BOARD MEETING

Date: Tuesday 2 February 2021

Time: 2.00pm

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

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

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

Minute Taker: Kathy Shanaghan, EA to CEO

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	Karakia	2.00
2.	Welcome and Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting – 16 December 2020	
5.	Matters Arising - Review of Actions	
6.	Board Workplan	

	Section 2: Standing Management Papers	
7.	Chair's Report (verbal)	2.10
8.	Chief Executive Officer's Report	2.15
9.	Financial Performance Report – Carriann Hall, Executive Director Financial Services	2.20
	Section 3: Strategic Delivery	
10.	Strategic Workplan – Emma Foster, Executive Director of Planning, Funding & Performance	2.25
11.	Strategic Capital Projects – Emma Foster	2.35
12.	Ākina (Continuous Improvement) – Telehealth Opportunities - Anne Speden, Executive Director of Digital Enablement / Patrick Le Geyt, GM Māori Health / Sonya Smith, Wairoa Health Centre Manager	2.45
	Section 4: Other Governance Reports	
13.	Board Health & Safety Champions' Report – verbal	2.55
	Section 5: Noting Papers (no Committees met in January)	
14.	Overview of the COVID-19 Vaccine and Immunisation Programme Rollout Progress Report – Chris McKenna, Chief Nursing & Midwifery Officer	3.00
15.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	3.15

Public Excluded Agenda

Item	Section 7: Routine	Time
16.	Minutes of Previous Meeting – 16 December 2020 (public excluded)	3.20
17.	Matters Arising – Review of Actions (public excluded)	-
	Section 8: Standing Management Papers	
18.	Chair's Report - verbal (public excluded)	3.32
	Section 9: Strategic Delivery	
19.	Strategic Planning and Budgeting over a Multiyear Timeframe (public excluded) – Emma Foster	3.40
	Section 10: Other Governance Reports	
20.	Finance, Risk and Audit Committee Meeting - 29 January 2021 (public excluded) – Chair, Evan Davies	4.10
	Section 11: Noting Papers	
21.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster	4.15
22.	Karakia Whakamutunga	4.20
	Meeting concludes	

The next HBDHB Board Meeting will be held on
Tuesday 2 March 2021

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

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

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

ĀKINA IMPROVEMENT

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

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

RARANGA TE TIRA PARTNERSHIP

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

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

TAUWHIRO CARE

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

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

Board "Interest Register" - as at 7 December 2020

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Shayne Walker	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	CEO	08.01.20
	Active	Daughter	Employed with Kahungunu Executive	Will abstain from all funding decisions related to Kahugnunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23/11/2020
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestryle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Whararíki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	Hawke's Bay District Health Board	Contracted as Incident Controller	Potential conflict. Will advise of any conflict of interest.	The Chair	16.09.20
		Cranford Hospice Trust	Health Consultant - contracted with provider	Will advise of any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	09.12.19
David Davidson	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria Univesity	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20
Renee Brown Board Observer	Active	Hawke's Bay DHB	Employed as Management Accountant for Provider Services	Unlikely to be of any conflict of interest. If in doubt will discuss with HB DHB Chair.	The Chair	01.10.20
	Active	Mother	Board member of Te Roopu a Iwi Trust and employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Sister	Employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Uncle	Board member of Te Roopu a Iwi Trust and employee of Te Taiwhenua o Heretaunga	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
Panu Te Whaiti Board Observer	Active	Hawke's Bay DHB	Employed as Portfolio Manager, Planning Funding & Performance	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	07.12.20
	Active	Pasifika Health Leadership Group	Member / Deputy Chair	Advisory Committee to HBDHB Board. Unlikely to be any conflict.	The Chair	13.10.20

MINUTES OF THE HBDHB BOARD MEETING
HELD ON WEDNESDAY 16 DECEMBER 2020 AT 1.00PM

PUBLIC

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

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

1. Prior to the meeting commencing, Hayley Anderson presented Marion Bridle, Corporate Receptionist, with a bouquet of flowers in recognition of the significant work she did to organise the staff Christmas barbeque.

The Chair opened the meeting with a mihimihi welcoming everyone to the meeting, acknowledging management and those working in the hospital and across the community. He also referred to Dr Rose Pere's recent passing. He noted that Panu Te Whaiti, Board Observer, had recently started working at the DHB in the Planning Funding & Performance Directorate and welcomed her to the organisation.

2. APOLOGIES
An apology was received from Charlie Lambert, Board Member, and Julie Arthur, co-Chair, Hawke's Bay Clinical Council.

3. INTEREST REGISTER
No amendments to the interest register were noted. 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 18 November 2020 were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Kevin Atkinson
Carried

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

6. BOARD WORK PLAN

The governance workplan was noted, with no changes made. The Chair advised there would be no Board meeting in January, however the Finance Risk and Audit Committee (FRAC) would have a zoom meeting late January. The first meeting of the Board in 2021 was confirmed for 2 February.

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
Glenys Cornish	Administration Coordinator	Operations Directorate	35	11/12/20
Jenny Forrest	Laboratory Technician	Operations Directorate	46	20/11/20
Josie Morrell	Enrolled Nurse	Communities, Women & Children	40	29/11/20
Phillipa Feierabend	Public Health Nurse	Communities, Women & Children	20	15/11/20
Robert Nielsen	Registered Nurse	Mental Health Directorate	16	2/11/20
Alison Leadbetter	Medical Secretary	Operations Directorate	35	20/11/20
Glenda Houston	Senior Pharmacy Technician	Operations Directorate	23	27/11/20
Julie Wilson	Registered Nurse	Communities, Women & Children	11	27/11/20
Stephanie Neal	Laboratory Scientist	Operations Directorate	12	10/12/20
Dr Saxton Dearing	Orthodontist	Communities, Women & Children	40	30/11/20
Sally Rudzevecuis	Community Support Worker	Communities, Women & Children	25	17/12/20

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. He noted that the 11 staff had collectively worked for the DHB more than 300 years and expressed his gratitude for their commitment over a long period of time, sometimes under trying conditions.

- The Chair referred to the Surgical Services Expansion project which was commencing in January 2021 and advised that communication would be coming out around the disruption that would occur. Board members had received a very good presentation earlier in the day about the project including plans in place to mitigate some of those challenges. The Chair highlighted some of the work involved in the project, including an eighth theatre which would allow the DHB to deliver more services.
- The Chair advised that implementation of the Health & Disability Review was being led by the Office of the Prime Minister. Board members discussed this earlier in the day with the Board agreeing to continue to advocate in the best interests of the Hawke's Bay community.

On behalf of the Board, the Chair thanked all staff for their dedication and commitment, whilst acknowledging that 2020 had been a very challenging and testing year. He expressed his gratitude and wished all staff a peaceful Christmas, a happy New Year and a well-earned break.

8. CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer (CEO) took her report as read, however highlighted the following:

- The various staff, providers, community groups and stakeholders she had met with since commencing in the role in August 2020
- She had recently visited Wairoa and Central Hawke's Bay Heath Centres where she also met with senior Council staff including the Mayors and other agencies

- The only Council the CEO had yet to meet with was Napier, however it was hoped a meeting could be organised early in the New Year
- The CEO referred to a recent meeting with Mayor Sandra Hazlehurst to discuss parking in and around the hospital campus. The CEO referred to the travel and parking survey which all staff had been asked to complete, which would provide information around transport in general. Feedback would be provided to the Board in February 2021. The CEO noted that 500 responses to date had been received on the survey.
- Summer heat remained a focus and the CEO advised she would provide updates over the coming months on work being undertaken to improve those areas that remained profoundly impacted by summer heat.
- The CEO said she had received a number of emails from staff following her email last week in response to feedback from staff wanting to feel safe while at work. This was an issue talked about often by the Executive Leadership Team and further work was being done to put more systems and measures in place to support staff working both in the hospital and the community.

Board members acknowledged the work being done to improve the safety of staff and thanked the CEO for engaging with so many stakeholders and staff since commencing in the role.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

9. FINANCIAL PERFORMANCE REPORT

The Executive Director (ED) Financial Services took this report as read noting there had been a good discussion at the FRAC meeting this morning. She advised the operating result for November was $109k favourable, taking us to $443k year-to-date.

The ED Financial Services provided an update on the money received for COVID-19, advising that the DHB followed the Ministry of Health's (MoH) guidelines and also provided them with a weekly report. She noted that while funding was received from the MoH, the DHB was also funding COVID-19 locally, as were other DHBs. Cabinet had approved the testing revenue in quarters and generally funding had been retrospective and did not always cover all of the testing costs incurred due to working on averages. It was therefore important to note there should be no expectation that all expenditure on COVID-19 would be covered by revenue.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

10. PLANNING & FUNDING MONTHLY REPORT

Emma Foster, Acting Executive Director of Planning, Funding & Performance, provided a brief overview of this report, highlighting the next steps in the development of the Hawke's Bay system master plan. A draft Hawke's Bay health system strategic model of care would be provided to the Board in February 2021. To prepare for that discussion, a member commented it would be useful to receive the current strategic documents in advance of the discussion in February. **Action**

The CEO referred to a discussion with the Hastings Mayor and senior staff at the Council about the Council's Long-Term Investment Plan, particularly in regards to the footprint around the hospital campus and the neighbourhood, and said it would be useful for both organisations to work together on common issues. The Council was open to that suggestion.

RECOMMENDATION

That the HBDHB Board:

1. **Note** and acknowledge the framework for the System Master Planning process and the next steps.

Adopted

11. HEALTH SERVICES (DHB PROVIDER ARM) REPORT

The Chief Operating Officer presented this report, highlighting the following:

- Elective discharges in November exceeded production plan targets for the first time this financial year
- There had been a significant improvement in ESPI2 (outpatient referrals waiting longer than four months), including Ear, Nose & Throat where there had been a backlog
- Progress was being made in reducing waits for first specialist assessments (FSAs) which would have a knock-on effect with growing waiting lists for elective surgeries
- Five Hawke's Bay nurses had been accepted onto the Nurse Practitioner Training Programme for 2021

Comments during discussion included:

- In the New Year Gastroenterology would move from the Medical Directorate to Surgical Directorate and a priority was to have a Nurse Practitioner in that unit
- The Dermatology move to Napier had been put on hold in the meantime due to the arrival of a new Dermatologist
- Discussions around other services moving off the hospital campus were being led by Planning, Funding & Performance
- High hospital occupancy continued to impact on the emergency department (ED) and a key focus over the holiday period was to move patients from ED into beds as quickly as possible and discharging through to other settings whilst maintaining safety

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

12. BOARD HEALTH & SAFETY CHAMPIONS' UPDATE

Peter Dunkerley, Board Health & Safety Champion, provided the following verbal update on activities over the last month:

- Attended a zoom meeting where health and safety issues relating to the new theatres were discussed, including any risks and how these would be managed
- Walked through the mental health unit. Peter highlighted the importance of protecting both staff and patients
- Peter commented that everyone was under pressure in the hospital and there was a team approach to solving problems which was to be applauded

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

13. AKINA – ENABLING OUR ORDERLIES

Anne Speden, Executive Director (ED) Digital Enablement, Ben Duffus, Head of Innovation & Strategic Partnership, Lynda Mockett, Patient Support Manager and Luke Hardiman, Senior Mobility Applications Developer were in attendance for this item.

Board members received a presentation on the pilot of new iPhones which was being trialled by four orderlies. Benefits of the new technology included:

- Tasks could be captured and assigned through a digital dashboard on a mobile device (orderlies did not need to return to base for their next task)
- Visibility of orderlies available to allow proactive service management
- Reporting functionality
- Patient privacy (no speaking over radios in corridors/wards)

The Chair thanked the team for the presentation and looked forward to a further update in February 2021.

Peter Dunkerley advised that the Rotary Club had some money to buy three more iPads and stands and asked for an update on where these could be placed to allow a decision to be made. **Action**

REPORT FROM COMMITTEE CHAIRS

14. MĀORI RELATIONSHIP BOARD (MRB)

This report provided a summary of the discussion from the MRB meeting held on 2 December 2020. MRB Chair, Ana Apatu, provided a brief overview of the report highlighting the following:

- A request from MRB that the review into the Oranga Tamariki (OT) uplift at Hawke's Bay Hospital be completed as a matter of urgency.
- A request from MRB that the timeframe for the Maternity Services internal review be brought back to MRB at their next meeting. Kevin Atkinson asked if that review could be extended to include the utilisation of services, with a particular focus on why Māori do not appear to be using the service. **Action**
- The CEO stated that both reviews were separate matters, with the Chief Nursing & Midwifery Officer leading the OT review and the Acting Executive Director of Planning, Funding & Performance leading the Maternity Services review. The new Regional Director of OT, and the new District Commander from Police, would be involved in the review as well as staff and broader stakeholders. At this stage she was unable to give a timeframe for reporting back. In respect to Kevin Atkinson's request, the CEO advised that this would be picked up in the broader review into cultural responsiveness.
- Kevin Atkinson referred to the seven key findings from the NZ Health Survey and asked what the DHB was doing to improve the statistics locally. He suggested appointing champions to focus on each of the key areas and to come back with recommendations and actions to see improvement in each of the focus areas. The CEO advised that a balanced scorecard was being developed which would come to the Board in February 2021 for discussion.
- The importance of having more diversity on the Board, including a Pasifika representative, was noted.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

15. HAWKE'S BAY CLINICAL COUNCIL REPORT

Co-chair Robin Whyman provided an overview of the discussion at the Clinical Council meeting on 2 December 2020. The brevity of the report was commented on, with one member indicating they would like to receive more of the discussion in future reports.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

16. PASIFIKA HEALTH LEADERSHIP GROUP (PHLG)

This report provided an overview of the issues discussed at the PHLG meeting on 30 November 2020. Chair, Traci Tuimaseve, provided an overview of the report and acknowledged the hard work the Pasifika team was doing.

Panu Te Whaiti highlighted that Pasifika was made up of many pasifika peoples from many nations and said she was proud of the work Pasifika staff were doing with the public health team and RSE workers.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

FOR INFORMATION / DISCUSSION

17. TE ARA WHAKAWAIORA – HEALTH OF KAUMĀTUA – AGEING WELL IN HAWKE'S BAY

Dr Lucy Fergus, Consultant Geriatrician and Suzanne Parkinson, Portfolio Manager, were in attendance for this item.

This report set out the next steps of the Whānau Ora, Hāpori Ora focus area of Kaumātua health and wellbeing. It also concluded the Ageing Well in Hawke's Bay Board updates, with the first Te Ara Whakawaiora (TAW) Action Plan for Health of Kaumātua. Emma Foster, Acting Executive Director of Planning, Funding & Performance, spoke to the report highlighting the work programme (appendix A).

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.
2. Endorse the Te Ara Whakawaiora plan for the next 12-18 months, to improve equitable outcomes for Kaumātua.

