



# BOARD MEETING

**Date:** Tuesday 3 August 2021

**Time:** 2.00pm

**Venue:** Te Waiora Room, DHB Administration Building,  
Corner Omaha 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:** Brenda Crene

## Public Agenda

Item	Section 1: Routine	Time (pm)
1.	<a href="#">Karakia</a>	2.00
2.	Welcome and Apologies	
3.	<a href="#">Interests Register</a>	
4.	<a href="#">Minutes of Previous Meeting</a>	
5.	<a href="#">Matters Arising - Review of Actions</a>	
6.	<a href="#">Board Workplan</a>	
	<b>Section 2: Standing Management Reports</b>	
7.	<a href="#">Chair's Report</a> (verbal)	2.10

8.	<a href="#">Chief Executive Officer's Report</a>	2.15
9.	<a href="#">Financial Performance Report</a> – Andrew Boyd, Executive Director of Financial Services	2.20
	<b>Section 3: Strategic Delivery</b>	
10.	<a href="#">HBDHB values presentation under the umbrella of Ākina</a> (Ākina, Tauwhiro, Rāanga te tira, He Kauanuanu) – led by Anne Speden	2.25
11.	<a href="#">PHO Quarterly Update</a> – Phillipa Blakey, CE of Health HB Ltd Kahikitea and HHB's approaches to supporting general practices around population health performance	2.35
	<b>Section 4: Other Governance Reports</b>	
12.	<a href="#">Board Health and Safety Champions' Report</a> (verbal)	3.05
	<b>Section 5: Noting Reports</b>	
13.	<a href="#">Pasifika Health Leadership Group Report</a> – Hayley Anderson	3.10
14.	<a href="#">Māori Relationship Board Report</a> – Chair, Ana Apatu	-
15.	<a href="#">Hawke's Bay Clinical Council Report</a> – Co-chairs, Julie Arthur and/or Robin Whyman	-
16.	<b>Section 6: Recommendation to Exclude the Public</b> Under Clause 33, New Zealand Public Health & Disability Act 2000	3.15

**Public Excluded Agenda**

Item	Section 7: Routine	Time
17.	<a href="#">Minutes of Previous Meeting</a> (public excluded)	3.30
18.	<a href="#">Matters Arising – Review of Actions</a> (public excluded)	
	<b>Section 8: Standing Management Reports</b>	
19.	<a href="#">Chair's Report - verbal</a> (public excluded)	3.35
	<b>Section 9: Strategic Delivery</b>	
20.	<a href="#">Health &amp; Disability Service Review (HDSR) Transition Verbal Update</a> – Keriana Brooking, CEO	3.45
21.	<a href="#">Balanced Scorecard</a> – Emma Foster, ED, Funding & Performance (PF&P); and Lisa Jones System Lead PF&P	3.50
22.	<a href="#">Strategic Workplan Update</a> – Integrated System Plan (public excluded) – Emma Foster and Saskia Booiman, System Lead-Strategic Planning PF&P	3.55
	<b>Section 10: Other Governance Reports</b>	
23.	<a href="#">Finance, Risk and Audit Committee Meeting</a> (public excluded) – Chair, Evan Davies	4.00
24.	<a href="#">Board Health and Safety Champions' Report</a> (public excluded) – David Davidson	4.05
	<b>Section 11: Noting Reports</b>	
25.	<a href="#">Board Approval of Actions Exceeding Limits Delegated by CEO</a> (public excluded) – Emma Foster	-
26.	<a href="#">Equity Investment Update</a> – Keriana Brooking CEO	-
27.	<a href="#">Te Pītau Health Alliance (Hawke's Bay) Report</a> – Chair, Na Raihania	-
28.	<a href="#">Māori Relationship Board Report</a> (public excluded) – Chair, Ana Apatu	-
29.	<a href="#">Safety &amp; Wellbeing Report</a> (public excluded) – Martin Price, ED People & Culture	-
30.	Karakia Whakamutunga	4.15
	Meeting concludes	

**The next HBDHB Board Meeting will be held on  
Tuesday 31 August 2021 commencing at 1.00pm**

Future Board Meeting dates/times:  
2pm 28 September; 1pm on 2 November & 15 December;  
2022 dates at 1pm: 22 February; 22 March; 26 April; 24 May & 27 June

# Our shared values and behaviours



## 1 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 people's 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

## 1 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

## 1 RARANGATE 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

## 1 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 use 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

[www.ourhealthhb.nz](http://www.ourhealthhb.nz)





## Karakia

### Hei Aratākina te Hui (to start)

<p>E lo i runga i te Rangi  Whakarongo mai titiro iho mai  E lo i runga i te Waitai, i te Wai Moana,  i te Wai Maori  Whakapiri mai whakatata mai  E lo i runga i a Papatuānuku  Nau mai haere mai  Nōu e lo 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.</p>	<p>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.</p>
---	---

### Karakia whakamutunga (to finish) Unuhia

<p>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!</p>	<p>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.</p>
--	--



## 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 Kahungunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23.11.20
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumtua - 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 lifestyle 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 Wharariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractual 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 University	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Executive Steering Group, Dunedin Hospital		No conflict perceived	The Chair	17.02.21
	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20





**MINUTES OF THE HBDHB BOARD MEETING  
HELD ON TUESDAY 29 JUNE 2021  
TE WAIORA ROOM, DHB ADMINISTRATION BUILDING  
MCLEOD STREET, HASTINGS  
AT 2.02 PM  
(LIVESTREAMED)**

**PUBLIC**

**Present:** Shayne Walker (Chair)  
Evan Davies (Deputy Chair) via Zoom  
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  
Members of the Public and Media (via livestream)  
Brenda Crene, Governance Administrator

1. The Chair commenced by leading a karakia followed by a mihi to the Board, staff and members of the public who were viewing the meeting via Facebook livestream.

**2. APOLOGIES**

An apology was received from Robin Whyman, co-Chair of HB Clinical Council and Chief Medical & Dental Officer.

**3. INTEREST REGISTER**

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

**4. CONFIRMATION OF PREVIOUS MINUTES**

The minutes of the Board meeting held on 1 June 2021 were confirmed as a correct record of the meeting.

**Moved:** Joanne Edwards

**Seconded:** Peter Dunkerley

**Carried**

**5. MATTERS ARISING FROM PREVIOUS MINUTES**

Status updates for all actions were noted.

Kevin Atkinson advised he would be an apology for the 30 August Board meeting.

**6. BOARD WORK PLAN**

The governance workplan was noted.

## STANDING MANAGEMENT REPORTS

## 7. CHAIR'S REPORT (VERBAL)

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

Name	Role	Service	Years of Service	Retired
Irene Tucker	Administrator	Operations Directorate	24	4-Jun-21
Lynette Brinson	Registered Nurse	Surgical Directorate	34	11-Jun-21
Patricia Peters	Mental Health Nurse	Mental Health Directorate	25	18-Jun-21
Jennifer Pitman	Registered Nurse	Communities Women & Children	52	2-Jul-21
Johanne Cooper	Registered Nurse	Communities Women & Children	15	30-Jun-21
Mandy Robinson	Nurse Manager - Oncology & Medical Subspecialties		46	18-Jun-21
Oki George	Cook	Operations Directorate	40+	12-Jun-21

The Board were humbled by the cumulative years of service, especially Jennifer Pitman having served 52 years in health.

## 8. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO's report was taken as read with the following comments provided:

COVID: Touched on the Sydney visitor to Wellington testing positive for COVID and the situation in Australia. The weekend commencing 4 July in NZ, if no cases in the community would be 20 days post the visitor's departure from NZ. We continue to focus on our response and work constructively in vulnerable areas including the speed with which we can increase vaccinating and testing capabilities.

We were congratulated for our very good relationship with Hospital Chaplaincy services. A number of visits to areas in the hospital were undertaken in the month of June with Barbara Walker. Barbara has given a lot to chaplaincy and our organisation, we are very lucky to have her. Barbara will be retiring in August 2021.

A visit to Hawke's Bay by the HDSR Transition Unit went well with a lot more clarity provided. Following the visit, we had further discussions with our partners Ngati Kahungunu with whom we have a Memorandum of Understanding.

A very good visit to Wairoa and Tarawhiti was undertaken during the week commencing 21 June with a number of conversations had with a wide range of groups. Wairoa as a community, are passionate about showcasing what they can achieve.

**Comment from Chris Ash, Chief Operating Officer follows:**

We are now into winter with 90% of a week sitting at 90% occupancy and above. Six hour waiting times in ED are often exceeded with focus on keeping patients comfortable during their waits. A strong month in May with continued elevated demand. There had been no further RNZA industrial action during the month, however have experienced high staff sickness levels.

Delivery of planned care improving but demand across a number of areas was increasing.

Heather Skipworth requested the topic of methamphetamine "P" be more visible in reporting.

**Action** The CEO's report to the Board will include regular updates around methamphetamine.

Groups are being funded by MBE through the provincial growth fund for service provision tackling methamphetamine, with around five whanau approach contracts running. There is an expectation that ongoing services would be funded by health, so it would be ideal to stay close.

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

#### RECOMMENDATION

That the HBDHB Board:

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

**Adopted**

### 9. FINANCIAL PERFORMANCE REPORT

The CEO spoke to the Financial Report, in Carriann Hall's absence and prior to the new ED Andrew Boyd, taking up the role on 12 July.

It was noted the report had been discussed in detail at the Finance Risk and Audit Committee (FRAC) meeting on 16 June 2021. With no further comments or questions the recommendation to note the report was adopted.

#### RECOMMENDATION

That the HBDHB Board:

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

**Adopted**

### STRATEGIC DELIVERY

#### 10. AKINA (Continuous Improvement) – MATERNITY INSIGHTS - Presentation

*Anne Speden (Executive Director of Digital Engagement), Aaron Turpin (Head of Business Information) and Jules Arthur (Midwifery Director) were in attendance for this item.*

An overview of the Maternity Insights presentation was provided, with the focus on modernising insights for Maternity Services to provide better health outcomes for wāhine.

This presentation was well received, covering:

- Enabling improved outcomes through streamlining wāhine journeys (with examples given)
- Approach including interactive dashboards, ability to track and monitor journeys and informing continuous improvement.
- The prevalence of Diabetes in pregnancy “gestational diabetes”
- In summary providing visibility of changing patterns in demand and measurable impact for health outcomes for our community.

Comments following the presentation included:

- As part of HDS review, the way the system contracts and sets out requirements across services needed to look and feel different, not only to support the population but also to support them in the way they deliver services. Review identified there needed to be a far more integrated way to work.
- This was work in progress, a snapshot in time. The gold is now having the right data at the right time to inform and tailor services for our people. This will continue to evolve.
- A top priority is for whanau to be linked in early.

Appreciation was expressed to those present for the work undertaken.

