LAKES DISTRICT HEALTH BOARD

Agenda
Lakes District Health Board meeting
Friday 12th February 2021

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Recommended that the public be excluded from the following part of proceedings of this meeting:

General subject of each matter to be considered	Reason for passing this resolution in relation to each matter	Ground(s) under Section 48(1) for passing of this resolution
PUBLIC EXCLUDED DECISIONS		
5.1.1 Confidential Lakes District Health Board minutes 11th December 2020 5.1.2 Project Mauri Ora Evaluation Panel Recommendations Approval 5.1.3 Governance draft policies 5.1.4 CT for Taupō 5.1.5 Change of Authorised Signatories for Spectrum and Charitable Trust	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act.
PUBLIC EXCLUDED REPORTS		
5.2.1 Board Chair Report 5.2.2 Chief Executive Confidential report 5.2.3 Clinical Directorate Report 5.2.4 CFO Confidential Financial report 5.2.5 Human Resources Report 5.2.6 Health & Safety- 20 DHB Benchmarking 5.2.7 Cardiac IDF report	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act
PUBLIC EXCLUDED INFORMATION AND CORRESPONDENCE		
	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act

KA INOI TĀTOU - LET US PRAY

HE KARAKIA TĪMATANGA: A BEGINNING PRAYER

POU HIHIRI
MAY CLARITY BE YOURS

POU RARAMA
MAY UNDERSTANDING BE YOURS

POU O TE WHAKAARO
THROUGH REFLECTION

POU O TE TANGATA
THROUGH PERSONAL ENDEAVOUR

POU O TE AROHA
THROUGH LOVE AND RESPECT

TE POU E HERE NEI I A TĀTOU
THE VIRTUES THAT CONNECT US AS ONE

MAURI ORA KI A TĀTOU
MAY WE BE FILLED WITH WELLBEING

HAUMI Ē, HUI Ē, TĀIKI Ē!
JOIN AND BIND TOGETHER!

KARAKIA MŌ TE KAI : A PRAYER BEFORE MEALS

E TE ARIKI WHAKAPAINGIA ĒNEI KAI
LORD BLESS OUR FOOD

HEI ORANGA MŌ Ō MĀTOU TINANA
SO IT MAY NOURISH OUR BODY

WHĀNGAIA Ō MĀTOU WAIRUA
AND FEED OUR SPIRIT

KI TE TARO O TE ORA
WITH THE BREAD OF LIFE

KO IHU KARAITI TŌ MĀTOU KAIWHAKAORA
NAMELY JESUS CHRIST OUR HEALER

ĀMINE
AMEN

KARAKIA WHAKAMUTUNGA: A CLOSING PRAYER

KIATAU KI A TĀTOU KATOA

TE ATAWHAI Ō TŌ TĀTOU ARIKI A IHU KARAITI

ME TE AROHA O TE ATUA

ME TE WHIWHINGA TAHITANGA

KI TE WAIRUA TAPU

AKE, AKE AKE- ĀMINE

May the grace of Jesus Christ and the love of God the Father and the fellowship of the Holy Spirit be with us now and for ever more. Amen.

Government Priorities

Overall Government Goals

Health ○ Mental Health & Addictions ○ Primary Health Care ○ Child Wellbeing ○ Achieving Equity		**A strong public health care system**
System Priorities ○ DHB Performance ○ Drinking-water ○ Maternity Care ○ Planned Care ○ Capital Asset Management		**Improved and more equitable health outcomes for New Zealanders**

The three strategic goals from *Te Manawa Rahi - Lakes District Health Board Strategy 2019 –2021*

Achieve equity in Māori health
Te taeatanga tika o te hauora Māori

To do this we need:
- Strong Māori health equity leadership
- Commitment to partnerships and relationships
- Services designed for Maori health gain—everything we do will need to focus on achievement of equity for Māori.

Māori health equity is the removal of obstacles to health and allocation of resources to ensure Māori attain their full potential

Build an integrated health system
Ngā herenga tika i roto i te pūnaha hauora

To do this we need:
- One team
- Connectedness—seamless high quality and timely services
- Strong and vibrant primary care
- Working collectively to have greater impact on health outcomes
- Flexible system

Integration is when all health and social services providing care for a person, whānau or community, work together to achieve the best possible experience and outcomes.

Strengthen people, whānau & community wellbeing
Te whakareinga i te oranga o te tangata, te whānau me te hapori

To do this we need:
- To keep people healthy
- Providing quality patient-centric services
- Primary and community based services
- A skilled workforce able to respond to the things that most matter to our people whānau and communities

Wellbeing is whānau living to their full potential whanau rangatiratanga

The Quality Safety Markers	System Level Measures	Health Targets
○ Falls ○ Healthcare associated infections ○ Hand Hygiene ○ Surgical site infections ○ Safe surgery ○ Medication safety	○ Ambulatory Sensitive Hospitalisation (ASH) rates 100,000 for 0-4 year olds ○ Acute hospital bed days per capita ○ Patient experience of care ○ Amenable Mortality ○ Number of babies who live in a smoke-free household at 6 weeks postnatal ○ Youth access to and utilisation of youth appropriate health services	○ Shorter stays in Emergency Departments ○ Improved access to elective surgery ○ Faster cancer treatment ○ Increased immunisation ○ Better help for smokers to Quit ○ Raising healthy kids

LAKES DISTRICT HEALTH BOARD

MINUTES OF THE LAKES DISTRICT HEALTH BOARD HELD ON FRIDAY 11TH DECEMBER 2020 AT 11.30AM
Lakes DHB Board Room

MEETING: **[No. 226]**

PRESENT: Dr J Mather (Chair), Dr J Morreau, L Thurston, A Morgan, C Rankin (Zoom), L Ngawhika, T Ake, N Bidois, Dr R Tapsell (Zoom), J Horton, R Vigor-Brown and M Raukawa-Tait

IN ATTENDANCE: N Saville-Wood, T Fraser (minutes), F Desmarais, Reporter (for public meeting), A Mountfort, P Tangitu, A Wilson, Dr M Thomas, K Evison, S Burns (to 1.20pm)

1751.0	**1.0**	**MEETING CONDUCT**
		The Chair welcomed all attendees to the meeting and karakia was undertaken by N Bidois.
1751.1	1.1	**Apologies:** Dr R Tapsell to 11.45am. M Raukawa-Tait from 1.30pm. C Rankin from 1.30pm.
1751.2	1.2	**Conflicts of Interest related to items on the agenda:** Dr J Morreau for agenda item 5.1.7 regarding Obstetrics & Gynaecology Credentialing.
1751.3	1.3	**General Business:** Nil.
1752.0	**2.0**	**MINUTES**
1752.1	2.1	**Minutes of previous meeting held 13th November 2020:** The Board received the minutes of the previous meeting held on 13th November 2020. **Resolution: *217.100193*** That the public minutes of the meeting held 13th November 2020 be approved as a true and accurate record. **L Thurston:** **N Bidois** CARRIED
1752.1.1	2.1.1	**Matters Arising:** Nil.
1752.1.2	2.1.2	**Schedule of Tasks:** Māori Equity Plan – included as an agenda item for discussion. Te Kaoreore Māori Equity Dashboard - the Chief Executive advised that discussions have commenced with the Rotorua PHO Chief Executive.
1753.0	**3.0**	**ITEMS FOR DISCUSSION AND DECISION**
1753.1	3.1	**Board Chair report**: The Chair acknowledged the Board members who attended the Manaaki Ora - Tipu Ora:

		Tiaki Whanau Launch on the 10 December 2020 and also acknowledged the Board members that had submitted their apologies.
1753.2	3.2	**Chief Executive Report:** The CE provided an update to the report that included: • COVID-19 - there is a national focus on surge planning with the upcoming holidays and large events that will happen over January 2021. A focus of the planning is with regard to testing and contact tracing • Management Isolation Facilities (MIFs) are operating very well • COVID card trial went very well and was successful due to our Iwi partners and Ngongotaha community • N Bidois advised that there will be a NZ Super Stock Champs from 1 to 3 January 2021 with around 10,000 people attending • A letter of congratulations was sent to The CARE Village acknowledging their recent national awards – copy of the letter included in the agenda • It was asked if the Chair could consider making a public comment with regards to COVID and remaining alert, using the COVID tracer app etc. The Chair endorsed this and the ongoing vigilance required. The Chief Executive to action with the Communications Officer. The Chief Executive's update was received and accepted with thanks.
1753.2.1	3.2.1	**Te Kaoreore (Māori Equity Dashboard):** • K Evison provided an update on the major items in the report • It was asked if patients that present at the Emergency Department can be re-directed, based on clinical advice, back to the GPs. The Chief Executive acknowledged that the GP practices are very busy and that discussions with the Rotorua PHO Chief Executive have focused on initiatives to provide support to the community i.e. Convenient Care Clinics. Noted that the issues that we have in Rotorua are reflected across NZ. • The Board members were updated on the Te Aka Matua Kaupapa Service and the work the team is doing with patients and ringing them in advance to remind them of their appointments. The team has been in place for three weeks but very successful so far. It was asked if we have a Whānau focused model to collectively address any issues. It was noted the very high transient group within the Lakes rohe and the impact that this has on their health care. The collective group that was established during COVID-19 has continued on with their very good work. • It was noted that the Board receive a range of perspectives in the Board agenda and that there is a need to bring everything together in an integrated, cohesive manner to address the equity plan. • Influenza immunisation – the Chair asked if a report can be provided with regards to Māori children immunisation rates and the work being done on this service delivery. The Chief Executive noted that critical staffing resources that normally undertake the immunisations had been diverted during COVID-19 to testing stations. The Te Kaoreore dashboard was noted as being an excellent reporting tool and the work on this by the Executive Team and others was acknowledged by the Board. Report noted and received with thanks.
1753.3	3.3	**CFO Monthly report:** Chief Financial Officer, A Mountfort provided a general overview on his monthly financial report. The Board requested that any issues, risks and pressures that might undermine our ability to meet budget are captured and reported through to the Board The CFO Monthly Report was noted and received.
1753.4	3.4	**Māori Health Report:** The General Manager Māori Health, P Tangitu, took the Board through the Māori Health

		Report. Points of discussion included: • Institutional Racism – following the workshop recently held for the Executive Team and senior staff plans are underway for the next stages • The Board noted the Te Reo improvements within the organisation and appreciated the emphasis placed on this. The Māori Health report was noted and received with thanks.
1753.5	3.5	**Key Highlights – Strategy Planning and Funding September 2020:** The Chief Executive advised the Board that K Evison had received an award in recognition of the leadership she has taken on the e-mental health initiative. The Key Highlights – Strategy Planning and Funding report was noted and received with thanks.
1754.0	**4.0**	**INFORMATION AND CORRESPONDENCE**
1754.1	4.1	**Hospital Advisory Committee draft minutes 23rd November 2020:** Noted and received.
1754.2	4.2	**Disability Support Advisory Committee draft minutes 2nd November 2020:** Waikato Forensic Team to present at the next DSAC meeting. Noted and received.
1754.3	4.3	**Community and Public Health Advisory Committee draft minutes 2nd November 2020:** Noted and received.
1754.4	4.4	**Letter to The CARE Village:** Noted and received.
1755.0	**5.0**	**RESOLUTION TO EXCLUDE THE PUBLIC : NZ PUBLIC HEALTH & DISABILITY ACT 2000**
		Resolution: ***217.100194*** That the Board move from public into Public Excluded at 12.37pm **L Ngawhika : T Ake** CARRIED

Recommended that the public be excluded from the following part of proceedings of this meeting:

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PUBLIC EXCLUDED DECISIONS		
5.1.1 Confidential Lakes District Health Board minutes 13th November 2020 5.1.2 Capital charge payment for 6 months to 31 December 2020 5.1.3 Lakes Transition to MCP Implementation Business Case 5.1.4 Draft Policies for approval 5.1.5 Project Management Services Project Mauri Ora Mental Health Building 5.1.6 Draft Annual Report 5.1.7 Credentialing reports	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act.
PUBLIC EXCLUDED REPORTS		
5.2.2 Chief Executive Confidential report 5.2.3 Clinical Directorate Report 5.2.4 CFO Confidential Financial report 5.2.5 Human Resources Report 5.2.6 Māori Equity Plan (draft) 5.2.7 TRHoTA letter regarding Te Arawa Health Strategy	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act
PUBLIC EXCLUDED INFORMATION AND CORRESPONDENCE		
5.3.1 Draft minutes Finance & Audit Committee 23rd November 2020 5.3.2 Draft minutes Hospital Advisory Committee 23rd November 2020	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act

PUBLIC

SCHEDULE OF TASKS LAKES DISTRICT HEALTH BOARD MEETING

11th December 2020

No.	Action	Responsibility Of	Timeframe	Status
1.	It was asked if the Chair could consider making a public comment with regards to COVID and remaining alert, using the COVID tracer app etc. The Chair endorsed this and the ongoing vigilance required. The Chief Executive will action with the Communications Officer.	Chief Executive	ASAP	
2.	It was noted that the Board receive a range of perspectives in the Board agenda and that there is a need to bring everything together in an integrated, cohesive manner to address the equity plan	Chief Executive	February / March	
3.	Influenza immunisation – the Chair asked if a report can be provided with regards to Māori children immunisation rates and the work being done on this service delivery.	Chief Executive	ASAP	

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PUBLIC EXCLUDED		PUBLIC DOMAIN	✓

To:	Lakes District Health Board
From:	Nick Saville-Wood, Chief Executive
Endorsed by:	N/A
Date:	12th February 2021
Agenda No:	**3.2**
Subject:	**Chief Executive Report**

For approval		**For action**		**For information**	✓

Purpose:

To provide the Lakes District Health Board with an update on the key activities underway for Lakes DHB.

Updates for Board information:

Pou Herenga Eru George:
I would like to thank the Board members who attended Eru's tangi at Kearoa Marae and the memorial ceremony at the atrium.

We acknowledge the significant work that Eru did for Lakes DHB and the loss we all feel with his passing on.

COVID 19 Response:

Surge Planning:
Following the Northland case, Lakes DHB increased the opening times of our two testing stations for two weeks until Sunday 7 February. They were opened to seven days per week and longer operating hours. Although we hadn't seen the demand on testing which occurred in Northland there has been an increase from the previous week in both the Rotorua and Taupo testing centres. Our average daily testing volumes were about seven for Rotorua and six for Taupo which is compared to 26 in Rotorua and 28 in Taupo on the 26 January.

There is a plan if we are required to rapidly increase our testing capacity. However it does need to be noted that to do so will result in us redirecting staff which will impact normal performance objectives such as immunisation etc. We have identified staff available to call in to provide surge capacity around testing and contact tracing. Facilities and IS have necessary equipment in store to enable us to support additional testing centres and the COVID management structure cover has been agreed.

Managed Isolation Facilities:
The recent infection of a Northland resident which has been linked to their stay at a MIF in Auckland has again put the spotlight on our border controls. Work is currently being undertaken to understand

the possible impact air conditioning may have in potentially spreading the disease.

A number of further measures have been introduced. Firstly, the introduction of a day zero test to supplement both the day three and day 12 tests. Travellers from the UK and USA are required to show a negative COVID 19 test result before embarking on their journeys. A further change will be implemented in February with the introduction of the daily saliva testing of all staff working in the MIFs. This will not replace the current nasal swabbing routines but will supplement it.

In the last staff testing cycle we achieved 97% of staff tested within the fortnight. We still have some challenges with a small number of staff that are from out of the area and we have no visibility of their testing if they have it done in their home town. This can mean that the result does not reach us until after the end of the testing cycle is missed off the report.

As at 26 Jan 2021 we have had a total of 6,286 guests in our three MIF facilities. 5,965 guests have completed their stay and left us. There are currently 321 guests in the three facilities.

Māori Equity Plan and programme:

The plan is currently with Te Roopu Hauora o Te Arawa and Ariki's office to consider and will be a substantive agenda item for the Board's Māori Equity Committee.

Heart Health:
Te Kuku o te Manawa is a Māori leadership group established September 2020, to provide strategic direction for the prevention and management of cardiovascular disease and diabetes among Māori residing within Rotorua, and the Lakes DHB rohe. The roopu comprises members from a range of backgrounds, skill sets and connections including; clinicians (DHB and community), local Māori health providers and Te Puni Kokiri representation.

The roopu held frequent meetings during September – December 2020, taking stock of a number of aspects related to epidemiology and service delivery. A number of structural barriers were identified in the provision of services that contribute to the prevention and management of CVD and diabetes. A recurring theme that emerged throughout the initial working phase of Te Kuku o te Manawa is the short-term contract tenure of Māori providers. This is destabilising (e.g. Māori workforce recruitment and retention), discouraging (e.g. Māori provider confidence, inability to long term plan, financial uncertainty) and inefficient, and highlights inequitable Māori health provider contracting funding and arrangement. Solutions for improving the prevention and management of CVD and diabetes for Māori need time to be developed, tested and refined.

Longer-term contracts are being considered for Māori providers. We believe that this can be achieved with the standard five-year contracting arrangements and implemented when contracts are renewed and there is evidence of service need, effectiveness and funding available.

