BOARD MEETING

Date: Wednesday 16 December 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 – 18 November 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 & Peformance Monthly Report – Emma Foster, Acting Executive Director Planning Funding & Performance	1.25
11.	Health Services (DHB Provider Arm) Monthly Report – Chris Ash, Chief Operating Officer	1.30
12.	Board Health & Safety Champions' Report – verbal - Peter Dunkerley	1.35
13.	Ākina (Continuous Improvement) – Enabling our Orderlies – Anne Speden, Executive Dierctor Digital Enablement / Ben Duffus, Head of Innovation & Strategic Partnership	1.40
	Section 2: Governance / Committee Reports	
14.	Māori Relationship Board Report – Chair, Ana Apatu	1.50
15.	Hawke's Bay Clinical Council Report – Co-chairs Robin Whyman and Jules Arthur	1.55
16.	Pasifica Health Leadership Group Report – Chair, Traci Tuimaseve,	2.00
	Section 3: For Decision	
17.	Te Ara Whakawaiora – Health of Kaumātua – Ageing Well in Hawke's Bay – Emma Foster	2.05
18.	Regional Services Plan 2020/21 – Emma Foster	2.15
19.	Safety and Wellbeing Commitment Statement – Annual Review – Carriann Hall	2.20
	Section 4: For Information / Discussion	
20.	Communications Quarterly Report – Anna Kirk, Executive Director Communications	2.25
21.	**Section 5: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	2.35

Public Excluded Agenda

Item	Section 6: Routine	Time
22.	Minutes of Previous Meeting – 18 November 2020 (public excluded)	2.40
23.	Matters Arising – Review of Actions (public excluded)	-
24.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded)	2.42
25.	Chair's Report - verbal (public excluded)	2.45
26.	Chief Executive Officer's Report – (public excluded)	2.50
	Section 7: Governance / Committee Reports	
27.	Hawke's Bay Clinical Council Report (public excluded) – Co-Chairs, Robin Whyman and Jules Arthur	3.00
	Section 8: For Information / Decision	
28.	Treaty Governance Framework (public excluded) – Patrick Le Geyt, Acting Executive Director, Health Improvement & Equity	3.01
29.	Finance Risk and Audit Committee Meeting 16 December 2020 (public excluded) - Chair, Evan Davies	3.15
30.	Safety and Wellbeing Committee Minutes – Carriann Hall	3.25
31.	Karakia Whakamutunga	3.30
	Meeting concludes	

The next HBDHB Board Meeting will be held on
Tuesday 2 February 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 7 December 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
	Active	Daughter	Employed with Kahungunu Executive	Will abstain from all funding decisions related to Kahugnunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23/11/2020
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestryle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Whararīki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	Hawke's Bay District Health Board	Contracted as Incident Controller	Potential conflict. Will advise of any conflict of interest.	The Chair	16.09.20
		Cranford Hospice Trust	Health Consultant - contracted with provider	Will advise of any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	09.12.19
David Davidson	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria Univesity	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20
Renee Brown Board Observer	Active	Hawke's Bay DHB	Employed as Management Accountant for Provider Services	Unlikely to be of any conflict of interest. If in doubt will discuss with HB DHB Chair.	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	Hawke's Bay DHB	Employed as Portfolio Manager, Planning Funding & Performance	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	07.12.20
	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 18 NOVEMBER 2020 AT 1.00PM

PUBLIC

Present: Shayne Walker (Chair)
Evan Davies (Deputy Chair)
Hayley Anderson
Ana Apatu
Kevin Atkinson
David Davidson
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 Jules Arthur, Co-Chairs Hawke's Bay Clinical 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, acknowledging management and those working in the hospital and across the community. Due to technical issues, the livestream did not commence until around 1.40pm.

2. APOLOGIES
Charlie Lambert advised he would need to leave the meeting at 1.40pm.

3. INTEREST REGISTER
The following amendments to the interest register were noted:
- Peter Dunkerley: Shareholder of NZ Technologies – removed
- David Davidson: 2020 End of Life Choice Act Referendum Society – removed
- Heather Skipworth: Update interest register to reflect that Te Timatanga Ararau Trust had transferred to Iron Māori of which she was a Director.

Action

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 21 October 2020 were confirmed as a correct record of the meeting subject to removing Peter Dunkerley as an attendee.

Moved: Hayley Anderson
Seconded: Joanne Edwards
Carried

5. MATTERS ARISING FROM PREVIOUS MINUTES
Status updates for all actions were noted.

6. BOARD WORK PLAN
The governance workplan was noted, with no changes made.

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
Josephine Kupa	Renal Technical Associate	Medical Directorate	22	12 October 2020
Kay Hodson	Registered Nurse	Communities, Women & Children	37	25 October 2020
Barbara Frogley	Registered Nurse	Communities, Women & Children	30	30 October 2020
Heather Wilshere	Dental Therapist	Communities, Women & Children	20	30 October 2020
Dianne Ward	Menu Collator	Operations Directorate	20	30 October 2020
Jill Wood	Care Associate	Surgical Directorate	21	21 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.

8. CHIEF EXECUTIVE OFFICER'S REPORT

This report was taken as read. Members asked for a letter of congratulations be sent from the Board to Dr Nicholas Jones on being awarded a Public Services Medal. **Action**

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, noting there had been a good discussion at the Finance Risk and Audit Committee (FRAC) meeting earlier in the day.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

10. PLANNING & FUNDING MONTHLY REPORT

This report was taken as read.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

11. HEALTH SERVICES (DHB PROVIDER ARM) REPORT

This report was taken as read. Discussion occurred around the following:

- Long stay patients which continued to be a daily focus
- Inter District Flows (34 elective discharges below plan in October). Work was currently being undertaken to understand the reasons for this and potential mitigations
- Nursing workforce
- It was pleasing to note that as from February 2021 HBDHB would have a full complement of Resident Medical Officers (RMOs) and Registrars
- Senior Medical Officer (SMO) vacancies was the lowest it had been for a very long time, with some coming from overseas. The hardest to recruit specialties were Cardiology and Maxillofacial, although there was only one vacancy for a Maxillofacial Surgeon. Mental Health was fully staffed, although there was a bit of movement in that area at the moment. The Chief Medical & Dental Officer acknowledged Michelle Deacon, Recruitment Consultant, for the work she had done in recruiting doctors to Hawke's Bay. The wider recruitment team was also acknowledged for their efforts in recruiting staff
- Recruiting to Allied Health continued to be a constant struggle, with a lot of effort being put in to retain staff

The Chair asked for the Board's thanks to be passed on to those staff who were working throughout the night and weekends to help meet the targets.

RECOMMENDATION

That the HBDHB Board:

1. **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:

- There had been a robust discussion at FRAC earlier in the day around audit and risk, including the initiatives underway around safety and wellbeing of staff
- The Chair and CEO completed a walkaround of the hospital this month talking to staff about a range of issues including the busyness in the hospital, COVID-19 and flow
- It was important to ensure those working in the community were kept safe and it was pleasing to see a report later in the meeting around this
- With Anna Lorck's resignation from the Board, Hayley had agreed to continue in the Health and Safety Champion role for the remainder of the year
- Peter Dunkerley's term was about to end, with Charlie Lambert stepping into the role from December 2020

The Chair thanked both Hayley and Peter for their commitment to their Health & Safety Champion roles and particularly for engaging with staff directly in health and safety. He also looked forward to receiving feedback from Charlie following walkarounds in Waiora.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

REPORT FROM COMMITTEE CHAIRS

13. MĀORI RELATIONSHIP BOARD (MRB)

This report provided a summary of the discussion from the MRB meeting held on 4 November 2020. MRB Chair, Ana Apatu, provided a brief overview of the report. Ana also provided a brief update from the Te Pītau Governance Group meeting on 11 November 2020. The minutes and actions from that meeting would be circulated to members for their information.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

14. HAWKE'S BAY CLINICAL COUNCIL REPORT

Co-Chair Jules Arthur provided an overview of the discussion at the Clinical Council meeting on 4 November 2020.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

FOR INFORMATION / DISCUSSION

15. HEALTH IMPROVEMENT AND EQUITY DIRECTORATE 1ST QUARTER REPORT

This report was taken as read. Patrick Le Geyt, Acting ED Health Improvement & Equity, provided an update in response to an action from the August Board meeting relating to cervical screening outcomes for Māori, including a request to look at an innovative approach at Lakes DHB called 'Smear your Mea'.

Patrick highlighted that Māori wāhine were four times more likely to die from cervical cancer than European women and Pacific two times more likely than European women. Every woman aged 25-69 years was encouraged to have a regular smear test, however not all Māori, Pacific or non-Māori / Pacific, chose to take part. HBDHB's focus was currently on priority women and that had been relatively successful, with HBDHB placed in the top three of all DHBs. He noted, however, there had been a decrease in screening due to COVID-19 and also following the decision in 2017 to remove the $25 grocery koha incentive.

A number of plans were in place to improve cervical screening rates for Māori and Pacific wāhine in the Hawke's Bay region incorporating the learnings from the Lakes programme. Patrick said he would provide Board members with a report outlining those plans for Board members information. **Action**

It was noted there had not been an increase in resourcing in this area over the past 10 years and a member asked whether increasing resources would result in more wāhine being screened. The Board asked what the DHB's plan was with the Ministry of Health, when the cervical screening contract came up for renewal, about increasing resources including the timelines. **Action**

Heather Skipworth acknowledged BreastScreen Aotearoa's recent visits to Waipukurau and Flaxmere and the excellent outcome, however highlighted that a universal screening approach did not fit for all Māori, e.g. bowel screening.

The Chair said it would be useful to receive an update on the number of staff attending cultural competence training. Patrick advised that this data was included in the Te Ara Whakawaiora Cultural Responsiveness report, however pointed out that just over 70 percent of staff had undertaken the training. While SMOs tended to be the lowest attendees, the programme was being tailored to fit around their working environment.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

16. HBDHB QUARTER ONE 2020/21 HEALTH SYSTEM PERFORMANCE DASHBOARD

Emma Foster, Acting ED Planning & Funding and Lisa Jones, Portfolio Manager, were in attendance for this item.

The Acting ED Planning & Funding provided a high-level overview of this report including the next steps. There had been a robust discussion at the FRAC meeting earlier in the day with some good feedback on the dashboard, which would be incorporated into the next iteration.

For members of the public, the Chair advised that the Board received the same report at the FRAC meeting and provided a lot of feedback, ultimately endorsing the dashboard with a couple of subtle improvements. In addition to that discussion, he thought it would be helpful to include the 'additional number to reach target' for Māori and Pacific as opposed to just one total. It was agreed to include this in future dashboards. **Action**

RECOMMENDATION

That the HBDHB Board:

1. **Note** the contents of this report and provide feedback on the refreshed dashboard.

Adopted

17. AKINA – SAFETY IN THE COMMUNITY

Anne Speden, Executive Director (ED) Digital Enablement and Claire Caddie, Service Director, Communities Women & Children were in attendance for this item.

Board members received an update on the pilot of duress alarms to support staff safety in the community. The devices had been deployed to five community services to fully test the effectiveness of the alarms and, if successful, would be implemented to over 300 community workers. Comments noted during discussion included:

- The duress alarm could be attached to a lanyard or worn on the wrist
- The alarm goes direct to the DHB call centre, who then escalate it to the Police if necessary
- Board Observer Panu Te Whaiti commented on the value of nurses/kaiawhina going out in pairs

It was agreed it would be useful for the Board to understand what currently happens on the campus when the call centre receives a '777' (emergency) call from staff. **Action**

A member asked if there were any possible risks regarding the quality of the existing server at HBDHB, particularly from a storage hardware perspective. The ED Digital Enablement reminded the Board of the additional funding signed off for Digital Enablement, which was being used for a number of projects locally but connected nationally. She said she would be happy to provide the Board with an update on that work including what was being progressed. **Action**

18. RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board

Exclude the public from the following items:

19. Confirmation of Previous Minutes 21 October 2020 - Public Excluded
20. Matters Arising (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 18 November 2020 (Public Excluded)

MOVED: Shayne Walker
SECONDED: Peter Dunkerley

Carried

The public section of the Board meeting concluded at 2.20pm.

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	21/10/20	**Te Pītau 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	End of Life Service Level Alliance cease letter has been drafted and given to Na Rahaina to review and send off under him as Chair of Te Pītau Health Alliance.
2	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	Meeting with Regional Commissioner scheduled for late January 2021
3	18/11/20	**Dr Nicholas Jones, Public Services Medal** Letter of congratulations to be sent from Board members	Board Administrator	November	Completed
4	18/11/19	**Cervical Screening Rates** Board members to receive the DHB's plans for improving cervical screening rates for Māori and Pacific wāhine Update to be provided on the DHB's plan with the MoH when the cervical screening contract comes up for renewal, about increasing resources, including timelines	Acting ED Health Improvement & Equity Acting ED Health Improvement & Equity	November December	Completed. Verbal update will be provided at December meeting.
5	18/11/20	**HBDHB 777 Emergency Number** Board members to be provided with an update on the process when the Call Centre receives a 777 emergency call from staff	ED Digital Enablement		This was addressed in the CEO's update on Friday 4 December.

6	18/11/20	**Digital Enablement Projects** Board to receive an update on projects underway locally and nationally, including what was being progressed	ED Digital Enablement	December	Work currently in design. Update to be provided to Board in the New Year on how we are working to modernise and make fit for future foundational platform environment.

MASTER as at 4 December 2020	Emailed	Destination Month	EMT Member	Lead/Author	EMT Meeting Date	PHLG Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Governance Responsibilities including GAP Analysis		Dec-20	Keriana Brooking							16-Dec-20	
Strategic Projects - (i) LINAC Business Case and (ii) Radiology		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
Medicine Reconciliation Audit Update		Dec-20	Andy Phillips	Claire Fraser						16-Dec-20	
Te Ara Whakawaiora - Health of Kaumatua / Ageing Well in Hawke's Bay		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
Akina (Continuous Improvement)		Dec-20	Anne Speden								16-Dec-20
Regional Services Plan		Dec-20	Emma Foster								16-Dec-20
Treaty Governance Framework		Dec-20	Patrick Le Geyt								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	
HBDHB Commitment to Health and Safety Jan 2021 - Dec 2021		Dec-20	Carriann Hall								16-Dec-20
Central Region Regional Services Plan 2020/21		Dec-20	Emma Foster								16-Dec-20
Managing Day to Day Business as Usual		Dec-20	Chris Ash							16-Dec-20	
Angio Capital Investment		Dec-20	Carriann Hall							16-Dec-20	
HBDHB Seismic Status Report		Dec-20	Carriann Hall							16-Dec-20	
Internal Audit Report - Primary / Secondary Data Sharing and Utilisation Review		Feb-21	Carriann Hall	Jared McGillicuddy						17-Feb-21	
Internal Audit Report - Health & Safety - Enforceable Undertaking		Feb-21	Carriann Hall	Jared McGillicuddy						17-Feb-21	
PHO Quarterly Report - six monthly		Feb-21	Wayne Woolrich								2-Feb-21
Internal Audit Report - Legislative Compliance (FRAC)		Feb-21	Carriann Hall	Jared McGillicuddy						17-Feb-21	
Internal Audit Report - Risk Management (FRAC)		Feb-21	Carriann Hall	Jared McGillicuddy						17-Feb-21	
Quarterly Report to Ministry of Health (April-June (July 2020)/July-Sept (Oct 2020)/Oct-Dec (**Feb 2021**)/Jan-March (Apr 2021)		Feb-21	Carriann Hall								
Chief Executive Officer's Report		Feb-21	Keriana Brooking								2-Feb-21
Akina (Continuous Improvement)		Feb-21	Anne Speden								2-Feb-21
Delegations of Authority		Mar-21	Carriann Hall							17-Mar-21	
Health System Performance Dashboard (quarterly)		Mar-21	Emma Foster							17-Mar-21	30-Mar-21
Te Ara Whakawaiora - Mental Health (Mental Health and AOD National and Local Indicators		Mar-21	Chris Ash	David Warrington							30-Mar-21
Chief Executive Officer's Report		Mar-21	Keriana Brooking								30-Mar-21
Akina (Continuous Improvement)		Mar-21	Anne Speden								30-Mar-21

MASTER as at 4 December 2020	Emailed	Destination Month	EMT Member	Lead/Author	EMT Meeting Date	PHLG Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Internal Audit Report - Strategy Development and Monitoring of Performance		Apr-21	Carriann Hall	Jared McGillicuddy						21-Apr-21	2-May-21
Chief Executive Officer's Report		Apr-21	Keriana Brooking								2-May-21
Akina (Continuous Improvement)		Apr-21	Anne Speden								2-May-21
Quarterly Report to Ministry of Health (April-June (July 2020)/July-Sept (Oct 2020)/Oct-Dec (Feb 2021)/Jan-March (**Apr 2021**)		May-21	Carriann Hall								2-May-21
Executive Clinical Leaders Report (six monthly)		May-21	Robin Whyman/Chris McKenna/Andy Phillips								2-May-21
Chief Executive Officer's Report		May-21	Keriana Brooking								1-Jun-21
Akina (Continuous Improvement)		May-21	Anne Speden								1-Jun-21
Internal Audit Report - Outpatient Data/Booking Process		Jun-21	Carriann Hall	Jared McGillicuddy						16-Jun-21	29-Jun-21
Internal Audit Report - Staff Engagement Monitoring and Organisational Structure		Jun-21	Carriann Hall	Jared McGillicuddy						16-Jun-21	29-Jun-21
Health System Performance Dashboard (quarterly)		Jun-21	Emma Foster								29-Jun-21
Chief Executive Officer's Report		Jun-21	Keriana Brooking								29-Jun-21
Akina (Continuous Improvement)		Jun-21	Anne Speden								29-Jun-21
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	**DECEMBER 2020 CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Owner	Keriana Brooking, Chief Executive Officer
Month as at	09 December 2020
Consideration:	For information
RECOMMENDATION: **That the Board:** 1. **Receives and notes** the contents of this report	

INTRODUCTION

The month remained busy as I continue to take the opportunity to meet staff, provider and community groups. I was warmly welcomed at Te Taiwhenua o Heretaunga and Wairoa during the month of November. I have also met with senior staff from Acurity, Royston, TAS (our central region shared services agency), HealthCare New Zealand, Southern Community Laboratories, Choices midwifery and community services, Oranga Tamariki, Resident Doctors Association and Whānau Wellbeing Cooperative (Provincial Growth Fund funding recipients for community support methamphetamine programmes).

Within our organisation I spent time with our staff at Wairoa Health, our Kaumatua Kahui (discussion with Ministry of Justice on coronial services), our volunteers and chaplains at their Xmas lunch, our surgical services leadership team, our physicians, our Digital Enablement directorate and our Pasifika health team. I also travelled to Central Hawke's Bay and caught up with our staff there, the Mayor and senior staff of the District Council and Taiwhenua o Tamatea. Mayor Sandra Hazlehurst and I also met to talk through parking in and around the hospital.

SUMMER HEAT GROUP

On 7 December, I met with the staff group formed several years ago to work with management and facilities on immediate and intermediate solutions to reduce the impacts of high temperatures in our buildings at all of our campuses. Progress in the 2020 calendar year has included window tinting and permanent fans, adjustments made to windows to improve air flow, and more access to water to increase hydration. The impact of these changes will not be fully assessed until we feel the full impacts of this summer.

It is clear a problem remains with work being undertaken on improved shared spaces where we have patients and staff. Further, there are spaces around the hospital campus where we do not deliver patient services and where our staff are working in untenable environments due to high temperatures. Alongside continuing with small improvements and monitoring of our solutions more broadly (including reporting regularly on temperatures), we will be focusing on those staff only areas that remain profoundly impacted by summer heat. I will report to the Board on this over the coming months.

STAFF SAFETY

It was lovely to meet so many staff at last week's staff barbecue. It was an opportunity for me to hear from staff about the things that matter. One issue raised with me was staff wanting to feel safe while they are at work. We have increased our communication to staff centered on it's not ok for staff to feel unsafe at work – either working on the Hawke's Bay Hospital campus or out and about working in the community.

We have spoken with Police around recent gang tensions and asked for advice on any additional measures we should put in place. We are assured the difference, recently, has been increased media attention.

Gang tensions are present every day and we all need to be situationally aware wherever we may be working. However, we are working to set up a meeting with senior leaders at Police so we can work on a plan to support each other's organisations; and also, be kept fully informed of areas of concern they have and how we can support staff during times of increased tension.

Much of the abuse staff face sits outside of any gang-related activity and should not be tolerated. To help staff, additional safety measures will be put in place. Some we have immediately underway are:

- **Additional parking for afternoon shift**
  While not a perfect solution, and it is temporary until while we await the information from the staff Go Well survey, parking for the afternoon shift has moved to alongside Mihiroa Whare and opens at 2pm. This means afternoon shift staff have less distance to walk to their cars in the dark, the car park is well lit and has CCTV cameras. We will keep this under constant review.
- **Duress alarms and CCTV**
  Mobile duress alarms for district nurses in the community will be available mid-January. Additional CCTV cameras have been installed on the Hawke's Bay Hospital campus and we have employed additional security to monitor CCTV around the clock.
- **Training**
  Increased staff de-escalation training will be provided. We will be working with Police to identify other forms of staff training that may be useful.

As we work with Police, Security, Occupational Health and our Health and Safety teams we will identify and put in place more systems and measures to help support staff, and we will update you on these as soon as we can.

NOVEMBER AND YEAR TO DATE FINANCIAL RESULT, AND FORECAST

The operating result for November was $109k favourable, taking us to $443k favourable year to date (YTD). There continues to be underlying financial pressure resulting from activity and dependency and achieving a sustainable financial position will require actions that address these underlying issues recurrently, in ways that can endure over the long-term. These will be worked through with the Finance Risk and Audit Committee.

CENTRAL REGION CHIEF EXECUTIVE'S FORUM

The forum was held in Wellington 2 December, and included a joint session with the Chairs. The following items were covered at the meetings:

- Regional digital services update
- Regional Services plan – the plan is on the December Board agenda for discussion
- Regional priority areas – Single system of care, complex care (tertiary), mental health and addiction, cardiac and age-related frailty.

COVID-19

Planning continues to ensure preparedness for a covid upsurge. Actions from the initial debrief report are close to completion. Further actions will be taken once advice from the Maori Relationship Board sub-committee is received. Executive leads have been assigned to the ten priority areas in the upsurge plan. Arrangements are in place to cover potential covid upsurge during the summer holidays, although we have taken a deliberate action to give staff some much needed rest. The Public Health Unit in particular has been working to capacity throughout 2020. Further progress has been made on testing strategy. The potential for covid arising from the border remains a significant risk with significant mitigating actions in place.

Progress is being made in ensuring support to residential care during an outbreak and this remains an area of focus. Details are emerging of priority populations for vaccination with an expectation that HBDHB will be ready to begin a first phase covid vaccination programme by 1 March 2021. Having secured the $1.9M for covid preparation for ICU, Ward B2 and Assessment Treatment & Rehabilitation (AT&R), planning is underway to ensure the work is completed prior to our busiest period in June with minimal disruption to hospital activity. We are also discussing the operationalisation of a Managed Isolation Facility in Hawke's Bay, pending Ministerial guidance and advice on MBIE responsibilities in this.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report November 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	December, 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 November was $109k favourable, taking us to $443k favourable year-to-date (YTD). This result was flattered by a better than planned half yearly washup of the Capital Charge. Had that not been received, the result would have been $282k adverse in month.

To-date, the underlying issue of ongoing acute occupancy and other activity pressures in Providing Health Services (and to some extent Funding Other Providers), has been offset by non-recurrent benefits such as vacancies, Inter District Flows and Capital Charge. The forecast shows achieving plan this year (and into future years) is at risk. A sustainable financial position will require both short and long-term actions to address the underlying issues recurrently, which will be worked through with the Finance Risk and Audit Committee.

In addition to the Operating Result, unplanned expenditure relating to COVID-19 and Holidays Act brought the overall result to $376k adverse in month ($2.2m adverse year-to-date).

	November				*Year to Date*				*Year End*	Refer
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*	Appendix
Operating Revenue	55,100	54,595	505	0.9%	277,142	274,495	2,647	1.0%	662,430	1
Less:										
Providing Health Services	27,730	27,037	(693)	-2.6%	134,484	132,476	(2,008)	-1.5%	329,444	2
Funding Other Providers	23,532	23,501	(31)	-0.1%	118,185	117,878	(307)	-0.3%	284,970	3
Corporate Services	4,475	4,954	478	9.7%	25,159	25,980	820	3.2%	61,210	4
Reserves	51	(99)	(150)	-151.7%	2,905	2,196	(709)	-32.3%	3,984	5
Operating Result	**(689)**	**(798)**	109	13.7%	**(3,591)**	**(4,035)**	443	11.0%	**(17,179)**	
Plus:										
Emergency Response (COVID-19)	(240)	(1)	(239)		(1,341)	(1)	(1,340)		(3,147)	
Holidays Act Remediation	(246)	-	(246)	0.0%	(1,285)	-	(1,285)	0.0%	(2,961)	
	(1,175)	**(799)**	(376)	-47.0%	**(6,218)**	**(4,036)**	(2,182)	-54.1%	**(23,287)**	

Risks, Opportunities & Issues

Risks were explored in more detail last month and largely remain unchanged. However:

- underlying performance in month
- managing activity over the Christmas period and
- the cumulative impact of locums / medical personnel recruitment costs

has increased the raw forecast from **$1.8m overspend to $2.7m overspend**. There are opportunities to mitigate this through flexible and discretionary funds, however this needs to be balanced against achieving Annual Plan objectives.

In the forecast we continue to anticipate that **Planned Care** activity will be delivered to plan, without loss of revenue.

Also, the financials this month reflect the recently received **PHARMAC forecast** and there is no material net impact (positive or negative). We continue to receive signals from PHARMAC that we should expect volatility and it may be that crystallises at the closing of the financial year.