#### RECOMMENDATION

That the HBDHB Board:

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

#### 11. BOARD HEALTH AND SAFETY CHAMPIONS' REPORT

The Board Health and Safety representative, Charlie Lambert advised a tour of Cashmore had been undertaken earlier in the day. He provided some background on the facility which was formerly used as nursing quarters back in the day. Now the facility houses and arrange of services, health providers and offices. It was noted that a lot had been done within the environs with still more work to be undertaken to ensure workable for the work undertaken. He encouraged other board members to visit for themselves.

#### 12. HB HEALTH CONSUMER COUNCIL TENURE EXTENSION

This extension in the tenure for four members was sought by the CEO's of the HB District Health Board and Health Hawke's Bay Boards. This extension would enable time to re-form Council going forward to reflect more of what came out of the Health and Disability review. The intention is to build a Council that is more closely aligned to localities and focus on system transformation, planning and future design.

The CEO advised that the lead Emma Foster has been working with a smaller group in the interim with some members representing areas not easily placed in a localities table, hence why we are keeping them as part of our whanau.

##### RECOMMENDATION

That the HBDHB Board:

1. **Endorse** the Chief Executives approval to extend the appointment of the following Hawke's Bay Health Consumer Council members (HBHCC) from the end of June 2021 until the end of December 2021: Angela Smith, Oliver Taylor, Debora Grace and Sarah Hansen

**Moved:** Hayley Anderson

**Seconded:** Ana Apatu

**Carried**

#### NOTING REPORTS

#### 13. MĀORI RELATIONSHIP BOARD (MRB) REPORT

MRB Chair, Ana Apatu, was available for comment on her report provided for meeting held 2 June 2021. The report included: Maternity Uplift Internal Review and the Treaty Partnership in developing Hoki Ki Te Kāinga. The latter presentation and workshop was well received. MRB members acknowledged the work that had been completed to date and expressed their on-going interest towards this service.

Board member Charlie Lambert advised that following his enquiry back in Wairoa, they did not appear to know about the proposed service.

Panu Te Whaiti advised that this had been a hot topic and in a short time there had been a great deal of progress recently and provided wished to convey her thanks to Andy Phillips and the team for their work to date.

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

##### RECOMMENDATION

That the HBDHB Board:

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

**Adopted**

**HAWKE'S BAY CLINICAL COUNCIL REPORT**

No Council meeting held on 2 June 2021 due to lack of a quorum mainly due to ill health, COVID vaccination work and the nurses' strike planning.

**14. RECOMMENDATION TO EXCLUDE THE PUBLIC****RESOLUTION****That the Board:**

**Exclude** the public from the following items:

- 15. Confirmation of Previous Minutes – 1 June 2021 (Public Excluded)
- 16. Matters Arising – Review of Actions (Public Excluded)
- 17. Chair's Report (Public Excluded)
- 18. Health & Disability Service Review (HDSR) Transition Update (Public Excluded)
- 19. Balanced Scorecard (Public Excluded)
- 20. Ministry of Health/DHB Performance Report June 2021 (Public Excluded)
- 21. Finance, Risk and Audit Committee Meeting – 16 June 2021 (Public Excluded)
- 22. Safety & Wellbeing Report (Public Excluded)
- 23. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
- 24. Māori Relationship Board Report (Public Excluded)

**Moved:** David Davidson

**Seconded:** Peter Dunkerley

**Carried**

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

The public section of the Board meeting concluded at 3.55 pm

Signed: \_\_\_\_\_  
Chair

Date: \_\_\_\_\_



**BOARD MEETING - MATTERS ARISING  
(Public)**

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	1/6/21	<b>Forecasted Board attendance</b> For discussion when next meet.	Board Chair	June	Board members to advise non attendance when plans known.  Closed
2	29/6/21	Executives will provide regular updates around methamphetamine within the CEO's Report to the Board.	COO / ED Planning & Funding / ED Māori Health	July/Aug	To be progressively actioned.  Closed





Board Meeting 3 August 2021 - Board Workplan

FINANCE RISK AND AUDIT COMMITTEE				BOARD				
ELT	FINANCE	SRR	Frequency	ELT	STANDING MANAGEMENT PAPERS	SRR	Public/Public Excluded	Frequency
EDFS	Financial Performance Report	18	Monthly		Chairs Report		Public / Public Excluded	Monthly
EDFS	Annual Plan Budget (Feb-June)	12, 18	Monthly	CEO	Chief Executive Officers Report	ALL	Public / Public Excluded	Monthly
EDFS	Capital Plan Financials (April/June/Sept/Dec)	15, 16, 18	Quarterly	EDPFP	Balanced Scorecard	8, 11, 12, 13, 18	Public Excluded	Monthly
EDFS	Insurance	14	Annually	EDFS	Financial Performance Report	18	Public	Monthly
	OUTPUT PERFORMANCE				STRATEGIC DELIVERY			
EDPS	Provider Services Performance (Mar/June/Sept/Dec) (HAC)	1, 2, 3, 4, 13	Quarterly	Bd reps	Health and Safety Committee Report		Public/Public Excluded	Monthly
EDHIE	Public Health Performance (April/July/October/Jan) (CPHAC / DSAC)	7, 8	Quarterly	EDPFP	Strategic Workplan	8, 11, 12, 13, 18	Public Excluded	Monthly
EDPFP	Funded Services Performance (May/August/Nov/Feb) (CPHAC / DSAC)	7, 8, 11, 12	Quarterly	EDPFP	Hawke's Bay DHB Quarterly Health System Performance Dashboard" (March/June/Sept/Dec) (CPHAC / DSAC)	8, 11, 12, 13, 18	Public	Quarterly
EDPFP	Annual Plan (May)	8, 11, 12, 13, 18	Annually	EDDE	Ākina	ANY	Public	As required
EDPFP	Annual Report (Oct)	8, 11, 12, 13, 18	EDPFP	PHO CE	PHO Quarterly Report (March/June/Sept/Dec)		Public	Quarterly
EDPFP	Strategic Capital Projects (execution)			EDPFP	Annual Plan (May)	8, 11, 12, 13, 18	Public	Annually
				EDPFP	Annual Report (October)	8, 11, 12, 13, 18	Public	Annually
	CLINICAL QUALITY AND PATIENT SAFETY				CAPITAL PROJECTS			
ECL	Quality and Patient Safety incl. Standard Dashboard (May/August/Nov/Jan) (HAC)	1, 2, 3, 4, 13	Quarterly	EDPFP	Capital Investment / Business Cases	15, 16	Public Excluded	As required
	PEOPLE HEALTH AND SAFETY				OTHER GOVERNANCE PAPERS			
EDP&C	People & Staff Safety and Standard Dashboard (May/Aug/Nov/Feb)	5, 6, 13	Quarterly		Health & Safety Champions	5, 6	Public/Public Excluded	Monthly
	RISK MANAGEMENT			EDFS	Annual Reports: Allied Laundry/NZHP/TAS		Public	Annually
EDFS	Risk Management Report and Exceptions (Feb/May/Aug/Nov))	ALL	Quarterly	EDFS	External Audit		Public/Public Excluded	As required
				CEO	Health & Disability Service Review (HDSR) Transition Update		Public/Public Excluded	Monthly
	AUDIT AND COMPLIANCE				NOTING PAPERS (Discuss by exception)			
EDFS	External Audits	4, 12, 17, 13, 14	As per schedule		Māori Relationship Board		Public/Public Excluded	Monthly
EDFS	Internal Audit		Agreed timetable		Clinical Council		Public/Public Excluded	Monthly
EDPFP	External Provider Audits (April/July/Oct/Jan) (CPHAC / DSAC)		Quarterly		Consumer Council		Public/Public Excluded	Monthly
EDFS	Audit Actions Update (May/August/Nov/Jan)		Quarterly		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			Internal Audits		Significant Risk Register (SRR) Description			
Month	Detail	ELT	Month	Detail	Register #	Description	Register #	Description
Mar 21	Audit NZ – Final Audit Letter	EDFS	Mar 21	Health and Safety – Enforceable Undertaking	Patient Care and Clinical Quality			
	DAA Group	CMDO	May 21	Risk Management	1	Vulnerable Services	10	Significant Event
	ICU Accreditation	COO	June 21	Legislative Compliance	2	Service Capacity	11	Consumer Engagement
			July 21	Outpatient Data/Booking Process	3	Clinical Governance Processes	12	National Priorities
			Sept 21	Staff Engagement Monitoring and Organisational Culture	4	Patient Administration and Contact Process	13	Workforce
					Health, Safety & Wellbeing			
					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		
Aug 22	Audit NZ – Interim Audit Letter	EDFS			9	BLANK < was Cold Chain >	17	Fraud and/or Corruption
							18	Financial Sustainability

Updated 16/6/21






## **CHAIR'S REPORT**

Verbal



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<b>03 August 2021 DHB CEO BOARD GOVERNANCE REPORT</b>
	For the attention of: <b>HBDHB Board</b>
Document Author(s)	Keriana Brooking
Date	28 July 2021
Purpose/Summary of the Aim of the Paper	To provide a monthly strategic and operational update to the Board of HBDHB.
Health Equity Framework	The penultimate version of the revised Equity Plan is now live.
Principles of the Treaty of Waitangi that this report addresses	Post Finance Risk and Audit Committee (FRAC) meeting feedback, a process has been established by the Executive Leadership Team (ELT) to group review this section of ELT produced papers to ensure all elements of the principles of Te Tiriti are explored and documented in this section for each paper.
Risk Assessment	Hawke's Bay DHB continues to carry a high degree of clinical, financial and equity risk with ongoing service demand risks in primary care, aged residential care facilities, acute services and inpatient services. From the staff to the executive, daily decisions are being made to keep our people and services safe. Strategic improvements and investment decisions (including disinvestment) will feature as Board decision papers over the coming months.
Financial/Legal Impact	Nothing for noting.
Stakeholder Consultation and Impact	<p>I have had the following interactions in this period:</p> <ul style="list-style-type: none"> <li>• Along with Emma Foster, Executive Director of Planning Funding &amp; Performance, and staff of Health Hawke's Bay, met with Takapau Health Centre and Kieran McAnulty MP</li> <li>• Attended the monthly Medical Heads of Department</li> <li>• Attended the monthly Allied Health Leadership Group</li> <li>• Attended the National bipartite meeting</li> <li>• Met with Anna Lorck and Kieran McAnulty</li> <li>• Attended the Futures Education Advisory Group meeting</li> <li>• Along with Emma Foster, met with the local RCNZGP faculty</li> <li>• Attended the Commissioning and Localities Working Group for the Health and Disability System Review</li> <li>• Attended the National Covid 19 vaccination and immunisation steering group weekly meetings</li> <li>• Attended the induction pōwhiri for new HBDHB staff</li> <li>• Attended the pōwhiri to welcome Wairoa District Council CEO Kitea Tipuna</li> <li>• Attended the meeting with Government Transition Unit: Health System Transition on the role and establishment of the Māori Health Authority</li> </ul>

	<ul style="list-style-type: none"> <li>• Attended the National DHB CEOs meeting</li> <li>• Attended training: Stage 1 &amp; 2 of Health and Safety – management of others</li> <li>• Along with Dr Robin Whyman, Dr Andy Phillips and Shayne Walker, met with Dr Shane Reti and Simon Watts of the National Party</li> <li>• Attended the Te Pitau Alliance meeting</li> <li>• Along with Barbara Walker, met with Rev Matiu Best, new ICHC Regional Chaplain Manager</li> <li>• Along with Emma Foster, met with Rebekah Dinwoodie, Hastings District Council</li> </ul>
Strategic Impact	None to note
Previous Consideration / Interdependent Papers	None to note
<b>RECOMMENDATION:</b> <i>It is recommended that the Board:</i> 1. <i>Note and acknowledge this report</i>	

## HOSPITAL SERVICES UPDATE

### ***Unplanned Care***

The Health Target result for June was 71.6 percent, reflective of higher presentations month-on-month (up five percent) and the higher conversation ratio of inpatients (35.3 percent compared with 33.4 percent in May). Inpatient occupancy levels remained above 100 percent.

