BOARD MEETING

Date: Wednesday, 27 June 2018

Time: 1:30pm

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: Heather Skipworth

In Attendance:
Dr Kevin Snee, Chief Executive Officer
Sharon Mason, Executive Director of Provider Services
Ashton Kirk, Acting Executive Director of Corporate Services
Kate Coley, Executive Director of People & Quality
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

Mintute Taker: Brenda Crene

Public Agenda

Item	Section 1: Routine	Ref #	Time (pm)
1.	Karakia		1:30
2.	Apologies		
3.	Interests Register		
4.	Minutes of Previous Meeting		
5.	Matters Arising - Review of Actions		
6.	Board Workplan		
7.	Chair's Report – Kevin Atkinson		

8.	Chief Executive Officer's Report – Kevin Snee	77	
9.	Financial Performance Report – Ashton Kirk	78	
10.	Board Health & Safety Champion's Update – Board Safety Champion	79	
	Section 2: Reports from Committee Chairs		
11.	HB Clinical Council – Co-Chairs, John Gommans / Andy Phillips	80	2:05
12.	HB Health Consumer Council – Chair, Rachel Ritchie	81	2.15
13.	Maori Relationship Board – Chair, Ngahiwi Tomoana	82	2:20
	Section 3: For Decision		
14.	Alcohol Policy Hawke's Bay Health Awards – Anna Kirk	83	2:30
	Section 4: Presentations / Discussion		
15.	Information Services Mobility Progress Update – Anne Speden	84	2:40
16.	HBDHB Youth Strategy Implementation update inclusive of Zero Fees 13-17 – Jill Garrett and Marie Beattie	85	2:50
17.	Growing our People by living our values – People Plan Kate Coley	86	3:00
18.	Implementing the Consumer Engagement Strategy – Kate Coley	87	3:10
19.	Recognising Consumer Participation - Policy Amendment – Kate Coley	88	3:15
20.	Clinical Services Plan Update – Ken Foote	89	3:20
	Section 5: Monitoring		
21.	Te Ara Whakawaiora - Oral Health (National Indicators) – Robin Whyman	90	3:25
	Section 6: General Business		
22.	**Section 7: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000		

Public Excluded Agenda

Item	Section 8: Routine	Ref #	Time (pm)
23.	Minutes of Previous Meeting (public excluded)		3.45
24.	Matters Arising – Review of Actions		
25.	Board Approval of Actions exceeding limits delegated by CEO	91	3:46
26.	Chair's Update - verbal		
	Section 9: Reports from Committee Chairs		
27.	HB Clinical Council – Co-Chairs, John Gommans and/or Andy Phillips	92	3.50
28.	Finance Risk and Audit Committee – Chair, Dan Druzianic	93	3.55

The next HBDHB Board Meeting will be held at
1.30pm on WEDNESDAY 25 July 2018

Board "Interest Register" - 24 April 2018

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 where specific legal or fiduciary conflict identified.	The Chair of FRAC	22.02.17
	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 of FRAC	26.10.17
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
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The Chair	28.03.18
Barbara Arnott	Active		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
	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	26.10.17
Dr Helen Francis	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

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
	Active	Independent Consultant	To a variety of health organisations.	Will declare at the beginning of meeting(s) if there are any projects that have anything to do with items on the agenda and will not be involved in those discussions	The Chair	26.02.18
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
	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 Hastings 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
	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
	Active	Shareholder of NZ Technologies	Technology and innovative support for businesses to grow	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed /rebranded "Whahariki 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
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 May 2018, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.40PM

PUBLIC

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

Apology -

In Attendance: Kevin Snee (Chief Executive Officer)
Members of the Executive Management Team
Drs Gommans and Phillips (as co-Chairs, HB Clinical Council)
Rachel Ritchie (Chair, HB Health Consumer Council)
Members of the public and media
Brenda Crene

APOLOGIES -l

3. INTEREST REGISTER

No changes to the interests register were advised and no board member advised of any interest in the items on the Agenda.

4. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 24 April 2018, were confirmed as a correct record of the meeting.

Moved: **Hine Flood**
Seconded: **Diana Kirton**
Carried

5. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: **Establishing Health and Social Care Localities in HB:** On Consumer agenda for July. Hine has relayed detail advised. Item closed

Item 2: **Maori and Pacific Workforce –** a) and b) work in progress; c) noted.

At their meeting on 9 May, MRB suggested the "te karere Māori Nursing Newsletter" be circulated in conjunction with the CEO's Newsletter focusing on Māori Workforce Development.

Item 3: **Te Ara Whakawaiora – Culturally Competent Workforce** – noted, remove action

6. BOARD WORK PLAN

The Board Work Plan was briefly discuss with a fairly large agenda planned at this stage for June. In the intervening weeks this is likely to adjust itself but will be reviewed nearer the June meeting. This will be closely monitored.

7. CHAIR'S REPORT

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

Name	Role	Service	Years of Service	Retired
Ruth O'Rourke	Clinical Team Leader	Communities Women & Children	43	31-Mar-18
Marilyn Duncan	District Nurse	Communities Women & Children	24	1-Apr-18
Helen Arthur	Dental Assistant	Communities Women & Children	10	31-Mar-18
Klarie de Jong	Medical Laboratory Scientist	Operations Directorate	25	1-Jun-18
Robyn Hennessy	Medical Laboratory Scientist	Operations Directorate	32	1-Jun-18

- Within the National Budget announcement, there has been an increased DHB funding nationally of $549m which is $110m more than the new funding made available in 2017/18. This is an increase of 4.34% across the country. The highest allocation of funding went to Northland and the lowest went to the West Coast. Hawke's Bay to receive $15.924m being an increase of 3.31%, compared with the average. Looking behind the figures and how they were allocated for HB, it appears they were done on the population based funding formula, and not on the census figures, as expected. What has also impacted us in HB is the low demographic adjustment which appears to be the lowest in the country, yet we have a growing Maori population within HB.
- The Letter of Expectations for the 2018/19 year had been received, with the priority areas being mental health, pubic delivery of health services, and a strong focus on improving equity in health outcomes. The Government will release 8 billion over intervening years to invest in new initiatives.
  For the 2018/19 year the focus is on:
  - Better health outcomes and increasing organ donation with DHB managing processes within (no additional funding).
  - Improving the health and wellbeing of infants, children and youth, particularly for Maori and Pacific people and those living in deprivation.
  - A focus on long term conditions, particularly diabetes.
  - Also support for the health system in response to climate change (across regions).
- Matariki governance has been up in the air as it had been advised they did not want health represented. We have since been invited to a Mayoral forum to become part of the governance group consisting of local leaders in HB.
- Additional funding of $4.8m will be rolled out by Network Z to all DHBs by 2021. This is for surgical mannequins to ensure better safety training. An excellent initiative.

8. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO provided an overview of his report. Highlighting pressure on the health system nation-wide. A lot of work and planning has been done to enable us to be winter ready.

The key concern noted was low elective surgery activity for the month of April, however of late there has been better control with fewer surgeries cancelled. Faster Cancer Treatment has been performing well. Shorter stays in ED was below plan.

The budget for the following financial year was being reviewed and management will be able to update the Board shortly

The year-to-date result for April was $3.0 million unfavourable to plan.

HR KPIs: It is acknowledged as a very real challenge to recruit Māori as we are obviously not advertising in the correct way, as the percentage of those identifying as Māori are low. Working with Patrick and team to ensure more are attracted to the DHB. It was suggested that maybe Māori need to be more proactive and go out and shoulder tap.

It had been noted by members of Māori community that senior vacancies were not always advertised internally on the DHB websites, but were with external recruitment agencies.

9. FINANCIAL PERFORMANCE REPORT

Tim Evans (ED Corporate Services) spoke to the Financial Report for April 2018.

The year-to-date result to the end of April is $3.0 million unfavourable to plan, with April $973 thousand unfavourable. The unfavourable variance for the month is mainly driven by the greater than planned use of nursing resources to cope with the high acuity and high volumes of patients.

Acute volumes and the slowdown in outsourcing reduced elective surgery in April to 78% of planned volumes, with significant reductions in outsourced (6% of plan) and Inter District Flow outflow volumes (43% of plan). On a year-to-date basis, elective surgery is at 94.8% of planned volumes, down from 96.7% to the end of March.

10. HEALTH & SAFETY BOARD CHAMPION'S UPDATE

Kate Coley discussed the Health and Safety Strategy including a real focus on reducing levels of risk around the site. To date we have delivered around 10 training programmes. Work had been undertaken on building information for easy access by staff. When contractors are on site they are advised of the location of detail and also go through an induction – rapid global monitors.

Jacoby had undertaken a Health and Safety tour of Sterile Services which she had found enlightening and worthwhile. Staff appreciated the hour long tour and dialogue.

The intent of observations by Board Champions is to provide feedback to the Board and to Kate Coley. Any actions arising will be tracked and implemented, and the Board will be advised within the Health and Safety report (quarterly) which commences in July for the Finance Risk and Audit Committee's review..

REPORT FROM COMMITTEE CHAIRS

11. HAWKE'S BAY CLINICAL COUNCIL

Dr John Gommans as co-Chair of Council spoke to the report from the Council's meeting held on 9 May 2018.

In Summary:

- Support for the scoping of an expanded CPO programme – covering conditions within the community.
- Agreed that funds for the Collaborative Pathways programme should be put on hold pending testing of the Canterbury Health Pathways by a group of GPs and Practice Nurses. The prior pathway provider was folding internationally which has forced change with a number of DHBs moving towards the Canterbury Health Pathways.
  We have time and an evaluation of this model is pending, however the challenge is ensuring integration with primary care systems.
- Received an update on the implementation of the National Early Warning Score System, ensuring adverse events were responded to appropriately. We adopted the National Programme, 11 April it was launched. A training programme will be implemented.
- Supported the National Bowel Cancer Screening Programme Roll-out – pleased to have this work moving forward.
  Action: The Board were keen to understand (through analysis), the result of lowering the age of screening to 50 years old and up for Māori and Pasifika, and what effect that may have.

We must ensure the NBSP is up and running first but in parallel scope as to what that might mean and what it would cost? A response twill be provided to the Board in July at the earliest.

- Council endorsed the development of a Kaupapa Māori Maternal Health Programme – total support first 1000 days and how we can do a different model of care. Totally supportive.

12. HAWKE'S BAY HEALTH CONSUMER COUNCIL

Rachel Ritchie, Chair of Consumer Council advised the outcomes of their meeting held 10 May 2018:

- Supported the development of a Kaupapa Māori Maternal Health Programme – discussion also around consumer centred care.
- Supported the National Bowel Cancer Screening Programme Roll-out
- Endorsed the report on The Place of Alcohol in Schools - Young people and under-age exposure. Although there was some debate, there was general understanding of what paper was trying to achieve. About putting evidence in front of schools.
- Supported the scoping of an expanded CPO programme
- Received an update on the Clinical Services Plan (CSP) – Planning for Consultation – feedback provided
- Noted the following reports provided: HB Health Sector Leadership Forum report; Best Start Healthy Eating & Activity Plan (6 Month Update; HBDHB Performance Framework Exceptions Q3 Dashboard; and Te Ara Whakawaiora - Did Not Attend (Local Indicator)

Representatives from Hutt Valley District Health Board attended this meeting as observers.

13. MĀORI RELATIONSHIP BOARD (MRB)

Heather Skipworth as Chair of MRB spoke to the meeting held 9 May 2018.

- Members supported an approach to the CEO to issue the "te karere Maori Nursing Newsletter" be distributed in conjunction with the CEO's Newsletter, focusing on Māori Workforce Development
- Received and supported an exceptional presentation on the proposed "Kaupapa Māori Maternal Health Programme" (from antenatal on). This was likened to the Nuka Model ie, taking services to culture.
- MRB are focusing intently on their strategic priorities and will present these to the Board.
- Received the paper on the Place of Alcohol in Schools and supported adoption of that paper.
- Supported the good work being done with the National bowel screening heading towards implementation, but **strongly recommended** the HBDHB lobby the MoH to lower the starter age for bowel screening to 50 years and over for Māori, as an equity issue.

14. PASIFIKA HEALTH LEADERSHIP GROUP (PHLG)

Barbara Arnott (Chair of CPHAC) who oversees the PHLG provided an overview of the meeting held 14 May. The main issue highlighted was the number one action on the Pacific Workforce Action Plan which was to "Improve the Pacific cultural capability of the workforce".

Action **Barbara to discuss with Kate Coley the potential to appoint a Pacific person to work as part of the HR team to support the current identified gap.**

FOR DECISION

15. PRIMARY CARE DEVELOPMENT PARTNERSHIP GOVERNANCE

Transitioning the current Hawke's Bay Health Alliance into a 'new' Hawke's Bay Primary Care Development Partnership has been under consideration for some time. Now that work was underway there is a desire to formalise the Partnership by 1 July 2018. A 'Short Form' Draft Partnership Agreement had been provided with the papers for discussion.

Discussion summarised:

- It was suggested that although we have so many collaborations between secondary and primary, we struggle to enthuse the primary workforce with our intentions, including collaborative co-design.
- We are trying very hard to create a platform to engage better with primary care and explain what has changed to ensure more integrative working. In primary care there is real recognition that things need to change. A lot is coming together now, including Nuka.
- There was a suggestion to flip governance on its head with NGOs at the core, as the voice of inequity comes from the people. We are missing Pasifika representation!
- The principle of doing things differently depends on the power and level of redesign where membership needs to be inclusive.
- The difference is the funding eg, pre-authorised delegated funding. Would the group be sensitive enough to drill down? Believe that those at the cutting edge can comment on "easy ways" to change and keep people out of hospital. Will this group be able to drill down enough to get to that information and skill? The people at the coal face would be the ones doing the engaging.
    - We are focusing here on the top end governance group – others are actively involved in working up. There are advisory functions feeding in to the development stage and they are taken back through until finalised.
    - Will be the potential for the boards to delegate authority to this Partnership Governance Group but they cannot delegate accountability.
- Need now to think about the level of people to put into these groups
- There was concern that change will not happen quickly enough. Need the right people, not more layers of bureaucracy. We do not want the intent of this body to be more of the same.
- Appointments are initially for 12 months with the initial key task being to review and modify the agreement.

In Summary:

- Call for expressions of interest from board members
- Kevin Atkinson will sit alongside Bayden Barber (HHB Board Chair), Kevin Snee and Wayne Woolrich on the selection Panel.
- Kevin will put out an expressions of interest via email **Action**
- The Selection Panel will recommend to the board with both boards having the final say.

RECOMMENDATION

That the HBDHB Board

1. **Approve** the proposed interim membership of the Primary Care Development Partnership Governance Group, based on the Draft Partnership Agreement.
2. **Call for expressions of interest** for the nine core membership positons on the Governance Group for the first 12 months from 1 July 2018
3. **Appoint** the Chair's and CEOs of HBDHB and Health Hawke's Bay Ltd as an 'appointments panel' to recommend an appropriate mix of appointments, in accordance with the process set out in this report.

Adopted

PRESENTATIONS / DISCUSSION

16. NATIONAL BOWEL SCREENING ROLL-OUT

Work was well underway to go-live with Bowel Screening in Hawke's Bay commencing in October 2018. Dr Guy Vautier (Gastro and Endoscopic Physician and clinical lead for the national bowel screening programme) was in attendance to speak to the paper. In support were Claire Caddie (Service Director) and Lynda Mockett (Project Manager).

The paper provided to the board gave a flavour of the areas that are being prioritised to make a success of this new, life-saving service.

The eligible population for this testing are those in the HB community between 60-74 years of age. This is not a two tier system, the same applies for all.

The numbers within the HB community being contacted in this rollout include for the 60+ age group include:

Other:	23,160
Māori:	3,550
Asian:	700
and Pacific:	430

Prior to go live we need to demonstrate we have the procedures in place, can deal with screening, and be sure there is no backlog. There is an expectation we will achieve targets.

Board members expressed concerns about the age group and the ethnic minority groups not receiving equity or focus. It comes back to rationing and resources. Dr Vautier can see this changing but at the moment this is what we have. Dr Vautier applauded lobbying to lower the bowel screening to 50 years and over, to ensure bowel issues were not picked up too late.

A lot has been invested in the new building (on site) which is very impressive. There is no plan at the moment to do Saturday work and twilight lists.

Sharon Mason indicted that, over the past three months, the number of referrals have doubled, ahead of screening! With this extra workload we would expect to be back on track by Quarter two 2018/19.

Action: **A tour of the Bowel Screening Facility will be factored in to the day of the 29 August board meeting.**

RECOMMENDATION:

It is recommended that the HBDHB Board

1. **Note** the contents of this report
2. **Continue to support** the planning, establishment and implementation of the National Bowel Screening Programme at HBDHB as set out in the contract agreement with MoH.

Adopted

17. THE PLACE OF ALCOHOL IN SCHOOLS – YOUNG PEOPLE AND UNDER-AGE EXPOSURE

Rachel Eyre (Medical Officer of Health) and Rowan Manhire-Heath (Population Health Advisor) were in attendance advising the report seeks to increase the number of alcohol-free settings, to reduce under-age exposure to alcohol consumption and shift attitudes towards alcohol in the wider population. To put this report into context the Board endorsed an alcohol harm statement November 2016. Big priority for DHB.

This has been a comprehensive piece of work across the spectrum and is only one component of the "bigger picture". The purpose of the discussion is to socialise that alcohol and schools do not mix. Why are we making big issue out of this – because HB has a high hazardous rate for young

people drinking? Our hazardous drinking is not reducing in HB. By challenging alcohol licencing applications, other DHBs have found the high level of applications were not now coming forward in their regions. HBDHB are focusing intently on the licencing area.

We want to see schools leading by example and providing guides to their students by not including alcohol in any fundraising activity

The District Health Board has a vision that schools in Hawke's Bay are recognised as significant spaces where the best interests of children are a primary consideration and that they embrace their responsibility to create healthy and safe environments for children and communities by choosing to be alcohol-free.

Feedback summarised:

- Fully supported and delighted with the approach.
- Would like to see Māori making presentations and getting the word out to trustees on smoke free, no alcohol, choose water and problem gambling!
- Plan to go softly with the schools with feedback coming through and hopefully have them share their school alcohol policies.
- Health Awards survey, with a paper due to go to the Board in July.
- Small step to tackle a very big issue.

Following consideration, the Board adopted the report and summary.

18. PLAN TO DEVELOP KAUPAPA MAORI MATERNAL HEALTH PROGRAMME

Patrick LeGeyt provided overview, stating this is all about bringing services to culture. This responds to a question raised by board member Jacoby Poulain several months back.

The project, currently in the conceptual stage is being led by a steering group with expertise and experience in maternal and child health, Māori approaches to health and service delivery, and equity. The intent of the programme is to overcome barriers to access maternal health care, eliminate inequities in maternal and child health, and improve maternal and child health outcomes. The paper outlined the approach to develop the programme, and identified key actions and timeframes to deliver it.

In addition discussions included:

- Important to communicate this properly and not just given pregnant mothers a pamphlet. In response, a Navigator gets in touch with wahine and takes care from that point forward.
- Ultimately end game will see this Programme run by our community
- It was noted that 50% of births in Hawke's Bay are Māori.

Following consideration, the Board adopted and approved the implementation and next steps.

19. COLLABORATIVE PATHWAYS UPDATE

Pathways need to continue as they are an integral component of other system-wide programmes of work, especially when seeking to establish a more integrated and collaborative approach of care. The cross-sector co-creation of pathways brings great value in fostering relationships.

After general discussion, the following recommendation was adopted.

RECOMMENDATION

That the HBDHB Board note that Management:

1. **Commence** robust discussions with Chief Executive Streamliners on the transitional and permanent adoption of Health Pathways
2. **Review** the budget lines for 2018/2019 to disinvest temporarily some of the Pathway budget ($233,092) but excluding HBDHB FTE as it is necessary to keep employment status due to the historical knowledge of the programme, and reinvest temporarily into the development process of e-referrals and/or winter planning aligning with CPO initiatives.

Adopted

20. CLINICAL SERVICES PLAN – PLANNING FOR CONSULTATION

Ken Foote the Project Lead for the CSP, advised the final Integrated Workshop was to take place on 31 May. The first draft of the CSP would be received in June.

The focus of the report provided was on consultation process taking place in August and the early part of September. Ken sought board advice to assist with the development of a plan for the consultation/engagement phase of that process?

Action **Board members would provide feedback directly to ken.foote@hbdhb.govt.nz, with a reminder sent at the end of the following week.**

MONITORING

21. BEST START HEALTHY EATING AND ACTIVITY PLAN UPDATE

Shari Tidswell, Intersector Development Manager

The Best Start Plan continues to make progress, with Councils and employers incorporating healthy eating in their settings and work happening with key community partners to deliver more programmes that support healthy weight. A small reduction was noted in the number of obese children. Work has been completed to identify a new measurement point for child weight (not BMI), which will allow us to measure the impact of this Plan and other activity on a child's healthy weight.

The Board noted the content of the report and endorsed the next step recommendations
Look forward to future progress reports.

22. TE ARA WHAKAWAIORA – IMPROVING FIRST SPECIALIST APPOINTMENT ACCESS
(formerly Did not Attend)

The results are positive, with Access to First Specialist Assessment continuing to improve. This includes seeing the DNA rate for the total population tracking under the target DNA rate of 7.5 percent. Although the rates for Māori and Pacific are improving, there are still persistent disparities for these groups to be addressed. The report provided a pathway forward to improve on the gains already made.

The report was noted including the recommendations from the Target Champion.

23. HUMAN RESOURCE KPIs Q3 (Jan-Mar 18)

Kate Coley was not in attendance for this paper. There had already been some discussion around Maori Workforce but noted that progress was slow for the Maori representation target (2017/18) of 15.68%, with 14.68% identifying as Maori at 31 March 2018.

Raised there had been 27 resignations in the three months and were keen to reflect on exit interview information received. It was noted that resignations occur for varying reasons and includes locums, with a high level employed.

Action **Detail on how the organisation plans to achieve the percentage of Maori recruitment was requested. Detail sought by Ngahiwi Tomoana**

A tool kit was noted for managing annual leave (Tracy Patterson had developed).

