MidCentral District Health Board

Te Pae Hauora o Ruahine o Tararua

Part One Board Papers

28 September 2021

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Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

Contents

Agenda and karakia

28 September 2021

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MidCentral District Health Board

Board Meeting

Venue: Zoom meeting (COVID-19 restrictions)

When: Tuesday 28 September 2021, from 9.00am

PART ONE

Members

Oriana Paewai (Deputy Board Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Muriel Hancock, Materoa Mar, Karen Naylor, John Waldon, Jenny Warren.

Apologies

Brendan Duffy (Board Chair), Norman Gray.

In attendance

Kathryn Cook, Chief Executive; Kelvin Billinghurst, Chief Medical Officer; Celina Eves, Executive Director, Nursing and Midwifery; Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Emma Horsley, Communications Manager; Margaret Bell, Board Secretary.

In attendance (part meeting)

Item 4.2	Kelly Isles, Director of Strategy
Items 4.3, 4.4	Neil Wanden, General Manager, Finance and Corporate Services; Darryl Ratana, Deputy Chief Financial Officer
Item 4.5	Judith Catherwood, General Manager, Quality and Innovation
Item 4.6	Steve Miller, Chief Digital Officer; Clive Martis, Director Digital Services
Item 4.7	Jessica Long, Advisor, Planning and Accountability
Item 5.1	Graeme Gillespie, Advisor, Commissioning and Contracts
Item 6.1	Sarah Fenwick, Operations Executive Te Uru Pā Harakeke
Item 6.3	Judith Catherwood, General Manager, Quality and Innovation

Please contact the Board Secretary if you require a print copy – email boardsupport@midcentraldhb.govt.nz before noon on the working day prior to the meeting

BOARD AGENDA – PART ONE

1. KARAKIA 9.00

He Karakia Timata

Kia hora te marino	May peace be widespread
Kia whakapapa pounamu te moana	May the sea be smooth like greenstone
He huarahi ma tātou I te rangi nei	A pathway for us all this day
Aroha atu, aroha mai	Give love, receive love
Tātou I a tātou I ngā wa katoa	Let us show respect for each other
Hui e taiki e	

2. ADMINISTRATIVE MATTERS 9.05

2.1. Apologies

2.2. Late items

2.3. Register of Interests Update

2.4. Minutes of Board meeting held on 17 August 2021, Part One

2.5. Matters arising – including correspondence with Ministry of Health

2.6. Verbal report from Board Chair

2.7. HDAC – Verbal report from Committee Chair and Minutes of HDAC meeting held on 14 September 2021, Part One

2.8. FRAC – Verbal report from Committee Chair and Minutes of FRAC meeting held on 7 September 2021, Part One

2.9. Manawhenua Hauora Chair's Report

3. STRATEGIC FOCUS

Part Two

4. PERFORMANCE REPORTING 9.15

4.1. Chief Executive's Report

4.2. Board KPI Dashboard

4.3. Finance Update – August 2021

4.4. Finance Report – July 2021
4.5. Sustainability Plan
4.6. Te Awa Update – Digital Services Work Programme
4.7. Non-financial Monitoring Framework and Performance Measures – Quarter Four, 2020/21

5. DISCUSSION/DECISION PAPERS 9.55

5.1. Schedule of Commitments for 2021/22

6. INFORMATION PAPERS 10.00

Information papers for the Board to note

6.1. Midwifery Workforce Update
6.2. Nursing Workforce Update
6.3. Payments to Consumer Council Members
6.4. Board Work Programme

7. GLOSSARY OF TERMS

8. LATE ITEMS 10.20

9. DATE OF NEXT MEETING – Tuesday 9 November 2021

10. EXCLUSION OF THE PUBLIC

Recommendation

That the public be **excluded** from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated.

Item	Reason	Reference
'In committee' minutes of the previous Board meeting	For reasons set out in the agenda of 17 August 2021	
Combined Medical Staff and Executive Action Plan	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
MDHB 2020/21 Draft Annual Report and Financial Statements	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Enable NZ 2020/21 Draft Annual Report	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Budget and Annual Plan 2021/22 Update	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Insurance Update 2021/22 Financial Year	To protect negotiations, including commercial and industrial	9(2)(j)
Medical Air System Replacement and Upgrade	To protect negotiations, including commercial and industrial	9(2)(j)
e-Referrals and e-Triage Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
e-Transcription and e-Communications Business Case	To protect negotiations, including commercial and industrial	9(2)(j)
Ownership and Governance of Enable New Zealand	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)
Board only time	No decision sought	9(2)(g)(i)
'In committee' minutes of the previous Health and Disability Advisory Committee meeting	**For reasons set out in the agenda of the 14 September 2021 meeting held with the public present**	
Serious Adverse Events (SAC 1) Report	To protect patient privacy	9(2)(a)
'In committee' minutes of the previous Finance, Risk and Audit Committee meeting	**For reasons set out in the agenda of the 7 September 2021 meeting**	

REFRESHMENT BREAK – from 10.20 to 10.30am (Part Two is a separate Zoom meeting starting at 10.30am)

Administrative matters

28 September 2021

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Apologies

Any apologies to be noted?

Late items

Opportunity to advise any late items to be discussed at the meeting

Register of Interests: Summary, 21 September 2021

(Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)

Board Members		
Name	**Date**	**Nature of Interest / Company/Organisation**
Browning, Heather	4.11.19	Director – HB Partners Limited
		Member – MidCentral Governance Group Mana Whaikaha
		Board Member and Chair, HR Committee – Workbridge
	26.7.20	Director and Shareholder – Mana Whaikaha Ltd
	23.10.20	Member – Te Aho o Te Kahu (Cancer Control Agency) Consumer Reference Group
	9.2.21	Project Manager to lead Mana Whaikaha out of the Ministry of Health; stood down from appointed role of Deputy Chair of the MidCentral Governance Group for the MidCentral prototype
		Resigned as Director of Mana Whaikaha Ltd – effective from December 2020
	12.7.21	Appointed to the Support and Consultation for End of Life Choice in New Zealand (SCENZ) Group – a statutory part-time role within the Ministry of Health.
Duffy, Brendan	3.8.17	Chair and Commissioner – Local Government Commission
		Member – Representation Commission
		Chairperson – Business Kapiti Horowhenua Inc (BKH)
	17.8.21	Trustee – Eastern and Central Community Trust
Dennison, Vaughan	4.2.20	Councillor – Palmerston North City Council
	9.2.21	Member of Palmerston North City Council Infrastructure Committee
	14.9.21	Employee – Homes for People, Kaitiaki, Public Relations
		Director – Social Impact Property, Property and Support Services
		Partner – Dennison Rogers-Dennison, Accommodation Services
		Trustee – Manawatū Whanganui Disaster Relief Fund
		Chair – Camp Rangi Woods Trust
		Board Member – Softball New Zealand
		Patron – Manawatū Softball Association
		Wife is a Partner – Dennison Rogers-Dennison, Accommodation Services
		Wife is an employee – Homes for People, Kaitiaki, Support Worker
		Wife is an employee – Healthcare NZ, Community Support Worker
		Father is Managing Director, Exclusive Cleaning Services
Findlay, Lew	1.11.19	President, Manawatu Branch and Director Central District - Grey Power
		Councillor – Palmerston North City Council
		Member – Abbeyfield
	16.2.21	Vice President Manawatū Branch and Board Member of Grey Power New Zealand
Gray, Norman	10.12.19	Employee – Wairarapa DHB
		Branch Representative – Association of Salaried Medical Specialists

Register of Interests: Summary, 21 September 2021 (Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)		
Hancock, Muriel	4.11.19 30.9.20	Sister is casual employee (Registered Nurse, ICU) – MidCentral DHB Volunteer, MidCentral DHB Medical Museum Sister-in-law is employed as a registered nurse at Whakapai Hauora
Mar, Materoa	16.12.19 11.2.20 5.8.20 13.7.21 17.8.21	Upoko Whakarae Te Tihi O Ruahine Whānau Ora Alliance Chair – EMERGE Aotearoa Matanga Mauri Ora Ministry of Health Mental Health and Addiction Chair, 'A Better Start – E Tipu Rea', National Science Challenge, Liggins Institute, University of Auckland Member of MDHB Cluster Member of local Child and Youth Mortality Review Group (CYMRG) Member of MDHB's Māori Alliance Leadership Team (MALT) Member – Te Ahu Whenua Māori Land Trust Member, Māori Provider Expert Reference Group for Transitional Health Unit
Naylor, Karen	6.12.10 9.10.16	Employee – MidCentral DHB Member and Workplace Delegate – NZ Nurses Organisation Councillor – Palmerston North City Council
Paewai, Oriana	1.5.10 13.6.17 30.8.18 13.4.21 27.7.21	Member – Te Runanga o Raukawa Governance Group Chair – Manawhenua Hauora Co-ordinating Chair – Te Whiti ki te Uru (Central Region DHB MRBs) Member Nga Manu Taiko, a standing committee of the Council – Manawatu District Council Member – Te Tihi o Ruahine Whānau Ora Alliance Board Member – Cancer Society Manawatu Appointed Member – Massey University Council Trustee – Manawatū/Whanganui Children's Health Charitable Trust Board Member – Governance Board, Mana Whaikaha
Waldon, John	22.11.18 9.2.21	Co-director and co-owner – Churchyard Physiotherapy Ltd Co-director and researcher – 2 Tama Limited Manawatu District President – Cancer Society Executive Committee Central Districts (rep for Manawatu, 1 of 2) – Cancer Society Has a contract with UCOL
Warren, Jenny	6.11.19 12.2.21	Team Leader Bumps to Babies – Barnardos New Zealand Consumer Representatives National Executive Committee – National On Track Network Pregnancy and Parenting Education Contractor – Palmerston North Parents' Centre Member of Locality Advisory Group for both Tararua and Ōtaki/Horowhenua for the Primary Maternity Project

Register of Interests: Summary, 21 September 2021 (Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)		
	1.7.21	Enhancing NZ Clinical Trials – member of Consumer Focus Group (run by the Liggins Institute with funding from the Ministry of Health and Health Research Council)
Committee Members		
Allan, Simon (FRAC)	2.6.20	Deputy Chair – Manawatu Branch of Cancer Society MDHB Rep – THINK Hauora Palliative Care Advisory Panel (Ministry of Health advisory body) Director of Palliative Care – Arohanui Hospice Chair of Board – Manawatu Badminton Association
Hartevelt, Tony (FRAC)	14.8.16 14.8.16 14.8.16 7.10.19	Independent Director – Otaki Family Medicine Ltd Elder son is Director, Global Oncology Policy based at Head Office, USA – Merck Sharpe & Dohme (Merck) (NZ operations for Global Pharmaceutical Company) Younger son is news director for Stuff.co.nz – Fairfax Media Independent Chair, PSAAP's Primary Care Caucus – Primary Health Organisational Service Agreement Amendment Protocol (PSAAP)
Munro, Gail (HDAC)	23.3.21	Director – Eastern and Central Trust 2020 Governance Strategies Ltd 2007
Management		
Cook, Kathryn	13.4.21	Nil
Ambridge, Scott	20.8.10	Nil
Amoore, Anne	23.8.04	Nil
Anjaria, Keyur	17.7.17	Wife is a user of the Needs Assessment and Service Co-ordination Service – MDHB
Bell, Margaret	28.7.20	Nil
Billinghurst, Kelvin	6.8.20	Fellow of the Royal College of Medical Administration (RACMA) Coordinator for the Indigenous Health Programme – RACMA Member of the Rural Policy Advisory Group – RACMA Fellow of the Australasian College of Health Service Managers (ACHSM)
Brogden, Greg	16.2.16	Nil
Brown, Jeff		TBA
Catherwood, Judith	1.5.18	Nil
Davies, Deborah	18.5.18	Member, Alliance Leadership Team – Central PHO Daughter is an employee and works within hospital services – MidCentral DHB
Eves, Celina	20.4.20	Trustee – Palmerston North Medical Trust
Fenwick, Sarah	13.8.18	Nil
Free, Jennifer	6.8.20	Nil

Register of Interests: Summary, 21 September 2021 (Full Register of Interests available on Stellar Platform/Board/Board Reference Documents)		
Hansen, Chiquita	9.2.16 3.3.21	Employed by MDHB and seconded to Central PHO 8/10ths – MidCentral DHB CEO – Central PHO Employed by THINK Hauora as Chief Executive and seconded to MidCentral DHB as Interim General Manager, Strategy, Planning and Performance 6/10ths Husband is employed by MidCentral DHB Executive member of General Practice New Zealand (GPNZ) Executive member of Health Care Home Collaborative
Hardie, Claire	13.8.18 13.8.18 13.8.18	Member – Royal Australian & NZ College of Radiologists Trustee – Palmerston North Hospital Regional Cancer Treatment Trust Inc Member, Medical Advisory Committee – NZ Breast Cancer Foundation
Horgan, Lyn	1.5.17 18.5.18	Sister is Coroner based in Wellington – Coronial Services Member, Alliance Leadership Team – Central PHO
Horsley, Emma	6.9.21	Husband is employed by MDHB
Matthews, Rory	20.8.20	Managing Partner, FGI (NZ) Ltd trading as Francis Health Trustee/Director Te Hopai Home and Hospital Ltd
Miller, Steve	18.4.17 26.2.19 6.3.19 1.10.19	Director. Farming business – Puriri Trust and Puriri Farm Partnerships Board Member, Member, Conporto Health Board Patient's First trading arm – Patients First Member, Alliance Leadership Team, Member, Information Governance Group – Central PHO Chair – National DHB Digital Investment Board
Ratana, Darryl	29.5.19	Nil
Russell, Greig	3.10.16	Minority shareholder – City Doctors Member, Education Committee – NZ Medical Council
Scott, Gabrielle	Dec 19	Son is a permanent MDHB employee and works within Digital Services
Tanner, Steve	16.2.16	Nil
Te Huia, Tracee	13.7.21	Member of the No Ngā Hau e whā branch of the Māori Women's Welfare League
Wanden, Neil	Feb 19	Nil
Williamson, Nicki	Mar 20	Nil
Zaman, Syed	1.5.18	Nil

Resolution

That the Part One minutes of the 17 August 2021 Board meeting be approved as a true and correct record.

MidCentral District Health Board

Board Minutes

Meeting held on 17 August 2021 from 9.00am

PART ONE

Members

Brendan Duffy (Board Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Norman Gray, Muriel Hancock, Materoa Mar, Karen Naylor, Oriana Paewai, John Waldon, Jenny Warren.

In attendance

Kelvin Billinghurst, Chief Medical Officer; Celina Eves, Executive Director, Nursing and Midwifery; Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

In attendance (part meeting)

Jane Ayling, Clinical Council Deputy Chair; Keyur Anjaria, General Manager, People and Culture; Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Judith Catherwood, General Manager, Quality and Innovation; Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke; Jonathon Howe, Communications Manager; Kelly Isles, Director of Strategy, Planning and Accountability; Steve Miller, Chief Digital Officer; Gail Munro, Consumer Council Chair; Darryl Ratana, Deputy Chief Financial Officer; Neil Wanden, General Manager, Finance and Corporate Services.

Media – 0

Public – 10

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1. Apologies

Apologies were received and accepted from Kathryn Cook, Chief Executive and from Simon Allan, Clinical Council Chair.

2.2. Late items

There were no late items.

2.3. Register of Interests Update

Brendan Duffy

Add: Trustee – Eastern and Central Community Trust.

Materoa Mar

Add: Member of Māori Provider Expert Reference Group for Transitional Health Unit.

2.4. Minutes of the Board meeting held on 6 July 2021, Part One

It was resolved that:

the Part One minutes of the 6 July 2021 Board meeting be approved as a true and correct record.

(Moved Muriel Hancock; seconded John Waldon)

2.5. Matters arising from previous minutes

The Board had asked that a person with lived experience of disability be recruited to become of member of the Health and Disability Advisory Committee. This would not be followed up, due to the health sector reforms that would be implemented in July next year. The importance of including disabled people in the MidCentral District Health Board's (MDHB) transition plan was noted.

2.6. Verbal report from the Board Chair

The transition to Health New Zealand and the Māori Health Authority was proceeding at pace. The innovative model proposed for the Māori Health Authority, with the community at the heart of the structure, was acknowledged. The Department of Prime Minister and Cabinet's Transition Unit was preparing for a road show that would travel the country later in the year. The Board needed to keep the community informed about the health sector reforms. The Minister of Health expected Boards to maintain business as usual activities, including delivering the COVID-19 vaccination programme.

2.7. Minutes of the Health and Disability Advisory Committee meeting held on 13 July 2021, Part One

The Health and Disability Advisory Committee (HDAC) Chair provided an update on key issues from the meeting. HDAC had asked that the Board consider writing to the Minister of Health to highlight issues faced by migrant GPs in gaining residency. National Chief Executives had written to the Ministry of Business, Innovation and Employment about this issue in July.

It was resolved that the Board:

note the unconfirmed Part One minutes of the Health and Disability Advisory Committee meeting held on 13 July 2021.

(Moved Oriana Paewai; seconded Heather Browning)

It was resolved that the Board:

write to the Ministry of Health to highlight issues faced by migrant GPs in gaining residency.

(Moved Karen Naylor; seconded Oriana Paewai)

2.8. Minutes of the Finance, Risk and Audit Committee meeting held on 27 July 2021, Part One

It was resolved that the Board:

note the unconfirmed Part One minutes of the Finance, Risk and Audit Committee meeting held on 27 July 2021.

(Moved Oriana Paewai; seconded Vaughan Dennison)

2.9. Manawhenua Hauora Chair's Report

It was resolved to:

note the report from the Manawhenua Hauora Chair on the Manawhenua Hauora hui held in July 2021

note the MidCentral District Health Board's response to the Chair's report.

(Moved Oriana Paewai; seconded John Waldon)

3. DEPUTATION

The Board Chair welcomed representatives of the NZ College of Midwives – Manawatū Sub-region and invited them to address the meeting. The following points were noted:

- Upsetting that Te Papaoiea Birthing Centre is not fully functioning. Because women who give birth there need to go straight home, many are opting for a home birth rather than a hospital birth. Understand the reasons for making the decision to reduce the hours of the Birthing Centre, but it is a huge loss to the community.
- Nurses working in hospital maternity services are doing their best but they don't understand what women need. Midwives don't have enough time to provide care. Emotional support and guidance are lacking.
- There is a shortage of midwives throughout the country and internationally. The Manawatū Sub-region is concerned about the acute shortage at MDHB. Progress made by the leadership team in working alongside midwives was acknowledged.
- The difference between nursing and midwives is not fully understood and affects the recruitment and retention of midwives. Would like there to be a single focus on the midwifery workforce – not linked to the nursing workforce. A strong midwifery leadership team would provide stability.
- The Director of Midwifery role needs to be recruited to as soon as possible. Important that person understands the New Zealand maternity system.
- Although the acute situation has passed, there is chronic pressure on the remaining workforce. Midwives feel clinically and professionally vulnerable every day.
- Staff can leave shifts feeling traumatised and there is no emotional support available to them before they return for their next shift. This leads to staff actively exploring other employment options. Staff shortages result in increased overtime and rationing of care.
- Acknowledge the work of Francis Health and look forward to working with MDHB in this process.
- Health sector reforms have created uncertainty and doubt. In the eight months before the transition to Health New Zealand, it is expected that more than 1000 babies will be delivered at MDHB.
- Recognise and appreciate the significant steps already taken to engage with midwives. Ask for ongoing transparent communication with the midwifery workforce, including goals, timeframes, recruitment, regular review of decisions made and updated plans, support in employment negotiations, consideration of midwifery as a significant and autonomous profession.

The Board Chair thanked the delegation for their attendance and noted their extended presentation to the Board. It was agreed that a copy of the delegation's notes would be provided.

The General Manager, People and Culture and the Clinical and Operations Executives, Te Uru Pā Harakeke, Healthy Women, Children and Youth left the meeting.

4. PERFORMANCE REPORTING

4.1. Chief Executive's Report

The report was taken as read. Board members noted that although the NZ College of Midwives – Manawatū Sub-region had asked the Board to support their employment negotiations, this was a national process which the Board had no influence over.

It was resolved that the Board:

note the update of key local, regional and national matters.

(Moved Vaughan Dennison; seconded Oriana Paewai)

4.2. Board KPI Dashboard

The Director of Strategy, Planning and Accountability presented this report, which was taken as read. She noted that the next report would include health and systems framework indicators and a graph showing the trend for ESPI 5.

It was resolved that the Board:

note the areas highlighted in the KPI dashboard and associated commentary.

(Moved Muriel Hancock; seconded Karen Naylor)

The Director of Strategy, Planning and Accountability and the Communications Manager left the meeting.

The Consumer Council Chair and the representative from the Clinical Council joined the meeting.

4.3. Finance Update – June 2021

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer presented this report, which was taken as read.

It was resolved that the Board:

note that this report was endorsed by the Finance, Risk and Audit Committee at their 27 July meeting and no concerns were raised

note that the month operating result for June 2021 is a deficit before one-off items of $0.756m, which is $0.700m favourable to budget

note that the draft year-end result for June 2021 is a deficit before one-off items of $0.357m, which is $4.557m favourable to budget

note that the June 2021 year-end COVID-19 related net costs of $0.100m and unbudgeted Holidays Act related costs of $38.485m have been incurred. Including these one-off costs results in a draft year-end deficit after exceptional items of $38.943m, which is $34.029m adverse to budget

note that total available cash and equivalents of $36.489m as at 30 June 2021 is sufficient to support liquidity requirements

approve the June financial report.

(Moved Vaughan Dennison; seconded Oriana Paewai)

4.4. Finance Report – May 2021

The General Manager, Finance and Corporate Services and the Deputy Chief Financial Officer presented this report, which was taken as read.

It was resolved that the Board:

note that this paper was endorsed by the Finance, Risk and Audit Committee at their 27 July 2021 meeting and no concerns were raised

note that the month operating result for May 2021 is a surplus before one-off items of $0.219m, which is $0.735m favourable to budget

note that the year to date result to 31 May 2021 is a surplus before one-off items of $0.399m, which is $3.857m favourable to budget

note that year to date to 31 May 2021 COVID-19 related net costs of $0.100m and unbudgeted Holidays Act related costs of $2.978m have been incurred. Including these one-off costs results in a year to date deficit after exceptional items of $2.680m, which is $0.779m favourable to budget

note that the total available cash and equivalents of $45.9m as at 31 May 2021 is sufficient to support liquidity requirements

approve the May 2021 financial report.

(Moved Vaughan Dennison; seconded Oriana Paewai)

The Deputy Chief Financial Officer left the meeting.

The General Manager, People and Culture joined the meeting.

4.5. Sustainability Plan Report

The General Manager, Quality and Innovation presented this report, which was taken as read.

It was resolved that the Board:

note the Finance, Risk and Audit Committee endorsed this report at its July meeting for the Board's consideration

note the progress in the implementation of the Sustainability Plan

approve the Year One benefits reconciliation indicating year to date cash releasing savings of $246,323 have been achieved.

(Moved Vaughan Dennison; seconded Muriel Hancock)

4.6. Te Awa Update – Digital Services Work Programme

The Chief Digital Officer presented this report, which was taken as read.

It was resolved that the Board:

note the Digital Services work programme covering planned work through into the 2021/22 financial year

note the progress since the last reporting period

note the national and regional activity that may impact on the planned work programme.

(Moved Vaughan Dennison; seconded John Waldon)

4.7. Health, Safety and Wellbeing

The General Manager, People and Culture presented this report, which was taken as read. He noted that elections for nine Health and Safety Committees would be completed before the annual ACC audit in September 2021 and elections for the remaining eight committees completed before the end of March 2022. The Board asked that the election process continue so they could be completed earlier.

A Board member noted that vacancies were discussed at the July Finance, Risk and Audit Committee (FRAC) meeting. When compared to other District Health Boards (DHBs), MDHB's overtime rate was low. In terms of nursing vacancies, MDHB was not an outlier.

It was resolved that the Board:

note the quarterly Health, Safety and Wellbeing report

note that the Health, Safety and Wellbeing report and the Health and Safety Statement were endorsed by the Finance, Risk and Audit Committee at its meeting on 27 July for submission to the Board

approve the MidCentral District Health Board's Health and Safety Statement.

(Moved Jenny Warren; seconded Karen Naylor)

The General Manager, People and Culture left the meeting.

5. DISCUSSION/DECISION PAPERS

5.1. Clinical Council Report

The Clinical Council Chair's report was presented by the Deputy Chair of the Clinical Council and was taken as read. In response to questions, she noted that messages from the Clinical Council were relayed to clinicians through Council members and with support from the Communications Team for the website and posters. The Council worked through problems to find solutions and always ended meetings on a positive note.

It was resolved that the Board:

note the contents of the Clinical Council report.

(Moved Vaughan Dennison; seconded Norman Gray)

The Clinical Executive, Te Uru Pā Harakeke joined the meeting.

The Chief Digital Officer left the meeting.

5.2. Consumer Council Report

The Consumer Council Chair presented this report, which was taken as read. In response to a question about support available for people who are hearing impaired when accessing hospital services, management noted that sign language interpreters were available on request. The MDHB Disability Strategy Roadmap included improving information and communication, through using video or audio messaging for people with sensory impairments. This would also improve the experience for patients with physical or intellectual disabilities and their support people.

Board members expressed concern that members of the Consumer Council were not adequately remunerated for the work they carry out. Management explained that the fees for Council members were in line with the Cabinet Fees Framework, which did not allow for an honorarium to be paid unless approved by the Minister of State Services. It was agreed to provide a report to the next Board meeting on the process for calculating fees.

The Board Chair acknowledged the workload of Consumer Council members and the difference their work had made through the strong relationships developed with the community and Executive members.

It was resolved that the Board:

note the contents of the Consumer Council report.

(Moved Vaughan Dennison; seconded Norman Gray)

The Clinical Council Member, the Consumer Council Chair and the General Manager, Quality and Innovation left the meeting.

5.3. Care Capacity Demand Management

The Executive Director, Nursing and Midwifery presented this report and noted that 10 DHBs, including MDHB, had self-assessed as fully implementing Care Capacity Demand Management (CCDM). In response to a question, she noted that known FTE increases had been included in the budget. Management was focused on ensuring safe staffing levels and funds would be set aside for any further FTE increases identified.

It was resolved that the Board:

note the progress of the Care Capacity Demand Management and the Safer Staffing Accord.

(Moved Oriana Paewai; seconded Karen Naylor)

5.4. Meeting Dates – 2022

The report was taken as read.

It was resolved that the Board:

approve the meeting dates for the Board, the Health and Disability Advisory Committee, and the Finance, Risk and Audit Committee for 2022.

(Moved Muriel Hancock; seconded Materoa Mar)

6. INFORMATION PAPERS

6.1. Board's Work Programme

The report was taken as read.

It was resolved that the Board:

note the Board's annual work programme.

(Moved Muriel Hancock; seconded Norman Gray)

7. GLOSSARY OF TERMS

8. LATE ITEMS

No discussion.

9. DATE OF NEXT MEETING

Tuesday, 28 September 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North.

10. EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Ref
'In committee' minutes of the previous Board meeting	For reasons set out in the agenda of the 6 July 2021 meeting	
Combined Medical Staff and Executive Action Plan	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Acute Mental Health Unit	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Horowhenua Respite Facility	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Midwifery Workforce Update	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Nursing Workforce Update	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Purchase of Anaesthetic Machines, Anaesthetic Patient Monitors and PACU Patient Monitors	To protect negotiations, including commercial and industrial	9(2)(j)
Draft Capital Expenditure Plan	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)

Item	Reason	Ref
Draft Budget and Annual Plan 2021/22	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Health Sector Reforms – Transition Plan for MDHB	To maintain the effective conduct of public affairs through free and frank expression of opinions	9(2)(g)(i)
Coronial Cases in 2021	To protect patient privacy	9(2)(a)
Mediation Update	To maintain legal professional privilege	9(2)(h)
Chief Executive's Performance Review	To protect personal privacy	9(2)(a)
Minutes of Remuneration Committee meeting held on 3 August 2021	To protect personal privacy	9(2)(a)
Board only time	No decision sought	
'In Committee' minutes of the previous HDAC meeting	**For reasons set out in the agenda of the 13 July 2021 meeting held with the public present**	
Serious Adverse Events (SAC 1) Report	To protect patient privacy	9(2)(a)
Consumer Story – Workshop	To protect patient privacy	9(2)(a)
'In Committee' minutes of the previous FRAC meeting	**For reasons set out in the agenda of the FRAC meeting held on 27 July 2021**	

(Moved John Waldon; seconded Lew Findlay)

A Board member commented that as many items as possible should be included in the Part One meeting papers (public session). The Board Chair noted that management was responsible for deciding which items were included in the Part Two meeting papers (public excluded).

It was agreed that a list of items proposed to be discussed in Part Two of each meeting would be emailed to Board members two weeks before the meeting. Prompt feedback would be required from Board members to enable the agenda and meeting papers to be finalised.

Part One of the meeting closed at 11.00am

Confirmed this 28th day of September 2021

……..

Board Chair

MidCentral District Health Board

- Schedule of Matters Arising, 2021/22 as at 20 September 2021

Matter	Raised	Scheduled	Responsibility	Form	Status
Internal audit report – Māori Health Equity Review to be included on the agenda for a future MDHB and Manawhenua Hauora Board hui	April 21	~~Aug 21~~ Nov 21	T Te Huia	Report to Manawhenua Hauora	Scheduled
Future Quality and Safety Walk-round reports to include details of actions and any themes	May 21	May 22	J Catherwood	Report	Scheduled
Review of car parking arrangements PNH, including readdressing all carpark feedback and suggestions (Dec 20: after traffic engineering review completed)	April 17	Ongoing	N Wanden	Report	Scheduled
COMPLETED					
Prepare new costings for Horowhenua Respite Facility – email to Board members for approval	Aug 21	Sept 21	V Caldwell S Ambridge	Email	Completed
Report on process for calculating fees for Council members in line with Cabinet Fees Framework	Aug 21	Sept 21	J Catherwood M Bell	Report	Completed
Write to the Ministry of Health to highlight issues faced by migrant GPs in gaining residency	Aug 21	Sept 21	C Hansen	Letter	Completed – response received
Report on options for Enable New Zealand in the health reforms – FRAC meeting then Board	July 21	Sept 21	M Riwai	Report	Completed – 7 Sept FRAC; Sept Board
Summary of discussion from Medical Workforce Workshop held 6 July 2021 to be loaded on Stellar	Aug 21	Aug 21	M Bell	Upload Stellar	Completed
Discuss recruitment of a person with lived experience of disability to become a member of HDAC with the Consumer Council chair	Dec 20	~~Feb 21~~ ~~May 21~~ Aug 21	B Duffy	Report	Not proceeding – impact of health system reforms
Present a draft health sector reforms transition plan for MDHB	July 21	Aug 21	V Caldwell	Report	Completed
Provide more detailed commentary about incidents in Health, Safety and Wellbeing dashboard reports, including how they are being addressed	May 21	Aug 21	K Anjaria	Report	Completed
Include details on workforce shortages in the Health, Safety and Wellbeing report if data is available	May 21	Aug 21	K Anjaria	Report	Completed
Provide breakdown by service area for incidents of staff shortages, including location, what was being recorded, why it was being recorded and what was being done to address the issue	Feb 21	~~May 21~~ Aug 21	K Anjaria	Report	Completed
Write letter of congratulations to former Board member, Barbara Cameron, on receiving QSM in Queen's Birthday Honours	July 21	July 21	B Duffy	Letter	Completed

Matter	Raised	Scheduled	Responsibility	Form	Status
Check on wheelchair access for Alcohol and Other Drug services – from walk-round March 2020	May 21	July 21	J Catherwood	Verbal update	Completed
Send calendar invitations for long service awards ceremonies to Board members	May 21	June 21	M Bell	Meeting invite	Completed

MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tararua

Phone (06) 350 8061
Fax (06) 355 0616

Postal Address:
PO Box 2056
Palmerston North Central
Palmerston North 4440
New Zealand

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Gate 2
Heretaunga Street
Palmerston North
New Zealand

2 September 2021

Dr Ashley Bloomfield
Director-General of Health and Chief Executive
Ministry of Health
PO Box 5013
Wellington 6140

By email to ashley.bloomfield@health.govt.nz

Dear Dr Bloomfield

Urgent immigration issues – health practitioner workforce

MidCentral District Health Board (MDHB) would like to express our grave concern regarding the loss of valuable health practitioners in our district due to the situation in relation to the immigration challenges being experienced by our current and future employees.

We are aware that a letter has been sent from the DHB Chief Executives Group to the Chief Executive of the Ministry of Business, Innovation and Employment in late July, expressing their concern about the immigration challenges. The Board of MDHB fully supports the need for urgency to address this situation.

The MDHB district has one of the lowest numbers of general practitioners per head of population in New Zealand. THINK Hauora and our general practice network has developed a general practice workforce sustainability plan. However, this is being impacted by the current immigration challenges.

A recent example has occurred in Ōtaki, where an Ōtaki Medical Centre general practitioner (GP) recently returned to his country of origin due to not being able to gain residency in New Zealand. Ōtaki Medical Centre exhausted all avenues available in its attempt to resolve the residency issues on behalf of this GP. For clinical safety reasons, Ōtaki Medical Centre is now only accepting limited enrolments, ie newborns and Māori who are not enrolled elsewhere.

We are aware that this is not an isolated incident at present in New Zealand and is an example of the challenges that rural and provincial areas are having in recruiting and retaining clinical staff. There is real concern from communities throughout the MDHB district about the low numbers of general practitioners.

We strongly urge you to advocate for the Ministry of Immigration to lift the residency freeze for healthcare workers to ensure that we do not lose more of these valuable staff.

Yours sincerely

Brendan Duffy, ONZM, JP
Board Chair

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

14 September 2021

Brendan Duffy, ONZM, JP
Board Chair Mid Central District Health Board
PO Box 2056
Palmerston North 4440

Tēnā koe Brendan

Response to urgent immigration issues – health practitioner workforce

Thank you for writing on 2 September 2021 regarding the loss of health practitioners in your District Health Board (DHB) and the immigration challenges experienced by health practitioner employees.

The Ministry of Health (the Ministry) contributes to the Ministry of Business, Innovation and Employment's (MBIE) review of immigration policy settings by providing advice on the potential impacts that immigration policies have on the health and disability workforce.

I am sorry to hear the work of THINK Hauora and the general practice network, on the general practice workforce sustainability plan, is being impacted by immigration challenges.

The Ministry continues to work with the MBIE to ensure critical health workers are able to enter the country under current border settings. Critical health workers continue to retain the ability to request to travel to New Zealand while the border is closed. Health is one of the broadest exceptions granted to a sector in New Zealand. Exceptions can also include a partner or dependent children, ensuring New Zealand remains a viable destination.

I was also sorry to hear that an Ōtaki Medical Centre lost a general practitioner due to that individual not being able to gain residency. Currently, no prospective date has been set for the recommencement of expression of interest (EOI) selections for residence under the Skilled Migrant Category (SMC). I am advised that the Minister of Immigration is currently considering advice from officials on reopening the SMC EOI selections. Any changes made by Immigration New Zealand (INZ) in this regard will be announced on their website here: www.immigration.govt.nz.

I note your concern on the challenges that rural and provincial areas are experiencing in recruiting and retaining clinical staff and the low numbers of general practitioners in your DHB.

Please be assured that the Ministry is working to grow the domestic health workforce with various initiatives. As part of this commitment, the Government has invested an

extra $24.5 million through Budget 2019 to fund more graduate nurses to complete nurse entry to practice programmes, which will train approximately 612 more nurses.

The Ministry also made a public commitment to funding all eligible applications for general practice training for 2020 and 2021. This year, I am informed the Ministry is funding 210 trainees in their first year of general practitioner training, an increase of 20 since 2018. The Ministry works with the Royal New Zealand College of General Practitioners to increase rural and regional placements for general practice trainees.

The Ministry runs a Voluntary Bonding Scheme which provides incentive payments for health practitioners to work and stay in hard to fill roles and locations. General Practice trainees were added to the Scheme in 2013, and since that time 190 general practice trainees have registered to the Scheme for the opportunity for bonded service to rural and regional New Zealand, including 29 in the recent 2021 intake.

A priority strategic area for the Ministry is building a stronger health workforce pipeline to meet both the health needs of New Zealand and our obligations under Te Tiriti o Waitangi. One of the major challenges of the current health and disability system is fragmentation and reduced accountability for the overall performance of workforce planning and development. The need for more cohesive, coordinated, and longer-term planning across the health workforce pipeline is being considered as part of the work stemming from the Health and Disability System Review and ongoing work by the Transition Unit within the Department of the Prime Minister and Cabinet (DPMC).

Over the next few years, primary and community services will be reorganised to serve the communities of New Zealand through 'localities'. You can find more information about the changes to primary and community care on DPMC's website here: www.dpmc.govt.nz/sites/default/files/2021-04/htu-factsheet-primary-and-community-care-en-apr21.pdf and you can find more information on the reforms of the Health and Disability System Review here: www.dpmc.govt.nz/our-business-units/transition-unit/response-health-and-disability-system-review/faqs

Thank you for taking the time to write and I hope this information has been useful.

Ngā mihi, na

Robyn Shearer
Acting Chief Executive

Verbal report from the Board Chair

The Board Chair will provide an update on recent activities

Resolution

That the Part One minutes of the 14 September 2021 Health and Disability Advisory Committee meeting be approved as a true and correct record.

MidCentral District Health Board

Health and Disability Advisory Committee Minutes

Meeting held on 14 September 2021 from 9.00am

(held via Zoom due to COVID-19 restrictions)

PART ONE

Members

John Waldon (Committee Chair), Brendan Duffy (Board Chair), Heather Browning, Vaughan Dennison, Lew Findlay, Muriel Hancock, Gail Munro, Karen Naylor, Oriana Paewai, Jenny Warren.

Apologies

Norman Gray, Materoa Mar (Deputy Committee Chair).

In attendance

Kathryn Cook, Chief Executive; Kelvin Billinghurst, Chief Medical Officer; Judith Catherwood, General Manager, Quality and Innovation; Celina Eves, Executive Director, Nursing and Midwifery; Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance; Gabrielle Scott, Executive Director, Allied Health; Tracee Te Huia, General Manager, Māori Health; Margaret Bell, Board Secretary.

In attendance (part meeting)

Scott Ambridge, Operations Executive, Te Uru Rauhī; Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke; Sarah Fenwick, Operations Executive, Te Pā Harakeke; Dr Claire Hardie, Clinical Executive, Te Uru Mātai Matengau; Lyn Horgan, Operations Executive, Te Uru Arotau; Emma Horsley, Communications Manager; Kelly Isles, Director of Strategy, Planning and Accountability; Angela Rainham, Locality and Intersectoral Development Manager; Michelle Riwai, General Manager, Enable New Zealand, Dr Syed Zaman, Clinical Executive, Te Uru Whakamauora.

Media – 0; Public – 0

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1. Apologies

Apologies were received and accepted from Norman Gray and Materoa Mar.

2.2. Late items

No late items were advised.

2.3. Register of Interests Update

The following updates to the Register of Interests were advised.

Vaughan Dennison

Add

- Employee, Homes for People, Kaitiaki, Public Relations
- Director, Social Impact Property, Property and Support Services
- Partner, Dennison Rogers-Dennison, Accommodation Services (wife is also a Partner)
- Trustee, Manawatū Whanganui Disaster Relief Fund
- Chair, Camp Rangi Woods Trust
- Board Member, Softball New Zealand
- Patron, Manawatū Softball Association
- Wife is an employee, Homes for People, Kaitiaki, Support Worker
- Wife is an employee, Healthcare NZ, Community Support Worker
- Father is Managing Director, Exclusive Cleaning Services

Item 6.1 – End of Life Choice Act 2019

Heather Browning noted her previously declared interest relating to the Support and Consultation for End of Life Choice in New Zealand (SCENZ) Group. It was agreed that this did not present a conflict of interest.

2.4. Minutes of the 13 July 2021 meeting, Part One

It was resolved that:

the Part One minutes of the 13 July 2021 Health and Disability Advisory Committee meeting be approved as a true and correct record.

(Moved Vaughan Dennison; seconded Karen Naylor)

2.5. Matters arising from previous minutes

No discussion.

The Operations Executive, Te Uru Arotau and the Clinical Executive, Te Uru Pā Harakeke joined the meeting.

3. STRATEGIC FOCUS

3.1. Regional Specialist Services Integration

The Operations Executive, Te Uru Arotau, Acute and Elective Specialist Services and the Clinical Executive, Te Uru Pā Harakeke, Healthy Women, Children and Youth presented this report. They noted that the vision and service design was driven by the needs of patients, rather than existing boundaries and funding. Patients would be treated where they would receive the best care, which may not be the closest care.

The Committee complimented staff on the pace of the work already completed. Noting concerns presented by senior medical staff to the Board about workforce challenges and theatre capacity, a question was asked as to how wider communities could also be served. The Clinical Executive, Te Uru Pā Harakeke replied that workforce, IT integration and the health reforms had been identified as risks to the project. An integrated service was aligned with the health reforms. Some regional IT systems were already in place and work-rounds were possible for some systems. The workforce was critical and until there was a commitment to expand the consultant urologist workforce, the regional service could not proceed. Recruitment of specialists was critical to the success of regional services integration. Learnings from previous efforts to develop a regional service with Whanganui District Health Board for women's health and urology had helped to develop this proposal. It was vital that the service was led by clinicians and supported by management. The regional service would not be implemented until clinicians had confirmed that safe patient care could be provided.

It was resolved that the Committee:

note the progress report for the Regional Service Integration.

(Moved Karen Naylor; seconded Lew Findlay)

The Operations and Clinical Executives joined the meeting.

4. DIRECTORATE WITH CLUSTER FUNCTIONS REPORTING

4.1. Directorate Dashboard

The Operations Executive, Te Uru Pā Harakeke, Healthy Women, Children and Youth presented this report, which was taken as read. In response to a question, she noted that the staff turnover rate of 0.8 percent for non-Māori staff shown for the current period was thought to be for the reporting period since the last meeting. This was later confirmed to the be for the month of July 2021.

The Operations Executive, Te Uru Kiriora, Primary, Public and Community Health advised that some Māori nurse vaccinators had been redeployed from the childhood immunisation programme to assist with COVID-19 vaccinations. Discussions with the Ministry of Health (the Ministry) were ongoing following a letter received in June 2021, to ensure childhood vaccination rates were not affected.

4.2. Te Uru Pā Harakeke – Healthy Women, Children and Youth

The Operations Executive and the Clinical Executive, Te Uru Pā Harakeke presented this report, which was taken as read. The Operations Executive noted that the Director of Midwifery role had not been recruited to, therefore interviews for the Midwifery Manager would be progressed next week.

A Committee member noted that COVID-19 Alert Level 4 visiting rules where only one parent could stay with a sick child in hospital made it difficult for that parent to have any respite. The Clinical Executive explained that visiting guidelines at MDHB followed national advice. Staff were also affected when having to enforce these visiting rules. Compassionate grounds were able to be considered to allow more than one parent, with strict adherence to PPE (Personal Protection Equipment) and isolation to maintain 'bubbles' in certain circumstances.

4.3. Te Uru Mātai Matengau – Cancer Screening, Treatment and Support

The Operations Executive and the Clinical Executive, Te Uru Mātai Matengau presented this report, which was taken as read. They noted that the replacement linear accelerator was being commissioned and it was expected to be ready to treat patients by early October. All cancer patients continued to receive treatment through the recent COVID-19 lockdown period.

4.4. Te Uru Arotau – Acute and Elective Specialist Services

The Operations Executive, Te Uru Arotau presented this report, which was taken as read. She noted that high presentations to the Emergency Department (ED) in June and July, as well as the NZ Nurses Organisation industrial action and acute demand had affected planned surgery. COVID-19 restrictions has impacted planned surgery in August, however good progress had been made to improve the ESPI 2 rate, with more than 1500 telephone or virtual consultations carried out.

Committee members asked for the number of people who did not wait to be seen in ED be shown as a percentage of presentations. The Operations Executive noted that some patients told the triage nurse they were not going to wait and were given advice or options for care. Nursing staff reviewed patients who left to check their level of risk, based on the initial Australasian triage system. They would discuss with senior medical staff if necessary and then follow up with the patient and/or their GP. These follow ups would be documented on the patient's notes. The Chief Medical Officer noted that it was not necessary to follow up with every person who did not wait.

In response to questions, the Operations Executive noted that the Transitory Care Unit was used for patients who needed to be admitted to a ward and freed up space in ED. The Medical Assessment and Planning Unit (MAPU) and Emergency Department Observation Area (EDOA) were previously referred to as 'Pods'. As these would be a new build on site, there would be no construction impact on ED. It was hoped the MAPU and EDOA will provide additional capacity when built.

A Committee member advised she had attended the ED several times over recent weeks. On each occasion, she had been impressed by the way staff coped when there were a lot of people in the department and asked that compliments be passed on to the team.

4.5. Te Uru Whakamauora – Healthy Ageing and Rehabilitation

The Operations Executive and the Clinical Executive, Te Uru Whakamauora presented this report, which was taken as read. He noted a correction to the report under section 2.2: Riverstone was a new 56-bed residential aged care facility (not a five-bed facility).

A committee member noted that Radio New Zealand had reported that some aged residential care facilities were struggling to find nursing staff due to immigration issues and were reducing bed numbers as a result. Management advised that around 30 percent of nurses in the MDHB region were internationally qualified, which may impact recruitment in the future. There were no known issues of providers reducing bed numbers in the MDHB region.

The Clinical Executive advised that the Care in the Community Rehabilitation in the Home programme was only available for ACC clients. The Older People's Acute Assessment and Liaison Unit (OPAL) Community Service to provide rehabilitation in the home for people in the community who needed support through illness, rather than an accident will begin implementation in April 2022.

4.6. Te Uru Kiriora – Primary, Public and Community Health

The Operations Executive and the Clinical Executive, Te Uru Kiriora presented this report, which was taken as read. The Operations Executive noted that COVID-19 testing had surged to more than 3000 tests per week during the recent resurgence and had now reduced to around 1200 tests per week. MDHB's contact tracing team had been supported by Palmerston North City Council staff. The team were taking the lead on contact tracing of supermarkets that were places of interest in the Auckland region. The Supported Isolation and Quarantine (SIQ) Coordinator had worked closely with the Incident Management Team, Public Health Unit and iwi. An interim SIQ was in place and two 'family bubbles' could be accommodated if required. All providers had increased their vaccination rates, which had peaked at 18,000 in a week. The drive-through vaccination sites had been popular.

Committee members commented on the importance of keeping the community informed about vaccination rates in the MDHB region. The Operations Executive noted that progress was being reported through social media channels and that graphics would be added.

The Clinical Executive had spoken about COVID-19 vaccinations at a meeting of Grey Power members and everyone had been vaccinated after that. He was available to speak to any groups to encourage vaccinations and answer questions from anyone who was 'vaccine hesitant'.

4.7. Te Uru Rauhī – Mental Health and Addiction Services

The Operations Executive, Te Uru Rauhī presented this report, which was taken as read.

In response to questions, he noted that a Consumer Advisory Group was in place as part of the integrated service model. This group and individuals on it would be asked to support specific pieces of work, such as ward design. The biggest risk to implementation would be difficulties to recruit Māori nurses who had a mental health and addiction background. It was hoped that the new model would encourage the small pool of these nurses to want to work at MDHB.

As part of the construction of the inpatient facility rebuild, demolition and ground works would start in the third quarter of the 2021/22 financial year (between 1 January and 31 March 2022).

It was resolved that the Committee:

note the areas highlighted in the dashboard and associated commentary.

(Moved Karen Naylor; seconded Brendan Duffy)

The Clinical Executive, Te Uru Whakamauora and the Operations Executive, Te Uru Rauhī left the meeting.

The General Manager, Enable New Zealand joined the meeting.

5. PERFORMANCE REPORTING

5.1. Enable New Zealand Report

The General Manager, Enable New Zealand presented this report, which was taken as read. She noted that Enable NZ is meeting all performance KPIs and internal project delivery requirements.

It was resolved that the Committee:

endorse the Enable New Zealand Report to 31 July 2021.

(Moved Muriel Hancock; seconded Lew Findlay)

The General Manager, Enable New Zealand left the meeting.

5.2. Pae Ora Paiaka Whaiora Report

The General Manager, Māori Health presented this report, which was taken as read. She outlined the COVID-19 vaccination mahi that was taking place to get communities to take the lead in their localities. Special mention was made of the iwi and Māori providers who had led the charge on pop-up and drive-through clinics. For the remainder of the programme, a plan would be presented to the September Manawhenua Hauora meeting. A Committee member commended smaller communities such as Foxton and Shannon, who had taken ownership of the programme, with support from THINK Hauora and MDHB.

The Committee acknowledged the work done by Bonnie Mataehaere, Nurse Educator Māori Health, particularly in the Horowhenua area. Her award for outstanding service to nursing was well-deserved and acknowledged by the Committee.

In response to a question, the General Manager, Māori Health advised there was no known confirmed structure that clarified where the Māori consumer voice would sit under the health reforms. It was likely that there would be Consumer Councils at a national level, and it was important to have Māori consumer voices locally.

It was resolved that the Committee:

note the progress update for the Pae Ora Paiaka Whaiora, the Māori Health Directorate.

(Moved Karen Naylor; seconded Lew Findlay)

6. DISCUSSION/DECISION PAPERS

6.1. End of Life Choice Act 2019

The Clinical Executive, Te Uru Mātai Matengau presented this report, which was taken as read. She noted that assisted dying was more likely to take place in the community, but it was possible it could be requested in the hospital environment. Specific training would be provided by the Ministry of Health for any medical or nurse practitioner who was willing to provide assisted dying services.

It was resolved that the Committee:

note the current information available regarding implementation of the End of Life Choice Act 2019

note the establishment of a MidCentral District Health Board (MDHB) working group to ensure MDHB meets its obligations under the Act.

(Moved Muriel Hancock; seconded Heather Browning)

The Clinical Executive, Te Uru Mātai Matengau left the meeting.

The General Manager, Quality and Innovation joined the meeting.

6.2. Quality and Safety Dashboard

The General Manager, Quality and Innovation presented this report, which was taken as read. She noted that once there is more historical data available, the dashboard would show rolling averages on an annualised basis, rather than by quarter. This would reduce the number of 'spikes' based on quarter to quarter variation and provide the Committee with more reliable trend-based reporting.

The timetable for Quality and Safety Walk-rounds was being reviewed. Where it was possible to conduct walk-rounds with social distancing, they would go ahead and virtual Zoom options were being considered for some other walk-rounds.

It was resolved that the Committee:

note the content of the Quality and Safety Dashboard

endorse the improvement activities planned for the next quarter.

(Moved Karen Naylor; seconded Heather Browning)

6.3. Māori Health Equity Dashboard – Te Ara Angitū for Selected Child and Youth Health Indicators

The Operations and Clinical Executives, Te Uru Pā Harakeke and the Operations Executive, Te Uru Kiriora presented this report, which was taken as read.

Committee members raised questions relating to GP enrolment for newborns and the impact that had on childhood immunisations. The Executives advised that work was ongoing with the primary health organisation to ensure there was adequate access for newborns to enrol in a general practice. Enrolment was currently a manual process and it was hoped this would improve once the Maternity Clinical Information System (MCIS) was in place.

The Clinical Executive spoke about the Ambulatory Sensitive Hospitalisation (ASH) audit. It took hundreds of hours of clinicians' time to gather the required information, as clinical information systems between primary health care providers, the hospital and the Emergency Department were not linked.

It was resolved that the Committee:

note the equity position for each of the indicators and the update provided on next steps

note the analysis, discussion and proposed next steps to improve Māori health equity and further strengthen MidCentral District Health Board's commitment to Te Tiriti o Waitangi

endorse the Te Ara Angitū report.

(Moved Vaughan Dennison; seconded Oriana Paewai)

The Operations Executives from Te Uru Pā Harakeke and Te Uru Kiriora left the meeting.

The Director of Strategy, Planning and Accountability joined the meeting.

6.4. Regional Services Plan Implementation, Quarter Four – 2020/21

The Director of Strategy, Planning and Accountability presented this report, which was taken as read.

It was resolved that the Committee:

note there is no requirement to have a Regional Services Plan presented to the Minister for the 2021/22 year

note the progress made on implementing the central region's national and regional priority programmes for Quarter Four of 2020/21.

(Moved Muriel Hancock; seconded Vaughan Dennison)

6.5. COVID-19 Delta Resurgence

The Director of Strategy, Planning and Accountability and the General Manager, Quality and Innovation presented this report, which was taken as read. They noted that lessons learned from last year's COVID-19 lockdown had helped to develop more robust plans and better collaboration between teams.

The Chief Executive advised that the Ministry of Health (the Ministry) had implemented an Incident Management Team structure to support the current resurgence, which would continue. DHBs had been asked to support the Auckland region by providing staff to work in Intensive Care Units (ICU), Managed Isolation and Quarantine (MIQ) facilities, contact tracing and vaccinations. Staff from MDHB were on standby to work in ICU and eight staff were already helping in Auckland MIQ facilities. Support for contact tracing was being carried out from Palmerston North. A hospital visitor policy had been agreed between the DHB Chief Executives and the Ministry to restrict the spread of COVID-19. This policy had been applied at MDHB.

It was resolved that the Committee:

note the progress in the COVID-19 Delta resurgence response from 17 August to 7 September 2021.

(Moved Brendan Duffy; seconded Vaughan Dennison)

The Director of Strategy, Planning and Accountability and the General Manager, Quality and Improvement left the meeting.

The Locality and Intersectoral Development Manager joined the meeting.

7. INFORMATION PAPERS

7.1. Locality Plan Progress Report – Horowhenua

The Locality and Intersectoral Development Manager presented this report, which was taken as read. She noted that the refugee intake programme had been paused due to the COVID-19 resurgence, so the families expected to arrive in Levin would be delayed. Community COVID-19 vaccination clinics have been held in Shannon. Issues with booking vaccinations in Foxton and Shannon through the BookMyVaccine website were being addressed.

In response to a question, management advised that the Horowhenua Company Limited (HCL) were taking the lead in scoping a new 'Health and Wellbeing Hub' facility in Levin. HCL would establish a governance group to develop the timeline for this to be completed by 30 June 2023.

It was resolved that the Committee:

note the progress that has been made in relation to Horowhenua Te Mahere Hauora (Health and Wellbeing Plan).

(Moved Heather Browning; seconded Karen Naylor)

The Locality and Intersectoral Development Manager left the meeting.

7.2. Committee's Work Programme

The report was taken as read.

It was resolved that the Committee:

note the update on the Health and Disability Advisory Committee's work programme.

(Moved Brendan Duffy; seconded Vaughan Dennison)

8. GLOSSARY OF TERMS

No discussion.

9. LATE ITEMS

No discussion.

10. DATE OF NEXT MEETING

Tuesday, 23 November 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

11. EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Ref
'In committee' minutes of the previous Health and Disability Advisory Committee meeting	For reasons set out in the agenda of the 16 February 2021 meeting held with the public present	
Serious Adverse Events (SAC 1)	To protect patient privacy	9(2)(a)

(Moved Brendan Duffy; seconded Vaughan Dennison)

Part One of the meeting closed at 11.50am

Confirmed this 23rd day of November 2021

……..

Committee Chair

MIDCENTRAL DISTRICT HEALTH BOARD

Minutes of the Finance, Risk and Audit Committee meeting
7 September 2021 from 9.00am

(Meeting held via Zoom due to COVID-19 restrictions)

PART ONE

COMMITTEE MEMBERS

Tony Hartevelt, Acting Chair (Deputy Committee Chair, Independent)
Brendan Duffy, Board Chair
Simon Allan (Independent)
Heather Browning
Vaughan Dennison
John Waldon

IN ATTENDANCE

Board member
Materoa Mar

Management
Kathryn Cook, Chief Executive
Neil Wanden, General Manager, Finance and Corporate Services
Darryl Ratana, Deputy Chief Financial Officer
Tracee Te Huia, General Manager Māori Health
Margaret Bell, Board Secretary

IN ATTENDANCE (part meeting)

Judith Catherwood, General Manager, Quality and Innovation
Graeme Gillespie, Advisor, Commissioning and Contracts
Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance
Jared McGillicuddy, Internal Audit Manager, Technical Advisory Services

APOLOGY

Oriana Paewai, Committee Chair

1. KARAKIA

The meeting opened with the organisational karakia.

2. ADMINISTRATIVE MATTERS

2.1 Apologies

An apology was received and accepted from Oriana Paewai.

2.2 Late items

There were no late items.

2.3 Register of Interests Update

There were no changes to the register of interests.

2.4 Minutes of the previous meeting

It was resolved:

that the Part One minutes of the meeting held on 27 July 2021 be approved as a true and correct record. (Moved Vaughan Dennison; seconded Brendan Duffy)

2.5 Matters arising from the previous minutes

Item 6.3 – Enterprise Risk Update

Outputs from the Board's Risk Workshop held on 17 August 2021 had been used to develop the 2021/22 Internal Audit Plan.

3. PERFORMANCE REPORTING

3.1 Finance Report – July 2021

The Deputy Chief Financial Officer presented the report, which was taken as read. He noted it was not possible to draw conclusions from the first month of the financial year and that some variances related to budget phasing. Discussions were ongoing with the Ministry of Health (the Ministry) re the 2021/22 budget.

It was noted that the cash balances would be reduced by the budgeted operating deficits and planned capital expenditure. Although liquidity would reduce to nil by the end of the year, it was supported by the rights to overdraw against the combined DHB funds.

It was resolved that the Committee:

note that the month operating result for July 2021 is a surplus before one-off items of $0.817m, which is $0.345m unfavourable to budget

note that the July 2021 COVID-19 related net costs are close to budget and Holidays Act related costs of $0.512m have been incurred. Including these one-off costs results in a surplus after exceptional items of $0.303m, which is $0.276m adverse to budget for the month

note that the total available cash and equivalents of $37.623m as of 31 July 2021 is sufficient to support liquidity requirements

endorse the July financial report. (Moved John Waldon; seconded Heather Browning)

3.2 Sustainability Plan

The General Manager, Quality and Innovation presented the report, which was taken as read. Highlights included the commencement of the OPAL (Older People's Acute Assessment and Liaison Unit) community service planning; and the progress in implementing ScOPE (Solutions Committed to Operational Procedure Excellence) audit and theatre management tool.

In response to a question, the Deputy Chief Financial Officer explained that a trial had been conducted of the PICQ tool (Performance Indicators for Coding Quality). This auditing and quality checking tool was a Software as a Service (SaaS) and checks were now being carried out regarding cyber security. It was hoped to implement PICQ within the next month.

The General Manager, Quality and Innovation noted that the e-transcription business case that would be presented in Part Two of this meeting would improve the speed for producing clinical letters. These letters were part of the information coders used.

It was resolved that the Committee:

note the progress in implementing the Sustainability Plan

endorse the Sustainability Plan Benefits Framework

endorse the approach and progress made to date on the Sustainability Plan 2020-2023 for the Board's consideration. (Moved Vaughan Dennison; seconded Simon Allan)

3.3 2020/21 Annual Report Financial Statements

The Deputy Chief Financial Officer presented the report, which was taken as read. The following points were highlighted.

Note 3 – Personnel costs
The number of staff earning over $100k was increasing and many nurses and allied health staff were now included in that salary band. The bands had not changed since they were established in 2004, despite wage increases over that time.

Note 12 – Property, Plant and Equipment
The revaluation of assets, land and buildings had increased by $82 million.

Note 17 – Compliance with Holidays Act 2003
The Deloitte audit team had been provided with a lot of information regarding the Holidays Act Remediation project. It was not yet known whether this would require an audit qualification.

It was noted that the Letter of Comfort request had been submitted in August to meet the Ministry's timeline.

The Deputy Chief Financial Officer agreed to re-word first sentence under 'Statement of comprehensive revenue and expense' (Note 24 – Explanation of major variances against budget).

It was resolved that the Committee:

endorse the 2020/21 MidCentral DHB Annual Report Financial Statements, including the statement of accounting policies, for Board approval

endorse the 2020/21 Enable NZ Limited Annual Report Financial Statements, including the statement of accounting policies, for Board approval. (Moved Vaughan Dennison; seconded Heather Browning)

4. STRATEGY AND PLANNING

Discussion held in Part Two of the meeting.

5 DISCUSSION/DECISION PAPERS

5.1 Non-clinical Audits Update

The General Manager, Finance and Corporate Services presented the report, which was taken as read.

It was resolved that the Committee:

> *note the progress made on the non-clinical audit recommendations. (Moved Tony Hartevelt; seconded Simon Allan)*

The meeting agreed to re-order the remaining agenda items.

5.4 Chair's Discretionary Authority re Expense Policy

The report was taken as read.

It was resolved that the Committee:

> *note the annual report on the Board Chair's use of discretionary authority under the MDHB's Board and Committee Members' Expenses Policy. (Moved Vaughan Dennison; seconded Tony Hartevelt)*

6. INFORMATION PAPERS

6.2 Major Projects Update

The General Manager, Finance and Corporate Services presented the report, which was taken as read. The following issues were highlighted.

Acute Services Block
On-site meeting with the Ministry's health infrastructure team had to be rescheduled due to the recent COVID-19 lockdown. Work was ongoing to get the team's support for the indicative business case.

Surgical, procedure, interventional and recovery facilities (SPIRE)
Issues relating to the management of noise and dust were being addressed. Contract drafted with Crest Hospital for capacity to support theatre requirements, particularly for June and July 2022. Discussions are continuing with the Combined Medical Staff Association (CMS) and senior doctors.

Medical Assessment and Planning Unit (MAPU)/Emergency Department Observation Area (EDOA)
Stage Gate Review using Treasury methodology had been carried out and identified some useful improvements to the commissioning process.

Mental health infrastructure
A letter from the Minister of Health had been received by the Board Chair, outlining a range of requirements for all mental health infrastructure projects across New Zealand. This included working closely with the Ministry and involving them in project governance. It was noted that the Ministry were already represented on MDHB's project governance steering committee.

The Acting Chair complimented the project team on the layout and clarity of the report, noting it was a comprehensive report which was easy to understand.

It was resolved that the Committee:

note progress with the SPIRE, Medical Assessment Planning Unit/Emergency Department Observation Area Facility, Fluoroscopy and Acute Mental Health Unit projects. (Moved John Waldon; seconded Vaughan Dennison)

The General Manager, People and Culture joined the meeting.

6.3 Holidays Act Compliance Project Update

The General Manager, People and Culture presented the report, which was taken as read. It was noted that Wayne Mason was now the project manager.

It was resolved that the Committee:

note the update on the Holidays Act Compliance Project and the ongoing work being carried out to resolve non-compliance

note that the accrual of liability as of July 2021 is $47.779m with a year to date spend of $0.400m, and a further $0.102m accrued towards rectification costs for this financial year. (Moved Heather Browning; seconded Brendan Duffy)

The General Manager, People and Culture left the meeting.

5 DISCUSSION/DECISION PAPERS (continued)

The Interim General Manager, Strategy, Planning and Performance; and the Advisor, Commissioning and Contracts joined the meeting.

5.3 Schedule of Commitments for 2021/22

The Advisor, Commissioning and Contracts; and the Interim General Manager, Strategy, Planning and Performance presented the report, which was taken as read.

In response to a question, management advised that Youth One Stop Shop (YOSS) held more than one contract across different service lines. The contract with THINK Hauora was being transferred to Te Uru Pā Harakeke as it would be better for YOSS to have a single contract that would transfer to Health New Zealand next year. The terms and conditions of the contract would not change. If the change was approved by the Board, discussions would then be held with YOSS. All other providers listed under Appendix 3 (Service lines for significant changes) had been advised of the proposed changes to their contract.

It was resolved that the Committee:

note the process for the review and renewal of contracts ending on 30 September 2021

note the new Commissioning for Outcomes Framework

note several contract service lines have been identified by directorates as requiring significant change

endorse the DHB entering local contracts for two years with providers as detailed in the Schedule of Commitments. (Moved Simon Allan; seconded Vaughan Dennison)

The Interim General Manager, Strategy, Planning and Performance; and the Advisor, Commissioning and Contracts left the meeting.

The Internal Audit Manager, Technical Advisory Services (TAS) joined the meeting.

5.2 Proposed 2021/22 Internal Audit Plan

The Internal Audit Manager, TAS, presented the report, which was taken as read. He noted the proposed plan had been developed using feedback from previous risk workshops and audits already conducted. The timeline for DHBs to transition to Health New Zealand next year had also been considered. It was noted that another six meetings of FRAC were scheduled before July 2022. TAS expected to provide one or two audit reports to each meeting.

The following internal audits that had been proposed were agreed:
- Compliments and Complaints
- Staff Engagement Survey and Actions
- Health Information Security Framework
- Major Infrastructure Projects (Plan, Monitor and Deliver).

There was extensive discussion on the options for a further two internal audits. The Committee noted the relationship between professional development and retaining and attracting quality staff. However, any recommendations from this audit were likely to be specific to a DHB environment and would not be able to be implemented following the transition to Health New Zealand.

It was agreed that the following internal audits be conducted if time allowed:
- Referral Management (Outpatient Data/Booking Process)
- Care Capacity and Demand Management Implementation.

The Internal Audit Manager and the General Manager, Māori Health would discuss how to integrate recommendations from the Māori Health Equity audit and include a pro-equity lens on all audits.

The Acting Chair noted that if the Board approved the e-Referral and e-Triage business case, the recommendations from the Referral Management audit needed to be available in time to add value to the project.

It was resolved that the Committee:

note the rationale for the proposed 2021/22 Internal Audit Plan

select two of the three suggested options to deliver within the 2021/22 plan

endorse the proposed Internal Audit Plan for 2021/22. (Moved John Waldon; seconded Vaughan Dennison)

6 INFORMATION PAPERS (continued)

6.1 Internal Audit Programme Update

The Internal Audit Manager, TAS presented the report, which was taken as read.

It was resolved that the Committee:

note the update on the internal audit programme status report. (Moved Tony Hartevelt; seconded Vaughan Dennison)

6.4 Committee's Work Programme

The General Manager, Finance and Corporate Services presented the report, which was taken as read. In response to a question, he advised that the Committee's work programme for 2022 would be adjusted to include updates on the Health New Zealand transition plan.

It was resolved that the Committee:

note the Committee's annual work programme. (Moved Tony Hartevelt; seconded Brendan Duffy)

7. GLOSSARY OF TERMS

No discussion required.

8. LATE ITEMS

There were no late items for Part One.

9. DATE OF NEXT MEETING

Tuesday, 19 October 2021 – Board Room, MidCentral District Health Board, Gate 2 Heretaunga Street, Palmerston North

10. EXCLUSION OF PUBLIC

It was resolved:

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	***Reason***	***Ref***
'In committee' minutes of the previous meeting	For reasons set out in the meeting agenda of 27 July 2021	
Budget Update	To maintain the effective conduct of public affairs through free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty	9(2)(g)(i)
Internal audit: MDHB ACC Billing Review	To protect information where the making available of the information would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information	9(2)(b)(ii)

Ownership and Governance of Enable NZ	To maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials	9(2)(f)(iv)
e-Referrals and e-Triage	To protect negotiations, including commercial and industrial	9(2)(j)
e-Transcription and e-Communications	To protect negotiations, including commercial and industrial	9(2)(j)
Insurance Update 2021/22 Financial Year	To protect negotiations, including commercial and industrial	9(2)(j)
Medical Air System Replacement and Upgrade	To protect negotiations, including commercial and industrial	

(Moved Tony Hartevelt; seconded John Waldon)

Part One of the meeting closed at 10.33am

Confirmed this 19th day of October 2021

……
Chairperson

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Is the Board confident that the discussion points of Manawhenua Hauora are being partnered and supported where appropriate?
- Does the Board support that Manawhenua Hauora seeks to find its fit into the health reforms and lead to shape what that looks like in the future?
- Are there any follow up points the Board has for either the Organisational Leadership Team or Manawhenua Hauora?

To	Board
Author	Tracee Te Huia, General Manager, Māori Health
Endorsed by	Kathryn Cook, Chief Executive
Date	15 September 2021
Subject	**Manawhenua Hauora Chair's Report – General Manager, Māori Health's Response**

RECOMMENDATION

It is recommended that the Board:

- **note** the report from the Manawhenua Hauora Chair on the Manawhenua Hauora hui held August 2021
- **note** the General Manager, Māori Health's response to the Manawhenua Hauora Chair's report.

Strategic Alignment

This report is aligned to the DHB's 10-year strategy and Ka Ao, Ka Awatea Māori Health Strategy.

1. PURPOSE

To provide the Manawhenua Hauora Chair's report on the August 2021 Manawhenua Hauora meeting and advise the Board of management's responses to issues raised in the Chair's report.

2. SUMMARY

The report covers the following subjects:

- Iwi updates
- Update from Chair
- Pae Ora Paiaka Whaiora report
- COVID-19 vaccination programme.

3. MDHB'S RESPONSES

3.1. Iwi updates

We are delighted to have Kelly Bevan, from Ngāti Raukawa ki te Tonga, join Manawhenua Hauora. As chair for Ngāti Raukawa, Kelly brings good knowledge of the developments for iwi across the areas of focus.

Lena Kingi brings strong expertise as a senior administrator. Lena is working into the Pae Ora team and is providing administration support for Manawhenua Hauora, the Māori Alliance Leadership Team (MALT), Whiti ki te Uru and the Board-to-Board meetings.

3.2. Update from the Chair

Manawhenua Hauora carefully considered the current Memorandum of Understanding (MoU) between MDHB and Manawhenua Hauora, which ends in March 2022. It was agreed that there wouldn't be a need to renew the MoU due to the health reforms and the disestablishment of DHBs on 1 July 2022. As the reforms become clearer regarding the roles of iwi partnership boards, Manawhenua Hauora would transition appropriately.

3.3. Pae Ora Paiaka Whaiora Report

A robust discussion was held related to the internal audit – equity. Manawhenua Hauora was satisfied that executive leaders are taking responsibility for each of the programme actions and that the responsibility doesn't just sit with Pae Ora. There is still concern about low numbers of Māori being employed by the DHB. The recently appointed senior Māori Workforce role will support improvement on this.

A draft workforce plan refresh is being presented to the Organisational Leadership Team (OLT) in September for endorsement before consulting on it with Manawhenua Hauora. Equity roles are being considered across the business with the establishment of a new equity manager for Te Uru Pā Harakeke being recruited currently. There has since been agreement by Te Uru Arotau to establish an equity manager. This is a great response to the issues of Māori health across secondary services and will assist the current staff in Pae Ora working in these services.

