BOARD MEETING

Date: Wednesday, 27 September 2017

Time: 1.00pm

Venue: Te Waiora Room, DHB Administration Building,
Corner Omahu Road and McLeod Street, Hastings

Members:
Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Barbara Arnott
Peter Dunkerley
Dr Helen Francis
Diana Kirton
Jacoby Poulain
Heather Skipworth
Ana Apatu
Hine Flood

Apologies: -

In Attendance:
Dr Kevin Snee, Chief Executive Officer
Sharon Mason, Executive Director of Provider Services
Tim Evans, Executive Director of Corporate Services
Chris Ash, Executive Director of Primary Care
Kate Coley, Executive Director of People & Quality
Tracee Te Huia, Executive Director of Strategy & Health Improvement
Ken Foote, Company Secretary
Dr John Gommans, Chief Medical Officer, Hospital & Co-Chair Clinical Council
Dr Andy Phillips, Chief Allied Health Professions Officer & Co-Chair Clinical Council
Rachel Ritchie, Chair HB Health Consumer Council
Members of the public and media

Board Administrator: Brenda Crene

Public Agenda

Item	Section 1 : Routine	Ref #	Time (pm)
1.	Karakia		1.00
2.	Apologies		
3.	Interests Register		
4.	Minutes of Previous Meeting		
5.	Matters Arising - Review of Actions		
6.	Board Workplan		
7.	Chair's Report – verbal		

8.	Chief Executive Officer's Report	101	
9.	Financial Performance Report	102	
10.	Board Health & Safety Champion's Update		
	Section 2: Reports from Committee Chairs		
11.	HB Clinical Council – Co-Chairs	103	1.40
12.	HB Health Consumer Council – Chair Rachel Ritchie	104	1.50
13.	Māori Relationship Board – Chair, Ngahiwi Tomoana	105	1.55
14.	Replacement of Māori Relationship Board Member	106	2.00
	Section 3: Decision		
15.	Positon on Reducing Alcohol Related Harm – Tracee TeHuia / Rachel Eyre	107	2.05
	Section 4: Presentation / Discussion		
16.	Waioha Birthing Unit – Benefits Realisation – Chris McKenna / Jules Arthur	109	2.20
17.	Consumer Story		2.35
	Section 5: Monitoring		
18.	Te Ara Whakawaiora / Healthy Weight - Tracee TeHuia / Shari Tidswell	110	3.05
	Section 6: General Business		
19.	**Section 7: Recommendation to Exclude the Public**		
	Under Clause 32, New Zealand Public Health & Disability Act 2000		

Public Excluded Agenda

Item	Section 8: Agenda Items	Ref #	Time (pm)
20.	Minutes of Previous Meeting		3.10
21.	Matters Arising - Review of Actions		
22.	Board Approval of Actions exceeding limits delegated by CEO	111	
23.	Chair's Update		
	Section 9: Decision		
24.	National Oracle System - Tim Evans	112	3.20
	Section 10: Decision		
25.	After Hours Implementation - Wayne Woolrich, Dr Mark Peteson	113	3.30
	Section 11: Reports from Committee Chairs		
26.	HB Clinical Council - Co-Chairs	114	3.40
27.	Finance Risk & Audit Committee - Chair Dan Druzianic	115	

The next HBDHB Board Meeting will be held at
1.00pm on Wednesday 25 October 2017

Board "Interest Register" - 31 July 2017

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Kevin Atkinson (Chair)	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussion in relation to the Trust	The Chair of FRAC	Mar-11
	Active	Board Member of NZ Health Partnership Limited, *effective from 20 March 2017*	Lead, supported and owned by the 20 DHBs, NZ Health Partnerships creates efficiencies in the health sector that allow more to be spent on frontline services.	Will not take part in any decisions in relation to NZ Health Partnerships Limited	The Chair of FRAC	22.02.17
Ngahiwi Tomoana (Deputy Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The Chair	01.05.08
Barbara Arnott	Active	Trustee of the Hawke's Bay Air Ambulance Trust	HBDHB has a partnership contract with Skyline Aviation who together operate the HB Air Ambulance Service which is supported by the Trust.	Declare this interest prior to any discussion on the HB Air Ambulance Services and Chair decides on appropriate mitigation action	The Chair	10.05.10
Dr Helen Francis	Active	Alzheimer's Napier previously a Committee member Patron and Lifetime Member	Alzheimer's Society holds a contract with the HBDHB to provide dementia specific daycare and community services.	Will not take part in any decisions or discussion in relation to HBDHB contract with Alzheimer's Society	The Chair	08.06.10 21.06.14
	Active	Employee of Hastings Health Centre	Actual Conflict of Interest. Pecuniary Interest.	Will not take part in any decisions or discussions in relation to Hastings Health Centre.	The Chair	18.02.09
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.11
	Active	HB Medical Research Foundation	Trustee	Declare this interest prior to any discussion in relation to the Foundation, and an appropirate mitigation action is decided on.	The Chair	20.08.14
Diana Kirton	Active	Brother, John Fleischl, is a Senior Medical Officer (surgeon) employed by HBDHB.	Perceived Conflict of Interest. Non-Pecuniary interest.	Will not take part in any decisions in relation to surgical services provided by or contracted by HBDHB. All employment matters in relation to John Fleischl are the responsibility of the CEO	The Chair	18.02.09
	Active	Employee of Eastern Institute of Technology (EIT), Practicum Manager, School Health and Sports Science from 3 Feb 2014	Non-pecuniary interest: Organises student practicum placements with some HBDHB funded health providers.	Declare this prior to any discussion in relation to EIT in the area of interest, and an appropirate mitigation action is decided on.	The Chair	16.01.14

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.14
	Active	Member, Hawke's Bay Law Society Standards Committee	Law Society	No conflict perceived	The Chair	20.06.17
	Active	RENEW counselling services	Counsellor	No conflict perceived	The Chair	17.07.17
Dan Druzianic	Active	Director of Markhams Hawke's Bay Limited	Potential Conflict of Interest. Some clients may from time to time be employed by or have contracts with HBDHB	Declare an interest at any time an issue arises concerning a client, and take no further part in any decision or discussion on this matter.	The Chair	7.12.10
Jacoby Poulain	Active	Board Member of Eastern Institute of Technology (EIT)	Perceived conflict - HBDHB has a Memorandum of Understanding (MOU) with EIT relating to training and development in health related occupations.	Will not take part in any decisions or discussions in relation to the MOU between HBDHB and EIT	The Chair	14.1.14
	Active	Councillor Hastings District Council	Potential conflict as potential advocate for Hastings District population whereas HBDHB coveres whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	14.1.14
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	Trustee of Hawke's Bay Helicopter Rescue Trust	Actual conflict of interest. The Trust provides helicopter patient transfer services to HBDHB	Will not take part in any decision or discussion in relation to any contract or financial arrangement between HBHRT and HBDHB	The Chair	15.05.14
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed /rebranded "Whararikí Trust" advised 30-8-17	Relationship and and may be contractural from time to time	No conflict	The Chair	5.12.16
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	5.12.16
	Active	Chair, Health Promotion Forum	Relationship	No conflict	The Chair	5.12.16
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	14.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	14.02.17

MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 30 AUGUST 2017, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.07PM

PUBLIC

Present:	Kevin Atkinson (Chair) Dan Druzianic Peter Dunkerley Diana Kirton Barbara Arnott Heather Skipworth Jacoby Poulain Ana Apatu Hine Flood
Apology	Helen Francis and Ngahiwi Tomoana
In Attendance:	Kevin Snee (Chief Executive Officer) Arrived at 1.30pm Members of the Executive Management Team Chris McKenna and Dr Mark Peterson (as co-Chairs, HB Clinical Council) Graeme Norton (Chair, HB Health Consumer Council) One media representative Brenda Crene (Board Administrator)

KARAKIA

Heather Skipworth opened the meeting with a Karakia.

APOLOGY

An apology had been received from Helen Francis and Ngahiwi Tomoana.

3. INTEREST REGISTER

Kevin Atkinson (Chair) advised his interests in Unison Networks and Unison Fibre could be removed from the Register as of 31 July 2017. **Action**

Ana Apatu advised that UTurn Trust had been renamed/rebranded "Whararikí Trust". **Action**

No board member advised of any interest in the items on the Agenda at the outset of the meeting, however during the meeting Jacoby Poulain and Hine Flood advised of their roles as Councillors prior to respective discussions.

4. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 July 2017, were confirmed as a correct record of the meeting.

Moved: **Dan Druzianic**
Seconded: **Hine Flood**
Carried

5. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: A letter from the Board Chair to the HB Councils sought support for Chaplaincy Service Costs of $40k had been responded to, with all four Councils (CHB, Hastings, Napier and Wairoa) declining. The Chair and board members were disappointed with this result, as the Chaplains provide a very much needed "social" service for the Hawke's Bay community. It was disappointing also that requests for presentation time on Council agendas had not been successful prior to decisions being made.

Board members Jacoby Poulain and Hine Flood felt the request to Councils was not unreasonable and advised of their respective conflicts of interest (as District Councillors for

Hastings and Wairoa). Both did not recall these requests coming to a Council meeting for discussion which was not entirely unusual.

Action: Jacoby and Hine requested a copy of the letter(s) and would follow up with the respective organisations personally.

A further letter seeking support for Chaplaincy Service costs had since been sent to the HB Regional Council Chair, Rex Graham.

Ongoing.

Item 2: A big thank you had been advised to all health workers across the sector, who had worked tirelessly through the very trying winter illnesses.

Action: A copy of the message of thanks would be provided to the board for their information, by Anna Kirk

Item 3: Making Health Care Easier to Understand (Health Literacy) updates scheduled on the workplan – Action removed.

Item 4: Building a Diverse Workforce and Engaging Effectively with Maori was scheduled to come back to the Board in October. Action removed.

A query from the Chair around tracking students who leave HB to connect them back. Kate Coley advised this will be covered in the Diverse Workforce Strategy.

6. BOARD WORK PLAN

The Board Work Plan was noted.

7. CHAIR'S REPORT

- The Chair advised the following retirement, with a letter being sent conveying the Board's best wishes and thanks for her years of service.

Name	Role	Service	Years of Service	Retired
Charmaine Bartlett	Administrator	Operations Directorate	13	7 August 2017

- A letter had been received letter from Mary Norris, a nurse who had received acknowledgement from the Board on her retirement. After reading the letter at the meeting, the letter was passed to Chris McKenna to relay acknowledgment to staff named within.
- The MoH had provided a media release on Saturday 26 August advising they would be providing $1m to assist with the costs incurred by the HBDHB during the Gastro Outbreak in 2016 which was excellent news.
- Information provided to all 20 DHBs by the MoH (dated 3 August), advised Pharmac would be involved in the procurement of hospital equipment over time, and emphasised the importance of National Oracle Solution proposal in this regard. This item would be considered by the Board in September.
- Health Targets "How is my DHB performing" were made public the week prior with Hawke's Bay sitting as 7 out of 20 DHBs for Shorter Stays in ED; 16/20 for Improved Access to Elective Surgery; 4/20 for Better help for smokers to quit (hospital); 5/20 for Raising Healthy Kids target; and 15/20 for Faster Cancer Treatment
  - It was noted that aspects of the Faster Cancer Treatment target were outside Hawke's Bays control for those patients being treated outside the region!. Currently HB were sitting at 77% compared with the 85% target, which considering two patients required treatment outside of Hawke's Bay was a fantastic result. The Board were very appreciative of the work done.

  A good result also had been achieved by the PHO who were 14/36 for increased immunisation; and 10/36 for Better Help for Smokers to Quit.
- Hawke's Bay DHB had finished the year well financially with 8 of the 20 DHBs reporting a surplus. Hawke's Bay rated 2nd overall, next to Waitemata. The Board were very proud of this and extended their congratulations to all.
- The HB Health Leadership Forum was being held on Wednesday 6th September, with the Chaplaincy AGM being held later the same day. The Chair advised he would be grateful if members could attend following the Forum.
- The Chair advised his sincere appreciation for the cards and flowers received following the passing of his son in law, recently.

8. CHIEF EXECUTIVE OFFICER'S REPORT

Acting CEO, Sharon Mason provided an overview highlighting a good start financially for the first month of the financial year, albeit challenging health-wise across the sector.

At the Clinical Council Meeting in August, new Co-Chairs were elected with Dr John Gommans and Dr Andy Phillips moving into the role from 1st September. Sincere thanks were expressed to Chris McKenna and Dr Mark Peterson for their strong leadership and dedication during their respective terms in this challenging role.

A query regarding those waiting four months or more for specialist services, how many may be attributed to services that HB are not able to provide? In response, locums are brought in where possible and we do remain within the ESPI requirements. We have a buffer each month of around 20 and it was estimated we will have pulled those numbers back in August and September.

The topics on the agenda for the days meeting include a variety of presentations which shows our commitment to our workforce and the community to co-design our services.

9. FINANCIAL PERFORMANCE REPORT

Tim Evans (ED of Corporate Services) spoke to the Financial Report for July 2017, which showed a favourable variance of $99 thousand for the first month of the financial year with no contingency released. He did express concern over the biggest variance in month related to the offsetting effect of receiving $714 thousand funding from the Ministry of Health to pass through to our home support providers in respect of the pay equity settlement to their workforce. Whilst very happy to support home care workers - at some point in the next couple of years there will be an uplift in the need for care, and that uplift may not be covered by the MoH funding provided. We need to be mindful of this.

The Gastroenterology Unit build was noted as being 21% complete (held up due to wet weather) but it was anticipated the build would be commissioned on time. This includes what will be placed on the top floor to fit in with planned surgical expansion.

Comment/Query:

- The Chair noted when looking at the Gastroenterology Project Report (specifically foundation construction) the commentary noted only 21 days behind. **Action:** The detail would be checked and corrected (Tim Evans).

10. HEALTH & SAFETY BOARD CHAMPION'S UPDATE

Peter Dunkerley provided an update advising he had undertaken a site visit and was pleased with what he saw. He noted Big Listen signage everywhere and that the old Mental Health unit was being transformed and was being constructively utilised.

The Chair added he had undertaken a visit to the two build projects recently and was very impressed with the Health and Safety aspects, including the quality of documentation and standards being observed by the contractors, providing him with a high level of confidence.

No CONSUMER STORY was provided this month.

REPORT FROM COMMITTEE CHAIRS

11. HAWKE'S BAY CLINICAL COUNCIL

Co-Chair Chris McKenna spoke to the report from the Council's meeting held on 9 August 2017 which included: the "Last Days of Life Care Plan and Toolkit", with congratulations to Leigh White; ICU work was nearing completion; the Clinical Governance Structure has been developed with what has been a slow journey which will see improvements once fully operational. Advised that Clinical Council had been receiving too many papers of late and a review would be undertaken in this area.

The Chair expressed his sincere thanks on behalf of the Board to Chris McKenna and Mark Peterson for their contribution and leadership of Clinical Council over their 4.5 year and 2 year terms respectively. Hawke's Bay are the envy of many DHBs in the country for the relationships built with clinicians and consumers. This Board can be very proud of what has been achieved and they certainly appreciate and value Council feedback and timely reporting.

Drs Gommans and Phillips were thanked for making themselves available as co-Chairs from 1 September, with Dr Gommans making himself available for a second time.

Sharon Mason on behalf of the CEO provided flowers (to Chris McKenna) and a gift to the Mark Peterson (outgoing Chairs of Clinical Council) and Graeme Norton (outgoing Chair of HB Health Consumer Council).

12. HAWKE'S BAY HEALTH CONSUMER COUNCIL

Graeme Norton introduced Rachel Ritchie to the Board. Her appointment would be considered under agenda item 13.

Graeme spoke to the report noting that the new Clinical Council Governance structure (with its five advisory committees and 25 reporting committees) now had five Consumer Council members appointed to these Clinical Council "Advisory Committees". Hawke's Bay has forged new paths and he looked forward to seeing this further evolve over time.

Consumer Council felt there was much need for a HB Disability Strategy. Good initiatives had been developed around the country and Council were intending to progress this.

HB Youth Consumer Council had been moving forward at great speed, enabling voices to come forward for the betterment of youth health.

The Board thanked Graeme sincerely for his very strong support and leadership of Consumer Council since its inception in June 2013. Graeme had made a massive contribution and his vision has ultimately got Consumer Council to the position it is in today. Reports to the Board from Council were vital in the Board making good decisions. The role of Consumer Council Chair has been enormous locally and it was great to see Graeme taking on more national roles as well as offering support to the new Chair. It was acknowledged he had worked tirelessly in the health sector over the years including on CPHAC, and this dedication was very much appreciated by the Board who wished him well for the future.

CEO, Kevin Snee advised he had worked closely with Graeme and this had been very valuable. We are now in a much better place in how we engage with consumers. More recently the NUKA system (South Central Foundation) will see some paradigm shifts. We are now poised to do some challenging things going forward for health in Hawke's Bay, and the input of the Consumer Council will be vital in this.

Graeme advised he would be staying on as a member of Consumer Council until February 2018 (at this stage).

13. CHAIR HAWKE'S BAY HEALTH CONSUMER COUNCIL

On receiving the report, the Board approved the following recommendation of the HBDHB CEO and Health HB Ltd GM, to appoint Rachel Ritchie as Chair of the Hawke's Bay Health Consumer Council.

RECOMMENDATION

That the Board

- **Approve** the recommendation of the HBDHB CEO and Health HB Ltd GM, to appoint Rachel Ritchie as Chair of the Hawke's Bay Health Consumer Council, in accordance with the terms and conditions outlined in the report provided.

Moved **Barbara Arnott**
Seconded **Ana Apatu**

Rachel advised she was looking forward to working with everyone and acknowledged the truly amazing job that Graeme had done to get Consumer Council to where it is today.

14. MĀORI RELATIONSHIP BOARD

Heather Skipworth spoke to the meeting held on Wednesday 9 August 2017.

It was noted that MRB members should be applauded at their recent meeting, for the open discussions had and the way members let services open up when presenting. This resulted in a willingness by all parties to find a better solution. We are all about trying to address the underlying determinants of unwellness!

The Proposal by MRB to request an Alcohol Free Health Awards was discussed:

- Some felt we need to be an exemplar in the alcohol free area. Others felt it was not just about drinking but about drinking responsibly!

- Commended MRB as alcohol affects Maori in a profound way and cultural leadership must be applauded. This was not about judging those who drink, it was about leading by example with an alcohol free Health Awards function. Appreciate that there are relationships and contracts in place but this is about the priority should be setting an example.
- It was suggested HBDHB should frame a policy and encourage LTAs and other government organisations to follow.
- In the interim health promotion material messaging should be provided to the community to promote "moderation".
- An example was provided regarding the Iron Maori Prize Giving which was attended by 2000 and is entirely alcohol free. No one sneaks alcohol in to this event, which is now in its 10th year!

The Communications Manager advised that currently at the Health Awards, attendees pay for their own alcohol. Alcohol was available on the "sponsors" tables only. The event for the past three years has provided alcohol free beverages included in the ticket price. We are trying to achieve the same thing here!

Action: A survey following the Health Awards Event would be very helpful.

Following discussion, the Board noted general support for the recommendation and;

Action: Requested that management undertake some work regarding a positon statement and policy on Alcohol and bring this back to the Board no later than March 2018.

The Proposal by MRB to request an Alcohol Free Health Awards was not supported on this occasion as planning was well advanced for the 2017 Health Awards event with the majority of the awards sponsored, and it was not possible to make changes at this late stage.

15. PASIFIKA HEALTH LEADERSHIP GROUP

Barbara Arnott (as Chair of CPHAC) attends PHLG meetings referred to the report of the meeting held on Monday 14 August and introduced Talalelei Taufale (Pacific Health Development Manager).

Pasifika are becoming more involved in mainstream activities in the health sector in HB and more recently had several meetings with Sapere around the Clinical Services Plan. There has also been focus on workforce development and KPIs, similar to MRB.

It was advised that Caren Rangi will speak to the October Board Meeting and this will include an update on Navigators (including those appointed in July).

A query around the Pacific workforce component in mental health and addiction services area – is there a recognised need? In response, there is recognised need however workforce numbers within the DHB totals 32 with 8 of this group being clinical.

The Board look forward to a further update on Pasifika Health matters in October.

FOR DISCUSSION / INFORMATION

16.1 THE BIG LISTEN

Kate Coley spoke of the two large projects underway, the Big Listen and Clinical Services Plan which are working together to ensure timelines and communications reduce the impact on staff, consumers and the community.

Bottom up approach with September and October being a busy time for workshops (targeting 1500 staff) between 25 September and 3 October, together with online surveys to staff and patients.

After this work has occurred it will be important to identify some quick wins to implement quickly. There will be a briefing in November to committees and the Board.

A five year strategy will be developed (as a baseline) with a review/refresh undertaken initially within 18 months and thereafter on an annual basis.

Integration with the Clinical Services Plan will be ensured and both will be presented through the committees and Board in February 2018.

