BOARD MEETING

Date: Tuesday 31 August 2021

Time: 1.00pm

Venue: Zoom meeting (livestreamed for public meeting)

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

Apology:

In Attendance:
Andrew Boyd, Acting Chief Executive Officer
Members of the Executive Leadership Team
Dr Robin Whyman Chair, Hawke's Bay Clinical Council

Minute Taker: Brenda Crene

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	Karakia Welcome and Apologies	1.00
2.	Interests Register	
3.	Minutes of Previous Meeting – 3 August 2021	
4.	Matters Arising - Review of Actions	
5.	Board Workplan	

	Section 2: Standing Management Reports	
6.	Chair's Report (verbal)	1.10
7.	Chief Executive Officer's Report – Acting CEO, Andrew Boyd	1.15
8.	Financial Performance Report – Andrew Boyd, Executive Director of Financial Services	1.20
	Section 3: Strategic Delivery	
9.	Procurement Strategy/Policy – verbal – Andrew Boyd and Ashton Kirk (Business Manager PF&P)	1.25
10.	Hawke's Bay DHB Balanced Scorecard – Emma Foster and Lisa Jones (System Lead PF&P)	1.35
11.	Te Ara Whakawaiora – (Adult Health (Access / Cardiovascular / Smoking) – Emma Foster	1.45
	Section 4: Other Governance Reports	
12.	Board Health and Safety Champions' Report (verbal)	1.55
	Section 5: Noting Reports	
13.	Māori Relationship Board Report – Chair, Ana Apatu	-
14.	Hawke's Bay Clinical Council Report – Chair, Robin Whyman	-
15.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	2.00

Public Excluded Agenda

Item	Section 7: Routine	Time
16.	Minutes of Previous Meeting – 3 August 2021 (public excluded)	2.10
17.	Matters Arising – Review of Actions (public excluded)	
	Section 8: Standing Management Reports	
18.	Chair's Report - verbal (public excluded)	2.15
	Section 9: Strategic Delivery	
19.	Health & Disability Service Review (HDSR) Transition Verbal Update – Andrew Boyd	2.20
20.	Values: Tauwhiro, Rāranga te tira, He kauanuanu – Emma Foster, Executive Director Planning, Funding & Performance (EPF&P); and Penny Rongotoa (System Lead Commissioning PF&P) - Presentation "Planned Care Insights" (public excluded)	2.25
	Section 10: Other Governance Reports	
21.	Finance, Risk and Audit Committee Meeting (public excluded) – Chair, Evan Davies	2.35
22.	Health System Catalogue Pre-Paid Services Agreement (public excluded) - Andrew Boyd	2.40
23.	Board Health & Safety Champions' Report (public excluded)	2.50
24.	PHO Performance Discussion	2.55
	Section 11: Noting Reports	
25.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster & Ashton Kirk	-
26.	Māori Relationship Board Report (public excluded) – Chair, Ana Apatu	-
27.	Hawke's Bay Clinical Council Report (public excluded) – Chair Robin Whyman	-
28.	Safety & Wellbeing Committee Report (public excluded) – *No Meeting held in August*	-
29.	Karakia Whakamutunga	3.05
	Meeting concludes	

The next HBDHB Board Meeting will be held on
Tuesday 28 September 2021 commencing at 2.00pm

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

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.

Board "Interest Register" - as at 4 May 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 Whararíki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	Hawke's Bay District Health Board	Contracted as Incident Controller	Potential conflict. Will advise of any conflict of interest.	The Chair	16.09.20
		Cranford Hospice Trust	Health Consultant - contracted with provider	Will advise of any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	09.12.19
David Davidson	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria Univesity	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, 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 3 AUGUST 2021
TE WAIORA ROOM, DHB ADMINISTRATION BUILDING
MCLEOD STREET, HASTINGS
AT 2.00 PM
(LIVESTREAMED)

PUBLIC

Present:	Shayne Walker (Chair) Evan Davies (Deputy Chair) – via Zoom Hayley Anderson Ana Apatu Kevin Atkinson David Davidson Peter Dunkerley Charlie Lambert Heather Skipworth Panu Te Whaiti (Board Observer)
Apologies:	Joanne Edwards Renee Brown (Board Observer)
In Attendance:	Keriana Brooking, Chief Executive Officer Members of the Executive Leadership Team Members of the Public and Media (via livestream) Brenda Crene, Governance Administrator

1. 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.

The Chair sincerely thanked health workforce for their mahi and acknowledged the pressure they continue to be under throughout Hawke's Bay and also all around the New Zealand.

2. APOLOGIES
An apology was received and acknowledged for board member Joanne Edwards, and board observer Renee Brown. It was advised that Chris Ash and Jules Arthur may be late joining the meeting.

Kevin Atkinson had earlier advised he was an apology for Tuesday 31 August 2021 FRAC/Board meetings.
Action: Apologies advised for meetings in advance will be updated and made available to members within the 'resource centre' on Diligent.

3. INTEREST REGISTER
No amendments to the interest register were noted.
No Board member advised of any interests in the items on the agenda.

4. CONFIRMATION OF PREVIOUS MINUTES
The minutes of the Board meeting held on 29 June 2021 were confirmed as a correct record of the meeting.

Moved: Hayley Anderson
Seconded: Ana Apatu
Carried

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

6. BOARD WORK PLAN
The governance workplan was noted.

STANDING MANAGEMENT REPORTS

7. CHAIR'S REPORT (VERBAL)

- The Chair advised of the following retirements, with a letter being sent conveying the Board's best wishes and thanks for their extended years of devoted service and contribution to the health system and wished them all the best in their next journey.

Name	Role	Service	Years of Service	Retired
Sandra Ridley	Clinical Nurse Manager	Community Women & Children	15	25-Jun-21
Sue Allan	Physiotherapy Assistant	Older Persons, Allied & NASC HB	26	29-July-21

- Acknowledged the surgical services project building was progressing, creating inconvenience for both staff and patients. The Board sincerely appreciate everyone's support to enable us to bring in another Operating Theatre for Hawke's Bay.
- The Chair acknowledged appreciation for our vaccination workforce rolling out the programme throughout Hawke's Bay. Appreciate also the Hauora providers who were working with our Taiwhenua hapu and iwi within our community, to keep them safe and it is also pleasing to see work occurring within our marae's.

8. CHIEF EXECUTIVE OFFICER'S REPORT
The CEO's report was taken as read with the following comments provided:

- Strike notices:
  a) one received from the New Zealand Nurses Organisation (NZNO) on 19 August between 11am 7pm
  b) others received for 11 and 19 August from the Midwifery Employees Representation and Advisory Service (MERAS), Midwifery Union

  We are required to prepare and discuss with both unions, enabling the delivery of life preserving services at all times. Action may be withdrawn but we need to plan for all eventualities, therefore Volunteers will be sought, including any interested board members. It is incredibly hard work and certainly provides a deep appreciation of the work our staff do.

  Action: To volunteer during strike action, please contact viv.kerr@hbdhb.govt.nz
- We have utilised volunteers at times during the winter school holidays (due to the prevalence of RSV). Assistance had been provided in a variety of ways, particularly in the health care assistant area. I wish to take the time to thank those volunteers for their support.
- On 20 August the following will occur on campus:
  a) 25th anniversary of Te Awa Hauora Marae on campus is being held at 10am in the Mihiroa Whare
  b) In afternoon we will farewell our much-loved lead Chaplain Barbara Walker, who provides a lot of support to our patients and staff. She has only been our Chaplain but has had a long career as a nurse and midwife both in NZ and internationally.
- The CEO recognised the recent appointment of Kitea Tipuna the first Ngati Kahungunu CEO appointment to the Wairoa District Council.
- Busyness within the Hospital has had an impact on our unplanned care. Not one day has been code green for an entire day in July with our capacity to meet demand. Has been tough for some whanau members as we have had to restrict visitor access to some wards to ensure infection control.

- We have had to reduce planned care. This decision had not been made lightly but given acute demand, this reduction will remain work in progress, during winter.
- Planned care had been at high levels throughout the year end 30 June 2021, from within the hospital and via outsourcing the delivery of planned care.

Ana Apatu conveyed thanks and appreciation and how well we are coping during such trying times. The Chair also acknowledged great dedication and commented on the CEO's great leadership.

With no further comments the CEO's report and verbal update was adopted

RECOMMENDATION

That the HBDHB Board:

1. **Note** and acknowledge this report.

Adopted

9. FINANCIAL PERFORMANCE REPORT

The Chair welcomed the new Executive Director of Financial Services Andrew Boyd to the team. He noted there were two parts to the report provided (including one late item). The Finance Report had been discussed in detail at the Finance Risk and Audit Committee (FRAC) meeting held 21 July 2021.

The Financial Report was taken as read and Andrew provided credit to the team for the reporting provided throughout the year and to the entire organisation for landing a financial result so close to plan as at 30 June 2021.

Comment on major items: Holidays Act remediation work remains ongoing (nationwide) and is complex piece of work, with no expectation to finalise until the end of 2022.
Capital Project slippage: COVID supply change issues being worked through; plus working with MoH as to what projects we carry forward. In the interim we are improving processes to optimise our investments with a number of conflicting constraints which need to be balanced (including funding and staff capacity).

With no further comments or questions the recommendation to note the financial report was adopted.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

The late item noted

9.1 LETTER OF REPRESENTATION AND REQUEST FOR A LETTER OF COMFORT

An overview report, together with letters for signing were provided to the Board.

Purpose, to meet Ministry of Health requirements for: assurance on information provided for the Crown Financial Statements; plus a request for a letter of comfort relating to the 2020/21 Annual report.
When discussing the recommendations, Kevin Atkinson enquired whether the proposed deficit had been finalised. As it had not it was felt appropriate to include additional wording prior to issue.

Action: Include comment within the letter of comfort that *"At time of writing, the $28m 2021/22 draft planned deficit is not approved by the Ministry of Health."*

With no further comments the following recommendations were approved.

RECOMMENDATION

That the HBDHB Board:

1. **Resolve** that the Chair of the Board and Chair of FRAC are delegated to sign the Letter of Representation to the Director-General of Health, in relation to the information provided to the Ministry of Health for the Government's financial statements. To be submitted before the 9 August deadline.
2. **Resolve** that the Chair of the Board request a Joint Letter of Comfort from the Ministers of Health and Finance to support the going concern assumption in the 2020/21 Annual Report. To be submitted before the 9 August deadline.

Moved : Kevin Atkinson
Seconded: Peter Dunkerley
CARRIED

STRATEGIC DELIVERY

10. VALUES PRESENTATION under the umbrella of Ākina (Continuous Improvement)

Anne Speden (Executive Director of Digital Engagement), Claire Fraser (Hospital Pharmacy Manager) and Ben Duffus (Head of Innovation and Strategic Partnerships) were in attendance for this item.

An overview of Raranga Te Tira – Partnership 'Real Time Monitoring of Critical Medications' was provided, showcasing the amazing work undertaken by the team to implement technology to monitor items in the Pharmacy space, to remove the likelihood of loss from irreversible damage, reduce significant expense and do away with reactive manual recording.

In summary the following was achieved:
- Optimised pharmacy outflow
- Innovation with Spark on a leading-edge solution with the potential to deploy elsewhere
- Scalable solution - can track other assets.

Advised there are definitely partnering opportunities that may be looked at in the future.

The team were thanked for their presentation and applauded for their innovation.

11. PHO QUARTERLY UPDATE

Phillipa Blakey (Chief Executive of Health Hawke's Bay) introduced those supporting her as Wii Ormsby and Jackie Ham (Senior Advisors, Maori Health Team); and Fiona Thompson (Group Manager, Practice Partnerships).

Health Hawke's Bay Primary Cares presentation was entitled "Ka Hikitia Strategy" Whanau ora, Hapori ora Family wellbeing, Community wellbeing to support the provider network to achieve equitable health outcomes with Maori.

An exciting presentation taking board members through part of the programme.
The five Pou included: Cultural Responsiveness; Partnership Contracting, Targeted Funding; Strengthening General Practice; Enabling Systems and Processes and the Operating Model. However, the focus this time was centred around **Cultural Responsiveness aspect and Strengthening General Practice** to develop plans that underpin the cultural aspect of inclusion within their practices.

From the community survey (no matter the ethnicity) comments received back included: they seek a welcoming feeling; need to be better understood; need choices / options, practices to be more responsive to their needs and to help with the barriers they experience.
From the practices perspective they are frustrated by multiple contracts and siloed funding.

A great deal of good material was relayed during the presentation including the following example of learnings/training, provided by Jackie.
Te Kura Nui – Noble Treasure outlining learnings for General Practice over a period of time included:

Himene, Karakia, Waiata
Correct pronunciation activities and song
Mihimihi – greetings and goodbye
Pēpeha/Whakapapa workshop
Manaaki, Tiaki and Whanaungatanga workshop
Basic questions – 'kei te pēhea koe? Kei te māuiui ahau'

An overview of which practices/staff were currently engaged was provided. Training /learnings could be received through a variety of methods including interactive sessions face to face, by podcast and/or online learning.

In response, it was "a Beautiful presentation" not only teaching but socialising with whanau to compliment learnings. The more involved the practice was, the more time they will find time themselves. Once that occurs this will become business as usual.

What does success look like for the patient and what does success look like for the Practice**?**

Fiona Thomson advised this is a move towards more equitable outcomes for Maori, with high accountability of outcome measures. Practices to develop the plan that underpins with the cultural aspect included. Will hold quarterly review meetings with the practices, this would be a facilitated review meeting not just a performance judgement.

This change would require a significant reallocation of funding.