3. Agree for management to transform its responsiveness to ageing and frailty.

MOVED: Shayne Walker
SECONDED: Ana Apatu

Carried

18. REGIONAL SERVICES PLAN 202021

This report sought endorsement for the HBDHB Chair to sign the final draft Regional Services Plan (RSP) 2020/21, subject to any further changes requested by the Ministry of Health. Emma Foster, Acting ED Planning, Funding & Performance spoke to the report highlighting the key regional strategic initiatives and priorities.

Kevin Atkinson said he was disappointed to be asked to sign the RSP six months into the financial year and asked for his comments to be fed back to TAS. He referred to the work the Northern Region was doing around equity adjustments and access to services and was concerned to note this was not included in the Central Region RSP. He asked if this had been considered as he felt it would be preferable to have consistency across the region.

The CEO noted that a number of the actions in quarters one and two had flowed over from last year and therefore was not new work. Also, there was some singularity that had move quite quickly in the Northern Region that was not as easy to do in the Central Region. She said to do that would involve more investment and it was important to see the outcome of the NZ Health & Disability Review.

RECOMMENDATION

That the HBDHB Board:

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

MOVED: Joanne Edwards
SECONDED: Heather Skipworth

Carried

19. SAFETY AND WELLBEING COMMITMENT STATEMENT – ANNUAL REVIEW

The ED Financial Services took this report as read and thanked the Board Health & Safety Champions for their guidance and work in this area.

RECOMMENDATION

That the HBDHB Board:

1. Review and approve the draft Safety and Wellbeing Commitment Statement.

2. Approve that the Chief Executive Officer and Chair both sign and date it on behalf of the Board.

MOVED: Hayley Anderson
SECONDED: Peter Dunkerley

Carried

20. COMMUNICATIONS QUARTERLY REPORT

Anna Kirk, Executive Director Communications, provided an overview of this report acknowledging JB Heperi-Smith, Senior Advisor Cultural Competency, for his support. In terms of the upcoming capital works, Board members were advised that a mini-website was being developed for each of the infrastructure projects which was due to go live next week. This would be updated regularly and would enable people to see progress on each of the projects.

21. RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board:

Exclude the public from the following items:

22. Confirmation of Previous Minutes 18 November 2020 - Public Excluded
23. Matters Arising (Public Excluded)
24. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
25. Chair's Report (Public Excluded)
26. Chief Executive Officer's Report (Public Excluded)
27. Hawke's Bay Clinical Council Report (Public Excluded)
28. Treaty Governance Framework (Public Excluded)
29. Finance Risk and Audit Committee Meeting 16 December 2020 (Public Excluded)

MOVED: Shayne Walker
SECONDED: Peter Dunkerley

Carried

On behalf of the Board, the Chair wished staff and members of the community a Merry Christmas and a Happy New Year.

The public section of the Board meeting concluded at 3pm.

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	21/10/20	**Support for Elderly People** Discuss with Annie Aranui (MSD) what social support is available for elderly people who are discharged from hospital	CEO	November	Meeting with Regional Commissioner scheduled for late January 2021
2	16/12/20	**Rotary Club Donation of iPads** Discuss with Peter Dunkerley as to where these might best be placed	ED Digital Enablement	ASAP	Under action
3	16/12/20	**Maternity Services Review** Consideration be given to extending the review to include utilisation of services, with a particular focus on why Māori do not appear to be using the service	CM&NO	December	Completed
4	16/12/20	**HB Health System Strategic Model of Care** Board to receive current strategeic documents in advance of February discussion. To be uploaded to Resource Centre.	ED Planning Funding & Performance	Prior to February	The following guiding documents that have used to inform the HB health system model of Care have been placed in the Diligent resource centre as per the Board's request: Whānau Ora Hāpori Ora, Wai 2575, Health and Disabliity Review, The People Plan, the Clinical Services Plan.

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

HAWKE'S BAY District Health Board Whakawāteatia	**Board Governance Workplan**
	For the attention of: **HBDHB Board**
Document Owner	Keriana Brooking, Chief Executive Officer
Month	February 2021
Consideration:	For information
RECOMMENDATION: **That the Board:** 1. Note the contents of the Board workplan.	

Board members will recall that a paper entitled "Governance Gap Analysis and Workplan" was considered at the Finance Risk and Audit Committee meeting in December 2020. The agreed new workplan is attached as Appendix 1 and this new schedule has been incorporated into a new format which is attached as Appendix 2.

Please note that the quarterly reports for both FRAC and Board namely:

- Annual Plan Performance
- Provider Services Performance
- Public Health Performance
- Funded Services Performance
- Quality and Patient Safety and Standard Dashboard
- People & Staff Safety and Standard Dashboard
- Risk Management Report and Exceptions
- External Provider Audits
- Audit Actions Update
- PHO Report

need to be integrated into the report however due to the holiday break, management have not had the opportunity to consider the appropriate scheduling of each of these quarterly reports to ensure they are spread across the ten remaining months of 2021. The Board are reassured that this will be produced and available for the March 2021 Board agenda.

APPENDIX 1

FINANCE RISK AND AUDIT COMMITTEE		BOARD		
FINANCE	**Frequency**	**STANDING MANAGEMENT PAPERS**	**Public/Public Excluded**	**Frequency**
Financial Performance Report	Monthly	Chairs Report	Public / Public Excluded	Monthly
Annual Plan Budget	Monthly (Feb to June)	Chief Executive Officers Report	Public / Public Excluded	Monthly
Capital Plan Financials	Quarterly	Balanced Scorecard	Public	Monthly
Insurance	Annually	Financial Performance Report	Public	Monthly
OUTPUT PERFORMANCE		**STRATEGIC DELIVERY**		
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)	Monthly	Strategic Workplan	Public/Public Excluded	Monthly
Annual Plan Performance *(CPHAC / DSAC)*	Quarterly	Strategic Capital Projects	Public/Public Excluded	Monthly
Provider Services Performance *(HAC)*	Quarterly	Annual Plan Performance	Public	Quarterly
Public Health Performance *(CPHAC / DSAC)*	Quarterly	Ākina	Public	As required
Funded Services Performance *(CPHAC / DSAC)*	Quarterly	PHO Report	Public	Quarterly/ 6 monthly?
Annual Plan	Annually	Annual Plan	Public	Annually
Annual Report	Annually	Annual Report	Public	Annually
CLNICAL QUALITY AND PATIENT SAFETY		**CAPITAL PROJECTS**		
Quality and Patient Safety and Standard Dashboard *(HAC)*	Quarterly	Capital Investment / Business Cases	Public Excluded	As required
PEOPLE HEALTH AND SAFETY		**OTHER GOVERNANCE PAPERS**		
People & Staff Safety and Standard Dashboard	Quarterly	Health & Safety Champions	Public/Public Excluded	Monthly
RISK MANAGEMENT		Annual Reports: Allied Laundry/NZ Health Partnerships/TAS	Public	Annually
Risk Management Report and Exceptions	Quarterly	External Audit	Public/Public Excluded	As required
AUDIT AND COMPLIANCE		**NOTING PAPERS** ***(Discuss by exception)***		
External Audit	As per schedule provided	Māori Relationship Board	Public/Public Excluded	Monthly
Internal Audit	As per agreed timetable	Clinical Council	Public/Public Excluded	Monthly
External Provider Audits *(CPHAC / DSAC)*	Quarterly	Consumer Council	Public/Public Excluded	Monthly
Audit Actions Update	Quarterly	Te Pitau	Public/Public Excluded	Monthly
		Pasifika Health Leadership Group	Public/Public Excluded	Monthly
		Amounts Exceeding Delegation	Public Excluded	Monthly
		COVID-19 Update	Public	Monthly

APPENDIX 2

Board Workplan from March - December 2021	Emailed	Destination Month	ELT Member	Leader/Author	PHLG	MRB	Clinical Council	Consumer Council	FRAC	Board
Financial Performance Report		February	Carriann Hall						17-Feb	2-Mar
Annual Plan Budget (monthly Feb to June)		February	Carriann Hall						17-Feb	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		February							17-Feb	2-Mar
IAR - Risk Management		February	Carriann Hall							
IAR - Legislative Compliance		February	Carriann Hall							
Chairs Report										2-Mar
CEO's Report		March	Keriana Brooking							2-Mar
Strategic Workplan		March	Emma Foster							2-Mar
Strategic Capital Projects		March								2-Mar
Health & Safety Champions		March								2-Mar
Safety & Wellbeing Committee		March	Carriann Hall							2-Mar
Pacific Health Leadership Group		March	Patrick Le Geyt							2-Mar
COVID Update		March	Chris McKenna							2-Mar
Financial Performance Report		March	Carriann Hall						17-Mar	30-Mar
Annual Plan Budget (monthly Feb to June)		March	Carriann Hall						17-Mar	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		March							17-Mar	30-Mar
Chairs Report		March								30-Mar
CEO's Report		March	Keriana Brooking							30-Mar
Strategic Workplan		March	Emma Foster							30-Mar
Strategic Capital Projects		March								30-Mar
Health & Safety Champions		March								30-Mar
Safety & Wellbeing Committee		March	Martin Price							30-Mar
Pacific Health Leadership Group		March	Patrick Le Geyt							30-Mar
COVID Update		March	Chris McKenna							30-Mar
Financial Performance Report		April	Carriann Hall						21-Apr	4-May
Annual Plan Budget (monthly Feb to June)		April	Carriann Hall						21-Apr	
Capital Plan Financials (quarterly)		April							21-Apr	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		April							21-Apr	4-May
IAR - Strategy Deployment & Monitoring of Performance		April							21-Apr	
Chairs Report		May								4-May
CEO's Report		May	Keriana Brooking							4-May
Strategic Workplan		May	Emma Foster							4-May
Strategic Capital Projects		May								4-May
Health & Safety Champions		May								4-May
Safety & Wellbeing Committee		May	Martin Price							4-May
Pacific Health Leadership Group		May	Patrick Le Geyt							4-May
COVID Update		May	Chris McKenna							4-May
Financial Performance Report		May	Carriann Hall						19-May	1-Jun

Annual Plan Budget (monthly Feb to June)		May	Carriann Hall						19-May	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		May							19-May	1-Jun
Chairs Report		June								1-Jun
CEO's Report		June	Keriana Brooking							1-Jun
Strategic Workplan		June	Emma Foster							1-Jun
Strategic Capital Projects		June								1-Jun
Health & Safety Champions		June								1-Jun
Safety & Wellbeing Committee		June	Martin Price							1-Jun
Pacific Health Leadership Group		June	Patrick Le Geyt							1-Jun
COVID Update		June	Chris McKenna							1-Jun
Financial Performance Report		June	Carriann Hall						16-Jun	29-Jun
Annual Plan Budget (monthly Feb to June)		June	Carriann Hall						16-Jun	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		June							16-Jun	29-Jun
IAR - Outpatient Data/Booking Process		June							16-Jun	
IAR - Staff Engagement Monitoring and Organisational Culture		June							16-Jun	
Chairs Report		June								29-Jun
CEO's Report		June	Keriana Brooking							29-Jun
Strategic Workplan		June	Emma Foster							29-Jun
Strategic Capital Projects		June								29-Jun
Health & Safety Champions		June								29-Jun
Safety & Wellbeing Committee		June	Martin Price							29-Jun
Pacific Health Leadership Group		June	Patrick Le Geyt							29-Jun
COVID Update		June	Chris McKenna							29-Jun
Financial Performance Report		July	Carriann Hall						21-Jul	2-Aug
Capital Plan Financials (quarterly)		July	Carriann Hall						21-Jul	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)									21-Jul	3-Aug
Chairs Report		August								3-Aug
CEO's Report		August	Keriana Brooking							3-Aug
Strategic Workplan		August	Emma Foster							3-Aug
Strategic Capital Projects		August								3-Aug
Health & Safety Champions		August								3-Aug
Safety & Wellbeing Committee		August	Martin Price							3-Aug
Pacific Health Leadership Group		August	Patrick Le Geyt							3-Aug
COVID Update		August	Chris McKenna							3-Aug
Financial Performance Report		August	Carriann Hall						18-Aug	31-Aug
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		August							18-Aug	31-Aug
Chairs Report		August								31-Aug
CEO's Report		August	Keriana Brooking							31-Aug
Strategic Workplan		August	Emma Foster							31-Aug
Strategic Capital Projects		August								31-Aug

Safety & Wellbeing Committee		August	Martin Price							31-Aug
Pacific Health Leadership Group		August	Patrick Le Geyt							31-Aug
COVID Update		August	Chris McKenna							31-Aug
Financial Performance Report		September	Carriann Hall						15-Sep	28-Sep
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		September							15-Sep	28-Sep
Chairs Report		September								28-Sep
CEO's Report		September	Keriana Brooking							28-Sep
Strategic Workplan		September	Emma Foster							28-Sep
Strategic Capital Projects		September								28-Sep
Health & Safety Champions		September								28-Sep
Safety & Wellbeing Committee		September	Martin Price							28-Sep
Pacific Health Leadership Group		September	Patrick Le Geyt							28-Sep
COVID Update		September	Chris McKenna							28-Sep
Financial Performance Report		October	Carriann Hall						20-Oct	2-Nov
Capital Plan Financials (quarterly)		October	Carriann Hall						20-Oct	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)		October							20-Oct	2-Nov
Chairs Report		November								2-Nov
CEO's Report		November	Keriana Brooking							2-Nov
Strategic Workplan		November	Emma Foster							2-Nov
Strategic Capital Projects		November								2-Nov
Health & Safety Champions		November								2-Nov
Safety & Wellbeing Committee		November	Martin Price							2-Nov
Pacific Health Leadership Group		November	Patrick Le Geyt							2-Nov
COVID Update		November	Chris McKenna							2-Nov
Financial Performance Report		November	Carriann Hall						17-Nov	30-Nov
Insurance		November	Carriann Hall						17-Nov	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)									17-Nov	30-Nov
Chairs Report		November								30-Nov
CEO's Report		November	Keriana Brooking							30-Nov
Strategic Workplan		November	Emma Foster							30-Nov
Strategic Capital Projects		November								30-Nov
Health & Safety Champions		November								30-Nov
Safety & Wellbeing Committee		November	Martin Price							30-Nov
Pacific Health Leadership Group		November	Patrick Le Geyt							30-Nov
COVID Update		November	Chris McKenna							30-Nov
Financial Performance Report		December	Carriann Hall						15-Dec	
Balanced Scorecard (e.g. Quality, People & Safety, Equity, Finance, Operational Performance)										

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**JANUARY 2021 DHB CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	26 January 2021
Purpose/Summary of the Aim of the Paper	To provide a monthly strategic and operational update to the Board of HBDHB
Health Equity Framework	We are developing a strategic approach to achieving health equity using an Equity Framework. The Executive Leadership Team will be meeting in February to agree the work effort and reconfirm the delivery/accountability/monitoring leads for the Equity Action Plan. 2021/22 investment options using the Health Equity Framework will be provided for Board decision in March 2021. Work is advancing on the draft HBDHB position statement on institutional racism, feedback is being sought from Board and senior staff with a paper for Board decision in March 2021.
Principles of the Treaty of Waitangi that this report addresses	A meeting was held Friday 22 January with Post Treaty Settlement Groups and Ngati Kahunguni Iwi Inc (NKII) to advance the discussions on treaty-based governance. This is the second meeting and was focusing on building understanding amongst the group about the building blocks required to agree the principles and the actions a treaty-based governance group would be developed on. The Central Region DHB Digital Enablement and Māori Executive Leads have been working locally and regionally on Māori Data Sovereignty as DHBs plan locally, regionally and nationally on how we collect, store and use Māori data. Conversations with Māori in this area are ongoing. HBDHB is one of a number of public sector agencies working through this.
Risk Assessment	The DHB continues to carry a high degree of clinical, financial and equity risk with ongoing service demand risks in primary care, aged residential care facilities, acute services and inpatient services. From the staff to the Executive, daily decisions are being made to keep our people and services safe. Strategic improvements and investment decisions (including disinvestment) will feature as Board decision papers over the coming months.
Financial/Legal Impact	Nothing for noting.