A request for the capital plan to be presented to Manawhenua Hauora will be undertaken at its November meeting due to the large numbers of papers being presented at the September meeting.

3.4. COVID-19 Vaccination Programme

A combined team of MDHB and iwi and Māori providers have planned and delivered an appropriate approach to increase the uptake of vaccinations by Māori. There are nine regular iwi and Māori partnered clinics across the district that have been operating since the programme commenced. Additionally, there are drive-through iwi and Māori led clinics operating across the district. The iwi and Māori partnered clinics continue to service numbers of vaccinations for the Māori population. Vaccination clinics will continue at the current sites until the end of the programme. Some of these clinics have bookings scheduled through to December 2021. Partnership planning is now underway with iwi and Māori and Public Health to ensure we keep the momentum through to December.

PO BOX 1341 MAXWELLS
PALMERSTON NORTH

Meeting held 23 August 2021

IWI UPDATES

Kelly Bevan, Ngāti Raukawa ki te Tonga and Lena Kingi, administrator for Manawhenua Hauora were welcomed to the roopu.

FROM THE CHAIR

It's an exciting time to be in health with the changes announced related to the reforms and the improvements that are proposed for Māori health. All iwi are ready and equipped to assume the responsibility for planning and commissioning of services at a local level in partnership with THINK Hauora and Te Tihi Whanau Ora Alliance. We have presented our aspirations and expectations to the Transition Unit and to the DHB Board. We are now seeking legal advice on the right entity for our endeavours and will expect to have our entity established and operational by 1 July 2022. You will also remember we presented at the combined Board meeting in August which we think went well. The MDHB – Manawhenua Hauora MoU was discussed as it expires in March 2022. It was decided that Manawhenua Hauora did not see the need to renew this agreement due to the ceasing of DHBs from 1 July 2022.

PAE ORA PAIAKA WHAIORA REPORT

The Pae Ora report was taken as read. Manawhenua Hauora spent some good time discussing the internal audit on equity by TAS. Lisa Te Paiho presented the findings and the programme of action to complete the recommendations. Manawhenua Hauora were supportive of Pae Ora not being responsible for all actions in the programme. Their view was that responsibility should be shared with other executives. Some time was taken on the issue of racism and discrimination and the impact that this has had on more Māori being employed into the DHB. We were very supportive of the equity roles that have been established in the directorates and note the time it is taking to fill the Te Uru Pā Harakeke role. We would like to see an equity role established in the Te Uru Arotau directorate this year. A question of resource was raised about this and whether it was achievable. Through the discussions from the Pae Ora report, Manawhenua Hauora requested the capital plan be presented to them following the next FRAC meeting.

MĀORI HEALTH EQUITY DASHBOARD – CHILD AND YOUTH

Sarah Fenwick and Scott Ambridge provided Manawhenua Hauora with the equity report for Child and Youth. Feedback was provided as follows:

- Manawhenua Hauora wanted clarification on the colours used in the reporting and what this meant as it seemed either wrong or ambiguous.
- The success of the Kai Whakapūaki roles was raised and how these roles might be able to be used in these services to help improve outcomes.
- Concern was raised about the widening inequities particularly in access to primary care.

- A discussion was held around the youth mental health issues increasing around anxiety and depression.

The report was endorsed, with acknowledgement given to the teams for the efforts they are making to some big gnarly issues that won't be resolved overnight. These are issues that have been in existence for some 180 years so is going to take some effort and resource to make the difference we are all hoping for. Well done to the teams involved.

MANAWHENUA HAUORA - LEGAL ENTITY OPTIONS

Ahead of the reforms, Manawhenua Hauora is working toward being ready for their role as an Iwi Maori Partnership Board that assumes the responsibly for partnering Health NZ and the Māori Health Authority on matters related to planning and commissioning from 1 July 2022 for the MidCentral District. Manawhenua agreed at its July meeting that it would like to establish an entity to be governed by the six iwi these being Ngāti Raukawa ki te Tonga, Muaūpoko Tribal Authority, Rangitāne ki Manawatu, Ngāti Kauwhata, Rangitāne ki Tamaki Nui a Rua and Ngāti Kahungunu ki Tamaki nui a Rua and would include representation for Taura Here.

Advice has been received from our solicitor for an incorporated charitable trust whose trustees would comprise a representative from each iwi and would make application for registration as a charitable trust board under the Charitable Trust Act 1957 and thereafter for registration as a charitable entity under the Charitable Trust Act 2005.

The management by the trustees will simplify the decision-making process with the individual trustees answerable to their respective iwi and able to be appointed and removed by their respective iwi as opposed to an incorporated society, which requires a minimum of 15 members who appoint the Committee or Directors of a Company who are appointed by the Shareholders of the Company.

GENERAL BUSINESS

While we are appreciative of the good work the Māori response team for COVID-19 has completed to date, we know there is still a lot of work to do. We wish to thank Adele Small, Bonnie Matehaere and all of the providers who have made it possible to establish pop up and drive-through clinics across the rohe. Establishing the first drive-through in the country at Feilding was a highlight. We'd also like to thank Te Tihi for the amazing work they have done to coordinate the provider response around kai drop offs, data and design and communications. Finally THINK Hauora is doing a fantastic job ensuring we are well resourced with staff and information to support the planning in primary care. Māori providers and GP practices working together to ensure Māori patients are prioritised is a great model. We know this is not over yet and we will be in the COVID-19 mode for a lot longer than we'd anticipated. The inequitable approach to vaccinating by cohorts has disadvantaged Māori by far because the bulk numbers of eligible people to be vaccinated being in the younger age cohorts. We trust that through the establishment of the Māori Health

Authority we won't have to deal with this type of poor planning and design of services for Māori again. Nau mai haere mai Te Ao Hou! We welcome the new reforms with open arms.

KA PŪ TE RUHA KA HAO TE RANGATAHI

OUT WITH THE OLD AND IN WITH THE NEW

Strategic focus

28 September 2021

Printed from Stellar by
Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

Strategic focus

Discussion in Part Two of today’s meeting

Performance reporting

28 September 2021

Printed from Stellar by
Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the report provide a useful update on local, regional and national matters?
- Are there any additional matters that should be included as routine items in future updates?

To	Board
Author	Kathryn Cook, Chief Executive
Endorsed by	
Date	21 September 2021
Subject	**Chief Executive's Report**

RECOMMENDATION

It is recommended that the Board:

- **note** the update of key local, regional and national matters.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler, 'Stewardship'.

1. PURPOSE

To provide the Board with an update of key local, regional and national matters. No decision is required.

2. LOCAL MATTERS

2.1. Financial update

The result for the month of August was an operating deficit of $41k, which was $798k adverse to the draft budget surplus of $757k. This result reflects the reduced revenue from lockdown limitations. There was a net benefit for the month from 'below the line' costs, to bring the overall reported variance to $543k adverse.

The year to date operating result is a surplus of $194k, which is $1,142k adverse to the draft budget.

2.2. Ombudsman's inspection of Ward 21

The provisional report from the unannounced inspection of Ward 21 under the Crimes of Torture Act (1989) has been received. The team is working to respond to the provisional recommendations of the report. Although there are significant environmental challenges and limitations, good quality care is being provided.

The report included positive feedback regarding the views of tangata whaiora and whānau about the care provided on Ward 21. Areas for improvement include the physical environment, which supports the need for a new facility.

2.3. Linear Accelerator (LINAC)

The new Truebeam LINAC was craned into the bunker at the Regional Cancer Treatment Service at Palmerston North Hospital in early August. Commissioning work has been completed and the LINAC commenced service on 21 September.

It is pleasing that during the COVID-19 lockdown in August, treatment for cancer patients was not interrupted.

2.4. Quality and Safety Walk-rounds

Several scheduled walk-rounds were suspended during the COVID-19 Alert Level Four lockdown. In Alert Level Two Delta, some walk-rounds will go ahead, with all attendees required to wear masks and to maintain social distancing. In some clinical areas, it is not possible to observe social distancing, which has meant those walk-rounds will need to be rescheduled. Board members will be advised individually about whether their walk-round will be going ahead.

2.5. Ngā Tohu Whakamānawa Pou Toiora Allied Health Awards

Following feedback from the 2020 staff survey, annual awards have been introduced to recognise the work and value of Allied Health practitioners. MDHB employs more than 40 professional groups who contribute to improving health outcomes for the community. The name of the awards translates to "The awards to honour those who guide people to the pinnacle of health and wellbeing." The allied health award categories include outstanding and valued clinical practice, team, leadership, research, dedication to Te Tiriti o Waitangi, new entry to practice and assistant workforces. Nominations opened on 30 August and will close on 24 September.

Award winners will be celebrated each year on 14 October, which is World Allied Health Professions Day. Nominations will be forwarded for consideration at the MDHB Value Awards, which are celebrated at the DHB's Christmas function.

2.6. Dr Shane Reti – National MP

A request was received from Dr Shane Reti, National MP to visit Palmerston North Hospital on Wednesday 18 August 2021. Dr Reti has asked to discuss the Birthing Centre and to have a brief tour of the hospital. This visit could not take place due to the COVID-19 Alert Level 4 lockdown announced on 17 August and will be rescheduled.

2.7. Major Projects

2.7.1. Emergency Department Observation Area (EDOA)/Medical Assessment and Planning Unit (MAPU) Pods

Design, construction and consenting are being undertaken in two stages to expedite the project. Stage One is focused on the foundations, below ground and civil works (parking and roading), with Stage Two focused on above foundation works (building). Tenders for Stage One construction work closed on 10 September 2021. It is expected that construction will commence in mid-October.

The detailed design for Stage Two is scheduled for completion by 23 September 2021 and work is on track.

2.7.2. SPIRE (Surgical Procedural Interventional Recovery Expansion)

The procurement of a construction firm for this project is underway and is planned to be completed by the end of September 2021.

As previously advised, design and construction are being undertaken in two phases to expedite the programme. The detailed design for Stage One is complete and work is now focused on finalising the furniture, fittings and equipment schedule. Construction is expected to commence in October. Negotiations with the preferred provider are underway and planned to be completed by late September.

Work on the detailed design for Stage Two has commenced and is expected to be completed by December 2021. Stage Two includes the establishment of the interventional cardiac catheterisation laboratory (cath lab) and the procurement process for this machine has been completed and a letter of intent issued. The contract is being finalised.

Transition planning continues to ensure there is minimal impact on theatre and endoscopy services during the construction periods of both Stage One and Two. Senior Medical Officers had expressed concern through the Combined Medical Staff Association regarding the potential impact on theatre productivity during Stage Two construction. A workshop with surgical, cardiology and endoscopy staff was held on 14 September, facilitated by the Ministry of Health's Chief Medical Officer, Dr Andrew Connolly. The contracting approach and requirements; planned initiatives to ensure adequate theatre capacity is provided; and dust, noise and vibration issues mitigations were fully discussed. The mitigations were endorsed by all present.

2.7.3. Fluoroscopy

The new fluoroscopy machine is on route to New Zealand and is scheduled to arrive in October 2021.

The design and fit-out of the fluoroscopy suite to accommodate the machine and ensure compliance with modern electrical, mechanical and structural requirements is progressing. The preliminary design is being developed and work is underway with urgency to complete this, to enable construction to be completed before the end of December 2021. Preparatory works have commenced and an application for building consent has been lodged.

2.7.4. Acute Mental Health Unit

Work to develop a preliminary design for this Unit, based on the new inpatient model of care, is progressing but will take longer than originally envisaged to ensure it fully reflects the needs of patients. The preliminary design is scheduled for completion mid-September.

2.8. COVID-19 Vaccination Planning

COVID-19 vaccination progresses ahead of the plan, working toward fully vaccinating MDHB's eligible (12 years and over) population of 156,000 individuals. The capacity of the district to reach this target continues to be built, with 46 active delivery sites registered with the Ministry of Health (the Ministry). MDHB remains above target for delivery of total numbers.

With the move into Alert Level 4 on 18 August 2021, the planning team rapidly scaled operations across the rohe, culminating in a peak of nearly 19,000 vaccines provided in week two of lockdown. The collaborative efforts of the range of vaccination providers saw delivery diversified to include 'drive through' clinics. Due to the physical distancing requirements, many providers needed to rapidly change their approach, which included a range of 'pop up' clinics at different locations. The provider teams worked tirelessly and deserve acknowledgement of their considerable efforts.

The distributed model is working well with multiple vaccination providers (general practice, THINK Hauora, iwi providers, independent vaccinators and pharmacies) ensuring efficient and timely access, including consumer choice. This model supports spread across localities and was instrumental in the ability to diversify during lockdown, providing a range of vaccination opportunities across the district. The Māori Mobile Team continue to lead detailed planning to ensure iwi have sufficient opportunity to engage for vaccination.

Delivery across the various locations span broad hours, including after hours clinics and weekends to provide optimum accessibility and ensure a range of options are available to residents – especially those in rural and remote locations. At mid-point in the programme, 50 percent has been delivered by general practice and pharmacy providers, 39 percent by DHB-led resources, six percent by iwi and Māori providers and five percent by others (such as occupational workplace providers). More than 80,000 doses have been delivered across Palmerston North providers – 25,000 in Manawatū, 14,500 in Tararua, 29,000 in Horowhenua (including Foxton and Shannon) and just over 5,000 in Ōtaki.

Increasing rural-delivered clinics are reaching into communities and specific events to support people with disabilities, such as the hearing impaired and those who need a low sensory environment, have been delivered. A dedicated disability coordinator is supporting this mahi. While some national workplace delivery has commenced, locally, a plan is being implemented to deliver to workplaces with high numbers of Māori and Pasifika staff. The delivery of vaccines for 12 to 15-year-olds is via a whānau approach with no school-based delivery planned this year.

Use of the online national booking system, 'BookMyVaccine' is driving a large volume of appointments, with nearly 50,000 forward appointments currently in the system. Group Four vaccinations opened up rapidly across August, mainly delivered nationally from a data set managed by the Ministry, and provided via text, email or letter. These communications all provided the recipient with a range of methods to book, including online and via an 0800 number.

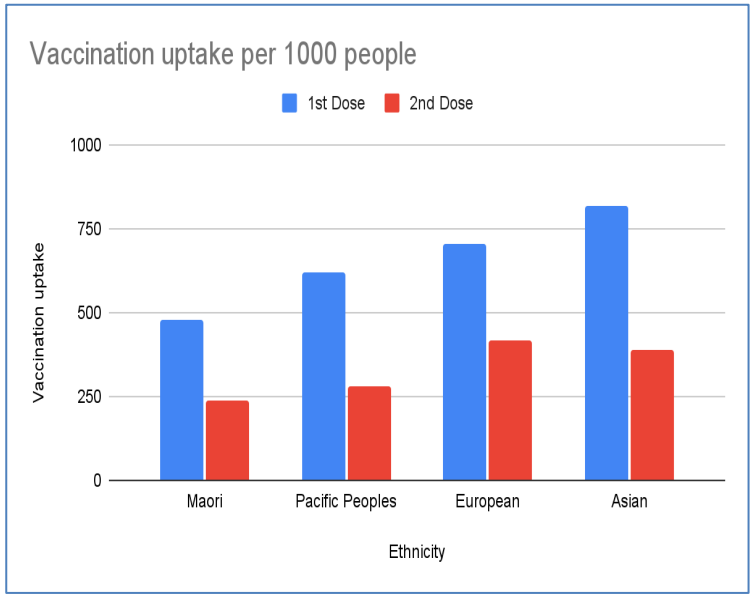
Communications are supplemented by national and local media across social media and through newspaper advertisements. The initial focus supported awareness where whānau know that vaccination is the best protection and have the information they need to get vaccinated. The focus is now on both activation – ensuring that people who may be hesitant receive the right messages at the right time to motivate them; and amplification – aimed at amplifying messaging and effectively connecting with hard to reach and hesitant groups.

The following table provides an update of doses delivered as at 12 September 2021.

		All ethnic groups as at 12/9/21 (% of 12+ population[1])	Māori as at 12/9/21 (% of 12+ population[2])	Pacific as at 12/9/21 (% of 12+ population[3])
MDHB residents vaccinated anywhere	Received first dose	103,072 (64.5%)	11,636 (38.2%)	2,759 (58.5%)
	Received two doses	58,537 (36.6%)	5,770 (18.9%)	1,241 (26.3%)
Vaccinations delivered in MDHB	Received first dose	99,022	10,670	2,544
	Received two doses	55,445	5.090	1,092
Total doses administered		**154,564**	**15,760**	**3,636**
Residents vaccinated against total target		**50.8%**	**32.5%**	**40.7%**

[1] 159,830 population, [2] 30,460 population, [3] 4,720 population

2.8.1. Equity



Equity continues to be a key focus in delivering the vaccination programme. This graph shows that the uptake rate by Māori is the lowest across both dose one and dose two. The iwi and Māori engagement stream continue to work with iwi and Māori leaders to determine the most appropriate approach to increase the uptake of vaccinations by Māori. There are 12 vaccination coordinator roles now in place across the DHB region. The MDHB Māori Administration Coordinator has recently pivoted to coordinate and support these roles. The Administration Coordinator will be a direct channel for information, supporting the roles to promote and inform whānau and communities about the vaccine with the aim of addressing hesitancy and increasing uptake. This will also serve as a valuable source of information for the DHB to support preferred vaccination sites at appropriate days and times.

Vaccination clinics will continue at the existing nine iwi partnered vaccination sites across the district until the end of the programme. Some of these clinics have bookings through to December. Other clinics have a smaller vaccination throughput than others, however these clinics are reaching into homes to engage individuals and whānau who are less likely to access preventative health care. Some iwi have signalled a desire to hold vaccination clinics at schools during the upcoming school holidays. The DHB is working in conjunction with iwi to plan these. The school holidays provide an opportunity to coordinate events that will engage rangatahi and channel them through for vaccinations. Iwi have also signalled vaccination competitions as a way to engage Māori and increase the vaccination uptake. The DHB is supporting these ideas to come to fruition. The coordinator roles will be pivotal in engaging and promoting these competitions across communities.

Iwi and Māori providers have been supported to increase their vaccination capacity through training of the supervised vaccinator workforce. Training has been delivered in Palmerston North with upcoming trainings planned for Tararua and Horowhenua. This workforce will increase the overall capacity of Māori vaccinators in the region, enabling multiple clinics to operate simultaneously. It is thought that this approach, coupled with the coordinated efforts of the coordinator roles across the district, will support increased vaccination uptake by Māori communities. The DHB is working to understand how this approach can be sustained beyond the COVID-19 vaccination programme, with iwi and Māori providers being resourced and supported for this work across other vaccination and health promotion efforts.

MDHB is working with Te Tihi o Ruahine Whānau Ora Alliance to increase vaccination communication efforts across the district and to provide Māori data analytics across the vaccination programme. A Māori analysis of data will further support the DHB to redirect vaccination efforts accordingly.

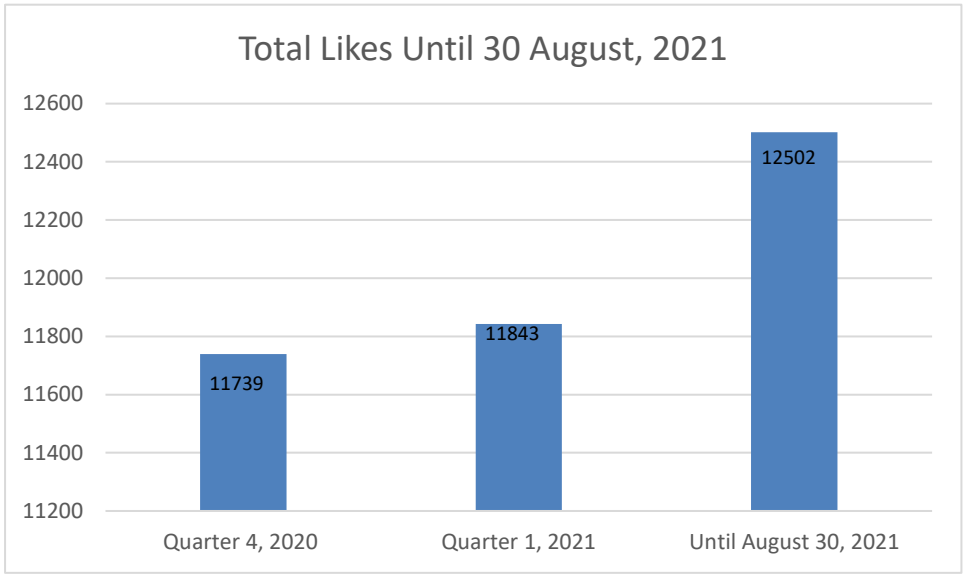
2.8.2. Future strategic considerations

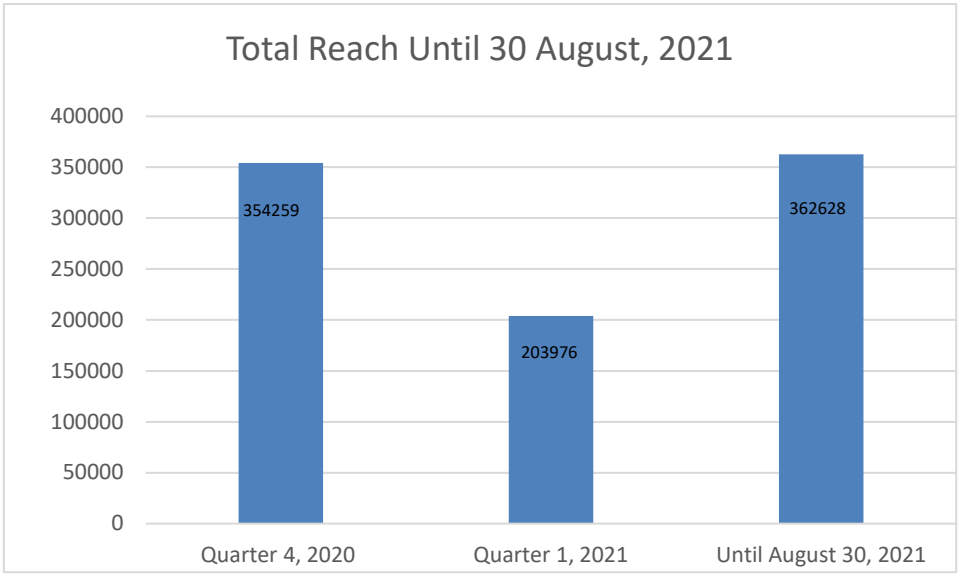
The planning team is developing the transition of the programme post December 2021. An important aspect of this will be to ensure that any ongoing approach delivers a sustainable equitable programme into the future. The significant extra workforce engaged in the current delivery provides an opportunity to retain valuable resource into enduring delivery of this and other vaccination programmes.

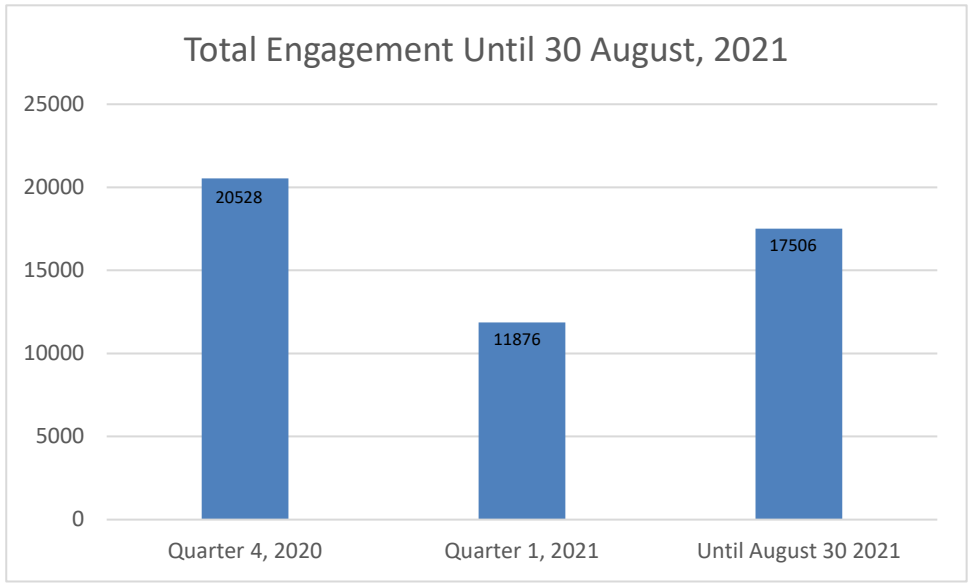
2.9. Social media update

This data reflects MDHB's social media activity until 30 August 2021 and includes the MDHB and Palmerston North Hospital Facebook accounts. Reach is defined as the number of Facebook users who see content posted to these pages, while engagement refers to the number who interact with likes, comments, shares, saves etc.

The data continues to show positive trends across both Facebook platforms. A spike in engagement in this quarter can be attributed to significant events within our organisation, such as the move to COVID-19 Alert Level 4 and the acceleration of the vaccine rollout. Other issues, such as operational changes to Te Papaioea Birthing Centre and tenders opening for the new café, also garnered high interest. Posts about pop-up vaccination clinics and vaccine-related information continued to increase page engagement. These trends are likely to decrease slightly in the months leading to Christmas.






Total Engagement Until 30 August, 2021
25000
20000
15000
10000
5000
0
20528
11876
17506
Quarter 4, 2020
Quarter 1, 2021
Until August 30 2021

Posts from 7 May 2021

Palmerston North Hospital
May 7 ·

A few changes will be happening at Te Papaioea Birthing Centre.

From Monday 10 May 2021 Te Papaioea Birthing Centre still be open to Lead Maternity Carers (LMCs) and their clients. The DHB will continue to staff the birthing centre between 8am and 4pm Monday to Friday, to support LMCs. Outside of these hours the Centre will be available for women to birth with their LMC if the appropriate support is available.

Te Papaioea will not be available for inpatient stays during this time.

These changes are due to staffing shortages, and will be reviewed weekly so they can change if our staffing numbers are restored.

While we understand that this isn't an ideal situation for our wāhine, pēpi and whānau, it is a necessary step in keeping everyone safe. Palmerston North Hospital's birthing suite and maternity unit remain available 24/7 for birthing and postnatal care.

More info is available here:
http://www.midcentraldhb.govt.nz/.../Te%20Papaioea%20Birthing...

20,630 People Reached | 11,184 Engagements | Boost Post

246 | 165 Comments 43 Shares

Like | Comment | Share

Performance for Your Post

20,630 People Reached

1,085 Reactions, Comments & Shares

57 Like	40 On Post	17 On Shares
16 Love	2 On Post	14 On Shares
1 Haha	1 On Post	0 On Shares
103 Wow	68 On Post	35 On Shares
221 Sad	131 On Post	90 On Shares
28 Angry	18 On Post	10 On Shares
611 Comments	370 On Post	241 On Shares
48 Shares	43 On Post	5 On Shares

10,099 Post Clicks

185 Photo Views	167 Link Clicks	9,747 Other Clicks

NEGATIVE FEEDBACK

2 Hide Post	4 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Palmerston North Hospital
May 7 ·

We currently have a vacant building space near the main entrance to Palmerston North Hospital, which was formerly used as a hospital cafe. We are now seeking suitably qualified hospitality service providers to re-establish, agree a Deed of Lease and operate a new hospital cafe within this vacant space.

If you are an experienced food and beverage operator willing to create and operate an open, inviting space for patients, visitors and hospital staff, we'd like to hear from you. Please email bruce.miller@midcentraldhb.govt.nz for a tender pack to complete and return by midday 26 May. Late submissions will not be accepted.

A tour of the cafe site will be held on 14 May at 4pm and interested parties are asked to register their interest by sending your contact information to bruce.miller@midcentraldhb.govt.nz by midday 13 May. Registrations are limited to two persons per supplier.

18,738 People Reached | 5,353 Engagements | Boost Post

70 | 51 Comments 46 Shares

Like | Comment | Share

Performance for Your Post

18,738 People Reached

320 Reactions, Comments & Shares

112 Like	70 On Post	42 On Shares
3 Love	1 On Post	2 On Shares
3 Wow	2 On Post	1 On Shares
1 Sad	0 On Post	1 On Shares
156 Comments	101 On Post	55 On Shares
46 Shares	46 On Post	0 On Shares

5,033 Post Clicks

112 Photo Views	0 Link Clicks	4,921 Other Clicks

NEGATIVE FEEDBACK

6 Hide Post	1 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Post from 22 August 2021 – Vaccinations at the Central Energy Trust

MidCentral District Health Board
6d ·

We are excited to bring a pop-up vaccination centre to Palmerston North's Central Energy Trust Arena (CET) this week.

The clinic will start as a drive-through site, opening on Tuesday (24 August) between 12pm - 4pm, for Māori, Pasifika and essential workers with booked appointments.

Please note the clinic will open to the wider eligible population later in the week.

Vehicles are asked to enter the CET through Gate 3, on Cuba Street, with traffic management plans in place for potential queues on Cook St.

To book your vaccine appointment, please head to https://bookmyvaccine.covid19.health.nz/ or call the COVID Vaccination Healthline on 0800 28 29 26.

For more information about the clinic, visit: https://covid19.mdhb.health.nz/.../pop-up-vaccination-site-c.../

Visit the COVID-19 Information Center for vaccine resources.
Get Vaccine Info

39,378 People Reached | 4,685 Engagements | Boost Post

75 | 27 Comments 99 Shares

Like | Comment | Share

Performance for Your Post

39,378 People Reached

575 Reactions, Comments & Shares

311 Like	67 On Post	244 On Shares
39 Love	9 On Post	30 On Shares
6 Haha	1 On Post	5 On Shares
1 Wow	0 On Post	1 On Shares
119 Comments	39 On Post	80 On Shares
99 Shares	99 On Post	0 On Shares

4,110 Post Clicks

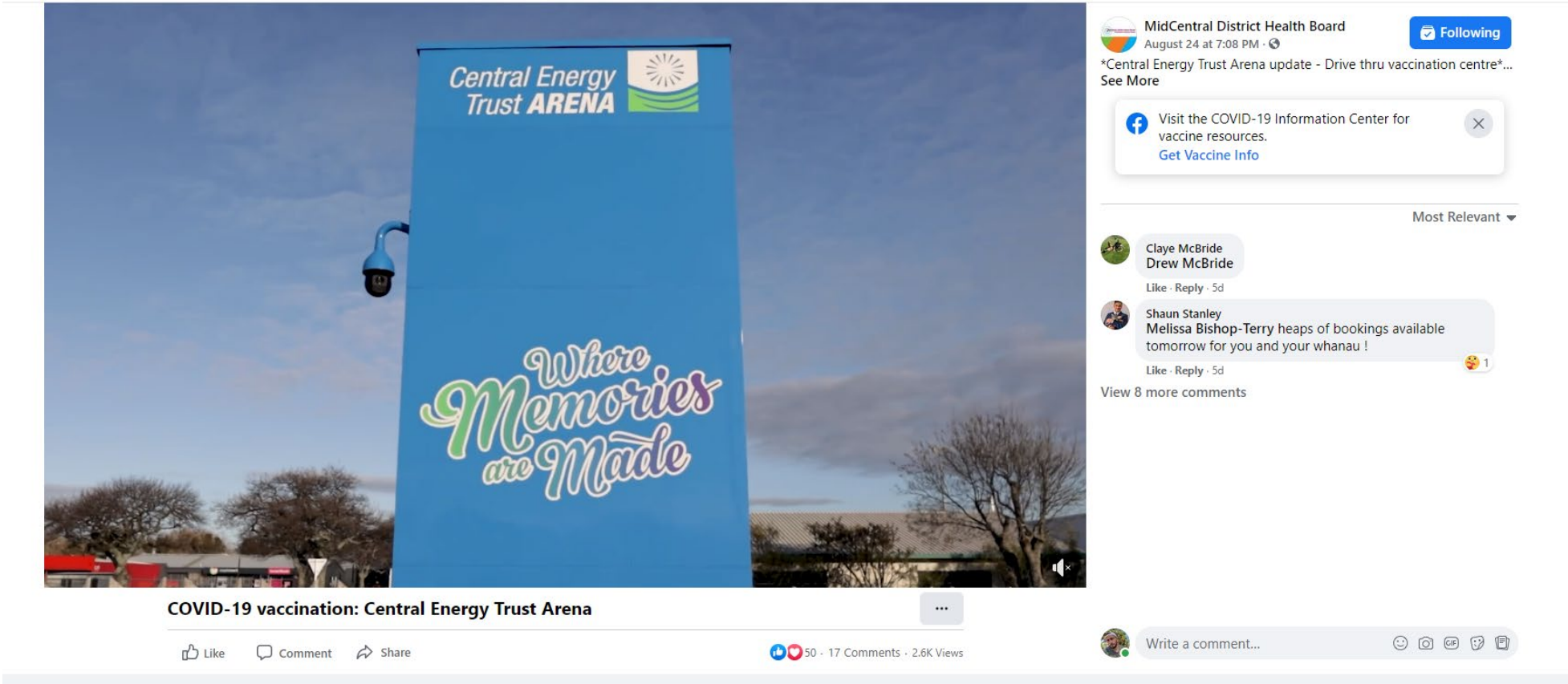
62 Photo Views	500 Link Clicks	3,548 Other Clicks

NEGATIVE FEEDBACK

5 Hide Post	1 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Most popular video – Vaccines at Central Energy Trust Arena



In total, the video reached 4200 people and 156 engagement with it.

3. REGIONAL MATTERS

3.1. Regional Services Plan

The region agreed five priority work programmes as integral to this year's Regional Service Plan.

- Planning for Sustainable Complex Care (Tertiary) Sustainability – discontinued and will be developed nationally as part of the health sector reform transition process.
- Developing Regional Single Systems of Care – Prototyping Orthopaedics (SSOC)
- Developing a Plan for Regional Specialist Mental Health and Addiction Services (MH&A)
- Implementing the Regional Cardiology Plan
- Developing a Regional Frailty Model of Care (A-RF).

3.1.1. Single System of Care Update

Synergia's final report was presented to the Regional Partnership Group (RPG) on 2 August. Technical Advisory Services (TAS) has developed a discussion paper to test the concept of a regional triage hub for primary care referrals. This reflects the central component of a single system model and responds to several of Synergia's key recommendations. The Clinical Network has been disbanded and a Programme Steering Group will be established, which will provide the forum to test the planning and approach. The Steering Group will include clinical and operational stakeholders aligned with particular requirements of specific programme initiatives.

The feasibility and scoping phase is expected to be developed by December 2021, including a detailed programme implementation plan and a business case. TAS has sought approval for additional programme management and coordination support to deliver these outputs.

3.1.2. Mental Health and Addictions Services Update

The Programme Steering Group met on 13 August to agree priority areas and specific interventions to progress this programme. After considering the existing work being undertaken within the region, likely sources of future investment and existing service needs, a shortlist of nine new interventions were agreed. The feasibility and scoping phase is expected to be developed by December 2021, including a detailed programme implementation plan and business case. TAS has sought approval for additional programme management and coordination support to deliver these outputs.

3.1.3. Regional Cardiology Plan Update

Regional Cardiac Network Clinical Leads met on 12 August to review the latest data modelling, assess the clinical risk and financial viability of proposed catheter laboratory developments in Hawke's Bay and MidCentral DHBs. Discussions continue with the Cardiac Clinical Network Chair on the future regional arrangements. The region has agreed that the 2016 Cardiac Plan will be refreshed. In the meantime, MDHB continues work to further develop its cardiology service, including establishing Cardiac CT and Cardiac MRI in the lead up to establishing the PCI (percutaneous coronary intervention) enabled Cardiac Catheterisation Clinic as part of the SPIRE project. A presentation provided to the recent regional Chief Executives meeting is included as Appendix One.

3.1.4. Frailty Model of Care Update

The Health of Older People Network was disestablished on 24 August. Terms of reference for a time-limited Frailty Steering Group has been drafted. Discussions are taking place with a community geriatrician to lead the Frailty Steering Group. The call for nominations was delayed until after the region moved into COVID-19 Alert Level Two and it is hoped the first meeting of the group will be held in October.

4. NATIONAL MATTERS

4.1. National Chief Executives meeting – 6 September

A Zoom meeting of national Chief Executives was held on 6 September. Chief Executives received an update on the Transition Unit's Work Programme. The Boards of Health New Zealand and the Maori Health Authority are expected to be announced this month. Recruitment for the Chief Executives of the organisations has commenced, with firms contracted to manage the two search processes. Work on the draft legislation is well progressed and both the NZ Health Plan and Charter is underway. The Board will be provided with Transition Unit communications as they are available.

4.2. NZ Nurses Organisation Bargaining

4.2.1. Facilitated Bargaining

Following an application for assistance from the Employment Relations Authority (ERA), the parties entered into facilitated bargaining that took place over six days. While all parties preferred to have a face-to-face meeting, the national extension of COVID-19 alert levels led to the parties agreeing to commence via Zoom. The ERA has made non-binding recommendations which the DHBs intend to accept in full. The ERA is the last step in the process toward settlement. Expert independent opinion informs the recommendations after careful consideration of both the NZNO and DHB positions. The NZ Nurses Organisation (NZNO) is taking the final offer to their members for ratification.

4.2.2. Pay Equity Bargaining

The Pay Equity Bargaining Agreement has been finalised for the Nurses Pay Equity claim, which covers both NZNO and Public Service Association (PSA) members. Preliminary discussions have begun. It is hoped to complete a settlement by 30 November 2021. The Ministry of Health has appointed a Crown negotiator to lead the negotiations on behalf of DHBs. They will be supported by the DHB bargaining team, which includes Directors of Nursing and pay equity representatives from Technical Advisory Services (TAS). An advance of funds to address the nurses' pay equity claim is included in the offer to NZNO to settle this multi-employer collective agreement (MECA).

4.3. Midwifery Employee Representation and Advisory Services

4.3.1. Revised Offer

The DHBs extended a third offer to Midwifery Employee Representation and Advisory Services (MERAS) for settlement. MERAS has committed to take the offer out to members for ratification, which closes on 17 September. DHBs will then be informed of the result.

4.3.2. Pay Equity Bargaining

Pay equity for MERAS is continuing. An advance of funds to address the midwives' pay equity claim is included in the offer to MERAS to settle this MECA.

4.4. PSA Nursing MECA Bargaining

DHBs have reached agreement with the PSA and signed the Terms of Settlement for the PSA Auckland and Rest of New Zealand (RoNZ) Nursing MECAs. The PSA is recommending that members accept the offer. An online ballot will be run from 9 to 16 September, with the outcome expected to be known soon after it closes.

4.4.1. Pay Equity Bargaining

An update on the Pay Equity Bargaining Agreement for PSA and NZNO members is outlined in section 4.2.2.

4.5. FIRST Union Bargaining

The DHB has a Single Employer Collective Agreement (SECA) with the FIRST Union, covering pharmacists. An offer will be made when the national PSA Allied, Public Health and Scientific MECA is reaching settlement. Pharmacists in other DHBs are covered by this national MECA and MDHB's settlement will be in line with the national agreement.

4.6. Other Pay Equity Claims

- The agreement reached between DHBs and the Public Service Association (PSA) in November 2020 has now progressed to the next stage. This includes 'mapping' all clerical/administration roles so they can be accurately placed within agreed salary ranges based on position descriptors. This exercise is being led nationally and was Scheduled for completion by the end of August 2021. MDHB has completed this exercise and sent all information to TAS for reconciliation. At the time of writing, MDHB is the only DHB to have completed this exercise. Further instruction is waited from TAS and the Ministry to apply the changes.
- Pay equity work continues with the Association of Professional and Executive Employees (APEX), PSA (Allied and Scientific, and Nursing roles).

4.7. New Health and Disability Services Standard

The Minister of Health has approved Ngā Paerewa Health and Disability Services Standard (2021) for use under the Health and Disability Services (Safety) Act 2001. The 2021 Standards come into effect on 28 February 2022 and will replace the:

- Health and Disability Services Standards (2008)
- Fertility Services Standards (2007)
- Home and Community Support Sector Standards (2012)
- Interim Standards for Abortion Services in New Zealand.

All DHBs must legally comply with the new standards, which feature significant changes to reflect the way hospitals work today. This is an exciting new challenge which will enable improved health care experiences and outcomes for the community.

5. ORGANISATIONAL LEADERSHIP TEAM AND STAFFING MATTERS

5.1. Te Uru Mātai Matengau Leadership

A change proposal to strengthen Tier 2 leadership across Te Uru Mātai Matengau, Cancer Treatment, Screening and Support, was released to affected staff, the Directorate and key stakeholders in July. A decision document was released on 14 September. Feedback highlighted the need to consult further on administration reporting lines, radiation therapy leadership and the cancer regional lead role. Further feedback has been invited on these areas by Friday 17 September.

5.2. Staff Vaccination Status

Staff have been asked to provide information about their vaccination status through an online survey. The information gathered will be used to assess the level of vaccine uptake amongst DHB staff; to identify possible barriers for accessing the COVID-19 vaccine; and to identify where alternative working arrangements may be required to keep staff, patients and visitors safe.

Over 2500 responses have been received from staff, which is around 93 percent of MDHB's workforce. Of these, around 2181 (81 percent) staff are fully vaccinated. Staff who have not provided their vaccination status will be followed up.

5.3. Respirator Fit-testing

The DHB is actively continuing its respirator fit-testing programme. This is focused on ensuring staff are adequately protected by approved (fit-tested) masks when undertaking clinical duties. Full-time fit-testing of frontline staff is a priority and the service is also being offered (at no cost) to the contracted workforce including Ventia, Compass and rescue helicopter services. This activity will continue until all frontline workers have been fully fit-tested.

Central Region Cardiac Insights

August 2021

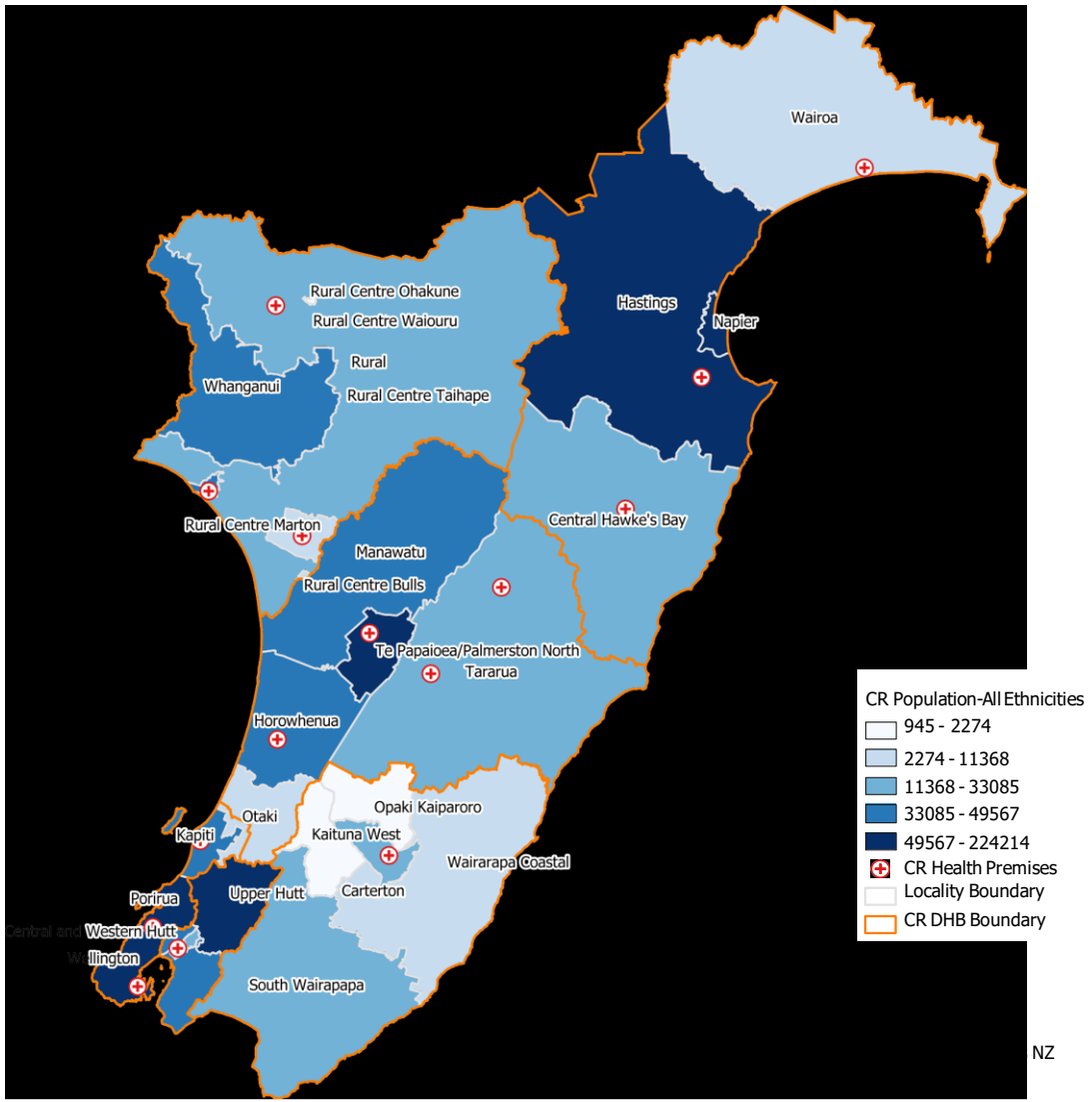
Prepared by TAS

What will be covered

- The Central Region population
- Social determinants – controllable risk factors in the development of cardiac disease over the life-course
- National picture of Ischaemic heart disease
- Central Region picture of Ischaemic heart disease
- National picture of cardiac interventions
- Central Region picture of cardiac interventions
- Future projections of cardiac intervention demand in the Central Region
- Summary of insights

The Central Region population

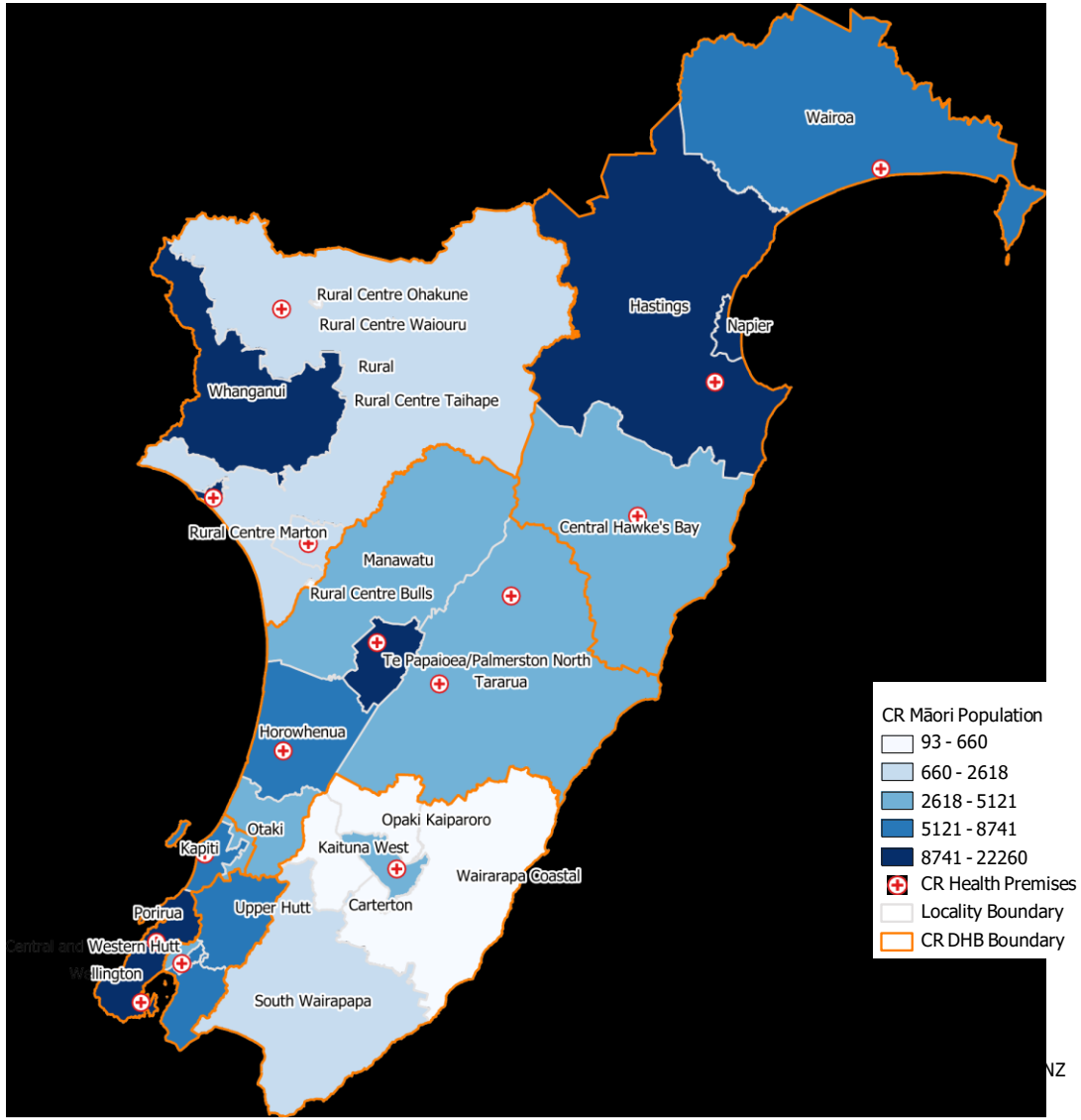
Population by Localities: All Ethnicities



Where does our population live?

- Close to 1M people living in a mix of urban and dispersed rural communities.
- Most of the population lives in and around the six major urban centres of Wellington, Hutt, Porirua, Palmerston North, Napier and Hastings. However, variation exists between subsets of the population.
    - Higher proportion of Māori live in the region's most remote locality of Wairoa.
- Internationally there is evidence that there are poorer health outcomes for people living rurally.

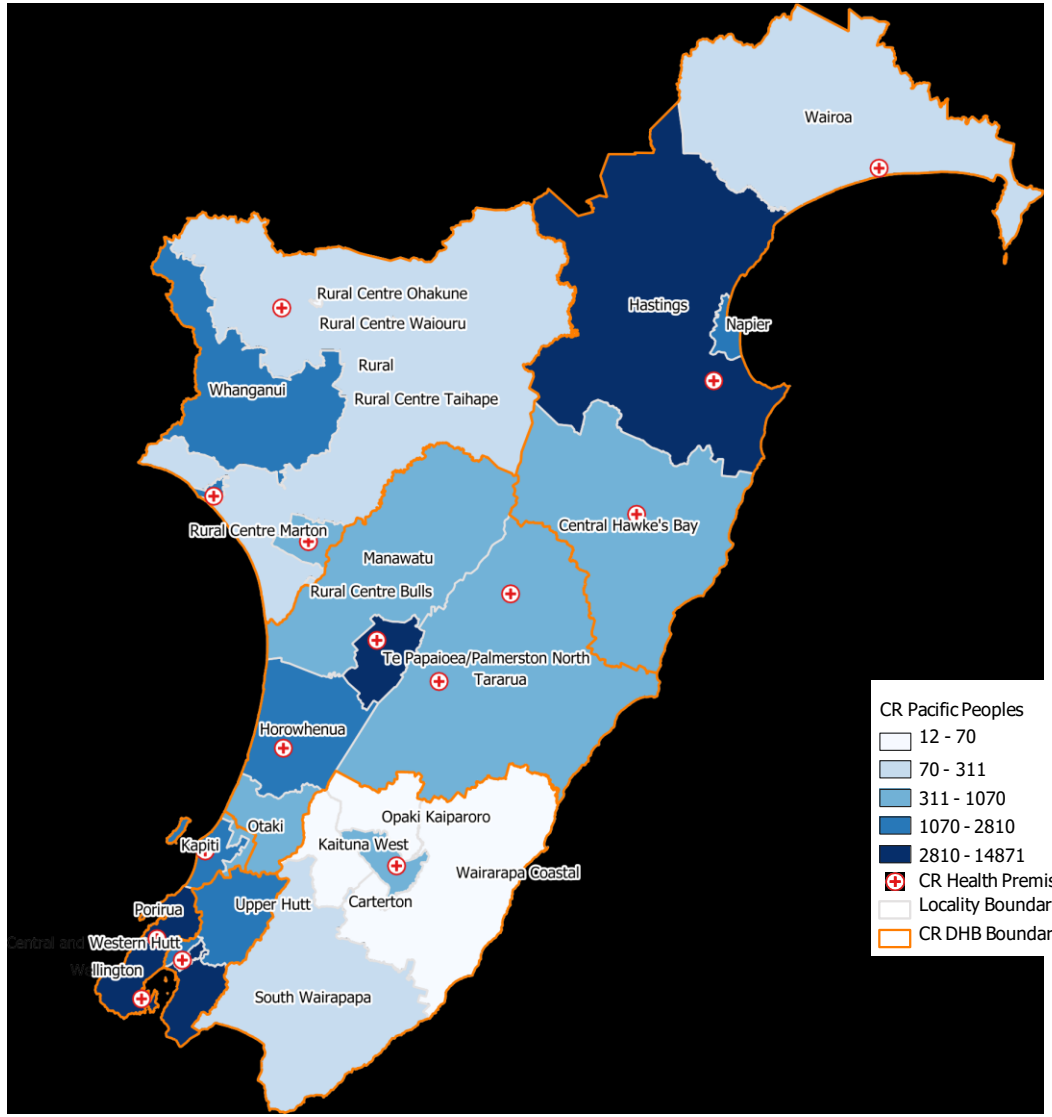
2018 Population by Localities: Māori



Where does our Māori population live?

- Māori accounts for about 19% of our population overall.
- Proportionately more Māori and people living in deprived areas have poor self rated health *(Ministry of Health. 2008. Health and Independence Report).*

Population by Localities: Pacific Peoples

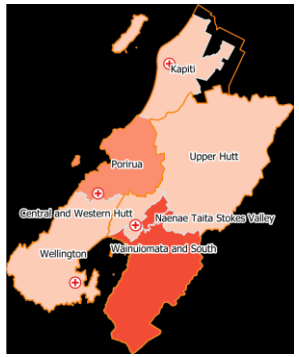


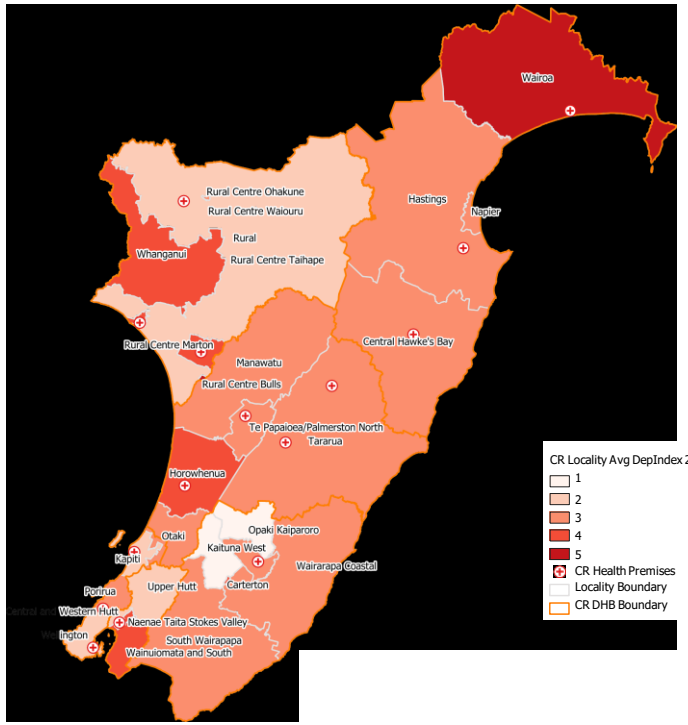
Where does our Pasifika population live?

- Pasifika people account for approximately 5%.
- 50% live in the Capital and Coast and Hutt Valley.

Socioeconomic deprivation

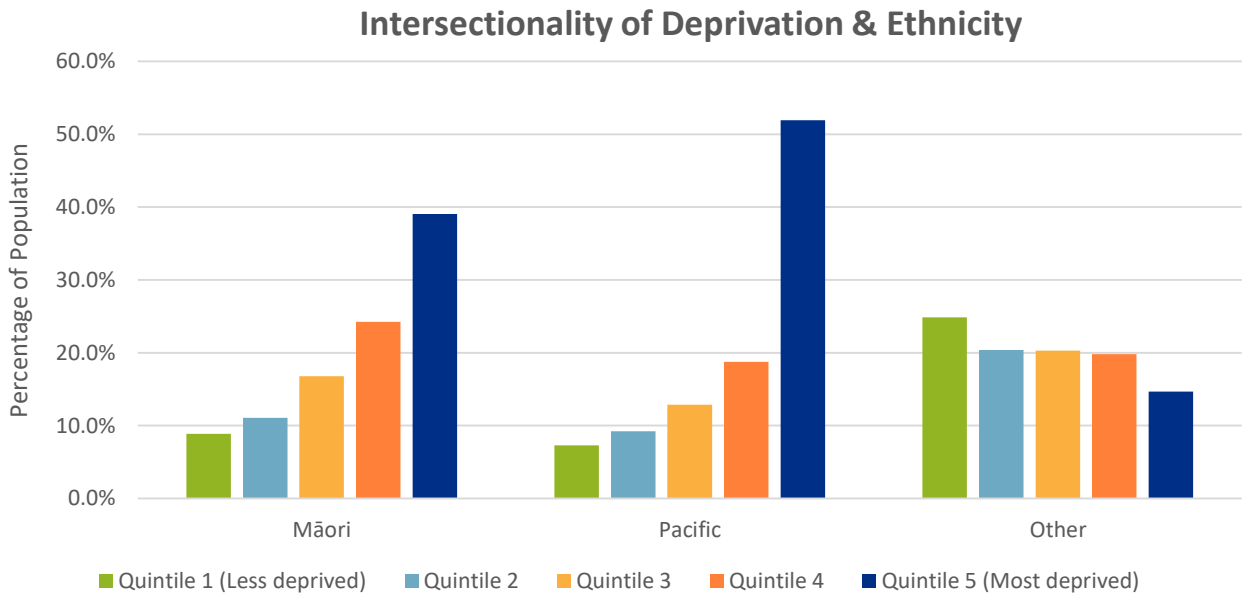
Socioeconomic Deprivation by Localities





NZDep notes:
- Map displays mean NZDep for the locality (Quintile)
-1 indicates least deprived Localities and 5 most deprived
-Source: Atkinson J, Salmond C, Crampton P (2019). NZDep2018 Index of Deprivation, Interim Research Report, December 2019. Wellington: University of Otago

- socioeconomic deprivation varies
- Greatest variation in Whanganui, Horowhenua and Wainuiomata.
- They are more likely to have:
  - barriers to health services
  - delayed diagnosis
  - poorer health outcomes



Social Determinants

controllable risk factors in the development of cardiac disease over the life course

Social determinants over the Life-Course

Ischaemic Heart Disease begins early in life and progresses.

"How well and how long you live, is highly dependant on the resources you have over your life time."

Socio-economic conditions *predicated through racism are know to have an adverse impact on the heart health of Māori and Pasifika across the life-course.*

It is not happenchance *that Māori and Pasifika live in the most deprived areas.*

Risk Factors for ischaemic disease

Controllable:
(largely socially determined)
Obesity, smoking, cholesterol, diabetes, exercise, weight, diet, stress/anxiety, alcohol intake

Uncontrollable:
Age, gender, mental health history, family history

Controllable Risk Factors - Children

Obesity in Children (NZHS 2019/20)

9.4%	children aged 2-14 years were obese.
2.7x	as likely for children living in the most deprived areas to be obese compared to those living in the least deprived
4.7x	as likely for Pasifika Children to be obese.
1.6x	as likely for Māori Children to be obese

Did not visit a GP due to cost (NZHS 2019/20)

1.8%	of children aged **5-9 years** had unmet need for a GP due to cost compared to 7.7% in 2014/15
1.9%	of children aged **10-14 years** had unmet need for GP due to cost. compared to 9.5% in 2014/15
1.2%	of Māori children did not visit a GP due to cost which is a decrease from 2.6% in 2018/19 and 7.7% on 2011/12
2.3%	of Pasifika Children did not visit a GP due to cost a decrease from 5.3% in 2018/19 and 6.5% in 2011/12

An unfilled prescription due to cost

1.9%	of all children had a prescription that was not collected due to cost.
2.4x	as likely that Māori children had a precription that was not collected due to cost
3.1x	as likely that Pasifika children had a prescription that was not collected due tc cost

Source: New Zealand Health Survey 2019/20

Positive trend *No change* *Negative trend*

TAS Kahui tuitui tangata

Controllable Risk Factors - Adults

Smoking (NZHS 2019/20)

13.4% of respondents were current smokers compared to 16.6% in 2014/15 and 18.2 % in 2011/12

3.3% of 15-17 years reported being current smokers the lowest across the age bands with 65-74 years (7.3%) and 75+(3.9%)

31.4% of Māori adults are smokers,down from 34.8% in 2014/15. Māori men were 2.1x more likely than their non-Māori counterparts to smoke

22.4% of Pasifika adults were current smokers down from 25.9% in 2011/12. Pasifika adult were 1.7x times more likely to smoke compared to non-Pacifica adults

4.5x as likely for people living in the most deprived areas to smoke compared to people living in the least deprived areas

Obesity (NZHS 2019/20)

30.9% of adults aged 15+ (an estimated 1.24 million) are obese, this overall prevalence has remained relatively stable since 2012/13. However, there has been an increase between 2011/12 and 2019/20 for adults aged 45-54 years and 55-64 years

63.4% of Pasifika adults were identified as obese, followed by Māori (47.9) European/Other (29.3%) and Asian 15.9%)

1.8x as likely for people living in the most deprived areas io be obese compared to people living in the least deprived areas

Source: New Zealand Health Survey 2019/20

Positive trend *No change* *Negative trend*

TAS Kahui tuitui tangata

Controllable Risk Factors - Adults

Hazardous Drinking (NZHS 2019/20)

20.9% one in five adults were hazardous drinkers, with no significant change since the time series began in 2015/16

28.7% of men (2.1 times) compared to 13.6% of women were identified as hazardous drinkers

36.1% of Māori adults were hazardous drinkers, 1.8 times more likely than non-Māori adults

32.4% of youg adults aged 18-24 years had the highest prevalence of hazardous drinking, with 23.8% for ages 25-34 years, 35-44 (21.5%) and 45-54 years (27.7%).

11.6% of those aged 15-17 years engaged in hazardous drinking an increase from the previous year of 6.3%. From age 55 and over the rate decreases with increasing age.

Psychological Distress (NZHS 2019/20)

8.5% of women reported experiencing psychological distress in the past four weeks, prior to completing the survey, compared to men (6.3%)

13.6% of Māori adults, 9.7% of Pasifika, 7.5% of European/Other and 3.9 % of Asian adults had expereienced psychological in the past four weeks prior to completing the survey

3.7x as likely for people living in the most deprived areas to have experienced psychological distress as those living in the least dprivied areas

The prevalence of psychological distress has increased since 2011/12 for both Māori and European/Other adults (from 7.4% and 3.9% respectively

In contrast the prevalence for psychological distress has not changed significantly amongst Pacifica and Asian adults. over time

Source: New Zealand Health Survey 2019/20

Positive trend *No change* *Negative trend*

TAS Kahui tuitui tangata

Access to Primary Care and Medicines

Unmet need for GP due to cost

15.9% of women were more likely to forgo a visit to a GP due to cost than men (10.6 %).

1.5x as likely for Māori adults (20.9%) to not visit a GP due to cost as non-Māori adults

1.6x as likely for those living in the most deprived areas to not visit a GP as those living in the least deprived areas.

Having a cost barrier to GP visits was less common among older adults - 6.7% for those aged 65-74 years and 3.4% for those aged 75+

Unfilled prescription due to cost

6.7% of women were more likely to not have collected a prescription due to cost compared to men (3.5%). Since 2014/15 the prevalence of unfilled prescription due to cost has decreased in men (from 4.8%) but not for women

14% of Pasifika adults and 12.7% of Māori adults had not collected a prescription due to cost in the year before taking part in the survey

6.0x as likely for those living in the most deprived areas to not have collecteda prescription due to cost as those living in the least deprived areas

The percentage of adults who were unable to fill a prescription due to cost was much lower in those aged 65+, 2.3% for those aged 65-74 and 1.3 % for 75+ compared to 4.9 -7.3 percent for those aged 15 – 64 years

Source: New Zealand Health Survey 2019/20

Positive trend *No change* *Negative trend*

TAS Kahui tuitui tangata

Access to Cardiac Medicines

PHARMAC report - Variation in medicines use by ethnicity: a comparison between 2006/07 and 2012/13

'in both time periods, cardiac medicines were the leading class of medicines for which there is a deficit in aged-standardised, disease-burden adjusted script counts" The shortfall in scripts is estimated to be 207,638 in 2006/07, and 280,149 in 2012/13.

While Māori have a higher age standardised script rate of 1,578 per 1000 population compared with 1,265 per 1000 population for non-Māori in 2006/07, and 1,720 per 1000 population compared to 1,356 per 1000 population for non-Māori in 2012/13, they also have a higher prevalence of cardiovascular disorders than non-Māori.

