

 	MINUTES Held on Wednesday 3 November 2021 Location: Zoom Zoom: 876 5068 1844 Time: 9:30am
2DHB CONCURRENT BOARD MEETING	PUBLIC

Due to Covid 19 alert level (level 2) only the Chair and limited members & staff attended in person (in person marked with * and all others on zoom).

PRESENT

*David Smol	Chair, Hutt Valley and Capital & Coast DHBs		
Brendan Boyle	Board Member	Dr Richard Stein	Board Member
Roger Blakeley	Board Member	John Ryall	Board Member
Sue Kedgley	Board Member	Josh Briggs	Board Member
Dr Kathryn Adams	Board Member	Ken Laban	Board Member
Dr Tristram Ingham	Board Member	Keri Brown	Board Member
Hamiora Bowkett	Board Member	Naomi Shaw	Board Member
Dr Chris Kalderimis	Board Member	*Prue Lamason	Board Member
Vanessa Simpson	Board Member	Ria Earp	Board Member
Stacey Shortall	Deputy Chair	Wayne Guppy	Deputy Chair

APOLOGIES

Yvette Grace
 'Ana Coffey
 Stacey Shortall (left at 11.40am)
 Haimora Bowkett (left at 10.40)
 Wayne Guppy for lateness (logged on 9.40am)
 Ria Earp for lateness (logged on 9.40am)

IN ATTENDANCE

Hutt Valley and Capital & Coast DHB

*Rosalie Percival	Acting Chief Executive Chief Financial Officer
*John Tait	Chief Medical Officer
*Karla Bergquist	Executive Director Mental Health, Addictions and Intellectual Disability Service
*Paul Oxnam	Executive Clinical Director Mental Health, Addictions and Intellectual Disability Services
Arawhetu Gray	Director Māori Health
Junior Ulu	Director Pacific People's Health
Rachel Haggerty	Director Strategy, Planning and Performance (zoom)
*Sarah Jackson	Director of Clinical Excellence
*Joy Farley	Director Provider Services
*Rachel Gully	Director People and Culture
Martin Catterall	Chief Digital Officer
Sue Gordon	Director Transformation (zoom)
*Helen Mexted	Director of Communication and Engagement
*Sally Dossor	Director Office of the Chief Executive and Board Secretary
*Meila Wilkins	Board Liaison Officer

1 PROCEDURAL BUSINESS

1.1 KARAKIA

The Board opened the meeting with a karakia.

1.2 APOLOGIES

As noted above.

1.3 PUBLIC PARTICIPATION

1.4 INTEREST REGISTER

1.4.1 COMBINED BOARD INTEREST REGISTER

The Boards **noted** the updates to the interest register for Hamiora Bowkett:

- Chair, Eastern bay of plenty primary health alliance
- Chair, Māori Communities COVID-19 Fund

Any further changes were to be sent to the Board Liaison Officer via email.

1.4.2 COMBINED EXECUTIVE LEADERSHIP TEAM INTEREST REGISTER

It was **noted** as current and the Chief Executive will ensure the ELT will update as needed.

1.5 MINUTES OF PREVIOUS CONCURRENT MEETING

The Boards **approved** the minutes of the concurrent Board Meeting held on 1 September 2021 (public).

	Moved	Seconded	
HVDHB	Prue Lamason	Josh Briggs	CARRIED
CCDHB	Kathryn Adams	Chris Kalderimis	CARRIED

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

There were no updates or comments on the matters arising from previous meetings.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

Nil.

1.8 CHIEF EXECUTIVE'S REPORT

*The paper was taken as **read** and the Acting Chief Executive answered questions.*

Notes:

- Updated the vaccination statistics as at 31 October 2021.
- Discussion on whether we can project the date for reaching 90% fully vaccinated.
- Our closure rate is at 98% (1st dose to 2nd dose).
- We are now in the hard graft of getting to the 'hard to reach' groups.
- We are working on the principle that we will be 90% fully vaccinated by Christmas
- Noted the 90% target still leaves a significant number unvaccinated and the question asked if we will apply the 90% to all populations. The 90% target is set by the Ministry of Health so we apply as per that directive – but that does not change the focus and the drive to reach all priority populations.

- Discussion on how we have worked with Māori and Pacific to increase vaccination rates and how we have used data and analytics to assist with the programme to achieve progress to date.

1.9 BOARD WORK PLAN 2021/2022

The Board **noted** the work plan for 2021/2022.

2 DHB PERFORMANCE AND ACCOUNTABILITY

2.1 HVDHB AUGUST 2021 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

Paper was taken as **read** and the Chief Financial Officer answered questions.

