BOARD MEETING

Date: Tuesday 2 November 2021

Time: 3.00pm

Via ZOOM (Public section livestreamed)

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

Apology:

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

Minutes: Brenda Crene, Governance

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	1.1 Karakia 1.2 Values Welcome and Apologies	3.00
2.	Interests Register	
3.	Minutes of Previous Meeting held 28 September 2021	
4.	Matters Arising – Review of Actions	
5.	Board Workplan	
	Section 2: Standing Management Reports	
6.	Chair's Report (verbal)	3.05
7.	Chief Executive Officer's Report	
8.	Financial Performance Report – Andrew Boyd, Executive Director of Financial Services	

	Section 3: Strategic Delivery	**Time (pm)**
9.	Raranga Te Tira – Partnership Board Virtual Reality Presentation – Anne Speden (ED, Digital Enablement), Ben Duffus and team	3.15
10.	Hawke's Bay DHB Balanced Scorecard – Emma Foster ED Planning Funding & Performance (PF&P) & Lisa Jones (System Lead, Performance Insights PF&P)	3.25
11.	Future Health System – Emma Foster; Penny Rongotoa (System Lead, PF&P) and Saskia Booiman (System Lead, Strategic Planning PF&P)	3.30
12.	Te Ara Whakawaiora - Health of Kaumatua – Aging Well in Hawke's Bay – Emma Foster & Penny Rongotoa	3.40
13.	Central Technical Advisory Services AGM Report – Andrew Boyd AGM papers	
14.	Allied Laundry Services AGM Report – Andrew Boyd AGM papers	
	Section 4: Noting Reports	
15.	Hawke's Bay Clinical Council Report – Chair, Robin Whyman	3.50
16.	Pacific Populations Board Report – Chair, Traci Tuimaseve	
17.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	3.55

Public Excluded Agenda

Item	**Section 7: Routine**	**Time (pm)**
18.	Minutes of Previous Meeting held 28 September 2021 (public excluded)	
19.	Matters Arising – Review of Actions (public excluded)	
	Section 8: Standing Management Reports	
20.	Chair's Report – verbal (public excluded)	4.10
21.	Chief Executive Officer's Report (public excluded)	4.15
	Section 9: Strategic Delivery	
22.	Health & Disability Service Review Transition Update (Public Excluded)	4.20
23.	Localities Planning – Emma Foster & Lisa Jones (Public Excluded) 23.1 Appendix A Overview of Locality approaches in planning 23.2 Appendix B Localities and HB Health Consumer Council 23.3 Appendix C HB Health Consumer Council Terms of Reference September 2021	4.25
24.	COVID Response Verbal Update (Public Excluded), Nicholas Jones & Chris McKenna	4.40
	Section 10: Other Governance Reports	
25.	Finance, Risk and Audit Committee Meeting (public excluded) – Chair, Evan Davies	4.50
	Section 11: Noting Reports	
26.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster	-
27.	Safety & Wellbeing Committee Report (public excluded) – Martin Price, Executive Director of People & Culture	-
28.	All DHBs and the Smoke Free Aotearoa 2025 Goal (public excluded)	-
29.	All DHBs Position Statement on the Sale and Supply of Alcohol Act (public excluded)	-
	Karakia Whakamutunga	
	Meeting concludes	5.00

The next HBDHB Board Meeting will be held on
Tuesday 15 December 2021 at 1.00pm

Karakia

Hei Aratākina te Hui (to start)

E Io i runga i te Rangi Whakarongo mai titiro iho mai E Io i runga i te Waitai, i te Wai Moana, i te Wai Maori Whakapiri mai whakatata mai E Io i runga i a Papatuānuku Nau mai haere mai Nōu e Io te aō nei Whakatakina te mauri ki runga ki tēna taura ki tēna tauira Kia eke tārewa tu ki te Rangi Haumie Hui E tāiki e.	The waters of life connect us to all nations of this world. Sharing skills of one another and an understanding that throughout the hui we are courageous in our decisions that set and implement decisions.

Karakia whakamutunga (to finish) Unuhia

Unuhia, unuhia te uru tapu nui o Tāne Kia wātea, kia māmā te ngākau, te wairua, Te tinana, te hinengaro i te ara takatū. Koia rā e rongo, whakairia ki runga Kia wātea, kia wātea, āe rā, kua wātea!	Release, release the sacred knowledge of Tāne To clear and to relieve the heart, the spirit, The body and the mind of the bustling path. Tis Rongo that suspends it up above To be cleared of obstructions, yes, tis cleared.

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

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

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

ĀKINA IMPROVEMENT

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

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

RARANGA TE TIRA PARTNERSHIP

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

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

TAUWHIRO CARE

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

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

Board "Interest Register" - as at 26 October 2021

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Shayne Walker	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	CEO	08.01.20
	Active	Daughter	Employed with Kahungunu Executive	Will abstain from all funding decisions related to Kahugnunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23.11.20
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestryle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Whariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	Cranford Hospice Trust	Health Consultant - contracted with provider	Will advise of any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	09.12.19
David Davidson	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria Univesity	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Executive Steering Group, Dunedin Hospital		No conflict perceived	The Chair	17.02.21
	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20

MINUTES OF THE HBDHB BOARD MEETING
HELD ON TUESDAY 28 SEPTEMBER 2021
TE WAIORA ROOM, DHB ADMINISTRATION BUILDING
MCLEOD STREET, HASTINGS
AT 2.00 PM
(LIVESTREAMED – via ZOOM)

PUBLIC

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

Keriana Brooking, Chief Executive Officer
Members of the Executive Leadership Team
Members of the Public and Media (via livestream)
Brenda Crene, Governance

The Chair provided a mihimihi to the Board and the staff and also the members of the public who were viewing the meeting via Facebook livestream. Hawke's Bay and the majority of the country were in Level 2 lockdown.

1. APOLOGIES
No apologies advised

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

3. CONFIRMATION OF PREVIOUS MINUTES
The minutes of the Board meeting held on 31 August 2021 were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Ana Apatu
Carried

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

5. BOARD WORK PLAN
No updates discussed

STANDING MANAGEMENT REPORTS

6. CHAIR'S REPORT (VERBAL)
The Chair advised the following retirement, with a letter being sent conveying the Board's best wishes and thanks for Joy's extended years of devoted service and contribution to the health system, and wished her all the best in her next journey.

Retirement

Name	Role	Service	Years of Service	Retired
Joy Wakelin	Registered Nurse	Hospital Directorate	12	7 Sept 21

The appointment of boards for Health NZ and the Maori Health Authority were acknowledged and the HBDHB look forward to working with them in the coming months.

7. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO's report was taken as read with a comment acknowledging the Hawke's Bay Regional Leadership group (business leaders), who regularly meeting and are incredibly supportive of Hawke's Bay reaching high vaccination levels.

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

8. FINANCIAL PERFORMANCE REPORT

Andrew Boyd, Executive Director Financial Services noted the report had been robustly discussed at the Finance Risk and Audit Committee (FRAC) meeting held earlier in the day (28 September 2021).

With no discussion the report received was adopted.

STRATEGIC DELIVERY

9. HAWKE'S BAY DHB BALANCED SCORECARD

Emma Foster, Executive Director of Planning Funding & Performance (PF&P) and Lisa Jones (System Lead PF&P), and the author of the document were available for comment

The report provided an overview of what was happening in the system.
The Board acknowledged the format was great and easy to read and understand with thanks conveyed for the inclusion of the ANM information (from City Medical and Hastings Health Centre).

In response to a query around the expected measures, advised there was currently no comparison? Noted with 14 non-attendance days due to lockdown in August, Lisa advised it would likely increase by half.

With no further comments, grateful thanks were conveyed to Emma and Lisa for the well-presented report.

10. HAWKE'S BAY DHB QUARTER 4 2020/21 HEALTH SYSTEM PERFORMANCE DASHBOARD

Emma Foster supported by Lisa Jones were available for this item.

The report provided the Board with a monthly report and a wider view of performance across HBDHB and the Hawke's Bay health system. The detail provided was reported within respective quadrants.

Noted that Stubborn reds were included within the report, together with a mitigation strategy.

In reference to "Diagnostics" (page 37) it was explained this was focusing on a pathway from primary care through to diagnostics to facilitate earlier treatment. Providers would pick up capacity as needed during 2021/22 year as we look to increase our cover. In addition, assets such as an MRI scanner would be available, as well as alternative delivery settings with equipment access.

With no further questions the Board adopted the Quarter 4, 2020.21 Health September Performance Dashboard

11. RARANGA TE TIRA, ORGANISATIONAL VALUES PRESENTATION

Anne Speden (Executive Director of Digital Engagement), Andrew Ing (General Surgeon) were available for this item as well as Core Clinical Applications /Project Manager, Karen Ellis.

The implementation of this system into a busy general surgery environment, enables less time to be spent on administration. The system embraces surgical audit and capture data around what we do and the various outcomes, responses to treatment, morbidity and mortality.

Digital Enablement supported this to ensure optimisation of journey and outcomes, enabling patients to be released from hospital sooner. This was a collaborative partnership – solution ie, a tool by surgeons for surgeons. A key benefit was no duplication, as data was captured and easily linked to clinical coding. The tool provided a repository of performance and outcomes; showed chances of recurrence etc. Also was crucial in supporting the Clinical audit cycle: identifying, gathering information and comparing to standards from elsewhere, as well as what to do about it. Can now analyse in real time, based on interventions with a number of other key benefits.

Key points in Summary:
- Modern digitised and optimised environment
- Visible and accessable information to enable better outcomes
- Opportunties for on-going continuous improvement
- Best practice enabling surgical audit compliance
- Opportunity to scale across multiple specialities

Opportunities are available to also scale across other DHBs regionally and nationally with a key aspect being clinical development and peer to peer learning.

The presenters were thanked for their efforts and the board conveyed they found the presentation extremely positive. Efforts were most appreciated they and heartened by innovations coming through to enable the delivery of better-quality service to our communities.

OTHER GOVERNANCE REPORTS

12. BOARD HEALTH & SAFETY CHAMPIONS' REPORT

The Board Health and Safety representative, Ana Apatu provided a verbal update and planned to prepare a report to board in November (included on workplan).

Noted that the rebuilding work within the Hospital was progressing well, given the interruptions that could have occurred, no issues have been raised.

NOTING REPORTS

13. ORAL HEALTH UPDATE

Emma Foster and co-author of the paper Charrissa Keenan (Programme Manager, Māori Health)

The purpose, to provide an update on oral health equity in Wairoa and outline the immediate actions that were being taken.

- The CEO advised the original intent for this work was to focus on adults, however the scope was expanded to include tamariki and rangatahi as well. Access is being implemented via mobile clinics.
- Detail provided into the national process was available if required.
- There was a real focus on training and support occurring and the need to invest in better adult equipment had been realised. There were Locum services coming into Wairoa to assist.
- It was acknowledged that ORAL HEALTH is a big issue for Hawke's Bay and NZ wide.

In response to a query around 'sugary drinks', the Chair advised a National Public Health Unit has been developed to target alcohol, tobacco and sugary drinks. However, we need to focus on our own whare ie., our communities and hospital and champion our own conversations in the first instance.

A further update on Oral Health will be provided to the 22 February 2022 Board Meeting, together with a proposed solution to address the next high needs community.

With no further discussion the following recommendation was approved.

RESOLUTION:

That the HBDHB Board

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

Moved **Heather Skipworth**
Seconded **Hayley Anderson**
Carried

14. MĀORI RELATIONSHIP BOARD (MRB) – CHAIR'S REPORT

Ana Apatu Chair's report advised the final MRB Meeting (in its current form) had been held on 1 September, until the new Treaty Partnership Group (TPG) steps into MRB's role. MRB's matters arising were noted and would be followed up.

The CEO felt it best for the DHB to work through the MRB actions outside of the TPG as they may take a different strategic direction. **Action**

Ana was thanked for the report and the contents noted.

15. HB CLINICAL COUNCIL – CHAIR'S REPORT

Dr Robin Whyman's report included planning for the Council's AGM in October; an update on COVID-19 vaccine rollout. Professional standards and risk management committee reports including the recognised national workforce issues around nursing and maternity.

Appreciation conveyed for the role Clinical Council had played in looking at the stubborn reds.

With no further discussion the report was received and noted.

15.1 HB Clinical Council Membership Changes

With the forthcoming Annual General Meeting of Council, vacancies and term reappointments were reviewed and nominations sought to vacant positions. These positions had been filled with suitably skilled members and approved by CEO Hawke's Bay DHB and CEO Health Hawke's Bay.

It is a requirement that the HBDHB Board and Health HB Board endorse these appointments. Appointment detail was contained in the report provided.

RESOLUTION

That the HBDHB Board:

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

Adopted

16. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board:

Exclude the public from the following items:

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

Moved: **Shayne Walker**
Seconded: **Joanne Edwards**
Carried

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

The public section of the Board meeting concluded at 2.45 pm

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	31 Aug 21	Workplan item deferred from 28 September to 2 November 2021 Meeting • Localities Planning	Admin	Nov	On November agenda
2	31 Aug 21	Clinical Council to provide their governance priorities to the Board.	Clinical Council Chair	Dec	Deferred due to lack of quorum in October.
3	28 Sept 21	Maori Relationship Board matters arising/actions to be worked through outside of the Treaty Partnership Group (TPG)	Patrick LeGeyt	Nov	Verbal Update

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

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

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

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

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

Updated 21/9/21

HAWKE'S BAY
District Health Board
Whakawāteatia

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**02 November 2021 DHB CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	25 October 2021
Purpose/Summary of the Aim of the Paper	To provide a monthly strategic and operational update to the Board of HBDHB.
Health Equity Framework	The penultimate version of the revised Equity Plan is now live.
Principles of the Treaty of Waitangi that this report addresses	Post Finance Risk and Audit Committee (FRAC) meeting feedback. A process has been established by Executive Leadership Team (ELT) to group review this section of ELT- produced papers to ensure all elements of the principles of Te Tiriti are explored and documented in this section for each paper.
Risk Assessment	Hawke's Bay DHB 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.
Financial/Legal Impact	Nothing for noting.
Stakeholder Consultation and Impact	I have had the following interactions in this period: • Participated in a discussion on welfare of SMOs on call • Attended the National *Managing COVID-19 Care in the Community* governance fortnightly meetings • Along with Andrew Boyd, met with Audit NZ and Office of the Auditor General • Attended the Commissioning and Localities Working Group for the Health and Disability System Review • Attended the Hospital and Specialist Services Working Group for the Health and Disability System Review • Attended the National Covid 19 vaccination and immunisation steering group weekly meetings • Attended the Hawke's Bay Regional Leadership group for COVID • Co-chaired the Central Region regional resurgence planning committee • Along with Andrew Boyd, met with the HBDHB Summer Health committee • Attended the National DHB CEOs meeting • Participated in interviews for HBDHB Acting Chief Nursing and Midwifery Officer • Attended the National Bi-partite meeting • Welcomed the new HBDHB Cadets for Programme II

	• Attended the HBDHB Resurgence Plan Workshop • Along with Māori Health providers attended a zoom meeting with Associate Minister Henare re HBDHB COVID-19 Vaccination Programme • Opened the National Transplant Coordinators Study Day • As Immigration DHB CEO lead, attended the workshop for Time Sensitive Travel/MIQ • Along with Shayne Walker, attended a zoom meeting with the Prime Minister, Minister Hipkins, Minister Little and DHB Chairs and Chief Executive's re Covid Protection Framework
Strategic Impact	None to note
Previous Consideration / Interdependent Papers	None to note
RECOMMENDATION: *It is recommended that the Board:* 1. *Note and acknowledge this report.*	

HOSPITAL SERVICES UPDATE

Unplanned Care

The Health Target result for September was 76.1 percent (up from 72.8 percent in August) reflective of fewer ED presentations during August due to Level 4 lockdown. There is a continued focus on escalation capacity and internal frameworks to better support patient flow.

Planned Care

While onsite planned care productivity remains strong, delivery has been challenged through both COVID-related interruptions, and sustained higher demand.

- A net total of 1,890 referrals were received in September. This is 366 fewer referrals than in July (pre-recent COVID lockdown). In total, 1,497 patients were provided with First Specialist Assessments in September – this is 142 more patients than August
- Per the challenges stated above, the number of patients overdue against the ESPI2 measure increased by 102 patients from August. The proportion of patients waiting four months or longer for their appointment increased to 28percent, up from 26.7 percent in August

In respect of planned surgery, HBDHB delivered 89.8 percent of the overall Ministry of Health production planning discharge target in September - a total of 605 discharges vs 674 planned.

- The flow-on from COVID-19 impacts saw Inter District Flow activity in September below plan with 64 discharges
- On-site activity performed better than plan with a total of 496 discharges in September
- Outsourced activity experienced a slow start with 45 discharges in September (43 percent of the plan of 105). However, the difference is expected to be made up as the year progresses
- Overall the waiting list for surgery reduced from August to September by 171 to 2,203. However, of these 46 percent of patients have now waited more than the ESPI5 measure of four months (up from 39.3 percent in August) – this equates to an additional 42 patients overdue.

COVID-19 RESPONSE UPDATE

We can all be very proud of our Super Saturday efforts in Hawke's Bay with 6,750 people having either their first or second dose. Ministry of Health data showed our region had the highest turnout per head of population than anywhere in the country at 4.38. Māori vaccinations in Hawke's Bay jumped three percent on Super Saturday, with over 1,100 getting their first dose. Hawke's Bay had the highest Māori vaccination coverage in New Zealand with 6.1 percent Maori population receiving a vaccination. Central Hawke's Bay was the highest Local Territorial Authority with 6.97 percent population receiving a vaccination.

The recent COVID upsurge in Auckland, Waikato and Northland has given added impetus to our local health and disability system preparations in the event of a community transmission in Hawke's Bay. A reviewed resurgence plan was discussed at the September Board meeting and again in a zoom update in October. A simulation exercise using the resurgence plan was undertaken to test readiness.
Hawke's Bay DHB has supported redeployments of health professionals to support COVID-19 responses up north with secondments to the Ministry, National Contact Tracing Centre and Northern Regional Health Coordination Centre.

Work to improve oxygen supply to some of Hawke's Bay Hospital's wards as part of the COVID-19 response is well underway. This includes improving ward infrastructure for decanting patients, particularly the B2 ward designated for COVID patients. This is an ongoing piece of work, scheduled for completion in early February 2022. Additionally, more capital investment for laboratory Polymerase Chain Reaction (PCR) testing equipment as been approved giving us additional capacity in the event of an upsurge, and sustainability in the event of equipment failure.

The DHB continues active conversations with Māori and community leaders on community response, with Health Hawke's Bay leading the work on care in the community.

INTEGRATED COMMUNITY PHARMACY SERVICES AGREEMENT (ICPSA) UPDATE

In October 2020 HBDHB introduced a Pharmacy / Pharmacist Service Contract Policy based on the Board-approved Community Pharmacy Strategic Direction 2016 – 2020 which signalled restricting community pharmacy agreements based on quality. This resulted in the development of a local pharmacy quality framework which is used to assess ICPSA applications. Since October 2020 the DHB has received two applications from providers seeking an ICPSA. This month an ICPSA request from Countdown Hastings Pharmacy was approved, with additional requirements on condition of approval.

The remaining application, Hastings location, is currently waiting for endorsed provider status to be granted before the Pharmacy Review Panel can commence application assessment.

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

RECOMMENDATION

It is recommended that the Finance Risk and Audit Committee:

Note the contents of this report.

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The operating result for September is $1.2m favourable to plan. The main driver being challenges recruiting to vacancies across medical, nursing and allied health. This is partly offset by payments to the PHO for additional services, provisioning for MECA settlements, and sabbatical leave corrections. The unspent portion of the growth reserve has been released, as ongoing expenditure is not yet being incurred to cover the difficulty identifying and achieving efficiencies.

The year-to-date result is on plan, with additional revenue and reduced expenditure arising from recruitment challenges, offset by yet to be identified cost savings, the additional payments to the PHO, and provisioning for MECA settlements. Note: the budget for the Equity reserve has been rephased from an

even spread across the year, to an even spread in the second half of the year. Consequently, adding September's in-month budgeted result to August's YTD budgeted result does not equal September's YTD budgeted result.

The surplus/(deficit) including COVID-19 and Holidays Act is also $0.8m favourable for September, and $0.5m adverse year-to-date. COVID-19 expenditure is largely covered by various funding sources, and the ongoing growth in the Holidays Act provision is now included in the budget. This is the figure that will be compared to and monitored against our Annual Plan.

The Annual Plan figures included in this report are from the submitted Draft Annual Plan and have not as yet been approved by Ministers.

The forecast deficit for the year is $34.9m, $6.8m adverse to plan. This is due to $4.8m of abnormal changes to PHARMAC funding and costs which are being investigated with the Ministry, and $2.0m of COVID related expenditure which does not currently have a separate funding stream. The forecast assumes $7.5m of savings will be delivered, $400k of which relate to ACC treatment injury claims, and the remainder are to be pursued.

	September				*Year to Date*				*Year End*	Refer
$'000	***Actual***	***Budget***	***Variance***		***Actual***	***Budget***	***Variance***		***Forecast***	Appendix
Operating Revenue	59,398	59,475	(77)	-0.1%	178,446	177,857	589	0.3%	708,783	1
Less:										
Providing Health Services	27,708	28,757	1,049	3.6%	86,554	89,622	3,068	3.4%	349,509	2
Funding Other Providers	25,467	25,241	(225)	-0.9%	76,770	75,693	(1,077)	-1.4%	306,529	3
Corporate Services	5,617	5,392	(225)	-4.2%	16,318	16,234	(83)	-0.5%	67,215	4
Reserves	15	726	711	97.9%	5,333	2,847	(2,486)	-87.3%	15,393	5
Operating Result	**591**	**(642)**	1,232	192.0%	**(6,529)**	**(6,539)**	10	0.2%	**(29,863)**	
Plus:										
Emergency Response (COVID-19)	(489)	-	(489)	0.0%	(496)	-	(496)	0.0%	(1,999)	
Holidays Act Remediation	(264)	(292)	29	9.8%	(764)	(754)	(10)	-1.3%	(3,000)	
	(162)	**(934)**	772	82.7%	**(7,789)**	**(7,293)**	(496)	-6.8%	**(34,862)**	

Other Performance Measures

	September				*Year to Date*				*Year End*	Refer
	Actual	***Budget***	***Variance***		***Actual***	***Budget***	***Variance***		***Forecast***	Appendix
	$'000	*$'000*	*$'000*	*%*	*$'000*	*$'000*	*$'000*	*%*	*$'000*	
Capital spend	1,592	3,338	(1,746)	-52.3%	5,802	9,554	(3,751)	-39.3%	38,388	12
	FTE	*FTE*	*FTE*	*%*	*FTE*	*FTE*	*FTE*	*%*	*FTE*	
Employees	2,761	2,811	51	1.8%	2,757	2,816	59	2.1%	2,856	2 & 4

- Capital spend (Appendix 10)

  Capital spend to September is at 60% of plan. This is caused by slippage in strategic projects, and conservative expenditure in the clinical equipment block to allow a reserve for possible emergency replacements.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $5.9m overdrawn on 2 Sep (last month's was $2m on 2 Aug).

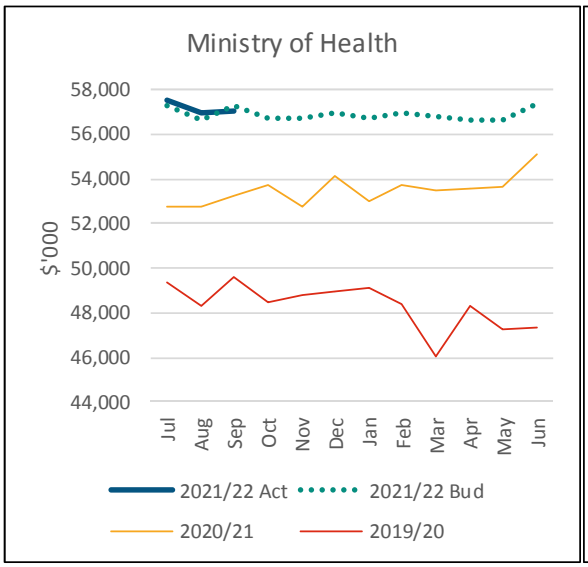
- Employees (Appendices 2 & 4)

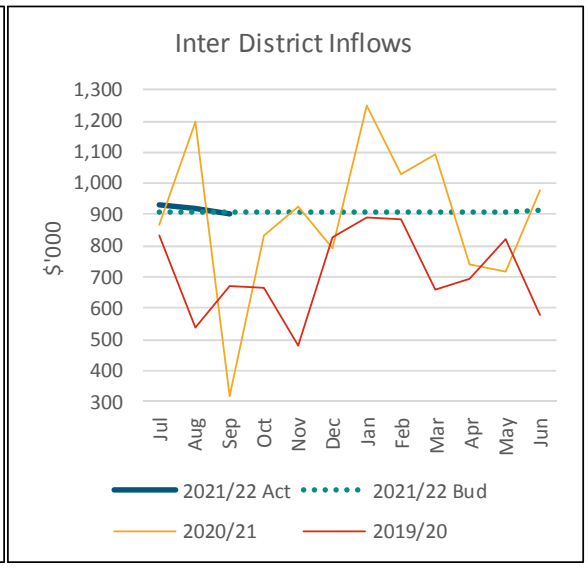
  The lower than planned employee FTE numbers reflect the difficulties recruiting to vacant and new positions.

APPENDICES

1. OPERATING REVENUE

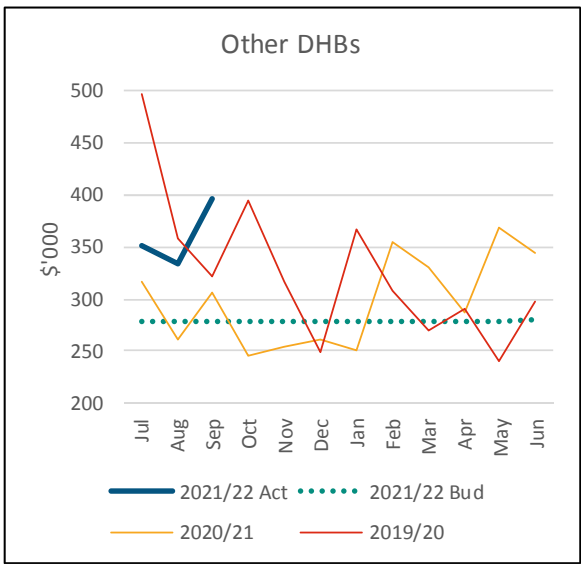
Excludes revenue for COVID-19	*September*				*Year to Date*				*Year End*
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Ministry of Health	57,013	57,284	(271)	-0.5%	171,550	171,275	275	0.2%	682,069
Inter District Flows	901	913	(12)	-1.3%	2,754	2,740	14	0.5%	10,976
Other District Health Boards	396	278	117	42.2%	1,082	835	246	29.5%	3,845
Financing	10	4	7	184.4%	38	11	27	248.1%	71
ACC	471	459	12	2.6%	1,247	1,376	(129)	-9.4%	5,268
Other Government	41	38	3	8.1%	138	113	25	22.0%	418
Abnormals	-	-	-	0.0%	5	-	5	0.0%	5
Patient and Consumer Sourced	94	121	(27)	-22.5%	333	362	(30)	-8.2%	1,269
Other Income	472	378	94	24.9%	1,299	1,143	156	13.6%	4,863
	59,398	**59,475**	(77)	-0.1%	**178,446**	**177,857**	589	0.3%	**708,783**

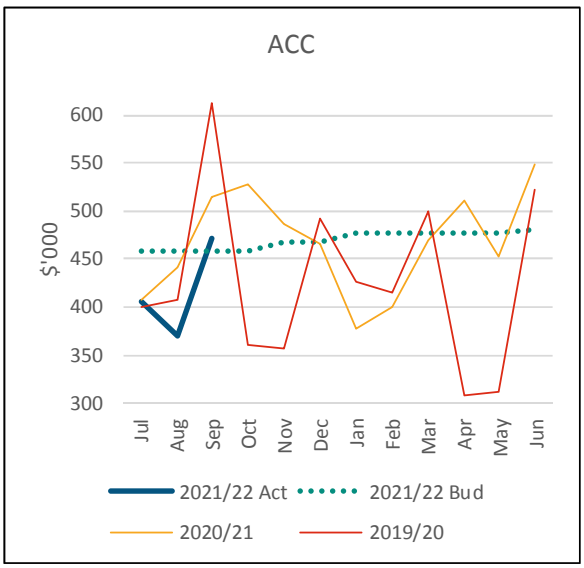




Ministry of Health ($275k favourable YTD)
Close to budget.

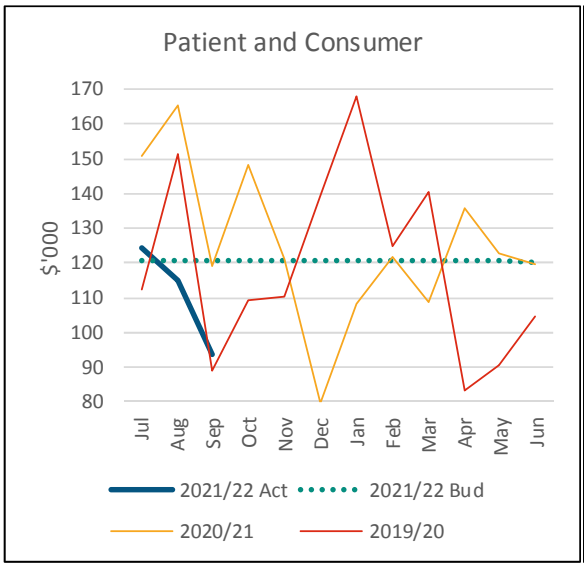
Inter District Flows ($14k favourable YTD)
Close to budget.

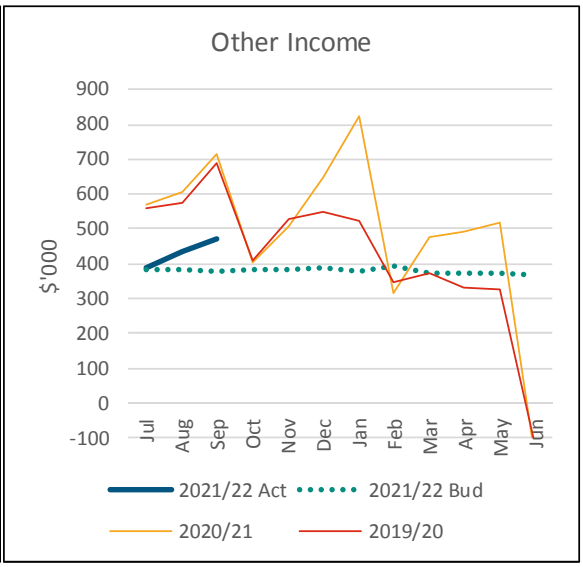




Other District Health Boards ($246k favourable YTD)
Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), Mid Central DHB for oncology clinics, Capital & Coast Health for neurosurgery clinics, and a number of DHBs for patient transport reimbursements.

ACC ($129k adverse YTD)
Lower than planned provision of rehabilitation services.



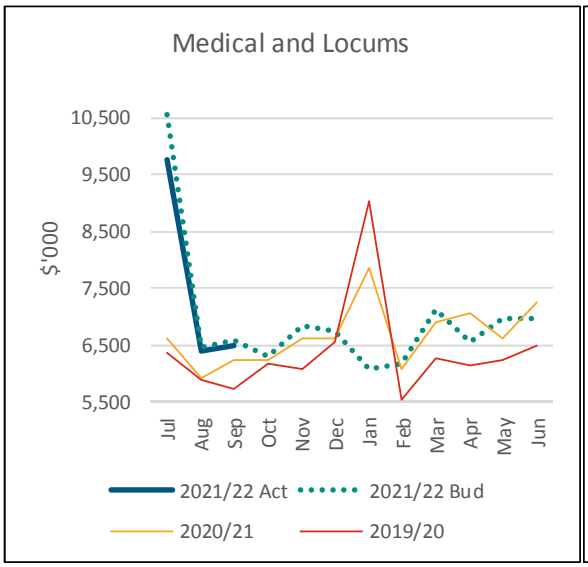


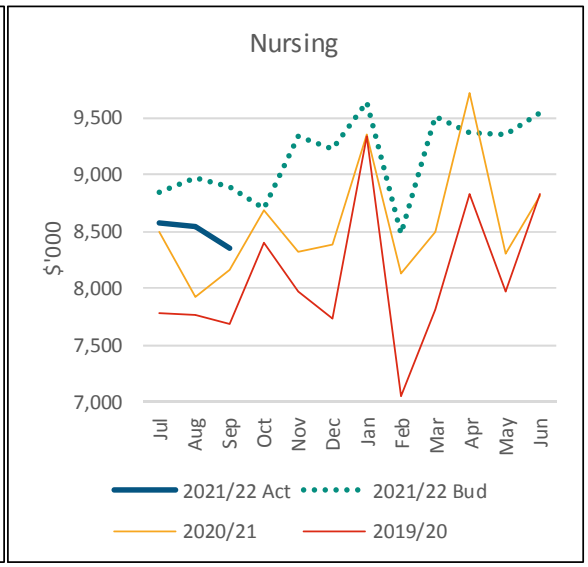
Patient and Consumer ($30k adverse YTD)
Reduced audiology co-payments as the outsourcing of audiology services is being piloted.

Other income ($156k favourable YTD)
Pharmac rebate, reimbursement staff involved in the NZ Medical Assistance Team deployment to Fiji for the COVID response, and provision of COVID test to the primary sector.

2. PROVIDING HEALTH SERVICES

	September				Year to Date				Year End
	Actual	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Expenditure by type $'000									
Medical personnel and locums	6,486	6,603	117	1.8%	22,648	23,619	971	4.1%	82,776
Nursing personnel	8,354	8,890	535	6.0%	25,481	26,722	1,240	4.6%	107,093
Allied health personnel	3,699	3,964	265	6.7%	10,879	11,636	756	6.5%	46,837
Other personnel	2,465	2,446	(19)	-0.8%	7,396	7,267	(129)	-1.8%	30,268
Outsourced services	1,289	1,222	(67)	-5.5%	3,163	3,601	438	12.2%	14,210
Clinical supplies	3,936	4,123	187	4.5%	12,179	12,272	93	0.8%	49,719
Infrastructure and non clinical	1,479	1,510	31	2.1%	4,807	4,504	(303)	-6.7%	18,605
	27,708	**28,757**	1,049	3.6%	**86,554**	**89,622**	3,068	3.4%	**349,509**
Expenditure by directorate $'000									
Hospital	15,695	16,254	559	3.4%	49,432	51,493	2,061	4.0%	199,743
Whanau and Communities	6,107	6,280	173	2.7%	18,859	19,329	469	2.4%	75,530
Mental Health and Addictions	2,088	2,167	78	3.6%	6,761	7,038	277	3.9%	27,202
Support	2,525	2,462	(63)	-2.6%	7,719	7,339	(380)	-5.2%	30,663
Other	1,292	1,595	303	19.0%	3,782	4,423	641	14.5%	16,370
	27,708	**28,757**	1,049	3.6%	**86,554**	**89,622**	3,068	3.4%	**349,509**
Full Time Equivalents									
Medical personnel	421.7	416.7	(5)	-1.2%	426	435	9	2.1%	428.0
Nursing personnel	1,116.9	1,152.0	35	3.0%	1,137	1,157	20	1.8%	1,179.9
Allied health personnel	555.0	577.5	23	3.9%	533	564	31	5.5%	573.9
Support personnel	128.6	125.5	(3)	-2.5%	129	123	(6)	-5.2%	127.6
Management and administration	302.4	306.9	5	1.5%	301	304	3	1.0%	311.3
	2,524.6	**2,578.6**	54	2.1%	**2,526**	**2,583**	57	2.2%	**2,620.8**

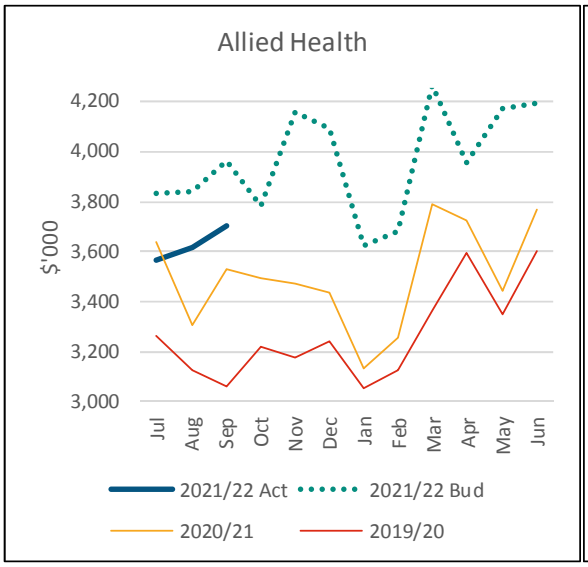


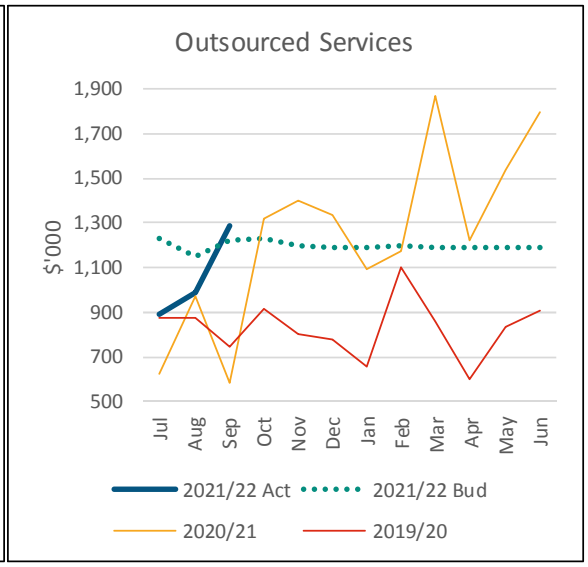


Medical personnel and locums (\$1.0m favourable YTD)

Low use of continuing medical education leave (CME) reflecting COVID-19 restrictions, and vacancies - including in new positions - partly offset by locum cover. The high budget in July, and the low budget in January in comparison to prior years, reflects the change in entitlement date for CME from 1 January to 1 July of each year

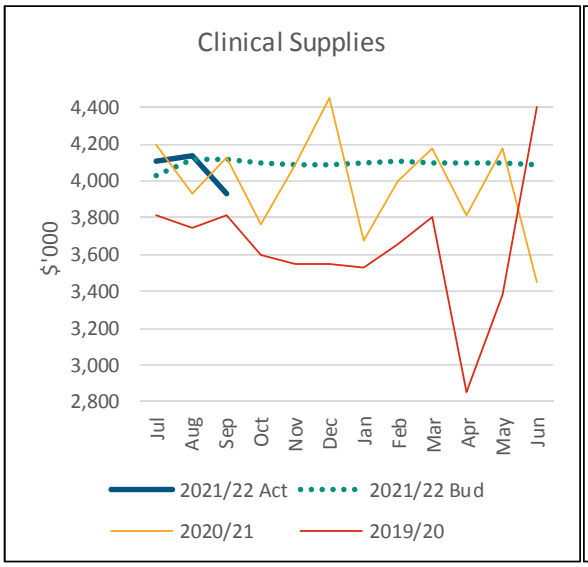
Nursing ($1.2m favourable YTD)
Mainly vacant new care capacity demand management (CCDM) positions currently being recruited to.