The deficit is uniform for almost all classes of cardiovascular medicines and is both a shortfall in access and persistence

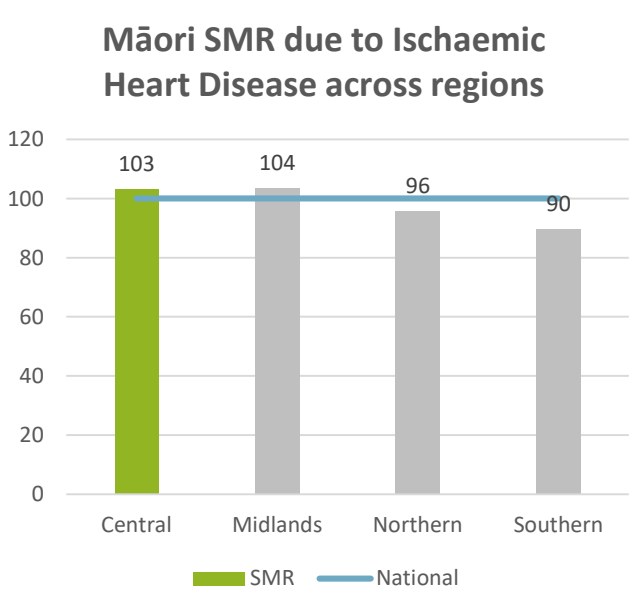
Source: Data sourced from Pharmac report - Variation in medicines use by ethnicity : a comparison between 2006/7 and 2012/13 completed by Auckland UniServices Limited https://pharmac.govt.nz/assets/2018-01-19-Variation-in-medicines-use-by-ethnicity-Final-Report.pdf (downloaded 30 June 2021)

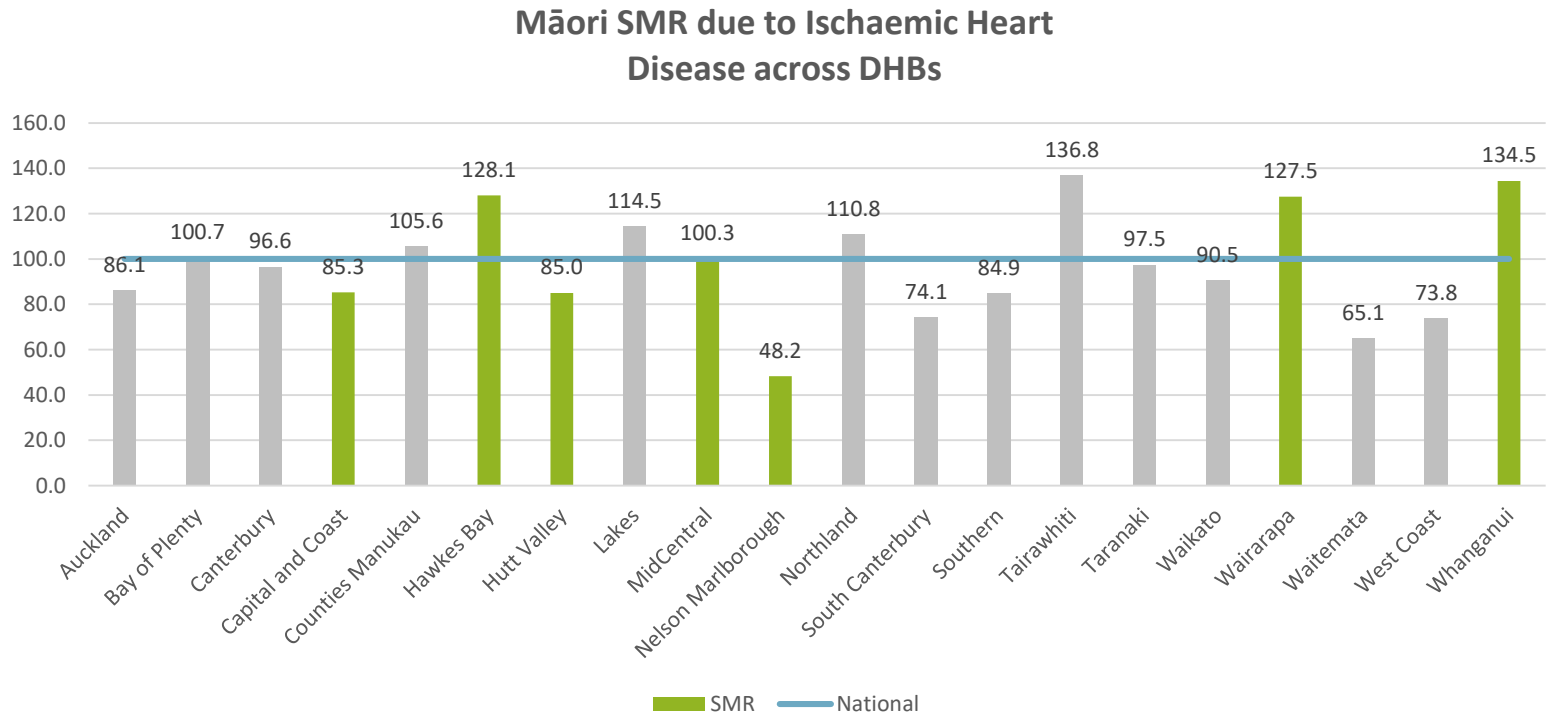
National picture of ischaemic heart disease

Mortality Age Standardised Methodology

- Indirect Methods standardization has been used here.
- In this method, instead of taking one population structure as standard and applying sets of rates to it to estimate expected events, a set of rates from a national population is applied to each of the populations (at Regional level and DHB level) being compared to calculate standardized morbidity/ mortality ratios.
- The indirect method of standardization has been used to calculate how many deaths would be expected in Regions/ DHBs if it had the same age-specific mortality rates as national.
- An overall summary measure can then be calculated, that is, the standardized mortality ratio (SMR), which is the ratio of the observed number of deaths to the expected number of deaths.
- SMR = $\frac{\text{Observed number of deaths (O) X 100\%}}{\text{Expected number of deaths (E)}}$

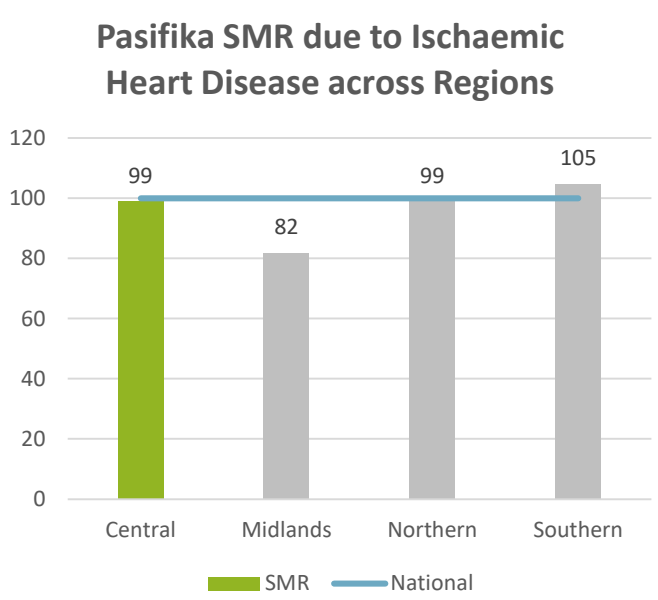
Standard Mortality Rates (SMR) due to Ischaemic Heart Disease - Māori

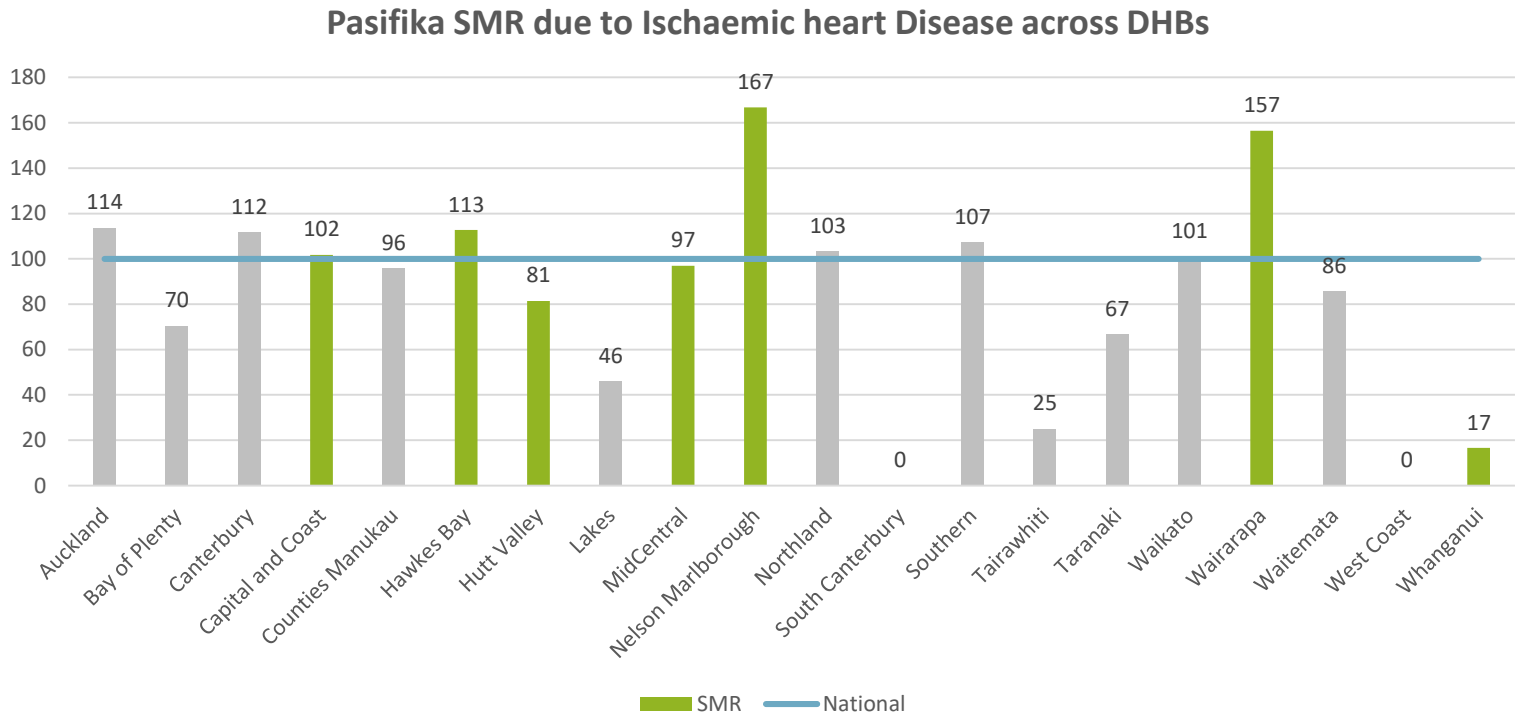




Source: MOH Mortality Collection 2014 – 2017: MOH population projections 2020

Standard Mortality Rates (SMR) due to Ischaemic Heart Disease - Pasifika

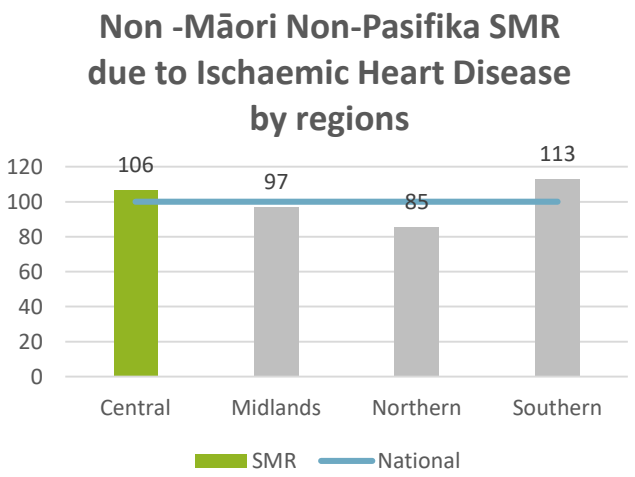


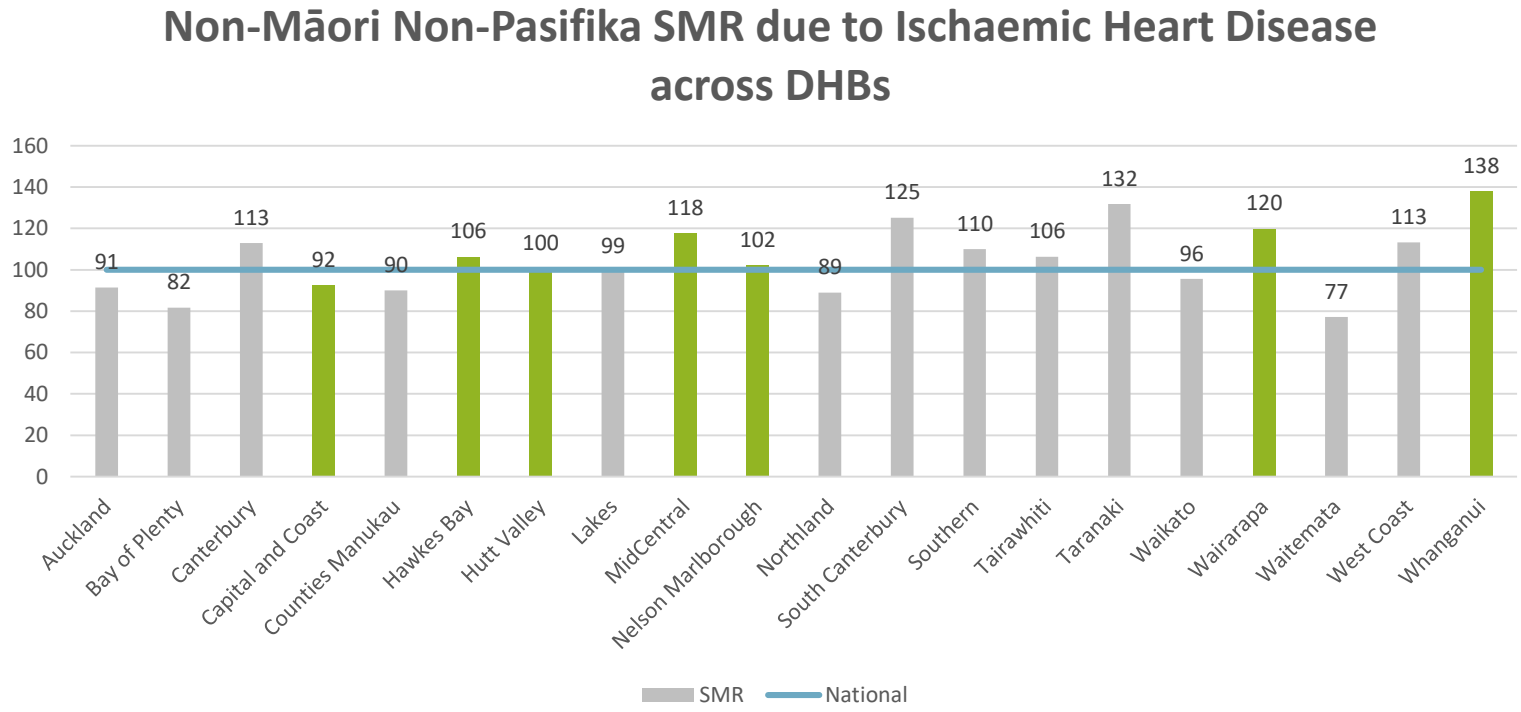


Source: MOH Mortality Collection 2014 – 2017: MOH population projections 2020

TAS
Kahui tuitui tangata

Standard Mortality Rates (SMR) due to Ischaemic Heart Disease - Non-Māori Non-Pasifika



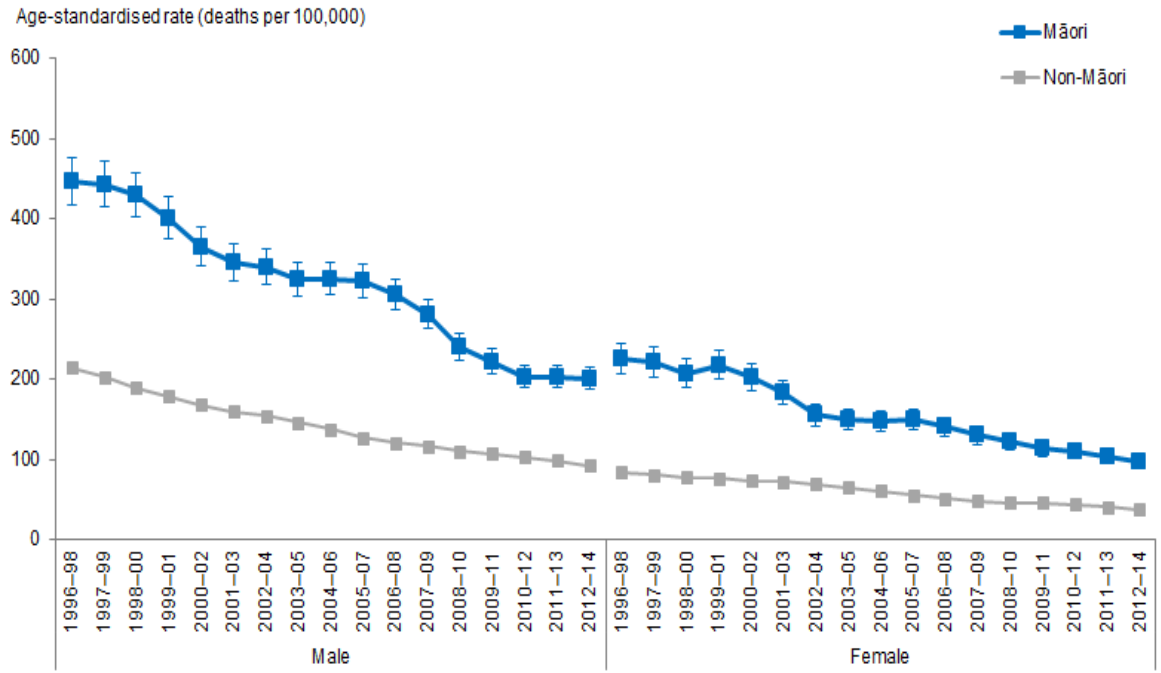


Source: MOH Mortality Collection 2014 – 2017: MOH population projections 2020

Māori health trends - national picture

- The following graphs present trends related to cardiovascular disease mortality and hospitalisation rates over time for Māori and non-Māori adults aged 35+ years.
- The data is derived from the National Minmum Data Set (NMDS), Ministry of Health 1996-98 to 2014-16 , published in the “Wai 2575 Māori Health Trends Report” completed by the Ministry of Health.
- The report is an equity report in that the focus is on Māori data with the comparison population being the non-Māori population rather than the total population.
- Figures are age-standardised to the 2001 Census total Māori population - standardising to a Māori population provides rates that more closely approximate the crude Māori rates than could be provided by the other standard populations
- Using the 2001 Census total Māori population to age standardise over time, aligns with the expectation set by the WHO when it introduced in 2001 the WHO World Standard population it will be used over the next 20 – 30 years.
- Prioritised ethnicity has been used

Ischaemic heart disease mortality rates, 35+ years, by gender, Māori and non-Māori, 1996–98 to 2012–14



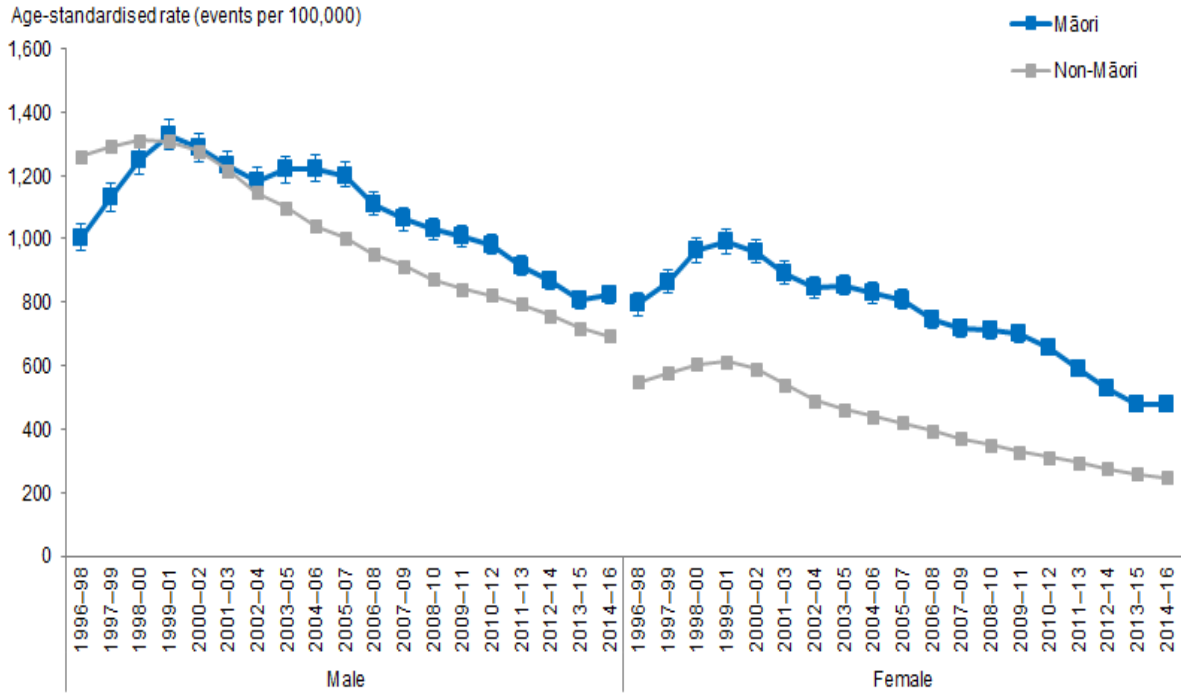
During the time period 1996-98 to 2012-14:

- Ischaemic heart disease mortality decreased for Māori and non-Māori males and females by over 50 percent
- For Māori males mortality rates decreased by 55 percent (from 447 to 201 deaths per 100,000) for non-Māori males rates decreased by 57 percent (from 215 to 92 deaths per 100,000)
- For Māori females mortality rates decreased by 57 percent (from 226 to 97 deaths per 100,000) and for non-Māori females mortality rates decreased by 55 percent (85 to 38 deaths per100,000)
- The **difference** between Māori and non-Māori male ischaemic heart disease mortality rates have halved reducing from 232 per 100,000 in 1996 -1998 to 109 per 100,000 in 2012-14
- For females the **difference** between Māori and non-Māori mortality rates decreased by nearly 60 percent (from 141 per 1000,00 in 1996-98 to 59 per 100,000 in 2012-14).
- While the difference in ischaemic disease mortality rates have halved the rates for Māori remain twice as high as those for non-Māori.

Source: National Minimum Data Set (NMDS), Ministry of Health, 1996–98 to 2014–16. published in the Ministry of Health WAI 2575 Māori Health Trends Report

TAS Kahui tuitui tangata

Ischaemic heart disease hospitalisation rates , 35+ years, by gender, Māori and non-Māori, 1996–98 to 2014-1624

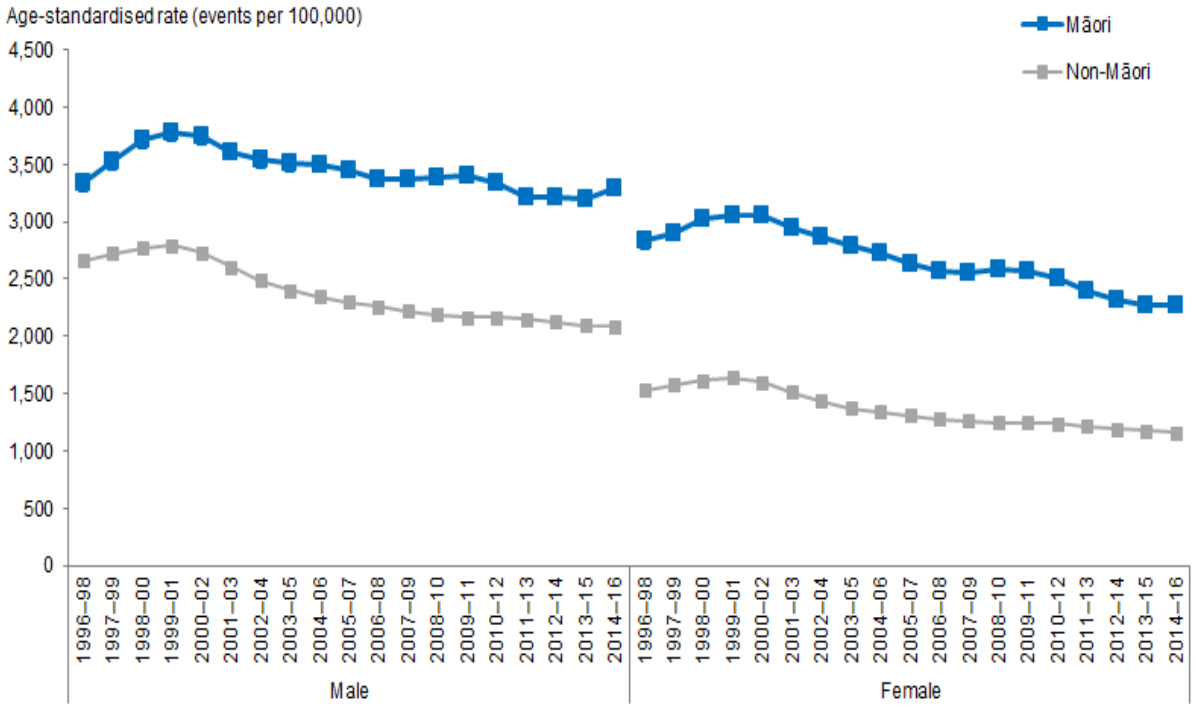


During the time period 1996-98 to 2012-14:

- Overall, ischaemic heart disease hospitalisation rates have decreased for Māori and non-Māori
- For Māori males, hospitalisation rates decreased by 18 percent (1,005 to 825 per 100,000) and for non-Māori males, hospitalisation rates decreased by 45 percent (from 1,261 to 694 per 100,0000
- For Māori females, hospitalisation rates decreased by 40 percent (from 795 to 476 per 100,000) whereas for non-Māori females the decrease was 45 percent (from 550 to 248 per 100,00)
- The **difference** between Māori and non-Māori male ischaemic hospitalisation rates increased by 151 percent from 256 less hospitalisations per 100,000 (the difference in 1996-98) to 131 more hospitalisations (the difference in 2014-16)
- For females, the **difference** between Māori and non-Māori hopsitalisation rates decreased by 7 percent(from 245 per 100,000 in 1996-98 to 228 per 100,000 in 2014- 16)
- The **difference** between Māori and non-Māori increased for males and decreased for females.
- Rates for Māori males remain around 1.2 times as high for non-Māori males, and rates for Māori females remain around twice those of non-Māori females.

Source: National Minimum Data Set (NMDS), Ministry of Health, 1996–98 to 2014–16. published in the Ministry of Health WAI 2575 Māori Health Trends Report

Total cardiovascular disease hospitalisation rates, 35+ years, by gender, Māori and non-Māori, 1996–98 to 2014–16



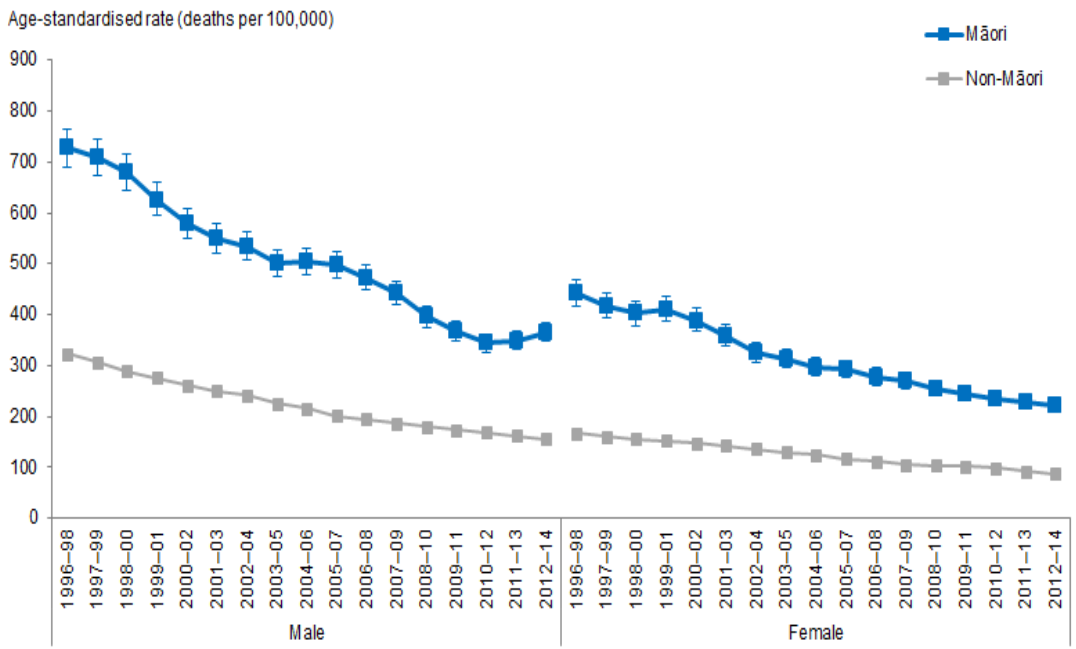
- Overall, standardised rates of hospitalisations due to total cardiovascular diseases decreased for males and females. However, during the period 1986-98 to 1999 -01 there was an increase then a decrease to 2014-16

During the time period 1996-98 to 2014-16

- age standardised hospitalisation rates for Māori males decreased by 2 percent (from 3,341 to 3,285 per 100,000) compared to the non-Māori males decrease of 22 percent (from 2,659 to 2,082 per 100,000)
- Māori female hospitalisation rates decreased by 20 percent (from 2,831 to 2.272 per 100,000) while the decrease for non-Māori females rates was 24 percent (1,5225 to 1,161 per 100,000)
- The **difference** between Māori and non-Māori total cardiovascular disease hospitalisation rates increased for males and decreased for females
- Rates for Māori males increased to be 1.5 times as high for non-Māori males, the Māori female rate remains twice as high as the non-Māori female rates

Source: National Minimum Data Set (NMDS), Ministry of Health, 1996–98 to 2014–16. published in the Ministry of Health WAI 2575 Māori Health Trends Report

Total cardiovascular disease mortality rates, 35+ years, by gender, Māori and non-Māori, 1996–98 to 2012–14



During the time period 1996-98 to 2012-14

- age standardised total cardiovascular rates decreased for Māori and non-Māori males and females
- the difference between Māori and non-Māori males total cardiovascular rates decreased by 48 percent – reducing from 404 per 100,000 (1996 -98) to 210 per 100,000 (in 2012-14)
- the difference between Māori and non-Māori females decreased by 52 percent (from 275 per 100,00 in 1996-98 to 133 per 100,000 in 2012-14)
- difference between Māori and non-Māori total cardiovascular disease mortality rates halved between 1996-98 and 2012-14
- However, rates for Māori remain more than twice as high as those for non-Māori

Source: National Minimum Data Set (NMDS), Ministry of Health, 1996–98 to 2014–16. published in the Ministry of Health WAI 2575 Māori Health Trends Report

"Trends in ischaemic heart disease: patterns of hospitalization and mortality rates differ by ethnicity (ANZACZ –QI 21)"

Corina Grey, Rod Jackson, Susan Wells, Billy Wu, Katrina Poppe, Matire Harwood, Gerhard Sundborn, Andrew J Kerr

- Mortality rates for ischaemic heart disease (IHD) has been declining in New Zealand and throughout the world. These declines have been attributed to rapid progress in the prevention and treatment of cardiovascular disease including reductions in blood cholesterol and smoking prevalence, improvements in blood pressure control and the increasing use of revascularization in the treatment of acute coronary syndromes.
- However, there are concerns that rising rates of obesity and diabetes may halt or even increase these favourable trends in IHD. In the US, UK and Australia increases in body mass index (BMI) and diabetes prevalence have been implicated in the slowdown in the rates of decline of IHD mortality in young adults.
- While New Zealand has not yet observed this phenomenon in the total population, there are marked variation in cardiac outcomes and the prevalence of obesity and diabetes by ethnicity. Māori, Pasifika and Indian adults are known to be at increased risk of cardiovascular disease, with higher prevalence and hospitalization compared to Europeans

This paper examined patterns of hospitalisation and mortality rates by ethnicity and found:

- Between 2006 and 2015 IHD deaths and hospitalisations declined in all main ethnic groups and in both sexes. There were no clear differences in pattern of decline by ethnicity with the exception of smaller declines in Pasifika women particularly IHD deaths in Pasifika women.
- A potential problem with differential access to care in different ethnic groups, as reflected in the markedly lower ratios of hospitalisations to deaths in Māori and Pasifika men and women.

Conclusion

IHD death and hospitalisation rates continue to decline in all ethnic groups in New Zealand but the declines in mortality was slowest in Pasifika people particularly Pasifika women. Māori and Pasifika also have disproportionately high rates of IHD mortality compared to hospitalisations suggesting poor access to care. More effective strategies are required to improve access to CVD prevention and to acute care for these population groups.

Source: NZMJ 13 July 2018 VOL 1331 No.1478 29 – 31 Available online at www.nzma.org.nz/journal

“Inequity in one-year mortality after first myocardial infarction in Māori and Pasifika patients: how much is associated with differences in modifiable clinical risk factors? (ANZACS-QI 49). “

Mazengarb J., Grey C., Lee M., Poppe K.,Mehta S., Harwood M., Harrison W., Earle N., Jackson R., Kerr A. 2020

Paper found:

- ethnic differences in presentation – Māori were more likely to present with a cardiac arrest, both Māori and Pasifika peoples were more likely to present with acute heart failure and worse left ventricular systolic function (both are associated with worse outcome),
- the paper also surmised that Māori and Pasifika people have more pre-existing cardiac disease.
- ethnic differences in modifiable longer-term determinants of risk: excess smoking and associated COPD in Māori, excess diabetes in Pasifika, Māori and Indian patients, excess Chronic Kidney Disease in Pasifika and to a lesser extent Māori and Indian patients
- noting that nearly half of the Māori and Pasifika study cohort lived in the poorest geographical quintile in New Zealand – higher burden of cardiovascular risk factors and multi-morbidity is associated with higher levels of deprivation
- ethnic differences in treatment - all patients in the cohort underwent coronary angiography but there were small differences in overall revascularisation rates and types of revascularisation – revascularisation occurred in 75% of European/others, 70.5% in Pasifika and 67% in Māori,
- ethnic differences in outcomes related to potentially modifiable or preventable clinical factors that could be significantly reduced.

Conclusion:

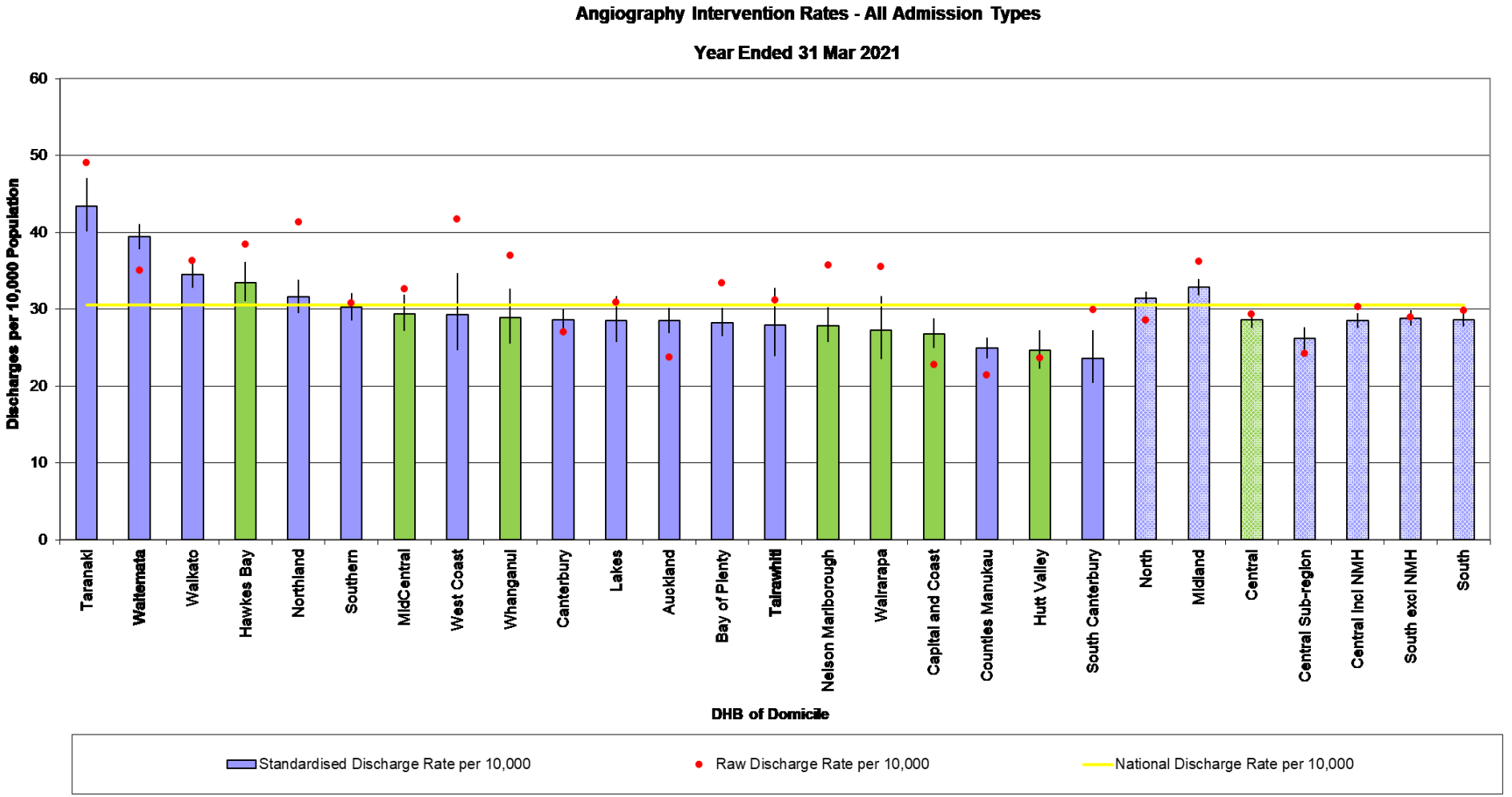
modification of these risk factors spans the continuum of care and life course from the prevention of risk factors to primary prevention management of risk factors in the community, to acute pre-hospital and in-hospital care, and then to post-discharge secondary prevention in primary care.

Source: Source: NZMJ VOL 133, No.1521 40-54. Avaible online at www.nzma.org.nz/journal (downloaded 27 July 2021)

National picture of Cardiac Standard Intervention Rates (SIRs)

Standard Intervention Rates (SIRs) - Angiography

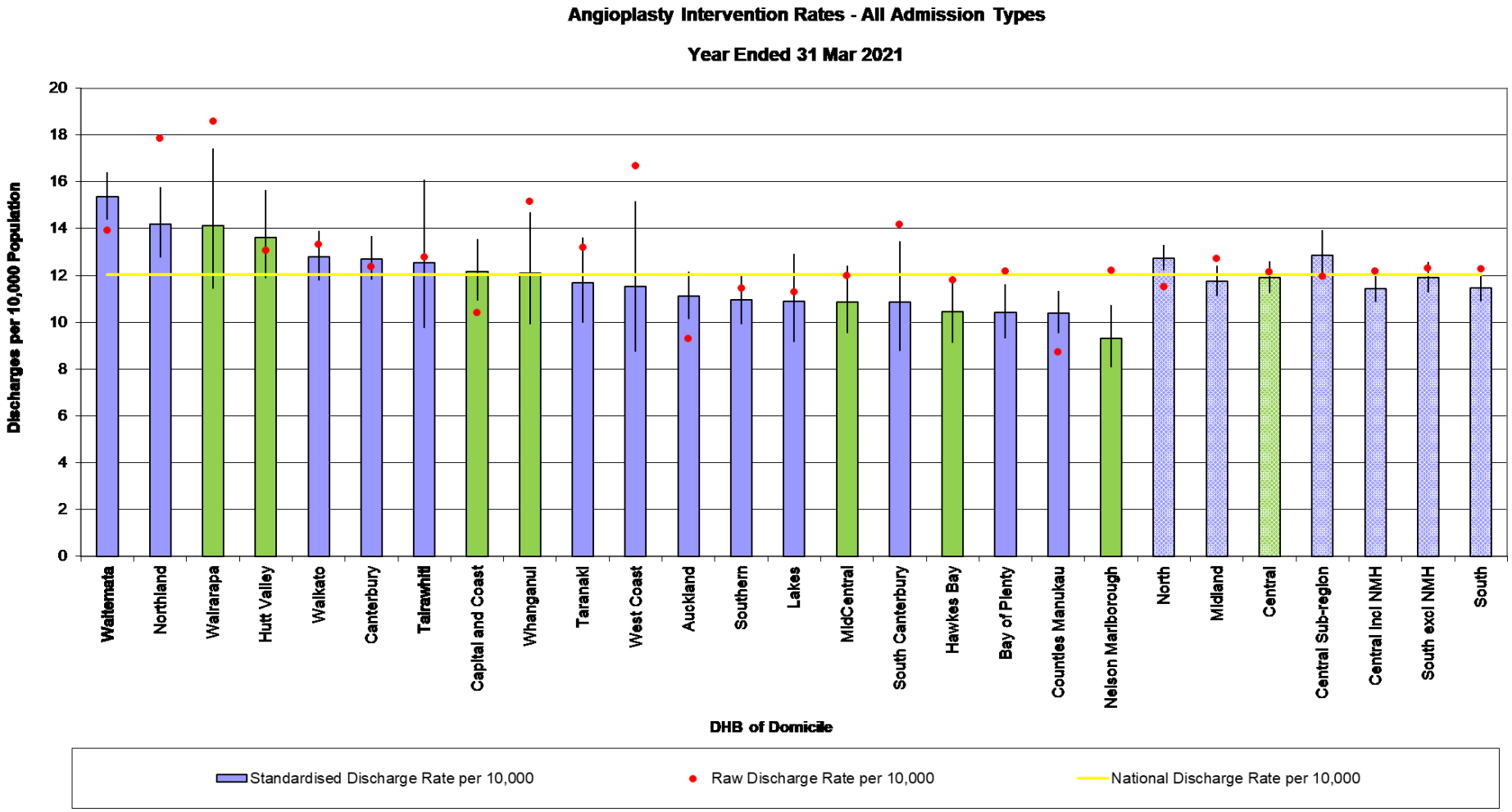
- Hawkes Bay has a raw intervention rate that is significantly above the national rate of 30.52 interventions per 10,000 of population.
- While, Wairarapa, Nelson Marlborough, Hutt Valley, and Capital and Coast have an Intervention rate that is significantly below.



Source: MOH Elective Services SIRS reporting March 2021 as at 8/6/21

Standard Intervention Rates (SIRs) - Angioplasty

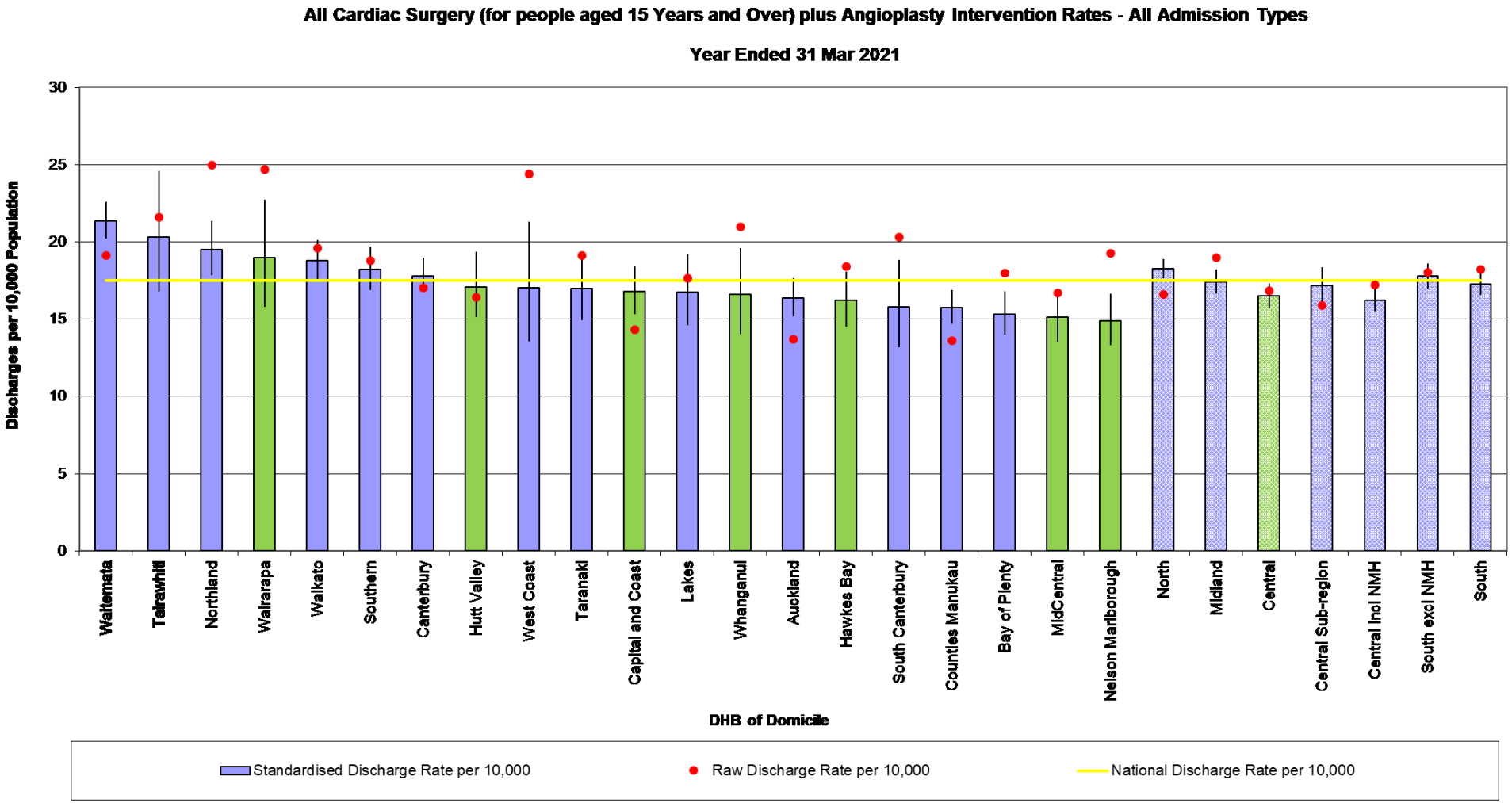
Hawke's Bay has a lower Intervention rate that is significantly different from other DHBs in the region, when compared to the National SIR of 12.05 per 10,000. The rates for the other DHBs in the region are not significantly different



Source: MOH Elective Services SIRS reporting March 2021 as at 8/6/21

Cardiac Surgery Standard Intervention Rates (SIRs)

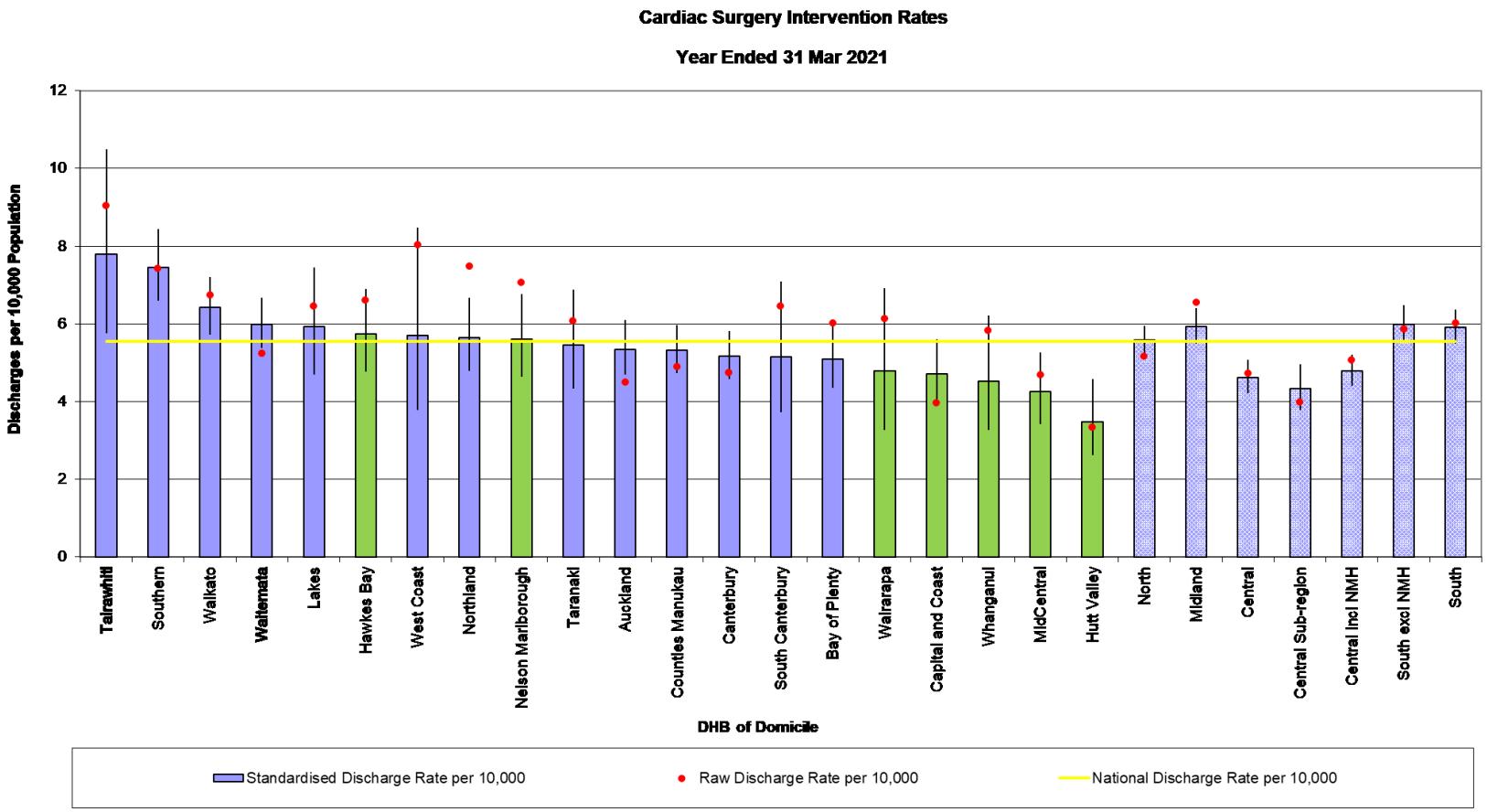
MidCentral & Nelson Marlborough have intervention rates that are significantly below the national rate of 17.50 interventions per 10,000 population



Source: MOH Elective Services SIRS reporting March 2021 as at 8/6/21

Cardiac Surgery Standard Intervention Rates (SIRs) Excluding Angioplasty Intervention Rates

- Mid Central & Hutt Valley have intervention rates that are significantly below the National Intervention Rate (NIR).
- to achieve the NIR an additional 16 cases at MidCentral and 35 cases at Hutt Valley would be required.
- The lower Intervention rate at Capital and Coast is not considered statistically different but an extra 55 cases would be required to achieve the national rate



Source: MOH Elective Services SIRS reporting March 2021 as at 8/6/21

Central Region Population Insights Summary

Key Points:

We expect that by 2030 our population will have grown, with more people aged 65+. For our Māori and Pasifika population there will continue to be significant growth across all ages but a marked increase in people aged 65+.

Across the life course Māori, Pasifika, people living in the most deprived areas and those living rurally are more likely to develop the risk factors for ischaemic heart disease.

There are access barriers for Māori, Pasifika, people living in the most deprived areas and those living in rural areas to health services

While ischaemic heart disease mortality rates have halved for non-Māori the rates for Māori remains twice as high.

Standard Mortality Rates (SMR) are significantly higher than the national rate if you live regionally, Whanganui 139 deaths and Hawkes Bay, MidCentral, Wairarapa and Hutt Valley all have a SMR greater than 100.

Important to Note:

The access barriers to primary care have reduced since the introduction of the Community Services Card, and there appears to be more people picking up their prescriptions, but differences by ethnicity and deprivation remain

Māori are 1.5x and people living in the most deprived areas 1.6x more likely to not visit a GP due to cost. Higher proportion of Pasifika and Māori are more likely not to collect a prescription due to cost. These findings are supported by research findings.

A less well understood problem identified in the PHARMAC report suggest that Māori are less likely to be prescribed all classes of cardiac medicines and/or collect the medicine

Obesity and diabetes prevalence (risk factors) for IHD are increasing in the NZ population particularly for Pasifika, Māori and Indian.

Māori and Pasifika have disproportionately high rates of IHD mortality compared to hospitalisations suggesting poorer care

Conclusion:

In the central Region our population will continue to grow and age, with more Māori and Pasifika across all age groups with significant growth in the 65+ years (2030)

Other jurisdictions are observing a slowdown in the rates of decline of IHD mortality due to increases in obesity and diabetes prevalence need to strengthen a focus on the prevention of the risk factors across the life course

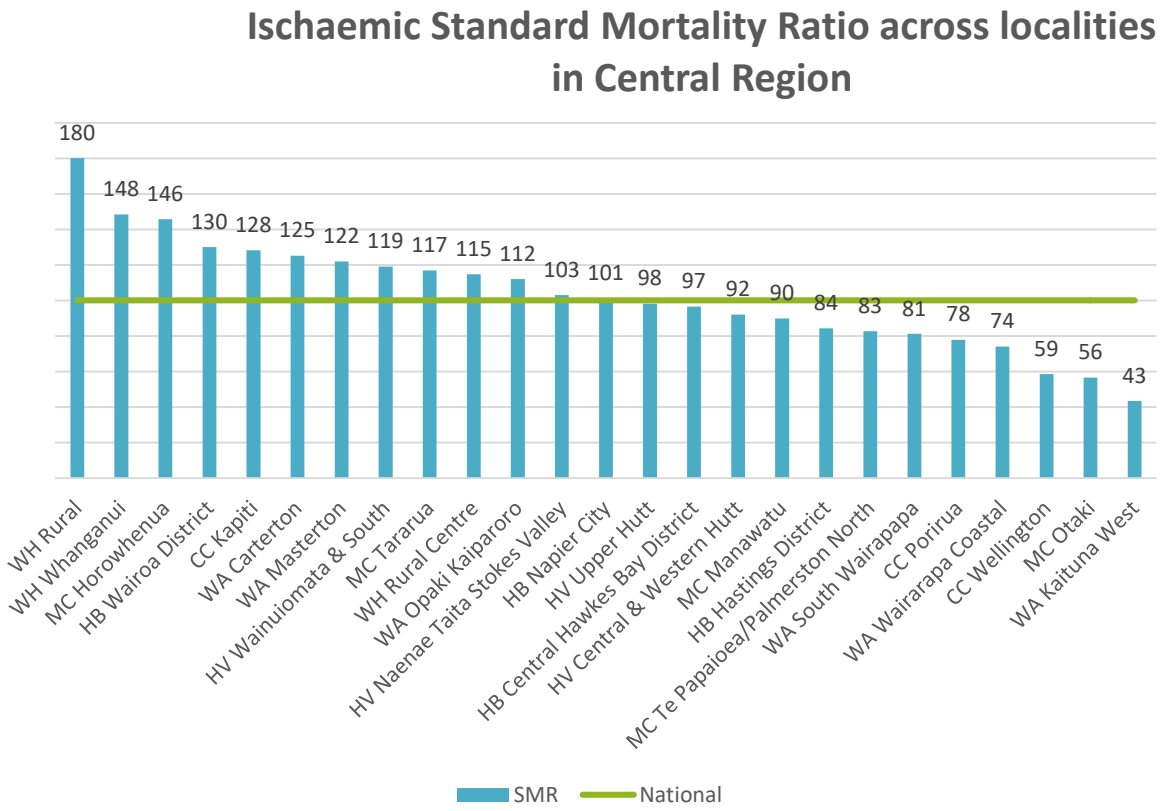
Expand the IHD continuum of care to include primary heath care - primary prevention management of the risk factors in the community, acute pre-hospital and in –hospital care, secondary discharge back to primary health care

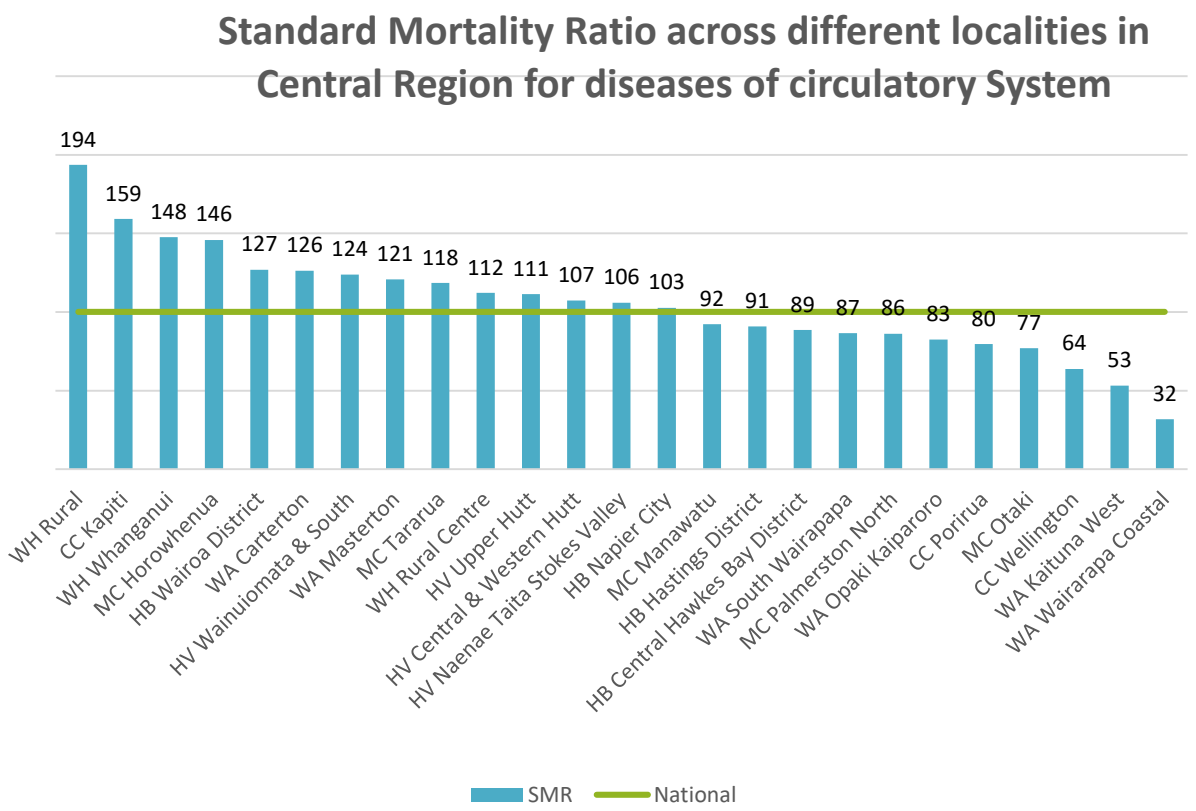
Address the issues of poorer care for Māori and Pasifika in both primary and secondary care.

Kahui tuitui tangata

Central Region picture of Cardiac Services

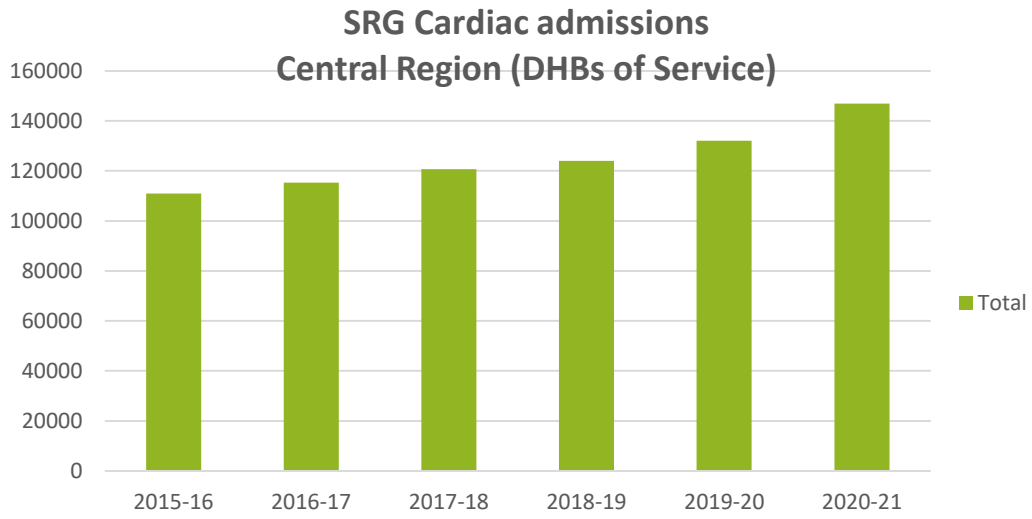
SMR across different localities in the Central Region

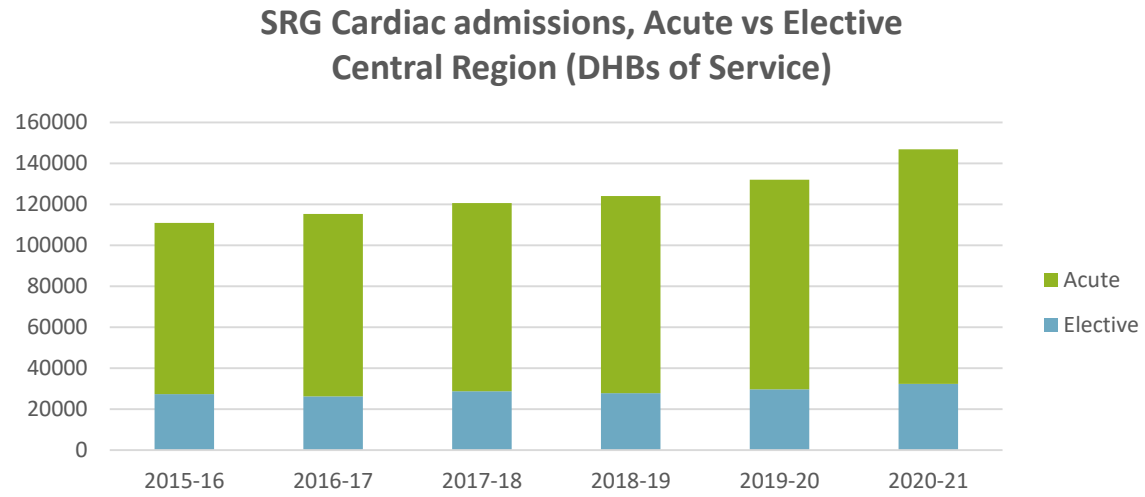




Source: MOH Mortality Collection 2014 – 2017: MOH population projections 2020

Cardiac Admissions categorised by Service Related Group (SRG)

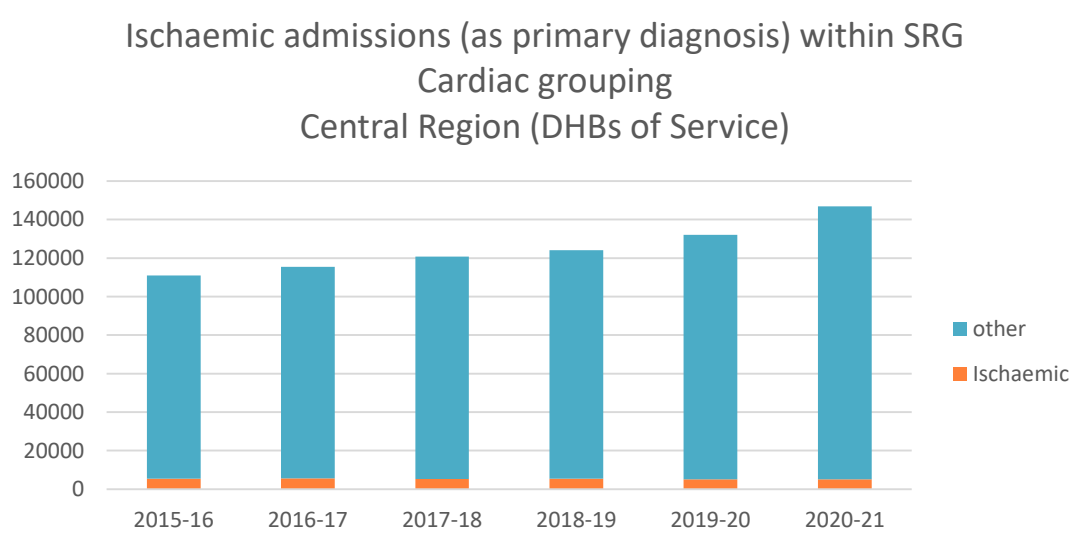


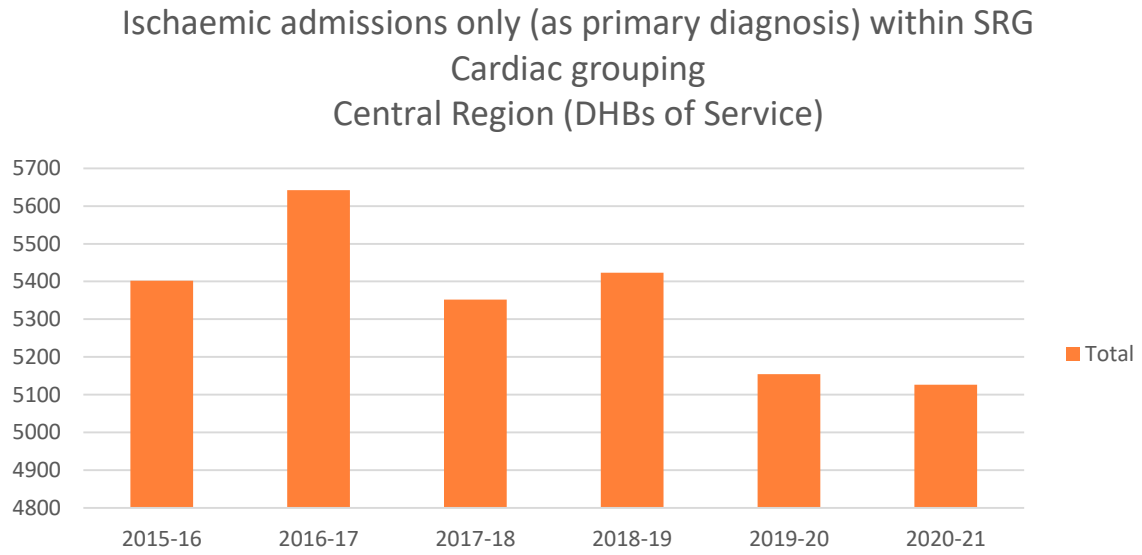


SRG is a classification of Diagnostic Related Categories of all cardiac services

Source: National Minimum Data Set (NMDS)

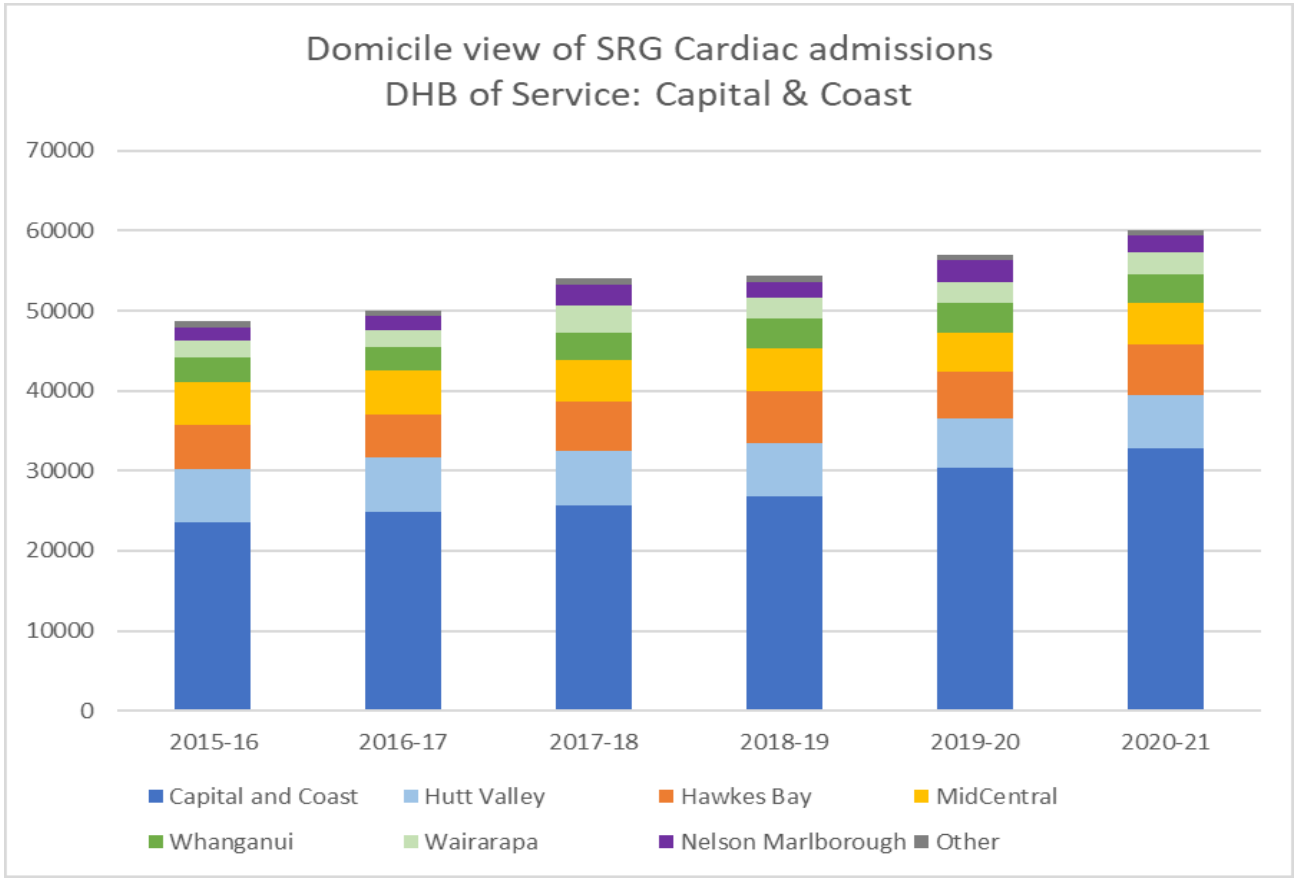
Ischaemic Heart Admissions as primary diagnosis within the Cardiac Service Related Group (SRG)





Source: National Minimum Data Set (NMDS)

SRG Cardiac Admissions at Capital and Coast DHB

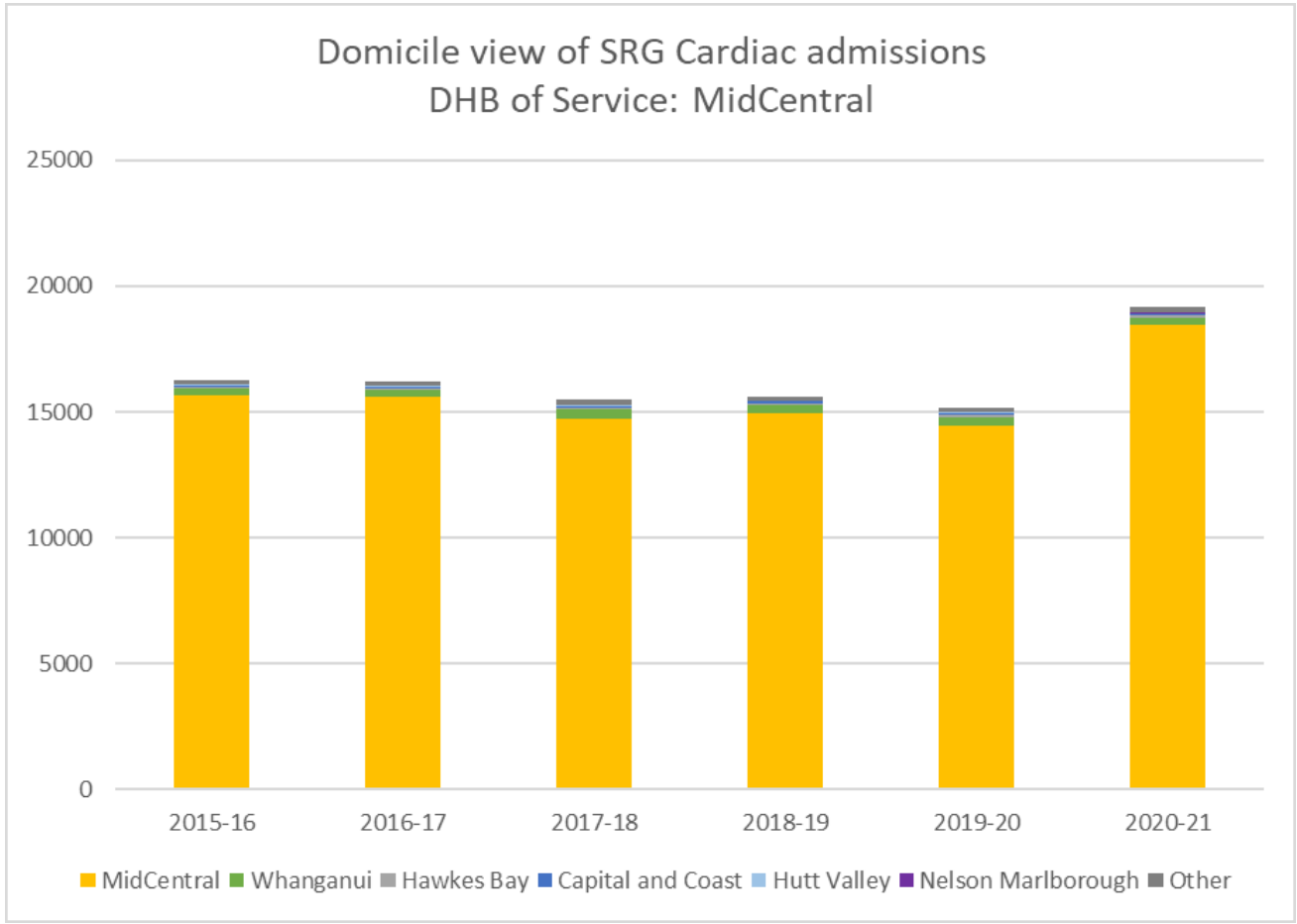


- Since 2015/16, there has been a steady increase in cardiac admissions to Capital and Coast DHB.
- However, it appears that cardiac admissions from the other DHBs in the region to Capital and Coast DHB, over this same time period, have remained largely static.

