BOARD MEETING

Date: Tuesday 30 March 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)
Hayley Anderson
Ana Apatu
Kevin Atkinson
David Davidson
Evan Davies
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 – 2 March 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.	Strategic Workplan – Emma Foster, Executive Director Planning, Funding & Performance	2.25
11.	Ākina (Continuous Improvement) – Incubator Anne Speden, Executive Director of Digital Enablement, Emma Ellison (Recruitment Manager),	2.40
	Section 4: Other Governance Reports	
12.	Board Health and Safety Champions' Report	2.50
	Section 5: Noting Papers	
13.	Māori Relationship Board Report – Chair, Ana Apatu	3.00
14.	Hawke's Bay Clinical Council Report – Co-chairs, Julie Arthur and Robin Whyman	3.10
15.	COVID-19 Vaccine and Immunisation Programme Rollout Progress Report – Chris McKenna, Chief Nursing & Midwifery Officer and Patrick Le Geyt, Acting Executive Director of Health Improvement & Equity	3.20
16.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	3.35

Public Excluded Agenda

Item	Section 7: Routine	Time
17.	Minutes of Previous Meeting – 2 March 2021 (public excluded)	3.40
18.	Matters Arising – Review of Actions (public excluded)	-
	Section 8: Standing Management Papers	
19.	Chair's Report - verbal (public excluded)	3.45
	Section 9: Other Governance Reports	
20.	Strategic Capital Plan: Radiology Refurbishment Project Procurement Plan – Carriann Hall, Executive Director Financial Services	3.55
21.	Finance, Risk and Audit Committee Meeting – 17 March 2021 (public excluded) – Chair, Evan Davies	4.10
	Section 10: Noting Papers	
22.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster	4.20
23.	Māori Relationship Board Report (public excluded) – Chair, Ana Apatu	4.25
24.	Hawke's Bay Clinical Council Report (public excluded) – co-Chairs, Julie Arthur and Robin Whyman	4.35
25.	Safety & Wellbeing Committee Minutes – 18 March 2021 (public excluded)	4.45
26.	Karakia Whakamutunga	4.55
	Meeting concludes	5.00

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

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

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

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

ĀKINA IMPROVEMENT

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

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

RARANGA TE TIRA PARTNERSHIP

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

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

TAUWHIRO CARE

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

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

Karakia

Hei Aratākina te Hui (to start)

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

Karakia whakamutunga (to finish) Unuhia

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

Board "Interest Register" - as at 19 February 2021

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Shayne Walker	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	CEO	08.01.20
	Active	Daughter	Employed with Kahungunu Executive	Will abstain from all funding decisions related to Kahugnunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23/11/2020
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestryle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Whariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	Hawke's Bay District Health Board	Contracted as Incident Controller	Potential conflict. Will advise of any conflict of interest.	The Chair	16.09.20
		Cranford Hospice Trust	Health Consultant - contracted with provider	Will advise of any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	09.12.19
David Davidson	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria Univesity	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Executive Steering Group, Dunedin Hospital		No conflict perceived	The Chair	17.02.21
	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20
Renee Brown Board Observer	Active	Mother	Board member of Te Roopu a Iwi Trust and employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Sister	Employee of Maraenui Medical Centre	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
	Active	Uncle	Board member of Te Roopu a Iwi Trust and employee of Te Taiwhenua o Heretaunga	Will advise of any perceived or real conflict prior to discussion	The Chair	01.10.20
Panu Te Whaiti Board Observer	Active	Hawke's Bay DHB	Employed as Portfolio Manager, Planning Funding & Performance	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	07.12.20
	Active	Pasifika Health Leadership Group	Member / Deputy Chair	Advisory Committee to HBDHB Board. Unlikely to be any conflict.	The Chair	13.10.20

MINUTES OF THE HBDHB BOARD MEETING
HELD ON TUESDAY 2 MARCH 2021 AT 2.00PM
VIA ZOOM (LIVESTREAMED)

PUBLIC

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

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

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

2. APOLOGIES
An apology was received from Dr Robin Whyman, co-Chair Hawke's Bay Clinical Council.

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

4. CONFIRMATION OF PREVIOUS MINUTES
The minutes of the Board meeting held on 2 February 2021 were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Joanne Edwards
Carried

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

6. BOARD WORK PLAN
The governance workplan was noted.

STANDING MANAGEMENT REPORTSs

7. CHAIR'S REPORT (VERBAL)

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

Name	Role	Service	Years of Service	Retired
Sue Putt	Dental Therapist	Communities, Women & Children	17	18/12/20
Peter Holder	Support Analyst	Digital Enablement	22	13/2/21
Pam Winfield	Duty Manager	Operations Directorate	34	24/2/21

  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 to HBDHB on 31 March 2021, highlighting this was an opportunity to discuss opportunities and challenges faced by the DHB.
- The Health and Disability Services Review continued and would be one of the topics discussed with the Minister during his visit.
- HBDHB's draft Annual Plan was due to be submitted to the Ministry of Health (MoH) this week.
- The Chair thanked the Executive Leadership Team for their work during the current COVID-19 alert level 2. He also thanked staff involved in the vaccination rollout in Hawke's Bay for their dedication and commitment to the community.

A member referred to the profile on the DHB's Facebook page about Pam Winfield, recently retired Duty Manager, and said this was a great way to celebrate staff contribution to the DHB and the community and looked forward to seeing more profiles like this.

8. CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer (CEO) took her report as read, highlighting the interactions with staff and the community over the past month. She acknowledged the launch of the Ngākau Ora programme, which was a two-day orientation for new and existing staff. Fifty to sixty staff attended the two days, including 12 new employees and managers and staff who had been with the DHB for a long time. Feedback from those attending had been very positive. The intent was that every new staff member and current staff would attending this programme over the next three years.

The CEO provided the following update in response to an action point raised at the last meeting around provision of oxygen supply in the hospital.

- The DHB had been part of a process where the MoH had made additional funding available to ensure there was good oxygen supply provision, however it was important to ensure whatever was chosen was Fit for Purpose and did not cause disruption when making necessary changes. It was also important to be able to respond appropriately if there was an upsurge in COVID-19. In the event the amount of money required to make the changes did not equal the funds provided by the MoH, there would need to be a Board discussion in order for the DHB to meet its requirements in this area.
- Heather Skipworth congratulated the DHB on the introduction of the Health Administration Cadet Programme and asked if the interns would also be attending the Ngākau Ora orientation. The CEO advised that as the sessions were held every eight weeks, there was no reason why they couldn't be aligned.

  The question was raised as to whether Board members could attend the two-day orientation. The CEO advised that members were welcome to participate and also noted that as part of the upcoming Board induction, JB Heperi Smith (Senior Advisor Cultural Competency) would be taking Board members through the meaning behind the logo and how it was created, and would also be speaking to the DHB's Heart Values and Behaviours.

- Heather Skipworth said she had been contacted by members of the community advising that their pre-surgical appointments had been cancelled this week due to the COVID-19 alert level 2 and asked if these appointments were being rescheduled via zoom. The Chief Operating Officer advised that some outpatient appointments had been moved this week, however this was due to a very busy hospital and not COVID-19 levels. He undertook to follow this up with Heather following the meeting to find out the details. **Action**
- Joanne Edwards referred to the comment that 29.4 percent of patients had waited more than four months for surgery and asked whether this had been benchmarked with other DHBs. In response, it was noted that while HBDHB was in a similar position with other provincial DHBs, there were some DHBs that were higher. Work was being undertaken to identify the drivers for this, looking at specialty by specialty. The Chief Operating Officer agreed to share some of the benchmarking so Board members could see where HBDHB sat and also that DHBs were facing similar challenges. **Action**
- The Chair thanked the CEO for all the engagement she had undertaken over the past month.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

9. FINANCIAL PERFORMANCE REPORT

The Executive Director (ED) 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 17 March 2021.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

STRATEGIC DELIVERY

10. HBDHB QUARTER TWO HEALTH SYSTEM PERFORMANCE DASHBOARD

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

This was the second quarterly Health System Performance Dashboard for the 2020/21 year and provided performance reporting across HBDHB's five health system priorities:

- First 1000 days
- Mental health and addiction
- Long term conditions
- Frail and older people
- Responsive health system

Comments during discussion included:

- The percentage of people with diabetes who had good or acceptable glycaemic control was well below target which was a concern. Management agreed to provide further information on that indicator. **Action**

- Kevin Atkinson referred to a new drug for diabetes which had shown a dramatic reduction in HbA1c and which only needed to be taken once a week via injection. This drug was currently held up by Medsafe and it would be good to know when that would be available.
- It was noted that a number of the indicators were 'red' and had been for some time now and members asked when they were likely to see better outcomes for those indicators, e.g. percentage of Māori population enrolled in the PHO. The ED Planning, Funding & Performance (ED PF&P) acknowledged that the report did not include any timeframes and advised that predictive timeframes would be provided in future reports. **Action**
- Heather Skipworth asked that the column 'additional number to reach target' be split into Māori and Pacific as currently it was difficult to know who that target pertained to. She also asked for all reports to include separate statistics for Māori and Pacific. **Action**
- The Chair commented that a number of the indicators were noted as 'DSA'[1] and while the information might not be available for the last quarter, it would be useful to understand when the last information was available rather than leaving it blank. **Action**
- The Chair highlighted that the last two indicators under 'Responsive Health System' (RHS-21[2] and RHS-22[3]) were fantastic examples of exceeding the target from a Māori perspective and suggested that the learnings be applied to other indicators. He also asked if there was any other information the Board could receive to understand how these indicators were tracking. The ED PF&P undertook to follow this up. **Action**

RECOMMENDATION

That the HBDHB Board:

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

Adopted

11. HBDHB ANNUAL PLAN 2021/22 (FIRST DRAFT OF ACTIONS)

Board members received the current working draft of the 2021/22 Annual Plan actions for information and feedback. The ED PF&F spoke to the report highlighting that the MoH was clear this was not a 'business as usual' plan, as in the past, but specific focus embedding COVID-19 learnings and equity outcome actions.

Comments from Board members included:

- Although the actions had reduced from 380 last year to 232 this year, this was still a huge amount of work to be undertaken and maybe thought need to be given to reducing these further. **Action**
- There was very little in the Annual Plan about how the DHB was going to achieve all the actions. The ED PF&P acknowledged both comments and agreed to review the actions to ensure they were action orientated. This might result in reducing the actions.

RECOMMENDATION

That the HBDHB Board:

1. **Note** and endorse the Annual Plan Draft Actions for submission to the Ministry of Health.

Carried

[1] Bi-yearly/seasonal/annual (data not captured every quarter)

[2] % of patients receive their first cancer treatment (or other management) within 31 days from date of decision to treat

[3] % 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

12. ĀKINA (CONTINUOUS IMPROVEMENT) – e-REFERRALS

Anne Speden (ED of Digital Enablement), Aaron Turpin (Head of Business Information), Natalie Brown (Service Improvement Lead) and Claire Caddie (Service Director), were in attendance for this item. David Gardner, Medical Head of Department, was unable to attend due to sickness.

Board members received a presentation on e-Referrals which included a personal example. The key benefits of e-Referrals were:

- People/whānau at the centre of the workflow with a key focus on patient safety
- Optimisation and streamlined workflow for patients and clinical teams
- Increased access to care and improved communication
- Reduced reliance on administrative, paper-based processes

13. HEALTH HAWKE'S BAY UPDATE

Wayne Woolrich, Health Hawke's Bay (HHB) CEO, was in attendance for this item along with members of his team and two from Planning, Funding & Performance.

This report was taken as read. Discussion occurred around the following:

- How Ka Hikitia was being communicated to Māori to ensure they were aware of their rights and how this would remove unconscious bias.
- Part of the concept was a partnership approach, with whānau having an equal partnership in the way it would work. The intent was to first engage with whānau and to have a representation of patients around the table from a particular practice. This was the first step and from there, the PHO would then use that as a basis to communicate with broader whānau and Hawke's Bay stakeholders and community.
- The pou had been created to resemble something whānau could relate to. The pou had also been converted to Te Reo Māori so the message was clear and represented whānau.
- HHB was in the process of developing a communications strategy that addressed equity in an appropriate manner
- What was the PHO was doing to address primary care statistics that were 'red' and impacting on Māori? HHB CEO advised that the PHO was actively working in partnership with Planning, Funding & Performance to improve the measures, however the huge amount of work with COVID-19 had impacted on some of the work primary care could do. He believed the rollout of the new contracts with general practices would help in improving Māori health statistics in Hawke's Bay but this would need support from the DHB as it involved a whole of system approach. He advised that diabetes was currently one of the focus areas and he was confident that the next report to the Board in six months' time would show an uplift in some of those indicators, particularly around cardiovascular risk assessments.
- A number of workstreams were in place to increase nurses and Māori in primary care. Further details would be provided in the next update to the Board. It was noted that one of the barriers for primary care new graduate employment was the cost of training and upskilling during the onboarding process. DHB national Directors of Nursing were working with national workforce groups trying to get funding to allow this, however this was still work in progress as there were specific pieces of work around credentialling nurses for primary care which was outside the GP funding package. HHB CEO advised that one of the objectives of the Rangatahi Internship and Summership programme was to increase Māori and Pasifika primary workforce.
- The Chair thanked HHB CEO and his team for the update and asked that the next update be provided sooner than six months. He also asked that the next update include an equity lens around COVID-19 swabbing. A**ction**

  The Chair acknowledged Wayne Woolrich's leadership and mahi during his time as CEO of Health Hawke's Bay and wished him well in his next role.

OTHER GOVERNANCE REPORTS

14. REVIEW OF HAWKE'S BAY HEALTH CONSUMER COUNCIL

The purpose of this report was to provide the Board with a review of the Hawke's Bay Health Consumer Council and management response to the recommendations made. Dr Andy Phillips, Chief Allied Health Professions Officer, spoke to the report.

The importance of putting some resource into governance training for Consumer Council members was highlighted and agreed.

RESOLUTION

That the HBDHB Board approve the management actions arising from this review:

1. The Purpose and Functions sections of Consumer Council Terms of Reference (ToR) will be updated and modified to reflect the findings of this review and recommendations from MRB.
2. The CEO of HBDHB will confirm specific executive, management and secretarial support roles for consumer council, consistent with the Health and Disability System Review
3. Consumer Council will be engaged in specific activities requiring consumer input pending appointment of new members and chair in July 2021.

MOVED: Ana Apatu
SECONDED: Hayley Anderson

Carried

NOTING REPORTS

15. MĀORI RELATIONSHIP BOARD REPORT

MRB Chair took this report as read highlighting the two additional items which had been added to the workplan:

1. Water quality concerns for Māori.
2. Lack of dentists available in Wairoa.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

16. HAWKE'S BAY CLINICAL COUNCIL REPORT

This report was taken as read.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

STRATEGIC WORKPLAN

This report was taken as read.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

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

This report outlined the monthly progress to date for the COVID-19 vaccination immunisation programme. The following comments were provided in addition to the report:

- Today the first vaccinations were being given to Port workers
- A pōwhiri was held prior to the vaccines commencing and a video profiling three workers was taken. Specific videos would also be created which would be shared by panui with the Hawke's Bay Māori community.
- The MoH had provided a very good handbook for consumers about the vaccine including FAQs. HBDHB's Nurse Director Māori Health and COVID-19 Operational Lead, Ngaira Harker, was working with Māori Health around face to face communication with Māori and Pasifika to provide this information.
- Formal dates and rollout were in train, although firm dates were not yet known. Primary care providers were working superbly with the DHB, however additional vaccinators would be required.

