BOARD MEETING

Date: Tuesday 1 June 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.	Minutes of Previous Meeting – 4 May 2021	
5.	Matters Arising - Review of Actions	
6.	Board Workplan	

	Section 2: Standing Management Reports	
7.	Chair's Report (verbal)	2.10
8.	Chief Executive Officer's Report	2.15
9.	Financial Performance Report – Carriann Hall, Executive Director of Financial Services	2.20
	Section 3: Strategic Delivery	
10.	Ākina (Continuous Improvement) - Anne Speden, Executive Director of Digital Enablement	2.25
11.	HBDHB Quarter Three Health System Performance Dashboard – Emma Foster, Executive Director of Planning, Funding & Performance	2.35
	Section 4: Other Governance Reports	
12.	Board Health and Safety Champions' Report (verbal)	2.45
	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.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	2.55

Public Excluded Agenda

Item	Section 7: Routine	Time
16.	Minutes of Previous Meeting – 4 May 2021 (public excluded)	3.05
17.	Matters Arising – Review of Actions (public excluded)	
	Section 8: Standing Management Reports	
18.	Chair's Report - verbal (public excluded)	3.10
	Section 9: Strategic Delivery	
19.	Funding Options to Make an Impact on Health Inequities (public excluded) – Patrick Le Geyt, Executive Director of Māori Health	3.15
20.	Strategic Planning and Budgeting over a Multi-Year Timeframe – Prudent Use of Resources Update (public excluded) – Emma Foster	3.45
21.	HBDHB Seismic Structural Status Report (public excluded) – Emma Foster / Carriann Hall	4.00
22.	Update on PriceWaterhouse Coopers Capital Projects Review – verbal (public excluded) – Mark Robinson and Jereon Bounman (via zoom)	4.30
	Section 10: Other Governance Reports	
23.	Finance, Risk and Audit Committee Meeting – 19 May 2021 (public excluded) – Chair, Evan Davies	4.45
	Section 11: Noting Reports	
24.	COVID-19 Vaccine and Immunisation Programme Rollout – verbal update (public excluded) – Chris McKenna, Lead Sponsor	4.50
25.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster	
26.	Māori Relationship Board Report (public excluded) – Chair, Ana Apatu	-
27.	Hawke's Bay Clinical Council Report (public excluded) – co-Chairs, Julie Arthur and Robin Whyman	-
28.	Safety & Wellbeing Committee Report – 20 May 2021 (public excluded) – Martin Price, Executive Director of People & Culture	-

29.	Karakia Whakamutunga	5.00
	Meeting concludes	

The next HBDHB Board Meeting will be held on
Tuesday 29 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 4 May 2021

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Shayne Walker	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	CEO	08.01.20
	Active	Daughter	Employed with Kahungunu Executive	Will abstain from all funding decisions related to Kahugnunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23/11/2020
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	Napier City Council	Member, Māori Committee	Unlikely to be any conflict of interest. In in doubt, will discuss with the HBDHB Chair.	The Chair	04.05.21
	Active	Sister	Employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Uncle	Board member of Te Roopu a Iwi Trust and employee of Te Taiwhenua o Heretaunga	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
Panu Te Whaiti Board Observer	Active	Hawke's Bay DHB	Employed as Portfolio Manager, Planning Funding & Performance	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	07.12.20
	Active	Pasifika Health Leadership Group	Member / Deputy Chair	Advisory Committee to HBDHB Board. Unlikely to be any conflict.	The Chair	13.10.20

MINUTES OF THE HBDHB BOARD MEETING
HELD ON TUESDAY 4 MAY 2021
TE WAIORA ROOM, DHB ADMINISTRATION BUILDING
MCLEOD STREET, HASTINGS
AT 2.00 PM
(LIVESTREAMED)

PUBLIC

Present: Shayne Walker (Chair)
Evan Davies (Deputy Chair)
Ana Apatu
Kevin Atkinson
David Davidson
Peter Dunkerley
Charlie Lambert
Renee Brown (Board Observer)
Panu Te Whaiti (Board Observer)

In Attendance: Keriana Brooking, Chief Executive Officer
Members of the Executive Leadership Team
Members of the Public and Media (via livestream)
Kathy Shanaghan, Executive Assistant to CEO

1. The meeting opened with a karakia. The Chair welcomed members of the public who were viewing the meeting via Facebook livestream.

2. APOLOGIES
Apologies were received from Hayley Anderson, Joanne Edwards and Heather Skipworth. An apology was also received from Dr Robin Whyman, Chief Medical & Dental Officer and co-Chair, Hawke's Bay Clinical Council. It was noted that the Chief Operating Officer and Chief Nursing & Midwifery Director would be late to the meeting.

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. ĀKINA (CONTINUOUS IMPROVEMENT) – ROTARY ENABLED – VIRTUAL VISITOR
Anne Speden (Executive Director of Digital Enablement), Aaron Turpin (Head of Business Information) and Rudi Lategan (Business System Analyst) were in attendance for this item. Rotary members Brian McLay and Ken Haines were also in attendance.

The Executive Director of Digital Development (ED DE) welcomed Brian McLay and Ken Haines to the meeting advising that Rotary Stortford Lodge had partnered with Digital Enablement to provide iPads for patients in hospital to connect with whānau. Board members received a brief presentation on the virtual visitor model, with the following noted:

- Rotary Stortford Lodge had donated iPads to the DHB and these had been deployed to 10 hospital areas, including Wairoa and Central Hawke's Bay, and also to Roseanne Retirement Home
- The intention was to provide iPads to other rest homes including Bardowie, Waverley and Summerville
- The deployment was fast tracked due to COVID-19 and helped Hawke's Bay families to connect during the lockdown
- Great feedback had been received to date because of its simplicity

- Future opportunities could include:
  - Enhance cognitive exercises, i.e. memory skills
  - Remote GP consultations
  - Remote DHB nurse or specialist consultations
  - Play chess/checkers together

Brian McLay acknowledged the strong association Rotary had with the DHB and was pleased to inform the Board that Rotary was donating a further six iPads. Board members thanked Brian and Ron for Rotary's generosity, which had allowed the community to connect seamlessly, anytime with their whānau.

5. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 30 March 2021 were confirmed as a correct record of the meeting subject to correcting Charlie Lambert's name.

Moved: Ana Apatu
Seconded: Charlie Lambert
Carried

6. MATTERS ARISING FROM PREVIOUS MINUTES

Status updates for all actions were noted.

7. BOARD WORK PLAN

The governance workplan was noted. The Chair commented that the workplan might need to be amended to include aspects around the Health & Disability Health Reforms.

STANDING MANAGEMENT REPORTSs

8. 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
Pam Carrington	Receptionist	Operations Directorate	13	5/4/21
Sheryl Petrie	Duty Manager	Operations Directorate	14	29/4/21
Chris Lord	Content & Publications Advisor	Communications Team	19	28/4/21

The Chair thanked the above staff for their dedication and years of service to the DHB and the community, and wished them all the best in their next journey.

- The Chair referred to the Minister of Health's visit on 31 March 2021 and acknowledged Minister Little for taking the time to visit and giving staff the opportunity to engage with him. MPs Anna Lorck and Kieran McAnulty accompanied the Minister on his visit to the DHB.
- Health and Disability System Reforms. The Chair advised that as DHBs would cease to exist on 1 July 2021, the Board would need to consider the new structure and what this meant for Hawke's Bay to enable the transition to happen as best as it could to get the best outcome into Health NZ and the Māori Health Authority.

9. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO took her report as read, providing the following comments in addition to her report:

- The Executive Leadership Team had meet to discuss key deliverables and what they might want to focus on in addressing equity

- The CEO acknowledged those staff, particularly senior clinicians, who met with the Minister of Health. Discussion included the busyness of the hospital, concerns around unmet need and the pressures on hospital services generally
- The CEO commented on the media stand up for the commencement of the Covid-19 vaccination roll out for staff. The rollout had now moved to Tier 2(b)
- HBDHB CEO and Health Hawke's Bay CEO did a video on the Health Reforms to give staff an understanding of the review. Information would also be provided to the community
- Summer had been relatively mild this year. The Summer Heat Committee met a few weeks ago to plan for next summer

David Davidson asked if the front-line staff knew that the Board appreciated their efforts. The CEO said she was sure they did and advised that some staff mentioned that they felt appreciated to the Minister and Director-General of Health during their visits. However, she was happy to express the Board's appreciation again in the daily communication that goes to staff. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

10. FINANCIAL PERFORMANCE REPORT

The Executive Director of Financial Services took this report as read, noting that the report had been discussed in detail at the Finance Risk and Audit Committee (FRAC) meeting on 21 April 2021.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

STRATEGIC DELIVERY

11. HEALTH SYSTEM PRIORITIES: CHILD HEALTH – A PLAN FOR ACTION TO IMPROVE EQUITABLE CHILD HEALTH OUTCOMES

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

This report provided an update on progress of child health initiatives and the health status of Hawke's Bay children 0-4 years. The report also included an outline of the plan of action for the previous and next 12 months and was submitted as part of the Te Ara Whakawaiora accountability framework for achieving health equity improvement for tamariki Māori.

The ED Planning, Funding & Performance (ED PF&P) tabled an updated version of the child health data included on page 8 of the report.

Comments noted during discussion included:

- It would be good to see more focus on the smokefree measure (babies living in smokefree homes at six weeks postnatal)
- Whether more funding outside of budget would be required to reduce some of the inequities. The ED PF&P advised that HBDHB was taking a more coordinated approach to Child Health and over the next few months the Board would receive papers on changes needing to be made over the next 14 months that would include an investment strategy

The Chair thanked Emma for the progress updates. He also acknowledged the mahi the team was doing and asked for the Board's thanks to be passed on to them.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

OTHER GOVERNANCE REPORTS

12. BOARD HEALTH AND SAFETY CHAMPIONS' REPORT

There was nothing to report this month.

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.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

14. HAWKE'S BAY CLINICAL COUNCIL REPORT

This report was taken as read. Ana Apatu commented on the improved structure of the report and the information provided.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

15. PASIFIKA HEALTH LEADERSHIP GROUP

This report provided an overview of the issues discussed at the Pasifika Health Leadership Group (PHLG) on 29 March 2021 and was taken as read.

It was noted that Caren Rangi had recently resigned from the PHLG and had been the Chair/co-Chair since its inception from December 2013. Board members asked for a letter of thanks to be sent to Caren for her long service to the PHLG and to the community. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

16. CODE OF CONDUCT FOR CROWN ENTITY BOARD MEMBERS

This report provided an update on the development and issuing of the updated Code of Conduct for Crown Entity Board Members. The report was taken as read.

Kevin Atkinson acknowledged the work Ken Foote did on the updated Code of Conduct by maintaining dialogue with the State Services Commissioner.

RECOMMENDATION

That the HBDHB Board:

1. **Notes** the Public Service Commissioner's feedback on the issues raised by the HBDHB Board.
2. **Notes** the 'updated' Code of Conduct that had now been issued.