24. HBDHB PERFORMANCE FRAMEWORK EXCEPTIONS REPORT Q3 (Jan-Mar 18) and the HBDHB NON-FINANCIAL PERFORMANCE FRAMEWORK DASHBOARD Q3

- Both reports were taken as read and not discussed

25. HBDHB QUARTERLY PERFORMANCE MONITORING DASHBOARD Q2 (Oct-Dec 17)

Provided by the Ministry of Health

- No comment was provided for Diabetes services results. Sharon Mason was not sure why and would follow up **Action**

GENERAL BUSINESS

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

RESOLUTION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board

Exclude the public from the following items:

27. Confirmation of Minutes of Board Meeting - Public Excluded
28. Matters Arising from the Minutes of Board Meeting - Public Excluded
29. Board Approval of Actions exceeding limits delegated by CEO
30. Chair's Update
31. Annual Plan Prioritisation Workshop Outcomes from 16 May 2018
32. HB Clinical Council
33. Finance Risk and Audit Committee

Moved: **Helen Francis**
Seconded: **Dan Druzianic**
Carried

The public section of the Board Meeting closed 4.05pm

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	24/4/18 30/5/18	**Maori and Pacific Workforce:** a) Note other comments raised by Barbara Arnott during this discussion (on page 6 of the minutes). b) Discussion about recruiting a Pacific person to fill the gap. May be achieved through attrition in the Human Resources area.	Barbara Arnott to speak with Kate Coley		
2	30/5/18	**Bowel Screening in HB** Following MRB's recommendation, the Board are keen to understand (through analysis), the result of lowering the age of screening to 50 years old and up for Maori and Pasifika and what effect that may have. Ensure NBSP is up and running first but in parallel scope as to what that might mean and cost. A response will be provided to the board (in July at the earliest). A tour of the Bowel Screening Facility will be factored in to the day of the 29th August Board Meeting.	Chris Ash / Lynda Mockett Admin	July Aug	Included on the workplan for July Included on workplan and noted by Project Manager
3	30/5/18	**Clinical Services Plan – Planning for Consulation:** Board members to provide feedback diretly to ken.foote@hbhdb.govt.nz, with a reminder sent at the end of the following week.	Ken Foote	May/Jun	Actioned
4	30/5/18	**Human Resource (HR) KPIs** Detail on how the organisation plans to achieve the percentage of Maori recruitment was requested. Detail sought by Ngahiwi Tomoana.	Kate Coley	June	Refer to the Maori Workforce Action Plan endorsed by the Board in May 2018. The People and Quality team are working closely with the Māori Health Services to ensure that we identify multiple strategies to attract Maori to

Action	Date Entered	Action to be Taken	By Whom	Month	Status
					apply for roles and measure the converion rates of those that apply to those that are being appointed, with regular updates to be provided on a 6 monthly basis.

BOARD WORKPLAN

25-Jul-18	EMT Member	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	BOARD Meeting date
Annual Plan 2018/19 Draft (June) (DRAFT DUE TO MoH 16 JULY)	Chris Ash	11-Jul-18	11-Jul-18	12-Jul-18	25-Jul-18
Clinical Services Plan verbal update (May June **July**)	Ken Foote	11-Jul-18	11-Jul-18	12-Jul-18	25-Jul-18
Emergency Planning and Management (from Whole of Board Appraisal action plan)	Sharon Mason				25-Jul-18
Policy on Consumer Stories	Kate Coley / John Gommans	11-Jul-18	11-Jul-18	12-Jul-18	25-Jul-18
Te Ara Whakapiri Next Steps (Last Days of Life)	Kevin Snee		11-Jul-18	12-Jul-18	25-Jul-18
Health and Social Care Localities (from March Report provided) What has changed for consumers? Boar	Chris Ash			12-Jul-18	25-Jul-18
Te Ara Whakawaiora "Smokefree update" (6 monthly moved to July from May-June) - board action Nov17	Kevin Snee	11-Jul-18	11-Jul-18	12-Jul-18	25-Jul-18
Urgent Care Service Update (6 monthly **June** Dec 18) paper or **presentation** TBC	Wayne Woolrich		11-Jul-18	12-Jul-18	25-Jul-18
Finance Report (Jun)	Ashton Kirk				25-Jul-18
He Ngakau Aotea - Strategic Priorities for MRB	Patrick LeGeyt		11-Jul-18	12-Jul-18	25-Jul-18
29-Aug-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Alcohol Positon Statement INTERNAL and Strategy *for EMT consideration* (board action August 2017) **no**	Kevin Snee	8-Aug-18	8-Aug-18	9-Aug-19	29-Aug-18
Annual Report 2017/18 First Draft	ED Fin Services				29-Aug-18
Planned MRI and Fluoroscopy Equipment Replacement Programme **Detailed Business Case'**	Sharon Mason		8-Aug-18		29-Aug-18
Collaborative Pathways update (May - **Aug** - Nov) Aug include Consumer and Board	Chris Ash & Mark Peterson		8-Aug-18	9-Aug-19	29-Aug-18
Hawke's Bay District Health Board (HBDHB) Non-Financial Performance Framework Dashboard Q4 - **EMT**	Kevin Snee				29-Aug-18
HBDHB Performance Framework Exceptions Q4 Feb/May/**Aug 18** Just in time includes Maori and Pasi	Kevin Snee	8-Aug-18			29-Aug-18
HR - KPIs Q4 Apr-Jun 18 - new format - issued following EMT 21 Aug.)	Kate Coley				29-Aug-18
Matariki Regional Development Strategy and Social Inclusion Strategy update from Feb 2018 Timing TBD	Kevin Snee	8-Aug-18	8-Aug-18	9-Aug-19	29-Aug-18
MoH HBDHB Quarterly Performance Monitoring Dashboard Q3	Kevin Snee				29-Aug-18
Te Ara Whakawaiora - Access 0-4 / 45-65 yrs (local indicator)	Kevin Snee	8-Aug-18	8-Aug-18	9-Aug-19	29-Aug-18
Whole of Board Appraisal (progress against actions Nov 17) - Apr-**Aug**	Ken Foote				29-Aug-18
Finance Report(July)	ED Fin Services				29-Aug-18
HBDHB Environmental Sustainability Update	Sharon Mason				29-Aug-18
26-Sep-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Annual Plan 2018/19 - approved Minister timing open	Chris Ash	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Annual Report 2017/18 Final - issue to whom/when to be confirmed	ED Fin Services				26-Sep-18
Health and Safety: Asbestos & Hazardous Management Plans Presentation EMT FRAC for informaiton or	Sharon Mason				26-Sep-18
Establishing Health and Social Care Localities in HB (Mar 18,**Sept)** - update on activity planned Board acti	Chris Ash	12-Sep-18	12-Sep-18	12-Sep-18	26-Sep-18
Te Ara Whakawaiora - Breastfeeding (National Indicator)	Kevin Snee	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Finance Report (Aug)	ED Fin Services				26-Sep-18
31-Oct-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Te Ara Whakawaiora - Alcohol and other Drugs (National and Local Indicators)	Kevin Snee	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Cardiovascular (National Indicator)	Kevin Snee	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Did not Attend (local Indicator)	Kevin Snee	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Finance Report (Sept)	ED Fin Services				31-Oct-18
28-Nov-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May-**Nov18**)	Kevin Snee		14-Nov-18	15-Nov-18	28-Nov-18
Hawke's Bay District Health Board (HBDHB) Non-Financial Performance Framework Dashboard Q1 - **EMT**	Kevin Snee				28-Nov-18
HBDHB Performance Framework Exceptions Q1 **Nov 18** Feb 19 /May/Aug 19 Just in time includes Mac	Kevin Snee	14-Nov-18			28-Nov-18
HR - KPIs Q1 Jul-Sept 18	Kate Coley				28-Nov-18
Health Equity Report	Sharon Mason	14-Nov-18	14-Nov-18	15-Nov-18	28-Nov-18
MoH HBDHB Quarterly Performance Monitoring Dashboard Q4	Kevin Snee				28-Nov-18
Te Ara Whakawaiora "Smokefree update" (6 monthly May-**Nov**) each year Board action Nov 17	Kevin Snee	14-Nov-18	14-Nov-18	15-Nov-18	28-Nov-18
Finance Report (Oct)	ED Fin Services				28-Nov-18
19-Dec-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
People Plan (6 monthly - **Dec**, Jun)	Kate Coley	5-Dec-18	5-Dec-18	6-Dec-18	19-Dec-18
Urgent Care Service Update (6 monthly June **Dec 18**) paper or **presentation** TBC	Wayne Woolrich		5-Dec-18	6-Dec-18	19-Dec-18
Finance Report (Nov)	ED Fin Services				19-Dec-18
27-Feb-19	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Hawke's Bay District Health Board (HBDHB) Non-Financial Performance Framework Dashboard Q2 - **EMT**	Kevin Snee				27-Feb-19
HBDHB Performance Framework Exceptions Q2 Nov 18 **Feb 19** /May/Aug 19 Just in time includes Mac	Kevin Snee	13-Feb-19			27-Feb-19
HR - KPIs Q2 Oct-Dec 18	Kate Coley				27-Feb-19
MoH HBDHB Quarterly Performance Monitoring Dashboard Q1	Kevin Snee				27-Feb-19
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19**	Sharon Mason	13-Feb-19	13-Feb-19	14-Feb-19	27-Feb-19
Finance Report (Jan)	ED Fin Services				27-Feb-19
Establishing Health and Social Care Localities in HB (**Mar** 19,Sept**)** 6monthly	Chris Ash	13-Mar-19	13-Mar-19	13-Mar-19	27-Mar-19

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Chief Executive Officer's Report** 77
	For the attention of: **HBDHB Board**
Document Owner:	Kevin Snee, Chief Executive Officer
Reviewed by:	Not applicable
Month as at	19 June 2018
Consideration:	For Information

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RECOMMENDATION

That the Board

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

INTRODUCTION

The local system is under control but performance issues in a couple of critical areas remains problematic. Furthermore, we remain under financial strain as we move to the end of this financial year into 2018/19 which looks very tight financially both locally and nationally. We will set a balanced budget through delivering 2.5 percent in efficiencies from a mix of departmental savings and significant strategic programmes, which will require some investment and support to deliver in year savings with longer term more significant gains.

The health system is likely to come under greater strain through the winter as the expected increase in acute activity occurs, with the added complexity of influenza and the threat of a nurses' strike. We are likely to be on a major incident footing throughout July and August as a minimum. However, we have undertaken considerable planning to put ourselves in a good state of readiness.

On today's agenda there are a number of key issues to be addressed. Firstly, how we ensure consumers are fully involved in the development of services for them – "nothing about me without me" – with two papers to facilitate consumer engagement. Secondly, two papers about how we as an organisation act as role models in the way we celebrate success and in the way we develop our culture. Thirdly, we will update the Board on how we are progressing the development of our Clinical Services Plan, this will be a key part of our long term strategy which will come to fruition later in the year. Fourthly, improving the health of our children and young people through improving oral health and improving access to primary care services. Finally, a key enabler to the efficient and effective functioning of our organisation moving forwards is to be able to use and share information securely from a mobile platform – we will update the Board on the good progress being made.

PERFORMANCE

Measure / Indicator	Target	Month of May	Qtr to end May	Trend For Qtr
Shorter stays in ED	≥95%	91.8%	91.7%	▲
Improved access to Elective Surgery (2017/18YTD)	100%	-	93.8%	▼

Waiting list	*Less than 3 months*	*3-4 months*	*4+ months*
First Specialist Assessments (ESPI-2)	3,103	519	5
Patients given commitment to treat, but not yet treated (ESPI-5)	1,112	142	180

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%	90.9% (Apr 2017)	91.1% (6m to Apr 2017)	▲
Increased immunisation at 8 months (3 months to end of May)	≥95%	---	93.6%	▲
Better help for smokers to quit – Primary Care	≥90%	88.7% (15m to May)	---	▲
Better help for smokers to quit – Maternity **The number of events is likely to be lower than the number of births recorded in any one quarter; however until the National Maternity Record is fully operational (approx. 2020) then reporting on this indicator will be from data collected from MMPO and DHB employed midwifes and remains developmental.*	≥90%	---	75%	
Raising healthy kids (New)	≥95%	---	100% (6m to May)	▬
Financial – month (in thousands of dollars)	1,882	1,165	---	---
Financial – year to date (in thousands of dollars)	(599)	(4,325)	---	---

***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%	*16/19 = 84%*	*107/114 = 93.9%*

The issues of concern remain the same going into June, ie elective activity and Shorter Stays in Emergency Department (ED6); this is likely to remain problematic until we are through winter.

We continue to perform well in Raising Healthy Kids, Faster Cancer Treatment and Immunisation.

The year-to-date result to the end of May is $3.7 million unfavourable to plan, with May $0.7 million unfavourable.

ALCOHOL POLICY HAWKE'S BAY HEALTH AWARDS

In 2017 Hawke's Bay District Health Board (HBDHB) agreed to review its stance on providing alcohol at the health sector's annual Health Awards. In the same year HBDHB committed to taking a leadership role in reducing alcohol related harm in the community. This position was further endorsed by the Board. The Māori Relationship Board (MRB) also requested Health Award event organisers consider reviewing whether alcohol should be available at the awards evening. Following a survey of stakeholders, previous award nominees, the wider health sector and DHB staff, a report to the Board this month outlines two options, based on the survey responses, for the Board to consider regarding availability of alcohol at the awards evening.

INFORMATION SERVICES MOBILITY PROGRESS UPDATE

Mobility is seen as a key enabler; providing secure information, anywhere anytime whilst delivering significant productivity gains. This fundamental stage of this key initiative will be funded within the current Information Services operating and capital budget allocations as we optimise and enhance our services. To date we have developed and implemented the environment in-house which reduces ongoing new operational cost, and we have strategic partners in place to assist with an annualised Mobility programme of work which will be business led and governed.

HBDHB YOUTH STRATEGY IMPLEMENTATION UPDATE INCLUSIVE OF ZERO FEES 13-17

In line with The World Health Organisation's Global Strategy[1], HBDHB has made a commitment to ensure there is opportunity for the youth of their region to thrive. This support to the region's youth will realise enormous social, demographic and economic benefits. Working on a strengths based model for positive development HBDHB's Youth Strategy, inclusive of zero fees for 13-17 years, looks beyond crisis management and problem reduction. It incorporates strategies that increase young people's connection to positive supportive relationships and challenging meaningful experiences.

Under each of the five goals within the strategy a summary statement has been provided which relates to progress towards outcomes to date. Against each of the five goals, three priority actions have also been identified. Full detail of these activities is provided in the implementation plan - Appendix One. Appendix Two provides the update on the Board initiative to provide free access to the primary care team for 13-17 year olds. This programme will now become an integral part of the Youth Strategy, promoting proactive independent health seeking behaviours. Good progress has been made as we see those practices within the programme reaching a 2.5 consultation rate (2.14 was the funded rate). Utilisation rates of primary care by this cohort, however, remain a concern that needs further investigation as we see up to 60 percent of this age-group having no or minimal contact with their primary care provider.

GROWING OUR PEOPLE BY LIVING OUR VALUES – PEOPLE PLAN

Ensuring our continued success as an organisation, relies on our biggest asset – our people. Without investment in our staff and building a culture that is positive, kind, and caring, where staff feel valued, respected and supported, our ability to sustain our performance in multiple dimensions relating to quality, safety, financial and Ministry of Health targets will be compromised. There is overwhelming evidence relating to the correlation between the engagement levels of staff and the quality of care that is provided to consumers and the subsequent performance of the organisation. Those organisations with higher staff engagement tend to have lower patient mortality, make better use of resources and deliver stronger financial performance. Engaged staff are more likely to have the emotional resilience to show empathy and compassion regardless of the challenges and pressure they are under every day.

The People Plan has been developed from the feedback received (The Big Listen, Clinical Services Plan and Korero Mai) and the models and theories around improving engagement. The intent of the plan is to ultimately support and grow our staff - with a high level of satisfaction and engagement, whilst continuing to deliver high quality patient care, which in turn realises the DHB's strategic direction.

[1] United Nations Secretary General. Global Strategy for Women's, Children's and Adolescents Health 2016 - 2030

There are a number of key deliverables of the People Plan including increasing staff engagement, embedding and living our values, increasing the diversity of our workforce and ensuring better patient outcomes – person and whanau centred care. The overarching aim of the People Plan is to "Grow our People by Living our Values", thereby our staff feel trusted, valued, engaged and are skilled and well supported. The People Plan has been endorsed in principle by MRB and Clinical and Consumer Councils.

IMPLEMENTING THE CONSUMER ENGAGEMENT STRATEGY

Consumer engagement refers to a wide range of approaches where consumers are involved in planning, service delivery and evaluation of healthcare. Done well, it contributes to fostering a relationship led culture of person and whānau centred care. It supports active, ongoing partnerships, relationships and communication that benefits consumers and staff, and will ultimately transform the system. The goal of this strategy, developed by Consumer Council and MRB, is to strengthen and embed consumer participation at all levels in the health sector, ensuring consumers are active partners in their own care and how we design, deliver and improve services. It is a driver for improving experience of care, quality and safety of care, health outcomes and best value. The strategy also exists to build knowledge and educate health sector staff about the value of consumer engagement. The previous two Transform and Sustain projects relating to Consumer Engagement and Patient Experience have been merged to ensure this strategy is effectively embedded into our culture. The strategy has been endorsed by MRB and Clinical and Consumer Councils.

RECOGNISING CONSUMER PARTICIPATION – POLICY AMENDMENT

Engaging and partnering with consumers is an important part of ensuring Hawke's Bay's Health Sector meets the needs of our community. Why and how we do this has been pulled together as part of the Consumer Engagement Strategy. One of the key issues to be addressed in this strategy is how to value and recognise the contribution of consumer participation and engagement. Currently the only formal policy on this issue is contained within the policy on 'Payment of Fees and Expenses' (HBDHB/OPM/108). Essentially this policy provides for the payment of fees to Consumer Council members only, and reimbursement of justifiable expenses to stakeholders and advisors (including consumer representatives) in exceptional circumstances.

Consultation with Hawke's Bay Health Consumer Council, initial feedback from MRB, other consumer groups (including Partnership Advisory Group (PAG), EMT, Project Management Office and Finance confirmed it was appropriate to establish an organisation-wide policy that acknowledges this 'new' environment, and the desired level of engagement.

Through consultation it was agreed the three Auckland District Health Boards' "Recognising Community Participation" policy was a good starting point for how HBDHB might recognise consumer participation and the resulting implications. A significant amount of work has been completed to ensure the policy recognises the contribution of consumers, balanced against the financial parameters without creating challenges from a tax perspective. Feedback received requested more detailed provisions for recognising consumer participation. Examples of these such as Manaaki, Koha/Gifts, vouchers, support with expenses, refreshments, payments and inclusion in flu vaccinations have been included in the new policy. The policy has been fully endorsed by MRB, Clinical and Consumer Councils.

CLINICAL SERVICES PLAN

With the last of the 'input' workshops completed 31 May, Sapere are now in the process of drafting the Clinical Services Plan (CSP). This 'first draft' will initially be considered by the Executive Management Team on 4 July 2018, and subsequently by all governance groups throughout the month. A 'final draft' will be completed for wider stakeholder engagement and feedback over August and early September, with the 'final' CSP being processed through governance structures for endorsement and Board approval in October 2018.

TE ARA WHAKAWAIORA – ORAL HEALTH

Dental caries remains a significant issue for Maori, Pacific and children from low income whanau. Effective population strategies have substantially reduced the amount of dental caries in the child population, but the improvements have not been equitable and challenges remain. Early pre-school enrolment and engagement are considered a key preventive strategy to improve early childhood oral health.

This report identifies that overall our DHB enrolment has increased rapidly and overall 90.5 percent of preschool children are now enrolled. However, these figures are only 76.1 percent for Māori and 77.1 percent for Pacific, while the reported outcome is over 100 percent for Other. The outcomes, combined with work undertaken in the 2017/18 year to improve enrolled ethnicity data quality, are raising concerns that the denominator data used to calculate the enrolment may be inaccurate. The denominator data is based on census projections. Effort has largely turned to improved engagement with the whānau of enrolled preschool children. The proportion of children decay free at five years improved substantially in 2016. In 2017 there have been small gains for Pacific and Other children and a small decline for Māori. However, the gains from 2016 have been held. A wide ranging programme of work is developing around early childhood oral health with partners internal and external to the DHB. This work, and the improvement plan for 2017/18, are described in the report.

CONCLUSION

The health system remains under pressure but under control. We are laying the ground for the year ahead as we bring a number of key papers to the Board today and set our priorities and next year's budget.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report May 2018** 78 For the attention of: **HBDHB Board and the Finance Risk and Audit Committee**
Document Owner	Tim Evans, Executive Director Corporate Services
Document Author(s)	Phil Lomax, Financial and Systems Accountant
Reviewed by	Executive Management Team
Month/Year	June, 2018
Purpose	For Information

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RECOMMENDATION:

It is recommended that the HBDHB Board and Finance Risk and Audit Committee:

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

1. EXECUTIVE DIRECTOR CORPORATE SERVICES' COMMENTS

Financial Performance

The year-to-date result to the end of May is $3.7 million unfavourable to plan, with May $0.7 million unfavourable. The May variance is mainly a combination of medical vacancy cover, unachieved savings, and IDF outflows. The year-to-date variance is due to unachieved efficiencies, IDF outflows, outsourced elective surgery and radiology reads, clinical supplies and nursing resources, partly offset by the release of contingency, allied health vacancies, and the PHARMAC rebates.

Elective surgery as a percentage of the year-to-date planned volumes has fallen from 96.7% in March to 94.8% in April and 93.8% in May, reflecting acute volumes and the slowdown in outsourcing.

Forecast

The forecast has improved marginally from April, and is for a $3.1 million deficit that is $4.6 million adverse to the planned $1.5 million surplus. The impact of the nursing settlement, increased medical vacancy cover and outsourced radiology reads, together with additional nursing and allied health costs, were more than offset by the return to DHBs of unutilised PHARMAC funding, lower IDF provisions, lower implant and prostheses costs, and increased income from MOH and other DHBs.

Risks and mitigations to the forecast include:

- The assumption the DHB will not lose any MOH funding or incur any penalties as a result of not meeting the elective targets due to avoiding further outsourcing costs.
- IDF volatility could improve or deteriorate the year end forecast by an unquantifiable amount.
- No allowance has been made for impairment of the National Oracle Solution asset (finance, procurement and supply chain systems replacement);

- No allowance has been made for unidentified one-off items that could improve the forecast.
- No allowance has been made for possible additional MOH contracts that could be put in place before the end of the financial year.

2. RESOURCE OVERVIEW

	May				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)	155	873	(718)	-82.2%	(5,334)	(1,608)	(3,726)	-231.7%	(3,076)	3
Contingency utilised	500	250	(250)	-100.0%	2,055	2,750	695	25.3%	3,000	8
Quality and financial improvement	(20)	545	(565)	-103.7%	5,888	5,998	(110)	-1.8%	6,543	11
Capital spend	2,689	1,993	696	34.9%	16,621	21,918	(5,297)	-24.2%	23,920	16
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,381	2,366	(15)	-0.6%	2,325	2,335	10	0.4%	2,327	5 & 7
	CWD	CWD	CWD	%	CWD	CWD	CWD	%	CWD	
Case weighted discharges	2,901	2,488	413	16.6%	27,369	26,028	1,340	5.1%	28,386	5

The May portion and a further $250 thousand of the contingency was utilised this month. This leaves $945 thousand to be released in June.

99.8% of the Quality and Financial Improvement (QFI) required savings have a plan. 65% of expected savings have been achieved May year-to-date, in comparison to the 70% achieved in April. The shortfalls are mainly in clinical areas where high volumes and acuity have prevented the achievement of efficiencies, and in IDFs where savings through changes in referrals are difficult to achieve.