On behalf of the Board, the Chair thanked Ngaira and the team for the work they were doing in rolling out the vaccinations.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

19. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board:

Exclude the public from the following items:

20. Confirmation of Previous Minutes 2 February 2021 - Public Excluded
21. Matters Arising (Public Excluded)
22. Chair's Report (Public Excluded)
23. Chief Executive Officer Reports:
    - Hawke's Bay DHB Position Statement of Institutional Racism – Public Excluded
    - Provision of Intensive Care Support – Public Excluded
24. Strategic Capital Projects Status Report (Public Excluded)
25. Draft Annual Plan 2021/22 (Public Excluded)
26. Strategic Planning and Budgeting over a Multi-Year Timeframe – Options Paper (Public Excluded)
27. Integrated Clinical Workforce – Budget Setting 2021/22 (Public Excluded)
28. Finance Risk and Audit Committee Meeting 17 February 2021 (Public Excluded)
29. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
30. Hawke's Bay Clinical Council Report (Public Excluded)
31. Safety and Wellbeing Committee Minutes – 18 February 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 3.45pm.

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

5

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	2/3/21	**Follow-up with Heather Skipworth comment from consumers about cancellaton of pre-surgical appointments**	COO	March	Completed
2	2/3/21	**Benchmarking for Planned Care** Board members to receive some of the benchmarking	COO	March	Uploaded to Resource Centre of Diligent
3	2/3/21	**Quarter 2 Health System Performance Dashboard** Further information to be provided on indicator 'Percentage of People with Diabetes who had good or acceptable glycaemic control' Future reports to include predictive timeframes 'Additonal numer of reach target' to be split into Māori and Pacific Indicators noted as 'DSA' – include latest statistics rather than leaving it blank Provide any further information so the Board can understand how the indicators are tracking	ED Planning, Funding & Performance	Quarter 2 report	Noted for future reports
4	2/3/21	**Health Hawke's Bay Report** Next report to include an equity lens around COVID-19 swabbing Next report to come to Board sooner than six months	Health Hawke's Bay CEO		Noted

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

BOARD				
ELT	STANDING MANAGEMENT PAPERS	SRR	Public/Public Excluded	Frequency
	Chairs Report		Public / Public Excluded	Monthly
CEO	Chief Executive Officers Report	ALL	Public / Public Excluded	Monthly
EDPFP	Balanced Scorecard	8, 11, 12, 13, 18	Public	Monthly
EDFS	Financial Performance Report	18	Public	Monthly
	STRATEGIC DELIVERY			
EDPFP	Strategic Workplan	8, 11, 12, 13, 18	Public Excluded	Monthly
EDPFP	Strategic Capital Projects	2, 8, 16	Public Excluded	Monthly
EDPFP	Annual Plan Performance/Health System Priorities (March/May/August/Nov) *(CPHAC / DSAC)*	8, 11, 12, 13, 18	Public	Quarterly
EDDE	Ākina	ANY	Public	As required
PHO CE	PHO Report		Public	Quarterly
EDPFP	Annual Plan (May)	8, 11, 12, 13, 18	Public	Annually
EDPFP	Annual Report (October)	8, 11, 12, 13, 18	Public	Annually
	CAPITAL PROJECTS			
EDPFP	Capital Investment / Business Cases	15, 16	Public Excluded	As required
	OTHER GOVERNANCE PAPERS			
	Health & Safety Champions	5, 6	Public/Public Excluded	Monthly
CNMO	COVID-19 Update	10	Public/Public Excluded	Monthly
EDFS	Annual Reports: Allied Laundry/NZHP/TAS		Public	Annually
EDFS	External Audit		Public/Public Excluded	As required
	NOTING PAPERS *(Discuss by exception)*			
	Māori Relationship Board		Public/Public Excluded	Monthly
	Clinical Council		Public/Public Excluded	Monthly
	Consumer Council		Public/Public Excluded	Monthly
	Pasifika Health Leadership Group		Public/Public Excluded	Bi-Monthly
	Te Pitau		Public/Public Excluded	Monthly
EDPFP	Amounts Exceeding Delegation	14, 17	Public Excluded	Monthly

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

Internal Audits	
Month	Detail
Oct 20	RMO Rostering
Nov 20	Primary/Secondary Data Sharing & Utilisation
Dec 20	Health & Safety – Enforceable Undertaking
Feb 21	Risk Management
Mar 21	Legislative Compliance
Apr 21	Strategy Deployment & Monitoring of Performance
Jun 21	Outpatient Data/Booking Process
Jul 21	Staff Engagement Monitoring and Organisational Culture

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

ELT VERSION 26th FEBRUARY 2021

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**MARCH 2021 DHB CEO BOARD GOVERNANCE REPORT** For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	24 March 2021
Purpose/Summary of the Aim of the Paper	To provide a monthly strategic and operational update to the Board of HBDHB
Health Equity Framework	The Executive Leadership Team (ELT) will meet in April to complete the final half the work necessary to agree the work effort and reconfirm the delivery/accountability/monitoring leads for the Equity Action Plan. It was indicated in the Board CEO February Report that the 2021/22 investment options using the Health Equity Framework will be provided for Board decision in March 2021. In discussion with the team, this has been rescheduled to early May 2021 board meeting. A scoping workshop on prioritisation for an equity investment was held with Māori Relationship Board (MRB) mid-March.
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 Te Kupenga Hauora Board of Trustees • Met with Carla Na Ngara Suicide Prevention Director • Was interviewed by the Office of the Auditor General re: Centralised Response to Covid 19 • Attended the Te Aho o te Kahu Advisory Council meeting • Met with Hon Meka Whaitiri

	• Attended the National Chief Executives meeting • Was interviewed by Te Karere News re vaccine roll out to Māori in Hawke's Bay • Visited Presbyterian Support East Coast • Attended the Pacific Community Fono in Flaxmere • Was interviewed at Ministry of Social Development in Wellington re Social Sector commissioning • Participated as a panellist in "a conversation with pubic sector CEs" as part of International Women's Day • Was interviewed by the Office of the Auditor General re: Covid-19 vaccine preparation • Attended the pōhiri for the new Health Hawke's Bay CEO • Chaired the National Immunisation Implementation Advisory Group for the Covid-19 vaccine • Attended the Safety and Wellbeing Committee • Attended Health Select Committee to review HBDHB 19/20 performance • Along with Shayne Walker met with the Royston Health Trust • Hosted Dr Ashley Bloomfield, Director General of Health • Along with Dr Nicholas Jones, interviewed by Hawke's Bay Today re Covid - One year on from lockdown
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
Planned Care

HBDHB planned care delivery slowed during February 2021, with a number of known issues relating to bed availability which reduced delivery to planned levels across a number of surgical specialties.

- A net total of 2,122 referrals were received in February. As February is a shorter month, it is broadly in-line with average referrals per month, received since the end of COVID lockdown.
- In total, 1,636 patients were provided with First Specialist Assessments in February – 6.7 percent higher than February 2020. The overall waiting list ended the month at 5,231 (down 52 patients).
- The proportion of the waiting list waiting for four-months or more for their appointment grew (from 29.8 percent to 31.2 percent). This equates to 1,634 patients overdue against the ESPI 2 measure. Hawke's Bay DHB remains on trajectory for the Ministry of Health Improvement Action Plan, however continued elevated referral demand will place significant pressure on modelling for future months.

In respect of elective surgery, Hawke's Bay DHB delivered 90.5 percent of Ministry of Health production planning discharge target in February. Overall year-to-date delivery sits at 96.1 percent, and 96.6 percent on case-weights, and forecasting suggesting delivery against these targets at year end.

- Inter District Flow activity increased to 74.1 percent of plan (60 discharges vs 81 plan)
- On-site activity achieved 98 percent of plan, lower than the overperformance of preceding months (401 discharges vs 409 plan)
- Outsourced increased significantly to 90 discharges (75.6 percent vs 119 plan, up from 50.5 percent in January)

Overall the waiting list for surgery increased by 77 patients, ending the month at 2,265. Of these, 27.3 percent of patients have now waited more than the ESPI5 measure of four months – a small improvement from January but equating to a further 13 patients, now overdue.

Emergency and Non-Elective Care

The ED6 Health Target result for February was 74.5 percent, representative of ongoing access block within the hospital leading to periods where newly admitted patients access to a bed is delayed. Recruitment is now well underway for new nursing positions to support safe management of the Emergency Department during these periods. Continued focus remains to improve inpatient flow, including the appointment and imminent start of a new Clinical Nurse Specialist to support the management of patients suffering from delirium.

COVID-19 RESPONSE UPDATE

The covid resurgence plan continues to be refined and is close to completion. A team lead for testing and residential care has been appointed to accelerate development of our implementation planning. A series of workshops have been held at Te Taiwhenua o Heretaunga to provide an implementation plan for mass testing of asymptomatic people during any resurgence.

All testing coverage is monitored closely to ensure we achieve equity of population and geography, and meet our Border Order requirements. Work continues with the Port to ensure there is regular testing of all staff working at Napier Port, to improve testing in Central Hawke's Bay, Wairoa and for our Māori and Pacific whānau.

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

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The Operating Result for February was $34k favourable to plan and $208k adverse to plan year-to-date (YTD). When considering the total position including COVID-19 and Holidays Act the overall YTD position increases to $4.1m ($3.3m last month) adverse.

Whilst there continued to be overspends as a result of acute demand pressures, with the move out of the peak leave and statutory holiday period, broadly speaking costs in Providing Health Services returned close to pre-December levels. Therefore, with the support of non-recurrent offsets resulting from a change in accounting treatment, the Operating Result came in modestly favourable, as forecast.

$'000	February Actual	February Budget	February Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast	Refer Appendix
Operating Revenue	56,045	55,680	365	0.7%	445,444	441,952	3,492	0.8%	666,453	1
Less:										
Providing Health Services	26,081	25,571	(510)	-2.0%	217,509	212,959	(4,549)	-2.1%	331,655	2
Funding Other Providers	24,137	23,807	(330)	-1.4%	191,215	190,754	(462)	-0.2%	287,350	3
Corporate Services	4,904	5,085	181	3.6%	40,060	41,498	1,438	3.5%	61,325	4
Reserves	(147)	181	328	181.3%	4,249	4,123	(127)	-3.1%	4,970	5
Operating Result	**1,070**	**1,036**	34	3.3%	**(7,591)**	**(7,382)**	(208)	-2.8%	**(18,847)**	
Plus:										
Emergency Response (COVID-19)	(527)	-	(527)	0.0%	(1,820)	2	(1,823)		(1,543)	
Holidays Act Remediation	(246)	-	(246)	0.0%	(2,023)	-	(2,023)	0.0%	(2,979)	
	297	**1,036**	(739)	-71.4%	**(11,434)**	**(7,380)**	(4,054)	-54.9%	**(23,369)**	

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

The forecast continues to show the magnitude of risk of overspend on Operating Result by the end of the year, without mitigations. The two mitigating factors are:

- **CAPACITY** - available capacity in nursing and medical resources, acute bed capacity, aged residential care and potentially in planned care outsourcing appear to be placing constraint on cost growth to the levels forecast. The consequential impacts of these capacity constraints on quality and workforce are captured in other papers.

- **FLEXIBILITIES** – identified non-recurrent flexibilities and slippage on reserves are expected to offset the majority of the remaining forecast adverse variance. This level of flexibility will not be available next year and the underlying recurrent position has been captured in 2021/22 planning.

  As signaled in last months report, a review of forecast spend on the Annual Plan reserve indicates there will be an underspend of circa $900k. This is not expected to materially impact delivery of annual plan outcomes by the agreed timeframes and FRAC endorsed release of this to the bottom line to offset forecast overspends.

Whilst the modest favourable result for February increases confidence in achieving plan by the end of the year, achieving favourable variances in March/April and containing cost growth in May/June will be key to delivering this. Furthermore, the result continues to be vulnerable to internal and external factors. These were discussed in detail at FRAC.

Other Performance Measures

	February Actual	February Budget	February Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast	Refer Appendix
	$'000	*$'000*	*$'000*	*%*	*$'000*	*$'000*	*$'000*	*%*	*$'000*	
Capital spend	1,627	3,577	(1,949)	-54.5%	9,858	24,622	(14,763)	-60.0%	45,058	12
	FTE	*FTE*	*FTE*	*%*	*FTE*	*FTE*	*FTE*	*%*	*FTE*	
Employees	2,736	2,640	(96)	-3.7%	2,642	2,621	(21)	-0.8%	2,647	2 & 4

- Capital spend (Appendix 10)

  Variances on strategic capital projects are the main drivers of the underspend to date, this is partly due to uncertainty of timing of expenditure at planning and partly a result of slippage. Activity to rephrase the plan and actions to maximise available in year capital are underway, although are in part dependent on cash availability. Block allocations are expected to be fully utilised by the end of the year.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $22.0m overdrawn on 3rd February, within the $35m statutory limit and in line with the $22.2m forecast.

  On the MBIE requirement around speed-to-payment, the definition of the metric has now been confirmed as *The proportion of invoices entered into the finance/payables system that are paid within 10 working days of entry' - with a target of 95% measured on a monthly basis.* On this definition we achieve around 99.5%. Between July last year and January this year it ranged between 99.2% and 99.9% per month.