Source: National Minimum Data Set (NMDS)

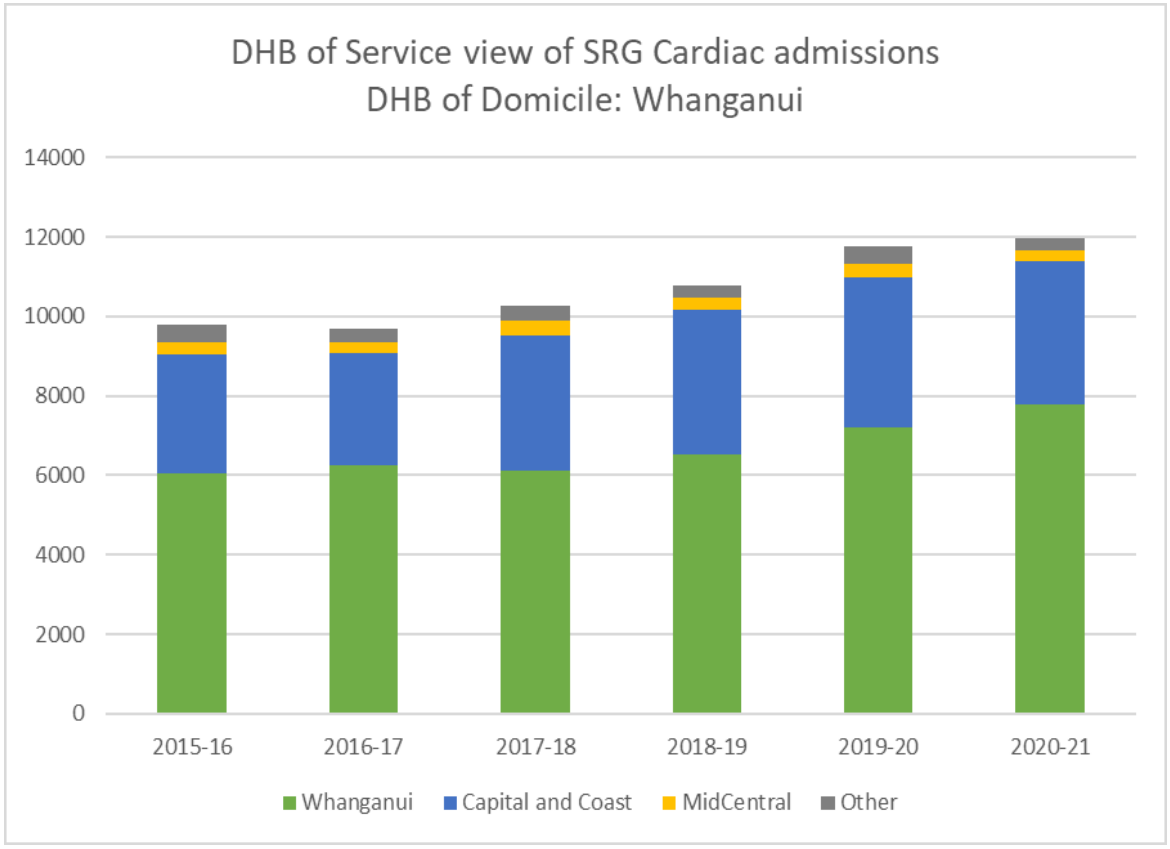
SRG Cardiac Admissions at MidCentral DHB

- Since 2015/17 to 2019/20 cardiac admissions to MidCentral have been relatively stable. In 2020/21 there has been an increase in cardiac admissions to MidCentral DHB.
- However, over this time period cardiac admissions from other DHBs in the region to MidCentral appear to have remained static



Source: National Minimum Data Set (NMDS)

Whanganui DHB Service Flows for Cardiac Admissions

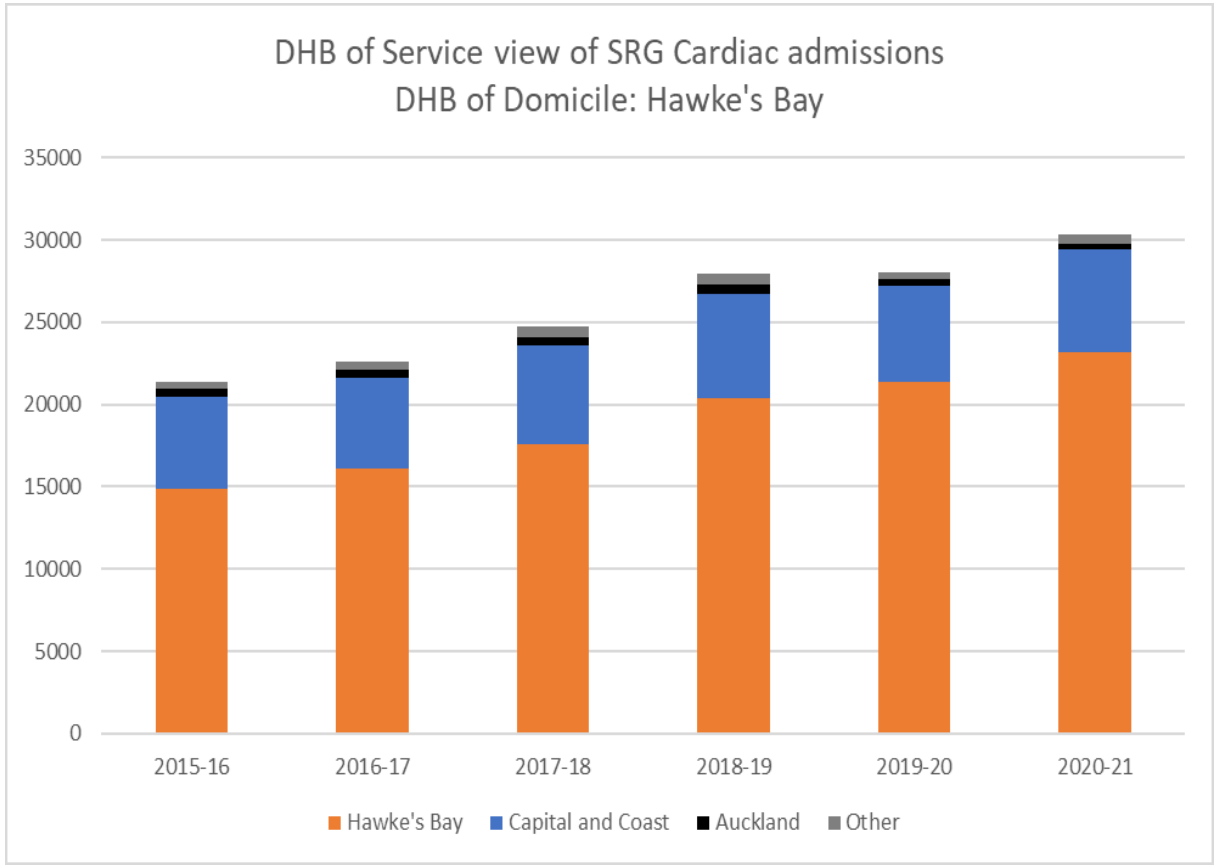


- Since 2015/16 there has been a steady increase in cardiac admissions to Whanganui DHB.
- However, it appears that cardiac referrals to MidCentral DHB and Other have not increased, since 2015/16
- It appears that there was a drop in cardiac referrals to Capital and Coast DHB in 2016/17 and an increase in 2017/18.
- However, since 2017/18 cardiac referrals from Whanganui DHB to both MidCentral and Capital and Coast appear to have been static.

Source: National Minimum Data Set (NMDS)

Hawke's Bay DHB Service Flows for Cardiac Admissions

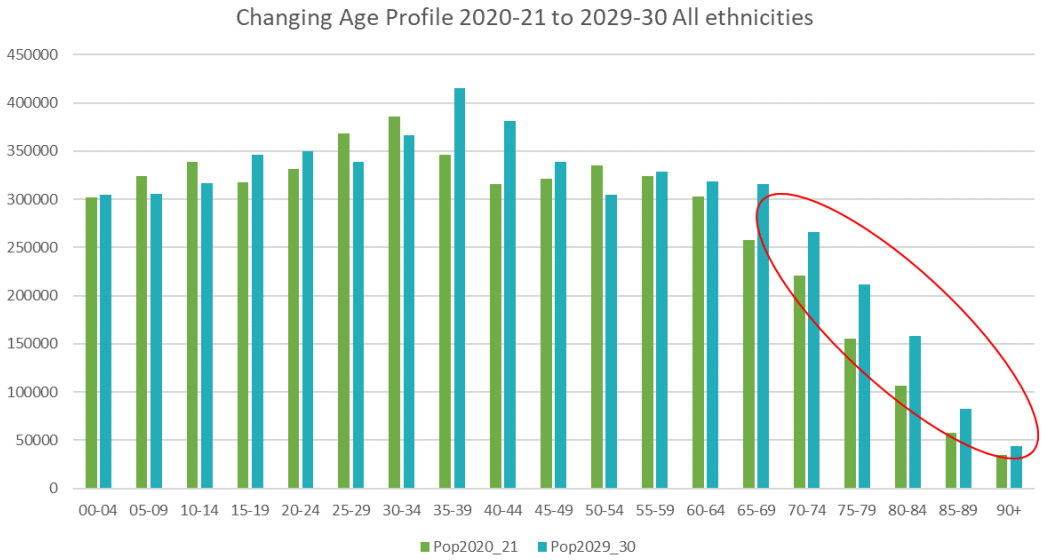
- Since 2015/16 there has been a steady increase in cardiac admissions to Hawke's Bay DHB
- Over this time period there appears to have been minor fluctuations in cardiac referrals to Capital and Coast DHB
- While there have been fluctuations in cardiac referrals to Capital and Coast DHB, it appears that the referrals have remained largely static.

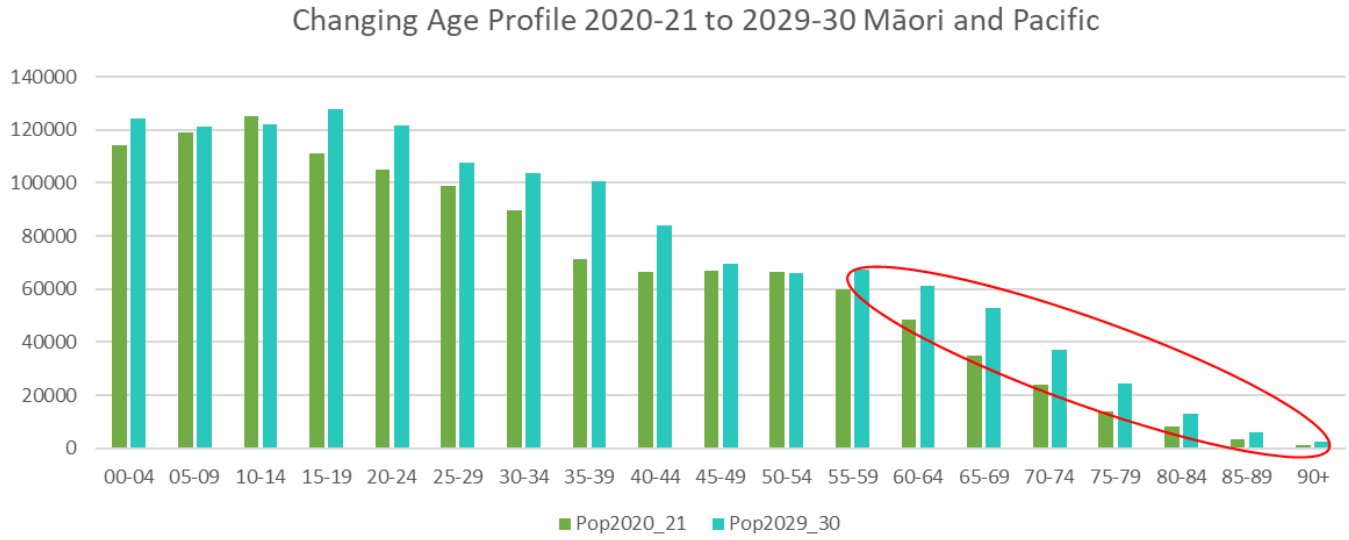


Source: National Minimum Data Set (NMDS)

Future Projections

A Central Region ageing population threatens sustainability





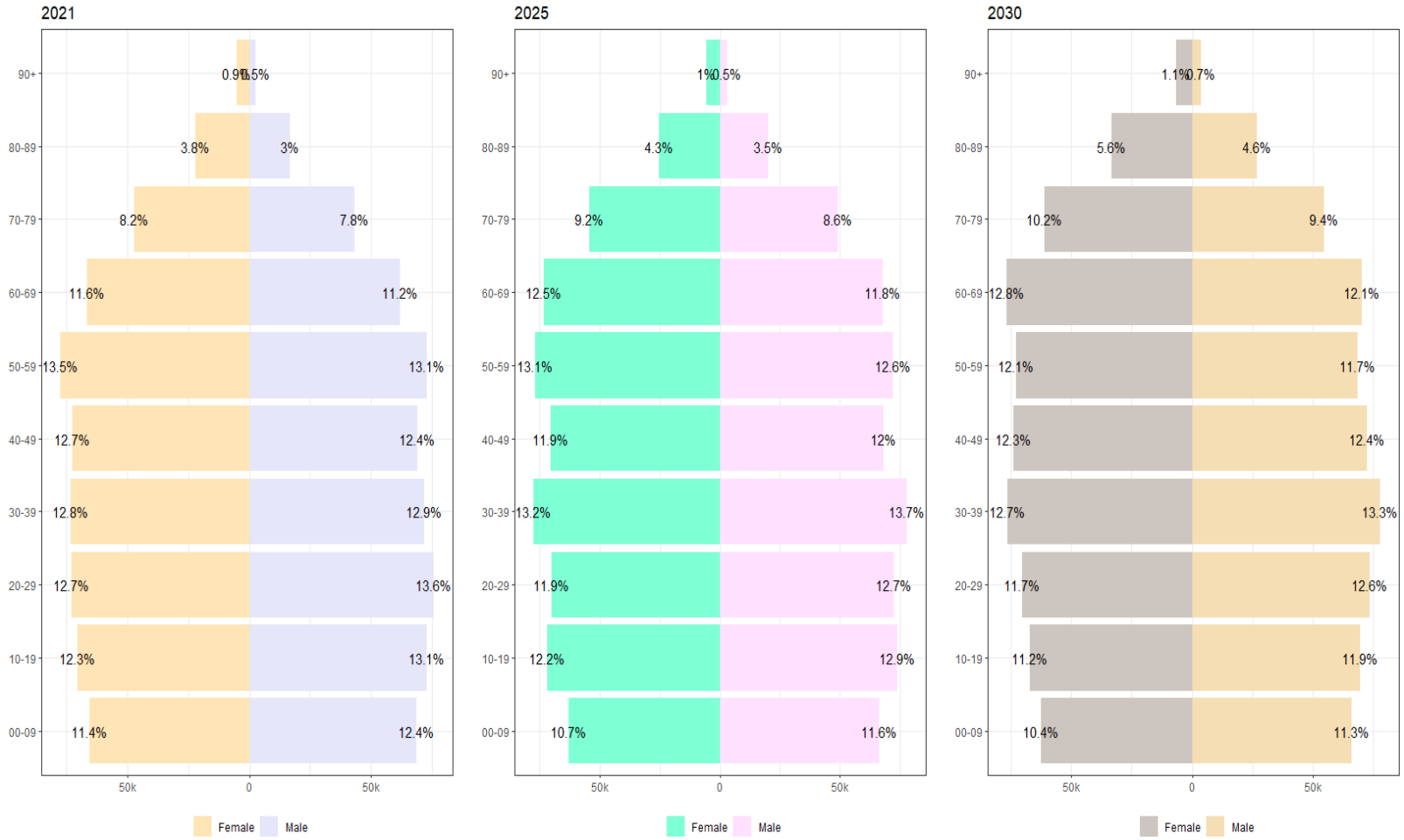
- We expect significant growth in the number of people aged over 65 by 2030. Because people aged over 65 are high consumers of health services, this growth represents a challenges to health system sustainability. Aging is about frailty – people will live older and be well until late in life and others will become frail and experience poor health earlier especially Māori, Pasifika and those who poor.
- Growth will occur in our Māori and Pasifika populations right across the age range. This is particularly significant for the over 65 demographic which will almost double by 2030. Because the health system currently does not cater for a large elderly Māori and Pasifika population, it may struggle to meet the needs of this rapidly growing population unless services are reconfigured.
- Our responses will need to reflect diversity and prevent avoidable use of healthcare by those who are frail.

Source: Ministry of Health 2020 Projections (2018 Census base)

TAS Kahui tuitui tangata

Central Region Population Pyramid 2021-2030

- Over the next nine years to 2030, the Central Region population is expected to grow by 5.0% overall.
- Approximately 28. % of this net growth will be above the age of 60 which is currently 24.5%.

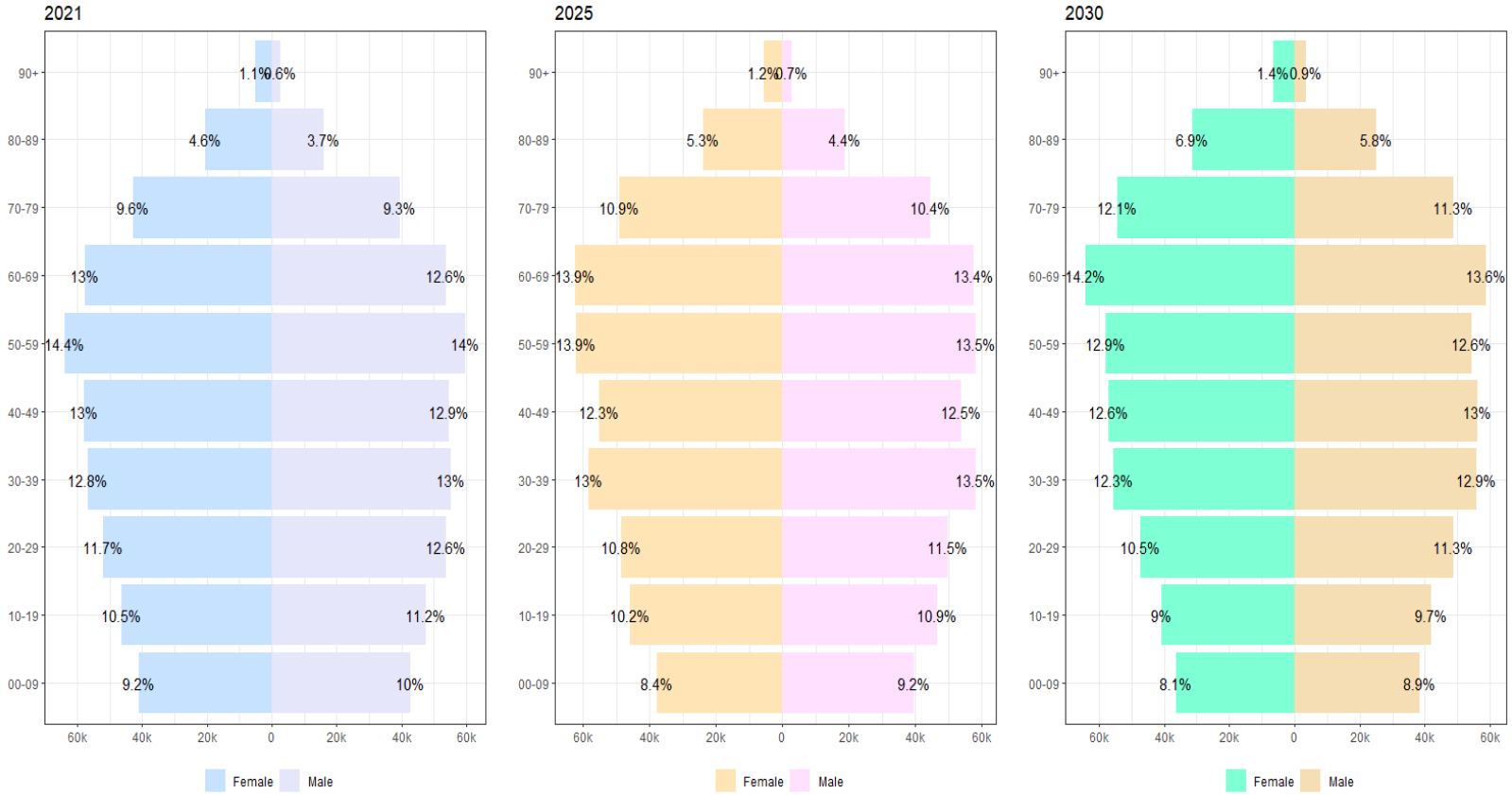


Female	574230	587340	602450
Male	557050	570675	585070
Population	1131280	1158015	1187520

Source: Ministry of Health 2019 Projections (2013 Census base)

TAS Kahui tuitui tangata

Central Region Non Māori Non Pasifika Population Pyramid 2021-2030

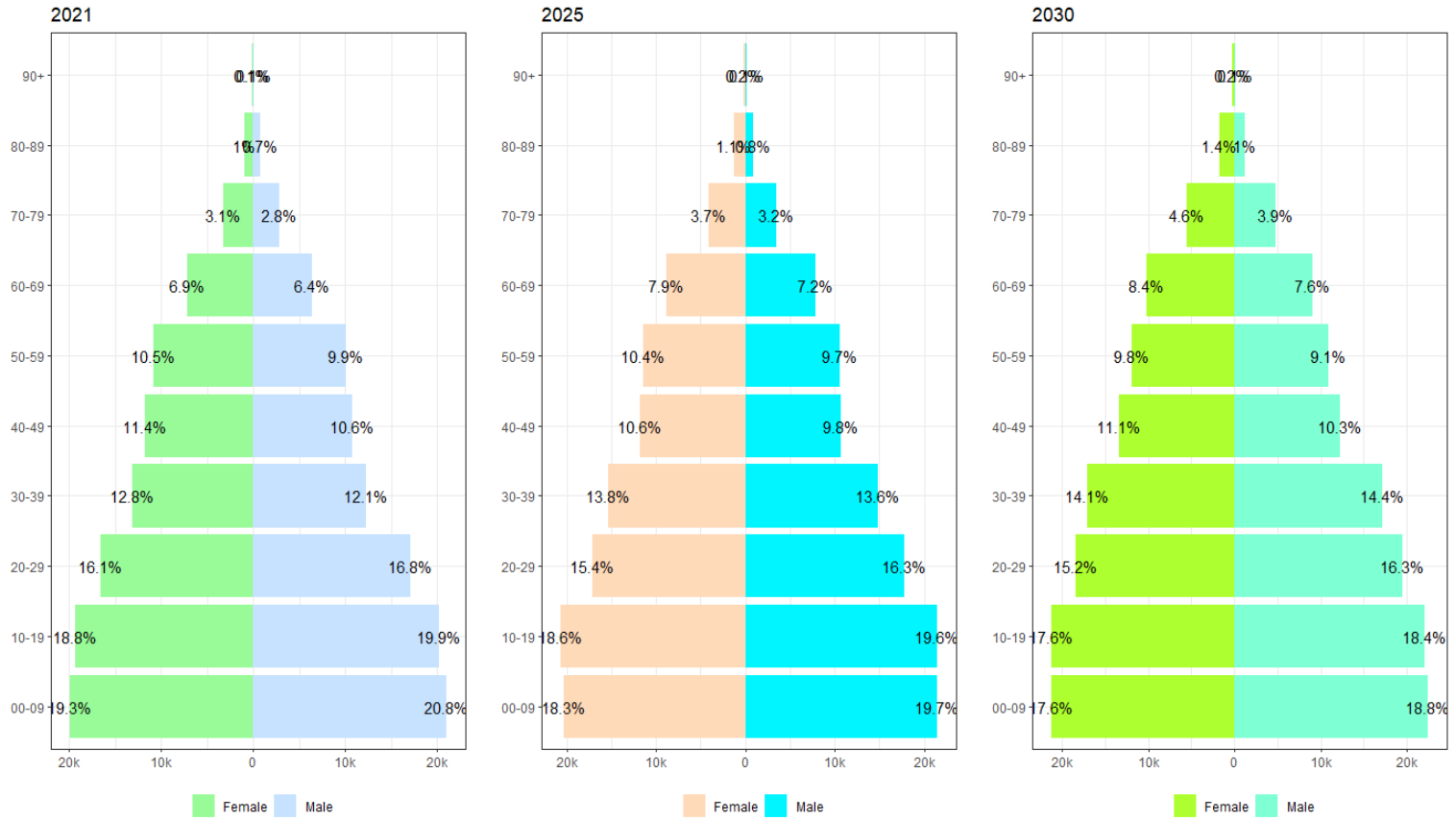


Female	443995	447595	450720
Male	426635	430385	432270
Population	870630	877980	882990

Source: Ministry of Health 2019 Projections (2013 Census base)

Central Region Māori Population Pyramid 2021-2030

- Over the next nine years to 2030, the Māori population in the Central region is expected to grow by 7.8% overall.
- With an expected increase of 3% (13.6%) in those aged 60 + compared to 10.6% currently.



Female	101250	110940	121020
Male	103050	109310	119760
Population	204300	220250	240780

Source: Ministry of Health 2019 Projections (2013 Census base)

TAS Kahui tuitui tangata

Central Region Pasifika Population Pyramid 2021-2030

Female	27185	28805	30710
Male	29165	30980	33040
Population	56350	59785	63750

Source: Ministry of Health 2019 Projections (2013 Census base)

TAS
Kahui tuitui tangata

Actuals and Projections for Central Region - Methodology

- All actual data from NMDS
- Projections based on population growth only
- Projections based on the 2018/19 year actuals with the population projection for 2018/19 supplied by MOH in late 2020
- 2020/21 is shown with both Actual and Projections to account for missing data within NMDS
- No Service adjustment has been made for this model.
- In some cases patients have a repeat angiogram if they are being treated for a PCI in another DHB. No adjustment has been made for this
- Prevalence data is based on patients and not procedures and this is covered in the Prevalence data.

Limitations

- A whole system view and access to primary care data is not available for the region.

Comparison between NMDS and ANZACS-QI data for Angioplasty / PCI procedures in Central Region.

NMDS Data - Actuals				
DHB	2017-18	2018-19	2019-20	2020-21
Capital and Coast	320	335	297	334
Hawkes Bay	247	260	219	222
Hutt Valley	223	198	196	210
MidCentral	208	243	203	224
Nelson Marlborough	269	243	212	205
Wairarapa	80	56	68	89
Whanganui	97	99	117	116
Grand Total	**1444**	**1434**	**1312**	**1400**

DIFFERENCE				
DHB	2017-18	2018-19	2019-20	2020-21
Capital and Coast	-25	-22	-39	-19
Hawkes Bay	11	26	9	3
Hutt Valley	-5	-4	3	5
MidCentral	7	6	1	8
Nelson Marlborough	0	0	0	0
Wairarapa	-3	0	2	3
Whanganui	2	4	16	7
Grand Total	**-13**	**10**	**-8**	**7**

ANZACS QI data - Actuals				
DHB	2017-18	2018-19	2019-20	2020-21
Capital and Coast	345	357	336	353
Hawkes Bay	236	234	210	219
Hutt Valley	228	202	193	205
MidCentral	201	237	202	216
Nelson Marlborough	16	10	15	11
Wairarapa	83	56	66	86
Whanganui	95	95	101	109
Grand Total	**1204**	**1191**	**1123**	**1199**

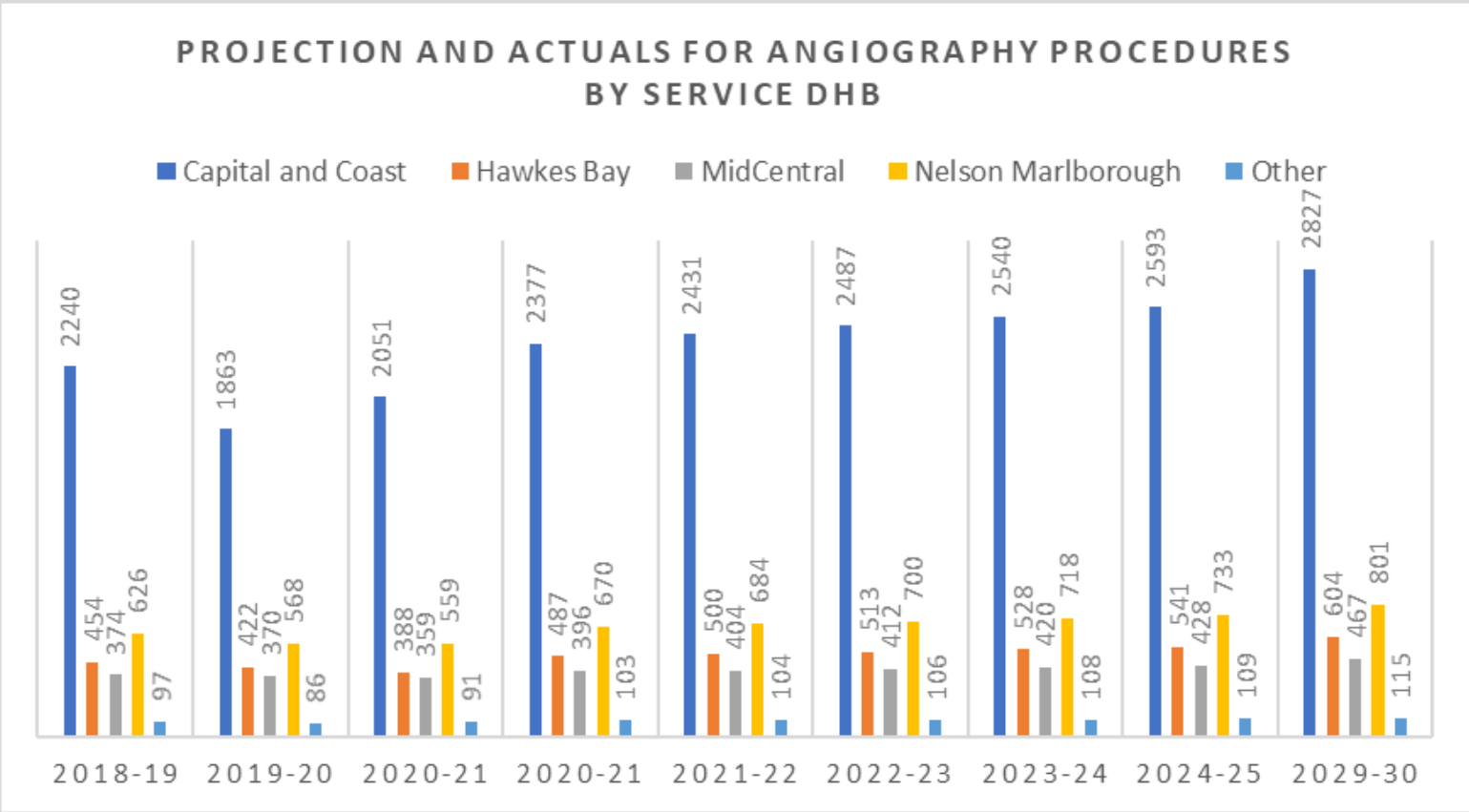
There are few discrepancies between the two data sets

NMDS – National Minimum Data Set, ANZACS-QI – All New Zealand Acute Coronary Syndrome Quality Improvement, PCI – Percutaneous Coronary Intervention

Angiography Procedures by DHB of Service

Actuals and Projections for Angiography procedures in the Central Region by DHB of Service.

- No Service adjustment has been made for this model.
- In some cases patients have a repeat angiogram if they are being treated for a PCI in another DHB. No adjustment has been made for this, and is counting procedures only.



Source: Actuals data from the National Minimum Data Set (NMDS); Population Data from MOH Population Projection Published 2020

Angiography Procedures by DHB of Service Tables

- Actuals and Projections for Angiography procedures in the Central Region by DHB of Service.

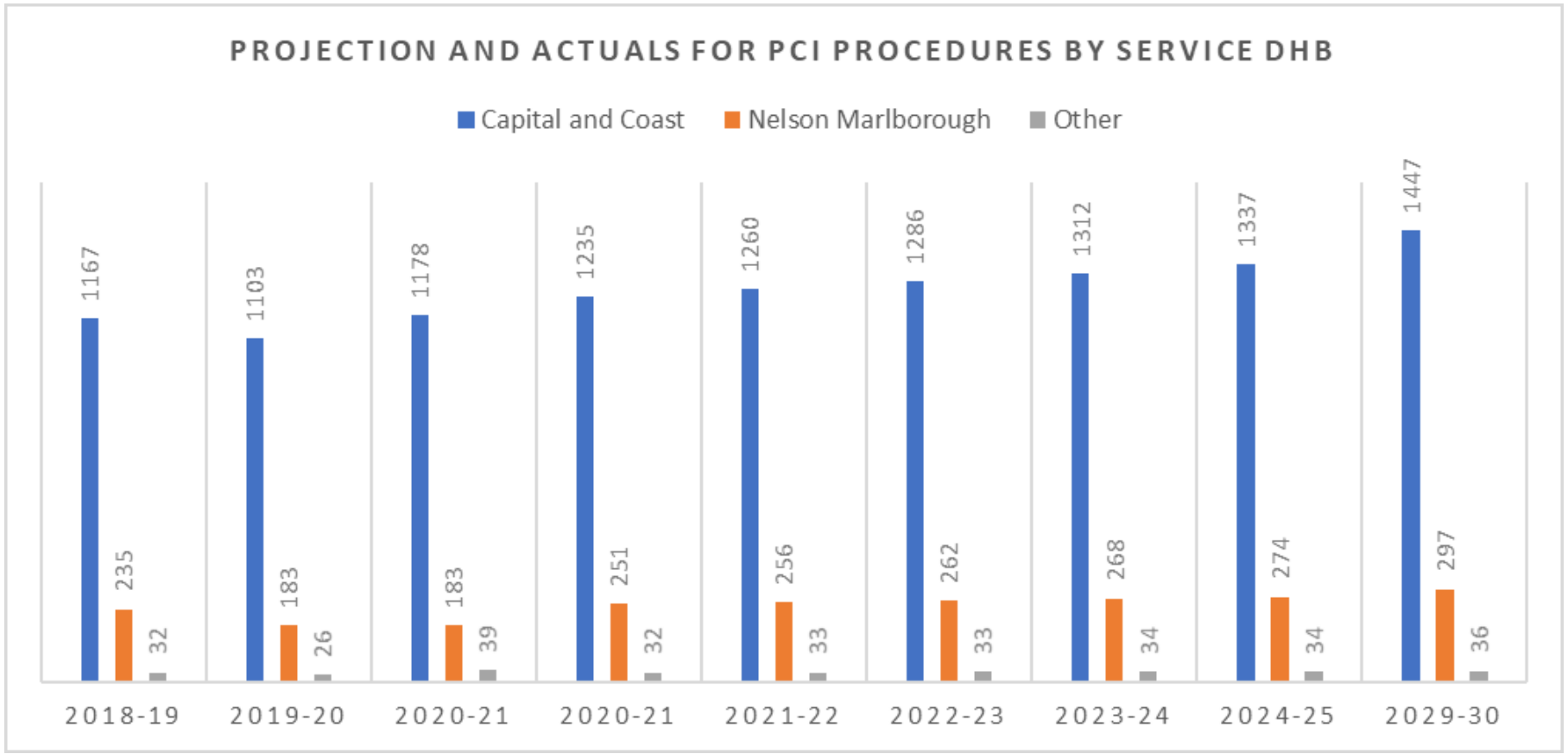
Angiography Procedures by DHB of Service (Other = DHB of Service outside region)									
				Projections					
DHB of Service	**2018-19**	**2019-20**	**2020-21**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2029-30**
Capital and Coast	2240	1863	2051	2377	2431	2487	2540	2593	2827
Hawkes Bay	454	422	388	487	500	513	528	541	604
MidCentral	374	370	359	396	404	412	420	428	467
Nelson Marlborough	626	568	559	670	684	700	718	733	801
Other	97	86	91	103	104	106	108	109	115
Grand Total	**3791**	**3309**	**3448**	**4032**	**4123**	**4218**	**4313**	**4405**	**4814**
DHB of Service by Ethnicity	**2018-19**	**2019-20**	**2020-21**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2029-30**
Capital and Coast	**2240**	**1863**	**2051**	**2377**	**2431**	**2487**	**2540**	**2593**	**2827**
Maori	253	205	271	271	283	294	304	314	361
Other	1874	1552	1670	1985	2023	2065	2106	2147	2318
Pacific	113	106	110	121	124	128	130	132	147
Hawkes Bay	**454**	**422**	**388**	**487**	**500**	**513**	**528**	**541**	**604**
Maori	87	85	83	95	99	103	107	110	128
Other	355	327	297	379	387	395	405	413	454
Pacific	12	10	8	13	14	15	16	17	22
MidCentral	**374**	**370**	**359**	**396**	**404**	**412**	**420**	**428**	**467**
Maori	44	47	47	47	49	51	53	54	62
Other	321	319	306	338	344	350	356	362	389
Pacific	9	4	6	11	11	11	11	12	17
Nelson Marlborough	**626**	**568**	**559**	**670**	**684**	**700**	**718**	**733**	**801**
Maori	51	39	38	56	58	60	62	64	79
Other	567	527	517	604	615	629	643	656	702
Pacific	8	2	4	10	10	11	13	13	20
Other	**97**	**86**	**91**	**103**	**104**	**106**	**108**	**109**	**115**
Maori	15	12	13	16	17	17	18	19	21
Other	77	72	69	80	81	82	83	84	87
Pacific	6	2	9	6	6	6	6	7	8
Grand Total	**3791**	**3309**	**3448**	**4032**	**4123**	**4218**	**4313**	**4405**	**4814**

Source: Actuals data from the National Minimum Data Set (NMDS); Population Data from MOH Population Projection Published 2020

TAS Kahui tuitui tangata

Angioplasty / PCI Procedures by DHB of Service

Actuals and Projections for Angioplasty / PCI procedures in the Central Region by DHB of Service.



Source: Actuals data from the National Minimum Data Set (NMDS); Population Data from MOH Population Projection Published 2020

Angioplasty / PCI Procedures by DHB of Service Table

Actuals and Projections for Angioplasty / PCI procedures in the Central Region by DHB of Service.

DHB of Service by Etnicity	2018-19	2019-20	2020-21	2020-21	2021-22	2022-23	2023-24	2024-25	2029-30
Capital and Coast	**1167**	**1103**	**1178**	**1235**	**1260**	**1286**	**1312**	**1337**	**1447**
Maori	105	97	132	112	117	121	125	129	146
Other	1022	970	1002	1080	1098	1119	1139	1159	1248
Pacific	40	36	44	43	45	46	47	49	53
Nelson Marlborough	**235**	**183**	**183**	**251**	**256**	**262**	**268**	**274**	**297**
Maori	15	12	8	17	17	17	18	18	23
Other	218	170	174	232	236	242	247	253	271
Pacific	2	1	1	2	3	3	3	3	3
Other	**32**	**26**	**39**	**32**	**33**	**33**	**34**	**34**	**36**
Maori	2	4	3	1	1	1	1	1	1
Other	27	22	32	28	29	29	30	30	31
Pacific	3	0	4	3	3	3	3	3	4
Grand Total	**1434**	**1312**	**1400**	**1518**	**1549**	**1581**	**1613**	**1646**	**1780**

Source: Actuals data from the National Minimum Data Set (NMDS); Population Data from MOH Population Projection Published 2020

Cardiac Surgery Procedures by DHB of Service Table

Actuals and Projections for Cardiac surgery procedures in the Central Region by DHB of Service.

Cardiac Surgery Procedures by DHB of Service (Other = DHB of Service outside region)									
				Projections					
DHB of Service	**2018-19**	**2019-20**	**2020-21**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2029-30**
Capital and Coast	503	527	524	535	548	561	574	588	642
Other	31	41	28	32	33	33	33	34	34
Grand Total	**534**	**568**	**552**	**567**	**580**	**594**	**608**	**622**	**676**

DHB of Service by Ethnicity	**2018-19**	**2019-20**	**2020-21**	**2020-21**	**2021-22**	**2022-23**	**2023-24**	**2024-25**	**2029-30**
Capital and Coast	**503**	**524**	**517**	**535**	**548**	**561**	**574**	**588**	**642**
Maori	66	73	72	71	74	77	79	83	95
Other	419	422	413	446	455	465	476	486	524
Pacific	18	29	32	18	19	19	19	20	22
Other	**31**	**41**	**28**	**32**	**33**	**33**	**33**	**34**	**34**
Maori	10	6	4	10	10	11	11	11	11
Other	19	35	19	20	20	20	21	21	21
Pacific	2		5	2	2	2	2	2	2
Grand Total	**534**	**565**	**545**	**567**	**580**	**594**	**608**	**622**	**676**

Source: Actuals data from the National Minimum Data Set (NMDS); Population Data from MOH Population Projection Published 2020

Inter-district Flows of Patients for Angiography, PCI and Cardiac Surgery

Angiography	2018-19	2019-20	2020-21	2024-25	2029-30
Auckland	2		3	3	3
Bay of Plenty	3	4	4	4	4
Canterbury	5	4		5	6
Counties Manukau	1	1		1	2
Lakes	1	2	4	1	1
Northland	2		1	2	3
South Canterbury	1	1		1	1
Southern	2	2	1	2	3
Tairawhiti	1		3	1	1
Taranaki	9	6	19	10	11
Waikato	2	4	2	2	3
Waitemata	3	1	3	4	4
West Coast		1	1	0	0
Grand Total	**32**	**26**	**41**	**37**	**41**

Angioplasty / PCI	2018-19	2019-20	2020-21	2024-25	2029-30
Auckland	2		1	3	3
Bay of Plenty	2	4	2	2	3
Canterbury	3	3		3	3
Counties Manukau	1	1	1	1	2
Lakes		1	2		
Northland	1			1	2
Southern	1			1	1
Tairawhiti			1		
Taranaki	3	2	11	4	4
Waikato	1	1	1	1	2
Waitemata	2		2	2	3
West Coast		1	1		
Grand Total	**16**	**13**	**22**	**19**	**22**

Cardiac Surgery*	2018-19	2019-20	2020-21	2024-25	2029-30
Auckland			1	1	1
Bay of Plenty			1	1	1
Canterbury		1	1	1	1
Lakes		1			
Taranaki		1	2	2	3
Waikato			1	1	1
West Coast			1	1	1
Grand Total	**0**	**3**	**7**	**8**	**8**

*** Projections based on 2020-21 Actuals because no procedures are recorded for the 2018-19 year**

Inter – district Flow from outside the region are not considered in the projections because the focus is on the regions DHB of Domicile. However, patients from outside the Central Region are treated in the Region and there is an impact on the Service volumes.

Source: Actuals data from the National Minimum Data Set (NMDS);

IHD Population Projection for PCI – 2019/20 Base Year

2025 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2025 Aged over 15yrs +	153,130	43,530	751,295	947,955
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	8,422	2,394	41,321	52,138
Expected treated in a secondary / tertiary setting based on current hospitalisation rates	749	229	5,571	6,548
Expected admission Percentage for IHD	*9%*	*10%*	*13%*	
Expected to have a PCI procedure	134	43	1,288	1,465
Procedure Conversion Rate	*18%*	*19%*	*23%*	
Approximate current PCI Capacity for Central Region 2020-21*				1,400
Heart Health Strategy Estimates 2018	**2020-21**	**2021-22**	**2022-23**	
	1,498	**1,526**	**1,554**	

* Includes outflows of 39 Patients

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

IHD Population Projection for PCI – 2019/20 Base Year

2030 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2030	175,290	48,280	771,550	995,120
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	9,641	2,655	42,435	54,732
Expected treated in a secondary / tertiary setting based on current hospitalisation rates	874	263	6,201	7,338
Expected admission Percentage for IHD	*9%*	*10%*	*15%*	
Expected to have a PCI procedure	154	48	1,386	1,588
Procedure Conversion Rate	*18%*	*18%*	*22%*	
Approximate current PCI Capacity for Central Region 2020-21*	169	56	1,519	1,400
Heart Health Strategy Estimates 2018	**2020-21**	**2021-22**	**2022-23**	
	1,498	1,526	1,554	

* Includes outflows of 39 Patients

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

IHD Population Projection for PCI – 2019/20 Base Year excluding Nelson Marlborough

2025 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2025 Aged over 15yrs +	142,900	41,620	633,140	817,660
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	7,671	2,251	34,637	44,558
Expected treated in a secondary / tertiary setting based on current hospitalisation rates	674	224	4,649	5,547
Expected admission Percentage for IHD	*9%*	*10%*	*13%*	
Expected to have a PCI procedure	114	42	1,068	1,224
Procedure Conversion Rate	*17%*	*19%*	*23%*	
Approximate current PCI Capacity for Central Region 2020-21*				1,200
Heart Health Strategy Estimates 2018	**2020-21**	**2021-22**	**2022-23**	
	1,498	1,526	1,554	

* Includes 22 Patients whose DHB of Domicile is outside the region

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

IHD Population Projection for PCI – 2019/20 Base Year excluding Nelson Marlborough

2030 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2030	159,350	45,140	646,400	850,890
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	8,764	2,483	35,552	46,799
Expected treated in a secondary / tertiary setting based on current hospitalisation rates	783	255	5,159	6,198
Expected admission Percentage for IHD	*9%*	*10%*	*15%*	
Expected to have a PCI procedure	131	46	1,147	1,324
Procedure Conversion Rate	*17%*	*18%*	*22%*	
Approximate current PCI Capacity for Central Region 2020-21*	169	56	1,519	1,200
Heart Health Strategy Estimates 2018	**2020-21**	**2021-22**	**2022-23**	
	1,498	1,526	1,554	

* Includes 22 Patients whose DHB of Domicile is outside the region

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

TAS Kahui tuitui tangata

IHD Population Projection for PCI – 2020/21 Base Year

2025 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2025 Aged over 15yrs +	153,130	43,530	751,295	947,955
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	8,422	2,394	41,321	52,138
Expected treated in a secondary / tertiary setting based on current hospitalisation rates	806	215	5,600	6,621
Expected admission Percentage for IHD	*10%*	*9%*	*14%*	
Expected to have a PCI procedure	164	54	1,305	1,523
Procedure Conversion Rate	*20%*	*25%*	*23%*	
Approximate current PCI Capacity for Central Region 2020-21*				1,400
Heart Health Strategy Estimates 2018	**2020-21**	**2021-22**	**2022-23**	
	1,498	**1,526**	**1,554**	

* Includes outflows of 39 Patients

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

IHD Population Projection for PCI – 2020/21 Base Year

2030 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2030	175,290	48,280	771,550	995,120
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	9,641	2,655	42,435	54,732
Expected treated in a secondary / tertiary setting based on current hospitalisation rates	964	248	6,249	7,460
Expected admission Percentage for IHD	*10%*	*9%*	*15%*	
Expected to have a PCI procedure	191	60	1,415	1,666
Procedure Conversion Rate	*20%*	*24%*	*23%*	
Approximate current PCI Capacity for Central Region 2020-21*	169	56	1,519	1,400
Heart Health Strategy Estimates 2018	**2020-21**	**2021-22**	**2022-23**	
	1,498	**1,526**	**1,554**	

* Includes outflows of 39 Patients

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

IHD Population Projection for PCI – 2020/21 Base Year excluding Nelson Marlborough

2025 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2025 Aged over 15yrs +	142,900	41,620	633,140	817,660
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	7,671	2,251	34,637	44,558
Expected treated in a secondary / tertiary setting based on current hospitalisation rates *Expected admission Percentage for IHD*	734 *10%*	209 *9%*	4,653 *13%*	5,596
Expected to have a PCI procedure *Procedure Conversion Rate*	155 *21%*	53 *25%*	1,090 *23%*	1,298
Approximate current PCI Capacity for Central Region 2020-21*				1,200
Heart Health Strategy Estimates 2018	**2020-21** **1,498**	**2021-22** **1,526**	**2022-23** **1,554**	

* Includes 22 Patients whose DHB of Domicile is outside the region

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

TAS Kahui tuitui tangata

IHD Population Projection for PCI – 2020/21 Base Year excluding Nelson Marlborough

2030 Ischaemic Heart Disease (IHD) Projections

	Maori	Pacific	Non Maori & Non Pacific	Total For Central Region
Central Region Population Projections 2030	159,350	45,140	646,400	850,890
Expected IHD Patient Cohort for Primary and Secondary Care *(Assumed Prevalence rate for IHD 5.5%)*	8,764	2,483	35,552	46,799
Expected treated in a secondary / tertiary setting based on current hospitalisation rates	875	241	5,183	6,300
Expected admission Percentage for IHD	*10%*	*10%*	*15%*	
Expected to have a PCI procedure	180	58	1,180	1,419
Procedure Conversion Rate	*21%*	*24%*	*23%*	
Approximate current PCI Capacity for Central Region 2020-21*	169	56	1,519	1,200
Heart Health Strategy Estimates 2018	**2020-21**	**2021-22**	**2022-23**	
	1,498	1,526	1,554	

* Includes 22 Patients whose DHB of Domicile is outside the region

Projected need of PCI procedures based on population and projected capacity of Central Region to meet demand.

TAS Kahui tuitui tangata

Insights

B: Future Projections and Capacity

Key Points

Since 2015/16 the cardiac admissions for Capital & Coast have steadily increased but remained largely static for other DHBs and understand that this a referral/bed capacity issue and not a cath lab issue.

The availability of angiography procedures is not a constraint for the region

Intervention rates show a wide variation across the region and CT angiography has had an impact on this.

Over the last two years 19/20 and 20/21 there were fewer PCIs performed in the region which is below what was originally predicted.

The PCI capacity required in the region is expected to grow slightly but not sufficient enough to warrant a significant growth in the development of PCI cath labs.

Conclusion:

In the central region the ischaemic heart disease(IHD) hospitalisation rates are declining and this is consistent with national research (Grey et al,2018).

PCI volumes are lower than expected and not as much as previously anticipated. This will need to be taken into account when planning services.

Initial independent peer review has indicated that to ensure quality service provision, operators need to perform at least 150-200 PCIs per year.

Challenge for the region is that there has been no clarity about what the regional boundaries will look like going forward.

TAS
Kahui tuitui tangata

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the dashboard provide insight on key areas of performance for the Board in an easy-to-understand format?

To	Board
Author	Kelly Isles, Director of Strategy, Planning and Accountability Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance
Endorsed by	Kathryn Cook, Chief Executive
Date	31 August 2021
Subject	**Board KPI Dashboard**

RECOMMENDATION

It is recommended that the Board:

- **note** the areas highlighted in the KPI dashboard and associated commentary.

Strategic Alignment

This report is aligned to the District Health Board's (DHB's) strategy and key enabler, 'Stewardship'.

1. INTRODUCTION

This report provides a regular overview of key performance metrics, applying a Māori health equity perspective to measures (as appropriate) and highlighting where there are significant changes in trends.

The dashboards in this report present a high-level overview of key indicators. These dashboards are focused on July 2021, as this is the start of the new financial year. The comparative period is between July 2021 and July 2020. Where possible, a graph has been incorporated to provide a comparison between this financial year and the last financial year.

This report particularly focuses on areas of non-performance and what steps are being taken to mitigate any risks.

The Health Quality and Safety Commission New Zealand (HQSC), in conjunction with the sector, has developed a system of health indicators that will provide better information about what is really happening in the health system.

The indicators reflect the things the Government considers to be the most important priorities for a high-performing health system. The indicators framework will develop over time and will be adjusted as needs and goals change.

The 12 new indicators are based on the Government's six priorities for health – improving child wellbeing, mental health, and preventative measures, as well as creating an equitable public health system, better primary healthcare, and financial sustainability.

Although these are referred to as 'new' indicators, the DHB already captures and reports on these measures within several other reports, including the patient experience survey and non-financial reporting.

DHBs and local providers will be supported during 2021/22 to partner with their stakeholders, including Māori and iwi partnership boards and clinicians, to develop a set of local actions for each high-level indicator that will contribute to national improvement.

Reporting against these measures is due to start in the next quarter. The indicators highlighted in yellow below, which are not currently shown on the current KPI dashboards, will be incorporated into the KPI dashboard for the next reporting period.

The high-level health system indicators are:

Government priority	High-level indicator	Description
Improving child wellbeing	Immunisation rates for children at 24 months	Percentage of children who have all their age-appropriate schedule vaccinations by the time they are two years old
	Ambulatory sensitive hospitalisations for children (age range 0 to 4)	Rate of hospital admissions for children under five for an illness that might have been prevented or better managed in the community
Improving mental wellbeing	Under 25s able to access specialist mental health services within three weeks of referral	Percentage of child and youth accessing mental health services within three weeks of referral
	Access to primary mental health and addiction services	In development
Improving wellbeing through prevention	Ambulatory sensitive hospitalisations for adults (age range 45 to 64)	Rate of hospital admissions for people aged 45 — 64 for an illness that might have been prevented or better managed in the community
	Participation in the bowel screening programme	In development
Strong and equitable public health system	Acute hospital bed day rate	Number of days spent in hospital for unplanned care including emergencies
	Access to planned care	People who had surgery or care that was planned in advance, as a percentage of the agreed number of events in the delivery plan
Better primary health care	People report they can get primary care when they need it	Percentage of people who say they can get primary care from a GP or nurse when they need it
	People report being involved in the decisions about their care and treatment	Percentage of people who say they felt involved in their own care and treatment with their GP or nurse
Financially sustainable health system	Annual surplus/deficit at financial year end	Net surplus/deficit as a percentage of total revenue
	Variance between planned budget and year end actuals	Budget versus actuals variance as a percentage of budget

2. SERVICE VIEW

Primary & Community Care

Primary Health Care Consultations

Non-Māori		Māori	
Trend	July - June 2021	Trend	July - June 2021
↑ 34,616 5%	676,067 contacts	↑ 10,262 11%	107,014 contacts

Primary Health Care Consultations (After hours)

6.00 pm to 7.59 am weekdays, weekends and public holidays

Non-Māori		Māori	
Trend	July 2021	Trend	July 2021
↑ 8,146 20%	49,243 contacts	↑ 1223 18%	8,150 contacts

Unplanned Care

Emergency Department

Non-Māori		Māori	
Trend	July 2021	Trend	July 2021
↑ 307 10.5%	3,219 Presentations	↑ 171 19%	1,059 Presentations

Acute Admissions

Non-Māori		Māori	
Trend	July 2021	Trend	July 2021
→ 38 4%	1,110 admissions	↑ 47 18%	314 admissions

Planned Care

Outpatient Appointments

Non-Māori		Māori	
Trend	July 2021	Trend	July 2021
→ - 757 -5%	15,950 contacts	→ -36 -1%	3,659 contacts

Planned Care Discharges

Non-Māori		Māori	
Trend	July 2021	Trend	July 2021
↓ -101 -19%	442 discharges	↓ -32 -34%	63 discharges

Mental Health

Mental Health Contacts

Non-Māori		Tangata Whai Ora	
Trend	July 2021	Trend	July 2021
↓ -354 -10%	3,339 contacts	→ -32 -2%	1,262 contacts

Mental Health Discharges

Non-Māori		Tangata Whai Ora	
Trend	July 2021	Trend	July 2021
→ -1 -4%	24 discharges	↓ -12 -63%	7 discharges

Trend Key: ↑ Increase > 5% → Within 5% ↓ Decrease > 5%

Trend is based on the same period in the previous year unless otherwise specified

3. PERFORMANCE VIEW

4. DETAILED COMMENTARY

4.1. Primary and community

Access continues to be a high priority for MidCentral District Health Board (MDHB) and THINK Hauora. The patient experience survey showed that cost is one of the main barriers to accessing primary health care. Localities in the MDHB area advise that easy and timely access to primary and secondary care when people need it continues to be their biggest challenge. Continued effort by THINK Hauora to achieve improvement includes additional resource to support General Practice Teams (GPTs) with proactive contact of enrolled patients and ensuring patient details are updated at every contact.

The Māori population target is now within 10 percent of the Smoking Brief Advice (SBA) target, which is a significant increase on the same time last year. The Māori SBA rate is four percent lower than the total population SBA rate. An inequity in poor smoking-related health outcomes remains, as 18 percent of enrolled Māori are smokers compared to nine percent of the total enrolled non-Māori population.

Addressing immunisation rates remains a key national priority. This includes lifting performance in the childhood immunisation programme, completing the Measles, Mumps and Rubella catch-up programme and improving influenza immunisation rates. A further priority is the COVID-19 immunisation programme. Childhood immunisation rates in the MDHB district have been static or reducing consistently for the past 18 months, remaining greater than five percent less than the target.

MDHB is undertaking weekly monitoring of an Immunisation Action Plan as agreed with the Ministry of Health (the Ministry). This is monitoring the following key areas:

- Review of data integrity to ensure robust ongoing plan
- Revised invitation and recall processes
- Ensuring sufficient vaccinator resource is focussed on childhood immunisations
- Increasing Outreach Immunisation Resource (OIS) and support
- Diversifying immunisation delivery within communities
- Focused management of performance at the primary health organisation and General Practice level
- Public communication and engagement linked to planned national communication, addressing safety and the importance of immunisation.

Māori are consistently less likely to have been fully immunised on time across all milestone ages (eight months; two years; five years). Several factors contribute to nationwide and district-wide reductions in immunisation rates to below herd immunity rate. These include mobility of Māori and Pasifika whānau – particularly in the Horowhenua locality; general practice access; COVID-19 anxiety; and rigorous campaigning by underground anti-vax campaigners.

Key approaches being implemented include increasing immunisation coverage; ensuring there are sufficient trained vaccinators; an increased focus on supporting those practices who are not achieving targets through targeted communication with all GPTs kānohi ki te kanohi; and exploring mobile options to take immunisation activities into communities. Alongside this, the OIS continues undertaking routine immunisations and is also holding on-site clinics to catch up overdue tamariki. To reduce barriers to engagement, THINK Hauora has increased resourcing for immunisation clinics in the Horowhenua area and will be utilising clinic space at Raukawa to provide alternative options for whānau for both screening and immunisation.

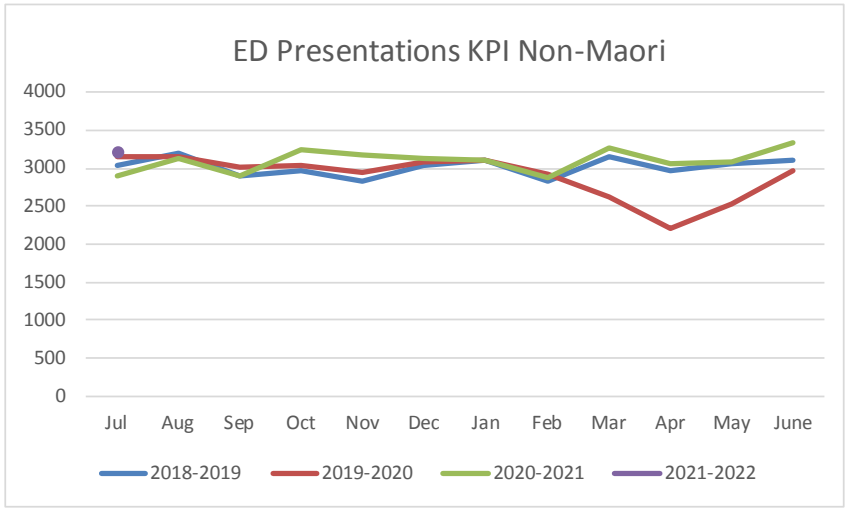
Initial progress in the first four weeks of monitoring has been made in the data integrity and recall processes, with significant numbers of tamariki having information completed or corrected. There is also evidence of increased proactive engagement and management of overdue tamariki, and increased referrals to OIS.

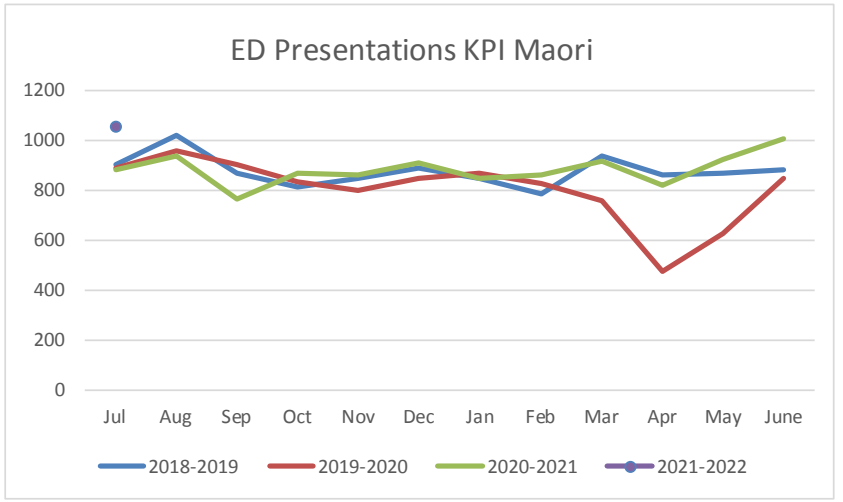
4.2. Unplanned care

Emergency Department (ED) presentations for both non-Māori and Māori increased compared to July last year. There were 4357 presentations to ED in June and 4288 in July. These are the two highest months of presentations in the last five years. The Transitory Care Unit (TCU) continues to be utilised to support patient flow. This has moved from an *ad hoc* basis to daily usage to provide between six and 11 additional patient beds as staffing resource allows. The TCU is relocated during these times. Road trauma presentation continues above the average of 33; with 54 in June and 35 in July.

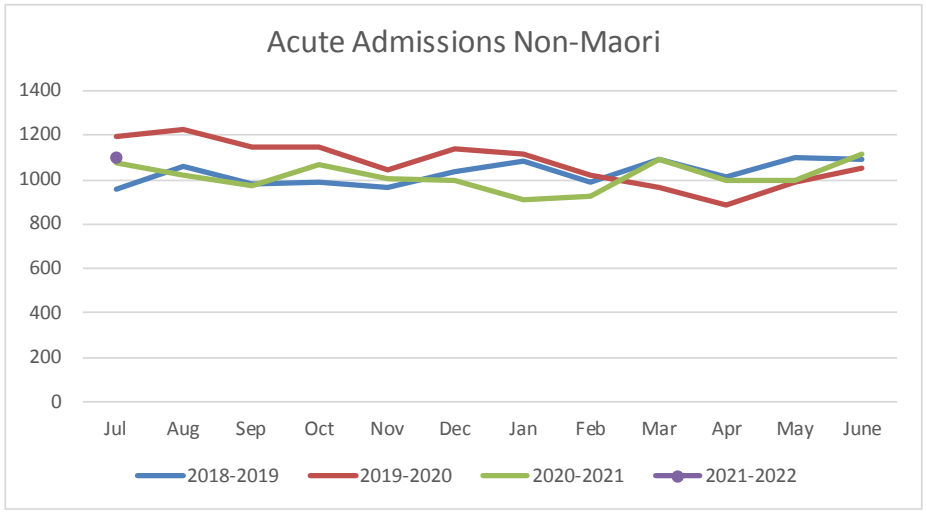
The Directorates have a formal acute flow action plan in place and are progressing work across the system to improve the acute flow of patients from front of house to discharge, which includes the following:

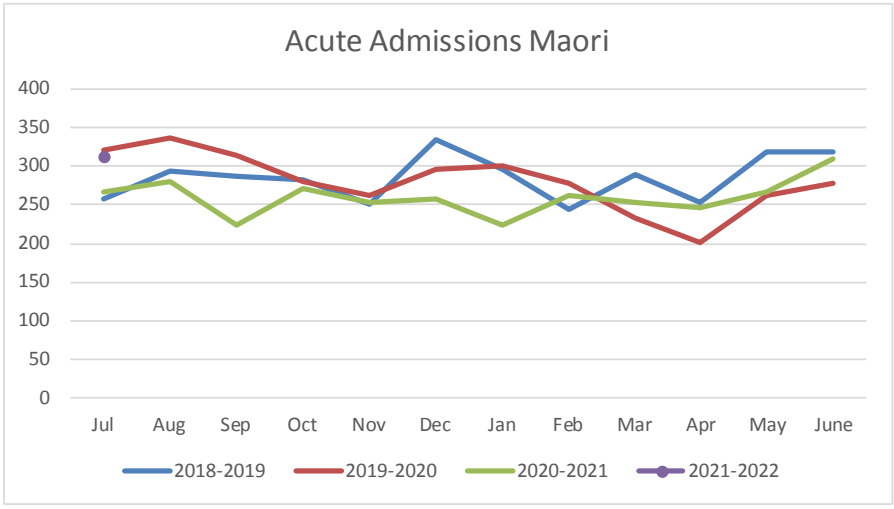
- Review of data integrity to ensure a robust ongoing plan
- Primary care access
- Speciality admission allocation. These will include well defined and agreed clinical lines of responsibility once a diagnosis has been identified in ED.
- Models of care such as GP direct access, home warding
- Additional acute capacity – MAPU (Medical Assessment and Planning Unit) and EDOA (Emergency Department Observation Area)
- SPIRE (Surgical Procedural Interventional Recovery Expansion
- Discharge planning
- Escalation and surge plans.





Overall, acute admissions remain comparable with this time last year. This measure does not reflect the acuity and complexity of patients admitted. There has been a notable increase of acute presentations for cardiovascular and respiratory disorders for adult and paediatric, including respiratory syncytial virus (RSV). ED and Paediatrics worked together to identify approaches to deal with increased children presenting with RSV during July. This included utilising the Children's Assessment Unit and at peak times providing Paediatric staffing resource in ED to fast-track prioritised assessment and treatment.





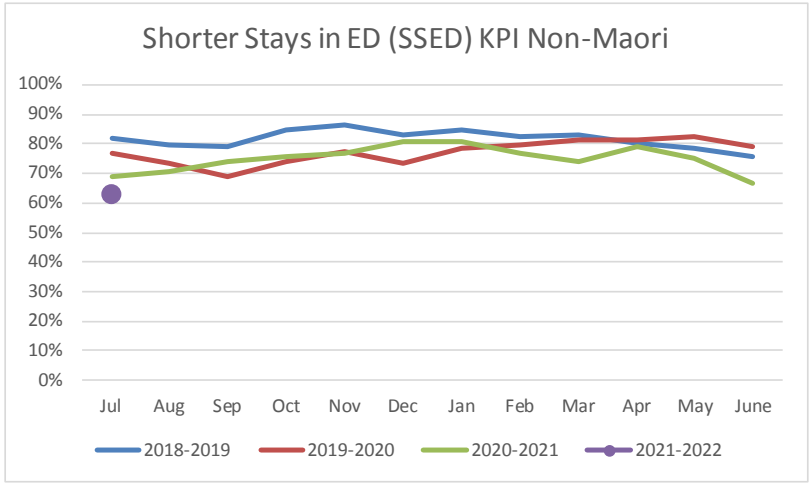
Patient Complexity Clinical Level (PCCL) derived from the coded clinical record for discharged patients shows consistently higher PCCL throughout the year, with the increase for Māori more pronounced. These increased PCCLs are driven by increased complexity

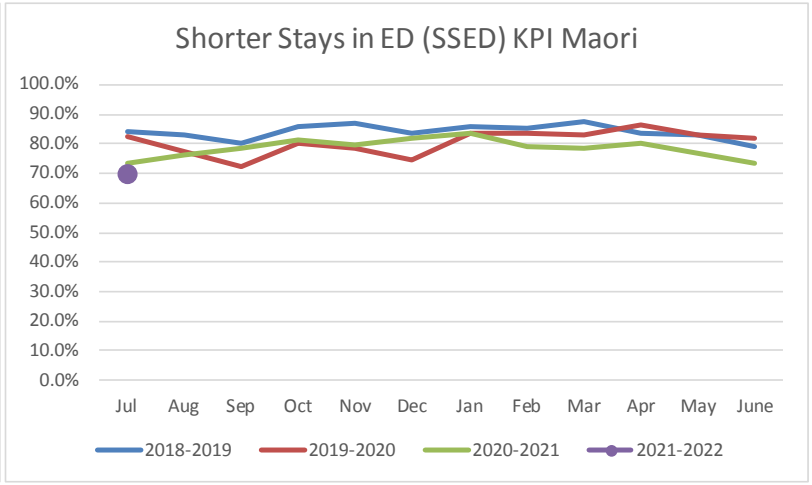
of patient conditions captured by clinical teams and influenced by a range of factors such as demographics change and the complexity of patients presenting acutely. More complex patients require higher levels of staffing and monitoring.

Overall performance in ED continues to be impacted by high occupancy in inpatient wards (at over 100 percent). There are several factors contributing to this, such as high numbers of acutely unwell and complex patients. Some patients require Enduring Power of Attorney and Protection of Personal and Property Rights orders for personal care welfare to be enacted as they cannot be discharged home. Te Uru Whakamauora is discussing this with the local Ministry of Justice to see how these delays can be improved.

There has also some patients with an intellectual disability where there is no national supportive structure which delays discharge. Each case is individually managed to ensure appropriate care in the community prior to discharge. The Directorate is identifying these patients as early as possible to initiate multidisciplinary team (MDT) discussions to support discharge and prevent readmission.

There has been an increase in acute length of stay across both non-Māori and Māori due to ongoing complexity and comorbidities of patients. Consequently, bed day usage has been consistently over 105 percent in July. The number of patients not waiting to be seen in ED has increased as a result. Further information will be provided on this and other initiatives for unplanned care as part of the Health and Disability Advisory Committee Directorate Dashboard.