HBDHB has applied to MoH for $500k of additional operating funding to support achieving financial sustainability, improving equity and service improvement. We expect to have feedback on this soon and have put forward a combination of shorter-term and medium-term initiatives, that have impacts across all of the criteria.

Other Performance Measures

	November				Year to Date				Year End	Refer
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	Appendix
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Capital spend	947	3,577	(2,630)	-73.5%	5,626	13,891	(8,265)	-59.5%	45,058	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,699	2,739	40	1.5%	2,631	2,634	3	0.1%	2,640	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. We will look to rephase the plan and take action to maximise available in year capital, in the new year. 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 $14.8m overdrawn on 30 November, and is well within the $35m statutory limit, and is in line with the $14.8m forecast. The DHB is achieving ~50% of payments within 10 days, as per MBIE requirements. Further work will be required to hit the 95% target and is not being actively progressed whilst DHBs work with MoH to understand how the one off cash impact can be mitigated.

- Employees (Appendices 2 & 4)

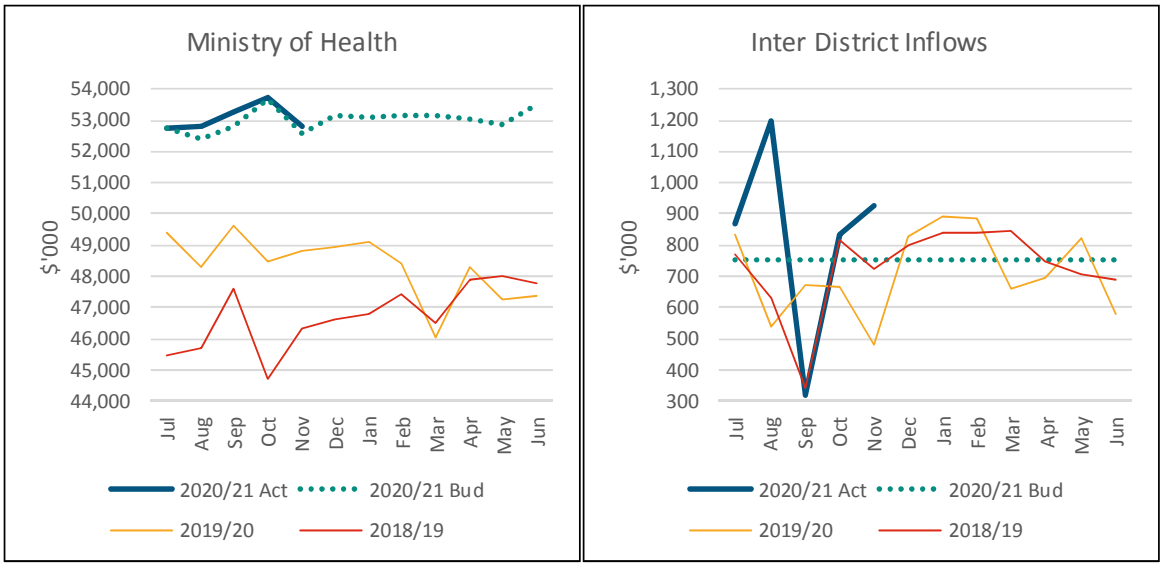
  As reflected in the narrative around the overall position, vacancies across allied health, and management and administration, were more than offset by higher than planned nursing and support numbers.

  The overall favourable postion on FTE is skewed by vacancies in medical personnel, which are likely to be covered by locums,. Locums are not counted as an FTE and whilst a net favourable impact on FTE, cause a net adverse variance on cost. Medical personnel and locums are currently running $1.2m adverse YTD.

APPENDICES

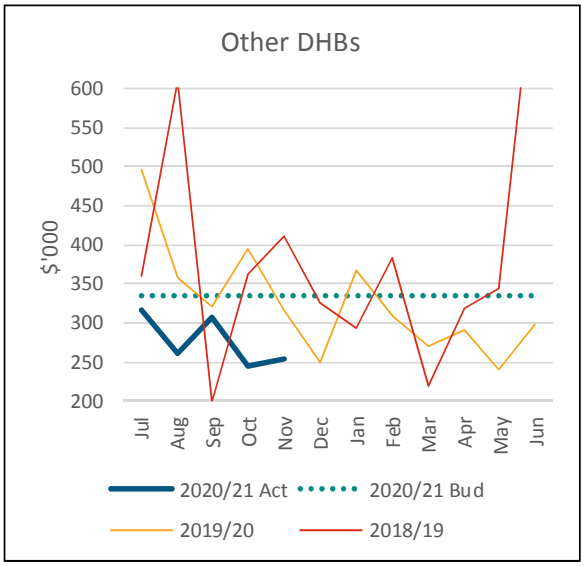
1. OPERATING REVENUE

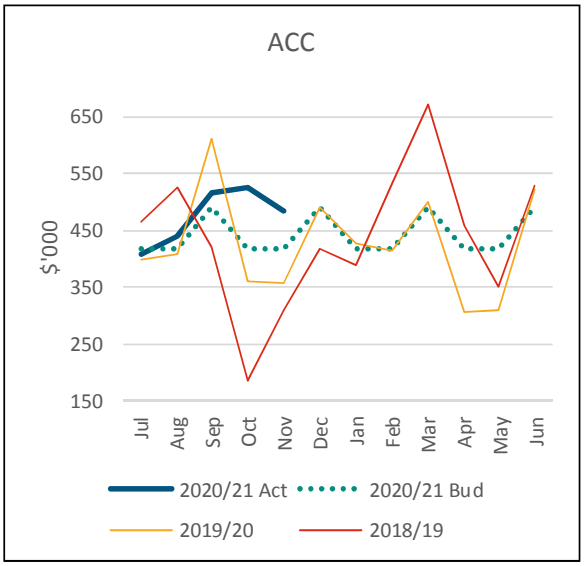
Excludes revenue for COVID-19	November				Year to Date				Year End
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Ministry of Health	52,774	52,556	218	0.4%	265,305	264,167	1,138	0.4%	636,656
Inter District Flows	923	752	171	22.7%	4,138	3,761	377	10.0%	9,233
Other District Health Boards	255	334	(80)	-23.8%	1,383	1,670	(288)	-17.2%	3,404
Financing	17	2	15	596.7%	44	18	26	145.1%	55
ACC	486	418	68	16.3%	2,376	2,161	215	9.9%	5,726
Other Government	18	22	(4)	-18.4%	193	244	(51)	-21.1%	425
Abnormals	-	-	-	0.0%	200	-	200	0.0%	200
Patient and Consumer Sourced	121	108	13	12.2%	705	541	165	30.4%	1,497
Other Income	506	402	104	25.8%	2,798	1,932	866	44.8%	5,235
	55,100	**54,595**	505	0.9%	**277,142**	**274,495**	2,647	1.0%	**662,430**



Ministry of Health ($1.1m favourable YTD)
Mental Health and Addictions services, training revenue, and family planning funding, all offset in expenditure.

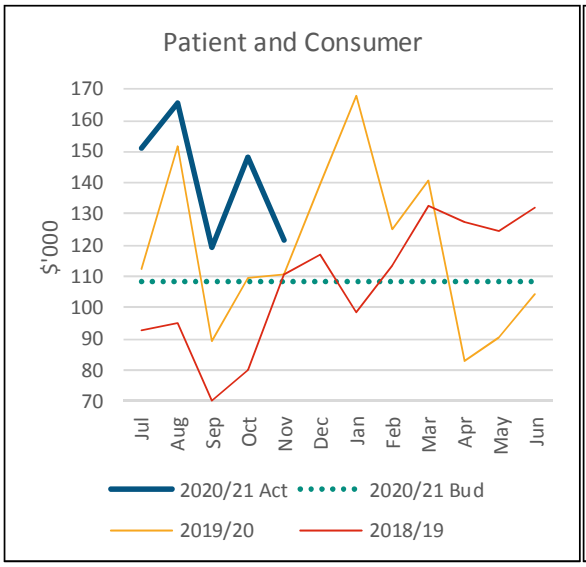
Inter District Flows ($0.4m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.

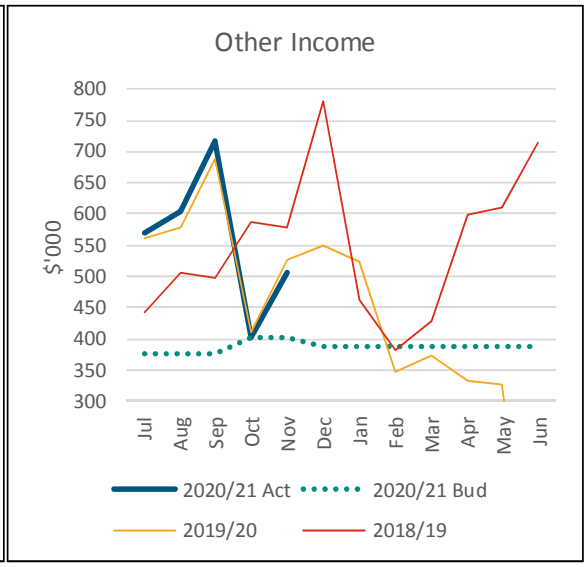




Other District Health Boards ($0.3m adverse YTD)
Reduced revenue from Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), partly offset by increased revenue from Mid Central DHB for oncology clinics.

ACC ($0.2m favourable YTD)
Increases in both clinical procedures and rehabilitation.



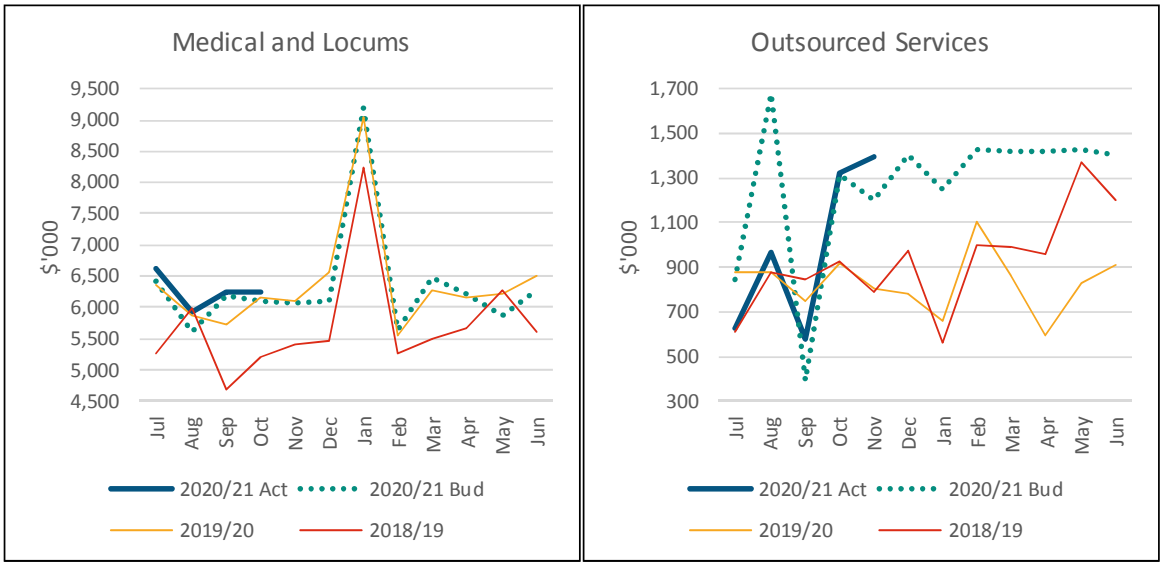


Patient and Consumer ($0.2m favourable YTD)
Non-resident charges and meals on wheels and compared to 2019/20 actual, shows some conservatism in budget setting.

Other income ($0.9m 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

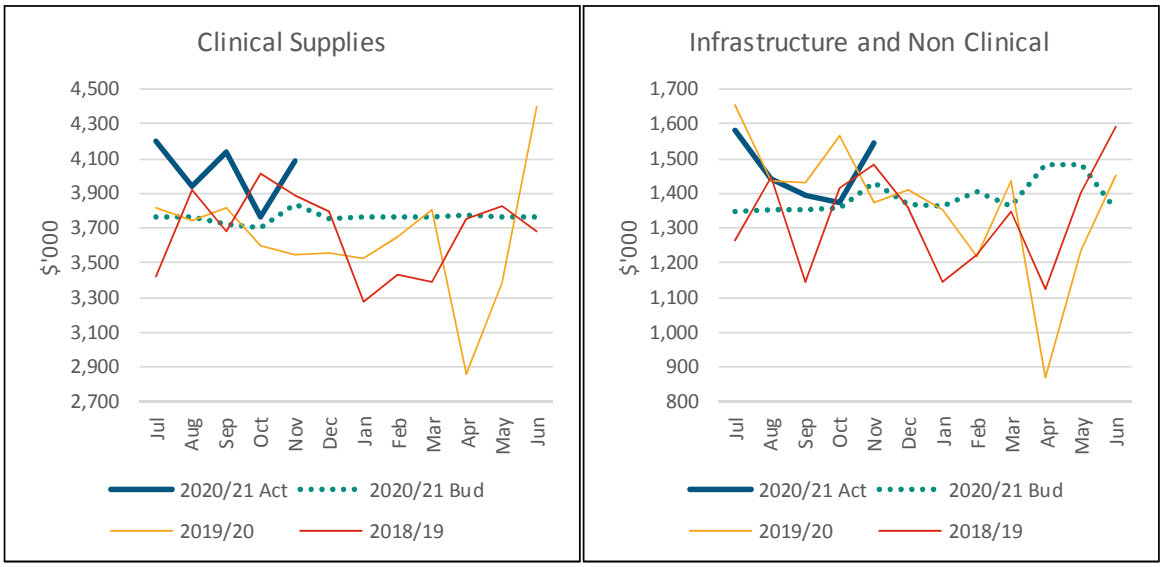
	November				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	6,608	6,149	(459)	-7.5%	31,629	30,453	(1,176)	-3.9%	78,349
Nursing personnel	8,193	8,246	52	0.6%	40,963	40,608	(354)	-0.9%	99,821
Allied health personnel	3,474	3,641	168	4.6%	17,435	17,970	535	3.0%	42,495
Other personnel	2,301	2,410	108	4.5%	11,517	11,797	280	2.4%	27,888
Outsourced services	1,398	1,199	(198)	-16.5%	4,892	5,427	534	9.8%	15,154
Clinical supplies	4,091	3,838	(253)	-6.6%	20,127	18,787	(1,341)	-7.1%	47,018
Infrastructure and non clinical	1,666	1,554	(111)	-7.2%	7,921	7,434	(486)	-6.5%	18,720
	27,730	**27,037**	(693)	-2.6%	**134,484**	**132,476**	(2,008)	-1.5%	**329,444**
Expenditure by directorate $'000									
Medical	8,523	7,504	(1,019)	-13.6%	39,529	37,163	(2,366)	-6.4%	94,419
Surgical	6,674	6,483	(192)	-3.0%	31,297	30,914	(383)	-1.2%	78,447
Community, Women and Children	4,283	4,319	36	0.8%	20,868	21,244	376	1.8%	51,132
Mental Health and Addiction	1,941	1,935	(6)	-0.3%	9,753	9,636	(117)	-1.2%	23,847
Older Persons, NASC HB, and Allied H	1,440	1,463	24	1.6%	7,285	7,351	66	0.9%	18,110
Operations	4,191	4,152	(40)	-1.0%	21,005	20,572	(433)	-2.1%	49,935
Other	678	1,181	503	42.6%	4,748	5,597	848	15.2%	13,554
	27,730	**27,037**	(693)	-2.6%	**134,484**	**132,476**	(2,008)	-1.5%	**329,444**
Full Time Equivalents									
Medical personnel	397.8	415.3	18	4.2%	383	398	15	3.8%	401.2
Nursing personnel	1,138.5	1,101.8	(37)	-3.3%	1,100	1,063	(37)	-3.5%	1,067.0
Allied health personnel	510.1	541.8	32	5.8%	503	521	18	3.5%	519.4
Support personnel	134.6	129.2	(5)	-4.1%	131	121	(10)	-8.4%	121.0
Management and administration	294.2	311.1	17	5.4%	289	299	11	3.5%	299.6
	2,475.1	**2,499.1**	24	1.0%	**2,405**	**2,401**	(4)	-0.1%	**2,408.2**



Medical personnel and locums ($1.2m adverse YTD)

The cost of locums covering vacancies and medical staff on leave, exceeds the savings from vacancies. Acute occupancy and in-house elective activity (offset in Outsourced Services) also contribute to cost pressures.

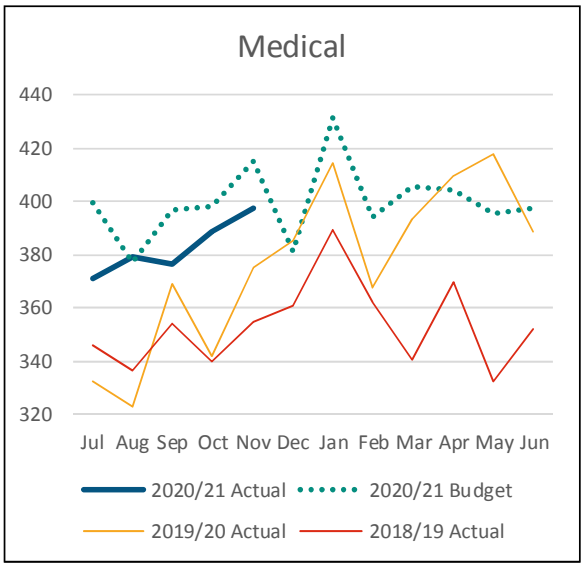
Outsourced services ($0.5m favourable YTD)
The delivery of planned care procedures in-house during the first quarter generated a large favourable variance that mostly offset adverse variances related to planned care delivery in clinical supplies, medical personnel and locums. From November the outsourcing of planned care procedures is increasing as planned, and has reduced the favourable variance in month.

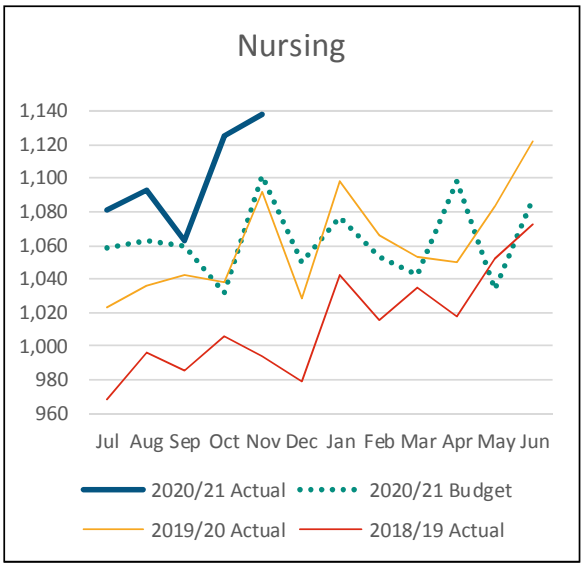


Clinical supplies ($1.3m adverse YTD)
Implants and prostheses, pharmaceuticals, and disposable instruments, reflect the volume of elective procedures completed in-house. These costs have reduced closer to budget as outsourcing has increased. Blood products and patient transport costs continue to be under pressure, although some improvement in month.

Infrastructure and non clinical supplies ($0.5m adverse YTD)
Laundry, external security, cleaning and food costs reflect patient throughput year-to-date. Minor hardware costs also contribute, although this is expected to be a timing issue and should come in on plan by the end of the year.

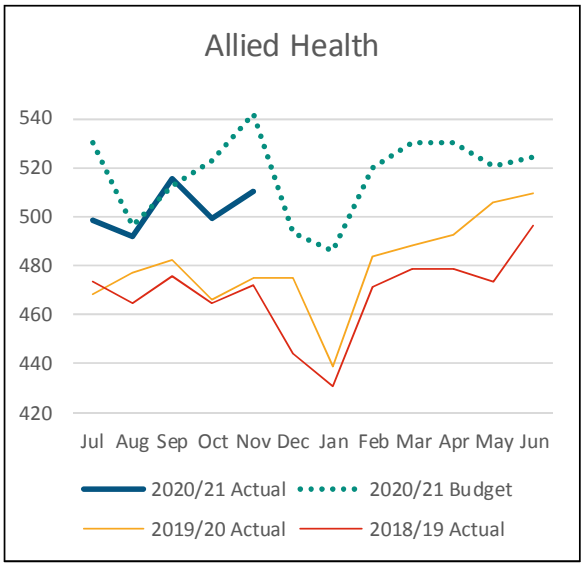
Full Time Equivalents (FTE)

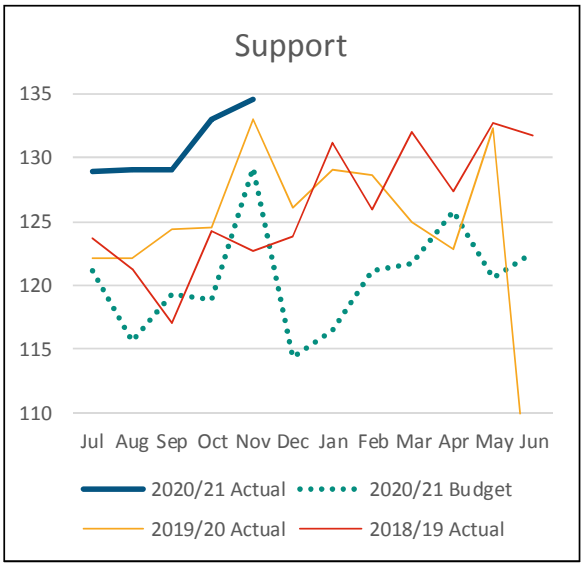




Medical personnel (15 FTE / 3.8% favourable)
Specialist vacancies, mainly in gastroenterology and geriatrics. These positions are covered by locums where available.

Nursing personnel (-37 FTE / -3.5% adverse)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches. Applying the trend line from past years to 2020/21 actual, highlights the risk being brought out in the forecast.





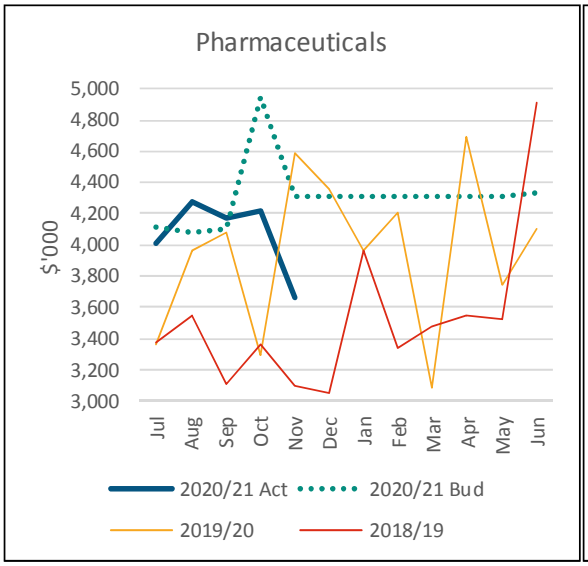
Allied health personnel (18 FTE / 3.5% favourable)
Ongoing vacancies including technicians, cultural workers, health promotion workers, pharmacists, and social workers.

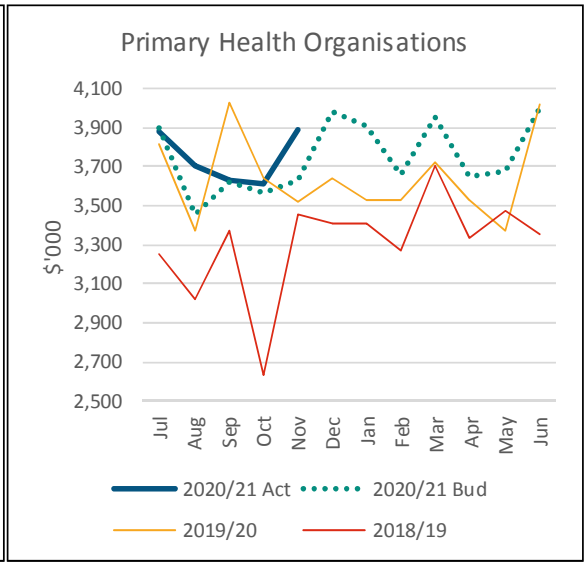
Support personnel (-10 FTE / -8.4% unfavourable)

High patient activity and dependency drive higher orderly and kitchen assistant costs. The operations directorate is being supported through service improvement and other actions to manage these issues.