Queries summarised:

- What is the difference between doing the surveys and attending a Big Listen Workshop?

  Workshops run for two hours and focus on concepts in the survey. Anticipate 120 to 150 people in the room and the process encourages you to work with the person next to you asking for examples of a "good day" or a "bad day". Themes come forward which include behaviours we would like to see more, or of less of. This type of Workshop has been conducted by a number of DHBs and has proven to work effectively.

- Does the process include incorporating the current compliments and complaints system? Yes. Journeys cover multiple issues and will give a general feel.

- Will there be representation from Primary Care?

  This is proving challenging. The PHO are pushing this with General Practice, Primary Care and Rest Homes. This year may be a struggle but we expect to see a positive change and that will likely improve attendance in future years.

16.2 CLINICAL SERVICES PLAN

Carina Burgess (Project Manager for CSP) continued on with the presentation advising it has been challenging to date but achievable. Currently in data gathering phase with Workshops planned to commence in Mid-September. Sapere have been challenged to think outside the square and in the past have not ventured into the community as they have done in Hawke's Bay. Feedback from General Practice is well received and reciprocal.

Timelines align with the Big Listen.

Comments/questions summarised:

- How are you ensuring the Maori voice is represented?

  Focus is on bringing this through the NGOs, and/or targeting directly. MRB have provided pathways – key theme workshops with two top issues for Maori and the elderly.

  Mental Health is being covered through a patient journey workshop. Youth Pregnancy is included.

- Including an experience of a patient, not named but similar – as to whether they have been engaged with effectively

- Noted a themed workshop (patient and whanau) challenged by MRB, PHLG and Consumer Council.

17 HB DRINKING WATER GOVERNANCE JOINT COMMITTEE – TERMS OF REFERENCE

Jacoby Poulain declared a conflict of interest as a Hastings District Councillor.

Tracee TeHuia introduced Dr Nicholas Jones who spoke to the report provided and the Terms of Reference (TOR) attached as appendix 1.

There is now communication between the three organisations HBRC (protection of the source) Council (treatment and distribution) HBDHB (as regulator), who are working effectively together and have been meeting since January 2017. This was driven primarily by the Inquiry and recommendations to that group. We are transitioning from a narrow focus on water supply, to a much broader effort around issues in common and management of the water resources.

As the Inquiry will cease there is a need for Governance Structure.

The Joint Working Group (JWG) will continue to function but evolve into a more technical group and don't see people at the table of the JWG changing.

In summary, the Governance Group views the "actions" and ensures they are carried out and undertaking monitoring, if not what are the barriers.

A summary of points raised follows:

- Poor meeting attendance by JWG members was raised? In response, it was noted there had been a clash with a meeting time which resulted in poor attendance at one meeting of the JWG. Attendance since then had been good.

- The document talks a lot about water quality but does not mention whether there is enough water in the aquifers available to the community? Need to understand the aquifers, the quantities, the needs and what is available for the community.

- The purpose of governance is oversight and direction. Would like to see the Governance Committee giving recommendations.
- In the paragraph below 2.3.2 it speaks of "information sharing". Would like to see the list of agencies to ensure have a level of confidence it will work.
- Item 3.5 – with water being of particular importance to Maori – it was noted that Maori were not formally wanting to participate. This does not seem right, does that need to be reviewed?
- Delegated authority, quantity and quality incorporated 6.1.2, 6.1.4 and 7.1.
- It is normal to have a review clause in a Terms of Reference. Suggest a review of the ToR should be actioned every four years.
- Quorum – for such an important governance committee, a quorum of half the members present is not acceptable. The quorum should be at least 75% attendance.
- Membership of the Governance Group do not need to be Board members or staff of HBDHB. Management should be able to appoint the best representative. Would like to be given the freedom to decide.
- HBDHB will not accept a ToR imposed by the Councils. We need to satisfy HBDHB first then go back to the other parties to obtain clarification and ensure there is no ambiguity.

It was advised at this point that the ToR provided was not the right version. Nick Jones advised he would check the comments that have been addressed. *Subsequently it was identified that the ToR provided was the latest version.*

Barbara Arnott provided an example of a good model being the Heretaunga Plains Urban Strategy and the HB Roading Strategy (which are ongoing). There was consultation with the public, and NKII had a big part in the that process. Each hapu made representation as to what occurs in their area. This was a very successful collaboration, with a Governance Group and a Working Group underneath it.

Actions:

a) The matters and questions raised and captured would be addressed within the documentation and discussed between the respective parties.

b) The Chair and CEO will review this with Nick Jones and Tracee TeHuia.

c) The final will be signed off and not be held over to the September Board Meeting.

18 NGATAHI VULNERABLE CHILDREN'S WORKFORCE DEVELOPMENT

Dr Russell Wills, Project Sponsor and Bernice Gabriel (CAFS senior psychologist on secondment) is Project Manager.

Ngātahi is a large, cross-sector, workforce development programme for the vulnerable children's workforce, funded jointly by HBDHB, MSD and the Lloyd Morrison Foundation. The project involves approximately 450 staff across 24 agencies: Government and NGO, kaupapa Maori and mainstream, health, education and social service agencies are involved. A competency framework has been agreed by all practice leaders. The agencies are halfway through mapping their staff's competencies and development and expect this phase to be completed by the end of September.

Attachments to the report included Ngātahi Terms of Reference, Competency Framework and a list of services involved

Next steps: The end product of the first year of the project will be a business case for the development programme in 2018 and 2019.

As Children's Commissioner, Russell had been involved in developing the Children's Action Plan, one aspect of which was to develop a vulnerable children's workforce core competency framework. The framework was written by sector leaders in health, education and social services including registration bodies and trade unions. It was felt the framework needed to be tested in a "real world" setting. It was agreed that Hawke's Bay offered an excellent setting to test the framework because the mix of competencies was likely to be similar to most areas, but relationships and trust are high, so it should be relatively straightforward and quick to implement here compared to areas.

Funding was obtained from MSD, the Lloyd Morrison Foundation and HBDHB Maori Health Unit and Bernice Gabriel employed as project manager. Engagement was gained face to face and a hui on 4th May agreed descriptions of the competencies and the tiers of competency required in each agency and discipline.

As 70% of whanau are Maori, correct tikanga and kaupapa for the project were essential. The outstanding support from MRB members and the Maori Health Unit was acknowledged.

At this point competency mapping is around 50% complete and expected to be finished end-September. A business case will be developed in October-December to map the training programme for the rest of the workforce for implementation during 2018.

In CAFS mapping was completed earlier, planning for their workforce development is complete and training will begin in late September.

Professors Kay Morris-Matthews and David Tipene Leach at EIT are leading an independent evaluation of the programme, which has begun with interviews of staff who have completed competency mapping.

Lessons learnt to date that may have relevance for future projects include:

1. Having Bernice, a senior and credible clinician, as project manager has been very helpful for engaging practice leaders and staff in the project.
2. Having good engagement of service leaders and their staff from the beginning was crucial, particularly as they are being asked to trust us and the process, and be honest in sharing their vulnerabilities.
3. Early engagement and regular hui with MRB and our Maori Health Service has led to important changes in the programme, which have significantly aided engagement of kaupapa Maori services and improved the cultural safety of the programme. For example, CAFS' expert trainers are asked to default to examples for Maori and ensure training focuses on both clinical and cultural competency, CAFS' Maori staff will attend all training and subsequent peer review to ensure cultural safety, and Laurie Te Nahu of the Maori Health Service will support all training. Suzanne Pitama of the Eru Pomare Unit at the Wellington School of Medicine has agreed to provide training in the Maihana best practice consultation model.

Raised in discussion:

- Practitioners identifying competencies they need but were not trained in as undergraduates, has important implications for tertiary institutions and registration bodies.
  Action: Russell to seek guidance at a national level so as to bring the sectors with him, not create defensiveness.
- It is likely that teaching some competencies will require partnerships between tertiary institutions and large employers employing senior practitioners with those skills. Discussions are already underway at a local level with EIT to this end
  Action: Chris McKenna volunteered to discuss further with the Nursing Head of School at EIT.
- Vulnerable children often have parents with mental illness and addictions, low income and little financial literacy. Budgeting skills are not a competency for this programme but this is recognised when working with families.
- Some Maori have little connectedness to hapu/iwi nor awareness of tikanga, eg gang families.
  In response: the issues are all the same, all have some disconnection that has led to this. To reference NUKA - not to stereotype, listen properly and understand and build on relationships, don't go with assumptions, be respectful, understand and listen.

The Board looks forward to seeing the results over the next stage of the project. Both Russell and Bernice were thanked for their report.

19 GO WELL TRAVEL PLAN

Sharon Mason introduced Andrea Beattie to update Go Well which had been introduced 6 months prior. The presentation had been provided with papers to the Board.

- The main Hospital carpark has been utilised well since paid parking was introduced with 10% vacancies on weekday afternoons.
- Compliments are up and complaints are down.

The Go Well team were congratulated for their professional process noting this has been a well-run project and has delivered good results.

FOR MONITORING

20 HUMAN RESOURCE KPIs Q4 Apr-Jun 2017

Kate Coley spoke to the report noting:

- Sickness was slightly up in the 4th quarter due to a busy winter.
- Lost Time Injuries noted a marked reduction in muscular stress from 2015/16 to 2016/17. There was a now a physiotherapist on site as part of the Occupational Health team and the availability of an onsite doctor had been reintroduced to support staff returning to work.
- Annual Leave (2 years plus) was slightly down.
- Maori workforce representation has improved - a great result. More analysis undertaken and results illustrate HB were over target by 15 people at the end of June 2017. In terms of Maori representation alongside the other 20 district health boards, Hawke's Bay were out-performing in this area.
  Maori population vs Maori staff figures as at 31/03/17 – if the figures had of been overlaid at June 2017 (not March 17), Hawke's Bay DHB would have ranked number 1.
- Kate advised that the figure of 13.1 (3.4%) under management and administration staff (Headcount and Positions) referred to filled vacancies**.**

This report will be refreshed over the next six months to be more informative and interactive.

21 TRANSFORM AND SUSTAIN STRATEGIC DASHBOARD

Tracee Te Huia (ED Strategy and Health Improvement) and Kate Rawstron (Project Management Office) spoke to the report provided.

Discussion included:

- A query as to the drop under 'Higher quality general practices with cornerstone accreditation' indicator? Advised this reflected a timing issue. The baseline was 50% and this has risen to 88%. Advised all practices had reached foundation standard for PHO GP.
- Queried whether the difference in Māori Death rates' indicator should be changed to amber as it had moved from 16.3% to 17%. Advised that it is currently not significant to move to amber, and was being monitored.
- The same was being applied to the 'reduced infant mortality' rate. Reporting would shift from quarterly to six monthly to allow for better data availability.
- The Chair felt the 'Māori Children Obesity rate' should be amber rather than red, as the drop had reduced from 10.5% to 8.2%, with the target set at 8%.

Kate and Tracee were thanked for their report.

22 ANNUAL MAORI PLAN Q4 DASHBOARD

Patrick LeGeyt (Acting GM, Maori Health) spoke to this report.

- Māori Workforce grew from 12.5% in Q1 to 14.3% in Q4 and met the annual target of ≥13.8% for 2016/17 by 15 positions x

Areas of progress and challenges were relayed in the report provided.

We are achieving some targets, trending in the right direction and those that are near target, remain steady. For example; Ambulatory Sensitive Hospitalisation (ASH) rates 0-4 years and 44 to 65 years have decreased.

There were no questions and Patrick was thanked for his report.

23 TE ARA WHAKAWAIORA / MENTAL HEALTH

Dr Simon Shaw and Allison Stevenson attended on behalf of the service.

Sharon Mason provided a brief introduction to the paper on the challenges faced, the good work done to date, some plans outlined in the document to further improve statistics and she acknowledged conversations held at MRB and Clinical Council for a whole of sector approach. Good bilateral meetings with Police and MSD were taking place with good communication and a willingness to work together.

Discussion included:

- On the rate of CTOs, HBDHB sits similarly with other DHBs, such as Northland, Tairawhiti, Lakes.
- In relation to access issues on wait times for non-urgent 0-19years – the service works in a model of partner/choice, wherein CAFS engage with a patient when they wish to and it can be from a setting that is familiar to that young person, e.g. work/school. Telephone contact is made with the family after referral and an appointment offered.
- With staff numbers remaining static and demand increasing (e.g. approximately 1350 referrals received in 15/16). A workforce stocktake was underway to marry up with other DHB data – noted we are slightly down with psychologists and senior medical officers. There was also a lower NGO workforce for child and youth.

  Asked whether this plan addresses taking initiatives to the Māori community so access is different, advised that some do as they are patient centres, such as Choices appointments e.g. who they meet and where. Some will not be captured as not a DHB-visit encounter which compounds the data, as it is in the community.
- A question raised was how do we engage with gang communities in their settings.

  Some NGOs do and were working with TTOH. Our service do this directly and have good relationships with gang sectors in Hawke's Bay. This is where joined up government, community and services come into play. Peter Gluckman's paper on joined up mental health services across community and departments provides good scientific evidence that you engage on a life plan[1]. Simon also spoke to Te Ara Manapou for mothers with addiction problems who have failed to engage with services - this is an area where the service will work with gangs on substance abuse.
- The service is supplying more clinical time to Wairoa though a combination of face to face and teleconferencing facilities. An example being a clinical psychologist working part time in Te Ara Manapou is the same working for addictions in Wairoa, so the linkages are there and are used to engagement.
- Kevin Snee spoke of the different models of care recently observed overseas, with one model being mental health professionals in primary care teams. There is an ongoing programme for credentialing practice nurses in primary care mental health to deliver assessments and treatment, unfortunately there is resistance in some practices, but we would like to see clinicians in primary care. Discussions with the PHO Board and approaches for mental health funding through the PHO (outsourced to Gains and other psychiatrists is seen as an expensive way). Prefer integrated teams, not just for mental health but other areas such as; diabetes, hypertension, noting that physicality is improved having mental health workers embedded in teams.

The Chair relayed a conversation held with a criminal barrister who undertakes a number of CTO, acts for gangs and regularly engages with DHB's mental health service staff. The Board should be proud of the staff in our mental health service and wanted this acknowledgement passed on.

An overview of the Mental Health and Addiction indicator waiting times was provided.

The Board were asked to note actions being taken to address continuing issues in:

- The rate of Compulsory Treatment Orders for Maori
- The number of children and youth without a discharge plan
- Wait times for non-urgent Mental Health or Addiction Services

Allison and Simon where thanked for their report.

GENERAL BUSINESS

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

[1] Office of the Prime Minister's Chief Science Advisor, *Rethinking New Zealand's Approach to Mental Health and Mental Disorder: a whole-of-government, whole-of-nation long-term commitment*. July 2017

RESOLUTION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board

Exclude the public from the following items:

25. Confirmation of Minutes of Board Meeting
    - Public Excluded

26. Matters Arising from the Minutes of Board Meeting
    - Public Excluded

27. Board Approval of Actions exceeding limits delegated by CEO

28. Chair's Update

29. Corporate Office Building Lease

30. HB Clinical Council

31. Finance Risk & Audit Committee

Moved: **Barbara Arnott**
Seconded: **Ana Apatu**
Carried

The public section of the Board Meeting closed 4.50pm

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	29 Mar 17 28 June 17 30 Aug 17	**Chaplaincy Service Costs:** Letters were sent (at end of June) to the four local Council Mayors seeking support with Chaplaincy costs. Four LTAs declined. Letter sent to Chair of HBRC. Copy of letters to be provided to several board members (Jacoby and Hine) to follow up.	Admin		Actioned Feedback circulated
2	30 Aug 17	Copy of message of thanks to staff during the winter months – to be provided to the Board.	Anna Kirk		Actioned
3	30 Aug 17	Included changes to the **Interests Register** conveyed at the meeting for Kevin Atkinson and Ana Apatu.	Admin		Actioned
4	30 Aug 17	The Chair noted when looking at the Gastroenterology Project Report specifically foundation construction re 21 days to be corrected.	Tim Evans		
5	30 Aug 17	Item 14 on the Board Agenda A survey to be provided following the forthcoming **Health Awards Event** (to query response to alcohol free)	Anna Kirk		A survey will be undertaken following the 2017 event.
6	30 Aug 17	Alcohol Policy (Item 14.0 on the agenda relating to **MRB's recommendation** for the Health Awards to be Alcohol Free) Requested management undertake some work regarding a positon statement and policy on Alcohol and bring this back to the Board no later than March 2018.	Tracee TeHuia / EMT	Mar 18	Included on the Workplan
7	30 Aug 17	**HB Drinking Water Governance Joint Committee – Terms of Reference.** Item 17 on the Agenda a) The matters and questions raised will be addressed within the documentation and discussed between the respective parties.	Tracee TeHuia / Nick Jones		

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
		b) The Chair and CEO will review this with Nick Jones and Tracee TeHuia. *c)* The final will be signed off and not be held over to the September Board Meeting.			
8	30 Aug 17	**Ngatahi Vulnerable Children's Workforce Development** (Item 18 on the Agenda) a) Practitioners identifying competencies they need but were not trained in as undergraduates, has important implications for tertiary institutions and registration bodies. Russell Wills to seek guidance at a national level so as to bring the sectors with him, not create defensiveness. b) It is likely that teaching some competencies will require partnerships between tertiary institutions and large employers employing senior practitioners with those skills. Discussions are already underway at a local level with EIT Chris McKenna volunteered to discuss further with the Nursing Head of School at EIT.	Tracee TeHuia / Russell Wills Chris McKenna	Dec 17	Will be discussed with registration bodies and undergraduate training providers once competency mapping has been analysed by discipline. Expect towards end of year. Noted Workplan. Discussed with EIT School of Nursing. Russell presenting to the Nursing Faculty on 25 Sept 17

HAWKE'S BAY DISTRICT HEALTH BOARD – WORKPLAN

Mtg Date	Papers and Topics	Lead(s)
25 Oct	TAS Annual Report	
	Establishing Health and Social Care Localities Update	Chris Ash
	Social Inclusion	Tracee TeHuia
	Annual Report 2017 (Board and FRAC)	Tim Evans
	Ka Aronui Ki Te Kounga / Focussed on Quality "Quality Accounts"	Kate Coley
	Te Ara Whakawaiora / Culturally Competent Workforce incorporating Building a Diverse Workforce	Kate Coley
	Implementing the Consumer Engagement Strategy	Tracee TeHuia
	PHLG update on the Pasifika Health Navigators and the Pacifika Workforce Strategy	
29 Nov	Recognising Consumer Participation	Kate Coley / Ken Foote
	Surgical Expansion Project	S Mason/Janet Heinz
	People Strategy Update	Kate Coley
	Best Start Healthy Eating & Activity Plan update (6 mthly)	Tracee TeHuia
	Monitoring	
	HR KPIs Q1 July-Sept 17	Kate Coley
	HBDHB Non-Financial Exceptions Report Q1 Jul-Sept 17 + MoH dashboard Q4	Tim Evans
	Te Ara Whakawaiora – smoking (national Indicator)	Tracee TeHuia
	Annual Māori Plan Q1 Dashboard	Tracee TeHuia
	Pasifika Health Plan Q1 Dashboard	Tracee TeHuia
13 Dec	Audit NZ Final Management Report on the audit of HBDHB for y/e June 2017	Tim Evans
	Consumer Experience Qtly feedback and Annual Review since inception	Kate Coley
	Transform and Sustian Report (TBC as timelines very tight)	Tracee TeHuia
	Clinical Services Plan presentation of first draft	Tracee TeHuia
	The Big Listen – update (Presentation)	Kate Coley
Jan 2018	**No meeting**	

Mtg Date	Papers and Topics	Lead(s)
28 Feb	Transform and Sustain Strategic Dashboard (6 monthly) Quality Annual Plan – 2017-18 6 month progress report People Strategy Clinical Services Plan ***Monitoring*** HR KPIs Q2 Oct-Dec 17 Maori Annual Plan Q2 Dashboard Pasifika Health Plan Q2 Dashboard HBDHB Non-Financial Exceptions Report Q2 Oct-Dec 17 + MoH dashboard Q1	Tracee TeHuia Kate Coley Kate Coley Tracee TeHuia Kate Coley Tracee TeHuia Tracee TeHuia Tim Evans
28 Mar	Establishing Health and Social Care Localities in HB Consumer Experience Feedback Quarterly Report Q2 Oncology Model of Care ***Monitoring*** Te Ara Whakawaiora – Breastfeeding (national indicator)	Chris Ash Chris McKenna Sharon Mason / A Stevenson Chris McKenna / N Skerman
25 Apr	TBA	Tracee TeHuia
30 May	Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May-Nov18) ***Monitoring*** HR KPIs Q3 Oct-Dec 17 Maori Annual Plan Q3 Dashboard Pasifika Health Plan Q3 Dashboard HBDHB Non-Financial Exceptions Report Q3 Oct-Dec 17 + MoH dashboard Q2	Tracee TeHuia Kate Coley Tracee TeHuia Tracee TeHuia Tim Evans

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Chief Executive Officer's Report** 102
	For the attention of: **HBDHB Board**
Document Owner:	Kevin Snee, Chief Executive Officer
Reviewed by:	Not applicable
Month as at	18 September 2017
Consideration:	For Information

8

RECOMMENDATION

That the Board

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

INTRODUCTION

In August we have seen significant pressure in our health system, with high patient and staff sickness, which has given rise to problems of reduced flow in our hospital impacting on the Shorter Stays in Emergency Department (ED) target and causing some delays in surgery. Staff have coped well in spite of this and have maintained their focus on delivering good quality patient care.

