BOARD MEETING

Date: Wednesday 16 September 2020

Time: 1.00pm

Venue: Zoom meeting (livestreamed for public meeting)

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

Apologies: Nil.

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
Rachel Ritchie, Chair Hawke's Bay Health Consumer 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 – 19 August 2020	
5.	Matters Arising - Review of Actions	
6.	Board Workplan	
7.	Chair's Report (verbal)	

8.	Chief Executive Officer's Report	1.15
9.	Financial Performance Report – Carriann Hall, Executive Director Financial Services	1.20
10.	Planning & Funding Monthly Report – Emma Foster, Acting Executive Director Planning & Funding	1.25
11.	Health Services (DHB Provider Arm) Monthly Report – Chris Ash, Chief Operating Officer	1.30
12.	Board Health & Safety Champion's Update	1.35
13.	Ākina (Continuous Improvement) - Learnings from COVID-19 – Andy Phillips, Chief Allied Health Professions Officer	1.40
	Section 2: Governance / Committee Reports	
14.	Māori Relationship Board Report (verbal) – Chair, Ana Apatu	1.50
15.	Hawke's Bay Health Consumer Council Report – Chair, Rachel Ritchie	1.55
	Section 3: For Information / Discussion	
16.	Ageing Well in Hawke's Bay – Emma Foster	2.00
17.	**Section 4: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	2.15

Public Excluded Agenda

Item	Section 5: Routine	Time (pm)
18.	Minutes of Previous Meeting – 19 August 2020 (public excluded)	2.20
19.	Matters Arising – Review of Actions (public excluded)	
20.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded)	
21.	Chair's Report - verbal (public excluded)	2.25
	Section 6: Governance / Committee Reports	
22.	Hawke's Bay Clinical Council Report (public excluded) – Co-Chairs, Robin Whyman and Jules Arthur	2.30
23.	Hawke's Bay Health Consumer Council Report (public excluded) – Chair, Rachel Ritchie	2.35
	Section 7: For Information / Decision	
24.	Communications Quarterly Report (public excluded) – Anna Kirk, Communications Manager	2.40
25.	Mental Health and Addictions – Addressing Acute Demand – Risk Mitigation Strategies (public excluded) – Emma Foster, Acting Executive Director Planning & Funding	2.50
26.	Finance Risk and Audit Committee (public excluded) - Chair, Evan Davies - Summary of Meeting 16 September 2020 (verbal)	3.00
27.	Karakia Whakamutunga	3.10
	Meeting concludes	

The next HBDHB Board Meeting will be held on
Wednesday 21 October 2020

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

*Showing **respect** for each other, our staff, patients and consumers*

	✔	✘
Welcoming	Is polite, welcoming, friendly, smiles, introduce self Acknowledges people, makes eye contact, smiles	Is closed, cold, makes people feel a nuisance Ignore people, doesn't look up, rolls their eyes
Respectful	Values people as individuals; is culturally aware / safe Respects and protects privacy and dignity	Lacks respect or discriminates against people Lacks privacy, gossips, talks behind other people's backs
Kind	Shows kindness, empathy and compassion for others Enhances peoples mana	Is rude, aggressive, shouts, snaps, intimidates, bullies Is abrupt, belittling, or creates stress and anxiety
Helpful	Attentive to people's needs, will go the extra mile Reliable, keeps their promises; advocates for others	Unhelpful, begrudging, lazy, 'not my job' attitude Doesn't keep promises, unresponsive

ĀKINA IMPROVEMENT

*Continuous **improvement** in everything we do*

	✔	✘
Positive	Has a positive attitude, optimistic, happy Encourages and enables others; looks for solutions	Grumpy, moaning, moody, has a negative attitude Complains but doesn't act to change things
Learning	Always learning and developing themselves or others Seeks out training and development; 'growth mindset'	Not interested in learning or development; apathy "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	Always looking for better ways to do things Is curious and courageous, embracing change	Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	Shares and celebrates success and achievements Says 'thank you', recognises people's contributions	Nit picks, criticises, undermines or passes blame Makes people feel undervalued or inadequate

RARANGA TE TIRA PARTNERSHIP

*Working together in **partnership** across the community*

	✔	✘
Listens	Listens to people, hears and values their views Takes time to answer questions and to clarify	'Tells', dictates to others and dismisses their views Judgmental, assumes, ignores people's views
Communicates	Explains clearly in ways people can understand Shares information, is open, honest and transparent	Uses language / jargon people don't understand Leaves people in the dark
Involves	Involves colleagues, partners, patients and whanau Trusts people; helps people play an active part	Excludes people, withholds info, micromanages Makes people feel excluded or isolated
Connects	Pro-actively joins up services, teams, communities Builds understanding and teamwork	Promotes or maintains silo-working 'Us and them' attitude, shows favouritism

TAUWHIRO CARE

*Delivering high quality **care** to patients and consumers*

	✔	✘
Professional	Calm, patient, reassuring, makes people feel safe Has high standards, takes responsibility, is accountable	Rushes, 'too busy', looks / sounds unprofessional Unrealistic expectations, takes on too much
Safe	Consistently follows agreed safe practice Knows the safest care is supporting people to stay well	Inconsistent practice, slow to follow latest evidence Not thinking about health of our whole community
Efficient	Makes best use of resources and time Respects the value of other people's time, prompt	Not interested in effective user of resources Keeps people waiting unnecessarily, often late
Speaks up	Seeks out, welcomes and give feedback to others Speaks up whenever they have a concern	Rejects feedback from others, give a 'telling off' 'Walks past' safety concerns or poor behaviour

Board "Interest Register" - as at 11 September 2020

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Shayne Walker	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	CEO	08.01.20
Kevin Atkinson	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	26.10.17
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Māori Party	Candidate for Ikaroa-Rāwhiti Seat	Will manage HBDHB governance information in confidence	The Chair	18.03.20
	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
	Active	Shareholder of NZ Technologies	Technology and innovative support for businesses to grow	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Whariki 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
Anna Lorck	Active	Attn! Martketing & PR	Owner & Director (Marketing & Comms, publishing).	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	09.12.19
			Communications Contractor/Advisor to multiple businesses.	Will provide a list of health related contracts to Chair and CEO. Will disclose if any conflict is related to agenda items. Will manage HBDHB governance information in confidence.	The Chair	06.04.20
	Active	Labour Party	Labour Party candidate for Tukutuki electorate	Will manage HBDHB governance information in confidence	The Chair	18.03.20
	Active	Mother	Mother is an employee of the DHB at Central Hawke's Bay Health Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	04.02.20
Hayley Anderson	Active	Hawke's Bay District Health Board	Employed as Interim GM Population Health	Potential conflict. Will advise of any conflict of interest.	The Chair	7/07/2020
		Cranford Hospice Trust	Health Consultant - contracted with provider	Will advise of any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	09.12.19
David Davidson	Active	2020 End of Life Choice Act Referendum Society		Will abstain from all decisions related to end of life choice.	The Chair	28.03.20
	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria Univesity	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	7/01/2020
	Active	Crown Infrastructure Partners Covid Recovery Infrastructure Programme	Sector Expert Representative - Health	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will absence himself from discussions if asked by the Chair.	The Chair	22/04/2020

MINUTES OF THE HBDHB BOARD MEETING
HELD ON WEDNESDAY 19 AUGUST 2020 AT 10.30AM
VIA WEBINAR

PUBLIC

Present: Shayne Walker (Chair)
Evan Davies
Hayley Anderson
Ana Apatu
Kevin Atkinson
David Davidson
Peter Dunkerley
Joanne Edwards
Charlie Lambert
Anna Lorck
Heather Skipworth

In Attendance: Keriana Brooking, Chief Executive Officer
Members of the Executive Leadership Team
Rachel Ritchie, Chair Hawke's Bay Health Consumer Council
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 karakia and welcomed everyone to the meeting, including the community across Hawke's Bay who were viewing the meeting via Facebook livestream. He also welcomed Keriana Brooking, Hawke's Bay District Health Board's new Chief Executive Officer, who was attending her first Board hui. The Chair thanked all those workers in the health sector, and also the community, during this particular time.

   The Chair noted that today's Board meeting was to be held in Wairoa however, due to the current restrictions around Covid-19, that had been put on hold. It was to be an exciting day for Board members who were taking Keriana back home to Wairoa for a pōwhiri at Takitimu Marae. He said that would be reviewed once Hawke's Bay moved out of level two and a new date confirmed. The Board also wanted to hold meetings in Napier and Central Hawke's Bay in due course.

2. APOLOGIES
An apology was received from Evan Davies for lateness.

3. INTEREST REGISTER
Hayley Anderson advised that her role of Interim General Manager Population Health, which was for two months, had been extended. No other Board member advised of any changes to the Interest Register. 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 15 July 2020 were confirmed as a correct record of the meeting.

Moved: Ana Apatu
Seconded: Joanne Edwards
Carried

5. MATTERS ARISING FROM PREVIOUS MINUTES

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

- Item 1. The strategic project site walk around had been postponed due to level two restrictions and would be rescheduled when level one came into place
- Item 5 – Nurse lead endoscopies. The Chief Operating Officer advised that the plan and pathway prepared for roll-out in 2016 was not able to be progressed as it required a stable gastroenterology team. Also, during the intervening years, some of the nurses identified to undertake this training had either left or made the decision not to pursue this. He said the option of providing this service was being regularly reviewed by one of the DHB's senior nurses with the view to putting this plan back in place and progressing it.
- Item 9 - A Seat at the Table Governance Programme. The Chair said he would provide an update on this during his verbal update.

6. BOARD WORK PLAN

The Chair noted there was lots of work being undertaken and thanked management and staff who fed into the papers.

Two amendments to the work plan were noted:

- RMO Rostering Review and Primary/Secondary Data Sharing and Utilisation Review – move to September FRAC. **Action**

7. CHAIR'S REPORT (VERBAL)

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

Name	Role	Service	Years of Service	Retired
June Kynoch	Registered Nurse	Surgical Directorate	14	26 June 2020
Barry King	Management Accountant	Corporate Services	21	29 July 2020
Dr Ron Neal	Anaesthetist	Surgical Directorate	40	31 July 2020
David Dawoojee	Anaesthetic Technician	Surgical Directorate	47	7 August 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.

David Davidson acknowledged the work that Mr Dawoojee did and asked for his thanks to be added to the Chair's letter. **Action**

- Action item – A Seat at the Table. This programme provided an opportunity for two people to sit as observers around the Board table, the aim of which was to increase governance diversity and provide opportunities to develop governance capability in the community, particularly health. The Chair advised that a number of applications had been received and shortlisting was being undertaken later in the day.

  David Davidson commented there was very little clinical representation on the Board and hoped that the appointment committee would consider some retired senior medical officers for this programme. The Chair advised that Expressions of Interest were circulated widely across the whole sector, including staff and stakeholders.

- Tiriti Partnership Governance Framework. A hui was being held this Friday to consider how HBDHB could better embed its Treaty relationship.

- In response to a question from a member, the Chair provided the following update on discussions from the Chairs National and Chairs meetings:
  - National Chairs were having regular zoom meetings with the Minister of Health

- The key focus at a regional level was around collaborating more efficiently
- Continuous improvement was a national focus with some papers coming to DHBs in the coming weeks

There was a brief discussion about workforce planning and in particular around recruitment for anaesthetists and anaesthetic technicians. Members were informed that while there were no issues with recruiting for anaesthetists, the biggest pressure was around technicians. However, it was noted the anaesthetic department was very proactive, with recruitment undertaken well in advance to ensure there were no gaps. Workforce planning was also captured in the Annual Plan.

Anna Lorck referred to COVID-19 testing at the port and requested an update on the DHB's responsibility in managing that relationship and also when the DHB started following COVID-19 testing protocols. Board members were advised that immediately the DHB understood the need for testing there was a discussion with the public health team, who had a good partnership with the Port. Three hundred (300) port workers had been tested over the last few days and there was also a surveillance programme to ensure regular testing was undertaken. While the major testing site was at Napier, some people were choosing to have the test undertaken near their homes and therefore the DHB was looking to capture all those into its spreadsheets. Members were assured that the DHB was following the latest national protocols. It was also noted that HBDHB was the first DHB to submit its testing strategy to Government and the Board was welcome to have a copy of that strategy. Board members said they would like to receive a copy. **Action**

The CEO said she was very confident, from the port testing undertaken on Sunday and Monday just gone, that all the people swabbed have had their test results done. The DHB was also prioritising and identifying those in the community as being of the highest priority, therefore most people were getting their swabs at the time they needed it, and quickly, in comparison to what was being seen across New Zealand.

9. FINANCIAL PERFORMANCE REPORT

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

- The additional $5m expenditure to deliver planned care activity and the date when this was likely to be approved. Members were advised that this formed part of the DHB's $14.5m deficit within the Annual Plan which was currently with the Ministry of Health for approval. No indication had been received as to when confirmation would be received.
- The overspend in Health of Older People.
- Pharmaceuticals.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

10. HEALTH SERVICES (DHB PROVIDER ARM) REPORT

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

- Weekend surgical lists were routinely being done but not across all specialties. The DHB was looking to do more weekend lists on-site, however there were also options of collaborating with other providers to undertake weekend surgery.
- The National Bowel Screening Programme was restarting on 24 September 2020 in Hawke's Bay and the DHB would be producing detailed projectories for the Finance Risk and Audit Committee (FRAC) on how it would recover performance for both routine and surveillance colonoscopies. One of the constraints had been the shortfall in gastroenterologists and the service was managing the demand with the support of general surgeons.

- The 23- hour day surgery unit, which was trialled during COVID-19, had been very successful and therefore the DHB was looking at running this unit permanently. A change management process was being undertaken with the unions and it was expected to have a successful resolution to that in September.
- EDPI 5 waiting times and when these were likely to be within the Government guidelines. The COO said he was unable to give a firm date as modelling needed to be undertaken based on the request for proposal (RFP) for outsourcing electives. It would therefore be difficult to give a firm date until the DHB had received proposals from external providers. The COO assured the Board that clinical prioritisation of cases and focusing on the longest waits was a weekly focus. He hoped to give members a date when the DHB expected to be back within the Government guidelines in the not too distant future and the Board would continue to receive monthly updates. Board members would also be receiving an electives production plan in September, and subsequent months, showing performance both onsite and outsourced.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

11. BOARD HEALTH & SAFETY CHAMPION UPDATE

Hayley Anderson provided the following update:

- Both Hayley and Peter Dunkerley did a complete walk around of the Assessment Treatment & Rehabilitation (AT&R) Unit recently and were warmly welcomed by staff. A couple of issues were noted and forwarded to the previous CEO, who managed those immediately and were quickly resolved. Another issue was raised with Digital Enablement about providing staff with access to devices in the community which was also resolved quickly.
- Both champions would be attending the Health & Safety Wellbeing Committee meeting tomorrow, followed by another walk around next week depending on the COVID-19 situation.
- Peter Dunkerley said it was wonderful to see the way the teams worked together and supported each other and suggested that thought be given to building stronger teams.
- Given that the Board members walk around had been postponed, the Chair said he would be keen to join Hayley and Peter on their next walk around and asked other members to contact Hayley or Peter if they wished to do the same. Hayley said she would discuss this with the Executive Director of Financial Services to organise a suitable date. **Action**

11. BED AVAILABILITY INITIATIVE – ONGOING TRANSFORMATION OF HOSPITAL CAPACITY

Anne Speden (Executive Director of Digital Enablement), Dr David Gardner (Medical Head of Department) and Aaron Turpin (Manager Business Information) joined the meeting for this item.

The purpose of this paper was to provide assurance to the Board regarding funding of the A2 initiative and to provide clarity around key benefits and ongoing transformation activity. The report was taken as read.

Comments from Board members included:

- It would be useful to know if the change has resulted in less harm to patients. It was agreed to add that to this work. **Action**
- When the Board approved the A2 initiative, it was suggested communicating this out to the wider public as one of the successful initiatives. Anna Lorck asked if there was a communications plan in place about what was happening with A2. The COO said there was a lot more work to be done to get patient flow operating across the health care system and it was important to have a level of confidence across all areas before communicating that.

- It would be useful to see the data from Health Round Table. **Action**

Board members thanked the team for this paper and looked forward to receiving further service improvement initiatives on a regular basis, including the run sheet showing the programme of work mentioned during the meeting. **Action**

RECOMMENDATION

That the HBDHB Board:

1. **Note** the contents of this report.
2. **Note** the foundation of A2 Ward to support ongoing initiatives to increase bed capacity and efficiency.
3. **Note** next key area for Service Improvement focus.