3. FUNDING OTHER PROVIDERS

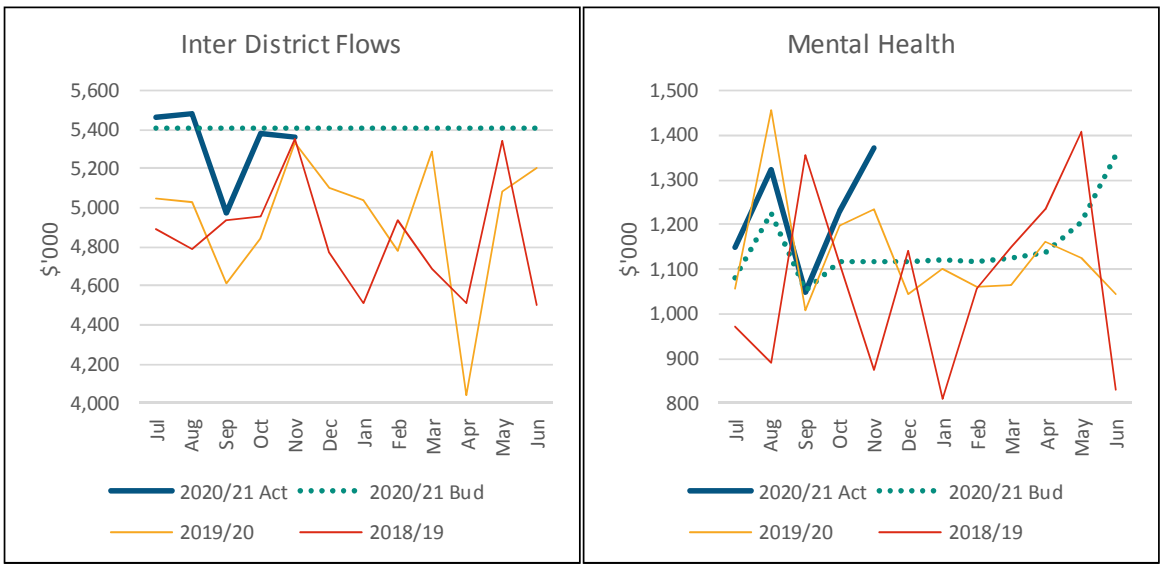
$'000	November Actual	November Budget	November Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	3,665	4,309	644	14.9%	20,337	21,545	1,207	5.6%	50,175
Primary Health Organisations	3,891	3,628	(263)	-7.3%	18,709	18,169	(539)	-3.0%	45,334
Inter District Flows	5,364	5,411	47	0.9%	26,664	27,055	391	1.4%	64,589
Other Personal Health	2,257	2,089	(168)	-8.1%	11,122	10,448	(674)	-6.5%	26,961
Mental Health	1,372	1,116	(256)	-23.0%	6,119	5,589	(529)	-9.5%	13,864
Health of Older People	6,737	6,605	(131)	-2.0%	33,122	33,031	(91)	-0.3%	79,261
Other Funding Payments	246	343	97	28.2%	2,111	2,039	(72)	-3.5%	4,787
	23,532	23,501	(31)	-0.1%	**118,185**	**117,878**	(307)	-0.3%	284,970
Payments by Portfolio									
Strategic Services									
Secondary Care	5,060	5,015	(45)	-0.9%	25,219	25,074	(144)	-0.6%	60,607
Primary Care	8,804	9,272	468	5.0%	45,854	46,443	588	1.3%	112,418
Mental Health	1,699	1,429	(270)	-18.9%	7,733	7,228	(504)	-7.0%	17,971
Health of Older People	7,354	7,129	(225)	-3.2%	36,031	35,801	(230)	-0.6%	86,044
Maori Health	479	537	58	10.7%	2,621	2,683	63	2.3%	6,438
Population Health	136	120	(16)	-13.1%	727	648	(80)	-12.3%	1,492
	23,532	23,501	(31)	-0.1%	**118,185**	**117,878**	(307)	-0.3%	284,970





Pharmaceuticals ($1.2m favourable YTD)
PHARMAC costs are reflected across a number of lines in the general ledger and the net impact is largely on plan. Further consideration is being given to how this can be made clearer in reporting.

Primary Health Organisations ($0.5m adverse YTD)
The activity pressures seen in Providing Health Services, are also reflected through first contact services, with November including additional discharge pathway (equity of access) costs.



Inter District Flows ($0.4m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.

Other Personal Health ($0.7m adverse YTD)
The activity pressures seen in Providing Health Services, are also reflected through advisory services from pharmacies, contributions to the National Haemophilia Management Group, and first contact/general medicine payments.

Mental Health ($0.5m adverse YTD)
Home-based support and community residential, offset in revenue. November includes primary integrated mental health and addiction costs.

4. CORPORATE SERVICES

$'000	November Actual	November Budget	November Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,759	1,804	46	2.5%	8,802	8,896	95	1.1%	21,214
Outsourced services	27	65	38	58.5%	287	327	39	12.0%	783
Clinical supplies	64	57	(8)	-14.0%	225	283	58	20.4%	621
Infrastructure and non clinical	1,661	1,490	(172)	-11.5%	7,458	7,179	(279)	-3.9%	18,061
	3,511	3,416	(96)	-2.8%	16,772	16,684	(88)	-0.5%	40,678
Capital servicing									
Depreciation and amortisation	1,262	1,240	(21)	-1.7%	6,228	6,182	(46)	-0.8%	15,280
Financing	12	28	16	57.2%	89	109	19	17.8%	286
Capital charge	(310)	270	580	214.7%	2,069	3,005	935	31.1%	4,966
	964	1,538	574	37.3%	8,387	9,295	908	9.8%	20,532
	4,475	**4,954**	478	9.7%	**25,159**	**25,980**	820	3.2%	**61,210**
Full Time Equivalents									
Medical personnel	1.2	1.1	(0)	-6.5%	1	1	(0)	-5.2%	1.1
Nursing personnel	20.0	19.3	(1)	-3.6%	19	19	(0)	-1.7%	19.1
Allied health personnel	0.1	1.7	2	92.4%	1	2	1	46.7%	1.6
Support personnel	29.9	31.7	2	5.5%	29	31	2	5.0%	30.7
Management and administration	172.2	186.1	14	7.5%	175	181	5	2.8%	179.1
	223.5	**239.9**	16	6.9%	**226**	**233**	7	3.0%	**231.6**

There has been a YTD budget adjustment in-month to reflect a reduction in the capital charge rate from 6percent to 5percent. However, even adjusted for this, capital charge continues to be the main driver of the favourable performance and reflects the lower equity balance than projected in the plan.

Recruitment costs, particularly for medical personnel and senior management roles, are running adverse to plan YTD. The counterpoint to this being that increasing permanent medical personnel reduces locum costs.

5. RESERVES

$'000	November Actual	November Budget	November Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	225	224	(1)	-0.3%	1,075	1,247	172	13.8%	2,800
Efficiencies	-	(125)	(125)	-100.0%	-	(625)	(625)	-100.0%	(715)
Other	(174)	(198)	(25)	-12.4%	1,830	1,574	(257)	-16.3%	1,899
	51	**(99)**	(150)	151.7%	**2,905**	**2,196**	(709)	-32.3%	**3,984**

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

The majority of the $4.1m planned efficiencies for the year are already embedded in budgets. 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	November Actual	November Budget	November Variance from budget	November 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	(113,528)	(81,773)	(31,755)	(6,218)	(101,147)
101,673		97,492	133,654	(36,162)	(4,181)	153,252
	Represented by:					
	Current Assets					
1,198	Bank	1,116	759	357	(82)	759
1,449	Bank deposits > 90 days	1,467	1,881	(414)	18	1,881
20,896	Prepayments and receivables	20,449	22,405	(1,957)	(447)	22,725
4,626	Inventory	4,705	4,969	(264)	79	5,040
28,168		27,737	30,014	(2,278)	(432)	30,405
	Non Current Assets					
190,156	Property, plant and equipment	188,910	211,046	(22,136)	(1,246)	228,349
15,978	Intangible assets	16,175	4,766	11,409	197	5,258
1,341	Investments	1,371	1,120	251	30	1,120
207,475		206,456	216,932	(10,476)	(1,019)	234,727
235,644	**Total Assets**	**234,193**	**246,946**	**(12,753)**	**(1,451)**	**265,132**
	Liabilities					
	Current Liabilities					
14,430	Bank overdraft	14,782	19,985	5,202	(352)	10,159
36,438	Payables	36,283	31,352	(4,930)	155	40,697
79,814	Employee entitlements	82,347	58,389	(23,958)	(2,534)	54,784
-	Current portion of borrowings	-	538	538	-	3,172
130,682		133,412	110,264	(23,148)	(2,730)	108,812
	Non Current Liabilities					
3,289	Employee entitlements	3,289	3,029	(260)	-	3,068
3,289		3,289	3,029	(260)	-	3,068
133,971	**Total Liabilities**	**136,701**	**113,292**	**(23,409)**	**(2,730)**	**111,880**
101,673	**Net Assets**	**97,492**	**133,654**	**(36,162)**	**(4,181)**	**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	*November Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2020*	*Annual Budget*
8,709	Salaries & wages accrued	9,670	8,094	(1,576)	(961)	4,267
1,058	ACC levy provisions	1,160	1,923	763	(102)	1,948
6,493	Continuing medical education	5,981	-	(5,981)	512	-
61,594	Accrued leave	63,524	46,267	(17,257)	(1,930)	46,436
5,249	Long service leave & retirement grat.	5,301	5,134	(167)	(52)	5,201
83,103	**Total Employee Entitlements**	85,636	61,418	(24,218)	(2,534)	57,852

Accrued leave includes provisioning for remediation of Holidays Act non-compliance, not allowed for when the plan was prepared. The budget for continuing medical education leave is included in accrued leave. As a result of COVID-19 impact, CME which would have ordinarily been forfeited in January 21, will be held over until the 2021/22 financial year.

8. PLANNED CARE

MoH data to October is provided below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 94% of plan was achieved to the end of October.

Outsourced activity has started to pick up and the continued focus on on-site performance means 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	2,823.2	974.1	3,797.3	3,561.6	93.8%	10,899.8
Inpatient Surgical Discharges	1,871	715	2,586	2,318	89.6%	7,428
Minor Procedures	734	310	1,044	1,614	154.6%	2,990
Non Surgical interventions	13	28	41	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: 7/12/2020 **NNPAC Refresh Date:** 7/12/2020
Data up to: Oct 2020 **Report Run Date:** 7/12/2020

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 November was a $14.8m overdraft (October $14.9m).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. December's low point is projected to be the $21.8m overdrawn on 3 December. 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, the net impact of COVID-19 and the requirement to move to 10 day payment terms.

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 November reflecting evenly spread budgets across the year, and lead times for the delivery of projects. The forecast shows part of the slippage is expected to be recovered in year. Actions to maximise capital in year will be considered in the new year.

Slippage on strategic projects and the interim asset plan, impacted by funding agreements and COVID-19 has eliminated the funding gap in year.

Note: Strategic projects that are partially funded by MoH, have no costs recognised in the DHB funded category until the MoH funded category has been exhausted, the assumption being that we will drawdown on MoH capital first.

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			End of Year Forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Source of Funds						
Operating Sources						
Depreciation	6,228	6,182	46	15,302	15,255	46
	6,228	6,182	46	15,302	15,255	46
Other Sources						
Special Funds and Clinical Trials	-	-	-	2	-	2
Funded Programmes	-	-	-	240	-	240
Sale of Assets	614	415	199	614	415	199
Equity Injection approved	738	-	738	14,522	24,772	(10,250)
Equity Injection to be approved	-	-	-	10,250	-	10,250
Source to be determined	-	-	-	(4,257)	4,617	(8,874)
	1,767	415	1,352	20,956	29,804	(8,848)
Total funds sourced	**7,580**	**6,597**	**983**	**36,673**	**45,059**	**(8,387)**
Application of Funds:						
Block Allocations						
Facilities	668	1,286	618	2,819	3,088	269
Information Services	821	1,530	709	2,748	3,813	1,065
Clinical Equipment	1,207	1,613	405	3,940	3,872	(68)
	2,697	4,429	1,733	9,507	10,773	1,266
MOH funded Startegic						
Seismic Radiology HA27	3	42	39	90	100	10
Surgical Expansion	190	2,050	1,860	4,200	4,200	-
Main Electrical Switchboard Upgrade	0	550	550	1,525	2,000	475
Mobile Dental Unit	0	533	533	1,600	1,600	(0)
Angiography Suite	-	750	750	2,980	3,000	20
Replacement Generators	(12)	500	512	1,288	2,000	712
Endoscopy Building (Procedure Rooms)	-	750	750	2,980	3,000	20
Radiology Extension	503	1,289	786	3,533	4,559	1,026
Seismic AAU Stage 2	1,229	859	(369)	1,758	2,063	305
Seismic Surgical Theatre HA37	1	700	699	2,090	2,100	10
Linear Accelerator	-	-	-	250	250	-
	1,914	8,022	6,109	22,294	24,872	2,578
DHB funded Strategic						
Surgical Expansion	-	-	-	1,075	1,953	878
Main Electrical Switchboard Upgrade	-	-	-	-	200	200
Digital Transformation	-	-	-	-	870	870
Cardiology PCI	-	-	-	420	1,000	580
Interim Asset Plan	415	1,382	967	2,775	5,390	2,615
	415	1,382	967	4,270	9,413	5,143
Other						
Special Funds and Clinical Trials	43	-	(43)	43	-	(43)
Funded Programmes	385	-	(385)	385	-	(385)
Other	172	58	(114)	172	-	(172)
	601	58	(543)	601	-	(601)
Capital Spend	**5,626**	**13,891**	**8,265**	**36,673**	**45,058**	**8,386**

11. ROLLING CASH FLOW

	Nov-20			Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-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	59,629	58,416	-1,213	117,623	-	58,416	61,416	57,462	58,416	60,562	60,664	60,664	64,764	61,164	59,664
Other revenue	9,017	6,280	-2,737	5,440	6,450	6,550	7,000	6,200	6,650	6,237	6,400	6,450	6,450	6,300	6,300
Total cash inflow	68,647	64,696	-3,951	123,063	6,450	64,966	68,416	63,662	65,066	66,799	67,064	67,114	71,214	67,464	65,964
Cash Outflows															
Payroll	13,553	13,680	-127	17,910	13,680	13,680	16,180	13,750	13,680	17,880	13,750	13,680	16,230	13,700	13,680
Taxes	9,994	9,000	994	6,000	12,400	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200
Sector Services	31,062	25,050	6,012	26,145	25,950	26,855	27,050	25,300	27,200	27,293	24,228	26,617	27,646	29,512	27,288
Other expenditure	13,973	13,760	213	16,990	14,939	15,608	15,556	15,638	14,167	21,267	19,569	15,669	15,669	13,613	17,069
Total cash outflow	68,582	61,490	7,092	67,045	66,969	65,344	67,986	63,888	64,247	75,640	66,747	65,166	68,745	66,025	67,236
Total cash movement	64	3,206	3,142	56,018	-60,519	-378	430	-227	819	-8,841	317	1,948	2,469	1,439	-1,272
Add: opening cash	-14,854	-14,854	-	-14,789	41,229	-19,290	-19,668	-19,238	-19,465	-18,646	-27,487	-27,170	-25,221	-22,753	-21,314
Closing cash	-14,789	-11,647	3,142	41,229	-19,290	-19,668	-19,238	-19,465	-18,646	-27,487	-27,170	-25,221	-22,753	-21,314	-22,586
Maximum cash overdraft (in month)	-14,792	-14,777	-15	-22,031	-19,290	-24,672	-24,550	-19,465	-19,725	-27,487	-30,297	-27,480	-30,136	-23,919	-25,946

HAWKE'S BAY District Health Board Whakawāteatia	**Planning, Funding & Performance Monthly Report** For the attention of: **HBDHB Board**
Document Owner:	Emma Foster, Executive Director of Planning, Funding & Performance (Acting)
Month:	December 2020
Consideration:	For noting and acknowledgement
RECOMMENDATION **That the HBDHB Board** 1. Note and acknowledge the framework for the System Master Planning process and the next steps.	

Strategic Master Planning

Hawke's Bay District Health Board (HBDHB) developed its *Clinical Services Plan (CSP)* in 2018. In August 2019, the *Whānau Ora, Hāpori Ora, Hawke's Bay Health Strategy*, was agreed by the Board.

Our vision and planning to-date is aligned with the Health and Disability System Review 2020 and key recommendations from the Wai 2575 Inquiry.

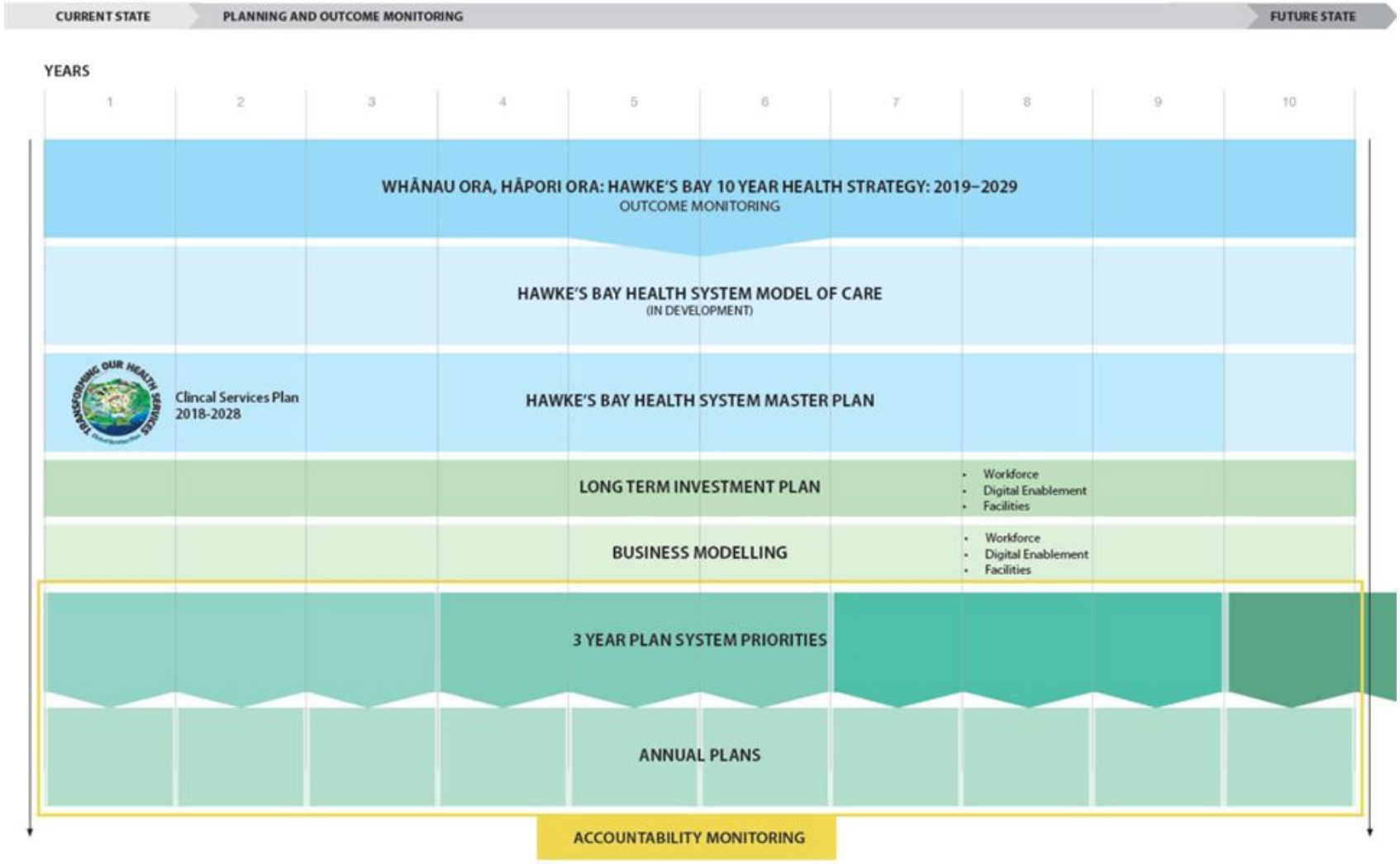
Long-term planning (or master planning) is one of four inter-related processes every agency should be doing (as per Te Tai Ōhanga, the Treasury guidelines):

- Strategic thinking develops the long term vision, goals and objectives to ground other planning in (*Whānau Ora, Hāpori Ora 2019-2029, strategic model of care)*
- Long term investment planning develops the rationale for, and pipeline of, long term investment needed to arrive at the agreed strategic intentions. *(CSP, Hawke's Bay system master planning)*.
- Medium term planning develops a comprehensive and integrated short to medium term view of which annual work planning, decision making and performance monitoring can be grounded in. This is documented in a medium term plan where appropriate (*three-year System Priority Plan*).
- Annual planning develops the detailed work plan HBDHB intends to carry out over the coming period. This is documented in plans such as the *HBDHB Annual Plan,* and will all link to the overall health strategy *Whānau Ora, Hāpori Ora* and *Clinical Services Plan*.

Next steps in the development of the *HB system master plan:*

- Agree *HB health system strategic model of care* – what does our future state look like. Finalise in February 2021.
- Mapping the steps over the next 10 years> from current state to future state. This is a complex piece of work and considers the wider HB health system. It will be broken into more detail through the system priorities (First 1000 days, long term conditions, mental health and addictions and frail and older people).

- Complete the 10 year investment and infrastructure plan. This will describe our investment journey and map the relationship between demand, resources, services and benefits over the long term. Importantly this recognises investment choices have financial and service level implications that can affect agency baselines and performance expectations over the 10 year period.
- It will include what business models and partnerships are needed to implement the strategic intentions.


CURRENT STATE
PLANNING AND OUTCOME MONITORING
FUTURE STATE
YEARS
1
2
3
4
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10
WHĀNAU ORA, HĀPORI ORA: HAWKE'S BAY 10 YEAR HEALTH STRATEGY: 2019–2029
OUTCOME MONITORING
HAWKE'S BAY HEALTH SYSTEM MODEL OF CARE
(IN DEVELOPMENT)
Clincal Services Plan
2018-2028
HAWKE'S BAY HEALTH SYSTEM MASTER PLAN
LONG TERM INVESTMENT PLAN
Workforce
Digital Enablement
Facilities
BUSINESS MODELLING
Workforce
Digital Enablement
Facilities
3 YEAR PLAN SYSTEM PRIORITIES
ANNUAL PLANS
ACCOUNTABILITY MONITORING

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	December 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 December 2020 report

Executive Summary

- Elective Discharges in November are forecast to exceed production plan targets for the first time this financial year, with further outsourced activity yet to come on stream.
- Progress is being made in reducing waits for first specialist (outpatient) assessments, with particular gains in some priority specialties.
- Increased outpatient activity has had a knock-on effect with growing waiting lists for elective surgeries
- Resourced capacity will be maintained over the Christmas holiday period to protect care quality and patient experience.
- High hospital occupancy continues to impact on the Emergency Department

Panui

Hawke's Bay Nurses Training to become Nurse Practitioners – A total of five Hawke's Bay nurses have been accepted onto the NPTP (Nurse Practitioner Training Programme) for 2021. Of these, two work in Communities, Women & Children, two in Medicine, and one in primary care. The development of the nurse practitioner workforce is one of the key enablers of the Clinical Services Plan.

Long-term mental health inpatients transition to new homes – Partnership between Planning & Funding and Health Services has resulted in transition and discharge plans for two of our very long-stay patients. The occupancy of Ngā Rau Rākau, (Mental Health Inpatient Unit) remains elevated. Ongoing work with inter-sector partners and non-governmental organisation (NGO) providers is aimed at securing more appropriate onward placement options for mental health inpatients with complex needs.

New gastroenterologist takes up post – We are delighted to welcome our new consultant gastroenterologist, Dr Peter Cleavinger, who started work on 30 November. Peter will be joined by two further new appointments in 2021 in this priority specialty.

23hr Day Surgery Unit has busy first month – Since opening in late October, the facility has cared for over 140 patients – ~4 per day who would otherwise have required overnight stays on the wards.

Extra Security staff come into post – The recruitment of staff following the recent $200k investment into the Security Team has enabled an extended network of CCTV cameras, across all DHB sites, to have dedicated monitoring over a 16-hour period each day. The additional personnel also provide greater flexibility for the team to respond in emergency situations.

Chaplaincy service has a busy month – Our wonderful team of chaplains have kept themselves very busy in November with the Renal Memorial service, a COVID Remembrance Service, a welcome to new chaplains, and the Remembrance Tree in the Hospital foyer.

HubScrub goes live - This new machine has been installed into the equipment loan store, enabling quicker cleaning of items and improved infection control for equipment going into people's homes.

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 fell again in November, from 74.5 percent to 72.5 percent. This compares to 77.7 percent achieved in the same month last year.
- Inpatient occupancy across the hospital was largely consistent with October levels, although Hospital Overflow beds were flexed down for more time. Flow pressures within the Emergency Department, which experienced an average of 137 presentations per day compared to 131 in October, was therefore largely unchanged.
- In this context, the Christmas plan is to keep all funded inpatient capacity open over the holiday period. Demand and occupancy have traditionally fallen over Christmas week, and this has been an opportunity to flex down capacity and allow extra staff off onto annual leave. The decision, which therefore entails a financial opportunity cost, has been taken with patient safety as the overriding concern. Short-notice leave will be maximised should occupancy be consistent with previous years' patterns.

Ministry of Health Planned Care (Surgical Discharges) Target

- The agreed overall production plan target for November is 672 elective discharges. Of this, 662 have been delivered to-date, currently giving an in-month result of 98.5 percent. Once expected discharges, yet to be coded, are factored in, the forecast result is 692 discharges (103 percent), and 105 percent on case-weights (the basis on which we are paid).
- While in-month outsourcing numbers continue below plan, month-on-month the number of discharges is increasing as expected, with total delivery up 30 percent on October. The service remains confident the contracted volumes will be delivered in 2020/21.
- Inter District Flow (IDF) discharge volumes continue to track below plan in November, with a cumulative year-to-date negative variance of 106 discharges. However, as in October, overall case-weight performance continues to outstrip volumes. The settled position for October now shows performance of 79.6 percent on volumes, but 97.2 percent on case weights. Variance analysis in actual versus planned IDFs discharges is underway, led out by Planning, Funding & Performance.
- On-site delivery was again very strong in November, with 552 discharges delivered, 36 of which were on weekend lists. This was 102 discharges (18.5 percent) more than the in-month target of 450. Ophthalmology continued to be a major component of this over-delivery. Urology and General Surgery also delivered over 100 percent of planned volumes

this month. At the end of November, Health Services has over-performed against its on-site plan by 13.8 percent, with 2,481 discharges against a target of 2,181.

