HAWKE'S BAY
District Health Board
Whakawāteatia

BOARD MEETING

Date: Tuesday 22 February 2022

Time: 1.00pm

Venue: Zoom Meeting
(livestreamed for public meeting)

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

Apologies: Joanne Edwards

In Attendance: Keriana Brooking, Chief Executive Officer
Members of the Executive Leadership Team
Members of the Public

Minutes: Kathy Shanaghan

Public Agenda

Item	Section 1: Routine	Time (pm)
1.	1.1 Karakia 1.2 Values Welcome and Apologies	1..00
2.	Interests Register	-
3.	Minutes of Previous Meeting held 15 December 2021	-
4.	Matters Arising – Review of Actions	-
	Section 2: Standing Management Reports	
5.	Chair's Report (verbal)	1.10
6.	Chief Executive Officer's Report	1.15
7.	Financial Performance Report – Andrew Boyd, Executive Director of Financial Services	1.20

	Section 3: Strategic Delivery	
8.	Te Ara Whakawaiora – Culturally Responsiveness Workforce - Martin Price, Executive Director of People and Culture	1.25
	Section 4: Other Governance Reports	
9.	Community Representatives on Te Mata ā Māui Health Trust - Keriana Brooking, Chief Executive Officer	1.40
	Section 5: Noting Reports	
10.	Hawke's Bay Clinical Council Report – Co-Chair, Robin Whyman, Chief Medical & Dental Officer	-
11.	Hawke's Bay Health Consumer Council Report – Emma Foster, Executive Director of Planning, Funding and Performance	-
12.	Pacific Population Board Report – Patrick Le Geyt, Acting Executive Director of Health Improvement and Equity	-
13.	**Section 6: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	

Public Excluded Agenda

Item	Section 7: Routine	Time (pm)
14.	Minutes of Previous Meeting held 15 December 2021 (public excluded)	1.45
15.	Matters Arising – Review of Actions (public excluded)	-
16.	Governance Workplan (public excluded)	1.50
	Section 8: Standing Management Reports	
17.	Chair's Report – verbal (public excluded)	1.55
	Section 9: Other Governance Reports	
18.	Finance, Risk and Audit Committee Resolutions for Board Approval (public excluded) – Chair, Evan Davies	2.00
	Section 10: Noting Reports	
19.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster, Executive Director of Planning, Funding & Performance	-
20.	Safety and Wellbeing Committee Report (public excluded) – Martin Price, Executive Director of People and Culture)	-
	Karakia Whakamutunga	
	Meeting concludes	2.10

The next HBDHB Board Meeting will be held on
Tuesday 22 March 2022 at 1.00pm

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.

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

Board "Interest Register" - as at 15 December 2021

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Shayne Walker	Active	Dr Rachel Walker	Wife - is a contractor to HBDHB	Potential conflict. Will abstain from decisions related to perceived conflict.	CEO	08.01.20
	Active	Daughter	Employed with Kahungunu Executive	Will abstain from all funding decisions related to Kahugnunu Executive. Work with CEO and Deputy Chair regarding any contract delegations	CEO / Deputy Chair	23.11.20
Kevin Atkinson	Active	No interests to declare				
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Iron Māori Events Ltd	Director. Company has two lifestryle contracts with HBDHB.	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	21.10.20
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Whararikí 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	Health Hawke's Bay	Employed with Health Hawke's Bay as General Manager Provider Networks	Discussed with HBDHB Chair to manage any potential conflict	The Chair	15.12.21
David Davidson	Active	Hastings Rotary Club	President	Unlikely to be any conflict of interest. If in doubt, will discuss with HBDHB Chair	The Chair	11.09.20
	Active	Weem Charitable Trust	Provides support services to Cancer sufferers eg Cranford & Cancer Society	Will advise of any perceived or real conflict prior to discussion	The Chair	09.12.19
Joanne Edwards	Active	KiwiGarden Ltd	Director/CEO	Potential conflict. Will abstain from all discussions/decisions that may have some direct relevance to this interest.	The Chair	08.01.20
Charlie Lambert	Active	Centre for Women's Health Research Centre, Victoria Univesity	Part-time Researcher	Potential conflict. Will not take part in any decisions that may have some relevance to this interest and will stand down from any interaction with staff.	The Chair	15.07.20
	Active	Hawke's Bay Regional Council	Council Member	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	06.04.20
Evan Davies	Active	Chair, Executive Steering Group, Dunedin Hospital		No conflict perceived	The Chair	17.02.21
	Active	Chair, Capital Investment Committee	DHB Capital Prioritisation	Potential conflict.	The Chair	07.01.20

MINUTES OF THE HBDHB BOARD MEETING
HELD ON WEDNESDAY 15 DECEMBER 2021
TE WAIORA ROOM, DHB ADMINISTRATION BUILDING
MCLEOD STREET, HASTINGS
AT 1.30 PM
(LIVESTREAMED – VIA FACEBOOK)

PUBLIC

Members: Shayne Walker (Chair)
Evan Davies (Deputy Chair)
Hayley Anderson
Ana Apatu
Kevin Atkinson
David Davidson
Joanne Edwards
Charlie Lambert
Heather Skipworth
Peter Dunkerley

Apologies: Nil

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

The Chair provided a mihimihi to Board, the staff and members of the public who were viewing the meeting via Facebook livestream.

1. APOLOGIES
No apologies were received for the meeting.

2. INTEREST REGISTER
No amendments to the interest register were noted apart from the one Hayley Anderson advised at the FRAC meeting earlier in the day, that she had been appointed to the role of General Manager, Provider Network, at Health Hawke's Bay (PHO). No Board member advised of any interests in the items on the agenda.

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

Moved: Hayley Anderson
Seconded: Ana Apatu
Carried

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

5. BOARD WORK PLAN / MEETING SCHEDULE 2022
The FRAC and Board workplan for February to June 2022 was noted. It was also noted that the draft Nursing Strategy refresh was expected to come to the Board in March 2022, with the final document expected in May 2022. The Chair asked for this to be added to the workplan. **Action**

The following item was also added to the workplan for February:

- Te Ara Whakawaiora – Health of Kaumātua – Ageing Well in Hawke's Bay: Data insights from November 2021 report) **Action**

The Chair acknowledged it had been a very busy year for the Executive and staff and therefore Board members were happy for the workplan to be reprioritised to enable focus on the top priorities. **Action**

The meeting dates for 2022 were noted.

STANDING MANAGEMENT REPORTS

6. CHAIR'S REPORT (VERBAL)

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

Name	Role	Service	Years of Service	Retired
Susan Elstone	Staff Midwife	Whānau & Communities	14	7/11/21
Helen Gilbertson	Registered Nurse	Hospital Directorate	15	14/11/21
Howard Shields	Orderly	Support Directorate	12	21/11/21
Linda Mitchell	Kitchen Assistant	Support Directorate	27	20/11/21
Rhona Ching	Receptionist	Whānau & Communities	17	31/10/21
Kerry Dunbar	Dental Cleaner	Whānau & Communities	31	31/10/21
Carol Brosnan	Ear Nurse Specialist	Whānau & Communities	34	24/12/21
Susie Harmer	Kitchen Assistant	Support Directorate	45	31/12/21

- The Chair advised that the Government was on track with the health reforms and therefore the last Board meeting would be 28 June 2022. He acknowledged again how busy everyone was and thanked fellow Board members and all staff working in the health sector in Hawke's Bay for their mahi.

With no further comments the Chair's report was noted.

7. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO took her report as read highlighting the following:

- It had been a very busy month, with a lot taken up by COVID-19 vaccination, readiness and preparedness. She congratulated DHB staff, pharmacy, general practice, Māori Health providers, Iwi and civic leaders who had worked tirelessly to reach the 90 percent vaccination target. The DHB was predicting 90 percent double vaccination by 23 December 2021 and double vaccination for Māori by the middle of January 2022
- On behalf of HBDHB, the CEO attended a ceremony to commemorate the long service of Annie Aranui (MSD) who had a massive impact on the community of Hawke's Bay and was dearly loved not just by whānau, but by the public sector and Government.
- The CEO acknowledged former and current Board members who participated in the Drinking Water Governance Group in Hawke's Bay which was now being retired with the advent of Taumata Arowai, the Water Services Regulator

- The visit to Brittany House (aged residential care facility) where she, Emma Foster and Suzanne Parkinson received a pōwhiri from residents. This was a lovely opportunity to meet the residents, staff and view the facility
- The CEO and Chair attended Rev Barbara Walker's farewell and acknowledged the powerful impact Barbara had as a hospital chaplain, not only with patients but also with staff. Barbara was very appreciative of the farewell and feels very pleased she may still be involved in the hospital in some way

The Chair acknowledged it had been a very busy month for the CEO and thanked her for her relationship and strategic influence on behalf of the DHB.

8. FINANCIAL PERFORMANCE REPORT

This report was taken as read, noting this had been discussed at the Finance, Risk and Audit Committee (FRAC) meeting held earlier in the day. The Executive Director of Financial Services highlighted the recruitment challenges and the increased costs with COVID-19 and MECA settlements.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

STRATEGIC DELIVERY

9. RARANGA TE TIRA (PARTNERSHIP) : COVID-19 RESPONSE AND RESILIENCE

The aim of this presentation was to share with Board members the Hawke's Bay model intended to provide care for COVID positive people and close contacts in the community. The presentation covered the following four components:

- Public health
- Secondary care
- Community care – welfare and wellbeing
- Primary care clinical support

The CEO acknowledged the following people who had provided input into the presentation:

- Chris McKenna, Programme Director in charge of COVID-19 Vaccination and Resurgence Programme
- Dr Nicholas Jones, Clinical Director/Medical Officer of Health
- Chris Ash, Chief Operating Officer
- Phillipa Blakey, Chief Executive Officer, Health Hawke's Bay (PHO)

The following key points were highlighted:

Keriana Brooking

- The four components would work together placing the householder at the centre
- COVID this year was different from 2020 where everyone was affected in some way due to Level 4 lockdown
- In this phase there was a real intention through the protection framework that most people will be going about their day to day mahi and any welfare and health needs (non COVID related) would be picked up as business as usual (BAU)
- The main focus would be on the 'infected' (COVID positive) and the 'connected' (close contacts of positive cases) with support being provided until such time as they were not infectious
- As the lead for health, the DHB had the governance responsibilities but this would be in partnership with Iwi and the Regional Leadership Group (RLG) which was chaired by Rick Barker and comprised MPs, Mayors and HBDHB Chair

- As well as reporting weekly to the RLG around preparedness, the DHB was working with Civil Defence Emergency Management, Ngāti Kahungunu Iwi Inc and broader post-Treaty Settlement Partnerships to ensure Māori community were able to contribute and respond
- HBDHB had established a COVID directorate to ensure all expectations were being met, with Chris McKenna as the overall director
- The Government's expectation is that a COVID Coordination Centre is established, the purpose of which is to provide care for COVID positive people and close contacts in the community. This is designed to provide clinical, psychosocial, wellbeing and/or welfare packages of care and will work in partnership with current health and welfare response services to ensure there is an integrated response

Dr Nicholas Jones

- COVID-19 Care in the Community involves six steps:
  - Prepare
  - Testing
  - Notification (to Medical Officer of Health)
  - Assess needs and determine pathway
  - Care and support (constant review)
  - Discharge, follow-up, onward care
- Positive cases go to quarantine, contacts are isolated

Phillipa Blakey

- Discussion had been undertaken with all general practices to give assurance to patients that anyone unwell would receive the care they need. All practices advised they would ensure every patient with COVID would receive the appropriate care (both level 1 and level 2)
- A team has been set up to provide 24/7 support to practices

Chris Ash

- Modelling, based on 90 percent vaccination rates in Hawke's Bay, suggests we should be planning for 14,500 cases of COVID-19 in our region in 2022
- Of this number, HBDHB would expect to see approximately 40 COVID-19 related attendances at ED, with 16 hospitalised and two requiring intensive care
- While this appeared to be a large number given the small number of cases in Hawke's Bay, there would be peaks and troughs and the numbers would vary from week to week
- COVID positive cases who come to hospital would enter the system via the Care in the Community approach, meaning their arrival at hospital would be pre-arranged
- The ED had designed 'hot' and 'cold' COVID flows to separate patients
- Management of patients with suspected (unconfirmed) COVID would require greater physical separation from confirmed cases
- The hospital had capacity with negative pressure, enhanced air flow or single room capabilities in ED, ICU, B2 A1 and the children's ward to support management of patients with suspected COVID
- In January, work would be completed to upgrade air handling in B2 to make it the main COVID ward
- This would be in addition to Ruakopito, a 17-bed negative pressure area that could be converted to use for COVID positive patients either at ward or ICU level

Other comments included:

- The importance of treating people with COVID-19 kindly was highlighted as they were often named and abused in social media
- It was important that COVID positive cases were comfortable for their information to be shared with others, therefore informed consent was very important
- The CEO said she would organise for Tihei Mauri Ora (welfare) and MSD to speak at a future Board meeting as we are partnering with others as not all COVID positive cases have access to the necessary resources

On behalf of the Board, Ana Apatu thanked everyone for the work they were doing and their ongoing commitment.