Discussion summarised:

- Workforce challenges in Primary Care are very real with 14.5 GP vacancies currently with some saying it is more likely 20.
  - Rugby advertising during games encouraging CVDRA health checks accepted as successful partnering to get messaging across – was suggested testing could encompass more ie., test for everything!
- Query regarding the proportion GP practices embracing Health Care Homes? Advised in various stages of acceptance
- Significant changes promoted here, look forward to seeing the changes in the stats.
- COVID Vaccine program, thoughts are to incentivise sporting clubs.
- COVID Vaccines and impact on families in Emergency Accommodation. Feel more difficult to contact as they are moving around.
- Discussed Triple enrolment: pre-birth enrolling with GP, dental service or Plunket/Kaupapa equivalent. Problem - midwives not knowing where mothers are enrolled. System may not be correct. Process workflow matter.
  Charlie advised this should be the blueprint pathway through from birth to. He noted this was missing in Pinepine te kura – Tiny treasure, and would be to pick up.
  - Shayne advised, be careful when referring to "hard to reach tamariki", must ensure 'no blame' as holds negative connotations which does more harm than good.
- Compliments conveyed on Health Hawkes Bays social media content.
- When practices onboard 1 July 2020 first tranche; have not had reporting systems in place. Measures now established in Thalamus not able to track progress other than those we track progress report on. New dashboard developed now.

With no further comments the Board thanked those present and noted the presentations provided.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the contents of the presentation provided.

OTHER GOVERNANCE REPORTS

12. BOARD HEALTH & SAFETY CHAMPIONS' REPORT

The Board Health and Safety representative(s) David Davidson conveyed that prior to joining board he had noted risks to some meals and wheels volunteer providers. He congratulated kitchen staff for assisting with a perceived safety risk at that time. An issue with uneven concrete was corrected by facilities.
Another area was being looked at and advised this would be brought to the Board at a later date.

With no further comments the verbal update was noted.

NOTING REPORTS

13. PASIFIKA HEALTH LEADERSHIP GROUP (PHLG) – CHAIR'S REPORT

Recognition and thanks were conveyed to the PHLG's Chair Traci Tuimaseve and other members who had worked tirelessly on the Terms of Reference changes. Unfortunately, Traci could not attend the meeting.

As the Chair of CPHAC, Hayley Anderson spoke to the report, seeking the HBDHB Board's endorsement of the updated Terms of Reference (TOR) July 2021. The differences between the existing TOR from 2017 and revised 2021 TOR had been highlighted within the report which included a name change for the group to Pacific Community Council.

- Prior to the meeting Hayley advised she had further consulted with the group who would prefer to change the name to the "Pacific Population Board" rather than Council. The recommendation was updated accordingly.
- Hayley advised this group had clearly moved from operational to governance based, therefore felt it important to include governance training for those around the table.

Board members asked for thanks to be passed on to Traci and the other members for their contribution.

RECOMMENDATION

That the HBDHB Board

1. **Note** the contents of this report.
2. **Endorse** the amended Terms of Reference (ToR), noting the name of the Pasifika Health Leadership Group (PHLG) would change to the **Pacific Population Board (PPB**).

Moved: Shayne Walker
Seconded: Ana Apatu

14. MAORI RELATIONSHIP BOARD – CHAIR'S REPORT

Ana Apatu Chair was available for questions around this report provided for noting.

The MRB report was Adopted.

RECOMMENDATION
That the HBDHB Board:

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

Adopted

15. HB CLINICAL COUNCIL – CO-CHAIRS' REPORT

Co-Chair Dr Robin Whyman spoke to the Council report. The July meeting was well attended with lengthy discussion on a number of topics. New members of Council included Brendon Duck and JB Heperi Smith.

The report touched on COVID-19 vaccination rollout; ED People and Culture (around a Leadership Training Plan) being developed; eMedicine Management Strategy; Inpatient Survey; Health Pathways; and a thank you around the funding provided towards Maternity Scanning.

RECOMMENDATION

That the HBDHB Board:

1. **Notes** the contents of 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 (Public Excluded)
20. Health & Disability Service Review Transition Update (Public Excluded)
21. Balanced Scorecard (Public Excluded)
22. Strategic Workplan Update – Integrated System Plan (Public Excluded)
23. Finance, Risk and Audit Committee Meeting (Public Excluded)
24. Board Health & Safety Champion's Report (Public Excluded)
25. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
26. Equity Investment Update (Public Excluded)
27. Te Pītau Health Alliance (Hawke's Bay) Report (Public Excluded)
28. Māori Relationship Board Report (public excluded)
29. Safety & Wellbeing Report (Public Excluded)

Moved: **Heather Skipworth**
Seconded: **Peter Dunkerley**
Carried

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

The public section of the Board meeting concluded at 3.25 pm

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	1/6/21 3/8/21	**Forecasted Board attendance** For discussion when next meet. Board member planned attendance to be recorded and placed in the Diligent 'Resource Centre' for members to access. This will be updated as required.	Board Chair Admin	June Aug	Closed Location of the detail placed within the Resource Centre: - Board Administration Board attendance Aug2021 to June2022
2	3/8/21	Board members who may wish to volunteer during strike action by NZNO and MERAS planned for 11th and 19th August to contact viv.kerr@hbdhb.govt.nz	Board members	asap	Closed

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
	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 (March/June/Sept/Dec)		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
June 21	Legislative Compliance
July 21	Outpatient Data/Booking Process
Sept 21	Staff Engagement Monitoring and Organisational Culture

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 16/6/21

HAWKE'S BAY
District Health Board
Whakawāteatia

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**31 August 2021 DHB CEO BOARD GOVERNANCE REPORT** For the attention of: **HBDHB Board**
Document Author(s)	Andrew Boyd, Acting Chief Executive Officer
Date	23 August 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 the 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. Strategic improvements and investment decisions (including disinvestment) will feature as Board decision papers over the coming months.
Financial/Legal Impact	Nothing for noting.
Stakeholder Consultation and Impact	The CEO had the following interactions in this period: • Attended the local Bipartite meeting • Attended the Safe Staffing/Healthy Workforce meeting to acknowledge HBDHB's Care Capacity Demand Management (CCDM) Standards achievement • Along with Patrick Le Geyt and Farley Keenan, visited the EIT Institute of Sport & Health • Attended the National Workforce Management Group weekly zoom meetings • Met with Ian Grant, Programme Director Regional Hospitals Development Programme, Health Infrastructure Unit • Attended the Central Region DHB CEOs meeting and then the Joint Chairs and CEOs meeting • Attended the National COVID-19 Vaccine and Immunisation Steering Group weekly meetings • Attended the National Bipartite Action Group meeting as the DHB CEO representative • Attended Te Matau a Maui Health Trust to speak on the health reforms

	• Chaired the Immunisation Implementation Advisory Group fortnightly meetings • Was interviewed by NZ Doctor • Spoke on the Health Reform Panel at the Royal New Zealand College of General Practitioners (RNZCGP) Conference • Along with Andrew Boyd, met with Unison CEO to discuss risk management • Attended the induction pōwhiri for new HBDHB staff • Along with Emma Foster, met with the Hawke's Bay RCNZCGP Faculty • Met with Te Taiwhenua o Heretaunga CEO, Waylyn Tahuri-Whaipakanga • Attended the National DHB CEOs meeting and then the National DHB Chairs and CEOs meeting • Attended the Weekly Lead CEs and Transition Unit Meeting • Attended the official opening of MSD, Oranga Tamariki and Kainga Ora new premises • Spoke to 'Seat at the Table' DHB Governance Development Programme participants as part of a Leadership Hui • Attended training: Stage 4 of Health & Safety Manager of Others • Attended the Commissioning and Localities Working Group for the Health and Disability System Review • Attended the Hawke's Bay Regional Leadership meetings • Attended the National CEs' meeting on Transition • Attended the monthly Medical Directors and Head of Department Meeting
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*	

INTRODUCTION

Keriana has volunteered to stand up the National Health Coordination Centre and is serving as a trusted conduit between the Ministry of Health (MoH) and DHB CE colleagues. Better coordination and faster iterative planning and guidance is already evident in this new arrangement. We all hope this latest outbreak will be contained quickly and Keriana will be back at the helm in a couple of weeks. In the meantime, I can report the Hawke's Bay District Health Board (HBDHB) team is leading and managing our response in a calm and professional manner, and the structures and relationships developed during 2020 have enhanced the effectiveness of inter-agency responses to our most vulnerable communities.

HOSPITAL SERVICES UPDATE

Unplanned Care

The Health Target result for July was 71.4 percent, reflecting a continued high number of presentations (4,132 during the month). Important to note that 33.9 percent of those presentations converted to inpatient admissions. This was driven by the outbreak of Respiratory Syncytial Virus (RSV), which also affected the rate of discharges. The impact of RSV on key onward areas from the Emergency Department (ED) such as the Intensive Care Unit (ICU), was also a major factor.

Planned Care

HBDHB planned care delivery dropped in July 2021 for outpatients but performance remained strong for onsite elective surgery.

- A net total of 2,270 referrals were received in July. This is a decrease of 123 compared with June, and 253 referrals lower than in May. In total, 1,641 patients were provided with First Specialist Assessments in July – this is 134 (7.5 percent) fewer patients compared with June
- The number of patients overdue against the ESPI2 measure increased by 108 patients from June. The proportion waiting four months or more for their appointment also increased month-on-month to 21.9 percent, up from 20.9 percent in June
- This result is also reflected in overall trajectory numbers, with HBDHB 22.7 percent higher (221 patients) than the month-end target for the Ministry of Health Improvement Action Plan

In respect of elective surgery, HBDHB delivered 96.0 percent of Ministry of Health production planning discharge target in July (a total of 600 discharges vs 625 plan).

- Inter District Flow activity in July was on plan with 73 discharges
- On-site activity performed better than plan with a total of 498 discharges in July
- Outsourced had a slower than expected start with only 29 discharges in July (30.0 percent of plan), however the difference is expected to be made up as the year progresses
- Overall the waiting list for surgery ended the month relatively unchanged at 2,322. However, of these, 38.6 percent of patients have now waited more than the ESPI5 measure of four months (up from 36.7 percent in June) – equating to a further 44 patients now overdue.

COVID-19 UPDATE

The Auckland Covid-19 community cases proved to be the highly infections Delta strain and resulted in Level 4 lockdowns across the country. HBDHB was well prepared for this and within a few hours of the Prime Minister's announcement had taken the required actions to move into Level 4.

A number of lessons were learned from the 2020 lockdowns.

In particular we have maintained delivery of more hospital and community services, where it has been safe to do so, including some non-deferable elective surgical operations and some community services.

In terms of community services, these have continued where staff were fully vaccinated and wearing PPE and where the consumer consented to the visit. The focus has been on ensuring good testing availability and vaccination, given that vaccination was postponed for 48 hours, losing us 3500 vaccination slots.

The Public Health Unit response was swift and the team was quick to provide support for contact tracing nationally. A highly detailed resurgence plan and the event allowed us to refresh and improve on this. The psycho-social support team was stood up to provide assistance to staff within hours of the announcement. There was good liaison with Civil Defence Emergency Management(CDEM) for whānau welfare.

Overall our response was good given the short time between the Prime Minister's announcement and commencement of lockdown.

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	August 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	

8

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The operating result for July is $0.972m favourable to plan. The main drivers are vacancies including in new positions, limited use of continuing medical education leave (CME), a lower than planned level of outsourced elective surgery, and lower than expected residential care costs, partly offset by yet to be achieved savings.

The surplus/(deficit) including COVID-19 and Holidays Act is $0.953m favourable for July. As COVID-19 expenditure is now covered by various funding sources and the Holidays Act in year increases are included in the budget this is the figure that will be monitored against our Annual Plan.

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

$'000	July Actual	July Budget	July Variance		Annual Plan	Refer Appendix
Operating Revenue	59,855	59,524	332	0.6%	708,349	1
Less:						
Providing Health Services	30,729	32,232	1,503	4.7%	345,072	2
Funding Other Providers	25,157	25,158	1	0.0%	303,400	3
Corporate Services	5,475	5,547	72	1.3%	67,450	4
Reserves	2,250	1,313	(936)	-71.3%	17,471	5
Operating Result	**(3,755)**	**(4,727)**	972	20.6%	**(25,045)**	
Plus:						
Emergency Response (COVID-19)	0	-	0	0.0%	-	
Holidays Act Remediation	(250)	(231)	(19)	-8.4%	(3,000)	
	(4,005)	**(4,957)**	953	19.2%	**(28,045)**	

Other Performance Measures

	July Actual	July Budget	July Variance		Annual Plan	Refer Appendix
	$'000	*$'000*	*$'000*	*%*	*$'000*	
Capital spend	2,970	2,952	19	0.6%	49,142	12
	FTE	*FTE*	*FTE*	*%*	*FTE*	
Employees	2,782	2,825	43	1.5%	2,807	2 & 4

- Capital spend (Appendix 10)

  Close to budget in July. There is significant expenditure planned for 2021/22 that may be affected by project slippage relating to the effect of COVID-19 on international supply chains.

- Cash (Appendices 9 & 11)

  The cash low point for the month was the $2.2m overdrawn on 1 July, following the $25m equity support received in mid June.

- Employees (Appendices 2 & 4)

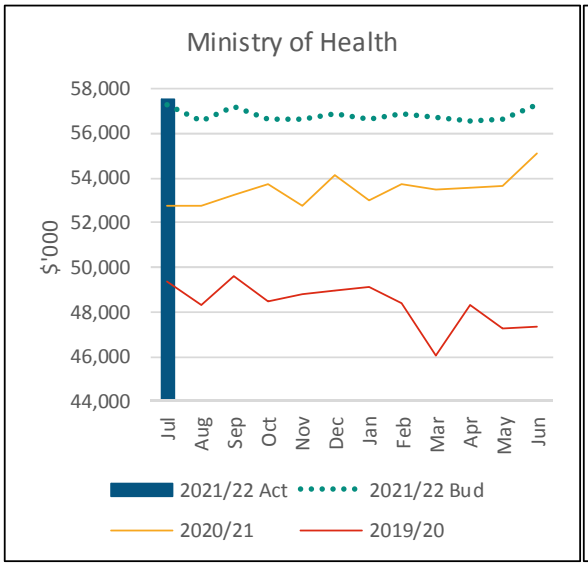
  The lower than planned employee FTE numbers reflect the difficulties recruiting to vacant and new positions.