Elective Services Performance Indicators

- Performance for ESPI 2 (Outpatient Referrals Waiting Longer than 4 Months) and ESPI 5 (Waits for Surgery Longer than 4 Months) were again largely unchanged in November.
- ESPI 2 now shows 23.7 percent of patients overdue (down slightly from 24.2 percent in October), but this equates to a reduction of 66 overdue patients (5.1 percent). The size of the overall ESPI 2 waiting has also continued to remain fairly stable month-on-month.
- The DHB is tracking ahead of the trajectory agreed with the Ministry of Health as part of the Improvement Action Plan to eliminate overdue ESPI 2 waits. Amongst a general picture of steady improvement, a handful of targeted specialties have seen particular gains in-month. This includes Ear, Nose & Throat, a priority on account of the high number of overdue First Specialist Assessments and the health equity implications of the waiting list. As Figure One (below) shows, overdue patients fell by 97 patients in November (a 20.8 percent reduction).

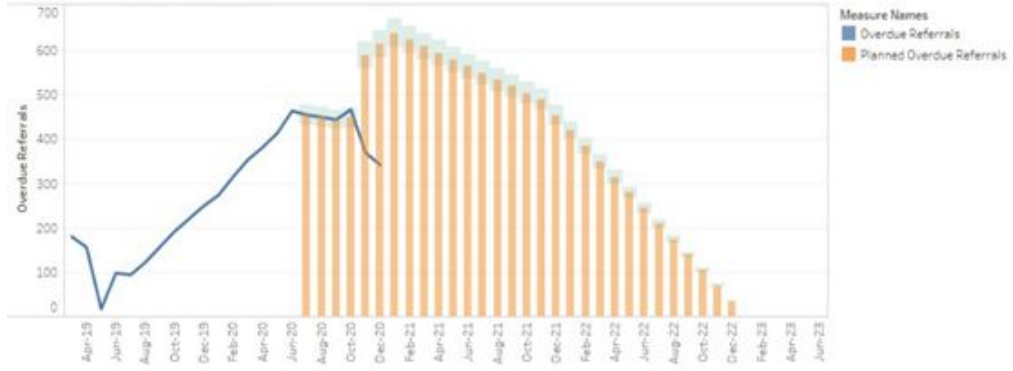


Figure One: Ear, Nose & Throat (ENT) ESPI 2 Trajectory

- ESPI 5 now shows 21.8 percent of patients overdue, (up from 21.4 percent in October). This total of 481 overdue patients grew from 435 in October, despite the significant improvement in elective discharges.
- ESPI 5 performance is placed at risk by the progress being made on ESPI 2 backlog clearance. The total size of the waiting list now stands at 2,177 patients, up from 2,037 patients in October. This is the fourth consecutive month where total waiting list numbers have grown by more than 100 patients.
- Ongoing delivery of the production plan, and specifically the further increases in outsourced volumes, will partly mitigate the impact of such growth. In steady state, however, it is estimated that an ESPI 5 waiting list of ~1,400 patients are needed to maintain compliance with access standards, and identification of further mitigating strategies will be required to avoid deterioration in the short term.

BOARD HEALTH & SAFETY CHAMPIONS' REPORT

12

Verbal

Enabling Our Orderlies

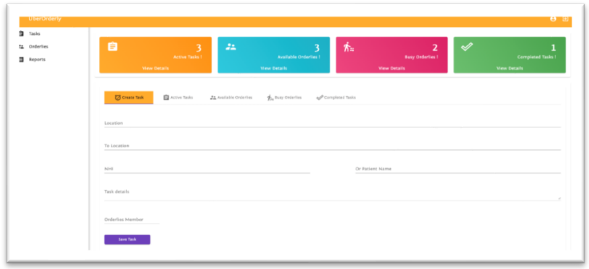
'Optimising workflow and better patient outcomes'

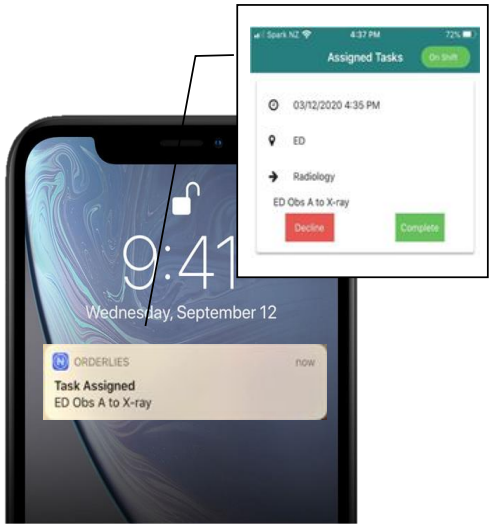
Why

- Outdated, aged communication methods for managing service
- Manual task management that is siloed and inefficient that does not support optimal patient flow
- Lack of visibility and reporting

What

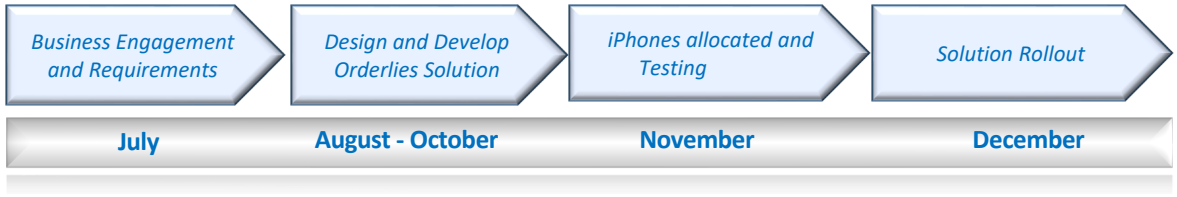
- Mobile task-management application developed by our in-house team
- New iPhone XRs for Orderlies
- Tasks captured and assigned through digital dashboard
- Task list at their fingertips on a mobile device – *no need to return to base for next task*
- Digital dashboard to allow pro-active service management
- Visibility of team available to allow pro-active real-time, resource management
- Reporting function to allow continuous optimization of service





Key Benefits

- Optimising timely and effective patient services
- Clarity and insight enabling modern and professional hospital flow
- Lifting team competence and capability
- Value for money with in-house development
- Successful partnership approach to develop a business-enabling solution



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

The Māori Relationship Board met on 2 December 2020. An overview of issues discussed at the meeting are provided below.

MATTERS ARISING

Oranga Tamariki
MRB members stated the urgency around completing this report and would like this to be a high priority. MRB members also expressed the urgency that the HBDHB conducts the Maternity Services internal review and requested that a timeframe be brought back to MRB at their next meeting. **Action**

COVID-19 / Tīhei Mauri Ora Review
(a) A meeting of the COVID-19 subcommittee was held to discuss the COVID-19 review. The MRB Sub-Committee drafted recommendations to be included within the scope that will highlight how Māori were affected by COVID-19 for future learnings.
(b) MRB members look forward to receiving the Tīhei Mauri Ora Review report which is due to be completed by March / April 2021.

MRB members expressed the importance of having more diversity on the HBDHB Board, recommending a Pasifika representative.

SECTION 2: FOR INFORMATION AND DISCUSSION

CONSUMER COUNCIL REVIEW UPDATE
Graeme Norton (Consumer Council Review Group Chair) was welcomed. Graeme provided a verbal update on the current review of the Consumer Council.

Discussions noted:
Graeme outlined the review process and was at MRB to better understand and gain insight of Māori representation on Consumer Council. Graeme requested MRB's advice on how MRB would like to collaborate with Consumer Council, how they can maintain a strong relationship and provide feedback on how this can look going forward.

Key messages noted:
- MRB expressed the need for Māori consumer voice to feature strongly within the Consumer Council. MRB emphasised the need for specific Māori voices and communities from local level be listened to and addressed. MRB understands that communities within the Hawke's Bay region require different support from one another. MRB would like a commitment from the HBDHB to listen and address Māori consumer voice

- MRB members emphasised the need for community representatives who have lived-experience to advocate on behalf of our communities such as; disability, mental health and addictions, gang whanau and rangitahi
- The Two-Tier Treaty Governance paper is a leading report that supports a new pathway for the Crown and Māori to work together collectively. It was recommended that Consumer Council adopt high level principles from this paper
- Wairoa has a template for a community partnership model. MRB members believe this would benefit other communities within the Hawke's Bay as this allows communities to make their own decisions around what would benefit those most.
- The Two-Tier Treaty Governance paper is a leading report that supports a new pathway for the Crown and Māori to work together collectively. It was recommended that Consumer Council adopt high level principles from this paper
- Wairoa has a template for a community partnership model. MRB members believe this would benefit other communities within the Hawke's Bay as this allows communities to make their own decisions around what would benefit those most

TE ARA WHAKAWAIORA – HEALTH OF KAUMĀTUA – AGEING WELL IN HAWKE'S BAY – LONG TERM CONDITIONS

Emma Foster, Suzanne Parkinson and Robyn Richardson from Planning & Funding delivered a verbal presentation on the two submitted papers that form the Te Ara Whakawaiora (TAW) accountability framework. The purpose of this report is to achieve health equity improvement for Kaumātua Māori and bring together the conclusion of the Ageing Well in Hawke's Bay Board updates, with the first TAW action plan for Health of Kaumātua.

Health of Kaumātua

The report noted five main long-term objectives:

1. Focus on reducing the inequality for Quintile 5, Māori and Pasifika Kaumātua for ED presentations and inpatient stays during the last thousand days of life
2. Improve system flow and shape 'frail friendly' services for Kaumātua
3. Integrated care teams to support managing Kaumātua with complex ageing and frailty in the community
4. Health of Kaumātua – Ageing Well in Hawke's Bay annual dashboard to the board (November/December)
5. Hawkes's Bay to be known for its strong ages, dementia and disability friendly environments.

Long-Term Conditions

The purpose of this report is to provide governance with an update on the health status of Hawke's Bay adults aged 45-64 and outline the plan of action for the next 12 months. Hawke's Bay DHB is taking a more coordinated approach to long term conditions and the report and work programme are the first tranche of the long-term conditions kaupapa, and delivers on this priority area for Hawke's Bay.

Objectives noted:

1. Improve connections throughout secondary care and across primary health care (clinical and social)
2. Services and access across people's homes and whānau (real, phone, zoom)
3. Rapid access to support and expert advice when required
4. Planned wellness approach and goal setting in primary health care when assigned with one person
5. Increase knowledge of and menu of available services/programmes
6. Transform model of care for all areas of the LTC

Outcomes:

1. Decrease amenable mortality for Māori
2. Decrease ASH rates
3. Improved whānau satisfaction and quality of life
4. Health life expectancy – years of life lost
5. Decreased re-admissions.

MRB advised:

- The main health concerns for Kaumātua in Hawke's Bay are cardiology, diabetes, respiratory and renal
- MRB members emphasised the importance of creating and maintaining a culturally safe environment and staff to ensure Kaumātua are well cared for noting that all Kaumātua should be able to access services and receive top quality care.
- Members also suggested reviewing funding of health tools that can assist Kaumatua immensely and allow them to monitor themselves in their own homes, such as the Freestyle Libre Flash Glucose Monitoring system
- The current priorities and processes are clinically driven and do not involve sufficient Kaumātua voice. Kaumātua should be in control of setting their priorities. Robyn Richardson advised that she spoke personally with Kaumātua to create objectives that would significantly benefit them
- MRB members requested that the below statement be included as part of the "Problem Statements box" in both Appendices for Health of Kaumatua and Long-Term Conditions **Action**

"The current system lacks cultural safety"

MRB requested Planning & Funding meet with Tanira Te Au (HBDHB Pouahurea) who attends the monthly Kaumātua day. This day provides Kaumātua a voice from the Māori Hawke's Bay community. **Action**

Older People and Wellbeing indicators to be included **Action**

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

RECOMMENDATION

That the HBDHB Board:

- **Note** the contents of this report

Council met on 2 December 2020. An overview of matters discussed is provided below:

1. Clinical Council Annual Plan for 2020/21

The draft annual plan collating the goals and themes discussed at the November meeting into areas of focus based on the IHI domains of quality was reviewed. Discussion centred on ensuring the activities set can be achievable and tangible, how Clinical Council is measuring cultural safety in clinical safety and demonstrating compliance with the Treaty.

An updated plan will be presented at the February Clinical Council meeting collating the discussion.

2. Terms of Reference

Jules Arthur distributed a draft re-write of the functions which were discussed. Council's authority to issue directives and the current reporting structure were questioned. It was agreed the Co-Chairs would discuss with the DHB's CEO. Robin Whyman reported that he had met with Patrick Le Geyt, Acting Executive Director Health Improvement and Equity to assist Clinical Council with ensuring an equity lens and compliance to the Treaty of Waitangi is achieved in updated Terms of Reference, including updating to the membership of the Council.

3. System Performance Measures

Emma Foster, Acting Executive Director of Planning and Funding, and Alex Trathen, Senior Project Manager, joined the meeting to share the refreshed Corporate Performance Dashboard that was presented to the Board at its previous meeting. Emma noted that the data will be broken down by ethnic group from the second quarter.

There was a discussion around how the data was collected and it was noted that while the Health System Performance Dashboard was useful from a governance perspective, there needs to be the ability to drill down to the detail for it to be useful from a clinical perspective. A meeting is to be held with Dr Michael Park to explore this further.

It was agreed the challenge is how to improve the stubborn red trends.

4. Quality Framework

Clinical Council endorsed version 2 of the framework. Susan Barnes, Patient Safety and Quality Manager, advised the framework would be introduced to Directorate Leadership Teams in early 2021.

5. Next meeting

The next meeting of the Hawke's Bay Clinical Council is on 3 February 2021.

HAWKE'S BAY District Health Board Whakawāteatia	**Pasifika Health Leadership Group – Chairs Report**
	For the attention of: **HBDHB Board**
Document Owner:	Traci Tuimaseve, Chair of PHLG
Reviewed by:	Talalelei Taufale, Pacific Health Development Manager
Month:	December 2020
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

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

The Pasifika Health Leadership Group (PHLG) met on 30 November 2020. An overview of the issues discussed and/or agreed at the meeting is provided below.

SECTION 2: FLU – EQUITY PROJECT PASIFIKA FOCUS AREAS

Shari Tidswell (Intersectoral Development Advisor) spoke to the Ministry of Health's additional funding which is to increase flu immunisation coverage with a particular focus on Māori and Pasifika and those 65+ years.

Members' key messages addressed:

- The importance of having Pasifika members engaged as a part of this programme and how they can influence and educate whānau on the importance on getting immunised. This would benefit any programme for Pasifika
- Members expressed the need to look into a community outreach approach that can be utilised for future Pasifika health programmes. Key pieces of research undertaken by the Pacific Health team, including learnings from Tīhei Mauri Ora need to be included to inform future projects
- Members highlighted the importance of having Pasifika staff members as part of outreach teams in the Pacific community

Action noted:

i. Finalise the model of care for immunisation and screening. This can be utilised for COVID-19 vaccination planning.

PASIFIKA HEALTH MANAGER – REPORT

Talalelei Taufale report was taken as read, noting:

- Church leaders are ready for us to work collaboratively with agency's to shape the model for the Pacific wellbeing hub
- There is a need for the health sector to develop specific Pacific psychosocial responses, recruit Pacific staff and deliver cultural responsiveness training
- Continue to build the model of care for FSA appointments on evidence of best practice
- Improve cultural responsiveness across all DHB booking services
- Ongoing collaboration between booking services and Pacific Health Team will support a reduction in DNA for first specialist appointments

- Amataga Iuli (Pacific Health Promoter) was congratulated for her hard work and commitment in progressing the Pasifika Youth project.
- Hayley Anderson was also thanked for her continuous support of Pasifika at Board.
- PHLG acknowledged the Pacific Health team for their enduring hard work during COVID-19

Talalelei Taufale emphasised that in creating a new normal for "business as usual" we cannot revert to the same ways of doing things pre-COVID-19. We must utilise the learnings from our COVID-19 response through Tīhei Mauri Ora, Pacific Oral Health research, Pacific Youth research, immunisation approaches and developments within the Pacific team to deliver a Fanau Ola model of care.

The way forward is to:

- Address inequities across strategic priorities by strengthening the Pacific health response to lead and inform collaborative approaches together with our Pacific community and health sector leaders and staff. This will enable the Pacific team to work across primary and secondary care as well as embedding a village wellbeing programme in the Pacific community.

- Strengthen the intersector approach within the village wellbeing programme and continue dialogue with intersector CEOs to create a Pacific governance/leadership structure across agencies utilising the Pacific Health Leadership Group template and the collaborative work of the Pacific Network that includes HBDHB, MSD, MOE, Ministry for Pacific people's, Internal Affairs, Pacific providers.

PLANNING WORKSHOP

Talalelei Taufale provided an overview of actions against the Pacific Annual Plan for 2020/2021. It was noted that evidence-based decision making using a factual approach of what is working for Pacific needs to inform ongoing planning. Models of care and evidence from the Pacific Oral Health project, Pacific Youth project, learnings from DNA, COVID-19, Flu Immunisation need to be utilised by service managers and directors for planning for 2021/2022.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora – Health of Kaumātua - Ageing Well in Hawke's Bay**
	For the attention of: **The HBDHB Board**
Document Owner	Emma Foster, Executive Director Planning, Funding & Performance (Acting)
Month/Year	December 2020
Reviewed By	Charrissa Keenan, Programme Manager - Māori Health, Health Improvement & Equity Dr Lucy Fergus, Consultant Geriatrician Suzanne Parkinson, Portfolio Manager, Planning, Funding & Performance Lisa Jones, Portfolio Manager, Planning, Funding & Performance
Purpose	This report is submitted as part of the Te Ara Whakawaiora (TAW) accountability framework for achieving health equity improvement for Kaumātua Māori and also bringing together the conclusion of the Ageing Well in Hawke's Bay Board updates, with the first TAW Action Plan for Health of Kaumātua.
Previous Consideration/Discussions	Ageing Well in Hawke's Bay Board papers from July, September and October 2020

RECOMMENDATION:

That the HBDHB Board

1. **Note** the contents of this report
2. **Endorse** TAW plan for the next 12-18 months, to improve equitable outcomes for Kaumātua
3. **Agree** for management to transform its responsiveness to ageing and frailty

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EXECUTIVE SUMMARY/INTRODUCTION

This memo sets out our next steps as part of the Whānau Ora, Hāpori Ora focus area of Kaumātua health and wellbeing. HBDHB, our providers, our partners and our community need to make a long term commitment of change through thinking, talking, reviewing and action. There is much that needs to be weaved together and considered carefully:

- Addressing inequities among Māori, Pasifika, quintile five and unmet need
- New Zealand Healthy Ageing Strategy vision and key strategic themes
- Our growing population numbers for those with early on-set frailty/dementia, and/or socially isolated and vulnerable
- De-cluttering the many parts of the "system" that need to work better together when you need something no matter where you live
- Deeply listening to whānau
- Living within our means

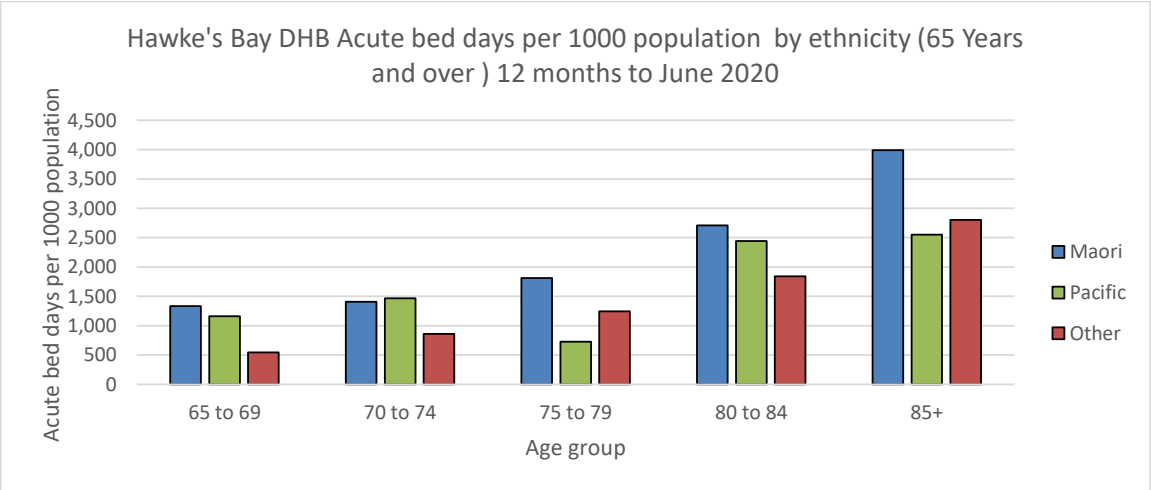
BACKGROUND

The Inequities within our existing health system

Demand on Acute Hospital Services

Acute bed day age specific rates per 1000 population in Hawke's Bay Kaumātua show marked inequities, with Māori Kaumātua acute bed usage higher compared to Other Kaumātua across all age groups. This higher rate of unplanned (acute) care suggests Kaumātua Māori may not have equitable access to planned care, including primary care services.

Figure 1



- Māori rates in the 65-69 year age group are 2.4 times Other rates.
- In the 70-74 year age group Māori acute bed usage is 1.6 times Other rates.
- In 75-79 and 80-84 year age groups, Māori acute bed usage is 1.5 times higher than Other rates.
- In the 85 + age group Māori rates are 1.4 times those of Other rates.

Analysis of hospitalisations in the last 1000 days of life among Hawke's Bay Kaumātua 65 years and over has shown:

- Quintile 5 Kaumātua have significantly higher use of Emergency Department (ED) and hospital bed nights over the last 1000 days of life.
- Māori and Pasifika Kaumātua have a higher use of ED over their 1000 days.
- Pasifika Kaumātua spend more days in hospital in the last 250 days of life.

Flu vaccination 65 years and over

Equity for influenza immunisation coverage for Māori aged 65 and over project (2020), achieved both the 75% target and equity for Māori. The project delivered four work streams – supporting provider delivery, delivering a communication plan, implementing innovative initiatives and monitoring data. Each had a focus on Kaumātua, equity and sustainability. Success areas included having culturally responsive approaches, i.e. Māori and Pasifika triaging team finding solutions for Kaumātua unable to access immunisation, hauora providers delivering outreach services (in home, at Marae and Hāpori), providing training and resourcing for hauora providers, and the project team being accountable for the data via weekly monitoring.

The evaluation provides key learnings to support 2021 and beyond delivery, including a communication plan, supporting general practice and pharmacy to reach whānau Māori, utilising the increased immunisation capacity, data monitoring tool and engaging experienced hauora providers.

Bowel Screening 60 - 74 year
The National Bowel Screening Programme commenced in Hawke's Bay in October 2018, with the objective of reducing mortality from bowel cancer by detecting early signs and removing pre-cancerous advanced adenomas before they become cancerous.

All eligible Hawke's Bay residents aged between 60 and 74 years were automatically enrolled in the programme and pre-invitation letters sent out daily, via a birthdate system, taking approximately two years to reach all individuals. Upon receiving the invitation letter, people could participate in the programme or opt-out.

Since the programme's launch, the uptake has been low for Māori with inequities in access evident through the lower participate rate of 48% for Māori, compared to 68% for 'Other' ethnicity groups. It was therefore recognised a successful and equitable bowel screening pathway for Māori needed to include practical and emotional support, health system navigation and kaupapa Māori approaches.

In order to address this equity gap, Māori Health has been successful in securing additional funding from the Central Region Bowel Screening Programme to deliver Oranga Tonutanga. Oranga Tonutanga is a kaupapa Māori, Kaumatua-centric approach to achieve equitable participation in the programme by providing practical and emotional support, community outreach, and health system navigation for Kaumatua Māori. Oranga Tonutanga will commence in December 2020, with two new Kaitakawaenga working within the guidance of our Kaumātua.

Whānau Voice and Co-design

We are in the early days progressing with this piece of work listening to whānau voice of our Kaumātua and their whānau.

We have heard that Kaumātua, whānau and communities want us to focus on addressing the following:

- Challenges around access to surgery, waitlist communications, discharge planning and coordination of support for Kaumātua returning home from hospital
- There is also confusion about how advanced care planning works, as well as how long it takes to get a Needs Assessment and Service Coordination (NASC) assessment.
- The DHB's model of care for Health of Kaumātua in rural areas needs to better reflect the specific community and their needs.
- We have been asked by whānau to focus on rehabilitation services as well as post-surgery care options for Kaumātua, particularly for those living in remote areas.
- We have been told that home-based support service coordination needs to be refined.
- Wairoa whānau have also highlighted a need for more group activities to support ageing well.
- There remains concern over aged residential care capacity and access to GP services across the rohe.

Gaps in Services
The "Ageing Well in Hawke's Bay" HBDHB Board paper No. 2 (Sept 2020) provided an overview of known significant risks of an ageing population on the health system, and the ageing stakeholder voice all of which supports developing strategy and health system approaches in relation to Ageing Well in Hawke's Bay.

In the October, Ageing Well in Hawke's Bay HBDHB Board paper No. 3 we identified examples of services developed by other DHBs within the ageing well area to address gaps in services. These are now being assessed more fully in our Health of Kaumātua service co-design (new and existing services). This will also cover performance accountability and monitoring equity.

What's next in terms of Whānau Voice?
A commitment to use whānau voice on an ongoing basis in this kaupapa has been made.

Interviews with Kaumātua

Over the next three to six months, a number of whānau voice activities to capture insights into Kaumātua experiences, understandings and aspirations for hauora are being undertaken. These interviews will be held across the rohe and will inform developments to support Kaumātua health and wellbeing over the coming 12 months, as well as long term investment.

Flu vaccination

Interviews with Kaumātua to explore barriers and enablers to access to flu vaccination uptake within the pharmacy setting are being undertaken. The voice of whānau will help build on progress to date, and identify ways that are responsive to and reflect Kaumātua priorities and preferences.

Bowel Screening

A survey of Kaumātua, health promotion and education sessions are some of the activities planned over coming months.