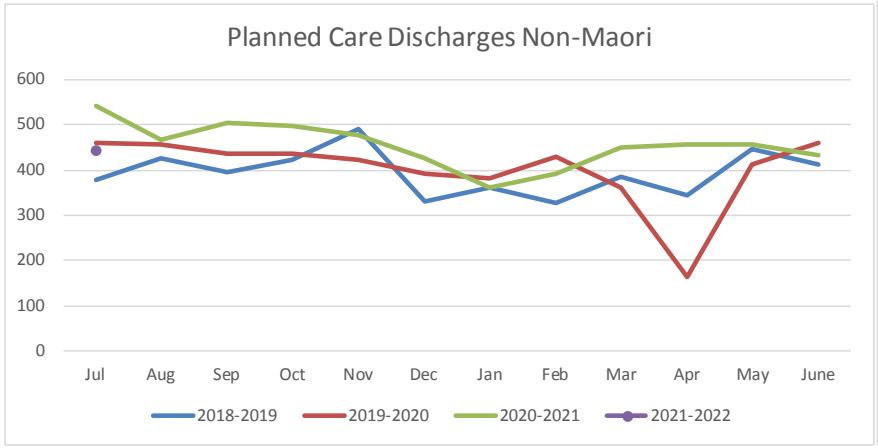


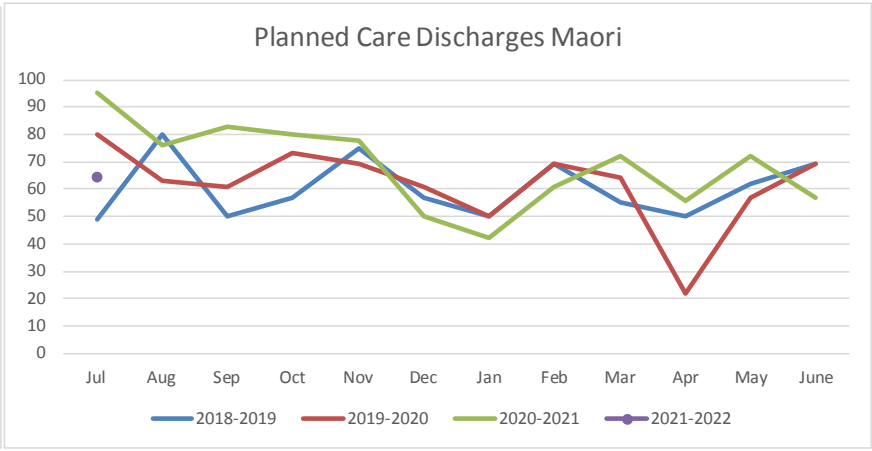


All District Health Boards (DHBs), including MDHB, continue to submit weekly data to the Ministry. This is followed up with a weekly telephone conversation. The Ministry has continued to refine the data requirements and is sharing across DHBs. The Ministry has identified that although acute flow is an issue across the country, contributing factors vary across the DHBs.

4.3. Planned care

Planned care discharges have decreased compared to last year. This is due to the acute demand in July which saw a total of 66 patients have their surgery deferred due to no bed availability and the New Zealand Nurses Organisation strike on 29 July 2021.





Rebooking of these patients is a priority. The clinical teams continue to review all waiting lists to identify any clinical risk.

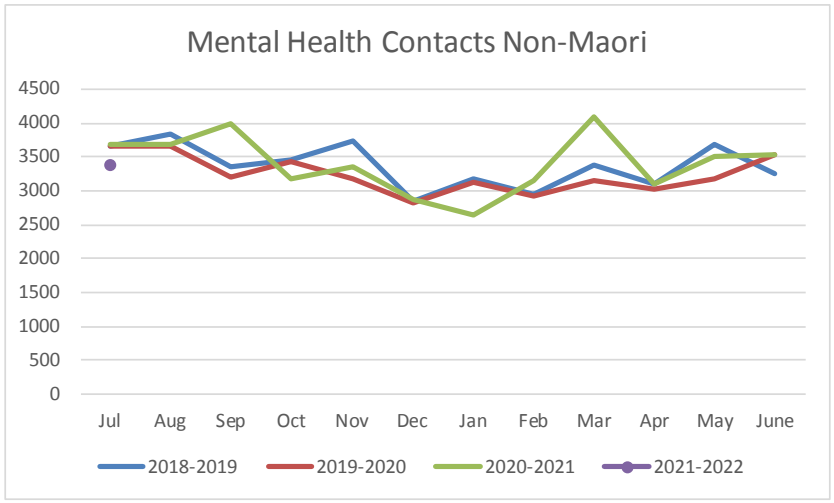
There has been good improvement in ESPI 2, particularly for Māori. This is now on track to achieve the Ministry's agreed trajectories.

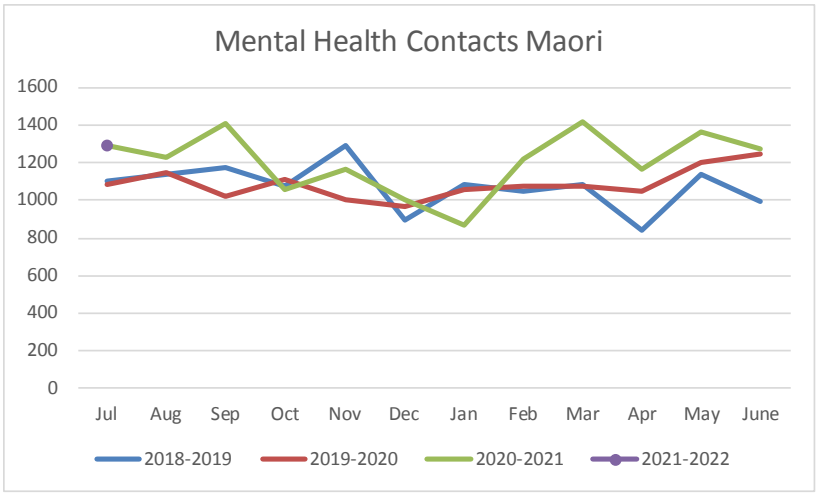
While ESPI 5 remains an area of challenge, MDHB has been working in partnership with Crest Hospital to provide outsourced surgery to further improve performance in this area. MDHB is working with clinicians on prioritising Māori and Pasifika in Planned Care scheduling to ensure there are no unintended consequences. Planned Care waiting lists are produced by ethnicity, with regular monitoring to ensure a greater focus on improving Māori timeframes from referral to treatment.

Non-contact (including telehealth) outpatient consultations have remained higher than the previous year. This is a result of continuing to implement the lessons from COVID-19 in relation to non-contact outpatient consultations. Overall outpatient consultations have increased compared to this time last year.

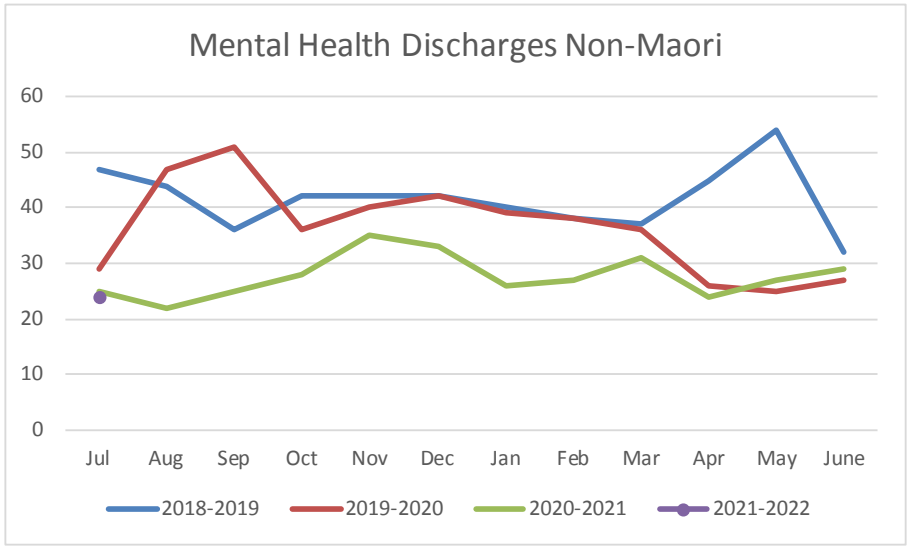
4.4. Mental health

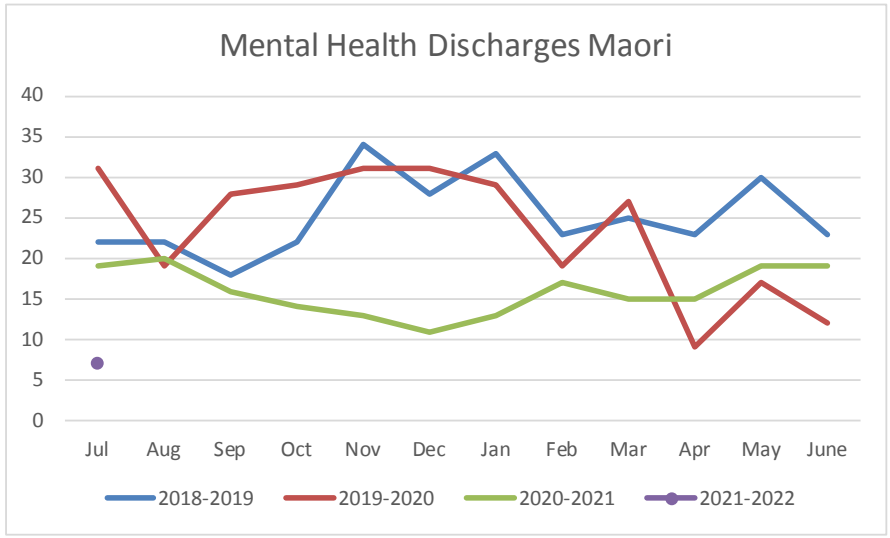
Whilst there has been a slight decrease in contacts for non-Māori, this is within the normal variation seen across months.



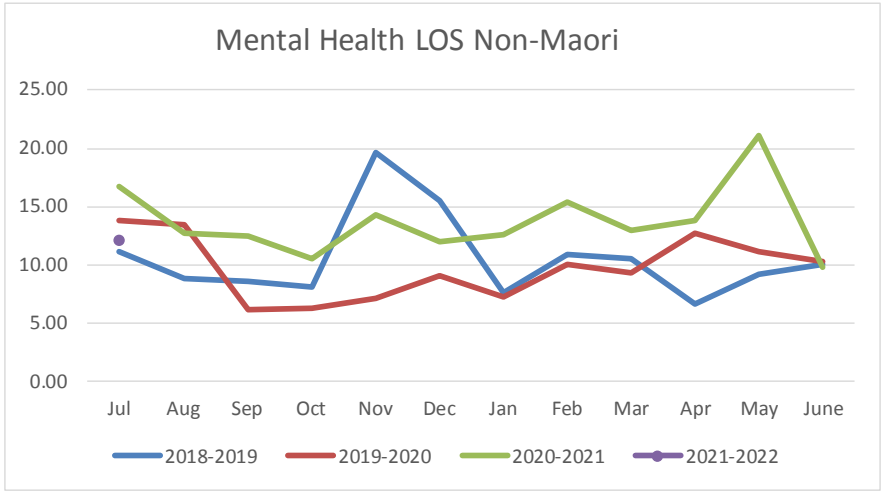


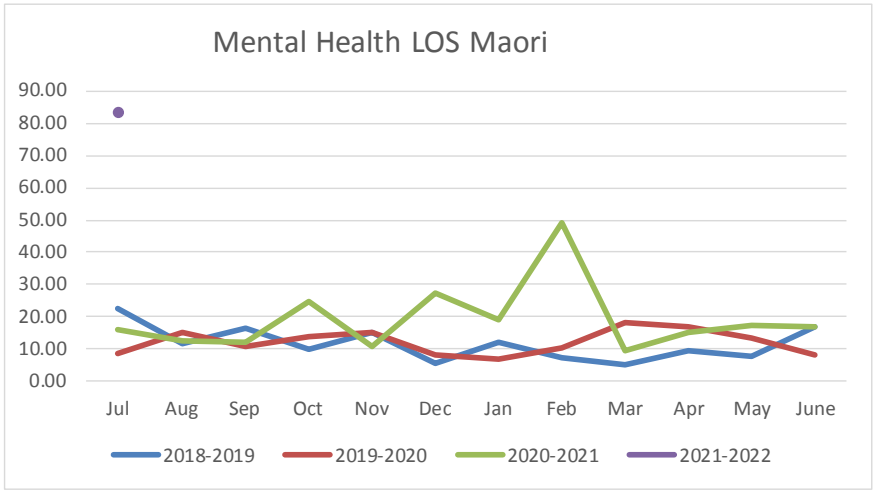
Discharges from inpatient mental health services for Tangata Whai Ora are significantly less when compared to the same period last year (19 versus seven) which is proportional to reduced admissions. Recent changes have improved the oversight and facilitation of the discharge of patients. These changes include a dedicated ward-based discharge planning coordinator and the introduction of complex case review meeting chaired by the Medical Director. The contract for the sub-acute/extended care service based in Palmerston North has been agreed and is currently with sector services for processing. The service will be operational in October 2021.





The average length of stay is calculated as the total number of acute inpatient bed nights occupied for referrals that closed during the reference period (in this case the month). In the month there were three discharges of Tangata Whai Ora with a length of stay greater than 100 days, hence the high result of 83.3 days. As stated in previous reports, this reflects the increased complexity and lack of options available in the community for people who are not acutely unwell but require long term care in the community.





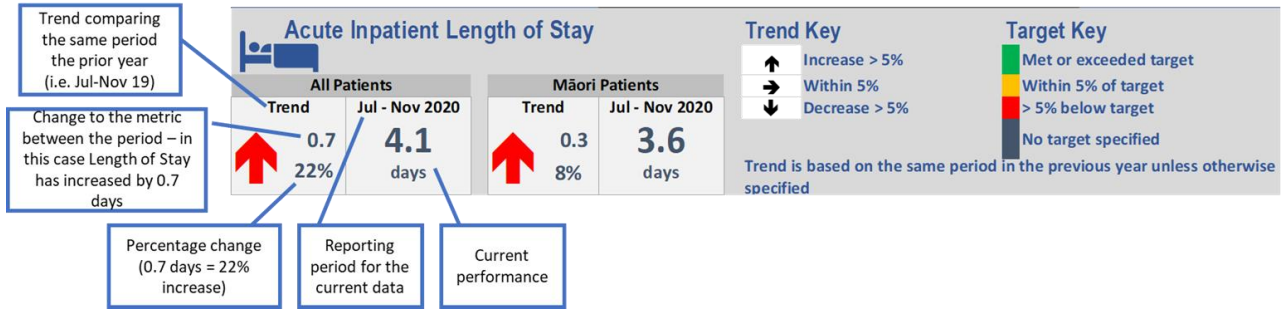
The Health, Quality and Safety Commission's Zero Seclusion project continues to see good improvement in the use of less restrictive practices such as seclusion. Statistics from 2017 until 2020 show a reduction in seclusion hours by 68 percent and seclusion events by 47.9 percent. This includes a 50 percent reduction in seclusion on admission between 2018 and 2020.

A core project is The Safe Practice and Effective Communication (SPEC) restraint training, which is a requirement that all Ward 21 nursing staff complete. As at August 2021, 95 percent of all staff had completed this training, which also requires a yearly refresher. SPEC training includes least restrictive practices – sensory modulation, de-escalation, trauma informed care and person-centred care. The training has now been extended to include all clinical staff.

Did Not Attends (DNAs) remain consistent with the previous reporting period. An improvement project has commenced via the Directorates Quality Actions Group. Adult DNAs have now been included in the DHB's project for the Integration of Mental Health Data monthly report as well as breakdown by ethnicity, to enable ongoing monitoring of trends.

5. METRIC DEFINITION

The metrics follow the format outlined below. Green or red trend arrows are used to indicate favourable and unfavourable trends. Where a target exists for a particular metric, the 'Current performance' is colour coded as per the key below.



The underlying data for some metrics will change over time, due to a clinical coding lag. This is particularly relevant for recent data.

5.1. Service view metric definitions

Metric	Definition	Exclusions
Primary Care Consultations (All)	All primary care consultations that occur in general practice/Integrated Family Health Care (IFHC) settings (including virtual, casual).	COVID-19 testing centres; community and marae-based clinics; primary care consults at THINK Hauora; community based mental health; ACC, Immunisations and Maternity. Excludes Masonic Medical, 1 July 2019 to 13 October 2019 only. Data is missing for Tararua Medical Centre and Village Medical (5300 patients) for 2019 due to these practices refusing to sign data sharing schedules. They are included for 2020.
Primary Care Consultations (after hours)	Subset of consultations that are 6.00pm to 7.59am weekdays, weekends and observed public holidays	As above
People in Aged Residential Care	TBC	
Emergency Department	Number of presentations to the Emergency Department	
Acute Admissions	Number of patients admitted acutely to the DHB (admission type 'AC')	M05 - Emergency Department specialty
Outpatient Appointments	Outpatient appointments attended - based on booking date between parameters	
Planned Care Discharges	Planned care discharges between the reporting period – includes local and inter-district flow (IDF) inflow	
Mental Health Contacts	The number of client-related activities (as per Ministry of Health definition) that involved client participation (DNAs, Family without Client and Service co-ordination activities omitted, written correspondence and SMS messages sent to clients omitted).	
Mental Health Discharges	Mental health ward discharges	

5.2. Performance view metric definitions

Metric	Definition	Exclusions
Smoking Brief Advice (SBA)	Percentage of current smokers (or recent ex-smokers) who have received brief advice to quit smoking or an offer of cessation support in the last 15 months	Patients not enrolled with THINK Hauora; non-coded smoking status and SBA; smokers under 16 years of age
Immunisations (at two years)	As per the Ministry definition used in the non-financial metrics	
Ambulatory Sensitive Hospitalisation (ASH)	As per the Ministry definition used in the non-financial metrics	
Ambulatory Sensitive Hospitalisation (ASH)	As per the Ministry definition used in the non-financial metrics	
Shorter Stays in ED (SSED)	Ministry definition - patients discharged from the emergency department within 6 hours of arrival in the department	
Acute Inpatient Length of Stay	The average length of stay for acutely admitted patients discharged during the reporting period with an admission type of (AC)	
ESPI 2 Waiting Times	As per the Ministry definition used in the non-financial metrics	
Did Not Attend (DNA) Rate	Patients who did not attend their booked outpatient appointment	
ESPI 5 waiting times	As per the Ministry definition used in the non-financial metrics	
Case Weighted Discharges (CWDs)	The case weight derived from eligible coded planned care inpatient discharges	
Mental Health Inpatient Length of Stay	The average length of stay for mental health admitted patients discharged during the reporting period	
Mental Health Inpatient Seclusion rate	The number of seclusion events in the reporting	
Mental Health Client DNAs	The number of unattended booked appointments	
ED attends: patients aged 75+	Presentations at the ED for patients aged over 75 years or Māori and Pacific patients aged over 65 years	
Acute Admissions: patients aged 75+	Acute inpatient admissions for patients aged over 75 years or Māori and Pacific patients aged over 65 years	

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

To	Board
Author	Darryl Ratana, Deputy Chief Financial Officer
Endorsed by	Neil Wanden, General Manager, Finance and Corporate Services
Date	14 September 2021
Subject	**Financial Update – August 2021**

Key questions the Board should consider in reviewing this paper:

- Is the current financial performance and trend in performance sustainable?
- Is there critical financial information that you need for governance that is not included in this report?
- Is the DHB sufficiently able to trade solvently?

RECOMMENDATION

It is recommended that the Board:

- **note** that the month operating result for August 2021 is a surplus before one-off items of $0.542m, which is $0.798m adverse to budget
- **note** that the year to date operating result for August 2021 is a surplus before one-off items of $1.420m, which is $1.140m adverse to budget
- **note** that year to date for August 2021 COVID-19 related contribution of $0.149m and Holidays Act costs of $0.922m have been incurred. Including these results in a year to date deficit after exceptional items of $0.577m, which is $0.816m adverse to budget
- **note** that the total available cash and equivalents of $38.777m as at 31 August 2021 is sufficient to support liquidity requirements
- **note** that this is an interim finance report and that a full report will come to the Board for consideration at its November meeting.

Strategic Alignment This report is aligned to the DHB's strategy and key enabler 'Stewardship'.

1. PURPOSE

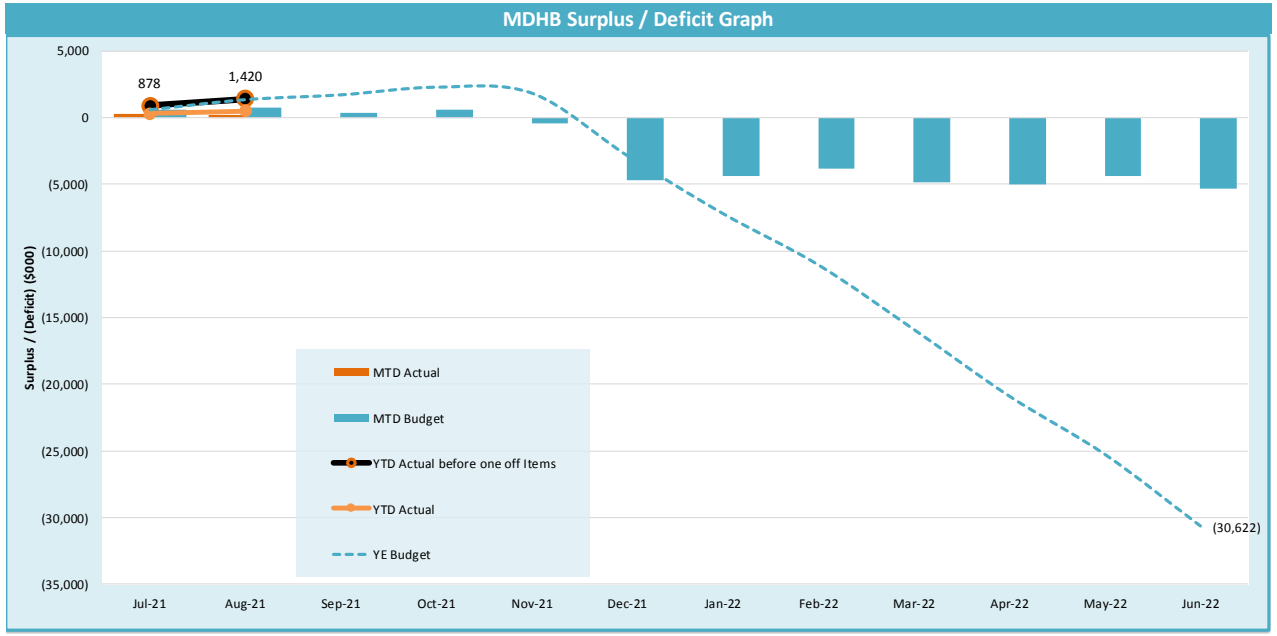
To provide information for the Board's consideration and no decision is required. This is an update paper and a full finance report will be provided to the Finance, Risk and Audit Committee meeting on 19 October 2021.

2. FINANCIAL PERFORMANCE

The MidCentral District Health Board (MDHB) result for August 2021 is a surplus before one-off items of $0.542m which is $0.798m adverse to budget. Net revenue for the month is $2.949m adverse to budget and is partially offset by expenditure which is $2.129m adverse to budget. The year to date result is a surplus of $1.420m, which is $1.140m favourable to budget.

A year to date COVID-19 related contribution of $0.149m and Holidays Act costs of $0.992m have been incurred. This results in a year to date deficit of $0.577m when these one-off items are included.

The following chart shows the progress of monthly performance against the draft budget, noting that this will be re-phased once the full year budget has been finalised.



The Statement of Financial Performance is shown in the following table. Costs relating to the Holidays Act and COVID-19 are separately disclosed so that the underlying performance is evident. Note that the budget reflects the current submission to the Ministry of Health (the Ministry), which indicates a year-end deficit of $30.622m. Changes to the budget are being proposed, and therefore the level of deficit is subject to change.

$000	August 2021			Year to date			Year End
	Actual	Budget	Variance	Actual	Budget	Variance	Budget
Net Revenue	**63,894**	**66,843**	**(2,949)** !	**126,601**	**133,394**	**(6,793)** ✖	**772,431**
Expenditure							
Personnel	22,182	22,882	700 ✓	43,943	45,149	1,206 ✓	281,682
Outsourced Personnel	902	320	(583) ✖	1,942	572	(1,370) ✖	3,585
Sub -Total Personnel	23,084	23,202	117 ✓	45,885	45,721	(164) !	285,267
Other Outsourced Services	2,218	2,150	(69) !	4,794	4,329	(465) ✖	25,466
Clinical Supplies	5,225	5,251	26 ✓	10,678	10,833	155 ✓	65,131
Infrastructure & Non-Clinical	6,790	7,387	597 ✓	13,927	14,893	967 ✓	90,900
Provider Payments	26,204	27,662	1,457 ✓	50,196	55,323	5,128 ✓	332,057
Total Operating Expenditure	**63,522**	**65,651**	**2,129** ✓	**125,479**	**131,100**	**5,621** ✓	**798,820**
Operating Surplus/(Deficit)	**372**	**1,192**	**(820)** ✖	**1,123**	**2,295**	**(1,172)** ✖	**(26,389)**
Enable Contribution	170	148	22 ✓	297	264	32 ✓	2,768
Surplus/(Deficit) Before One-Off Items	**542**	**1,340**	**(798)** ✖	**1,420**	**2,559**	**(1,140)** ✖	**(23,622)**
Holidays Act	(481)	(583)	103 ✓	(992)	(1,167)	174 ✓	(7,000)
Covid-19	152	(0)	152 ✓	149	(0)	149 ✓	(0)
Surplus/(Deficit)	**214**	**757**	**(543)** ✖	**577**	**1,393**	**(816)** ✖	**(30,622)**

A large portion of the adverse revenue variance relates to the timing of community provider payments. These payments are $1.456m favourable to budget and are offset by $1.189m adverse revenue.

The remaining adverse revenue primarily relates to Planned Care activity and Inter-District Flow (IDF) revenue in Te Uru Arotau – Acute and Elective Specialist Services and Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services. In both cases, the current national lockdown has had a significant impact on activity and volumes.

Significant variances in operating expenditure for the month are highlighted below.

- The favourable variance in Personnel costs (excluding Outsourced Personnel) of $0.700m relates to clinical positions with nursing and Allied Health favourable by $0.439 and $0.210m, respectively. This is FTE driven and is particulary noticeable in proposed CCDM staff increases which are yet to be filled.
- Medical staff costs are favourable by $0.164m but are more than offset by outsourced locum costs that are $0.374m adverse and mainly feature in Te Uru Rauhī – Mental Health and Addiction Servcices. The remainder of the unfavourable variance in Outsourced Personnel is in nursing (specialing).
- FTEs are 2,420 for the month, a drop from the previous month but in line with the trend of increase of FTEs experienced over the last 12 months. The FTE variance pattern mirrors personnel cost variances with FTEs below budget across the board.
- Other Outsourced Services are close to budget with the exception of Crest expenditure of $0.064m in Te Uru Arotau – Acute and Elective Specialist Services and Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services.
- Pharmaceuticals ($0.203m), treatment supplies ($0.038m) and patient appliances ($0.058m) cause an adverse variance in Te Uru Arotau – Acute and Elective Services Clinical Supply expenditure. However, these are more than offset by instruments and equipment depreciation across other Directorates.
- Infrastructure and Non-Clinical costs are $0.597m favourable to budget, with the fundamental cause of this variance being contracted hotel, cleaning and meal costs ($0.230m), as well as IT depreciation and software maintenance costs ($0.376m).

One-off items include the Holidays Act and COVID-19 expenditure.

- Holidays Act expenditure for the month includes a $0.375m increase in the provision, with the remainder being project costs. Project costs are lower than anticipated in the budget leading to a favourable variance for the month and year to date.
- COVID-19 expenditure for the month includes $1.831m of costs that are more than offset by funding received for immunisation. This is timing in nature, with the funding of immunisation costs expected to be on a reimbursement basis.

BOARD REPORT

For:

X	Approval
	Endorsement
	Noting

To	Board
Author	Darryl Ratana, Deputy Chief Financial Officer
Endorsed by	Finance, Risk and Audit Committee Neil Wanden, General Manager, Finance & Corporate Services
Date	7 September 2021
Subject	**Finance Report – July 2021**

Key questions the Board should consider in reviewing this paper:

- Is the current financial performance and trend in performance sustainable?
- Are the unfunded risks from COVID-19 and Holidays Act compliance manageable in the near term?
- Are the variations from budget sufficiently well explained and reasonable?
- Is there key financial information that you need for governance not included in this report?
- Is the DHB able to trade solvently?

RECOMMENDATION

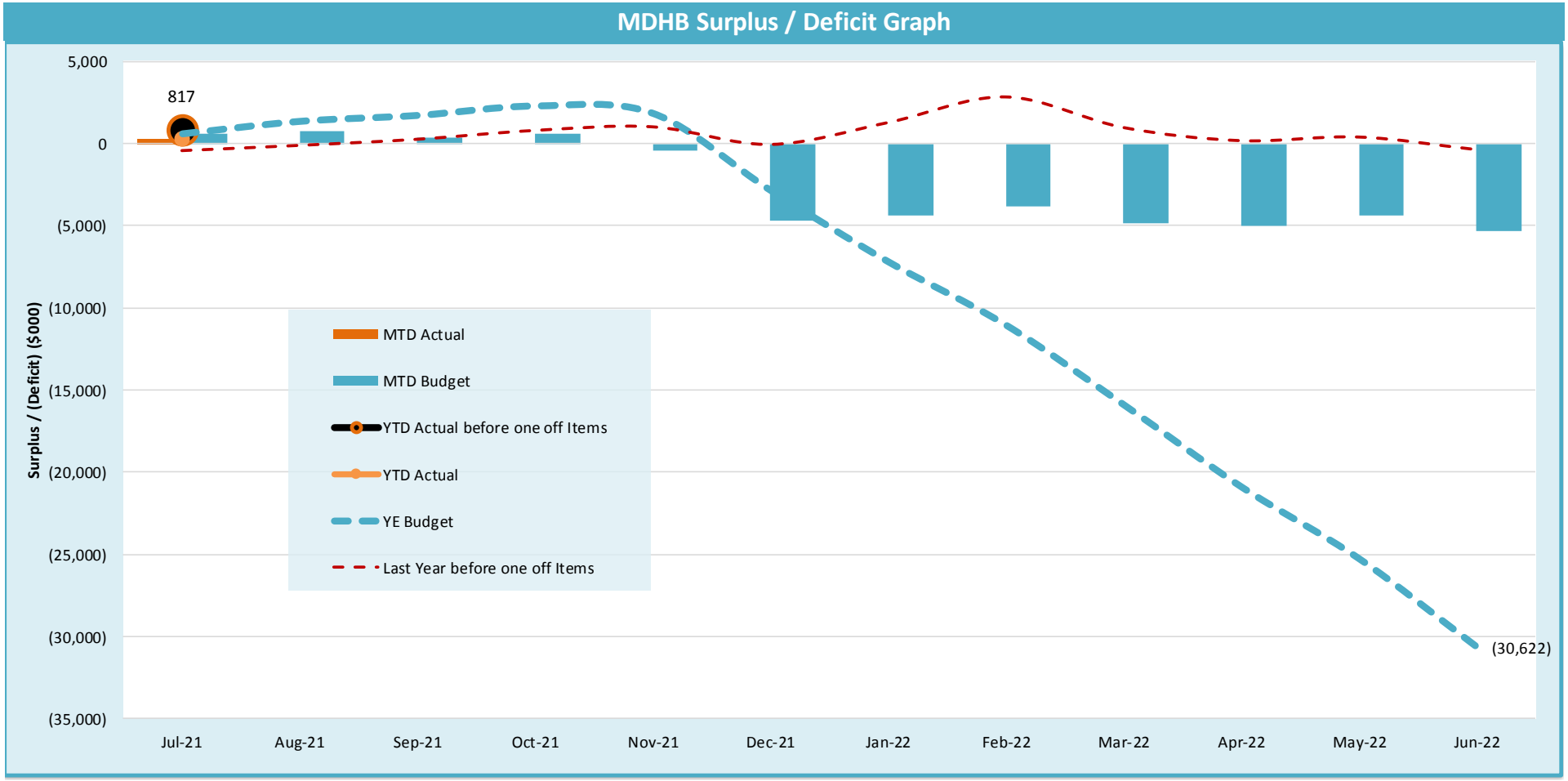
It is recommended that the Board:

- **note** that this report was endorsed by the Finance, Risk and Audit Committee at their 7 September meeting
- **note** that the month operating result for July 2021 is a surplus before one-off items of $0.817m, which is $0.345m unfavourable to budget
- **note** that the July 2021 COVID-19 related net costs are close to budget and Holidays Act related costs of $0.512m have been incurred. Including these one-off costs results in a surplus after exceptional items of $0.303m, which is $0.276m adverse to budget for the month.
- **note** that the total available cash and equivalents of $37.623m as of 31 July 2021 is sufficient to support liquidity requirements
- **endorse** the July financial report.

Strategic Alignment This report is aligned to the DHB's strategy and key enabler, "Stewardship".

1. REPORT AT A GLANCE

The result for July 2021 is a deficit before one-off items of $0.817m, which is $0.345m favourable to budget. It should be noted that phasing of the draft budget is provisional and will be revised once the full year budget total is agreed.



2. FINANCIAL COMMENTARY

Adverse variances are in brackets unless stated otherwise.

2.1 Financial Performance

The MidCentral District Health Board (MDHB) result for July 2021 is a surplus before one-off items of $0.817m, which is $0.345m adverse to budget. Net Revenue for the month is $3.844m adverse to budget, and expenditure is $3.489m favourable to budget.

Year-end COVID-19 related net costs are close to budget for the month, and Holidays Act related costs of $0.583m are $0.072m favourable to budget. This results in an overall surplus for the month of $0.303m, being $0.276m adverse to budget.

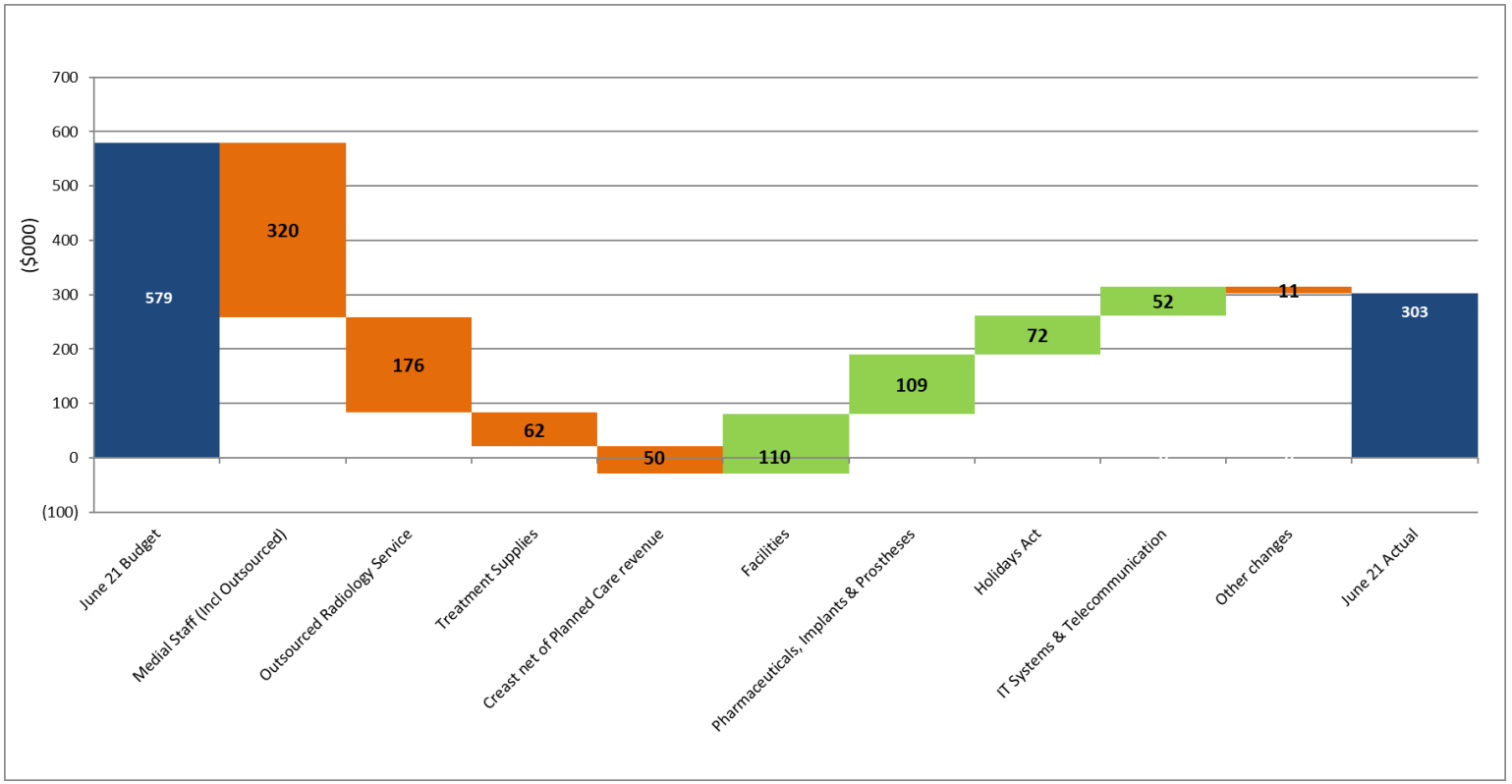
The Statement of Financial Performance is shown in the following table. Costs relating to the Holidays Act and COVID-19 are disclosed separately to view the underlying performance.

$000	July 2021 Actual	July 2021 Budget	July 2021 Variance	Year End Budget
Net Revenue	**62,707**	**66,552**	**(3,844)** ✖	**772,431**
Expenditure				
Personnel	21,761	22,267	506 ✔	281,682
Outsourced Personnel	1,100	310	(790) ✖	3,585
Sub -Total Personnel	22,860	22,576	(284) !	285,267
Other Outsourced Services	2,575	2,179	(396) ✖	25,466
Clinical Supplies	5,453	5,583	129 ✔	65,131
Infrastructure & Non-Clinical	7,136	7,506	370 ✔	90,900
Provider Payments	23,991	27,661	3,670 ✔	332,057
Total Operating Expenditure	**62,017**	**65,506**	**3,489** ✔	**798,820**
Operating Surplus/(Deficit)	**691**	**1,045**	**(355)** ✖	**(26,390)**
Enable Contribution	127	116	10 ✔	2,768
Surplus/(Deficit) Before One-Off Items	**817**	**1,162**	**(345)** ✖	**(23,622)**
Holidays Act	(512)	(583)	72 ✔	(7,000)
Covid-19	(3)	(0)	(3) ✖	(0)
Surplus/(Deficit)	**303**	**579**	**(276)** ✖	**(30,622)**

FTE				
Medical	356.4	370.5	14.1 ↓	380.4
Nursing	1,145.5	1,153.1	7.6 ↓	1,179.7
Allied Health	425.0	433.7	8.7 ↓	444.4
Support	31.4	33.4	2.0 ↓	33.4
Management / Admin	468.7	473.9	5.2 ↓	491.1
Total FTE	**2,427.0**	**2,464.6**	**37.6** ↓	**2,528.9**

Major variances to budget for the month drove the result as indicated in the graph below.

MAJOR VARIANCES TO BUDGET FOR THE MONTH



Revenue variances of significance for the month are as follows:

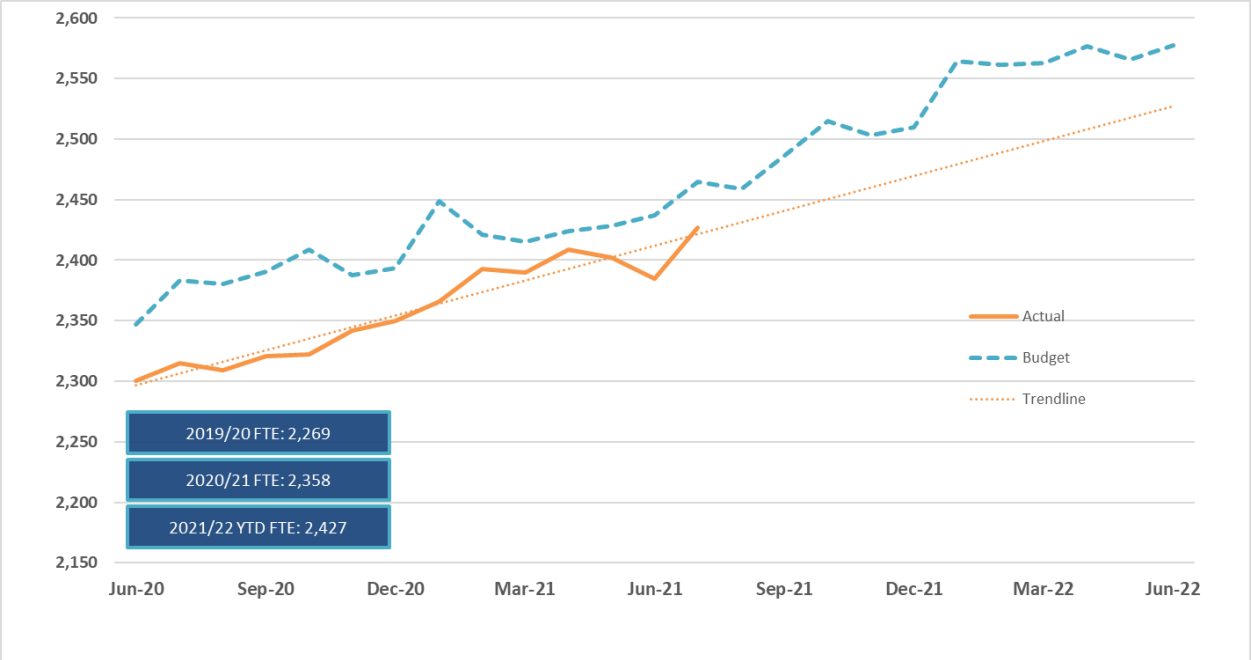
- Adverse revenue for the month is due to the timing of funding received for community provider payments. Community provider payments are favourable as a consequence and offset the favourable income. In addition, unplanned care was favourable to budget by $0.160m for the month.

Full-time Equivalent staffing (FTE) for the month are as follows:

- Medical staff are below budget by 14 FTE for the month, with 9 in Te Uru Arotau – Acute and Elective Specialist Services. These largely relate to radiologist vacancies. A further eight exist in Te Uru Rauhī – Mental Health and Addiction Services. These are being covered by Locums.

- Nursing staff are 8 FTE below budget for the month but have increased by 40 FTE since last month. May and June 2021 went against the long-term trend with a reduction in nursing numbers. However, July appears to have returned to the trend. The lower than anticipated nursing FTEs are in Te Uru Arotau – Acute and Elective Specialist Services.
- Allied Health FTEs are 9 FTE below budget with six vacancies relating to Medical Radiation Technician's in medical imaging (Te Uru Arotau – Acute and Elective Specialist Services).
- Management staff are below budget by 5 FTE for the month in Corporate and Professional Services. These relate to new positions that are yet to be filled for Medical Records Scanning, Facilities projects, and Digital Services.
- The table below shows the total FTEs by month for this year. There was a drop of 17 FTE in July when compared to the previous month. This was in administration and nursing roles and considered temporary.

TOTAL EMPLOYED FTES BY MONTH



Personnel variances of significance and points to note are identified below:

- Favourable personnel costs for the month are related to clinical roles, with medical ($0.209m), nursing ($0.178m) and Allied Health ($0.103m) all contributing. Expenditure variances are in line with the FTE variances noted above.
- Favourable medical staff variances in Te Uru Rauhī – Mental Health and Addiction Services of $0.137m are more than offset by adverse locum costs of ($0.284m). While Te Uru Arotau - Acute and Elective Specialist Services medical staff FTEs are

favourable overall, Emergency Department FTEs that are greater than budget is driving an adverse personnel variance for this service.

- The actual average wage cost for July is very close to budget expectations both at an aggregate and at a role level.

  Outsourced personnel were $0.790m adverse to budget, with locum costs making up $0.528m of the variance. This was mainly due to Te Uru Rauhī – Mental Health and Addiction Services ($0.400m) and Te Uru Pā Harakeke – Healthy Women, Children and Youth Services ($0.087m) for the Paediatric and Obstetrics services. The remainder of the outsourced personnel variance was seen in outsourced nursing costs for specialling.

Other variances of significance for the month are outlined as follows:

- Other Outsourced Services are adverse to budget due to Outsourced Radiology expenditure ($0.176m) and Crest Hospital for outsourced planned care ($0.222m), both of which impact Te Uru Arotau - Acute and Elective Specialist Services.
- Favourable Clinical Supplies include pharmaceutical costs of $0.043m relate to the use of Pharmaceutical Cancer Treatment (PCTs). In addition, patient appliances, implants & prostheses are $0.060m favourable to budget.
- Provider payments are favourable by $3.670m. This is timing and is offset by adverse revenue to fund the provider payments.
- Infrastructure and non-clinical costs are $0.370m favourable to budget. The key cause of this variance is lower than anticipated facilities expenses ($0.109m), patient travel ($0.038m) and information systems & telecommunication expenses ($0.052m)

2.2 Financial Performance by Service

The statement of 'Net Revenue and Expenditure by Service' is shown in the table below.

$000	July 2021			Year End
	Actual	Budget	Variance	Budget
Acute & Elective Specialist Services	(14,396)	(14,535)	138 ✓	(178,106)
Healthy Women, Children and Youth	(3,216)	(3,250)	34 ✓	(40,957)
Cancer Screening, Treatment & Support	(3,611)	(3,701)	91 ✓	(45,591)
Healthy Ageing & Rehabiliation	(1,752)	(1,770)	18 ✓	(23,284)
Primary, Public & Community	(5,525)	(5,596)	71 ✓	(67,194)
Mental Health & Addictions	(11,682)	(11,437)	(245) !	(138,028)
Pae Ora - Paiaka Whaiora	(940)	(991)	51 ✓	(11,886)
Corporate & Professional Services	41,862	42,375	(513) !	479,257
Enable NZ	77	66	10 ✓	2,168
Surplus/(Deficit) Before One-Off Items	**817**	**1,162**	**(345)** ✗	**(23,622)**
Exceptional Items	(514)	(583)	69 ✓	(7,000)
Surplus/(Deficit)	**303**	**579**	**(276)** ✗	**(30,622)**

Items of note which impacted service financial performance for the month are outlined below. Further details are provided in Appendix One – Financial Performance by Service.

- Te Uru Arotau – Acute and Elective Specialist Services had a favourable result for the month of $0.138m. Unplanned care revenue that was $0.138m favourable but more than offset by Crest costs. Nursing ($0.165m) and Allied Health ($0.031m) were favourable to budget but partially offset by outsourced medical staff ($0.076m).

- Te Uru Pā Harakeke – Healthy Women, Children and Youth Services was favourable to budget for the month largely as a result of favourable medical and nursing staff variances.
- The favourable month result for Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services was due to favourable personnel costs and clinical supplies. Favourable personnel costs are largely due to nursing that is below budget by 5 FTE and medical staff that are below budget by 1 FTE. Favourable clinical supplies relate to pharmaceuticals.
- Te Uru Whakamauora – Healthy Ageing and Rehabilitation Services is close to budget with a small favourable variance.

- Te Uru Kiriora – Primary, Public and Community Services was favourable to budget for the month by $0.17m. ACC revenue was favourable by $0.035m, and clinical supplies were $0.049m favourable.
- Te Uru Rauhī – Mental Health and Addiction Services was adverse to budget by $0.245m for the month due to personnel costs. This variance is in community mental health. The budget for Ward 21 has increased this year and is reflected in a small positive variance for the month.
- Corporate and Professional Services comprises all executive and enabler functions. The month result was due to adverse personnel costs (including outsourced personnel). This included outsourced professional staff for Digital Services ($0.085m), outsourced nursing costs ($0.116m).
- Exceptional Items contains organisation-wide costs for COVID-19 and Holidays Act. Refer to sections 2.3 and 2.4 below.
- The July 2021 result for Enable New Zealand is due to favourable income from trading activities and procurement rebates. Trading activities include direct sales, equipment hire, equipment refurbishment and freighting of complex equipment.

A Statement of Net Revenue and Expenditure by Division is shown in the table below.

$000	July 2021			Year End
	Actual	Budget	Variance	Budget
Funding Division	3,006	3,411	(405) ✖	40,225
MidCentral Provider	(2,907)	(2,899)	(9) !	(73,015)
Enable NZ	77	66	10 ✔	2,168
Governance	128	(0)	128 ✔	0
Surplus/(Deficit)	**303**	**579**	**(276)** ✖	**(30,622)**

2.3 Holidays Act

Holidays Act related costs of $0.583m are $0.072m favourable to budget. Of this, $0.400m is an increase to the Holidays Act provision. The remainder relates to project costs.

2.4 COVID-19

While net expenditure during July was minimal, this reflects $1.045m of immunisation funding offset by expenditure of a similar quantum. Funding is for immunisation staff and facility costs to undertake vaccinations at the new city centre location. Staffing totalled 57 FTE for the month, a further increase from last month by nine due to increased immunisation activity.

2.6 Budget Risks

The majority of risks identified last year remain relevant for this financial year. The WebPas SaaS risk has been incorporated into a general cloud technology budget risk. As information technology increasingly turns away from on-premise to cloud solutions, this transfers the financial burden from capital to operating costs.

A summary of 2021/22 budget risks is outlined below. If realised, these have the potential to affect MDHB's ability to achieve budget significantly. The status of these risks will be reported on a monthly basis. At this early stage in the financial year these risks are seen as manageable within the overall budget envelope.

- **Achieving Sustainability and Saving Plan Objectives** – Sustainability initiatives of $2.050m are included in the budget. These must be achieved to help absorb any unexpected shocks to the DHB.
- **Ongoing Impacts of COVID-19** – The recent outbreak confirms that this is far from over. The impact of further outbreaks is disruptive to the DHB and its financial performance.
- **Timing of staff recruitment -** The budget reflects average vacancy levels based on the assumption that not all positions will be recruited. It also includes phasing adjustments because the need to fill positions will occur progressively throughout the year.
- **Future MECA settlements** - The budget assumption is for a modest 1.5 percent increase in wage settlements based on the Government's expectation. Recent nursing strikes suggest not all employee groups will necessarily accept this.
- **Achieving Planned Care targets -** The Ministry proposed targets require an increase in output from MidCentral DHB to achieve similar revenue levels as in 2020/21. This will need to be carefully managed including the potential disruption due to SPIRE construction.
- **Hospital Capacity -** Hospital bed capacity was very high during 2020/21 due to growing demand. In addition, the SPIRE and EDOA/MAPU PODS project construction activity will increase this year.
- **Cloud Technology** – many proposed information technology solutions favour software as a Service (SaaS) and Platform as a Service (PaaS). This move away from on-premise solutions will transfer the financial burden from capital to operating costs.

2.7 Financial Position

The main budget variances in the Balance Sheet at 31 July 2021 relate to the timing of capital expenditure being later than anticipated resulting in lower than budgeted non-current assets. Overall, this has resulted in higher than budgeted cash on hand and deposits in current assets. As of 31 July 2021, the total available cash and deposit balances were $37.623m. The projected year-end cash and deposits balance remains as budgeted at negative $3.864m.

$000	Jun-21	Jul-21		
	Actual	Actual	Budget *(Draft)*	Variance
TOTAL ASSETS				
Non Current Assets	293,387	292,049	302,504	(10,455)
Current Assets	68,877	70,448	61,166	9,282
Total Assets	**362,264**	**362,497**	**363,670**	**(1,173)**
TOTAL EQUITY AND LIABILITIES				
Equity	207,943	209,388	211,329	1,941
Non Current Liabilities	6,278	6,293	6,424	131
Current Liabilities	148,043	146,816	145,917	(899)
Total Equity and Liabilities	**362,264**	**362,497**	**363,670**	**1,173**

2.8 Cash Flows

Overall cash flows reflect a favourable variance to budget of $4.133m as of 31 July 2021. Operating cash flows are unfavourable due to the net impact of working capital movements. Investing cash flows are favourable due to the timing of capital expenditure being later than budgeted. Financing activities are unfavourable due to equity injections for the Spire and Mental Health Projects being later than budgeted.

$000	Jun-21	Jul-21			
	Actual	Actual	Budget *(Draft)*	Variance	
Net Cash Flow from Operating Activities	24,384	1,097	8,802	(7,705)	✗
Net Cash Flows from Investing Activities	(20,859)	(1,005)	(4,291)	3,286	✓
Net Cash Flows from Financing Activities	5,980	1,042	2,331	(1,289)	✗
Net increase / (decrease) in cash	**9,505**	**1,134**	**6,842**	**(5,708)**	✗
Cash at beginning of year	26,984	36,489	26,648	9,841	✓
Closing cash	**36,489**	**37,623**	**33,490**	**4,133**	✓

2.9 Cash, Investments and Debt

Cash and Investments

Trust and Special Funds are held in a separate BNZ account. These fall outside the shared banking arrangement with the BNZ that NZ Health Partnerships Limited sweeps daily. Surplus liquidity from the Enable New Zealand operating account is channelled through the main DHB accounts to obtain those benefits.

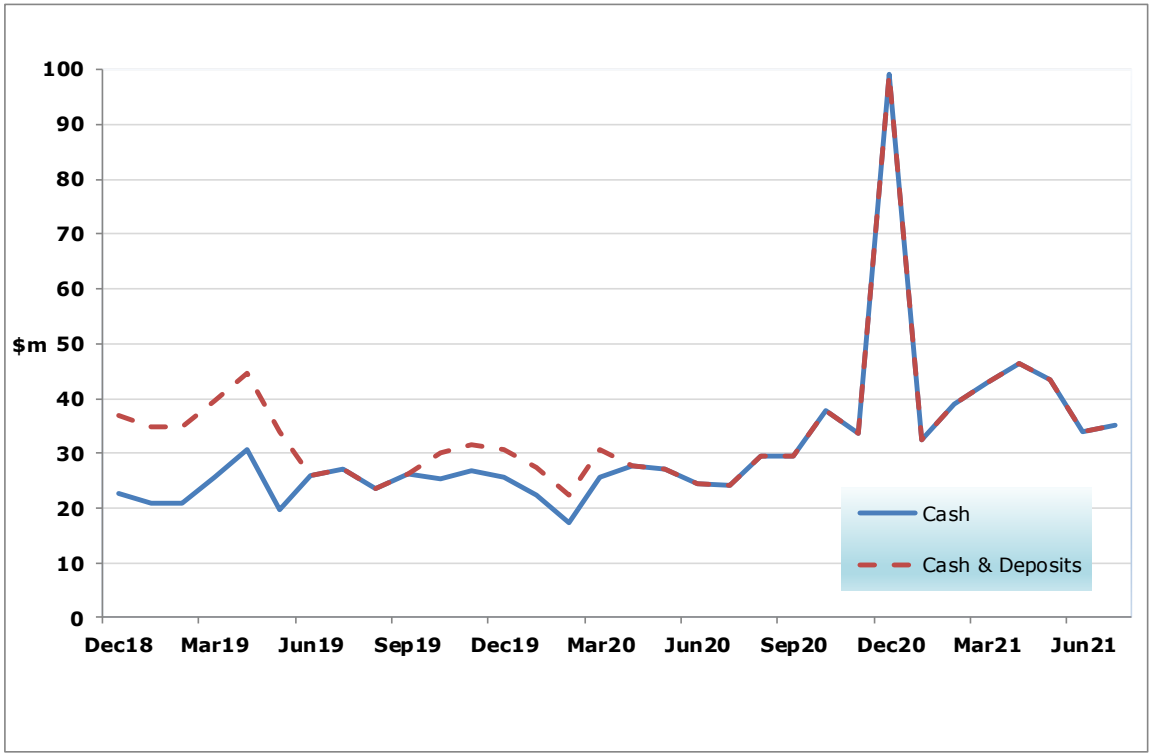
Jul-21	Rate	Value $000
NZHP Sweep Balance	0.64%	33,448
Cash in Hand and at Bank		2
Trust Accounts		2,491
Enable New Zealand		1,682
Cash Balances		37,623
Total Cash Balance		**37,623**

The cash reconciliation table below shows how cash has moved during the month.

Cash Reconciliation	Jul-21 $000	Year to date $000
Cash at June 2021	36,489	36,489
Surplus / (Deficit) for mth	303	303
Depreciation / Amortisation	2,407	2,407
Sale of fixed assets	-	-
Working capital movement	(1,582)	(1,582)
Share of associate net surplus/deficit	-	-
Capital expenditure	(1,070)	(1,070)
Loan/finance lease repayments	(14)	(14)
Trusts movement	29	29
Equity repayment	-	-
Equity injections - capital	1,061	1,061
Cash Balance at month end	**37,623**	**37,623**

The chart below indicates the DHB's cash balance, excluding investment and Trust Accounts. The spike in the December 2020 cash balance reflects the early payment of January revenue by the Ministry due to the timing of the Christmas holiday period.

CASH BALANCES



The DHB sector as a whole is experiencing liquidity pressure due to the continuation of operating deficits. New Zealand Health Partnerships, on behalf of all DHBs, has been in ongoing discussion with the Ministry and Treasury on ways to resolve this and the need for urgent deficit support equity injections to those DHBs who are insolvent. These pressures have not affected MDHB operations to date. However, a resolution is necessary to enable the collective treasury management and optimisation to remain viable.

The Ministry has provided reassurance to the sector on the liquidity impacts of COVID-19. Despite this, COVID-19 will influence the ability to fund other initiatives in the sector in the near term. In addition, the Ministry has given reassurances that the cost of Holidays Act remediation will be funded separately at the time payments to remediate those employees impacted (past and present) are required to be made.

Net MDHB liquidity continues to be sufficient in the near term with steady levels. However, continuing operating deficits and planned capital investments are reducing the overall liquidity.

The Treasury and the Ministry will provide a funding allocation of $30m towards the $35m budget for the Mental Health Unit replacement and $27.5m for an expanded perioperative suite (SPIRE programme). The increased funding commenced in the previous financial year. The bulk of the drawdowns will occur over this and next year as construction activity arises.

Treasury Policy and Ratios

There are currently no arrangements that necessitate monitoring against Treasury Policy parameters.

Debt and Leases

Debt previously held with the Energy and Efficiency Conservation Authority (EECA) has now been fully repaid. EECA has a Crown Efficiency Loan Scheme for assisting Government-funded organisations in taking measures to reduce their energy expenditure.

The MRI finance lease is held with MCL Capital which is a New Zealand owned and operated company offering leasing solutions to New Zealand public sector organisations.

Finance Leases	Start Date	Maturity	$'000	Equipment
MCL Capital	Jun-19	May-26	1,106	MRI Scanner

The finance lease allows the DHB to spread the cost of an asset over the lease term and preserves capital, minimises the draw on cash reserves and provides budget certainty with ownership at the lease expiry.

2.10 Statement of Capital Expenditure

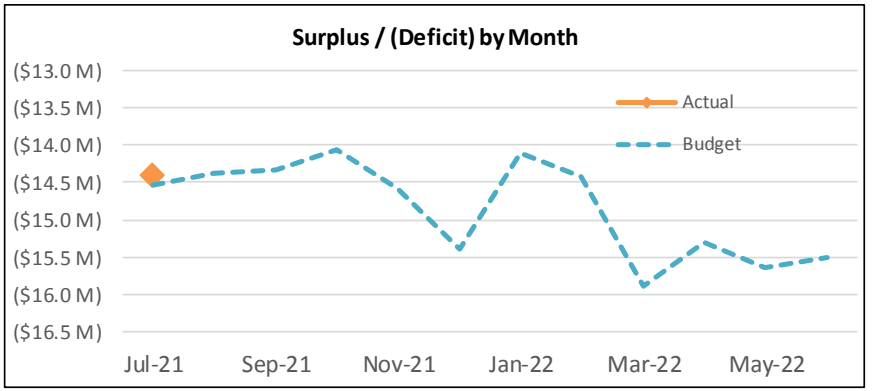
Capital expenditure is below the overall budget, a trend that has continued from last year. Expenditure in July totalled $1.070m primarily due to the SPIRE project.

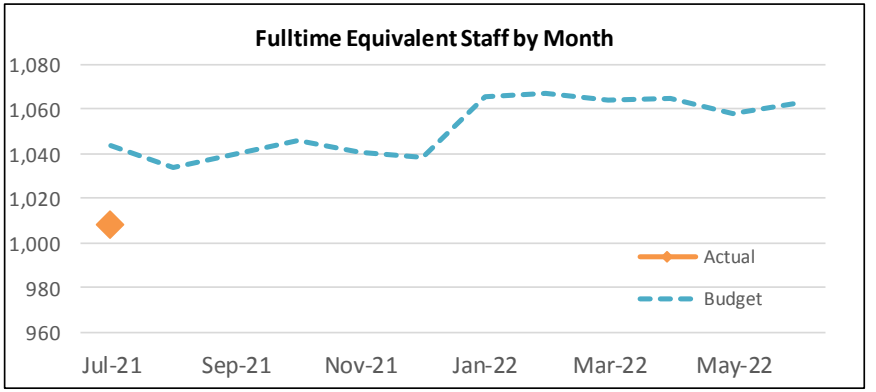
Further detail is provided in Appendix Two – Capital Expenditure.

