BOARD MEETING

Date: Tuesday 4 May 2021

Time: 2.00pm

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

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

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

Minute Taker: Kathy Shanaghan, EA to CEO

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	Karakia	2.00
2.	Welcome and Apologies	
3.	Interests Register	
4.	Ākina (Continuous Improvement) – Rotary Enabled – Virtual Visitor – Anne Speden, Executive Director of Digital Enablement / Peter Dunkerley, Board Member	2.05
5.	Minutes of Previous Meeting – 30 March 2021	2.15
6.	Matters Arising - Review of Actions	2.16

7.	Board Workplan	2.18
	Section 2: Standing Management Reports	
8.	Chair's Report (verbal)	2.20
9.	Chief Executive Officer's Report	2.30
10.	Financial Performance Report – Carriann Hall, Executive Director of Financial Services	2.35
	Section 3: Strategic Delivery	
11.	Health System Priorities: Child Health – A plan for action to improve equitable child health outcomes - Emma Foster, Executive Director of Planning & Funding	2.40
	Section 4: Other Governance Reports	
12.	Board Health and Safety Champions' Report (verbal)	2.50
	Section 5: Noting Reports	
13.	Māori Relationship Board Report – Chair, Ana Apatu	-
14.	Hawke's Bay Clinical Council Report – Co-chairs, Julie Arthur and Robin Whyman	-
15.	Pasifika Health Leadership Group Report – Chair, Traci Tuimaseve	-
16.	Code of Conduct for Crown Entity Board Members – Keriana Brooking, Chief Executive Officer	-
17.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	3.00

Public Excluded Agenda

Item	Section 7: Routine	Time
18.	Minutes of Previous Meeting – 30 March 2021 (public excluded)	3.05
19.	Matters Arising – Review of Actions (public excluded)	
	Section 8: Standing Management Reports	
20.	Chair's Report - verbal (public excluded)	3.10
	Section 9: Strategic Delivery	
21.	Strategic Workplan – Service Improvement (public excluded) - Anne Speden, Executive Director of Digital Enablement (public excluded) – Anne Speden	3.15
22.	Non-Government Organisation Inflation Approach (public excluded) – Emma Foster	3.25
	Section 10: Other Governance Reports	
23.	Finance, Risk and Audit Committee Meeting – 21 April 2021 (public excluded) – Chair, Evan Davies	3.35
	Section 11: Noting Reports	
24.	COVID-19 Vaccine and Immunisation Programme Rollout – verbal update (public excluded) – Chris McKenna, Lead Sponsor	3.45
25.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster	3.50
26.	Health and Disabilty System Reform – Informing the Future Planning of Hawke's Bay Health System (public excluded) – Keriana Brooking	3.55
27.	Māori Relationship Board Report (public excluded) – Chair, Ana Apatu	-
28.	Hawke's Bay Clinical Council Report (public excluded) – co-Chairs, Julie Arthur and Robin Whyman	-
29.	Safety & Wellbeing Committee Minutes – 15 April 2021 (public excluded)	-

30.	Karakia Whakamutunga	
	Meeting concludes	4.05

The next HBDHB Board Meeting will be held on
Tuesday 1 June 2021

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

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

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

ĀKINA IMPROVEMENT

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

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

RARANGA TE TIRA PARTNERSHIP

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

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

TAUWHIRO CARE

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

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

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 19 February 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	23/11/2020
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestryle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Whariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	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
Renee Brown Board Observer	Active	Mother	Board member of Te Roopu a Iwi Trust and employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Sister	Employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Uncle	Board member of Te Roopu a Iwi Trust and employee of Te Taiwhenua o Heretaunga	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
Panu Te Whaiti Board Observer	Active	Hawke's Bay DHB	Employed as Portfolio Manager, Planning Funding & Performance	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	07.12.20
	Active	Pasifika Health Leadership Group	Member / Deputy Chair	Advisory Committee to HBDHB Board. Unlikely to be any conflict.	The Chair	13.10.20

ĀKINA (CONTINUOUS IMPROVEMENT)

ROTARY ENABLED – VIRTUAL VISITOR

(Cover page)

MINUTES OF THE HBDHB BOARD MEETING
HELD ON TUESDAY 30 MARCH 2021
TE WAIORA BOARD ROOM, DHB ADMINISTRATION BUILDING
MCLEOD STREET, HASTINGS
AT 2.00 PM
(LIVESTREAMED)

PUBLIC

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

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

1. The Chair opened the meeting with a mihimihi and welcomed members of the public who were viewing the meeting via Facebook livestream. No karakia was required as the Board had a hui prior to the public meeting.

2. APOLOGIES
Joanne Edwards tendered her apology for the public excluded meeting. An apology was also received from Carriann Hall, Executive Director of Financial Services.

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 2 March 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 along with the following comments"

- In respect to action # 1, Board members were advised that all departments had been made aware of the screening criteria for pre-surgical appointments
- A member referred to the recent PWC report on Diabetes and asked if there was likely to be some action as a result of that report. The Chief Executive Officer (CEO) advised that a number of reports came out on a regular basis, on a whole range of topics, from various groups or individuals and these would often

be assessed by a subject matter expert at the Ministry of Health and weighed up against other reports. Some of those reports might also not be the most current literature. Board members were advised that if there were any reports they felt would be of value to them, to contact the CEO's Executive Assistant and these could be placed in the resource centre of Diligent. Alternatively, there were hundreds of published reports in the hospital library which may be of interest and it might also be worthwhile having the Librarian speak to the Board as part of the induction.

6. BOARD WORK PLAN

The governance workplan was noted.

STANDING MANAGEMENT REPORTSs

7. CHAIR'S REPORT (VERBAL)

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

Name	Role	Service	Years of Service	Retired
Wayne Blair	Charge Medical Photographer	Operations Directorate	50	5/3/21

The Chair thanked Mr Blair for his dedication to the DHB and the community and wished him all the best in his next journey. A round of applause was given to Mr Blair for his 50 years of service.

- The Chair referred to Director-General Ashley Bloomfield's visit to Hawke's Bay District Health Board (HBDHB) last week which was well received by all those who met with him. Dr Bloomfield also gave a talk to staff who were able to attend.
- The Chair noted that HBDHB was hosting Hon Andrew Little, Minister of Health and Minister of Treaty Settlements, tomorrow along with Labour MPs, and thanked the CEO and Executive Director of Communications for organising the programme.

8. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO took her report as read. She noted that the new CEO of Health Hawke's Bay (PHO) was starting next week and looked forward to working with her. Discussion occurred around the following:

- The busyness of the hospital
- Hawke's Bay Hospital was seeing a high level of complexity in presentations with many people requiring admission
- People often arrived at the emergency department after hours
- Waiting lists for First Specialist Assessments which had seen a 15 percent increase. The Chief Operating Officer (COO) advised that weekly performance meetings were being held to look at referrals to identify which specialties, age groups and general practices were seeing the most increases and to then identify what could be done to deal with that demand
- CME (continuing medical education) leave, which would have ordinarily been forfeited in January 2021, had been held over until the 2021/21 financial year. Board members were advised that Senior Medical Officers (SMOs) had a 10-day per year contractual entitlement within their contracts for CME leave and also had the ability to accumulate up to three years entitlement. It was noted that CME leave had been difficult to use during the COVID-19 environment and the reality was that CME leave was down, although people's behaviours had changed where they were using online for their CME.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

9. FINANCIAL PERFORMANCE REPORT

This report was taken as read, noting that the report had been discussed in detail at the Finance Risk and Audit Committee (FRAC) meeting on 17 March 2021.

A member referred to item # 8 (Planned Care) and asked what the non-surgical interventions were. The COO undertook to follow that up and provide a response. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

STRATEGIC DELIVERY

10. STRATEGIC WORKPLAN

Emma Foster (Executive Director of Planning, Funding & Performance) and Lisa Jones (System Lead, Planning Funding & Performance), were in attendance for this item.

This report provided an update on the Hawke's Bay Health System Plan and was taken as read. A member asked for the Values to be added into the framework. **Action**

Heather Skipworth referred to a comment in the report which stated that the team was working closely with members of the Māori Relationship Board (MRB) and said it needed to be clear that this opportunity was given to all MRB members. There also needed to be clear separation between the Iwi and MRB.

RECOMMENDATION

That the HBDHB Board:

1. **Note** and acknowledge the Hawke's Bay Health System Plan is currently in the planning phase.
2. **Note** and acknowledge that a road map will be presented to Board within two months.
3. **Note** and acknowledge an engagement plan will be presented to Board for endorsement within two months.

Adopted

11. ĀKINA (CONTINUOUS IMPROVEMENT) – INCUBATOR – HEALTH ADMINISTRATION CADET PROGRAMME

Emma Ellison (Recruitment Manager) and Anne Speden (ED of Digital Enablement), were in attendance for this item.

Board members received a presentation on the Health Administration Cadet Programme at HBDHB. The eight-week programme was funded by MSD and all training was undertaken by the DHB on site, with Reception and Health Records overseeing the cadet students on a day-to-day-basis.

Comments from Board members included:

- The importance to have linkage with Māori Health when recruiting staff, including the Incubator Cadet Programme
- The training should include Engaging Effectively with Māori
- When recruiting for staff, Managers need to be mindful that indigenous people often find it difficult to speak for themselves

Board members congratulated the Emma and the wider team on the success of this programme. An The late Annie Aranui, MSD Regional Commissioner, was also acknowledgement for supporting the programme.

OTHER GOVERNANCE REPORTS

12. BOARD HEALTH AND SAFETY CHAMPIONS' REPORT

Charlie Edwards provided feedback from the Wairoa Health and Safety meeting in February. Issues discussed included COVID-19 vaccination roll-out and the newly drafted fire and earthquake terms of reference. Charlie also attended the Safety and Wellbeing Committee meeting on 18 March which included an update on progress with the enforceable undertaking. He advised that the Safety and Wellbeing Manager would be sending a letter to FRAC advising of Board members responsibilities under the Enforceable Undertaking.

Evan Davies also attended the Safety and Wellbeing meeting on 18 March and emphasised the importance of the discussion. He and Charlie looked forward to having a facility visit with Christine Mildon, Safety and Wellbeing Manager, as soon as this could be arranged.

NOTING REPORTS

13. MĀORI RELATIONSHIP BOARD REPORT

MRB Chair Ana Apatu provided an overview of the issues discussed at the meeting on 3 March 2021. Discussion occurred around the following:

- Was there any mechanism for getting fluoride out to those communities when there was no central water supply?

  The Chief Medical & Dental Officer (CM&DO) reminded members that the Government was in the process of considering a Bill which would move water fluoridation to the responsibility of the Director-General. If that was approved, then there would be a different mechanism of decision making for fluoridating community water supplies from the current local government process. However, this still wouldn't get to all the population and therefore the most important tool to improve oral health was fluoridated toothpaste. While that seemed a simple solution, it does require reinforcement of its use and use at the correct strength. The evidence showed that child strength toothpaste was not that effective in preventing dental caries, and in fact the level of fluoride in regular strength toothpaste had increased in many of the brands to make it consistent with international evidence.

  There were other methods such as service delivered fluorides, however this is a very concentrated product and therefore an organised and delivered programme is needed to deliver this. The CM&DO advised that while the Community Oral Health Service has a fluoride varnish programme running, it would make a big difference if the community across Hawke's Bay was to move to water fluoridation.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

14. HAWKE'S BAY CLINICAL COUNCIL REPORT

Co-Chair, Jules Arthur, provided an overview of the discussion at the Clinical Council meeting on 3 March 2021.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

15. COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLL-OUT PROGRESS REPORT

Chris McKenna (Chief Nursing & Midwifery Officer), Patrick Le Geyt (Acting Executive Director of Health Improvement & Equity) and Ngaira Harker (COVID-19 Operational Lead), were in attendance for this item.

This report was taken as read. There was discussion on the vaccination programme in Hawke's Bay, with Board members congratulating Ngaira and everyone involved in the roll-out of the vaccine and for their hard work. They said they were doing a fantastic job and asked for their thanks to be passed on to all those involved, including the vaccinators in particular. Positive feedback had also been received from around the country about the work being done in Hawke's Bay.

A discussion followed, with the Board asking to be provided with up-to-date progress on how the programme was tracking. **Action**

RECOMMENDATION

That the HBDHB Board:

1. **Notes** the COVID-19 Vaccination and Immunisation progress report.

Adopted

16. TE PĪTAU GOVERNANCE REPORT

This report was taken as read. Board members requested a more structured presentation in the near future around the Te Pītau Governance Group, including their role and the work they are doing. The question was also raised as to why 'End of Life' was not included in the current four areas of Te Pītau Focus.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

17. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board:

Exclude the public from the following items:

18. Confirmation of Previous Minutes 2 March 2021 - Public Excluded
19. Matters Arising (Public Excluded)
20. Chair's Report (Public Excluded)
21. Strategic Capital Plan : Radiology Refurbishment Project Procurement Plan (Public Excluded)
22. Finance Risk and Audit Committee Meeting - 17 March 2021 (Public Excluded)
23. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
24. Māori Relationship Board Report (Public Excluded)
25. Hawke's Bay Clinical Council Report (Public Excluded)
26. Safety and Wellbeing Committee Minutes – 18 March 2021 (Public Excluded)

MOVED: Shayne Walker
SECONDED: Kevin Atkinson

Carried

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

The public section of the Board meeting concluded at 3.30pm.