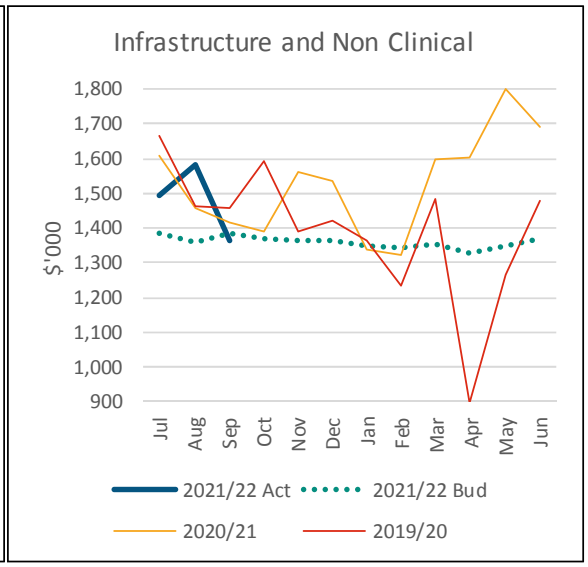




Allied Health ($0.8m favourable YTD)
Vacancies in technicians, psychologists, social workers, pharmacists, and medical imaging technologists.

Outsourced services ($0.4m favourable YTD)
Lower than budgeted outsourcing of elective surgery, expected to be incurred later in the year.

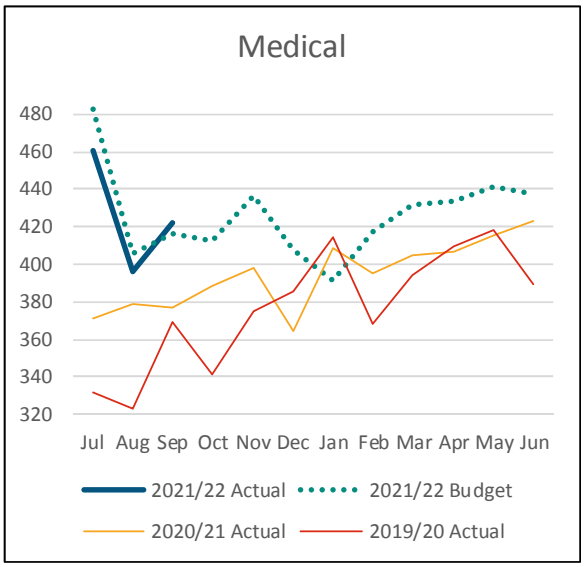


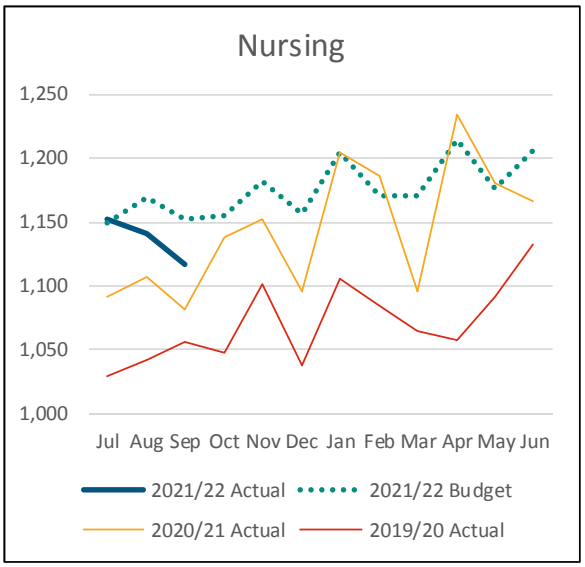


Clinical supplies ($0.1m favourable YTD)
Adverse patient transport, protective clothing, diagnostic supply costs, and instruments and equipment, mostly offset by favourable implants and prostheses, and blood intragam costs.

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

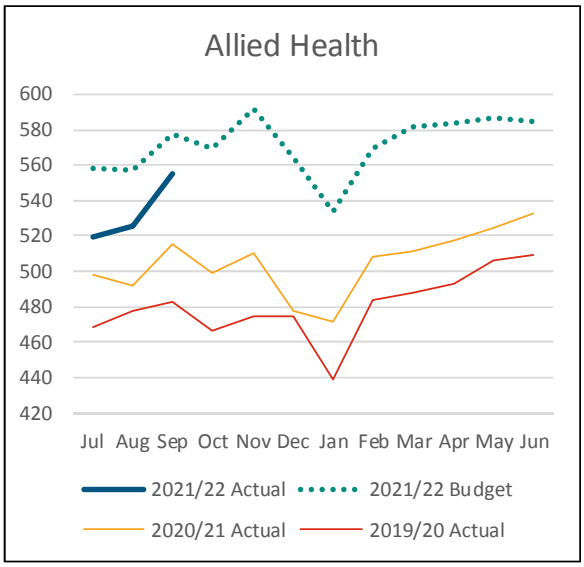
Full Time Equivalents (FTE)

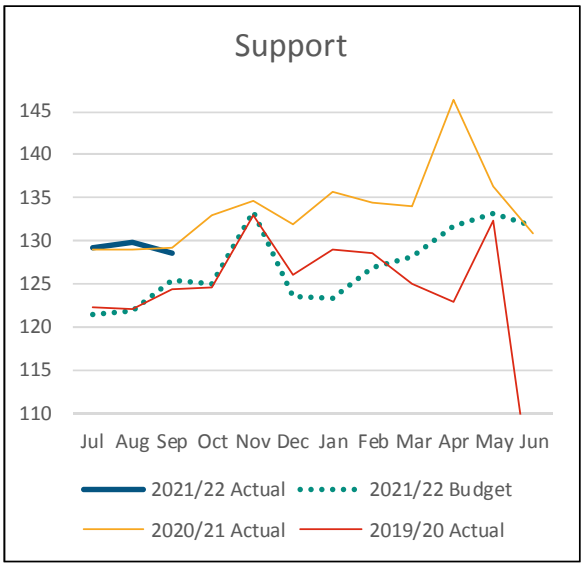




Medical personnel (9 FTE / 2.1% favourable)
Specialist vacancies and recruitment difficulties. Long lead times to onboard medical staff relating to completion of training. High cost in July relates to entitlements for continuing medical education leave.

Nursing personnel (20 FTE / 1.8% favourable)
Difficulty filling new positions. FTEs in July were high due to status of the hospital.



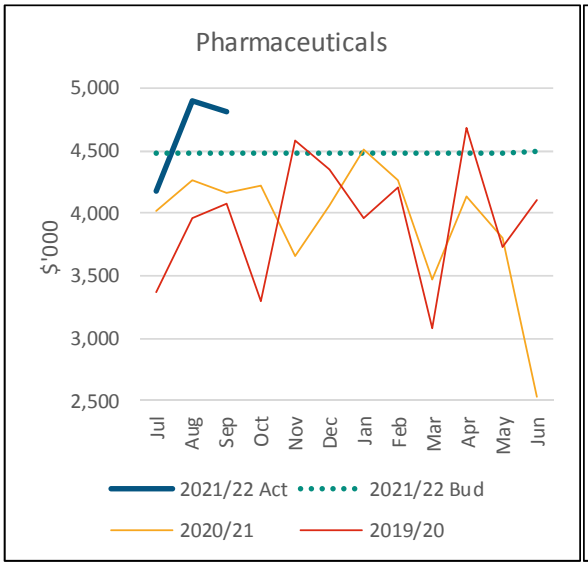


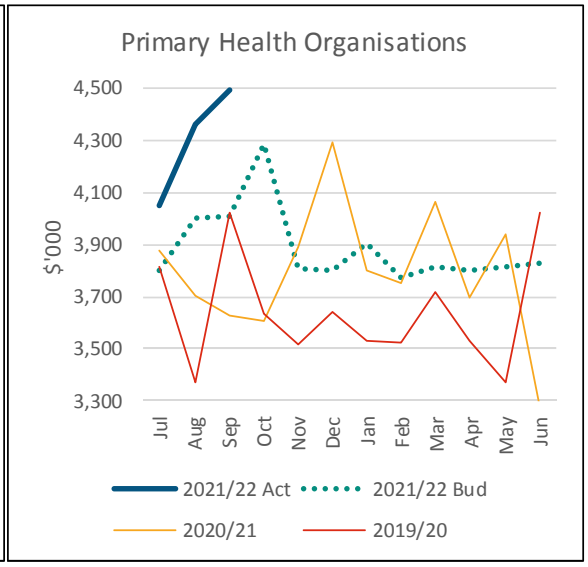
Allied health personnel (31 FTE / 5.5% favourable)
Ongoing difficulty filling vacancies including anaesthetic technicians, social workers, psychologists, pharmacists, and health promotion workers.

Support personnel (-6 FTE / -5.2% unfavourable)
Orderly and kitchen assistant numbers driven by patient activity and dependency.

3. FUNDING OTHER PROVIDERS

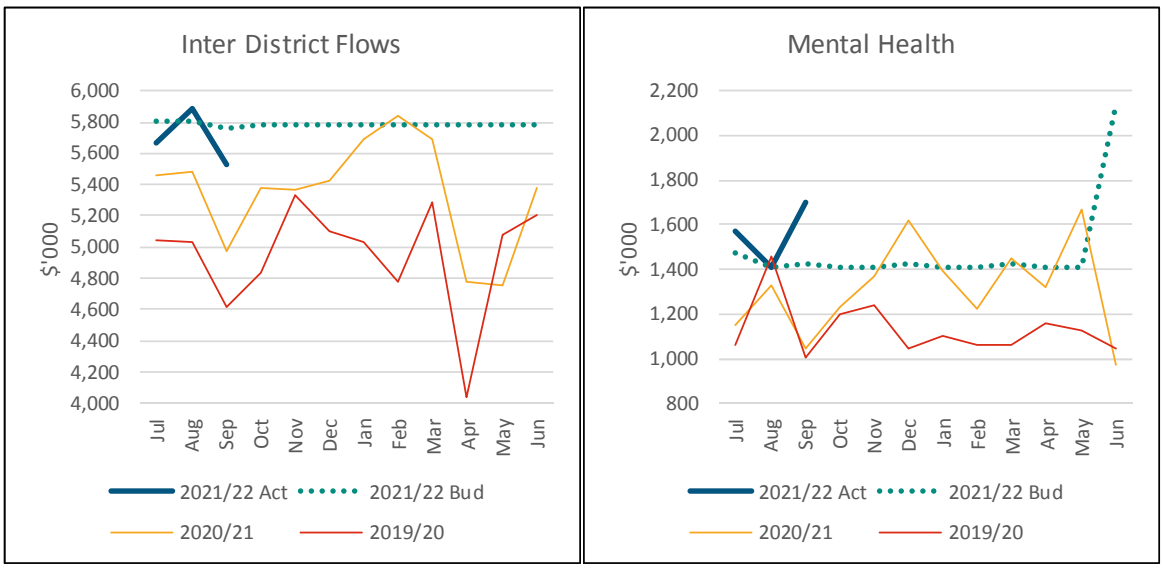
$'000	September Actual	September Budget	September Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,822	4,481	(340)	-7.6%	13,902	13,443	(459)	-3.4%	55,311
Primary Health Organisations	4,493	4,008	(484)	-12.1%	12,906	11,815	(1,091)	-9.2%	47,744
Inter District Flows	5,523	5,758	235	4.1%	17,070	17,366	295	1.7%	69,100
Other Personal Health	1,666	2,323	657	28.3%	6,679	7,008	329	4.7%	29,446
Mental Health	1,699	1,425	(274)	-19.2%	4,677	4,310	(366)	-8.5%	18,129
Health of Older People	6,779	6,863	84	1.2%	20,202	20,602	400	1.9%	82,003
Other Funding Payments	485	382	(103)	-27.0%	1,334	1,148	(186)	-16.2%	4,796
	25,467	25,241	(225)	-0.9%	**76,770**	**75,693**	(1,077)	-1.4%	306,529
Payments by Portfolio									
Strategic Services									
Secondary Care	5,165	5,499	333	6.1%	16,004	16,534	530	3.2%	65,540
Primary Care	10,578	9,895	(683)	-6.9%	31,133	29,467	(1,666)	-5.7%	121,778
Mental Health	1,851	1,756	(95)	-5.4%	5,399	5,302	(96)	-1.8%	21,828
Health of Older People	7,231	7,442	211	2.8%	22,159	22,340	181	0.8%	89,179
Maori Health	592	596	3	0.6%	1,789	1,752	(37)	-2.1%	7,046
Population Health	50	53	4	7.0%	287	298	12	3.9%	1,158
	25,467	25,241	(225)	-0.9%	**76,770**	**75,693**	(1,077)	-1.4%	306,529





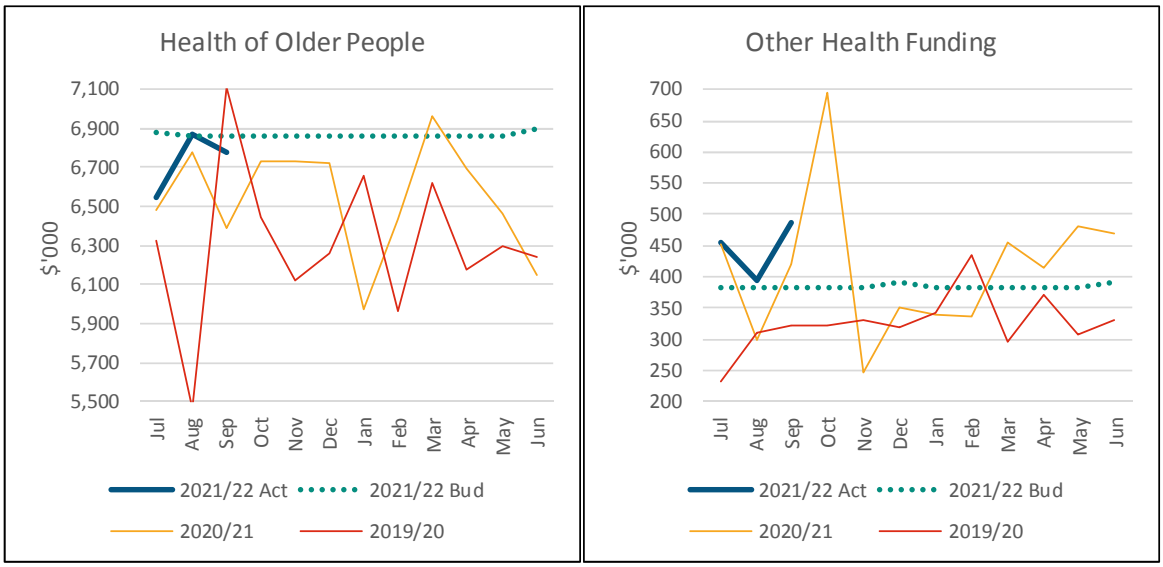
Pharmaceuticals ($0.5m adverse YTD)
Based on latest available PHARMAC forecasts and community and hospital pharmacy activity. Incorporates PHARMAC advice regarding a reduced rebate despite increased volumes.

Primary Health Organisations ($1.1m adverse YTD)
Performance payments, services for under 13s, services to community service card holders, Discharge Pathway funding and first contact services.



Inter District Flows ($0.3m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost. The first three months have followed a similar trend to previous years.

Mental Health ($0.4m adverse YTD)
Includes pay equity costs budgeted under Health of Older People.



Health of Older People ($0.4m favourable YTD)
Budget includes pay equity costs incurred under Mental Health.

Other Funding Payments ($0.2m adverse YTD)
Higher than planned Whānau Ora and public health infrastructure costs in July and September.

4. CORPORATE SERVICES

$'000	September Actual	September Budget	September Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,948	1,902	(46)	-2.4%	5,592	5,694	102	1.8%	22,851
Outsourced services	46	58	11	19.7%	192	174	(18)	-10.5%	746
Clinical supplies	138	117	(21)	-18.3%	444	337	(107)	-31.8%	1,606
Infrastructure and non clinical	1,734	1,557	(177)	-11.4%	4,706	4,673	(33)	-0.7%	19,204
	3,867	3,634	(233)	-6.4%	10,935	10,878	(57)	-0.5%	44,406
Capital servicing									
Depreciation and amortisation	1,323	1,404	82	5.8%	4,104	4,294	190	4.4%	17,512
Financing	2	21	19	92.5%	3	62	60	95.9%	189
Capital charge	426	333	(92)	-27.7%	1,277	1,000	(277)	-27.7%	5,108
	1,750	1,758	8	0.5%	5,383	5,356	(27)	-0.5%	22,809
	5,617	**5,392**	(225)	-4.2%	**16,318**	**16,234**	(83)	-0.5%	**67,215**
Full Time Equivalents									
Medical personnel	0.3	0.1	(0)	-256.1%	1	1	0	6.8%	0.8
Nursing personnel	8.3	5.3	(3)	-58.1%	6	5	(1)	-16.1%	5.2
Allied health personnel	0.9	1.6	1	46.7%	1	2	0	31.2%	1.6
Support personnel	27.4	30.8	3	11.0%	27	30	3	9.7%	30.6
Management and administration	199.2	194.9	(4)	-2.2%	195	194	(1)	-0.4%	197.3
	236.1	**232.7**	(3)	-1.5%	**230**	**232**	2	0.8%	**235.5**

The adverse result for clinical supplies relates mainly to the renewal of service contracts for clinical engineering , that will be offset by underexpenditure later in the year. The adverse capital charge relates to the higher than projected deficit funding received in June. Lower than planned depreciation and amortisation expenditure reflects the lower than planned capital spend year-to-date.

5. RESERVES

$'000	September Actual	September Budget	September Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	(1,375)	1,329	2,704	203.5%	2,275	4,311	2,036	47.2%	13,190
Efficiencies	-	(621)	(621)	-100.0%	-	(2,155)	(2,155)	-100.0%	(7,500)
Other	1,390	19	(1,372)		3,058	690	(2,367)	-342.9%	9,703
	15	**726**	711	97.9%	**5,333**	**2,847**	**(2,486)**	-87.3%	**15,393**

Investment reserves include reserves for funding envelope growth, equity, pay equity, and a number of small reserves for specific purposes including one for risk. As plans for the use of the reserves are finalised, the budgets will be moved to the appropriate areas.

A large proportion of reserves are expected to be used for ongoing investments, meaning any underexpenditure in the first quarter will not be spent, and can be used to offset the shortfall in efficiencies year-to-date.

Part of the efficiencies are expected to be achieved through review of services that could be charged to ACC. The remaining amount will be embedded into budgets as the savings plans are identified.

Other includes additional salary costs based on settlements to date, additional sabbatical costs to correct miscalculations in historical payments, adjustments to the phasing of PHO payments offset in Funding Health Services, and sustainability costs relating to Demand and Capacity Modelling.

6. FINANCIAL POSITION

30 June 2021	$'000	September Actual	September Budget	Variance from budget	Movement from 30 June 2021	Annual Budget
	Equity					
253,745	Crown equity and reserves	257,606	260,059	(2,452)	3,861	278,467
(129,509)	Accumulated deficit	(137,297)	(138,448)	1,150	(7,789)	(159,199)
124,236		120,309	121,611	(1,302)	(3,927)	119,268
	Represented by:					
	Current Assets					
574	Bank	561	4	557	(12)	4
1,451	Bank deposits > 90 days	1,455	2,055	(600)	4	2,055
22,480	Prepayments and receivables	25,233	17,708	7,526	2,753	20,048
4,975	Inventory	4,925	4,530	395	(50)	4,569
29,480		32,175	24,296	7,878	2,695	26,675
	Non Current Assets					
208,941	Property, plant and equipment	210,657	215,149	(4,492)	1,716	230,151
16,514	Intangible assets	16,454	13,990	2,464	(59)	13,238
1,673	Investments	1,840	1,341	499	167	1,341
227,128		228,952	230,481	(1,529)	1,823	244,731
256,608	**Total Assets**	**261,126**	**254,777**	**6,349**	**4,518**	**271,406**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	2,872	3,589	717	(2,872)	26,762
40,876	Payables	35,430	32,030	(3,400)	5,446	32,451
88,407	Employee entitlements	99,426	94,259	(5,168)	(11,020)	86,636
-	Current portion of borrowings	-	-	-	-	3,000
129,283		137,728	129,878	(7,851)	(8,446)	148,849
	Non Current Liabilities					
3,089	Employee entitlements	3,089	3,289	200	-	3,289
3,089		3,089	3,289	200	-	3,289
132,372	**Total Liabilities**	**140,817**	**133,167**	**(7,651)**	**(8,446)**	**152,138**
124,236	**Net Assets**	**120,309**	**121,611**	**(1,302)**	**(3,927)**	**119,268**

Variances from budget:
Most YTD variances from budget relate to variability in working capital (current assets – current liabilities) and are expected to be short term.

7. EMPLOYEE ENTITLEMENTS

30 June 2021	$'000	September Actual	September Budget	Variance from budget	Movement from 30 June 2021	Annual Budget
11,420	Salaries & wages accrued	17,429	15,157	(2,272)	(6,009)	13,825
1,160	ACC levy provisions	1,200	261	(939)	(40)	190
6,727	Continuing medical education	10,076	9,490	(586)	(3,349)	1,743
67,169	Accrued leave	68,745	67,450	(1,295)	(1,576)	68,945
5,019	Long service leave & retirement grat.	5,065	5,190	124	(46)	5,222
91,496	**Total Employee Entitlements**	102,515	97,548	(4,968)	(11,020)	89,925

Growth in projected backpays based on settlements to date, annual leave and continuing medical leave provisioning relating to COVID factors, and ACC levies to be paid later than projected.

8. PLANNED CARE

MOH data to August is tabled below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 77.8% of plan was achieved to the end of August. The financial forecast and YTD result assumes achievement of delivery targets by the end of the year.

2021/22 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2021/22 Total Planned Volume
Inpatient Caseweight Delivery	1,386.7	486.5	1,873.2	1,457.9	77.8%	10,945.1
Inpatient Surgical Discharges	918	351	1,269	1,025	80.8%	7,427
Minor Procedures	436	188	624	756	121.2%	2,984
Non Surgical interventions	6	14	20	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: 4/10/2021 **NNPAC Refresh Date:** 4/10/2021
Data up to: Aug 2021 **Report Run Date:** 4/10/2021

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 September was a $2.9m overdrawn (August was $1.2m overdrawn).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month, and October's low point is projected to be $6.7m overdrawn on 1 October.

The main cash risks are Holidays Act remediation payments, the net impact of COVID-19 expenditure, and the timing of MoH equity injections for capital projects.

Debt Management

The DHB has no interest rate exposure relating to debt.

Foreign Exchange Risk Management

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

10. CAPITAL EXPENDITURE

Capital spend to September is at 60% of plan. This is caused by slippage in strategic projects, and delivery issues relating to COVID in the clinical equipment block.

The table below has been adjusted to reflect a number of changes to the plan:

- Equity to fund capital expenditure incurred last year and received this year of $2.518m, and $0.770m underspent last year due to COVID supply change slippage, have been added to forecast to increase the amount that can be spent this year by $3.288m.
- The capital plan presented to the Board in September indicated funding of $41.749m including the supply chain slippage of $0.770m. The $0.770m has been removed from the plan, and expenditure from the additional $3.288m prior year underspend will be reported as overspend this year for consistency. The new planned expenditure is $40.979m.
- To achieve the $40.979 planned expenditure, a required slippage line has been added to the budget of $1.100m.
- Underspend in the orthopaedics/hand therapy and emergency department capacity/flow projects that are included in the Interim Asset Plan, are expected to contribute to the required slippage.

The radiology project is likely to change significantly as it is rescoped, and is the largest risk factor in the plan.

	Year to Date			End of Year Forecast			Life of Project		
	Actual	Budget	Variance	Forecast	Budget	Variance	Forecast	Approved	Variance
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Source of Funds									
Operating Sources									
Depreciation	4,104	4,294	(190)	17,512	17,702	(190)			
Covid Supply chain slippage 20/21	435		435	770		770			
	4,538	4,294	244	18,282	17,702	580			
Other Sources									
Special Funds and Clinical Trials	51	-	51	51	-	51			
Finance Leases (Clinical Equipment)			-	-	620	(620)			
Equity Injection	3,861	5,751	(1,890)	21,299	22,657	(1,358)			
Equity (Prior year expenditure)	2,518	-	2,518	2,518	-	2,518			
	6,430	5,751	679	23,868	23,277	591			
Total funds sourced	**10,969**	**10,045**	**923**	**42,150**	**40,979**	**1,171**			
Application of Funds:									
Block Allocations									
Facilities	444	495	51	2,385	2,000	(385)			
Information Services	675	750	74	3,069	3,000	(69)			
Clinical Equipment	193	750	557	3,275	3,000	(275)			
	1,313	1,994	682	8,730	8,000	(730)			
MOH funded Startegic									
Surgical Services Expansion Project	1,422	1,624	203	3,296	3,296	-	20,843	20,843	-
Radiology Facilities Redevelopment	96	1,177	1,081	2,490	2,490	-	25,100	25,100	-
Main Electrical Switchboard Upgrade	748	776	28	3,114	3,114		4,000	4,000	
Mobile Dental Clinics	466	207	(259)	1,536	1,536	-	1,600	1,600	-
Angiography Suite Replacement	359	402	43	2,888	2,888	-	3,000	3,000	-
Procedure Rooms Upgrade Endo Building	245	433	187	1,956	2,827	871	3,000	3,000	-
Seismic Upgrade Acute Admissions Unit S	2	117	116	2	490	489	3,450	3,450	-
Seismic Upgrade Surgical Services Expans	524	771	247	3,093	3,093	-	-	-	-
Linear Accelerator	-	83	83	1,000	1,000	-	33,100	33,100	-
Planned Care Procedure rooms x 4	-	161	161	1,924	1,924	-	1,924	1,924	-
	3,861	5,751	1,889	21,299	22,658	1,359	96,017	96,017	-
DHB funded Strategic									
Surgical Services Expansion Project	-	-	-	3,204	3,204	-	-	-	-
Radiology Facilities Redevelopment	-	-	-	510	510	-	-	-	-
Replacement Generators	8	405	397	2,430	2,430	-	4,430	4,430	-
Cardiology Project PCI	-	-	-	-	-	-	13,580	13,580	
Health System Catalogue	-	-	-	857	857	-	1,089	1,089	-
Mental Health Crisis Hub	-	567	567	567	567	-	-	-	-
Interim Asset Plan	518	837	319	2,913	3,913	1,000	-	-	-
Required Slippage					(1,160)	(1,160)			
	525	1,809	1,283	10,480	10,321	(159)	19,099	19,099	-
Other									
Special Funds and Clinical Trials	51	-	(51)	51	-	(51)			
Other	53	-	(53)	53	-	(53)			
	104	-	(104)	104	-	(104)			
Capital Spend	**5,803**	**9,554**	**3,751**	**40,612**	**40,979**	**367**	**115,116**	**115,116**	**-**

11. ROLLING CASH FLOW

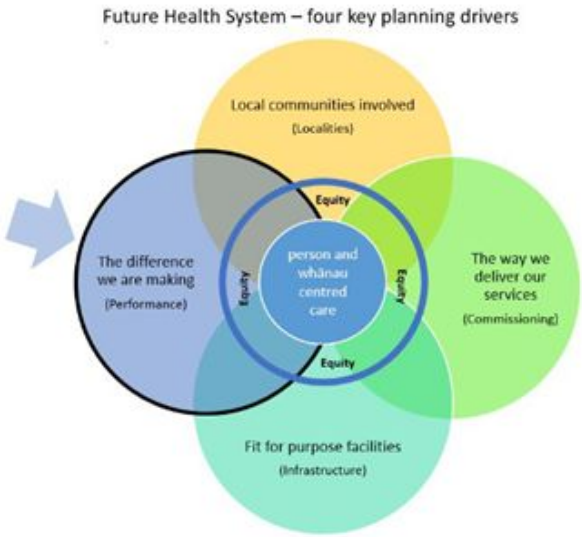
	Sep-21			Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
	Actual	**Forecast**	**Variance**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**
	$'000	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*
Cash Inflows															
Devolved MOH revenue	62,252	68,085	-5,833	80,305	62,099	126,302	4,512	62,099	62,099	65,716	59,848	82,099	59,848	59,848	60,560
Other revenue	9,794	7,720	2,074	5,362	6,300	5,440	5,800	6,650	6,650	6,350	6,600	6,237	6,300	6,550	6,450
Total cash inflow	72,046	67,729	-3,759	85,667	68,399	131,742	10,312	68,749	68,749	72,066	66,448	88,336	66,148	66,398	67,010
Cash Outflows															
Payroll	16,944	16,345	-599	14,636	14,680	19,250	14,680	14,680	17,430	14,700	14,680	19,230	14,700	17,380	14,750
Taxes	10,747	9,603	-1,144	10,011	10,200	7,000	13,400	10,200	10,200	10,200	10,200	10,200	10,200	10,200	10,200
Sector Services	33,005	37,634	4,629	35,365	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000
Capital expenditure	1,537	1,929	392	1,567	1,600	6,000	1,600	1,600	2,000	1,600	1,600	2,000	1,600	1,600	2,000
Other expenditure	11,451	15,983	4,532	16,268	15,517	14,666	11,686	15,166	17,416	14,666	14,905	17,416	14,754	16,034	18,016
Total cash outflow	73,684	69,949	7,810	77,847	72,997	77,916	72,366	72,646	78,046	72,166	72,385	79,846	72,254	76,214	75,966
Total cash movement	-1,638	-5,691	4,051	7,820	-4,598	53,826	-62,055	-3,897	-9,297	-100	-5,937	8,490	-6,106	-9,817	-8,957
Add: opening cash	-2,589	-2,589	-0	-4,227	3,593	-1,005	52,821	-9,234	-13,131	-22,428	-22,529	-28,466	-19,975	-26,082	-35,898
Closing cash	-4,227	-8,280	4,051	3,593	-1,005	52,821	-9,234	-13,131	-22,428	-22,529	-28,466	-19,975	-26,082	-35,898	-44,855
Maximum cash overdraft (in month)	-5,897	-8,280	2,383	0	-5,087	-11,552	-9,234	-20,081	-22,977	-24,423	-28,466	-39,110	-26,082	-35,898	-44,855

Payments to other providers through Sector Services over the last twelve months range between $28m and $33m per month. The range mainly reflects the unpredictability of providers making claims rather than volatility in the levels of service provision.

Raranga Te Tira
Partnership Board Virtual Reality

Presentation

10

HAWKE'S BAY District Health Board Whakawāteatia	**Hawke's Bay DHB Balanced Scorecard**
	For the attention of: **HBDHB Board**
Document Owner Document Author	Emma Foster, Executive Director – Te Puni Toha Ratonga / Planning, Funding & Performance Lisa Jones, System Lead Performance & Insights, Planning, Funding & Performance
Date	October 2021
Purpose/Summary of the Aim of the Paper	This Balanced Scorecard (BSC) provides Governance with a monthly report on performance across Hawke's Bay District Health Board (DHB) and the Hawke's Bay health system. This paper provides information on the Performance component of the four key planning drivers of the future health system in Hawke's Bay. 
Health Equity Framework	The Equity Framework consists of four stages. This report addresses stage four – 'monitor progress and measure effectiveness'.
Principles of the Treaty of Waitangi that this report addresses	Tino rangatiratanga provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of healthcare. This report responds to the monitoring of the healthcare component.
Risk Assessment	This report covers the five risk areas: 1. Equity of outcomes – considers the equity agenda for Hawke's Bay DHB, and indirectly impacts on population health outcomes.

	2. Consumer engagement – highlights aspects of patient experience across components of the system. 3. National priorities – covers performance relating to quality, provider performance and financial performance. 4. Workforce – provides performance data relating to workforce diversity and safety of our staff. 5. Financial sustainability – gives us an up-to-date picture on our financial performance.
Financial/Legal Impact	Nil
Stakeholder Consultation and Impact	Key organisational leaders responsible for each quadrant are partnering with Planning, Funding & Performance to provide the data.
Strategic Impact	Performance monitoring is a key aspect of strategic management in the health sector.
Previous Consideration / Interdependent Papers	Hawke's Bay DHB Balanced Scorecard FRAC: February 2021, March 2021, April 2021, May 2021, June 2021 and July 2021 BOARD: August 2021 and September 2021.

RECOMMENDATION:

It is recommended that the HBDHB Board:

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

EXECUTIVE SUMMARY

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

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

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

Key Insights

Quality Care and Safety Quadrant

Safety

There were 14 cases of hospital acquired cases of staphylococcus aureus bacteremia (SAB) in the 12 months to March 2021. The Hawke's Bay rate is 1.3 per 10,000 bed days, which was six more cases compared to the same period last year.

Surgical site infections within 90 days of a hip and knee replacement in quarter 1 (January - March 2021) was 3.4 (4 cases) per 100 hip and knee procedures compared to 0.7 per 100 nationally. This is a 100% increase in cases over the previous quarter and five times higher than the national rate. Although a small number of cases, it does represent a spike in infection rates.

Initial review has found no obvious pattern in the cases. The Clinical Nurse Specialist in the Infection Prevention and Control Team will continue to monitor this measure.

The rate of falls resulting in a fracture or intracranial injury decreased 11% from 4.2 per 10,000 episodes in the 12 months to June 2021 compared to 4.7 per 10,000 episodes in the same period last year.

Hawke's Bay Fallen Soldiers' Memorial Hospital (Hawke's Bay Hospital) was in 'Red' status 5% (37 hours) of the total 720 hours in September 2021, which is a 78% reduction on the previous month (August 2021). This result was 34.3% higher compared to the same time last year.

Access

Eight general practice providers out of 21 (38% of all providers) were open to new patient enrolments in September 2021. This is one more general practice compared to the previous month, and 5% (1) more general practice open to new patient enrolments compared to the same month last year (September 2020). In the last six months, the number of general practice providers open to new enrolments has ranged from 7 to 11 out of 21 providers.

Emergency Department (ED) presentations (not admitted) at Hawke's Bay Hospital decreased for the second consecutive month with 231 less attendances compared to last month (August 2021). Attendance rates in September 2021 were down by 2.3 per 1000 population (370 less attendances) compared to the same month last year (September 2020). Attendance rates for Māori and Pacific people fell by more. Rates have decreased by 3.3 per 1000 population for Māori and 6.6 per 1000 population for Pacific people compared to the same month last year. This drop in ED utilisation is largely due to COVID -19 Alert Level 3 and 4 restrictions. ED presentations admitted to hospital in the month of September 2021 also decreased over August 2021, July 2021 and June 2021.

This month the percentage of ED presentations resulting in no admission were 20% higher for Māori and 10% higher for Pacific people compared to non-Māori/non-Pacific. This gap has decreased considerably from previous month's relative rates and is largely due to COVID-19 Alert Level restrictions.

There were 4,447 accident and medical (A&M) consultations in September 2021. This was 764 less than August 2021 and 2,988 less than the month of July 2021. This reduction is due to the introduction of COVID -19 Alert Levels. This result represents consultation rates of 24.8 per 1000 population. The consultation rate for Māori is 16.4 per 1000 population, which is lower than the rate for Pacific people at 27.4 per 1000 and other ethnicities at 28.1 per 1000. This is a new indicator and the COVID-19 Alert Levels 3 and 4 over the last two months makes it difficult to interpret the result. However, it does indicate Maori rates of A&M utilisation are lower than other population groups.

Hawke's Bay age-related residential care bed occupancy is 92.6% as at Quarter 4 2020/21, which is slightly less than 93.01% in the same period last year.

Patient Experience

Compliments/complaints

There were 29 compliments about care received in the hospital and community health centre settings for the month of September 2021, one less than the 30 compliments in the previous month (August 2021) and 11 less compliments compared to the same month last year (September 2020).

The number of complaints increased by 11 in September 2021 compared to last month, and six less complaints compared to the same month last year (September 2020). Complaints had been lower than normal last month due to COVID-19 Alert Level 3 and 4. This makes year on year comparisons difficult. Recent complaints are focused in the following areas: staff being stressed, under pressure and run off their feet, and support people unable to attend appointments with vulnerable elderly people due to COVID-19 restrictions.

Patient experience survey
Primary care survey
In the primary care patient experience survey, 80% of all respondents in the last quarter indicated there was never a time when they wanted health care from a general practitioner (GP)/Nurse and couldn't get it, compared to 74.5% for Māori and 72.2% for Pacific people. This result supports other metrics we see in increasing issues for Māori and Pacific accessing primary care.

Hospital inpatient survey
In the hospital inpatient experience survey for the last quarter 77.4% of respondents of indicated their family/whānau or someone close to them were included in discussions about the care they received. The result for Māori respondents was 86.2%, which was an increase of 22.9 percentage points over the previous quarter.

Service Performance Quadrant

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

The number of acute hospitalisations in August 2021 increased (4%) over the previous month and were 21% compared to the same month in the previous year (August 2020). Average case weights in August 2021 were lower (1.1 case weights per event) compared to the long- term average of 1.2 case-weights for the last 18 months.

Elective/Arranged
Elective and arranged hospitalisations rates are reported a month in arrears for August 2021.

The number of elective/arranged hospital discharges and case weights for the month of August 2021 are below target.

On-site planned care inpatient surgical discharges in the month of August 2021 were 26.8% below the planned volume, while outsourced volumes were 70.3% below planned volumes and inter-district flows (IDF) 21.6 % below planned volumes.

Theatre Utilisation
Elective theatre utilisation gained ground in September 2021 after dropping to 63.5% in the month of August 2021 due to COVID-19 Alert Level 4. The September 2021 theatre utilisation result (79.4 %) was 9% down on September last year. Lower planned procedures for ear nose and throat (ENT), general surgery and plastic and burns contributed to the lower utilisation rate.

Planned Care Waiting times
First Specialist Assessment (FSA) waiting times

The impact of COVID 19 Alert Level 4 has meant more people were waiting longer than four months for an FSA by September 2021 month end.

There are 246 more people waiting longer than four months for an FSA at end of September 2021, compared to the previous month (August 2021) and 3.6% more compared to the same time last year (September 2020). In total 26.7% or 1,442 people are waiting longer than four months for an FSA. Māori and Pacific people are more likely to be waiting longer. At the end of September 2021, 29.6% of Māori people (383 people) and 31.1% Pacific people (55 people) were waiting longer than four months for an FSA. The specialties with the highest numbers of people waiting longer than four months are ENT, general surgery and neurology.

Treatment waiting times

The number of people given certainty for treatment who are waiting longer than four months has increased by 23 to 954 people at month end (that is 43.3% of all people waiting).
This is a 21.2% increase over the same period last year (September 2020). Nearly 46% of Māori (246 people) and 36.5% of Pacific people (27 people) who were given certainty for treatment are waiting longer than four months as at end of September 2021. Specialties with highest numbers waiting for four months or more are ophthalmology, orthopaedics and general surgery.

Diagnostics
Timely access to diagnostics is continuing to deteriorate. The percentage of patients seen within the targeted wait times for diagnostics has continued to decline this month across magnetic resonance imaging (MRI) and non-urgent and surveillance colonoscopy, and in August and September 2021 urgent colonoscopy was no longer meeting target. As a consequence, variance to target has increased this month compared to last month's indicators. The number of people waiting for an MRI within the 6-week timeframe has dropped by 48% compared to same period last year. 81% of referrals for urgent colonoscopy were seen in the 14-day timeframe, which is below the target of 90%. Only 59% of patients due for surveillance colonoscopy meet timeframes and is well under the target of 70%.