Stakeholder Consultation and Impact	Nothing for noting.
Strategic Impact	Work is underway to prepare the organisation for our part in the Health and Disability System Review changes. The Executive are particularly thoughtful about ➢ those areas we should not lose sight of during change (people, infrastructure, community, equity, improvement, safety) ➢ where we may need to move quickly to respond ➢ not pre-empting too much therefore "exhausting" effort in an already busy environment We will be working actively with the Board and broader governance over the coming months on our response and involvement.
Previous Consideration / Interdependent Papers	N/A
RECOMMENDATION: *It is recommended that the Board:* 1. *Note and acknowledge this report.*	

HOSPITAL SERVICES UPDATE

Emergency and Non-Elective Care

The ED6 Health Target result for December was 78.6 percent. While this is an improvement on previous months, it does not adequately reflect the operational experience of recent weeks. The Christmas week was well managed, supported by the decision to not reduce staffing in anticipation of lower demand. Over this period, beds were closed and staff put off onto annual leave. As escalation increased after the Christmas holiday, staff were already rostered to manage the issue. However, the period was also marked by a sustained reduction in discharging which, coupled with a run of heavy demand days immediately after New Year, placed the hospital back into overflow. While the elevated daily demand through the emergency department (ED) has not continued, access block has continued as a result of difficulties encountered transferring medically stable patients out of hospital.

Planned Care

HBDHB planned care delivery was strong in December 2020, although this performance continues to be set in the context of continuing elevated referral demand.

- The average of 2,358 referrals per month received in the three months to December 2020 is 16.4 percent higher than the 2,026 average for the same period last year
- In total, 1,187 patients were provided with First Specialist Assessments in the month of December – 95 percent of November's activity, and 112 percent of the October's. Most notably, the activity is 38 percent higher than the level in December 2019. However, as a result of the referrals received, the overall waiting list grew, as did the proportion of the waiting list who have been waiting for four months or more (from 23.0 percent to 26.6 percent). This equates to 1,412 patients overdue – although the DHB remains within the trajectory for the Ministry of Health (MoH) Improvement Action Plan.

In respect of elective surgery, the DHB over-performed against its MoH production planning target in December for the first time this year. While December's discharge targets are reduced in the trajectory to take account of the holiday season, the result was 109.3 percent on discharges and 106.7 percent on case-weight discharges.

- Inter District Flow activity was 112 percent of plan (83 discharges vs 74 plan)
- On-site activity continues its record of over-delivery (445 discharges vs 382 plan)
- Most pleasingly, outsourced delivery was 93 discharges (83 percent of the 112 plan, and up from 66 discharges in November)

In line with elevated referral and activity levels, however, the waiting list for surgery also continues to grow, and now stands at 2,299 patients, ca. 650 higher than its pre-COVID level. Of these, 22.5 percent of patients have waited more than four months – broadly the same proportion as November, but an extra 37 patients who are now overdue.

SYSTEM UPDATE

The system has collectively been impacted by the ongoing impacts of COVID-19, along with population health changes. Thank you to Health Hawke's Bay who have supplied the following information. Over the past month, General Practice and Urgent Care Centres have reported a significant increase in demand post COVID-19 restrictions. The primary care sector has also noted the retention of clinical and non-clinical staff has been difficult post COVID-19 restrictions. Vacancies in several practices have significantly stretched resources.

For context, General Practice December consultation volumes are up by 4 percent compared to the same period last year. This is an increase of 1,588 consultations in December 2020. This is in an environment where many Health Care Home practices are utilising efficient processes to manage demand e.g. phone clinical triage to manage demand for urgent/same day care and patient portal for repeat prescription requests and brief advice. Urgent Care Centres have reported a 14 percent increase in demand in December 2020 on the same month last year, and the first 18 days in January they have seen between 11 percent and 14.3 percent increase for the same period in 2020.

This high level of demand for general practice services may have the following flow on effect:

- Overflow of patients to Urgent Care centres
- Overflow of patients to ED
- Delayed presentation increasing the likelihood of ED event and unplanned admission
- Limited resources to proactively manage Long Term Conditions (LTCs) (noticeable drop off LTC measures)
- Limited resources to undertake routine and preventative care (noticeable drop in Cardiovascular Risk Assessment, Smoking Brief Advice, Immunisation, Cervical Screening measures)

Within Aged Residential Care services, specifically the bed supply of Dementia (stage 3) and Psychogeriatric (stage 5), indicates that that on a per capita basis of our 65+ population Hawke's Bay aligns with the NZ total bed supply. Hawke's Bay has higher occupancy rates than the national average, which suggests we may have a higher demand from our population for these services. We also know access to these beds is impacted by flow, entry and exit.

HBDHB EXECUTIVE UPDATE

Appointment of Emma Foster – Executive Director of Planning, Funding and Performance

I am very pleased to announce the appointment of Emma Foster as Executive Director of Planning, Funding and Performance, following an external contestable recruitment process. Emma has been acting in the role since last year, and has brought an extensive background in health leadership, having held various roles within the broader health sector both locally and nationally.

Her previous roles and background will bring us greater insights into how we can deliver better health care to our communities using her substantial knowledge of strategy, policy development and contract management. One of Emma's greatest skills is her ability to connect with and build relationships with people

as she works with them. She nurtures trust and has built strong and cohesive relationships with a vast array of stakeholders, which will hold us in good stead as we work to strengthen and build our services into our most vulnerable communities.

Appointment of Martin Price – Executive Director of People and Culture

I am pleased to tell you that Martin Price will join the Hawke's Bay DHB team in March as our Executive Director of People and Culture. Martin brings us the best of both worlds. He has a long and successful track record in human resources and health and safety leadership in the private sector that has been honed over the last four years while working for Taranaki District Health Board (TDHB) in an equivalent role. I know TDHB is sad to see him go.

Martin will make the journey across the North Island with his wife in the next couple of months and starts with us on 9 March 2021. I know he is excited about meeting our team, facing the challenges of the role head-on and making the most of the beautiful lifestyle our region offers.

COVID-19

A project team has been set up to manage vaccination. In the absence of community transmission, the priorities for vaccination are frontline health workers, border workers, those working in managed isolation facilities and close contacts of these. We expect regulatory approval for the Pfizer vaccine in the next week.

The current plan is to begin vaccinating on 1 March. Vaccination of other groups is timetabled to begin in October with the Modena vaccine.

We are content that there are adequate quantities of appropriate PPE (personal protection equipment) to support business as usual on site and that the MoH can supply our needs in the event of an outbreak.

We are working with the MoH to improve oxygen supply in the hospital to ensure fit for purpose accommodation in the event of an outbreak. This may result in disruption, in particular to Ward B2, whilst the works are in progress and we will seek to maintain hospital flow.

Napier Port continues to be our highest risk area and the Public Health Unit is working closely with Port Authorities to minimise this risk.

An appointment to boost leadership capability supporting testing and residential care will be made in the next week.

Executive leads have been working on the resurgence plan and it is planned for this to be completed within the next two weeks.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report December 2020**
	For the attention of: **Board**
Document Author(s)	Carriann Hall, Executive Director Financial Services Phil Lomax, Financial and Systems Accountant
Date	February, 2021
Purpose/Summary of the Aim of the Paper	To provide a monthly update on the key financial metrics
Health Equity Framework	As a part of the suite of consolidated reporting, provide financial information to support decision making around health equity
Principles of the Treaty of Waitangi that this report addresses:	Through providing information on the overall financials, supports debate around the Treaty Principle of 'Options: Providing for and properly resourcing kaupapa Māori health and disability services'
Risk Assessment	The report provides summary information on the risks
Financial/Legal Impact	As per the report
Stakeholder Consultation and Impact	
Strategic Impact	Achieving a sustainable underlying financial position will support the DHB to achieve its strategic objectives
Previous Consideration / Interdependent Papers	Interdependency with papers on the Strategic Planning and Budgeting over a multiyear timeframe.

RECOMMENDATION:
It is recommended that the Board:

1. *Note and acknowledge* the financial position summarised in the report and the risks highlighted. Further discussion around options and levers are captured in the Strategic Planning and Budgeting over a multiyear timeframe paper.

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

Operating Result for December was $577k adverse, utilising all accrued favourable variance to-date and bringing the result to $131k adverse year-to-date (YTD). This increases to $1.2m adverse in month ($3.3m adverse YTD) once net impact of COVID-19 costs and Holidays Act are included, both of which were unplanned, as agreed by Ministry of Health (MoH).

The adverse Operating Result was expected due to continuing underlying and ongoing factors relating to dependency and occupancy, impacting Providing Health Services and to a lesser extent Planning & Funding, exacerbated by:

1. maintaining capacity over the holiday period and impact on annual leave actual vs plan
2. provision of cover for junior doctor roster gaps as a result of recent national changes to the timing of when junior doctors rotate to their next placement
3. offset in part by release of $250k Aged Residential Care reserve.

The position is being managed largely through non-recurrent (one-off) funds, which is not sustainable.

	December				*Year to Date*				*Year End*	Refer
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*	Appendix
Operating Revenue	56,431	55,255	1,176	2.1%	333,573	329,750	3,823	1.2%	663,376	1
Less:										
Providing Health Services	28,189	27,033	(1,156)	-4.3%	162,673	159,511	(3,162)	-2.0%	330,954	2
Funding Other Providers	34,789	33,751	(1,038)	-3.1%	152,974	151,629	(1,345)	-0.9%	285,847	3
Corporate Services	5,273	5,309	37	0.7%	30,432	31,289	857	2.7%	61,426	4
Reserves	(808)	(404)	404	100.1%	2,098	1,793	(305)	-17.0%	3,616	5
Operating Result	**(11,011)**	**(10,434)**	(577)	-5.5%	**(14,603)**	**(14,472)**	(131)	-0.9%	**(18,467)**	
Plus:										
Emergency Response (COVID-19)	(329)	2	(331)		(1,670)	2	(1,673)		(2,364)	
Holidays Act Remediation	(246)	-	(246)	0.0%	(1,531)	-	(1,531)	0.0%	(2,967)	
	(11,586)	**(10,432)**	(1,154)	-11.1%	**(17,804)**	**(14,469)**	(3,335)	-23.0%	**(23,798)**	

The Covid-19 budget is non-zero because part of the revenue budget has been transferred to capital expenditure, where the cost will be incurred.

Risks, Opportunities & Issues

The forecast shows the position without mitigations to show the extent of the financial risk. The forecast has worsened in the last two months as expectations, particularly around the use of overflow beds and medical locums, have not been met.

Unlike 19/20, we do have further (one-off) flexibilities to deploy as we come into the second half of the year to close this gap, but achieving the planned Operating Result is vulnerable to internal and external forces.

Internal

- *Recurrent underlying risk* averages ~$450k a month, with some increases in recent months. Whilst availability of staffing/physical capacity should create some upper limit on expenditure (acknowledging that there is a flow on impact to risk and additional pressure on staff) there is still risk of the in-month position worsening further.

- A number of *emerging issues* that are not reflected in the current financials and are captured in the February Board paper.

- Delivery against the *planned care* target is progressing well and is closely managed. MoH data is provided in Appendix 8 for assurance purposes, although this is only available to November. Activity forecasts show that the YTD delivery % will improve month-on-month from December

onwards, as the continued strong onsite performance and stepped up outsourcing recover the delay in outsourcing at the beginning of the year.

- *Reserves* have been reviewed at the half year:
  - $0.5m Aged Residential Care reserve - based on spend to date, $250k was released in month.
  - $2.4m Annual Plan reserve - assessment is $900k underspend anticipated against this reserve. No benefit has been reflected in our actual and forecast, pending discussion with the Board in February.
  - The other reserves are expected and forecast to be fully utilised.

External

- *MECA settlements* have yet to be finalised and *PHARMAC* may yet cause issues.
- *COVID impacts,* whilst we look to keep a separation between COVID costs and the Operating Result, there are some aspects which are difficult to quantify, such as increased costs of goods and supply.
- *MoH additional defined term funding* for planned care and sustainability initiatives, which create opportunities to improve performance issues or ongoing run rate. However, we will need to closely manage the risk of a potentially higher cost base once the funding reaches its term.

These risks will have impacts into 21/22. As agreed in December governance response options for 20/21 (and into 21/22) will be considered in more detail in February Board.

Other Performance Measures

	December				Year to Date				Year End Forecast	Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance			
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Capital spend	1,141	3,577	(2,435)	-68.1%	6,768	17,468	(10,700)	-61.3%	45,058	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,544	2,554	11	0.4%	2,615	2,620	5	0.2%	2,643	2 & 4

- Capital spend (Appendix 10)

  Variances on strategic capital projects is the main driver of the underspend to date. This is partly due to uncertainty of the timing of expenditure at planning and partly a result of slippage. We will look to re-phase the plan and take action to maximise the available capital next month. Block allocations are likely to be mostly caught up later in the year.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $21.8m overdrawn on 3 December, which is within the $35m statutory limit and in line with the $22m forecast. The DHB is achieving ~50% of payments within 10 days as per MBIE requirements. Further work will be required to hit the 95% target and is not being actively progressed whilst DHBs work with MoH to understand how the one off cash impact can be mitigated.

- Employees (Appendices 2 & 4)

  Higher-than-planned nursing and support numbers, reflecting the underlying issues in Providing Health Services, were partly offset by vacancies across allied health, and management and administration.