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	30/3/21	**Non-Surgical Interventions (item # 8 in Financial Performance Report)** Board to be advised on what the non-surgical interventions are	Chief Operating Officer	April	The attached information, highlighting the types of procedures included within the minor interventions category, was included in the presentation from the Chief Operating Officer and ExecutiveDirector, Planning Funding & Performance to FRAC in September 2020. The drop in minor intervetnin volumes this year is mainly as a result of intraocular injections being delivered in clinic/day case settings.
2	30/3/21	**Hawke's Bay Health System Plan** Values to be added into the Framework	Executive Director, Planning Funding & Performance	Ongoing	Noted and updated
3	30/3/21	**COVID-19 Vaccine and Immunisation Programme Roll-out** Board to provided with up-to-date progress on how the programme is tracking	Chief Executive Officer	Ongong	Included in CEO's weekly email

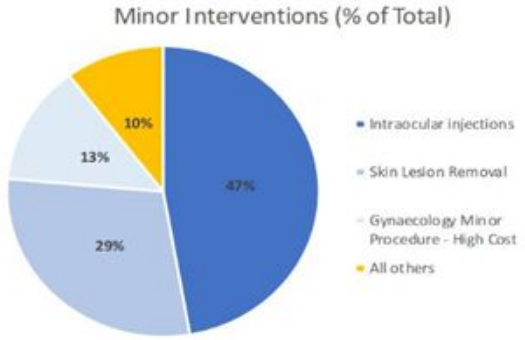
Response to Board Action # 1

20/21 Agreed Targets – Minor Interventions

Minor Interventions – 2,984

Description	DHB Total			
	Inpatient	Outpatient	Community	Total
Intraocular injections	216	1194	0	1410
Skin Lesion Removal	64	806	0	870
Gynaecology Minor Procedure - High Cost	0	397	0	397
Minor Operations	0	115	0	115
Hysteroscopy	1	62	0	63
Eye procedures	0	57	0	57
ENT Minor operations	0	31	0	31
Urodynamics	10	9	0	19
Urology - Lithotripsy	11	0	0	11
Prostate Biopsy	10	0	0	10
Eye - Argon Laser	0	1	0	1
Plastic Surgery Minor Procedures	0	0	0	0
TOTAL	312	2672	0	2984

*** Includes IDF Outflow**



HAWKE'S BAY District Health Board
Whakawāteatia

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		
EDPFP	Balance Scorecard (*development of*)	8, 11, 12, 13, 18	Monthly
COO	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
EDHIE	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 (April/July/Oct/Jan)	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	Monthly
EDFS	Financial Performance Report	18	Public	Monthly
	STRATEGIC DELIVERY			
EDPFP	Strategic Workplan	8, 11, 12, 13, 18	Public Excluded	Monthly
EDPFP	Strategic Capital Projects	2, 8, 16	Public Excluded	Monthly
EDPFP	Annual Plan Performance/Health System Priorities (March/May/August/Nov) *(CPHAC / DSAC)*	8, 11, 12, 13, 18	Public	Quarterly
EDDE	Ākina	ANY	Public	As required
PHO CE	PHO Report		Public	Quarterly
EDPFP	Annual Plan (May)	8, 11, 12, 13, 18	Public	Annually
EDPFP	Annual Report (October)	8, 11, 12, 13, 18	Public	Annually
	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
CNMO	COVID-19 Update	10	Public/Public Excluded	Monthly
EDFS	Annual Reports: Allied Laundry/NZHP/TAS		Public	Annually
EDFS	External Audit		Public/Public Excluded	As required
	NOTING PAPERS *(Discuss by exception)*			
	Māori Relationship Board		Public/Public Excluded	Monthly
	Clinical Council		Public/Public Excluded	Monthly
	Consumer Council		Public/Public Excluded	Monthly
	Pasifika Health Leadership Group		Public/Public Excluded	Bi-Monthly
	Te Pitau		Public/Public Excluded	Monthly
EDPFP	Amounts Exceeding Delegation	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
Oct 20	RMO Rostering
Nov 20	Primary/Secondary Data Sharing & Utilisation
Dec 20	Health & Safety – Enforceable Undertaking
Feb 21	Risk Management
Mar 21	Legislative Compliance
Apr 21	Strategy Deployment & Monitoring of Performance
Jun 21	Outpatient Data/Booking Process
Jul 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

ELT VERSION 26th FEBRUARY 2021

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**APRIL 2021 DHB CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	27 April 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 Executive Leadership Team (ELT) met in April to complete the final half the work necessary to agree the work effort and reconfirm the delivery/accountability/monitoring leads for the Equity Action Plan.
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 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	I have had the following interactions in this period: • Attended the local Bi-Partite meeting with the unions • Met with Mark Aspden CEO Sport Hawkes Bay • Attended the monthly Medical Heads of Department • Attended the Child, Women and Community Directorate meeting • Led the media stand up for the Covid-19 Health Workers vaccination roll out • Attended the ASMS/HBDHB Joint Consultative Committee quarterly meeting • Was interviewed by BAY Buzz for a profile feature for May/June magazine • Attended the Older Person's Leadership Directorate meeting • Along with the Board, hosted a visit from Hon Andrew Little, Minister of Health • Met with Professor Bev Lawton and members of Ngāti Pahauwera re the Whānau Manaaki Study

	• Guest speaker at Greenmeadows Rotary • Attended the National Bi-Partite Advisory Group meeting as DHB CEO representative • Chaired the National Immunisation Implementation Advisory Group for the Covid-19 vaccine • Attended the Central Region DHB CEOs meeting • Guest speaker at Grey Power Hastings AGM • Attended the pōwhiri for new HBDHB staff • Guest speaker at Women in Leadership 2015 cohort summit • Attended a morning tea with the HBDHB Maternity team • Attended the HBDHB Allied Health Professions Advisory Group monthly meeting • Attended the HBDHB summer heat advisory meeting • Barbara Walker and I visited the hospital wards and ED to talk with staff • Attended the National DHB CEOs meeting • Attended the Executive Leadership Team away day • Attended the announcement of the future of the Health and Disability System • Attended the Future Education: Governance Advisory Board 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*	

HOSPITAL SERVICES UPDATE

Unplanned Care

The Health Target result of 73.4 percent for March is reflective of the ongoing position related to occupancy levels in the hospital. The average number of inpatient beds occupied at 8am everyday in March was 106.5 percent – up just 0.2 percent from February, but well above the level required to achieve effective patient flow. Both daily presentations, and the percentage of those that 'converted' to inpatient admissions, rose in March but within the expected range. This was compensated by a correspondingly higher number of patients discharged in March, isolating inpatient occupancy levels as the main contributing factor to ED waits.

Planned Care

March was a long month in comparison to February in terms of the number of working days. The impact was seen in both activity and demand for planned care.

- A net total of 2,556 referrals were received in March. This is well above the average referrals per month received since the end of COVID lockdown and is 20 percent and 28 percent higher compared with March 2019 and March 2020 respectively.
- In total, 2,218 patients were provided with First Specialist Assessments in March – 48 percent higher than March 2020 and 47 percent higher than in March 2019. This performance saw overall waiting list end the month at 5,005 (down 417 patients).

- The proportion of those waiting for four-months or more for their appointment also reduced month-on-month (from 31.2 percent to 27.2 percent). This equates to 1,360 patients overdue against the ESPI2 measure. HBDHB remains on trajectory for the Ministry of Health Improvement Action Plan, however continued elevated referral demand will continue to place significant pressure on modelling for future months.

In respect of elective surgery, HBDHB delivered 104.5 percent of Ministry of Health production planning discharge target in March. Overall year-to-date delivery sits at 97.2 percent, and 96.6 percent on case-weights, and forecasting suggesting delivery against these targets at year end.

- Inter District Flow activity increased to 80.0 percent of plan (72 discharges vs 90 plan)
- On-site activity achieved 110 percent of plan, a return to overperformance seen earlier in the year (493 discharges vs 448 plan)
- Outsourced increased significantly again this month achieving 102.3 percent of plan (133 discharges vs 130 plan and up from 75.6 percent in February)

Overall the waiting list for surgery increased by 84 patients, ending the month at 2,349. This increase is a function of the level of First Specialist Assessment activity during the month. Against the ESPI5 measure, 30.4 percent of patients have now waited more than four months – this equates to a further 97 patients now overdue, compared with February.

COVID-19 RESPONSE UPDATE

The main effort in combating COVID-19 is in vaccination according to the sequencing set out by government. We have redirected resources to the vaccination effort whilst continuing preparedness for an outbreak. Contingency planning will include, where necessary, “ring vaccination” to target affected communities in the event of an outbreak. We are investigating visualisation tools to ensure visibility of vaccination of at-risk populations and deliver equitable vaccination.

With the Border Workers Testing Register we have assurance our border workers are being regularly tested. We are close to finalising the detailed operational planning for a local managed isolation facility (if required).

We have strong assurance that residential care facilities have good plans in place to mitigate the impact of an outbreak.

We are training large numbers of health professionals in testing. The plan for mass testing by Te Taiwhenua O Heretaunga in the event of an outbreak is moving forward. We are continuing discussion with the MoH around improvements to oxygen supply with the specification now agreed and ongoing discussion around funding. We will need to take a decision on implementing this soon having considered the impact of disruption to the hospital flow.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report March 2021** For the attention of: **HBDHB Board**
Document Owner	Carriann Hall, Executive Director Financial Services
Document Author	Phil Lomax, Financial and Systems Accountant
Date	May, 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 HBDHB Board: **Note** the contents of this report	

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The Operating Result for March was $68k favourable to plan and $140k adverse to plan year-to-date (YTD). When considering the total position including COVID-19 and Holidays Act, the overall YTD position increases to $6.1m ($4.1m last month) adverse to plan.

Beyond the ongoing underlying pressure as a result of acuity and dependency, the main drivers of the result were:

- Working days – March has 23 working days, which is shown through increases in consumable and clinical outsourcing costs
- Release of reserves - $450k of the Annual Plan reserve slippage was released in month

- Pharmaceutical and Community Prescribing costs – we have received further advice from PHARMAC and undertaken analysis around COVID-19 impacts on community prescribing costs and as a result, made a number of changes in the Operating Result.

  Whilst we have taken a prudent approach to the PHARMAC changes, there is favourable variance to the Operating Result this month. This is due to an increase in the amount transferred to COVID-19 for community prescribing costs over and above that which we would normally incur. This is the main driver of the COVID-19 expense in March

	March				Year to Date				Year End	Refer
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	Appendix
Operating Revenue	56,011	55,528	483	0.9%	501,455	497,480	3,975	0.8%	667,124	1
Less:										
Providing Health Services	29,227	28,140	(1,088)	-3.9%	246,736	241,099	(5,637)	-2.3%	330,722	2
Funding Other Providers	24,234	24,054	(180)	-0.7%	215,450	214,808	(642)	-0.3%	288,186	3
Corporate Services	5,470	5,963	494	8.3%	45,530	47,462	1,932	4.1%	62,166	4
Reserves	(1,239)	(880)	359	40.9%	3,011	3,243	233	7.2%	4,820	5
Operating Result	**(1,681)**	**(1,749)**	68	3.9%	**(9,272)**	**(9,132)**	(140)	-1.5%	**(18,771)**	
Plus:										
Emergency Response (COVID-19)	(1,910)	-	(1,910)	0.0%	(3,731)	2	(3,733)		(1,978)	
Holidays Act Remediation	(246)	-	(246)	0.0%	(2,269)	-	(2,269)	0.0%	(2,984)	
	(3,838)	**(1,749)**	(2,088)	-119.4%	**(15,272)**	**(9,129)**	(6,143)	-67.3%	**(23,732)**	

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

Risks, Opportunities & Issues

Due to timing of reports and requirement to prioritise annual planning, the forecast is based on February results and consequently does not show annual plan slippage now approved by Board and other non-recurrent mitigations

As in prior months, the message continues to be that the underlying position is overspending and we are mitigating that through non-recurrent flexibilities. We have shown the worst case in the forecast, but we expect to come in closer to plan on Operating Result than this forecast shows and within the range agreed with Board. However, this continues to be vulnerable to internal and external forces as detailed in the report last month.

One risk that we are monitoring is Pay Equity, where there is a risk that cost of settlement is higher than the funding we expect to receive. As we have no contingency, it is unlikely that we will be able to mitigate this.

Other Performance Measures

	March				Year to Date				Year End	Refer
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	Appendix
	$'000	*$'000*	*$'000*	*%*	*$'000*	*$'000*	*$'000*	*%*	*$'000*	
Capital spend	2,574	3,777	(1,202)	-31.8%	12,432	28,398	(15,966)	-56.2%	45,058	12
	FTE	*FTE*	*FTE*	*%*	*FTE*	*FTE*	*FTE*	*%*	*FTE*	
Employees	2,666	2,657	(9)	-0.3%	2,644	2,625	(20)	-0.8%	2,647	2 & 4

- Capital spend (Appendix 10)

  Strategic projects are the main drivers of the underspend to date, partly due to uncertainty of timing of equity funding and partly a result of slippage.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $22.8m overdrawn on 3rd March, within the $35m statutory limit. The cash flow has been adjusted this month to reflect the capital spend and equity injections included in the 2021/22 Draft Annual Plan provided to MOH in March. Timing differences between incurring capital spend and receipt of capital equity injections adds additional pressure to the DHBs cash position.

  A letter requesting an equity injection, has been sent as required.

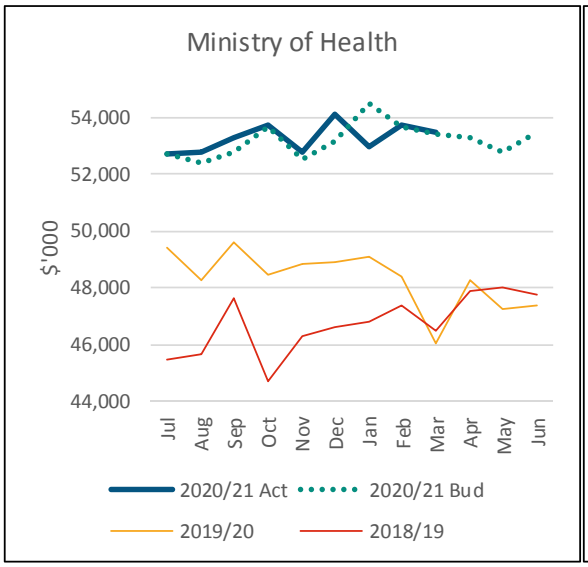
- Employees (Appendices 2 & 4)

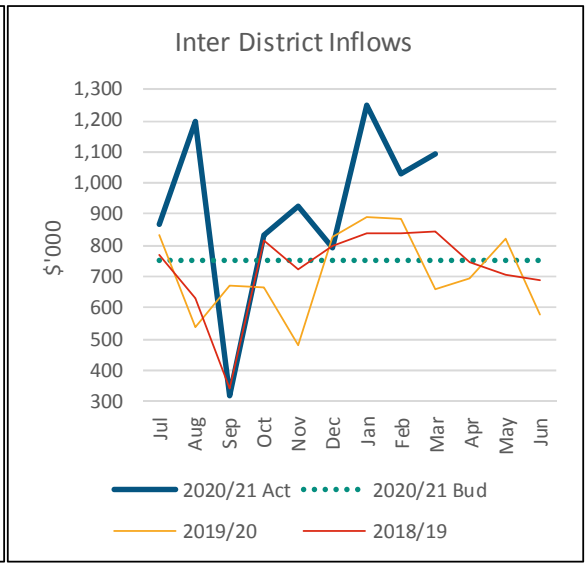
  Higher than planned nursing and support numbers reflect the acute delivery issues in Providing Health Services. These were partly offset by vacancies across allied health, and management and administration. Vacancies in medical personnel are covered, if available, by locums that are not counted as FTEs. While this has a net favourable impact on FTE, it also causes a net adverse variance on cost.