The next steps for the group this year are to consider a range of interventions to start to address some of the key risk factors including: opportunistic CV screening (e.g. blood pressure, blood glucose); community-based smoking cessation interventions; and enhanced workplace interventions that would target young Māori men. We will also start a project that aims to improve the information that is sent to people awaiting their first specialist and follow-up appointments for management of CVD.

Māori Health Students:
Lakes DHB hosted six Māori health students over the summer; two 4th year medical students, a student midwife, nurse, psychologist and social worker. This educational programme focused on Māori health equity in the areas of CVD, bowel cancer screening, MMR vaccination, smoke free pregnancies, patient satisfaction with inpatient stays and an attendance at outpatient clinics. At the time of writing the two medical students presented their work to a DHB audience including a range of recommendations. These two presentations were outstanding and we propose to implement at least some of the recommendations made to us. Overall, this programme has been successful and we would like to continue with it again at the end of this calendar year.

Immunisation:

There is significant focus on our latest measles campaign and also childhood immunisations. Primary care provides the majority of immunisations in our rohe and we supplement this with an outreach immunisation service and with Māori health providers.

There has been a worrying decline in the immunisation rates particularly amongst our socially deprived and Māori whānau.

For the last quarter of 2020 i.e. October, November and December, only for children at the eight month milestone, we saw lower success in the more highly deprived categories, greater decline rates for Māori and Pacific and significantly lower fully immunised Māori babies.

Ethnicity	Fully Immunised
NZE	90.1%
Maori	65.5%
Pacific	85.7%
Asian	97.1%

We are recruiting a project manager to work alongside primary care, our outreach teams and our Māori providers to address this situation.

COVID Vaccination program:

Medsafe has granted provisional approval of the Pfizer vaccine which will now allow the roll out of the first phase of the programme. This will be targeted at people at most risk of exposure to the virus.

The roll out will be as follows:

1. Border and MIQ workers and their immediate families. There are 15 DHBs nationally who have border controls at airports, ports or MIQs. It is expected that this roll out will be over three or four weeks as soon as the vaccine arrives in the country
2. Other health workers will be next and dates for this are still to be confirmed
3. Finally vaccines will be available for the wider community in the second half of this year.

The DHB has been doing some careful planning on how we can successfully undertake this vaccine roll out whilst also progressing our normal measles and childhood immunisation programmes. With the COVID testing, MIQs and significant demand continuing in the hospitals, we do have resource concerns. We are however planning to recruit a completely separate Covid vaccine rollout team but timelines may require us to compromise in the short term.

Mental Health Business Case:

The evaluation team has now selected and approved the following consultants needed to progress our new mental health inpatient facility build:

1. Project Manager - RCP
2. Quantity Surveyors – Rider Levitt Bucknall
3. Architect – Chow Hill
4. Building Services Engineering – WSP

Wherever possible the DHB will look to have local sub-contractors engaged to deliver on this project. We will only be able to determine the scale of this once we have engaged our main contractor and the specific elements of the project build complexity are known.

LAKES DISTRICT HEALTH BOARD

PUBLIC EXCLUDED		PUBLIC DOMAIN	✓

To:	Lakes DHB Board
From:	Teemarangi Daniela, Strategy Planning and Funding
Endorsed by:	Karen Evison, Director Strategy Planning and Funding Phyllis Tangitu, General Manager Maori Health
Date:	12th February 2021
Agenda No:	**3.2.1**
Subject:	**Te Kaoreore Dashboard**

For approval		For action		For information	✓

Purpose:
To provide the Board with information on the development and performance of priority health indicators investigating variation between Māori and non Māori.

Summary:
Overall, data indicate both positive and negative variation in most indicators.

The positive indicators for December are that:

(a) Māori who smoke are more likely to have received advice to quit than others who smoke (84% vs. 73% respectively; equity ratio[1] 1.15). Whilst this is positive, 41 Māori inpatients were not provided with support to quit smoking. There is on-going work to help embed the new system change for documentation of smoking status and ongoing educational opportunities provided to each inpatient ward nurse to tautoko them through this process.

(b) There was a reduction in the number of Māori who presented to ED (N=448 for December vs. N=1,070 for November). Additionally, the same proportion of Māori and non-Māori had an ED stay of less than six hours.

The indicators that indicate the system is continuing to underperform for Māori are:

(a) Preschool children who attend dental appointments are still lower among Māori than non-Māori. Rates for Māori vs. non-Māori were 77% vs. 86%%, respectively (equity ratio 0.90). However, the attendance rates for December for Māori preschool children are the highest for the 2020 calendar year. Primary school children attendance rates are higher, which is expected as Community Oral Health has dental clinics and mobile dental units on a 12 month rotational schedule visiting all primary schools in the Lakes rohe. However an equity gap remains (Māori vs. non-Māori: 93% vs. 97%, equity ratio 0.96).

(b) Māori on average wait 30 more days from referral to planned treatment than non-Māori, average awaiting days are particularly higher for elective orthopaedic inpatients, treatment may have occurred outside of Lakes DHB.

(c) Outpatient attendance continues to be inequitable. For adults, the attendance rates for Māori vs. non Māori are 84% vs. 95%[2] (equity ratio 0.88). For under 15-year-olds

[1] An equity ratio of > 1 shows that Māori are better off than non-Māori. A ratio < 1indicates inequity for Māori and the lower the ratio the greater the inequity.
[2] We have shifted to using a positive frame, given that most Māori do attend appointments. The attendance rates correspond to DNA rates of 16 vs. 5%, for Māori vs. Non-Māori

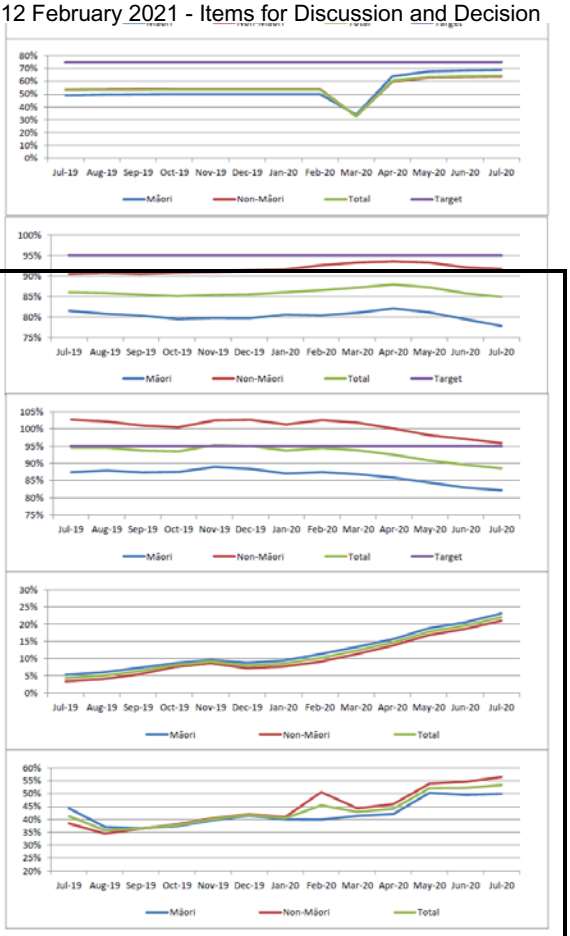
attendance rates are lower (75% vs. 93%[3]; equity ratio 0.81). A six-month pilot project as been implemented to create and test an enhanced process to increase attendance at outpatient medical appointments, with a deliberate focus on Māori patients. Pou Awhina and Pou Tiaki will be undertaking out this mahi and will be led and managed by Te Aka Matua Manager. This is hoped to show a more positive outcome for Māori and presentation on Te Kaoreore.

This month will not include a deep dive report for cardiovascular disease inpatients due to unforeseen circumstances. This report will be available for the next Board meeting.

Recommendation:
The Lakes District Health Board members note this information.

[3] Correspond to DNA rates of 25% vs. 7% for Māori vs. Non-Māori

Influenza Immunisation Covergae (65+) (Season to date)	Māori	75%	69%	68%	49%
	Non-Māori	75%	64%	63%	54%
	Total	75%	64%	64%	53%
R12M Immunisation Coverage at 8 Months of Age	Māori	95%	78%	79%	81%
	Non-Māori	95%	92%	92%	90%
	Total	95%	85%	86%	86%
Oral Health - Pre-school Dental enrolment	Māori	95%	82%	83%	87%
	Non-Māori	95%	96%	97%	103%
	Total	95%	89%	90%	95%
Oral Health - Pre-school Dental overdue for examiniation	Māori	0%	23%	21%	5%
	Non-Māori	0%	21%	19%	3%
	Total	0%	22%	20%	4%
Oral Health - Primary School Dental overdue for examiniation	Māori	0%	50%	50%	44%
	Non-Māori	0%	56%	55%	38%
	Total	0%	53%	52%	41%



Green, at or exceeding target.
Amber, within 10 percentage points of target.
Red, more than 10 percentage points adverse to target.

