Chair thanked Emma Foster for her leadership on the person and whānau centred care work in Wairoa and Central Hawke's Bay.
- Hayley Anderson referred to the excellent work being done to address mental health and addictions acute demand and asked when there was likely to be an outcome.

  The ED Planning & Funding advised that this work was being prioritised within existing resources. The first bit of work off the ground was "assertive outreach service" which was an early intervention and preventative service that provided access to support in the community and intervened early and prevented exacerbations of acute episodes. The programme of work would take about 12 months to implement and we were in about month four now.
- The CEO highlighted that the issue in Hawke's Bay would not be resolved any time soon as 800 social houses were required in Napier and 800 in Hastings, with the priority currently sitting at 1000.
- The Deputy Chair requested further information and detail around some of the residential options available in Hawke's Bay. **Action**

- The Chair acknowledged and congratulated the team on the recognition from the Ministry of Health on the development of our Annual Plan.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

11. HEALTH SERVICES (DHB PROVIDER ARM) REPORT

The Chief Operating Officer (COO) took his report as read. Discussion occurred around the following:

- The outsourcing of surgery to CREST Hospital, Palmerston North. This was largely Ear Nose &Throat and General Surgery, however dialogue was continuing with Palmerston North around other interventions
- The additional national funding to bring ESPI5 and ESPI2 back into compliance, including additional capacity. HBDHB's focus was on ESPI2
- The Dermatology Service move to Napier Health Centre. Consumer Council Chair said it would be useful for a communication to be provided around the impact of this move. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

12. BOARD HEALTH & SAFETY CHAMPIONS' UPDATE

Hayley Anderson, Board Health & Safety Champion, provided an overview of this report highlighting the following:

- The growing trend of violence and aggression towards staff which was discussed at the September Health & Safety Wellbeing Committee meeting
- Two main areas for improvement identified were supporting staff to report events and near misses through improved systems, and ensuring consistency in policies and procedures across staff groups and localities.

In respect to the comment around improving event reporting, the ED Financial Services advised that work was currently being undertaken with Digital Enablement to improve and streamline reporting on patient safety and Hayley Anderson would be involved in that work.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

13. AKINA – ENABLING A DIGITAL HEALTH ECOSYSTEM

Aaron Turpin, Manager Business Information, was in attendance for this item.

The ED Digital Enablement provided an overview of the work undertaken to move from hard copy outpatient records to digital records. Benefits included:

- 2,779 pages were currently being scanned per day
- Over 90 percent of admissions were being scanned using existing capacity
- 86 percent of all records were no longer required to be transported to the Clinical Coders office (3,440 fewer paper records being moved)
- Patients able to be seen and treated without delay of waiting for hardcopy records to be available
- Streamlined workflow for Health Records staff
- Decreased cost for records storage and retrieval
- Eliminating risk of privacy breach with notes transported off-site

REPORT FROM COMMITTEE CHAIRS

14. MĀORI RELATIONSHIP BOARD (MRB)

This report provided a summary of the discussion and recommendations from the MRB meeting held on 7 October 2020. MRB Chair spoke to the report, highlighting the following:

- The concern around the current process of HBDHB employees contacting Oranga Tamariki directly without an internal discussion at the DHB
- Ensuring the review of the HBDHB Maternity Services and Oranga Tamariki review were not combined as these need to be dealt with separately
- MRB requested a policy review be undertaken to determine how many whānau members could be accommodated at the whare. They also noted that a purpose-built building would not only provide additional accommodation for whānau but also incorporate an educational facility for Māori Health.

  Heather Skipworth said as part of that work, it would be useful to be know the timeframe whānau were staying at the accommodation. **Action**
- That more structure be applied in exit interviews and have a Kaumatua or cultural advisor present
- Te Tiriti o Waitangi training be reinstated as part of the mandatory orientation programme
- An action plan to include a measure for improved training uptake, engagement and cultural competency for SMOs

A Board member requested an update on training in the DHB, including any areas where staff were not undertaking the training and the impact of not attending. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

15. HAWKE'S BAY CLINICAL COUNCIL REPORT

Co-Chair Robin Whyman provided an overview of the discussion at the Clinical Council meeting on 7 October 2020.

Comments from Board members included:

- Membership of the Clinical Council did not appear to be diverse. Dr Whyman acknowledged that membership of the Council needed to be looked at in terms of its diversity and now would be a good time to look at that as people were in mid-term. The Chair asked if consideration could be given some urgency as it was a priority for the Board and also the Ministry of Health. **Action**
- The need for Clinical Council to look at the Health Roundtable data with an equity focus. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

16. HAWKE'S BAY HEALTH CONSUMER COUNCIL

Consumer Council Chair Rachel Ritchie took this report as read. She noted that the meeting on 1 October was her last meeting as Chair and acknowledged Ken Foote, Kevin Snee and Graeme Norton for 'giving birth' to the Consumer Council. She also acknowledged three Council members who completed their term this month: Malcolm Dixon, Jim Henry and Sami McIntosh who had given tremendous service to the Council.

Rachel and Jim Henry had recently visited Te Taiwhenua o Heretaunga and she acknowledged that organisation and the service they provide.

Finally, she thanked the CEO and the Board for their support and also Andy Phillips, Caryn Daum and Susan Barnes. Rachel said it had been a privilege to bring a consumer voice on the discussions and decisions to the Board table.

The CEO advised that given Rachel's term as Chair concludes this month and three members were also finishing their tenure, consideration had been given to the Council's role and structure to ensure the committee both utilises the valuable time of Council members effectively and services the needs of the health system. Therefore, it had been decided that:

- A formal review of Consumer Council be immediately undertaken
- A Review Group and Reference Group be appointed
- Ongoing functioning of Consumer Council be paused, pending the outcome of the Review
- All members whose reappointments were due in 2020 not be reappointed at least until the Review has been completed
- All continuing members be appointed to either the Review Group or Reference Group

The Review Group would comprise:

- Graeme Norton (Review Group Chair)
- Andy Phillips
- Three current or recent past members of Consumer Council
- Primary Care representative
- Iwi representative
- Management support

The CEO advised that the three members whose appointments would not be addressed until the Review concluded had been informed. The DHB and PHO Chairs had also been briefed who both felt this was the best way to move forward.

On behalf of the Board, the Chair thanked Rachel for her leadership and for advocating on behalf of consumers, which had been appreciated. He also looked forward to acknowledging the outgoing Council members later in the day.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

17. PASIFIKA HEALTH LEADERSHIP GROUP REPORT

Pasifika Health Leadership Group (PHLG) Chair, Traci Tuimaseve, provided a brief overview of the discussion at the meeting on 28 September 2020. He acknowledged PHLG member Panu Te Whaiti who had been appointed Board Observer.

The CEO referred to a meeting she recently had with the Chairs of MRB, Consumer Council and PHLG where it was noted there was a need to improve the way PHLG connects through to governance.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the progress against plan.

Adopted

FOR INFORMATION / DISCUSSION

18. TE ARA WHAKAWAIORA – CULTURAL RESPONSIVENESS

Charrissa Keenan, Programme Manager Māori Health, introduced this report, the purpose of which was to provide the Board with a progress update on the cultural responsiveness priorities, indicators and achievement of equity targets including activities planned over the next 12 months.

The ED Financial Services took the report as read, highlighting the need to focus on training. It was pleasing to note that the 2019/20 workforce target was almost achieved, with August 2020 at 16.19 percent against a target of 16.66 percent. The 2020/21 Māori workforce annual target had been set at 17.54 percent.

The Chair referred to the First Specialist Assessment 'could not attend' statistics and noted the report did not provide specific solutions on how the system can address the equity gap.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

19. CHIEF NURSE & MIDWIFERY OFFICER REPORT

The Chief Nurse & Midwifery Officer took this report as read. She acknowledged Panu Te Whaiti, Board Observer and RN/Nurse Team Leader at Totara Health, whose training was through the Nurse Entry to Practice Programme (NETP). Panu also received a Turuki scholarship.

Comments noted during discussion included:

- Turnover had increased, with nurses moving out of the area
- International qualified nurses were not coming into the country
- The DHB was working to bring nurses who had been out of practice for a number of years back into registration
- While the DHB had 200 contracted FTEs, that equated to about 400 staff which highlighted that many staff worked part-time

A request was made for statistics on the dates when Māori staff commenced and finished at the DHB. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

20. HAWKE'S BAY MEDICAL RESEARCH FOUNDATION

Hayley Anderson advised that as a Board member she attended the Hawke's Bay Medical Research Foundation meeting every two months. The Foundation produced a regular newsletter which she would circulate to Board members. The Foundation also had an annual funding round, the funding of which came from investments that were gained from funds held and membership fees. The ability to engage research locally and support those who were interested in research was something she supported. Hayley advised that about 4-5 pieces of research were in train and she encouraged anyone in the sector who wanted to do some research to look at the funding applications which opened in November 2020.

The Foundation's AGM was on Monday 16 November 2020 at 5pm in the Education Centre. The guest speaker was Dr Anita Jagroop-Dearing who would be giving a presentation on 'A Summary of the Largescale Havelock North Campylobacter Outbreak and the Associated Hospitalisations'. Hayley encouraged as many people to support the Foundation and attend the AGM and agreed to forward the invitation to Board members and ELT. **Action**

21. ALLIED LAUNDRY SERVICES LIMITED GENERAL MEETING

Ken Foote was in attendance for this item as the HBDHB shareholder representative.

Ken provided an overview of the Chair and Chief Executive's report for the year ended 30 June 2020 including strategic developments.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the Annual Report and Financial Statements for Allied Laundry Services Ltd (ALS) for the year ended 30 June 2020.
2. **Note** the accounts have been reviewed but not yet signed off by ALS auditors due to timing of the notification for the AGM.
3. **Appoint** Ken Foote as the HBDHB Shareholder Representative to attend the Allied Laundry Services Limited Annual General Meeting to be held Tuesday 24 November 2020, with Carriann Hall as his Alternate.

MOVED: Hayley Anderson
SECONDED: David Davidson

Carried

22. CENTRAL REGION'S TECHNICAL ADVISORY SERVICES LTD ANNUAL GENERAL MEETING

RECOMMENDATION

That the HBDHB Board:

1. **Note** the Annual Report for TAS for the year ended 30 June 2020.
2. **Appoint** Keriana Brooking as the HBDHB representative to attend the TAS Annual General Meeting to be held Wednesday 2 December 2020.

MOVED: Shayne Walker
SECONDED: Evan Davies

Carried

23. RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board

Exclude the public from the following items:

24. Confirmation of Previous Minutes 16 September 2020 - Public Excluded
25. Matters Arising (Public Excluded)
26. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
27. Chair's Report (Public Excluded)
28. Chief Executive Officer's Report (Public Excluded)
29. Planning & Funding Monthly Report (Public Excluded)
30. Board Health & Safety Champions' Report (Public Excluded)
31. Hawke's Bay Clinical Council Report (Public Excluded)
32. Hawke's Bay Health Consumer Council Report (Public Excluded)
33. Finance Risk and Audit Committee Meeting 21 October 2020 (Public Excluded)

MOVED: Shayne Walker
SECONDED: David Davidson

Carried

The public section of the Board meeting concluded at 2.55pm.

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	19/8/20	**Cervical Screening Outcomes for Māori** DHB to look at the cervical screening programme from Korowai Aroha in Rotorua	Acting ED Health Improvement & Equity	November	Verbal update to be provided at November meeting.
2	16/9/20	**Wairoa Community Partnership Group** DHB representative to be confirmed	Acting ED Planning & Funding	October	CEO to meet with Wairoa Community Partnership Group 27 November to work through how the DHB might support the group and to confirm a DHB representative at their meetings.
3	21/10/20	**Treaty Obligations** Board to receive a paper around HBDHB's Treaty obligations Heather to discuss with CEO offline	Acting ED Health Improvement & Equity	November	CEO and Acting ED Health Improvement & Equity to discuss the framework and then respond to Heather Skipworth.
4	21/10/20	**Te Pitau Health Alliance** Letters to be sent to members thanking them for their contribution and for the work they had done while a member of the Alliance	CEO / Acting ED Planning & Funding	November	Waiting on Te Pitau governance approval on the next steps, after which letters will be sent to members.
5	21/10/20	**Aged Residential Care Facilities** Board to receive further information and detail around residential options available in Hawke's Bay	Acting ED Planning & Funding	November	Included in Planning & Funding report.
6	21/10/20	**Support for Elderly People** Discuss with Annie Aranui (MSD) what social support is available for elderly people who are discharged from hospital	CEO	November	CEO and Acting ED Health Improvement & Equity to schedule a meeting to discuss health funding vs other social support funding available to the community. Information on social support available to elderly people discharged form

Action	Date Entered	Action to be Taken	By Whom	Month	Status
					hospital included in Planning & Funding report.
7	21/10/20	**Dermatology Service, Napier Health** A communication to be developed around the impact of the move of this service into the Napier Health Centre	Executive Director, Communications	November	Communication has been signed off and forwarded to the Board on 2/11/20
8	21/10/20	**Whare Accommodation** Information to be provided on the number of days whānau are staying at the whare	Acting ED Health Improvement & Equity	November	The number of days whānau stay range from between 1-2 days to 28 days. On average stays are five days
9	21/10/20	**Staff Training** Update to be provided on training within the DHB, including any areas where staff were not undertaking the training and the impact of not attending	ED Financial Services	November	To be included in the People Safety & Quality quarterly report to the November FRAC meeting
10	21/10/20	**Clinical Council Membership** Diversity of membership to be considered with some urgency	Co-Chairs	November	Terms of Reference discussed at the Clinical Council meeting on 4/11/20 and the membership discussed as part of that
11	21/10/20	**Health Roundtable Data** Clinical Council to look at the data with an equity focus	Co-Chairs	November	This will be discussed in the Patient Safety Report at FRAC. Clinical Council has recommended a letter to Health Roundtable to improve the data set quality.
12	21/10/20	**Turnover of Māori staff** Board to receive statistics on the dates when Māori staff commenced and finished with the DHB	ED Financial Services	November	To be included in the People Safety & Quality quarterly report to the November FRAC meeting
13	21/10/20	**Hawke's Bay Medical Research Foundation** Circulate details of the HBMRF AGM on 16 November 2020	Board Administrator	Following meeting	Completed

MASTER as at 9 November 2020	Destination Month	EMT Member	Lead/Author	PHLG Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Access Booking and Choice (Outpatient)	Nov-20	Chris Ash						18-Nov-20	
HIE & Pop Health Quarterly Report	Nov-20	Patrick Le Geyt							18-Nov-20
Patient Safety and Quality Quarterly Report (FRAC) (Feb, May, Aug, **Nov**)	Nov-20	Robin Whyman	Susan Barnes			4-Nov-20		18-Nov-20	
People Safety and Wellbeing Quarterly Report (FRAC) (Feb, May, Aug, **Nov**)	Nov-20	Carriann Hall	Tracey Paterson					18-Nov-20	
Financial Performance Report	Nov-20	Carriann Hall						18-Nov-20	18-Nov-20
Chief Executive Officer's Report	Nov-20	Keriana Brooking							18-Nov-20
Planning & Funding Monthly Report	Nov-20	Emma Foster							18-Nov-20
Health Services (DHB Provider Arm) Monthly Report	Nov-20	Chris Ash							18-Nov-20
Akina (Continuous Improvement) - Safety in the Community	Nov-20	Anne Speden							18-Nov-20
Board Approval of Actions Exceeding Limits Delegated by CEO	Nov-20	Emma Foster							18-Nov-20
Risk Management Report	Nov-20	Carriann Hall						18-Nov-20	
HBDHB Health System Performance Dashboard (quarterly)	Nov-20	Emma Foster						18-Nov-20	18-Nov-20
Holidays Act Update	Nov-20	Carriann Hall						18-Nov-20	
HBDHB Annual Report	Nov-20	Emma Foster						18-Nov-20	
Registered Projects Dashboard	Nov-20	Emma Foster						18-Nov-20	
Surgical Services Expansion Project	Nov-20	Carriann Hall						18-Nov-20	
Current Capital Commitments	Nov-20	Carriann Hall						18-Nov-20	
Governance Responsibilities including GAP Analysis	Dec-20	Keriana Brooking						16-Dec-20	
Internal Audit Report - Primary / Secondary Data Sharing and Utilisation Review	Dec-20	Carriann Hall	Jared McGillicuddy					16-Dec-20	
LINAC Business Case	Dec-20	Carriann Hall	Paula Jones/ Paula Balchin					16-Dec-20	
Audit New Zealand - Interim Audit Report for year ended June 2020	Dec-20	Carriann Hall						16-Dec-20	
Communications Quarterly Report	Dec-20	Anna Kirk							16-Dec-20
Internal Audit Report - Health & Safety - Enforceable Undertaking	Dec-20	Carriann Hall	Jared McGillicuddy					16-Dec-20	16-Dec-20
Medicine Reconciliation Audit Update	Dec-20	Andy Phillips	Claire Fraser					16-Dec-20	16-Dec-20
Te Ara Whakawaiora - Adult Health / Health of Kaumatua	Dec-20	Emma Foster/ Patrick Le Geyt			2-Dec-20	2-Dec-20	3-Dec-20		16-Dec-20
Financial Performance Report	Dec-20	Carriann Hall						16-Dec-20	16-Dec-20
Chief Executive Officer's Report	Dec-20	Keriana Brooking							16-Dec-20
Planning & Funding Monthly Report	Dec-20	Emma Foster							16-Dec-20
Health Services (DHB Provider Arm) Monthly Report	Dec-20	Chris Ash							16-Dec-20