APPENDICES

1. OPERATING REVENUE

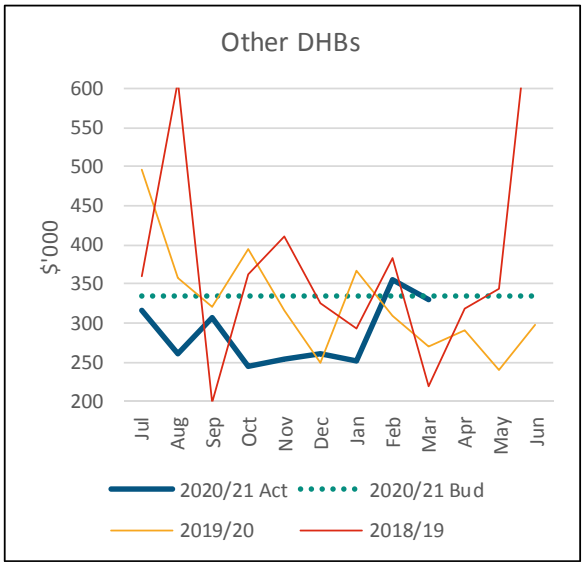
Excludes revenue for COVID-19	March				Year to Date				Year End
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Ministry of Health	53,512	53,418	93	0.2%	479,661	478,913	747	0.2%	639,244
Inter District Flows	1,096	752	343	45.7%	8,300	6,770	1,530	22.6%	10,214
Other District Health Boards	330	334	(4)	-1.3%	2,580	3,007	(427)	-14.2%	3,446
Financing	0	4	(4)	-91.8%	66	32	34	107.5%	82
ACC	470	511	(42)	-8.1%	4,089	4,010	78	2.0%	5,559
Other Government	17	22	(4)	-20.0%	297	369	(72)	-19.5%	405
Abnormals	-	-	-	0.0%	273	-	273	0.0%	273
Patient and Consumer Sourced	109	108	1	0.8%	1,124	973	151	15.5%	1,488
Other Income	478	379	99	26.2%	5,066	3,405	1,660	48.8%	6,415
	56,011	**55,528**	483	0.9%	**501,455**	**497,480**	3,975	0.8%	**667,124**

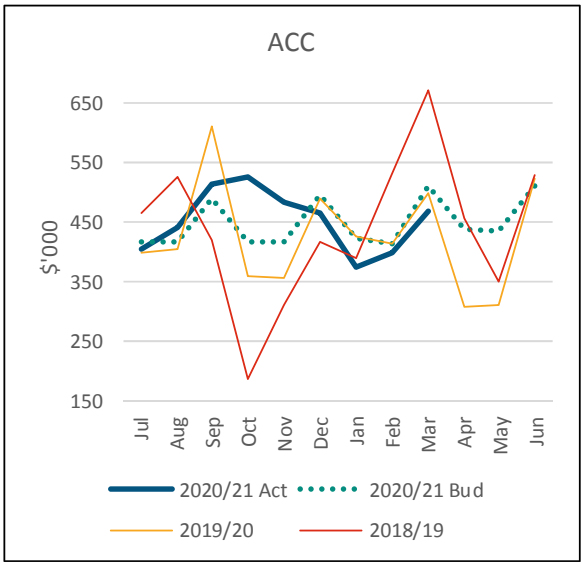




Ministry of Health ($0.7m favourable YTD)
Funding for In-Between Travel, child health and clinical training, all offset in expenditure. January was affected by an adjustment to pharmaceuticals increasing both the income and expense budget to recognise YTD growth.

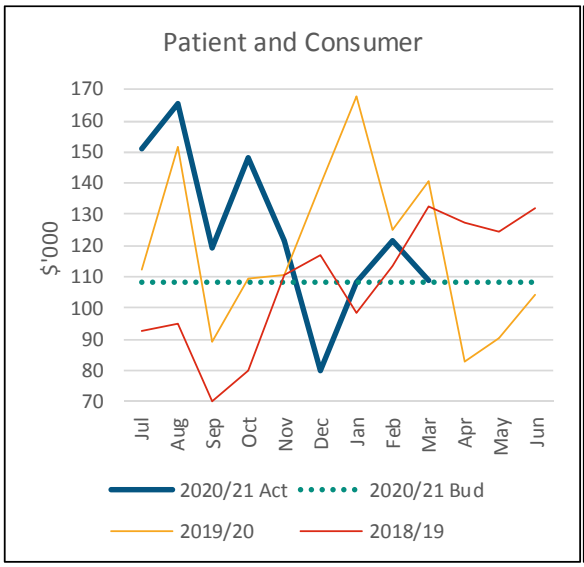
Inter District Flows ($1.5m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost. Increased revenue may reflect higher visitor numbers to Hawke's Bay due to restrictions in overseas travel.

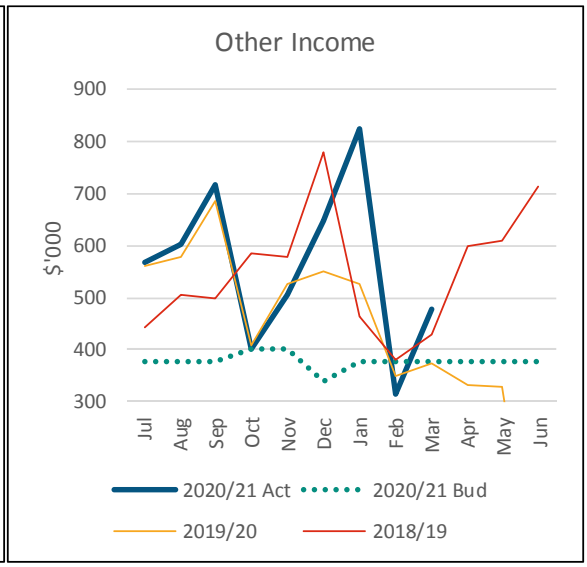




Other District Health Boards ($0.4m adverse YTD)
Reduced revenue YTD from Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), partly offset by increased revenue from Mid Central DHB for oncology clinics. Some recovery from Tairawhiti in month.

ACC ($0.1m favourable YTD)
Part recovery in income generation after a fall off over the holiday period.



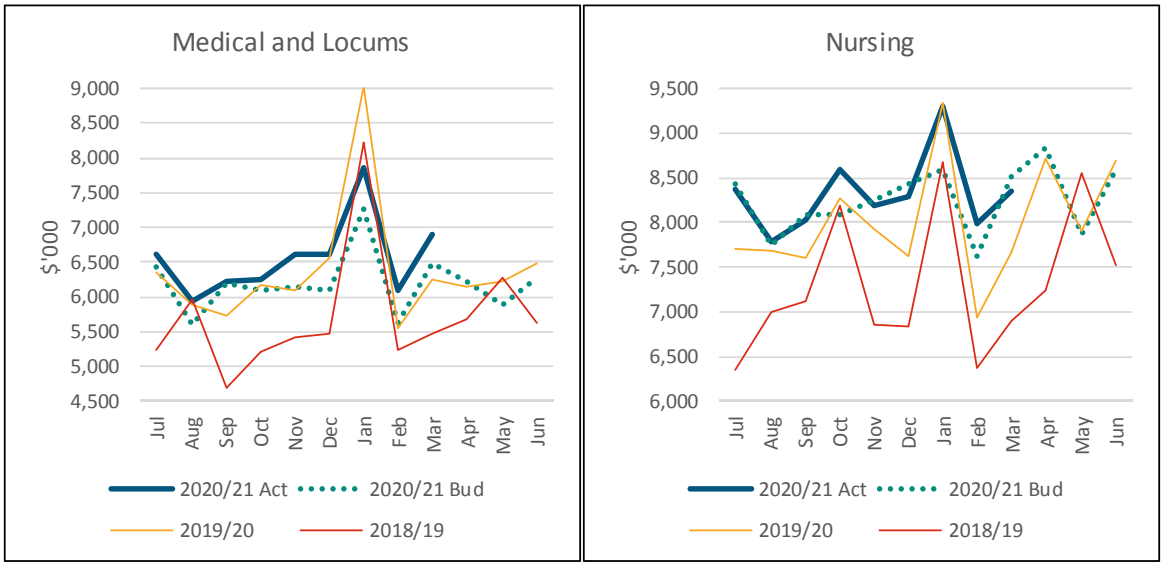


Patient and Consumer ($0.2m favourable YTD)
Non-resident charges, and meals on wheels, partly offset by reduced audiology income (hearing aids).

Other income ($1.7m favourable YTD)
Clinical equipment relating to COVID-19 transferred by MOH to the DHB contributes half of the favourable result. The year to date numbers include the return on investment in Allied Laundry Services, provision of nurse training services to EIT, unbudgeted donations and clinical trial income, residential accommodation (Springhill), and a wide range of income items across the DHB. The diversity and volatility of income sources and a conservative approach to budgeting, means this has traditionally tracked favourably and we expect that to continue.

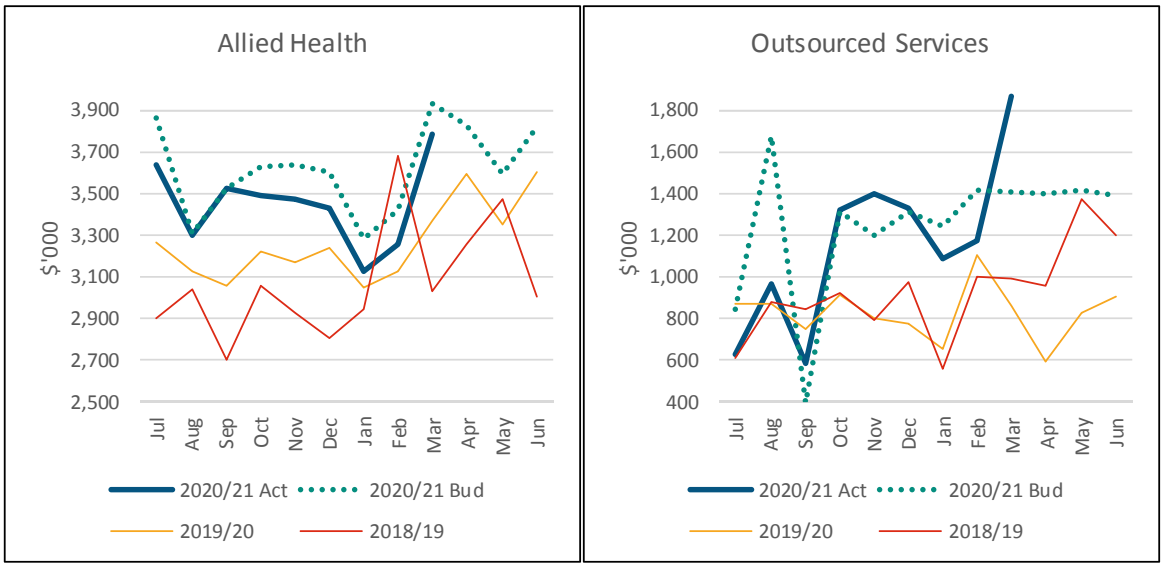
2. PROVIDING HEALTH SERVICES

	March				Year to Date				Year End
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Expenditure by type $'000									
Medical personnel and locums	6,901	6,477	(424)	-6.5%	59,116	55,930	(3,186)	-5.7%	78,826
Nursing personnel	8,355	8,504	149	1.7%	74,891	73,744	(1,147)	-1.6%	100,684
Allied health personnel	3,785	3,932	147	3.7%	31,038	32,208	1,169	3.6%	42,268
Other personnel	2,458	2,551	94	3.7%	20,767	21,085	318	1.5%	27,985
Outsourced services	1,866	1,405	(461)	-32.8%	10,356	10,800	444	4.1%	14,156
Clinical supplies	4,178	3,756	(422)	-11.2%	36,437	33,848	(2,588)	-7.6%	47,944
Infrastructure and non clinical	1,684	1,514	(170)	-11.2%	14,131	13,485	(646)	-4.8%	18,859
	29,227	**28,140**	(1,088)	-3.9%	**246,736**	**241,099**	(5,637)	-2.3%	**330,722**
Expenditure by directorate $'000									
Medical	8,453	7,731	(721)	-9.3%	72,656	67,576	(5,080)	-7.5%	96,379
Surgical	7,213	6,725	(487)	-7.2%	58,604	57,170	(1,434)	-2.5%	78,402
Community, Women and Children	4,459	4,562	103	2.3%	37,802	38,578	776	2.0%	50,953
Mental Health and Addiction	2,105	2,054	(50)	-2.5%	17,742	17,489	(253)	-1.4%	23,841
Older Persons, NASC HB, and Allied H	1,516	1,576	60	3.8%	12,927	13,234	307	2.3%	17,553
Operations	4,403	4,345	(58)	-1.3%	38,111	36,974	(1,137)	-3.1%	50,717
Other	1,080	1,146	66	5.8%	8,894	10,078	1,184	11.7%	12,877
	29,227	**28,140**	(1,088)	-3.9%	**246,736**	**241,099**	(5,637)	-2.3%	**330,722**
Full Time Equivalents									
Medical personnel	404.6	405.2	1	0.2%	387	396	9	2.3%	398.4
Nursing personnel	1,083.4	1,046.0	(37)	-3.6%	1,113	1,063	(50)	-4.7%	1,071.4
Allied health personnel	511.4	535.5	24	4.5%	498	517	19	3.7%	523.5
Support personnel	133.9	123.0	(11)	-8.8%	132	120	(12)	-10.3%	121.4
Management and administration	296.7	307.3	11	3.5%	288	297	9	3.1%	299.6
	2,430.0	**2,417.1**	(13)	-0.5%	**2,419**	**2,394**	(25)	-1.1%	**2,414.4**



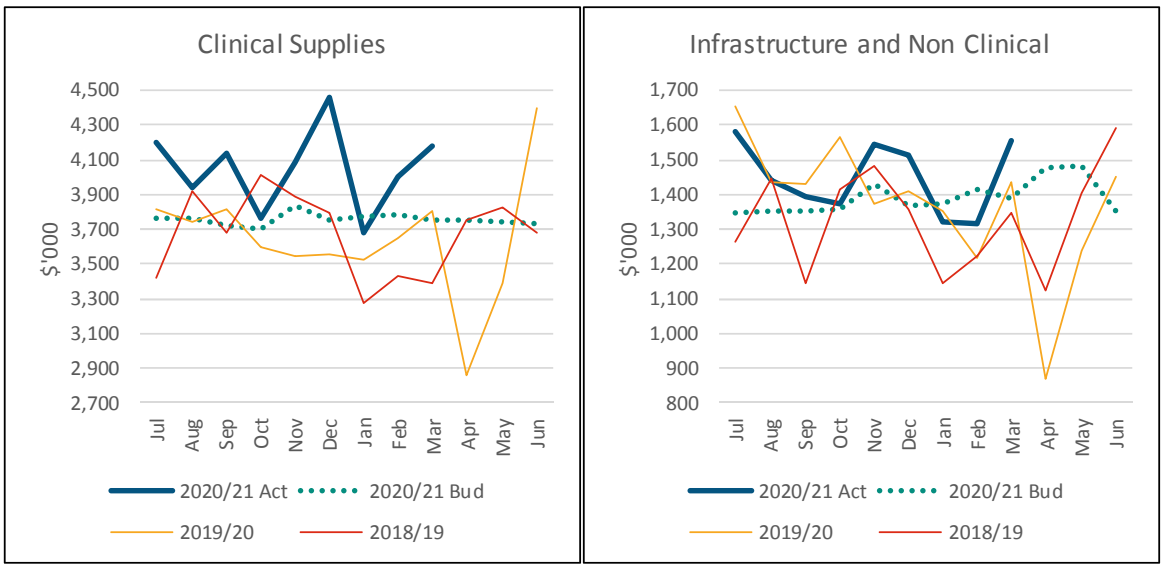
Medical personnel and locums ($3.2m adverse YTD)
The cost of locums covering vacancies and medical staff on leave, exceeds the savings from vacancies. Acute occupancy and in-house elective activity (offset in Outsourced Services) also contribute to cost pressures.

Nursing ($1.1m adverse YTD)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches.



Allied Health ($1.2m favourable YTD)
Vacancies in therapies, technicians, social workers, pharmacists, cultural workers, and health promotion workers.