Hospital Services KPIs

Aspirations of Maori Equity - For the Year to 31 December 2020

Smoking Advice to Quit

DQ11e - % of admitted pts given smoking advice to quit (Age > 14 years) - Maori vs Non-Maori
Organisation: Lakes District Health Board - Dec 2020

Dec 2020		Year to Dec 2020	
Actual	84%	Actual	83%
Target	73%	Target	79%
Variance	10%	Variance	3%

Percentage of inpatients (admitted) 15 years and over that have been identified as smokers and receive advice to quit. Numerator: Number of discharges with smoking diagnosis and with counselling for tobacco use disorder. Denominator: Number of discharges 15 years and over with smoking diagnosis. Target: We plan to give all patients advice to quit - the goal is 100%.

DQ11m - Number of Inpatient Maori not given Smoking advice to Quit (aged over 14 years old)
Organisation: Lakes District Health Board - Dec 2020

Dec 2020		Year to Dec 2020	
Actual	41	Actual	249
Target	0	Target	0
Variance	(41)	Variance	(249)

A count of patient with smoking diagnosis and where there is no record of counselling for tobacco use. Target: We aim to give all patients advice to quit.

Emergency Dept

ED Presentations per 100,000 population - comparing Maori to Non-Maori
Organisation: Lakes District Health Board - Dec 2020

Dec 2020		Year to Dec 2020	
Actual	4,419	Actual	25,164
Target	3,971	Target	20,820
Variance	(448)	Variance	(4,344)

The number of ED Presentations per 100,000 population. Both Rotorua and Taupo are included in the total. Higher Maori presentations suggest that they are either more acute or they are not seeing their GP before coming to ED. The Population of Lakes DHB is 110410 and Maori is 34.7% of this. Maori are compared to Non-Maori.

ED90 Percentage of ED Stays Less Than 6 Hours - Comparing Maori to Non-Maori (Target is 90%)
Organisation: Lakes District Health Board - Dec 2020

Dec 2020		Year to Dec 2020	
Actual	92%	Actual	90%
Target	92%	Target	90%
Variance	0%	Variance	1%

Percent of presentations to ED who, from time of presentation are discharged, admitted or transferred from ED within 6 hours. Numerator: Number of patients who are transferred or discharged from ED within 6 hours of arrival including formal observation in ED. Denominator: All presentations. Excluded from both: Patients who do not wait for treatment; GP referrals that are assessed at the ED triage desk and directed elsewhere without further ED intervention; planned/pre-arranged patients having outpatient style treatment. Target: Nationally defined.

Outpatient DNAs - comparing Maori to Non-Maori

PP08M - DNA Rate - % failed to Attend Outpatients Clinics - Compares Maori to Non-Maori
Organisation: Lakes District Health Board - Dec 2020

Dec 2020		Year to Dec 2020	
Actual	16%	Actual	16%
Target	5%	Target	5%
Variance	(12%)	Variance	(11%)

DNA Rate - % failed to Attend Outpatients Clinics - Compares Maori to Non-Maori

PP08M15 - DNA Rate Under 15 yr olds - Compares Maori to Non-Maori
Organisation: Lakes District Health Board - Dec 2020

Dec 2020		Year to Dec 2020	
Actual	25%	Actual	22%
Target	7%	Target	6%
Variance	(18%)	Variance	(16%)

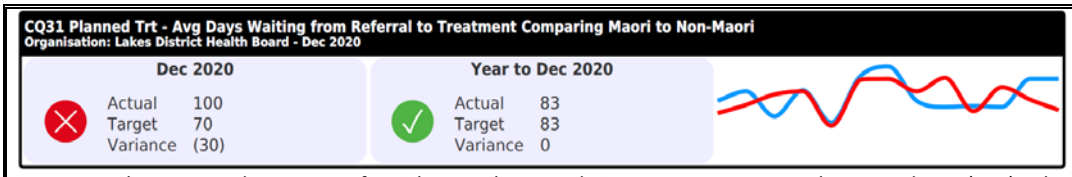
PP08M15 - DNA Rate Under 15 yr olds - Compares Maori to Non-Maori

Other Clinical Indicators

CQ30 Cardiovascular Inpatients per 100,000 population - Maori vs Non-Maori
Organisation: Lakes District Health Board - Dec 2020

Dec 2020		Year to Dec 2020	
Actual	29	Actual	167
Target	32	Target	224
Variance	3	Variance	58

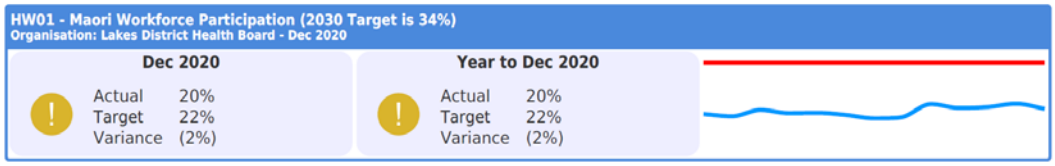
Various ICD10 Clinical Diagnosis codes are selected and each patient with these on discharge is counted. The population of Lakes DHB is 110410 and Maori is 34.7% of this. Maori are compared to Non-Maori



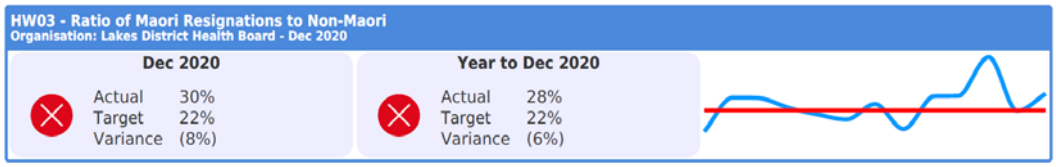
Compares the average days waiting for either an elective admission, or a First Specialist Attendance (FSA). The target is Other ethnicities excluding Maori and Pacific Island people.

Total number of births (term) below 10th centile birthweight for male and female babies according to gestational age (37-42 weeks). National 10th centile used. The target number is the Non-Maori rate. The warning indicator turns red if the Maori small baby rate is more than 20% above the Non-Maori rate per 100000.

Workforce Maori Participation



The percentage of Maori employees by DHB Facility. Numerator: - a count of all Maori employees Denominator: - a count of all employees



HW02 - Ratio of Resignations - Maori vs Non-Maori Numerator: - a count of all new hire Maori Employees Denominator: - a count of all new hire employees

