BOARD MEETING

Date: Wednesday 31 July 2019

Time: 1:30pm

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

Members:
Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Barbara Arnott
Peter Dunkerley
Dr Helen Francis (via videoconferencing)
Diana Kirton
Jacoby Poulain
Heather Skipworth
Ana Apatu

Apologies: Hine Flood

In Attendance:
Kevin Snee, Chief Executive Officer
Executive Management Team members
John Gommans and Jules Arthur, Co-Chairs of Clinical Council
Rachel Ritchie, Chair HB Health Consumer Council
Members of the public and media

Minute Taker: Jacqui Sanders-Jones, Board Administrator

Public Agenda

Item	Section 1: Routine	Ref #	Time (pm)
1.	Welcome and Apologies		1:30
2.	Interests Register		
3.	Minutes of Previous Meeting 26 June 2019		
4.	Matters Arising - Review of Actions		
5.	Board Workplan		
6.	Chair's Report (verbal) 6.1 Letter of Expectations for district health boards and subsidiary entities for 2019/20		
7.	Chief Executive Officer's Report – Kevin Snee		

8.	Financial Performance Report – Carriann Hall, ED Financial Services		
9.	Board Health & Safety Champion's Update (verbal) - Board Safety Champion		
	Section 2: Governance / Committee Reports		
10.	10.0 Te Pitau Health Alliance HB Update – Ana Apatu/Hine Flood 10.1 Te Pitau 'New Member' paper– Ken Foote		2:00
11.	Māori Relationship Board report– Chair, Heather Skipworth		2:10
12.	HB Health Consumer Council report– Chair, Rachel Ritchie		2:20
13.	HB Clinical Council report– Co-Chairs, John Gommans & Julie Arthur		2:30
	Section 3: For Decision		
14.	Community Representatives on Te Matau a Maui Health Trust – Ken Foote		2:35
15.	15.0 NZ Health Partnership recommendation – Ken Foote/ Carriann Hall 15.1 NZ HealthPartnerships statement of performance 2019/20		2.40
16.	Annual Plan Part A approval – Chris Ash/Kate Rawstron		2.50
	Section 4: For Information & Discussion		
17.	Te Ara Whakawaiora 'Cultural Responsiveness' – Andy Phillips, Kate Coley & Patrick le Geyt		2:55
18.	**Section 5: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000		

Public Excluded Agenda

Item	Section 6: Routine	Ref #	Time (pm)
19.	Minutes of Previous Meeting 26 June 2019 (public excluded) 19.1 Appointment of Acting CEO Resolution by Email		3.05
20.	Matters Arising (public excluded) – Review of Actions 20.1 Letter to Deputy Director General addressing 2019/20 Financial Plan		-
21.	Board Approval of Actions exceeding limits delegated by CEO		-
22.	Chair's Update (verbal)		
23.	HB Clinical Council report (public excluded)		3:15
	Section 7: For Information/Decision		
24.	Finance Risk and Audit Committee – Chair, Dan Druzianic		3.25
	Meeting concludes: **CEO Farewell Drinks & Canapès at St George's Restauarant, Havelock North**		**4pm**

The next HBDHB Board Meeting will be held at
1.30pm on Wednesday 28 August 2019

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 26 June 2019

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Kevin Atkinson (Chair)	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussion in relation to the Trust	The Chair of FRAC	Mar-11
	Active	Board Member of NZ Health Partnership Limited, *effective from 20 March 2017*	Lead, supported and owned by the 20 DHBs, NZ Health Partnerships creates efficiencies in the health sector that allow more to be spent on frontline services.	Will not take part in any decisions in relation to NZ Health Partnerships Limited where specific legal or fiduciary conflict identified.	The Chair of FRAC	22.02.17
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair of FRAC	26.10.17
Ngahiwi Tomoana (Deputy Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The Chair	01.05.08
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The Chair	28.03.18
	Active	Iwi Chairs involved with Treaty of Waitangi Health Claim #2575	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The Chair	19.12.18
Barbara Arnott	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	26.10.17
Dr Helen Francis	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.11
	Active	HB Medical Research Foundation	Trustee	Declare this interest prior to any discussion in relation to the Foundation, and an appropirate mitigation action is decided on.	The Chair	20.08.14
	Active	Senior Advisor Primary Care	Health system improvement & innovation, Ministry of Health	Declare interest as and when required	The Chair	13.03.19

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Diana Kirton	Active	Brother, John Fleischl, is a Senior Medical Officer (surgeon) employed by HBDHB.	Perceived Conflict of Interest. Non-Pecuniary interest.	Will not take part in any decisions in relation to surgical services provided by or contracted by HBDHB. All employment matters in relation to John Fleischl are the responsibility of the CEO	The Chair	18.02.09
	Active	Employee of Eastern Institute of Technology (EIT), Practicum Manager, School Health and Sports Science from 3 Feb 2014	Non-pecuniary interest: Organises student practicum placements with some HBDHB funded health providers.	Declare this prior to any discussion in relation to EIT in the area of interest, and an appropirate mitigation action is decided on.	The Chair	16.01.14
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.14
	Active	RENEW Counselling Services	Counsellor	No conflict perceived	The Chair	17.07.17
Dan Druzianic	Active	Director of Markhams Hawke's Bay Limited	Potential Conflict of Interest. Some clients may from time to time be employed by or have contracts with HBDHB	Declare an interest at any time an issue arises concerning a client, and take no further part in any decision or discussion on this matter.	The Chair	7.12.10
Jacoby Poulain	Active	Board Member of Eastern Institute of Technology (EIT)	Perceived conflict - HBDHB has a Memorandum of Understanding (MOU) with EIT relating to training and development in health related occupations.	Will not take part in any decisions or discussions in relation to the MOU between HBDHB and EIT	The Chair	14.1.14
	Active	Councillor Hastings District Council	Potential conflict as potential advocate for Hastings District population whereas HBDHB coveres whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Hastings and Chair decides on appropriate mitigation action.	The Chair	14.1.14
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	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	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	Trustee of Hawke's Bay Helicopter Rescue Trust	Actual conflict of interest. The Trust provides helicopter patient transfer services to HBDHB	Will not take part in any decision or discussion in relation to any contract or financial arrangement between HBHRT and HBDHB	The Chair	15.05.14
	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
	Active	Shareholder of NZ Technologies	Technology and innovative support for businesses to grow	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of Wharariki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	PCDP 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
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	14.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	14.02.17

MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 26 JUNE 2019, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.30PM

PUBLIC

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (Deputy Chair)
Dan Druzianic
Dr Helen Francis (via teleconference until 3pm)
Peter Dunkerley
Diana Kirton
Barbara Arnott
Heather Skipworth
Ana Apatu
Hine Flood

Apology Jacoby Poulain

In Attendance: Kevin Snee (Chief Executive Officer)
Members of the Executive Management Team
Drs Gommans and Phillips (as co-Chairs, HB Clinical Council)
Rachel Ritchie (Chair, HB Health Consumer Council)
Jacqui Sanders-Jones (Board Administrator)
Members of the public and media

2. INTEREST REGISTER

No changes to the interests register were advised

No board member advised of any interest in the items on the Agenda, with the following exception:

He Ngākau Aotea – interest declared from Ngahiwi Tomoana

3. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on Wednesday 29 May 2019, were confirmed as a correct record of the meeting.

Moved: Ana Apatu
Seconded: Hine Flood
Carried

4. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: **Consumer Experience Facilitators –** included in FRAC's Clinical Quality & Safety report for June. Complete.

Item 2: **Person & Whanau Centred Care –** included in June agenda. Complete.

Item 3: **State Services Commission Letter on 'Speaking up' –** moved to July.

Item 4: **MRB Recommendations –** included in June agenda. Complete.

Item 5: **Three Waters Discussion –** ongoing as awaiting final recommendation from the Three Waters project team.

Item 6: **Comms team to provide good news story on retirees –** interview with Cathy long, retired staff members after serving 41 years with HBDBH was published on HBDBH social media site in early June. Complete.

Item 7: **Tò Waha Charitable Trust –** for July actions.

Carried from Public Excluded Matters Arising:

Item 8: **Fluoridation of Water Supply** – Nick Jones confirmed that HBDHB have made enquiry with Hastings District Council as to their plan to reintroduce fluoride into the water system once update of water treatment sites are complete. Hastings DC have reported that due to the dilation of water through the new filter processes, the fluoride which is added will have little impact. Nick Jones and team will provide further update at next board meeting. To remain on Public Matters Arising.

5. BOARD WORK PLAN

The Board Work Plan was noted

6. CHAIR'S REPORT

- The Chair advised 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
Kathleen (Kathy) Leach	Receptionist - Inpatient	Operations Directorate	20	28-Jun-19
Andrea Hannah	Developmental Psychologist	Communities Women & Children	10	23-May-19
Phyllis Brownlie	Registered Nurse	Communities Women & Children	26	18-May-19

Chair shared correspondence received:

- Letter received from Minister of Health 25 June 2019, advising that HBDHB will be provided with a cash Equity Injection of $10.3million and confirmed this has been received. There are conditions attached to this additional funding;

    - Board to assure itself that any increase to the DHB's cost base are only approved where unavoidable, in respect of:

        - Recruitment to new positions
        - Increases in contracts for community providers; and
        - Approval of capital expenditure plans

    Delegations will be amended to reflect minsters requirements and brought to FRAC.

- HBDHB Funding Advice for 2019/20 received from the Ministry of Health (MoH). The budget for 19/20 has provided an additional $695million for District Health Boards in 19/20, which consists of:

- $116m for the NZNO nurses, PSA Nurses & PSA Allied Multi Employment Collective Agreements.
- $569m for demographic, wage and cost pressures
- $10m to support an increase in the Combined Pharmaceutical Budget.

In addition to the $695m being provided to the DHBs, a further appropriation of $23.7m has been allocated in Budget 2019 to support initiatives focussed on building clinical, operational and financial DHB sustainability. This funding has not been appropriated to individual DHBs at this stage.

Chair noted from DHB net results for the period ending 31 March 2019 (Q3), that 16 of 20 DHBs showed deficit variance to plan, and 17 of 20 DHBs predicting a full year structural deficit.

- Letter received 29 May 2019 in regard to repayment of funding for additional costs related to property revaluations. Hawke's Bay DHB received $357,252 funding for the additional costs of depreciation, however it is noted that this will be repaid back to MoH as per agreement made earlier in the year.
- Chair confirmed that Board members had all received a copy of his letter to SMOs following their recent meeting and felt conversations were moving forward positively.
- Letter received from Kerryn Lum on behalf of Hawke's Bay GPs requesting a meeting with Board members concerning the impact of waiting lists on their GP services. This is being taken forward with a meeting being set up.

7. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO provided an overview of his report with comments noted in addition to the report including:

- Further industrial action has caused disruption and will have impact on delivery of electives and finances.
- Performance targets and patient flow through the hospital are being impacted from issues with access to elective surgery and ED waiting times. Measures are in place to address patient flow through the winter period, alongside some management changes occurring.
- 'Faster Cancer Treatment' was noted with a fall in figures this month,
- Members noted a fall in 'Raising Healthy Kids' figures.
  ACTION: CEO to investigate fall in Raising Healthy Kids figures and report back to Board in July.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

8. FINANCIAL PERFORMANCE REPORT

Carriann Hall (ED of Financial Services) spoke to the Financial Report for May 2019 which showed $1.8m unfavourable to plan, taking the year-to-date (YTD) result to $5.8m adverse to plan. The forecast has been updated to a $14.6m deficit, which includes the $2.6m impairment of Health Finance, Procurement and Information Management system (FPIM).

Key drivers for results this month included acute demand in hospital and the impact of industrial action. There is currently no provision of the Holidays Act; this will require further work with TAS and auditors.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

9. HEALTH & SAFETY BOARD CHAMPION'S UPDATE

No update for June

9.1 Health & Safety Action Register

Item 1: Storage – Investigate provision of appropriate storage for patients/families and ward resources with Facilities.
ICU are engaged with Facilities and the Health & Safety Advisor and are working through where improvements are possible. This issue has been incorporated into the Facilities Management Governance Group to be addressed.

REPORT FROM COMMITTEE CHAIRS

10. TE PĪTAU HEALTH ALLIANCE (HAWKE'S BAY)

Ana Apatu as member of the Te Pìtau Health Alliance spoke on matters discussed at their meeting held Wednesday 12 June 2019.

No internal communications plan developed as yet for the Te Pìtau group, however Bernard Te Paa, Executive Director of Health Improvement and Equity confirmed that a Communications Advisor will be starting in the next few weeks and part of their role will be to specifically support Te Pìtau Alliance Group.

Several resolutions were carried at the meeting, including:

- Mental Health redesign to extend scope to consider whole continuum of care
- Rangatahi Services redesign of delivery
- Service Levels Measures Improvement Plan 2019/20 sign off

Recommendation

That the HBDHB Board:

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

Adopted

11. MĀORI RELATIONSHIP BOARD (MRB)

Heather Skipworth as Chair of MRB spoke to the meeting held Wednesday 12 June 2019 where feedback was noted in regards to the Annual Plan and the HB Health Strategy.

Further to two MRB workshops held in April discussing gaps and opportunities for improving equity for Maori across HBDHB, the following recommendations were developed and agreed by MRB:

1. **Support** the six equity recommendations developed by MRB for adoption:

    1. Re-allocate and commit resources (existing and new) to address equity for Māori as an inherent right under the Treaty of Waitangi
    2. Development and application of equity planning, implementation, and monitoring tools
    3. Measures for cultural competency of workforce and workforce development (recruitment/retention)
    4. Demonstrated applications by HBDHB to address social determinants of inequity
    5. Development of whānau focused approaches for gathering, identifying, and being accountable to whānau aspirations for health and well-being
    6. Transition to Hauora Māori models of care

2. **Support** appropriate resource (such Health Economist expertise) to be identified and engaged to support the finalisation of the He Ngākau Aotea paper.

3. **Support** Ngāti Kahungunu be engaged and resourced to define what Equity is for Maori

These recommendations were noted for further discussion / consideration under:

- Item 15 Moving Equity Forward
- Item 18 He Ngakau Aotea

12. HAWKE'S BAY HEALTH CONSUMER COUNCIL

Rachel Ritchie, Chair of Consumer Council advised of their meeting held on Thursday 13 June 2019:

Two founding members have completed six years of services; Jenny Peters & Olive Tanielu. Pleased to announce two new members to Consumer Council; Daisy Hill (Hastings Youth council representative) and Tumema Faioso.

Other discussions included:

- Receiving an increase in reports from consumers who are members of other steering groups, which shows positive growth of consumer voice in Health.
- HB Health Strategy – Consumer Council felt happy with direction of travel and the six system goals.
- Consumer Council are fully supportive of Person & Whanau Centred Care paper.
- '1737' mental health support line issue raised, in that there is seemingly no timely response to calls and texts being made to this service. This is being addressed through management of HBDHB.

RECOMMENDATION

That the **HBDHB Board:**

1. **Note** the content of the report.

Adopted

13. HAWKE'S BAY CLINICAL COUNCIL

Co-Chair, John Gommans spoke to the report from the Council's meeting held on Wednesday 12 June 2019:

Clinical council raised concerns for the HB Health Strategy, specifically:

- 'What does success look like' and the need for clear statement on what a safe service and a high quality service looks like,

- Using the words 'fit for purpose workforce' can have connotation around competence, causing confusion between clinical competence and the need for broader skill sets in the workplace.

These comments will be considered in the next draft strategy being brought to committees next month.

Bernard Te Paa, Executive Director of Health Improvement and Equity confirmed that he would be convening a meeting with clinical directors to work through re-drafting of strategy in order to address clinical safety concerns.

Other discussions at Clinical Council meeting included:

- Support for the adoption of Person and Whanau Centred Care as a fundamental part of moving the strategic plan forward.

On behalf of Maternity services staff at HBDHB, Julie Arthur, Director of Midwifery and Co-Chair of Clinical Council, thanked the CEO for his recent direct communication with staff in regards to recent events concerning Oranga Tamariki, and that this communication was well received.

RECOMMENDATION

That the HBDHB Board

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

Adopted.

FOR DECISION

14. Person & Whanau Centred Care (PWCC)

Kate Coley, Executive Director of People & Quality introduced the paper and explained that this piece of work had been the result of resolutions from Board, and meets with the HBDHB strategic objectives and with consumer expectations.

There are currently only two FTE funded to work with services across the system on consumer engagement, which was felt not to be enough to carry the momentum required for such transformational change. Resolutions to further resource, develop training and raise awareness of PWCC which will also address equity issues for Maori and Pasifika communities, have been supported by Clinical and Consumer Councils.

Note: pg.63 diagram of programme structure should include Màori Relationship Board.

In addition discussions included:

- Members questioned the reliance of success of PWCC on two new persons to enact transformational change (especially in this financial climate)
  Work will continue on PWCC if these two new positions aren't filled, however this will directly impact on the momentum of implementation and progress of changing the culture of the organisation. In order for meaningful change to impact on people's health it needs to be correctly actioned or it will not be embedded.
- Discussion followed as to whether the two positons could be used with a wider focus of care than just PWCC and could potentially be the link to the services which whanau need and assist in navigating pathways for whanau.
- Suggestion that this paper and PWCC needs to be more integrated with relevant components of He Ngakau Aotea
- Members request to take into account the rising change in demographic of Hawkes Bay.
- Kate Coley and the existing PWCC Working Group to review the paper and the two FTE roles proposed, (taking into account the above comments) and return to Board in a few months' time. **ACTION: Kate to update Board next month as to progress and present revised paper in August 2019**

15. Moving Equity Forward

Bernard Te Paa, Executive Director of Health Improvement and Equity explained that further to two MRB workshops held in April and robust Pasifika Health Leadership Group discussion, six recommendations were developed and agreed on in regards to the approach of HDBHB supporting Equity for Maori. These recommendations hold strong alignment with the equity framework.
The Chair acknowledged the large amount of work that went into the development of these recommendations and noted that delegations would have to be considered within these recommendations.

RECOMMENDATION

That the **HBDHB Board:**

Agree on the six equity recommendations:
1. Re-allocate and commit resources (existing and new) to address equity for Māori as an inherent right under the Treaty of Waitangi
2. Development and application of equity planning, implementation, and monitoring tools
3. Measures for cultural competency of workforce and workforce development (recruitment/retention)
4. Demonstrated applications by HBDHB to address social determinants of inequity
5. Development of whānau focused approaches for gathering, identifying, and being accountable to whānau
aspirations for health and well-being
6. Transition to Hauora Māori models of care

Adopted.

16. HBDHB ANNUAL PLAN

Carriann Hall, Executive Director of Corporate Services, spoke on behalf of Chris Ash, Executive Director of Primary Care and presented the final draft of HBDHB Annual Plan, which includes $15m deficit, noting that this has not been signed off by the Ministry of Health.
It was agreed to remove the second half of the final sentence on page 20 prior to uploading on the website. To meet legislative compliance it was agreed to upload the Annual Plan to the website by Friday 28 June, understanding that this document can still be subject to change.

RECOMMENDATION

That the HBDHB Board:

1. **Note** the changes made to the 2019/20 Annual Plan since the May Board
2. **Approve** Part B of the Hawke's Bay District Health Board Annual Plan 2019/20 with **signatures** from the Chair and one other Board member

Adopted

FOR DISCUSSION / INFORMATION

17. HB HEALTH STRATEGY & EQUITY FRAMEWORK

Bernard Te Paa, Executive Director of Health Improvement & Equity & Kate Rawstron, Head of Planning and Strategic Projects advised that the draft HB Health Strategy has been through all advisory committees and feedback received, although not yet incorporated into the document. Chair commented that it is important that committees have visibility of amended versions.

New entries from Clinical Council are to be written into the strategy and will be presented back to all committees next month (July).

Equity Framework – it was confirmed that the strategy team are ensuring that there is alignment between this work and He Ngākau Aotea

The HB Health Strategy is expected to be finalised in August 2019.

18. HE NGAKAU AOTEA

Bernard Te Paa, Executive Director of Health Improvement and Equity spoke to the paper, advising the following additions:

- He Ngākau Aotea has resulted from programme of work seen at South Central Foundation and provides a clear perspective on how services are delivered in order to achieve improved outcomes
- There is active partnership across the region between HBDHB and Ngati Kahungunu using the Treaty of Waitangi as a framework.
- Cultural aspect is imperative to this documents development and application.
- 'Priorities and impacts' outlined in achieving this new approach to equity.
- Maori leadership is addressed with impacts and short term actions required to move towards health equity

Board members felt there was more work to be done in working this model into the HB Health Strategy.

It was noted that we now have the opportunity to use our clinical and cultural resources in Hawkes Bay to lead the practice of a higher strategy in a combined He Ngākau Aotea and Person & Whanau Centred Care model which will be world leading in the care of our whānau.

Recommendations from MRB were then discussed:

- **Support** appropriate resource, such as Health Economist expertise, which will assist in identifying quantum required for achieving health equity.
- **Support** Ngāti Kahungunu to be engaged and resourced to define what Equity is for Maori, enabling accessing of information and manpower.

It was envisaged that these recommendations are resourced through reallocation of current funds and Primary Care are already looking at options available.

ACTION: Bernard Te Paa to work with Management Accountants to see how to access some of the recent Equity cash injection towards funding of these recommendations.

Regular updates requested by Chair as to costs and progress. - Add to Workplan August

RECOMMENDATION

It is recommended that the HBDHB Board:

1. **Receive** the He Ngākau Aotea paper for information and discussion.
2. **Support** appropriate resource (such as Health Economist expertise) to be identified and engaged to support the finalisation of the He Ngākau Aotea paper.
3. **Support** Ngāti Kahungunu to be engaged and resourced to define what Equity is for Maori

Adopted

19. DHB ELECTIONS 2019 UPDATE

Ken Foote, Company Secretary presented Board a reminder of policy and protocols for the 2019 elections. All information is available on HBDHB website, prior to nominations being open. Candidate information sessions being held on 17 & 18 July.
Noted that current board will not be involved in decision making on new CEO for HBDHB.

RECOMMENDATION

That the HBDHB Board:
Notes the contents of this report

Adopted

20. MENTAL HEALTH ZERO SECLUSION

Robbie Walker, Kaitakawaenga Mental Health Consumer Advisor for Mental Health & Addictions introduced the work they had been doing on reducing the number of Maori patients who are secluded on admission. This process starts at the front door of ED with an understanding of behaviours, and they are working to ensure all their staff are trained through the Engaging Effectively with Maori course.

Their korero highlighted the importance and successful impact of working closely with patients and whanau safely to reduce seclusion options.

Nicky Prendeville, Mental Health Nurse is stationed at Hastings Police Station and triages patients at the station upon presentation and assists in ensuring Tikanga Maori is observed. Police have responded positively to her presence and feel well supported. This model is going to be rolled out nation-wide as other DHBs recognise its success.

The overall result is that seclusion rate % are downward trending, alongside a positive shift in the attitude of clinicians. The goal is about changing the way we are supporting our patients and ensuring effective communication with them and their whanau. Kaitakawaenga is recommended in order to drive forward a successful health system.

Board expressed thanks and congratulations on the continuing success of this work.

ACTION: Mental Health directorate to bring back report on seclusion and assaults on staff to monitor progress of this work.

GENERAL BUSINESS

There being no further discussion, the Chair accepted a motion to move into Public Excluded

21. RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the HBDHB Board

Exclude the public from the following items:

22. Confirmation of Minutes of Board Meeting 29 May 2019 - Public Excluded
23. Matters Arising from the Minutes of Board Meeting - Public Excluded
24. Board Approval of Actions exceeding limits delegated by CEO
25. Chair's Update
26. HB Clinical Council Report (public excluded)
27. Màori Relationship Board report (public excluded)
28. Finance Risk and Audit Committee

Moved: **Diane Kirton**
Seconded: **Ana Apatu**
Carried

The public section of the Board Meeting closed 3.30pm

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	24/04/19	**State Services Commission letter on 'Speaking Up – Model of Standards'** CEO to obtain feedback from EMT and report to Board	CEO	July 2019	Update to be provided in People, Safety & Wellbeing report for August FRAC
2	24/04/19	**Three Waters discussion** As a stakeholder in this project, HBDHB is providing feedback from Nick Jones on the 'preferred option recommendations' **once received from the Three Waters project team.**	Nick Jones	Tbc	Awaiting final recommendation from Three Waters project team
3	29/05/19	**Fluoridation of Water Supply** Nick Jones, Clinicial Director for Public Health, to provide an update on reintroduction of fluoride – working with Hastings District Council.	Nick Jones	July 2019	Drinking Water Manager of Hastings DC to provide data to Nick Jones. (Data not available at time of Board papers release) They will be advising how many people and where would receive an adequate level of Fluoride if they were to add Fluoride to water at the Wilson road bore in Flaxmere, noting there will be a difference in the numbers between summer and winter.
4	29/05/19	**Tò Waha Charitable Trust** Further investigate the set up and benefits of establishment of Tò Waha as a Charitable Trust	Patrick le Geyt	July 2019	To be considered as part of a wider discussion on Charitable Trust relationships

Action	Date Entered	Action to be Taken	By Whom	Month	Status
5	26/06/19	**Raising Healthy Kids** Report on fall in Raising Healthy Kids figures	CEO	July 2019	Included in CEO's Board report
6	26/06/19	**Person & Whanau Centred Care** • Review the report and proposed new 2 x FTE roles as to how they can be developed to more widely link with He Ngakau Aotea. • Report on progress	Kate Coley	August 2019	
7	26/06/19	**He Ngakau Aotea** • Work with management accountants to see how to access some of the recent Equity cash injection towards funding some of the recommendations • Regular updates requested as to costs and progress	Bernard Te Paa	August & September 2019	Workplan for updates in August & September
8	26/06/19	**Mental Health Zero Seclusion** Report on seclusion rates and assaults on staff	John Burns	September	Workplan for September

GOVERNANCE WORKPLAN PAPERS

18-Jul-19

BOARD MEETING 31 July 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Finance Report (Jun)		Carriann Hall	Chris	16-Jul-19				31-Jul-19	31-Jul-19
Te Ara Whakawaiora -Cultural Responsiveness (inc did not attend, cultural competent workforce)		Andy Phillips	Jacqui Mabin	2-Jul-19	10-Jul-19				31-Jul-19
NZ Health Partnership - SPE focus		Carriann Hall						31-Jul-19	31-Jul-19
BOARD MEETING 28 AUGUST 2019	**Emailed**	**EMT Member**	**Lead/Author**	**EMT Meeting Date**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
Alcohol Harm Reduction Strategy (6 monthly update) Feb **- Aug**		Bernard TePaa	Rachel Eyre	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Annual Plan 2019/20		Chris Ash	Robyn Richardson	6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Finance Report(July)		Carriann Hall	Chris	20-Aug-19				28-Aug-19	28-Aug-19
HB Health Awards - preparation for judging **2019**-2020	E	Kevin Snee	Anna Kirk	30-Jul-19		14-Aug-19	15-Aug-19		28-Aug-19
HBDHB Non-Financial Performance Framework Dashboard Q4 - **EMT/Board**	E	Chris Ash	Peter MacKenzie	20-Aug-19					28-Aug-19
HBDHB Performance Framework Exceptions Q4 Feb19 /May/**Aug**/Nov (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	13-Aug-19	14-Aug-19				28-Aug-19
HB Health Strategy - APPROVAL		Chris Ash	Kate Rawstron	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Transform and Sustain Final report cycle		Chris Ash	Kate Rawstron	20-Aug-19				28-Aug-19	28-Aug-19
BOARD MEETING 25 SEPTEMBER 2019	**Emailed**	**EMT Member**	**Lead/Author**	**EMT Meeting Date**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
Finance Report (Aug)		Carriann Hall	Chris	17-Sep-19				25-Sep-19	25-Sep-19
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	E	Bernard TePaa	Shari Tidswell	27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	E	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Zero Seclusion & Staff Assaults MH Report		John Burns	David Warrington/Peta Rowden	24-Sep-19					25-Sep-19
BOARD MEETING 30 OCTOBER 2019	**Emailed**	**EMT Member**	**Lead/Author**	**EMT Meeting Date**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
Finance Report (Sept)		Carriann Hall	Chris	15-Oct-19				30-Oct-19	30-Oct-19
Shareholder representatives for Allied Laundry and TAS meetings each year		Ken Foote		15-Oct-19					30-Oct-19
Te Ara Whakawaiora - Access Rates 45 -64 years (local indicators) ADULT HEALTH		Chris Ash	Kate Rawstron	1-Oct-19	10-Oct-19				30-Oct-19
BOARD MEETING 27 NOVEMBER 2019	**Emailed**	**EMT Member**	**Lead/Author**	**EMT Meeting Date**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
Finance Report (Oct)		Carriann Hall	Chris	19-Nov-19				27-Nov-19	27-Nov-19
HBDHB Non-Financial Performance Framework Dashboard Q1 - **EMT/Board**	E	Chris Ash	Peter MacKenzie	19-Nov-19					27-Nov-19
HBDHB Performance Framework Exceptions Q1 Feb19 /May/Aug/**Nov** (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	12-Nov-19	13-Nov-19				27-Nov-19
BOARD MEETING 18 DECEMBER 2019	**Emailed**	**EMT Member**	**Lead/Author**	**EMT Meeting Date**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**F R A C Meeting date**	**BOARD Meeting date**
Finance Report (Nov)		Carriann Hall	Chris	10-Dec-19				18-Dec-19	18-Dec-19
VIP/Family Harm report		Bernard Te Paa	Patrick le Geyt	3-Dec-19	11-Dec-19				18-Dec-19

CHAIR'S REPORT

Verbal

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

Mr Kevin Atkinson
Hawke's Bay District Health Board
Private Bag 9014
Hastings 4156

12 JUL 2019

kevin.atkinson@penkev.co.nz

Tēnā koe Kevin

UPDATE: Letter of Expectations for district health boards and subsidiary entities for 2019/20

This letter sets out an update to the Government's expectations for district health boards (DHBs) and their subsidiary entities for 2019/20. This builds on my December 2018 letter, attached for your reference. I want to emphasise that my strong focus remains on the expectations set out in that letter.

I also want to acknowledge your engagement with the important conversations we have been having on improving financial sustainability and clinical performance.

While I recognise there are a number of challenges, it is my expectation that DHBs ensure their local communities can access high quality sustainable services that deliver equitable outcomes.

Wellbeing Budget

Budget 2019 is about delivering better wellbeing for all New Zealanders and driving intergenerational change. There are five key priorities – taking mental health seriously, improving child poverty, supporting Māori and Pasifika aspirations, building a productive nation, and transforming the economy.

Budget 2019 builds on last year's Vote Health investment. A record $19.871 billion is being invested for 2019/20 to support a stronger, more sustainable health and disability system.

Our Government has signalled a willingness not just to invest, but also to make the fundamental changes needed to deliver long term and sustainable change. Budget initiatives are also based around evidence on what will make the greatest contribution to the long term improvement of living standards and wellbeing.

Monitoring improved performance

High performing DHBs are needed to support the delivery of the Government's priorities. I am concerned about the sector's overall financial position, and some areas of service performance.

As you are aware I have worked with the Ministry of Health (Ministry) to ensure DHB performance is supported through a stronger performance programme. This will help DHBs to be more sustainable, and to improve financial and clinical performance to ensure better and more equitable outcomes for New Zealanders. I have made it clear that you have a responsibility to address the range of performance challenges in partnership with the Ministry.

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Your DHB's performance will be reported to me regularly, and I support the use of data and benchmarking to identify variation as well as opportunities for improvement. This will also support collaboration across DHBs regionally and nationally to make the most of our collective capability. I expect all DHBs to contribute to, and participate in, such work to help ensure the system is safe, equitable, efficient, and maximises the resource use across the whole system.

Fiscal responsibility

I have made my expectations on improving financial performance very clear, and DHBs need to have a plan to return to financial sustainability.

You have been provided with your confirmed budget allocations for 2019/20 and I expect you to be considering ways to contain expenditure, including maximising available capability and resources in the system, tightly managing recruitment and staff leave, and improving consistency of clinical pathways and decision-making.

Continuing to do things in the same way as we are now is not sustainable operationally, clinically or financially. There will be a dedicated focus in 2019/20 on strengthening sustainability planning and establishing an on-going sustainability programme.

You will be aware that Budget 2019 invests an extra $94.7 million over four years to help improve DHB financial sustainability. This new funding will enable DHBs to work more collaboratively across your regions, to share and build on best practice, to implement new service models that transform the way we use workforce and facilities, and to make the best use of the available funding and capacity in your region.

Capital investment

Budget 2019 invests $1.7 billion over two years for capital investment projects, building on last year's investment to restore our hospitals and health facilities. This funding will be prioritised for mental health projects, high growth areas with increased demand, and health facilities that are no longer fit for purpose. I urge that in all investment, environmental sustainability be a significant consideration.

Some business cases for new infrastructure projects are already well advanced and have been indicatively prioritised for consideration. I expect this process to be completed with DHBs being advised of the outcomes in July/August 2019.

The Ministry of Business, Innovation and Employment is developing a new framework which will focus on skills development and training as a requirement of construction projects. New construction procurement guidelines will also be applied across government. I expect you to apply the changes to the procurement of new construction projects.

National Asset Management Plan

In the long term, we need to better map out future infrastructure requirements. This will enable the Government to make more informed decisions, and better prioritise remediation work and plan for new facilities.

I am pleased that you are actively supporting the National Asset Management Plan programme of work. I expect that any requests for information from the project team are responded to in a timely manner.

It is also my expectation that you will update your DHB's Asset Management Plans. These are a requirement of the Ministry, and will assist in the formulation of the capital investment pipeline, and the ongoing work on the National Asset Management Plan.

The Budget also provides some funding to lift capacity and capability within the Ministry, notably to establish a new health infrastructure unit that will provide better support to DHBs.

Update on my priority areas

Improving child wellbeing

As you know, child wellbeing is a key priority for this Government. I expect your annual plans to reflect how you are actively working to improve childhood immunisation coverage and eliminate inequity, especially for Māori.

As I have said in my earlier letter of expectations, I expect you to support the reduction of family violence and sexual violence through addressing abuse as a fundamental healthcare responsibility.

Improving mental wellbeing

Mental health and addiction is a top priority in the Wellbeing Budget with $1.9 billion over four years being invested into a range of mental wellbeing initiatives and mental health and addiction facilities. These strongly align with the Government's response to He Ara Oranga, the report of the independent inquiry into mental health and addiction.

We have a unique opportunity to improve the mental health and wellbeing of all New Zealanders. We need to embed a focus on wellbeing and equity at all points of the system. We also need to focus more on mental health promotion, prevention, identification, and early intervention.

It is my expectation that you will work closely with the Ministry and key partners in your region to help drive this transformation; your leadership is essential.

Improving wellbeing through prevention

Our Government's vision is for a welfare system that ensures people have an adequate income and standard of living, are treated with respect, can live in dignity and are able to participate meaningfully in their communities. DHBs have an important and ongoing role working alongside social sector partners to improve the welfare and health system outcomes for their population.

I have introduced a new priority section in DHB annual plans, given the considerable overlaps between people engaging with the welfare system as well as the health and disability support system. Over half the proportion of working age people receiving a main benefit have a health condition or a disability, or care for someone with a health condition or disability.

Better population health outcomes supported by a strong and equitable public health and disability system

Planned Care

I am confident that the changes to how planned care is planned, funded and monitored will remove the current disincentives to developing better ways of delivering services.

The new planned care approach will enable DHBs to deliver more appropriate, timely, high quality services to support the health and wellbeing of New Zealanders. DHBs will be able to provide care in the most appropriate setting, with the right workforce.

There will also be a greater focus on equity, quality, and people's experience of our services. I expect DHBs to create robust plans for these services and to consistently meet volume, waiting time, and other quality expectations.

Cancer Action Plan

I have asked the Ministry to work with you and other stakeholders to develop a Cancer Action Plan. I expect you to support and drive the development of this important work, and to deliver on the local actions within your Plan.

Health Research Strategy Implementation

Research, evidence and innovation is critical to addressing inequities and in continuously improving the quality and outcomes of services provided.

I am aware that the Ministry is working with DHBs and other government agencies to develop a work programme to implement the Health Research Strategy. I encourage you to continue to work closely with the Ministry to progress this important work.

Workforce

DHBs have a key role in training our health and disability workforce. I expect that all DHBs continue to maintain a strong focus on this area to build capacity and capability, and to implement an equitable approach to funding professional development.

In your current annual plan I expect you to develop a sustainable approach to nursing career pathways, including actions to support equitable funding for professional development for nurse practitioners.

Care Capacity Demand Management

At the end of last year I outlined my expectation that DHBs are to implement Care Capacity Demand Management (CCDM) in line with the process and timetable set out in the 2018-2020 MECA.