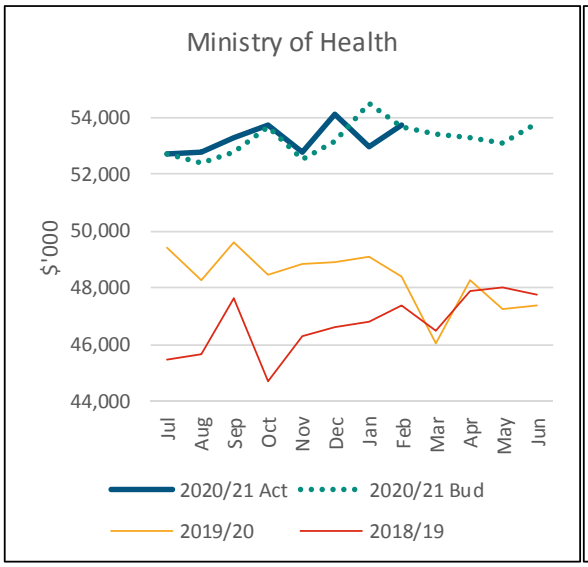
- Employees (Appendices 2 & 4)

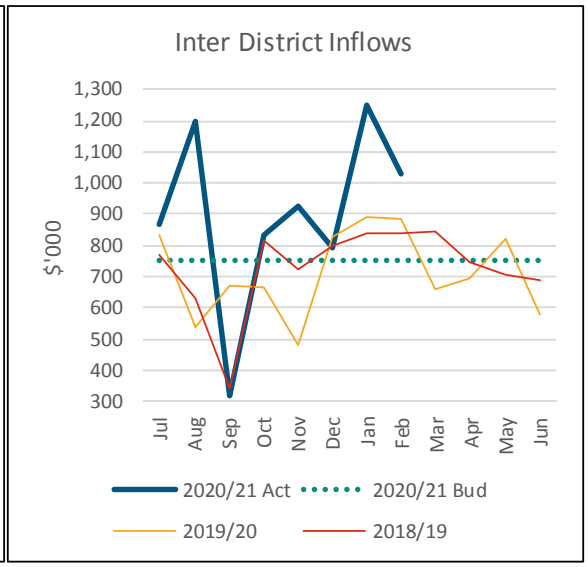
  Higher than planned nursing and support numbers reflect the acute delivery issues in Providing Health Services. These were partly offset by vacancies across allied health, and management and administration. Vacancies in medical personnel, are likely to be covered by locums that are not counted as FTEs.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

APPENDICES

1. OPERATING REVENUE

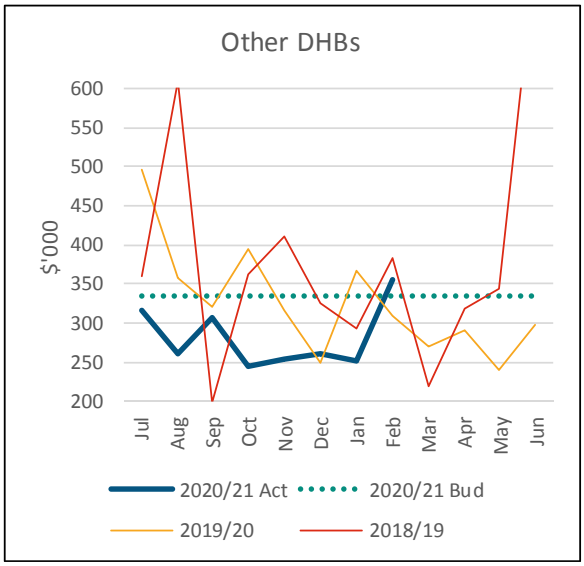
Excludes revenue for COVID-19	*February*				*Year to Date*				*Year End*
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Ministry of Health	53,713	53,666	46	0.1%	426,149	425,495	654	0.2%	638,795
Inter District Flows	1,028	752	276	36.6%	7,205	6,018	1,186	19.7%	9,938
Other District Health Boards	355	334	21	6.4%	2,250	2,673	(423)	-15.8%	3,390
Financing	8	4	4	97.3%	66	28	38	136.2%	78
ACC	401	415	(15)	-3.5%	3,619	3,499	120	3.4%	5,607
Other Government	31	22	10	44.3%	280	348	(68)	-19.5%	395
Abnormals	72	-	72	0.0%	273	-	273	0.0%	200
Patient and Consumer Sourced	122	108	13	12.4%	1,015	865	150	17.3%	1,484
Other Income	316	379	(63)	-16.6%	4,588	3,027	1,561	51.6%	6,565
	56,045	**55,680**	365	0.7%	**445,444**	**441,952**	3,492	0.8%	**666,453**

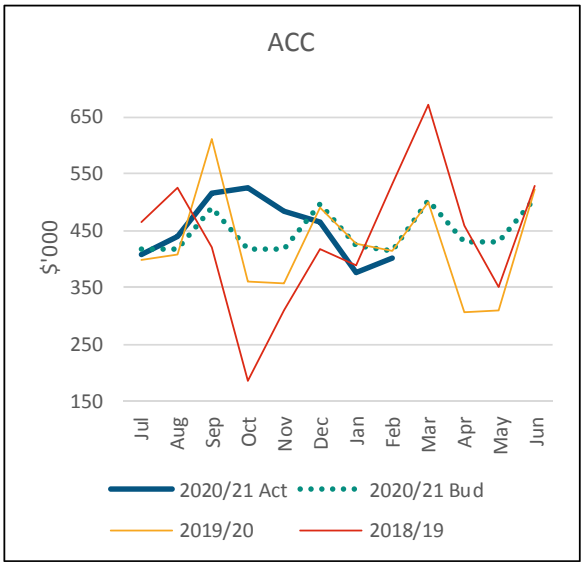




Ministry of Health ($0.7m favourable YTD)
Funding for In-Between Travel, child health and clinical training, all offset in expenditure. January was affected by an adjustment to pharmaceuticals increasing both the income and expense budget to recognise YTD growth.

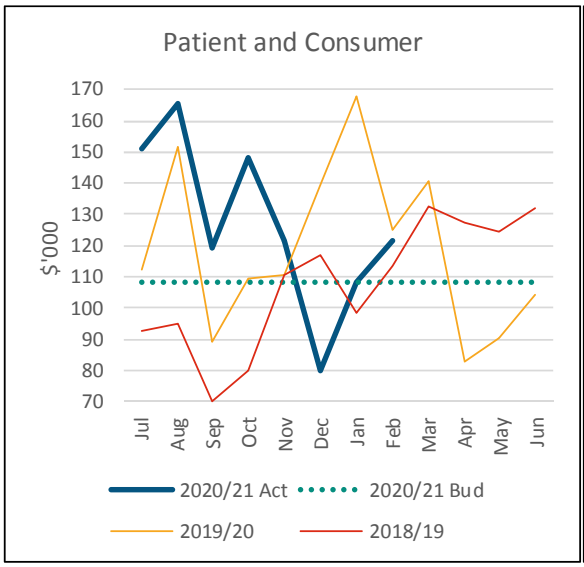
Inter District Flows ($1.2m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost. Increased revenue may reflect higher visitor numbers to Hawke's Bay due to restrictions in overseas travel.

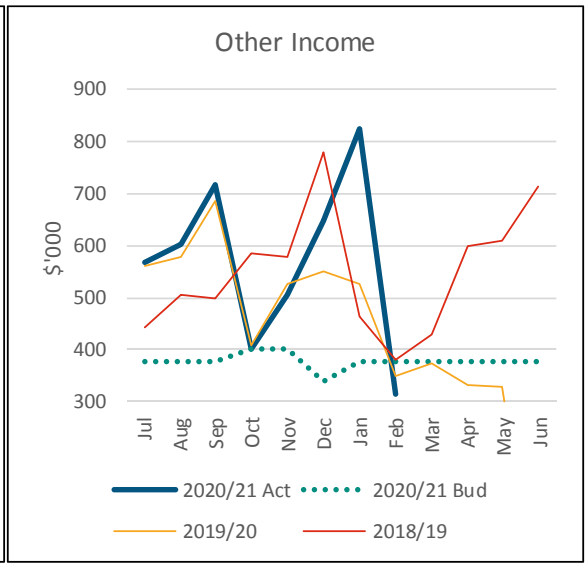




Other District Health Boards ($0.4m adverse YTD)
Ongoing reduced revenue from Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), partly offset by increased revenue from Mid Central DHB for oncology clinics.

ACC ($0.1m favourable YTD)
Some reduction in rehabilitation services provided to ACC over the summer months.



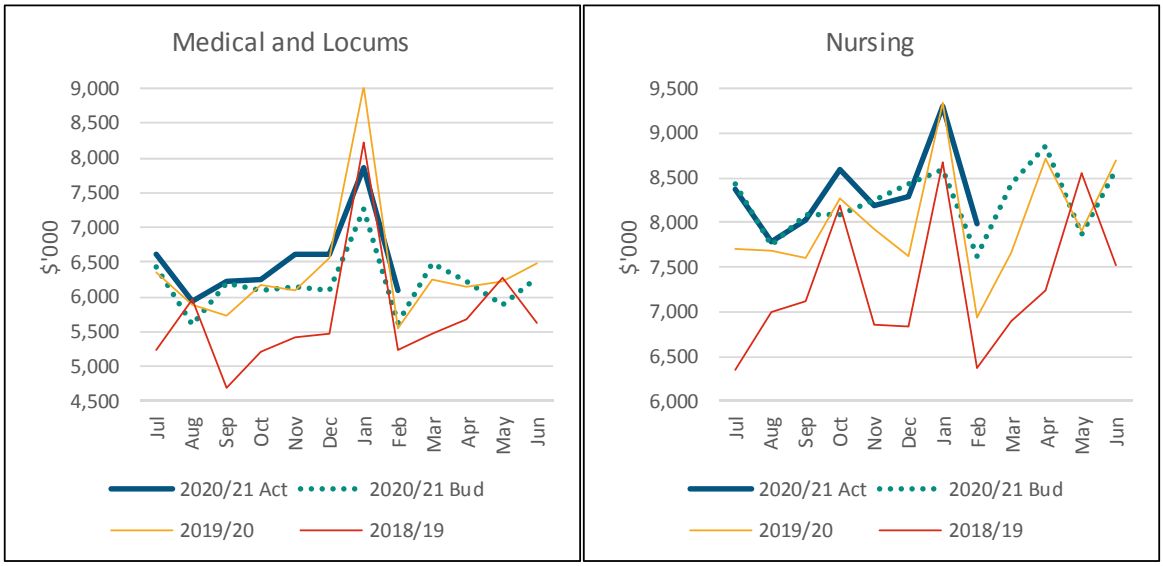


Patient and Consumer ($0.2m favourable YTD)
Non-resident charges, and meals on wheels, partly offset by reduced audiology income (hearing aids).

Other income ($1.6m favourable YTD)
Clinical equipment relating to COVID-19 transferred by MOH to the DHB contributes half of the favourable result. 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

	February				Year to Date				Year End
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Expenditure by type $'000									
Medical personnel and locums	6,091	5,631	(460)	-8.2%	52,215	49,453	(2,762)	-5.6%	79,227
Nursing personnel	7,982	7,617	(365)	-4.8%	66,536	65,240	(1,296)	-2.0%	100,239
Allied health personnel	3,256	3,419	163	4.8%	27,254	28,276	1,022	3.6%	42,412
Other personnel	2,132	2,165	33	1.5%	18,309	18,534	224	1.2%	28,016
Outsourced services	1,174	1,412	238	16.9%	8,490	9,395	905	9.6%	14,915
Clinical supplies	3,999	3,780	(219)	-5.8%	32,259	30,092	(2,167)	-7.2%	47,858
Infrastructure and non clinical	1,446	1,546	100	6.5%	12,447	11,971	(476)	-4.0%	18,988
	26,081	**25,571**	(510)	-2.0%	**217,509**	**212,959**	(4,549)	-2.1%	**331,655**
Expenditure by directorate $'000									
Medical	7,710	7,055	(655)	-9.3%	64,203	59,845	(4,359)	-7.3%	96,467
Surgical	6,227	6,207	(20)	-0.3%	51,391	50,445	(947)	-1.9%	79,068
Community, Women and Children	3,940	4,067	127	3.1%	33,343	34,016	673	2.0%	51,050
Mental Health and Addiction	1,790	1,806	16	0.9%	15,637	15,435	(202)	-1.3%	23,681
Older Persons, NASC HB, and Allied H	1,321	1,362	41	3.0%	11,411	11,659	247	2.1%	17,760
Operations	4,142	3,935	(207)	-5.3%	33,708	32,629	(1,079)	-3.3%	50,592
Other	951	1,139	187	16.5%	7,814	8,932	1,117	12.5%	13,037
	26,081	**25,571**	(510)	-2.0%	**217,509**	**212,959**	(4,549)	-2.1%	**331,655**
Full Time Equivalents									
Medical personnel	394.7	391.8	(3)	-0.7%	385	395	10	2.6%	398.4
Nursing personnel	1,165.1	1,065.6	(99)	-9.3%	1,118	1,066	(52)	-4.9%	1,071.8
Allied health personnel	508.0	530.7	23	4.3%	497	515	18	3.6%	524.0
Support personnel	134.5	121.1	(13)	-11.0%	132	120	(13)	-10.5%	121.0
Management and administration	291.8	295.9	4	1.4%	287	296	9	3.0%	299.8
	2,494.2	**2,405.1**	(89)	-3.7%	**2,418**	**2,391**	(27)	-1.1%	**2,415.0**



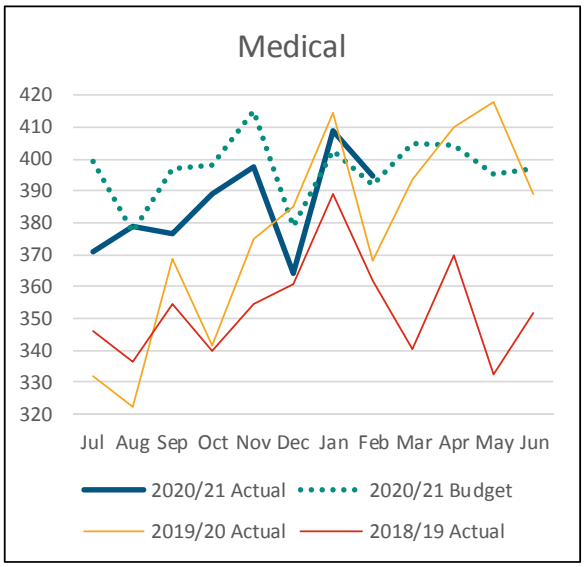
Medical personnel and locums ($2.8m adverse YTD)
The cost of locums covering vacancies and medical staff on leave, exceeds the savings from vacancies. Acute occupancy and in-house elective activity (offset in Outsourced Services) also contribute to cost pressures.

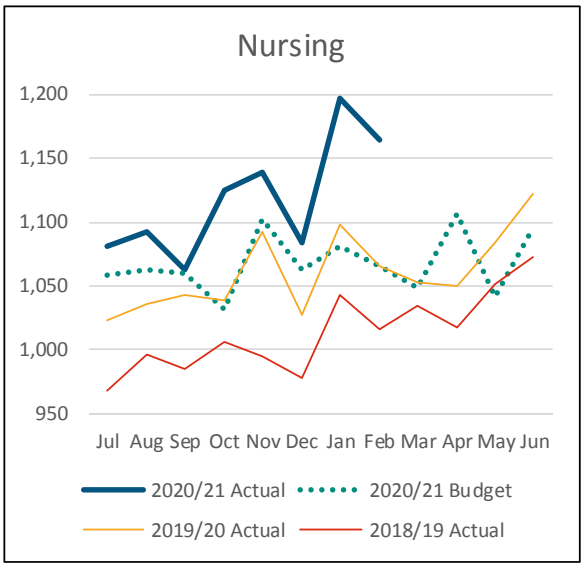
Nursing ($1.3m adverse YTD)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches.

Clinical supplies ($2.2m 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 ($0.5m adverse YTD)
Laundry, external security, cleaning and food costs reflect patient throughput year-to-date. Adverse minor hardware costs (mainly laptops, PCs and monitors)also contribute. Favourable domestic travel costs partly offset.