The current FTE gastroenterologist workforce remains less than the budgeted FTE for the Endoscopy service. This is contributing to pressure on waiting times and procedure capacity within the service. Endoscopy services has been completing weekend sessions to catch-up on the backlog.

MRI wait times have been impacted by the increasing outages due to the age of the machine. Planning, Funding and Performance is currently exploring outsourcing options.

Learning Development and Workforce Quadrant

DHB Staff
The number of Māori staff employed at the DHB increased by one this month and makes up 16.5% of total staff, which is below the DHB's target of 17.5%. The increase has been in nursing and midwifery, support personnel and management and administration.

Turnover in the last 12 months has increased 3.6 % compared to the same period last year.

Staff Related Events
There were 51 staff related events in September 2021, a decrease in 38 events this month compared to the previous month.

APPENDICES
Appendix 1: Hawke's Bay DHB Balanced Scorecard October 2021

Hawke's Bay DHB Balanced Scorecard for October 2021

Version 1.0 October 2021

Quality Care and Safety Quadrant

	Total Population			
SAFETY	**# Number**	**Rate**	**Change**	**Variance**
Number of hospital acquired cases of SAB (Staphylococcus Aureus Bacteremia) per 10,000 bed days	*14*	*1.26* ↑	*0.53*	
Surgical site infections within 90 days of operation (Hip and knee replacements) per 100 operations	4	3.4 ↑	100% ↑	2.7
Rate of falls resulting in fracture or intracranial injury per 10,000 episodes	15	4.2 ↓	-0.5	
% of Hours the Hospital Status was Red	37	5% ↑	34%	
Inpatient Mortality Ratio (HDXSMR)	358	79 ↓	-3	-11

	Total Population					Māori			Pacific		
EFFECTIVENESS	**# Number**	**Actual (%)**	**Change**	**Target**	**Variance**	**# Number**	**Actual (%)**	**Change**	**# Number**	**Actual (%)**	**Change**
Acute readmissions to hospital 0-28 days	4906	12.2% ↑	0.1%	11.8%	0.39%	1280	11.8% ↓	-0.7%	167	11.1% ↓	-1.2%
ED 6 hour Rule	2439	76.0% →	0.0%	95.0%	-19.0%	746	81.0% ↑	0.5%	130	80.7% ↓	-6.3%

	Total Population			Māori			Pacific		
ACCESS	**# Number**	**Actual (Rate or %)**	**Change**	**# Number**	**Actual (Rate or %)**	**Change**	**# Number**	**Actual (Rate or %)**	**Change**
% GP Providers open to new patients	8	38.0% ↑	5.0%						
% of population PHO enrolled	*168338*	*93.9%* ↓	*-1.0%*	*43689*	*86.5%* ↓	*-5.1%*	*6095*	*77.2%* ↓	*-0.076*
The number of A&M centre consultations rate per 1000 population	4447	24.8		830	16.6		214	27.4	
Emergency Department Attendances (not admitted) rate per 1000 of population	2334	13.0 ↓	-2.3	825	16.5 ↓	-3.4	117	15.0 ↓	-6.6
ARRC Occupancy %		92.6% ↓	-0.4%						

	Total Population		Māori		Pacific	
PATIENT EXPERIENCE	**Actual (%)**	**Change**	**Actual (%)**	**Change**	**Actual (%)**	**Change**
Primary Care Survey*	80.1% ↓	-0.8%	75.4% ↓	-2.4%	72.2% ↑	3.8%
Hospital Inpatient Survey **	77.4% ↑	5.3%	86.2% ↑	22.9%	N/A	
Complaints (Number)	58 ↓	-6				
Compliments (Number)	29 ↓	-11				

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

**Were your family /whānau or someone close included in discussions about the care you received

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

Hawke's Bay DHB Balanced Scorecard for October 2021

Version 1.0 October 2021

Service Performance Quadrant

		Total Population						Māori			Pacific		
DELIVERY / RATES		Number (#)	Rate per 1000	Change (#)	Target	Variance	Trendline	Number (#)	Rate per 1000	Change (#)	Number (#)	Rate per 1000	Change (#)
Acute Activity	Discharges	1466	8.2	↑ 254	-	-		374	7.5	↑ 33	46	5.8	↑ 9
	Caseweight	1605	9.0	↑ 330	-	-		330	6.6	↑ 18	67	8.6	↑ 15
Elective /Arranged	Discharges	433	2.4	↓ -159	646	-33.0%		91	1.8	↓ -40	13	1.7	↓ -2
	Caseweight	702	3.9	↓ -226	952	-26.3%		138	2.8	↓ -42	12	1.5	↓ -3
Planned Care Inpatient Surgical Discharges	Onsite	345		↑ 152	471	-26.8%							
	Outsourced	30		↓ -3	101	-70.3%							
	IDF	58		↑ 10	74	-21.6%							

		Total Population			
THEATRE UTILISATION		Actual (%)	Change	Target	Variance
Theatre Session Utilisation rate		79.4%	9.0%	85.0%	-5.6%

	Total Population						Māori			Pacific		
SPECIALIST WAITING TIMES	Number (#)	Actual (%)	Change	Target	Variance	Trendline	Number (#)	Actual (%)	Change	Number (#)	Actual (%)	Change
First Specialist Assessment > 4 Months	1442	26.7%	3.6%	0.0%	-26.7%		383	29.6%	1.1%	55	31.1%	6.7%
Waiting times for Treatment > 4 Months	954	43.3%	21.2%	0.0%	-43.3%		246	46.2%	23.0%	27	36.5%	11.9%

	Total Population						Māori			Pacific		
DIAGNOSTIC WAITING TIMES	Number (#)	Actual (%)	Change	Target	Variance	Trendline	Number (#)	Actual (%)	Variance	Number (#)	Actual (%)	Variance
CT - within 42 days	979	67.7%	-24.0%	95.0%	-27%		195	67%	-28%	19	63%	-32%
MRI - within 42 days	431	36.3%	-48.2%	90.0%	-54%		99	34%	-56%	8	40%	-50%
Colonoscopy - Urgent - 14 days	30	81%	-12%	90%	-9%		8	100%	10%	0	0%	-90%
Colonoscopy - Non Urgent - 42 days	169	29%	-9%	70%	-41%		23	26%	-44%	1	14%	-56%
Colonoscopy - Surveillance - 84 days	225	59%	15%	70%	-11%		22	55%	-15%	1	50%	-20%

	Total Population				Māori		Pacific	
TELEHEALTH OUTPATIENT ATTENDANCES	Actual (#)	Change	Target	Variance	Actual (#)	Change	Actual (#)	Change
Telephone	4005	↑ 359	N/A	N/A	988	↑ 87	99	↓ -3
Video Conferencing	32	↑ 22	N/A	N/A	11	↑ 9	0	↓ -1

Hawke's Bay DHB Balanced Scorecard for October 2021

Version 1.0 October 2021

Financial Performance Quadrant

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

	Year to date result ($M)				*Forecast full year ($M)*			
FINANCIAL RESULT (excluding Covid-19 and Holidays Act)	**Actual**	**Change**	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Operating Result	-6.5	1.2	-6.5	0.0	-29.9	-4.8	-25.0	-4.8

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

	Year to date result ($M)				*Year to date result ($M)*			
	Actual	**Change**	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Revenue	178.4	-0.1	177.9	0.6	178.4	0.2	177.1	1.3
Total expenditure	185.0	1.3	184.4	-0.6	185.0	1.1	179.5	-5.4
Expenditure measures	Actual	**Change**	**Mgmt Bud**	**Variance**	Actual	Change	**Ann Plan**	Variance
DHB Health Services	86.6	1.0	89.6	3.1	86.6	0.4	83.8	-2.7
Payment to Other providers (excl. IDFs)	59.7	-0.7	57.9	-1.8	59.7	-0.7	57.9	-1.8
Inter- District Flows (IDFs)	17.1	0.2	17.4	0.3	17.1	0.3	17.4	0.3

	Year to date result ($M)				*Year to date result ($M)*			
PERSONNEL COST	**Actual**	Change	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Total personnel cost	73.5	-0.2	75.0	1.5	73.5	-0.7	69.5	-4.0
Locum /Outsourced cost	1.6	0.0	1.3	-0.3	1.6	0.0	1.2	-0.5

	Year to date cost per FTE ($M)				*Year to date cost per FTE ($M)*			
COST PER FTE	**Actual**	**Change**	**Mgmt Bud**	**Variance**	**Actual**	**Change**	**Ann Plan**	**Variance**
Total personnel cost/FTE	26.7	0.0	26.6	0.0	26.7	0.0	25.6	-1.0

	Year to date result ($000)			
BALANCE SHEET	**Actual**	**Change**	**Mgmt Bud**	**Variance**
Capital Expenditure	5.8	1.7	9.6	3.8
Closing Cash Balance (BNZ Sweep)	-2.9	5.1	-3.6	-0.7

INVOICE PAYMENTS	**Result**	**Change**	**Target**	**Variance**
Invoices paid within 10 working days of entry	99.6%	-0.4%	95.0%	4.6%

Hawke's Bay DHB Balanced Scorecard for October 2021

Version 1.0 October 2021

Learning, Development and Workforce Quadrant

	Head Count by Ethnicity						FTE Change %		Turnover		Sick Leave	
	Māori			Pacific	Asian	Other	Māori	Pacific	Actual	Change	Actual	Change
DHB STAFF	Target	# Number	Actual									
Senior Medical Officer (SMO)		5	2.7%	0.5%	12.0%	84.8%	0.3%	-0.1%	5.1%	-1.0%	2.7%	-0.6%
Resident Medical Officer (RMO)		14	7.8%	3.4%	9.5%	79.3%	-0.8%	0.5%	-	-	2.2%	0.1%
Nursing & Midwives		280	13.4%	1.9%	15.0%	69.7%	-1.0%	0.3%	15.8%	3.2%	3.8%	0.2%
Allied Health		131	19.1%	1.3%	7.9%	71.7%	1.9%	0.2%	15.8%	5.2%	3.5%	0.1%
Support Personnel		86	39.1%	2.3%	6.4%	52.3%	4.4%	0.1%	19.7%	5.5%	4.3%	0.0%
Management and Administration		146	20.2%	3.0%	2.9%	73.8%	1.2%	1.1%	14.7%	4.2%	2.9%	0.2%
Grand Total	**17.5%**	**600**	**16.4%**	**2.0%**	**11.3%**	**70.3%**	**0.1%**	**0.4%**	**15.2%**	**3.6%**	**3.4%**	**0.1%**

ANNUAL LEAVE LIABILITY ($M)	Current Month	Change Last Month	Change this year
Annual Leave (excluding provision for Holidays Act)	30.0	-0.3	-0.9

STAFF INJURY RATE	Rate	Change	Change last year
Average Days Lost (YTD)*	10.5	-10.9	-27.6

* to workforce injuries or illness

STAFF RELATED EVENTS (No)	Current Month	Change Last Month	Change last year
	51	-38.0	-48.0

	Year to Date FTE				Year to Date FTE			
WORKFORCE AGAINST PLAN	Actual	Change	Mgmt Bud	Variance	Actual	Change	Ann Plan	Variance
Medical	426.8	-7.2	435.9	9.1	426.8	5.6	405.0	-21.8
Nursing	1,142.8	6.3	1,162.2	19.4	1,142.8	10.4	1,119.2	-23.5
Allied Health	534.3	-4.1	565.8	31.4	534.3	-7.9	541.1	6.8
Support	156.7	1.8	153.4	-3.4	156.7	1.3	152.8	-3.9
Management and administration	496.0	-1.0	498.4	2.3	496.0	0.3	494.1	-1.9
Total FTE	2,756.7	-4.1	2,815.6	58.9	2,756.7	9.6	2,712.2	-44.5

HAWKE'S BAY District Health Board Whakawāteatia	**Future Health System**
	For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Lisa Jones, System Lead Performance and Insights Marie Beattie, System Lead Community Penny Rongotoa, System Lead Commissioning Saskia Booiman, System Lead Strategic Planning Emma Foster, Executive Director – Te Puni Toha Ratonga / Planning, Funding & Performance
Date	2 November 2021
Purpose/Summary of the Aim of the Paper	This paper shows how four key planning drivers, led by Planning, Funding and Performance, fit together to drive the change needed for our future health system.
Health Equity Framework	The Equity Framework underpins how we do our work, both our approach to delivering services and how we design DHB infrastructure to be fit for purpose. This includes: • knowing the data • incorporating options for co-design • applying the equity framework to the work • placing whānau at the centre of the planning and design • approaching system planning based on partnership • reflecting mātauranga Māori.
Principles of the Treaty of Waitangi that this report addresses	The Treaty of Waitangi principles are addressed in our approach. We put people, whānau and communities at the centre of our planning and commissioning and we focus on equity and Treaty-based solutions.
Risk Assessment	This report covers four risk areas: • Equity of outcomes – recognises the DHB's focus on equity indirectly impacts on population health outcomes. • Consumer engagement – person and whānau centred. • National priorities – planning and commissioning is informed and supported by national approaches and not hindered by delays in national work being delivered. • Financial sustainability – health system planning and commissioning supports the organisation to move towards longer term financial sustainability.
Financial/Legal Impact	Nil
Stakeholder Consultation and Impact	Stakeholder consultation will be considered throughout the planning process, and engagement will be targeted and purposeful.

	We will use what we have already been told through prior engagement with iwi, consumers and clinicians as the starting point for our work.
Strategic Impact	Planning for the future health system impacts across the Board's strategic priorities which are shown in the diagram below.  The four key planning drivers described in this paper (and shown in Figure 1 below) drive the change needed for the future health system. The four key planning drivers are aligned with the Board's strategic priorities.
Previous Consideration / Interdependent Papers	Nil

RECOMMENDATION:

It is recommended the HBDHB Board, note and acknowledge the following:

1. Planning, Funding and Performance is leading four planning drivers that support the change needed for our future health system.

2. This paper is intended to be a reference for the Board, providing information on what is happening now and what needs to happen for the future health system.

Purpose

This paper provides the Board with information on the four planning drivers, led by Planning, Funding and Performance, and shows how they fit together to drive the change needed for our future health system. This paper is intended to be a reference.

Four planning drivers for our future health system

The following figure shows how the four planning drivers are interconnected with person and whānau centred care, which is at the core of what we do. This focus on people – members of communities, whānau, hapū and iwi – is also at the heart of our Whānau Ora, Hāpori Ora 2019-2029 Strategy. Equity for Māori is also a priority, as is equity for Pasifika and those with unmet need, which is demonstrated by the circle around person and whānau centred care.

Figure 1. Four planning drivers for our future health system

We know that wellbeing is not the domain of health alone and many other factors determine health within a community. However, we want to see measurable improvements in health outcomes over time (performance) influenced by changes that we are making within the other planning drivers (localities, commissioning and infrastructure). We aspire to continuously improve and to do the best we can for whānau and communities.

PERFORMANCE – the difference we are making
Knowing how the whole health system is doing (performance reporting) is integral to drive the change needed for our future health system. This includes the services provided in primary care and the community as well as hospital settings.

Current performance reporting shows that change is needed
The Board has worked closely with us to co-design a balanced scorecard with a focus on quality, service performance, workforce and financial performance across the health system. The Board also receives quarterly performance reports on measures of health system priorities. Performance remains a 'stubborn red' for some services and/or population groups that are struggling to get the change needed to improve performance against the measure.

We can see that the models of care we have now are not currently meeting Māori and Pacific health needs. Examples include lower screening rates for avoidable conditions, such as cardiovascular disease, cancer and diabetes, and higher use of acute care, which is highlighted in the Hawke's Bay DHB Balanced Scorecard.

One way that we can more quickly understand the impact of the changes we are making to the way we deliver our services is by using contributory measures. These are measures that contribute to a change in a health outcome. Developing contributory measures in key areas is our next step.

Performance reporting over the medium term will need to be more integrated
Over the medium term, reporting of how services are performing and health outcomes at a locality level will need to be further developed to support the localities approach. This will require better integration of data across community and primary and secondary care to improve reporting across the whole system.

To support the future health system, we also need to use data to better identify patients at risk, rather than waiting for patients to come to us when they are unwell.

We know that there will be more demand on our health services in the future
Our Clinical Services Plan (2018) described the changes that are likely to occur within the Hawke's Bay DHB region to 2031 and what this might mean for demand and our services under the current models of hospital admissions.

In the future we will have a larger population with a greater number of people over the age of 65 years. Within the different ethnic groups, the Māori population will also represent a greater proportion of our total population.

We also know from the plan that demand for our community services will increase in the future. If current models of general practice continue then by 2033 the number of consultations will increase at a rate higher than overall population growth. This means we need to think carefully about how we deliver our services in the hospital and in the community now (our model of care) and how we plan to change the way that services are delivered to improve outcomes and influence future demand on our services.

LOCALITIES
We are implementing a localities approach
Localities will be a key feature of the future health system as outlined in the Health and Disability System Reforms. A locality-based approach is planned and proactive ongoing partnerships that are led by communities. It is intended to foster community-led solutions across all areas that make a difference to health not just health services. This approach strengthens relationships and information flow between those who use services (all services not just health services) and those who develop, commission and provide them so that we build local economies, increase services and opportunities whilst supporting the aspirations of the community.

The Board is providing leadership in further discussions to proactively set-up the localities approach for the Hawke's Bay region.

COVID-19 response shows how we can work across sectors
The urgency of the COVID-19 response shows how we can work with iwi and post-settlement governance entities alongside other agencies from councils to social sector partners, to support health priorities of whānau and community. It has also shown us the importance of strong regional relationships and partnerships, both in health and social sectors.

COMMISSIONING – the way we deliver our services
As a health system we are more reactive to what is occurring than proactive. Evidence supports an increased focus on prevention and early intervention to reduce inequities and provide more care in community settings, which also means less pressure on hospital services and beds.

Changing the future health system requires system-wide thinking to redesign our model of care, working with our services and using this information to also guide the future redevelopment of Hawke's Bay Hospital.

How we deliver our services in the hospital and in the community now
With support from the Board, we have started taking a different approach to the way we deliver our services. These initiatives increase our ability to provide early interventions and timely access to diagnostics.

In the past we have applied the Consumers Price Index (CPI) funding across all health service specialties. In this 2021/2022 financial year, we have used the funding to support initiatives that focus either on:

- reducing the number of people (demand) presenting to the hospital; or
- better manage the demand in the hospital

The initiatives to reduce demand on the hospital provide an opportunity to have a positive impact on our community and encourage different ways of delivering services. For hospital services, the focus is on delivering community-based care closer to home where it is safe, sustainable and practical to do so. For example, we are increasing the capacity for the Sleep Service[1] and moving this to a community service with hospital in-reach, which means the number of patients assessed by the service can double (250 to 500 per annum). Also, the number of people who are successfully set up with CPAP machines[2] and associated improvements in health and quality of life, can increase from 70 to 250 per year.

The Sleep Service initiative also supports our equity focus. Of the people waiting to access the service, 36 percent are Māori and Pacific peoples aged 25 to 64. A performance framework will monitor equitable access and treatment pathways for the service.

How we want to deliver our services in the future

Earlier in this paper we noted the increasing demand on hospital services in the future if we continue with our current model of care. We need to redesign our model of care to ensure that we deliver services using a highly-skilled and capable workforce that align with our Whānau Ora, Hāpori Ora 2019-2029 system priorities. These are:

- localities and place-based
- enhance primary and community services
- person and whānau-centred care.

Services will continue to review how they are working and integrating new ways of working to ensure they are responding to changing demand over time. The health system is complex and ever-changing; our planning needs to be equally adaptive and flexible.

An example of how we want to deliver our services in the future is the model of care being refined for the hospital system. We are identifying the services that are currently provided in the hospital that could be transitioned to community to private and primary care providers. A network of stakeholders is engaged in this work, providing the expertise and knowledge to better understand what is required to transition interventions, procedures and services when it is clinically safe to do so. We are completing feasibility analysis for the pathways for carpal tunnel procedures, advanced credentialing for skin lesion excisions and low risk chest pain.

Redesigning models of care will need to include the Health Improvement and Equity, Māori Health and Population Health teams to ensure services have considered the cultural, equity and prevention aspects of healthcare.

INFRASTRUCTURE – Fit for purpose facilities

Infrastructure is a broad term that includes our buildings and facilities, and the digital technologies to deliver integrated services. Planning, Funding and Performance hold the coordination function for the larger and long-term facilities investment that have been made by the Board with funding support from the Crown. The day-to-day support of the health services facilities is led by the Facilities team.

[1] Sleep Service includes sleep apnoea assessments, CPAP trials and ongoing management. Sleep apnoea is a potentially serious sleep disorder in which breathing repeatedly stops and starts. Restricted sleep from any cause is associated with cardiovascular disease, increased risk of mental health disorders, dementia and lower life expectancy.

[2] CPAP machines – Continuous Positive Airway Pressure machine (used overnight).

We are investing in significant facilities projects now
The Board has committed to improving the facilities on our hospital campus. Over the last few years, the Board have invested in Te Hauora o te Wairoa (Wairoa Health), completed the $13 million Ruakopito building to provide gastroenterology and endoscopy services and Ngā Rau Rākau to provide specialist hospital mental health services. We have a number of projects underway including:

- an extra theatre through the surgical services expansion project
- work to improve radiology services and purchase of a new MRI
- working with our regional partners at MidCentral DHB so that we can provide radiation oncology services closer to home.

A hospital redevelopment within the next 10 years
The Board is supporting our work with the Ministry of Health for the redevelopment of Hawke's Bay Hospital. It is critical that we get the investment needed in our facilities to meet future demand.

The steps required to redevelop the hospital includes redesigning the model of care described earlier in this paper, as well as undertaking a site master plan and a business case for the Ministers' of Health and Finance. We are excited about the once in a generation opportunity to reflect Te Ao Māori in service delivery, and in the design of the facilities that support service delivery. Over the next 18 months we begin the planning and develop options. Community feedback will help to guide this work, and there will be formal opportunities for the community to have their say over the next 18 months.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora (TAW) – Health of Kaumātua - Ageing Well in Hawke's Bay** For the attention of: **HBDHB Board**
Document Owner Document Author(s) Document Reviewer(s)	Emma Foster, Executive Director - Te Puni Toha Ratonga Planning, Funding & Performance Suzanne Parkinson, Portfolio Manager, Planning, Funding & Performance, Charrissa Keenan, Programme Manager, Te Wahanga Hauora Māori & Farley Keenan, General Manager, Population Health Penny Rongotoa, System Lead Commissioning, Planning, Funding & Performance Lisa Jones, System Lead Performance & Insights, Planning, Funding & Performance
Date	2 November 2021
Purpose/Summary of the Aim of the Paper	To update the Board on Ageing Well in Hawke's Bay providing progress against the Healthy Ageing Strategy and TAW actions for Health of Kaumātua.
Health Equity Framework	The Equity Framework is a foundation of ongoing mahi for Planning, Funding & Performance. For Health of Kaumātua, focus currently is on collecting Kaumātua voice and establishing data integration to identify health equity issues. The next step is to consult with our community to identify and prioritise health equity issues.
Principles of the Treaty of Waitangi that this report addresses:	Long-term commitment to achieve equitable services and health outcomes in designing and delivering services utilising the principles of Te Tiriti o Waitangi through: • emphasis on Kaumātua engagement • building Māori health providers to support Kaumātua healthy ageing • planning for future partnership with Māori in procurement of services.
Risk Assessment	• Workforce recruitment and retention, with non-Governmental organisations (NGOs) experiencing similar shortages as the DHB • Balancing priorities and resources constraints • Community expectations • National priorities impacts including Pay Equity; In Between Travel (IBT); Funding review for Aged Residential Care (ARC) and Home Care Support Services (HCSS)
Financial/Legal Impact	Nil at this stage
Stakeholder Consultation and Impact	Aligned to the Health Equity Framework, the next step is to consult with our community to identify and prioritise health equity issues.

Strategic Impact	Ongoing
Previous Consideration / Interdependent Papers	Te Ara Whakawaiora – Health of Kaumātua – Ageing Well in Hawke's Bay. December 2020

RECOMMENDATION:
It is recommended that the HBDHB Board:
1. ***Note*** *the contents of this report*

PURPOSE

This paper provides an update on the Whānau Ora, Hāpori Ora 2019-2029 focus area of Kaumātua health and wellbeing. Focus this year has been on initial Kaumātua voice gathering and strengthening Kaumātua health data. We are pleased to announce that the first phase of the Hawke's Bay annual dashboard is attached in Appendix two. The dashboard continues to be in development stage and along with community voice, will inform decision making. Service development has been occurring in Kaumātua Ageing Well programmes and supporting Māori health providers in developing Advance Care Planning in their organisations. This is occurring while ensuring our Kaumātua are supported during the COVID-19 vaccination campaign through various alert levels.

ABOUT THE TE ARA WHAKAWAIROA (TAW) WORK PROGRAMME

In December 2020, the HBDHB Board endorsed the TAW work programme for Health of Kaumātua, Ageing Well in Hawke's Bay. The TAW work programme is focused on addressing the following problem statement:

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

The HBDHB Board also agreed to the five TAW programme objectives and supported our alignment to Government priorities within the New Zealand Healthy Ageing Strategy, released in December 2016.

The five TAW programme objectives are:

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

Appendix One outlines the current and new actions against the TAW work programme with commentary on progress.

IDENTIFY HEALTH EQUITY ISSUES

The HBDHB Health Equity Framework is being used to support an equitable and strategic approach to system improvements, and commissioning for Healthy Ageing in Hawke's Bay. We have focused on identifying health equity issues through data integration and analysis and listening to whānau and community.

We have worked in partnership with our Business Intelligence team to build integrated data sets of service utilisation which previously weren't available. To start we have focused the data sets in two areas. First, services used in the 365 days before an older person enters Aged Residential Care (ARC). Second, services used in the last thousand days of an older person's life.

The tableau data story board integrates data to create meaningful pictures of what is happening for older persons, which services are supporting Kaumātua, it identifies inequities, and will also be used as a starting point for discussion with Kaumātua, whānau and clinicians. Furthermore, Kaumātua stories will be captured to determine if the data aligns to what we are hearing from our consumers.
Next steps with the tableau data story board are to expand them to include the last thousands days, and the 365 days before first complex interRAI assessment.

Figure one below provides an example of our integrated tableau data story board. It shows which services are used in the 365 days before an older person entered ARC facilities in the four years between July 2017 and June 2021. Table one below provides an example of how breaking down the data further, assists with identifing inequities.

Figure One - Journey - 365-days before entering into permanent ARC
Focusing on the left-hand side of the figure below the tableau data story board shows five different services which are used by older persons in the year prior to entering ARC. The majority of older persons are accessing some level of home support (shown in green) for the duration of that time. The figure also shows a significant increase in inpatient events (shown in yellow) in the last 90 days before permanent placement into an ARC facility.

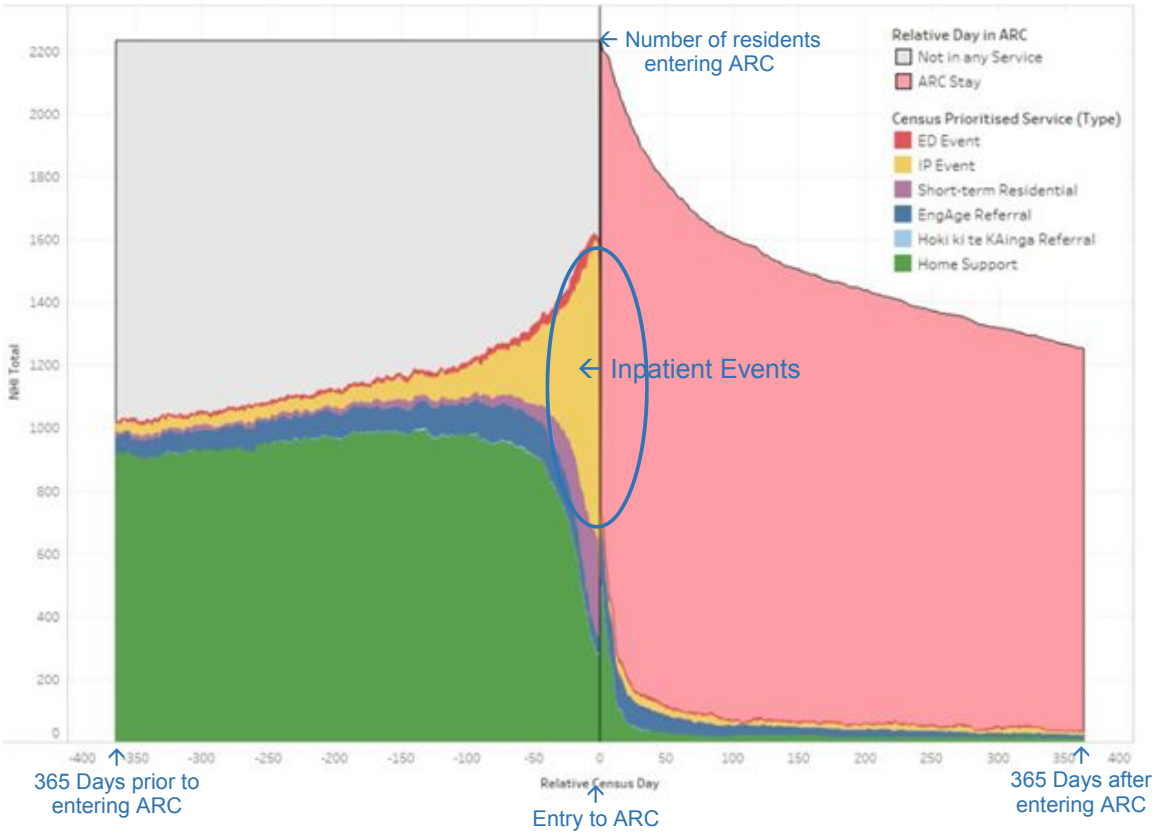


Table One – Inpatient Ethnicity Data Breakdown of 365 days before entering into permanent ARC
Māori older persons are more likely to have an inpatient event in the 180 days (six months) prior to entering ARC compared to other ethnicities, see data below.

		Relative Census Day				
Census Prioritised Servi..	Split Field	-365	-180	-90	0	365
IP Event	MAORI	1.1%	3.7%	8.5%	56.6%	1.1%
	OTHER ETHNICITY	1.3%	1.9%	4.0%	40.1%	0.3%
	PACIFIC PEOPLES			5.3%	52.6%	
	ASIAN		7.1%		28.6%	

MONITOR INEQUITIES AND MEASURE SYSTEM EFFECTIVENESS

To support us to monitor inequities and measure effectiveness of the health system responsiveness to ageing and frailty, the Hawke's Bay Healthy Ageing System Responsiveness Dashboards (the dashboards) are being developed with the Business Intelligence Team.

The dashboards reflect the five outcome and priority areas of the New Zealand Healthy Ageing Strategy 2016.

1. Ageing Well – prioritise healthy ageing and resilience into and throughout people's older years.
2. Living with Long Term Conditions – ensure people can live well.
3. Respectful End of Life – provide care that caters to physical, cultural and spiritual.
4. Acute and Restorative Care – enable high quality care, for effective rehabilitation, recovery, and restoration after acute events.
5. People with High and Complex Needs – better support.

We recognise that with an ageing population volume growth is expected, our focus will be on identifying and addressing inequity and ensuring people are accessing the right service with monitoring system efficiencies by measuring on a population basis. While Health of Older Persons is considered to include people aged from 65 years of age, our reporting will monitor from 50 years of age (where appropriate). This approach is intended to address inequity for Māori and Pacific who have a higher level of complexity and support needs occuring at an earlier age.

Appendix Two Data dashboards development to date.

APPENDIX ONE – PROGRESS ON ACTIONS

Due	Actions against the TAW work programme	TAW Objective	Status	Commentary
2021	Develop service design options for Kaupapa Māori health services supporting Māori Kaumātua to age well.	One	*On track for first service implementation*	Kaumātua Mana Motuhake study identified the benefits of peer education, supported by other research into the positive effects of social weak ties (acquaintances), and healthy behaviours in midlife, contributing to the health and wellbeing of Kaumātua. Discussion occurring to build these Ageing Well programmes by starting with four Māori Health providers of Kaumātua Programmes, and one Pacific Health provider Mātua Programme in 2022. This has been funded using 2021/22 growth funding. The Pacific Mātua Ageing Well Programme will support a pilot utilising interRAI Check-Up Assessments.
2021	Commence Oranga Tonutanga to achieve equitable participation in the National Bowel Screening Programmes for Māori aged 60 to 74 in Hawkes Bay, including Kaumātua survey, health promotion and education sessions.	Three	*On track and progressing*	Establishing dedicated team to support programme. Māori, Pacific, and Asian participation rates continue to be below national and HBDHB target for Māori. Overall spoilt kit rate trends continue upward.
2021	Liaise with organisations to adopt Advance Care Planning (ACP) champions that support embedding ACP within the organisation and system processes and practices.	Two	*On track and progressing*	Recognising ACP is not just about end of life care and treatments, rather it is a person/whānau led process that is important for all health care teams throughout the health system to support. One-off implementation development funding was offered in mid-2021 to three Māori health providers to support their organisations commitment to strengthening ACP into their policies, processes, practices and culture. This has been funded from existing budget, further targeted development funding will continue. Discussion occurring to hold an ACP train the trainer course in Hawke's Bay for April 2022. This will provide an opportunity for Hawke's Bay service providers to influence how future training and support are developed in ACP for non-registered community based participates.
2020/21	Integrating multiple data sources to provide robust analysis and benchmarking of our ageing/frail population which support strategies to improve lives in their last thousand days.	Four	*On track and progressing*	In partnership with the Business Intelligence team to develop the integration of service data (see Figure One and Table One above). Future presentations with key stakeholders will support this ongoing development, it will widen the scope for further services data sets to be used, and to make available in Tableau.
2021	Develop Health Ageing indicators to monitor and keep the wider health system accountable for Kaumātua and improving equity for Māori and Pasifika.	Four	*On track and progressing*	In partnership with Digital Enablement developed draft current indicative indicators, refer to Appendix Two. Next step is to consult with key stakeholders including, Kaumātua, clinicians and service providers to support the ongoing development of these dashboards.
2021	Embedding key learnings from 2020 to support equity for influenza immunisation coverage for Māori aged 65 and over in 2021, explore barriers and enablers to access.	Three	*Work in progress*	A Special Project Lead is now in place, and two Kaitakawaenga are currently being employed to drive this work through to 30 November 2021, and plan for the next round of influenza vaccinations. The team will provide support and options to get vaccinated, focussing on Māori and Pacific. The programme has not enjoyed the same levels of success as last year, and the primary contributor to this has been the impact of COVID-19 vaccination on both the workforce and the community. This appears to be a shared experience, as the Ministry of Health (MoH) has extended the programme to 30 November 2021. Initiatives were put in place to book the influenza vaccine immediately after their final COVID-19 vaccine at private providers and Māori health provider clinics. This has not been well received.
2021	To listen and use our whānau voice for our Kaumātua and their whānau, by undertaking activities in 2021 to capture insights into Kaumātua experiences, understandings and aspirations for hauora.	Two	*Work in progress*	Māori Health has carried out engagement with identified Māori health providers and kaumatua groups to gather initial information about what is currently available in the community for kaumatua, and to identify possible areas for development. This initial scan has identified overall gaps and opportunities to support kaumatua, as well as wider social and whānau factors that impact on their ability to effectively and positively manage their health and wellbeing. Further work is planned to build on the information gathered and to respond to the needs of kaumatua.