I have attached the quarter four performance report from the Ministry of Health which highlights the strong performance in our final quarter of 2016/17 (appendix 1).

On today's board agenda we have updates on our work to reduce alcohol related harm, which is a massive problem in our community, the benefits realisation of the Waioha birthing unit, which is already demonstrating its worth being seen as a model of good practice nationally, and an update on the work we are doing to address the Ministerial target on healthy weight.

Also on our agenda is a consumer story which highlights a lack of patient-centred care across a range of our hospital services. Addressing these concerns is a key focus in the work undertaken through the Clinical Services Plan and The Big Listen and will remain a key focus for the organisation moving forward.

The final version of the Annual Plan is currently with the Minister awaiting sign-off – one of a small number who have reached that point. Since Board approval on 28 June 2017, the financials have been updated to include a $1.5m (previously $0.5m) surplus following the addition of $1m to our income from the Havelock North gastro payment.

PERFORMANCE

Measure / Indicator	Target	Month of August	Qtr to end August	Trend For Qtr
Shorter stays in ED	≥95%	93.4%	92.6%	▲
Improved access to Elective Surgery (2017/18YTD) – Results will be populated once plan has been agreed.	100%	-	100.7	—

Waiting list	Less than 3 months	3-4 months	4+ months
First Specialist Assessments (ESPI-2)	2,652	458	98
Patients given commitment to treat, but not yet treated (ESPI-5)	1,113	99	43

Faster cancer treatment* *(The FCT Health Target definition has changed for 2017/18 financial year. Patients who breach the 62 day target due to Capacity Constraint are still counted against target however patients who breach the target due to Clinical Decision or Patient Choice are now excluded).*	≥90%	80% (July 2017)	88.8% (6m to July 2017)	—
Increased immunisation at 8 months (3 months to end of August)	≥95%	---	95.0%	▲
Better help for smokers to quit – Primary Care	≥90%	90% (15m to July)	---	▼
Better help for smokers to quit – Maternity	≥90%	---	85.7% (Quarter 4, 2016/17)	▼
Raising healthy kids (New)	≥95% (by Dec 2017)	---	98% (6m to August)	▲
Financial – month (in thousands of dollars)	(1,970)	(1,926)	---	---
Financial – year to date (in thousands of dollars)	(2,129)	(1,994)	---	---

Based on the expected annual cancer registrations for the DHB supplied by the Ministry, the DHB is expected to identify at least 228 people a year (19 a month) as patients with a high suspicion of cancer.

Faster Cancer Treatment Expected Volumes v Actual	*Target*	*Month Actual / Expected*	*Rolling 6m Actual / Expected*
	100%	*10/19 = 53.0%*	*89/114 = 76.8%*

This month's performance has been mixed, with patient flow through the hospital being problematic again as consequence of high ED attendances and staff sickness. This has continued into September. Also, too many patients are waiting longer than four months for their first specialist appointment and for their surgery – this has increased steadily since July as a consequence of the pressure the hospital is under. Steps are in place to ensure that these figures are reduced over the next three months. Helping smokers to quit in pregnancy has been problematic over the last couple of months; this may simply be a reporting issue which we are investigating at present.

There has been good news, however, in other areas with faster cancer treatment getting close to target, although we remain concerned that the numbers identified are less than optimal. Raising healthy kids now exceeds target at 98 percent and immunisation is again at target.

Our financial performance is again better than plan with $44k favourable for the month and $135k favourable for the year, with no contingency used to date.

POSITION ON REDUCING ALCOHOL RELATED HARM

In November 2016 the Board adopted a Position on Reducing Alcohol Related Harm and requested a progress report after six months. The Position includes the vision, principles for engagement, outcomes and seven 'next steps' for action. In adopting this Position the Board sought assurance that *all building blocks, operational and governance structures would be in place,* noting that *the work was not being done in isolation but in collaboration with other agencies within Hawke's Bay.*

This document reports on progress with each of the steps endorsed by the Board and, in particular, reports on progress in establishing building blocks, operational and governance structures."

WAIOHA BIRTHING UNIT (BENEFITS REALISATION)

Waioha has been open for 14 months and has become an integral part of Maternity Services within the Community, Women and Children Directorate. Baby Friendly Hospital Initiative accreditation was achieved in March this year (for the next four years). Waioha was presented to the Māori Relationship Board, the engagement and working with Māori was well received. Thirty percent of our women are birthing their babies with good outcomes with improvements noted in the Maternity Clinical Indicators for percentage of normal births, decrease in caesarean sections and increase in exclusive breastfeeding. Consumer feedback is overwhelmingly positive highlighting the environment, ability for whanau to stay and care provided. With good consumer and clinician engagement the 'Your birth, Your power' Project continues to focus on changing birth culture.

TE ARA WHAKAWAIORA / HEALTHY WEIGHT

Te Ara Whakawaiora monitors healthy weight for Hawke's Bay children via the raising healthy kids target data. Ninety-five percent of Maori children identified in the 98th percentile of weight received whanau support (lifestyles and clinic referral). This is an equitable outcome. Whanau and practitioners are providing positive feedback about the Healthy Conversation Tool and lifestyle plan. Next steps are to support continuous quality improvement via evaluations and further monitoring of children's weight. This will help us know how well we are supporting childhood healthy weight for Hawke's Bay children and whanau.

CONCLUSION

This month's report sees our health system under a degree of pressure as a consequence of winter causing high levels of sickness in our community. We have coped reasonably well, however, our work continues to improve our services as outlined by today's papers.

Office of Hon Dr Jonathan Coleman

Minister of Health
Minister for Sport and Recreation
Member of Parliament for North cote

Appendix 1

8.1

O 4 SEP 2017

Mr Kevin Atkison
Chair
Hawke' s Bay District Health Board
Private Bag 9014
Hastings 4156

Dear Kevin

With the finalisation of quarter four results, it is clear that New Zealanders are experiencing positive impacts from the work your teams are doing to support the health targets . Notable results this quarter include achievement of the *improved access to elective surgery* health target and the continuing good progress towards meeting the *raising healthy kids* health target. The national result of 91 percent represents a significant gain from our quarter one base of 49 percent. I am also pleased to see a solid improvement in the national result for the *better help for smokers to quit* target this quarter with a pleasing national result of 89 percent.

Integrated system processes supported by strong leadership and culture are key to target achievement and improved results for your population. In this final quarter of the 2016/17 year, I am pleased to see your DHB has met the target goal for the *shorter stays in emergency departments, improved access to elective surgery, increased immunisation, better help for smokers to quit* and *raising healthy kids* health targets. This is a significant improvement given the DHB did not achieve any of the health targets last quarter . These achievements can be seen within an overall view of sector performance where:

- nine DHBs met the *shorter stays in emergency departments* target
- two DHBs did not meet their plan for the *improved access to elective surgery* target
- four DHBs met the *faster cancer treatment* target
- four DHBs met the *increased immunisation* target this quarter
- eleven DHBs met the *better help for smokers to quit* (primary care) target result and the maternity component of the better help for smokers to quit target was met again this quarter
- six DHBs met the *raising healthy kids* target.

Feedback from the Ministry' s Target Champions on your DHB's results across all health target areas is provided in appendix one. More detailed results are provided in appendix two.

As we move into the 2017/18 year it is important to take stock and ensure strong target gains continue to be made for your population. As you know, there has been one change to the health target set for 2017/18 with the *faster cancer treatment*

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand. Telephone 64 4 817 6818 Facsimile 64 4 817 6518

target increasing from 85 percent to 90 percent from 1 July 2017. Technical adjustments to the target definition have also been made to allow for appropriate delays. I know your teams will ensure continued improvements are made in the quality and timeliness of cancer services.

Refreshed Better Public Service targets

The two new health-led Better Public Service targets are now in place.

- Result 2 Healthy Mums and Babies: 'By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups'.
- Result 3 Keeping Kids Healthy: 'By 2021, a 25% reduction in the rate of hospitalisations for avoidable conditions in children aged O - 12 years , with an interim target of 15% by 2019 '.

Although delivery of these targets will require support from across the wider social sector, DHBs will also have a significant role to play. I am advised by the Ministry that all DHBs are making positive commitments to support the refreshed Better Public Service targets in Result areas 2 and 3. I look forward to seeing the progress made during 2017/18.

Yours sincerely

Hon Dr Jonathan Coleman
Minister of Health

cc: Dr Kevin Snee, Chief Executive, Hawke's Bay District Health Board
PHO Chairs
PHO CEOs

Appendix one - Feedback from Target Champions on your results for the quarter

Karen Evison, Acting Target Champion - Shorter stays in emergency departments

Congratulations on achieving the target this quarter. The DHB should be commended for taking its commitment to improving patient flow across the system seriously. I look forward to seeing the DHB achieve the target again in quarter one 2017/18.

The Ministry is aware there has been a growth in acute demand nationally. Professor Peter Jones is the new Target Champion, and he will be leading a programme with Carol Limber to better understand these drivers, and what New Zealand's long-term approach should be to managing acute demand.

Jess Smaling, Target Champion – Improved access to elective surgery

Hawke's Bay DHB's delivery against its plan was not realised until quarter four, when delivery was lifted to achieve the 2016/17 health target. For the full year 7,467 people have been provided with elective surgery, which is 93 discharges (1 percent) more than planned.

While you have performed well against your health target, delivery was not achieved for all initiatives. I encourage you to ensure that appropriate planning is in place so delivery against all your agreed plans is achieved in 2017/18.

Suzanne Beuker, Target Champion - Faster cancer treatment

I was pleased to see Hawke's Bay DHB's performance against the *faster cancer treatment* (FCT) target improve this quarter.

I note that your DHB had fewer patients coming through the FCT pathway this quarter. It is critical that achievement is the result of sustainable improvements in cancer treatment pathways that will benefit all cancer patients. I look forward to seeing your DHB continue to improve in the coming quarters.

Pat Tuohy, Target Champion - Increased immunisation

I am pleased with the consistently high levels of performance from Hawke's Bay DHB for the infant immunisation health target. The DHB reached 95 percent for overall coverage this quarter and averaged 95 percent across the 2016/17 year . It is clear to me that the region has robust and efficient immunisation delivery processes in place. Hawke's Bay DHB continues to be one of the top DHBs for the immunisation health target in 2016/17. Please pass on my thanks to all the team for their hard work.

John McMenamin, Target Champion – Better help for smokers to quit

Congratulations to Hawke's Bay DHB for increasing its target result substantially this quarter and achieving the target.

It is important that the **DHB** and PHOs continue to implement processes that ensure sustainability of the health target. I am available to support efforts to maintain practice performance across the **DHB** as required.

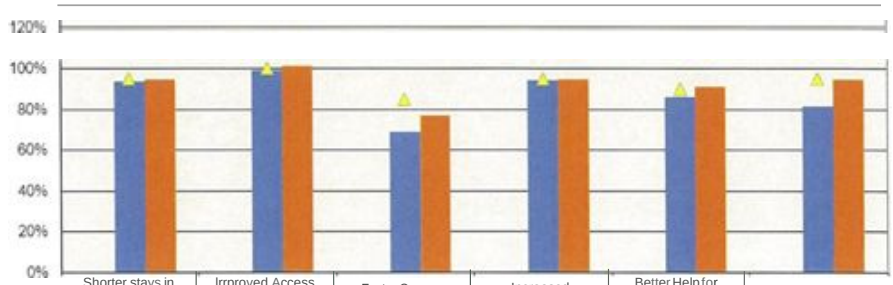
Hawke's Bay **DHB** did not achieve the maternity target but I look forward to seeing the **DHB** achieve both targets next quarter.

Hayden McRobbie, Target Champion – Raising healthy kids
Congratulations on meeting the target for the first time this quarter. Please pass on my thanks to your team. I encourage you to focus efforts on reducing the proportion of families and whanau that decline referrals.

Appendix two

Quarter four 2016/17 results for your DHB

Hawke's Bay DHB health targets quarter four 2016/17 results

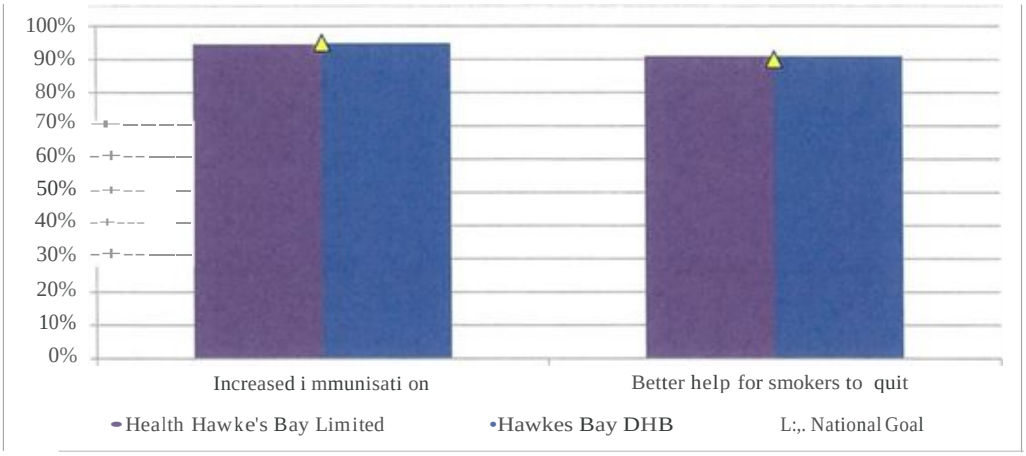


	Shorter stays in Emergency Departments	Irrproved Access to Elective Surgery	Faster Cancer Treatment	Increased InTIlUnisation	Better Help for Smokers to Oul - Primary Care	Raising Healthy Kids
Ranking Quarter four 2016117	7	16	15		4	
•Quarter t hree 2016/17	93.8%	99.1%	69 0%	94.4%	86 4%	81.5%
•Quarter four 2016117	94.9%	101.3%	77.1%	95 0%	9 10%	95.0%
•National goal	95.0%	100 0%	85 0%	95.0%	90 0%	95 0%

Quarter four 2016/17 PHO results for PHOs operating within your DHB's region

Hawke's Bay DHB primary care health targets: Quarter 4 2016/17 results

	Increased immunisation	Better help for smokers to quit
Health Hawke's Bay Limited	95%	91%
Hawke's Bay DHB	95%	91%
National Goal	95%	90%



HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report, August 2017** 101
	For the attention of: **HBDHB Board and the Finance Risk and Audit Committee (FRAC)**
Document Owner: Document Author(s):	Tim Evans, Executive Director Corporate Services Phil Lomax, Financial Accountant
Reviewed by:	Executive Management Team
Month:	September 2017
Consideration:	For Information

RECOMMENDATION

That the Board and FRAC

- Note the contents of this report

1. Executive Director Corporate Services' comments

Financial performance

Two months into the year the year to date result is close to plan at $135 thousand favourable ($44 thousand favourable for the month of August). No contingency was released achieving the result.

Factors that had the effect of improving the result were:

- difficulties recruiting to positions (some new) across medical, senior nursing, and allied health personnel; and
- the release of the provision for undischarged Hawke's Bay patients at other DHBs (included in IDFs).

Factors that had the opposite effect, worsening the result were:

- efficiencies not yet achieved;
- allowance for a lower In-Between-Travel (IBT) wash-up based on clarification of the calculation methodology; and
- reduction in the expected income from the elective surgery wash-up.

Unbudgeted revenue and expenditure relating to the residential care pay equity settlement, causes large offsetting variances in both revenue and expenses. The Annual Plan submitted to MOH in September has been adjusted to include the effect of the pay equity settlement, and the additional $1 million income relating to the Havelock North gastroenterology outbreak. Budgets will be adjusted from September reporting to reflect these changes.

2. Resource Overview

	August				Year to Date				Year End Forecast	Refer Section
	Actual	Budget	Variance		Actual	Budget	Variance			
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Net Result - surplus/(deficit)	(1,926)	(1,970)	44	2.3%	(1,994)	(2,129)	135	6.4%	500	3
Contingency utilised	-	250	250	100.0%	-	500	500	100.0%	3,000	8
Quality and financial improvement	359	613	(254)	-41.4%	740	1,223	(483)	-39.5%	10,812	11
Capital spend	1,226	1,993	(767)	-38.5%	1,852	3,985	(2,133)	-53.5%	23,920	16
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,224	2,339	115	4.9%	2,237	2,333	96	4.1%	2,319	5 & 7

No contingency was released in August.

Identified savings plans, 94% of the Quality and Financial Improvement (QFI) programme, were 60% achieved August year to date. Unidentified efficiencies were achieved across most services, with the exception of medical who were affected by high patient demand during July and August.

The capital expenditure plan was phased evenly across the year, as detailed projected planning was not complete at the time the budget was set. The under-spend in July reflects the early stage of planning and ordering of capital items that should catch up later in the year.

The FTE variance reflects vacancies across a number of areas.

Clinical coding for August is not expected to be finished until 20 September, consequently case weighted discharge data is not sufficiently complete for accurate reporting.

3. Financial Performance Summary

	August				Year to Date				Year End Forecast	Refer Section
$'000	Actual	Budget	Variance		Actual	Budget	Variance			
Income	43,980	43,988	(8)	0.0%	89,462	88,698	764	-0.9%	545,339	4
Less:										
Providing Health Services	22,534	22,731	198	0.9%	43,407	43,577	170	0.4%	262,847	5
Funding Other Providers	19,139	19,120	(19)	-0.1%	39,163	38,482	(680)	-1.8%	230,231	6
Corporate Services	3,882	3,749	(133)	-3.5%	8,238	8,054	(185)	-2.3%	47,482	7
Reserves	352	358	7	1.9%	647	714	67	9.3%	4,278	8
	(1,926)	**(1,970)**	44	-2.3%	**(1,994)**	**(2,129)**	135	-6.4%	**500**	

Income
Unbudgeted revenue for the pay equity settlement. Offset by changes to wash-up estimates in August.

Providing Health Services
Difficulties recruiting to a number of positions, offset in July by high patient transport costs.

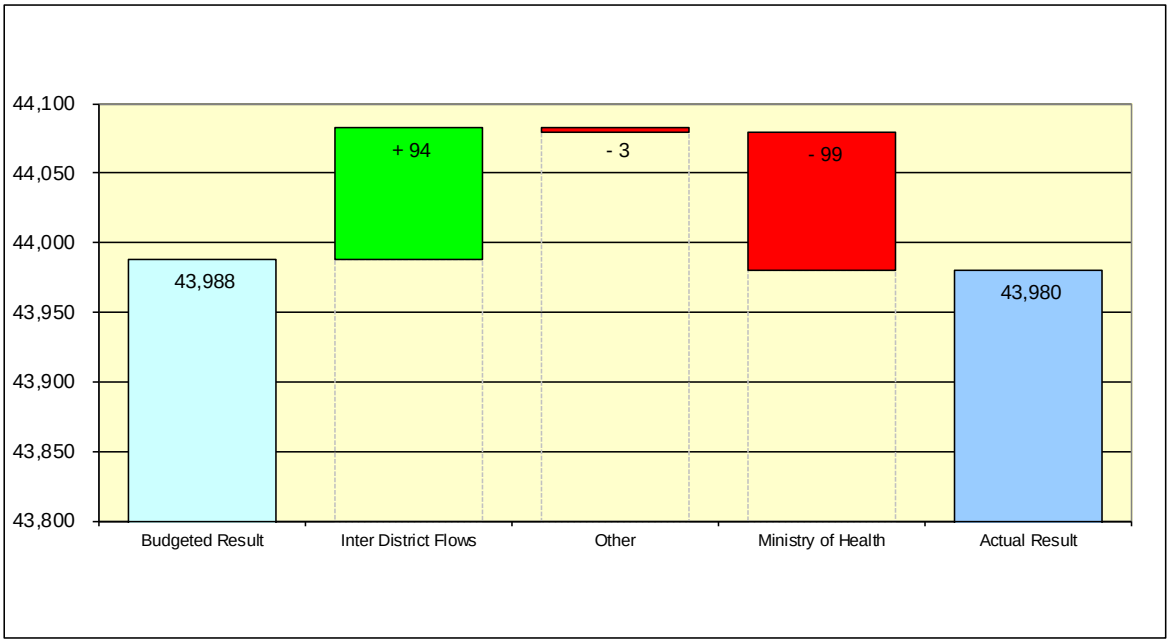
Funding Other Providers
Unbudgeted expenditure for the pay equity settlement partly offset by lower PHO and pharmacy payments each month. Completely offset in August by release of the IDF provision for undischarged patients.