I expect to see significant progress on CCDM implementation this year, as well as detailed planning to ensure full implementation by June 2021.

I expect you to confirm that you have met my expectation to include implementing CCDM in the performance expectations of your Chief Executive and that you are updating these expectations to include implementation in midwifery services.

Devolution of the pay equity appropriation

I have supported the devolution of the pay equity appropriation. I expect you to work with the Ministry to ensure a seamless transition of responsibilities.

The Ministry has an ongoing stewardship responsibility to ensure that Care and Support Workers (Pay Equity) Settlement Act obligations are met.

The Government's agenda to improve the health and wellbeing of New Zealanders is significant, as evidenced by the sizable investments being made. I am confident that DHBs will present strong plans to support delivery of our priorities and I am looking forward to seeing progress against both measures and activities during the year.

I have appreciated the willingness shown by DHB teams to focus on equity and outcomes, and have confidence that you will all embrace the direction and implement plans to deliver it.

Thank you for your continued dedication and efforts to provide high quality and equitable health care and outcomes for New Zealanders.

Ngā mihi nui

Hon Dr David Clark
Minister of Health

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

Dear Chair

Letter of Expectations for district health boards and subsidiary entities for 2019/20

This letter sets out the Government's expectations for district health boards (DHBs) and their subsidiary entities for 2019/20.

In early September, the Prime Minister announced a long-term plan to build a modern and fairer New Zealand; one that New Zealanders can be proud of. As part of the plan, our Government commits to improving the wellbeing of all New Zealanders and their families, and ensuring that the economy is growing and working for all.

Our health system has an important role in supporting the Government's goals. To do this we need to be sure that our public health system is: strong and equitable, performing well, and focused on the right things to make all New Zealanders' lives better.

Achieving equity within the New Zealand health system underpins all of my priorities. Māori as a population group experience the poorest health outcomes. As you consider equity within your district, there needs to be an explicit focus on achieving equity for Māori across their life course. Māori-Crown relations is a priority for this Government and I expect your DHB to meet your Treaty of Waitangi obligations as specified in the New Zealand Public Health and Disability Act 2000. I am expecting you to report on progress with how you are meeting these obligations as part of your Annual Plan reporting.

Unmet need also represents a significant barrier to achieving equity in health outcomes for all populations groups across New Zealand. I expect your Annual Plan to contain actions that will enable progress towards achieving equity and to address the key areas of unmet need especially for Pacific peoples and other population groups in your regions with poorer health outcomes.

Our approach

DHB Chairs are directly accountable for their DHB's performance. We expect Boards to be highly engaged and to hold Chief Executives and management to account for improved performance within their DHB, in relation to both equity of access to health services and equity of health outcomes. In addition, I will also be working towards ensuring that Māori membership of DHB Boards is proportional to the Māori population within your district.

Fiscal responsibility
Strong fiscal management is essential to enable delivery of better services and outcomes for New Zealanders. I expect DHBs to live within their means and maintain expenditure growth in line with or lower than funding increases.

My expectation is that DHBs have in place clear processes to ensure appropriate skill mix and FTE growth that supports changes in models of care and use the full range of the available workforce and settings. This is essential for ensuring financial and clinical sustainability of our health system.

A better collective understanding of the demand for services, drivers of deficits and financial risks remains a very significant priority and I expect you to work closely and proactively with the Ministry of Health on these matters. I will continue to meet and speak with you frequently during the year to discuss performance, and I will be looking particularly closely at your ability to deliver in the Government's priority areas, to keep within budget and to manage your cash position.

Strong and equitable public health and disability system

Building infrastructure
My expectation is for timely delivery of Ministers' prioritised business cases. I remind you that capital projects over $10 million are subject to joint Ministers (Minister of Health and Minister of Finance) approval. Business cases will be assessed to ensure that they are in line with the Health Capital Envelope priorities. I also expect you ensure that your agency is aware of the expectation that upcoming construction projects will be used to develop skills and training and that the construction guidelines will be applied for all procurement of new construction from this point onwards. I will be writing to you separately about this with further detail.

National Asset Management Plan
I expect you to support the National Asset Management Plan programme of work. I encourage you to actively interact with the project as, long term, the National Asset Management Plan will formulate the capital investment pipeline, and ensure DHBs' future infrastructure needs are met.

Devolution
I am considering devolution of certain services and expect to be making decisions in the New Year. DHBs will be consulted during the process to ensure the financial and service implications are well understood. Once any decisions have been made, I will expect you to work with the Ministry of Health to ensure a seamless transition of responsibilities.

Workforce
I expect DHBs to develop bargaining strategies that are consistent with the Government Expectations on Employment Relations in the State Sector, and to act collaboratively to ensure that any potential flow-on implications across workforces and/or across DHBs are understood and addressed in the bargaining strategies. A Government priority is raising the wages of the least well-paid workforces, which will require a different approach to the traditional one based on across-the-board percentage increases. I also expect DHBs to implement Care Capacity Demand Management in accordance with the process and timetable set out in the 2018-2020 MECA. I note that the State Services Commissioner has included wording that reflects the commitments in the New Zealand Nurses Organisation Accord in the performance expectations of the Director-General of Health and I ask you to consider including similar wording in the performance expectations of your Chief Executive.

DHBs have an essential role in training our future workforce and I expect you to support training opportunities for the range of workforce groups. As part of this, you should work closely with training bodies such as tertiary education institutes and professional colleges and bodies to ensure that we have a well trained workforce and to support research. I continue to expect DHBs will adhere to the Medical Council's requirement for community-based attachments for PGY1 and PGY2 doctors.

Bowel Screening
The National Bowel Screening programme remains a priority for this Government, and I expect you to develop a sustainable endoscopy workforce, be it medical or nursing, including the strategic support of training positions for both nursing and medical trainees in order to meet growing demand in this area. It is crucial that symptomatic patients are not negatively impacted by screening demand and the Ministry of Health will work closely with you on workforce issues to support this.

Planned Care
I am enabling DHBs to take a refreshed approach to the delivery of elective services under a broader "Planned Care" programme. Timely access to Planned Care remains a priority. The refreshed approach to Planned Care will provide you with greater flexibility in where and how you deliver services and will enable more care to be delivered within the funding envelope. I urge you to take advantage of the opportunity that will be made available, and support your teams to develop well considered delivery plans that align with your population's needs, support timely care, and make the best use of your workforce and resources.

Disability
Disabled people experience significant health inequalities and they should be able to access the same range of health services as the rest of the general population. My expectation is that DHBs are working towards or are implementing the Convention on the Rights of Persons with Disabilities. I expect DHBs to implement policies for collecting information, within their populations, about people with disabilities. In addition, please ensure your contracts with providers reflect their requirements to either ensure accessibility or put in place concrete plans to transition to a more accessible service.

System Level Measures
As part of your focus on improving quality, I expect you to continue to co-design and deliver initiatives to achieve progress on System Level Measures with primary health organisations (PHOs) and other key stakeholders.

Rural health
The Government expects DHBs with rural communities to consider their health needs and the factors affecting health outcomes for rural populations when making decisions regarding health services.

Mental health and addiction care

Mental health and addiction remains a priority area for this Government and I expect your DHB to prioritise strengthening and improving mental health and addiction service areas in your 2019/20 Annual Plan. The Mental Health and Addiction Inquiry report is under consideration by the Government and it is my expectation that DHBs are ready to move on implementing the Government's response to its recommendations.

Over the last year a number of deaths across the country have been attributed to use of synthetic cannabinoids. I expect DHBs to consider the role of both public health and specialist treatment services in providing coordinated local responses to emerging drug threats such as synthetic cannabinoids.

Child wellbeing

Child wellbeing is a priority for our Government. I expect your annual plans to reflect how you are actively working to improve the health and wellbeing of infants, children, young people and their whānau with a particular focus on improving equity of outcomes.

In supporting the Government's vision of making New Zealand the best place in the world to be as a child I expect DHBs to have a specific focus on:

- supporting the development of the Child Wellbeing Strategy, particularly the First 1000 days of a child's life and child and youth mental wellbeing
- contributing to the review of the Well Child Tamariki Ora programme
- supporting the reduction of family violence and sexual violence through addressing abuse as a fundamental health care responsibility.

Maternity care and midwifery
High quality maternity care is recognised as a fundamental part of child wellbeing. I am listening to the issues the community is raising with me, and I take the concerns about the level of capacity in the midwifery workforce seriously. It is my expectation that DHBs implement a plan to support improved recruitment and retention of midwives, including midwives in the community and midwives employed in all maternity facilities.

Smokefree 2025
I also expect you to advance progress towards the Smokefree 2025 goal, particularly community-based wrap-around support for people who want to stop smoking, with a focus on Māori, Pacific, pregnant women and people on a low income. I also want to see DHBs collaborating across their region to support smoking cessation including, where appropriate, amongst programme providers, with a view to sharing and strengthening knowledge and delivery of effective interventions.

Primary health care

Improved access to primary health care brings significant benefits for all New Zealanders as well as our health system. Removing barriers to primary health care services and improving equity are key priorities for this Government. I also want to see closer integration of primary health care with secondary and community care. I intend to continue to invest in primary health care and expect all DHBs to support this important priority.

Non-communicable disease (NCD) prevention and management

As our major killers, NCDs, particular cancers, cardiovascular disease and type 2 diabetes need to be a major focus for prevention and treatment for your DHB. I want you to continue a particular focus on type 2 diabetes prevention and management, including an emphasis on ensuring access to effective self-management education and support. I want to see an increased focus on prevention, resilience, recovery and wellbeing for all ages, as part of a healthy ageing approach. You should also use PHO and practice-level data to inform quality improvement.

Public health and the environment

Environmental sustainability
I expect you to continue to contribute to the Government's priority outcome of environmental sustainability and undertake further work that leads to specific actions, including reducing carbon emissions, to address the impacts of climate change on health. This will need to incorporate both mitigation and adaption strategies, underpinned by cost-benefit analysis of co-benefits and financial savings and I expect you to work collectively with the Ministry of Health on this important area.

Healthy eating and healthy weight
As part of your sector leadership role, I strongly encourage you to support healthy eating and healthy weight through continuing to strengthen your DHB's Healthy Food and Drink Policy This includes increasing the number of food options categorised as 'green' in the National Policy and moving towards only selling water and milk as cold drink options. I actively encourage you to support other public and private organisations to do the same. There is a strong rationale for DHBs providing such leadership in their communities to both set an example and to 'normalise' healthy food and drink options. In particular I would like you to work directly with schools to support them to adopt water-only and healthy food policies.

Drinking water
You will be aware that our Government is undertaking system-wide reform of the regulatory arrangements for drinking water and I am confident that you will support any developments that may result. I expect you to work through your Public Health Unit across agency and legislative boundaries to carry out your key role in drinking water safety with a focus on the health of your population.

Integration
Improving equity and wellbeing and delivering on several other expectations I am setting in this letter will not be possible without strong cross-sectoral collaboration. I expect DHBs to demonstrate leadership in the collaboration between and integration of health and social services, especially housing.

Planning processes

Your DHB's 2019/20 Annual Plan is to reflect my expectations and I also ask you to demonstrate a renewed focus on your strategic direction, by refreshing your Statement of Intent in 2019/20.

I believe providing you with my expectations in December will support your planning processes, however I also acknowledge that some important decisions will be made in the coming weeks, including detail related to implementation of the Mental Health and Addictions Inquiry recommendations. To ensure my expectations are clear, it is my intention to provide an update to this letter in the New Year.

I would like to take this opportunity to thank you, the Board and your staff for your dedication and efforts to provide high quality and equitable outcomes for your population.

Yours sincerely

Hon Dr David Clark
Minister of Health

6.1

HAWKE'S BAY District Health Board Whakawāteatia	**Chief Executive Officer's Report**
	For the attention of: **HBDHB Board**
Document Owner:	Kevin Snee Chief Executive Officer
Reviewed by:	Not applicable
Month as at	25 July 2019
Consideration:	For Information

RECOMMENDATION

That the Board

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

INTRODUCTION

This is my last board meeting as CEO of Hawke's Bay DHB after commencing almost 10 years ago. Whilst I am sad to leave, there are many positive changes to reflect upon that have happened over that time.

We have invested in a wide range of service and infrastructure initiatives across maternity, renal, mental health, surgical services, ED, ICU and gastroenterology, and we have developed and built excellent working relationships with local iwi and public sector organisations that has led to significant progress in addressing economic development and social inclusion. Our Primary Health Organisation, Health Hawke's Bay, is now a single organisation co-located with the DHB, working closely with us to strengthen the delivery of services between secondary and primary care. This includes future planning around community-based models of care to better meet our growing and aging population. Lastly, I am very proud of the inroads we are making to address the diversity of our workforce and the attention paid to cultural responsiveness, which is on the agenda this month. There still remains a considerable amount to do to improve services and infrastructure, but we have made a good start at a time when resources were very tight.

Throughout this time I have appreciated the support and the close working relationship I have had with the Board and I am sure that my interim successor, Craig Climo, will have an equally good relationship.

On 12 July an update was received to the Government's expectations for DHBs in 2019/20. The letter contained expectations linked to The Wellbeing Budget with a focus on performance monitoring, fiscal responsibility, capital investment and the National Asset Management Plan, as well as updates on the Minister of Health's priority areas. The final draft of the Annual Plan, which is on today's agenda, will incorporate the service-related items referenced in the letter. Further, the DHB's recent decision to implement the latest stage of Care Capacity Demand Management (CCDM) will keep us on the expected trajectory to hit full implementation by June 2021. The DHB will continue its support of the National Asset Management Plan (NAMP), and we have commenced work to update our local Facilities Plan to be completed within the 2019/20 financial year. In the letter, the Minister lays out his support of devolution of the pay equity appropriation. This will require close management as we work with the Ministry on the approach.

PERFORMANCE

Measure / Indicator	Target	Month of June	FY2019	Trend For Yr
Shorter stays in ED	≥95%	85%	86%	▼
Improved access to Elective Surgery (2018/19YTD)	100%	79%	88%	▼

Waiting list	Less than 3 months	3-4 months	4+ months
First Specialist Assessments (ESPI-2)	2,672	746	1,631
Patients given commitment to treat, but not yet treated (ESPI-5)	890	157	383

Faster cancer treatment – 62 day indicator* *(Patients who breach the 62 day target due to Capacity Constraint are still counted against target however patients who breach the target due to Clinical Decision or Patient Choice are now excluded).*	≥90%	50% May	74% 6m to May	▼
Faster cancer treatment - 31 day indicator	≥85%	63.8% May	86% 6m to May	▼
Increased immunisation at 8 months	≥95%	91% 3m to June	91%	▼
Better help for smokers to quit – Primary Care (15 months to June)	90%		79%	▼
Raising healthy kids (6 months to June)	95%		99% 6m to June	▲
Financial – month (in thousands of dollars)	754	-10,158	---	---
Financial – year to date (in thousands of dollars)	-5,000	-21,694	---	---

***Based on the expected annual cancer registrations for the DHB supplied by the Ministry, the DHB is expected to identify at least 228 people a year (19 a month) as patients with a high suspicion of cancer.*

Faster Cancer Treatment Expected Volumes v Actual	*Target*	*Month Actual / Expected*	*Rolling 6m Actual / Expected*
	100%	*17/19 = 90%*	*97/114 = 85%*

Shorter stays in emergency department (ED6) remains a challenge with the performance in June now standing at 85 percent for the month of June and 86 percent for the year. Elective surgery also remains problematic standing at 79 percent for the month of June and 88 percent for the year. Because of capacity constraints over the last few months, the Faster Cancer treatment 62 day indicator has deteriorated for the month of May and over the six month period – this represents relatively small numbers of patients. The key indicator representing larger groups of patients is the 31 day indicator which, whilst it deteriorated in May, is still above target. The figure in June has significantly improved and the challenges will be discussed at the FRAC meeting.

The indicator for raising healthy kids has returned to its high level.

We have ended the year with an operational deficit of $12.1m which is $7.1m adverse to the planned $5.0m deficit. The full financial result for 2018/19 is a $21.7m deficit; the additional figure beyond the operational deficit is mainly due to accruals for the Holidays Act. This follows an underlying $1.3m unfavourable result in June. Our performance is in line with much of the rest of New Zealand.

NZ HEALTH PARTNERSHIPS STATEMENT OF PERFORMANCE EXPECTATIONS

Board members will need to approve NZ Health Partnerships Statement of Performance Expectations for 2019/20.

TE ARA WHAKAWAIORA – CULTURAL RESPONSIVENESS

Te Ara Whakawaiora is a focused programme led by Executive Management Team champions to address outstanding equity issues. The Te Ara Whakawaiora – Cultural Responsiveness report combines the local priority indicators of workforce development, cultural competency and Did Not Attend (DNA) First Specialist Assessments. There is a full range of activity within the Māori Workforce Action Plan. Results demonstrate a steady growth of Māori staff representing 455 (or 14.96 percent) of the total HBDHB workforce. Hawke's Bay DHB leadership must continue to champion the Māori Workforce Action Plan to achieve the DHB's goal of a culturally responsive workforce across all levels of our organisation. Dr Andy Phillips, Hospital Commissioner, is bringing a fresh approach to system responsiveness within DNA First Specialist Assessments. Part of the refreshed approach is ensuring services are both valued by consumers and provided at a time and place convenient to them, which is consistent with our Clinical Services Plan and draft health strategy.

CONCLUSION

This month's report draws to a close a difficult year in performance terms and financially. I am optimistic, however, about how 2019/20 will unfold with the initiatives that are being put in place. I wish the organisation and the Board well and I look forward to hearing more about organisational improvements moving forward.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report June 2019** For the attention of: **HBDHB Board**
Document Owner	Carriann Hall, Executive Director Financial Services
Document Author	Phil Lomax, Financial and Systems Accountant
Reviewed by	Executive Management Team
Month/Year	July, 2019
Purpose	For Information

8

RECOMMENDATION:

That the HBDHB Board:

1. **Note** the contents of this report
2. **Resolve** that the Board approve the representation to the Minister of Health that cost increases between the last quarter of the 2017/18 and 2018/19 financial years, have only been approved where unavoidable (refer Section 14)

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The underlying operational deficit for 2018/19 is $12.1m which is $7.1m adverse to the planned $5.0m deficit. This follows an underlying $1.3m unfavourable result in June.

The full result for 2018/19 is a $21.7m deficit, after the write-off of the $2.6m investment in the Finance, Procurement and Information Management system (FPIM), and the $7.0m provision for employee entitlements as a result of Holidays Act challenges and other pay related liabilities, which were recognised in June. Note that provisions are estimates that may vary significantly from the final amounts, and that the amounts will be revised as more and better information becomes available. The result is subject to end of year adjustments not available at the time this report was prepared, including updated PHARMAC advice received on 9July (currently being reviewed).

The adverse result for June was anticipated, given the underlying adverse financial performance of HBDHB. It reflects a combination of underlying structural deficit as a result of underinvestment over a number of years and the increasing demands placed on all DHBs by increased acuity and volumes, arising from demographic trends and technological advances.

$'000	June				Year to Date				Refer Appendix
	Actual	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		
Income	50,860	48,520	2,340	4.8%	588,371	578,710	9,662	1.7%	1
Less:									
Providing Health Services	25,618	23,146	(2,472)	-10.7%	297,125	288,847	(8,278)	-2.9%	2
Funding Other Providers	21,887	20,744	(1,143)	-5.5%	252,280	245,394	(6,886)	-2.8%	3
Corporate Services	3,625	4,156	531	12.8%	51,284	49,152	(2,132)	-4.3%	4
Reserves	9,889	(280)	(10,168)	-3636.3%	9,377	316	(9,060)	-2865.3%	5
	(10,158)	**754**	(10,912)	-1447.9%	**(21,694)**	**(5,000)**	(16,694)	-333.9%	

Key Drivers

The detail of the variances are covered in the appendices to the report. The key drivers of the full year position have not changed, being:

- Income (Appendix 1)

  Pay equity and In-Between-Travel (IBT) funding from MoH, offset by expenditure in Funding Other Providers (refer appendix 3).

- Providing Health Services (Appendix 2)

  Savings not achieved, pay settlements above planning assumptions, higher than planned use of medical and nursing resources, pharmaceuticals, patient transport costs and blood, were partly offset by medical and allied vacancies and underspending in outsourced elective surgery.

- Funding Other Providers (Appendix 3)

  The cost of pay equity (residential care) and IBT, both offset under income (refer appendix 1), and savings not achieved. Partly offset by Pharmac rebates, and non utilisation of the new investment reserve.

- Corporate Services (Appendix 4)

  Strike action, unfunded infrastructure cost increases, capital charges (offset in income) and savings not achieved, partly offset by reduced depreciation relating to increased useful lives of buildings.

- Reserves (Appendix 5)

  Write off of FPIM, and provisioning for employee entitlements, partly offset by the net benefit from prior year provisioning and accruals not required.

Land and buildings have been revalued at 30 June 2019. The movement in building costs in Hawke's Bay, seismic issues and likely changes to the DHB's facilities master plan, coupled with expectation of stronger direction from the Ministry of Health (MoH) as a part of the National Asset Management Plan, all indicated that the carrying value of the buildings no longer reflected their fair value to the DHB. The revaluation results reflect a $13.4m gain, recognised in other comprehensive revenue and expense ('below the line'), taking comprehensive revenue and expense to an $8.3m deficit.

Advice from the ministry is that HBDHB financial performance will be evaluated on the operational deficit of $12.1m against the planned deficit of $5m.

Other Performance Measures

	June				Year to Date				Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance		
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	
Savings plans	180	1,179	(999)	-84.7%	5,617	14,152	(8,535)	-60.3%	8
Capital spend	2,545	1,313	1,231	93.8%	17,601	17,933	(332)	-1.8%	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	
Employees	2,541	2,485	(56)	-2.2%	2,429	2,443	14	0.6%	2 & 4
	CWD	CWD	CWD	%	CWD	CWD	CWD	%	
Case weighted discharges	2,753	2,461	292	11.9%	30,976	29,395	1,581	5.4%	2

- Savings Plans (Appendix 8)

  Delivering our $14.2m saving plan has been a significant issue. Current year savings of $5.6m have been achieved for the year with $2.8m of these continuing recurrently.

- Capital spend (Appendix 12)

  Capital spend is close to plan, with some of the facilities block allocations underspent due to the cash position

- Cash (Appendices 11 & 13)
  - HBDHB received a $10.3m equity injection from the Ministry of Health in June. The cash balance immediately before receipt of Ministry funding for June was $15.2m overdrawn on 3 June. The end-of-year cash position was a $10.2m overdraft, inclusive of the $10.3m equity injection received in June. The low point on 3 July was $14.1m overdrawn, which is within our statutory limit and improved from the forecast of $22.6m due to the equity injection. Note that the equity injection reduces our overdraft, which has resulted from operating deficits. It does not change our reported financial performance.

- Employees (Appendices 2 & 4)

  Employee numbers are unfavourable YTD reflecting the high use of nursing resources, mostly offset by the challenges filling vacancies in medical and allied health positions.

- Activity (Appendix 2)

  In month and full year case weight discharges are ahead of plan. However, acute demand is limiting the capacity available for elective activity.

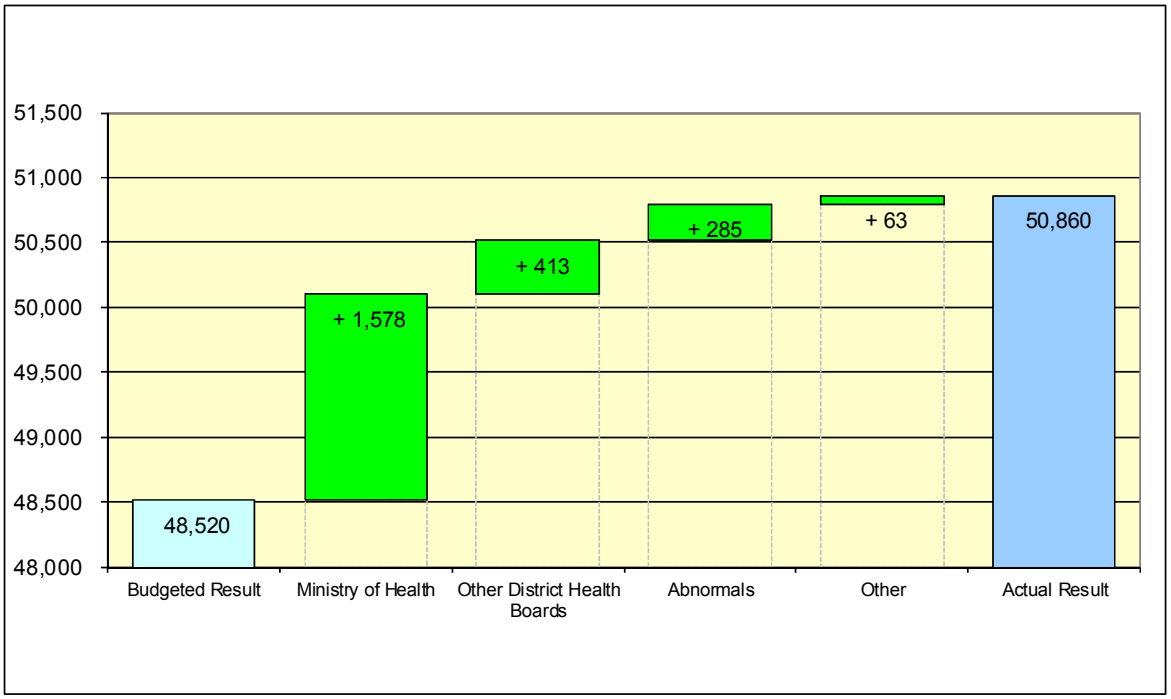
  Elective discharges show a shortfall on achieving the Ministry of Health target.

APPENDICES

1. INCOME

$'000	June				Year to Date			
	Actual	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*	
Ministry of Health	47,792	46,214	1,578	3.4%	560,293	551,485	8,808	1.6%
Inter District Flows	687	762	**(75)**	**-9.9%**	8,748	9,146	(398)	-4.4%
Other District Health Boards	769	356	**413**	**116.1%**	4,592	4,229	**363**	**8.6%**
Financing	78	55	23	42.1%	387	663	**(276)**	**-41.6%**
ACC	542	495	47	9.5%	5,331	5,387	(56)	-1.0%
Other Government	27	43	(17)	-38.9%	497	673	**(176)**	**-26.1%**
Patient and Consumer Sourced	132	106	26	24.1%	1,294	1,261	32	2.6%
Other Income	548	488	**60**	**12.3%**	6,417	5,848	**569**	**9.7%**
Abnormals	285	-	285	0.0%	813	17	**796**	**4682.7%**
	50,860	**48,520**	2,340	4.8%	**588,371**	**578,710**	9,662	1.7%

Month of June



Note the scale does not begin at zero

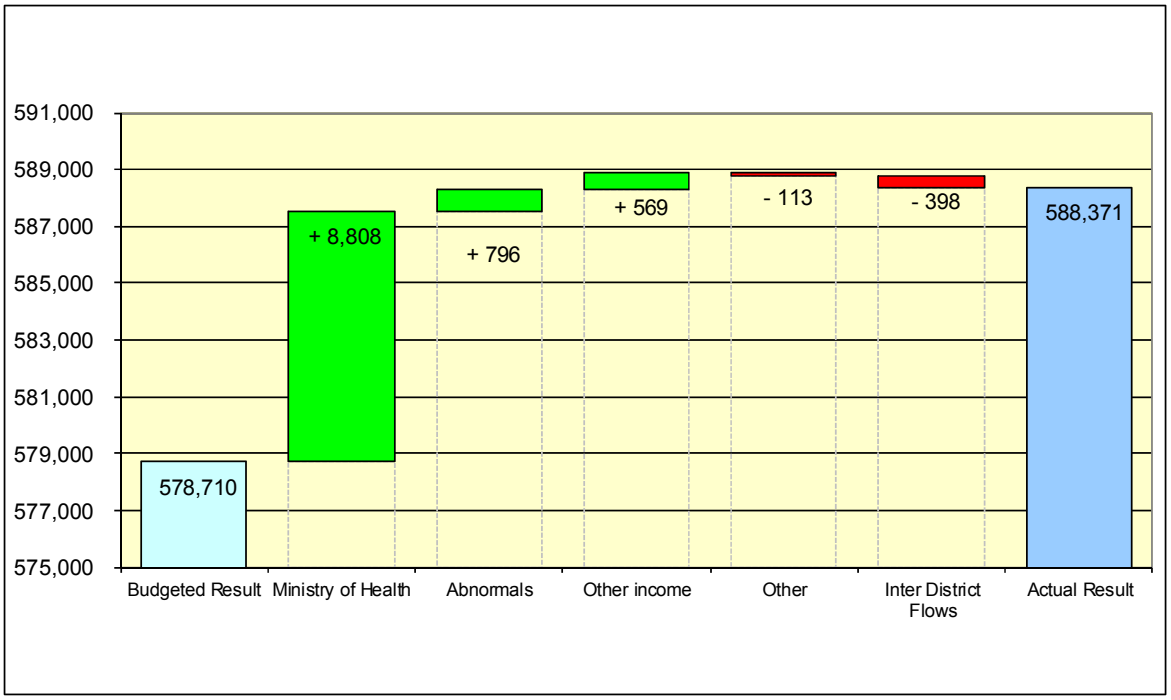
Ministry of Health (favourable)
Mainly pay equity (residential care) and In-Between-Travel (home support) additional income, offset in related expenditure (Appendix 4). Also includes capital charge funding relating to the 2017/18 land and buildings revaluations.

Other District Health Boards (favourable)
Income from Mid Central Health for oncology clinics.

Abnormals (favourable)

Gain on sale of the Nelson Street, Hastings property (Walnut Grove), and update to the investment in Allied Laundry Services.

Year to Date



Note the scale does not begin at zero

Ministry of Health (favourable)
Unbudgeted pay equity and In-Between-Travel income offset in related expenditure (Appendix 4). Also includes elective surgery revenue, immediate relief funding, Care Capacity Demand Management (CCDM) funding (nurses agreement), and capital charge funding.

Abnormals (favourable)
Prior year wash-ups and accruals no longer required, gain on sale of surplus property, and update of the investment in Allied Laundry Services, partly offset by recognition of ACC rejected claims.

Other income (favourable)
Wide variety of income streams across a wide area of the DHB.

Inter District Flows (unfavourable)
Lower than projected visitor patients to Hawke's Bay, mainly last winter, only partly caught up over the summer months.

2. PROVIDING HEALTH SERVICES

	June				Year to Date			
	Actual	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*	
Expenditure by type $'000								
Medical personnel and locums	5,661	5,198	**(463)**	**-8.9%**	68,991	67,186	(1,805)	-2.7%
Nursing personnel	7,466	6,886	**(580)**	**-8.4%**	87,455	84,242	(3,213)	-3.8%
Allied health personnel	3,034	3,138	105	3.3%	36,811	39,157	**2,346**	**6.0%**
Other personnel	2,243	1,950	**(293)**	**-15.0%**	25,643	25,275	(369)	-1.5%
Outsourced services	1,200	1,006	**(194)**	**-19.2%**	11,090	12,096	**1,005**	**8.3%**
Clinical supplies	3,722	3,067	**(655)**	**-21.4%**	44,546	38,744	**(5,802)**	**-15.0%**
Infrastructure and non clinical	2,292	1,900	**(391)**	**-20.6%**	22,588	22,147	(441)	-2.0%
	25,618	**23,146**	**(2,472)**	**-10.7%**	**297,125**	**288,847**	(8,278)	-2.9%
Expenditure by directorate $'000								
Medical	7,139	6,303	**(836)**	**-13.3%**	83,568	77,897	**(5,672)**	**-7.3%**
Surgical	5,377	5,129	(248)	-4.8%	65,423	64,061	(1,361)	-2.1%
Community, Women and Children	4,327	3,915	**(412)**	**-10.5%**	47,443	46,848	(595)	-1.3%
Mental Health and Addiction	1,841	1,661	**(181)**	**-10.9%**	21,573	20,855	(718)	-3.4%
Older Persons, NASC HB, and Alli	1,390	1,317	**(73)**	**-5.5%**	15,889	16,407	518	3.2%
Operations	4,224	3,590	**(633)**	**-17.6%**	43,748	41,592	**(2,156)**	**-5.2%**
Other	1,320	1,230	**(90)**	**-7.3%**	19,480	21,186	**1,706**	**8.1%**
	25,618	**23,146**	**(2,472)**	**-10.7%**	**297,125**	**288,847**	(8,278)	-2.9%
Full Time Equivalents								
Medical personnel	351.9	367.3	15	4.2%	353	367	14	3.7%
Nursing personnel	1,072.4	1,001.4	**(71)**	**-7.1%**	1,014	981	(33)	-3.4%
Allied health personnel	496.0	508.6	13	2.5%	468	495	**27**	**5.4%**
Support personnel	152.4	142.4	**(10)**	**-7.0%**	145	139	(6)	-4.4%
Management and administration	288.9	283.0	(6)	-2.1%	274	278	4	1.5%
	2,361.6	**2,302.8**	(59)	-2.6%	**2,255**	**2,260**	**5**	**0.2%**
Case Weighted Discharges								
Acute	1,939	1,736	**203**	**11.7%**	22,832	19,957	**2,874**	**14.4%**
Elective	544	526	18	3.4%	5,670	7,006	**(1,335)**	**-19.1%**
Maternity	144	161	(17)	-10.7%	2,058	2,000	58	2.9%
IDF Inflows	127	38	**88**	**230.3%**	416	432	(16)	-3.7%
	2,753	**2,461**	**292**	**11.9%**	**30,976**	**29,395**	**1,581**	**5.4%**

Directorates YTD

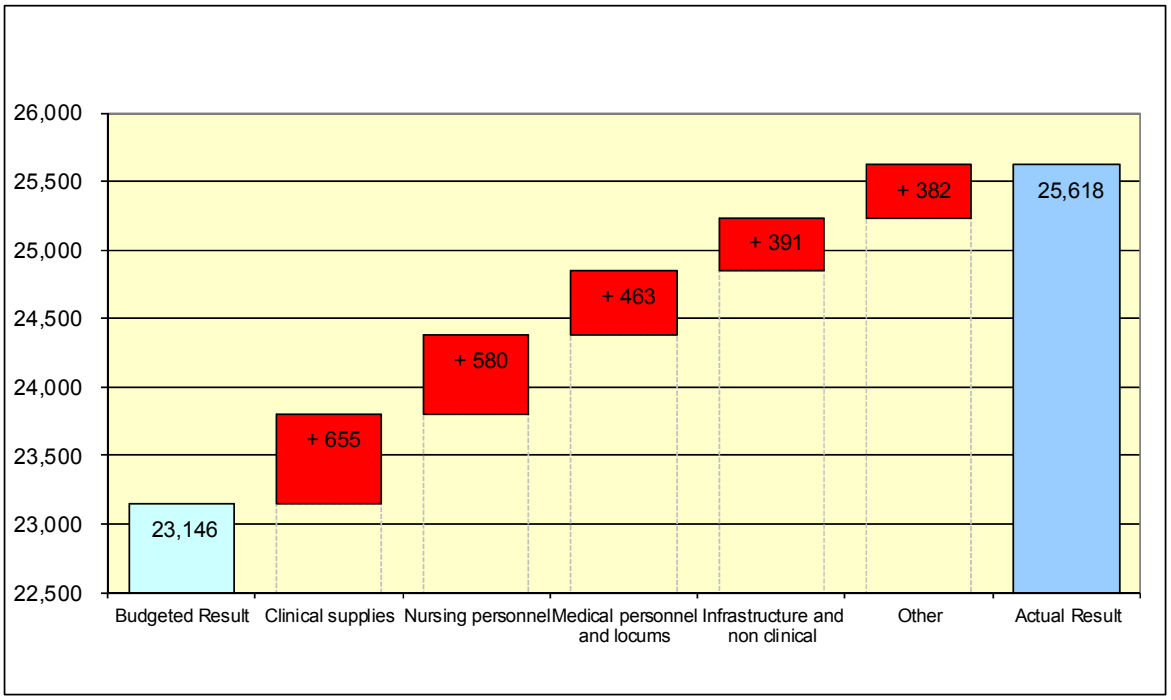
- Medical (June and YTD) – nursing resource use, medical vacancy cover, pharmaceuticals (mainly biologics) and radiology reads (radiologist vacancies);
- Operations (June and YTD) – patient transport, blood, savings not achieved and orderly rosters;
- Community, Women and Children (June) – nursing personnel (Wairoa and Ata Rangi) and medical vacancy cover.