In closing, the Chair acknowledged everyone working in the health system and leadership for bringing this presentation to the Board today and reiterated the need to be kind to everyone.

NOTING REPORTS

10. HAWKE'S BAY CLINICAL COUNCIL – CHAIR'S REPORT

The Chief Medical & Dental Officer provided an overview of the matters discussed at the Hawke's Bay Clinical Council meeting on 1 December 2021. It was noted that Council had agreed to change the frequency of the meetings to bi-monthly from February 2022, to enable member attendance and improved alignment for Board and FRAC reporting.

RECOMMENDATION
That the HBDHB Board:

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

Adopted

11. PACIFIC POPULATION BOARD - CHAIR'S REPORT

The report was taken as read.

RECOMMENDATION
That the HBDHB Board:

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

Adopted

12. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board:

Exclude the public from the following items:

13. Confirmation of Previous Minutes (Public Excluded)
14. Matters Arising – Review of Actions (Public Excluded)
15. Finance, Risk and Audit Committee Resolutions for Board Approval (Public Excluded)

Moved: Shayne Walker
Seconded: Peter Dunkerley

Carried

The Chair thanked members of the public for viewing the meeting via Facebook and wished everyone a merry Christmas and a relaxing break with their whānau over the festive season.

The public section of the Board meeting concluded at 2.45pm

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	15/12/21	**Nursing Strategy Refresh** Add to workplan	Administrator	April	Confirmed for April 2022 Board
2	15/12/21	**Te Ara Whakawaiora – Health of Kaumātua – Ageing Well in Hawke's Bay: Data insights from November 2021 report** Add to workplan	Administrator	February	Report to be uploaded to Diligent Resource Centre February 2022
3	15/12/21	**Board Workplan** Reprioritise workplan to enable focus on the top priorities	CEO	February	Completed

5

CHAIR'S REPORT

Verbal

6

HAWKE'S BAY District Health Board Whakawāteatia	**February 2022 DHB CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	16 February 2022
Purpose/Summary of the Aim of the Paper	To provide a monthly strategic and operational update to the Board of HBDHB.
Health Equity Framework	The penultimate version of the revised Equity Plan is now live.
Principles of the Treaty of Waitangi that this report addresses	Post Finance Risk and Audit Committee (FRAC) meeting feedback, a process has been established by the Executive Leadership Team (ELT) to group review this section of ELT-produced papers to ensure all elements of the principles of Te Tiriti are explored and documented in this section for each paper.
Risk Assessment	Hawke's Bay District Health Board (HBDHB) 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.
Financial/Legal Impact	Nothing for noting.
Stakeholder Consultation and Impact	I have had the following interactions in this period: • Welcomed the 2022 Resident Medical Officers • Attended the Hawke's Bay Regional Leadership Group weekly meetings • Attended the Medical Leaders, Heads of Department and Medical Directors monthly meeting • Attended the COVID Vaccine DHB CE leads and Ministry of Health (MoH) weekly meetings • Chaired the COVID-19 Immunisation and Implementation Advisory Group fortnightly meetings • As DHB CEO co-lead for primary care, attended a meeting with the MoH to discuss Managing COVID-19 in the Community Programme • Attended the Central Region CEs meeting • Attended the National Bipartite Advisory Group meeting • Attended the Central Region CEs meeting followed by the Combined Regional Governance Group & CEs • Hosted Rob Campbell, Chair of Health New Zealand (interim)
Strategic Impact	None to note
Previous Consideration / Interdependent Papers	None to note
RECOMMENDATION: *It is recommended that the Board:* 1. *Note and acknowledge this report.*	

HOSPITAL SERVICES UPDATE

Unplanned Care

Inpatient Hawke's Bay Hospital bed demand eased in December and January. The average resourced bed occupancy at 8am fell below 100 percent for the first time this financial year (99.5 percent in January). Reduced bed demand enabled the B2 oxygen upgrade to be completed. There was no major impact on overall hospital escalation in the week following the four-day weekends.

Emergency Department (ED) attendances in December were relatively unchanged from the previous month. Performance against the six-hour standard remained relatively unchanged through the holiday period, improving slightly in January to 76.7 percent. ED continues to operate under special COVID-19 protocols, which has a corresponding impact on efficiency.

Planned Care

Elective delivery was lower compared with the previous year. This was primarily due to constrained locum availability (on account of COVID-19 restrictions and labour market). A net total of 1,944 referrals were received in December and 1,644 referrals received in January. While these figures (both materially lower than the average of the preceding 12 months) are reflective of an expected seasonal drop in demand, it is worth noting that in the six months from August 2021, referrals received have been 22 percent lower than the comparative period the previous year.

- In total, 1,644 patients were provided with First Specialist Assessments in December and 1,154 patients in January. A reduction is typical of the Christmas/New Year holiday period. The decrease is more pronounced this year, primarily due to a lack of locum availability to cover leave.
- The number of patients overdue against the ESPI2 measure increased by 302 patients over the two months from November. The proportion waiting four months or more for their appointment also increased month-on-month to 34.5 percent, up from 30.5 percent in November. This is expected to decrease in March and April, due to two consecutive months of low referral demand.

Elective surgery

HBDHB delivered 95.4 percent of the overall Ministry of Health production planning discharge target in December and 65.8 percent January (a total of 543 discharges vs 569 plan in December and 373 discharges vs 567 plan in January).

- For the first six months of the year, 89.8 percent of plan has been delivered (3,441 discharges vs 3,833 plan), and 87.3 percent by case weight. The main constraints to delivery have been human (not financial) resourcing.
- Inter District Flow activity in January was below plan with 34 discharges. This is expected to land close to in-month plan. Outsourced activity (which was on plan between September and December), also decreased in January.
- On-site activity was well under plan, with a total of 305 discharges in January (73.5 percent of plan). Overall the waiting list for surgery grew from November to January, increasing by 61 to 2,352. Of these, 42.3 percent of patients have now waited more than the ESPI5 measure of four months (down from 45.1 percent in November) – equating to 39 fewer patients now overdue.

COVID UPDATE

New Zealand remains in the red setting of the COVID-19 protection framework to slow the spread of COVID-19. Face coverings are mandatory in some places (flights, public transport, taxis, retail, education [year 4 and up including tertiary], public facilities) and are encouraged elsewhere. People need to keep physically distanced wherever possible and scanning/record keeping is required. Workplaces and schools are open. People with a cold, flu or COVID-19 symptoms should isolate immediately and test / call Healthline for advice.

Omicron in the Community

On Tuesday 15 February at 11:59 pm New Zealand moved to phase two of the Omicron response. Cases have increased in the community and we are working to minimise and slow further spread to help protect vulnerable people in our community.

Key points:

- The system will adjust to focus on identifying and supporting those at greater risk of severe illness from Omicron – which will be a smaller percentage of cases
- Isolation period for cases reduces from 14 days to 10 days
- Close contact isolation period reduces from 10 days to seven days
- Testing requirements for critical workers who are close contacts changes to protect workforce
- Digital technology is used more in phase 2. Cases will be notified by text message and directed to an online self-investigation form, which will focus on high-risk exposures
- RATs (Rapid Antigen Tests) will be integrated into our testing system and will work alongside PCR tests.
- HBDHB is urging households and businesses to prepare for Omicron.

As at 15 February 2022, there were c <65 active cases of COVID-19. Increases in positive cases and further community spread is predicted. Vaccination rates:

- 96 percent of the eligible population has had one dose
- 94 percent of the eligible population has had two doses
- 85.6 percent of the eligible Māori population has had two doses
- 135 percent of the eligible Pacific population that includes RSV workers has had two doses
- 64 percent of the eligible population (18+) has had a booster

RURAL WORKFORCE INCENTIVES

Planning Funding & Performance is working with Hauora providers and health services to understand the number of workforce roles that could benefit from an incentives programme. Evidence on what incentives work to retain and recruit rural and rural remote workforce roles is informing our approach. It includes funding for training, pastoral and cultural supervision, and access to secondments in other work areas for increased professional skills.

Workforce incentives will be phased, the initial focus is on an incentives package for Registered Nurse and Health Care Assistants in Wairoa. We anticipate the first phase will be in place by April 2022. After evaluating the effectiveness of the initiative, we will refine and extend to other professions.

COORDINATED PRIMARY OPTIONS PATHWAYS

We are happy to announce the development of six new Coordinated Primary Options (CPO) Pathways with sustainable funding. The six new CPO Pathways are; childhood wheeze, minor skin ailments (extended to community pharmacy), Pipelle biopsy in primary care, carpal tunnel surgical community pathway, Zoledronate infusions and iron Infusions. These will go live no later than 1 July 2022.

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HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report** For the attention of: **HBDHB Board**
Document Owner	Andrew Boyd, Executive Director Financial Services
Document Author	Phil Lomax, Financial and Systems Accountant
Date	February 2022
Purpose	To provide a monthly update on the key financial metrics
Health Equity Framework	As a part of the suite of consolidated reporting, provide financial information to support decision making around health equity
Principles of the Treaty of Waitangi that this report addresses	Through providing information on the overall financials, supports debate around the Treaty Principle of 'Options: Providing for and properly resourcing kaupapa Māori health and disability services'
Risk Assessment	The report provides summary information on the risks
Financial/Legal Impact	As per the report
Stakeholder Impact	None identified
Strategic Impact	Achieving a sustainable underlying financial position will support the DHB to achieve its strategic objectives
Previous Consideration / Interdependent Papers	Interdependency with papers on the Strategic Planning and Budgeting over a multiyear timeframe

RECOMMENDATION

It is recommended that the Board:

Note the contents of this report.

Endorse the draw down of $2.6m of equity for fast-track of COVID related health capital projects as costs are incurred.

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The operating result is $1.0m favourable year-to-date. The main drivers are the release of unused investment reserves, partly offset by nursing equity payments and backpays increasing the value of the annual leave provision (part of this will reverse after the holiday period when the payments no longer affect the calculation), and capital charges relating to last year's $25m equity injection (deficit funding) received after the budget was finalised.

PUBLIC EXCLUDED

The surplus/(deficit), including COVID-19 and Holidays Act, is $6.0m favourable year-to-date and $0.8m favourable for the month of January. The result includes COVID income relating to costs incurred in prior years, and additional project costs relating to Holidays Act remediation.

Prior Year Adjustment

The nursing MECAs, including a pay equity component, were settled between the 2020/21 balance date, and the finalisation of the audit (delayed this year due to recruitment challenges faced by Audit NZ). Consequently the settlements are an adjustable event under applicable accounting standards, and the 2020/21 portion of the settlements have been provided for by adjusting the 2020/21 result. The result deteriorated by the $6.1m provision from a $22.2m deficit to a $28.3m deficit. The cost of the nursing settlements incurred in December 2021 was offset by the release of that provision.

Forecast

The forecast deficit for the year is $34.7m, $6.7m adverse to plan. This is a $2.3m increase on last month driven by ARC initiatives supporting people in the community, partly offset by the release of reserves. The variance from plan comprises:

- Revenue $3.5m favourable including additional MOH income and higher than budgeted revenue from other DHBs, both offsetting additional expenditure in Providing Health Services.
- Providing Health Services $4.0m favourable mainly due to challenges filling vacancies and new positions.
- Funding other providers $1.5m adverse mainly primary care expenditure funded by additional MOH income and pharmacy services costs, partly offset by underspends in older persons and Māori health.
- Corporate $0.1m adverse including unbudgeted capital charges relating to the $25m equity injection in June 2021, and vacancies, partly offset by lower depreciation (capital expenditure slippage) and financing costs.
- Reserves $17.9m adverse reflecting unidentified savings, and provisioning for MECA settlements.
- COVID $6.1m favourable due to MOH funding prior year expenditure.
- Holidays Act remediation $0.7m adverse due to higher project costs.