### ***Planned Care***

HBDHB outpatient delivery fell in June 2021, partly on account of industrial action during the month.

Performance remained strong for elective surgery.

- A net total of 2,393 referrals were received in June. Referral levels have now stabilised at around this level, which is materially higher than the average received prior to the 2020 COVID lockdown
- In total, 1,755 patients were provided with First Specialist Assessments in June – this is 218 fewer patients compared with May. The combined effect of these movements saw overall waiting list end the month up 225 patients at 5,243
- The number of patients overdue against the ESPI2 measure fell slightly, ending the month 10 patients lower
- This result is also reflected in overall trajectory numbers, with Hawke's Bay DHB only just slightly behind the month-end target for the Ministry of Health Improvement Action Plan.


In respect of elective surgery, Hawke's Bay DHB delivered 101.0 percent of Ministry of Health production planning discharge target in June. Delivery for the full year is 99.1 percent for both discharges and case weights - a great achievement for the year.

- Inter District Flow activity in June was 107.8 percent of plan (83 discharges vs 77 plan), up from 89.7 percent in May
- On-site activity achieved 104.2 percent of plan (401 discharges vs 385 plan)
- Outsourced achieved 85.8 percent of plan (97 discharges vs 113) in June. This brings the full-year result to 97.6 percent (893 discharges vs 935)

- Overall the waiting list for surgery increased by 132 patients, ending the month at 2,324. Of these, 39.5 percent of patients have now waited more than the ESPI5 measure of four months (up from 36.6 percent in May) – equating to a further 114 patients now overdue.





	<b>Financial Performance Report</b>
	For the attention of: <b>HBDHB Board</b>
<b>Document Owner</b>	Andrew Boyd, Executive Director Financial Services
<b>Document Author</b>	Phil Lomax, Financial and Systems Accountant
<b>Date</b>	July 2021
<b>Purpose</b>	To provide a monthly update on the key financial metrics
<b>Health Equity Framework</b>	As a part of the suite of consolidated reporting, provide financial information to support decision making around health equity
<b>Principles of the Treaty of Waitangi that this report addresses</b>	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'
<b>Risk Assessment</b>	The report provides summary information on the risks
<b>Financial/Legal Impact</b>	As per the report
<b>Stakeholder Impact</b>	None identified
<b>Strategic Impact</b>	Achieving a sustainable underlying financial position will support the DHB to achieve its strategic objectives
<b>Previous Consideration / Interdependent Papers</b>	Interdependency with papers on the Strategic Planning and Budgeting over a multiyear timeframe
<b>RECOMMENDATION</b>  It is recommended that the HBDHB Board:  <b>Note</b> the contents of this report	

## EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

### *Financial Performance*

The operating result for 2020/21 is \$1.195m adverse to plan. This compares favourably to the plan after amendment for Board approval to overspend \$1m on gastroenterology and radiology, and management approval for a \$0.2m overspend as the result of a gap in MOH funding of the clerical pay equity settlement.

Additional MOH revenue in 2020/21 allowed extra services to be funded and provided. The PHARMAC Discretionary Pharmaceutical Fund (DPF) refund, community pharmacy underspend, favourable IDF, underspends in paediatric nursing, midwifery and allied health, vacancies for staff working on COVID, lower than expected nurse training costs, and lower capital charge costs, all contributed favourably to the result. Contributing adversely to the result were overspends in gastroenterology, radiology, ED, perioperative,

mental health specialist and patient transport, an increase in the provisioning for salary inflation based on current MECA offers, workplace accident costs and the write-off of non-capitalisable capital work in progress.

The surplus/(deficit) including COVID-19 and Holidays Act is \$7.7m (\$6.2m last month) adverse for the year. The revaluation of land and buildings contributes \$14.9m of other comprehensive income making the total comprehensive revenue and expense for 2020/21 a deficit of \$7.3m. Stocktakes, actuarial valuations and equity accounting adjustments are yet to be completed, however the result for 2020/21 is not expected to change materially.

\$'000	June				2020/21				Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance		
Operating Revenue	56,900	59,779	(2,880)	-4.8%	670,082	667,508	2,573	0.4%	1
Less:									
Providing Health Services	29,900	32,062	2,162	6.7%	334,473	327,668	(6,805)	-2.1%	2
Funding Other Providers	21,403	24,265	2,862	11.8%	284,221	287,099	2,878	1.0%	3
Corporate Services	5,327	5,631	305	5.4%	61,449	64,129	2,680	4.2%	4
Reserves	2,938	109	(2,829)		5,604	3,084	(2,520)	-81.7%	5
Operating Result	(2,668)	(2,288)	(380)	-16.6%	(15,666)	(14,471)	(1,195)	-8.3%	
Plus:									
Emergency Response (COVID-19)	58	-	58	0.0%	(2,515)	2	(2,517)		
Holidays Act Remediation	(1,257)	-	(1,257)	0.0%	(4,018)	-	(4,018)	0.0%	
	(3,866)	(2,288)	(1,578)	-69.0%	(22,199)	(14,469)	(7,730)	-53.4%	

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.

### Other Performance Measures

	June				2020/21				Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance		
			\$'000	\$'000			\$'000	%	
Capital spend	3,707	7,388	(3,681)	-49.8%	20,769	45,058	(24,289)	-53.9%	12
Employees	2,773	2,872	100	3.5%	2,682	2,654	(28)	-1.1%	2 & 4

- Capital spend (Appendix 10)

Strategic projects are the main driver of the underspend in 2020/21, mainly due to project slippage. COVID-19 has had impacts on international supply chains with delays in equipment delivery across services. The majority of the underspend is MoH funded and will be carried forward to future years.

MoH has indicated that 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 \$29.6m overdrawn on 3 June, within the \$35m statutory limit.

Deficit funding of \$25m was received as an equity injection from MOH on 11 June.

- Employees (Appendices 2 & 4)

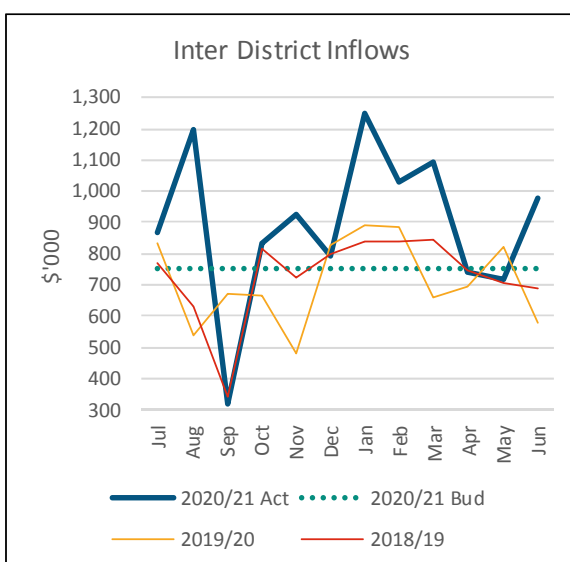
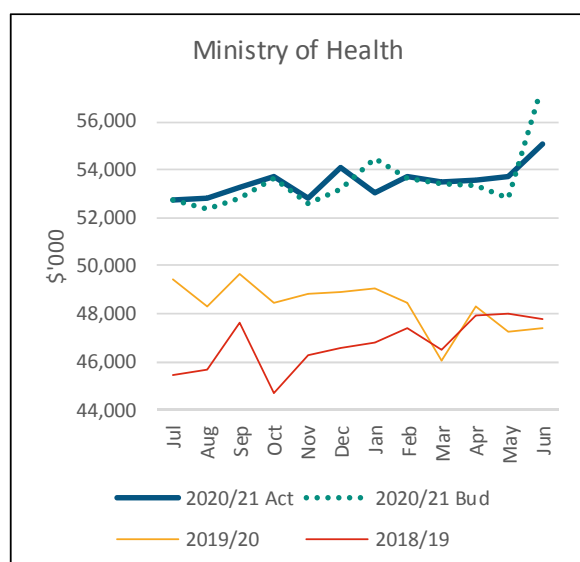
Higher than planned nursing and support numbers reflect the acute delivery issues in Providing Health Services. These were partly offset by vacancies across allied health, and management and administration. Vacancies in medical personnel are covered, if available, by locums that are not counted as FTEs.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

## APPENDICES

All commentary in the appendices relate to the full 2020/21 financial year unless otherwise stated.