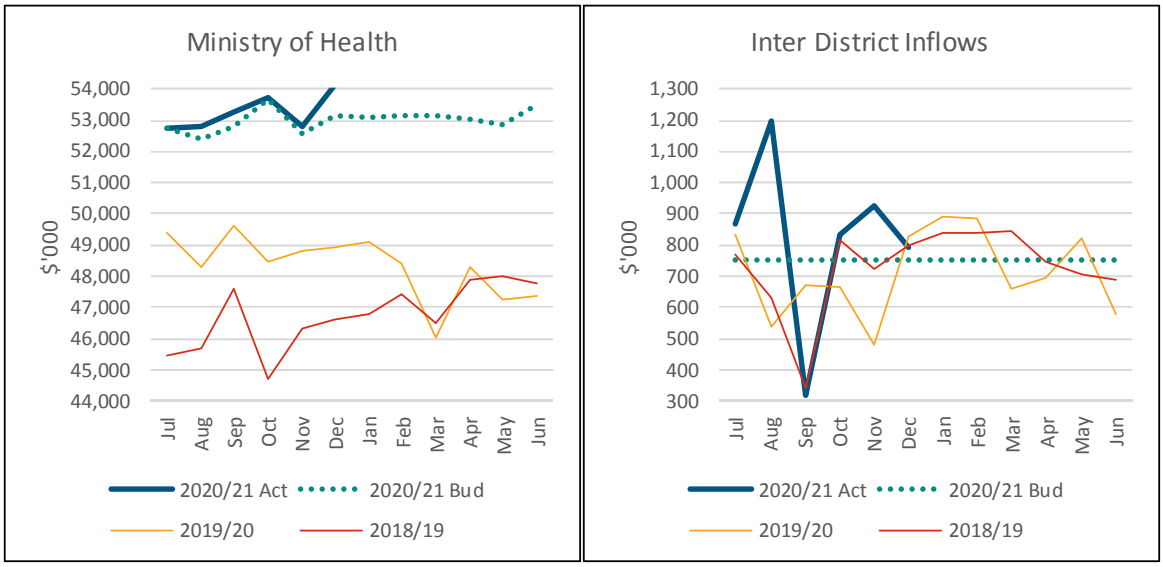
The overall favourable postion for FTEs is skewed by vacancies in medical personnel, which are likely to be covered by locums (not counted as FTEs). While this has a net favourable impact on FTE, it also causes a net adverse variance on cost.

Following a step increase in November / December, medical personnel and locums are currently running $1.7m adverse to budget YTD and are the main driver of the recent increase in underlying overspend. This is not forecast to reduce again until March.

APPENDICES

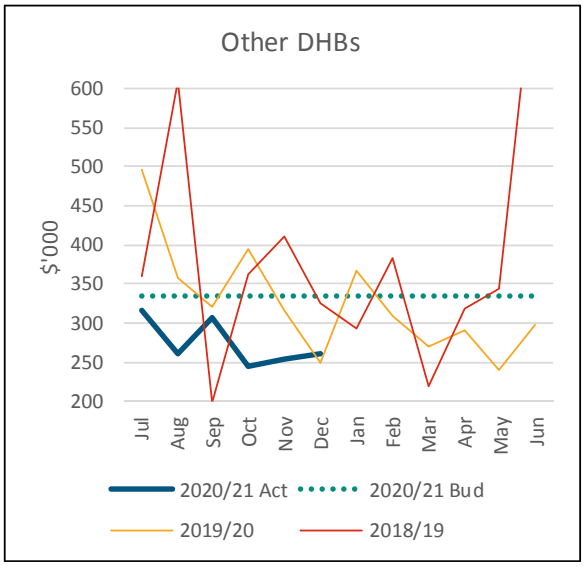
1. OPERATING REVENUE

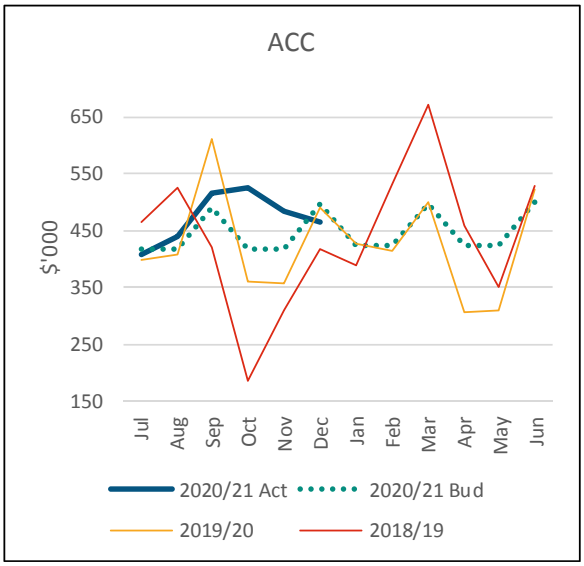
Excludes revenue for COVID-19	*December*				*Year to Date*				*Year End*
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Ministry of Health	54,122	53,163	959	1.8%	319,427	317,330	2,098	0.7%	637,110
Inter District Flows	790	752	38	5.0%	4,928	4,514	414	9.2%	9,404
Other District Health Boards	261	334	(73)	-21.9%	1,644	2,005	(361)	-18.0%	3,475
Financing	6	2	4	216.0%	50	20	30	152.0%	70
ACC	465	498	(33)	-6.6%	2,841	2,659	182	6.9%	5,716
Other Government	58	60	(2)	-3.7%	251	304	(54)	-17.6%	421
Abnormals	-	-	-	0.0%	200	-	200	0.0%	200
Patient and Consumer Sourced	80	108	(28)	-26.2%	785	649	136	21.0%	1,504
Other Income	649	338	311	92.0%	3,447	2,270	1,177	51.8%	5,475
	56,431	**55,255**	1,176	2.1%	**333,573**	**329,750**	3,823	1.2%	**663,376**



Ministry of Health ($2.1m favourable YTD)
Includes mental health funding, training revenue, and family planning funding, all offset in expenditure.

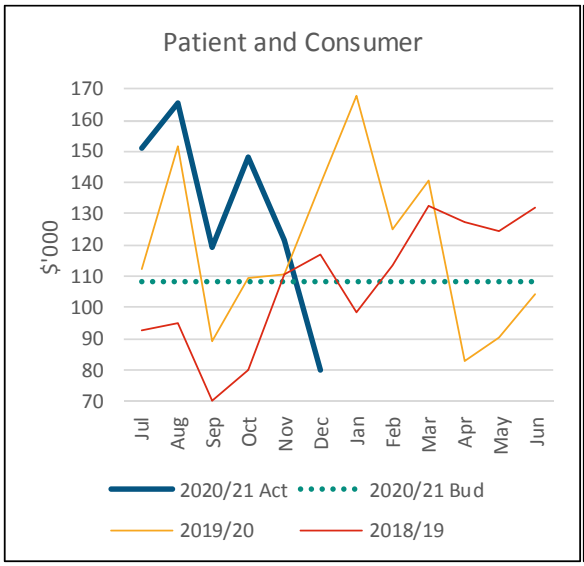
Inter District Flows ($0.4m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.

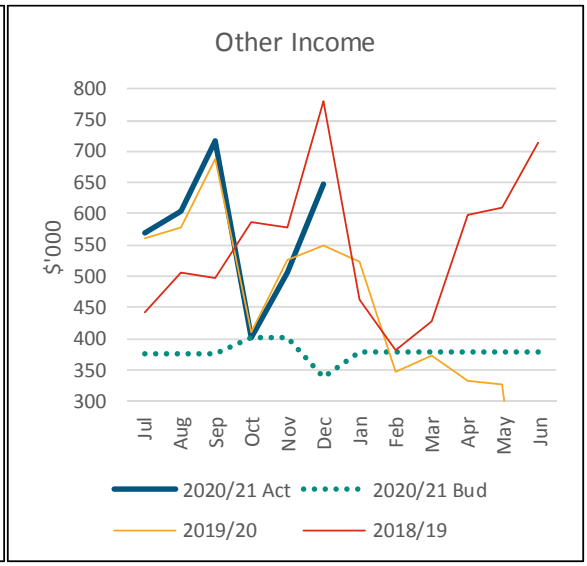




Other district health boards ($0.4m adverse YTD)
Reduced revenue from Tairāwhiti DHB for pharmaceutical cancer treatments (PCTs) partly offset by increased revenue from MidCentral DHB for oncology clinics. This appears to be an ongoing issue.

ACC ($0.2m favourable YTD)
Some reduction in rehabilitation services provided to ACC approaching the Christmas period.



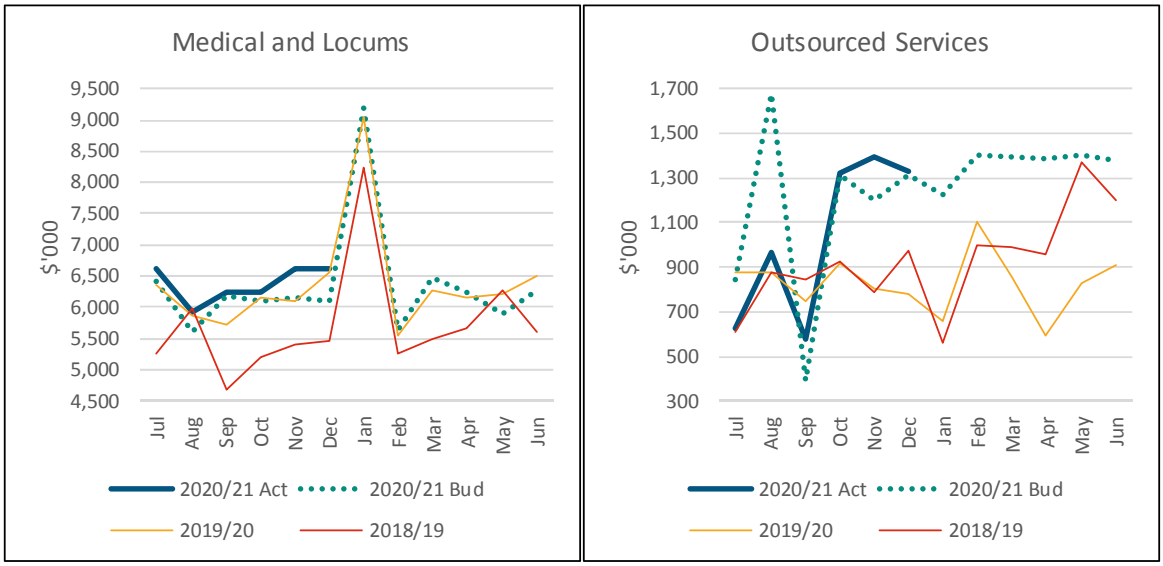


Patient and consumer ($0.1m favourable YTD)
Reduced non-resident charges. Meals on Wheels remain well ahead of budget.

Other income ($1.2m favourable YTD)
December includes $0.2m of clinical equipment relating to COVID-19 transferred to the DHB from MoH. The year-to-date numbers include unbudgeted donations, return on investment in allied laundry services, and a wide range of income items across the DHB. The diversity and volatility of income sources and a conservative approach to budgeting means this has traditionally tracked favourably and we expect that to continue.

2. PROVIDING HEALTH SERVICES

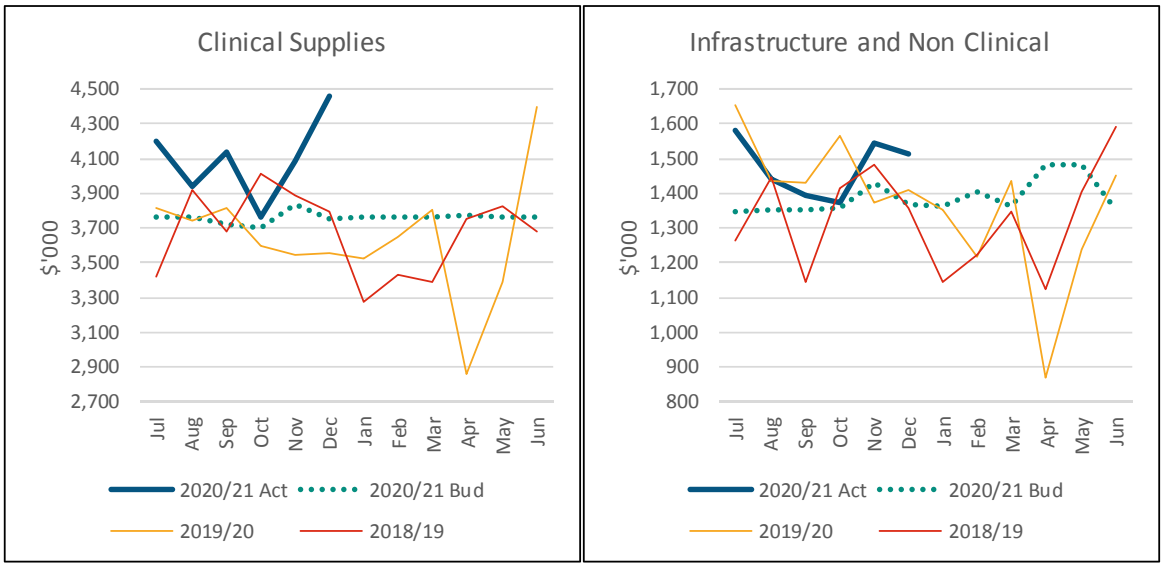
	December				Year to Date				Year End
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Expenditure by type $'000									
Medical personnel and locums	6,624	6,099	(526)	-8.6%	38,254	36,552	(1,702)	-4.7%	79,576
Nursing personnel	8,288	8,422	134	1.6%	49,251	49,031	(220)	-0.4%	99,644
Allied health personnel	3,434	3,600	166	4.6%	20,869	21,570	701	3.3%	42,590
Other personnel	2,418	2,361	(57)	-2.4%	13,935	14,159	224	1.6%	27,874
Outsourced services	1,333	1,311	(22)	-1.7%	6,225	6,737	512	7.6%	15,157
Clinical supplies	4,456	3,749	(707)	-18.9%	24,584	22,538	(2,046)	-9.1%	47,142
Infrastructure and non clinical	1,635	1,490	(145)	-9.7%	9,556	8,925	(631)	-7.1%	18,971
	28,189	**27,033**	(1,156)	-4.3%	**162,673**	**159,511**	(3,162)	-2.0%	**330,954**
Expenditure by directorate $'000									
Medical	8,092	7,468	(624)	-8.4%	47,621	44,631	(2,990)	-6.7%	95,991
Surgical	6,936	6,618	(318)	-4.8%	38,233	37,532	(701)	-1.9%	78,641
Community, Women and Children	4,279	4,296	18	0.4%	25,146	25,540	394	1.5%	51,396
Mental Health and Addiction	2,041	1,955	(86)	-4.4%	11,794	11,591	(203)	-1.7%	23,974
Older Persons, NASC HB, and Allied H	1,356	1,476	120	8.2%	8,641	8,827	186	2.1%	18,085
Operations	4,389	4,127	(262)	-6.3%	25,393	24,701	(692)	-2.8%	49,955
Other	1,097	1,091	(5)	-0.5%	5,845	6,688	843	12.6%	12,914
	28,189	**27,033**	(1,156)	-4.3%	**162,673**	**159,511**	(3,162)	-2.0%	**330,954**
Full Time Equivalents									
Medical personnel	364.1	378.8	15	3.9%	379	394	15	3.8%	400.6
Nursing personnel	1,084.2	1,062.2	(22)	-2.1%	1,097	1,063	(34)	-3.2%	1,069.8
Allied health personnel	478.0	493.6	16	3.2%	499	516	18	3.4%	519.7
Support personnel	132.0	114.3	(18)	-15.4%	131	120	(11)	-9.5%	121.0
Management and administration	277.6	287.5	10	3.4%	287	297	10	3.5%	300.3
	2,336.0	**2,336.4**	0	0.0%	**2,392**	**2,390**	(3)	-0.1%	**2,411.3**



