BOARD MEETING

Date: Wednesday 24 April 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
Diana Kirton
Jacoby Poulain
Heather Skipworth
Ana Apatu
Hine Flood

Apologies:

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

Public Agenda

Item	Section 1: Routine	Ref #	Time (pm)
1.	Welcome and Apologies		1:30
2.	Interests Register		
3.	Minutes of Previous Meeting 27 March 2019		
4.	Matters Arising - Review of Actions		
5.	Board Workplan		
6.	Chair's Report (verbal)		
7.	Chief Executive Officer's Report – Kevin Snee	32	
8.	Financial Performance Report – Carriann Hall, ED Financial Services	33	
9.	Board Health & Safety Champion's Update – Board Safety Champion		

	Section 2: Governance / Committee Reports		
10.	Te Pitau Health Alliance HB Update – Helen Francis		2:00
11.	Māori Relationship Board (verbal update) – Chair, Heather Skipworth		2:05
12.	Pacific Health Leaders Group report (verbal update) – Barbara Arnott		2.10
13.	HB Health Consumer Council – Chair, Rachel Ritchie	34	2:15
14.	HB Clinical Council – Co-Chairs, John Gommans and Jules Arthur	35	2:20
	Section 3: For Information & Discussion		
15.	Three Waters presentation and discussion with Napier City Council	36	2.30
16.	Equity – presentation & discussion- Bernard Te Paa	37	2.50
17.	Hawke's Bay Health Awards event (verbal update) – Anna Kirk	38	3.05
18.	2019 DHB Elections Report – Ken Foote	39	3.10
19.	**Section 4: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000		

Public Excluded Agenda

Item	**Section 5: Routine**	Ref #	**Time (pm)**
20.	Minutes of Previous Meeting 27 March 2019 (public excluded)		3.20
21.	Matters Arising (public excluded) – Review of Actions		-
22.	Board Approval of Actions exceeding limits delegated by CEO	40	-
23.	Chair's Update (verbal)		
	Section 6: For Information		
24.	HB Clinical Council – co-chairs, John Gommans & Julie Arthur	41	
25.	Finance Risk and Audit Committee – Chair, Dan Druzianic	42	3.40
	Meeting concludes		

The next HBDHB Board Meeting will be held at
1.30pm on Wednesday 29 May 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" - 13 March 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	Member, Hawke's Bay Law Society Standards Committee	Law Society	No conflict perceived	The Chair	20.06.17
	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 Whaririki 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 27 March 2019, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.40PM

PUBLIC

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (Deputy Chair)
Dan Druzianic
Dr Helen Francis (departed at 2.30pm)
Peter Dunkerley
Diana Kirton
Barbara Arnott
Heather Skipworth
Jacoby Poulain
Hine Flood

Apology **Ana Apatu**

In Attendance: Kevin Snee (Chief Executive Officer)
Members of the Executive Management Team
Jules Arthur(Co-Chair, HB Clinical Council)
Rachel Ritchie (Chair, HB Health Consumer Council)
Members of the public and media
Jacqui Sanders-Jones, Board Administrator

APOLOGY

Apologies received from Ana Apatu

2. INTEREST REGISTER

No changes to the interests register were advised

No board member advised of any interest in the items on the Agenda.

3. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 27 February 2019, were confirmed as a correct record of the meeting.

Moved: **Peter Dunkerley**
Seconded: **Helen Francis**

Carried

4. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: **Equity & Cultural Competency Workshop –** April workshop in place of MRB meeting. Feedback to Board in April.

Item 2: **Funding of Capital Projects –** agenda item at FRAC. Remove

Item 3: **Consumer Experience Facilitators –** agenda item for May Board meeting.

Item 4: **Wairoa Integrated Care Demonstrator site –** agenda item. Remove

Item 5: **HBDHB Draft Disability Plan –** Query as to source of figure to support statement, '23% of people in HB with a disability, addressed as follows. (Remove from Matters Arising)

This comes from the Disability Survey completed by Statistic NZ, the author of the report is the Government Statistician. It is data for East Coast so includes Tairawhiti. We can apply it to HB as the sample to the HB population, taken from the Census because it is a representative survey.

Item 6: **Whole of Board Appraisal –** agenda item for July Board meeting.

5. BOARD WORK PLAN

The Board Work Plan was noted

Chair informed of his apologies for August meeting. Ngahiwi Tomoana agreed to Chair.

ACTION: He Ngākau Aotea paper to be brought to Board in May Workplan

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
Helen Anderson	Social Worker	Older Persons, Allied &NASC HB	18	25-Feb-19
Sandra Burton	Registered Nurse	Medical Directorate	28	28-Feb-19
Pauline Loughran	Registered Nurse	Medical Directorate	40	19-Mar-19
Maureen Powell	Registered Nurse	Surgical Directorate	22	21-Mar-19
Kaye Lafferty	Patient Safety & Clinical Compliance Mgr	People & Quality	13+	22-Mar-19

- Chair advised that he had sent a copy of the annual letter from the CEO of Allied Laundry to Board membersfor information. Summarised content that it had been a satisfactory year with good performance for the company. Receipt of letter had been formally acknowledged.

  Action: CEO HBDHB to send letter of appreciation in response to Allied Laundry.

7. CHIEF EXECUTIVE OFFICER'S REPORT

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

- Welcomed Oral Health team and presented them with a NZDF plaque for their recent community project conducted jointly with Defence Force NZ, supplying free dental treatment to vulnerable whanau in Flaxmere. Charrissa Keenan, Programme Manager Màori Health accepted the award on behalf of the team and gave a short speech to acknowledge the entire teams' good work.

  - Total of 691 whanau seen
  - 450 patients still to be seen
  - 92% Màori/Pacific attendance

CEO asked for consideration of where to take this successful model next with community health issues.
ACTION – Màori Health to bring back learnings and outcomes from this Oral Health initiative and to consider how this model can be used to implement further programmes in addressing other inequitable health issues (May 2019)

- Acknowledged the recent Christchurch event with good political leadership shown.
- Addressed lock-down at Hastings site on Saturday 16 March, and the impact this had on the hospital in particular the cancellation of elective surgeries.CEO felt that the response from the hospital staff was good and event was managed well.
- Recent industrial action has caused disruption throughout hospital and amongst staff and he took opportunity to recognise exceptional work from staff to minimise disruption to patients. RDA currently outstanding for a ballot on a 4 day strike. HBDHB CEO has lead role within CEOs nationally for liaison with RDA.
- Performance issues were discussed at FRAC with particular noting of HBDHB not meeting FCT target in January due to impact of much industrial action, but back to 100% for February result.
- Immunisation results need to be brought back up. Noting that 'harder to reach' families are main contributor to falling rate of immunisation, however Primary Care will be addressing this.

8. FINANCIAL PERFORMANCE REPORT

Carriann Hall (Executive Director of Financial Services) spoke to the Financial Report noting the month of February at $16k favourable to plan, leaving the year-to-date (YTD) result at $2.1m adverse.

The deficit has not increased over the last two months and management continued to work to achieve the $5m planned deficit. However the risks to the forecast had been well signalled and whilst work continues to mitigate cost pressures arising in the year, there is a reported $3.6m year end forecast overspend against plan.

9. HEALTH & SAFETY BOARD CHAMPION'S UPDATE

Board Champion, Barbara Arnott provided a verbal Health & Safety report at FRAC meeting, concerning her visit to Wards B2 and B3. Areas of major concern expressed:

- Security – locking of doors, receptionist safety and visitor protocols, and car park lighting.
- Bed Occupancy – currently sitting at 110%
- Dispensing of Medications – reconciliation of prescription medicines

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REPORT FROM COMMITTEE CHAIRS

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

Helen Francis and Hine Flood as members of the Health Alliance spoke on matters discussed at their meeting held 13 March 2019. Discussion points included:

- End of Life redesign – discussion on upgrade of the service and bringing a cohort together. Chris Ash, Executive Director Primary Care explained that this is the creation of a service level alliance (with funding and commissioning support) made up of consumers, clinical input, existing providers etc., this group would look to make recommendations on future design.
- Financial Flows in General Practice
- Logo consideration

11. MĀORI RELATIONSHIP BOARD (MRB)

Heather Skipworth as Chair of MRB spoke to the meeting held 13 March 2019.

- Water quality of Pandora Pond was discussed and its cultural significance to Màori. This will continue as a discussion topic on a quarterly basis.

- Values based recruitment created good discussion with some confusion noted as to the alignment of proposed Values Based Recruitment with the existing People Plan.

- MRB members held discussion at March meeting which articulated need to explicitly reference '*Equity for Màori*' in HBDHB strategic plan as opposed to 'equity for all'. Bernard Te Paa, Executive Director for Health Improvement and Equity explained that further consideration was now required on how this expression converted to action and how this change would be measured.

  Robust discussion then took place amongst Board members following the recommendation included in the MRB Report to Board to adopt the revised wording in the HBDHB strategy.

  Extracts from the Ministers Letter of Expectations were read and noted:

  '*Achieving equity within the New Zealand health system underpins all my priorities. Màori 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 Màori across their life course. Màori-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.*
  Unmet need also represents a significant barrier to achieving equity in health outcomes for all population 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.'

  The MoH definition of *equity* was also shared:

  Equity recognizes different people with different levels of advantage require different approaches and resources to get equitable health outcomes. (Achieving Equity, 2019)

  A summary of the robust discussions highlighted a shared and deliberate intent to deliver on the Ministers expectations around equity, both generally and explicity for Màori. The major difference of opinion centred on how to phrase the core goal relating to equity in the current draft Strategic Plan, such that it reflected the required '*explicit focus on achieving equity for Màori'.*

  The intent of the MRB recommendation was that by explicitly stating 'Equity for Màori', this provides the right priority focus for deliberate targeted actions, and would implicitly lead to 'equity for everyone'. The alternate view discussed was that the goal 'Equity for Màori' could be seen to be exclusive and not reflect the Ministers intent that the DHB's plan also '*enables 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'*

  Given the need to carefully consider how these alternate views could be brought together without 'diluting' the intent of the MRB recommendation, the following indicative action was agreed:

RECOMMENDATION

That the HBDHB Board:

- **Requests** the CEO to
  - consult as necessary to develop the 'Equity' core goal that reflects the intent of the MRB recommendation to the Board, without it appearing 'exclusive'
  - discuss the revised core goal with MRB in April
  - bring a recommendation to the April Board meeting

Adopted

12. HAWKE'S BAY HEALTH CONSUMER & CLINCIAL COUNCIL WORKSHOP

Rachel Ritchie, Chair of Consumer Council and Julie Arthur, Co-Chair of Clinical Council advised the outcomes of the joint workshop held on 13 March 2019 which had a focus on Person & Whanau Centred Care (PWCC) in Primary and Community Care

Workshop covered what PWCC will look and feel like, drilling down into Primary Care specifically and what should be recommended. Funding models and time to plan, develop and educate were prominent discussion points in taking PWCC forward.

RECOMMENDATIONS

That the HBDHB Board:

- **Notes** the contents of this report
- **Notes** HBDHB commitments to Person and Whanau Centred Care (PWCC) in the Clinical Services Plan (CSP) and initial drafts of the Strategic Plan
- **Encourages** management to **advocate**for national changes and consider local changes to current funding models and other disincentives to providing PWCC in primary and community care
- **Ensures** PWCC becomes the norm; to do that, **requests** management to present a paper to the June 2019 Board meeting that:

  - **Enables** the identification and freeing up of appropriate resources to prioritise the development of PWCC across the HB health sector
  - **Prioritises** the provision of specific education and training to the HB health workforce on implementing PWCC
  - **Facilitates** raising the levels of PWCC awareness within HB communities and empowering consumers to partner in their own care and contribute to service developments

Adopted

ACTION as above

13. PASIFIKA HEALTH LEADERSHIP GROUP (PHLG)

Barbara Arnott (Chair of CPHAC) who oversees the PHLG provided an overview of the meeting held 11 March 2019.