Adopted

REPORT FROM COMMITTEE CHAIRS

12. MĀORI RELATIONSHIP BOARD (MRB)

MRB Chair, Ana Apatu, took this report as read.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

13. HAWKE'S BAY HEALTH CONSUMER COUNCIL REPORT

Consumer Council Chair Rachel Ritchie took this report as read and advised that Consumer Council looked forward to receiving an update on planned care activities in September.

Anna Lorck asked if consumers would like to know more around the challenges the DHB is facing and what it was doing and the approach it was taking to patient flow such as the A2 initiative, and whether there would be benefit to stakeholders of receiving a communications strategy now, as opposed to waiting until the flow issues were resolved. Consumer Council Chair agreed to take that back to Consumer Council for discussion and feedback to the Board. **Action**

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

14. PASIFIKA HEALTH LEADERSHIP GROUP (PHLG) REPORT

This report was taken as read. The Chair asked for the Board's thanks to be passed on to the PHLG for their leadership.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

FOR INFORMATION / DISCUSSION

15. WAIROA LOCALITIES

Emma Foster (Acting Executive Director of Planning &Funding), Sonya Smith (Wairoa Health Centre Manager), Lisa Jones (Portfolio Manager) and Jill Lowrey (Nurse Director) joined the meeting for this item.

The purpose of this paper was to provide the Board with an update on progress against the Wairoa localities plan. The paper was taken as read. Discussion occurred around the following:

- Telemedicine and the benefits for patients, noting there had been nothing but positive feedback
- The work the community coordinators were doing
- Performance monitoring which, for the first time, was based on whānau voice
- How the DHB was receiving feedback and documenting it. A member commented it would be useful to know individual feedback numbers as opposed to the community as a whole
- Issues arising from the discontinuation of the Red Cross contract, particularly for those based in rural communities, when needing transport into town to access health services. While the community service bus was available in Wairoa itself, there was a $5 charge whereas the Red Cross bus was $0.80 a kilometre. The community bus was also not available on a daily basis. The Acting ED Health Improvement & Equity confirmed this was a real issue and advised that the PHO was working through those issues to identify a solution.

  The Acting ED Planning & Funding agreed to follow this up off line to work out a solution. **Action**
- In respect to the acute model of care, whānau continued to be engaged with all pieces of work including design of the model.
- Heather Skipworth said she had received feedback from the Community Partnership Group regarding the DHB's absence from that group and asked if a 'decision maker' could attend those meetings in the future as was agreed by the previous Chair and Kevin Snee. The Acting ED Planning & Funding said she had spoken to the Wairoa Mayor a number of times about this and he was comfortable with the current arrangements. However, she agreed to contact the Mayor again to discuss this. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

16. CHILD HEALTH – A PLAN FOR ACTION TO IMPROVE EQUITABLE CHILD HEALTH OUTCOMES

Patrick Le Geyt (Acting GM Health Improvement & Equity), Marie Beattie (Portfolio Manager) and Charrissa Keenan, Programme Manager – Māori Health) joined the meeting for this item.

This report was taken as read. Board members thanked the team for their leadership and a well-informed paper.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the contents of this report.
2. **Note** plan of action to improve equitable child health outcomes for the next 12 months.

Adopted

17. PLANNING FRAMEWORK

The Acting ED of Planning provided a brief over view of this report.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the high-level Hawke's Bay system wide planning framework.

Adopted

18. HEALTH IMPROVEMENT & EQUITY QUARTERLY REPORT

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

- The drop in immunisations at 8 months due to COVID-19. It was noted the outreach service had resumed home visiting which would help address this and a recovery plan was in place to get back on track
- Cervical screening outcomes for Māori. A recovery plan has been developed to get back on track. Charlie Lambert asked if the DHB could look at the cervical screening programme from Korowai Aroha in Rotorua. **Action**
- David Davidson said he was surprised to learn that cervical screening was not undertaken at the post-natal check which traditionally the lead maternity carer would do. It was pointed out that independent midwives were contracted from the Ministry of Health and not DHBs and their contract may not allow them to do that. However, one of the recommendations of the Health & Disability System Review was to devolve midwives back to DHBs.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

19. ENABLED WAIROA – RESPITE FOR NANNIES IMPACTED BY METHAMPHETAMINE

Shelley Smith, Enabled Wairoa CEO, joined the meeting for this item. Shelley was accompanied by two 'nannies' Wiki and Ngaire.

Shelley gave an overview of this programme in the form of a presentation, including how the service originated. She made special mention of Emma Foster (Acting ED of Planning & Funding) and Lisa Jones (Portfolio Manager) who had confidence in this programme.

Members commented very positively on the programme which was reflective of the needs of the community and while the measures might seem little, they were really huge and very effective.

On behalf of the Board, the chair thanked Shelley and the nannies for their presentation and on the amazing mahi they were doing amongst the community.

FOR DECISION

20. WHĀNAU ORA, HAPORA ORA SYSTEM PRIORITIES 2020/21 INVESTMENT

The purpose of this paper was to provide information and gain approval from the Board on the DHB's investment priorities, equity implications, performance measures and alignment to health system savings. The acting ED of Planning & Funding spoke to the report.

A member said it would be useful to understand at some point how many people were expected to benefit from this funding. While this information was not able to be provided today, the acting ED of Planning & Funding undertook to provide this including the cost benefit going forward. **Action**

RESOLUTION

That the HBDHB Board:

1. Approve the identified investment to support the three health system priority investments for 2020/21.

MOVED: Ana Apatu
SECONDED: Charlie Lambert

Carried

21. DIGITAL ENABLEMENT: FISCAL CHALLENGES AND OPPORTUNITIES

The purpose of this paper was to request approval of funding for digital enablement initiatives. The ED of Digital Enablement spoke to the report and responded to questions from the Board.

Board members supported the recommendation and thanked Anne and her team for the work they did as HBDHB was seen as an exemplar DHB in this space.

RESOLUTION

That the HBDHB Board:

1. **Note** the content of this report.
2. **Approve** the additional capital and operational funding for FY20/21 as previously agreed in principle. Capital $870K and operating $600K
3. **Note** that $600k Opex and $870k Capex has been provided in the FY20/21 Financial Plan

MOVED: Heather Skipworth
SECONDED: Peter Dunkerley

Carried

22. TERM EXTENSION TO HAWKE'S BAY HEALTH CONSUMER COUNCIL

This report was taken as read.

RESOLUTION

That the Board:

1. **Endorse** the CEO's approval to extend the appointment of the following members from the end of June 2020 until the end of October 2020:
   - Retiring HBHCC members
     - Samitioatoa McIntosh
     - James (Jim) Henry
     - Malcolm Dixon
   - The outgoing HBHCC Chair
     - Rachel Ritchie

MOVED: Ana Apatu
SECONDED: Heather Skipworth

Carried

GENERAL BUSINESS

The Chair asked Keriana Brooking to provide a reflection on her first 10 days as CEO. Keriana commented as follows:

- Right from the start attention has been focused on COVID-19
- The hospital was seeing increased occupancy during winter although there had been less influenza presentations
- There was a phenomenal amount of information and activity changing day by day in the COVID-19 space for Hawke's Bay communities to get their head around. Keriana expressed her thanks to the community and providers as the DHB worked through the local response to COVID-19, which was based on the great work undertaken in the previous months
- HBDHB had been asked and had extended assistance to support colleagues in the wider Auckland area
- There had been a phenomenal amount of swabbing and testing undertaken, far higher than previously, and it was a credit to all the people who had been involved in that

There being no further discussion, the Chair accepted a motion to move into Public Excluded.

22. RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board

Exclude the public from the following items:

24. Confirmation of Previous Minutes 15 July 2020 - Public Excluded
25. Matters Arising (Public Excluded)
26. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
27. Chair's Report (Public Excluded)
28. Chief Executive Officer's Report (Public Excluded)
29. Planning & Funding Report (Public Excluded)
30. Hawke's Bay Clinical Council Report (Public Excluded)
31. Hawke's Bay Health Consumer Council Report (Public Excluded)
32. Finance Risk and Audit Committee (Public Excluded)
    - Summary of Meeting 13 August 2020 – verbal

MOVED: Shaye Walker
SECONDED: Kevin Atkinson

Carried

Charlie Lambert thanked the public for joining the meeting via livestream and closed the meeting with a karakia.

The public section of the Board meeting concluded at 1.05pm.

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	17/6/20	**Reinstate Board Induction** To include facilities tour	ED Financial Services	August	Strategic Project site walk around deferred due to level two restrictions. New date to be identified when restriction level reduced
2	15/7/20	**Patient Flow**	COO	August	COO to organise a Board session on patient flow in September. Date to be confirmed
3	15/7/20	**Health Hawke's Bay Update** 'Snapshot' to note that all patients with a community services card are subsidised for funding the same as low cost access, therefore are eligible for the same fee	Health Hawke's Bay CEO (Acting ED Planning & Funding)	September	Update in Planning & Funding paper
4	19/8/20	**Retirment - David Dawoojee** David Davidson's thanks to be added to the Chair's letter to Mr Dawoojee	EA to CEO	August	Completed
5	19/8/20	**COVID-19 Testing Strategy** Copy to be circulated to Board members	CAHPO	August	Completed
6	19/8/20	**Board Health & Safety Champions Walk About** Board members to conact Hayley or Peter if they wished to accompany them on the next walk about	Board		
7	19/8/20	**Bed Availability Initiative – Ongoing Transformation of Hospital Capacity** Include information on whether the change has resulted in less harm to patients into this progamme of work Include data from Health Roundtable	ED Digital Enablement	Ongoing	Information will be included going forward for future updates. Refer to email 9/9/20

Action	Date Entered	Action to be Taken	By Whom	Month	Status
8	19/8/20	**Hawke's Bay Health Consumer Council** Consumer Council Chair to seek Council's feedback as to whether there would be benefit to stakeholders of receiving a communications strategy on the approach HBDHB was taking to patient flow now, or wait untl the flow issues are resolved	Consumer Council Chair	September	
9	19/8/20	**Wairoa Localities** Discontinuation of Red Cross bus in Wairoa – discuss off line with Health Hawke's Bay CEO to identify a solution	Acting ED Planning & Funding	September	Update in Planning & Funding paper
10	19/8/20	**Cervical Screening Outcomes for Māori** DHB to look at the cervical screening programme from Korowai Aroha in Rotorua	Acting ED Health Improvement & Equity		
11	19/8/20	**Whānau Ora, Hapora Ora System Priorities 2020/21 Investment** Provide information on how many people were expected to benefit from this funding, including the cost benefit going forward	Acting ED Planning & Funding	September	Will be provided as part of quarterly reporting against actions

BOARD as at 16 September 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
Communications Quarterly Report to Board		Sep-20	Anna Kirk								16-Sep-20
Ageing Well in Hawke's Bay		Sep-20	Emma Foster	Suzanne Parkinson							16-Sep-20
Trends on Medicine Reconciliation Statistics		Sep-20	Andy Phillips	Claire Fraser						16-Sep-20	
NZ Health Partnerships Statement of Performance Expectations 2020/21		Sep-20	Carriann Hall								16-Sep-20
Finance Procurement and Information Management (FPIM)		Sep-20	Carriann Hall							16-Sep-20	
Mental Health and Addictions - Addressing Acute Demand - Risk Mitigation Strategies (PEXCL)		Sep-20	Emma Foster / Chris Ash	Jill Lowrey/ David Warrington							16-Sep-20
Delegations of Authority		Sep-20	Carriann Hall							16-Sep-20	
Cardiology Service Business Case - presentation		Sep-20	Carriann Hall	Paula Jones/ Paula Balchin						16-Sep-20	
LINAC Business Case - presentation		Sep-20	Carriann Hall	Paula Jones/ Paula Balchin						16-Sep-20	
NZ Health Partnerships (NZHP) Annual Report 2019/20		Sep-20	Carriann Hall							16-Sep-20	
Strategic Project Dashboard		Sep-20	Emma Foster	Hayley Turner						16-Sep-20	
Ministry of Health Infrastructure Package		Sep-20	Carriann Hall							16-Sep-20	
Notice of Intent to Extend Lease to Springhill Trust and Associated Expenditure		Sep-20	Emma Foster							16-Sep-20	
SAFE 365 - Hawke's Bay DHB Health & Safety Insights Report		Sep-20	Carriann Hall							16-Sep-20	
Internal Audit Schedule for 2020 and 2021		Sep-20	Carriann Hall							16-Sep-20	
Technical Advisory Services (TAS) Annual Report 2019/20		Sep-20	Carriann Hall							16-Sep-20	
Te Ara Whakawaiora - Workforce Representation / DNA		Oct-20	Tracey Paterson / Chris Ash				7-Oct-20	7-Oct-20	8-Oct-20		21-Oct-20
Shareholders Representatives for Allied Laundry, TAS and NZ Health Partnerships		Oct-20	Carriann Hall								16-Dec-20
Chief Medical & Dental Officer report to Board		Oct-20	Robin Whyman								21-Oct-20
Chief Nursing & Midwifery Officer report to board		Oct-20	Chris Mckenna								21-Oct-20
Chief Allied Health Professions Officer report to board		Oct-20	Andy Phillips								21-Oct-20
Ageing Well in Hawke's Bay		Oct-20	Emma Foster	Suzanne Parkinson							21-Oct-20
Audit New Zealand - Interim Audit Report for year ended June 2020		Oct-20	Carriann Hall							21-Oct-20	
Cardiology Services Business Case (for approval)		Oct-20	Carriann Hall	Paula Jones/ Paula Balchin						21-Oct-20	
Internal Audit Report - RMO Rostering Review		Oct-20	Carriann Hall	Jared McGillicuddy						21-Oct-20	
LINAC Business Case (for approval)		Nov-20	Carriann Hall	Paula Jones/ Paula Balchin						18-Nov-20	
PHO Quarterly report to Board - PRESENTATION ONLY		Nov-20	Wayne Woolrich								18-Nov-20
Te Ara whakawaiora - Adult Health / Health of Kaumatua		Nov-20	Emma Foster/Patrick Le Geyt				4-Nov-20	4-Nov-20	5-Nov-20		18-Nov-20
Model of Care for the Elderly		Nov-20	Emma Foster				4-Nov-20	4-Nov-20	5-Nov-20		18-Nov-20
HIE & Pop Health Quarterly report to board		Nov-20	Patrick Le Geyt								18-Nov-20
Wairoa Localities Update / Performance Dasbhboard (quarterly) (for information)		Nov-20	Emma Foster								18-Nov-20
Ageing Well in Hawke's Bay		Nov-20	Emma Foster	Suzanne Parkinson							18-Nov-20
People Safety and Wellbeing Quarterly Report (FRAC) (Feb, May, Aug, **Nov**)		Nov-20	Carriann Hall	Tracey Paterson						18-Nov-20	
Patient Safety and Quality Quarterly Report (FRAC) (Feb, May, Aug, **Nov**)		Nov-20	Robin Whyman	Susan Barnes				4-Nov-20		18-Nov-20	
Access Booking and Choice (Outpatient)		Nov-20	Chris Ash							18-Nov-20	
Internal Audit Report - Primary / Secondary Data Sharing and Utilisation Review		Nov-20	Carriann Hall	Jared McGillicuddy						18-Nov-20	
Communications Quarterly Report to Board		Dec-20	Anna Kirk								16-Dec-20
Surgical Service Expansion Project update (6 months)		Dec-20	Carriann Hall							16-Dec-20	
Medicine Reconciliation Audit Update		Dec-20	Andy Phillips	Claire Fraser						16-Dec-20	
Internal Audit Report - Enforceable Undertaking		Dec-20	Carriann Hall	Jared McGillicuddy						16-Dec-20	

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**September 2020 CEO Board Governance Report** For the attention of: **HBDHB Board**
Document Owner	Keriana Brooking, Chief Executive Officer
Month as at	09 September 2020
Consideration:	For information
RECOMMENDATION: **That the Board:** 1. **Receives and notes** the contents of this report.	