The capital expenditure plan was phased evenly across the year, as detailed project planning was not complete at the time the budget was set. The under-spend to May reflects this uncertainty in the timing of payments for building projects that make up the bulk of the underspend. Information technology has similar issues relating to the integrated communication environment (ICE) and mobility projects. The under-spend has been reducing over the last few months.

The pressure on nursing resources declined in May and is partly offset by continuing allied health vacancies. High nursing FTEs year-to-date are offset by allied health vacancies. Senior nursing vacancies earlier in the year offset the effect of high volumes over the last few months.

Case weighted discharges continued at a high level following the heavy volumes in April. The decision to reduce elective volumes has partly mitigated the increase in patient acuity and acute demand.

3. FINANCIAL PERFORMANCE SUMMARY

	May				Year to Date				Year End Forecast	Refer Section
$'000	Actual	Budget	Variance		Actual	Budget	Variance			
Income	49,168	49,204	(36)	-0.1%	508,054	508,087	(33)	0.0%	556,553	4
Less:										
Providing Health Services	24,087	23,170	(917)	-4.0%	248,237	242,109	(6,127)	-2.5%	269,884	5
Funding Other Providers	21,140	20,923	(218)	-1.0%	219,808	220,240	432	0.2%	240,593	6
Corporate Services	3,781	3,942	161	4.1%	43,765	43,653	(112)	-0.3%	48,030	7
Reserves	5	296	291	98.4%	1,578	3,692	2,114	57.3%	1,122	8
	155	**873**	**(718)**	**-82.2%**	**(5,334)**	**(1,608)**	**(3,726)**	**-231.7%**	**(3,076)**	

Income

Close to budget both for May, with pay equity reductions offset by patient travel recoveries from other DHBs, and year-to-date, with the effect of pay equity offset by Wairoa GP revenue, clinical trial and special fund revenue, income from other DHBs for IDFs and patient transport.

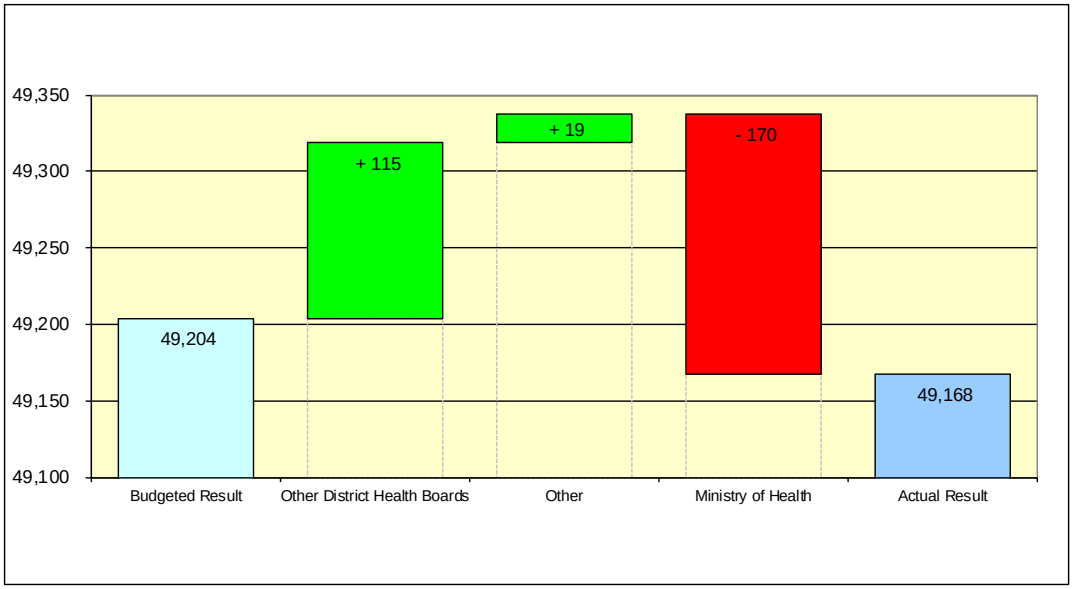
Providing Health Services
Medical vacancy cover and undelivered savings were the main contributers to the May variance. Undelivered savings, outsourced elective surgery (terminated in April), and the high use of nursing resources in April to cope with demand drive the year-to-date variance.

Funding Other Providers
Higher than budgeted IDF outflows are behind the May variance, with increased immunisation and adolescent dental costs offset by reduced pay equity costs (offset in income) and contract reviews in mental health. Year-to-date, higher than budgeted IDF outflows are more than offset by better than expected PHARMAC rebates, reduced pay equity costs (offset in income) and funding recoveries in personal health.

4. INCOME

	May				Year to Date				Year End
$'000	Actual	Budget	Variance		Actual	Budget	Variance		Forecast
Ministry of Health	45,986	46,156	(170)	-0.4%	483,307	484,439	(1,132)	-0.2%	529,851
Inter District Flows	686	693	(7)	-1.0%	7,817	7,621	196	2.6%	8,471
Other District Health Boards	448	333	115	34.4%	4,099	3,661	438	12.0%	4,436
Financing	88	74	14	18.9%	771	811	(40)	-4.9%	835
ACC	391	415	(24)	-5.9%	4,847	4,784	63	1.3%	5,248
Other Government	34	22	12	54.8%	574	392	182	46.4%	611
Patient and Consumer Sourced	123	129	(6)	-4.7%	1,050	1,277	(227)	-17.8%	1,151
Other Income	1,412	1,382	30	2.2%	5,564	5,035	529	10.5%	5,923
Abnormals	1	0	1	365.8%	26	67	(41)	-61.8%	26
	49,168	**49,204**	(36)	-0.1%	**508,054**	**508,087**	(33)	0.0%	**556,553**

Month of May

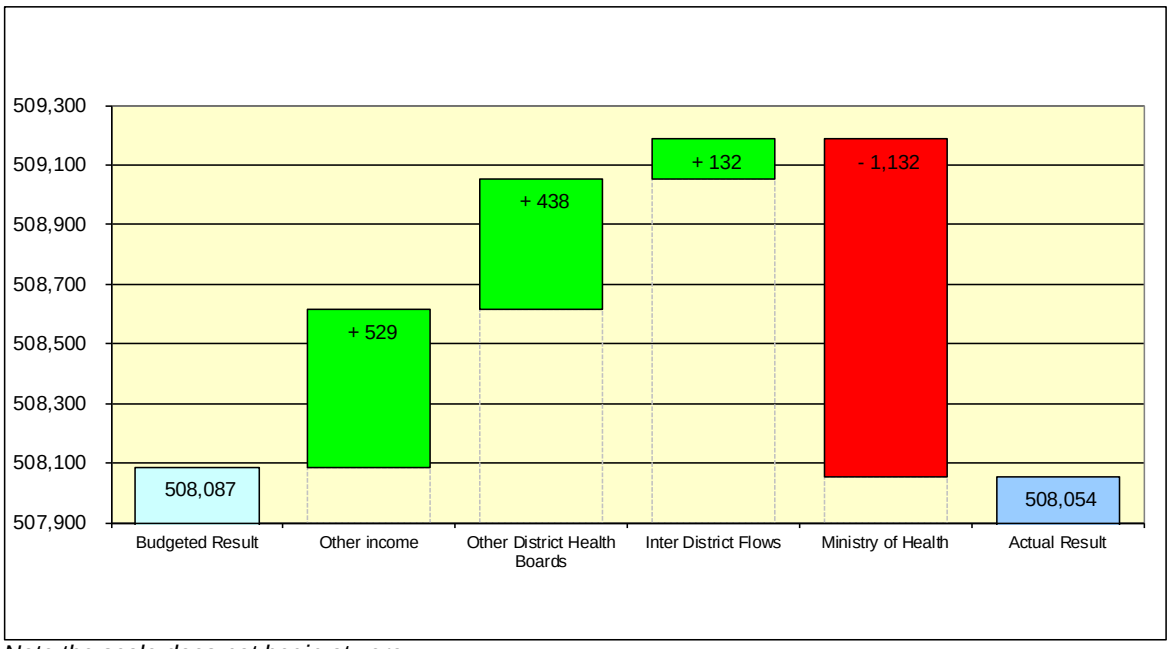


Note the scale does not begin at zero

Other District Health Boards (favourable)
Cancer drug revenue from Tairawhiti and patient travel recoveries.

Ministry of Health (unfavourable)
Reduction in expected reimbursement for pay equity. Offset by a reduction in the expected pay equity costs (see section 6).

Year to Date



Note the scale does not begin at zero

Other Income (favourable)
Special fund and clinical trial income (not budgeted) and funding for the Ngatahi programme (working together for vulnerable children and their families).

Other District Health Boards (favourable)
Mainly patient transport recoveries.

Ministry of Health (unfavourable)
Reduction in expected reimbursement for pay equity. Offset by a reduction in the expected pay equity costs (see section 6).

5. PROVIDING HEALTH SERVICES

	May				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	5,592	5,216	**(375)**	**-7.2%**	57,514	57,382	(132)	-0.2%	62,501
Nursing personnel	7,017	6,905	(112)	-1.6%	71,444	70,469	(976)	-1.4%	78,350
Allied health personnel	3,175	3,296	121	3.7%	31,434	33,615	**2,181**	**6.5%**	34,298
Other personnel	2,212	2,118	(94)	-4.4%	21,880	21,893	13	0.1%	23,922
Outsourced services	753	801	48	6.0%	9,775	7,488	**(2,286)**	**-30.5%**	10,308
Clinical supplies	3,420	3,058	**(362)**	**-11.8%**	36,874	32,146	**(4,728)**	**-14.7%**	39,479
Infrastructure and non clinical	1,918	1,775	**(142)**	**-8.0%**	19,315	19,116	(200)	-1.0%	21,027
	24,087	**23,170**	(917)	-4.0%	**248,237**	**242,109**	(6,127)	-2.5%	**269,884**
Expenditure by directorate $'000									
Medical	6,359	6,069	(290)	-4.8%	67,118	64,276	(2,842)	-4.4%	72,849
Surgical	5,161	5,205	44	0.8%	55,824	52,314	**(3,511)**	**-6.7%**	60,683
Community, Women and Children	4,165	3,838	**(328)**	**-8.5%**	40,466	39,701	(765)	-1.9%	44,053
Older Persons, Options HB, Menta	3,174	3,035	(139)	-4.6%	31,981	32,168	187	0.6%	34,919
Operations	3,432	3,335	(97)	-2.9%	35,522	35,396	(126)	-0.4%	37,862
Other	1,796	1,689	**(107)**	**-6.3%**	17,325	18,256	**930**	**5.1%**	19,518
	24,087	**23,170**	(917)	-4.0%	**248,237**	**242,109**	(6,127)	-2.5%	**269,884**
Full Time Equivalents									
Medical personnel	362.7	355.1	(8)	-2.1%	346	346	0	0.1%	345.2
Nursing personnel	965.9	933.7	(32)	-3.4%	950	926	(24)	-2.6%	923.0
Allied health personnel	475.6	489.5	14	2.8%	457	481	23	4.9%	478.9
Support personnel	141.1	137.6	(4)	-2.6%	139	137	(2)	-1.7%	136.0
Management and administration	278.2	275.0	(3)	-1.2%	269	273	4	1.6%	271.9
	2,223.5	**2,190.8**	(33)	-1.5%	**2,161**	**2,163**	2	0.1%	**2,155.0**
Case Weighted Discharges									
Acute	2,104	1,667	**437**	**26.2%**	18,937	17,695	**1,242**	**7.0%**	19,385
Elective	543	610	**(67)**	**-11.0%**	5,680	5,992	**(312)**	**-5.2%**	6,451
Maternity	167	164	3	2.1%	2,033	1,839	**193**	**10.5%**	2,000
IDF Inflows	87	47	40	84.2%	719	502	**217**	**43.3%**	550
	2,901	**2,488**	**413**	**16.6%**	**27,369**	**26,028**	**1,340**	**5.1%**	**28,386**

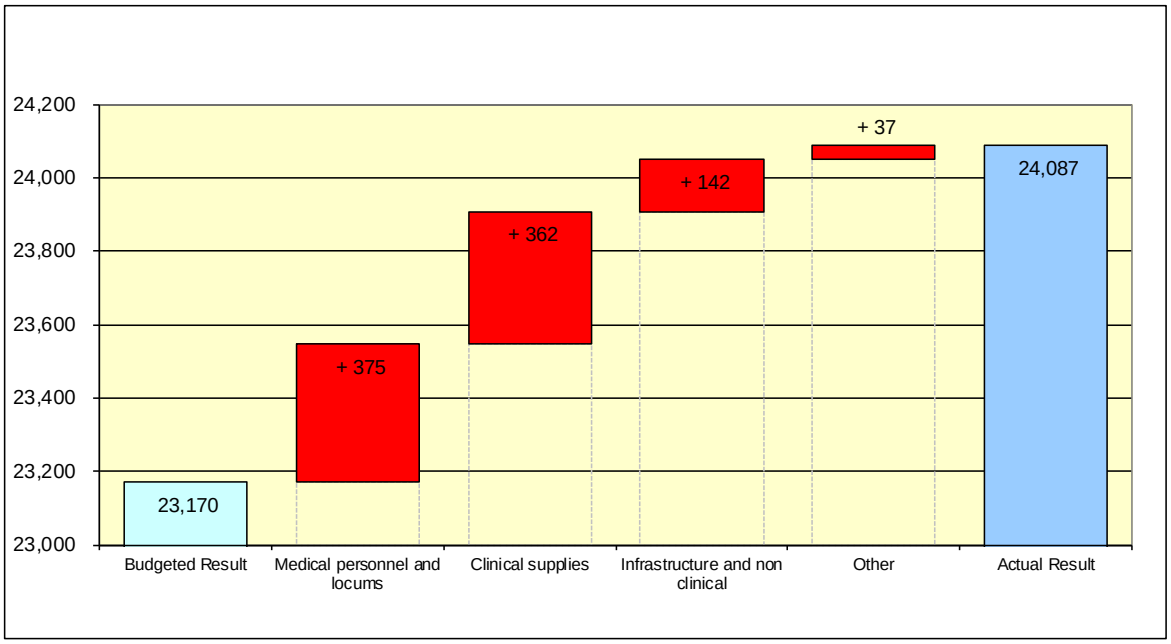
Directorates

- Surgical services – close to budget in May. Year-to-date the result reflects the cost of attempting to meet elective surgery targets both internally and externally, and the difficulty completing efficiency plans while doing so. Note that $1.375 million of the favourable variance under reserves partly offsets surgical services unfavourable year to date variance.
- Medical – medical vacancy cover and radiology reads. Year-to-date nursing costs in April, unachieved efficiencies, outsourced radiology reads, medical leave and vacancy cover, and biologics (pharmaceuticals).
- Community, women & children – medical vacancy cover, and ostomy supplies. Year-to-date, the issues experienced in April, and the non achievement of unidentified savings, were partially offset by vacancies in medical, nursing and allied health, especially in to earlier part of the year.

Case Weighted Discharges

Overall CWDs are 5.1% above plan year-to-date, with high acute demand being offset by a reduction in electives. Medical, surgical, neonatal and paediatric acutes all continue above plan, although neonates have pulled back to 19.2% from 24% above plan in April Elective surgery remains at 95% of plan.

Month of May



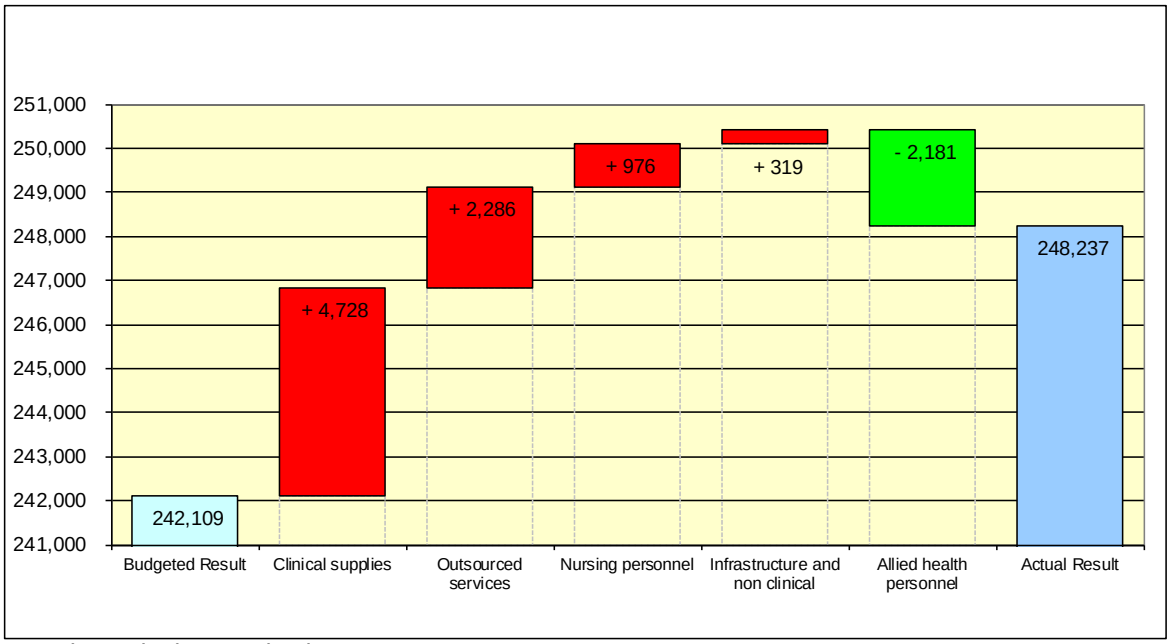
Note the scale does not begin at zero

Medical Personnel and Locums (unfavourable)
Vacancy cover.

Clinical Supplies (unfavourable)
Undelivered savings for targets not yet allocated to budgets is the bulk of the variance.

Infrastructure and non clinical (unfavourable)
Food, cleaning, uniforms, rent, outsourced security for patient watches, and Maori workforce development costs.

Year to Date



Note the scale does not begin at zero

Clinical Supplies (unfavourable)
Mainly undelivered savings for targets not yet allocated to budgets ($3.0 million). Unidentified efficiencies within Medical Services add $0.5 million to this amount. Patient travel and accommodation , biologics, continence supplies, and implants and prostheses also contribute.

Outsourced Services (unfavourable)
Mainly outsourced elective surgery to Royston, which ceased in April. After-hours radiologist services, and outsourced wisdom teeth are the other main contributors.

Nursing Personnel (unfavourable)
Predominantly the high use of nursing resources in April to cope with the volume pressure in that month. Nursing personnel costs have been increasing throughout the year as senior nurse vacancies have been filled.

Allied Health Personnel (favourable)
Vacancies mainly in psychologists, MRTs, laboratory technicians, and social workers, partly offset by Physiotherapists.

Full Time Equivalents (FTE)

FTEs are 2 (0.1%) favourable year to date including:

Nursing Personnel (-24 FTE / -2.6% unfavourable)

- High patient volumes since before Christmas, and especially high patient acuity in April are reflected in the unfavourable nursing FTE year to date position.

Allied Health Personnel (23 FTE / 4.9% favourable)

- Vacancies including psychologists, laboratory technicians, MRTs,and social workers.

Monthly Elective Health Target Report
Year to Date May 2018

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 May 2018			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	187	187	0	0.00%
	ENT	448	472	-24	-5.10%
	General Surgery	723	790	-67	-8.50%
	Gynaecology	464	525	-61	-11.60%
	Maxillo-Facial	202	191	11	5.80%
	Ophthalmology	871	1019	-148	-14.50%
	Orthopaedics	502	535	-33	-6.20%
	Orthopaedics - Major Joints	212	262	-50	-19.10%
	Skin Lesions	186	186	0	0.00%
	Urology	428	451	-23	-5.10%
	Vascular	105	168	-63	-37.50%
	Surgical - Arranged	541	495	46	9.30%
	Non Surgical - Arranged	76	12	64	533.30%
	Non Surgical - Elective	38	62	-24	-38.70%
On-Site	**Total**	**4983**	**5355**	**-372**	**-6.90%**
Outsourced	ENT	80	132	-52	-39.40%
	General Surgery	249	261	-12	-4.60%
	Gynaecology	21	0	21	0.00%
	Maxillo-Facial	48	83	-35	-42.20%
	Ophthalmology	153	98	55	56.10%
	Orthopaedics	1	0	1	0.00%
	Orthopaedics - Major Joints	91	72	19	26.40%
	Skin Lesions	2	0	2	0.00%
	Urology	40	46	-6	-13.00%
	Vascular	22	5	17	340.00%
Outsourced	**Total**	**707**	**697**	**10**	**1.40%**
IDF Outflow	Cardiothoracic	73	68	5	7.40%
	ENT	53	40	13	32.50%
	General Surgery	53	48	5	10.40%
	Gynaecology	27	25	2	8.00%
	Maxillo-Facial	113	173	-60	-34.70%
	Neurosurgery	48	75	-27	-36.00%
	Ophthalmology	35	35	0	0.00%
	Orthopaedics	44	18	26	144.40%
	Paediatric Surgery	62	76	-14	-18.40%
	Skin Lesions	37	48	-11	-22.90%
	Urology	11	7	4	57.10%
	Vascular	8	13	-5	-38.50%
	Surgical - Arranged	144	139	5	3.60%
	Non Surgical - Arranged	56	52	4	7.70%
	Non Surgical - Elective	94	109	-15	-13.80%
IDF Outflow	**Total**	**858**	**926**	**-68**	**-7.30%**
TOTAL		**6,548**	**6,978**	**-430**	**-6.20%**

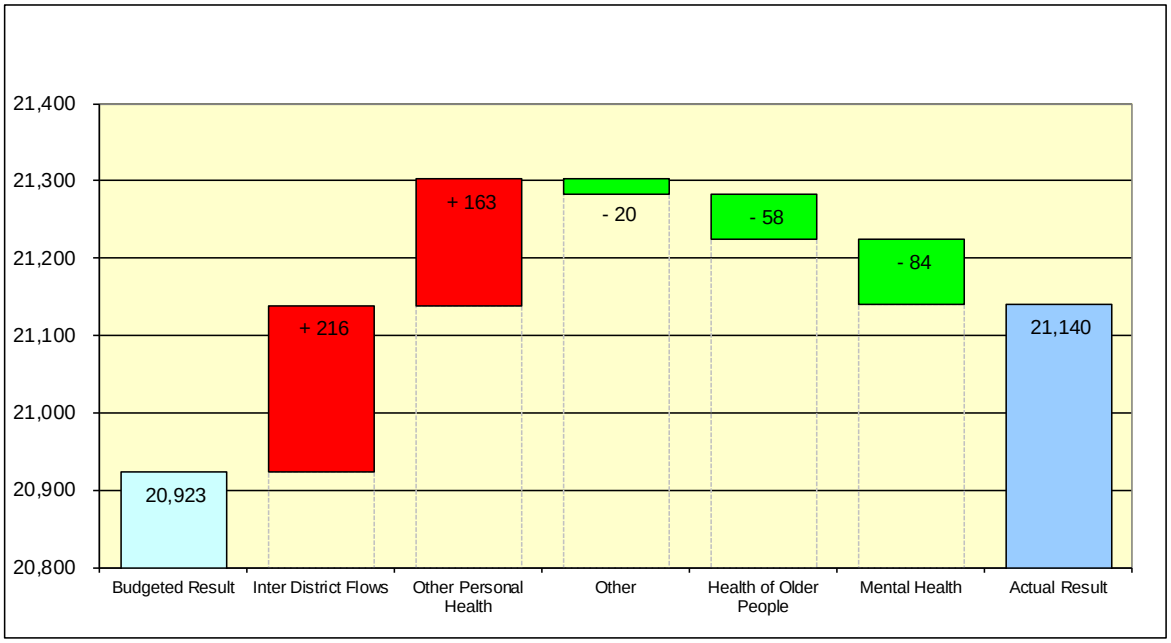
		May 2018			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	19	19	0	0.00%
	ENT	60	49	11	22.40%
	General Surgery	82	83	-1	-1.20%
	Gynaecology	42	53	-11	-20.80%
	Maxillo-Facial	26	19	7	36.80%
	Ophthalmology	76	106	-30	-28.30%
	Orthopaedics	47	55	-8	-14.50%
	Orthopaedics - Major Joints	19	30	-11	-36.70%
	Skin Lesions	18	18	0	0.00%
	Urology	35	47	-12	-25.50%
	Vascular	9	18	-9	-50.00%
	Surgical - Arranged	60	43	17	39.50%
	Non Surgical - Arranged	5	1	4	400.00%
	Non Surgical - Elective	5	6	-1	-16.70%
On-Site	**Total**	**503**	**547**	**-44**	**-8.00%**
Outsourced	ENT	0	13	-13	-100.00%
	General Surgery	0	25	-25	-100.00%
	Gynaecology	0	0	0	0.00%
	Maxillo-Facial	2	10	-8	-80.00%
	Ophthalmology	0	8	-8	-100.00%
	Orthopaedics	0	0	0	0.00%
	Orthopaedics - Major Joints	3	4	-1	-25.00%
	Skin Lesions	0	0	0	0.00%
	Urology	0	4	-4	-100.00%
	Vascular	0	0	0	0.00%
Outsourced	**Total**	**5**	**64**	**-59**	**-92.20%**
IDF Outflow	Cardiothoracic	4	7	-3	-42.90%
	ENT	4	4	0	0.00%
	General Surgery	3	5	-2	-40.00%
	Gynaecology	6	3	3	100.00%
	Maxillo-Facial	11	17	-6	-35.30%
	Neurosurgery	4	7	-3	-42.90%
	Ophthalmology	0	4	-4	-100.00%
	Orthopaedics	3	2	1	50.00%
	Paediatric Surgery	5	8	-3	-37.50%
	Skin Lesions	2	6	-4	-66.70%
	Urology	0	1	-1	-100.00%
	Vascular	0	1	-1	-100.00%
	Surgical - Arranged	6	14	-8	-57.10%
	Non Surgical - Arranged	4	5	-1	-20.00%
	Non Surgical - Elective	6	12	-6	-50.00%
IDF Outflow	**Total**	**58**	**96**	**-38**	**-39.60%**
TOTAL		**566**	**707**	**-141**	**-19.90%**

Please Note: This report was run on 8th June 2018. Skin Lesions and Avastins are reported to plan. Data is subject to change.