Medical personnel and locums ($1.7m adverse YTD)

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

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

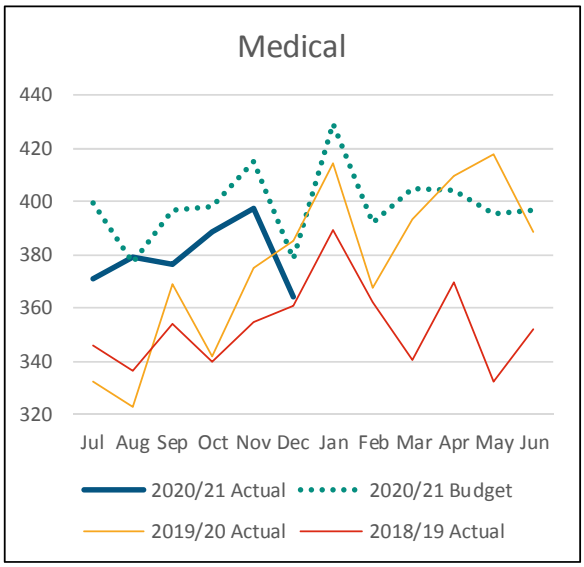


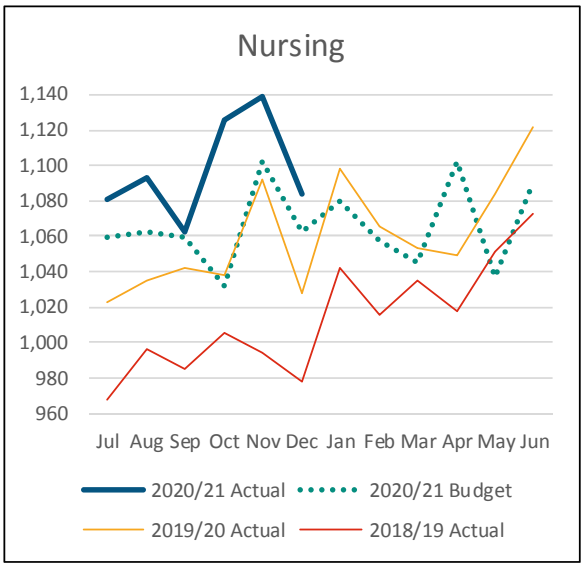
Clinical supplies ($2.0m adverse YTD)
Clinical supplies in December reflect the issues YTD. There are also likely to be supplies received prior to Christmas shutdowns by suppliers that will not be used until January. The high volume and relatively low value of the these supplies makes it difficult to identify and quantify the stock that could be classified as stock on hand. Whilst some attempt has been made to moderate this in month through accruals, clinical supply costs may be overstated in December, and would be understated in January as the stock is used.

Infrastructure and non-clinical supplies ($0.6m adverse YTD)
Laundry, external security, cleaning and food costs reflect patient throughput year-to-date. Minor hardware costs also contribute, although this is expected to be a timing issue and should come in on plan by the end of the year.

COVID impacts on manufacturing and international supply chains is having a noticeable impact on costs of goods.

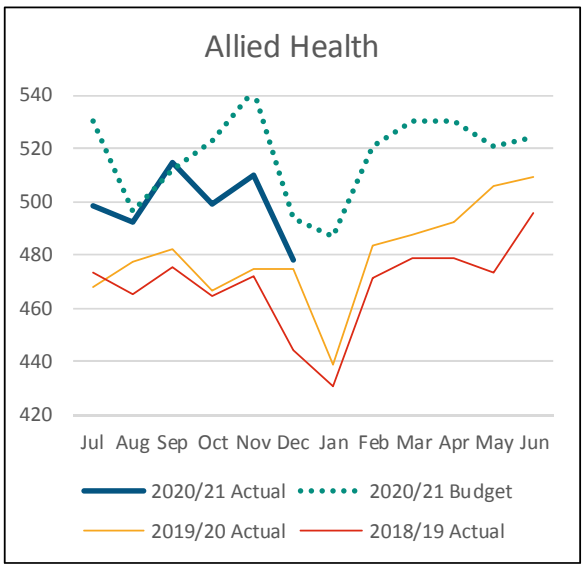
Full Time Equivalents (FTE)

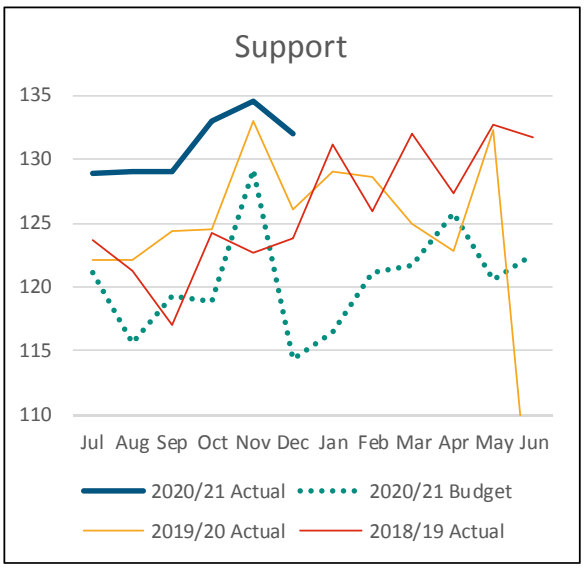




Medical personnel (15 FTE / 3.8% favourable)
Specialist vacancies, mainly in gastroenterology and geriatrics. These positions are covered by locums where available.

Nursing personnel (-34 FTE / -3.2% adverse)
Additional staffing to manage occupancy / additional bed capacity and length of stay issues, along with high numbers of patient watches.



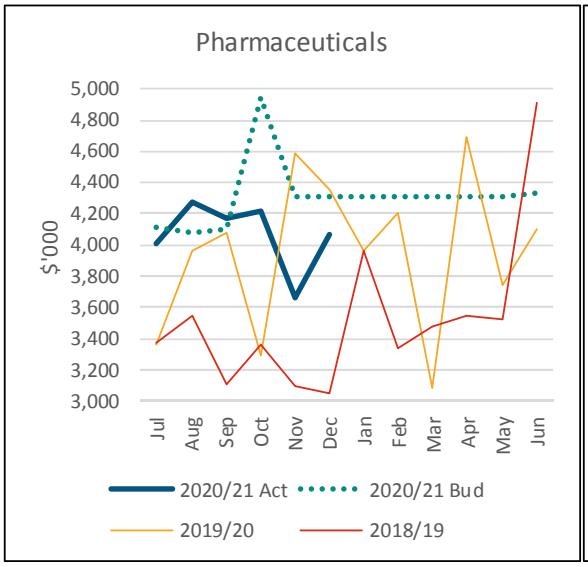


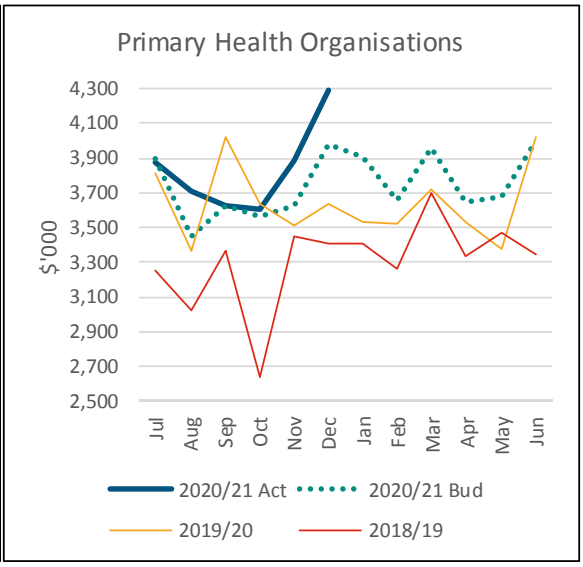
Allied health personnel (18 FTE / 3.4% favourable)
Ongoing vacancies including technicians, social workers, pharmacists, health promotion workers, dental therapists and physiotherapists.

Support personnel (-11 FTE / -9.5% unfavourable)
High patient activity and dependency drive higher orderly and kitchen assistant costs. The operations directorate is being supported through service improvement and other actions to manage these issues.

3. FUNDING OTHER PROVIDERS

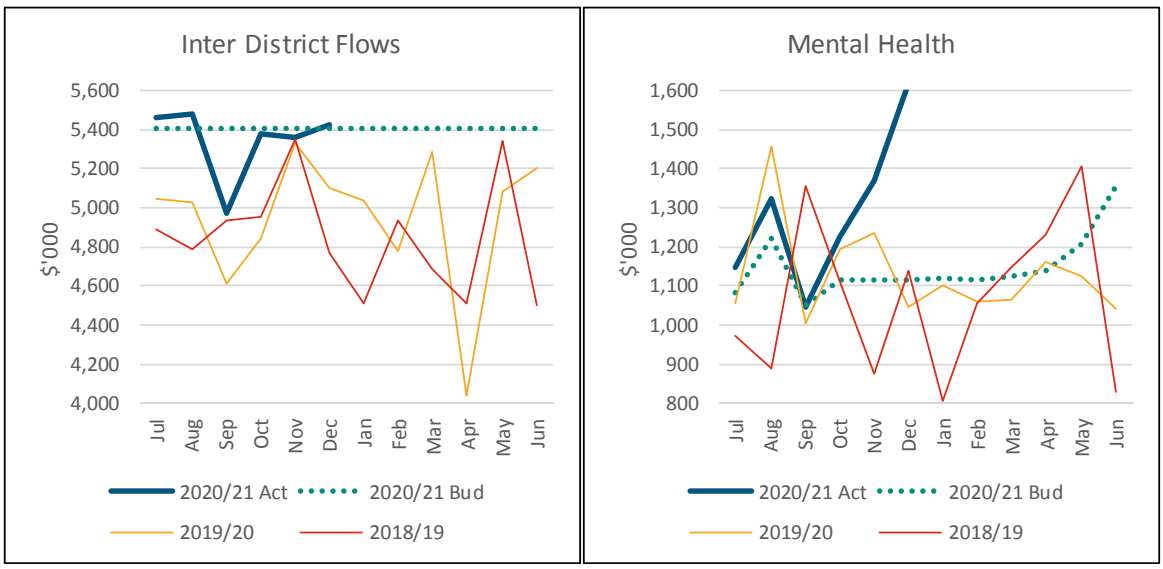
$'000	December Actual	December Budget	December Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,063	4,309	246	5.7%	24,401	25,854	1,453	5.6%	50,678
Primary Health Organisations	4,293	3,980	(313)	-7.9%	23,002	22,149	(853)	-3.8%	45,552
Inter District Flows	5,426	5,411	(15)	-0.3%	32,090	32,467	377	1.2%	64,542
Other Personal Health	12,315	11,960	(355)	-3.0%	23,438	22,408	(1,030)	-4.6%	27,045
Mental Health	1,619	1,116	(503)	-45.1%	7,738	6,705	(1,033)	-15.4%	14,149
Health of Older People	6,722	6,605	(117)	-1.8%	39,845	39,637	(208)	-0.5%	79,214
Other Funding Payments	350	370	20	5.4%	2,461	2,409	(52)	-2.2%	4,668
	34,789	33,751	(1,038)	-3.1%	**152,974**	**151,629**	(1,345)	-0.9%	285,846
Payments by Portfolio									
Strategic Services									
Secondary Care	14,706	14,640	(66)	-0.5%	39,925	39,714	(211)	-0.5%	60,611
Primary Care	10,136	9,842	(294)	-3.0%	55,991	56,285	294	0.5%	113,131
Chronic Disease Management	-	-	-	0.0%	-	-	-	0.0%	-
Mental Health	1,944	1,451	(493)	-34.0%	9,677	8,679	(998)	-11.5%	18,044
Health of Older People	7,338	7,162	(176)	-2.5%	43,369	42,963	(406)	-0.9%	86,054
Other Health Funding	-	-	-	0.0%	-	-	-	0.0%	-
Maori Health	533	537	3	0.6%	3,154	3,220	66	2.1%	6,380
Population Health	131	120	(11)	-9.1%	858	768	(90)	-11.8%	1,626
	34,789	33,751	(1,038)	-3.1%	**152,974**	**151,629**	(1,345)	-0.9%	285,846





Pharmaceuticals ($1.5m favourable YTD)
Reflects latest PHARMAC projections.

Primary health organisations ($0.9m adverse YTD)
Increasing activity in primary care services relating to patient subsidies, mostly offset by a monthly wash-up of activity by MoH resulting in additional funding included under revenue.



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

Other personal health ($1.0m adverse YTD)
Advisory services from pharmacies, contributions to the National Haemophilia Management Group, and first contact/general medicine payments.

Mental health ($1.0m adverse YTD)
Home-based support and community residential offset in revenue. From November, includes primary integrated mental health and addiction costs that are offset by additional MoH revenue.