MASTER as at 9 November 2020	Destination Month	EMT Member	Lead/Author	PHLG Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Akina (Continuous Improvement)	Dec-20	Anne Speden							16-Dec-20
Board Approval of Actions Exceeding Limits Delegated by CEO	Dec-20	Emma Foster							16-Dec-20
Risk Management Report	Dec-20	Carriann Hall				2-Dec-20		16-Dec-20	
Directors and Officers Policy	Dec-20	Carriann Hall						16-Dec-20	
Model of Care	Dec-20	Emma Foster						16-Dec-20	
HBDHB Commitment to Health and Safety Jan 2021 - Dec 2021	Dec-20	Carriann Hall							16-Dec-20
Delegations of Authority	Dec-20							16-Dec-20	
STANDING ITEMS									
PERFORMANCE MONITORING									
INTERNAL AUDIT REPORTS									
QUARTERLY / SIX MONTHLY REPORTS									
BUSINESS CASES									
OTHER REPORTS									

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**November 2020 CEO Board Governance Report**
	For the attention of: **HBDHB Board**
Document Owner	Keriana Brooking, Chief Executive Officer
Month as at	11 November 2020
Consideration:	For information
RECOMMENDATION: **That the Board:** 1. **Receives and notes** the contents of this report	

INTRODUCTION

I attended on Monday 09 November my first pōwhiri to welcome new staff to Hawke's Bay DHB. I thanked the new and returning staff for picking our organization, and spoke of the tough but rewarding path ahead of them. I want to particularly mention the Tuakana Teina Summership Interns programme and the 5 interns that will be working in Māori Health, it was lovely to meet them at the whakawhanaungatanga session after the pōwhiri.

Congratulations again to Dr Nicholas Jones, our Medical Officer of Health, we were all immensely happy and proud to learn he had been awarded a Public Services Medal. Along with Dr Jones and his whānau, I attended the ceremony at Parliament on Monday 02 November. Mention must also be given to another medal recipient and Hawke's Bay resident, Annie Aranui, Regional Commissioner, Ministry of Social Development.

PRIVACY COMMISSIONER

On 3 November, the Executive hosted a visit and discussion with John Edwards, Privacy Commissioner on the changes that will be made as part of the updating of the Privacy Act. There is a great deal of information about the changes in the public domain including on the Privacy Commission website. A board update session has been scheduled for the morning of Board day to talk through the changes.

OCTOBER AND YEAR TO DATE FINANCIAL RESULT, AND FORECAST

Due to continued acute occupancy and sustained issues with flow in Providing Health Services, the Operating Result landed $86k adverse in month and the favourable year-to date variance reduced to $335k. The result would have been more adverse it not been for largely non-recurrent favourable variances, such as vacancies and leave in non-acute services. Further detail on the financial result is provided in the Financial Performance Report.

CENTRAL REGION CHIEF EXECUTIVE'S FORUM

The forum was held in Wellington 02 November, the following items were covered at the meeting:

- Regional digital services update – Anne Speden is the Regional lead with Russell Simpson the CEO lead. Following the October meeting there is a continued focus on working together on the analysis required to fully understand the risks and controls needed when boards are considering moving information (including the consideration of Māori data sovereignty) into cloud services.

- Regional Service plan – the plan to present to the board in November for discussion and consideration has been deferred to December. This is to allow the Regional Chairs group to receive information on regional priorities for their consideration and sign out.

NATIONAL CHIEF EXECUTIVE'S FORUM

The forum will be held in Wellington 11 and 12 November, and will include a joint session with the Chairs. The primary focus of the meeting will be to discuss working with the Ministry on the expectations and deliverables for the new Government, continuation of the collective work for COVID-19, presentations from Major Trauma and the National DHB Chief Information Officer Group. We will also receive a presentation from our Ministry colleagues on Drinking Water reform.

PLANNING AND FUNDING REPORT

Progress is continuing in the roll out of the $2.4 million annual plan investment. HealthPathways, Clinical Pharmacy Facilitation extension, Telehealth and Heart Failure rehabilitation initiatives are making good progress. Robust plans are in place for the sexual health action plan, culturally responsive primary care services in Ahuriri, Integrated care team and community coordinators in Wairoa. Planning and whānau engagement is well underway for the whānau led respiratory programme and the Hapū māmā initiatives. It is expected that these will all be in place by mid-December 2020.

COVID-19

We are moving forward in creating a comprehensive plan to manage resurgence. With staff working to capacity in their business as usual (BAU) roles, we have a balance to be struck with the work to prepare for Covid-19 resurgence. Our key areas of focus include creating a plan for vaccination as this may be complex including cold chain accreditation. Our main opportunity to manage resurgence is at the border and we are working closely with Napier port to ensure that all staff are tested with appropriate frequency and to manage entry of crew on shore leave and for medical emergencies. There is significant work yet to be completed to ensure that residential care is well supported during resurgence. We now have good processes in place for Managed Isolation and will progress arrangements further with MBIE. Testing of symptomatic people continues to be driven by local and national factors with the low rate of influenza contributing to relatively low testing rates. Work is underway to refine the testing plan.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report October 2020** For the attention of: **HBDHB Board**
Document Owner	Carriann Hall, Executive Director Financial Services
Document Author	Phil Lomax, Financial and Systems Accountant
Reviewed by	Carriann Hall, Executive Director Financial Services
Month/Year	November, 2020
Purpose	For Information

RECOMMENDATION:

That the HBDHB Board:

Note the contents of this report

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The operating result for October was $86k adverse, taking us to $334k favourable year to date (YTD). Higher than budgeted costs, as a result of ongoing acute occupancy and other activity pressures in Hawke's Bay Hospital driven by overspends in Providing Health Services. These could not be fully offset in other areas this month. Board and management held a workshop in November to focus on the complex factors underpinning these issues.

Overall results to date and forecast are summarised in the following table. Operating Revenue favourable variance more than offsets the YTD adverse variance in Funding Other Providers as revenue contracts settled, but budgets transfers have not been finalised.

	October				*Year to Date*				*Year End*	
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*	Refer Appendix
Operating Revenue	55,974	55,755	219	0.4%	222,042	219,900	2,142	1.0%	663,141	1
Less:										
Providing Health Services	27,168	26,692	(476)	-1.8%	106,754	105,439	(1,314)	-1.2%	327,917	2
Funding Other Providers	24,031	24,287	256	1.0%	94,653	94,377	(276)	-0.3%	284,184	3
Corporate Services	5,181	5,268	88	1.7%	20,684	21,026	342	1.6%	62,796	4
Reserves	180	7	(173)	>-100%	2,854	2,295	(559)	-24.4%	4,497	5
Operating Result	**(587)**	**(500)**	(86)	-17.3%	**(2,903)**	**(3,237)**	334	10.3%	**(16,253)**	
Plus:										
Emergency Response (COVID-19)	(168)	-	(168)	0.0%	(1,101)	-	(1,101)	0.0%	(2,697)	
Holidays Act Remediation	(138)	-	(138)	0.0%	(1,039)	-	(1,039)	0.0%	(3,696)	
	(893)	**(500)**	(392)	-78.5%	**(5,043)**	**(3,237)**	(1,807)	-55.8%	**(22,646)**	

Risks, Opportunities & Issues

The forecast highlights a potential for overspend against plan on Operating Result. This reflects an assessment of the high risk areas below particularly regarding occupancy and activity in Hawke's Bay Hospital.

High risk areas are:

- acute occupancy and other activity driven costs in Providing Health Services and the capability and capacity of the rest of the DHB to offset this
- there has been solid performance in Planned Care to-date and additional confidence through outsourced contracts, however this needs to remain an area of focus so performance can be maintained
- current industrial relations environment and other national negotiations, could see material cost increases. The DHB does not have contingency to manage these

The DHB is favourable to plan and committed to achieving the financial plan at full year. Opportunities include:

- Investments to deliver actions that support ongoing sustainability, in year and to support moving back to a breakeven position in future years
- Intensive support of directorates particularly impacted by occupancy and activity issues

Other Performance Measures

	October				Year to Date				Year End	Refer
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	Appendix
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Capital spend	713	3,577	(2,864)	-80.1%	4,679	10,314	(5,635)	-54.6%	45,058	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,651	2,596	(55)	-2.1%	2,613	2,606	(7)	-0.3%	2,630	2 & 4

- Capital spend (Appendix 10)

  Variances on strategic capital projects is the main driver of the underspend to date, this is partly due to uncertainty of timing of expenditure at planning and partly a result of slippage. Once we have finalised timing of these projects, we will look to rephase the plan. Block allocations are likely to be mostly caught up later in the year.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $23.4m overdrawn on 1 October immediately prior to receipt of MOH funding for the month, and well within the $35m statutory limit, which increased as a result of approval of Annual Plan. The $14.9m cash balance at the end of the month is close to the $14.7m forecast.

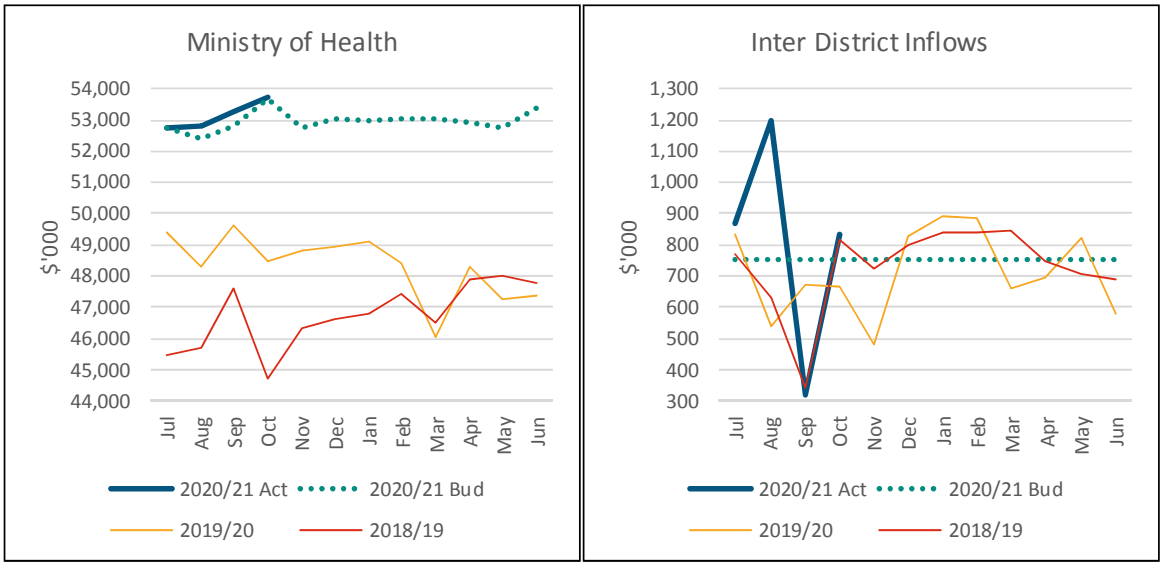
- Employees (Appendices 2 & 4)

  Vacancies across medical, allied health, and management and administration, were mostly offset by higher than planned nursing and support numbers. The higher staffing relating to patient watches and additional nursing staff in acute services due to issues with patient flow and the requirement to staff additional bed capacity over establishment.

APPENDICES

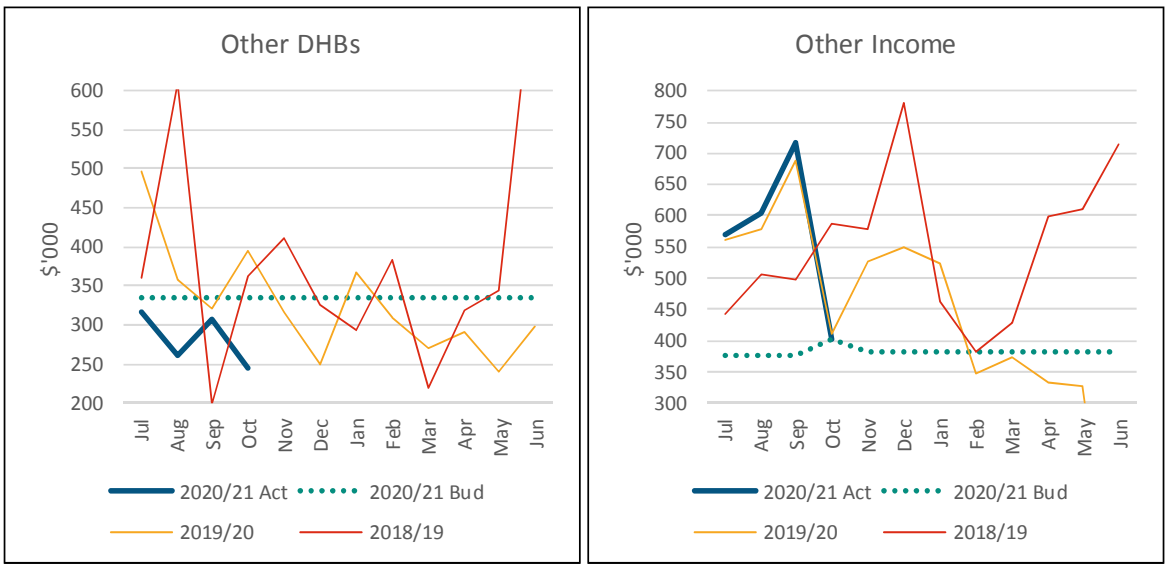
1. OPERATING REVENUE

Excludes revenue for COVID-19	*October*				*Year to Date*				*Year End*
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Ministry of Health	53,741	53,672	68	0.1%	212,531	211,611	920	0.4%	637,265
Inter District Flows	833	752	81	10.8%	3,215	3,009	206	6.8%	9,152
Other District Health Boards	245	334	(89)	-26.7%	1,128	1,336	(208)	-15.6%	3,892
Financing	6	3	3	106.7%	26	15	11	72.4%	52
ACC	527	418	109	26.1%	1,890	1,743	147	8.4%	5,464
Other Government	71	65	7	10.1%	175	223	(47)	-21.3%	423
Abnormals	-	-	-	0.0%	200	-	200	0.0%	200
Patient and Consumer Sourced	148	108	40	36.9%	584	432	151	35.0%	1,423
Other Income	403	402	0	0.1%	2,292	1,530	762	49.8%	5,270
	55,974	**55,755**	219	0.4%	**222,042**	**219,900**	2,142	1.0%	**663,141**



Ministry of Health ($0.9m favourable YTD)
Mental health and addictions services, training revenue, and family planning funding, all offset in expenditure.

Inter District Flows ($0.2m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.