2021	Scope requirements to develop an intensive facilitation team for those ageing/frail with exceptionally complex health and/or social needs, which are at high risk of being outliers/stranded in the community and/or hospital.	Three	*Work in progress*	Recruitment is underway for a Social Worker Advanced Practitioner for a new role being establish as Protection of Personal Property Rights (PPPR) Act Facilitator. System flow across the health system has been impacted by the growth in complexity with people that have not legally appointed Enduring Power of Attorney (EPA) prior to becoming mentally incapable. This new role will provide clinical leadership across the Hawke's Bay health system by being a central point for advice and support, and building system wide knowledge. This has been funded using 2021/22 growth funding. A small pilot with contracted home support providers is to start late 2021/early 2022, offering up to 24 clients a short-term package of in-home respite. This is to address carer stress/burnout for main carers when day activity programmes are not appropriate due to clinical or cultural reasons, for example high complex dementia and/or palliative care needs, vulnerable main carers. This has been funded from existing budget.
2020/21	Age and disability friendly communities inter-sector discussions	Five	*Ongoing*	Napier City Council is establishing their Napier's Positive Ageing Strategy Advisory Group, HBDHB will have representation within this group. In August 2021 Matariki Pou 2 & Hawke's Bay Regional Skills Leadership Group started working on Aged Residential Care and Home Support Workforce Needs. This is a "Industry Led and Government Enabled" approach, which have identified three main areas of focus to support workforce development, those being Promotion, Recruitment and Retention.
2020/21	Consumer and whānau engagement on Health of Kaumātua and Ageing Well in Hawke's Bay. Connect with Ageing Well groups.	Two	*Merged*	This in included in an action above - to listen and use our whānau voice for our Kaumātua and their whānau, by undertaking activities in 2021 to capture insights into Kaumātua experiences, understandings and aspirations for hauora.
2020/21	Explore requirements to implement frailty assessment and identification tools within the primary and secondary system, to support frailty-based community models of care.	Two	*Transferred*	Transferred into the Central Region Frailty Programme led by TAS on behalf of the central region.
2020/21	Self-education advice for ageing and dementia/brain health, review and promote availability. Liaise with other regions on high needs approaches to ageing health literacy that have proven benefits.	One	*Deferred*	Deferred until COVID-19 vaccinations are fully implemented
2021	Scope options to strengthen Gerontology input across the health system. Partnering to educate and support their responsiveness to ageing and frailty.	Three	*Deferred*	Deferred until 2022 when the new Health Services Leadership Structure is established.
2021	Link with existing localities models and Heath Care Home partnerships to develop expanding focus of integrated care teams for Kaumātua	Three	*Deferred*	Deferred until majority COVID-19 priorities are progressed
2021	Finalise 2016 Hawke's Bay Palliative Care Strategy, mid-point review recommendations	One	*New*	To be completed by April 2022
2022	Date development agenda for the Healthy Ageing System Responsiveness Dashboard	Four	*New*	To be started
2022	Commence a review of the Hawke's Bay Health System model of care for dementia, for funding and operational proposals over the next three years.	Three	*New*	To be started in 2022
2022	Undertake scenario-based training involving Aged Residential Care facilities to improve preparedness for a pandemic outbreak and COVID-19 resurgence, aligned to the New Zealand Aotearoa Pandemic response policy for Aged Residential Care.	Three	*New*	To occur late 2021/ early 2022

APPENDIX TWO –Development of the Annual Hawke's Bay Healthy Ageing System Responsiveness Dashboard

Ageing Well

Covid-19 Vaccination Rates as at 3 October 2021

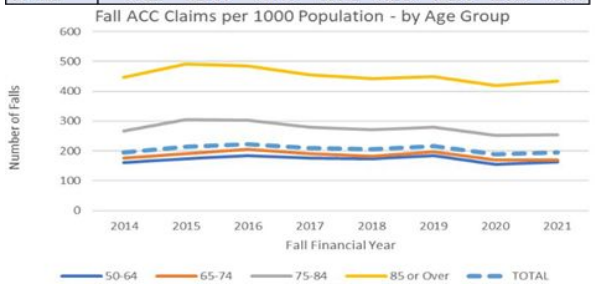
	Maori		Pacific		Asian		Other		All Ethnicities	
Age Group	1st	Full	1st	Full	1st	Full	1st	Full	1st	Full
50-64	70%	51%	83%	65%	80%	59%	84%	62%	81%	60%
65-74	76%	68%	83%	75%	77%	68%	87%	80%	85%	78%
75-84	77%	69%	69%	61%	77%	69%	86%	81%	85%	79%
85+	78%	70%	43%	40%	88%	72%	87%	79%	86%	78%
50+	73%	57%	81%	66%	79%	62%	86%	72%	83%	69%

65+ Flu Vaccination Rates

Age Group	2016	2017	2018	2019	2020
Maori	52.7%	48.1%	46.9%	46.5%	66.1%
Pacific	59.3%	50.3%	54.7%	49.4%	62.3%
Asian	51.5%	50.2%	51.6%	48.8%	58.1%
Other	61.8%	60.1%	60.1%	61.9%	73.7%
TOTAL	60.7%	58.6%	58.6%	60.0%	72.5%

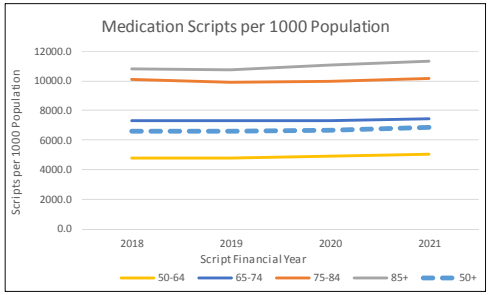
Falls Claimed through ACC

Age Group	2014	2015	2016	2017	2018	2019	2020	2021
50-64	5129	5595	5989	5770	5784	6217	5271	5623
65-74	2666	3029	3422	3299	3292	3690	3283	3368
75-84	2186	2553	2618	2544	2571	2729	2576	2711
85 or Over	1440	1612	1637	1579	1569	1637	1564	1665
TOTAL	11421	12789	13666	13192	13216	14273	12694	13367



Medication Scripts per 1000 Population

Age Group	2018	2019	2020	2021
50-64	4802.0	4787.1	4884.9	5041.8
65-74	7295.2	7307.4	7311.4	7436.2
75-84	10090.7	9871.6	9948.8	10138.2
85+	10820.3	10724.2	11087.1	11338.1
50+	6606.8	6583.8	6688.5	6870.9

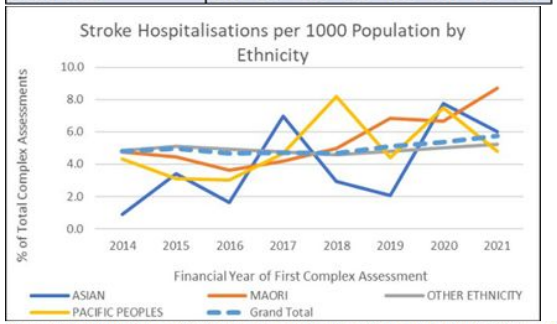


Ageing well system indicators to be developed include: General Practice, Avoidable Inpatient Hospitalisations, Oral Health

Living with Long Term Conditions

Stroke Hospitalisations By Ethnicity

Ethnicity	2014	2015	2016	2017	2018	2019	2020	2021
MAORI	37	37	32	39	48	68	68	91
PACIFIC PEOPLES	4	3	3	5	9	5	9	6
ASIAN	1	4	2	9	4	3	12	10
OTHER ETHNICITY	235	251	247	243	240	257	274	289
Unknown	3	2	1	0	1	2		1
Grand Total	280	297	285	296	302	335	363	397



Age Distribution of Stroke Hospitalisations by Ethnicity: 2014 to 2021

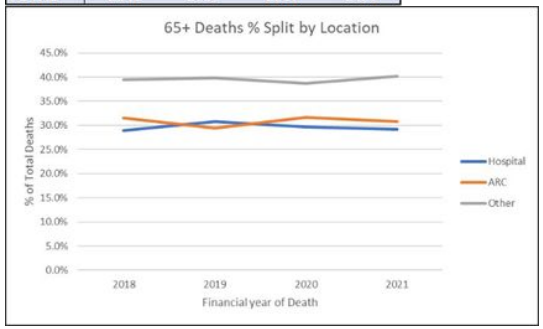
Ethnicity	50-64	65-74	75-84	85+
MAORI	40.24%	32.62%	21.19%	5.95%
PACIFIC PEOPLES	45.45%	29.55%	18.18%	6.82%
ASIAN	28.89%	33.33%	28.89%	8.89%
OTHER ETHNICITY	12.48%	24.66%	34.43%	28.44%

Living with Long Term Conditions system indicators to be developed include: Dementia Mate Wareware, Medication Management; Low vision/hearing; Social isolation; Screening

Respectful End of Life

65+ Death Volumes By Location

	2018	2019	2020	2021
Hospital	448	503	447	436
ARC	489	482	477	460
Other	611	650	583	601
TOTAL	1548	1635	1507	1497

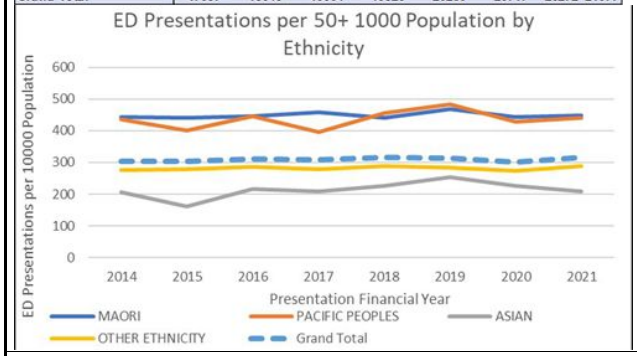


Respectful End of Life system indicators to be developed include: Specialist Palliative Care

Acute and Restorative Care

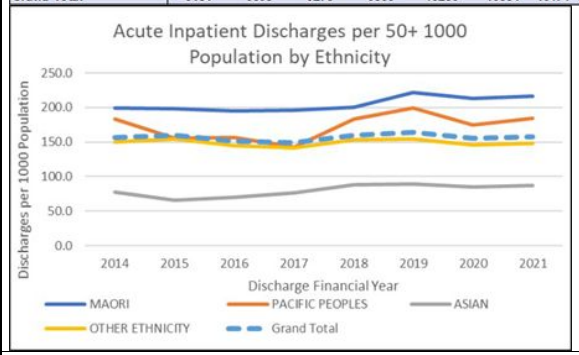
ED Presentations Aged 50+ By Ethnicity

Ethnicity	2014	2015	2016	2017	2018	2019	2020	2021
MAORI	3427	3656	3928	4249	4254	4650	4523	4692
PACIFIC PEOPLES	406	385	440	424	501	546	515	552
ASIAN	233	191	263	270	310	364	350	346
OTHER ETHNICITY	13455	13712	14360	14304	15134	15120	14833	16052
RESIDUAL CATEGORIES	116	96	73	73	90	37	51	35
Grand Total	**17637**	**18040**	**19064**	**19320**	**20289**	**20717**	**20272**	**21677**



Acute Inpatient Volumes Aged 50+ by Ethnicity

Ethnicity	2014	2015	2016	2017	2018	2019	2020	2021
MAORI	1545	1649	1720	1813	1926	2209	2184	2265
PACIFIC PEOPLES	170	149	155	153	201	225	210	231
ASIAN	87	77	85	98	121	129	131	144
OTHER ETHNICITY	7280	7578	7284	7254	7991	8253	7936	8221
RESIDUAL CATEGORIES	72	55	34	37	47	18	13	16
Grand Total	**9154**	**9508**	**9278**	**9355**	**10286**	**10834**	**10474**	**10877**

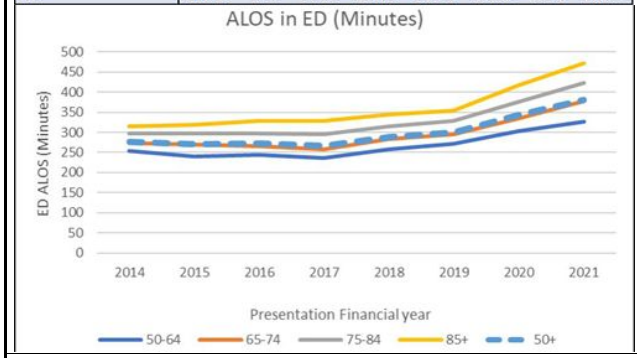


Community Restorative Care

To be developed

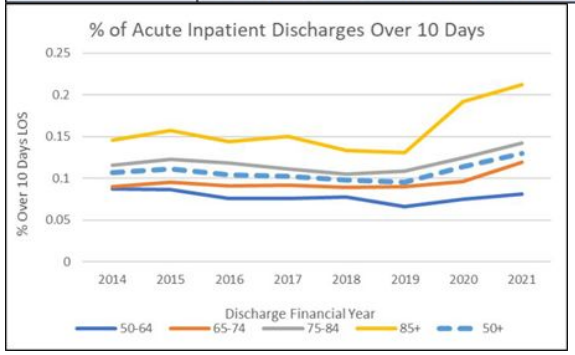
ALOS in ED (Minutes)

Age Group	2014	2015	2016	2017	2018	2019	2020	2021
50-64	253.1	239.9	243.4	236	257.8	271.4	303.4	327
65-74	272.9	269.2	265	257.3	283.8	294.7	334.1	378.1
75-84	297.6	296.3	297.6	294.3	314.4	329.4	376	423.6
85+	314.1	319.3	328.6	328.2	344	354.4	418	471.9
50+	**276.8**	**271**	**272.4**	**266.4**	**288.4**	**300.5**	**342.5**	**380.7**



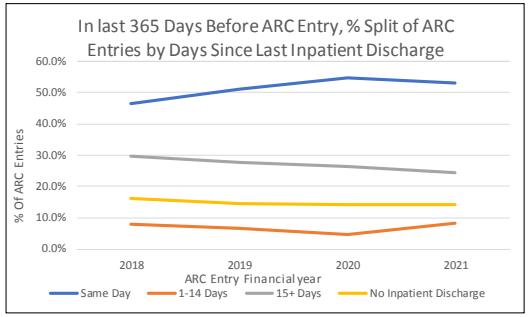
Acute Inpatient Discharges Over 10 Days LOS

Age Group	2014	2015	2016	2017	2018	2019	2020	2021
50-64	219	224	204	209	227	212	224	260
65-74	217	241	211	221	240	262	278	349
75-84	294	329	317	290	309	325	354	414
85+	250	269	233	241	234	231	338	393
50+	**980**	**1063**	**965**	**961**	**1010**	**1030**	**1194**	**1416**



In Last 365 Days Before ARC, Days Since Last Inpatient Discharge

Days Before ARC	2018	2019	2020	2021
Same Day	46.4%	51.1%	54.9%	53.2%
1-14 Days	8.0%	6.6%	4.5%	8.2%
15+ Days	29.6%	27.7%	26.3%	24.5%
No Inpatient Discharge	16.0%	14.7%	14.3%	14.1%
TOTAL	**100.0%**	**100.0%**	**100.0%**	**100.0%**



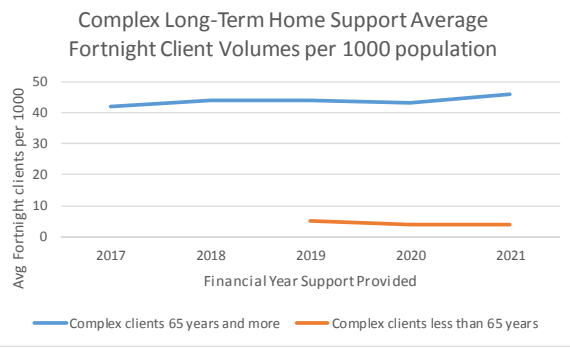
People with High and Complex Needs

Complex interRAI Assessment

To be developed

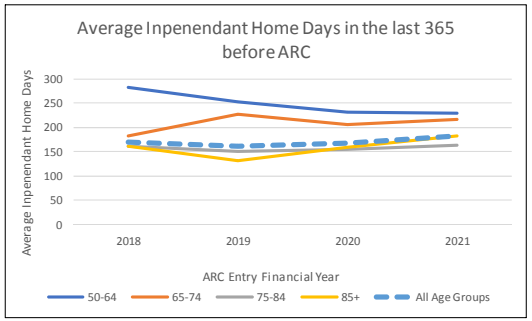
Complex Long-Term Home Support Clients

Clients per fortnight (mean)	2016/17	2017/18	2018/19	2019/20	2020/21
Complex 65 years and more	1,411	1,478	1,506	1,474	1,593
Complex less than 65 years			161	116	136



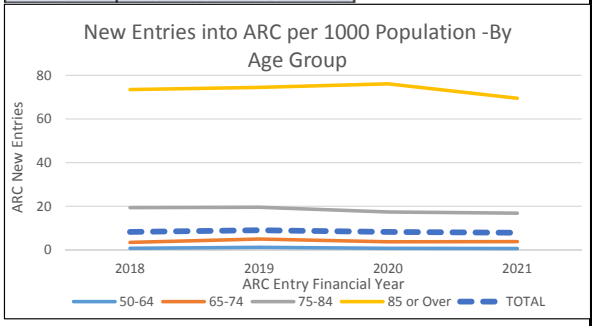
Average Inpenendant Home Days in the last 365 before ARC

Age Group	2018	2019	2020	2021
50-64	281.4	252.2	231.5	229.1
65-74	181.6	227.6	205.7	217
75-84	161.1	150.1	155.6	162.6
85+	161.5	131.7	158.9	181.5
All Age Groups	**169**	**160.2**	**167.1**	**182.1**



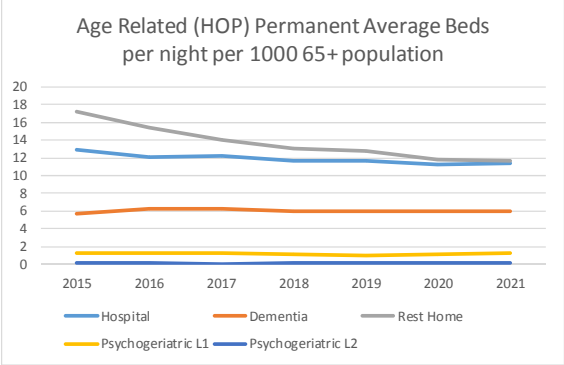
New Entries into ARC

Age Group	2018	2019	2020	2021
50-64	24	39	24	20
65-74	62	92	71	75
75-84	183	191	177	179
85 or Over	261	271	284	266
TOTAL	**530**	**593**	**556**	**540**



Age Related Permanent Average Subsidised Beds per night

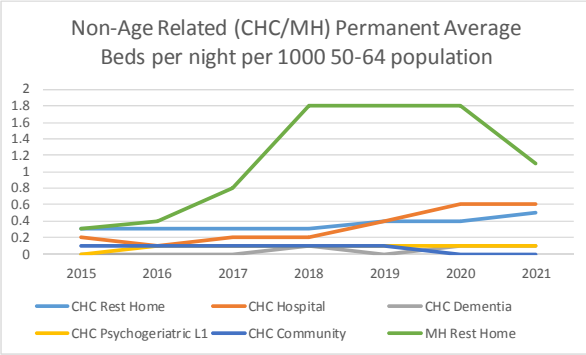
	2015	2016	2017	2018	2019	2020	2021
Hospital	363.4	352.3	367.8	360.1	371.3	375.3	387.8
Dementia	161	184.5	185.4	182.3	192.5	193.6	199.3
Rest Home	485.2	450.6	420.2	406.8	410.4	391.5	397.5
Psychogeriatric L1	34.3	36.6	40.4	34	33	37.5	40
Psychogeriatric L2	2.4	3.2	1.4	1.9	4.2	3.6	1.9
TOTAL	**1046.3**	**1027.2**	**1015.2**	**985.1**	**1011.4**	**1001.5**	**1026.5**



HOP – Health of Older Persons

Non-Age Related Permanent Average Subsidised Beds per night

	2015	2016	2017	2018	2019	2020	2021
Rest Home	8.6	9	9.3	10.7	15.2	13.5	17.2
Hospital	5.3	3.9	5.7	7.6	13.2	21.1	21.5
Dementia	0.7	0.3	1	1.9	1.5	1.9	2
Psychogeriatric L1	1.1	3	3	3	2.7	2.5	2.4
Community	2	2	2	2	1.8	1	1
MH Rest Home	9.7	14.8	27.2	28.3	27.3	27.2	24.5
TOTAL	**27.4**	**33**	**48.2**	**53.5**	**61.7**	**67.2**	**68.6**



CHC – Chronic Health Conditions; MH – Mental Health.

12

HAWKE'S BAY District Health Board Whakawāteatia	**CENTRAL REGION'S TECHNICAL ADVISORY SERVICES LTD (TAS), ANNUAL GENERAL MEETING**
	For the attention of: **HBDHB Board**
Document Owner	Andrew Boyd, Executive Director Financial Services
Document Author	Brenda Crene, Governance
Month as at	October 2021
Consideration:	For Decision

RECOMMENDATION:

That the HBDHB Board:

1. **Note** the Annual Report for TAS for the year ended 30 June 2021
2. **Appoint** Shayne Walker as the HBDHB representative to attend the TAS Annual General Meeting to be held on 2 December 2021, with Keriana Brooking appointed as his Alternate.

ATTACHMENTS

A Notice of Meeting
B Minutes of 2020 Annual General Meeting held 4 December 2020
C Annual Report 2020/21

AGM REPRESENTATIVE

A HBDHB is a shareholder in TAS, the Board has the right to be represented and vote at the AGM being held on Thursday 2 December 2021

As the Chair of HBDHB, it is recommended that Shayne Walker be appointed to represent HBDHB at this meeting. Should Shayne for any reason be unable to attend, it is recommended that Keriana Brooking be appointed as his Alternate.

Notice of TAS Annual General Meeting

2:00pm, Thursday 2 December 2021
Front+Centre, 69 Tory Street, Wellington

Notice is hereby given that the Annual General Meeting of Shareholders of Central Region's Technical Advisory Services Ltd (TAS) is to be held on 2 December 2021 at 2.00pm.

Agenda

1. Apologies
2. Minutes

   To review and accept the minutes of the AGM held on 4 December 2020.
3. Directors' Report on the year ended 30 June 2021

   To receive the Report.
4. Financial Statements and Report

   To receive, consider and adopt the Company's financial statements for the year ended 30 June 2021, along with the Independent Auditor's Report.
5. Auditors

   To record the continuance of KPMG as the Company's auditors for the 2021/22 financial year.
6. General

   Any other business.

Minutes

Name of Meeting: TAS AGM 2020

Date:	2 December 2020		
Start Time:	2.00pm	**Finish Time:**	2.30pm
Method:	Face to Face		

Present: **Directors:** Murray Bain (Chair), Sir Paul Collins, Catherine Law, Wendy McPhail, Ron Luxton, Kath Cook

Shareholders: David Smol (Capital and Coast District DHB and Hutt Valley DHB) Keriana Brooking (Hawkes Bay DHB), Brendan Duffy (Mid Central DHB)

In Attendance: Graham Smith (TAS Chief Executive), Jane Doherty (Secretariat)

Apologies:

1	**Welcome**
The Chair opened the meeting and welcomed everyone.	
2	**Confirmation of Minutes**
2.1	Confirmation of Minutes
	Resolved: *That the minutes of the Annual General Meeting held on 4 December 2019 be accepted as a true and accurate record of that meeting.*
	Carried: all
3	**Financial Statements and Reports**
3.1	The Chair spoke to the TAS Annual Report and Financial Statements for 2019/20.
3.2	The Financial Statements and outcome for 2019/20 were noted.
	Resolved: *That the Company's financial statements for the year ending 30 June 2019, together with the Auditor's report and the Directors' Annual Report, be received and adopted.*
	Carried: all
4	**Auditors**
	Resolved: *That the continuation of KPMG as the Company's auditors be approved and recorded.*
	Carried: all

5	General Business

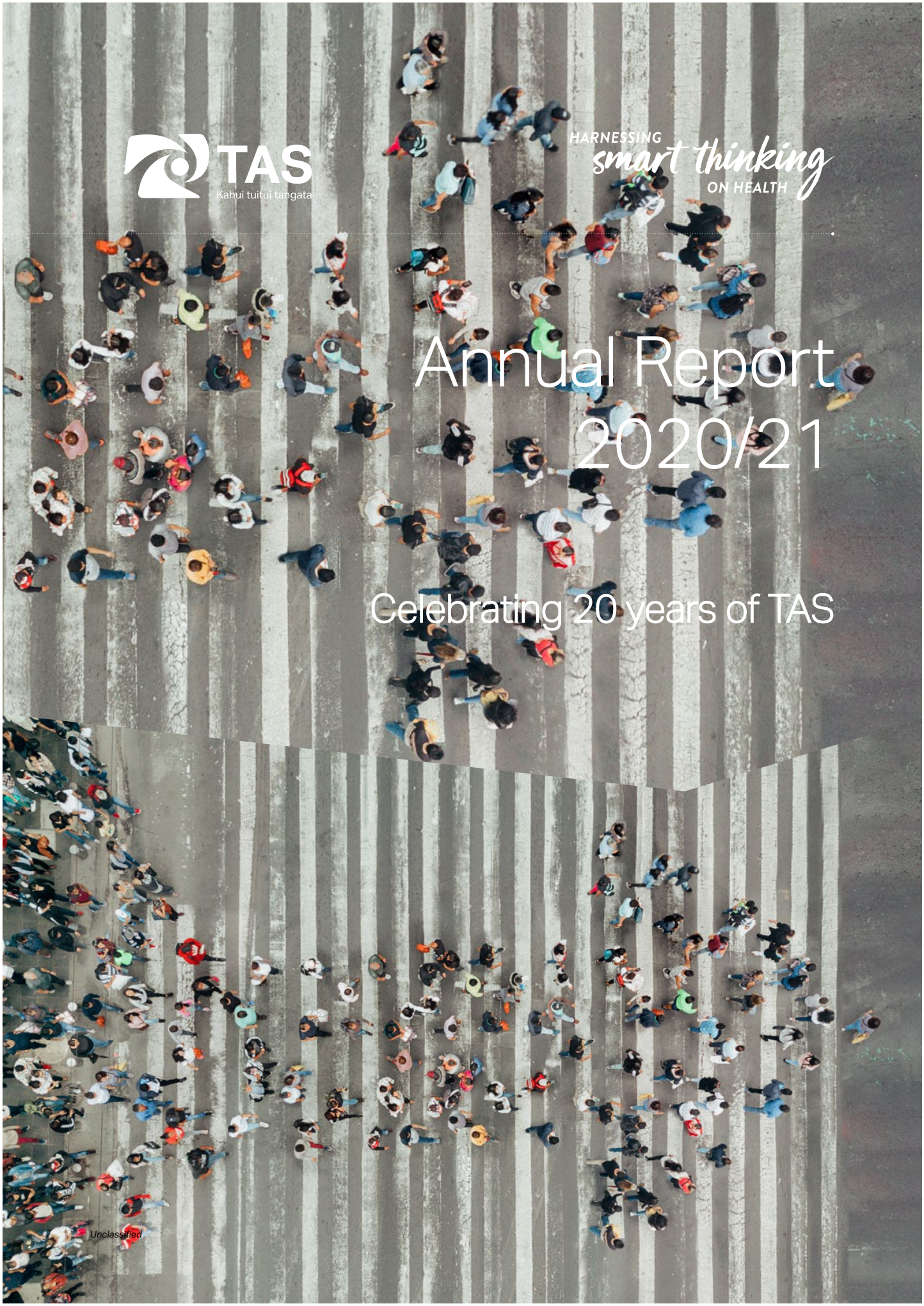
5.1 There was no general business.

There was a brief discussion regarding the final report of the Health and Disability System Review and potential impacts on the sector.

There was a vote of thanks to the Directors, Chief Executive and management Team of TAS for the significant and important work undertaken during the very unusual year. Murray Bain acknowledged the effective working relationship with the RGG and thanked them for their support of TAS.

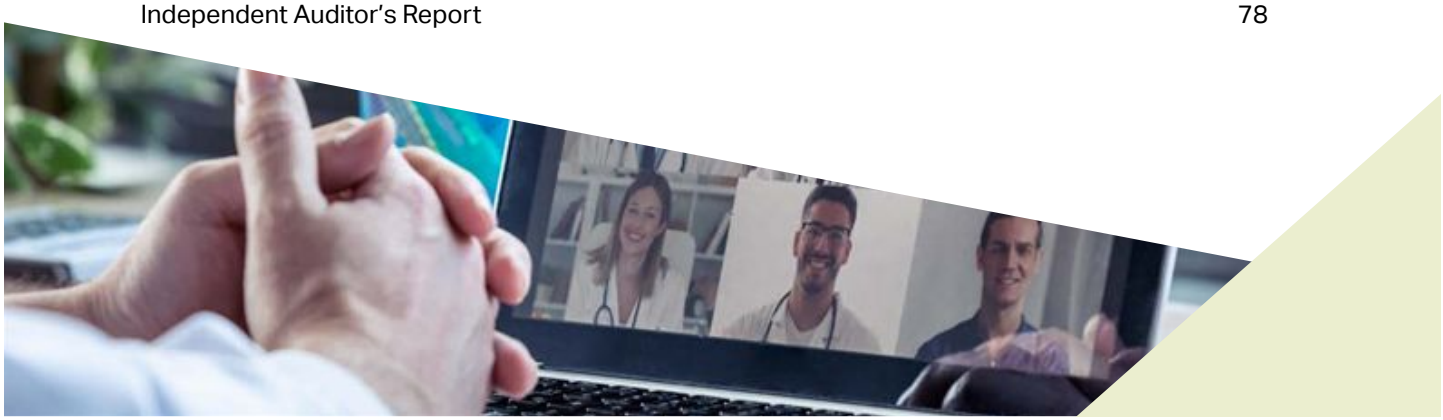
Murray Bain thanked Ron Luxton for his contribution since his appointment to the TAS Board in mid 2020. Jenny Black will replace Ron Luxton on the Board in the New Year.

The meeting concluded at 2.30 pm.


TAS
Kahui tuitui tangata
HARNESSING
smart thinking
ON HEALTH
Annual Report
2020/21
Celebrating 20 years of TAS
Unclassified

The New Zealand health system is about to undergo significant change. As we celebrate our 20th anniversary at TAS, we stand ready for the next evolution: towards more equitable and sustainable healthcare for all New Zealanders.

Contents



Celebrating 20 years

2001

CRTAS WAS BORN

Central Regional Technical Advisory Services (CRTAS) incorporated on 6 June.

16 people providing shared services for Central Region DHBs.

2004

FOUR SERVICE AREAS TOOK OFF

- Information and analysis
- Research and evaluation
- Mental health service development
- Audit Services.

2005

WE WENT GREEN

A new TAS logo was created in our famous green, and we started using TAS' identity kāhui tuitui tāngata.

2011

TWO BECAME ONE

CRTAS integrated with DHB Shared Services (DHBSS) to offer a combined regional and national service under the TAS umbrella.

2013

WE GOT SO BIG, WE GOT OUR OWN BOARD

Board of Directors established.

2014

WE GOT A NEW CREW MEMBER

Graham Smith joined TAS as CE.

»Like Matariki, when we look to our whakapapa and those who came before us to understand our place in the world, on our 20th anniversary we too want to reflect on where we've come from, and where we're going.

2016

interRAI SERVICES WON AN AWARD...

for innovation at the World interRAI conference.

2015

WE GOT THE GLOBAL TICK OF APPROVAL

TAS took on interRAI Services.

2019

WE STARTED OUR TE AO MĀORI JOURNEY...

by forming our Te Rautaki Māori Strategy.

2017

FRONT+CENTRE WAS BORN

We moved offices and Front+Centre opened its doors.

WE RECEIVED WORLDWIDE RECOGNITION

by the International Society for Quality in Health Care (ISQua) for our TAS Certification Audit Programme.

2021

WE'RE BIG, BOLD AND LOVE WHAT WE DO

Today, we're a 180 strong team across New Zealand; resilient, connected, and future ready.

WHERE WE ARE

»Today, we are a 180 strong team providing specialist advice and management services to the 20 District Health Boards and Ministry of Health executives.

Our core skill is operating in a complex and ambiguous environment to bring decision makers and stakeholders together, providing insights and advice, and enabling them to make informed decisions critical to operating the health system.

As our name – kāhui tuitui tāngata – suggests, our role is to bring people together to enhance wellbeing of Whānau, Hapū, Iwi and their communities.

Crown Entity – DHB subsidiary

Multi-sector skilled Board of Directors

$37.9M revenue per annum

180 employees

3 locations Auckland, Wellington, Christchurch

Front + Centre meeting venue

WHERE WE'RE GOING

We believe there is a great opportunity for TAS people and their capability as the health sector reform takes shape.

We have a significant depth and breadth of skills, insights and experience across collective workforce management, employment relations, national service commissioning, sector relations, clinical networks, training & education, audit & assurance, and health system data and information management systems. These capabilities and skills position us well for the future.

"Congratulations on achieving your 20 year milestone. It was a privilege to be part of the journey that has seen TAS grow and diversify from its regional roots into a broad based national shared services company."

JULIAN MOORE – TAS ALUMNI, FORMER CHIEF EXECUTIVE, 2012-2013

WHY PEOPLE VALUE WORKING FOR TAS

»On our 20th anniversary we asked our people why they value working for TAS. Here's what they said.

TAS goes above and beyond for their staff. **People are the biggest asset** and are what contribute to the wonderful culture.
Penny Garty

I value how TAS work programmes **enable our health system leaders and key groups** to navigate complexity and collectively improve health services with a focus on equitable outcomes.
David McCartney

We are a team because we respect, trust, care and have fun together.
Warwick Long

I've gained so much insight into the health system in New Zealand that you don't get to see at the surface level.
Bella Ritchie

I believe the work we are trying to do here is for the **benefit of all New Zealanders**. I love the team I work in – all dedicated, caring and fun-loving people – they make it worthwhile getting out of bed to come to work!
Karen Cowley

I value working for TAS because **our teams engage and work with a wide range of providers.** We are connectors, collaborators, cultivators and communicators; empowering teams to make system improvements and design new ways of working (services) that **benefit the health of our population**.
Rose Laloli

I value the **big change towards flexible working**. It makes life much easier if work is a little more flexible.
Mary Rose Painter

WHAT MADE US PROUD

»We asked our Executive Leadership Team (ELT) what they are most proud of this past year, and during their time at TAS. Here's what they said.

What are you proud of this past year?

The appointment of our **Director Māori Health** has to be a highlight.
Tricia Sloan

The way **we quickly adapted to the COVID-19 situation,** shifted our way of working, and remained effective at supporting the needs of DHBs during a challenging time for us all.
Graham Smith

Firstly, the establishment of a project to introduce a new interRAI assessment – this is a new assessment to be used by DHBs in their acute services – an example of interRAI moving outside of the Health of Older People area and into a new area of healthcare. This work is commissioned by ACC and will lead to a new case mix funding mechanism. Secondly, the **contribution and value add from TAS Data Services** in supporting and enabling the delivery of TAS services across 30 programmes of work.
Michele McCreadie

Making the most of the newly set-up collaboration area. We now host our All Hands Hui in this space. They feel more open and collaborative.
Susan Corbitt

The culture change. Many things contribute to this, from internal communications to learning opportunities, leadership development, and changes to our way of working; all resulting in a stronger and more engaged workforce. The **best thing is that our people have been open to trying new things and are not scared of change**.
Hillary Palmer

Left to right: Our ELT members Tricia Sloan (GM Services), Michele McCreadie (GM Commercial Services), Graham Smith (Chief Executive), Hillary Palmer (GM Corporate), and Susan Corbitt (EA to the Chief Executive)

What have you been proud of in your time at TAS?

Taking interRAI from two separate projects to become a service that is now well and truly embedded and **adding value to healthcare delivery across New Zealand**.
Michele McCreadie

The way we have evolved over the past seven years from a collection of largely autonomous service lines and programmes into an integrated organisation with a fantastic culture that cares about our people and the work we do.
Graham Smith

Our confident use of meeting technology gives a great experience to our customers and our people.
Susan Corbitt

Creating a strong Corporate team with **employee experience at the heart of it.** We are here to make TAS a better place to be part of and I'm very proud to lead a team of people who do just that.
Hillary Palmer

How TAS has grown from a small regional organisation to a successful national organisation providing a range of diverse services to our customers. **We have become a connector; ensuring collective focus of the 20 DHBs on national issues and contracts**. We are agile and able to deliver in times of uncertainty. We have had strikes, COVID-19, Health and Disability Review and now transition focus – during all of this, we kept a clear focus on delivery to keep the system stable. What makes this possible is our people and their commitment to our purpose.
Tricia Sloan

Our Highlights

GROW VALUE TO THE SECTOR

»Every year we aim to raise the level of strategic advice TAS provides to the sector, and improve the quality and relevance of our services. Our achievements fall under areas we see as pivotal to helping our health partners deliver excellent healthcare.

FAIR

Progressed equity focus in our work

- We progressed this through the appointment of a Director Māori Health, analysis in Central Region of equity considerations for the COVID-19 Vaccination programme, equity weightings in all DHB services contracts to improve Māori, Pacific and low-income health outcomes, and substantial advances in clerical and administration and nursing pay equity claims.

CONNECTED

Enabled sector-wide COVID-19 response

- Provided significant support to the COVID-19 response by coordinating and advising on DHB input into policies and procedures for Managed Isolation and Quarantine Facilities and providing workforce, technical, contractual, analytical and funding advice, and coordination for the COVID-19 Vaccination Programme.

SPECIALISED

Progressed pay equity claims and led bargaining

- Achieved major progress in pay equity claims working with the Ministry of Health; with an initial clerical and administration pay equity agreement and establishment of sex-based undervaluation of nursing and midwifery roles in DHBs.
- Led bargaining for 19 Multi-Employer Collective Agreements (MECAs) within an environment of pay restraint; achieving eleven settlements, including five new MECAS replacing 27 individual local agreements.

»Our 2020/21 highlights showcase the quality advice, services and new areas of value we've achieved to support our customers to deliver a world class health system for New Zealanders.

SUPPORTIVE

Advanced programmes and services for better health outcomes

- Assisted the Central Region to identify new priority programmes, including the Single System of Care for specialist services to bring consistency of access and equity of outcomes, and improve clinical and financial sustainability of specialist services across the region.
- Supported all 20 DHBs to significantly advance use of Care Capacity Demand Management, making a vital contribution to quality care for patients, a safe and healthy workplace for staff and best use of organisational resources across New Zealand.
- Contributed to current and future workforce management by managing permanent changes to the training year for Resident Medical Officers to reflect COVID-19 pressures and achieve longer-term welfare and training benefits, and leading work on the nursing undergraduate pipeline to inform future workforce planning.

PROGRESSIVE

Progressed changes to contracts, commissioned reviews and aligned forums

- Achieved DHB services contract variations, working with DHBs and provider representatives for aged residential care, PHO services, oral health and community pharmacy contracts.
- Commissioned two major community pharmacy reviews into wage cost pressures and the service and funding model.
- Aligned work of three national forums for Mental Health and Addictions (MH&A) supported through TAS, including the MH&A Partnership Group, the MH&A Reference Group focused on commissioning, and the national DHB General Managers MH&A/Clinical Directors and Directors of Allied Mental Health Services.

ENTERPRISING

Developed Oral Health Action Plan with DHBs

- Worked with DHBs to develop the three-year Oral Health Action Plan to address and improve equity of access to oral health services for New Zealanders, and contributed to development of a National Oral Health Data Standard.

BE A HIGH PERFORMING ORGANISATION

»We are a high performing organisation lifting our organisation capability through people initiatives, improved processes and tools, and by creating new areas of value and services. This year, our achievements were centred around being collaborative and innovative.

COLLABORATIVE

Developed a strong and engaged community

- Introduced a new People Plan involving several areas of work: lead the change, strengthening community, facilitating recognition, enabling learning and growth, supporting safety and wellbeing, and empowering leaders.
- Built a strong and engaged TAS community with activities like FanTAStic Day (onboarding day for new starters), TAS Day (org-wide team building day), All Hands Hui (org-wide hui), TAS Tee Ups (between our people), Meet Murray (our Board Chair), Leaders activities, Te Roopu Māori network, Safety & Wellbeing Group, social club activities, daily quiz and volunteer days.
- Set up flexible work practices and supported our people with the technology and wellbeing support to work from home.
- Set up a collaboration space for our people to connect, share and co-create.

INNOVATIVE

Shared our knowledge and re-launched our values

- Provided our first Auditor training as a Private Training Establishment (PTE).
- Re-launched our TAS Values, with a focus on our organisational identity, kāhui tuitui tāngata.

»Our 2020/21 highlights showcase the organisation capability that we've achieved to support our customers in delivering a world class health system for New Zealanders.

Chair Report

It's good to reflect at this time that TAS is now 20 years old and we have come a long way from our roots as a small regional organisation to filling an important role nationally across a wide range of areas in the health sector. Our purpose always been to support the frontline health organisations, primarily the DHBs, in the vital work they do.

"As we reflect on and celebrate our 20th anniversary, we do so with anticipation for the possibilities this next chapter will bring. We look forward to taking this journey together as a group of health experts towards the next phase of New Zealand's health sector transformation."

Like them, TAS has been responding to the challenges facing our sector over the past year. As a proactive services organisation, we have looked to add value for the sector by taking an agile and flexible approach; and continuing to provide stability and connectedness in times of change.

As Auckland faced further lockdowns and Wellington moved alert levels, the presence of COVID-19 has remained a stark reality for our health system. I am proud of the huge amount of work TAS has done to support the COVID-19 response. We have been connectors and collaborators; working in partnership with the Ministry of Health, DHBs and MBIE to develop, implement and embed alert policies, and establish managed isolation and quarantine facilities to bring New Zealanders safely home. We've also played an important role in the COVID-19 vaccination programme roll-out.

This past year has also seen the Government announcing more detail around the Health and Disability Sector Reform. TAS is ready for the possibilities this reform will bring. We support the intentions of the change to create more equitable and sustainable healthcare and ultimately a system that will support New Zealanders to have better health outcomes. We know that the knowledge and experience TAS' staff have will continue to be needed no matter what the final design of the system turns out to be.

TAS' core skill is operating in a complex and often ambiguous environment to bring key decision makers, health professionals and stakeholders together. This has stood us in good stead, as our resilience allows us to continue providing insights and advice to our customers; enabling them to be informed and make decisions critical to operating the health system during change. TAS will keep supporting the health sector as the reforms progress.

Equity in health continues to be a key focus for TAS. We have made some important changes this past year with the creation of a new role – Director Māori Health – to help us ensure practical equity considerations are embedded across all of our work. Our Employment Relations team has also made substantial advances across a number of pay and equity claims.

Underpinning its wide range of activities is TAS' business model which ensures DHBs, and others in the health sector that use its services, have access to TAS' expertise and experience on a not-for-profit basis operating with low overheads. I'm proud of the way that TAS has grown and increased its value to the health sector in New Zealand over the past decade, while also being able to maintain this approach.