4. CORPORATE SERVICES

$'000	December Actual	December Budget	December Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,722	1,771	49	2.8%	10,524	10,667	143	1.3%	21,253
Outsourced services	58	65	8	11.8%	345	392	47	11.9%	745
Clinical supplies	69	57	(12)	-21.2%	294	339	46	13.5%	631
Infrastructure and non clinical	1,671	1,492	(179)	-12.0%	9,129	8,671	(459)	-5.3%	18,259
	3,519	3,385	(135)	-4.0%	20,292	20,069	(223)	-1.1%	40,888
Capital servicing									
Depreciation and amortisation	1,327	1,293	(33)	-2.6%	7,555	7,475	(80)	-1.1%	15,302
Financing	13	30	18	58.8%	102	139	37	26.7%	270
Capital charge	414	601	187	31.1%	2,483	3,606	1,122	31.1%	4,966
	1,753	1,925	172	8.9%	10,140	11,220	1,080	9.6%	20,538
	5,273	**5,309**	37	0.7%	**30,432**	**31,289**	857	2.7%	**61,426**
Full Time Equivalents									
Medical personnel	1.0	1.0	(0)	-2.3%	1	1	(0)	-4.8%	1.1
Nursing personnel	14.2	18.8	5	24.4%	19	19	1	2.8%	19.6
Allied health personnel	-	1.5	2	100.0%	1	2	1	55.6%	1.6
Support personnel	25.8	29.3	3	11.7%	29	31	2	6.1%	30.7
Management and administration	166.7	167.4	1	0.4%	174	178	4	2.4%	178.6
	207.8	**218.0**	10	4.7%	**223**	**231**	8	3.3%	**231.6**

Capital charge continues to be the main driver of the favourable performance and reflects the lower equity balance than projected in the plan. Maintenance on the ED car park drives the infrastructure and non-clinical variance in December, with feasibility costs relating to capital projects driving most of the YTD variance.

5. RESERVES

$'000	December Actual	December Budget	December Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	(122)	209	331	158.1%	953	1,456	502	34.5%	2,684
Efficiencies	-	(125)	(125)	-100.0%	-	(750)	(750)	-100.0%	(715)
Other	(686)	(488)	198	40.6%	1,144	1,087	(57)	-5.3%	1,647
	(808)	**(404)**	404	-100.1%	**2,098**	**1,793**	**(305)**	-17.0%	**3,616**

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

The majority of the $4.1m planned efficiencies for the year are already embedded in budgets. Of the remaining $1.5m, there are delivery risks but we do anticipate progress on some areas in the second half.

Taking a prudent approach, investment reserves are only being released as expenditure is incurred, whilst planned efficiencies are being fully reflected in the result.

6. FINANCIAL POSITION

30 June 2020	$'000	December Actual	December Budget	December Variance from budget	December Movement from 30 June 2020	Annual Budget
	Equity					
208,983	Crown equity and reserves	211,020	221,870	(10,849)	2,037	254,399
(107,310)	Accumulated deficit	(125,114)	(93,004)	(32,111)	(17,804)	(101,147)
101,673		85,906	128,866	(42,960)	(15,767)	153,252
	Represented by:					
	Current Assets					
1,198	Bank	49,156	759	48,397	47,958	759
1,449	Bank deposits > 90 days	1,467	1,881	(414)	18	1,881
20,896	Prepayments and receivables	13,046	22,451	(9,404)	(7,850)	22,725
4,626	Inventory	4,896	4,979	(83)	270	5,040
28,168		68,565	30,070	38,495	40,397	30,405
	Non Current Assets					
190,156	Property, plant and equipment	188,442	213,519	(25,077)	(1,714)	228,349
15,978	Intangible assets	16,402	4,837	11,565	424	5,258
1,341	Investments	1,371	1,120	251	30	1,120
207,475		206,215	219,476	(13,261)	(1,261)	234,727
235,644	**Total Assets**	**274,780**	**249,546**	**25,234**	**39,136**	**265,132**
	Liabilities					
	Current Liabilities					
14,430	Bank overdraft	-	26,479	26,479	14,430	10,159
36,438	Payables	105,276	32,209	(73,067)	(68,838)	40,697
79,814	Employee entitlements	80,309	55,476	(24,833)	(495)	54,784
-	Current portion of borrowings	-	3,481	3,481	-	3,172
130,682		185,585	117,646	(67,939)	(54,903)	108,812
	Non Current Liabilities					
3,289	Employee entitlements	3,289	3,034	(255)	-	3,068
3,289		3,289	3,034	(255)	-	3,068
133,971	**Total Liabilities**	**188,874**	**120,680**	**(68,194)**	**(54,903)**	**111,880**
101,673	**Net Assets**	**85,906**	**128,866**	**(42,960)**	**(15,767)**	**153,252**

Variances from budget:
The accumulated deficit reflects re-estimation of the Holidays Act remediation provision at 30 June 2020 (as does employee entitlements) and the difference from the 2019/20 result projected in the 2020/21 plan.

Current assets reflects the receipt of January funding in December due to the last business day on or before 4 January falling in that month. Current liabilities similarly has a large variance as the early funding has been recognised as a pre-payment from MoH.

Non current assets reflects the capital spend against plan.

7. EMPLOYEE ENTITLEMENTS

30 June 2020	$'000	*December* *Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2020*	*Annual Budget*
8,709	Salaries & wages accrued	8,712	5,150	(3,562)	(3)	4,267
1,058	ACC levy provisions	1,260	1,926	666	(202)	1,948
6,493	Continuing medical education	5,857	-	(5,857)	636	-
61,594	Accrued leave	62,484	46,291	(16,193)	(891)	46,436
5,249	Long service leave & retirement grat.	5,285	5,144	(141)	(36)	5,201
83,103	**Total Employee Entitlements**	83,598	58,511	(25,087)	(495)	57,852

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

8. PLANNED CARE

MoH data to November is provided below. Funding is largely determined on performance against inpatient caseweight delivery and this report shows 92.5% of plan was achieved to the end of November.

Stepped up outsourced activity and the continued focus on on-site performance means our forecast and YTD result assumes we will achieve the delivery targets by the end of the year.

2020/21 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2020/21 Total Planned Volume
Inpatient Caseweight Delivery	3,553.6	1,226.1	4,779.7	4,419.3	92.5%	10,899.8
Inpatient Surgical Discharges	2,357	901	3,258	2,813	86.3%	7,428
Minor Procedures	923	390	1,313	1,914	145.8%	2,990
Non Surgical interventions	17	35	52	0	0.0%	118

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

NMDS Refresh Date: 11/01/2021 **NNPAC Refresh Date:** 11/01/2021
Data up to: Nov 2020 **Report Run Date:** 11/01/2021

9. TREASURY

Liquidity Management

The surplus cash of all DHBs is managed by NZHP under a sweep arrangement facilitated by BNZ. The DHB provides forecast cash flow information to NZHP to allow it to invest the funds at the most advantageous rates and uses the same information to ensure the DHB has the funds to meet its obligations as they fall due. The cash balance at the end of December was a $43.0m in funds reflecting the early receipt of January funding (November $14.8m overdraft) due to the way business days fall.

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. January's low point is projected to be $19.2m overdrawn on 31 January with timing affected by the impact of the Christmas holidays on cash funding. The DHBs statutory overdraft limit is $35m.

The main cash risks are the remediation of the Holidays Act, the net impact of COVID-19 and the requirement to move to 10 day payment terms.

Debt Management

The DHB has no interest rate exposure relating to debt.

Foreign Exchange Risk Management

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

10. CAPITAL EXPENDITURE

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

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

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

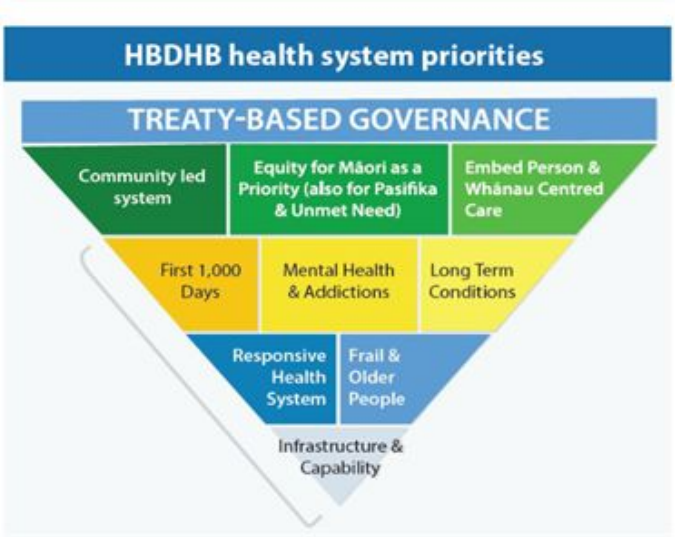
The other category includes capital projects that are funded from sources other than the capital programme i.e. special funds (donations and bequests), MoH seed funding for programmes requiring property, plant and/or equipment to launch, and preliminary project costs that will either be capitalised or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

See table on the next page.

	Year to Date			End of Year Forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Source of Funds						
Operating Sources						
Depreciation	7,555	7,475	80	15,335	15,255	80
	7,555	7,475	80	15,335	15,255	80
Other Sources						
Special Funds and Clinical Trials	-	-	-	2	-	2
Funded Programmes	-	-	-	580	-	580
Sale of Assets	614	415	199	614	415	199
Equity Injection approved	738	-	738	24,772	24,772	-
Source to be determined	-	-	-	(7,989)	4,616	(12,605)
	1,767	415	1,352	17,564	29,803	(12,239)
Total funds sourced	**8,907**	**7,890**	**1,017**	**33,314**	**45,058**	**(11,744)**
Application of Funds:						
Block Allocations						
Facilities	850	1,543	693	2,832	3,088	256
Information Services	1,120	1,848	728	3,665	3,813	148
Clinical Equipment	1,285	1,935	651	3,940	3,872	(68)
	3,254	5,327	2,072	10,437	10,773	336
MOH funded Startegic						
Seismic Radiology HA27	6	50	44	51	100	49
Surgical Expansion	305	2,563	2,258	3,423	4,200	777
Main Electrical Switchboard Upgrade	0	1,399	1,399	2,900	4,000	1,100
Mobile Dental Unit	0	666	666	800	1,600	800
Angiography Suite	-	1,000	1,000	3,000	3,000	-
Replacement Generators	(12)	-	12	-	-	-
Endoscopy Building (Procedure Rooms)	-	1,000	1,000	3,000	3,000	-
Radiology Extension	600	1,669	1,069	2,070	4,559	2,489
Seismic AAU Stage 2	1,187	1,031	(155)	1,357	2,063	706
Seismic Surgical Theatre HA37	1	875	874	1,201	2,100	899
Linear Accelerator	-	-	-	200	250	50
	2,086	10,253	8,166	18,002	24,872	6,870
DHB funded Strategic						
Surgical Expansion	-	-	-	-	1,953	1,953
Main Electrical Switchboard Upgrade	-	-	-	200	200	-
Digital Transformation	94	-	(94)	870	870	-
Cardiology PCI	-	-	-	400	1,000	600
Interim Asset Plan	494	1,831	1,337	2,567	5,390	2,823
	589	1,831	1,242	4,037	9,413	5,376
Other						
Special Funds and Clinical Trials	43	-	(43)	43	-	(43)
Funded Programmes	580	-	(580)	580	-	(580)
Other	215	58	(157)	215	-	(215)
	839	58	(781)	839	-	(839)
Capital Spend	**6,768**	**17,468**	**10,700**	**33,314**	**45,058**	**11,744**

11. ROLLING CASH FLOW

	Dec-20			Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-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	118,709	117,623	-1,086	1,731	58,416	61,416	57,462	58,416	60,562	60,664	60,664	64,764	61,164	59,664	122,328
Other revenue	5,656	5,440	-216	5,801	6,550	7,000	6,200	6,650	6,237	6,400	6,450	6,450	6,300	6,300	5,440
Total cash inflow	124,365	123,063	-1,302	7,532	64,966	68,416	63,662	65,066	66,799	67,064	67,114	71,214	67,464	65,964	127,768
Cash Outflows															
Payroll	17,832	17,910	-78	13,766	13,680	16,180	13,750	13,680	17,880	13,750	13,680	16,230	13,700	13,680	17,950
Taxes	6,076	6,000	76	12,400	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200	6,000
Sector Services	28,934	26,145	2,789	29,108	26,855	27,050	25,300	27,200	27,293	24,228	26,617	27,646	29,512	27,288	26,802
Other expenditure	13,717	16,990	-3,273	14,484	15,608	15,556	15,638	14,167	21,267	19,569	15,669	15,669	13,613	17,069	17,067
Total cash outflow	66,558	67,045	-487	69,758	65,344	67,986	63,888	64,247	75,640	66,747	65,166	68,745	66,025	67,236	67,819
Total cash movement	57,806	56,018	-1,788	-62,226	-378	430	-227	819	-8,841	317	1,948	2,469	1,439	-1,272	59,949
Add: opening cash	-14,789	-14,789	-	43,017	-19,209	-19,587	-19,157	-19,383	-18,565	-27,405	-27,088	-25,140	-22,671	-21,233	-22,505
Closing cash	43,017	41,229	-1,788	-19,209	-19,587	-19,157	-19,383	-18,565	-27,405	-27,088	-25,140	-22,671	-21,233	-22,505	37,444
Maximum cash overdraft (in month)	-21,843	-22,031	188	-19,209	-24,591	-24,468	-19,383	-19,643	-27,405	-30,216	-27,398	-30,055	-23,838	-25,864	-30,373

HAWKE'S BAY District Health Board Whakawāteatia	**Strategic Workplan** **Monthly Report to Board**
	For the attention of: **HBDHB Board**
Document Author(s)	Emma Foster, Executive Director Planning, Funding & Performance
Date	February 2021
Purpose/Summary of the Aim of the Paper	To provide an update to the Board on the Strategic Model of Care and the Annual Plan 21/22
Health Equity Framework	The Equity Framework provides the foundation of how we do our business in Planning, Funding and Performance. Our strategic model of care and annual plan follow the equity framework process, keeping whānau and community knowledge, and what the data tells us, at the centre of agreeing our health issues, system issues, priority determinants and priorities.
Principles of the Treaty of Waitangi that this report addresses	Treaty based governance is the overarching principle for our HB health system priorities.  The planning processes for the strategic model of care and annual plan are centred on the principles set out in the health

	system priorities and with Whānau Ora, Hāpori Ora principles which enable us to enact the Principles of the Tiriti o Waitangi 
Risk Assessment	N/A
Financial/Legal Impact	Nil
Stakeholder Consultation and Impact	Throughout all of the processes set out below.
Strategic Impact	Strategic model of care is completing our "strategic thinking" phase of our planning process. The annual plan is the detailed work plan that identifies what we will deliver over the next 12 months in response to the Minister's letter of expectations and the Ministry of Health planning guidelines.
Previous Consideration / Interdependent Papers	N/A

RECOMMENDATION:
It is recommended that the HBDHB Board:
1. **Note** and acknowledge this report

STRATEGIC PLANNING

Strategic Model of Care

A presentation has been developed, and is attached at the end of this report to give you a snapshot of the progress that has been made toward creating the strategic model of care. The model of care has been developed using strategic HBDHB documents such as *Whānau Ora, Hāpori Ora (WOHO),* the Clinical Services Plan, the People Plan and national strategies and learnings, such as the *Health and Disability System Review* and Wai 2575.

The intent is to provide clarity over what our future will look like and to firm up our vision, goals and objectives (as per WOHO), but with more detail.