Adopted

17. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board:

Exclude the public from the following items:

18. Confirmation of Previous Minutes 30 March 2021 - Public Excluded
19. Matters Arising (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)

MOVED: Shayne Walker
SECONDED: Peter Dunkerley

Carried

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

The public section of the Board meeting concluded at 2.40pm

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	4/5/21	**Board's Appreciation** Board's appreciation of staff to be publicised through the daily staff notice	Executive Director Communications	May	Included in the update from the Board meeting
2	4/5/21	**Resignation of Caren Rangi from Pasifika Health Leadership Group (PHLG)** Letter of thanks to be sent to Caren Rangi in recognition of her long service to the PHLG and to the community	Board Administrator	May	Completed

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

BOARD				
ELT	STANDING MANAGEMENT PAPERS	SRR	Public/Public Excluded	Frequency
	Chairs Report		Public / Public Excluded	Monthly
CEO	Chief Executive Officers Report	ALL	Public / Public Excluded	Monthly
EDPFP	Balanced Scorecard	8, 11, 12, 13, 18	Public	Monthly
EDFS	Financial Performance Report	18	Public	Monthly
	STRATEGIC DELIVERY			
EDPFP	Strategic Workplan	8, 11, 12, 13, 18	Public Excluded	Monthly
EDPFP	Hawke's Bay DHB Quarterly Health System Performance Dashboard" (March/June/Sept/Dec) *(CPHAC / DSAC)*	8, 11, 12, 13, 18	Public	Quarterly
EDDE	Ākina	ANY	Public	As required
PHO CE	PHO 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	Board approval of actions exceeding limits delegated by CEO	14, 17	Public Excluded	Monthly

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

Internal Audits	
Month	Detail
Mar 21	Health and Safety – Enforceable Undertaking
May 21	Risk Management
June 21	Legislative Compliance
July 21	Outpatient Data/Booking Process
Sept 21	Staff Engagement Monitoring and Organisational Culture

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

ELT VERSION 26th FEBRUARY 2021

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**01 JUNE 2021 DHB CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	25 May 2021
Purpose/Summary of the Aim of the Paper	To provide a monthly strategic and operational update to the Board of HBDHB
Health Equity Framework	The penultimate version of the revised Equity Plan will be presented to all governance advisory groups over the coming month.
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: • Met with the Sleep Service Team • Attended the monthly Medical Heads of Department • Attended the local Bi-partite meeting • Met the Nuclear Medicine Team • Along with Emma Foster, visited Totara Health • Held two drop-in sessions with staff on the Health and Disability System Review • Attended the Nursing Leadership meeting • Attended the graduation for our administration cadets • Attended a reflective service for our Indian health colleagues at our chapel • Attended a memorial service at our chapel for Paul Malan • Attended the National Bi-partite Advisory Group zoom meeting as DHB CEO representative • Chaired the National Immunisation Implementation Advisory Group for the Covid-19 vaccine

	• Attended the Central Region DHB CEOs meeting and then the Central Region CEOs and Chairs meeting • Visited the Home Loan Equipment Store • Attended the pōwhiri for new HBDHB staff • Guest speaker at Rotary Club of Napier • Along with Di Vicary, visited six community pharmacies • Attended the Hawke's Bay Palliative Care Advisory Group • Opened Ngakau Ora • Barbara Walker and I visited the hospital wards and ED to talk with staff • Attended the National DHB CEOs meeting and then the National CEOs and Chairs meeting • Met all the Kitchen and Zac's café staff • Along with Patrick Le Geyt and Farley Keenan, visited Camberley Primary School to discuss Rongo Mauri • Attended the Association of Salaried Medical Specialists Joint Consultative Committee • Spoke at the Pharmacy Continuing Education Session
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 improved Health Target result of 77.8 percent for April is reflective of a small improvement in occupancy levels in the hospital compared with previous months. The average number of inpatient beds occupied at 8am every day in April was 102.4 percent – down 4.1 percent from March, although still well above the level required to achieve effective patient flow.

Planned Care

HBDHB planned care delivery was relatively steady during April 2021 across most areas. The latest release of Ministry of Health Standard Intervention Ratio data (covering the 12 months to December 2020) shows Hawke's Bay has improved in the delivery of elective care to its population, relative to peers – although the overall rate is still categorised 'significantly below average'. This will be largely on account of the excellent work undertaken by the surgical directorate to recover on-site activity after the COVID-19 lockdown, and to consistently deliver over its production planning target. This data period does not fully demonstrate the impact of the outsourcing contracts that were approved by the Board early in the financial year. We anticipate the next quarterly release will demonstrate even more significant improvement.

- A net total of 2,135 referrals were received in April. While this is a decrease of 449 compared with March, a dip is typically seen in April due to the cluster of public holidays, which commonly fall in-the-month.
- In total, 1,542 patients were provided with First Specialist Assessments in April – while still markedly higher than preceding years, this is 16 percent lower (daily average) and 31 percent lower (overall numbers) compared with the record delivery in March. The combined effect of these movements saw overall waiting list end the month up 116 patients at 5,121.

- The number of patients overdue against the ESPI2 measure was up 10 patients from March. The proportion waiting for four-months or more for their appointment reduced slightly month-on-month (from 27.2 percent to 26.8 percent) due to the proportionally larger increase in the total number of referrals waiting.
- Hawke's Bay DHB is currently tracking slightly behind its trajectory for the MoH Improvement Action Plan. There are a number of actions underway to bring this back on-track by the end of June, this will depend on workforce availability.

In respect of elective surgery, Hawke's Bay DHB delivered 104.0 percent of Ministry of Health production planning discharge target in April. Overall year-to-date delivery sits at 97.5 percent, and 97.4 percent on case-weights, with forecasting now indicating a marginal under-delivery against these targets at year end due to pending industrial action.

- Inter District Flow activity increased to 90.3 percent of plan (65 discharges vs 72 plan)
- On-site activity achieved 104.6 percent of plan, which is a continued overperformance (385 discharges vs 368 plan)
- Outsourced increased again month on month, achieving 111.1 percent of plan (120 discharges vs 108). This is 72.5 percent of plan year-to-date due to the later start of outsourcing this financial year. The full-year expectation is we will hit 98.2 percent of our outsourcing plan.
- Overall the waiting list for surgery decreased by 23 patients, ending the month at 2,326. Of these, 36 percent of patients have now waited more than the ESPI5 measure of four months (up from 30.4 percent in March) – equating to a further 123 patients now overdue

KAHIRA HOUSE (PORANGAHAU BEACH)

Claire Caddie (Service Director), Gavin Carey-Smith (Facilities Manager) and I met with the trustees of Kahira House. A more substantial memo about Kahira House will appear in future governance papers. In summary it is a two-unit dwelling originally transferred from Pukeora to Porangahau Beach in late 1970 as a holiday home for Waipawa Hospital Staff. The building was erected on a section, which was part of the Paerahi Block, originally Māori land belonging to the Ropiha family, and was donated to the Waipawa Hospital Board by the beneficiaries of the N.J. Sciascia estate. Since that time, it has been run by a trust and available to staff of various different permutations of the health system structure to today, where it is available to HBDHB staff with their families to use.

While the trust has maintained the upkeep and small repairs and replacements from the income received, the dwelling now requires reasonable amount of replacements and repairs to maintain its usefulness. I agreed with the trustees that I would highlight to the Board that we have met and a decision paper on Kahira House would appear in future governance papers.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report**
	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 April was $235k adverse to plan and $374k adverse to plan year-to-date (YTD). Providing Health Services continued to exceed plan, mainly on personnel and locums and was greater than forecast for the month. This was partially offset by improvements in Inter District Flows (IDFs) and usual non-recurrent offsets.

When considering the total position including COVID-19 and Holidays Act the overall YTD position reduces to $5.4m ($6.0m last month) adverse due to receipt of COVID-19 revenue relating to historic spend. We have provided further detail on COVID-19 spend this month.

$'000	April Actual	April Budget	April Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast	Refer Appendix
Operating Revenue	55,802	55,396	407	0.7%	557,257	552,876	4,381	0.8%	667,863	1
Less:										
Providing Health Services	29,688	28,128	(1,560)	-5.5%	276,422	269,227	(7,195)	-2.7%	331,031	2
Funding Other Providers	23,494	24,108	614	2.5%	238,944	238,916	(28)	0.0%	288,215	3
Corporate Services	5,292	5,541	250	4.5%	50,822	53,003	2,181	4.1%	61,513	4
Reserves	(214)	(160)	54	33.7%	2,797	3,083	286	9.3%	2,761	5
Operating Result	**(2,457)**	**(2,222)**	(235)	-10.6%	**(11,728)**	**(11,354)**	(374)	-3.3%	**(15,657)**	
Plus:										
Emergency Response (COVID-19)	1,242	-	1,242	0.0%	(2,488)	2	(2,491)		(3,916)	
Holidays Act Remediation	(246)	-	(246)	0.0%	(2,515)	-	(2,515)	0.0%	(3,007)	
	(1,461)	**(2,222)**	761	34.2%	**(16,732)**	**(11,351)**	(5,380)	-47.4%	**(22,579)**	

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

Having landed a few of the flexibilities in recent months, we have restated the forecast to our latest understanding. Factors to consider include:

- We have some minor flexibility as we come into year end, although Providing Health Services continues to show some future cost growth, despite the capacity constraints physically and in resources
- The Board has approved up to $1m overspend resulting from specific costs in Radiology and Gastroenterology in 20/21, which is being expended and;
- Management advised that unfunded costs of national pay settlements above budget cannot be covered. It is clear there will be a $200k gap between the cost of the Pay Equity admin settlement and the funding received, relating to annual leave provision.

On the assumption we can continue to cover Providing Health Services overspends, we should be expecting to land circa $1.2m adverse to plan on Operating Result i.e. $15.7m deficit.

In line with this, we would expect the Operating Result to be adverse over the final few months of the year, as the Pay Equity gap crystallises and winter pressures start to impact.

COVID-19

YTD spend on COVID-19, net of revenue received from MoH, stands at $2.5m. This is in addition to the $9.7m spent in the 2019/20 financial year. The DHB has taken an approach to account for reasonable expenditure to support COVID response, even where funding from MoH has not been approved. This is in line with the direction from the Minister of Health, which states that 'in practical terms, the direction means that district health board Chief Executives are not required to seek approvals from Boards to enact significant policy decisions within the Government's COVID-19 response – for example expenditure outside of normal financial delegations'. To support the CE in this and maintain a good control environment, spend is reviewed by a panel in advance of being recommended to the CE.

Beyond some relatively minor costs relating to COVID alert level changes, the main spend in 2020/21 has been on COVID tests and the cost of national changes to community prescribing practice. However, we will likely see some volatility in the coming months due to the ramp-up of the COVID vaccination programme and timing differences between expenditure and receipt of revenue.

Other Performance Measures

	April				Year to Date				Year End Forecast	Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance			
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Capital spend	2,218	3,852	(1,634)	-42.4%	14,651	32,250	(17,599)	-54.6%	23,585	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,849	2,727	(123)	-4.5%	2,662	2,632	(30)	-1.1%	2,648	2 & 4

- Capital spend (Appendix 10)

  Strategic projects are the main driver of the underspend to date, mainly due to slippage. Also, COVID-19 continues to have impacts on international supply chains and we have seen delays in equipment delivery across the board.

  Note, the majority of the expected underspend is MoH funded capital ($15m) and will be carried forward to future years. On DHB funded capital, part of the driver of the underspend is realisation of the anticipated slippage built in at the beginning of the financial year. The recently approved five year Capital Plan reflected the latest view of anticipated spend in 20/21, the risk being that expenditure slips further and creates pressure on the 21/22 plan.