Future planning required

Responsiveness to ageing and frailty aims to focus on our ageing population's experience within the health system. Without transformation, Kaumātua will present later with health needs that may be irreversible - growing the pressure of flow throughout our system, including general practices, emergency department and acute hospitalisations. This effect on health services then impacts on our entire communities' experience and outcomes. Financially, transformation is about maximising value for money, and not cost savings.

This transformation may lead to some within our community having an expectation on services and/or level of support that is not available. We will use our DHB equity framework process to utilise our community knowledge by listening to our consumers and whānau, review and design services with our community, clearly communicate expectations, and use feedback as opportunities for continuous improvement.

Monitor Progress and Measure Effectiveness

Kaumatua - Māori and Pasifika Equity targets

The Kaumātua indicators have been reviewed and improved to better monitor health equity improvement for Māori and Pasifika, and to keep the health system accountable. The indicators have a greater focus on the wider health system and we will look at developing more indicators to reflect this in the future.

Indicator	Target for 2020/21
Equitable flu vaccination for Māori aged 65+	75 %
Equitable bowel screening return rate for Māori 60+	70 %
Acute bed days per 1000 population 9 in the last 12 months) 65 years + (Maori and Pasifika and 75 Years + (Other)	<=2,002 bed days per 1000
Acute readmisions 75 years +	<= 12 %
Average number of subsidised permanent Health of Older people (HOP) and Long Term Support – Chronic Health Conditions (LTS-CHC) residential beds per night per1000 (65+ population	<= 3.5 per 1000 population

APPENDIX A: Work Programme for Health of Kaumātua – Ageing Well in Hawke's Bay

Problem Statement

Hawke's Bay health system is not responsive to the current and future ageing and frailty needs

Long term Outcomes

▲	1. HB Kaumātua live well and age well
▲	2. HB Kaumātua have effective support during and following acute events
▲	3. HB Kaumātua with high and complex needs have the appropriate support services
▲	4. HB Kaumātua have a respectful end of life
▲	5. Hawke's Bay has age, dementia and disability-friendly health services and communties

Aligned Outcomes

- Whānau Ora Hāpori Ora
- Kā Hikitia
- Annual Plan – HHB/HBDHB
- Te Ara Whakawaiora Report
- Health Equity Framework cycle
- NZ Health Ageing Strategy
- Positive Ageing Strategy
- NZ Framework for Dementia Care
- NZ Carers Strategy and Action Plan
- Palliative Care Action Plan

Objectives

▲	**1.** Focus on reducing the inequity for Quintile 5, Māori and Pasifika Kaumātua for ED presentations and inpatient stays during the last thousand days of life
▲	**2.** Improve system flow and shape 'frail friendly' services for Kaumātua
▲	**3.** Integrated care teams to support managing Kaumātua with complex ageing and frailty in the community
▲	**4.** Health of Kaumātua – Ageing Well in Hawke's Bay annual dashboard to the board (November/December)
▲	**5.** Hawke's Bay to be known for its strong age, dementia and disability-friendly environments

Risks and Dependencies

- Resource constraints
- Balancing priorities and resources on short and long term issues
- Workforce capacity, capability and composition
- Community expectations
- National reviews of Aged Residential Care and Home & Community Support Services
- Pay Equity & In Between Travel (IBT) settlements

Actions

Consumer and whānau engagement on Health of Kaumātua and Ageing Well in Hawke's Bay. Connect with Ageing Well groups.	2020/21
Integrating multiple data sources to provide robust analysis and benchmarking of our ageing/frail population which support strategies to improve lives in their last thousand days.	2020/21
Explore requirements to implement frailty assessment and identification tools within the primary and secondary system, to support frailty-based community models of care.	2020/21
Self-education advice for ageing and dementia/brain health, review and promote availability. Liaise with other regions on high needs approaches to ageing health literacy that have proven benefits.	2020/21
Age and disability friendly communities inter-sector discussions	2020/21
Develop service design options for Kaupapa Māori health services supporting Māori Kaumātua to age well.	2021
Scope options to strengthen Gerontology input across the health system. Partnering to educate and support their responsiveness to ageing and frailty.	2021
Link with existing localities models and Heath Care Home partnerships to develop expanding focus of integrated care teams for Kaumātua	2021
Liaise with organisations to adopt Advance Care Planning (ACP) champions that support embedding ACP within the organisation and system processes and practices.	2021
Scope requirements to develop an intensive facilitation team for those ageing/frail with exceptionally complex health and/or social needs, which are at high risk of being outliers/stranded in the community and/or hospital.	2021

HAWKE'S BAY District Health Board Whakawāteatia	**Regional Services Plan 2020/21**
	For the attention of: **HBDHB Board**
Document Owner	Emma Foster, Acting ED Planning, Funding and Performance
Month/Year	December 2020
Reviewed By	Lisa Jones, Portfolio Manager Planning, Funding and Performance
Purpose	This paper asks the Board to endorse the Board Chair signing the final draft Regional Services Plan 2020/21, subject to any further changes requested by the Ministry of Health.

RECOMMENDATION:

It is **recommended** that the Board:

1. **Note** the final draft Central Region Regional Services Plan 2020/21 was submitted by Central Region's Technical Advisory Services (TAS) on behalf of the six District Health Boards to the Ministry of Health on 4 November 2020
2. **Note** Central Region chief executives and senior leadership teams have worked closely with TAS to ensure the work programmes, and the plan, reflects the priorities of central region's six DHBs, and the Ministry of Health
3. **Note** regional chief executives have endorsed the final draft Regional Services Plan 2020/21
4. **Endorse** the Board Chair signing the final draft Regional Services Plan 2020/21, subject to Ministry and central region Board feedback being incorporated
5. **Note** the Ministry of Health will consider the final draft Regional Services Plan 2020/21 and advise DHBs when their plans can be signed and sent to the Minister of Health.

STRATEGIC CONSIDERATIONS

Services

District Health Boards work together at a regional level to make the best use of available resources, strengthen clinical and financial sustainability and increase access to services. The Regional Services Plan (RSP) provides a mechanism for the Central Region DHBs to document their regional collaboration efforts and align service and capacity planning in a deliberate way. The RSPs include national, regional and local priorities, and outline how DHBs intend to plan, fund and implement these services regionally or sub-regionally.

TAS developed the Regional Service Plan 2020/21 in partnership with the six Central Region DHBs. It reflects the work programme agreed across the region.

Regional DHB chief executives, Te Whiti kit e Uru and Regional DHB Board chairs have been working together to identify the key areas where the region can collaborate to improve equity of access and outcomes for our populations. Detailed scopes are being developed in priority areas which include:

- Ensuring sustainable complex care (tertiary) services in the region
- Implementing a single system of care for specialist surgical services across the region, using orthopaedics as the prototype
- Regional system for specialist mental health and addiction services
- Implementation of the regional cardiac health system plan
- Development of best practice in relation to age-related frailty

Specific expectations have been set out related to national work programmes that will benefit from regional collaboration, including;

- Data and Digital - Regional ICT Investment Portfolio
- Workforce
- Hepatitis C
- Cardiac and Stroke Services, and
- Implementation of the New Zealand Framework for Dementia Care.

All DHBs in the region are involved in supporting the development of these programmes.

Equity Considerations

Central Region DHBs must also ensure the RSP is in line with legislative responsibilities as Treaty partners, and DHB commitments toward improving Māori health. Improving health outcomes for Māori and Pasifika peoples, making measurable progress towards achieving equity of health outcomes and reducing the equity gap is expected to underpin regional activity. This will include implementation of the Regional Equity Framework across regional programmes.

Financial

The Ministry expects the RSP to show a strong regional collaboration to support financial sustainability of the DHBs in the region. The final draft RSP reflects this expectation.

Governance

The regional chief executives and executive leadership teams have been working to strengthen regional governance and working relationships. Regional DHB participation on the Board of TAS has focussed TAS efforts on a smaller number of agreed work programmes with clear deliverables.

REGIONAL
SERVICES PROGRAMME

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Regional Services Plan: Central Region

2020/21

DOCUMENT CONTROL

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Agreed by our Central Region Māori Relationship Board

Oriana Paewai

Te Whiti ki te Uru

Letter from the Minister of Health

[TBC]

Contents

Foreword

This year the Central Region District Health Boards (DHBs) have worked towards strengthening regional collaboration and ensuring an approach to service improvement that will benefit our region's population.

This Regional Services Plan is our key accountability document for regional collaboration and has been developed in conjunction with the region's clinical networks, DHBs and governance groups in alignment with the direction set by the region's Board Chairs and Chief Executives.

A plan for the next year

The Central Region's Regional Services Plan for 2020/21 articulates our region's strategic direction and provides a high-level overview of the Central Region DHBs' planned actions for the year. Through these actions, we will continue to focus on our regional strategic direction and three objectives:

- Equitable access and outcomes across the region
- Financial sustainability for all services in the region
- Clinical sustainability to ensure patient safety and quality of care.

Our key priority for 2020/21 is to commence work on a networked regional approach to specialist service delivery. This work is part of a longer-term programme of work to identify the sustainable system of care we need in our region, the role and optimal distribution of complex care services, specialty and sub-specialty secondary services and how efficient and effective transitions of care occur. Our region is conscious of the pending implementation of the Health and Disability System Review and the need to develop a commissioning and decision-making framework for regional activity.

The region will continue its focus on equity and in particular, achieving better outcomes for Māori through reducing the variations in disease rates and health outcomes among this population. Our work to develop and implement the Regional Equity Framework has progressed considerably and has been applied to the development of all our regional programmes and socialised with our regional clinical networks.

Work will also continue on our programme enablers and national priority areas where a regional approach has been agreed by DHBs and directed nationally.

Working together for good

This plan explains our approach to achieving our objectives and has been led by the Central Region DHB Chief Operating Officers, General Managers Planning and Funding, and General Managers Māori and Pacific to provide assurance that time and effort are being invested in the most appropriate way to address the priority areas.

The plan is underpinned by a region-wide understanding that the diverse nature of our population requires us to take a coordinated, regional approach that allows for flexible implementation to meet the needs of individual communities. Through working regionally, we address our shared challenges, and as individual DHBs we provide services to our own populations, which allows for flexibility to tailor service provision.

Reflecting this, this *Central Region Regional Services Plan* does not include work programmes in cancer, palliative care, health quality and safety, sudden unexpected death in infancy (SUDI), and Well Child Tamariki Ora Quality Improvement programmes, which are managed at local and/or sub-regional levels; or at a national level. A review of the programmes and our population's needs has identified that this remains the best approach.

A commitment to wellbeing

Together, the six Central Region DHBs are dedicated to offering a sustainable health system that is focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services that are as close to people's homes as possible. In the coming years we will deliver this through a combination of work programmes, regional clinical networks and a commitment to identifying and responding to emerging national priorities.

Our investment focus means that we can allocate funding and effort to programmes that provide the greatest health benefits for our population and the greatest value for the DHBs. We look forward to implementing the plan and building on its actions in the years to come.

1. Introduction

1.1 The Central Region Context

The Central Region's six DHBs – Hawke's Bay, Whanganui, MidCentral, Wairarapa, Hutt Valley and Capital and Coast are responsible for delivering health services to 956,000 people, representing about 19% of New Zealand's total population.

We know that regional collaboration is essential. Our DHBs engage with primary care, iwi groups, non-government organisations (NGOs) and consumers to work towards a sustainable regional system strongly focused on equity of access and outcomes for all our people.

Our population is increasing and is becoming more generationally and ethnically diverse. We acknowledge the diversity of our people and recognise they have different needs, preferred ways of working with the health system, different expectations, and different ways of interacting with the services they need. Now more than ever, as we manage the impact of the COVID-19 global health crisis , this diversity is becoming increasingly apparent. We are in a unique position to leverage opportunities to build on some of the rapidly-implemented innovations to prepare for, deal with, and recover from COVID-19 and to continue working as a region to impact on health outcomes for our people.

Our regional DHBs have committed to strengthening collaboration as we jointly face significant challenges going forward. This plan outlines the region's approach for implementing our key strategy of ensuring sustainable, appropriate and equitable specialist services across the region, through a networked system of care.

In developing the Regional Services Plan, the six DHBs recognise and acknowledge:

- National planning priorities for DHBs
- The Minister's Letter of Expectations
- The evolving nature of the health sector
- The challenges we face in improving outcomes for our population.

1.2 Our vision

"Central Region DHBs to lead together to achieve New Zealand's healthiest communities".

To realise this vision, as partners we will:

- **Strive for** excellence
- **Act with** integrity
- **Be** courageous
- Inspire **each other.**

Mahi ngātahi – Partnership

We all share responsibility for this kaupapa.

We actively support our partners and colleagues.

We understand and take ownership of our role.

Kounga – Excellence

We strive for best practice in everything we do.

We are patient and whānau centred.

We constantly drive improvements.

Whai mana – Integrity

We demonstrate understanding, honesty and openness.

We build trust by turning our words into actions.

We embody respect with the way we treat others.

Māia – Courage

We don't shy away from hard decisions or difficult conversations.

We are not afraid to take calculated risks when the benefits warrant it.

We are prepared to challenge the accepted wisdom.

Whakaohooho – Inspire

We celebrate and share success.

We are role models by living our values.

We proactively develop our teams and our successors.

1.3 About this plan

This *Regional Services Plan* outlines our strategy and priorities for the Central Region DHBs' services in 2020/21. It has been developed by the six DHBs in collaboration with the TAS Regional Planning Team, regional clinical networks and Regional Programme Managers.

The plan builds on our successes and provides a foundation for achieving our long-term goal of having the healthiest communities possible. It reflects our commitment to working together to deliver services for our population that are clinically and financially sustainable and provide the best quality of care.

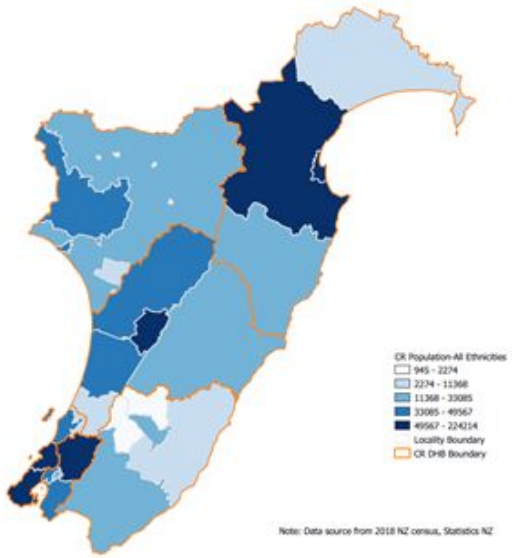
2. Our people

2.1 Profile

The Central Region's population will grow by 4% over the next 10 years. However, this growth will not be evenly distributed. Anticipated variation in growth of different age cohorts has implications for workforce, service needs and consequentially, service configuration.

Communities will become more ethnically mixed, with more Asian, Māori, Pacific and people with multiple-ethnicities. Based on the current funding model, the Asian population will increase by 31%, exceeding growth in other ethnic groups. The number of people who identify as Māori will increase by 16%, and Pacific people by 10%.

The region has pockets of people who live in highly deprived areas and have limited access to transport and employment. Approximately 186,281 people, or 21% of our population, live in the most deprived[1] areas of the region[2].



Our region has close to one million people living in a mix of urban and dispersed rural communities.

Most of the region's population lives in and around the six major urban centres of Wellington, Hutt, Porirua, Palmerston North, Napier and Hastings.

Figure 1: Population by localities – all ethnicities

The Central Region's population will grow by 4% over the next 10 years from a total of 956,605 today to 993,360 in 2029/30. This population growth will not be evenly distributed across the Central Region DHBs, with CCDHB experiencing the greatest increase at 5.7% of the overall population. How the Central Region DHBs respond to this change will not be the same as other DHBs, and the impacts for financial and clinical sustainability will vary . Population growth cannot be treated in isolation alone and needs to be balanced with the overall needs of the population.

[1] *NZDep2013 Index of Deprivation by Otago University*

[2] *PHO Enrolment Demographics for April 2020. Ministry of Health*

We expect significant growth in the number of people aged over 65 by 2030. Because people aged over 65 are high consumers of health services, this growth represents a challenge to health system sustainability. Aging is often about frailty – some people will live longer and be well until late in life. Others will become frail and experience poor health earlier especially Māori, Pacific and those who are poor.

Growth will occur in our Māori and Pacific populations across the age range. This is particularly significant for the over 65 demographic which will almost double by 2030. Our system will need to transform in order to meet the needs of this key demographic

3. Strategic position

3.1 Regional strategic approach

Our Central Region DHBs are committed to working together to ensure we meet our population's health needs and achieve equity across the system. Our aim is to provide high quality efficient services that keep people in our region well, support innovative approaches and are responsive to the challenges that will impact on health in the coming years.

The COVID-19 pandemic has had a significant impact on our system and has required the need for rapid evolution of new models of care so our people can continue to receive the services they need.

Our regional strategy continues to focus on equity as a fundamental priority and is the driver for our regional strategic approach. Our focus is to improve outcomes and achieve equity regardless of where our population lives. A definition of equity can be found on page 15.

The relationship of investment planning with regional clinical service programmes has been made a clear priority by the Ministry of Health. Any investment planning needs to consider the role and function of services being delivered across the Central Region, and the models of care that would be required.

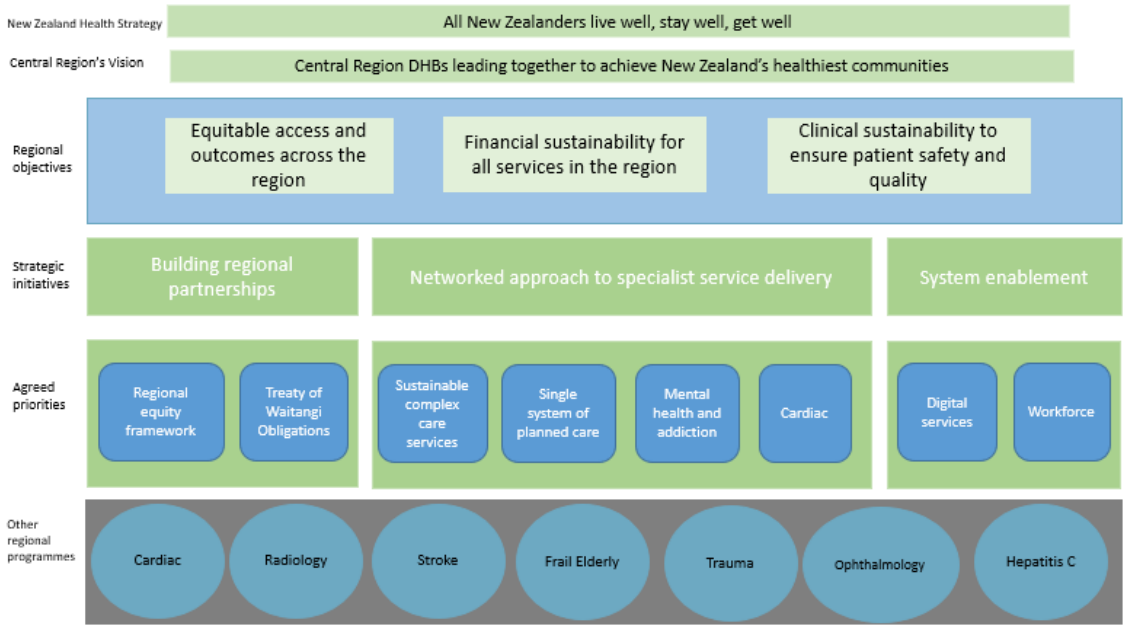
The approach reflects the importance of clinical engagement, particularly in health service planning. In many instances engagement will be informed by the same conversations being repeated in the context of regional clinical service planning through established clinical networks. The opportunity is to move from a framework of planning for individual clinical services to an approach which considers clinical services planning as a driver for regional capital investment planning.

The overarching strategy is to implement a network of specialist hospital services for the Central Region delivered locally where feasible, and sub-regionally, regionally, or nationally where there is a rationale to consolidate these services. This work will be a key focus over the longer-term for the next 2–3 years with an overarching aim of reducing the variation of care for our people to ensure they have equitable access to specialist services no matter who they are or where they live.

Moving to a hospital network creates an environment for regional clinical services planning supported through regional, or collaborative, commissioning. The creation of a regional hospital network for specialist services is the overarching strategic direction, within which sustainable complex care services, a single system of planned care for specialist services, sustainable cardiac services, and mental health and addiction are all encompassed.

Supporting this work, we have developed priority areas as well as clear outcomes and outputs for 2020/21. The region's high-level strategic framework for our regional programme is shown in Figure 2.

Figure 2: Regional Strategic Framework



3.2 *Equitable access and outcomes across the region*

The region has expressed its commitment to equity through the development and implementation of a regional equity framework. The framework provides guidance on embedding a pro-equity approach across all regional activities, with a particular focus on Māori. The whakatauāki below outlines that equity cannot be achieved alone, but will require combined and cohesive efforts from multiple areas of the sector.

Ehara taku toa I te toa takitahi ēngari he toa takitini

Achievement will not be attained by any individual alone
but only by our united collectivity.

> *"In New Zealand, inequalities between Māori and non-Māori are the most consistent and compelling inequities in health. The Central Region Chief Executives and the Central Region Māori General Managers hold the view that these differences are not random, they exist because of institutional racism and the impact of colonisation and its continuing processes. Achieving equity for Māori is a priority, as the health gaps across the life-course are significant for Māori."* (Central Region Equity Framework 2019)

First and foremost, the Central Region is focusing on equity for our people with particular focus on Māori health and wellbeing. The Central Region is committed to meeting its legislative obligations to Te Tiriti o Waitangi as New Zealand's founding document. This commitment contributes to the region's focus on eliminating disparities of access and outcomes for Māori, while addressing equity across other population groups too, as specified below.

In the Central Region, the WHO definition of equity is used – the absence of avoidable or remediable difference among groups of people. The concept acknowledges that these differences in health status are

unfair and unjust but are also the result of structural issues as well as differential access to the resources necessary for people to lead healthy lives.

Māori or Pacific people, people who are poor, have chronic conditions/diseases, live with disabilities, or live rurally are likely to have poorer health, greater exposure to health risks and poorer access to health services. [3] These variables are unlikely to exist in isolation, they are deeply interwoven, and this concept of intersectionality is vital when exploring the fundamental causes of inequity.

3.3 Financial sustainability for all services in the region

Central Region DHBs are working together to deliver a health system that is clinically and financially sustainable, where safe and effective services are provided as close to people's homes as possible. Efficiently allocating public health system resources can occur in a variety of ways.

For highly specialised clinical services, Central Region DHBs work together to ensure patients are transported in a timely manner to the hospital that performs complex services sufficiently frequently to provide safe and effective services. The region is acutely aware of the fiscal constraints impacting health services and the need to focus on innovation, service integration, improved efficiency and reduced waste to support provision of high-quality care. Proposals for regional activity must clearly identify the value proposition for patients and/or the system. As the workplans are developed and endorsed, any resource requirements are identified through a business case process with the Central Region Service Planning Forum. Any regional resourcing requests will be prioritised against national, regional and local priorities. Regional activity that needs project or capital funding for Information Service and other capital investments involves discussions with Central Region Chief Executives and Chief Financial Officers.

Achieving a networked regional approach to service delivery, thereby reducing duplication and cost, will be a key contributor to financial sustainability for regional DHBs.

3.4 Clinical sustainability to ensure patient safety and quality

Clinical sustainability is critically intertwined with financial sustainability. It is primarily measured by service quality, the ability to retain a clinical workforce within the recommended guidelines, and sufficient specialty workforce to meet the needs of the population. In the Central Region clinical sustainability is complex. The population being dispersed across the central region drives the necessity for a decentralised major acute hospital network with MidCentral and Hawkes Bay DHBs having significant hospital infrastructure alongside Wellington Regional Hospital. Hutt Valley, Whanganui and Wairarapa DHBs also have significant investment of resource in hospital services. The dispersal of our population spreads clinical activity, subspecialty and specialty expertise across the region, all of which need to be managed in a planned and coherent way to optimise the network for clinical sustainability and safety for our communities.

Workforce and digital health initiatives will also contribute to ongoing clinical sustainability.

3.5 Alignment and linkages

Nationally DHBs are committed to obligations under the Treaty of Waitangi. At the highest level, all DHBs are guided by the New Zealand Public Health and Disability Act 2000. Other important strategic guidance includes:

[3] Ministry of Health.2002. "Reducing Inequalities in Health" downloaded at https://www.health.govt.nz/system/files/documents/publications/reducineqal.pdf. . on 5 December 2018.

- *Equity of Health Care for Māori: A Framework*
- *He Korowai Oranga: Māori Health Strategy* (2014)
- *'Ala Mo'ui – Pathways to Pacific Health and Wellbeing 2014–2018*
- the *Healthy Ageing Strategy* (2016)
- the *Primary Health Care Strategy* (2001)
- *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017.*

This 2020/21 *Regional Services Plan* reflects facilitating behaviour shifts at a system level, from:

- treatment to prevention and support for independence
- service-centred delivery to people-centred services
- competition to trust, cohesion and collaboration
- fragmented health sector silos to integrated social responses.

These shifts in focus challenge traditional and established ways of working in health and care. These shifts also challenge the Central Region's collaboration and planning processes, being the driving force for our commitment to improving collective decision-making processes and ensuring strong, shared responsibilities and accountabilities. Alongside this is the importance of sharing lessons learned and being able to adopt, adapt and implement ideas rapidly, and we plan to create such opportunities across the region.

Alongside these longer-term goals and commitments, the Minister of Health's Annual Letter of Expectations and Ministry of Health Planning Priorities for DHBs outline annual priorities for the health sector. How our work programme aligns with these priorities is shown in Figure 6 below.