## 1. OPERATING REVENUE

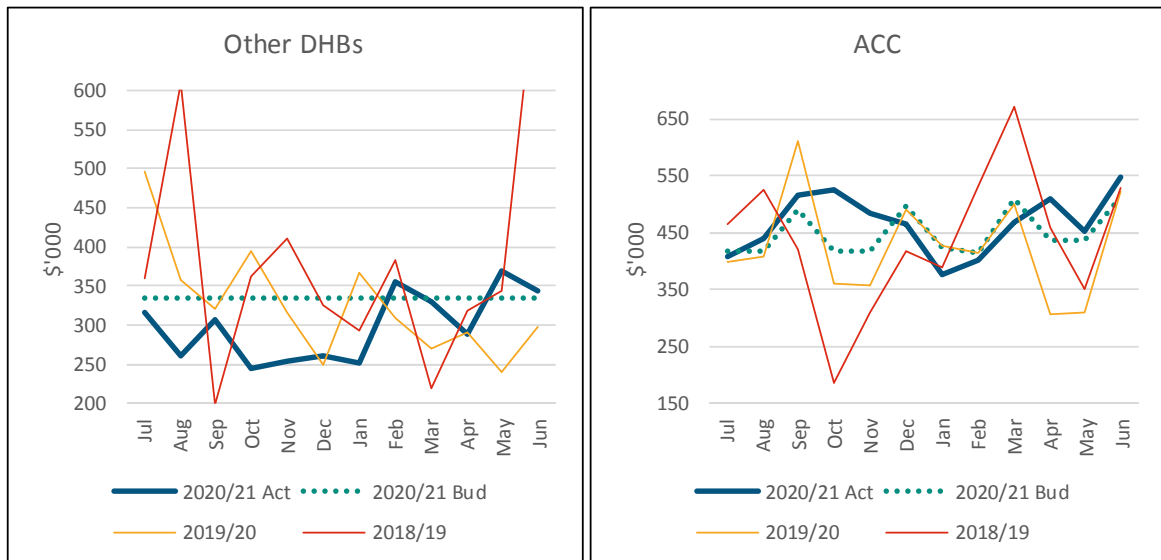
Excludes revenue for COVID-19 \$'000	June				2020/21			
	Actual	Budget	Variance		Actual	Budget	Variance	
Ministry of Health	55,099	57,530	(2,430)	-4.2%	642,000	642,582	(582)	-0.1%
Inter District Flows	979	752	227	30.2%	10,741	9,027	1,713	19.0%
Other District Health Boards	344	336	9	2.6%	3,581	4,011	(429)	-10.7%
Financing	8	4	4	109.4%	90	44	47	106.3%
ACC	549	513	36	7.0%	5,601	5,397	204	3.8%
Other Government	14	22	(8)	-34.9%	405	473	(68)	-14.3%
Abnormals	-	-	-	0.0%	300	-	300	0.0%
Patient and Consumer Sourced	120	108	12	10.8%	1,502	1,297	205	15.8%
Other Income	(214)	515	(730)	-141.6%	5,861	4,678	1,184	25.3%
	<b>56,900</b>	<b>59,779</b>	<b>(2,880)</b>	<b>-4.8%</b>	<b>670,082</b>	<b>667,508</b>	<b>2,573</b>	<b>0.4%</b>

*Ministry of Health (\$0.6m adverse)*

Funding for In-Between Travel and a number of additional services all offset in expenditure. Some revenue has been transferred to income in advance, and will be recognised as revenue in 2021/22 when the associated services are provided.

*Inter District Flows (\$1.7m favourable)*

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.

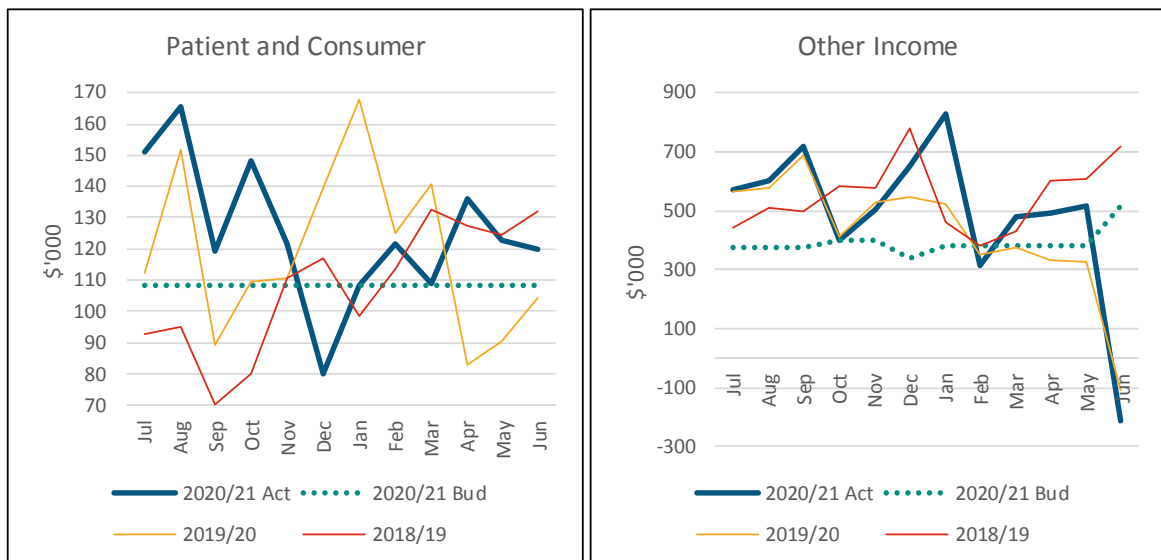


**Other District Health Boards (\$0.4m adverse)**

Reduced revenue from Tairāwhiti DHB for pharmaceutical cancer treatments (PCTs), partly offset by increased revenue from Mid Central DHB for oncology clinics.

**ACC (\$0.2m favourable)**

Higher than planned community nursing, surgery and rehabilitation services.



**Patient and Consumer (\$0.2m favourable)**

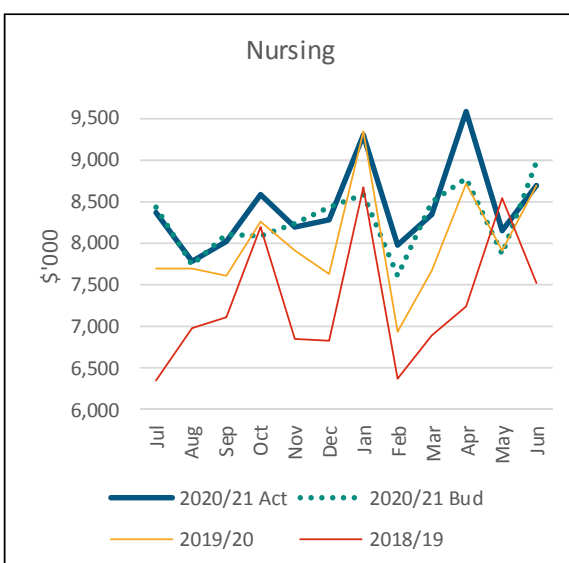
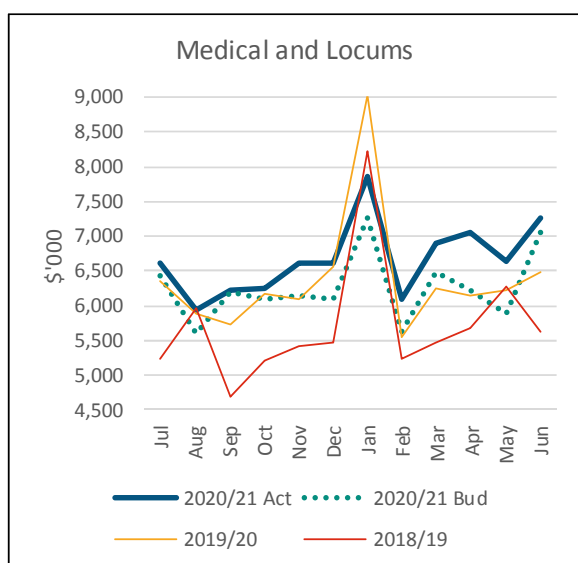
Non-resident charges, and meals on wheels, partly offset by reduced audiology income (hearing aids).

**Other income (\$1.2m favourable)**

Other income includes a wide range of income items across the DHB. Other income in June was reduced by the transfer of the donation recognised from the transfer of COVID related clinical equipment from MOH to the DHB, to COVID expenditure.

## 2. PROVIDING HEALTH SERVICES

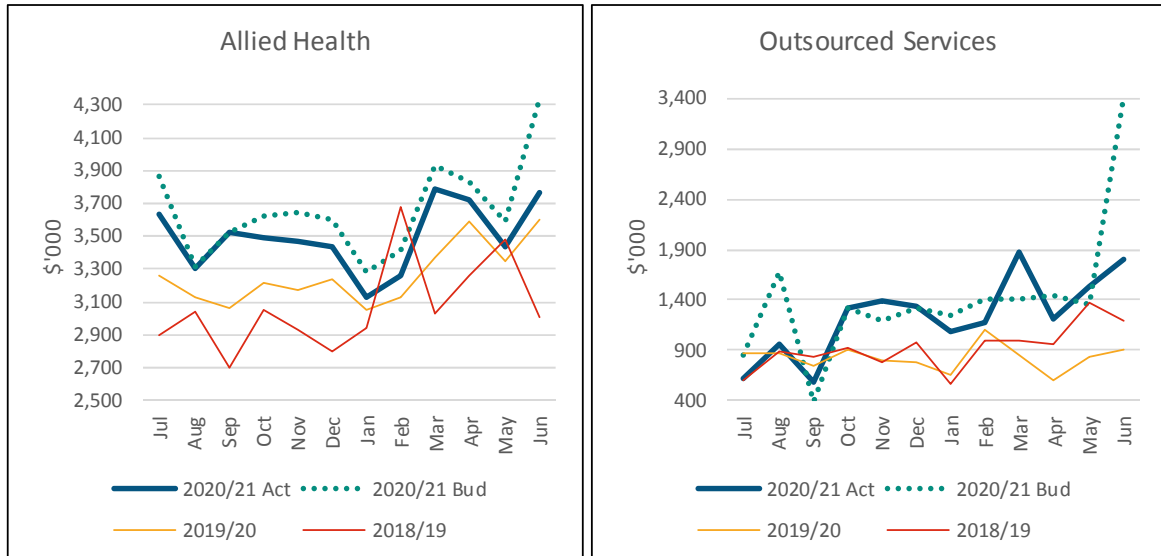
	June				2020/21			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>Expenditure by type \$'000</b>								
Medical personnel and locums	7,254	7,048	(207)	-2.9%	80,063	75,098	(4,965)	-6.6%
Nursing personnel	8,686	8,966	280	3.1%	101,319	99,353	(1,966)	-2.0%
Allied health personnel	3,764	4,340	575	13.3%	41,968	43,971	2,003	4.6%
Other personnel	2,861	2,859	(1)	0.0%	28,530	28,742	212	0.7%
Outsourced services	1,799	3,414	1,615	47.3%	14,912	17,014	2,102	12.4%
Clinical supplies	3,697	3,804	108	2.8%	48,123	45,149	(2,974)	-6.6%
Infrastructure and non clinical	1,840	1,632	(208)	-12.7%	19,557	18,340	(1,217)	-6.6%
	<b>29,900</b>	<b>32,062</b>	<b>2,162</b>	<b>6.7%</b>	<b>334,473</b>	<b>327,668</b>	<b>(6,805)</b>	<b>-2.1%</b>
<b>Expenditure by directorate \$'000</b>								
Medical	8,748	9,923	1,175	11.8%	98,332	92,676	(5,656)	-6.1%
Surgical	7,173	7,154	(19)	-0.3%	79,513	77,373	(2,140)	-2.8%
Community, Women and Children	4,476	4,948	472	9.5%	51,018	52,059	1,041	2.0%
Mental Health and Addiction	2,183	2,677	494	18.5%	24,179	24,074	(105)	-0.4%
Older Persons, NASC HB, and Allied H	1,773	1,594	(179)	-11.2%	17,640	17,819	179	1.0%
Operations	4,424	4,359	(65)	-1.5%	51,370	49,704	(1,666)	-3.4%
Other	1,124	1,408	284	20.2%	12,421	13,962	1,541	11.0%
	<b>29,900</b>	<b>32,062</b>	<b>2,162</b>	<b>6.7%</b>	<b>334,473</b>	<b>327,668</b>	<b>(6,805)</b>	<b>-2.1%</b>
<b>Full Time Equivalents</b>								
Medical personnel	423.2	412.0	(11)	-2.7%	394	398	4	1.0%
Nursing personnel	1,154.3	1,143.9	(10)	-0.9%	1,130	1,072	(58)	-5.4%
Allied health personnel	532.2	611.4	79	13.0%	505	528	23	4.4%
Support personnel	130.9	123.8	(7)	-5.7%	134	121	(13)	-10.5%
Management and administration	289.1	342.4	53	15.6%	290	302	12	3.9%
	<b>2,529.7</b>	<b>2,633.5</b>	<b>104</b>	<b>3.9%</b>	<b>2,452</b>	<b>2,421</b>	<b>(32)</b>	<b>-1.3%</b>

*Medical personnel and locums (\$5.0m adverse)*

Locums providing vacancy and leave cover, exceeding savings from vacancies. Acute occupancy and in-house elective activity (offset in Outsourced Services) also contribute to cost pressures.