The HVDHB Board notes:

- the DHB had a (\$0.4m) deficit for the month of August 2021, being \$2.5m favourable to budget;
- the DHB year to date deficit excluding \$0.1m net COVID-19 costs was (\$3.7m);
- the Funder result for August was \$2.6m favourable, Governance \$0.1m favourable and Provider (\$0.2m) unfavourable to budget;
- total Case Weighted Discharge (CWD) Activity was 1% ahead of plan.

	Moved	Seconded	
HVDHB	Prue Lamason	Wayne Guppy	CARRIED

2.2 CCDHB AUGUST 2021 FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS

Paper was taken as **read** and the Chief Financial Officer answered questions.

The CCDHB Board notes:

- The DHB had a (\$5.7m) deficit for the month of August 2021, being (\$1.2m) unfavourable to budget before excluding COVID-19;
- The DHB year to date had a deficit of (\$8.3m), being (\$1.2m) unfavourable to budget before excluding COVID-19;
- In the two month we have incurred \$3.0m additional net expenditure for COVID-19;
- The DHB has an overall YTD deficit of (\$5.3m) from normal operations (excluding COVID-19) being \$1.2m favourable to the underlying budget.

	Moved	Seconded	
CCDHB	Roger Blakeley	Brendan Boyle	CARRIED

Notes:

- Request for the record of the YTD deficit and the Ministry level of comfort with the deficit. The current numbers being reported are to the revised budget deficit (which the Ministry

has recommended to the Minister for approval). The impact of Covid was prevalent in August given lockdown. Genuine Covid costs will be funded retrospectively.

- Practical ability to catch up planned care waiting lists is difficult as the system was at capacity pre-Covid. There is careful management of the waiting lists.

3 UPDATES

3.1 2DHB MĀORI HEALTH STRATEGIES (TAURITE ORA & TE PAE AMORANGI), PROGRESS & PERFORMANCE REPORT – QUARTER 1

The Director Māori Health presented and answered questions.

The Boards noted:

- the ongoing change process for the establishment of the 2DHB Māori Health Directorate
- the update on the Iwi Māori Partnership Boards (IMPBs)
- the developments in the Whānau Care (CCDHB) and Manaaki Whānau (HVDHB) teams
- the Tāngata Whaikaha Community engagement programme is in progress

	Moved	Seconded	
HVDHB	Prue Lamason	Ria Earp	CARRIED
CCDHB	Sue Kedgley	Kathryn Adams	CARRIED

Notes:

- Very positive comments on the report and the work being undertaken by the team.
- We have commissioned resource to work with TUI MC to be ready for the Māori Health Authority – previously that work was done within DHBs.
- In order to engage with the MHA they are re-looking at their membership so that as a Board they have the skills that are fit for purpose on 1 July 2021.
- Not yet aware of what role the MHA will have in taking over this post on 1 July.
- Noted the 5 new Māori leadership roles across the DHBs.
- Noted the work of whanau care services and how it works.

3.2 2DHB PACIFIC HEALTH AND WELLBEING STRATEGIC PLAN FOR THE GREATER WELLINGTON REGION 2020 - 2025: PROGRESS & PERFORMANCE REPORT APRIL – NOVEMBER 2021

The Director Pacific People's Health.

The Boards noted:

- The Pacific Directorate are focussed on addressing the six priority areas defined in the Pacific Health & Wellbeing Strategic Plan 2020 – 2025. This paper provides a progress report from April – November 2021.
- There are a number of initiatives that have occurred during the period to deliver on the actions outlined in the Strategic Plan.
- The Covid-19 response for Pacific.

	Moved	Seconded	
HVDHB	Ken Laban	Naomi Shaw	CARRIED
CCDHB	Chris Kalderimis	Roger Blakeley	CARRIED

Notes:

- The Board thanked staff for their work on the Covid response for Pacific people

3.3 3DHB DATA AND DIGITAL UPDATE – QUARTER 1

The Chief Digital Officer presented.

The Boards noted:

- The content of the attached Data and Digital update report for Quarter 1 2021/2022.
- We continue to strengthen our security posture with targeted investment.
- The core clinical work programmes – single clinical portal and regional radiology information system are progressing on track.
- 3DHB Digital are working closely with the Ministry of Health and the Transition agency to align digital direction, investment and architecture in preparation for Health NZ.

	Moved	Seconded	
HVDHB	Prue Lamason	Ria Earp	CARRIED
CCDHB	Sue Kedgley	Brendan Boyle	CARRIED

Notes:

- Progress noted on the implementation of the programme, and engagement regionally as we focus on the transition to Health NZ.
- Work is continuing on managing vacancies and actively recruiting in a difficult environment – but to a realigned and refocused work programme.
- How we work will be enhanced by the roll out of Microsoft Teams an important step for the way we work.