6. FUNDING OTHER PROVIDERS

$'000	May Actual	May Budget	May Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	3,698	3,726	28	0.8%	39,744	41,045	1,301	3.2%	43,882
Primary Health Organisations	3,021	2,978	(42)	-1.4%	33,178	33,466	288	0.9%	36,172
Inter District Flows	4,435	4,219	**(216)**	**-5.1%**	49,750	47,139	**(2,611)**	**-5.5%**	54,558
Other Personal Health	3,269	3,106	**(163)**	**-5.3%**	22,211	22,718	506	2.2%	24,335
Mental Health	827	910	**84**	**9.2%**	10,633	10,279	(354)	-3.4%	11,568
Health of Older People	5,545	5,603	58	1.0%	60,566	61,636	1,070	1.7%	66,017
Other Funding Payments	346	380	34	8.9%	3,727	3,957	**231**	**5.8%**	4,060
	21,140	20,923	(218)	-1.0%	**219,808**	**220,240**	432	0.2%	240,592
Payments by Portfolio									
Strategic Services									
Secondary Care	3,945	3,716	**(228)**	**-6.1%**	43,963	41,773	**(2,190)**	**-5.2%**	48,265
Primary Care	9,529	9,393	(136)	-1.4%	90,765	92,642	1,877	2.0%	99,595
Mental Health	1,057	1,216	**160**	**13.1%**	13,631	13,708	78	0.6%	14,886
Health of Older People	5,936	5,914	(22)	-0.4%	64,456	64,849	393	0.6%	70,235
Other Health Funding	-	33	33	100.0%	-	367	**367**	**100.0%**	-
Maori Health	544	526	(17)	-3.3%	5,673	5,547	(126)	-2.3%	6,173
Population Health	130	122	(7)	-5.9%	1,320	1,354	34	2.5%	1,438
	21,140	20,923	(218)	-1.0%	**219,808**	**220,240**	432	0.2%	240,592

Month of May



Note the scale does not begin at zero

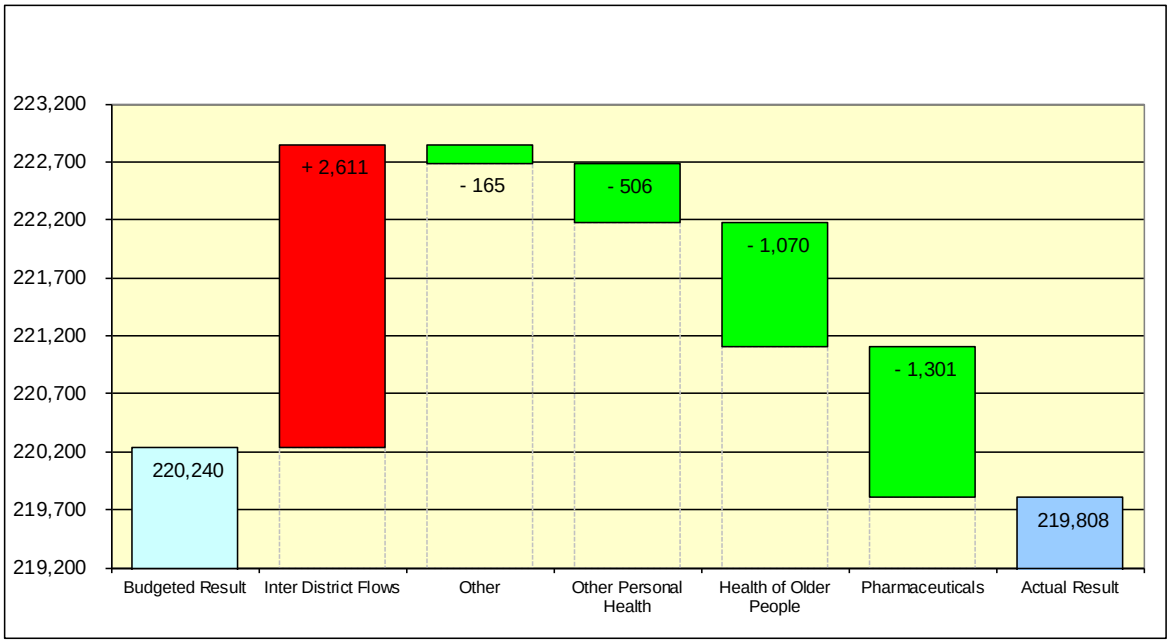
Inter District Flows (unfavourable)
Higher outflows based on MoH data and information from other DHBs. This continues the trend of high activity this year.

Other Personal Health (unfavourable)
Immunisations and adolescent dental benefits.
Health of Older People (favourable)

Ongoing reduction in the accrual for pay equity costs following updated data from MoH. Offset by associated reduction in income.

Mental Health (favourable)
Contract reviews.

Year to Date



Inter District Flows (unfavourable)
Some reduction has been achieved in IDF outflows, through management of referrals and investigation of data errors made by other DHBs. However, complex cases in neo natal services and paediatrics, and higher numbers of orthopaedic patients due to an aging population, have prevented achievement of the planned efficiencies.

Other Personal Health (favourable)
Funding recoveries.

Health of Older People (favourable)
Ongoing decrease in expected cost of pay equity following review by MoH.

Pharmaceuticals (favourable)
Higher 2016/17 wash-up and rebate than expected, and improving 2017/18 rebate.

7. CORPORATE SERVICES

$'000	May Actual	May Budget	May Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,341	1,438	97	6.8%	14,521	14,713	191	1.3%	15,793
Outsourced services	107	68	(39)	-58.2%	941	744	(197)	-26.5%	1,002
Clinical supplies	(149)	(188)	(38)	-20.4%	(545)	(653)	(108)	-16.6%	(371)
Infrastructure and non clinical	623	779	155	20.0%	8,562	9,013	451	5.0%	9,382
	1,921	2,097	175	8.4%	23,479	23,816	337	1.4%	25,806
Capital servicing									
Depreciation and amortisation	1,154	1,141	(14)	-1.2%	12,509	12,083	(426)	-3.5%	13,720
Capital charge	705	705	-	0.0%	7,777	7,754	(23)	-0.3%	8,504
	1,859	1,846	(14)	-0.7%	20,286	19,837	(449)	-2.3%	22,224
	3,781	**3,942**	161	4.1%	**43,765**	**43,653**	(112)	-0.3%	**48,030**
Full Time Equivalents									
Medical personnel	0.3	0.3	(0)	-14.2%	0	0	(0)	-1.7%	0.3
Nursing personnel	12.4	14.9	3	17.0%	13	15	2	10.4%	14.9
Allied health personnel	0.3	0.4	0	13.9%	1	0	(0)	-53.0%	0.4
Support personnel	9.4	9.2	(0)	-1.8%	9	9	(0)	-0.1%	9.1
Management and administration	134.7	150.3	16	10.4%	140	147	7	4.8%	147.0
	157.2	**175.2**	18	10.3%	**164**	**172**	8	4.9%	**171.7**

The year to date variances relates to favourable results from:

- Information Services where staff vacancies were partially covered by outsourced personnel, and planned efficiencies were more than covered by reduced data network expenditure from the treatment of ICE as capital expenditure rather than an operating lease.
- Delay in primary care project expenditure as the delivery models for care pathways and health and social networks projects are reviewed.

More than offset by unfavourable results from:

- Higher than planned depreciation resulting from a greater capitalisation of assets in 2016/17 than allowed for in the budget
- Unbudgeted special fund and clinical trial expenditure
- Recruitment and consultancy costs

8. RESERVES

$'000	May Actual	May Budget	May Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Contingency	(250)	250	500	200.0%	695	2,750	2,055	74.7%	-
Transform and Sustain resource	59	104	45	43.4%	618	1,129	511	45.3%	857
Other	196	(58)	(254)	-435.9%	266	(187)	(452)	-242.4%	266
	5	**296**	291	98.4%	**1,578**	**3,692**	2,114	57.3%	**1,122**

The $250 thousand monthly share of the contingency and a further $250 thousand were released in May bringing the total to $2.055 million. Elective surgery ($1.375 million) and CCDM ($232 thousand) were the main uses of the funds. Project timelines for the national patient flow project have been extended delaying Transform and Sustain expenditure in the near term. The “Other” category includes the devolvement of CCDM budgets to individual directorates providing health services.

9. FINANCIAL PERFORMANCE BY MOH CLASSIFICATION

$'000	May Actual	May Annual Plan	May 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	45,563	45,794	(231) U	478,041	479,076	(1,035) U	523,964	525,146	(1,182) U
Less:									
Payments to Internal Providers	25,393	24,814	(579) U	261,885	261,397	(488) U	285,680	285,232	(448) U
Payments to Other Providers	20,131	19,913	(218) U	218,799	219,231	432 F	239,583	232,848	(6,735) U
Contribution	**39**	**1,068**	**(1,028) U**	**(2,644)**	**(1,552)**	**(1,092) U**	**(1,299)**	**7,066**	**(8,366) U**
Governance and Funding Admin.									
Funding	298	298	-	3,117	3,117	-	3,393	3,416	(23) U
Other Income	3	3	-	65	28	37 F	67	30	37 F
Less:									
Expenditure	245	311	66 F	2,613	3,020	406 F	2,870	3,321	452 F
Contribution	**55**	**(11)**	**66 F**	**568**	**125**	**444 F**	**590**	**125**	**465 F**
Health Provision									
Funding	25,101	24,516	585 F	258,768	258,280	488 F	282,288	281,816	472 F
Other Income	2,587	2,398	189 F	28,940	27,974	966 F	31,512	30,654	858 F
Less:									
Expenditure	27,627	27,097	(529) U	290,967	286,435	(4,531) U	316,167	318,161	1,994 F
Contribution	**61**	**(184)**	**245 F**	**(3,259)**	**(181)**	**(3,078) U**	**(2,367)**	**(5,691)**	**3,324 F**
Net Result	**155**	**873**	**(718) U**	**(5,334)**	**(1,608)**	**(3,726) U**	**(3,076)**	**1,500**	**(4,576) U**

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	May Mgmt Budget	May Annual Plan	May 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	45,794	45,641	154 F	479,076	478,200	876 F	525,146	524,124	1,022 F
Less:									
Payments to Internal Providers	24,814	24,612	(202) U	261,397	260,189	(1,207) U	285,232	283,900	(1,332) U
Payments to Other Providers	19,913	20,000	87 F	219,231	218,804	(427) U	232,848	238,724	5,876 F
Contribution	**1,068**	**1,029**	**39 F**	**(1,552)**	**(793)**	**(759) U**	**7,066**	**1,500**	**5,566 F**
Governance and Funding Admin.									
Funding	298	274	23 F	3,117	3,018	99 F	3,416	3,294	122 F
Other Income	3	3	-	28	28	-	30	30	-
Less:									
Expenditure	311	282	(28) U	3,020	3,050	30 F	3,321	3,324	3 F
Contribution	**(11)**	**(6)**	**(5) U**	**125**	**(4)**	**129 F**	**125**	**(0)**	**125 F**
Health Provision									
Funding	24,516	24,337	179 F	258,280	257,171	1,109 F	281,816	280,606	1,210 F
Other Income	2,398	2,342	56 F	27,974	27,467	508 F	30,654	30,089	565 F
Less:									
Expenditure	27,097	26,829	(268) U	286,435	285,450	(986) U	318,161	310,695	(7,465) U
Contribution	**(184)**	**(150)**	**(34) U**	**(181)**	**(812)**	**631 F**	**(5,691)**	**-**	**(5,691) U**
Net Result	**873**	**873**	**(0) U**	**(1,608)**	**(1,608)**	**0 F**	**1,500**	**1,500**	**(0) U**

11. QUALITY AND FINANCIAL IMPROVEMENT PROGRAMME

The table below shows $5.9 million of savings have been achieved against a year-to-date target of $9.1 million.

Corporate general efficiencies are 48% of the year-to-date identified plans, down from 58% in April. The planned reduction in depreciation expense, capital charges and recruitment costs comprise virtually all of the shortfall.

Provider services general efficiencies are 73% of the year-to-date identified plans, down from 76% in April. The main services with shortfalls are Community, Women & Child, Medical Services, and Surgical Services and reflect the pressures experienced with the high acute activity.

Strategic Planning general efficiencies are at 58% of the year-to-date identified plans, down from 64% in April. IDF outflows and rest homes make up the larger part of the shortfall year to date.

Service	2017/18 Annual Savings Plans	YTD Savings Planned	YTD Savings Achieved	YTD Var	% YTD Planned Savings Achieved	% of Annual Plan Achieved YTD
Corporate	997,000	834,926	404,791	(430,136)	48%	41%
Provider Services	4,911,000	4,013,744	2,910,075	(1,103,670)	73%	65%
Strategic Planning	4,598,000	3,992,854	2,307,751	(1,685,102)	58%	50%
Strategy and Health Improvement	286,000	274,039	265,681	(8,358)	97%	92%
Grand Total	**10,792,000**	**9,115,564**	**5,888,298**	**(3,227,266)**	**65%**	**57%**

12. FINANCIAL POSITION

30 June 2017	$'000	May Actual	May Budget	Variance from budget	Movement from 30 June 2017	Annual Budget
	Equity					
149,751	Crown equity and reserves	149,394	149,751	357	(357)	149,394
(7,406)	Accumulated deficit	(12,740)	(6,081)	6,659	(5,334)	(2,973)
142,345		136,654	143,670	7,016	(5,691)	146,421
	Represented by:					
	Current Assets					
16,541	Bank	14,965	12,972	(1,993)	(1,576)	15,536
1,690	Bank deposits > 90 days	1,885	1,755	(131)	196	1,755
26,735	Prepayments and receivables	22,555	22,900	345	(4,181)	22,951
4,435	Inventory	4,306	4,411	105	(128)	4,419
625	Non current assets held for sale	625	-	(625)	-	-
50,025		44,337	42,039	(2,298)	(5,689)	44,661
	Non Current Assets					
152,411	Property, plant and equipment	156,773	159,910	3,138	4,362	160,576
1,820	Intangible assets	1,496	2,848	1,352	(323)	2,962
10,701	Investments	11,684	11,856	172	982	12,105
164,932		169,953	174,614	4,662	5,021	175,642
214,957	**Total Assets**	**214,289**	**216,653**	**2,364**	**(668)**	**220,302**
	Liabilities					
	Current Liabilities					
35,447	Payables	38,587	35,699	(2,888)	3,140	35,762
34,528	Employee entitlements	36,411	34,550	(1,861)	1,883	35,381
69,975		74,998	70,249	(4,749)	5,023	71,143
	Non Current Liabilities					
2,638	Employee entitlements	2,638	2,734	96	-	2,739
2,638		2,638	2,734	96	-	2,739
72,612	**Total Liabilities**	**77,636**	**72,983**	**(4,652)**	**5,023**	**73,882**
142,345	**Net Assets**	**136,654**	**143,670**	**7,016**	**(5,691)**	**146,421**

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 and intangible assets mainly reflect the lower than budgeted capital spend;
- Payables relates to large amounts payable on some capital projects, and income received in advance of being earned;
- Employee entitlements – see below

13. EMPLOYEE ENTITLEMENTS

30 June 2017	$'000	May Actual	May Budget	Variance from budget	Movement from 30 June 2017	Annual Budget
7,853	Salaries & wages accrued	7,726	6,881	(845)	(127)	7,756
522	ACC levy provisions	541	459	(82)	19	501
4,869	Continuing medical education	6,022	5,711	(311)	1,154	5,553
19,819	Accrued leave	20,552	19,815	(738)	733	19,883
4,103	Long service leave & retirement grat.	4,207	4,419	211	104	4,426
37,165	**Total Employee Entitlements**	39,049	37,284	(1,765)	1,883	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 BNZ. 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

Capital spend is $5.3 million behind plan year-to-date (last month $6.0 million), including the surgical expansion that is in the planning stage, the histology and education centre upgrade that is now underway, and information technology that is expected to be substantially spent by the end of the financial year.

See table on the next page.

2018 Annual Plan		*Actual $'000*	*Year to Date Budget $'000*	*Variance $'000*
	Source of Funds			
	Operating Sources			
13,625	Depreciation	12,509	12,083	(426)
1,500	Surplus/(Deficit)	(5,334)	(1,608)	3,726
9,166	Working Capital	10,154	11,565	2,661
24,290		17,329	22,039	5,961
	Other Sources			
-	Special funds and clinical trials	288	-	(288)
625	Sale of assets	-	625	(625)
625		288	625	(913)
24,915	**Total funds sourced**	**17,617**	**22,664**	**5,047**
	Application of Funds:			
	Block Allocations			
3,400	Facilities	3,209	3,290	81
3,200	Information Services	1,177	2,925	1,749
3,400	Clinical Plant & Equipment	2,998	2,940	(58)
10,000		7,384	9,156	1,772
	Local Strategic			
1,082	Renal Centralised Development	416	991	575
6,306	New Stand-alone Endoscopy Unit	7,289	5,778	(1,511)
134	New Mental Health Inpatient Unit Development	151	123	(28)
-	Maternity Services	7	-	(7)
500	Upgrade old MHIU	13	458	445
243	Travel Plan	156	223	66
1,555	Histology and Education Centre Upgrade	190	1,425	1,235
500	Radiology Extension	-	458	458
600	Fit out Corporate Building	-	550	550
3,000	Surgical Expansion	636	2,749	2,113
13,920		8,858	12,755	3,897
	Other			
-	Special funds and clinical trials	288	-	(288)
-	Other	91	7	(84)
-		379	7	(372)
23,920	***Capital Spend***	***16,621***	***21,918***	***5,297***
	Regional Strategic			
995	RHIP (formerly CRISP)	996	746	(250)
995		996	746	(250)
24,915	**Total funds applied**	**17,617**	**22,664**	**5,047**

Project Board Report

Report Period - Month	06/06/2018	**Work stream Manager:**	Trent Fairey
Work stream Name:	Gastro Facilities Work stream	**Project Manager**	Mandy Robinson
Project Name:	Gastro Phase 3 Project	**Project Sponsor**	Paula Jones
Programme Name :	Strategic Projects	**SRO:**	Sharon Mason
Project Start Date :	01/01/2015		
Planned Finish Date :	30/11/2018		

Project Status		
	Current period	Commentary
Overall	G	Project is proceeding to plan, Construction of facility is projected to deliver an operational environment in late September for service transition in October. Pressure exists on allocated budget for specialised equipment, work continues to bring this risk inside the budget. Overall construction budget is consistent with projections.
Scope	G	Various late changes have been requested by the Gastroenterology and Surgical service teams, the majority of minor requests have been accommodated. Major changes have been rejected to keep the project within budget and as per the signed off design drawings.
Time	G	GEMCO Construction are scheduled to deliver the completed building late August 2018, Commissioning and installation of medical devices and services planned for September with the completed building set for handover to the Gastroenterology service in the month of October.
Financial	A	Specialist Clinical Equipment budget is currently over allocated due to increases in complexity and quantity of devices required. Facilities team working with clinical team to reduce scope of equipment.
Quality & Safety Risk	Not Set	

Financial Tracking						
Type	Total Approved Budget	Actuals to Date	% Total Actuals vs Budget	Total FY Forecast Spend	Total FY Actuals To Date	% FY Actuals vs Forecast
Capex	$13,103,000.00	$9,844,986.00	%75.1	$0.00	$7,289,013.00	%0.00
Commentary						
Specialist Clinical Equipment budget is currently over allocated due to increases in complexity and quantity of devices required. Facilities team working with clinical team to reduce scope of equipment.						