  One factor in this is the supply chain issues and although not formally approved, MoH has indicated capital slippage related to COVID can be carried forward to the following year, without being considered in breach of the Operating Policy Framework.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $15.0m overdrawn on 30 April, well within the $35m statutory limit. MOH funding that would normally have been received on 4 April, was received on 31 March due to the Easter holiday, otherwise the cash low point for the month would have been $27.3m.

  MoH advise they expect the equity injection to be transacted in June, on the assumption this is approved by Joint Ministers.

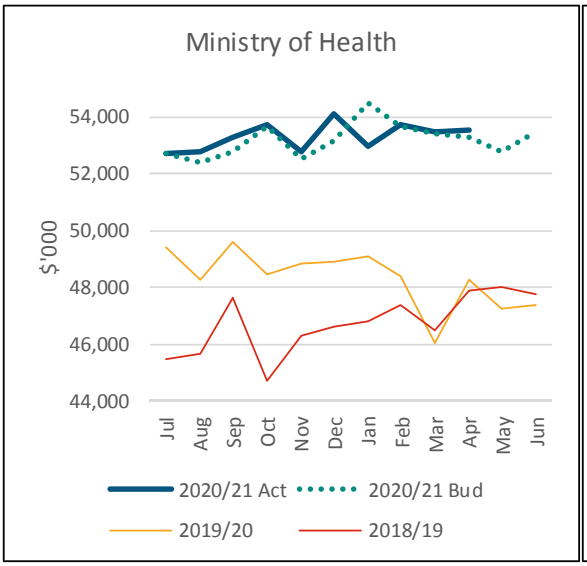
- Employees (Appendices 2 & 4)

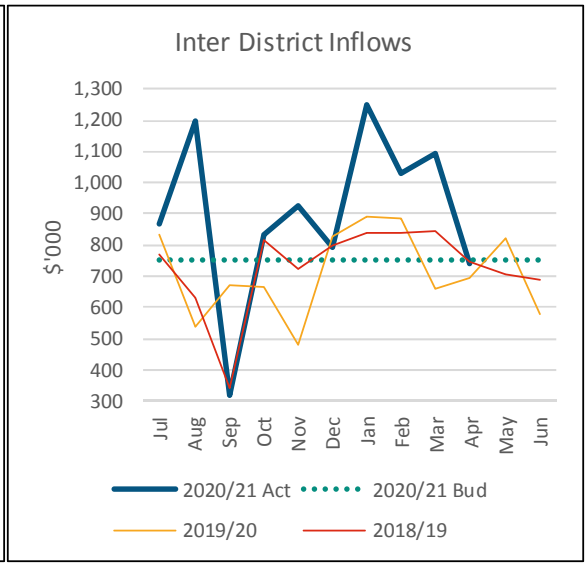
  Higher than planned nursing and support numbers reflect the acute delivery issues in Providing Health Services. These were partly offset by vacancies across allied health, and management and administration. Vacancies in medical personnel are covered, if available, by locums that are not counted as FTEs.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

APPENDICES

1. OPERATING REVENUE

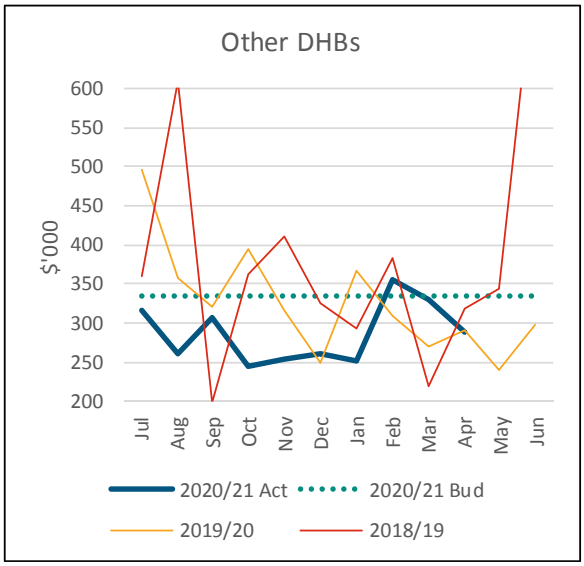
Excludes revenue for COVID-19	April				Year to Date				Year End
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Ministry of Health	53,557	53,321	236	0.4%	533,218	532,234	984	0.2%	639,612
Inter District Flows	741	752	(11)	-1.4%	9,042	7,523	1,519	20.2%	10,557
Other District Health Boards	288	334	(46)	-13.8%	2,868	3,341	(473)	-14.2%	3,477
Financing	6	4	2	51.6%	72	36	36	101.3%	78
ACC	510	438	73	16.6%	4,599	4,448	151	3.4%	5,484
Other Government	62	60	2	3.5%	359	429	(70)	-16.3%	401
Abnormals	8	-	8	0.0%	280	-	280	0.0%	273
Patient and Consumer Sourced	136	108	28	25.7%	1,260	1,081	179	16.5%	1,478
Other Income	493	379	115	30.4%	5,559	3,784	1,775	46.9%	6,502
	55,802	**55,396**	407	0.7%	**557,257**	**552,876**	4,381	0.8%	**667,863**

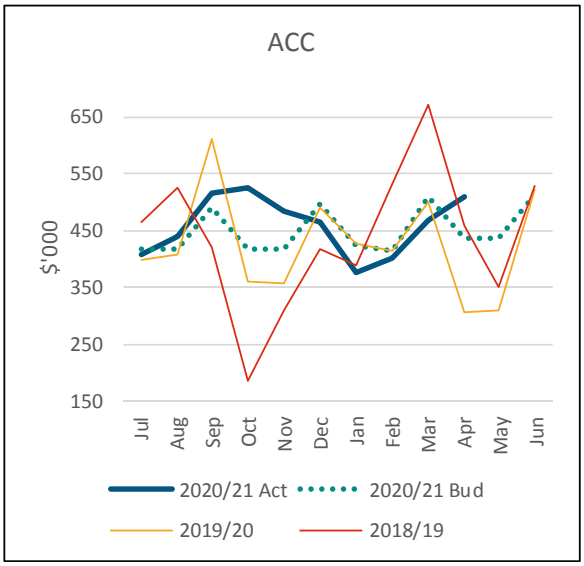




Ministry of Health ($1.0m favourable YTD)
Funding for In-Between Travel and a number of additional services all offset in expenditure.

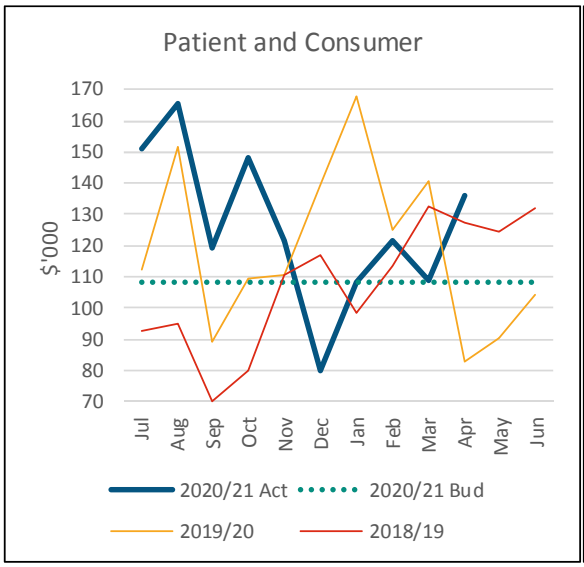
Inter District Flows ($1.5m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost. Increased revenue may reflect higher visitor numbers to Hawke's Bay due to restrictions on overseas travel.

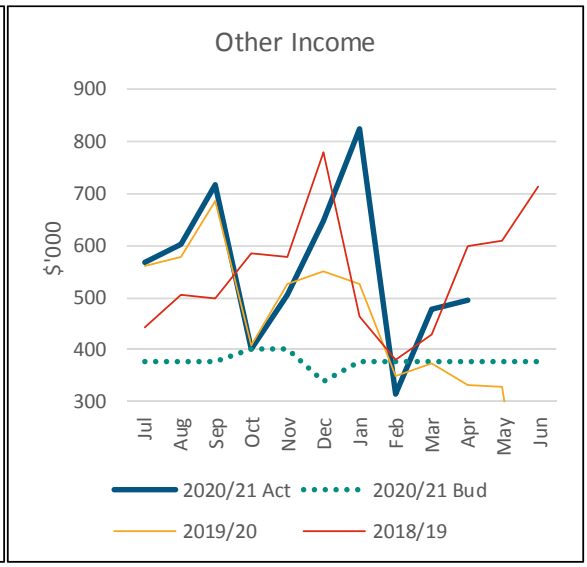




Other District Health Boards ($0.5m adverse YTD)
Reduced revenue YTD from Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), partly offset by increased revenue from Mid Central DHB for oncology clinics.

ACC ($0.2m favourable YTD)
Higher than planned ACC surgery in April continued the recovery in income generation since the new year.



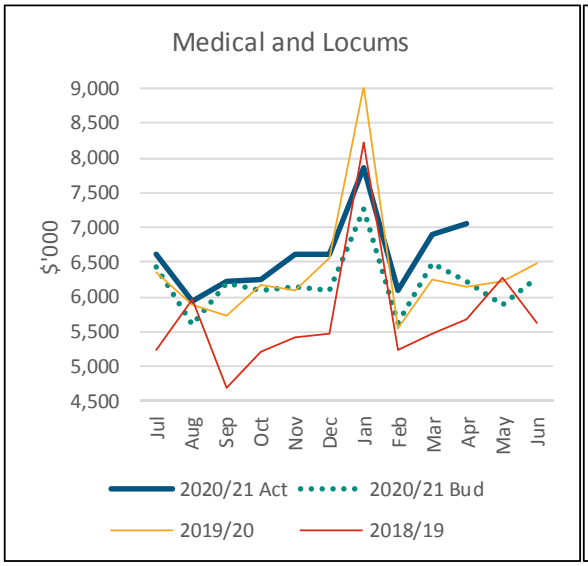


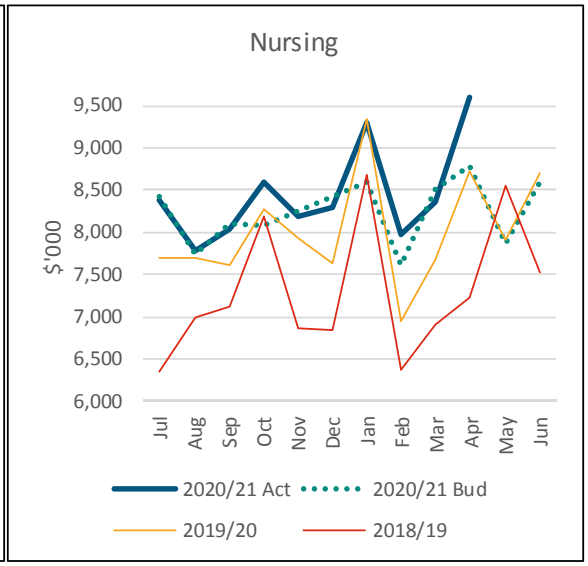
Patient and Consumer ($0.2m favourable YTD)
Non-resident charges, and meals on wheels, partly offset by reduced audiology income (hearing aids).