3.4 SUICIDE PREVENTION AND POSTVENTION – STATISTICS ON SUICIDE AND SELF-HARM, AND THE 3DHB ACTION PLAN UPDATE

The Director Planning Performance and Strategy Presented

The Boards noted:

- The release of the 2020/2021 national annual provisional suicide statistics and the launch of an interactive web reporting tool that provides a single source of information on deaths by suicide in Aotearoa
- Current national and regional suspected suicides and self-harm data sourced from the web-tool, the 3DHB Suicide Notifications Database and 2DHB self-harm statistics.
- The National Suicide Prevention Office (SPO) now requires all District Health Boards to develop 12 month regional suicide prevention action plans that implement actions from He Tapu te Oranga o ia Tangata: Every Life Matters – Suicide Prevention Strategy 2019–2029

- (d) The 3DHB Suicide Prevention and Postvention Action Plan (presented to the 3DHB Disability Advisory Committee in July 2021) is a living document and has been revised to update the new national and 3DHB information
- (e) While many other DHBs will need to develop a plan, the 3DHB are well ahead as the Action Plan has already been endorsed and is being implemented. The plan only requires refinement to ensure it aligns with current data and the focus areas outlined by the SPO.

	Moved	Seconded	
HVDHB	Wayne Guppy	Ken Laban	CARRIED
CCDHB	Roger Blakeley	Sue Kedgley	CARRIED

Notes:

- Noted that a very small proportion of people who die by suicide have engaged with our clinical services – which demonstrates how important it is to have points of contact in the community.
- The need for support services and our ability to provide support is high.
- The report provides very good information and demonstrates the significance of the issues.
- Impact of Covid on mental health noted
- Noted the interagency approach and involvement with other agencies such as Te Puni Kōkōri and MSD.

3.5 HUTT VALLEY MATERNITY PROGRESS UPDATE

The Director Provider Services presented and Rhondda Knox (Service group manager- Surgical Women's and Children) and Wendy Castle (interim Director Midwifery HVDHB) presented to the Boards.

The HVDHB Board noted:

- (a) A review of the women's health service was commissioned in 2018 which identified areas of risk and made 67 recommendations for improvement in a report released in mid-2019.
- (b) The Women's Health Service Clinical Governance Group are accountable for monitoring and reporting on progress against the review recommendations, and report through to the Clinical Governance Board and Chief Executive.
- (c) All recommendations from the 2018 women's health service review have been implemented or are in progress.
- (d) A \$1.9 million plus investment made by the DHB has supported enhanced leadership, safer clinical practice and a greater focus on quality.
- (e) The \$9.53 million maternity facility redevelopment at Hutt Hospital is on track to be completed in October 2023.
- (f) Optimising birth and reducing caesarean sections is a current area of focus with analysis of a retrospective clinical audit and project information to be released in December 2021.
- (g) Maternity is a highly regulated and monitored sector and based on this we can assure safe clinical practice standards.



Powerpoint Board
presentation - Optir

	Moved	Seconded	
HVDHB	Ken Laban	Josh Briggs	CARRIED

Notes:

- Not seeing a material impact from the closure of the Te Awakairangi Birthing Centre on numbers and capacity at Hutt Hospital as only 1 birth at the Birthing Centre every 3 days. This is also seen in the context of declining births at Hutt (and numbers are forecast to decrease from around 1500 to 1250)
- Discussion on the number of LMCs and whether there will be an impact of Covid on the number of LMCs.
- Noted that significant work is yet to be done to improve the facilities at Hut Valley.
- Some members expressed concern that at the current time the only choice is between the hospital or a home birth, and that the hospital in effect does not operate as a primary space. Further concerns that it will be 2 years before the current issues are addressed. The members raising the issue want to assure consumers that they can have a primary birth if they wish.
- The C-section rate at Hutt is an outlier, and is not acceptable, and the approach that we are taking is designed to reduce it in a sustainable way. Robust data is needed, that looks at our whole community. 3-6 months of data is required under the approach before seeking opportunities to influence and change.
- Explanation for the CCDHB C-section figures and that they are consistent with the Tertiary services provided at Wellington Regional Hospital (e.g. complexity of care required).
- The HVDHB Maternity Project is being monitored by MCPAC, however the difficult contracting environment has added time to the project.

ACTION

- Staff to report back on whether there can be steps taken to make improved provision for primary birthing at Hutt Hospital (as part of the report to HSC and the Boards on 24 November 2021 and March 2022).

4 OTHER

4.1 GENERAL BUSINESS

Nil.

4.2 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	Seconded	
HVDHB	Ken Laban	Prue Lamason	CARRIED
CCDHB	Roger Blakeley	Kathryn Adam	CARRIED