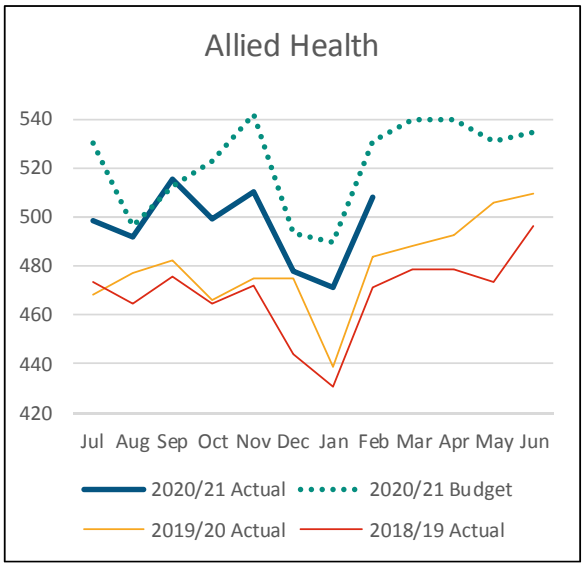
Full Time Equivalents (FTE)

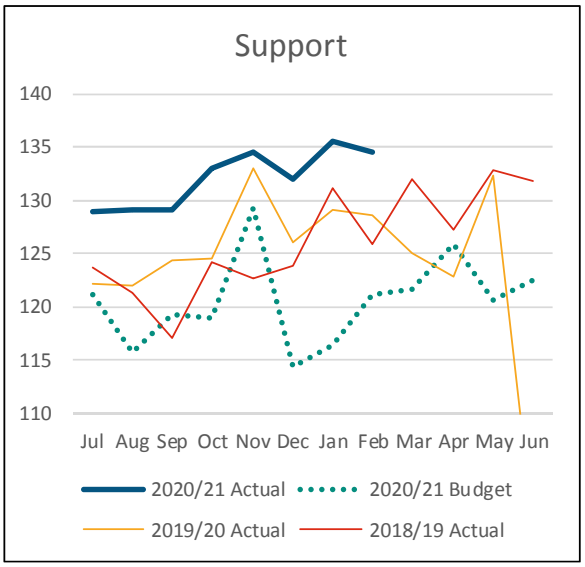




Medical personnel (10 FTE / 2.6% favourable)
Specialist vacancies covered by locums where available.

Nursing personnel (-52 FTE / -4.9% adverse)
Additional staffing to manage occupancy/additional bed capacity and length of stay issues, along with high numbers of patient watches.



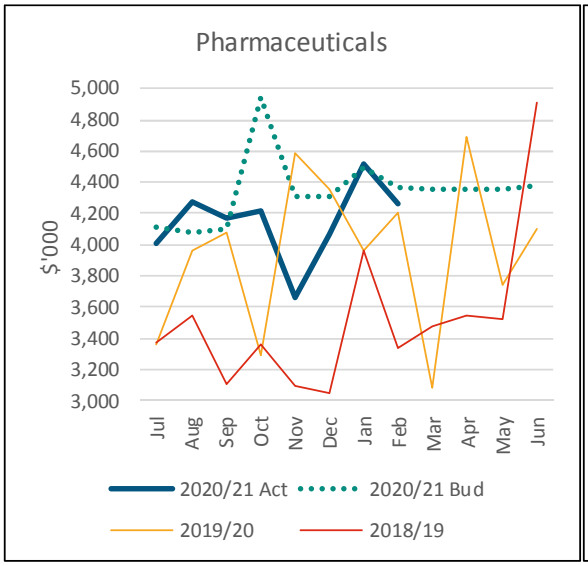


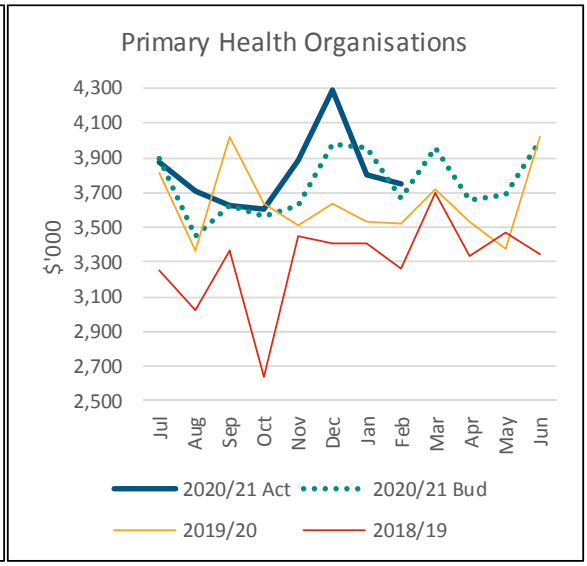
Allied health personnel (18 FTE / 3.6% favourable)
Ongoing vacancies including technicians, cultural workers, social workers, health promotion workers, pharmacists and dental therapists.

Support personnel (-13 FTE / -10.9% 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

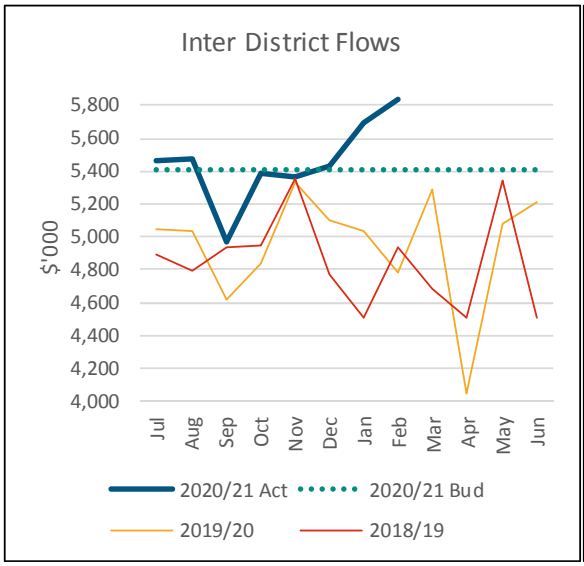
$'000	February Actual	February Budget	February Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,263	4,362	99	2.3%	33,175	34,710	1,534	4.4%	49,657
Primary Health Organisations	3,752	3,664	(87)	-2.4%	30,554	29,775	(779)	-2.6%	45,869
Inter District Flows	5,838	5,411	(427)	-7.9%	43,619	43,289	(330)	-0.8%	64,836
Other Personal Health	2,289	2,218	(71)	-3.2%	18,125	17,350	(776)	-4.5%	28,001
Mental Health	1,223	1,207	(15)	-1.3%	10,350	9,719	(631)	-6.5%	15,385
Health of Older People	6,436	6,605	169	2.6%	52,257	52,848	591	1.1%	78,974
Other Funding Payments	336	339	4	1.0%	3,135	3,064	(71)	-2.3%	4,626
	24,137	23,807	(330)	-1.4%	**191,215**	**190,754**	(462)	-0.2%	287,350
Payments by Portfolio									
Strategic Services									
Secondary Care	5,511	5,107	(404)	-7.9%	41,141	40,410	(731)	-1.8%	60,956
Primary Care	9,489	9,373	(116)	-1.2%	74,931	75,368	437	0.6%	113,144
Mental Health	1,541	1,541	(0)	0.0%	12,926	12,352	(574)	-4.6%	19,262
Health of Older People	6,945	7,174	229	3.2%	56,921	57,406	485	0.8%	86,014
Maori Health	521	494	(26)	-5.3%	4,180	4,225	44	1.1%	6,345
Population Health	130	118	(12)	-10.4%	1,117	993	(123)	-12.4%	1,628
	24,137	23,807	(330)	-1.4%	**191,215**	**190,754**	(462)	-0.2%	287,350

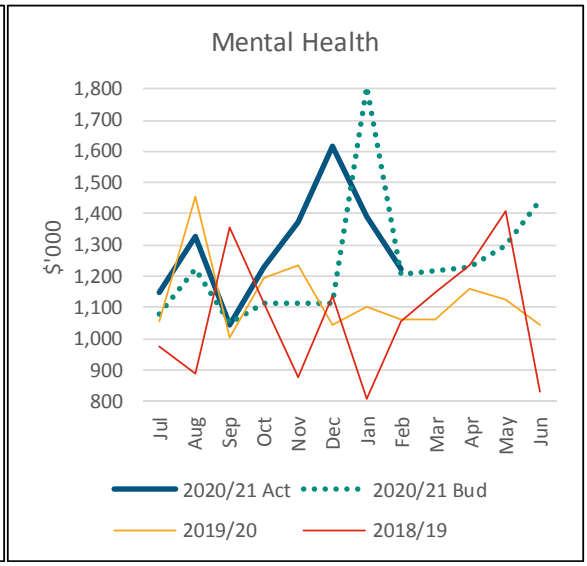




Pharmaceuticals ($1.5m favourable YTD)
Reflects latest PHARMAC projections.

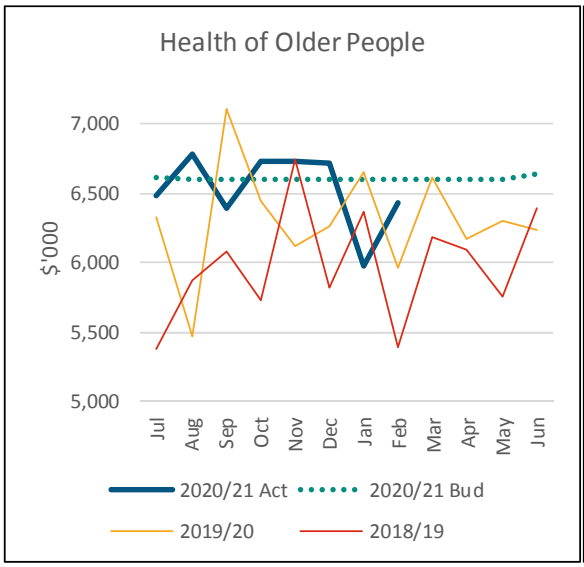
Primary Health Organisations ($0.8m adverse YTD)
Increasing activity in primary care services relating to patient subsidies, mostly offset by a monthly wash-up of activity by MOH resulting in additional funding included under revenue.

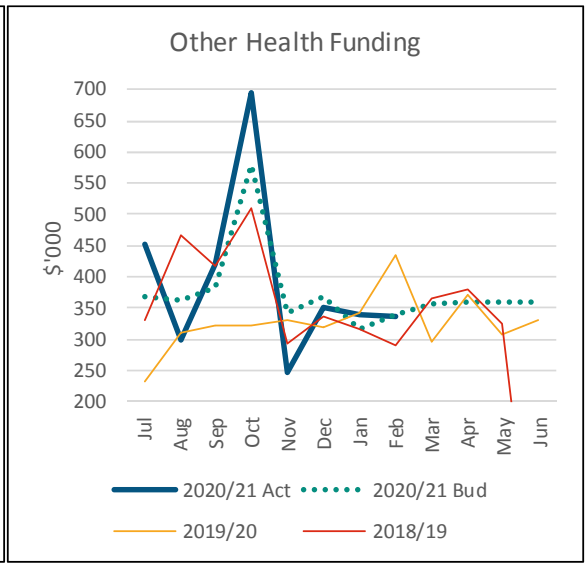




Inter District Flows ($0.3m favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost.

Mental Health ($0.6m adverse YTD)
Home-based support, service improvements and child and youth services, offset in revenue.





Health of Older People ($0.6m favourable YTD)
Restorative home care and In-Between Travel.

Other Health Funding ($0.1m adverse YTD)
Minor variances.

4. CORPORATE SERVICES

$'000	February Actual	February Budget	February Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,715	1,636	(79)	-4.8%	13,783	13,900	117	0.8%	21,117
Outsourced services	52	65	13	19.8%	439	522	84	16.0%	713
Clinical supplies	83	57	(27)	-47.1%	429	452	23	5.1%	639
Infrastructure and non clinical	1,478	1,529	50	3.3%	11,934	11,693	(242)	-2.1%	18,289
	3,329	3,287	(42)	-1.3%	26,585	26,567	(18)	-0.1%	40,758
Capital servicing									
Depreciation and amortisation	1,227	1,194	(33)	-2.8%	10,114	9,976	(138)	-1.4%	15,360
Financing	14	25	11	44.2%	130	189	59	31.4%	241
Capital charge	334	580	246	42.4%	3,231	4,766	1,534	32.2%	4,966
	1,575	1,799	224	12.4%	13,475	14,931	1,456	9.8%	20,567
	4,904	**5,085**	181	3.6%	**40,060**	**41,498**	1,438	3.5%	**61,325**
Full Time Equivalents									
Medical personnel	1.0	1.1	0	9.7%	1	1	(0)	-2.4%	1.1
Nursing personnel	26.9	19.9	(7)	-35.3%	19	19	0	1.8%	19.6
Allied health personnel	0.9	1.6	1	40.9%	1	2	1	47.4%	1.6
Support personnel	27.8	30.8	3	9.8%	28	30	2	6.4%	30.7
Management and administration	185.2	181.1	(4)	-2.3%	174	177	3	1.6%	179.4
	241.8	**234.5**	(7)	-3.1%	**224**	**230**	6	2.5%	**232.4**

Capital charge continues to be the driver of the favourable performance and reflects the lower equity balance than projected in the plan. 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	February Actual	February Budget	February Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	167	187	20	10.9%	1,333	1,794	461	25.7%	2,256
Efficiencies	-	(125)	(125)	-100.0%	-	(999)	(999)	-100.0%	(665)
Other	(314)	119	433	363.8%	2,916	3,328	412	12.4%	3,379
	(147)	**181**	328	181.3%	**4,249**	**4,123**	**(127)**	-3.1%	**4,970**

Investment reserves includes provisions for annual plan investment, the Digital Enablement reserve and aged residential care growth. As plans are finalised, budgets are moved to the appropriate areas.

The majority of the $4.1m planned efficiencies for the year are already embedded in budgets. Of the remaining $1.5m, there are delivery risks but we do anticipate progress on some areas in the closing months of the year.