Case Weighted Discharges (CWD)

Elective CWD have been affected by the high level of acutes, with the combined totals higher than plan both in month and YTD.

For 2019/20 the Ministry is changing the way it measures elective activity, under a new planned care approach.

Month of June



Note the scale does not begin at zero

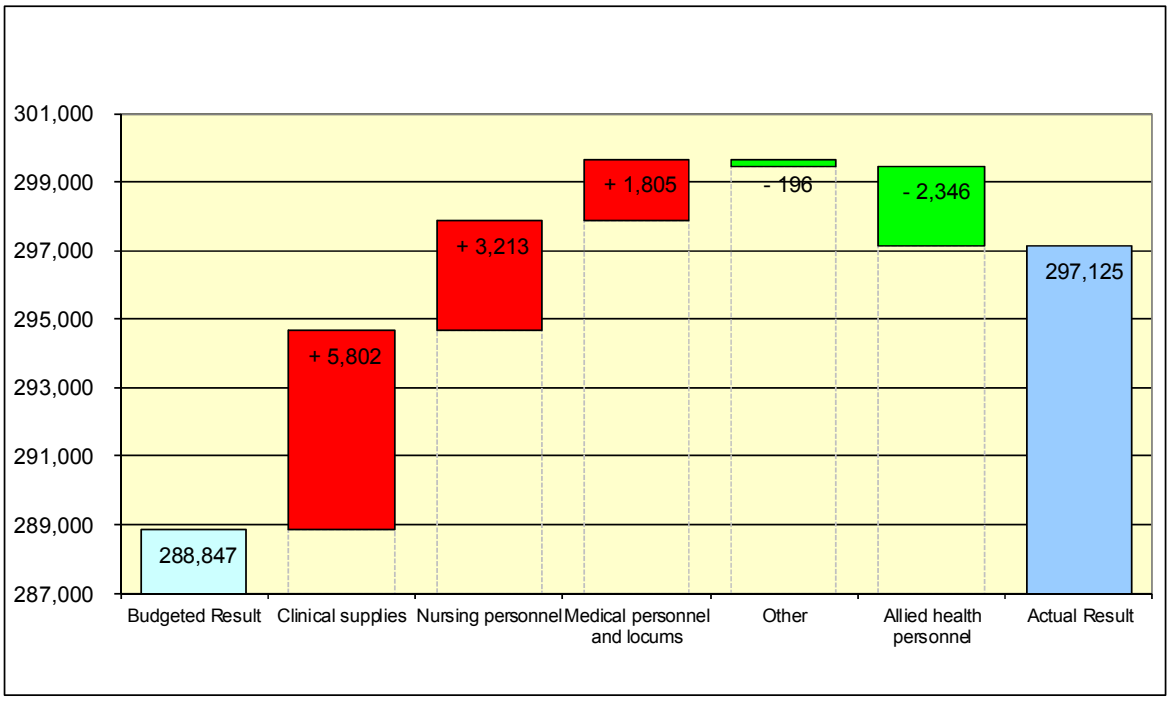
Clinical supplies (unfavourable)
Patient transport, implants and prostheses, savings plans not met, and laboratory supplies.

Nursing personnel (unfavourable)
Largely driven by higher than budgeted staffing across emergency, Wairoa, surgical inpatients, assessment and rehabilitation, intensive care, theatre and general medicine. Unachieved annual leave savings also impact in month.

Medical personnel and locums (unfavourable)
Vacancy cover and the impact of strike cover on the cost of annual leave payments. Higher than budgeted costs in psychiatric, medical, intensive care, general surgery and emergency offsetting the favourable variances from vacancies.

Infrastructure and non clinical (unfavourable)
Cleaning, security, and maintenance, partly offset by Māori workforce development costs.

Year to Date



Note the scale does not begin at zero

Clinical supplies (unfavourable)
Shortfall in planned efficiencies, pharmaceuticals including biologics, patient transport and blood.

Nursing personnel (unfavourable)
Hours worked, both volume and cost, are greater than planned, driven by a number of factors including patient volume and acuity, clinical practice and vacancies.

Medical personnel and locums (unfavourable)
Vacancy cover using locums, exceeding the cost reduction from vacancies.

Allied health personnel (favourable)
Continuing national issue with recruitment and retention. Mainly social workers, medical radiation technologists (MRTs), occupational therapists, psychologists and health promotion workers.

Full Time Equivalents (FTE)

FTEs are five (0.2%) favourable YTD including:

Medical personnel (14 FTE / 3.7% favourable)

- Vacancies in radiology, Wairoa GPs, psychiatrists, orthopaedics and emergency medicine, marginally offset by additional surgeons and physicians.

Nursing personnel (-33 FTE / -3.4% unfavourable)

- Higher than budgeted staffing in acute areas (ED and ICU), surgical inpatient wards, respiratory and renal.

Allied health personnel (27 FTE / 5.4% favourable)

- Vacancies in social workers, medical radiation technologists (MRTs), occupational health, psycologists, pharmacists, health promotion workers and community support workers.

MONTHLY ELECTIVE SURGICAL DISCHARGES REPORT
YTD To June 2019

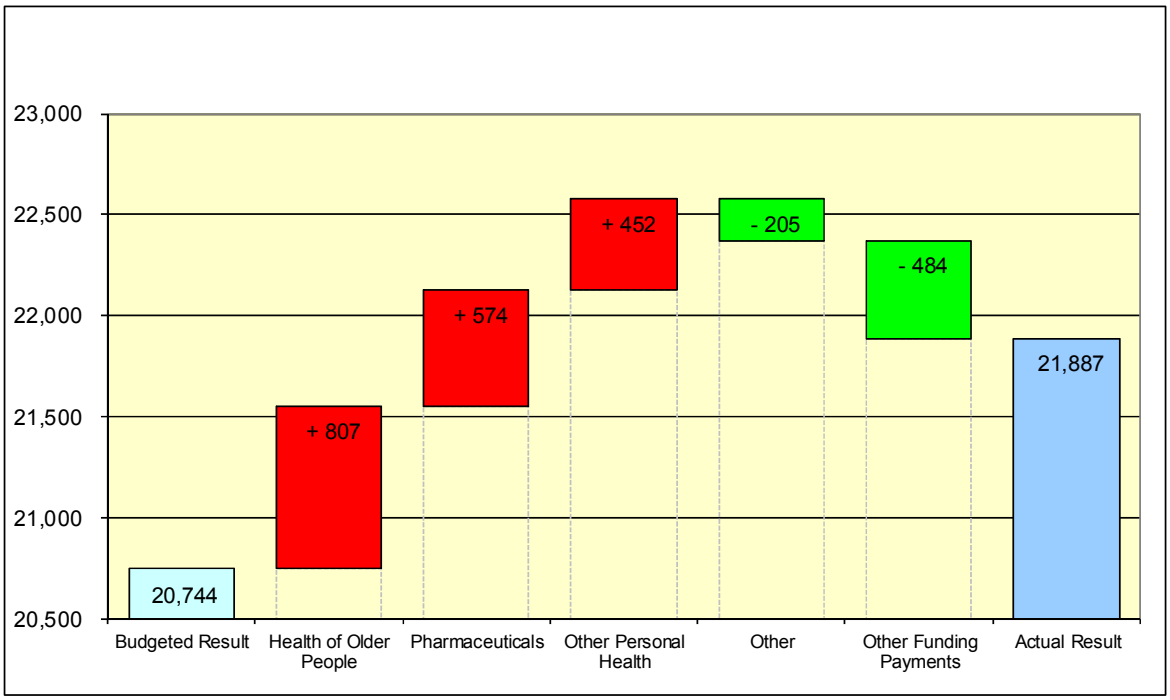
	June 2019				YTD June 2019				Full Year Plan
	Actual	Plan	Variance	%	Actual	Plan	Variance	%	
Anaesthetics	0	4	0	0.0%	**0**	**4**	**0**	**0.0%**	**4**
Cardiothoracic	7	9	-2	0.0%	**102**	**119**	**-17**	**0.0%**	**119**
Avastins	0	17	-17	-100.0%	**207**	**201**	**6**	**3.0%**	**201**
ENT	43	63	-20	-31.7%	**574**	**740**	**-166**	**-22.4%**	**740**
General Surgery	113	111	2	1.8%	**1229**	**1324**	**-95**	**-7.2%**	**1324**
Gynaecology	79	58	21	36.2%	**622**	**708**	**-86**	**-12.1%**	**708**
Maxillo-Facial	16	46	-30	-65.2%	**335**	**507**	**-172**	**-33.9%**	**507**
Neurosurgery	7	8	-1	0.0%	**86**	**95**	**-9**	**0.0%**	**95**
Ophthalmology	75	113	-38	-33.6%	**1246**	**1328**	**-82**	**-6.2%**	**1328**
Orthopaedics	85	97	-12	-12.4%	**1140**	**1145**	**-5**	**-0.4%**	**1145**
Paediatric Surgery	5	9	-4	0.0%	**70**	**85**	**-15**	**0.0%**	**85**
Skin Lesions	17	24	-7	-29.2%	**236**	**254**	**-18**	**-7.1%**	**254**
Urology	51	54	-3	-5.6%	**496**	**618**	**-122**	**-19.7%**	**618**
Vascular	17	27	-10	-37.0%	**205**	**333**	**-128**	**-38.4%**	**333**
Non Surgical - Arranged	5	13	-8	-61.5%	**115**	**144**	**-29**	**-20.1%**	**144**
Non Surgical - Elective	7	11	-4	-36.4%	**148**	**148**	**0**	**0.0%**	**148**
TOTAL	**527**	**664**	**-137**	**-20.6%**	**6811**	**7753**	**-942**	**-12.2%**	**7753**

Please Note:This report was run on 5 July 2019
The volumes by specialty now include both Elective and Arranged discharges rolled into one.
Data is subject to change.

3. FUNDING OTHER PROVIDERS

$'000	June Actual	June Budget	June Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance	
Payments to Other Providers								
Pharmaceuticals	4,175	3,601	(574)	-15.9%	41,571	43,008	1,436	3.3%
Primary Health Organisations	3,350	3,422	72	2.1%	39,669	39,407	(262)	-0.7%
Inter District Flows	4,896	4,797	(99)	-2.1%	58,574	57,564	(1,010)	-1.8%
Other Personal Health	2,394	1,943	(452)	-23.2%	23,942	21,927	(2,015)	-9.2%
Mental Health	831	1,063	232	21.8%	12,831	12,699	(131)	-1.0%
Health of Older People	6,400	5,593	(807)	-14.4%	71,823	66,826	(4,997)	-7.5%
Other Funding Payments	(159)	325	484	149.1%	3,872	3,963	91	2.3%
	21,887	20,744	(1,143)	-5.5%	**252,281**	**245,394**	(6,887)	-2.8%
Payments by Portfolio								
Strategic Services								
Secondary Care	4,381	4,234	(146)	-3.5%	52,943	50,827	(2,116)	-4.2%
Primary Care	9,641	8,514	(1,127)	-13.2%	100,842	98,961	(1,881)	-1.9%
Mental Health	1,192	1,349	157	11.7%	15,880	16,127	247	1.5%
Health of Older People	6,467	5,889	(578)	-9.8%	75,429	70,302	(5,127)	-7.3%
Other Health Funding	-	134	134	100.0%	-	1,600	1,600	100.0%
Maori Health	285	498	213	42.8%	5,779	6,024	245	4.1%
Population Health	(78)	126	203	161.9%	1,408	1,552	144	9.3%
	21,887	20,744	(1,143)	-5.5%	**252,281**	**245,394**	(6,887)	-2.8%

Month of June



Note the scale does not begin at zero

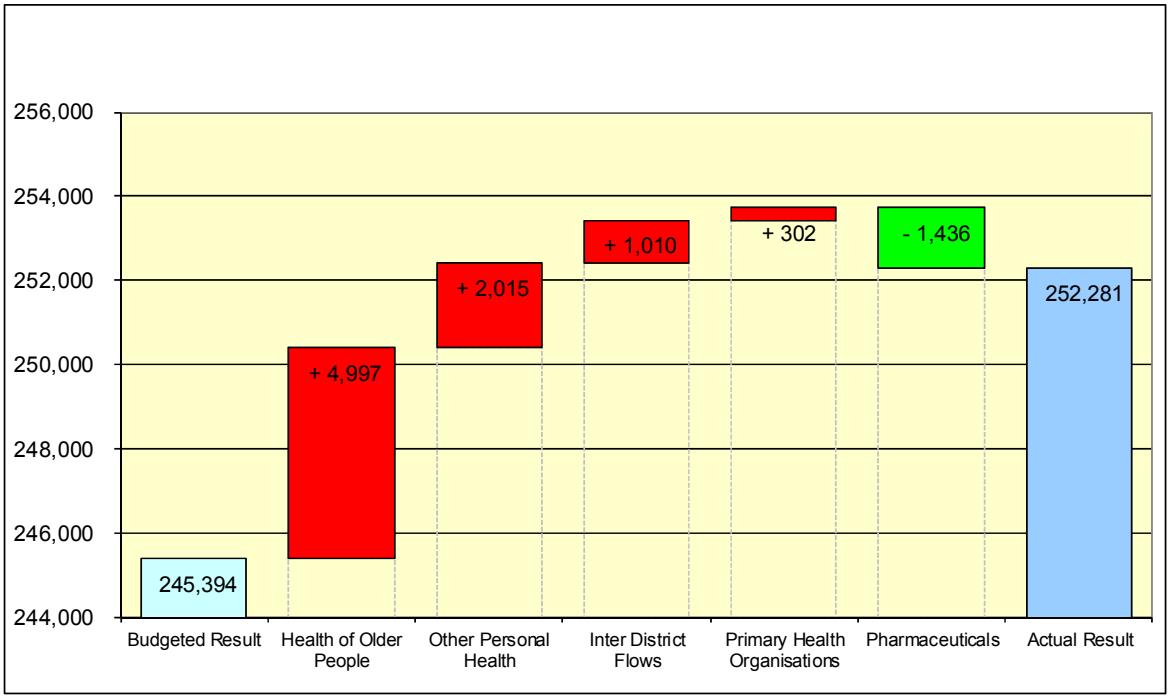
Health of Older People (unfavourable)
Higher than budgeted residential care and home support costs reflecting increases in volumes. Also includes pay equity and In-Between Travel costs offset by additional revenue (refer appendix 1).

Pharmaceuticals (unfavourable)
Review of PHARMAC rebates based on the latest PHARMAC advice.

Other Personal Health (unfavourable)
Efficiencies not yet achieved, partly offset by recoveries from providers for unperformed services, and the unutilised new investment reserve.

Other Funding Payments (favourable)
Review of public health and Māori service development provisions.

Year to Date



Health of Older People (unfavourable)
Increasing residential care and home support costs, partly offset by funding for pay equity (residential care) and In-Between-Travel (home support) under income (refer appendix 1).

Other Personal Health (unfavourable)
Efficiencies not yet achieved, partly offset by recoveries from providers for unperformed services, and the unspent new investment reserve that will not be utilised.

Inter District Flows (unfavourable)
Planned reductions in IDFs not achieved during the year.

Pharmaceuticals (favourable)

Benefits from prior year washup being better than accruals and current year rebates in PHARMAC forecast being better than originally planned.

4. CORPORATE SERVICES

	June				Year to Date			
$'000	Actual	Budget	Variance		Actual	Budget	Variance	
Operating Expenditure								
Personnel	1,419	1,430	11	0.8%	19,144	17,666	**(1,478)**	**-8.4%**
Outsourced services	167	70	**(96)**	**-137.0%**	979	850	**(129)**	**-15.1%**
Clinical supplies	6	(13)	(18)	-143.5%	117	(146)	**(263)**	**-179.6%**
Infrastructure and non clinical	1,060	823	**(237)**	**-28.8%**	10,153	9,270	**(883)**	**-9.5%**
	2,652	2,311	**(342)**	**-14.8%**	30,392	27,640	**(2,752)**	**-10.0%**
Capital servicing								
Depreciation and amortisation	201	1,190	**989**	**83.1%**	12,271	13,652	**1,380**	**10.1%**
Financing	80	-	(80)	0.0%	80	-	(80)	0.0%
Capital charge	692	655	(37)	-5.6%	8,541	7,861	**(680)**	**-8.7%**
	973	1,845	**873**	**47.3%**	20,892	21,513	620	2.9%
	3,625	**4,156**	**531**	**12.8%**	**51,284**	**49,152**	(2,132)	-4.3%
Full Time Equivalents								
Medical personnel	0.5	0.3	(0.2)	-62.9%	0.3	0.3	(0.0)	-4.2%
Nursing personnel	15.0	15.6	0.6	3.7%	13.3	16.0	2.6	16.5%
Allied health personnel	0.1	0.4	0.3	69.2%	0.2	0.4	0.2	51.2%
Support personnel	8.0	8.1	0.2	2.0%	8.3	8.0	(0.3)	-3.7%
Management and administration	156.0	158.2	2.1	1.4%	151.5	158.0	6.5	4.1%
	179.6	**182.6**	**3.0**	**1.6%**	**173.7**	**182.8**	**9.0**	**4.9%**

Unfavourable year-to-date personnel costs relate to the cost of strike action, mainly staff cover. The year-to-date clinical supplies variance relates mainly to planned efficiencies not achieved. The month and year-to-date infrastructure and non-clinical variances are across corporate business units and relate to software costs, telecoms, corporate training, online library and legal. It should be noted that there have been significant unfunded in-year increases across corporate directorates, such as Microsoft license costs. The reduced depreciation cost in month relates to the reassessment of the useful lives of the buildings. The additional capital charges YTD relate to the June 2018 land and buildings revaluation, and is offset by the accrual of additional MoH income in appendix 1.

5. RESERVES

	June				Year to Date			
$'000	Actual	Budget	Variance		Actual	Budget	Variance	
Expenditure								
Contingency	-	64	**64**	**100.0%**	-	700	700	**100.0%**
Efficiencies	-	(73)	**(73)**	**-100.0%**	-	(73)	(73)	**-100.0%**
Other	9,889	(271)	**(10,159)**	**-3750.3%**	9,377	(311)	(9,687)	**-3116.9%**
	9,889	**(280)**	(10,168)	3636.3%	**9,377**	**316**	**(9,060)**	**-2865.3%**

There was $700k of the contingency budget remaining at year end after budgets were transferred to new nursing initiatives $1m, Provider Services contingency $300k and cost pressure adjustments to budgets $2m.

The "Other" category comprises the write-off of the $2.6m investment in the Finance, Procurement and Information Management system (FPIM), and the $7.0m provision for employee entitlements as a result of Holidays Act issues and other pay related liabilities, partially offset by the net impact of accruals relating to the prior year.

6. FINANCIAL PERFORMANCE BY MOH CLASSIFICATION

$'000	June Actual	June Annual Plan	June Variance	Year to Date Actual	Year to Date Annual Plan	Year to Date Variance
Funding						
Income	47,287	45,860	1,427	554,796	546,225	8,571
Less:						
Payments to Internal Providers	25,962	25,962	-	311,626	310,784	(842)
Payments to Other Providers	21,414	20,119	(1,294)	242,913	237,932	(4,982)
Contribution	**(89)**	**(221)**	**133**	**256**	**(2,491)**	**2,747**
Governance and Funding Admin.						
Funding	277	277	-	3,424	3,424	-
Other Income	3	3	-	30	30	-
Less:						
Expenditure	329	285	(44)	3,325	3,558	233
Contribution	**(49)**	**(5)**	**(44)**	**128**	**(105)**	**233**
Health Provision						
Funding	25,685	25,685	-	308,203	307,360	842
Other Income	3,635	2,561	1,074	32,394	31,301	1,093
Less:						
Expenditure	39,340	27,264	(12,077)	362,675	341,066	(21,609)
Contribution	**(10,021)**	**983**	**(11,003)**	**(22,078)**	**(2,405)**	**(19,674)**
Net Result	**(10,158)**	**756**	**(10,915)**	**(21,694)**	**(5,000)**	**(16,694)**

The table above reports the result in the classifications used by the Ministry of Health and against the projections in the Annual Plan. Those projections differ from the budgets used elsewhere in this report as outlined in the table below.

7. MANAGEMENT BUDGET MOVEMENTS

Changes are made to Annual Plan projections so that managers are accountable for budgets that are relevant and up-to-date. The Management Budget is used for internal reporting and the annual plan is used for MoH and statutory reporting. The net result is the same in both budgets.

The major changes between revenue and expense lines are usually due to health provision savings programmes, or unbudgeted new funding received during the year and the associated expenditure.

$'000	June			Year to Date		
	Mgmt Budget	Annual Plan	Movement	Mgmt Budget	Annual Plan	Movement
Funding						
Income	45,860	44,959	901	546,225	537,477	8,748
Less:						
Payments to Internal Providers	25,962	25,797	(166)	310,784	309,025	(1,759)
Payments to Other Providers	20,119	19,574	(545)	237,932	233,452	(4,480)
Contribution	**(221)**	**(411)**	**190**	**(2,491)**	**(5,000)**	**2,509**
Governance and Funding Admin.						
Funding	277	277	-	3,424	3,383	40
Other Income	3	3	-	30	30	-
Less:						
Expenditure	285	278	(7)	3,558	3,413	(145)
Contribution	**(5)**	**2**	**(7)**	**(105)**	**-**	**(105)**
Health Provision						
Funding	25,685	25,511	174	307,360	305,542	1,819
Other Income	2,561	2,507	54	31,301	30,594	706
Less:						
Expenditure	27,264	26,852	(411)	341,066	336,136	(4,930)
Contribution	**983**	**1,166**	**(183)**	**(2,405)**	**-**	**(2,405)**
Net Result	**756**	**756**	**(0)**	**(5,000)**	**(5,000)**	**(0)**

8. QUALITY AND FINANCIAL IMPROVEMENT PROGRAMME

Savings plans are transferred to operational budgets as they are agreed. Living within budget will indicate that directorates are achieving their savings targets.

The table below shows $10.3m of savings have been identified and $5.7m of identified savings have been removed from operational budgets. $2.8m of these were recurrent into future years.

	Target	Current Year Identification					Savings Delivered			Recurrency	
Division	2018/19 Savings Target $'000	2018/19 Identified Saving $'000	%	2018/19 Budget Adjusted	2018/19 Savings WIP	2018/19 Un-identified Savings	Full Year Actual	Full Year Plan	Var	2019/20 Budget Adjusted $'000	%
Strategic	-	-	- %	-	-	-	-	-	-	-	- %
Primary Care	4,673	3,354	72 %	869	2,485	1,319	2,091	4,673	(2,582)	603	13 %
Provider Services											
Medical	1,820	1,866	103 %	1,634	232	(46)	393	1,820	(1,427)	-	- %
Surgical	1,450	807	56 %	766	41	643	243	1,450	(1,207)	62	4 %
CWC	1,049	804	77 %	804	-	245	480	1,049	(569)	105	10 %
OPMH	865	1,100	127 %	1,100	-	(235)	892	865	27	865	100 %
Operations	893	564	63 %	298	267	329	95	893	(798)	-	- %
Facilities	232	246	106 %	246	-	(14)	178	232	(54)	232	100 %
COO	235	(1,170)	(498)%	(1,370)	200	1,405	47	235	(188)	-	- %
Total Provider Services	*6,544*	*4,216*	*64 %*	*3,476*	*740*	*2,328*	*2,327*	*6,544*	*(4,217)*	*1,264*	*19 %*
HI&E	402	435	108 %	435	-	(33)	295	402	(107)	184	46 %
People & Quality	105	126	120 %	124	3	(21)	106	105	1	102	97 %
Information Services	254	272	107 %	18	254	(18)	18	254	(236)	-	- %
Financial Services	1,430	1,238	87 %	158	1,080	192	136	1,430	(1,294)	20	1 %
Executive	112	28	25 %	28	-	84	11	112	(101)	-	- %
Capital Servicing	632	632	100 %	632	-	-	632	632	(0)	632	100 %
Totals	**14,152**	**10,302**	**73 %**	**5,740**	**4,561**	**3,850**	**5,617**	**14,152**	**(8,535)**	**2,806**	**20 %**
Annual Leave Savings Total		*1,499*		*1,499*	*-*	*-*	*579*	*1,499*	*(920)*	*-*	

NB: these are included in the above Division & Directorate figures.

9. FINANCIAL POSITION

30 June 2018	$'000	June Actual	June Budget	June Variance from budget	June Movement from 30 June 2018	Annual Budget
	Equity					
164,706	Crown equity and reserves	188,048	174,711	13,336	23,342	174,711
(15,982)	Accumulated deficit	(37,676)	(15,973)	(21,703)	(21,694)	(15,973)
148,723		150,372	158,738	(8,367)	1,648	158,738
	Represented by:					
	Current Assets					
7,444	Bank	759	2,313	(1,554)	(6,685)	2,313
1,885	Bank deposits > 90 days	1,881	1,901	(20)	(4)	1,901
25,474	Prepayments and receivables	26,690	25,045	1,646	1,217	25,045
3,907	Inventory	4,023	4,520	(498)	115	4,520
2,293	Investment in NZHP	-	-	-	(2,293)	-
-	Non current assets held for sale	-	625	(625)	-	625
41,003		33,353	34,404	(1,051)	(7,650)	34,404
	Non Current Assets					
175,460	Property, plant and equipment	192,050	185,018	7,032	16,591	185,018
1,479	Intangible assets	3,013	4,147	(1,134)	1,533	4,147
9,280	Investments	10,468	11,798	(1,330)	1,188	11,798
186,220		205,532	200,963	4,568	19,312	200,963
227,223	**Total Assets**	**238,885**	**235,368**	**3,517**	**11,662**	**235,368**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	10,208	-	(10,208)	(10,208)	-
35,817	Payables	28,332	36,249	7,917	7,485	36,249
40,064	Employee entitlements	47,355	37,579	(9,776)	(7,291)	37,579
75,881		85,894	73,828	(12,067)	(10,014)	73,828
	Non Current Liabilities					
2,619	Employee entitlements	2,619	2,802	183	-	2,802
2,619		2,619	2,802	183	-	2,802
78,500	**Total Liabilities**	**88,513**	**76,629**	**(11,884)**	**(10,014)**	**76,629**
148,723	**Net Assets**	**150,372**	**158,738**	**(8,367)**	**1,648**	**158,738**

Crown equity and reserves variance from budget includes changes in the 2017/18 result subsequent to the preparation of the 2018/19 budget. It also includes the $4m reduction to the 30 June 2018 revaluation reserve due to the seismic upgrades required in the theatre block.

Bank and bank deposits > 90 days reflects special funds and clinical trials movement, and the bank overdraft reflects the effect of the operating result on the cash position at the end of the month, as well as the $10.3m equity injection for cash flow purposes received in June.

Lower than budgeted non-current assets reflects the reclassification of the investment in New Zealand Health Partnerships (NZHP) to current assets and its subsequent write-off, and the reduction in planned capital spend from the annual plan to the current management budget.

Payables have reduced reflecting payment of outstanding amounts by Mid Central Health and the Clinical Training Agency. The increase in employee entitlements reflects the impact of settlements on entitlement balances.

10. EMPLOYEE ENTITLEMENTS

30 June 2018	$'000	June Actual	June Budget	June Variance from budget	June Movement from 30 June 2018	Annual Budget
10,004	Salaries & wages accrued	8,361	7,756	(605)	1,643	7,756
1,157	ACC levy provisions	1,027	532	(495)	130	532
5,945	Continuing medical education	5,609	6,456	846	335	6,456
21,348	Accrued leave	30,258	21,199	(9,059)	(8,910)	21,199
4,230	Long service leave & retirement grat.	4,718	4,438	(280)	(488)	4,438
42,683	**Total Employee Entitlements**	49,974	40,380	(9,594)	(7,291)	40,380

Leave balances (hours) have increased by 2.2% after a 1.8% increase in May reflecting the time of year (mid winter). The value of the liability has increased 3.3% (last month 10.5%) mainly reflecting the effect of settlements and strike cover. Accrued leave includes the provision for Holidays Act remediation and other employee entitlements recognised in June.

11. TREASURY

Liquidity Management

The surplus cash of all DHBs is managed by NZHP under a sweep arrangement facilitated by BNZ. The DHB provides forecast cash flow information to NZHP to allow it to invest the funds at the most advantageous rates, and uses the same information to ensure the DHB has the funds to meet its obligations as they fall due. The cash balance at the end of the year was a $10.2m deficit, inclusive of the $10.3m equity injection for cash flow purposes received in June.

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. June's low point was the $15.2m overdraft on 3 June. July's low point was a $14.1m overdraft on 3 July inclusive of the $10.3m equity injection.

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.

12. CAPITAL EXPENDITURE

Capital before regional and national projects was close to budget at year end. The $0.3m under spend was mainly the slow down in facilities due to the cash position.

See table on the next page.

2019 Updated Plan (Sep 18)		*Actual $'000*	*Year to Date Budget $'000*	*Variance $'000*
	Source of Funds			
	Operating Sources			
13,652	Depreciation	12,271	13,652	1,380
(5,000)	Surplus/(Deficit)	(21,694)	(5,000)	16,694
11,688	Working Capital	28,430	9,411	(19,020)
20,340		19,008	18,062	(945)
	Other Sources			
-	Special Funds and Clinical Trials	109	-	(109)
-	Funded Programmes	4	-	(4)
-		113	-	(113)
20,340	**Total funds sourced**	**19,120**	**18,062**	**(1,058)**
	Application of Funds:			
	Block Allocations			
3,347	Facilities	2,877	3,347	470
3,400	Information Services	3,382	3,400	18
3,225	Clinical Plant & Equipment	3,283	3,225	(58)
9,972		9,542	9,972	430
	Local Strategic			
100	Replacement Generators	-	100	100
26	Renal Centralised Development	24	26	2
2,872	Endoscopy Building	3,085	2,872	(213)
350	Travel Plan	343	350	7
1,263	Histology and Education Centre Upgrade	1,306	1,263	(43)
150	Radiology Extension	30	150	120
50	Fit out Corporate Building	-	50	50
500	High Voltage Electrical Supply	496	500	4
700	Seismic AAU Stage 2 and 3	320	700	380
1,950	Surgical Expansion	2,197	1,950	(247)
7,961		7,801	7,961	160
	Other			
-	Special Funds and Clinical Trials	109	-	(109)
-	Funded Programmes	4	-	(4)
-	Other	146	-	(146)
-		259	-	(259)
17,933	***Capital Spend***	***17,601***	***17,933***	***332***
	Regional Strategic			
1,945	RHIP (formerly CRISP)	1,174	129	(1,045)
1,945		1,174	129	(1,045)
	National Strategic			
462	NOS (Class B shares in NZHPL)	345	-	(345)
462		345	-	(345)
20,340	**Total funds applied**	**19,120**	**18,062**	**(1,058)**

13. ROLLING CASH FLOW

	Actual	June Forecast	Variance	Jul Forecast	Aug Forecast	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Apr Forecast	May Forecast	Jun Forecast
Cash flows from operating activities															
Cash receipts from Crown agencies	52,731	47,678	5,053	50,256	49,648	55,931	50,015	50,230	49,782	49,930	49,734	50,002	50,000	49,734	50,098
Cash receipts from donations, bequests and clinical trials	7	-	7	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	388	521	(133)	460	460	460	459	460	465	457	460	460	459	460	460
Cash paid to suppliers	(29,504)	(25,331)	(4,172)	(29,288)	(28,665)	(28,907)	(28,778)	(29,478)	(29,473)	(28,343)	(26,275)	(29,282)	(29,298)	(28,490)	(29,488)
Cash paid to employees	(19,668)	(18,174)	(1,494)	(23,420)	(18,287)	(18,192)	(21,516)	(18,957)	(17,862)	(25,456)	(18,355)	(18,437)	(22,556)	(18,923)	(19,301)
Cash generated from operations	**3,954**	**4,694**	**(740)**	**(1,993)**	**3,156**	**9,292**	**181**	**2,255**	**2,912**	**(3,412)**	**5,564**	**2,743**	**(1,395)**	**2,780**	**1,769**
Interest received	78	11	67	7	7	7	7	7	7	7	7	7	7	7	7
Interest paid	(80)	(84)	4	(14)	(15)	201	(7)	(69)	(90)	(19)	1	175	(7)	(87)	(87)
Capital charge paid	(4,151)	(4,015)	(137)	(0)	(0)	(0)	(0)	(0)	(4,285)	(0)	(0)	(0)	(0)	(0)	(4,284)
Net cash inflow/(outflow) from operating activities	**(199)**	**606**	**(805)**	**(2,000)**	**3,148**	**9,500**	**181**	**2,193**	**(1,456)**	**(3,424)**	**5,572**	**2,925**	**(1,395)**	**2,700**	**(2,595)**
Cash flows from investing activities															
Proceeds from sale of property, plant and equipment	125	480	(355)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Acquisition of property, plant and equipment	(2,018)	(2,212)	194	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)
Acquisition of intangible assets	(526)	(16)	(510)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)
Acquisition of investments	(146)	-	(146)	-	-	-	-	-	-	-	-	-	-	-	-
Net cash inflow/(outflow) from investing activities	**(2,565)**	**(1,748)**	**(816)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**
Cash flows from financing activities															
Proceeds from equity injection	10,300	-	10,300	-	-	-	-	-	-	-	-	-	-	-	-
Equity repayment to the Crown	(357)	(357)	-	-	-	-	-	-	-	-	-	-	-	-	(357)
Net cash inflow/(outflow) from financing activities	**9,943**	**(357)**	**10,300**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**(357)**
Net increase/(decrease) in cash or cash equivalents	7,179	(1,500)	8,679	(4,078)	1,070	7,422	(1,897)	115	(3,534)	(5,502)	3,494	848	(3,473)	623	(5,030)
Add:Opening cash	(12,459)	(12,459)	-	(5,280)	(9,357)	(8,287)	(865)	(2,762)	(2,647)	(6,181)	(11,682)	(8,189)	(7,341)	(10,814)	(10,191)
Cash and cash equivalents at end of period	**(5,280)**	**(13,958)**	**8,679**	**(9,357)**	**(8,287)**	**(865)**	**(2,762)**	**(2,647)**	**(6,181)**	**(11,682)**	**(8,189)**	**(7,341)**	**(10,814)**	**(10,191)**	**(15,221)**
Cash and cash equivalents															
Cash	4	4	0	4	4	4	4	4	4	4	4	4	4	4	4
Short term investments (excl. special funds/clinical trials)	(10,216)	(16,642)	6,426	(12,052)	(10,982)	(3,560)	(5,457)	(5,342)	(8,876)	(14,377)	(10,884)	(10,036)	(13,509)	(12,886)	(17,916)
Short term investments (special funds/clinical trials)	2,636	2,690	(54)	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690
Bank overdraft	9	(10)	19	-	-	-	-	-	-	-	-	-	-	-	-
	(7,567)	**(13,958)**	**6,391**	**(9,357)**	**(8,287)**	**(865)**	**(2,762)**	**(2,647)**	**(6,181)**	**(11,682)**	**(8,189)**	**(7,341)**	**(10,814)**	**(10,191)**	**(15,221)**
Cash Low Point (before the 4th of the following month)	(10,216)	(22,574)	12,358	(14,148)	(11,322)	(3,782)	(9,171)	(5,342)	(9,346)	(14,377)	(11,244)	(11,676)	(17,171)	(13,066)	(24,125)

The forecast is based on the Draft 2019/20 Annual Plan sent to the Ministry on 21 June. The cash flows from investing activities reflects the latest capital programme incorporated into the draft annual plan, but excludes the expected capital equity injection, due to uncertainty over timing. This may significantly improve the cash position in 2019/20.

14. CASH SUPPORT - CONDITIONS

Financial delegations

The Minister of Health expects the Board to assure itself that any increases to HBDHB's cost base are only approved where unavoidable. To that end he expects the Board will limit its delegations of financial authorities to ensure that potential increases to the major elements of the DHB's cost base are approved directly by the Chief Executive. This expectation is in respect of:

- Recruitment to new positions;
- Increases in contracts for community providers; and
- Approval of capital expenditure plans.

The Chief Executive has the authority under the policy to sub-delegate his or her powers, and make changes to delegation levels within his or her operational control. The Chief Executive applies this authority rarely, by amending the last schedule in the policy, "Identified positions with generic delegations" as he or she sees fit. The schedule includes a generic sub-delegation clause that assigns each management level to one of the sub-delegation lists. It then includes specific delegations that do not fit into the usual reporting lines, to make the policy workable.

To comply with the Minister's expectations, the generic sub-delegation clause will be amended from "ALL" to "ALL excluding recruitment to new positions and increases in contracts for community providers". Excluding these two items from the sub-delegation reserves authority to the Chief Executive and the Executive Director Financial Services. During the time the conditions apply, the Executive Director Financial Services will refer all items covered by the conditions that fall within her delegation, to the Chief Executive for approval.