Key Milestone Tracking (stage decision gates / baseline management products / project lifecycle)						
Ref No	Description	Baseline Completion Date	Forecast Completion Date	Actual Completed Date	Milestone Status	Variance Commentary
MS_01	Review current design and test various screw piles for different site locations	28/02/2017	20/01/2017	04/03/2017	Closed	
MS_02	Develop site specific safety plan for GEMCO construction	31/03/2017	27/03/2017	25/03/2017	Closed	
MS_03	Removal of all existing ground, replacement with engineered raft and screw piles	31/05/2017	30/03/2017	07/04/2017	Closed	
MS_04	Construct foundation beams and associated raft to encompass screw pile arrangements	31/07/2017	21/07/2017	11/08/2017	Closed	
MS_05	Design, construct and erect structural steel framework of level G and Level 1	29/09/2017	06/10/2017	19/10/2017	Closed	
MS_06	Design and construct pre-cast concrete sections of Ground and level 1, install, beams, reinforcing and pour top slabs to complete structural membrane.	30/11/2017	30/11/2017	17/11/2017	Closed	
MS_07	Install Roof materials , design and install wall cladding including window units to create a waterproof envelope	30/03/2018	30/03/2018	23/03/2018	Closed	
MS_10	Commission all building services to the relevant NZ and Australian standards	31/07/2018	-	-	On track	
MS_08	Complete internal fit out of all building services	31/07/2018	31/07/2018	-	Closed	
MS_09	Complete the design, installation and commission of specialist FF&E equipment	31/08/2018	31/08/2018	-	On track	
MS_11	Internal sign off of all services from HBDHB engineers, approval from HDC to proceed with occupation for training and orientation	31/08/2018	-	-	On track	

MS_12	Training of Medical staff in new facility, planning for soft start to facility	28/09/2018	-	-	On track	
MS_13		31/10/2018	-	-	On track	

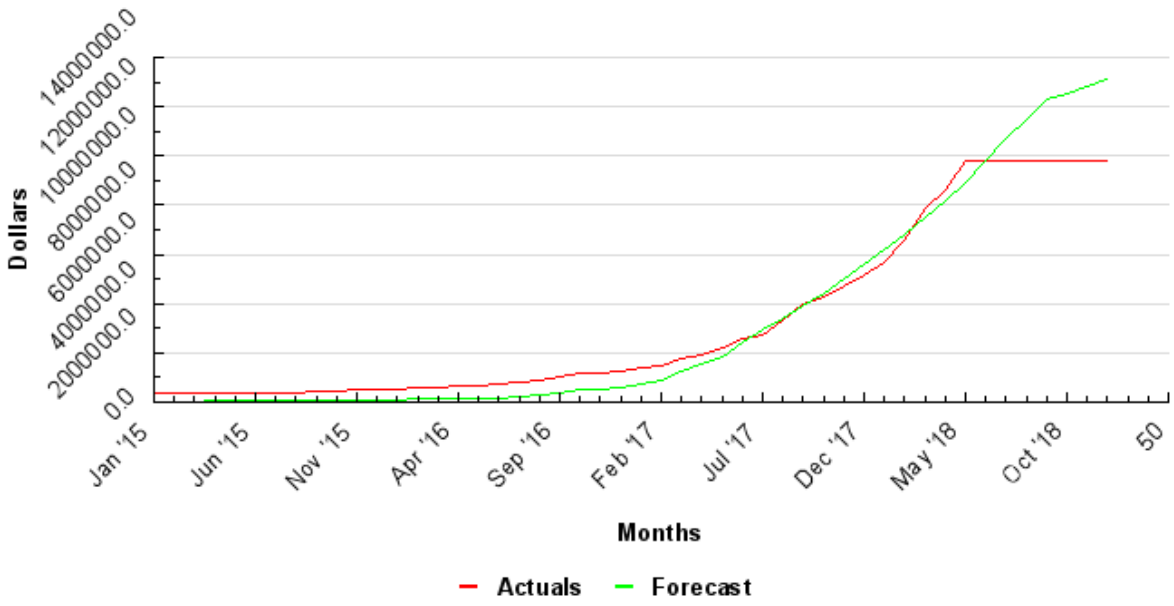
Key Achievements This Period	**Key Activities Next Period**
Roof and exterior cladding installations continue with the completion of all roof sections and exterior steel cladding. All services 1st installation complete, 2 fix of services have been completed in sections of ground floor. Ground floor completion date continues to plan with early handover to the HBDHB of this section planned for early August 2018. All trades are proceeding to programme, revised programme has been agreed providing the completed building in September 2018 with operational activity planned from October 2018. Link bridge procurement process currently under development, engagement with GEMCO construction will begin in July for construction through the Spring period, opening of the link bridge is planned for Early 2019.	Completion of internal wall linings and services 2nd fix for both levels. Installation of lift and services. Completion of external metal and aluminium cladding.

Key Issues

Ref No	Title & Description	Owner	Impact Rating	Resolution	Resolution Date
No issues for attention this reporting period					

Key Risks

Ref No	Title & Description	Owner	Current Rating	Treatment Plan
R_02	Specialist Equipment Costs Specialist equipment costs exceed identified budget.	Trent Fairey	High	Remove from project budget to Facilities budget for 2018/2019
R_01	FF&E Integration of 3rd party fittings and equipment is delayed due to overseas vendor delay	Trent Fairey	High	Ensure early engagement with vendors to ensure timely delivery.


Dollars
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50
Months
Actuals
Forecast

Project Board Report

Report Period - Month	May 18	**Work stream Manager:**	Trent Fairey
Work stream Name:	Surgical Expansion Facilities Work stream	**Project Manager**	Janet Heinz
Project Name:	Surgical Expansion Project	**Project Sponsor**	Rika Hentschel
Programme Name :	Strategic Projects	**SRO:**	Sharon Mason
Project Start Date :	30/09/2016		
Planned Finish Date :	30/09/2020		

Project Status

	Current period	Commentary
Overall	G	Theatre Block design is proceeding to well to the revised plan, concept design has been accepted and signed off after an extensive design period. All design consultants have been appointed to the project and continue to support the architectural progress of the design team. Pre-Admissions, Theatre to Endoscopy Link Bridge and Level 1 shared services of the endoscopy build are progressing into construction phase. All 3 projects which form critical milestones to the project are tracking well and will deliver to complete the relocation of services in early 2019.
Scope	G	Design scope is currently contained as per the original business case.
Time	G	Change request CR-01 has been approved which pushes out go-live by approx. 6 months due to the design process and milestone and dates have been reset in alignment with this. Adjusted timeline will deliver full capacity in mid-2020.
Financial	G	Concept design cost checks have been completed and are in line with expectations. Initial checks indicate a 3-4% increase in total cost estimate. This will be monitored throughout the next phase and corrected with scope reduction if exceeding 5% of total project estimate. Construction cost escalations for the first quarter has exceeded nationwide escalation estimates by 5% the majority of these costs are attributed to a 9% steel increase.
Quality & Safety Risk	G	Design and engineering consultants are reviewing the construction schedule to ensure building works are phased in a way that keeps the construction site safe.

Financial Tracking

Type	Total Approved Budget	Actuals to Date	% Total Actuals vs Budget	Total FY Forecast Spend	Total FY Actuals To Date	% FY Actuals vs Forecast
Capex	$12,000,000	$635,692	5.30%	$673,862	$673,862	100%
Opex	$656,146	$25,668	3.91%	$127,322	$25,668	20.16%

Commentary

Concept design cost checks have been completed and are in line with expectations. Initial checks indicate a 3-4% increase in total cost estimate. This will be monitored throughout the next phase and corrected with scope reduction if exceeding 5% of total project estimate. Construction cost escalations for the first quarter has exceeded nationwide escalation estimates by 5% the majority of these costs are attributed to a 9% steel increase.

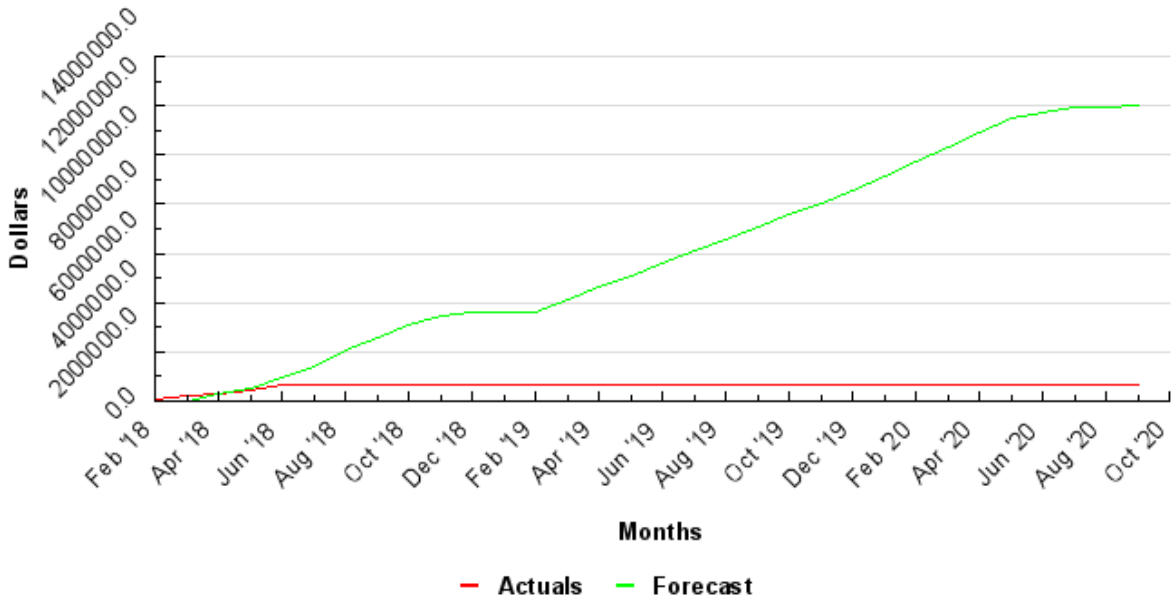
Key Milestone Tracking (stage decision gates / baseline management products / project lifecycle)						
Ref No	Description	Baseline Completion Date	Forecast Completion Date	Actual Completed Date	Milestone Status	Variance Commentary
MS_01	Completion of Concept design for Approval	10/04/2018	10/04/2018	13/04/2018	On track	
MS_02	Preliminary design of Pre & Post-op completed for approval	06/06/2018	06/06/2018	-	On track	
MS_03	Developed Design Pre & Post-op and CSSD completed for Approval	31/08/2018	-	-	On track	
MS_04	Detailed Design document for Theatre Block completed for Building Consent Issue	30/11/2018	-	-	On track	
MS_05	Detailed design completed for Tender Issue	17/12/2018	-	-	On track	
MS_06	Tender submissions completed and accepted	31/01/2019	-	-	On track	
MS_07	Negotiated tender completed and paper submitted to Board agenda	15/02/2019	-	-	On track	
MS_08	Submission to Board accepted	27/02/2019	-	-	On track	
MS_09		18/03/2019	-	-	Behind plan	

Key Achievements This Period	Key Activities Next Period
Completion of concept design for CSSD, preliminary design for theatre 8 and the pre and post-operative area. Stress testing of proposed development indicates capacity to support up to 10 operating theatres. Appointment of all engineering consultants to agreed timeline as indicated in this reports milestone section. Discussions on procurement strategy for a competitive negotiated contract.	Sign off of preliminary design and commencement of developed design for pre and post-operative area and alignment of CSSD design phases. Concept design for Villa 3 refurbishment and relocation of Anaesthetist office.

Key Issues					
Ref No	Title & Description	Owner	Impact Rating	Resolution	Resolution Date
No issues for attention this reporting period					

Key Risks				
Ref No	Title & Description	Owner	Current Rating	Treatment Plan
R_33	**build-ability of construction works** If the build-ability of building works proves to be difficult in the Periop environment then this could lead to delays and extend the duration of the building works	Trent Fairey	High	Project team is actively working on the staging of the building works to ensure that business as usual (BAU) can continue during the build. However it will not be until we award the tender and finalise the construction phasing that we will have certainty of the construction schedule and the risks associated.
R_35	**Phasing of the construction work** If the construction works don't allow the Periop unit to continue business as usual	Janet Heinz	High	Project team is doing detailed panning for this work to understand how the impact on BAU can be minimised. The change control process will be used to manage any required changes to the program to ensure the build runs smoothly with the least disruption to theatre

	(BAU) throughout the build program due to the majority of construction work happening during business hours then this may cause disruptions to which could result in theatre sessions being cancelled			schedules/ budget/ timeline. High level discussions are being had with Royston so that both hospitals can support each other's build.
R_12	**Out Patient Clinic capacity** If Out Patient Clinic capacity issues are not resolved then patient flow could halt which could result in delays in seeing patients for both FSA's and follow ups	Janet Heinz	High	Project Team has commenced Space planning work i.e. patient volume forecasting and design brief. Once developed options will be presented to steering group to agree the preferred solution before progressing to the next stage.



16. ROLLING CASH FLOW

	Actual	May Forecast	Variance	Jun Forecast	Jul Budget	Aug Budget	Sep Budget	Oct Budget	Nov Budget	Dec Budget	Jan Budget	Feb Budget	Mar Budget	Apr Budget	May Budget
Cash flows from operating activities															
Cash receipts from Crown agencies	43,558	44,207	(649)	48,056	44,251	43,524	52,345	44,691	48,101	44,589	45,628	47,740	44,733	44,636	47,699
Cash receipts from revenue banking	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from donations, bequests and clinical trials	24	-	24	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	2,653	427	2,226	434	440	446	440	505	447	445	471	477	471	471	477
Cash paid to suppliers	(24,765)	(25,529)	764	(25,106)	(26,481)	(25,038)	(28,336)	(29,863)	(26,367)	(25,832)	(26,002)	(23,297)	(26,251)	(26,154)	(25,017)
Cash paid to employees	(18,370)	(16,482)	(1,888)	(16,849)	(15,532)	(20,705)	(15,683)	(15,901)	(18,879)	(15,325)	(23,374)	(16,233)	(16,077)	(16,356)	(19,166)
Cash generated from operations	**3,099**	**2,623**	**476**	**6,536**	**2,678**	**(1,773)**	**8,767**	**(567)**	**3,302**	**3,878**	**(3,277)**	**8,688**	**2,877**	**2,596**	**3,993**
Interest received	88	64	24	64	64	64	64	64	64	64	64	64	64	64	64
Interest paid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital charge paid	(705)	-	(705)	(4,126)	0	0	0	0	0	(3,826)	0	0	0	0	0
Net cash inflow/(outflow) from operating activities	**2,482**	**2,687**	**(205)**	**2,473**	**2,742**	**(1,709)**	**8,831**	**(503)**	**3,366**	**116**	**(3,213)**	**8,752**	**2,941**	**2,661**	**4,057**
Cash flows from investing activities															
Proceeds from sale of property, plant and equipment	-	-	-	(0)	-	-	-	-	-	625	-	-	-	-	-
Acquisition of property, plant and equipment	(2,326)	(3,092)	765	(2,813)	(2,566)	(2,566)	(2,566)	(2,566)	(2,566)	(2,567)	(1,839)	(1,839)	(1,839)	(1,839)	(1,839)
Acquisition of intangible assets	(362)	(25)	(337)	(496)	(154)	(154)	(154)	(154)	(154)	(154)	(154)	(154)	(154)	(154)	(154)
Acquisition of investments	-	-	-	(249)	-	-	(249)	-	-	(249)	-	-	(249)	-	-
Net cash inflow/(outflow) from investing activities	**(2,689)**	**(3,117)**	**428**	**(3,558)**	**(2,720)**	**(2,720)**	**(2,968)**	**(2,720)**	**(2,720)**	**(2,344)**	**(1,993)**	**(1,993)**	**(2,241)**	**(1,993)**	**(1,993)**
Cash flows from financing activities															
Proceeds from equity injection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Repayment of finance leases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equity repayment to the Crown	(357)	-	(357)	(357)	-	-	-	-	-	-	-	-	-	-	-
Net cash inflow/(outflow) from financing activities	**(357)**	**-**	**(357)**	**(357)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net increase/(decrease) in cash or cash equivalents	(564)	(430)	(134)	(1,443)	23	(4,429)	5,862	(3,223)	647	(2,228)	(5,206)	6,759	700	668	2,065
Add:Opening cash	17,415	15,423	1,992	16,850	15,408	15,430	11,002	16,864	13,641	14,288	12,060	6,854	13,613	14,313	14,981
Cash and cash equivalents at end of period	**16,850**	**14,993**	**1,857**	**15,408**	**15,430**	**11,002**	**16,864**	**13,641**	**14,288**	**12,060**	**6,854**	**13,613**	**14,313**	**14,981**	**17,045**
Cash and cash equivalents															
Cash	4	4	0	0	4	4	4	4	4	4	4	4	4	4	4
Short term investments (excl. special funds/clinical trials)	13,945	11,963	1,982	12,382	12,400	7,971	13,833	10,611	11,257	9,029	3,823	10,582	11,282	11,950	14,015
Short term investments (special funds/clinical trials)	2,865	3,026	(161)	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	36	-	36	-	-	-	-	-	-	-	-	-	-	-	-
	16,850	**17,311**	**1,858**	**15,408**	**15,431**	**11,002**	**16,864**	**13,642**	**14,288**	**12,060**	**6,854**	**13,613**	**14,313**	**14,981**	**17,046**

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**	80
	For the attention of: **HBDHB Board**	
Document Owner(s):	Dr John Gommans (Chair) and Dr Andy Phillips (Co-Chair)	
Month:	June 2018	
Consideration:	For Information	

11

RECOMMENDATION

That the Board

Review the contents of this report; and

Note that Clinical Council:

- **Noted** the report on HBDHB Youth Strategy Implementation Update (inclusive of Zero Fees 13-17)
- **Noted** reports provided for information only

Council met on 13 June 2018, an overview of matters discussed is provided below.

- **HBDHB Youth Strategy Implementation Update (inclusive of Zero Fees 13-17)**

Brief discussion took place regarding consultation and utilisation of programme rates by ethnicity, having a culturally competent workforce to engage effectively with young people and targeting those with the greatest need. It was noted from the data that access has also increased for those in the "other" category, and that this was still higher than Maori and Pasifika rates, with the effect of increasing inequity.

Council suggested the strategy be modified to target those in greater need by using the geo-code or school decile. The work is heading in the right direction and council would like to see resource targeted to those with the greatest need to progressively abolish health inequity.

Reports for information were noted from the following:

- Te Ara Whakawaiora – Oral Health (national indicator)
- Clinical Advisory & Governance Group Report
- Implementing the Consumer Engagement Strategy
- Recognising Consumer Participation Policy

- Primary Care Development Partnership Governance - expressions of interest (EOI) for membership of the governance group, requires at least one representative from Clinical Council. The EOI is open to all members.

- The commitment and impact of Dr Tae Richardson, Clinical Advisory Group representative and Maurice King, Community Pharmacist to clinical council were acknowledged as it was their last meeting.

- **Combined Workshop with Consumer Council**

Consumer and Clinical Council's held a combined workshop to take forward:

- Choosing Wisely
- Person & Whanau Centred Care, and
- People Plan

Issues arising and outcomes from this workshop will feed into papers being prepared on each of these topics, for presentation to the board

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Health Consumer Council** **80**
	For the attention of: **HBDHB Board**
Document Owner:	Rachel Ritchie, Chair
Reviewed by:	Not applicable
Month:	June, 2018
Consideration:	For Information

RECOMMENDATION

That the Board

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

12

Consumer Council met on 13 June 2018. An overview of issues discussed and/or agreed at the meeting is provided below.

RECOGNISING CONSUMER PARTICIPATION POLICY

An updated version of the paper and draft policy previously considered and endorsed by Council was presented and further discussed. Apart from some very minor amendments, Council again endorsed the draft policy, noting in particular:

- The policy provides a good balance to the 'volunteer' nature of much consumer participation whilst minimising barriers to participation and providing intangible and tangible acknowledgment of the value received.
- Tangible recognition is not intended to be regarded as compensating for lost time/earnings.
- This policy is directly linked to the Consumer Engagement Strategy, which in turn is linked to Person & Whanau Centred Care and the People Plan.

COUNCIL NOTED PAPERS ON:

- Te Ara Whakawaiora – Oral Health
- HBDHB Youth Strategy Implementation Update

FAREWELL ACKNOWLEDGEMENT TO RETIRING MEMBERS

The commitment and contributions of five "foundation" members, retiring after serving three terms on Council, was acknowledged, these included:

Leona Karauria
Rosemary Marriott
Terry Kingston
Tessa Robin and
Heather Robertson

Those in attendance spoke of their pleasure and pride in being part of Council, and acknowledged the progress made on consumer engagement over the past five years and in particular of the significant contribution of Graeme Norton and Ken Foote - both have been fundamental in the establishment of the effectiveness of the Council Members endorsed their appreciation and the ongoing contribution of Ken Foote to the Council. Each outgoing member ,however, indicated that there is still work to be done and whilst they may no longer be on Council, expressed their desire to continue to be involved as a consumer representative.

COMBINED WORKSHOP WITH CLINICAL COUNCIL

Consumer and Clinical Council's then combined in a workshop environment to discuss and advance thinking on:

- Choosing Wisely and Making Prudent Decisions
- Person & Whanau Centred Care, and
- People Plan

Issues arising and outcomes from this workshop will feed into papers being prepared on each of these topics, for more formal governance consideration in future.

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board** 82
	For the attention of: **HBDHB Board**
Document Owner:	Heather Skipworth, Chair
Reviewed by:	Not applicable
Month:	June, 2018
Consideration:	For Information

13

RECOMMENDATION

That the Board

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

Note that the Maori Relationship Board:

- **Endorsed** and provided feedback for the report on HBDHB Youth Strategy Implementation inclusive of Zero Fees 13-17.
- **Endorsed** the People Plan in principle
- **Endorsed** Implementing the Consumer Engagement Strategy (clarifying intent to co-design).
- **Endorsed** in principle the process for implementing the Policy – Recognising Consumer Participation.
- MRB have not yet been able to provide advice on how best to consult with Maori in the community on the Clinical Services Plan, due to a difference of opinion.
- Received the Te Ara Whakawaiora – Oral Health paper

The Māori Relationship Board met on on 13 June 2018. An overview of issues discussed and/or agreed at the meeting is provided below.

HBDHB YOUTH STRATEGY IMPLEMENTATION UPDATE INCLUSIVE OF ZERO FEES 13-17

There was some discussion around a Central HB GP Practice not providing free services to 13-17 year olds. The question was why, as youth should be able to receive these services for free.

Members commented on the need to increase the number and type of services available for our young people, especially mental health. It is about knowledge of what to do when presented and navigating the health services is particularly difficult for many.

The NUKA model was discussed as an example where consumers see a wide range of health professionals in a team, one of which may be the GP depending on their needs. This allowed doctors to spend quality time with the patients who needed it, with no need to wait for a doctor's appointment.

The zero fees for 13-17yrs funding supports any visit to a member of the health care team and is the beginnings of creating an expectation that a number of people can be seen by nurses rather than the doctor in many cases. By providing free care we want to be modelling early intervention and prevention, and normalising health seeking behaviour by Rangatahi. We are positioning our programmes to strengthen further.
MRB were pleased to receive this report.

GROWING OUR PEOPLE BY LIVING OUR VALUES - PEOPLE PLAN

Kate advised that key enablers on what we aspire to are our people and this links to feedback received from various inputs. Previous feedback from MRB noted that "our values" had not been included in an earlier iteration. These have now been placed at the centre and everything is aligned to them. Ngahiwi had offered guidance and some of the words and layers will be included to reflect our Māori workforce were to be included prior to issue to the Board.