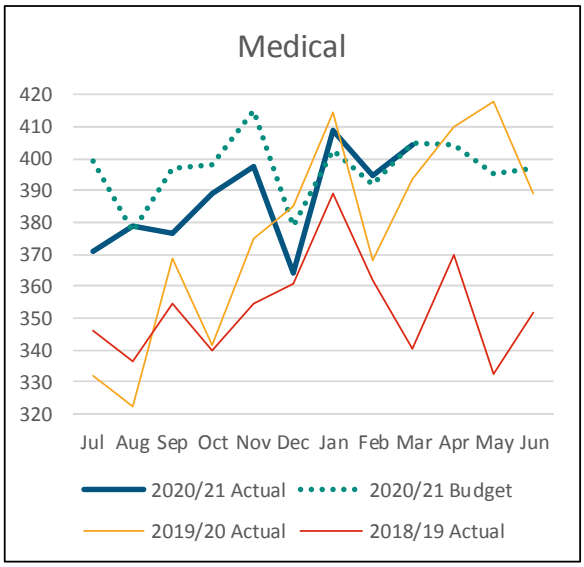
Outsourced services ($0.4m favourable YTD)
Higher costs in month reflecting increased activity by elective providers following the holiday period and a 23 working day month. Providers self manage when they provide services.

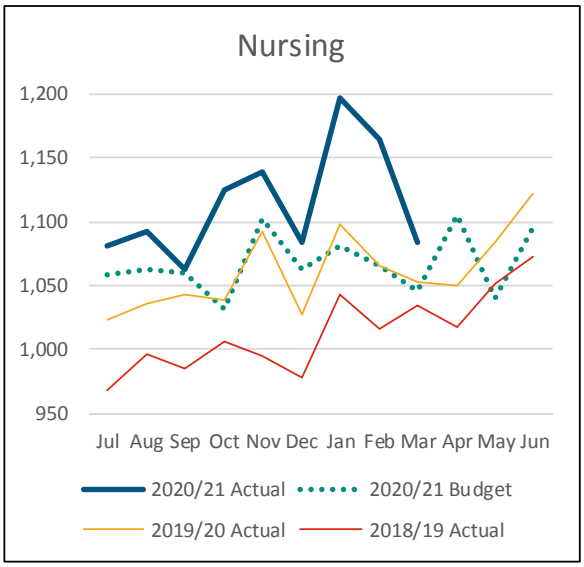


Clinical supplies ($2.6m adverse YTD)
Underlying drivers of costs are planned care volumes provided in house (partly offset in outsourced services), patient transport costs, and cost impacts on manufacturing and international supply chains caused by COVID issues.

Infrastructure and non clinical supplies ($0.6m adverse YTD)
Cleaning, external security, and food costs reflect patient throughput year-to-date. Adverse minor hardware costs (mainly laptops, PCs and monitors) also contribute. Favourable domestic travel costs partly offset.

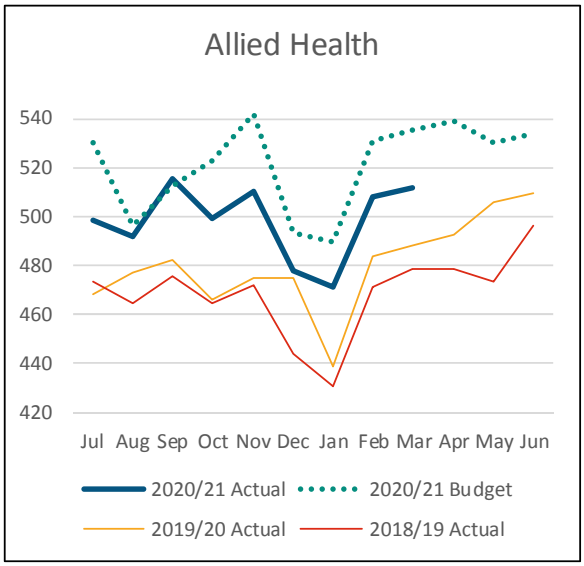
Full Time Equivalents (FTE)

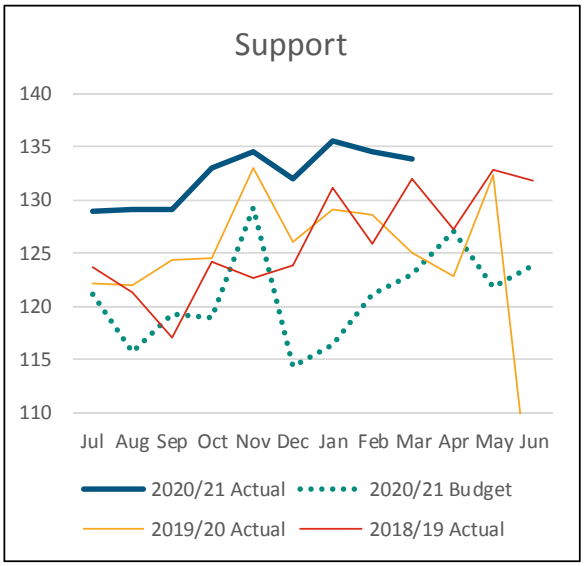




Medical personnel (9 FTE / 2.3% favourable)
Specialist vacancies covered by locums where available.

Nursing personnel (50 over planned FTE / -4.7% adverse)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches.



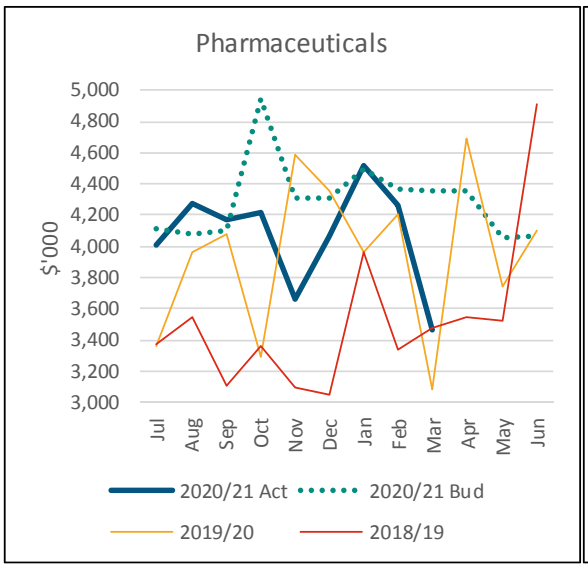


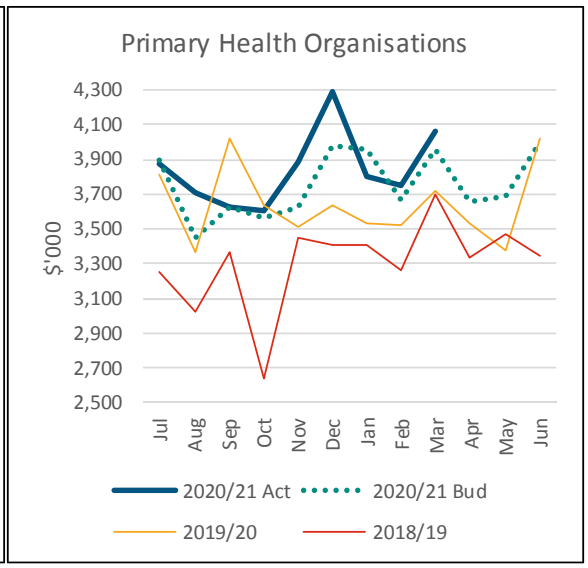
Allied health personnel (19 FTE / 3.7% favourable)
Ongoing vacancies including technicians, social workers, health promotion workers, physiotherapists, and pharmacists.

Support personnel (12 FTE over planned FTE / -10.3% adverse)
High patient activity and dependency drive higher orderly and kitchen assistant numbers. The operations directorate is being supported through service improvement and other actions to manage these issues.

3. FUNDING OTHER PROVIDERS

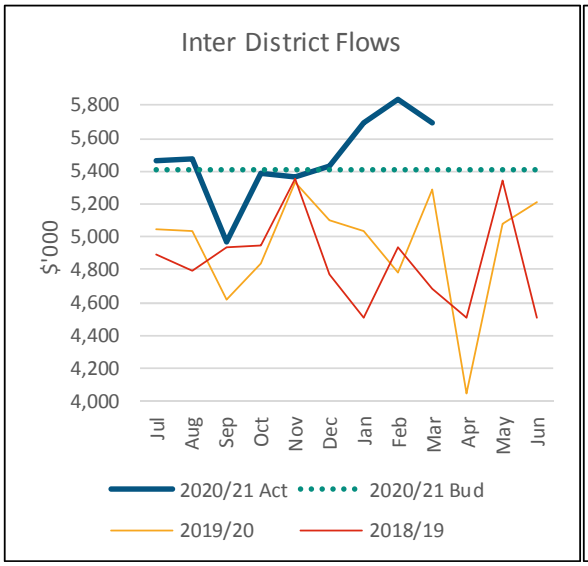
$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	3,471	4,357	887	20.4%	36,646	39,067	2,421	6.2%	49,770
Primary Health Organisations	4,062	3,963	(99)	-2.5%	34,616	33,738	(878)	-2.6%	45,943
Inter District Flows	5,689	5,411	(277)	-5.1%	49,308	48,700	(608)	-1.2%	65,264
Other Personal Health	2,150	2,104	(46)	-2.2%	20,276	19,454	(822)	-4.2%	28,008
Mental Health	1,448	1,215	(233)	-19.2%	11,798	10,934	(864)	-7.9%	15,356
Health of Older People	6,959	6,605	(353)	-5.4%	59,216	59,453	238	0.4%	79,249
Other Funding Payments	456	398	(58)	-14.6%	3,591	3,462	(129)	-3.7%	4,597
	24,234	24,054	(180)	-0.7%	**215,450**	**214,808**	(642)	-0.3%	288,186
Payments by Portfolio									
Strategic Services									
Secondary Care	5,363	5,051	(311)	-6.2%	46,504	45,462	(1,042)	-2.3%	61,416
Primary Care	8,928	9,596	668	7.0%	83,859	84,964	1,104	1.3%	113,366
Mental Health	1,768	1,514	(254)	-16.8%	14,694	13,865	(828)	-6.0%	19,223
Health of Older People	7,502	7,174	(327)	-4.6%	64,422	64,580	158	0.2%	86,221
Maori Health	542	601	59	9.8%	4,722	4,826	104	2.1%	6,329
Population Health	132	118	(14)	-12.0%	1,249	1,111	(138)	-12.4%	1,630
	24,234	24,054	(180)	-0.7%	**215,450**	**214,808**	(642)	-0.3%	288,186

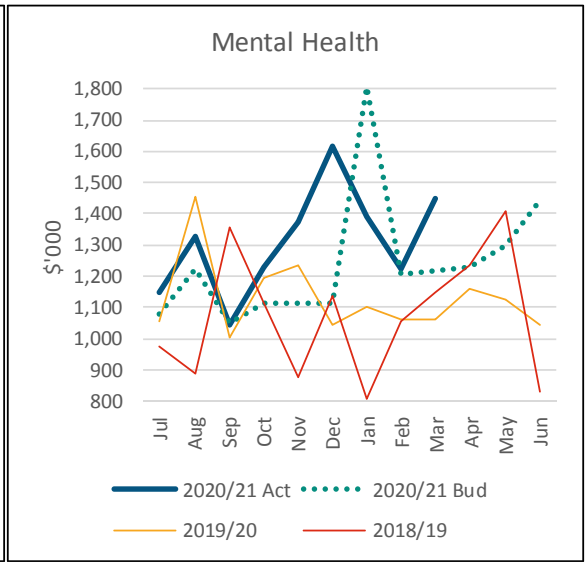




Pharmaceuticals ($2.4m favourable YTD)
Reflects prudent assessment of the latest PHARMAC projections and transfer of community prescribing costs to COVID-19.

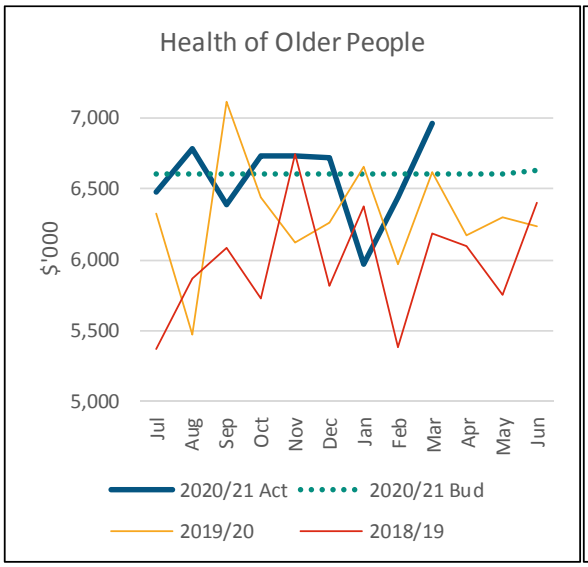
Primary Health Organisations ($0.9m adverse YTD)
Increasing activity in primary care services relating to patient subsidies, mostly offset by a monthly wash-up of activity by MOH resulting in additional funding included under revenue.

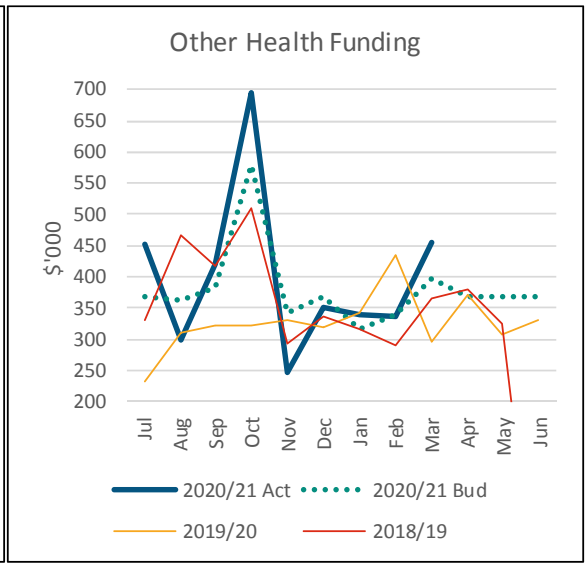




Inter District Flows ($0.6m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.

Mental Health ($0.9m adverse YTD)
Home-based support, service improvements and child and youth services, offset in revenue.





Health of Older People ($0.2m favourable YTD)
Restorative home care and In-Between Travel.

