<table>
<tr><td> </td><td>MINUTES
Held on Wednesday 16 February 2022
Location: Zoom
Time: 9:00am</td></tr>
<tr><td>2DHB CONCURRENT BOARD MEETING</td><td>PUBLIC</td></tr>
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Due to Covid 19 protection framework (Red light) all members were on zoom and limited staff attended in person

PRESENT

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

APOLOGIES

* These members gave apologies for lateness, leaving early or leaving for a period for other commitments

IN ATTENDANCE

Hutt Valley and Capital & Coast DHB

Fionnagh Dougan	Chief Executive
Mat Parr	Acting Chief Financial Officer
Karla Bergquist	Executive Director Mental Health, Addictions and Intellectual Disability Services
Paul Oxnam	Executive Clinical Director Mental Health, Addictions and Intellectual Disability Services
Joy Farley	Director Provider Services
John Tait	Chief Medical Officer
Peter Guthrie	Acting Director Strategy Planning and Performance
Rachel Gully	Director People and Culture
Sue Gordon	Director Transformation
Helen Mexted	Director of Communication and Engagement
Sally Dossor	Director, Office of the Chief Executive and Board Secretary
Meila Wilkins	Board Liaison Officer
Anne Pedersen	2DHB Group Manager Clinical Excellence

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.

- Vanessa Simpson – Lay Member, NZ Law Society Wellington Standards Committee.
- Ken Laban – Son is employed by Regional Public Health

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 December 2021.

	Moved	**Seconded**	
HVDHB	John Ryall	Wayne Guppy	**CARRIED**
CCDHB	Roger Blakeley	Chris Kalderimis	**CARRIED**

1.6 MATTERS ARISING FROM PREVIOUS CONCURRENT MEETINGS

There were no updates or comments.

1.7 CHAIR'S REPORT AND CORRESPONDENCE

The Chair **noted** the following correspondence has been received

- Minister's Letter of Expectation dated 17 December 2021.
- Letter from Sub-Regional Disability Advisory Group received on 14 February 2022.
- Letter from Muscular Dystrophy Association (Central Region) dated 14 February 2022

The Chair advised that the DHBs are attending the Health Select Committee on 2 March 2022.

1.8 CHIEF EXECUTIVE'S REPORT

*The paper was taken as **read** and there were no questions.*

1.9 BOARD WORK PLAN 2022

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

Procedural note:

The Chair reordered the agenda order as follows to accommodate availability of presenters and to allow the issues raised with the Boards regarding Homecare support in the correspondence above to be discussed at the start of the agenda:

- Item 4.1 – Covid Update
- Item 3.1 – Strategic Priorities
- Item 2 – DHB Performance and Accountability
- Items 4.2-4.5 – Updates

4.0 UPDATES

4.1 2DHB COVID UPDATE

The Boards:

(a) Noted progress with preparing for and managing the omicron variant in our community

(b) Noted the letters dated 14 February 2022 (from the Sub-Regional Disability Advisory Group and the Muscular Dystrophy Association) regarding the communications led by the Ministry of Health and the distress that the communications have caused.

(c) Agreed that the 2DHBs advocate to the Ministry of Health and DSS that it take a business continuity approach to planning for homecare support for the disability community and that the 2DHB Disability team expresses the concern of our 2DHBs to the Ministry regarding the approach that has been communicated (reflecting the discussion at the 16 February 2022 Board meeting)

Procedural note: underlined text reflected discussion at the meeting and the Board request that the steps to be taken by 2DHB staff were recorded in the resolutions.

	Moved	Seconded	
HVDHB	Ken Laban	Ria Earp	**CARRIED**
CCDHB	Chris Kalderimis	Vanessa Simpson	**CARRIED**

Notes:

Covid

- The SRO for Covid spoke to the paper and the overall co-ordination of the Covid response, in light of the significant change when the response shifted from Delta to Omicron.
- Noted that this week that Government has announced that we are moving to stage 2 of the Covid framework and the changes to how Covid cases will be tested and managed in the community.
- The focus is now on the care in the community part of the response.
- The booster and 5-11 year old vaccination program is key – and we are making good progress on booster rates (63 % across both DHBs for the booster)
- Discussed the strategies for raising child vaccine rates and it is a different approach to the Festival approach from last year. Recent communications have been focused on preparedness (for care at home) and this is changing to supporting families to get children vaccinated. Working in partnership with schools.
- Testing capacity is being monitored and pressure on lab processing and the public messaging to only get tested if have symptoms