EXECUTIVE SUMMARY / INTRODUCTION

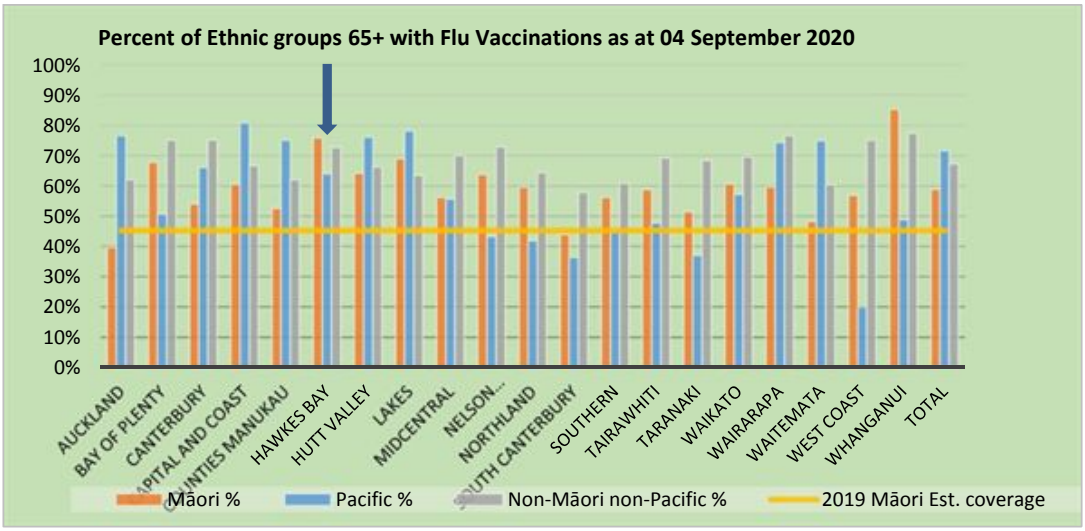
I am week five into the role which included, at day two, the reintroduction of confirmed community transmission for COVID-19 back into Aotearoa, but no evidence that we have community transmission in Hawke's Bay.

COVID-19 TESTING

As at the time of writing this report, for total population, Hawke's Bay is ranked 11 out of 20 DHBs and our testing rate for total population is placing us at 8 out of 20 DHBs, with a testing rate of 125 per 1,000 people. For Māori population, Hawke's Bay is ranked 8 out of 20 DHBs and our testing rate for Māori population is placing us at 10 out of 20 DHBs, with a testing rate of 131 per 1,000 people. For Pacific population, Hawke's Bay is ranked 9 out of 20 DHBs and our testing rate for Pacific population is placing us at 2 out of 20 DHBs, with a testing rate of 283 per 1,000 people. Dr Andy Phillips and I have visited our Public Health team, our two local community testing centres and our DHB laboratory services to thank them for their ongoing effort.

FLU VACCINATION

Congratulations to our community and providers on progressing the great results for flu vaccinations, with Hawke's Bay placed 2 out of 20 DHBs currently for Māori population, with 75.8%.



AUGUST AND YEAR-TO-DATE FINANCIAL RESULT, AND FORECAST

Overall the DHB is managing within plan on the Operating Result, being $10k favourable in month and $328k favourable year-to-date. However, patient dependency and longer lengths of stay are driving cost pressures in Providing Health Services as patient flow is impacted and escalation beds are utilised to meet demand. This is an ongoing risk, the reasons are complex and our response requires delivery of a number of streams of work across health provision, with the support of Service Improvement and will be an ongoing organisational focus. Further detail on the result is provided in the Financial Performance report.

HOSPITAL OVER-CAPACITY

As indicated in the Health Services report, on numerous days in the last month Hawke's Bay Hospital bed occupancy has been over establishment. Emergency Department and Ngā Rau Rākau (Mental Health Inpatient Unit) has been busy but exacerbated by difficulty in (a) moving mainly medical patients into hospital beds, and (b) discharging people into the community. The situation puts a lot of additional pressure on staff – it is not practicable to have a large pool of staff to call on – and is far from ideal for patients.

There continues to be facility and staffing constraints but we are applying a team effort to look at our processes around patient flow - this work has started and is being actively progressed daily. It includes a different response when we are in an overload situation. Our staff need to see that leadership and governance understand and are committed to progressively implementing multiple strategies and actions to improve the overall situation.

2020/21 ANNUAL PLAN

Final discussions with the Ministry relating to a small number of technical questions around our 2020/21 annual plan have concluded. We wait with other DHBs in what is called "tranche 3" for the DHB plans ahead of ours to be reviewed and signed out by the Minister of Health. There is no indication that there are any concerns.

PLANNING

We are revamping our planning purpose, process and timeframe. Locally we have the strategy and a variety of plans. The goals and objectives in these plans need to be prioritised and actioned via the annual plan.

We need to ensure that our planning:

- Is in synch – there is not always "a golden thread" that ties our approach together
- Not fragmented – our plans for the year and the future can be found in one or more documents
- Ensure horizontal and vertical nexus – plans need overall focus and cohesiveness
- Ensure we capture multi-year activity
- Has focus and delivers on promises – we tend to try to be all things to all people and in doing so generally under deliver, and significantly so in areas that we should be focused on.

This is about implementing basic processes rather than more process, for which we already have most of the tools. A Board workshop will be scheduled pre-Xmas 2020/21, to build understanding of our suite of strategic documents and planning documents and to inform the working draft stage of the 21/22 annual plan.

NATIONAL MATTERS

Recently Minister of Health Chris Hipkins announced that former Director General of Health Stephen McKernan has been appointed to a key leadership role in the Government's response to the Health and Disability System Review, leading the Transition Unit.

Administered by the Department of the Prime Minister and Cabinet, the unit will carry out the detailed policy and design work for the changes outlined in the Review document. The unit is to be comprised of experts from health and disability services, the Ministry of Health, and other government agencies. It will report to a group of Ministers led by the Prime Minister and the Ministers of Health and Finance.

LEARNINGS FROM COVID-19

For the first wave of COVID-19 we appropriately considered the experience of other countries and prepared for a high number of hospital and Intensive Care Unit admissions, re-configuring the hospital and disrupting services to prepare for the worst. Learning from experience, work is now focused on using the learnings from the first wave, managing the current COVID-19 situation and preparing for the next and subsequent waves. In parallel with this we are delivering business as usual in the context of high demand and catching up with service delivery disrupted during the first wave.

The Coordinated Incident Management Systems (CIMS) response from the first wave to design a fit for purpose Scaled CIMS structure has been adapted to balance both COVID-19 and business as usual (BAU) delivery. To ensure our people can deliver their BAU and catch-up responsibilities, the DHB has engaged two experienced Incident Controllers. This will enable the Emergency Response Advisor to deliver BAU activities and to train new staff in Scaled CIMS roles that may need to operate over an extended period. Specific areas of focus currently include ensuring robust support for residential care, scoping a managed isolation facility, improving the testing pathway, refining the resurgence plan and ensuring strong border controls, particularly for Napier Port. It should be acknowledged that the Public Health Unit has been working and contributing to learning and improvement for over seven months.

AGEING WELL IN HAWKE'S BAY

This is the second in a series of updates in preparation for a robust discussion, at the November 2020 Board meeting, on Ageing Well in Hawke's Bay. The Planning & Funding Directorate (P&F) has provided the Board with the overview of the New Zealand Health Ageing Strategy and the Hawke's Bay older persons population information.

COMMUNICATIONS QUARTERLY REPORT

This month the Board will receive an update on quarterly communication activity.

MENTAL HEALTH AND ADDICTIONS

The Board will receive an update on patient flow strategies to address demand in Mental Health and Addiction services.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report August 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	September, 2020
Purpose	For Information

RECOMMENDATION:

That the HBDHB Board:

Note the contents of this report

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

At $10k favourable, August was close to plan on Operating Result (the result before COVID-19 and Holidays Act remediation costs), and is $0.3m favourable year-to-date.

Outside of the Operating Result, net costs of $0.8m have been incurred year-to-date on COVID-19 related activities. For Holidays Act remediation liability, $0.6m has been provided year-to-date, which is based on estimates at this stage.

The full-year forecast on Operating Result, which is the result DHBs operational performance is monitored on, is close to plan, with a $14.3m deficit forecast against $14.5m deficit planned. For the unplanned exceptional items of net COVID and Holidays Act, the forecast is an early stage estimate at this time and subject to change.

	August				*Year to Date*				*Year End*	Refer
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*	Appendix
Operating Revenue	55,501	54,410	1,091	2.0%	110,594	109,226	1,368	1.3%	661,167	1
Less:										
Providing Health Services	25,772	25,782	10	0.0%	53,231	52,973	(258)	-0.5%	324,959	2
Funding Other Providers	23,961	23,195	(766)	-3.3%	47,748	46,856	(892)	-1.9%	285,055	3
Corporate Services	5,236	5,173	(63)	-1.2%	10,275	10,555	280	2.7%	62,526	4
Reserves	30	(232)	(262)	-112.8%	586	414	(171)	-41.3%	2,932	5
Operating Result	**502**	**492**	**10**	**1.9%**	**(1,246)**	**(1,573)**	328	20.8%	**(14,305)**	
Plus:										
Emergency Response (COVID-19)	(1,325)	-	(1,325)	0.0%	(810)	-	(810)	0.0%	(2,510)	
Holidays Act Remediation	(282)	-	(282)	0.0%	(590)	-	(590)	0.0%	(3,410)	
	(1,106)	**492**	(1,598)	-324.4%	**(2,646)**	**(1,573)**	(1,073)	-68.2%	**(20,225)**	

Key YTD Drivers

The detail of the variances are covered in the appendices to the report. The main areas driving adverse variances year-to-date are:

- Operating Revenue (Appendix 1) and Funding Other Providers (Appendix 3)

  The favourable variance on Operating Revenue largely relates to Funding Other Providers and offsets adverse expenditure variances. Budgets will be adjusted once contracts are finalised

- Providing Health Services (Appendix 2)

  Providing Health Services adverse YTD result is largely driven by cost pressures, resulting from the use of unfunded escalation beds to meet demand. These are a result of patient dependency and longer lengths of stay, which impact patient flow. This continues to be a significant risk to achieving plan.

  In-house Planned Care delivery has driven internal expenditure and additional outsourced activity is expected in the coming months. The current financial assumption is that the Planned Care target will be met by the year end.

- Emergency Response (COVID-19)

  Driven by contact tracing and costs related to COVID testing

- Holidays Act Remediation (Appendix 3)

  Two months growth in the remediation provision, based on estimates at this stage

Other Performance Measures

	August				*Year to Date*				*Year End*	Refer
	Actual	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*	Appendix
	$'000	*$'000*	*$'000*	*%*	*$'000*	*$'000*	*$'000*	*%*	*$'000*	
Capital spend	1,197	2,066	(869)	-42.1%	2,436	3,161	(725)	-22.9%	45,058	12
	FTE	*FTE*	*FTE*	*%*	*FTE*	*FTE*	*FTE*	*%*	*FTE*	
Employees	2,624	2,568	(56)	-2.2%	2,268	2,273	5	0.2%	2,623	2 & 4

- Capital spend (Appendix 12)

  Capital spend is at 77 percent of plan reflecting some slippage in block allocations (likely to be caught up later in the year), and slippage in some strategic projects.

- Cash (Appendices 11 & 13)

  The cash low point for the month was $18.7m overdrawn on 31 August, the last working day of the month, and is well within the $32m statutory limit and close to the low point forecast.

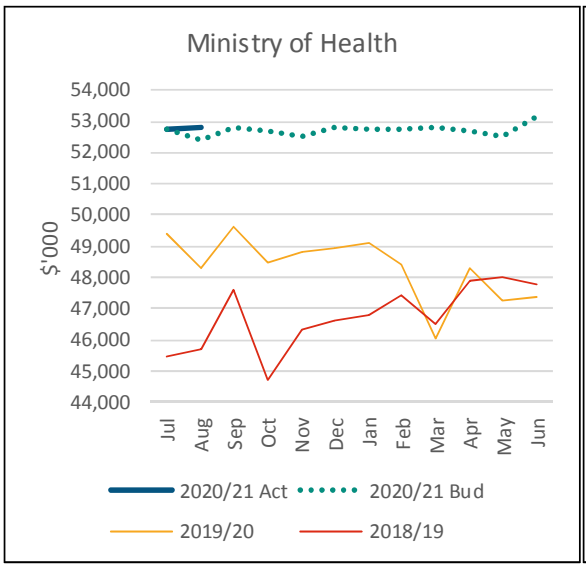
- Employees (Appendices 2 & 4)

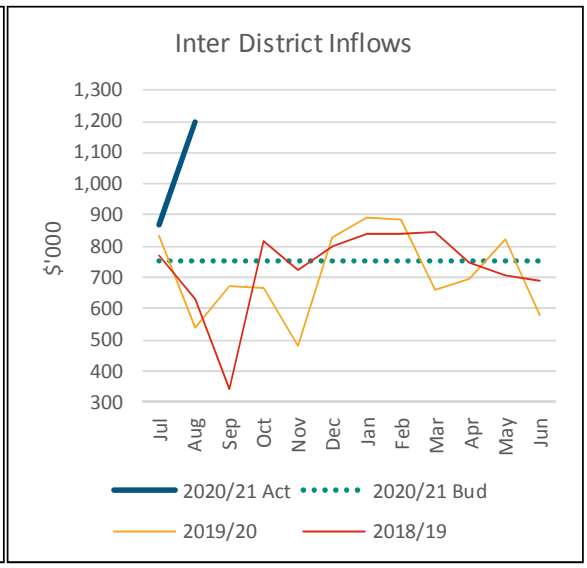
  Vacancies across medical, allied health, and management and accommodation, were mostly offset by higher than planned nursing and support numbers. Additional nursing staff in acute services due to issues with patient flow and the requirement to staff additional bed capacity over establishment.

APPENDICES

1. OPERATING REVENUE

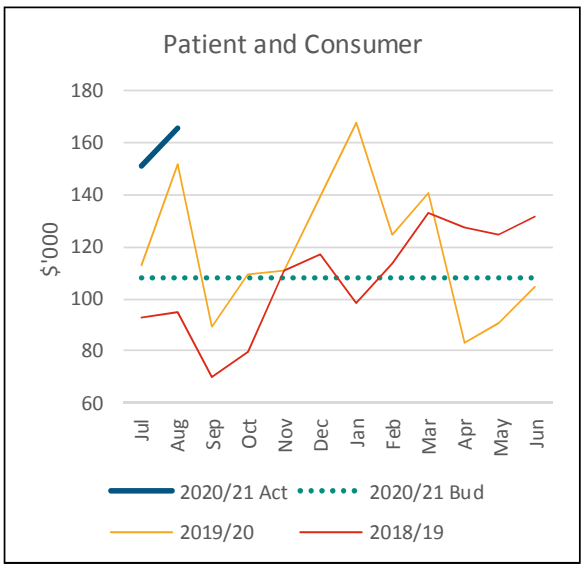
Excludes revenue for COVID-19	August				Year to Date				Year End
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Ministry of Health	52,794	52,380	414	0.8%	105,515	105,126	389	0.4%	635,426
Inter District Flows	1,198	752	445	59.2%	2,063	1,505	558	37.1%	9,586
Other District Health Boards	261	334	(74)	-22.0%	577	668	(91)	-13.6%	3,920
Financing	4	4	0	8.7%	17	9	8	88.8%	52
ACC	441	418	23	5.5%	848	835	13	1.5%	5,385
Other Government	34	38	(4)	-10.6%	85	115	(30)	-25.9%	443
Patient and Consumer Sourced	166	108	57	53.1%	316	216	100	46.3%	1,398
Other Income	604	376	228	60.6%	1,173	752	421	56.0%	4,958
	55,501	**54,410**	**1,091**	**2.0%**	**110,594**	**109,226**	**1,368**	**1.3%**	**661,167**

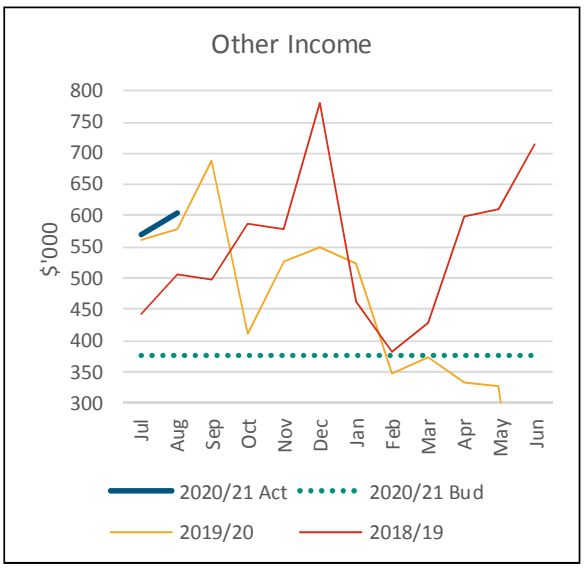




Ministry of Health ($0.4m favourable YTD)
Unbudgeted services income, in many cases offsetting expenditure in Funding Other Providers. Budgets will be resolved once contracts are finalised.

Inter District Flows ($0.6m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.