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

6. FINANCIAL POSITION

30 June 2020	$'000	February Actual	February Budget	Variance from budget	Movement from 30 June 2020	Annual Budget
	Equity					
208,983	Crown equity and reserves	211,615	241,870	(30,255)	2,632	254,399
(107,310)	Accumulated deficit	(118,744)	(90,293)	(28,452)	(11,434)	(101,147)
101,673		92,870	151,577	(58,706)	(8,802)	153,252
	Represented by:					
	Current Assets					
1,198	Bank	1,092	759	333	(106)	759
1,449	Bank deposits > 90 days	1,467	1,881	(414)	18	1,881
20,896	Prepayments and receivables	25,118	22,542	2,576	4,222	22,725
4,626	Inventory	4,679	4,999	(320)	54	5,040
28,168		32,356	30,181	2,175	4,188	30,405
	Non Current Assets					
190,156	Property, plant and equipment	189,043	218,548	(29,505)	(1,113)	228,349
15,978	Intangible assets	16,323	4,983	11,340	345	5,258
1,341	Investments	1,503	1,120	383	162	1,120
207,475		206,869	224,651	(17,782)	(606)	234,727
235,644	**Total Assets**	**239,225**	**254,832**	**(15,607)**	**3,581**	**265,132**
	Liabilities					
	Current Liabilities					
14,430	Bank overdraft	18,884	4,296	(14,588)	(4,454)	10,159
36,438	Payables	39,659	36,701	(2,958)	(3,221)	40,697
79,814	Employee entitlements	84,522	55,834	(28,688)	(4,709)	54,784
-	Current portion of borrowings	-	3,378	3,378	-	3,172
130,682		143,066	100,210	(42,856)	(12,384)	108,812
	Non Current Liabilities					
3,289	Employee entitlements	3,289	3,046	(243)	-	3,068
3,289		3,289	3,046	(243)	-	3,068
133,971	**Total Liabilities**	**146,355**	**103,255**	**(43,099)**	**(12,384)**	**111,880**
101,673	**Net Assets**	**92,870**	**151,577**	**(58,706)**	**(8,802)**	**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 re-estimation of the Holidays Act remediation provision at 30 June 2020 (as does employee entitlements), and the difference from the 2019/20 result projected in the 2020/21 plan.

Prepayments and receivables are higher than budget reflecting billing for the December half year of Health of Older People revenue from MOH on signing of the agreement.

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

7. EMPLOYEE ENTITLEMENTS

30 June 2020	$'000	February Actual	February Budget	Variance from budget	Movement from 30 June 2020	Annual Budget
8,709	Salaries & wages accrued	9,583	5,445	(4,138)	(874)	4,267
1,058	ACC levy provisions	1,445	1,933	488	(387)	1,948
6,493	Continuing medical education	8,372	-	(8,372)	(1,879)	-
61,594	Accrued leave	63,258	46,338	(16,919)	(1,664)	46,436
5,249	Long service leave & retirement grat.	5,154	5,163	9	95	5,201
83,103	**Total Employee Entitlements**	87,811	58,880	(28,932)	(4,709)	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 January is provided below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 97.0% of plan was achieved to the end of January. This maintains the improvement on prior months 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 we will achieve the delivery targets by the end of the year.

2020/21 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2020/21 Total Planned Volume
Inpatient Caseweight Delivery	4,800.0	1,656.1	6,456.1	6,259.9	97.0%	10,899.8
Inpatient Surgical Discharges	3,184	1,211	4,395	4,214	95.9%	7,427
Minor Procedures	1,245	528	1,773	3,270	184.4%	2,984
Non Surgical interventions	23	47	70	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 February was a $18.9m overdrawn (January was $19.1m overdrawn).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. March's low point is projected to be the $22.8m overdrawn on 3 March. 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 the requirement to move to 10-day payment terms.

Debt Management

The DHB has no interest rate exposure relating to debt.

Foreign Exchange Risk Management

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

10. CAPITAL EXPENDITURE

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

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

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

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

See table on the next page.

	Year to Date			End of Year Forecast		
	Actual	Budget	Variance	Forecast	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Source of Funds						
Operating Sources						
Depreciation	10,114	9,976	138	15,393	15,255	138
	10,114	9,976	138	15,393	15,255	138
Other Sources						
Special Funds and Clinical Trials	43	-	43	43	-	43
Sale of Assets	614	415	199	614	415	199
Equity Injection received	2,632	-	2,632	2,632	24,772	(22,140)
Equity Injection forecast	-	-	-	4,319	-	4,319
Source to be determined	-	-	-	3,572	4,616	(1,044)
	3,704	415	3,289	10,765	29,803	(19,038)
Total funds sourced	**13,403**	**10,391**	**3,012**	**26,573**	**45,058**	**(18,485)**
Application of Funds:						
Block Allocations						
Facilities	1,122	2,058	936	3,073	3,088	15
Information Services	1,553	2,483	930	3,699	3,755	56
Clinical Equipment	1,557	2,580	1,024	3,944	3,872	(72)
	4,232	7,121	2,889	10,716	10,715	(1)
MOH funded Startegic						
Seismic Radiology HA27	8	67	59	50	100	50
Surgical Expansion	889	3,588	2,699	3,400	4,200	800
Main Electrical Switchboard Upgrade	103	2,099	1,996	900	4,000	3,100
Mobile Dental Unit	0	933	933	800	1,600	800
Angiography Suite	1	1,499	1,499	1,300	3,000	1,700
Replacement Generators	(12)	-	12	(12)	-	12
Endoscopy Building (Procedure Rooms)	147	1,499	1,352	2,000	3,000	1,000
Radiology Extension	1,271	2,429	1,157	1,800	4,559	2,759
Seismic AAU Stage 2	1,229	1,375	145	1,265	2,063	798
Seismic Surgical Theatre HA37	13	1,225	1,211	1,100	2,100	1,000
Linear Accelerator	-	-	-	100	250	150
	3,649	14,713	11,064	12,703	24,872	12,169
DHB funded Strategic						
Surgical Expansion	-	-	-	-	1,953	1,953
Main Electrical Switchboard Upgrade	-	-	-	-	200	200
Cardiology PCI	5	-	(5)	250	1,000	750
Interim Asset Plan	672	2,729	2,057	2,000	5,390	3,390
Digital Transformation	101	-	(101)	716	870	154
	778	2,729	1,951	2,966	9,413	6,447
Other						
Special Funds and Clinical Trials	43	-	(43)	43	-	(43)
Other	143	58	(85)	143	58	(85)
	187	58	(129)	187	58	(129)
Capital Spend	**8,847**	**24,622**	**15,775**	**26,573**	**45,058**	**18,486**

11. ROLLING CASH FLOW

	Feb-21			Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-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	60,102	58,443	-1,659	66,163	57,462	58,416	60,562	60,664	60,664	64,764	61,164	59,664	122,328	0	59,664
Other revenue	5,162	7,332	2,170	10,403	6,200	6,650	6,237	6,400	6,450	6,450	6,300	6,300	5,440	5,800	6,650
Total cash inflow	65,264	65,776	511	76,566	63,662	65,066	66,799	67,064	67,114	71,214	67,464	65,964	127,768	5,800	66,314
Cash Outflows															
Payroll	14,085	14,008	77	16,198	13,750	13,680	17,880	13,750	13,680	16,230	13,700	13,680	17,950	13,680	13,680
Taxes	6,406	9,329	-2,923	12,477	9,200	9,200	9,200	9,200	9,200	9,200	9,200	9,200	6,000	12,400	9,200
Sector Services	28,404	29,956	-1,552	28,453	27,900	27,200	27,293	28,278	27,967	27,646	29,512	27,288	26,802	25,950	26,855
Other expenditure	16,152	15,641	511	15,637	18,040	17,178	21,790	25,170	15,669	15,669	13,613	17,069	17,067	12,015	14,508
Total cash outflow	65,048	68,934	-3,886	72,764	68,890	67,258	76,163	76,398	66,516	68,745	66,025	67,236	67,819	64,045	64,244
Total cash movement	216	-3,159	-3,375	3,801	-5,229	-2,192	-9,364	-9,334	598	2,469	1,439	-1,272	59,949	-58,245	2,070
Add: opening cash	-19,087	-19,087	0	-18,871	-15,070	-20,299	-22,491	-31,855	-41,189	-40,590	-38,122	-36,683	-37,955	21,993	-36,252
Closing cash	-18,871	-22,246	-3,375	-15,070	-20,299	-22,491	-31,855	-41,189	-40,590	-38,122	-36,683	-37,955	21,993	-36,252	-34,182
Maximum cash overdraft (in month)	-21,993	-22,246	253	-15,070	-20,299	-22,491	-31,855	-41,189	-41,499	-45,505	-39,288	-41,315	-45,824	-36,252	-44,184

HAWKE'S BAY District Health Board Whakawāteatia	**Strategic Workplan** Hawke's Bay Health System Plan
	For the attention of: **HBDHB Board**
Document Owner	Emma Foster, Executive Director Planning, Funding and Performance
Date	April 2021
Purpose/Summary of the Aim of the Paper	Provide the Board with a status update on the Hawke's Bay Health System Plan. We have commenced our Health System Plan process, and are working on the ongoing development of forecasting the growth of our population, alongside the health and disability needs. We are progressing with the models of care changes that we need to support this, and understanding the facilities that will enable us to progress these.
Health Equity Framework	The Health Equity Framework is a basis for all system transformation programmes, which is included in the broader master planning process. This process identifies: • health issues • co-designs solutions • actions solutions • monitors progress utilising whānau voice as the core driver, alongside the organisations values and principles of Te Tiriti o Waitangi.
Principles of the Treaty of Waitangi that this report addresses	System transformation, and as a consequence will be informed by the principles of Te Tiriti o Waitangi, as determined in the health context.
Risk Assessment	This report covers the five risk areas: • Equity of outcomes – This report takes into consideration the equity agenda for HBDHB, and indirectly impacts on population health outcomes. • Consumer engagement – This report holds whānau and person-centred care at the centre, and the processes and systems of development will be following the equity framework. • National priorities – System transformation and master planning as a whole will be informed by HB health system priorities, whānau voice and national priorities. • Workforce – Workforce planning is a core part of the planning process.

	• Financial sustainability – Health system planning, including system transformation will support the organisation to move towards financial sustainability.
Financial/Legal Impact	Nil at this stage.
Stakeholder Consultation and Impact	Iwi, consumer and clinical engagement has been extensive during previous strategic planning activities. Future engagement will be targeted and purposeful depending on the task at hand. We are currently working with Price Waterhouse Coopers (PwC) to redefine how we approach strategic projects, including capital projects as an organisation. PwC's review of current projects and recommendations for improved management and reporting of strategic projects in general will form the basis of many enhancements which will be implemented throughout this process. The Ministry of Health (MOH) infrastructure team are keen to work with us as an organisation and to partner with us looking for different and better ways of doing things.
Strategic Impact	Health System Planning impacts across the Board's strategic priorities. 
Previous Consideration / Interdependent Papers	Planning & funding Monthly Report December 2020

RECOMMENDATION:

It is recommended that the Board:

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

EXECUTIVE SUMMARY

The Health System Planning process will span across both core business as usual activities and projects. The priority is to ensure a cohesive, structured approach across multiple pieces of work. This approach will ensure staff, whānau, communities and governance groups understand what we aim to achieve, how long we expect initiatives to take, who is responsible for delivering, and that we all have an understanding of potential barriers to driving successful change and an ability to track progress in key areas.

PROGRESS STATUS: Phase One: Plan the Plan

Given the recent re-establishment of Planning, Funding & Performance (PF&P), the priority has been to establish core systems and processes that will work in partnership with whānau, communities, health system providers, iwi and consumers to drive health systems change.

An important step is to establish a planning framework to ensure appropriate links between health system planning and enablement functions such as Digital Enablement (DE) and workforce and facilities planning. Understanding and documenting best practice for planning activities has been prioritised, eg clear accountability, timelines and ability to measure progress. This is attached as appendix one. It is in draft and will continue to be developed as we evolve.

A system wide approach will be adopted and will include a review of approaches to long term investment planning and business modelling, among other initiatives. One stream of work the broader health system planning process will be developing is the Site Master Plan (SMP).

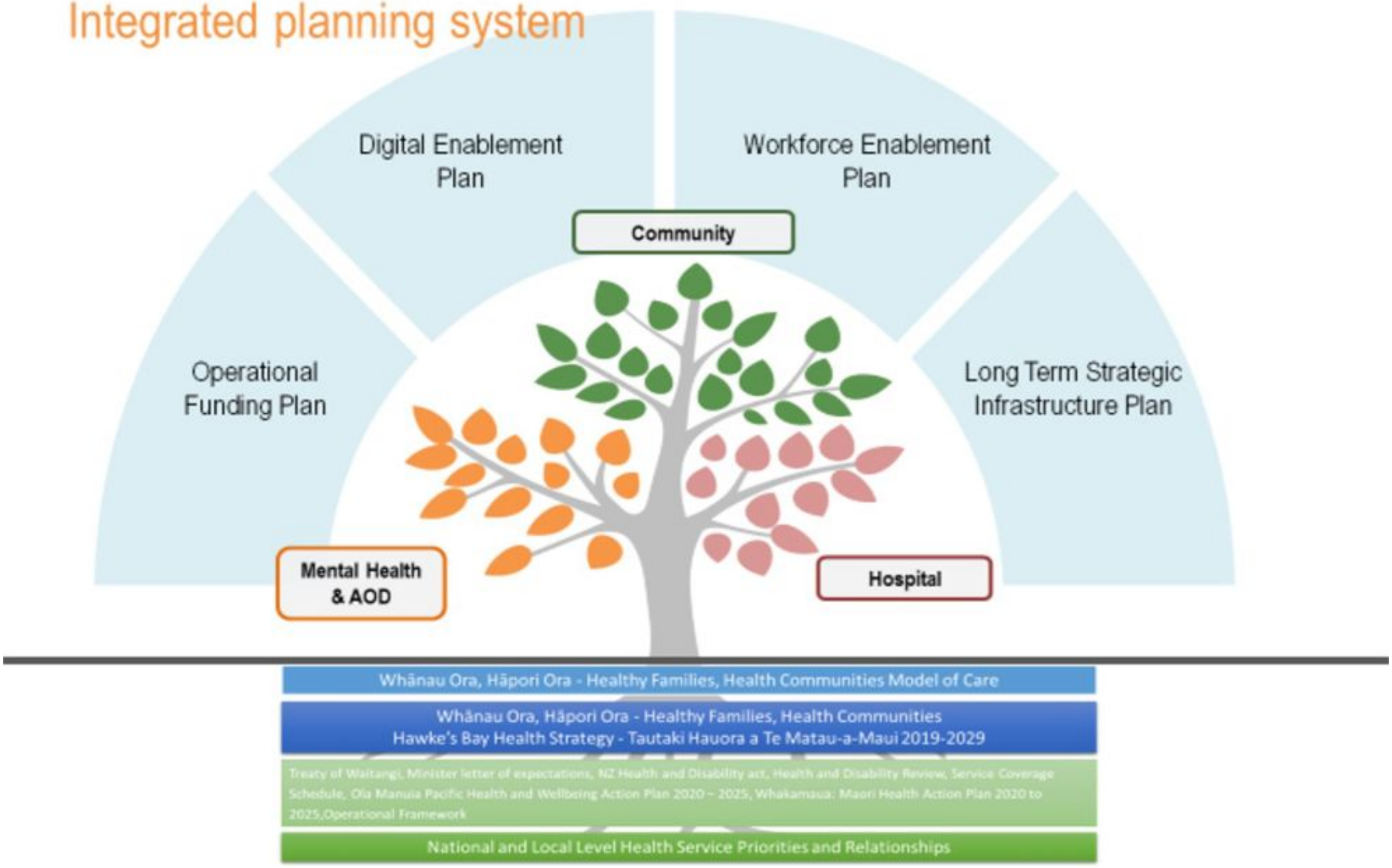
The priority is to map all system planning initiatives that need to be undertaken in the coming months/years and develop a road map to achieve them. Once the road map is complete, roles and responsibilities will be established, including accountabilities for delivering.

