BOARD MEETING

Date: Tuesday 24 May 2022

Time: 1.00pm

Venue: Te Waiora Meeting Room, DHB Administration Building
Corner Omahu Road and McLeod Street, Hastings
(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: Nil

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

Minutes: Kathy Shanaghan, Executive Assistant to Chief Executive Officer

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 26 April 2022	-
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.	Ākina (Improvement) – Service Design – Digitisation of Referrals - Anne Speden, Executive Director Digital Enablement and Aaron Turpin, Head of Business Information	1.25

9.	Celebrating Board's Success and Priorities to Hand-Over to Interim Māori Health Authority and Interim Health New Zealand – Emma Foster, Executive Director of Planning, Funding & Performance	1.45
	Section 4: Noting Reports	
10.	Hawke's Bay Health Consumer Council Report – Emma Foster, Executive Director of Planning, Funding & Performance	-
11.	Pacific Population Board Report – Patrick Le Geyt, Acting Executive Director of Health Improvement and Equity	-
12.	**Section 5: Recommendation to Exclude the Public** Under Clause 33, New Zealand Public Health & Disability Act 2000	2.05

Public Excluded Agenda

Item	Section 6: Routine	Time (pm)
13.	Minutes of Previous Meeting held 26 April 2022 (public excluded)	2.10
14.	Matters Arising – Review of Actions (public excluded)	-
	Section 7: Standing Management Reports	
15.	Chair's Report – verbal (public excluded)	2.15
16.	Chief Executive Officer's Report (public excluded)	2.20
	Section 8: Strategic Delivery	
17.	Ki Tua o te Pai – Nursing Strategy Aotearoa - Karyn Bousfield-Black, Chief Nursing Officer	2.25
	Section 9: Other Governance Reports	
18.	Board Champions' Safety and Wellbeing Report - verbal (public excluded)	2.40
19.	Finance, Risk and Audit Committee Resolutions for Board Approval (public excluded) – Chair, Evan Davies	2.45
	Section 10: Noting Reports	
20.	Board Approval of Actions Exceeding Limits Delegated by CEO (public excluded) – Emma Foster, Executive Director of Planning, Funding & Performance	-
21.	Safety and Wellbeing Committee Report (public excluded) – Martin Price, Executive Director of People and Culture	-
	Karakia Whakamutunga	2.55
	Meeting concludes	

The next HBDHB Board Meeting will be held on
Monday 27 June 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 Whariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau.	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18
Hayley Anderson	Active	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 26 APRIL 2022
AT 1.00 PM
VIA ZOOM

(LIVESTREAMED – VIA FACEBOOK)

PUBLIC

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

Present: Andrew Boyd, Acting 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 members, the staff and members of the public who were viewing the meeting via Facebook livestream.

The Chair acknowledged the recent passing of Moana Jackson, a rangatira of Ngāti Kahungunu who contributed immensely to confirming the Mana Motuhake of Ngāti Kahungunu and Maori.

1. APOLOGIES
Apologies were received from Hayley Anderson, David Davidson and Keriana Brooking (Chief Executive Officer).

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

3. CONFIRMATION OF PREVIOUS MINUTES
Peter Dunkerley asked that the minutes from the meeting on 22 March 2022 be updated to include some of the good mahi being done to help people in the community with mental health issues.

Subject to the above additions, the minutes of the Board meeting held on 22 March 2022 were confirmed as a correct record of the meeting.

Moved: Joanne Edwards
Seconded: Peter Dunkerley
Carried

4. MATTERS ARISING FROM PREVIOUS MINUTES
The following update was noted:

- ***Te Ara Whakawaiora – Mental Health and Addictions***
  An audit of readmissions for the 12-month period from July 2020 to July 2021 had been completed. In the audit, 102 files were reviewed of clients readmitted within 28 days of discharge. Based on this review, readmission within a 28-day timeframe did not appear to be a factor that increased the likelihood of a whaiora experiencing seclusion.

  The Chief Operating Officer confirmed that as requested, future reports would include this data.

STANDING MANAGEMENT REPORTS

5. CHAIR'S REPORT (VERBAL)

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

Name	Role	Service	Years of Service	Retired
Penny Grant	Registered Nurse	Hospital Directorate	27	13/04/22
Alan Whitaker	Senior Systems Engineer	Digital Enablement	27	08/04/22
Dr John Fleischl	General Surgeon	Hospital Directorate	33	06/03/22
Adele Cochrane	Dental Therapist Coordinator	Whānau & Communities Directorate	47	31/03/22

Collectively the four staff had provided a total of 134 years' service and the Chair thanked them for their many years of service they had invested into the wellbeing of the Hawke's Bay community, including their whānau.

- The Chair congratulated Wairoa on being confirmed as one of the first locality pilots as part of the upcoming health reforms which would take effect on 1 July 2022. He acknowledged the community and leaders in Wairoa who had contributed a significant amount of work to get this proposal to a successful conclusion, noting that Wairoa was chosen not only for its isolation and challenges but largely due to the leadership cooperation. While the DHB's role was to hold the pen, the ideas and approach belonged to Wairoa based on a by Wairoa, for Wairoa, approach.

- The Chair referred to the health reforms which come into effect on 1 July 2022. While there were only a couple of months left for the Board, he wanted to give the public some assurance that the Board was doing the best it could to hand over to the new system in terms of the DHB once it becomes part of the Health NZ.

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

6. CHIEF EXECUTIVE OFFICER'S REPORT

This report was taken as read. The Acting CEO provided the following update in addition to the report.

- Vaccination rates: As of yesterday (25 April), 97 percent of the population had received their first dose, 96 percent their second dose and 72 percent had received their booster. There was a real need in Hawke's Bay to focus on Māori equity outcomes as Māori vaccination rates were still slightly below at 91 percent for first dose, 88 percent for second dose and 55 percent for booster. The DHB was continuing to redouble its efforts to reach those communities with mobile vaccination solutions rather than the pop-up clinics.

- As at this morning there were 10 patients with COVID in hospital. This number peaked at 48 about three weeks ago and it was expected that the number would continue to decline. The second wave, while it was difficult to predict, would coincide with the normal flu season and RSV so the DHB was preparing for having at least 20-25 beds available for the second wave. That was important as the numbers were impacting on planned care.
- In terms of the COVID cases in the community, as of yesterday there were 168 new cases and 1851 active cases. While the numbers were declining, there was still a need to be vigilant by keeping up with distancing, mask wearing and hand washing. Interestingly, in terms of those new cases, 140 were from rapid antigen tests and only 28 from the PCR test. Therefore, in terms of moving forward, it would be helpful to increase PCT testing and the total genome sequencing to ensure there was surveillance over any new variants or strains that were coming into the community.

Peter Dunkerley referred to the parcels distributed to pharmacies, general practices and providers thanking them for the work they were doing to ensure our communities had access to services and were kept safe, and said it was lovely to hear the very warm responses from those providers. He said the parcels were very well received and thanked the DHB and the staff for organising them.

The Chair asked if there were any plans in the pipeline to address the Wairoa nursing accommodation. The Chief Financial Officer advised that the team in Wairoa was managing that and were looking at what could be achieved in terms of a refresh. He confirmed that this was on the priority list for the end of this financial year and potentially into the new financial year.

Joanne Edwards asked for an update on the additional nursing support provided to the rural communities. The Chief Nursing Officer advised that in respect to the additional support the DHB put in place to support Glengarry aged residential care facility in Wairoa, that work had now concluded with a solution found for all whānau that were displaced due to the inability of that facility to continue with hospital level care. She said the DHB did an amazing job in supporting that facility to continue as long as possible to ensure there was appropriate planning for whānau.

The Executive Director of Planning, Funding & Performance noted that a lot of DHB staff have supported aged residential care across the board right from the outset. In terms of long-term planning, the DHB was looking at how it could provide a 'rural weighting' (for want of a better word) as it would enable the DHB to pay people more effectively for living in a rural area. As highlighted by the Chair, there was a very strong community leadership in Wairoa so the DHB's role was to support them both financially and to look at different roles and career opportunities. Wairoa was chosen first due to the significant area of risk, however once that had been done, the DHB would then look at other rural areas.

The Chair thanked the Executives and staff for supporting Heritage Life Care and whānau and for their mahi in this regard.

RECOMMENDATION

That the Board:

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

Adopted

7. FINANCIAL PERFORMANCE REPORT

This report was taken as read, noting it 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 following:

- The challenges still being faced with staff away due to omicron which has had a big impact across all workforces.

- There were quite a few vacancies in some positions which has led to gaps. Whilst this might mean we are favourable financially, it did impact on our care
- Some ward space has had to be diverted into COVID beds which has also affected planned care
- The forecast deficit is about $3m adverse to plan, with nine weeks to go until year end and a few adjustments needing to be made. The DHB was still pursuing COVID related costs from the Ministry of Health (MoH) and it was hoped to be closer to budget at the end of the financial year.
- Delivery of capital continued to be difficult.
- There were continued difficulties with delivery of capital. With diversion of labour from contractors into our oxygen projects, there had been a slow-down which would impact the amount spent this financial year which would be diverted into the next financial year.
- In preparing for the move into Health NZ, planning was being undertaken, including budgets, for the next financial year based on performance this year.

RECOMMENDATION

That the Board:

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

Adopted

STRATEGIC DELIVERY

8. ĀKINA (IMPROVEMENT) – TELEHEALTH – ENABLING EQUITABLE ACCESS TO HEALTH SERVICES

The following were in attendance for this item:

- *Patrick Le Geyt, Acting Executive Director of Health Improvement and Equity*
- *Anne Speden, Executive Director of Digital Enablement*
- *Ben Duffus, Head of Innovation and Strategic Partnerships*
- *Leah Crawford, Registered Nurse and Nurse Practitioner Candidate*
- *Carole Donnelly, Respiratory Advanced Practitioner Physiotherapist*

In introducing this presentation, the Acting Executive Director of Health Improvement & Equity advised that HBDHB received innovation funding from the MoH for telehealth for Māori and disadvantaged groups. Following engagement with the Wairoa communities, Wairoa seemed to be the logical place to start. Four themes came out of those engagements:

- Hospital-centric care often disadvantages rural communities
- Care is not always delivered close to home
- There can be a travel burden for patients to access care
- Simple, easy to use, and cost-effective enabling solutions are now available

The team then provided examples of the areas looked at to improve access for rural communities. This included:

- Putting a booster into a fleet car to improve cellphone coverage enabling the staff member to connect back to base. Funding was available to do that to several fleet cars.
- Installing a mini-type cellphone tower in a Council owned building in Tuai in partnership with the Council. Installation to be completed by mid-May with payment paid up-front for three years.
- Providing pulmonary rehabilitation virtual sessions. This replaced the Better Breathing Programme, a 10-week group programme for people living with chronic respiratory conditions. The programme ceased at the start of the omicron resurge and enabled people to exercise in their own home. With staffing constraints, the team was now reviewing the current model of care to enable this to continue.
- The last example being looked at involved clinical teams having better visibility on how their patients were doing in-between visits or on discharge by using home monitoring kits.

In summarising the discussion, the Executive Director of Digital Enablement said the pivotal point was not about leading with the technology but about co-design to enhance consumer experience. It was a simple technology solution to improve rural connectivity but the value was huge by establishing new models of care and to be able to have care closer to home.

Board members thanked the team for their presentation and for the amazing mahi they had done to improve access to care to whānau who lived remotely or rurally. They also hoped that the model could be replicated across all services as there were whānau living locally who couldn't afford to get to hospital. The Executive Director of Digital Enablement advised that the team was looking at 'quick wins' and had identified Flaxmere in this regard.