- Talalelei Taufale and Bernard Te Paa visited Counties Manukau to look at navigation services. Public health nurse team are working well with families to assist navigating Pacifica families through the health system.
- Board members supported further investigating the concept of nurse navigators

ACTION: Executive Director Health Improvement and Equity to explore the roles and responsibilities of Nurse Navigators and bring back to PHLG.

FOR DISCUSSION / INFORMATION

14. Wairoa Integrated Health System & Community Led Commissioning

Chris Ash introduced paper which gave an update on the programme of system delivery of services in Wairoa. Work programme continues with the Community Partnership Group for Wairoa which is led, owned and delivered in Wairoa for Wairoa communities.

RECOMMENDATION:

It is recommended that the HBDHB Board;

- **Note** the content of the report

Adopted

15. Nuka System of Care – How has this influenced the transformation of the HB health system?

Patrick le Geyt, General Manager Màori Health introduced the paper and explained how NUKA achieves its goals. An empowering culture makes the difference to strategy success, specifically putting 'services into culture' rather than 'culture into existing services'. A large part of Alaskan culture is based on relationships, and he went onto explain how this is translated into HBDHB;

- Relationship centred practice is a key part of the core concepts being reinforced across the health system.
- Co-design and integrated care teams
- Consumer led decisions
- Workforce – reflect the population served.

All DHBs have targets for a Màori workforce adopted.

Reinforced that culture and relationships are the focus to transformation of the HB health system.

It was noted that although the NUKA model continues to grow successful, South Central Foundation recognise that some inequalities remain outstanding in their communities and there are still difficulties faced within their population, but are making sound progress following NUKA model adoption.

RECOMMENDATION:

It is recommended that HBDHB Board:

- **Note** the content of the report

Adopted

16. Matariki HB Regional Economic Development & Social Inclusion Strategy

Shari Tidswell, Intersectoral Development Manager & Bernard Te Paa, Executive Director of Health Improvement & Equity explained that they were at a growth and redevelopment phase with this strategy and are maintaining a strong focus on social inclusion outcomes.

CEO noted that social inclusion has grown in interest at a regionalexecutive level. The equity report was presented and CEOs were tasked to look at economic development and social inclusion specifically with an equity lens.

The team reported that provincial growth fund has taken a lot of time and energy. Equity report highlighted as driver to success in application for provincial growth funding.
Very strong focus on regional economic plan as this is five years old and needs a refresh of contents and actions.

Addressing the MRB request for further detail on employment progression of young people from work experience placements; this is still being pulled from Ministry of Social Development and will be reported back to committee once information available.

RECOMMENDATION:

It is recommended that the HBDHB Board:
- **Note** the content of the report.
- **Endorse** the key recommendations.

Adopted

GENERAL BUSINESS

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

17. RECOMMENDATION TO EXCLUDE THE PUBLIC

The public section of the Board Meeting closed 3.50pm

RECOMMENDATION

That the Board

Exclude the public from the following items:

19. Confirmation of Minutes of Board Meeting 27 February - Public Excluded
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. Finance Risk and Audit Committee

Moved: **Peter Dunkerley**
Seconded: **Heather Skipworth**

Carried

Signed: _____
Chair

Date: _____

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BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	29/9/18	Equity and Cultural Competency Workshops: MRB will host a Workshop in April (including MRB members and other representatives as required), the result of which will be clear actions and targets we can aim for. Feedback from April Workshop to be brought back to Board.	Bernard Te Paa/ Patrick LeGeyt	April 2019	As part of MRB Chair report
2	28/11/18	Schedule Consumer Experience Facilitators to attend the May 2019 Board meeting as members would like to hear about their work.	Kate Coley	June 19	Deferred to June 19, to link with paper on Person & Whanau Centered Care
3	27/02/19	Whole of Board Appraisal Action Plan Report of progress every six month	Ken Foote	July 19 (and every six months thereafter)	Now included in the Workplan
4	27/03/19	Allied Laundry letter response HBDHB to send letter of appreciation in response to Allied Laundry.	Kevin Snee	April 2019	Complete
5	27/03/19	Oral Health Team project Maori Health to bring back learnings and outcomes from this Oral Health project and to consider how this model can be used to implement further programmes in addressing health issue	Bernard Te Paa/ Charrissa Keenan	May 2019	Included onto May Workplan
6	27/03/19	*'Equity for Maori'* The CEO to: Consult as necessary to develop the 'Equity' core goal that reflects the intent of the MRB recommendation to the Board, without it appearing 'exclusive' Discuss the revised core goal with MRB members in April Bring a recommendation to the April Board meeting	CEO/Bernard Te Paa	April 2019	For inclusion on Workplan – April 19

Action	Date Entered	Action to be Taken	By Whom	Month	Status
7	27/03/19	Person & Whanau Centred Care EMT to: Advocate for national changes and consider local changes to current funding models and other disincentives to providing PWCC in primary and community care Ensure PWCC becomes the norm; to do that, present a paper to the June 2019 Board meeting that: Enables the identification and freeing up of appropriate resources to prioritise the development of PWCC across the HB health sector Prioritises the provision of specific education and training to the HB health workforce on implementing PWCC Facilitates raising the levels of PWCC awareness within HB communities and empowering consumers to partner in their own care and contribute to service developments	Kate Coley	June 2019	For inclusion on Workplan – June 19
8	27/03/19	PHLG – Nurse Navigators Explore the roles and responsibilities of Nurse Navigators and bring back to PHLG.	Bernard Te Paa	May 2019	For inclusion on Workplan May 19

GOVERNANCE WORKPLAN PAPERS

17-Apr-19

BOARD MEETING 24 APRIL 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 (Mar)		Carriann Hall	Chris	16-Apr-19				24-Apr-19	24-Apr-19
Hawke's Bay Health Awards Event - REVIEW Alcohol at this event annually		Kevin Snee	Anna Kirk						24-Apr-19
Equity - core goal discussion and recommendations		Bernard Te Paa							24-Apr-19
2019 DHB Elections Board report		Ken Foote							24-Apr-19
Three Waters presentation & discussion with Napier City Council		Chris Ash	Nick Jones						24-Apr-19

BOARD MEETING 29 MAY 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
People & Quality Dashboard Q3 (Jan-Mar 19) Feb-**May**-Aug-Nov (formerly HR KPI Rpt)	E	Kate Coley	Jim Scott	14-May-19					29-May-19
Finance Report (Apr)		Carriann Hall	Chris	14-May-19				29-May-19	29-May-19
HBDHB Non-Financial Performance Framework Dashboard Q3 - **EMT/Board**	E	Chris Ash	Peter MacKenzie	21-May-19					29-May-19
HBDHB Performance Framework Exceptions Q3 Feb19 /**May**/Aug/Nov (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	7-May-19	8-May-19				29-May-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	E	Wayne Woolrich		30-Apr-19	8-May-19	8-May-19	9-May-19		29-May-19
Te Ara Whakawaiora - Access Rates 0-4 (local indicators) CHILD HEALTH	E	Chris Ash	Mark P/ Jil Garrett / Patrick	23-Apr-19	8-May-19	8-May-19	9-May-19		29-May-19
Te Ara Whakawaiora - Breastfeeding National Indicator		Chris McKenna	Jules Arthur	23-Apr-19	8-May-19				29-May-19
Te Ara Whakawaiora - Oral Health (National Indicators)		Robyn Whyman		23-Apr-19	8-May-19				29-May-19
Te Ara Whakawaiora - Healthy Weight National Indicator		Bernard Te Paa	Shari Tidswell	23-Apr-19	8-May-19				29-May-19
He Ngakau Aotea		Bernard Te Paa		16-Apr-19	8-May-19				29-May-19
Violence Intervention Programme Report Committees reviewed in July - EMT Nov - April19	E	Colin Hutchison	Russell / Cheryl Newman	26-Mar-19	8-May-19	10-Apr-19	11-Apr-19		29-May-19
Philosophies in the development of recruitment of Māori 'Values Based Recruitment'		Patrick LeGeyt	JB Heperi Smith		13-Mar-19				29-May-19
Maori Health team - outcomes of Oral Health initiative		Bernard Te Paa	Charrissa Keenan	30-Apr-19	8-May-19				29-May-19
PHLG Nurse Navigators - roles & responsibilities		Bernard Te Paa		30-Apr-19		8-May-19	9-May-19		29-May-19

BOARD MEETING 26 JUNE 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
Annual Plan 2019/20 SPEs to Board by end of June (include committees?)		Chris Ash	Robyn Richardson	4-Jun-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
People Plan 6 monthly Board update **June**-Nov 19 (action Feb19)	E	Kate Coley	Quality / HR	18-Jun-19					26-Jun-19
Finance Report (May)		Carriann Hall	Chris	18-Jun-19				26-Jun-19	26-Jun-19
People Plan Progress Update Report (6 monthly - Dec, **Jun 19**)		Kate Coley		4-Jun-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-19
Consumer Experience Facilitators -update on their work **(combined with People Plan update)**		Kate Coley	Caryn Daum	28-May-19					26-Jun-19
Person & Whanau Centered Care actions		Kate Coley		28-May-19	12-Jun-19	12-Jun-19	13-Jun-19		26-Jun-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 - Improving First Specialist Appointment Access (previously did not attend)	E	Colin Hutchison	Jacqui Mabin	2-Jul-19	10-Jul-19				31-Jul-19
Whole of Board Appraisal (progress against actions Nov 17) - Apr-Aug		Ken Foote							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 draft to the Board		Chris Ash	Robyn Richardson	6-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
People & Quality Dashboard Q4 (Apr-Jun 19) Feb-May-**Aug**-Nov (formerly HR KPI Rpt)	E	Kate Coley	Jim Scott	13-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

HAWKE'S BAY
District Health Board
Whakawāteatia

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Chief Executive Officer's Report**	32
	For the attention of: **HBDHB Board**	
Document Owner:	Kevin Snee Chief Executive Officer	
Reviewed by:	Not applicable	
Month as at	24th April 2019	
Consideration:	For Information	

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RECOMMENDATION

That the Board

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

INTRODUCTION

In March further industrial action has again been disruptive with the key outstanding unsettled dispute with the Resident Doctor's Association. This has been the most troublesome dispute in the group of strikes we have had, and the most disruptive for many years.

DHBs are committed to safe rosters backed by evidence-based practice and have invested significant resource to examine ideas and options to balance the needs of patients and RMO training. DHBs believe it is essential for decisions about rosters to be made locally without being vetoed by the RDA. No other health union has that power.

I have heard concerns from senior clinicians and managers that the existing arrangements under which RMOs work when on the RDA MECA do not deliver consistent care for our patients, are disruptive for our teams, and are not ideal in terms of RMO training. It is important we resolve this issue, whilst at the same time addressing issues of fatigue for all of our staff.

We have reached a resolution with the other RMO Union, STONZ, and I see no reason why a similar agreement cannot be reached with the RDA. We are waiting for a date from the Employment Relations Authority for urgent facilitation. It is in my view inappropriate to be striking whilst facilitation is still being actively pursued.

This month's agenda updates the Board on our discussions on equity, the local work on the delivery of drinking, waste(sewage) and storm water services, the DHB elections and Health Awards.