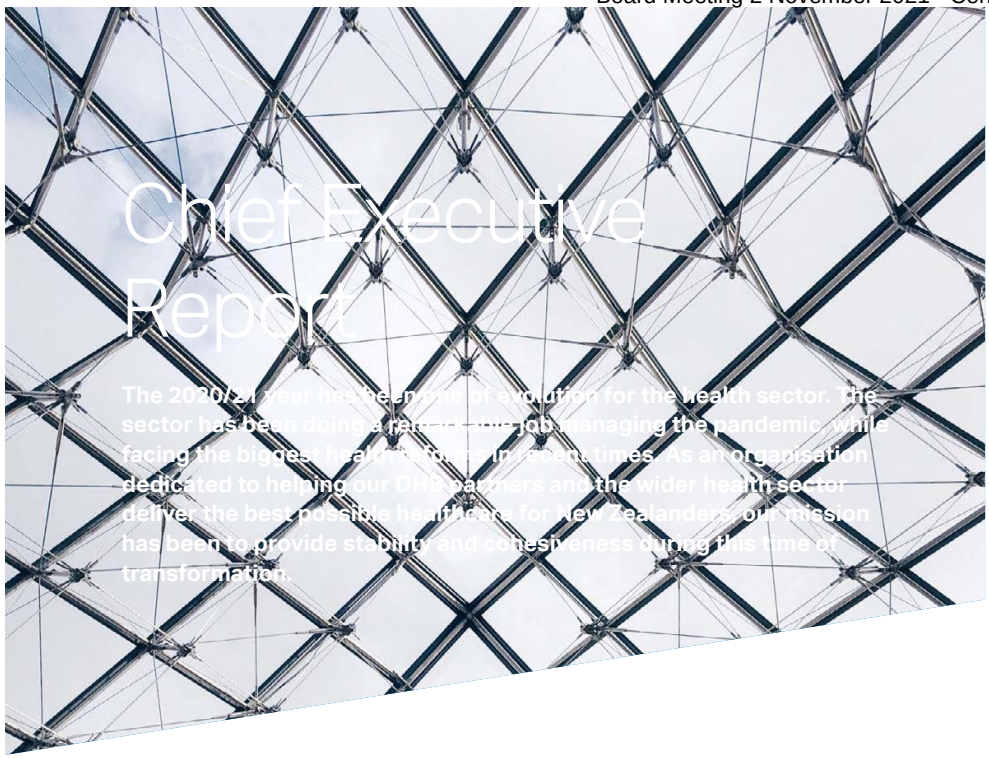
Operationally, TAS runs on a break-even basis and I'm pleased to be able to report that it has again achieved a good result for the 2020/21 year despite the challenges of COVID. We ended the year with an operating surplus of $417,000, however a one-off adjustment relating to an accounting policy change resulted in a deficit of $282,000 in the financial statements. Overall, our revenue streams remained consistent and our working capital remains in a positive position.

To finish, I'd like to extend a big welcome to our new TAS Board member, Jenny Black. Jenny is well known across the sector from her time chairing the national Chairs group from 2014-2020, and as the current Chair of the Nelson Marlborough DHB.

I'd also like to thank Ron Luxton, who finished his all-too-brief tenure on the board in December 2020, for his excellent contribution. And in particular, I'd like to offer a special thank you to Kathryn Cook who has recently stepped down from the board for her wise counsel over a number of years. Kath made a tremendous contribution and we'll miss her knowledge and her passion for the health sector.

Finally, I'd like to thank my fellow Board members, our Chief Executive Graham Smith and the TAS leadership team for their great progress in developing our organisation's culture over the past year and the excellent work they have continued to lead under pressure. I want to thank our Board Secretary Jane Doherty for keeping us on track as a board and a special thanks to all our TAS colleagues for their hard work over what has been a very challenging twelve months for our sector. We know that the specialised work that TAS carries out makes a difference, and the knowledge and passion of our team is what makes TAS such a valuable organisation.

Murray Bain | Chair



Chief Executive Report

The 2020/21 year has been one of evolution for the health sector. The sector has been doing a remarkable job managing the pandemic, while facing the biggest health reform in recent times. As an organisation dedicated to helping our DHB partners and the wider health sector deliver the best possible healthcare for New Zealanders, our mission has been to provide stability and cohesiveness during this time of transformation.

TAS has grown exponentially over the past 20 years and we're confident in stepping forward to lead conversations for the sector. We see the next evolution of healthcare as an opportunity to offer our 20 years of organisational capability to future strategies, and our achievements over the past year have demonstrated this.

We have provided our expert advice to support the Government's COVID-19 elimination strategy; by coordinating a whole-of-system approach across workforce planning, operations delivery, data and reporting, service contracts and funding processes. I'd like to thank our TAS team who has been at the forefront of the vaccination and managed isolation and quarantine (MIQ) programmes, alongside their counterparts from the DHBs, Ministry of Health (the Ministry) and MBIE.

In the Employment Relations space, we continued to raise the level of strategic advice we provided through our lead role bargaining for 19 Multi-Employer Collective Agreements (MECAs); achieving eleven settlements, including five new MECAs to replace 27 individual local agreements. We also achieved major progress in pay equity claims working alongside the Ministry.

Much of our work is about achieving national improvements to healthcare and workforce matters. We were proud to support all 20 DHBs to significantly advance use of Care Capacity Demand Management; making a vital contribution to quality care for patients, a safe and healthy workplace for staff and best use of organisational resources across New Zealand.

"We see our people as our greatest asset and have introduced exciting initiatives to create a culture that helps our people thrive."

ORGANISATION DEVELOPMENT

I am proud of the way we have embraced flexible ways of working, created a new collaboration space, and initiated a strong TAS community.

We've continued to focus on building our organisational capability; introducing a Leading X framework to lift people experience through great leadership, empowering leaders, and helping them build their own and their team's resilience and wellbeing.

In 2020, we started a journey to lift our people's cultural confidence of Te Ao Māori through education and awareness, investing in our people to enable them to work in partnership with Māori, and to align our future priorities with Whakamaua: the Māori Health Action Plan.

I am proud of our progress over the past year towards realising our Te Rautaki Māori Strategy. It has been incredible to hear people's experience of the Crown-Māori Relations workshop. We were also privileged to be hosted by Ngāti Pōneke on Pipitea Marae for our organisation-wide TAS Day. This day, along with our first Mihi Whakatau held to welcome Marama Parore – our new Director of Māori Health, immersed us in Te Ao Māori. We also have a strong equity focus embedded into all our work programmes and DHB services contracts.

Over the past year, we've been making system improvements to keep our data secure for our customers. Our Privacy Officer has led a programme of work to steadily strengthen our privacy awareness, policies and tools, and our IT team are now managing over 150 corporate and personal phones to ensure improved security of our information.

I'd like to finish by thanking Murray Bain, our Board Chair, our dedicated Board members and our TAS leaders and people for their commitment this past year.

Graham Smith | Chief Executive

Board of Directors

1 July 2020 – 30 June 2021

»TAS has an independent Board of Directors, responsible for overseeing our activities and guiding our ongoing development. The Board reports to the Regional Governance Group, which is made up of representatives of the six Central Region District Health Boards.

MURRAY BAIN (CHAIR)

Murray is an experienced company director who is currently Deputy Chair of TSB Bank and a director of NorthTec, the Ara Institute of Technology and the Southland Institute of Technology. In the past, Murray has held Chief Executive roles in the Foundation for Research Science and Technology and the Ministry of Science and Innovation. Prior to that, he held senior management positions in IT, finance and banking in the Trust Bank Group, and roles as Chief Operating Officer at the Accident Compensation Corporation (ACC) and Assistant Governor at the Reserve Bank of New Zealand.

KATHRYN COOK

Kathryn is the Chief Executive of MidCentral District Health Board (MDHB). Prior to joining MDHB, she was a Partner within KPMG Australia's Health, Ageing and Human Services practice, where she was lead partner of the Victorian health practice. Previously Kathryn was Chief Executive of Western Health, Victoria and has also held a range of policy and leadership positions in the Western Australian and Victorian Departments of Health, and the New Zealand Ministry of Health.

WENDY MCPHAIL

Wendy has over 20 years senior management experience, most recently as Chief Executive for the New Zealand owned Office Products Depot Co-operative. She has extensive technology, strategy and change management expertise. Wendy was the former Deputy Chair of the Auckland Museum Trust Board and holds community and private governance roles.

SIR PAUL COLLINS

Sir Paul is currently the chairman of the Wairarapa District Health Board and private investment company, Active Equity Holdings, and a director of Shott Beverages, Ecopoint, NZ Health Partnerships and the Hurricanes franchise. He is a trustee of the Malaghan Institute for Medical Research and an appointee to the FPIM Governance Board. He has served on the Board of more than 50 listed companies in New Zealand, Australia, Hong Kong and London. He was the chairman of Sport New Zealand and High Performance Sport New Zealand from 2009 to 2018 and of the Wellington Regional Stadium Trust from 2000 to 2012. He was a governor of the New Zealand Sports Foundation, a director of Rugby New Zealand 2011 and Wellington Rugby. Sir Paul is an Associate Chartered Accountant and holds a Bachelor's Degree in Commerce and Administration from Victoria University.

CATHERINE LAW

Catherine is a Partner in Deloitte New Zealand's Risk Advisory team with over 30 years practitioner and advisory experience in the banking sector in NZ and the UK. Catherine is the national leader of the FSI Risk and Regulatory team and specialises in providing strategic enterprise risk management advice (e.g. 3LOD, governance and assurance, digital/technology risk) as well as regulatory and operational risk services. Catherine's experience also includes implementing regulatory transformation programmes, remediation programmes, the development of regulatory risk management governance models and frameworks and attestation and director due diligence obligations. Catherine's experience comes from working in both operational (technology and business) banking environments as well as many years in risk consulting so prides herself in ensuring she assists clients to meet the challenges of managing risk in an increasingly regulated environment in a way that is practical and pragmatic but also safe and sensible for their business.

JENNY BLACK *Started on 1 January 2021*

Jenny has had a career in health, starting as a clinical dietitian, moving into public health before changing to governance. First elected to the Nelson Marlborough DHB in 2007, she has chaired that board since 2010. Jenny chaired the national Chairs group 2014-2020, which provided her with a broad view of the NZ health system. Jenny chairs Te Hiringa Hauora, the Health Promotion Agency. Jenny is a strong advocate for a joined up system, that has a focus on illness prevention and supports regional or national activity that reduces clinical variability, improves sustainability and public health outcomes.

RON LUXTON *Served on Board from 27 May 2020 – 31 Dec 2020*

Ron is a pharmacist by profession and was the governing director of his own community pharmacy for 35 years. Ron has been a Board Member of the South Canterbury District Health Board for 19 years and is currently Chair of that Board. He is Chair of the Aoraki MRI Charitable Trust and a Director of New Zealand Health Partnerships and also of South Canterbury Eye Clinic Ltd. He is a Past International Director of Lions Clubs International and is currently appointed as a Trustee on the International Board of Lions Clubs International Foundation.

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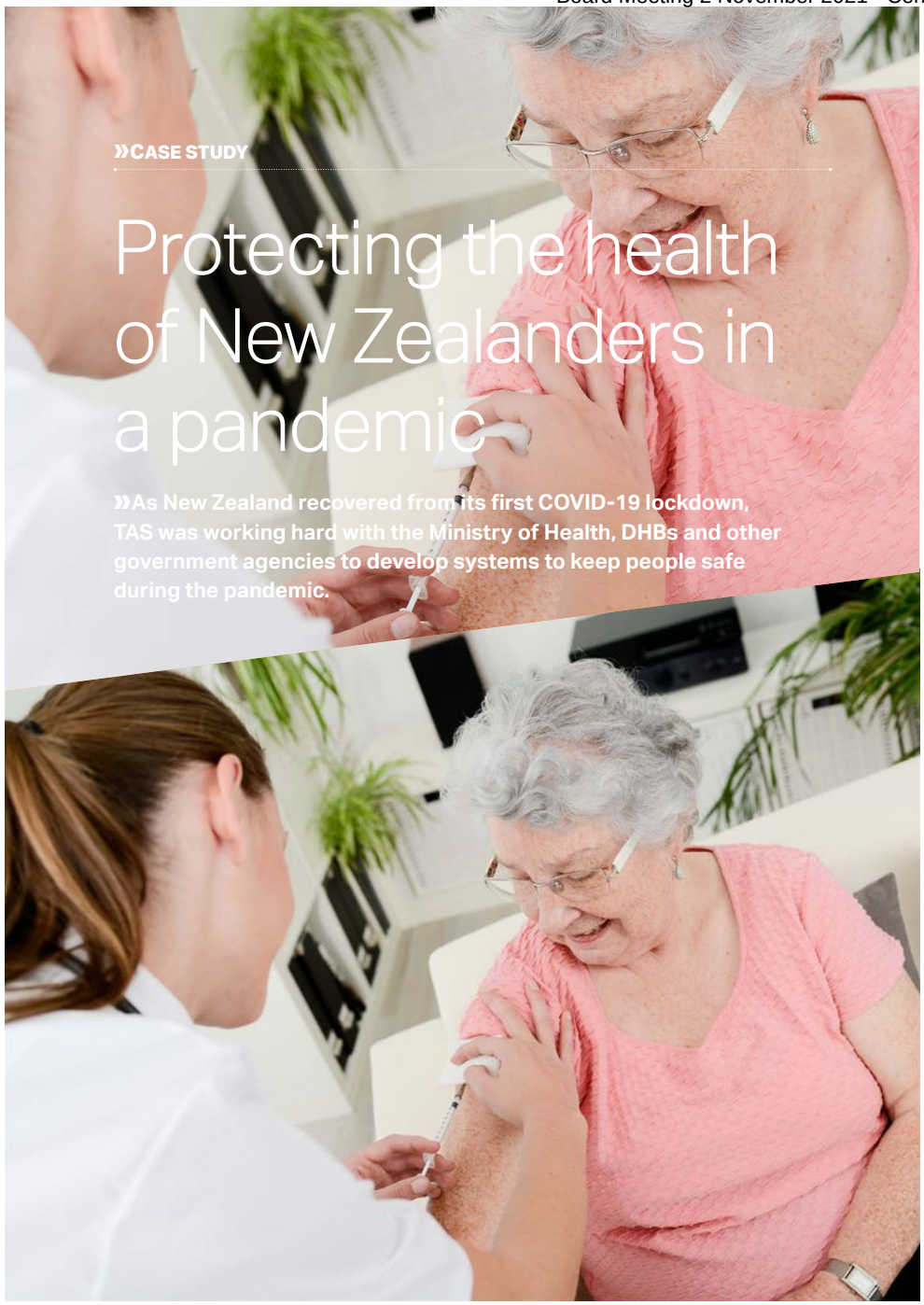
Interest Register

Name	Board/Organisation	
Murray Bain (Chair)	› Deputy Chair, TSB Bank › Shareholder and Director, Oryx Technologies Ltd › Shareholder and Director, M I Bain & Associates Ltd › Director, NorthTec › Director, ESA Publications Ltd	› Director, Optimum Services Ltd › Chair, KeriKeri Retirement Village Trust › Director, ARA Institute of Canterbury Ltd › Director, Southern Institute of Technology
Wendy McPhail	› Principal Consultant and Director, Wendy McPhail Consulting Limited	› Director, Great Sleep Ltd › General Manager, Datamine
Kathryn Cook	› Chief Executive, MidCentral District Health Board › Director, Health Round Table Ltd	› Enable NZ Ltd › Chair, Central Region DHB CEs
Sir Paul Collins	› Chair, Wairarapa DHB › Director, Active Equity Holdings Limited (Chair) › Director, Hurricanes GP Limited › Director, Ides Limited › Director and Shareholder, AEL Managers Limited › Director, Shott Beverages Limited › Director and Shareholder, Beverage Holding Limited › Director and Shareholder, Ecopoint Limited	› Director and Shareholder, Cohiba Traders Limited › Director, New Zealand Health Partnerships Limited › Trustee, Malaghan Institute of Medical Research › Member, Governance Board for the Health Finance, Procurement & Information Management System Programme (FPIM)
Catherine Law	› Partner of Deloitte	
Ron Luxton	› Chair, South Canterbury District Health Board › Chair, Aoraki MRI Charitable Trust › Director, South Canterbury Eye Clinic Limited › Director, New Zealand Health Partnerships Limited › Trustee, Green Gables Trust	› Trustee, Ward Family Trust › Patron, Lions New Zealand Child Mobility Foundation › Trustee, International Board of Lions Clubs International Foundation › Justice of the Peace
Jenny Black	› Chair, NMDHB › Chair, Te Hiringa Hauora	› Chair, South Island Regional Board



»CASE STUDY

Protecting the health of New Zealanders in a pandemic

»As New Zealand recovered from its first COVID-19 lockdown, TAS was working hard with the Ministry of Health, DHBs and other government agencies to develop systems to keep people safe during the pandemic.

»We played a pivotal role in two key initiatives; co-development of the Managed Isolation & Quarantine (MIQ) system, and design and rollout of the COVID-19 Vaccination Implementation Programme.

BUILDING MANAGED ISOLATION & QUARANTINE FACILITIES

With most MIQ facilities in place by July 2020, the need for robust development of structures, systems and processes for the MIQ system came into focus. TAS helped shape policies and procedures and played a key role in co-development and coordination of the work programme, working closely with the Ministry of Health (the Ministry), DHBs, the Ministry of Business, Innovation and Employment, the Ministry of Defence, and Customs. Our role was diverse – ranging from advising on MIQ registration processes to helping develop the online booking system and establishing exemption criteria.

"We have people with relevant expertise who became part of the co-development process. The work needed to happen quickly and we were right there, able to contribute our knowledge."

TRICIA SLOAN,
GENERAL MANAGER SERVICES, TAS

ROLLING OUT COVID-19 VACCINATION PROGRAMME

On 20 February 2021, the nation's largest ever vaccination programme began. TAS involvement has seen input from our teams in Employment Relations, Workforce, Public Health, Primary Care, Community Pharmacy, Health of Older People, Central Region Programme, Data Services, and Business Support.

TAS hosted weekly meetings of DHB Senior Responsible Officers for the programme to ensure a shared view of requirements, risks and opportunities, and participated in weekly meetings with the Ministry and DHB lead executives, providing advisory, communications and coordination services.

TAS played an important role identifying and advising on the workforce needed to carry out the vaccination programme. Technical and funding advice was provided to DHBs and the Ministry to develop the services plan, and enable general practitioners and community pharmacists to carry out vaccinations. TAS undertook significant consultation with aged residential care to understand how best to roll out the vaccine in those facilities.

Extensive work was undertaken with DHBs, unions and the Ministry to develop an FAQ for DHB managers on COVID-19 employment matters, and Guidance on the Management of Unvaccinated Workers.

TAS has continued to make a strong contribution in 2020/21 to the Government's COVID-19 response. TAS General Manager Services, Tricia Sloan says, "TAS will continue helping to improve these systems so that everyone can experience the best possible health outcomes in this pandemic environment and beyond."

"The multi-faceted role TAS played in the development of New Zealand's MIQ policies and procedures, and the significant leadership and expertise it provided to the COVID-19 Vaccination Programme, demonstrates the experience within TAS and the dedication and commitment of the organisation."

RACHAEL HAGGERTY, CHAIR OF THE 20 DHB GENERAL MANAGERS PLANNING & FUNDING

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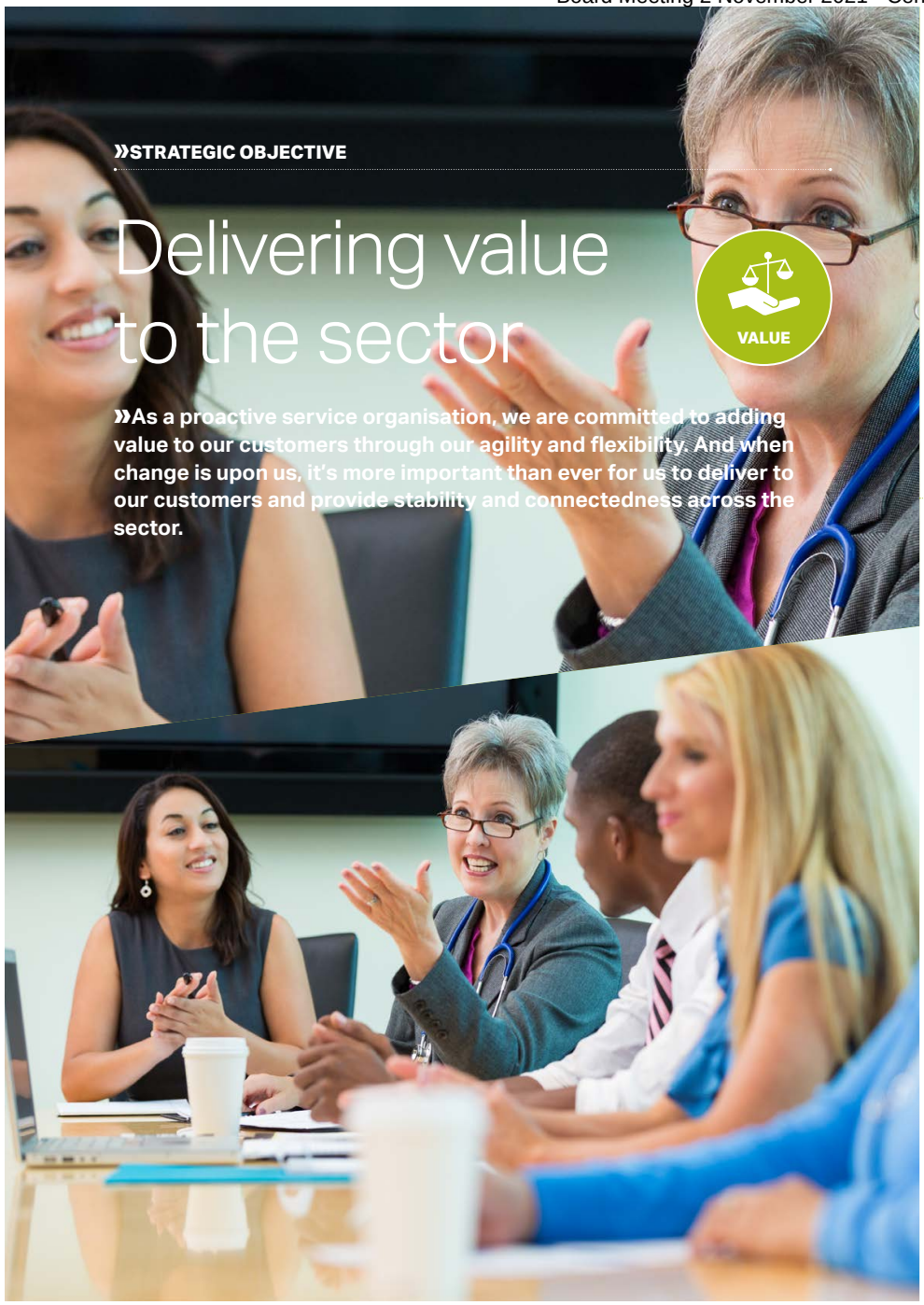


»STRATEGIC OBJECTIVE

Delivering value to the sector

VALUE

»As a proactive service organisation, we are committed to adding value to our customers through our agility and flexibility. And when change is upon us, it's more important than ever for us to deliver to our customers and provide stability and connectedness across the sector.

»Over the past year we introduced our future long-term strategic vision: TAS 2025. The plan recognised that we were positioned to deliver four areas of value to the sector:

1	2	3	4
Delivering health system analysis and insights	**Consolidating** core services and leveraging new opportunities	**Improving** service efficiency and effectiveness	**Fostering** collaboration and growing value

HARNESSING THE VALUE WE ADD

In July 2020, we enhanced our operating model to set us up to grow the value we deliver to the sector; and build a resilient, agile organisation that's a great place to work.

This has stood TAS in good stead. The Services, Commercial and Corporate Groups have been streamlined to enable teams of people to bring collective expertise together to enhance our programmes of work.

PREPARING FOR THE CHANGING CLIMATE

The 2020/21 year has been one of change. The health sector has responded, adapted and delivered with speed to COVID-19 and the Health and Disability System Review.

»As we navigate this climate of change, we choose to look at the opportunities available to TAS – bringing decision makers and stakeholders together, enabling them to make informed decisions critical to operating the health system, providing insights and advice, and contributing to equitable health outcomes. This is why we're here and we look forward to the next chapter in New Zealand's health transformation.

Key service achievements

»We are focused on facilitating key national and regional work programmes on behalf of DHBs and the Ministry of Health (the Ministry). In 2020/21, we worked with our DHB and Ministry partners and broader sector stakeholders to deliver the following programmes.

»CENTRAL REGION PROGRAMME

REGIONAL SERVICES

- Analysed populations in Central Region to identify equity considerations in rolling out the COVID-19 Vaccination programme. Populations included Māori, Pasifika, Asian, those living with a disability, and remote communities.
- Assisted the identification of new priority programmes including the Single System of Care for specialist services to bring consistency of access and equity of outcomes, and improve clinical and financial sustainability of specialist services. Initial work focused on a single system for orthopaedics.
- Launched a specialist Mental Health and Addictions Services programme to identify opportunities to improve regional specialist services by analysing access, outcomes and equity.
- Launched a Frailty/Health of Older People programme to identify frailty best practice to support our health system to address the rising needs and changing nature of care requirements for older people in the Central Region.

REGIONAL DIGITAL HEALTH SERVICES

- Expanded the regional Radiology Platform by successfully adding Hawke's Bay DHB, and also added Hawke's Bay DHB to the regional E-Radiology ordering platform.
- Improved the regional Clinical Portal application by implementing several clinically-led enhancements, providing benefits for the clinicians.
- Successfully reduced outages to clinical applications when upgrades and patches were implemented, reducing impact on the frontline.

»20 DHB PROGRAMMES

INTEGRATED WORKFORCE SERVICES

- Provided substantial support to the COVID-19 Vaccination roll-out by facilitating and enabling the development of guidelines and engagement channels to ensure processes were efficient and streamlined with clear decision-making and communication pathways. The Workforce and ER teams together provided quality workforce information and national guidance on workforce issues.

WORKFORCE

- Managed permanent changes to the training year for Resident Medical Officers (RMOs) to reflect COVID-19 pressures, and achieve longer-term welfare and training benefits.
- Supported the Kāhui Oranga collaborative approach between DHBs, union partners and the Ministry to build workplace health and wellbeing, by running a well-received webinar series for health leaders on supporting their teams through COVID-19.
- Facilitated new national health and safety leadership groups such as the national collective of DHB Health and Safety Managers, and the Health and Safety Steering Group agreed by the Health Sector Relationship Agreement (HSRA) group comprising unions, DHBs and the Ministry.
- Led work on the nursing undergraduate pipeline in partnership with DHB Directors of Nursing and nursing leaders across the sector, to inform future workforce planning, including development of a draft dynamic workforce model to match supply and demand, and a report on findings to date. Developed Māori data sovereignty principles to ensure Māori were integral to the kōrero and decision-making processes.

EMPLOYMENT RELATIONS

- Successfully negotiated an initial clerical and administration pay equity agreement with the PSA, working with the Ministry, for DHB workers.
- Established sex-based undervaluation of nursing and midwifery roles in DHBs during assessment of pay equity claims from NZNO, MERAS and PSA.
- Led bargaining for 11 Multi-Employer Collective Agreements (MECAs) achieving 11 settlements, including the establishment of five new national MECAs replacing 27 individual local agreements. All settlements were achieved within a pay restraint context, balancing the needs of our workforce, of DHBs, and government expectations.
- Hosted the 2021 national DHB employment relations conference, attended by more than 90 DHB ER specialists and 20 presenters.
- Completed 26 of 50 joint DHB/union MECA projects to ensure DHBs and unions are meeting MECA obligations. Projects were across 24 collective agreements represented by eight unions.

SAFE STAFFING HEALTHY WORKPLACES UNIT

- Supported all 20 DHBs to significantly advance use of Care Capacity Demand Management (CCDM), making a vital contribution to the quality of care for patients, a safe and healthy workplace for staff and best use of the organisational resources right across New Zealand.
- Responded to increasing sector demands for advice about use of CCDM across inpatient units and community settings.
- Developed a comprehensive tool to evaluate DHB CCDM full implementation.
- Developed a three to five year Safe Staffing strategy designed to take the Unit's work beyond shorter-term horizons and across multiple health sectors.

INTEGRATED COMMUNITY CONTRACTS AND COMMISSIONING

- Provided substantial support to the COVID-19 response through provision of advice and coordination for the co-development of structures and systems for Managed Isolation and Quarantine facilities, and the national roll-out of the COVID-19 Vaccination Programme. We provided significant technical, analytic, funding and contractual advice to enable DHBs to deliver the Vaccination Programme.

HEALTH OF OLDER PEOPLE

- Undertook an in-depth cost impact assessment of pricing for Aged Residential Care across six key areas to inform DHB pricing decisions and contract variation offer for 2021/22.
- Undertook care and support workforce data collection for aged residential care at the request of the Ministry to inform nursing pay equity requirements and reporting to Ministers.
- Consulted extensively with Home and Community Services Support (HCSS) sector to develop recommendations for a nationally consistent core casemix funding methodology for use by DHBs as they transition to the National HCSS Specification.
- Enabled DHBs to model the financial implications of transition to the HCSS national service specification and proposed core casemix funding methodology, and ensure equity of service access and outcomes.

MENTAL HEALTH AND ADDICTION

- Aligned work of three forums across mental health and addictions (MH&A), supported through TAS, including the MH&A Partnership Group, the MH&A Reference Group focused on commissioning, and the national DHB General Managers MH&A/Clinical Directors and Directors of Allied Mental Health Services.

INTEGRATED COMMUNITY SERVICES

- Worked with DHBs and the primary care sector to commission a national telehealth service with the Health Care Home Collaborative and develop a framework to support delivering equity in telehealth services.
- Commissioned and delivered two major community pharmacy reviews into wage cost pressures and the service and funding model.
- Worked with DHBs to develop the three-year Oral Health Action Plan to address and improve equity of access to oral health services for all New Zealanders.
- Supported initiation of a Public Health Governance Framework to enhance the role and functions of population-based solutions for improving the health outcomes of all New Zealanders.
- Facilitated development of the Ambulance Service Collaboration, a tripartite governance decision-making structure for ambulance services funders – ACC, the Ministry, and DHBs, and supported DHBs to develop an ambulance services clinical governance framework.

»OTHER NATIONAL PROGRAMMES

HEALTH SYSTEMS PERFORMANCE IMPROVEMENT

- Supported the National Cost Collection and Pricing Programme with support and technical leadership.
- Supported the Home Community Care and Support casemix funding project with technical casemix guidance.
- Collaborated with the Health Quality & Safety Commission (HQSC) to share data and system insights and connecting other health stakeholders to HQSC.
- Provided advice to all TAS 20 DHB national programmes and technical data expertise.
- Advised DHBs about COVID-19 implications to assist them with their response.

interRAI SERVICES

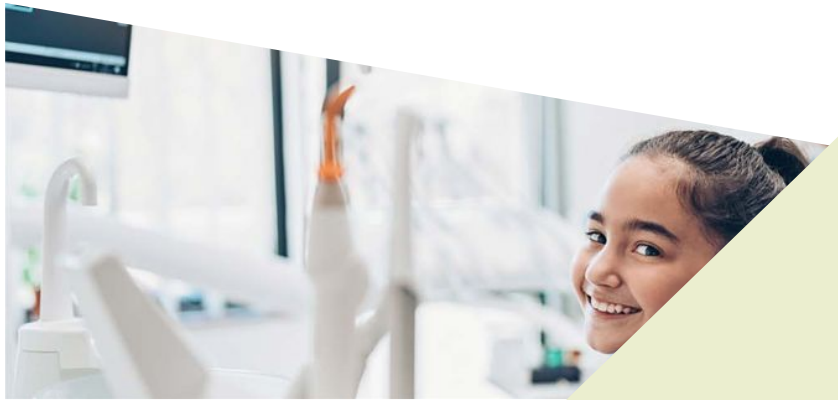
- Re-developed all interRAI training programmes for distance delivery; reducing learning time for assessors.
- Developed a new interRAI learning management system from three software platforms to one. This will streamline and improve the learning experience and examination process for interRAI staff and assessors.

ELECTRONIC ORAL HEALTH RECORD

- Developed and published a National Oral Health Data Standard in collaboration with the Health Information Standards Organisation (HISO).
- Achieved four new regional software agreements for support and service, replacing sixteen different DHB licences.

CUSTOMER COMMUNICATIONS AND BUSINESS SUPPORT

- Expanded the secure 20 DHB Sharepoint document management site to 62 separate interactive microsites for a range of DHB executive and clinical groups and networks, featuring more than 2500 users.
- Provided business support and relationship management services to a wide range of DHB executive groups, and health sector governance and advisory groups.
- Managed a significant volume of Official Information Act and media queries for the 20 DHBs when a national approach was required.



Key group achievements

»AUDIT & ASSURANCE

- Supported five DHBs with the implementation of the Holiday's Act.
- Involved in the delivery of seven Health Information Security Framework (HISF) reviews supporting TAS, five DHBs and the Ministry.
- Developed digital audit processes to enable remote audits.
- Completed three integrated audits by the Certification Audit team, combining certification and routine audit processes to minimise provider site audits and have a more streamlined experience.
- Provided our first Auditor training as a Private Training Establishment (PTE).

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»CASE STUDY

Supporting equity within the system of care for pēpe and whānau

»We played a key role in the Whakapakari Hunga Tautoko project designed to strengthen equity for Tamariki Ora providers and enhance services for the health, development and wellbeing of Māori pēpe (babies) and whānau.

»The project responds to a growing call from Tamariki Ora providers for clinical supervision and support that better reflects the cultural context of their work.

Child Wellbeing is a workstream TAS runs under our Central Region Programme, funded by the Ministry of Health (the Ministry). This workstream includes the Well Child Tamariki Ora Quality Improvement (WCTO QI) programme and TAS works with Central Region DHBs and WCTO service providers to identify, develop, and implement quality improvement goals; Whakapakari Hunga Tautoko is part of this work.

A CALL FOR CHANGE

Local Māori tikanga, values and principles guide the mahi (work) of Tamariki Ora, from governance through to care provided in the kāinga (home). There has been a growing voice amongst Tamariki Ora providers for greater understanding of what is needed for effective delivery of these services, and clinical support and supervision has been identified as a key area to address.

STRENGTHENING CLINICAL SUPPORT FOR TAMARIKI ORA KAIMAHI

In September 2020, the Central Region Child & Youth Health Portfolio Managers Network agreed to undertake a six-month project, partnering with Central Region Tamariki Ora providers to identify priorities for a future state for a clinical supervision and support infrastructure. Hawke's Bay DHB led the project on behalf of Central Region DHBs and TAS provided project support and expertise through our WCTO Quality Improvement Managers.

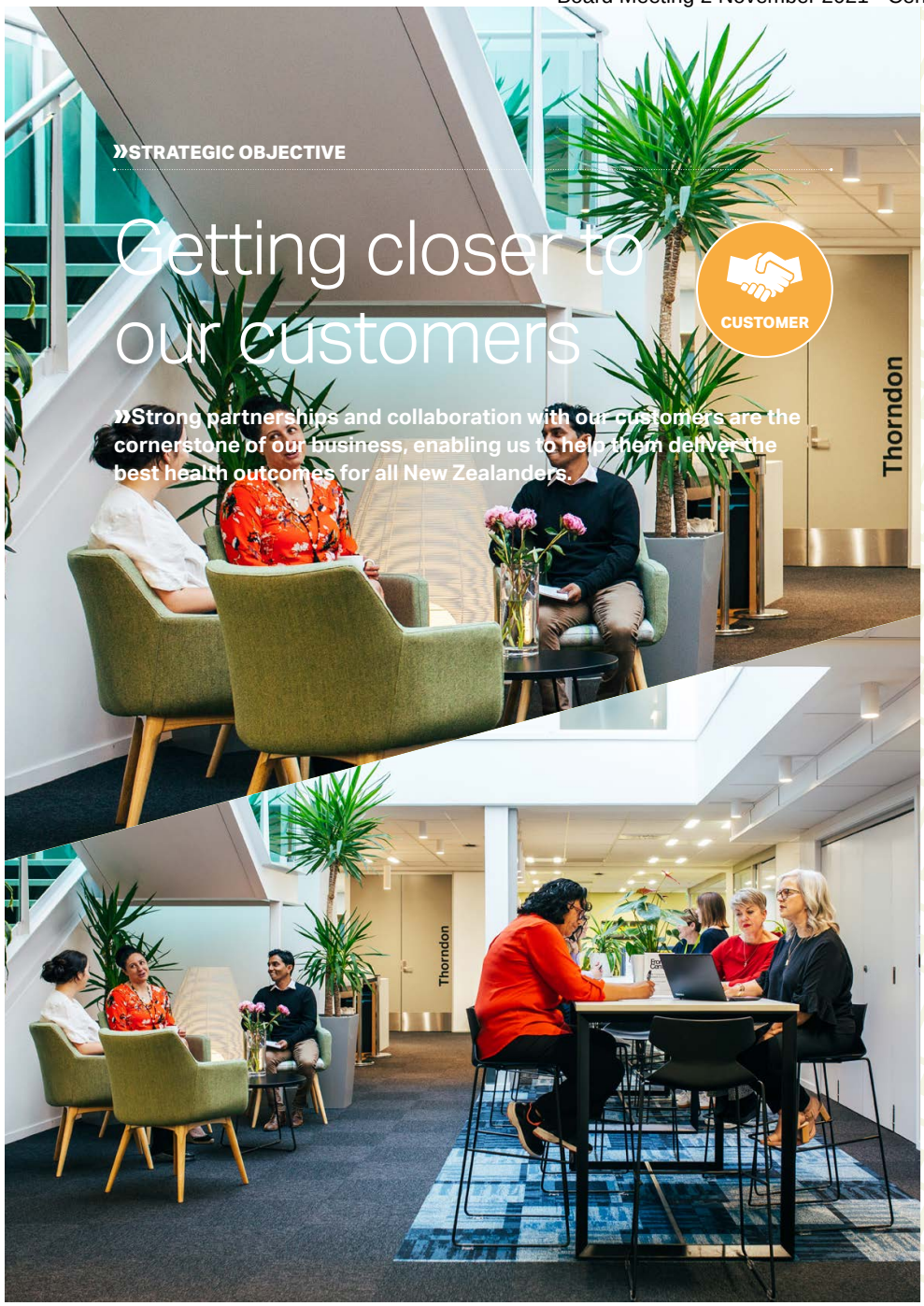
Stephanie Calder, Director, Regional Services Programme, says, "Our WCTO Quality Improvement Managers worked closely with Tamariki Ora kaimahi (workers), using a strengths-based mixed method approach which included surveying and workshopping with kaimahi to gauge their priorities for clinical supervision and support."

THE WAY FORWARD

Through the project, kaimahi identified six kaupapa (goals) for achieving the desired state – giving voice to Tamariki Ora; addressing WCTO infrastructure, including guidelines and networks; funding and pay equity; training and professional development; organisational tikanga; and WCTO clinical support and supervision. These formed the project recommendations to Central Region DHBs in June 2021.

Patrick Le Geyt, Executive Director, Māori Health, Hawke's Bay DHB, says, "The Whakapakari Hunga Tautoko project has brought the voice of Tamariki Ora providers to the forefront, and TAS has been an essential part of the process to make this happen; it successfully worked alongside the providers, advisory group, and Hawke's Bay DHB to deliver a project that is culturally responsive and relevant. We look forward to working with TAS on the next part of the journey."

Hutt Valley and Capital & Coast DHB Chief Executive Fionnagh Dougan, also the Central Region Well Child Lead CE, says, "Equitable clinical support is fundamental to strengthening and sustaining the Tamariki Ora workforce and will contribute to improved health outcomes for pēpe and whānau. Together, the kaimahi, Central Region DHBs and TAS have created a pathway towards better support for the work of Tamariki Ora."