In closing, the Chair said this was another outstanding and collaborate piece of work for our hard to reach communities.

9. NURSING AND MIDWIFERY STRATEGY UPDATE

The following were in attendance for this item:

- *Peta Rowden, Director of Nursing – Mental Health and Addictions, and Lead for Nursing and Midwifery Strategy*
- *Karyn Bousfield-Black, Chief Nursing Officer*
- *Clare Buckley, Director of Nursing – Hospital*
- *Kerri Cooley, Associate Director of Nursing – Hospital*
- *Tristan Tully, Associate Director of Nursing – Whānau and Communities*
- *Catherine Overfield, Acting Director of Midwifery*
- Apologies were noted for Jill Lowrey, Director of Nursing – Whānau and Communities

Board members received an update on the Nursing and Midwifery Strategy by way of a presentation.

The presentation covered the following:

- Nursing initiatives and work currently underway
- Whānau and Communities Directorate innovations
- Nurse prescribing
- Working in partnership with Human Resources to develop a centralised coordinated nurse recruitment process
- Midwifery initiatives implemented
- It was important to note that the strategy 'reset' included a process to hear what was most important to nurses and midwives
- The main themes from the feedback were around:
  - Cultural safety
  - Recruitment planning and innovations
  - Centralised recruitment
  - Improving processes
  - Nursing Professional Development Unit
  - Nurse practitioner pathway
- Equity, patient safety and quality, and transformational leadership were three principles to be woven into the strategy

Heather Skipworth said she was disappointed in the presentation as a lot of the information provided was what the Board heard when they met with nurses and midwives in December 2021. She was also concerned that the information was based on feedback from only 100 nurses and there was also no mention as to whether Ngā Maia Māori Midwives Aotearoa had been engaged. Heather said she would much rather the nurses and midwives designed the process.

Ana Apatu acknowledged there had been a lot of work behind the scenes and said she was particularly interested in nurses being empowered to make things better for them.

Due to timing, it was agreed to discuss this further in the public excluded session. In closing, the Chair thanked the team for the presentation and acknowledged how busy everyone was and what the nursing workforce had to deal with on a daily basis. He also was looking for engagement from a Māori perspective, not just Māori health, including engagement with primary care and as nurses were our largest workforce, it was important to make sure the strategy did right by our nurses.

10. WAIROA ORAL HEALTH UPDATE

The following were in attendance for this item:

- *Emma Foster, Executive Director of Planning, Funding and Performance*
- *Charrissa Keenan, Programme Manager, Te Wahanga Hauora Māori*
- *Sarah Paku, Chief Executive, Kahungunu Executive*
- *Penny Rongotoa, System Lead, Commissioning*
- *Panu Te Whaiti, Portfolio Manager*

The purpose of this paper was to report the results, learnings and successes of Tō Waha - Wairoa and provide an update on progress towards a long-term dental solution for Wairoa. In summary:

- Tō Waha was community driven by Wairoa for Wairoa, with Kahungunu Executive taking the lead role to work alongside HBDHB.
- A key feature and success of the Tō Waha model was the empowering of communities.
- While Tō Waha was an effective equity solution, it was not a long-term solution.
- Key learnings:
  - The oral health system cannot do this on their own and one dentist cannot fix everyone
  - The need to create entirely different experiences as whānau were disengaged from the oral health system
- Whānau were very grateful to receive free dental treatment and were now ready to engage with the system as they want to look after their teeth
- The Wairoa community presented a taonga to the DHB to acknowledge their support for helping the community.
- The costs to run this event were not available, however members were advised that sponsorship was received from two community trusts; Royston Health Trust and Princess Alexandra Trust. Tremains Real Estate and the Māori Oral Health Quality Improvement Group also provided financial support.
- With support from Wairoa Māori leaders and the Community Partnership Group, HBDHB had committed to deliver a locum dental service for at least 12 months while a long-term solution was developed.

Board members thanked the team for providing a very detailed report. They also thanked everyone involved in Tō Waha, including Sarah Paku for her continued leadership in the Wairoa community and for supporting the DHB. In closing, a member said it would be useful to know what the final costs were including the health and economic benefits.

RECOMMENDATION

That the Board:

1. **Note** the final report documenting the results, learnings and successes of Tō Waha Wairoa.
2. **Note** that a dental locum service for Wairoa will be delivered for 12 months.
3. **Note** HBDHB will continue to work with Wairoa to develop and deliver a long term, low cost, whānau oral health service.

Adopted

NOTING REPORTS

11. HAWKE'S BAY CLINICAL COUNCIL REPORT

This report provided an overview of the matters discussed at the Hawke's Bay Clinical Council meeting on 6 April 2022. The report was taken as read.

RECOMMENDATION

That the Board:

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

Adopted

12. PACIFIC POPULATION BOARD REPORT

This report provided an overview of the matters discussed at the Pacific Population Board meeting on 11 April 2022. Board members supported the approaches outlined in the report.

RECOMMENDATION

That the Board:

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

Adopted

13. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board:

Exclude the public from the following items:

14. Confirmation of Previous Minutes (Public Excluded)
15. Matters Arising – Review of Actions (Public Excluded)
16. Chair's Report (Public Excluded)
17. Board Champions' Safety and Wellbeing 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)

Moved: Shayne Walker
Seconded: Joanne Edwards

The Chair thanked members of the public for viewing the meeting via Facebook and on behalf of the Board, thanked everyone for their attendance today.

The public section of the Board meeting concluded at 2.36pm.

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	26/4/22	No actions			

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**May 2022 DHB CEO BOARD GOVERNANCE REPORT**
	For the attention of: **HBDHB Board**
Document Author(s)	Keriana Brooking
Date	16 May 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 DHB continues to carry a high degree of clinical, financial and equity risk with ongoing service demand risks in primary care, aged residential care facilities, acute services and inpatient services. From the staff to the executive, daily decisions are being made to keep our people and services safe.
Financial/Legal Impact	Nothing for noting.
Stakeholder Consultation and Impact	I have had the following interactions in this period: • Attended the Hawke's Bay Regional Leadership Group weekly meetings • Attended the Medical Leaders, Head of Department and Medical Directors monthly meeting • Attended the COVID Vaccine DHB CE leads and MoH weekly meetings • Attended the Central Region CEs meeting • Attended the National Bipartite Advisory Group meeting • Attended the final National DHB CEO and Chairs meeting • Attended the local Bipartite Advisory Group meeting • Attended the Joint Consultative Committee (JCC) meeting between Association of Salaried Medical Specialists (ASMS) and HBDHB • Attended the launch of "Male Survivors Hawke's Bay"
Strategic Impact	None to note
Previous Consideration / Interdependent Papers	None to note
RECOMMENDATION: *It is recommended that the Board:* 1. *Note and acknowledge this report.*	

HOSPITAL SERVICES UPDATE

Unplanned Care

The hospital remained steady during April, with daily emergency department (ED) attendances relatively unchanged compared with March. The average bed occupancy at 8am for the same period was 101.9 percent, an increase on the previous month which recorded 96.5 percent. Performance against the six-hour standard was 77.9 percent for the month, an improvement on the previous month at 74.8 percent. This improvement in performance is largely the result of the changes made to enable faster decision making and discharging of COVID affected patients who did not need admission.

Planned Care

Outpatient activity reduced significantly in April. This was predominantly due to the planned operational changes made to manage the COVID surge. These included changes to rostering, re-allocation of nursing staff and a move to urgent only clinics. The successive short weeks due to public holidays also contributed to reduced numbers. Surge management was also the reason for onsite elective productivity and delivery performance dropping significantly month on month. The repurposing of Ruakopito into a COVID ward saw one theatre allocated for endoscopy (these procedures are not counted in Planned Care volumes), with another stood up for COVID-acute patients only. These changes saw only cancers and very urgent patients going through the remaining theatre capacity.

- A net total of 1,725 referrals were received in April. This was 178 fewer than March, as expected due to the public holidays in the period. In total, 1,299 patients were provided with First Specialist Assessments (FSAs) in April – this is 642 fewer patients than March, and is the lowest number of FSAs provided in a single month since May 2020 (when 1,224 FSAs were delivered due to COVID restrictions).
- The number of patients overdue against the ESPI2 measure increased by 85 patients in April. The proportion waiting four months or more for their appointment also increased month-on-month to 40.5 percent, up from 38.8 percent in March and significantly higher for the year on year compared with 26.6 percent in April 2021.

In respect of elective surgery, HBDHB delivered 52.9 percent of the overall Ministry of Health (MoH) production planning discharge target in April (a total of 287 discharges vs 543 plan in April). This decrease was an expected result of the Omicron outbreak.

*Discharge summaries below provide an incomplete performance picture for Inter District Flows due to reporting processes and MoH data being relevant to the 20th of month following.

- Inter District Flow (IDF) activity shows 28 discharges in April against a plan of 61 discharges (45.9 percent). Not all discharges will be recorded yet due to the 6-week lag time.
- On-site activity was down as expected this month due to the Omicron response, with 190 discharges in April against a plan of 396, representing 48.0 percent of the plan.
- Outsourced activity is in line against the plan with 69 discharges so far registered against the plan of 86 (80.2 percent). Again, this is an incomplete month-end position as, like IDF activity, there is a delay in discharges being registered.
- Overall, the waiting list for surgery increased in April, up by 62 to 2,541. Of these, 52.8 percent of patients have now waited more than the ESPI5 measure of four months. This equates to 366 more patients compared with March (45.6 percent overdue), the result of largely unchanged referral volumes and the significant reduction in procedures performed.

COVID UPDATE

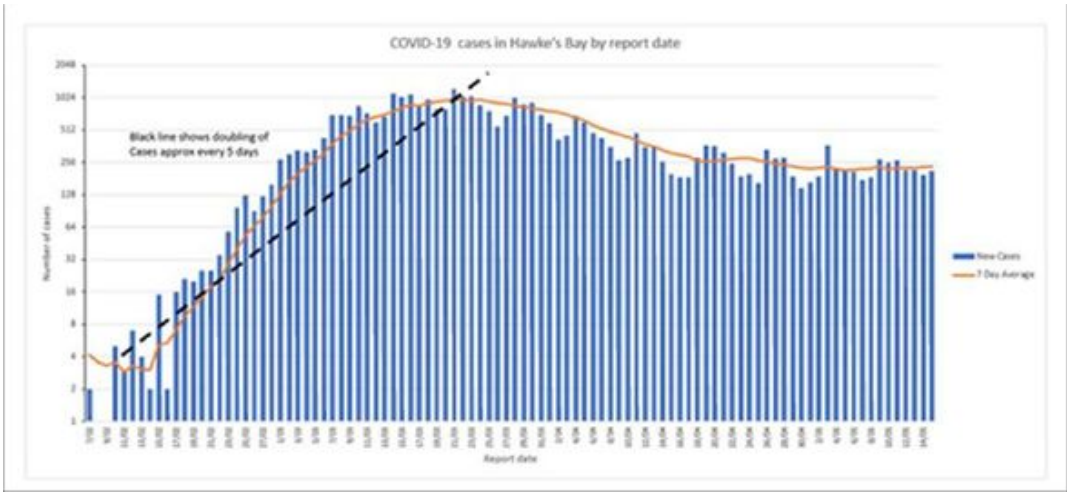
New Zealand remains in the orange setting of the COVID-19 protection framework. Key guidance is:

- The isolation period for COVID-19 cases and their household contacts is seven days.
- Household contacts will need to have a rapid antigen test at day three and day seven of their isolation period. If they become symptomatic, they should also get a test and, if the result is positive, they are required to isolate for seven days from that point.
- Day 0 is the day someone tests positive or becomes symptomatic (whichever comes first).
- Recovered cases no longer need to self-isolate if they become a household contact within 90 days after having the virus.
- Where possible, outpatient appointments are shifting to virtual consultations, with patients being contacted directly to discuss their appointments or planned care clinical assessments.
- Vaccine passes are no longer required. There are no indoor or outdoor capacity limits and the seated and separated rule for hospitality venues is lifted. Facemask requirements in indoor settings remain unchanged.
- 16 and 17-year olds can now get a booster vaccination six months after completing their primary course (for those aged 18+ the wait time is three months).
- There is now a third primary dose for 5-11 year olds who are severely immuno-compromised available by prescription only usually administered 4-8 weeks after second dose.
- New data (MoH) showing a probable small COVID spike in June and August.
- The MoH is rolling out a winter wellness campaign in June promoting all forms of vaccinations.