Corporate Services
Efficiencies yet to be achieved, and higher depreciation on additions due to their shorter lives.

4. Income

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Ministry of Health	41,881	41,980	(99)	-0.2%	85,152	84,650	503	0.6%	520,590
Inter District Flows	787	693	**94**	**13.6%**	1,480	1,386	**94**	**6.8%**	8,314
Other District Health Boards	350	333	17	5.2%	752	666	**86**	**12.9%**	3,996
Financing	61	74	(12)	-16.8%	135	147	(13)	-8.7%	885
ACC	415	415	(0)	-0.1%	856	831	25	3.0%	5,273
Other Government	28	22	7	30.6%	83	82	2	2.1%	413
Patient and Consumer Sourced	100	104	(4)	-3.8%	187	208	(22)	-10.4%	1,406
Other Income	357	367	(10)	-2.8%	815	728	**87**	**11.9%**	4,394
Abnormals	-	0	(0)	-100.0%	2	0	2	402.4%	67
	43,980	**43,988**	**(8)**	**0.0%**	**89,462**	**88,698**	**764**	**0.9%**	**545,339**

August

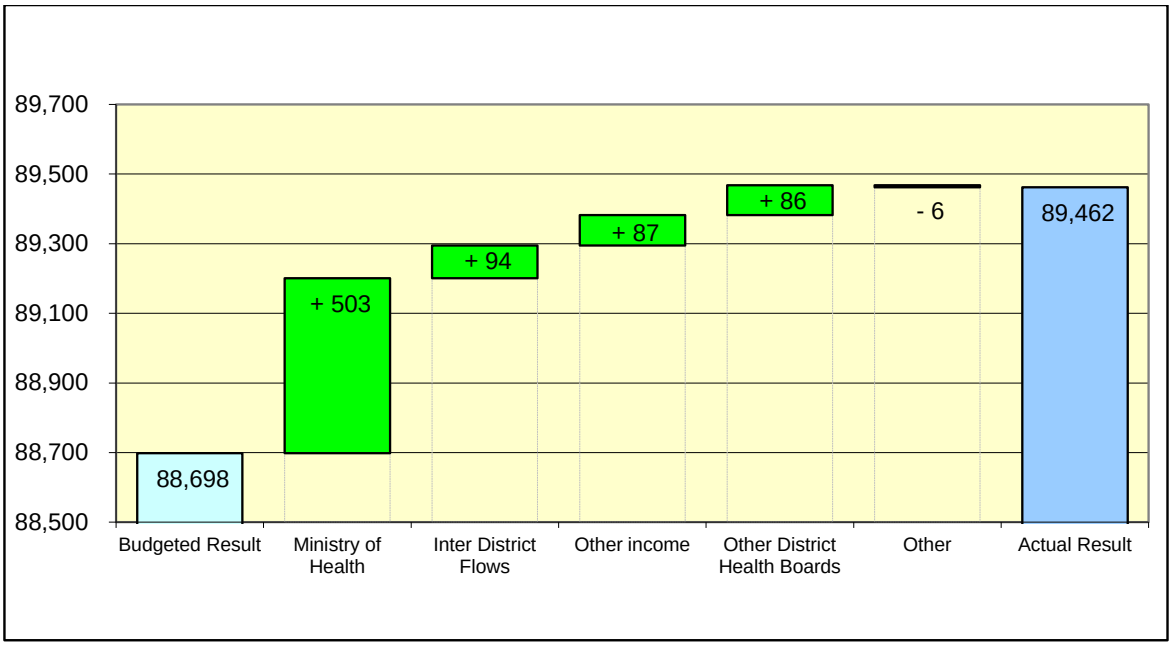


Note the scale does not begin at zero

Inter District Flows (favourable)
Includes an expectation of additional income based on available information.

Ministry of Health (unfavourable)
Unbudgeted revenue relating to pay equity payments, mostly offset by a reduction in the In-Between-Travel and elective surgery wash-up provisions. The IBT revenue is offset by associated unbudgeted expenditure (see the Funding Other Providers section below).

Year to Date



Ministry of Health (favourable)
Unbudgeted pay equity revenue, partly offset by reductions in the In-Between-Travel and elective surgery wash-up provisions. The IBT revenue is offset in funding expenditure.

Inter District Flows (favourable)
Includes an expectation of additional income based on available information.

Other Income (favourable)
Special funds and clinical trials income, and unbudgeted Nga Tahi income.

Other District Health Boards (favourable)
Patient transport reimbursements, including cover for Nelson-Marlborough DHB while their service was down.

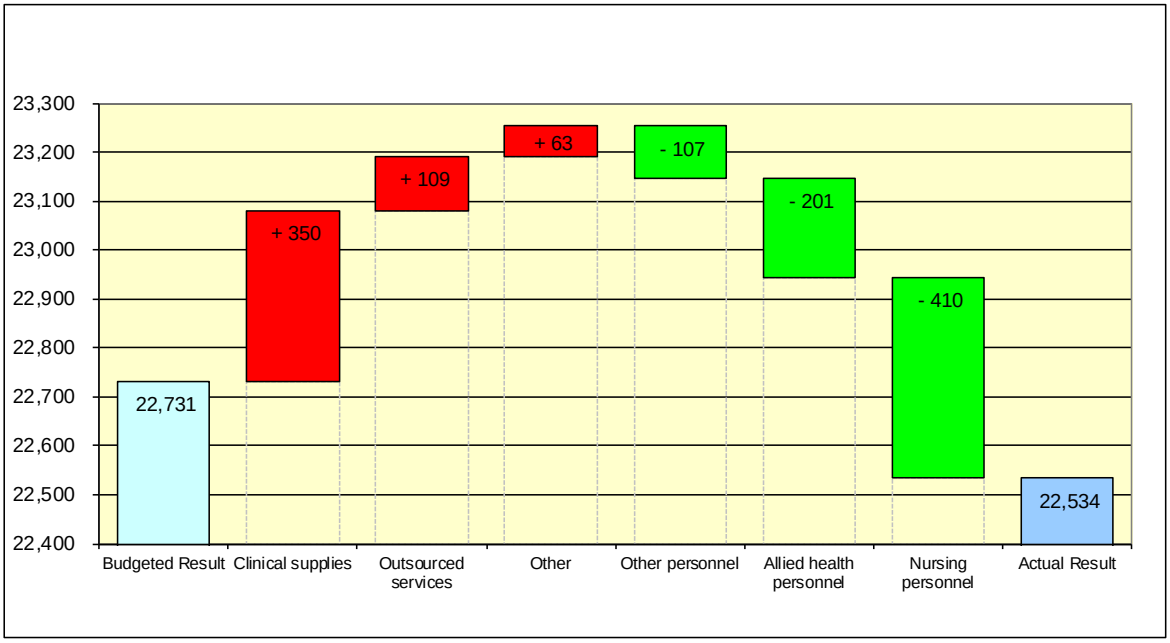
5. Providing Health Services

	August				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	5,181	5,152	(29)	-0.6%	9,647	9,833	187	1.9%	62,154
Nursing personnel	6,313	6,723	410	6.1%	12,238	12,751	513	4.0%	76,283
Allied health personnel	3,024	3,226	201	6.2%	5,753	6,129	376	6.1%	36,742
Other personnel	2,044	2,151	107	5.0%	3,932	4,079	147	3.6%	23,984
Outsourced services	745	641	(104)	-16.2%	1,446	1,282	(165)	-12.9%	7,733
Clinical supplies	3,441	3,086	(355)	-11.5%	6,936	6,028	(908)	-15.1%	35,117
Infrastructure and non clinical	1,785	1,751	(33)	-1.9%	3,456	3,475	20	0.6%	20,834
	22,534	**22,731**	**198**	**0.9%**	**43,407**	**43,577**	**170**	**0.4%**	**262,847**
Expenditure by directorate $'000									
Medical	6,013	5,865	(148)	-2.5%	11,645	11,297	(348)	-3.1%	68,974
Surgical	4,898	4,897	(1)	0.0%	9,248	9,344	96	1.0%	55,473
Community, Women and Children	3,604	3,753	149	4.0%	7,071	7,219	148	2.0%	42,789
Older Persons, Options HB, Menta	2,940	3,044	104	3.4%	5,569	5,808	240	4.1%	34,925
Operations	3,173	3,299	126	3.8%	6,364	6,423	60	0.9%	38,499
Other	1,906	1,873	(33)	-1.7%	3,511	3,486	(25)	-0.7%	22,186
	22,534	**22,731**	**198**	**0.9%**	**43,407**	**43,577**	**170**	**0.4%**	**262,847**
Full Time Equivalents									
Medical personnel	303.2	328.3	25	7.7%	306	326	20	6.2%	345.2
Nursing personnel	909.5	941.5	32	3.4%	911	941	30	3.2%	916.4
Allied health personnel	460.3	482.9	23	4.7%	461	481	20	4.2%	478.3
Support personnel	130.1	136.9	7	5.0%	131	137	5	3.8%	136.0
Management and administration	260.1	276.8	17	6.0%	267	276	9	3.3%	271.7
	2,063.1	**2,166.4**	**103**	**4.8%**	**2,076**	**2,161**	**85**	**3.9%**	**2,147.7**
Case Weighted Discharges									
Acute	961	1,877	(916)	-48.8%	2,776	3,517	(742)	-21.1%	19,385
Elective	340	588	(247)	-42.1%	845	1,058	(213)	-20.1%	6,451
Maternity	136	181	(45)	-24.8%	326	355	(30)	-8.3%	2,000
IDF Inflows	35	47	(12)	-25.2%	97	91	6	6.5%	550
	1,472	**2,692**	**(1,220)**	**-45.3%**	**4,044**	**5,022**	**(978)**	**-19.5%**	**28,386**

Directorates

- The Medical result was driven by high patient volume and acuity requiring the use of the overflow ward.
- Older Persons/Options HB/Mental Health was affected by vacancies in mental health.

August



Clinical supplies (unfavourable)
Efficiencies achieved elsewhere, renal supplies, biologics and implants.

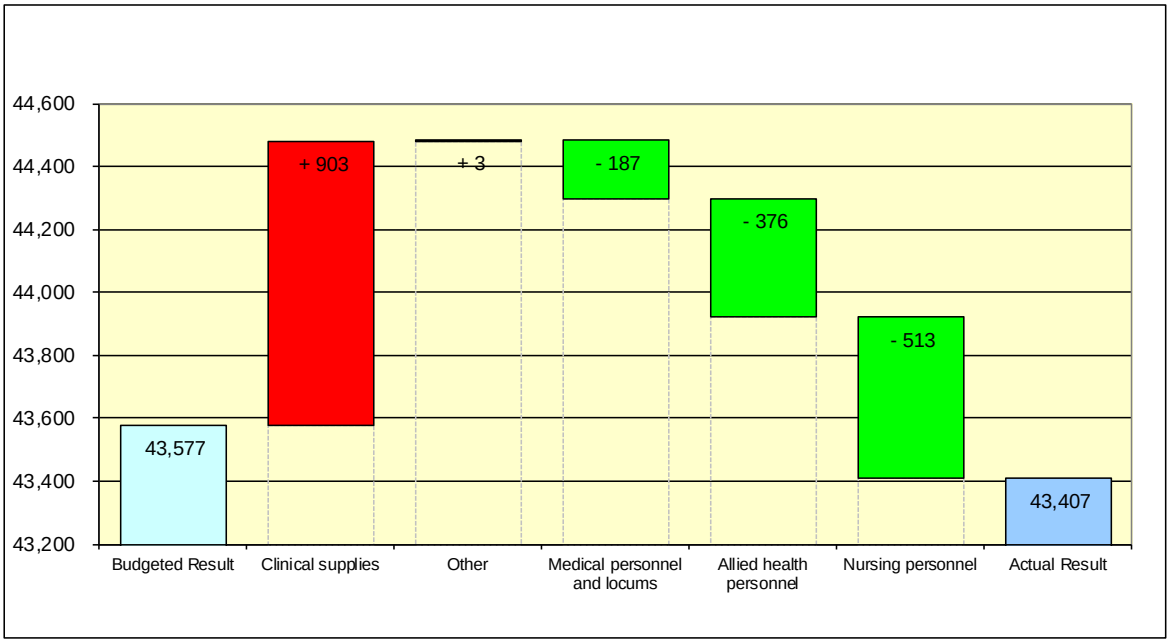
Outsourced services (unfavourable)
Outsourced elective surgery to Royston.

Infrastructure and non-clinical (unfavourable)
Vacancies, mainly psychologists and therapists.

Other personnel (favourable)
Vacancies.

Allied health personnel (favourable)
Vacancies, mainly psychologists and MRTs.

Nursing personnel (favourable)
Difficulty recruiting to new senior nursing positions.



Note the scale does not begin at zero

Clinical supplies (unfavourable)
Efficiencies achieved elsewhere, patient transport costs, renal supplies, biologics and implants.

Medical personnel and locums (favourable)
Vacancies partly offset by locums, and release of provisions for additional employment related costs.

Allied health personnel (favourable)
Vacancies, mainly psychologists and therapists.

Nursing personnel (favourable)
Difficulty recruiting to new senior nursing positions.

Full time equivalents (FTE)

FTEs are 84 favourable year to date including:

Medical personnel (20 FTE / 6.2% favourable)

- Vacancies mainly in Surgical, CWC (Community, Women and Child), Older Persons/Mental Health and Medical services. Includes a number of new positions.

Nursing personnel (30 FTE / 3.2% favourable)

- Mostly vacant senior nursing positions across a wide range of departments. Includes a number of new positions.

Allied Health Personnel (20 FTE / 4.2% favourable)

- Mostly mental health vacancies including psychologists and therapists.

MONTHLY ELECTIVE HEALTH TARGET REPORT
YTD To August 2017

Plan for 2017/18	On-Site	Outsourced	IDF Outflow	TOTAL
Non Surgical - Arranged	13		57	**70**
Non Surgical - Elective	67		120	**187**
Surgical - Arranged	545		152	**697**
Surgical - Elective	5,186	754	680	**6,620**
TOTAL	**5,811**	**754**	**1,009**	**7,574**

		YTD August 2017			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	13	34	-21	-61.80%
	ENT	65	81	-16	-19.80%
	General Surgery	170	157	13	8.30%
	Gynaecology	86	87	-1	-1.10%
	Maxillo-Facial	25	37	-12	-32.40%
	Ophthalmology	172	162	10	6.20%
	Orthopaedics	99	111	-12	-10.80%
	Orthopaedics - Major Joints	43	42	1	2.40%
	Skin Lesions	10	24	-14	-58.30%
	Urology	85	91	-6	-6.60%
	Vascular	29	32	-3	-9.40%
	Surgical - Arranged	141	84	57	67.90%
	Non Surgical - Arranged	5	2	3	150.00%
	Non Surgical - Elective	17	12	5	41.70%
On-Site	**Total**	**960**	**956**	**4**	**0.40%**
Outsourced	ENT	15	18	-3	-16.70%
	General Surgery	44	40	4	10.00%
	Gynaecology	0	0	0	0.00%
	Maxillo-Facial	1	1	0	0.00%
	Ophthalmology	6	0	6	0.00%
	Orthopaedics - Major Joints	17	14	3	21.40%
	Skin Lesions	1	0	1	0.00%
	Urology	9	7	2	28.60%
	Vascular	0	1	-1	-100.00%
Outsourced	**Total**	**93**	**81**	**12**	**14.80%**
IDF Outflow	Cardiothoracic	14	12	2	16.70%
	ENT	8	5	3	60.00%
	General Surgery	12	10	2	20.00%
	Gynaecology	1	3	-2	-66.70%
	Maxillo-Facial	17	25	-8	-32.00%
	Neurosurgery	6	11	-5	-45.50%
	Ophthalmology	3	7	-4	-57.10%
	Orthopaedics	7	3	4	133.30%
	Paediatric Surgery	13	11	2	18.20%
	Skin Lesions	5	7	-2	-28.60%
	Urology	3	1	2	200.00%
	Vascular	1	2	-1	-50.00%
	Surgical - Arranged	20	21	-1	-4.80%
	Non Surgical - Arranged	7	6	1	16.70%
	Non Surgical - Elective	15	16	-1	-6.30%
IDF Outflow	**Total**	**132**	**140**	**-8**	**-5.70%**
TOTAL		**1,185**	**1,177**	**8**	**0.70%**

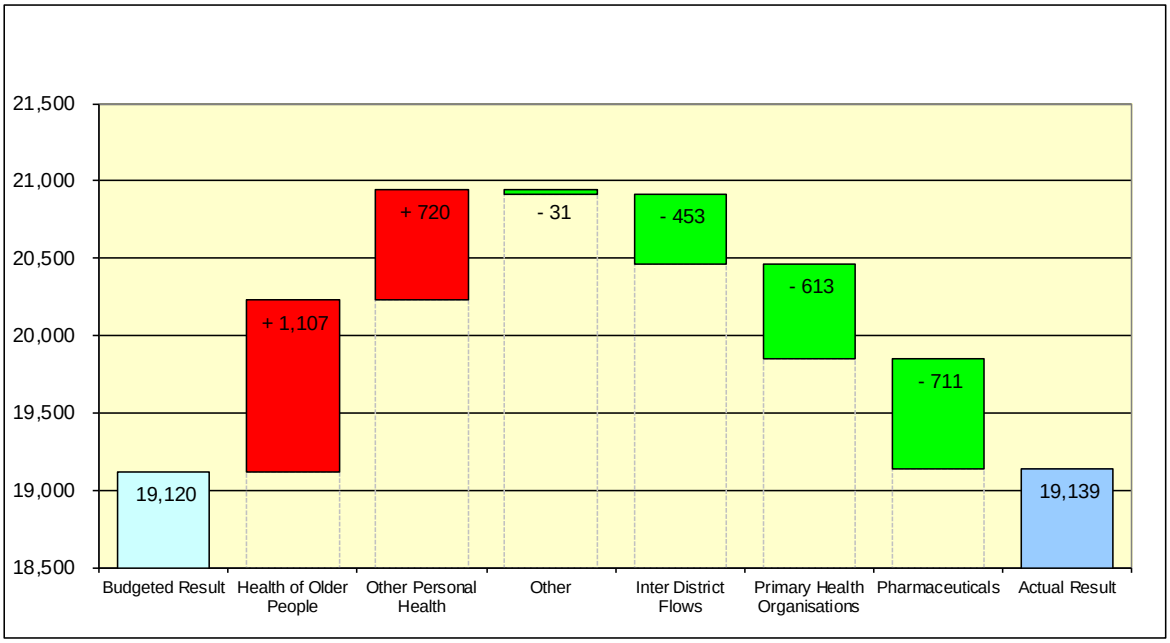
		Aug-17			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	0	17	-17	-100.00%
	ENT	31	47	-16	-34.00%
	General Surgery	83	69	14	20.30%
	Gynaecology	56	56	0	0.00%
	Maxillo-Facial	10	21	-11	-52.40%
	Ophthalmology	84	60	24	40.00%
	Orthopaedics	42	54	-12	-22.20%
	Orthopaedics - Major Joints	25	24	1	4.20%
	Skin Lesions	1	17	-16	-94.10%
	Urology	41	47	-6	-12.80%
	Vascular	13	15	-2	-13.30%
	Surgical - Arranged	84	41	43	104.90%
	Non Surgical - Arranged	3	1	2	200.00%
	Non Surgical - Elective	7	6	1	16.70%
On-Site	**Total**	**480**	**475**	**5**	**1.10%**
Outsourced	ENT	8	11	-3	-27.30%
	General Surgery	28	25	3	12.00%
	Gynaecology	0	0	0	0.00%
	Maxillo-Facial	0	0	0	0.00%
	Ophthalmology	6	0	6	0.00%
	Orthopaedics - Major Joints	11	10	1	10.00%
	Skin Lesions	0	0	0	0.00%
	Urology	6	4	2	50.00%
	Vascular	0	1	-1	-100.00%
Outsourced	**Total**	**59**	**51**	**8**	**15.70%**
IDF Outflow	Cardiothoracic	10	8	2	25.00%
	ENT	5	3	2	66.70%
	General Surgery	5	5	0	0.00%
	Gynaecology	1	3	-2	-66.70%
	Maxillo-Facial	4	19	-15	-78.90%
	Neurosurgery	2	7	-5	-71.40%
	Ophthalmology	0	4	-4	-100.00%
	Orthopaedics	3	2	1	50.00%
	Paediatric Surgery	7	6	1	16.70%
	Skin Lesions	1	4	-3	-75.00%
	Urology	2	1	1	100.00%
	Vascular	1	2	-1	-50.00%
	Surgical - Arranged	8	14	-6	-42.90%
	Non Surgical - Arranged	4	5	-1	-20.00%
	Non Surgical - Elective	6	10	-4	-40.00%
IDF Outflow	**Total**	**59**	**93**	**-34**	**-36.60%**
TOTAL		**598**	**619**	**-21**	**-3.40%**

Note: This report was run on 8th September 2017. Data is subject to change.