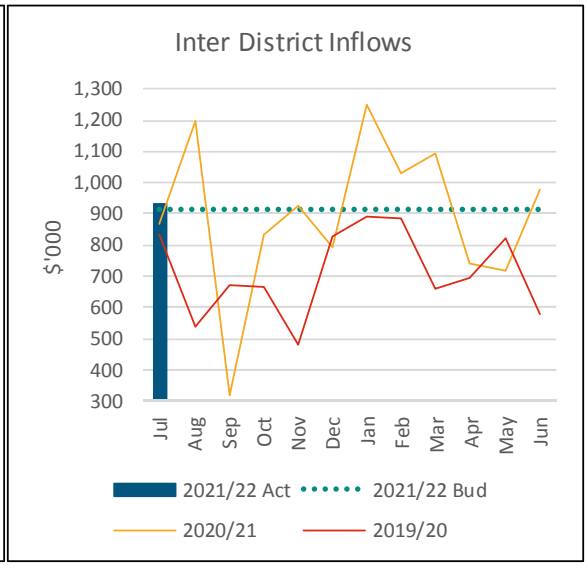
APPENDICES

As there is only one month of actual results, a bar rather than a line has been used in each of the graphs below for the month of July 2021.

1. OPERATING REVENUE

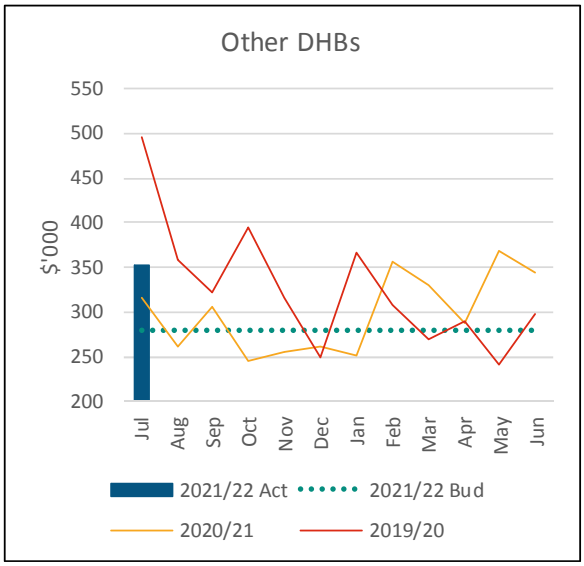
Excludes revenue for COVID-19	*July*				
$'000	***Actual***	***Budget***	***Variance***		***Annual Plan***
Ministry of Health	57,570	57,328	242	0.4%	682,056
Inter District Flows	933	913	20	2.1%	10,962
Other District Health Boards	352	278	73	26.4%	3,343
Financing	16	4	13	347.9%	44
ACC	406	459	(53)	-11.5%	5,506
Other Government	58	38	20	53.3%	438
Abnormals	5	-	5	0.0%	-
Patient and Consumer Sourced	124	121	3	2.8%	1,450
Other Income	391	383	8	2.1%	4,550
	59,855	**59,524**	332	0.6%	**708,349**

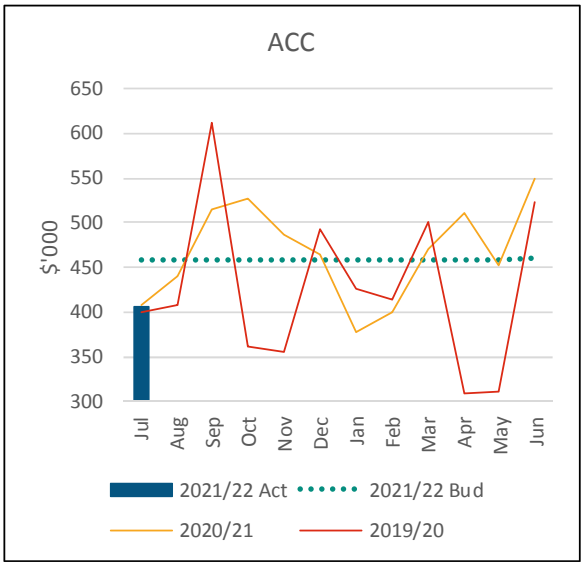




Ministry of Health ($242k favourable)
Close to budget.

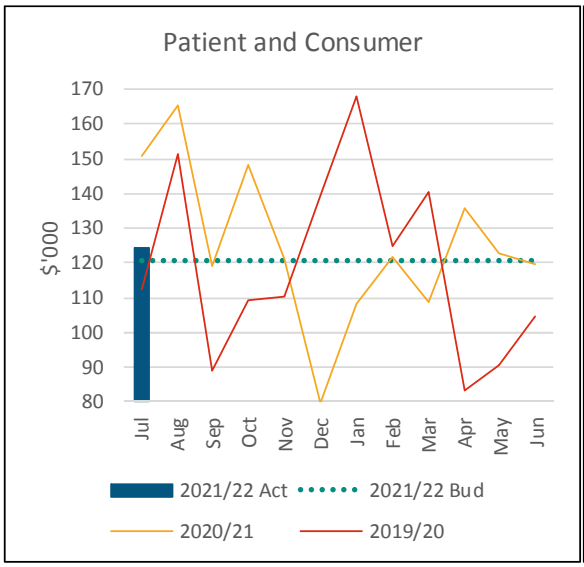
Inter District Flows ($20k favourable)
Close to budget.

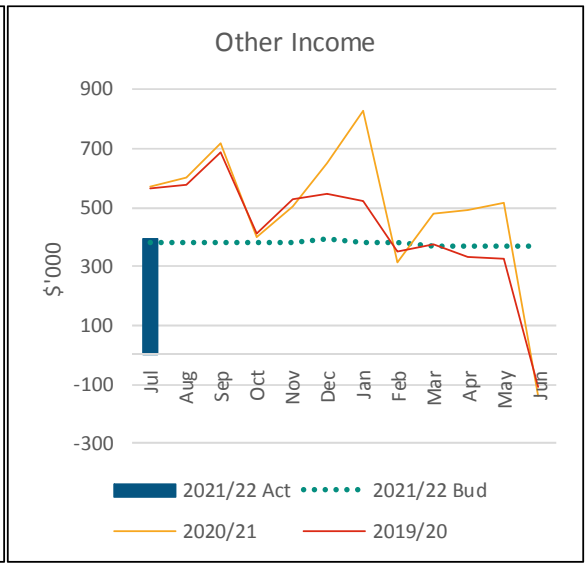




Other District Health Boards ($73k favourable)
Favourable across a number of DHBs for patient transport reimbursements, Mid Central DHB for oncology clinics, and Tairawhiti DHB for pharmaceutical cancer treatments (PCTs).

ACC ($53k adverse)
Lower than planned provision of rehabilitation services.



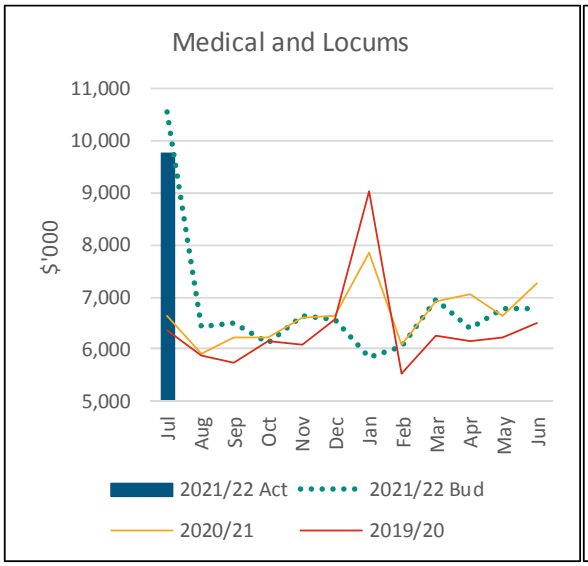


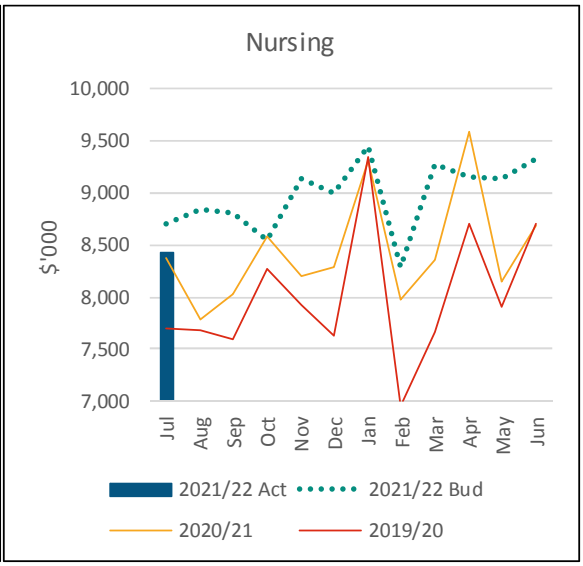
Patient and Consumer ($3k favourable)
Close to budget.

Other income ($8k favourable)
Close to budget.

2. PROVIDING HEALTH SERVICES

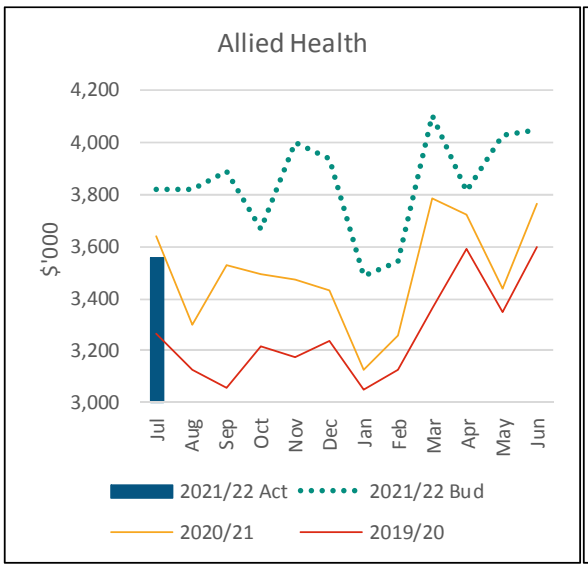
	July				Annual
	Actual	*Budget*	*Variance*		*Plan*
Expenditure by type $'000					
Medical personnel and locums	9,765	10,546	782	7.4%	81,568
Nursing personnel	8,424	8,712	287	3.3%	107,685
Allied health personnel	3,555	3,821	266	7.0%	46,173
Other personnel	2,407	2,404	(3)	-0.1%	28,939
Outsourced services	889	1,231	342	27.8%	14,690
Clinical supplies	4,104	4,029	(75)	-1.9%	48,319
Infrastructure and non clinical	1,585	1,489	(96)	-6.4%	17,699
	30,729	**32,232**	1,503	4.7%	**345,072**
Expenditure by directorate $'000					
Medical	9,421	9,796	376	3.8%	101,455
Surgical	7,009	7,854	844	10.7%	81,685
Community, Women and Children	4,777	4,801	24	0.5%	52,917
Mental Health and Addiction	2,418	2,585	167	6.5%	26,266
Older Persons, NASC HB, and Allied H	1,544	1,627	83	5.1%	18,121
Operations	4,424	4,260	(164)	-3.8%	51,201
Other	1,136	1,310	174	13.3%	13,427
	30,729	**32,232**	1,503	4.7%	**345,072**
Full Time Equivalents					
Medical personnel	460.3	477.0	17	3.5%	419.3
Nursing personnel	1,141.6	1,129.7	(12)	-1.0%	1,155.7
Allied health personnel	518.7	546.4	28	5.1%	551.6
Support personnel	129.2	121.3	(8)	-6.5%	126.2
Management and administration	291.6	299.5	8	2.6%	300.8
	2,541.4	**2,573.9**	33	1.3%	**2,553.5**

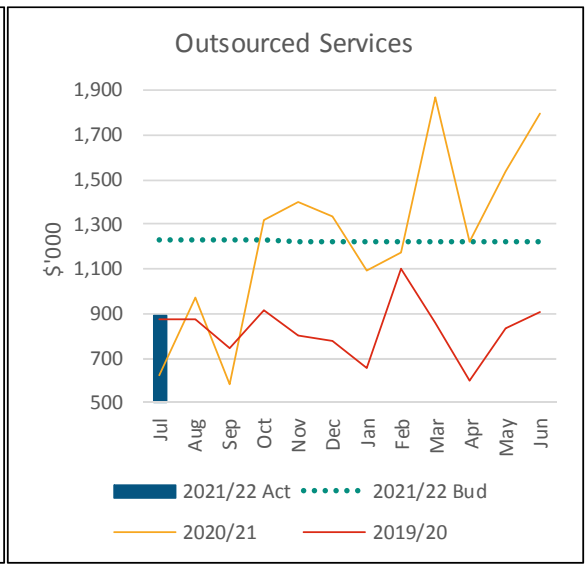




Medical personnel and locums ($0.8m favourable)
Low use of continuing medical education leave (CME) reflecting COVID-19 restrictions, and vacancies - including in new positions - partly offset by locum cover. The high budget in July, and the low budget in January in comparison to prior years, reflects the change in entitlement date for CME from 1 January to 1 July of each year

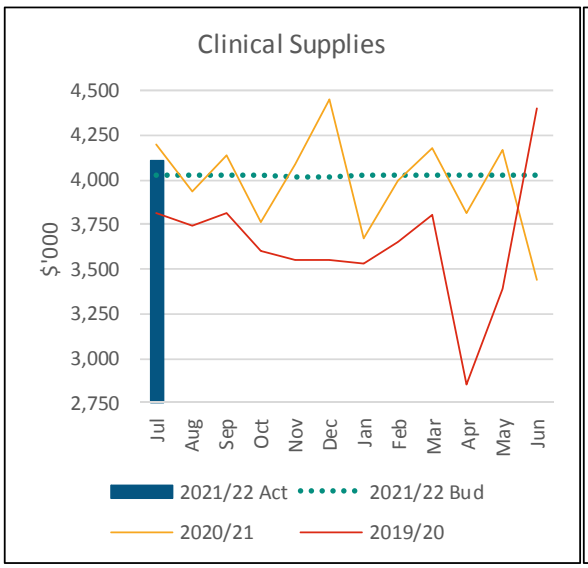
Nursing ($0.3m favourable)
Mainly vacant new care capacity demand management (CCDM) positions currently being recruited to.