As at Tuesday 15 May 2022, there were 1643 active cases in Hawke's Bay. Of those, 216 were new cases including 91 in Hastings, 101 in Napier, 19 in Central Hawke's Bay and four in Wairoa. Total cases for the outbreak so far are 37,765.

As at 16 May, vaccination rates are:

- 97 percent of the eligible population has had 1 dose
- 95 percent of the eligible population has had 2 doses
- 72 percent of the eligible population (18+) has had a booster



UPDATE ON RANGATAHI (YOUNG PEOPLE) SERVICE FOR HAWKE'S BAY

Over the past three years Hawke's Bay District Health Board (HBDHB) has been working in partnership with rangatahi to design a service that they would want to use. Consultation occurred over several stages to help the DHB understand and design an appropriate service

Key points are:

- The DHB acknowledges that there has been some confusion surrounding the new service aimed to increase health and wellbeing among rangatahi.
- The new providers (a coalition) are in an establishment phase and are expected to be operational by 1 July 2022.
- The model of care is the preferred model for health and wellbeing as described by rangatahi (through rangatahi voice, health data and youth literature). More information on the solution is provided in the table below.
- A new model of care was developed, following a review of services that revealed a decline in uptake by rangatahi in low deprivation areas. Less than 50 percent of Māori and Pasifika were accessing this service (44 percent and 38 percent respectively). In addition to this, Māori and Pasifika had a lower average number of consultations than other ethnicities.
- The redesigned service is funded to provide access to a range of primary healthcare services. Rangatahi do not need to move practices or enrol in a new practice to access this service and relevant clinical information will be provided back to the registered general practice on permission of the rangatahi.
- Should rangatahi need to see a GP and choose to see the GP they are enrolled with, it will be free, or discounted, depending on how much their general practice charges.
- Eight practices will no longer receive the zero fees for under-18s scheme. This was a HBDHB initiative implemented in 2016 providing funding in addition to the Government funded zero fees for under-14s scheme. The Government's zero fees for under-14s scheme remains in place.
- All other free services for rangatahi within general practice in Hawke's Bay remain available including sexual health services and integrated primary mental health services.

The immediate benefits of the new service are that:

- Organisations in the coalition have the cultural foundations that makes it easier for rangatahi and their whānau to engage.
- Access extends to rangatahi 10 to 24-years of age.
- No rangatahi are turned away – access for all rangatahi regardless of their ethnicity or enrolment status.
- Rangatahi services will be available in Tamatea (CHB), Ahuriri (Napier), Heretaunga (Hastings) and Wairoa.
- Rangatahi who participated in consultation and co-design feel their voice is honoured because we listened and commissioned for a service aligned to what they wanted.

More information on the solution

Solution	What it looks like	What the rangatahi said
Fixed and flexible	to work around the needs of youth whether in or out of school, training, or work.	Expressed limited access to appointments and wait times and that access needs to be focused around rangatahi and not school or workforce convenience. A youth consumer test (2019) found that of 27 primary care practices, only 3 were willing to accommodate youth requiring an urgent appointment. A repeat of the test in 2021 found no change in access success.

Inclusive of health programme impacting most on rangatahi wellbeing	Inclusive of health programmes impacting most on rangatahi wellbeing – such as fitness, healthy kai, sexual health, dental care, and mental health, as well as communication and life skills support.	Limited or no access to programmes for rangatahi who need more support for problems they face. Youth want better programmes that are relevant to youth i.e. kai, life-skills study support etc.
Integrated, and co-located with social providers	A health and wider system that organises itself around the needs of youth under one kaupapa/umbrella.	Strong preference for wellbeing approaches to complement health services and messages – where they can get practical support and not just 'quick advice'.
Strong cultural foundations	Where cultural dimensions are acknowledged and valued, and where support can extend to whānau to benefit everyone in the home.	Rangatahi Māori felt the health system does not know them, they cannot trust it, and they don't feel safe. Cultural dimensions where identified as important by rangatahi because when it comes to health problems, 'when it's te ao Māori, it's easier to talk about it'.
Rangatahi led wherever possible with a highly skilled youth-responsive workforce	A model of care that is by, for, and with rangatahi; and a well-trained workforce in youth health to deliver what is required to youth.	Pasifika surveyed found racism as a key issue facing Pasifika talavou. Culturally responsive services cannot be achieved without a culturally responsive workforce that understand Māori and Pasifika youth. Rangatahi participation was identified as key to achieving this goal.

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	May 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 HBDHB Board:

Note the contents of this report

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The operating result is $0.7m adverse year-to-date. Vacancies, additional income, and supply chain issues contribute favourably to the result. They are more than offset by challenges identifying efficiencies, and outsourcing to cover covid related surgical capacity issues.

The surplus/(deficit), including COVID-19 and Holidays Act, is $4.9m favourable year-to-date. The result includes COVID income relating to costs incurred in prior years and recognised in February, and additional project costs relating to Holidays Act remediation.
The financial tables have been reformatted this month to improve readability. Borders have been reduced, rounding has changed from thousands to millions, and the font size has been increased.

$'millions	April Actual	April Budget	April Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast	Refer Appendix
Operating Revenue	59.7	59.6	0.1	0.2%	600.1	593.9	6.2	1.0%	719.1	1
Less:										
Providing Health Services	30.6	30.4	(0.2)	-0.6%	295.0	299.7	4.7	1.6%	360.1	2
Funding Other Providers	27.5	27.3	(0.2)	-0.7%	259.2	257.1	(2.1)	-0.8%	313.9	3
Corporate Services	6.0	5.7	(0.2)	-4.2%	56.1	55.9	(0.2)	-0.4%	68.3	4
Reserves	1.4	(1.3)	(2.8)		8.1	(1.2)	(9.2)		10.8	5
Operating Result	**(5.8)**	**(2.5)**	(3.3)		**(18.2)**	**(17.5)**	(0.7)	-4.0%	**(34.0)**	
Plus:										
Emergency Response (COVID-19)	0.8	-	0.8	0.0%	6.3	-	6.3	0.0%	21.3	
Holidays Act Remediation	(0.3)	(0.2)	(0.0)	-8.1%	(3.2)	(2.5)	(0.7)	-28.7%	(3.7)	
	(5.2)	**(2.7)**	(2.5)	-94.6%	**(15.1)**	**(20.0)**	4.9	24.4%	**(16.5)**	

Forecast

The forecast operating deficit for the year is $34m, $9m adverse to plan. This is a $2.4m deterioration from last month reflecting re-estimates of in-between-travel and home support costs in older persons health. Note that COVID-19 and Holidays Act forecasts have been moved into a separate paragraph this month. The variance from plan comprises:

- Revenue is $5.4m favourable - including higher revenue from MOH, ACC, and other DHBs. They are offset by the funding or providing of the health services they relate to.
- Providing Health Services is $2.1m favourable - mainly due to challenges filling vacancies and new positions, mostly in Allied Health. Favourable personnel costs are partly offset by high outsourced elective surgery (mitigated by lower in-house surgery costs due to reduced capacity relating to COVID-19), and higher than budgeted patient transport costs.
- Funding other providers is $3.5m adverse - mainly primary care expenditure funded by additional MOH income. Pharmaceuticals, crisis respite and service improvement in mental health also contribute. These are partly offset by underspends in residential care and home support for older persons, and lower inter district outflows.
- Corporate is $0.5m adverse - mainly unbudgeted capital charges relating to the $25m equity injection in June 2021. Partly offset by lower depreciation caused by capital expenditure slippage. Higher maintenance costs were more than offset by staff vacancies.
- Reserves are $12.6m adverse - mainly unidentified savings. Also includes provisioning for MECA settlements, partly offset by lower spend expected on investment initiatives.

Non operating variances to plan are:

- COVID-19 is $21.3m favourable - due to MOH agreement to fund prior year expenditure, slightly offset by additional staff costs.
- Holiday's Act remediation is $0.7m adverse - due to higher project costs.

A number of items are not included in the forecast. They relate to a prior period or there is current uncertainty over the amount. They 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
- Release of further investment reserves
- MOH surge funding for expenditure that is likely to have been included in the forecast.

Other Performance Measures

	April				Year to Date				Year End	
	Actual	Budget	Variance		Actual	Budget	Variance		Forecast	Refer Appendix
	$'m	$'m	$'m	%	$'m	$'m	$'m	%	$'m	
Capital spend	16	33	(17)	-50.9%	192	338	(146)	-43.1%	301	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,689	2,969	280	9.4%	2,755	2,863	108	3.8%	2,890	2 & 4

- Capital spend (Appendix 10)

  Capital spend to March is at 56% of plan (last month 57%). This is caused by slippage in strategic projects, and delivery issues relating to COVID in the facilities and clinical equipment blocks.

- Cash (Appendices 9 & 11)

  The cash low point for the month was $5.8m overdrawn on 29 April. The previous month was $6.8m overdrawn on 3 March.

- Employees (Appendices 2 & 4)

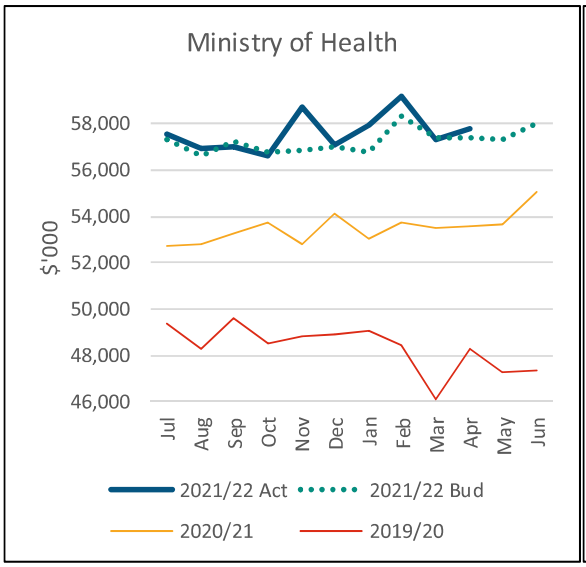
  Continuing challenges recruiting to vacant and new positions, result in the lower than planned employee FTE numbers.