Other income ($1.8m favourable YTD)
Clinical equipment relating to COVID-19 transferred by MOH to the DHB contributes almost 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

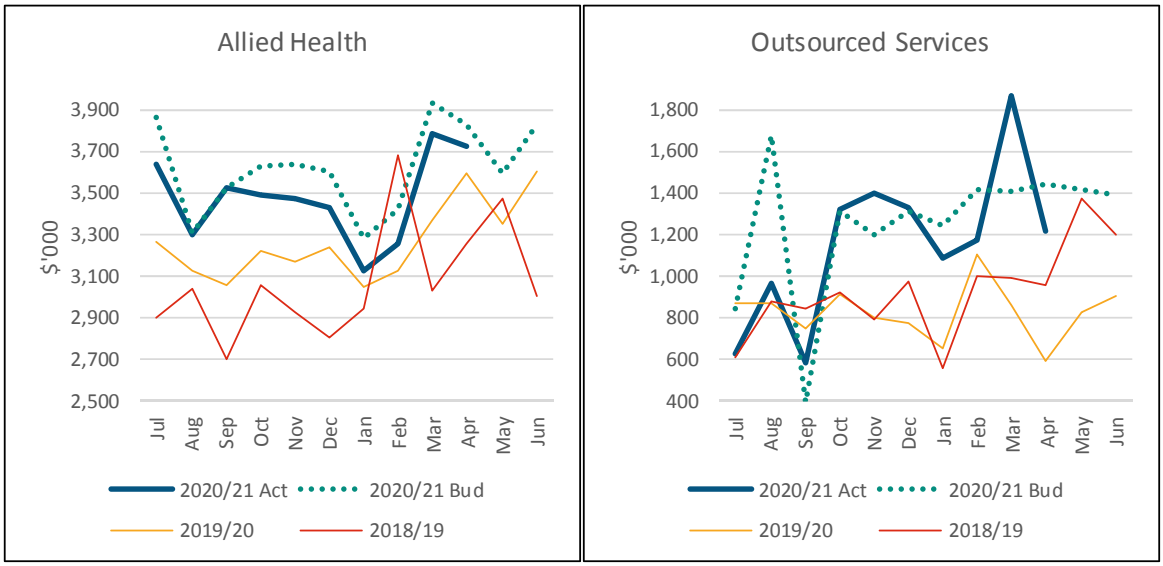
	April				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	7,056	6,232	(825)	-13.2%	66,172	62,162	(4,010)	-6.5%	78,514
Nursing personnel	9,589	8,778	(811)	-9.2%	84,480	82,522	(1,958)	-2.4%	100,300
Allied health personnel	3,727	3,829	102	2.7%	34,765	36,036	1,272	3.5%	42,036
Other personnel	2,601	2,487	(113)	-4.6%	23,368	23,572	204	0.9%	27,931
Outsourced services	1,220	1,444	224	15.5%	11,576	12,244	668	5.5%	15,011
Clinical supplies	3,818	3,748	(69)	-1.8%	40,253	37,596	(2,656)	-7.1%	48,049
Infrastructure and non clinical	1,677	1,610	(68)	-4.2%	15,809	15,095	(714)	-4.7%	19,190
	29,688	**28,128**	(1,560)	-5.5%	**276,422**	**269,227**	(7,195)	-2.7%	**331,031**
Expenditure by directorate $'000									
Medical	8,833	7,893	(940)	-11.9%	81,489	75,469	(6,020)	-8.0%	96,414
Surgical	6,866	6,702	(164)	-2.4%	65,469	63,872	(1,597)	-2.5%	78,907
Community, Women and Children	4,488	4,410	(79)	-1.8%	42,290	42,988	698	1.6%	50,916
Mental Health and Addiction	2,236	2,023	(213)	-10.5%	19,978	19,512	(466)	-2.4%	23,679
Older Persons, NASC HB, and Allied H	1,540	1,543	3	0.2%	14,467	14,777	311	2.1%	17,679
Operations	4,529	4,271	(258)	-6.0%	42,640	41,245	(1,395)	-3.4%	50,793
Other	1,196	1,286	90	7.0%	10,090	11,364	1,274	11.2%	12,644
	29,688	**28,128**	(1,560)	-5.5%	**276,422**	**269,227**	(7,195)	-2.7%	**331,031**
Full Time Equivalents									
Medical personnel	406.3	404.4	(2)	-0.5%	389	397	8	2.0%	398.4
Nursing personnel	1,220.6	1,106.4	(114)	-10.3%	1,123	1,067	(57)	-5.3%	1,071.6
Allied health personnel	517.1	538.9	22	4.0%	500	519	19	3.7%	523.5
Support personnel	146.3	127.2	(19)	-15.0%	134	121	(13)	-10.8%	121.4
Management and administration	310.4	305.6	(5)	-1.6%	290	298	8	2.6%	299.5
	2,600.7	**2,482.5**	(118)	-4.8%	**2,435**	**2,400**	(35)	-1.4%	**2,414.4**





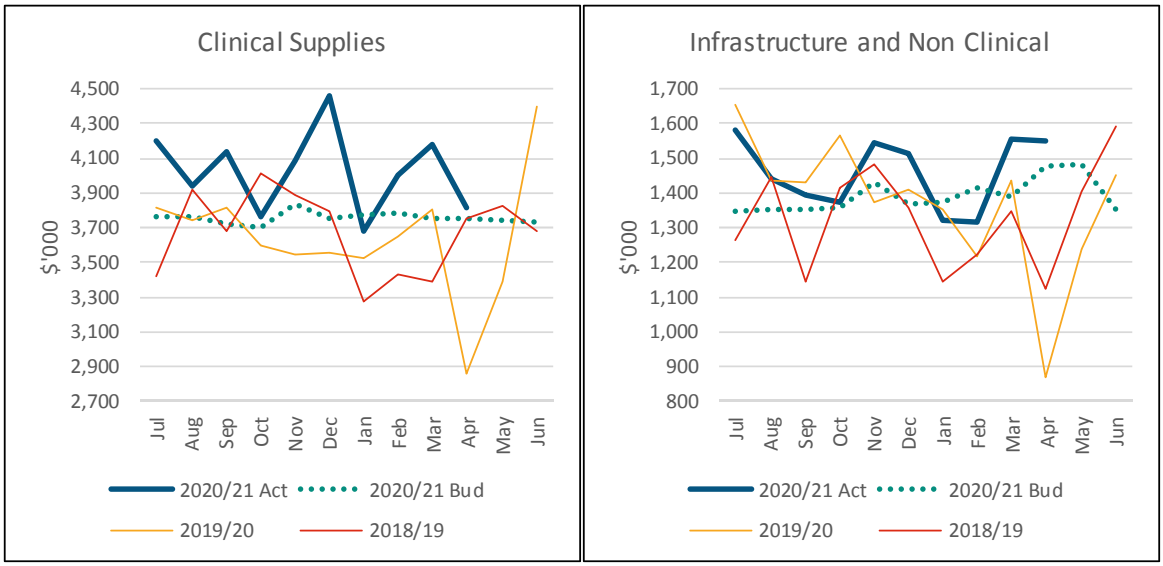
Medical personnel and locums ($4.0m adverse YTD)
The cost of locums covering vacancies and medical staff on leave, exceeds the savings from vacancies. Acute occupancy and in-house elective activity (offset in Outsourced Services) also contribute to cost pressures.

Nursing ($2.0m adverse YTD)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches. April also includes high sick/ACC leave, and provision for salary inflation on annual leave balances.



Allied Health ($1.3m favourable YTD)
Vacancies in therapies, technicians, social workers, pharmacists, health promotion workers, and cultural workers.

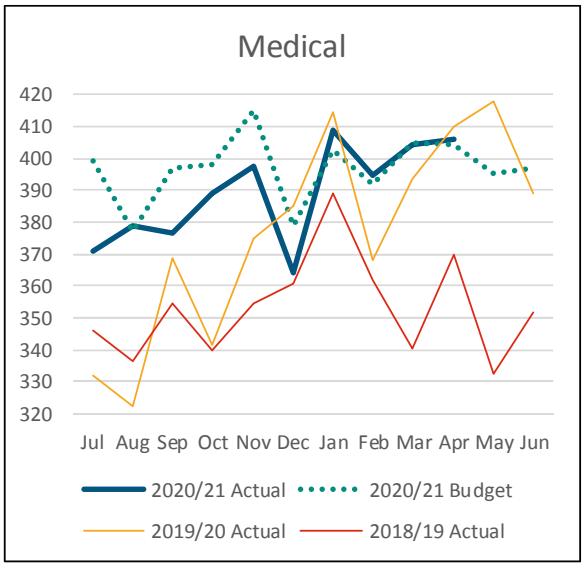
Outsourced services ($0.7m favourable YTD)
Elective providers self manage when they will provide services to meet agreed volumes. Following increased activity in March, providers reduced volumes in April.

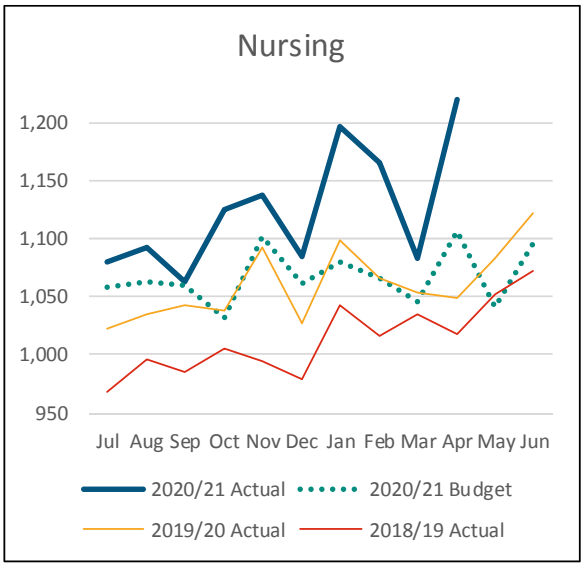


Clinical supplies ($2.7m adverse YTD)
Underlying drivers of costs are planned care volumes provided in house (partly offset in outsourced services), patient transport costs, and cost impacts on manufacturing and international supply chains caused by COVID issues.

Infrastructure and non clinical supplies ($0.7m adverse YTD)
Laundry, external security, cleaning and food costs reflect patient throughput year-to-date. Adverse minor hardware costs, postage and stocktake adjustments also contribute. Favourable domestic travel costs, utilities and maintenance partly offset.