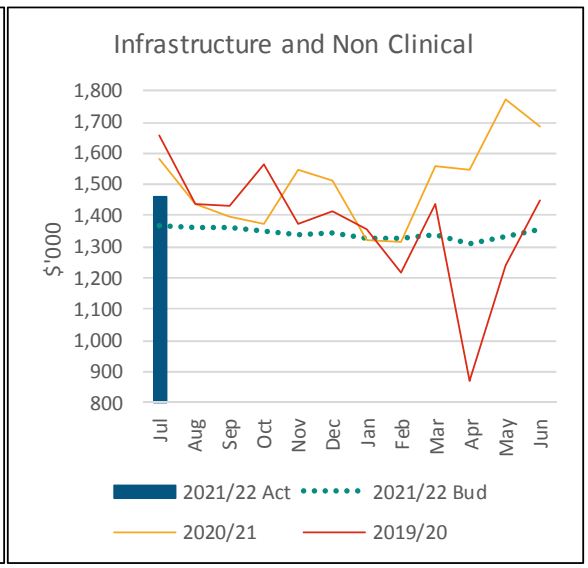




Allied Health ($0.3m favourable)
Vacancies in psychologists, pharmacists, social workers, physiotherapists, MRTs, and technicians.

Outsourced services ($0.3m favourable)
Significantly lower than budget outsourcing of elective surgery, partly offset by locum vacancy cover.

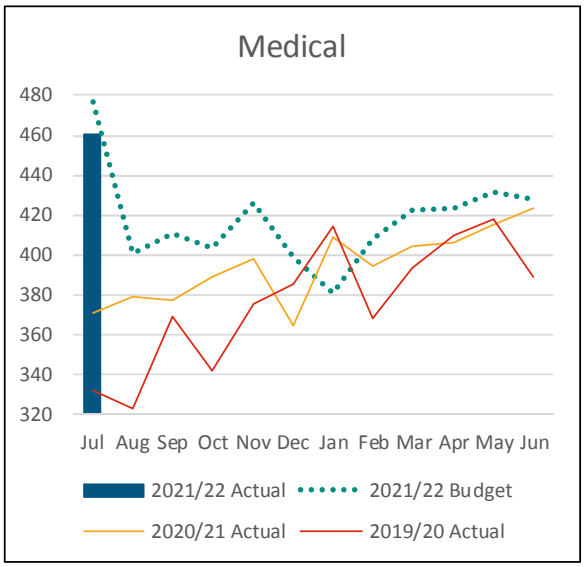


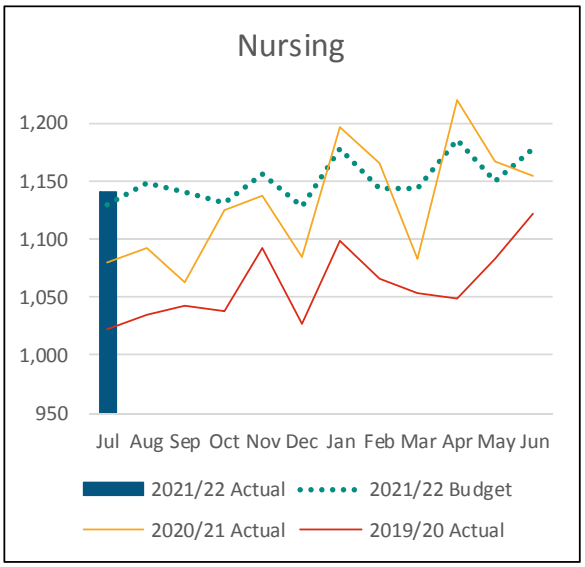


Clinical supplies ($0.1m adverse)
Mainly patient transport.

Infrastructure and non clinical supplies ($0.1m adverse)
Cleaning, food costs, uniforms and outsourced maintenance.

Full Time Equivalents (FTE)

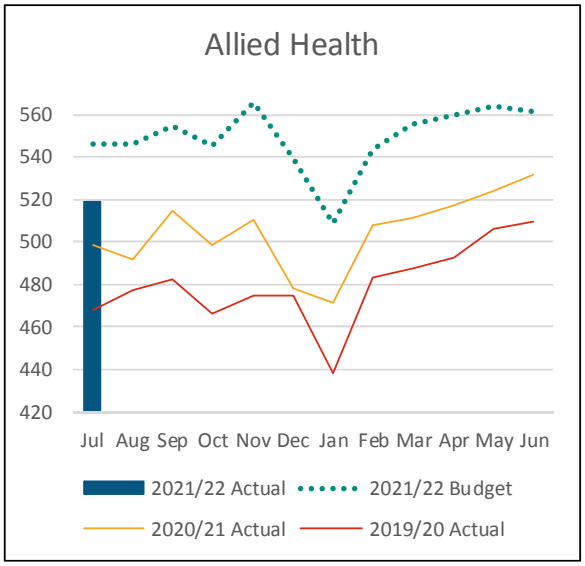


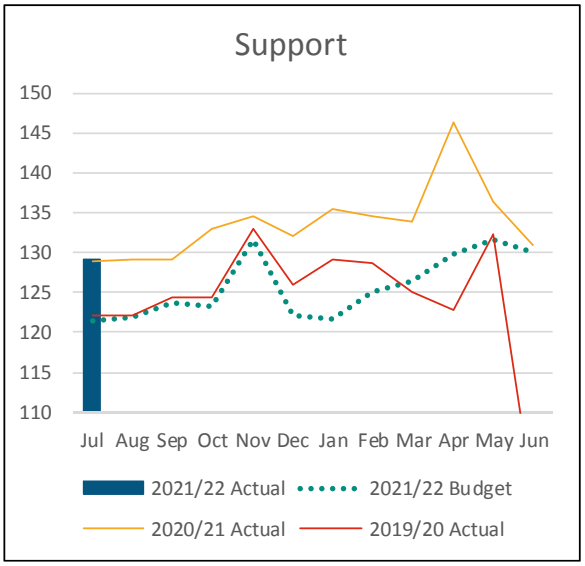


Medical personnel (17 FTE / 3.5% favourable)
Specialist vacancies, and recruitment difficulties. Long lead times to onboard medical staff relating to completion of training.

Nursing personnel (-12 FTE / -1.0% adverse)

Includes nursing staff on accident leave.



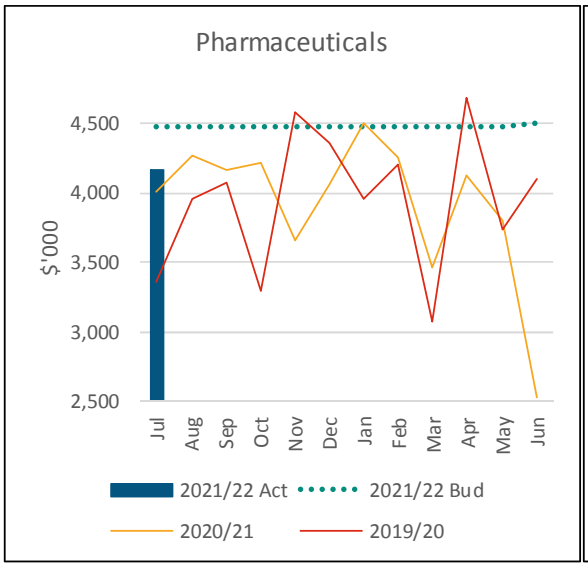


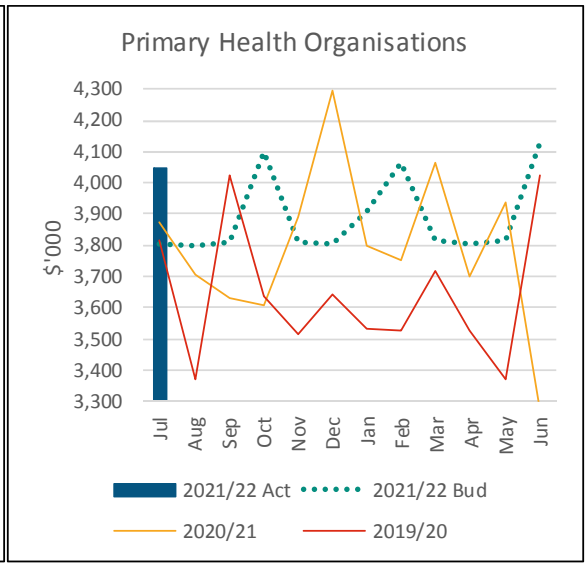
Allied health personnel (28 FTE / 5.1% favourable)
Ongoing difficulty filling vacancies including psychologists, community support workers, social workers, pharmacists, and technicians.

Support personnel (-8 FTE / -6.5% unfavourable)
Orderly and kitchen assistant numbers driven by patient activity and dependency.

3. FUNDING OTHER PROVIDERS

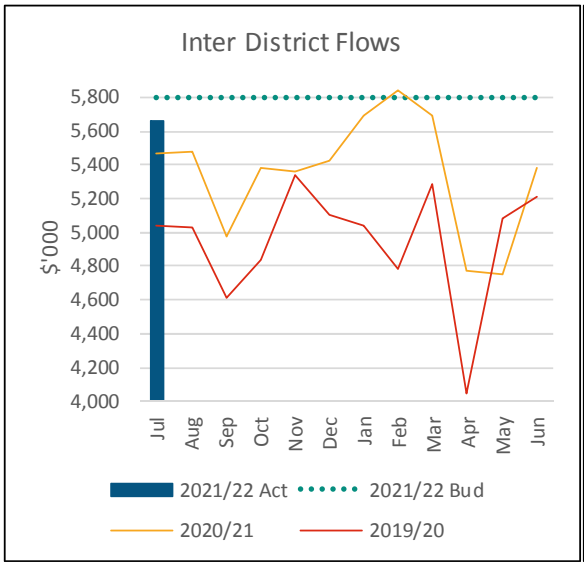
$'000	July Actual	July Budget	July Variance		Annual Plan
Payments to Other Providers					
Pharmaceuticals	4,173	4,481	308	6.9%	53,795
Primary Health Organisations	4,049	3,804	(245)	-6.4%	46,653
Inter District Flows	5,664	5,804	139	2.4%	69,644
Other Personal Health	2,695	2,337	(358)	-15.3%	28,544
Mental Health	1,572	1,475	(97)	-6.6%	17,762
Health of Older People	6,548	6,876	328	4.8%	82,404
Other Funding Payments	456	382	(74)	-19.4%	4,598
	25,157	25,158	1	0.0%	303,400
Payments by Portfolio					
Strategic Services					
Secondary Care	5,315	5,518	203	3.7%	66,214
Primary Care	9,792	9,703	(90)	-0.9%	117,990
Mental Health	1,811	1,805	(6)	-0.3%	21,731
Health of Older People	7,527	7,455	(72)	-1.0%	89,359
Maori Health	595	556	(38)	-6.9%	6,676
Population Health	117	121	4	3.1%	1,430
	25,157	25,158	1	0.0%	303,400

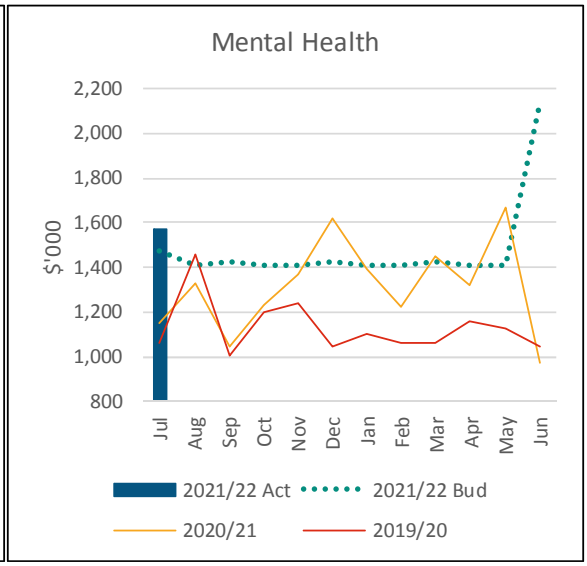




Pharmaceuticals ($0.3m favourable)
Based on latest available PHARMAC forecasts and community and hospital pharmacy activity.

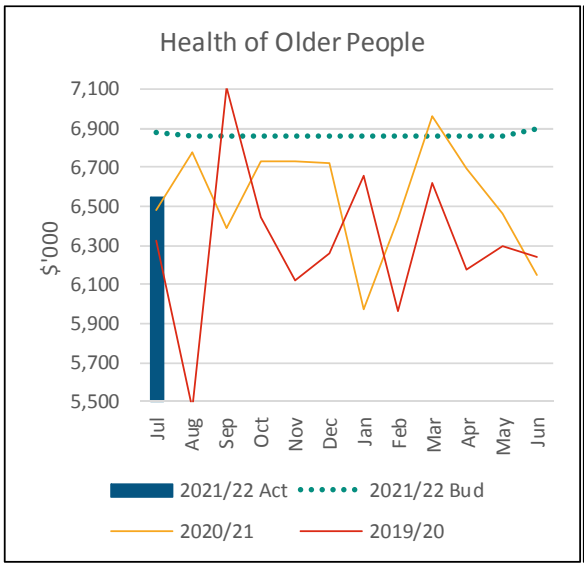
Primary Health Organisations ($0.2m adverse)
Services for under 13s and community services card holders, together with Discharge Pathway funding.