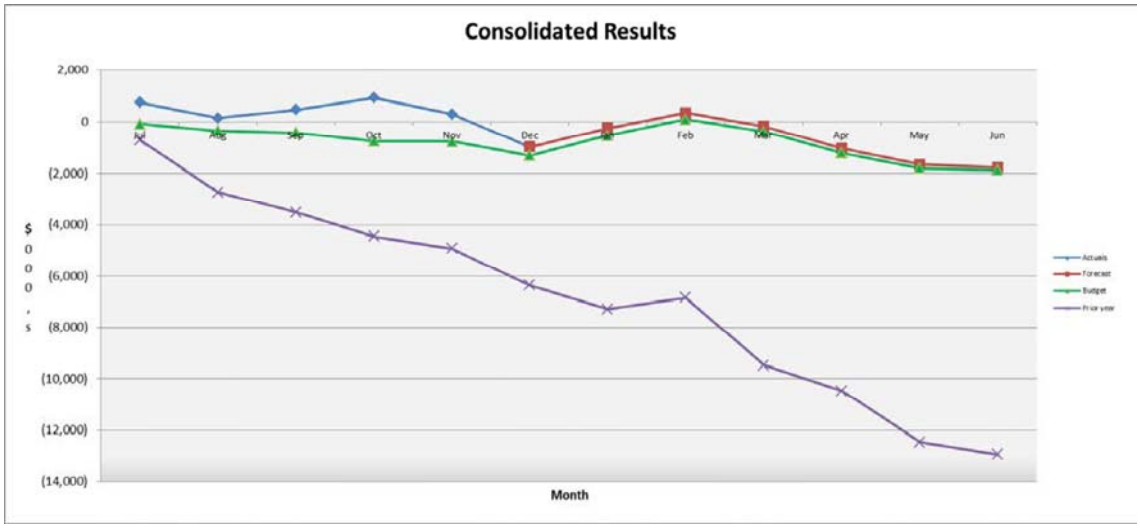
MONTHLY FINANCIAL REPORT TO THE BOARD

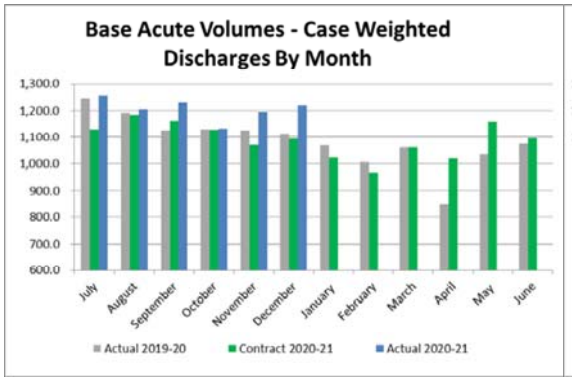
31 December 2020

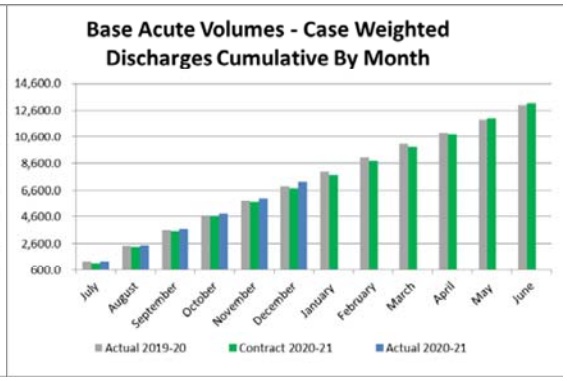
Surplus/(Deficit)	Month 31 December, 2020			December 2019	Year to Date 31 December, 2020			December 2019	Full Year Forecast As at 31 December, 2020		
	Actual $000's	Budget $000's	Variance $000's	Actual $000's	Actual $000's	Budget $000's	Variance $000's	Actual $000's	Forecast $000's	Budget $000's	Variance $000's
Funder Total	415	441	(26)	(318)	(3,377)	(3,942)	565	(322)	(1,795)	(2,880)	1,086
Governance & Administration	(298)	(22)	(277)	84	93	(28)	120	(83)	325	(2)	327
Provider - HSSS	(1,401)	(968)	(433)	(1,225)	2,298	2,654	(355)	(5,953)	(263)	1,001	(1,264)
Consolidated Result	**(1,284)**	**(549)**	**(735)**	**(1,459)**	**(986)**	**(1,316)**	**330**	**(6,358)**	**(1,733)**	**(1,881)**	**148**

The Financial Statements are formatted to show adverse variances in brackets and favourable variances without brackets.

Consolidated Result:







CFO Comments

The result for the month of December is unfavourable to budget with a consolidated deficit of ($1,284k) resulting in an unfavourable variance to budget for the month of ($735k); a ($986k) deficit year to date with a favourable variance of $330k.

Items contributing to the unfavourable operating month (variance to budget) include:

	$000
• Continuity of supply funding to offset the impact of COVID-19 on increasing pharmaceutical costs (1/12)	141
• Well child funding contract delayed -year to date catch up	497
• Specialist alcohol and drug funding timing	255
• Pharmaceuticals costs, Community and PCTs, over budget	(299)
• Surgical inpatients - costs over budget due to timing difference with phasing of budget.	(196)
• IDF outflow costs higher than budget, mainly Waikato & Auckland DHBs	(381)
• Mental health costs over budget -timing	254
• Health of older persons -mainly due to high household management, residential rest home and hospital costs	(248)
• Net of other Funder Arm variances	(49)
• Consultancy for G&A relating to supplier contract disputes and restructuring	(100)
• Capital charge -year to date correction G&A	(120)
• IDF inflow revenue higher than budget	36
• Staff costs Medical -including locums	96
• Staff costs Nursing -higher volumes than expected for December	(180)
• Staff costs Management and admin- FTE and rate variances	(35)
• Renal CAPD supplies	(94)
• Treatment disposals across a number of services due to higher volumes	(99)
• Outsourced clinical costs over budget -Southern Cross planned care	(97)
• Implants and prosthetics hips, shoulders and ACC implants	(79)
• In hospital pharmaceuticals including an over run in nutrition drugs	(71)
• Facilities -mainly timing of building maintenance	160
• IT system depreciation -catch up of capitalisation of work in progress	(77)
• The net impact of the range of other variances	(49)
	(735)

Items contributing to the favourable operating year to date (variance to budget) include:

	$000
Prior Year:	
• IDF Outflow wash-up 2019/20	640
• IDF Inflow wash-up 2019/20	305
	945
• IDF inflow revenue	49
• Funding contracts over budget YTD	839
• Pharmaceutical costs including cancer treatments (PCTs)	(1,845)
• IDF outflows higher than budget	(323)
• Other personal health costs under budget across a range of contracts	270
• Mental Health variance	45
• HOP -residential care hospitals	166
• HOP -Aging in place	275
• HOP -other	119
• Net of other Funder Division variances	25
• ACC revenue higher than budget, mainly Spectrum electives	419

• Donation revenue, mainly pandemic equipment and supplies provided by MoH	942
• Medical staff costs net of locums costs	(502)
• Staff costs Nursing -higher volumes year to date	(465)
• Outsourced clinical costs mainly associated with planned care catch up	(685)
• Treatment disposables including renal supplies, district nursing supplies etc	(522)
• Facilities -mainly timing of building maintenance	526
• Governance and Admin costs under budget for the month	120
• The net impact of the range of other variances	(68)
	330

COVID-19 related pandemic net impact

Additional costs specifically relating directly to the response to the COVID-19 pandemic in the Provider Arm are as follows:	**Month $000**	**Year to date $000**	**Inception to date $000**
Revenue -MoH funding	609	3,681	4,739
Staff costs -additional including overtime, temporary staff	(434)	(2,169)	(3,679)
Outsourced services	(88)	(957)	(1,228)
Clinical supplies	(17)	(48)	(161)
Infrastructure and non-clinical supplies	(112)	(633)	(1,186)
Total additional net impact of the COVID-19 pandemic	**(42)**	**(126)**	**(1,515)**

Funder Arm

The Funder had an unfavourable variance for the month of ($26k); favourable YTD $565k

Major items include:

- Funding was over budget due to a year to date catch up on some contracts including Well Child revenue $497, planned care revenue $59k, Rheumatic fever prevention funding $73k, national SIDU funding $66k, before school funding $81k, specialist alcohol and drug funding $255k and continuity of supply funding for pharmaceuticals $141k
- Other categories of revenue were under budget for the month by ($91k), excluding offsets of ($538k), due mainly to external revenue contracts not yet being in place or timing differences.
- Community pharmaceutical costs were over budget by ($237k) due to dispensing patterns and increased costs of pharmaceuticals. This is partially offset by additional funding above.
- Pharmaceutical cancer treatments (PCTs) and immunosuppressant drugs were over budget by ($62k) due to higher in hospital use and costs of products and cost increases.
- IDF outflows were under budget by ($381k), mainly with Waikato DHB and Auckland DHB.
- Health of older person's costs residential care hospitals were over for the month by ($248k) due to YTD catch up on claiming.

Governance & Administration Arm

Governance & Administration had an unfavourable variance for the month of ($277k); YTD $120k:

The variance for the month comes mainly from capital charge, consultancy and legal costs going over budget.

Provider Arm

The Provider had a favourable variance for the month of ($433k), YTD ($355k):

Major items include:

The Month's variance for the provider arm is mainly due to:

- IDF inflow revenue higher than budget by $36k, mainly in surgical services and the emergency department.
- Staff costs Medical and medical outsourced costs (locums) were under budget by $96k mainly due to vacancies and savings in some allowances.
- Staff costs Nursing were higher than budget by)$180k) due to higher than planned volumes in December, particularly in Medical Services.
- Staff costs Management and administration were over budget by $35k partially due to redundancy costs.
- Renal CAPD supplies were over budget by ($94k) due to high volumes during the month.
- Treatment disposals across a number of services were over budget by ($99k) due to higher volumes of certain procedures in theatre.
- Outsourced clinical costs over budget including Southern Cross planned care catch up of ($97k)
- Implants and prosthetics hips, shoulders and ACC implants over budget by ($79k) which was demand driven.
- In hospital pharmaceuticals were over budget by ($91k) including an over run in nutrition drugs re Gaucher disease and immunosuppression drugs.
- Facilities Savings to budget by $150k mainly the timing of building maintenance costs
- IT system depreciation over by ($77k) due to a catch up of capitalisation of work in progress
- The net impact of the range of other variances ($49k).