3.6 Regional clinical governance and leadership

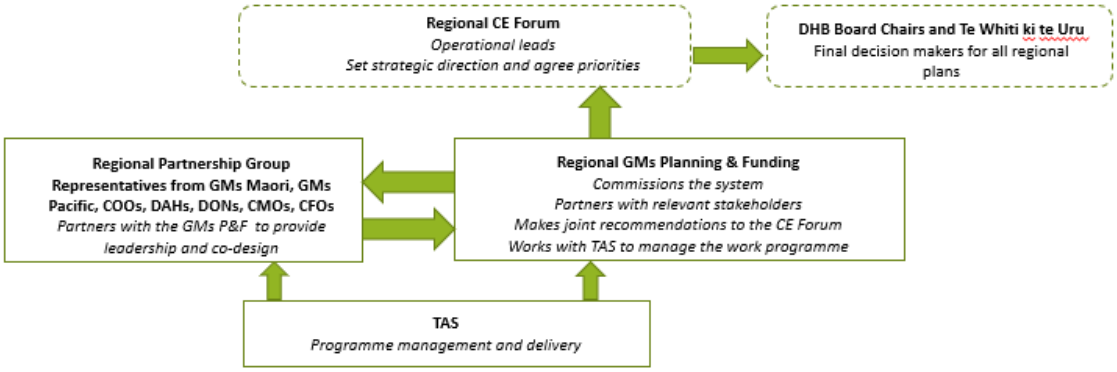
As a fundamental operating principle, all regional work in the Central Region is led by clinicians and is overseen by a governance structure that supports them through planning, scoping and estimating the funding required and the regional value of new initiatives. The DHB boards (the Regional Governance Group) meet bi-annually to provide oversight, review the regional priorities against performance, and determine new priorities that may emerge within a changing landscape.

Te Whiti ki te Uru, the collective group of Central Region DHB Māori relationship boards engages with our regional DHB Boards as part of the governance process.

Each regional programme has an assigned lead Regional DHB Chief Executive (CE) and DHB General Manager lead to provide governance and support. The DHB leads help to manage risks and provide a point of escalation to resolve issues where necessary. Governance arrangements are a key factor in developing improvements in our regional decision-making processes.

The Central Region has several established, operationally-focused and clinically-led regional programmes that support the achievement of our strategic priority areas of focus and with the priorities set out by the Ministry of Health. Refer to Figure 3 for our regional results focused leadership structure.

Figure 3: Central Region Results Focused Leadership



4. Regional strategic initiatives and priorities

To achieve the region's three key objectives:

- equity of access and outcomes
- financial sustainability for all services in the region
- high quality clinically sustainable services delivered consistently across the region.

together, the six Central Region DHBs have identified three strategic initiatives:

- Building regional partnerships with Māori
- Implementing a networked approach to specialist service delivery
- Enabling the system.

These strategic initiatives are linked to five agreed priority areas that will be progressed in the 2020/21 year:

- Developing regional single systems of care prototyping orthopaedics
- Planning for sustainable complex care
- Developing a plan for regional specialist mental health and addiction services
- Implementing the regional cardiology plan
- Developing a frailty model of care.

In the coming years we will continue to meet the objectives of the region through a combination of work programmes, regional clinical networks and a commitment to identifying and responding to emerging national priorities.

4.1 Building our regional partnership with Māori

During 2020/21 our region will work to build on our partnerships and collaboration with Māori. Current Māori partnership groups include:

Te Whiti ki te Uru: Central Region iwi relationship group which engages with our Regional Governance Group (Regional DHB Board Chairs and Deputy Chairs) to set the regional programme and provide governance in partnership with our DHBs.

General Managers, Māori: Our Central Region General Managers Māori are part of our governance structure to ensure the region can uphold tikanga, Māori world views (Te Ao Māori), and Te Tiriti o Waitangi principles. The forum provides the governance for our regional programme, setting priorities for our regional programme, and monitoring progress.

Māori Partnership Board: A partnership between the three mana whenua iwi residing in the Capital and Coast District Health Board (CCDHB) region which works with the CCDHB Board to improve the health of Māori living in the district and move towards achieving equity for Māori. The three mana whenua iwi represented on the board are:

- Te Ātiawa
- Ngāti Toa Rangatira
- Te Ātiawa ki Whakarongotai.

Māori Relationship Board: A partnership between Hawke's Bay District Health Board and Ngāti Kahungunu Iwi Inc. (NKII), to benefit the Māori population within the Kahungunu rohe principally by identifying and removing health inequities and instituting processes that support Māori-centric models of health care.

Iwi Relationship Board: Hutt Valley DHB maintains an active governance relationship with the iwi relationship board to allow mana whenua, iwi and Māori to participate in, contribute to, influence, and advise on the health strategies and plans developed by the DHB to achieve equity and health improvements for all Māori.

Manawhenua Hauora a consortium of all four iwi who have mana whenua status in Manawatu, Horowhenua, Tararua and Otāki districts. The roopu comprises representatives from:

- Ngāti Raukawa
- Muaūpoko
- Rangitāne
- Ngāti Kahungunu.

Manawhenua Hauora was established to work with MidCentral DHB to advance iwi Māori health and work together to achieve the best possible health outcomes for iwi Māori people residing in Manawatu, Horowhenua, Otaki and Tararua districts.

Te Iwi Kainga: is Wairarapa DHB's Māori Partnership Board which maintains an active governance and has a Memorandum of Understanding with the DHB that formalises that relationship. Te Iwi Kainga assists in reducing health inequalities and improving the health outcomes of Māori people within the Wairarapa.

Hauora A iwi: is an intertribal forum established by a confederation of six iwi to be the high-level strategic partner with Whanganui DHB. The primary function of Hauora A Iwi is to contribute to the advancement of Māori health outcomes and ensure access and delivery of health services to Māori in the WDHB area. Iwi recognised by Whanganui DHB and represented on Hauora A Iwi are:

- Whanganui
- Ngā Rauru Kitahi
- Ngā Apa
- Mokai Patea
- Ngāti Hauiti
- Ngati Rangi.

Health Services and Outcomes Kaupapa Inquiry

During 2019/20 Wai2575 identified that the Crown had breached the Treaty of Waitangi by failing to design and administer the current primary health care system to actively address persistent Māori health inequities and by failing to give effect to the Treaty's guarantee of tino rangatiratanga.

From a service planning and commissioning perceptive it is critical that the needs of Māori are fully addressed. This will start in the early stages of services planning with Māori engagement occurring in the early analytical phases.

4.2 Implementing a networked approach to specialist service delivery

The distribution of health services, the system of service delivery and the models of care have a direct relationship with health outcomes for our population. DHBs are responsible for balancing these outcomes. Central Region DHBs are committed to building a planned approach to a regional network of hospital services which is commissioned collaboratively by our region's DHBs.

4.2.1 Regional complex care sustainability

The distribution of health services, the system of service delivery and the models of care have a direct relationship to health outcomes for our population. DHBs are responsible for balancing these outcomes against financial and clinical sustainability.

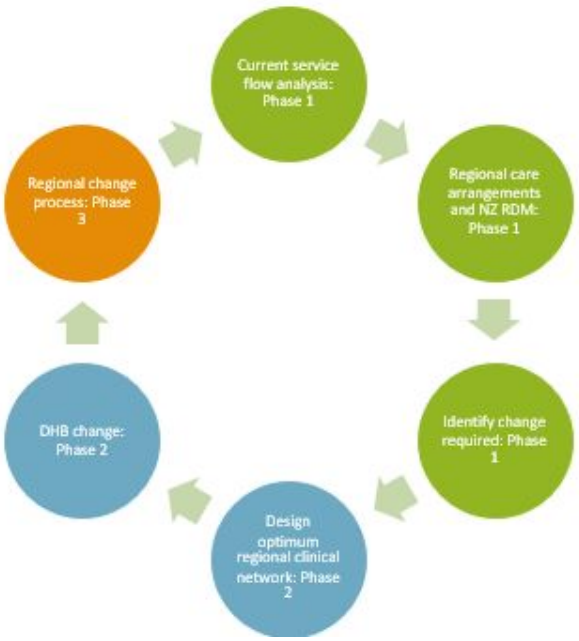
DHBs do not make choices on financial sustainability alone. Clinical sustainability is critically intertwined. It is primarily measured by service quality, the ability to retain a clinical workforce within the recommended guidelines, and a sufficient specialty workforce to maintain a 24-hour acute service. In the Central Region, clinical sustainability is complex. The population distribution being dispersed across the Central Region may drive a dispersed major acute hospital network with MidCentral and Hawkes Bay DHBs having significant hospital infrastructure alongside Wellington Regional Hospital. This spreads clinical activity, subspecialty and specialty expertise across the region. This needs to be managed in a planned and coherent way for the clinical sustainability and safety of our communities. Key considerations in relation to this work include:

- The number of people requiring a service – the volume flow to be clinically and financially sustainable
- The ability and capability of a facility to provide a service
- The cost of providing a service
- The financial implications of changes in model of care as a result of system transformation.

The region has agreed to prioritise the development and implementation of a long-term strategy for the delivery of complex care in the region which has the overarching aim of ensuring consistency, service quality, equitable access and outcomes for our population. More specifically, the Central Region will expect improved clinical and financial sustainability in complex care service delivery with a clear pathway for improvement over the next five years. This includes an agreed hospital network with clear regional care arrangements for key services and specialties.

Figure 4 shows the planned phase approach to progress the work.

Figure 4: Approach for progressing regional complex care sustainability



The initial focus of this work during 2020/21 will be on Phase 1: to understand the current state and clinical and financial sustainability of regional complex care services, and develop a clear pathway for improvement over the next five years.

Our region's focus over the 2020/21 period will enable:

- An understanding of the risks and opportunities in maintaining regional complex care service delivery
- Consideration of nationwide service relationships and the delivery of very complex care within the region
- Clarification of services provided out of region
- The development of a framework for a regional single system of care approach
- Development of options for improving sustainability.

The key deliverable in 2020/21 is a report on the clinical and financial sustainability of regional complex care services in the region.

4.2.2 Single system of planned care

During 2020/21, the region will focus on commencing work on a regional service commissioning framework and service delivery model that supports sustainable single systems of care across the region. The model of delivery will achieve equity of access and outcomes and will be prototyped using orthopaedic services.

Initial work planned for 2020/21 will focus on:

- Understanding the current state of provision of specialist orthopaedic services across the region through validating existing work on regional clinical care arrangements
- Using the Role Delineation Model as a framework to determine current capacity of our hospitals
- Mapping service flows to understand patient flow across the region, as well as patients flowing in and out of the region
- Analysing orthopaedic standard intervention rates with an equity and locality lens and inter-relationships with acute demand.
- Understanding waiting list practices and the implications for equity of access
- Engagement throughout of stakeholders, whanau, family, community and individuals.

Using orthopaedics as a prototype for this work will enable the development of a methodology and framework which can then be scaled up and applied to other specialties. Alongside this work, a regional service commissioning framework will be developed to support regional decision making and will:

- Create a method and framework that can be paced and scaled to other specialties to progress implementation of a single system of care for specialist services in the Central Region
- Create a mechanism for regional decision making in relation to regional commissioning
- Mechanism to support the development of a regional hospital network.

The key output for 2020/21 will be a clear understanding of the regional commissioning framework required for regional delivery of specialist orthopaedic services and the commissioning approach required for regional single system of care commissioning.

4.2.3 Mental health and addiction

Encompassed within this work is a plan to ensure sustainable specialist mental health and addiction services in the region. He Ara Oranga provides direction for mental health and addiction service delivery. It

challenges the sector to listen to communities and consumers with lived experience. It also reinforces the importance of integration and improvement of services in our communities.

There are different models and systems of integrated care across our communities, including variations in local specialty services and different models of contracting with NGOs and relationships with primary care. This includes limited agreed regional care arrangements including models of care for specialist regional services, including what is delivered, how services are delivered, where they are delivered and how they support district and local integrated models of care.

The key purpose for this part of the programme is to develop, agree and plan the implementation of the regional system of care for specialist mental health and addiction service delivery that ensures access, equity and outcomes for the regional population. The focus will be on long-term rehabilitation and recovery, complex addiction, forensic and maternal mental health services. In planning this work, consideration will be given to:

- Te Tirito o Waitangi and obligations to Māori
- Equity of access and outcomes for priority populations
- Secondary and primary mental health service development
- Substance Addiction (Compulsory Assessment and Treatment Act) 2017.

The outcome of this work will be an agreed regional commissioning plan to transform the delivery of regional specialist mental health and addiction services in the region.

4.2.4 Implementing the Regional Cardiac Plan

Evidence suggests that significant inequities in terms of access to care and outcomes for cardiac services exist across the region. A range of issues have been identified, including:

- Primary care diagnosis and management
- Availability of echocardiography services
- Capacity constraints (PCI and cardiothoracic beds)
- Workforce issues (in particular cardiologists, cardiac tech and sonographers)
- A lack of system enablers such as common IT systems.

The Central Region Cardiac Health System Plan was agreed in 2016 with a defined service model and relationships between hospitals, however it has been slow to implement.

The region is served by a strong regional cardiac network which has worked well on service improvement and professional development but has been less successful in supporting primary care and specialist service development. The purpose of the Cardiac Network is to provide the development of cardiac related services across the Central Region, including Nelson Marlborough DHB, and design, communicate and project-manage initiatives to support these service developments. The objectives of the Cardiac Network are as follows:

- reducing inequity across the Network from a geographical and ethnicity perspective
- reducing inefficiencies in cardiac services through regional or sub-regional collaboration
- supporting the improvement of prevention, screening and management in primary care
- enhancing consumers' experience through integrated service delivery between primary, secondary and tertiary care, continuous quality improvement and patient safety
- supporting the delivery of the national health targets
- ensuring both clinical and financial service sustainability

- providing the opportunity for innovation and shared learning
- engaging at a national level with the National Cardiac Network.

The key purpose of our regional Cardiac programme is to achieve sustainable cardiac services and better cardiac health outcomes for our regional population with a particular emphasis on improving Māori health equity and removing inter-district variability.

A programme of work is currently being scoped which will focus primarily on ensuring our population has equitable health outcomes as the result of sustainable cardiac services. The population will receive standardised early detection and primary care management as well as consistent levels of access to specialist services that have clearly defined roles and relationships. Outcomes will be improved and equitable, especially for Māori. The Cardiac Network will continue to monitor KPIs and drive service improvement.

4.2.5 Developing a regional frailty model of care

Advances in health care have helped people live longer and this has resulted in increasing numbers of older people who have frailty and an increased need for health services. Age-related frailty is likely to occur in older people when age, comorbidities and disability converge. Age-related frailty has a spectrum of severity from mild to moderate and has a long-term condition pattern of periods of stability and periods of acute instability. As with long-term conditions, frailty can be managed, impacts prevented, delayed or moderated. Populations such as Māori, Pacific, people with disabilities, and low socio-economic status are likely to experience poor health earlier than other population groups.

The growing numbers of older people with frailty are already increasing and will further increase demand for services such as ED and hospital admissions. Whole of system responses in the community can reduce attendances at ED, hospital admissions and length of stay.

There are a range of service interventions across the region. This programme of work aims to implement a whole of system response that supports local and district integrated frailty services, ensuring that access, outcomes and equity especially for Māori are improved across the region.

The programme of work is overseen by the Health of Older People's Network which in turn provides governance and oversight to the four regional clinical networks:

- Regional Medical Leads
- Regional Dementia Reference Group
- Regional Advance Care Planning Reference Group
- Regional Benchmarking.

Members act as champions of the programme to their business areas and to the wider health and community sector. They promote clear and positive understanding of the aims, objectives and processes of the programme to assist in its success and acceptance of all stakeholders.

High level objectives of the network include:

- Supporting the region to carry out key priorities identified by Regional DHBs and the Ministry of Health
- Making recommendations to Central Region DHBs and report on progress, major issues and risks in HoP projects
- Seeking opportunities to advise on integration strategies within and between sectors
- Presenting relevant views within their business/clinical network areas

- Ensure resources developed through the Health of Older network continue to be promoted, utilised and contribute value to the health of older person services regionally
- Utilise subject matter expertise to inform regional service planning.

The programme collaborates with other agencies such as ACC, Health Quality and Safety Commission, Ministry of Health, and organisations such as Dementia New Zealand and Auckland University's Old Age Psychiatry to influence early, demonstrate clinical leadership and ensure the regional programme has alignment to national programmes, policies and innovations.

4.3 Enabling the system

Our regional workforce and regional digital health programmes are key to enabling the system.

4.3.1 Workforce

The Central Region DHBs are committed to ensuring that regional workforce development aligns with service and population demands, while remaining focused on improving the way we recruit, retain and position health professionals. We acknowledge that, as practice evolves and models of care develop in response to population need and innovations in health and care, the role and scope of practice of health professionals and the wider workforce must also change.

The Central Region Workforce Development Hub (the Hub) is a collective body providing advice and support to the Central Region Clinical and Professional Networks about workforce development across all disciplines.

Working collaboratively, the Central Region Workforce Development Hub (The Hub), working with the Regional Director of Workforce, will enable consistency of practice throughout the region and best practice to be shared and adopted. It will also encourage the best use of resources to ensure our workforce is suitably prepared to provide the best possible care in a modern healthcare system.

As well as supporting the needs of the region the Hub will also support alignment with the national strategic workforce initiatives.

Key areas of focus for 2020/21 includes:

1. Increasing Māori participation in the health workforce
2. Increasing Pacifica participation in the health workforce
3. Supporting equity capability development
4. Workforce Wellbeing
5. Supporting workforce planning informed by workforce data.

During 2020/21, our regional workforce programme is also taking more of an integrated approach engaging with regional clinical networks on emerging workforce issues and strengthened areas of vulnerability.

4.3.2 Regional Digital Health Services

In May 2020, the Central Region Chief Information Officers engaged Tenzing to undertake a high level assessment of the Regional Digital Health Service and regional delivery model with a focus on:

- Identifying the changing nature of demand for these (and potentially new) services into the future
- Assessing the gap between current state and agreed future demand
- Developing a target shared service model.

Stage 1 of this work focused on identifying the strengths and challenges of the current service model, the changing demand drivers and associated viability of the current model and options for future investment focus.

Stage 2 involves the develop and design of a high level target state service model.

Key regional priorities have been determined and will focus on:

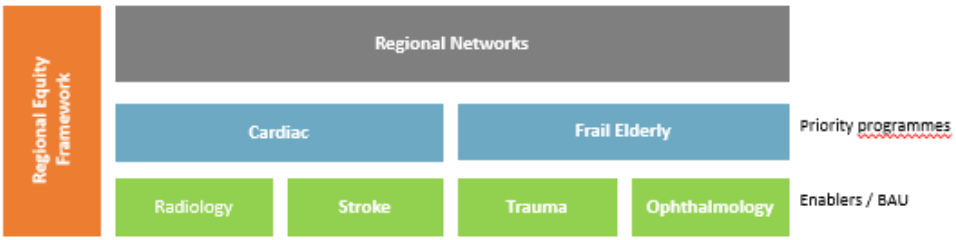
- Services optimisation:
  - New operating model
  - Financial transparency
  - Measureable value
- Reginal clinical informatics leadership:
  - Deliver measureable value
  - Engaged clinical teams
  - Effective governance model
- Sector digital investment bid
- Data sovereignty.

Further planning work is underway to determine key performance indicators and timeframes.

4.4 Regional clinical networks

The Central Region has several established, operationally focused and clinically-led regional programmes that support the achievement of our strategic objectives and key areas of focus. Our region's clinical networks are shown in Figure 5.

Figure 5 Central region clinical networks



The Central Region DHBs regularly review existing clinical networks and regional programmes, having recognised the need for flexibility to respond to, for example, changing needs and advances in technology.

Regional clinical networks not only provide an opportunity for informal discussion and information sharing, they are also a mechanism to create change and resolve specific and shared problems for our region. A clinical network with a formal mandate, agreed work programme and resources to support it being successful can solve complex problems for patients and reduce clinical variation of access to services and health outcomes. Clinical networks provide a response that is clinician-led and owned, patient centred and support DHB clinical and financial sustainability and overall productivity.

The Regional DHB CE Forum is keen to ensure that regional clinical networks function according to international evidence and best practice, take a quality improvement approach and operate in a relatively standardised way.

During 2020/21 we will broaden the scope of our existing networks and potentially introduce new ones to develop and implement expert responses to new service configurations, changing models of care and opportunities to review the use of existing capacity. The region's clinical networks will also increase their focus on primary care and prevention.

4.4.1 Regional Equity Framework

Our work to develop and implement the Regional Equity Framework has progressed considerably and has been applied to the development of all our regional programmes and socialised with our regional clinical networks.

The Framework is built on the Ministry of Health's "Equity of Health Care for Māori: A framework" and retains the focus on leadership, knowledge and commitment in the Ministry framework as fundamental attributes that will advance equity of health outcomes.

Regional activities to strengthen equity outcomes will be included in Regional Service Plans from 2020-21 while local implementation activities will be captured in the District Health Board Annual Plans from 2020-21. Both plans will have specific equity actions to move closer to achieving equity of health access and outcomes.

The Framework covers four key sections – capability, strategic planning, procuring services, and monitoring and evaluation and provides an equity lens for activities in each of these areas (Figure 6).

Figure 6: Central Region Equity Framework - key focus areas

Te Tiriti o Waitangi was signed to protect the interests of all New Zealanders and it is a direct breach of Article Three of the Treaty for Māori to be disadvantaged in any measure of social or economic wellbeing. [4]

The Central Region Equity Framework was developed and endorsed by our region in 2019/20 so our Regional Services Plan could use the Regional Equity Framework to set out equity actions to be undertaken in the 2020-21 period. Our actions aim to achieve equity across diverse population groups, as well as

[4] Te Puni Kokiri 2000. "Progress towards Closing Social and Economic Gaps between Māori and non- Māori" in Ministry of Health.2002. "Reducing Inequalities in Health" downloaded at https://www.health.govt.nz/system/files/documents/publications/reducineqal.pdf. . on 5 December 2018.

advising the region's District Health Boards on how they can meet Treaty of Waitangi obligations to reduce the equity gap for Māori.

During 2020/21, our region will continue to develop its capability to use the regional equity framework across regional programmes.

4.5 Additional regional programmes

Along with our regional priority programmes, the Central Region is continuing to progress work in the following programmes, as either enablers of our priority programmes or as regional requirements for nationally-directed priorities:

- Radiology
- Stroke
- Ophthalmology
- Trauma.

4.5.1 Radiology

The key purpose of this workstream is to deliver on the following objectives:

- to implement a model of delivery that effectively utilises resources and addresses equity-issues across the region
- address workforce vulnerability by adopting a regional approach
- continue to progress the implementation of digital enablers including Regional Radiology Information Systems (RRIS)
- to achieve equity, deliver quality and develop capability across the whole health system including community-referred radiology.

The work programme is overseen by the Regional Radiology Governance Group and its key purpose and function at a high level is to:

- formulate the appropriate radiology services and structure required
- steer initiatives to manage the challenges of growth in demand and changes in clinical services
- advocate for an appropriate approach to workforce supply to provide sustainable services.

4.5.2 Stroke

The Central Region Stroke Network was set up to drive a regional approach to implementing the *New Zealand Clinical Guidelines for Stroke Management (2010)*. Its priorities are to ensure that:

- all stroke patients are admitted to acute stroke units or organised stroke pathways
- acute stroke reperfusion therapy is accessible for all patients 24/7
- rehabilitation and community-based services are as accessible for stroke patients under 65 as they are for those over 65
- health practitioners receive training and support in delivering stroke care.

In 2020/21 the Central Region Stroke Network will continue to focus on implementing the guidelines. In particular, the work programme will include:

- developing protocols and pathways to support the implementation of a regional clot retrieval service
- assessing equity of access to support early discharge and rehabilitation

- implementing a regional 24/7 telestroke service
- continuing to work with primary, community and secondary health services on improving primary stroke prevention and promoting the TIA (transient ischaemic attack) diagnostic tool in primary care.

4.5.3 Ophthalmology

The Regional Ophthalmology Network is working to reduce variation in the management of patient pathways across the region and explore a regional networked approach in the delivery of services. A key purpose of the network is to enable regional collaboration to standardise practice across regional models of care.

4.5.4 Trauma

The key purpose of the Central Region major trauma workstream is to support the work of the Major Trauma National Clinical Network (MTNCN) in implementing a contemporary trauma system across New Zealand. Severely injured patients stand the best chance of making a good recovery if the trauma system performs well. The performance of the trauma system can be measured using information on the incidence of injury (where prevention has a role), the severity of injury, and death resulting from injury (where the process of care is important).

In New Zealand, injury is the leading cause of lost years of life in people under aged 45 years, mostly due to road-related incidents (52%), followed by falls (26%) and assaults (9%). There are marked regional differences in cause of injury with falls (34%) and assaults (10%) featuring predominantly in the Central Region with a higher proportion of resulting Serious Traumatic Brain Injuries (sTBI) than the national average.

Case Fatality Rate (CFR) is a key marker of a trauma system and there is a strong relationship between sTBI, falls (which account for 46% of all deaths) and CFRs. When compared to mortality rates of all causes, the risk of death is much higher in the falls group than it is for any other cause (probably as a result of the age of those suffering falls). With the Central Region having the highest unadjusted hospital CFR than any other region (11%), delivering optimal trauma care across the region is essential.