6. Funding Other Providers

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	2,999	3,709	711	19.2%	6,900	7,458	558	7.5%	44,792
Primary Health Organisations	2,354	2,966	613	20.7%	5,812	6,146	334	5.4%	36,463
Inter District Flows	3,959	4,412	453	10.3%	8,446	8,824	377	4.3%	51,801
Other Personal Health	2,580	1,860	(720)	-38.7%	3,892	3,704	(188)	-5.1%	22,968
Mental Health	955	947	(9)	-0.9%	1,886	1,893	7	0.4%	11,196
Health of Older People	5,984	4,878	(1,107)	-22.7%	11,507	9,761	(1,746)	-17.9%	58,560
Other Funding Payments	309	348	40	11.4%	720	696	(23)	-3.4%	4,452
	19,139	19,120	(19)	-0.1%	**39,163**	**38,482**	(680)	-1.8%	230,231
Payments by Portfolio									
Strategic Services									
Secondary Care	3,490	3,827	336	8.8%	7,462	7,654	192	2.5%	45,318
Primary Care	7,399	8,192	793	9.7%	15,769	16,621	851	5.1%	99,945
Mental Health	1,271	1,266	(5)	-0.4%	2,489	2,531	43	1.7%	14,890
Health of Older People	6,335	5,189	(1,145)	-22.1%	12,163	10,385	(1,779)	-17.1%	62,011
Other Health Funding	27	33	7	20.0%	67	67	(0)	0.0%	400
Maori Health	491	478	(12)	-2.6%	978	956	(22)	-2.3%	6,053
Population Health	127	134	7	5.4%	234	269	34	12.7%	1,612
	19,139	19,120	(19)	-0.1%	**39,163**	**38,482**	(680)	-1.8%	230,231

August



Note the scale does not begin at zero

Health of older people (unfavourable)
Unbudgeted expenditure relating to pay-equity payments (offset by unbudgeted revenue), and higher residential care costs.

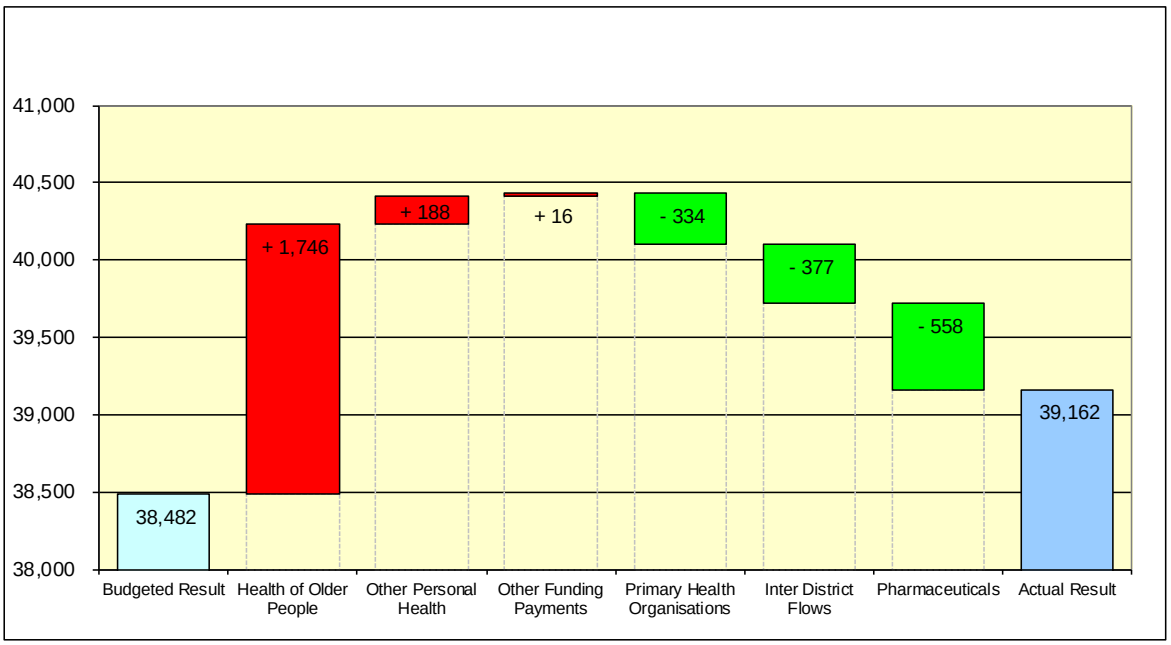
Other personal health (unfavourable)
Immunisations, and adolescent dental benefits. Respiratory contract and community laboratory payments, and efficiencies achieved elsewhere.

Inter District Flows (favourable)
Release of last year's provision for undischarged long stay patients, most of whom were discharged in July and August.

Primary Health Organisations (favourable)
Lower payments for under sixes, under thirteens and very low cost access, and provision for PHO performance payments.

Pharmaceuticals (favourable)
Higher costs than expected for pharmaceutical cancer treatments.

Year to Date



Health of older people (unfavourable)
Unbudgeted pay-equity payments and higher residential care costs.

Other personal health (unfavourable)
Immunisations, and adolescent dental benefits. Includes release of provisions from 2016/17.

Primary Health Organisations (favourable)
Lower payments for under sixes, under thirteens and very low cost access, and provision for PHO performance payments.

Inter District Flows (favourable)
Release of a provision for undischarged long stay patients.

Pharmaceuticals (favourable)
Pharmaceutical cancer treatments.

7. Corporate Services

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,357	1,414	57	4.0%	2,594	2,690	97	3.6%	15,813
Outsourced services	104	68	(36)	-53.7%	168	135	(33)	-24.4%	812
Clinical supplies	(197)	(284)	**(87)**	**-30.6%**	(313)	(401)	**(89)**	**-22.1%**	(657)
Infrastructure and non clinical	754	770	16	2.1%	2,053	2,062	9	0.4%	9,783
	2,018	1,968	(50)	-2.5%	4,502	4,486	(16)	-0.4%	25,751
Capital servicing									
Depreciation and amortisation	1,159	1,076	**(83)**	**-7.7%**	2,326	2,157	**(169)**	**-7.8%**	13,272
Capital charge	705	705	-	0.0%	1,410	1,410	-	0.0%	8,459
	1,864	1,781	(83)	-4.7%	3,736	3,567	(169)	-4.7%	21,731
	3,882	**3,749**	(133)	-3.5%	**8,238**	**8,054**	(185)	-2.3%	**47,482**
Full Time Equivalents									
Medical personnel	0.3	0.3	(0)	-14.1%	0	0	0	22.3%	0.3
Nursing personnel	12.3	15.2	3	18.9%	12	15	4	24.1%	14.9
Allied health personnel	1.2	0.4	(1)	-190.0%	1	0	(1)	-172.5%	0.4
Support personnel	9.2	9.2	(0)	-0.1%	9	9	0	4.1%	9.1
Management and administration	137.7	147.2	**9**	**6.4%**	139	147	**8**	**5.4%**	146.5
	160.8	**172.3**	**12**	**6.7%**	**160**	**172**	**11**	**6.6%**	**171.2**

Clinical supplies includes efficiencies yet to be achieved. Depreciation reflects shorter lives on additions to a number of assets.

8. Reserves

$'000	August Actual	August Budget	August Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Contingency	250	250	-	0.0%	500	500	-	0.0%	3,000
Transform and Sustain resource	88	104	16	15.5%	120	206	**86**	**41.8%**	1,227
Other	14	4	(9)	-223.6%	28	8	(19)	-229.2%	51
	352	**358**	**7**	**1.9%**	**647**	**714**	**67**	**9.3%**	**4,278**

No contingency was used during July or August.

9. Financial Performance by MOH Classification

$'000	August Actual	August Annual Plan	August Variance	Year to Date Actual	Year to Date Annual Plan	Year to Date Variance	End of Year Forecast	End of Year Annual Plan	End of Year Variance
Funding									
Income	41,607	41,562	45 F	84,326	83,588	738 F	514,655	514,655	-
Less:									
Payments to Internal Providers	25,107	25,457	350 F	48,791	49,141	350 F	283,900	283,900	-
Payments to Other Providers	19,139	19,120	(19) U	39,163	38,482	(680) U	230,231	230,231	-
Contribution	**(2,638)**	**(3,014)**	**376 F**	**(3,628)**	**(4,036)**	**407 F**	**524**	**524**	**-**
Governance and Funding Admin.									
Funding	274	274	-	549	549	-	3,294	3,294	-
Other Income	3	3	-	5	5	-	30	30	-
Less:									
Expenditure	239	248	9 F	451	490	39 F	3,215	3,215	-
Contribution	**38**	**29**	**9 F**	**102**	**63**	**39 F**	**108**	**108**	**-**
Health Provision									
Funding	24,832	25,182	(350) U	48,243	48,593	(350) U	280,606	280,606	-
Other Income	2,370	2,423	(53) U	5,131	5,105	26 F	30,654	30,654	-
Less:									
Expenditure	26,528	26,590	62 F	51,842	51,855	13 F	311,392	311,392	-
Contribution	**675**	**1,015**	**(341) U**	**1,532**	**1,843**	**(311) U**	**(132)**	**(132)**	**-**
Net Result	**(1,926)**	**(1,970)**	**44 F**	**(1,994)**	**(2,129)**	**135 F**	**500**	**500**	**-**

The table above reports the result in the classifications used by the Ministry of Health, and against the projections in the Annual Plan. Those projections differ from the budgets used elsewhere in this report as outlined in the table below.

10. Management Budget Movements

Changes are made to Annual Plan projections so that managers are accountable for budgets that are relevant and up-to-date. The Management budget is used for internal reporting and the annual plan is used for MOH and statutory reporting. The net result is the same in both budgets.

The major changes between revenue and expense lines are usually due to health provision savings programmes, or unbudgeted new funding received during the year and the associated expenditure.

$'000	August Mgmt Budget	August Annual Plan	August Movement	Year to Date Mgmt Budget	Year to Date Annual Plan	Year to Date Movement	End of Year Mgmt Budget	End of Year Annual Plan	End of Year Movement
Funding									
Income	41,562	40,371	1,192 F	83,588	81,836	1,752 F	514,655	500,645	14,010 F
Less:									
Payments to Internal Providers	25,457	24,622	(835) U	49,141	47,311	(1,831) U	283,900	271,211	(12,689) U
Payments to Other Providers	19,120	18,708	(413) U	38,482	37,591	(892) U	230,231	226,434	(3,797) U
Contribution	**(3,014)**	**(2,959)**	**(56) U**	**(4,036)**	**(3,065)**	**(971) U**	**524**	**3,000**	**(2,476) U**
Governance and Funding Admin.									
Funding	274	262	13 F	549	523	26 F	3,294	3,140	154 F
Other Income	3	3	-	5	5	-	30	30	-
Less:									
Expenditure	248	274	25 F	490	619	129 F	3,215	3,370	155 F
Contribution	**29**	**(10)**	**38 F**	**63**	**(91)**	**154 F**	**108**	**(200)**	**309 F**
Health Provision									
Funding	25,182	24,360	822 F	48,593	46,788	1,805 F	280,606	268,071	12,535 F
Other Income	2,423	1,547	877 F	5,105	3,511	1,594 F	30,654	20,366	10,288 F
Less:									
Expenditure	26,590	24,146	(2,445) U	51,855	47,097	(4,757) U	311,392	288,237	(23,156) U
Contribution	**1,015**	**1,761**	**(745) U**	**1,843**	**3,201**	**(1,358) U**	**(132)**	**200**	**(333) U**
Net Result	**(1,970)**	**(1,207)**	**(763) U**	**(2,129)**	**45**	**(2,174) U**	**500**	**3,000**	**(2,500) U**

11. Quality and Financial Improvement Programme

The efficiency savings plan of 10.8 million is almost fully identified to specific schemes.

The table below shows that $10.118 million of general efficiency plans have been identified to date, and that $0.740 million of savings have been achieved against a year to date target of $1.223 million.

Most services are favourable, indicating they have achieved their part of the unidentified savings. However high patient demand over winter has prevented Medical Services from achieving their share to this point of the year.

Provider services general efficiencies are 74% of the year to date identified plans. The large items in the $172 thousand shortfall are blood supplies ($25 thousand), vacancy management in Community, Women and Child ($23 thousand), and medical services clinical supplies ($16 thousand).

Strategic Planning general efficiencies are at 34% of the year to date identified plans. Increased residential care volumes comprises $195 thousand of the shortfall, but may improve as the effect of the pay equity is better understood. IDF outflows makes up a further $112 thousand of the remaining shortfall and reflects the lead time for referral practice changes, and increased Enliven volumes contribute $21 thousand.

Service	2017/18 Annual Savings Plans	YTD Savings Planned	YTD Savings Achieved	YTD Var	% YTD Planned Savings Achieved	% of Annual Plan YTD
Corporate	900,649	80,308	73,482	-6,826	91%	9%
Provider Services	4,466,916	538,000	398,713	-139,287	74%	12%
Strategic Planning	4,465,175	507,546	173,049	-334,497	34%	11%
Strategy and Health Improvement	285,440	96,978	94,523	-2,456	97%	34%
Grand Total	**10,118,180**	**1,222,832**	**739,766**	**-483,067**	**60%**	**12%**

12. Financial Position

30 June 2017	$'000	*August* *Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2017*	*Annual Budget*
	Equity					
149,751	Crown equity and reserves	149,751	149,751	-	-	149,394
(7,406)	Accumulated deficit	(9,400)	(6,602)	2,798	(1,994)	(3,973)
142,345		140,351	143,149	2,798	(1,994)	145,421
	Represented by:					
	Current Assets					
16,541	Bank	15,430	18,175	2,745	(1,110)	14,536
1,690	Bank deposits > 90 days	1,654	1,755	101	(36)	1,755
26,735	Prepayments and receivables	19,719	22,441	2,721	(7,016)	22,951
4,435	Inventory	4,399	4,346	(53)	(35)	4,419
625	Non current assets held for sale	625	625	-	-	-
50,025		41,828	47,342	5,514	(8,197)	43,661
	Non Current Assets					
152,411	Property, plant and equipment	151,996	153,215	1,218	(414)	160,576
1,820	Intangible assets	1,737	1,799	62	(83)	2,962
10,580	Investments	10,580	11,123	543	-	12,105
164,811		164,314	166,137	1,823	(497)	175,642
214,836	**Total Assets**	**206,142**	**213,480**	**7,338**	**(8,694)**	**219,302**
	Liabilities					
	Current Liabilities					
35,326	Payables	31,114	35,129	4,015	(4,211)	35,762
34,528	Employee entitlements	32,039	32,512	473	(2,489)	35,381
69,854		63,153	67,641	4,488	(6,700)	71,143
	Non Current Liabilities					
2,638	Employee entitlements	2,638	2,690	52	-	2,739
2,638		2,638	2,690	52	-	2,739
72,491	**Total Liabilities**	**65,791**	**70,331**	**4,540**	**(6,700)**	**73,882**
142,345	**Net Assets**	**140,351**	**143,149**	**2,798**	**(1,994)**	**145,421**

The variance from budget for:

- Equity reflects the amount the budgeted opening balance differs from the 2016/17 result, and the 2017/18 variance from budget;
- Property, plant and equipment mainly reflect the lower than budgeted capital spend;
- Payables reflects lower funding wash-up accruals from MOH.
- Employee entitlements – see below

13. Employee Entitlements

30 June 2017	$'000	*August* *Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2017*	*Annual Budget*
7,853	Salaries & wages accrued	6,389	5,829	(560)	(1,464)	7,756
522	ACC levy provisions	305	83	(221)	(217)	501
4,869	Continuing medical education	4,530	5,118	588	(338)	5,553
19,819	Accrued leave	19,320	19,823	503	(499)	19,883
4,103	Long service leave & retirement grat.	4,132	4,347	215	29	4,426
37,165	**Total Employee Entitlements**	34,676	35,202	525	(2,489)	38,119

14. Treasury

Liquidity management

The surplus cash of all DHBs is managed by NZ Health Partnerships Limited under a sweep arrangement facilitated by Westpac. The DHB provides forecast cash flow information to NZHPL, to allow them to invest the funds at the most advantageous rates, and uses the same information to ensure the DHB has the funds to meet its obligations as they fall due.

Debt management

The DHB has no interest rate exposure relating to debt.

Foreign exchange risk management

No material transactions occurred during the month. No transactions met the criteria that would trigger the requirement to arrange foreign exchange rate cover.

15. Capital Expenditure

2018 Annual Plan		*Actual $'000*	*Year to Date Budget $'000*	*Variance $'000*
	Source of Funds			
	Operating Sources			
-	Depreciation	2,326	2,157	(169)
-	Surplus/(Deficit)	(1,994)	(2,129)	(135)
23,920	Working Capital	1,492	3,957	2,465
23,920		1,824	3,985	2,161
	Other Sources			
-	Special funds and clinical trials	28	-	(28)
-		28	-	(28)
23,920	**Total funds sourced**	**1,852**	**3,985**	**2,133**
	Application of Funds:			
	Block Allocations			
3,400	Facilities	251	741	491
3,200	Information Services	23	533	511
3,400	Clinical Plant & Equipment	179	391	212
10,000		452	1,666	1,214
	Local Strategic			
1,082	Renal Centralised Development	318	180	(138)
6,306	New Stand-alone Endoscopy Unit	876	1,051	174
134	New Mental Health Inpatient Unit Development	70	22	(48)
500	Upgrade old MHIU	11	83	72
243	Travel Plan	25	40	16
1,555	Histology and Education Centre Upgrade	39	259	220
3,000	Surgical Expansion	-	500	500
500	Radiology Extension	-	83	83
600	Fit out Corporate Building	-	100	100
13,920		1,339	2,319	980
	Other			
-	Special funds and clinical trials	28	-	(28)
-	Other	33	-	(33)
-		61	-	(61)
23,920	***Capital Spend***	***1,852***	***3,985***	***2,133***
23,920	**Total funds applied**	**1,852**	**3,985**	**2,133**

Monthly Project Board Report

Aug 2017

HAWKE'S BAY District Health Board

Improving Endoscopy Services. Phase 3
Service transition and Facilities Development.

Project Manager Facilities Development: **Trent Fairey**

Overall Project Progress	Quality & Safety Risk Status	Time Status	Financial Status
27%	G	Y	G

Phase 3: Service transition & Facility Development

Formal approval of the Business Case was received in December 2016 from the Hawke's Bay District Health Board for the construction of a stand -alone Gastroenterology Service building (improving Endoscopy services).
Phase 1 Service & Facility Planning, and Phase 2 Design & Tendering of service facility have been completed on time and within budget.
Phase 3 Service Transition and Facility construction is now underway. This phase concentrates on the construction of the facility to enable the service transition in late 2018. Trialling new shift in endoscopy unit to cover the additional RN responsibilities associated with managing the end to end process for endoscopy services. Reviewing the equipment to suppoprt care delivery pre and post endoscopy.
A fourth and final phase of the project will complete the Improving Endoscopy Services programme, focusing on the development of the service and delivery of the bowel screening programme.

Project Budget Status

Total Approved for Capital Budget	**$ 11,670,000**	Total 17/18 Forecast Spend	**$ 6,300,000**
Total Project Spend to Date	$ 3,117,738	Total 17/18 Spend to Date	$ 876,266
Percentage of Total Spend vs Budget	27%	Percentage 17/18 Spend vs Forecast	14%

Project initiation was completed on the 27th February 2017 on approval of the site specific safety plan. Project total spend is behind projections due to delay with weather and screwpile installation. Contingency funds will be required to support the extensive screw pile failures and the significant changes to the foundation design. At present these changes are contained within the approved funding for the project, the contingency allowed for such issues in the original plan is adequate to cover the projected costs.