PERFORMANCE

Measure / Indicator	Target	Month of March	Qtr to end March	Trend For Qtr
Shorter stays in ED	≥95%	86%	87%	▼
Improved access to Elective Surgery (2018/19YTD)	80%	70%	YTD 89%	▬

Waiting list	*Less than 3 months*	*3-4 months*	*4+ months*
First Specialist Assessments (ESPI-2)	3,062	665	1,230
Patients given commitment to treat, but not yet treated (ESPI-5)	829	130	563

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%	100% February	90% 6m to February	▲
Faster cancer treatment - 31 day indicator	≥85%	85% February	87% 6m to February	▲
Increased immunisation at 8 months	≥95%	---	90% 3m to March	▬
Better help for smokers to quit – Primary Care			79% 15m to March	▼
Raising healthy kids (New)			97% 6m to February	▼
Financial – month (in thousands of dollars)	303	(1,116)	---	---
Financial – year to date (in thousands of dollars)	(2,615)	(6,157)	---	---

***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%	*10/19 = 53%*	*100/114 = 88%*

The key performance changes of note for March 2018 are:

- **Emergency Department (ED):** Our performance continues to be below what we would expect as we head in to winter. A number of measures are being put in place to address this alongside the winter plan which will be discussed at FRAC.
- **Elective performance:** ESPI 2 (First Specialist Assessment) continues to perform poorly, however, it is our intention to bring this back on track by the end of the calendar year. Good work is being done to identify unused capacity specialty by specialty, increase capacity and to manage declines in the most appropriate way, For ESPI 5 (time taken to treat) this month's figure, has been fairly static for three months which is below our plan which aims to get us back to under four months by December 2019.
- **Financial performance:** The result for the month of March $1.4m unfavourable in month, $747k was related to external factors such as strike action. This puts our year to date at $6.2m which is $3.5m adverse to plan to date.
- **Faster Cancer Treatment:** This has improved and we are now on target for both indicators.

- **Immunisation:** Hawkes Bay DHB has seen a steady decline in immunisation rates to the current month of 90.4% Our current Maori rate sits at 87.7% down 3% from September 2017.

  Whilst our figure has deteriorated we are still currently ranked 5th best DHB in the country because of the general national decline, which is being experienced internationally partly as a result of misinformation from the anti vaccination campaign. Our decline relates significantly to an increasing proportion of people declining or opting off the National Immunisation Register, which accounts for 6% or 25 children. This is pronounced for our DHB as we have smaller population numbers, resulting in greater fluctuations. Other issues include an inability to contact (1%), those families who are hesitant to contact (1%) and late transfers to the region, which make it impossible to immunise (due to the required gap between immunisations resulting in them being immunised after the 8 month mark.

  We are increasing our focus on contacting all those un-immunised, which will see us make between 3 and 10 phone calls, emails, texts (on known numbers) and 3+ home visits. We are also re-engaging with those parents who are hesitant to complete the full lot of immunisations, providing information to convince them to change their minds, thereby increasing immunisation. We will also increase our engagement with Oranga Tamariki and other agencies to assist us in finding families earlier to commence immunisation.

HEALTH EQUITY - PROGRESS

Following on from the Board discussions, EMT has discussed the Board position, and will continue to use this as a basis to implement an on-going Health Equity approach across our work. Discussions at MRB where inconclusive, however, we agreed we will continue to develop an approach to health equity which is aligned to the Minister's Letter of Expectation. He asked us to focus on Maori as a priority, and also on Pacific and those of our population with unmet need (such as disabled people). The Minister's letter asks us to also concentrate on both equity of access and equity of outcomes.

THREE WATERS REVIEW WITH NAPIER CITY COUNCIL

The review covers models for the delivery of drinking, waste(sewage) and storm water services. We have reviewed their work to date and contributed a strong health perspective. Our key points to date have been:

- a public health perspective on this issue should be a major driver for provision of water services
- the service delivery model for each aspect of water services needs to consider health and equity criteria
- they need to consider meeting with one or more of our governance groups to gain further health and equity insight into this work

There is also consideration for the setting up on protection zones for drinking water where there are bores in the Heretaunga aquifer ,which we supported given the unique characteristics and cultural value to Iwi.

The review team was very open to the suggestions, but within a very narrow timeframe, which also ensures there is support for continued supply of water services that does not compromise domestic water supply. We will continue to be engaged in the review process.

HAWKE'S BAY HEALTH AWARDS

Board members will receive a verbal update on the 2019 Health Awards. We are taking time this year to review and refresh the awards process and ceremony and to ensure that it is fully aligned with our strategic intent and cultural development.

2019 DHB BOARD ELECTIONS

With DHB elections appraoching in October this year, there are a number of early procedural issues that need to be addressed by the Board. Apart from setting out key dates relating to the elections, issues addressed in the attached report include:

- Appointment of the Electoral officer
- Order of names on the voting documents

- Campaign for candidates to stand for election
- Information sessions for potential candidates
- Board decision making during the pre and post-election periods.

CONCLUSION

In March the local service has seen some further deterioration in our financial position but other performance indictors have been fairly steady. We remain committed to trying to find a resoloution to the RDA dispute but remain concerned that further action will have a significant impact on patient care.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report March 2019** 33 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	April, 2019
Purpose	For Information

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RECOMMENDATION:

That the HBDHB Board:

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

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

As shown in the table below, the result for the month of March is $1.4m unfavourable to plan, taking the year-to-date (YTD) result to a $6.2m deficit, which is $3.5m adverse to plan to date. The forecast deficit has been increased from $8.6m to $10.9m.

As signalled in last month's report, the offset of contingencies against savings to reflect timing of saving delivery plans ceased this month. This has a net zero impact to the bottom line, but in month moves $1.3m of the favourable variance in Reserves to Providing Health Services ($0.2m) and Funding Other Providers ($1.1m) – refer appendix 5.

	March				*Year to Date*				*Year End*	Refer
$'000	*Actual*	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		*Forecast*	Appendix
Income	48,848	48,422	426	0.9%	437,064	433,517	3,547	0.8%	582,006	1
Less:										
Providing Health Services	23,825	23,172	(653)	-2.8%	219,167	215,393	(3,775)	-1.8%	294,624	2
Funding Other Providers	20,542	20,774	232	1.1%	186,652	183,130	(3,522)	-1.9%	250,509	3
Corporate Services	4,291	4,030	**(261)**	**-6.5%**	38,566	36,919	(1,647)	-4.5%	50,699	4
Reserves	1,306	143	**(1,163)**	**-813.8%**	(1,164)	691	**1,855**	**268.6%**	(2,919)	5
	(1,116)	**303**	**(1,419)**	**-468.2%**	**(6,157)**	**(2,615)**	**(3,542)**	**-135.4%**	**(10,906)**	

Key Drivers

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

- Income (Appendix 1)

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

- Providing Health Services (Appendix 2)

  Higher than planned nursing resource use (although below the YTD average in March), increases in medical personnel spend over the last two months, efficiencies not achieved and pharmaceuticals, partly offset by allied health vacancies, and underspends earlier in the year on funding for elective volume activity.

- Funding Other Providers (Appendix 3)

  Residential care and home support across Older Persons Health and Mental Health & Addiction services and efficiencies not achieved.

- Corporate Services (Appendix 4)

  Overspend driven by cost of strike action and capital charges (offset in income). Significant unfunded cost increases, such as the Microsoft licence uplift, are being well managed.

- Reserves (Appendix 5)

  The accrual of contingencies and the new investment reserve has ceased this month. There is no net overall impact to the position.

- Savings Plans (Appendix 8)

  Shortfall on savings plans of $6.1m are included in the YTD position and discussed further below.

Forecast

Work continues on mitigating cost pressures that have arisen this year. However, there are a number of factors that are driving the $10.9m forecast deficit ($5.9m forecast overspend against plan).

These factors include the cost of the strikes to date, the impact of unfunded pay awards, capping of in-between travel revenue, IDF flows, SMO vacancy cover, and difficulty achieving savings programmes.

As highlighted previously, our forecast excludes:

- Further MECA/SECA settlements above levels assumed in the budget and potential flow-on effect to contracts;
- The cost of any future strike action;
- Impairment review of the $2.7m investment in the Health Finance, Procurement and Information Management System (FPIM), formerly NOS, as a result of the FPIM business case (awaiting FPIM decision from Cabinet);
- Impairment review of the $1.6m investment in web-based patient administration system (WebPAS), part of the Regional Health Information Project (RHIP);
- Potential for increased provisioning for employee entitlements as a result of Holidays Act and other pay related (a reliable estimate has not been made).

It also assumes that our total Combined Pharmaceutical Budget expenditure will be in line with the PHARMAC forecast.

Other Performance Measures

	March				Year to Date				Year End Forecast	Refer Appendix
	Actual	Budget	Variance		Actual	Budget	Variance			
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Savings plans	395	2,913	(2,518)	-86.4%	4,553	10,614	(6,061)	-57.1%	5,819	8
Capital spend	879	1,225	(346)	-28.2%	11,722	14,084	(2,362)	-16.8%	17,933	12
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,452	2,432	(20)	-0.8%	2,406	2,426	20	0.8%	2,440	2 & 4
	CWD	CWD	CWD	%	CWD	CWD	CWD	%	CWD	
Case weighted discharges	2,583	2,483	100	4.0%	22,725	22,029	696	3.2%	29,239	2

- Savings Plans (Appendix 8)
  - Delivering our $14.2m saving plan has been a significant challenge in year. Savings plans have been identified for $11.7m (83%). And the identified savings removed from operational budgets amounts to $5.7m (unchanged from last month). However, on delivery, on a straight line basis YTD savings of $10.6m should have been achieved by the end of March, and $4.6m has been made.

- Capital spend (Appendix 12)
  - Capital spend is behind budget in the block allocations. This currently more than offsets additional costs relating to strategic projects. Capital spend (excluding the FPIM investment) is expected to be close to plan at year end.

- Cash (Appendices 11 & 13)
  - The cash balance reduced during the month from a low point of $10.4m on 1 March to a low point of $12.0m on 3 April. We are forecasting to be $12.2m overdrawn by year end, with a low point of $14.1m on 3 July, well within our current statutory limit of $27m. Interest is expected to come in $0.4m less than planned as a result.

- Employees (Appendices 2 & 4)
  - Employee numbers are favourable YTD reflecting challenges filling vacancies in medical and allied health positions, mostly offset by high use of nursing resources.

- Activity (Appendix 2)
  - Year-to-date case weighted discharge (CWD) is ahead of plan, driven by acute patient demand, and limiting elective services due to capacity constraints.