PARTNERSHIP

At the heart of systems planning, is partnership with Iwi. The team are currently working closely with members of the Māori Relationship Board (MRB) and will establish co-sponsorship with the MRB Chair across this work. MRB are also supporting us to develop a wānanga/hui approach to our system transformation mahi, starting with the hospital and acute services system.

Appendix 1

Integrated planning system



System Wide Planning approach

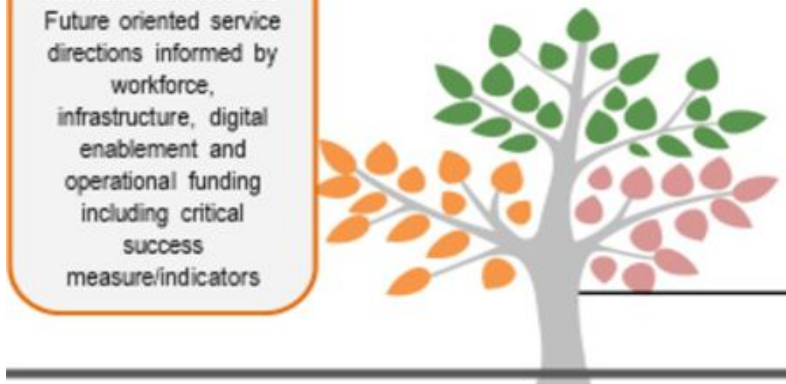
Community
Future oriented service directions informed by workforce, infrastructure, digital enablement and operational funding including critical success measure/indicators

Mental Health & AOD
Future oriented service directions informed by workforce, infrastructure, digital enablement and operational funding including critical success measure/indicators

Hospital
Future oriented service directions informed by workforce, infrastructure, digital enablement and operational funding including critical success measure/indicators

System Wide Plan 3-5 years

- Population and health needs
- Geographical profiling
- Health status profile
- Service profile mapping (current and future)
- Clinical demand (current and projected modelling)
- System partnerships
- Assessment of gaps and opportunities



Whānau Ora, Hāpori Ora - Healthy Families, Health Communities Model of Care

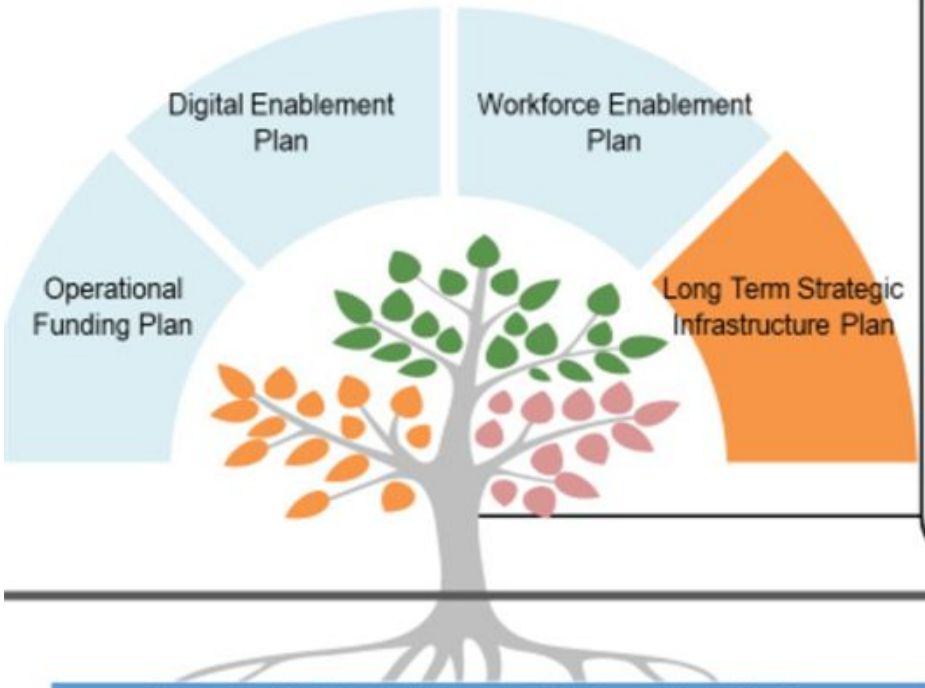
Whānau Ora, Hāpori Ora - Healthy Families, Health Communities
Hawke's Bay Health Strategy - Tautaki Hauora a Te Matau-a-Maui 2019-2029

Treaty of Waitangi, Minister letter of expectations, NZ Health and Disability act, Health and Disability Review, Service Coverage Schedule, Ola Manuia Pacific Health and Wellbeing Action Plan 2020 – 2025, Whakamaua: Maori Health Action Plan 2020 to 2025,Operational Framework

National and Local Level Health Service Priorities and Relationships

Integrated planning

Long term strategic infrastructure plan



Long Term Strategic Infrastructure Plan

- Asset condition including assessment on fit for purpose (now and future):
  - Operational functionality
  - Post-disaster operation
  - Services – electrical, mechanical, medical gases etc
  - estimated remaining life span
  - service capability
- future asset requirements
- opportunities for non-DHB assets
- gap between existing and future
- delineation of DHB vs other asset owners
- Asset management plan

Whānau Ora, Hāpori Ora - Healthy Families, Health Communities Model of Care

Whānau Ora, Hāpori Ora - Healthy Families, Health Communities
Hawke's Bay Health Strategy - Tautaki Hauora a Te Matau-a-Maui 2019-2029

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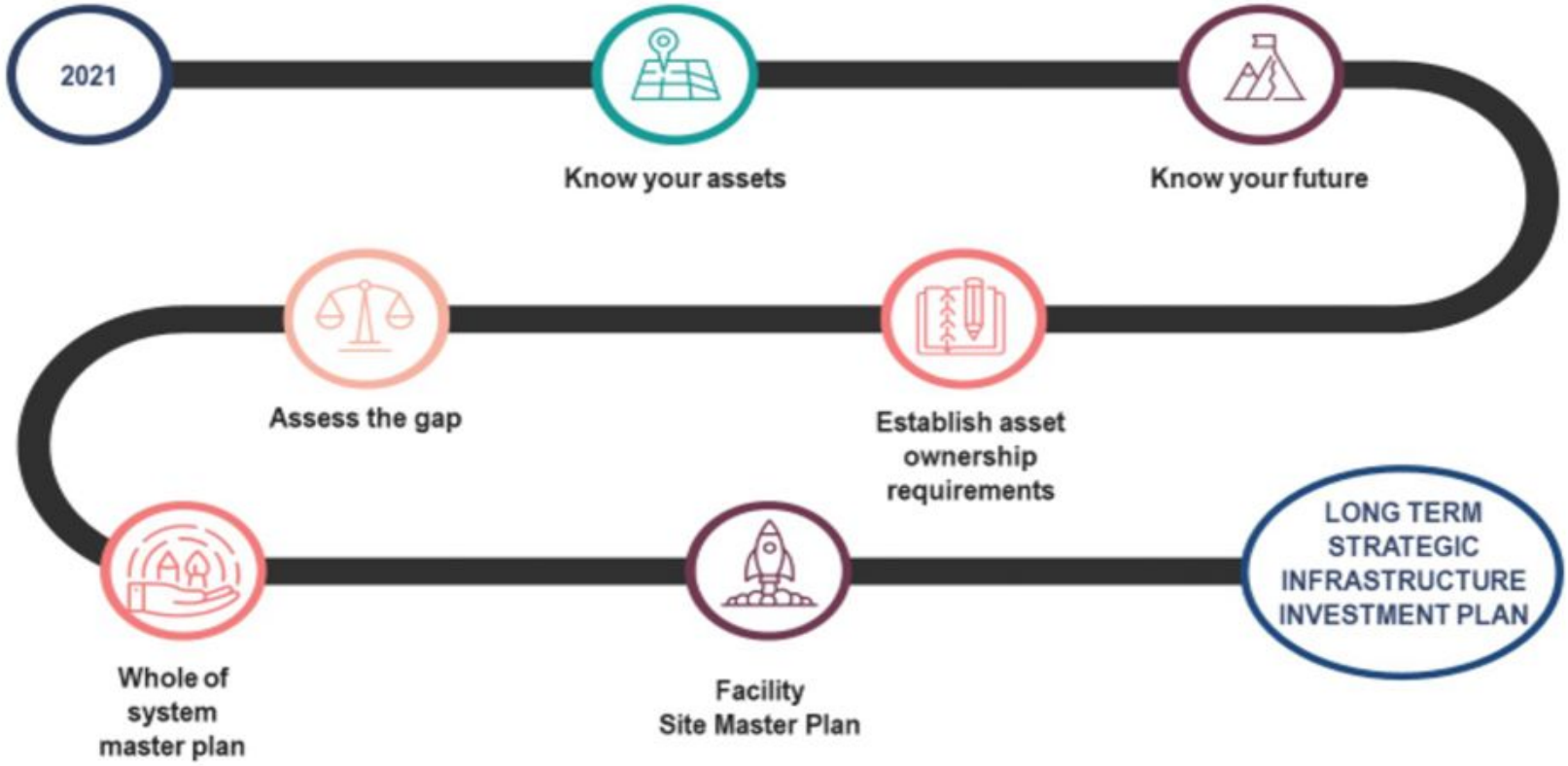
National and Local Level Health Service Priorities and Relationships

Integrated planning

Facilities road map



HAWKE'S BAY
District Health Board
Whakawāteatia

11

ĀKINA (CONTINUOUS IMPROVEMENT)
e-REFERRALS

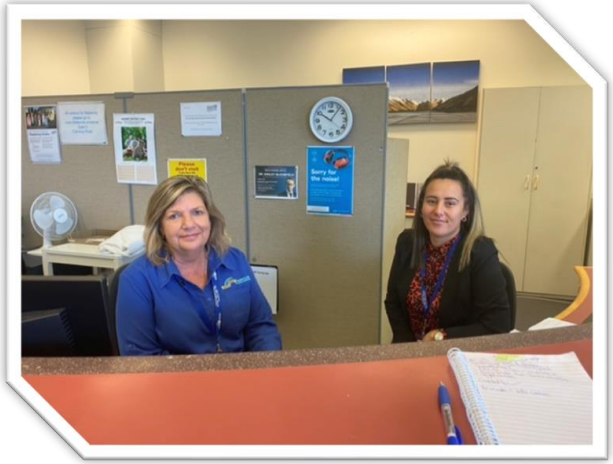
Presentation

incubator
Creating Health Careers

Health Administration Cadet Programme

Intention

To create a pathway into the DHB to create a career in health and reduce inequities in the recruitment process.



Considerations

With a commitment to building a workforce that reflects the Hawke's Bay community in mind, we need to ensure DHB positions are visible, obtainable and provide an opportunity for incumbents to grow and develop.

Solution

A mutually beneficial cadetship programme between the DHB and MSD that ensures cadets are well supported.

Cadetships will provide an opportunity to upskill and diversify from current/previous workplace experience.

Process

- Candidates are identified by MSD and must be current clients
- Recruitment center takes place at MSD
- Cadets are employed directly by the DHB. They join us for an eight week intensive training covering;
  - Ko Awatea – Staff Mandatory training
  - ECA training
  - MedTech training
  - General duties within admin functions
  - Careers pathways sessions
  - DHB recruitment session (CV writing, interview technique, DHB interviews etc)

Results

- Increase in number of funded cadets from 10 to 12
- Staff morale
- Improved cadet skills, confidence and experience
- Genuine career pathways identified

BOARD HEALTH & SAFETY CHAMPIONS' REPORT

12

Verbal

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

The Māori Relationship Board met on 3 March 2021. An overview of issues discussed at the meeting are provided below.

MATTERS ARISING

1. **Maternity Uplift Review**
   Chris Ash and Patrick Le Geyt provided an update to MRB. This review is being designed to address the Maternity Uplift and to interchange between different areas within the DHB to ensure there is cultural competency throughout. David Tipene-Leach and Chris Ash are working together on this project.
   MRB members expressed the need for wāhine Māori to be included as a lead in this review, as this is an issue that primarily affects wāhine.

   Cultural Review of the HBDHB Maternity Services
   Beverly Te Huia provided an update to MRB. The review committee has drawn on literature reviews to create terms and scopes of reference. These literature reviews will support the need to address cultural safety within the service which in turn may impact across the whole organisation.

SECTION 2: FOR INFORMATION AND DISCUSSION

WAIROA DENTAL

Claire Caddie (Service Director, Community, Women & Children); Wiestke Cloo (Deputy Service Director, Community, Women & Children); Helen Lloyd (Clinical Director, Oral Health); Jeanette Fretchtling (Service Manager, Oral Health & Children's Development) and Charrissa Keenan, (Programme Manager, Māori Health) provided a verbal update on the dental services in the Wairoa community.

There is currently no funding available for adult dentistry, however, the Oral Health Service want to work in partnership with MRB to support and resolve dental disease within the Hawke's Bay communities. They are exploring ways to provide sustainable dental access and education programmes for the community of Wairoa. Claire Caddie stated that there has been an increase in dental visits to Wairoa schools. Currently, there are initiatives supporting adolescents and hapu māmā within the Wairoa community. The expectation of the hāpu māmā initiative is that it provides māmā with full dental treatment, however, this initiative requires māmā to travel to Hastings and Napier. Members stated that these māmā are under stress and having to travel can cause more anxiety for māmā. Charrissa Keenan stated that this is a short-term solution for hāpu māmā, and they will be looking into a longer-term solution that does not require māmā to travel.

Members held a robust discussion and emphasised their concern around the lack of dental resources available for adult oral health. Currently, there are no dentists working in Wairoa. A member stated that

this is a dental emergency that needs to be addressed immediately. Members expressed that the HBDHB has a responsibility to enable and support Wairoa dentistry.
Key messages noted:

- Members stated that this is a workforce issue and it is essential that Wairoa has a dentist working within the community and this needs to be recognised and acknowledged.
- Chrissie Hape expressed her concern around the lack of resources available and stated that the Iwi is willing to work in partnership with the HBDHB to resolve this issue.
- Promoting oral health prevention and education in Wairoa will be explored by the Oral Health Team and rolled-out into the community for children and youth to avoid the need for emergency care in adulthood.
- Charrissa Keenan explained to MRB that the To Waha service worked well with our whānau and Māori Health want to bring this service to Wairoa. Charrissa also explained that Colgate has funded one of our locum dentists, Natalie Stent, to work within the Wairoa community to educate whānau on oral health. She emphasised the need to identify people like Natalie, who have a passion to work with and support our whānau.
- Dr Nicholas Cutfield of Bay Dental Care in Hastings was suggested as someone the Oral Health Service may like to contact to support this issue.

MRB recommended that an integrated plan be developed to support the long and short-term needs of the dental issues in Wairoa. Claire Caddie, Hine Flood, Chrissie Hape and Charrissa Keenan to support the development of this plan.