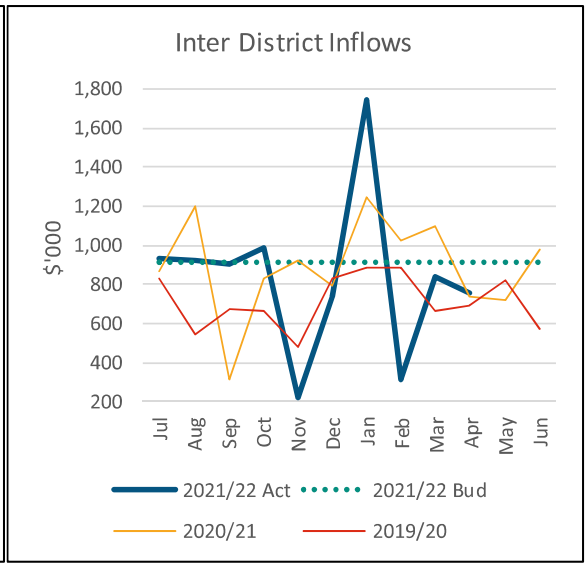
APPENDICES

1. OPERATING REVENUE

The favourable result comes from: MOH revenue to fund new or additional services, providing COVID-19 tests to primary providers, back-dated price increases for ACC rehabilitation services, and increased service provision to other DHBs.

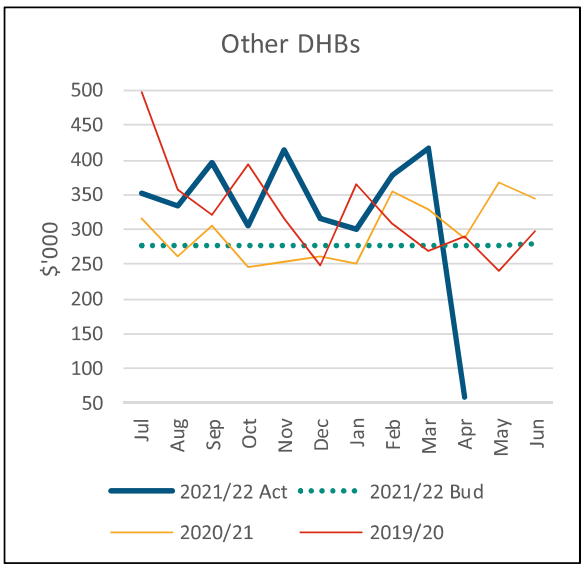
Excludes revenue for COVID-19	*April*				*Year to Date*				*Year End*
$'millions	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*
Ministry of Health	57.8	57.4	0.4	0.7%	576.3	571.9	4.5	0.8%	690.8
Inter District Flows	0.8	0.9	(0.2)	-17.5%	8.4	9.1	(0.8)	-8.5%	10.2
Other District Health Boards	0.1	0.3	(0.2)	-78.8%	3.3	2.8	0.5	17.5%	3.9
Financing	0.0	0.0	0.0	608.5%	0.2	0.0	0.2	429.4%	0.2
ACC	0.5	0.5	0.0	6.4%	5.5	4.7	0.8	17.2%	6.6
Other Government	0.0	0.0	(0.0)	-0.6%	0.4	0.4	0.0	9.1%	0.5
Patient and Consumer Sourced	0.1	0.1	(0.0)	-12.7%	1.2	1.2	(0.1)	-4.4%	1.3
Other Income	0.4	0.4	0.0	6.9%	4.9	3.8	1.1	27.5%	5.6
	59.7	**59.6**	0.1	0.2%	**600.1**	**593.9**	6.2	1.0%	**719.1**

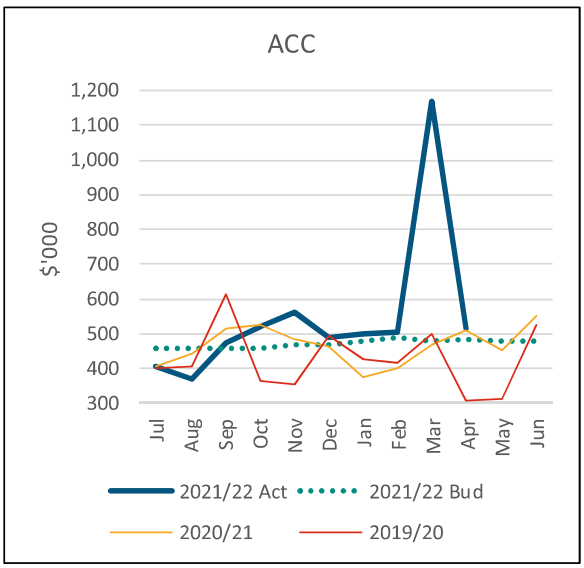




Ministry of Health ($4.5m favourable *YTD)*
Additional sustainability funding mainly for MECA settlements, and funding for new services.

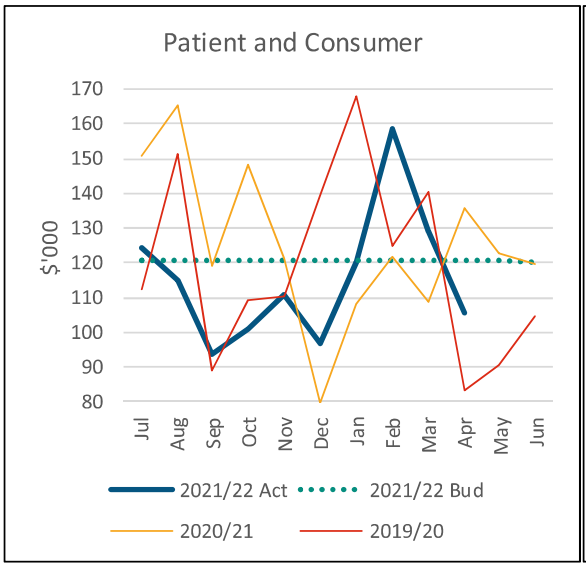
Inter District Flows ($0.8m adverse *YTD)*
Inter District Flows are inherently volatile due to low volume and high cost.

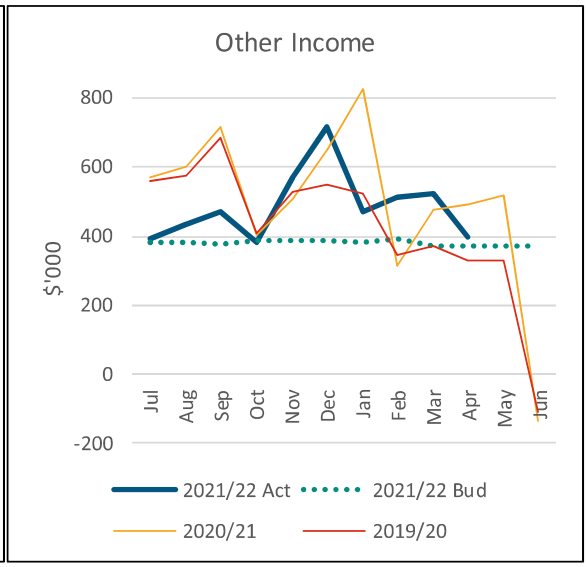




Other District Health Boards ($0.5m favourable YTD)
Mid Central DHB for oncology clinics, Capital & Coast Health for neurosurgery clinics, and a number of DHBs for patient transport reimbursements.

ACC ($0.8m favourable YTD)
The increase in March is back payments from a price increase for non- acute rehabilitation services.





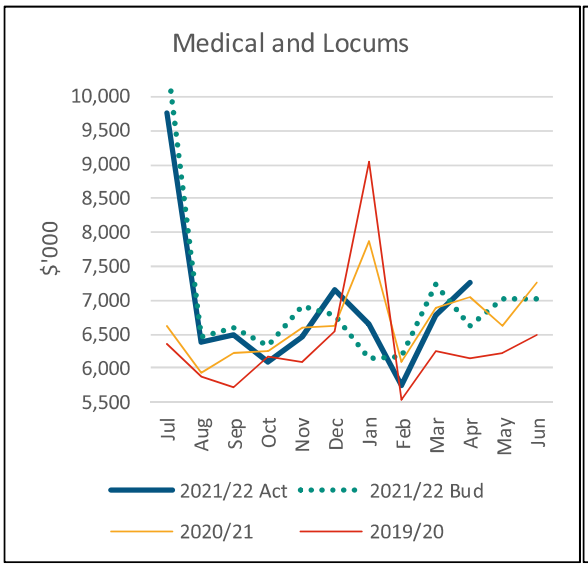
Patient and Consumer (0.1 adverse YTD)
Reduced audiology co-payments, mostly offset by increased non resident charges.

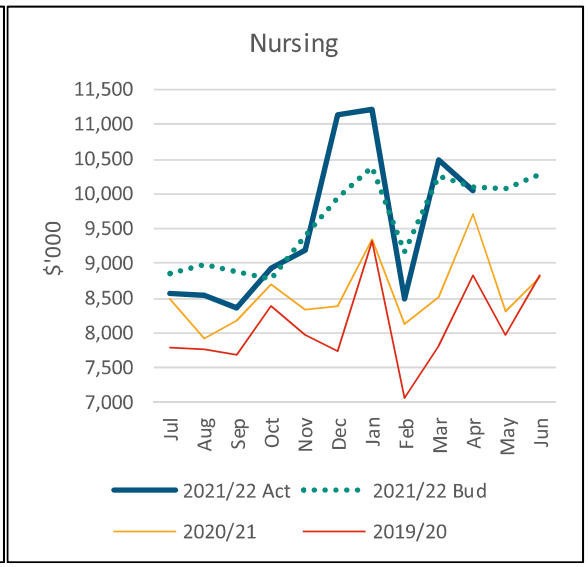
Other income ($1.1m favourable YTD)
Mainly the provision of COVID tests to primary providers, partly offset by reduced traffic through Zacs.

2. PROVIDING HEALTH SERVICES

Reduced surgical capacity due to COVID-19 drives the March result, and recruitment challenges drive the result Year-to-Date.

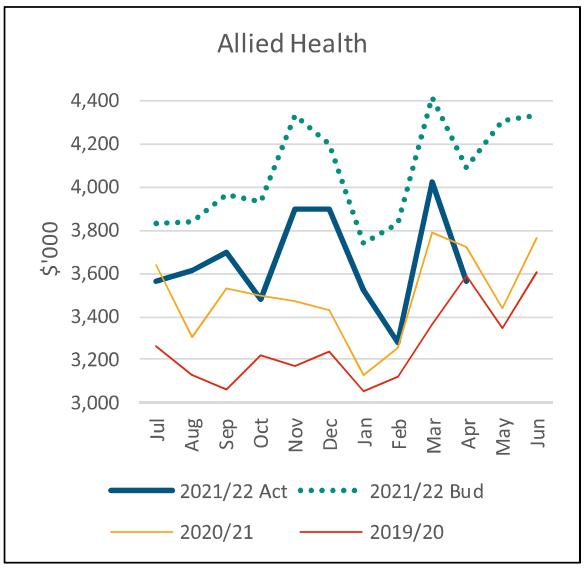
	April				Year to Date				Year End
$'millions	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Expenditure by type									
Medical personnel and locums	7.3	6.6	(0.6)	-9.8%	68.8	69.8	1.0	1.4%	83.4
Nursing personnel	10.0	10.1	0.1	0.6%	95.0	94.7	(0.2)	-0.2%	115.5
Allied health personnel	3.6	4.1	0.5	12.9%	36.5	40.2	3.6	9.0%	44.9
Other personnel	2.3	2.6	0.3	12.1%	24.4	25.5	1.0	4.0%	29.8
Outsourced services	2.3	1.4	(0.9)	-69.4%	14.7	13.0	(1.7)	-13.1%	19.2
Clinical supplies	3.5	4.2	0.6	15.2%	39.7	41.3	1.7	4.0%	48.1
Infrastructure and non clinical	1.6	1.5	(0.1)	-8.5%	15.8	15.1	(0.7)	-4.7%	19.2
	30.6	**30.4**	(0.2)	-0.6%	**295.0**	**299.7**	4.7	1.6%	**360.1**
Expenditure by directorate									
Hospital	18.4	17.4	(1.0)	-5.7%	171.0	170.9	(0.1)	0.0%	208.9
Whanau and Communities	6.4	6.7	0.2	3.3%	63.9	65.3	1.4	2.1%	77.6
Mental Health and Addictions	2.1	2.3	0.2	7.7%	21.9	22.8	0.9	4.0%	27.0
Support	2.5	2.6	0.1	4.4%	25.9	25.6	(0.3)	-1.2%	31.4
Other	1.2	1.5	0.3	20.3%	12.3	15.1	2.8	18.3%	15.2
	30.6	**30.4**	(0.2)	-0.6%	**295.0**	**299.7**	4.7	1.6%	**360.1**
Full Time Equivalents									
Medical personnel	391	436	45	10.2%	406	425	20	4.7%	430
Nursing personnel	1,152	1,224	72	5.9%	1,170	1,178	8	0.7%	1,186
Allied health personnel	504	606	102	16.8%	526	585	59	10.0%	591
Support personnel	127	134	6	4.8%	133	129	(4)	-3.3%	130
Management and administration	270	326	56	17.2%	294	312	18	5.9%	316
	2,446	**2,726**	281	10.3%	**2,528**	**2,629**	101	3.8%	**2,654**