MRB endorsed the Plan in principle.

IMPLEMENTING THE CONSUMER ENGAGEMENT STRATEGY

The paper was well received by MRB however a change to wording was suggested within the document to replace the words "reduce inequities" to "remove inequities". This would be considered.

Referring to the "Purpose" statement within the Strategy. The wording reflects co-design (working together) and MRB are keen to see co-design and working in partnership moving forward.

MRB noted the contents, provided feedback with one change suggested to the report and endorsed the Strategy.

POLICY - RECOGNISING CONSUMER PARTICIPATION

Following some general discussion, MRB noted the contents of the report, provided feedback and endorsed in principle the process for implementation of this policy.

CLINICAL SERVICES PLAN (CSP) - CONSULTATION PROCESS

Guidance was sought from MRB as to how or who would be the best people to consult with the Māori population in Hawke's Bay, once the first draft of the report has been received and reviewed by the Executive Management Team, MRB and the Councils.

- Several MRB members were not happy to nominate representatives to present the CSP to the Māori community without having seen the document first!
- There was concern around interpretations that Sapere may give to the Māori language, when addressing inequities. You will always get status quo if they do not reflect the customs and culture of Māori. There were questions as to why contractors are tasked with responsibilities such as this, when frustrations had been continually voiced around such contractors not understanding Kaupapa Māori and able to apply an equity lens.

No consultation suggestions were provided.

TE ARA WHAKAWAIORA – ORAL HEALTH

The report was received and not discussed, with feedback to the author via Patrick LeGeyt

WHĀNAU STORY – CONSUMER EXPERIENCE – additional item to the agenda

MRB received a consumer story related to a whanau recent experience with accessing mental health services.

REVIEW OF MRB TO INCLUDE A YOUTH REPRESENTATIVE

MRB are keen to investigate the inclusion of a youth representative (Rangatahi) on the Maori Relationship Board. This would require a review of the Terms of Reference and currently ideas are being sent to the GM Maori Health and Chrissie Hape (the CEO of Ngāti Kahungunu Iwi Incorporated) to further progress this matter. This was first raised at an MRB Meeting back in 2016.

HAWKE'S BAY District Health Board Whakawāteatia	**Alcohol Policy Hawke's Bay Health Awards** 83 For the attention of: **HBDHB Board**
Document Owner	Kevin Snee Chief Executive Officer
Document Author(s)	Anna Kirk, Communications Manager
Reviewed by	Executive Management Team
Month/Year	June 2018
Purpose	For endorsement
Previous Consideration Discussions	Nil
Summary	Hawke's Bay Health Awards - alcohol policy
Contribution to Goals and Strategic Implications	Aligning the awards to the DHBs alcohol policy
Impact on Reducing Inequities/Disparities	Reducing
Consumer Engagement	Survey of stakeholders and staff and wider health sector
Other Consultation /Involvement	
Financial/Budget Impact	No financial impact
Timing Issues	Not applicable
Announcements/ Communications	

RECOMMENDATION:

It is recommended that the HBDHB Board:

1. **Endorse** either option 1 or 2:
2. **Option 1**

   No alcohol provided at the event, but available from venue bar if an individual chooses to purchase at their own cost

   Option 2

   No alcohol provided or available to purchase

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Alcohol Policy Hawke's Bay Health Awards

Author:	**Anna Kirk, Communications Manager**
Date:	**June 2018**

BACKGROUND
In 2017 Hawke's Bay District Health Board (HBDHB) agreed to review its stance on providing alcohol at the health sector's annual Health Awards.
In the same year HBDHB committed to taking a leadership role in reducing alcohol related harm in the community. This position was further endorsed by the Board. The Māori Relationship Board also requested Health Award event organisers to consider reviewing whether alcohol should be available at the awards evening.
As part of this, HBDHB undertook a survey of sponsors, stakeholders, past entrants and the wider health sector to understand whether the awards, as an event function, needed refreshing and whether there was any view from survey participants on the availability of alcohol at the event. Survey questions were reviewed by the Population Health and Business Intelligence teams to ensure there could be statistical analysis of the results.

HEALTH AWARDS BACKGROUND
It is important to note the Health Awards are a sector wide event, with the district health board acting as underwriter and organiser of the event.
The awards are largely funded by sponsors who have generously supported the awards since inception.

SURVEY RESPONSE
There were 110 responses to the survey. A number of people took the time to add comments. (Survey results attached)

- Overall there was general support for the current structure of the awards.
- Most survey participants said they would continue to support the awards if the awards changed to an alcohol free evening.
- Most of the responses came from people who worked within the district health board.
- There were a number of comments made regarding streamlining the entrant pack to encourage more entrants
- There was also some support for the awards moving to a daytime presentation

It is important to note that unfortunately the lack of responses from the sector overall means we are unable to determine whether any change to the awards evening structure would prevent or reduce entrants to the awards from the sector and/or other health providers.

We are also unsure of whether we will continue to get the full sponsorship support, should the awards structure change. Sponsors were invited to take part in the survey but only two of the seven responded.
Following the decision from the Board we will need to seek commitment from the sponsors if they wish to continue their sponsorship.

Some of the suggestions regarding the overall format of the awards such as entry criteria and entertainment will be considered in an overall refesh of the awards programme.

OPTIONS FOR FUTURE HEALTH AWARDS

Option 1
In light of the survey responses and the leadership role the district health board has taken to reduce alcohol harm in our community.

No alcohol will be provided at the event either to sponsors, or as we have in the past, to all event attendees upon arriving at the event. Instead, a range of non-alcoholic drinks would be provided at sponsor's tables and all event attendees upon arrival to the event.
However, if someone wanted to purchase alcohol from the venue bar they could do so at their own individual cost. This would not be promoted.
This option would be in-line with the district health board's stance on reducing alcohol harm but also acknowledge it is an adult only event.

Option 2
No alcohol at the event or available to buy.
This option may be seen as applying the alcohol position of the district health board too rigorously at an adult only event, intended to be a night of celebration.

RECOMMENDATION:

It is recommended that the HBDHB Board:

1. **Endorse** either option 1 or 2:
2. **Option 1**

   No alcohol provided at the event, but available from venue bar if an individual chooses to purchase at their own cost

   Option 2

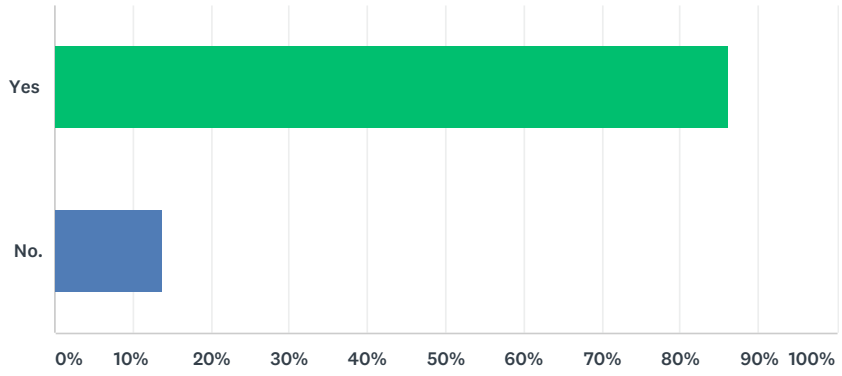
   No alcohol provided or available to purchase.

ATTACHMENT:
- Survey Results

HB Health Awards

Q1 Have you ever attended the HB Health Awards evening function?

Answered: 109 Skipped: 1



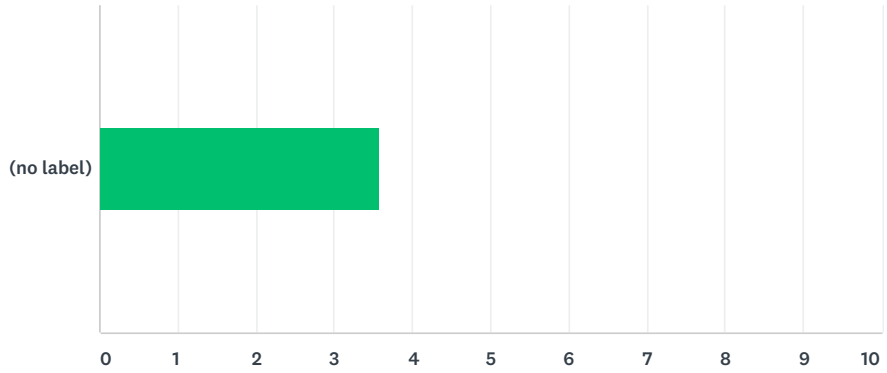
ANSWER CHOICES	RESPONSES	
Yes	86.24%	94
No.	13.76%	15
Total Respondents: 109		

#	IF YOU ANSWERED NO, CAN YOU TELL US WHY YOU HAVEN'T ATTENDED THE AWARDS?	DATE
1	Have not felt relevant or kniwn anyone nominated	4/9/2018 7:27 PM
2	not interested, usually working	4/9/2018 6:34 PM
3	not intrested	4/9/2018 5:17 PM
4	don't really know what it is about	4/9/2018 4:54 PM
5	I joined the DBH last December	4/9/2018 3:48 PM
6	hummm. The year dental was up for an award I seem to cecall it was quite expensive. But can't recall exactly.	4/9/2018 3:40 PM
7	Never been invited	4/9/2018 1:54 PM
8	I didn't even know there was such a thing until I started working here last year.	4/9/2018 1:11 PM
9	Tickets cost too much	4/9/2018 1:05 PM
10	Havent been invited, didn't know it was on	4/7/2018 8:54 AM
11	I am new to the DHB	4/5/2018 1:45 PM
12	Was a contractor, recently employed	4/5/2018 12:21 PM
13	Was on holiday. I plan on attending this year.	4/5/2018 11:49 AM

HB Health Awards

Q2 Please state how much you agree with the following statement. The current format of the HB Health Awards is working well.

Answered: 108 Skipped: 2



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	N/A	TOTAL	WEIGHTED AVERAGE
(no label)	1.85% 2	16.67% 18	18.52% 20	46.30% 50	14.81% 16	1.85% 2	108	3.57

#	TELL US WHY YOU GAVE THIS ANSWER?	DATE
1	well organised, good venue	4/10/2018 6:47 PM
2	it is attracting entries from quite a wide sector engagement	4/10/2018 5:28 PM
3	It generally seems to work well, however it does seem to just be a bit of a DHB staff affair bar the odd few.	4/10/2018 10:15 AM
4	Am not sure how the awards come about or how to nominate people. I do not know enough about it	4/9/2018 7:27 PM
5	not important	4/9/2018 5:17 PM
6	Lack of information regarding the health awards	4/9/2018 4:54 PM
7	I don't know who the last few years recipients were. So I don't know whether getting an award made any difference to them or the community.	4/9/2018 3:40 PM
8	It is boring, DHB-centred and monocultural	4/9/2018 2:51 PM
9	It is a great event and it is important to celebrate success, however the current format does not reach many who contribute alot to the health sector but cannot attend due to cost, who may not attend due to the elite nature of the event, and/ or may not be supported to enter award applications.	4/9/2018 2:49 PM
10	Nice event. It is well organised, I think it is important to be recognised in such a formal way	4/9/2018 2:24 PM
11	Chaos	4/9/2018 1:54 PM
12	the impression is of a small group of non-clinical staff patting themselves on their back for the changes that are being implemented. The continuous hard work of clinical teams is not appreciated or recognised	4/9/2018 1:35 PM
13	I do not know the current format.	4/9/2018 1:11 PM
14	Those that attend report it being a lovely night	4/9/2018 1:05 PM
15	I like the fact that it's a gala event with an MC. The build up on the night is fantastic. Everyone mixes and it is a brilliantly organised event.	4/9/2018 12:15 PM

HB Health Awards

16	Cost is a real barrier to some re attendance, which makes the event rather elitist. Appears some teams apply for different categories and win many of awards. One category this did not have highly commended award - very disappointing considering all the work that goes into the entries. The way the awards are run made it hard to know the actual work that was done to achieve the award. suggest the winner is announced and then a good clear overview is presented.	4/9/2018 12:10 PM
17	Not sure I trust the process.	4/9/2018 9:29 AM
18	In my professional and personal view nominations based on a great service should come from the consumers not the services themselves. If a service is nominated by consumers who have experienced excellent services the service should then be asked to put in an applicaton	4/9/2018 9:19 AM
19	It is a great concept, however it is more accessible to secondary care entries, as primary care do not have the time or resources to complete entries with the required level of information/evidence that secondary care can produce.	4/9/2018 9:06 AM
20	opportunity to recognise outstanding work and projects.	4/9/2018 9:00 AM
21	Great event. entertainment is always good. presentations are snappy and there is no time wasting.	4/9/2018 8:57 AM
22	This is based on attending one award event only (2016). I think the evening could have been a bit less glitzy. I do recall the after dinner speaker said what I considered some inappropriate things. Question if an after dinner speaker is needed. It was an enjoyable evening though.	4/9/2018 8:35 AM
23	Celebration of staff and work they are doing	4/9/2018 8:32 AM
24	It highlights the variety of effort that goes into making Health better in HB and it recognises success	4/8/2018 12:01 PM
25	It is about 6 years since I attended, the format may have changed since then, but it worked well that time.	4/8/2018 10:32 AM
26	It looks like the same circles. Same groups of people.	4/7/2018 8:54 AM
27	There is room for improvement. It is a gala occasion and is not culturally suitable or affordable for many who would like to attend but cannot afford it and do not feel comfortable in such a setting, and, indeed, cannot afford suitable clothing to attend.	4/6/2018 10:24 PM
28	There seem to be one too many entertainment slots in the formal part of the evening The timing is great around the handing out of awards The opportunity to celebrate and social with the band is a great idea	4/6/2018 4:24 PM
29	the awards are well organized	4/6/2018 2:22 PM
30	I liked it, had a few dinkies before being seated and I liked that all getting awards and having speeches weren't long and boring.	4/6/2018 2:14 PM
31	1. Majority of the finalists are from within the hospital sector, its like your singing your own praises 2. Health Awards and you provide Alcohol	4/6/2018 1:25 PM
32	consistently good numbers attending would indicate this good combination of awards & entertainment to suit a varied audience	4/6/2018 9:47 AM
33	Quite expensive	4/6/2018 8:31 AM
34	I think that the different award criteria etc covers a variety of different aspects of health therefore opening it up to a variety of different people/groups/projects	4/6/2018 8:00 AM
35	The evening is well structured alothough the award ceremony is too long. This could be broken up during dinner courses because the nominations deserve recognition. Please discontinue the sale of alcohol	4/6/2018 4:35 AM
36	I agree however I think more time should be allowed if category winners want to mihi to supporters or longer speech	4/5/2018 9:35 PM
37	it is well organised and a great way to celebrate innovation and hard work with in the health sector both primary and secondary services.	4/5/2018 5:10 PM
38	Great evening but it is expensive to attend and being a work night makes it less desirable to some. I also think it is not well known in the PHO world so well deserving people/services may not apply.	4/5/2018 4:21 PM
39	Did not attend last year and did not put in a nomination.	4/5/2018 4:17 PM

HB Health Awards

40	The awards seem restricted to mainly the DHB. Arguably most primary care businesses have less resources to devote to participating in the awards process, or competing on equal terms with the DHB. This arguably excludes primary care from the awards and is probably reflected in minimal attendance at the evening awards function by representatives from primary care.	4/5/2018 3:57 PM
41	Only attended x1 before.	4/5/2018 3:56 PM
42	Would like to see a wider approach in recognizing grass roots initiatives like open water swim confidence which is not about learning to swim but increasing the skills of people of all ages to be confident with swimming in open water whether this is for recreation or people aspiring to larger goals like being able to take part in their first triathlon or open water swim event.	4/5/2018 3:00 PM
43	Very enjoyable evening to celebrate health but too much focus given on DHB departments and not all the great work happening in the community.	4/5/2018 2:54 PM
44	Relaxed atmosphere, suits a wide range of people.	4/5/2018 2:43 PM
45	First time there great hosting, awesome setup, seating plan great, programme and information, visible, audible and well facilitated.	4/5/2018 2:20 PM
46	A good balance between the various elements of celebration speeches fun etc	4/5/2018 1:55 PM
47	I have nothing to compare it to	4/5/2018 1:44 PM
48	Only represents well funded services with high access to supports-so usually urban based Project office funded projects	4/5/2018 1:33 PM
49	It seems to only focus on major achievements not and doesn't seem to fit some of the smaller but successful achievements or teams	4/5/2018 1:31 PM
50	The format works well and is an opportunity to celebrate the great initiatives that are out in the sector. Would like to see primary care encouraged to participate more.	4/5/2018 1:30 PM
51	did not attend the last two years, so don't know first hand, but hear from people who have attended that it works well, and was very enjoyable	4/5/2018 1:28 PM
52	Well organised great having live music Need more non DHB services recognised	4/5/2018 1:15 PM
53	It is expensive event to attend and I don't think it caters for the community	4/5/2018 1:14 PM
54	Unless the format is different to what we have had, I cannot comment on whether it is working well or not.	4/5/2018 1:13 PM
55	it seems to be heavily loaded towards management rather than staff at the coalface in all areas of the DHB. Some specialties/departments put in multiple entries making it appear slanted to an area. A 'lone' entry may be unable to be noticed/find its voice which is a shame.	4/5/2018 1:02 PM
56	It is a fun night. Nice to have a reason to dress up.	4/5/2018 1:00 PM
57	Apart from it being expensive and therefore exclusive to some team members	4/5/2018 12:55 PM
58	It is well run, the venue, speakers, entertainment and the food have always been excellent	4/5/2018 12:41 PM
59	It could be a little shorter	4/5/2018 12:39 PM
60	Each year has been well supported by the Health Sector	4/5/2018 12:35 PM
61	1. there is plenty of time to submit nominations 2. It is nice to arrive and have a chance to mingle with the wider health sector 3. I Like how the awards are presented and then there is time to enjoy music, dancing and company 4. meals and venues are lovely considering the price per tickets 5. It is disappointing to see projects receive awards two to three years in a row (one can only assume that they won on a completely new set of achievements). 6. Fridays are a good day to hold the awards	4/5/2018 12:35 PM
62	Important to have the event but misses opportunity for engagement and connection with the work done by formulaic and celebrity approach.	4/5/2018 12:28 PM
63	Its a great night. Possibly the awards could be given after the mains but before desserts.	4/5/2018 12:21 PM
64	Sets up healthy competiveness and encourages innovation	4/5/2018 12:21 PM
65	It’s ok. People seem to enjoy themselves. Important to have a laugh	4/5/2018 12:20 PM
66	Its all about the big people, eg DHB large funded groups, not enough primary care, little people	4/5/2018 12:18 PM
67	it's fun and a real treat	4/5/2018 12:16 PM
68	clear guidelines, attract diverse range of applications and participants. actual event is fun!	4/5/2018 12:16 PM
69	It seems to flow well with a good format, no mucking around, and a good finale	4/5/2018 12:16 PM

HB Health Awards

70	To much time is spent preparing papers for nominations and recognition and it is becoming for the elite due to cost of event.	4/5/2018 12:13 PM
71	I enjoy it - I think it is a great opportunity to get together to celebrate teams work. But I know this is not the view of all because of the cost, formality, and work out of hours.	4/5/2018 12:00 PM
72	Some years, one group can receive more than one award. Often groups get the awards. Should be shared around as there are plenty of individuals who are doing amazing work.	4/5/2018 11:59 AM
73	Same people getting the awards on multiple years	4/5/2018 11:36 AM
74	Held towards the end of the year it is a wonderful opportunity to get together with colleagues and celebrate our successes	4/5/2018 11:03 AM

HB Health Awards

Q3 Do you have other suggestions as to how we celebrate health sector success in Hawke's Bay?