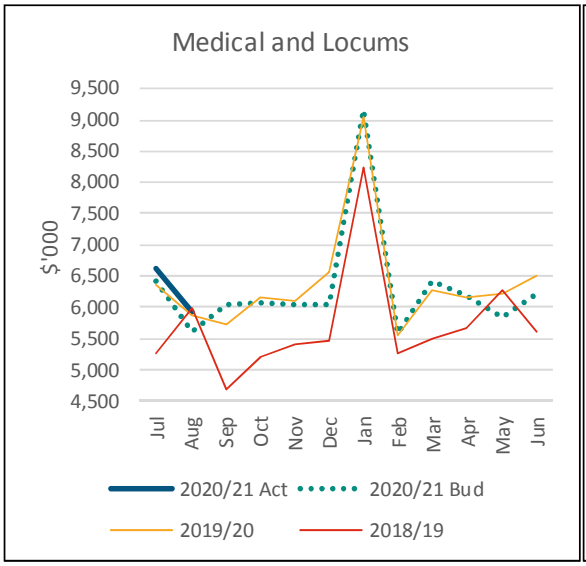


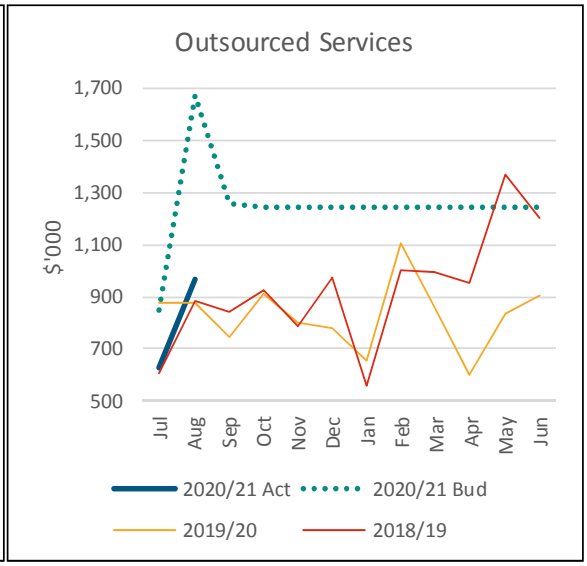
Patient and Consumer ($0.1m favourable YTD)
Non-residents and meals on wheels.

Other income ($0.4m favourable YTD)
Recognition of share of associate income for Allied Laundry Services (one-off annual amount). Training income and a wide range of income items across the DHB.

2. PROVIDING HEALTH SERVICES

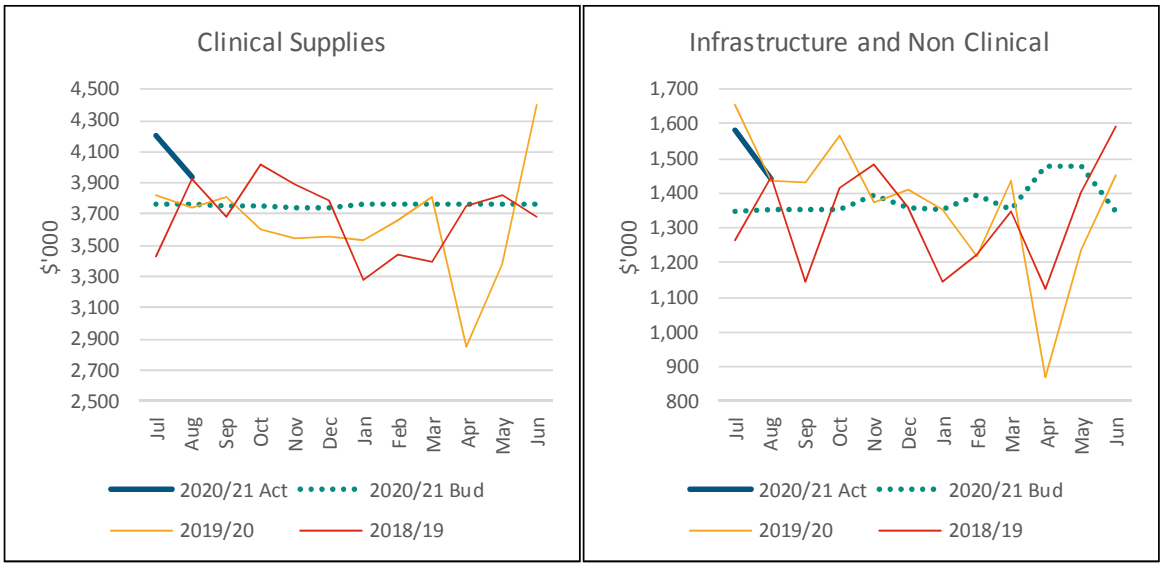
	August				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	5,926	5,592	(333)	-6.0%	12,549	12,012	(537)	-4.5%	76,871
Nursing personnel	7,785	7,747	(37)	-0.5%	16,155	16,175	20	0.1%	98,387
Allied health personnel	3,302	3,312	10	0.3%	6,940	7,174	234	3.3%	42,612
Other personnel	2,298	2,225	(73)	-3.3%	4,606	4,636	30	0.6%	28,027
Outsourced services	969	1,674	705	42.1%	1,593	2,521	927	36.8%	15,093
Clinical supplies	3,936	3,763	(173)	-4.6%	8,137	7,524	(613)	-8.2%	45,479
Infrastructure and non clinical	1,557	1,468	(89)	-6.0%	3,251	2,931	(319)	-10.9%	18,489
	25,772	**25,782**	**10**	**0.0%**	**53,231**	**52,973**	**(258)**	**-0.5%**	**324,959**
Expenditure by directorate $'000									
Medical	7,504	7,117	(387)	-5.4%	15,270	14,847	(423)	-2.9%	93,092
Surgical	5,984	6,453	469	7.3%	12,331	12,551	220	1.7%	76,122
Community, Women and Children	3,994	4,014	20	0.5%	8,244	8,423	179	2.1%	50,959
Mental Health and Addiction	1,823	1,799	(25)	-1.4%	3,863	3,823	(40)	-1.0%	23,601
Older Persons, NASC HB, and Allied H	1,320	1,387	67	4.8%	2,891	2,956	64	2.2%	17,778
Operations	3,989	3,937	(51)	-1.3%	8,409	8,126	(283)	-3.5%	49,653
Other	1,159	1,075	(84)	-7.8%	2,222	2,247	25	1.1%	13,754
	25,772	**25,782**	**10**	**0.0%**	**53,231**	**52,973**	**(258)**	**-0.5%**	**324,959**
Full Time Equivalents									
Medical personnel	379.0	377.2	(2)	-0.5%	327	340	12	3.6%	401.7
Nursing personnel	1,092.8	1,061.4	(31)	-3.0%	949	925	(24)	-2.6%	1,057.4
Allied health personnel	492.1	496.5	4	0.9%	433	449	16	3.7%	517.3
Support personnel	129.0	112.5	(17)	-14.7%	113	101	(12)	-11.9%	117.5
Management and administration	301.8	295.7	(6)	-2.1%	252	257	6	2.2%	298.6
	2,394.7	**2,343.2**	**(52)**	**-2.2%**	**2,073**	**2,072**	**(1)**	**-0.1%**	**2,392.4**





Medical personnel and locums ($0.5m adverse YTD)
Locum vacancy cover more than offset the savings from vacancies. The cost of elective procedures in-house, while worsening the cost of medical personnel and clinical supplies, was more than offset by lower outsourced services costs (see below).

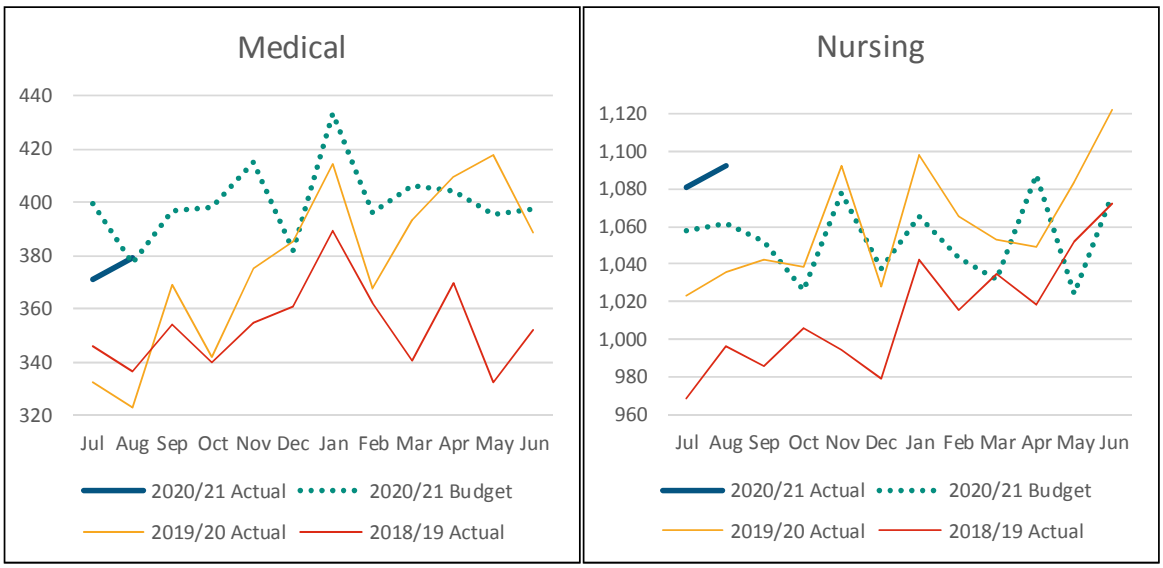
Outsourced services ($0.9m favourable YTD)
Elective procedures in-house rather than outsourced, marginally offset by outsourced radiology reads.



Clinical supplies ($0.6m adverse YTD)
Pharmaceutical costs, implants and prostheses, and disposable instruments, reflect the volume of elective procedures completed in-house, rather than outsourced.

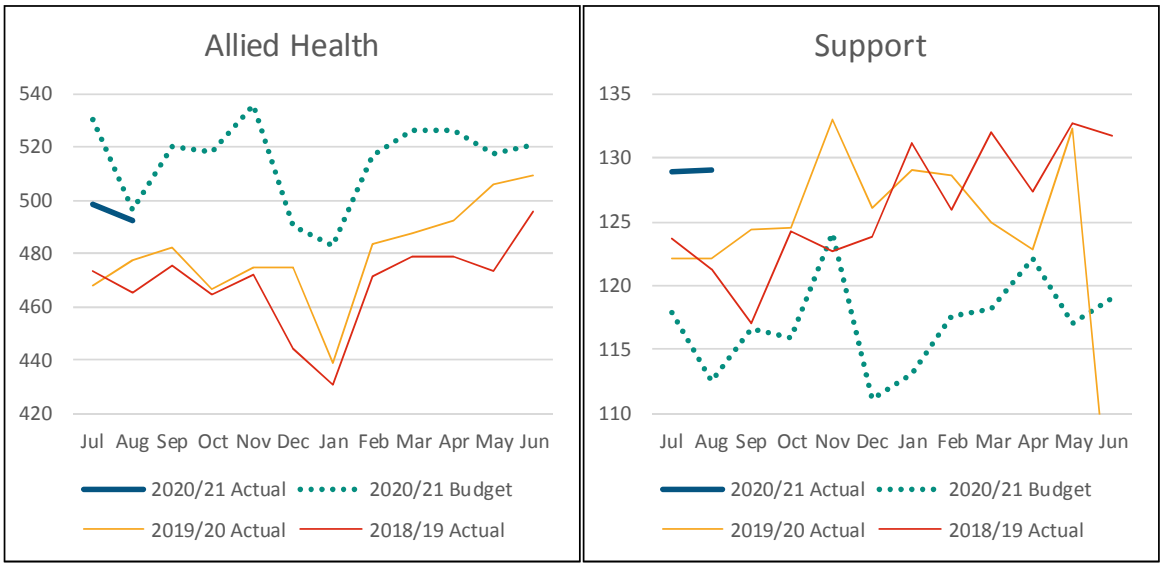
Infrastructure and non clinical supplies ($0.3m adverse YTD)
Laundry, cleaning and food costs reflect patient throughput in July and August. Other factors include external security costs. A review of the model for delivering security services across DHB sites is underway.

Full Time Equivalents (FTE)



Medical personnel (12 FTE / 3.6% favourable)
Specialist vacancies and leave cover, covered by locums where possible.

Nursing personnel (-24 FTE / -2.6 adverse)
Additional staffing in acute services e.g. Emergency Department, partly attributed to volumes presenting as well as issues with patient flow and the requirement to staff additional bed capacity over establishment. There are a suite of activities focussed on hospital flow, including Service Improvement activities.

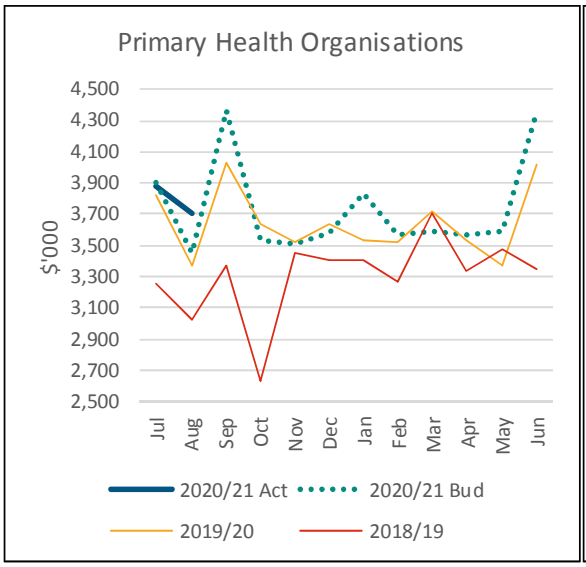


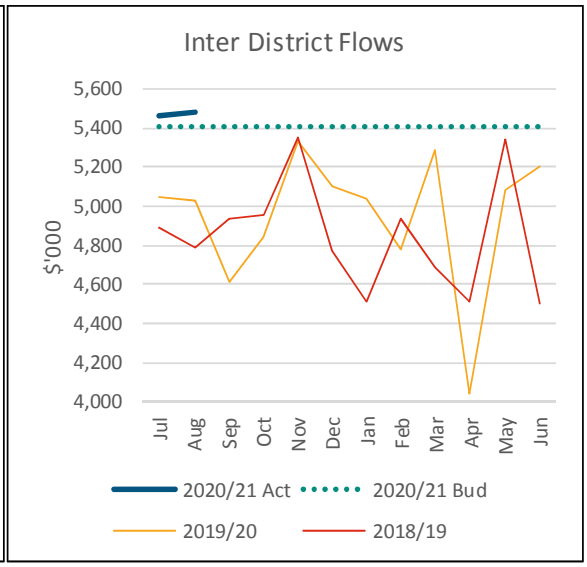
Allied health personnel (16 FTE / 3.7% favourable)
Ongoing vacancies including social workers and technicians. Allied health vacancies continue to have high levels of vacancy.

Support personnel (-12 FTE / -11.9% unfavourable)
A combination of hospital capacity and patient dependency are driving Support Personnel costs which include orderlies, internal security and kitchen assistants.