Appendices: work programmes

Part 1: Regional Priorities

1. Regional Complex Care Sustainability

CE Lead: Fionnagh Dougan (Capital and Coast and Hutt Valley DHBs)

General Manager Lead: Rachel Haggerty, Director Strategy Planning and Performance (Capital and Coast and Hutt Valley DHBs)

CFO Lead: Rosalie Percival (Capital and Coast and Hutt Valley DHBs)

Clinical Lead: Regional Leadership Group

Project Manager: To be confirmed

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
1.1 Regional complex care service delivery problem definition	Analysis of distribution of complex care across our hospital network using the NZ Role Delineation Model	Critical drivers of poor clinical and financial sustainability of complex care services are documented and agreed by the Central Region	February 2021	Capital and Coast / Hutt Valley DHBs, TAS
	Refresh previous analysis on inter-district flows between centres in the region and identify equity issues			TAS
	Cost current regional care arrangements that have been documented to understand the relationship between operation and financial flows in Central Region DHBs			Capital and Coast / Hutt Valley DHBs
	Build on existing work to complete a financial analysis of complex services that are 'loss leaders'	The 'tipping point' for unsustainable services both clinically and financially is defined.	February 2021	Capital and Coast / Hutt Valley DHBs
1.2 Identify change required	Current state analysis informs options for improving clinical and financial sustainability of regional complex care services	Report produced for Regional CEs providing options for improvement	March 2021	Capital and Coast / Hutt Valley DHBs
1.3 Design optimal regional care arrangements for best models of care in the region	To be scoped following 1.2 above.	Regional care arrangements for delivery of complex care agreed and plan in place for implementation.	April/May 2021	CCDHB / HVDHB

2. *Single system of care*

CE Lead: Fionnagh Dougan (Capital and Coast and Hutt Valley DHBs); Kathryn Cook (MidCentral DHB)

General Manager Lead: Rachel Haggerty, Director Strategy Planning and Performance (Capital and Coast and Hutt Valley DHBs)

CFO Lead: Rosalie Percival (Capital and Coast and Hutt Valley DHBs)

Clinical Lead: Regional partnership group

Project Manager: To be confirmed

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
2.1 Programme for initial phase: regional network specialist services for orthopaedics	Agree scope, framework, resourcing, roles and responsibilities with GMs P&F	Agreed scope in place	November 2020	TAS, GMs P&F
2.2 Identify current state of delivery of orthopaedic services in the region: baseline analytics	Build on initial SIRs analysis by broadening the Ministry of Health's methodology to understand the inter-relationship with acute demand	Report produced on current state of regional orthopaedic services	December 2020	TAS, DHB Analysts, GMs P&F
	Broaden the Ministry of Health's methodology to develop an intervention equity lens for priority populations			
	Access Health Roundtable data to inform current state			
	Complete service flow analysis at procedure code level for orthopaedics to better understand activity flowing across, in and out of the region			
	Engage HQSC to understand variable clinical procedures (low value procedures) that could be contributing to harm			

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	Review wait list and CPAC assignment practices in the Central Region to build on already developed documentation of regional clinical care arrangements for orthopaedics			
2.3 Stakeholder engagement plan developed	Activate Regional Leadership Group to co-design and progress work Re-engage with stakeholders that participated in orthopaedics regional clinical care arrangements work to participate in developments	Clear accountability and governance structure in place that includes clinical leadership	November 2020	TAS
2.4 Develop regional care arrangement for delivery of specialist orthopaedic services	Facilitate regional workshop/s with Regional Leadership Group and orthopaedics sector to: • identify what is and isn't provided in regional DHBs and in the region using the RDM as a framework • Review baseline analytics and validate current regional care arrangements to agree current state • review current state, use RDM as a framework for orthopaedics, and identify options for a regional orthopaedics service delivery model for regional delivery of specialist services	Report developed identifying current state, issues and proposed regional care arrangement for specialist orthopaedic services	December 2020 - February 2021	TAS/GMs P&F/ Consultant
2.5 Develop regional decision making and commissioning approach	Regional workshop with regional leadership group to develop regional decision making and commissioning framework	Report on a regional single system of care commissioning approach and plan for pace and scale for other specialties	April / May 2021	TAS / Regional Leadership Group / GMs P&F

3. Mental Health and Addiction

CE Lead: Fionnagh Dougan (Capital and Coast and Hutt Valley DHBs); Keriana Brooking (Hawke's Bay DHB)

General Manager Lead: Rachel Haggerty, Director Strategy Planning and Performance (Capital and Coast and Hutt Valley DHBs); Emma Foster (Hawke's Bay DHB)

Clinical Lead: To be confirmed

Project Manager: To be confirmed

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
3.1 Regional service delivery problem definition	Establish regional governance for specialist mental health and addiction services. This governance will include appropriate Māori, lived experience and clinical governance representatives	Regional governance in place	December 2020	TAS / Regional GMs P&F
	Analyse the access, outcomes and equity for regional services from a regional perspective to document existing models, performance and opportunities for improvement.	Models of specialty mental health service documented and opportunities for improvements identified	February 2021	TAS / GMs P&F / Consultant
	Review existing regional service level agreements and funding models for these services.	Service level agreements and funding models documented.		
3.2 Develop the change programme	Identify opportunities for improvement in regional services and develop a prioritisation of the regional change programme;	Options developed and provided to Regional CE forum regarding opportunities for transforming each specialty service area in regional specialist mental health and addiction services	March 2021	TAS / GMS P&F / Regional Leadership Group

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
3.3 Implement the agreed change programme	Develop the implementation plan for transforming regional specialty mental health and addiction services	Implementation plan developed and process in place for implementation	April / May 2021	TAS / GMs P&F /

4. Cardiac

Lead CE: Russell Simpson (Whanganui DHB)
General Manager Lead: Paul Malan (Whanganui DHB)
Clinical lead: Nick Fisher (Nelson Marlborough DHB)
Project Manager: Jeanine Corke (TAS)

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Regional priorities				
Cardiac Health System Plan Implementation				
4.1. Improve equity of Atrial Fibrillation and Heart Failure detection and management in primary care	a. Work with the Stroke Network and Primary Care stakeholders to determine strategies that will improve early detection and management of atrial fibrillation for Māori and Pacific Peoples.	Equity data shows that implemented strategies have improved early detection and management	March 2021	Cardiac Network
	b. Identify mechanism to work with PHOs to implement initiatives that enhance access and management for Māori and Pacific Peoples with Heart Failure	Initiatives implemented across PHOs and are established as business as usual.	May 2021	Cardiac Network
4.2. Echocardiography Workforce Plan	a. Review the existing Echocardiography Workforce Plan	Review completed with stakeholders	December 2020	Cardiac Network
	b. Identify priorities within the Echocardiography Workforce Plan to implement	Key echocardiography workforce priorities are implemented	May 2021	Cardiac Network
4.3. Total Comprehensive Cardiology Services in Hawke's Bay and MidCentral DHBs	a. Clinical governance is established to support Hawke's Bay and MidCentral DHBs to plan and implement comprehensive total cardiology services including percutaneous interventional services	Infrastructure is in place to support DHBs to develop cardiology services e.g clinical governance, staff training Sub Network group and TOR established	May 2021	Cardiac Network

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
		Sub regional implementation plan developed		
4.4. Audit	a. Implement mechanism to audit and monitor key performance indicators e.g adherence rates of statins	Audit process is identified and implemented	May 2021	TAS / Cardiac Network
National priorities				
4.5. Addressing workforce vulnerability	a. Model anticipated physiologist staffing numbers including succession planning and future demand.	Data modelling completed	December 2020	TAS
	b. Develop a workforce plan in conjunction with key stakeholders	Stakeholders are engaged and TOR developed	April 2021	TAS

5. *Frail Elderly / Health of Older People*

CE Lead: Dale Oliff (Wairarapa DHB)

General Manager Lead: Sandra Williams (Wairarapa DHB)

Clinical Lead/s: Regional Medical Leads / Dr Teresa Thompson (Hutt Valley DHB)

Project Manager: Kendra Sanders (TAS)

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Regional priorities				
5.1 Identify frailty best practice to support our health system to address the rising needs and changing nature of care needs for older people in our region	a. Agree detailed scope in collaboration with leads, sponsors, regional medical leads, regional health of older person's network, and others as identified	Scope agreed and in place	November 2020	TAS
	b. Plan and deliver a frailty forum to inform best practice and a model of care for frail older people	Forum delivered with relevant national and regional experts and attendees present which produces a documented report identifying components of best practice, principles for a regional model and what a good model of care could look like in New Zealand.	March 2021	HOP Network, Regional Medical Leads, TAS
	c. Document an agreed model of care for frail elderly which includes consideration of the enablers such as workforce and technology	The regional model of care is presented to the CE Sponsors	June 2021	HOP Network, Regional Medical Leads, TAS

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
5.2 Awareness of advance care planning (ACP) is integrated into DHB programmes of work and in the everyday conversations of health professionals.	a. Participate in the national discussions to progress the region's priorities to the National ACP Programme (HQSC), as well as influence the national work to ensure a strategic fit for the region.	Attendance at the National ACP Steering Group Meetings and regional participation in national initiatives such as testing the Te Ao Māori ACP Guide for whānau.	Q1-4	Capital and Coast DHB, TAS
5.3 Utilise the interRAI data, split by population groups, to identify key risks, needs or issues for older people and their whānau.	d. Identify indicators available in the interRAI data that highlight equity of access or outcomes for Māori.	Publish two infographics which highlight functional impairment, need or access to interRAI assessments and variation between Māori and non-Māori populations.	December 2020	Regional Benchmarking Group, TAS
National priorities				
5.4 Implement regional priorities as identified from the 2019/2020 National Dementia Stocktake	a. Participate in national discussions to progress the region's response to the national dementia stocktake, as well as influence the national work to ensure a strategic fit for the region.	Attendance at the National Dementia Framework Collaborative Meetings.	Q1-Q4	Regional Dementia Reference Group, TAS.
		Take leadership of a relevant activity that arises from participation in the National Dementia Framework Collaborative Meetings.	May 2021	Regional Dementia Reference Group, TAS.
	b. Ensure the regional dementia reference group (RDRG) has the skills and capabilities to deliver on equity actions.	Review membership of the RDRG and ensure that Māori are included within the governance structure of this regional programme.	March 2021	Regional Dementia Reference Group, Directors Māori.

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	c. Identify and present data on cognitive impairment and dementia for the Central Region DHBs for Māori and non- Māori populations.	Data will be sourced across national datasets and relevant literature obtained, for use at the dementia equity forum.	August 2021	TAS
	d. Deliver a Māori equity forum, using dementia as the area of focus, utilising the Health Equity Assessment Tool (HEAT) and the Central Region's Equity Framework to structure the forum.	Forum delivered with Māori, relevant national and regional facilitators, experts and attendees present.	September 2021	TAS
	e. Use evidence from the Māori Dementia Equity Forum to develop actions for local and regional implementation.	Develop actions support DHBs to respond locally to refining models of care, or commissioning of services for Māori and their whānau carers.	Q4	Regional Dementia Reference Group, TAS and HOP Portfolio Managers.
5.5 National Cognitive Impairment Assessment Review.	a. Identify and undertake the regional activities that arise from the national implementation plan to move to a new cognitive impairment screening tool.	Update the Cognitive Impairment HealthPathway to replace the use of MoCA and use Mini Addenbrooke's Cognitive Examination.	October 2021	Regional Medical Leads and Regional Dementia Reference Group.

Part 2: Additional Regional Programmes

6. Workforce

CE Lead: Dale Oliff (Wairarapa DHB)

Sponsor: Hentie Cilliers (Chair, Central Region DHB GMs HR)

Programme Director: Sally McLean (Regional Director Workforce)

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable
Regional priorities				
6.1 Increasing Māori participation in the workforce	DHBs will work collaboratively on initiatives to increase Māori participation in the workforce in the three focus areas developed by the national Workforce Strategy Group and Tumu Whakarae	A set of actions is underway which: • Increases the proportion of Māori in the workforce overall and by occupational grouping • Meaningfully realise cultural competence and safety • Positively impact on the recruitment and retention of Māori in DHBs	Q4	GMsHR RDoWD
	DHBs will work with Kia Ora Hauroa to facilitate the effective recruitment of Māori into positions in the central region	DHBs understand the tools, resources and information KOH has available and are actively utilising these.	Q3	GMsHR RDoWD
6.2 Increasing Pacific participation in the workforce	Review HR policies to improve Pacific employment opportunities	Policies are amended and practices changed as a result	Q3	GMsHR, Pacific Managers
	Share actions underway or planned to develop cultural competence and cultural safety	Actions are shared and plans are underway to replicate across the region. Best practice is discussed.	Q3	Pacific Managers RDoWD GMsHR
6.3 Equity	DHBs work collaboratively to identify initiatives that will build Equity Capability	A set of actions is agreed that will build equitability capability as part of the central region equity framework implementation plan.	Q2	GMsHR RDoWD
6.4 Workforce Wellbeing including Health and Safety	DHBs work collaboratively to develop and implement a plan to improve Health and Safety in the region	Plan is developed that aligns with national initiatives	Q1	GMsHR
		H & S network is established	Q2	GMsHR
6.5 Supporting workforce planning informed by workforce data	Work collaboratively to undertake workforce planning and future workforce requirements of the	A scope is agreed	Q1	RDoWD DAHs
		Information and analysis on the key workforces occurs and an analysis of existing workforce assessments is undertaken	Q2	RDoWD, DAHs

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable
	Allied Health, Science Technical workforce in the central region.	Priority areas agreed and Workforce plans are developed and discussed	Q3 & Q4	DAHs
	Support non -professional workforces involvement in workforce planning and development initiatives	Representation from these workforces is included in the workforce hub. Data and information is collected and discussed	Q4	RDoWD GMsHR

7. Hepatitis C

Clinical Lead: Compass Health

Project Manager: Russell Cooke, Service Development Manager, Capital and Coast DHB

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Regional objectives				
7.1 Assessment and treatment	Implement integrated hepatitis C assessment and treatment services across community, primary and secondary care services in the region	Year on year increase in testing for hepatitis C	Q1 - 4	Central Region Community Hepatitis C Programme / Compass Health
		Year on year increase in the number of Liver Elastography scans	Q1 - 4	
		Report on elastography numbers by age and ethnicity		
7.2 Primary care prescribing	Increase hepatitis C treatment uptake and primary care prescribing	Increase in the number of people with hepatitis C receiving antiviral treatment	Q1 - 4	
		Report on new hepatitis C diagnosis by age		
7.3 Diagnose those undiagnosed and lost to follow up	Encourage primary health requesters to request more hepatitis C tests particularly in the "baby boomer" generation	Report on number of hepatitis C antibody tests are requested	Q1-4	
7.4 Regional pathways	Implement and publicise new regional pathways for hepatitis C	New regional pathways implemented	Q4	

8. Stroke

CE Lead: Keriana Brooking (Hawke's Bay DHB)

GM Lead: vacant

Clinical lead: Anna Ranta (Capital and Coast DHB)

Programme Manager: Stephanie Calder / Satbhama Narayan (TAS)

Key Areas of Focus	Key Actions to Deliver	Measurement	Timeframes	Responsibility
8.1 Prevention	Develop a strategy to optimize stroke prevention in the Central Region in collaboration with primary care	Strategy developed and implementation plan in place	Q3	Stroke network / TAS
8.2 Acute services	a. Support DHBs to provide accurate and timely capture of stroke data and regularly review outcomes including equity of access	• 12% or more of potentially eligible patients reperfused • 80% of patients admitted to an acute stroke unit within 24 hours • 80% of patients transferred to inpatient rehab within 7 days of acute admission • 60% of patients referred for community rehab seen within 7 days of discharge	Ongoing	TAS and stroke network
	b. Implement a 24/7 regional telestroke service	24/7 regional telestroke service implemented	Q4	Stroke network / DHBs
	c. Evaluate thrombolysis in ambulance pilot and develop recommendations for future	Evaluation report completed, recommendations developed to guide next steps	Q4	Stroke network / TAS
	d. Address challenges impacting regional clot retrieval service	Challenges identified and addressed	Ongoing	Stroke network

Key Areas of Focus	Key Actions to Deliver	Measurement	Timeframes	Responsibility
8.3. Rehabilitation	a. Regional model of case and pathways standardised	A central region model of care for stroke patients and standardised pathway is in place across the region	Q4	Central Region Stroke Network and TAS
	b. Identify opportunities for a regional telemedicine approach for community based rehab to improve equity of access and outcomes for stroke patients	Pilot site to trial rehabilitation telemedicine service identified, evaluation planned and project plan completed	Q3	CCDHB, one provincial DHB, Central Region Stroke Network, TAS
8.4. Awareness	Support DHBs to promote the FAST message locally	DHBs have developed relationships with iwi, Pacifica groups, churches, schools, etc to roll the programme out across the region and across populations.	Q2	Central Region Stroke Network and TAS
8.5. Equity	a. Complete audit to identify ethnicity and geographic disparity and potential solutions	Equity Audit completed	Q2	Central Region Stroke Network and TAS
	b. Draft a Central Region stroke specific equity strategy in line with the regional equity framework based on audit results	Equity Strategy draft initiated	Q3	Central Region Stroke Network and TAS

9. Radiology

Lead CE: Keriana Brooking (Hawke's Bay DHB)
CRSPF Sponsor: vacant
Clinical lead: Dr Jaco van der Walt (Hutt Valley DHB)
Programme Manager: Jeanine Corke

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Regional priorities				
9.1 Model of Delivery	Implement a regional model of delivery, starting with an agreed subspecialty e.g Paeds (dependent on RRIS being fully implemented)	MoD is implemented Radiology Network monitors implementation of MoD	March 2021 June 2021	Regional Radiology Network / TAS
9.2 Workforce	Implement RMO regional training model (dependent on CRSPF and Regional CEs approval) Trend data template is developed to track trainees	RMO training model is implemented. Six monthly audit of training model is completed by DHBs Data is collected by DHBS and TAS on a regular basis	December 2020 June 2021 Ongoing	Regional Radiology Network / Regional DHBs / TAS
	Allied Health training model is implemented across the region Trend data template is developed to track trainees	Allied Health training model is implemented DHBs complete a regular review Data is collected by DHBS and TAS	June 2021 June 2021 Ongoing	Regional Radiology Network / Regional DHBs / TAS
9.3 RRIS/PACS	Continue to support the RRIS/PACS Governance Group.	Regional RRIS issues are prioritized and processed in a timely manner through the RRIS/PACS Governance Group	February 2021	TAS / RRIS/PACs Governance Group

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
	Establish processes for timely regional decision making and the development of policies and procedures for RRIS	Decision making processes are in place and RRIS policies are completed	May 2021	TAS / Governance Group
9.4 Community Referred Radiology	Implement options to improve equitable access to community referred diagnostic services that targets Māori and Pacific People	Data shows improved access to diagnostics for Māori and Pacific People Eligibility and access criteria to achieve equity of access for Māori and Pacific people are standardized across the region	Q1 Q4	TAS / Regional Radiology Network

10. Trauma

Lead CE: Dale Oliff (Wairarapa DHB)
Lead COO: Lyn Horgan (MidCentral DHB)
Clinical lead: James Moore (Trauma Clinical Lead, Capital & Coast District Health Board)
Programme Manager: Renate Donovan (Trauma Clinical Nurse Specialist, Capital & Coast District Health Board)

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
Regional priorities				
10.1 Delivery of trauma services in the Central Region	Conduct a review of major trauma hospitals in the Central Region and develop recommendations for regional DHB CEs	Agreed actions are implemented so that a regional trauma service is in place that ensures appropriate staging and transfer of patients to hospitals best able to meet the needs of trauma patients to support improved clinical outcomes	Q4	Regional DHB CE and CRSPF leads and sponsors Regional Trauma Network TAS
10.2 Identify opportunities for quality improvement	1. Analysis of regional trauma data to identify and demonstrate the burden of trauma in the region and identify opportunities for quality improvement activities 2. Publish a Central region major trauma annual report	Quality improvement initiatives identified and implemented Central Regional trauma annual report published	Quarterly Q3	TAS / Regional Trauma Network
10.3 Trauma pathways and regionally focused major trauma clinical guidelines	Continue to develop and implement regional major trauma and imaging guidelines	Trauma guidelines developed, agreed and implemented in Central Region DHBs	Q1-4	Central Region Trauma Network / Central Region DHBs

Key area of focus	Actions to deliver	Measures	Timeframe	Accountable roles
National priorities				
10.4 Improve the MTNCN's KPIs including: • **time to CT** • **trauma specific blood test markers [blood alcohol, venous base excess and INR]** • **NZ-MTR 30-day data entry**	1. Improved percentage of patients receiving radiological imaging within 2 hours of presentation 2. Increased collection rate in trauma specific blood test makers 3. Improved number of patients entered onto the NZ-MTR within 30-days	1. All DHBs report the elements of the NMDS for major trauma onto the NZ-MTR no more than 30 days after patient discharge 2. Data reported to the MTNCN via arrangement with Midland Trauma System will confirm data entry 3. Quarterly data report from TAS to be provided at each CRTN meeting 4. Nationally consistent data collection and reporting supports improved service delivery for major trauma patients	Q1-Q4	Clinical and nurse leads for trauma in each central region DHB Midland Trauma System TAS
10.5 Improve equity of outcomes for Māori	Embed equity measures within regular reporting to the regional trauma network and DHBs	Central region major trauma annual report will inform and identify initiatives to improve equity for Māori major trauma patients in the Central region.	Q2-Q4	Central Region Trauma Network TAS

HAWKE'S BAY District Health Board Whakawāteatia	**Safety & Wellbeing Commitment Statement – Annual Review** For the attention of: **HBDHB Board**
Document Owner	Carriann Hall, Executive Director Financial Services
Document Author(s)	Christine Mildon, Safety and Wellbeing Manager
Reviewed by	Carriann Hall, Executive Director Financial Services
Month/Year	December, 2020
Purpose	To provide the Board with context and a draft of the Safety and Wellbeing Statement of Commitment to Staff for approval
Summary	The Safety and Wellbeing Statement of Commitment to Staff document is a visible commitment to our people from Board and Management

RECOMMENDATION:

That the HBDHB Board:

Review and Approve the draft Safety and Wellbeing Commitment statement

Approve that the CE and Chair of the Board both sign and date it on behalf of the Board.

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Introduction

Hawke's Bay District Health Board [HBDHB] has a safety and wellbeing manual. This sets out how the safety of staff and anyone else affected by its activities, will be considered in the way the organisation does things.

As a part of this, Board and Management made a statement of commitment to Health, Safety and Wellbeing in 2019, which is made visible to staff through posters, Our Hub etc. The current commitment is provided in Appendix 1.

Principally this commitment should be seen as a way that governance communicates to staff regarding the importance the DHB places on their health, safety & wellbeing. The DHB is also working towards ISO 45001:2018 Occupational H&S management systems, as part of the duties of the Enforceable Undertaking (EU) and this commitment also forms part of the suite of information we provide auditors when they test our compliance.

Considerations in Statement of Commitment

Since 2018, we have published a statement of commitment, which met criteria related to previous standards (AS/NZS 4801). Now the lead document is ISO 45001:2018, the annual review of the statement has provided an opportunity to ensure it meets the criteria of this new standard.

The statement was due to be renewed in September 2020 but was delayed so we understood and could include the impact of ISO 45001. The following main changes have been made:

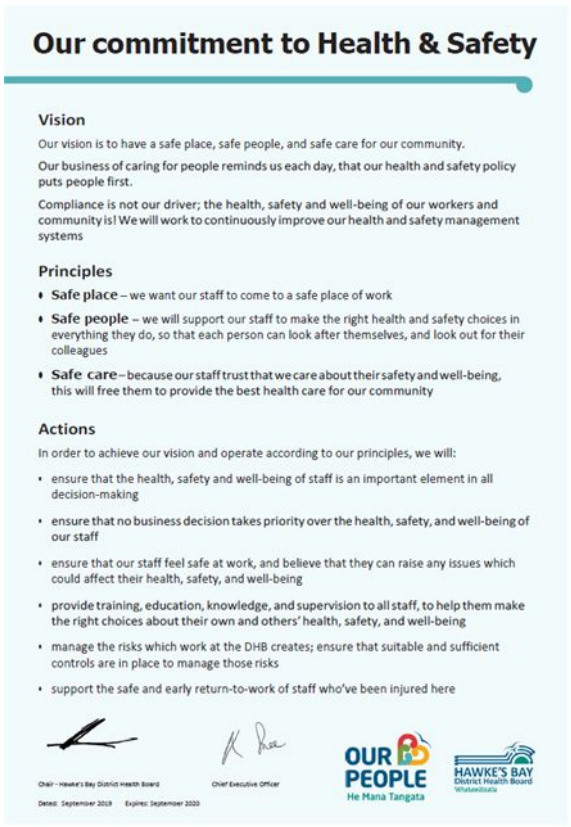
- Use of the term 'worker' which reflects the language used both in the standard and in the Health & Safety at Work Act 2015. If this is changed, then we will need to describe all the classifications that are included in the role; that is,
    a. an employee; or
    b. a contractor or subcontractor; or
    c. an employee of a contractor or subcontractor; or
    d. an employee of a labour hire company who has been assigned to work in the business or undertaking; or
    e. an outworker (including a homeworker); or
    f. an apprentice or a trainee; or
    g. a person gaining work experience or undertaking a work trial; or
    h. a volunteer worker; or
    i. a person of a prescribed class
- Other changes to the text, particularly around the actions. A tracked changes version from the original document is provided in Appendix 2 and a clean version in Appendix 3.

Next Steps

Following Board review and approval, DHB branding will be finalised a signed A3 copy will published for display in multiple locations across our sites.

We are also looking into how it is published on the public-facing page of Our Hub, which was suggested by the ISO45001:2018 auditor who visited the site in November this year.

Appendix 1 – Current Statement



Our commitment to Health & Safety

Vision

Our vision is to have a safe place, safe people, and safe care for our community.

Our business of caring for people reminds us each day, that our health and safety policy puts people first.