Deliverable Dates

Geotechnical design and Testing	Complete	Internal construction - Building Services	Apr-18
Site specific safety plan review and approval	Complete	Furniture , Fittings and Equipment installation	Jun-18
Earthworks and Excavation	Complete	Building services commissioning	Jul-18
Foundation construction	Complete	Facility Sign off & Certificate of Public Use	Aug-18
Structural Steelwork installation	Oct-17	Service Training and Transition to Staged start up	Sep-18
Concrete floor structures	Dec-17	Full operational capacity available and Service Go Live	Oct-18
Exterior and Roof Cladding	Feb-18	Post Implementation Review & Post Occupancy Evaluations	Feb-19

Key Achievements this period

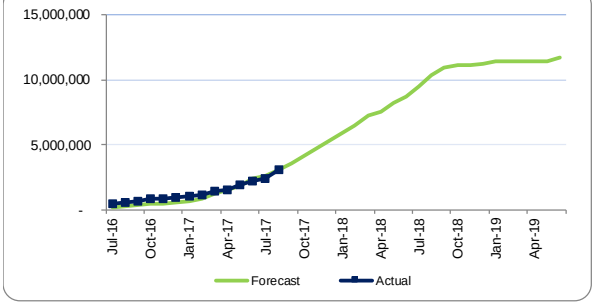
Foundation beam complete and backfilled.
Grid A through to D Structural steel installation has begun with Grids D through to G under fabrication .
One near miss accident reported in this period, review and audit of this incident is complete. 1st Quarter H&S Audit pass mark of 97%.
Independent H&S auditing continues with Safe on Site for the HBDHB.

Planned Activities next period

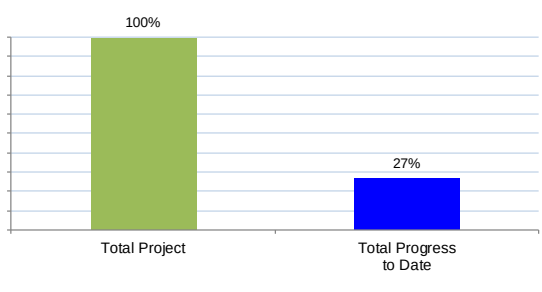
Completetion of Structural steel in Grid A to D, Installation of Grids D through to G
Construction of service tunnel between theatre block and Endoscopy building.
Installation of stage 1 Buckling Resistant Braces
Installation of foundation walls.

Risks & Issues of Note	Mitigation & Resolutions
Redesign of the Endoscopy Units Level 1 to support the theatre expansion project.	Prompt decision making and design approvals allowing variations to the current contract in a timely manner.
Continued wet weather further delaying the completion of the foundation raft.	Project timeline flex on the HBDHB programme will allow for possible wet weather extensions. Project contract allows for standard wet weather delays, however events like cyclones and unusual weather patterns are genuine extensions of time.
Installation of screw piles to last southern section of site.	Installation of screw piles is now completed, southern section of construction zone required a structural redesign to accept a further 6 screw piles.
Re-calibration of construction programme to recover for lost construction time. Late start up due to unresolved geotechnical conditions , cyclone weather issues and screw pile installation failures.	Ongoing management with GEMCO construction. Review of the original programme has indicated a delay of **21 working days.** until the foundation stage of the project is complete we will not know the full extent that these weather events and screw pile failures have affected the programme, risk around these dates remain. It should be noted that the project programme allows for construction delays, construction completion in late August 2018 is still viable. Staged start up and go live of the facility is planned for spring 2018.

Actual Spend



Total Project Progress



16. Rolling Cash Flow

	Actual	August Forecast	Variance	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Apr Forecast	May Forecast	Jun Forecast	Jul Budget	Aug Budget
Cash flows from operating activities															
Cash receipts from Crown agencies	43,617	42,924	694	49,324	44,020	47,380	43,997	44,036	47,019	44,095	44,020	46,954	47,516	44,365	43,638
Cash receipts from donations, bequests and clinical trials	4	-	4	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	1,668	446	1,222	440	505	447	445	471	477	471	471	477	472	440	446
Cash paid to suppliers	26,164	(27,047)	882	(27,546)	(26,894)	(27,171)	(26,759)	(26,932)	(24,093)	(27,154)	(27,069)	(25,921)	(27,009)	(28,113)	(26,670)
Cash paid to employees	(19,865)	(20,683)	818	(15,683)	(15,899)	(18,871)	(15,324)	(23,370)	(16,232)	(16,052)	(16,344)	(19,035)	(16,017)	(15,532)	(20,705)
Cash generated from operations	**(740)**	**(4,360)**	**3,620**	**6,535**	**1,733**	**1,784**	**2,360**	**(5,795)**	**7,170**	**1,359**	**1,078**	**2,475**	**4,963**	**1,160**	**(3,291)**
Interest received	61	74	(12)	74	74	74	74	74	74	74	74	74	74	74	74
Capital charge paid	0	0	-	0	0	0	(4,230)	0	0	0	0	0	(4,230)	0	0
Net cash inflow/(outflow) from operating activities	**(679)**	**(4,286)**	**3,607**	**6,608**	**1,806**	**1,858**	**(1,796)**	**(5,722)**	**7,243**	**1,433**	**1,152**	**2,549**	**807**	**1,234**	**(3,217)**
Cash flows from investing activities															
Proceeds from sale of property, plant and equipment	-	-	-	-	-	-	625	-	-	-	-	-	(0)	-	-
Acquisition of property, plant and equipment	(1,219)	(1,839)	619	(1,320)	(1,567)	(1,888)	(1,959)	(2,044)	(2,006)	(2,444)	(2,181)	(2,627)	(2,283)	(1,839)	(1,839)
Acquisition of intangible assets	(7)	(154)	147	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(83)	(84)	(83)	(83)
Acquisition of investments	-	-	-	0	-	-	0	-	-	0	-	-	0	-	-
Net cash inflow/(outflow) from investing activities	**(1,226)**	**(1,993)**	**767**	**(1,402)**	**(1,650)**	**(1,971)**	**(1,416)**	**(2,127)**	**(2,089)**	**(2,526)**	**(2,264)**	**(2,710)**	**(2,367)**	**(1,922)**	**(1,922)**
Cash flows from financing activities															
Equity repayment to the Crown	-	-	-	-	-	-	-	-	-	-	-	-	(357)	-	-
Net cash inflow/(outflow) from financing activities	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**(357)**	**-**	**-**
Net increase/(decrease) in cash or cash equivalents	(1,905)	(6,279)	4,374	5,206	157	(113)	(3,212)	(7,848)	5,155	(1,094)	(1,111)	(161)	(1,918)	(688)	(5,139)
Add:Opening cash	18,989	18,989	-	17,084	22,291	22,447	22,335	19,122	11,274	16,429	15,336	14,224	14,064	12,146	11,458
Cash and cash equivalents at end of year	**17,084**	**12,711**	**4,374**	**22,291**	**22,447**	**22,335**	**19,122**	**11,274**	**16,429**	**15,336**	**14,224**	**14,064**	**12,146**	**11,458**	**6,319**
Cash and cash equivalents															
Cash	4	4	-	4	4	4	4	4	4	4	4	4	4	4	4
Short term investments (excl. special funds/clinical trials)	14,106	9,680	4,426	19,260	19,417	19,304	16,092	8,243	13,398	12,305	11,194	11,033	9,115	8,428	3,289
Short term investments (special funds/clinical trials)	2,960	3,026	(66)	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026
Bank overdraft	14	-	14	-	-	-	-	-	-	-	-	-	-	-	-
	17,084	**12,711**	**4,374**	**22,291**	**22,448**	**22,335**	**19,123**	**11,274**	**16,429**	**15,336**	**14,225**	**14,064**	**12,146**	**11,459**	**6,320**

The operating forecasts for 2017/18 year are based on the draft budget completed in June 2017, adjusted for facilities forecasts of capital spend. Changes have been made to the phasing of some major cash-flows based on best estimates of when they will occur e.g. elective services revenue, IDF wash-up and the rest home worker's pay equity settlement.

BOARD HEALTH & SAFETY CHAMPION'S UPDATE

Verbal

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council**	103
	For the attention of: **HBDHB Board**	
Document Owner:	Dr Andy Phillips as Co-Chair Chris McKenna as Acting Co-Chair	
Month:	September 2017	
Consideration:	For Information	

11

RECOMMENDATION

That the Board

Review the contents of this report; and

Note that Clinical Council:

- **Received assurance** that our hospital is safe
- **Endorsed** the adoption of the HQSC Quality Dashboard
- **Endorsed** the Quality Annual Plan for 2017/18
- **Endorsed** the Consumer Engagement Strategy
- **Received** the Falls Minimisation Committee Report
- **Received** the Te Ara Whakawaiora / Heatlhy Weight (National Indicator) report
- **Discussed Clinical Governance Advisory Governance Group** and will be provided with a copy of the framework document.

Further Note that in respect of Alcohol Related Harm, Clinical Council:

- **Accepted** the progress report;
- **Supported** the mandate for the establishment of a steering group with wide DHB representation;
- **Endorsed** the strategic framework and priorities and;
- **Agreed** to the proposal that it adopts the clinical governance role

Council met on 13 September 2017, an overview of issues discussed and/or agreed at the meeting are provided below.

The following items were considered under the theme of Acute Hospital Quality and Safety:

- **Staff Stories**

Two staff stories of providing acute care during the busy winter period were presented. The first was from a nurse working in the Emergency Department (ED) with staff shortages due to sickness and when the ED was in "red". The second was from an On-Call House Officer over winter, in a busy department. These stories illustrated the challenges that staff face in providing high quality care during times of peak demand.

- **Responding to patients at risk "When Patients Deteriorate"**

A presentation was given on the purpose and aims of early warning score / rapid response score, data collected from 2014-2016, issues with EWS and where to next. An overview of the patient at risk service aims and targets was also provided. The aim is to respond to patients earlier and provide treatment that prevents further decline. This presentation demonstrated the success of the patient at risk team and intensive care unit in responding to deteriorating patients with significantly reduced mortality over recent years.

- **Trauma service**

A presentation was provided to describe major trauma occurring in Hawkes Bay in comparison with other regions. This included HBDHB comparison data for two years, alcohol and major trauma, what is happening nationally and quality improvements planned for the next 12 months. It was noted that there is significantly greater trauma occurring in Hawkes Bay than other Central region DHBs. The number of people suffering trauma from unrestrained car accidents has reduced following intersectoral work with Police. It was noticeable that there is very significant trauma occurring to middle aged cyclists in Hawkes Bay.

- **Acute Hospital Flow**

A presentation was given on the progress of the 'FLOW' project. The purpose of "FLOW" is to streamline the patient journey from home to home for acute admissions. Key points in the presentation included: key issues, ED-6 Target – shorter stays in ED, the opportunities, 12 month view of achievements to date and moving forward – the next 12 months. It was noted that there has been good progress with this work but that there is additional work required to provide acute care for frail older people and to implement a new model of medical care in the hospital.

- **Health Roundtable view of a patient journey through hawke's bay hospital**

A presentation was provided by Dr Gail Prileszky from the Health Roundtable (HRT) on the latest data provided by HBDHB and comparison data from other DHBs. HRT use the data to benchmark, not for performance but to show innovation, success and great ideas. Key points from the presentation included the HBDHB Hospital Standard Mortality Ratio stands at 1.01, demonstrating average performance for hospital mortality. The data also demonstrate opportunities to improve outcomes for patients at the weekends and during winter months.

The conclusion from these presentations is that due to hard work and commitment from our excellent staff, our hospital is safe. There are opportunities to improve the quality of patient care and staff experience during weekends and periods of high demand. This information will be used in hospital service redesign within the Clinical Services Plan work.

Clinical Council considered and made recommendations to the board in respect of the following items:

- **Quality Dashboard Concept Paper**

It was proposed that HBDHB contribute to the development of the HQSC dashboard and adopt this once completed. Issues discussed included the use of MoH vs HRT data, addition of a number of internal measures to the dashboard, the need for one consistent report, accurate coding and the importance of the relationship between coders and medical staff and having a joined up dashboard between the DHB and PHO.

Clinical Council **endorsed** the adoption of the HQSC Quality Dashboard for HBDHB.

- **Quality Improvement & Patient Safety / Quality Annual Plan 2017/18**

Council requested the removal of reference to "reducing inequity" to be replaced with "eliminating equity" and that there needs to be authentic consumer engagement with those on the margins and our underserved population.

Clinical Council **endorsed** the Quality Annual Plan for 2017/18.

- **Implementing the Consumer Engagement Strategy**

Council noted and endorsed the document had already been discussed at Consumer Council and they had endorsed the strategy.

The Clinical Council **endorsed** the Consumer Engagement Strategy.

- **Reducing Alcohol Related Harm**

Council discussed the document presented on harm caused by the consumption of alcohol and:

1. **Accepted** the progress report;
2. **Supported** the mandate for the establishment of a steering group with wide DHB representation;
3. **Endorsed** the strategic framework and priorities and;
4. **Agreed** to the proposal that it adopts the clinical governance role

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Health Consumer Council** 104
	For the attention of: **HBDHB Board**
Document Owner:	Rachel Ritchie, Chair
Reviewed by:	Not applicable
Month:	September, 2017
Consideration:	For Information

12

RECOMMENDATION

That the Board

Note the contents of this report

Note that Consumer Council accepted and endorsed the following papers:

- Position on Reducing Alcohol Related Harm
- Quality & Patient Safety Annual Plan
- Quality Dashboard

Papers received for information included:

- Te Ara Whakawaiora – Healthy Weight; and
- Implementing the Consumer Engagement Strategy

Council met on 14 September 2017. The following is an overview of the meeting.

1. FEEDBACK ON LEADERSHIP FORUM WORKSHOP

There was good representation from Consumer Council at the recent Workshop. The forum is seen as valuable and the feedback from council members continues to identify the need for the consumer voice to be pushed forward to be heard and to become 'business as usual' at this level.

Particular comments:

- Good to meet up and discuss issues with other governance groups.
- Interesting discussions around NUKA and social complexity.
- Felt that whanau were still missing from the discussions.
- Some governance perspectives appear disconnected from the reality for consumers.
- Pacific Island and disability perspectives appear to be invisible.
- Disappointed that the indigenous culture in New Zealand is still misunderstood ie, the organisation appears to be still not listening, responding and implementing changes in a culturally appropriate way
- Impressed that Big Listen is going from the bottom up, listening to "grass roots".

2. CONSUMER ENGAGEMENT MANAGER AND YOUTH CONSUMER COUNCIL

Both these roles appear to be very active and engaged with their respective areas. In particular the Manager actively supports the Youth Council and their perspective and feedback into the Council is very insightful and valuable for us.

The Youth Consumer Council is going to change the direction they are going in. They will still focus on suicide prevention, mental health, drugs and alcohol but will look at a core issue rather than promotion. They also want to look at what they can do around education, as there is a lot of information on drugs and alcohol being used by youth as an escape from the pressure they put on themselves and impressing their family etc. Handle the Jandal does this work and the Youth Consumer Council will link up with them and adapt what is already working well in Counties-Manukau for the local rangatahi.

3. CONSUMER COUNCIL ANNUAL PLAN 2017/18

Council approved its Annual Plan for 2017/18 and agreed the relevant portfolios and responsibilities for individual Council members, including the eight members to sit as Consumer Council representatives on the five Clinical Council Committees.

A sub-group of the Council with particular interest in and expertise to contribute to the creation of the ' disability strategy" for the sector will meet to start their work this month.

Specific objectives within the Annual Plan include:

- Actively promote and participate in' co-design processes for:
    - Mental Health, Youth
- Participate in the development of Health and Social Care Localities
- Initiate work on development of a disability strategy for HB Health Sector
- Actively participate in Peoples Strategy and Clinical Services Plan development
- Promote and assist initiatives that will improve the level of health literacy within the sector and community.
- Facilitate and promote the development of a 'person and whānau centred care" approach and culture
- Monitor 'Patient Experience' performance measures/indicators
- Facilitate and support the development and implementation of a consumer engagement strategy and principles in Hawkes Bay
- Influence the establishment and then participate in regional and national Consumer Advisory Networks.

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board (MRB)**	105
	For the attention of: **HBDHB Board**	
Document Owner:	Ngahiwi Tomoana (Chair)	
Reviewed by:	Not applicable	
Month:	September 2017	
Consideration:	For Information	

13

RECOMMENDATION

That the HBDHB Board

Review the contents of this report; and

Note that MRB:

- **Accepted** the Alcohol Harm Reduction Position Statement Progress Report to be presented to the Board today.
- **Supported** and mandated the establishment of a Steering Group with wide DHB representation to provide oversight to the alcohol harm reduction activities across the DHB and report to the Clinical Council (and/or other groups as advised) on a regular basis (as referenced in Appendix 1: Terms of Reference for an Alcohol Harm Reduction Steering Group).
- MRB **recommend** that the Alcohol Harm Reduction Steering Group attain youth group representation as well as Māori representation alongside clinical representation.
- **Endorsed** the Strategic Framework and Priorities to be considered and accepted by the HBDHB Board today (as referenced in Appendix 2: 'Tackling Alcohol Harm in Hawke's Bay' *Draft* Strategy).
- **Supported** the EMT recommendation for the Te Ara Whakawaiora: Healthy Weight national indicator, to add an outcome to investigate the opportunity for children 6-8 years old. As well as supporting children identified at 4 years old, potentially monitoring weight and height.

MRB met on 7th September 2017. An overview of issues discussed and recommendations at the meeting are provided below.

The following reports and papers were discussed and considered:

HB HEALTH SECTOR LEADERSHIP FORUM

There was a lengthy discussion about the HB Health Sector Leadership Forum held on Wednesday, 6 September 2017 as follows:

- MRB strongly agreed that to ensure the efficacy and success of the Nuka model there needs to be leadership of Māori in the application throughout the design, development, planning and implementation stages. MRB suggested combining Te Wheke, Toiora and Nuka to develop a model for change in the health care system. The renaming of the Nuka model to Toiora was also suggested.

- "How are we doing?" seems to be the focus of 'The Big Listen' rather than "What can we do for you?" From a cultural perspective, MRB agreed the survey is lacking and suggested the inclusion of Māori imagery or te reo Māori, and questions pertaining to Māori values such as spiritual, emotional and environmental consideration. MRB also discussed better engagement with the community into 'The Big Listen' i.e. the gang community and how do we achieve this
- The programme was very compact therefore did not allow the flexibility for whakawhanaungatanga (the process of establishing relationships and/or relating well to others) to occur or sufficient time for feedback. Consequently, it is timely to be reminded of 'Our Values' and that we are actually "walking the talk'.

METABOLIC (BARIATRIC) SURGERY - IN THE CONTEXT OF A HEALTHY WEIGHT STRATEGY FOR ADULTS

The contents of the report was noted and MRB was supportive of the work being undertaken.

POSITION ON REDUCING ALCOHOL RELATED HARM – PROGRESS

The contents of the report were noted and MRB were very supportive of the work that needs to be undertaken.

MRB **recommend** that the Alcohol Harm Reduction Steering Group attain youth group representation as well as Māori representation alongside clinical representation.

WAIOHA PRIMARY BIRTHING UNIT BENEFITS REALISATION

MRB were supportive of the work being undertaken and pleased to hear that there has been a continued focus on cultural responsiveness resulting in 94% of staff completing Engaging Effectively with Māori and Treaty of Waitangi training, as well as many staff involved in tikanga training. The shortage of Māori midwives graduating at a national level was a concern for MRB.

TE ARA WHAKAWAIORA: HEALTHY WEIGHT (NATIONAL INDICATOR)

The contents of the report was noted and MRB were supportive of the work being undertaken.

MRB **support** the EMT recommendation for adding an outcome to investigate the opportunity for children 6-8 years old. As well as supporting children identified at 4 years old, potentially monitoring weight and height.

MERGER OF TE TAIWHENUA O HERETAUNGA AND CENTRAL HEALTH LTD

MRB acknowledge the merger of Te Taiwhenua o Heretaunga and Central Health Ltd, and applaud the 99% Māori workforce representation.

FORMAT OF PAPERS PRESENTED TO MRB

There was a discussion about the format of papers submitted to MRB. It was agreed that consideration needs to be made regarding how a paper impacts Māori, whether Māori has been involved in the co-design, what are the inequities, and how does this address social complexity? A checklist for papers presented to MRB will be discussed at the October MRB meeting. Recommendations will be submitted to the Board meeting also in the month of October.

REPLACEMENT OF MRB MEMBER

HAWKE'S BAY District Health Board Whakawāteatia	**Position on Reducing Alcohol Related Harm – progress report** 107
	For the attention of: **HBDHB Board**
Document Owner:	Tracee Te Huia, ED Strategy and Health Improvement
Document Author:	Dr Rachel Eyre, Medical Officer of Health
Reviewed by:	Executive Management Team, Maori Relationship Board (MRB), HB Clinical Council and HB Health Consumer Council
Month:	September 2017
Consideration:	For Information and Decision

15

RECOMMENDATION

That the Board:

1. **Accept** this progress report on the Alcohol Harm Reduction Position Statement
2. **Support** and mandate the establishment of a Steering Group (as described) with wide DHB representation to provide oversight to the alcohol harm reduction activities across the DHB and report to the Clinical Council on a regular basis (as referenced in Appendix 1: Terms of Reference for an Alcohol Harm Reduction Steering Group).
3. **Endorse** the Strategic Framework and Priorities (as referenced in Appendix 2: 'Tackling Alcohol Harm in Hawke's Bay' *Draft* Strategy).