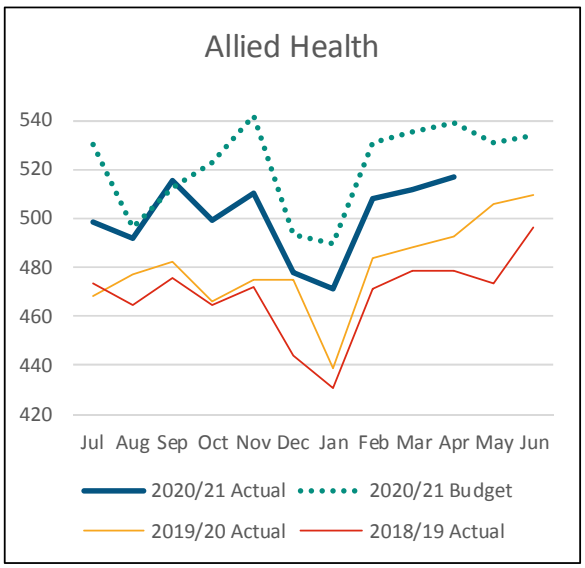
Full Time Equivalents (FTE)

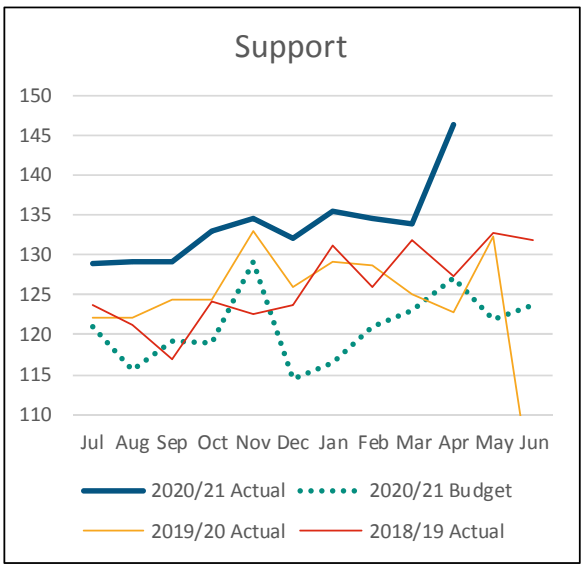




Medical personnel (8 FTE / 2.0% favourable)
Specialist vacancies covered by locums where available.

Nursing personnel (-57 FTE / -5.3% adverse)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches.



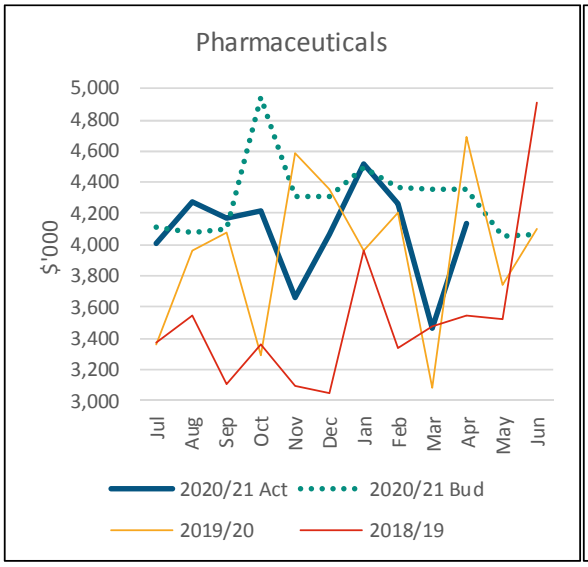


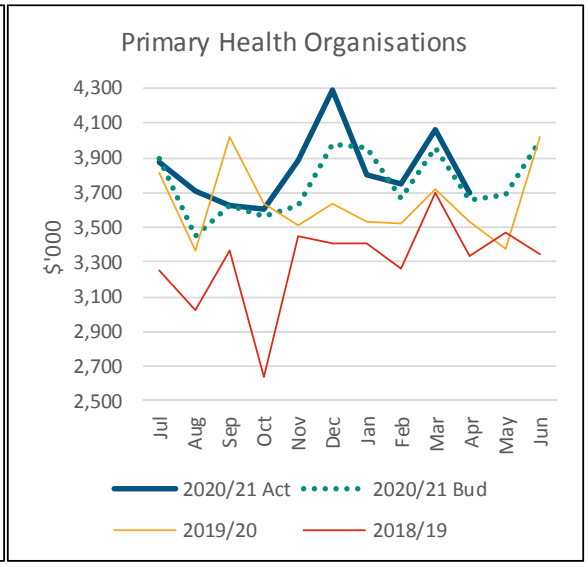
Allied health personnel (19 FTE / 3.7% favourable)
Ongoing vacancies including technicians, physiotherapists, social workers, pharmacists, and health promotion workers.

Support personnel (-13 FTE / -10.8% unfavourable)
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

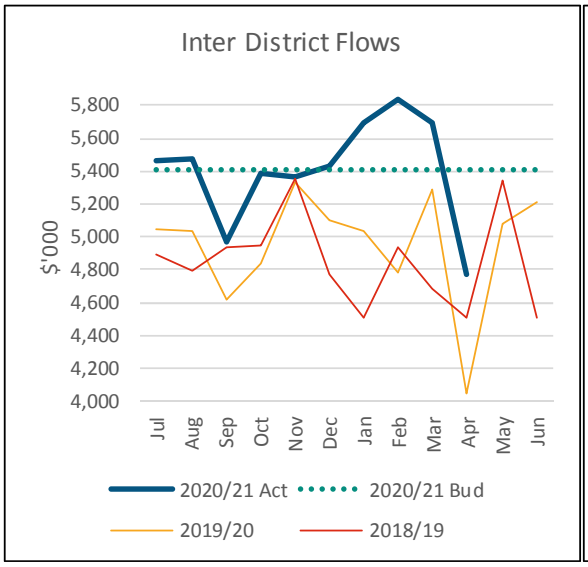
$'000	April Actual	April Budget	April Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,134	4,357	224	5.1%	40,779	43,425	2,645	6.1%	48,727
Primary Health Organisations	3,699	3,657	(41)	-1.1%	38,314	37,395	(919)	-2.5%	45,994
Inter District Flows	4,777	5,411	634	11.7%	54,085	54,111	26	0.0%	65,541
Other Personal Health	2,454	2,480	26	1.0%	22,730	21,934	(796)	-3.6%	27,898
Mental Health	1,316	1,229	(88)	-7.1%	13,114	12,163	(952)	-7.8%	15,600
Health of Older People	6,700	6,605	(94)	-1.4%	65,916	66,059	143	0.2%	79,767
Other Funding Payments	415	368	(47)	-12.7%	4,005	3,830	(176)	-4.6%	4,687
	23,494	24,108	614	2.5%	**238,944**	**238,916**	(28)	0.0%	288,215
Payments by Portfolio									
Strategic Services									
Secondary Care	4,400	5,051	651	12.9%	50,904	50,513	(391)	-0.8%	61,730
Primary Care	9,584	9,716	132	1.4%	93,443	94,680	1,237	1.3%	112,352
Mental Health	1,642	1,556	(86)	-5.5%	16,336	15,421	(915)	-5.9%	19,459
Health of Older People	7,174	7,174	1	0.0%	71,596	71,755	159	0.2%	86,705
Maori Health	563	493	(70)	-14.2%	5,285	5,318	34	0.6%	6,335
Population Health	132	118	(14)	-11.5%	1,380	1,229	(151)	-12.3%	1,634
	23,494	24,108	614	2.5%	**238,944**	**238,916**	(28)	0.0%	288,215

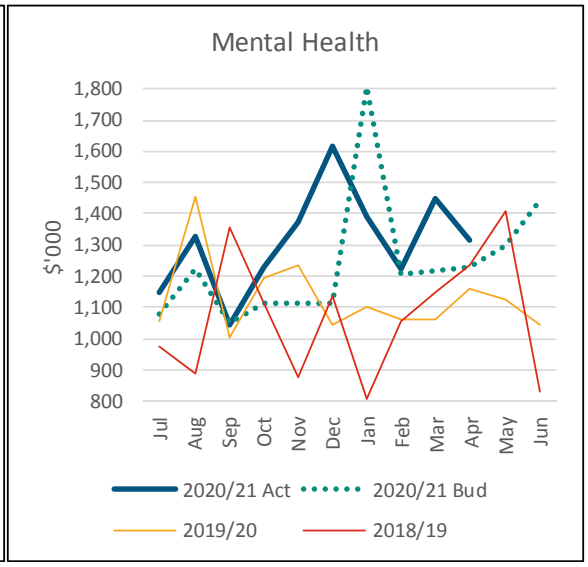




Pharmaceuticals ($2.6m favourable YTD)
Reflects the latest PHARMAC projections following the transfer of community prescribing costs to COVID-19 last month.

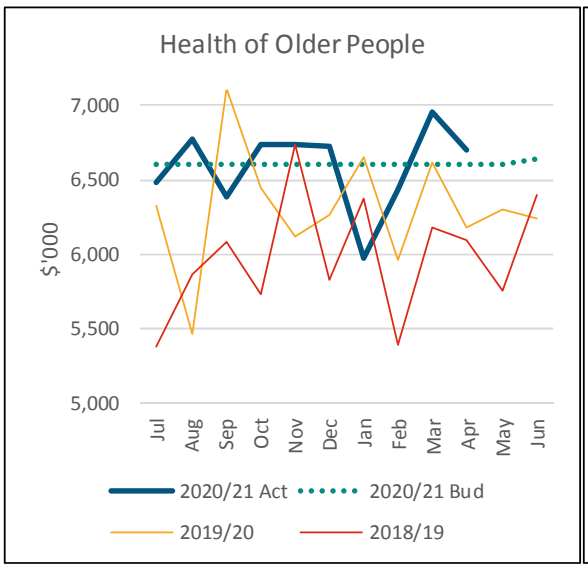
Primary Health Organisations ($0.9m adverse YTD)
Increasing activity in primary care services relating to patient subsidies, mostly offset by a monthly wash-up of activity by MOH resulting in additional funding included under revenue.

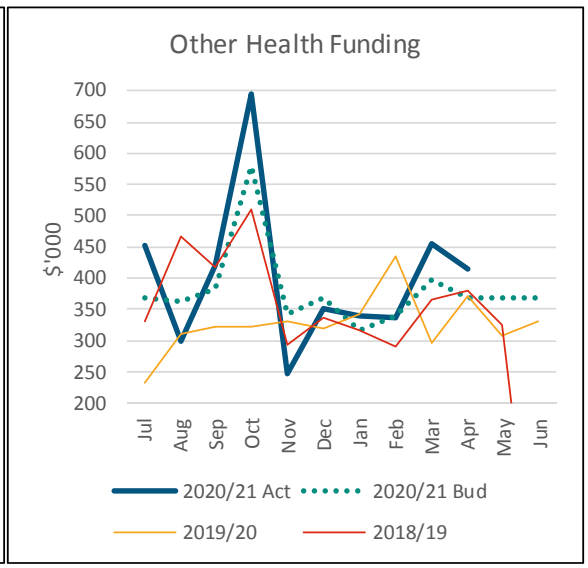




Inter District Flows (on-budget YTD)
Inter District Flows are inherently volatile due to the small volume and high cost. April reflects the latest information available from the other DHBs and the result has improved as some prudent prior period accruals are replaced with actual data.

Mental Health ($1.0m adverse YTD)
Child and youth services, home-based support, and service improvements, all offset by additional MOH revenue.





Health of Older People ($0.1m favourable YTD)
Higher than budgeted residential care and home support are offset by lower costs in respite care and day programmes relief.

Other Health Funding ($0.2m adverse YTD)
Minor variances YTD with increased Whanau Ora costs from March.