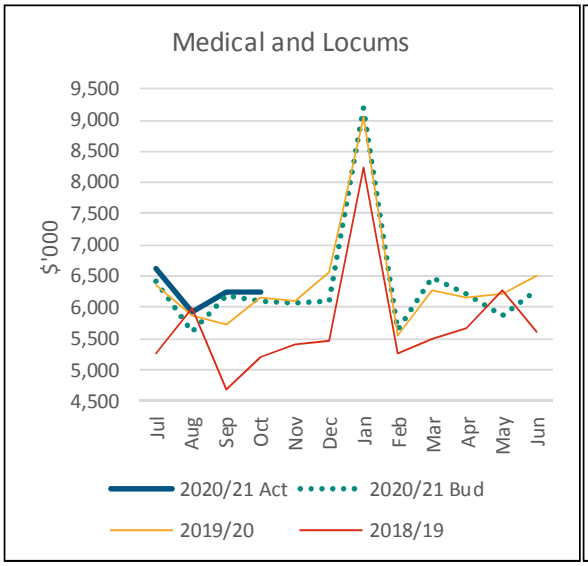


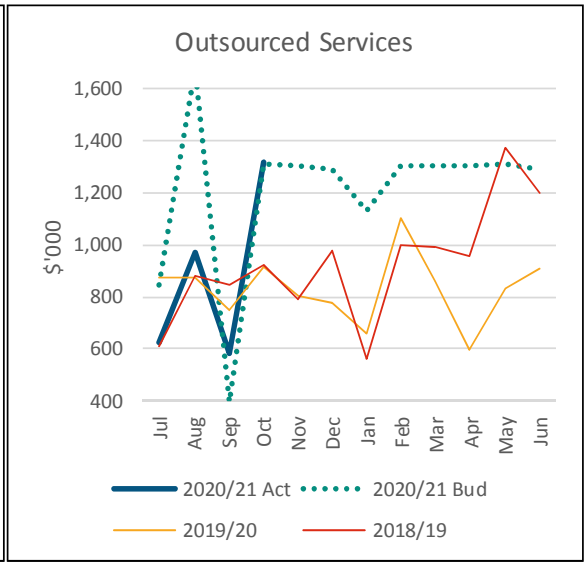
Other District Health Boards ($0.2m adverse YTD)
Reduced revenue from Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), partly offset by increased revenue from Mid Central DHB for oncology clinics.

Other income ($0.8m favourable YTD)
Includes unbudgeted donations, return on investment in Allied Laundry Services, and a wide range of income items across the DHB. The diversity and volatility of income sources and a conservative approach to budgeting, means this has traditionally tracked favourably and we expect that to continue.

2. PROVIDING HEALTH SERVICES

	October				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	6,240	6,094	(146)	-2.4%	25,021	24,305	(716)	-2.9%	78,041
Nursing personnel	8,587	8,089	(498)	-6.2%	32,770	32,363	(407)	-1.3%	98,734
Allied health personnel	3,494	3,627	133	3.7%	13,961	14,329	367	2.6%	42,682
Other personnel	2,268	2,391	123	5.2%	9,216	9,388	172	1.8%	28,003
Outsourced services	1,320	1,312	(8)	-0.6%	3,495	4,227	732	17.3%	15,223
Clinical supplies	3,766	3,704	(62)	-1.7%	16,037	14,949	(1,088)	-7.3%	46,535
Infrastructure and non clinical	1,494	1,477	(17)	-1.2%	6,255	5,880	(375)	-6.4%	18,698
	27,168	**26,692**	**(476)**	**-1.8%**	**106,754**	**105,439**	**(1,314)**	**-1.2%**	**327,917**
Expenditure by directorate $'000									
Medical	8,019	7,398	(621)	-8.4%	31,006	29,659	(1,348)	-4.5%	93,756
Surgical	6,398	6,335	(63)	-1.0%	24,622	24,431	(191)	-0.8%	77,681
Community, Women and Children	4,265	4,259	(6)	-0.1%	16,585	16,925	340	2.0%	50,949
Mental Health and Addiction	2,011	1,940	(71)	-3.7%	7,812	7,701	(110)	-1.4%	23,554
Older Persons, NASC HB, and Allied H	1,518	1,477	(41)	-2.8%	5,845	5,887	42	0.7%	18,165
Operations	4,138	4,209	71	1.7%	16,813	16,420	(393)	-2.4%	50,096
Other	821	1,075	255	23.7%	4,070	4,416	345	7.8%	13,715
	27,168	**26,692**	**(476)**	**-1.8%**	**106,754**	**105,439**	**(1,314)**	**-1.2%**	**327,917**
Full Time Equivalents									
Medical personnel	388.9	398.2	9	2.3%	379	393	14	3.6%	401.7
Nursing personnel	1,125.4	1,029.4	(96)	-9.3%	1,090	1,051	(39)	-3.7%	1,060.5
Allied health personnel	499.0	522.2	23	4.4%	501	516	15	2.8%	517.7
Support personnel	133.0	118.9	(14)	-11.8%	130	119	(11)	-9.4%	120.7
Management and administration	278.2	293.0	15	5.0%	287	296	9	3.0%	297.7
	2,424.5	**2,361.7**	**(63)**	**-2.7%**	**2,387**	**2,375**	**(12)**	**-0.5%**	**2,398.2**





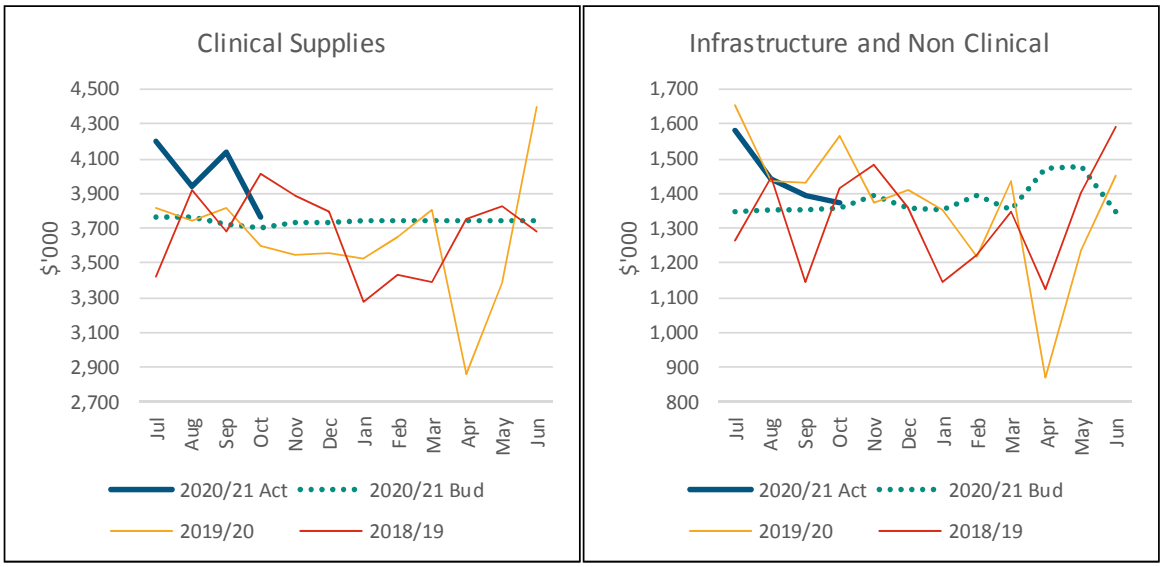
Medical personnel and locums ($0.7m adverse YTD)

Locum vacancy cover exceeds the savings from vacancies, the two main drivers are:

- Acute occupancy pressures and acute services
- In-house elective activity (offset in Outsourced Services)

Outsourced services ($0.7m favourable YTD)

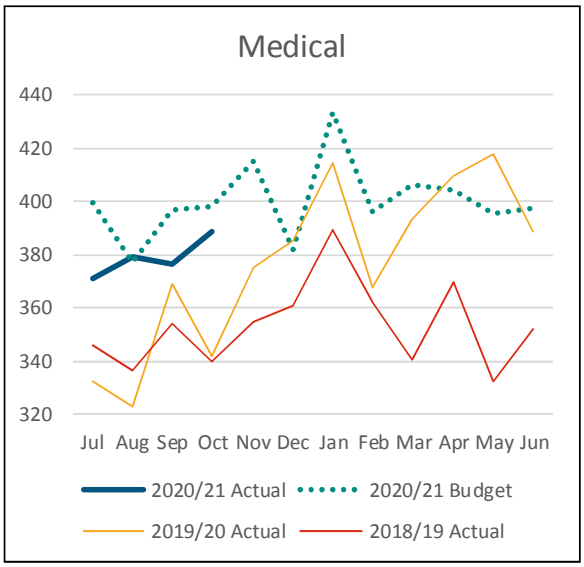
The delivery of planned care procedures in-house rather than outsourced provides the favourable variance. This offsets adverse variances related to planned care delivery in Clinical Supplies and Medical Personnel and Locums. Outsourced radiology reads continue to overspend.

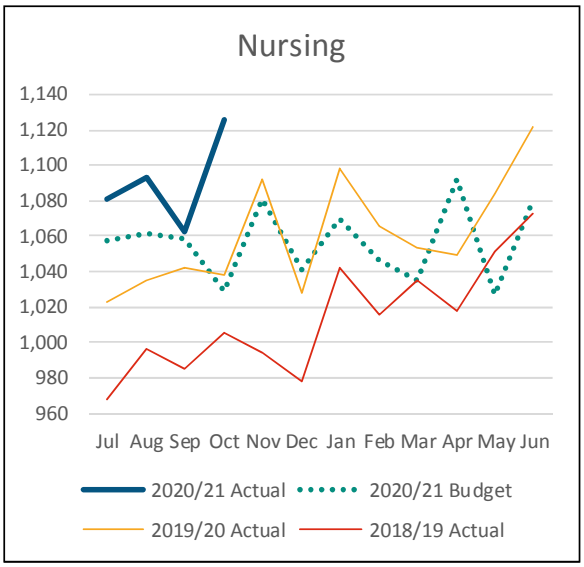


Clinical supplies ($1.1m adverse YTD)
Implants and prostheses, pharmaceuticals, and disposable instruments, reflect the volume of elective procedures completed in-house, rather than outsourced. Blood products (Intragam) and patient transport costs also contribute.

Infrastructure and non clinical supplies ($0.4m adverse YTD)
Laundry, external security, cleaning and food costs reflect patient throughput year to date.

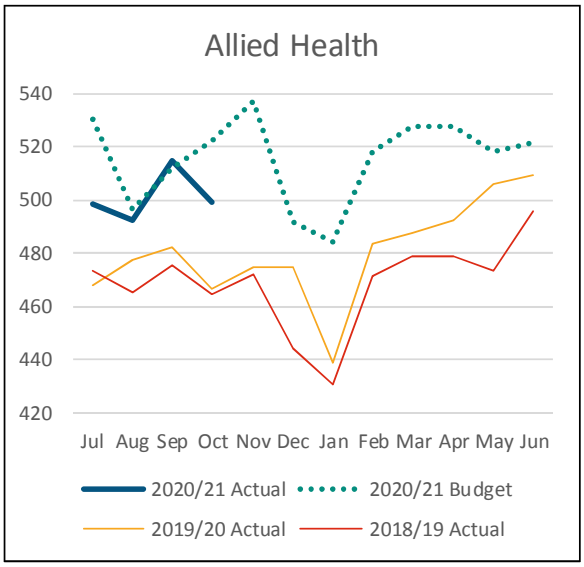
Full Time Equivalents (FTE)

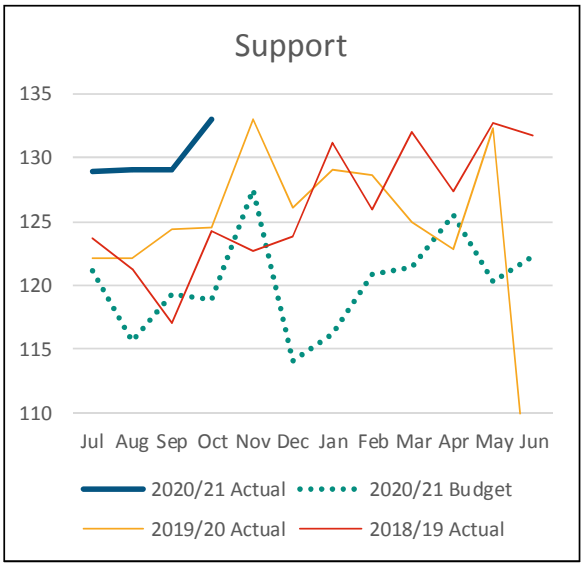




Medical personnel (14 FTE / 3.6% favourable)
Specialist vacancies, mainly in gastroenterology and geriatrics. These positions are covered by locums where available.

Nursing personnel (-39 FTE / -3.7% adverse)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches.





Allied health personnel (15 FTE / 2.8% favourable)
Ongoing vacancies including social workers, pharmacists, physiotherapists and technicians.

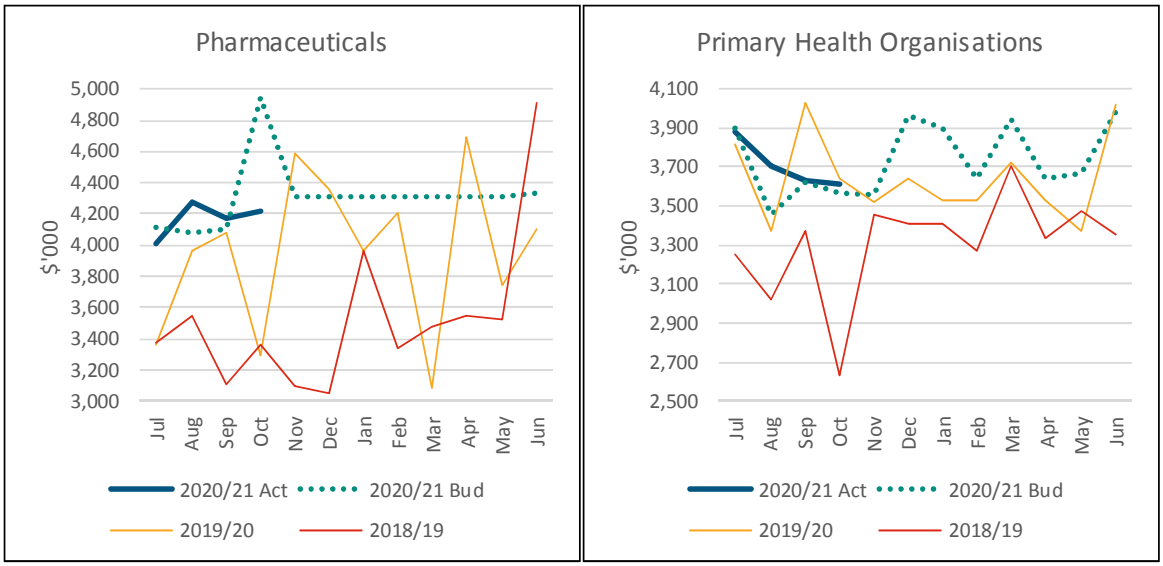
Support personnel (-11 FTE / -9.4% unfavourable)

Hospital capacity and patient dependency drive personnel costs including orderlies, and kitchen assistants. The directorate is being supported in a number of actions to manage these issues, through Service Improvement and other actions.