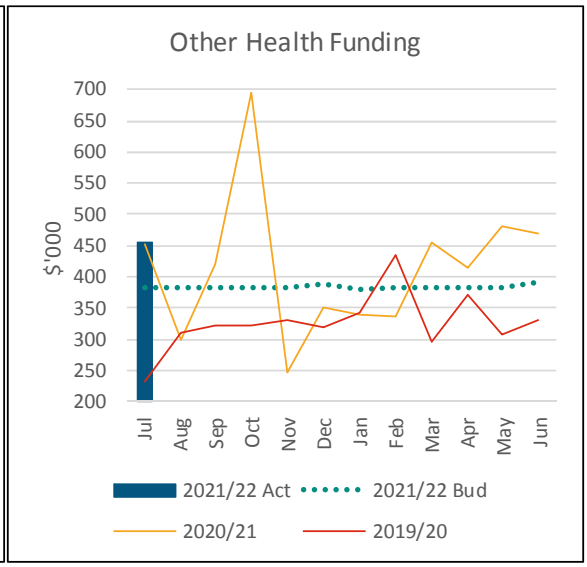




Inter District Flows ($0.1m favourable)
Inter District Flows are inherently volatile due to the small volume and high cost. July is relatively close to budget.

Mental Health ($0.1m adverse)
Close to budget.





Health of Older People ($0.3m favourable)
Respite care and initiatives programme expenditure.

Other Funding Payments ($0.1m adverse)
Higher than planned Whanau Ora and public health infrastructure costs for July.

4. CORPORATE SERVICES

$'000	July Actual	July Budget	July Variance		Annual Plan
Operating Expenditure					
Personnel	2,018	2,031	13	0.7%	23,992
Outsourced services	52	58	6	10.5%	695
Clinical supplies	53	113	60	53.2%	1,488
Infrastructure and non clinical	1,539	1,545	6	0.4%	19,324
	3,661	3,747	85	2.3%	45,499
Capital servicing					
Depreciation and amortisation	1,387	1,446	58	4.0%	17,702
Financing	0	21	20	98.1%	249
Capital charge	426	333	(92)	-27.7%	4,000
	1,813	1,800	(14)	-0.8%	21,951
	5,475	**5,547**	72	1.3%	**67,450**
Full Time Equivalents					
Medical personnel	1.2	1.6	0	24.6%	1.1
Nursing personnel	16.2	21.3	5	24.1%	21.3
Allied health personnel	2.0	2.5	1	20.1%	2.5
Support personnel	27.2	30.3	3	10.2%	30.6
Management and administration	194.5	195.6	1	0.6%	197.8
	241.1	**251.3**	10	4.1%	**253.3**

Centralisation of a number of clinical equipment service contracts resulted in part of their renewal costs being treated as prepayments, reducing clinical supplies expenditure in July. Delays in capital project completions in 2020/21 has reduced depreciation and amortisation costs in July also. These cost reductions were partly offset by increased capital charge costs resulting from the $25m of deficit support received in June.

5. RESERVES

$'000	July Actual	July Budget	July Variance		Annual Plan
Expenditure					
Investment reserves	1,929	1,811	(118)	-6.5%	21,174
Efficiencies	-	(767)	(767)	-100.0%	(9,200)
Other	320	269	(52)	-19.2%	5,497
	2,250	**1,313**	(936)	-71.3%	**17,471**

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.

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

6. FINANCIAL POSITION

30 June 2021	$'000	July Actual	July Budget	July Variance from budget	July Movement from 30 June 2021	Annual Budget
	Equity					
253,745	Crown equity and reserves	256,079	257,489	(1,409)	2,334	278,467
(129,509)	Accumulated deficit	(133,513)	(136,112)	2,598	(4,005)	(159,199)
124,236		122,566	121,377	1,189	(1,670)	119,268
	Represented by:					
	Current Assets					
574	Bank	577	4	573	4	4
1,451	Bank deposits > 90 days	1,455	2,055	(600)	4	2,055
22,480	Prepayments and receivables	19,076	21,833	(2,757)	(3,405)	20,048
4,975	Inventory	5,050	4,521	529	75	4,569
29,480		26,158	28,412	(2,255)	(3,322)	26,675
	Non Current Assets					
208,941	Property, plant and equipment	210,595	211,590	(994)	1,654	230,151
16,514	Intangible assets	16,435	14,118	2,317	(79)	13,238
1,673	Investments	1,729	1,341	388	56	1,341
227,128		228,760	227,049	1,710	1,631	244,731
256,608	**Total Assets**	**254,917**	**255,462**	**(544)**	**(1,691)**	**271,406**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	569	5,200	4,631	(569)	26,762
40,876	Payables	33,651	31,937	(1,715)	7,225	32,451
88,407	Employee entitlements	95,042	93,659	(1,383)	(6,636)	86,636
-	Current portion of borrowings	-	-	-	-	3,000
129,283		129,262	130,796	1,533	20	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**	**132,351**	**134,085**	**1,733**	**20**	**152,138**
124,236	**Net Assets**	**122,566**	**121,377**	**1,189**	**(1,670)**	**119,268**

Variances from budget:
Most budget variances in July relate to variability in receivables, payables and employee entitlements, that are expected to be short term, and were offset by software implementation and a reduced bank overdraft.

Increases in payable and employee entitlements expected to be short term are reflected in a lower bank overdraft.

7. EMPLOYEE ENTITLEMENTS

30 June 2021	$'000	July Actual	July Budget	July Variance from budget	July Movement from 30 June 2021	Annual Budget
11,420	Salaries & wages accrued	14,655	10,413	(4,241)	(3,235)	9,425
1,160	ACC levy provisions	975	214	(761)	185	190
6,727	Continuing medical education	10,172	14,690	4,518	(3,445)	6,143
67,169	Accrued leave	67,322	66,448	(874)	(153)	68,945
5,019	Long service leave & retirement grat.	5,007	5,183	175	12	5,222
91,496	**Total Employee Entitlements**	98,131	96,948	(1,183)	(6,636)	89,925

Accrued leave includes provisioning for remediation of Holidays Act non-compliance, not allowed for when the plan was prepared. As a result of the impact of COVID-19, CME which would have ordinarily been forfeited in January 2021, was held over until this year.

8. PLANNED CARE

MoH data for last year is provided below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows almost 99% of plan was achieved. Advice from MoH that a multi-year approach will be taken to volumes, suggests that missed volumes in 2020/21 should be captured in future year plans. Alternatively they may decide to offset them against the significant over delivery of minor procedures in 2020/21.

2020/21 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2020/21 Total Planned Volume
Inpatient Caseweight Delivery	8,103.8	2,796.0	10,899.8	10,762.4	98.7%	10,899.8
Inpatient Surgical Discharges	5,383	2,044	7,427	7,386	99.4%	7,427
Minor Procedures	2,094	890	2,984	5,752	192.8%	2,984
Non Surgical interventions	40	78	118	0	0.0%	118

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

NMDS Refresh Date: 2/08/2021 **NNPAC Refresh Date:** 2/08/2021
Data up to: Jun 2021 **Report Run Date:** 2/08/2021

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 July was a $663k overdrawn (June was $42k overdrawn).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month, however August's low point is projected to be $5.4m overdrawn on 31 August.

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 in July was close to plan.

See table on the next page.

	Year to Date			Annual
	Actual	Budget	Variance	Budget
	$'000	$'000	$'000	$'000
Source of Funds				
Operating Sources				
Depreciation	1,387	1,446	(58)	17,702
	1,387	1,446	(58)	17,702
Other Sources				
Special Funds and Clinical Trials	11	-	11	-
Finance Leases (Clinical Equipment)	-	-	-	3,000
Equity Injection received	2,334	-	2,334	25,024
Source to be determined	-	-	-	3,397
	2,345	-	2,345	31,421
Total funds sourced	**3,732**	**1,446**	**2,287**	**49,123**
Application of Funds:				
Block Allocations				
Facilities	231	165	(66)	2,000
Information Services	92	250	158	3,000
Clinical Equipment	84	250	166	3,000
	407	665	258	8,000
MOH funded Startegic				
Seismic Radiology HA27	0	49	49	593
Surgical Expansion	822	541	(281)	3,201
Radiology MRI & equipment	41	992	951	4,996
Main Electrical Switchboard Upgrade	757	258	(499)	3,100
Mobile Dental Unit	357	-	(357)	800
Angiography Suite	351	-	(351)	1,700
Endoscopy Building (Procedure Rooms)	10	83	74	1,000
Seismic AAU Stage 2	-	38	38	456
Seismic Surgical Theatre HA37	(32)	256	288	3,078
Linear Accelerator	-	-	-	1,000
MOH Planned Care Procedure rooms x 4	-	-	-	1,900
	2,306	2,219	(88)	21,824
DHB funded Strategic				
Surgical Expansion	-	-	-	3,299
Radiology MRI & equipment	-	-	-	6,911
Replacement Generators	5	-	(5)	2,430
Cardiology PCI	-	-	-	250
Health System Catalogue	-	-	-	1,089
Interim Asset Plan	229	68	(160)	5,320
	234	68	(165)	19,299
Other				
COVID-19 Capex	-	-	-	-
Special Funds and Clinical Trials	11	-	(11)	-
Other	13	-	(13)	-
	24	-	(24)	-
Capital Spend	**2,970**	**2,952**	**(19)**	**49,123**

11. ROLLING CASH FLOW

	Jul-21			Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-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	62,784	74,604	-11,820	61,397	65,497	65,514	60,397	123,061	3,616	59,664	59,664	59,668	59,664	59,664	59,664
Other revenue	10,199	8,001	2,198	6,332	6,450	6,300	6,300	5,440	5,800	6,650	6,650	6,350	6,600	6,237	6,300
Total cash inflow	72,984	82,606	-9,621	67,729	71,947	71,814	66,697	128,501	9,416	66,314	66,314	66,018	66,264	65,901	65,964
Cash Outflows															
Payroll	14,159	13,756	-403	13,681	16,230	13,700	13,680	17,950	13,680	13,680	16,230	13,700	13,680	17,930	13,700
Taxes	11,497	11,578	81	9,200	9,200	9,200	9,200	6,000	12,400	9,200	9,200	9,200	9,200	9,200	9,200
Sector Services	32,075	28,209	-3,866	28,828	27,646	29,512	27,288	26,802	25,950	26,855	27,050	24,450	27,350	27,293	24,078
Capital expenditure	2,320	5,912	3,592	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	0
Other expenditure	13,524	19,639	6,115	16,345	16,402	14,346	17,802	21,800	12,748	14,508	14,514	14,537	14,569	21,069	14,567
Total cash outflow	73,575	79,094	5,519	69,949	71,373	68,653	69,864	74,447	66,673	66,139	68,889	63,782	66,694	77,387	61,545
Total cash movement	-591	3,511	-15,141	-2,220	574	3,161	-3,167	54,054	-57,257	175	-2,575	2,236	-430	-11,485	4,419
Add: opening cash	-1,128	-1,128	0	-1,719	-3,939	-3,365	-205	-3,372	50,682	-6,576	-6,400	-8,975	-6,739	-7,169	-18,654
Closing cash	-1,719	2,383	-15,141	-3,939	-3,365	-205	-3,372	50,682	-6,576	-6,400	-8,975	-6,739	-7,169	-18,654	-14,235
Maximum cash overdraft (in month)	-2,155	2,383	-4,538	-3,939	-8,854	-4,532	-4,836	-11,240	-6,576	-14,507	-13,682	-9,305	-7,169	-18,654	-18,934

Higher than forecast sector services payments were the main driver of the adverse cash result for the month.

PROCUREMENT STRATEGY POLICY

Verbal Update

HAWKE'S BAY District Health Board Whakawāteatia	**Hawke's Bay DHB Balanced Scorecard**
	For the attention of: **HBDHB Board**
Document Author(s)	Emma Foster, Executive Director Planning, Funding & Performance Lisa Jones, System Lead Performance & Insights, Planning, Funding & Performance
Date	August 2021
Purpose/Summary of the Aim of the Paper	The purpose of a Balanced Scorecard (BSC) is to provide a monthly report that gives Governance a wider view of performance across both Hawke's Bay District Health Board (DHB) as an organisation and the Hawke's Bay health system.
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.

RECOMMENDATION:

It is recommended that the HBDHB Board

1. Note the Balanced Scorecard for the month of August 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 has now moved from "proof of concept" to a standard monthly report to the Hawke's Bay DHB Board. The August BSC reports results for July 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

Hawke's Bay Fallen Soldiers' Memorial Hospital (Hawke's Bay Hospital) is under increasing pressure and was in status Red 50% (371 hours) of the total hours in July 2021 compared to 18% the previous month. This result was 32% higher compared to the same time last year.

Access

Eight general practices (38% of all practices) were open to new patient enrolments in July 2021. This is three less general practices compared to the previous month, and two less general practices compared to same time last year.

Emergency Department (ED) presentations (not admitted) at Hawke's Bay Hospital increased 4% (104 presentations more) compared to last month. There has been a substantial increase in attendance rate per 1000 population compared to the same period last year particularly for Pasifika and Māori.

This month the percent of ED presentations resulting in no admission were 70% higher for Māori and 134% higher for Pasifika people compared to non-Māori/non-Pasifika. These results continue to deteriorate in the last 6 months and flag significant access issues to primary care for Māori and Pacific peoples and increasing inequities.