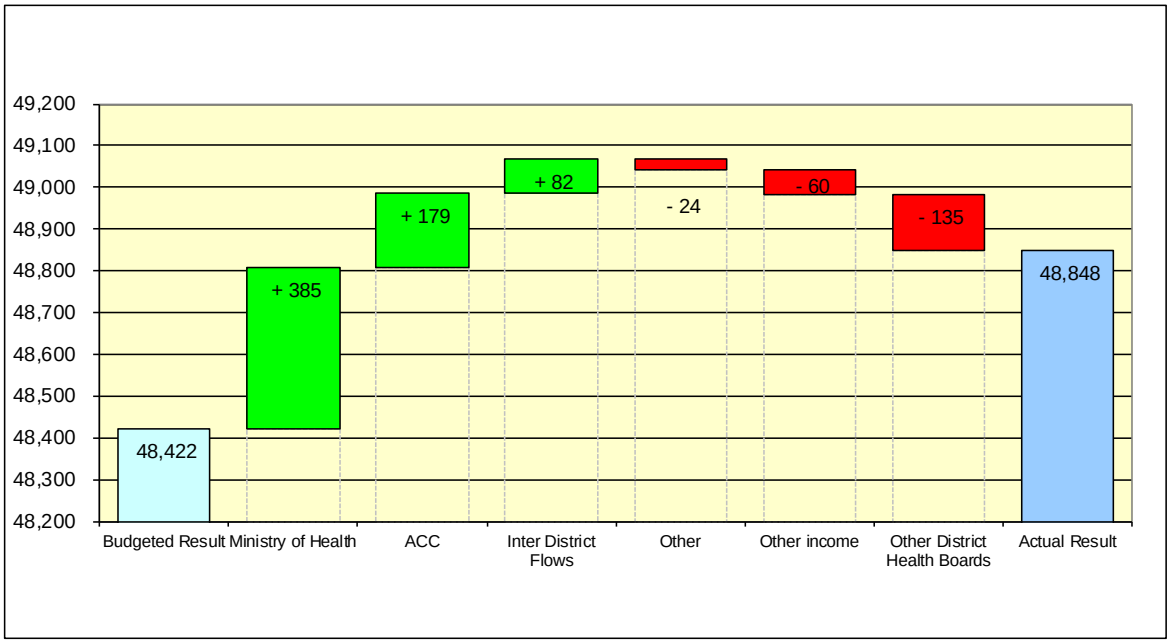
  - Elective discharges show a shortfall on achieving the Ministry of Health target. However, it is expected the DHB will meet the CWD target and receive all of the base elective surgery funding as a result.

APPENDICES

1. INCOME

$'000	March				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Ministry of Health	46,504	46,119	385	0.8%	416,593	413,108	3,485	0.8%	554,989
Inter District Flows	844	762	82	10.7%	6,611	6,860	(249)	-3.6%	8,906
Other District Health Boards	219	354	(135)	-38.2%	3,160	3,165	(4)	-0.1%	4,229
Financing	13	55	(42)	-76.5%	255	497	(242)	-48.7%	291
ACC	673	494	179	36.2%	3,923	4,047	(124)	-3.1%	5,091
Other Government	35	43	(8)	-19.6%	380	504	(124)	-24.7%	548
Abnormals	(0)	-	(0)	0.0%	(0)	-	(0)	0.0%	(0)
Patient and Consumer Sourced	133	106	27	25.1%	910	943	(33)	-3.5%	1,195
Other Income	429	488	(60)	-12.3%	4,661	4,376	285	6.5%	6,187
Abnormals	-	-	-	0.0%	571	17	554	3261.3%	571
	48,848	**48,422**	426	0.9%	**437,064**	**433,517**	3,547	0.8%	**582,006**

Month of March



Note the scale does not begin at zero

Ministry of Health (favourable)
Mainly In-Between-Travel (home support) and pay equity (residential care) additional income.

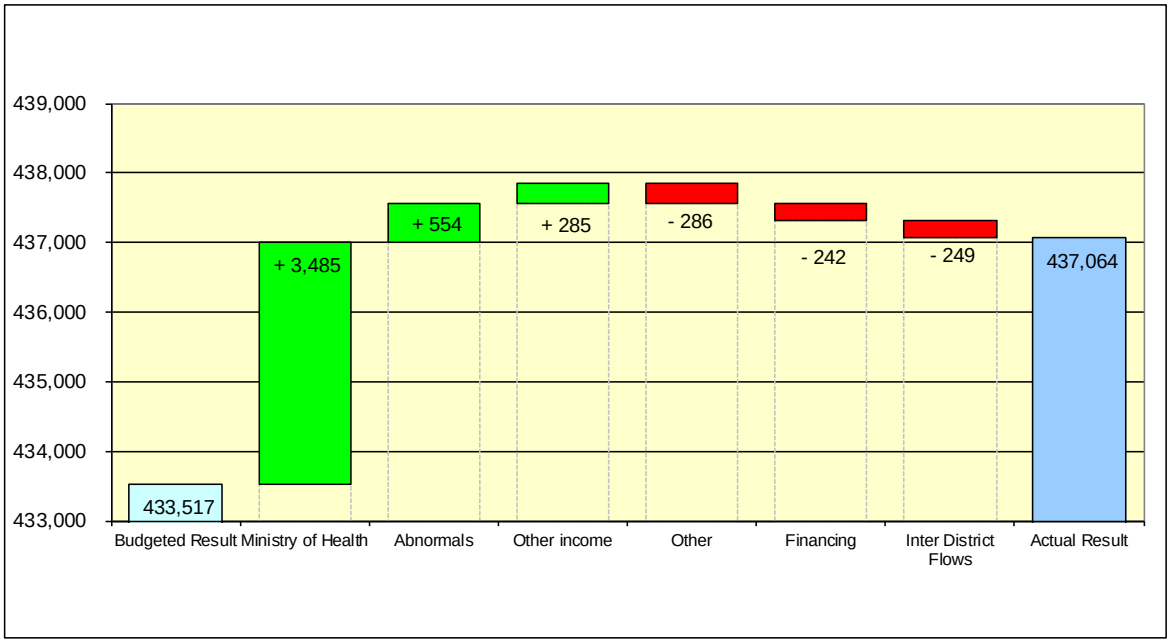
ACC (favourable)
Lower elective surgery income reflecting capacity constraints, more than offset by rehabilitation income.

Inter District Flows (unfavourable)
IDF inflow unfavourable variance reducing as a result of IDFs relating to visitors to Hawke's Bay over the summer months.

Other income (favourable)
Lower than budgeted income for Ngatahi.

Other District Health Boards (favourable)
Cancer pharmaceutical sales to Tairawhiti DHB.

Year to Date



Note the scale does not begin at zero

Ministry of Health (favourable)
Pay equity and In-Between-Travel income offset in related expenditure (Appendix 4). Also includes 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. Recognised in September.

Other income (favourable)
Wairoa GP income.

Financing (unfavourable)
Reduced interest income relating to lower cash holdings.

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

2. PROVIDING HEALTH SERVICES

	March				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	5,506	5,226	(280)	-5.4%	51,308	50,878	(430)	-0.8%	67,967
Nursing personnel	6,697	6,696	(1)	0.0%	64,203	62,094	(2,109)	-3.4%	85,952
Allied health personnel	2,932	3,130	198	6.3%	26,994	29,071	2,076	7.1%	36,245
Other personnel	2,266	2,013	(253)	-12.6%	18,993	18,546	(448)	-2.4%	25,210
Outsourced services	991	1,018	27	2.6%	7,566	9,123	1,557	17.1%	11,992
Clinical supplies	3,407	3,234	(174)	-5.4%	33,181	29,200	(3,981)	-13.6%	44,808
Infrastructure and non clinical	2,026	1,855	(171)	-9.2%	16,922	16,482	(440)	-2.7%	22,450
	23,825	**23,172**	(653)	-2.8%	**219,167**	**215,393**	(3,775)	-1.8%	**294,624**
Expenditure by directorate $'000									
Medical	6,524	6,171	(353)	-5.7%	61,718	58,031	(3,687)	-6.4%	82,560
Surgical	5,317	5,152	(165)	-3.2%	47,880	47,834	(46)	-0.1%	65,838
Community, Women and Children	3,797	3,754	(43)	-1.1%	34,882	34,791	(91)	-0.3%	47,072
Mental Health and Addiction	1,940	1,662	(278)	-16.7%	15,898	15,586	(312)	-2.0%	21,277
Older Persons, NASC HB, and Alli	1,271	1,296	25	1.9%	11,756	12,279	523	4.3%	15,795
Operations	3,443	3,384	(59)	-1.7%	31,656	30,804	(852)	-2.8%	42,214
Other	1,532	1,751	219	12.5%	15,378	16,068	690	4.3%	19,867
	23,825	**23,172**	(653)	-2.8%	**219,167**	**215,393**	(3,775)	-1.8%	**294,624**
Full Time Equivalents									
Medical personnel	340.6	363.2	23	6.2%	354	367	13	3.6%	366.8
Nursing personnel	1,034.5	975.8	(59)	-6.0%	1,002	971	(31)	-3.2%	979.8
Allied health personnel	478.7	490.9	12	2.5%	463	492	28	5.8%	494.7
Support personnel	150.4	139.0	(11)	-8.2%	144	138	(6)	-4.3%	138.9
Management and administration	273.9	279.8	6	2.1%	270	276	6	2.1%	277.4
	2,278.2	**2,248.6**	(30)	-1.3%	**2,234**	**2,244**	10	0.4%	**2,257.5**
Case Weighted Discharges									
Acute	1,880	1,653	226	13.7%	16,833	15,056	1,777	11.8%	19,957
Elective	542	619	(77)	-12.4%	4,127	5,133	(1,006)	-19.6%	6,850
Maternity	132	171	(39)	-22.9%	1,563	1,515	48	3.2%	2,000
IDF Inflows	30	40	(10)	-26.0%	203	325	(122)	-37.6%	432
	2,583	**2,483**	100	4.0%	**22,725**	**22,029**	696	3.2%	**29,239**

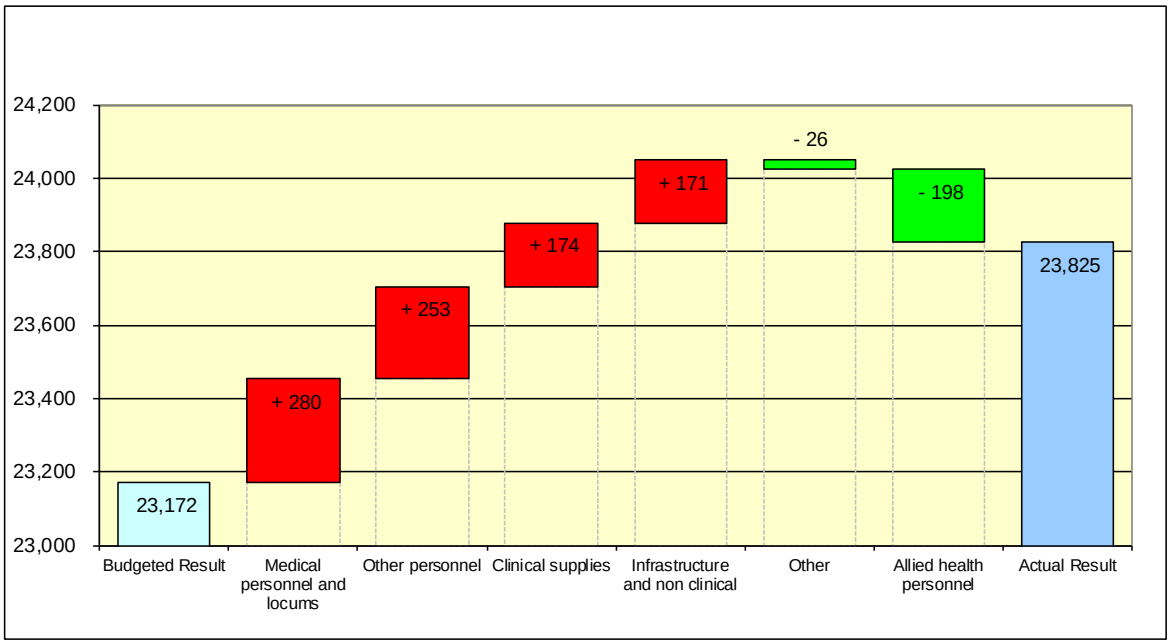
Directorates YTD

- Medical (March & YTD) – nursing resource use, pharmaceuticals (mainly biologics), radiology reads (radiologist vacancies), and locum vacancy cover affect both the month and year-to-date. A reduction in the nursing overspend in March helped reduce the average monthly unfavourable variance;
- Mental Health (March) – changes to oncall payments;
- Other (March) – mostly the ceasing of the accrual for expenditure against the Executive Director Provider Services contingency (refer appendix 5).