**Nursing (\$2.0m adverse)**

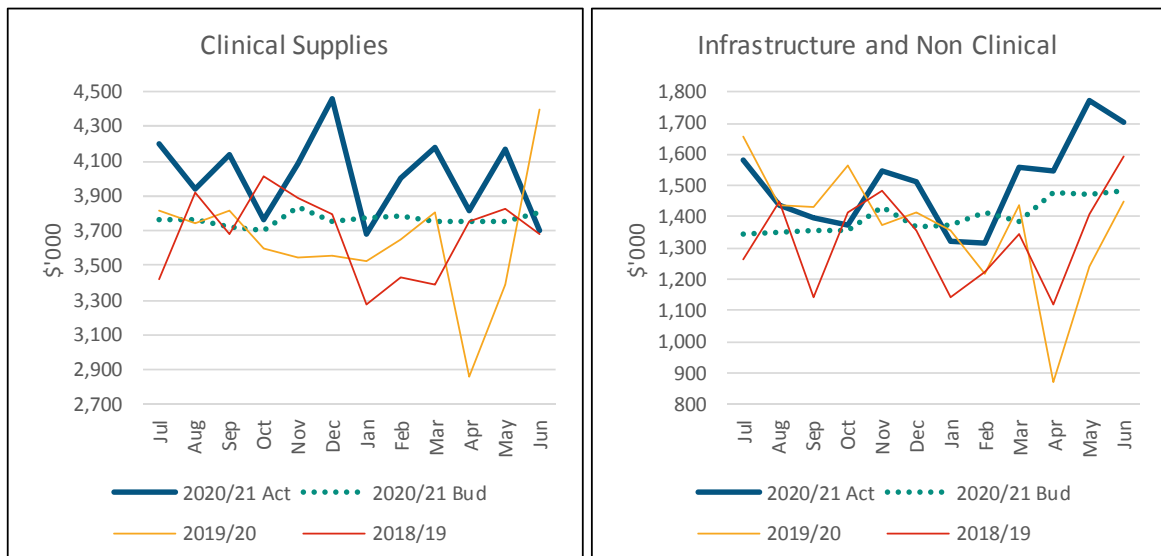
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches. The spikes in October, January and April reflect the impact of public holidays, with April also affected by provisioning for salary inflation on annual leave balances.

**Allied Health (\$2.0m favourable)**

Vacancies in therapies, technicians, social workers, community support workers, pharmacists, and health promotion workers.

**Outsourced services (\$2.1m favourable)**

Use of internal resources rather than external elective providers reduced outsourced costs, but also impacted on staffing and clinical supplies. The budget has been adjusted for planned care improvement action plan funding from the MOH agreed in June.

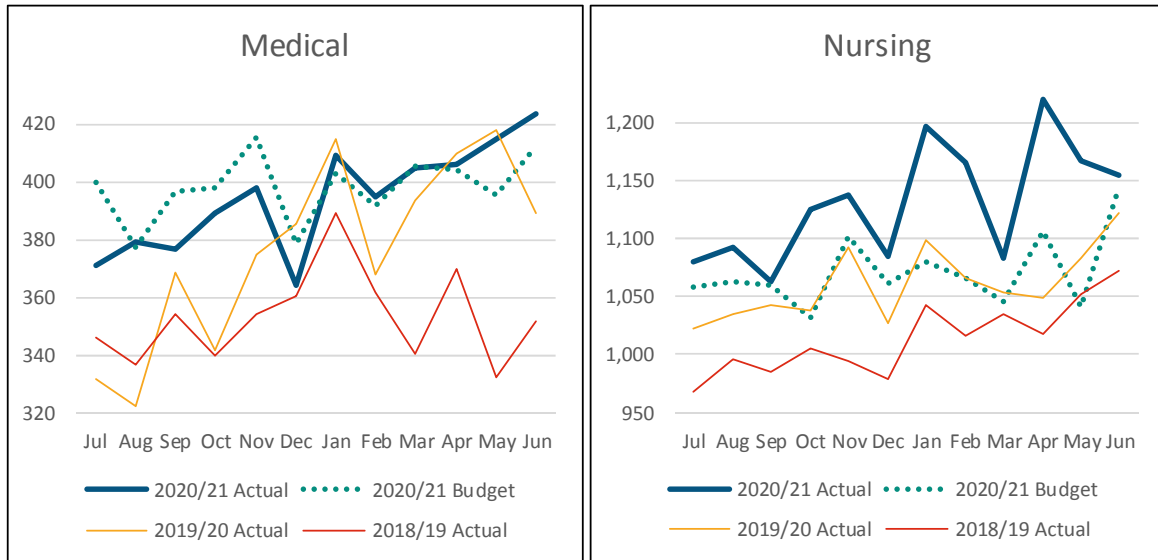
**Clinical supplies (\$3.0m adverse)**

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 (\$1.2m adverse for 2020/21)*

External security, laundry, and cleaning reflect patient throughput year-to-date, and continued at a high level into June.

**Full Time Equivalents (FTE)**

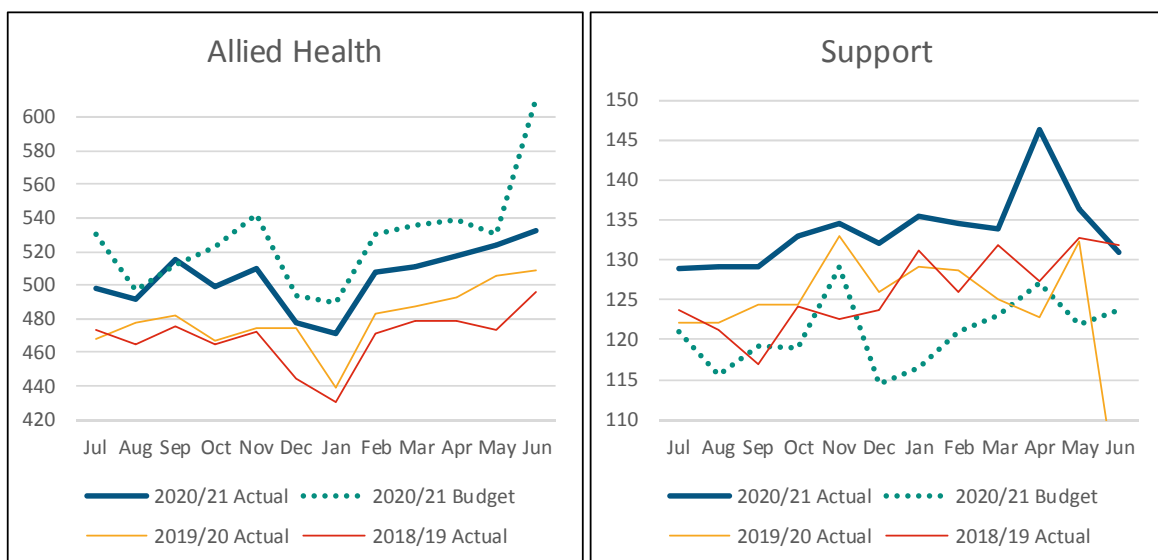


*Medical personnel (4 FTE / 1.0% favourable)*

Specialist vacancies covered by locums where available.

*Nursing personnel (-58 FTE / -5.4% adverse)*

Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches. The spikes in October, January and April reflect the impact of public holidays.



*Allied health personnel (23 FTE / 4.4% favourable)*

Ongoing difficulty filling vacancies including technicians, cultural workers, community support workers, social workers, health promotion workers, pharmacists, psychologists, and dental therapists.

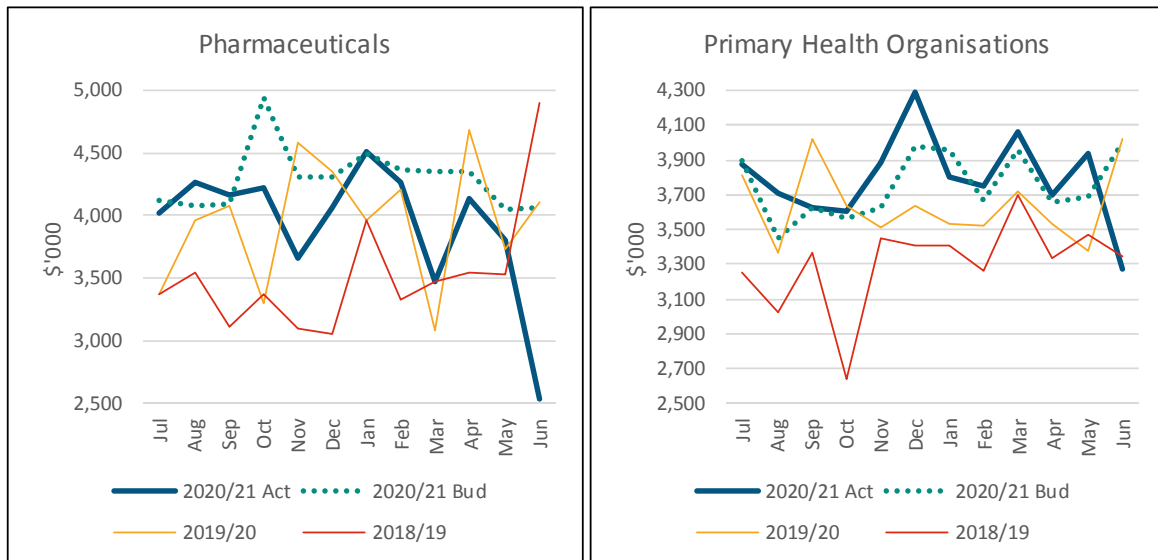
*Support personnel (-13 FTE / -10.5% unfavourable)*

High patient activity and dependency drive higher orderly and kitchen assistant numbers. The high level of planned care to meet elective surgery targets required additional staffing in sterile services later in the year.