APPENDIX ONE – FINANCIAL PERFORMANCE BY SERVICE

Te Uru Arotau – Acute and Elective Specialist Services

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**1,960**	**168**	**20,117**
Expenditure			
Personnel	9,740	200	123,663
Outsourced Personnel	121	(76)	504
Sub -Total Personnel	9,861	125	124,167
Other Outsourced Services	1,468	(287)	13,826
Clinical Supplies	3,389	19	39,971
Infrastructure & Non-Clinical	726	114	9,315
Total Operating Expenditure	**15,444**	**(30)**	**187,278**
Provider Payments	29	0	352
Corporate Services	883	0	10,593
Surplus/(Deficit)	**(14,396)**	**138**	**(178,106)**

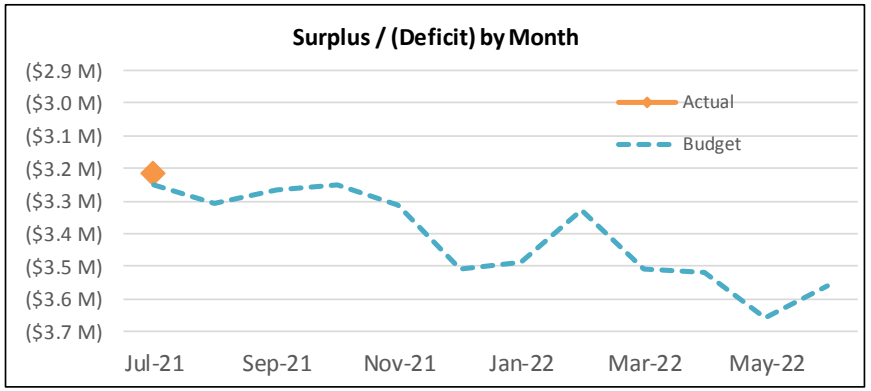


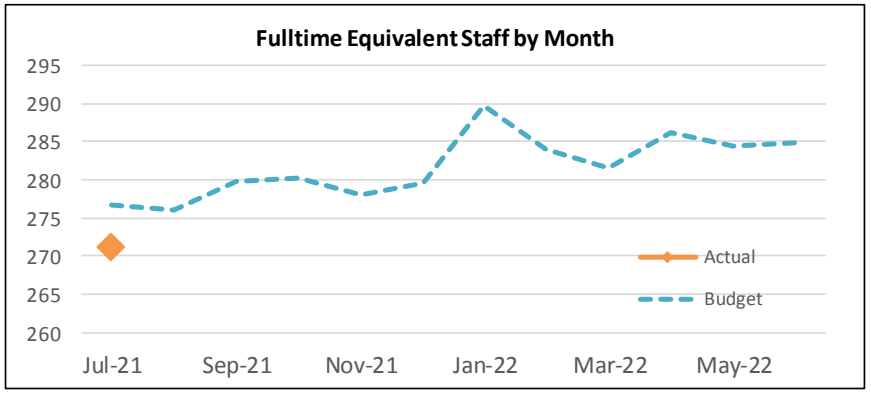


FTE			
Medical	231.6	9.4	241.8
Nursing	504.0	15.8	525.5
Allied Health	131.8	6.1	138.6
Support	17.5	1.6	19.0
Management / Admin	123.4	2.3	127.0
Total FTE	**1,008.3**	**35.2**	**1,052.0**

Te Uru Pā Harakeke – Healthy Women, Children and Youth Services

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**475**	**4**	**5,555**
Expenditure			
Personnel	2,419	132	32,669
Outsourced Personnel	97	(77)	216
Sub -Total Personnel	2,515	55	32,884
Other Outsourced Services	101	(28)	802
Clinical Supplies	352	8	4,312
Infrastructure & Non-Clinical	246	(5)	2,798
Total Operating Expenditure	**3,214**	**30**	**40,796**
Provider Payments	463	0	5,554
Corporate Services	14	0	162
Surplus/(Deficit)	**(3,216)**	**34**	**(40,957)**

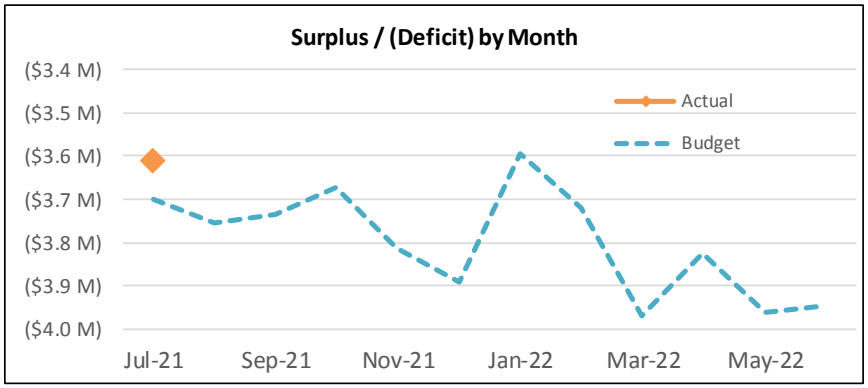


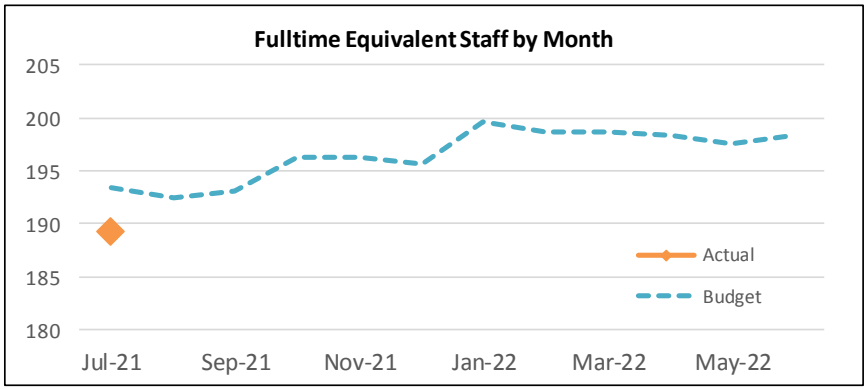


FTE			
Medical	43.4	1.1	45.5
Nursing	152.8	2.3	155.4
Allied Health	52.1	1.7	56.6
Support	0.0	0.0	0.0
Management / Admin	23.0	0.3	24.2
Total FTE	**271.2**	**5.4**	**281.7**

Te Uru Mātai Matengau – Cancer Screening, Treatment and Support Services

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**950**	**(14)**	**10,566**
Expenditure			
Personnel	1,825	101	24,268
Outsourced Personnel	5	1	122
Sub -Total Personnel	1,829	102	24,390
Other Outsourced Services	677	(67)	7,321
Clinical Supplies	1,298	42	15,108
Infrastructure & Non-Clinical	135	27	1,888
Total Operating Expenditure	**3,940**	**104**	**48,707**
Provider Payments	402	0	4,821
Corporate Services	219	0	2,629
Surplus/(Deficit)	**(3,611)**	**91**	**(45,591)**

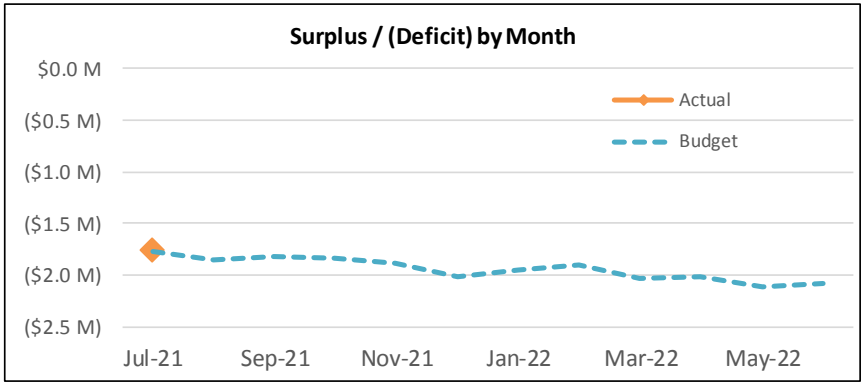


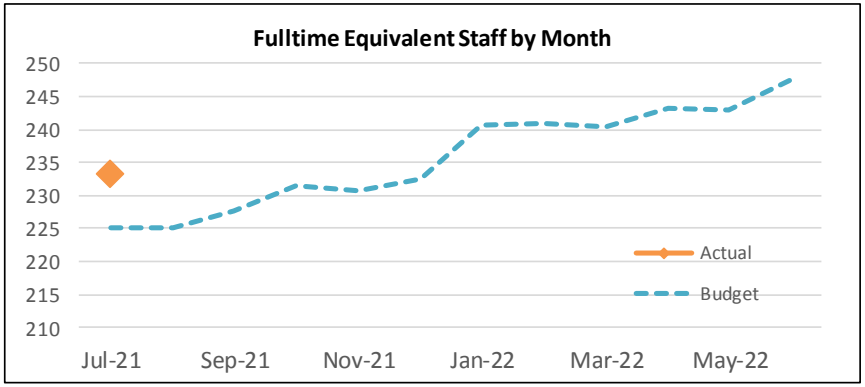


FTE			
Medical	38.1	1.5	41.5
Nursing	55.8	4.9	60.4
Allied Health	63.9	(0.1)	64.5
Support	0.0	0.0	0.0
Management / Admin	31.6	(2.1)	30.1
Total FTE	**189.3**	**4.2**	**196.5**

Te Uru Whakamauora – Healthy Ageing and Rehabilitation Services

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**511**	**35**	**5,124**
Expenditure			
Personnel	1,777	8	23,008
Outsourced Personnel	(0)	0	2
Sub -Total Personnel	1,776	8	23,009
Other Outsourced Services	64	1	749
Clinical Supplies	164	(6)	1,840
Infrastructure & Non-Clinical	169	(21)	1,745
Total Operating Expenditure	**2,174**	**(17)**	**27,343**
Provider Payments	0	0	0
Corporate Services	89	0	1,066
Surplus/(Deficit)	**(1,752)**	**18**	**(23,284)**

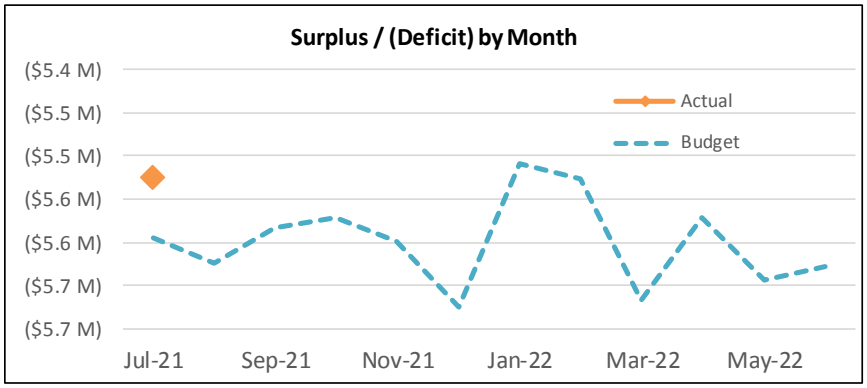


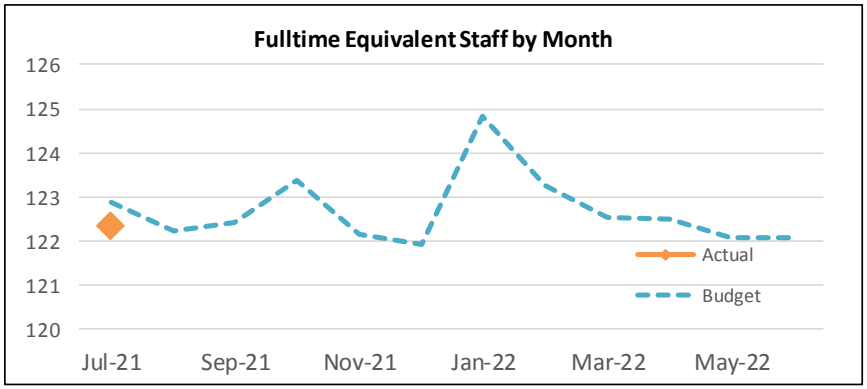


FTE			
Medical	16.0	(1.1)	16.4
Nursing	126.5	(4.0)	124.8
Allied Health	75.3	(2.1)	79.4
Support	0.0	0.0	0.0
Management / Admin	15.3	(0.8)	15.0
Total FTE	**233.2**	**(8.0)**	**235.7**

Te Uru Kiriora – Primary, Public and Community Services

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**727**	**24**	**8,637**
Expenditure			
Personnel	967	(19)	11,558
Outsourced Personnel	0	0	0
Sub -Total Personnel	967	(19)	11,558
Other Outsourced Services	13	1	168
Clinical Supplies	147	49	2,499
Infrastructure & Non-Clinical	94	16	1,299
Total Operating Expenditure	**1,220**	**47**	**15,525**
Provider Payments	4,928	(0)	59,058
Corporate Services	104	0	1,248
Surplus/(Deficit)	**(5,525)**	**71**	**(67,194)**

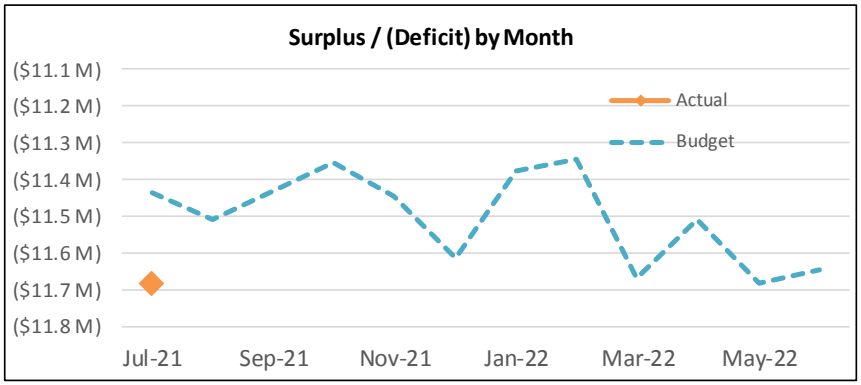


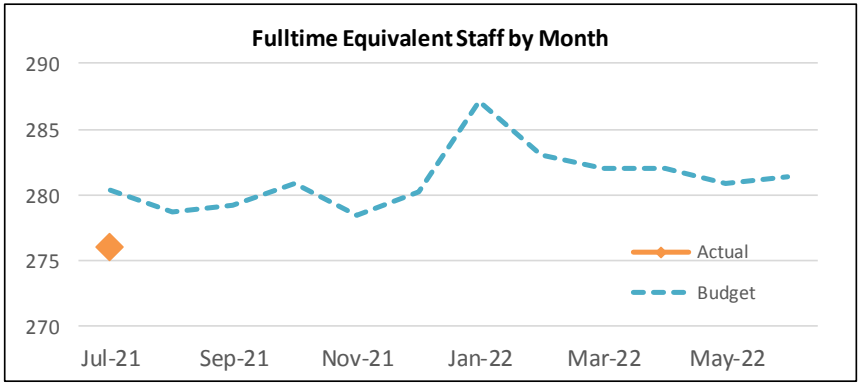


FTE			
Medical	1.8	0.3	2.0
Nursing	78.5	0.9	79.2
Allied Health	25.3	0.2	25.5
Support	0.0	0.0	0.0
Management / Admin	16.8	(0.8)	16.0
Total FTE	**122.3**	**0.5**	**122.7**

Te Uru Rauhī – Mental Health and Addiction Services

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**74**	**21**	**746**
Expenditure			
Personnel	2,273	130	29,667
Outsourced Personnel	521	(399)	1,335
Sub -Total Personnel	2,794	(269)	31,002
Other Outsourced Services	59	(5)	438
Clinical Supplies	17	3	214
Infrastructure & Non-Clinical	160	5	2,410
Total Operating Expenditure	**3,030**	**(266)**	**34,064**
Provider Payments	8,712	0	104,546
Corporate Services	14	0	164
Surplus/(Deficit)	**(11,682)**	**(245)**	**(138,028)**

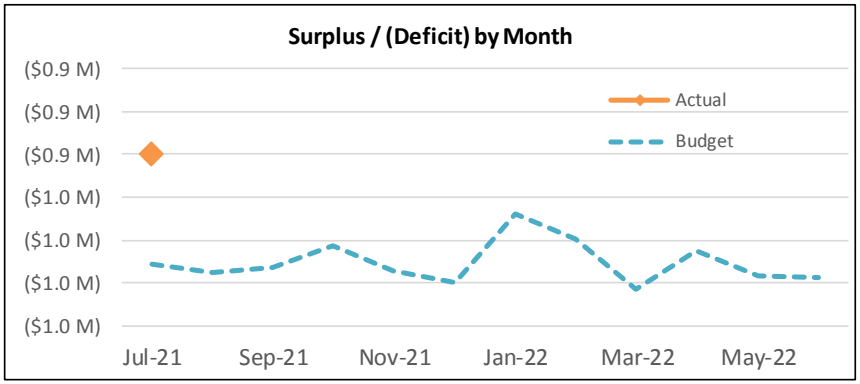


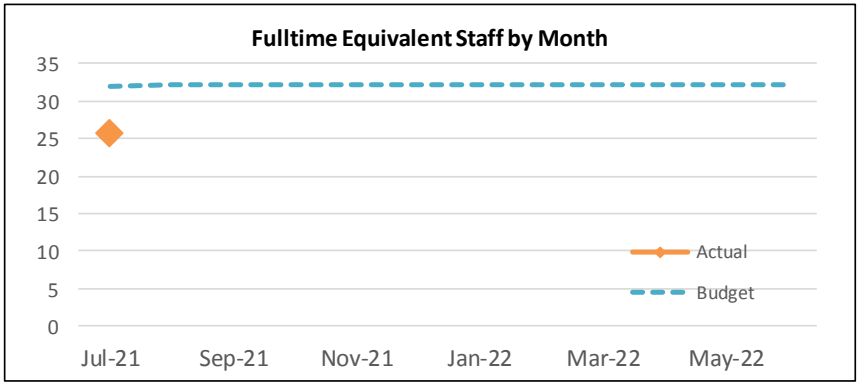


FTE			
Medical	17.2	7.6	24.8
Nursing	160.5	(2.5)	157.7
Allied Health	61.5	(2.2)	59.3
Support	0.0	0.0	0.0
Management / Admin	36.8	1.4	39.4
Total FTE	**276.0**	**4.3**	**281.2**

Pae Ora – Paiaka Whaiora Directorate

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**108**	**0**	**1,306**
Expenditure			
Personnel	182	65	2,976
Outsourced Personnel	0	0	0
Sub -Total Personnel	182	65	2,976
Other Outsourced Services	12	(10)	21
Clinical Supplies	0	0	5
Infrastructure & Non-Clinical	23	(5)	215
Total Operating Expenditure	**217**	**51**	**3,218**
Provider Payments	831	0	9,975
Corporate Services	0	0	0
Surplus/(Deficit)	**(940)**	**51**	**(11,886)**

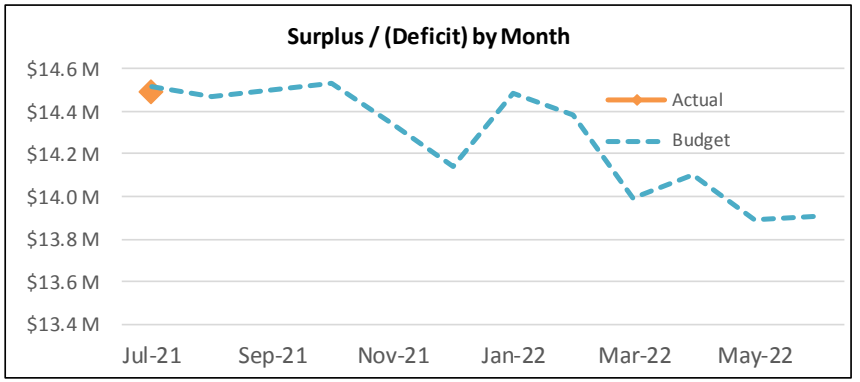


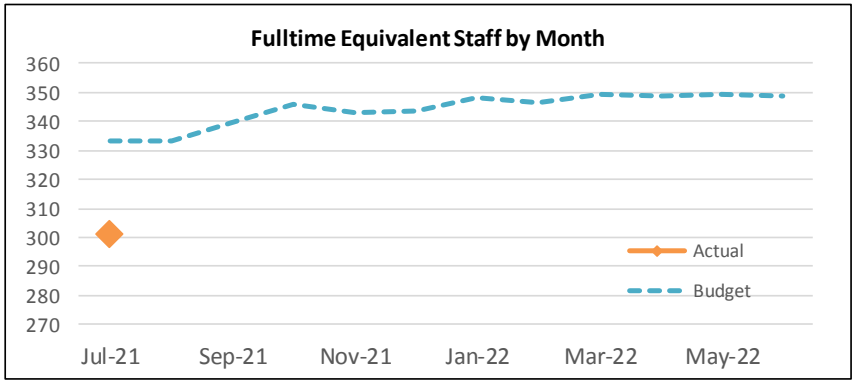


FTE			
Medical	0.0	0.0	0.0
Nursing	6.3	2.4	8.7
Allied Health	8.4	2.3	10.8
Support	0.0	0.0	0.0
Management / Admin	11.0	1.8	12.8
Total FTE	**25.7**	**6.5**	**32.2**

Corporate and Professional Services

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**29,448**	**(3,869)**	**399,726**
Expenditure			
Personnel	2,447	248	33,663
Outsourced Personnel	357	(240)	1,408
Sub -Total Personnel	2,804	8	35,070
Other Outsourced Services	180	(1)	2,141
Clinical Supplies	87	13	1,182
Infrastructure & Non-Clinical	5,572	153	70,086
Total Operating Expenditure	**8,644**	**173**	**108,479**
Provider Payments	8,625	3,670	147,751
Corporate Services	(2,315)	0	(27,778)
Surplus/(Deficit)	**14,493**	**(25)**	**171,275**

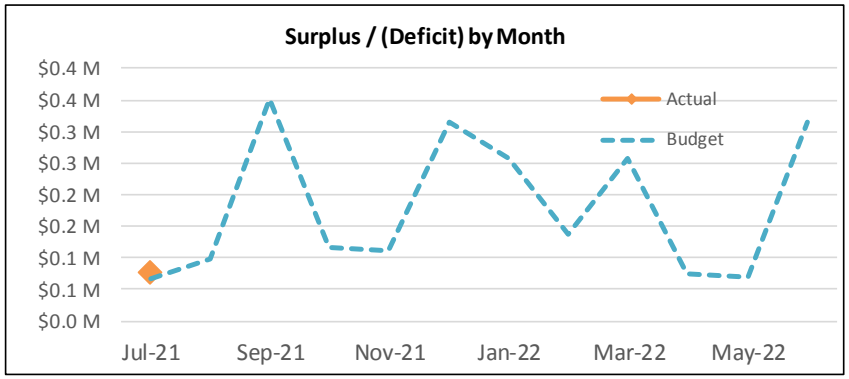


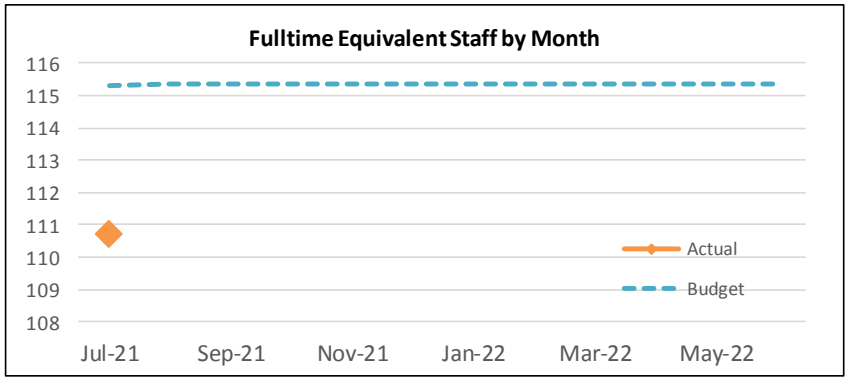


FTE			
Medical	8.3	1.4	10.1
Nursing	61.1	20.8	82.6
Allied Health	6.8	2.8	9.7
Support	13.9	0.4	14.3
Management / Admin	210.8	7.1	227.5
Total FTE	**301.0**	**32.5**	**344.1**

Enable New Zealand

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget
Net Revenue	**3,535**	**424**	**38,462**
Expenditure			
Personnel	694	97	9,379
Outsourced Personnel	36	(8)	340
Sub -Total Personnel	730	90	9,719
Other Outsourced Services	0	0	0
Clinical Supplies	5	0	61
Infrastructure & Non-Clinical	2,673	(504)	25,915
Total Operating Expenditure	**3,409**	**(414)**	**35,695**
Provider Payments	0	0	0
Corporate Services	50	0	600
Surplus/(Deficit)	**77**	**10**	**2,168**





FTE			
Medical	0.0	0.0	0.0
Nursing	0.0	0.0	0.0
Allied Health	22.0	9.1	31.1
Support	17.6	(1.6)	16.0
Management / Admin	71.2	(2.9)	68.3
Total FTE	**110.7**	**4.7**	**115.4**

Holidays Act

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget	Life to date Actual Since May 2010
Expenditure				
Personnel	404	13	5,003	47,819
Outsourced Personnel	56	(8)	569	623
Sub -Total Personnel	460	4	5,572	48,442
Infrastructure & Non-Clinical	52	67	1,428	1,375
Total Operating Expenditure	**512**	**72**	**7,000**	**49,817**
Surplus/(Deficit)	**(512)**	**72**	**(7,000)**	**(49,817)**

COVID-19

$000	July 2021 Actual	July 2021 Variance to Budget	Year End Budget	Life to date Actual Since March 2020
Net Revenue	**1,045**	**(2,263)**	**19,929**	**4,805**
Expenditure				
Personnel	386	1,197	9,582	12,416
Outsourced Personnel	45	2	283	179
Sub -Total Personnel	432	1,199	9,865	12,594
Other Outsourced Services	560	652	7,273	2,022
Clinical Supplies	20	24	266	113
Infrastructure & Non-Clinical	36	385	2,525	1,242
Total Operating Expenditure	**1,048**	**2,260**	**19,929**	**15,971**
Surplus/(Deficit)	**(3)**	**(3)**	**(0)**	**(11,166)**

APPENDIX TWO – CAPITAL EXPENDITURE

($000)	Budget	Approved Budget	Unapproved Budget	Expenditure against this years approvals	Unspent against this years approvals	Expenditure against prior year approvals	Year End Forecast of Approved Expenditure
Externally Funded Items							
SPIRE Project	12,019	12,019	0	288	11,731	0	12,019
Mental Health Redevelopment	14,503	14,503	0	0	14,503	0	14,503
Acute Services Block	1,400	0	1,400	0	0	0	0
Linear Accelerator Replacement	4,330	4,330	0	11	4,319	0	4,330
Planned Care Production Planning	150	0	150	0	0	0	0
SCoPE (Theatre Audit)	600	0	600	0	0	0	0
TOTAL Externally Funded Items	**33,002**	**30,852**	**2,150**	**299**	**30,553**	**0**	**30,852**
Major Items							
EDOA / MAPU PODS	5,900	5,900	0	43	5,857	0	5,900
Telemetry & Monitoring System Replacements	3,278	370	2,908	0	370	0	370
Medical Imaging Equipment (incl DSA machine)	3,190	0	3,190	0	0	0	0
Programme of Change Mental Health (FACT)	2,658	2,658	0	0	2,658	0	2,658
Anaesthetic Machine & Monitor Replacements	2,430	2,430	0	0	2,430	0	2,430
End User Compute Replacement Programme	2,000	0	2,000	0	0	0	0
Computerized tomography (CT) Scanner	1,740	0	1,740	0	0	0	0
Health System Catalogue (NZHP)	1,515	0	1,515	0	0	0	0
Regional Health Informatics Programme (RHIP)	1,465	0	1,465	123	(123)	0	0
Workstations for Cancer Service	1,357	0	1,357	0	0	0	0
Structural & Seismic Upgrades	1,184	0	1,184	0	0	0	0
Fluoroscopy Machine	1,140	1,140	0	0	1,140	0	1,140
Bed Replacement Programme	1,000	0	1,000	0	0	0	0
Water Services	1,000	1,000	0	0	1,000	0	1,000
Enable NZ IT Programme	800	0	800	0	0	0	0
Chiller Replacements	700	0	700	0	0	0	0
Certificate of Public Use Upgrades	500	0	500	0	0	0	0
Fire System Upgrades	500	0	500	0	0	0	0
Mammography Machines	500	0	500	0	0	0	0
Substation Project	300	0	300	0	0	0	0
Generator Replacement	300	0	300	0	0	0	0
TOTAL Major Items	**33,457**	**13,498**	**19,959**	**166**	**13,332**	**0**	**13,498**
Infrastructure Items							
Medical Air Upgrade & Vacuum Distribution Upgrade	500	0	500	0	0	0	0
Motor Control Centre Level A	400	0	400	0	0	0	0
Pressure Rooms (Ward 28 & Children's Ward)	350	0	350	0	0	0	0
Lighting and Egress Upgrades	350	0	350	0	0	0	0
Asset Management & Individual Items less than 251K	2,230	0	2,230	0	0	147	147
TOTAL Infrastructure Items	**3,830**	**0**	**3,830**	**0**	**0**	**147**	**147**

APPENDIX TWO – CAPITAL EXPENDITURE Continued

($000)	Budget	Approved Budget	Unapproved Budget	Expenditure against this years approvals	Unspent against this years approvals	Expenditure against prior year approvals	Year End Forecast of Approved Expenditure
Clinical Equipment Items							
Medical Dispense (Rest of Hospital) & Upgrades	804	0	804	0	0	0	0
Echocardiograph	504	0	504	0	0	0	0
Pendants	500	0	500	0	0	0	0
Laparoscopic Tower Replacement Programme	500	500	0	0	500	0	500
Defibrillators	407	0	407	0	0	0	0
SSU Medivators & Washers Replacement	400	0	400	0	0	0	0
Endoscopy & Theatre Scopes	350	0	350	0	0	0	0
Orthovoltage (RCTS Skin Cancer)	300	0	300	0	0	0	0
Urology Ultrasound	300	0	300	0	0	0	0
Clinical Engineering Equipment	300	0	300	0	0	0	0
Patient Simulation Programme	300	0	300	0	0	0	0
Asset Management & Individual Items less than 251K	4,910	0	4,910	0	0	351	351
TOTAL Clinical Equipment Items	**9,575**	**500**	**9,075**	**0**	**500**	**351**	**851**
Information Technology Items							
ePrescribing and Administration Planning (Medchart)	800	0	800	0	0	0	0
SAN Rebuild	800	0	800	0	0	0	0
Echo Image Vault	700	0	700	0	0	0	0
Minor Works (Network, Firewalls, Servers, UPS)	600	0	600	0	0	0	0
Network Switch Upgrade	500	0	500	0	0	0	0
External Referrals (eTriage, eReferrals)	460	0	460	0	0	0	0
WebPASaaS Implementation	400	0	400	0	0	0	0
Clinical Records Management	400	0	400	0	0	0	0
CITRIX Rebuild (Server Rationalisation)	300	0	300	0	0	0	0
Miya Upgrade	270	0	270	0	0	0	0
Asset Management & Individual Items less than 251K	667	0	667	0	0	106	106
TOTAL Information Technology Items	**5,897**	**0**	**5,897**	**0**	**0**	**106**	**106**
TOTAL CAPITAL EXPENDITURE	**85,761**	**44,850**	**40,911**	**465**	**44,385**	**604**	**45,454**

BOARD REPORT

For:

X	Approval
	Endorsement
	Noting

Key questions the Board should consider in reviewing this paper:

- Is the progress with the Sustainability Plan satisfactory?
- Is the benefits framework inclusive of the cash and non-cash releasing benefits expected?

To	Board
Author	Judith Catherwood, General Manager, Quality and Innovation
Endorsed by	Finance, Risk and Audit Committee Kathryn Cook, Chief Executive
Date	8 September 2021
Subject	**Sustainability Plan**

RECOMMENDATION

It is recommended that the Board:

- **note** that the Finance, Risk and Audit Committee endorsed this report at its September meeting, for the Board's consideration
- **note** the progress in the implementation of the Sustainability Plan
- **approve** the Sustainability Plan Benefits Framework
- **approve** the approach and progress made to date on the Sustainability Plan 2020-2023.

Strategic Alignment

The report supports the MidCentral District Health Board's (MDHB) strategy and key enablers 'Stewardship' and 'Innovation'. The Sustainability Plan supports MDHB to become more sustainable through changes to models of care, systems and processes. This ensures best use of resources to meet the healthcare needs and wellbeing of the population in the MDHB region.

1. PURPOSE

To outline progress in the delivery of the Sustainability Plan for 2020-2023 which was originally approved by the Board in August 2020. A refreshed plan for 2021-23 was approved by the Board in July 2021.

2. SUSTAINABILITY PLAN STATUS UPDATE

The Sustainability Plan is a three-year plan which outlines the approach MDHB will take to ensure the delivery of enhanced services and financial sustainability. The plan is aligned to the sustainability component of the MDHB's Annual Plan. The Sustainability Plan, including a summary of progress is included as Appendix One.

In addition to the core Sustainability Plan, there are several initiatives with dedicated funding from the Ministry of Health (the Ministry) and these are included in the report for monitoring purposes only. Reports on these initiatives are also provided to the Ministry.

MDHB resources are targeted at the core initiatives. This is consistent with the plan approved by the Board.

The gynaecology outpatient initiative has been removed from the plan as it cannot be delivered due to staffing constraints. This initiative received $0.023 million of Ministry of Health Planned Care funding and the funds have been returned to the Ministry. This initiative will no longer be reported.

A Sustainability Plan Benefits Framework has been developed. This is contained in Appendix Two. The framework is based on the Institute of Healthcare Improvement Quadruple Aim and reflects MDHB's clinical governance framework, The Quality Agenda. The collective benefits across all the initiatives in the plan will be tracked via a Sustainability Plan dashboard. This will integrate with the reported financial savings with other benefits.

The Organisational Leadership Team (OLT) has reviewed the plan and the commitments. OLT remain confident the remaining activities can be delivered over the course of the three-year planning period and that total cash releasing savings of a minimum of $4.7 million are achievable.

3. BENEFITS AND SAVINGS

The Year One savings reported in the August 2021 Board report didn't represent the full value of the savings delivered. Further work is underway to ensure the financial benefits take account of additional volume delivered over the year, to fully represent the value of the savings. These will be reported at the next meeting.

The benefits and savings include cash and non-cash releasing savings. The benefit monitoring dashboard when completed, will be reviewed continuously, on a month-to-month basis, and reported to the OLT, the Finance, Risk and Audit Committee and the Board. A summary dashboard will be provided to the Board in the next report.

There have been delays in implementing several initiatives over the 2020/21 year, which have impacted the delivery of benefits and savings. Management has refreshed the savings schedule to take account of the progress against the initiatives to date.

The Sustainability Plan is expected to achieve $4.7 million in cash releasing savings over the three years to 2023. Initiatives that are behind schedule at present will be delivered in the 2021-2023 period. Cash releasing benefits once delivered will result in a cumulative accrual on a recurrent basis. Additional non-cash releasing benefits are also expected each year. Year Two savings are forecast to be $2.1 million. Year Three savings are forecast to be $2.15 million.

Appendices

Appendix One	Sustainability Plan 2020-2023
Appendix Two	Sustainability Plan Benefits Framework

Appendix One – Sustainability Plan 2020-2023

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Mental Health – community model of care	Design and implement a new community model of care as our response to the Inquiry	Scott Ambridge	Implementation			Implementation is progressing to plan	Recruitment to new roles	Improved access, safety, experience, choice, staff wellbeing, self-cares / resilience, reduced inequity for Māori, whanau focused models	Q4 2021/22
OPAL community service	Implement the OPAL community service across the district	Syed Zaman	Business Case			Business case completed and implementation planning is in progress	Implementation plan to progress	Reduced LOS, bed occupancy, re-presentations, improved experience	Q4 2021/22
Horowhenua clinical service plan	Design and plan future clinical services for the locality	Chiquita Hansen	Implementation	✓		Service planning expertise confirmed, and planning work has commenced	Planning work continues	Plan to support increasing community health needs in place	Q2 2021/22
Outpatient admin redesign	Review and redesign outpatient administration service model	Judith Catherwood	Scoping	✓		Discussion held with MALT. Project support partnership progressing with Pae Ora	Design expertise to be confirmed and project support recruited	Improved experience, safety, reduced services not engaged	Q4 2021/22
Outpatient e-referral/triage	Implement electronic referrals and triage across the enterprise	Lyn Horgan	Business case			Business case is completed and is being reviewed by the MoH. Clinical Lead confirmed	Finalise business case for Board approval. Commence procurement plan	Improved ESPI compliance, improved patient safety, improved clinician satisfaction	Q4 2021/22
Outpatient e – transcription and digital mail	Implement voice recognition tools and digital mailhouse	Lyn Horgan	Business case			Business case is completed and is being reviewed by the MoH. Clinical Lead confirmed	Finalise business case for FRBoard approval. Commence procurement plan	Reduced expenditure and FTE, rapid electronic communications, improved clinician satisfaction	Q4 2021/22
Outpatient Navigation co-design	Co-design a model of navigation support to enable improved access to outpatient services	Judith Catherwood	Scoping	✓		Discussion held with MALT. Project support partnership progressing with Pae Ora.	Design expertise to be confirmed to enable project to commence	Improved access, safety, outcomes, reduced inequity for Māori and others, reduced services not engaged	Q2 2021/22
Telehealth	Implement telehealth models of care across speciality services	Claire Hardie	Implementation	✓		Patient information leaflets finalised	Procure equipment. Continue pilots with early adopters. Finalise booking procedures	Improved access, experience, convenience, safety and reduced travel for consumers	Q4 2021/22
Community infusion service	Develop a model of care to support our community in receiving services closer to home	Lyn Horgan	Procurement	✓		Service model complete	Contract and plan new community services	Improved access to services, improved experience, improved facility utilisation	Q3 2021/22
Production planning	Enhance production planning expertise and capacity to support service delivery and budgeting approach	Darryl Ratana	Implementation	✓		Recruitment has impeded progress. Planning for elective services and winter acute needs has been delivered	Recruit to vacancy to enable extension of production planning across the enterprise	Improved accuracy of budget planning to support effective service delivery in elective and acute services	Q2 2021/22

RAG Key:

RED: Significant Issues – the timelines and budget will be impacted

AMBER: Some Issues – chance of impact on timelines and budget

GREEN: On Track – no issues expected to impact on timelines or budget

Workforce

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Skill mix	Review clinical workforce mix across all clinical services	Celina Eves	Implementation			Review of clinical areas is progressing to plan	Commence workforce reviews. Finalise benefits measurement approach	Reduced cost per bed day, reduced cost per CWD and reduced cost per FTE	Q4 2021/22
Reduce dependency on one to one nurse specialing	Improving ordering and clinical practices to support quality care and reduction in use of specialing	Celina Eves	Implementation			Full action plan underway and monitored by Nursing Leadership. Digital approval process underway	Complete benefits tracking system and approval process. Continue with all projects control actions	Reduced use of outsourced specialing expenditure	Q2 2021/22
Workforce Wellbeing	Implement workforce wellbeing initiatives to support all workforce groups	Keyur Anjaria	Implementation			Bradford score reporting underway. Wellbeing Index implementation plan in progress. Education for people leaders underway	Further progress training across the enterprise. Implement the wellbeing index and other wellbeing supports	Improved workforce wellbeing, reduced sick leave, improved engagement	Q4 2021/22

Savings and Revenue

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Equipment Library	Implement a central hospital equipment library	Neil Wanden	Scoping			Project team has been mobilised. Recruitment to specific role to deliver the initiative underway	Project plan and recruitment to coordinator role to be completed	Reduce expenditure, improved access to equipment, improved space utilisation	Q3 2021/22
Short-term loan equipment	Implement new procurement and distribution pathways for community equipment	Gabrielle Scott	Implementation			Proof of concept commenced. Delayed start may impact benefit realisation. Initial feedback from consumers is extremely positive	Monitor benefits and consumer experience.	Reduced expenditure, improved consumer and staff experience	Q2 2021/22
Clinical documentation and coding	Clinical documentation, coding and CWD capture	Lyn Horgan	Implementation			Procurement of PICQ tool behind schedule. Clinical awareness raising and training is progressing well	Implement the PICQ tool and measure impact of education and tools	Increased revenue, improved documentation and patient safety, improved relative stay index	Q1 2021/22

Digital

Initiative	Overview	Owner	Stage	MoH funded	RAG	Key Progress / updates	Plan over next reporting period	Expected Benefits	Target Completion
Digitisation of Clinical Records	Implement a digital scanned clinical record	Neil Wanden	Implementation			Business case approved and implementation in progress	Continue implementation plan	Reduced FTE and expenditure on storage Improved clinical and administrative team satisfaction	Q4 2021/22
E – leave management	Implement an electronic leave approval and capture system	Keyur Anjaria	Scoping			Minimum viable product development completed.	Plan business change processes and implementation plan	Improve leave capture, reduced paper	Q2 2021/22
E - Recruitment System	Implement electronic recruitment system for all workforce groups	Keyur Anjaria	Procurement			Progressing as a regional initiative. TAS have completed information security checks	Implementation of new solution expected to commence in September	Reduction in time to recruit, reduction in paper, improved onboarding, improved productivity of people leaders	Q2 2021/22
ScOPe	Audit and theatre management tool	Lyn Horgan	Procurement	✓		Direct sourcing plan agreed, contract negotiation underway, project plan and clinical leadership in place	Implementation plan continues	Improved clinician satisfaction, improved theatre utilisation, improved safety and clinical outcomes	Q3 2021/22

RAG Key: **RED**: Significant Issues – the timelines and budget will be impacted

AMBER: Some Issues – chance of impact on timelines and budget

GREEN: On Track – no issues expected to impact on timelines or budget

Appendix Two - Sustainability Plan Benefits Framework

Sustainability Plan 2020/23 Benefits Framework

Quality Domains	Supporting the Delivery of The Quality Agenda						Quality Domains
	Programme Purpose	Better Outcomes	Improved Consumer Experience	Improved Workforce Experience	Affordable Healthcare	Savings	
		Sustainability Plan Benefits					
Safe Haumaru	**Service Improvement** – improving services for our community	Improved access to Kaupapa Maori MH&A services	Improved consumer experience survey results	Timely delivery of clinical correspondence via digital technology	Reduced LOS and readmission rates (OPAL and STAR)	$2.05M	Timely Wā tōtika
Effective Whaihua	**Workforce** – improving workforce wellbeing and engagement	Improved workforce utilisation (administration and clinical)	Reduced DNA rates and inequity for Māori	Improved wellbeing index rates	Reduced sick leave	$1.8M	Efficient Māia
	Savings and Revenue – improving efficiency	Reduced utilisation of outsourced nursing	Reduced rescheduling/ cancellation rates and inequity for Māori	Skill mix changes to establishment	Reduced expenditure (equipment, blood wastage, fleet)	$0.35M	
Consumer-centred Arotahi ki te kiritaki	**Digital** – improving accessibility, visualisation, productivity and collaboration	Improved compliance with ESPI 1 – faster clinical triage and response	Faster access to clinical advice	Improved speed to recruit	Reduced paper, postage and consumables	$0.5M Total $4.7M	Equitable Kia tōkeke ai
		Equity for Māori	**Digital**		**Workforce**		

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Is progress being made as expected?

To	Board
Author	Steve Miller, Chief Digital Officer Clive Martis, Director Digital Services
Endorsed by	Kathryn Cook, Chief Executive
Date	17 September 2021
Subject	**Te Awa Update – Digital Services Work Programme**

RECOMMENDATION

It is recommended that the Board:

- **note** the Digital Services work programme covering planned work for the 2021/22 financial year
- **note** progress since the last reporting period
- **note** the national and regional activity that may impact the planned work programme.

Strategic Alignment

This report is aligned to the MidCentral District Health Board's (MDHB) digital strategy, Te Awa.

1. PURPOSE

To provide an update on the priority projects to be delivered across various MDHB business owners, reported by Digital Services, and covering the period up to 30 June 2022.

2. BACKGROUND

In 2019, Te Awa was endorsed by the Board, the Central Primary Health Organisation (PHO), Manawhenua Hauora and the Clinical and Consumer Councils. Te Awa is aimed at enabling the delivery of improved healthcare outcomes across key performance areas for the district over a period of five years. The continued development of this work plan is now paused given the significant system reform, however prioritised projects from the Clinical and Digital Modernisation streams of work continue to progress.

3. THE DIGITAL WORK PROGRAMME

Appendix One is a summary of the Work Programme for the 2021/22 financial year.

Since the last reporting period:

- The successful migration of all email accounts to Exchange Online (cloud delivered email) has been completed.
    - Over 5500 dedicated user email accounts migrated to the cloud
    - Shared/generic accounts and shared mailboxes migrated (241 mailboxes and 132 shared)
    - All public folders migrated
    - Access Policy implemented, preventing the use of shared and generic account credentials to access the MDHB network outside of an MDHB locality
    - MFA (Multi Factor Authentication) pushed out to all users for remote access to the MDHB network outside of an MDHB locality
    - Self Service Password Reset set up.
- The e-Referral and e-Triage, and e-Transcription business cases have been endorsed by the Organisational Leadership Team (OLT) and the Finance, Risk and Audit Committee (FRAC). These are now tabled for Board approval.
- Engagement continues with the Ministry of Health's (the Ministry) Sector Investment Team to review the e-Referral and e-Triage, and e-Transcription business cases. For the e-Referral and e-Triage initiative, the Ministry expects that a regional market sourcing and selection process is undertaken, led by MDHB.

4. REGIONAL AND NATIONAL ACTIVITIES

Regional

Strong regional collaboration continues. Work is also being done on leveraging the region's skills and competencies in certain services areas or domains, for individual and mutual DHB benefit, with consideration of the National Data and Digital transition plan mentioned above.

The scope is focused on three key areas: a Regional Technology Roadmap; Data and Digital Governance; and identifying opportunities for service and resource alignment.

Recruitment of a regional Chief Information Security Officer is still progressing.

National

A Cabinet paper is being progressed to draw down funding from the $400m Budget 2021 Digital and Data bid for three health data and digital initiatives:

- Tranche 1 of Hira (National health information Platform), which will establish the foundations for a digitally enabled health and disability system (health system) to enable better access to health information.
- A portfolio of capability uplift initiatives to enable a minimum standard of digital capability for the health system. Ten priority areas have been identified to remediate ageing technology assets and digital capability deficits and support implementation of the Data and Information Strategy for Health. These areas are considered non-regrettable (meaning the work needs to be done regardless of future direction or changes), strategically aligned to enable health system reform, and will begin to address historic underinvestment. The 10 priority areas are as follows:
    - Interoperability
    - Cloud desktop
    - Advanced analytics
    - National identity and access management
    - Māori data sovereignty principles and guidelines
    - National Online Booking Capability
    - Developing a commercial/procurement assessment and framework
    - Network and communications
    - Care pathways
    - Hybrid cloud platform services.
- A Cyber Security Roadmap, which will remediate critical cyber security risk.

A sector investment framework has been developed to prioritise investment in data and digital infrastructure and capability, overseen by appropriate governance. A digital investment portfolio will be established using a strategic approach to setting priorities and making investment decisions.

As part of the governance framework, a Digital Strategic Oversight Group, initially reporting to the Director-General of Health, is proposed to ensure strategic oversight of the proposed investments. This group will include representatives from the Ministry of Health, the Māori Health Authority executive, health sector leadership, Treasury, the Transition Unit and other key stakeholders. Workshops have been undertaken or are planned regarding the transition of Digital and Data as part of health sector reform. This may impact the MDHB's work plan for the coming year.

Preliminary priority areas to support Day One establishment of the new system and setting it up for success, are:

- **Day One: Data and Digital for Health New Zealand:** Deliver the requirements from the MOH functions transfer stream within the TU for Health New Zealand. Provide clarity on the scope and approach for the minimum viable product (MVP) Day One from a Data and Digital perspective across non-corporate functions. Engage with major programmes and relevant agencies to ensure continuity of programmes and investment through transition to fulfil requirements, particularly for Day One.
- **Day One: ICT requirements for Corporate Health New Zealand**: Provide clarity on the scope and approach for the minimum viable product (MVP) Day One corporate and DHB ICT Transition within the Corporate Function work stream.
- **People and change through transition:** Support people through transition and ensure that the workforce feels that they have contributed to reform and are valued members of the future system.
- **Future state digital operating model**: Provide a point of view on the design principles, working assumptions and requirements for the future digital operating model of Health New Zealand, including considerations around the workforce
- **Interim New Zealand Health Plan**: Led by the TU with engagement and input from the sector, develop data and digital collateral for the interim New Zealand Health Plan, which will guide the system until the establishment of the full NZ Health Plan in 2024.
- **Innovation:** Clearly define opportunities to embed innovation in the future system.
- **Engagement with partners and suppliers:** Engage with the vendor and supplier community including representative industry groups, to identify areas of opportunity to innovate and deliver improved outcomes for New Zealanders.
- **Quick wins and big-ticket items:** Progress high-value initiatives for the future system, for example Data and Analytics, Māori data sovereignty, leveraging the Microsoft Agreement and significant work programmes (such as Hira).

Appendix One: Digital Work Programme as at 10 September 2021

Clinical/Business Priorities (New Critical Budget 2021/22)

INITIATIVE	OVERVIEW	BUSINESS OWNER	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	FINANCIAL	TARGET COMPLETION
Echo Imaging Vault	Replacement/Upgrade of aged and at capacity, Cardiology Echo Image Vault system (EIV)	Lyn Horgan	Business case approved and procurement exemption approved	Project team and Governance in place	Implementation	On track	$1.7m Board approved	Q2 FY21-22
Digitisation of Clinical Records	The electronic retrieval of patient notes and records	Neil Wanden	Project underway	Key milestones achieved	Implementation	On Track	$300k CEO approved	Q3 FY21-22
Connected Care	Mental Health shared care record to support new model of care.	Scott Ambridge	Preferred supplier chosen, vendor negotiation and technical specifications being prepared	Project Initiation plan finalised and approved	Initiation	Scope, Timeline & budgets yet to be determined	$1.26m Board approved	Q4 FY21-22
Surgical Audit	Theatre management and surgical audit system (SCOPE)	Lyn Horgan	Project team has been assembled, implementation Planning workshop/s.	Project Initiation plan finalised and approved	Initiation	Q3 FY21-22	MoH Planned Care Funding	Q3 FY21-22
eTriage	Electronic triage of referrals across outpatients and Allied Health	Lyn Horgan	Business case to FRAC for endorsement 7 September	Business Case to Board for approval 28 September	Business Case Approval	On track	$1.7m Subject to Board approval – coupled with eReferrals	Q3 FY21-22
eReferrals	Electronic receiving of referrals across outpatients and Allied Health	Lyn Horgan	Business Case to FRAC for endorsement 7 September	Business Case to Board for approval 28 September	Business Case Approval	On track	$1.7m Subject to Board approval – coupled with eTriage	Q4 FY21-22
eTranscription	Digitise the process for creating and distributing clinical letters, mail house and digital transcription	Lyn Horgan	Business case to FRAC for endorsement 7 September	Business Case to Board for approval 28 September	Business Case Approval	On track	$1.86m Subject to Board approval	Q3 FY21-22

RAG Key:

RED: Significant Issues – the timelines and budget will definitely be impacted	**AMBER:** Some Issues – chance of impact on timelines and budget	**GREEN:** On Track – no issues expected to impact on timelines or budget

Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

Clinical/Business Priorities (New Critical Budget 2021/22) - continued

INITIATIVE	OVERVIEW	BUSINESS OWNER	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	FINANCIAL	TARGET COMPLETION
Computer Physician Order Entry (CPOE)	Electronic Order Entry and Results Sign Off	Lyn Horgan	Project team identified and commencing implementation planning to develop business case	Project team in place and implementation planning commenced	Initial Scoping	On track	MDHB Budget TBC as part of business case	Q3 FY21-22
eRecruit	Digital platform for the end-to-end recruitment process within MDHB	Keyur Anjaria	Project team identified, business case in development. Project paused awaiting availability of CTAS Pilot in September to evaluate solution	Progress CTAS Pilot establishment	Initial Scoping	On Track	MDHB Budget TBC as part of business case	Q2 FY21-22
Mosiaq as a Service	Upgrade of the Oncology Information System which supports Regional Cancer Treatment Service in the delivery of radiation therapy and systemic therapy treatment for cancer patients	Sarah Fenwick	Project team being identified with business case to developed	Deliver business case for appropriate approval	Initial Scoping	On Track	MDHB Budget TBC as part of business case	Q3 FY21-22
Electronic Prescribing and Administration	Electronic and administrative system for the prescribing of medications to inpatients and the accurate availability of information to Clinicians around current prescriptions	Lorraine Welman	Project Definition report reviewed waiting on technical decision confirmation, Business case drafted with first reviews underway	Business submitted for approval, Project approved for kick off, Comms register to be established to ensure coordination with clinicians during roll out	Initial Scoping	Scope, Timeline & budgets yet to be determined	MDHB Budget TBC as part of business case	Q4 FY21-22

RAG Key:

RED: Significant Issues – the timelines and budget will definitely be impacted	**AMBER:** Some Issues – chance of impact on timelines and budget	**GREEN:** On Track – no issues expected to impact on timelines or budget

Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

Digital Modernisation Priorities (Business as Usual Budget 2021/22)

INITIATIVE	OVERVIEW	BUSINESS OWNER	CURRENT STATUS	PROGRESS BY NEXT BOARD MEETING	STAGE	RAG	FINANCIAL	TARGET COMPLETION
End User Compute Upgrade	Replacement of legacy End User Compute (EUC) assets, including Windows 7 based desktops. These legacy products represent a security risk to MDHB.	Steve Miller	Mobilising tech support and resources to progress procurement and business case. Target completion 10-12 weeks.	Procurement process commenced. Business case drafted	Initial Scoping	On Track	$171k CEO approved for scoping phase	Q2 FY21-22
Core Network SAN	Remediation SAN (Storage Area Network) capacity and migrating workloads to Amazon Web Services	Steve Miller	Mobilising tech support and resources to progress procurement and business case. Target completion 10-12 weeks.	Procurement process commenced. Business case drafted	Initial Scoping	On Track	$131k CEO approved for scoping phase	Q3 FY21-22
Zoom Rooms	Zoom Room rollout to support TeleHealth to prioritised business areas	Steve Miller	Zoom 1&2 completed and capitalised. Telehealth project determining locations for Zoom Phase 3.	Zoom Room Phase 3 deployment progressed	Implementation	On Track	$100k Approved	Q2 FY21-22 (8 Rooms)
Exchange Online (EOL)	Migration on premise exchange to Exchange Online	Steve Miller	Residual Project activities being closed. Discovery process for End User Compute project underway.	Formal Project Closure	Completed	Completed within Budget	$137k CEO approved	Q1 FY21-22

RAG Key:

RED: Significant Issues – the timelines and budget will definitely be impacted	**AMBER:** Some Issues – chance of impact on timelines and budget	**GREEN:** On Track – no issues expected to impact on timelines or budget

Stage:

SCOPING	BC ARROVAL	INITIATION	IMPLEMENTATION	COMPLETED

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

To	Board
Author	Jess Long, Advisor, Strategy and Planning, Strategy, Planning and Performance
Endorsed by	Chiquita Hansen, Interim General Manager, Strategy, Planning and Performance
Date	7 September 2021
Subject	**Non-Financial Monitoring Framework and Performance Measures – Quarter Four, 2020/21**

Key questions the Board should consider in reviewing this paper:

- Does the Board consider that this exception report, with the summary report on Stellar, provide sufficient information in support of its governance functions for monitoring the non-financial performance and progress on implementation of the MidCentral District Health Board's Annual Plan deliverables?

RECOMMENDATION

It is recommended that the Board:

- **note** the summary report on Stellar and progress made in delivering MidCentral District Health Board's Annual Plan and performance expectations for the fourth quarter of 2020/21
- **note** the mitigations in place for those performance measures or deliverables that were not meeting expectations for Quarter Four, 2020/21.

Strategic Alignment

This report addresses the Government's planning priorities and DHB accountabilities as outlined in MidCentral DHB's 2020/21 Annual Plan and the Non-financial Monitoring Framework and Performance Measures for DHBs. It is aligned to the DHB's Strategy and key enabler 'Stewardship' and discusses an aspect of effective governance.

1. PURPOSE

To provide the Board with a summary of the District Health Board's (DHB's) progress and performance to the end of June 2021 (Quarter Four), against its commitments and accountabilities to Government as identified in the 2020/21 Annual Plan and the Non-financial Monitoring Framework and Performance Measures for DHBs.

The Board is asked to consider this information and note the mitigations in place for those areas of performance where expectations were not met, or where the deliverable has been assessed as partially achieved this quarter.

2. SUMMARY

The reporting obligations of the DHB for Quarter Four have been submitted to the Ministry of Health (the Ministry) as required under the DHB Non-financial Monitoring Framework and Performance Measures for 2020/21. Overall, MidCentral DHB (MDHB) is meeting or partially meeting the expectations.

In Quarter Four, there were 40 headline deliverables (with 52 measures). The Ministry has assessed the DHB's performance based on the specified achievement scale or criteria for each deliverable. Forty-nine percent of the deliverables were rated as either 'Outstanding' or 'Achieved' and 32 percent were 'Partially achieved' with adequate mitigations or improvement actions in place.

Appendix One to this report provides a table of the performance measures and Annual Plan deliverables submitted for Quarter Four, together with the Ministry's final rating received for each.

A summary report of all the deliverables, performance measures and the Annual Plan status updates for Quarter Four can be found on the Stellar platform – *MDHB/Board/Reports and Documents/2021 Documents/NFPM Q4 Summary Performance Report*. It includes time series graphs of the performance measures against the target and data by ethnicity wherever possible. The Ministry's assessment ratings for each quarter throughout the year are also noted, giving an indication of progress over time.

The summary report includes a summary of the 2020/21 Annual Plan Status Update Reports against the planned activities required for each of the Government's planning priorities. The summary report provides a brief outline of the remedial actions to improve performance where the deliverable has not been met or the milestone not achieved by the expected date; where there is a deterioration in performance or the performance target has not been attained.

Each service or directorate provides more detail on their performance in their respective reports to the Health and Disability Advisory Committee, including the six-monthly 'deep dive' reports on the suite of Māori health indicators, where relevant.

3. BACKGROUND

Each quarter, DHBs provide detailed reporting to the Ministry on the various activities and performance measures outlined in their annual plans.[1] This includes the deliverables of the Non-financial Monitoring Framework and Performance Measures including progress on the annual System Level Measures (SLM) Improvement Plan and the required status update reports against the activities and milestones as detailed in the 2020/21 Annual Plan to progress the Government's priorities. The reporting requirements also include other accountabilities such as the Crown Funding Agreement (CFA) variation reports.

The performance measures and Annual Plan activities have all been aligned to the Government's health and disability system priorities for the year, which are:

- Improving child wellbeing (CW)
- Improving mental wellbeing (MH)
- Improving wellbeing through prevention (PV)
- Better population health outcomes supported by strong and equitable health and disability system (SS)
- Better population health outcomes supported by primary health care (PH)
- Improving sustainability
- Giving practical effect to He Korowai Oranga.

Most of the performance measures have national targets and each deliverable has prescribed expectations and criteria that are used by the Ministry for assessing and rating the performance of DHBs. These are detailed in the performance monitoring framework. Not all performance measures or deliverables are reported each quarter; some are six-monthly (Quarters Two and Four) and a few are reported annually.

Some deliverables, such as the Planned Care Measurement Suite (SS07), Acute Heart Service (SS13FA4) and Stroke (SS13FA5) have several measures or focus areas within the one deliverable, which receives an overall assessment rating from the Ministry.

It is worth noting that the results and the Ministry's assessment of the DHB's performance, based on these quarterly reports, form the basis of the DHB's performance monitoring report and 'dashboard' that the Ministry provides to the Minister of Health.

[1] Refer Sections 2, 4 and 5 of the 2020/21 Annual Plan.

4. DISCUSSION

The 2020/21 Annual Plan received approval from the Minister of Health at the end of September 2020.

There were 40 headline deliverables this quarter (with 52 measures), of which four were rated by the Ministry as 'Outstanding' (7 percent), 23 were rated by the Ministry as 'Achieved' (42 percent) and 17 were 'Partially achieved' (32 percent) with adequate mitigations or improvement actions in place. Nine (17 percent) were 'Not achieved' and these are briefly discussed below.

4.1. Adolescent Utilisation – Dental

The proportion of adolescents utilising dental services in the 2020 calendar year (period ended 31 December 2020) was 73.1 percent, a decrease compared with the previous year (83.1 percent), not achieving target.

Children's oral health services were directly impacted by the COVID-19 lockdown and nationwide Alert Level restrictions during Quarters Three and Four. Other challenges for the Child and Adolescent Oral Health Service this year have included staff sickness and a reduction in the number of dentists located in the town of Feilding, impacting on adolescents in that area.

Actions to improve performance include the introduction of enduring consent for routine examination, X-ray, and preventative treatment. This is underway to aid efficiency and promote effectiveness of the service. A mail out has recently been carried out to all newly eligible whānau, as well as reminders sent as the adolescent team visit high schools.

4.2. Immunisation Coverage

There are three performance measures reported in Quarter Four for Immunisation Coverage; all of which remain below target, despite some individual improvements.

4.2.1 Infants fully immunised at eight months old

There has been a slight improvement for the total eligible population (488/577) to 84.6 percent (from previous 82 percent last quarter). There was a slight decline for Māori to 73.6 percent (145/197). There has been an improvement in rates for Pasifika this quarter to 81.5 percent (from 74.2 percent last quarter).

4.2.2 Children fully immunised by two years of age

The proportion of children having completed their age-appropriate immunisations by two years of age for the total eligible population declined this quarter (n. 428/521) to 82.1 percent (87.6 percent in the previous quarter). There has been a significant decline for Māori, from 83.4 percent (n. 125/180) last quarter to 69.4 in quarter four (n. 141/169).

4.2.3 Infants fully immunised at five years of age

The rates for the total population remain steady at 82.8 percent. There has been a slight improvement for Māori tamariki at 75.9 percent compared with the previous quarter at 74.2 percent. Pasifika on time immunisation rates in this age group continue to decrease from 78.8 precent last quarter to 73.9 percent.

The following actions to improve performance for all measures are as follows:

- THINK Hauora continue to facilitate fanau wellbeing huis at Pasifika early childhood centres to promote On-Time Immunisation clinics for childhood immunisations, provide information about the importance of immunisation for the whole fanau and to provide fanau an opportunity to meet providers to establish relationships aimed at increasing access.
- The THINK Hauora Immunisation Team continue to provide On-Time Immunisation Clinics with resources mobilised to high need areas. Two Immunisation Coordinators provide immunisations in Levin to alleviate difficulties accessing general practice in the Horowhenua area.
- THINK Hauora's Immunisation Team continues to attend planned community events; a 'Year of the Immunisations' campaign was held at the local Central Pulse netball game which featured a pop-up immunisation clinic for influenza and MMR in April.
- A data integrity issue has been detected in some general practice information systems whereby the 12-month pneumococcal conjugate vaccine (PCV) catch ups in response to the schedule changes in 2020 that were not showing in the recall system. This resulted in some children not receiving this immunisation when they presented for their 12-month MMR vaccination.
- Promotion activities through Facebook, radio and THINK Hauora's website continue.

4.3. Help to quit smoking – maternity

The target of 90 percent or more of pregnant women offered brief advice and support to quit smoking was not met this quarter. Of the eligible population, 83.9 percent (n. 26/31) were offered advice to quit smoking. Four women (12.9 percent) accepted cessation support, one of whom was Māori.

It is pleasing to note that prevalence of smoking by Māori women has reduced to 20 percent from 36.5 percent compared to the previous quarter. This can be attributed to two specific programmes of work being delivered by TOAM (Te Ohu Auahi Mutunoa, smoking cessation service); the 'Hapu Mama Stop Smoking' initiative as well as the six week 'Wahine Māori Programme' targeted at Māori hapu women aged between 18 and 30 years old, developed using a co-design approach.

4.4. Breast screening

Breast screening performance data is three months in arrears of the report period. Overall, 72.6 percent of the eligible population (n. 17,240/23,745) have had a screening mammogram in the last two years, for the period ending 31 March 2021. This is a slight improvement from the previous reporting period (ending 30 September 2020) and is above the national coverage rate of 67.9 percent. The coverage rate for Pasifika and Other women also met target this quarter at 70.1 percent and 74.9 percent respectively.

Coverage rates for Māori has remained stable over the year, below the target of 70 percent or more. Bi-monthly equity meetings have been initiated this quarter to monitor participation of priority populations and the delivery of the equity programme, focusing on increasing education and the promotion of breast screening within General Practice Teams as well as follow up of unscreened women.

4.5. Colonoscopy wait times

The DHB's performance worsened this quarter; 83.3 percent of urgent colonoscopies were completed within 14 days or less, a reduction from 100 percent in Quarters Two and Three, well below target. Waiting times for non-urgent and surveillance colonoscopies also declined during April and May, not achieving targets.

Weekly production planning meetings with the Gastroenterology team continue where all indicators are discussed, and a recovery plan developed and sent to the Ministry at the end of May. Alongside this, outsourcing of colonoscopies to Crest Hospital commenced in Quarter Three and alternate Saturday scoping sessions are occurring at Palmerston North Hospital.

A new Gastroenterologist has commenced within the team and will be here until November 2021. Recruitment for another Senior Medical Officer is in progress due to a recent resignation.

4.6. Shorter Stays in Emergency Department (ED)

Achieving the Shorter Stays in Emergency Department target remains a challenge; a further reduction in the proportion (73.0 percent) of people having shorter stays in ED this quarter compared with last quarter (77.1 percent). Shorter stay rates for Māori also worsened slightly this quarter (76 percent) compared with the previous quarter (79.7 percent) – well below the target of 95 percent.

Hospital bed occupancy rates continue to contribute to restricted patient flow from ED for those patients who require admission. High occupancy in inpatient wards has had a significant impact his quarter, along with a notable increase in acute presentations for cardiovascular and respiratory disorders for both adults and children, including respiratory syncytial virus (RSV) towards the end of Quarter Four. ED and Paediatrics have been working together to identify different approaches to deal with increased children presenting with RSV. Specifically, utilising the Children's Assessment Unit and at peak times providing Paediatric staffing resource in ED to fast-track prioritised assessment and treatment.

To support patient flow, the Transitory Care Unit continues to be utilised. This has moved from an *ad hoc* basis to daily usage to provide between six and 11 additional patient beds as staffing resource allows.

4.7. **Help to quit smoking – hospital**

The DHB's performance slightly worsened this quarter; 74.6 percent of 6809 patients identified as smokers were offered advice/support to quit. The smoking prevalence rate remains lower than expected; previous issues with asking patients for their smoking status and/or recording their status. Following a joint audit, key areas that required a lift in performance are now aware of the requirements to lift their performance in documentation of all three A, B and C components and will continue to be monitored.

APPENDIX ONE

The following table highlights the performance measures and deliverables reported to the Ministry in Quarter Four and the performance rating assigned by the Ministry for each of them using the following legend.

Ratings for Performance Measures, Deliverables and Status Reports		**Ratings for Crown Funding Agreement Reports**	
O	Outstanding	**S**	Satisfactory
A	Achieved	**B**	Further work required
P	Partially achieved	**N**	Not acceptable
N	Not achieved		
N/a	Not applicable		

Table 1: Performance Measures and Delivering on Priorities (Quarter Four)

Child Wellbeing

Oral Health		Newborn enrolment	P
Adolescent utilisation	N	Help to quit smoking – maternity	N
Preschool enrolment	P	Raising healthy kids	A
Immunisation coverage		Annual Plan Status Update	O
8-month-old	N		
5-year-old	N		
2-year-old	N		

Mental Wellbeing

Youth services		Crisis response services	P
Youth mental health services	A	Outcomes for children	A
MH&AS development		Physical health and employment	A
Transition (discharge) planning	P	Mental Health Act, CTOs (Māori)	P
Non urgent waiting times	P	Output delivery against plan	A
Primary mental health initiative	A	Inpatient post discharge follow up	P
Suicide prevention and postvention	A	Annual Plan Status Update	P

Improving Wellbeing Through Prevention

Breast screening	N	Colonoscopy wait times	N
Annual Plan Status Update	P		

Strong and Equitable Public Health and Disability System

Faster cancer treatment – 31 days	A	Management of long term conditions	
Faster cancer treatment – 62 days	A	Long term conditions (overall)	A
Planned care measures (overall)	P	Diabetes	A
Care capacity demand management		Cardiovascular disease	A
Shorter stays in emergency department	N	Acute heart service	A
Help to quit smoking – hospital	N	Stroke service	A
Quality of identity data and national collections		Ambulatory sensitive hospitalisations	A
		Whanau Ora	A
NHI registrations	A	Treaty obligations	O
National collections	O	Healthy ageing strategy	A
PRIMHD	O	Annual Plan Status Update	P

Better Population Outcomes Supported by Primary Health Care

System level measures	A	Help to quit smoking – primary	P
Ethnicity data in PHO and NHI registers	A	Māori enrolment in PHOs	P
Annual Plan Status Update	P		

Improving Sustainability

Annual Plan Status Update	P		

He Korowai Oranga

Annual Plan Status Update	A		

Crown Funding Agreement Reporting

Before School Check	S	Primary Health care services – under 14s	S
Well Child Tamariki Ora (WCTO)	B	Sudden Unexpected Death in Infancy	B

Discussion/Decision papers

28 September 2021

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Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

BOARD REPORT

For:

X	Approval
	Endorsement
	Noting

Key questions the Board should consider in reviewing this paper:

- Is the process for contract renewal for 2021/22 clear?

To	Board
Author	Graeme Gillespie, Advisor, Commissioning and Contracts Chiquita Hansen, Interim GM Strategy, Planning and Performance
Endorsed by	Kathryn Cook, Chief Executive
Date	8 September 2021
Subject	**Schedule of Commitments for 2021/2022**

RECOMMENDATION

It is recommended that the Board:

- **note** the process for the review and renewal of contracts ending on 30 September 2021
- **note** the new Commissioning for Outcomes Framework
- **note** several contract service lines have been identified by directorates as requiring significant change
- **note** the Finance, Risk and Audit Committee endorsed the DHB entering local contracts for two years with providers as detailed in the Schedule of Commitments at its meeting on 7 September 2021
- **approve** the DHB entering local contracts for two years with providers as detailed in the Schedule of Commitments.

Strategic Alignment

We are committed to continuously improving our health system as part of the wider health sector and social service network through our four strategic imperatives: committing to quality and excellence in everything we do; partnering with people, whānau and communities to support health and wellbeing; connecting and transforming primary, community and specialist services; and achieving equity of outcomes across our communities. Our community partners enable us to deliver on our vision.

1. PURPOSE

MidCentral District Health Board's (MDHB) Delegation of Authority Policy requires that the Board approve the DHB's 'Schedule of Commitments'. The policy then gives the Chief Executive and General Manager, Strategy, Planning and Performance authority to sign contracts at varying levels of expenditure.

This paper provides the Board with the 'Schedule of Commitments' and an overview of the process being undertaken to review and renew contracts ending on 30 September 2021. It includes a revised Commissioning for Outcomes Framework which will be used to guide the refreshing of service specifications.

At its meeting on 7 September 2021, the Finance, Risk and Audit Committee (FRAC) endorsed the DHB entering local contracts for two years with providers as detailed in the Schedule of Commitments.

2. SUMMARY

In May 2021, a paper was submitted to the FRAC and Board meetings which outlined the process for review and renewal of external provider contracts and sought approval to implement national contract settlements. This subsequent paper provides an update on the process for local contracts guided by the Commissioning for Outcomes Framework in accordance with requirements of the national service framework and DHB's refreshed Strategy.

Strategy, Planning and Performance and the Planning and Integration Leads have developed a more progressive and outcomes-based commissioning framework which incorporates the Quadruple Aim and Whānau Ora Outcomes (Appendix One). This will guide the DHB to commission for outcomes through co-design rather than focusing on the contracting process when purchasing health services.

There has been a request nationally for all local contracts to be renewed for a two-year period to ensure continuity of service provision when Health NZ commences on 1 July 2022. Accordingly, this paper seeks endorsement to enter contracts with existing external providers for the provision of local health and disability services for a further two years.

The Schedule of Commitments for local contracts being renewed that expire on 30 September 2021 is outlined in Appendix Two. Service lines identified for significant changes are identified in Appendix Three.

3. BACKGROUND

MDHB's contracts and service specifications with providers have evolved over time and many of them have multiple variations (ranging from two to 29). This makes it difficult to quickly identify the services contracted. The current service specification, in many instances, is contained in a variation that is not easily identified without reviewing all the variations.

All provider contracts are being reviewed to ensure the service specifications reflect the current services provided. A revised service specification template has been developed to standardise the local approach (Appendix Four). This will ensure clear and concise service specifications reflecting current practice are provided to Health New Zealand through the transition into the reformed health system.

4. COMMISSIONING FOR OUTCOMES FRAMEWORK

Strategy, Planning and Performance and the Planning and Integration Leads have developed a Commissioning for Outcomes Framework (the Framework) to support Directorates and guide commissioning of health services. Commissioning is a continual and iterative cycle and describes a broad set of linked activities, including:

- assessing individual, whānau, community aspirations and health needs
- setting priorities through collaborative planning
- co-designing and commissioning services through partnerships
- collectively agreeing outcomes and measures
- reviewing and evaluating.

The Commissioning for Outcomes Framework principles draw on the Social Sector Commissioning Framework (2022) setting a strong foundation for the future:

- Iwi and Māori partnerships are at the heart of effective commissioning
- Individuals, families, whānau and communities exercise choice
- The sector works together to ensure sustainability
- Decisions and actions are transparent
- The sector is always learning and improving.

These principles align to the DHB's Strategy as well as Ka Ao, Ka Awatea. The intention is that the Framework will be used to guide the contract review process described below.

5. PROCESS

The Strategy Planning and Performance team and Planning and Integration Leads over the next three quarters will:

a) In the first quarter, using the Commissioning for Outcomes Framework, revise service specifications in collaboration with at least two providers (one large, one small), focusing on the agreed outcomes and measures to inform the reporting requirements. The updated service specifications and any price uplifts will need to be with Sector Services by mid-September.

b) In tandem with a) above, ensure all remaining providers receive a contract variation in the first quarter that provides any price uplift for the contract as identified in the Schedule of Commitments that ends on 30 September 2021. The variation letter will indicate that we will work in partnership over the next six months to revise the service specification, as outlined above.

c) Refine the service specification template based on any learnings from steps a) and b), if required.

d) In the second and third quarters, revise service specifications in collaboration with remaining providers.

6. SERVICE LINES FOR SIGNIFICANT CHANGES

The DHB annual planning and budgeting process identified some areas for disinvestment and re-orientation of services. We have worked in partnership with THINK Hauora, MASH Trust and Queen Elizabeth Hospital to discontinue and/or reorientate several service lines as outlined in Appendix Three. It is important to note that the district's Alliance Leadership Team has agreed to fund Ora Konnect, Primary Care Clinical Directors, Long Term Condition (LTC) Clinical Analyst and LTC Coordinator and Enrolment Coordinator from the flexible funding pool. The Kere Kere and Horowhenua Support services funding is no longer required as Te Waiora and Horowhenua Community Practice have recently become financially stable.

Two service lines will not be commissioned via THINK Hauora from 1 October 2021:

- Youth One Stop Shop (YOSS), which will be commissioned directly from Te Uru Pā Harakeke.
- 1.8 LTC nursing FTE across two iwi providers. These will be commissioned directly from Pae Ora Paiaka Whaiora to enable streamlining of commissioning iwi and Māori providers.

Two service lines will be transferred from Te Uru Pā Harakeke to Pae Ora Paiaka Whaiora:

- Well Child Tamariki Ora
- Youth Justice Facility.

Four radiology service lines will be transferred from Strategy, Planning and Performance to THINK Hauora to integrate with the Community Referred Radiology programme. This will ensure consistency of referral management, clinical audit, and claims and payments.

MidCentral District Health Board
Te Pae Hauora o Ruahine o Tararua

Appendix One

Te Pae Hauora o Ruahine o Tararua

Commissioning for Outcomes Framework

Our Strategies

Commissioning for Outcomes Framework

Progress towards an improved whole of system approach has commenced across our rohe, particularly within mental health. This includes: partnering with iwi and Māori communities; more sustainable funding models; client and whānau-centred design and innovation supporting community-led initiatives; longer term contracts; and, simplified contracting and procurement processes.

Principles

Our Commissioning for Outcomes Framework principles draws on the Social Sector Commissioning Framework (2022) setting a strong foundation for the future:

- Iwi and Māori partnerships are at the heart of effective commissioning
- Individuals, families, whānau and communities exercise choice
- The sector works together to ensure sustainability
- Decisions and actions are transparent
- The sector is always learning and improving

MidCentral DHB Commissioning for Outcomes Framework guides those involved in commissioning services to achieve the best outcomes in the most efficient, effective, and sustainable way. Commissioning is defined as the process of continuously developing services and committing resources to achieve the best health outcomes for individuals and the population. This will ensure equity and enhanced experience within the resources available.

Commissioning is a continual and iterative cycle and describes a broad set of linked activities, including:

- Assessing individual, whānau, community aspirations and health needs
- Setting priorities through collaborative planning
- Co-designing and commissioning services through partnerships
- Collectively agreeing outcomes and measures
- Reviewing and evaluating

Key outcomes

We are committed to collectively achieving eleven high level outcomes:

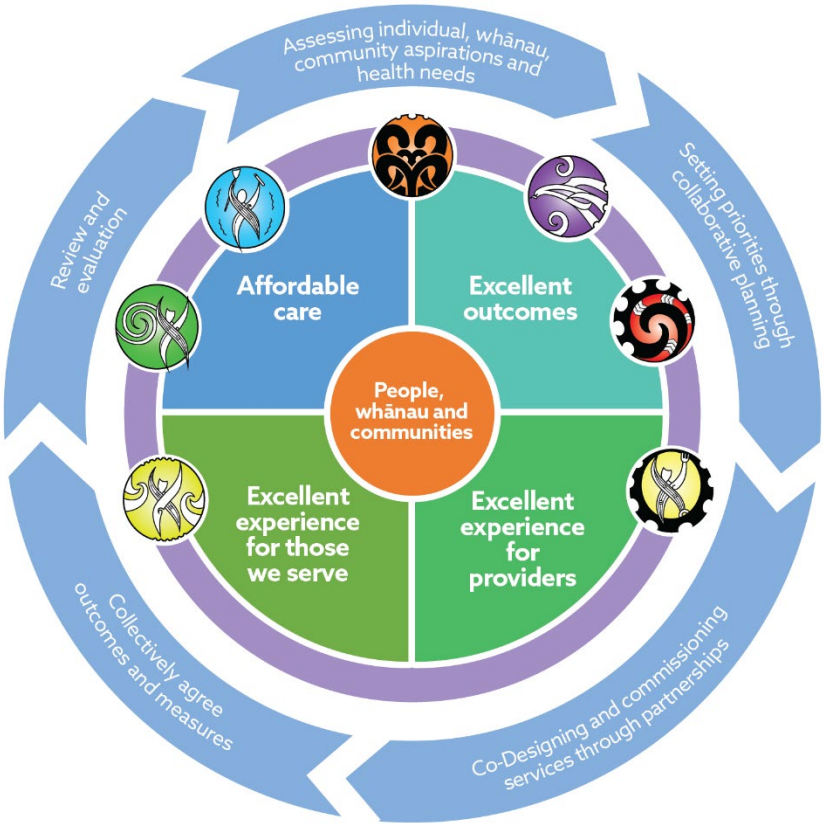
Quadruple Aim Outcomes

Whānau Ora Outcomes

Commissioning Approach

This Outcomes Framework takes a fresh approach to the vision of moving towards a system and population health focus by working in partnerships to co-design and commission services to improve collaboratively agreed outcomes.

Current	Future
Health care focus	Population health focus
Organisational focus	System focus
Contract enforcer	System enabler
Decision-maker	Convener for collective decisions
High bureaucracy, low trust	Low bureaucracy, high trust
Monitoring organisational performance	Monitoring system-wide performance and providing improvement support
Following national guidance	Developing local solutions



Assessing individual, whānau, community aspirations and health needs

MidCentral DHB has taken a locality approach to better understand the priority needs of the different communities that make up the district and place people and families/whānau at the centre of planning decisions.