3. FUNDING OTHER PROVIDERS

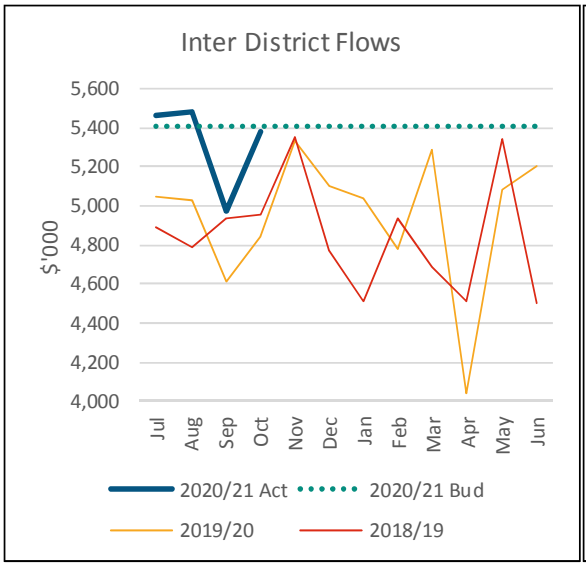
$'000	October Actual	October Budget	October Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,220	4,947	728	14.7%	16,672	17,236	563	3.3%	50,300
Primary Health Organisations	3,608	3,567	(42)	-1.2%	14,818	14,541	(276)	-1.9%	45,254
Inter District Flows	5,382	5,411	29	0.5%	21,300	21,644	344	1.6%	64,618
Other Personal Health	2,163	2,060	(103)	-5.4%	8,865	8,359	(506)	-6.1%	26,705
Mental Health	1,228	1,116	(112)	-10.1%	4,747	4,474	(273)	-6.1%	13,717
Health of Older People	6,734	6,605	(129)	-1.9%	26,386	26,426	40	0.2%	79,132
Other Funding Payments	695	581	(115)	-19.8%	1,865	1,697	(169)	-9.9%	4,457
	24,031	24,287	256	1.1%	94,653	94,377	(276)	-0.3%	284,182
Payments by Portfolio									
Strategic Services									
Secondary Care	5,338	5,015	(323)	-6.4%	20,158	20,059	(99)	-0.5%	60,325
Primary Care	9,126	9,968	842	8.4%	37,051	37,171	120	0.3%	112,324
Chronic Disease Management	-	-	-	0.0%	-	-	-	0.0%	-
Mental Health	1,566	1,413	(153)	-10.9%	6,034	5,800	(234)	-4.0%	17,745
Health of Older People	7,277	7,166	(111)	-1.6%	28,677	28,672	(5)	0.0%	85,933
Other Health Funding	-	-	-	0.0%	-	-	-	0.0%	-
Maori Health	520	537	17	3.1%	2,142	2,147	5	0.2%	6,455
Population Health	203	188	(14)	-7.7%	592	528	(64)	-12.1%	1,401
	24,031	24,287	256	1.1%	94,653	94,377	(276)	-0.3%	284,182

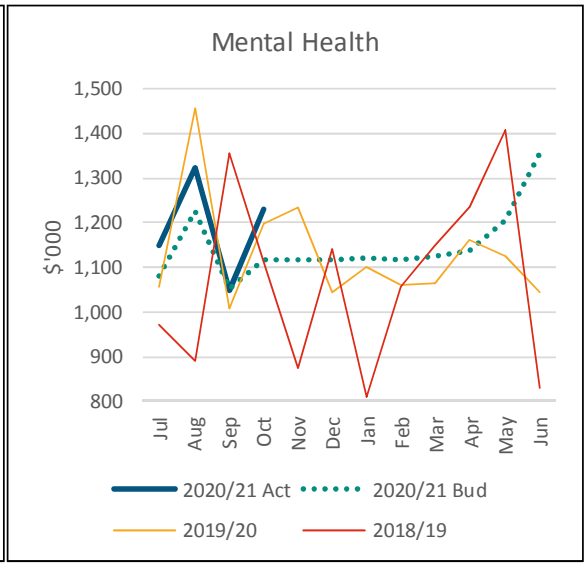
Managing demand and capacity across services highly sensitive to demand such as Aged Residential Care and Primary Care continues to be the highest risk area, although Health of Older People is tracking better than 2019/20 due to the reset of budgets into this financial year.



Pharmaceuticals ($0.6m favourable YTD)
Provisioning based on latest PHARMAC forecast.

Primary Health Organisations ($0.3m adverse YTD)
Additional costs relate to first contact services.

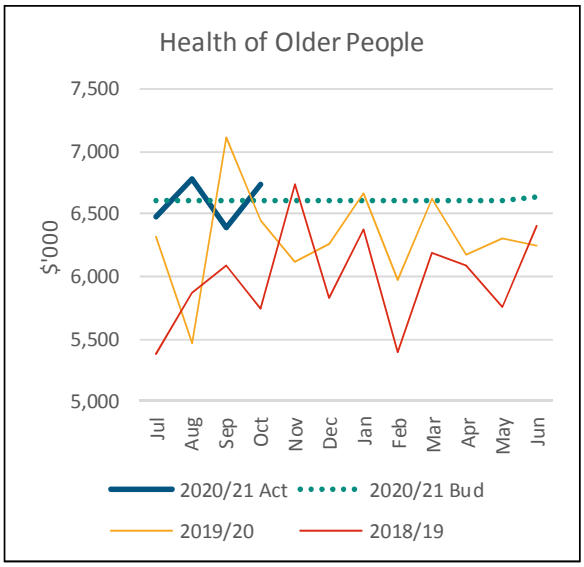




Inter District Flows ($0.3m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.

Other Personal Health ($0.5m adverse YTD)
Advisory services from pharmacies, contributions to the National Haemophilia Management Group which have increased more than budgeted and may be further risk into the year, and first contact/general medicine payments.

Mental Health ($0.3m adverse YTD)
Higher than planned expenditure on home based support and community residential, offset in revenue.



Health of Older People (close to budget YTD)
This expenditure is sensitive to demand and capacity, as well as the types of care required and these aspects are being monitored closely, acknowledging the pivotal role aged residential care provides in overall patient flow.

4. CORPORATE SERVICES

	October				Year to Date				Year End
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Operating Expenditure									
Personnel	1,694	1,776	82	4.6%	7,043	7,092	49	0.7%	21,187
Outsourced services	51	65	14	21.5%	260	261	1	0.3%	797
Clinical supplies	47	57	9	16.8%	161	226	66	29.0%	629
Infrastructure and non clinical	1,533	1,392	(141)	-10.1%	5,797	5,689	(108)	-1.9%	17,478
	3,325	3,290	(35)	-1.1%	13,261	13,268	7	0.1%	40,091
Capital servicing									
Depreciation and amortisation	1,251	1,270	19	1.5%	4,967	4,942	(25)	-0.5%	15,300
Financing	10	25	15	59.0%	78	81	4	4.4%	300
Capital charge	595	684	89	13.0%	2,379	2,735	356	13.0%	7,105
	1,856	1,979	123	6.2%	7,423	7,758	334	4.3%	22,704
	5,181	**5,268**	**88**	**1.7%**	**20,684**	**21,026**	**342**	**1.6%**	**62,796**
Full Time Equivalents									
Medical personnel	1.2	1.1	(0)	-14.3%	1	1	(0)	-4.9%	1.1
Nursing personnel	16.4	18.7	2	12.6%	19	19	(0)	-1.3%	19.1
Allied health personnel	1.0	1.6	1	39.1%	1	2	1	35.5%	1.6
Support personnel	26.7	30.9	4	13.5%	29	31	1	4.8%	30.7
Management and administration	181.0	182.1	1	0.6%	176	179	3	1.7%	178.9
	226.3	**234.4**	**8**	**3.5%**	**227**	**232**	**5**	**2.0%**	**231.4**

Capital charge is the main driver of the favourable performance and reflects the lower equity balance than projected in the plan.

5. RESERVES

	October				Year to Date				Year End
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Expenditure									
Investment reserves	(75)	(15)	60	391.8%	850	1,022	172	16.9%	3,867
Efficiencies	-	(95)	(95)	-100.0%	-	(500)	(500)	-100.0%	(835)
Other	255	117	(138)	-117.6%	2,004	1,772	(232)	-13.1%	1,465
	180	**7**	(173)	>-100%	**2,854**	**2,295**	**(559)**	-24.4%	**4,497**

Investment reserves includes provisions for annual plan investment, the Digital Enablement reserve and aged residential care growth. As plans are finalised, budgets will be moved to the appropriate areas.

The majority of the $4.1m planned efficiencies for the year are already embedded in budgets, with a further $0.1m transferred this month. The remaining $1.5m will move to where the savings will be achieved as agreements on efficiencies are completed. Taking a prudent approach, investment reserves are only being released as expenditure is incurred, whilst planned efficiencies are being fully reflected in the result.

6. FINANCIAL POSITION

30 June 2020	$'000	October Actual	October Budget	Variance from budget	Movement from 30 June 2020	Annual Budget
	Equity					
208,983	Crown equity and reserves	211,020	215,427	(4,406)	2,037	254,399
(107,310)	Accumulated deficit	(112,353)	(80,473)	(31,881)	(5,043)	(101,147)
101,673		98,667	134,954	(36,287)	(3,006)	153,252
	Represented by:					
	Current Assets					
1,198	Bank	1,114	759	355	(84)	759
1,449	Bank deposits > 90 days	1,456	1,881	(425)	7	1,881
20,896	Prepayments and receivables	21,650	22,360	(710)	754	22,725
4,626	Inventory	4,359	4,959	(600)	(267)	5,040
28,168		28,579	29,959	(1,380)	410	30,405
	Non Current Assets					
190,156	Property, plant and equipment	189,227	208,527	(19,300)	(930)	228,349
15,978	Intangible assets	16,175	4,688	11,487	197	5,258
1,341	Investments	1,371	1,120	251	30	1,120
207,475		206,773	214,335	(7,562)	(703)	234,727
235,644	**Total Assets**	**235,352**	**244,294**	**(8,942)**	**(292)**	**265,132**
	Liabilities					
	Current Liabilities					
14,430	Bank overdraft	14,853	17,501	2,647	(423)	10,159
36,438	Payables	37,976	30,795	(7,181)	(1,538)	40,697
79,814	Employee entitlements	80,566	57,475	(23,091)	(752)	54,784
-	Current portion of borrowings	-	546	546	-	3,172
130,682		133,396	106,317	(27,079)	(2,714)	108,812
	Non Current Liabilities					
3,289	Employee entitlements	3,289	3,023	(266)	-	3,068
3,289		3,289	3,023	(266)	-	3,068
133,971	**Total Liabilities**	**136,685**	**109,340**	**(27,345)**	**(2,714)**	**111,880**
101,673	**Net Assets**	**98,667**	**134,954**	**(36,287)**	**(3,006)**	**153,252**

Variances from budget:

The accumulated deficit reflects re-estimation of the Holidays Act remediation provision at 30 June 2020 (as does employee entitlements) currently going through the external audit process, and the difference from the 2019/20 result projected in the 2020/21 plan. Non current assets reflects the capital spend against plan.

7. EMPLOYEE ENTITLEMENTS

30 June 2020	$'000	*October* *Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2020*	*Annual Budget*
8,709	Salaries & wages accrued	8,835	7,211	(1,624)	(126)	4,267
1,058	ACC levy provisions	1,219	1,919	700	(161)	1,948
6,493	Continuing medical education	6,091	-	(6,091)	402	-
61,594	Accrued leave	62,440	46,243	(16,197)	(847)	46,436
5,249	Long service leave & retirement grat.	5,270	5,125	(146)	(21)	5,201
83,103	**Total Employee Entitlements**	83,855	60,498	(23,357)	(752)	57,852

Accrued leave includes (unaudited) provisioning for remediation of Holidays Act non-compliance, not allowed for when the plan was prepared.

8. PLANNED CARE

Quarter 1 Report
Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 91% of plan achieved up to the end of September. However, internal analysis indicates 93.6% achievement. We are working with MoH to rectify the data issue in this case and also for minor procedures, where internal analysis indicates we are ahead of plan, although this activity attracts much lower revenue per discharge.

Strong on-site performance earlier in the year and agreement of outsourced activity later in the year has provided solid foundations for continued performance in the year and our forecast and YTD result assumes we will achieve the delivery targets by the end of the year.

2020/21 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2020/21 Total Planned Volume
Inpatient Caseweight Delivery	2,121.8	732.1	2,853.9	2,596.8	91.0%	10,899.8
Inpatient Surgical Discharges	1,406	538	1,944	1,728	88.9%	7,428
Minor Procedures	552	233	785	31	3.9%	2,990
Non Surgical interventions	10	21	31	0	0.0%	118

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

NMDS Refresh Date: 2/11/2020 NNPAC Refresh Date: 2/11/2020
Data up to: Sep 2020 Report Run Date: 2/11/2020

9. TREASURY

Liquidity Management

The surplus cash of all DHBs is managed by NZHP under a sweep arrangement facilitated by BNZ. The DHB provides forecast cash flow information to NZHP to allow it to invest the funds at the most advantageous rates and uses the same information to ensure the DHB has the funds to meet its obligations as they fall due. The cash balance at the end of October was a $14.9m overdraft (September $20.3m).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4 of the month. November's low point is projected to be $14.8m overdrawn on 3 November. The DHBs statutory overdraft limit has increased to $35m reflecting the approval of the 2020/21 Annual Plan.

The main cash risks are the remediation of the Holidays Act and the net impact of COVID-19.

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

The block allocations are underspent at the end of October reflecting evenly spread budgets across the year, and lead times for the delivery of projects. The forecast shows most of the slippage is expected to be recovered in year.

There is also slippage on strategic projects and interim asset plan, impacted by funding agreements and COVID-19. We expect to rephase plans in the coming months to reflect these impacts.

The other category includes capital projects that are funded from sources other than the capital programme i.e. special funds (donations and bequests), MOH seed funding for programmes requiring property, plant and/or equipment to launch, and preliminary project costs that will either be capitalised or expensed dependent on whether the project goes ahead.

See table on the next page.

	Year to Date		
	Actual	*Budget*	*Variance*
	$'000	*$'000*	*$'000*
Source of Funds			
Operating Sources			
Depreciation	4,967	4,942	25
	4,967	4,942	25
Other Sources			
Special Funds and Clinical Trials	-	-	-
Funded Programmes	-	-	-
Sale of Assets	614	415	199
Equity Injection approved	738	-	738
Equity Injection to be approved	-	-	-
Source to be determined	-	-	-
	1,767	415	1,352
Total funds sourced	**6,319**	**5,357**	**962**
Application of Funds:			
Block Allocations			
Facilities	547	1,029	482
Information Services	662	1,270	609
Clinical Equipment	1,047	1,290	243
	2,256	3,590	1,334
MOH funded Startegic			
Seismic Radiology HA27	3	33	30
Surgical Expansion	121	1,538	1,417
Main Electrical Switchboard Upgrade	-	367	367
Mobile Dental Unit	-	400	400
Angiography Suite	-	500	500
Replacement Generators	(0)	333	333
Endoscopy Building (Procedure Rooms)	-	500	500
Radiology Extension	290	910	619
Seismic AAU Stage 2	1,142	687	(454)
Seismic Surgical Theatre HA37	1	525	524
Linear Accelerator	-	-	-
	1,556	5,792	4,235
DHB funded Strategic			
Surgical Expansion	-	-	-
Main Electrical Switchboard Upgrade	-	-	-
Digital Transformation	-	-	-
Cardiology PCI	-	-	-
Interim Asset Plan	320	933	613
	320	933	613
Other			
Special Funds and Clinical Trials	38	-	(38)
Funded Programmes	371	-	(371)
Other	138	-	(138)
	547	-	(547)
Capital Spend	**4,679**	**10,314**	**5,635**

11. ROLLING CASH FLOW

	Oct-20			Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
	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	68,297	68,461	163	58,416	117,923	-	58,416	61,416	57,462	58,416	60,562	60,664	60,664	64,764	61,164
Other revenue	6,635	4,326	-2,310	6,280	5,440	6,450	6,550	7,000	6,200	6,650	6,237	6,400	6,450	6,450	6,300
Total cash inflow	74,933	72,786	-2,146	64,696	123,363	6,450	64,966	68,416	63,662	65,066	66,799	67,064	67,114	71,214	67,464
Cash Outflows															
Payroll	13,662	13,783	-121	13,680	17,910	13,680	13,680	16,180	13,750	13,680	17,880	13,750	13,680	16,230	13,700
Taxes	10,823	10,703	120	9,000	6,000	12,400	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200
Sector Services	30,181	29,023	1,158	25,050	26,145	25,950	26,855	27,050	25,300	27,200	27,293	24,228	26,617	27,646	29,512
Other expenditure	14,853	13,711	1,143	13,760	17,490	14,939	15,608	15,556	15,638	14,167	21,267	19,569	15,669	15,669	13,613
Total cash outflow	69,519	67,220	2,299	61,490	67,545	66,969	65,344	67,986	63,888	64,247	75,640	66,747	65,166	68,745	66,025
Total cash movement	5,414	5,567	153	3,206	55,818	-60,519	-378	430	-227	819	-8,841	317	1,948	2,469	1,439
Add: opening cash	-20,267	-20,267	-	-14,854	-11,647	44,171	-16,348	-16,726	-16,296	-16,523	-15,704	-24,545	-24,228	-22,280	-19,811
Closing cash	-14,854	-14,701	153	-11,647	44,171	-16,348	-16,726	-16,296	-16,523	-15,704	-24,545	-24,228	-22,280	-19,811	-18,372
Maximum cash overdraft (in month)	-23,385	-14,701	-8,684	-14,777	-18,889	-16,348	-21,730	-21,608	-16,523	-16,783	-24,545	-27,355	-24,538	-27,195	-20,978

HAWKE'S BAY District Health Board Whakawāteatia	**Planning & Funding Monthly Report**
	For the attention of: **HBDHB Board**
Document Owner:	Emma Foster, Executive Director of Planning & Funding (Acting)
Month:	November 2020
Consideration:	For information
RECOMMENDATION **That the HBDHB Board** 1. Note the contents of the report	

10

Planning and Performance

Time frame for Annual Plan 2021/22:
The Ministry of Health (MoH) Annual Plan Guidance document is expected to be available in January 2021. Following timeframes from last year, we would expect the development of actions and alignment, including the strategic direction, will be completed January /February 2021.