Approval of capital expenditure plans are reserved to the Board.

Quarterly Report to the Minister of Health

The Minister also expects the Board to provide him, on a quarterly basis, with representation that cost increases have only been approved where unavoidable. The representation is to be accompanied by supporting reports which include the detail of, and explanation for, any increases in expenditure from the corresponding quarter of the previous year, including:

- Full Time equivalents (FTE), personnel and outsourced personnel expenditure;
- Total provider arm expenditure;
- Expenditure on community provider contracts; and
- Actual capital expenditure.

The Minister is expecting to receive the first representation and the supporting report for Quarter Four of 2018/19 in early August following July's Board meeting.

Because the report is a comparison between quarters in different financial years, it will have differences that arise from year-to-date adjustments and changes in accounting practice that are unrelated to financial performance. The main difference relating to accounting treatment of pharmaceutical spend, has been adjusted in the table and explainedunderneath. Others have been referred to in the commentary.

The June 2019 representation and supporting report are below.

Quarterly Report to the Minister of Health

Quarter Ended 30 June 2019

Description	*This Year*	*Last Year*	*Variance*	*Var %*
FTEs	2,531	2,454	-78	-3.2%
	$'millions	*$'millions*	*$'millions*	*%*
Personnel Costs	68.1	56.4	-11.7	-20.7%
Outsourced Personnel	2.2	1.7	-0.5	-32.8%
Provider Arm Expenditure	102.4	84.1	-18.3	-21.8%
Expenditure on Community Provider Contracts	63.3	62.5	-0.8	-1.3%
Actual Capital Expenditure	5.9	8.5	2.6	30.7%

Last years pharmaceutical spend has been adjusted to remove the inconsistency between the two quarters, caused by pharmaceutical claims between funder and provider being eliminated in the last month of 2017/18, and monthly in 2018/19.

FTEs (78 increase)

Includes:	FTE
• adjustment to hours relating to a Registered Medical Officer (RMO) run review;	9
• additional nursing resources relating to patient demand and acuity across most clinical areas, largely as a result of CCDM and NZNO settlement;	42
• net increase in actual allied health, there is significant difficulty recruiting and a number of approved positions vacant;	1
• increase in Operations as a result of increasing work loads in support of clinical staff, additional hours worked by kitchen assistants (volumes of meals), orderlies and security (patient watches);	12
• other increases including five additional FTE related to capital projects largely as a result of investment in Information Systems and structural change in Primary Care. There was a net zero increase in Corporate FTE.	14

Personnel Costs ($11.7m increase)

Includes:	$'m
• provision for Holidays Act remediation and other pay related liability;	7.0
• increases in employee pay rates from MECA settlements, partially MoH funded;	2.9
• SMO provided cover during the Resident Doctors' Association strike action;	0.8
• additional staffing (see FTEs).	1.0

Outsourced Personnel ($0.5m increase)

A provision for sabbatical leave cover was reversed in the last quarter of 2017/18, distorting the result for that quarter.

Provider Arm Expenditure ($18.3m increase)

Includes the $11.7m of personnel costs and the $0.5m of outsourced personnel noted above. Also includes: $'m

- write-off of the Finance, Procurement and Information Management (FPIM) investment; 2.6
- higher spend on outsourced elective surgery in the last quarter of 2018/19 that was spent earlier in the year in 2017/18; 1.0
- increase in the cost of clinical supplies, including blood and patient transport costs and impact of NASO contract; 1.2
- increase in infrastructure costs including security, maintenance, electricity and cleaning; 1.1
- increase in capital charge reflecting the revaluation of land and buildings at June 2018, and funded by the Ministry of Health. 0.2

Expenditure on Community Provider Contracts ($0.8m increase)

Pay equity costs funded by the Ministry of Health.

Actual Capital Expenditure ($2.6m decrease)

Last year's figure reflect expenditure on the self-funded Endoscopy project, completed in October 2018.

The Board and management of Hawke's Bay District Health Board confirm, to the best of our knowledge and belief, that cost increases between Quarter 4 of the 2017/18 and Quarter 4 2018/19 financial year, have only been approved where unavoidable.

BOARD HEALTH & SAFETY CHAMPION'S UPDATE

Verbal

	Te Pītau Health Alliance Governance Group
	For the attention of: **HBDHB and Health Hawke's Bay Ltd Boards**
Document Owner:	Bayden Barber, Chair
Author:	Chris Ash, Executive Director of Primary Care
Month:	July, 2019
Consideration:	For Information

10

Recommendation

That the Boards:

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

The Health Alliance Governance Group met on Wednesday 10 July 2019.

Significant issues discussed and agreed, including Resolutions, are noted below.

Resignation of Deputy Chair
Resignation of Dr Helen Francis as a member of the Te Pītau Health Alliance (Hawke's Bay) Governance Board.

Ken Foote (Company Secretary) to arrange for the HBDHB Board to appoint a replacement for Helen at their July 2019 Board meeting. The three DHB members will then recommend to the DHB Board who shall be appointed as the Deputy Chair.

Communications Plan
Support Group members advised the non-appointment to date of a Senior Communications Advisor to date will have ramifications on the Hawke's Bay Health Strategy.

System Level Measure (SLM) Improvement Plan 2019/20
Robyn Richardson (Principal Planner) advised on MoH feedback received post SLM Improvement Plan submission (and approval) at the June 2019 Te Pītau Governance Group meeting.

Two specific amendments to the Plan were noted, as follows:

a. Healthy Start - milestone: *increase number of Māori babies living in smokefree homes*

b. Person Centred Care - Patient Experience Survey (via People & Quality Directorate) milestone: *decrease the number of patients answering no to "did a member of staff tell you about medication side-effects to watch for when you went home?*

End of Life Care Redesign Update

Resolution

Te Pītau Health Alliance (Hawke's Bay) Governance Group members:

1. **Noted** the contents of this report and appendices, and provided their feedback
2. **Agreed** a further update should be provided at the Te Pītau Governance Group meeting on 14/08/19 (via the Te Pītau Support Group) to review and approve recommendations for End of Life Care Service Level Alliance (EoLC SLA) membership.

Road shows are being held throughout July 2019 to raise awareness of EoLC, generate SLA Expressions of Interests (EoIs) and encourage participation from whānau and community, either as potential SLA members or focus group.

Mental Health & Addiction Services Redesign Update

Resolution

Te Pītau Health Alliance (Hawke's Bay) Governance Group members:

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

Governance Group members received a high level view of the value of community-based contracts across age groups, and key contract portfolio groupings. A life course schematic of NGO MH&A services for Hawke's Bay was also provided via a visual map of community-based services across age group and key groupings.

Primary Care Workforce Development Fund

Karyn Bousfield (Nurse Director Primary Care) to be invited to attend the September 2019 Governance Group to discuss apportionment of the Fund.

OURHEALTH HAWKE'S BAY Whakawateatia	**Te Pitau Health Alliance Governance Group**
	For the attention of: **HBDHB and Health Hawke's Bay Boards**
Document Owner/Author:	Ken Foote, HBDHB Company Secretary
Reviewed by:	Chairs and CEOs HBDHB and Health Hawke's Bay
Month:	July 2019
Consideration:	For Decision

10.1

RECOMMENDATION

That the Boards

1. **Approve** the appointment of Heather Skipworth to replace Helen Francis as one of the three HBDHB Board representatives on the Te Pitau Health Alliance Governance Group

That the HBDHB Board

2. Appoints Hine Flood as the Deputy Chair of the Te Pitau Health Alliance Governance Group

Replacement HBDHB Representative

Helen Francis, as one of the three HBDHB Board representatives on the Te Pitau Health Alliance Governance Group has tendered her resignation from this Group, due to work commitments.

The Appointments Panel for the Governance Group has reviewed the nominations originally received from HBDHB Board members, and being the only other nomination, have recommended Heather Skipworth be appointed as Helen's replacement.

Deputy Chair

Clause 8.6 of the Alliance Agreement states that the DHB shall appoint one of the three DHB Board members to be the Deputy Chair.

As Helen Francis held this appointment, her resignation requires the DHB to appoint a replacement for this as well. Following some discussion between the DHB Chair and other DHB representatives on the Governance Group, it is recommended that Hine Flood be appointed Deputy Chair.

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board (MRB)**
	For the attention of: **HBDHB Board**
Document Owner:	Heather Skipworth (Chair)
Reviewed by:	Not applicable
Month:	July 2019
Consideration:	For Information

MRB met on 10 July 2019. An overview of issues discussed and recommendations at the meeting are provided below.

TE WHANGANUI A OROTU – PANDORA POND: WATER QUALITY PRESENTATION

MRB received two presentations from representatives of Napier City Council and HB Regional Council regarding water quality in Pandora Pond/Ahuriri Estuary and health issues caused purely from faecal contamination in the estuary.

The estuary is a unique water way in that this water is a mix of fresh and sea water with the two most commonly measured indicator bacteria being E.coli (freshwater) and Enterococci (marine waters). Faecal source tracking results have indicated birds are the main source of faecal contaminant during dry weather and from cows during wet weather.

Napier Council is working with farmers to set up fencing and increase plantings to assist with prevention of faecal matter from stock entering the water through surface run off. However in regards to the avian faecal source, this is more difficult in prevention as the wetlands are developed to encourage local and rare breeding of birds.

It was also noted that food sources from the Estuary are monitored regularly for safety levels. Napier Council acknowledged that there have been unacceptable levels of contamination in Pandora Pond. (Unacceptable risk levels were clarified in this case as meaning a 2% illness rate).

There are 12 projects being introduced over the next 10 years, all committed to cleaning up the storm water discharges into the Pandora estuary with a resource of $20.6m available.

Napier City Council note collaborative responsibility for their approach to addressing this whole of catchment issue and work with industries to learn how to treat the different types of contaminants and prevention of these entering the water systems. Every industrial site in Pandora has been approached and agreed to make a difference and work with the council in regards to their discharge.

MRB suggested that Napier Council should collaborate with iwi on educating communities and that cultural indicators affected due to the pollution should also be considered. Co-design and co-leadership is required to ensure the correct messaging gets to the communities affected.

The role of HBDHB was raised and that by monitoring 'What's going down our sinks' would assist with our contribution to this programme of improving water quality. Dr Nick Jones was asked to investigate further and provide a report in September on what DHB discharges are going into HB waterways.

Wairoa river was also highlighted as unsafe for recreational with unacceptable levels of contaminants. Dr Nick Jones was also asked to report back to MRB in October on the water quality of the Wairoa river

TE ARA WHAKAWAIORA – CULTURAL RESPONSIVENESS

Dr Andy Phillips, Hospital Commissioner and Champion for Equity in Outpatient Care and Patrick LeGeyt, General Manager Māori Health, in Kate Coley's absence due to illness, spoke to the Te Ara Whakawaiora Cultural Responsiveness report, with particular reference to Culturally Competent Workforce and DNA First Specialist Appointments.

MRB were particulalrly interested in HBDHB being a culturally responsive employer for Maori staff and that it was important that Maori cultural values are embraced by all. The HBDHB needs to recognise cultural uniqueness for Maori staff and really work on what a well-supported Maori workforce looks like. Celebrating the culture is vitally important in order to make retention of Maori staff a success.

In regards to recruitment, there was agreement that HBDHB workforce should be reflecting the population it serves. MRB felt that there is need to look at progressive pathways for Maori coming into the workforce at entry level and see greater representation in executive and leadership positions.

MRB were concerned with the high rate of Maori staff resignations, especially in Nursing, and query raised as to whether exit interviews were being utilised to identify why this is happening.

Values based recruitment was discussed with JB Heperi-Smith, Senior Advisor Cultural Competency, leading discussion and highlighting that the most appropriate people need to be sat at the recruitment table. MRB acknowledged that HBDHB is a leading example for DHBs in their values based recruitment process.

In relation to DNA First Specialist Appointment, Dr Andy Phillips supported that it is the DHB's responsibility to ensure consumers attend appointments and services. He recognised that 'DNA' implies blame and should be removed. Kaitakawaenga support service has proven a success to raising attendance rates and there is currently review around our appointment-making processes to be more user friendly, i.e. text messaging. It is recognised that each service will have different specific requirements to assist patients with attending outpatients appointments and this project is engaging with IS to ensure we are finding the best ways to work towards people's needs.

RECOMMENDATION
It is recommended that the **Māori Relationship Board:**
1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

Adopted.

HBDHB HEALTH STRATEGY

Chris Ash, Executive Director of Primary Care and Bernard Te Paa, Executive Director of Health Improvement and Equity, supported by Hayley Turner, Corporate Portfolio Manager, led a workshop on the updates to the HB Health Strategy and any comments and feedback were recorded for inclusion into a final draft document of the HB Health Strategy which will be presented to MRB in August for final approval.

CEO RECRUITMENT

Recruitment process for new CEO was discussed. MRB expressed their desire to be involved in the recruitment of the future CEO. They would be holding further discussions and will be making some strong criteria recommendations for the Board in August.

	Hawke's Bay Health Consumer Council
	For the attention of: **HBDHB Board**
Document Owner:	Rachel Ritchie (Chair)
Month:	July 2019
Consideration:	For Information

RECOMMENDATION

That the **HBDHB Board:**

1. **Note** the content of the report.

Council met on Thursday 11 July 2019. An overview of matters discussed is provided below:

REPORTS

A number of reports from various consumer representatives were received and discussed as appropriate:

- Consumer Experience Facilitators
  - Thanks conveyed for organising and hosting Volunteer Celebration
  - Noted recent visit to Wairoa to reach out to community/consumer networks
  - Noted Surgical Services are investigating establishing a consumer group
- Te Pitau Health Alliance Governance Group
- After Hours Care Service Group – Council requested a second Consumer Council member (Hastings based) for this group as it considers the Hasting after hours service provision. This area is of particluar interest to the Council.
- Mental Health and Addictions Partnership Advisory group

PHO FLEXIBLE FUNDING

The CEO and Group manager Corporate Services from Health Hawkes Bay Ltd, provided a presentation on the PHO Flexible Funding Pool and the outcomes of a recent review of the economy, efficiency, effectiveness and equity of investments made from these funds.

Members appreciated learning about and discussing how these investments contribute to improving the health of the Hawkes Bay population. Members expressed a wish to provide consumer input as part of the refresh of the priorities.

BRIEF ON WAIROA

Executive Director and Nurse Director Primary Care provided a brief on activities in Wairoa, particularly how HBDHB, HHB and other agencies have been working with the Community Partnership Group. Specifically feedback from the community indicated that health systems in Wairoa have not been working as effectively as whanau wanted. There was therefore the need to bring all parties together to address the issues and plan a way forward.

Council appreciated the brief and the discussion, noting that Wairoa were leading the way in demonstrating how effective community and consumer leadership and engagement, can lead to effective health service design and delivery.

HBDHB CEO

Council's thanks were extended to the departing CEO for his leadership and encouragement in the development of the Consumer Council and for his continued support. Council was encouraged to hear the CEO's support of the consumer voice in steering groups etc and to be more than one lone voice in a narrative often focussed on system and funding and lcinical concerns. Allowing a minimum of two consumers on any groups will help redress the balance.

1737 MENTAL HEALTH SUPPORT LINE

A general concern was raised last month by the member representing the Hastings District Youth Council about apparent unacceptable response times and general inefficiency of the 1737 Mental Health Support Line. At Consumer Council's request, HBDHB staff had followed up this concern and reported back. Whilst acknowledging the explanations provided by the Support Line (increased demand following the Christchurch shooting), Council agreed to continue support for the Youth Council in urging improved levels of service as significant concerns remain.

WAIROA & CHB CONSUMER COUNCIL MEMBER

The Council is currently advertising to recruit members from each region. We are finding it increasingly difficult to recruit from CHB and Wairoa.

2019/2020 PLAN

Initial discussions took place turning our minds to objectives for the next year. We also reviewed progress against objectives for the 2018/2019 year. Whilst there is much progress to make in the consumer engagement and PWCC space, there has also been sound progress as we look back over the 2018/19 objectives. I expect to bring out our 19/20 objectives and review of 18/19 progress against objectives to future board meetings.

	Hawke's Bay Clinical Council
	For the attention of: **HBDHB Board**
Document Owner:	Dr John Gommans (Co-Chair) Jules Arthur (Co-Chair)
Month:	July 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

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

HB Clinical Council met on 10 July 2019. A summary of matters discussed is provided below:

COMMITTEES & REPRESENTATIVES REPORTS TO COUNCIL

Reports were received from:

- Te Pitau Health Alliance Governance Group

ANNUAL MEETING

Council generally has an Annual Meeting in August each year, with key agenda items:

- Election of Co-Chairs
- Review of Terms of Reference and Membership
- Appointment of new/replacement members
- Review achievements against objectives for previous year
- Agree Annual Plan for new year

Due to a significant number of vacancies and potential absences, as well as the need to devote significant time to a workshop on clinical governance/clinical risk, Council agreed to postpone the Annual Meeting until September.

TE ARA WHAKAWAIORA – CULTURAL RESPONSIVENESS

Council noted and discussed the report provided. Comments during discussion included:

- Compliments to those involved in developing the report
- Key priority is ensuring Work force is skilled at Engaging Effectively in Māori
- Need to 'grow' Maori workforce was supported with emphasis on progression into leadership positions
- Reintroduction of Enrolled Nursing option was supported

- Some NGOs were more successful in attracting and retaining Maori workforce and HBDHB DHB could learn from their successes
- Need to make intent of objectives become part of 'business as usual'.
- Navigators need to be engaged early/up front rather than only after a problem is identified.
- Clinical competence requires cultural competence

Council endorsed the proposed next steps and recommendations.

HB HEALTH STRATEGY UPDATE

Council were updated on progress since feedback provided at the last Council meeting, noting that the planned meeting with the appointed Council sub-committee had yet to be held. During discussion, a number of additional points were noted:

- Need for more emphasis on clinical safety and workforce.
- Greater recognition of clinically-led decision making and leadership
- Ensuring we have clinical governance involved in making decisions across the organisation.
- Importance of reliable relevant data through to board reporting
- Involvement of Council in commissioning decisions
- Strategy must be high level, balanced and easy to read.
- Operational clinical leaders need to be involved – more so with Implementation Plan

ACKNOWLEDGEMENTS

It was noted that this was the final Council meeting being attended by:

- Dr Kevin Snee (HBDHB CEO) – resigning from HBDHB to take up appointment as CEO Waikato DHB
- Dr John Gommans (SMO) – resigning from Clinical Council after nearly nine years service, and therefore also from the role of Co-Chair

The service and contribution of both was acknowledged, and each congratulated Council on its achievements to date and wished members well for the future.

HAWKE'S BAY District Health Board Whakawāteatia	**Community Representatives on Te Matau a Maui Health Trust** For the attention of: **HBDHB Board**
Document Owner:	Ken Foote (Company Secretary)
Document Author:	Ken Foote (Company Secretary)
Month:	July 2019
Consideration:	For Approval

14

RECOMMENDATION

That the Board

Appoint Trish Giddens to be a Trustee of Te Matau a Maui Health Trust for a three year term commencing August 2019

BACKGROUND

Te Matau a Maui Health 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."*

Until recently Leanne Hutt has been the community representative trustee 'ordinarily resident in the Central Hawkes Bay District'. Leanne did not offer herslf for reappointment at the end of her term. Following consultation with the Mayor of Central Hawkes Bay, Trish Giddens has been nominated as Leanne's replacement.

HAWKE'S BAY District Health Board Whakawāteatia	**NZ Health Partnerships Statement of Performance Expectations 2019/20**
	For the attention of: **HBDHB Board**
Document Owner:	Ken Foote, Company Secretary
Compiled by:	Ken Foote, Company Secretary
Reviewed by:	n/a
Month:	July 2019
Consideration:	For Decision

15

RECOMMENDATION

That the HBDHB Board:

1. **Approves** the NZ Health Partnerships Statement of Performance Expectations 2019/20 and provides written confirmation of this to Tim Keating, Chief Executive no later than 31 August 2019, and
2. **Notes** progress on the development of the NZ Health Paternships key performance indicators to support the Statement of Performance Expectations 2019/20.

BACKGROUND

1. NZ Health Partnerships is required to prepare a Statement of Performance Expectations (SPE) and Annual Plan every year. The SPE is delivered to the Hon Dr David Clark, Minister of Health, the Ministry of Health, and the Annual Plan to NZ Health Partnerships' Shareholders.

2. In accordance with the Shareholders' Agreement between NZ Health Partnerships Limited and Each District Health Board (DHB), NZ Health Partnerships also presents the SPE as the Annual Plan including the Annual Budget. This combined NZ Health Partnerships SPE 2019/20 (SPE 2019/20) accountability document outlines our performance targets and financial forecasts for the next financial year, for written approval by all 20 DHBs.

3. The SPE 2019/20 will be sent to the Rt Hon Dr David Clark, Minister of Health and Dr Ashley Bloomfield, Director-General of Health. It will be tabled in the House of Representatives, and published on the NZ Health Partnerships website.

4. 28 February, the DHB Chief Financial Officers (CFO) Forum received the NZ Health Partnerships National Procurement Plan 2019 - 2021, and provided feedback on the draft SPE 2019/20.

5. 10 May, the Shareholders Review Group (SRG) endorsed the final draft SPE 2019/20 budget which incorporated the NZ Health Partnerships business-as-usual revenue and expenditure statements.

6. 21 May, following the SRG endorsement, the NZ Health Partnerships Board approved the final SPE 2019/20 including the revised Prospective Statement of Comprehensive Revenue and Expenses information.

STATEMENT OF PERFORMANCE EXPECTATIONS 2019/20

7. See Appendix 1 for the SPE 2019/20.

8. The points below provide an overview of the SPE content:

a. Shared Services Value - The NZ Health Partnerships focus for 2019/20 is to drive value through:

- *National Procurement:* In accordance with the National Procurement Plan 2019 - 2021, an estimated in-year and annualised budgetary and non-budgetary benefits of $14.9m achieved through the national sourcing of eight clinical and five in-direct products; data analytics projects for clinical categories based on PHARMAC national contracts; and the minimisation of risk exposure through active contract management for 13 national categories

- *Shared Banking:* Management of the national shared banking service for all 20 DHBs and their subsidiaries, including management of a cash balance between $75m to $1.4b that delivers an estimated $7.1m in benefits, and

- *Collective Insurance*: Delivery of an estimated $5.3m of benefits for the health sector from the 2019/20 Collective Insurance placement.

b. **Financial Statements** - The Prospective Statement of Financial Performance by Output Class takes into account the prospective FPIM Capital Programme and FPIM Support Service revenue and expenditure attributable for the 2019/20 year. Both the FPIM programme and support business activities will operate under the directive of the Ministry of Health (MoH), while a decision is made about the future entity responsible for provision of the ongoing delivery of this IT initiative for the health sector (see Appendix 1, pages 15 - 26).

c. **Performance Goals** - A total of 17 performance measures including 22 targets have been set for National Procurement, Shared Banking, Collective Insurance, Organisational Capacity and FPIM Corporate and Finance Service, with a strong focus on the forecast delivery of $27.3m to our Shareholders. All financial and non-financial measures and targets shall be monitored and reported on a quarterly basis, then concluded with the Annual Report 2020 (see Appendix 1, pages 7 - 12).

d. **Benefits** - The Benefits section has been improved with the introduction of new content that reflects the NZ Health Partnerships Benefits Management and Process Framework, and supports the terms of reference for the NZ Health Partnerships annual benefits realisation internal audit. For example, the list of benefit related definitions has been extended to include annualised benefits, in-year benefits, cost avoidance and cumulative benefits (see Appendix 1, page 13).

CHIEF FINANCIAL OFFICER NOTE

9. 21 May, the NZ Health Partnerships Board approved the SPE 2019/20 budget including the Prospective Statement of Comprehensive Revenue and Expense financial statement. This financial statement is now in line with the NZ Health Partnerships business-as-usual and SRG endorsed budget for the next financial year, as presented at the CFO Forum on 17 May.

10. In an earlier communication from Grant McGregor, GM Corporate and Finance to all DHB CFOs, there has been a reallocation of FPIM costs compared with the CFO's previous revision of the SPE 2019/20 annual budget. All FPIM costs are now only being borne by those DHBs who are committed to going forward with FPIM in the short to medium term.

11. NZ Health Partnerships has worked through the detail of apportioning the full costs to FPIM capital programme and FPIM support service because it is now under the directive of the MoH, until December 2019. See **Appendix 2** for a reconciliation of the Prospective Statement of Comprehensive Revenue and Expense financial statement.

NEXT STEPS

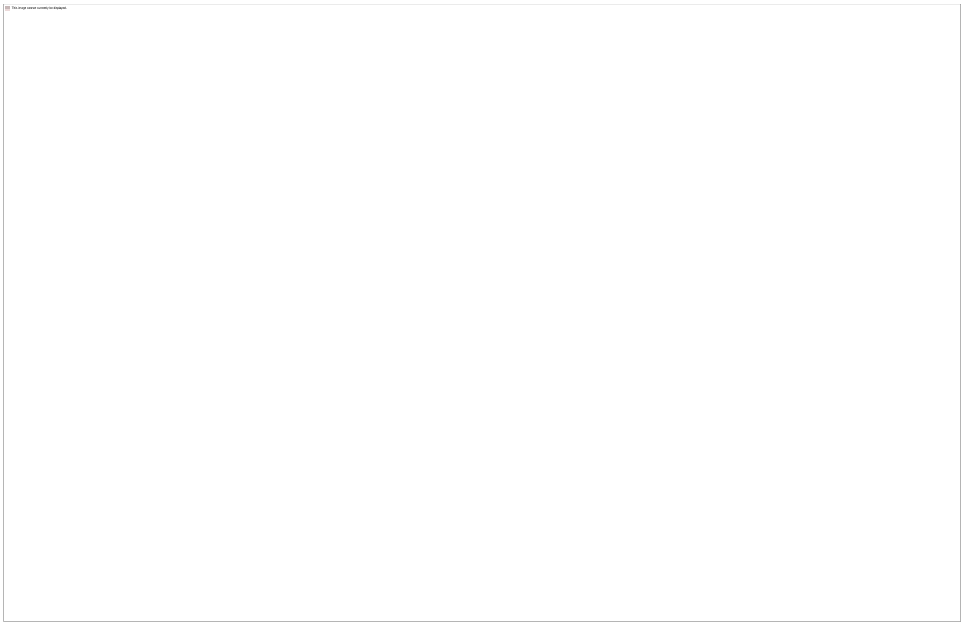
12. Until the Shareholders approve in writing the SPE 2019/20, NZ Health Partnerships will continue to operate in accordance with the previous SPE 2018/19 annual budget.

Appendix 2

Reconciliation - Prospective Statement of Comprehensive Revenue and Expense

For the year ending 30 June 2020

	SRG Budget	Revised CFO Budget	Budget Variance
Revenue			
Total Services	8,464	9,495	(1,031)
Total Programmes	15,236	14,267	969
	23,700	**23,762**	**(62)**
Interest Revenue NZ Health Partnerships	30		
Interest Revenue Shared Banking	13,845		
Revenue in Advance - Non Participating DHB for FPIM held in Bsheet	(340)		
	37,235		
Total Revenue per SPE	37,235		
	0		



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NZ HEALTH PARTNERSHIPS

Statement of Performance Expectations 2019/20

For Shareholder Approval

15.1

Confidential

Note to our Shareholders

Annual Plan

In accordance with our Shareholders' Agreement, NZ Health Partnerships also presents this document as the Annual Plan 2019/20 including the Annual Budget 2019/20 for written approval before the commencement of our next financial year on 1 July 2019.

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Foreword

Welcome to NZ Health Partnerships Statement of Performance Expectations 2019/20.

Shareholders Review Group

NZ Health Partnerships is undergoing a review process that was initiated by our Shareholders in March 2019. Established in April, the Shareholders Review Group (SRG) will review NZ Health Partnerships at an important stage of the company lifecycle. The SRG will review where NZ Health Partnerships has progressed as a shared service organisation as well as the potential ongoing value it could deliver to the health sector.

Led by Sir Brian Roche, the review is committed to an evidence-driven approach. The SRG will report the outcomes of the review and make recommendations to the Shareholders in early August 2019. Each member of the SRG brings sound expertise and experience of the health sector, along with a forward-looking approach that aligns with wider health sector reviews and plans. Sir Brian Roche is also a member of the Health and Disability System Review, which has been established by the Rt Hon Dr David Clark, Minister of Health.

Finance Procurement Information Management System

The Health Finance Procurement and Information Management System (FPIM) Business Case was approved by all 20 DHBs (DHBs). To progress the business case, the Ministry of Health (MoH), DHBs and NZ Health Partnerships agreed that the FPIM Capital Programme and FPIM Support Service be transferred to MoH to advance delivery and to meet critical timelines.

As part of this, some of the current FPIM Team at NZ Health Partnerships have been seconded to MoH including Steve Fisher, former General Manager Strategy People and Engagement, in his new role as General Manager FPIM. NZ Health Partnerships believes the secondment is a positive step as it will ensure momentum for the programme and service, while enabling advancement of the technical solution and national product catalogue.

Looking ahead

As we look to the next three months, NZ Health Partnerships will continue to provide its valuable programmes and services to deliver benefits to the DHBs.

The NZ Health Partnerships National Procurement Plan 2019 - 2021 was approved by all 20 DHBs. The target is to deliver $14.9m of National Procurement benefits in the coming 2019/20 year, which is within the estimated target to deliver a total of $27.3m of benefits to our Shareholders.

NZ Health Partnerships has welcomed the engagement with the SRG and the opportunity to present the results produced by NZ Health Partnerships through a balanced and evidence-led approach. The company looks forward to the recommendations of this group and the future certainty it will provide for the people in the company.

Tim Keating
Chief Executive

Who we are

Our purpose

NZ Health Partnerships is a multi-parent Crown entity subsidiary. Owned by and working in partnership with all DHBs(DHBs), we build and deliver shared services supporting them to provide quality healthcare to their communities.

What we do

We collaborate with DHBs as our Shareholders, co-creators and customers. In partnership we identify, develop and implement initiatives for the health sector's mutual benefit.

With an aging population, increasing cost of new clinical equipment and rising public demand, our initiatives are focused on creating financial efficiencies for DHBs.

By thinking, acting and investing collaboratively, DHBs are able to achieve greater benefits than they would by operating independently.

However, what we do is about more than cost reduction. While the company's primary focus is on administrative, support and procurement activities, our work can have direct or indirect clinical implications. Ultimately, we aim to support DHBs to achieve excellent patient outcomes.

Governance and accountability

NZ Health Partnerships works in a commercial manner within a public health sector environment. The company operates under the NZ Health Partnerships Board (Board), as well as programme and service governance structures with strong DHB representation. The Board comprises three independent Directors, and four regional DHB Chairs. It is chaired by an Independent Director.

Our Board

- Terry McLaughlin, Chair and Independent Director
- Peter Anderson, Independent Director
- Kevin Atkinson, DHB Central Region Director
- Pauline Lockett, DHB Midlands Region Director
- Sally Macauley, DHB Northern Region Director
- Ron Luxton, DHB Southern Region Director

In December 2018, after several years with NZ Health Partnerships, Joanne Hogan resigned from her Independent Director role to enable her the increased bandwidth demanded in her professional role. The Board has agreed that this Independent Director position shall remain vacant until the conclusion of the SRG work, and our Shareholders' decision in regard to the future of the company.

Shareholders as co-creators

We run our programmes and services collaboratively with DHBs, who are our owners and customers. DHB leaders and other subject matter experts generously contribute both time and expertise to ensure our work meets the needs of the health sector.

Each programme and service has its own governance and advisory structures, involving DHB Chief Executives. Other forums and advisory groups include DHB leaders such as the Chief Financial Officers, Chief Information Officers, facility managers, procurement and supply chain experts and clinicians.

Alongside NZ Health Partnerships Chief Executive, Tim Keating, each programme and service has a DHB Chief Executive Sponsor. These Sponsors help drive strategic delivery and support performance through the promotion of strong stakeholder engagement.

Our Chief Executive Sponsors

- Collective Insurance
  Nigel Trainor, Chief Executive, South Canterbury DHB

- Shared Banking
  Nigel Trainor, Chief Executive, South Canterbury DHB

- National Procurement
  Kevin Snee, Chief Executive, Waikato DHB
  Peter Bramley, Chief Executive, Nelson-Marlborough DHB

- Food Services
  Jim Green, Chief Executive, Hauorā Tairawhiti DHB

Strategic partnerships

NZ Health Partnerships actively works to foster strategic relationships across the health sector. Organisations with which we work closely include the Ministry of Health, PHARMAC, Ministry of Business, Innovation and Employment, Treasury, Department of Internal Affairs, commercial organisations and other health sector shared services organisations.

Statutory and compliance requirements

As a Crown entity subsidiary and limited liability company, NZ Health Partnerships is required to comply with a variety of legislation including but not limited to:

- Commerce Act 1986
- Companies Act 1993
- Crown Entities Act 2004
- Employment Relations Act 2000 and the Human Rights Act 1993, Holidays Act 2003 etc
- Health and Safety at Work Act 2015
- New Zealand Public Health and Disability Act 2000
- Official Information Act 1982
- Ombudsmen Act 1975
- Privacy Act 1993 and related codes ie Health Information Privacy Code 1994
- Protected Disclosures Act 2000
- Public Audit Act 2001
- Public Finance Act 1989
- Public Records Act 2005.

Risk management

NZ Health Partnerships recognises that risk management is essential for the delivery of its programmes and services. Our approach is to assist the organisation in integrating risk management into significant activities and functions. The effectiveness of our risk management practices and processes is supported by the Chief Executive and integrated into the governance of the company, including decision-making.

Services

NATIONAL PROCUREMENT

May 2016: The DHB Procurement Strategy was unanimously approved by all 20 DHBs setting the framework to support delivery of benefits to DHBs through our procurement service activities.

May 2017: NZ Health Partnerships was given responsibility by the DHBs to establish the DHB National Procurement Service. Part of this responsibility was the establishment of the National Procurement Operating Model and a DHB Procurement Policy, which covers the approach, functions and roles to guide how the DHB Procurement Strategy will be operationalised. The Joint Procurement Authority is the governing body for monitoring these foundation documents.

October 2018: The DHB Procurement Policy was approved by all 20 DHBs. It includes how NZ Health Partnerships will consult and collaborate with stakeholders to develop a schedule of proposed national procurement activities covering at least a 12-month period.

May 2019: The National Procurement Plan 2019 - 2021, which was approved by all 20 DHBs, will influence an estimated DHB spend of $758m, and deliver an estimated total benefit of up to $25m over the next two years. The national level estimated average return on investment is 5.8:1.

Achievement of the two-year target will be enabled through our national-led process that will require DHB subject matter expert input through reference groups, and ongoing support from all DHBs to meet the agreed deliverables and dates for each type of national procurement category of goods and services.

Focus for 2019/20

Under the National Procurement Plan 2019 - 2021, there is a significant focus on developing national strategies for capital equipment, performing key sourcing events, improving reporting to support implementation and managing contracts to maintain value delivery. FPIM is one of the key enablers identified in the National Procurement Operating Model. Ensuring our National Procurement service is ready to leverage FPIM data will be a significant focus for National Procurement in 2019/20.

National Procurement also includes Food Services which delivers the contractor and vendor management of the Food Services Agreement with Compass Group New Zealand (Compass), on behalf of Auckland, Waitemata, Counties Manukau, Hauorā Tairawhiti and Nelson Marlborough DHBs. Compass provides approximately 60 per cent of all patient meals served in New Zealand hospitals as well as hospitals' staff cafeterias, food retail outlets and Meals on Wheels.

Performance Measures and Targets	Type	Date
Connect and build the National Procurement engagement network: 1. Establish a DHB nominated reference group for each of the national sourcing events conducted by NZ Health Partnerships 2. Engage PHARMAC on a quarterly basis to update the Medical Device category status, as included in the National Procurement Plan 2019 - 2021	Quality Timeliness	September December 2019 and March June 2020
National Procurement opportunity assessment for the health sector: 3. Conduct National Procurement opportunity assessments for six Indirect Products and Services categories, as included in the National Procurement Plan 2019 - 2021	Quality Timeliness	March 2020
Conduct National Procurement sourcing activities: 4. Coordinate eight clinical and five Indirect Products and Services national sourcing activities, as included in the National Procurement Plan 2019 - 2021 5. Deliver an estimated $3.03m of in-year annualised budgetary benefits, subject to changes of the National Procurement Plan 2019 - 2021 activities verification of expenditure data	Quality Financial	June 2020
Optimise contract outcomes through data analytics: 6. Conduct further opportunity analysis projects for clinical categories based on PHARMAC national contracts and deliver an estimated in-year annualised non-budgetary benefit of $9.5m	Quality Financial	June 2020
Minimise risk exposure through contract management: 7. Active contract management for 13 national categories to ensure risk of price increases are minimised and deliver an estimated in-year annualised non-budgetary benefit of $2.4m in cost avoidance 8. Implement a new visualisation tool through Oracle Cloud Analytics 9. Expand the National Procurement database infrastructure to incorporate supplier sales information	Timeliness Financial	June 2020 December 2019 April 2020
Support the development of procurement capability: 10. Partner with MBIE to review the Procurement Capability Index and support capability development initiatives	Quality Timeliness	September 2019

SHARED BANKING

On behalf of DHBs, NZ Health Partnerships negotiates the best banking deal on a collective basis. By working together, the health sector can achieve better value through its Shared Banking service. NZ Health Partnerships saves all 20 DHBs and their subsidiaries significant administration duties and duplication of transactions through its centralised banking facility.