This sets the framework for our long-term investment planning and provides the rationale and pipeline of actions, investment and change needed to move us from our current to future state (ie: the HB health system master plan).
Note that this presentation provides the key elements and enablers with a brief headline attached to each. The model of care document will include more detail and reflect WOHO.

ANNUAL PLANNING 2021/22

Annual Planning 21/22 Update

The Ministry of Health has indicated a move away from the inclusion of "business as usual" actions in the 2021/22 Annual Plan. They are asking for one or two actions in each focus area, with a clear rationale outlined in the plan for inclusion:

- *embedding COVID-19 recovery/learnings into our operations*
- *and equity outcome actions*

The planning priorities remain;

- Achieving health equity and wellbeing for Maori through Whakamaua Maori Health Action Plan 2020-2025
- Sustainability
- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by primary health care
- Strong fiscal management

This is a significant departure from previous annual plans. The MoH acknowledges that the period of the next annual plan is occurring at a time when the health sector is anticipating and experiencing significant changes to the system and the operating environment, as well as the ongoing impact on the sector of the COVID-19 pandemic.

The annual plan remains the mechanism for us to agree our MoH performance measures and targets. These measures have not been finalised by the MoH to date. For continuity, we will continue to align the annual plan performance measures and actions to our Hawke's Bay DHB health system priorities.

Next steps

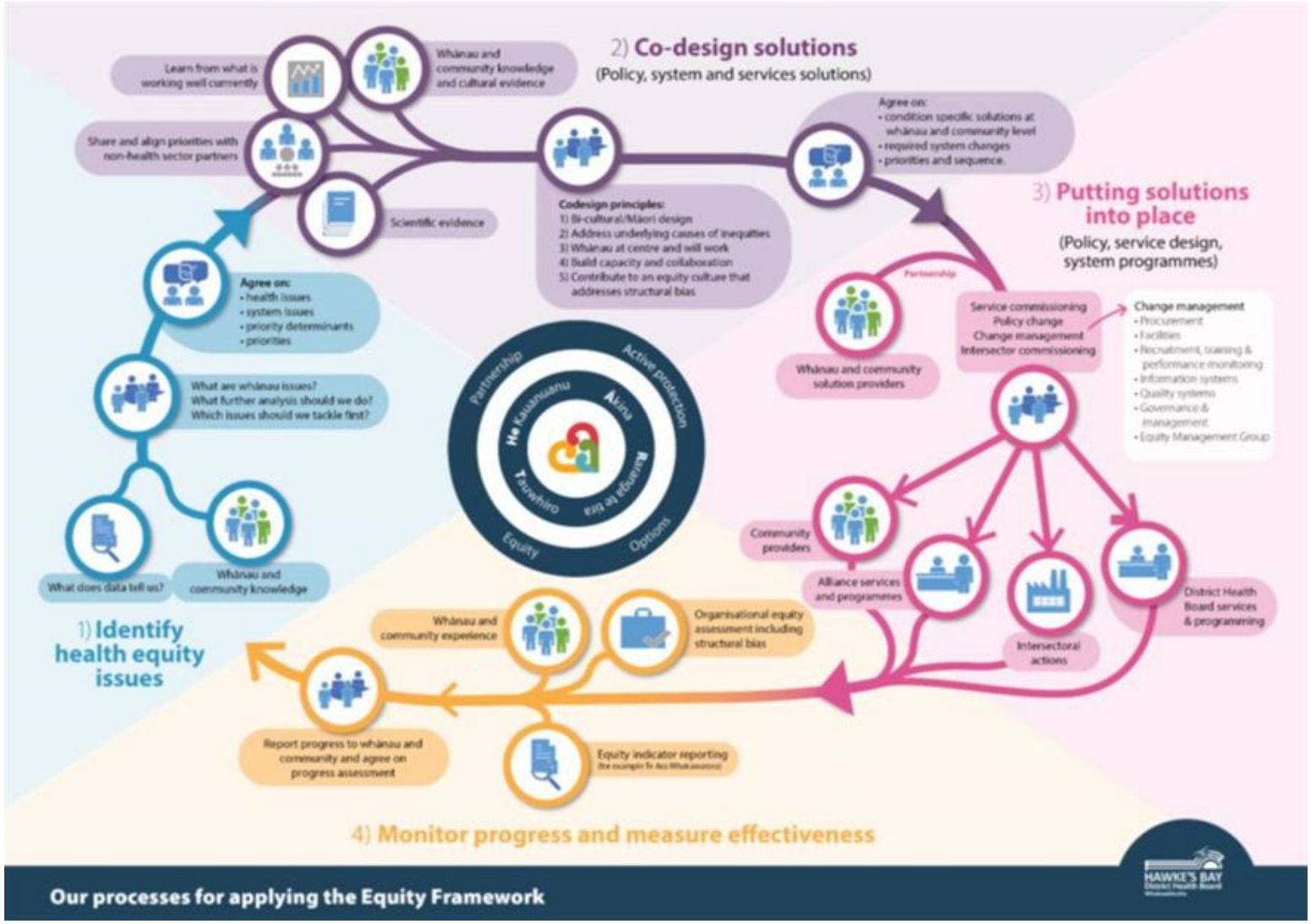
Date	**Action**
Submit the working draft of the 21/22 Annual Plan and SPE to the Board for review/feedback and sign off.	22 Jan- 26 Jan 2021
Submit final drafts to the Ministry of Health	5 March 2021

Strategic Model Of Care

HAWKE'S BAY District Health Board
Whakawāteatia

- Inputs
  - Whānau ora Hāpori ora
  - Clinical Services Plan
  - People Plan
  - Wai2575
  - Health And Disability System Review

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE


2) Co-design solutions
(Policy, system and services solutions)
Learn from what is working well currently
Whānau and community knowledge and cultural evidence
Share and align priorities with non-health sector partners
Scientific evidence
Codesign principles:
1) Bi-cultural/Māori design
2) Address underlying causes of inequities
3) Whānau at centre and will work
4) Build capacity and collaboration
5) Contribute to an equity culture that addresses structural bias
Agree on:
• condition specific solutions at whānau and community level
• required system changes
• priorities and sequence.
3) Putting solutions into place
(Policy, service design, system programmes)
Partnership
Whānau and community solution providers
Service commissioning
Policy change
Change management
Intersector commissioning
Change management
• Procurement
• Facilities
• Recruitment, training & performance monitoring
• Information systems
• Quality systems
• Governance & management
• Equity Management Group
Agree on:
• health issues
• system issues
• priority determinants
• priorities
What are whānau issues?
What further analysis should we do?
Which issues should we tackle first?
What does data tell us?
Whānau and community knowledge
1) Identify health equity issues
Partnership
Active protection
Options
Equity
Tauwhiro
He Kaunuanu
Ākina
Rangatahi te tika
Community providers
Alliance services and programmes
Intersectoral actions
District Health Board services & programming
Whānau and community experience
Organisational equity assessment including structural bias
Report progress to whānau and community and agree on progress assessment
Equity indicator reporting
4) Monitor progress and measure effectiveness
Our processes for applying the Equity Framework
HAWKE'S BAY


LOCAL AMBULANCE SERVICES
CONSULTANT
MATERNITY SERVICES
MĀORI HEALTH PROVIDERS
MORE LOCAL SERVICES
YOUR HEALTH
SPECIALIST MENTAL HEALTH
PUBLIC HEALTH SERVICES
REHAB AND RESTORATIVE SUPPORT
ACTIVITY
URGENT GP SERVICES
PHARMACY
LAB SERVICES
COMMUNITY REFERRED RADIOLOGY
GENERAL PRACTICE
COMMUNITY NURSING
INTEGRATED HEALTH AND SOCIAL SERVICES
WELL BEING
WAIROA
CENTRAL HAWKE'S BAY
HASTINGS
NAPIER

Elements

HAWKE'S BAY
District Health Board
Whakawāteatia

10

Maori Health & Equity

Person and whānau centred care

Smooth transition through the system

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Aim

HAWKE'S BAY District Health Board
Whakawāteatia

- Working with whānau, we will improve health outcomes and prioritise equity for Māori
- Whānau, people and patients are at the centre of all that we do. Whānau voice is strong, we co-design and co-deliver services.
- Whānau and patients will experience health care as a single system, with seamless transitions between services and settings including Tier 1 and 2 services. An integrated service delivery model will include local, regional and national care partners.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Elements

HAWKE'S BAY
District Health Board
Whakawāteatia

10

Localities and place based services

Enhanced Tier 1 Services (primary, community)

Healthy lifestyle and environment

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Aim

HAWKE'S BAY
District Health Board
Whakawāteatia

- Work collaboratively with communities to build on existing assets and co-design services that are integrated and informed by whānau voice – recognising and respecting local unique identity and need.
- Develop our own local model that embeds kaupapa Maori practice and builds on the strengths of our iwi-lead philosophy. The health system is strongly oriented to care closer to home to improve overall health outcomes, reduce inequity and optimise investment in prevention, self-management and out of hospital models of care.
- A shift from an illness to a wellness approach, focusing on prevention and health promotion. We will work with our communities and whānau to achieve their fullest health potential, to live well and stay well in their own homes.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Enablers

HAWKE'S BAY District Health Board
Whakawāteatia

10

Workforce

Integrated digitally enabled system

Fit for purpose facilities

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Aim

HAWKE'S BAY District Health Board
Whakawāteatia

- Our workforce has the capacity and capability to deliver on our model of care and meet future needs. Cultural competency and safety will be prioritised, and we will grow our Māori workforce.
- Modern digital and information services will support effective integrated information sharing, efficiency, safety and support innovative ways of working.
- Facilities are designed to support and implement models of care and appropriate services according to local, regional and national requirements.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Next Steps

HAWKE'S BAY District Health Board
Whakawāteatia

- Development of the 10 year master plan (moving us from current state to future)
  - Review of the Clinical Services Plan
  - What have we achieved to date
  - What we need to do
  - Steps to get us from where we are to where we are going
  - Develop the 10 year investment and infrastructure plan

- Sub models of care
  - Service specific and localities based
  - Leads to service detail and supports transformation

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

10

HAWKE'S BAY
District Health Board
Whakawāteatia

STRATEGIC CAPITAL PROJECTS

11

Cover page

Ākina – Telehealth Opportunities

"Supporting our community by improving access to healthcare services"

Current Situation

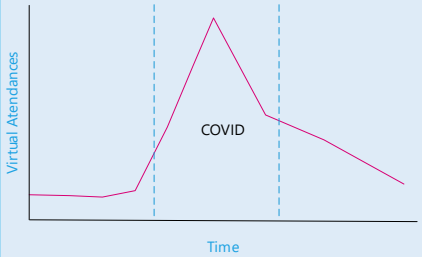
Hospital-centric care that often disadvantages rural communities

Inefficient utilisation of patient and clinical time

Care not always delivered close to home

Potential simple solutions to re-design how care is received

Use of telehealth during COVID showcased potential:



Wairoa Community - Example

- *Māori represent 59% of the Wairoa population*
- *Wairoa residents travel to Hastings for 51% of their outpatient appointments*
- *Collectively they travel approximately 868,000km each year for this purpose*
- *The 'Did Not Attend' (DNA) rate for Māori in Wairoa is 10.8% over the last 12 months compared to 2.7% for non-Māori Wairoa residents*

How

1. Secured MoH funding ($283K) for specific priority population groups including;

Māori, and Pacific, low socioeconomic, rural, elderly, disabled, those with mental health and addiction needs and others who may be excluded from using digitally-enabled health services.

2. Key Targeted Measures;
- Populations currently without existing digtal capability to consume digital health services
- Ability for care providers to provide 'virtual' care
- Focusing on patient centric outcomes by providing flexible models of care

3. Key Business Owners; Patrick Le Geyt, Claire Caddie, Sonya Smith

Telehealth Working Group Currently Assessing 'Shovel Ready' Opportunities:

Improve Processes

- Wairoa Pathways: Cancer Services, Obstetrics, Stroke Rehab, Cardiology, Mental Health
- Pre-Admission Process for Wairoa residents
- Urology follow-up consultations to maximise clinic utilisation

New Models of Care

- Mental Health for Napier/Hastings
- Solution for high-risk Wairoa expectant mothers
- Integration and access to wider health information

Invest in Technology

- Child Development Service initiative
- Enhanced Wairoa Mental Health Zoom solution

Next Steps: **Finalise key recommendations for implementation**

Key Benefits

- Ease of access to healthcare services for patients who live remotely or rurally
- Improving access to care for patients with a focus on high inequity areas
- Clinicians ability to offer more flexible services
- Reduced focus on transport and weather conditions
- Improved flexibility for patients and whānau to access their healthcare
- Time saved for patients and whānau, and clinical teams
- Alignment to Health and Disability System Review and our CSP – 'insure consumer whānau are at the heart of their care'
- Enables new models of care as utilised successfully during Covid
- Ability to continue the focus on virtual clinics

BOARD HEALTH & SAFETY CHAMPIONS' REPORT

Verbal

13

HAWKE'S BAY District Health Board Whakawāteatia	**COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLL-OUT PROGRESS REPORT FEBRUARY 2021**
	For the attention of: **Board**
Document Owner	Chris McKenna - Chief Nursing and Midwifery Officer (Lead Sponsor) Patrick Le Geyt – Acting Executive Director, Health Improvement & Equity (Co-Sponsor)
Document Author(s)	Ngaira Harker – Nurse Director Māori Health Rowan Manhire-Heath – Health and Equity Policy Advisor
Date	January 2021
Purpose/Summary of the Aim of the Paper	This is an overview of the COVID-19 Vaccine and Immunisation Programme rollout progress report that will be provided monthly to DHB Board.
Health Equity Framework	The COVID Vaccination Programme ensures equity for Māori is a priority as well as Pacific and other high needs population groups. This will require specific action to meet the needs of these identified groups, resourcing and implementing those actions, and monitoring and tracking the results for the identified groups.
Principles of the Treaty of Waitangi that this report addresses	Te Tiriti o Waitangi and equity are the overarching principles of the immunisation strategy. These principles are integrated across the pillars and enablers of the strategy. This may include partnering with respective Iwi, Māori Relationship Boards, Māori providers and communities to develop, design, implement and monitor the vaccination programme. Other considerations may also include data sovereignty principles, Māori models of care, and resourcing Māori providers and communities.
Risk Assessment	In line with Ministry of Health's (MoH) COVID-19 Risk Register.
Financial/Legal Impact	A funding model is being developed by MOH.
Stakeholder Consultation and Impact	Ongoing – in-line with COVID-19 Strategy.

Strategic Impact	May have some impact on workforce requirements.
Previous Consideration / Interdependent Papers	N/A

RECOMMENDATION:
It is recommended that the Board:
1. Note the COVID-19 Vaccination and Immunisation progress report.