PUBLIC EXCLUDED		**PUBLIC DOMAIN**	✓

To:	Lakes District Health Board
From:	General Manager Māori Health, Phyllis Tangitu
Endorsed by:	Nick Saville-Wood, Chief Executive
Date:	12th February 2021
Agenda No:	**3.4**
Subject:	**Lakes DHB Māori Health Report**

For approval		**For action**		**For information**	✓

Purpose
To provide the Board with an update on the Māori Health division's activities for December 2020 through to February 2021.

HE POROPOROAKI KIA ERU GEORGE - Pou Herenga
25th January 1949 to 28th December 2020

He tātai whetū ki te Rangi
Ko Horohoro ki te whenua
Ko Itupaoa e rere ana i runga o Horohoro Maunga

Māori Health mourn the passing of our treasured rangatira, leader, kaumatua, Eru George. Following a long illness, Eru passed peacefully at his Tapsell Road home, surrounded by whānau. During Eru's 20+ years working for Lakes DHB, Eru's knowledge of tikanga, te reo māori and whakapapa was unsurpassed. This knowledge will remain etched as his legacy within the corridors and grounds of our Rotorua and Taupō Hospitals. His expertise within te ao māori and of matauranga (knowledge) māori and the ability to navigate alongside all walks of life within Te Arawa and Ngāti Tūwharetoa is a rare skill that Eru performed with ease. His wisdom and wise counsel is sorely missed. We were blessed to have shared with Eru's whānau and our staff a memorial service on Friday 22nd January. Words and memories befitting a leader of Eru's status were shared by Ngāti Whakaue kaumatua, Monty

Morrison, Board Chair Dr Jim Mather, CE Nick Saville-Wood, Dr Johan Morreau, Roger Pikia and Eru's daughter Natasha Ruttley.

Eru lay at his marae, Kearoa, and was laid to rest in Mōkai at the side of his beloved wife, Ngaire.

Haere atu rā e te Pou Herenga, te rangatira, e te Pāpā, e kore rawa tātou i wareware ia koe. Rest in peace.

Local:

Rangatira
(Weaving the people together, developing strong relationships)

Te Ara ki Tikitiki o Rangi 2020-2025 presentation
On Tuesday 8th December 2020, Te Roopū Hauora o Te Arawa member Jenny Kaka-Scott supported by Executive members of the iwi governance board presented 'Te Ara ki Tikitiki o Rangi' to Lakes DHB staff and community provider members. The plan was extremely well received, with the collective comments all echoing the timeliness for such a plan to be implemented across the LDHB community. The General Manager Māori Health was able to respond and noted the comments to be taken back to Board level. Further to this presentation, Māori Health also supported TRHoTA iwi governance presentation to Ngāti Pikiao at Tapuaeharūrū Marae on Friday 11th December 2020. Presentations have continued throughout Te Arawa and the response has been positive.

Manaaki Ora programme launch
Thursday 10th December 2020 saw Māori Health attend the launch of 'Tipu Ora: Tiaki Whānau. The launch was also a time to acknowledge the work of (the late) Pihopa and Inez Kingi, whom were innovators and the developers of Māori Providers in the late 1980's. Inez Kingi began a "Kaitiaki" service in the mid 1900's, the Tiaki Whānau service that will support young hapū māmā and their whānau was likened to the innovation developed back then. Our hapu mama will get intensive support to improve their whānau wellbeing with a new kaupapa Māori approach to the Well Child Tamariki Ora (WCTO) programme.
The launch was held on the 10th December at Paratehoata Marae (Tunohopu). Prime Minister Jacinda Ardern was guest of honour at the launch.

Pukenga
(Fostering and up skilling individual's accountability health and safety, best practice)

Don Matheson visit to Lakes District
Thursday 14th January 2021, Don Matheson was hosted by Dr Hayden McRobbie. Don (Chief Advisor – Ministry of Health) came to visit Lakes DHB providers. GM Māori Health was able to accompany the group, and had the opportunity of introducing Don to the communities. Don visited Western Heights Medical Centre, Fordlands Community and Te Aka Mauri hub to meet with Ezra Schuster (WISP project in schools).

Parksyde (The Older Persons Community Centre Trust) visit
The General Manager Māori Health visited Parksyde on Monday 1 December 2020 and met with Robyn Skelton, the manager of Parksyde. Robyn shared with Phyllis the developments occurring at Parksyde, and sought Phyllis' advice on working with Māori. She was keen to include Māori more, and ensure they could access the services available.

Tuesday 17th December 2020 also saw the opening of Parksyde House, Parksydes Stage One plan for the older people in Rotorua, which also was a welcome to Age Concern and Grey Power joining with Parksyde.

Kotahitanga (Moving as one – Unity Purpose and Direction)

Pūrākau Development
On Tuesday 8 December Māori Health took a contingent to visit "Te Waharoa" (Te Kuwatawata model in Tairawhiti District Health Board). Kim Eriksen and Maria Hoko, Ngāti Tūwharetoa were among the contingent. Kim and Maria will be leading the development in Taupō/Turangi. This team participated in the service work and enabled us to attend a Mataora (navigator) training session.

In terms of further pūrākau meetings, a Hui to be held on the 18th of February with local Te Arawa kaumatua and experts.

Tuheao Tuhepō – Reorua Strategy update
In 2019 Lakes DHB affirmed our commitment to becoming a Reorua organisation and endorsed the Reorua strategy Tuheao Tuhepō.

Tuheao Tuhepo aim is to Increase the opportunities to allow more people to hear, learn and speak te reo māori affirms our commitment as an organisation to nurturing Te Reo Māori, and honouring our obligations to Te Tiriti o Waitangi.

Tuheao, Tuhepo aims to achieve goals that support:

- *Increase of the Use of Te Reo Māori in the Lakes DHB environments*
- *Increase the visibility of Te Reo Māori in Lakes DHB environments*
- *Strengthen Māori identity and cultural competence in the Lakes DHB environments.*

Māori Language Classes
The 18 month certificate is a tertiary level initiative through Te Whare Wānanga o Awanuiarangi (TWWoA). Te Pōkaitahi was first launched over one year ago with Auckland and Waitematā DHB's, Lakes DHB is the fifth DHB to offer this opportunity to staff. The course aims to develop māori language skills and understanding within the workplace environment. Learning is contextualised for the health environment, incorporating workplace phrases within the course structure. Lakes DHB Māori Health division and our Pou Herenga, Eru George, worked to ensure that the context is Te Arawa centric and incorporates Te Arawa kawa, tikanga (protocols), dialect, phrases, language and history. Lakes DHB have three classes running at Rotorua Hospital for Pokaitahi Reo Level 3. Our tauira are made up of staff, whānau and are tutored weekly by Te Whare Wānanga o Awanuiarangi (TWWoA) kaiako.

Taupō Hospital starts in March 2021. TWWoA are currently finalising the employment of a kaiako (tutor) for this cohort.

Reo pronunciation
Te Aka Matua offer a regular, weekly lunchtime thirty minute session held in the Atrium. The sessions use simple pronunciation repetition and waiata to strengthen staffs basic reo māori pronunciation. The sessions will continue through 2021.

Renaming Service Area's and the Use of Te Reo (Rotorua Hospital):

Mid 2020, Māori Health was approached by Dr Kate Kerr, to support the development of bilingual signage throughout the Emergency Department. Kate was also keen to consider a Māori name for the Emergency Department. Māori Health established a project to consider this work, and also Reorua signage and naming of all the service areas throughout the Rotorua Hospital. Te Aka Matua, Māori Health and Kate are gathering the information required, and will liaise with COO and the Signage committee to implement what is developed.

In the past year, Māori Health has received increasing requests for Reorua, and Māori names for services and or spaces across the Provider Arms. All requests come through the Māori Health PA office, and these are considered by the team, with external support from Ngāti Whakaue and Kanapu Rangitauira, a registered reo māori translator.

Taupō Hospital

GM Māori Health and Mere Vercoe are working with Angela Guy, Dylan Tahau and David Rameka, to consider the overall Reorua needs of Taupō Hospital and staff. A project is underway to establish a relationship with Ngāti Hinerau and Ngāti Hineure (original owners of the land). Further development on supporting the Māori development and Māori service delivery needs within Taupō are also in development.

Reo Resource Packages for Service Area's

Māori Health has developed Reo Resource packages to support staff who are learning to speak Te Reo. These packages include resources with Art pieces, information and posters of commonly used words e.g. days of the week, the months of the year, words used on the marae, calendar (Maramataka) We have also sourced map's showing where all the marae are located within the BOP region. A 'Map of Aotearoa' and the full Māori names of places and a range of other resources.