**3. FUNDING OTHER PROVIDERS**

\$'000	June				2020/21			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>Payments to Other Providers</b>								
Pharmaceuticals	2,528	4,069	1,541	37.9%	47,113	51,543	4,431	8.6%
Primary Health Organisations	3,272	4,005	734	18.3%	45,525	45,087	(438)	-1.0%
Inter District Flows	5,377	5,411	34	0.6%	64,214	64,933	719	1.1%
Other Personal Health	2,637	2,275	(362)	-15.9%	28,133	26,707	(1,425)	-5.3%
Mental Health	969	1,398	429	30.7%	15,749	14,859	(890)	-6.0%
Health of Older People	6,151	6,587	436	6.6%	78,533	79,251	718	0.9%
Other Funding Payments	469	520	51	9.8%	4,955	4,719	(236)	-5.0%
	21,403	24,265	2,862	11.8%	284,221	287,099	2,878	1.0%
<b>Payments by Portfolio</b>								
Strategic Services								
Secondary Care	5,024	5,057	33	0.7%	60,332	60,682	350	0.6%
Primary Care	7,686	9,447	1,761	18.6%	110,740	113,479	2,739	2.4%
Mental Health	1,378	1,730	352	20.4%	19,544	18,781	(763)	-4.1%
Health of Older People	6,903	7,158	256	3.6%	85,662	86,088	426	0.5%
Maori Health	498	758	260	34.3%	6,509	6,607	98	1.5%
Population Health	(85)	115	201	173.9%	1,434	1,463	29	2.0%
	21,403	24,265	2,862	11.8%	284,221	287,099	2,878	1.0%

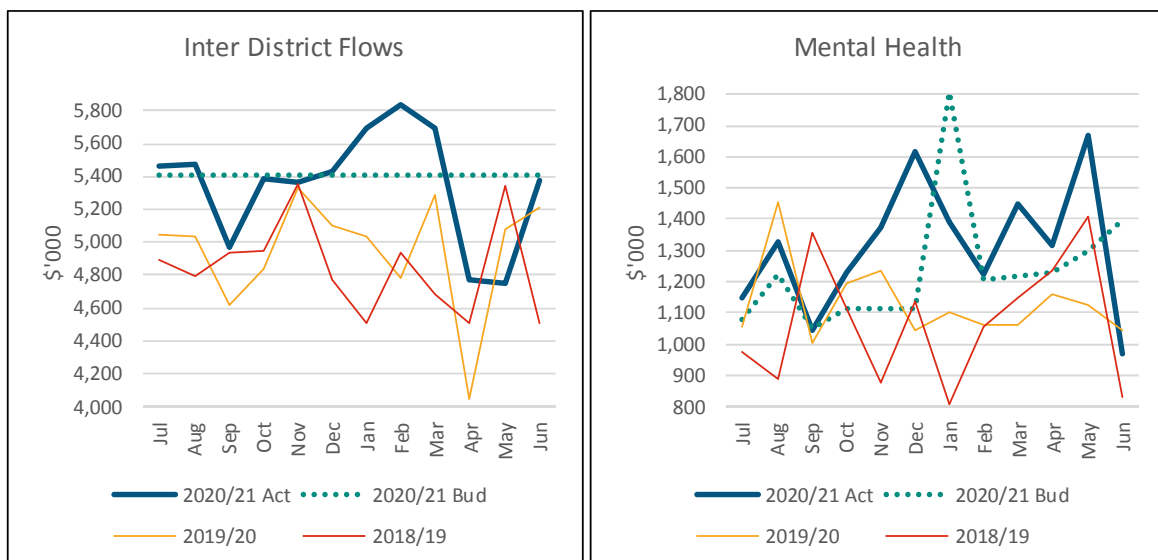


**Pharmaceuticals (\$4.4m favourable)**

The reduction in costs in June reflects PHARMAC advice that the DHB will receive a significant rebate under DPF rather than the expected payment. Community dispensing costs relating to the pandemic were transferred to COVID-19 costs in March and June.

**Primary Health Organisations (\$0.4m adverse)**

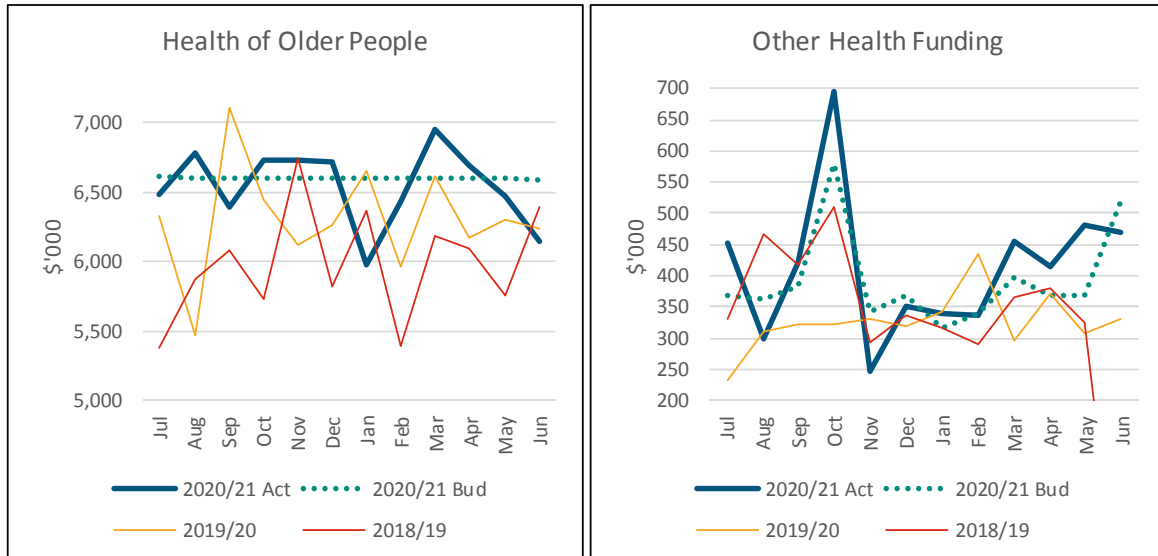
Review of recent PHO payments, indicates June expenditure paid in July is likely to be lower than projected in previous reports.

**Inter District Flows (\$0.7m favourable)**

Inter District Flows are inherently volatile due to the small volume and high cost. Information available from the other DHBs in April and May allowed an improvement to the results for those months as estimates were replaced with actual data. The June figure is based on MOH projections.

**Mental Health (\$0.9m adverse)**

A number of development projects expected to complete in 2020/21, have carried over into 2021/22. This is reflected in lower expenditure in June, and offset by the treatment of the associated revenue as income in advance. Expenditure on the projects in 2021/22 will be offset by reducing the income in advance into revenue.

**Health of Older People (\$0.7m favourable)**

Timing around the recognition of pay equity payments drives the volatility in expenditure over the last quarter.

**Other Funding Payments (\$0.2m adverse)**

Minor variances YTD with increased Whānau Ora costs from March.

#### 4. CORPORATE SERVICES

\$'000	June				2020/21			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>Operating Expenditure</b>								
Personnel	1,975	1,945	(30)	-1.5%	21,631	21,962	330	1.5%
Outsourced services	114	65	(48)	-73.9%	766	784	17	2.2%
Clinical supplies	58	57	(2)	-3.3%	702	685	(17)	-2.5%
Infrastructure and non clinical	1,500	1,613	113	7.0%	18,121	18,069	(53)	-0.3%
	3,647	3,679	33	0.9%	41,221	41,498	278	0.7%
<b>Capital servicing</b>								
Depreciation and amortisation	1,338	1,347	9	0.7%	15,476	15,255	(221)	-1.4%
Financing	8	25	17	68.8%	184	289	106	36.5%
Capital charge	334	580	246	42.4%	4,569	7,086	2,517	35.5%
	1,680	1,952	272	13.9%	20,228	22,630	2,402	10.6%
	<b>5,327</b>	<b>5,631</b>	<b>305</b>	<b>5.4%</b>	<b>61,449</b>	<b>64,129</b>	<b>2,680</b>	<b>4.2%</b>
<b>Full Time Equivalents</b>								
Medical personnel	1.2	1.1	(0)	-10.0%	1	1	(0)	-4.5%
Nursing personnel	17.4	21.6	4	19.4%	19	20	1	5.4%
Allied health personnel	1.9	1.6	(0)	-20.1%	1	2	0	23.3%
Support personnel	27.1	30.9	4	12.0%	28	31	2	7.4%
Management and administration	195.4	183.7	(12)	-6.4%	180	180	(0)	-0.2%
	<b>243.1</b>	<b>238.8</b>	<b>(4)</b>	<b>-1.8%</b>	<b>230</b>	<b>233</b>	<b>3</b>	<b>1.4%</b>

The favourable corporate services performance primarily reflects lower than budgeted capital charge expenditure, resulting from a lower equity balance than projected in the plan. The recruitment budget for medical staff was increased in March to reflect expected costs, that did not eventuate as expected. Unfavourable depreciation and amortisation reflects significant expenditure on mobility assets with short lives. Favourable financing costs reflect low interest rates and delay in the finance lease of clinical equipment.

#### 5. RESERVES

\$'000	June				2020/21			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>Expenditure</b>								
Investment reserves	(650)	(162)	488	300.9%	(350)	2,067	2,417	116.9%
Efficiencies	-	(125)	(125)	-100.0%	-	(1,499)	(1,499)	-100.0%
Other	3,588	396	(3,192)	-806.4%	5,954	2,517	(3,438)	-136.6%
	<b>2,938</b>	<b>109</b>	<b>(2,829)</b>		<b>5,604</b>	<b>3,084</b>	<b>(2,520)</b>	<b>-81.7%</b>

Investment reserves includes provisions for annual plan investment, digital enablement reserve and aged residential care growth. The remaining budget is the amount of annual plan investment being carried over into 2021/22. The amount in the actual column is management's expectation of year-end adjustments resulting from stocktakes, actuarial valuations and equity accounting of Allied Laundry Services.