Case Weighted Discharges

Acute discharges were significantly above plan both month and YTD, including general medicine, general surgery, and orthopaedics. Correspondingly, electives are below plan in March, and remain below plan YTD across all specialties. Elective activity on site is constrained by capacity and acute demand. IDF inflows that picked up to reflect increased visitors during the summer months, was below plan in March.

Month of March



Note the scale does not begin at zero

Medical personnel and locums (unfavourable)
Sole clinician on call payments, vacancy cover and outsourced radiology reads due to radiologist vacancies.

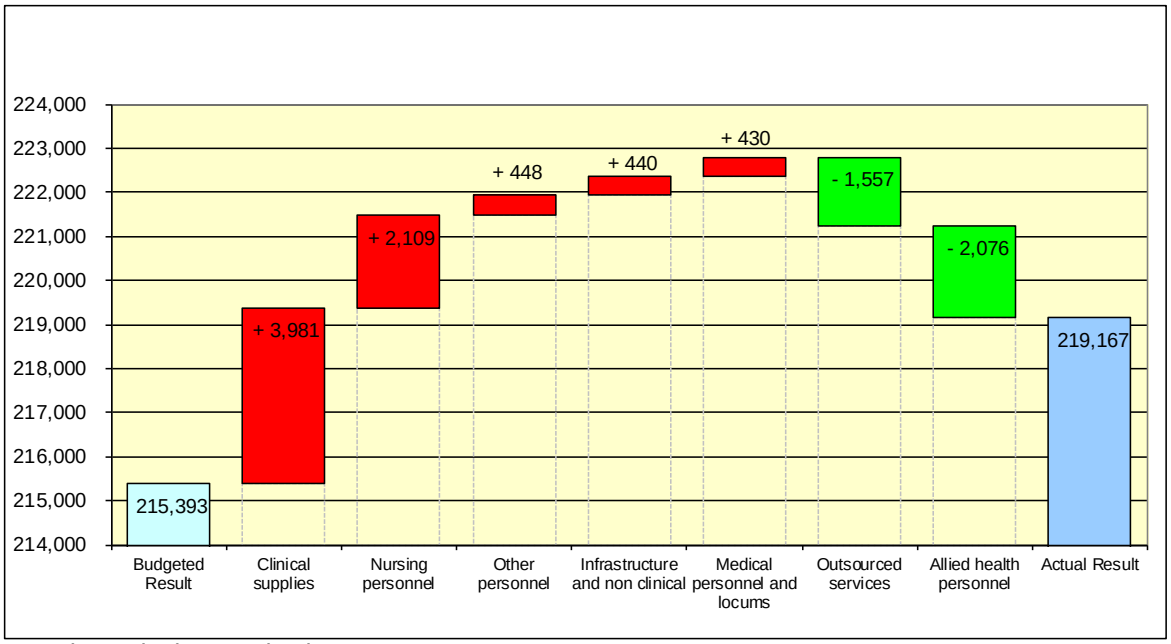
Other personnel (unfavourable)
Provisions for recently settled PSA Clerical MECA.

Clinical supplies (unfavourable)
Shortfall on savings plan, net of the contingency accrual that has ceased.

Infrastructure and non clinical (unfavourable)
Maintenance support contracts in radiology, clinical engineering and the laboratory.

Allied health personnel (favourable)
Vacancies including social workers, medical radiation technologists (MRTs), psychologists, laboratory technicians, and occupational therapists.

Year to Date



Note the scale does not begin at zero

Clinical supplies (unfavourable)
Challenges achieving planned efficiencies, pharmaceuticals including biologics, treatment disposables including blood and blood intragam, and patient transport.

Nursing personnel (unfavourable)
The volume and cost of hours worked are greater than planned, driven by a number of factors including patient volume and acuity, custom and practice, vacancies, and challenges meeting leave savings without backfill.

Other personnel (unfavourable)
Orderly, kitchen assistant and security services are over budget, and are under review.

Infrastructure and non clinical (unfavourable)
Maintenance support contracts in radiology, clinical engineering and the laboratory.

Medical personnel and locums (unfavourable)
Vacancy cover and outsourced radiology reads due to radiologist vacancies.

Outsourced services (favourable)
Expected to be less favourable in future months as elective surgery volumes increase. Part of the funds are intended for extra Saturday lists, and the budget will be transferred to reflect this.

Allied health personnel (favourable)
Continuing national issue with recruitment and retention.

Full Time Equivalents (FTE)

FTEs are 10 (0.4%) favourable YTD including:

Medical personnel (13 FTE / 3.6% favourable)
- Vacancies in radiology, Wairoa GPs, psychiatrists and emergency medicine.

Nursing personnel (-31 FTE / -3.2% unfavourable)

- Higher than budgeted staffing in acute areas (ED, ICU and General Medicine), and the surgical inpatient wards.

Allied health personnel (28 FTE / 5.8% favourable)

- Vacancies in therapies, medical radiation technologists (MRTs), social workers, occupational therapists, pharmacists, psychologists, community support workers, health promotion workers, and laboratory technicians.

MONTHLY ELECTIVE HEALTH TARGET REPORT
YTD To March 2019

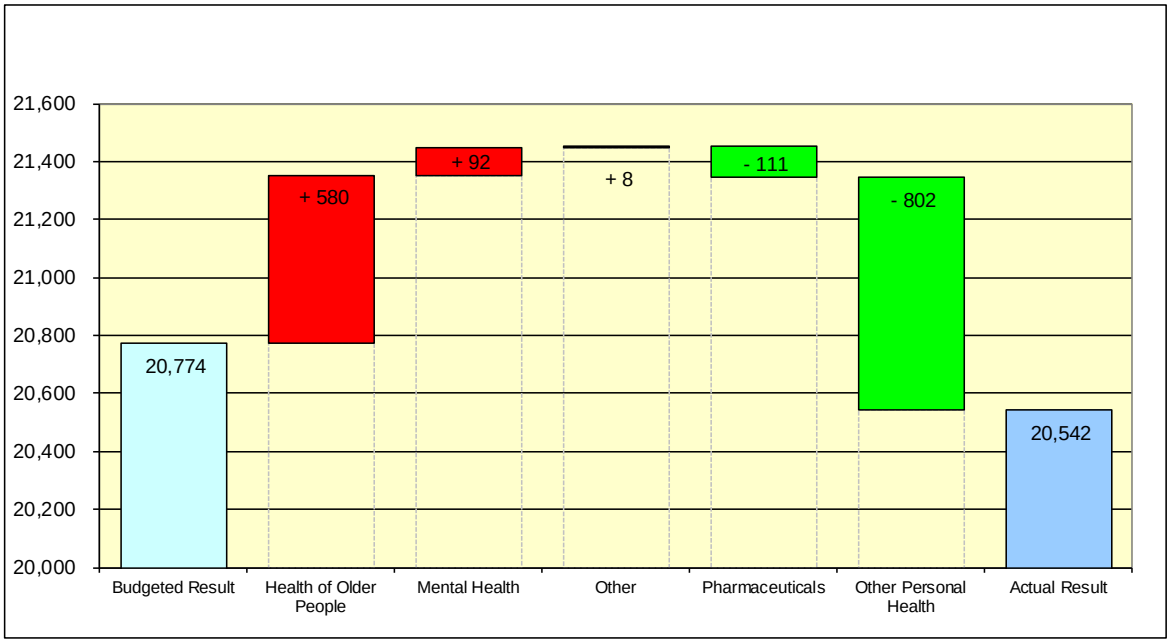
	March 2019				YTD March 2019				Full Year Plan
	Actual	Plan	Variance	%	Actual	Plan	Variance	%	
Anaesthetics	0	0	0	0.0%	**0**	**0**	**0**	**0.0%**	**4**
Cardiothoracic	6	11	-5	0.0%	**71**	**88**	**-17**	**0.0%**	**119**
Avastins	20	19	1	5.3%	**166**	**146**	**20**	**13.7%**	**201**
ENT	54	69	-15	-21.7%	**424**	**540**	**-116**	**-21.5%**	**740**
General Surgery	100	124	-24	-19.4%	**898**	**966**	**-68**	**-7.0%**	**1324**
Gynaecology	59	67	-8	-11.9%	**459**	**518**	**-59**	**-11.4%**	**708**
Maxillo-Facial	23	47	-24	-51.1%	**251**	**368**	**-117**	**-31.8%**	**507**
Neurosurgery	7	9	-2	0.0%	**60**	**69**	**-9**	**0.0%**	**95**
Ophthalmology	109	123	-14	-11.4%	**920**	**968**	**-48**	**-5.0%**	**1328**
Orthopaedics	100	107	-7	-6.5%	**852**	**834**	**18**	**2.2%**	**1145**
Paediatric Surgery	9	8	1	0.0%	**45**	**61**	**-16**	**0.0%**	**85**
Skin Lesions	3	23	-20	-87.0%	**128**	**183**	**-55**	**-30.1%**	**254**
Urology	54	58	-4	-6.9%	**379**	**448**	**-69**	**-15.4%**	**618**
Vascular	14	31	-17	-54.8%	**160**	**243**	**-83**	**-34.2%**	**333**
Non Surgical - Arranged	9	13	-4	-30.8%	**93**	**105**	**-12**	**-11.4%**	**144**
Non Surgical - Elective	9	14	-5	-35.7%	**102**	**109**	**-7**	**-6.4%**	**148**
TOTAL	**576**	**723**	**-147**	**-20.3%**	**5008**	**5646**	**-638**	**-11.3%**	**7753**

Please Note:This report was run on 5 April 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	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	3,472	3,583	111	3.1%	30,327	32,240	**1,913**	**5.9%**	40,692
Primary Health Organisations	3,701	3,626	(75)	-2.1%	29,514	29,265	(249)	-0.9%	39,646
Inter District Flows	4,688	4,797	109	2.3%	43,820	43,173	(646)	-1.5%	58,075
Other Personal Health	983	1,784	**802**	**44.9%**	16,731	15,838	**(894)**	**-5.6%**	24,314
Mental Health	1,150	1,058	**(92)**	**-8.7%**	9,358	9,521	162	1.7%	12,633
Health of Older People	6,182	5,603	**(580)**	**-10.3%**	53,575	50,101	**(3,474)**	**-6.9%**	70,781
Other Funding Payments	366	323	(43)	-13.2%	3,326	2,992	**(334)**	**-11.1%**	4,366
	20,542	20,774	232	1.1%	**186,652**	**183,130**	(3,522)	-1.9%	250,509
Payments by Portfolio									
Strategic Services									
Secondary Care	4,131	4,236	105	2.5%	39,857	38,121	(1,736)	-4.6%	52,748
Primary Care	8,778	8,542	(235)	-2.8%	73,085	73,324	240	0.3%	99,907
Mental Health	1,521	1,343	**(178)**	**-13.2%**	11,731	12,091	361	3.0%	15,904
Health of Older People	6,511	5,863	**(648)**	**-11.1%**	56,334	52,683	**(3,651)**	**-6.9%**	74,423
Other Health Funding	(1,067)	133	**1,200**	**900.3%**	-	1,200	**1,200**	**100.0%**	-
Maori Health	519	495	(23)	-4.7%	4,459	4,536	76	1.7%	5,938
Population Health	149	161	12	7.3%	1,186	1,175	(11)	-0.9%	1,589
	20,542	20,774	232	1.1%	**186,652**	**183,130**	(3,522)	-1.9%	250,509