EXECUTIVE SUMMARY
This report is the first update to the Hawke's Bay District Health Board to inform planning for the COVID-19 vaccine and immunisation programme roll-out nationally and in Hawke's Bay. It is essential for the success of a programme of this scale to work effectively and in partnership at a national, regional and local level. This update provides an overview of the current developments for the COVID-19 vaccination and immunisation roll-out for Hawke's Bay.

BACKGROUND NATIONAL COVID VACCINATION ROLL-OUT
A national programme, the COVID-19 Vaccine and Immunisation Programme, has been established in the Ministry of Health (MoH) to manage the associated strategy, design and implementation of the immunisation programme. The COVID-19 vaccine and immunisation roll-out will be the most significant immunisation event in New Zealand history.

MoH has established a COVID-19 vaccination group to centrally manage the immunisation programme across District Health Boards (DHBs). The national COVID-19 vaccine and immunisation group will administer and oversee the overall programme nationally with common tools, processes and data to ensure there is visibility of performance and progress.

MoH, through a 'hub and spoke' model, has committed to partnering with DHBs throughout this process. DHBs will be required to provide the local system coordination and design, and oversee the operationalisation of the programme to meet a potential roll-out date of March 2021.

CURRENT WORK UPDATES - NATIONAL COVID VACCINATION GROUP:

- Details on a number of key systems are yet to be released by the Ministry, for example the new information system for capturing immunisation details
- MoH has been engaging with DHB GMs-HR regarding workforce considerations, roles and responsibilities with Immunisation Advisory Centre (IMAC) and joint workforce planning for the new vaccinator workforce
- MoH has utilised the COVID-19 surge workforce database as a means of recording the names and details of people who have signalled they are available to be employed as vaccinators

MOH PROGRAMME DELIVERY BLUEPRINT
MoH has structured the programme into seven delivery pillars that organise the work to align cross-functional delivery teams.

1. Purchasing and Regulatory Approval

The first stage of the programme is focused on the purchasing process to secure sufficient quantities of safe and effective vaccines, which was led by a Vaccine Taskforce. This has been coordinated by Business, Innovation and Employment with input from MoH, Ministry of Foreign Affairs and Trade, Treasury, PHARMAC, and other government agencies.

Medsafe will provide independent regulatory approval of any vaccine before it can be administered in New Zealand. Medsafe is streamlining the assessment process and prioritising the vaccine approval over other medications to ensure the process is both robust and timely.

2. Population Definition and Sequencing

As quantities of the vaccine will be limited when it first arrives in New Zealand, MoH will sequence delivery so it goes first to population groups who need it most, depending on the status of New Zealand community transmission at the time. This is to ensure that the best protection to population groups who are at a higher risk of poor outcomes from COVID-19 are considered.

MoH developed the Sequencing Framework in collaboration with the Immunisation Implementation Advisory Group, and Cabinet has approved it.

The Sequencing Framework seeks to respond to three different scenarios for rolling out the vaccine and will change as new information comes to light and be shared with the public.

Scenario 1: Low/no transmission scenario

In a no/low transmission scenario, the objective is to prevent transmission. Vaccinating those who are at most at risk of exposure to COVID-19 – those working at the border or who would have increased contact with cases – will provide the best protection for the whole population, including Māori, Pacific peoples, disabled people and older people.

Initially, border, managed isolation and quarantine (MIQ) workers, highest-risk front-line health care workers, and their household contacts are expected to be prioritised as a tier one category. Tier two within this group is expected to include the rest of the high-risk health workforce, and high risk people in the public sector and emergency services. Tier three includes people in the community who are most vulnerable to serious illness such as older people, as well as at-risk health and social services workforce.

Scenario 2: Clusters and controlled outbreaks

Where clusters exist in the community and we have small, local outbreaks, the priority continues to be protecting those who work at the border and highest risk health care workers. However, an added priority would be to protect those in the communities who are affected by the outbreaks

Scenario 3: Widespread community transmission scenario

Where community transmission is widespread, the objective becomes protecting those most at risk of serious health outcomes as well as the groups that are most likely to infect them.

3. Distribution and Inventory Management

The programme will take a centralised role in securing the total range of vaccines and consumables required to prepare and administer the vaccine, with the objective to be available in sufficient quantities to deliver a safe and effective vaccine. The programme is currently anticipating the initial vaccine to be a limited delivery of 225,000 courses of the Pfizer vaccine arriving in Q1 2021. This will require a fully effective distribution and inventory management system with ultra-low temperature (ULT) capability to be managed in line with the sequencing and scenario planning.

The approach has built upon the existing PPE distribution and inventory management, and lessons learnt from the 2020 Influenza campaign as identified by the Review.

MoH will be responsible for procuring and distributing:

- Preparation consumables: PPE, ultra-low temperature (ULT) related PPE, swabs, needles, syringes, saline
- Administration: gauze strips, needles, syringes, sharps bins, waste disposal, biobags

Distribution Infrastructure
To set up a distribution network to support delivery of the vaccine and consumables throughout the sequencing framework requires:

- Cold storage infrastructure at the right places and sufficient capacity at distribution points throughout New Zealand
- At the regional and national layer distribution point, sufficient logistical capability and capacity to coordinate the delivery of the vaccine and consumables
- Transport to support the movement the vaccine and consumables from the national storage point to the provider/vaccinator with visibility from point to point
- Appropriate security while in warehouses and in transit

4. Vaccine Workforce
MoH has developed a workforce strategy as a key part of the COVID-19 Immunisation Strategy. The vision is to engage a capable workforce ready to deliver a COVID-19 immunisation programme when a vaccine is available.

A mixed-model approach to the workforce
MoH supports a mixed model approach where the existing vaccinating workforce will be augmented with a newly trained vaccinator workforce of non-practicing health professionals. The Ministry's preferred option is to train an additional 2,000 – 3,000 non-practicing health professionals (with a related qualification) likely be sourced from a range of groups:

- the already identified COVID-19 surge workforce (~3,400 people)
- non-practicing nurses without a current practicing certificate (currently numbering ~14,000 people)
- nursing and pharmacy students (with clinical oversight)
- non-practising pharmacists
- non-practicing doctors

5. Provider Engagement
MoH is engaging with DHBs, providers and partners to enable delivery of the COVID-19 vaccine across communities in New Zealand. DHBs play a key role in the local co-ordination and commissioning of health services within their region so are well placed to deliver the programme in partnership with MOH. DHBs have an existing and extensive network of providers across their region which can be leveraged, while also working with MoH to grow a new vaccination workforce and service delivery models.

6. Immunisation Event: Before, During & After
Detailed planning is underway to map out and plan the registration and booking, pre-immunisation event and immunisation event and the enablers needed so the consumer has a successful immunisation experience.

MoH is developing a new technology solution so COVID-19 vaccination events are captured accurately and completely in a simple and efficient manner.

7. Post Event
Post event refers to the monitoring and mitigation of risk and issues with the process of vaccination at the individual and cohort levels, alongside risk management approaches across the other six pillars. Within this pillar we acknowledge that:

- Vaccines and immunisation are not without risks
- Adverse events can and do occur, both causally and correlatively with the process of vaccination
- The effectiveness of an immunisation programme is likewise affected by many factors

Medsafe is working closely with the programme to ensure the critical path for their regulatory role in safety monitoring is upheld, while key pharmacovigilance functions are upgraded for scale, pace, and functionality.

FUNDING

A funding model is being developed that aims to reflect the full cost of delivering the vaccine, including workforce and overhead across a range of settings and scenarios.

For providers, the funding approach to commissioning should reflect the costs of delivering the service, and incentivise:

- Completed immunisation course for each individual (pay more for the delivery of the second dose);
- Additional and targeted resourcing focussing on Māori, Pacific and high needs communities;
- Establishment of a dedicated and appropriately trained workforce;
- Effective recording of immunisation in the technology solution;
- Minimisation of vaccine waste; and
- Positive customer experience (communications with customers, service on the day, minimal wait time etc).

COMMUNICATIONS STRATEGY

High Level Campaign Approach

MoH is beginning to prepare for the wider public information campaign to support the immunisation rollout and encourage uptake of COVID-19 vaccines. We are approaching the campaign in four phases.

Our intention is to approach the campaign through four separate streams, each with its own dedicated resources and strategy. The four streams are:

- All of Aotearoa NZ – working with a mainstream provider to support the broad-based public information for all audiences
- Dedicated engagement with Māori – working with Māori providers, iwi and communities to support Māori uptake and engagement
- Dedicated engagement with Pacific – working with Pacific providers, networks and leaders to support engagement and uptake for Pacific peoples
- Dedicated support for the Health Workforce – a dedicated stream of activity with its own resources to support t*he needs of our health workforce*

CAMPAIGN PHASES FOUR KEY PHASES

By End of 2020	**SUMMER – QUARTER 1 2021**	**APRIL – DECEMBER 2021**	**2022**
Aim: To ensure information is available to the public and the health workforce re progress of vaccine programme. **Key topics:** purchasing progress, safety assurance.	**Aim:** To address key questions and concerns people may have regarding potential vaccines, help clarify NZ's context (in contrast to the emergency settings our international peers need to manage), and indications of likely timeframes and sequencing. **Key topics:** safety of vaccines, approval processes, sequencing strategies, which vaccines NZ is purchasing, how vaccination protects us, NZ's context.	**Aim:** Encourage uptake, support access to vaccines, and address any remaining questions and barriers. Support any innovative outreach approaches and service design activities. **Key topics:** encouragement to vaccinate, how and where to access, address any remaining questions.	**Note:** *It may be that vaccines have a limited protection and we need to drive a further round of immunisations in 2022.* *It may also be there other vaccines come online at different times so we need to support a staggered rollout.* *We will allow for these and other factors with some high-level planning for the 2022 period.*

HAWKE'S BAY DHB COVID-19 VACCINATION AND IMMUNISATION GROUP

Hawke's Bay DHB has established a COVID-19 vaccination and immunisation group. This will support the national MoH directives so the monitoring and delivery of the COVID-19 vaccination roll-out meets the needs and requirements of our community.

The COVID-19 vaccination and immunisation aim is to ensure the successful delivery and uptake of the COVID-19 vaccination for the Hawke's Bay population - the HBDHB COVID-19 vaccine and immunisation group will work with the MoH, Ngāti Kahungunu Iwi and national and local networks to:

- ensure the highest standard of vaccine management is upheld to protect the public and reduce waste
- ensure equity in access to and delivery of vaccinations is guaranteed
- ensure a trained representative and adequate vaccinator workforce is readily available
- ensure adequate access to PPE and vaccine is safeguarded
- ensure all members of the Hawke's Bay community understand the benefits and safety of the COVID-19 vaccine through multiple communication channels

HAWKE'S BAY DHB COVID-19 VACCINATION AND IMMUNISATION - GOVERNANCE GROUP

Ngaira Harker (Nurse Director Māori Health) has been appointed as the key contact and coordinator for the HBDHB COVID-19 vaccine and immunisation programme roll-out. We have established the Hawke's Bay District Health Board COVID-19 Vaccine and Immunisation governance and working groups to support local planning and delivery of COVID-19 vaccines in line with MOH requirements.

The governance group will provide advice to support and ensure multiple groups within the DHB system and workforce, along with the broader health sector including regional and community stakeholders are kept fully informed. The following people have been identified as members of the Governance Group:

- Chris McKenna - Chief Nursing and Midwifery Officer **Lead Sponsor – Chairperson**
- Patrick Le Geyt – Acting Executive Director, Health Improvement & Equity **Co-Sponsor**
- Ngaira Harker - Nurse Director Māori Health – **Project Lead**
- Anna Kirk - Executive Director Communications
- Maree Beattie - System Lead - Community Planning and Funding
- Fiona Jackson – Team Leader - Immunisation
- Nicholas Jones - Clinical Director, Health Improvement and Equity
- Emma Patel – Nurse Director Primary Health – Health Hawke's Bay

HBDHB COVID- 19 VACCINATION AND IMMUNISATION WORKING GROUPS

The development of work-streams referred to as *'pillars',* will support a structured approach to meet required resourcing and next steps for vaccine roll-out. The pillars mirror the MOH's 'programme blueprint' and will support alignment to the national group and consistency in collective knowledge of local and national objectives and work requirements.

Each working group will have an identified team lead to support and progress each of the pillars' requirements. The seven pillars are:

Pillar 1 - Purchasing and approval

Pillar 2 - Population definition and sequencing

Pillar 3 - Distribution and inventory management

Pillar 4 - Health workforce

Pillar 5 - Provider engagement

Pillar 6 - Immunisation event: Before, during and after

Pillar 7 - Post event

FURTHER UPDATES - HAWKE'S BAY DHB COVID-19 VACCINATION AND IMMUNISATION GROUP

i. We have provided feedback to the MoH (22 January), to support a series of questions re our local requirements.[i]

ii. We have sent approximate numbers of border workers, PHU staff and associated whānau to the MoH COVID vaccination and immunisation group to support planning for the proposed March/April vaccination roll-out.

iii. We have commenced collating COVID-19 workforce vaccination numbers in preparation for workforce requirements. We have received a large amount of interest from retired doctors and nurses to be involved in the vaccination roll-out.

iv. The majority of the working group members and governance group have attended two national workshops delivered by the MoH to address planning and funding and delivery requirements.

v. We are awaiting guidance from MoH on more comprehensive programme details and information specific to our DHB, including; expected volume by population cohort sequencing frameworks, an estimate of workforce requirements and an update on funding arrangements.

vi. The development of Māori and Pacific immunisation delivery strategies (including targeted funding for communications, workforce and Māori and Pacific providers) is currently being progressed by the MoH. Locally established networks such as Tīhei Mauri Ora and Māori providers have been engaged with and are preparing for the COVID-19 vaccine and immunisation roll-out. We are in the process of engaging with our intersectoral partners, including the Hawke's Bay Emergency Management Group.

NEXT STEPS

1. We will update the Board on any risks and/or delays in detail that may impact on our ability to deliver and support COVID-19 vaccination roll-out in Hawke's Bay.

2. A noting paper on the preparation and delivery of the COVID-19 vaccine in the Hawke's Bay region will be prepared monthly for the Board.

RECOMMENDATIONS

That the Board note the COVID-19 Vaccination and Immunisation roll-out progress report.

[i] Hawkes Bay DHB response to MOH (Planning and Preparation questionnaire COVID) - 22 January 2021

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:

16. Confirmation of previous minutes 16 December 2020 (Public Excluded)
17. Matters Arising – Review of Actions (Public Excluded)
18. Chair's Report (Public Excluded)
19. Strategic Planning and Budgeting over a Muliyear Timeframe
20. Finance, Risk and Audit Committee Meeting – 29 January 2021 (Public Excluded)
21. Board Approval of Actions Exceeding Limits Delegated by CEO (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).