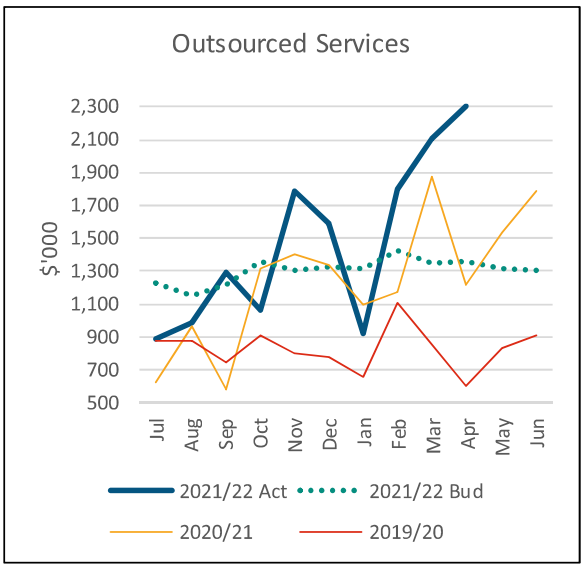




Medical personnel and locums ($1.0m favourable YTD)
Vacancies and limited continuing medical education leave (CME) from COVID-19 restrictions - partly offset by locum vacancy cover. The high budget in July, and the low budget in January, in comparison to prior years, results from the change in entitlement date for CME from 1 January to 1 July of each year.

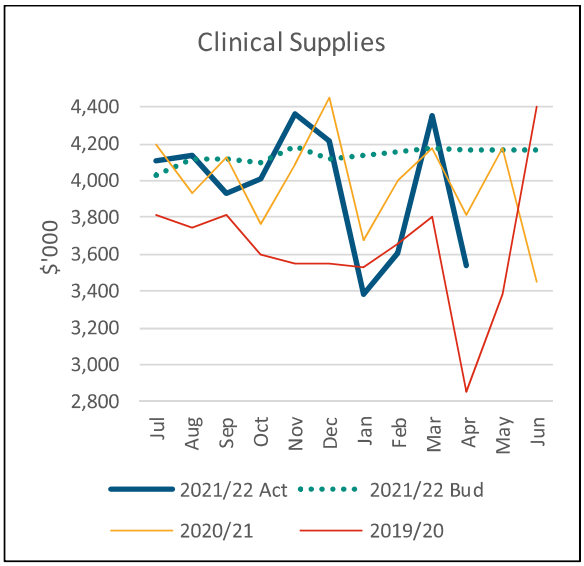
Nursing ($0.2m adverse YTD)
Vacancies more than offset by overtime. Increased leave entitlements, and allowances reflecting the current challenges filling rosters.

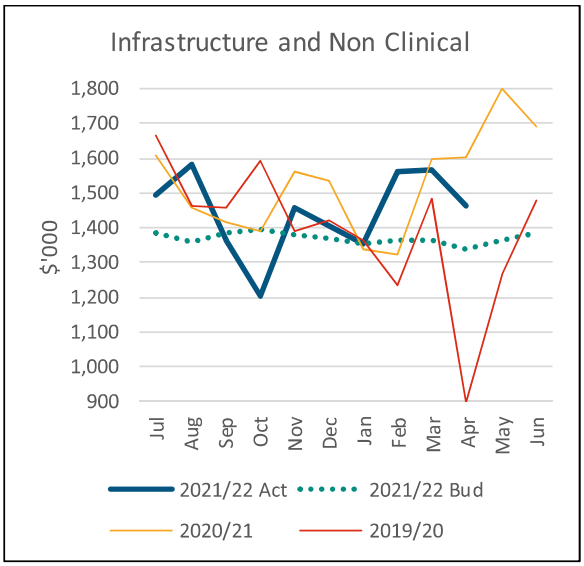




Allied Health ($3.6m favourable YTD)
On-going vacancies.

Outsourced services (1.7m adverse YTD)
Used to help cover reduced surgical capacity in the hospital, as beds being needed for COVID. Lower volumes in October and January reflect holiday periods.

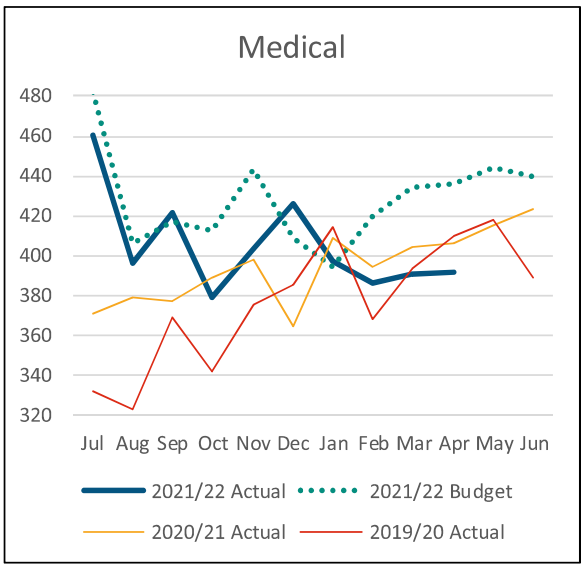


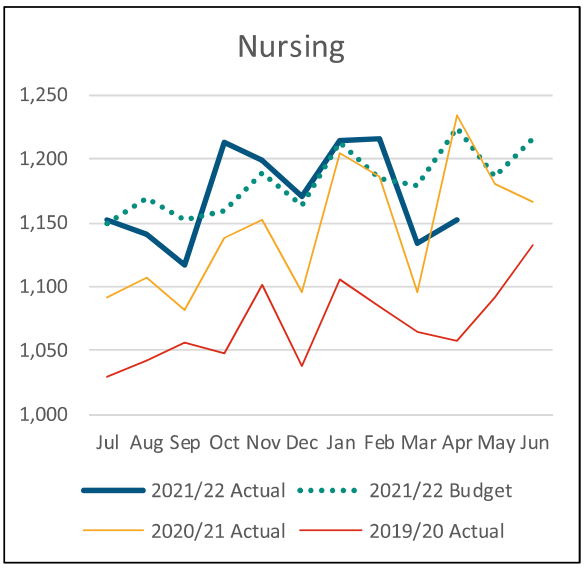


Clinical supplies (\$1.7m favourable YTD)
Reduced surgery to cope with COVID-19, lowered surgical supply costs. Partly offset by higher patient transport costs.

Infrastructure and non clinical supplies (\$0.7m adverse YTD)
Security, cleaning, food, and laundry partly offset in staff travel costs.

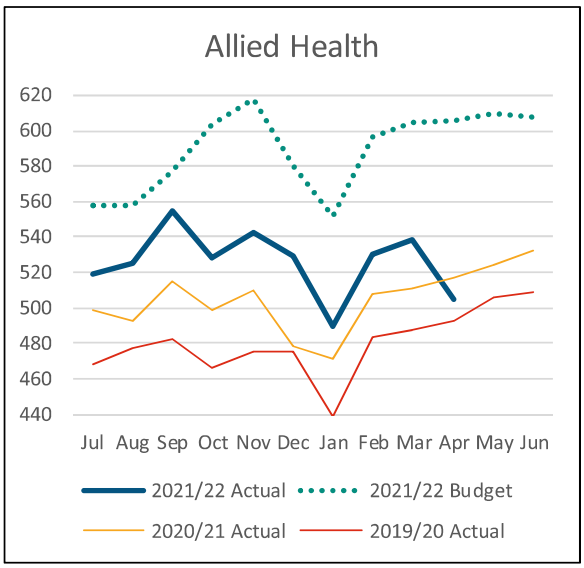
Full Time Equivalents (FTE)

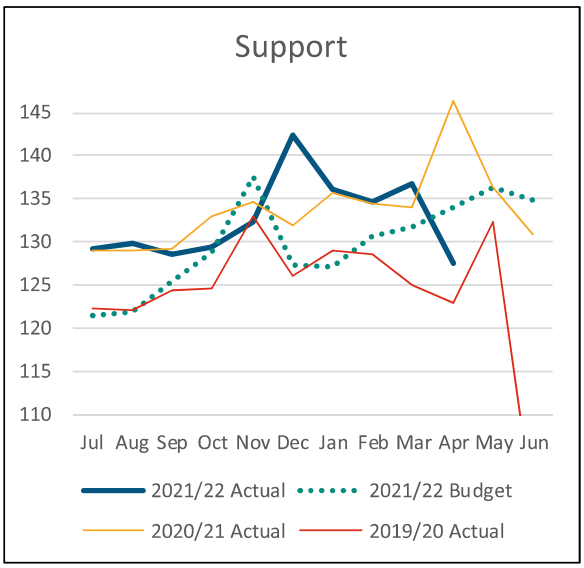




Medical personnel (20 FTE / 4.7% favourable)
Recruitment challenges and long lead times to onboard medical staff. Marginally offset by higher leave costs. High costs in July (both budget and actual) relate to entitlements for continuing medical education leave.

Nursing personnel (8 FTE / 0.7% favourable)
Vacancies more than offset by overtime and additional leave.





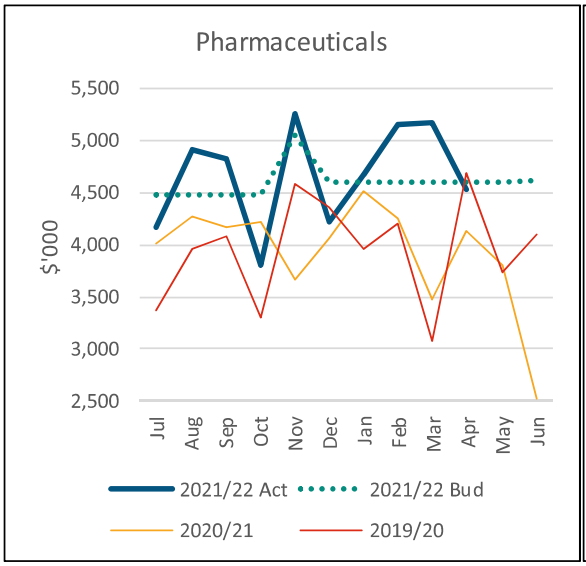
Allied health personnel (59 FTE / 10.0% favourable)
Ongoing difficulty filling vacancies.