3. FUNDING OTHER PROVIDERS

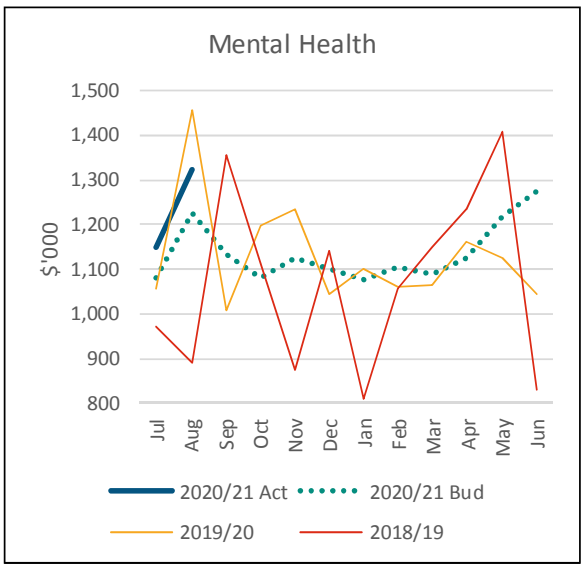
$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,271	4,074	(197)	-4.8%	8,286	8,192	(94)	-1.1%	50,833
Primary Health Organisations	3,704	3,453	(251)	-7.3%	7,581	7,354	(227)	-3.1%	45,060
Inter District Flows	5,479	5,411	(68)	-1.3%	10,943	10,822	(121)	-1.1%	65,054
Other Personal Health	2,104	2,064	(40)	-1.9%	4,454	4,235	(218)	-5.2%	26,555
Mental Health	1,325	1,224	(101)	-8.2%	2,472	2,306	(166)	-7.2%	13,803
Health of Older People	6,779	6,605	(173)	-2.6%	13,262	13,215	(47)	-0.4%	79,348
Other Funding Payments	299	363	64	17.7%	751	732	(18)	-2.5%	4,402
	23,961	23,195	(766)	-3.3%	47,748	46,856	(892)	-1.9%	285,055
Payments by Portfolio									
Strategic Services									
Secondary Care	5,160	5,015	(145)	-2.9%	10,285	10,030	(255)	-2.5%	60,845
Primary Care	9,174	8,884	(290)	-3.3%	18,606	18,298	(308)	-1.7%	112,489
Mental Health	1,639	1,483	(156)	-10.5%	3,099	2,889	(210)	-7.3%	17,769
Health of Older People	7,300	7,166	(133)	-1.9%	14,419	14,339	(80)	-0.6%	86,119
Maori Health	541	537	(5)	-0.9%	1,081	1,073	(8)	-0.7%	6,450
Population Health	147	110	(37)	-33.3%	258	227	(31)	-13.5%	1,382
	23,961	23,195	(766)	-3.3%	47,748	46,856	(892)	-1.9%	285,055





Primary Health Organisations ($0.2m adverse YTD)
Continue to closely monitor growth in these costs, which include capitation and primary care costs and are sensitive to changes in capacity.

Inter-District Flows ($0.1m adverse YTD)
Inter District Flows are inherently volatile due to small volume and high costs.



Other Personal Health ($0.2m adverse YTD)
Higher than planned expenditure on contributions to the National Haemophilia Management Group, community pharmaceuticals (offset in revenue), and community laboratory services.

Mental Health ($0.2m adverse YTD)
Higher than planned expenditure on community residential and home based support, offset in revenue.

4. CORPORATE SERVICES

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,743	1,667	(77)	-4.6%	3,520	3,565	46	1.3%	20,980
Outsourced services	65	65	1	0.8%	156	131	(25)	-19.5%	809
Clinical supplies	41	57	16	27.8%	83	113	30	26.5%	659
Infrastructure and non clinical	1,508	1,446	(61)	-4.2%	2,770	2,874	104	3.6%	17,381
	3,357	3,235	(122)	-3.8%	6,529	6,683	154	2.3%	39,828
Capital servicing									
Depreciation and amortisation	1,268	1,235	(33)	-2.6%	2,508	2,470	(38)	-1.5%	15,293
Financing	17	19	2	10.1%	49	35	(14)	-41.0%	303
Capital charge	595	684	89	13.0%	1,189	1,367	178	13.0%	7,101
	1,880	1,938	58	3.0%	3,746	3,872	126	3.3%	22,697
	5,236	**5,173**	**(63)**	**-1.2%**	**10,275**	**10,555**	**280**	**2.7%**	**62,526**
Full Time Equivalents									
Medical personnel	2.2	1.0	(1)	-119.4%	1	1	0	0.5%	1.1
Nursing personnel	19.3	19.0	(0)	-1.7%	15	17	2	9.7%	19.1
Allied health personnel	-	1.6	2	100.0%	0	1	1	67.5%	1.6
Support personnel	31.2	29.9	(1)	-4.3%	27	27	0	0.0%	30.7
Management and administration	176.9	173.5	(3)	-2.0%	151	155	3	2.3%	178.4
	229.7	**225.1**	**(5)**	**-2.1%**	**195**	**201**	**6**	**3.0%**	**230.9**

Overall favourable year-to-date in Operating Expenditure due to timing factors such as leave.

5. RESERVES

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Contingency	(19)	(155)	(136)	-87.7%	600	695	95	13.7%	3,200
Efficiencies	-	(135)	(135)	-100.0%	-	(270)	(270)	-100.0%	(1,619)
Other	49	58	9	15.4%	(14)	(11)	3	31.1%	1,351
	30	**(232)**	**(262)**	**112.8%**	**586**	**414**	**(171)**	**-41.3%**	**2,932**

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

The majority of the $4.1m planned efficiencies for the year are already embedded in budgets. The $1.6m left to allocate will be allocated as remaining efficiencies are finalised. Investment Reserves are only released against actual expenditure, whilst planned efficiencies are being fully reflected in the result.

6. FINANCIAL POSITION

30 June 2020	$'000	August Actual	August Budget	August Variance from budget	August Movement from 30 June 2020	Annual Budget
	Equity					
208,983	Crown equity and reserves	209,721	208,984	737	738	254,399
(107,310)	Accumulated deficit	(109,956)	(78,137)	(31,819)	(2,646)	(101,147)
101,673		99,764	130,846	(31,082)	(1,909)	153,252
	Represented by:					
	Current Assets					
1,198	Bank	1,196	759	437	(2)	759
1,449	Bank deposits > 90 days	1,456	1,881	(425)	7	1,881
20,896	Prepayments and receivables	26,001	22,270	3,731	5,104	22,725
4,626	Inventory	4,711	4,939	(228)	85	5,040
28,168		33,363	29,849	3,514	5,195	30,405
	Non Current Assets					
190,156	Property, plant and equipment	190,096	203,479	(13,383)	(61)	228,349
15,978	Intangible assets	15,949	4,532	11,417	(29)	5,258
1,341	Investments	1,272	1,120	152	(69)	1,120
207,475		207,317	209,131	(1,814)	(158)	234,727
235,644	**Total Assets**	**240,680**	**238,980**	**1,700**	**5,036**	**265,132**
	Liabilities					
	Current Liabilities					
14,430	Bank overdraft	18,511	17,429	(1,081)	(4,080)	10,159
36,438	Payables	37,553	30,010	(7,542)	(1,115)	40,697
79,814	Employee entitlements	81,563	57,119	(24,445)	(1,750)	54,784
-	Current portion of borrowings	-	563	563	-	3,172
130,682		137,627	105,121	(32,506)	(6,945)	108,812
	Non Current Liabilities					
3,289	Employee entitlements	3,289	3,012	(277)	-	3,068
3,289		3,289	3,012	(277)	-	3,068
133,971	**Total Liabilities**	**140,916**	**108,133**	**(32,782)**	**(6,945)**	**111,880**
101,673	**Net Assets**	**99,764**	**130,846**	**(31,082)**	**(1,909)**	**153,252**

Variances from budget:

The accumulated deficit and employee entitlements reflect estimates on Holidays Act remediation provision, which are still to be finalised in through the 2019/20 Annual Report and external audit process.

7. EMPLOYEE ENTITLEMENTS

30 June 2020	$'000	August Actual	August Budget	August Variance from budget	August Movement from 30 June 2020	Annual Budget
8,709	Salaries & wages accrued	10,198	6,916	(3,282)	(1,489)	4,267
1,058	ACC levy provisions	1,287	1,912	625	(229)	1,948
6,493	Continuing medical education	6,136	-	(6,136)	357	-
61,594	Accrued leave	62,052	46,197	(15,855)	(458)	46,436
5,249	Long service leave & retirement grat.	5,180	5,106	(74)	69	5,201
83,103	**Total Employee Entitlements**	84,852	60,131	(24,722)	(1,750)	57,852

Accrued leave includes estimates for remediation of Holidays Act non-compliance, which is still to be finalised in through the 2019/20 Annual Report and external audit process.

8. PLANNED CARE

Planned care reporting for 2020/21 is currently being developed

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 August was a $18.7m overdraft (July $19.4m).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. September's low point is projected to be $22.3m overdrawn on 3 September. The DHBs statutory overdraft limit is currently $32m reflected the approved 2019/20 Annual Plan.

The main cash risk is the remediation of the Holidays Act and the net impact of COVID-19.

Debt Management

The DHB has no interest rate exposure relating to debt.

Foreign Exchange Risk Management

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

10. CAPITAL EXPENDITURE

The block allocations are underspent at the end of August reflecting evenly spread budgets across the year, and lead times for the delivery of projects. We expect this slippage to be picked up in year.

There is some slippage on strategic projects, impacted by funding agreements and COVID-19.

See table on the next page.

2021 Plan		*Actual $'000*	*Year to Date Budget $'000*	*Variance $'000*
	Source of Funds			
	Operating Sources			
15,255	Depreciation	2,508	2,470	38
15,255		2,508	2,470	38
	Other Sources			
415	Sale of Assets	-	-	-
14,622	Equity Injection approved	738	-	738
10,250	Equity Injection to be approved	-	-	-
(41,256)	Source to be determined	-	-	-
(15,969)		738	-	738
45,058	**Total funds sourced**	**3,983**	**2,470**	**1,513**
	Application of Funds:			
	Block Allocations			
3,088	Facilities	330	514	184
3,813	Information Services	307	635	328
3,872	Clinical Equipment	522	645	123
10,773		1,159	1,795	635
	MOH funded Startegic			
1,800	Replacement Generators	(0)	-	0
100	Seismic Radiology HA27	3	17	14
4,200	Surgical Expansion	92	513	421
1,600	Mobile Dental Unit	-	133	133
3,000	Angiography Suite	-	-	-
3,000	Endoscopy Building (Procedure Rooms)	-	-	-
4,559	Radiology Extension	66	150	84
2,063	Seismic AAU Stage 2 and 3	797	344	(453)
2,100	Seismic Surgical Theatre HA37	-	175	175
250	Linear Accelerator	-	-	-
2,200	Main Electrical Switchboard Upgrade	-	-	-
24,872		958	1,331	373
	DHB funded Strategic			
200	Replacement Generators	-	-	-
1,953	Surgical Expansion	-	-	-
870	Digital Transformation	-	-	-
1,000	Cardiology PCI	-	-	-
5,390	Interim Asset Plan	13	35	22
9,413		13	35	22
	Other			
-	Special Funds and Clinical Trials	2	-	(2)
-	Funded Programmes	240	-	(240)
-	Other	64	-	(64)
-		306	-	(306)
45,058	**Capital Spend**	**2,436**	**3,161**	**725**

11. ROLLING CASH FLOW

	Aug-20			Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-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	59,223	54,537	-4,686	65,336	55,037	53,537	109,874	-	53,537	56,537	53,537	53,537	56,637	54,537	54,537
Other revenue	5,493	4,190	-1,303	4,680	4,390	4,080	4,040	3,750	4,250	4,550	4,200	4,350	4,100	4,300	4,350
Total cash inflow	64,716	58,727	-5,989	70,016	59,427	57,617	113,914	3,750	57,787	61,087	57,737	57,887	60,737	58,837	58,887
Cash Outflows															
Payroll	13,311	12,500	811	11,950	12,390	12,400	14,730	12,400	12,400	16,200	12,450	12,400	14,700	12,450	12,400
Taxes	9,685	8,700	985	8,600	9,200	8,800	5,600	8,800	8,800	8,800	8,800	8,800	8,800	8,800	8,800
Sector Services	23,611	28,050	-4,439	26,200	27,400	28,050	26,145	15,350	26,755	27,050	18,700	24,200	20,393	24,228	26,617
Other expenditure	21,738	11,870	9,868	11,902	11,458	11,904	16,890	12,939	12,998	13,046	13,038	11,967	17,067	14,169	13,069
Total cash outflow	68,345	61,120	7,225	58,652	60,448	61,154	63,365	49,489	60,954	65,096	52,988	57,367	60,960	59,647	60,886
Total cash movement	-3,629	-2,393	1,236	11,364	-1,021	-3,537	50,549	-45,739	-3,167	-4,009	4,749	520	-223	-810	-1,999
Add: opening cash	-15,037	-15,037	-	-18,667	-7,302	-8,323	-11,860	38,689	-7,050	-10,217	-14,225	-9,477	-8,957	-9,180	-9,990
Closing cash	-18,667	-17,430	1,236	-7,302	-8,323	-11,860	38,689	-7,050	-10,217	-14,225	-9,477	-8,957	-9,180	-9,990	-11,989
Maximum cash overdraft (in month)	-18,666	-17,426	-1,240	-22,326	-8,319	-11,856	-16,788	-7,046	-13,728	-16,345	-9,473	-9,733	-12,825	-10,576	-11,985

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

10

EXECUTIVE SUMMARY/INTRODUCTION

Development and Innovation

Annual Plan 2020/2021 review and priorities

The Annual Plan 2020/21 actions have been reviewed and prioritised against our key priority areas:-

- First 1000 days
- Long term conditions (LTCs)
- Mental Health & Addictions (MH&A)
- A Responsive Health system
- Frail and Older people.

Please note that some Annual Plan actions fit outside these priority areas.

1. *"The First 1000 days"* remains a high priority. A plan for action was presented to the Board last month. Other child health priorities include "Implementing an updated model of care and recommendations from an Oral Health Service review (including digital enablement to enhance service delivery) to modernise community oral health."

2. In the *LTCs* priority area: eight actions have been prioritised focusing on Cardiology, including chronic heart failure, diabetes and health pathways. There are two key pharmacy priority actions in this area:
   - Community pharmacy service for coronary heart disease, and
   - Implement Clinical Pharmacist Facilitator service expansion first year milestones.

3. *MH&A* have 24 actions and the following have been prioritised:
   - Develop a clinical and cultural governance body
   - Develop a revised crisis model
   - Proactive management of acute demand (links to crisis response model)
   - Integrated Primary MH&A Te Tumu Waiora (Implemented by Health Hawke's Bay (three actions)

- Building community capacity
- Review the CAFS service
- Review of Alcohol & Other Drug (AoD) services in line with the AoD national model of care.

There are an additional six population health actions in this priority area covering alcohol related harm, suicide prevention and mental health promotion.

4. In the priority area "*A Responsive Health System.*" The following actions have been prioritised:
   - Planned care, including the business case for LINAC radiology and cardiology
   - Bowel screening and colonoscopy pathway
   - Acute demand (in total there are 28 actions in these areas)
   - Localities – Wairoa and Napier, including a telehealth strategy.

   Pharmacy has two actions prioritised in this priority area:
   - Implement MMR vaccination in community pharmacies
   - Implement community pharmacy facilitated medicines use reviews for COPD (will occur with asthma).

   Developing a youth responsive health service is also a priority with the implementation of the Rangatahi redesign project on track for this year. This includes the funding of sexual health services, including investigating opportunities to fund pharmacists to provide contraception and sexual health advice and information.

5. Quality priorities include:
   - Hand hygiene
   - antimicrobial resistance and;
   - the implementation of the Health Quality & Safety Commission (HQSC) **Kōrero mai** improvement initiative into secondary care where the focus is to reduce harm from failures and to listen to the concerns of patients, families and whanau.

6. *'Frail and Older People'* priorities
   Nine specific actions this year with the priority focus on building the foundations for reporting, understanding the Health of Older People (HOP) system dynamics through analytics and building a strategic framework for an updated approach to ageing and the last 1000 days.

   Three additional priority actions in the pharmacy portfolio area for frail and older people include:
   - Implement use of UTI screening tool to reduce the over use of antibiotics, within age related residential care (ARRC) settings using Community Pharmacy as Educators.
   - Community pharmacy/pharmacists will support HBDHB Pacific health-led initiatives to provide influenza vaccinations to Pacific 65 years and older, within the community pharmacy and settings that are suitable to the Pacific community, e.g. Church.
   - Work with Kaumātua groups to understand current barriers to influenza vaccinations and co-design with them, solutions to these barriers to increase the rate of Māori 65 years and older that have flu vaccinations at their community pharmacy.

There are three Population Health actions in the frail and older people area covering ageing well and health literacy.

It is important to note that in previous years HBDHB's Population Health Plan has been submitted as a separate plan in the planning process. For the first time the Population Health Plan has been integrated into the DHB's Annual Plan with a total 35 actions. Priority actions are: drinking water; tobacco control planning; Sexual/Family Violence policy and mapping services; disability action plan; and, building COVID 19 capacity.

Model of care for Hawke's Bay Health system – phase 1
Planning & Funding has begun synthesizing the key elements across existing plans (such as the Clinical Services Plan), and guiding documents, such as Whānau Ora Hāpori Ora. The purpose is to develop one Hawke's Bay view of our desired Health System Model of Care.

Once this has been developed we will reconfirm that it continues to meet the current needs of our population, including whānau voice and our health system. We will develop a visualisation of what this looks like for Hawke's Bay, plus narrative to support this proposed future state. This is phase one of our Hawke's Bay Health System Planning Framework.