Compliments/Complaints

There were 39 compliments covering care received across services in the hospital and community health centre settings in the month of July 2021, which was less than the 76 compliments received in the previous month and one more compliment received compared to the same month last year.

The number of complaints decreased by seven this month compared to last month with five less complaints than the same month last year. Recent complaints have focused in three main areas: Capacity/Resource issues for example, declined for FSA and treatment, contracted services for example, home support and hospital signage issues for example, difficulty navigating the hospital.

Service Performance Quadrant

Service Delivery/Rates

Acute

The acute hospitalisation indicators are reported a month in arrears.
The number of acute hospitalisations this month continue to increase over the previous month and compared to the same month in the previous year. Average case-weights this month remain the same as the overall average (1.2 case-weights per event) for the last 17 months. The acute hospitalisation rate burden is higher for Māori compared to the overall population. Respiratory disorders including respiratory syncytial virus (RSV) contributed to this increase.

Elective/Arranged

Elective and Arranged hospitalisations are reported a month in arrears.
The number of Elective /Arranged hospital discharges and case weights this month are on target.
Planned Care Inpatient Surgical Discharges On site and IDF's also met target this month.

Planned Care Waiting times

FSA waiting times

There has been an increase in people waiting longer than four months for a First Specialist Assessment at end of July, with 108 more people waiting, compared to the previous month. In total 21.9% or 1193 people are waiting longer than four months for a first specialist assessment (FSA). While this increase is seen across ethnicity groups Māori and Pasifika have higher rates. There were 24.1% of Māori people (318 people) and 25.7 % Pasifika people (44 people) waiting longer than four months for a FSA at end of July 2021. The specialties with the highest numbers of people waiting longer than four months is Ear Nose and Throat, Neurology and Dermatology.

Treatment waiting times

The number of people given certainty for treatment waiting longer than four months has increased by 45 at month end to 897 people (that is 38.6% of all people waiting). Just over 40% of Māori (229 people) and 35% of Pasifika (29 people) who were given certainty for treatment are waiting longer than four months as at end of July. Specialties with highest numbers waiting for four months or more are Ophthalmology, General Surgery and Orthopaedics.

Diagnostics

The percentage of patients seen within the targeted wait times for diagnostics has continued to decrease this month across MRI, CT and non-urgent colonoscopy. As a consequence, variance to target has increased this month compared to last month for these indicators. Urgent colonoscopy and colonoscopy surveillance waiting times are meeting target.

Learning Development and Workforce Quadrant

DHB Staff

The DHB's Māori staff head count increased by six staff this month and makes up 16.5% of the total head count, which is below the DHB's target of 17.5%. The increase has been in Nursing and Midwifery, Allied Health and Management and Administration.

Turnover in the last 12 months has increased 2.7 % compared to the same period last year.

Staff Related Events

The average days lost to injury in the last 12 months to June is 24.8 days. This results inan increase of 4.6 days per event compared to the last quarter result, but 12 days less than the same time last year.

APPENDICES

Appendix 1: Hawke's Bay DHB Balanced Scorecard August 2021

Hawke's Bay DHB Balanced Scorecard for August 2021

Version 1.0 August 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	*13*	*1.2*	*0.46*	
Surgical site infections within 90 days of operation (Hip and knee replacements) per 100 operations	N/A	1.7	0%	0.9
Rate of falls resulting in fracture or intracranial injury per 10,000 episodes	*18*	*5.4*	*2.2*	
% of Hours the Hospital Status was Red	371	50%	32.0%	
Inpatient Mortality Ratio (HDXSMR)	*336*	*77*	*-9*	*-14*

	Total Population					Māori			Pacific		
EFFECTIVENESS	**# Number**	**Actual (%)**	**Change**	**Target**	**Variance**	**# Number**	**Actual (%)**	**Change**	**# Number**	**Actual (%)**	**Change**
Acute readmissions to hospital 0-28 days	*4438*	*11.9%*	*-0.1%*	*11.8%*	*-0.01%*	*1182*	*11.8%*	*-0.5%*	*168*	*11.5%*	*0.1%*
ED 6 hour Rule	2752	71.4%	-6.0%	95.0%	-23.60%	992	78.8%	-1.5%	209	77.7%	-13.0%

	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%	-10.0%						
% of population PHO enrolled	168613	94.0%	1.3%	43740	87.0%	-	6157	78.0%	-
The number of A&M centre consultations	Under development								
Emergency Department Attendances (not admitted) Rate per 1000 of population	2966	16.6	1.6	1138	22.8	4.1	239	30.6	11.0
ARRC Occupancy %		*94.1%*	*1.3%*						

	Total Population		Māori		Pacific	
PATIENT EXPERIENCE	**Actual (%)**	**Change**	**Actual (%)**	**Change**	**Actual (%)**	**Change**
*Primary Care Survey**	*80.9%*	*2.4%*	*77.8%*	*6.6%*	*68.4%*	*1.6%*
*Hospital Inpatient Survey **	*72.1%*	*-3.6%*	*63.3%*	*-15.3%*	*N/A*	
Complaints (Number)	54	-5				
Complaints (Number)	39	1				

* 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 /whanau 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 August 2021

Version 1.0 August 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	1386	7.7	299	-	-		401	8.0	120	51	6.5	-13
	Caseweight	1720	9.6	445	-	-		430	8.6	156	48	6.2	-1.7
Elective /Arranged	Discharges	582	3.3	5	575	1.2%		138	2.8	17	20	2.6	7
	Caseweight	862	4.8	-38	832	3.6%		203	4.1	-30	18	2.3	-5
Planned Care Inpatient Surgical Discharges	Onsite	402		21	385	4.2%							
	Outsourced	97		-36	113	-16.5%							
	IDF	83		10	77	7.2%							

	Total Population			
THEATRE UTILISATION	Actual (%)	Change	Target	Variance
Theatre Session Utilisation rate	76.3%	-12.1%	85.0%	-8.7%

	Total Population						Māori			Pacific		
SPECIALIST WAITING TIMES	Number (#)	Actual (%)	Change	Target	Variance	Trendline	Number (#)	Actual (%)	Change	Number (#)	Actual (%)	Change
First Specialist Assessment > 4 Months	1193	21.9%	-17.8%	0.0%	-21.9%		318	24.1%	-20.0%	44	25.7%	-13.9%
Waiting times for Treatment > 4 Months	897	38.6%	-1.9%	0.0%	-38.6%		229	40.2%	1.7%	29	34.9%	-4.6%

	Total Population						Māori			Pacific		
DIAGNOSTIC WAITING TIMES	Number (#)	Actual (%)	Change	Target	Variance	Trendline	Number (#)	Actual (%)	Variance	Number (#)	Actual (%)	Variance
CT - within 42 days	590	70.4%	-16.5%	95.0%	-20%		117	71%	-24%	6	67%	-28%
MRI - within 42 days	378	46.0%	-33.0%	90.0%	-44%		83	47%	-43%	6	35%	-55%
Colonoscopy - Urgent - 14 days	38	91%	-3%	90%	1%		9	100%	8%	1	100%	-
Colonoscopy - Non Urgent - 42 days	251	44%	8%	70%	-26%		39	48%	17%	5	65%	26%
Colonoscopy - Surveillance - 84 days	229	74%	38%	70%	4%		36	86%	52%	0	0%	-33%

	Total Population				Māori		Pacific	
TELEHEALTH OUTPATIENT ATTENDANCES	Actual (#)	Change	Target	Variance	Actual (#)	Change	Actual (#)	Change
Telephone	2961	-534	N/A	N/A	720	-8548	83	-1031
Video Conferencing	9	-11	N/A	N/A	3	-35	0	-3

Hawke's Bay DHB Balanced Scorecard for August 2021

Version 1.0 August 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	-3.8 ↑	1.0	-4.7	1.0	-25.0 →	0.0	-25.0	0.0

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	59.9 ↑	0.3	59.5	0.3	59.9 ↑	0.5	59.3	0.5
Total expenditure	63.6 ↑	0.6	64.3	0.6	63.6 ↓	-3.7	59.9	-3.7
Expenditure measures	Actual	**Change**	**Mgmt Bud**	**Variance**	Actual	Change	**Ann Plan**	Variance
DHB Health Services	30.7 ↑	1.5	32.2	1.5	30.7 ↓	-3.1	27.6	-3.1
Payment to Other providers (excl. IDFs)	19.5 ↓	-0.1	19.4	-0.1	19.5 ↓	-0.1	19.4	-0.1
Inter- District Flows (IDFs)	5.7 ↑	0.1	5.8	0.1	5.7 ↑	0.1	5.8	0.1

	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	25.8 ↑	1.6	27.4	1.6	25.8 ↓	-3.0	22.8	-3.0
Locum /Outsourced cost	0.7 ↓	-0.3	0.4	-0.3	0.7 ↓	-0.3	0.4	-0.3

	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	9.3 ↑	0.4	9.7	0.4	9.3 ↓	-0.8	8.5	-0.8

	Year to date result ($000)			
BALANCE SHEET	**Actual**	**Change**	**Mgmt Bud**	**Variance**
Capital Expenditure	3.0 →	0.0	3.0	0.0
Closing Cash Balance (BNZ Sweep)	-0.6 ↑	5.9	-5.2	-4.6

INVOICE PAYMENTS	**Result**	**Change**	**Target**	**Variance**
Invoices paid within 10 working days of entry	99.9% →	0.0%	95.0% ●	4.9%

Hawke's Bay DHB Balanced Scorecard for August 2021

Version 1.0 August 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)		4	2.2%	0.6%	12.2%	85.0%	-0.2%	0.0%	5.81%	0.3%	2.7%	-0.9%
Resident Medical Officer (RMO)		15	8.4%	3.4%	10.7%	77.5%	-0.1%	0.5%			2.2%	0.3%
Nursing & Midwives		269	13.4%	1.6%	14.1%	70.8%	-0.7%	0.0%	15.2%	2.4%	3.9%	0.3%
Allied Health		131	19.3%	1.3%	7.9%	71.5%	3.1%	0.4%	14.9%	3.1%	3.8%	0.4%
Support Personnel		83	38.4%	2.8%	6.5%	52.3%	2.6%	0.6%	19.3%	4.5%	4.7%	0.9%
Management and Administration		144	20.0%	2.9%	3.1%	74.0%	2.0%	1.3%	14.6%	3.3%	2.8%	0.0%
Grand Total	**17.5%**	593	16.5%	1.9%	10.9%	70.6%	**0.6%**	**0.3%**	**14.7%**	**2.7%**	**3.5%**	**0.2%**

ANNUAL LEAVE LIABILITY ($M)	Current Month	Change Last Month	Change this year
Annual Leave (excluding provision for Holidays Act)	29.0	0.1	0.1

STAFF INJURY RATE	Rate	Change	Change last year
*Average Days Lost (YTD)**	*24.8*	*4.6*	*-11.8*

* to workforce injuries or illness

STAFF RELATED EVENTS (No)	Current Month	Change Last Month	Change last year
	73	-21	-8

	Year to Date FTE				Year to Date FTE			
WORKFORCE AGAINST PLAN	Actual	Change	Mgmt Bud	Variance	Actual	Change	Ann Plan	Variance
Medical	461.5	0.0	478.6	17.1	461.5	0.0	402.0	-59.5
Nursing	1,157.7	0.0	1,151.0	-6.7	1,157.7	0.0	1,108.2	-49.6
Allied Health	520.7	0.0	548.9	28.2	520.7	0.0	537.9	17.2
Support	156.4	0.0	151.6	-4.8	156.4	0.0	151.6	-4.8
Management and administration	486.1	0.0	495.1	9.0	486.1	0.0	490.9	4.8
Total FTE	2,782.4	0.0	2,825.2	42.8	2,782.4	0.0	2,690.6	-91.8

Definitions and Information

Quality Care and Safety

The quadrant contains DHB Indicators across the Quality dimensions of Safety , Effectiveness , Access and Patient Experience

Measure	Data period	Variance	Data source	Change (Period comparison)	Frequency of data	By DHB of	Goal
Number of hospital acquired cases of SAB (Staphylococcus Aureus Bacteremia) per 10,000 bed days	12 months to Dec 2020		Health Roundtable (HRT)	Same period Last year	6 monthly	Service	Decrease
Surgical site infections within 90 days of operation (Hip and knee replacements) per 100 operations**	Month of December 2020	Compared to National Median	HQ&S	Same period Last year	Quarterly	Service	Decrease
Rate of falls resulting in fracture or intracranial injury* per 10,000 episodes	12 months to March 2021		Health Roundtable (HRT)	Same period Last year	6 monthly	Service	Decrease
% of Days where the Hospital Status was Red	Current Month	No comparison	Hospital At A Glance	Same month last Year	Monthly	Service	Decrease
Inpatient Mortality Ratio (HDXSMR)#	12 months to March 2021	Compared to National Ratio	Health Roundtable (HRT)	Same period Last year	6 monthly	Service	Decrease
Acute readmissions to hospital 0-28 days	12m to Dec-20	Compared to MOH 20/21 target	Ministry of Health	Same period Last year	Quarterly	Domicile	Decrease
ED 6 hour rule	Current Month	Compared to MOH 20/21 target	HB DHB BIRS	Same period previous year	Monthly	Service	Increase
% GP Providers open to new patients	Current Month	Health Hawke's Bay (PHO)	Health HB (PHO)	Same month last Year		N/A	Increase
% of population PHO enrolled	Current Month	Health Hawke's Bay (PHO)	Health HB (PHO)	Same month last Year	Monthly	Domicile	Increase
The number of A&M centre consultations	Current Month		Work in progress	Same month last Year	Monthly	Service	
Emergency Department Attendances (not admitted)	Current Month		HB DHB Data warehouse	Same month last Year	Monthly	Service	Decrease
ARRC Occupancy %	Q3 2021		Central Region Technical Advisory Service	Same period previous year	Quaterly	Service	Decrease
Primary Care Survey %	Q4 2021		HQ&S (IPSOS)	Q3 2021	Quaterly	Domicile	Increase
Hospital Inpatient Survey	Q4 2021		HQ&S (IPSOS)	Q3 2021	Quaterly	Domicile	Increase
Complaints (Number)	Current Month		HB DHB Consumer service team	Same month last Year	Monthly	Service	Decrease
Compliments (Number)	Current Month		HB DHB Consumer service team	Same month last Year	Monthly	Service	Decrease

Change is actual result minus previous period.