MRB emphasised that priority commitment of resource allocation and solutions should come from MRB. This should be a Māori-led plan. Patrick Le Geyt and Chris Ash suggested the HBDHB former taskforce, which includes the Māori Health team, Planning, Performance & Funding team, support this.

TE ARA WHAKAWAIORA – MENTAL HEALTH (MENTAL HEALTH and AOD NATIONAL & LOCAL INDICATORS)
David Warrington (Service Director, Mental Health & Addictions), Peta Rowden (Nurse Director, Mental Health & Addictions) and Jill Garrett (Planning and Commissioning Manager – Mental Health and Addictions) spoke to their report.

This report provides a progress update on the Mental Health and Addiction Service priorities, indicators, and achievement of equity targets. The report focuses on key actions being taken to improve Mental Health and Addiction Services for Māori.

The indicators included in this report are an ongoing priority focus for the Mental Health and Addiction Directorate, which contribute to improving the health outcomes for Māori in Hawke's Bay. These include:

- Indicator 1: Rate of Section 29 Compulsory Treatment Orders (<81.5%)
- Indicator 2: Reduction in the use of seclusion
- Indicator 3: Improving mental health using wellness and transition (discharge) planning.
  - Follow up within 7 days of discharge,
  - 95% of clients discharged will have a quality transition or wellness plan.
- Indicator 4: Shorter waits for non-urgent mental health and addiction services (0-19 years)
  - Mental Health: seen within 3 weeks (>80%); seen within 8 weeks (>95%)
  - Addictions: seen within 3 weeks (>80%); seen within 8 weeks (>95%)

These are important because:

- Inequality in Outcomes in Mental Health Status for Māori, along with several other indicators, this data shows continuing and persistent inequity in quality of care for Maori. This is evidenced by:
  - Māori have higher rates of access to Mental Health Services than non-Māori.
  - Māori have higher rates of use of Section 29 compared to non-Māori on average.
  - Estimated twelve-month prevalence of schizophrenia for Māori (0.97%) is significantly higher than for non-Māori (0.32%).
  - Hospitalisation rate and readmission rate is higher for Māori

Key discussion noted:

- Hawke's Bay region is around the middle of seclusion rates compared to other regions in NZ.
- MRB members were concerned around social media monitoring of HBDHB staff. David Warrington explained to members that this is monitored, and if inappropriate behaviour or comments are identified, they will respond as this is not tolerated.
- Peta Rowden explained that due to COVID-19 implications, much of the training that was scheduled for their staff was cancelled. This has had a negative on their team and on whānau who use these services.
- David Warrington, Peta Rowden and Jill Garrett expressed their concern for whānau with mental health illnesses, and acknowledged MRB's concerns. They stated that they have a strong focus on reducing the rate of Māori seclusion hours and addressing the inequities in mental health that whānau face. They acknowledged the support that MRB provides.
- MRB emphasized the need for Māori to have the ability to access improved primary care services.

MRB requested a presentation that covers all Mental Health & Addictions Services with the latest investment in primary care.

RESOLUTION:

It is recommended that the **Māori Relationship Board:**

1. **Note** the content of the report.
2. **Support** activities to address performance.
3. **Agree** to review indicators at next report period when new indicators will be proposed.

Carried

HAWKE'S BAY District Health Board Whakawāteatia	**REPORT FROM HB CLINICAL COUNCIL (Public) MARCH 2021** For the attention of: **HBDHB Board**
Document Author(s) Document Owner	Sue Sowerby (Patient Safety & Quality Administrator) Jules Arthur (Co-Chair)
Date	March 2021
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting on 3 March 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. Particular risk associated with complexity and scale was noted with the COVID 19 vaccination roll out
Financial/Legal Impact	Nil specific
Stakeholder Consultation and Impact	Stakeholder engagement is the basis of discussion of issues at the Clinical Council
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified
RECOMMENDATION: It is recommended that the Board: *1.* **Note** the contents of this report	

1 Clinical Council Annual Plan and Work Plan for 2020/21

Annual Plan – members have agreed the following areas of focus for the 2020/21 annual plan of work for the Clinical Council.

AREA OF FOCUS	ACTIVITIES
Clinical Effectiveness	1 HRT Quarterly Report 2 System Performance Measures 3 Te Ara Whakawaiora
Patient Safety & Quality	1 Implementation of the clinical governance framework 2 Implementation of Safety1st 3 Development of the framework for consideration of proposals and business cases at Clinical Council
Engaged & Effective Workforce	1 Safe Staffing / CCDM 2 Clinical Council Newsletter development 3 Meeting with newly appointed ED People and Quality
Equity	1 Review of Terms of Reference 2 Revision of the HRT dashboard for ethnicity data in the indicators 3 Membership of other committees and groups
Consumer Engagement	1 Potaka Korero 2 Consumer engagement framework 3 Inpatient survey

Members considered a new visual diagram incorporating the six domains of quality. It was agreed to amalgamate the document with the Clinical Governance Framework with the intention of approving it at the April Clinical Council meeting.

Work Plan – Work plan content was agreed at the meeting noting that this was a 'living document' responsive to urgent matters or needs as they arose. The Co-chairs will manage and amend the workplan accordingly in discussion with clinical council members.

2 Clinical Council Terms of Reference

Members agreed the updated Terms of Reference and additions to the membership, the Medical and Nurse Directors of the PHO, the Senior Advisor, Cultural Competence and the Planning, Funding & Performance Clinical Lead.

The Terms of Reference have been presented to the CEOs for the DHB and PHO for approval.

3 Clinical Council Newsletter

Members agreed there was value in commencing a Clinical Council newsletter to clinicians across the whole health sector. The initial edition will outline the purpose of Clinical Council, who is on Clinical Council, our annual plan and work plan and what Council is doing about issues brought to it. It will also invite clinicians to raise relevant issues to Clinical Council.

4 COVID-19 Vaccination Programme

Members received the Covid-19 Vaccine and Immunisation Programme Roll-out Progress Report. The work of the current COVID-19 vaccination team was noted and the importance of clearly identifying the impact of this work and what this meant for the health sector. Monthly progress reports will be tabled at Clinical Council.

HAWKE'S BAY District Health Board Whakawāteatia	**COVID-19 VACCINE AND IMMUNISATION PROGRAMME ROLL-OUT PROGRESS REPORT MARCH 2021**
	For the attention of: **Board**
Document Owner	Chris McKenna - Chief Nursing and Midwifery Officer (Lead Sponsor) Patrick Le Geyt – Acting Executive Director, Health Improvement & Equity (Co-Sponsor)
Document Author(s)	Ngaira Harker – COVID-19 Operational Lead
Date	March 2021
Purpose/Summary of the Aim of the Paper	Monthly update COVID-19 Vaccine roll-out Hawkes Bay District Health Board.
Health Equity Framework • Make health equity a strategic priority • Develop structure and processes to support health equity work • Address the multiple determinants of health • Eliminate institutional racism • Partner with community organisations	A health equity framework supports the COVID-19 vaccination roll-out plan. It ensures we measure and address factors which address inequity in development of COVID -19 vaccination.
Principles of the Treaty of Waitangi that this report addresses:	The COVID-19 roll-out plan is guided by the TOW. We recognise the need to consult with Iwi, Māori Relationship Boards, Māori providers and communities to develop, design, implement and monitor the vaccination programme. Specific factors relevant to the COVID-19 roll-out include data sovereignty principles and protection, inclusion of Māori models of care, and equity of resources to meet Māori providers and community need.
Risk Assessment	As per the MOH COVID-19 vaccination guidelines As per the identified risk register within the COVID-19 roll-out plans.
Financial/Legal Impact	A funding model is currently being developed by MOH.
Stakeholder Consultation and Impact	Potential impact stakeholder - Will drive the models of delivery and approaches for COVID-19 Vaccine roll-out.

Strategic Impact	The Tier 2 and Tier 3 roll-out of the COVID-19 vaccination will potentially impact BAU through increased workforce and resource requirements to meet timeframes set by the MOH.
Previous Consideration / Interdependent Papers	• Tier 1 MOH Operational Guidelines • Tier 1 Action Plan – HBDHB • Letters Roll – Out Tier 2
RECOMMENDATION: *It is recommended that the Board:* *1.* **Note** the COVID-19 Vaccination and Immunisation progress report.	

EXECUTIVE SUMMARY

This report outlines the monthly progress to date for the COVID-19 Vaccination Immunisation programme.

BACKGROUND

A COVID vaccination project structure for Tier 1 has been completed and sits under the CIMS structure. The Tier 1 project structure mirrors the programme structure outlined by the Ministry of Health. Chris McKenna, Chief Nursing Officer is Senior Responsible Owner for the programme with support from Patrick Le Geyt, Acting Executive Director Health Improvement & Equity. There is oversight from a governance group with responsibility for the overall delivery of the programme. Programme management is provided by Nurse Director Ngaira Harker and Andrea Jopling was onboarded as Project Lead in early February.

The COVID-19 Vaccination roll-out for Tier 1 of the national programme commenced on 20 February 2021. This is in line with the scheduled range of the Tier 1 MOH 15-day national roll-out plan. We have commenced Phase One of the Tier 1 Vaccinations with the first vaccination delivery near completion. The second vaccinations will commence from 23 March 2021 with completion of Tier 1 scheduled for end of April.

The COVID-19 Vaccination roll-out for Tier 2 is scheduled to overlap the Tier 1 schedule, with the aim to commence Tier 2a at the end of March (see Appendix 1 MOH tier roll-out schedule).

HAWKE'S BAY TIER 1 COVID-19 VACCINATION SCHEDULE

Border Workers (Port)

The planning and collaboration with the Port has enabled a successful roll-out and commencement of the COVID-19 vaccination. Round one of vaccinations commenced 2 March and completed 9 March with a -total of 267 vaccinations completed.

We have had a strong and collaborative relationship with the Port in establishing the site and working to support optimal opportunities to access. Feedback from the Port leaders and staff has reflected this relationship.

> *"On behalf of Napier Port we would like to thank you, the DHB team and the team from the Drs Napier for making the process streamlined and work well. I have heard many horror stories of what has been happening at other ports so we really appreciate the communication and relationships that have been built which has assisted in making this a great success."*
>
> *Adam Harvey - General Manager Marine and Cargo*

The second and final phase of the Tier 1 vaccination roll-out at the Port site on 23 March.

Border Workers (Airport) and Whānau

Additional clinics commenced on 13 March and are continuing at The Doctors Napier and the Hastings Health Centre. These clinics are delivering vaccinations to border worker from the Airport (Skyline Aviation) and whānau of border workers. Table 1 provides an overview of the delivery groups and sites of Tier 1.

Table 1: Vaccination Delivery March – April Tier 1

Site	Target Group	Site Lead	Estimated number to vaccinate	Vaccination 1 27th Feb	Vaccination 2 23rd March
Napier Port	For eligible port staff, customs staff and port contractor employees	Andrea Halpin, The Doctors Napier	250- 270	267	Commence 23rd March
The Doctors Napier	Skyline Aviation staff, border worker household contacts, Health Protection Officers (HPO's)	Andrea Halpin, The Doctors Napier	50, plus household contacts to be confirmed	HPO's /whanau complete Other groups ongoing	Commence March / end of April completion
Hastings Health Centre	Small number of airline staff, some border worker household contacts	Lisa Cotter, HHC		Ongoing (in partnership with Drs Napier)	Commence March /end of April completion

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Cultural Response

Ngati Kahungunu Iwi leadership, together with the guidance from the HBDHB's Māori and Pacific Health teams, strengthened our responsiveness within the vaccination roll-out. The delivery model for the Port included specific planning for Māori and Pacific workers with a particular focus on consultation, support and education. A team from the HBDHB delivered information sessions to port workers to encourage uptake and address concerns. Ensuring whanaungatanga prior to our delivery to whānau at the Port sessions empowered connection and trust. The evidence-based information on the COVID-19 Pfizer vaccination provided a counter to the information shared on social media. These sessions were delivered in safe spaces prior to vaccination clinics and were well received. The importance of manaakitanga and ongoing positive messages and experiences from port workers will enhance delivery to whānau, hapū and iwi as we move to Tier 2.

HAWKE'S BAY TIER 2 COVID-19 VACCINATION SCHEDULE

Tier 2(a) includes front-line health care workers at most risk of exposure to COVID-19 through their everyday work. This group includes; all primary care and first level services staff, community pharmacies, emergency department staff, emergency diagnostics staff, ambulance services as well as COVID vaccinators and Community Based Assessment Centre (CBAC) workers.

A major focus during Tier 2(a) will not only be vaccinating the workforce but developing the skill and capacity amongst those required to become providers of the vaccination service. The earliest focus of Tier 2(a) will be vaccinating and training the following groups:

Tier 2(a)

Tier 2(a) delivery will occur through a range of models. 2 General Practices were established as COVID Vaccination practices as at 17 March 2021. Aim to have Occupational Health (supported by PHN) operational by end March 2021 and 2 to 3 further General Practices operational by 5 April.

Cohort	Location	Estimated numbers	Start Date
ED staff	Hospital Vaccination Clinic	100	From March
Emergency diagnostics and support staff	Hospital Vaccination Clinic	112	From March
COVID Swabbing Staff (primary care)	Hospital Vaccination Clinic	125	From April
Ambulance Services	Hospital Vaccination Clinic	150	From April
COVID Vaccination Administering	Primary Care	300	From April
COVID-19 testing lab team	Hospital Vaccination Clinic	10	From April
Rural 2a workforce Wairoa	Hospital Vaccination Clinic	86	From April
Rural 2a workforce CHB	Hospital Vaccination Clinic	51	From April
General Practice front line staff incl. A&M	Primary Care & Community Mass Vaccination Centres	614	From April
Pharmacy Staff	Primary Care & Community Mass Vaccination Centres	288	From April
Community Laboratory front line staff (swabbers/phlebotomists)	Primary Care & Community Mass Vaccination Centres	50	From April
Community Midwives/WCTO	Hospital Vaccination Clinic, Primary Care & Community Mass Vaccination Centres	94	From April
		1980	From April

Tier 2(b)

Tier 2(b) delivery will be via a range of approaches that will comprise of additional general practice providers, Māori providers and possibly pharmacy providers to build on the capacity to deliver Tiers 2 and 3. The DHB will establish community vaccination centres to provide opportunities for the health care workforce to be vaccinated. Ongoing discussions are continuing nationally around large providers vaccinating their own staff and residents within aged care. It is noted that the HBDHB will be responsible for coordinating vaccinations for aged residential care residents in smaller independent facilities.