Every day, NZ Health Partnerships manages a cash balance of between $75m to $1.4b for the health sector. Unlike the other services where we act as a vendor manager, NZ Health Partnerships delivers the actual banking service for all 20 DHBs and their subsidiaries. Key activities involve managing the contract between BNZ and DHBs, running the health sector-wide cash off-set arrangement, updating the consolidated short and long-term cash forecasts, seeking to enhance deposit returns and handling health sector monthly low-points before receipts on the 4th of the month.

NZ Health Partnerships invests funds held in a range of low-risk investments to optimise the return on funds and minimise fees, while ensuring sufficient cash is available to meet all DHBs' needs. Our Shared Banking service is instrumental in identifying ways to improve efficiencies and streamline processes across each DHB and the health sector.

Focus for 2019/20

The key focus for the year is to work with BNZ, all 20 DHBs, and their subsidiaries, to manage the health sector's monthly cash low-point liquidity while maximising the returns on investments. We shall continue to add value to our Shareholders and key stakeholders, through our mature Shared Banking service.

Performance Measures and Targets	Type	Date
An efficient Shared Banking service: 11. Deliver service within agreed budget for the 2019/20 financial year and deliver to DHBs $7.1m benefits and an effective interest rate of 10 basis points margin over the Official Cash Rate, for the Shared Banking portfolio during 2019/20	Financial	June 2020
A two-year rolling cash forecast: 12. Consolidate a two-year rolling cash forecast for the health sector on a monthly basis and distribute to DHBs and Ministry of Health, including working towards positive resolution to avoid potential cash offset limit breaches	Timeliness	July 2019 to June 2020
A Shared Banking Service review: 13. Conduct the annual internal Shared Banking audit to gain assurance for compliance	Quality	June 2020

COLLECTIVE INSURANCE

On behalf of DHBs, NZ Health Partnerships seeks to negotiate the best insurance deal available on a collective basis. Working together ensures the health sector can offer insurers a portfolio that is geographically spread with a high level of risk identification and management processes in place. Substantial insurance policy cover is gained as a result from a comparatively lower premium, compared to individual DHBs buying insurance. Nation-wide the DHBs own assets valued around $19b.

Collective Insurance involves managing the contract between Marsh - a global leader in insurance broking and innovative risk management solutions - and all 20 DHBs, and their subsidiaries. NZ Health Partnerships also leads the Collective Insurance strategy with DHBs and instructs our insurance broker on work streams to enhance this shared service, and carries out regular relationship management meetings with Marsh, the current insurance broker.

Annually, we conduct a Collective Insurance review process and consider the All of Government and health sector approaches for alternative risk transfer mechanisms, with the aim of providing greater resilience against swings in the annual insurance policy premiums or terms. Every year the Collective Insurance shared service runs the Marsh and NZ Health Partnerships health sector risk and insurance forum.

Focus for 2019/20

Support DHBs to maximise the value from their mature and well managed portfolio of risks. MBIE is likely to carry out an All-of Government insurance tender process, in which case our NZ Health Partnerships' focus shall be to ensure the Collective Insurance cover is in place. Also that an insurance broker is appointed to support all 20 DHBs and their subsidiaries.

Performance Measures and Targets	Type	Date
An efficient Collective Insurance service: 14. Deliver $5.3m of benefits for the health sector from the 2019/20 Collective Insurance placement	Financial	December 2019
Insurance broker appointment: 15. Take into account the MBIE progress on a potential All of Government collective insurance vehicle, including the incorporation of alternative risk transfer mechanisms 16. Appoint a health sector insurance broker to deliver Collective Insurance cover in the 2020/21 year, or beyond	Timeliness	October 2019
DHB engagement in Collective Insurance activities: 17. Provide bi-monthly reports to the Banking and Insurance Service Performance Group and implement any advice and/or agreed decisions	Timeliness Quality	June 2020

Management

ORGANISATIONAL CAPABILITY

NZ Health Partnerships programmes and services are supported by a lean team providing a range of core company functions including finance, risk management, legal, audit and compliance as well as strategy, business performance, human resources, and communications and engagement.

The Corporate and Finance Team, and the People and Engagement Team work across the organisation to increase the company's performance, improve alignment with our Shareholders' activities and to enhance the delivery of ongoing value to the health sector. These cross-organisational functions are aptly referred to within our management structure as Organisational Capability, adding expertise, proficiency and resource to the effective delivery of services and benefits to the health sector.

Focus for 2019/20

A business-as-usual corporate and financial focus continues to support the Collective Insurance, Shared Banking, National Procurement and Executive Leadership Team activities. Further Organisational Capability targets will be included in the Change Management Plan required after the Shareholder Review Group report and Shareholders' decision.

Performance Measures and Targets	Type	Date
Develop a Change Management Plan: 18. Develop and implement a Change Management Plan to manage organisational changes that may result from the Shareholders Review Group recommendations, and ensure control in scope, communication and resources that will minimise any negative impacts on the business, employees, Shareholders, customers, suppliers, partners and key stakeholders	Quality Timeliness	June 2020
Update People and Engagement policies: 19. Update and review all People and Engagement policies, as detailed in the NZ Health Partnerships Policy Plan 2019/20	Quality Timeliness	March 2020

FPIM CORPORATE AND FINANCE SERVICES

April 2019: In agreement with the DHB Chairs and Chief Executives, the FPIM Governance Board resolved to transfer day to day responsibility for FPIM Capital Programme and FPIM Service from NZ Health Partnerships to the MoH. Given the uncertainty surrounding the future of the company, the secondment of the FPIM team into the MoH was an appropriate step to ensure the FPIM Business Case can progress through to completion.

May 2019: Dr Ashley Bloomfield, Director-General of Health and Chair of FPIM Governance Board, confirmed the transfer of the FPIM Capital Programme and FPIM Service from NZ Health Partnerships to the MoH on an interim basis until December. While NZ Health Partnerships no longer has responsibility or accountability for the FPIM Capital Programme and FPIM Service we continue to provide related support services to the MoH.

Focus for 2019/20

In recognition of the financial, legal and risk implications in relation to the MoH support services for the FPIM Capital Programme without any formal documentation, our Board requested that we work with the MoH to develop a Service Level Agreement to establish our working relationship and service delivery expectations. The development of a Service Level Agreement between NZ Health Partnerships and the MoH for the period-ending 31 December 2019, and the transfer of the FPIM asset to a new entity is an imperative for the first-half of the 2019/20 financial year.

Performance Measures and Targets	Type	Date
Establish an FPIM Service Level Agreement: 20. Develop and implement a Service Level Agreement between NZ Health Partnerships and the MoH that establishes a set of agreed NZ Health Partnerships corporate and finance deliverables for the FPIM Capital Programme and FPIM Service for the six-month period July to December, or beyond, if required	Financial Quality Timeliness	August 2019
Deliver FPIM support services: 21. Achieve ≥90% of the FPIM Support key performance indicators for the corporate and finance support services provided to the MoH, as agreed in the NZ Health Partnerships and MoH: FPIM Service Level Agreement	Financial Quality Timeliness	December 2019
Transfer of the FPIM asset: 22. As directed by the MoH, ensure an effective transfer and implementation of the FPIM asset to a new entity and/or the participating DHBs	Financial Quality Timeliness	June 2020

Benefits

Supporting DHBs through providing value-add services are at the heart of NZ Health Partnerships' purpose. In collaboration with our DHB Shareholders, activities are identified, assessed, prioritised, developed and implemented with the purpose of providing opportunities for DHBs to generate financial and non-financial benefits, thereby contributing to the health and wellbeing of New Zealanders.

A benefit is defined as a measureable gain from an investment which is perceived to be advantageous by a stakeholder. A successful investment can result in both gains and losses, and both need to be measured. The benefits that result from a procurement or service activity are generally the result of an improved commercial arrangement, product substitution, efficiency improvements, or a combination thereof.

Realised vs predicted benefits

Ideally benefits are reported on a realised basis, however this will often not be known at the time a contract is entered into and benefits are entered in a benefits register.

Where realised benefit amounts are not known, predicted benefits (usually calculated on the basis of an actual per unit saving amount multiplied by forecast volumes over the term of the contract) are to be reported.

The predicted benefits are then updated to realised benefits where it is practical and economic to do so or where the adjustment has a material impact on the benefit amount, for example, where actual volumes are materially different to the forecast.

Focus for 2019/20

In 2019/20 we forecast to deliver in-year annualised benefits for the following shared services:

Service	Targets $000s
Collective Insurance	5,300
National Procurement	14,900
Shared Banking	7,100
Total	**27,300**

Definitions

Annualised benefits
The annualised amount is the value of benefit that will be delivered over the lesser of 12 months or the contract term (if the contract period is less than 12 months)

In-year benefits
Based on the annualised benefit amount, the contract start date and term, the in-year benefit amount can be calculated. This is the amount of benefit that will occur within the current financial year

Budgetary benefits
Benefits expected to generate cash returns for the first 12-months from the contract effective date and has a financial impact to the DHBs' annual income and expense statement

Rebate benefits
Rebate benefits are also calculated as rebates received within the first 12-montht of a contract and reported as a budgetary benefit, while rebates received after the initial 12-months are reported as non-budgetary benefits

Non-budgetary benefits
Benefits not expected to generate cash returns and have no financial impacts to the DHBs' annual income and expense statement

Cost avoidance
Cash that would have been spent is now totally avoided or reallocated as a result of the business case

Cumulative benefits
Those benefits that are carried forward from previous years, whether they were originally budgetary or non-budgetary in nature

Qualitative benefits
Accrue from associated activity as a result of a business case and need to be reported in some way. Also referred to as non-financial benefits, in some cases it may be too difficult to quantify these reliably

Monitoring and reporting

The NZ Health Partnerships Performance Management Framework is designed to make sure that people are well managed and supported, and able to do their jobs to the best of their ability. By doing this, NZ Health Partnerships can deliver the best possible programmes and services, achieve greater value for our Shareholders and stakeholders, and make the most use of public money.

Our Performance Management Framework aligns our statement of performance goals, measures and targets to our organisational goals. The financial and non-financial measures and targets in this document shall be monitored and reported on a quarterly basis, and culminated in an annual report. Our performance will be assessed against the following five ratings categories, and against the following three performance perspectives:

Table 1: Performance assessment ratings

Performance Rating	Description
> 85%	Achieved or very satisfied
75 - 85%	Achieving satisfactorily
60 - 75%	Progressing but needs improvement
≤ 60%	Not progressing and needs action
0%	Not achieved

Table 2: Performance perspectives

Perspective	Description
Quality	This will measure the quality of the delivery of programmes and services. Measures may be related to post-implementation reviews, quality assurance reviews, peer reviews, and stakeholder and shareholder engagement
Financial	This will report performance against the projected costs and benefits for financial measures
Timeliness	The programmes and services will have progress measured against agreed milestones to determine if they are delivered on schedule

Financial statements

Prospective Statement of Financial Performance by Output Class

For the year ending 30 June 2020

	2017/18 Actual $000's	2018/19 Forecast $000's	2019/20 Budget $000's
Output Class 1 - Programmes			
Revenue	8,535	8,988	14,896
Expenses	12,140	48,558	17,754
Surplus / (Deficit)	**(3,605)**	**(39,570)**	**(2,858)**
Output Class 2 - Services			
Revenue	28,568	25,423	22,339
Expenses	29,700	24,903	22,363
Surplus / (Deficit)	**(1,132)**	**520**	**(24)**
Total Surplus / (Deficit)	**(4,737)**	**(39,050)**	**(2,882)**

15.1

FPIM Capital Programme and Support Service

Prospective Programme revenue and expenditure for 2019/20 are attributable to the FPIM capital programme and the FPIM support services, both of which will be operating under the directive of the MoH, whilst a decision is made about the entity responsible for providing the ongoing delivery of this programme and service

In the interim NZ Health Partnerships is continuing to provide facilitation of the accounting for the FPIM Capital Programmes asset, liabilities, revenue and expenditure until the decision is made and the transfer is facilitated, as required.

Prospective Statement of Comprehensive Revenue and Expense

For the year ending 30 June 2020

	2017/18 Actual $000's	2018/19 Forecast $000's	2019/20 Budget $000's
Revenue			
Revenue from DHB	14,914	16,090	22,121
Interest Revenue NZ Health Partnerships	29	130	30
Interest Revenue Shared Banking	19,420	16,241	13,845
Other Revenue	2,740	1,950	1,239
Total Revenue	**37,103**	**34,411**	**37,235**
Expenditure			
Personnel Costs	4,622	5,802	9,144
Interest - NZ Health Partnerships	526	632	370
Interest - Shared Banking	19,337	15,882	13,845
Other	9,723	11,548	12,988
Total Expenditure	**34,208**	**33,864**	**36,347**
Operating Surplus / (Deficit)	**2,895**	**547**	**888**
Depreciation, Amortisation & Impairment	7,632	39,597	3,770
Surplus / (Deficit)	**(4,737)**	**(39,050)**	**(2,882)**

Prospective Statement of Financial Position

For the year ending 30 June 2020

	2017/18 Actual $000's	2018/19 Forecast $000's	2019/20 Budget $000's
ASSETS			
Current Assets:			
Cash and cash equivalents (incl. Shared Banking)	156,932	132,000	79,983
Receivables	6,570	4,486	6,103
Investments – DHB shared banking Facility	75,000	0	0
Prepayments	1627	1000	1000
DHB Shared Banking Facility	63,991	105,270	125,000
Total Current Assets	304,120	242,756	212,086
Non-Current Assets:			
Receivables	2,564	2,238	1,510
Prepayment	273	100	0
Property, plant, and equipment	2,262	2,021	2,168
Intangible assets	63,648	27,690	46,866
Total Non-Current Assets	68,747	32,049	50,544
Total Assets	**372,867**	**274,805**	**262,630**
LIABILITIES			
Current Liabilities:			
Payables	16,892	6,142	6,164
DHB Shared Banking Facility	290,256	235,000	204,000
Finance Lease Liability	627	936	1,093
Employee entitlements	297	300	300
Income in Advance	495	140	440
Total Current Liabilities	308,567	242,518	211,997
Non-Current Liabilities:			
Payables	4,688	2,409	1,987
Finance Lease Liability	2,200	1,835	742
Income in Advance	469	150	0
Total Non-Current Liabilities	7,357	4,394	2,729
Total Liabilities	**315,924**	**246,912**	**214,726**
Net Assets	**56,943**	**27,893**	**47,904**
EQUITY			
Contributed Capital	64,916	74,916	97,809
Accumulated Surplus / (Deficit)	(7,973)	(47,023)	(49,905)
Total Equity	**56,943**	**27,893**	**47,904**

15.1

Prospective Statement of Changes in Equity

For the year ending 30 June 2020

	2017/18 Actual $000's	2018/19 Forecast $000's	2019/20 Budget $000's
Balance a 1 July	61,680	56,943	27,893
Comprehensive Revenue and Expenses for the year	(4,737)	(39,050)	(2,882)
Owner Transactions			
Contributed Capital	0	10,000	22,893
Balance at 30 June	**56,943**	**27,893**	**47,904**

Prospective Statement of Cash Flows

For the year ending 30 June 2020

		2017/18 Actual $000's	2018/19 Forecast $000's	2019/20 Budget $000's
Cash flows from Operating Activities:				
Receipts from DHBs		19,060	20,124	23,646
Receipts from other revenue		2,067	1,950	1,239
Interest received		21,003	16,241	13,845
Payments to suppliers		(7,810)	(25,041)	(16,364)
Payments to employees		(4,542)	(6,164)	(9,144)
Interest paid		(19,772)	(16,113)	(12,973)
Net DHB Sweep account movements with DHBs		12,640	(96,535)	(50,730)
Goods and services tax (net)		(148)	(380)	(400)
Net Cash Flow from Operating Activities		**22,498**	**(105,918)**	**(50,881)**
Cash flows from Investing Activities:				
Funds from Deposit		594,000	725,000	450,000
Purchase of property, plant, and equipment		(198)	(300)	(200)
Purchase of intangible assets		(6,594)	(2,973)	(22,893)
Funds to Deposit		(539,000)	(650,000)	(450,000)
Net Cash Flow from Investing Activities		**48,208**	**71,727**	**(23,093)**
Cash flows from Financing Activities:				
Contributed Equity		0	10,000	22,893
Proceeds from borrowings				
Payment of Finance Leases		(532)	(741)	(936)
Net Cash Flow from Financing Activities		**(532)**	**9,259**	**21,957**
Net (decrease)/increase in cash and cash equivalents		**70,174**	**(24,932)**	**(52,017)**
Cash and cash equivalents at the beginning of the year		86,758	156,932	132,000
Cash and cash equivalents at the end of the year		**156,932**	**132,000**	**79,983**

Prospective Financial Statement Notes

Statement of Accounting Policies

Reporting entity

NZ Health Partnerships Limited is a Crown entity as defined by the Crown Entities Act 2004 and is domiciled and operates in New Zealand. The relevant legislation governing NZ Health Partnerships operations include the Crown Entities Act 2004. NZ Health Partnerships is a multi-parent Crown entity subsidiary, owned by all 20 DHBs, which have equal Class A shareholding and voting rights.

NZ Health Partnerships' primary objective is to operate as a co-operative undertaking, and enable DHBs to collectively maximise shared services opportunities for the national good. NZ Health Partnerships does not operate to make financial return.

NZ Health Partnerships has designated itself as a public benefit entity (PBE) for financial reporting purposes.

Basis of preparation

The prospective financial statements are based on policies and approvals in place, effective from 1 July 2019. The prospective financial statements set out NZ Health Partnerships activities and planned performance. The use of this information for other purposes may not be appropriate. These prospective financial statements have been prepared on the basis of assumptions of future events that NZ Health Partnerships reasonably expects to occur and associated actions that NZ Health Partnerships reasonably expects to take at the date that this information was prepared.

Statement of compliance

These prospective financial statements have been prepared in accordance with the requirements of the Crown Entities Act 2004, which includes the requirement to comply with Generally Accepted Accounting Practice in New Zealand.

The prospective financial statements have been prepared to comply with PBE Standards for a Tier 1 entity.

The prospective financial statements have been prepared for the special purpose of the Statement of Performance Expectations 2019/20 of NZ Health Partnerships Shareholders. They have not been prepared for any other purpose and should not be relied upon for any other purpose.

These statements will be used in our Annual Report as the budgeted figures. The Statement of Performance Expectations 2019/20 narrative informs the prospective financial statements and the document should be read as a whole.

The preparation of prospective financial statements in conformity with PBE FRS 42 requires the Board and management to make good judgements, estimates, and assumptions that affect the application of policies and reported amounts of assets and liabilities, income, and expenses.

The Board is responsible for the prospective financial statements presented, including the assumptions underlying the prospective financial statements and all other disclosures. The Statement of Performance Expectations is prospective and as such contains no actual operating results. It is not intended that these prospective financial statements will be updated.

Measurement base

The prospective financial statements have been prepared on a historical cost basis.

Presentation currency and rounding

The financial statements are presented in New Zealand dollars and all values are rounded to the nearest thousand dollars ($000).

Significant Accounting Policies

Revenue

Interest Revenue

Interest revenue is recognised using the effective interest method. Interest revenue on an impaired financial asset is recognised using the original effective interest rate.

Expenditure

Finance Costs

Borrowing costs are recognised as an expense in the financial year in which they are incurred.

Goods and Service Tax

All items in the financial statements are presented exclusive of Goods and Service Tax (GST), except for receivables and payables, which are presented on a GST-inclusive basis. Where GST is not recoverable as input tax then it is recognised as part of the related asset or expense. The net amount of GST recoverable from, or payable to, the Inland Revenue Department (IRD) is included as part of receivables or payables in the statement of financial position.

The net GST paid to, or received from IRD, including the GST relating to investing and financing activities, is classified as a net operating cash flow in the statement of cash flows.
Commitments and contingencies are disclosed exclusive of GST.

Income tax

NZ Health Partnerships is a public authority and consequently is exempt from the payment of income tax. Accordingly, no provision has been made for income tax.

Critical Accounting Estimates and Assumptions

In preparing these financial statements, NZ Health Partnerships has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectation of future events that are believed to be reasonable under the circumstances.

Critical Judgment in Applying Accounting Policies

Management has exercised critical judgements in applying accounting policies:

- capitalisation of the FPIM Capital Programme (previously known as National Oracle Solution programme)
- impairment of FPIM assets, and
- treatment of contractual settlement with third party provider of Infrastructure as a Service.

Accounting Policy

Revenue

Funding from DHBs

NZ Health Partnerships is funded through revenue received from the DHBs, which is restricted in its use for the purpose of NZ Health Partnerships meeting its objectives as specified in the Statement of Intent 2017 - 2021. The breakdown of revenue of different output class is on page 16. Revenue is recognised as revenue when earned and is reported in the financial period to which it relates.

Personnel costs

Superannuation Schemes

Defined benefit schemes - NZ Health Partnerships has no obligations to contribute to any defined benefit superannuation funds.

Defined contribution schemes - Obligations for contributions to Kiwi Saver are accounted for as defined contribution superannuation schemes and are recognised as an expense in the surplus or deficit as incurred.

Other expenses

Operating Leases

An operating lease is a lease that does not transfer substantially all the risks and rewards incidental to ownership of an asset to the lessee. Lease payments under an operating lease are recognised as an expense on a straight - line basis over the lease term. Lease incentives received are recognised in the surplus/deficit as a reduction of rental expense over the lease term.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less. All investments are held in New Zealand. These include the DHB Shared Banking sweep account and NZ Health Partnerships operational account.

Receivables

Receivables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. The fair value of service credits, included within the receivables balance have been determined using cash flow discounted at a market rate of 6.44%.

Investments

Bank term deposits

Investments in bank term deposits are initially measured at the amount invested. After initial recognition, investments in bank deposits are measured at amortised cost using the effective interest method, less any provision for impairment.

Property, plant and equipment

Property, plant and equipment consist of the following asset classes:

1. Leasehold improvements
2. Furniture, and office equipment
3. Information technology.

Property, plant and equipment are shown at cost, less any accumulated depreciation and impairment losses.

Additions

The cost of an item of property, plant and equipment is recognised as an asset only when it is probable that future economic benefits or service potential associated with the item will flow to NZ Health Partnerships and the cost of the item can be measured reliably.

In most instances, an item of property, plant and equipment is initially recognised at its cost. Where an asset is acquired through a non-exchange transaction, it is recognised at its fair value as at the date of acquisition.

The costs of day-to-day servicing of property, plant and equipment are recognised in the surplus or deficit as they are incurred.

Disposals

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset and are reported in the surplus or deficit.

Depreciation

Depreciation is provided on a straight-line basis on all property, plant and equipment, at rates that will write-off the cost (or valuation) of the assets to their estimated residual values over their useful lives. The useful lives and associated depreciation rates of major classes of property, plant and equipment have been estimated as below:

Asset Type	Useful Life	Rate
Leasehold improvements	5 - 14 years	7% - 20%
Furniture and office equipment	1.5 - 9.5 years	10.5% - 67%
IT Hardware	2.5 - 5 years	20% - 40%

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated remaining useful lives of the improvements, whichever is the shorter.

Impairment of property, plant and equipment

Cash generating assets

NZ Health Partnerships does not hold any cash-generating assets. Assets are considered cash-generating where their primary objective is to generate a commercial return.

Non-cash generating assets

Property, plant and equipment held at cost that have a finite useful life are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is the present value of an asset's remaining service potential. It is determined using an approach based on either a depreciated replacement approach, a restoration cost approach, or a service units approach. The most appropriate approach used to measure value in use depends on the nature of the impairment and availability of the information.

If an asset's carrying amount exceeds its recoverable amount, the asset is regarded as impaired and the carrying amount is written-down to the recoverable amount. The total impairment loss is recognised in the surplus or deficit. The reversal of an impairment loss is recognised in the surplus or deficit.

Intangible assets

Software acquisition and development

Computer software licenses are capitalised on the basis of the costs incurred to acquire and bring to use. Staff training costs are recognised as an expense when incurred. Costs associated with maintaining computer software are recognised as an expense when incurred.

Costs associated with development and maintenance of NZ Health Partnerships' website is recognised as an expense when incurred. Costs that are directly associated with the development of software for internal use are recognised as an intangible asset. Direct costs include software development employee costs and an appropriate portion of relevant overheads.

The FPIM Capital Programme is a national initiative funded by DHBs and facilitated by NZ Health Partnerships to deliver health sector wide benefits. NZ Health Partnerships holds an intangible asset recognised at the capital cost of development relating to this programme.

Amortisation

The carrying value of an intangible asset with a finite life is amortised on a straight-line basis over its useful life. Amortisation begins when the asset is available for use and ceases at the date that the asset is derecognised. The amortisation charge for each financial year is recognised in the surplus or deficit.

The useful lives and associated amortisation rates of major classes of intangible assets have been estimated as over:

Intangible Asset Type	Useful Life	Rate
FPIM	15 years	6.7%
Acquired Computer Software	2.5 – 3 years	33% - 40%

Impairment of intangible assets

Refer to the policy for impairment of property, plant, and equipment. The same approach applies to the impairment of intangible assets.

Critical accounting estimates and assumptions

Work in progress - capitalisation of FPIM

The FPIM Capital Programme is aimed at reducing costs in administrative support and procurement for the health sector. A national approach to these services will combine the purchasing power of DHBs, create visibility of stock and ensure a common financial language across the health sector.

The assets that are created by the programme are held in Work in Progress. The FPIM Capital Programme is not a single asset, but a bundle of assets relating to Finance, Procurement and Supply Chain. These are both tangible such as IT hardware and intangible, such as software, standard operating procedures and intellectual property.

The costs that are directly associated with the development of the FPIM Capital Programme are recognised as tangible or intangible assets when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. Direct costs include project development employees, contractors, consultants and apportionment of the relevant overheads.

Indirect costs are recognised as expenses when incurred and include depreciation, software licenses and software maintenance costs.

Amortisation

The amortisation of the assets will begin once the asset is available for use (commissioned into the fixed asset register) and will cease at the date that the asset is derecognised. The carrying value of an intangible asset with a finite life is amortised on a straight line basis over its useful life. The useful lives of FPIM intangible assets have been estimated to be 15 years.

Impairment of FPIM assets

NZ Health Partnerships is required to consider impairment of the FPIM Capital Programme assets on an annual basis under the applicable accounting standards, specifically PBE IPSAS 21 Impairment of Non-Cash-Generating Assets and conducts an impairment review annually.

Payables

Short-term payables are recorded at their face value. Long term payables which includes treatment of contractual settlement with third party provider of Infrastructure as a Service at fair value. The fair value of Service Provider fees has been determined using contractual cash flows discounted using a market based rate of 6.44%.

Employee entitlements

Short-term employee entitlements

Employee benefits that are due to be settled within 12 months after the end of the period in which the employee renders the related service are measured at nominal values based on accrued entitlements at current rates of pay. These include salaries and wages accrued up to balance date and annual leave earned to but not yet taken at balance date.

A liability and an expense is recognised where there is a contractual obligation or where there is a past practice that has created a constructive obligation and a reliable estimate of the obligation can be made.

Long-term employee entitlements

NZ Health Partnerships does not have any employment agreements containing long service leave entitlements.

Equity

Equity is measured as the difference between total assets and total liabilities.

Borrowings

Borrowings are initially recognised at their fair value plus transaction costs. After initial recognition, all borrowings are measured at amortised cost using the effective interest method.

Borrowings are classified as current liabilities unless NZ Health Partnerships has an unconditional right to defer settlement of the liability for at least 12 months after balance date.

Financial instrument risks

NZ Health Partnerships activities expose is to credit risk, cash flow risk and liquidity risk. NZ Health Partnerships policy does not allow any transactions that are speculative in nature to be entered into. It has policies and procedures to ensure risks are low.

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HAWKE'S BAY District Health Board Whakawāteatia	**FINAL Draft Hawke's Bay District Health Board Annual Plan – PART A of Annual Plan 2019/20**
	For the attention of: **HBDHB Board**
Document Owner	Chris Ash, Executive Director of Primary Care
Document Author(s)	Kate Rawstron, Head of Planning & Strategic Projects Robyn Richardson, Principal Planner
Month/Year	June, 2019
Purpose	For approval
Summary	The first draft of the Hawke's Bay DHB (HBDHB) Annual Plan was shared in May. This final draft has been adapted in response to further guidance and feedback from the Ministry of Health (MoH).
Contribution to Goals and Strategic Implications	Improving quality, safety and experience of care; improving health and equity for all populations; improving Value from public health system resources are all essential to our Annual Plan.
Impact on Reducing Inequities/Disparities	Please note the following sections; Strategic Intentions, Health Equity, EOA actions and Performance Measures
Consumer Engagement	Consumer engagement activity is an essential part of activities within this plan.
Other Consultation /Involvement	Planning & Commissioning, Health Hawke's Bay, Population Health, Māori and Pasifika Health, Health Services and Corporate Services have been involved with the development of this plan.
Financial/Budget Impact	Financials have been included in this plan
Timing Issues	DHBs must provide a final Plan (Part A) no later than one month after final guidance is received from the MoH
Announcements/ Communications	Not applicable

RECOMMENDATION:

It is recommended that the HBDHB Board:

1. **Note** the changes made to the plan from the May Board
2. **Approve** Part A of the Hawke's Bay District Health Board Annual Plan 2019/20 with **signatures** from the Chair and one other Board member

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FINAL Draft Hawke's Bay District Health Board Annual Plan – PART A of Annual Plan 2019/20

Author:	**Kate Rawstron, Robyn Richardson**
Designation:	**Head of Planning & Strategic Projects**
Date:	**23rd July 2019**

OVERVIEW

The purpose of this paper to secure Board approval of **Part A** of the Annual Plan for 2019/20.

Activity to date:

- The first draft of the Hawke's Bay District Health Board (HBDHB) Annual Plan (Part A & Part B) was submitted to the May Board, this contained only a partial draft for Part A as guidance on a number of sections had not yet been received from the Ministry of Health (MoH)
    - Content has now been completed and/or adapted in response to further guidance and feedback from the MoH
    - Amendments following the Strategic Discussion held with the MoH in May
- Part B of the Annual Plan was submitted and approved by the Board in June (brought forward to meet legislative requirements)

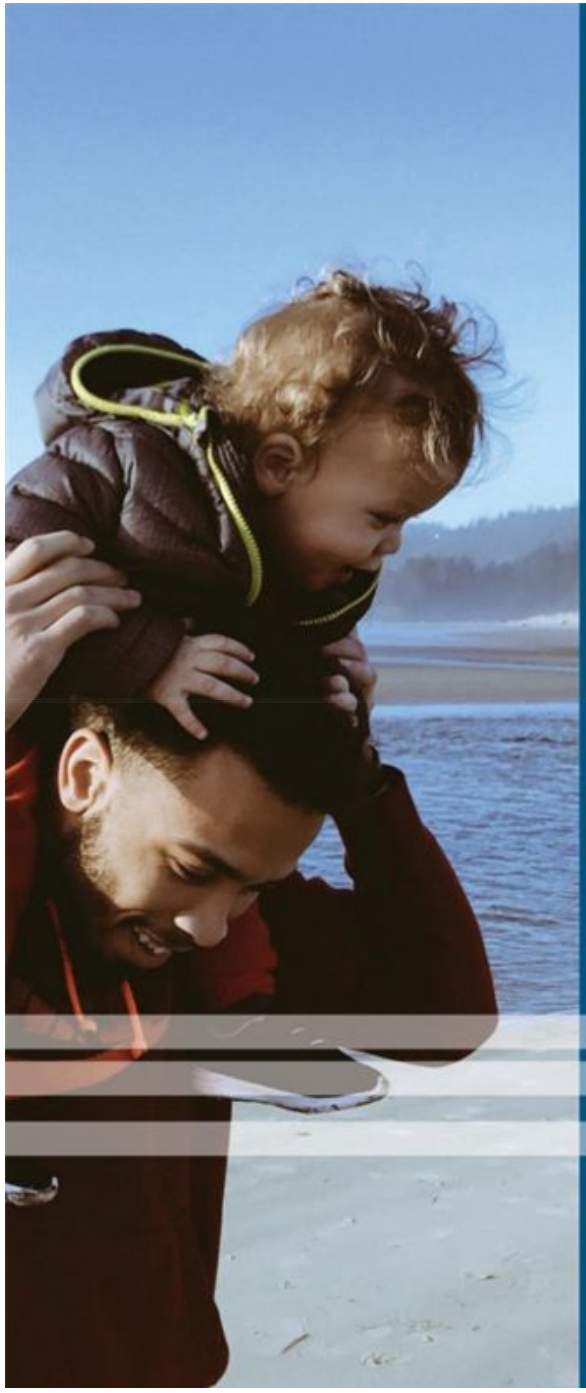
ATTACHMENTS

HBDHB Annual Plan Part A 2019-20 v3.0 BOARD

RECOMMENDATION:

It is recommended that the HBDHB Board:

1. **Note** the changes made to the plan from the May Board
2. **Approve** Part A of the Hawke's Bay District Health Board Annual Plan 2019/20 with **signatures** from the Chair and one other Board member



HAWKE'S BAY
District Health Board
Whakawāteatia

E83

Presented to the House of Representatives pursuant to section 149(L) of the Crown Entities Act 2004

2019-20 Annual Plan

Hawke's Bay District Health Board

16.1

OUR VISION

"HEALTHY HAWKE'S BAY"

"TE HAUORA O TE MATAU-A-MAUI"

Excellent health services working in partnership to improve the health and well-being of our people and to reduce health inequities within our community.

OUR VALUES

HE KAUANUANU

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

ĀKINA

Continuously improving everything we do

RĀRANGA TE TIRA

Working together in partnership across the community

TAUWHIRO

Delivering high quality care to patients and consumers

Hawke's Bay District Health Board Annual Plan 2018/19

DHB Contact Information:

Planning

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HASTINGS

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PART A – Annual Plan

SECTION ONE: Overview of Strategic Priorities

1.1 Strategic Intentions/Priorities/Outcomes

Hawke's Bay District Health Board (HBDHB) is a Crown Entity and is the Government's funder and provider of public health and disability services for the population in our defined district. Our Statement of Intent (SoI) 2019-22 outlines our strategic intentions and shows how local outputs impact on our population and contribute to local, regional and system-level outcomes.

As a sector we have a common vision: "Healthy Hawke's Bay" and mission. We face challenges such as the growth in chronic illness, our aging population and vulnerability in a large sector of our community.

In 2018 we developed a clinical services plan to formulate our major responses to the challenges we face. It describes our vision for a very different health system that improves outcomes and experience for individuals and whānau living in Hawke's Bay. This plan is the natural evolution of our previous five year strategy, 'Transform and Sustain', together with a number of related projects and other key organisational reports and plans, have informed the development of our new strategic plan. This foundational document has been guided by the core legislative and governmental directions including, the New Zealand Public Health and Disability Act 2000, the Treaty of Waitangi, the New Zealand Heath Strategy and its accompanying strategies: He Korowai Oranga – the Māori Health Strategy, 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018, Healthy Ageing, Living with Diabetes, Rising to the Challenge – Mental Health and Addiction Service Development Plan, Enabling Good Lives Disability Strategy and the Primary Health Care Strategy. We are also guided by the Government's commitment to the United Nations Convention on the Rights of Persons with Disabilities.

Over the last five years, we have shifted our perspective from DHB services to whole-system management and engagement with iwi and post-settlement governance entities, with our Transform and Sustain strategy. We set up our Consumer Council to work alongside our Clinical Council and Māori Relationship Board and have generally performed well over a number of years. Success in preventative services such as immunisation and screening show what can be achieved when we purposefully set out to understand the needs of our community and deliver our services in a way that meets the needs of whānau.