OVERVIEW

In November 2016 the HBDHB Board adopted a Position on Reducing Alcohol Related Harm and requested a progress report after six months. The Position effectively acknowledged that alcohol is a priority health and equity issue for our DHB as evidenced by the earlier Health Equity report (2014). The Position includes a vision, principles for engagement and the outcomes we seek to achieve. In addition there are 'next steps' for action with linkages to key relevant strategies, policies and plans (both from our DHB and nationally as per the National Drug Policy).

In adopting the position statement the Board sought assurance that *all building blocks, operational and governance structures would be in place,* noting that *the work was not being done in isolation but in collaboration with other agencies within Hawke's Bay.*

This document reports on progress with each of the steps endorsed by the Board and in particular reports on progress in establishing building blocks, operational and governance structures.

PROGRESS REPORT ON THE POSITION'S 7 'NEXT STEPS'

1. Identify the appropriate capacity and resource to lead the development of an Alcohol Harm Reduction Strategy and Implementation Plan

Prior to June this year the Population Health Service took responsibility for operationalising the 'next steps' and building blocks agreed to by the Board. Some steps, such as those linked to the delivery of Medical Officer of Health regulatory responsibilities under the Sale and Supply of Alcohol Act 2012, are best operationalised by Population Health. Other steps are linked to the community based work of the SHI Directorate and in particular the Health Promotion team.

The role to establish DHB wide support structures or the provision of services and interventions within clinical settings will be managed by clinical services. These services will lead the work to identify and address any gaps in addiction services and to promulgate screening and brief intervention.

During May and June an external contractor worked with the author and a stakeholder group to undertake some initial scoping work. This involved a stocktake of programmes, services and health sector consultation. A DHB-led health sector workshop was held on 5 July to report back findings, agree priorities and to agree an outline strategic framework. This culminated in the *Draft Strategy* report 'Tackling Alcohol Harm in Hawkes Bay' (see Appendix 2).

At the EMT meeting on 27 June, the CEO formally allocated responsibilities across the two DHB Directorates with the Executive Director SHI to take responsibility for external (or population) focused work involving collaboration with external agencies and to the Executive Director Provider Services to lead internally (personal health) focused work across primary and secondary care. EMT also requested a report on how the work was to be led and managed prior to this paper going to the other committees and then to the Board.

On 2 August a meeting was held to agree a coordinated steering and delivery structure for the DHB's Alcohol Harm Reduction Strategy. The Terms of Reference were agreed subsequent to this meeting (see Appendix 1).

2. Identify a governance and management structure to guide and provide an accountability mechanism for the Coordination and Strategy/Plan delivery

Feedback from the May/June stakeholder consultation recommended that the Clinical Council provide clinical governance for both strategy and plan delivery. In particular it was thought that the Council can provide assurance that quality evidence-based strategies will be advanced to achieve the outcomes consistent with the National Drug Policy and the DHB's position. This will give a stronger sense of ownership by clinical teams to the work that is required of them to address alcohol-related harm, akin to the cultural change efforts required across the sector to address smoking.

Higher level governance for the cross sector efforts and leadership has yet to be fully determined. However this work could be driven by the Board and potentially the Social Inclusion Strategy could provide an overarching framework for this work given alcohol is a priority issue for Hawke's Bay. There are also other possibilities for example, through working with broader cross sector Family Harm governance structures.

At the operational level, the Steering Group will drive this work across the different departments. This group will guide and assist those who are charged to deliver on the Implementation Plan, once developed by the clinical services. The responsibility for delivery will be allocated to those departments in which the activity sits. There will be no new resource allocated so it will require a shift in resources and inclusion in workplans. The challenge will also be to ensure there is good coordination of interventions and connections made to create mutually reinforcing activities and momentum. The programme coordination function, provided by Population Health, will service the Steering Group and take responsibility for planning, monitoring and reporting of the delegated actions.

The Steering Group, via the Programme Coordinator, is anticipated to report to the Clinical Council on a regular basis as a high level accountability mechanism.

3. **Support high-level Champions within our health system and in the community to act as spokespersons and be credible role models to help influence staff, community, whānau, family and individual attitudes to reduce harmful alcohol consumption**

   A number of Champions have already been identified both within the health sector and in the community. An example is the Māori Relationship Board requesting that the DHB cease making alcohol available at the Hawke's Bay Health Awards. However the Implementation Plan would specify the support provided to Champions to help deliver key messages in strategic ways.

   Relevant Champions would assist to deliver key messages to target audiences e.g. Samoan Rugby Club Team members to Pasifika.

4. **Identify the best way to input into the review and delivery of the Napier City and Hastings District Councils' Joint Alcohol Strategy to limit availability and promote safe, responsible drinking**

   The HBDHB has been a key player in the Joint Alcohol Strategy (JAS) (Napier City Council and Hastings District Council) since 2011. The JAS has recently been reviewed by Councils and has been forwarded to our DHB for feedback. The Council's priority groups are very similar to our own with the exception of including specific target groups of Men and Māori, and obviously excluding a focus on health services. Collaborative regulatory and non-regulatory activities sit under this Strategy and the role of the DHB is acknowledged in both these areas. Leadership is similarly identified as a Council priority. The JAS has included the DHB's position as an appendix to show how the Council and DHB activity will partner one another to achieve their Strategy. Clearly there is an opportunity for both the Council and DHB to work together and support each other's leadership role, whether that be through role modelling healthy events, encouraging community to be 'active citizens' when it comes to having a say around licensing decisions, or protecting the most vulnerable in society, such as children (by reducing exposure to alcohol) and helping those with addictions, by provision of clear pathways for support.

   Whilst the Napier/Hastings and Central Hawke's Bay 'Local Alcohol Policies' are currently subject to appeal, the Wairoa District 'Local Alcohol Policy (LAP)' is currently being drafted for community consultation later this year. There is potential for community to use the Wairoa LAP process to have more voice around licensing and availability of alcohol in their community.

   NB. A specific request from a Board member that greater visibility be given to health and alcohol advocacy to local authorities is an opportunity we must take.

5. **Establish the best method to engage the relevant departments across the DHB and PHO, and to engage with Iwi, Pasifika, young people and community (building on existing groups - Safer Communities, Māori NGOs etc.), to develop appropriate strategies and to provide support**

   There has been some initial consultation in developing the Strategic Framework and priorities, however as an effective way to develop Iwi and community-led initiatives, a more comprehensive communication and engagement plan will be a key approach to be outlined within the Implementation Plan during its development.

6. **Consider the development of a local Alcohol Coalition of NGOs and other agencies, akin to the Hawke's Bay Smokefree Coalition to build support at a community level**

   There is support for this concept but forming such a group will require resources and time not just for the DHB but for other agencies too. Other coalitions could potentially pick up on alcohol too. For example, Safer Communities, fora around Family Harm, locality groups, and the Health and Social Care Localities. Whether the community interest in other drugs is interested in tackling alcohol harm, which is more widely prevalent but more widely tolerated, remains to be tested.

7. Identify service gaps and priority objectives for local DHB action to include:

- Improved systems for health data collection/screening and brief intervention (e.g. in the Emergency Department, Maternity and Primary Care)
- Appropriate clinical referral pathways and treatment services
- Support for strong, effective and consistent health messaging (such as no drinking during pregnancy)

The Emergency Department (ED) has begun last month to screen all presentations to the ED to ascertain whether alcohol is involved or not, directly or indirectly. This data is now mandatory required by the Ministry of Health. This provides a unique opportunity to monitor the extent to which alcohol is a contributor to the burden on our ED, and to monitor the harm in our communities and the cost to our health system. This data collection also allows for the development of further brief intervention and treatment pathways and targeted initiatives e.g. to under 18s, frequent attenders, etc. This data collection could also be useful for advocacy to influence alcohol licencing decisions.

The support for strong consistent health messaging is a key action that has come out of the initial consultation. Within the FASD Discussion Document (2016) there is a commitment by our DHB to increase community knowledge and awareness about FASD with resulting behaviour change and to reduce the number of pregnant women who drink whilst pregnant. Limited progress has been made in the FASD prevention area to date however the Population Health team has now made this a priority within their annual plan.

Consultation to date

The 5 July workshop was open to all stakeholders involved in an initial consultation and stocktake exercise, led by Jessica O'Sullivan (DHB-contractor)[1]. The purpose of the workshop, which was opened by Dr Kevin Snee, was to gain agreement across our health sector around a strategic framework and priorities, and how we can initiate some traction in these areas within existing resource. There was widespread agreement around the priorities and an outcome of this meeting was the Draft Strategy document (see Appendix 2).

Consultation with other groups such as Police, Councils and community groups is essential but is anticipated will occur at a later stage. The main purpose of the work to date has been to secure the commitment and agreement from within our health services first, before moving wider into the community. The stakeholders who could potentially have a voice around alcohol harm are very broad as the problems and solutions extend well beyond those people who have an alcohol problem. It is important that as a Health sector we recognise alcohol as a significant health issue first and that we understand the culture change required and to counter any resistance from within before expecting wider societal change.

Final Comments

There is much to do, the position statement has clearly established priorities that have been supported by stakeholder consultation and formalised into the current draft strategy which is for five years (2017-2022).

There is good evidence for what works for reducing alcohol related harm, which shows that there is a place for both population health and targeted approaches. While current national policy settings are relatively weak, changing cultural norms through leadership and role modelling, and providing brief intervention in a range of settings with improved treatment services, are the areas where we can make a difference to improve the health and equity of our Hawke's Bay population. The new Steering Group will be able to draw on an extensive literature in this area and join the dots with other addictions and related areas so that the work is not siloed.

[1] (See attached)

APPENDIX 1

Terms of Reference
HBDHB Alcohol Harm Reduction Strategy Steering Group

AIM

Overall: To enable the Strategy vision, *"Healthy communities, family, and whānau living free from alcohol-related harm and inequity"* to be achieved.

The Alcohol Harm Reduction Strategy Steering Group (referred to the 'AHR Steering group') reports to the Clinical Council (who has overall governance responsibility) and delegates to the Health-sector Programme Working Groups, namely the Clinical Service Programme Working Groups and Population Health Programme Working Groups (these are referred to as 'PWGs'). The AHR Steering group will be expected to take a leadership role in relation to alcohol related harm issues.

The Steering Group is predominantly responsible for initiating and monitoring progress of the Health-sector PWGs and for resolving issues that may compromise the successful delivery of the Strategy overall. The PWGs will address the priority action areas outlined in the Strategy i.e. 'health services', 'youth' and 'unborn babies'.

The external facing work on 'youth' and 'unborn' babies that needs to engage with community, Iwi and other agencies such as Councils and Police may in time develop a separate 'governance' mechanism outside of the DHB. In the meantime the ED SHI Directorate, will be the conduit for the communication around the broader population health and community development approaches adopted in partnership with non-DHB entities (these wide-ranging activities already report in the main to Population Health). However the initial role of the AHR Steering group will be to *mobilise the health workforce to address alcohol harm as a health issue* within and across clinical services. The Steering Group may wish to identify Health-sector Champions to help gain profile for this work.

PRINCIPLES AND VALUES

The Steering Group will be most successful in achieving the aims by:

- Demonstrating leadership
- Fostering a culture of collaboration and mutual respect for each other's contributions
- Being responsive to Māori and applying an equity lens on all projects
- Ensuring culturally and age appropriate strategies
- Being evidence-informed
- Considering a consumer perspective for all projects
- Regular information sharing and establishing an outcome measurement framework to report on to the Clinical Council
- Keeping the workforce and community informed regularly around alcohol-related harm in Hawke's Bay and the health system response
- Using other relevant fora to highlight and respond to the issues – e.g. NCC and HDC Joint Alcohol Strategy group, 'DHB-Police Partnership', Intersectoral forum, Safer Community groups, Wairoa and CHB Health and Social Care Localities groups
- Being systematic and coordinated in our approach and making change sustainable

RESPONSIBILITIES

The Steering Group will:

- Ensure that projects are 'set up to succeed' (realistic timeframes and appropriate resources)
- Identify and support lead staff of PWGs and provide overall guidance and direction to the projects as required, ensuring they remain viable and within agreed constraints
- Approve changes to the PWGs (within delegations/tolerances)
- Ensure that risks, issues and dependencies to the projects are being managed effectively and make decisions & clear roadblocks as required
- Manage communications to internal and external stakeholders regarding the Strategy and projects via a Communications Plan
- Provide assurance that the Strategy and projects are being delivered satisfactorily
- Escalate issues to the appropriate GM or ED, that cannot be adequately resolved by the AHR Steering Group

- Undertake periodic reviews of the overall Strategy achievement and the effectiveness of the project/s and take appropriate action where required

ACCOUNTABILITY
The HBDHB Clinical Council will receive a six-monthly report on progress on the Steering Group's workplan and Strategy progress.

MEMBERSHIP
Membership will be based on a formal membership process including representation from:
- Clinical Council representation
- ED SHI Directorate (Tracee Te Huia)
- EDPS (Sharon Mason)
- ED Primary Care (Chris Ash)
- Service Director for Community, Women and Children (Claire Caddie)
- Emergency Department Clinical representative
- Primary Care Clinical Representative (Primary Care) lead
- Mental Health and Addiction Services Clinician (Mental Health) lead
- Public Health Advisor / Strategy (Public Health) lead
- Consumer representation
- Communications expertise
- (IS support* - for data collection, screening and brief intervention tools and referral processes)

*On an as required basis

CHAIRPERSON
The Chair will, in the first instance, be the ED SHI Directorate whilst the structures, processes and initial workplan are developed. The Chair will be reviewed after six months to reflect the workplan (anticipating that a priority will be the establishment of a Health Services Screening and Brief Intervention project).

QUORUM
Six members (half of total) must be present for confirmation of decisions.

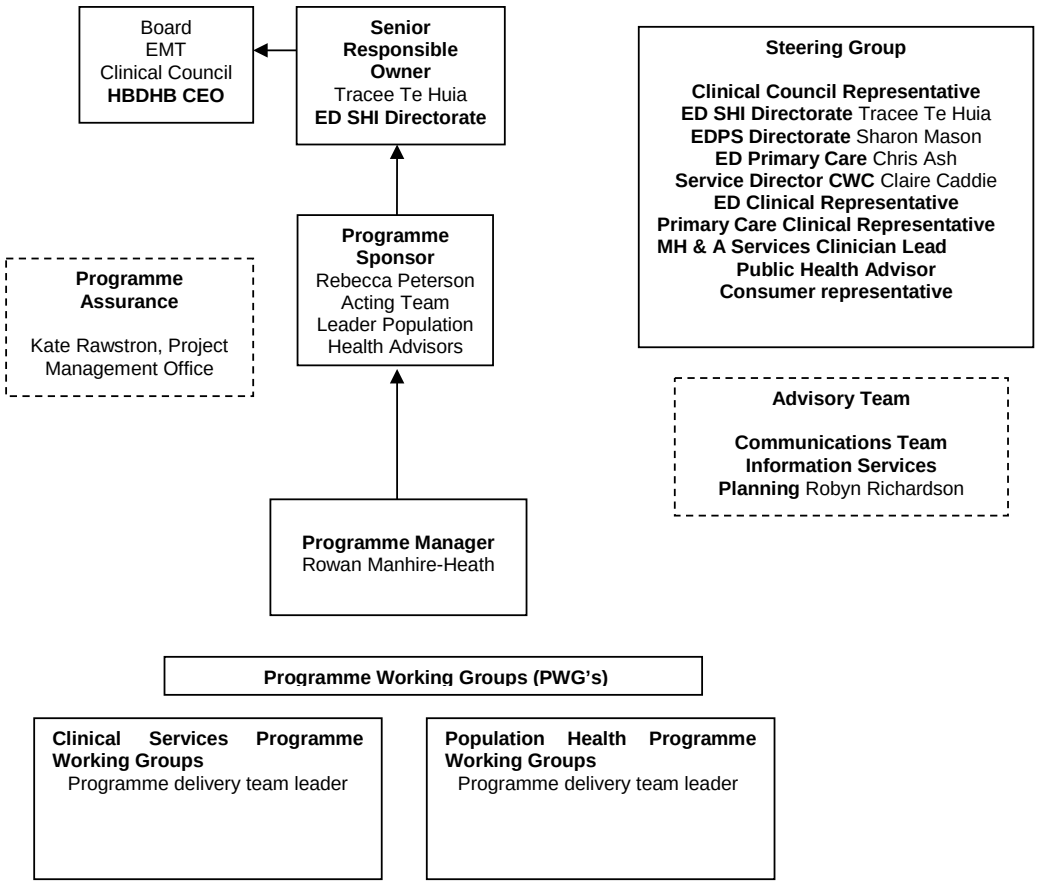
MEETINGS
A minimum of 6 meetings a year (approximately every 2 months)
Meetings will be time-tabled for the entire year by administration support

AGENDA
A written agenda will be developed and approved by the Chair and circulated 5 days prior to the meeting by admin support. Members will send any agenda items to the Chair prior to the meeting.

MINUTES
Minutes will be recorded by administration support and be approved in the first instance by the Chair. These draft minutes will be circulated to all members for final approval at the next meeting. Administration services will be provided by the SHI Directorate for the first six months.

REVIEW
These Terms of Reference and project structure will be reviewed after 6-12 months, as required.

PROGRAMME MANAGEMENT TEAM STRUCTURE



15

ROLE DESCRIPTIONS

Senior Responsible Owner

- EMT Conduit and support for Programme Sponsor
- Provides active support and leadership if required
- Resolves issues at Executive level

Programme Sponsor

- ACCOUNTABLE for project delivery
- Acts as line manager for the Programme Manager in relation to the programme
- Escalates issues to the Senior Responsible Owner so no surprises
- Ensures expectation for delivery and outcomes are translated into the programme plan
- Enables resources for the programme/s
- Ensures resolution of barriers to progress

Steering Group

- Represents those who will use the deliverables of the project to realise the benefits after the project is complete
- Works together with the Programme Sponsor to resolve strategic and directional issues within the programme which need the input and agreement of senior stakeholders to ensure the progress of the programme.