Other Health Funding ($0.1m adverse YTD)
Minor variances YTD with increased Whanau Ora costs in March

4. CORPORATE SERVICES

$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	2,015	2,349	334	14.2%	15,797	16,248	451	2.8%	22,046
Outsourced services	51	65	14	21.7%	490	588	98	16.6%	700
Clinical supplies	67	57	(11)	-18.9%	497	509	12	2.4%	665
Infrastructure and non clinical	1,645	1,564	(82)	-5.2%	13,580	13,256	(323)	-2.4%	18,246
	3,779	4,034	256	6.3%	30,364	30,601	238	0.8%	41,656
Capital servicing									
Depreciation and amortisation	1,338	1,324	(13)	-1.0%	11,452	11,300	(151)	-1.3%	15,393
Financing	19	25	6	23.1%	149	214	65	30.4%	230
Capital charge	334	580	246	42.4%	3,566	5,346	1,780	33.3%	4,887
	1,691	1,929	238	12.3%	15,166	16,860	1,694	10.0%	20,510
	5,470	**5,963**	494	8.3%	**45,530**	**47,462**	1,932	4.1%	**62,166**
Full Time Equivalents									
Medical personnel	0.9	1.1	0	18.8%	1	1	0	0.1%	1.1
Nursing personnel	18.4	21.0	3	12.2%	19	19	1	3.1%	20.0
Allied health personnel	2.5	1.6	(1)	-55.3%	1	2	1	35.1%	1.6
Support personnel	29.4	31.3	2	6.3%	29	31	2	6.4%	30.7
Management and administration	185.0	184.9	(0)	-0.1%	176	178	2	1.4%	179.5
	236.2	**239.9**	4	1.6%	**225**	**231**	6	2.4%	**232.9**

Capital charge continues to be the driver of the favourable performance and reflects the lower equity balance than projected in the plan. The recruitment budget for medical staff has been increased in month to reflect costs incurred and offset in reserves. Feasibility costs relating to capital projects drives more than the YTD variance for Infrastructure and non clinical costs, being partly offset by lower than budgeted corporate training costs.

5. RESERVES

$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	(524)	123	648	524.3%	809	1,918	1,108	57.8%	2,204
Efficiencies	-	(125)	(125)	-100.0%	-	(1,124)	(1,124)	-100.0%	(532)
Other	(715)	(878)	(163)	-18.6%	2,201	2,450	249	10.1%	3,148
	(1,239)	**(880)**	359	-40.9%	**3,011**	**3,243**	**233**	7.2%	**4,820**

Investment reserves includes provisions for annual plan investment, the Digital Enablement reserve and aged residential care growth. Some Annual Plan reserve has been released this month to offset overspends in Providing Health Services.

The majority of the $4.1m planned efficiencies for the year are already embedded in budgets. Of the remaining $1.5m, there are some areas where progress is still being made, but any benefit is unlikely to be material this year.

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

6. FINANCIAL POSITION

		March				
30 June 2020	$'000	*Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2020*	*Annual Budget*
	Equity					
208,983	Crown equity and reserves	211,848	248,313	(36,464)	2,866	254,399
(107,310)	Accumulated deficit	(122,581)	(91,006)	(31,575)	(15,271)	(101,147)
101,673		89,268	157,307	(68,039)	(12,405)	153,252
	Represented by:					
	Current Assets					
1,198	Bank	597	759	(162)	(600)	759
1,449	Bank deposits > 90 days	1,467	1,881	(414)	18	1,881
20,896	Prepayments and receivables	19,072	22,588	(3,515)	(1,824)	22,725
4,626	Inventory	4,689	5,009	(320)	64	5,040
28,168		25,826	30,237	(4,410)	(2,342)	30,405
	Non Current Assets					
190,156	Property, plant and equipment	190,062	220,997	(30,935)	(95)	228,349
15,978	Intangible assets	16,546	5,048	11,498	568	5,258
1,341	Investments	1,536	1,120	416	195	1,120
207,475		208,144	227,165	(19,021)	668	234,727
235,644	**Total Assets**	**233,970**	**257,402**	**(23,432)**	**(1,674)**	**265,132**
	Liabilities					
	Current Liabilities					
14,430	Bank overdraft	18,222	363	(17,860)	(3,792)	10,159
36,438	Payables	40,762	35,724	(5,039)	(4,324)	40,697
79,814	Employee entitlements	82,429	57,632	(24,797)	(2,615)	54,784
-	Current portion of borrowings	-	3,326	3,326	-	3,172
130,682		141,413	97,044	(44,369)	(10,732)	108,812
	Non Current Liabilities					
3,289	Employee entitlements	3,289	3,051	(238)	-	3,068
3,289		3,289	3,051	(238)	-	3,068
133,971	**Total Liabilities**	**144,702**	**100,095**	**(44,607)**	**(10,732)**	**111,880**
101,673	**Net Assets**	**89,268**	**157,307**	**(68,039)**	**(12,405)**	**153,252**

Variances from budget:
Crown equity and reserves reflects the capital spend against plan, and its effect on equity drawdowns, as does non-current assets and bank overdraft.

The accumulated deficit reflects the difference between the 2019/20 final result and that projected in the 2020/21 plan, including re-estimation of the Holidays Act remediation provision at 30 June 2020. Employee entitlements are similarly impacted.

Payables are higher than budget reflecting a combination of claims not yet made by providers and income received in advance from MOH.

7. EMPLOYEE ENTITLEMENTS

30 June 2020	$'000	March Actual	March Budget	March Variance from budget	March Movement from 30 June 2020	Annual Budget
8,709	Salaries & wages accrued	8,029	7,211	(818)	679	4,267
1,058	ACC levy provisions	1,546	1,937	391	(487)	1,948
6,493	Continuing medical education	7,872	-	(7,872)	(1,379)	-
61,594	Accrued leave	63,136	46,363	(16,774)	(1,543)	46,436
5,249	Long service leave & retirement grat.	5,134	5,172	38	115	5,201
83,103	**Total Employee Entitlements**	85,718	60,683	(25,035)	(2,615)	57,852

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

8. PLANNED CARE

MoH data to February is provided below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 95.9% of plan was achieved to the end of February. This continues the reasonably close to budget level resulting from the delivery of planned actions to achieve the target by end of year. The financial forecast and YTD result continues to assume we will achieve the delivery targets by the end of the year.

2020/21 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2020/21 Total Planned Volume
Inpatient Caseweight Delivery	5,464.8	1,885.5	7,350.3	7,049.1	95.9%	10,899.8
Inpatient Surgical Discharges	3,625	1,379	5,004	4,801	95.9%	7,427
Minor Procedures	1,419	602	2,021	3,683	182.2%	2,984
Non Surgical interventions	26	53	79	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: 6/04/2021 **NNPAC Refresh Date:** 6/04/2021
Data up to: Feb 2021 **Report Run Date:** 6/04/2021

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 March was a $18.2m overdrawn (February was $18.9m overdrawn).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4^{t} of the month. April's low point is projected to be the $22.6m overdrawn on 30 April. The DHBs statutory overdraft limit is $35m.

The main cash risks are the remediation of the Holidays Act, the net impact of COVID-19 and timing on MoH capital.

Debt Management

The DHB has no interest rate exposure relating to debt.

Foreign Exchange Risk Management

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

10. CAPITAL EXPENDITURE

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

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

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

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

See table on the next page.

	Year to Date			End of Year Forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Source of Funds						
Operating Sources						
Depreciation	11,452	11,300	151	15,406	15,255	151
	11,452	11,300	151	15,406	15,255	151
Other Sources						
Special Funds and Clinical Trials	46	-	46	46	-	46
Sale of Assets	614	415	199	614	415	199
Equity Injection received	2,866		2,866	2,866	24,772	(21,906)
Equity Injection forecast	-	-	-	3,969	-	3,969
Source to be determined	-	-	-	3,243	4,617	(1,374)
	4,011	415	3,596	10,253	29,804	(19,551)
Total funds sourced	**14,977**	**11,715**	**3,262**	**26,144**	**45,059**	**(18,915)**
Application of Funds:						
Block Allocations						
Facilities	1,367	2,315	948	3,038	3,088	50
Information Services	1,922	2,801	879	3,580	3,755	175
Clinical Equipment	2,051	2,903	852	3,944	3,872	(71)
	5,341	8,019	2,678	10,562	10,715	153
MOH funded Startegic						
Seismic Radiology HA27	100	75	(25)	100	100	-
Surgical Expansion	1,319	4,100	2,781	3,572	4,200	628
Main Electrical Switchboard Upgrade	356	2,449	2,093	1,153	4,000	2,847
Mobile Dental Unit	0	1,066	1,066	800	1,600	800
Angiography Suite	392	1,749	1,357	1,300	3,000	1,700
Replacement Generators	(12)	-	12	(12)	-	12
Endoscopy Building (Procedure Rooms)	148	1,749	1,602	1,794	3,000	1,206
Radiology Extension	1,350	2,808	1,459	1,679	4,559	2,880
Seismic AAU Stage 2	1,223	1,547	324	1,223	2,063	840
Seismic Surgical Theatre HA37	21	1,399	1,378	958	2,100	1,142
Linear Accelerator	-	-	-	100	250	150
	4,897	16,944	12,047	12,667	24,872	12,205
DHB funded Strategic						
Surgical Expansion	-	-	-	-	1,953	1,953
Main Electrical Switchboard Upgrade	-	-	-	-	200	200
Cardiology PCI	7	-	(7)	242	1,000	758
Interim Asset Plan	801	3,378	2,577	1,839	5,390	3,551
Digital Transformation	146	-	(146)	608	870	262
	971	3,378	2,407	2,727	9,413	6,686
Other						
Special Funds and Clinical Trials	46	-	(46)	46	-	(46)
Other	142	58	(84)	142	58	(84)
	188	58	(130)	188	58	(130)
Capital Spend	**11,396**	**28,398**	**17,002**	**26,144**	**45,058**	**18,914**

11. ROLLING CASH FLOW

	Mar-21			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-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	63,086	66,163	3,077	60,955	58,416	60,062	72,484	61,397	65,497	65,514	60,397	123,061	3,616	59,664	59,664
Other revenue	10,892	10,403	-489	4,803	6,650	6,237	6,400	6,450	6,450	6,300	6,300	5,440	5,800	6,650	6,650
Total cash inflow	73,978	76,566	2,588	65,758	65,066	66,299	78,884	67,847	71,947	71,814	66,697	128,501	9,416	66,314	66,314
Cash Outflows															
Payroll	16,431	16,198	233	13,807	13,680	17,880	13,750	13,680	16,230	13,700	13,680	17,950	13,680	13,680	16,230
Taxes	12,577	12,477	100	10,346	9,200	9,200	9,200	9,200	9,200	9,200	9,200	6,000	12,400	9,200	9,200
Sector Services	29,455	28,453	1,002	27,803	27,200	27,293	28,278	27,967	27,646	29,512	27,288	26,802	25,950	26,855	27,050
Capital expenditure	1,753	0	1,753	2,470	3,011	3,023	5,601	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895
Other expenditure	13,101	15,637	-2,536	15,381	14,900	19,500	20,302	16,402	16,402	14,346	17,802	17,800	12,015	14,508	14,514
Total cash outflow	73,317	72,764	552	69,809	67,991	76,896	77,131	69,144	71,373	68,653	69,864	70,447	65,940	66,139	68,889
Total cash movement	661	3,801	2,036	-4,051	-2,925	-10,597	1,753	-1,297	574	3,161	-3,167	58,054	-56,524	175	-2,575
Add: opening cash	-19,171	-18,871	-300	-18,510	-22,561	-25,486	-36,083	-34,330	-35,627	-35,053	-31,892	-35,060	22,994	-33,530	-33,355
Closing cash	-18,510	-15,070	1,736	-22,561	-25,486	-36,083	-34,330	-35,627	-35,053	-31,892	-35,060	22,994	-33,530	-33,355	-35,930
Maximum cash overdraft (in month)	-22,811	-15,070	-7,741	-22,561	-25,486	-36,083	-38,893	-35,627	-40,542	-36,220	-36,524	-42,928	-33,530	-41,462	-40,637

Capital equity injections yet to be received to cover strategic capital spend in March, contributes part of the maximum capital overdraft variance, as does higher claims through sector services. Last months cash flow included $3m for Planned Care expected in late March, that was also included in the funding received on 4 March.

HAWKE'S BAY District Health Board Whakawāteatia	**Health System Priorities:** **Child Health – A plan for action to improve equitable child health outcomes**
	For the attention of: **HBDHB Board &** **Māori Relationship Board**
Document Owner	Emma Foster, Executive Director Planning, Funding & Performance
Date	4 May 2021
Authored By	Marie Beattie, System Lead Planning, Funding & Performance Charrissa Keenan, Programme Manager, Māori Health
Contributors	Tracy Ashworth, Team Leader - Health Improvement and Equity Helen August, Nurse Practitioner - Child Health Team Saele Tanielu, Community Support Worker – Child Health Team Public Health
Purpose	The purpose of this report is to provide the Board with an update on progress of child health initiatives, and the health status of Hawke's Bay children aged 0 – 4 years. In addition, an outline of the plan of action for the previous and next 12 months is attached. (see Appendix A & B). HBDHB is taking a more coordinated approach to Child Health, and this report and work programme is the first tranche of the Child Health kaupapa, and delivers on the Government's priority 'First 1000 days'. This report is also submitted as part of the Te Ara Whakawaiora (TAW) accountability framework for achieving health equity improvement for tamariki 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 five risk areas: • Equity of Outcomes – This report takes into consideration the equity agenda for HBDHB, and indirectly impacts on population health outcomes.

	• Consumer engagement – This report holds whānau and person-centred care at the centre, and the processes and systems of development will be following the equity framework. • National priorities – System transformation and master planning as a whole will be informed by HB Health system priorities, whanau voice and national priorities. • Workforce – Workforce planning is a core part of the planning process. • Financial sustainability – Health system planning, including system transformation will support the organisation to move towards financial sustainability.
Financial/Legal Impact	Nil at this stage
Previous Consideration/Discussions	TAW Child Health annual report 2020

RECOMMENDATION:

That the HBDHB Board and Māori Relationship Board:

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

EXECUTIVE SUMMARY

HBDHB is taking a more coordinated approach to Child Health. This will result in greater collaboration and accountability across the whole health system to plan, develop, and implement child health services and programmes. It will also enable us to monitor progress to improved health outcomes for Māori and Pacific children and their whānau.

Our commitment to sharing the vision and partnership with Ngāti Kahungunu and Matariki, Hawke's Bay Regional Development Strategy has had minimal success over the last year. We need to concentrate our efforts to ensure they are informed and partnered with us on the journey and sharing the vision of better outcomes for our tamariki Māori and their whānau.

More recently, the relationship with Kohanga Reo has been re-established. This will have a positive bearing on our mahi and the wellbeing of our tamariki. Previously access by health services to our 0-4 tamariki in these centres has been limited. Re-establishing of relationships and a shared desire for wellbeing of our tamariki and their whānau needs to be prioritised.

This report and work programme is the first tranche of the Child Health kaupapa and delivers on the Government's priority 'First 1000 days'.

Key highlights to date:

- A Child Health Alliance has been formed to lead child health as a cohesive kaupapa. The Group comprises Planning, Funding & Performance, Māori Health, Population Health, Children, Women and Communities, Pacific Health, and Health Hawke's Bay and the voice of our whānau and community.

- Child Health Indicators have been reviewed and revised to better track child health equity improvement.
- Whānau voice activities have been carried out in a number of areas and informed change.
- New investment funding was secured that enabled our First 1000 Days investment plan for 2020/21 to be realised. This is now in the implementation phase and prioritises equity for tamariki Māori.

INTRODUCTION – THE INEQUITIES

Overall Hawke's Bay tamariki 0-4 year olds Ambulatory Sensitive Hospitalisation (ASH) rates have trended downwards in the last 12 months. The Covid-19 period has impacted ASH results for a large proportion of the year. The lockdown and subsequent consequences of the pandemic saw less access by our whānau to services for a number of reasons. Many stayed home out of fear and anxiety and primary care changed the way they conducted their business as usual and became harder to access for our whānau. Whilst Māori 0-4 year old ASH rates have improved this year and the equity gap has narrowed between Māori and other, Māori and Pacific rates remain above national ASH rates.