Consideration has been given to specific area's e.g. the Children's ward and Te Aka Mauri, these packages will include information tailored for whānau babies and children.

Dictionary: Māori Health have considered kupu that can be included in the Lakes DHB online dictionary. Two hundred words have been added to the dictionary list. Kanapu Rangitauira (qualified translator) has approved these words. The online dictionary is to be available within the Microsoft Word environment to all staff.

Booklet for Staff (Lakes council)

Lakes DHB Māori Health have a staff resource "Kairangi" this has been reviewed (by Communications and Māori Health) and will be developed into a staff pocket book that includes information on Tikanga and Kawa, waiata, and karakia, and information on Māori Health. Most of the information included in Kairangi currently will be put in the Māori Health section of the Lakes DHB website.

Waiata and Karakia

Waiata and Karakia will be placed in the main meeting room areas. These Waiata and Karakia have been selected because they are used for events like pōhiri, mihi whakatau and memorial services and are used in Te Reo classes and the morning karakia. This allows staff members to learn the words and to be able to participate in any of these events. The goals

are for staff members to be able to support their own events that they have in their service, and for staff to be able to memorise these so eventually these will be taken down over time. Again by having these waiata and karakia available on the meeting rooms.

Pūrākau

A Business Case is under development with a hui to be held on the 18th of February with local Kaumatua and Pūrākau experts of Te Arawa.

Summary:

An increase in awareness and the desire to learn more of Te Reo is occurring across the organisation. The morning karakia lead by Te Aka Matua, has significantly supported and encouraged this development.

Recommendations

That the Lakes DHB notes this report

LAKES DISTRICT HEALTH BOARD

PUBLIC EXCLUDED		PUBLIC DOMAIN	✓

To:	Lakes DHB Board
From:	Karen Evison, Director Strategy Planning and Funding
Endorsed by:	Nick Saville-Wood, Chief Executive
Date:	12th February 2021
Agenda No:	**3.5**
Subject:	**Key Highlights, Strategy Planning and Funding**

For approval		For action		For information	✓

Purpose:
To give the Board an overview of some of the work that is currently being undertaken by the Strategy, Planning and Funding Team (SP&F).

Planned Care Improvement Initiative: Fit for Surgery for Māori - Accessing Planned Care
The aim of this project is to provide an alternative referral and treatment pathway to improve lifestyle prior to surgery and reduce the risk of perioperative complications.

Using a fit for surgery model of care, we plan to implement a pilot project that delivers a culturally appropriate approach, closer to home, to prepare people for surgical intervention by engaging them early on in their preoperative journey and improving their lifestyle (appropriate nutrition, physical activity, and addressing smoking and alcohol use).

Lakes DHB is currently working in partnership with Korowai Aroha on a pilot programme that will see primary assessments and optimisation of orthopaedic patients for surgery delivered in the community. The Lakes DHB pre-assessment clinic team in partnership with Korowai Aroha have established a pathway and are now working through the process that will realise this goal.

The highlight of working on this project has been the willingness of both the Lakes DHB pre-assessment clinic team and Korowai Aroha to recognise each others strengths in their given areas and build upon these strengths to create a better pathway for improved health outcomes for Māori.

Mental Health Residential and Community Services Review
This work will describe the current bed provision within (and available to) Lakes DHB; the current utilisation patterns of our residential, respite and residential aligned contracted community service provision (e.g. Community Support Worker provision) and a description of the access pathways to each of these services. This initial phase will also include a benchmark review against inpatient, residential, respite and supported living provision of DHBs with similar demographic characteristics.

This initial analysis will then be used to help inform a more comprehensive appraisal of different models of long and short term residential care and respite services to inform options for future service development in the Lakes DHB rohe.

The project is being jointly led by Dr Frances Hughes and Marlane Sherborne (Consumer Consultant).

Workforce Capacity and Capability Survey
This project has been commissioned and the 75 question tool will be circulated to all employees working in the mental health and addiction sector the week commencing 8th February.

As set out in Te Ara Tauwhirotanga, Lakes DHB is committed to building and nurturing a well supported, caring mental health and addictions workforce. The intent is to gain a more comprehensive understanding of our workforce and identify where there are gaps and opportunities to increase resourcing, training and professional development.

Mental Health & Addictions Sector Meeting 18th February.
27 lead mental health and addictions staff will attend a sector meeting to continue the sector growth, knowledge and understanding of the current Te Ara Tauwhirotanga workstreams and to consider and agree on a sector wide outcomes dashboard that focuses on using Te Ara Tauwhirotanga principles as the guidance for knowledge application and evaluation.

Peer Workforce Framework
Initial papers to the DHB Executive gained approval to move to the development of a business case putting forth a proposed structure, process, benefits and financial investment for growing a lived experience workforce. The proposal is initially for the employment of 8 Peer Support Specialist and a Professional Lead Peer Support role.

PUBLIC EXCLUDED		PUBLIC DOMAIN	✓

To:	Lakes District Health Board
From:	H Schoeman, GM Human Resources
Endorsed by:	N Saville-Wood, Chief Executive
Date:	12th February 2021
Agenda No:	**3.6**
Subject:	**MoH report: Workforce Planning and Forecasting**

For approval		**For action**		**For information**	✓

Background:
The Ministry of Health (MoH) has been supporting a national analytics programme of work together with Ernst Young as analytics partner. Each quarter they will be taking a 'deep dive' approach to consider certain areas of value with resulting reporting.

With the significant contribution DHB workforce makes to the health outcomes of the New Zealand population and the expenditure incurred in realising these outcomes, the December report focuses on recent trends in DHB workforce planning and forecasting.

It is important to note that the report is less about assessing performance and more about highlighting variation and prompting focus on areas that may need further consideration. Whilst there are a range of reasons why impacts vary by DHB, the report is a useful comparison of similar peer DHBs and hospitals on the different focus areas, highlighting areas that may warrant further consideration.

Attached for the Board's information is the LDHB summary metrics report for the quarter ending December 2020.

Key observations

Workforce expenditure

Lakes DHB personnel expenditure accounted for about 35% of **total revenue** in 2019/20. This is lower than the peer average. Lakes DHB had proportionally smaller expenditure as a share of revenue on all workforce groups except Medical personnel. In particular, Nursing personnel was smaller than the peer average by 1.8 percentage points.

Workforce diversity

Māori and Pacific Peoples are under-represented in both Clinical and Corporate personnel, relative to the ethnicity mix of the DHB's population. They are over represented in terms of non-clinical personnel. These trends are similar to the peer average, but some peer DHB's have greater representation of Māori in Corporate roles and lower representation in non-clinical roles. The LDHB statistics have been highlighted to the Board through the monthly Human Resources reports, together with the key national Chief Executive targets for increasing Māori Participation in the DHB employed workforce.

Workforce skill-mix

- Lakes DHB performs similarly to peer DHB averages on most metrics covered in the report. Our medical workforce had a larger proportion of House Officers and a smaller proportion of Registrars compared to peers. The Nursing workforce had a larger

proportion of Registered Nurses than peers which can be attributed to the intakes of new graduate nurses growing a mostly junior workforce.

Internal Agency Nurse numbers are also higher than peers. Covid-19 and the Managed Isolation Facilities (MIFs) would have impacted on this. Employing vaccinators for the Covid-19 vaccination programme early this year (2021) could potentially have further impact on nursing statistics.

- Total clinical personnel costs per bed-day and bed-days per clinical FTE was similar to peer and sector averages.

- Ratios of Outsourced to Insourced personnel expenditures were at or below the sector average.

- Whilst the DHB performs similarly to peers on these metrics, growth in staff expenditure has been a driver of unfavourable variances to budget over the past few years; noting that the DHB is a participating employer in 12 national / regional Multi Employer Collective Agreements (MECAs) and 2 Single Employer Collective Agreements (SECAs).

Future reports:
The Ministry is intending to provide these Performance Reports on a two-to-three monthly basis during 2020/21 and will provide the next round of Performance Reports in February 2021. The remaining provisional topics are:

- Operating theatre and surgical flow performance (February 2021)

- Clinical supply use and expenditure profiling (March 2021)

- Resource allocation and impact on access, quality and cost (May 2021)

Recommendation:
That the Board receives this paper and attachment.

INTRODUCTION

- As part of the Ministry's DHB Performance Programme, the Ministry has established regular performance reporting.
- The reports inform performance discussions between the Minister, Ministry, DHB Chairs and Chief Executives, and provide an evidence base for planning decisions, provide a platform for prioritisation of sustainability activities, and provide focus for improvement activity.
- This A3 summarises the December Performance Report: Recent trends in DHB workforce planning and forecasting.
- The analysis provides DHBs with insights into annual workforce planning and forecasting, alongside workforce mix comparisons with peers.
- The Ministry acknowledges that DHBs have different service configurations that will influence workforce models and resourcing, and that the impacts of COVID-19 still continue to influence service delivery.
- The Ministry also acknowledges that this is the first time some of the data in this summary and accompanying report has been used in a comparative way across DHBs. We acknowledge the data is not perfect, and part of the rationale for this report is to identify opportunities to improve data quality to enable greater insights for the Ministry and DHBs.