Plans have been produced for five different localities across the MidCentral District. The Health and Wellbeing Plans aim to make a positive contribution to the health outcomes of the population by looking at how, within the current resources available, MidCentral DHB and partners can better meet priority health and wellbeing needs within each community.

Health needs assessment is the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way.

It involves epidemiological, qualitative, and comparative methods to describe health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources.

Setting priorities through collaborative planning

Planning processes are focused on outcomes and are collaborative, transparent, and aligned with population need. Priorities need to align with national, regional, and local priorities. Shared whānau and community aspirations will determine a common agenda to ensure decisions and contributions are transparent and build trust.

The MidCentral DHB Strategy 10-year outlook statements provide guidance on setting priorities.

- Māori have equitable health outcomes
- People have timely access to services in a place convenient for them
- People and whānau have a positive experience of the health care system
- People are experts in their own lives and leaders in their health care
- Our workforce delivers culturally appropriate and responsive care
- Everyone has the opportunity to achieve equitable health outcomes
- Our five communities are partners in planning and designing health care in their communities
- We are valued partners in improving the health and wellbeing of our population
- Our staff feel valued and are striving for continuous quality improvement and clinical excellence

Co-designing and commissioning services through partnerships

Developing partnerships and connections builds meaningful relationships through genuine community and consumer engagement which will support the achievement of quadruple aim and whānau ora outcomes.

Co-designing involves the equal partnership of people who work within the system, people who have a lived experience of using the system, and the 'designers' of the new system.

Co-design involves working together, using shared decision-making, to design a new system or service with the full use of each other's knowledge, resources, and contribution, to achieve improved efficiency and better outcomes for people.

Collectively agree outcomes and measures

Measuring success is critically important for sustainability. It is imperative for stakeholders to conceptually agree on outcomes and the measures to demonstrate progress toward those outcomes. This in turn builds trusted partnerships and insights to improve the health and wellbeing of our communities.

Review and evaluation

Regular review and evaluation will enable MidCentral DHB and partners to pivot service delivery if measures towards achieving outcomes are not progressing in the right direction. Ongoing monitoring will also enable early signs of any issues or risks so they can collectively be mitigated early.

Appendix Two

SCHEDULE OF COMMITMENTS

ContractID	ProviderName	PurchaseUnitDescription	ServiceEndDate	Cluster
347223	Massey University	Renal Donor Psychological Assessments	30-Sep-23	Acute & Elective Specialist
364453	TBI Health Group Limited	SpineCare Assessment and Rehabilitation	30-Sep-23	Acute & Elective Specialist
355674	Arohanui Hospice Service Trust	Community Palliative Care Services Innovations Funding	30-Sep-23	Cancer Screening Treatment & Support
355674	Arohanui Hospice Service Trust	Specialist Palliative Care - First attendance	30-Sep-23	Cancer Screening Treatment & Support
355674	Arohanui Hospice Service Trust	Specialist Palliative Care Education and Liaison Service	30-Sep-23	Cancer Screening Treatment & Support
355674	Arohanui Hospice Service Trust	Specialist Palliative Care - Community Allied Health	30-Sep-23	Cancer Screening Treatment & Support
355674	Arohanui Hospice Service Trust	Specialist Palliative Care - Community Nursing	30-Sep-23	Cancer Screening Treatment & Support
355674	Arohanui Hospice Service Trust	Specialist Palliative Care - Day case admission	30-Sep-23	Cancer Screening Treatment & Support
355674	Arohanui Hospice Service Trust	Specialist Palliative Care - Subsequent attendance	30-Sep-23	Cancer Screening Treatment & Support
355674	Arohanui Hospice Service Trust	Specialist Palliative Care Community inpatient	30-Sep-23	Cancer Screening Treatment & Support
303072	Massey University	Lead Regional Cancer Clinical Psychologist	30-Sep-23	Cancer Screening Treatment & Support
303072	Massey University	Psycho-Oncology Services	30-Sep-23	Cancer Screening Treatment & Support
353880	THINK Hauora (Long Term Conditions)	Palliative Care - Provider Payments and Service Management	30-Sep-23	Cancer Screening Treatment & Support
353880	THINK Hauora (Population Health)	National Bowel Screening Programme	30-Jun-23	Cancer Screening Treatment & Support
350925	Adult Day Care Centre	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
361980	Alexander House	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361980	Alexander House	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361980	Alexander House	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361980	Alexander House	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
351282	Alzheimers Society	Day Care	30-Sep-23	Healthy Ageing & Rehabilitation
351282	Alzheimers Society	Information and Advisory	30-Sep-23	Healthy Ageing & Rehabilitation
366697	Anglican Care Waiapu	Elske Centre Older Peoples Day Programme	30-Sep-23	Healthy Ageing & Rehabilitation
361981	Aroha Home & Hospital	CHC Residential - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361981	Aroha Home & Hospital	CHC Short Term - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361981	Aroha Home & Hospital	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361981	Aroha Home & Hospital	Short term Care - Dementia & Hospital & Rest Home & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
361982	Brightwater Home	CHC Residential - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361982	Brightwater Home	CHC Short Term - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361982	Brightwater Home	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361982	Brightwater Home	Short Term Care - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362102	Chiswick Park Lifecare	CHC Residential - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362102	Chiswick Park Lifecare	CHC Short Term - Rest Home & Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362102	Chiswick Park Lifecare	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362102	Chiswick Park Lifecare	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362102	Chiswick Park Lifecare	Short Term Care - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362102	Chiswick Park Lifecare	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362102	Chiswick Park Lifecare	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362050	Cook Street Nursing Care Centre	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362050	Cook Street Nursing Care Centre	Short Term Care - Hospital & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
362050	Cook Street Nursing Care Centre	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362050	Cook Street Nursing Care Centre	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362050	Cook Street Nursing Care Centre	CHC Short Term - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362050	Cook Street Nursing Care Centre	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361983	Coombrae Home	CHC Residential - Dementia & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation

ContractID	ProviderName	PurchaseUnitDescription	ServiceEndDate	Cluster
361983	Coombrae Home	CHC Short Term - Dementia & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361983	Coombrae Home	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361983	Coombrae Home	Short term Care - Dementia & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361986	Eileen Mary Rest Home	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361986	Eileen Mary Rest Home	CHC Short Term - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
361986	Eileen Mary Rest Home	Short Term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361986	Eileen Mary Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
361986	Eileen Mary Rest Home	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361986	Eileen Mary Rest Home	Short Term - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
358162	Eldernet Ltd	Vacancy Tracking System	30-Sep-23	Healthy Ageing & Rehabilitation
361989	Gardenview Care Home	CHC Residential - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361989	Gardenview Care Home	CHC Short Term - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361989	Gardenview Care Home	Community Activity Programme for Older People - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361989	Gardenview Care Home	Short Term Care - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
357139	Geneva Healthcare	Personal Care - Night Relief	30-Sep-23	Healthy Ageing & Rehabilitation
357139	Geneva Healthcare	Personal Care	30-Sep-23	Healthy Ageing & Rehabilitation
357139	Geneva Healthcare	CHC - Household Management & Personal Care	30-Sep-23	Healthy Ageing & Rehabilitation
357139	Geneva Healthcare	Personal Care Short Term	30-Sep-23	Healthy Ageing & Rehabilitation
357139	Geneva Healthcare	Household Management Short Term	30-Sep-23	Healthy Ageing & Rehabilitation
357139	Geneva Healthcare	Household Management	30-Sep-23	Healthy Ageing & Rehabilitation
357139	Geneva Healthcare	Community non acute rehabilitation	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	Personal Care - Night Relief	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	Household Management	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	Personal Care	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	CHC - Household Management	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	CHC - Personal Care	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	Personal Care Short Term	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	Household Management Short Term	30-Sep-23	Healthy Ageing & Rehabilitation
351371	Healthcare of New Zealand	Community non acute rehabilitation	30-Sep-23	Healthy Ageing & Rehabilitation
361991	Horowhenua Masonic Village	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361991	Horowhenua Masonic Village	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361991	Horowhenua Masonic Village	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
361991	Horowhenua Masonic Village	Dedicated Respite Bed	30-Sep-23	Healthy Ageing & Rehabilitation
361991	Horowhenua Masonic Village	Short term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361991	Horowhenua Masonic Village	Therapeutic Day Activity Programmes	30-Sep-23	Healthy Ageing & Rehabilitation
361991	Horowhenua Masonic Village	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
361984	Julia Wallace Rest Home	CHC Residential - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361984	Julia Wallace Rest Home	CHC Short Term - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361984	Julia Wallace Rest Home	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361984	Julia Wallace Rest Home	Short term Care - Dementia & Hospital & Rest Home & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
362048	Karina Rest Home	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362048	Karina Rest Home	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362048	Karina Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362048	Karina Rest Home	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
351373	Lavender Blue	Personal Care - Night Relief	30-Sep-23	Healthy Ageing & Rehabilitation
351373	Lavender Blue	Household Management	30-Sep-23	Healthy Ageing & Rehabilitation
351373	Lavender Blue	Personal Care	30-Sep-23	Healthy Ageing & Rehabilitation

ContractID	ProviderName	PurchaseUnitDescription	ServiceEndDate	Cluster
351373	Lavender Blue	CHC - Household Management & Personal Care	30-Sep-23	Healthy Ageing & Rehabilitation
351373	Lavender Blue	Personal Care Short Term	30-Sep-23	Healthy Ageing & Rehabilitation
351373	Lavender Blue	Household Management Short Term	30-Sep-23	Healthy Ageing & Rehabilitation
351373	Lavender Blue	Community non acute rehabilitation	30-Sep-23	Healthy Ageing & Rehabilitation
361996	Levin Home of War Veterans	CHC Residential - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361996	Levin Home of War Veterans	CHC Short Term - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361996	Levin Home of War Veterans	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361996	Levin Home of War Veterans	Short term Care - Dementia & Hospital & Rest Home & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
362008	Lonsdale Rest Home	CHC Residential - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362008	Lonsdale Rest Home	CHC Short Term - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362008	Lonsdale Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362008	Lonsdale Rest Home	Community Activity Programme for Older People - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362008	Lonsdale Rest Home	Short term Care - Dementia & Hospital & Rest Home & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
362838	Manawanui Support Limited	Individualised Funding Host Provider Services	30-Sep-23	Healthy Ageing & Rehabilitation
362838	Manawanui Support Limited	Individualised Funding Host Provider Services - one off set up fee per client	30-Sep-23	Healthy Ageing & Rehabilitation
362838	Manawanui Support Limited	Individualised Funding Host Provider Services - Management fee	30-Sep-23	Healthy Ageing & Rehabilitation
362047	Masonic Court Home For The Elderly	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362047	Masonic Court Home For The Elderly	Short term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362047	Masonic Court Home For The Elderly	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362047	Masonic Court Home For The Elderly	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362047	Masonic Court Home For The Elderly	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362009	Metlifecare Palmerston North Rest Home	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362009	Metlifecare Palmerston North Rest Home	Short term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362009	Metlifecare Palmerston North Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362009	Metlifecare Palmerston North Rest Home	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362009	Metlifecare Palmerston North Rest Home	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362058	Millvale House - Levin	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362058	Millvale House - Levin	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362058	Millvale House - Levin	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362058	Millvale House - Levin	Short term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362058	Millvale House - Levin	Short-term Care for People with Main Carer- Residential Specialised Psycho-geriatric Level Care	30-Sep-23	Healthy Ageing & Rehabilitation
362049	Nelson Residential Care Centre	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362049	Nelson Residential Care Centre	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362049	Nelson Residential Care Centre	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362049	Nelson Residential Care Centre	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362046	Ocean View Residential Care	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362046	Ocean View Residential Care	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362046	Ocean View Residential Care	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362046	Ocean View Residential Care	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	CHC Residential - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	CHC Short Term - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	Short term Care - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	Short term Care - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	CHC Residential - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation

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362021	Olive Tree Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362021	Olive Tree Rest Home	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362103	Palmerston Manor Lifecare	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362103	Palmerston Manor Lifecare	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362103	Palmerston Manor Lifecare	CHC Short Term - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362103	Palmerston Manor Lifecare	Short term Care - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362103	Palmerston Manor Lifecare	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362103	Palmerston Manor Lifecare	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362103	Palmerston Manor Lifecare	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362025	Peppertree Home & Hospital	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362025	Peppertree Home & Hospital	CHC Short Term - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362025	Peppertree Home & Hospital	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362025	Peppertree Home & Hospital	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362025	Peppertree Home & Hospital	Short Term Care - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362025	Peppertree Home & Hospital	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362025	Peppertree Home & Hospital	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	CHC Residential - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	Short Term Care - Hospital & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	Short term Care - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	CHC Short Term - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	CHC Residential - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362042	Rahiri Rest Home	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361993	Ranfurly Residential Care Centre	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
361993	Ranfurly Residential Care Centre	CHC Short Term - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361993	Ranfurly Residential Care Centre	Short term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361993	Ranfurly Residential Care Centre	CHC Residential - Dementia & Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361993	Ranfurly Residential Care Centre	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361993	Ranfurly Residential Care Centre	Short term Care - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361993	Ranfurly Residential Care Centre	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362012	Reevedon Home	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362012	Reevedon Home	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362012	Reevedon Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362012	Reevedon Home	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361995	Riverside Lodge Rest Home	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361995	Riverside Lodge Rest Home	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
361995	Riverside Lodge Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
361995	Riverside Lodge Rest Home	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362032	Summerset Centre Palmerston North	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362032	Summerset Centre Palmerston North	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362032	Summerset Centre Palmerston North	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362032	Summerset Centre Palmerston North	Dedicated Respite Bed	30-Sep-23	Healthy Ageing & Rehabilitation
362032	Summerset Centre Palmerston North	Short term Care - Hospital & Rest Home & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	CHC Residential - Dementia & Hospital	30-Sep-23	Healthy Ageing & Rehabilitation

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362029	Summerset Levin Hospital	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	CHC Short Term - Dementia & Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	Community Activity Programme for Older People half day - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	Short Term Care - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362029	Summerset Levin Hospital	Short term Care - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362033	Te Whanau Rest Home	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362033	Te Whanau Rest Home	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362033	Te Whanau Rest Home	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362033	Te Whanau Rest Home	Short Term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362033	Te Whanau Rest Home	Community Day Activity	30-Sep-23	Healthy Ageing & Rehabilitation
362035	The Madison	CHC Residential - Hospital & Rest HOme	30-Sep-23	Healthy Ageing & Rehabilitation
362035	The Madison	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362035	The Madison	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362035	The Madison	Short term Care - Hospital & Rest Home & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
353880	THINK Hauora (Acute Care)	Fracture Liaison Service: Co-ordination and DEXA Scans	30-Jun-22	Healthy Ageing & Rehabilitation
362037	Waireka Rest Home	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
362037	Waireka Rest Home	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362037	Waireka Rest Home	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362037	Waireka Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362037	Waireka Rest Home	Short Term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
358784	Waireka Rest Home	GP Beds Service	30-Sep-23	Healthy Ageing & Rehabilitation
361997	Westella Homestead Rest Home	CHC Community Activity Programme	30-Sep-23	Healthy Ageing & Rehabilitation
361997	Westella Homestead Rest Home	CHC Residential - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361997	Westella Homestead Rest Home	CHC Short Term - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361997	Westella Homestead Rest Home	Community Activity Programme for Older People - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
361997	Westella Homestead Rest Home	Short term Care - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362038	Willard Rest Home	CHC Residential - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362038	Willard Rest Home	Short Term Care - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362038	Willard Rest Home	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
362038	Willard Rest Home	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	CHC Residential - Dementia & Hospital and Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	CHC Short Term - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	Short Term Care - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	CHC Short Term - Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	Community Activity Programme for Older People - Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	Short term Care - Dementia & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	CHC Short Term - Hospital	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	Community Day Programme	30-Sep-23	Healthy Ageing & Rehabilitation
362013	Wimbledon Rest Home	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation
364189	Woodfall Home and Hospital	Short Term Care - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
364189	Woodfall Home and Hospital	Community Activity Programme for Older People	30-Sep-23	Healthy Ageing & Rehabilitation
364189	Woodfall Home and Hospital	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
364189	Woodfall Home and Hospital	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
Short	Woodfall Home and Hospital	Short Term Care - End of life care	30-Sep-23	Healthy Ageing & Rehabilitation

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362044	Woodlands of Feilding	CHC Residential - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362044	Woodlands of Feilding	CHC Short Term - Hospital & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362044	Woodlands of Feilding	Short term Care - Hospital & Rest Home & End of Life Care	30-Sep-23	Healthy Ageing & Rehabilitation
362045	Woodlands of Palmerston North	CHC Residential - Dementia & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362045	Woodlands of Palmerston North	CHC Short Term - Dementia & Rest Home	30-Sep-23	Healthy Ageing & Rehabilitation
362045	Woodlands of Palmerston North	Community Activity Programme for Older People & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
362045	Woodlands of Palmerston North	Short Term Care - Rest Home & Dementia	30-Sep-23	Healthy Ageing & Rehabilitation
338863	ACROSS - Te Kotahitanga o Te Wairua	Primary Care Triple P Intervention Programmes	30-Jun-23	Mental Health & Addictions
339180	ACROSS - Te Kotahitanga o Te Wairua	Family & Whanau Support education, information and advocacy service (Suicide Support Group)	30-Sep-23	Mental Health & Addictions
345371	Big Brothers Big Sisters of Manawatu	Mentoring Programme	30-Sep-23	Mental Health & Addictions
358106	Dalcam Healthcare Manawatu Ltd	Adult Crisis Respite - RN	30-Sep-23	Mental Health & Addictions
358106	Dalcam Healthcare Manawatu Ltd	Adult Crisis Respite - Support Workers	30-Sep-23	Mental Health & Addictions
358106	Dalcam Healthcare Manawatu Ltd	Housing & Recovery services day time / awake night support	30-Sep-23	Mental Health & Addictions
358106	Dalcam Healthcare Manawatu Ltd	Housing & Recovery services Day time / responsive night support	30-Sep-23	Mental Health & Addictions
358106	Dalcam Healthcare Manawatu Ltd	Mental Health of Older People Acute Service	30-Sep-23	Mental Health & Addictions
362528	KYS One Stop Shop Trust	Counselling and Psychology Service	30-Sep-23	Mental Health & Addictions
362528	KYS One Stop Shop Trust	Counselling and Psychology Service	30-Sep-23	Mental Health & Addictions
359324	Lonsdale Rest Home	Extended Care Inpatient Bed (CFZ4820)	30-Sep-23	Mental Health & Addictions
359324	Lonsdale Rest Home	Extended Care Inpatient Bed (DZW2737)	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Sleep Over Settlement	30-Jun-22	Mental Health & Addictions
357201	MASH Trust	AoD Services for Community Based Offenders	30-Jun-23	Mental Health & Addictions
357201	MASH Trust	Alcohol and Other Drug Services for Youth - Dannevirke	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Alcohol and Other Drug Services for Youth - Tararua	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Planned Adult Respite	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Activity Based Recovery Support Service (Non Clinical)	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Te Haerenga Ake Day Activity Services	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Housing & Recovery services day time / awake night support	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Housing & Recovery services Day time / responsive night support	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Supportive Landlord Service	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Alcohol & Other Drug Community Support Service (Nursing & Allied Health)	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Alcohol & Other Drug Day Treatment Programme (Nursing & Allied Health staff)	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Adult Community Support Service	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Adult Community Support Service - Specific Client	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Co-existing disorders with accommodation	30-Sep-23	Mental Health & Addictions
357201	MASH Trust	Infant, Child, Adolescent & Youth crisis respite	30-Sep-23	Mental Health & Addictions
366373	Nelson Residential Care Centre	Adult Crisis Respite Services	30-Sep-23	Mental Health & Addictions
362686	Nova Trust Board	Intensive Residential Alcohol and Other Drug Services with Accomodation	30-Sep-23	Mental Health & Addictions
362685	Odyssey House Trust	Intensive Residential Alcohol and Other Drug Services with Accomodation	30-Sep-23	Mental Health & Addictions
362685	Odyssey House Trust	Child Adolescent & Youth Community Alcohol and Drug Services with Accommodation	30-Sep-23	Mental Health & Addictions
338396	Supporting Families in Mental Illness Manawatu Inc	Family and Whanau Support Education, Information & Advocacy Service	30-Sep-23	Mental Health & Addictions
338396	Supporting Families in Mental Illness Manawatu Inc	Depression Support & Treatment Groups	30-Sep-23	Mental Health & Addictions
353880	THINK Hauora (Mental Health)	Matanga Whai Ora (HIP) FTE	30-Jun-23	Mental Health & Addictions
353880	THINK Hauora (Mental Health)	Health Coach FTE	30-Jun-23	Mental Health & Addictions
353880	THINK Hauora (Mental Health)	Youth Programmes	30-Jun-23	Mental Health & Addictions
353880	THINK Hauora (Mental Health)	Shared Care GP Consultation	30-Jun-23	Mental Health & Addictions
353880	THINK Hauora (Mental Health)	Packages of Care (POC)	30-Jun-23	Mental Health & Addictions
353880	THINK Hauora (Mental Health)	Puawaitangi Virtual	30-Jun-23	Mental Health & Addictions

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353880	THINK Hauora (Mental Health)	Cultural Workforce Development Programme	30-Jun-23	Mental Health & Addictions
358103	Whakarongorau Aotearoa	0800 Mental Health Line	30-Sep-23	Mental Health & Addictions
358190	Youth One Stop Shop	Community Child, Adolescent & Youth Services for co-existing problems (Nursing/Allied Healthl)	30-Sep-23	Mental Health & Addictions
358190	Youth One Stop Shop	Addiction Early Intervention AOD Service (Non Clinical)	30-Sep-23	Mental Health & Addictions
12949	Best Care (Whakapai Hauora) Charitable Trust	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12986	Best Care (Whakapai Hauora) Charitable Trust	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
354125	Best Care (Whakapai Hauora) Charitable Trust	Youth Justice Facility Health Service	30-Sep-23	Pae Ora Paiaka Whaiora
12898	Best Care (Whakapai Hauora) Charitable Trust	Cultural Competency and Tikanga Facilitator	30-Sep-23	Pae Ora Paiaka Whaiora
307677	Best Care (Whakapai Hauora) Charitable Trust	Well Child Services	30-Jun-23	Pae Ora Paiaka Whaiora
307677	Best Care (Whakapai Hauora) Charitable Trust	Well Child Services - Additional Contacts	30-Jun-23	Pae Ora Paiaka Whaiora
307677	Best Care (Whakapai Hauora) Charitable Trust	Reducing Inequalities - Outreach Nursing Service	30-Sep-23	Pae Ora Paiaka Whaiora
307677	Best Care (Whakapai Hauora) Charitable Trust	Cancer Control Coordinator Position	30-Sep-23	Pae Ora Paiaka Whaiora
307692	Best Care (Whakapai Hauora) Charitable Trust	Whanau Ora - Maori Community Health	30-Sep-23	Pae Ora Paiaka Whaiora
307692	Best Care (Whakapai Hauora) Charitable Trust	Maori Disability Support Services	30-Sep-23	Pae Ora Paiaka Whaiora
344290	Best Care (Whakapai Hauora) Charitable Trust	Kaupapa Maori Community Clinical Support (Non Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
344290	Best Care (Whakapai Hauora) Charitable Trust	Community Child, Adolescent & Youth Services for co-existing problems (Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
344290	Best Care (Whakapai Hauora) Charitable Trust	Primary Integrated MH&A Youth - Non-Clinical Staff	30-Sep-23	Pae Ora Paiaka Whaiora
344235	Best Care (Whakapai Hauora) Charitable Trust	Suicide Intervention Coordinator	30-Sep-23	Pae Ora Paiaka Whaiora
344235	Best Care (Whakapai Hauora) Charitable Trust	Suicide Intervention Coordinator - Clinical	30-Sep-23	Pae Ora Paiaka Whaiora
344235	Best Care (Whakapai Hauora) Charitable Trust	Kai Taipoto Coordinator	30-Sep-23	Pae Ora Paiaka Whaiora
349627	Best Care (Whakapai Hauora) Charitable Trust	Maori Health Strategic Leadership and Advise	30-Sep-23	Pae Ora Paiaka Whaiora
12946	He Puna Hauora	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12988	He Puna Hauora	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
343495	He Puna Hauora	Hearing & Vision Services	30-Sep-23	Pae Ora Paiaka Whaiora
353806	He Puna Hauora	School Based Clinical Services	30-Sep-23	Pae Ora Paiaka Whaiora
366996	Highbury Whanau Centre	Primary Integrated MH&A Youth - Clinical Staff	30-Sep-23	Pae Ora Paiaka Whaiora
12952	Mana o te Tangata Trust	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12990	Mana o te Tangata Trust	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	Activity Based Recovery Support Service - Cultural Peer Support	30-Sep-23	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	Activity Based Recovery Support Service (Non Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	Day Activity & Living Skills - Peer Support	30-Sep-23	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	Peer Support Child and Youth	30-Sep-23	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	Peer Support Service for Adults	30-Sep-23	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	Peer Support Service for Adults (Kaupapa Maori)	30-Sep-23	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	Day Activity & Living Skills & Vocational Rehabilitation Programme	30-Sep-23	Pae Ora Paiaka Whaiora
353580	Mana o te Tangata Trust	AoD Services for Community Based Offenders	30-Sep-23	Pae Ora Paiaka Whaiora
12954	Muaupoko Tribal Authority	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12970	Muaupoko Tribal Authority	Funding for Infrastructure	31-Dec-21	Pae Ora Paiaka Whaiora
12993	Muaupoko Tribal Authority	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
366929	Muaupoko Tribal Authority Incorporated	Primary Integrated MH&A Youth - Non-Clinical Staff	30-Sep-23	Pae Ora Paiaka Whaiora
12944	Nga Kaitiaki o Ngati Kauwhata	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12992	Nga Kaitiaki o Ngati Kauwhata	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
12942	Ngati Kahungunu ki Tamaki nui-a-Rua	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12984	Ngati Kahungunu ki Tamaki nui-a-Rua	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
366928	Ngati Kahungunu ki Tamaki nui-a-Rua	Rangatahi Service	30-Sep-23	Pae Ora Paiaka Whaiora
12972	Ngati Kahungunu ki Tamaki nui-a-Rua	Housing Repair Programme	30-Sep-23	Pae Ora Paiaka Whaiora
12943	Rangitane O Tamaki Nui-a-Rua	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora

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12985	Rangitane O Tamaki Nui-a-Rua	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
337916	Rangitane O Tamaki Nui-a-Rua	AoD Services for Community Based Offenders	30-Jun-23	Pae Ora Paiaka Whaiora
350666	Rangitane O Tamaki Nui-a-Rua	Well Child Immunisation	30-Jun-23	Pae Ora Paiaka Whaiora
350666	Rangitane O Tamaki Nui-a-Rua	Well Child Services	30-Jun-23	Pae Ora Paiaka Whaiora
350666	Rangitane O Tamaki Nui-a-Rua	Well Child Services - Additional Contacts	30-Jun-23	Pae Ora Paiaka Whaiora
337916	Rangitane O Tamaki Nui-a-Rua	Activity Based Recovery Support Service (Non Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
337916	Rangitane O Tamaki Nui-a-Rua	Alcohol & Other Drug Community Support Service (Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
337916	Rangitane O Tamaki Nui-a-Rua	Kaupapa Maori Community Clinical Support (Non Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
350666	Rangitane O Tamaki Nui-a-Rua	Asthma Education	30-Sep-23	Pae Ora Paiaka Whaiora
350666	Rangitane O Tamaki Nui-a-Rua	Whanau Ora	30-Sep-23	Pae Ora Paiaka Whaiora
350666	Rangitane O Tamaki Nui-a-Rua	Cancer Control Coordinator Position	30-Sep-23	Pae Ora Paiaka Whaiora
12968	Raukawa District Maori Wardens Association	COVID-19 Vaccination Roll-out	31-Dec-21	Pae Ora Paiaka Whaiora
12955	Raukawa Whanau Ora	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12994	Raukawa Whanau Ora	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
356603	Raukawa Whanau Ora	AoD Services for Community Based Offenders	30-Jun-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Cervical Smear Priority Clinics	30-Jun-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Priority Clinic Discretionary Funding	30-Jun-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Well Child Immunisation	30-Jun-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Well Child Services - Additional Contacts	30-Jun-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Well Child Services	30-Jun-23	Pae Ora Paiaka Whaiora
356603	Raukawa Whanau Ora	Activity Based Recovery Support Service (Non Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
356603	Raukawa Whanau Ora	Alcohol & Other Drug Community Support Service (Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
356603	Raukawa Whanau Ora	Community Child, Adolescent & Youth Services for co-existing problems (Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
356603	Raukawa Whanau Ora	Kaupapa Maori Community Clinical Support (Non Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Support Services for Mothers & their Pepi - Non Clinical	30-Sep-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Cancer Control Coordinator Position	30-Sep-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Maori Mobile Nursing	30-Sep-23	Pae Ora Paiaka Whaiora
356604	Raukawa Whanau Ora	Maori Disability Support Liaison Service	30-Sep-23	Pae Ora Paiaka Whaiora
12999	Te Puna Oranga o Otaki Charitable Trust	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
12951	Te Tihi o Ruahine Whanau Ora Alliance Charitable Trust	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
367412	Te Tihi o Ruahine Whanau Ora Alliance Charitable Trust	Kaituitui Whanau - Whanau Ora Link Nurse	30-Sep-23	Pae Ora Paiaka Whaiora
12891	Te Wakahuia Manawatu Trust	COVID-19 Vaccination Campaign	31-Dec-21	Pae Ora Paiaka Whaiora
12987	Te Wakahuia Manawatu Trust	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
366947	Te Wakahuia Manawatu Trust	Primary Integrated MH&A Youth - Non-Clinical Staff	30-Sep-23	Pae Ora Paiaka Whaiora
306998	Te Wakahuia Manawatu Trust	Well Child Services	30-Jun-23	Pae Ora Paiaka Whaiora
306998	Te Wakahuia Manawatu Trust	Well Child Services - Additional Contacts	30-Jun-23	Pae Ora Paiaka Whaiora
193303	Te Wakahuia Manawatu Trust	Reducing Inequalities - Whanau Support Service	30-Sep-23	Pae Ora Paiaka Whaiora
193303	Te Wakahuia Manawatu Trust	Client & Whanau Counselling Service	30-Sep-23	Pae Ora Paiaka Whaiora
193303	Te Wakahuia Manawatu Trust	Clinical Leadership & Coordination Service	30-Sep-23	Pae Ora Paiaka Whaiora
193303	Te Wakahuia Manawatu Trust	Maori Mobile Nursing	30-Sep-23	Pae Ora Paiaka Whaiora
193303	Te Wakahuia Manawatu Trust	Whanau Ora - Maori Community Health	30-Sep-23	Pae Ora Paiaka Whaiora
306998	Te Wakahuia Manawatu Trust	Outreach Immunisation Service	30-Sep-23	Pae Ora Paiaka Whaiora
306998	Te Wakahuia Manawatu Trust	Outreach Immunisation	30-Sep-23	Pae Ora Paiaka Whaiora
306998	Te Wakahuia Manawatu Trust	Cancer Control Coordinator Position	30-Sep-23	Pae Ora Paiaka Whaiora
338918	Te Wakahuia Manawatu Trust	Smoking Cessation Services - Practitioner	30-Sep-23	Pae Ora Paiaka Whaiora
338918	Te Wakahuia Manawatu Trust	Smoking Cessation Service - Administrator	30-Sep-23	Pae Ora Paiaka Whaiora
338918	Te Wakahuia Manawatu Trust	Smoking cessation Services - Specialist Practitioner/Coordinator	30-Sep-23	Pae Ora Paiaka Whaiora

ContractID	ProviderName	PurchaseUnitDescription	ServiceEndDate	Cluster
338918	Te Wakahuia Manawatu Trust	Smoking Cessation Services - Specialist Practitioner	30-Sep-23	Pae Ora Paiaka Whaiora
10731	Te Wakahuia Manawatu Trust	Accommodation,Communications & Transport for Smoking Cessation Position	30-Sep-23	Pae Ora Paiaka Whaiora
12956	Te Wananga-o-Raukawa	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12948	Whaioro Trust Board	COVID-19 Vaccination Programme	31-Dec-21	Pae Ora Paiaka Whaiora
12991	Whaioro Trust Board	COVID-19 Vaccine Support - Tranche 2	31-Dec-21	Pae Ora Paiaka Whaiora
358284	Whaioro Trust Board	Vocational Support Services (Non Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
358284	Whaioro Trust Board	Early Intervention & Other Drug Services Child Adolescent Youth (Clinical)	30-Sep-23	Pae Ora Paiaka Whaiora
358284	Whaioro Trust Board	Rangatahi/Youth Alcohol and Drug Programme	30-Sep-23	Pae Ora Paiaka Whaiora
357872	BPAC Clinical Solutions Management	Best Practice DSS Modules	30-Sep-23	Primary Public & Community
346598	Eketahuna Health Centre	Influenza Immunisations	30-Sep-23	Primary Public & Community
284271	Eketahuna Health Centre	Eketahuna Health - Rural Health	30-Sep-23	Primary Public & Community
349365	Eyes on Broadway	Contact Lens Benefit	30-Sep-23	Primary Public & Community
339614	Horowhenua District Health Transportation Trust	Horowhenua Shuttle Service	30-Sep-23	Primary Public & Community
349371	Horowhenua Vision Centre	Contact Lens Benefit	30-Sep-23	Primary Public & Community
344558	KYS One Stop Shop Trust	Primary Sexual and Reproductive Health	30-Sep-23	Primary Public & Community
355875	MAGMA Healthcare	Cervical Screening - Smear Taking and Priority Clinic Discretionary Funding	30-Jun-23	Primary Public & Community
358136	Manawatu Horowhenua Tararua Diabetes Trust	Primary Youth Health Service	30-Sep-23	Primary Public & Community
358136	Manawatu Horowhenua Tararua Diabetes Trust	Diabetes Education & Management (Information Packs & courses & Admin Support)	30-Sep-23	Primary Public & Community
347990	Manawatu Sports Foundation Trust	Family Green Prescription Programme (PN)	30-Sep-23	Primary Public & Community
347990	Manawatu Sports Foundation Trust	Enhanced Green Prescription Programme	30-Sep-23	Primary Public & Community
347990	Manawatu Sports Foundation Trust	GRx Adult Service	30-Sep-23	Primary Public & Community
347990	Manawatu Sports Foundation Trust	GRx Active Families Service	30-Sep-23	Primary Public & Community
303072	Massey University	Psychological Support in Chronic Disease Care	30-Sep-23	Primary Public & Community
360137	Orakinetics Clinic	MidCentral Kinetics Programme	30-Jun-22	Primary Public & Community
349369	See Hear Ltd	Contact Lens Benefit	30-Sep-23	Primary Public & Community
306986	Tararua Health Group Ltd	Cervical Smear Priority Clinics and Priority Clinic Discretionary Funding	30-Jun-23	Primary Public & Community
306986	Tararua Health Group Ltd	Diseconomies of Scale Premium (3 & 4)	30-Sep-23	Primary Public & Community
306986	Tararua Health Group Ltd	Rural Inpatients	30-Sep-23	Primary Public & Community
306986	Tararua Health Group Ltd	Norsewood Clinic	30-Sep-23	Primary Public & Community
306986	Tararua Health Group Ltd	Support for Mobile Bus Services in Rural Areas	30-Sep-23	Primary Public & Community
350400	Te Ha o Hine-ahu-one Palmerston North Womens Health Collective Incorporated	Cervical Smear Priority Clinics	30-Jun-23	Primary Public & Community
350400	Te Ha o Hine-ahu-one Palmerston North Womens Health Collective Incorporated	Priority Clinic Discretionary Funding	30-Jun-23	Primary Public & Community
306998	Te Wakahuia Manawatu Trust	Measles Immunisation Campaign 2020	31-Mar-22	Primary Public & Community
353880	THINK Hauora (Acute Care)	After Hours Under 14s	30-Sep-23	Primary Public & Community
353880	THINK Hauora (Acute Care)	Collaborative Clinical Pathways	30-Sep-23	Primary Public & Community
353880	THINK Hauora (Acute Care)	Primary Options for Acute Care	30-Sep-23	Primary Public & Community
353880	THINK Hauora (Acute Care)	After Hours Primary Healthcare Services	30-Sep-23	Primary Public & Community
339791	THINK Hauora (Long Term Conditions)	Long Term Conditions: Nursing, Allied Health, Diabetes Care Improvement Package, Retinal Screening, Management and Co-ordination	30-Sep-23	Primary Public & Community
353880	THINK Hauora (Population Health)	Vaccinator Support (MMR catch-up programme)	31-Mar-22	Primary Public & Community
353880	THINK Hauora (Population Health)	Project Management (MMR Catch up Programme)	31-Mar-22	Primary Public & Community
339791	THINK Hauora (Population Health)	Heart Health - Cardio Vascular Screening	30-Jun-23	Primary Public & Community
34666	THINK Hauora (Population Health)	Rural Workforce Retention	30-Jun-23	Primary Public & Community
353880	THINK Hauora (Population Health)	Cervical Screening Programme (Co-ordination, community and Discretionary)	30-Sep-23	Primary Public & Community
353880	THINK Hauora (Population Health)	Primary Sexual and Reproductive Health	30-Sep-23	Primary Public & Community
353880	THINK Hauora (Population Health)	Immunisation Coordination & Zostavas	30-Sep-23	Primary Public & Community

ContractID	ProviderName	PurchaseUnitDescription	ServiceEndDate	Cluster
353880	THINK Hauora (Population Health)	Zoledronic Acid Administration	30-Sep-23	Primary Public & Community
349368	Visique Dannevirke	Contact Lens Benefit	30-Sep-23	Primary Public & Community
358913	Visique Eye Spy Optometrists	Contact Lens Benefit	30-Sep-23	Primary Public & Community
349366	Visique Feilding Optometrists	Contact Lens Benefit	30-Sep-23	Primary Public & Community
349364	Visique Naylor Palmer Ltd	Contact Lens Benefit	30-Sep-23	Primary Public & Community
344834	Worldwise Travellers Health and Vaccination Centre	Cervical Smear Priority Clinics and Priority Clinic Discretionary Funding	30-Jun-23	Primary Public & Community
350932	Youth One Stop Shop	School Based Health Services Alt Ed	30-Sep-23	Primary Public & Community
357261	Compass Health Ltd	Community Referred Radiology	30-Sep-23	Strategy, Planning & Performance
311248	Medlab Central	Community Laboratory Services	Subject to negotiation	Strategy, Planning & Performance
311248	Medlab Central	Hospital Laboratory Services	Subject to negotiation	Strategy, Planning & Performance
311248	Medlab Central	Community Referral Laboratory	Subject to negotiation	Strategy, Planning & Performance
311248	Medlab Central	Hospital Referral Laboratory Services	Subject to negotiation	Strategy, Planning & Performance
311248	Medlab Central	Weekend Transport of COVID-19 Swabs	Subject to negotiation	Strategy, Planning & Performance
354131	MidCentral Community Pharmacy Group (MCPG)	Sharps Disposal - Promotion	30-Sep-23	Strategy, Planning & Performance
354136	MidCentral Community Pharmacy Group (MCPG)	Paediatric Gastroenteritis Management	30-Sep-23	Strategy, Planning & Performance
354134	MidCentral Community Pharmacy Group (MCPG)	Administration	30-Sep-23	Strategy, Planning & Performance
354134	MidCentral Community Pharmacy Group (MCPG)	Emergency Contraception Service	30-Sep-23	Strategy, Planning & Performance
354138	MidCentral Community Pharmacy Group (MCPG)	Infrastructure Support of Community Pharmacy	30-Sep-23	Strategy, Planning & Performance
359513	MidCentral Community Pharmacy Group (MCPG)	Implementation and Management of a Smoking Cessation Support service by Community Pharmacists	30-Sep-23	Strategy, Planning & Performance
359513	MidCentral Community Pharmacy Group (MCPG)	Administration	30-Sep-23	Strategy, Planning & Performance
359513	MidCentral Community Pharmacy Group (MCPG)	Vape Products and Consultation	30-Sep-23	Strategy, Planning & Performance
325403	Propharma	Sharps Disposal (Distribution)	30-Sep-23	Strategy, Planning & Performance
325403	Propharma	Sharps Disposal	30-Sep-23	Strategy, Planning & Performance
353880	THINK Hauora (Acute Care)	Community Referred Radiology	30-Sep-23	Strategy, Planning & Performance
364974	Alsco NZ - NZTS Palmerston North	Linen services	30-Sep-23	Women Children & Youth
354886	Barnardos NZ	Babies and Beyond Programme	30-Jun-22	Women Children & Youth
354886	Barnardos NZ	Pregnancy and Parenting Education Services	30-Jun-22	Women Children & Youth
354886	Barnardos NZ	Pregnancy & Parenting Information Services	30-Jun-22	Women Children & Youth
351866	Broadway Dental Centre (Allan Young)	Essential Dental Treatment	30-Sep-23	Women Children & Youth
360554	Carpenters Dental	Essential Dental Treatment	30-Sep-23	Women Children & Youth
335693	Community Birth Services Charitable Trust	Breastfeeding Information and Support	31-Mar-22	Women Children & Youth
362998	Crest Hospital Ltd	New Clothing for clients requiring forensic consultation (SAF2)	30-Jun-23	Women Children & Youth
362998	Crest Hospital Ltd	Light Refreshments for clients (SAF1)	30-Jun-23	Women Children & Youth
362998	Crest Hospital Ltd	Clinical Supervision (SAC1)	30-Jun-23	Women Children & Youth
362998	Crest Hospital Ltd	Lead Clinician (SAL1)	30-Jun-23	Women Children & Youth
362998	Crest Hospital Ltd	Roster Fee (SAO8)	30-Jun-23	Women Children & Youth
362998	Crest Hospital Ltd	Infrastructure Contribution (SAO5)	30-Jun-23	Women Children & Youth
362998	Crest Hospital Ltd	Administration & Management Fee (SAO1)	30-Jun-23	Women Children & Youth
362998	Crest Hospital Ltd	SAATS Services (WDHB)	30-Jun-23	Women Children & Youth
351907	Kevin Barry Wong	Essential Dental Treatment	30-Sep-23	Women Children & Youth
344558	KYS One Stop Shop Trust	KYS Outreach Youth Service Otaki	30-Sep-23	Women Children & Youth
344558	KYS One Stop Shop Trust	KYS Otaki College School Clinic	30-Sep-23	Women Children & Youth
355875	MAGMA Healthcare	Surgical Termination of Pregnancy- 1st trimester	30-Sep-23	Women Children & Youth
355875	MAGMA Healthcare	General Medicine - 1st attendance	30-Sep-23	Women Children & Youth
355875	MAGMA Healthcare	Medical Termination of Pregnancy - Treatment	30-Sep-23	Women Children & Youth
355875	MAGMA Healthcare	Medical Termination of pregnancy - FU	30-Sep-23	Women Children & Youth
355875	MAGMA Healthcare	Evacuation Removal Products of Conception (ERPOC)	30-Sep-23	Women Children & Youth

ContractID	ProviderName	PurchaseUnitDescription	ServiceEndDate	Cluster
351870	Main Street Dental Centre (William OConnor and Ian Wishart)	Essential Dental Treatment	30-Sep-23	Women Children & Youth
352866	Manawatu Dental Group	Essential Dental Treatment	30-Sep-23	Women Children & Youth
351871	Martin Badenhorst	Essential Dental Treatment	30-Sep-23	Women Children & Youth
303072	Massey University	Psychological Support Services for Children with Chronic or Life Limiting Conditions	30-Sep-23	Women Children & Youth
303072	Massey University	Psychological Support Services for Women's Health (12 clients for 72 sessions at $350 per session)	30-Sep-23	Women Children & Youth
303072	Massey University	Psychodiagnostic Assessment for Children - (20 Assessments)	30-Sep-23	Women Children & Youth
351874	Queen Street Dental Centre	Essential Dental Treatment	30-Sep-23	Women Children & Youth
359293	Royal NZ Plunket Trust	Before School Check Programme	30-Jun-23	Women Children & Youth
359293	Royal NZ Plunket Trust	Before School Check Programme -Incentive 80-90%	30-Jun-23	Women Children & Youth
359293	Royal NZ Plunket Trust	Before School Check Programme - Incentive High Deprivation	30-Jun-23	Women Children & Youth
306986	Tararua Health Group Ltd	Labour & Delivery in Primary Maternity Facility	30-Sep-23	Women Children & Youth
306986	Tararua Health Group Ltd	Postnatal stay in Primary maternity Facility (Mother)	30-Sep-23	Women Children & Youth
338035	The Trust Tararua	Family Support Worker	30-Sep-23	Women Children & Youth
353880	THINK Hauora (Population Health)	Pacifika Maternal & Child Services - Community Support Worker / Navigator / Project Co-ordinator	30-Sep-23	Women Children & Youth
350932	Youth One Stop Shop	Counselling YOSS - Levin	30-Jun-23	Women Children & Youth
350932	Youth One Stop Shop	Counselling Services	30-Sep-23	Women Children & Youth
350932	Youth One Stop Shop	Social Work Services	30-Sep-23	Women Children & Youth
350932	Youth One Stop Shop	YOSS - Levin	30-Sep-23	Women Children & Youth
353880	Youth One Stop Shop	Youth Medical Health Services (YOSS)	30-Sep-23	Women Children & Youth

Appendix Three

SERVICE LINES FOR SIGNIFICANT CHANGES					
ContractID	ontractSub	ProviderName	PurchaseUnitDescription	ServiceEndDate	Cluster
344841	8	Queen Elizabeth Hospital	Rheumatology - Inpatients-Week-Days	30-Sep-21	Acute & Elective Specialist Services
344841	8	Queen Elizabeth Hospital	Rheumatology - Day Patients No Accommodation	30-Sep-21	Acute & Elective Specialist Services
344841	8	Queen Elizabeth Hospital	Rheumatology - Inpatients Follow up Appointment	30-Sep-21	Acute & Elective Specialist Services
344841	8	Queen Elizabeth Hospital	Rheumatology - Inpatients Weekend Days	30-Sep-21	Acute & Elective Specialist Services
344841	8	Queen Elizabeth Hospital	Rheumatology - Outpatients First Appointment	30-Sep-21	Acute & Elective Specialist Services
353880	19	THINK Hauora	Falls Prevention Initiatives	30-Jun-21	Health Ageing & Rehabilitation
353880	17	THINK Hauora	Clinical Leadership & Coordination Service	30-Sep-21	Mental Health and Addictions
353880	17	THINK Hauora	PHO Clinical Leadership	30-Sep-21	Mental Health and Addictions
353880	17	THINK Hauora	Cultural Leadership - Maori	30-Sep-21	Mental Health and Addictions
353880	17	THINK Hauora	Implementation Payment	30-Jun-21	Mental Health and Addictions
357201	9	MASH Trust	Collective Impact workforce Development	30-Sep-21	Mental Health and Addictions
357201	9	MASH Trust	Collective Impact Project Manager	30-Sep-21	Mental Health and Addictions
353880		THINK Hauora	Ora Konnect	30-Sep-21	Primary, Public & Community Health
339791	14	THINK Hauora	Long Term Conditions - Clinical Coordinator	30-Sep-21	Primary, Public & Community Health
339791	14	THINK Hauora	Long Term Conditions - Clinical Analyst	30-Sep-21	Primary, Public & Community Health
353880	17	THINK Hauora	Primary Care Clinical Directors	30-Sep-21	Primary, Public & Community Health
353880	17	THINK Hauora	Central Enrolment Programme	30-Sep-21	Primary, Public & Community Health
353880	19	THINK Hauora	Equipment	31-Aug-21	Primary, Public & Community Health
353880	21	THINK Hauora	Horowhenua Support Services	30-Jun-21	Primary, Public & Community Health
353880	17	THINK Hauora	Transition GP Visits	30-Jun-21	Women, Children and Youth
TRANSFER OF CONTRACTS					
339791		THINK Hauora	Long Term Conditions Nurse (1.8FTE)	Transfer	Transfer 1.8 FTE from PPC to to Pae Ora from Oct
353880		THINK Hauora	YOSS	Transfer	from October 1st 2021

Appendix Four

SERVICE SPECIFICATION

[ ] Services

1. Purpose

2. Expected outcomes and measures

3. Eligible Service Users

4. Roles and Responsibilities

5. Service Components

6. Remuneration

7. Data and reporting

8. Related resources

9. Review and Evaluation

10. Exit Plan / Transition

Information papers

28 September 2021

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Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

BOARD REPORT

For:

	Approval
	Endorsement
x	Noting

Key questions the Board should consider in reviewing this paper:

- Are Board members sufficiently informed by this paper about the current midwifery workforce issues?
- Are Board members sufficiently informed by this paper about the actions to address these issues?

To	Board
Author	Sarah Fenwick, Operations Executive, Te Uru Pā Harakeke Dr Jeff Brown, Clinical Executive, Te Uru Pā Harakeke Celina Eves, Executive Director of Nursing and Midwifery
Endorsed by	Kathryn Cook, Chief Executive
Date	10 September 2021
Subject	**Midwifery Workforce Report**

RECOMMENDATION

It is recommended that the Board:

- **note** the current midwifery workforce position
- **note** the key updates to the Midwifery Action Plan.

Strategic Alignment

This report is aligned primarily to MidCentral District Health Board's (MDHB) strategy.

1. PURPOSE

To provide the Board with an update on the agreed midwifery action plan.

2. BACKGROUND

As highlighted in previous papers, a shortage of midwives across New Zealand is affecting most District Health Boards (DHBs). Despite local, national and international recruitment campaigns, midwifery recruitment and retention remain a significant documented risk for MDHB (risk 830). The number of midwives being trained, the career opportunities locally, nationally and internationally, alongside increasing acuity and handover of care, mean that recruiting and retaining midwives is increasingly complex.

3. CLINICAL RISK

An action plan is in place to mitigate the clinical workforce risk. This is included as Appendix One and covers the following areas:

- Workforce recruitment
- Workforce retention
- Clinical safety
- Primary/secondary/obstetric interface
- Senior Midwifery/Leadership
- Communication.

Actions from an external Director of Midwifery's visit have been incorporated into the overarching action plan. The following narrative provides updates on all key areas since the last reporting period. Completed items are included in the action plan.

3.1 Workforce recruitment

Palmerston North Hospital's Maternity Unit has an established midwifery budget of 49.95 full time equivalent (FTE) (comprising 42.48 FTE core midwives and 7.47 FTE senior midwives), with an additional 8.89 midwifery FTE confirmed as part of the Care Capacity Demand Management (CCDM) programme. Since the previous reporting period, one midwife has commenced maternity leave. Significant long-term ACC leave which impacted the staffing position over previous reporting periods has now slightly improved at 1.8 FTE. The midwifery shortfall has been mitigated by 15.2 FTE nurses, resulting in an overall vacancy level of 6.38 FTE, an increase from the previous reporting period.

Local recruitment continues, with one Registered Midwife (0.8FTE) confirmed to commence in September 2021 and two new graduate applications received. An external recruitment company is engaged to recruit midwives internationally, however this has not been successful to date. All DHBs are struggling with international recruitment of midwives, impacted by the global pandemic travel restrictions. The new Nurse Consultant for recruitment and retention has commenced and will focus on midwifery recruitment, alongside nursing recruitment. A national coordinated online final year midwifery student job expo will take place on 20 September 2021, with MDHB participating to try and attract additional midwifery graduates for commencement in January 2022.

Key maternity leaders have met with Otago Polytechnic regarding their nursing to midwifery transition programme, which was approved in June 2021, however, will not commence until 2023 due to lack of funding to support development of the programme. This has been escalated within Otago Polytechnic, to the Ministry of Health (the Ministry) and to the chair of the national midwifery leaders, however there is no change at the current time. Auckland University of Technology has not yet had their transition programme approved, so it is highly unlikely that this course will commence in February 2022. This delay creates additional risk for midwifery recruitment and retention.

3.2 Workforce retention

The first retention payments to all permanently employed midwives were paid in June 2021, with the next payments scheduled for December 2021.

Eighteen midwives have expressed interest in internal professional supervision that commenced in July 2021. This will be evaluated over a six-month period.

The Ministry funded a 0.8 FTE Clinical Coach role, which will offer support to new graduates, return to practice midwives and midwives newly arrived from overseas. This has generated significant interest, with a number of applications received with interviews planned for late September.

3.3 Clinical safety

To ensure clinical safety, changes to operational hours at Te Papaioea Birthing Centre that commenced on 10 May 2021 remain in place. The changes have significantly reduced roster gaps at Palmerston North Hospital. This is evident in improved TrendCare data and reduced care deficit hours. Conversations with core staff indicate that they feel the change has improved clinical safety and supported their wellbeing at work. Regular situation updates to core and Lead Maternity Carer (LMC) staff reiterate MDHB's commitment to resuming a 24-hour service at the Birthing Centre when staffing permits.

In line with the midwifery action plan resulting from the Emma Farmer report, healthcare assistant, lactation consultant and administration hours have and continue to be increased to support the midwifery shortages. Nurses have now commenced in the Birthing Suite and these roles are receiving positive feedback.

One formal complaint has been received since the last reporting period. This was concerned with the process of taking blood from an infant. There were four completed maternity survey responses in August with two women 'very happy' with their birth experience and two women 'very happy' with their response to breastfeeding support. The low response rate is being assessed by the Consumer Liaison Coordinator, with a targeted approach planned in the coming months to ensure adequate response from Māori whānau. There have been no Severity Assessment Code (SAC) incidents concerning foetal or maternal sepsis since the last reporting period.

Te Uru Pā Harakeke business continuity plans were enacted as part of the COVID-19 national Alert Level Four in August. Significant planning, preparation and pathway development has been undertaken across maternity services to ensure safe service delivery across all aspects of the service.

3.4 Primary/Secondary and Obstetric Interface

A Ministry-led workshop was held for LMC staff in July 2021 regarding the upcoming changes in the primary service notice and referral guidelines. MDHB is committed to supporting LMC midwives who wish to extend their scope to include epidurals.

The local primary/secondary interface group has paused due to the recent COVID-19 national lockdown. Until this point the group was making good progress, meeting every four to six weeks with good representation including Māori consumer, core midwifery, LMC, Māori midwives and Obstetric staff. The launch of the new Maternity Clinical Information System in June 2021 should assist with primary/secondary communication.

3.5 Communications

Regular email communication continues with open staff forums still being held. The updated midwifery action plan (inclusive of the Emma Farmer actions) was last distributed to the team on 10 September 2021.

3.6 Senior Midwifery/Leadership

The decision document regarding the change proposal to strengthen midwifery leadership was released on 23 June 2021 and confirmed the following changes:

- The Director of Midwifery role moves to professional leadership only, to ensure clinical safety and quality is prioritised
- Two Midwife Managers (Charge Midwives – one primary and one secondary)
- 24-hour Clinical Midwife Manager (Associate Charge Midwife) cover for the Birthing Suite
- 24-hour Clinical Midwife Coordinator for the Maternity Ward
- Equity Lead.

Interviews for the Director of Midwifery position took place on 28 July 2021, with nominated representation from local Māori midwives, Māori core midwifery staff, the New Zealand College of Midwives and Pae Ora Paiaka Whaiora Hauora Māori. Presentations to staff occurred on 3 August 2021, with significant attendance. No appointment has been made.

Recruitment to the Midwife Manager posts was delayed whilst the Director of Midwifery recruitment process was underway. As no appointment has been made, these interviews will now progress, with dates scheduled for September 2021.

Despite a rolling advertisement for 24-hour Clinical Midwife Coordinators for the Maternity Ward, few applications have been received. Alternative strategies are being considered to ensure robust clinical safety on the Maternity Ward.

The Equity Lead role interviews scheduled for August 2021 were deferred due to the COVID-19 national Alert Level Four. Interviews have been rescheduled for September 2021.

4. CULTURE

Following a Request for Proposal (RFP) process, Francis Health was commissioned to support a programme of work to improve the culture across the maternity service. The team leading this work have extensive experience working in culture, leadership and organisational development. Following individual interviews with a wide breadth of the team, a whole of service representative steering group was established, with Pae Ora Paiaka Whaiora Hauora Māori supporting Te Uru Pā Harakeke with this work. Two workshops were held, exploring how the service can thrive and work cohesively, consistently and help others do the same across the service. A maternity culture survey was released in July 2021, with 41 percent of the team completing the survey. Feedback sessions and culture workshops planned for August 2021 were postponed, firstly due to industrial action and then due to the COVID-19 resurgence. A revised programme is planned to commence from 20 September 2021.

Appendix One: Midwifery Action Plan – June 2021

Key: Not Started | Completed | On Track | Overdue | High Risk

Action	Target Date	Owner	Update	Status
Recruitment				
Undergraduate Midwifery training and RN Bridging	August 2021	Director of Midwifery	Emma Farmer recommendation Executive Director Nursing & Midwifery and Operations Executive in discussions with AUT, and Otago now 2023, AUT course not yet approved	
Midwifery recruitment campaign running constantly on MDHB website, social media, Kiwi Health Jobs and SEEK	Ongoing	Director of Midwifery Operations Executive Operational Lead	Ongoing	
International recruitment via agency (Working In)	Ongoing	Operations Executive	MDHB has engaged with international recruitment company, 'Working In'	
Raise the profile of MDHB Midwifery nationally and locally: • New pamphlet and midwifery banner to be created • Senior midwives engage with undergraduate programme providers (bi-monthly meetings) and visiting students on location to promote MDHB midwifery • Midwifery presence at 'Sorted' Careers Expo Manawatu and 'Careers and Health' Day MDHB annually	Ongoing	Director of Midwifery/ Operational Lead	Meeting with Third Year students scheduled w/c 22 March 2021 to discuss incentives for core graduate employment. Letters sent to Graduates outlining what MDHB can offer. Attending the national virtual midwifery expo for all student midwives in September.	
Registered Nurse recruitment to Birthing Suite to complement midwives	Ongoing	Director of Midwifery/ Operational Lead	First 1.4 FTE now orientating February/March 2021 Further recruitment underway 17 May 0.9 FTE commencing in Sept 21	
Ongoing midwifery recruitment with casual and fixed term contract options/family friendly hours/flexible working.	Ongoing	Director of Midwifery/ Operational Lead	New increased interest and follow up processes now in place.	
Work with Otago or AUT to fund local wāhine Māori to become midwives	September 2021	Executive Director Nursing and Midwifery/Operations Executive	Emma Farmer recommendation Work in progress	

Retention				
Optimising training: offer training opportunities over and above minimal Midwifery Council requirements (funded by MEED)	Ongoing	Director of Midwifery Midwifery Educator	To reset educational and training to ensure mandated requirements	
24/7 Charge Midwife/Associate Charge Midwife to provide senior midwifery supervision, minimising clinical risk	Ongoing	Operations Executive	Consultation complete Leadership model to enhance clinical safety in development. Released April 2021.Recruitment underway	
RN appointments to stabilise workforce and minimise roster gaps on maternity ward and at Te Papaioea	Ongoing	Operational Lead	Near capacity recruitment of nurses directly related to skill mix	
Commitment to timely annual leave and rostering processes	Ongoing	Acting Charge Midwife	Difficulty allocating annual leave due to staffing levels	
Plan to increase pastoral care for staff by developing 'professional supervision'	October 2021	Operations Lead	First cohort of midwives are enrolled in Peer to Peer supervision training from October 2020 Ministry of Health jointly to recruit Clinical Coach	
MQSP Projects (Funded) Part of the MQSP Plan is to create different opportunities for midwives to enhanced career satisfaction and expose staff to other functions within midwifery and project manage specific projects.	Ongoing	Director of Midwifery Operations Lead	MQSP Coordinator facilitating the process Recruitment of new MQSP Co-ordinator due for completion in April 2021 New MQSP co-ordinator commenced in May 2021	
Case Review Midwife	March 2021	Director of Midwifery Operations Lead	Expression of interested to be send out in February 2021 Position to be advertised January 2021 Now a combined role with MQSP due to resignation Case review midwife commenced May 21	
Revised roster template initiative This initiative is to ensure that the roster first covers the after-hours shift and any midwifery shortages during the day can be covered with midwives in other roles.	Ongoing	Acting Charge Midwife Operations Lead	Roster to be published in accordance with the MECA Consultation with staff on an individual basis to accommodate as many requests as possible – ongoing communication required Roster to be released further in advance (six weekly)	

			Preferred site of work surveyed May 2021	
Escalation plan for 'no midwife on maternity ward'	June 2021	Director of Midwifery	The plan was published 2020 and is due for review June 2021	
Shift Coordinator training package rolling out to midwives (2019) and nurses (2020)	August 2021	Director of Midwifery	Completed in 2019, however needs refresh due to new staff	
Six-weekly union partnership meetings to be commenced	Ongoing	Director of Midwifery	Six-weekly meetings occurring with MERAS and NZNO commenced 24 June 2019	
Midwifery workforce meeting	Ongoing	Operations Executive	Commenced January 2021	
Antenatal Clinic midwife to move to Birthing Suite Monday-Thursday mornings to support Antenatal Day Unit (ADU) patients. This will support acuity on Birthing Suite. RM has resigned from this position	September 2020	Operations Executive Executive Director of Midwifery	Antenatal day unit now operating from Birthing Unit, new person now in post June 2021	
Ensure staff are paid overtime in line with MECA if work without break or beyond hours	June 2021	Charge Midwives Operations Lead	Process in place for claiming overtime. All problems reported to ops lead Emma Farmer recommendation	
Complete survey re where staff would prefer to work	June 2021	Operations Lead	Survey released to staff May 2021 Emma Farmer recommendation	
Primary/Secondary interface				
Engage with LMCs regarding primary/secondary interface	Ongoing	Executive Director of Nursing & Midwifery Medical Lead	All access agreement applications to include discussion with Executive Director of Nursing and Midwifery.	
Develop procedure/policy regarding primary/secondary interface	Ongoing	Executive Director Nursing and Midwifery Lead Maternity Carer Medical Lead	Being worked on as part of primary secondary interface working group	
Regular LMC Forums	July 2021	Operations Executive	Emma Farmer recommendation Discussion with regional chairs re how to progress with recommendation and implement regular LMC forums	
Meet with Medical Lead to discuss differing medical opinions and not complying with policy	Ongoing	Operation Executive Medical Lead	Meeting held. Medical lead to discuss with staff to encourage three-way conversations with LMCs with transfer of	

			care. Work ongoing to update guidelines and policies	
Establish improved communication between antenatal clinic and LMCs	August 2021	Executive Director Nursing and Midwifery Operations Executive	Emma Farmer recommendation Discussions held with Medical Lead- discussions occurring through primary secondary interface work	
Continue to source alternative location for antenatal clinic	May 2021	Operations Executive Director of Midwifery	Emma Farmer recommendation Urgent requirement to relocate antenatal clinic to ensure GDU opening. Continuing to try and source alternative location to current option, however no other option available at current time.	
Clinical Safety				
Revisit option for on-call senior midwife at weekends	February 2021	Director of Midwifery	Following leadership recruitment consider on call into employment of senior positions for escalation process	
CCDM process to be completed	June 2021	Director of Midwifery	Complete June 2021	
Ensure use of MEWS charts/education	July 2021	Acting Charge Midwife	Educator to commence work to strengthen the use of MEWS in July 2021	
Consider options for on call senior Midwives to enhance clinical safety	June 2021	Operations Executive Executive Director of Midwifery	Discussions commenced with HR, not possible at current time due to lack of senior staff	
Ensure a suitably trained senior midwife work on the Maternity Ward at all times	August 2021	Operations Executive Executive Director of Midwifery	Temporary clinical coordinator in place mornings, increase to 24 hours a day	
Educator to work clinically to educate nurses and midwives	Ongoing	Executive Director Nursing and Midwifery	Increased presence	
Discuss with Director of Midwifery and Medical Lead re impact of c section on Friday	Ongoing	Operations Executive	Theatre structure and low risk features of this cohort rationalise Friday as most appropriate allocation Keep under review	
Introduce low-risk caesarean wellness focus to mobilise early and discharge early	April 2021	Director of Midwifery	Initiated early mobilisation and TROC	
Ensure adequate supervision for mother and babies post caesarean	March 2021	Director of Midwifery	Confirmed now in place	

Ensure roster compliance/no roster gaps or breaches	Ongoing	Director of Midwifery Acting Charge Midwives	On track however due to staffing levels roster gaps continue to exist at time of release	
Roster to be reviewed by Director of Midwifery before release	Ongoing	*Director of Midwifery* Operations Lead	Ongoing	
Ensure all team members have had training in clinical coordinator role	June 2021	Director of Midwifery Charge Midwives Acting Charge Midwives	Current staff turnover resulting in newest recruits not yet trained for afterhours role. Develop education and training for an afterhours role	
Increase HCA support midwives during staffing shortage	June 2021	Director of Midwifery Operational Lead	Emma Farmer recommendation In progress plan to increase to 2 per shift	
Increase lactation support	June 2021	Director of Midwifery Operational Lead	Emma Farmer recommendation in progress plan to increase to 12 hours per day by June 2021	
Increase ward clerk support	June 2021	Director of Midwifery Operational Lead	Emma Farmer recommendation in progress plan to increase to 12 hours per day June 2021	

Senior Midwifery				
Senior midwives to release time from roles to work on floor as and when required	Ongoing	Director of Midwifery	Ongoing to the detriment of quality and operations. Resignations so far not recruited to leave gaps in these roles with limited options to fill clinical shifts	
Leadership development and support for Senior Midwifery team	May 2021	Operations Executive Executive Director Nursing and Midwifery	Francis Health work to commence March 2021 Initial meeting held 23 May 2021	
Implement pulse checks (staff morale)	June 2021	Operations Executive Executive Director Nursing and Midwifery	Await Francis Health work	
Retrain staff re speaking up for safety	September 2021	Director of Midwifery	To be completed September 2021	

ACM development programme to compliment leadership styles	June 2021	Operations Executive Operational Lead	Francis Health work to commence March 2021	
Communications				
Staff forums	Ongoing	Operations Executive Executive Director Nursing and Midwifery	Weekly for two months - week commencing 8 March 2021 Limited engagement from staff Monthly meetings commencing May-21	
Staff meetings	Ongoing	Director of Midwifery Charge Midwife	Sarah Fenwick and Celina Eves invited. (Monthly staff appreciation award initiated) Work in conjunction with organisational awards and recognition scheme	
Regular written communication from management team	Ongoing	Operations Executive Executive Director Nursing and Midwifery	Continues as indicated	
Action plan made available	Ongoing	Operations Executive Executive Director Nursing and Midwifery	Made available on both wards Added to Te Uru Pā Harakeke SharePoint page Available to LMC colleagues	
To improve culture across Maternity Services		Operations Executive Clinical Executive Director of Nursing/Midwifery	Work with Francis Health on track	

Completed				
Recruitment				
Support for midwives to return to practice: • Midwifery Council fees paid, and APC paid • Up to 12 weeks paid supernumerary support across variety of clinical areas	August 2020	Director of Midwifery	Social media campaign on going. **Recruited to this far:** 3 x RM - Return to practice support	

• 20 hours Professional Support to help navigate the Midwifery Council process			Return to Practice open day, conjunction with nursing, was held on 10 October 2020. Continued interest with support offered to continue from Cheryl Benn.	
Reapply for the Ministry of Health Voluntary Bonding Scheme	December 2019	Planning and Integration Lead	Bond approved by Ministry of Health January 2020	
Transfer of Te Papaioea to MDHB management April 2020, offering midwives the opportunity to work across both primary and secondary areas as an employed midwife	April 2020	Planning and Integration Lead / Operations Executive	Complete May 2021, decision made to staff Te Papaioea Birthing Unit between 8am-4pm and remaining staff deployed to PN site due to staffing shortages.	
Refresh graduate programme to offer rotation to primary birthing and extend into other areas: clinic/community	January 2020	Planning and Integration Lead	Complete	
Fixed term (6-12 month) 0.4 contracts advertised in an effort to attract those midwives who cannot currently commit to 0.6 minimum	September 2020	Director of Midwifery	Recruited to: 1 x existing staff member 1 x additional RTP staff member (note this initiative has resulted in a loss of 0.8FTE)	
Expression of Interest for midwives to work 'Family Friendly hours' as an extra (Part timers, Maternity leave, LMCs)	August 2020	Planning and Integration Lead	Advertised through social media and email 17 August 2020	
CCDM				
TrendCare optimisation to prepare for CCDM calculations Midwifery FTE increase gained August 2019 to maintain service quality and safety (as per TrendCare report 18/19 released August 2019)	August 2019	Director of Midwifery	Completed to CCDM Governance?? June 2021 Unable to fully recruit to extra midwifery FTE, so RNs temporarily	

			appointed to midwifery FTE on maternity ward. (note this was also an Emma Farmer recommendation)	
Retention				
Retention incentive consideration	May 2021	Operations Executive	Initial conversations agreed initial retention payment for all midwives pro rata. Retention payments announced to midwifery staff, payment to occur in June 2021. Additional payment for increase to FTE. (note this was also an Emma Farmer recommendation)	
Twelve weeks supernumerary orientation for each new graduate midwife employed	Ongoing	Director of Midwifery	Ongoing and in-place	
Instituted 12 hour shifts as a choice as part of a composite eight- and 12-hour roster	Ongoing	Director of Midwifery	In place and this can change each roster	
Direction and Delegation Policy updated with input from Unions and Midwifery Council	May 2021	Director of Midwifery	Completed	
"Sole midwife" payment instituted by Midwifery Director this month	Ongoing	Director of Midwifery	Additional duties payment for any shift worked as sole Midwife on Maternity	
Community Midwifery team has been reconfigured to be case loading to improve experience for the women and job satisfaction for the midwife	August 2020	Operations Executive / Director of Midwifery	Completed with further initiatives planned.	