Source : Health Round Table This is the number of observed deaths per 100 expected deaths.
*Source : Health Roundtable This includes Intracranial injury, Fractured neck of femur and Other fractures
**Source: HQSC Health Quality and Safety Markers

Service Performance

This quadrant contains DHB of service performance measures

Measure	Data period	Frequency	Variance	Data source	Change	Goal
Acute Activity Discharges and caseweights	Previous Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Elective Activity Discharges and caseweights	Previous Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase
Planned Care Inpatient Surgical Discharges	Previous Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase
Theatre Session Utilisation rate	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase
First Specialist Assessment > 4 Months	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Waiting times for Treatment > 4 Months	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
CT - within 42 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
MRI - within 42 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Colonoscopy - Urgent - 14 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Colonoscopy - Non Urgent - 42 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Colonoscopy - Surveillance - 84 days	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
Cardiology Diagnostic Procedures- Wait times	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Decrease
TELEHEALTH Outpatient Attendances	Current Month	Monthly	Comparison against target	HB DHB	Same period Last yr	Increase

Change is actual result minus previous period.

Data Source: HB DHB Data Warehouse BIRS

Financial Performance

This quadrant contains DHB financial performance information, reported in $Millions

Change is actual current month YTD variance minus the previous months YTD variance

Invoices paid within 10 working days of entry — Monthly result compared to target (percentage)

Data source: DHB Financial Reporting system

Learning, Development and Workforce

This quadrant includes measures covering the DHB workforce

Measure	Data period	Frequency	Variance	Data Source	Change	Goal
Head Count by ethnicity	Current Month	Rolling 12 Months		HB HRIS	Same period Last year	
Turnover rate	Current Month	Rolling 12 Months		HB HRIS	Same period Last year	Decrease
Sick Leave: Measure of employee time lost to absence due to sickness/ ill health	Current Month	Rolling 12 Months		HB HRIS	Same period Last year	Decrease
ANNUAL LEAVE LIABILITY $M	Current Month	Monthly		HBDHB Payroll system	Same period Last year	Decrease
STAFF RELATED EVENTS (No)	Current Month	Monthly		Events system	Same period Last year	Decrease
STAFF INJURY RATE	YTD	Quarterly		Events system	Same period Last year	Decrease
WORKFORCE AGAINST PLAN Actual year to date FTEs (includes overtime) compared to Management and AP budget.	Current Month	Monthly	Comparison against Target	HB HRIS	Change between current variance and variance of previous month	Decrease

Change is actual result minus previous period.
Data Source: HRIS/ Leader and Finance Management system
Turnover: the number of employees who cease employment due to voluntary resignation during the period divided by Total headcount of employees at the beginning of the period

Traffic Lights

The traffic lights on the table measure if the DHB has meet the targets/Expectations

On target or better	Achieved
0.01-5% away from target	Not achieved
>5% away from target	Not achieved

Arrows

The arrows on the tables indicate a change that has occurred between a current period and the previous comparison period

Arrow up	Result is better than the previous period
Arrow Sideways	No difference in results
Arrow down	Result is worse than previous period

What do the sub-headings mean?

Actual:	Actual performance result for the most recent reporting period
Variance:	Most recent result minus the target (either national or individual to the DHB) or national average.
Change:	Most recent result minus the result from a prior time period - please refer to quadrant information for specifics.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora – Adult Health Update** For the attention of: **HBDHB Board**
Document Owner Document Author Document Reviewer	Emma Foster, Executive Director Planning, Funding & Performance Di Vicary, Portfolio Manager Planning, Funding & Performance Penny Rongotoa, System Lead Commissioning Planning, Funding & Performance
Date	17 August 2021
Purpose	The purpose of this report is to provide the Board with a progress update on long term conditions mahi that has been undertaken, which is a key component of our adult health, Equity priority focus. This report is also submitted as part of the Te Ara Whakawaiora (TAW) accountability framework for achieving health equity improvement for adult Māori.
Health Equity Framework	The Equity Framework provides the foundation of how we do our business in Planning, Funding & Performance. Our Strategic Model of Care and Annual Plan follow the Equity Framework process, keeping whānau and community knowledge, and what the data tells us, at the centre of agreeing our health issues, system issues and priority determinants.
Principles of the Treaty of Waitangi that this report addresses	This programme is designed utilising the principles of Te Tiriti o Waitangi.
Risk Assessment	This report covers the following HBDHB strategic risk areas: • Service capacity – there are currently capacity issues within primary and secondary care associated with high acute demand which impacts on proactive long term conditions management. • Equity outcomes – health outcome gaps continue to be experienced by Māori and Pacific for long term conditions with implemented service changes being acknowledged to take years to demonstrate outcome changes. • Consumer engagement – utilisation of the equity framework and implementing co-design principles into service improvement facilitates increased consumer engagement and self-management. • Workforce – continued recruitment challenges impact service delivery and access to care.

	• Financial sustainability – Acknowledge for some areas, additional resource to drive short term change may be required to support long-term service sustainability.
Financial/Legal Impact	Nil at this stage

RECOMMENDATION:

That the HBDHB Board:

1. ***Note and discuss*** the contents of this report
2. ***Note*** The Board will receive trend data for the 20/21 year performance against LTC Adult Health indicators (and others) in September via Stubborn Reds report.

ACROSS THE SYSTEM: Long Term Conditions – prevention, early detection and treatment at every level

Background and Scope	Definition Long Term Conditions	Problem Statements	Objectives
Integrated System Planning includes three System Plans: • Hospital System • Community System • Mental Health and Addictions System. Each of the System Plans and respective System Leads are accountable for planning, resource allocation and performance and risk monitoring. Each System Plan has subset operational plans to achieve Whānau Ora, Hāpori Ora Hawke's Bay Health Strategy Mission: Working Together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay. All three plans interrelate and impact each other and there is a relationship between Hospital, Community and MH&A system and operational plans. Long Term Conditions should be visible in both Hospital (Acute and Smooth Transitions Plans) and in Community Plans. The development of the LTC plan has been done in partnership with Māori Health, Health Hawkes Bay and Health Services. Reporting for Long Term Conditions is via • Te Ara Whakawaiora • Acute Demand Hospital Plan	Long-term conditions (LTCs) can be defined as any ongoing, long term or recurring conditions that can have a significant impact on people's lives (Reference: https://www.health.govt.nz/our-work/diseases-and-conditions/long-term-conditions). Definition of LTC usually includes mental health and cancer. Planning, funding and performance have separated these out to enable • More targeted planning for mental health and cancer, so they are not lost within the wide LTC planning • Encourage integrated planning of renal, CVD, diabetes and respiratory, where possible.	Māori and Pacific experience disproportionate rates of premature death due to heart disease, diabetes and lung cancer. Ambulatory Sensitive Admissions for Māori are highest for angina and chest pain, COPD, cellulitis, myocardial infarction and chronic heart failure. Relative rates for Māori are highest for chronic heart failure, COPD, cellulitis and diabetes. Hospital acute demand is rising due to reduced capacity for planned management of LTC in the community and existing health services are fragmented and not whānau centric.	1. Improve connections throughout secondary care and across primary health care (clinical and social) # * 2. Services access people's homes and whānau (real, phone, zoom) * # 3. Rapid access to support and expert advice when required *# 4. Planned wellness approach and goal setting in primary health care with one assigned person * 5. Increase knowledge of and menu of available services/programmes * *Indicates identification using whanau voice #Indicates identification via clinician conversations
	In scope General practice, PHO, smoking cessation, diabetes specialist service, CNS diabetes, cardiology services, renal services, respiratory services, Pop Health – green prescription, bowel, cervical and breast screening	**Out of scope** Cancer – planned care Mental health	**Strategic Outcomes** **Timely, Equitable, Access To Quality Care** | **Providing Care Closer To Home** | **The Right Care, In The Right Place, At The Right Time**

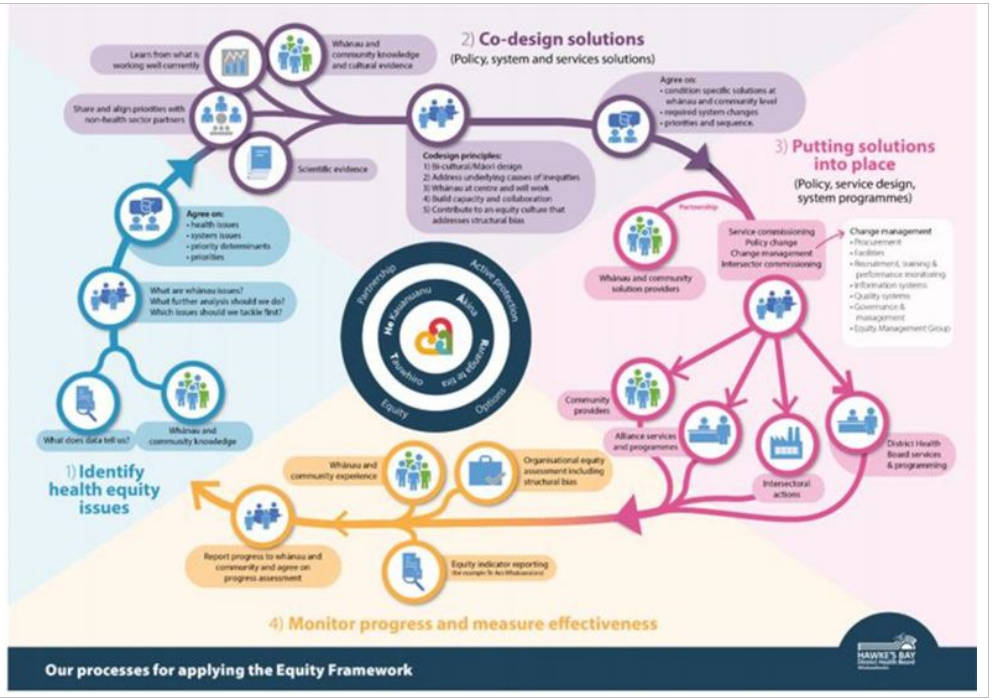
Work streams

Person and whanau centred care
- Self-management
- Whanau voice

Person and whanau centred processes and systems
- Health Care Homes
- Case management
- Data and Information sharing

Workforce Development
- Nursing NP and CNS
- Allied health
- Unregulated
- Person & whanau centred training
- Equity training

Governance, risk stratification and funding
- Stratification
- Governance
- Funding / commissioning



Strategic Model of Care Priorities

1. Hauora Māori, Taurite Māori
Equity for Māori as a priority; also, equity for Pasifika and those with unmet need

2. Ratonga Taunga Taiwānanga
Localities and Place Based Services

3. Rauora Tangata, Hohou Whanau
Person and Whānau-Centred Care

4.Hauora Taiao, Hohou Nōhanga
Healthy Lifestyles and Environment

5.Ratonga Pū, Haumako Hāpori
Enhance Primary and Community Services

6.Pūnaha Mōmore Pūwhā
Smooth transition through the system

ACROSS THE SYSTEM: Long Term Conditions – prevention, early detection and treatment at every level

Ngā Hua Pūnaha – Model of care system priorities

1. Hauora Māori, Taurite Māori Equity for Māori as a Priority Also, equity for Pasifika and those with unmet need	**2. Ratonga Taunga Taiwānanga** Localities and Place Based Services	**3. Rauora Tangata, Hohou Whānau** Person and Whānau-Centred Care	**4.Hauora Taiao, Hohou Nōhanga** Healthy Lifestyles and Environment	**5.Ratonga Pū, Haumako Hāpori** Enhance Primary and Community Services	**6.Pūnaha Mōmore Pūwhā** Smooth Transition Through the System

Long Term Conditions Objectives	1. Improve connections throughout secondary care and across primary health care (clinical and social) # *	2. Services access people's homes and whānau (real, phone, zoom) * #	3. Rapid access to support and expert advice when required *#	4. Planned wellness approach and goal setting in primary health care with one assigned person *	5. Increase knowledge of and menu of available services/programmes *