»STRATEGIC OBJECTIVE

Getting closer to our customers

CUSTOMER

»Strong partnerships and collaboration with our customers are the cornerstone of our business, enabling us to help them deliver the best health outcomes for all New Zealanders.

THE HEART WITHIN OUR BUSINESS

»Since our inception in 2001, we have been owned by the six Central Region DHBs, and evolved to working with all 20 DHBs. It has been our organisation's purpose to provide a national lens to the challenges and opportunities impacting the health system.

Our DHB work programmes are led by the DHB Chairs Forum and DHB Chief Executive Forum. We are proud of the work we've done over the last 20 years to support them.

District Health Board Chairs (February 2021)

Back row, left to right: Brendan Duffy, Chair MidCentral DHB; Ron Luxton, Chair South Canterbury DHB; Judy McGregor, Chair Waitematā DHB; Pat Snedden, Chair Auckland DHB; Pete Hodgson, Chair Southern DHB; Kim Ngarimu, Chair Hauora Tairāwhiti; Mark Gosche, Chair Counties Manukau DHB; Jenny Black, Chair Nelson Marlborough DHB; Jim Mather, Chair Lakes DHB; Harry Burkhardt, Chair Northland DHB; Sir Paul Collins, Chair Wairarapa DHB.

Front row, left to right: Cassandra Crowley, Chair of National DHB Chairs, Taranaki DHB; Sharon Shea, Chair (Interim) Bay of Plenty DHB; Shayne Walker, Chair Hawke's Bay DHB; Dame Karen Poutasi, Commissioner Waikato DHB; David Smol, Chair Capital & Coast and Hutt Valley DHBs.

Insert top left, left to right: Rick Barker, Chair West Coast DHB; Ken Whelan, Chair Whanganui DHB; Sir John Hansen, Chair Canterbury DHB.

"TAS are an integral part of our health and disability system. They do an excellent job connecting many different parts of the health sector and providing expert advice to achieve the best possible outcomes for DHBs, our staff, and ultimately our communities. As the health reforms progress, we know their advice will continue to be highly sought."

CASSANDRA CROWLEY, CHAIR OF DHB CHAIRS

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District Health Board Chief Executives (February 2021)

Back row, left to right: Dale Oliff, CE Wairarapa DHB; Andrew Brant, Deputy CE Waitematā DHB (representing CE Dale Bramley); Fionnagh Dougan, CE Capital & Coast and Hutt Valley DHBs; Lexie O'Shea, CE (interim) Nelson Marlborough DHB; Kevin Snee, CE Waikato DHB; Rosemary Clements, CE Taranaki DHB; Peter Chandler, CE Bay of Plenty DHB; Nick Saville-Wood, CE Lakes DHB; Ailsa Claire, CE Auckland DHB; Chris Fleming, CE Southern DHB; Peter Bramley, CE Canterbury and West Coast DHBs; Nigel Trainor, CE South Canterbury DHB

Front row, left to right: Margie Apa, Chair of the DHB CEs, Counties Manukau DHB; Keriana Brooking, CE Hawke's Bay DHB; Kathryn Cook, CE MidCentral DHB; Jim Green, CE Hauora Tairāwhiti; Nick Chamberlain, CE Northland DHB

Insert top left, left to right: Dale Bramley, CE Waitematā District DHB; Russell Simpson, CE Whanganui DHB

"We would not be able to function as a national collective without the service that TAS provides. The DHB CEs rely on TAS to deliver high quality technical, analytical, communication and coordination advice and support for our 20 DHB work programme. TAS is agile, flexible and responsive to our needs in a changing and at times challenging environment. We are grateful for their support."

MARGIE APA, CHAIR OF CEs

FRONT+CENTRE – SUPPORTING COLLABORATION ACROSS THE HEALTH SECTOR AND BEYOND

»Our Front+Centre venue is a purpose designed facility that connects and supports collaboration of DHB executives with key stakeholders across the sector. Our experience is for a 'home away from home' for executives that travel here from across New Zealand.

From left to right: Jane Adcock (Venue and Facilities Manager), Nicola Warnock (Venue and Facilities Assistant), Denise Menara (Customer Experience Concierge) and Dale Jenkins (Venue and Facilities Coordinator).

HIGHLIGHTS OF THE PAST YEAR

New advertising campaign and improved website

Front+Centre is operated as a commercial service for the Wellington business community.

Our new photography and advertising campaign have been doing very well online; reaching a Search click-through-rate (CTR) of 5.86% – double the industry average of 2.41% for the period to June 2021. The team reported an increase in external customers returning to Front+Centre for face-to-face meetings.

Celebrating four years of Front+Centre

In April 2021, customers, neighbouring businesses, and TAS people gathered in Te Aro to celebrate four years of Front+Centre. The 4th birthday party provided a fantastic opportunity to partner with neighbouring businesses: Anytime Fitness, Oaks Hotel, L'affare and Crude, and our two caterers: In House Catering and Food Envy, to offer great prizes for our online and in-house customers. We value the strong relationships we have formed with local businesses, and we see our customers benefiting from our community approach by experiencing local sights and flavours.

Two self-contained offices now available to hire

To meet market demand for bookable office spaces following closures of shared collaboration venues in Wellington, we set up our two offices: Mākaro and Matiu Somes for hire. Members of the public can drop-down for an hour, half-day or full-day, and enjoy access to our kitchenette, shared spaces, and a complimentary carpark on availability.

We're pleased our office digital ads have achieved high reach and click-through-rates (CTR) across Facebook and Instagram (89,193 impressions and 2,354 clicks – CTR of 4.64%) and Search (1,578 impressions and 52 clicks – CTR of 3.30%). We expect to see bookings rise as client referrals and awareness increases.

Birthday winner with caterer Food Envy

Front+Centre team members with In House Catering

"Thank you to all our customers over the past year. We have been navigating a new hybrid model of running meetings following the 2020 lockdown, and it is fantastic to see our customers connecting, both online with remote colleagues, and face-to-face."

JANE ADCOCK, VENUE AND FACILITIES MANAGER, FRONT+CENTRE

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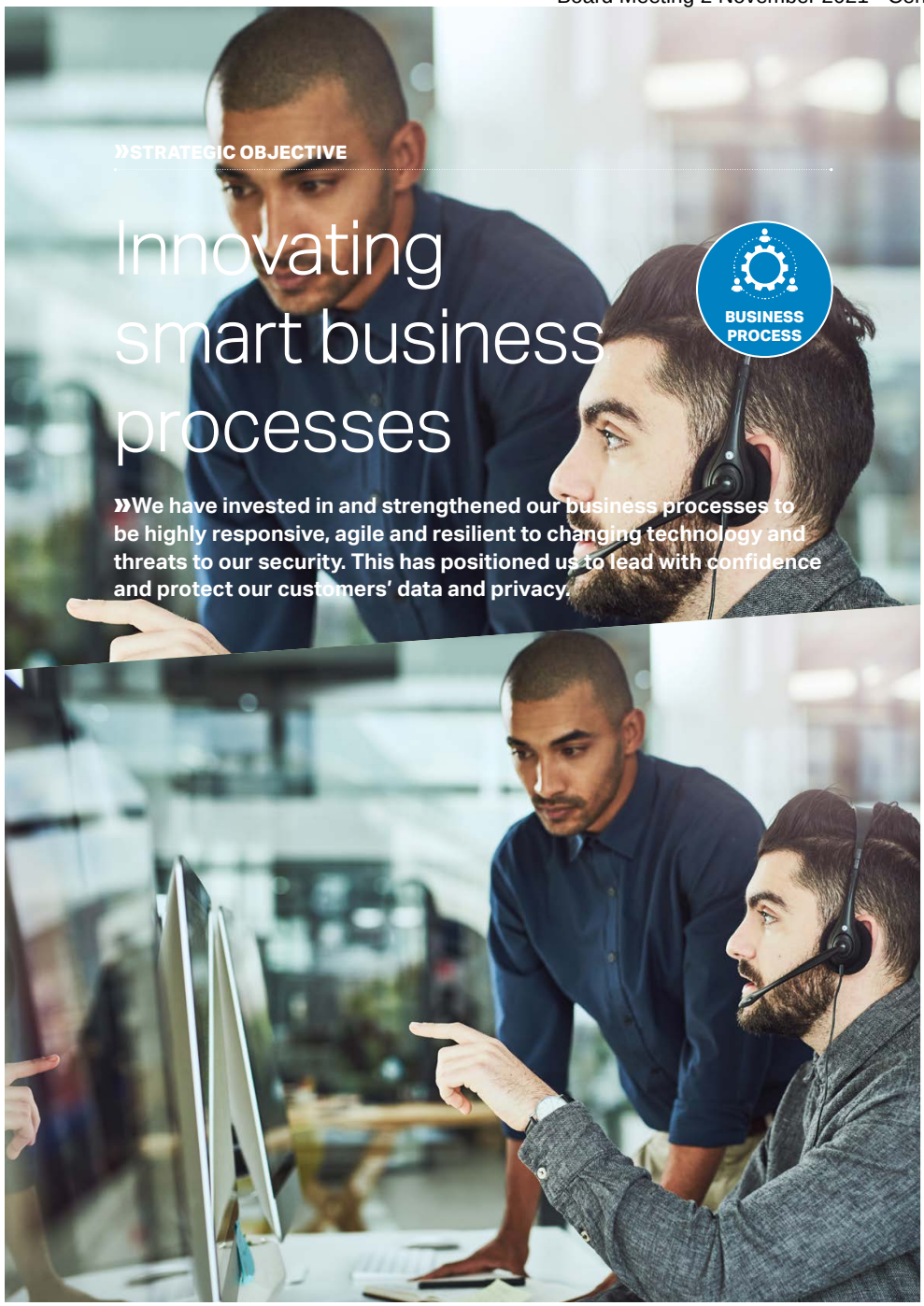


»STRATEGIC OBJECTIVE

Innovating smart business processes

BUSINESS PROCESS

»We have invested in and strengthened our business processes to be highly responsive, agile and resilient to changing technology and threats to our security. This has positioned us to lead with confidence and protect our customers' data and privacy.

OUR FOCUS ON PRIVACY

»This year has seen more frequent and sophisticated threats to many organisations' security. At TAS, we care about people, so we care about privacy.

TAS Privacy Officer Gavin Knight, a member of ASIS International (the professional organisation for security practitioners), has led our Privacy Programme. During this time, he has worked alongside TAS people to steadily strengthen privacy awareness, policies and tools.

Privacy is core to our business and is strongly mandated. Following a Privacy Maturity Assessment, key areas were identified to take action, and we've since introduced a Privacy Strategy, built strong awareness, and set our leaders and people up with certified privacy awareness training.

TAS has been working closely with the Government Chief Privacy Officer and was praised as "making great advances" with our awareness and strategies.

The Privacy programme included:

- **Enhanced company policies** on information management and responding to privacy and security incidents
- **Privacy training** for all TAS people through face-to-face/zoom sessions and follow up certified e-learning modules
- **Automation to support these policies** – which ensures our privacy training is kept up to date and all emails and files are given an appropriate security classification.

"Central to this programme of work has been our focus on managing privacy and the sensitive information we hold on behalf of our customers. We know we need to be really good at privacy, so that our customers have full confidence in us."

GAVIN KNIGHT, TAS PRIVACY OFFICER

OUR SECURITY MEASURES ARE WORKING

This past year our Internal Audit team has performed an audit to assess TAS against the Health Information Security Framework (HISF). Work to improve our security posture was underway when Waikato DHB was subject to an attack and further improvements are being planned following specific guidance from that event.

BLOCKING SPAM

Our security measures are working and have stopped a large volume of invalid messages.

From 1 July 2020 – 30 June 2021

834,114
received email messages

569,676
were delivered

264,438
spam messages blocked

MOBILE DEVICE MANAGEMENT (MDM)

This year, we've undertaken a logistical exercise to ensure people who access TAS information from a mobile device have security authentication measures installed.

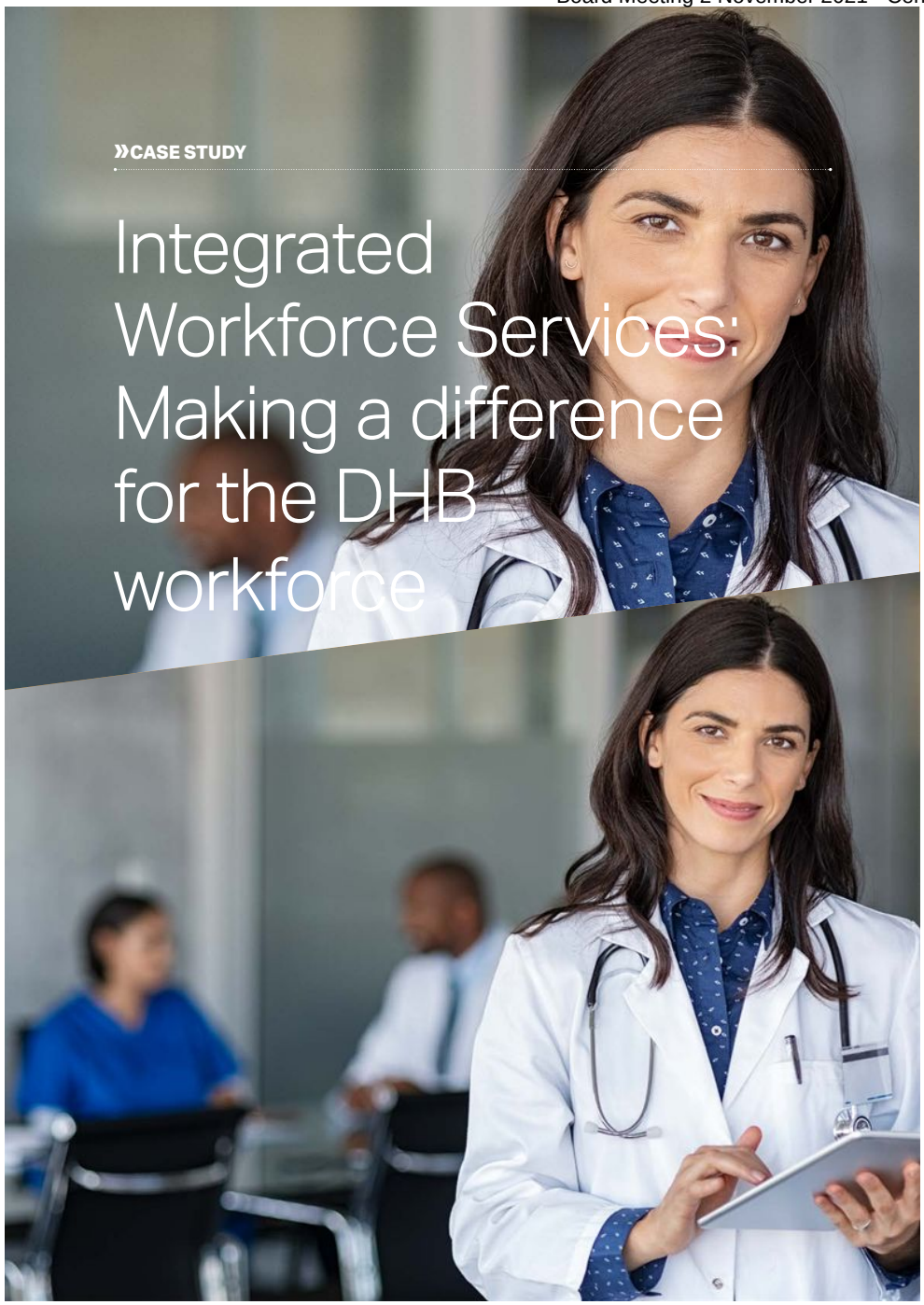
We're now managing 151 corporate and personal phones to improve security of TAS information; giving our customers confidence that our devices are actively managed and that information is secure.

We have also phased out desk phones: 107 physical phones have been removed and we have migrated away from an old ISDN telephone connection to a modern technology SIP (Voice Connect), saving money for the organisation.

OUR ROLL-OUT OF CLOUD PRODUCTIVITY TOOLS

During New Zealand's 2020 lockdown, we were in a strong position to work from home and connect to our colleagues and customers, thanks to our earlier adoption of cloud-based productivity suite, Office 365 and our upgrade to Windows 10.

In the past year, we have optimised our investment by taking advantage of all the new functionality offered by Microsoft in the cloud. For example, we are well underway with a project to utilise Microsoft Sharepoint for our Electronic Digital Records Management (EDRMS); meaning our systems will talk to each other – increasing efficiency and reducing cost.



»CASE STUDY

Integrated Workforce Services: Making a difference for the DHB workforce

»Our Integrated Workforce Services teams achieved considerable success in 2020/21, landing major pay equity and employment agreements, contributing to DHB workforce health and wellbeing, and deepening DHBs' understanding of the shape and requirements of the workforce.

Three TAS teams – Workforce, Employment Relations and Safe Staffing Healthy Workplaces (SSHW), worked tirelessly to strengthen the 20 DHB workforce now and in the future. Each team carried out its own programme and worked alongside the other teams when an integrated approach was needed. Critical support to all teams was provided by TAS Data Analytics.

SUPPORTING THE WORKFORCE AND PLANNING FOR THE FUTURE

The importance of workforce health and wellbeing was promoted in a well attended webinar series for sector leaders at all levels, managed by TAS Workforce for Kāhui Oranga – a wellbeing collective of DHBs, health unions and NGOs. TAS also worked with DHB Health and Safety (H&S) Managers to form a national collective and facilitated establishment of a H&S Steering Group, requested by the Health Sector Relationship Agreement Steering Group comprising senior government, union and 20 DHB leaders.

On behalf of the 20 DHBs, TAS Workforce successfully managed a significant change process for the Resident Medical Officer training year, creating long-term welfare and training benefits. Stakeholder feedback found the change was well managed and achieved a better outcome for the training pathway for medical graduates.

In the nursing area, TAS Workforce led a project to better understand the "nursing pipeline" – the numbers entering nursing training and completing their study. A draft dynamic workforce model was produced to understand supply, along with a benchmark report. Māori data sovereignty principles were developed to ensure Māori perspectives were integral to the kōrero about the data for Māori nursing students and overall for the project.

The Workforce team worked closely with TAS Data Services to publish quarterly workforce reports for the Health Workforce Information Programme, illustrating demographic trends by DHBs across multiple occupations and classifications. Working with Te Tumu Whakarae (DHB General Managers Māori), TAS reported on Māori workforce participation providing useful data to inform future equity planning.

Left to right: Stephen McKernan, Director Health & Disability Review Transition Unit; Peter Brown, TAS Director ER; Rosemary Clements, lead DHB CE ER; Richard Wagstaff, President CTU (the umbrella body for all unions); and Susan Hornsby-Geluk, specialist employment lawyer, Dundas St.

PROGRESSING SAFE STAFFING ACROSS THE COUNTRY

Safe staffing made notable progress across the year in all DHBs. National quarterly reporting managed by TAS showed the overall percentage increase in adoption of safe staffing rose from 54% to 76% at the end of June 2021.

The TAS SSHW Unit put enormous effort into assisting all DHBs to progress the roll-out of the Care Capacity Demand Management (CCDM) Programme. By the end of the year, the team had begun an in-depth evaluation of the implementation of CCDM, to be piloted at three sites and then repeated across the country. The Unit will then roll out a new method of measuring effectiveness and outcomes.

During the year, the Unit produced a 3-5 year SSHW Strategy, approved by the SSHW Governance Group – comprising DHBs, the Ministry, the New Zealand Nurses' Organisation, the Midwifery Employee Representation and Advisory Service, and the Public Service Association (PSA). The Unit progressed activity in other sectors beyond nursing and midwifery, with work continuing on the CCDM roll-out in Allied Health, and beginning in Emergency Departments and community-based health.

"TAS has displayed an impressive commitment to advancing the health and wellbeing of the DHB workforce, and growing our knowledge as employers so we can plan with confidence for the opportunities that lie in the future."

ALISA CLAIRE, LEAD DHB CHIEF EXECUTIVE WORKFORCE

BUILDING FAIRNESS AND EQUITY

TAS Employment Relations (ER) performed strongly through the year. Working with the Ministry and DHBs, TAS ER achieved a historic interim pay equity agreement with the PSA for more than 10,000 DHB clerical and administration workers, paving the way for a work programme leading to final settlement later in 2021. Other pay equity claims progressed, notably for nursing where assessment confirmed sex-based undervaluation prior to pay equity settlement negotiations with nursing unions.

During the year, the team led bargaining for 19 Multi-Employer Collective Agreements (MECAs), with 11 MECAs settled including five replacing 27 local agreements, simplifying employment arrangements in line with the 20 DHB five-year ER Strategy developed by TAS in 2020. Settlements were achieved in an environment of government pay restraint expectations.

The MECA Project Unit, set up to monitor activities agreed in MECAs, reported 26 of the 50 joint DHB/union MECA projects were closed during the year. Regular reporting and engagement with key DHB and union stakeholders ensured continued commitment to meeting project obligations.

The year culminated with a successful ER Conference – "Thinking and Acting as One" – designed, delivered and hosted by TAS and attended by more than 90 DHB people.

Left to right: TAS' Bridget Smith, Allison Plumridge, and Sally McLean at the ER conference.

"The track record of the TAS ER team in achieving agreements and settlements in a very challenging environment speaks for itself."

ROSEMARY CLEMENTS, LEAD DHB CHIEF EXECUTIVE ER

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»STRATEGIC OBJECTIVE

Learning and growth for our people

LEARNING & GROWTH

»Our team of 180 across the country is our greatest asset. We are proud of what we have introduced to create a culture that helps our people to thrive.

TAS Day at Pipitea Marae

»Our focus during 2020/21 has been on supporting our people's safety and wellbeing, empowering leaders, strengthening community, and leading conversations with our people on the health reforms.

OUR PEOPLE AT A GLANCE – as at April 2021

FTE Employees

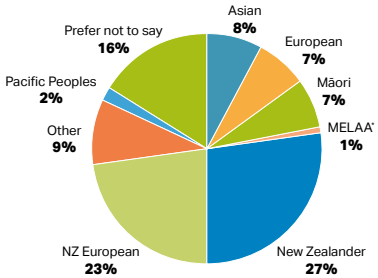
180

Location of our People

Auckland Office	5%
Wellington Office	77%
Christchurch Office	2%
Remote workers	16%

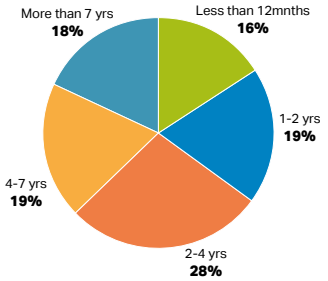
Ethnicity

Ethnic group or groups our people belong to, or identify with.



*Middle Eastern/Latin American/African

Length of Service



Average length of services **3.9 yrs**

WHAT WE ACHIEVED OVER THE PAST YEAR

Our People and Communications team is committed to building frameworks that will enable and drive cultural growth at TAS.

All People Initiatives

- **TAS Values re-launched** – with a focus on our organisational identity, kāhui tuitui tāngata.
- **Collaboration space set up at Tory Street office** – an informal space for our people to connect, share and co-create.
- **TAS Tee-Up launched** – our people are paired up, at random, for a 'getting to know you' meet-up of their choice. 160+ new connections made since it started in November 2020.
- **'Meet Murray' sessions introduced** – our people get a chance to have a round table conversation with TAS Board Chair, Murray Bain.
- **FanTAStic Days evolved** – onboarding day for new starters, which includes visits to our partners to learn about TAS' role in the wider health system. Delivered to 36 new starters.
- **TAS Day held on Pipitea Marae** – immersed our people in Te Ao Māori experience enabling them to connect and develop cultural confidence as part of our Te Rautaki Māori Strategy.
- **Te Rautaki Māori Strategy** – Crown-Māori Relations workshop offered to our people to strengthen their cultural confidence. Delivered to 90 employees.
- **People@TAS features** – created more people focused communications via our intranet and 'All TAS Hui' to introduce new starters, farewell leavers, and celebrate our diverse TAS team.
- **Social club activities held** – included several fantastic events, many of which were focused on boosting our people's wellbeing, including Move it March, Paintvine (a mindfulness painting session) and the SPCA volunteer day.

Leaders Initiatives

- **Leader day held** – bringing leaders together with a focus on "Be the leader you would want".
- **Leading X Framework launched** – TAS leadership framework to lift people experience through great leadership.
- **Leader Snack Sessions introduced** (managing budgets, tough conversations and resilience) – supporting leaders to develop and grow. Delivered to 40 leaders.
- **Leader Connect sessions introduced** – a leadership community for leaders to connect and share their leadership stories.
- **Leading X 360 feedback given** – leader, peer and direct report feedback to support growth and development of TAS leaders. Completed by 28 people leaders.
- **New Check In process launched** – ensuring our people's performance, behaviour and growth is regularly discussed in a way that supports everyone to effectively contribute to the achievement of TAS and their professional and personal goals.

Participants from our March FanTAStic Day

Social club – SPCA Day

TAS Tee-Up with Wendy and Kevin

FanTAStic Day participants visit Life Flight (one of our health sector partners) to learn about TAS' role in the wider health system

PEOPLE ENGAGEMENT RATES

While our people engagement score did not increase over the last year, we consider our 2020/21 score to be good engagement for the climate of uncertainty the health sector is operating within.

To help raise our people's engagement and navigate the journey ahead, we introduced our People Plan (rolling out in 2021/22) focusing on preparing people for change, supporting safety and wellbeing, empowering leaders, facilitating recognition, enabling learning and growth, and strengthening community.

People engagement	Participation rate		Engagement rate	
	2020/21	2019/20	2020/21	2019/20
	69%	83%	61%	73%

SAFETY AND WELLBEING

Our Safety and Wellbeing Committee is made up of representatives from across TAS to promote and advocate for safe and healthy working practices across the organisation.

Representatives can raise feedback and concerns from their peers directly with the committee for resolution.

Some representatives have their Health and Safety Representative qualification, and all are very passionate about building a strong safety and wellbeing culture.

"As HR Manager, I work closely with the Committee to provide opportunities for learning, so they can continue to lead the way and support leaders to role model safe and healthy work practices at TAS."

ERENA TAMAPEAU, HR MANAGER

New achievements over the past year included:

- Chair massage and yoga at Tory Street (remote people can access yoga via Teams).
- Health initiatives such as free flu vaccinations. This year we had 40+ people receive theirs on site and 40 more ordered vouchers.
- A Resilience session by Umbrella Health was run for the Safety and Wellbeing Committee in February. Umbrella Health also delivered two successful Resilience Workshops for TAS leaders.
- Murray Bain, TAS Board Chair attended the February Committee meeting to hear about what he considered to be hot topics. Following this, Murray made himself available to meet with TAS people on topics of their choice.

STRENGTHENING OUR CULTURAL CONFIDENCE

Our people weaving our beautiful harakeke art piece at TAS Day 2020.

A RECOLLECTION OF TAS DAY

In December 2020, TAS had its first experience visiting a Marae as part of our work to strengthen our cultural confidence.

When we walked into Pipitea Marae, barefoot and nervous, none of us would've imagined that we'd end the day with sore throats from singing, hearts full reconnecting with colleagues and brains loaded with learning about Te Ao Māori.

Ngāti Pōneke did a wonderful job hosting us at Pipitea Marae. Guest Speaker Marama Parore, who has since joined TAS as Director Māori Health, stimulated our thinking and a harakeke and waiata session got us creative and energised.

Our day together was made all the more special with a new waiata to add to our repertoire and a beautiful harakeke art piece we made together which was blessed and named Te Kupenga o te Kāhui tuitui tāngata – The net of TAS.

He aha te mea nui o te ao – What is the most important thing in the world?
He tangata, he tangata, he tangata – It is the people, it is the people, it is the people.

MIHI WHAKATAU FOR MARAMA PARORE

Third from left: New Director of Māori Health, Marama Parore with members of the Ngāti Pōneke Young Māori Club

Along with TAS Day, where we had the opportunity to immerse ourselves in Te Ao Māori, we were also privileged to host Marama Parore's Mihi Whakatau.

More than 60 people gathered in the TAS collaboration space to welcome our new Director of Māori Health, Marama Parore, Ngāti Whātua, Ngapuhi, Ngāti Kahu to Kāhui tuitui tāngata. Members of the Ngāti Pōneke Young Māori Club supported our TAS team.

Kaumatua, Chair of Te Runanga o Ngāti Toa, members of the Ngāti Toa whānau, Stephanie Turner from HQSC and HealthCare NZ staff supported Marama during the welcome.

Graham Smith, TAS Chief Executive was delighted to welcome Marama using tikanga Māori to create a special experience.

"This morning's ceremony was a fitting way to welcome Marama into the team. It's the first time we've hosted a Mihi Whakatau at TAS, and it marks another step in our Te Ao Māori journey."

Marama's new role works closely with programme leads across the service lines to engage with key stakeholders including GMs Māori – Central Region and Tumu Whakarae and other executive groups within the DHBs; providing expert advice of equity first strategic objectives.

"I was honoured by the warm words of welcome and the support from the staff of Kāhui tuitui tāngata.

Callum Katene left us all with the whakatauki – 'Ka oho te wairua, ka mataara te tinana, ka aroha ki te aroha, ka kā te rama – When the spirit is awakened, when the body is alert, when love is unconditional...enlightenment flows – Nā Te Rauparaha."

MARAMA PARORE, DIRECTOR OF MĀORI HEALTH

CROWN-MĀORI RELATIONS WORKSHOP

The Crown-Māori Relations workshop has been a key offering to our people to strengthen their cultural confidence. Delivered to 90 employees so far, here's what Heyden O'Brien from Regional Digital Health Service (RDHS) had to say about his experience.

Has attending the course changed your perspective?

Attending the course has now pushed my understanding to a 3.5 or 4 out of 5, but more importantly has given me the historical context in which the signing occurred, and the differing expectations that were brought from the Crown as well as the many tribes who signed.

Anything especially interesting you learnt about New Zealand history?

I took many things from this course, I have literally pages of notes that I took. It's stoked my curiosity about our country's history immensely. A stand out for me is that Māori came from Tropical East Polynesia sometime between 1300 and 1325 CE, and through cultural transformation went from East Polynesians to Māori over time. They became Māori in Aotearoa! So cool.

Te Rautaki Māori

Kāhui tuitui tāngata, the name gifted to TAS from the late Mātua Rongo Wirepa, talks of calling people together to discuss issues and to formulate solutions. To support kāhui tuitui tāngata, we aim to lift Māori cultural confidence through education and awareness, align future priorities with Whakamaua, and invest in our people to enable them to work in partnership with Māori across the sector.

What we achieved

Key **training and resources** have been made accessible to people.

Key developments include:

- Working alongside **Te Amokura** to whakamāoritia our TAS values.
- Provide **Māori-Crown Relations Training** to our people that covered the history of Aotearoa.
- **Refreshing Te Rautaki Māori 2021** workplan using the findings of the **TAS Cultural Assessment 2019.**

TAS people came **together on Pipitea Marae** to experience Te Ao Māori from pōwhiri, kaikaranga and whaikōrero to whānaungatanga, whāriki and waiata.

TAS was supported by **Ngāti Pōneke Whānau** that made this day a success!

Collaboration with Te Amokura to build our cultural confidence.

New role Director Māori Health appointed, as **Marama Parore** joined the TAS team.

When people join TAS they attend a **FanTAStic Day** to learn about the organisation. **Tikanga** such as karakia, whakawhānaungatanga, waiata and pepeha have been **integrated into the day** to provide Te Ao Māori right from the start.

Focus for the future

Create opportunities for people to **increase their ability to work in partnership with Māori.**

Increase accesssibility to tools such as those provided by **Te Arawhiti.**

Provide opportunities for people to engage in **Te Ao Māori experiences.**

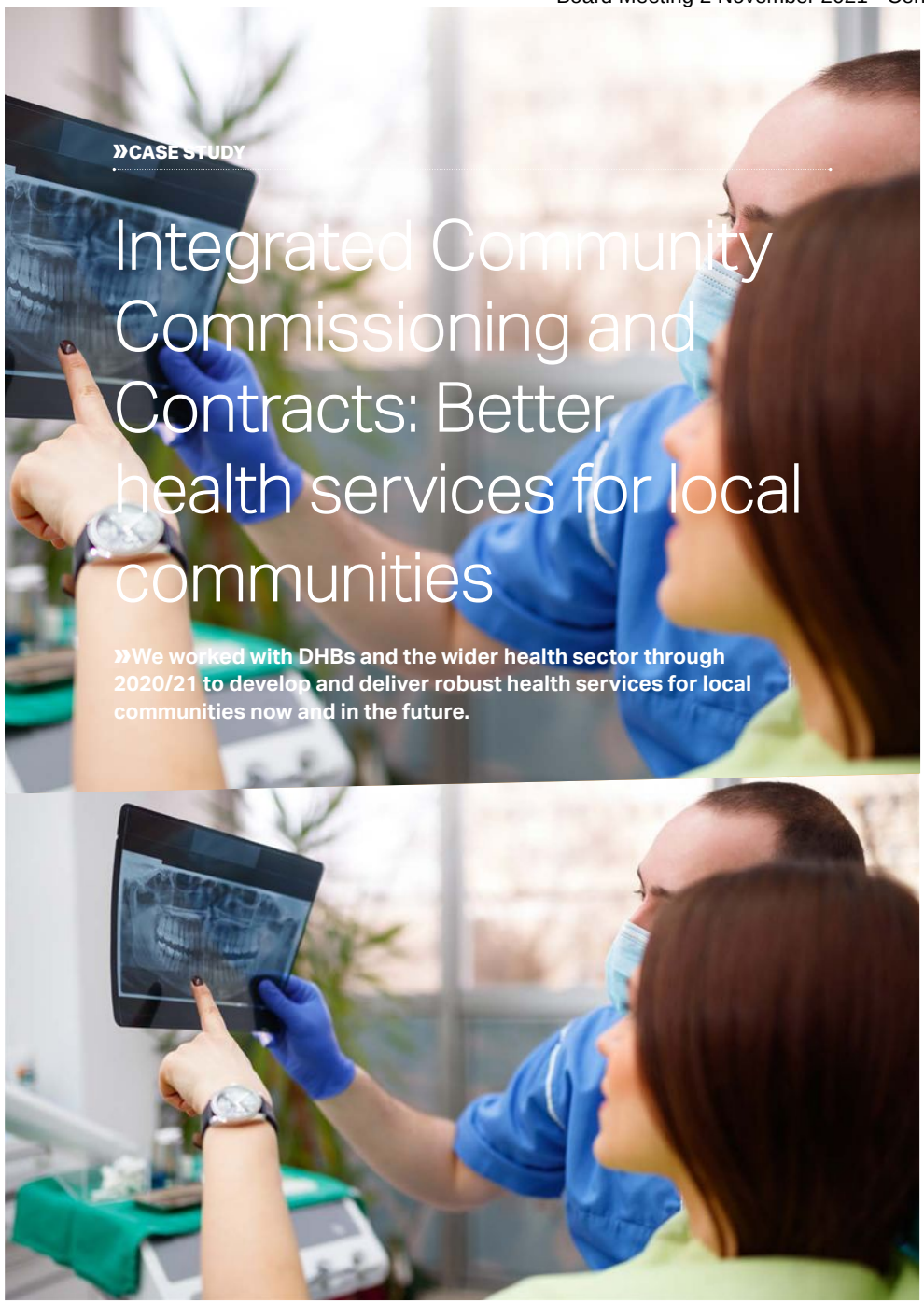
Over the next year, TAS will provide opportunities for people to **increase their ability to work in partnership with Māori**; to have access to and use of Te Ao Māori tools and resources.

Ensure **people have the resources** to feel confident in Te Ao Māori.

Increase our ability to **connect with people throughout the sector** and beyond.

A **refresh of Rautaki Māori** to ensure **Whakamaua actions are embedded** in any new approach, including the use of **Whakamaua principles in day to day business.**

Priority areas identified that focus on providing opportunities to **develop Te Ao Māori skills** and approaches that **people will take with them into the future.**



»CASE STUDY

Integrated Community Commissioning and Contracts: Better health services for local communities

»We worked with DHBs and the wider health sector through 2020/21 to develop and deliver robust health services for local communities now and in the future.

»As well as effectively managing annual DHB services contract variations on behalf of the 20 DHBs, the TAS Integrated Community Services (ICS) and Health of Older People teams continued to work with DHBs, the Ministry of Health (the Ministry) and the sector to progress innovative new service offerings and processes.

TAS Data Analytics collated and analysed information from the 20 DHBs and provided data modelling services essential to delivering these work programmes.

INTEGRATING COMMUNITY SERVICES

The ICS team covers public health, primary care, community pharmacy, oral health and ambulance services.

The public health work programme largely focused on COVID-19 activities in 2020/21, however TAS worked with the Ministry and DHBs to initiate a Public Health Governance Framework to enhance preventative health measures in the community to improve health outcomes for all New Zealanders. TAS hosted and advised frequent meetings of DHB and Ministry executive and clinical groups, focusing on sector transformation and delivery of day-to-day services.

Public health and primary care came together in the DHB-led Primary Care and Public Health Steering Group hosted by TAS, working together for better preventative health. A growing focus on telehealth saw TAS work with the primary care sector and DHBs to expand primary care access to telehealth resources from the Health Care Home Collaborative, and develop a framework to support delivering equity in telehealth services.

Two major independent reports on community pharmacy were commissioned by TAS on behalf of the 20 DHBs. The Wage Cost Pressures Review, and the Service and Funding Model Review provided significant insights and a better understanding of wage payments and pressures as well as useful analysis of service model and funding challenges and opportunities. Both Reviews were provided to the Health & Disability Review Transition Unit to inform planning.

In oral health, TAS followed the ground-breaking Oral Health Landscape Review in 2019/20 by working with DHBs to develop a three-year Oral Health Action Plan to address and improve equity of access to oral health services for all New Zealanders. The Electronic Oral Health Record project in TAS, funded by the Ministry, has been a major contributor to this work through co-development of a national Oral Health Standard and support for standardisation of technology processes throughout the country.

In the ambulance sector, TAS facilitated development of a Governance Framework called the Ambulance Service Collaboration – set up in November 2020 – to enable a tripartite decision-making structure for the three ambulance services funders – the Ministry, ACC and DHBs. TAS also supported DHBs to co-develop a clinical governance framework and structure for oversight of quality and safety across all ambulance and retrieval services.

CARING FOR OUR OLDER PEOPLE

Our Health of Older People (HOP) team undertook an in-depth cost impact assessment across six key areas in aged residential care, identified as significant issues that DHBs would face in the coming year. This work proved invaluable to inform DHB pricing decisions and the contract variation offer for 2021/22.

Pay equity funding increases impacted on aged residential care, home and community support, mental health and addictions, and community residential living. A centralised approach to analysing and informing funding increases for each sector was undertaken to inform DHB pricing decisions, resulting in a consistent response. TAS carried out the care and support workforce data collection for aged residential care to inform the pay equity requirements.

Development of a nationally consistent approach to delivery of home and community support services remained a key area of focus in 2020/21. Extensive consultation was undertaken with the sector to develop recommendations for a national core casemix funding methodology for use by the 20 DHBs as they transition to the National Home and Community Support Service Specification, published in 2020.