The draft Annual Plan and Statement of Performance Expectations (SPE) and System Level Measures (SLM) Improvement Plans are completed and DHBs will submit draft Annual Plans in early March 2021. Hawke's Bay DHB will sign the SPE to enable the document to be published on the DHB websites by the end of June 2021. MoH approve SLM Improvement plans by July 2021.

Live well

Planned Care and Primary Care:

- MoH has endorsed an Improvement Action Plan initiative in Primary Care to review patients waiting over six months on the waiting list for an FSA and treatment across all specialities.
- HBDHB is working with an Allied Health and Orthopaedic team to create a wrap-around service based in the community. This service will cater for patients with musculoskeletal issues, like osteo-arthritis, and are not clinically fit for surgery. We hope to initiate this pilot programme early in February/March 2021.

A whole of sector cardiology working group has been established to align the broader cardiology system design with the cardiology project. The initial focus will be on prevention, early detection and primary care, but will broaden out once the cardiology project is completed.

As part of the long-term conditions strategic operating model development, we are moving towards increasing our outcome-based contracting, to help us achieve health equity for Māori.

Stay well

Te Ara Whakawaiora, Health of kaumatua programme of work has been initiated between Planning and Funding and Māori health. The programme of work will be based on health equity issues, considering what whānau tells us is important to them, community knowledge and what the data says.

The Ageing Well action plan will be incorporated into this programme of work and will consider specific solutions at a whānau and community level, what system changes are required, priorities and sequencing. Part of this will be considering the relationship between the Ministry of Social Development and Health, and the respective parts each sector has to support kaumatua to stay safely in their homes.

Matters arising

Aged residential Care Facilities

The Board requested further information and detail around residential options available in Hawke's Bay. Appendix 1 provides a summary of the quarterly Colmar Brunton bed surveys undertaken by age residential care (ARC) facilities nationally at quarter end. This is a summary of the Hawke's Bay bed supply and occupancy rate since 2015.

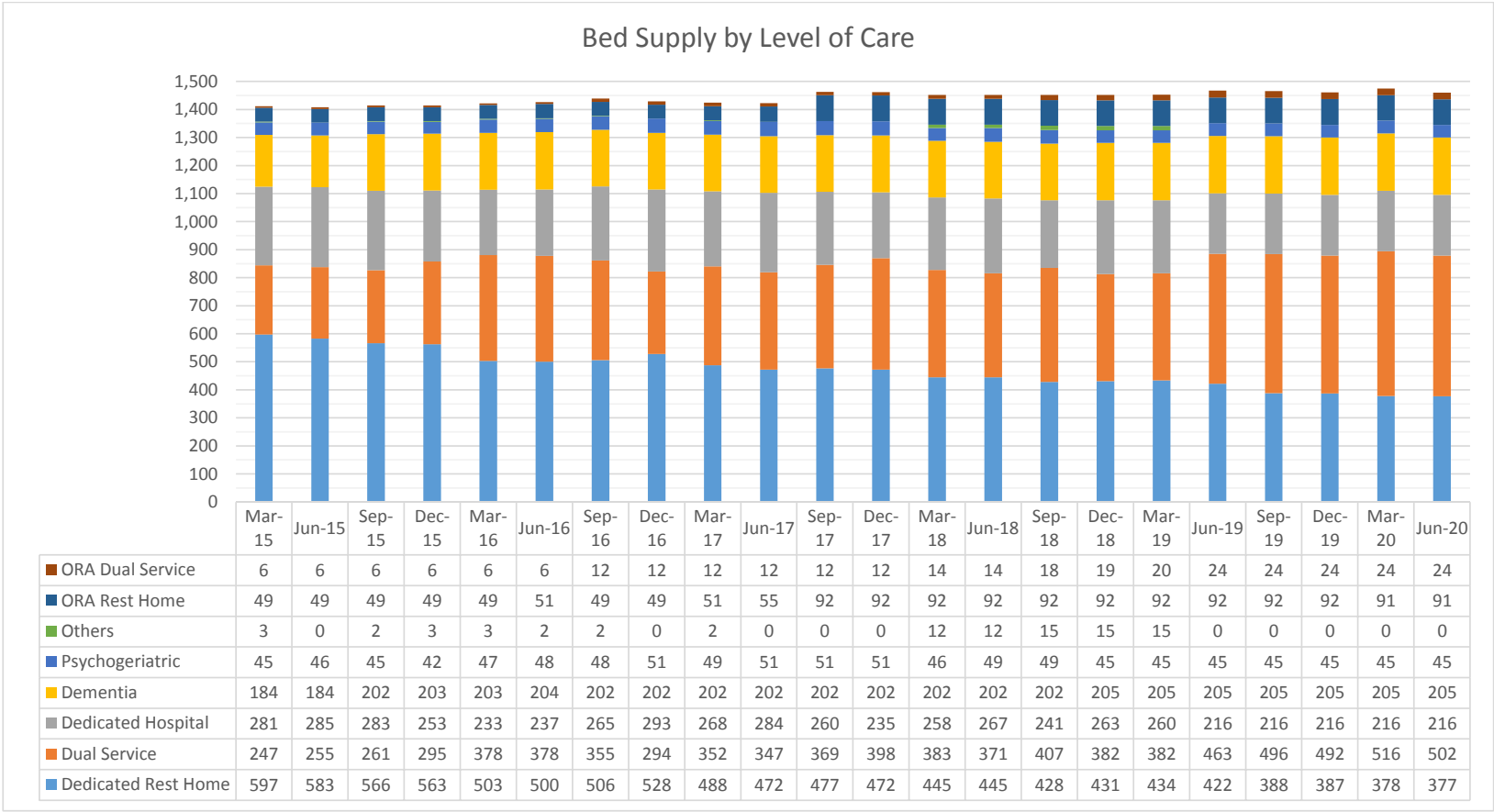
Since 2015 the only significant growth we can see is between 30 June and 30 September 2017. That increase is due to the increase in certified apartments, rather than residential bed supply. The new facilities coming on stream over the next couple of years will increase facility residential care stock. Please note our occupancy rate is consistently above the national average.

Appendix 1 also provides information on the wider housing stock in Hawke's Bay.

Support for Elderly People

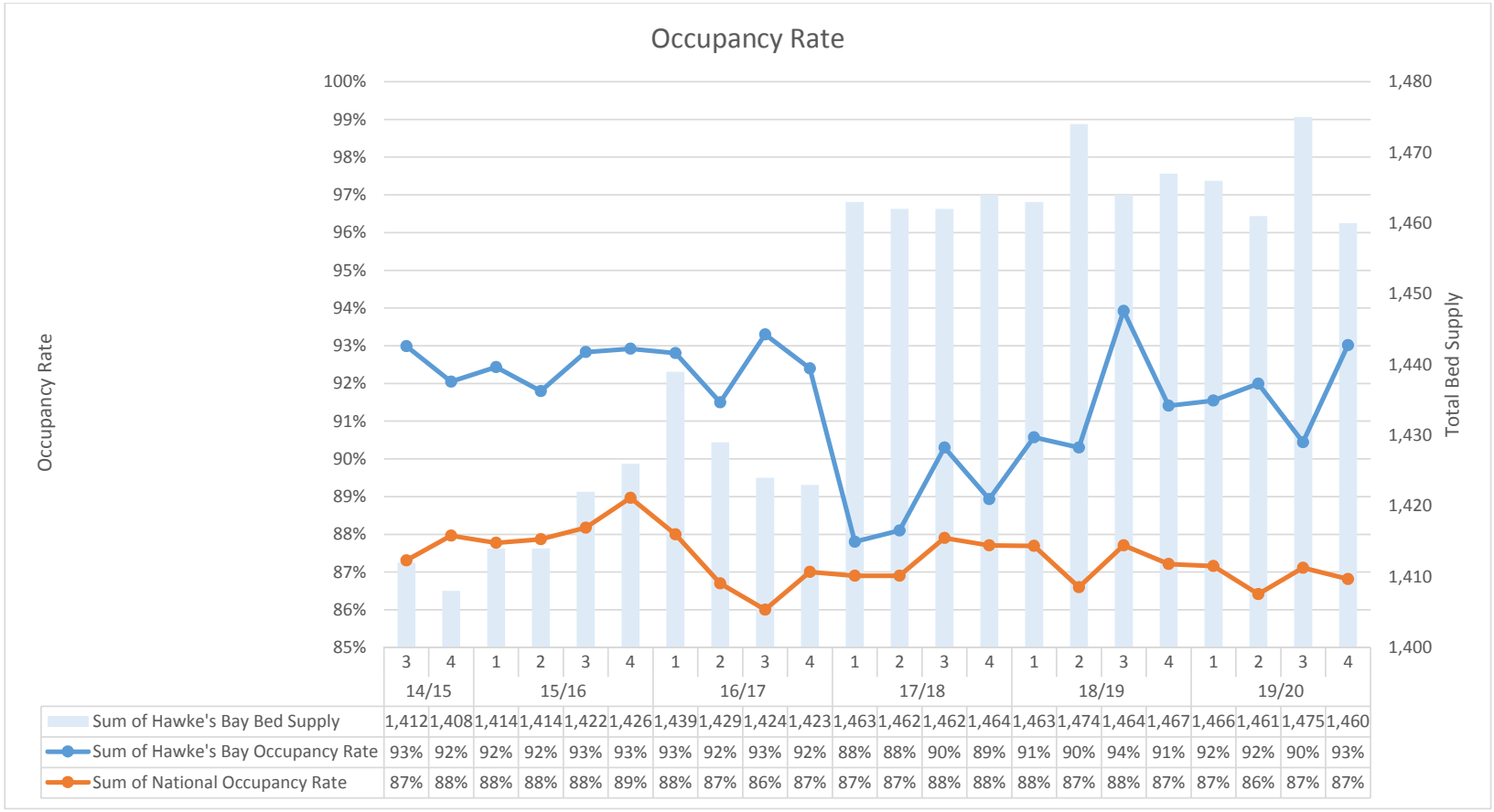
The Board requested further information around what social support is available for elderly people who are discharged from hospital. Appendix 2 provides a list of some social supports that are available for the elderly on discharge.

Appendix 1:
Hawke's Bay Age Residential Care Quarter End Bed Survey



	Mar-15	Jun-15	Sep-15	Dec-15	Mar-16	Jun-16	Sep-16	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20
ORA Dual Service	6	6	6	6	6	6	12	12	12	12	12	12	14	14	18	19	20	24	24	24	24	24
ORA Rest Home	49	49	49	49	49	51	49	49	51	55	92	92	92	92	92	92	92	92	92	92	91	91
Others	3	0	2	3	3	2	2	0	2	0	0	0	12	12	15	15	15	0	0	0	0	0
Psychogeriatric	45	46	45	42	47	48	48	51	49	51	51	51	46	49	49	45	45	45	45	45	45	45
Dementia	184	184	202	203	203	204	202	202	202	202	202	202	202	202	202	205	205	205	205	205	205	205
Dedicated Hospital	281	285	283	253	233	237	265	293	268	284	260	235	258	267	241	263	260	216	216	216	216	216
Dual Service	247	255	261	295	378	378	355	294	352	347	369	398	383	371	407	382	382	463	496	492	516	502
Dedicated Rest Home	597	583	566	563	503	500	506	528	488	472	477	472	445	445	428	431	434	422	388	387	378	377

Appendix 1 contd:



	14/15		15/16				16/17				17/18				18/19				19/20			
	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Sum of Hawke's Bay Bed Supply	1,412	1,408	1,414	1,414	1,422	1,426	1,439	1,429	1,424	1,423	1,463	1,462	1,462	1,464	1,463	1,474	1,464	1,467	1,466	1,461	1,475	1,460
Sum of Hawke's Bay Occupancy Rate	93%	92%	92%	92%	93%	93%	93%	92%	93%	92%	88%	88%	90%	89%	91%	90%	94%	91%	92%	92%	90%	93%
Sum of National Occupancy Rate	87%	88%	88%	88%	88%	89%	88%	87%	86%	87%	87%	87%	88%	88%	88%	87%	88%	87%	87%	86%	87%	87%

Appendix 1 contd:

Term	Definition
ARC	Aged Residential Care. A programme run by DHBs with the overall aim of improving the delivery of health and disability services to older New Zealanders assessed as requiring long-term residential care.
Dedicated Beds	Beds specifically dedicated for a specific category of client use. Beds dedicated for rest home use cannot be used for hospital use, or vice versa.
Dual Service Beds	Dual service beds can be compared to a pendulum – swapping from rest home to a "neutral" or "ready" state, and then swapping to a hospital bed, before swapping back to the "neutral/ready" state. Swapping from a rest home dual service bed to a hospital dual service bed is possible and is dependent on the capacity of the facility at the time of allocation of dual service beds.
Occupational Rights Agreement / Licence To Occupy (ORA/LTO)	An Occupation Right Agreement (ORA) is a legal document that gives a person the right to occupy a residential unit in a retirement village. It sets out the relevant terms and conditions, in compliance with the provisions of the Retirement Villages Act 2003 and the Retirement Villages (General) Regulations 2006. Over half of New Zealand's retirement villages offer licences to occupy (LTO). This means that you have a licence to live in the unit but the village and the individual units are owned by the company or trust operating the village. This gives you a right to live in the unit, but it doesn't mean you own the structure of the unit or the land on which it is built. Although the terms carry the same definition, the term Licence to Occupy is being phased out.
YPD	Young People with Disabilities. A definition given to people under the age of 65 who have a disability and live at an ARC facility.
Other Beds	Could be respite or short-stay beds
Other Residents	The "Other Residents" column should include any other category of person who is in a room certified for aged residential care e.g. retirement village residents who do not qualify for aged residential care, people fully funded by ACC or people with long-term conditions who are not assessed for aged residential care. Do not include retirement village residents who are not in units certified for aged residential care.

Appendix 1 contd:
Housing stock

ARRC	
Dedicated Rest Home	377
Dedicated Hospital	216
Dual Service	502
Dementia	205
Psychogeriatric	45
ORA Rest Home	91
ORA Dual Service	24
Total	**1,460**

Mental Health - DHB funded	
MH Residential	55
AoD residential	15
	70

MSD capacity (will fluctuate)* see attached for details	
Social Housing	**1522**
Transitional	**266**
Emergency	**253**
Kainga ora	Current stock
1200 in Hb looking for houses	**TBC**

Disability beds	
Range of providers incl. ACC	**345**

Social housing	
Council housing Napier / Hastings / CHB / Wairoa	

Appendix 2

Social supports available for the elderly on discharge:

- Meal options (private)
- Private help at home
- Aged concern (range of support)
- Kaumatua / Koe groups (Pasifika included)
- Taxi chits and vouchers for transport
- Driving Miss Daisy
- Bus links
- Citizens advice
- Range of illness support groups (Parkinsons – stroke etc)
- Cancer society
- Hospice
- Social exercise networks (strength and balance)
- Green prescriptions
- Falls and balance (ACC)
- Exercise groups
- Discounts available (variety)
- Pensioner days in some facilities
- Grey Power (advocacy)
- Medical Alarms providers (MSD approved)
- Ergonomic equipment providers
- Interpreters
- Nourished for nil
- Carer support
- Budgeting
- Blind foundations
- Council harm reduction programs
- Aged concern – driving support for diminishing capacity to drive
- Elder abuse response
- Coffin club (build your own coffin)
- Men's shed
- Women's health centre
- Red Cross (transport)
- Citizens advice
- Law centre

Please note that this is not an exclusive list, but a view of the range of supports available in our health and social system.