Activity	**LTC Objectives**					**MoC Priorities Alignment**						Progress	
												Status	Narrative
FROM LAST YEAR	1	2	3	4	5	1	2	3	4	5	6		
Harness whānau voice from LTC consumers	☑					☑	☑	☑		☑	☑		Whanau voice completed specialist Diabetes service Whanau voice for rural diabetes is underway
Develop structure for long term conditions via whole of sector steering and working groups	☑					☑	☑	☑	☑	☑	☑		Completed. LTC will report into Planned Care and Acute Demand Governance
Develop and agree strategic model of care for LTC	☑	☑		☑						☑	☑		Workstreams agreed
Develop an integrated diabetes work plan informed by consumer feedback and input.	☑					☑	☑	☑		☑	☑		Developed, ready for ongoing use
Incorporate heart failure rehabilitation into the Pulmonary Rehab Service (EOA Māori, Pacific)	☑		☑	☑	☑	☑	☑	☑	☑	☑	☑		Two year pilot has been Implemented and will be evaluated
Develop an action plan around the management of shared and potentially-shared patients between diabetes and renal services.	☑		☑		☑	☑		☑			☑		There have been a number of hurdles around data collection but this action is ongoing
Progress shared care record	☑		☑		☑	☑	☑	☑	☑	☑	☑		Integration with Indici PMS is pending. Planned expansion to a number of outreach service providers and extended care teams.
Establish the Health pathways team, prioritise specialties for localisation via Health Pathways ensuring that the process has a strong focus on improving equity. Launch locally	☑		☑		☑	☑	☑	☑		☑	☑		No local launch yet but the team is going well with good number of early localisations and part localisations completed
Pilot funded oral care to diabetes high needs patients	☑	☑			☑	☑	☑	☑	☑	☑	☑		Business Case for pilot programme approved, however funding prioritised for implementation
Implement integrated care programme TToH and evaluate	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑	☑		HHB are working with TTOH to gain insight into how TTOH have planned and implemented their nurse prescriber / MDT model. HHB has supported TTOH to triage a sample patient group based on clinical need and then assign MDT staff to provide care based on level of clinical need.
Expand clinical pharmacists in general practice with a focus on medicine optimisation for Māori as a priority with long term conditions.		☑	☑			☑	☑	☑		☑	☑		Three FTE clinical pharmacists were employed in early 2021.
Community Pharmacy navigation and medicine adherence support for Māori and Pacific, for one year post MI/angina event	☑	☑	☑		☑	☑	☑	☑		☑	☑		Service implementation did not occur in 20/21 as planned. Development of service continues with input from Pharmacy Services Advisory Group, pharmacy sector, and Māori Health.
Medicine use review (MUR) - new focus on COPD and asthma	☑	☑	☑	☑	☑	☑	☑	☑		☑	☑		Resources have been developed via two working groups and distributed to MUR pharmacists in June; next focus is implementation and socialisation.
Review Green Prescription						☑	☑	☑	☑	☑	☑		New equity and whānau focused service specifications developed for 21/22.
Complete and Evaluate Te Oha Kura Vaping Program for Whānau		☑	☑		☑	☑		☑	☑	☑			Program completed and evaluated. Evaluation report can be accessible upon request.
Work with Health Hawke's Bay to improve cardiovascular screening by identifying further opportunities for screening and monitoring of follow up activity	☑			☑		☑		☑	☑				A number of screening activities have occurred with a focus on rugby and netball clubs, along with extended care team activities.
Implement Bowel Screening plan to increase engagement specifically for Māori and Pacific. (EOA Māori, Pacific)	☑	☑	☑		☑	☑		☑		☑			Successful implementation of Oranga Tonutanga

ACROSS THE SYSTEM: Long Term Conditions – prevention, early detection and treatment at every level

Long Term Conditions Objectives	1. Improve connections throughout secondary care and across primary health care (clinical and social) # *	2. Services access people's homes and whānau (real, phone, zoom) * #	3. Rapid access to support and expert advice when required *#	4. Planned wellness approach and goal setting in primary health care with one assigned person *	5. Increase knowledge of and menu of available services/programmes *

Activity	LTC Objectives					MoC Priorities Alignment						Progress	
												Status	Narrative
2021-22	1	2	3	4	5	1	2	3	4	5	6		
Complete rural diabetes whānau voice	☑					☑	☑	☑		☑	☑		A one stop diabetes centre in a rural location was suggested, however guidance from the Diabetes Working Group was to engage with whanau to determine if this is what they want. Scope has been extended beyond original location to rural in general.
Embed LTC reporting system under Acute Demand/Planned Care Governance													
Prioritise LTC in HealthPathways work programme. Respiratory in phase 1, diabetes phase 2	☑		☑		☑	☑	☑	☑		☑	☑		
Cardiopulmonary Pilot: Evaluate cardio-pulmonary rehab pilot conducted during 20/21, focusing on equity and outcomes. (EOA Māori, Pacific). (LTC 4).	☑		☑	☑	☑	☑	☑	☑	☑	☑	☑		
Community Pharmacy: Implement a community pharmacy coronary heart disease navigation and support service for Māori and Pacific for up to 1 year post hospital event. (LTC 5).	☑	☑	☑		☑	☑	☑	☑		☑	☑		
CVD: Embed a community CVD outreach screening programme for Māori via sports clubs, workplace, marae, and community and link in with general practice: (EOA Māori). (LTC 8).	☑			☑		☑		☑	☑				HHB implemented this programme last year, and the focus this year is embedding this as a long term sustainable approach to CVDRA.
Rangatahi diabetes awareness: Develop a culturally appropriate pathway for public health nurses to use to support rangatahi who have been identified through HEADSS assessment as having family history of diabetes. This is a joint initiative between Pacific Health, Māori Health, rangatahi, population health, school based nursing, healthy learning programme and diabetes services. (EOA Māori, Pacific). (LTC 11).	☑			☑		☑		☑	☑	☑	☑		
Diabetes: Develop and implementing a shared care model of care between the Diabetes and Renal service for patients with impaired renal function in Primary care who sit outside Renal Service criteria (SLM Improvement Plan action). (LTD 13).	☑		☑		☑	☑		☑			☑		
Health Hawke's Bay will provide to general practices; ongoing monthly reporting, monitoring a range of clinical and qualitative accountability measures and will work with practices on stratification data to identify a reasonable target to ensure those with the greatest need have care plans developed with the multidisciplinary team. (EOA Māori, Pacific). (LTC 14).	☑		☑	☑		☑	☑	☑	☑	☑	☑		Reporting against this will be received following Q1.
Develop monitoring of LTC indicators including Health Hawke's Bay Kā Hikitea & MoH Diabetes Quality Standards													
Improve performance within key MoH Diabetes Quality Standards areas													Key areas to be confirmed by Diabetes Working Group
Develop a community SLEEP service with hospital in-reach	☑		☑	☑	☑	☑	☑	☑			☑		Funding has been sourced, work is occurring on MOC
Implement He Kai Oranga – Community nutritional wellbeing programme			☑		☑	☑		☑	☑	☑	☑		
Implement Māori gout support service			☑		☑	☑		☑	☑	☑	☑		Funding has been sourced, working is occurring on model of care

NOTE: many activities will have multiple workstream component, above indicated key ones only.

ACROSS THE SYSTEM: Long Term Conditions – prevention, early detection and treatment at every level

New data sets for monitoring performance		
Indicator	**Target for 2021_22**	**Rationale**
Reduce Māori ASH – rates 45-64 years	≤ 4,332	This target is the same as our target for other. We know we will not meet this in one year but need to keep the target of equity visible.
Māori ASH rate 45-64 years COPD	No target	This condition shows our next highest rate for ASH. The target is aiming at a more realistic change of 5% over one year
Māori ASH rate 45-64 years MI	No target	This condition shows our next highest rate for ASH. The target is aiming at a more realistic change of 5% over one year
Māori ASH rate 45-64 years congestiveheart failure	No target	This condition shows our next highest rate for ASH. The target is aiming at a more realistic change of 5% over one year. The relative rate is 9.3
Diabetes		
% of **Māori** aged 18 to 74 years with diabetes with HbA1c ≤ 74mmol/mol recorded in the last 12 months.	>60% moving up over 3 years	Note the different measure to the next indicator. The measure of less than 75mmol/mol takes into account the less tight control of diabetes recommended for patients with established Cardiovascular Disease or CVD risk >15% or frail patients. New measure under Kā Hikitea
% of people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	≥60% No inequity	64mmol/mol is seen as acceptable glycaemic control for diabetes. This is a Ministry of Health measure but see local measure above
Smokefree		
Rate of smoke free homes for Māori babies at 6 weeks post natal	≥58%	Although this indicator is under Child Health it is also an indicator of smoke free rates for the wider whānau.
Heart		
% of Māori aged 30 to 74 years for Māori Male or 40 to 74 years Māori Female, have had a cardiovascular risk assessment completed within the last 5 years.	≥60% moving up over 3 years	5 yearly measurement is in line with the current 2012 guidelines. In the 2018 guidelines patient with very low risk, assessing every 10 years is a recommendation. Due to the increased risk of early cardiovascular disease, 5 yearly assessment remains appropriate for Māori New measure under Kā Hikitea
% of the eligible population will have had a Cardiovascular disease (CVD) risk assessment in the last five years	≥90% No inequity	As above have chosen to go with 5 years, the cohort is different to above indicator
% of Māori with a CVDRA (primary prevention) recorded >20% ** excluding those with a previous CVD event who are on dual therapy (Statin + BP lowering agent)	≥30% moving up over 3 years	Patients at high risk of cardiovascular event, benefit from a 45% reduction in risk with dual therapy. Currently the 2003 methodology is used to calculate cardiovascular risk scores in Practice Management Systems. A new methodology is introduced in the 2018 guidelines, however a PMS calculator is unavailable. Once a calculator becomes available, the CVDRA score will change to >15%, in line with the 2018 guidelines. New measure under Kā Hikitea
% of all ACS patients that will have an angiogram within 3 days of admission.	>70%	This indicator is included to provide monitoring across the health sector and includes secondary services
Bowel Screening		
% of unreturned fit kits from whānau Māori % of participation difference between Māori and non Māori	20%	Practical and emotional support, health system navigation (Graham and Masters-Awatere, 2020) and Kaupapa Māori approaches (MCDHB, 2020) are absent from the Bowel Screening Programme, which are essential to address racism and unconscious bias (MCDHB, 2020). This has resulted in a screening programme which is ineffective for whānau Māori. Inequities in access are evident through the lower participation rate of 48% for Māori, compared to 68% for other.

BOARD HEALTH & SAFETY CHAMPIONS' REPORT

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Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board (MRB)**
	For the attention of: **HBDHB Board**
Document Owner:	Ana Apatu (MRB Chair)
Month:	September 2021
Consideration:	For Information
Recommendation: That HBDHB Board: 1. **Note** the content of this report.	

The Māori Relationship Board met on 4 August 2021. An overview of what was discussed at the meeting is provided below.

FOR INFORMATION AND DISCUSSION

HOKI KI TE KĀINGA (HKTK)

Dr Andrew Phillips (Chief Allied Health Profession Officer) and Tracy Murphy (Team Leader, Hoki ki te Kāinga) presented back to MRB their draft paper 'Expansion of Hoki ki te Kāinga' for discussion. The first three pages of the paper summarised the feedback that MRB previously provided. The remaining document includes a service development action plan based on this shared feedback which incorporates six areas for improvement; along with goals, actions, enablers and barriers. The action plan is "in draft" to ensure that the Whānau & Communities Leadership Team agree this paper.

Discussion noted:

- The current Māori workforce in HKTK is 38%, with the HKTK team confirming it is dedicated to grow this workforce to create a space where Te Ao Māori view is normalised.
- The HKTK team informed members bringing HKTK into rural communities is an important action. This will require time and resources. The team is building on current relationships with ACC NARP (Non-acute rehabilitation pathway) to reinforce the need for rehabilitation delivery and building connections with other rehabilitation groups/services to further enable this growth in rural communities.
- The HKTK team is working on growing and building relationships with the healthy housing teams to support whānau rehabilitation services.

Key points noted:

- Members suggested having a kaitakawaenga role instead of a kaiawhina (which would be dedicated only to HKTK) as this would ensure a wider Te Ao Māori lens across the Māori Health Team. This would also benefit the kaitakawaenga to gain new skills and further develop within the whole of health system, not limited to HKTK. Kaitakawaenga have proven to benefit Māori within the health system and members suggested expanding on what is already working effectively
- The HKTK team expressed the importance of promoting HKTK across the community. This will provide whānau with the knowledge of what services are available to them. The HKTK team stated their aim is to strengthen whānau, not the DHB.
- MRB spoke to the importance of having kaitakawaenga looking after our whānau as they understand and work by the Te Ao Māori view. Members recommended that kaitawaenga be fairly recognised both in pay equity in appreciation of the work they undertake and specialist skills as kaitawaenga.

HAWKE'S BAY District Health Board Whakawāteatia	**REPORT FROM HB CLINICAL COUNCIL (Public) AUGUST 2021** For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Gemma Newland (Executive Assistant to Chief Allied Health Professions Officer) Jules Arthur and Robin Whyman (Co-Chairs)
Date	August 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 4 August 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	Risk associated with the issues considered by the Clinical Council included equitable delivery of the COVID vaccination programme and ongoing delivery of childhood immunisations.
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	

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1. COVID-19 Vaccination Programme

Nick Jones discussed the increases in COVID-19 vaccination rates in Hawke's Bay. It was noted that while Hawke's Bay DHB (HBDHB) clinics were still providing the majority of vaccinations, GP clinics were increasing vaccination rates. Clinical Council noted a concern to improve equity, which is a

priority for the operational group. A whole whānau approach needed to be utilised and the ability for vaccination frameworks to be more flexible. Council supported the ongoing focus of the operational group on improving equity of delivery of the vaccination programme.

It was noted that whilst COVID vaccination remains a national priority; continued local focus on provision of childhood immunisations should remain forefront of mind.

2. Equity Action Plan Presentation

Nick Jones explained the implementation of the Hawke's Bay Health equity action plan to Clinical Council. Council discussed the plan and the issues that may arise with implementation and effectiveness.

Council agreed the priority of this plan was an important piece of work and supported the path taken

Clinical Council asked for progress reports and to provide a monitoring function including progress with the implementation of the equity funding agreed in the 2021/ 2022 HBDHB budget.

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:

16. Confirmation of Previous Minutes (Public Excluded)
17. Matters Arising – Review of Actions (Public Excluded)
18. Chair's Report (Public Excluded)
19. Health & Disability Service Review Transition Update (Public Excluded)
20. Values: Tauwhiro, Rāranga te tira, He kauanuanu
    – Planned Care Insights presentation (Public excluded)
21. Finance, Risk and Audit Committee Meeting (Public Excluded)
22. Health System Catalogue Pre-Paid Services Agreement (Public Excluded)
23. Board Health & Safety Champion's Report (Public Excluded)
24. PHO Performance Discussion (Public Excluded)
25. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
26. Māori Relationship Board Report (public excluded)
27. Hawke's Bay Clinical Council Report (public excluded)
28. Safety & Wellbeing Report (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).