Significant data analysis and modelling was provided to enable individual DHBs to understand the financial implications to their regions of moving to the National Service Specification and proposed core casemix funding methodology, and how the change would ensure equity of access and outcomes.

MENTAL HEALTH AND ADDICTIONS

Mental Health & Addictions (MH&A), from a national perspective, became a greater area of focus for TAS. The HOP team took on a support and advisory role for three national DHB and sector forums on mental health in all age groups, to better align priorities across the groups. Key areas of activity were conceptualising and managing risk in delivery of MH&A Services, and values-based commissioning of MH&A services.

»TAS community commissioning and contract teams worked broadly in 2020/21 across the health sector to steadily advance all aspects of community care.

"We congratulate the teams on their perseverance and dedication. They have been operating in a COVID-19 environment through the year, and have frequently been required to provide significant advice on the COVID-19 response in the community while at the same time delivering business-as-usual programmes."

NICK CHAMBERLAIN, CO-LEAD DHB CE PRIMARY CARE AND LEAD CE PUBLIC HEALTH
KERIANA BROOKING, CO-LEAD DHB CE PRIMARY CARE

Financial Statements

Statement of comprehensive revenue and expense for the year ended 30 June 2021

	Notes	2021 $000	2020 $000
Revenue			
DHB revenue		28,196	27,927
Interest revenue		10	72
Other revenue	2	9,660	11,771
Total revenue		**37,866**	**39,770**
Expenditure			
Personnel costs	3	25,002	25,321
Depreciation and amortisation expense		303	607
Other expenses	4	12,843	13,981
Total expenditure		**38,148**	**39,909**
Net surplus/(deficit)		**(282)**	**(139)**
Total comprehensive revenue and expense for the period		**(282)**	**(139)**

Statement of changes in equity for the year ended 30 June 2021

	2021 $000	2020 $000
Balance at 1 July	4,860	4,999
Total comprehensive income and expense for the year	(282)	(139)
Balance at 30 June	**4,578**	**4,860**

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Statement of financial position as at 30 June 2021

	Notes	2021 $000	2020 $000
Current Assets			
Cash and cash equivalents	5	14,101	14,557
Receivables	6	4,149	3,468
Prepayments		331	13
Total current assets		**18,581**	**18,037**
Non-current assets			
Property, plant & equipment	7	584	701
Intangible assets	7	48	1,058
Total non-current assets		**632**	**1,759**
Total assets		**19,213**	**19,796**
Current liabilities			
Payables	8	10,087	10,934
Funds received in advance		2,158	1,672
GST Payable		90	243
Employee entitlements	9	1,584	1,373
Total current liabilities		**13,919**	**14,221**
Non-current liabilities			
Working capital reserve		715	715
Total non-current liabilities		**715**	**715**
Total liabilities		**14,634**	**14,936**
Net assets		**4,578**	**4,860**
Equity			
Share capital		-	-
General funds		4,578	4,860
Total equity		**4,578**	**4,860**

Statement of cash flows for the year ended 30 June 2021

	Notes	2021 $000	2020 $000
Operating Activities			
Receipts from customers		37,661	38,768
Interest received		10	72
Payments to employees		(24,791)	(25,058)
Payments to suppliers		(13,085)	(10,928)
Goods and services tax (net)		(152)	147
Net Cash Flow from Operating Activities	10	**(357)**	**3,001**
Investing Activities			
Purchase of property, plant, equipment		(99)	(100)
Purchase of Intangibles		-	(387)
Net Cash applied to Investing Activities		**(99)**	**(487)**
Net Cash from Financing Activities		**-**	**-**
Net (decrease)/increase in cash and cash equivalents		**(456)**	**2,514**
Cash and cash equivalents at the beginning of the year		14,557	12,043
Cash and cash equivalents at the end of the year		**14,101**	**14,557**

For and on behalf of the Board:

Murray Bain
Chair
22 September 2021

Catherine Law
Director
22 September 2021

Central Region's Technical Advisory Services Limited
Notes to the Financial Statements

1. Statement of accounting policies

REPORTING ENTITY

Central Region's Technical Advisory Services Limited (TAS) is owned by the six central region DHBs, which are Crown entities as defined by the Crown Entities Act 2004. Relevant legislation governing TAS operations, as a Crown entity subsidiary is the Crown Entities Act 2004, and the Companies Act 1993 as a Company. TAS' ultimate parent is the Crown.

TAS' primary objective is to provide professional services to the New Zealand health sector. TAS does not operate to make a financial return.

TAS has designated itself as a public benefit entity (PBE) for financial reporting purposes. The financial statements for TAS are for the year ended 30 June 2021 and were approved by the Board on 22 September 2021.

BASIS OF PREPARATION

The financial statements have been prepared on a going concern basis, and the accounting policies have been applied consistently throughout the period.

Statement of compliance

The financial statements of TAS have been prepared in accordance with Tier 1 PBE accounting standards. These financial statements comply with the PBE accounting standards.

Measurement base

The financial statements have been prepared on a historical cost basis.

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars ($000) unless otherwise stated.

Standards issued and not yet effective and not early adopted

There are no new, revised or amended standards that have been issued but are not yet effective that would have a significant impact on the company's financial statements.

COVID-19 Pandemic

There is no material impact from the COVID-19 pandemic on the financial statements and there is no material impact to the going concern basis on which they were prepared.

Health and Disability Review

In April 2021 the Government announced a major reform of the health system in New Zealand. A cabinet paper was released highlighting an indication of their intention to establish a Health New Zealand and the Māori Health Authority as a result of the Health and Disability System Review commissioned in 2018. The cabinet paper states that shared services agencies (which includes TAS), will have their roles and functions transferred to Health New Zealand. From July 2022, legislation is expected to be passed to establish Health New Zealand and commence the transition period for TAS. Underlying operations are expected to continue, however it is unclear whether or not the legal entity Central Region's Technical Advisory Services Limited will continue to exist. For the purpose of these financial statements, TAS is considered a going concern and

this assumption has been applied to all disclosures. As a result there is a material uncertainty as to whether TAS will continue to exist as a separate legal entity until final legislation and the potential impact, if any, of future costs or on the realisation of the carrying value of assets is unable to be estimated.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Revenue

The specific accounting policies for significant revenue items are explained below:

DHB funding

TAS is funded by the National and Regional DHBs. DHB revenue is recognised as revenue when it becomes receivable unless there is an obligation in substance to return the funds if conditions of the National or Regional Work Plans are not met. If there is such an obligation, the funding is initially recorded as revenue in advance and recognised as revenue when conditions of the work plans are met.

Ministry of Health funding

TAS receives funding from the Ministry of Health ("MoH") for a number of different initiatives, the most significant being interRAI. MoH revenue is recognised as revenue when it becomes receivable unless there is an obligation in substance to return the funds. If there is such an obligation, the funding is recorded as revenue in advance.

Interest revenue

Interest revenue is recognised by accruing on a time proportion basis the interest due for the investment.

Leases

Operating leases

An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset to the lessee. Lease payments under an operating lease are recognised as an expense on a straight-line basis over the lease term. Lease incentives received are recognised in the surplus or deficit as a reduction of rental expense over the lease term.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held on call with banks, and other short-term highly liquid investments with original maturities of three months or less.

Receivables

Receivables are recorded at their fair value, less any provision for impairment.

A receivable is considered impaired when there is evidence that TAS will not be able to collect the amount due. The amount of the impairment is the difference between the carrying amount of the receivable and the present value of the amounts expected to be collected.

Payables

Short-term payables are recorded at their face value.

Employee entitlements

Short-term employee entitlements

Employee benefits that are due to be settled within 12 months after the end of the period in which the employee renders the related service, are measured on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date and annual leave earned but not yet taken at balance date.

Presentation of employee entitlements

Annual leave is classified as a current liability.

Property, plant and equipment

Property, plant and equipment consists of leasehold improvements, information technology, furniture and office equipment. Items of property, plant and equipment are stated at cost, less accumulated depreciation. The cost of property, plant and equipment is the purchase cost, together with any incidental costs of integration or acquisition.

Depreciation

Depreciation is recognised on a straight-line basis on all property, plant and equipment at rates that will write off the cost of the assets to their estimated residual value over their useful lives. The useful lives and associated depreciation rates of major classes of assets have been estimated as follows:

- Leasehold improvements: 2-10 years
- Information technology: 3-5 years
- Furniture and office equipment: 3-10 years

Intangible assets

Intangible assets are capitalised on the basis of the costs incurred to acquire and bring into use the specific software. Items of Intangibles are stated at cost, less accumulated amortisation. Costs associated with maintenance are recognised as an expense when incurred.

Amortisation

Intangible assets have finite lives and are amortised on a straight-line basis over their useful lives as follows:

- Software: 3-5 years

Equity

Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into the following components.

- Accumulated surplus/(deficit)

Goods and services tax

All items in the financial statements are presented exclusive of goods and services tax (GST), except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as an input tax, it is recognised as part of the related asset or expense.

The net amount of GST recoverable from or payable to the Inland Revenue (IR) is included as part of receivables or payables in the statement of financial position.

The net GST paid to, or received from the IR, including GST relating to investing and financing activities is classified as a net operating cash flow in the statement of cash flows.

Commitments and contingencies are disclosed exclusive of GST.

Income tax

TAS is a public authority and consequently is exempt from the payment of income tax. Accordingly, no provision has been made for income tax.

Critical judgements in applying accounting policies

TAS must exercise judgement when recognising DHB and MOH revenue to determine when contractual obligations have been satisfied. Judgement is exercised per contract, excess funds received on contracts with pay back clauses are recognised as funds in advance. If a contract period is across year end the revenue will be allocated based on percentage of completion of the contract. If milestones are not obvious, the contract expenses incurred to date will be used as a guide for the percentage of completion.

Comparatives

Where management have reclassified items in the financial statements, the related comparative disclosures have been adjusted to provide a like-for-like comparison.

Changes in Accounting Policy

TAS previously capitalised costs incurred in configuring certain suppliers' application software in certain cloud computing arrangements as intangible assets as TAS considered that it would benefit from those costs to implement the cloud-based software over the expected terms of the cloud computing arrangements. Following the publication of IFRS Interpretations Committee (IFRIC) agenda decision on Configuration or Customisation Costs in a Cloud Computing Arrangement in March 2021 (and ratified by the International Accounting Standards Board (IASB) in April 2021), the company has reconsidered its accounting treatment and adopted the principles set out in the IFRIC agenda decision, which is to recognise those costs as intangible assets only if the activities create an intangible asset that TAS controls and the intangible asset meets the recognition criteria. Costs that are not capitalised as intangible assets are expensed as incurred unless they are paid to the suppliers (or subcontractors of the supplier) of the cloud-based software to significantly customise the cloud-based software for TAS (i.e., such services are not distinct/separable from TAS' right to receive access to the supplier's cloud-based software). In the latter case, the costs paid upfront are recorded as prepayments for services and amortised over the expected term of the cloud computing arrangement.

As a result of this change in accounting policy, TAS has determined that certain costs previously capitalised relating to the implementation of the cloud-based software should be expensed when they were incurred, as the amounts were paid to the suppliers of the cloud-based software and did not create separate intangible assets controlled by TAS. The change in accounting policy has not been applied retrospectively as the adjustment was not considered to have a material impact for the users of the financial statements. The relevant intangible assets have been written off during the current financial year.

Please refer to information below for the impact on the financial statements:

	Notes	2021
		$000
Write off of Intangible assets cost	7	(1,132)
Write off of Intangible assets accumulated amortisation	7	(209)
Impact to profit and loss – write off expense included in other expenses	4	923

2. Other revenue

	2021	2020
	$000	$000
Ministry of Health revenue	8,497	10,135
Other revenue	1,163	1,636
Total other revenue	**9,660**	**11,771**

3. Personnel costs

	2021	2020
	$000	$000
Salaries and wages	24,372	24,349
Defined contribution plan employer contributions	559	539
Increase/(decrease) in employee entitlements	71	433
Total personnel costs	**25,002**	**25,321**

Employer contributions to KiwiSaver are accounted for as defined contribution superannuation schemes and are expensed in the surplus or deficit as incurred.

4. Other expenses

	2021	2020
	$000	$000
Fees to the auditor:		
- Fees to KPMG for audit of financial statements	51	48
- Fees to KPMG for review of new financial system	-	5
- Other services*	2	8
Office lease	1,170	1,143
Travel and transport	887	1,322
Consultancy	2,762	3,208
Information Communications Technology-RDHS**	2,049	1,979
Information Communications Technology-Non-RDHS	3,613	4,660
Legal Fees	448	584
Other	1,861	1,024
Total expenses	**12,843**	**13,981**

* KPMG support in relation to technical assistance with supplier selection.
** RDHS – Regional Digital Health Services.
Other expenses include the write-off expense of $923,000 due to the change in accounting policy per Note 1.

5. Cash and cash equivalents

	2021	2020
	$000	$000
Cash at bank and on hand	11,101	14,557
Term deposits with maturities less than 3 months	3,000	-
Total cash and cash equivalents	**14,101**	**14,557**

6. Receivables

	2021	2020
	$000	$000
Receivables (gross)	2,881	2,735
Accrued debtors	1,268	733
Total receivables	**4,149**	**3,468**
Total receivables comprises:		
Receivables from exchange transactions	4,149	3,468

The aging profile of receivables at year end is detailed below:

	2021	2020
	$000	$000
Not past due	3,054	2,721
Past due 31 - 60 days	54	110
Past due over 60 days	1,041	637
Total	**4,149**	**3,468**

All receivables greater than 30 days in age are considered to be past due.

There is a $nil impairment provision for receivables (2020: $nil).

7. Property, Plant and Equipment and Intangibles

	Leasehold Improvements	Furniture & Office Equipment	Information Technology	Intangible Assets	Total
	$000	$000	$000	$000	$000
Cost					
Balance at 01 July 2019	570	453	964	1,452	3,439
Additions	-	13	87	393	494
Balance 30 June 2020	**570**	**466**	**1,051**	**1,845**	**3,933**
Balance at 01 July 2020	570	466	1,051	1,845	3,933
Additions	-	-	99	-	99
Write offs	-	-	-	(1,132)	(1,132)
Balance 30 June 2021	**570**	**466**	**1,150**	**713**	**2,900**
Accumulated depreciation and impairment losses					
Balance at 01 July 2019	146	188	730	503	1,567
Depreciation expense	124	61	137	284	607
Balance 30 June 2020	**270**	**249**	**867**	**787**	**2,174**
Balance at 01 July 2020	270	249	867	787	2,174
Depreciation expense	52	55	109	87	303
Write offs	-	-	-	(209)	(209)
Balance 30 June 2021	**322**	**304**	**976**	**665**	**2,268**
Carrying amounts					
As at 30 June 2020	300	217	184	1,058	1,759
As at 30 June 2021	248	162	174	48	632

Write offs included above relate to the change in accounting policy. Refer to Note 1 for further information.

8. Payables

	2021 $000	2020 $000
Creditors	8,702	4,109
Accrued expenses	1,385	6,825
Total payables	**10,087**	**10,934**
Total payables comprises:		
Payables from exchange transactions	10,087	10,934

9. Employee entitlements

	2021 $000	2020 $000
Current portion		
Accrued salaries	246	156
Annual leave	1,288	1,217
Other employee payables	50	-
Total employment entitlements	**1,584**	**1,373**

10. Reconciliation of net surplus/deficit with net cash flow from operating activities

	2021 $000	2020 $000
Net surplus	**(282)**	**(139)**
Add back non-cash items		
Depreciation and amortisation expense	303	607
Impairment of asset	924	-
Total non-cash items	**1,227**	**607**
Add/(less) movements in statement of financial position items		
Decrease/(increase) in receivables	(681)	201
(Increase)/decrease in prepayments	(319)	518
(Decrease)/increase in payables	(999)	2,684
Increase/(decrease) in employee entitlements	211	261
(Decrease)/increase in funds received in advance	486	(1,131)
Net movements in working capital items	**(1,302)**	**2,532**
Net cash flow from operating activities	**(357)**	**3,001**

11. Commitments

Capital Commitments

TAS has no capital commitments (2020: Nil).

Operating Leases as Lessee

The future aggregated minimum lease payments to be paid under non-cancellable operating leases are as follows:

	2021 $000	2020 $000
Not later than one year	1,041	1,162
Later than one year and not later than five years	3,761	3,905
Later than five years	-	902
Total non-cancellable operating leases	**4,802**	**5,969**

TAS leases office spaces in Wellington, Christchurch and Auckland. There are two Wellington leases – the Tory Street Building, including rights of renewal, expires in 15 years from the commencement date of 18 April 2017, and the Cambridge Terrace Building, expires 3 years from the commencement date of 17 November 2018. The Christchurch lease, including rights of renewal, expires 7 years from the commencement date of 01 February 2017. The Auckland lease, including rights of renewal, expires in 9 years from the commencement date of 01 December 2016.

12. Contingencies

TAS has no contingent liabilities or contingent assets (2020: Nil).

13. Financial instruments

TAS is risk averse and seeks to minimise exposure arising from its treasury activity. TAS does not enter into any transaction that is speculative in nature.

TAS has a series of policies providing risk management for interest and currency rates and the concentration of credit.

Fair value interest rate risk

Fair value interest rate risk is the risk that the fair value of a financial instrument will fluctuate due to changes in market interest rates. TAS' exposure to fair value interest rate risk is limited to its bank deposits which are held at fixed rates of interest. TAS does not actively manage its exposure to fair value interest rate risk.

Credit risk

Credit risk is the risk that a third party will default on its obligation to TAS causing it to incur a loss.

Due to the timing of cash inflows and outflows, TAS invests surplus cash with registered banks.

In the normal course of business, TAS is exposed to credit risk from cash and term deposits with banks and receivables. For each of these, the maximum credit exposure is best represented by the carrying amount in the statement of financial position.

TAS holds no collateral or other credit enhancements for financial instruments that give rise to credit risk.

Liquidity Risk

Management of liquidity risk

Liquidity risk is the risk that TAS will encounter difficulty raising liquid funds to meet commitments as they fall due. Prudent liquidity risk management implies maintaining sufficient cash.

TAS mostly manages liquidity risk by continuously monitoring forecast and actual cash flow requirements.

Contractual maturity analysis of financial liabilities

The table below analyses financial liabilities into relevant maturity groupings based on the remaining period at balance date to the contractual maturity date. The amounts disclosed are the contractual undiscounted cash flows.

	Carrying amount	Contractual cash flows	Less than 6 months
	$000	$000	$000
2020			
Payables (excluding funds received in advance and taxes payable)	10,934	10,934	10,934
Total	**10,934**	**10,934**	**10,934**
2021			
Payables (excluding funds received in advance and taxes payable)	10,087	10,087	10,087
Total	**10,087**	**10,087**	**10,087**

14. Related Party Transactions

TAS is a multi-parent subsidiary of a group of Central Region DHBs.

The following table provides the total amount of transactions that have been entered into with related parties for the relevant financial year. Disclosures have also been made for transactions with related parties of Key Management Personnel that are considered usual course of business.

	Revenue		Expenses		Balance Receivable/(Payable)	
	Year to June 2021 $000	Year to June 2020 $000	Year to June 2021 $000	Year to June 2020 $000	As at 30 June 2021 $000	As at 30 June 2020 $000
Capital & Coast DHB	8,170	6,196	366	1,436	(37)	54
Hawke's Bay DHB	5,084	3,810	576	206	2	169
Hutt Valley DHB	4,012	3,083	136	108	105	70
MidCentral DHB	6,101	5,060	380	234	11	277
Wairarapa DHB	1,488	1,097	84	46	27	33
Whanganui DHB	3,026	2,157	67	-	-	85
Nelson Marlborough DHB	915	-	-	-	-	-
Deloitte	-	-	27	-	(4)	-

Statement of comprehensive revenue and expense for the year ended 30 June 2021

	Notes	2021 $000	2020 $000
Revenue			
DHB revenue		28,196	27,927
Interest revenue		10	72
Other revenue	2	9,660	11,771
Total revenue		**37,866**	**39,770**
Expenditure			
Personnel costs	3	25,002	25,321
Depreciation and amortisation expense		303	607
Other expenses	4	12,843	13,981
Total expenditure		**38,148**	**39,909**
Net surplus/(deficit)		**(282)**	**(139)**
Total comprehensive revenue and expense for the period		**(282)**	**(139)**

Statement of changes in equity for the year ended 30 June 2021

	2021 $000	2020 $000
Balance at 1 July	4,860	4,999
Total comprehensive income and expense for the year	(282)	(139)
Balance at 30 June	**4,578**	**4,860**

Independent Auditor's Report

To the shareholders of Central Region's Technical Advisory Services Limited

Report on the audit of the financial statements

Opinion

In our opinion, the accompanying financial statements of Central Region's Technical Advisory Services Limited (the 'company') on pages 61 to 76:

i. present fairly, in all material respects, the company's financial position as at 30 June 2021 and its financial performance and cash flows for the year ended on that date; and

ii. comply with Public Benefit Entity Standards (Public Sector).

We have audited the accompanying financial statements which comprise:

— the statement of financial position as at 30 June 2021;

— the statements of comprehensive revenue and expense, changes in equity and cash flows for the year then ended; and

— notes, including a summary of significant accounting policies and other explanatory information.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) ('ISAs (NZ)'). We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the company in accordance with Professional and Ethical Standard 1 *International Code of Ethics for Assurance Practitioners (Including International Independence Standards) (New Zealand)* issued by the New Zealand Auditing and Assurance Standards Board and the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)* ('IESBA Code'), and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code.

Our responsibilities under ISAs (NZ) are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

Other than in our capacity as auditor we have no relationship with, or interests in, the company.

Material uncertainty related to going concern

We draw attention to Note 1 in the financial statements, which disclose the material uncertainty surrounding the future operations of the Company as a result of the Government's announcement of proposed reforms to the Health and Disability System which include the potential transfer of Company's existing functions to a new entity which has yet to be established, Health New Zealand.

As stated in Note 1, these events or conditions, indicate that a material uncertainty exists that may cast significant doubt on the company's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other information

The Directors, on behalf of the company, are responsible for the other information included in the entity's Annual Report. Our opinion on the financial statements does not cover any other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Use of this independent auditor's report

This independent auditor's report is made solely to the shareholders as a body. Our audit work has been undertaken so that we might state to the shareholders those matters we are required to state to them in the independent auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the shareholders as a body for our audit work, this independent auditor's report, or any of the opinions we have formed.

Responsibilities of the Directors for the financial statements

The Directors, on behalf of the company, are responsible for:

— the preparation and fair presentation of the financial statements in accordance with generally accepted accounting practice in New Zealand (being Public Benefit Entity Standards (Public Sector));

— implementing necessary internal control to enable the preparation of a set of financial statements that is fairly presented and free from material misstatement, whether due to fraud or error; and

— assessing the ability to continue as a going concern. This includes disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to liquidate or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objective is:

— to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; and

— to issue an independent auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs NZ will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error. They are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of these financial statements is located at the External Reporting Board (XRB) website at:

http://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/

This description forms part of our independent auditor's report.

KPMG
Wellington

22 September 2021

We are privileged to have been given the opportunity to help our health partners deliver the best healthcare for New Zealanders since 2001. As the health reforms gain traction, our organisation will most certainly change, but our mission will not.

TAS
Kahui tuitui tangata

www.tas.health.nz

69 Tory Street, Wellington 6011

HAWKE'S BAY District Health Board Whakawāteatia	**ALLIED LAUNDRY SERVICES LTD** **ANNUAL GENERAL MEETING (AGM)**
	For the attention of: **HBDHB Board**
Document Owner	Andrew Boyd, Executive Director Financial Services
Document Author	Brenda Crene, Governance
Month	November 2021
Consideration:	For Decision

RECOMMENDATION:

That the HBDHB Board:

1. **Note** the Annual Report and Financial Statements for Allied Laundry Services Ltd (which have been reviewed by the auditors) for the year ended 30 June 2021
2. **Appoint** Ken Foote as the HBDHB Shareholder representative to attend the Allied Laundry Services Ltd AGM to be held on 23 November 2021 at 10.00am, with Andrew Boyd appointed as his Alternate.

FINANCIAL STATEMENTS & ANNUAL REPORT

Attached are copies of:

- Letter from the CEO
- Notification of the AGM
- Minutes of last year's AGM
- Chair and Chief Executives Report
- Financial Statements 2020/21

The Allied Laundry Services Ltd (ALS) Board on review of the current operating environment uncertainties and capital requirements advise their intention to defer the declaration of a dividend for 2020/21 until a later date. The year finished with a positive result of $664.564 surplus.

AGM REPRESENTATIVE

The Shareholders Agreement requires each shareholder to appoint a representative for the AGM. This representative does not have to be a director, although most shareholders choose to appoint their current director to also be their shareholder representative.

As the HBDHB appointed Director on the Board of ALS (and the current Chair), it would be appropriate for Ken Foote to continue as the appointed HBDHB shareholder representative to attend and vote at the AGM. If for some reason Ken is unable to attend, it is recommended that Andrew Boyd be appointed as his Alternate.

HBDHB APPOINTED DIRECTOR

It was noted at the HBDHB Board meeting held on 25 February 2020, the Board approved the continued appointment of Ken Foote as the HBDHB nominated Director on the Board of Allied Laundry Services Limited for the next three years with a formal review in March 2023 pending a new board being elected in December 2022. With the shareholding DHBs transitioning to the new Health NZ structure we see no reason to change what was put in place and agreed on 25 February 2020 until advised otherwise.

The conditions agreed at the time follow:

- Ken Foote continues to meet the shareholder expectations of Directors as listed below:
  - Ensure the Company meets its responsibilities to HBDHB under the Shareholders Agreement
  - Provide quarterly verbal updates to the Chair and CEO on the performance of the Company
  - Maintain a 'no surprises' policy of informing the Chair and CEO of any significant issues
  - Attend Board meetings as required to answer questions and/or provide information requested by members
  - Attend the HBDHB Board meeting at which the Company Annual Report is tabled and notice of the AGM provided.

At a management level, there is and has been good visibility and engagement with ALS. Feedback is also that the ALS are responsive and have a business innovation and environmental sustainability focus. ALS were engaged and supportive throughout the COVID-19 initial response and worked closely with the DHB to ensure supplies of scrubs etc were maintained.

Allied Laundry Services Limited

Annual General Meeting

Tuesday 23rd November 2021

Cover Page (Shareholders)

Please find attached;

1. Notification of Annual General Meeting; 23rd November 2021 to be held at 10am at Allied Laundry.
2. Minutes of the 24th November 2020 Allied Laundry Services Limited Annual General Meeting.
3. Letter accounts.
4. Draft Financial Accounts for year 2020/21 (these accounts require further review by Deloitte)
5. Allied Laundry Services Limited Chairman's Report for the Year ended 30 June 2021.
6. Letter requesting appointment of Shareholder Representative.

Mark Mabbett

CEO

Allied Laundry Services Limited.

Allied Laundry Services Limited

Notification of Annual General Meeting.

Notice is hereby given that the Annual Meeting of shareholders of Allied Laundry Services Limited will be held:

Venue: Allied Laundry Services Limited; Palmerston North

Time: Tuesday 23rd November 2021 at 10am

BUSINESS

1. Apologies

2. Shareholders Representatives

To clarify who is attending the meeting and has voting rights as the representative of a shareholder**.**

3. Minutes

To review and accept the minutes of the Annual Meeting held on 24th November 2020.

Recommendation: That the minutes of the Annual Meeting held on 24th November 2020 be accepted as a true and accurate record of that meeting.

4. Dividend and Surplus Retention

In view of current operating environment uncertainties and capital requirements it is the Board's intention to defer the declaration of a dividend in respect of the year until a later date.

5. Financial Statements and Reports

To receive, consider and adopt the company's Financial Statements for the year ended 30 June 2021 together with the auditor's report thereon.

Recommendations:

1. *That the Annual Report of the company for the year ended 30th June 2021 be required to include only the signed Financial Statements for the accounting period completed and an auditor's report.*
2. *That the Annual Report for the year ended 30th June 2021 be received.*

6. Chair and Chief Executives Report.

To receive and accept the annual Chair and Chief Executives report.

That the Chair and Chief Executive's Report for the year ended 30th June 2021 is received.

7. Appointment of Auditors

To record the continuance of Deloitte as auditors on behalf of the Office of the Auditor-General for Allied Laundry Services Limited.

Recommendation: That the continuance of Deloitte as auditors on behalf of the Office of the Auditor-General be recorded.

8. General

To deal with any other business that may be properly brought before the meeting.

By Order of the Board

23 November 2021

Ken Foote

Chair

ALLIED LAUNDRY
BY HEALTH • FOR HEALTH

ANNUAL GENERAL MEETING

Minutes

24 November 20

Venue: Meeting Room, Allied Laundry, Palmerston North

Present:

Shareholder representatives: Ken Foote, Simon Barrett, Judith Parkinson, Neil Wanden, Horst Fischer, Lucy Adams

Mark Mabbett, Kristen Elliott, Tracey Pahulu (arrived later)

1. Apologies

Kathy O'Neill

2. Share Holders Representatives

Letters of Appointment from the shareholding DHB's representatives have been received from:

- Taranaki District Health Board for Simon Barrett with George Thomas as alternate,
- Whanganui District Health Board for Chief Operating Office/Director of Nursing (Lucy Adams) with General Manager Corporate Services as alternate,
- Hawkes Bay District Health Board for Ken Foote with Carrianne Hall as alternate,
- MidCentral District Heath Board for Neil Wanden with Louise Bishop as alternate,
- Capital & Coast/Hutt Valley District Health Board for Judith Parkinson and Horst Fischer.

All shareholder representatives were present, so a quorum was established.

3. Minutes

Minutes of the Annual General Meeting of 26th November 2019 were received and approved as a true and correct record of that meeting.

Moved: *Judith Parkinson*
Second: *Simon Barrett*
Carried

4. Dividend and Surplus Retention

Noted by the shareholder representatives that the Allied Laundry Directors have indicated an intent to declare a dividend payment.

5. Financial Statements and Reports

Chair presented the Reports.

To receive, consider and adopt the company's Financial Statements for the year ended 30 June 2020 together with the auditor's report thereon.

Chair questioned if there was a third recommendation needed for the letter of representation signed by a Director and the CEO. Discussion that it is not a shareholder accountability so not at the AGM.

Chair asked FRAC chair if there was anything to discuss with a few iterations that have recommendations that the Board need to approve.

Recommendations:

1. *That the Annual Report of the company for the year ended 30th June 2020 be required to include only the signed Financial Statements for the accounting period completed and an auditor's report.*

2. *That the Annual Report for the year ended 30th June 2020 be accepted.*

Moved: Simon Barrett
Second: Judith Parkinson
Carried

6. Chair and Chief Executive's Report

Chair presented the report.

Issues raised and discussed:

- Standard Textiles – need some PR on their website showing ALSL.
- COVID – as health care workers need to get staff vaccinated.

To receive and accept the annual Chair and Chief Executives report.

Recommendation: The Chair and CEO report for the year ended 30th June 2020 be adopted.
Moved: Ken Foote
Second: Neil Wanden
Carried

7. Appointment of Auditors

To record the continuance of Deloitte as auditors on behalf of the Office of Auditor-General for Allied Laundry Services Limited

No resolution required.

Points raised and discussed:

- Rental Agreements for Allied Laundry space at DHBs – need a formal agreement. Carry forward to Board meeting with CEO to do a report.

8. General Business

No General Business

Meeting closed at 10.25am

Signed:

Ken Foote (Chair)

Date: 29/1/21

Tuesday 5th October 2021

Chair of the Boards and CEO's Allied Laundry Shareholders.

MidCentral District Health Board
Taranaki District Health Board
Whanganui District Heath Board
Hawkes Bay District Health Board
Capital & Coast District Health Board
Hutt Valley District Health Board.

Dear Sir or Madam,

Regarding Allied Laundry financial accounts for the 2020/21 financial year.

Please find attached the draft accounts for Allied Laundry Services for the 2020/21 financial year. The Accounts await final review by Deloitte. Final stamped and signed accounts will be made available once completed.

The accounts show a small profit for Allied Laundry for the 2020/21 financial year.

The Allied Laundry Board of Directors have received and reviewed the accounts.

Due to the timing of the notifications for AGM being sent out these accounts are not final.

Yours sincerely
Mark Mabbett

CEO
Allied Laundry Services Limited

Chair and Chief Executives Report for the Year Ended 30 June 2021

Overview

The last year was business as usual but with the specter of COVID continually looming in the background, no lockdowns but ongoing concerns around supply, constant preparation for another lockdown and a potential surge in processing volumes. Allied Laundry has been well supported by all providers and has maintained supply to all customers even though international shipping has been under pressure. The plant has continued to break previous weekly records with a new high of 98 tonnes processed in June, this is a significant increase on the planned weekly tonnage of 84 tonnes when C&CDHB and HVDHB transitioned to processing at Allied Laundry in March 2016. The increased throughput has challenged the plant for capacity and staffing as labour shortages has affected recruitment processes.

The Allied Laundry business is going from strength to strength, growing, replacing capital assets to maintain a modern plant, and developing business to enhance the services supplied to the DHBs. The operation now has a head count of 117 employees. The decision to purchase the Standard Textiles Distribution Agreement has proven to be a business success with a profit of $290k for the 2020 year. A $900k investment was made to replace four 20-year-old gas driers with new driers. Allied Laundry is developing sustainability initiatives; launching a Pre-Caution gown to replace disposable gowns at the DHBs, changing products to last longer and reviewing water saving technologies. Allied Laundry is preparing to make a significant investment and business expansion constructing an offsite Reusable Theatre Linen sterilisation processing facility to provide an expanded range of reusable theatre linen products to the regional DHBs and commercial customers.

Production

Processing volumes have remained high, setting new records, and challenging the plant environment. The DHBs have bounced back from the COVID-19 impacts in early 2020 and processing volumes have been extreme. To meet processing requirements the plant has a shift of part timers working through to 7pm. Recruitment has been problematic with few staff available with even the agencies struggling to locate capable people. The plant was not constructed to manage 98 tonnes a week and there have been several challenges with adapting to the sheer scale of the processing volumes. Changes to the supervisory structures has seen a marked increase in moral and cross departmental cooperation.

COVID 19

Although there has not been another lockdown during the full year period the effects of COVID-19 have lingered. The management, offsite and plant teams have been cognisant of the possibility of a COVID-19 outbreak and have been ready to act and embed the processes that worked so well in the Level 4 lockdown in 2020. The Allied Laundry Linen Alliance agreement has suppliers storing three months of stock onsite therefore there has not been any out-of-stock situations from the linen suppliers. The largest supply issue has been with disposable theatre wrappers where national management was assumed by the MoH for a period. Allied Laundry has been storing 4,000 scrub sets in the basement, ensured suppliers have scrubs available and has lifted circulating volumes to react in the event of high scrub demands as occurred last year.

Staff

With a head count of 117 Allied Laundry the staff numbers have increased significantly from 68 in 2015. The business has become more complex to manage and supporting structures have needed to be put in place. The Renew Empower Allied Laundry (REAL) lean processing, literacy and numeracy programme was completed in 2020 with 60 staff undertaking the 15-week training. The Board have continued to support the Living Wage, with those starting at Allied Laundry commencing on the Living Wage and the longer serving staff on higher rates.

Strategic Developments.

Standard Textiles Distribution Agreement.

The relationship with Standard Textiles and the ability to access products from a global supplier has been a strategic success. The profit for the 2020 financial year has effectively already recovered the initial investment. The Reusable Barrier Linen theatre products and cloth have continued to be supplied throughout the chaos of COVID-19 in the US and despite international shipping constraints. Allied Laundry has taken the opportunity to purchase 15,000 Pre-Caution (Isolation) gowns as a direct replacement for the ubiquitous yellow Single Use Disposable gown seen throughout the DHBs and will be rolling the product out over the next few months.

Reusable Barrier Linen Sterile Services Unit (RBL SSU).

After extensive analysis, due diligence and two Better Business Cases the Allied Laundry Board have approved the offsite construction of a full sterile services processing facility. The facility will fold, pack, sterilise and dispatch RBL packs to the regional DHBs as well as to commercial customers. The RBL SSU will supply the current DHBs serviced and will increase the service provision to CCDHB and HVDHB replacing the disposable theatre gowns with a RBL gown. The provision by Allied Laundry of a full RBL SSU service has been driven by the global and national move to sustainable products, to increase the service offering to the DHBs and commercial customers, and to remove the processing of RBL packs from the DHB SSUs.

New Plant Facility

In preparing the business case submitted during 2021, it became very apparent that the existing facility occupied by Allied Laundry on the MCDHB campus in Palmerston North, is no longer able to meet current needs, nor is it suitable for renovation or expansion. Not only are there current IL rating issues, but there are also legacy, design, capacity, and energy supply issues which makes it unsuitable as a long-term option, should public hospital laundry services still be required to be delivered from Palmerston North.

The preferred long-term option identified from the business case was therefore a 'greenfields' development of a new laundry, similar to that which Canterbury Linen Services (CLS) has completed recently as a result the earthquake damage and constraints to their previous facility. The estimated capital cost of such a development (based on the CLS example) is between $25m - $30m.

In identifying the need for a new laundry, Allied Laundry Directors also noted the uncertainties in the current environment of pending health system reforms. The future structure of health services under Health New Zealand is unknown at this stage, so it is also uncertain as to where hospital laundry services (and related health infrastructure decision making) will fit within this. It is also possible that a new national strategy may be developed for hospital laundry services, which may or may not include ongoing provision by the public sector.

Given these uncertainties, Directors have agreed to continue to work on the concept of a 'greenfields' site but at this stage have deferred investment into the detailed development of a business case. At the very least however, Directors wanted to highlight this significant risk, so that it can be progressed within the near term and/or picked up as early as possible in the transition to the reformed health structures.

Financials

The year has finished with a positive result of around $600k operating surplus. To maintain cashflows the Allied Laundry Directors have agreed to defer declaring a dividend, to minimise the liquidity risk while undertaking the RBL SSU project without seeking additional investment from Allied Laundry shareholders. Allied Laundry cashflow is steadily improving, supporting the Directors decision to defer dividend payments.

Acknowledgements

Allied Laundry continues to receive, and sincerely appreciates, the ongoing support of the business by shareholders, directors, staff, and customers. The cooperative nature of Allied Laundry fosters a strong commitment to regional collaboration. The business continues to offer the DHBs an expanding range of fit for purpose cost effective services, as exemplified by the RBL SSU project. Allied Laundry thanks all those who's continuing support guarantees Allied Laundry's success.

Ken Foote
Chair

Mark Mabbett
CEO

Tuesday 5th October 2021

To Chairs; Boards of District Health Boards; Allied Laundry Services Limited Shareholders.

Regarding; appointment of Shareholding District Health Board Annual General Meeting Representatives.

The Allied Laundry Annual General Meeting is being held on Tuesday 23rd November 2021 at Allied Laundry Services Ltd. Palmerston North.

The Shareholders' Agreement for Allied Laundry Services Limited requires each shareholder to appoint a representative for the Annual General Meeting.

Could the shareholding DHB's nomination for representative to the Allied Laundry AGM please be forwarded as soon as possible to:

Tracey Pahulu, (tlunsworth@alliedlaundry.co.nz) at Allied Laundry.