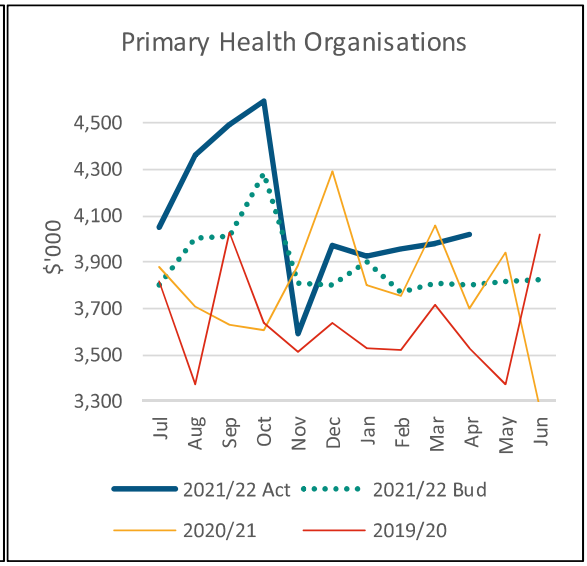
Support personnel (-4 FTE / -3.3% adverse)
Kitchen assistants, additional security, and orderlies, driven by patient activity and dependency. Partly offset by sterile supply vacancies.

3. FUNDING OTHER PROVIDERS

Higher than budgeted year-to-date spend is offset by additional operating revenue above.

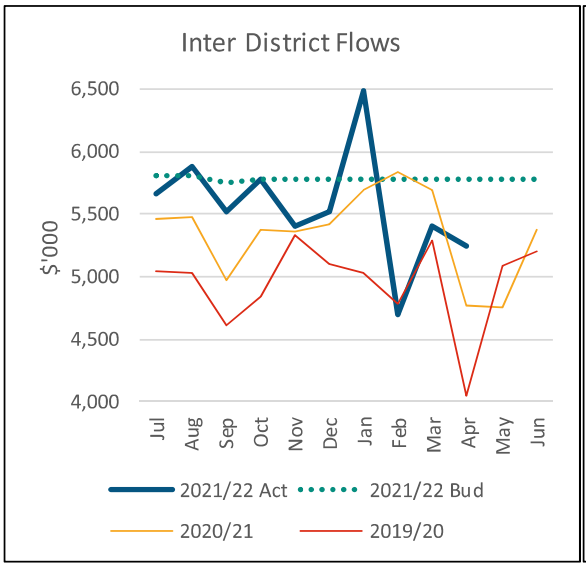
	April				Year to Date				Year End
$'millions	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Payments to Other Providers									
Pharmaceuticals	4.5	4.6	0.1	1.5%	46.7	46.0	(0.8)	-1.6%	56.3
Primary Health Organisations	4.0	3.8	(0.2)	-5.8%	41.0	39.0	(2.0)	-5.0%	49.2
Inter District Flows	5.2	5.8	0.5	9.3%	55.6	57.8	2.2	3.8%	67.2
Other Personal Health	3.3	3.2	(0.1)	-4.4%	26.5	25.2	(1.3)	-5.0%	33.2
Mental Health	1.2	1.5	0.3	21.2%	15.3	14.6	(0.7)	-4.9%	19.0
Health of Older People	7.8	7.1	(0.7)	-10.3%	68.2	69.0	0.8	1.2%	82.4
Other Funding Payments	1.4	1.3	(0.0)	-2.4%	5.8	5.4	(0.4)	-7.2%	6.6
	27.5	27.3	(0.2)	-0.7%	**259.2**	**257.1**	(2.1)	-0.8%	313.9
Payments by Portfolio									
Strategic Services									
Secondary Care	5.0	5.4	0.4	8.2%	51.8	53.9	2.0	3.8%	62.8
Primary Care	11.0	10.9	(0.2)	-1.4%	105.5	101.7	(3.8)	-3.7%	128.2
Mental Health	2.2	1.8	(0.4)	-21.0%	18.9	17.9	(1.0)	-5.7%	23.2
Health of Older People	7.8	7.6	(0.1)	-1.7%	74.7	75.3	0.7	0.9%	90.0
Maori Health	1.4	1.5	0.0	1.7%	7.3	7.3	0.0	0.5%	8.5
Population Health	0.1	0.1	0.0	3.2%	1.0	1.0	0.0	3.8%	1.2
	27.5	27.3	(0.2)	-0.7%	**259.2**	**257.1**	(2.1)	-0.8%	313.9

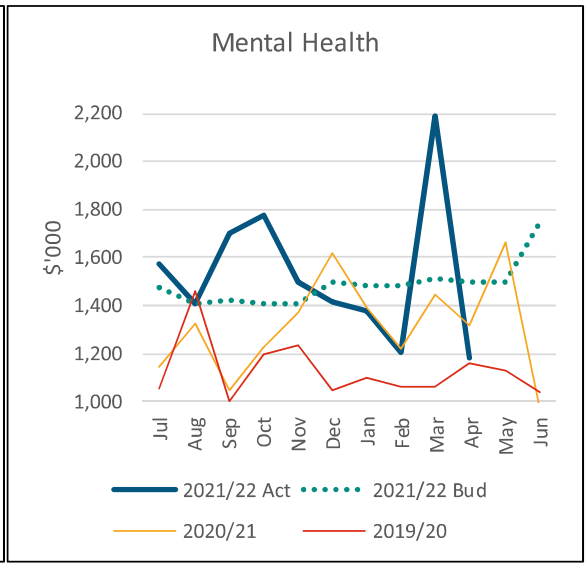




Pharmaceuticals ($0.8m adverse YTD)
Based on latest available PHARMAC forecasts, and community and hospital pharmacy activity.

Primary Health Organisations ($2.0m adverse YTD)
PHO performance payments, service for under-13s and community services card holders, low cost access, and discharge pathway funding.

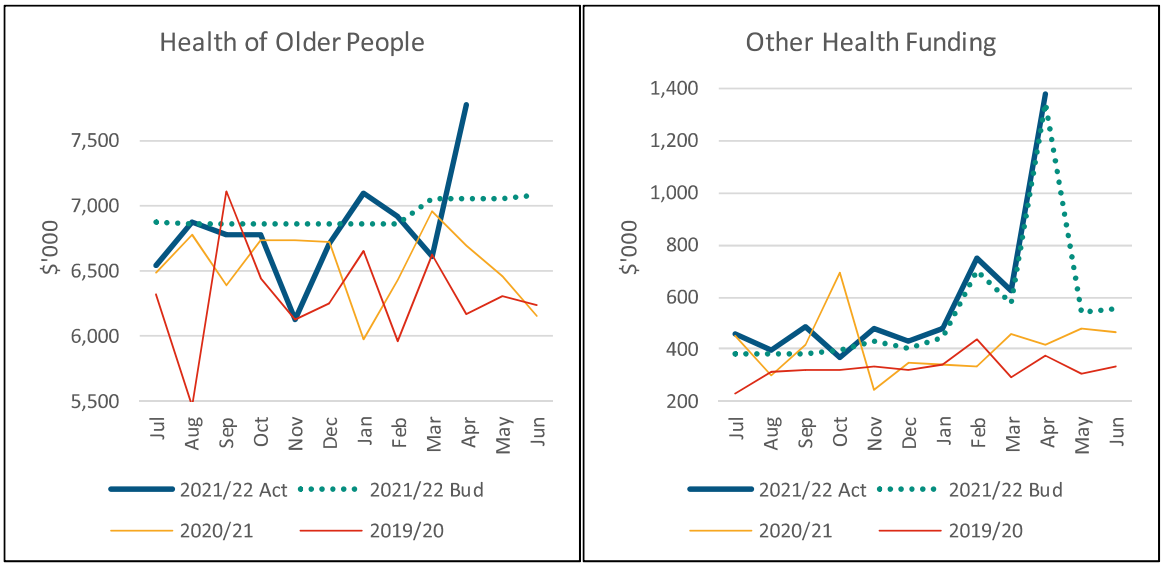




Inter District Flows ($2.2m favourable YTD)
Inter District Flows are inherently volatile due to low volume and high cost.

Other Personal Health ($1.3m adverse YTD)
Mainly additional professional pharmacy advisory services. Partly offset by lower heath promotion costs for children and youth.

Mental Health ($0.7m adverse YTD)
Mainly additional expenditure funded by additional MOH revenue under operating revenue above.



Health of Older People ($0.8m favourable YTD)
Underlying capacity constraints including staffing issues. April includes adjustments to the amount of pay In-Between-Travel provided for.

Other Funding Payments ($0.4m adverse YTD)
Higher than planned Whānau Ora and public health infrastructure costs every second month. The budget was adjusted in January to reflect the transfer of funding from reserves for the implementation of He Oranga Motuhake including set-up funding in April.

4. CORPORATE SERVICES

	April				Year to Date				Year End
$'millions	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Operating Expenditure									
Personnel	1.9	1.9	0.0	1.6%	18.3	19.1	0.8	4.1%	22.2
Outsourced services	0.0	0.1	0.1	78.3%	0.6	0.7	0.1	20.4%	0.7
Clinical supplies	0.3	0.2	(0.1)	-77.5%	1.6	1.3	(0.3)	-23.0%	2.0
Infrastructure and non clinical	1.9	1.7	(0.2)	-9.8%	16.9	16.6	(0.3)	-1.9%	20.7
	4.1	3.9	(0.2)	-5.3%	37.4	37.7	0.3	0.8%	45.6
Capital servicing									
Depreciation and amortisation	1.4	1.5	0.1	6.6%	13.9	14.6	0.8	5.2%	16.8
Financing	0.0	0.0	0.0	95.8%	0.0	0.2	0.2	94.8%	0.1
Capital charge	0.5	0.3	(0.2)	-47.0%	4.8	3.3	(1.5)	-45.2%	5.9
	1.9	1.9	(0.0)	-1.9%	18.7	18.2	(0.5)	-3.0%	22.7
	6.0	**5.7**	(0.2)	-4.2%	**56.1**	**55.9**	(0.2)	-0.4%	**68.3**
Full Time Equivalents									
Medical personnel	1	1	(0)	-13.3%	1	1	(0)	-0.9%	1
Nursing personnel	11	6	(4)	-66.1%	8	6	(2)	-34.3%	6
Allied health personnel	4	2	(3)	-168.1%	2	2	(1)	-34.8%	2
Support personnel	27	31	4	13.0%	27	30	3	10.6%	31
Management and administration	201	203	2	1.0%	189	195	6	3.3%	198
	243	**243**	(1)	-0.4%	**227**	**234**	7	3.1%	**236**

Personnel costs are favourable due to low recruitment costs and vacancies. Slippage in capital spend has caused low depreciation and amortisation expenditure.

The capital charge budget does not allow for the $25m equity injection for deficit support received in June 2021, after the budget was set.

5. RESERVES

	April				Year to Date				Year End
$'millions	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Expenditure									
Investment reserves	0.7	(0.6)	(1.3)		2.6	7.2	4.6	63.6%	3.8
Efficiencies	-	(0.9)	(0.9)		-	(8.9)	(8.9)		-
Other	0.7	0.2	(0.5)		5.4	0.5	(5.0)		7.0
	1.4	**(1.3)**	(2.8)	206.9%	**8.1**	**(1.2)**	**(9.2)**	786.1%	**10.8**

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 moved to the appropriate areas.