Month of March



Note the scale does not begin at zero

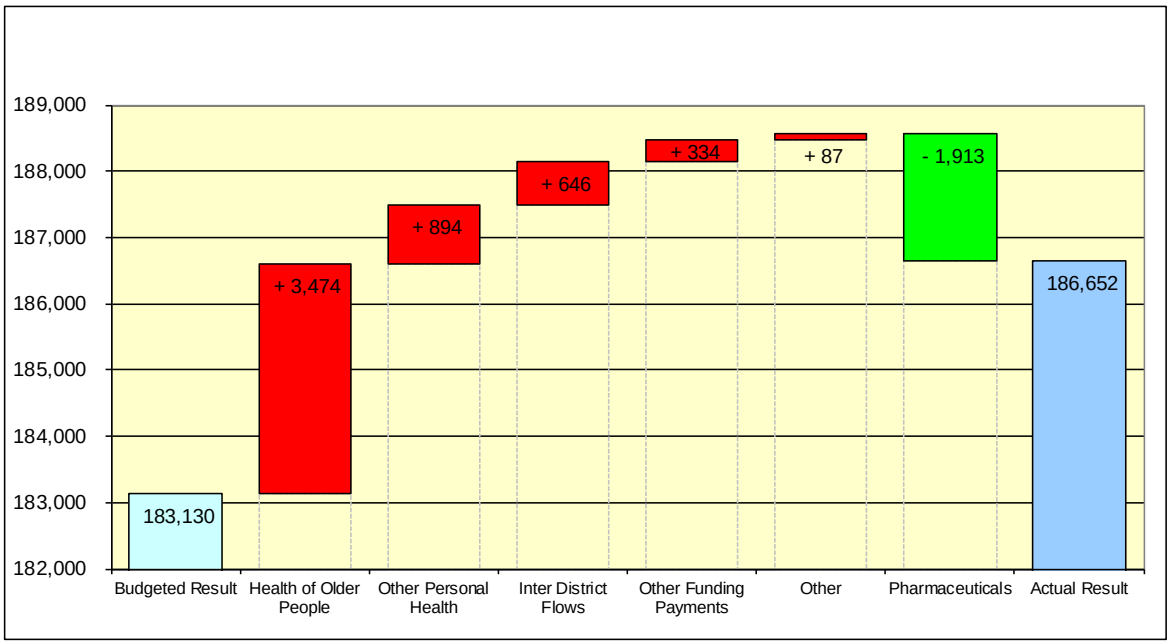
Health of Older People (unfavourable)
Higher than budgeted residential care and home support costs reflecting increases in volumes. Also includes pay equity and In-Between Travel costs offset by additional revenue (refer appendix 1).

Mental Health (unfavourable)
Service improvement payments.

Pharmaceuticals (favourable)
Pharmaceutical rebates in line with PHARMAC forecasts.

Other Personal Health (unfavourable)
Ceased accrual for expenditure against the new investment reserve (refer appendix 5), partly offset by efficiencies not yet achieved.

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 lower costs in child and youth services (Well Child).

Inter District Flows (unfavourable)
High volumes earlier in the year.

Other Funding Payments (unfavourable)
Higher than planned Māori service development, and public health expenditure.

Pharmaceuticals (favourable)
Pharmaceutical rebates in line with PHARMAC forecasts.

4. CORPORATE SERVICES

$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,726	1,417	(309)	-21.8%	14,025	13,216	(809)	-6.1%	18,258
Outsourced services	42	70	28	40.4%	645	639	(6)	-1.0%	875
Clinical supplies	18	(12)	(30)	-258.0%	81	(111)	(192)	-172.5%	113
Infrastructure and non clinical	703	727	24	3.4%	7,686	7,202	(484)	-6.7%	9,785
	2,489	2,203	(286)	-13.0%	22,436	20,945	(1,491)	-7.1%	29,031
Capital servicing									
Depreciation and amortisation	1,156	1,172	17	1.4%	9,783	10,078	294	2.9%	13,357
Capital charge	646	655	9	1.4%	6,346	5,896	(450)	-7.6%	8,311
	1,802	1,827	26	1.4%	16,129	15,973	(156)	-1.0%	21,669
	4,291	**4,030**	**(261)**	**-6.5%**	**38,566**	**36,919**	**(1,647)**	**-4.5%**	**50,699**
Full Time Equivalents									
Medical personnel	0.4	0.3	(0)	-36.2%	0	0	0	3.9%	0.3
Nursing personnel	13.1	17.1	4	23.0%	13	16	3	19.9%	16.0
Allied health personnel	0.2	0.4	0	46.8%	0	0	0	49.2%	0.4
Support personnel	0.3	8.1	8	96.8%	8	8	(0)	-4.9%	8.0
Management and administration	160.0	157.7	(2)	-1.5%	151	158	7	4.4%	158.0
	174.0	**183.5**	**9**	**5.1%**	**173**	**183**	**10**	**5.5%**	**182.7**

Unfavourable in-month personnel costs reflects the cost of strike action, mainly staff cover. 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. The clinical supplies variance relates mainly to planned efficiencies yet to be achieved. The infrastructure and non-clinical variance is across corporate business units and relates to software costs, telecoms, corporate training and legal. It should be noted that there has been significant unfunded in-year increases across corporate directorates, such as Microsoft license costs, which are expected to be substantially mitigated by cost management activities.

5. RESERVES

$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Contingency	(527)	32	558	1750.5%	-	558	558	100.0%	-
Efficiencies	1,733	-	(1,733)	0.0%	-	0	0	100.0%	(1,850)
Other	100	111	12	10.4%	(1,164)	132	1,296	980.9%	(1,069)
	1,306	**143**	**(1,163)**	**-813.8%**	**(1,164)**	**691**	**1,855**	**268.6%**	**(2,919)**

The contingency budget reduces when EMT approves expenditure where no source of funding has been identified. Contingency can still be released for unusual or unexpected events up to the remaining balance of the contingency, currently $700k.

Transfers out of the original $4m contingency YTD include:

- New nursing initiatives $1m;
- Executive Director Provider Services contingency $300k; and
- Cost pressure adjustments to budgets $2m.

As signalled last month, the practice of accruing contingencies and the new investment reserve to offset the phasing issue with unachieved savings (that are more likely to increase incrementally rather than being achieved evenly over the year as budgeted), has ceased this month. The effect is to distribute the $1.733m favourable efficiency amongst Appendix 3: Funding Other Providers (new

investments reserve $1.066m), Appendix 2: Providing Health Services (Executive Director Provider Services contingency $200k), and this appendix (CEO contingency $467k).

The forecast reflects further mitigations including structured leave management and nursing rosters.

The "Other" category comprises the net impact of an ongoing review of accruals relating to the prior year. If the variance remains favourable it will be a one-off benefit.

6. FINANCIAL PERFORMANCE BY MOH CLASSIFICATION

	March			*Year to Date*			*End of Year*		
$'000	***Actual***	***Annual Plan***	***Variance***	***Actual***	***Annual Plan***	***Variance***	***Forecast***	***Annual Plan***	***Variance***
Funding									
Income	45,918	45,771	148	412,358	409,154	3,204	549,555	537,477	12,078
Less:									
Payments to Internal Providers	26,364	26,299	(66)	233,820	233,295	(525)	310,987	309,025	(1,962)
Payments to Other Providers	19,469	20,152	683	179,635	177,535	(2,099)	240,755	233,452	(7,303)
Contribution	**85**	**(680)**	**765**	**(1,097)**	**(1,677)**	**579**	**(2,187)**	**(5,000)**	**2,813**
Governance and Funding Admin.									
Funding	282	282	-	2,594	2,594	-	3,424	3,383	40
Other Income	3	3	-	23	23	-	30	30	-
Less:									
Expenditure	289	290	1	2,405	2,693	288	3,293	3,413	120
Contribution	**(5)**	**(6)**	**1**	**212**	**(77)**	**288**	**160**	**-**	**160**
Health Provision									
Funding	26,082	26,017	66	231,226	230,701	525	307,564	305,542	2,022
Other Income	2,831	2,553	278	23,820	23,475	345	31,269	30,594	675
Less:									
Expenditure	30,110	27,581	(2,529)	260,317	255,040	(5,277)	347,711	336,136	(11,575)
Contribution	**(1,196)**	**989**	**(2,185)**	**(5,271)**	**(864)**	**(4,407)**	**(8,878)**	**-**	**(8,878)**
Net Result	**(1,116)**	**303**	**(1,419)**	**(6,157)**	**(2,617)**	**(3,539)**	**(10,905)**	**(5,000)**	**(5,905)**

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	March			Year to Date			End of Year		
	Mgmt Budget	Annual Plan	Movement	Mgmt Budget	Annual Plan	Movement	Mgmt Budget	Annual Plan	Movement
Funding									
Income	45,771	44,862	908	409,154	403,117	6,037	546,225	537,477	8,748
Less:									
Payments to Internal Providers	26,299	26,127	(172)	233,295	232,034	(1,261)	310,784	309,025	(1,759)
Payments to Other Providers	20,152	19,570	(582)	177,535	174,700	(2,835)	237,932	233,452	(4,480)
Contribution	**(680)**	**(834)**	**154**	**(1,677)**	**(3,617)**	**1,940**	**(2,491)**	**(5,000)**	**2,509**
Governance and Funding Admin.									
Funding	282	276	6	2,594	2,554	40	3,424	3,383	40
Other Income	3	3	-	23	23	-	30	30	-
Less:									
Expenditure	290	281	(9)	2,693	2,565	(129)	3,554	3,413	(140)
Contribution	**(6)**	**(2)**	**(3)**	**(77)**	**12**	**(89)**	**(100)**	**-**	**(100)**
Health Provision									
Funding	26,017	25,843	174	230,701	229,404	1,296	307,360	305,542	1,819
Other Income	2,553	2,498	55	23,475	22,935	541	31,301	30,594	706
Less:									
Expenditure	27,581	27,201	(380)	255,040	251,352	(3,688)	341,071	336,136	(4,934)
Contribution	**989**	**1,140**	**(151)**	**(864)**	**987**	**(1,851)**	**(2,409)**	**-**	**(2,409)**
Net Result	**303**	**303**	**(0)**	**(2,617)**	**(2,617)**	**(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 $11.7m of savings have been identified, and $5.7m of identified savings has been removed from operational budgets. There is no change from February. We are working through the recurrency of savings as a part of 2019/20 budget setting. Savings targets have been budgeted evenly through the year at directorate level.