Cohort	Location	Estimated numbers	Start Date
Community Public Health	Hospital Vaccination Clinic	53	From May
Outreach Imms	Hospital Vaccination Clinic	10	From May
COVID Incident Mgmt Teams	Hospital Vaccination Clinic	42	From May
Inpatient, outpatient & ambulatory care & diagnostics	Hospital Vaccination Clinic	2539	From May
Home Care Support	Primary Care & Community Mass Vaccination Centres	819	From May
Community Diagnostics – radiology/l	Primary Care & Community Mass Vaccination Centres	83	From May
Mental Health & Addictions front line staff	Primary Care & Community Mass Vaccination Centres	40	From May
NGO & Community Based services including iwi-based services incl mental health and addictions	Primary Care & Community Mass Vaccination Centres	700	From May
ARC workers and residents	Mobile Team	3000	From May
Hospice Staff	Mobile Team	80	From May
		7366	

WORKFORCE PLANNING & DEVELOPMENT

A large vaccinator workforce will be required to deliver Tiers 2, 3 and 4 of the COVID-19 Vaccination campaign. There are approximately 350 authorised vaccinators in Hawke's Bay. Most of these vaccinators are largely or fully utilised within their current roles. It is important to note that "business as usual" continues due to the COVID Vaccination programme coinciding with the Measles, Mumps and Rubella catch-up programme underway. The Influenza Vaccination season will commence mid-April and already places a significant burden on primary care, occupational health and pharmacist vaccinators. Given the accelerated vaccination requirements, the ability to grow capacity within timeframes presents a risk.

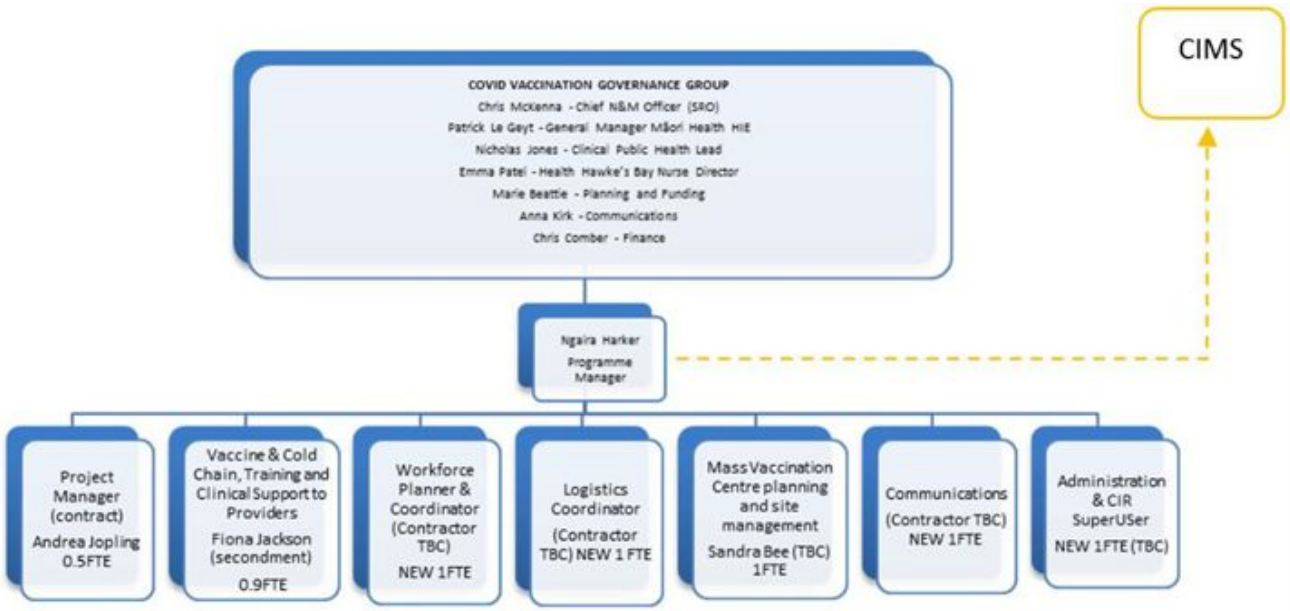
The MOH has identified some surge workforce to support the additional workforce required. We are engaged with community providers to identify strategies, increase capability and capacity of vaccinators locally that will be required to support both Tiers 2 and 3 forecasted vaccination requirements.

The Vaccination Project team will engage with providers who have the capacity, workforce and infrastructure to deliver their own clinics. Other providers and vaccinators will have the opportunity to be involved with the provision of mass vaccination centres and will form a vital part of the workforce.

Approximately 40,000 courses of the vaccine have been allocated to Māori and Pacific providers to reach older people (and their households and carers) living within a whānau environment in hard to reach places (this is approximately equivalent to the number of Māori and Pacific people over 70 years of age, and the allocation for aged residential care). We will be working with TTOH, Te Kupenga Hauora, Kahungunu executive Wairoa to support training and requirements to enable them to deliver.

To support planning and management of the ongoing roll-out we will increase our COVID-19 operational team size to support the scale and specific requirements to provide a safe and effective COVID-19 vaccination roll-out.

COVID-19 Vaccination roll-out organisational structure



CHALLENGES

The nature of the Pfizer vaccine, and its specific cold chain and logistical requirements are such that many of the usual vaccination providers will not have the workforce capacity or organisational infrastructure to be independent vaccination sites. The complexities of this vaccine include the rapid expiry date (5 days) after being taken from the Ultra-Low Temperature storage facility in Auckland, the fragile nature of the vaccine, the multi-dose vials which are unfamiliar to many primary care vaccinators and the workforce and space required to run a clinic. These challenges will put the delivery beyond the scope of many providers. The vaccine is provided in 30 dose packs that must be delivered on the same site. This means that the vaccinations cannot be woven into business as usual for providers and unlike the influenza campaign, must be booked at discrete clinics. This will be difficult for many community pharmacies and general practices, which do not have the space required to run a separate clinic and post-vaccination observation area, or the workforce to release from usual business.

Some systems are not yet in place to support the rollout in Tier 2 such as the national booking system. This has made the scheduling of appointments and follow-up administratively cumbersome.

The Ministry of Health has been slow to start the public awareness COVID-19 vaccination campaign. This has created space for anti-vaccination and conspiracy theorist messages to become well established, especially on social media.

There is significant pressure from the Government and Ministry of Health to speed up delivery extremely quickly. The ability of the DHB to do this is being hampered by difficulties experienced in attaining vaccinators through the online training modules and authorised to deliver the vaccine. A further limiting factor is that (at writing), the Ministry of Health is yet to release their funding model for third party providers and this lack of certainty may impact primary care providers to commit as vaccinating practices..

There is risk in attempting to increase our delivery too quickly. The roll-out needs to be managed in a controlled, safe and appropriate way which takes time to develop. People who receive the vaccine in these early stages will either become champions who will influence others to get vaccinated, or they will become detractors. It is vital that a positive vaccination experience is achieved in settings that are; well-organised, have highly skilled and confident staff who feel supported and safe in their practice.

NEXT STEPS

We will update the Board on any risks and/or delays that may impact on the DHB's ability to deliver and support the COVID-19 vaccination roll-out in Hawke's Bay.

RECOMMENDATION

That the Board note the COVID-19 Vaccination and Immunisation roll-out progress report.

UPDATED SEQUENCING FRAMEWORK – 10 MARCH 2021

SUB-TIER	POPULATION COHORT	DEFINITION
TIER ONE: THE BORDER AND MIQ		
Tier 1(a)	Border workforce, all workers recorded on the official Border Register as per the Required Testing Order. (~7,700 people)	"Affected persons" at a New Zealand border (airport or marine port) as defined by the COVID-19 Public Health Response (Required Testing) Order 2020. Includes only the workforce that qualify for routine COVID testing as recorded on the official Border Register within the following categories: - Aircrew members who qualify based on the border order - Flight or ship workers who spend more than 15 minutes in an enclosed space (plane or ship) and qualify based on the border order - Airside government officials - Airside DHB workers - Airside retail, food, beverage workers - Airside cleaners - Airline/airport workers interacting with international passengers and baggage - Other landside workers interacting with international passengers - Pilots, stevedores working on/around, and people who board affected ship - Workers who transport to/from affected ship - Other port workers who interact with people required to be in isolation - Health workers providing COVID-19 testing services to these sites.
	MIQ workforce (~35,000 people)	"Affected persons" at a New Zealand border (airport or marine port) as defined by the COVID-19 Public Health Response (Required Testing) Order 2020. Includes only the workforce that qualify for routine COVID testing as recorded on the official Border Register within the following categories: This includes: - All MIQ workers (including all New Zealand Defence Force (NZDF) and New Zealand Police eligible for rotation to MIQF) - MIQ healthcare workers including medical, nursing and support staff who provide services to these facilities - Workers who transport to/from MIQ.
Tier 1(b)	Household contacts of the eligible border and MIQ workforce (~40,000 people)	Any person who usually resides in a household or household-like setting with (a border or MIQ worker as set out above), regardless of whether they are related or unrelated people; this will include people who may reside part-time in the household including children and partners not permanently resident in the household.
TIER TWO: FRONTLINE WORKFORCES AND AT-RISK PEOPLE LIVING IN HIGH-RISK SETTINGS		
Tier 2 (a)	Frontline (non-border) healthcare workers potentially exposed to COVID-19 whilst providing care. (~57,000 people)	The frontline healthcare workforce in service delivery settings where possible cases will seek healthcare and there is no ability to screen for COVID-19 before the interaction occurs. It includes only staff who are at the front line interacting directly with patients in: - COVID-19 testing (taking samples and laboratory analysis) - Administering COVID-19 testing - Administering COVID-19 vaccinations - Ambulance services - Accident and emergency department frontline staff - Urgent care clinic front line workforces - Emergency response diagnostics (e.g. radiology) and support staff (e.g. orderlies, security, receptionists) who are interacting with patients - Community midwives and WCTO workers in people's homes - General practice front line workforce including GPs, nurses and receptionists - Pharmacy front line workforce - NGOs (including Whānau Ora) providing first response personal health services directly to patients (excludes mental health and addictions, social support services) - Healthcare providers providing treatment services to people in managed isolation. This only includes the four centres with MIQ facilities and only extends to services which receive MIQ patient referrals. AND: - Contact tracing personnel required to respond to prevent community transmission

UPDATED SEQUENCING FRAMEWORK – 10 MARCH 2021

Tier 2 (b)	Frontline healthcare workers who may expose more vulnerable people to COVID-19 (~183,000 people)	The frontline healthcare workforce working in healthcare service delivery settings interacting with patients/clients. Frontline healthcare workers interacting with patients: - Inpatient, ambulatory and outpatient publicly funded hospital services including community staff and diagnostics - All long-term residential care frontline workers, including aged residential care, Corrections (staff at custodial and community-based residences), disability, Oranga Tamariki (including Youth Justice), mental health and addictions, group-based transitional residences for homeless people, and hospice care workers. - Home care support workers including aged care and disability support - Community diagnostics – radiology, laboratories - All other primary care not included in Tier 2 (a) - Community and home-based services - All NGO and community-based services including iwi-based services, mental health - Community public health teams, including outreach immunisation staff - COVID Incident Management Teams at each DHB AND: - NZDF staff who may be involved in overseas deployments for the purpose of vaccination programmes
	At-risk people living in settings with a high risk of transmission or exposure to COVID-19 (~235,000 people)	Any person who usually resides in a long-term residential care setting, including (approximately ~57,000 people): - Aged Residential Care (~35,000 people) - Disability Residential Support Services (~7,700 people) - Oranga Tamariki, including Youth Justice (up to 100 people) - Mental health and addictions (~9,800 people) - Group-based transitional residences for homeless people (~4,000 people based on the number of transitional housing places, though actual number is likely to be lower) Approximately 40,000 courses allocated to Māori and Pacific providers to reach older people (and their households and carers) living within a whānau environment in hard to reach places (this is approximately equivalent to the number of Māori and Pacific people over 70 years of age, and the allocation for aged residential care). Any person in the Counties Manukau DHB district who: - is over the age of 65 years (~70,000 people), or - is under 65 years old but has a relevant underlying health condition that puts them at risk of severe disease from COVID-19 infection* (indicative estimate is ~67,000 people).[1] - is in custodial settings (~1,300 people)
TIER THREE: NEW ZEALAND PUBLIC WHO ARE AT AN ELEVATED RISK OF SEVERE ILLNESS FROM COVID-19		
Tier 3 (a)	Older people nationwide (not already covered in Tier 2(b))	People who are 75 years or older (~317,000 people)[2]
Tier 3 (b)		People who are 65 years – 74 years (~432,000 people)
Tier 3 (c)	People with comorbidities nationwide aged under 65 years and people in custodial settings	People with relevant underlying health conditions* and disabled people under 65 years of age (very approximate estimate due to potential double counting is 730,000 – 1.3 million people). Individuals in custodial settings (~7,500) *This includes coronary heart disease, hypertension, stroke, diabetes, chronic obstructive pulmonary disease/chronic respiratory conditions, kidney disease and cancer. While it is not a health condition, pregnant people will also be included in this Tier.
REST OF THE POPULATION AGED 16 AND OVER		

[1] 9 Chan WC, Winnard D, Papa D (2017) People identified with selected Long-Term Conditions in CM Health in 2015. Counties Manukau Health. Unpublished.
[2] Based on 2021 DHB Population Projections (estimated 2020).

TE PĪTAU HEALTH ALLIANCE	**Te Pītau Governance Group**
	For the attention of: **HBDHB and Health Hawke's Bay Ltd Boards**
Document Owner:	Na Raihania, Chair
Author:	Heather Johnson, Te Pītau Governance Secretary
Month:	February 2021
Consideration:	For information

RECOMMENDATION

That the Boards:

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

The monthly meeting of the Te Pītau Governance Group was held 18 February 2021 under the Chairmanship of Na Raihania.

MENTAL HEALTH GAP ANALYSIS

Te Pītau members were advised that the DHB will be presenting a Mental Health and Addictions paper to MRB.

Attendees agreed:

- Te Pītau needs to be the connector between all facets of the mental health service delivery (including progress of timely interventions by Health Improvement Practitioners (HIPs) and Health Coaches within primary care).
- A working group (sitting below the governance group) should be tasked with reviewing the model, subsequent service delivery and designing the transformational change required to improve mental health outcomes. Key elements of the workstream to be reported to the monthly Te Pītau meetings.

END OF LIFE

End of Life will not be included in the current four areas of Te Pītau focus. Regulatory changes may prompt interest by Te Pītau in End-of-life care toward the end of the calendar year.

TE PĪTAU FUNCTION

Attendees supported that the function of the governance group is to receive a watching brief and high-level reporting with a focus on:

- Equity – for all workstreams
- Integration – across the health network
- Stratification – population data feed
- Whānau voice

LONG TERM CONDITIONS

As a system solution, the workstream to sit under acute demand in the community and hospital, with HealthPathways a contributor or connector to the LTC steering group to shape the priorities. Equity will be a priority at every point of this workstream.

GENERAL BUSINESS

COVID vaccination campaign about to get underway that will put pressure on General Practice with a consensus that we all need to work together and be ready to make change if the rollout plan is not going so well.

The Chair acknowledged this meeting being the last Te Pītau meeting for Wayne Woolrich (PHO CEO) as he moves on to his new role and provided a mihi to Wayne for his work across the Te Pītau work streams.

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 33, New Zealand Public Health and Disability Act 2000

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

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