Not included in the forecast are a number of items that are likely to improve the end of year result:

- Funding received in December 2021 for the nurse equity settlement, that will not be attributed to the 2021/22 year. This is the difference between equity payments that will be made over both 2020/21 and 2021/22, and the provision for 2020/21 settlement costs (see Prior Year Adjustment above).
- Release of further investment reserves; and
- PHARMAC COVID funding that is unlikely to be spent.

	January				*Year to Date*				*Year*	
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*End Forecast*	Refer Appendix
Operating Revenue	61,156	58,992	2,164	3.7%	418,773	414,119	4,654	1.1%	713,469	1
Less:										
Providing Health Services	29,387	29,645	259	0.9%	205,221	208,747	3,526	1.7%	357,649	2
Funding Other Providers	26,896	25,344	(1,551)	-6.1%	179,881	177,565	(2,316)	-1.3%	307,469	3
Corporate Services	4,828	5,375	547	10.2%	38,453	38,477	24	0.1%	67,333	4
Reserves	809	(359)	(1,168)	-325.2%	5,779	941	(4,838)	-514.4%	18,108	5
Operating Result	**(764)**	**(1,014)**	250	24.7%	**(10,561)**	**(11,610)**	1,049	9.0%	**(37,090)**	
Plus:										
Emergency Response (COVID-19)	579	-	579	0.0%	5,712	-	5,712	0.0%	6,123	
Holidays Act Remediation	(250)	(230)	(20)	-8.5%	(2,451)	(1,733)	(718)	-41.4%	(3,750)	
	(435)	**(1,244)**	810	65.1%	**(7,300)**	**(13,343)**	6,043	45.3%	**(34,717)**	

PUBLIC EXCLUDED

7

Other Performance Measures

	January				Year to Date				Year End Forecast	Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance			
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Capital spend	1,727	4,195	(2,469)	-58.8%	12,648	23,784	(11,137)	-46.8%	31,002	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,679	2,794	115	4.1%	2,762	2,838	76	2.7%	2,888	2 & 4

- Capital spend (Appendix 10)

  Capital spend to January is at 52% of plan (last month 55%). This is caused by slippage in strategic projects, delivery issues relating to COVID in the facilities and clinical equipment blocks, and the disruption of the Summer holidays.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $3.7m overdrawn on 31 January (the previous month was $8.1m overdrawn on 2 December).

- Employees (Appendices 2 & 4)

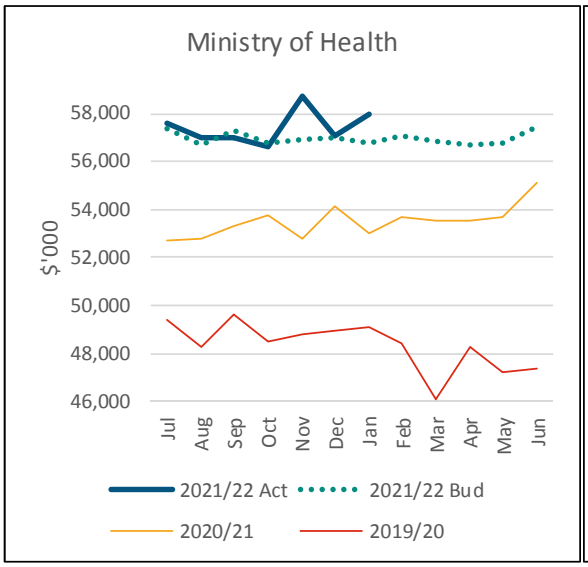
  The lower than planned employee FTE numbers reflect the continuing challenges recruiting to vacant and new positions.

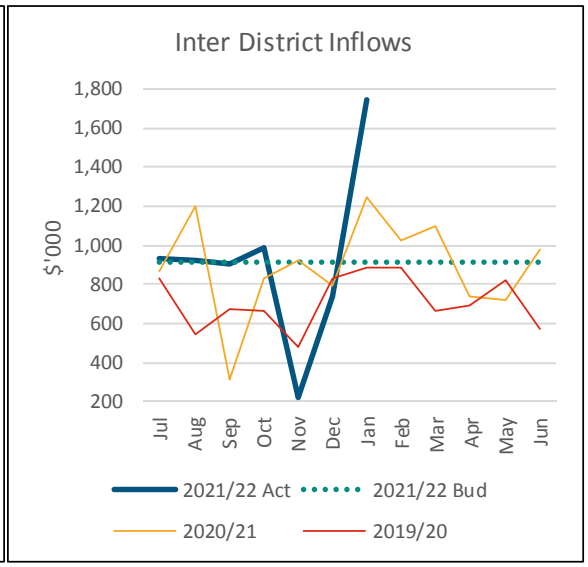
PUBLIC EXCLUDED

APPENDICES

1. OPERATING REVENUE

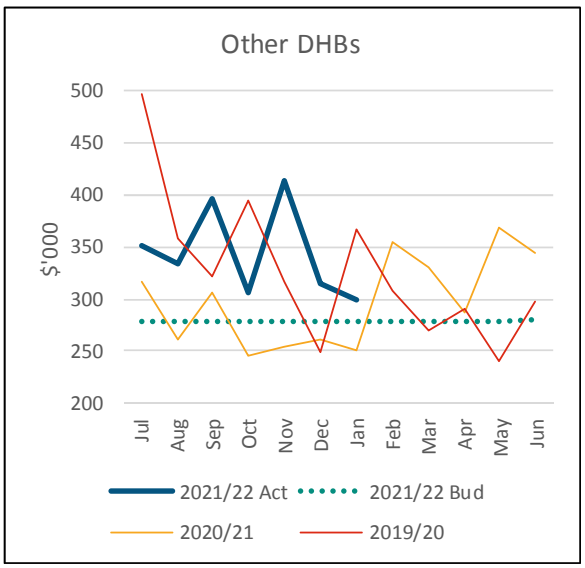
Excludes revenue for COVID-19	*January*				*Year to Date*				*Year End Forecast*
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		
Ministry of Health	57,958	56,783	1,175	2.1%	401,954	398,710	3,244	0.8%	685,454
Inter District Flows	1,748	913	834	91.3%	6,453	6,394	58	0.9%	11,020
Other District Health Boards	299	278	21	7.4%	2,417	1,949	467	24.0%	4,002
Financing	25	4	21	575.0%	127	26	101	395.6%	167
ACC	498	478	20	4.2%	3,317	3,249	68	2.1%	5,748
Other Government	37	35	1	4.1%	301	262	39	15.0%	452
Abnormals	-	-	-	0.0%	5	-	5	0.0%	5
Patient and Consumer Sourced	120	121	(1)	-0.6%	761	846	(84)	-10.0%	1,242
Other Income	472	379	92	24.3%	3,439	2,683	756	28.2%	5,377
	61,156	**58,992**	2,164	3.7%	**418,773**	**414,119**	4,654	1.1%	**713,469**

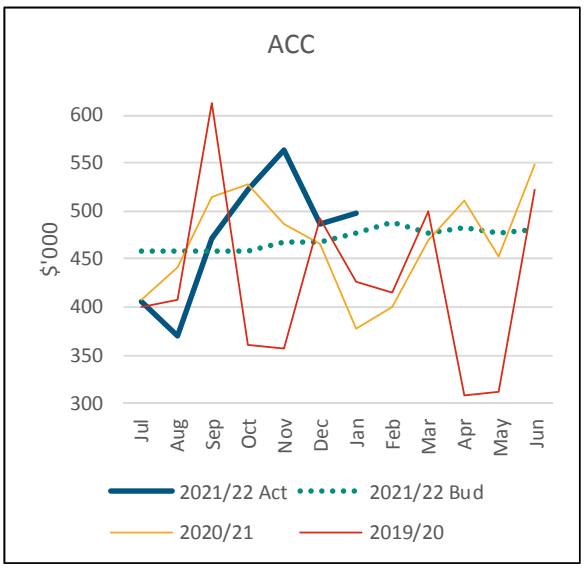




Ministry of Health ($3.2m favourable YTD)
New funding for elective services and projects, national bowel screening, community services card funding, low cost access, peer support, and a number of other funding streams. November includes a YTD accrual for additional PHARMAC combined pharmaceutical budget funding related to COVID.

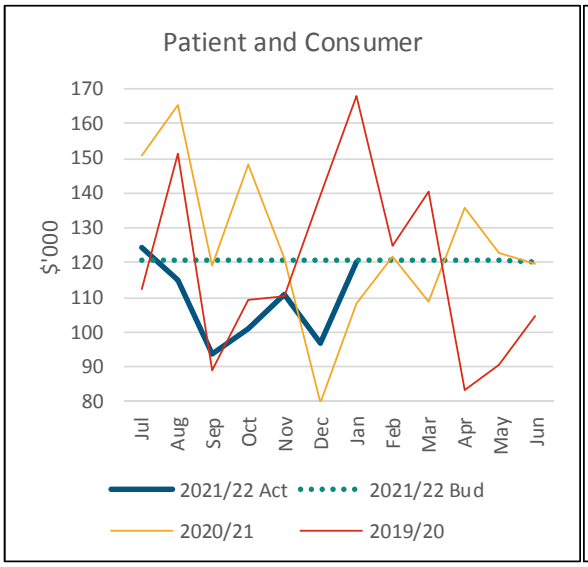
Inter District Flows ($58k favourable YTD)
Inter District Flows are inherently volatile due to the small volume and high cost. The decrease in November and increase over the summer holidays appears to reflect domestic travel movements.

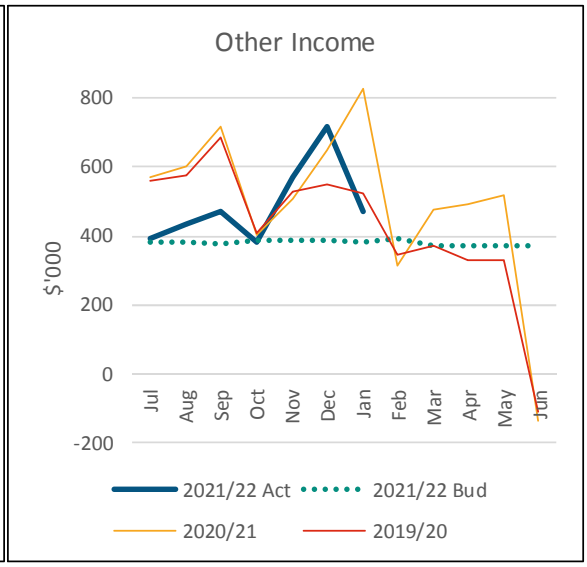




Other District Health Boards ($467k favourable YTD)
MidCentral DHB for oncology clinics, Capital & Coast Health for neurosurgery clinics, Tairawhiti DHB for pharmaceutical cancer treatments (PCTs), and a number of DHBs for patient transport reimbursements.

ACC ($68k favourable YTD)
Close to budget. Favourable surgical and oncology income offset by adverse rehabilitation income. The latter is caused by capacity constraints in AT&R caused by a lack of beds in the community that can take patients, and the work to establishment isolation beds in B2, that moved B2 patients into AT&R.





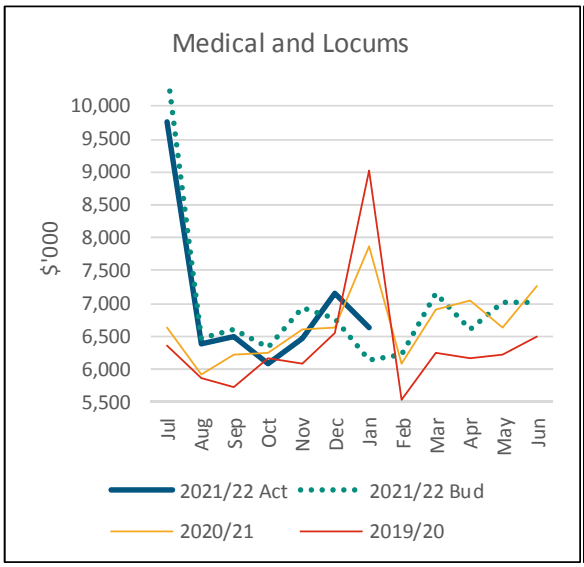
Patient and Consumer ($84k adverse YTD)
Reduced audiology co-payments as the outsourcing of audiology services is being piloted, partly offset by increased revenue from pharmaceutical sales and non residents.