Despite progress we have made, many challenges still remain. Our 2018 Health Equity Report shows large inequities in health persist for Māori, Pacific and those with the least social and economic resources. Demographic changes will increase pressure on our already stretched health services. If we continue to do things the way we do now, the number of primary care consultations, hospital appointments and inpatient stays will outstrip population growth.

At its heart, our new strategy is about people: as members of whānau, hapū and iwi; and in their homes, communities and workplaces. We exist because of them and we recognise that people and whānau are the experts in their own lives. We need to plan and deliver health services in the wider context of people's lives, and how we include Māori and Pasifika practices. This strategy describes our goals to partner with people and whānau, and work across agencies to improve the conditions of life, so that everyone has fair opportunity to achieve good health and wellbeing:

Strategic objectives:

- Pūnaha Ārahi Hāpori / Community-led system
- He Rauora Hōhou Tangata, Hōhou Whānau / Embed person and whānau-centred care
- Māori Mana Taurite / Equity for Māori as a priority; also equity for Pasifika and those with unmet need
- He Paearu Teitei me ōna Toitūtanga / High performing and sustainable system
- Ngā Kaimahi Āhei Tōtika / Fit-for-purpose workforce
- Pūnaha Tōrire /Digitally enabled health system

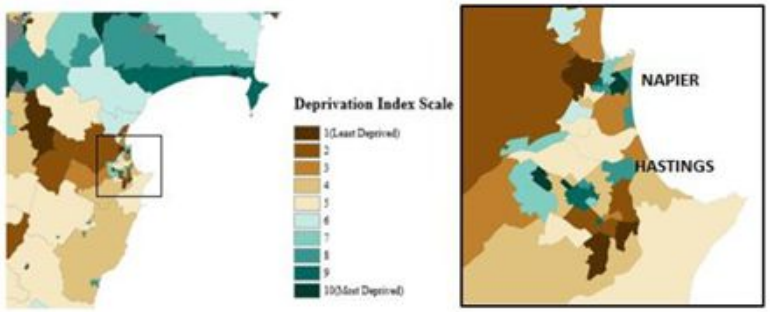
The district health board must act as a careful steward of health resources in Hawke's Bay, which is a challenging task. We will turn to our people to find solutions. We need our community to help us, so that we invest in the areas that matter most to people and whānau. This plan prioritises health improvement of populations with the poorest health and social outcomes. We see multi-sectoral working as crucial to help address these determinants of health, working in partnership with central government agencies, local government, Iwi, Non-Government Organisations (NGOs), business and the community sector.

Collaboration with our local Primary Health Organisation (PHO), Health Hawke's Bay and other sectors is also a strong focus. Using these relationships we have planned our contribution to the Government's priorities for the health system, which include fiscal discipline, working across government, and achieving the national and ministerial priorities.

Working collaboratively with our Central Region partners is also key. A Regional Services Plan (RSP) has been developed by the six central region DHBs to provide an overall framework for future planning around optimum arrangements and regionalisation. Working regionally enables us to better address our shared challenges. As a region we are committed to a sustainable health system focussed on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people's home as possible.

In 2019/20, Hawke's Bay's population is forecast to grow to just under 168,000 people. Most of our population live in Napier or Hastings, two cities located within 20 kilometres of each other that together account for 81% of the total numbers. About 8 % of the population live in, or close to,

Wairoa or Waipukurau, which are relatively concentrated rural settlements. The remaining 11% live in rural and remote locations. Compared to New Zealand averages, there are some important differences in the makeup of our population – we have a higher proportion of Māori (26% vs 16%), more people aged over 65 years (19% vs 16%) and more people living in areas with relatively high material deprivation (28% vs 20%). The 2013 New Zealand Index of Deprivation (NZDep13) 4 explains how relative deprivation, as one measure of socio-economic status, is an indication of disadvantage in terms of people's opportunity to access and use the health system.



The unique characteristics of the population of the Hawke's Bay (HB) district compared to the rest of New Zealand in terms of health status and socio-demographics, provides us with some specific challenges which our new strategic plan must address if we are to achieve our vision.
In agreeing local priorities with the Ministry of Health (MoH) for 2019/20 a dual focus was signalled; the new strategy and implementation plan and immediate action on High Performance and Sustainable System and Digitally Enabled Health System goals. These areas align with national direction and strategic themes identified in our CSP. Actions in support of these local priorities are highlighted through Section 2 Delivering on Priorities.

- Equity & Treaty Obligations: Strategic goal to focus on Equity for Māori as a priority; also Pasifika and people with unmet need. We will continue to work with Ngāti Kahungunu to positively impact on Māori health with greater focus on working with other sectors to positively impact on the determinants of health such as housing, education and access to support for whānau. And increased co-ordination of preventative services to work more effectively with whānau. Focus will be on those areas which have the greatest impact on avoidable and amenable deaths:
    - Family violence
    - Mental Health and addictions
    - Improving heart health monitoring
    - Working with communities to proactively impact on suicide
    - Actions that will impact on preventing lung cancer deaths through smokefree living
    - Assisting people to prevent and manage diabetes and prevent stroke
    - Taking up national screening programmes

  We will continue to increase Māori and Pasifika employment in health
- High Performance & Sustainability: Managing demand and acuity within available capacity (resource and infrastructure) requires a sustainable, system approach. To match capacity to demand we will be focussing on:
    - Leadership
    - Helping managers manage
    - Improve system flow and manage demand/capacity. Using business process redesign to improve performance metrics, including LoS and access
    - Maximising physical capacity, with infrastructure changes: Theatres - Surgical Theatre Expansion Project, repurposing existing capacity and being creative around generating capacity, Radiology, ED, Pharmacy, and ICU / HDU
    - Accelerate Hawke's Bay Healthcare Home
    - Refinement of Out of Hours Services
- Digital Enablement; modern delivery organisation through service Improvement, strategic partnerships and delivery. Accessibility focussing on mobility, unified communications and new models of care. Creating single view of information and insights and data consolidation, integration and secure access
- Mental Health; The opening of Ngā Rau Rākau supported provision of inpatient care for individuals with acute mental health needs in Hawke's Bay. 2018/19 saw a change in leadership and structure to improve our focus in this area. Our 2019/20 focus is to further develop services across the care continuum in line with the National Inquiry findings
- Child Health; Theopening of Te Ara Manopou supported pregnancy and better development of parenting in Māori wahine with mental health and addiction issues. Our 2019/20 focus is services delivered in a child's first 1,000 days from conception to three years of age, intersectoral work around social determinants, whānau harm and child mental wellbeing, use whānau voice to develop initiatives, promotion of Positive Childhood Experiences, deliver whānau centred services with one whānau plan , Mental health commissioning review, review of youth services model and Kaupapa Māori approaches
- People & Quality; Our People Plan focus is on Domestic violence legislation & implementation of Women's Refuge pathway, Prioritising staff safety and tackling occupational workplace violence. Within Quality our focus is new strategy & agenda for patient safety & experience, Clinical governance structure, implementation of new event reporting tool and enhanced review processes and consumer voice
- Partnering; improving healthcare outcomes is complex and requires intersectoral engagement to address social determinants of health, particularly employment and housing.

1.2 Message from the Chair

Transforming Hawke's Bay's health system to better support a growing population and a healthier Hawke's Bay is a key priority for Hawke's Bay District Health Board.

The DHB's third Health Equity report, released in December 2018, provided a stark reminder that constant attention, and new ways of working are needed to maintain progress to eliminate inequities in health.

In 2017/2018 the DHB advised one of its refreshed targeted areas of priority was the development of a regional health proposal, the Clinical Services Plan (CSP). This planning aligns with the New Zealand Health Strategy and its five themes – people powered, closer to home, value and high performance, one team and smart system.

From this, a new strategy has since been formed based on 12 months of free and frank discussions with people who live and breathe health care in Hawke's Bay – from health professionals, support groups and regular users. It provides a structured framework for the DHB to measure its progress to deliver and sets out what services will be delivered, how they will be delivered and where they should be delivered.

1.3 Message from the Chief Executive

The DHB's priority is to now to work on the finer details of the strategy and its implementation. This significant piece of work looks at the whole of the health system and the transformation of our health services over the next 10 years.

Guiding our integrated planning process, the strategy will provide the mandate for our work with communities and whānau to develop health services, and enable us to prioritise the activities and investment required to achieve equitable health gains in Hawke's Bay.

At the time of this report being published, the DHB's Statement of Performance and Statement of Performance Expectations was being reviewed with the Ministry of Health. Financial statements within this report will be updated once this review is finalised.

1.4 Signature Page

X_____

Dr Kevin Snee, Chief Executive

Hawke's Bay District Health Board

X_____

Kevin Atkinson, Board Chair

Hawke's Bay District Health Board

X_____

Board Member

Hawke's Bay District Health Board

X_____

Hon. Dr David Clark

Minister of Health

SECTION TWO: Delivering on Priorities

2.1 Health Equity in DHB Annual Plans

In 2018 we updated the Health Equity in Hawke's Bay report - an analysis and report on health status in the region. The main focus of the report is equity because health inequities are differences in health status that are avoidable or preventable and therefore unfair. The report finds many inequities in health in Hawke's Bay, particularly for Māori, Pasifika and people living in more deprived areas. There are also areas where, with determined and focused effort, we have improved outcomes and reduced inequities. This demonstrates that inequities are not inevitable. We can change them if we have the courage and determination to do so. The Health Equity Report concludes that inequity affects everyone and, for a difference to be made, we must tackle this collectively and take responsibility as a community. This is reflected in our plan.

The social conditions in which people live, powerfully influence their chances to be healthy. Indeed, factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status are important determinants of most diseases, death, and health inequalities between and within countries.

Health, therefore, is not just the outcome of genetic or biological processes, but is also influenced by the social and economic conditions in which we live. These influences have become known as the 'social determinants of health'. Inequalities in social conditions give rise to unequal and unjust health outcomes for Māori (and for different social groups). Ref: Kanupriya Chaturvedi Dr, S.K Chaturvedi Dr.

2.1.1 Health Equity Tools

Hawke's Bay DHB has developed very good health monitoring and measuring reporting systems. The 'dashboard reports' also measure health equity (by ethnicity) against national and localised health priorities and indicators within our Annual Plan. Examples of these are the Te Ara Whakawaiora (TAW) programme and the Pacific Health indicators, as included in the Ala Mo'ui Pathways to Pacific Health and Wellbeing 2014-2018. The Te Ara Whakawaiora (TAW) programme is an exception-based monitoring and improvement programme based on the non-performing indicators within the Annual Plan. TAW is led by 'TAW Champions', members of the Executive Management Team (EMT).

2.2 Māori Health

Hawke's Bay DHB has a treaty partnership relationship with Ngāti Kahungunu Iwi Inc. The Māori Relationship Board (MRB) are the mandated health representatives of Ngāti Kahungunu Iwi Inc and also includes HBDHB Board members. The role of MRB's role is to provide advice and recommendations to HBDHB's Board to ensure equity is achieved for all Māori region-wide. The DHB has committed to include our Māori Relationship Board (MRB) in all of its strategic planning exercises and MRB has identified its set of strategic priorities.

2.4 Government Planning Priorities 2.4.1 Improving Child Wellbeing

Immunisation			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Work with Health Hawke's Bay to standardise new-born enrolment process within general practices	Q4	CW07	**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Survey two local urgent care providers to investigate provision of opportunistic immunisation to children under five years of age	Q3	CW08 CW05	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
Check immunisation status of all children under five years of age on Health Hawke's Bay Whānau Wellness programme and if not up to date facilitate immunisation through general practice. **EOA Māori and Pacific.**	Q4		**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
Explore the potential of a local Māori Health Provider to offer a weekly walk in immunisation clinic. Work with provider to implement. **EOA Māori.**	Q4		**System outcome** We have improved health equity	**Government priority outcome** Make New Zealand the best place in the world to be a child

School-Based Health Services			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families	
Review the free fees for 13-17 year olds in General Practice in order to identify whether the initiative met its objectives of increased access and improved outcomes for this cohort.	Q2	NA	**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Youth Service Level Alliance: Ensure a cross sector representation of those working at a strategic level in the rangatahi environment plus representation of rangatahi. **EOA Māori and Pacific**	Q4 Q1-4		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Develop a process for reporting the number of early learning settings, primary, intermediate and secondary schools that have 1) water-only (including plain milk) policies/guidelines, 2) healthy food policies/guidelines and report these numbers to the MoH	Q2 Q4		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Continue with current school based health services (SBHS) in decile one to four secondary schools, teen parent units and alternative education facilities and report bi-annually	Q2 Q4		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Continue to Implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school under SBHS. Review all facilities surveys with school senior management, and identify appropriate quality improvement activities required	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child

Midwifery Workforce – Hospital and LMC			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Develop a local midwifery workforce plan, in line with national planning, with a particular focus on matching workforce to community • Building a culturally responsive workforce • Strengthening and supporting Māori midwifery undergraduate pipeline **EOA Māori and Pacific**	Q1 plan Q4 phase 1	100% completion rate of Turanga Kaupapa training % of midwifery workforce Māori and Pacific tbc	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child
Retention: In light of national midwifery shortages, review current workforce models (regulated and non-regulated roles) for maternity, with a view to ensuring safe staffing levels • Identify current workforce model establishing CCDM programme for safe staffing • Review workforce mix to consider extending other support roles in a structured framework e.g. maternity care assistants	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Recruitment: Develop an attractive midwifery package for Hawke's Bay	Q1		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child

First 1000 Days (Conception to Around 2 Years of Age)			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Develop first 1000 days outcomes framework for Hawke's Bay	Q4	SUDI rate CW06 SLM Healthy Start CW10	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
Analyse and report data collected as part of the māmā Māori interviews undertaken in 2018 Collate raw data and carry out Kaupapa Māori approach to analyse relevant SUDI, Smoking Cessation and Breastfeeding responses, complete a thematic analysis and compile into a brief summary report with recommendations for areas for improvement for whānau Māori. **EOA Māori, see SUDI.**	Q1 Q2		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Develop a plan for the development of appropriate messaging and support for whānau Māori. See SUDI. **EOA Māori.**	Q1		**System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child
Interview Pacific families who presented to ED for ASH 0-4 in 18/19 to gain insights into their experience. **EOA Pacific**	Q2		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child
Develop a plan for the development of appropriate messaging, referrals and support for families engaged in action above. **EOA Pacific**	Q3		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child
Continue to deliver the activities identified to support healthy weight in the Hawke's Bay Best Start Healthy Eating Plan.	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child

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Family Violence and Sexual Violence (FVSV)			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Undertake a review of the utilisation of family violence and sexual violence services by Pacific families. (Low rates of Pacific community accessing services in HB – actual numbers unknown, but disproportionate rates in NZ Police statistics). • Develop an understanding of family violence and sexual violence from a Pacific perspective. • Develop an understanding of utilisation and barriers of access to services. • Re-shape services to meet the needs identified through the review. • Improve awareness of services in the Pacific community. • Improve service delivery and community follow-up. What are the rates of Pacific families accessing family and/or sexual violence services? What are the barriers to them accessing services for family and/or sexual violence? How do services need to be	Q3	CW11	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

delivered to support Pacific community engagement? What are the long term pathways for engagement and feedback from the Pacific communities? **EOA Pacific.**				
Improve the responsiveness of family/sexual violence services for whānau Māori. (High prevalence of Māori in acute/crisis level family violence, sexual violence services). • Understand the experience of Māori groups through engagement with stakeholders. • Gather whānau insights into their experiences and barriers to access to care to acute/crisis care and support. • Develop clear pathways for whānau Māori whether accessing family violence and sexual violence services. Consider the development of sustainable feedback processes and resources. Make recommendations for family violence and sexual violence service delivery for Māori. **EOA Māori.**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Utilise community feedback to support the Sexual Assault Service's application of a therapeutic approach for clients accessing their team. Ensure a particular focus on responding to the needs of Pacific and Māori men accessing the service.	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Inter-sectoral family harm responses – identify resources to support the on-going development of the Oranga Whānau – Government Agencies Group. Particularly address co-ordination and membership to ensure continued focus on a Family Harm response framework, from prevention through to crisis intervention/post-intervention. (High prevalence of Māori in regional statistics for family harm. Lack of joint up planning and response across Government agencies).	Q2		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child

SUDI			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families	
Review the Cot Bank for equity for Māori and Pacific • Undertake a quality improvement activity to review responsiveness of the programme including eligibility criteria, referrals and uptake, allocation, ethnicity, deprivation data, and identify areas for improvement **EOA Māori and Pacific**	Q2	Rate SUDI CW06	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Analyse and report data collected as part of the māmā Māori interviews undertaken in 2018 • Collate raw data and carry out Kaupapa Māori approach to analyse relevant SUDI, Smoking Cessation, and Breastfeeding responses, complete a thematic analysis, and compile into brief summary report with recommendations for areas for improvement for whānau Māori. **EOA Māori, see First 1000 days**	Q1 Q2		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child
Gather the whānau story of whānau Māori that lost a pēpi to SUDI. • Gather whānau stories about their experience losing pēpi to SUDI. **EOA Māori**	Q3 Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Plan the development of appropriate messaging of SUDI for whānau Māori • Based on Actions 1, 2 and 3 above, include a specific focus on smoking cessation, safe sleep, and breastfeeding activities to enhance a SUDI response appropriate for Māori **EOA Māori, see First 1000 days**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child

2.4.2 Improving Mental Wellbeing

Inquiry into Mental Health and Addiction			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Work with the Ministry of Health and any new Commission to implement Government's agreed actions following the Mental Health and Addiction Inquiry, including contributing to, where appropriate, forensic initiatives.	n/a		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Work in partnership with Māori and Pacific people, young people and people with lived experience, NGOs, primary and community organisations, and other stakeholders to plan a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options across the full continuum of need. Use a strengths based approach and wellbeing focus in all areas of redesign ensuring inclusion of the following focus areas within programmes of work: equity, physical health, mental health promotion, prevention, identification and early intervention. **EOA Māori & Pacific**	Q1		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Continue existing initiatives that contribute to primary mental health and addiction outcomes, and ensure they align with the future direction set by He Ara Oranga.	Q1-4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Continue to work in partnership with workforce centres to strengthen current workforces, including a focus on retention, recruitment and training.	Q1-4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Crisis response: Continue to work on short term solutions for improving crisis response while we await long terms solutions via the re-design.	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Review and adapt our Suicide Prevention Plan 2018-2021 in line with Ministry guidance.	Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities

Population Mental Health			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Work with Territorial Authorities, Safer Communities, HPA and other agencies to scope a community led initiative which aims to support community champions who assist community members and whanau in mental distress. Focus on Māori, Pacific and high needs groups. **EOA Māori and Pacific**	Q4	MH06 CW12 MH04 CW12	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Kaitakawaenga to conduct Aromatawai (cultural assessment) for inpatient Mental Health Services for clients who agree and liaise and follow-up on Māori patient progress with assigned mental health key workers once discharged **EOA Māori**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Increase the nurse credentialing for mental health in primary care	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Phase 2 of a system wide MH & A re-design inclusive of co-design principles and an equity lens that aligns and integrates the recommendation and priorities from the National Mental Health Inquiry and HBDHB's CSP. **EOA Māori and Pacific.**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Review and adapt our Suicide Prevention Plan 2018-2021 in line with Ministry guidance	Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities

Mental Health and Addictions Improvement Activities			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Partner with PHO (Health Hawkes Bay) and NGO Iwi Health provider to create a single (primary and secondary) electronic access point for Mental Health and Addiction referrals from GP's. **EOA Māori and Pacific**	Q4	MH02 HQSC MH01	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Explore the potential to change patient management system (ECA) to generate discharge/transition summaries for community based services	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Implement actions identified from the HQSE project that will minimise seclusion on admission for adult Maori **EOA Māori**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Improve the client pathway to culturally appropriate services **EOA Māori and Pacific**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Improve monitoring of transition plan quality by adding further standards and checks within the current Clinical Quality Audit programme.	Q1		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Add a transition plan checklist to *community services* multi-disciplinary closure reviews to match quality audit standards and measures	Q3		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Explore IT mechanisms to ensure that completion of transition plans is recorded accurately	Q2 Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Addiction			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Integrate Springhill AoD residential centre with identified NGO community addiction provider/s, potentially across region, to provide a seamless addiction response and reduce inequities for Māori, Pacific and criminal justice clients. The goal is to provide 'right care, right place, right time' and is in answer to gaps identified from the implementation of the central region AoD model of care.	Q2 tbc	MH03 MH04	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Implement the improvement plan for DHB Provider arm services to ensure that the target for young people referred for non-urgent addiction services within three weeks is met	Q1		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Provide a list of all existing and planned AoD services to the Ministry of Health	Q1		**System outcome**	**Government priority outcome**

			We have improved quality of life	Support healthier, safer and more connected communities

Maternal Mental Health Services			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
As a result of the stocktake of primary mental health service provision, we will undertake a scoping exercise toward building a more integrated model of care across the community, which addresses identified service gaps and barriers to access specifically for Māori and Pacific women. **EOA Maori and Pacific**	Q4	CW12 CW11	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Explore service change to merge Maternal Mental Health Service (MMH) with Te Ara Manapou (Pregnancy and Parenting AoD Service). This would align compatible services and improve equity of access to MMH by capitalising on Te Ara Manapou's strong community connections. **EOA Maori and Pacific**	Q2		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

2.4.3 Improving Wellbeing through Prevention

Cross-Sectoral Collaboration			This is an equitable outcomes action (EOA) focus area	
DHB activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Develop an inter-sector framework to coordinate, prioritise, monitor and measure outcomes for HBDHB activity.	Q1	n/a	**System outcome** We have health equity for Māori and other groups	**Government priority** Support healthier, safer and more connected communities
Support the access to whānau voices (consumer feedback) collected by partner agencies. Enable its use in designing services, programmes and planning with whānau • Investigate a clearinghouse approach to store and access recorded whānau voice, i.e. research, consumer feedback, meetings and workshop notes, to inform planning, develop and deliver services.	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Establish information sharing across Government agencies to ensure quality data is informing decisions and is available to monitor impact • Through information sharing agreements with partner agencies • By having regular meetings between information systems staff beginning with Police, MSD and HBDHB • Through facilitating ways to share whānau voices.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

16.1

Support inter-sectoral projects by: • Resourcing the work of the family violence interagency group • Contributing to employment programmes including reducing barriers to employment, Rangatahi Ma Kia Eke and pathways to health roles • Improving the quantity and quality of housing via leadership in the Housing Coalition projects • Supporting frontline staff to link clients with mental health and addiction services. **EOA Māori**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

Climate Change				
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Annual carbon emissions footprint and certification process completed through Certified Emissions Management and Reduction Scheme (CEMARS).	Q4 (Ongoing)	n/a	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Research/explore resources and investment required for HBDHB setting and achieving major emissions reduction target.	Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Transition HBDHB toward 'dining consumable products' that are more environmentally sustainable	Ongoing		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Sustainability working group to meet as needed to ensure HBDHB implements a strong response to climate change, in an equitable manner, in line with expectations from the Ministry of Health. Membership to include representation from Māori Health, Pacific Health, Population Health and other departments. **EOA Māori and Pacific.**	Ongoing		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

Waste Disposal				
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Work with medical waste provider and community pharmacies to progress a comprehensive collection process.	Q4	n/a	**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Begin measuring community pharmaceutical waste collected through community pharmacies.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Maintain annual waste reporting of landfill, recycling, green waste and medical waste as part of CEMARS certification process.	Q4 (Ongoing)		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Apply a Ngāti Kahungunu environmental lens over key activities by partnering with Māori Health Services, Health Gains Advisor, utilising cultural knowledge to support the plan. **EOA Māori.**	Ongoing		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

Drinking Water • Provide actions the DHB will undertake to support their PHU to deliver and report on the drinking water activities in the environmental health exemplar. Activities that DHBs could carry out to support their PHU drinking water work (and other public health regulatory service) can be found on the FAQ page			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Undertake the duties and functions of a Drinking Water Assessor and Designated Officer as required by section 69ZL-69ZN of the Health Act 1956. **EOA Māori and Pacific**[1]	Ongoing	See Population Health Annual Plan	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Continue to build and maintain relationships with relevant stakeholders including the Drinking Water Joint Working Group. Representatives of this group include Iwi, Territorial Authority (TA) Drinking Water suppliers, Regional Council and Medical Officer of Health and Drinking Water Assessors. **EOA Māori.**	Ongoing		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Continue to provide technical support to supplies which received Capital Assistance Programme (CAP) and to networked supplies which have a population between 25-5000 people. In our area a number of Marae received CAP funding. As part of this programme will be the development of an equity partnership with the Māori Health Leadership team, Health Improvement and Equity Directorate. **EOA Māori.**	Ongoing		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Advocate for adoption of Source Protection Zones (SPZ) provisions with the TANK plan change and subsequent catchment management plans.	Ongoing		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Healthy Food and Drink			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Implement a specific clause in each agreement (for those agreements internally approved following from 1st July) requiring selected providers to develop a Healthy Food and Drink policy and report on the number of contracts with a Healthy food and Drink policy in Q2 and Q4	Q1 (ongoing)	n/a	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Develop information technology changes to allow capturing of information relating to number of agreements with a Healthy Food and Drink Policy clause.	Q1 (ongoing)		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

[1] The majority of the Pacific Island community in Hawkes Bay live in urban areas and are on a reticulated council drinking water supply.

Continue the implementation of the National Healthy Food and Drink Policy which the HBDHB committed to in Aug 2016.	Ongoing		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Identify appropriate nutrition support for the health providers from within our DHB.	Q1		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Develop online tools to support health contract providers e.g. policy templates, checklist etc.	Q1		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Develop a process for reporting the number of early learning settings, primary, intermediate and secondary schools that have 1) water-only (including plain milk) policies/guidelines, 2) healthy food policies/guidelines and report these numbers to the MoH	Q2 Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Smokefree 2025			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
HBDHB Smokefree Service will engage with the Wairoa Whanake Te Kura ante natal programme to encourage and support Wahine Hapu to stop smoking during and after pregnancy. Wahine Hapu will be referred and enrolled on the Wahine Hapu – Increasing Smokefree Pregnancy 8 week programme. **EOA Māori and Pacific.**	Q1 Q2 Q3 Q4	CW09	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
Work with Health HB and General Practice to explore the possibility of identifying newborn babies residing in a house with known smokers to offer cessation support and referral to the Wahine Hapu – 8 week programme. **EOA Māori**	Q1		**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
The HBDHB smokefree team will develop an education programme to build resilience in young Māori and Pacific women aged (15 years – 19 years) in schools, tertiary education, alternative education and teen parent units. The programme supports young women to identify their health and wellbeing needs and links them with key stakeholders e.g. Sport HB, Te Haa Matea. **EOA Māori and Pacific**	Q3 Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Work in collaboration with the Hawke's Bay Smokefree Coalition and Health Protection team to implement the Tobacco-free Retailers Tool kit with all alcohol on-licensed premises in Hawke's Bay. **EOC Māori and Pacific**	Q1 Q2		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Support Te Haa Matea with monthly peer support meetings, triage of hospital and midwife referals , administrative and governance support, plus cessation services in Wairoa	Q1-4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities

Breast Screening	**This is an equitable outcomes action (EOA) focus area**

DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Target Maori and Pacific unscreened women by conducting data matching between BreastScreen Coast to Coast and general practices patient databases, sending letters offering incentives for women who complete screening. **EOA Māori and Pacific.**	Q4	PV01	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Refer 'priority women' who do not confirm their mammogram appointment with the BSA Mobile unit, to an Independent Service Provider. **EOA Māori**	Q3 Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

Cervical Screening			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Encourage recall to commence at 32 months to ensure on-time three yearly screening and work with general practices to review Karo reports, identification of errors and resolution activity.	Q4	PV02	**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Use targeted strategies and kanohi ki te kanohi approaches to engage Māori and Pacific unscreened and under-screened women. **EOA Māori & Pacific**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Establish a referral process for general practice to refer all Māori, Pasifika and Asian women who are >5 years overdue & unscreened for cervical screening, to an Independent Service Provider. **EOA Māori & Pacific**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Develop an annual cervical action plan.	Q3			

16.1

2.4.4 Better Population Health Outcomes Supported by Strong and Equitable Public Health and Disability System

Engagement and Obligations as a Treaty Partner			This is an equitable outcomes action (EOA) focus area	
DHB activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Initiate scheduled meetings between HBDHB GM Māori Health and CEO Ngāti Kahungunu Iwi Inc. **EOA Māori.**	Q1	SS12	**System outcome** We have health equity for Māori and other groups	**Government priority** Support healthier, safer and more connected communities

Review memorandum of understanding (MOU) between Ngāti Kahungunu Iwi Inc and HBDHB. **EOA Māori.**	Q2		**System outcome** We have health equity for Māori and other groups	**Government priority** Support healthier, safer and more connected communities
Provide equity training to HBDHB staff. **EOA Māori.**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority** Support healthier, safer and more connected communities
Provide Māori Cultural Competency Training to HBDHB staff. **EOA Māori.**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority** Support healthier, safer and more connected communities

Delivery of Whānau Ora DHBs are best placed to demonstrate, and action, system-level changes by delivering whānau-centred approaches to contribute to Māori health advancement and to achieve health equity. Please identify the significant actions that the DHB will undertake in this planning year to: • Contribute to the strategic change for Whānau Ora approaches within the DHB systems and services, across the district, and to demonstrate meaningful activity moving towards improved service delivery • Support and to collaborate, including through investment, with the Whānau Ora initiative and its Commissioning Agencies and partners, and to identify opportunities for alignment. (All Pacific priority DHBs need to also include Pasifika Futures in this activity).			**This is an equitable outcomes action (EOA) focus area** (Equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Work with Te Taiwhenua o Heretaunga (Whānau Ora Provider) to implement whānau ora integrated care teams within their general practices **EOA Māori**	Q4	SS17	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Work with Kahungunu ki Te Wairoa to develop new whānau ora model of care **EOA Māori**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Review HBDHB Maternal Wellbeing Group to include tikanga Māori practices and whānau approaches **EOA Māori**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Establish memorandum of understanding with HBDHB Pacific Health Team and Kings Force (Fanau Ola Provider): • Kings Force support Pacific families with social, education and housing needs • Pacific Health service to support Pacific Fanau Ola families with health needs	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Care Capacity Demand Management (CCDM)			This is an equitable outcomes action (EOA) focus area (Equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Governance: Local wards will actively engage in CCDM implementation to ensure representation from all eligible areas of the hospital.	Q3	n/a	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Partnership: Actively monitor the partnership between DHB and Health Unions to ensure CCDM works toward implementing it collaboratively and sustainably.	Q1-Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Variance Response Management (VRM): Enhance hospital VRM systems to enable the DHB to be flexible and responsive to the patient demand in real-time.	Q3 Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Core Data Set: Expand core dataset to include patient and staff satisfaction surveys to allow the organisation to be responsive to the needs of the population.	Q2		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Validated Patient Acuity Tool (TrendCare): Continue to use TrendCare (patient acuity data system) in safe staffing allocation and patient flow/placement decisions.	Q1-Q2		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Staff Methodology: Continue to work on existing data integrity shortfalls with the aim of achieving TrendCare data integrity standards to enable FTE Calculations: B2 (Medical) B3 (Ortho). First round FTE Calculations are completed when TrendCare data integrity standards are met: Mental Health, Renal Dialysis, Maternity (TBC) Staffing budget is set using the results of the FTE calculation based on data from previous 12 months	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Disability			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Support Health and Wellbeing by establishing practises that ensure the rights of people with disabilities:	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

• Have whānau support people when engaging with HBDHB services. Review and update policy. • Investigate options to develop a system to record impairments on patient records to enable staff responsiveness and monitoring of health service delivery for people with disabilities. • Develop a monitoring tool for the HBDHB Disability Plan. **EOA Māori and Pacific**		SI14		
Improve Accessibility for people with disabilities by: • Establishing feedback mechanisms which enable people with disabilities to provide feedback and receive responses • Identify options of addressing barriers to accessing services **EOA Māori and Pacific**	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Improve attitudes toward people with disabilities by: • Developing training opportunities for HBDHB staff, in partnership with the disability community. **EOA Māori and Pacific**	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Planned Care			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Part two: Provide an outline of our engagement, analysis and development activities for developing the Three Year Plan.	Quarter 1 Part one: DHB to identify milestones for actions identified to improve planned care Part two: DHBs will provide an outline of their engagement, analysis and development activities for developing the Three Year Plan.	Part one: Delivery of actions and improvement against Planned Care Measures expectations Part two: A plan is submitted that outlines the proposed approach to develop the Three Year Plan.	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Part two:	**Quarter 2** Part one: DHB to identify milestones for actions identified to improve planned care Part two: DHBs will undertake analysis of changes that can be made to their	Part one: Delivery of actions and improvement against Planned Care Measures expectations Part two: A summary report outlining the outcomes of the analysis and consultation processes to	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Undertake analysis of changes that can be made to our Planned Care Services including consultation with DHB Consumer Councils and other key stakeholders.	Planned Care Services including consultation with DHB Consumer Councils and other key stakeholders.	understand local health needs, priorities and preferences.		
Part two: Submit Three Year Plan to improve Planned Care Services	**Quarter 3** Part one: DHB to identify milestones for actions identified to improved plan care Part two: DHBs will submit their Three Year Plan to improve Planned Care Services	Part one: Delivery of actions and improvement against Planned Care Measures expectations Part two: Submission of the Three Year Plan to improve Planned Care Services.	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Part two: Provide the first update on actions taken to improved Planned Care	**Quarter 4** Part one: DHB to identify milestone for actions identified to improve planned care Part two: DHBs provide the first update on actions taken to improved Planned Care	Part one: Delivery of actions and improvement against Planned Care Measures expectations Part two: An update is provided on actions outlined in the Three Year Plan to improve Planned Care Services.	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

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Acute Demand			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Acute Data Capturing. SNOMED coding implementation into ED for NNPAC in 2021. Actions: • Install latest Patient Administration System (ECA) with applicable SNOMED capabilities and configure as required (existing platform, version upgrade only), testing • Super User acceptance testing, training of ED users • Reconfigure NNPAC data capture in Data Warehouse as required, adjust Extract requirements.	Q2 Q4	SS10 Inpatient length of stay	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Patient Flow: Trial digital solutions to provide the public with on-line information on real time options for emergency care; alternative options	Q2		**System outcome**	**Government priority outcome**

at triage option and feedback loops to follow the patient journey. This should increase the number of people appropriately utilising urgent care in primary care rather than ED. **EOA Māori and Pacific**			We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Patient Flow: For Māori patients requiring mental health and addiction services who have presented to the ED, in addition to referring to Consult Liaison (in hours) or Emergency Mental Health Service (after hours), refer to Māori Health Service for support with health literacy and navigation. **EOA Māori**	Q2		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Patient Flow. Create hospital capacity to manage acute demand by improving acute hospital flow. • Improved discharge processes by adoption of standardised Criteria Based Discharge (CBD) process across all adult in-patient wards • Reducing acute hospital re-admissions rates by identifying patients at risk of re-admission and focusing on support in the community **EOA Māori**	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Rural Health			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Wairoa Community Partnership Group (CPG) – continue development of the commissioning and accountability framework; development of shared outcomes and formal and informal processes for whānau to input into CPG **EOA Māori.**	Q4	Whānau feedback Written feedback Strategy completed	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
A clinical governance group is developed and fully functioning for Wairoa health system. **EOA Māori.**	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Identify workforce gaps and skills required to implement the future model of care. Develop a strategy for sourcing and developing the Wairoa workforce. **EOA Māori.**	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Develop preventative and educational programmes for and with Wairoa community. **EOA Māori.**	Q3		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities

Healthy Ageing			**This is an equitable outcomes action (EOA) focus area**
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.