4. CORPORATE SERVICES

$'000	April Actual	April Budget	April Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,903	1,934	31	1.6%	17,701	18,182	482	2.6%	21,405
Outsourced services	45	65	20	30.6%	535	653	118	18.0%	686
Clinical supplies	50	63	13	20.1%	547	572	25	4.4%	675
Infrastructure and non clinical	1,623	1,595	(27)	-1.7%	15,202	14,852	(350)	-2.4%	18,309
	3,621	3,657	36	1.0%	33,985	34,259	274	0.8%	41,075
Capital servicing									
Depreciation and amortisation	1,329	1,279	(50)	-3.9%	12,781	12,579	(201)	-1.6%	15,406
Financing	7	25	18	71.2%	156	239	83	34.6%	224
Capital charge	334	580	246	42.4%	3,900	5,926	2,026	34.2%	4,807
	1,671	1,884	213	11.3%	16,837	18,744	1,907	10.2%	20,438
	5,292	**5,541**	250	4.5%	**50,822**	**53,003**	2,181	4.1%	**61,513**
Full Time Equivalents									
Medical personnel	1.4	1.1	(0)	-29.8%	1	1	(0)	-2.9%	1.1
Nursing personnel	20.3	21.5	1	5.5%	19	20	1	3.3%	20.0
Allied health personnel	1.7	1.6	(0)	-6.8%	1	2	0	30.8%	1.6
Support personnel	28.8	31.2	2	7.7%	29	31	2	6.5%	30.7
Management and administration	196.4	188.7	(8)	-4.1%	178	179	1	0.8%	180.5
	248.6	**244.1**	(5)	-1.9%	**227**	**232**	5	2.0%	**233.9**

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 was increased last month to reflect expected costs, however the additional costs have not eventuated as yet. 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	April Actual	April Budget	April Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	(270)	156	426	273.1%	540	2,073	1,534	74.0%	647
Efficiencies	-	(125)	(125)	-100.0%	-	(1,249)	(1,249)	-100.0%	-
Other	56	(191)	(247)	-129.5%	2,257	2,259	2	0.1%	2,113
	(214)	**(160)**	54	-33.7%	**2,797**	**3,083**	**286**	9.3%	**2,761**

Investment reserves includes provisions for annual plan investment, the digital enablement reserve and aged residential care growth. A further portion of the 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 or slippage formally released, whilst planned efficiencies are being fully reflected in the result.

6. FINANCIAL POSITION

30 June 2020	$'000	*April* *Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2020*	*Annual Budget*
	Equity					
208,983	Crown equity and reserves	213,351	248,313	(34,962)	4,368	254,399
(107,310)	Accumulated deficit	(124,042)	(94,977)	(29,064)	(16,732)	(101,147)
101,673		89,309	153,335	(64,026)	(12,364)	153,252
	Represented by:					
	Current Assets					
1,198	Bank	563	759	(196)	(634)	759
1,449	Bank deposits > 90 days	1,467	1,881	(414)	18	1,881
20,896	Prepayments and receivables	19,008	22,633	(3,625)	(1,888)	22,725
4,626	Inventory	4,747	5,020	(272)	122	5,040
28,168		25,786	30,293	(4,506)	(2,382)	30,405
	Non Current Assets					
190,156	Property, plant and equipment	190,708	223,485	(32,777)	552	228,349
15,978	Intangible assets	16,788	5,120	11,668	810	5,258
1,341	Investments	1,569	1,120	449	228	1,120
207,475		209,065	229,725	(20,660)	1,590	234,727
235,644	**Total Assets**	**234,852**	**260,018**	**(25,166)**	**(792)**	**265,132**
	Liabilities					
	Current Liabilities					
14,430	Bank overdraft	18,419	4,275	(14,144)	(3,989)	10,159
36,438	Payables	37,263	37,529	267	(825)	40,697
79,814	Employee entitlements	86,572	58,546	(28,026)	(6,758)	54,784
-	Current portion of borrowings	-	3,275	3,275	-	3,172
130,682		142,253	103,626	(38,628)	(11,572)	108,812
	Non Current Liabilities					
3,289	Employee entitlements	3,289	3,057	(232)	-	3,068
3,289		3,289	3,057	(232)	-	3,068
133,971	**Total Liabilities**	**145,542**	**106,683**	**(38,860)**	**(11,572)**	**111,880**
101,673	**Net Assets**	**89,309**	**153,335**	**(64,026)**	**(12,364)**	**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.

7. EMPLOYEE ENTITLEMENTS

30 June 2020	$'000	April Actual	April Budget	April Variance from budget	April Movement from 30 June 2020	Annual Budget
8,709	Salaries & wages accrued	10,509	8,094	(2,415)	(1,801)	4,267
1,058	ACC levy provisions	1,701	1,941	240	(643)	1,948
6,493	Continuing medical education	7,584	-	(7,584)	(1,091)	-
61,594	Accrued leave	64,932	46,387	(18,545)	(3,339)	46,436
5,249	Long service leave & retirement grat.	5,134	5,182	48	115	5,201
83,103	**Total Employee Entitlements**	89,861	61,603	(28,258)	(6,758)	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 March is provided below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 96.4% of plan was achieved to the end of March. This continues to track above 95%, although under the budget level, as a result of delivery of planned actions to achieve the target by end of year. The financial forecast and YTD result continues to assume achievement of the delivery targets by the end of the year, supported by advice from MoH that a multi-year approach will be taken to volumes. This suggests that missed volumes in 2020/21 will be expected to be captured in future year plans.

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	6,191.4	2,136.2	8,327.6	8,030.0	96.4%	10,899.8
Inpatient Surgical Discharges	4,109	1,563	5,672	5,509	97.1%	7,427
Minor Procedures	1,607	682	2,289	3,705	161.9%	2,984
Non Surgical interventions	30	60	90	0	0.0%	118

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

NMDS Refresh Date: 2/05/2021 **NNPAC Refresh Date:** 3/05/2021
Data up to: Mar 2021 **Report Run Date:** 3/05/2021

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 April was a $15.5m overdrawn (March was $18.2m overdrawn).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. May's low point is projected to be the $24.6m overdrawn on 31 May. 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 underspend has narrowed marginally as we get closer to the end of the year. Whilst international supply chain issues have had impacts on delivery dates, most of the slippage is expected to be recovered in year through actions taken by the teams. Furthermore, although not formally approved, MoH has indicated capital slippage related to COVID can be carried forward to the following year, without being considered in breach of the Operating Policy Framework.

On the strategic projects, where there is MoH funding, we are drawing this down

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	12,781	12,579	201	15,457	15,255	201
	12,781	12,579	201	15,457	15,255	201
Other Sources						
Special Funds and Clinical Trials	53	-	53	53	-	53
Sale of Assets	614	415	199	614	415	199
Equity Injection received	1,502	-	1,502	4,368	24,772	(20,404)
Equity Injection forecast	-	-	-	575	-	575
Source to be determined	-	-	-	1,442	4,617	(3,175)
	2,654	415	2,239	6,567	29,804	(23,237)
Total funds sourced	**14,950**	**12,994**	**1,956**	**22,509**	**45,059**	**(22,550)**
Application of Funds:						
Block Allocations						
Facilities	1,494	2,572	1,078	3,043	3,088	45
Information Services	2,432	3,118	687	3,161	3,755	594
Clinical Equipment	2,576	3,226	650	3,872	3,872	0
	6,502	8,916	2,415	10,076	10,715	639
MOH funded Startegic						
Seismic Radiology HA27	100	83	(17)	100	100	-
Surgical Expansion	1,746	4,200	2,454	3,249	4,200	951
Main Electrical Switchboard Upgrade	434	2,799	2,365	955	4,000	3,045
Mobile Dental Unit	29	1,200	1,170	429	1,600	1,171
Angiography Suite	363	1,999	1,637	1,043	3,000	1,957
Replacement Generators	(12)	-	12	138	-	(138)
Endoscopy Building (Procedure Rooms)	149	1,999	1,851	299	3,000	2,701
Radiology Extension	1,459	3,188	1,729	1,689	4,559	2,870
Seismic AAU Stage 2	1,223	1,718	495	1,243	2,063	820
Seismic Surgical Theatre HA37	31	1,574	1,544	718	2,100	1,382
Linear Accelerator	-	75	75	50	250	200
	5,521	18,836	13,315	9,912	24,872	14,960
DHB funded Strategic						
Surgical Expansion	-	413	413	-	1,953	1,953
Main Electrical Switchboard Upgrade	-	-	-	-	200	200
Cardiology PCI	7	-	(7)	7	1,000	993
Interim Asset Plan	1,000	4,027	3,026	1,738	5,390	3,652
Digital Transformation	238	-	(238)	452	870	418
	1,283	4,440	3,157	2,252	9,413	7,161
Other						
Special Funds and Clinical Trials	53	-	(53)	53	-	(53)
Other	215	58	(157)	215	58	(157)
	268	58	(210)	268	58	(210)
Capital Spend	**13,574**	**32,250**	**18,676**	**22,509**	**45,058**	**22,550**

Covid-19 equipment transferred from MOH with a fair value of $1.077m is excluded from the table above.

11. ROLLING CASH FLOW

	Apr-21			May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-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	60,955	60,955	0	58,187	60,062	72,484	61,397	65,497	65,514	60,397	123,061	3,616	59,664	59,664	59,668
Other revenue	9,798	4,803	-4,995	8,145	6,237	6,400	6,450	6,450	6,300	6,300	5,440	5,800	6,650	6,650	6,350
Total cash inflow	70,753	76,566	-4,995	66,332	66,299	78,884	67,847	71,947	71,814	66,697	128,501	9,416	66,314	66,314	66,018
Cash Outflows															
Payroll	14,166	13,807	359	13,741	17,880	13,750	13,680	16,230	13,700	13,680	17,950	13,680	13,680	16,230	13,700
Taxes	7,382	10,346	-2,964	12,972	9,200	9,200	9,200	9,200	9,200	9,200	6,000	12,400	9,200	9,200	9,200
Sector Services	31,332	27,803	3,529	29,715	27,293	28,278	27,967	27,646	29,512	27,288	26,802	25,950	26,855	27,050	24,450
Capital expenditure	1,551	2,470	-919	3,230	3,023	5,601	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895
Other expenditure	13,912	15,381	-1,469	13,781	19,500	20,302	16,402	16,402	14,346	17,802	17,800	12,015	14,508	14,514	14,537
Total cash outflow	68,342	72,764	-1,465	73,438	76,896	77,131	69,144	71,373	68,653	69,864	70,447	65,940	66,139	68,889	63,782
Total cash movement	2,411	-4,051	-3,530	-7,106	-10,597	1,753	-1,297	574	3,161	-3,167	58,054	-56,524	175	-2,575	2,236
Add: opening cash	-18,510	-18,510	0	-16,099	-23,205	-33,802	-32,049	-33,346	-32,772	-29,611	-32,779	25,275	-31,249	-31,074	-33,649
Closing cash	-16,099	-22,561	-3,530	-23,205	-33,802	-32,049	-33,346	-32,772	-29,611	-32,779	25,275	-31,249	-31,074	-33,649	-31,413
Maximum cash overdraft (in month)	-15,013	-22,561	7,548	-23,205	-33,802	-36,612	-33,346	-38,261	-33,939	-34,243	-40,647	-31,249	-39,181	-38,356	-33,979

The maximum cash overdraft variance in March reversed in April as a timing difference in capital equity injections resolved itself, and both operating and capital cash outflows were lower than projected.