Answered: 81 Skipped: 29

#	RESPONSES	DATE
1	with a awareness week to allow shift workers to celebrate the success to	4/11/2018 10:32 AM
2	Cash incentive for winning teams Study day for winning teams to present their work and share their learning with other entrants	4/10/2018 6:47 PM
3	Entries do take quite a commitment to complete but we do hve a responsibility to share opportunities and successes so these can be built on	4/10/2018 5:28 PM
4	Not really sure. The awards are quite separated from the end-users. When we won a runners-up award, not many people realised the significance of it (if it was) and only knew about it because we told them.	4/10/2018 10:15 AM
5	no	4/10/2018 9:44 AM
6	Regular recognition at a ward based level to areas that are high achievers and performing outstanding care.	4/10/2018 7:49 AM
7	celebrate more of the staff who are doing the hard work on a daily basis	4/9/2018 7:27 PM
8	recognise the skills and knowledge of all your nursing staff.	4/9/2018 6:34 PM
9	no	4/9/2018 5:17 PM
10	not at this stage	4/9/2018 4:54 PM
11	/	4/9/2018 3:48 PM
12	Tricky. I feel a bit bad because I seem so apathetic about the awards. I think it is management patting each other on the back? Possibly not fair at all, but confess I haven't paid them much attention. Although, I'd be the first to say health workers need to be acknowledged.	4/9/2018 3:40 PM
13	Let the service-users/whanau and evidence of effectiveness determine which services win awards	4/9/2018 2:51 PM
14	I encourage the organisers to arrange for representatives across the sector to act as a working group and agree an event that is more accesible and attractive for all. Suggestions from me : early evening event (5-8.30-9pm) smart dress, low cost (approx $10 each) or no cost. Applicants (could be a group) can invite1- 2 others each to attend. No alcohol. Platters and small plates provided to each table. Local presenter if possible..	4/9/2018 2:49 PM
15	Motivate more services to participate or take the time to enter	4/9/2018 2:24 PM
16	Gifts to the winners	4/9/2018 1:54 PM
17	continued efforts to better engage clinical teams to attend and have a mechanism for recognising the hard work being done not just the cost saving innovations	4/9/2018 1:35 PM
18	My only suggestion would be to celebrate all those who participate in it's success- the orderlies, lab technicians, administrators, volunteers etc; not just the clinical staff who have face to face contact with the consumers.	4/9/2018 1:11 PM
19	No.	4/9/2018 12:15 PM
20	By recognising more community groups at the award ceremony and distribution of the awards. Last year majority awards given were to DHB.	4/9/2018 12:14 PM
21	quarterly diverse recognition of work/teams /programmes highlighted through out the health sector	4/9/2018 12:10 PM
22	I like the idea and I think is great, but I wonder if it is also about the HDBHB wanting to look good nationally, hence I don't trust the process.	4/9/2018 9:29 AM
23	it is quite expensive (though worth the value) if you have entered the health awards there could be a cocktail party and nibbles prior to the main event which is a cheaper option and where the health awards are announced, then if you purchase a full ticket then you could go onto a meal and entertainment as is the current format. I think more people would be able to attend who are not able to afford the whole evening but would still like to be a part of the awards	4/9/2018 9:25 AM

HB Health Awards

24	As above, get consumer feedback	4/9/2018 9:19 AM
25	It would be great to have an award where consumers can nominate a health service that has gone above and beyond, or consistently delivered great service.	4/9/2018 9:06 AM
26	Have a health week with providers DHB show casing events , presentations and a awards night	4/9/2018 9:00 AM
27	Perhaps look at trying to celebrate more diversity and out of the box ideas? Need to celebrate those doing good work without special budget to do this?	4/9/2018 8:57 AM
28	A one day (or half day) forum or symposium where good ideas (and learnings both positive and negative) are shared. This will help build collaborative relationships, and help with wider spread adoption of good ideas locally.	4/9/2018 8:35 AM
29	More collegiality between primary and secondary. Working with all the partners, ARRC, Cranford, enliven, St John ambulance and so on. make it so ordinary nurses, physios OTs etc can and want to attend	4/9/2018 8:34 AM
30	no	4/9/2018 8:32 AM
31	The categories are all very similar Also each entrant should only be able to enter one category	4/9/2018 8:16 AM
32	make it more accessible. has an elitist feel and cost can be prohibitive	4/9/2018 8:07 AM
33	No	4/8/2018 12:01 PM
34	Highlight a sector or field monthly/quarterly in local press with in depth info on what they do and their performance	4/8/2018 10:32 AM
35	Broaden it, support others to come into the fold.	4/7/2018 8:54 AM
36	perhaps it could be on a marae in some years.	4/6/2018 10:24 PM
37	Extend the range of health organisations involved by making the application process work for community groups and others	4/6/2018 4:24 PM
38	Yes involve the whole sector - it seems some service pay for staff to attend and others do not - so should be equal of attendances. It seems as though those that win - are the best writers and have extra funding applied for the purpose of the new work - rather than the sectors who persistently do great work without recogntion eg. NGOs	4/6/2018 3:16 PM
39	Concentrate on those delivering in the primary sector	4/6/2018 1:25 PM
40	I am totally against these awards. To me it is like giving a knighthood to an athlete who is paid well to do a job they assumingly love. If someone is doing a good job in the health sector, it should be recognised within the system. I am sure this does not happen with the culture of bullying, PC ness gone made and ongoing re-vamping of health services.	4/6/2018 8:46 AM
41	Lovely meal idea - just needs to be less expensive.	4/6/2018 8:31 AM
42	Acknowledge contribution of individuals more regularly eg coffee vouchers for exceptional service	4/6/2018 8:29 AM
43	No	4/6/2018 8:19 AM
44	I think there are little success stories in every area of the hospital that may not reach the award level and at times its about who you know to get recognised for this rather than actually what is happening. So maybe a section on the HUB where we can nominate people/projects etc that we believe should be recognised so that the whole hospital can hear about the positive things that are happening.	4/6/2018 8:00 AM
45	A daytime award acknowledgement. An exhibition of the winners services/role	4/6/2018 4:35 AM
46	Have it at different venues ie a marae	4/5/2018 9:35 PM
47	no	4/5/2018 6:43 PM
48	no	4/5/2018 5:10 PM
49	Can't think of any.	4/5/2018 4:21 PM
50	Depends how "success" is defined. We currently have a very high demand on service and variability in experience of that service. Given that the sector as a whole needs significant transformation, it would be good to recognise significant creativity in that space. Often we seem to celebrate status quo	4/5/2018 4:17 PM
51	Media outlets - newspapers, internet, newsletters	4/5/2018 3:57 PM
52	I think new Innovative ideas/projects ,especially to reduce health inequities need to be celebrated & not the same teams winning awards.	4/5/2018 3:56 PM

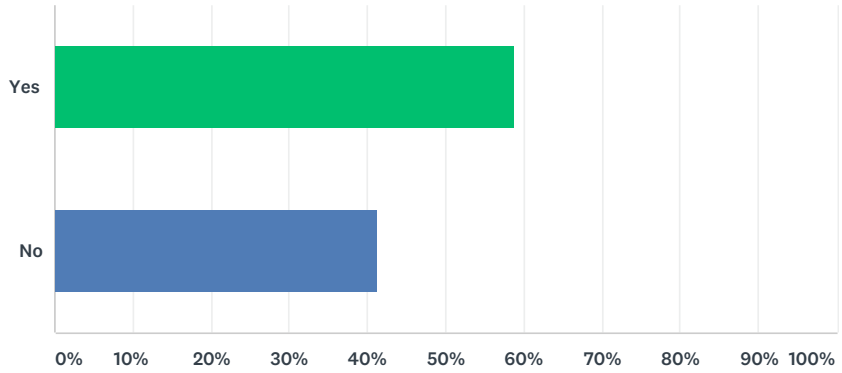
HB Health Awards

53	This initiative is a great approach to celebrating health sector success in Hawke's Bay. We need to not only look at statistics but be able tap further into anecdotal evidence and the fantastic success stories that are out which encapsulates maori and pakeha successes.	4/5/2018 3:00 PM
54	Suggest that we need to find a way of speeding up the ceremony - always feels like we are constantly clapping and not doing it very well. Also think we need to find a way of acknowledging all of the small improvements and pieces of work that we do on an ongoing basis	4/5/2018 2:55 PM
55	No	4/5/2018 2:54 PM
56	Keep it low key and inclusive.	4/5/2018 2:43 PM
57	District efforts, achievers acknowledged and recognized at awards.	4/5/2018 2:20 PM
58	we need to seek opportunities to extend beyond the health system and to have more regular opportunities to celebrate success outside of major set piece events	4/5/2018 1:55 PM
59	Family Days in the park	4/5/2018 1:44 PM
60	Have two rounds a year that aren't focused on an Academy awards type format	4/5/2018 1:33 PM
61	No not at this stage	4/5/2018 1:31 PM
62	Well there are so many positive initiatives and programmes running its hard to choose just a few at the end of the year. Maybe every 6 months there could be a lunchtime celebration of all. Rather than singling out just a few.	4/5/2018 1:30 PM
63	keep cost for attendance well managed, greater transparency on the judging panel	4/5/2018 1:28 PM
64	Have consumers tell their story on How services impact on them	4/5/2018 1:15 PM
65	Family focused events	4/5/2018 1:14 PM
66	No	4/5/2018 1:13 PM
67	While I appreciate that the awards must meet certain criteria, I think that there should be only one entry from a department, and not multiple. This will open up the playing field more fairly for more to want to participate	4/5/2018 1:02 PM
68	Not of the top of my head.	4/5/2018 1:00 PM
69	Regular showcasing of good work in the hub...why wait	4/5/2018 12:55 PM
70	It would be great to ask the community what success in the health sector looks like and find a projects that align to that. Be more inclusive of our partners that help us achieve health outcomes.	4/5/2018 12:35 PM
71	have the event, make sure the categories are meaningful and reflect what we want to value in our health sector (eg reinstate leadership category), no recorded voice overs - make it live and real. Focus the spend on providing a good experience and fun night for those there rather than shipping in national celebrities and entertainment - we have good people locally and even in our sector who could create, facilitate a really valuable night which builds community, capability and organisational culture in itself.	4/5/2018 12:28 PM
72	May be entertainment can be local.	4/5/2018 12:21 PM
73	Maybe award winners should get something for themselves. Dinner out or pamper pack	4/5/2018 12:20 PM
74	no	4/5/2018 12:18 PM
75	Not just a yearly event	4/5/2018 12:16 PM
76	Celebrating smaller achievements more often within the sectors recognised across the sector. identifying the pockets of quality work and sharing	4/5/2018 12:16 PM
77	not really. The current awards seem to be popular and good initiatives presented/entered	4/5/2018 12:16 PM
78	I believe having an Aged Care Sector	4/5/2018 12:03 PM
79	Certificates awarded to people on a regular basis who go that extra mile to provide a fantastic service.	4/5/2018 11:59 AM
80	More regular smaller recognitions of excellence - eg.monthly awards with certificate and morning tea for the team	4/5/2018 11:36 AM
81	Would be nice to have some smaller projects (without the benefit of funding, project management and sponsors) recognised. Perhaps there could be a category for this?	4/5/2018 11:30 AM

HB Health Awards

Q4 If the awards format changed to a daytime presentations only event would you still support it?

Answered: 107 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	58.88%	63
No	41.12%	44
Total Respondents: 107		

#	TELL US WHY YOU GAVE THIS ANSWER	DATE
1	this would be longer in hours and allow more to attend	4/11/2018 10:32 AM
2	Would depend on staffing and shifts to cover	4/10/2018 6:47 PM
3	timing should not change intent of celebration	4/10/2018 5:28 PM
4	It's still important to recognise success but would probably not fit into my schedule very well.	4/10/2018 10:15 AM
5	yes, I would because I can timetable my day. It would cancel out many staff who are more clinical. A backwards step I believe.	4/10/2018 9:44 AM
6	This would not be as fun or a good excuse to socialise with colleagues but I would still attend.	4/10/2018 7:49 AM
7	Will probably still be working. Shift workers often can not attend functions due to work responsibilities	4/9/2018 6:34 PM
8	I don't think many people will be able to attend it during working hours	4/9/2018 4:54 PM
9	Only if my employer allowed me to go?	4/9/2018 4:28 PM
10	Not sure really. If I knew someone involved maybe....?	4/9/2018 3:40 PM
11	I would need time off work	4/9/2018 2:51 PM
12	I would prefer an early evening event that allows us to create a 'special' event feel. Having said that I would still support celebrating sucess so long as we have wide representation and applications are made easy for all.	4/9/2018 2:49 PM
13	I actually don't know. No matter when it is there will be people unable to make it; it's just the nature of this field.	4/9/2018 1:11 PM
14	Would be lovely to see the winners	4/9/2018 1:05 PM
15	As I am not someone who could enter, I could not justify the time off work to attend the awards.	4/9/2018 12:15 PM
16	Yes, but the evening gives it a bit more status.	4/9/2018 9:29 AM
17	the entertainment would need to be different style. I think the evening format would be better though.	4/9/2018 9:25 AM
18	Work commitments	4/9/2018 9:19 AM

HB Health Awards

19	There are not enough hours in the day already to get the job done, taking time out to go to an awards ceremony would be low priority.	4/9/2018 9:06 AM
20	It is about getting out dressing up and networking in a show environment.	4/9/2018 9:00 AM
21	Would not be able to attend.	4/9/2018 8:57 AM
22	Its too hard for General practice and the bulk of health care professionals who actually do the hands on work to attend	4/9/2018 8:34 AM
23	This would limit attendance - Would only have limited staff to attend due to numbers required to fill rosters	4/9/2018 8:32 AM
24	I think the evening celebrations are great, with dinner and dancing	4/9/2018 8:16 AM
25	would make more accessible.	4/9/2018 8:07 AM
26	I have the time available and I think it is an important event	4/8/2018 12:01 PM
27	If weekday I would be unable to attend, but if it suited the majority then that would be a good change.	4/8/2018 10:32 AM
28	Because many would not be able to attend.	4/6/2018 10:24 PM
29	Conflict with work and other obligations	4/6/2018 4:24 PM
30	As it is a day of work	4/6/2018 3:16 PM
31	After working all day and going to night setting is a bit long but do able, but I would support even if in the daytime.	4/6/2018 2:14 PM
32	patients need to be seen. would end up just being full of paid administration staff	4/6/2018 1:57 PM
33	I work during the day	4/6/2018 1:25 PM
34	Maybe -- wouldn't be the same drawcard. Would only go if it suited schedule.	4/6/2018 1:10 PM
35	as a sponsor, yes although logistics of including the team or entrants to come along would be challenging if a work day. I don't see this being appealing if held on a weekend for instance. I think the move to Friday night rather than Thursday night has been well received.	4/6/2018 9:47 AM
36	Day time everyone is too busy	4/6/2018 8:31 AM
37	I like the evening for the awards. If it was during the day we would have to take a day away from work.	4/6/2018 8:19 AM
38	As long as it was on a weekend then this would be fine but having to take a day of work to attend would not be	4/6/2018 8:00 AM
39	Because it is crucial to recognise the changes happening in the service and the good work being carried out.	4/6/2018 4:35 AM
40	Team will have to work. We are an essential service at our organisation.	4/5/2018 9:35 PM
41	work commitments	4/5/2018 6:43 PM
42	the essence of the event is to celebrate success, would prefer an evening event but daytime would not stop me from attending	4/5/2018 5:10 PM
43	We are very short staffed so this could affect my ability to attend however.	4/5/2018 4:21 PM
44	Very difficult to leave general practice setting and imagine would be for other essential services.	4/5/2018 4:17 PM
45	Possibly to refer earlier response. Cost of the evening function is also a barrier for some primary care businesses.	4/5/2018 3:57 PM
46	Not sure why, the evening function is quite special.	4/5/2018 3:56 PM
47	Would support either way but having it in the evening gives this a special appeal and also with those of us that work full time hours we are able to factor this in.	4/5/2018 3:00 PM
48	this is the one and only time that people can get dressed up and celebrate and I really think that this shows the organisations true commitment to celebrate successes with its teams from across the sector	4/5/2018 2:55 PM
49	I would support it, although much prefer the current format of guest speakers, awards and music. Lots of fun and great networking opportunity.	4/5/2018 2:54 PM
50	Would suit me personally.	4/5/2018 2:43 PM
51	celebrations best at night.	4/5/2018 2:20 PM
52	It would still be worthwhile	4/5/2018 1:55 PM

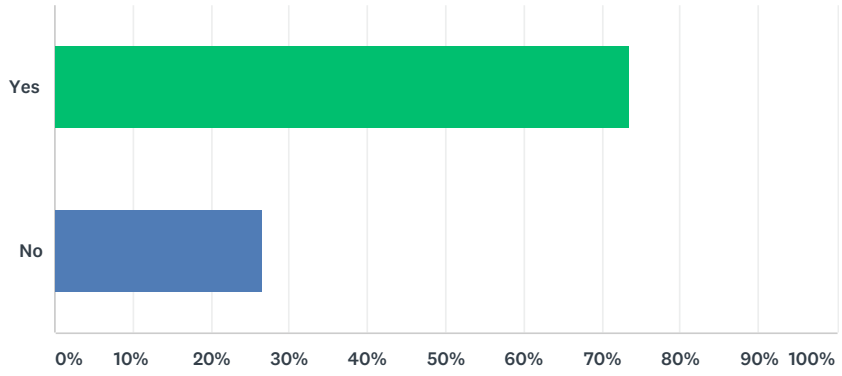
HB Health Awards

53	There is a certain added special feel to "a night out to celebrate" I think night is better.	4/5/2018 1:45 PM
54	Having the Family/Community involved is a key to success	4/5/2018 1:44 PM
55	So that I can get more people there who don't need flash clothes and deep wallet	4/5/2018 1:33 PM
56	Less formal and perhaps a better opportunity for all to attend who need to attend	4/5/2018 1:31 PM
57	I like to support innovation and positive outcomes whenever and wherever.	4/5/2018 1:30 PM
58	a long lunch might work well!? try a different format?	4/5/2018 1:28 PM
59	Like the formal setting of an evening	4/5/2018 1:15 PM
60	I would prefer this option	4/5/2018 1:14 PM
61	Its celebrating great health achievements and innovation in health that matters not necessarily the dinner, drinks and dancing. Lots of people leave at the end of the awards.	4/5/2018 1:13 PM
62	Working!	4/5/2018 1:02 PM
63	I would still come however I do prefer it being in the evening	4/5/2018 1:00 PM
64	But I might struggle to make time to attend...such are the pressures of work	4/5/2018 12:55 PM
65	would probably be unable to attend due to work committments	4/5/2018 12:48 PM
66	At an evening award ceremony, people have the opportunity to dress up and really celebrate. If it became a day time event, people would have to take time off of work to attend, it would be like the International Nurses Day awards.	4/5/2018 12:41 PM
67	Although attending may be problematic due to work	4/5/2018 12:39 PM
68	Daytime/ Evening function are both ok with me	4/5/2018 12:35 PM
69	I would still support, it would be harder to attend however depending on work demands. It is nice to dress up for an event every year, so evenings are preferable.	4/5/2018 12:35 PM
70	unsure? Not about the time of day for me, more about the approach and the way that it is run.	4/5/2018 12:28 PM
71	This would not be inclusive of the health sector that we work in. It would only be possible for managers to go rather than health workers.	4/5/2018 12:21 PM
72	But it should remain evening, it is an opportunity to celebrate success and enjoy other company and be proud of what we do	4/5/2018 12:21 PM
73	Goo in the one hand because you would be paid to attend. But on the other it would just feel like work	4/5/2018 12:20 PM
74	Hard to justify our whole team out of the studio during work hours.	4/5/2018 12:16 PM
75	interested in celebrating success and hearing about what others are doing. Great networking opportunities. Great team building activity too.	4/5/2018 12:16 PM
76	I think you would limit staff being available to attend	4/5/2018 12:16 PM
77	The evening event is a social event -wouldn't be as good during the day	4/5/2018 12:16 PM
78	To much time is spent preparing papers for nominations and recognition	4/5/2018 12:13 PM
79	Having to take annual leave to attend would not work	4/5/2018 12:12 PM
80	I think it is part of my role to attend - but I think the formality of the occasion would be missed. Maybe they don't need to be an annual event. I would support a change to two yearly. Improvement work takes time to embed and I think because of this the 'work' should be for previous 2 years - not 12 months as per now.	4/5/2018 12:00 PM
81	Work is too busy.	4/5/2018 11:59 AM
82	Its difficult to get to during work hours. The evening gala event was a drawcard that a daytime event wouldn't be.	4/5/2018 11:36 AM
83	Social event as well. Almost like it fills the gap of a hospital/health sector ball. Difficult to get time off work.	4/5/2018 11:35 AM
84	But I think a night event is preferable. It allows people the time to socialise together and celebrate away from the work environment. I think if it was day time there would be a tendency to prioritise clinical work over attendance at the health awards ceremony	4/5/2018 11:30 AM
85	I think it wouldn't be as special	4/5/2018 11:03 AM

HB Health Awards

Q5 If the awards format changed to an alcohol free evening event would you still support it?

Answered: 109 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	73.39%	80
No	26.61%	29
Total Respondents: 109		

#	TELL US WHY YOU GAVE THIS ANSWER	DATE
1	alcohol is not needed at any event	4/11/2018 10:32 AM
2	this should be a personal choice	4/10/2018 5:28 PM
3	Absolutely. Seems a bit ironic to be serving alcohol at a health awards evening.	4/10/2018 10:15 AM
4	Don't be so precious. Who gets drunk at a work event !	4/10/2018 9:44 AM
5	I don't think that is necessary, I don't think anyone stepped over the line with alcohol.	4/10/2018 7:49 AM
6	As above.	4/9/2018 6:34 PM
7	I think a little bit of bubbly compliment celebrations and I don't think anyone is out to get drunk, so I don't see why make it alcohol free	4/9/2018 4:54 PM
8	We don`t need alcohol to celebrate	4/9/2018 4:28 PM
9	It takes a lot to get me out on a week night.	4/9/2018 3:40 PM
10	Time for health to walk the talk. Alcohol is a carcinogenic and the cause of many societal ills	4/9/2018 2:51 PM
11	Absolutely, in fact I believe that with the HBDHB Alcohol Harm Reduction Strategy endorsed by the Board it is an absolute must the awards are alcohol free. Following Ngati Kahungunu Iwi Incs stance on alcohol free events & acknowledging the harm alcohol has on our community we must show leadership and role modeling.	4/9/2018 2:49 PM
12	I would suggest that it would probably be a better look for a workplace that is actively trying to reduce harm in the communities. If the spaces are smokefree and there is an active push toward healthier food options, why not go all the way and make an example of yourselves as alcohol free as well?	4/9/2018 1:11 PM
13	If cost of tickets was more affordable	4/9/2018 1:05 PM
14	Although I believe that the people attending these awards are sensible when it comes to consuming alcohol, if the decision was made to make it alcohol free I would still attend. It would, however, change the whole style of the event and may not get the sponsorship or entries as in the past.	4/9/2018 12:15 PM
15	I would like a choice or alcohol or non alcoholic drinks	4/9/2018 9:29 AM
16	I don't drink alcohol so this wouldn't affect me.	4/9/2018 9:25 AM

HB Health Awards

17	We need to lead by example, alcohol causes so much social and health issues therefore the event should be alcohol free	4/9/2018 9:19 AM
18	Alcohol is not significant to me.	4/9/2018 9:06 AM
19	It is about the way we celebrate success with our peers.	4/9/2018 9:00 AM
20	Always support alcohol free. great idea.	4/9/2018 8:57 AM
21	The health sector needs to walk the talk! Excess alcohol is a huge burden on the health sector and wider society. Same reasons for not allowing tobacco at these events or seeking tobacco company sponsorship.	4/9/2018 8:35 AM
22	But I don't think there is anything wrong with a glass of wine	4/9/2018 8:34 AM
23	The awards dinner is celebration and staff enjoy the music and dinner/drinks. Staff attending are sensible and limit drinks - no one is drunk - they enjoy a wine with their meal .	4/9/2018 8:32 AM
24	We should be encouraging safe and sensible drinking, it does not need to be alcohol free	4/9/2018 8:16 AM
25	would support the ethos of health promotion	4/9/2018 8:07 AM
26	Because it is important. But I do not agree with the change.	4/8/2018 12:01 PM
27	Health sector should be promoting healthy lifestyle, safe driving etc. Drinking alcohol responsibly is up to the individual, but as health sector it is wise to set an example.	4/8/2018 10:32 AM
28	Its nice to relax and celebrate in this industry	4/7/2018 8:54 AM
29	The health sector should be setting a healthy living example and the food should be healthy too.	4/6/2018 10:24 PM
30	Reduce the "entertainment" and focus on the presentations, work done in health	4/6/2018 4:24 PM
31	But the wine in the beginning when one gets there is very nice.	4/6/2018 2:14 PM
32	implies I am not a responsible drinking. responsible drinking should be promoted not abstinence	4/6/2018 1:57 PM
33	Alcohol should not feature and the DHB should be the example	4/6/2018 1:25 PM
34	it would fit better if the event became a daytime award ceremony	4/6/2018 9:47 AM
35	We should be setting an example	4/6/2018 8:31 AM
36	We have a policy that states all alcohol is harmful. Drinking alcohol at the event is inconsistent with the policy	4/6/2018 8:29 AM
37	I think alcohol should be available to those who want it. I would still attend if it was an alcohol free event as I don't drink	4/6/2018 8:19 AM
38	I don't believe in taking people's personal choice away. This is a celebration and if you can't celebrate without a glass of wine then what is the point	4/6/2018 8:00 AM
39	Inline with DHB policy	4/6/2018 4:35 AM
40	Thats fine but its nice to have a wine with dinner	4/5/2018 9:35 PM
41	i dont drink	4/5/2018 6:43 PM
42	no need to have alcohol	4/5/2018 5:10 PM
43	If I'm driving I wouldn't have a drink anyway. Driving from Napier - Hastings return on a work night after a day at work is not overly appealing to me.	4/5/2018 4:21 PM
44	Possibly - cost is still a barrier for some primary care businesses. Also lack of participation by primary care - see earlier response	4/5/2018 3:57 PM
45	Because alcohol isn't need in the Health sector to have fun, celebrate & enjoy achievements.	4/5/2018 3:56 PM
46	I think this is a good idea demonstrates a role model of health awareness would support this decision	4/5/2018 3:13 PM
47	Do not need alcohol to make something a special and dynamic event.	4/5/2018 3:00 PM
48	Whilst I acknowledge that we work in health we should be leaders in advocating for sensible drinking not abstinence.	4/5/2018 2:55 PM
49	If the format was very informal and the food informal also this would be a good option. Perhaps 5.30 to 7.30pm presentations.	4/5/2018 2:43 PM
50	its a celebration, dinner and wine all part of it.	4/5/2018 2:20 PM
51	As above	4/5/2018 1:55 PM