HAWKE'S BAY District Health Board Whakawāteatia	**Health Services (DHB Provider Arm) Monthly Report**
	For the attention of: **HBDHB Board**
Document Owner	Chris Ash, Chief Operating Officer
Month/Year	November 2020
Reviewed By	Keriana Brooking, Chief Executive Officer
Purpose	Update HBDHB Board on Health Services Performance
Previous Consideration/Discussions	Health Services Leadership Team
RECOMMENDATION: **That the HBDHB Board:** 1. Note the content of the November 2020 report	

Executive Summary

- Hawke's Bay Hospital has experienced an exceptionally busy October for acute care; a number of actions, including public communications and use of overflow capacity, have been taken to mitigate the impact.
- There is an emerging issue around the level of Inter District Flow discharges against the elective target. Planning & Funding is working with the service to understand drivers and potential mitigations
- The ESPI5 surgical waiting list now stands at >2,000 patients, up over 30percent since the pre-lockdown period. This reinforces the priority to secure additional elective discharges.

Panui

Opening of 23-hour Day Surgery Unit - The 23-hour Day Surgery Unit was permanently opened in the week after Labour Weekend. This development will support the completion of additional elective procedures, without an impact on the inpatient bed base.

Local compounding of pharmaceuticals - In October our Pharmacy started using iMix - a locally based compounder – to prepare patient specific items. This was previously outsourced to an Auckland company. The new arrangement offers improved value for money and supports local business.

Busy month for flight team - In October the flight team completed a total of 94 missions, moving 165 patients. This reflected the overall busyness of the health system. By comparison, September saw 79 missions with 135 patients moved.

Additional Cardiac Sonographers appointed - An extra 1.4fte cardiac sonographers appointed in October will mean the Echocardiography Service will be near fully staffed from February 2021.

Work commences to create additional isolation capacity in ICU - Minor facilities work has begun in ICU to increase isolation capabilities. This will support COVID responsiveness.

Chapel refurbishment nearing completion - Work to refurbish the interior of the hospital chapel, funded through donations, are almost complete.

Key Quality Measures & Statement of Performance Expectations (SPE)

ED6

- Performance against this standard, for patients to be seen, admitted, or treated and discharged from ED within 6 hours dropped again in October, from 76.0 percent to 74.5 percent. This compares to 76.7 percent achieved in the same month last year.
- The result aligned with the operational busyness of the Hawke's Bay Hospital site, including one day of 167 presentations via the Emergency Department. The month averaged 131 presentations per day, compared to 124 per day during the previous month, but importantly was also marked by large day-to-day fluctuations in demand (see Figure 1).

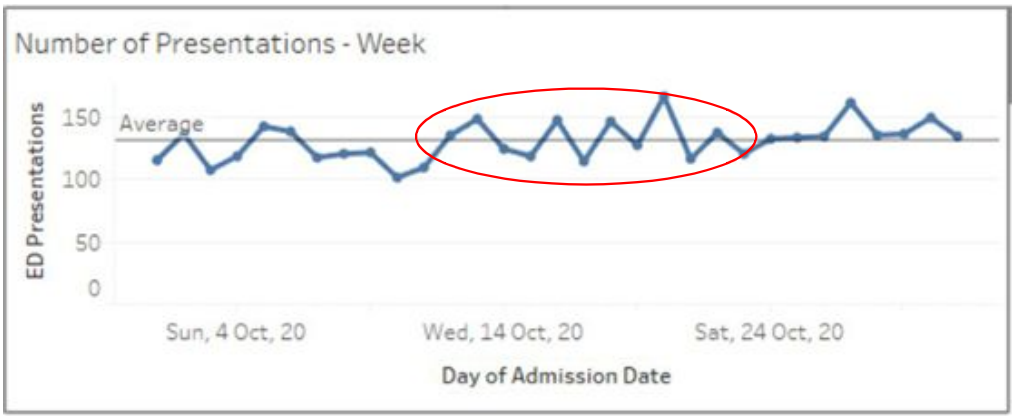


Figure 1: Hastings ED Presentations, October 2020

- This variability, combined with a number of long-stay patients whose care transfer was delayed, placed considerable pressure on hospital beds with a resultant flow impact back into the Emergency Department. For the majority of the month, all available surge and overflow capacity within the hospital's footprint was open.
- The last week of the month saw progress in transferring a number of long-stay patients out of hospital and greater stability (albeit at an elevated rate) in daily presentations to ED. This has enabled the closure of hospital overflow capacity.

Ministry of Health Planned Care (Surgical Discharges) Target

- The agreed production planning target for October is 642 elective discharges. Of this, 564 have been delivered to date, which would give an in-month result of 87.8 percent.
- While in-month outsourcing numbers continue well below plan, 281 cases have now been sent to our private sector partners as part of the new agreements finalised in September and reported in last month's report. The service remains confident that the contracted volumes will be delivered in 2020/21, recovering the current shortfall in plan.

- An area of focus is Inter District Flows (IDFs). This was 34 discharges below plan in October, an accumulated negative variance of 96 discharges year-to-date. DHB income is calculated based on case-weight performance. While IDFs traditionally carry a higher case-weight per procedure, the overall case-weight performance remained largely aligned to activity in Quarter One. Planning & Funding is leading analysis of the variance, which should also be reflected in lower IDF spend.
- On-site delivery was again strong in October, with 482 discharges delivered. This was 53 (12.4 percent) more than the in-month target of 429. Ophthalmology has continued to be a major component of this over-delivery. At the end of October, Health Services has over-performed against its on-site plan by 17%, with 2,025 discharges against a target of 1,731

Elective Services Performance Indicators

- Performance for ESPI 2 (Outpatient Referrals Waiting Longer than 4 Months) and ESPI5 (Waits for Surgery Longer than 4 Months) has remained largely unchanged in October.
- For ESPI2, this tallies with the first month of post-lockdown first specialist assessment referrals reaching the four-month threshold.
- ESPI2 now shows 24.2 percent of patients overdue (up slightly from 23.6 percent in September). The absolute number of overdue patients for ESPI2 also increased slightly, with a movement from 1,244 to 1,289, an increase of 3.6 percent.
- However, the size of the overall ESPI2 waiting has remained stable.
- ESPI5 now shows 21.4 percent of patients overdue, (down slightly from 22.1 percent in September), a total of 435 patients.
- The total size of the waiting list, however, now stands at 2,037 patients, up from 1,500-1,600 patients in the months prior to lockdown. This emphasises the importance of actions taken to secure improved delivery against the Ministry of Health Planned Care Target.

HAWKE'S BAY District Health Board Whakawāteatia	**Board Health & Safety Champions**
	For the attention of: **HBDHB Board**
Document Owner	Hayley Anderson & Peter Dunkerley
Month/Year	November2020
Reviewed By	Nil
Purpose	For Information
Previous Consideration/Discussions	Nil

RECOMMENDATION:

That the HBDHB Board:

1. **Notes** this paper.

INTRODUCTION

A Health and Safety Board champion has spent time with a member of the Executive Team to discuss how Health and Safety reporting to Board can be improved. It is expected that agreed improvements will flow through to ensure Board members have the information they require to satisfy themselves that Health and Safety requirements are met. This will include ensuring Board members are appraised of how the organisation is managing workplace violence and aggression that was highlighted in last month's report.

The Chair and CEO also completed a walkaround of the hospital site this month connecting with staff on a range of matters including Health and Safety. The approaches direct to Board members from staff, related to Health and Safety, matters have reduced this month.

An update on the training associated with Health and Safety is expected at this month's Board meeting. It is important to ensure that our staff have the appropriate training to manage a range of situations that have associated risk, e.g. de-escalation and restraint (where appropriate).

Board continues to receive Health and Safety updates from the CEO in her weekly Board communication. The next organisational Safety & Wellbeing Committee meeting is 19 November, therefore there is no further information to report.

With the resignation of Anna Lorck from the Board, Hayley Anderson will continue in the Board Health and Safety champion role this year.

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board (MRB)**
	For the attention of: **HBDHB Board**
Document Owner:	Ana Apatu (MRB Chair)
Month:	November 2020
Consideration:	For Information
Recommendation: That HBDHB Board: 1. **Note** the content of this report.	

The Māori Relationship Board met on 4 November 2020. An overview of issues discussed at the meeting are provided below.

MATTERS ARISING

1. **Te Pītau** – members were pleased that Te Pītau has been reformed and look forward to receiving updates going forward.

2. **Methamphetamine & Mental Health & Addictions** – Patrick Le Geyt and Keriana Brooking are scheduled to meet with the five project leads from Provincial Growth Fund to discuss how best to support this programme.

3. **COVID-19 Review** - A sub-committee of MRB members and Maori Health staff will determine a Terms of Reference that will inform the outcomes of the COVID-19 review for Māori. Review will address whānau privacy issues.
   The MRB COVID-19 review will be incorporated into the HBDHB-wide COVID-19 review.

4. **Whare accommodation –** Facilities are undertaking a review of hospital requirements for additional space. The Māori Health's accommodation needs will form part of this review.

MRB WORK PLAN

MRB requested a leadership role to provide input into the NZ Health & Disability System Review roll-out for Hawke's Bay, particularly on what the impacts are for our Māori communities?

SECTION 2: FOR INFORMATION AND DISCUSSION

TE RAU ORA, RANGATAHI WELLBEING PROGRAMME

An in-depth presentation on the role that Te Taitimu Trust plays in Rangatahi Wellbeing Programmes within the Hawke's Bay was provided by Zack Makoare (CEO) and Pirihira Ropiha (Rangitahi Navigator). Te Rau Ora is a major contributor to a range of approaches to suicide prevention and postvention in Māori communities.

- Te Taitimu Trust offers four different programmes which include a range of activities and provide vast learnings and skills for participating Rangatahi
- This programme seeks to build on relationships with the HBDHB, Police, whānau and wider community organisations

- It is important that organisations connect and work together with Te Taitimu Trust to create positive outcomes and opportunities for rangatahi. Additional funding and resourcing would be required to influence change.

Members acknowledged the effort Te Taitimu Trust has put into this programme and emphasised the importance of the HBDHB continuing to support community-led and whānau-centred programmes.

	Hawke's Bay Clinical Council (Public)
	For the attention of: **HBDHB Board**
Document Owner:	Jules Arthur (Co-Chair) Dr Robin Whyman (Co-Chair)
Month:	November 2020
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board:

- **Note** the contents of this report

Council met on 4 November 2020. An overview of matters discussed is provided below:

1. Chief Executive update

Robin Whyman advised that he and Jules Arthur had met with the CE and that Keriana Brooking would provide an update at each meeting. Ms Brooking noted the appointment of Hon Andrew Little as Minister of Health and noted the Prime Minister's up-coming speech the following day outlining the government's early term priorities. Particular interest for the health sector will include thought beyond COVID. She commented that health is not alone on issues of infrastructure, models of care and workforce.

2. Clinical Council Work Plan for 2020/21

A workshop discussion was held which captured goals and themes Clinical Council members wish to focus on over the next 12 months. The Co-Chairs will formulate the work plan from the discussion for confirmation at the December meeting. The Annual Plan objectives will also be finalised at the December meeting.

The Council noted the feedback from Board regarding the need to review the Terms of Reference for equity, Treaty compliance and membership. The Clinical Council agreed and intends to progress this work at the December meeting.

3. Quality Framework

Susan Barnes, Manager Patient Safety & Quality, introduced a draft Patient Safety and Quality Framework paper which identifies what is expected at each level of governance within the organisation. This paper was discussed at Clinical Council and how the framework would shape the Council's workplan. The Framework and an implementation plan will be further developed following this discussion.

4. Next meeting

The next meeting of the Hawke's Bay Clinical Council is on 2 December 2020.

HAWKE'S BAY District Health Board Whakawāteatia	**TE PUNI TŪMATAWHĀNUI - HEALTH IMPROVEMENT & EQUITY DIRECTORATE 1ST QUARTER REPORT**
	For the attention of: **HBDHB Board**
Document Owner:	Patrick Le Geyt (Acting Executive Director, Health Improvement & Equity)
Document Authors:	HIE Leadership Team members
Month:	November 2020
Consideration:	For Noting

RECOMMENDATION

That the HBDHB Board

1. Note the contents of the report.

15

EXECUTIVE SUMMARY

The prime responsibility of the Health Improvement & Equity Directorate is to lead the health sector to progressively remove health inequities within Hawke's Bay. The Directorate accomplishes this through:

- Working collaboratively with multiple agencies to improve health outcomes for the Hawke's Bay Māori and Pasifika communities.
- Leading the health systems response to the challenges identified within the inter-agency strategy, bringing together councils, MSD, education, iwi and other agencies to provide greater focus on health improvement and equity.
- Developing and applying an equity framework to deliver equitable health outcomes for both Māori and Pacific.
- Building of the health sectors' cultural competency and capability.
- Ensuring that all the legislative requirements in regards to health protection e.g. drinking water standards are met and adhered to.

This is the 1st Quarter Board Report (June-Sept 2020) from the Te Puni Tūmatawhānui, the Health Improvement and Equity (HIE) Directorate. The HIE Directorate, with its strong focus on population health has continued to be heavily involved in HBDHB COVID-19 responses with many staff deployed across the CIMS working groups and community outreach interventions. Whilst COVID-19 had caused a hold on many of the HIE Directorate activities and resurgence activities continue, recovery action plans have been established across population health priorities such as immunisations, screening and smokefree.

CROSS DIRECTORATE SERVICES REPORTING

Health Indicator Performance

Immunisation

Immunisation can prevent a number of vaccine-preventable diseases. It not only provides individual protection but also population-wide protection by reducing the incidence of vaccine-preventable diseases and preventing spread to vulnerable people. The immunisation target of increasing eight month coverage supports early enrolment of infants in general practice and on-going engagement with primary care and well child services.

Child immunisation (8 months) – Target 95%: Total 90.2% NC Māori 82% ↓ Pacific 100% ↑

- 45 children in this cohort incomplete for immunisation at 8 months
- 38 identified as Māori, 5 European, 1 Asian and 1 other
- 9 children have had immunisations declined by their whānau
- 10 children are now up to date for their age (9 Māori and 1 Cook Island Māori)
- Of these, two transferred into our area late and one came back from overseas. One had to wait for consent, one identified for being late and one was unwell and away for a period of time.

Coverage for Māori has continued to drop this quarter. Those children not-completed are a mix of children who have not started and those who have declined all immunisations. Those who have not started cite they will go to the GP but have not, or want other providers i.e. Tamariki Ora to do the immunisations. A proportion delay and then decline. Uncertainty seems to be a reason for not immunising during this period. Outreach service continues to vaccinate 70-95 children/month. Outreach capacity is increasing from 4 days a week to 5 days a week from November.

FLU Vaccination (65 yrs+)

Target 80%: All 73% ↓: Māori 77%↑ Pacifica 65%↑: Other 74↑%

Smokefree

This target is designed to prompt providers to routinely ask about smoking status as a clinical 'vital sign' and then to provide brief advice and offer quit support to current smokers. There is strong evidence that brief advice is effective at prompting quit attempts and long-term quit success. The quit rate is improved further by the provision of effective cessation therapies – pharmaceuticals, in particular nicotine replacement therapy (NRT), and telephone or face-to-face support.