EXCEPTIONS

Living Well

Long Term Conditions (LTC)
A consumer and clinically led team to work towards the development of an LTC model of care has been established. The first task is to identify health equity issues. This is through understanding data and connecting with whānau voice and community knowledge. Some of the themes from whānau voice/consumer feedback to date have been linked straight into our draft objectives for LTCs. Some of these themes are:-

- We need expert advice quickly, when we need it
- We need someone who knows us, to remind and support
- We need support from people who are ready to come into our homes
- We don't want one health professional telling us one thing and another telling us something else
- We need more knowledge of what programmes/supports are available to us.

Community Pharmacy
The Pharmacy and Pharmacist Service contract policy (and associated quality framework) has been completed. This will allow HBDHB to have clear criteria and expectations with any new providers of service and to have clear selection criteria based on a quality safety framework.

Criteria is based on the Institute for Healthcare Improvement (IHI) quality dimensions: equitable, accessible and timely; safe; efficient; and, effective and experiences are patient and whānau-centered. A framework based on our Hawke's Bay Health System values and the HQSC Consumer engagement quality safety markers has been developed to support and guide Pharmacy and Pharmacists on expectations.

Planned care
Three year planned care plan was submitted to Ministry of Health (MoH) late July. The plan describes how we can achieve the best benefits for our population by:

- Taking a whole of health sector approach
- Opportunity to commission for outcomes aligned to the MoH Strategic Priorities

- Realignment of accountability for Planned Care
- Optimise Hawke's Bay capability and capacity including health professionals working at the top of scope
- Creating a differentiation between Funder and Provider arm, including the expertise that each brings to production planning process.

MoH's additional funding stream for Planned Care Improvement Action Plan is intended to address the current waiting list. Health Service directorates have engaged well with creating trajectories for improving performance. Digital Enablement has played an important role in adding trajectories to dashboards so performance can be monitored. This has been a significant improvement from our previous processes.

Matters arising

- **Health Hawke's Bay Update:** To-note all patients with a community services card are subsidised for funding the same as low cost access - therefore, are eligible for the same fee.

Access to Zero or Low Fees (as at 01 July 2020)

District	Total Enrolled	Total Access to Zero or Low Fees	% Access to Zero or Low Fees
Wairoa	7,851	7,851	100.00%
Ahuriri (Napier)	67,444	33,567	49.77%
Heretaunga (Hastings)	80,023	47,538	59.41%
Tamatea (Central Hawke's Bay)	10,766	5,965	55.41%
Total Te Matau-a-Māui	**166,084**	**94,921**	**57.15%**

Zero or Low Fees includes VLCA funding formula, Zero Fee U14 and CSC

- **Wairoa Localities:** Due to the discontinuation of the Red Cross bus in Wairoa, Red Cross has made the decision to move away from community transport services in Hawke's Bay. As part of the services to Improve Access (SIA) funding, Health Hawke's Bay is exploring further viable options in partnership with the rural communities of Wairoa and Central Hawke's Bay.

- **Contract monitoring process**: Contract performance information is collected for agreements, particularly where funding is not linked directly with a fee for service arrangement (e.g. where a provider is funded on a set amount per month). Performance information is collected on a frequency that is appropriate to the service. Information is analysed against performance targets within the agreement. Planning & Funding discuss significant performance deficits with providers and in some cases, funding is recovered from providers. Performance information is considered for significant investments before the agreement is renewed and performance challenges can lead to changes in the service and model of delivery.

- **Contract performance management:** Further development is planned within contract performance management, as recent focus has been on contract development. This work includes incorporating whānau voice and consumer feedback into performance feedback, increasing the focus on outcomes rather than outputs and automation and systemisation of the performance monitoring process.

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	September 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 September 2020 report.

Executive Summary

- Patient dependency and longer lengths of stay continue to prove challenging for flow across the health system. Short-term actions are being prioritised alongside a longer-term approach to manage the impact on staff and patients.
- On-site delivery of elective surgery has continued to mitigate risk around performance.
- Requests for Proposals for outsourced surgery have closed; responses are being evaluated.
- There has been a significant decrease in the number of patients overdue for First Specialist Assessment (ESPI2) and elective operations (ESPI5). Performance against both indicators has improved by >10% in-month. This is in part due to the COVID-related fall in the number of referrals made during April 2020.

Panui

New Facilities Open at Wairoa Hospital

Eagerly-awaited community dialysis and digital x-ray facilities opened at Wairoa Hospital in August.

Better Breathing Hawke's Bay

Heart failure patients have been incorporated into the Long-Term Pulmonary Management programme, with the new service now called Better Breathing Hawke's Bay. This provides an opportunity to better support patients and whānau with management of long-term conditions.

Radiology Wait Times Recover to Pre-COVID Levels

The Radiology department has used 'boost funding' from the Ministry of Health, and a series of innovations both internally and with outsourced providers, to recover from the impact of the initial

COVID-19 lockdown. As of the end of August, average wait times for access to CT and MRI scans have recovered to pre-lockdown levels.

COVID Residential Care Support Ongoing at Level 2

The DHB has been providing active coordination and support to the Residential Care sector through Level 2 to aid ongoing preparedness for COVID-19. In addition to well-received and enhanced infection prevention and control support, work is underway to train 'navigators' who will be positioned to liaise with, and advocate for, the sector in any future escalations.

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 remained largely flat in August, at 76.8%. The main factor driving breaches was the lack of available admitting beds at the right time.
- The DHB's inpatient services continue to face issues related to lack of patient flow, resulting in escalation beds remaining open throughout August. During the month, an average of 43.9 patients (18.8% of beds) had hospital stays over 10 days, and an average of 19.7 patients (8.2% of beds) had hospital stays over 21 days.
- Actions to improve the current situation will need to include both internal process improvements, and actions to manage both demand and capacity external to the hospital.
- Health Services and Planning & Funding are working with Service Improvement to deliver a series of improvements based around the Institute of Health Improvement's hospital patient flow improvement framework.

Ministry of Health Planned Care (Surgical Discharges) Target

- The DHB has operated to a shadow production plan target of 646 for elective discharges in August, while phasing is agreed with the Ministry of Health. To date, 611 discharges have been delivered, giving a provisional result of 91.2%. With further Inter-District Flow (IDF) discharges, the final in-month result may increase to around 94%.
- On-site delivery has continued to bridge the shortfall in IDF and outsourcing volumes in August, with 523 discharges delivered against a target of 435. Of this number, 56 discharges (10.7%) were delivered on weekend lists. There are, however, a number of risks that may impact sustaining this level of on-site performance.
- The request for proposals (RFP) process for further elective work, bridging the gap between the DHB's elective production planning target and the capacity to deliver onsite surgeries, has closed. The DHB is now evaluating the proposals put forward ahead of commencing commercial negotiations with those parties.
- The year-to-date result at Month 2 is 90.5%. This is 121 discharges short of planned volumes. This will be offset in later months as new outsourced activity comes on-stream.

Elective Services Performance Indicators

- During August, significant improvements expected against both ESPI2 and ESPI5 indicators have materialised. This is as a result of the significant reduction in referrals during April. The impact will continue in September's result due to ongoing COVID escalation during May.

- Ongoing activity is needed to ensure these gains are maintained into the spring, not least given the elevated level of First Specialist Assessment (FSA) activity since COVID Alert Level 3 restrictions were stood down. For both ESPI2 and ESPI5, the total waiting list size increased in August.
- ESPI 2 (Outpatient Referrals Waiting Longer than 4 Months) improved significantly in August, with 29.0% of referrals overdue (down from 39.5% in July). The number of overdue patients has reduced in-month, from 2,062 to 1,564.
- ESPI 5 (Waits for Surgery Longer than 4 Months) has also improved significantly in August, with 29.9% overdue, compared to 40.5% at the end of July. The number of overdue patients decreased by 178 in-month, with 534 people now waiting longer than four months.

BOARD HEALTH & SAFETY CHAMPION'S UPDATE

12

Verbal

HAWKE'S BAY
District Health Board
Whakawāteatia

Learnings From

COVID-19

13

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Context

HAWKE'S BAY District Health Board
Whakawāteatia

- First wave considered experience of other countries and prepared for a high number of hospital and ICU admissions, re configuring the hospital, disrupting services to prepare for worst.
- Now focused on using the learnings from the first wave, managing the current covid situation and preparing for the further waves
- In parallel delivering business as usual in the context of high demand and catching up with service delivery
- Adapted CIMS response to Scaled CIMS structure that balances both covid and BAU delivery.
- Areas of focus include robust support for Residential Care, Scoping a Managed Isolation Facility, Improving the testing pathway, Refining the Resurgence Plan and ensuring strong border controls particularly for Napier Port.
- Acknowledge Public Health Unit working and contributing to learning and improvement for over 7 months

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Testing Strategy

HAWKE'S BAY District Health Board Whakawāteatia

- Both in Auckland and the rest of New Zealand the priority is testing symptomatic people.
- No one who requests a test should be turned away
- Testing approach for the rest of New Zealand
  a. those with symptoms consistent with COVID-19
  b. border workers including Napier Port
- Continue to focus on testing for Māori and Pacific people.
- DHBs which get regular travel from the Auckland region test asymptomatic people both locally and nationally, including:
  a. Hospitality workers, including hotel, restaurant staff
  b. Public-facing tourism workers
  c. Public-facing transport workers
- Service Improvement Plan for Upsurge Testing

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATE TIRA PARTNERSHIP
TAUWHIRO CARE

13

Testing Rates

HAWKE'S BAY District Health Board
Whakawāteatia

Basic Demographic Rates *(Where possible RSE workers have been excluded for the purpose of rates)*

Hawkes Bay Overall Rate per 1,000

112.6

As At Date

Monday, 7 September 2020

Patient Gender1

FEMALE	MALE
129.2	97.4

Ethnicity MPAOR1

ASIAN	MAORI	OTHER ETHNICITY	PACIFIC PEOPLES
87.1	117.4	108.5	173.2

Current Town Or Region1

Central Hawke's Bay District	Hastings District	Napier City	Wairoa District
83.97	122.71	119.31	77.83

10 Yr Age Group1

00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+
62.3	102.1	145.7	156.8	134.9	124.7	115.3	88.0	83.4	27.1

Decile

1	2	3	4	5	6	7	8	9	10
108.0	109.5	117.3	110.6	107.6	109.6	122.6	129.6	127.1	133.3

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Testing Rates Per DHB

HAWKE'S BAY District Health Board
Whakawāteatia

Total population by DHB

	District Health Board	Population
1	Waitematā	633,530
2	Canterbury	573,770
3	Counties Manukau	569,400
4	Auckland	548,430
5	Waikato	423,320
6	Southern	334,280
7	Capital and Coast	321,900
8	Bay of Plenty	241,580
9	Northland	182,180
10	MidCentral	181,390
11	Hawkes Bay	167,140
12	Nelson Marlborough	152,090
13	Hutt Valley	150,970
14	Taranaki	121,025
15	Lakes	110,680
16	Whanganui	65,370
17	South Canterbury	60,255
18	Tairāwhiti	49,515
19	Wairarapa	46,205
20	West Coast	32,475

COVID-19 tests by DHB from 22 January to 31 August 2020

	District Health Board	Total people tested	Test rate per 1,000 people
1	Counties Manukau	102,566	180
2	Auckland	83,408	152
3	Lakes	16,537	149
4	Waitematā	89,311	141
5	Tairāwhiti	6,885	140
6	Waikato	54,577	129
7	Capital and Coast	40,688	126
8	Hawke's Bay	20,904	125
9	Bay of Plenty	30,179	125
10	Northland	21,765	120
11	Whanganui	7,401	114
12	Southern	37,007	111
13	Hutt	15,898	105
14	Midcentral	18,902	104
15	Nelson Marlborough	15,436	102
16	Taranaki	12,297	102
17	Wairarapa	4,647	102
18	South Canterbury	6,068	101
19	Canterbury	56,036	98
20	West Coast	2,201	69

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Testing Rates Per DHB - Maori

HAWKE'S BAY District Health Board Whakawāteatia

Maori population by DHB

	District Health Board	Māori population
1	Waikato	96,550
2	Counties Manukau	89,140
3	Waitematā	62,600
4	Northland	60,970
5	Bay of Plenty	59,940
6	Canterbury	52,600
7	Auckland	43,590
8	Hawkes Bay	43,320
9	Lakes	38,480
10	Capital and Coast	36,590
11	MidCentral	36,420
12	Southern	33,760
13	Hutt Valley	26,180
14	Tairāwhiti	24,780
15	Taranaki	23,330
16	Whanganui	17,380
17	Nelson Marlborough	16,110
18	Wairarapa	8,020
19	South Canterbury	5,320
20	West Coast	3,940

COVID-19 test rates by Maori and DHB from 22 January to 31 August 2020

	DHB	Test rate per 1,000 people
1	Counties Manukau	187
2	Auckland	166
3	Lakes	164
4	Tairāwhiti	154
5	Waitematā	153
6	Waikato	146
7	Northland	141
8	Bay of Plenty	135
9	Capital and Coast	133
10	Hawke's Bay	131
11	Whanganui	118
12	Wairarapa	116
13	Hutt	110
14	Nelson Marlborough	105
15	Taranaki	103
16	Southern	103
17	Canterbury	102
18	Midcentral	102
19	South Canterbury	94
20	West Coast	68

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Testing Rates Per DHB - Pacific

HAWKE'S BAY District Health Board
Whakawāteatia

Pasifika population by DHB		
	District Health Board	Pasifika population
1	Counties Manukau	120,050
2	Auckland	56,150
3	Waitematā	44,650
4	Capital and Coast	22,290
5	Canterbury	14,260
6	Waikato	13,410
7	Hutt Valley	11,810
8	Southern	6,950
9	Hawkes Bay	6,490
10	MidCentral	5,540
11	Bay of Plenty	4,550
12	Northland	3,900
13	Lakes	2,640
14	Nelson Marlborough	2,600
15	Whanganui	1,710
16	Taranaki	1,535
17	Tairāwhiti	1,270
18	Wairarapa	945
19	South Canterbury	715
20	West Coast	400

COVID-19 test rates by Pacific People and DHB from 22 January to 31 August 2020		
	District Health Board	Test rate per 1,000 people
1	Counties Manukau	308
2	Hawke's Bay	283
3	South Canterbury	262
4	Auckland	232
5	Lakes	231
6	Nelson Marlborough	231
7	Bay of Plenty	229
8	Waitematā	210
9	Tairāwhiti	200
10	Waikato	176
11	Whanganui	160
12	Wairarapa	156
13	Capital and Coast	150
14	Southern	150
15	Taranaki	141
16	Northland	134
17	Midcentral	133
18	Canterbury	132
19	West Coast	127
20	Hutt	113