- Noted the intended shift to rapid antigen tests (RAT) and distribution. Comfortable that have sufficient supply to meet short to medium term demand.
- Modelling is being reviewed against information on tracking of the virus and no updates from what is in the Board paper.
- The CMO outlined the priorities in Clinical governance – noting that the 2 main risks are workforce (community and Provider) and the interaction between the Community and the Hospital. Discussed the pathway for patients with Covid and patients in hospital because of Covid.
- From next week will have a RAT test process in place for staff and also will RAT test all acute patient cases. Also revising the use of N95 masks.
- Discussed plans to address workforce pressures – in terms of hierarchy of services that can be reduced and the contingency planning.
- Discussed the issues arising from the current protest at parliament and noted impact on ED given that patients that present may not disclose vaccination status and may not comply with testing and mask use requirements. Also monitoring the public health risks.
- Discussed the care in the community model and specific isolation requirements now in phase 2 of Omicron. Noted that a total of 266 cases (116 active and 148 recovered cases). Most people are able to self-monitor and care for themselves at home. The central coordinating hub is delivering through Spokes and working closely with social sector agencies.
- Noted the facility upgrade work within our Hospitals and the 4 projects approved by MOH prior to Christmas. All a progressing and the most visible is the portico outside ED to assist with screening.
- Discussed equity of outcomes and approaches to Maori, Pacific and Disability –the key is working with providers to increase the vaccination rates for children. Working with schools.
- Outcome data be recorded and reported and be used for responding to the insights
- Discussed the interagency and all of government response- coordinated through the Regional Leadership Group and co-location of staff in the regional hub.

Homecare support

- The co-Chair of SRDAG was invited to address the meeting and outline the concerns in their letter sent to the Board, and referred to the correspondence that clients of Disability Providers have received – and that this is based on communications that were issued by the MOH, the 20DHBs and ACC. The communications have come across as stating that in the event of an Omicron outbreak, disability (and aged care) clients would need to plan ahead and provide their own backup support through friends and family and other networks.
- It was noted that the caring needs of those impacted are for essential and basic human rights and as such it is not tenable to say to people 'you are on your own and have to look after yourself'.
- The communication was not consistent with SRDAG's experience working with Regional Public Health, and the staff from the DHBs' Disability Team – and that there has been a breakdown in communication with the MOH (and in particular the DSS).
- MOH have not engaged with disabled people and planning for workforce support the already stretched workforce in the Homecare Support sector.
- It was acknowledged that the 2DHB responsibility relates to homecare support for +65s and long term care – and that the issues were being raised with the Ministry/ DSS
- The Acting Director Strategy, Planning and Performance, responded and noted that as 2DHBs we share many of the concerns raised. The communications and approach need to be tailored and respectful and the communications led by the Ministry, through the DSS system, have not met our expectations and is not what we would expect.

- Our Covid response team includes representation from our Disability team and there has been considerable effort to make sure the Covid response meets the needs of our disability population. When it comes to workforce issues that are anticipated with an Omicron outbreak, this is a business continuity issue, in the context of a sector that is already managing workforce constraints and which has been impacted by the mandates. This is mitigated by some of the exemptions for Health Care workers (in terms of isolation periods and return to work protocols).
- However there will be constraints during the peak of the outbreak, where our modelling shows that the sector may have up to 30% vacancy. For these scenarios, there are layers of support services that will be impacted in a staged way, and that the planning is that personal care will not be impacted in the way that the MOH communication indicates might be likely.
- Our nationally recognised Disability leadership team will engage with the MOH and the DSS regarding how we correspond with and work with the Disability community and encourage the MOH to change their approach and revisit their communications.

3.0 STRATEGIC PRIORITIES

3.1 STRATEGIC PRIORITIES UPDATE

The Boards noted:

(a) progress implementing the strategic priorities to be delivered in 2021/22 as we transition to the new health and disability system

(b) the proposed next steps and updates the Boards will receive for the remainder of the 2021/22 year.

	Moved	**Seconded**	
HVDHB	Wayne Guppy	Ria Earp	**CARRIED**
CCDHB	Vanessa Simpson	Chris Kalderimis	**CARRIED**

Notes:

- Commissioning and community – noted the prototype approach with the population focus of Porirua and the need to make progress on the other locality areas. Noted that the localities programme of work will be considered at the HSC meeting on 16 March 2022.
- Presentation on the Mental Health and Addictions Commissioning Change Programme (see attached).
- Maternity and neonatal – questions raised and whether the issue of birthing supplies has been actioned as requested and Board members were updated on the steps in place.

Strategic Priorities Board Update 1602

Mental Health, Addiction and Intell

Procedural note:

The public meeting was adjourned at 11:45am to enable the public excluded meeting to commence at the time arranged with the Rheumatology Service. It was agreed that the public meeting would reconvene after the lunch break - at 1:45pm.

In order to facilitate this, the resolution to exclude the public was moved and seconded as follows:

5.2 RESOLUTION TO EXCLUDE THE PUBLIC

	Moved	**Seconded**	
HVDHB	Prue Lamason	John Ryall	**CARRIED**
CCDHB	Sue Kedgley	Kathryn Adams	**CARRIED**

The public meeting was reconvened at 1.45pm

2 DHB PERFORMANCE AND ACCOUNTABILITY

2.1 HVDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORT – DECEMBER 2021

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

The HVDHB Board noted:

(a) the DHB had a ($3.1m) deficit for the month of December2021, being ($0.6m) unfavourable to budget;

(b) the Funder result for December was $0.5m favourable, Governance $0.1m favourable and Provider ($1.2m) unfavourable to budget;

(c) total Case Weighted Discharge (CWD) Activity was 4% ahead of plan year to date;

(d) the DHB year to date deficit, excluding COVID-19 costs, was ($7.4m). This is against the budgeted position of ($9.2M), which is $1.8M favourable to the underlying budget.