Lakes DHB's financial performance was favourable to Plan YTD September, and has improved since year-end 2019/20.

*Lakes DHB residents are hospitalised on average at a similar rate to resident's of peer DHBs.******

Financial performance	**Key indicators**	**20/21 September YTD**	**Peer average*****	**LDHB trend from June 2019/20 YTD**	**September report (June YTD 2019/20)*******
	EBITDA as a % of revenue	4.2%	2.8%		1.7%
	Net deficit as % of revenue	0.4%	-1.1%		-2.7%
	Net deficit variance to Plan	-0.8%	0.3%		0.2%
	Working capital ratio (excl. employee entitlement provisions)	0.9	0.6		0.9
Service performance	**Key indicators**	**LDHB**		**Compared to peers******	**Compared to Sep report*******
	DHB of Domicile - Lakes DHB*				
	Unplanned hospitalisation rate per 1,000 population	121	120	1	-2
	Planned hospitalisation rate per 1,000 population	65	64	1	1
	*DHB of Service** – Rotorua Hospital*				
	Standardised readmission rate (0-28 days)	12.3%	12.0%	0.3%	-0.1%
	Unplanned Average Length of Stay (ALOS)	2.42	2.28	0.14	0.02
	Planned ALOS	1.72	1.60	0.12	-0.06
	Case-weights (from discharges with a procedure) per operating theatre	1,715.0	1,749.6	-34.6	70.5

* DHB of Domicile is used to describe the DHB's resident population (i.e., those people who live within the DHB's geographic boundaries).
** DHB of Service is used to describe the DHB that provides care for a person.

*** Refer to the appendix for peer groupings.
**** These figures are provided for reference only, given the impact of COVID-19 on service delivery in 2019/20.
*****Further information can be found in the associated detailed analysis

MINISTRY OF HEALTH
MANATŪ HAUORA

DHB performance report: Workforce planning and forecasting – December 2020

WORKFORCE PLANNING AND FORECASTING: *KEY MESSAGES*

Demographic drivers

Figure 1: % Māori population

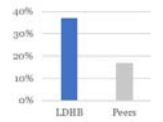


Figure 2: % >65 population

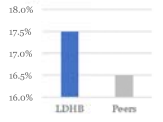


Figure 3: % quintile 4 and 5

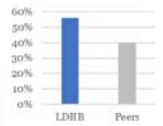
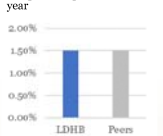


Figure 4: % population change compared to previous financial year



Lakes DHB's population is growing at a similar rate to the national average. This suggests that workload pressures from population growth is similar to the national average.

However, the DHB serves a greater proportion of older people, Māori and people living in areas considered to be of higher deprivation. This will increase workload pressure.

Secondary care activity trends

Metric	LDHB	Peers	Difference
Total ED attendances % change Q1 2019/20 – Q1 2020/21	-7.7%	-16.6%	8.9%
Planned hospital discharges % change Q1 2019/20 – Q1 2020/21	13.9%	6.5%	7.4%
Unplanned hospital discharges % change Q1 2019/20 – Q1 2020/21	-1.4%	-7.5%	6.1%
Standardised unplanned re-admissions (0-28 days)	12.3%	12.0%	0.3%
Expected and actual planned LOS variance (casemix-funded med/surg)	-0.1	0.0	-0.1
Expected and actual unplanned LOS variance (casemix-funded med/surg)	0.1	0.0	0.1

Between quarter 1 2019/20 and 2020/21, secondary care activity decreased, however, this decrease was less than peers. The decrease in unplanned secondary care activity despite increasing demographic pressure may indicate that primary and community care is meeting a portion of that workload pressure. While this is the case, there remains a need continue to improve length of stay while minimising risks for unplanned readmissions. Re-admission rates are higher than the national average.

Relationship between workforce trends and resourcing drivers

Figure 5: Total FTE over time with key impact events

Since 2011/12, Lakes DHB's population has grown at a similar rate to change in FTEs. Since 2009/10, Medical FTE growth has far outpaced CWD growth. This suggests that either more Medical FTEs per CWD are required, a greater proportion of activity is occurring in outpatient settings, or a mix of these is occurring. Growth in Medical FTEs relative to CWDs has been faster at Lakes DHB than the sector average. Nursing FTEs and Allied Health FTEs have grown at a considerably faster rate than inpatient bed-days, which decreased.

Personnel expenditure, variance to Plan and forecasting processes

Total insourced and outsourced personnel spend		
% Variance to Plan	2017/18-2019/20 average	2020/21 Sept YTD
Medical personnel	3.8%	2.0%
Nursing personnel	2.3%	3.8%
Allied Health personnel	-2.1%	3.9%
Support personnel	4.9%	5.7%
Mgmt and Admin personnel	4.1%	4.8%
Total personnel	2.6%	3.4%

Personnel expenditure accounted for ~35% of total revenue in 2019/20 – lower than the peer average. Insourced personnel expenditure was below Plan in 2019/20 by $661K. Between 2017/18 and 2019/20, expenditure on Nursing personnel and Management and Administration personnel was higher than Plan, partially offset by lower than planned number of Medical FTEs and lower spending on Allied Health personnel. Outsourced Medical and Management and Administration personnel expenditure has largely been above Plan since September 2017. Given activity trends and greater expenditure on Management and Administration relative to revenue, it is important that the DHB review their workforce planning processes, and management control environment (e.g. approval processes for planning for and hiring new FTEs), to assist the organisation to more effectively prioritise, and manage risk.

Insourced personnel reforecasting generally improved in accuracy from January to May, and was generally more accurate than peers in both years. Outsourced personnel and non-clinical services reforecasting accuracy was variable over 2018/19 and was generally less accurate than peers. Reforecasting generally improved in accuracy over 2019/20 and was variable in accuracy compared to peers.

Workforce mix

Figure 6: DHB workforce ethnicity mix (June 2020)

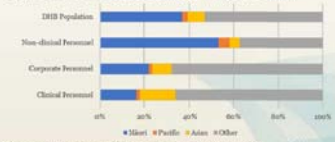
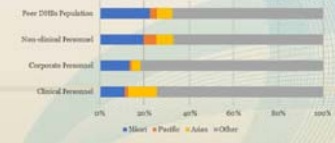


Figure 7: Peer workforce ethnicity mix (excluding DHB) - (June 2020)



Lakes DHB had proportionally less expenditure as a share of revenue on all workforce groups except Medical personnel. In particular, Nursing personnel was less than the peer average (1.8 percentage points). Total clinical personnel costs per bed-day and bed-days per clinical FTE was similar to peer and sector averages. Ratios of Outsourced to Insourced personnel expenditures were at or below the sector average.

Māori and Pacific Peoples are under-represented in both Clinical and Corporate personnel, relative to the ethnicity mix of the DHB's population. They are over-represented in terms of non-clinical personnel. These trends are similar to the peer average, but some other DHBs have greater representation of Māori in Corporate roles and lower representation in non-clinical. There are opportunities for the DHB to improve the representation of Māori and Pacific Peoples in Clinical and Corporate positions to enable the delivery of culturally competent care, improving access, experience and health outcomes.

Recommended that the public be excluded from the following part of proceedings of this meeting:

General subject of each matter to be considered	Reason for passing this resolution in relation to each matter	Ground(s) under Section 48(1) for passing of this resolution
PUBLIC EXCLUDED DECISIONS		
5.1.1 Confidential Lakes District Health Board minutes 11th December 2020 5.1.2 Project Mauri Ora Evaluation Panel Recommendations Approval 5.1.3 Governance draft policies 5.1.4 CT for Taupō 5.1.5 Change of Authorised Signatories for Spectrum and Charitable Trust	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act.
PUBLIC EXCLUDED REPORTS		
5.2.1 Board Chair Report 5.2.2 Chief Executive Confidential report 5.2.3 Clinical Directorate Report 5.2.4 CFO Confidential Financial report 5.2.5 Human Resources Report 5.2.6 Health & Safety- 20 DHB Benchmarking 5.2.7 Cardiac IDF report	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act
PUBLIC EXCLUDED INFORMATION AND CORRESPONDENCE		
	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982:	Schedule 3, Clause 32 (a) NZ Health & Disability Act