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Testing Rates By Age Group

HAWKE'S BAY District Health Board
Whakawāteatia

Hawkes Bay Overall Rate per 1,000

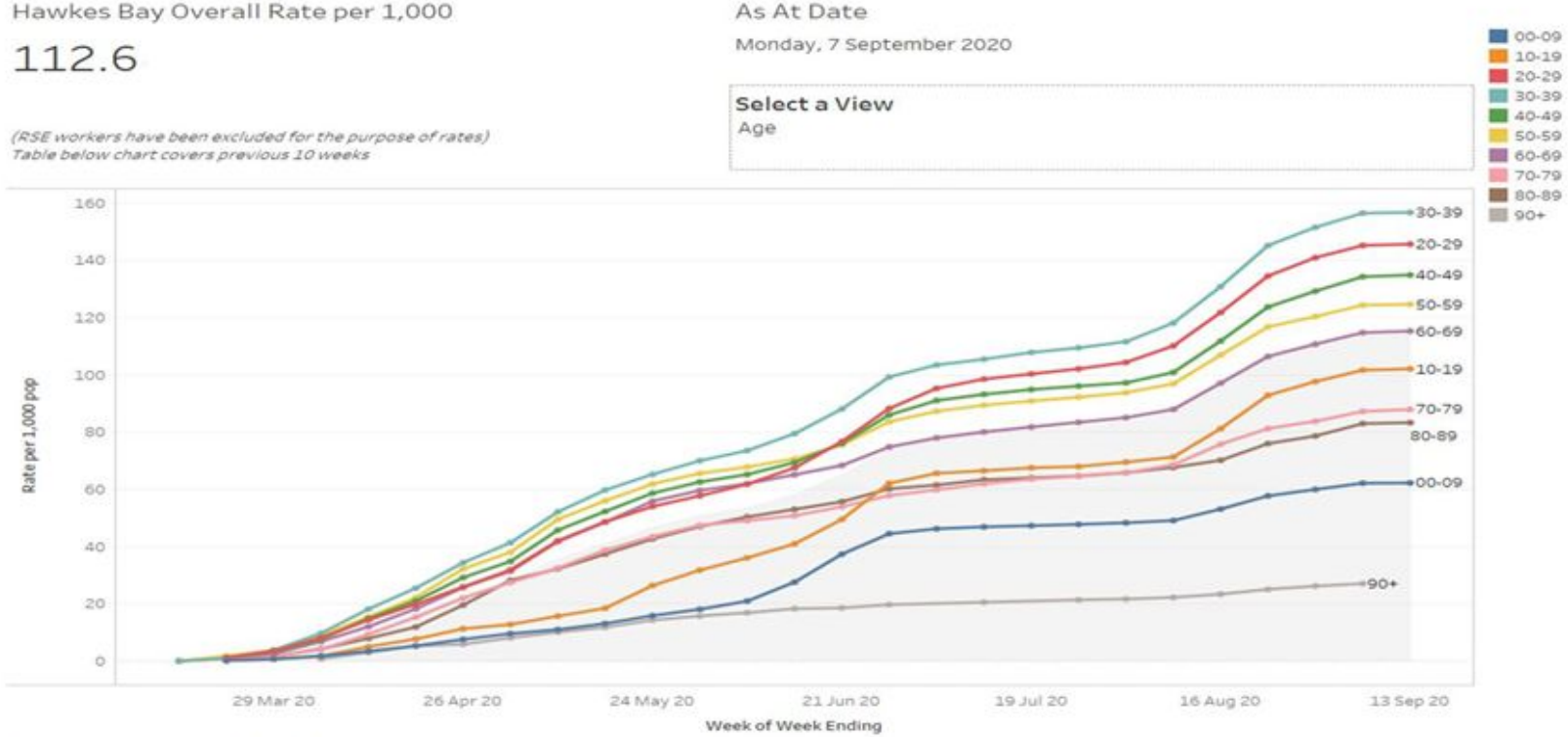
112.6

(RSE workers have been excluded for the purpose of rates)
Table below chart covers previous 10 weeks

As At Date

Monday, 7 September 2020

Select a View
Age



10 Yr Age ..	28/Jun/202..	05/Jul/2020	12/Jul/2020	19/Jul/2020	26/Jul/2020	02/Aug/20..	09/Aug/20..	16/Aug/20..	23/Aug/20..	30/Aug/20..	06/Sep/20..	13/Sep/20..
00-09	44.6	46.3	47.0	47.4	47.9	48.4	49.2	53.2	57.8	60.1	62.2	62.3
10-19	62.2	65.7	66.5	67.6	68.0	69.6	71.4	81.3	92.9	97.7	101.7	102.1
20-29	88.4	95.4	98.7	100.5	102.3	104.5	110.3	121.9	134.7	141.1	145.4	145.8
30-39	99.4	103.5	105.6	107.9	109.6	111.7	118.2	131.0	145.3	151.7	156.6	156.8
40-49	86.1	91.1	93.3	95.0	96.2	97.3	101.0	111.9	123.8	129.3	134.4	135.0
50-59	83.7	87.4	89.5	90.9	92.3	93.9	97.0	107.0	116.9	120.5	124.4	124.7
60-69	74.9	78.0	80.1	81.8	83.5	85.1	88.0	97.2	106.5	110.8	114.8	115.3
70-79	57.9	59.9	62.0	63.6	64.6	65.8	68.7	75.8	81.3	83.8	87.3	88.0
80-89	60.2	61.6	63.4	64.1	64.7	65.9	67.7	70.2	76.0	78.7	83.0	83.4
90+	19.8	19.8	20.6	20.6	21.5	21.8	22.3	23.4	25.1	26.3	27.1	27.1

Akina - Improvement

HAWKE'S BAY District Health Board
Whakawāteatia

13

Taking Samples

- Multiple points of referral and booking including from Port Workers, RSE Workers, High Index of Suspicion, Health System and other Priority Workers.
- Two main community testing centres in Hastings and Napier with many other GP and pop up testing.
- Minimise admin load and continuously improve efficiency of processing.
- Increase testing in Wairoa and CHB. Increase testing of Maori males, young and older age groups

Testing Samples

- Laboratory working 7 days per week with rapid couriering of samples.
- Pooling samples to maximise reagent use, minimize test time.
- Almost all samples tested in HB

Reporting Results

- Ensure minimum time of 24-48 hours, urgent reporting within 1 hour.
- Minimise need for any stand down time.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

MĀORI RELATIONSHIP BOARD REPORT

Verbal

14

HAWKE'S BAY District Health Board Whakawāteatia	**Consumer Council Report to Board**
	For the attention of: **HBDHB Board**
Document Owner	Rachel Ritchie, Consumer Council Chair
Month/Year	September 2020
Purpose	For noting
RECOMMENDATION: **That the HBDHB Board note the contents of this report.**	

COUNCIL PURPOSE AND STRUCTURE - NEXT STEPS

We were delighted to welcome Keriana to our meeting for whakawhanaungatanga with members. This was very well received by all. Council members were delighted and relieved to hear the incoming CEO has a great interest in the consumer voice and are looking forward to the continued connection. Keriana explained that she is considering the role and function of each of the advisory committees in the context of the statutory legislation and what is needed for Hawke's Bay going forward. Council is looking forward to receiving guidance on their composition, role and function and working with Keriana to move to the 'mark 2' of consumer council.

20/21 FOCUS AREAS

These were finalised at our meeting and are attached. Council has decided to reduce the number of areas of focus in the coming year with these aligned with the priorities set by the Board Over the coming months, Council will determine clear processes and assess resources and approach for progress.

NATIONAL CONTEXT

Video conferencing has supported remote discussions for consumer council's both nationally and regionally. This is transformational as an opportunity to understand national context, and improve collaboration and peer learning. It is clear that Consumer Councils across Aotearoa are all at very different places in terms of their governance and operational roles; the executive and governance support they have and their way of working. National collaboration with other Consumer Councils will be of significant support for Councils going forward to allow for greater knowledge sharing and ultimately expertise around the impacts of the consumer voice to make change in the system.

My term as Chair is ending next month. Over the last three years my aim has been to grow the consumer input into steering groups and service review groups to socialise and normalise lived experience into service design and more fundamentally impact the culture of the health system. Established evidence shows including consumer perspectives in service design improves health outcomes, reduces acute demand, and reduces costs to the health system. In the Hawke's Bay Health system there are variable levels of both interest in the consumer perspective and change readiness. The clinically driven service model and silos in some areas remain a challenge. My approach has been to establish relationships and an environment for the consumer voice 'movement' to flourish and get to a tipping point. Success has been gained to date by working with the willing. The number of steering groups with council member input has grown from 2 to

currently a dozen together with further groups outside of Council. Over my term the work of Consumer Council has morphed to straddle this approach together with the previously established work of reviewing papers and providing consumer feedback through to governance.

MENTAL HEALTH & ADDICTION TEAM PRESENTATION

The Mental Health and Addiction Directorate Leadership Team includes their consumer volunteer chair of their Partnership Advisory Group. The Team provided a wonderful presentation explaining their service provision, current risks and next steps.

The service has consumer input embedded as a normal way of working. Of all the services and areas across the DHB system Mental Health and Addictions is the most advanced in terms of that integration. Members were concerned that 'stranded patients' who do not need further inpatient treatment are occupying up to half of the beds giving issues in admitting patients with inappropriate facilities being used to care for mentally ill patients including mattresses on floors in the inpatient unit and outlying on physical health wards in the hospital. The team also described a very high level of demand from Maori and Pacific people with mental health issues. It has been some time since council has had an update in this area and so is was good to see.

Members questions and comments resulted in two further linkups to further collaborate across the system and with wider services outside health beyond were identified with members around the table. The korero will result in additional training for nurses on physical health wards receiving training in caring for people with mental health issues. In addition, the team will make further connections with Hastings District Council re housing.

CONSUMER COUNCIL

20/21 Goals

GOAL AREA	GOAL DETAIL	STEPS TO GET THERE	WHAT DOES GOOD LOOK LIKE
Mental Health & Addiction Members:3	Promote and participate in co-design with a focus on Youth	1. Understand current status 2. Promote focus and co-design for change	Robust processes for consumer engagement for service design Effective communication to youth around preventative strategies
Long-term conditions Members:3	Promote and participate in co-design of preventative strategies for diabetes and heart-disease (2 biggest killers of Maori in our community)	1. Understand current status 2. Promote focus and co-design for change	Robust processes for consumer engagement in service design A strong preventative focus that is fit for purpose for our community
Access to Healthcare Members: 3 (for both)	Hospital flow	Find out how we can help with this board and management priority	Improved hospital flow for patients Robust processes for consumer engagement for service design
PWCC / Community-Led tools Members: Chair plus 1	Role out of Communications Framework (approved June 2020) / Community Engagement	1. 2 x Council members as initial work group with CEF (Consumer Experience Leads) 2.Add to CEF report for monthly update 3. Add as routine topic to monthly leadership meeting	Greater community engagement through communication =moving the dial on culture change

Questions for 1st report to Council:	Questions for 2nd report to Council:
1.What is currently happening? ***2. How are consumers currently engaged?*** ***3.Where have you observed success?***	***4. What are the barriers to progress?*** ***5. What are the observed values for our community?*** ***6. Recommendations for progress?***

HAWKE'S BAY District Health Board Whakawāteatia	**Ageing Well in Hawke's Bay**
	For the attention of: **HBDHB Board**
Document Owner/Authors	Emma Foster, Executive Director Planning & Funding (Acting) Suzanne Parkinson, Portfolio Manager - Planning and Funding
Month/Year	September 2020
Reviewed By	Lisa Jones, Portfolio Manager - Planning and Funding
Purpose	Monthly update to HBDHB Board
Previous Consideration/Discussions	Not applicable

RECOMMENDATION

It is recommended that the HBDHB Board:

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

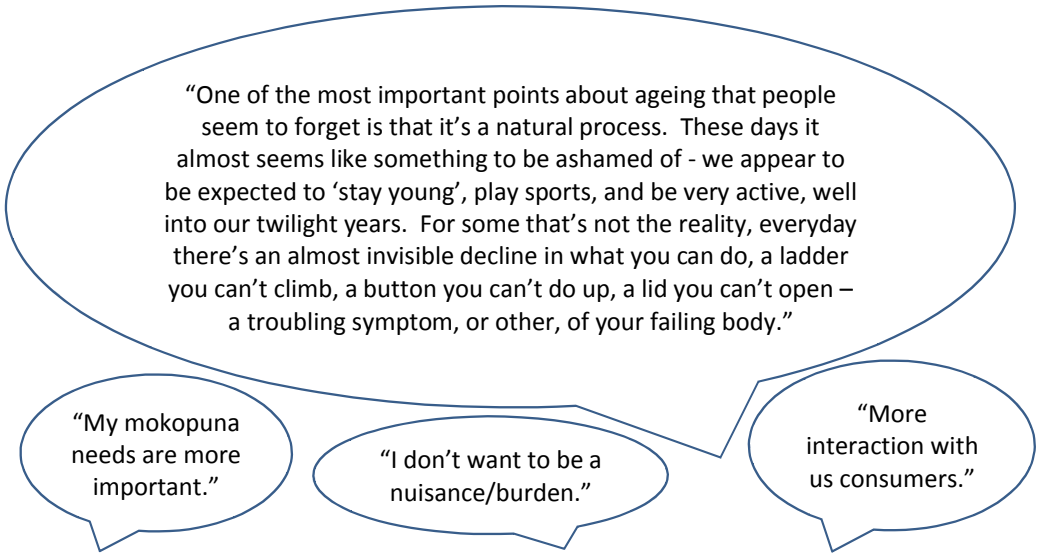
16

EXECUTIVE SUMMARY/INTRODUCTION

This is a combination of the agreed August and September updates. The purpose of this paper is to provide the Board with an overview of known significant risks of an ageing population on the health system, and the ageing well stakeholder voice. This will support developing strategy and health system approaches in relation to Ageing Well in Hawke's Bay.

Comments from our community

The following is a sample of various feedback from our consumers with regards to Ageing Well.



Our community wants confidence in the services available to them as they age. The equity framework ensures they will be involved throughout the full commissioning and contracting processes.

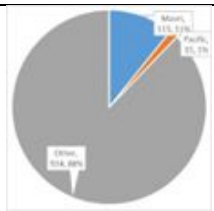
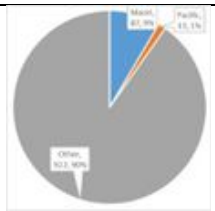
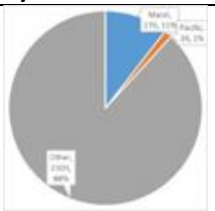
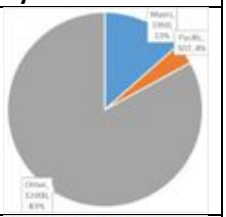
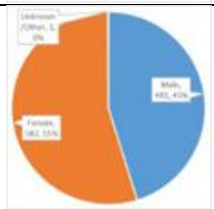
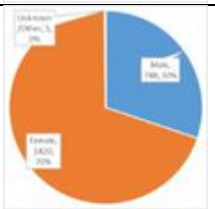
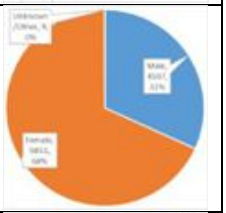
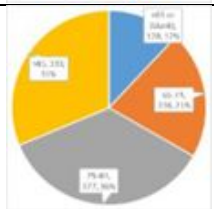
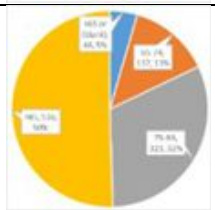
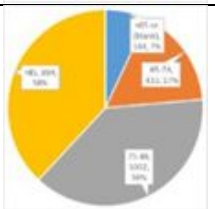
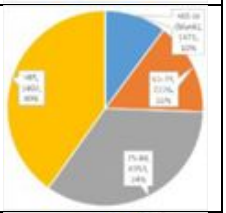
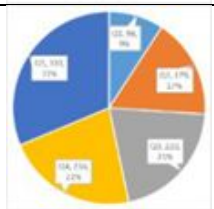
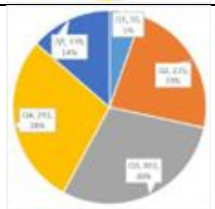
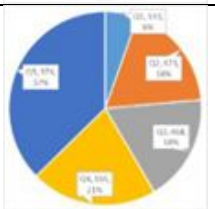
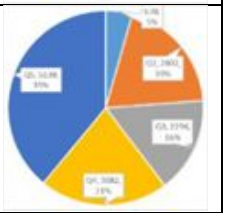
Community service users

In 2019/20 the Older Persons Funder spent over $60 million on long-term home support and residential care - over 75% of its external expenditure. Below is a snapshot of the demographic split of clients using these services as at March 2020 (just prior to the COVID-19 alert levels restrictions being put in place). These key services are allocated to clients following a Needs Assessment Service Co-ordination (NASC) and interRAI assessment, a demographic breakdown of NASC new clients during 2019/20 is also included.

At the time, there were 1,022 residential care clients, 2,613 home support clients and, in 2019/20, there were 1,064 new NASC clients. This demographic review indicates:

- Overall ethnicity split of clients is aligned with the Hawke's Bay 65 and over population
- Pasifika have a higher proportion of home support hours
- Female clients are high users of these services
- 75 years and over are high users of home support making up 76% of clients
- 85 years and over are high users of residential care making up 50% of clients
- Under 65 years clients with chronic conditions make up 10% of the home support hours
- Under 75 years clients are proportionally higher Māori, Pasifika and Quintile 5 users
- Quintile 5 clients are higher users of home support

- Quintile 5 and 1 clients are lower users of residential care, however this could be due to the data collection process linking with current address, i.e. location of facility rather than where the client lived prior, and not being updated.