The majority of the \$4.1m planned efficiencies for the year were embedded into budgets. Progress made on the remaining \$1.5m is expected next year

## 6. FINANCIAL POSITION

30 June 2020	\$'000	2020/21				Annual Budget
		Actual	Budget	Variance from budget	Movement from 30 June 2020	
	<b>Equity</b>					
208,983	Crown equity and reserves	253,745	254,399	(654)	44,762	254,399
(107,310)	Accumulated deficit	(129,509)	(101,147)	(28,362)	(22,199)	(101,147)
101,673		124,236	153,252	(29,015)	22,563	153,252
	<b>Represented by:</b>					
	<u>Current Assets</u>					
1,198	Bank	574	759	(185)	(624)	759
1,449	Bank deposits > 90 days	1,451	1,881	(430)	2	1,881
20,896	Prepayments and receivables	19,122	22,725	(3,603)	(1,774)	22,725
4,626	Inventory	4,696	5,040	(344)	70	5,040
28,168		25,843	30,405	(4,562)	(2,326)	30,405
	<u>Non Current Assets</u>					
190,156	Property, plant and equipment	208,941	228,349	(19,408)	18,785	228,349
15,978	Intangible assets	16,514	5,258	11,256	536	5,258
1,341	Investments	1,596	1,120	476	255	1,120
207,475		227,051	234,727	(7,676)	19,575	234,727
235,644	<b>Total Assets</b>	252,893	265,132	(12,239)	17,249	265,132
	<b>Liabilities</b>					
	<u>Current Liabilities</u>					
14,430	Bank overdraft	-	10,159	10,159	14,430	10,159
36,438	Payables	37,285	40,697	3,412	(847)	40,697
79,814	Employee entitlements	88,083	54,784	(33,299)	(8,269)	54,784
-	Current portion of borrowings	-	3,172	3,172	-	3,172
130,682		125,368	108,812	(16,556)	5,314	108,812
	<u>Non Current Liabilities</u>					
3,289	Employee entitlements	3,289	3,068	(221)	-	3,068
3,289		3,289	3,068	(221)	-	3,068
133,971	<b>Total Liabilities</b>	128,657	111,880	(16,777)	5,314	111,880
101,673	<b>Net Assets</b>	124,236	153,252	(29,015)	22,563	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	2020/21				Annual Budget	
		Actual	Budget	Variance from budget	Movement from 30 June 2020		
8,709	Salaries & wages accrued	11,420	4,267	(7,153)	(2,711)	4,267	
1,058	ACC levy provisions	1,061	1,948	887	(2)	1,948	
6,493	Continuing medical education	6,756	-	(6,756)	(263)	-	
61,594	Accrued leave	67,116	46,436	(20,680)	(5,523)	46,436	
5,249	Long service leave & retirement grat.	5,019	5,201	182	230	5,201	
83,103	<b>Total Employee Entitlements</b>	91,372	57,852	(33,520)	(8,269)	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 2021, will be held over until the 2021/22 financial year.

## 8. PLANNED CARE

MoH data to May is provided below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 98% of plan was achieved to the end of May. 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	7,479.4	2,580.6	10,059.9	9,863.1	98.0%	10,899.8
Inpatient Surgical Discharges	4,964	1,887	6,851	6,761	98.7%	7,427
Minor Procedures	1,937	821	2,758	5,218	189.2%	2,984
Non Surgical interventions	36	73	109	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.

## **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 the year was a \$42k overdrawn (May was \$22.4m overdrawn), following the receipt of \$25m of deficit funding.

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4<sup>th</sup> of the month, and July's low point is projected to be the \$2.2m overdrawn on 1 July.

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

### ***Debt Management***

The DHB has no interest rate exposure relating to debt.

### ***Foreign Exchange Risk Management***

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

## **10. CAPITAL EXPENDITURE**

Ninety percent of the block allocations have been spent during the year with some carry over into next year due to supply chain issues. MoH have indicated that capital slippage related to COVID can be carried forward to the following year, without being considered in breach of the Operating Policy Framework. This recognises the impact on strategic projects of supply chain issues, the effect of delayed funding processes, and project slippage.

See table on the next page. Covid-19 equipment transferred from MOH with a fair value of \$1.408m is excluded from the table.

	2020/21			Life of Project		
	Actual	Budget	Variance	Forecast	Approved	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Source of Funds</b>						
<b>Operating Sources</b>						
Depreciation	15,476	15,255	221			
	15,476	15,255	221			
<b>Other Sources</b>						
Special Funds and Clinical Trials	66	-	66			
Sale of Assets	614	415	199			
Equity Injection received	5,188	-	5,188			
Source to be determined	(1,984)	-	(1,984)			
	4,369	415	3,954			
<b>Total funds sourced</b>	<b>19,361</b>	<b>15,670</b>	<b>3,691</b>			
<b>Application of Funds:</b>						
<b>Block Allocations</b>						
Facilities	2,507	3,088	581			
Information Services	3,393	3,755	362			
Clinical Equipment	3,739	3,872	133			
	9,639	10,715	1,077			
<b>MOH funded Strategic</b>						
Seismic Radiology HA27	78	100	22	3,100	3,100	-
Surgical Expansion	1,978	4,200	2,222	16,214	16,214	-
Main Electrical Switchboard Upgrade	886	4,000	3,114	4,000	4,000	-
Mobile Dental Unit	64	1,600	1,536	1,600	1,600	-
Angiography Suite	112	3,000	2,888	3,000	3,000	-
Replacement Generators	114	-	(114)	4,430	4,430	-
Endoscopy Building (Procedure Rooms)	173	3,000	2,827	3,000	3,000	-
Radiology Extension	1,705	4,559	2,854	22,000	22,000	-
Seismic AAU Stage 2	1,231	2,063	832	3,450	3,450	-
Seismic Surgical Theatre HA37	1,085	2,100	1,015	4,629	4,629	(0)
Linear Accelerator	-	250	250	33,000	33,000	-
	7,427	24,872	17,445	98,423	98,423	(0)
<b>DHB funded Strategic</b>						
Surgical Expansion	-	1,953	1,953	-	-	-
Main Electrical Switchboard Upgrade	-	200	200	-	-	-
Cardiology PCI	-	1,000	1,000	13,580	13,580	-
Interim Asset Plan	1,497	5,390	3,893	-	-	-
Digital Transformation	772	870	98	-	-	-
	2,269	9,413	7,144	13,580	13,580	-
<b>Other</b>						
Special Funds and Clinical Trials	66	-	(66)			
Other	(40)	58	98			
	26	58	32			
<b>Capital Spend</b>	<b>19,361</b>	<b>45,058</b>	<b>25,697</b>	<b>112,003</b>	<b>112,003</b>	<b>(0)</b>

**11. ROLLING CASH FLOW**

	Jun-21			Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-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
<b>Cash Inflows</b>															
Devolved MOH revenue	83,700	58,503	25,197	74,604	61,397	65,497	65,514	60,397	123,061	3,616	59,664	59,664	59,668	59,664	59,664
Other revenue	15,250	6,854	8,396	8,001	6,450	6,450	6,300	6,300	5,440	5,800	6,650	6,650	6,350	6,600	6,237
Total cash inflow	98,950	65,357	33,593	82,606	67,847	71,947	71,814	66,697	128,501	9,416	66,314	66,314	66,018	66,264	65,901
<b>Cash Outflows</b>															
Payroll	18,519	17,973	-546	13,756	13,680	16,230	13,700	13,680	17,950	13,680	13,680	16,230	13,700	13,680	17,930
Taxes	8,797	9,200	403	11,578	9,200	9,200	9,200	9,200	6,000	12,400	9,200	9,200	9,200	9,200	9,200
Sector Services	29,633	26,501	-3,132	28,209	27,967	27,646	29,512	27,288	26,802	25,950	26,855	27,050	24,450	27,350	27,293
Capital expenditure	3,989	3,660	-329	5,912	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895	1,895
Other expenditure	15,647	18,511	2,864	19,639	16,402	16,402	14,346	17,802	21,800	12,748	14,508	14,514	14,537	14,569	21,069
Total cash outflow	76,585	75,845	-740	79,094	69,144	71,373	68,653	69,864	74,447	66,673	66,139	68,889	63,782	66,694	77,387
Total cash movement	22,365	-10,488	34,333	3,511	-1,297	574	3,161	-3,167	54,054	-57,257	175	-2,575	2,236	-430	-11,485
Add: opening cash	-23,493	-23,493	0	-1,128	2,383	1,086	1,660	4,821	1,653	55,707	-1,550	-1,375	-3,950	-1,714	-2,144
Closing cash	-1,128	-33,980	34,334	2,383	1,086	1,660	4,821	1,653	55,707	-1,550	-1,375	-3,950	-1,714	-2,144	-13,629
Maximum cash overdraft (in month)	-29,627	-33,980	4,353	2,383	1,086	-3,829	493	189	-6,215	-1,550	-9,482	-8,657	-4,280	-2,144	-13,629

Deficit funding of \$25m is included under Devolved MOH revenue in June 2021. Other revenue in June includes \$8.2m of non devolved MOH revenue.









**Values Presentation  
under the umbrella of Ākina  
(Continuous Improvement)**





## PHO QUARTERLY UPDATE

11






## **BOARD HEALTH & SAFETY CHAMPIONS' REPORT**

Verbal

12





	<b>Pasifika Health Leadership Group – Chairs Report</b>
	For the attention of: <b>HBDHB Board</b>
Document Owner:	Traci Tuimaseve, Chair of Pasifika Health Leadership Group
Month:	July 2021
Consideration:	For Information and Endorsement

**RECOMMENDATION****That the HBDHB Board**

1. **Note** the contents of this report.
2. **Endorse** the amended Terms of Reference (ToR)

The Pasifika Health Leadership Group (PHLG) met on 12 July 2021. An overview of the issues discussed and/or agreed at the meeting is provided below.

**2020-21 Quarter 3 Health System Performance Dashboard**

Planning Funding & Performance presented the above dashboard for members to establish the indicators to include on future Pacifica exception reporting. These indicators will be addressed at ongoing meetings to ensure alignment with equity and address those indicators not meeting target.

**HB Communities and Localities**

Planning Funding & Performance presented an update on the HBDHB partnership approach to ensure that whānau and community voice is embedded into locality planning, commissioning and monitoring. This will be a sustainable, resourced approach for community partnership moving the HBDHB towards the implementation of the Health Disability System reforms.

**Draft Term of Reference**

A sub-committee of PHLG members reviewed and modified the existing Terms of Reference to better align PHLG's focus and direction going forward. This was tabled for discussion and endorsed by members.

A summary of the differences between the PHLG 2017 ToR and the updated ToR:

- A change of name to "Pacific Population Council"
- Youth representation more defined
- Members requested meetings be held monthly instead of bi-monthly
- Members term appointment up to three years instead of the two years
- To receive governance training (as required) which was not written into the 2017 PHLG ToR.

Note this committee reports through the Community and Public Health Advisory Committee (CPHAC) of which board member Hayley Anderson is the Chair. This keeps the structure in line with MoH Framework. If there was a structural realignment this would currently require ministers approval.

Members agreed the following:

**RESOLUTION:**

Recommendation to Board to endorse the updated Terms of Reference.