Investments have been identified later than planned, causing transfers of budgets to be weighted towards the end of the year. This means the budgets early in the year are positive and later in the year are negative. It also means the build-up of a favourable variance early in the year will decline over the last few months. This is the main driver of the increase in the operating deficit between the year-to-date result and the end-of-year forecast.

The figures in the actual columns of investment reserves, provide for further transfers from reserves to other areas.

A large proportion of reserves are expected to be used for ongoing investment, meaning underexpenditure earlier in the year may not be spent, and can be used to offset the shortfall in efficiencies year-to-date.

Efficiencies will be embedded 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. Also included are the net effect of unusual or unexpected items not covered by budgets.

6. FINANCIAL POSITION

				April		
30 June 2021	$'millions	*Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2021*	*Annual Budget*
	Equity					
253.7	Crown equity and reserves	266.5	276.3	(9.7)	12.8	278.5
(135.6)	Accumulated deficit	(150.7)	(151.1)	0.4	(15.1)	(159.2)
118.1		115.8	125.1	(9.3)	(2.3)	119.3
	Represented by:					
	Current Assets					
0.6	Bank	0.7	0.0	0.7	0.1	0.0
1.5	Bank deposits > 90 days	1.5	2.1	(0.6)	0.0	2.1
22.5	Prepayments and receivables	47.5	24.2	23.4	25.0	20.0
5.0	Inventory	5.4	4.6	0.8	0.4	4.6
29.5		55.0	30.8	24.2	25.5	26.7
	Non Current Assets					
208.9	Property, plant and equipment	214.3	227.4	(13.1)	5.3	230.2
16.5	Intangible assets	16.7	13.4	3.3	0.2	13.2
1.7	Investments	1.3	1.3	0.0	(0.3)	1.3
227.1		232.3	242.1	(9.8)	5.2	244.7
256.6	**Total Assets**	**287.3**	**272.9**	**14.4**	**30.7**	**271.4**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	5.8	22.8	17.0	(5.8)	26.8
40.9	Payables	56.8	32.4	(24.4)	(15.9)	32.5
94.5	Employee entitlements	105.9	89.4	(16.5)	(11.4)	86.6
-	Current portion of borrowings	-	-	-	-	3.0
135.4		168.4	144.5	(23.9)	(33.1)	148.8
	Non Current Liabilities					
3.1	Employee entitlements	3.1	3.3	0.2	-	3.3
3.1		3.1	3.3	0.2	-	3.3
138.5	**Total Liabilities**	**171.5**	**147.8**	**(23.7)**	**(33.1)**	**152.1**
118.1	**Net Assets**	**115.8**	**125.1**	**(9.3)**	**(2.3)**	**119.3**

Variances from budget:

Prepayments and receivables include $22.4m billed to MOH in April, for COVID-19 expenditure, mostly relating to previous years.

Payables include the receipt of $10.8m from MOH for services yet to be provided, including $9.9m for nurse pay equity funding treated as income in advance. The pay equity funding is likely to be recognised as income in June. Capital project accruals amount to $2.8m, GST on COVID-19 invoicing contributes $1.8m and accruals for unbilled older persons and mental health residential care make up most of the remaining variance.

Capital expenditure slippage has contributed to an improved cash position.

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	$'millions	*Actual*	*Budget*	*April Variance from budget*	*April Movement from 30 June 2021*	*Annual Budget*
17.5	Salaries & wages accrued	17.9	16.2	(1.7)	(0.3)	13.8
1.2	ACC levy provisions	1.9	0.1	(1.8)	(0.7)	0.2
6.7	Continuing medical education	8.8	2.5	(6.2)	(2.1)	1.7
67.2	Accrued leave	75.2	68.6	(6.6)	(8.1)	68.9
5.0	Long service leave & retirement grat.	5.2	5.2	0.0	(0.2)	5.2
97.6	**Total Employee Entitlements**	109.0	92.7	(16.3)	(11.4)	89.9

Variances from budget:
Growth in projected backpays based on settlements to date, the timing of ACC levies different from that projected, and annual leave and continuing medical leave provisioning relating to COVID factors.

8. PLANNED CARE

MOH data to March is tabled below. Funding is largely determined on performance against Inpatient Caseweight Delivery and this report shows 82.8% of plan was achieved to the end of March (84% in February).

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	6,201.8	2,172.9	8,374.7	6,936.9	82.8%	10,945.1
Inpatient Surgical Discharges	4,113	1,564	5,677	4,875	85.9%	7,427
Minor Procedures	1,608	687	2,295	3,735	162.7%	2,984
Non Surgical interventions	27	63	90	0	0.0%	118

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

NMDS Refresh Date: 2/05/2022 **NNPAC Refresh Date:** 2/05/2022
Data up to: Mar 2022 **Report Run Date:** 2/05/2022

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 April was $5.8m in overdraft (March was $5.0m in funds).

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month, and May's low point is projected to be the $7.4m overdrawn on 2 May.

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 March is at 56% of plan (last month 57%). This is caused by slippage in strategic projects, and ongoing delivery issues relating to COVID in the facilities and clinical equipment blocks.

	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	13,858	14,617	(759)	16,834	17,702	(868)			
	13,858	14,617	(759)	16,834	17,702	(868)			
Other Sources									
Special Funds and Clinical Trials	107	-	107	107	-	107			
Funded Programmes	91	-	91	91	-	91			
Finance Leases (Clinical Equipment)			-	-	620	(620)			
Equity Injection	10,258	-	10,258	14,928	22,657	(7,729)			
Equity (Prior year expenditure)	2,518	-	2,518	2,518	-	2,518			
	12,974	-	12,974	17,645	23,277	(5,632)			
Total funds sourced	**26,832**	**14,617**	**12,215**	**34,478**	**40,979**	**(6,501)**			
Application of Funds:									
Block Allocations									
Facilities	995	2,490	1,496	3,204	3,106	(98)			
Information Services	2,342	2,712	370	3,419	3,304	(114)			
Clinical Equipment	1,398	2,499	1,101	3,275	3,000	(275)			
	4,734	7,701	2,967	9,898	9,410	(488)			
MOH funded Startegic									
Surgical Services Expansion Project	3,296	3,296	-	3,296	3,296	-	20,843	20,843	-
Radiology Facilities Redevelopment	476	2,081	1,605	493	2,490	1,997	-	25,100	25,100
Main Electrical Switchboard Upgrade	1,483	2,594	1,110	1,739	3,114	1,375	4,000	4,000	-
Planned Care Procedure Rooms x 4	148	1,285	1,137	220	1,924	1,704	1,924	1,924	-
Rapid Fast Tracked Projects	35	-	(35)	35	2,600	2,565	2,600	2,600	-
Data and Digital	40	-	(40)	2,550	2,550	-	2,550	2,550	-
Mobile Dental Clinics	1,253	1,189	(65)	1,536	1,536	-	1,600	1,600	-
Angiography Suite Replacement	1,125	2,225	1,100	1,638	2,888	1,250	1,750	3,000	1,250
Procedure Rooms Upgrade Endo Building	1,116	2,295	1,179	1,783	2,827	1,044	2,143	3,000	857
Seismic Upgrade Acute Admissions Unit S	0	407	407	0	490	490	2,960	3,450	490
Seismic Upgrade Surgical Services Expans	1,286	2,576	1,290	1,636	3,093	1,457	-	-	-
Linear Accelerator	-	666	666	-	1,000	1,000	33,156	33,156	-
	10,258	18,613	8,356	14,928	27,808	12,880	73,526	101,223	27,697
DHB funded Strategic									
Surgical Services Expansion Project	842	2,119	1,277	1,730	3,204	1,474	-	-	-
Radiology Facilities Redevelopment	510	510	-	510	510	-	-	-	-
Replacement Generators	858	1,822	964	1,338	2,430	1,092	4,430	4,430	-
Health System Catalogue	343	857	514	363	857	494	657	657	-
Mental Health Crisis Hub	64	567	503	134	567	433	1,370	1,370	-
Slippage 2021-22	-	(1,034)	(1,034)	-	(1,410)	(1,410)	-	-	-
Interim Asset Plan	1,065	2,645	1,579	1,700	3,913	2,213	-	-	-
	3,680	7,485	3,804	5,774	10,071	4,297	6,457	6,457	-
Other									
Special Funds and Clinical Trials	107	-	(107)	107	-	(107)			
Funded Programmes	91	-	(91)	91	-	(91)			
Other	20	-	(20)	20	-	(20)			
	219	-	(219)	219	-	(219)			
Capital Spend	**18,891**	**33,800**	**14,909**	**30,819**	**47,289**	**16,471**	**79,983**	**107,680**	**27,697**

11. ROLLING CASH FLOW

	Apr-22			May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
	Actual	**Forecast**	**Variance**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**	**Forecast**
	$'m	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*	*$'m*
Cash Inflows															
Devolved MOH revenue	63.0	63.0	-0.0	87.5	92.8	59.8	59.8	60.6	59.8	60.6	60.6	59.8	60.6	60.6	59.8
Other revenue	6.7	9.2	-2.5	10.7	11.0	11.0	11.4	11.2	10.7	11.2	10.8	10.8	10.7	11.4	10.3
Total cash inflow	69.7	72.2	-2.5	98.2	103.8	70.9	71.3	71.8	70.5	71.8	71.4	70.7	71.2	72.0	70.1
Cash Outflows															
Payroll	15.9	15.4	-0.5	15.6	19.8	15.3	18.3	15.4	15.3	19.8	15.4	15.3	15.3	18.4	15.3
Taxes	8.8	12.2	3.4	14.4	12.6	11.2	11.2	11.4	11.2	11.2	9.4	14.4	11.4	11.4	11.2
Sector Services	40.6	38.9	-1.7	38.6	31.0	31.0	31.0	31.0	31.0	31.0	31.0	31.0	31.0	31.0	31.0
Capital expenditure	1.9	1.6	-0.3	1.7	2.0	1.6	1.6	2.0	1.6	2.0	1.6	1.6	1.6	2.0	1.6
Other expenditure	13.2	16.5	3.3	16.6	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5	16.5
Total cash outflow	80.4	84.6	4.2	86.8	81.9	75.6	78.6	76.3	75.6	80.5	73.9	78.8	75.8	79.3	75.6
Total cash movement	-10.8	-12.4	1.6	11.4	21.9	-4.7	-7.3	-4.5	-5.1	-8.7	-2.5	-8.1	-4.6	-7.3	-5.5
Add: opening cash	5.0	5.0	-0.0	-5.8	5.6	27.5	22.8	15.4	11.0	5.9	-2.8	-5.3	-13.4	-17.9	-25.2
Closing cash	-5.8	-7.4	1.6	5.6	27.5	22.8	15.4	11.0	5.9	-2.8	-5.3	-13.4	-17.9	-25.2	-30.7
Maximum cash overdraft (in month)	97.0	-7.4	104.4	0.0	-4.9	0.0	0.0	0.0	0.0	-5.8	-7.0	-13.4	-22.7	-26.7	-30.7

Further MOH funding for prior year COVID-19 expenditure has been included in the forecast, and significantly improved the cash position in comparison to last month.