	Target	Current Year Identification					Savings Delivered / Forecast			
Division	2018/19 Savings Target $'000	2018/19 Identified Saving $'000	%	2018/19 Budget Adjusted	2018/19 Savings WIP	2018/19 Un-identified Savings	YTD Actual	YTD Plan	Var	2018/19 Forecast
Primary Care	4,673	4,790	103 %	869	3,921	(117)	1,731	3,505	(1,774)	1,520
Provider Services										
Medical	1,820	1,866	103 %	1,634	232	(46)	473	1,365	(892)	720
Surgical	1,450	807	56 %	766	41	643	185	1,088	(903)	261
CWC	1,049	804	77 %	804	-	245	364	787	(422)	499
OPMH	865	1,100	127 %	1,100	-	(235)	649	649	(0)	939
Operations	893	564	63 %	298	267	329	56	670	(614)	214
Facilities	232	246	106 %	246	-	(14)	134	174	(40)	181
COO	235	(1,170)	(498)%	(1,370)	200	1,405	26	176	(150)	90
Total Provider Services	*6,544*	*4,216*	*64 %*	*3,476*	*740*	*2,328*	*1,888*	*4,908*	*(3,020)*	*2,903*
HI&E	402	435	108 %	435	-	(33)	250	302	(52)	316
People & Quality	105	126	120 %	124	3	(21)	72	79	(7)	108
Information Services	254	272	107 %	18	254	(18)	12	191	(178)	81
Financial Services	1,430	1,238	87 %	158	1,080	192	121	1,073	(952)	243
Executive	112	28	25 %	28	-	84	6	84	(78)	15
Capital Servicing	632	632	100 %	632	-	-	474	474	-	632
Totals	**14,152**	**11,738**	**83 %**	**5,740**	**5,997**	**2,414**	**4,553**	**10,614**	**(6,061)**	**5,819**
Annual Leave Savings Total		*1,499*		*1,499*	*-*	*-*	*405*	*1,026*	*(621)*	*873*

9. FINANCIAL POSITION

30 June 2018	$'000	March Actual	March Budget	Variance from budget	Movement from 30 June 2018	Annual Budget
	Equity					
164,706	Crown equity and reserves	164,706	175,069	(10,363)	-	174,711
(15,982)	Accumulated deficit	(22,139)	(13,590)	(8,548)	(6,157)	(15,973)
148,723		142,567	161,478	(18,912)	(6,157)	158,738
	Represented by:					
	Current Assets					
7,444	Bank	808	5,965	(5,157)	(6,636)	2,313
1,885	Bank deposits > 90 days	1,855	1,901	(46)	(30)	1,901
25,474	Prepayments and receivables	25,821	24,936	885	347	25,045
3,907	Inventory	3,825	4,500	(675)	(83)	4,520
2,293	Investment in NZHP	2,638	-	2,638	345	-
-	Non current assets held for sale	-	625	(625)	-	625
41,003		34,946	37,927	(2,981)	(6,057)	34,404
	Non Current Assets					
175,460	Property, plant and equipment	177,166	183,395	(6,228)	1,706	185,018
1,479	Intangible assets	1,579	3,803	(2,223)	100	4,147
9,280	Investments	10,600	11,798	(1,198)	1,320	11,798
186,220		189,346	198,995	(9,650)	3,126	200,963
227,223	**Total Assets**	**224,292**	**236,922**	**(12,630)**	**(2,931)**	**235,368**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	8,342	-	(8,342)	(8,342)	-
35,817	Payables	31,877	36,007	4,130	3,940	36,249
40,064	Employee entitlements	38,888	36,726	(2,162)	1,176	37,579
75,881		79,106	72,733	(6,374)	(3,226)	73,828
	Non Current Liabilities					
2,619	Employee entitlements	2,619	2,712	93	-	2,802
2,619		2,619	2,712	93	-	2,802
78,500	**Total Liabilities**	**81,725**	**75,444**	**(6,281)**	**(3,226)**	**76,629**
148,723	**Net Assets**	**142,567**	**161,478**	**(18,912)**	**(6,157)**	**158,738**

Crown equity and reserves 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, and the bank overdraft reflects the operating cash position at the end of the month.

Lower than budgeted non-current assets reflects the reclassification of the investment in New Zealand Health Partnerships (NZHP) to current assets, 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

		March				
30 June 2018	$'000	*Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2018*	*Annual Budget*
10,004	Salaries & wages accrued	6,869	6,716	(153)	3,135	7,756
1,157	ACC levy provisions	1,758	886	(872)	(601)	532
5,945	Continuing medical education	6,250	7,175	925	(306)	6,456
21,348	Accrued leave	22,189	20,326	(1,862)	(841)	21,199
4,230	Long service leave & retirement grat.	4,441	4,335	(107)	(211)	4,438
42,683	**Total Employee Entitlements**	41,507	39,437	(2,070)	1,176	40,380

Leave balances (hours) have been reduced by 2% across all major staff categories since the beginning of the financial year. However, the value of the liabilitiy has increased 4% mainly reflecting settlements since that date.

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 low point for each month is generally incurred immediately prior to receipt of MOH funding on the 4th of the month. March's low point was a $10.4m overdraft incurred on 1 March, and next month's low point is likely to be the $12.0m overdraft that occurred on 3 April. The forecast low for the end of the financial year is $12.2m overdraft, which is within our statutory limit of $27m.

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 spend year-to-date is under budget, mainly in the block allocations for facilities, information services and clinical plant and equipment. However, the budget approved by the Board in June 2018 assumed even phasing across the year, whereas expenditure is likely to be more randomly spread reflecting immediate needs and procurement lead times. The block allocations are expected to be close to budget at year end.

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	9,783	10,078	294
(5,000)	Surplus/(Deficit)	(6,157)	(2,617)	3,539
11,688	Working Capital	9,319	6,753	(2,566)
20,340		12,946	14,213	1,268
	Other Sources			
-	Special Funds and Clinical Trials	47	-	(47)
-	Funded Programmes	4	-	(4)
-		51	-	(51)
20,340	**Total funds sourced**	**12,997**	**14,213**	**1,217**
	Application of Funds:			
	Block Allocations			
3,347	Facilities	1,460	2,532	1,072
3,400	Information Services	1,547	2,553	1,006
3,225	Clinical Plant & Equipment	1,666	2,375	709
9,972		4,672	7,460	2,788
	Local Strategic			
100	Replacement Generators	-	50	50
26	Renal Centralised Development	24	26	2
2,872	Endoscopy Building	3,093	2,842	(251)
350	Travel Plan	339	262	(76)
1,263	Histology and Education Centre Upgrade	1,310	1,263	(47)
150	Radiology Extension	11	-	(11)
50	Fit out Corporate Building	-	20	20
500	High Voltage Electrical Supply	30	300	270
700	Seismic Upgrades	-	250	250
1,950	Surgical Expansion	1,964	1,610	(354)
7,961		6,771	6,624	(147)
	Other			
-	Special Funds and Clinical Trials	47	-	(47)
-	Funded Programmes	4	-	(4)
-	Other	228	-	(228)
-		279	-	(279)
17,933	***Capital Spend***	***11,722***	***14,084***	***2,362***
	Regional Strategic			
1,945	RHIP (formerly CRISP)	929	129	(800)
1,945		929	129	(800)
	National Strategic			
462	NOS (Class B shares in NZHPL)	345	-	(345)
462		345	-	(345)
20,340	**Total funds applied**	**12,997**	**14,213**	**1,217**

13. ROLLING CASH FLOW

	Actual	March Forecast	Variance	Apr Forecast	May Forecast	Jun Forecast	Jul Forecast	Aug Forecast	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast
Cash flows from operating activities															
Cash receipts from Crown agencies	50,588	48,022	2,566	47,235	46,972	47,317	50,028	49,232	55,483	49,676	49,781	49,410	49,514	49,318	49,536
Cash receipts from donations, bequests and clinical trials	10	-	10	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	428	506	(78)	513	519	513	448	448	448	448	448	453	446	448	448
Cash paid to suppliers	(34,043)	(28,200)	(5,843)	(28,911)	(27,222)	(29,355)	(29,191)	(28,105)	(28,838)	(28,550)	(29,139)	(29,210)	(27,956)	(25,982)	(28,945)
Cash paid to employees	(18,049)	(17,440)	(609)	(17,224)	(20,224)	(17,302)	(23,175)	(18,051)	(17,966)	(21,292)	(18,732)	(17,639)	(25,317)	(18,123)	(18,197)
Cash generated from operations	**(1,066)**	**2,888**	**(3,954)**	**1,613**	**45**	**1,173**	**(1,890)**	**3,525**	**9,127**	**282**	**2,358**	**3,014**	**(3,313)**	**5,662**	**2,844**
Interest received	13	10	3	13	12	11	7	7	7	7	7	7	7	7	7
Interest paid	-	(15)	15	(4)	(84)	(84)	(14)	(15)	201	(7)	(69)	(90)	(16)	4	178
Capital charge paid	(0)	(0)	0	(0)	(0)	(0)	(4,015)	0	0	0	0	0	(4,314)	0	0
Net cash inflow/(outflow) from operating activities	**(1,054)**	**2,883**	**(3,936)**	**1,622**	**(27)**	**1,100**	**(5,911)**	**3,518**	**9,335**	**282**	**2,296**	**2,932**	**(7,635)**	**5,673**	**3,029**
Cash flows from investing activities															
Proceeds from sale of property, plant and equipment	(0)	-	(0)	0	0	0	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Acquisition of property, plant and equipment	(595)	(1,931)	1,337	(1,756)	(1,741)	(2,250)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)
Acquisition of intangible assets	(285)	(115)	(170)	(85)	(80)	(58)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)
Acquisition of investments	(332)	-	(332)	-	-	-	-	-	-	-	-	-	-	-	-
Net cash inflow/(outflow) from investing activities	**(1,212)**	**(2,046)**	**834**	**(1,841)**	**(1,821)**	**(2,308)**	**(2,073)**	**(2,073)**	**(2,073)**	**(2,073)**	**(2,073)**	**(2,073)**	**(2,073)**	**(2,073)**	**(2,073)**
Cash flows from financing activities															
Proceeds from equity injection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Repayment of finance leases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equity repayment to the Crown	-	-	-	-	-	(357)	-	-	-	-	-	-	-	-	-
Net cash inflow/(outflow) from financing activities	**-**	**-**	**-**	**-**	**-**	**(357)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net increase/(decrease) in cash or cash equivalents	(2,266)	836	(3,102)	(219)	(1,849)	(1,565)	(7,985)	1,444	7,262	(1,791)	223	858	(9,709)	3,600	956
Add:Opening cash	(3,406)	(3,406)	-	(5,671)	(5,890)	(7,739)	(9,304)	(17,289)	(15,845)	(8,582)	(10,374)	(10,150)	(9,292)	(19,001)	(15,401)
Cash and cash equivalents at end of period	**(5,671)**	**(2,569)**	**(3,102)**	**(5,890)**	**(7,739)**	**(9,304)**	**(17,289)**	**(15,845)**	**(8,582)**	**(10,374)**	**(10,150)**	**(9,292)**	**(19,001)**	**(15,401)**	**(14,446)**
Cash and cash equivalents															
Cash	4	4	-	4	4	4	4	4	4	4	4	4	4	4	4
Short term investments (excl. special funds/clinical trials)	(8,340)	(5,450)	(2,890)	(8,771)	(10,620)	(12,185)	(19,984)	(18,539)	(11,277)	(13,068)	(12,845)	(11,987)	(21,696)	(18,096)	(17,141)
Short term investments (special funds/clinical trials)	2,659	2,877	(218)	2,877	2,877	2,877	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690
Bank overdraft	6	-	6	-	-	-	-	-	-	-	-	-	-	-	-
	(5,671)	**(2,569)**	**(3,102)**	**(5,890)**	**(7,739)**	**(9,304)**	**(17,289)**	**(15,844)**	**(8,582)**	**(10,373)**	**(10,150)**	**(9,292)**	**(19,001)**	**(15,401)**	**(14,446)**

The forecast to June is based on the March forecast. The remaining months are based on the Draft 2019/20 Annual Plan sent to the Ministry on 5 April. The higher cash shortfall (negative investments with NZHP) 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.

BOARD HEALTH & SAFETY CHAMPION'S UPDATE

Verbal

OURHEALTH HAWKE'S BAY Whakawateatia	**Te Pītau Health Alliance Governance Group**
	For the attention of: **HBDHB and Health Hawke's Bay Ltd Boards**
Document Owner:	Bayden Barber, Chair
Author:	Wayne Woolrich, Health Hawke's Bay CEO
Month:	April, 2019
Consideration:	For Information

RECOMMENDATION

That the Boards:

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

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

Significant issues discussed and agreed included:

COMMUNICATIONS

Discussion ensued around a mapping exercise entitled 'Redesign of Primary Healthcare' to align to the Clinical Services Plan and Health Strategy commitments.