Maternity - 2020/21 Better help for smokers to quit quarterly - Target 90%: All 78% ↓: Māori 78%↓
Primary Care –Better Help for Smokers to Quit Health Target - Target 90%: All 57.8% ↓: Māori 53.2%↓: Paci ca 52.2% ↓: Other 63% ↓

Cervical Screening

In New Zealand, about 160 women develop cervical cancer each year – and about 50 die from it. A cervical screening test finds abnormal changes in the cells of the cervix. Having regular tests can reduce a woman's risk of developing cervical cancer by 90%. All women between 25 and 69 who have ever been sexually active should have regular smear tests. Māori women are four times more likely to die from cervical cancer than European women, and Pacific women are twice as likely to die from cervical cancer as European women.

Cervical screening participation as at September 2020 – Target is 80%

Ethnicity	NCSP Hysterectomy Adjusted Population (n)	Women Screened in Last 3 Years (n)	3 Year Coverage (%)	Additional screens to reach target
Māori	10,790	6,709	62.2%	1923
Pacific	1,385	882	63.7%	226
Asian	2,659	1,589	59.8%	538
Other	30,225	21,209	70.2%	2971
All eligible women	45,059	30,389	67.4%	5659

Hawke's Bay coverage has dropped significantly due to:

- COVID-19 - all routine screening was halted during Alert Level 4 and heavily impacted during Alert Level 3. We continue to still see the impacts on cervical screening across all ethnicities
- A noted decline in uptake from wahine who either did not have a smear or had a lapsed screening history following the Health Hawke's Bay's decision in 2017 to remove the grocery koha incentive

Breast Screening

Breast cancer is New Zealand's third most common cancer and accounts for more than 600 deaths every year. The risk of being diagnosed with breast cancer increases with age. Every two years, free mammograms are targeted towards eligible woman aged 45 to 69 years.

Breast screening participation as at September 2020 - Target 70%

Ethnicity	BSA Population (n)	Women Screened (n)	2 Year Coverage (%)	Additional screens to reach target
Māori	4,355	2,483	57%	565
Pacific	439	259	59%	48
Other ethnic groups	18,457	12,811	69.4%	109
All eligible women	23,251	15,553	66.9%	723

- Due to the new population projections, BSA coverage for Hawke's Bay decreased since our last report
- There is a 15% increase in population growth for Māori 50–69

The BSA Mobile recently completed a return visit to Waipukurau and Flaxmere post COVID-19 raised Alert Levels. Breast Screen Coast to Coast were pleased with the outcome and provided positive feedback regarding the active follow-up of wahine by Population Health screening staff.

Waipukurau BSA Mobile visit:

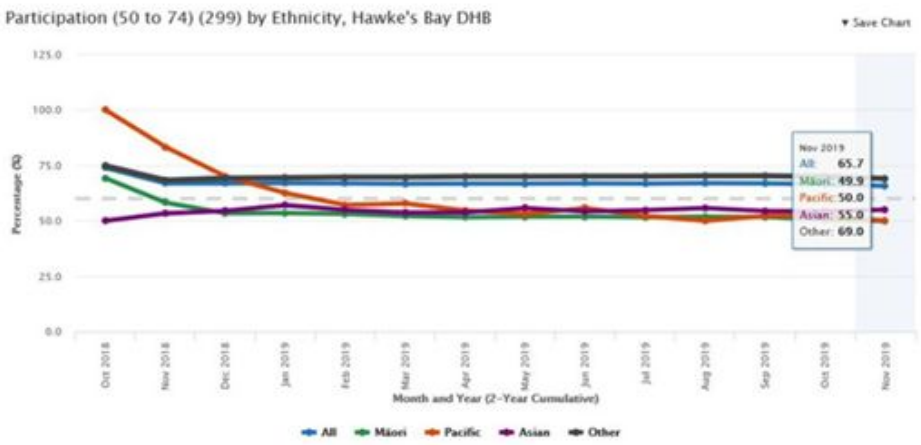
- 143 Māori wahine and 11 Pacific were screened – this is the highest number since the mobile commenced visiting in 2010
- 741 wahine were screened – only two less than in 2018
- 33 Māori wahine received their first screen
- For all ethnicities the DNA was 5% compared to 4% in 2018

Flaxmere BSA Mobile visit:

- First time in 10 years of visits to screen over 200 women
- 128 Māori and 46 Pacifica wahine were screened - the highest since 2010
- 28 Māori and 11 Pacifica wahine received a first screen
- DNA for Māori wahine is 10% compared to 16% in 2018

Bowel Screening

Breast screening participation as at September 2020 - Target 80%: All 65.7% ↓: Māori 49.9%↓Pacific 50.0↓



Bowel cancer, also called colon, rectal or colorectal cancer, is the second highest cause of cancer death in New Zealand. Bowel screening saves lives by detecting bowel cancer early, when it can often be successfully treated.

- Population Health is the contract lead supporting communication and progress with contract requirements NBSP (National Bowel Screening Programme). Population Health's focus is on increasing uptake of screening for Māori
- The bowel screening programme resumed in Hawke's Bay after being paused during COVID-19. The quarterly report is due for submission the NBSP and key issues note; low uptake of Māori into screening programme and gastroenterology capability to support screening requirements
- Māori Health have secured MoH innovation funding to implement a bowel screening equity response to address the low participation of kaumatua Māori. The programme is currently being established and the recruitment of kaitakawaenga underway to support increased testing
- The Medical Directorate Service Director is leading bowel screening reporting clinical requirements and updates from medical team supporting screening

Workforce

Māori Workforce: Target 16.66%: Māori 16.27% ↑ up from 15.94% in June 2020 and a gap to the target of 41 employees. This equates to 533 Māori working within the DHB and 581 positions.

Pacific Workforce - Target 1.76%: Pacific 1.62%↓ -this signifies a gap to target of 11 employees down from 5 in Q4.

CROSS-SECTOR DIRECTORATE COLLABORATION

COVID-19 Public Health Response

The Population Health Team continues to focus much of their attention on recovery and preparation for any potential resurgence of COVID-19. Work undertaken during this quarter:

- COVID-19 case investigation and contact monitoring – new cases in Napier
- Training on the new National Contact Tracing System (NCTS)
- Surge capacity preparation including additional scenario training/workshops
- Key member of the DHB/CMIS welfare response and recently working on streamlining the welfare response from our Public Health perspective
- Updating of the COVID-19 Public Health Operational Plan

- Border response including working closely with our stakeholders e.g. Napier Port and Customs
- Development surge-response COVID-19 engagement plan Māori and Pacific. The recently established cultural liaison team are completing an engagement plan to further develop and improve COVID-19 responsiveness to Māori and Pacific communities.

***Measles Immunisation** – 15-30 year old Campaign*

Measles is one of the most infectious diseases and is now the third most common vaccine-preventable cause of death among children throughout the world.

The MoH has provided fixed-term funding to address measles for 15-30 year olds. An advisory group has been established and the MoH is supporting/providing health promotion and communications to assist the national campaign. Recruitment for a kaitakawaenga and two public health nurses will assist to delivery this campaign.

NIR and Proclaim MMR data month reports for Measles

Age group July 2020	Total NIR	Māori NIR	Pacific NIR	Total proclaim	Māori proclaims	Pacific proclaim
All ages	364	141	20	200	53	5
15-29-year olds	17	4	1	12	9	0
Age group August 2020	**Total NIR**	**Māori NIR**	**Pacific NIR**	**Total proclaim**	**Māori proclaims**	**Pacific proclaim**
All ages	343	121	27	258	70	10
15-29-year olds	16	4	3	16	4	1

HBDHB Health Equity Framework

The key findings report based on the results from the online self-assessment survey completed by all executive directors, third-tier managers, clinical directors and commissioning managers has been shared with the senior leadership team and preparations for two SLT workshops to develop the 'Equity Action Plan' are currently underway. The first workshop is likely to be held this year.

Matariki Regional Development Strategy

Rebuilding after the disruption of the COVID restrictions, led by the Matariki Actions Plan. There is a strong focus on supporting employment which drives equity. Pathways to areas of employment growth are being mapped, this includes the health sector.

There has been significant investment from the Provincial Growth Fund with five new programmes supporting communities to address addiction issues (including methamphetamine), two in Napier, one each in Flaxmere, Central Hawke's Bay and Wairoa. This investment is led by place based community planning and each programme has a wellbeing focus.

HBDHB are supporting the community-led Camberley Plan with funding proposals developed, stakeholder group facilitated and a wellbeing hub working group.

MĀORI HEALTH

The primary role and purpose of the Māori Health Equity Team is to advise, lead, and invest in kaupapa that will attain equitable health outcomes for Māori, and Pae Ora – Māori aspirations for health and wellbeing.

KEY MILESTONES

Wairoa Rural Community Coordinators

Achieving equitable health outcomes for Wairoa whānau is a priority for HBDHB. Wairoa whānau voice activities reported barriers to access to timely, appropriate, and responsive health care, and better coordination, integration, and digitally enabled heatlh care is needed.

The Rural Community Coordinators contributes to the Hawke's Bay District Health Board Wairoa Localities work programme. They will work alongside local services such as Whānau Ora, Kahungunu Executive, Queen Street Medical GP Services, Wairoa Hospital, and DHB primary care services to connect whānau to resources and services.

The Service is targeted toward whānau Māori living in rural Wairoa communities who are:

1. Residents of the Wairoa District living in either Tuai, Mahia, or Raupunga/Mohaka.
2. Registered with a local primary care provider

This service aims to be operational in December 2020.

Ngā Tukemata o Kahungunu

In December 2019, Te Pitau Health Alliance endorsed a model of care for rangatahi that is kaupapa Māori driven, rangatahi centric, and wellbeing focused. Māori Health and Population Health have elected to collaborate on two components of the model 1) strong cultural foundations, and 2) rangatahi led and delivered.

Implementing these two components lays the necessary foundations to effectively implement the rangatahi redesign model of care.

1. Tīhei Rangatahi – a rangatahi led kaupapa to engage, connect, inform, and strengthen rangatahi participation in health across the rohe.
2. Hū Ka Uira – a ngā toi Māori programme based on Ngāti Kahungunu iwi health practices.

<u>Tīhei Rangatahi</u>

Tihei Rangatahi is a rangatahi-centric approach that is led by, for, and with, rangatahi Māori. Four rangatahi coordinators will be employed to lead and champion Tihei Rangatahi. Led by rangatahi Māori will give the kaupapa credibility and enable them to establish meaningful relationships with rangatahi because they can relate to their experiences, challenges, and aspirations. Local rangatahi will be employed in Wairoa, Napier, Hastings, and Central Hawke's Bay. The rangatahi coordinators will work in their respective communities, but will also work together as a team.

The intended health and wellbeing outcomes for Ngā Tukemata o Kahungunu are:

- Better access to culturally appropriate and rangatahi appropriate health care and services
- Pae Ora – rangatahi enjoying Wai Ora, Whānau Ora, Mauri Ora
- Empowered rangatahi – making informed decisions
- Improved rangatahi Māori health outcomes
- Reduction in inequities for rangatahi Māori
- Successful implementation of Ngā Tukemata o Kahugnunu kaupapa.

<u>Hū Ka Ūira</u>

The purpose of Hū Ka Ūira is to provide Māori physical and wellbeing activities for rangatahi Māori that are delivered upon the foundations of te reo me ngā tikanga-ā-Ngāti Kahungunu. Hū Ka Ūira is a tikanga Māori solution to the cultural barriers experienced by rangatahi Māori, and in response to their health aspirations. It offers kaupapa that are led by repositories of Ngāti Kahungunu iwi traditional practices and matauranga Kahungunu designed for rangatahi Māori.

The key objectives of the Hū Ka Ūira are to:

- Re-vitalise traditional Ngāti Kahungunu iwi health practices through ngā toi Māori.
- Provide Tuakana - teina support to develop rangatahi as leaders of change in hauora tangata.
- Support rangatahi to make informed decisions about their health and well-being.
- Increase rangatahi access to health care services.
- Be an entry point for rangatahi to pursue other kaupapa such as Whare Tū Taua.

He Korowai Aroha
Kahungunu Executive ki Te Wairoa launched He Korowai Aroha, a maternal wellbeing programme in Wairoa. He Korowai Aroha is about ensuring māmā Māori, their pēpi and whānau get the care and support they need in the First 1000 Days. The programme provides pregnancy education and parenting advice, breastfeeding support, access to health and social support, relationship counselling, and mental health support. Based in the community and working closely with other health and maternity carers, the programme is unique because it is built upon te ao Māori principles and practices that are whānau centric, and wellbeing focused.

The development of the programme was based on earlier work undertaken in 2018 involving over fifty Māori māmā from across Hawke's Bay. There was strong support for a Māori maternal health programme '*because it is Māori and that is where I feel comfortable*' (H01), and '*it's Māori – that's why I'd go to it'* (H12). Māori Health are looking to expand maternal wellbeing programmes for māmā and their whānau and are currently supporting the implementation of a māmā wellbeing programme in the marae setting, as well as exploring a model based alongside Te Kohanga Reo.

Oranga Tonutanga
Māori Health were successful at securing MoH funding to implement a bowel screening equity response to address the low participation of kaumatua Māori. The programme is currently being established and the recruitment of kaitakawaenga is underway.

LINAC
Based on a review of current travel arrangements, eligibility and support available, Māori Health have made recommendations to the Cancer LINAC Steering Group for equity navigation support for whānau requiring cancer treatment. The Steering Group support the recommendations but are yet to finalise approval.

Cardiology
Māori Health is working alongside the Heart Function Clinic and Meke Meter, to pilot a kaupapa Māori assessment tool to evaluate the new cardio pulmonary rehab programme. Using the Meke-Meter tool the pilot will enable whānau to self-assess their progress and overall wellbeing using Māori measures of hauora.

First 1000 days
Māori health has progressed the development of two kaupapa, and will finalise the implementation in the current quarter. These kaupapa include, Mamia – a marae based māmā support programme, waiū support – from 0 – 6 weeks with flexibility for antenatal support, and a project to scope clinical leadership support for Well Child Tamariki Ora services.

Māori Health Provider developments
Māori Health have delivered and/or working with Māori health providers to develop:

- a sexual health service in Napier
- an oral health service targeting māmā across Kahungunu rohe
- integrated care models in primary care
- training in Arawhanui – a Well Child Tamariki Ora data system

Maternity Cultural Responsiveness Review
Māori Health has helped scope the terms of reference for the review, establish an advisory group and develop a criteria for identifying an appropriate reviewer. Māori Health will continue to support the progress of the review alongside Planning & Funding.

Pātaka Korero
Māori Health is part of a team leading the development of Pātaka Korero – a kaupapa that ensures the effective engagement, collection, and inclusion of whānau voice in health planning and decision making. The group has been working on finalising processes, pathways, and digital enablement requirements.

ASH 0 – 4 years tamariki Māori
Māori Health have developed a project plan to identify barriers and enablers to access to care for skin conditions. A leading cause of ASH admissions, Māori Health are looking to understand whānau experiences that will help inform the development of a response that is culturally and clinically responsive, safe, and cohesive for tamariki and their whānau.

Other key activities

- Māori oral health rangatahi research proposal
- Assist with the analysis and collation of the findings and report for the Health Equity Self-Assessment Survey
- Produced an oral health papers on 'Community Based Survey on Whānau Journey toward health equity' and 'The day I lost my smile: Challenges facing whānau accessing oral health care'.

PACIFIC HEALTH

COVID-19 Response
Pacific Health is working in partnership with Population Health-Public Health, primary care, intersector partners, secondary schools, Pacific community leaders, Civil Defence, Councils and Ministry of Health to refresh our approach and focus on strengthening relationships between services, agencies and the Pacific community to enable better informed actions and the achievement of shared outcomes moving forward.

The team participate at regular COVID-19 testing sites, promote health opportunities at community leader fono, via Pacific radio and with our wider networks.

Immunisation and screening models - Influenza, Influenza Immunisation, Measles, Bowel, Breast, Cervical Screening
The outreach approach with the Pacific community is gaining traction with our Pacific leaders and community groups, especially influenza immunisation Fine tuning and shaping the Pacific immunisation/screening model with our key partners will ensure that we deliver a consistent and culturally appropriate service that is whānau-centred, makes a difference and achieves targeted outcomes. The Pacific Navigation team continues to support and fine tune our DNA approaches. The team will recommence the bowel cancer awareness and outreach programme with our Pacific community shortly. Promotional resources include a Pacific video to be used in church settings that details local stories and a billboard in Clive.