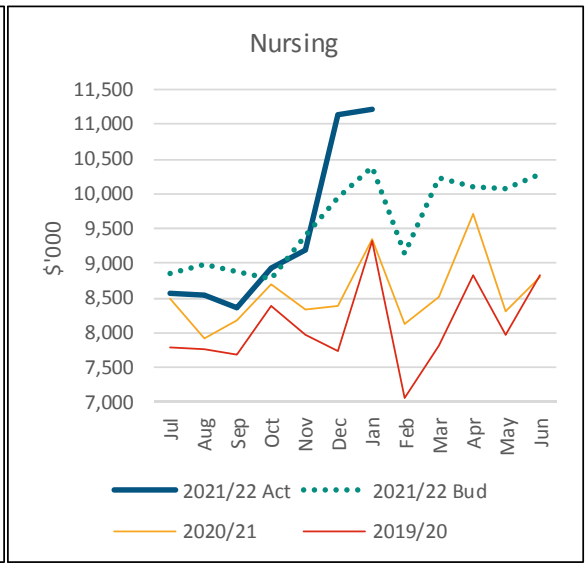
Other income ($756k favourable YTD)

Donations and clinical trial income, provision of COVID tests to primary providers, MSD cadetship revenue, and reimbursement for staff involved in the NZ Medical Assistance Team deployment to Fiji for the COVID response, partly offset by reduced traffic through Zacs Cafe.

2. PROVIDING HEALTH SERVICES

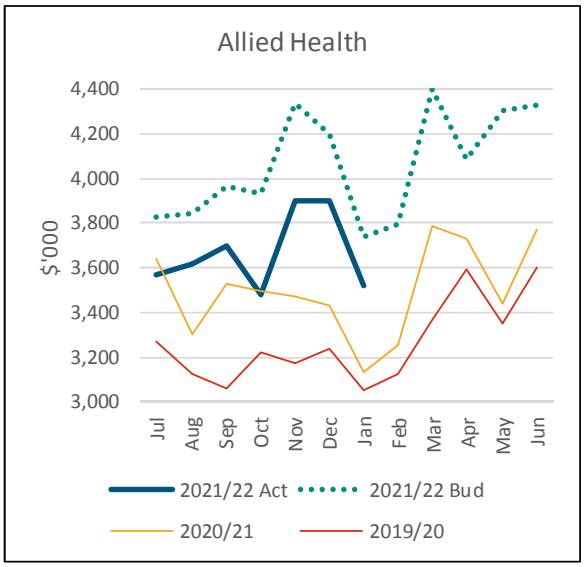
	January				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	6,644	6,137	(507)	-8.3%	48,996	49,771	776	1.6%	83,562
Nursing personnel	11,209	10,396	(813)	-7.8%	65,967	65,230	(737)	-1.1%	113,981
Allied health personnel	3,522	3,738	217	5.8%	25,676	27,841	2,165	7.8%	46,105
Other personnel	2,188	2,421	232	9.6%	17,106	17,591	485	2.8%	30,326
Outsourced services	922	1,313	390	29.7%	8,527	8,906	379	4.3%	15,881
Clinical supplies	3,382	4,138	755	18.3%	28,163	28,824	661	2.3%	49,045
Infrastructure and non clinical	1,519	1,504	(16)	-1.0%	10,786	10,584	(202)	-1.9%	18,748
	29,387	**29,645**	259	0.9%	**205,221**	**208,747**	3,526	1.7%	**357,649**
Expenditure by directorate $'000									
Hospital	17,236	17,104	(132)	-0.8%	118,086	119,272	1,186	1.0%	204,790
Whanau and Communities	6,477	6,438	(39)	-0.6%	44,893	45,457	564	1.2%	78,381
Mental Health and Addictions	2,045	2,171	127	5.8%	15,554	16,008	454	2.8%	27,381
Support	2,657	2,543	(114)	-4.5%	18,230	17,863	(368)	-2.1%	31,602
Other	971	1,388	417	30.0%	8,458	10,146	1,689	16.6%	15,496
	29,387	**29,645**	259	0.9%	**205,221**	**208,747**	3,526	1.7%	**357,649**
Full Time Equivalents									
Medical personnel	396.9	394.0	(3)	-0.7%	412	424	11	2.7%	429.9
Nursing personnel	1,214.5	1,212.6	(2)	-0.2%	1,172	1,171	(1)	-0.1%	1,185.9
Allied health personnel	489.6	551.3	62	11.2%	527	578	51	8.8%	590.3
Support personnel	136.1	127.1	(9)	-7.1%	133	127	(6)	-4.4%	130.6
Management and administration	254.1	292.8	39	13.2%	295	307	12	3.9%	315.0
	2,491.2	**2,577.9**	87	3.4%	**2,538**	**2,606**	68	2.6%	**2,651.7**

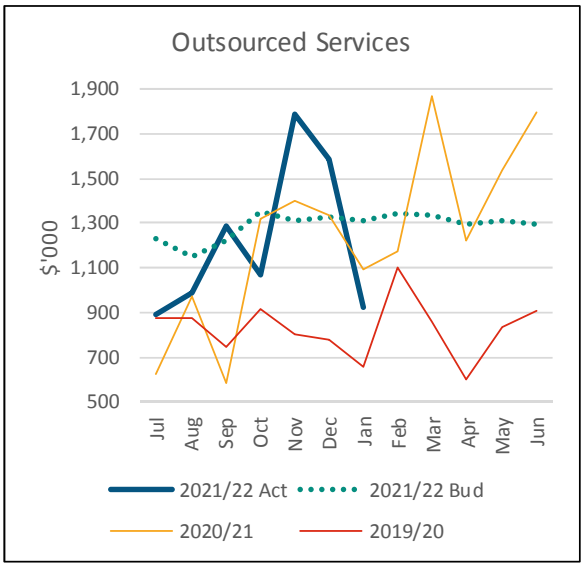




Medical personnel and locums ($0.8m favourable YTD)
Vacancies and low use of continuing medical education leave (CME) reflecting COVID-19 restrictions - partly offset by locum cover. The high budget in July, and the low budget in January in comparison to prior years, reflects the change in entitlement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

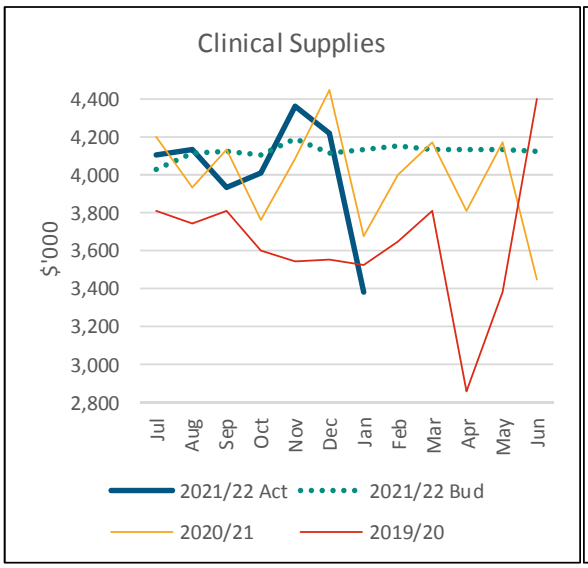
Nursing ($0.7m adverse YTD)
The nursing settlements included equity payments and backpay that increased the rate used to calculate the value of leave at the end of December and into January, and is likely to reverse in part after the Christmas period. High penal rates relating to public holidays had a similar effect. Partly offset by challenges filling vacancies.

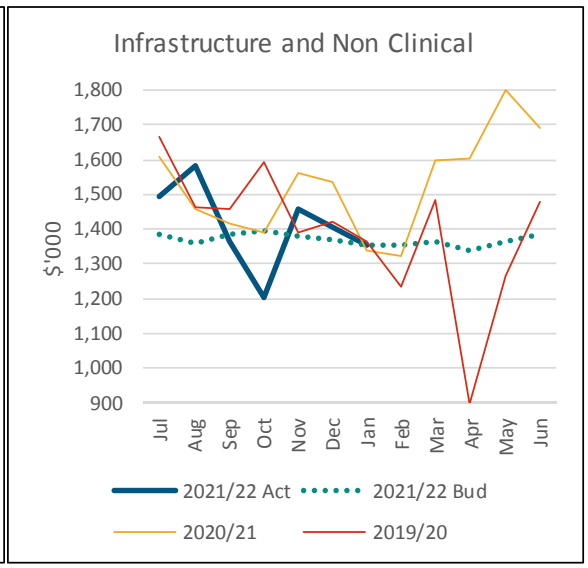




Allied Health ($2.2m favourable YTD)
Ongoing vacancies in social workers, therapists, psychologists, pharmacists, technicians, community support workers, health promotion workers, and medical imaging technologists.

Outsourced services ($0.4m favourable YTD)
Lower than budgeted radiology scans, and lithotripsy services. High elective surgery at Royston was more than offset by low elective clinical procedures at other providers.

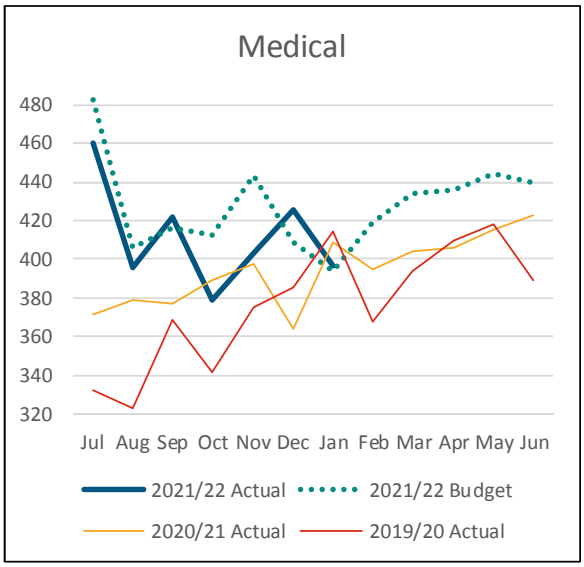


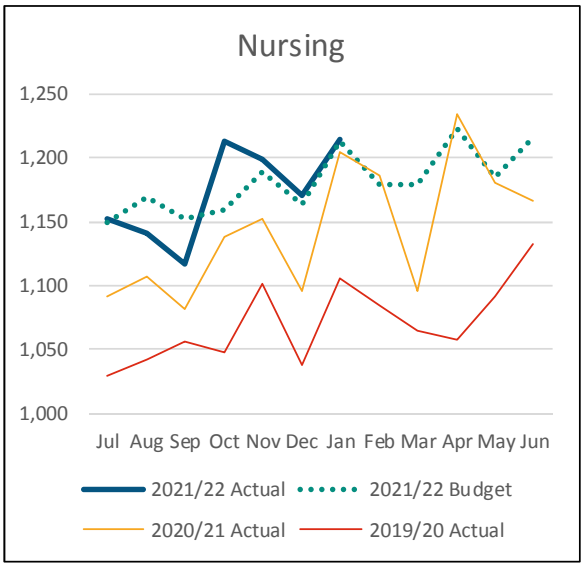


Clinical supplies ($0.7m favourable YTD)
Lower costs for implants and prostheses, blood intragam, and health promotion, were partly offset by higher costs for patient transport, personal protective equipment.

Infrastructure and non clinical supplies ($0.2m adverse YTD)
Security and cleaning partly offset in corporate travel costs.