Māori tamariki make up 51% of all 0-4 year ASH hospitalisations. Respiratory conditions make up 49% of all ASH hospitalisations and this is the same proportion for Māori tamariki. There have been less ASH events across all respiratory conditions in the last 12 months. It is thought that this decline could be associated with the Covid-19 lockdown. Therefore, it is too early to determine the impact of our respiratory programme investment. Over time it is expected a clearer picture will emerge.

ASH conditions ranked by the largest inequity between Māori and Other are:

Condition	RR
Dental	2.6
Asthma	2.2
Lower Respiratory Infections	2.1
Pneumonia	2.1
Cellulitis	1.6

ASH conditions ranked by the largest inequity between Pacific and Other are:

Condition	RR
Lower Respiratory Infections	7.2
Pneumonia	4.3
Asthma	3.6
Dental	3.3
Upper and ENT Respiratory Infections	2.7

The Māori breastfeeding rate at six weeks has not improved over the past three years and is currently 60%. The Pacific breastfeeding rate at six weeks is 63%. The breastfeeding rate for Other has declined from 82% to 76%, presenting a 16% inequity gap for Māori. The overall breastfeeding rate for Hawke's Bay is 69%, below the national target of 75%.

WHĀNAU VOICE AND CO-DESIGN

The collection of the whānau voice continues to inform the development, codesign and implementation of services. Most recently in collecting the voice of our community they have described their hospital and primary care experience. The theme emerging from our whānau voice is that they receive a better experience at the hospital in comparison to primary care.

Their voice supports us in refining our services in a way that is responsive to what our community are telling us, whilst driving quality improvement for our māmā, pēpi, and whānau.

Pacific ASH Fanau voice
Community participants were selected from their history of visiting the Emergency Department (ED) over the period 1 June 2018 to 1 June 2019. Seeking to capture the voice of Pasifika, a group of thirteen were invited to feedback on their experience.

Summary
Pacific caregivers surveyed appeared to easily identify early symptoms when a child starts to get unwell and can manage self-care and home remedies. Caregivers understand when to seek professional care and do so through primary care or the ED. Overall most caregivers report good experience during their hospital stay. However, some spoke of the difficulty of understanding clinicians/staff and the need to address language barriers. Caregivers expressed better experience at hospital (ED and ward) than primary care in terms of appointment accessibility and responsive staff.

Results showed that caregivers were easily able to identify when their child became unwell. Most believing that environments such as colder weather (getting sick more) poor home conditions (mould, overcrowding) and attendance at Early Childcare/Preschool centres (picking up more illnesses) were at the heart of what makes most tamariki unwell.

Summarised below are some of the voices from their respective interactions:-

Hospital Experience - ED

- "Overall most mums were happy with staff care, the nurses and doctors were friendly and helpful, and were quick to respond urgently to their sick child"
- *"take my concerns more seriously. They understand me. They believe me"*
- *"Nurse took one look at him, straight into her arms to treat him urgently"*
- *"lots of nurses asking heaps of questions, talking to each other, but not really listening "*

Access to Primary Care
There was clear frustration from most caregivers about access issues to primary care, not being able to get a same day appointment, being told to call back next day, or given an appointment later in the week or even the following week. There were inconsistencies with services where some were able to access walk-in services and others told they need to book for that:

- *"too many doctors, changing appointments, mucking me around, I was one minute late and told to re-book, but waiting times can be up to one hour. Always fully booked. Told to call back next day same issue. End up taking to ED."*
- *"it's frustrating after three to four days trying to manage fever at home no improvement, hanging on by a thread, then you finally take them to City Medical and they treat you like you're overreacting. Nurse says 'it's a long wait do you think it's urgent?' then you see the GP who says 'I don't know what's wrong'. It's hard because it's the only place you get into and then you have people like this who work there."*

Whanake te Kura
The programme provides free information, education, and support to pregnant women and expectant fathers/partners of new babies. The programme has a focus on meeting the needs of Māori, first time parents, young parents and other high need groups.

- "*Some words to describe my experience [of the programme]: connection, safe, honest, tino rangatiratanga, manaakitanga, ahurutanga, aroha, tika, pono'* (Māmā A; 2020)."
- "[*I changed] my attitude on coming to these classes. I never wanted to waste my weekend sitting in a class - however, I thoroughly enjoyed the time*" (Māmā B: 2020).
- *"[I changed my decision] formula feeding to breastfeeding* (Māmā C: 2020)."

Breastfeeding
Regular review of the breastfeeding support service shows positive uptake and experiences of māmā Māori. Delivered by Plunket, the programme consistently reaches a participation rate of 70% Māori, 19% Other, and 11% Pacific.

- *"…the consistency in encouragement and support to continue to breastfeed has been invaluable at times when I was exhausted and it all seemed so hard. My daughter is now four months old and I am so grateful to say that we are now fully breastfeeding, with no bottles…"* (Māmā A: Dec, 2020).
- *"I like that you have time to sit and listen to what I want and support me with what I decide…*" (Māmā B: Oct 2020.

Whānau voice activity	Result/Action	Status
Pacific fanau voice	Greater focus on Pacific response Expansion of ASH hospital – community programme, inclusive of Pacific fanau	In Progress
Breastfeeding Support – whānau feedback	Expansion of Breastfeeding Support Service to include zero to six weeks and antenatal	Complete
Whanake te Kura	Promotional campaign to increase Māori uptake Target wāhine hapū living in rural areas	In progress

2020/21 INVESTMENT PRIORITIES

Using the Health Equity Framework a First 1000 Days investment plan for 2020/21 ('the Plan') has been developed. New funding has supported the planning and prioritisation of this mahi and summarised below:

- Equity for tamariki Māori
- Activities where whānau have told us there are deficiencies in current service provision
- Models that are culturally and clinically effective, safe, and responsive.

Noted in the Plan are additional commissioning activities being undertaken across the organisation and Health Hawke's Bay.

Child Health Investment priorities for 2020/21	
New investment priorities	1. Māori Maternal Health programme in Napier, planned for 21/22 year (F1D) – on track. 2. Pilot funding for a marae based māmā programme 'Mamia' – completed (MH) 3. Post-natal breastfeeding support service - completed (F1D) 4. Tō Waha – oral health packages for hapū wāhine and young māmā (MH) – completed
Enhanced investment	1. Respiratory support programme targeting tamariki Māori – expanded to include Skin conditions and Dental (F1D) – on track 2. Tūai Kopū – support programme for māmā Māori with high needs- continuing and expansion of the programme (F1D) - completed 3. MUR respiratory support programme for whānau in pharmacy setting (HHB) – Due for completion June 2021
Key:	F1D – First 1000 Days MH – Māori Health HHB – Health Hawke's Bay

MONITOR PROGRESS AND MEASURE EFFECTIVENESS

The Child Health Alliance Group will track, monitor, and report on child health activities. Progress on key activities completed to date are summarised below:

Tō Waha

HBDHB has invested in a new model of oral health care for hapū māmā. Delivered by Te Taiwhenua o Heretaunga (TToH) and under the umbrella of Tō Waha, the service provides free dental packages to māmā and hapū wāhine and a member of their whānau. Up to 800 oral health packages will be delivered across Wairoa, Napier, Hastings, and Central Hawke's Bay each year. Intrinsic to the Tō Waha approach is the focus on oral health prevention, promotion, and integration of primary care, to encourage a shift away from acute to more holistic and long-term health outcomes. The service will be evaluated within the 2021/22 years.

Well Child Tamariki Ora (WCTO) – clinical supervision and support

There is no apparent consistent approach to clinical support and supervision for DHB contracted WCTO providers in the Central Region. In response to providers shared experience over COVID-19, HBDHB is leading a project to explore WCTO clinical supervision/support infrastructure identifying strengths and opportunities, in partnership with WCTO providers. All Central Region DHBs have agreed to support this project. Surveys with 40 WCTO kaiāwhina, nurses, and team leaders have been completed. A workshop will be held on 19 May 2021 where the Central Region WCTO providers will discuss their survey findings and make recommendations to improve supervision and support structures. A final report will be presented to the Central Region DHB Child and Youth Portfolio Managers in July 2021.

Maternal Mental Health – workforce development

Te Ara Manapou brought to the First 1000 Days Alliance Group in 2020 a proposal describing a programme of work that looked to increase mental health knowledge and capacity in responses among those interacting with our hapū māmā their pēpi, tamariki and whānau. As a consequence HBDHB has invested in a training programme for one year with an expectation knowledge across the sector will increase, with positive outcomes for our hapū māmā their pēpe, tamariki and whānau. In addition to the upskilling over the next year a sustainable resource is being developed that will be utilised past the implementation phase of this mahi.

CHAT- Childbirth Afterthoughts

HBDHB has provided additional resource to this programme over the next year also.

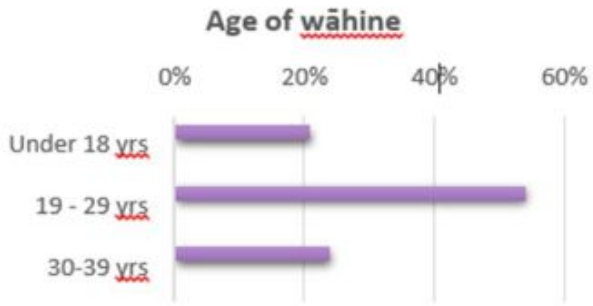
This is a midwifery-led initiative addressing the emotional distress of māmā who experience an unexpected birth event. This may be after a birth perceived as traumatic in her current post-natal period or demonstrating mild to moderate anxiety related to her previous birth story in a subsequent pregnancy.

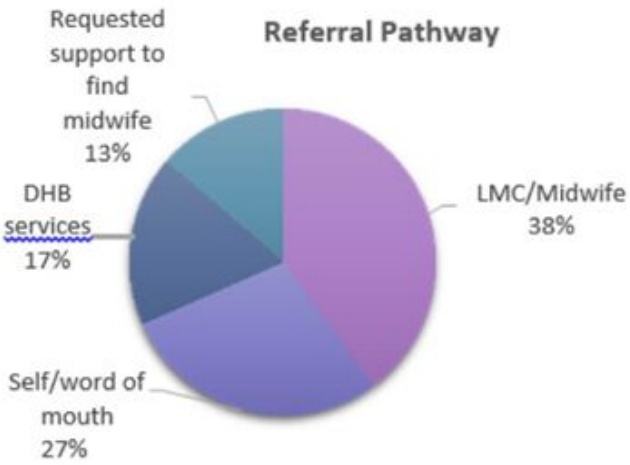
TŪAI KOPŪ

Tu meaning "the act of" and the ai meaning "creation" and Kopū meaning the womb.

Tūai Kōpu was conceptualised in 2019 and commenced in March 2020. The programme is a coordinated, centralised referral service delivering quality care and support to wāhine hapū, including advocating for and linking whānau with internal and external service to provide for clinical and non-clinical health impacting needs. The service uses a whānau centric model of care to achieve health equity for Māori and Pasifika wāhine and whānau. The service is well utilised and we are currently recruiting to expand the service, we provide with the addition of a social worker and Kaitakawaenga.

Between March to December 2020 there were 55 Referrals to Tūai Kopū, of which 45 were Māori, 3 Pacific and 7 NZE. There was an 87% conversion of referrals to enrolment rate, while 13% were supported to find or change midwife during pregnancy.





There are some gaps in our whānau voice information, and we need to know the changes we have made are having the intended positive impact for whānau. The following activities listed below will be prioritised over the coming year to inform further planning, improvements, and potential investment:

1. Investigate the experiences and respond to barriers to access care for tamariki and their whānau presenting to hospital for an ASH reason
2. Ongoing quality improvement and expansion of Tūai Kopū
3. Evaluation of Kaupapa Māori Maternal Health Programme in Wairoa
4. Feedback on the tamariki respiratory/skin and dental mahi -ASH
5. Engagement with whānau living in Napier to inform design of a Kaupapa Māori Maternal Health Programme for Napier
6. Feedback on the implementation of the Maternal Mental Health workforce development
7. programme.

Indicator	**Measure**	**Target for 2020/21**	**Current 2021 Achievement**
Reduce the difference between Māori and other rate for ASH zero to four - SLM	Reduce acute admissions of ASH – General Anaesthetic (GA) dental, skin conditions, respiratory	Māori ≤8205 Per 100,000	5638(Achieved)
First 1000 Days	**Access to care**		
	Women registered their pregnancy in first trimester	80%	Q1 43.% Q2 37% Q3 29.4%
	Well Child Tamariki Ora Core Check one before 50 days	90%	62%
	Well Child Tamariki Ora Checks one to five turning age one	80%	58%
	% of Newborns enrolled in General Practice by six weeks	≥55%	54%
	% of Newborns enrolled in General Practice by three months	≥85%	64.4%
	Breastfeeding		
	% of infants exclusively or fully breastfed at six weeks	75%	60% (Sept/20)
	% of infants exclusively or fully breastfed at three months	≥ 70%	44%
	Smokefree		
	Babies living in smokefree homes at six weeks postnatal	Maori 68%	31.4%
	Oral health		
	% of eligible pre-school enrolment in DHB-funded oral heatlh services	> 95%Yr1 > 95%Yr2	77% (Māori) 85% (Pacific) 108% (Other)
	% of children who are caries free at age five	> 62%Yr1 > 62%Yr2	43%(Māori) 39.3 (Pacific) 73.5 (Other)

			60% Total
	On time completed visits at age two years	Baseline only	82% (Māori) 83% (Pacific) 92% (Other)
	Number of tamariki NOT seen at ages one, two, three	Baseline only	**Age 1** 51% (Māori) 42% (Pacific) 41% (Other) **Age 2** 17% (Māori) 17% (Pacific) 8% (Other) **Age 3** 5.5% (Māori) 8% (Pacific) 2% (Other)

ATTACHMENTS
Appendix A – Work Programme: First 1000 days - August 2020
Appendix B - Work Programme: First 1000 Days - April 2021

Appendix A

Work Programme: First 1000 days- August 2020

Problem Statement

Māmā, pēpi, and tamariki Māori and Pasifika experience disproportionate rates of illness, and have poorer health outcomes than non-Māori-non-Pacific.
Existing health service delivery is fragmented, is not whānau centric, and has not been effective in its response to deliver and monitor child health inequity.