Pacific Youth Health
"Mana Pasifika" is a collaboration between the HBDHB Pacific Health team, Health Promotion Agency and HB Pasifika student leadership. A snapshot via video of Pacific youth psychosocial experiences pre, during and post-COVID-19 has been developed and will be shared via social media platforms. This collaboration are progressing a partnership logo to support the Pacific Youth framework for annual planning 2021/2022.

As part of the Rangatahi redesign work, Pasifika student leaders and members of the HBDHB Planning and Funding Directorate and Public Health will seek to establish a Pacific youth health initiative to support Pacific students enrolled at three targeted secondary schools. This will ensure that existing services are realigned, responsive and engaged to Pacific need or that a new service is developed for implementation.

POPULATION HEALTH

Environmental Health
The Health Protection team remain highly engaged in the public health response which has impacted other areas of work. The health protection work at the border remains busy and guidance is constantly being updated from the Ministry of Health. Workloads have increased for Health Protection Officers due to the focus on COVID-19 surveillance and border monitoring and this is being monitored to manage potential burn out and to support other areas of work.

The new/updated Maritime and Aviation Border Orders has brought complexity and increased new workload for the border space. This is a very fluid area and is taking a considerable amount of Health Protection Officer and Medical Officer of Health resource to manage and keep updated.

The team are involved in the preparation for a resurgence of COVID-19 including on-going training. Recently, Health Protection Officers have been heavily involved in the follow-up of two major COVID-19 issues – the Ken Rei vessel which had close contacts of case on it and the child in Japan who was either a historical case or a false positive.

Taumata Arowai (the new water regulator) is still to confirm its direction moving forward and how this will affect the Drinking Water Assessors employed by the HBDHB.

The Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020 is due to come into force in November. This will increase the workload for our Smokefree compliance team members

Smokefree

Maternal Wellbeing

The COfree homes (Carbon-Monoxide free homes) initiative is in planning to be rolled out across Central Hawke's Bay. This follows on from a successful pilot delivered in Wairoa.

The Wahine Hāpu programme is an incentivised quit attempt and works intensively alongside the Maternal Wellbeing programme Tuai Kopu that was successfully piloted last year.

Te Oha Kura – Smokefree pilot programme supporting short term and long term quit attempts for Whānau
A pilot programme, Te Oha Kura, focuses on short-term quit attempts during pregnancy, with long- term quit attempts supported focusing on reducing relapse. This uses a vape, incentives, behaviour support, and cultural concepts such as Karakia. Whanau, Whakawhanaungatanga. We have 150 vapes to support Maori Pregnant Women and one significant other to stop smoking. Te Haa Matea is the Hawke's Bay Stop Smoking Service that we will intensively support to undertake the pilot. A partnership between Te Taiwhenua o Heretaunga (the lead provider), Te Kupenga Hauora, Choices Heretaunga and Hawke's Bay District Health Board (HBDHB). Stop smoking referrals received by HBDHB Smokefree Service are contacted and assessed before referred to a Te Haa Matea Stop Smoking Practitioner. Te Haa Matea has an 8-week incentivised pregnancy programme called Wahine Hāpu supporting this pilot. The incentives for stop smoking include grocery vouchers for both the pregnant woman and whanau members. This pilot will continue until vapes are all delivered.

# booked into service	Currently completing	Completed	Smokefree	Follow-ups lost
100% (32)	64%	32%	60%	6.25%

Public Health Unit Contract

The PHU contract renewal is underway for 1 July 2020 to 30 June 2021. This contract, which includes the Healthy Active Learning funding, will include the second COVID-19 tranche as an additional schedule to the core contract. Discussions are taking place with the MoH portfolio manager on contract renewal and specifications prior to approval.

Policy

Submissions on the following have been made over this period:

- TANK Plan Change
- Hastings District Council Class 4 Gaming Machine and TAB Venue Policies
- Hastings District Council Proposed Speed Limit Amendment to the Speed Limits Bylaw 2012
- Oral submission to the Wairoa District Council in support of their draft Local Alcohol Policy
- Hastings District Council 'Waiaroha' concepts for a new water treatment and storage facility in Hastings central

Mental Health and Wellbeing

- Mental Health Awareness Week 2020 supported by Partnership Advisory Group (PAG), Chaplaincy service and health protection
- Supporting COVID-19 CIMS Psychosocial Response including feedback into the revised HBDHB Psychosocial Response Plan led by the Mental Health Unit
- Partnership with homecare medical regarding 1737 service who developed two new initiatives; a peer support team and an intensive outreach service for high users.

Housing

HBDHB is delivering the Ministry of Housing and Urban Design (MHUD) Temporary Building Solutions project as part of the Hastings Place Based programme investment. This two year programme sits alongside the existing Healthy Homes programme for temporary housing solutions to reduce the impact of overcrowding. The team has worked with whānau in Flaxmere and Bridge Pa to complete suitability assessments and placement is expected on sites in November.

FINANCIAL PERFORMANCE

The Health Improvement and Equity Directorate was noted as favourable in the first quarter to September 2020.

HAWKE'S BAY District Health Board Whakawāteatia	**Hawke's Bay DHB Quarter 1 2020/21 Health System Performance Dashboard**
	For the attention of: **HBDHB Board**
Document Owner	Emma Foster, Executive Director of Planning & Funding (Acting)
Author	Lisa Jones, Portfolio Manager
Month/Year	November 2020
Purpose	For noting and feedback
RECOMMENDATION: **That the HBDHB & FRAC Board:** 1. Note the contents of the report and provide feedback on the refreshed dashboard.	

16

EXECUTIVE SUMMARY / INTRODUCTION

A refreshed Corporate Performance Dashboard renamed the "Health System Performance Dashboard" has been developed to focus on the performance of Hawke's Bay DHB Health System Priorities:

- First 1000 days
- Mental Health and Addictions
- Long Term Conditions
- Frail and Older People
- Responsive Health system

A set of Ministry of Health Statement of Performance Expectations (SPE) and System Level performance measures (SLM) have been aligned to the system priorities. This set does not cover all metrics available, but highlights key measures that should be the focus if we want to improve outcomes in key priority areas.

Indicators in areas of Human Resources and Finance, which were in the previous corporate dashboard, are now excluded and available via existing reporting to the Board. The inclusion of a Quality and Patient Safety Dashboard in this suite of reporting is under development. This is the first time this new format has been used and we would like feedback from the Board.

Overview
The dashboard report is split in two parts:

Part 1: Performance Highlights of Strategic Priorities in Q1 2020/21

This part of the report highlights where we have good performance and where we have deterioration or persistent poor performance.

The *Equity Top 5* are our "Top five indicators" where we have good performance and "Top five indicators" where we are performing poorly on equity in performance. The *Trend Movements* provide an indication on where we are seeing improvement and deterioration in performance in the current reporting quarter compared to the previous quarter. *Trend Endures* is where we are seeing "consistent green" (good performance) in the last four quarters and "stubborn red" (poor performance) in the last four quarters.

Part 2: Health Systems Priorities Dashboard

In this part of the report we review our performance against targets we have agreed with the MOH and in our Statement of Performance Expectations (SPE) in each of our strategic priority areas. We also look at equity in our performance. Equity is how well are we doing for Māori and Pacific to meet the overall target. Goal direction indicates which direction we want the indicator to go i.e. increase or decrease.

Depending on the direction of the indicator the "Additional # (Number) to meet target" can be:

- How many less people are needed to meet target if the Goal direction is a down arrow e.g. the number of patients admitted for Ambulatory Sensitive Hospitalisation's in a 12-month period to meet target. We want less people hospitalised.
- How many more people we need to access service to meet target (Goal direction arrow up) e.g. the additional number of women having a breast screening in last 2 years to meet target. We want more people screened.
- Some indicators are focused on Maori performance only and the "Additional # (Number) to meet target "are for Maori only".

An exception report covering areas of concern will also accompany the dashboard in the future.

Appendices:

Attachment A.....Highlights of Strategic Priorities as at 2020/2021 Q1
Attachment B.....Health System Performance Dashboard as at 2020/2021 Q1
Attachment C.....Quality and Patient Safety Dashboard (under development)

HIGHLIGHTS of Strategic Priorities as at 2020/2021 Q1

EQUITY - TOP 5

Top Performance

% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)
Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)
% of Māori population enrolled in the PHO
% of 65+ year olds immunised - flu vaccine

Under Performance

Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm
% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm
% of the eligible population will have had a CVD risk assessment in the last five years
% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice

TREND MOVEMENTS

Leaving Red for Amber

% reduction in the rate of Māori under s29 orders per 100,000 population

Leaving Green for Amber

Newly Green

% of new-borns enrolled in general practice by 3 months of age
Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)
% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation(NGO))
% of older patients assessed as at risk of falling receive an individualised care plan
% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)

Newly Red

% 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.
Acute rheumatic fever initial hospitalisation rate per 100,000
Acute readmissions to hospital
% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)
% of women aged 50-69 years receiving breast screening in the last 2 years

TREND ENDURES (last 4 Quarters)

Consistent Green

% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan
% of Māori population enrolled in the PHO
% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.

Stubborn Red

% of women booked with an LMC by week 12 of their pregnancy (Māori)
% of the eligible population will have had a CVD risk assessment in the last five years
Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm
Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan
% of clients discharged will have a quality transition or wellness plan
% of women aged 25-69 years who have had a cervical screening event in the past 36 months
% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)
% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date
% of patients waiting over four months for FSA (ESPI 2)
% of patients waiting over 120 days for treatment (ESPI 5)
% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.
% of ACS patients undergoing coronary angiogram - door to cath within 3 days

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 2020/2021 Q1

First 1000 days

Performance Measures	Target	Current performance	Māori	Pacific	The Goal	Additional # to reach target
% of women booked with an LMC by week 12 of their pregnancy (Māori)	≥ 80%	N/A	43.0%	N/A	↑	61
% 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%	72.0%	78.3%	-	↑	5
SLM Number of Māori babies who live in a smoke-free household at 6 weeks post-natal	≥ 68%	N/A	31.5%	N/A	↑	230
% of new-borns enrolled in general practice by 3 months of age	≥ 85.00%	85.5%	71.7%	101.4%	↑	-
% of infants exclusively breastfed at 3 months	≥ 70%	70.0%	68.0%	58.0%	↑	-
% of eight-month-olds olds fully immunised	≥ 95%	89.9%	80.7%	100.0%	↑	25
% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years	≥ 95%	92.6%	91.9%	94.9%	↑	13
% of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr1)	≥ 95%	DSA	DSA	DSA	↑	530
Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)	≤ 8,205	N/A	7,323	N/A	↓	-

Mental Health and Addictions

Performance Measures	Target	Current performance	Māori	Pacific	The Goal	Additional # to reach target
% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm	≥ 80%	75%	75%	74%	↑	30
% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation(NGO))	≥ 80%	83%	77%	100%	↑	-
% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm	≥ 95%	91%	89%	100%	↑	-
% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)	≥ 95%	90%	82%	100%	↑	2
Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan	≥ 95%	78.1%	-	-	↑	67
% of clients discharged will have a quality transition or wellness plan	≥ 95%	65%	-	-	↑	109
% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan	≥ 95%	99%	-	-	↑	-
% reduction in the rate of Māori under ≤29 orders per 100,000 population	≤ 395	N/A	397	N/A	↓	3
Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000	≤ 64	54.5	67.3	21.7	↓	-

Responsive Health System

Performance Measures	Target	Current performance	Māori	Pacific	The Goal	Additional # to reach target
% of Māori population enrolled in the PHO	≥ 95%	N/A	99%	N/A	↑	-
% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)	≤ 10%	24.3%	22.9%	22.6%	↓	4,446
% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr1)	≥ 85%	DSA	DSA	DSA	↑	DSA
% of women aged 50-69 years receiving breast screening in the last 2 years	≥ 70%	65.0%	55.8%	62.1%	↑	1,155
% of women aged 25-69 years who have had a cervical screening event in the past 36 months	≥ 80%	68.1%	63.6%	63.8%	↑	5,078
% 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%	DNA	DNA	DNA	↑	DNA
% 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%	DNA	-	-	↑	DNA
% of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days).	≥ 90%	DNA	-	-	↑	DNA
% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive),	≥ 90%	93.4%	-	-	↑	-
% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	≥ 70%	37.9%	-	-	↑	144
% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date	≥ 70%	44.0%	-	-	↑	100
% of patients waiting over four months for FSA (ESPI 2)	0%	23.6%	29.3%	24.3%	↓	1,227
% of patients waiting over 120 days for treatment (ESPI 5)	0%	22.1%	23.1%	24.1%	↓	422
% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.	0%	31.9%	-	-	↓	1,107
Did not attend (DNA) rate across first specialist assessments	≤ 6%	5.1%	9.6%	11.3%	↓	-
Planned care interventions for people living within the HBDHB region.	≥ 10,529	DNO	DNO	DNO	↑	DNO
% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)	≥ 95%	100%	-	-	↑	-
% of ACS patients undergoing coronary angiogram - door to cath within 3 days	≥ 70%	54.7%	56.3%	66.7%	↑	10
% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)	≥ 12%	9.0%	20.0%	-	↑	1
% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	≥ 85%	88.2%	-	-	↑	0
% 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%	75.9%	-	-	↑	8

Long term conditions

Performance Measures	Target	Current performance	Māori	Pacific	The Goal	Additional # to reach target
% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	≥ 90%	DNA	DNA	DNA	↑	DNA
Acute rheumatic fever initial hospitalisation rate per 100,000	≤ 1.5	1.7	N/A	N/A	↓	0
% of the eligible population will have had a CVD risk assessment in the last five years	≥ 90%	82%	79%	76%	↑	4,475
% of people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	≥ 60%	DSA	DSA	DSA	↑	DSA
Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years	≤ 3,510	4,277	7,938	7,642	↓	382
% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission	≥ 80%	DNO	DNO	DNO	↑	DNO
% 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
Acute readmissions to hospital	≤ 11.80%	12.50%	13.99%	13.87%	↓	-

Frail and Older people

Performance Measures	Target	Current performance	Māori	Pacific	The Goal	Additional # to reach target
% of 65+ year olds immunised - flu vaccine	≥ 75%	73%	77%	66%	↑	605
% of older patients given a falls risk assessment	≥ 90%	90%	-	-	↑	-
% of older patients assessed as at risk of falling receive an individualised care plan	≥ 90%	93%	-	-	↑	-
Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments).		DNO	DNO	DNO		DNO
Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)	≤ 2,002	1,799	1,689	1,371	↓	-
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	DSA	DSA	DSA	↓	DSA
Acute readmission rate: 75 years +	≤ 12.0%	12.3%	14.5%	22.1%	↓	-

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)

Quality and Patient Safety						
Performance Measures	Target	Current performance	Māori	Pasific	The Goal	Additional # to reach target

NOTE: "Quality and Patient Safety" is under development.

Safety in the Community

'Supporting our community teams to work safely'

Why

- *Provide our teams confidence to do their work in the community*
- *Increasing incidents of harm*
- *Lack of visibility of their location*

What

- *Duress alarm with discreet activation*
- *GPS tracking with ability to monitor*
- *Simple escalation process*

High-level Timeline

Currently - 5 Community Services testing including emergency response activation

December – Phased rollout to all Community Services

Key Benefits

- Proactively supports teams to work safely in the community
- Enables teams to discretely signal for assistance when under duress
- Simple wearable device options

- Ability to locate staff in need and provide expedient escalation and support

- Supports existing risk evaluation and escalation processes
- Police engaged and aware of the solution

17

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 33, New Zealand Public Health and Disability Act 2000

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

19. Confirmation of previous minutes 21 October 2020 (Public Excluded)
20. Matters Arising – Review of Actions (Public Excluded)
21. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
22. Chair's Report (Public Excluded)
23. Hawke's Bay Clinical Council Report (Public Excluded)
24. Finance Risk and Audit Committee Meeting 21 October 2020 (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).