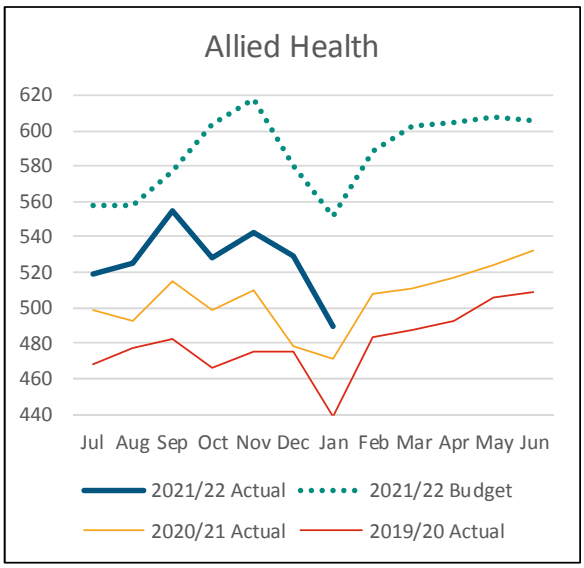
Full Time Equivalents (FTE)

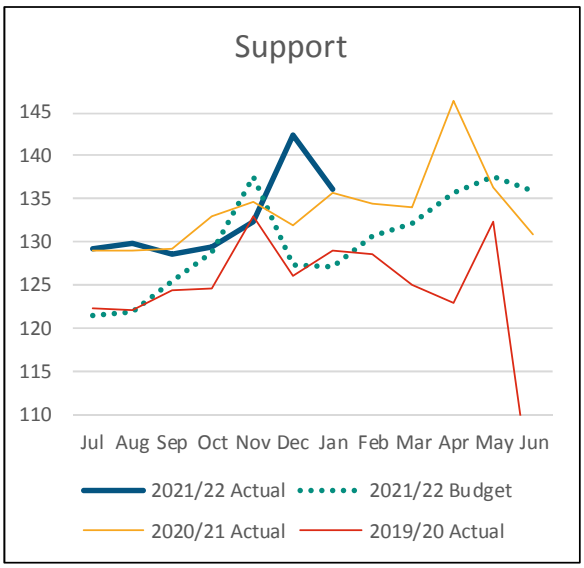




Medical personnel (11 FTE / 2.7% favourable)
Recruitment challenges and long lead times to onboard medical staff, marginally offset by higher than expected sick leave and leave without pay. High costs in July relate to entitlements for continuing medical education leave.

Nursing personnel (-1 FTE / -0.1% adverse)
Vacancies offset by accident and sick leave, and overtime.



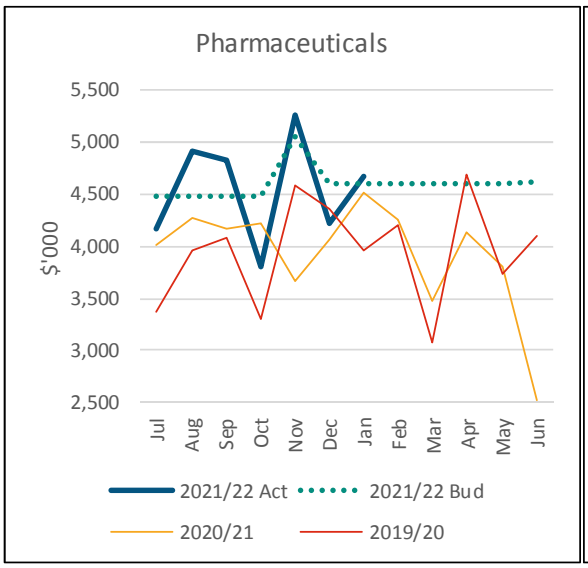


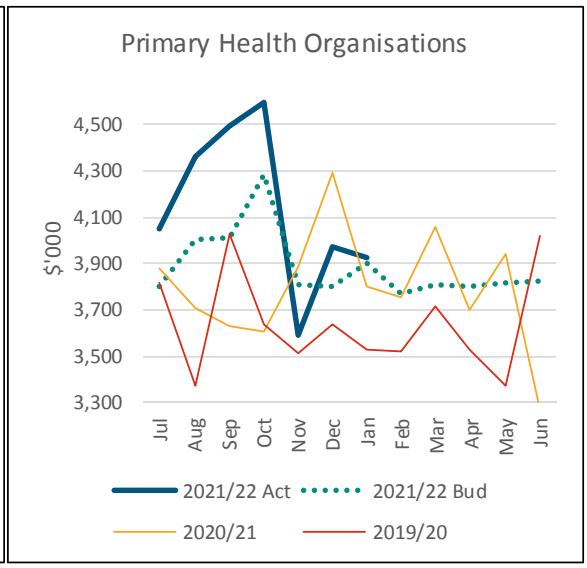
Allied health personnel (51 FTE / 8.8% favourable)
Ongoing difficulty filling vacancies including therapists, social workers, pharmacists, psychologists, technicians, community support workers and health promotion staff.

Support personnel (-6 FTE / -4.4% adverse)
Kitchen assistants, orderlies, and additional security. Partly offset by sterile supply vacancies.

3. FUNDING OTHER PROVIDERS

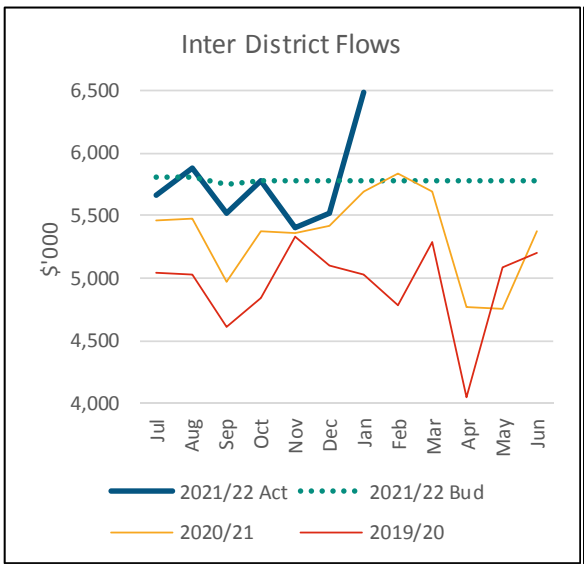
$'000	January Actual	January Budget	January Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	4,673	4,595	(78)	-1.7%	31,856	32,162	306	1.0%	54,871
Primary Health Organisations	3,924	3,906	(18)	-0.5%	28,998	27,621	(1,377)	-5.0%	48,030
Inter District Flows	6,490	5,781	(709)	-12.3%	40,280	40,490	210	0.5%	69,185
Other Personal Health	2,860	2,279	(581)	-25.5%	18,011	16,313	(1,698)	-10.4%	31,027
Mental Health	1,379	1,479	100	6.8%	10,746	10,105	(641)	-6.3%	17,921
Health of Older People	7,094	6,863	(231)	-3.4%	46,903	48,055	1,152	2.4%	81,425
Other Funding Payments	476	441	(34)	-7.8%	3,087	2,818	(268)	-9.5%	5,010
	26,896	25,344	(1,551)	-6.1%	**179,881**	**177,565**	(2,316)	-1.3%	307,469
Payments by Portfolio									
Strategic Services									
Secondary Care	6,271	5,484	(787)	-14.4%	38,608	38,513	(95)	-0.2%	66,129
Primary Care	10,297	9,871	(426)	-4.3%	72,262	69,611	(2,651)	-3.8%	122,679
Mental Health	1,701	1,810	109	6.0%	12,853	12,420	(433)	-3.5%	21,681
Health of Older People	7,890	7,442	(448)	-6.0%	51,285	52,113	828	1.6%	88,705
Maori Health	643	639	(3)	-0.5%	4,186	4,192	7	0.2%	7,107
Population Health	94	98	4	4.2%	688	716	28	4.0%	1,168
	26,896	25,344	(1,551)	-6.1%	**179,881**	**177,565**	(2,316)	-1.3%	307,469

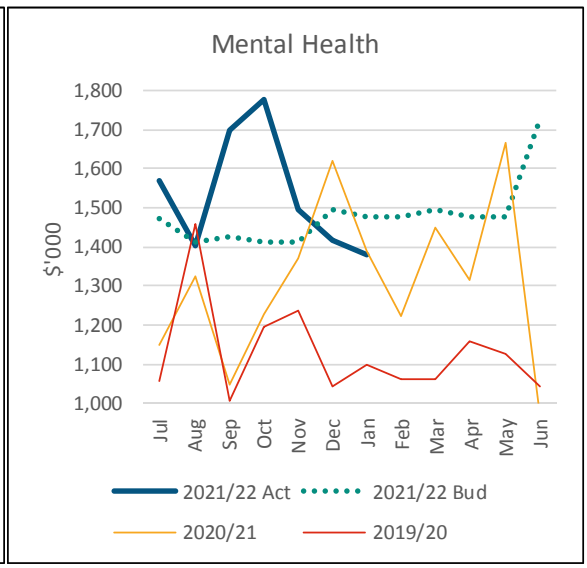




Pharmaceuticals ($0.3m favourable YTD)
Based on latest available PHARMAC forecasts and community and hospital pharmacy activity. Following similar trend to previous years.

Primary Health Organisations ($1.4m adverse YTD)
Services for under 13s, services to community services card holders, discharge pathway funding, low cost access, and first contact services.

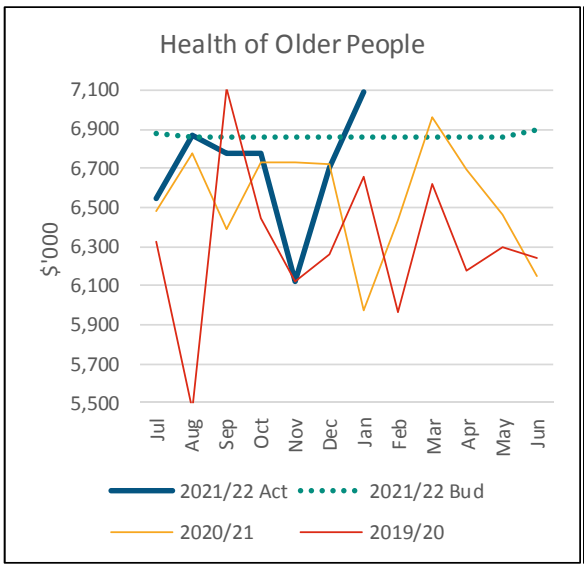


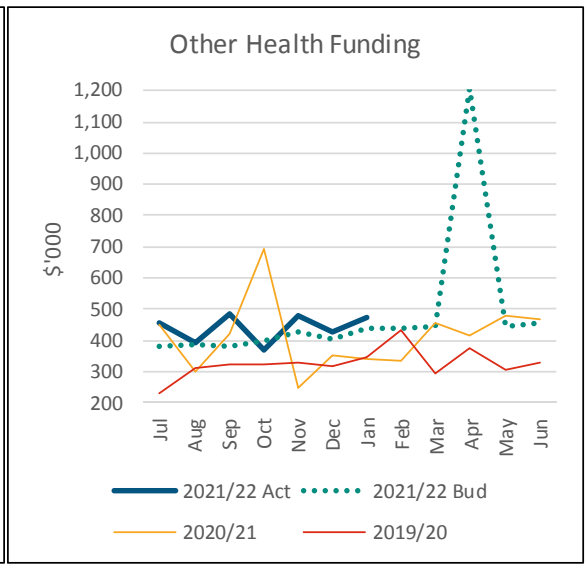


Inter District Flows ($0.2m favourable YTD)
Inter District Flows are inherently variable due to the small volume and high cost. The decrease in November and increase over the summer holidays appears to reflect domestic travel movements.

Other Personal Health ($1.7m adverse YTD)
Includes additional professional pharmacy advisory services, payments to the PHO for chronic conditions, workforce development and DHB sustainability payments.

Mental Health ($0.6m adverse YTD)
Mainly additional expenditure funded by additional MOH revenue under operating revenue above. The peak in October relates to catch-up provisioning for packages of care.





Health of Older People ($1.2m favourable YTD)
Capacity constraints including staffing issues. November includes a reassessment of provisioning for outstanding costs between July and November, and January includes high levels of residential care.

Other Funding Payments ($0.3m adverse YTD)
Higher than planned Whānau Ora and public health infrastructure costs every second month. The budget has been adjusted to reflect the transfer of funding from reserves for the implementation of He Oranga Motuhake including set-up funding in April.

4. CORPORATE SERVICES

$'000	January Actual	January Budget	January Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,521	1,716	195	11.4%	12,661	13,265	604	4.6%	22,551
Outsourced services	52	58	5	9.3%	408	405	(3)	-0.6%	680
Clinical supplies	57	136	79	58.1%	1,024	905	(119)	-13.1%	1,734
Infrastructure and non clinical	1,448	1,586	137	8.7%	11,249	11,232	(17)	-0.1%	19,486
	3,078	3,495	417	11.9%	25,342	25,808	466	1.8%	44,451
Capital servicing									
Depreciation and amortisation	1,410	1,526	116	7.6%	9,734	10,191	457	4.5%	16,915
Financing	2	21	18	88.2%	7	145	138	95.1%	69
Capital charge	337	333	(4)	-1.2%	3,370	2,333	(1,037)	-44.4%	5,898
	1,750	1,880	130	6.9%	13,111	12,669	(442)	-3.5%	22,882
	4,828	**5,375**	547	10.2%	**38,453**	**38,477**	24	0.1%	**67,333**
Full Time Equivalents									
Medical personnel	0.7	0.7	(0)	-3.1%	1	1	0	1.4%	0.8
Nursing personnel	8.1	5.9	(2)	-37.7%	7	5	(2)	-30.2%	5.7
Allied health personnel	0.5	1.5	1	65.3%	1	2	0	23.9%	1.6
Support personnel	24.5	27.8	3	12.1%	27	30	3	11.1%	30.6
Management and administration	154.3	180.1	26	14.3%	188	194	6	3.1%	197.3
	188.1	**216.0**	28	12.9%	**224**	**232**	8	3.5%	**236.0**

Low recruitment costs due to challenges recruiting staff DHB wide, and vacancies in corporate services drive favourable personnel costs. Lower than planned depreciation and amortisation expenditure reflects the lower than planned capital spend year-to-date.