Noting equity as the principal lens for Māori and other underserved populations, other main discussion areas noted:

- Audience
- Whānau voice (to champion whanaungatanga) and enable work on identified priorities and gaps
- Community partnership
- Stakeholder collaboration and engagement via a value/relationship based approach.

HEALTH CARE HOME

Following a presentation and discussion on the Health Care Home initiative, implementation milestones were noted, with Wayne offering to provide members with the implementation consultation paper for feedback (due April 2019). Rachel Ritchie to ascertain consumer co-design feedback.

Wayne also advised on previous research undertaken by HBDHB and the PHO through visits to other regions (Northland) and by local general practice providers in Te Taiwhenua o Heretaunga and Te Mata Peak Practice.

SYSTEM LEVEL MEASURES/TE ARA WHAKAWAIROA

Members were provided with a presentation on the framework and contributory measures (linked to Mauri Compass) for System Level Measures (SLMs). Performance measures for were noted:

- Annual Plan (Statement of Performance Expectations outlines 72 indicators)
- Te Ara Whakawaiora (a structured programme to address inequities)
- SLM Improvement Plan.

The presentation also advised on HBDHB's legislative requirements to the Ministry of Health, and Alliance obligations. It was agreed that the Alliance (from July 2019) would take ownership of SLMs.

LOCALITIES MODEL UPDATE & PRESENTATION

A presentation provided an overview of the processes and methodology involved with locality planning and service provision, with an approach to enable meaningful engagement with whānau and the community with the following resolution noted and agreed:.

Noted the contents of the report entitled 'An overview of locality approaches in health care planning and health service provision', and **agreed** with the Localities planning and health service approach identified.

HAWKE'S BAY
District Health Board
Whakawāteatia

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MAORI RELATIONSHIP BOARD CHAIR'S REPORT

Verbal

PACIFIC HEALTH LEADERS GROUP CHAIR'S REPORT

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Verbal

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Health Consumer Council** 34
	For the attention of: **HBDHB Board**
Document Owner:	Rachel Ritchie (Chair)
Month:	April 2019
Consideration:	For Information

RECOMMENDATION

That the Board

Note the contents of this report.

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

CLINICAL & CONSUMER COUNCIL COMBINED CHAIR'S REPORT TO BOARD

Council briefly discussed the combined chair's report to the Board, and noted the Board's approval of the recommendations. Council members are really keen to see some active progress with the implementation of Person and Whanau Centred Care across Hawkes Bay, and appreciate the Boards support through approving the recommendations

CONSUMER EXPERIENCE FACILITATORS REPORT

The Facilitators report highlighted the increasing demand for consumer engagement through requesting consumer representatives. A database is being developed of all consumers who have expressed and interest in being involved, such that ultimately requests can be quickly and easily matched to the required skills and experience.

COMMITTEE REPRESENTATIVE FEEDBACK

Feedback was provided by representatives on:

- After Hours Urgent Care
- Advance Care Planning Group
- Laboratory Strategy Group

CONSUMER ENGAGEMENT IN PRIMARY / COMMUNITY HEALTHCARE

Wayne Woolrich, CEO Health Hawkes Bay Ltd, and Chris Ash, Executive Director Primary Care, provided a presentation on activity in primary care, with a focus on the Health Care Home model.

In summary Council members noted that the Health Care Home is the building block to move services closer to home, more proactive care, improved self-care and patient experience and allows the hospital to focus on the more complex patients.

Comments expressed during the general discussion that followed included:

- the progress over the last 12 month is exciting;
- the need to get the criteria right for Hawke's Bay is important;
- concern raised for practitioners on financial viability and whether there will be a financial impact on consumers;
- access for consumers and new ways of working;
- importance of communication by the PHO with providers and transparency;
- needs pro-active engagement with consumers at a practice level

In terms of the criteria, it was suggested to look at practices which already do pro-active work and want to work collaboratively to empower their patients to take responsibility for their own health.

FUTURE OF YOUTH CONSUMER COUNCIL

It appears that the Youth Health Consumer Council is no longer functioning, given the departure of several long standing members. A review of how best to engage with Youth and have their voice heard around the Consumer Council table is currently underway. The preference at this stage is to seek to align with existing Youth related councils/organisations, rather than re-establish a dedicated stand alone body.

CONSUMER ENGAGEMENT DISCUSSION PAPER

Council continued to discuss effective 'ways and means' by which the health sector will engage with communities/consumers in the future, particularly given the commitments made in the Clinical Services Plan.

INFORMATION PAPERS

Papers received and noted without any significant comment included:

- Matariki HB Regional Decelopment Strategy and Social Inclusion Strategy (Update)
- Violence Intervention Programme Report (Update)
  - Clarification was requested on the level of consumer engagement involved in this programme

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council** 35
	For the attention of: **HBDHB Board**
Document Owner:	Dr John Gommans (Co-Chair) Jules Arthur (Co-Chair)
Month:	April 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

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

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

BOARD REPORT – CLINICAL AND CONSUMER COUNCIL COMBINED WORKSHOP.

Council reviewed the Chairs Report to the Board in March, and noted the Board's approval of the recommendations. There is a lot to be gained by implementing a Person and Whanau Centred Care culture within the Hawkes Bay health system and Council members are keen to see some real traction, particularly in:

- Educating, training and developing our workforce
- Empowering our consumers to become more involved in both their own care and the design of the health system that supports them.

CLINICAL COUNCIL ANNUAL PLAN

Progress on the six key objectives was discussed. Issues that appeared to be on track included;

- Input into strategic planning
- Person and Whanua Centred Care

Implementation of the 'new' clinical governance structure was progressing, but it was noted and agreed that full implementation and effective ongoing performance is dependent on good management, coordination and administrative support. Options for how this support will be provided are still under discussion. The development of a clinical workforce plan also still needs further consideration.

The critical area of concern remains the reporting and management of clinical risk. It was noted that this is a wider DHB/sector issue and that further education, training and reporting process improvement is currently being developed. Clinical Council will run a workshop on this once these are available.

COUNCIL COMMITTEE AND REPRESENTATIVES REPORTS

Council received reports from:

- Clinical Advisory and Governance Group (PHO)
- Clinical Effectiveness and Audit Committee
- Te Pitau Governance Group (Board Report)

A number of 'new' representative appointments were approved:

- Robin Whyman – Health Strategy Group
- Dan Bernal – Information Services Programme of Work Governance Group
- Peter Culham – Te Pitau Health Alliance Governance Group

MATARIKI HB REGIONAL DEVELOPMENT STRATEGY AND SOCIAL INCLUSION STRATEGY

Council noted this report

VIOLENCE INTERVENTION PROGRAMME REPORT

Council noted that how we are using the resources around this programme appear not to be working. The challenge is to use the resource more effectively and integrate into the community.

HAWKE'S BAY
District Health Board
Whakawāteatia

THREE WATERS
PRESENTATION & DISCUSSION
WITH NAPIER CITY COUNCIL

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EQUITY
PRESENTATION & DISCUSSION

Verbal

HB HEALTH AWARDS EVENT

Verbal update

HAWKE'S BAY District Health Board Whakawāteatia	**DHB Elections 2019**	39
	For the attention of: **HBDHB Board**	
Document Owner:	Ken Foote, Company Secretary	
Month:	April 2019	
Consideration:	For Consideration and Decision	

RECOMMENDATION

That the Board

- **Notes** that Warwick Lampp from Electionz.com has been appointed again as the HBDHB Electoral Officer, for the 2019 elections
- **Resolves** that the names of candidates on the voting documents be arranged in alphabetic order of surname
- **Requests** the Ministry of Health to actively campaign for potential candidates to stand for DHB elections.
- **Advertises and conducts** "information evenings" for potential candidates (in Hastings and Napier) prior to nominations being opened.
- **Notes** the need for 'caution' in making major decisions during the pre and post election period.

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PRE-ELECTION BOARD RESOLUTIONS

Local Government (including District Health Board) triennial elections are coming up later this year.

Key dates relating to the elections include:

17 July	First Public Notice of Election
19 July	Nominations Open / Roll Open for Inspection
16 August	Nominations Close / Electoral Roll Closes
21 August	Public Notice of Candidates
20 September	Delivery of Voting Documents commences
12 October	Election Day / Voting Closes at Noon
17 October	Official Result Declaration
9 December	New Board comes into office

The purpose of this report is to provide notice of the forthcoming election, and for the Board to consider and decide on a number of pre-election issues and resolutions.

ELECTORAL OFFICER

Clause 9B of Schedule 2 of the NZPHD Act 2000 states:

"The person appointed by a District Health Board under section 12 of the Local Electoral Act 2001 must be a person who is also the electoral officer of a territorial authority in whose district the District Health Board is wholly or partly situated"

Warwick Lampp from Electionz.com has been appointed again as the HBDHB Electoral Officer, as he still fits the above criteria and has a proven track record.

ORDER OF CANDIDATES NAMES ON VOTING DOCUMENTS

Regulation 31 (2) of the Local Electoral Act permits each DHB to decide the order in which the names of candidates are arranged on voting documents. In the absence of any board resolution approving another arrangement, candidates' names must be arranged in alphabetic order of surname.

The options available include:

- Alphabetic by surname
- Pseudo random – where names are drawn randomly once and then printed on all voting forms in that same order.
- Random – where every voting form is printed with names in a different random order.

Arrangement in alphabetic order of surname is recommended due to:

- Has been the consistently adopted option by HBDHB over recent elections,
- Is the order previously used and most likely choice of all Hawke's Bay TLAs and the Regional Council for this year's election.
- Is the order in which the candidate profile book (accompanying the voting forms) is printed.
- Printing voting forms in random order is very expensive.

Alphabetic order therefore provides simplicity and consistency which should encourage more electors to vote.

STRATEGIC RISK – GOVERNANCE

In past years, FRAC has considered reports on HBDHB governance risks. One of the risks identified in the reports was:

- Governance Talent Stands for HBDHB
  - Sufficient people with the required skills and attributes do not get elected.

The mitigation strategies approved to address this risk were:

"Actively promote nominations prior to elections"

"Conduct Seminars for potential candidates"

ELECTIONS COMMUNICATIONS

Three years ago the Board noted that much of the Ministry of Health promotional material related to encouraging people to vote. A resolution was adopted to ensure that there was also adequate promotion of nominations.

A similar recommendation is therefore included above, on the assumption that the Board would wish to see this happen again, as part of the above risk mitigation strategy.

From information received, it appears that the Ministry of Health does intend running a campaign this year, encouraging candidates to stand for DHBs. No details are available at this stage.

INFORMATION EVENINGS

Prior to the last election, the Board held two information evenings/seminars for potential candidates, one in Napier and one in Hastings. Despite the very low attendance at these sessions, given that they are only one of the two mitigation strategies identified for the above risk, and they have very low resource requirements, it is recommended that two more sessions be conducted this year – dates, times and places can be agreed at a later date.

BOARD DECISION MAKING IN THE DHB ELECTION PERIOD

Although the Board elections are still nearly six months away, given some of the issues currently in front of the Board, it is appropriate to acknowledge protocols around decision making.

The general practice with DHB elections is to treat the three months before the elections as a 'pre-election period'. The 'pre-election period', and the 58 days after the election before the new elected members take office, is a sensitive time when additional protocols are frequently required.

The makeup of boards may change significantly once election and appointment processes have completed. Given this, binding long term significant decisions should be approached with additional caution during this time. However, because the pre and post election period is nearly five months long, it would be impractical for boards to entirely restrict decision making to minor or non-controversial matters.

The key word to keep in mind throughout this period is 'caution'.

The Director General of Health is likely to release more detailed direction on these issues and other protocols, closer to the elections.

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 27 March - Public Excluded
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
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).