ĀKINA (CONTINUOUS IMPROVEMENT)

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Hawke's Bay DHB QTR 3 Health System Performance Dashboard**
	For the attention of: **HBDHB Board**
Document Author Document Owner	Lisa Jones, System Lead Planning & Performance - Planning, Funding & Performance Emma Foster, Executive Director Planning, Funding & Performance
Date	21 May 2021
Purpose/Summary of the Aim of the Paper	This is the third Quarterly Health System Performance Dashboard for the 20/21 year, covering performance across the five health system priorities: • *First 1000 days (FTD)* • *Mental health and addiction (MHA)* • *Long term conditions (LTC),* • *Frail and older people (FOP)* • *A responsive health system (RHS)*
Health Equity Framework	This dashboard provides an equity lens across the performance of the Hawke's Bay district health system and a summary report for Māori and Pacific equity performance. The Equity Framework consists of four stages. This report addresses stage four – monitor progress and measure effectiveness.
Principles of the Treaty of Waitangi that this report addresses:	We continue to assess the opportunities to improve our equity performance reporting in partnership with Māori and our governance papers.
Risk Assessment	This report covers the five risk areas: 1. Equity of outcomes – This report takes into consideration the equity agenda for HBDHB, and indirectly impacts on population health outcomes. 2. Consumer engagement – It highlights aspects of patient experience across components of the system. 3. National priorities – Covers off performance relating to quality, provider performance and financial performance. 4. Workforce – The DHB continues to work with teams for accessible performance data relating to workforce diversity and staff safety. 5. Financial sustainability – this report gives us an up-to-date picture of the DHB's financial performance.
Financial/Legal Impact	N/A

Strategic Impact	Performance monitoring is a key aspect of strategic management in the health sector.
Previous Consideration / Interdependent Papers	Quarter (Qtr) 1 20/21 Health System Performance Dashboard (November 2020 Board meeting). (Qtr) 2 20/21 Health System Performance Dashboard (March 2021 Board meeting).

RECOMMENDATION:

It is recommended that the Board:

1. **Note and acknowledge** the Qtr 3 Health System Performance Dashboard.

EXECUTIVE SUMMARY

This is the third quarterly Health System Performance Dashboard for the 20/21 year. This provides performance reporting across Hawke's Bay District Health Board's five health system priorities:

- First 1000 days (FTD)
- Mental health and addiction (MHA)
- Long term conditions (LTC)
- Frail and older people (FOP)
- Responsive health system (RHS).

Changes have been made to this dashboard and report based on Board feedback.

Summary reports are included for performance against targets for Māori and Pacific people to improve equity reporting. This includes trend analysis (based on the previous four quarters) and shows how the DHB is tracking using red, amber and green traffic lights against all performance indicators. Also included are numbers the DHB needs to achieve in order to reach ethnicity targets.

OUTCOMES EXPECTED

Hawke's Bay DHB's Board is well informed of the performance of key areas across the health system priority areas and understands its inequity challenges.

APPENDICES

Appendix 1: Health System Performance Dashboard Qtr 3 20/21

Appendix 2: Highlights of Strategic Priorities as at Qtr 3 20/21: Māori and highlights of Strategic Priorities as at Qtr 3 20/21: Pacific

Health System Performance Dashboard as at 20/21 Q3

First 1000 days

	Performance Measures	Target	The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
FTD-1	% of women booked with an LMC by week 12 of their pregnancy (Māori)	≥ 80%	↑	N/A	54.2%	N/A	N/A		61		
FTD-2	% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.	≥ 90%	↑	86.4%	89.5%	-	-	1			
FTD-3	SLM Number of Māori babies who live in a smoke-free household at 6 weeks post-natal	≥ 68%	↑	N/A	DSA	N/A	N/A				
FTD-4	% of new-borns enrolled in general practice by 3 months of age	≥ 85%	↑	78.7%	58.1%	91.2%	96.9%	34	62		
FTD-5	% of infants exclusively breastfed at 3 months	≥ 70%	↑	55%	44%	49%	64%	138	94	11	33
FTD-6	% of eight-month-olds olds fully immunised	≥ 95%	↑	89.9%	84.0%	95.0%	93.4%	26	23		4
FTD-7	% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years	≥ 95%	↑	90.3%	85.2%	95.7%	92.1%	26	23		7
FTD-8	% of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr1)	≥ 95%	↑	92.53%	77.38%	84.93%	108.27%	275	901	74	
FTD-9	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)	≤ 8,205	↓	N/A	6,360	N/A	N/A				
	OVERALL TARGETS MET			**0%**	**13%**	**60%**	**40%**				

Mental Health and Addictions

	Performance Measures	Target	The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
MHA-1	% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm	≥ 80%	↑	77.7%	79.7%	71.4%	76.6%	11	1	1	9
MHA-2	% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation(NGO))	≥ 80%	↑	63%	57%	0%	70%	4	3		1
MHA-3	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm	≥ 95%	↑	92%	93%	86%	92%	12	3	1	7
MHA-4	% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)	≥ 95%	↑	67%	57%	0%	80%	7	5		2
MHA-5	Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan	≥ 95%	↑	73.7%	-	-	-	66			
MHA-6	% of clients discharged will have a quality transition or wellness plan	≥ 95%	↑	90%	-	-	-	1			
MHA-7	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan	≥ 95%	↑	62%	-	-	-	110			
MHA-8	% reduction in the rate of Māori under s29 orders per 100,000 population	≤ 395	↓	N/A	399	N/A	N/A		2		
MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000	≤ 64	↓	61.3	73.4	16.0	56.8		13		
	OVERALL TARGETS MET			**13%**	**0%**	**20%**	**20%**				

Responsive Health System

	Performance Measures	Target	The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
RHS-1	% of Māori population enrolled in the PHO	≥ 95%	↑	N/A	87%	N/A	N/A		3841		
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)	≤ 10%	↓	23.99%	20.44%	16.52%	27.03%	4422	1233	114	3076
RHS-3	% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr1)	≥ 85%	↑	DSA	DSA	DSA	DSA				
RHS-4	% of women aged 50-69 years receiving breast screening in the last 2 years	≥ 70%	↑	68.1%	59.7%	60.6%	70.4%	560	594	58	
RHS-5	% of women aged 25-69 years who have had a cervical screening event in the past 36 months	≥ 80%	↑	69%	63%	64%	72%	4851	1869	220	2288
RHS-6	% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP information system.	≥ 95%	↑	96.1%	96.7%	100.0%	96.0%				
RHS-7	% of patients with accepted referrals for Computed Tomography (CT) scans who receive their scan, and scan results are reported, within 6 weeks (42 days)	≥ 95%	↑	75.7%	74.5%	92.3%	75.7%	148	31	1	118
RHS-8	% of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days).	≥ 90%	↑	58.3%	56.1%	66.7%	58.5%	194	39	4	152
RHS-9	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive)	≥ 90%	↑	95.8%	71.4%	-	100.0%		1		
RHS-10	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	≥ 70%	↑	61.8%	55.6%	100.0%	63.1%	32	10		22
RHS-11	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date	≥ 70%	↑	56.5%	38.5%	0.0%	58.2%	32	4		26
RHS-12	% of patients waiting over four months for FSA (ESPI 2)	≤ 0%	↓	27.2%	29.8%	31.6%	26.3%	1360	361	42	957
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)	≤ 0%	↓	30.4%	34.1%	30.0%	29.4%	715	191	18	505
RHS-14	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.	≤ 0%	↓	25.3%	-	-	-	966			
RHS-15	Did not attend (DNA) rate across first specialist assessments	≤ 6%	↓	5.3%	11.1%	12.9%	3.1%		75	14	
RHS-16	Planned care interventions for people living within the HBDHB region. Inpatient Surgical Discharges.	≥ 5,672	↑	5,509	-	-	-	163			
RHS-17	Planned care interventions for people living within the HBDHB region. Minor procedures and Non-Surgical.	≥ 2,379	↑	3,705	-	-	-				
RHS-18	% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)	≥ 95%	↑	98%	-	-	-				
RHS-19	% of ACS patients undergoing coronary angiogram - door to cath within 3 days	≥ 70%	↑	58.5%	50.0%	-	60.8%	8	3		5
RHS-20	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)	≥ 12%	↑	18.9%	25.0%	0.0%	17.2%				
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	≥ 85%	↑	88.8%	91.9%	100.0%	87.9%				
RHS-22	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.	≥ 90%	↑	84.4%	100.0%	50.0%	81.6%	4		1	4
	OVERALL TARGETS MET			**35%**	**24%**	**21%**	**38%**				

Long term conditions

	Performance Measures	Target	The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
LTC-1	% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	≥ 90%	↑	53%	50%	46%	57%	7768	3992	373	3403
LTC-2	Acute rheumatic fever initial hospitalisation rate per 100,000	≤ 1.5	↓	DSA	DSA	DSA	DSA				
LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years	≥ 90%	↑	82%	79%	77%	84%	4570	1464	227	2585
LTC-4	% of people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	≥ 60%	↑	DSA	DSA	DSA	DSA				
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years	≤ 3,510	↓	4,376	7,844	8,001	3,327	451	410	52	
LTC-6	% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission	≥ 80%	↑	63%	80%	0%	55%	3			3
LTC-7	% of stroke patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.	≥ 60%	↑	DNO	DNO	DNO	DNO				
LTC-8	Acute readmissions to hospital	≤ 11.80%	↓	11.90%	11.83%	11.50%	11.94%	209	3		227
	OVERALL TARGETS MET			**0%**	**20%**	**20%**	**20%**				

Frail and Older people

	Performance Measures	Target	The Goal	Total	Māori	Pacific	Other	Numbers to Reach Target: Total	Māori	Pacific	Other
FOP-1	% of 65+ year olds immunised - flu vaccine	≥ 75%	↑	DSA	DSA	DSA	DSA				
FOP-2	% of older patients given a falls risk assessment	≥ 90%	↑	88%	-	-	-	3			
FOP-3	% of older patients assessed as at risk of falling receive an individualised care plan	≥ 90%	↑	91%	-	-	-				
FOP-4	Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments).	≥ 449	↑	442	-	-	-	7			
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)	≤ 2,002	↓	1,846	1,775	1,581	1,873				
FOP-6	The average number of subsidised permanent Health of Older People (HOP) and Long Term Support - Chronic Health Conditios (LTS-CHC) residential beds per night per 1,000 of the 65+ population.	≤ 35	↓	32.9	-	-	-	3			
FOP-7	Acute readmission rate: 75 years +	≤ 12.0%	↓	12.1%	12.1%	7.0%	12.2%	347	44		303
	OVERALL TARGETS MET			**50%**	**50%**	**100%**	**50%**				

Key

Green	Target achieved or exceeded
Amber	Within 0-5% of target
Red	More than 5% below target
N/A	Not relevant for the target
DNP	Data not Provided (data not from internal sources, not released to us)
DNO	Data not Obtainable (does not exist)
DNA	Data not Available (data from external sources, not released to us yet)
DSA	Bi-Yearly/Seasonal/Annual (data NOT captured every quarter)

Themes

IO	Influence only
DI	Direct Influence

HIGHLIGHTS of Strategic Priorities ("Total") as at 20/21 Q3

TOP 5

Top Performance

RHS-20	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)
RHS-17	Planned care interventions for people living within the HBDHB region. Minor procedures and Non-Surgical.
RHS-15	Did not attend (DNA) rate across first specialist assessments
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
RHS-9	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive)

Under Performance

RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-14	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)
LTC-1	% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months

TREND MOVEMENTS

Leaving Red for Amber

FTD-2	% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Leaving Green for Amber

LTC-8	Acute readmissions to hospital
FOP-2	% of older patients given a falls risk assessment
FOP-4	Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments).