The capital charge budget does not allow for the $25m equity injection for deficit support received in June 2021, after the budget was set. The equity injection increased the capital charge by $625k in each of December and June.

5. RESERVES

$'000	January Actual	January Budget	January Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Investment reserves	(323)	1,052	1,374	130.7%	2,498	7,237	4,738	65.5%	8,439
Efficiencies	-	(924)	(924)	-100.0%	-	(5,863)	(5,863)	-100.0%	-
Other	1,131	(487)	(1,618)	-332.3%	3,281	(433)	(3,714)	-857.3%	9,669
	809	**(359)**	(1,168)	325.2%	**5,779**	**941**	**(4,838)**	-514.4%	**18,108**

Investment reserves include reserves for funding envelope growth, equity, pay equity, and a number of small reserves for specific purposes. As plans for the use of the reserves are finalised, the budgets are being moved to the appropriate areas. A large proportion of reserves are expected to be used for ongoing investments, meaning any underexpenditure earlier in the year will not be spent, and can be used to offset the shortfall in efficiencies year-to-date.

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

Other includes additional salary costs based on settlements to date(including nurses pay equity payments) and additional sabbatical costs to correct miscalculations in historical payments.

6. FINANCIAL POSITION

30 June 2021	$'000	January Actual	January Budget	Variance from budget	Movement from 30 June 2021	Annual Budget
	Equity					
253,745	Crown equity and reserves	263,751	269,999	(6,247)	10,006	278,467
(135,621)	Accumulated deficit	(148,633)	(144,497)	(4,136)	(13,012)	(159,199)
118,124		115,119	125,502	(10,383)	(3,006)	119,268
	Represented by:					
	Current Assets					
574	Bank	678	4	674	105	4
1,451	Bank deposits > 90 days	1,460	2,055	(595)	9	2,055
22,480	Prepayments and receivables	45,858	17,819	28,039	23,378	20,048
4,975	Inventory	5,031	4,547	484	56	4,569
29,480		53,027	24,425	28,602	23,547	26,675
	Non Current Assets					
208,941	Property, plant and equipment	211,498	222,118	(10,619)	2,557	230,151
16,514	Intangible assets	16,814	13,685	3,129	300	13,238
1,673	Investments	1,350	1,341	8	(324)	1,341
227,128		229,662	237,144	(7,482)	2,534	244,731
256,608	**Total Assets**	**282,689**	**261,569**	**21,120**	**26,081**	**271,406**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	3,713	11,302	7,589	(3,713)	26,762
40,876	Payables	51,904	32,217	(19,687)	(11,028)	32,451
94,519	Employee entitlements	103,152	89,259	(13,893)	(8,633)	86,636
-	Current portion of borrowings	-	-	-	-	3,000
135,395		158,770	132,778	(25,991)	(23,375)	148,849
	Non Current Liabilities					
3,089	Employee entitlements	3,089	3,289	200	-	3,289
3,089		3,089	3,289	200	-	3,289
138,484	**Total Liabilities**	**161,859**	**136,067**	**(25,791)**	**(23,375)**	**152,138**
118,124	**Net Assets**	**120,831**	**125,502**	**(4,671)**	**2,706**	**119,268**

Variances from budget:

Lower than budgeted capital expenditure year-to-date has lowered both the bank overdraft and non-current assets in comparison to budget.

Prepayments and receivables include MOH billings of $24.2m including $10.3m for COVID related expenditure, $7.3m for December non-devolved revenue now overdue, and $2.3m for equity injections, with the remainder current non-devolved revenue.

Payables include the receipt of $9.9m from MOH for nurse pay equity funding in December, that is being treated as income in advance, pending further information to determine when it will be recognised as revenue.

The other YTD variances from budget relate to variability in working capital (current assets – current liabilities) and are expected to be short term.

7. EMPLOYEE ENTITLEMENTS

30 June 2021	$'000	January Actual	January Budget	Variance from budget	Movement from 30 June 2021	Annual Budget
17,532	Salaries & wages accrued	16,741	15,801	(941)	791	13,825
1,160	ACC levy provisions	1,675	71	(1,604)	(515)	190
6,727	Continuing medical education	9,418	3,743	(5,675)	(2,691)	1,743
67,169	Accrued leave	73,305	67,729	(5,577)	(6,136)	68,945
5,019	Long service leave & retirement grat.	5,101	5,204	103	(82)	5,222
97,608	**Total Employee Entitlements**	106,241	92,548	(13,693)	(8,633)	89,925

Growth in projected backpays based on settlements to date, ACC levies to be paid later than projected, and annual leave and continuing medical leave provisioning relating to COVID factors.

8. PLANNED CARE

MOH data to December is tabled below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 87.2% of plan was achieved to the end of December (82.4% in November). The financial forecast and YTD result assumes achievement of delivery targets by the end of the year.

2021/22 Year to Date Contracted Volume Summary

	Base YTD Planned Volume	Additional YTD Planned Volume	Total YTD Planned Volume	Actual Delivery	YTD Delivery %	2021/22 Total Planned Volume
Inpatient Caseweight Delivery	4,191.5	1,467.3	5,658.8	4,933.8	87.2%	10,945.1
Inpatient Surgical Discharges	2,776	1,057	3,833	3,460	90.3%	7,427
Minor Procedures	1,100	468	1,568	2,520	160.7%	2,984
Non Surgical interventions	18	42	60	0	0.0%	118

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

NMDS Refresh Date: 7/02/2022 **NNPAC Refresh Date:** 7/02/2022
Data up to: Dec 2021 **Report Run Date:** 7/02/2022

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 January was $3.7m in overdraft (December was $65.1m in funds), with December reflecting the early receipt of $62m of January funding.

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month, and February's low point is projected to be $9.6m overdrawn on 3 February.

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

Debt Management

The DHB has no interest rate exposure relating to debt.

Foreign Exchange Risk Management

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

10. CAPITAL EXPENDITURE

Capital spend to January is at 52% of plan (last month 55%). This is caused by slippage in strategic projects, delivery issues relating to COVID in the facilities and clinical equipment blocks, and the disruption of the Summer Holidays.

The radiology project is likely to change significantly as it is rescoped, and is the largest risk factor in the plan.

7

	--------- Year to Date --------			--- End of Year Forecast ----			-------- Life of Project --------		
	Actual	*Budget*	*Variance*	*Forecast*	*Budget*	*Variance*	*Forecast*	*Approved*	*Variance*
	$'000	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*	*$'000*
Source of Funds									
Operating Sources									
Depreciation	9,734	10,191	(457)	16,915	17,702	(788)			
Covid Supply chain slippage 20/21	730		730	770		770			
	10,464	10,191	273	17,685	17,702	(18)			
Other Sources									
Special Funds and Clinical Trials	100	-	100	100	-	100			
Funded Programmes	91	-	91	91	-	91			
Finance Leases (Clinical Equipment)			-	-	620	(620)			
Equity Injection	7,488	-	7,488	15,109	22,657	(7,548)			
Equity (Prior year expenditure)	2,518	-	2,518	2,518	-	2,518			
	10,198	-	10,198	17,819	23,277	(5,458)			
Total funds sourced	**20,662**	**10,191**	**10,471**	**35,503**	**40,979**	**(5,476)**			
Application of Funds:									
Block Allocations									
Facilities	563	1,175	611	2,369	2,000	(369)			
Information Services	1,537	1,749	213	3,114	3,000	(114)			
Clinical Equipment	718	1,749	1,032	3,275	3,000	(275)			
	2,818	4,673	1,855	8,759	8,000	(759)			
MOH funded Startegic									
Surgical Services Expansion Project	3,245	3,296	51	3,296	3,296	-	20,843	20,843	-
Radiology Facilities Redevelopment	196	1,985	1,789	700	2,490	1,790		25,100	25,100
Main Electrical Switchboard Upgrade	1,179	1,815	636	2,634	3,114		4,000	4,000	
Planned Care Procedure Rooms x 4	40	803	763	1,000	1,924		1,924	1,924	
Mobile Dental Clinics	702	768	66	1,536	1,536	-	1,600	1,600	-
Angiography Suite Replacement	425	1,444	1,019	1,638	2,888	1,250	3,000	3,000	-
Procedure Rooms Upgrade Endo Building	702	1,497	794	1,970	2,827	857	3,000	3,000	-
Seismic Upgrade Acute Admissions Unit S	0	283	283	0	490	490	2,960	3,450	490
Seismic Upgrade Surgical Services Expans	988	1,802	815	2,335	3,093	758			-
Linear Accelerator	-	417	417	-	1,000	1,000	33,156	33,156	-
	7,477	14,109	6,632	15,109	22,658	6,145	70,483	96,073	25,590
DHB funded Strategic									
Surgical Services Expansion Project	-	494	494	1,886	3,204	1,318	-	-	-
Radiology Facilities Redevelopment	-	-	-	510	510	-	-	-	-
Replacement Generators	716	1,215	498	2,430	2,430	-	4,430	4,430	-
Health System Catalogue	343	857	514	543	857	314	657	657	-
Mental Health Crisis Hub	47	567	520	567	567	-	567	567	-
Interim Asset Plan	863	1,870	1,007	2,913	3,913	1,000	-	-	-
	1,968	5,003	3,034	8,848	11,481	2,633	5,654	5,654	-
Other									
Special Funds and Clinical Trials	100	-	(100)	100	-	(100)			
Funded Programmes	91	-	(91)	91	-	(91)			
Other	14	-	(14)	14	-	(14)			
	205	-	(205)	205	-	(205)			
Capital Spend	**12,468**	**23,784**	**11,316**	**32,921**	**42,139**	**7,814**	**76,137**	**101,727**	**25,590**

PUBLIC EXCLUDED

11. ROLLING CASH FLOW

	Jan-22			Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
	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	1,073	1,073	-0	74,629	62,099	62,099	59,848	82,099	59,848	59,848	60,560	59,848	60,560	60,560	59,848
Other revenue	10,172	6,263	3,909	9,999	9,550	8,625	9,365	9,180	9,180	9,550	9,365	8,810	9,365	8,995	8,995
Total cash inflow	11,245	7,336	3,909	84,629	71,649	70,724	69,213	91,279	69,028	69,398	69,925	68,658	69,925	69,555	68,843
Cash Outflows															
Payroll	15,658	18,374	2,716	16,499	18,330	15,300	15,280	19,830	15,300	18,280	15,350	15,280	19,780	15,350	15,280
Taxes	15,768	13,340	-2,429	13,218	11,200	11,400	11,200	12,600	11,200	11,200	11,400	11,200	11,200	9,400	14,400
Sector Services	30,192	36,625	6,433	34,862	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000	31,000
Capital expenditure	1,411	4,420	3,009	1,395	2,000	1,600	1,600	2,000	1,600	1,600	2,000	1,600	2,000	1,600	1,600
Other expenditure	16,999	14,474	-2,525	14,443	17,416	14,666	14,905	17,416	15,004	15,784	18,266	14,667	17,899	13,616	14,617
Total cash outflow	80,028	87,231	7,204	80,416	79,946	73,966	73,985	82,846	74,104	77,864	78,016	73,747	81,879	70,966	76,897
Total cash movement	-68,783	-79,895	11,112	4,213	-8,297	-3,242	-4,772	8,433	-5,076	-8,467	-8,092	-5,089	-11,955	-1,412	-8,054
Add: opening cash	65,066	65,066	0	-3,717	496	-7,801	-11,043	-15,815	-7,383	-12,459	-20,926	-29,017	-34,106	-46,061	-47,472
Closing cash	-3,717	-14,829	11,113	496	-7,801	-11,043	-15,815	-7,383	-12,459	-20,926	-29,017	-34,106	-46,061	-47,472	-55,526
Maximum cash overdraft (in month)	97	1,990	-1,893	-9,604	-9,544	-11,043	-15,815	-26,333	-12,459	-20,926	-29,017	-34,106	-46,061	-48,752	-55,526

Cash balances decline over the next twelve months reflecting operating deficits expected over that time period.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora – Culturally Competent Workforce** For the attention of: **HBDHB Board**
Document Owner	Martin Price, Executive Director – People & Culture
Month/Year	February 2022
Reviewed By	Patrick Le Geyt, Executive Director, Health Improvement & Equity (Te Puni Matawhānui)
Purpose	To provide the Board with a progress update on the Cultural Responsiveness priorities, indicators and achievement of equity targets.
Previous Consideration/Discussions	Leadership must champion the Māori workforce action plan to achieve HBDHB's goal of a culturally responsive workforce and a growing presence of Māori within all levels of the DHB.
RECOMMENDATION: **That the HBDHB Board:** **1. Note** the contents of this report.	