Objectives

- Develop the first 1000 days component of the Child Health Framework
- To embed a systematic approach to gather and respond to whānau voice
- To embed a continuous quality improvement approach to ensure contracts and services are achieving equity results
- Align First 1000 days objectives with our Intersector partners
- Increased access to health and social services

Outcomes

- Improvement in equitable Māori and Pacific Maternal and Child Health outcomes
- Reduction in ASH 0-4 rates
- A First 1000 days system that is equitable, cohesive, a culturally and clinically safe and responsive.
- System and services that reflect and are responsive to whānau voice
- Thriving whānau

Aligned Outcomes

- Whānau ora Hāpori Ora
- Kā Hikitia
- Matariki Action Plan - Pou 1
- Annual Plan – HHB/HBDHB
- Te Ara Whakawaiora Report
- Health Equity Framework cycle

Scope

In Scope

- CWC – Maternity, Child Development Unit, SUBU, Paediatrics, Newborn H & V, Child Health Team, Community Oral Health Service
- Mental Health & Addictions
- PHO
- General Practice
- Primary Care - newborn enrolment, engagement with GP
- Population Health – Immunisation, Smokefree, Health Promotion, Harmaru whānau, Tūai Kopū
- Māori Health - WCTO – breastfeeding, oral health, SUDI, MH provider contracts

Out of Scope

- TOP service
- Referred Services COVID recovery funding

Risks and Dependencies

1	Maternity system complexity – siloing of services
2	Success dependent on alignment with wider child and whānau programmes of work
3	Data quality and comprehensive view
4	Workforce capacity, capability, and composition
5	WCTO, Section 88 Reviews
6	Maternal and Child health research developments
7	Sexual Health & Rangatahi Redesign
8	Maintaining collaboration with sector partners

Step	Deliverable	Timeframe	Lead	Accountable
1	Share First 1000 days deliverables and outcome measures with Intersector partners via He Ngakau Aotea and Matariki plans to identify shared visions and responsibilities (completed)	August 2020	Pop Health	HIE
2	Desktop review/map of all services/contracts in age band – annual planning/SLM (deferred)	1 October 2020	P&F, Māori Health, Pop Health	P&F
3	Complete child health/outcomes framework (completed)	1 October 2020	P&F, Māori Health	P&F
4	Maternity Services Review completed (extended to November 2021)	31 December 2020	P&F, Māori Health	P&F
5	Implementation of Maternity Services review recommendations (deferred to 2021/11)	30 June 2021	P&F, Māori Health	P&F
6	Invest in ASH 0-4 Respiratory/Skin role (on track)	1 June 2021	P&F, Māori Health	P&F
7	Implementation of post-natal breastfeeding support service (completed)	30 June 2021	Māori Health	P&F
8	Implementation of Tuai Kōpu evaluation recommendations (completed)	1 October 2020	Pop Health	P & F
9	Support development and delivery of a marae based māmā support programme (completed)	1 November 2020	Māori Health	HIE
10	Investigate WCTO Clinical leadership (on track)	30 June 2021	Māori Health	HIE
11	Carry out a localities investigation assessment of māmā and pēpi needs (deferred)	1 November 2020	P&F	P&F

Appendix B

Work Programme: First 1000 days - APRIL 2021

Problem Statement

Māmā, pēpi, and tamariki Māori and Pasifika experience disproportionate rates of illness, and have poorer health outcomes than non-Māori-non-Pacific.
Existing health service delivery is fragmented, is not whānau centric, and has not been effective in its response to deliver and monitor child health inequity.

Objectives

- Develop the first 1000 days component of the Child Health Framework
- To intentionally gather and respond to whānau voice
- To embed a continuous quality improvement approach to ensure contracts and services are achieving equity results
- Align First 1000 days objectives with our Intersector partners
- Increased access to health and social services

Outcomes

- Improvement in equitable Māori and Pacific Maternal and Child Health outcomes
- Reduction in ASH 0-4 rates
- A First 1000 days system that is equitable, cohesive, a culturally and clinically safe and responsive.
- System and services that reflect and are responsive to whānau voice
- Thriving whānau

Aligned Outcomes

- Whānau ora Hāpori Ora
- Kā Hikitia
- Matariki Action Plan - Pou 1
- Annual Plan – HHB/HBDHB
- Te Ara Whakawaiora Report
- Health Equity Framework cycle

Scope

In Scope

- CWC – Maternity, Child Development Unit, SUBU, Paediatrics, Newborn H & V, Child Health Team, Community Oral Health Service
- Mental Health & Addictions
  - Maternity Mental Health
- PHO
- General Practice
- Primary Care - newborn enrolment, engagement with GP
- Population Health – Immunisation, Smokefree, Health Promotion, Harmaru whānau, Tuai Kopu
- Māori Health - WCTO – breastfeeding, oral health, SUDI, MH provider contracts

Out of Scope

- TOP service
- Referred Services
- COVID recovery funding

Risks and Dependencies

1	Complexity of Maternity Service delivery
2	Success dependent on alignment with wider child and whānau programmes of work
3	Data quality and comprehensive view
4	Workforce capacity, capability, and composition
5	WCTO, Section 88 Reviews
6	Maternal and Child health research developments
7	Sexual Health & Rangatahi Redesign
8	Maintaining collaboration with sector partners

Step	Deliverable	Timeframe	Lead	Accountable
1.	Complete Maternity Services Cultural Responsiveness Review	Final report: 30/11/21	P&F, Māori Health	PF&P
2.	Develop process to implement Maternity Services Cultural Services Review: recommendations	December 2021	P&F, Māori Health	PF&P
3.	Implement ASH 0-4 whānau model of care in community setting	June 2021	P&F, Māori Health Liz, Talalelei, Charrissa	PF&P
4.	Deliver Tūai Kopū programme and monitor programme for targeted early engagement	June 2021	Population Health Tracy Ashworth	PF&P
5.	Explore kaupapa Māori model health/education programme co-location	June 2021	Māori Health	PF&P
6.	Investigate implementation of the findings of the WCTO review/clinical leadership	September 2021	Māori Health Panu Te Whaiti Charrissa Keenan	Māori Health
7.	NEW action: WFD maternal mental health	June 2021	Māori Health Charrissa Keenan Marie Beattie	Māori Health
8.	Evaluate the To Waha programme implementation	June 2022	Charrissa Keenan	Māori Health

BOARD HEALTH & SAFETY CHAMPIONS' REPORT

12

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:	May 2021
Consideration:	For Information
Recommendation: That HBDHB Board: 1. **Note** the content of this report.	

The Māori Relationship Board met on 7 April 2021. An overview of issues discussed at the meeting are provided below.

FOR INFORMATION AND DISCUSSION

NGĀKAU ORA, LEADING WITH HeĀRT
JB Heperi-Smith, (HBDHB Senior Cultural Advisor), and Talalelei Taufale, (HBDHB Pacific Health Manager), presented Ngākau Ora, Leading with HeĀRT. Ngākau Ora, designed by JB Heperi-Smith with support from HBDHB and Ngāti Kahungunu Iwi Inc. aims to create quality relationships underpinned by the HBDHB core values – **HeĀRT: He**kauanuanu, **Ā**kina, **R**āranga te tira, **T**auwhiro. This is a two-day programme for all HBDHB existing and new employees with the goal of supporting and developing staff to work in partnership with whānau, communities, health professionals and colleagues.

Members acknowledged this is a starting point for deconstructing institutional racism within the health system but reinforced existing professional standards whereby all HBDHB staff are expected to provide care that is culturally safe.

Members requested a wānanga be held that will discuss and create a small review committee to process feedback from whānau, discuss workforce cultural safety and ensure whānau voice is being heard. **Action**

WATER QUALITY AND PUBLIC HEALTH
Dr Nicholas Jones (Clinical Director, Health Improvement & Equity) provided MRB with a presentation titled 'Update on Water and Public Health'. Clinical Council had also raised their concerns around water quality. Legally, HBDHB has a requirement to regularly investigate, assess and monitor the health status of its resident population, and any factors that the DHB believes may adversely affect the health status of that population and to promote the reduction of adverse social and environmental effects on the health of communities.

Dr Jones spoke to some recently completed submissions such as; TANK, Actions for Healthy Waterways etc and upcoming submissions including the Three Waters Review and others.

Members expressed their concern surrounding increasing undiagnosed and unknown water-related health conditions. There is currently no routine testing for water quality available, however, there is an annual survey that will shortly be underway where all the water suppliers provide all the testing they have completed. This is an opportunity for an update on the current status of water quality in the Hawke's Bay.

Members thanked Dr Jones for his work and support with local Iwi regarding water issues and sharing of the submissions.

HAWKE'S BAY District Health Board Whakawāteatia	**REPORT FROM HB CLINICAL COUNCIL (Public) APRIL 2021**
	For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Sue Sowerby (Patient Safety & Quality Administrator) Jules Arthur and Robin Whyman (Co-Chairs)
Date	April 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 7 April 2021.
Health Equity Framework	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. Particular risk associated with complexity and scale was noted with the COVID 19 vaccination roll out
Financial/Legal Impact	Nil specific
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 Clinical Council Annual Plan for 2020/21

It was agreed that Clinical Council needs to focus on the functions and priorities set in its Terms of Reference and that the identified areas of focus and activities mapped to one or more of the six domains of quality as well as the four quadrants of the clinical governance framework.

Members noted three major areas of work identified for the area of focus: Consumer Engagement and were assured that this work was continuing while the review of the functions of Consumer Council was ongoing. It was noted that the new Eventing and Consumer Feedback system, Safety1st, will be able to report on trends identified from complaints and compliments.

Members accepted the annual plan in the table format. The table was included in the March Clinical Council report to the Board.

2 COVID-19 Vaccination Programme

Members received the Covid-19 Vaccine and Immunisation Programme Roll-out Progress Report. Chris McKenna noted that since the progress report for March had been finalised, activity on the Tier 2(a) immunisation programme was ramping up, with a huge effort on logistics and workforce to enable the delivery of 220,000 immunisations to those aged 16 years and over within five months.

3 Member Issues/Updates

New Mental Health Crisis Hub
Peta Rowden reported on the recent announcement of the establishment of Te Tāwharau, meaning shelter, a hub of services delivered as a collaboration between health, social services and police and include a dedicated peer support team, funded by the Ministry of Health as a three-year pilot.

Peta noted that the development of the crisis hub model was an excellent example of co-design, and had included a vast number of stakeholders, families and consumers.

Midwifery Workforce
Jules Arthur reported that midwifery recruitment is challenging. There will be a gap in graduates in 2023 as the degree has moved from three years duration to four. She was pleased to advise that a co-designed under-graduate programme had been launched with a $6M budget funding scholarships to Māori and Pasifika midwifery students.

4 Risk Management Report

Carriann Hall, Executive Director Financial Services, provided on update on progress to strengthen the organisation's risk management framework. She advised the Risk Management Group had agreed its Terms of Reference and set up regular meetings. She added that the DAA Certification Audit had helped highlight the need to improve our performance in this area and that we are reporting to the Ministry on activity on the corrective actions weekly.

Clinical Council noted that directorates will report to the group quarterly. A consolidated report to will be presented to Clinical Council for discussion and feedback before it is presented to FRAC.

5 Safe Staffing/CCDM
Melissa Jensen, CCDM Coordinator, and Penny Pere, Trendcare and Capacity Systems Manager, provided a presentation on Care Capacity Demand Management. This is, a national programme developed to ensure all employees have a healthy workplace and quality patient care is delivered by having the right number of appropriately skilled staff in the right place at the right time.

Strengths identified after almost three years of the programme include a healthier workforce, appropriately staffed clinical areas, the collection of robust data, increased nursing leadership,

good partnership with unions and the creation of a flexible workforce willing to work in different areas.

Chris McKenna acknowledged the amazing commitment and work undertaken by the CCDM team.

Clinical Council noted that CCDM could be a rich source of quality of care information for the Clinical Council. A report to Clinical Council with a focus on the input data will be requested after the June 2021 Ministry of Health assessment work has been completed and 12 monthly report from CCDM requested by Clinical Council.

6 Chief Operating Officer

Chris Ash updated Clinical Council on progress for planned care performance and delivery and on the review of the health services leadership structure.

7 DAA Certification – report on risk areas from interim corrective actions report: Safe Staffing and Risk Management processes.

An update was given to Clinical Council on the weekly reporting to the Ministry of Health on the progress of these two key areas. Clinical Council will continue to receive an update at each meeting.

HAWKE'S BAY District Health Board Whakawāteatia	**Pasifika Health Leadership Group – Chairs Report**
	For the attention of: **HBDHB Board**
Document Owner:	Traci Tuimaseve, Chair of PHLG
Reviewed by:	Talalelei Taufale, Pacific Health Development Manager
Month:	March 2021
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

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

The Pasifika Health Leadership Group (PHLG) met on 29 March 2021. An overview of the issues discussed and/or agreed at the meeting is provided below.

SECTION 2: STRATEGIC ALIGNMENT WITH NZ POLICE

Inspector Damin Ormsby was welcomed to the meeting. Hawke's Bay is made up of varying Pasifika nations and it is incumbent on Police to look at their policing so that it is most effective for broader and Pasifika communities. HBDHB is the only entity that has a Pasifika governance group. The purpose is to seek some form of advisement from a Pasifika forum and secondly to start an engagement process at a slightly more formal level with Police in the community.

Explore a model that would best work for the Hawke's Bay region. As PHLG is a committee of the Board, a conversation and a briefing to the DHB CEO is required.

Discuss with DHB CEO opportunities for a strategic Pacific governance alignment across government agencies. **Action**

PACIFIC WORKFORCE DEVELOPMENT

Cadetship

Emma Ellison, HBDHB Recruitment Manager, spoke to the Pilot Cadetship programme funded by MSD. This is a pathway into the DHB to create careers in health and reduce inequities in the recruitment process. PHLG members were pleased to note the Pasifika roll attendance on this programme and the partnership with MSD. This programme was initiated by the Pacific Health team in coordination with the HBDHB People & Culture team and MSD.

Diversity Report

Tracey Paterson was unavailable to attend the meeting to provide an update on the Diversity Dashboard Report. Deferred to next meeting.

Hauora Trades Academy at EIT

Rachel Forrest and Claire Buckley from EIT provided an outline of a new programme that delivers health from a Māori and Pacific world view. The course is open to Year 13 secondary school students who attend the programme once a week during Terms 1-3 with study leave in Term 4. It was noted that the roll for the first intake was full with a waitlist for the following year.

Key to the success of this initiative was the coordination of EIT and secondary school staff together with Talalelei Taufale from the Pacific Health team.

EIT were pleased with the uptake of Pacific enrolment and evolving of the programme to include Pacific models of care.

PHLG were pleased with the above developments for Pacific workforce. It was requested that changes and outcomes post-adoption of the new HBDHB's Recruitment Policy be built-in to the Diversity Report for quarterly reporting. **Action-People & Culture**

ANNUAL PLANNING

The Annual Planning process was noted with excellent work being done in the equity space along with good data gained around the health of Pacific people. It was agreed that a Pacific version of the Annual Plan be specifically adopted and tabled at future PHLG meetings via a monitoring report, with appropriate executive lead to speak to relevant areas.
A hui to workshop the Annual Planning cycle to inform future monitoring for PHLG be provided by the Planning, Performance & Funding Directorate. **Action**

PHLG MEMBERSHIP

The Chair advised that Caren Rangi had formally resigned her PHLG membership effective immediately. Caren had been the Chair/Co-Chair and member since PHLG's inception from December 2013.
Panu Te Whaiti has re-affirmed her commitment to remain as a PHLG member.
Nominations to complete the PHLG membership are to be progressed.
Governance training has been requested by PHLG members.