Newly Green

RHS-9	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive)
RHS-18	% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)
RHS-20	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)

Newly Red

FTD-4	% of new-borns enrolled in general practice by 3 months of age
MHA-2	% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation(NGO))
MHA-6	% of clients discharged will have a quality transition or wellness plan
RHS-10	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)
RHS-19	% of ACS patients undergoing coronary angiogram - door to cath within 3 days

TREND ENDURES (last 4 Quarters)

Consistent Green

MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
RHS-15	Did not attend (DNA) rate across first specialist assessments
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.

Stubborn Red

FTD-6	% of eight-month-olds olds fully immunised
LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
MHA-5	Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan
MHA-7	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan
RHS-11	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-14	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.

Key

- Stubborn Red: In Red for the last 4 periods
- Newly Red: the current period is Red
- Leaving Green for Amber: Moved from Green (previous period) to Amber (current period)
- Leaving Red for Amber: Moved from Red (previous period) to Amber (current period)
- Newly Green: the current period is in Green
- Consistent Green: In Green for the last 4 periods

HIGHLIGHTS of Strategic Priorities ("Māori") as at 20/21 Q3

TOP 5

Top Performance

RHS-20	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)
FTD-9	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years (Māori)
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
RHS-22	% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.

Under Performance

RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)
RHS-15	Did not attend (DNA) rate across first specialist assessments

TREND MOVEMENTS

Leaving Red for Amber

FTD-2	% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Leaving Green for Amber

LTC-8	Acute readmissions to hospital
FOP-7	Acute readmission rate: 75 years +

Newly Green

LTC-6	% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
RHS-20	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)

Newly Red

RHS-10	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)
RHS-19	% of ACS patients undergoing coronary angiogram - door to cath within 3 days

TREND ENDURES (last 4 Quarters)

Consistent Green

FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)

Stubborn Red

FTD-1	% of women booked with an LMC by week 12 of their pregnancy (Māori)
FTD-4	% of new-borns enrolled in general practice by 3 months of age
FTD-6	% of eight-month-olds olds fully immunised
LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-15	Did not attend (DNA) rate across first specialist assessments

Key

- Stubborn Red: In Red for the last 4 periods
- Newly Red: the current period is Red
- Leaving Green for Amber: Moved from Green (previous period) to Amber (current period)
- Leaving Red for Amber: Moved from Red (previous period) to Amber (current period)
- Newly Green: the current period is in Green
- Consistent Green: In Green for the last 4 periods

HIGHLIGHTS of Strategic Priorities ("Pacific") as at 20/21 Q3

TOP 5

Top Performance

MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
RHS-10	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)
FOP-7	Acute readmission rate: 75 years +
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
RHS-21	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.

Under Performance

RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
RHS-15	Did not attend (DNA) rate across first specialist assessments
RHS-2	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)

TREND MOVEMENTS

Leaving Red for Amber

Leaving Green for Amber

Newly Green

FTD-6	% of eight-month-olds olds fully immunised

Newly Red

MHA-1	% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm
MHA-3	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm

TREND ENDURES (last 4 Quarters)

Consistent Green

MHA-9	Total self-harm hospitalisations and short stay ED presentations for <24 year olds per 10,000
FOP-5	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)
RHS-6	% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP information system.

Stubborn Red

LTC-3	% of the eligible population will have had a CVD risk assessment in the last five years
LTC-5	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years
RHS-4	% of women aged 50-69 years receiving breast screening in the last 2 years
RHS-12	% of patients waiting over four months for FSA (ESPI 2)
RHS-13	% of patients waiting over 120 days for treatment (ESPI 5)
RHS-15	Did not attend (DNA) rate across first specialist assessments

Key

- Stubborn Red: In Red for the last 4 periods
- Newly Red: the current period is Red
- Leaving Green for Amber: Moved from Green (previous period) to Amber (current period)
- Leaving Red for Amber: Moved from Red (previous period) to Amber (current period)
- Newly Green: the current period is in Green
- Consistent Green: In Green for the last 4 periods

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 Author(s) Document Owner	Ana Apatu (MRB Chair)
Date	May 2021
Consideration	For information
RECOMMENDATION: That the HBDHB Board: 1. **Receives and notes** the contents of this report.	

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The Māori Relationship Board met on 5 May 2021. An overview of issues discussed at the meeting are provided below.

FOR INFORMATION / DECISION

HEALTH & DISABILITY SYSTEM REFORMS
Dr Andy Phillips provided a very informative presentation on the Health and Disability System Reforms. Members acknowledged the need for the reforms and formation of a Māori Health Authority as both positive changes for Māori. They were concerned, however, with the speed of the system transition and the potential loss of local voice and decision-making.

HEALTH SYSTEM PRIORITIES – CHILD HEALTH
Emma Foster, Executive Director, Planning, Funding & Performance provided an update on progress of child health initiatives, and the health status of Hawke's Bay children aged 0 – 4 years. In addition, she provided an outline of the plan of action for the previous and next 12 months. Members were very supportive of the partnership with Māori Health and the innovative kaupapa Māori programmes that have been developed and requested more programmes like these need to available across Hawkes Bay.

UNPLANNED/ACUTE CARE DEMAND PLAN DRAFT
Emma Foster, Executive Director, Planning, Funding & Performance provided an opportunity for MRB review and provide direction on the draft plan. Members supported the general direction of the plan but wanted to ensure the actions align with the strategic intent of the DHB, specifically equity as a priority for Maori.

HAWKE'S BAY District Health Board Whakawāteatia	**REPORT FROM HB CLINICAL COUNCIL (Public) MAY 2021** For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Gemma Newland (EA to Chief Allied Health Professions Officer) Jules Arthur (Director of Midwifery and Co-Chair) Dr Robin Whyman (Chief Medical and Dental Officer and Co-Chair)
Date	May 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed in the Public Section of the HB Clinical Council meeting on 5 May 2021.
Health Equity Framework	The Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua. Discussion was held with regards to the Vaccination roll-out with specific attention to ensuring an ongoing equity approach is adopted as the roll out continues.
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 each of the issues was considered by the Clinical Council but no risks are elevated for Board attention in this report.
Financial/Legal Impact	Clinical Council noted that financial implications are associated with industrial relations guidance for public sector wages and salaries and a deficit DHB.
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

1. CHIEF EXECUTIVE OFFICER REPORT

Keriana Brooking reported on recent government announcements to put in place significant guidance with regard to salary movements for staff in the public service over the next three years. Clinical Council noted their concern that this could create an issue for our health workforce, particularly for those staff with skills that could be transferrable both within and outside of the health sector.

Keriana also discussed the National Health and Disability System Review emphasising that at this stage greater detail of the implementation stages and design is to develop. She emphasised that as a DHB it is important to be clear about what is required to be done before July 2022, after which the entity that is HBDHB ceases to exist. Particular focus will remain in the areas of investment, growing population needs, health inequities and service improvements.

Keriana advised the Council that HBDHB had submitted a first draft $31M deficit plan to the MoH against the 21/22 annual plan. Planning remains underway including further discussion with the MoH. Clinical Council noted the Board's concern to ensure that the actual cost of delivering care in this region is appropriately captured in the annual planning.

2. COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLLOUT PROGRESS REPORT

Clinical Council agreed with a recommendation from Medical Officer of Health that a clinical governance group to support vaccination implementation locally should be established. It is envisaged this would include representatives from Pharmacy and Primary care. The aim of the group would be to provide clinical assurance of the safety of the implementation of the Covid-19 vaccination programme locally. Nicholas Jones (Clinical Director) has offered to Chair this group and will draft terms of reference for Clinical Council members to provide comment on.

3. CLINICAL COUNCIL REPRESENTATIVES AND COMMITTEE REPORTS

Karyn Bousfield spoke to the Professional Standards and Performance Advisory Group report from their 29 April meeting.

The meeting focussed on

- Research – Noting that the HBDHB CEO, has indicated to the DHB Executive Clinical Leaders her interest in supporting high-quality, cross-sector research that improves Hawke's Bay health outcomes and improves equity. A meeting has recently discussed a Hawke's Bay Health Research Symposium to be held in the 2021/22 financial year.
- Credentialing of health staff – Strong processes were noted to be in place for Allied Health and Nursing credentialing. A recent change to the process for re-credentialing of individual medical staff has been implemented by the Medical Credentialing Committee with the aim for greater input from departmental heads of department at each re credentialing.
- Service credentialing was discussed noting that the recent Health Reforms announcement includes a centralised health system management structure and it could be anticipated that such processes will be nationally consistent going forward.

4. SYSTEM PERFORMANCE MEASURES

Emma Foster, Executive Director Planning, Funding & Performance, and Lisa Jones, System Lead, Planning & Performance, spoke to the data that had previously been presented to the HBDHB Board – the 2nd quarter Health System Performance Dashboard.

Clinical Council noted that additional narratives and dashboards had been added to track performance for Māori and Pacific populations. Council considered the equity issues identified were across system priorities and considered when the DHB systems and process had direct influence or indirect influences on effectiveness.

Council noted that while attention would be focused on the stubborn red indicators, it also discussed learning from the ongoing green areas and considering factors or lessons that could be translated to area requiring ongoing attention.

It was noted that there are 12 performance measures with identified red outcomes at present. Clinical Council agreed to identify two or three key indicators that they considered would benefit from particular focus by Clinical Council. Further work will be undertaken at the next meeting to identify areas for particular clinical governance focus.

5. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

Chris McKenna informed Council that she was pleased to confirm that community nurse prescribing has been approved, following a robust Nursing Council audit. The areas they can prescribe in are skin conditions, sexual health, some respiratory conditions and ears. It was noted that these are areas of high health need and with particular equity considerations. Clinical Council were strongly supportive of the move to community nurse prescribing.

6. ADVERSE EVENTS POLICY

Clinical Council explored a policy-based discussion of the issues associated with the sharing of learning across organisations when an adverse event occurs within the DHB, and how the issues and learning from the event are shared with other health care providers in the region. The discussion also considered the issues associated with patients presenting to the DHB with complications following care in another organisation and our responsibilities to share that information with the treating organisation.

Clinical Council agreed that cross organisation sharing of information should be the underlying principle, but that policy does need to consider issues of privacy, timing of sharing of information particularly when events are under still under review, and effect on practitioners' practice against the wellbeing of patients.

The Patient Safety and Quality Team will review and update the current DHB Adverse Event Policy to reflect the concerns raised and to improve cross organisation sharing of event information.

7. DAA CORRECTIVE ACTIONS REPORT

Susan Barnes confirmed that weekly reporting against the DAA Corrective Actions continues and that the Ministry of Health is indicating that progress to date is satisfactory.

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

16. Confirmation of Previous Minutes – 4 May 2021 (Public Excluded)
17. Matters Arising – Review of Actions (Public Excluded)
18. Chair's Report (Public Excluded)
19. Funding Options to Make an Impact on Health Inequities (Public Excluded)
20. Strategic Planning and Budgeting over a Multi-Year Timeframe – Prudent Use of Resources Update (Public Excluded)
21. HBDHB Seismic Structural Status Report (Public Excluded)
22. Update on PriceWaterhouse Coopers Capital Projects Review (Public Excluded)
23. Finance, Risk and Audit Committee Meeting – 19 May 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. Māori Relationship Board Report (Public Excluded)
27. Hawke's Bay Clinical Council Report (Public Excluded)
28. Safety and Wellbeing Committee Report – 20 May 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).