	Moved	**Seconded**	
HVDHB	Wayne Guppy	Prue Lamason	**CARRIED**

2.2 CCDHB FINANCIAL AND OPERATIONAL PERFORMANCE REPORTS – DECEMBER 2021

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

The CCDHB Board noted:

(a) The DHB had a ($6.2m) deficit for the month of December 2021, being ($3.2m) unfavourable to budget before excluding COVID-19;

(b) In the one month we incurred ($3.7m) additional net expenditure for COVID-19;

(c) The DHB has an overall YTD deficit of ($14.8m) from normal operations (excluding COVID-19) which is $3.2m favourable to the underlying budget.

	Moved	**Seconded**	
CCDHB	Brendan Boyle	Roger Blakeley	**CARRIED**

Notes:

- Planned care is a significant challenge – locally and nationally. Recovering waitlists through the private sector, however the private sector is affected by the same challenges.
- Noted the favourable variances and maintaining tight financial controls until year end.

4.0 UPDATES (CONTINUED)

4.2 3DHB DATA AND DIGITAL UPDATE – Q2 REPORT

The paper was taken as read and the 3DHB Chief Digital Officer was available for questions.

The Boards noted:

(a) The content of the attached Data and Digital update report for Quarter 2 2021/22.

(b) We continue to strengthen our security posture with targeted investment.

(c) Co-ordination of ICT-related COVID requests for the 2DHBs.

(d) The core clinical work programmes – Single Clinical Portal and transition to the Regional Radiology Information System are progressing on track.

(e) A significant increase in the number of clinical equipment lifecycle projects that require ICT involvement due to clinical technology evolution.

(f) 3DHB Digital is working closely with the Ministry of Health and the Transition agency to align digital direction, investment and architecture in preparation for Health NZ.

(g) Central Region DHBs with (Mid-Central DHB as the lead DHB) have issued an RFP for eReferrals.

	Moved	**Seconded**	
HVDHB	Naomi Shaw	Prue Lamason	**CARRIED**
CCDHB	Kathryn Adams	Brendan Boyle	**CARRIED**

4.3 MĀORI HEALTH UPDATE – QUARTER 2

The paper was taken as read and the 2DHB Director Māori Health was available for questions.

The Boards note:

(a) the ongoing change process for the establishment of the 2DHB Māori Health Directorate

(b) the update on the Iwi Māori Partnership Boards (IMPBs)

(c) Whare ki te Whare Kaiarahi – Navigation service.

	Moved	**Seconded**	
HVDHB	Yvette Grace	John Ryall	**CARRIED**
CCDHB	Vanessa Simpson	Kathryn Adams	**CARRIED**

Notes:

- Noted significant vaccination progress and focus on 5-11 year olds and as yet unvaccinated Maori population
- Discussed the Rheumatology issues raised in the Spotlight Service and request that insight of any data held is reported in the quarter 3 reports.

4.4 2DHB PACIFIC HEALTH AND WELLBEING STRATEGIC PLAN FOR THE GREATER WELLINGTON REGION 2020 - 2025: PROGRESS & PERFORMANCE REPORT NOVEMBER 2021 – FEBRUARY 2022

The paper was taken as read and the Director Pacific People's Health was available for questions.

The Boards note:

(a) 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 November 2021 – February 2022 on activities across the system to support equitable Pacific health outcomes for the six priority areas.

(b) There are a number of initiatives that have occurred during the period of the report to meet the actions of the Strategic Plan.

(c) The Covid-19 response for Pacific.

(d) The Pacific Directorates' planned approach to support the DHBs to achieve the 2DHB Strategic Priorities and a proposed Analytics Roadmap, charting the course of actions which will support this

	Moved	**Seconded**	
HVDHB	Ken Laban	Prue Lamason	**CARRIED**
CCDHB	Chris Kalderimis	Sue Kedgley	**CARRIED**

Notes:

- Staff to meet with Rheumatology department to see what support can be provided for Pacific patients.

4.5 2DHB QUALITY & SAFETY – CLINICAL GOVERNANCE AND THE CENTRE OF CLINICAL EXCELLENCE

The Boards **note:**

(a) the overview of Clinical Governance and the Centre of Clinical Excellence.

(b) the priorities for the first six months of 2022 (as noted in Appendix 3)

	Moved	**Seconded**	
HVDHB	Josh Briggs	Ken Laban	**CARRIED**
CCDHB	Chris Kalderimis	Sue Kedgley	**CARRIED**

Notes:

- Moved from Quality Assurance model to Quality and safety model.
- The foundations are in place to move to a centre of clinical excellence.

5.0 OTHER

5.1 GENERAL BUSINESS

Nil.

CONFIRMED that these minutes constitute a true and correct record of the proceedings of the meeting.

DATED this 30 day of March 2022

David Smol
BOARD CHAIR