ĀKINA (IMPROVEMENT)

SERVICE DESIGN – DIGITISATION OF REFERRALS

Presentation

Celebrating Board's success and priorities to hand-over to MHA and HNZ Boards

HAWKE'S BAY District Health Board
Whakawāteatia

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Purpose of this report

HAWKE'S BAY District Health Board Whakawāteatia

This report provides the HBDHB Board with information on the Board's scuccesses and its priorities for Hawke's Bay to hand-over to the Chairs of the Health New Zealand and Māori Health Authority Boards.

The content of this report is intended for Board's discussion, and once approved by Board will be converted into a letter that is signed by Shayne Walker, HBDHB Board Chair.

It is recommended that HBDHB Board:

- **Discuss** and agree the contents of this report.
- **Agree** that the Board Chair signs the letter on behalf of the HBDHB Board to Health New Zealand and Māori Health Authority Boards.

Structure of this report:

1. Celebrating Board's successes

Outlines achievements during Board's tenure

2. Priorities to hand-over

Equity investment; Corporate; Commissioning; Infrastructure

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

Celebrating Board's successes

HAWKE'S BAY District Health Board
Whakawāteatia

Invested in elective surgical production

* to the level required to deliver the production plan

In the first year (2020/21) this resulted in the DHB hitting 99.2% of production plan and rising from 'significantly below national average' to 'significantly higher than national average' – from 19th to 8th out of all DHBs

Approved equity focused production

A multi-year roadmap to close production gaps in key specialties such as Ear Nose & Throat (ENT) and Dental for Māori and Pasifika

Repatriated paediatric surgery from Wellington

Saving whānau a three-day trip out of region (with associated time off work and travel) for paediatric day procedures that can be undertaken in Hawke's Bay

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Celebrating Board's successes

HAWKE'S BAY District Health Board
Whakawāteatia

Invested growth funding in growth initiatives to manage demand and improve quality of care	More than doubling the capacity in Hoki ki te Kainga (Early Supported Discharge) Transformed the DHB Sleep Service Implemented a system-wide Complex Wounds Service Recruited additional consultant physicians
Integrated nursing model for Wairoa and introduction of Health Pathways in primary care	**Nursing model** builds clinical capacity in rural communities and across providers. Taking services into the community and closer to whānau. **Health Pathways** supports national consistency, and provides communication tool for referral pathways and clear criteria for access.
Improvements in Mental Health and Addictions services	Improving early intervention and crisis response means we will see a reduction in Emergency Department (ED) presentations and hospitalisations. Evidence indicates that by increasing the access to culturally safe acute and crisis care will have a significant impact on addressing inequities.

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Celebrating Board's successes

HAWKE'S BAY District Health Board
Whakawāteatia

Approved implementation of Safety1st	Provides a platform for reporting and responding to patient related events, feedback and complaints. Supports teams to manage important aspects of quality, patient safety and risk management as part of ongoing quality improvement.
COVID response with successful work with communities (via Community Hubs) and across agencies	Collective response has been critical to the success of the COVID response. The clinical outreach model demonstrates how this could be achieved in other areas.
Equity framework and process developed	Equity Framework and process specifically for Hawke's Bay DHB to support identifying health equity issues (using data and what whānau tell us) and co-design of solutions that leads to equity focused solutions and monitoring.

HE KAUANUANU RESPECT
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Priorities to hand-over – Equity investments

HAWKE'S BAY District Health Board Whakawāteatia

- Pacific Health Village ($503,200 pa)
- Tiaki Ora Tiaki Whānau – Māori Suicide Prevention ($227,240 pa)
- He Kai Oranga - Community Nutritional Wellbeing ($536,345 pa)
- Open Access Community Hubs ($4,017,084 pa)
- He Oranga Motuhake – Whānau Voice and Community Wellbeing ($2,150,020 pa)

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
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TAUWHIRO CARE

Priorities to hand-over – People & Performance

HAWKE'S BAY District Health Board Whakawāteatia

	More about it	*Why it is important*
Approach to Enterprise Risk	A new and comprehensive enterprise risk framework has been developed. It can be scaled for Health New Zealand.	Provides the foundation for prioritising investments cognisant of benefits across multiple risk domains. Particularly useful for infrastructure planning.
Approach to Infrastructure Governance	DHB has established management-level governance functions and associated documentation to support better oversight of capital projects over $1 million.	Provides a framework that can be utilised regionally to ensure consistency in approach and management of scope, time, risk and quality across capital projects.
Care for our people that is values driven	DHB's four values drive the culture that our teams work within. We respect and care for our people, we work in partnership to drive improvement in health outcomes.	Our people are our greatest asset. How they feel about where they work is crucial to achieving continuity during this time of significant change. Our values also guide how we work across the system with patients, whānau and communities.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
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TAUWHIRO CARE

Priorities to hand-over – Commissioning

HAWKE'S BAY District Health Board
Whakawāteatia

	More about it	*Why its important*
Kahu Taurimu – Maternity and the early years Implement recommendations from Hau to Kura, nurturing our treasures.	Hau te Kura is a kaupapa associated with the cultural responsiveness and safety of maternity services within Hawke's Bay.	Improving the experience of whānau so that every child is born in a safe and caring environment, and where Māori whānau feel respected, listened to, cared for and supported with their pēpi.
Oranga Hinengaro – Mental health and addictions Te Tāwharau - Mental Health Crisis Hub	Integrated service supporting the needs of tangata whai ora that address the determinants of health and wellbeing.	Improving early intervention and crisis response will see a reduction in Emergency Department (ED) presentations and hospitalisations. It will also provide an alternative first point of contact for whai ora away from ED and Police.
Rangatahi Support redesigned rangatahi service to deliver	Hawke's Bay rangatahi have designed the service model that works for them. The contract with the coalition of providers will be executed in June 2022 and ongoing support is required.	Extended access for rangatahi to 24 years, and access for all rangatahi regardless of their ethnicity or enrolment status. This service will make it easier for rangatahi and their whānau to engage.
Insights and intelligence Empowering communities and localities to make decisions	Collect and make publicly available timely information to communities and localities on outcomes and wellbeing with a focus on equities.	An insights and intelligence agenda contributes to achieving Pae Ora in partnership with Māori and communities through empowered communities informing commissioning decisions.
Oranga kaumātua – ageing well Support commissioning changes to model of care including rural model for Wairoa	Model of care changes designed with whānau and communities that addresses the underlying causes of inequities and reduce pressure on the system.	Pakeke are supported to remain independent, receiving the most appropriate care when they need it, and continue to be able to contribute to society.

Priorities to hand-over – Infrastructure

HAWKE'S BAY District Health Board Whakawāteatia

	More about it	*Why its important*
Linac and medical oncology project	Extended scope to now include medical oncology in a new site location.	Fit for purpose medical oncology (to meet increasing demand) and ability to provide radiation therapy treatment close to home is one factor that contribute to addressing inequity in service access.
Radiology refurbishment project	Rescope of the project completed following seismic and buildability findings. Requires momentum and support to enable the benefits to be realised ahead of loss of IANZ or critical clinical equipment.	Address IANZ non-conformities and provides a location for replacement MRI (ordered) and second CT scanner.
Surgical services expansion project	Mid-way through construction of project to increase theatre capacity to eight (gap of 2,721 theatre hours in 2019/20).	Efficient delivery of additional theatre capacity and capability to close the gap and meet population need alongside improve patient flow through the perioperative process and improve staff accommodation.
Cardiology project	Development of hybrid cath lab alongside service improvements to address disparities in cardiac outcomes.	Stabilising cardiology service and supporting workforce recruitment for the delivery of modern standard of care.
General surgery project	Relocation of general surgery outpatients to enable Cardiology project to proceed and to provide general surgery with a more appropriate outpatient facility.	Additional clinic room, and larger clinic spaces to enable patients and whānau to be present at appointments.
Hospital redevelopment programme	Continue momentum in workstreams aligned with the Health Infrastructure Unit's project delivery framework for phase 0.	Inputs for an indicative business case for a redeveloped hospital that provides a fit for purpose facility acknowledging the once in a generation opportunity to reflect Te Ao Māori in service delivery and facility design.

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	Emma Foster, Executive Director, Planning, Funding and Performance
Date	24 May 2022

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

Consumer Council met on Thursday 5 May 2022. An overview of matters discussed follows.

1. Update on the Health Reforms – Emma Foster

Emma Foster, Executive Director Planning Funding & Performance provided an update on progress with the health reforms. The update was based on content from a recent presentation from interim Health New Zealand and interim Māori Health Authority CEOs on the high-level operating model for the health system. Emma also noted the success of the Wairoa community for their outstanding mahi in becoming one of the nine locality prototypes.

2. Update on the Consumer and Whānau engagement – Karyn Bousfield-Black & Susan Barnes

Karyn Bousfield-Black, Director of Nursing and Executive Director Patient Safety & Quality, and Susan Barnes Patient Safety & Quality Manager gave an update on the:

- Reset of Clinical Council
- Intentions for Whānau voice
- Alignment of Consumer Council with Clinical Council.

The recent reset of Clinical Council provides the framework for the reset of Consumer Council. Consumer Council will be the responsibility of Patient Safety and Quality from 1 July 2022 and focused on hospital and specialist services. Whānau voice remains an integral function across the wider system, and activity is underway nationally on whānau voice within hospital and specialist services as part of the role of the national Quality Managers (led by Health Quality & Safety Commission), and as part of commissioning for both the Māori Health Authority and Health New Zealand. The June 2022 meeting of Consumer Council will be its last meeting in its current form and will focus on poroporoaki. Once Consumer Council reset has been completed, a process to identify members will be led by Patient Safety and Quality team.

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:	May 2022
Consideration:	For information

RECOMMENDATION

That the HBDHB Board

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

The Pacific Population Board (PPB) met on 9 May 2022. An overview of the items discussed and/or agreed at the meeting is provided below.

HAWKE'S BAY DHB QUARTER 2 21/22 - HEALTH SYSTEM PERFORMANCE DASHBOARD

Planning Funding & Performance spoke to the above dashboard with a strong focus on red performance indicators. This is a 'proof of concept' report that illustrates where Hawke's Bay DHB ranks across all DHBs across five priority areas being;

- First 1000 days
- Mental Health & Addictions
- Long Term Conditions
- Fail & Older People
- A Responsive Health System

Members commented this was a well-informed report and was beneficial to compare where Pacific sat alongside other DHBs. The members requested that this report become a standing item.

PACIFIC HEALTH REPORT

Members took the report as read, noting some key highlights:

- May and June will be extremely busy with COVID and Flu Immunisation community events
- Community engagement around mental health and addictions roadmap with PriceWaterhouseCoopers supporting the process to implementation phase
- Localities team – locality prototype for Pacific which requires engagement

The HB Pacifica Trust has organised a community event on 18 June that presented the Pacific Health team the opportunity to engage and share health promotion and resources, along with clinical support for COVID and influenza.

WORKFORCE UPDATE

Members are pleased with the Pacific workforce achievements against targets. Members are encouraged by the opportunities being created to upskill Pacific unregulated workforce as vaccinators and to also strengthen the pathway to transition internationally trained nurses, based locally, into the health workforce.

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

12

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

13. Confirmation of Previous Minutes (Public Excluded)
14. Matters Arising – Review of Actions (Public Excluded)
15. Chair's Report (Public Excluded)
16. Chief Executive Officer's Report (Public Excluded)
17. Ki Tua o te Pai – Nursing Strategy Aotearoa (Public Excluded)
18. Board Champions' Safety and Wellbeing Report (Public Excluded)
19. Finance, Risk and Audit Committee Resolutions for Board Approval (Public Excluded)
20. Board Approval of Actions Exceeding Limits Delegated by CEO (Public Excluded)
21. 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).