Initiate, develop and monitor the effectiveness of 'Hoki te Kainga' an Early Support Discharge service, to improve patient outcomes and improve hospital flow.	Q1-4	SS04	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Investigate and develop a formal Health Equity Partnership to inform the ongoing development of health services to improve outcomes for older Māori. **EOA Māori.**	Q2 Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Develop a system and processes for the effective management of frailty within the Medical and Older Persons Directorates. The objective is to create a hospital wide approach to frailty including use of a frailty screening tool in ED; Comprehensive Geriatric Assessment, as required, focussed on admission avoidance; frailty focussed admission and discharge planning.	Q1-4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Development and implementation of an "End of Life" Service Level Alliance (SLA) with a focus on delivering care closer to home and reducing acute bed days.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Improving Quality			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Diabetes specialist services and renal services to work together toward earlier identification of high risk patients. CNS diabetes, as part of work with general practice to link renal patients to general practice thereby supporting renal patients being managed in primary care. **EOA Māori and Pacific** (Disproportional representation of Māori and Pacific in ASH rates)	Q2 Q4	SS13 SS05	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Improve patient education on medicines through improved hospital pharmacy ward service. Work toward enabling more pharmacist-to-patient contact time throughout the patient stay and for discharge planning/education. Continue current recruitment strategy that is focussed on seeking practitioners who are skilled or well-prepared to deliver culturally sensitive practice.	Q1 Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Monitor antibiotic prescriptions down to level of general practice facility, with feedback to outlying prescribers. Provide report on hospital antibiotic consumption Provide an infection control service to hospital, primary and residential care facilities including antimicrobial advice to clinicians in community and hospital	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Implement the first phase of Health Care Home in General Practice. See activities in SLM Improvement plan: Amenable Mortality.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Cancer Services			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Cancer Screening Programmes – BreastScreen Aotearoa. • Target Maori and Pacific unscreened women by conducting data matching between BreastScreen Coast to Coast and general practices patient databases, sending letters offering incentives for women who complete screening. **EOA Māori and Pacific** • Refer 'priority women' who do not confirm their mammogram appointment with the BSA Mobile unit, to an Independent Service Provider. **EOA Māori and Pacific.** National Cervical Screening Programme • Encourage recall to commence at 32 months to ensure on-time three yearly screening and work with general practices to review Karo reports, identification of errors and resolution activity. • Use targeted strategies and kanohi ki te kanohi approaches to engage Māori and Pacific unscreened and under-screened women. **EOA Māori & Pacific**. • Establish a referral process for general practice to refer all Māori, Pasifika and Asian women who are >5 years overdue & unscreened for cervical screening, to an Independent Service Provider. • **EOA Māori & Pacific.**	Q1-4	SS07 SS08	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Faster Cancer Treatment – Cancer health target. Comply with Cancer health targets: • Develop monthly report – referral to diagnosis. • Review opportunities to address the gaps currently evident in the National T&A contract.	Q1-4	SS01 SS11	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

• Review opportunities to address the clinical risks associated with reduced access to cancer medications. • Negotiate with tertiary providers to facilitate access to cancer treatments within the 62 day timeframe.				
Cancer Survivorship Model of Care • Partner with the Cancer Society and Regional stakeholders to implement a model of care for cancer survivors. **EOA Māori & Pacific.**	Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Analyse data on patients who have a C code on admission of lower GI Cancer looking at % of acute versus planned admissions to inform further quality improvement	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Continue to work with Central Cancer Network and tertiary providers to facilitate locally based cancer care for HBDHB population. (Radiation Oncology and Standards of Care). **EOA Māori & Pacific**.			**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
See Bowel Screening section: Develop, implement and evaluate strategies to achieve 62% target in participation for Maori, Pacific, decile 9 and 10, and total National Bowel Screening Programme eligible population through health promotion health education activities and outreach follow up action. **EOA Māori & Pacific.**	Q1-4	SS07 SS08	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

Bowel Screening New Zealand has one of the highest rates of bowel cancer in the world. Bowel cancer is the second most common cause of cancer death in New Zealand, after lung cancer, with the third highest bowel cancer death rate in the OECD for women and the sixth highest for men. The National Bowel			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Implement Ministry of Health approved National Bowel Screening Programme HBDHB Annual Plan 2019/20, Equity Plan and Communications Plan. **EOA Māori and Pacific.**	Q1-4	SS15	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Develop, implement and evaluate strategies to achieve at minimum the 62% target in participation for Māori, Pacific, decile 9 and 10, and total National Bowel Screening Programme eligible population through health promotion health education activities and outreach follow up action. In addition we will set an internal target of 73% participation for Māori consistent with our intent to achieve equity of health outcomes for Māori across the life course. **EOA Māori and Pacific.**	Q1-4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Monitor and report on Colonoscopy Wait Time Indicators for urgent, non-urgent and surveillance, including for Māori and Pacific. **EOA Māori and Pacific.**	Q1-4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Monitor and report on the NBSP Interim Quality Standards, with specific analysis and relevant improvements for Māori and Pacific. **EOA Māori and Pacific.**	Q1-4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

Workforce			**This is an equitable outcomes action (EOA) focus area**	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Increase Māori and Pacific representation in the workforce via effective recruitment and retention strategies. Ensure alignment to endorsed Māori & Pacific Workforce Development Action plans. **EOA Māori & Pacific.**	Q4	% Māori and Pacific staff % staff trained	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring and volunteering
Increase HBDHB numbers completing Engaging Effectively with Māori. **EOA Māori.**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Workforce reporting: • Continue to share Human Resource (HR) KPI report • Develop HR dashboards for Directorates • Develop Central Region HR benchmark KPI report.	Q4 Q2		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Education Framework: • Prioritise focus on the development of an education framework to support all staff • Implement a Talent Mapping process (Tier 3&4 Managers) for leadership development • Maintain necessary standards for PGY1 and 2 aligned to Medical Council. • Maintain and develop relationships with EIT and tertiary institutions	Q2 Q1 Q1 Ongoing		We have health equity for Māori and other groups	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
People and Whānau centred Care: • Increase the number of staff completion rates of Relationship Centred Practice.	Q1-4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Health Literacy • Continue to roll out Relationship Centred Practice training • Ensure the Health Literacy Framework is rolled out to departments for them to undertake a self-assessment against the MOH guidelines and for action plans to be in place.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Nurse Practitioner Pathway: • Continue to work with services to embed Nurse Practitioner roles/pathways for service provision • Ensure that the Nurse Practitioner has access to supervision and appropriate professional development funding to support them as practitioners and that the service can have confidence with patient care delivery.	Ongoing Q4		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning learning, caring or volunteering

Data and Digital	**This is an equitable outcomes action (EOA) focus area**

DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Regional Health Informatics Programme (RHIP) Clinical Portal. Continue programme to evolve new delivery method which is value driven and clinically led to allow clinicians to on-board whilst data migration runs parallel.	Ongoing	n/a	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Mobility Programme. Continue our mobility programme to enable access to people, services and information anytime and anywhere.	Ongoing		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Unified Communications. Continue the rollout and enhancement of our Unified Communications solution to enable a mobile workforce and enhanced communication tools.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Windows 10 Upgrade. Upgrade of HBDHB end user computing devices to Windows 10.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
M365. Plan and commence the implementation of the migration to the Microsoft 365 offering	Multi-year programme		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Security programme. Continue to improve our security capabilities to improve connectivity while mitigating cyber risk to an acceptable level. In addition to enhancing our security-related incident and event management capabilities we aim to strengthen security controls at the edge of our organisation and increase security awareness of our workforce.	Ongoing		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Primary Care Integration. Increase the adoption of Manage My Health and improve the referral process between primary and secondary care.	Multi-year programme		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Collective Improvement Plan			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Support a collective improvement programme as advised by MoH	n/a	SS16	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

Delivery of Regional Service Plan (RSP) priorities and relevant national service plans	**This is an equitable outcomes action (EOA) focus area** (Equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Work with Health Hawke's Bay to promote the Hep C pathway and to review available data sets to ascertain increased general practice management of Hep C ie: Fibroscan data, feedback from DHB service	Q4	SS02	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Provide input into regional stocktake of dementia services	Q2		**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities

2.4.5 Better Population Health Outcomes Supported by Primary Health Care

Primary Health Care Integration			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Te Pītau (Primary Care – DHB Alliance); building the teams to become collective voice. • End of Life model of care development	Q4	# NPs ## RN prescribers # of contributors	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring and volunteering
Telemedicine in rural health settings to support the Rural Nurse Specialist model. **EOA Māori.**	Q3		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Nurse practitioner workforce development: develop and implement pathways for NP development – increase the NP workforce.	Q4		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Registered Nurse Prescribing workforce development: develop and implement pathways for RN prescribing – increase RN prescribing in primary and community care.	Q3		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Data sharing – use the development of a diabetes data repository to build data sharing protocols across the sector	Q3		**System outcome** We live longer in good health.	**Government priority outcome** Support healthier, safer and more connected communities

Pharmacy	This is an equitable outcomes action (EOA) focus area

DHB Activity	Milestone	Measure	Government Theme: Improving the well-being of New Zealanders and their families.	
Continue to support the vision of the Pharmacy Action Plan and the Integrated Community Pharmacy Services Agreement (ICPSA) by working with pharmacists, the public, primary care and the wider health care team to commission integrated local services that prioritise local need and support equitable health outcomes. a) Analysis of base line data for Māori / Pacific with coronary disease to determine if medicine drivers are present. **EOA Māori / Pacific** Work toward determining equity gap, identifying target population group and specify measurements e.g. poor adherence, lack of collecting scripts, low medicine literacy b) Determine feasibility of local commissioned service via ICPSA focusing on correction of medicine drivers c) As determined by action above, commission a local service	Q1 Q2 Q4	n/a	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Implement the agreed national process to enable the separation of the ICPSA schedules 1 & 2 when advised by the National Review Process group	Q4		**System outcome** We live longer in good health	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
Explore pharmacists providing influenza vaccinations in church settings and educate Pacific community that pharmacy provides free 'flu injections to people over 65 years of age, via Pacific navigators when doing Bowel Screening home visits **EOA Pacific**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Explore the views of general practice and community pharmacy around development of a collaborative pathway which supports increased influenza vaccinations in community pharmacy.	Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities
Prepare to report in Q2 of 2020 on local strategies to include influenza immunisation rates	Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities

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Diabetes and Other Long-Term Conditions			This is an equitable outcomes action (EOA) focus area	
DHB Activity	**Milestone**	**Measure**	**Government Theme:** Improving the well-being of New Zealanders and their families.	
Implement a diabetes register (inclusive of general practice, retinal and podiatry data) to drive quality improvements aligned to the Quality Standards for Diabetes Care 2014.	Q4	SS13	**System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities
Create a long term conditions flag within the hospital patient management system identifying those people who have multiple chronic conditions and frequent inpatient services. **EOA Māori and Pacific.**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Support the delivery of action priorities within the Tobacco Strategy and Best Start Plan acknowledging they contribute to the prevention and reduction in risk of long term conditions i.e. actions from Smokefree section; increase healthy weight environments; implement healthy conversation tool in ECEs; monitor schools	Q2, Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities

programme and Green Prescription and co-ordinate the delivery of the maternal and child nutrition and physical activity program, promote breastfeeding				
Monitor GRx contract to ensure the programme is being accessed by Māori and Pasifika and the lifestyle changes are supporting the management of long term condition i.e. increased physical activity, increase consumption of fruit and vegetable, engaging in lifestyle change. **EOA Māori and Pacific.**	Q2, Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Monitor and analyse data on the kia ora (self-management programme) in order to understand coverage and utilisation	Q4		**System outcome** We live longer in good health	**Government priority outcome** Support healthier, safer and more connected communities

2.5 Financial performance summary

Projected Statement of Comprehensive Revenue and Expense

Projected Statement of Revenue and Expense *in thousands of New Zealand Dollars* ***For the year ended 30 June***	2018 Audited	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Ministry of Health - devolved funding	516,552	544,682	573,100	593,044	613,446	633,629
Ministry of Health - non devolved contracts	14,369	14,947	14,618	15,127	15,648	16,163
Other District Health Boards	12,710	13,013	12,550	12,997	13,454	13,907
Other Government and Crown Agency sourced	6,046	5,713	5,334	5,533	5,738	5,942
Patient and consumer sourced	1,117	1,258	1,244	1,291	1,339	1,386
Other	6,104	5,539	4,639	4,725	4,899	5,072
Operating revenue	556,898	585,151	611,485	632,717	654,524	676,099
Employee benefit costs	209,611	235,675	243,178	251,690	259,996	269,095
Outsourced services	19,294	20,081	16,023	16,580	17,150	17,715
Clinical supplies	49,696	56,131	57,570	55,002	49,699	50,084
Infrastructure and non clinical supplies	50,773	53,433	51,562	53,311	54,354	56,784
Payments to non-health board providers	236,100	241,419	258,152	264,134	273,325	282,421
Operating expenditure	565,474	606,739	626,485	640,717	654,524	676,099
Surplus/(Deficit) for the period	**(8,576)**	**(21,588)**	**(15,000)**	**(8,000)**	**(0)**	**(0)**
Revaluation of land and buildings	15,312	-	-	-	-	-
Other comprehensive revenue and expense	15,312	-	-	-	-	-
Total comprehensive revenue and expense	**6,736**	**(21,588)**	**(15,000)**	**(8,000)**	**(0)**	**(0)**

Table 1: Projected Statement of Comprehensive Revenue and Expense

16.1

Projected Summary of Revenue and Expenses by Output Class						
For the year ended 30 June *in millions of New Zealand Dollars*	2018 Actual	2019 Forecast	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Prevention Services						
Revenue	9.7	8.9	9.5	9.9	10.3	10.6
Expenditure	8.5	8.9	9.5	9.7	10.0	10.4
	1.2	-	-	**0.2**	**0.2**	**0.2**
Early Detection and Management						
Revenue	118.2	148.4	153.6	159.3	164.8	170.3
Expenditure	119.9	148.7	157.3	160.9	165.8	171.5
	(1.7)	**(0.3)**	**(3.7)**	**(1.6)**	**(1.0)**	**(1.2)**
Intensive Assessment and Treatment						
Revenue	345.4	352.1	369.2	381.8	395.0	408.0
Expenditure	353.5	372.4	377.4	386.0	391.8	404.5
	(8.1)	**(20.3)**	**(8.2)**	**(4.2)**	**3.1**	**3.5**
Rehabilitation and Support						
Revenue	83.6	75.8	79.2	81.7	84.5	87.3
Expenditure	83.6	76.8	82.3	84.1	86.8	89.8
	-	**(1.0)**	**(3.1)**	**(2.4)**	**(2.3)**	**(2.5)**
Net Result	**(8.6)**	**(21.6)**	**(15.0)**	**(8.0)**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined, and the impact of the programmes on financial performance have been recognised under clinical supplies in the Intensive Assessment and Treatment output class. When the plans are determined, the efficiencies will be reclassified and could affect any line in any output class.

Table 2: Projected Summary of Revenue and Expenses by Output Class

SECTION THREE: Service Configuration

3.1 Service Coverage

The Minister explicitly agrees to the level of service coverage for which the MoH and DHBs are held accountable. Service coverage information demonstrates how Government policy is to be translated into the required national minimum range and standards of services to be publicly funded. In the current environment of increasing resource constraints and rising demand, it is likely that the level of services provided in some locations and the standard of some services will be adjusted and that access to some services may have to be modified. Service and care pathway reviews will specifically address the issue of coverage and access as will national, regional and local integrated planning. HBDHB does not expect any exceptions to service coverage. In terms of performance measure SI3, should any unintended gaps in service coverage be identified by the DHB or MoH then the DHB will report progress achieved during the quarter towards resolution of exceptions.

3.2 Service Change

The table below is a high-level indication of some potential changes

Change	Description of Change	Benefits of Change	Change for Local, Regional or National Reasons
Urgent Care	Enhancement of Urgent Care Service provision for Hastings and Napier.	Improved access to afterhours care with resulting reduction in presentations and utilisation of ED as a primary care provider of care.	Local
Mental Health	A redesign of primary mental health services as part of the wider mental health redesign is underway and this will change current delivery.	Earlier access for mild and moderate mental health concerns targeting under-served populations. Better links between primary, community and secondary mental health services.	Local
	Repatriation of youth inpatient beds from the regional contract back to HBDHB.	Services closer to home.	Regional / local
Whole of sector mental health services	Commence redesign of mental health and addiction services across the sector.	Align with the government enquiry into mental health and addiction. Align with Clinical Services Plan. More accessible and integrated services.	Local
Adult Alcohol and Other Drugs (AoD)	New model for local providers of AoD residential services.	Practice integration of the of local AoD residential providers for best placements for clients.	Local

16.1

Community Pharmacy and Pharmacist services	Implement the National Integrated Community Pharmacy Services Agreement and develop local services. Assessment of Schedule 3B services for local review.	More integration across the primary care team. Improved access to pharmacist services by consumers. Consumer empowerment. Safe supply of medicines to the consumer. Improved support for vulnerable populations. More use of pharmacists as a first point of contact within primary care. Increased geographical coverage.	National
	Continue to implement the Community Based Pharmacy Services in Hawke's Bay Strategy 2016-2020. Medicine Use Review service review and implementation. Zero Fees U18 service review and implementation.		Local
After hours U14 - Pharmacy	Rationalise and integrate general practice and pharmacy providers to deliver a single after hours under 14 service in both Napier and Hastings.	Single provider in both Napier and Hastings to aid consumer communication and access; with focus on integrated approach to urgent care including pharmacy support.	Local
Zero Fees U18 – Pharmacy	Removal of prescription co-payments for all youth aged 14 – 17 when prescription is written by a Hawke's Bay general practice prescriber.	Supporting parallel programme in general practice to increase access to primary care by youth, including associated prescriptions.	Local
Surgical Expansion Project	Project to expand HBDHB surgical in-house capacity to better meet elective health targets and HB population surgical needs. Aimed at calendar year of 2010.	HBDHB able to better meet elective health targets, manage acute demand and population surgical needs in-house and within budget.	Local
Under 18s	Reconfigure zero fees for Under 18s to align with government intention to provide greater access to services or those who hold community services cards.	Increased access for under 14 -17 year olds with Community Services Card.	Local
Coordinated Primary Options (CPO)	Provision of care within the primary care team that prevent hospital presentations and admissions.	Service review to inform redesign.	Local
Model of Care (primary)	"In line with the Clinical Services Plan, models of care changes will be based around: 1. Place-based planning 2. Evolving primary healthcare 3. Working with whānau to design the services they need 4. Relevant and holistic responses to support mental wellbeing. 5. Keeping older people well at home and in their communities 6. Specialist management of long term conditions based in the community " Models of care will be designed, developed and implemented to reflect whānau needs, and most importantly achieve equity within our rohe.	Models of care will be designed, developed and implemented to reflect whānau needs, and most importantly achieve equity within our rohe.	Local

Older Persons Services	Responding to the growing demands of acute and chronic care needs will necessitate providing services in different ways that have more of a rehabilitation and community focus.	Free up capacity and associated resources in order to deliver care more appropriately with the aim of minimising admission to hospital and ARRC settings.	Local
Health and Social Care Localities	Health and Social Care Localities development supported within Wairoa and CHB.	Achieving equity within our rural localities.	Local
Primary Care Development Partnership (PCDP)	Ongoing development and refinement of Te Pitāu (Primary Care – DHB Alliance) for the provision of coordinated services. Building teams to become a collective voice.	Enhancing provision and coordination of services.	Local
Faster Cancer Treatment	Redesigning of our oncology service model and Redesigning and refurbishing our buildings.	More streamlined services working toward meeting the FCT target.	Local/Regional
Bowel Screening	Implement Ministry of Health approved National Bowel Screening Programme HBDHB Annual Plan 2019/20, Equity Plan and Communications Plan.	Reduced mortality from bowel cancer.	Local/National

Service Integration

In line with our strategic documents and the National drive to shift services out of the specialised hospital setting and into the community, HBDHB are continually reviewing services and considering where these could be provided in the community and/or with better integration with primary care.

Procurement of Health & Disability Services

HBDHB periodically undertakes competitive processes (Registration of Interest, Request for Proposals etc.), in accordance with the Ministry of Business Innovation and Employments Government Rules of Sourcing. Competitive processes may be undertaken for several reasons including, the time since the last competitive process and changes in service design. Competitive processes ensure cost effective services, increase innovation and can enhance efficient service provision. Competitive processes may result in a change of provider

Note A: HBDHB is permitted and empowered under Section 25 of the New Zealand Public Health and Disability Act 2000 (the Act) to negotiate and enter into any service agreements (and amendments to service agreements) which it considers necessary in fulfilling its objectives and/or performing its functions pursuant to the Act.

SECTION FOUR: Stewardship

TBC

4.1 Managing our Business

Organisational Performance Management

Given the scale and scope of our services, HBDHB has developed and implemented a comprehensive organisational performance management framework. This provides for the provision of relevant reports and performance management decision making at appropriate levels. Reports provided as part of this framework include:

Strategic

- MoH – DHB Performance Monitoring
- HBDHB Transform and Sustain Strategic Dashboard.

Operational

- Exceptions Report on Annual Plan performance
- Te Ara Whakawaiora – reporting on key Māori health indicators
- Pasifika Health Dashboard
- MoH Quarterly Health Target Report.
- Risk Management
- Monthly Strategic and High / Emerging Risk Report
- Occupational Health and Safety.

General

- Chief Executive Report
- Financial Performance
- Human Resources Key Performance Indicators
- Transform and Sustain Programme Overview.

Funding and Financial Management

HBDHB, as the lead Government agent for the Hawke's Bay public health budget, must always seek to live within its means, prioritise resources and manage in a fiscally responsible manner. In common with trends across the health sector, HBDHB has faced increasing difficulty in achieving financial balance, due to the cumulative effect of funding below the real cost pressures over a number of years. Following many years of surplus, HBDHB has posted a financial deficit for the last two financial years, as shown in the table below.

Financial Year	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Surplus/ (Deficit)	$3.222m	$3.054m	$4.366m	$3.567m	($8.576m)	($11.950m)*

*For the 2018/19 year the Operational Result is before the provision for Holidays Act remediation of $7m and full impairment of Finance, Procurement and Information Management system (FPIM) of $2.6m. The total deficit including these items will be $21.588m. The Holidays Act remediation estimate is still subject to review and approval by external auditors.

Due to the sustained pressure on our resources we planned a deficit of $5m for 2018-19, with the intent to return to a balanced budget in 2019-20. However increasing cost pressures and difficulties in delivering further sustainable savings in a challenging environment means that achieving a balanced plan for 2019-20 would impact quality of care. Consequently we are setting a deficit plan for 2019-20 of $15m.The coming year will be a foundation year in our long-term strategy. Alongside strategy implementation, we will be working to deliver sustainable tactical changes which ensure we continue to deliver high quality services that are clinically appropriate and support achievement of equity goals. The approach we will take to ensure we deliver in a financially sustainable way and move HBDHB towards breakeven in 2021-22 include:

- prioritisation of resources to deliver the best health return from the funding available
- a focus on productivity, with effective management of cost drivers and robust planning of demand, capacity and capability, to improve performance whilst managing cost

Over the longer term, we anticipate that our work outlined in the strategy and delivery of the Clinical Services Plan (CSP), enabled by a financial strategy which walks alongside this, will support sustainable changes to how our services are resourced and delivered. The CSP will require a fundamental transformation of models care, with intervention occurring at the lowest cost opportunity. This is not about shifting resources from one provider to another, but changing the service model.

Investment and Asset Management

The MOH plans to establish a National Asset Management Plan (NAMP) by December 2019, to support them in their decision making and prioritisation of capital resources. HBDHB volunteered to be a NAMP pilot site and our critical building were assessed in 2018-19.

HBDHB also undertakes asset management planning at a local level and has a 10 year long term investment plan which outlines our planned asset expenditure. This will be updated once the strategic implementation plan for delivery of the CSP is developed and reflected in the refresh of our facility master plan.

Approvals at regional and national level are sought depending on the threshold of any proposed investment to help ensure that there is some national consistency in development of the health assets. We will continue to work nationally with the development of the various national initiatives and regionally on the development of a regional solution for our information technology applications.

Regional capital investment approaches are outlined in the Regional Service Plan and individual sections contain capital investment plans. Hawke's Bay DHB is committed to working with the regional capital planning committee on the development of our local plans and assisting our regional colleagues in development of the regional capital plan and its implementation.

Hawke's Bay DHB has a shareholding interest in, and receives shared services from:

- NZ Health Partnerships Ltd
- Central Region Technical Advisory Services Ltd
- Allied Laundry Services Ltd

Risk Registers are maintained throughout HBDHB with high and emerging risks and trends regularly reviewed at operational, senior management and governance levels.

4.2 Building Capability

Over the past five years we have shifted our perspective to integration and the wider health system with our strategy 'Transform and Sustain'. In preparation for our new strategy, we completed the development of a CSP and a People Strategy in 2018/19 and those input pieces informed the development of this plan. In addition, the national review of the health system and the national mental health inquiry will also inform our response to our challenges and delivery against our national, regional and local objectives. Broadly, we expect to be focusing on some key areas of capability development, including:

- Enhancing workforce capability and capacity to deliver new models of care (see 4.3)
- Information technology and communications systems to support a much more mobile workforce and a growing digital strategy (see 4.4)
- Capital and infrastructure development to focus on facilities off the hospital campus, and
- Cooperative developments with a range of stakeholders across the community, including inter-agency collaboration.

4.3 Workforce

Following the Big Listen and Korero Mai, two initiatives that were explicitly aimed at gathering better understanding of the people challenges faced by the local health system, HBDHB has developed it's five year People Plan. The intent of this strategy is to respond directly to the feedback received, align to the national workforce strategic priorities and accelerate and ensure that we have a fit for purpose workforce for the future.

The healthcare context is a fast paced, rapidly changing, hugely demanding and rewarding setting in which to work in. Health care professionals are usually intrinsically motivated to do the work they do and are values-driven in their relationship with work. Yet, the constant change, increased levels of demands and complexity, and the constraints around funding, leading to perceived reduction in support and control available to staff, are all significant challenges.

The People Plan is built around the need to embed our sector wide values into everything we do. We need to ensure that training keeps pace with technology changes and that our workforce reflects our cultural diversity. This will ultimately support and grow our staff to do their best, with a high level of satisfaction and engagement whilst continuing to deliver a high level of patient care which in turn realises the HBDHB's strategic direction.

Improving workforce composition is a key priority within all areas of health care and delivery. Growing both the Māori and Pacific workforce is one key component of the plan that requires growth within all levels including leadership. Additionally, the wellbeing and health & safety of all our people is another key priority for the 2019/20 year, with work underway to ensure that we provide a safe place, safe people and safe care.

SECTION FIVE: Performance Measures

5.1 2019/20 Performance Measure

The DHB monitoring framework aims to provide a view of performance using a range of performance markers. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

- Achieving Government's priority goals/objectives and targets or 'Policy Priorities'
- Meeting service coverage requirements and supporting sector inter-connectedness or 'System Integration'
- Providing quality services efficiently or 'Ownership'
- Purchasing the right mix and level of services within acceptable financial performance or 'Outputs'.

It is intended that the structure of the framework and associated reports assists stakeholders to 'see at a glance' how well DHBs are performing across the breadth of their activity, including in relation to legislative requirements, but with the balance of measures focused on Government priorities. Each performance measure has a nomenclature to assist with classification as follows:

The health and disability system has been asked to focus on the following priorities:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention.
- Better population health outcomes supported by strong and equitable public health services
- Better population health outcomes supported by primary health care.

The DHB monitoring framework and accountability measures have been updated for 2019/20 to provide a line of sight between DHB activity and the health system priorities that will support delivery of the Government's priority goals for New Zealand and the health system vision and outcomes, within a system that has a foundation of financial, clinical and service sustainability and strong governance.

Performance measure		Expectation		
CW01	Children caries free at 5 years of age	Year 1		
		Year 2		
CW02	Oral health: Mean DMFT score at school year 8	Year 1		
		Year 2		
CW03	Improving the number of children enrolled and accessing the Community Oral health service			
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Children (0-4) enrolled	Year 1	
			Year 2	
		Children (0-12) examined according to planned recall	Year 1	
			Year 2	
CW05	Immunisation coverage at 8 months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over	95% of eight-month-olds olds fully immunised.		
		95% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.		
		75% of girls fully immunised – HPV vaccine.		
		75% of 65+ year olds immunised – flu vaccine.		
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.		
CW07	New-born enrolment with General Practice	55% of new-borns enrolled in General Practice by 6 weeks of age.		
		85% of new-borns enrolled in General Practice by 3 months of age.		
CW08	Increased immunisation at 2 years	95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years,		
CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.		
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.		
CW11	Supporting child wellbeing	Provide report as per measure definition		

CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.	
		Initiative 3: Youth Primary Mental Health.	
		Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	
CW13	Reducing rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever to XX per 100,000	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Māori, other & total	
		Age (20-64) Māori, other & total	
		Age (65+) Māori, other & total	
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan.	
		95% of audited files meet accepted good practice.	
MH03	Shorter waits for non-urgent mental health and addiction services	Mental health provider arm	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
		Addictions (Provider Arm and NGO)	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified	
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.	

MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.		
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.		
PV02	Improving cervical screening coverage	80% coverage for all ethnic groups and overall.		
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.		
SS02	Ensuring delivery of Regional Service Plans	Provide reports as specified		
SS03	Ensuring delivery of Service Coverage	Provide reports as specified		
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified		
SS05	Ambulatory sensitive hospitalisations (ASH adult)			
SS06	Better help for smokers to quit in public hospitals (previous health target)	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	Only applies to specified DHBs	
SS07	Planned care measures	Planned Care Measure 1: Planned Care Interventions		
		Planned Care Measure 2: Elective Service Patient Flow Indicators	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)

			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3: Diagnostics waiting times	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
			Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4: *Ophthalmology Follow-up Waiting Times*	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 5: *Cardiac Urgency Waiting Times*	All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency.	
	(Only the Five Cardiac units are required to report for this measure)	Planned Care Measure 6: Acute Readmissions		
SS08	Planned care three year plan	80% coverage for all ethnic groups and overall.		
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%
			Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and < or equal to 85%
			Invalid NHI data updates	Still to be confirmed
		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC and NMDS for FSA and planned inpatient procedures.	Greater than or equal to 90% and less than95 %

			National Collections completeness	Greater than or equal to 94.5% and less than 97.5 %
			Assessment of data reported to the NMDS	Greater than or equal to 75%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)	Provide reports as specified	
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions to: Support people with LTC to self-manage and build health literacy.	
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the *Quality Standards for Diabetes Care.*	
			Ascertainment: target 95-105% and no inequity HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity	
		Focus Area 3: Cardiovascular health	Provide reports as specified	
		Focus Area 4: Acute heart service	**Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram**.**	
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and **Indicator 2b:** ≥ 99% within 3 months.	
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).	
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance >85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - - Aspirin*, a 2nd anti-platelet agent*, statin and an ACEI/ARB (4 classes), and - LVEF<40% should also be on a beta-blocker (5-classes). * *An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.*	
			Indicator 5: Device registry completion- ≥ 99% of patients	

16.1

			who have pacemaker or implantable cardiac defibrillator implantation replacement have completion of ANZACS QI Device forms within 2 months of the procedure.
		Focus Area 5: Stroke services	**Indicator 1** ASU: 80% of stroke patients admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway
			Indicator 2 Thrombolysis: 10% of potentially eligible stroke patients thrombolysed 24/7
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke who are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation: 60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.	
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.	
		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.	

		95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system.
SS16	Delivery of collective improvement plan	tbc
SS17	Delivery of Whānau ora	Provide reports as specified
PH01	Delivery of actions to improve system integration and SLMs	Provide reports as specified
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	Provide reports as specified
PH03	Access to Care (PHO Enrolments)	Meet and/or maintain the national average enrolment rate of 90%.
PH04	Primary health care :Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
Annual plan actions – status update reports		Provide reports as specified

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora – Cultural Responsiveness**	
	For the attention of: **HBDHB Board**	
Document Owner	Patrick Le Geyt, General Manager, Maori Health, Te Puni Matawhānui	
Champions	Kate Coley (Culturally Competent Workforce) Andy Phillips (Equity in Outpatient Care)	
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Reviewed by	EMT	
Month/Year	July 2019	
Purpose	To provide the Executive Management Team (EMT) and governance groups 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 the HBDHB goal of a culturally responsive workforce and a growing presence of Maori within all levels of the DHB.	
Summary	Māori workforce action plan focuses on: pipelines and pathways, recruitment, leadership development, and engagement through a co-design approach with Māori.	
Contribution to Goals and Strategic Implications	Health Equity Report 2018 – Actions to create a responsive and equitable health system and services; Clinical Services Plan – Whānau centred, kaupapa Māori approaches Māori Workforce Action Plan	
Impact on Reducing Inequities/Disparities	Prioritisation of Māori who are: • disproportionately affected and do not enjoy the same level of oral health as Other New Zealanders • Disproportionately under-represented in Māori health workforce statistics. The implications are improved health outcomes for Māori	
Consumer Engagement	Staff feedback via evaluation forms Whānau complaints	
Other Consultation /Involvement	Health Workforce New Zealand. Incubator programme.	

Financial/Budget Impact	Business cases will be prepared accordingly.
Timing Issues	None.
Announcements/ Communications	Not applicable

RECOMMENDATION

It is recommended that the **HBDHB Board:**

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

HAWKE'S BAY
District Health Board
Whakawāteatia

CULTURAL RESPONSIVENESS

Authors:	Ngaira Harker (Culturally Responsive Workforce) Andy Philips (Equity in Outpatient Care)
Designation:	Nurse Director Māori Health, Te Puni Matawhanui Hospital Commissioner, Hospital Services
Date:	24 June 2019

TE HUARAHI KEI MUA – THE PATH AHEAD
The following korero sets the foundation for why and how cultural responsiveness is necessary to achieve the ultimate goals of whānau health and well-being.

Tuāwhakarangi (Vision)
HE TOI WHAKAIRO, HE MANA TANGATA
(Where there is Cultural Excellence there is Human Dignity)

He Rautākiri (Mission)
Ko Te Amorangi ki mua
Ko te hāpai o ki muri
Te tūturutanga mahi pono o te Māori mana motuhake
(With the divine, the spiritual and the Kaupapa to the fore
What will follow is true achievement in
An authentic unique way)

Rūia taitea kia tū ko taikaka ānake
(Discard the sapwood to uncover the hardwood)

NGĀ POU
The Pou (depicted in the diagram below) refers to a collective response to achieve Cultural Quality which is equally at the forefront with Clinical Quality. Māori Health, in partnership and with collective responsibility, will lead this approach. Incorporated within this framework are:

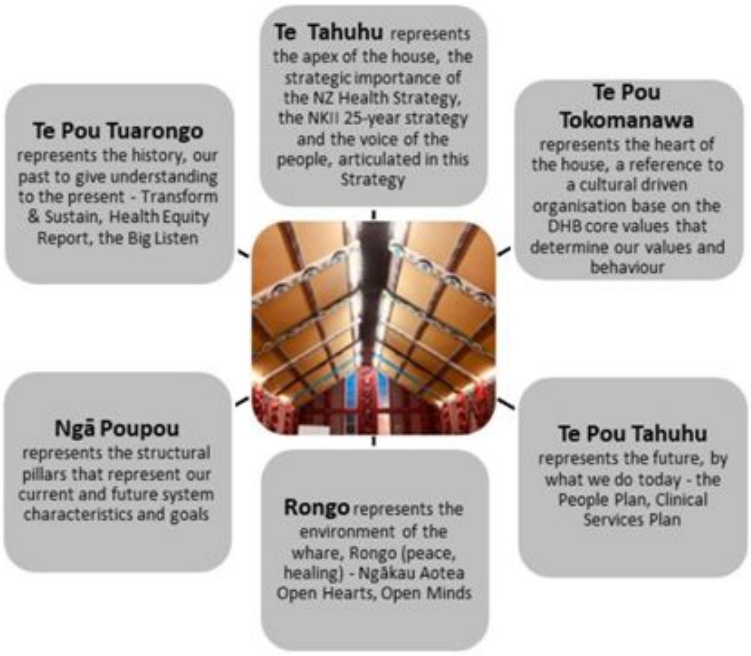
1. **Ngākau Aotea** Approach based on "Open mind, Open Heart, Open hands - an active partnership to achieve wellbeing for whānau Māori within the Hawkes Bay region.

2. **Clinical Services Plan** sets out the challenges and opportunities the system faces and describes concepts for the future we want.

3. **People Plan** describes the culture and values we want and how we will grow our people to deliver on these concepts and approaches.

4. **Equity Report** gives weight to the call for a bolder approach to resolving previously intractable inequities.

5. **Digital Health Strategy** and **Finance Strategy** that will enable the implementation of our strategies and plans.



DHB Core Value Objective Focus

1. **He Kauanuanu – Respect**

   Create a culture of respectful relationships, a culture that is person and whānau centred - a fundamental shift in behaviours, systems processes and services for this to happen, to understand what is important, inspirational and motivational for Māori communities and whānau if we are to support behaviour change.

2. **Ākina -** Continuous Improvement
   - Growing our workforce - new roles, expanding scope of practice and embedding cultural Competency - Māori Work Force Plan - increase the Māori workforce in strategic areas - team leaders / management.
   - Primary Health Care is vital with expanded teams offering a wider range of culturally relevant services.
   - Refocus resources in the areas that will make a real difference to eliminating unmet needs and inequities.