Regards

Mark Mabbett

CEO

Allied Laundry Services Limited

NLA NAYLOR LAWRENCE & ASSOCIATES
CHARTERED ACCOUNTANTS · BUSINESS ADVISORS

Allied Laundry Services Ltd

Financial Statements
For the Year ended 30 June 2021

Palmerston North | 06 357 0640 | 196 Broadway Ave, Palmerston North
Dannevirke | 06 374 4266 | 11 Ward Street, Dannevirke

info@nla.net.nz | **www.nla.net.nz**

Allied Laundry Services Ltd

Directory

As at 30 June 2021

Nature of Business	During the year the company has continued to provide laundry and linen services to Taranaki, Whanganui, Hawkes Bay, MidCentral, Hutt Valley, Capital & Coast and Wairarapa District Health Boards and commercial customers.	
Place of Business	Palmerston North Hospital, Ruahine Street Palmerston North	
Directors	Ken Foote (Chair) Simon Barrett Neil Wanden Judith Parkinson Michael McCarthy (resigned August 2020) Lucy Adams (resigned June 2021) Horst Fischer (appointed September 2020) Andrew McKinnon (appointed June 2021)	
Shareholders	MidCentral District Health Board Whanganui District Health Board Taranaki District Health Board Hawkes Bay District Health Board Capital & Coast District Health Board Hutt Valley District Health Board	1, 150,000 Ordinary Shares 1, 150,000 Ordinary Shares 1, 150,000 Ordinary Shares 1, 150,000 Ordinary Shares 1, 150,000 Ordinary Shares 1, 150,000 Ordinary Shares
Accountants	Naylor Lawrence & Associates Limited Chartered Accountants 196 Broadway Avenue Palmerston North	
Bankers	BNZ Bank Palmerston North	
Solicitors	Buddle Findlay Wellington	
Company Number	877063	

Allied Laundry Services Ltd

Annual Report

For the Year Ended 30 June 2021

The board of directors submit their annual report including the financial statements for Allied Laundry Services Ltd for the year ended 30 June 2021, and the auditors report.

The shareholders of Allied Laundry Services Ltd have exercised their right under section 211(3) of the Companies Act 1993 and unanimously agreed that this annual report need not comply with any of paragraphs (a) and (e) - (j) of section 211(1).

Auditor

The Auditor-General is the auditor of Allied Laundry Services Ltd. The Auditor-General has appointed Matt Laing from Deloitte Limited to carry out the audit of the financial statements of the Company on his behalf.

For and on behalf of the Board

_____ **Director** **Date** _____

Ken Foote (Chair)

_____ **Director** **Date** _____

Simon Barrett

_____ **Director** **Date** _____

Neil Wanden

_____ **Director** **Date** _____

Judith Parkinson

_____ **Director** **Date** _____

Horst Fischer

Director _____ **Date** _____

Andrew McKinnon

Allied Laundry Services Ltd

Statement of Comprehensive Income

For the Year Ended 30 June 2021

	Note	2021	2020
		$	$
Operating Revenue			
Revenue - Capital & Coast DHB		3,541,840	3,370,275
Revenue - Wairarapa DHB		437,836	409,126
Revenue - External		622,213	589,395
Revenue - Rag Sales		11,525	12,572
Revenue - MidCentral DHB		2,424,705	2,229,248
Revenue - Taranaki DHB		1,320,165	1,146,727
Revenue - Whanganui DHB		770,529	743,306
Revenue - Hawkes Bay DHB		2,178,075	1,922,231
Revenue - Hutt Valley DHB		1,248,212	1,109,833
Theatre Linen		475,496	107,450
Covid-19 Loss Recovery		-	120,581
Gross Surplus		**13,030,596**	**11,760,744**
Less Expenses			
Operating Expenses			
Assembly Supplies		414,473	211,094
Chemicals & Detergents		281,327	253,369
Delivery - Transport		1,515,172	1,443,553
Freight		80,486	60,058
Steam & Electricity		450,843	421,941
Maintenance plant		522,900	385,589
Protective Clothing/Uniforms		8,210	10,814
Health & Safety		30,544	40,979
Travel Expenses		20,068	24,783
Wages/Labour costs		5,377,159	4,583,653
Water & Waste		77,365	66,127
		8,778,547	**7,501,960**
Administration Expenses			
Audit fees		50,303	55,275
Bad Debts Written Off		1,144	-
Bank Charges		3,101	4,105
Cleaning		91,187	62,625
Communication expenses		12,943	13,052
Directors fees	**10**	105,000	101,250
Fringe Benefit Tax		6,512	4,259
General expenses		46,146	42,003
Motor Vehicle expenses		3,687	5,786
Office Supplies		122,462	97,668
Professional Fees		39,572	59,791
Superannuation Contributions		122,628	100,065
		604,685	**545,879**

These financial statements are to be read in conjunction with the accompanying Notes.

Allied Laundry Services Ltd

Statement of Comprehensive Income (continued)

For the Year Ended 30 June 2021

	Note	2021	2020
		$	$
Interest Rent and Lease			
Interest Paid - Loans		2,716	16,660
Interest Paid - Lease Liability		128,991	139,346
Rent		14,310	15,974
		146,017	**171,980**
Rates and Insurance			
ACC Levies		62,391	26,249
Insurance		36,430	58,985
		98,821	**85,234**
Non Cash Expenses			
Amortisation	5	134,178	118,228
Depreciation		2,603,784	2,582,407
		2,737,962	**2,700,635**
Total Expenses		**12,366,032**	**11,005,688**
Operating Surplus before Other Income		**664,564**	**755,056**
Other Income			
Interest Received		114	229
Profit/(Loss) on Sale of Fixed Assets		(8,301)	(1,992)
Total Other Income		**(8,187)**	**(1,763)**
Net Profit		**656,377**	**753,293**

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These financial statements are to be read in conjunction with the accompanying Notes.

Allied Laundry Services Ltd

Statement of Movements in Equity

For the Year Ended 30 June 2021

	Paid Capital	Retained Earnings	Total
Opening balances at 1 Jul 2020	6,900,000	848,513	7,748,513
Total comprehensive income for the year, net of tax			
Profit for the period	-	656,377	656,377
Total comprehensive income for the year, net of tax	**-**	**656,377**	**656,377**
Balance at the End of Year	**6,900,000**	**1,504,890**	**8,404,890**
Opening balances at 1 Jul 2019	6,900,000	384,786	7,284,786
Total comprehensive income for the year, net of tax			
Adjustment on initial application of NZ IFRS 16	-	(289,566)	(289,566)
Profit for the period	-	753,293	753,293
Total comprehensive income for the year, net of tax	**-**	**463,727**	**463,727**
Balance at the End of Year	**6,900,000**	**848,513**	**7,748,513**

These financial statements are to be read in conjunction with the accompanying Notes.

Allied Laundry Services Ltd

Statement of Financial Position

As at 30 June 2021

	Note	2021	2020
		$	$
Equity			
Paid up Share Capital	2	6,900,000	6,900,000
Retained Earnings	3	1,504,890	848,513
Total Equity		**8,404,890**	**7,748,513**
Represented by:			
Current Assets			
BNZ Bank		259,318	-
Accounts Receivable	4	1,520,113	1,381,813
Inventories		436,862	170,029
Total Current Assets		**2,216,293**	**1,551,842**
Non Current Assets			
Intangible Assets	5	774,565	901,052
Property, Plant & Equipment	6	8,229,037	7,424,556
Right-of-Use Asset	7	1,806,348	2,021,576
Total Non Current Assets		**10,809,950**	**10,347,184**
Total Assets		**13,026,243**	**11,899,026**
Current Liabilities			
BNZ Bank		-	100
Trade Creditors		674,484	771,250
Accruals - General		223,308	197,253
Employee Entitlements		580,655	572,434
Income in advance		112,000	-
Current Portion of Term Loans	8	-	234,866
Lease Liability - Current	7	315,961	194,146
GST Payable		77,142	27,516
Total Current Liabilities		**1,983,550**	**1,997,565**
Non Current Liabilities			
Lease Liability - Non Current	7	2,637,803	2,152,948
Total Non Current Liabilities		**2,637,803**	**2,152,948**
Total Liabilities		**4,621,353**	**4,150,513**
Net Assets		**8,404,890**	**7,748,513**

These financial statements are to be read in conjunction with the accompanying Notes.

Allied Laundry Services Ltd

Statement of Cash Flows

For the Year Ended 30 June 2021

	Note	2021	2020
		$	$
Cash Flows from Operating Activities			
Cash was provided from:			
Receipts from Customers		13,004,296	11,409,373
Interest Received		114	229
Goods and Services Tax Received		49,626	-
		13,054,036	**11,409,602**
Cash was disbursed to:			
Payments to Suppliers and Employees		9,703,002	8,038,491
Goods and Services Tax Paid		-	23,087
Interest Paid		131,707	156,006
		9,834,709	**8,217,584**
Net Cash Flows from Operating Activities		**3,219,327**	**3,192,018**
Cash Flows from Investing Activities			
Cash was disbursed to:			
Purchase of Property, Plant and Equipment		2,528,276	2,024,315
Purchase of Intangible Assets		7,691	223,853
		2,535,967	**2,248,168**
Net Cash Flows from Investing Activities		**(2,535,967)**	**(2,248,168)**
Cash Flows from Financing Activities			
Cash was disbursed to:			
Repayment of Term Loans		234,866	222,105
Dividend Paid		-	801,000
Repayment of Lease Liability		189,076	178,176
		423,942	**1,201,281**
Net Cash Flows from Financing Activities		**(423,942)**	**(1,201,281)**
Net Decrease in Cash Held		259,418	(257,431)
Cash at the Beginning of the Year		(100)	257,331
Cash at the End of the Year		**259,318**	**(100)**

These financial statements are to be read in conjunction with the accompanying Notes.

1 Statement of Accounting Policies

Reporting Entity

The financial statements and notes are for Allied Laundry Services Limited ("the Company"). It is a profit oriented entity incorporated and domiciled in New Zealand and is a company registered under the Companies Act 1993.

The address of its registered office is 196 Broadway Avenue, Palmerston North, New Zealand. Its principal place of business is 12/50 Ruahine Street, Roslyn, Palmerston North, New Zealand.

The principal activities of the Company during the financial period were the provision of laundry and linen services to Taranaki, Whanganui, Hawkes Bay, MidCentral, Hutt Valley, Capital & Coast and Wairarapa District Health Boards and commercial customers.

Statement of Compliance and Basis of Preparation

The Company has adopted the New Zealand equivalents to International Financial Reporting Standards - Reduced Disclosure Regime ("NZ IFRS - RDR") as set out in the External Reporting Board's "Accounting Standards Framework".

The financial statements are general purpose financial statements that have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP"). They comply with New Zealand equivalents to NZ IFRS - RDR. The Company has elected to report under NZ IFRS - RDR as the Company is a for-profit Tier 2 entity for financial reporting purposes on the basis that it does not have public accountability and is not a large for-profit public sector entity. The financial statements have been prepared in accordance with the requirements of the Companies Act 1993. All reporting concessions have been taken.

The financial statements were approved and authorised for issue by the Board of Directors on _____

The accounting principles recognised as appropriate for the measurement and reporting of the Statement of Comprehensive Income and Statement of Financial Position on a historical cost basis are followed by the company, unless otherwise stated in the Specific Accounting Policies.

The information is presented in New Zealand dollars. All values are rounded to the nearest $.

Specific Accounting Policies

The following specific accounting policies which materially affect the measurement of the Statement of Comprehensive Income and Statement of Financial Position have been applied:

(a) Revenue

The Company provides laundry and linen services to DHB's and commercial customers and then dispatches it to these customers. Revenue is recognised when control of the products has transferred, being when the products are dispatched and delivered to the customer. Delivery occurs when the products have been shipped to the specific location and either the customer has accepted the products in accordance with the sales contract or the Company has objective evidence that all criteria for acceptance have been satisfied.

Revenue is measured based on the consideration to which the Company expects to be entitled in a contract with a customer and excludes payment collected on behalf of third parties. No element of financing is deemed present as the sales are made with a credit term of 30 days, which is consistent with market practice. A receivable is recognised when the goods are delivered as this is the point in time that the consideration is unconditional because only the passage of time is required before the payment is due. There were no critical judgements made relating to revenue recognition.

COVID-19 Loss Recovery revenue is recongised when cash has been received. This revenue is received from the shareholders of the Company to minimise the effect the nation-wide lockdown had on the Company's operation and cash flows and is disclosed separately from all other revenue in the financial statements.

(b) Expenses

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

(c) Inventory

Inventories are stated at the lower of cost and net realisable value. Cost includes all expenses directly attributable to the manufacturing process as well as suitable portions of related production overheads, based on normal operating capacity. Costs of ordinarily interchangeable items are assigned using the first in, first out cost formula. Net realisable value is the estimated selling price in the ordinary course of business less any applicable selling expenses.

(d) Trade Receivables

Trade Receivables are recognised at fair value, then amortised cost, making allowances for doubtful debts.

(e) Property, Plant & Equipment

The cost of purchased assets is the value of consideration given to acquire the assets and the value of other directly attributable costs which have been incurred in bringing the assets to the location and condition necessary for their intended service. Costs include financing costs that are directly attributable to the purchase of those assets.

Depreciation is calculated at the following rates:

Buildings 2-8.3% Straight Line
Leasehold 5-20% Straight Line
Textiles & Linen 33% Straight Line
Plant 10-40% Straight Line
Office Equipment 18.6% Straight Line
Motor Vehicles 20% Straight Line

Work in progress is not depreciated. The total cost of a project is transferred to property and/or plant and equipment on its completion and then depreciated.

The internal controls over the identification and existence of Textiles & Linen stock movements are limited. This therefore has a direct impact on the final value of Textiles & Linen stock as well as the Textiles & Linen depreciation balances. Controls are limited due to the extent of the daily movements across all the District Health Boards.

(f) Leases

All leases are accounted for by recognising a right-of-use asset and a lease liability.

Lease liabilities are measured at the present value of the contractual payments due to the lessor over the lease term, with the discount rate used determined by the company's incremental borrowing rate on commencement of the lease.

Right-of-use assets are initially measured at the amount of the lease liability at commencement date of the lease. Subsequent to initial measurement, lease liabilities increase as a result of interest charged at a constant rate on the balance outstanding and are reduced for lease payments made. Right-of-use assets are amortised on a straight-line basis over the remaining term of the lease which is equal to the remaining economic life of the assets.

(g) Income Tax

The company is exempt from income tax under Section CW 38 (2) of the Income Tax Act 2007.

(h) Intangible Assets

Intangible assets are stated at their historical cost and amortised on a straight-line basis over their expected useful lives. An adjustment is made for any impairment. Intangible items acquired must be recognised as assets separately from goodwill if they meet the definition of an asset, are either separable or arise from contractual or other legal rights, and their fair value can be measured reliably.

(i) Goodwill

Goodwill represents the excess of the purchase consideration over the fair value of the net tangible asset and intangible assets, acquired at the time of acquisition of a business or an equity interest in a subsidiary or associate company. Goodwill is recognised at cost and any adjustments are made for impairment.

(j) Financial Instruments

The company classifies all of its financial assets as at amortised cost. This is because the assets are held within a business model whose objective is to collect the contractual cash flows and the contractual terms give rise to cash flows that are solely payments of principal and interest.

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost using the effectively interest method, less loss allowance. Trade receivables are amounts due from customers for goods sold or services performed in the ordinary course of business. They are generally due for settlement within 30 days and therefore are all classified as current. The company applies the NZ IFRS 9 Financial Instruments simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables and contract assets. There was no allowance for credit losses for the year (2020; None).

Financial assets are assessed for indicators of impairment at the end of each reporting period. Financial assets are considered to be impaired when there is objective evidence that, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows of the asset have been affected.

Financial Liabilities consist of trade and other payables, accruals and term loans. They are recognised initially at their fair value and subsequently measured at amortised cost using the effective interest method. The Company derecognises financial liabilities when, and only when, the Company's obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in profit or loss.

(k) Foreign currencies

The financial statements are presented in New Zealand Dollars (NZD), which is also the functional currency of the Company.

Foreign currency transactions are translated into the functional currency using the exchange rates prevailing at the dates of the transactions (spot exchange rate). Foreign exchange gains and losses resulting from the settlement of such transactions and from the re-measurement of monetary items at year end exchange rates are recognised in profit and loss.

(l) Goods and Services Taxation (GST)

Revenues and expenses have been recognised in the financial statements exclusive of GST except that irrecoverable GST input tax has been recognised in association with the expense to which it relates. All items in the Statement of Financial Position are stated exclusive of GST except for receivables and payables which are stated inclusive of GST.

(m) Impairment

For impairment assessment purposes, assets are grouped at the lowest levels for which there are largely independent cash inflows (cash-generating units). As a result, some assets are tested individually for impairment and some are tested at cash-generating unit level. Goodwill is allocated to those cash-generating units that are expected to benefit from synergies of the related business combination and represent the lowest level within the Company at which management monitors goodwill.

Cash-generating units to which goodwill has been allocated are tested for impairment at least annually. All other individual assets or cash-generating units are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable.

An impairment loss is recognised for the amount by which the asset's or cash-generating unit's carrying amount exceeds its recoverable amount, which is the higher of fair value less costs to sell and value-in-use. To determine the value-in-use, management estimates expected future cash flows from each cash-generating unit and determines a suitable interest rate in order to calculate the present value of those cash flows.

Impairment losses for cash-generating units reduce first the carrying amount of goodwill allocated to that cash-generating unit. Any remaining impairment loss is charged pro rata to the other assets in the cash-generating unit. With the exception of goodwill, all assets are subsequently reassessed for indications that an impairment loss previously recognised may no longer exist. An impairment charge is reversed if the cash-generating unit's recoverable amount exceeds its carrying amount.

(n) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and demand deposits, together with other short-term, highly liquid investments that are readily convertible into known amounts of cash and which are subject to an insignificant risk of changes in value.

(o) Employee Benefits

(1) Short-term employee benefits

Short-term employee benefits are benefits, other than termination benefits, that are expected to be settled wholly within 12 months after the end of the reporting period in which the employees render the related service. Examples of such benefits include wages and salaries and non-monetary benefits. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled.

(2) Other long-term employee benefits

The Company's liability for annual and long service leave are included in other long term benefits as they are not expected to be settled wholly within 12 months after the end of the period in which the employees render the related service. They are measured at the present value of the expected future payments to be made to employees. The expected future payments incorporate anticipated future wage and salary levels, experience of employee departures and periods of service, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the timing of the estimated future cash outflows. Any re-measurement arising from experience adjustments and changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Company presents employee benefit obligations as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement for at least twelve months after the reporting period, irrespective of when the actual settlement is expected to take place.

(p) Equity, Reserves and Dividend Payments

Share capital represents the fair value of shares that have been issued. Any transaction costs associated with the issuing of shares are deducted from share capital.

Retained earnings include all current and prior period retained profits.

Dividend distributions payable to equity shareholders are included in other liabilities when the dividends have been approved in a general meeting prior to the reporting date.

Dividends are paid by the company after reviewing the financial position and impact of the dividend on the solvency of the company. All dividends are approved by the Board before payment.

(q) Business Combinations

The Company applies the acquisition method in accounting for business combinations. The consideration transferred by the Company to obtain control of a subsidiary is calculated as the sum of the acquisition-date fair values of assets transferred, liabilities incurred and the equity interests issued by the Company, which includes the fair value of any asset or liability arising from a contingent consideration arrangement. Acquisition costs are expensed as incurred.

The Company recognises identifiable assets acquired and liabilities assumed in a business combination regardless of whether they have been previously recognised in the acquiree's financial statements prior to the acquisition. Assets acquired and liabilities assumed are generally measured at their acquisition-date fair values.

Goodwill is stated after separate recognition of identifiable intangible assets. it is calculated as the excess of the sum of: (a) fair value of consideration transferred; (b) the recognised amount of any non-controlling interest in the acquiree; and (c) acquisition-date fair value of any existing equity interest in the acquiree, over the acquisition-date fair values of identifiable net assets. If the fair value of identifiable net assets exceed the sum calculated above, the excess amount (i.e. gain on bargain purchase) is recognised in profit or loss immediately.

(r) Provisions and Contingent Liabilities

Provisions are recognised when the Company has a present obligation or constructive obligation as a result of a past event, it is probable that an outflow of economic resources will be required from the Company and amounts can be estimated reliably. Timing or amount of the outflow may still be uncertain.

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligation as a whole. Provisions are discounted to their present values, where the time value of money is material.

No liability is recognised in an outflow of economic resources as a result of present obligation is not probable. Such instances are disclosed as contingent liabilities, unless the outflow of resources is remote in which case no liability is recognised.

(s) Statement of Cash Flows

The Statement of Cash Flows is prepared exclusive of GST, which is consistent with the method used in the Statement of Financial Performance.

The following are definitions of the terms used in the Statement of Cash Flows:

(a) Cash is considered to be cash on hand, current accounts in banks, and other highly liquid investments in which the entity invests as part of its day to day cash management. Cash includes borrowings from financial institutions such as bank overdrafts, where such borrowings are on call and are used as part of the day to day cash management.

(b) Investing activities are those activities relating to the aquisition, holding and disposal of fixed assets and of investments. Investments can include securities not falling within the definition of cash.

(c) Financing activities are those activities which result in changes in the size and composition of the capital structure of the group. This includes both equity and debt not falling within the definition of cash. Dividends paid in relation to the capital structure are included in financing activities.

(d) Operating activities includes all transactions and other events that are not financing or investing activities.

(t) Significant Management Judgement in applying Accounting Policies and Estimation Uncertainty

When preparing the financial statements, management undertakes a number of judgements, estimates and assumptions about the recognition and measurement of assets, liabilities, income and expenses.

Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Impairment
In assessing impairment, management estimates the recoverable amount of each asset or cash-generating unit based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

Useful life of depreciable assets
Management reviews its estimate of the useful life of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain software and IT equipment.

Furthermore, the useful life for linen stocks is based on an assumption that linen stocks last for 36 months (3 years). The policy is based on the life of the total pool of circulating linen stocks and reflects linen life, linen ragging and unidentified stock losses.

Changes in Accounting Estimates
There have been no changes in accounting estimates during the reporting period.

(u) Changes in Accounting Policies

There have been no changes in accounting policies. All policies have been applied on a basis consistent with those from previous financial statements except for those below:

All leases are accounted for by recognising right-of-use asset and a lease liability. In the previous financial year, the company adopted NZ IFRS 16 using the modified retrospective approach. As such the accounting policy has been updated.

2 Share Capital

	2021	2020
	$	$
Paid in Capital	6,900,000	6,900,000
Total Share Capital	**6,900,000**	**6,900,000**

The share capital of the Company consists only of fully paid ordinary shares; the shares do not have a par value. All shares are equally eligible to receive dividends and the repayment of capital and represents one vote at the shareholders' meeting.

The shareholding as at the end of the reporting period is set out below. Shares are worth $1 each.

	Number of Shares	Cost of Shares
		$
MidCentral District Health Board	1,150,000	1,150,000
Whanganui District Health Board	1,150,000	1,150,000
Taranaki District Health Board	1,150,000	1,150,000
Hawkes Bay District Health Board	1,150,000	1,150,000
Capital & Coast District Health Board	1,150,000	1,150,000
Hutt Valley District Health Board	1,150,000	1,150,000

3 Retained Earnings

	2021	2020
	$	$
Opening Balance	848,513	384,786
Plus:		
Net Surplus	656,377	753,293
Less:		
Adjustment on initial application of NZ IFRS	-	(289,566)
Retained Earnings Closing Balance	**1,504,890**	**848,513**

4 Current Receivables

	2021	2020
	$	$
Accounts Receivable		
Trade Debtors	1,520,113	1,381,813
Total Current Receivables	**1,520,113**	**1,381,813**

All amounts are short-term. The net carrying value of trade receivables is considered a reasonable approximation of fair value.

All of the Company's trade and other receivables have been reviewed for indicators of impairment, and no evidence of impairment has been identified.

5 Intangible Assets

	Standard Textiles Distribution Agreement	Customer Contracts	Computer Software	Total
Gross carrying amount				
Balance 1 July 2020	223,853	795,427	-	1,019,280
Transfers	-	-	7,691	7,691
Balance 30 June 2021	223,853	795,427	7,691	1,026,971
Amortisation and impairment				
Balance 1 July 2020	29,847	88,381	-	118,228
Amortisation	44,771	88,381	1,026	134,178
Balance 30 June 2021	74,618	176,762	1,026	252,406
Carrying amount as at 30 June 2021	149,235	618,665	6,665	774,565
Carrying amount as at 30 June 2020	194,006	707,046	-	901,052

As per NZ IAS *38 Intangible Assets "(NZ IAS 38)"*, para 11, an intangible asset is required to be distinguishable from goodwill, which is the case if the asset arises as a result of contractual obligations, as is the case for the customer contracts. An entity must also have control over the asset in order to be able to recognise it as an intangible asset. In the case of a customer contract, in line with NZ IAS 38 para 16, this is confirmed by the existence of the legal rights to protect and control the relationships, which in this case is in the form of exclusivity clauses within the signed agreements. The future economic benefits expected to flow to the entity are demonstrated by the DCF analysis performed by BDO, which is a requirement under NZ IAS 38 to recognise the asset as an intangible asset. The final requirements of NZ IAS 38 to recognise an intangible asset is that the cost of the asset must be able to be reliably measured and that future cash inflows from the asset are probable. Amortisation has been calculated at 9 years from the current year until June 2029 per the current SLA with customer DHB's.

6 Property, Plant & Equipment

	Leasehold - At cost	Textiles & Linen - At cost	Buildings - At cost	Capital Work in Progress	Plant	Motor Vehicles	Office Equipment	Total
Gross carrying amount								
Balance 1 July 2020	47,456	8,257,839	438,957	95,710	10,179,535	33,466	263,676	19,316,639
Additions	8,520	1,899,313	-	445,113	946,479	33,464	3,880	3,336,769
Transfers	-	147,438	-	(252,026)	95,168	-	1,728	(7,692)
Disposals	-	(2,522,764)	-	-	(103,707)	(33,466)	(3,396)	(2,663,333)
Balance 30 June 2021	55,976	7,781,826	438,957	288,797	11,117,476	33,464	265,888	19,982,383
Depreciation and impairment								
Balance 1 July 2020	43,051	5,617,598	67,601	-	5,918,876	23,983	220,974	11,892,083
Impairment	-	-	-	-	-	-	-	-
Disposals	-	(2,458,525)	-	-	(41,389)	(23,983)	(3,396)	(2,527,293)
Depreciation	2,074	1,809,012	18,239	-	525,976	6,693	26,563	2,388,557
Balance 30 June 2021	45,125	4,968,085	85,840	-	6,403,463	6,693	244,141	11,753,347
Carrying amount as at 30 June 2021	10,851	2,813,741	353,117	288,797	4,714,013	26,771	21,747	8,229,037
Carrying amount as at 30 June 2020	4,405	2,640,241	371,356	95,710	4,260,659	9,483	42,702	7,424,556

7 Leases

The company leases the laundry building from MidCentral DHB. Operating lease held over the property give the company the right to renew the lease up until the date of 31 December 2029. There are no renewal options to purchase any of the property in respect to the operating lease. There are future cash outflows relating to the measurement of the lease liability arising from variable lease payments. Market rent reviews occur in January bi-annually from the date of commencement. No reasonable estimation of the rent variation is able to be calculated and as such, are not included in this calculation. The discounted rate is 5.71%. Maia Financial NZ Limited has paid for five new dryers for and at the end of the lease ownership is transferred to the company. There are no future cash outflows relating to the measurement of the lease liability arising from variable lease payments. The discounted rate is 5.17% which is the nominal interest rate.

	2021	2020
	$	$
Right-of-Use Assets		
Building lease agreement		
Balance at the start of the reporting period	2,002,886	2,213,716
Additions	-	-
Depreciation	(210,830)	(210,830)
Balance at the end of the reporting period	**1,792,056**	**2,002,886**
Photocopier lease agreement		
Balance at the start of the reporting period	18,690	-
Additions	-	21,988
Depreciation	(4,398)	(3,298)
Balance at the end of the reporting period	**14,292**	**18,690**
Total Right-of-Use Assets	**1,806,348**	**2,021,576**
Lease liabilities		
Building lease agreement		
Balance at the start of the reporting period	2,328,012	2,503,282
Additions	-	-
Interest expense	128,007	138,459
Lease payments	(318,067)	(313,729)
Balance at the end of the reporting period	**2,137,952**	**2,328,012**
Photocopier lease agreement		
Balance at the start of the reporting period	19,082	-
Additions	-	21,988
Interest expense	984	887
Lease payments	(5,056)	(3,793)
Balance at the end of the reporting period	**15,010**	**19,082**
Maia Financial New Zealand Limited		
Balance at the start of the reporting period	-	-
Additions	800,802	-
Interest expense	-	-
Lease payments	-	-
Balance at the end of the reporting period	**800,802**	**-**
Current Portion - Lease liabilities	**315,961**	**194,146**
Non Current Portion - Lease liabilities	**2,637,803**	**2,152,948**
Total Lease liabilities	**2,953,764**	**2,347,094**
Amounts recognised in the income statement		
Interest charges for lease liabilities	128,991	139,346

These financial statements are to be read in conjunction with the accompanying Notes.

8 Term Loans

	2021	2020
	$	$
Allied Laundry Services Limited has a BNZ overdraft facility of $235,761 (2020: $664,460), nil was drawn as at 30 June 2021 (2020: Nil). \		
BNZ holds perfected security in all present and after acquired property of Allied Laundry Services Limited, as well as certain other significant assets.		
The carrying amount of the term loans is considered to be a reasonable approximation of the fair value.		
Current portion		
Term Loan - BNZ	-	131,866
Term Loan - EECA	-	22,000
	-	**153,866**
BNZ - Credit Plus Facility	-	81,000
Total Current portion	**-**	**234,866**
Total Term Loans	**-**	**234,866**

9 Financial Instruments

(a) **Categories of Financial Assets and Financial Liabilities**

The carrying amount of the financial assets and financial liabilities in each category are as follows:

Financial Assets - Loans and receivables	2021	2020
	$	$
Accounts Receivable	1,520,113	1,381,813
BNZ Bank	259,318	-
	1,779,431	**1,381,813**

Financial Liabilities - At amortised cost	2021	2020
	$	$
BNZ Bank	-	100
Trade Creditors	674,484	771,250
Accruals - General	253,188	197,253
Lease Liability	2,953,764	2,347,094
Term Loans	-	234,866
	3,881,436	**3,550,563**

10 Transactions with Key Management Personnel

	2021	2020
	$	$
Director Fees		
Whanganui DHB	15,000	15,000
MidCentral DHB	15,000	15,000
Hawkes Bay DHB	-	19,100
Capital & Coast DHB	15,000	11,250
Hutt Valley DHB	15,000	15,000
Taranaki DHB	15,000	15,000
Ken Foote	30,000	10,900
Total Director Fees	105,000	101,250
Executive Management remuneration	191,110	184,122
Total Transactions with Key Management Personnel	**296,110**	**285,372**

Key Management Personnel of the Company are members of the Board of Directors and members of the Executive Management team. Key Management Personnel remuneration includes the expenses listed above. There have been no other transactions with Key Management Personnel.

11 Board Representative Attendance at Meetings

	July	August	September	October	November	December	January	February	March	April	May	June
Ken Foote	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	No meeting	Yes
Simon Barrett	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	No meeting	Yes
Neil Wanden	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	No meeting	Yes
Judith Parkinson	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	No meeting	Yes
Michael McCarthy	Yes	No meeting	N/A	No meeting	N/A	No meeting	N/A	No meeting	N/A	No meeting	No meeting	N/A
Lucy Adams	Yes	No meeting	Yes	No meeting	Yes	No meeting	No	No meeting	Yes	No meeting	No meeting	Yes
Horst Fischer	N/A	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	Yes	No meeting	No meeting	Yes
Andrew McKinnon	N/A	No meeting	N/A	No meeting	N/A	No meeting	Yes	No meeting	N/A	No meeting	No meeting	N/A

12 Related Party Transactions

Allied Laundry Services Limited has provided laundry services to the MidCentral, Whanganui, Hawkes Bay, Hutt Valley, Wairarapa, Capital & Coast and Taranaki DHB's. These entities are related to Allied Laundry Services Limited by common ownership. MidCentral DHB leases a building and charges electricity, steam and gas costs to Allied Laundry Services Limited. These transactions are entered into on a commercial basis and during the year totalled $574,987 (2020: $474,180). Outstanding amounts will be settled in cash when due. The revenue from the shareholders is disclosed in the Statement of Comprehensive Income.

In May 2020 and May 2021, the Board proposed dividends to the 2019/2020 and 2020/2021 financial years amounting to $414,000 and $345,000, subject to a solvency certificate being signed. At the end of the financial year, the solvency certificates have not been finalised as yet. As such this dividends have not been recognised as a liability to the Company.

	2021	2020
	$	$
Allied Laundry Services Limited paid rent to		
MidCentral DHB	318,067	313,713
Whanganui DHB	5,190	5,190
Capital & Coast DHB	4,320	6,000
Hutt Valley DHB	4,800	4,800
	332,377	329,703
Accounts Receivable		
MidCentral DHB	248,854	222,695
Taranaki DHB	133,035	119,265
Whanganui DHB	74,431	80,780
Hawkes Bay DHB	399,292	302,949
Capital & Coast DHB	347,675	337,777
Hutt Valley DHB	126,934	168,517
	1,330,221	1,231,983
Accounts Payable		
MidCentral DHB	84,440	107,198
Taranaki DHB	1,438	1,438
Whanganui DHB	2,044	2,097
Capital & Coast DHB	18,416	11,198
Hutt Valley DHB	1,898	3,335
	108,235	125,266
Accruals - Dividend payments owing by Allied Laundry Services Limited		
MidCentral DHB	-	-
Taranaki DHB	-	-
Whanganui DHB	-	-
Hawkes Bay DHB	-	-
Capital & Coast DHB	-	-
Hutt Valley DHB	-	-
	-	-

13 Termination Payments

For the period ended 30 June 2021, 2 employees or former employees of Allied Laundry Services Limited received payment in respect of termination of employment for $23,000 (2020: 1 payment totalling $10,500)

14 Contingent Liabilities

The Company has no contingent liabilities as at 30 June 2021, (2020 Nil).

15 Capital Commitments

The Company has no capital commitments as at 30 June 2021, (2020 Nil).

16 Subsequent Events

There were no events subsequent to the reporting period that require disclosure in the financial statements.

OURHEALTH HAWKE'S BAY Whakawateatia	**REPORT FROM HB CLINICAL COUNCIL (Public) OCTOBER 2021**
	For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Gemma Newland (Executive Assistant to Chief Allied Health Professions Officer) Dr Robin Whyman (Chair)
Date	October 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 6 October 2021.
Health Equity Framework	The Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua.
Principles of the Treaty of Waitangi that this report addresses:	The Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system; committed to Te Tiriti o Waitangi and achieving equity for Tangata Whenua and other populations, in the provision of health care in the Hawkes' Bay District.
Risk Assessment	Risks associated with the issues considered by the Clinical Council include the COVID-19vaccination uptake, risk management governance and quality of care.
Financial/Legal Impact	
Stakeholder Consultation and Impact	Stakeholder engagement is the basis of discussion of issues at the Clinical Council
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified
RECOMMENDATION: It is recommended that the Board: *1.* **Note** the contents of this report	

15

1. COVID-19 Vaccination Programme

Council received an update on the progress of the COVID-19 vaccination programme noting in particular

- Rollout at the time of the meeting was 50% of the Hawke's Bay community are double vaccinated with 76% having had at least one dose.
- Now the COVID team are working on the 'hard to reach' groups with a campaign promoting to "get a mate vaccinated"
- National immunisation promotion - "Super Saturday" on 16th October
- Reduced timeframe between doses from six weeks to three weeks between doses. Public health teams are currently arranging stand-up planning meetings for future cases, given heightened concerns around cases in Auckland.
- A Hawke's Bay campaign, Ū Tonu, meaning keep striving, will be used to promote vaccination locally especially for Māori.
- Ongoing specific focus groups including people in transitionary housing, transient populations and gang populations
- Feedback from the primary care sector noting generally high staff vaccination rates and improving patient uptake

Forward planning for managing COVID in the community was discussed including planning with clinical leads and development of health Pathway to implement within the health Pathways tool particularly for use in primary care.

2. Community Nurse Prescribing

Council were pleased to note the successful endorsement from the Nursing Council of New Zealand of the Registered Nurse Prescribers in Community Health (RNPCH) programme for HBDHB. This process was started in 2016 when there were changes to the Medicine Act. The process relies on qualified Nurses using standing orders – with most of these being relevant to paediatrics and monitored by a prescribing governance group.

3. Inpatient Survey Update

Council discussed a paper from the Patient Safety and Clinical Quality team with the areas of the inpatient survey that were highlighted from the most recent survey as the areas for improvement. The four highlighted areas were: Low uptake of the survey is still an issue (more of an administration issue), pronunciation of Māori names, involvement of family / whānau in patient care and side effects of medication. Council agreed all four areas are core issues to address with the clinical teams / group leadership teams – and should be followed up by audits, with results monitored.

4. Risk Management Governance

Council met with Andrew Boyd, Executive Director Financial Services, Darren Horsley (Mid-Central DHB) and Jared McGillicuddy (TAS) work alongside Andrew with the risk management improvement initiative for the HBDHB. Council discussed the planned work to enhance risk management within the organisation and the role of Clinical Council in risk governance.

Council noted that risk can be grouped into eight risk domains: operational, clinical / patient safety, strategic, financial, human capital, legal / regulatory, technology and hazard. Good governance of risk is considering how we balance risk with cost and strategic direction.

Council agreed its role in clinical governance of risk and agreed to participate in the framework and document development. Council were supportive of the approach being taken and clarity of the presentation.

5. DAA Corrective Actions Report

Council noted progress reports continue to be provided to the Ministry of Health on implementation of actions following the last DAA Certification Audit. The high-risk actions related to management of risk and the risk management governance discussion indicated clear action on that item. The second related to staffing and while good progress has been made with implementation for action including CCDM implementation supporting nursing recruitment. High turnover rates do continue to mean that staffing levels are challenging,

Council was pleased to note that one low risk corrective action related fridge monitoring has now been closed.

6. Council AGM

The AGM of Clinical Council was not held at the October meeting as the meeting lacked a quorum due to sick leave, annual leave and high clinical demand in the sector. The AGM is now planned for November.

7. Retirement of Chris McKenna from Clinical Council

Council were pleased to recognise the tremendous contribution that Chris McKenna has made to Clinical Council over the past 11 years. Chris was an inaugural member of Clinical Council in 2010. She spoke of the hard work of Clinical Council, what it achieves in its governance within the DHB and that this was reflected in the informed dialogue that occurs at the meetings.

Council wished her well as she remains as a COVID Lead for the DHB. Chris was presented with flowers in recognition of her roles with Council as Chief Nursing and Midwifery Officer, member and past Chair.

PACIFIC POPULATIONS BOARD REPORT

To be provided

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

18. Confirmation of Previous Minutes (Public Excluded)
19. Matters Arising – Review of Actions (Public Excluded)
20. Chair's Report – verbal (Public Excluded)
21. Chief Executive Officer's Report (Public Excluded)
22. Health & Disability Service Review Transition Update (Public Excluded)
23. Localities Planning (Public Excluded)
24. COVID Response Update (Public Excluded)
25. Finance, Risk and Audit Committee Meeting (Public Excluded)
26. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
27. Safety & Wellbeing Report (Public Excluded)
28. DHB and Smoke free Aotearoa 2025 Goal (Public Excluded)
29. DHB Position Statement on the Sale and Supply of Alcohol Act (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).