**Carried**

**Appendix:** Terms of Reference July 2021



## TERMS OF REFERENCE


### Hawke's Bay District Health Board Pacific Population Council

July 2021

<b>Purpose</b>	The purpose of the Pacific Population Council (PPC) is to advise through the Community & Public Health Advisory Committee (CPHAC) to the Hawke's Bay District Health Board (HBDHB), benefits for the Pacific population within the Hawke's Bay region, principally by identifying and removing health inequities and instituting processes that support Pacific-centric models of healthcare.
<b>Functions</b>	<p>The functions of the PPC are to:</p> <ul style="list-style-type: none"> <li>a) Identify and convey the needs and aspirations for health and wellbeing of the Pacific populations within Hawke's Bay;</li> <li>b) Ensure effective plans are jointly developed and maintained by HBDHB and with relevant stakeholders to address health inequities and to foster Pacific community collaboration;</li> <li>c) Monitor and make recommendations on the implementation of these plans;</li> <li>d) Monitor the strategic development and performance of HBDHB delivered and funded services, across the organisation and those specific to Pacific population localities, to ensure they support the removal of disparities and are responsive to the needs of the Pacific population;</li> <li>e) Monitor the operational performance of services targeted particularly at the Pacific population;</li> <li>f) Prioritise the use of funding, resources, and access to services.</li> </ul>
<b>Level of Authority</b>	The PPC has the authority to give advice and make recommendations to the HBDHB Board through CPHAC.
<b>Membership</b>	<ul style="list-style-type: none"> <li>• Up to eight (8) members shall be appointed to the PPC by CPHAC for terms of up to three (3) years;</li> <li>• Members may be reappointed;</li> <li>• General criteria for membership shall consist of a mix of: <ul style="list-style-type: none"> <li>- Nominated by their Pacific community and tabled through one of the existing council members;</li> <li>- Relevant skills and links to that Pacific community;</li> <li>- Knowledge and understanding of the health and disability sector;</li> <li>- Governance, strategic and policy skills</li> </ul> </li> <li>• A maximum of two members of PPC shall have attributes to 'represent' Pacific youth issues, either as the direct voice of youth or representing the voice of youth; and</li> <li>• Remuneration will be based on the Cabinet Fees Framework for HBDHB Committee Members.</li> </ul>

<b>Chair</b>	The Chair shall be elected by the PPC and endorsed by CPHAC and the HBDHB Board
<b>Quorum</b>	A quorum will consist of half, plus one, of all PPC members; either in person or by virtual link.
<b>Meetings</b>	Meetings will be held monthly, or more frequently at the request of the Chair. Workshops may be held from time to time. The Standing Orders adopted by HBDHB apply to PPC meetings.
<b>Reporting</b>	Following each meeting, the Chair shall report on PPC business to the CPHAC Chair and subsequently to the HBDHB Board with such recommendations as PPC may deem appropriate.
<b>Minutes</b>	Minutes will be circulated to all members of PPC within one week of the meeting taking place. CPHAC and HBDHB Board members will be sent a copy of the minutes, on request.
<b>Support</b>	<p>The PPC shall be supported by the Executive Director of Strategy and Health Improvement, the Pacific Health Development Manager and other members of the Executive Leadership Team (ELT) as requested.</p> <p>Representatives from associated health agencies may be invited to participate ie, Health Hawke's Bay Limited (HHB).</p> <p>Such support shall include the provision of regular (written or in-person) reporting and advice on:</p> <ul style="list-style-type: none"> <li>a) The health status of Pacific populations;</li> <li>b) The progress and monitoring of performance and outcomes against the HBDHB Annual Plan, with specific focus on Pacific populations; and</li> <li>c) Objectives/achievements of 'dedicated' Pacific Health services and resources.</li> </ul> <p>Members of the PPC will receive governance training as required.</p>



	<b>Māori Relationship Board (MRB)</b>
	For the attention of: <b>HBDHB Board</b>
Document Owner:	Ana Apatu (MRB Chair)
Month:	July 2021
Consideration:	For Information
<b>Recommendation: That HBDHB Board:</b>  <b>1. Note</b> the content of this report.	

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

## MATTERS ARISING

### Treaty Partnership in Developing Hoki ki te Kāinga

Dr Andrew Phillips (Chief Allied Health Profession Officer), Tracy Murphy (Team Leader, Allied Health Therapies) and Alicia Scott (Director, Allied Health Therapies) provided an update from the MRB June meeting. Members provided additional feedback. The Allied Health team will present their paper at the MRB August meeting.

## SECTION 2: FOR INFORMATION AND DISCUSSION

### PLANNING, FUNDING & PERFORMANCE MATTERS ARISING

Emma Foster (Executive Director, Planning, Funding & Performance) and Lisa Jones (System Lead, Planning, Funding & Performance) provided MRB with an update on the status of the Maternity Cultural Responsiveness Review and Residential Care matters arising.


- **Maternity Cultural Responsiveness Review update:**  
The Expert Advisory group has reviewed respondents to the tender. Next steps are to progress the review.
- **Residential Care update:**  
Planning, Funding & Performance team know from their March 2020 snapshot of residents claiming a residential care subsidy in a Hawke's Bay Aged Related Care (ARC) facility, that Māori enter residential care at an earlier age. At that time, 8.5% of residents identified as Māori, however, of all residents under 75 years, 22.9% of them identify as Māori. While preference is to support Kaumātua at home, residential care may become necessary when a high level of care is required such as dementia, continuing care (Hospital) or psychogeriatric. Currently in Hawke's Bay we have no Māori Health service provider operating an ARC facility. This is an area that requires further scoping.

Members' requested a paper on the macro care of the elderly and residential care.

### HB COMMUNITIES AND LOCALITIES

Emma Foster and Lisa Jones provided MRB with a presentation on Hawke's Bay Communities and Localities. This presentation provided an update on the HBDHB partnership approach to ensure whānau and community voice is embedded into locality planning, commissioning and monitoring. This will be a sustainable, resourced approach for community partnership moving HBDHB towards the implementation of the Health & Disability System Reforms.



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<b>REPORT FROM HB CLINICAL COUNCIL</b> <b>(Public)</b> <b>JULY 2021</b>
	For the attention of: <b>HBDHB Board</b>
Document Author(s)	Gemma Newland (Executive Assistant to CAHPO)
Document Owner	Jules Arthur and Robin Whyman (Co-Chairs)
Date	July 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 7 July 2021.
Health Equity Framework	The Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua.
Principles of the Treaty of Waitangi that this report addresses:	The Hawke's Bay Clinical Council is the principal clinical governance, leadership and advisory group for the Hawke's Bay health system; committed to Te Tiriti o Waitangi and achieving equity for Tangata Whenua and other populations, in the provision of health care in the Hawkes' Bay District.
Risk Assessment	Risk associated with the issues considered by the Clinical Council. Complexity and scale were noted with the COVID 19 vaccination roll out. Quality of care issues identified in the Inpatient Survey
Financial/Legal Impact	Nil specific
Stakeholder Consultation and Impact	Stakeholder engagement is the basis of discussion of issues at the Clinical Council
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified
<b>RECOMMENDATION:</b> It is recommended that the Board: 1. <b>Note</b> the contents of this report	

## **1 Covid-19 Vaccine and Immunisation Programme Rollout Progress Report**

The Medical Officer of Health discussed roll out of the Covid Vaccination programme including delivery of vaccine, vaccinator workforce now being at a satisfactory level and that the vaccination plan is on track to deliver planned doses per week coming into August.

The Clinical Advisory Group has focussed on audit and Quality Assurance requirements for the programme at vaccination sites. Audits of all vaccination sites will be conducted from a Health and Safety and QA perspective. Council discussed the importance of consistency across sites which are in-line with our equity action plan, cultural training of vaccinators and the advantages of non-regulated workforce being trained to maximise availability of clinical workforce in other clinical areas where possible.

## **2 Executive Director People and Culture**

Martin Price introduced himself to Council and spoke of the Leadership Training Plan to be developed with a focus on senior clinicians, following results from a pilot scheme. The group welcomed the idea but advised the framework needed to be inter disciplinary and not only for medical leaders.

GP members of council also discussed the benefit of inter connected leadership development across the health system. It was suggested locality-based leaders be targeted with the Health New Zealand structure coming together. There was agreement this also needed to consider leadership at iwi and hapū level.

## **3 eMedicine Management Strategy**

An eMedicine strategy was presented by pharmacist clinical leaders and discussed by the Council. The group has been working with Digital Enablement and Health Hawke's Bay Primary Health Organisation to plan this framework. The strategy received the support of Clinical Council and noted the need to ensure the link between primary and secondary care was supported. It also noted that data generated by the strategy enabled population health level data to ensure quality improvement and safer prescribing outcomes.

It was noted the strategy touched all six domains of quality - safety, timeliness, equity, effectiveness, efficiency and productivity. It was also noted that implementing the strategy wasn't primarily an issue of cost, but availability of DE time as a limited resource. The request from the presenters to Clinical Council was to feedback those areas considered to be the priorities within the proposed strategy. This will be followed up by Council and added to the workplan.

## **4 Inpatient Survey**

The results for the most recent (May 2021 quarter) Inpatient Survey were discussed by Council including strengths and weaknesses of the survey design and consequent data. It was noted this was a national survey and had undergone a recent redesign to improve usability for survey responders, the logic of the questions and sample sizes. This has resulted in an improved survey participation rate at HBDHB from the low teens to the high 20 percent mark.

Clinical Council was provided a summary of the underperforming areas to enable Council to use the information gained from the survey and assist with its clinical governance role on improvement in areas of concern.



**5 Health Pathways**

Health Hawke's Bay (PHO) presented on the progress with implementation and localisation of Health Pathways for Hawke's Bay.

The purpose of Health Pathways is a better-quality management and referral systems between primary and secondary care for 550 identified conditions. Making these pathways specific to our region creates a streamlined system, builds networks and improves the use of best practice management.

This year 94 pathways have been identified to be completed for localisation. A similar sized group will be identified for the next phase of development in year two. Health Pathways are reviewed every three years and will be a useful learning tool across primary care and HBDHB.

Council felt this was a positive project that links primary and secondary care, improves quality of care is currently progressing ahead of schedule. Council will receive a further update in six months' time.

**6 Topics of Interest – Member Issues / Updates**

**Maternity Scanning Funding**

Jules Arthur shared the very positive news that funding to ensure pregnancy related ultrasound scanning would be free at point of service. This decision had been made had been as part of the HBDHB, Board's decision on equity funding. Council wished to recognise the Board's commitment in this area.





## **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:

17. Confirmation of Previous Minutes (Public Excluded)
18. Matters Arising – Review of Actions (Public Excluded)
19. Chair's Report (Public Excluded)
20. Health & Disability Service Review Transition Update (Public Excluded)
21. Balanced Scorecard (Public Excluded)
22. Strategic Workplan Update – Integrated System Plan (Public Excluded)
23. Finance, Risk and Audit Committee Meeting (Public Excluded)
24. Board Health & Safety Champion's Report (Public Excluded)
25. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
26. Equity Investment Update (Public Excluded)
27. Te Pitau Health Alliance (Hawke's Bay) Report (Public Excluded)
28. Māori Relationship Board Report (public excluded)
29. Safety & Wellbeing Report (Public Excluded)

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).