Dedicated Antenatal Day Unit (ADU) midwife	July 2021	Director of Midwifery	Antenatal Day Unit rostered Monday to Friday from 9:00am to 4:00 pm	
Primary/Secondary interface				
Liaise with the other DHB's regarding LMC relationships/communications etc	February 2021	Operations Executive / Executive Director Nursing and Midwifery / Director of Midwifery	Celina working with DOMs nationally.	
Medical Interface				
Advise staff to discuss with Medical Lead if any further concerns regarding compliance.	February 2021	Director of Midwifery	Staff notified	
Clinical Safety				
Utilise return to work midwife to complement Charge Midwife with upskilling maternity staff	February 2021	Director of Midwifery	Unable to progress RTW New 6-month project role initiated to support Nursing professionals – recruitment underway Clinical shift co-ordinators placed on Maternity 6 AM shifts per week on maternity	
Project regarding term baby clinical care delivery	February 2021	Associate Director of Nursing	Recruitment process for temporary post to be commenced March 2021 Commences 17th May 2021	
Work to release a member of staff from neonates to upskill team in clinical care of babies	February 2021	Associate Director of Nursing / Operations Executive	Off track due to staffing levels in neonates Recruitment of clinical specialty nurse currently underway – completed May 2021	

Consider structure of Induction bookings with no day 1 IOL on Fridays but adding low risk IOL to Sunday – discuss with Medical Lead	February 2021	Director of Midwifery	Agreed and actioned	
Senior Midwifery				
Consideration of leadership roles required to support a clinically safe and effect service	April 2021	Operations Executive / Executive Director Nursing and Midwifery / Director of Midwifery	Leadership paper and Job Descriptions sent out for consultation May 2021. Decision expected June 2021.	
Ensure ACM team are fully briefed on roster changes etc	February 2021	Director of Midwifery	Complete	
ACM attendance compliance at Senior Midwifery Meetings	February 2021	Director of Midwifery / Charge Midwives	Currently 100% attendance at fortnightly meetings increased from monthly	
No leave to be given on Friday to senior staff unless adequate cover in place	Ongoing	Operations Executive / Director of Midwifery	Complete	
Increase Associate Director of Midwifery Role to 1.0FTE	January 2021	Operations Executive	Complete	
Consult on Midwifery Director role	May 2021	Operations Executive / Executive Director Nursing and Midwifery	JD sent out for consultation in April/May 2021. Job out to recruit May 2021.	
Concern re-rostering				
Provide roster specific training	March 2021	Director of Midwifery	Referrals for ACM to access training and support from MERAS to support.	
Move roster to alternative person	January 2021	Director of Midwifery	First roster released to commence Feb 22	

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Are Board members sufficiently informed by this paper on the update of the current nursing workforce issues?
- Are Board members sufficiently informed by this paper about the actions to address these issues?

To	Board
Author	Celina Eves, Executive Director of Nursing and Midwifery
Endorsed by	Kathryn Cook, Chief Executive
Date	27 August 2021
Subject	**Nursing Workforce Report**

RECOMMENDATION

It is recommended that the Board:

- **note** the Nursing Workforce Report.

Strategic Alignment

This report is aligned primarily to MidCentral District Health Board's (MDHB) strategy.

1. PURPOSE

To provide the Board with an update regarding the nursing workforce issues raised at the April 2021 Board meeting.

2. BACKGROUND

As highlighted in previous reports, the ageing population, increasing complexity of individual health needs, workforce shortages and recruitment challenges continue to put pressure on the DHB's ability to meet safe staffing expectations and needs. July and August 2021 have continued to be challenging for nursing with high patient acuity, Respiratory Syncytial Virus (RSV) and Norovirus in the community, high unplanned staff leave, a hospital working at full capacity and the COVID-19 resurgence which required the nursing teams to be agile and move to a state of readiness.

3. CLINICAL RISK

An action plan is in place to mitigate the clinical workforce risk. This is included in Appendix One and covers the following areas:

- Workforce recruitment
- Workforce retention
- Clinical safety
- Professional support
- Staff wellbeing.

The following narrative provides updates on all key areas since the last reporting period.

3.1 Workforce recruitment

MidCentral District Health Board (MDHB) has an established nursing budget of 926.9 full time equivalent (FTE) nurses (June 2021). The workforce has 30.68 vacancies (July 2021) which will increase with the implementation of Care Capacity Demand Management (CCDM). The CCDM implementation self-assessment has been completed. The Safe Staffing Healthy Workplaces Unit (SSHW) will use this assessment to confirm that MDHB has fully implemented the CCDM programme. Due to the COVID-19 resurgence, the SSHW unit will undertake their assessment virtually in September or October.

Mental Health and Addiction Services and Maternity Services continue to experience recruitment challenges. To address this, management has engaged with local providers, international recruiters and is reviewing new graduate intakes. The key recruitment challenges are the unavailability and pipeline of nurses and midwives to recruit. Immigration issues are very real across the country for incoming healthcare professionals. MDHB has had very few nurses held up by the work visa process and these have been resolved quickly by the Human Resources team.

The COVID-19 pandemic put nurses, midwives, kaiāwhina and kaimahi hauora in the forefront of the public eye. The Nursing Council of New Zealand (NCNZ) issued more than 400 interim practising certificates in 2020 to nurses returning to practice to assist in the COVID-19 pandemic response and received 2000 more enquiries. Last year, MDHB ran a Return to Practice information day that saw 40 experienced nurses and midwives attend. Twelve nurses and two midwives successfully undertook the programme. We are planning on repeating this information day in November 2021. MDHB's Hokinga mai ki te Tāpuhitanga Returning to Nursing Practice has been accredited by NCNZ.

3.2 Workforce retention

The overarching aim is that the DHB's workforce will be reflective of its community demographics, sustainable, highly qualified, appropriately credentialled and culturally responsive to the changing needs of the communities. The Nurse Consultant for Recruitment and Retention has commenced work with all the nursing teams.

Turnover	March 2021	July 2021
Nursing	8.4%	8.1% ↓
Midwifery	13.3%	8.3% ↓

3.3 Clinical safety

The CCDM Core Data set (July 2021) (Appendix Two) measures quality patient care, quality work environment and best use of health resources. The data reinforces the need for increased nursing FTE and full implementation of CCDM.

There were 254 patient incidents reported, a decrease of 15 percent from June 2021. A patient incident is any event that could have or did cause harm to a patient. Patient incidents are an indicator of the quality of care provided to patients, the quality of the work environment and staffing. Lower nursing staff levels are associated with increased patient mortality, failure to rescue, medication errors, falls and missed care.

Thirty percent of shifts were below target, with the difference in care hours provided and care hours required greater than 8.5 percent or 40 minutes per FTE. This was reflected in over 400 incidences of care rationing.

Care rationing impacts on the quality of care provided to patients, the patient experience and staff satisfaction/engagement. Lower levels of staffing are associated with missed care and failure to rescue. Care rationing impacts on nurse satisfaction and causes moral distress.

Ward bed utilisation was 100 to 130 percent in 10 clinical service areas. Bed utilisation is more sensitive to nursing workload than occupancy because it counts all admissions, discharges and transfers. The process of admitting or discharging a patient requires nursing hours in addition to those hours required to care for a patient already occupying a bed. Increasing patient turnover is associated with diminishing nursing hours and failure to rescue.

Staff unplanned leave increased by nine percent this month. Sick leave is one indicator of the health of the workplace – burnout and job stress increase staff absenteeism due to sickness.

Eight clinical areas noted five or more staff incidents, with the highest being in Ward 21 (N=14), and Ward 29 (N=12). A staff incident is any event that is reported and could have or did cause harm to a staff member and includes accidents, needle sticks, back injuries, slips and verbal abuse. Staff incidents are more likely to occur when staff are under time pressure, tired or inexperienced or in the presence of increased workplace hazards (hours, complexity and workload).

The three Professional Leads continue to work on the correct staff skill mix across the DHB, with project management support, within the Sustainability Plan. The project team has completed its scoping and scheduling work and the entire workforce will be reviewed by the end of June 2022. The review of medicine was temporarily halted due to the COVID-19 resurgence.

3.4 **Professional support**

During August most face-to-face education was cancelled and an education recovery plan established to get staff back on track with core training requirements. Capital funding was approved for the 'Better Life Support: High-Fidelity Patient Safety Simulation Programme'. This will assist Education Recovery Planning, providing an innovative solution to training in resuscitation and patient deterioration across hospital and community-based health care teams.

Training will be brought into the actual clinical environment where patient care occurs. The process is structured whereby participants learn through using a scenario (case study) with a high-fidelity patient mannequin that demonstrates realistic physiological responses to a clinical situation. This creates realism as the learner is in a familiar setting and is practicing with multidisciplinary participants who would normally work in that clinical setting. The purchase of the high-fidelity training equipment is being combined with a strategic multi-disciplinary project plan to ensure its effective use towards quality and safety for patients. Project support has been sourced and commences in September.

3.5 **Staff wellbeing**

From the MDHB staff engagement survey of 2020, nursing identified three key actions of **leadership**, **connectedness** with communication that is positive and respectful, and **supporting at work**, where nurses can work within a blame-free culture and feel confident at work. Several measures are being put in place and these actions are discussed regularly at key weekly and monthly meetings within MDHB's nursing shared governance model.

3.5.1 Leadership

The Transformational Leadership Programme and Nightingale Challenge for emerging nurse and midwifery leaders was deferred again in August due to COVID-19 alert levels and industrial action.

The Health Workforce Roadshow that would have seen tertiary providers on site on 25 August 2021 to provide career pathways advice to new and existing post graduate nursing students across the rohe, was also cancelled. The MDHB Health Workforce website has been revised and tertiary provider videos uploaded. This will enable staff to identify each provider's programmes.

During Alert Levels 3 and 4, tertiary providers withdrew students from placement. Agreements have been made with clinical areas to increase student numbers to enable Transition to Practice (final placement) nurses to attain the required clinical hours to sit state final exams. In 2022, second year nursing students will also require additional hours and a recovery plan is being developed.

3.5.2 *Connectedness*

Leadership, communication and visibility has been further strengthened this month, with all senior nurses working hard to support their teams. Fourteen Nurse Educators responded to the call to support COVID-19 contact tracing, in partnership with the Public Health Team. A number of nurses have volunteered and six have now gone to support Managed Isolation and Quarantine facilities and Intensive Care Units in Auckland.

3.5.3 *Supporting at work*

In 2020 Pae Ora Paiaka Whaiora Māori Health Directorate, in partnership with Ngā Manu Teka Practice Development, appointed Bonnie Matehaere to the position of Nurse Educator Māori. Bonnie has a broad range of knowledge in Te Ao Māori and Tikanga Māori and her passion lies with whānau and hauora Māori. She provides leadership and education in cultural and clinical best practice alongside Pae Ora Paiaka Whaiora Tikanga and Cultural Facilitators and Pae Ora Whānau Care Team. Together they support the use of bicultural practice models, Māori health models and achievement of Māori health strategies.

Bonnie also supports and advocates for tauira and Māori nurses to identify opportunities for growth and development while upholding and role modelling Te Tiriti o Waitangi in practice.

In August, at a dinner in parliament, Bonnie was presented with Te Runanga o Aotearoa Service Award for her outstanding service to nursing.

Appendix One
Nursing Workforce Action Plan – August 2021

Not Started	Completed	On Track	Overdue	High Risk

	Target Date	Owner	Update	Status
Recruitment				
Deep dive work on FTE establishment, initially targeting MH&A (Ward 21) and HAR (OPAL)	Completed	Darryl Ratana Scott Ambridge Operational Executives	Work continues, gaining a better understanding of FTE figures, including clarity on headcount, overtime, penal rates, call backs and on call. This work is reported to the Board within each directorates' finance reports.	
Complete establishment FTE by directorate.	August	Darryl Ratana Scott Ambridge	CCDM FTE calcs completed for Ward 28/CCU and Maternity to go CCDM council in September.	
Make any relevant CCDM adjustments for 21/22 budget.	Completed	Darryl Ratana Scott Ambridge		
Include specialling in baseline budgets in high use areas. i.e., Ward 21, OPAL, Ward 26.	Ongoing	Darryl Ratana Scott Ambridge	Awaiting ward 21 and OPAL CCDM FTE calculations.	
Review long term vacancies	Ongoing	Darryl Ratana Professional Leads Operations Executives People and Culture GM Q& I		
Ensure all Māori and Pacifica are shortlisted and recruited to vacant positions.	Ongoing	EDNM ADoNs People and Culture Senior Nurse leads Senior Midwife leads	Ensure equity within recruitment of Māori and Pacifica nurses into the workforce.	
Ensure all new graduate nurses are supported through the recruitment process especially Māori and Pacifica students.	Ongoing	ADON Education NE NETP	NETP/NESP Māori and Pacifica nurses prioritised for interview. Nurse Educator Māori supports candidates with interview preparation. Six Māori nurses appointed this month.	

Establish nursing post to oversee nursing recruitment (Senior Nurse / Nurse Consultant).	June 2021	EDNM People and Culture Nurse Consultant Clinical Executives	Recruited and appointed. Confirmed positions are not being held.	
Review current recruitment process (current 12 weeks) – remove duplication, increase flexibility.	Due September 2021	People and Culture Nurse Consultant	Improve timeliness of recruitment process.	
Review orientation & onboarding processes.	Due September 2021	People and Culture Nurse Consultant	Consider establishment of nursing recruitment office, workforce unit, centralised roster.	
Nursing Bureau and nursing centralised roster.	Due October 2021	Nurse Consultant IOC Lead IOC Team	Consider establishment of nursing recruitment office, workforce unit, centralised roster.	
Review current arrangements for nursing bureau	August/September 2021	Nurse Consultant IOC Lead ADONs N&M Leadership	Review proposed model and FTE allocation. Review onboarding process for bureau staff and Duty Calls staff.	
Retention				
Optimising training: offer external training opportunities funded by NEED, HWNZ and Medical Trust	Ongoing	ADON Education NEED Committee Education & Practice Council	Funds fully utilised in 2021. Expression of Interest released in September for 2022 HWNZ funding applications.	
New Manager training programme developed and rolling out in 2022	Ongoing	ADON Education OD Business Partner	In progress: working group established.	
Six-weekly union partnership meetings to be commenced	Ongoing	EDNM People and Culture	Six-weekly meetings occurring/BAG.	
Clinical Safety				
CCDM process to be completed	December 2021	EDNM CCDM Governance Group	On track.	
Clinical Nurse Educator support for all nurses: expand nursing educational team	July 2021	EDNM ADON Education	Business case developed for 21/22 year – shared with Ops Execs.	
Confirm educational components in each clinical area.	August 2021	ADON Education	Essentials Skills revision with Education and Practice Council	

Professional				
Confirm delineation of professional roles – operational v professional.	Ongoing	EDNM Clinical Executives	Clarify roles and responsibilities for professional accountability.	
Senior nurses advanced practice plan	Ongoing	EDNM Clinical Executives	Ensure Professional Leads are holding Ops Execs to account for delivering workforce needs.	
Consider other roles working at top of scope – HCAs and Enrolled Nurses (career progression).	Ongoing	EDNM ADON Education	Improve use of enrolled nurses and HCA's; discussions held with UCOL re ENs.	
Staff Wellbeing				
Review current quarterly plans – top three priority areas identified in staff survey.	September 2021	EDNM GM People and Culture OD Business Partner		
Pilot in place for Bradford scoring for monitoring/assessing staff absence.	Pilot commenced	GM People and Culture		
Commitment to timely annual leave and rostering processes	Ongoing	EDNM ADONs Operations Leads Charge Nurses	Difficulty allocating annual leave due to staffing levels.	
Increase support for staff through access to Supervision, peer-to-peer Coaching & cultural supervision	Ongoing	ADON Education Supervision Project Group	Stock take training and access to/uptake of supervision and coaching. Working group established to progress.	

Appendix Two – CCDM Dashboard July 2021

Quality Patient Care

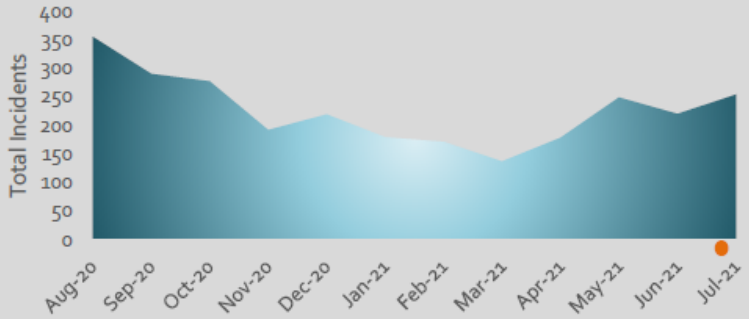
CCDM Core Data Set for July 2021

Total Patient Incidents

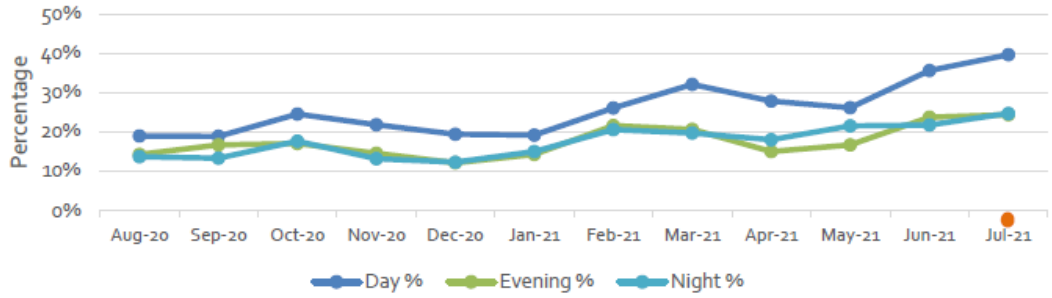
254 Incidents

15% Increase From Last Month

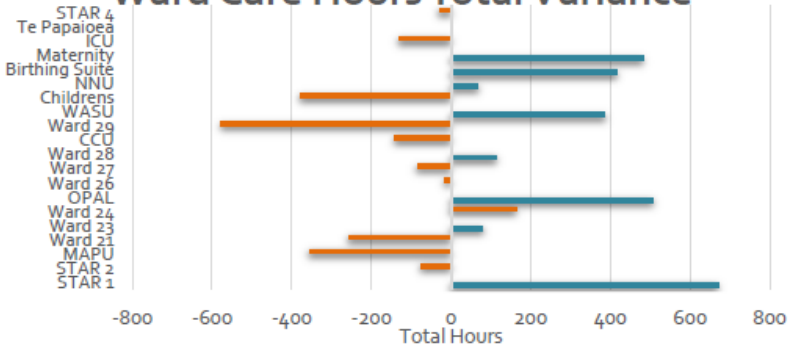
Total Patient Incidents Trending



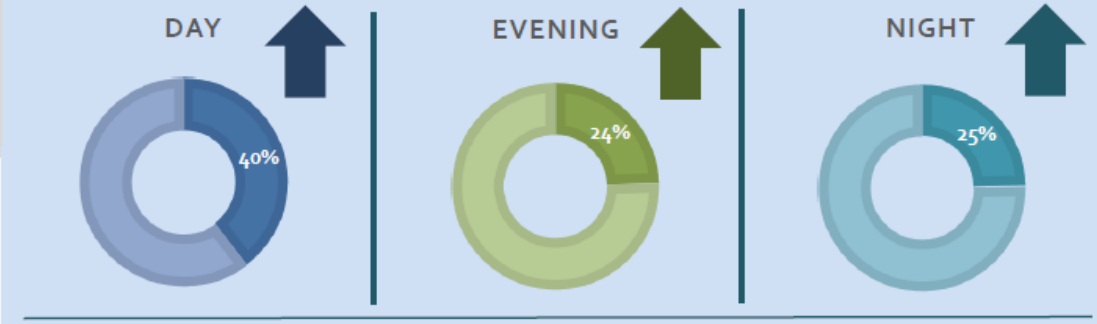
Hospital Shifts Below Target Trending



Ward Care Hours Total Variance



Total Shifts Below Target



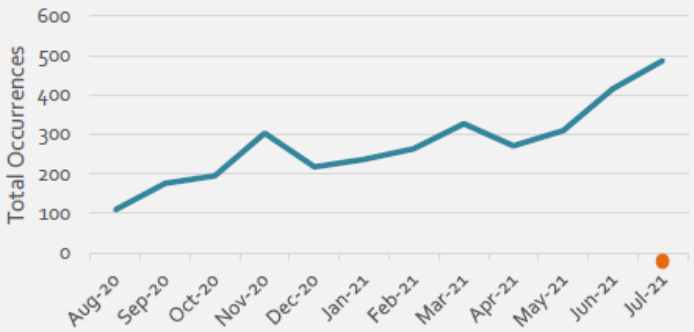
Shifts below target is the percentage of shifts by AM, PM, Night where the difference in the care hours provided and the care hours required was greater than 8.5% (or 40 minutes per FTE)

Total Shifts Below Target:

30%

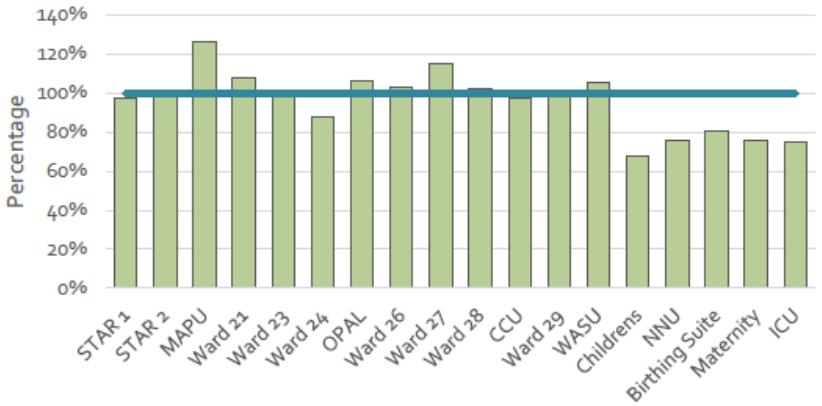
Quality Patient Care

Anticipated Care Rationing Occurrences Trending



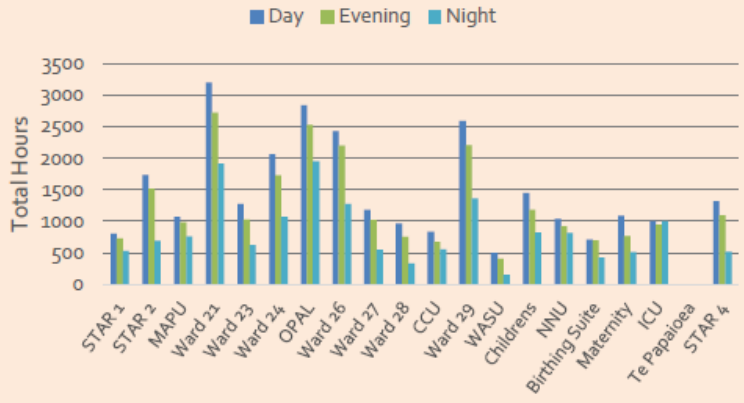
All care that was missed, delayed, sub optimally delivered or inappropriately delegated, as reported by staff. Also defined as 'care left undone' due to lack of time, material resource, poor communication or teamwork.

Ward Bed Utilisation



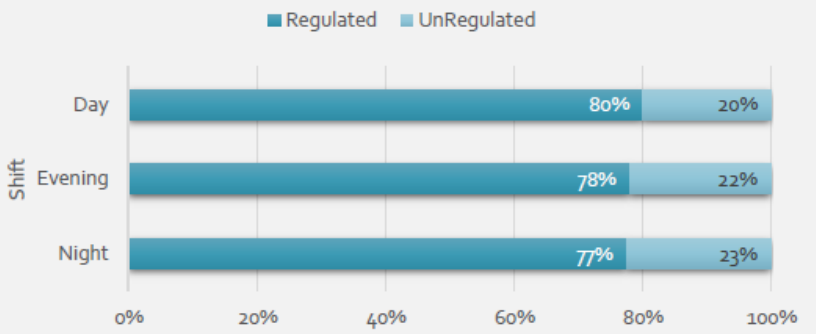
Bed utilisation reflects the throughput of patients during a calendar day – accounting for all discharges, deceased patients, admissions and transfers for the shift on which the patient received care.

Ward Total Patient Acuity



Patient acuity is the patient's level of dependence on nursing staff due to their care requirements. This is described as nursing hours required by patient acuity.

Staff Mix



The number of regulated staff (RN, RM and EN) that worked, compared with all staff that worked expressed as a percentage for AM, PM and N

Quality Work Environ-ment

CCDM Core Data Set for July 2021

Unplanned Leave

8125.7

Total Hours

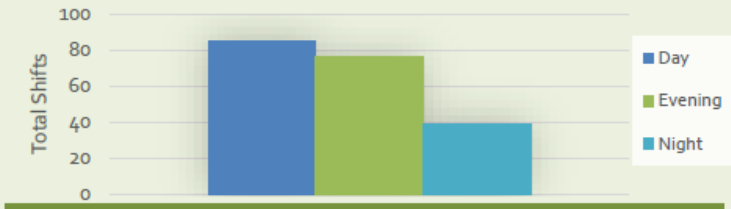
9%

Percentage

From Last Month

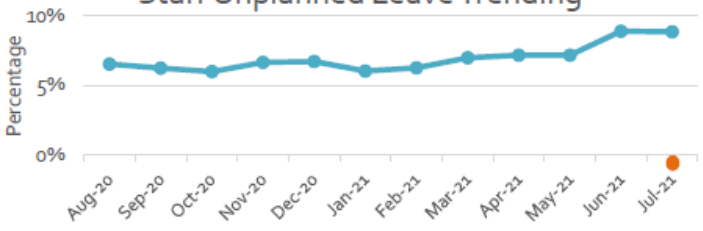
The total unplanned or short notice leave hours taken by staff e.g. sick, domestic, bereavement, ACC. This includes sick leave hours paid, unpaid or paid as annual leave. Includes staff on permanent contracts only.

Roster Gaps

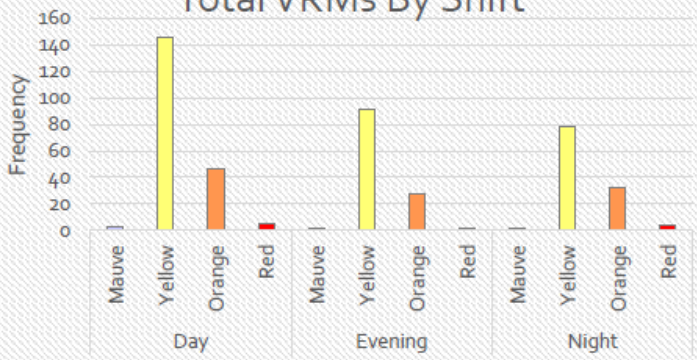


Roster gaps are the degree to which the posted/planned roster matches the roster model.

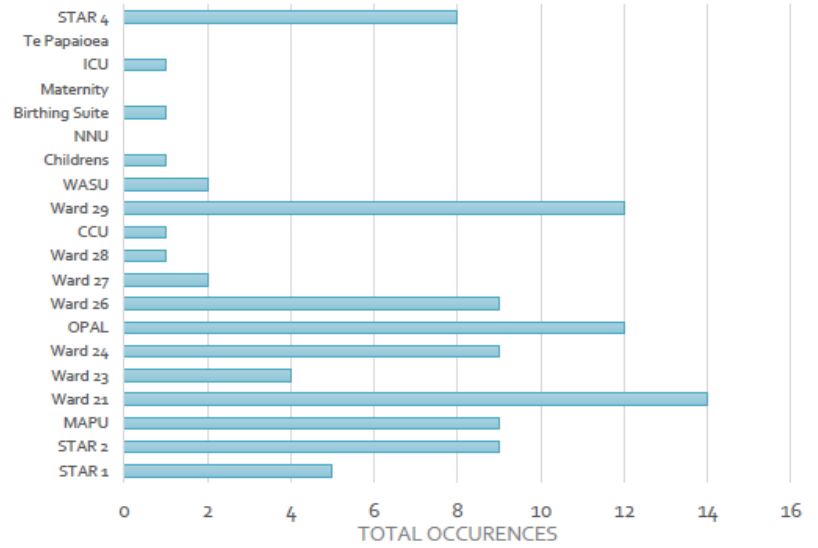
Staff Unplanned Leave Trending



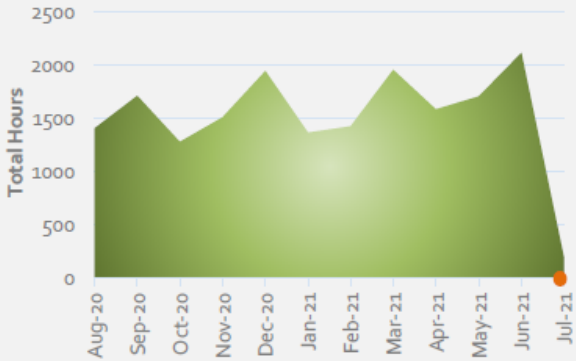
Total VRMs By Shift



Total Staff Incidents



Total Staff Overtime



Overtime includes any extra paid hours that a nurse is required to work beyond their contracted hours at either end of their shift.

Total Professional Development Hours for the Month

697

Best Use of Health Resources

CCDM Core Data Set for July 2021

Staff Hours

4,128

Total Casual Staff Hours

4%

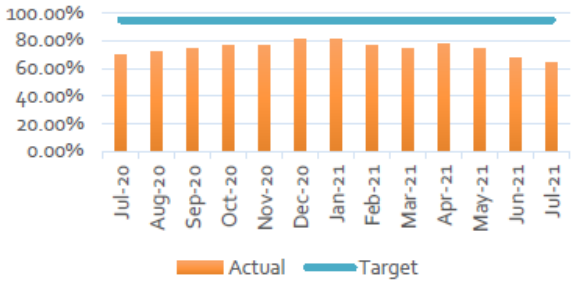
Casual Staff Percentage

91,795

Total Nursing Staff Hours

The total hours includes all productive (clinical and other productive hours) and non-productive (annual, sick, bereavement) hours .

ED Length of Stay Percentage



The ED Length of Stay Target is the 'Shorter Stays in Emergency Department (ED)' i.e. Patients admitted, discharged, or transferred from the ED within six hours. The target is 95%.

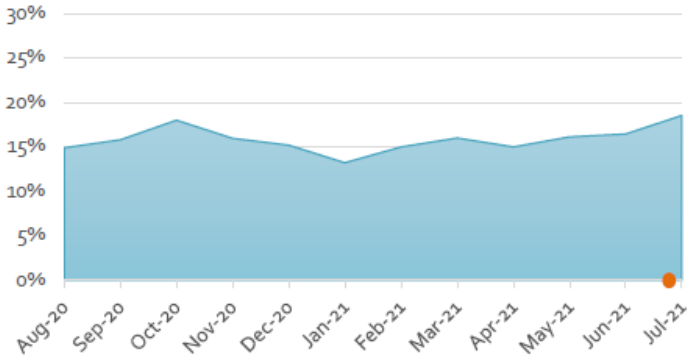
19%

Percentage of Discharges Before 11am

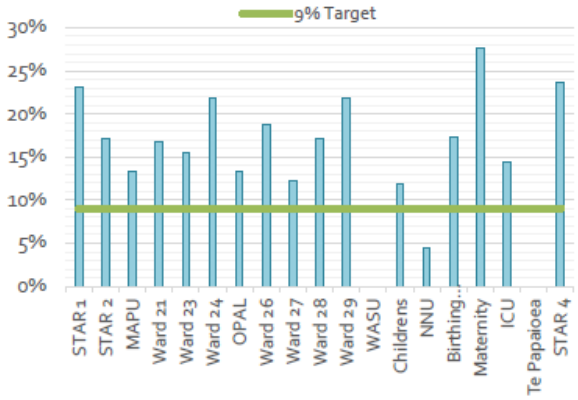
388

Total Number of Patients Discharged Before 11am

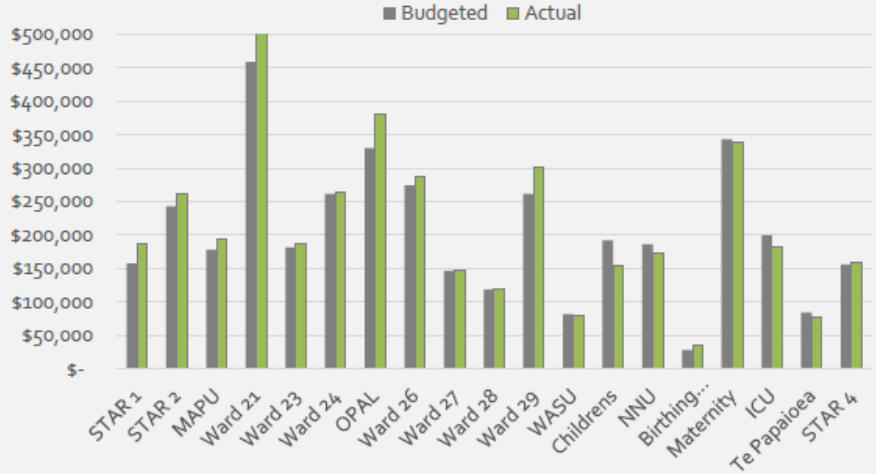
Wards Percentage of Discharges Before 11am Trending



Excess Accrued Leave



Personnel Costs By Ward



BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the report explain why an honorarium cannot be paid to Consumer or Clinical Council members?

To	Board
Author	Margaret Bell, Board Secretary
Endorsed by	Judith Catherwood, General Manager, Quality and Innovation
Date	30 August 2021
Subject	**Payments to Consumer Council Members**

RECOMMENDATION

It is recommended that the Board:

- **note** the Cabinet Fees Framework requirements for payments to members of MidCentral District Health Board's (MDHB) Consumer and Clinical Council.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler, 'Stewardship'.

1. PURPOSE

To explain the process for calculating fees payable to members of the MDHB's Consumer Council, using the Cabinet Fees Framework. This report is for the Board's information and no decision is required.

2. BACKGROUND

At the August meeting, Board members noted the significant amount of work carried out by the Consumer Council and some concern was expressed about the level of payment made to Council members. It was noted the Council had considered a different model of payment. Management agreed to provide a report on the process for calculating fees for Council members.

It should be noted that some Consumer Council members undertake other duties as consumer representatives on committees, steering or project groups. Their time spent on these activities is paid under the MDHB's Consumer Engagement and Payments Policy. These attract additional payments for representative work, ranging from $50 per hour to $150 per meeting.

3. CABINET FEES FRAMEWORK

3.1. Fees for bodies in which the Crown has an interest

The Cabinet Fees Framework (CFF) outlines the process for setting fees for members appointed to bodies in which the Crown has an interest. The Framework [CO (19) 1; updated 29 January 2020] covers all District Health Boards and their advisory committees.

The MDHB's Consumer and Clinical Council comes under Group Four of the CFF: All other Committees and Other Bodies (paras 120 to 128). This excerpt is included as Appendix One. The full CFF is available on the Cabinet Office website.

120 This category covers a vast array of bodies from advisory committees, to technical review committees to professional regulatory bodies. These bodies may have their functions described in statute, or alternatively have been established by a Minister under a general statutory power to establish advisory committees or by the Cabinet. In other cases, the bodies will have been established by chief executives or governance boards of agencies to provide advice on the agency's functions and responsibilities on a general basis or on specific areas or issues.

121 The level within this category are determined by:

- skills, knowledge and experience required for members;
- function, level and scope of authority;
- complexity of issues;
- public interest and profile.

These factors are then scored as outlined in paragraphs 122 to 125 of the CFF to determine a daily fees range for the Chair and Members.

3.1.1. Daily Rate

46 For Groups 1, 2 and 4 bodies, fee levels are generally expressed as a daily rate, as this works best for those bodies that have an unpredictable workload.

48 It is expected that a working day is about 8 hours, and the daily fee is calculated on this basis.

50 The daily fee applies to all work, including that performed outside of meetings (eg preparation, representing the board at other forums or administrative work) that is required for the body to carry out its role. All work that is required to be performed for the body by the member should be paid at the approved daily rate.

The total score for Clinical and Consumer Council members has been calculated at 'Between 15 and 19', or 'Level 3'. This means the daily fees for a Member would range from $205 to $395; and between $280 and $575 for a Chair.

3.2. Consumer Council meetings

These meetings usually last three and a-half hours, plus preparation time.

3.3. Clinical Council meetings

These meetings usually last two hours, plus preparation time.

4. CURRENT FEE CALCULATION

The Council Chair and Members are paid at the same rate as subcommittees of the Board (that is, the Health and Disability Advisory Committee and Finance, Risk and Audit Committee). These fees are calculated under Group 3A of the CFF – $312.50 for the Chair; $250.00 for Members. Payment is made for confirmed attendances.

5. COMPARISON OF RATES

A benchmarking exercise has been carried out on payments made by other District Health Boards. This shows that MDHB payments are above the average, as outlined in the following table.

	Current Payment	Other DHBs Range	CFF Half Daily Rate	CFF Daily Rate
Chair	$312.50	$250 to $312.50	$140 to $287.50	$280 to $575
Member	$250.00	$160 to $250	$102.50 to $197.50	$205 to $395

6. OTHER FEE PAYMENT METHODS

It is not possible to pay an honorarium to Council members without approval from the Minister for the Public Service (formerly known as the Minister of State Services), as explained in the CFF.

53 Other fee payment methods such as a base honorarium and/or a fee for additional services, or Crown bodies setting their own fees from a total pool, are regarded as exceptions to the Framework. If such fee payment methods are proposed, refer to section E. Early discussion with SSC is recommended.

Section E: Operating outside the parameters of the Framework/Exceptions to the Framework

129 Operating outside the parameters of the Framework includes situations where it is proposed to:

- Pay fees above the levels set in the fee scales;
- Increase existing fees by more than 5% (even within the applicable fee range);
- Use alternative methods for paying or setting fees (for example, payment of a base honorarium plus a fee for additional services, Crown bodies setting their own fees from a total pool, a full time fee);
- Make additional payments for work in excess of the ordinary demands on body members;
- Make additional payments to chairs of sub-committees.

130 Where Ministers, agencies or other fee-setting authorities believe there is a case to operate outside the parameters of the Framework (except where proposed fees are below the Framework fee ranges), they must consult with the Minister of State Services. Proposals to pay fees outside the parameters of the Framework range should first be discussed with the SSC.

Appendix One

Group 4: All Other Committees and Other Bodies

120 This category covers a vast array of bodies from advisory committees, to technical review committees to professional regulatory bodies. These bodies may have their functions described in statute, or alternatively have been established by a Minister under a general statutory power to establish advisory committees or by the Cabinet. In other cases, the bodies will have been established by chief executives or governance boards of agencies to provide advice on the agency's functions and responsibilities on a general basis or on specific areas or issues.

121 The level within this category are determined by:

- skills, knowledge and experience required for members;
- function, level and scope of authority;
- complexity of issues;
- public interest and profile.

Factors – choose one score from each of the following categories

122 Skills, knowledge and experience

Skills, knowledge and experience will vary between members on a particular body. The score below should reflect the level of skill required by the majority of members, and should not be based on any particular individual. This factor has a higher weighting than others, to reflect that it is the application of the skills, knowledge and experience in carrying out their responsibilities that is a major contributor to the successful operation of the committee or body.

Skills, knowledge and experience	Definition	Score
Pre–eminent	Outstanding and authoritative knowledge, recognised nationally and internationally for expertise in a particular field.	12
Distinguished	Deep and broad knowledge in a specific area or as a leader. Widely respected as a subject matter expert or authority in their field.	10
Substantive	Substantial range of knowledge and experience in a field or professional discipline sometimes associated with senior level functional or technical leadership, executive management or governance roles. May include widely respected people with broad community support.	8
Technical	A number of years' experience in a technical, professional field or in a leadership role is a pre-requisite.	6
Specialised experience	No specific experience is required but members would have broad general knowledge and may represent a body of opinion.	4

123 Function, level and scope of authority

Function, level and scope of authority	Score
Sets policy or work programme for a major area of economic activity or policy area of importance to the Government's strategic priorities.	6
Sets policy or work programme and/or exercises regulatory/disciplinary powers at an industry level.	5
Provides expert counsel and advice direct to Ministers, agency governance boards or CEOs and/or multi-agency task forces on technical or major policy issues, where issues are of strategic importance. At this level the body would be expected to be proactive in identifying emerging issues and contributing to policy direction and to inform the Government's agenda	4
Exercises regulatory/disciplinary powers at the individual/professional level. This will include the power to impose fines and suspend or prohibit professional practice by the individual. (NB: This would include an individual corporate member.)	3
Provides a broad range of advice on technical and/or policy issues (multi outputs) to an agency governance board/CEO or Minister where issues affect Government policy.	2
Provides ad hoc advice to an agency governance board/CEO or Minister on minor matters. Generally a limited focus at a single output level.	1

124 Complexity of issues

Complexity of issues	Definition	Score
Innovative	The development of new concepts is required to find innovative and pathfinding solutions. There will be little or no external guidance (NZ or internationally) to aid resolution of these issues.	5
Constructive	The development of new policy or advice is required where the issues are complex, multi- dimensional and involve substantial research, consideration of possible alternatives and their consequences. The body may commission research or utilise the findings to inform their policy development or advice.	4
Evaluative	Issues will include circumstances, facts and concepts different to those that have been experienced in the past. Analytical thinking and evaluative judgement will be required to identify realistic alternatives and apply/recommend a solution.	3
Judgement	Solutions will be found from application of professional or personal judgement and generally guided by previous decisions. Circumstances may be different from those previously experienced but there will be a sufficient frame of reference to make a considered decision/recommendation.	2
Operational	Issues to be resolved are generally within existing policy and prior decisions. Decisions can generally be made quickly and with reasonable certainty.	1

125 Public interest and profile

Public interest and profile	Score
Widespread public interest in outcomes would be expected. Member/s will attract strong media interest. Potential risk to personal and/or the body's reputation is high.	5
Strong public and stakeholder interest and importance would be associated with these issues. Media interest would also be expected, but potential risk to personal or the body's reputation is unlikely.	4
Moderate but widespread public interest is likely. Reputational risk is minimal.	3
Public interest is likely to be limited, but the issues would be of interest to other members of the particular profession or sector.	2
There is likely to be little or no wider public interest in the decisions.	1

Add the scores for each factor together to give a total score. Then refer to the guidance in section C and the table below for the ranges of fees payable for Group 4 bodies.

126 Group 4 – daily fees

Total Score	Level	Fees range – chair	Fees range - members
24-28	1	$540 - $1,150	$405 - $865
20-23	2	$390 - $885	$290 - $560
15-19	3	$280 - $575	$205 - $395
10-14	4	$250 - $365	$190 - $270
9 or less	5	$205 - $265	$150 - $205

Audit and Risk Committees - Government Departments

127 Most agencies have established audit and risk committees (or their equivalent). All or almost all of the chairs and members of these committees are external to the agency and they are generally not public sector employees. Due to the skill and expertise required of external chairs and members of these committees and the complexity of the matters on which they advise, higher fees for agency audit and risk committees have been approved. (The Office of the Auditor-General provides advice on audit committees.)

128 Fees for chairs of audit and risk committees can be up to $1,300 per day and fees for members can be up to $1,085 per day (up to a maximum of 30 days per annum in both cases).

BOARD REPORT

For:

	Approval
	Endorsement
X	Noting

Key questions the Board should consider in reviewing this paper:

- Does the work programme include the topics needed to confidently govern?

To	Board
Author	Margaret Bell, Board Secretary
Endorsed by	Kathryn Cook, Chief Executive
Date	2 September 2021
Subject	**Board's Work Programme**

RECOMMENDATION

It is recommended that the Board:

- **note** the Board's annual work programme.

Strategic Alignment

This report is aligned to the DHB's strategy and key enabler 'Stewardship'. It discusses an aspect of effective governance.

1. PURPOSE

To provide an update on the Board's work programme.

2. 2021 BOARD WORK PROGRAMME

The Board's work programme for 2021 was approved in December 2020. At its meeting in May 2021, the Board agreed that this work programme would be 'rolled over' for the period from 1 January to 30 June 2022.

A quarterly report on NZ Health Partnerships was due to be provided to the September Board meeting. There is no information available at present. A Gateway review of the NZHP Catalogue project has recently been conducted and the findings of this review are expected to be available soon. These will be incorporated into a report for the November Board meeting.

All other reporting is occurring in line with the work programme.

MDHB BOARD Work Programme

	Frequency	Feb	Apr	May	Jul	Aug	Sep	Nov	Dec	Responsible
Key Updates										
CEO's Report to provide an update on key progress of the DHB	Each meeting	X	X	X	X	X	X	X	X	CEO
FRAC Minutes and Verbal Update from the FRAC Chair to update the Board on key committee discussions	Each meeting Minutes	X Dec/Feb	X March	X May	X June	X July	X Sept	X Oct	X Nov	FRAC Chair
HDAC Minutes and Verbal Update from the HDAC Chair to update the Board on key committee discussions	Each meeting Minutes	X None	X Feb	X April	X None	X July	X None	X Sept	X Nov	HDAC Chair
Strategy and Planning										
DHB Strategy to review/refresh the DHB's strategy to ensure it remains relevant, and to consider how it has been advanced, and priorities for the future	Triennial (due Dec 2023)									GM SPP
Annual Plan and Budget to determine the draft and final budget and priorities for the next three years, including capex plan	One off then six-weekly from Dec-Jun	X	X	X	X				X	GM SPP GM F&CS
Workforce Strategy to establish/review the strategy based on the national framework (support the execution of the DHB's Strategy)	Triennial (due TBC)									GM P&C
Organisational Development Plan review/refresh (relevant and supports the execution of the DHB's Strategy)	Triennial (due Nov 2022)									GM P&C
Contract Renewal and Planning Outcomes Framework review planning outcomes achieved and general approach to contracting for year ahead	Annual			X						GM SPP
Quality Improvement										
Quality Account to determine the Quality Account for the financial year (via HDSAC)	Annual								X	GM Q&I
Quality and Safety Walk-rounds to provide the Board a summary of the walk-rounds from over the last 12 months	Annual			X						GM Q&I
Workforce										
Health and Safety to monitor the implementation of the H&S Strategy, mitigations required, priorities for the future, including investment	Quarterly	X		X		X		X		GM P&C
Health and Safety Workshop	Annual		X							GM P&C
Workforce and Organisational Development to monitor the health of the DHB's workforce, including trends and performance against workforce dashboard and adequacy of any mitigations to monitor the implementation of the OD strategy, what's changed, priorities for the future (three to five years), investment and resources required, and the adequacy of any mitigations	Six-monthly			X				X		GM P&C
Preventing Occupational Violence Strategy to monitor the implementation, priorities, investment and adequacy of any mitigations	Annual	X								GM P&C

MDHB BOARD Work Programme

	Frequency	Feb	Apr	May	Jul	Aug	Sep	Nov	Dec	Responsible
Wellbeing Plan (aka Psychosocial Wellbeing Strategy) to monitor the implementation of the DHB's health and wellbeing plans	Annual	X								GM P&C
Care Capacity Demand Management to monitor the implementation of the National Accord and local CCDM decisions	Six-monthly	X				X				ED N&M
Remuneration Policy to consider the Remuneration Policy as recommended by the Remuneration Committee	Triennial (Due Nov 2022)									GM P&C
IEA Remuneration Strategy to consider the Remuneration Strategy (IEAs) as recommended by the Remuneration Committee	Triennial (due Mar 2023)									GM P&C
IEA Remuneration Parameters to consider the remuneration parameters for annual changes to staff on IEA agreements following Rem Committee	Annual								X	GM P&C
Performance										
Financial Performance to monitor the DHB's financial performance against budget, including trends, forecasts, the impact of business improvement initiatives and opportunities and challenges, and confirm the adequacy of any mitigations	Six-weekly	X	X	X	X	X	X	X	X	GM F&CS
DHB Performance Metrics (aka Board KPI Dashboard) to monitor high level KPIs across the DHB	Six-weekly	X	X	X	X	X	X	X	X	GM SPP
Digital Strategy – implementation of roadmap to monitor implementation, challenges and opportunities, priorities and initiatives/investments for future, and confirm the appropriateness of any mitigations	Six-weekly	X	X	X	X	X	X	X	X	CDO
Sustainability Plan to monitor the implementation of the performance improvement programme	Six-weekly	X	X	X	X	X	X	X	X	GM Q&I
Non-Financial Performance Measures to monitor the overall performance of the DHB	Quarterly		X		X		X		X	GM SPP
CEO's Performance Review	Annual					X				Chair
Audit										
Annual Accounts to determine the annual accounts for the financial year and to determine Enable NZ Limited annual reporting requirements	Annual						X			GM F&CS
Year End Audit Process (Government) to determine year-end financial result for inclusion in Government accounts	Annual				X					GM F&CS
Enable NZ Limited Annual Reporting Arrangements to determine annual reporting requirements of this paper company	Annual			X						GM F&CS
Iwi Partnerships										
Memorandum of Understanding to review the Memorandum of Understanding	Triennial (due Sept 2021)						X			GM M
DHB Board and Manawhenua Hauora Joint Work Programme to monitor progress against shared work programme, including opportunities and challenges	Six-monthly		X				X			GM M

MDHB BOARD Work Programme

	Frequency	Feb	Apr	May	Jul	Aug	Sep	Nov	Dec	Responsible
Board-to-Board Hui	Quarterly	X		X		X		X		GM M
to monitor progress against shared work programme, including opportunities and challenges										
Manawhenua Hauora Update	Six-weekly	X	X	X	X	X	X	X	X	GM M
to update the Board on the Manawhenua Hauora discussions										
Partnership										
Clinical Council	Six-monthly	X				X				GM Q&I
to consider the work, findings and recommendations from the Council, provide endorsement or support as required										
Consumer Council	Six-monthly	X				X				GM Q&I
to consider the work, findings and recommendations from the Council, provide endorsement or support as required										
Professional Work Groups	Four-monthly		ED N&M		CMO				ED AH	Prof Leads
Profession										
Governance of shareholding companies										
to monitor the annual results and plans of shareholding companies and determine actions in respect of AGM recommendations										
Regional Service Plan	Annual				X					GM SPP
to approve the draft and final regional budget and priorities										
Allied Laundry Services Limited	Annual							X		GM F&CS
Technical Advisory Services AGM (DHB Shared Services)	Annual							X		GM SPP
NZ Health Partnerships Limited	Quarterly		X		X		X		X	GM F&CS
Board Governance Arrangements										
Board Governance arrangements and Committee Terms of Reference	Triennial or as required				X					Chair
Annual Reporting Framework (work programme)	Annual			X				X		CEO
Annual Board Evaluation	Annual							X		GM P&C
Annual meeting schedule	Triennial						X			CEO
Committee membership	Triennial							X		Chair
External committee membership and appointments	Triennial							X		Chair
Te Tiriti o Waitangi	Triennial						X			GM M
Review of Board policies	As required									CEO
Review of policies related to the Board or those requiring Board approval										

Key:

CEO	Chief Executive Officer
ED N&M	Executive Director, Nursing and Midwifery
GM F&CS	General Manager, Finance and Corporate
GM M	General Manager, Māori Health
CMO	Chief Medical Officer
FRAC Chair	Chair of the Finance, Risk and Audit Committee
Chair	Board Chair of the MidCentral District Health Board
GM P&C	General Manager, People and Culture
GM Q&I	General Manager, Quality and innovation
GM SPP	General Manager, Strategy, Planning and Performance
ED AH	Executive Director, Allied Health
Prof Leads	CMO, ED N&M, ED AH
HDAC Chair	Chair of the Health and Disability Audit Committee
CDO	Chief Digital Officer

Workshop Schedule

As at 17 June 2021

Date	Time	Topic
16 February 2021	Following HDAC meeting	Stellar Board Management Platform
23 February 2021	Following Board meeting	Midwifery Workforce Engagement
13 April 2021	Following Board meeting	Board Self-evaluation (with Broad Horizons)
20 April 2021	From 9am to noon	Annual Planning and Budget
27 April 2021	Following HDAC meeting	Consumer Story
25 May 2021	Following Board meeting	Manawhenua Hauora Board to Board hui
15 June 2021	Following FRAC meeting	Conjoint meeting of Board and FRAC – 2021/22 Annual Plan and Budget
6 July 2021	Following Board meeting	Medical Workforce
13 July 2021	Following HDAC meeting	Consumer Story
27 July 2021	Following FRAC meeting	Medical Workforce and Combined Medical Staff Association
17 August 2021	Following Board meeting	Annual Risk Workshop
9 November 2021	Following Board meeting	Manawhenua Hauora Board to Board hui
23 November 2021	Following HDAC meeting	Consumer Story
TBA in 2022	Following Board meeting	Health and Safety – with Buddle Findlay

Glossary of terms

28 September 2021

Printed from Stellar by
Margaret Bell <margaret.bell@midcentraldhb.govt.nz>

Glossary of Terms

AC	**Assessment Centre**
ACC	**Accident Compensation Corporation** The New Zealand Crown entity responsible for administering the country's no fault accidental injury compensation scheme.
ACCPP	**Accident Compensation Corporation Partnership Plan**
ACE	**Advanced Choice of Employment**
ACT	**Acute Crisis Team**
ADL	**Activities of Daily Living**
ADON	**Associate Director of Nursing**
AESS	**Te Uru Arotau Acute and Elective Specialist Services**
ALOS	**Average Length of Stay**
Anti- VEGF	**Anti-Vascular Endothelial Growth Factor**
AoG	**All of Government**
AP	**Annual Plan** The organisation's plan for the year.
APEX	**Association of Professional and Executive Employees**
API	**Application Programming Interfaces**
ARC	**Aged Residential Care**
ASH	**Ambulatory Sensitive Hospitalisations**
AS/NZS ISO 31000	**2018 Risk Management Principles and Guidelines**
AWS	**Amazon Web Services**
B Block	**Wards, Laboratory, Admin and Outpatients**
BAG	**Bipartite Action Group**
BAPSF	**Bereavement leave, Alternative days, Public holidays, Sick leave, Family Violence leave**

BAU	**Business as Usual**
BN	**Bachelor of Nursing**
BSCC	**Breast Screen Coast to Coast**
BYOD	**Bring Your Own Device**
CAG	**Cluster Alliance Group** A group or 10-12 members from across the health and wider sector supporting the Cluster Leadership Team to identify population health needs, planning, commissioning and evaluating services and developing models of care. Members include consumer and Māori representatives.
CAPEX	**Capital Expenditure**
CBAC(s)	**Community Based Assesment Centre(s)**
CCDHB	**Capital and Coast District Health Board**
CCDM	**Care Capacity Demand Management** A programme that helps the organisation better match the capacity to care with patient demand.
CCTV	**Closed Circuit Television**
CCU	**Critical Care Unit**
CDO	**Chief Digital Officer**
CDS	**Core Data Set**
CE	**Clinical Executive** (of a service)
CE Act	**Crown Entities Act**
CEO	**Chief Executive Officer**
CFIS	**Crown Financial Information System**
CHF	**Congestive Heart Failure**
CIMS	**Coordinated Incident Management System**
CIO	**Chief Information Officer**
CLAB	**Central Line Associated Bacteraemia**

CME	**Continuing Medical Education**
CMO	**Chief Medical Officer**
CN	**Charge Nurse(s)**
CNM	**Clinical Nurse Manager**
CNS	**Clinical Nurse Specialist**
COI	**Committee of Inquiry**
ComM	**Communications Manager**
COPD	**Chronic Obstructive Pulmonary Disease** A common lung disease which makes breathing difficult. There are two main forms, Chronic bronchitis - a long term cough with mucus. Emphysema - which involves damage to the lungs over time.
COVID-19	**Novel Coronavirus**
CPAC	**Prioritisation scoring system code table**
CPB	**Combined Pharmaceutical Budget**
CPHO	**Central Primary Health Organisation**
CPI	**Consumer Price Index**
CPOE	**Computer Physician Order Entry**
CRM	**Cyber Risk Monitoring**
CSB	**Clinical Services Block**
CT	**Computed Tomography** A CT scan combines a series of X-ray images taken from different angles around your body and uses computer processing to create cross-sectional images of the bones, blood vessels and soft tissues inside your body.
CTAS	**Central Technical Advisory Services** (also TAS)
CTCA	**Computed Tomography Coronary Angiography** A CT scan that looks at the arteries that supply blood to the heart. Can be used to diagnose the cause of chest pain or other symptoms.
CVAD	**Central Venous Access Device**

CWDs	**Case Weighted Discharges** Case weights measure the relative complexity of the treatment given to each patient. For example, a cataract operation will receive a case weight of approximately 0.5, while a hip replacement will receive 4 case weights. This difference reflects the resources needed for each operation, in terms of theatre time, number of days in hospital, etc.
DCFO	**Deputy Chief Financial Officer**
DDIGG	**Digital and Data Informatics Governance Group**
DHB	**District Health Board**
DIVA	**Difficult Intravenous Access**
DNA	**Did Not Attend**
DNW	**Did Not Wait**
DoN	**Director of Nursing**
DS	**Digital Services**
DSA	**Detailed Seismic Assessment**
DSA	**Digital Subtraction Angiography**
DWP	**Digital Workplace Programme**
DX	**Data Exchange** A data exchange software mechanism developed with the Social Investment Agency (SIA) to support encrypted data sharing between public services.
EAP	**Employee Assistance Programme**
EBITA	**Earnings Before Interest, Taxes and Amortisation**
ECM	**Enterprise Content Management**
ED	**Emergency Department**
EDAH	**Executive Director Allied Health**
EDG-VPSR	**Electrocadiograph – Visual Positioning System Rhythm**
EDN&M	**Executive Director, Nursing & Midwifery**

EDOA	**Emergency Department Observation Area**
EDON	**Executive Director of Nursing**
EECA	**Energy and Efficiency Conservation Authority**
ELT	**Executive Leadership Team**
EMERGO	**Emergo Train System**
EMR	**Electronic Medical Record**
EN	**Enrolled Nurse**
ENT	**Ear Nose and Throat**
ENZ	**Enable New Zealand**
EOC	**Emergency Operations Centre**
EP	**Efficiency Priority**
EPA	**Electronic Prescribing and Administration**
EPMO	**Enterprise Project Management Office**
ERCP	**Endoscopic Retrograde Cholangio Pancreatography**
ERM	**Enterprise Risk Management**
ESPI	**Elective Services Patient Flow Indicator** Performance measures that provide information on how well the District Health Board is managing key steps in the electives patient journey.
EV	**Electric Vehicle**
EWS	**Early Warning System**
EY	**Ernst & Young**
FACT	**Flexible Assertive Community Assessment Team**
FHC	**Feilding Health Care**
FHIR	**Fast Healthcare Interoperability Resources**
FIT	**Faecal Immunochemical Test**

FM	**Facilities Management**
FM Services	**Facilities maintenance and hotel services required by the DHBs**
FPIM	**Finance and Procurement Information Management System**
FPM	**Financial Planning Manager**
FRAC	**Finance, Risk and Audit Committee**
FSA	**First Specialist Appointment**
FSL	**Fire Service Levies**
FTE	**Full Time Equivalent** The hours worked by one employee on a full-time basis.
FU	**Follow Up**
Gap	**Analysis used to examine current performance with desired, expected performance**
GETS	**Government Electronic Tenders Service**
GHG	**Greenhouse Gases**
GM	**General Manager**
GMFCS	**General Manager, Finance and Corporate Services**
GMM	**General Manager, Māori Health**
GMPC	**General Manager, People and Culture**
GMQI	**General Manager, Quality and Innovation**
GMSPP	**General Manager, Strategy, Planning and Performance**
GP	**General Practitioner**
GST	**Goods and Services Tax**
H&S	**Health and Safety**
HaaG	**Hospital at a Glance**
HAI	**Healthcare Associated Infection**
HAR	**Te Uru Whakamauora, Healthy Ageing and Rehabilitation**

HBDHB	**Hawke's Bay District Health Board**
HCA(s)	**Health Care Assistant(s)**
HCSS	**Home and Community Support Services**
HDAC	**Health and Disability Advisory Committee**
HDU	**High Dependency Unit**
HEAT	**Health Equity Assessment Tool**
HEEADSSS	**Home, education/employment, eating, activities, drugs, sexuality, suicide and depression, safety (wellness assessment)**
HIP	**Health Infrastructure Programme**
Hira	**National Health Information Platform**
HISO	**Heath Information Security Framework**
HQSC	**Health, Quality and Safety Commission**
HR	**Human Resources**
HRC	**Health Research Council**
HRIS	**Human Resources Information System**
HROD	**Human Resources and Organisational Development**
HSWA	**Health and Safety at Work Act**
Hui	**Formal meeting**
HV	**High Voltage**
HVAC	**Heating, Ventilation and Air Conditioning**
HVDHB	**Hutt Valley District Health Board**
HWIP	**Health Workforce Information Programme**
HWNZ	**Health Workforce New Zealand**
IA	**Internal Audit**
IAAS	**Infrastructure as a Service**

IAP	**Incident Action Plans**
ICNet	**Infection Control Surveillance**
ICPs	**Incident Control Points**
ICPSA	**Integrated Community Pharmacy Services Agreement**
ICT	**Information and Communications Technology**
ICU	**Intensive Care Unit**
IDF	**Inter-district Flow** The default way that funding follows a patient around the health system irrespective of where the are treated.
IEA	**Individual Employment Agreement**
IFHC	**Integrated Family Health Centre** General practice teams with the patient at the centre, providing quality health care when, where and how patients need it.
IFM / IFM20	**Integrated Facilities Management**
IL	**Importance Level** Seismic assessment rating
IMAC	**Immunisation Advisory Centre**
IMT	**Incident Management Team**
Insourced	**Delivered directly by the DHBs via its staff**
IOC	**Integrated Operations Centre**
IOL	**Intraocular Lens**
IOT	**Internet of Things**
IPSAS	**International Public Sector Accounting Standards**
IS	**Information Systems**
ISM	**Integrated Service Model**
ISP	**Internet Service Provider**

IT	**Information Technology/Digital Services**
ITSM	**Integrated Service Module**
IV	**Intravenous**
IVP	**Improving Value Programme**
JDE	**JD Edwards** Name of software package
Ka Ao Ka Awatea	**Māori Health Strategy for the MDHB District**
KPI(s)	**Key Performance Indicator(s)** A measurable value that demonstrates how effectively an objective is being achieved.
LAN	**Local Area Network**
LDC	**Local Data Council**
LEO	**Leading an Empowered Organisation**
LMC	**Lead Maternity Carer**
LOS	**Length of Stay**
LSP	**Leadership Success Profile**
LTC	**Long Term Condition(s)**
LV	**Low Voltage**
MALT	**Māori Alliance Leadership Team**
MAPU	**Medical Assessment and Planning Unit**
MBIE	**Ministry of Business, Innovation and Employment**
MCH	**MidCentral Health**
MCIS	**Maternity Clinical Information Service**
MDBI	**Material Damage and Business Interruption**
MDHB	**MidCentral District Health Board**
MDM	**Master Data Management**

MDT	**Multi-disciplinary Team**
MECAs	**Multi Employer Collective Agreements**
MEED	**Midwifery External Education and Development Committee**
MERAS	**Midwifery Employee Representation and Advisory Service**
MFA	**Multi-Factor Authentication**
MIT	**Medical Imaging Technologist** A radiographer who works with technology to produce X-rays, CT scans, MRI scans and other medical images.
MIYA	**MIYA Precision Platform**
MoH	**Ministry of Health**
MOU	**Memorandum of Understanding**
MRI	**Magnetic Resonance Imaging** A medical imaging technique used in radiology to form pictures of the anatomy using strong magnetic fields and radio waves.
MRSO	**Medical Radiation Officer**
MRT	**Medical Radiation Therapist(s)**
MSD	**Ministry of Social Development**
MWH	**Manawhenua Hauora**
MYFP	**Midwifery First Year of Practice Programme**
NAMD	**Neovascular Age-Related Macular Degeneration**
NARP	**Non-Acute Rehabilitation Programme**
NBSP	**National Bowel Screening Programme**
NCAMP19	**National Collections Annual Maintenance Programme 2019**
NCEA	**National Certificate of Educational Achievement**
NCNZ	**Nursing Council of New Zealand**
NEAC	**National Ethics Advisory Committee**

NEED	**Nursing External Education and Development Committee**
NESP	**Nurse Entry to Specialty Practice Programme (Mental Health)**
NETP	**Nurse Entry to Practice**
NFSA	**National Food Services Agreement**
NGO	**Non Government Organisation**
NHAWG	**National Holidays Act Working Group**
NNU	**Neo Natal Unit**
NOS	**National Oracle Solution**
NP	**Nurse Practitioner**
NPC	**Nurse Practitioner Candidate**
NPTP	**Nurse Practitioner Training Programme**
NZ	**New Zealand**
NZCOM	**New Zealand College of Midwives**
NZCPHCN	**New Zealand College of Primary Health Care Nurses**
NZCRMP	**New Zealand Code of Radiology Management Practice**
NZD	**New Zealand Dollar**
NZHP	**New Zealand Health Partnerships**
NZHRS	**New Zealand Health Research Strategy**
NZNO	**New Zealand Nurses Organisation**
NZPHD Act	**New Zealand Public Health and Disability Act**
O&G	**Obstetrics and Gynaecology**
OAG	**Office of the Auditor-General**
OD	**Organisational Development**
ODP	**Organisational Development Plan**

OE	**Operations Executive** (of a service)
OHS	**Occupational Health and Safety**
OLT	**Organisational Leadership Team** OLT comprises all General Managers, Chief Medical Officer, Executive Directors - Nursing & Midwifery and Allied Health, General Manager of Enable NZ, all Operations Executives and Clinical Executives.
OPAL	**Older People's Acute Assessment and Liaison Unit**
OPERA	**Older People's Rapid Assessment**
OPF	**Operational Policy Framework**
Outsourced	**Contracted to a third-party provider to deliver**
PaaS	**Platform as a Service**
Pae Ora Paiaka Whaiora	**(Base/Platform of health) Healthy Futures (DHB Māori Directorate)**
PACS	**Picture Archiving Communication System**
PANE	**Proactive, Advocacy, Navigation and Education Team**
PAS	**Patient Administration System**
PBE	**Public Sector Benefit Entity**
PCBU	**Person Conducting a Business or Undertaking**
PCCL	**Patient Complexity Clinical Level**
PCT	**Pharmacy Cancer Treatment**
PDRP	**Professional Development and Recognition Programme**
PDSA	**Plan Do Study Act**
PEDAL	**Post Emergency Department Assessment Liaison**
PET	**Positron Emission Tomography**
PHC	**Primary Health Care**
PHO	**Primary Health Organisation (THINK Hauora)**

PHU	**Public Health Unit**
PICC	**Peripherally Inserted Central Catheter**
PICU	**Paediatric Intensive Care Unit**
PIN	**Provisional Improvement Notice** (section 36.2 Health and Safety at Work Act 2015)
PIP	**Performance Improvement Plan** This plan is designed to support the OLT in the prioritisation and optimisation of system wide efforts to achieve our vision. The plan was presented to the MoH as part of MDHB's 2019/20 strategic discussion.
PNCC	**Palmerston North City Council**
POAC	**Primary Options for Acute Care**
POCT	**Point of Care Testing**
PPE	**Personal Protective Equipment**
Powhiri	**Formal Māori Welcome**
PPA	**Promoting Professional Accountability**
PPC	**Public, Primary and Community**
PP&CH	**Public, Primary and Community Health**
PPPR	**Protection of Personal and Property Rights**
PR&RO	**Principal Risk and Resilience Officer**
PSA	**Public Service Association**
PSe	**PS Enterprise**
PSR	**Protective Security Requirements**
PVC	**Poly Vinyl Chloride**
QEAC	**Quality & Excellence Advisory Committee**
QHP	**Qualified Health Plan**
Qlik	**Qlik Sense Data Visualisation Software (Dashboard Analytics)**

Q&SM	**Quality and Safety Markers**
RACMA	**Royal Australasian College of Medical Administrators**
RDHS	**Regional Digital Health Services**
RFP	**Request for Proposal**
RHIP	**Regional Health Infometrics Programme** Provides a centralised platform to improve access to patient data in the central region.
Risk ID	**Risk Identifer**
RM	**Registered Midwife**
RMO	**Resident Medical Officer**
RN	**Registered Nurse(s)**
RP	**Risk Priority**
RSI	**Relative Stay Index**
RSO	**Research Support Officer**
RSP	**Regional Service Plan**
RTL	**Round Trip Logistics** A technology platform.
Rules	**Government Procurement Rules (4th Edition 2019)**
SaaS	**Software as a Service**
SAC	**Severity Assessment Code**
SAN	**Storage Area Network**
SBA	**Smoking Brief Advice (Smoking Cessation)**
SCIG	**Strategic Capital Investment Group**
SFIA	**Skills Framework for the Information Age**
SGOC	**Shared Goals of Care**
SIEM	**Security Information Event Monitoring**

SLA	**Service Level Agreement**
SLMs	**System Level Measures**
SME	**Subject Matter Expert(s)**
SMO	**Senior Medical Officer**
SNE	**Services Not Engaged**
SOI	**Statement of Intent**
SOR	**Standard Operating Responses**
SPE	**Statement of Performance Expectations**
SPIRE	**Surgical Procedural Interventional Recovery Expansion** A project to establish additional procedural, interventional and surgical resources within MDHB.
Spotless	**Spotless Services (NZ) Limited**
SRG	**Shareholder's Review Group**
SSC	**State Services Commission** (from 2020 - Te Kawa Mataaho Public Service Commission)
SSHW	**Safe Staffing, Healthy Workplaces**
SSIED	**Shorter Stays in Emergency Department**
SSP	**Statement of Service Performance**
SSU	**Sterile Supply Unit**
SUDI	**Sudden Unexpected Death in Infancy**
SUG	**Space Utilisation Group**
STAR	**Services for Treatment, Assessment and Rehabiliation**
TAS	**Technical Advisory Services** (also CTAS)
TCO	**Total Cost of Ownership**
tC02e	**tons of carbon dioxide equivalent**
TCU	**Transitional Care Unit**

THG	**Tararua Health Group Limited**
TKMPSC	**Te Kawa Maataho Public Service Commission** (formerly State Services Commission)
TLP	**Transformational Leadership Programme**
Trendly	A national database capture tool and dashboard that focuses on the measurement of DHBs to the National Māori Health Measures
TTOR	**Te Tihi o Ruahine Whānau Ora Alliance**
UCOL	**Universal College of Learning**
VBS	**Voluntary Bonding Scheme**
VRM	**Variance Response Management**
WDHB	**Whanganui District Health Board**
WebPAS	**Web Based Patient Administration System**
WebPASaas	**Web Based Patient Administration System as a Service**
WHEI	**Whole Hospital Escalation Indicators**
Y	**Yes**
YD	**Yes and delegable**
YOSS	**Youth One Stop Shop**
YTD	**Year To Date**

Late items - discussion

28 September 2021

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Late items

Discussion on any late items advised at the start of the meeting

Date of next meeting

28 September 2021

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Date of next meeting

Tuesday, 9 November 2021

Exclusion of the public

28 September 2021

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Exclusion of public

Resolution:

That the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons outlined in the agenda.