EXECUTIVE SUMMARY

- The 2021/22 Māori workforce annual target has been set at 17.99% while at 31 December 2021 the actual is 16.93% meaning a gap of 40 employees.
- HBDHB staff who have completed Treaty on Line training (target 100%) has not been met (64.4%).
- HBDHB staff who have completed 'Engaging Effectively with Māori' Training (target 100%) has not been met (59.3%). Delivery of training severely impacted by COVID–19 becoming the number one priority. Facilities and facilitators became unavailable
- COVID-19 has impacted on training metrics due to access and capacity issues.

WHY ARE THESE INDICATORS IMPORTANT?

The 2019 – 2023 Māori Workforce Action Plan was approved by the Māori Relationship Board and the Executive Management Team in 2018. This plan sets out the actions needed to achieve and accelerate Māori workforce growth. This forms the intention to build a workforce that is representative of the Hawke's Bay population.

Te Ara Whakawaiora – Cultural responsiveness report has identified three indicators to measure cultural responsiveness in workforce development within HBDHB annually. The three indicators are:

1. HBDHB staff who are Māori
2. HBDHB staff who have completed Treaty on Line training
3. HBDHB staff have completed 'Engaging Effectively with Māori' Training

This report provides an update on the progress on these three indicators.

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Quarter
CULTURAL RESPONSIVENESS					
Culturally Competent Workforce *Local Indicator*	1. HBDHB staff who are Māori	2021/22 target ≥17.99% Actual at 31 December 2021 =16.93%	Martin Price	All hiring line managers Supported by: Caroline Kermode JB Heperi-Smith Ngaira Harker	**Ongoing**
	2. HBDHB staff have completed Treaty on Line training	Target 100% Actual 64.4%			
	3. HBDHB staff have completed 'Engaging Effectively with Māori' Training	Target 100% Actual 59.3%			

INDICATOR 1: HBDHB STAFF WHO ARE MĀORI

The total HBDHB workforce as at 31 December 2021 was **3,716.** As at 31 December 2021, the total number of Māori staff was **629 or 16.93%** of the total HBDHB workforce. Table 1 provides the Māori workforce growth over this five-year period from December 2016 – December 2021. The growth since 2016 has been steady and has remained a focus.

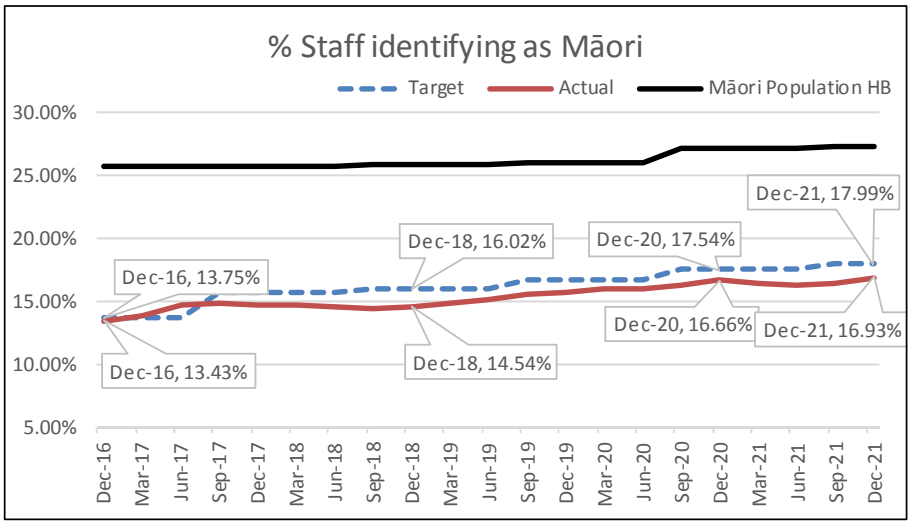


Table 1: % Staff Identifying as Māori

Table 2 provides information about the actual numbers of Māori staff required to address the gap. Overall, a further 40 Maori staff are required to meet our **new** 2021/2022 target of 17.99%

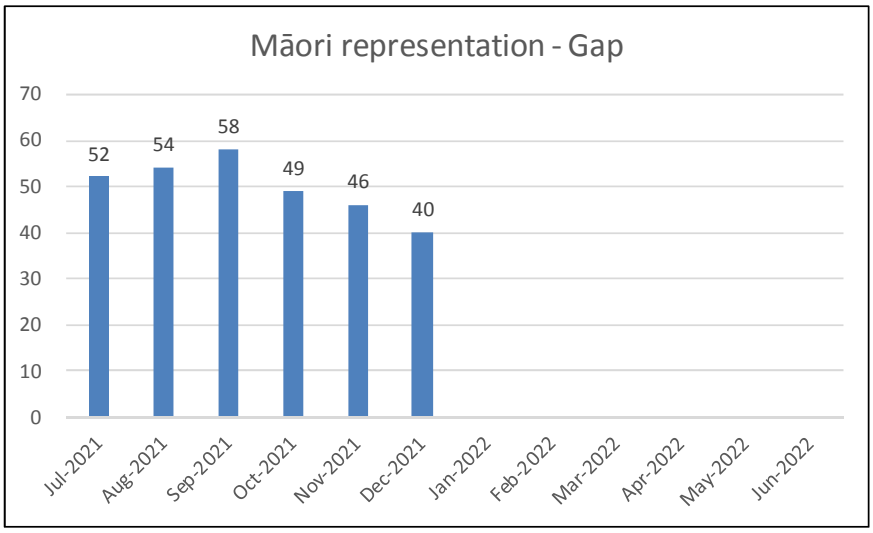


Table 2: Māori Representation Gap

RETENTION OF MĀORI STAFF

Overall Māori resignation rates are higher than general DHB turnover rates by 2% overall (see Table 3). This is a trend which shows **improvement** of retention of Māori staff compared to last year.

	12 months to December 2021		
	Māori Staff - Voluntary Resignations	Māori Staff Turnover %	DHB Turnover %
Medical	0	0.0%	6.3%
Nursing	32	19.4%	15.0%
Allied	20	22.0%	17.8%
Support	7	12.3%	23.7%
M&A	15	16.5%	16.4%
Total	**74**	**18.1%**	**15.9%**

Notes:

The gap between 18.1% and 15.9% is 13.8% in proportionate terms

Further analysis of the reasons for the gap is recommended (e.g. cultural safety, discrimination, sense of belonging, age, occupation etc. could all be contributory. The recently completed Staff Wellbeing Survey will provide valuable data and insights)

KEY ACTIVITIES SUPPORTING MĀORI WORKFORCE GROWTH

There are a broad range of activities supporting Māori workforce growth, which is monitored by the People team and the Māori Health team at monthly planning meetings.

RECRUITMENT

Recruitment processes continue to ensure all Māori who meet the essential criteria of the role they have applied for, are short-listed and interviewed with the potential to grow our Māori workforce. All interview panels are now required to have Māori representation during the screening and interviewing processes.

Targeting kura with high rangatahi representation
Colleges with high Māori demographic are continuing to be targeted in liaison with MOE to ensure rangatahi see health as a positive career option. This programme helps them understand the entry points for Māori within health and to support a collective focus informing of health careers.

Programme Incubator
COVID-19 once again disrupted the delivery of the incubator programme at the back end of 2021 when the region returned to Level 2 as we could not invite schools to attend on-site. Now the entire country is in Traffic Light Red, we have decided to cancel all delivery of this programme for the first half of 2022. We will review should the situation change and liaise with the schools accordingly.

Centenary Legacy Trust Internships
The delivery of work opportunities for students in partnership with the trust was reviewed in 2021 and amended to offer to only those students who may not have considered a health career or may not have the funding to assist them on their health career journey. One of the criteria for applicants was that their family must be holders of a Community Services Card. We currently have two students

contracted for 4 weeks paid internship.

Kia Ora Hauora

Secondary and intermediate students continue to register their interest of a career in health on the database of Kia Ora Hauora (Ministry workforce site). The initiative of Kia Ora Hauora is to recruit, retain and revitalise the Māori health workforce nationally. The map below shows progress for registrations to the database for the quarter ending December 2021 with Hawke's Bay District Health Board leading the way.

INDICATOR 2. STAFF WHO HAVE COMPLETED TREATY OF WAITANGI ONLINE TRAINING

The number of staff who have completed Treaty of Waitangi online training is as follows:

Year	Total	Make up
2022 YTD	21	21 employees
2021	825	789 employees and 36 non-employees
2020	298	273 employees and 25 non-employees
2019	592	548 employees and 44 non-employees
2018	510	488 employees and 22 non-employees

Treaty of Waitangi online training is delivered through Kō Awatea. It is a mandatory programme. The DHB has recently refined its mandatory courses and has redeveloped the website to make it easier for staff to review the courses they are required to undertake and for managers to ensure courses are completed.

A review of the current on-line offering will be carried out to ensure this remains a quality process to support the development of cultural competency in all staff.

We expect these changes will have a positive impact on the metric going forward.

INDICATOR 3. HBDHB STAFF HAVE COMPLETED 'ENGAGING EFFECTIVELY WITH MĀORI' TRAINING

Latest data shows the percentage of staff who have ever completed Engaging Effectively with Māori training is 59.3%.

The training has been reviewed and upgraded by the Senior Advisor, Cultural Competency and is run monthly with full sessions each time. This delivery was interrupted by lockdown and COVID-19.

Engaging effectively with Māori has also been incorporated into the new Induction programme Ngā Kau Ora, which was ready to be implemented prior to lock down. Planning to launch this programme is now back on-track and will provide an opportunity for more staff to experience or relearn this focus.

The objectives of the training are:

- Understand and appreciate Kahungunu cultural identity through whakapapa, history and tribal traditions. The importance of knowing the NZ colonial history to understand the impact of colonisation on Māori health outcomes.

- The importance of respectful and meaningful relationships based on the founding document of our nation Te Tiriti o Waitangi.

- The importance of organisational relationship culture based on values and behaviour.

- Cultural Competency in its true essence reflects the DHB values– being respectful (He Kauanuanu), open mined (Ākina), willing to learn as you go along (Raranga te tira) and empathy (Tauwhiro).

NEXT STEPS (Culturally Responsive Workforce)

These objectives are contained in the updated People Plan and have been allocated to staff in their 2021/2022 performance plans. Monthly meetings with the People team and Māori Health team ensure progress is monitored to achieve positive change. Feedback from Māori Relationship Board and Board will be factored into ongoing planning.