Compliance is not our driver; the health, safety and well-being of our workers and community is! We will work to continuously improve our health and safety management systems

Principles

- **Safe place** – we want our staff to come to a safe place of work
- **Safe people** – we will support our staff to make the right health and safety choices in everything they do, so that each person can look after themselves, and look out for their colleagues
- **Safe care** – because our staff trust that we care about their safety and well-being, this will free them to provide the best health care for our community

Actions

In order to achieve our vision and operate according to our principles, we will:

- ensure that the health, safety and well-being of staff is an important element in all decision-making
- ensure that no business decision takes priority over the health, safety, and well-being of our staff
- ensure that our staff feel safe at work, and believe that they can raise any issues which could affect their health, safety, and well-being
- provide training, education, knowledge, and supervision to all staff, to help them make the right choices about their own and others' health, safety, and well-being
- manage the risks which work at the DHB creates; ensure that suitable and sufficient controls are in place to manage those risks
- support the safe and early return-to-work of staff who've been injured here

Chair - Hawke's Bay District Health Board

Chief Executive Officer

Dated: September 2019 Expires: September 2020

OUR PEOPLE He Mana Tangata

HAWKE'S BAY District Health Board Whakaoiuta

19

Appendix 2- tracked changes version of Statement

Our commitment to the safety and wellbeing of staff

Vision

Our vision is to have a safe place, safe people, and safe care for our community.

Our business of caring for people reminds us each day, that our safety and wellbeing ~~health and safety~~ policy must put~~s~~ people first.

Compliance is not our driver; the safety, health~~, safety~~ and well-being of our workers and community is. We will work to continually improve our ~~health and~~ safety and wellbeing management system.

Formatted: Font color: Custom Color(RGB(35,31,32)), Character scale: 105%

Principles

- **Safe place** – we want our workers to come to a safe place of work
- **Safe people** – we will support our workers to make the right ~~health and~~ safety choices in everything they do, so that each person can look after themselves, and look out for their colleagues
- **Safe care**–because our ~~staff~~workers trust we care about their safety and well-being, ~~this~~they will be able ~~will free them~~ to provide the best health care for our community

Actions

In order to achieve our vision and operate according to our principles, we will:

- provide a safe working environment, to help manage the risk of work-related injury and illness for our workers, and anyone else affected by our activities
- provide a frame-work for setting safety and wellbeing objectives, and measure our performance against these objectives
- encourage our workers to raise any issues, which could affect their safety, health, and well-being in the knowledge that these will be listened to and without fear of recrimination
- meet all our legal duties prescribed in relevant legislation and associated regulations
- identify all hazards, and manage the risks which work at the DHB creates; ensure that suitable and sufficient controls are in place to manage those risks
- actively support continual improvement so that our organisation develops and sustains a positive safety culture
- ~~ensure that the health, safety and well-being of staff is an important element in all decision-making~~
- ~~ensure that no business decision takes priority over the health, safety and well-being of our staff~~
- ~~ensure that our staff feel safe at work, and believe that they can raise any issues which could affect their health, safety and wellbeing~~
- ~~provide training, education, knowledge and supervision to all staff, to help them make the right choices about their own and others' health, safety and wellbeing~~
- ~~manage the risks which work at the DHB creates; ensures that suitable and sufficient controls are in place to manage those risks~~
- support the safe and early return-to-work of staff who've been injured here

Chair - Hawke's Bay District Health Board Chief Executive Officer

Dated: January 2021 Expires: December 2021

OUR PEOPLE He Mana Tangata

HAWKE'S BAY District Health Board Whakawāteatia

Appendix 3 – Clean Version of Recommended Statement

Our commitment to the safety and wellbeing of staff

Vision

Our vision is to have a safe place, safe people, and safe care for our community.

Our business of caring for people reminds us each day, that our safety and wellbeing policy must put people first.

Compliance is not our driver; the safety, health and well-being of our workers and community is. We will work to continually improve our safety and wellbeing management system.

Principles

- **Safe place** – we want our workers to come to a safe place of work
- **Safe people** – we will support our workers to make the right safety choices in everything they do, so that each person can look after themselves, and look out for their colleagues
- **Safe care** – because our workers trust we care about their safety and well-being, they will be able to provide the best health care for our community

Actions

In order to achieve our vision and operate according to our principles, we will:

- provide a safe working environment, to help manage the risk of work-related injury and illness for our workers, and anyone else affected by our activities
- provide a frame-work for setting safety and wellbeing objectives, and measure our performance against these objectives
- encourage our workers to raise any issues, which could affect their safety, health, and well-being in the knowledge that these will be listened to and without fear of recrimination
- meet all our legal duties prescribed in relevant legislation and associated regulations
- identify all hazards, and manage the risks which work at the DHB creates; ensure that suitable and sufficient controls are in place to manage those risks

- actively support continual improvement so that our organisation develops and sustains a positive safety culture
- support the safe and early return-to-work of staff who've been injured here

Chair - Hawke's Bay District Health Board Chief Executive Officer Dated: January 2021

Expires: December 2021

HAWKE'S BAY
District Health Board
Whakawāteatia

HBDHB Communications Quarterly Board report December 2020

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Key points

Key issues this quarter:

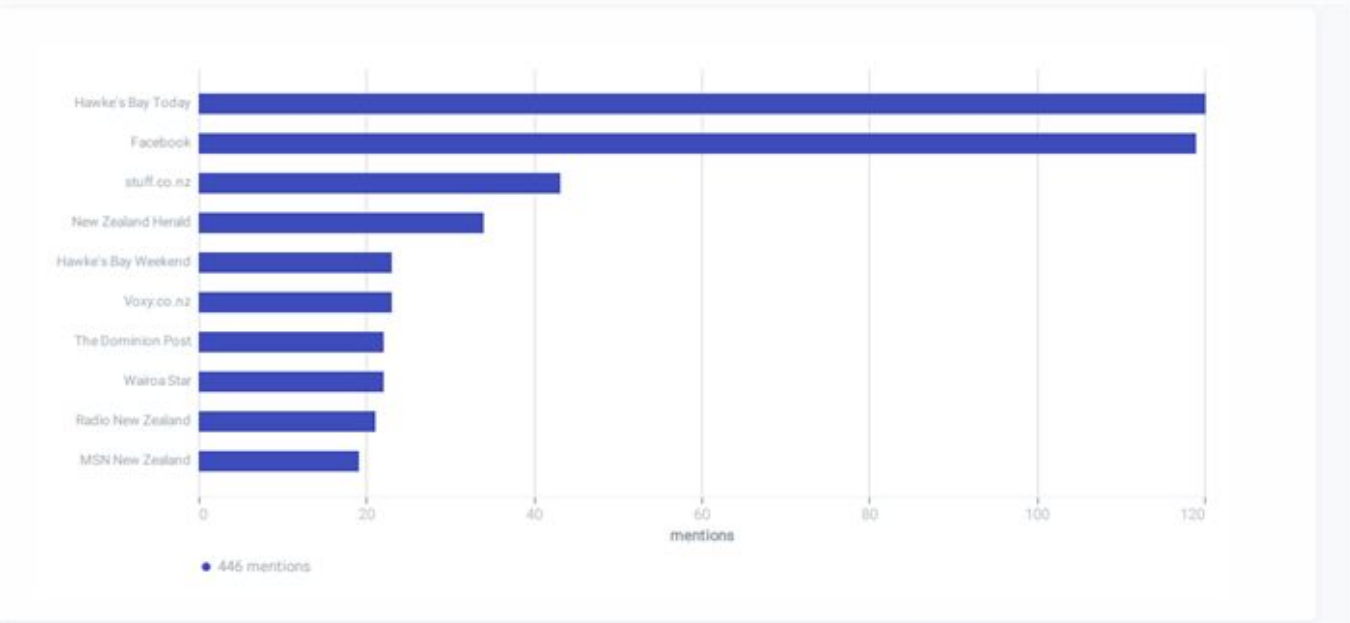
- Napier Floods, National Election, COVID updates/ Child testing positive upon arrival in Japan, Ken Rei ship docking Napier, HB Hospital busyness, project support, State Highway 5 crashes, thanking health sector campaign, measles catch-up, developing nursing booklet to celebrate International Year of the Nurse, more operations for HB people, significant OIA compilation and preparation

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Media proactive and reactive

HAWKE'S BAY District Health Board
Whakawāteatia

Media mentions since Sept –Nov 25



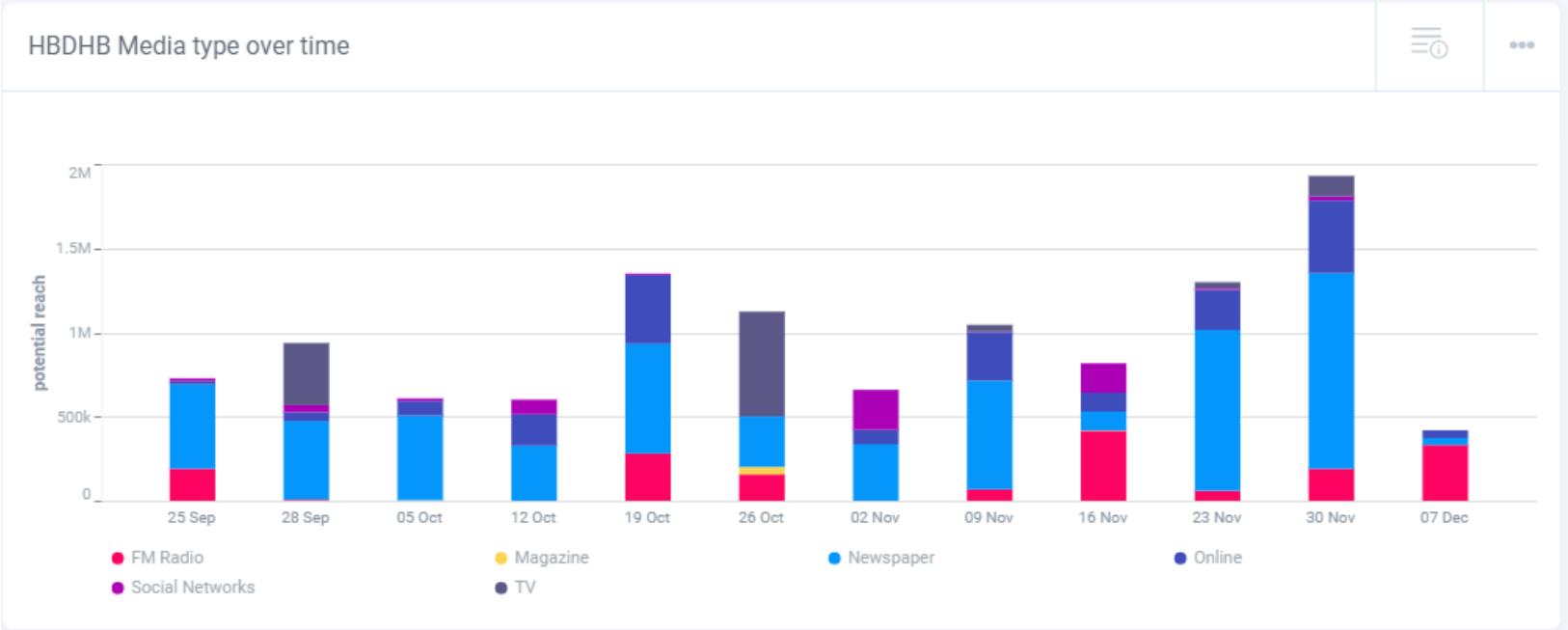
An analysis of coverage published measuring volume in the last 74 days between 25 Sep 2020 and 7 Dec 2020 from 1 folder (HBDHB Mentions) found 446 mentions. This coverage reached a cumulative potential reach of 5,130,400

- The outlet with the highest volume was Hawke's Bay Today with a total volume of 120 mentions
- The outlet with the highest potential reach was Hawke's Bay Today with a total potential reach of 1,834,814

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Media type over time

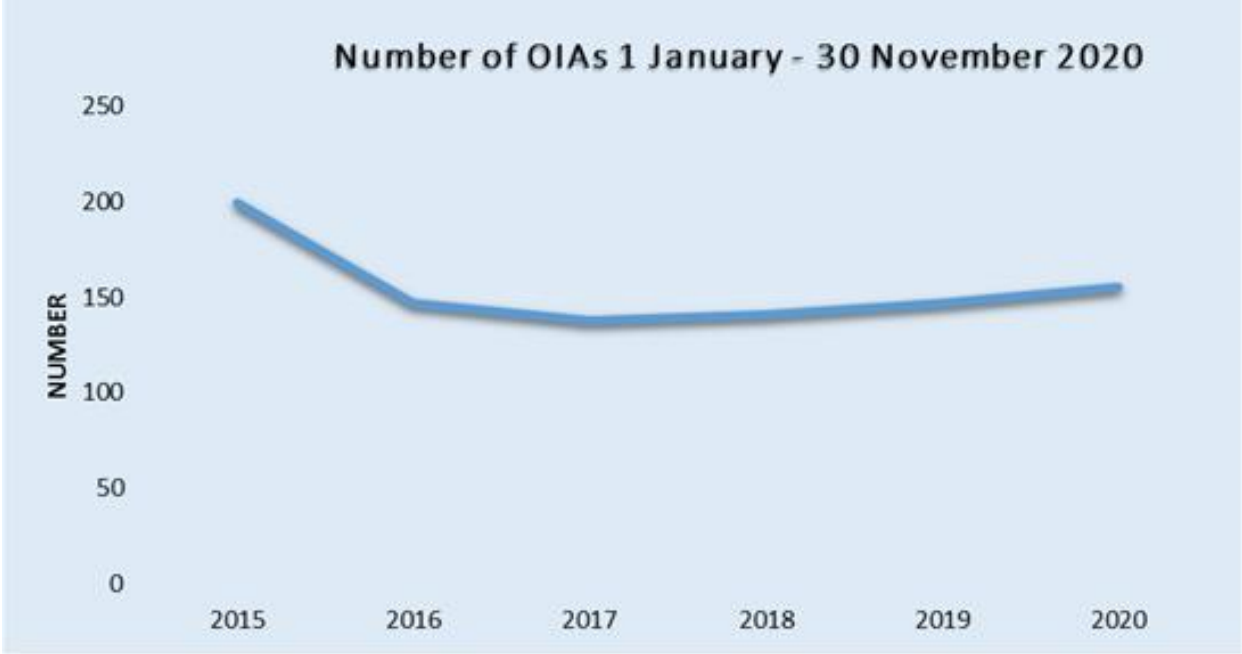
Media mentions Sept 30 – Nov 30



Spikes relate to - Oct COVID Ken Rei, End of Oct Child with positive test, early Nov SH5 crash, Napier Flood, End of Nov CHB crash and gang tensions

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

OIAs actioned



1 Jan – 30 November. In the last quarter one OIA was outside requested timeframes = 98 percent completed to agreed timeframes.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Forms and publications

New print contract with Brebner Print implemented 1 October 2020, following a competitive national tender process.

For HBDHB this will mean Brebner's will hold more high volume print lines in stock

Providing HBDHB with

1. Cost savings – larger print runs for high volume items to be held in stock by Brebner's
2. On demand order fulfilment – more orders supplied from stock
3. No impact on HBDHB to hold stock

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Graphic design support

44 **projects currently in progress** (at 7 December)

137 **projects completed** in 2020 (1 Jan to 1 Dec)

185 **projects logged** in 2020 (1 Jan to 1 Dec)

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Communications actions:

HAWKE'S BAY District Health Board
Whakawāteatia

Our Hub - Intranet

- Over 123 Headline News stories published (inc Mental Health Awareness Week, Te Wiki o te Reo Māori, Recycling Week, Privacy Week, Patient Safety Day/Week, Occ Therapy Week, Pressure Injury Day/Week)
- Over 113 Daily News items published
- Top visited pages: Noticeboard (55,664 views); followed by Apps + links (14,494 views) and current vacancies (10,157 views)

External websites

Our Health

24 news stories published

Top visited pages: Coronavirus info page (4,251 views); followed by Welcome to Hawke's Bay Hospital page (3,463 views); Flood story about foot injury (3,357 views); and Find a GP (2,522 views)

Hawkesbay.health.nz

Top visited pages: Jobs/careers (15,081 views); followed by About us (1743 views); Connect with us (1705 views); and Nursing & midwifery development programme (1461 views)

Comms inboxes

Over 535 emails actioned from Comms inbox; 65 items actioned from Staff Notices inbox

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Social media

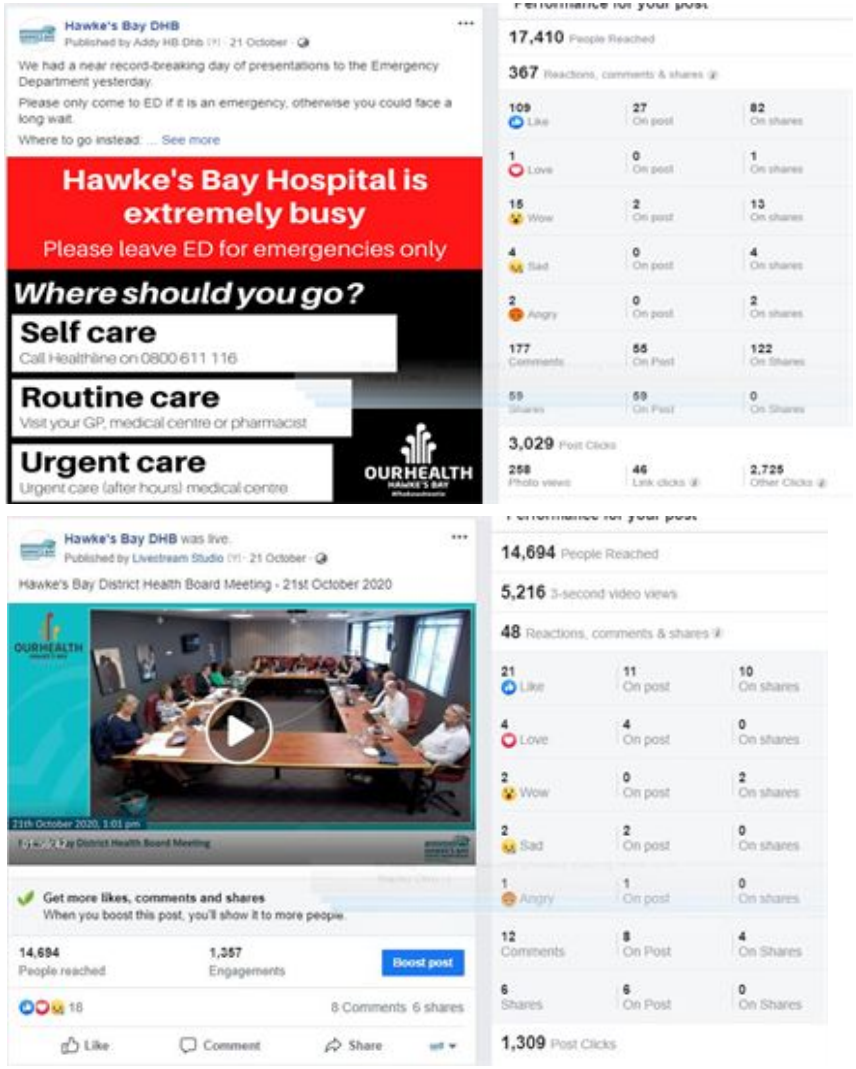
HAWKE'S BAY District Health Board
Whakawāteatia

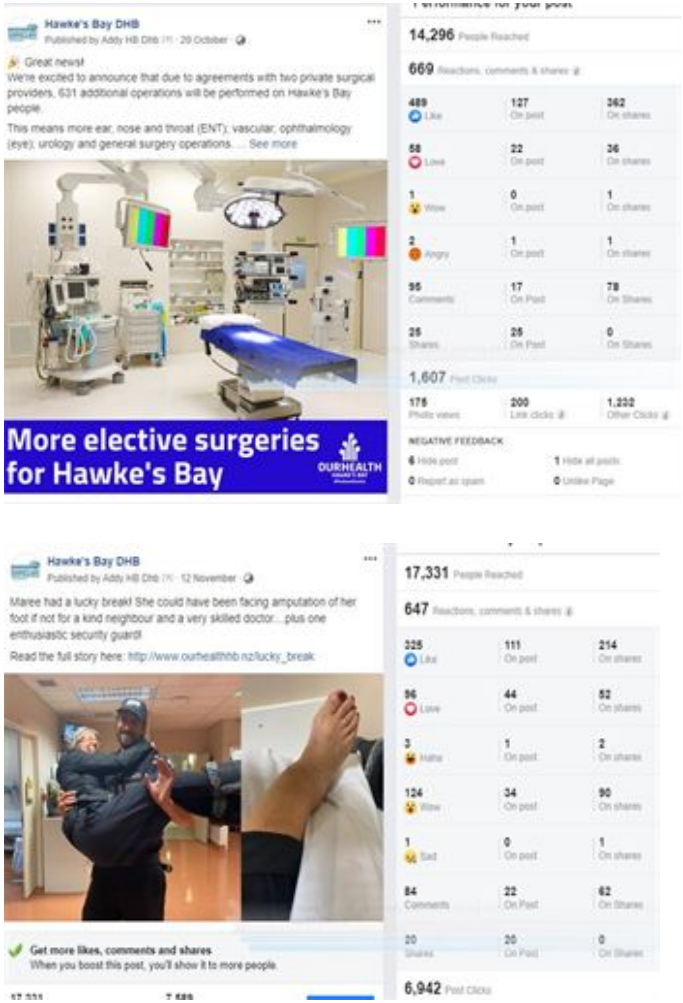
Facebook

- **Main FB page:**
- 165 posts
- 12,451 followers (up 694 from 31 Aug)
- **Maternity FB page**
- 62 posts
- 2,691 followers (up 319 from 31 Aug)

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Top posts


Hawke's Bay DHB
Published by Addy HB Dhb · 21 October ·
We had a near record-breaking day of presentations to the Emergency Department yesterday.
Please only come to ED if it is an emergency, otherwise you could face a long wait.
Where to go instead: ... See more
Hawke's Bay Hospital is extremely busy
Please leave ED for emergencies only
Where should you go?
Self care
Call Healthline on 0800 611 116
Routine care
Visit your GP, medical centre or pharmacist
Urgent care
Urgent care (after hours) medical centre
OURHEALTH
17,410 People Reached
367 Reactions, comments & shares
109 Like 27 On post 82 On shares
1 Love 0 On post 1 On shares
15 Wow 2 On post 13 On shares
4 Sad 0 On post 4 On shares
2 Angry 0 On post 2 On shares
177 Comments 55 On Post 122 On Shares
59 Shares 59 On Post 0 On Shares
3,029 Post Clicks
258 Photo views 46 Link clicks 2,725 Other Clicks
Hawke's Bay DHB was live.
Published by Livestream Studio · 21 October ·
Hawke's Bay District Health Board Meeting - 21st October 2020
21th October 2020, 1:01 pm
Get more likes, comments and shares
When you boost this post, you'll show it to more people.
14,694 People reached
1,357 Engagements
Boost post
18
8 Comments 6 shares
Like Comment Share
14,694 People Reached
5,216 3-second video views
48 Reactions, comments & shares
21 Like 11 On post 10 On shares
4 Love 4 On post 0 On shares
2 Wow 0 On post 2 On shares
2 Sad 2 On post 0 On shares
1 Angry 1 On post 0 On shares
12 Comments 8 On Post 4 On Shares
6 Shares 6 On Post 0 On Shares
1,309 Post Clicks


Hawke's Bay DHB
Published by Addy HB Dhb · 20 October ·
Great news!
We're excited to announce that due to agreements with two private surgical providers, 631 additional operations will be performed on Hawke's Bay people.
This means more ear, nose and throat (ENT); vascular; ophthalmology (eye); urology and general surgery operations. ... See more
More elective surgeries for Hawke's Bay
OURHEALTH
14,296 People Reached
669 Reactions, comments & shares
489 Like 127 On post 362 On shares
58 Love 22 On post 36 On shares
1 Wow 0 On post 1 On shares
2 Angry 1 On post 1 On shares
95 Comments 17 On Post 78 On Shares
25 Shares 25 On Post 0 On Shares
1,607 Post Clicks
175 Photo views 200 Link clicks 1,232 Other Clicks
NEGATIVE FEEDBACK
6 Hide post 1 Hide all posts
0 Report as spam 0 Unlike Page
Hawke's Bay DHB
Published by Addy HB Dhb · 12 November ·
Maree had a lucky break! She could have been facing amputation of her foot if not for a kind neighbour and a very skilled doctor... plus one enthusiastic security guard!
Read the full story here: http://www.ourhealthhb.nz/lucky_break
Get more likes, comments and shares
When you boost this post, you'll show it to more people.
17,331 People Reached
647 Reactions, comments & shares
325 Like 111 On post 214 On shares
96 Love 44 On post 52 On shares
3 Haha 1 On post 2 On shares
124 Wow 34 On post 90 On shares
1 Sad 0 On post 1 On shares
84 Comments 22 On Post 62 On Shares
20 Shares 20 On Post 0 On Shares
6,942 Post Clicks

Communications priorities

- Special projects – Surgical Services expansion and other facility improvements – ongoing
- Wairoa Communication and Engagement Plan in development will be completed this year then to be used for Napier and CHB
- Pop Health – measles, bowel screening, COVID summer event planning
- Provider – planned care capacity and infrastructure projects
- Social media – 2021 Social media planning
- Primary care – after-hours care, planning for Christmas/New Year, localities
- Mental health – Christmas/ New Year campaign -It's ok to ask for help, crisis hub
- Community engagement planning for facilities and services in the future
- Accountability –Planning for Annual Plan 2021/22
- Media responses proactive and reactive
- Planned schedule on good news stories

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:

22. Confirmation of previous minutes 18 November 2020 (Public Excluded)
23. Matters Arising – Review of Actions (Public Excluded)
24. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
25. Chair's Report (Public Excluded)
26. Chief Executive Officer's Report (Public Excluded)
27. Hawke's Bay Clinical Council Report (Public Excluded)
28. Treaty Governance Framework (Public Excluded)
29. Finance Risk and Audit Committee Meeting 21 October 2020 (Public Excluded)
30. Safety and Wellbeing Committee Minutes (Public Excluded)

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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).