Advisory Team

- Provide expertise at specific points of programme development and implementation

Consumer Rep

- TBC based on specific programme consumer engagement

Programme Manager

- Plan, delegate, monitor and control all aspects of the programme
- Motivation of those involved to achieve the project objectives within the expected performance targets for time, cost, quality, scope , benefits and risks

Programme Delivery Team Leader

- Coordinates Completion of tasks and effective management of resources
- Works to agreed timeframes
- Report progress and elevates issues to the Programme Manager in a timely way

Programme Working Groups

- Completes tasks as required
- Works to agreed timeframes
- Report progress and elevates issues in a timely way
- Effective team member demonstrating pro-active and constructive problem solving

Project Management Office

- Provides pro-active project *assurance input* to support the programme to use best practice processes to create the deliverables and appropriately follow the programme management processes

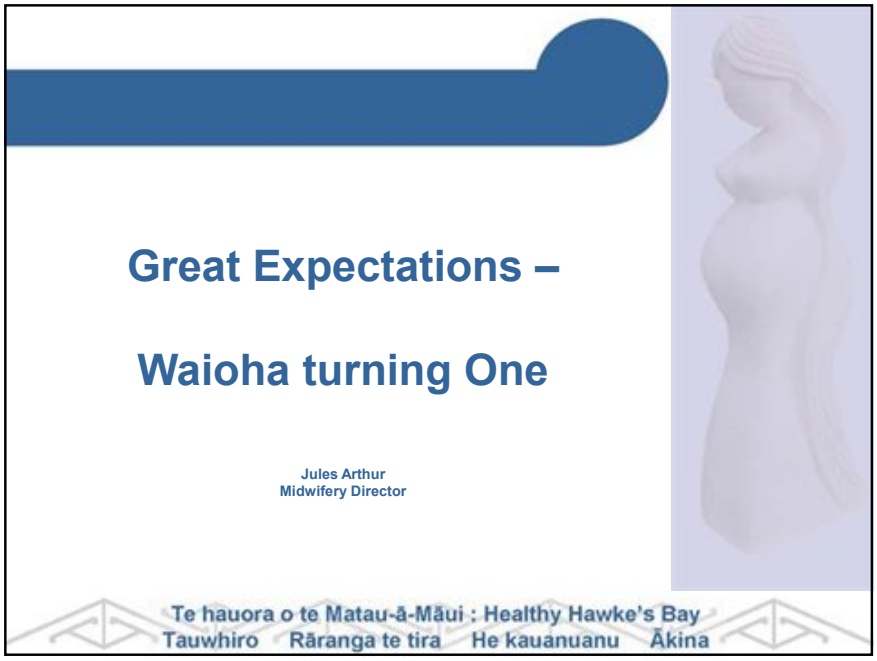
HAWKE'S BAY
District Health Board
Whakawāteatia

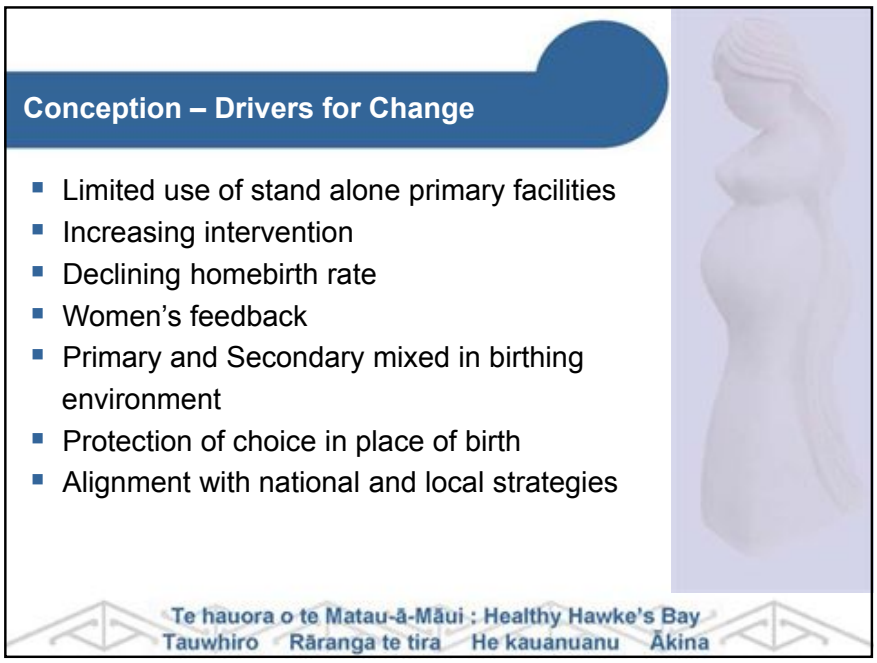
109

WAIOHA BIRTHING UNIT
BENEFITS REALISATION

Presentation

16


Great Expectations –
Waioha turning One
Jules Arthur
Midwifery Director
Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina


Conception – Drivers for Change
Limited use of stand alone primary facilities
Increasing intervention
Declining homebirth rate
Women's feedback
Primary and Secondary mixed in birthing environment
Protection of choice in place of birth
Alignment with national and local strategies
Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina

Conception – Right Place, right woman, right outcome

- Birthplace Study
- NZ Clinical indicators for Low risk 1st time mums

(definition: 1st time mum, 20-34 yrs old, singleton pregnancy, head down, fit healthy and well)

- Environment
- Organisational Culture
- Birth outcomes

Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina

Early Pregnancy - successes

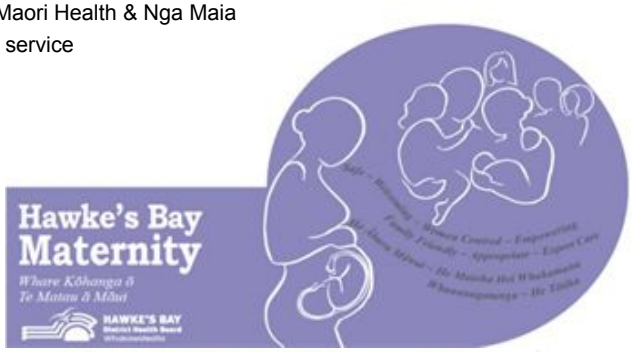
- Board sign off – Feb 13
- Design and Build – 2014-2016
- Enablers –
  - Leadership
  - Relationships
  - Change Agents
  - Opportunities

Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina

Pregnancy – Critical Success Factors

HAWKE'S BAY District Health Board

- Shared vision & Engagement
- Foundational Principles – access, partnership, health outcomes & sustainability
- Partnership with Maori Health & Nga Maia
- Wahine designed service
- Preparation



Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina

Happy Birthday – 4/7/16

- Celebration morning tea
- Smooth transition
- 1st baby born the eve of the 4th July
- Key benefits begin

Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina

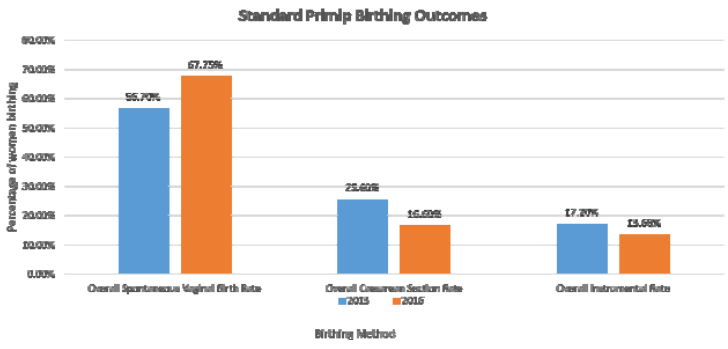
1 Year Old – How are we doing?

- Official opening Ceremony held March 2017
- 578 babies born
- Increasing normal birth rate
- Decreasing C Section rate
- Other improvements
- BFHI Accreditation achieved
- Model of care
- Engagement with Nga Maia
- Consumer feedback

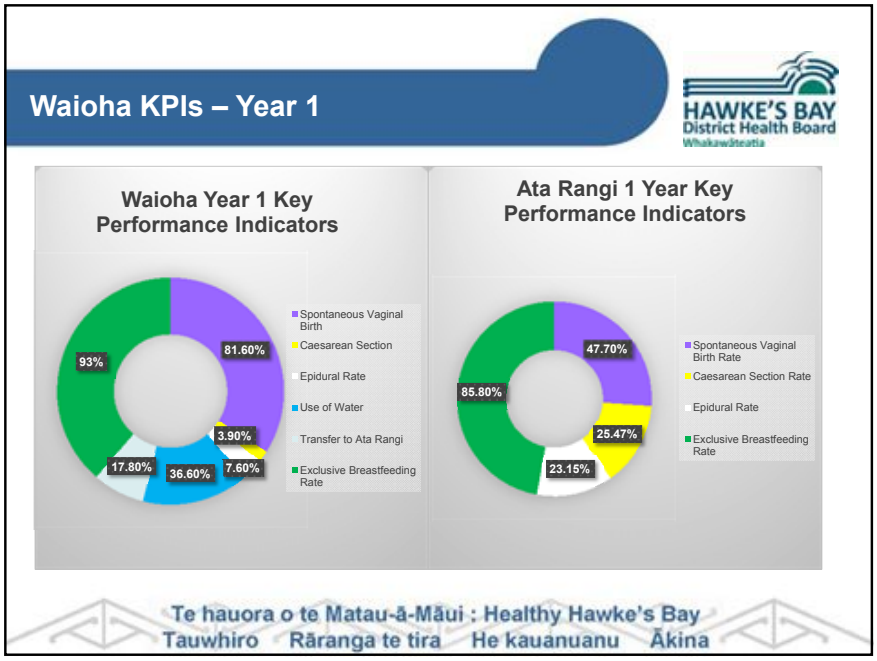
Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina

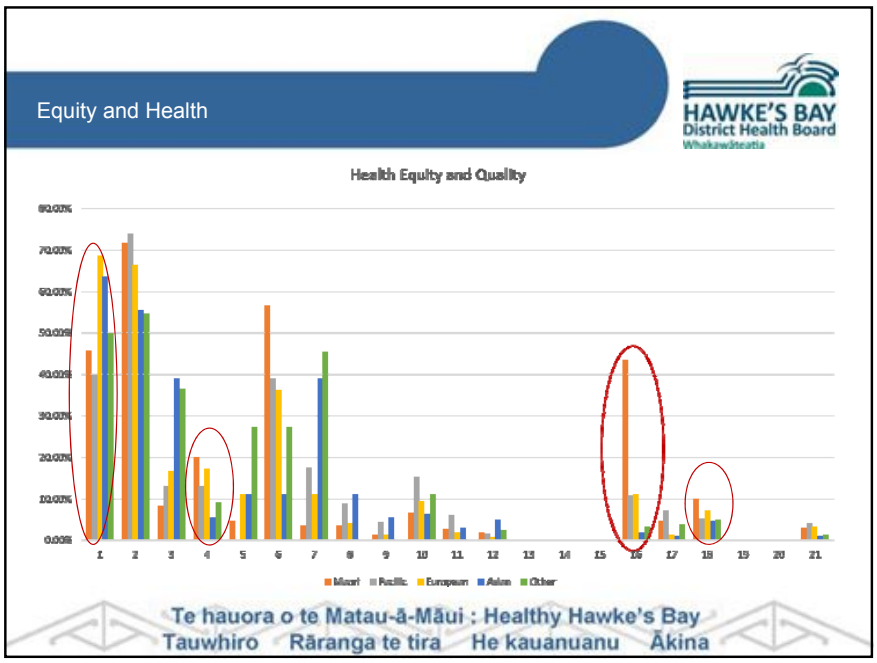
Comparative Outcomes

HAWKE'S BAY District Health Board Whakawāteatia



Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina


Waioha KPIs – Year 1
HAWKE'S BAY District Health Board
Whakawāteatia
Waioha Year 1 Key Performance Indicators
81.60%
3.90%
7.60%
36.60%
17.80%
93%
Spontaneous Vaginal Birth
Caesarean Section
Epidural Rate
Use of Water
Transfer to Ata Rangi
Exclusive Breastfeeding Rate
Ata Rangi 1 Year Key Performance Indicators
47.70%
25.47%
23.15%
85.80%
Spontaneous Vaginal Birth Rate
Caesarean Section Rate
Epidural Rate
Exclusive Breastfeeding Rate
Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina


Equity and Health
HAWKE'S BAY District Health Board
Whakawāteatia
Health Equity and Quality
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
Te hauora o te Matau-ā-Māui : Healthy Hawke's Bay
Tauwhiro Rāranga te tira He kauanuanu Ākina

1 Year Old – How are we doing?

- BFHI Accreditation achieved
- **"the facility upholds tikanga, ensuring a safe cultural model of care…whanau are seen as integral" (Annette Peri-Collier, 2017 BFHI accreditation)**
- Model of care
- Engagement with Nga Maia
- Consumer feedback

1 Year Old – How are we doing?

- Consumer feedback

Where to next?

- Your Birth, Your Power project
- What matters to you most feedback
- Continued improvement of primary care partnerships
- Introduction of new Maori Midwifery Consultant position
- CHB maternity resource centre

Maternity Services Hawke's Bay Video

CONSUMER STORY

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Healthy Weight (national indicator)** 111
	For the attention of: **HBDHB Board**
Document Owner:	Tracee Te Huia, ED – Strategy & Health Improvement
Document Author:	Shari Tidswell, Intersector Development Manager
Reviewed by:	Executive Management Team, Maori Relationship Board, Consumer and Clinical Council
Month:	September 2017
Consideration:	For Monitoring

RECOMMENDATION

That the Board:

Note the contents of this report

18

OVERVIEW

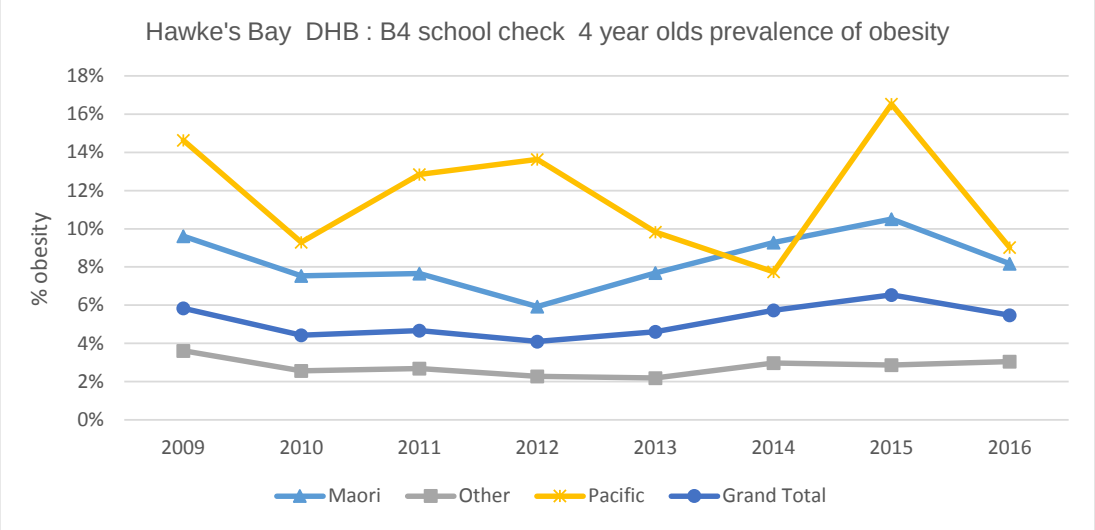
Te Ara Whakawaiora (TAW) is an exception based report, drawn from Annual Maori Health Plan (AMHP) quarterly reporting, and led by TAW Champions. Specific non-performing indicators are identified by the Māori Health Service which are then scheduled for reporting on progress from committees through to Board. The intention of the programme is to gain traction on performance and for the Board to get visibility on what is being done to accelerate the performance against Māori health targets. Part of that TAW programme is to provide the Board with a report each month from one of the champions. This report is from July 2016 to July 2017, Champion for the Indicators is Tracee Te Huia.

UPCOMING REPORTS

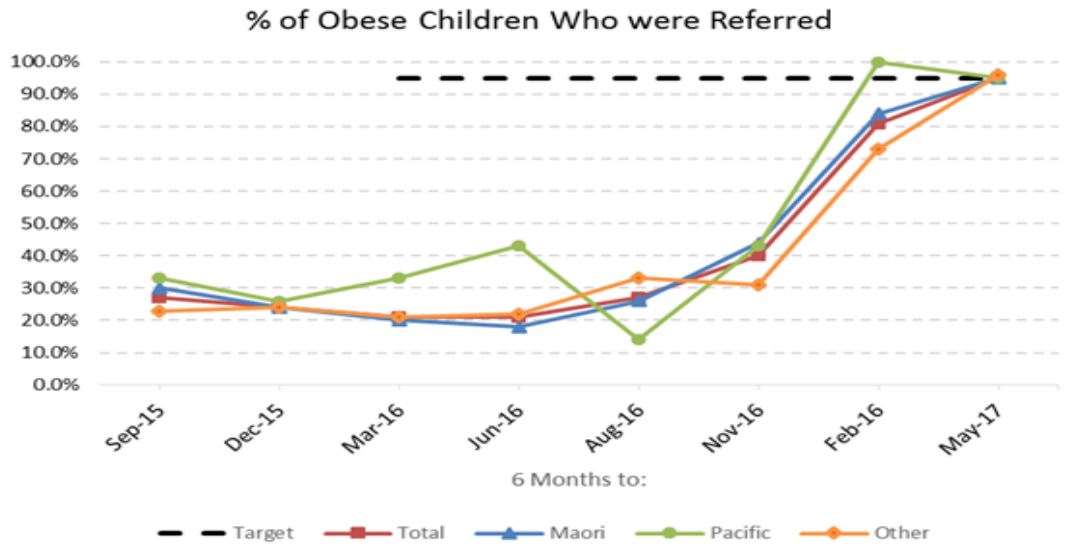
Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Obesity *National Target*	B4SC 4 year olds identified as obese are referred for clinical support and provided with whānau lifestyle change support	95 %	Tracee Te Huia	Shari Tidswell	October 2017

MĀORI HEALTH PLAN INDICATOR

Below are tables tracking obesity rates and the national target data. From 2014 to 2016 rates for Māori dropped from 9.3% to 8.2% in 2017 and 'other' have stayed static around 3%. The gap is reducing slowly.



The national target "Raising Healthy Kids" -95% of children attending a B4 School Check and identified as obese (BMI 98th percentile) are referred to a health professional and given whānau based lifestyle support. Table below show the tracking for the target, note the new target did not start until July 2016.



Key Performance Measures	Baseline [1]	Previous result [2]	Actual to Date [3]	Target 15-16	Trend direction
Māori	30.0%	84% (U)	95% (F)	≥95%	▲
Other	23.0%	73% (U)	96% (F)	≥95%	▲
Total	27.0%	81% (U)	95% (F)	≥95%	▲

The Raising Healthy Kids target has been achieved for Hawke's Bay quarter four- 95 %4. This is ahead of the Ministry's timeline by 6 months. This includes equitable referral rates across ethnicities and 100% referral acknowledgement rate. Also all whānau were provided with a healthy weight plan.

WHY IS THIS INDICATOR IMPORTANT?

Obesity is the second leading risk to health in Hawke's Bay. Medium and long-term costs of not addressing obesity are very high, as obesity leads to a range of diseases with high health sector costs. A third of our population are obese; 48% and 68% for Māori and Pacific populations respectively. Childhood weight is a significant influence for adult weight and changing behaviours to increase healthy weight are more effective during childhood years. Measuring BMI at four years should provide an indicator for future obesity and health outcomes.

We are seeing the start of a slow decrease in 4 year old obesity rates and the response for whānau of obese children is equitable with 95% of Māori whānau being referred to a general practitioner for clinical assessment and 100% developing a whānau healthy eating plan with their B4 School Check nurse.

CHAMPION'S REVIEW OF ACTIVITY THAT WAS PLANNED TO SUPPORT THIS INDICATOR?

Delivered activity to support healthy weight under-fives

Activity	Outcomes
Mama Aroha training and resource provided to key community workers to support and all wāhine delivering pepe.	Mama Aroha programme delivered and resources distributed to providers and wāhine. This aligns messages for whānau
Maternal Green Prescription (GRx) delivered- target of 160 referrals with 50% of these being Māori or Pasifika.	Referrals met targets.
Gestation Diabetes management- 100% of pregnant women with gestational diabetes are screened and 75% engaged with support.	Screening targets have been met and the support exceeded 94%.
"Health First Foods" programme delivered via Well child and Tamariki Ora providers.	120 whānau engaged in the sessions (66% Māori). Recipes cards have been developed and are being distributed
Active Families Programme, target of 40 referrals and 50% of these being Māori or Pasifika.	Targets exceeded.

1 6 months to September 2015

2 6 months to February 2017

3 6 months to May 2017

4 The table above is the reported data to the Ministry of Health for quarter 4

Activity	Outcomes
Healthy Conversation Tool developed and trialled in B4 School Checks	Implemented, including whānau input into design and training for nurses to implement. Initial feedback is very positive.
Insector forum establish to support healthy weight leadership and activity across sectors	Forum is established, member are implementing activities to be role models as employers. Map developed to provide oversight of current impact and delivery. Also an advisory group has been establish to support the healthy sector implementation of the Best Start Plan.

These programmes have been newly develop or implemented (in the last 18 months) and as part of their design, Māori consumers have been involved and there are clear targets for engaging Māori consumers set and monitored.

CHAMPION'S REPORT OF ACTIVITY THAT WILL OCCUR TO INCREASE PERFORMANCE OF THIS INDICATOR?

Next steps

- Increase the volumes for Active Families under 5 to meet demand created via the national Target and support earlier engagement (2 and 3 year olds) in Active Families.
- Complete evaluations and work with Advisory Group to action recommendations to support continuous improvement
- Engage with early childhood education (ECE) sector to design resources to support healthy weight environment and learning for whānau engaged in ECE.
- Find further opportunities to support healthy weight messages via services with existing relationships with whānau
- Continue to monitor contract targets and national Target
- Investigate opportunities to follow up children identified in 98th percentile of weight at their B4 School Check. Ensure this align with the national evaluation process.
- Identify measurement points for children over 5, to support monitoring of the impact of programmes i.e. school, sport clubs and environmental changes
- Continue to develop the intersector relationships

RECOMMENDATIONS FROM TARGET CHAMPION

Key Recommendation	Description	Responsible	Timeframe
Complete the evaluations and action based on recommendations	Take the recommendations to the Best Start Advisory Group to develop actions for improvement	Shari Tidswell	December 2017
Investigate effective measures for monitoring childhood weight post 5 years	Work with the national evaluation group to find process or tool to track children identified at B4SC and measure change.	Shari Tidswell and Best Start Advisory Group	November 2017

Key Recommendation	Description	Responsible	Timeframe
Identify a key measurement point to monitor population level childhood weight	Work with local Best Start Advisory Group to identify existing intervention points to capture weight measures for children – preferably 7 and 8 years	Shari Tidswell and Best Start Advisory Group	October 2017
Complete variations to contract to increase the volumes for Active Families Under 5	Secure additional funding from MoH Complete a contract variation	Shari Tidswell	September 2017

CONCLUSION

We will continue to work and ensure the target is met. This will be supported by the work delivered under the Best Start Plan, particularly implementing recommendations for the evaluations currently underway - which will provide guidance for improvements and development.

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

That the public now be excluded from the following parts of the meeting, namely:

20. Confirmation of Minutes of Board Meeting
    - Public Excluded

21. Matters Arising from the Minutes of Board Meeting
    - Public Excluded

22. Board Approval of Actions exceeding limits delegated by CEO

23. Chair's Update

24. National Oracle System

25. After Hours Concept

26. HB Clinical Council

27. Finance Risk and Audit Committee Report

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.

- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.

- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).