3. **Raranga Te Tira -** Partnership
   - In HB we will develop our own local model that imbeds " kaupapa Māori practices (Ngākau Aotea – whānau-led – Relationship Centred Practices)
   - To support and build on the strength of our Iwi led services current.

4. **Tauwhiro -** Care
   - Whānau Centred Care is working with the whānau (listening to their story and responding appropriately). The primary focus is on people, their whānau, friends and carers; understanding their needs and aspirations and what matters to them (no what's the matter with them).

OVERVIEW

WHY IS THIS INDICATOR IMPORTANT?

Health Workforce New Zealand has identified growing the Māori and Pacifica Workforce as its top priority in addressing inequity in our workforce (reference). Making critical changes to better enhance cultural safety in our workplace and the implementation of models of care that better reflect our community are also drivers in the improvement of health outcomes for Māori.

The 2019 – 2023 Māori Workforce Action Plan ('the Plan') was approved by the Māori Relationship Board and the Executive Management Team in 2018. The Plan sets out the actions needed to achieve and accelerate Māori workforce growth. The Plan forms the framework to build a Māori workforce that is representative of the Hawke's Bay population and that applies Ngā Uarā (values) of the HBDHB within delivery of care. The action plan is reported on monthly and also in a quarterly report to support tracking and progress.

There are four key components within the Māori workforce action plan

1. To increase Māori representation within the workforce to reflect our population.
2. To improve the cultural capability of the workforce
3. To increase Māori leadership at all levels
4. To build the capability and capacity of the Māori workforce.

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 'Effective Engagement with Māori' Training

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

MĀORI HEALTH PLAN INDICATOR: Cultural Responsiveness

This report provides an update the following indicators for Cultural Responsiveness:

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Quarter
CULTURAL RESPONSIVENESS					
Culturally Competent Workforce *Local Indicator*	1. HBDHB staff who are Māori 2. HBDHB staff have completed Treaty on Line training 3. HBDHB staff have completed 'Effective Engagement with Māori' Training	≥16.02% 14.96% 100% 64.7% 100% 73.4% ever 42.0% (last 3 years)	Kate Coley	Paul Davies JB Heperi-Smith Ngaira Harker	**JULY 2019**
Did Not Attend *Local Indicator*	Did Not Attend (First Specialist Appointment)	≤7.5% 6%	Andy Phillips	Talalei Taufale Jacqui Mabin	**JULY 2019**

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO SUPPORT A CULTURALLY COMPETENT WORKFORCE

INDICATOR 1: HBDHB STAFF WHO ARE MĀORI

The total HBDHB workforce as at May 2019 is **3041.** As of May 2019, the total number of Māori staff is **455 or 14.96%** of the total HBDHB workforce. The current number of Māori staff is 1.06% short of the target, but shows a 3.84% increase over the past five years. Table 1 provides the Māori workforce growth over this five-year period from May 2014 – May 2019. The growth since 2014 has been steady but not accelerated. For example, since May 2018 the total Māori workforce has grown by 0.42%.

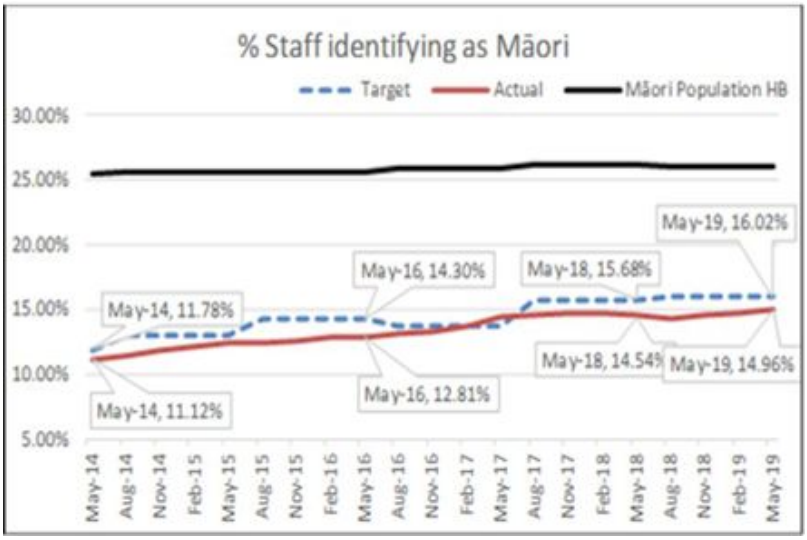


Table 1: % Staff Identifying as Māori

All HBDHB Directorates receive a breakdown of Māori workforce growth rates to ensure they are kept informed and monitor any changes within workforce indicators. At a regional level the Māori workforce percentage within the six central DHBs is 7.9%. The HBDHB current workforce percentage is almost double

this rate indicating that the activities and actions in place are helping to address the disproportionate representation of Māori staff within HBDHB.

Table 2 provides information about the actual numbers of Māori staff required to address the equity gap. Overall, a further 32 Maori staff are required to meet our target of 16.02% or a total of 487 Māori staff. This gap has improved compared to July 2018 where the requirement was 47 Māori to meet our target of 16.02%. These results are positive in that we have reduced the Māori workforce gap and over the last 4 months there has been a noticeable increase in the drop.

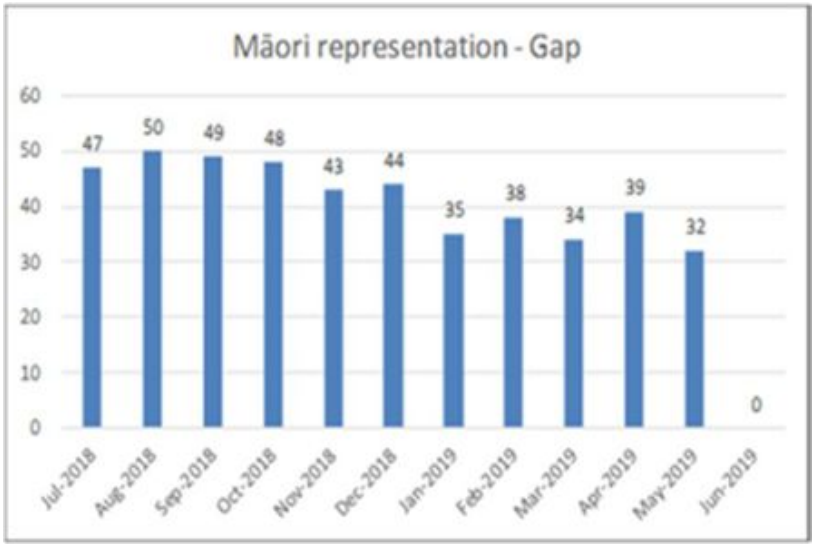


Table 2: Māori Representation Gap

RETENTION OF STAFF WHO ARE MĀORI

Overall Māori resignation rates are higher by 4.5% overall (see Table 3). This is concerning given our gap is still at 32; and 50 resignations over the last 12 months. Identifying factors which support retention of Māori staff will require consideration if we are to accelerate growth and create a sustainable Māori workforce.

	Māori Staff - Voluntary Resignations	Māori Staff Turnover %	DHB Turnover %
Medical	0	0.0%	3.6%
Nursing	22	16.4%	9.7%
Allied	3	3.8%	9.3%
Support	14	27.5%	16.3%
M&A	11	17.7%	15.9%
Total	50	15.2%	10.7%

Table 3. Maori staff Resignations May 2018 – 2019

PIPELINE GROWTH

Turuki is a well established and successful Hawke's Bay Māori workforce programme aimed at promoting health as a career option for Māori. It provides scholarship options for Hawke's Bay students studying across the country and has an attached website, database, and facebook site that promotes and highlights Hawke's Bay DHB and our values for the Māori workforce. The data base has 1049 students with 18 schools registered on the site. The Turuki Database is a key tool in supporting analysis and information about the potential future workforce enabling us to identify the number of students studying at tertiary education, and the types

of health programmes they are studying. Turuki is a local programme that has good community awareness and support from schools.

Kia Ora Hauora the (National Māori health workforce development programme) supports and promotes Māori workforce development nationally. Currently we are working to strengthen this relationship to ensure there is an increased presence and connection with our workforce group and that they are supported effectively by the Kia Ora Hauora group. The data shows there are currently 96 Hawke's Bay students registered on the Kia Ora Hauora database.

KEY ACTIVITIES SUPPORTING MĀORI WORKFORCE GROWTH

We are tracking Māori workforce growth and staff cultural development utilizing the Māori workforce action plan. There are a broad range of activities supporting Māori workforce growth to promote health as a career within schools through to leadership development and support across the DHB and within primary health. In 2019 and 2020 we aim to begin implementing and growing in the following areas.

RECRUITMENT

Recruitment processes that increase Māori employment in the DHB are currently under-revew.
Developing a cultural recruitment process that incorporates Māori world views is currently been co-designed by People and Quality and Māori Health. Processes to be incorporated include:

- **Development** of a targeted and culturally responsive recruitment process, interview process, leadership development within the DHB (JB Heperi, Ngaira Harker, Paul Davies).

- **All Māori to be short-listed and interviewed** to potentially grow the pool of Māori applicants through short-listing. This approach will also help increase and support opportunities to employ elsewhere if not successful in the applied role.

- **Orientation** processes are reviewed to ensure each Directorate aware of retention and apply a best practice approach for Māori staff into the environment they will be working in.

- **New Staff** – previously the DHB would collect ethnicity information purely for statistical purposes. With effect from beginning of May this has changed to ensure that when people join the DHB they can be provided with the right support network and connections to either the Maori Health team or Pacific Workforce group. The aim of this is to improve our retention of staff and a monthly report is provided to those teams.

- **NETP Intake June 10 & 11 June (New Entry to Practice Nurses)** - potentially 12 Māori Nursing Graduates to be interviewed for positions. All Māori are short-listed and interviewed to support Māori representation and growth. The panel will have Māori representation within each interview.

PIPELINE

Tuakana/Teina Internship programme

In 2019 Māori Health commenced a tuakana / teina internship. This programme was trialled to support allied health in growing Māori interest within the professions. The aim is to grow this internship in 2020 to 4 students per year, and will be funded from the Turuki workforce programme.

Targeting kura with high rangatahi representation

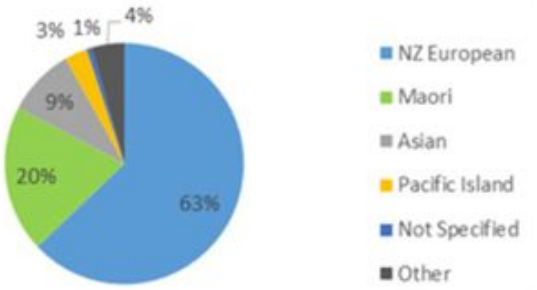
Five colleges with high Maori demographic are being targeted in liaison with MOE. The work involves co-designing a health information programme that supports each of the schools in understanding the entry points for Māori within health and to support a collective focus informing of health careers. These sessions will be delivered within schools to ensure that the collective group of students within the school are supported.

Kia Ora Hauora

Closer alignment with Kia Ora Hauora (Ministry workforce site). All secondary and intermediate students will be registered on the Kia Ora Hauora data base.

Programme Incubator

There are currently 18 local high schools participating in Programme Incubator this year. The schools attend 3 sessions throughout the year, the first of which have already been completed and second sessions are underway – 16 sessions in total to date. Students hear from up to 3 presenters, representing different disciplines within health, at each session.



The team is working in partnership with Māori Health to refresh the approach around the Incubator programme specifically to support an increase in uptake in a number of secondary schools. This will ensure a kaupapa Māori approach to Māori workforce development within secondary schools. Targeting five schools with a planned initial pilot programme to be delivered at Hukarere Māori Girls College in August/September.

Careers Expo – Pettigrew Arena (20 -21 May) - Aim to promote careers within HBDHB and to encourage and excite Māori to consider a career pathway within health and to encourage enrolment on to the Kia Ora Hauora website. Key results:

- a total of 2400 students and whanau attended the event
- 62 Māori students registered with Kia Ora Hauora during this event for the first time of which 26 identified Ngāti Kahungunu as their iwi).

Centenary Legacy Trust Internships - In 2018/19 we supported two Māori students through an internship, paid for by the Centenary Legacy Trust. We are hopeful to receive funding which will allow for additional placements for the 2019/20 year. Students are with us for an 8 week period and rotate through a number of departments which supports their interest in health as a career. It is hoped that we can also apply for further funding through other mechanisms to enable more students to undertake internships.

LEADERSHIP

Increasing Maori representation within leadership positions and supporting staff who have leadership aspirations and potential within HBDHB requires a targeted focus. Leadership opportunities within the folllowing areas are being considered:

- Development of equity training
- Career pathway development all Māori

- Cultural Supervision and coaching to support leadership development of new Māori leaders.
- Targeted scholarships leadership development.

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	Number of staff	Make up
2019	300	286 employees and 14 non-employees
2018	506	488 employees and 18 non-employees

Treaty of Waitangi online training is delivered through Ko Awatea. It is a mandatory programme; all staff are required to complete this online training every 2 years.

The moderation process to ensure quality assessment in the Treaty online training must be formalized. This is to ensure it aligns with current Māori Health strategies within HBDHB. A quality assessment process to support moderation of the Treaty online training will be implemented in 2020.

INDICATOR 3. HBDHB STAFF HAVE COMPLETED 'EFFECTIVE ENGAGEMENT WITH MĀORI' TRAINING

Latest data shows:

- The number of staff who have ever completed Engaging Effectively with Māori training is 73.4%.
- The number of staff who have completed training within the last three years is 42%

'Effective Engagement with Māori' training (the training) gives effect to HBDHB's commitment to Te Tiriti o Waitangi and to '*cultural excellence.* The training captures the three articles of Te Tiriti o Waitangi by elevating and embedded the principles of:

- Partnership – working together
- Participation – Māori involvement at all levels, and
- Protection – safe guarding tikanga Māori, and ensuring the same level of health as non-Māori.

The training shifts a focus on cultural quality and safety as the positive way forward to meet whānau Māori aspirations and expectations for health. The training focuses on:

- Whānau-led approaches as the preferred model of care
- Strong leadership for whānau led approaches
- Developing a flexible and workforce that can adopt a holistic approaches to support whānau.

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 colonization 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 organisation relationship culture based on values and behavior.
- What is Cultural Competency in Health Care - Cultural Competency in its true essence – being respectful (kauanuanu), open mined (ākina), willing to learn as you go along (rā ranga te tira) and empathy (tauwhiro).

Participant Evaluation

Learning outcomes for the Engaging effectively with Māori workshop focuses on culture, identity, realities, perspectives, diversity, difference, cultural uniqueness, cultural safety and cultural competence in practice. The expected learning outcomes of the training are designed as such that participants will be able to define and describe:

- What cultural competent practise is
- How to apply cultural competencies in their discipline as a health sector employee
- Demonstrate knowledge and proficiency or approximated pronunciation of Māori words and names.

Staff members were asked a range of questions after attending the EEWM training; the following statements are quotes and comments given between the months of July to October.

Evaluation feedback

Upon completion of the training, participants are asked to complete evaluation forms. A total of 166 forms have been collected and analysed. The results are presented below.

How relevant/ useful/ valuable was this training to your role?

Of the responses received, 84% of participants found the training to be successful in discussion covering concepts such as**:**

- Māori culture
- Māori history
- Values and identity.

How effective was the facilitator?

98% of participants rated the trainer to be 'extremely' effective and demonstrated, *"Great knowledge, passion, friendly, approachable, and engagement with the group".*

How can this training be improved? (Content, facilitation, structure, other)

General feedback from participants showed that they found the delivery of the programme appropriate, comfortable, and ignited enthusiasm to do more to gain a greater understanding and depth of Māori people and the Māori culture.

Responses include:

- *"Nothing needs changing"*
- *"The presentation by JB was amazing. The story of Aotearoa and its people's beginnings, providing relevant historical information with facts to back it up and a Whanau perspective as well. I was quite emotional by the end, now I know how we got to here in NZ (by presentation in a new none threatening way) I am responsible for helping change because I know it is needed."*
- *"This is extremely helpful for engaging with Māori on the wards to enhance care and understanding. A very good eye opener"*
- *"Full day is probably needed to cover the learning outcomes as well"*
- *"I would think an introductory course and then follow up course would be useful"*
- *"Terms in the beginning need to be explained more, and karakia slowed down to get correct saying"*
- *"More training needs to be offered"*
- *"All nursing and management should do this"*
- *"Handouts would be great for review and to share"*
- *"Sessions need to be longer"*
- *"This is extremely helpful for engaging with Māori on the wards to enhance care and understanding. A very good eye opener"*

- *"Excellent – great relationship between Māoridom /cultural /colonisation and todays situation for Māori's challenges personally and professionally*

Would you recommend this training?
98% of participants rated the training as 'excellent' and would recommend this training to others.

"This was definitely heartfelt knowledge and delivered in a respectful and non- judgemental way".

Activities that will occur over the next 12 months
The next 12 months will focus on strengthening the training to include:

- Whānau and Māori staff stories of their experiences within specific hotspots within the DHB i.e. ED, Maternity, etc.
- Training focused on specific features to understand whānau ora / whānau led approaches aligned with DHB core Values.
  a) Effective Relationships (Raranga Te Tira-Partnership)
  b) Whānau Rangatiratanga (Kauanuanu-respect)
  c) Capable Workforce (Ākina-improvement)
  d) Whānau Led Services and Programmes (Ngakau Aotea)
  e) Supportive Enviroment (Tauwhiro-Care)

NEXT STEPS AND RECOMMENDATIONS (Culturally Responsive Workforce)

Key Recommendation	Description	Responsible	Timeframe
Recruitment Māori	1. Review Maori recruitment strategy. 2. Commence recruitment drive and interview training.	Kate Coley Paul Davies Ngaira Harker JB Heperi-Smith	Q1 2019
Leadership Development Programme Māori	1. Equity training 2. Targeted Maori leadership training and positions. 3. Commence development of career pathway targets Māori.	Kate Coley Paul Davies Tracey Paterson Ngaira Harker JB Heperi-Smith	Q4 2020
Pipeline Growth	1. Collaboration Kia Ora Hauora 2. Development with 5 Maori schools to support co-design health workforce initiatives to engage Maori. 3. Roll out tuakana/teina internship programmes	Ngaira Harker Paul Davies	Q4 2020
Increase Uptake of Treaty of Waitangi online training	Review moderation process annually and ensure Māori Health approval annually to support readings and policy changes. Review uptake of TOW completion and targets to identify barriers to treaty training.	Ngaira Harker	Q1 2020
Increase Uptake of Engaging Effectively with Māori training	Inclusion of whānau stories, and whānau-led approaches within the training	JB Heperi-Smith	Q2 2019

CHAMPION'S REVIEW: ACTIVITY DELIVERED TO ACHIEVE EQUITY IN PROVIDING OUTPATIENT CARE

OVERVIEW

A multidisciplinary team has been working very hard for a number of years to improve processes within current models of service delivery. The Clinical Services Plan and Strategic Plan signpost the need to move rapidly to different models that are person and whanau centred, community led and address health inequities. To achieve these will require both continual improvement of current models and radical consumer led service redesign to transition to new models. These new models will look to include a codesign of outpatient services delivered on the hospital site, moving clinics off the hospital site closer to peoples homes and ensuring that appointments are both valued by consumers and provided at a time and place convenient to them resolving barriers of transport and cultural competency of the provider. This report describes the work carried out to date by a committed multidisciplinary team to improve the current service.

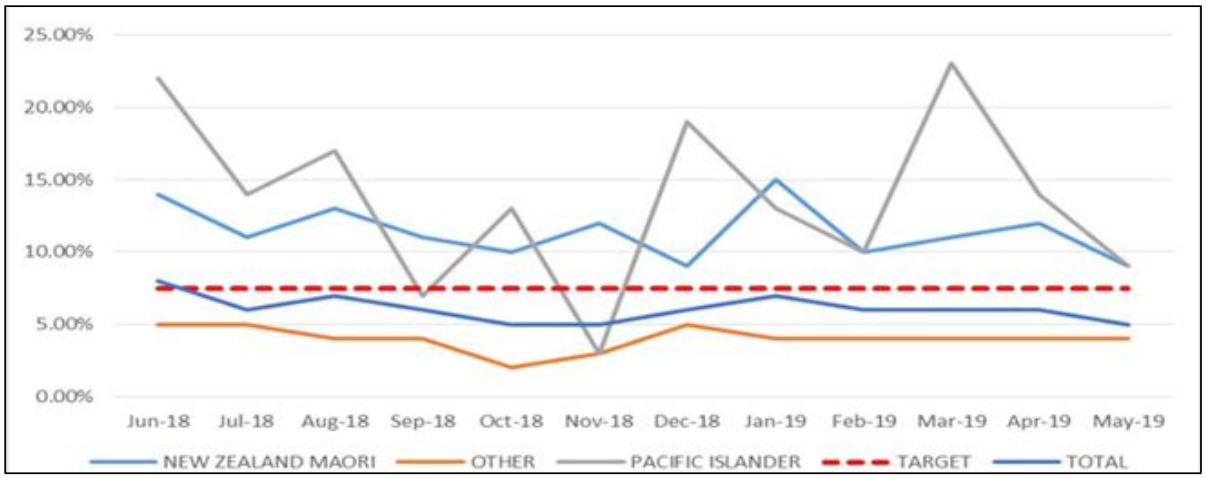
There are synergies with the work being carried out by the improvement team in reducing clinical risk and waiting times for First Specialist Appointments measured by ESPI2 and follow up appointments. For example, the IS team worked with Cardiology to improve clinic utilisation to make sure that people were attending their appointments. One insight was that people were concerned about attending a "Heart Failure Clinic" and changing the name to "Heart Function Clinic" along with follow up contact to confirm attendance and increased visibility from reporting had a big impact on ensuring that people attended their appointments. These changes in Cardiology have effected a significant improvement in Cardiology DNA and will be rolled out across all specialities.

Changing the DNA discourse

Although the expression 'Did Not Attend (DNA)' is the code embedded in our electronic record and is used for reporting to the Ministry of Health, it suggests fault on behalf of the consumer. The language has been changed in this report from DNA to CNA to reflect that it is the responsibility of the health system to support access to people for their appointments.

As shown in figure 1 below, over the 2018 – 19 period, success has been achieved in maintaining a consistent Total Could Not Attend (CNA) rate for FSA of 6%, below the target rate of 7.5%. In January the Kaitakawaenga was on leave resulting in increased numbers of Maori patients unable to attend their appointment. Maori whanau have not been able to attend between 10 – 12% of appointments with an average total of 11.5% lost opportunities for the 2018 / 19 period. There are still significant improvements needed to be made to enable Pacific whanau to attend their appointments with a could not attend rate around 14%.

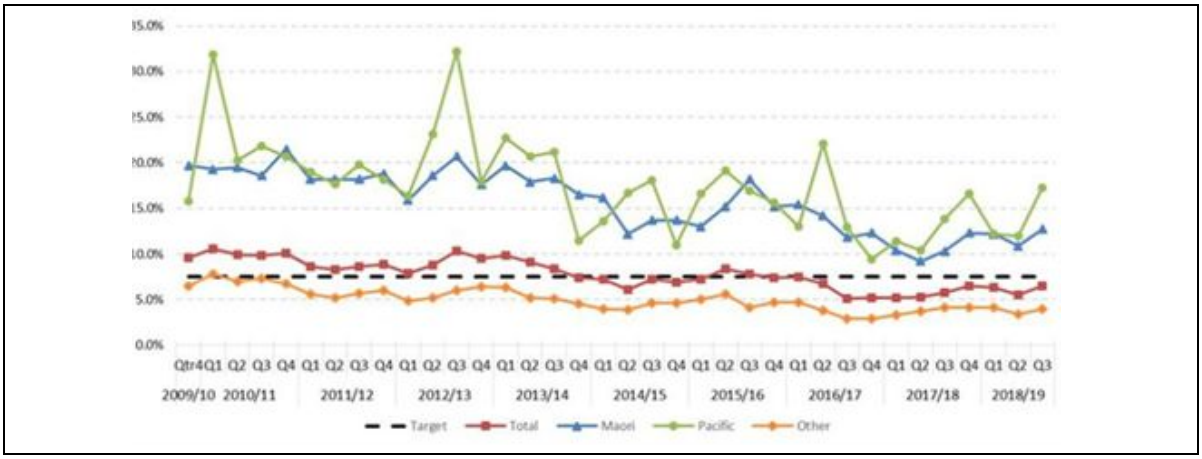
Figure 1: Could Not Attend Rates by Ethnicity for the 2018/19 year.



The number of CNAs should be contextualised in consideration of the challenges in delivering outpatient appointments that the team has worked hard to overcome. A number of industrial actions and a reduction in Kaitakawaenga resource over the last year has been challenging. Although there are clear inequities signposting the need to service redesign, the team has supported 94% of our Hawkes Bay population to access their FSA appointments.

For context, figure 2 below shows the progress made by the team over time in improving access to first specialist outpatient appointments.

Figure 2 : Reduction in Could Not Attend Rates over time



In addition to reviewing average access rates, work is ongoing to improve equity of access across 18 specialties. Specialities Paediatric, Medical, Dental, and General Surgery continue to demonstrate inequities for our Maori and Pacific population to access FSA, as seen in table 1 below.

Table 1 : Access to first appointments by speciality for the period June 2018 to May 2019.

\

	Specialty	NEW ZEALAND MAORI			OTHER			PACIFIC ISLANDER			NOT STATED			TOTAL		
		Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate	Attendances	DNA	DNA Rate
Medical	Cardiology	162	21	11.5%	636	15	2.3%	20	3	13.0%	4	0	0.0%	822	39	4.5%
	Dermatology	113	13	10.3%	564	21	3.6%	15	1	6.3%	6	0	0.0%	698	35	4.8%
	Endocrinology	74	9	10.8%	263	6	2.2%	9	2	18.2%	3	0	0.0%	349	17	4.6%
	Gastro-Enterology	76	11	12.6%	483	18	3.6%	4	3	42.9%	5	0	0.0%	568	32	5.3%
	General Medicine	58	15	20.5%	165	31	15.8%	3	0	0.0%	3	0	0.0%	229	46	16.7%
	Neurology	64	12	15.8%	327	12	3.5%	4	1	20.0%	4	0	0.0%	399	25	5.9%
	Paediatric Medical	475	66	12.2%	756	27	3.4%	60	3	4.8%				1291	96	6.9%
	Renal Medicine	107	29	21.3%	175	4	2.2%	20	7	25.9%	4	0	0.0%	306	40	11.6%
	Respiratory Medicine	180	15	7.7%	519	7	1.3%	23	0	0.0%	7	0	0.0%	729	22	2.9%
	Rheumatology	48	5	9.4%	215	8	3.6%	5	1	16.7%	5	0	0.0%	273	14	4.9%
Total Medical		1357	196	12.6%	4103	149	3.5%	163	21	11.4%	41	0	0.0%	5664	366	6.1%
Surgical	Dental	413	68	14.1%	539	25	4.4%	53	8	13.1%	2	0	0.0%	1007	101	9.1%
	Ear Nose & Throat	359	48	11.8%	803	39	4.6%	50	9	15.3%	3	0	0.0%	1215	96	7.3%
	General Surgery	433	68	13.6%	2206	139	5.9%	36	2	5.3%	11	3	21.4%	2686	212	7.3%
	Gynaecology	266	35	11.6%	768	28	3.4%	29	3	9.4%				1083	66	5.7%
	Maxillo-Facial	105	7	6.3%	326	22	6.3%	17	4	19.0%	3	0	0.0%	451	33	6.8%
	Ophthalmology	421	29	6.4%	1876	46	2.4%	67	9	11.8%	16	1	5.9%	2380	85	3.4%
	Orthopaedics	361	35	8.8%	1474	41	2.7%	31	7	18.4%	8	0	0.0%	1874	83	4.2%
	Urology	260	28	9.7%	934	42	4.3%	22	10	31.3%	17	1	5.6%	1233	81	6.2%
	Vascular	110	17	13.4%	320	16	4.8%	10	5	33.3%	1	0	0.0%	441	38	7.9%
Total Surgical		2728	335	10.9%	9266	398	4.1%	315	57	15.3%	61	5	7.6%	12370	795	6.0%
TOTAL		4085	531	11.5%	13369	547	3.9%	478	78	14.0%	102	5	4.7%	18034	1161	6.0%

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Māori CNA response

Māori patients are twice as likely to not attend their FSA appointment than other people, accounting for 45.7% of the total missed appointments over the last year. The high number is disproporation to the total number of Māori (26%) living in Hawke's Bay community.

There has been significant commitment in the last year to strengthen relationships between Kaitakawaenga and Outpatient Bookers. A pathway to ensure access for priority populations is now firmly embedded in daily operations. The pathway helps support the Kaitakawaenga to identify and engage with Maori patients who are potentially more likely to DNA. The role of the Kaitakawaenga is proving critical in ensuring Maori whanau attend their appointments. An observation is the increase of Māori patients missing their FSA when the Kaitakawaenga is on leave. The reduction in Kaitakawaenga resource earlier this year from 2.0 FTE to 1.0 FTE has had a significant negative impact on supporting Māori whanau to access appointments.

Pacific CNA response

In the past year, Pacific patients have accounted for 6.7% of the total number of missed appointments. The total Pacific population living in Hawke's Bay is 2.5%. To address this, the Pacific Health team increased their Navigator resourcing to support the FSA, and have recently adopted the pathway developed by Kaitakawaenga. Training in referral management and developing a working relationship with the Outpatient Booking team has been undertaken and expect to see improved access to appointments for Pacific whanau in the coming months. Work towards a best practise model when dealing with the Pacific population is underway and will look to roll out the model across the HBDHB.

From mid-April 2019 a process has been implemented whereby a list of Pacific patients with up and coming FSA appointments has been sent to the Pacific Health team 7 days in advance of the appointment for follow up and support attendance. Contact via phone or home visits are carried out to confirm attendance. In some cases transport is provided. Health literacy is a barrier for many of those the team follow up, especially the recent migrants. This intervention has had a positive impact on results for Pacific whanau with CNA rates

improving from 23% in March to 13% in April and 7.7% in May. While this result is pleasing, we acknowledge the volatility of the small numbers.

When reviewing attendance rates for Pacific whanau across all specialties Paediatrics and Respiratory medicine have achieved outstanding results from 2017 -2019, exceeding equity expectations. This provides learning that can be used across the system to further enhance preventative actions by understanding the key actions/ process these bookers and the Pacific team implement. Further actions are being taken to support the Paediatrics booker and Pacific team to develop a template of key Pacific specific procedures to share and implement across all specialties.

The Pacific Health Team are working to support our Pacific consumers to prevent negative impacts from barriers to accessing appointments. The team is developing, implementing and monitoring the specific Pacific procedures.

Insights and activities to improve FSA access

Analysis of FSA data reveals the following insights, and will inform further activity to reduce CNAs.

Over the period April 2018 – March 2019, the total volume of customers recorded as not able to access their FSA at HBDHB was 1,186. Of the 3 largest age groups:

254	aged between 0 – 10yrs
425	aged between 26 – 50yrs
175	aged between 51 – 64yrs.

An equity analysis of FSA data has revealed:

Total group volumes by age	Maori and Pacific representation	% that are Maori and Pacific
254 aged 10 and under	194, (170 = M, 24= PI)	76% of total in age group
425 aged 26 – 50yrs	208, (181 = M, 27 = PI)	48% of total in age group
175 aged 51 – 64	87, (75 = M, 12 = PI)	49% of total in age group

The most compelling insight from from this work is the opportunity to improve the access to healthcare for tamariki. Data shows:

- 37.1% of this subgroup were unable to access their appointment on a Monday
- 40.1 % of this subgroup were referred internally either via ED or internal specialist (most likely via ED)
- 16% of this group were recorded as; not currently enrolled with a GP, compared with 18% referred via Totara Health and 16% from Hauora Heretaunga.

These insights will drive urgent actions for tamariki and their whanau to reduce barriers to access to timely appointments to maximise the opportunity for good child health outcomes. Resources will be sought in the 2019/20 period, to ensure that these outcomes can be delivered. There are opportunities to bring this work alongside other child health activities (ie. ASH 0 - 4).

Over the past year Administration Services, in partnership with Information Services and Kaitakawaenga have developed an analytical tool to gain insights on the group of customers that were not able to access their FSA appointments. These insights demonstrated a group totalling 6% of the population that have the worst health outcomes. These insights will inform appropriate actions required to provide better access to healthcare for people who have the greatest need but worst outcomes. The IS team have worked closely with the Dental

Therapy team to implement a patient appointment reminder function via a test messaging service via Titanium application. The objective of this work is to improve attendance at appointments for whānau of tamariki experiencing barriers to access to care. This is an example of IS, clinical services, and the vendor working closely together on quality improvement activities designed to address health inequity and improve health outcomes. It is acknowledged that community led service redesign around person and whanau centred principles will be required to address these continuing inequities.

CHAMPION'S REPORT: PROCESS IMPROVEMENTS TO ADDRESS INEQUITIES IN ACCESS TO APPOINTMENTS

The following activities have been identified for action over the next 12 months:

1. Complete a review of the DNA policy and promote across the HBDHB
The DNA policy is currently being revised by Maori Health Services. When completed this will be implemented across the HBDHB. An updated DNA policy will resolve current inconsistencies in the appointments process and ensure seamless, responsive approaches. An improvement approach will be used to embed shared ownership, and promote a proactive approach across the HBDHB towards ensuring priority populations have improved acess to outpatient appointments.

2. Address inequity for Māori and Pacific tamariki aged under 10 years
Discussions will be held with Maori Health Services on engagement with Maori and Pacific whānau of tamariki aged 10 years and under. The aim will be to use consumer co-design with person and whanau-centred principles to deliver improved access and health outcomes for our tamariki.

3. Implementation of a purpose built Text to Remind system
New technology will be used to replace the current text to remind system which is labour intensive for the Outpatient Booking team and not fit for purpose. An automated text to remind system that updates ECA in real time will be put in place to enable the Outpatient Booking team, Pacific Navigators, and Kaitakawaenga to readily identify customers that have not confirmed their bookings. This will save thousands of hours of manually confirming appointments.

4. Implement further improvements in communicating with our customers
Analysis has shown that housing issues are impacting on the living arrangements of whānau resulting in a more transient population. The data shows transiency is impacting on at least 6% of customers to access their FSA appointment. This means that traditional methods of communicating with this group, via landline phone calls and posted appointment cards are no-longer effective. However, this population are more likely to keep the same email address and facebook page compared with keeping the same residential address and phone number. One opportunity to address this is meeting, and sharing learnings with the community based Well Child Tamariki Ora programme who are confronted daily with locating whanau living in motels, cars, and shifting houses These insights will be used to investigate new opportunities to more effectively engage with this population.

Administration services will work in partnership with IS to explore what opportunities there are to pilot new forms of communication across Ouptatient Clinics, in particular for the 3 specialties recording the highest levels of DNA: Dental, Paediatrics and General Surgery.

NEXT STEPS AND RECOMMENDATIONS

Key Recommendation	Action	Responsible	Timeframe
Community led co-design of outpatient services using person and whanau centred principles	Redesign outpatient services including putting a single manager in place, harmonising business processes across all specialities, moving clinics out into the community, e-referral	EDPS	TBD
Improve access to outpatient services for tamariki and whanau	Maori Health Services to conduct a survey of target group, and submit a set of recommendations to reduce inequity amongst 10yr and under Maori and Pacific age group.	Maori Health and Administration Services	Q3 2020
Put in place a purpose-built Text to Remind System	Automate text to remind system that automatically updates ECA. This will enable more efficient use of Outpatient Booking time, and improve process for Navigators and Kaitakawaenga who rely on this information in real time.	Administration Services and IS	Q4 2020
Explore other options of communicating with our customers	Traditional forms of communication don't work for our most vulnerable. Other means of engaging with our most vulnerable need to be explored if we are to make an impact on this group.	Administration Services and IS	Q4 2020
Discuss Increasing Kaitakawaenga resourcing with Maori Health Services	Kaitakawaenga is key to timely engagement with Maori customers. An increase in resourcing would allow opportunity to target the 6% of customers that struggle to attend their FSA, and allow opportunity to make a difference reducing inequity across to Follow-up appointments and Surgery.	Maori Health	2020

RECOMMENDATION:

It is recommended that the **HBDHB Board**

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

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:

19. Confirmation of Minutes of Board Meeting 26 June 2019 - Public Excluded
    19.1 Appointment of Acting CEO Resolution by Email
20. Matters Arising from the Minutes of Board Meeting - Public Excluded
21. Board Approval of Actions exceeding limits delegated by CEO
22. Chair's Update
23. HB Clinical Council Report (public excluded)
24. Finance Risk and Audit Committee

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).