HAWKE'S BAY District Health Board Whakawāteatia	**Code of Conduct for Crown Entity Board Members** For the attention of: **HBDHB Board**
Document Owner	Keriana Brooking, CEO
Document Author	Ken Foote, Peak Management & Mediation
Month/Year	April 2021
Purpose	To update Board Members on the development and issuing of the Code
Previous Consideration/Discussions	HBDHB Board submission on original draft sent 3 December 2019.

RECOMMENDATION:
That the HBDHB Board notes:

- **The Commissioners feedback on the issues raised by the HBDHB Board.**
- **The 'updated' Code of Conduct that has now been issued.**

ATTACHMENTS

A. HBDHB submission on original draft – sent 3 December 2019.

B. Summary of issues raised by boards during consultation October – December 2019.

C. **Code of Conduct for Crown Entity Board Members** – Issued by the Public Services Commissioner in March 2021.

DEVELOPMENT OF UPDATED CODE

To be effective, Crown entities must have the trust and confidence of New Zealanders and the Government. To assist with achieving this, the Public Services Commissioner has the mandate under section 17(3) of the Public Services Act 2020 to guide the conduct of Crown entity board members, through issuing appropriate Codes. This particular Code sets out minimum standards of integrity and conduct for those members. It is expected that individual entities will expand on this Code within their own board charters or governance manuals.

In October 2019, the then State Services Commissioner sent out an updated draft of the 'Code of Conduct for Crown Entity Board members' seeking comment and feedback.

The HBDHB Board considered this draft and formulated a submission, which was then sent to the Commissioner on 3 December 2019 **(Attachment A).**

In response to a request for an update on progress, in July 2020 the Commission advised that although the Code was virtually ready to be issued, the impact of COVID-19 on both the Commission and DHBs had resulted in this being put on hold.

In August 2020, the Public Service Act 2020 was enacted. Two implications of this legislation were:

- The State Services Commission became the Public Services Commission
- The Commission was required to consult again on the proposed updated Code.

In December 2020, the Commissioner sent out a summary of issues raised by boards during the initial consultation period, along with the responses and action taken to this feedback **(Attachment B).** An updated draft was also sent for any further comment, with consultation closing on 12 February 2021.

Of specific note the are the responses and actions taken to the issues raised by HBDHB – these are the third, fourth and fifth issues listed on Page 1 of the Summary. The issue relating to elected members, has been specifically addressed by way of the footnote on Page 2 within the Code itself. With very few changes noted, the Commissioner subsequently issued the Code in March 2021 **(Attachment C)**

Corporate Services

HAWKE'S BAY District Health Board Whakawāteatia

3 December 2019

Mr Peter Hughes
State Services Commissioner

Email to: Leanne.kelly@ssc.govt.nz

Dear Mr Hughes

Code of Professional Conduct for Crown Entity Board Members - Feedback from Hawke's Bay District Health Board (HBDHB)

Thank you for the opportunity to provide feedback on your recently released draft Code of Conduct for Crown Entity Board Members. HBDHB Board have considered the draft Code and offer the following comments:

- General comments from members were very supportive, in that such a Code is appropriate and the issues raised were fair, clear and transparent.
- One concern was the issue of 'breaches', where members believed it would be good to have some more principles and general guidance on resolving 'breaches' at an internal local level (within the Board).
- Guidance would also be appreciated on matters relating to Board members employer responsibilities. As the employer of the Chief Executive Officer (and indirectly of all staff within the DHB), how do Board members exercise this employment responsibility professionally and responsibly?
- Two other issues of concern to Board members relate particularly to those seven members of HBDHB who have been elected. These members would appreciate some guidance being included in the Code on:
    - How do they balance their responsibilities to their 'constituents/consumers' who elected them, with their Board member responsibilities to the Board, to HBDHB and to the minister?
    - How do elected board members balance all their responsibilities in the area of 'media or the making of public comments', and how do any 'constraints' in these areas fit with their basic human rights and freedom of speech principles?

Thank you again for the opportunity to provide this feedback. We look forward to receiving the finalised Code in due course, at which stage we intend to update our own 'HBDHB Code of Conduct' to reflect this.

Yours sincerely

Kevin Atkinson
Board Chair

Hawke's Bay District Health Board
Telephone 06 878 8109 Fax 06 878 1648 Email: ceo@hbdhb.govt.nz, www.hawkesbay.health.nz
Corporate Office, Cnr Omahu Road & McLeod Street, Private Bag 9014, Hastings, New Zealand

Te Kawa Mataaho Report

Te Kawa Mataaho
Public Service Commission

Summary of issues raised by boards during consultation October to December 2019 on the draft Code of Conduct for Crown Entity Board Members

Board comment	Response and action taken
Questions whether the code could include some comment around achieving equity in the delivery of services.	We consider this to be more a collective duty of the board. Given the wide range of entities and their functions covered by this code there may be other ways of expressing this, such as in Minister's expectations or in board charters.
Questions the 'Breaches of the code' statements in the factsheet and how the accountability between boards and Ministers is affected.	There are well established lines of accountability between boards and Ministers. This code is not intended to change that but clarifies for members their statutory duties and expectations on them to support public transparency, accountability, and confidence. Schedule 3 clause 5(4) of the Public Service Act 2020 (previously section 11 (2) of the State Sector Act 1988) gives the Commissioner powers to investigate breaches of a code issued to board members. Ordinarily a Chair should look into the matter in the first instance. The Commissioner has no powers of enforcement and would advise and report to the responsible Minister as necessary. The accountability between Boards and Ministers is paramount and the issuance of this code does not change that.
Consider there should be more principles and general guidance on resolving 'breaches' at an internal Board level.	A clear process for resolving such matters should usually be set out in the board charter or governance manual.
Considers there should be more guidance on matters related to Board member employer responsibilities.	Board member employer responsibilities should be covered in a board charter. Our guidance Resource for the Preparation of Governance Manuals discusses this in Chapter 3 and Chapter 13.
Considers there should be guidance on the responsibilities of elected members, including how they balance their responsibilities to constituents and how constraints on making public comments fit with basic human rights and freedom of speech principles.	According to the Crown Entities Act 2004, elected board members are subject to the same collective and individual duties as other board members. Their accountability in statute is to the Minister and to the good governance of the entity.
Queries whether there was space for the inclusion of the Treaty of Waitangi or was this	Te Tiriti o Waitangi is referenced in the introduction to the Code. And recent work by ourselves and others

already incorporated into the operational framework of the Commission.	has led to the inclusion in the Public Service Act 2020 of provisions on the role of the Public Service (but not Crown entities) in supporting the Crown in its relationships with Māori under te Tiriti o Waitangi.
Suggests that under Fairness, another sentence be added along the lines of 'diverse perspectives are welcomed'".	Agree and have added the following sentence: "We help create an environment where diverse perspectives and backgrounds are encouraged and valued".
Considers the Code should not be "applied" to ICEs, rather they should be required to "have regard" to the code, given their specific governance requirements are tailored to their environment.	The collective and individual duties of members set out in the Crown Entities Act 2004 (and thus expectations of behaviour) apply equally to the board members of all Crown entities, including Independent Crown entities. The Crown Entities Act 2004 protections for their members continue to apply including those relating to how they can be removed from office. The draft Code reinforces this by stating it "is not intended to limit the ability of an entity or statutory officer to act independently in regard to any statutorily independent function". Given that we are proposing applying the Code to ICEs.
Suggests a change to words in relation to Gifts and Hospitality.	Agree and have added the underlined words "You never seek gifts, hospitality or favours for yourself, members of your family or other close associates. You inform the Chair or other proper authority, <u>or otherwise follow your entity's procedures,</u> in relation to any offers of gifts or hospitality. You ensure that, where a gift or hospitality is accepted, it is recorded in a register as required under the entity's procedures."
Questions whether the code is necessary as boards already have ethical provisions in place such as their own codes of conduct or as part of board charters.	The draft Code of Conduct for Crown Entity Board Members should not conflict with individual codes or board charters with their more detailed provisions. We do not envisage boards needing to replace their individual codes or charters.
Suggests the second sentence of Honesty and integrity could be deleted as it is similar to the first sentence.	Agree. The words "and meet generally accepted standards of behaviour" have been deleted
Suggests the sentence in Honesty and integrity about "speaking up in board meetings on decisions or advice that may be detrimental to the public interest" seems more appropriate for a core public sector entity rather than a Crown entity established to carry out functions independently of government.	We consider the reference to speaking up in the public interest is appropriate for Crown entities. We consider this is consistent with an entity working to achieve commercial and other objectives as set out in its enabling legislation.

Considers having a blanket requirement to avoid conflicts of interest is not very practicable.	We recognise conflicts of interest are often unavoidable. The words "wherever possible" in the code and the subsequent sentences on declaring and managing interests recognise that. This is consistent with the Crown Entities Act 2004.
Suggests clarifying that the Political impartiality standard is not intended to impinge on the ability of Crown entity boards to comment on public policy issues that affect their entity (accepting that they may only do so in a politically impartial way).	The code sets out the individual responsibilities of Crown entity board members to act in a politically neutral manner.

Main changes made to the draft Code of Conduct for Crown Entity Board Members since the previous consultation version, including those noted above

- Honesty: The second sentence has been shortened as it was similar to the first sentence.
- Fair: A sentence has been added "You help create an environment where diverse perspectives and backgrounds are encouraged and valued".
- Gifts and hospitality: A change points to the entity's existing procedures.
- Politically Impartial: The words "while a board member" have been removed from the second paragraph to assist clarity. The words in relation to elected members are now a footnote.
- Conflicts of interest: A wording change to "We identify, disclose, manage and regularly review all interests".
- The standards in the Code are now grouped under three headings: Personal Integrity, Professional Conduct, Acting Lawfully. The word "Professional" is no longer in the title of the Code.
- The Code is now phrased as "We" rather than "You".
- The Code is to be issued under the Public Service Act 2020 rather than the State Sector Act 1988.
- The wording in relation to Te Tiriti o Waitangi has changed to assist consistency with other references.

Code of Conduct
For Crown Entity Board Members

Te Kawa Mataaho
Public Service Commission

Crown entities deliver public services, exercise significant powers and directly impact the lives of New Zealanders. To be effective, Crown entities must have the trust and confidence of New Zealanders and the Government.

ACTING IN THE SPIRIT OF SERVICE

Boards oversee the operations and performance of Crown entities. As board members we bring to our roles a spirit of service to the community and a desire to improve the wellbeing of New Zealand and New Zealanders, including of Māori consistent with Te Tiriti o Waitangi. A key requirement of our roles is to act with the highest levels of integrity and professional and personal standards.

RESPONSIBILITIES UNDER THIS CODE

PERSONAL INTEGRITY

We are honest and open

We act with honesty and with high standards of professional and personal integrity.

We are truthful and open. We speak up in board meetings on decisions or advice that may be detrimental to the public interest.

We are fair

We deal with people fairly, impartially, promptly, sensitively and to the best of our ability.

We do not act in a way that unjustifiably favours or discriminates against particular individuals or interests. We help create an environment where diverse perspectives and backgrounds are encouraged and valued. We treat other members and staff employed by the entity with courtesy and respect.

We speak up

We report unethical behaviour when we see it. We treat all concerns raised by others seriously.

We support the entity to have clear policies and procedures in place that help expose serious threats to the public interest, and encourage open organisation cultures where all staff feel safe speaking up.

PROFESSIONAL CONDUCT

We use our positions properly

When acting as a member, we do not pursue our own interests at the expense of the entity's interests.

We do not misuse official resources for personal gain or for political purposes. We behave in a way that reflects well on the reputation of the entity and do not do anything to harm that reputation.

We never seek gifts, hospitality or favours for ourselves, members of our families or other close associates. We inform the Chair or other proper authority, or otherwise follow our entity's procedures, in relation to any offers of gifts or hospitality. We ensure that, where a gift or hospitality is accepted, it is recorded in a register as required under the entity's procedures.

Issued by the Public Service Commissioner under section 17(3) of the Public Service Act 2020 to apply to board members of statutory entities (excluding corporations sole) and Crown entity companies (excluding Crown Research Institutes and their subsidiaries)

Code of Conduct
For Crown Entity Board Members

Te Kawa Mataaho
Public Service Commission

IMPLEMENTATION

This Code sets out minimum standards of integrity and conduct. The board should put in place a board charter or governance manual to guide its governance activities, which includes ethics provisions for board members as appropriate, to support these standards and suit the entity's particular circumstances.

This Code should be read in conjunction with the collective and individual duties of members as set out in the Crown Entities Act 2004. This Code does not override any statutory provisions including those in an entity's empowering legislation, the Crown Entities Act 2004, the Public Service Act 2020, the Public Finance Act 1989 and the Companies Act 1993. This code is not intended to limit the ability of an entity or statutory officer to act independently in regard to any statutorily independent function.

We use information properly

We use information we gain in the course of our duties only for its intended purpose and never to obtain an advantage for ourselves or others or to cause detriment to the entity.

We are well informed about privacy, official information and protected disclosures legislation. We fully comply with entity procedures and only disclose official information or documents when required to do so by law, in the legitimate course of duty or when proper authority has been given.

We are politically impartial

We act in a politically impartial manner. Irrespective of our political interests, we conduct ourselves in a way that enables us to act effectively under current and future governments. We do not make political statements or engage in political activity in relation to the functions of the Crown entity.

When acting in our private capacity, we avoid any political activity that could jeopardise our ability to perform our role or which could erode the public's trust in the entity. We discuss with the Chair any proposal to make political comment or to undertake any significant political activity.[1]

We use care, diligence and skill

We carry out our work with care, diligence and skill.

We give proper consideration to matters and seek and consider all relevant information.

ACTING LAWFULLY

We meet our statutory and administrative requirements

We understand and act in accordance with all statutory and administrative requirements relevant to our roles.

We play a full and active role in the work of the board and fulfil all our duties responsibly. We respect the principle of collective decision-making and corporate responsibility. This means once the board has made a decision, we support it. We follow board protocols for public comment.

We identify and manage conflicts of interest

We identify, disclose, manage and regularly review all interests.

We become familiar with, and follow, all conflicts of interest requirements, including those of the board, the entity, and all statutory and professional requirements including the Crown Entities Act 2004, sections 62-72.

[1] *These provisions apply to elected board members in the same way as to appointed members. However elected board members have a relationship with their constituency in addition to their accountability to the responsible Minister. Elected Board Members must consider how to maintain that relationship while, as for all members, ensuring their actions do not jeopardise the effective governance of the entity.*

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 33, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

18. Confirmation of previous minutes 30 March 2021 (Public Excluded)
19. Matters Arising – Review of Actions (Public Excluded)
20. Chair's Report (Public Excluded)
21. Strategic Workplan: Service Improvement (Public Excluded)
22. Non-Government Organisation Inflation Approach (Public Excluded)
23. Finance, Risk and Audit Committee Meeting – 21 April 2021 (Public Excluded)
24. COVID-19 Vaccine and Immunisation Programme Rollout (Public Excluded)
25. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded
26. Health and Disability System Reform – Informing the Future Planning of Hawke's Bay Health System (Public Excluded)
27. Māori Relationship Board Report (Public Excluded)
28. Hawke's Bay Clinical Council Report (Public Excluded)
29. Safety and Wellbeing Committee Minutes – 15 April 2021 (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).