	NASC New Client	Residential Care Permanent Clients	Home Support – by Clients	Home Support – by Hours
Ethnicity: Māori, Pasifika, Other				
Gender: Male Female Other				
Age Group: 64 under 65 to 74 75 to 84 85 over				
Quintile: One Two Three Four Five				

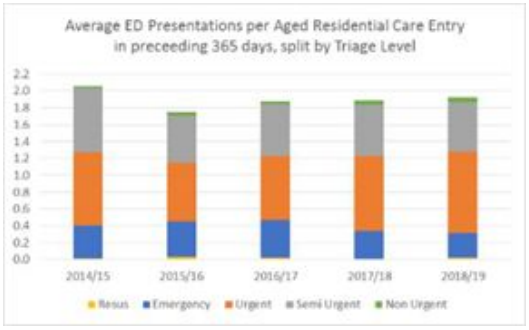
Patient journey

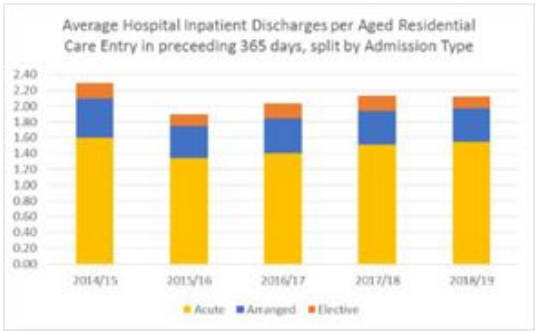
We are only at the initial stage of developing our data analytics for Ageing Well in Hawke's Bay. Below are some preliminary findings of on our patients' journeys.

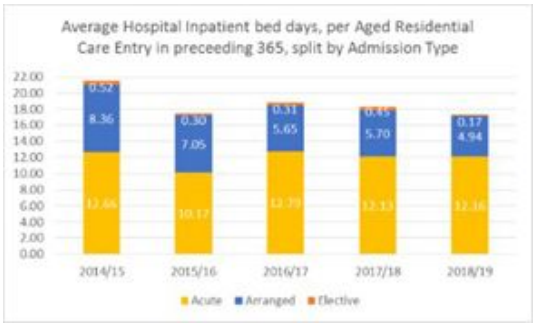
365 days before entering Aged Residential Care (ARC)

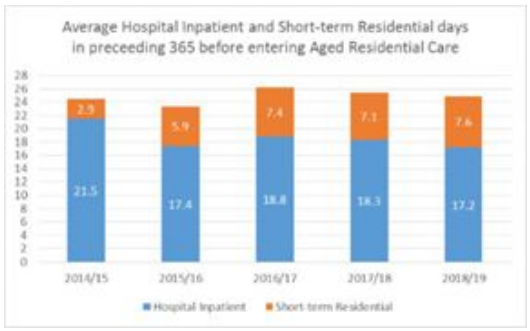
Those residents entering during financial years 2014/15 to 2018/19, reviewing the data shows:

- 27% entering ARC did not present to ED the year before, while 16% presented to ED four or more times in the year preceding entering ARC
- 65% of ED presentations are triaged Resus, Emergency and Urgent (triage 1-3)
- 72% of ED presentations are admitted
- 20% entering ARC did not have an inpatient or short-term residential care stay the year before, while 29% spent more than 30 days in the year preceding entering ARC
- 26% of entries into ARC occurred within seven days of their latest inpatient discharge
- 71% of inpatient discharges were acute.





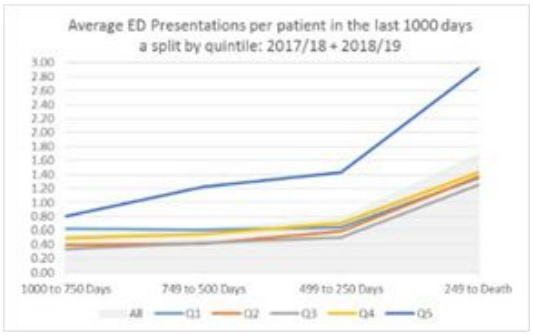


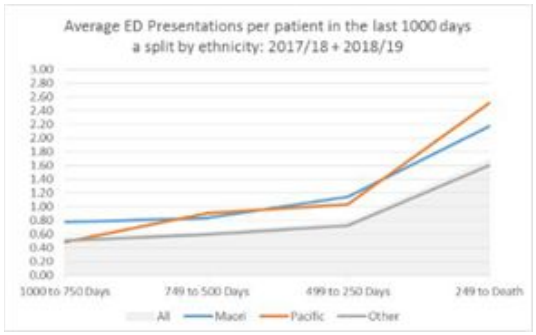


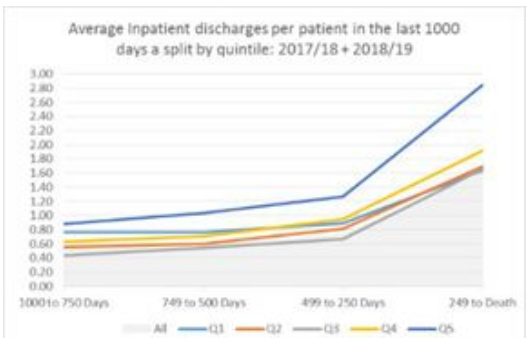
Last thousand days

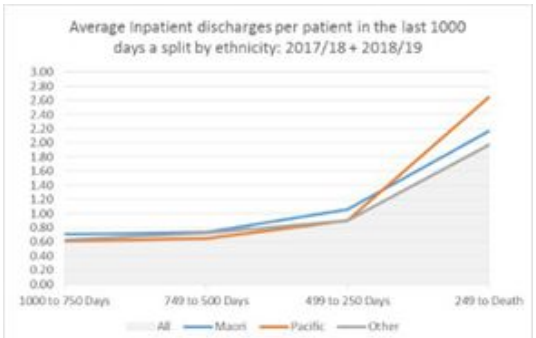
A review of hospital usage in the last 1000 days of Hawke's Bay older people 65 years and over who passed away in 2017/18 and 2018/19 shows:

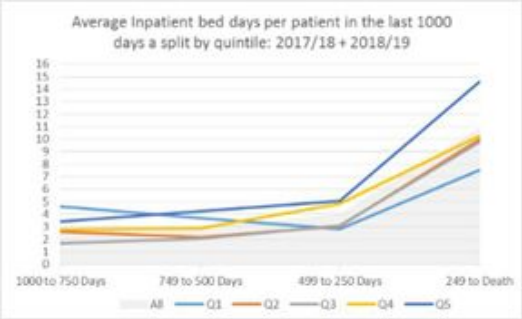
- In the last 250 days there is a significant increase in both ED presentations and inpatients
- Quintile 5 has a significant higher use of ED and inpatients over their last thousands days
- Māori and Pasifika have a higher use of ED presentation over their last thousand days
- Pasifika spend more days in hospital in the last 250 days
- Quintile 5 spend more days in hospital over their last 1000 days.

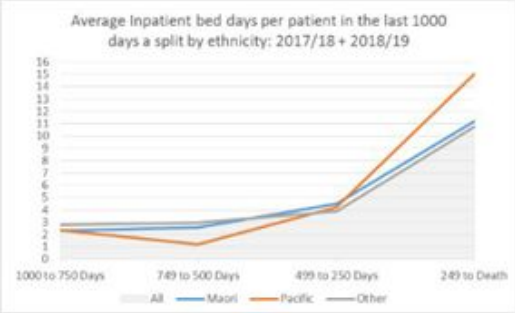










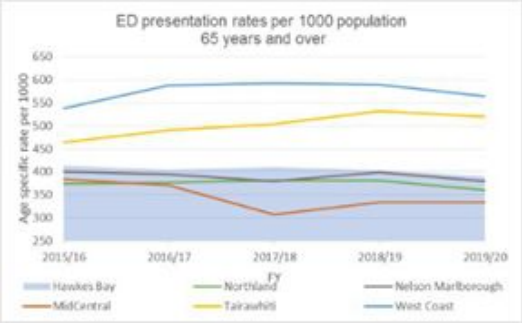


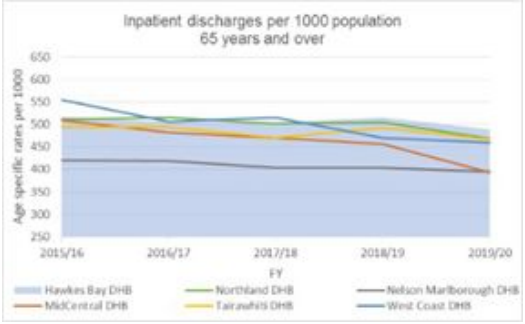
Comparing Hawke's Bay 65 years and over hospital utilisation indicators with other DHB regions

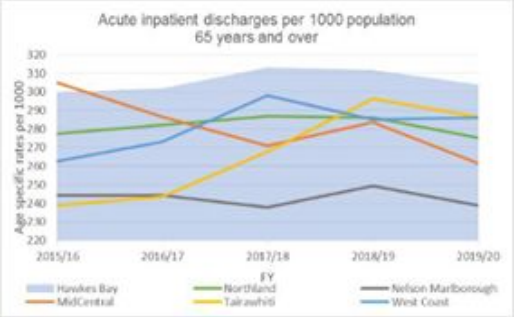
Northland, Nelson Marlborough and MidCentral DHBs have a similar size - 65 and over population compared to Hawke's Bay. Along with Tairawhiti and West Coast, trends in age specific hospitalisation rates in the 65 years and over population over the last five years are shown below.

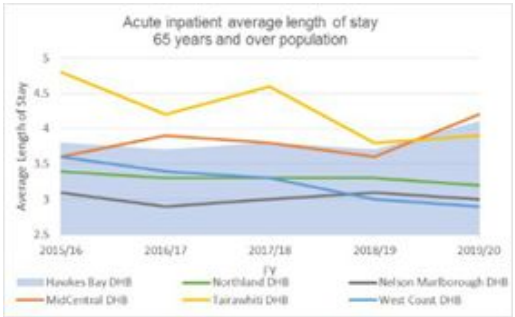
The data is showing:

- Hawke's Bay has the highest rates of inpatient discharges and acute inpatient bed days of the six regions.
- The two small regions, Tairawhiti and West Coast, have higher ED presentation rates.
- While Hawke's Bay has similar rates of ED presentations to Nelson Marlborough, Hawke's Bay has a significantly higher rate of inpatient discharges, inpatient bed days and acute average length of stay nights.
- Hawke's Bay acute inpatient high volumes discharges and high average length of stay results in Hawke's Bay having the highest acute inpatient bed days per population.









Significant Risks

The high level health system risks impacting Ageing Well are:

- ***Attracting, training and retaining a diverse skilled workforce***
  Need to support our ageing population with a person centered holistic care approach, in a full range of settings. Currently there are discussions nationally with regards to pay parity between Registered Nurses in the community and hospital. Even then, employment regulations alone will not be enough, we need to reduce negative perceptions. Training and partnerships are vital across the system to manage the growing needs to ensure understanding of geriatric care and support.

- ***Limited capacity with growing service demands***
  Infrastructure and workforce resources will not increase with the growth of the ageing population. Reviewing and challenging models of care for the growing service demands to increase productivity within the same resources.

- ***Service gaps***
  Minimal to no investments has occurred in recent years with regard to care partners, promotion, prevention and early intervention for ageing and frailty. This includes, but not limited to, health literacy, Māori service providers, Advanced Care Planning (ACP), cognitive therapy, nutrition, management of arthritis and primary palliative care.

- ***Increase in complex cases***
  Those ageing with, serious behavioral and/or psychological symptoms of dementia, minimal to no whānau support, disabilities, chronic health conditions, addictions, vulnerable housing or homelessness, elder abuse, etc. The additional social and health support needs for these client are to be managed to ensure continuous system flow.

- ***Health system responsiveness to frailty***
  While there is no agreement in a clinical definition of frailty, it has the characteristics of a clinical syndrome which often is chronic and progressive, and is a predictor on ability to remain independent. The care of those with frailty or are vulnerable to frailty, should be factored, as they are less able to adapt, have an increased risk of adverse outcomes, longer hospital stays, delayed recovery, and overall higher use of health services.

Why frailty is a risk – equate frailty to dependency

While physical frailty is a normal part of ageing, not all older people have the same level of dependency. It is a continuum of which the point of entry and progression varies and is influenced by a variety of causes which can be compounding, such as the presence of comorbidities, socioeconomic deprivation, psychological and physiological.

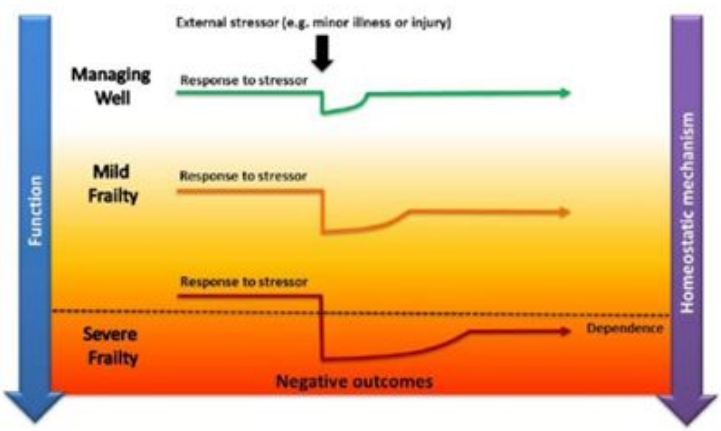
With frailty the whole is greater than the sum of the part, factors which increase dependency (excluding advancing age) include:

- Muscle weakness, e.g. declining grip strength
- Slow gait, i.e. walking speed
- Low physical activity
- Self-reported low energy or exhaustion
- Unintentional weight loss, usually associated with a loss of muscle mass
- Cognitive impairment
- Social isolation, mood, depression
- Disability and chronic health conditions, e.g. number of inflammatory diseases present
- Clinical presentations, e.g. falls, incontinence or delirium.

To demonstrate the progression of frailty, below is a commonly used tool the Rockwood Clinical Frailty Scale, which is based on the clinical evaluation of a patient's status.

Frailty identifies an increased vulnerability with heightened risk of poor outcomes - from even minor changes (external stressors), it can lead to a disproportion impact on a person's health status, and increase dependency.

Below illustrates the vulnerability to external stressors and ability to recover.



Managing well: A fit older adult who, following a minor stressor, experiences a minor deterioration in function and then returns to homeostasis.

Frailty: A frail older adult who, following a similar stressor, experiences more significant deterioration and does not return to baseline homeostasis. With more severe frailty, this may lead to functional dependency or death.

Adapted from Clegg A, Young J, Iliffe S, Rikkert MO, Rockwood K. Frailty in elderly people. The Lancet. 2013 Mar;381(9868):752-62 & Lang P-O, Michel J-P, Zekry D. Frailty Syndrome: A Transitional State in a Dynamic Process. Gerontology. 2009;55(5):539-49.

While evidence suggests those that arrive at age 70 in good health are likely to remain healthy for longer, or that mid-life fitness is a predictor of later life 'robustness', for the majority there is no guarantee they will not become dependent.

Those exposed to cumulative risk factors during childhood and adulthood become frail secondary to existing health conditions as early as in their 50s. For Māori and Pasifika with higher proportions of chronic health conditions, and higher occurrence of other risk factors such as smoking and obesity, indicates they are more likely to experience frailty at a younger age.

What is required is a combination of a life course approach on the prevention of chronic health conditions and maximising independence by preventing or slowing the onset of comorbidities, dementia, disabilities and physical frailty. And acknowledging the level of dependency in our community, recognising the demands this places throughout our health system.

This series of Ageing Well briefings is building our knowledge base from a portfolio aspect, before starting the equity framework journey on the specific services. The next update will focus what services are occurring elsewhere that Hawke's Bay can learn from.

BIBLIOGRAPHY

Best Practice Advocacy Centre New Zealand. (2018, November). *Frailty in older people: a discussion.* Retrieved from https://bpac.org.nz/: https://bpac.org.nz/2018/frailty.aspx

Fergus, L. (2018, December 12). Optimisation of care of older patients. *Goodfellow Podcast*. https://www.goodfellowunit.org.

Fried, L. P. (2016). Interventions for Human Frailty: Physical Activity as a Model. *Cold Spring Harbor Perspectives in Medicine*.

Sourial, N., Bergman, H., Karunananthan, S., Wolfson, C., Guralink, J., Payette, H., . . . Beland, F. (2012). Contribution of Frailty Markers in Explaining Differences Among Individuals in Five Samples of Older Persons. *Journals of Gerontology: Medical Sciences*, 1197-1204.

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:

18. Confirmation of previous minutes 19 August 2020 (Public Excluded)
19. Matters Arising – Review of Actions (Public Excluded)
20. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
21. Chair's Report (Public Excluded)
22. Hawke's Bay Clinical Council Report (Public Excluded)
23. Hawke's Bay Health Consumer Council Report (Public Excluded)
24. Communications Quarterly Report (Public Excluded)
25. Mental Health and Addictions – Addressing Acute Demand – Risk Mitigation Strategies (Public Excluded)
26. Finance Risk and Audit Committee (Public Excluded)
    - Summary of Meeting 16 September 2020 – verbal (Public Excluded)

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

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