Target area	Current activity	Responsible	Timeframe
Leadership Development Programme Māori	Implement development programmes for Māori/ Pasifika staff so 20% of these staff in first, second or third tier positions have a development plan which may include advanced education, secondments to different roles and identified allocated mentors by June 2021 Model for the delivery of an appropriate Development Plan framework discussed with ED Maori Health and Acting Nurse Director Maori Health	HR Advisory Māori Health	Development Plan concept shared June 2021 Launch delayed due to target audience being deployed to COVID response
Increase Uptake of Treaty of Waitangi online training	Review content of online course to ensure it aligns with the DHB values and incorporates effective adult learning principles	Learning and Development in consultation with Māori Health	March 2023
Increase Uptake of Engaging Effectively with Māori training	Implement the new programme Ngā Kau Ora which incorporates cultural competence training with 150 staff having completed this by Sept 2021. Delivery suspended due to COVID response Refresh scheduled for March 2022 Provide access to cultural safety education for all staff through "Engaging Effectively with Māori" courses monthly	JB Heperi-Smith People Team	Launched May 2021 Ongoing

These actions include:

Key Recommendation	Description	Responsible	Timeframe
Improving technology in booking process to improve engagement	Working in partnership with DE to develop a purpose-built text reminder system and replace written letters with digital	Digital Enablement and Administration Service	This is a continuous improvement Review in July 2022
Introducing Te Reo training for frontline outpatient staff	Develop Te Reo modules in Ko Awatea Explore solutions from across DHB Network	Learning and Development	Scoping work to commence March 2022
Reviewing all letters and standard communications to whānau in respect of outpatient services	Aligning current letters to better meet customer expectations	Administration Service and Surgical Services	Review in December 2022

HAWKE'S BAY District Health Board Whakawāteatia	**Community Representatives on Te Matau ā Māui Health Trust**
	For the attention of: **HBDHB Board**
Document Owner:	Keriana Brooking, Chief Executive Officer
Month:	February 2022
Consideration:	For Approval

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RECOMMENDATION

That the Board:

1. Reappoint Trish Giddens to be a Trustee of Te Matau ā Māui Health Trust for a three-year term expiring March 2025.
2. Appoint Melissa Kaimoana to be a Trustee of Te Matau ā Māui Health Trust for a three-year term expiring March 2025.

BACKGROUND

Te Matau ā Māui Trust was established in 2011 to hold the shares in Health Hawke's Bay Ltd, being the "new" company operating as a single Primary Care Organisation (PHO) in Hawke's Bay.

Of particular relevance to this report is clause 9.5 of the Trust Deed:

> *"9.5 – Four (4) Trustees shall be appointed to represent the general community and shall be appointed by the Hawke's Bay District Health Board in consultation with all of the territorial local authorities within the Hawke's Bay Region. One (1) of these Trustees must be ordinarily resident in the Wairoa District and one (1) of these Trustees must be ordinarily resident in the Central Hawke's Bay District."*

Trish Giddens was originally appointed to the Trust by the Board in August 2019, as the Trustee 'ordinarily resident in the Central Hawkes Bay District'.

Following consultation with the Mayor of Central Hawkes Bay, Trish Giddens has again been recommended for appointment for another three-year term.

The Wairoa District Council, at their meeting on 8 February 2022, resolved to appoint Councillor Melissa Kaimoana as the Council's community representative on the Te Matau ā Māui Health Trust for a term of three years.

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OURHEALTH HAWKE'S BAY Whakawateatia	**REPORT FROM HB CLINICAL COUNCIL (Public) FEBRUARY 2022**
	For the attention of: **HBDHB Board**
Document Author Document Owner(s)	Gemma Newland (Executive Assistant to Chief Allied Health Professions Officer) Dr Robin Whyman (Chair) and Brendan Duck (Deputy Chair)
Date	February 2022
Purpose/Summary of the Aim of the Paper	Provide Board with an overview of matters discussed at HB Clinical Council meeting 2 February 2022.
Health Equity Framework	Hawke's Bay Clinical Council works in partnership with a whole of system approach to ensure Hawke's Bay health services are achieving equity in health outcomes through the provision of services that are culturally safe, appropriate in addressing inequities and accessible to Tangata Whenua.
Principles of the Treaty of Waitangi that this report addresses:	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	Risks associated with the issues considered by the Clinical Council include the effect that COVID-19 is having on system performance measures.
Financial/Legal Impact	
Stakeholder Consultation and Impact	Stakeholder engagement is the basis of discussion of issues at the Clinical Council.
Strategic Impact	None identified
Previous Consideration / Interdependent Papers	None identified
RECOMMENDATION: It is recommended that the Board: *1.* **Note** the contents of this report	

1. EMedicine Management Strategy

Brendan Duck, Systems Lead for Medicine presented on the progress to date of the EMedicine Management Strategy.

The focus of this piece of work remains on equitable, efficient and safe access to medicines and equity on prescribing. An independent Contractor, Health System Consultant with expertise in health informatics, medicine safety and healthcare management, has recently interviewed Senior Leaders as part of a complete Hospital Pharmacy review.

EPrescribing, ECharting and EReconciling of medicines are part of the end goals of this strategy. Implementation of the NZePS medicine module into clinical portal is a step towards EMedicines Reconciliation. The product requires remediation work to be utilised efficiently and safely by clinicians.

Council recommends movement on EMedicines Management Strategy, to prioritise the remediation work on the NZePS clinical tool or investigation of Orion Health medicines platform to allow for more efficient and safe medicine reconciliation and medicine management.

2. Health Pathways

Donna Armstrong (Health Pathways Coordinator, PHO) presented to Council. Good progress on localising Health Pathways continues since reporting to Council in July 2021.

Top pages utilised for Hawke's Bay were listed with the COVID-19 Case Management in Adults being the most accessed pathway. The pathways most frequently being accessed relate to COVID-19 and this is also evident in the data across New Zealand. User engagement is increasing and the last reporting quarter shows 9,300 views to pages in Hawke's Bay in the last six months. At the time of reporting to Council, 96 pages had gone live and been localised.

The introduction of the hospital health pathways and when these could be made available was discussed. Council agreed that the priority remains localisation of the community pathways, but discussed particular use for the hospital pathways including for international graduates and for Nurse Practitioners and Nurse Prescribers as a tool to have an endorsed and governed clinical pathways.

3. Staff Wellbeing Survey

Kirsty Robben, Organisational Manager presented to Council on the recent staff wellbeing survey, Kia Puāwai – Thrive, undertaken during November / December 2021.

Cultural safety and clinical competence are core aspects of clinical governance. Council were supportive of the ongoing work to address the issues identified in the survey including cultural safety, psychological wellbeing, living our values and addressing poor performance. Council was pleased to note the survey identified that overall staff felt competent and had clarity of their roles. There is a strong sense of team (on a day-to-day level).

Council discussed the next steps and plans to feed the results back to each unit and team through managers and their team leads.

4. Adverse Event Management Policy

Council received an update regarding the update of the adverse event policy to consider reporting requirements and sharing of information when adverse events cross organisational boundaries. In particular advising other organisations with similar facilities of events or when people are working in more than one place when the issues cross organisational boundaries.

Patient safety is the primary area of concern.

5. System Performance Measures

Lisa Jones (System Lead – Performance & Insights) presented the most recent quarter of System Performance Measures. Council noted and discussed the effect COVID-19 is having on system performance. Screening for childhood immunisation levels and over 65 'flu vaccinations have decreased since the last report and Council were concerned about low new-born enrolments with healthcare providers. Capacity issues in general practice and lengthening waiting times for diagnostics were noted.

Council discussed the positive cross system successes that had been harnessed for the COVID-19 vaccination programme, including the involvement of non-registered workforces. Council had previously discussed the most important system level indicators for cross system intervention with the Planning, Funding and Performance team and emphasised the overarching importance of indicators related to the first 1000 days of a child's life, HbA1c and Cardiovascular Risk management as key areas. Council wished to emphasise these areas remain of greatest importance to long term health improvement and continue to need attention despite the resource and attention demanded by COVID issues.

Council thanked Lisa for the very informative and clear report and the work undertaken by Planning, Funding and Performance.

HAWKE'S BAY District Health Board Whakawāteatia	**Hawke's Bay Health Consumer Council** **Chairs Report to Board**
	For the attention of: **HBDHB Board**
Document Owner	Marie Beattie, Interim Chair Consumer Council
Date	13 February 2022

RECOMMENDATION:
It is recommended that the **HBDHB Board**:
1. **Note** the contents of this report

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Consumer Council met on Thursday 3 February 2022. An overview of matters discussed follows.

1. **Update on the COVID Coordination Centre**
   Marie Beattie, COVID Coordination Centre Manager and Interim Chair of Consumer Council, updated the members on the coordination centre. A report is generated daily outlining gender, age, ethnicity of cases and active contacts of those cases. Process refinements within the coordination centre have meant Hawke's Bay now has four points of referrals; MSD direct, Public Health, A-Reach Aotearoa and the National Contact Tracing Service.

2. **Update on Provider Networks in relation to the new Health System**
   Health Hawke's Bay chief executive Phillipa Blakey provided an update to Consumer Council on the development of provider networks as part of the health reforms. Provider networks are a network of health care providers but also linked with social care providers. The value in this is that it is a mechanism to support joint planning with the Iwi-Māori Partnership Board, whānau, and commissioners. Provider networks start with comprehensive primary and community care – general practice and Māori providers and the immediate services that fit around that. As part of the early rollout of the provider network concept, a number of communities across New Zealand have been invited to submit a response to the request for a locality prototype (more detail in # 4 Workplan Update below).

3. **Update on COVID-19 Vaccinations**
   Allison Stevenson, Operations Lead Vaccinations, provided an update to Consumer Council on the COVID-19 vaccination rollout programme in Hawke's Bay. It has been a busy summer period, with good uptake on boosters and a successful start to the paediatric rollout.

4. **Workplan Update**
   The interim Health New Zealand and interim Māori Health Authority are interested in testing a localities approach to commissioning and delivering health services. They are leading a request process for prototypes which would test the localities model in different communities across New Zealand. In Hawke's Bay, Wairoa has been asked to submit a prototype response. The Wairoa prototype response is being led by Wairoa Community leaders with support from the DHB, and is due 18 February 2022.

5. **Areas of Interest for Upcoming Consumer Council Meetings**
   Members were asked to provide items of interest for discussion and workshopping at future huis.

HAWKE'S BAY District Health Board Whakawāteatia	**Pacific Population Board – Chairs Report**
	For the attention of: **HBDHB Board**
Document Owner:	Traci Tuimaseve, Chair, Pacific Population Board
Reviewed by:	Talalelei Taufale, Pacific Health Manager
Month:	February 2022
Consideration:	For information and endorsement

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RECOMMENDATION

That the HBDHB Board

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

The Pacific Population Board (PPB) met on 14 February 2022. An overview of the items discussed and/or agreed at the meeting is provided below. The highlights of the meeting noted:

1. Acheivement of the Pacific workforce target
2. COVID-19 Pacific response

Nomination Review to PPB

- Two nominations were received and tabled to the PPB for consideration. Both nominees were nominated by HBDHB's Pacific Health Promoter and would bring a youth influence to the PPB. To ensure a robust process, members agreed that an interview process would follow with both the Chair and Co-Chair to meet each nominee individually. This will be addressed at the March PPB meeting to determine whether a recommendation will be put to HBDHB Board for appointment.
- Health Hawke's Bay PHO representative role was also discussed. For transparency and understanding of the requirements of the PHO's representation, the PPB Chair to clarify with the CEO of Health Hawke's Bay PHO.

Pacific Health Manager Report

The Pacific Health Manager spoke to the report, which was taken as read, noting:

- The workload has increased due to COVID-19 vaccinations and welfare support.
- Members congratulated and thanked the Pacific Health team for their relentless and tireless work, noting the increased work will continue. Members requested this be communicated to the Pacific Health team.

COVID-19 Status

The Pacific Health Manager provided an update to members.

- Work remains ongoing to increase vaccinations for 5-11-year-olds and boosters.
- Understanding and adhering to Public health messages is a recurring theme from members of the Pacific community who have had to self-isolate. Ongoing discussions with Pacific leaders to increase knowledge of Public Health messages and actions to support these. Coordination of MSD and welfare messaging is included in our comms approach.

- In the following weeks the Pacific Health team will engage with community groups and entities. Standing-up Pacific community champions will further strengthen our 2-way communication, alongside social media and radio.

Health Reforms update
As a member of the rural health advisory group for the transition unit of health reforms, the Pacific Health Manager provided an update.

Developing a locality approach is important for Pasifika and working with Auckland closely for key themes that work well for Pasifika. Access to specialist services such as cardiology and cancer, as well as integrated and primary care models delivered in localities, are examples of focus areas.

Health Workforce Dashboard
Current target rate 2.15%: at 31/01/22 - **2.35%↑**

The Pacific Health Manager updated members on the latest workforce dashboard data. HBDHB has achieved the Pacific workforce recruitment target, which is a positive result. Ongoing work continues to grow the Pacific workforce across all areas of the district health board.

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

14. Confirmation of Previous Minutes (Public Excluded)
15. Matters Arising – Review of Actions (Public Excluded)
16. Governance Workplan (Public Excluded)
17. Chair's Report (Public Excluded)
18. Finance, Risk and Audit Committee Resolutions for Board Approval (Public Excluded)
19. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
20. Safety and Wellbeing Committee Report (Public Excluded)

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

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