HB Health Awards

52	I am happy to have alcohol at these events. Surely we should be role modelling moderation while having fun.	4/5/2018 1:45 PM
53	Because the success is about improving health in HB, this should be alcohol event. Correct me if I'm wrong but I think HBDHB has a Ball once a year for those who choose to go that has alcohol.	4/5/2018 1:44 PM
54	Im supporting a day event which should be alcohol free	4/5/2018 1:33 PM
55	Love a wine with my meal, but can have a meal or evening without it too	4/5/2018 1:31 PM
56	Because its not about the alcohol. I enjoy the networking opportunity that the event allows.	4/5/2018 1:30 PM
57	there was no option for maybe!! if you spend larget $$ on a night out, many people will want to have a "drink responsibly" message, but still have the option to have a drink or two... do not become the nanny state police!!!	4/5/2018 1:28 PM
58	Lead by example We are health	4/5/2018 1:15 PM
59	For sure The event is focused on Health so it should be alcohol free. DHB should lead by example .	4/5/2018 1:14 PM
60	I believe, it should be an alcohol free event. This is about health and wellbeing and success.	4/5/2018 1:13 PM
61	Is there an issue? It is an occasion to celebrate so as long as there isn't any inebriation or offensive behaviour, I think a few drinks are ok	4/5/2018 1:02 PM
62	Though I would miss having a glass of wine	4/5/2018 1:00 PM
63	Yes but are you also going to cut out the deserts and chocolates etc....	4/5/2018 12:55 PM
64	Yes we would still support the event however do wonder if this could impact on the attendance numbers in the current format.	4/5/2018 12:54 PM
65	I don't think an alcohol-free approach would make much difference. A lot of people don't drink anyway due to driving, or just have one or two drinks over the evening.	4/5/2018 12:41 PM
66	Its not much of a celebration	4/5/2018 12:39 PM
67	I enjoy a glass of wine with my meal. Happy to pay for any alcohol I consume.	4/5/2018 12:35 PM
68	Alcohol should not be the draw card (and never has been for me). Perhaps being a responsible host is the approach to take ie: taxi stands available, messaging on the night around the HBDHB commitment to reduce alcohol harm in Hawkes Bay, one for one and watching out for each other	4/5/2018 12:35 PM
69	would be a pity to become more restrictive - individuals have a choice. Also gives an opportunity for people to relax and meet each other in a different context.	4/5/2018 12:28 PM
70	I would prefer it to be an alcohol free event.	4/5/2018 12:21 PM
71	I think that would be sad	4/5/2018 12:21 PM
72	Terrible idea. Rightly or wrongly people some people need a drink to socialise and relax. You would need to ban cake because I'd sugar and cutlery due to risk of injury	4/5/2018 12:20 PM
73	BUT: I believe it would be a mistake to make it alcohol free. I know people relax and loosen up with their colleagues and contemporarys + I have never see a drunk person at the awards so what's the prob?!	4/5/2018 12:16 PM
74	it would reflect good practice and not impact on my enjoyment of the evening at all.	4/5/2018 12:16 PM
75	I think a social drink is acceptable and supports the environment of a celebration	4/5/2018 12:16 PM
76	Alcohol is acceptable for occasions such as this - happy to purchase if required. As health professionals we should be practising safe drinking anyway	4/5/2018 12:16 PM
77	We are adults and should be responsible for our own choices. We does it stop!	4/5/2018 12:13 PM
78	It's nice to have a glass of wine, some great food and relax in a great atmosphere with friends and colleagues	4/5/2018 12:12 PM
79	I rarely drink more than one glass anyway as I usually drive myself.	4/5/2018 12:00 PM
80	Alcohol is not everything, but it helps!	4/5/2018 11:59 AM
81	Maybe. I was looking forward to having a fun social time with my colleagues.	4/5/2018 11:49 AM
82	This is DHB policy and is role modelling healthy behaviour	4/5/2018 11:36 AM

HB Health Awards

83	I think it would be fine as long as it was socialised well - might be good to have a venue that has a venue that serves alcohol nearby beforehand in case people want to have that choice beforehand. I think perhaps there could be some steps taken first e.g. first year to serve low alcohol wine and beer and offer wine by the glass rather than bottle, promoting 1 for 1 with water etc, offering subsidised high end non-alcoholic low sugar drinks	4/5/2018 11:35 AM
84	But again, I don't think healthy moderated intake of alcohol is a terrible thing. I think banning it based on "health" grounds and the promotion of good health is PC gone mad. I haven't seen poor drunken behaviour at the health awards.	4/5/2018 11:30 AM

HB Health Awards

Q6 Thinking about the awards – tell us any changes or improvements you feel would help make the awards even better.

Answered: 83 Skipped: 27

#	RESPONSES	DATE
1	make entertainment shorter	4/10/2018 6:47 PM
2	i think they have been good events in the past	4/10/2018 5:28 PM
3	More categories that maori health providers can succeed in.	4/10/2018 10:15 AM
4	I believe it is a lovely format, it has formality and significance. Health staff have no other glamour event that rewards ourselves for the everyday effort we put in. Don't dumb it down.	4/10/2018 9:44 AM
5	It was a really fun event. If you had a category for ward areas maybe more people on the floor would attend and feel like they could be involved rather than only the higher ups.	4/10/2018 7:49 AM
6	make more staff feel appreciated	4/9/2018 7:27 PM
7	Nominees should be forwarded by other than the staff who will be receiving the awards	4/9/2018 6:34 PM
8	never been	4/9/2018 5:17 PM
9	I think telling people more about it, what/who's/why's, will increase a sense of understanding and appreciation	4/9/2018 4:54 PM
10	As I don't know the catagories, I can't really comment.	4/9/2018 3:40 PM
11	Having a people's choice award at a minimum	4/9/2018 2:51 PM
12	Already discussed.	4/9/2018 2:49 PM
13	The dinner is too late. Start earlier or do food in between. People drink too much while waiting for food.	4/9/2018 2:24 PM
14	more invitations	4/9/2018 1:54 PM
15	I think some effort should be put in to identify those members of the clinical and non-clinical teams who are putting in the extra effort to improve patients experience	4/9/2018 1:35 PM
16	Invite every employee of the DHB. I know very few would be able to make it, but it would make such an awesome statement to support the entire DHB workforce and it's partners.	4/9/2018 1:11 PM
17	Bigger venue	4/9/2018 1:05 PM
18	Last year's entertainment was great. I wonder whether there should be a change from the Beat Girls as they have performed at the awards for a number of years now.	4/9/2018 12:15 PM
19	more inclusion of community organisation such as NGO's	4/9/2018 12:14 PM
20	as above	4/9/2018 12:10 PM
21	I think the actual award ceremony is good and gets media coverage which has to be good.	4/9/2018 9:29 AM
22	I have only been once and prior to that attendance, I wouldn't of bothered going as it always seemed like a corporate event. I did enjoy myself at the awards and thought it was worth the money so this is why I would go again. It is also an evening of entertainment which is not often available in Hawkes Bay.	4/9/2018 9:25 AM
23	Easy application form, for some of our programmes we would like to submit videos of consumer feedback but the current format does not allow us to do so	4/9/2018 9:19 AM
24	A consumer nominated award as above, more primary care involvement.	4/9/2018 9:06 AM
25	I have enjoyed attending	4/9/2018 9:00 AM
26	As before. Widen the brief regarding who is deserving. perhaps winners one year cannot win again the next?	4/9/2018 8:57 AM
27	I do not have anything else to add. EXCEPT - it would have been good to have included 'Other' to question 9 as I do not fit any of the specified categories.	4/9/2018 8:35 AM

HB Health Awards

28	Enable and support organisations outside of the DHB to be have the time and resources to put in a professional outcomes based application. most places outside the DHB don't have communications people and people who are experts in writing. it makes it a bit elitist.	4/9/2018 8:34 AM
29	Reduce or subsidise ticket price	4/9/2018 8:32 AM
30	as above, more information about each winner and why the have won and details about there application Each applicant should only be able to entry once	4/9/2018 8:16 AM
31	see previous answers. also better support from employers to attend.	4/9/2018 8:07 AM
32	more accessibility to staff. e.g. cost. The awards seem to be at a management level only. people across health services are key to service delivery changes...what about celebrating the front line staff .e.g. recognising nurses, receptionists, care associates...cleanerseven	4/9/2018 7:13 AM
33	Keep the evening running smoothly	4/8/2018 12:01 PM
34	no comment as a long time since I attended	4/8/2018 10:32 AM
35	There needs to be recognition for those who were unplaced as they have made a huge effort in their contribution and for the considerable work in submitting an entry and then to pay $60 each for their team who end up being unsuccessful, when actually they are very successful in their field which can be very different to other entries in their category.	4/6/2018 10:24 PM
36	If submissions are stating that there is a sector wide collaboration then the document should be signed by all of the whole sector representative within this document. The awards should be shared not the same old same old winning.	4/6/2018 3:16 PM
37	as above	4/6/2018 1:25 PM
38	Become a bit cynical about the judging when the same entrant wins several years in a row. And there seems to be focus on "which entry saved the hospital lots of money" instead of which actually is changing people's lives.	4/6/2018 1:10 PM
39	the key is engaging and enabling as many to enter as possible as this drives the whole meaning of the event. Perhaps targeting what support was needed for potential entrants to fine tune entry submissions?	4/6/2018 9:47 AM
40	Scrap them.	4/6/2018 8:46 AM
41	It is very complicated and time consuming getting into the awards categories.	4/6/2018 8:31 AM
42	Greater acknowledgment of those nominated who don't win	4/6/2018 8:29 AM
43	n/a	4/6/2018 8:19 AM
44	I think for nominates it would be good to have a discounted price. Also for there to be more tickets sold so that more of the teams could attend	4/6/2018 8:00 AM
45	Cheaper ticket pricing, free entrance for nominees,	4/6/2018 4:35 AM
46	Have it at a marae. Make it more bicultural. Video it with the opportunity to buy or copy sent to entrants.	4/5/2018 9:35 PM
47	i enjoyed the Award they were well organised, i also enjoyed the food	4/5/2018 6:43 PM
48	none	4/5/2018 5:10 PM
49	Having won an award as part of my team it was quite funny to see management or other people who don't work in our team to have got up for photo opportunities.	4/5/2018 4:21 PM
50	Reduce the frequency - Make it every 2-3 years. Provide expectation in terms of significant service transformation/integration/model of care shake up. link it with other awards ceremonies in Hawkes Bay so that we include non health members of community e.g. business awards, living taonga, HDC, REDS, Growers etc.	4/5/2018 4:17 PM
51	Last year there were runners up to most categories but not all. It would be encouraging to be consistent with a runner up at least in each category..	4/5/2018 3:56 PM
52	maybe more local community involvement , disability groups , NGOs , voluntary groups represented ,	4/5/2018 3:13 PM
53	Section that recognizes success in the recreation sector - grass roots or even an initiative that has been going for quite some time and has continued to succeed through the volunteers and team that drives it.	4/5/2018 3:00 PM
54	to recognise work ethic and values - those things that are hard to measure and are so very often the foundation of what makes others look so good. It is also the small things	4/5/2018 1:59 PM

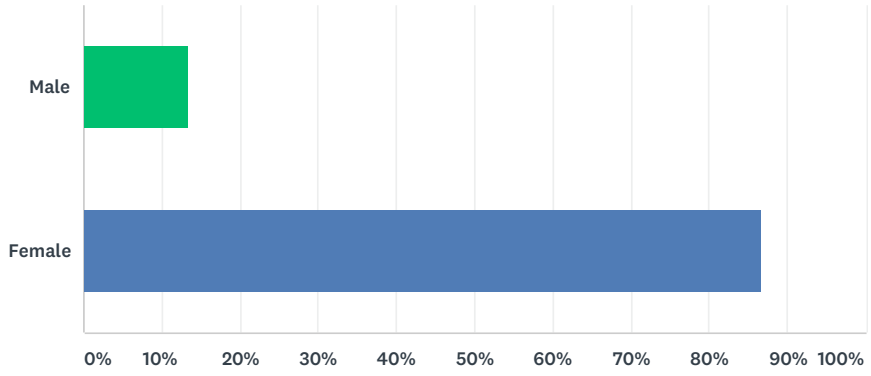
HB Health Awards

55	I don't understand the process of applying and seeking a "winner". But I would hope there are awards for community and DHB led initiatives, big and small.	4/5/2018 1:45 PM
56	Verbally recap the last 5yrs of awards presented. So that people know how far we've come.	4/5/2018 1:44 PM
57	Perhaps review the categories so there is more equity amongst different services (versus just well funded projects) I have put several entries in and had zero success and zero feedback around my entry.Who knows what the judges are really looking for, who knows what a well written entry looks like when your busy running a service in isolation	4/5/2018 1:33 PM
58	The pomp and ceremony that goes with the current seems over the top and for some people too costly and so therefor don't get an opportunity to attend. I think its time to change the model and make it about the people and the initiatives and the moment its not	4/5/2018 1:31 PM
59	Maybe the entrants could present poster displays of their initiative/project.	4/5/2018 1:30 PM
60	try a lunch, have a draw card like the Minister of health or director general to present a key award,	4/5/2018 1:28 PM
61	More consumer voice	4/5/2018 1:15 PM
62	shouldn't be a cost to attend - all of the community should be invited and part of celebration	4/5/2018 1:14 PM
63	Day time. No alcohol. No entertainment.	4/5/2018 1:13 PM
64	Examine the entry criteria Is it too stringent making some feel disadvantaged who nevertheless are doing wonderful work and should be recognised? Limit entries to one per department to open up the field more fairly to all	4/5/2018 1:02 PM
65	I think they are great the way they are	4/5/2018 1:00 PM
66	make it affordable	4/5/2018 12:55 PM
67	Showcase activities from across the broader health sector would be good to see. Also greater promotion and engagement with the wider sector to generate interest for a broader range of entries.	4/5/2018 12:54 PM
68	I think the current format works well.	4/5/2018 12:35 PM
69	More room for people to manoeuvre between tables. More community attendance (make some free tickets available)	4/5/2018 12:35 PM
70	live announcements, no voice over,	4/5/2018 12:28 PM
71	Think of that hard working ED nurse that might would like to attend. Don't design them for management.	4/5/2018 12:21 PM
72	I don't feel primary care are given the same recognition. HN initiative following water crisis was nationally acknowledged for their innovation and accepted in the NZMJ. This is not the first time they have been side-lined in my opinion. They are an important part of the DHB	4/5/2018 12:21 PM
73	Ideally the cost would be covered. Or at least transport to and from venue covered	4/5/2018 12:20 PM
74	..	4/5/2018 12:18 PM
75	pace the meal through the awards - most of us eat dinner a whole lot earlier than 9pm.	4/5/2018 12:16 PM
76	Better entertainment	4/5/2018 12:16 PM
77	Create an initiaties portal - where staff can share the work they are doing and other lear from. Prior to event have the ability to understand what people are entering for. Accessible to more staff with some cost consideration.	4/5/2018 12:16 PM
78	The awards night is full of surprises-most of us have no idea of the entered initiatives going on in the organisation-an information portal or similar would be good for communication	4/5/2018 12:16 PM
79	It is a great way to celebrate all the great work that is happening around Hawkes Bay	4/5/2018 12:03 PM
80	Somehow we need to get all staff to embrace this opportunity to show case work - but there is still a sense of its not for me - cost is a factor - but for what you get I believe it is value - (which is probably still subsidised) I also think staff feel its more for 'senior management' but I think this is changing at least I hope so. I absolutely support retaining the awards is some format.	4/5/2018 12:00 PM
81	See question 1	4/5/2018 11:59 AM
82	Please recognise those who don't have the skills and resources to produce award-winning applications but have put in hard yards - think about equity, some need more help to achieve and DHB has an unfair advantage in terms of skills and resources available. Its not a level playing field so don't set the awards up to recognise those with the most.	4/5/2018 11:36 AM
83	Some recognition of smaller projects without sponsorship, project managers and budget.	4/5/2018 11:30 AM

HB Health Awards

Q7 This is an anonymous survey, and if you are willing please answer the following:

Answered: 105 Skipped: 5

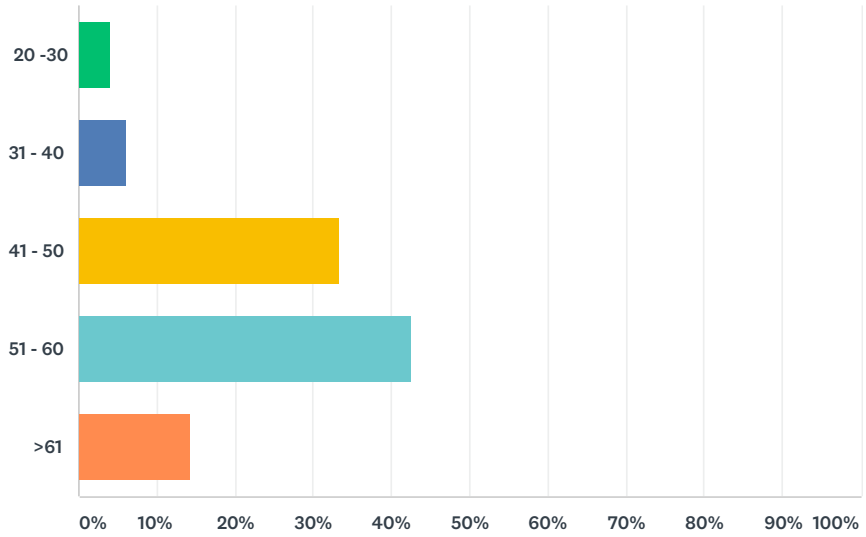


ANSWER CHOICES	RESPONSES	
Male	13.33%	14
Female	86.67%	91
Total Respondents: 105		

HB Health Awards

Q8 Age

Answered: 99 Skipped: 11

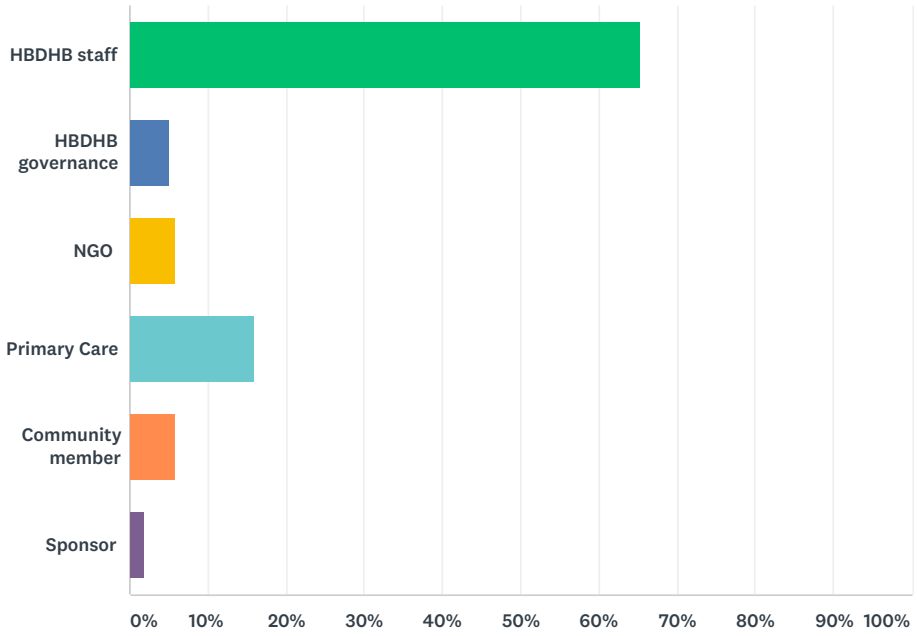


ANSWER CHOICES	RESPONSES	
20 -30	4.04%	4
31 - 40	6.06%	6
41 - 50	33.33%	33
51 - 60	42.42%	42
>61	14.14%	14
TOTAL		99

HB Health Awards

Q9 Your association with the awards is as

Answered: 101 Skipped: 9



ANSWER CHOICES	RESPONSES	
HBDHB staff	65.35%	66
HBDHB governance	4.95%	5
NGO	5.94%	6
Primary Care	15.84%	16
Community member	5.94%	6
Sponsor	1.98%	2
TOTAL		101

INFORMATION SERVICES MOBILITY

PROGRESS UPDATE

PRESENTATION

HAWKE'S BAY District Health Board Whakawāteatia	**HBDHB Youth Strategy Implementation update inclusive of Zero Fees 13-17** 85
	For the attention of: **Māori Relationship Board, HB Clinical Council & HB Health Consumer Council and HBDHB Board**
Document Owner	Chris Ash – Executive Director Primary Care
Document Author(s)	Jill Garrett, Strategic Services Manager – Primary Care; and Marie Beattie, Portfolio Manager Integration
Reviewed by	Emma Foster- GM Totara Health/Directions; Julia Ebbett- GM Te Taiwhenua O Heretaunga; Stacey Tito – Directions Youth Social Worker; Ruth Fa'afuata – Rangatahi Youth Services TToH, Executive Management Team, MRB, Clinical and Consumer Council
Month/Year	June 2018
Purpose	Information update Progress against outcomes report
Previous Consideration Discussions	Regular update for monitoring
Summary	This paper outlines: • Background to the strategy and commencement overview • Progress to goals • Stakeholder engagement • Highlights and Challenges - Implementing the strategy - Zero fees 13-17yrs update • Recommendations and next steps
Contribution to Goals and Strategic Implications	HBDHB Youth Strategy Goals
Impact on Reducing Inequities/Disparities	Addressing high need youth health through a mechanism of positive youth development
Consumer Engagement	Directions Youth Health Services Youth Consumer Council Zero Fees 13-17 clusters Public health and school based health services (SBHS)

RECOMMENDATION

That the HBDHB Board:

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

16

Update on implementation of the HBDHB Youth Health Strategy

Author(s):	Marie Beattie
Designations:	Portfolio Manager - Integration
Date:	June 2018

RECOMMENDATION

That the HBDHB Board

- Note the contents of this report.

1.0 **Background information:**

In line with The World Health Organisation's Global Strategy[1], the Hawke's Bay District Health Board (HBDHB) have made a commitment to ensure there is opportunity for the children and youth of their region to thrive. This support to the region's children and youth will realise enormous social, demographic and economic benefits. Working on a strengths based model for positive development the view looks beyond crisis management and problem reduction. It incorporates strategies that increase young people's connection to positive supportive relationships and challenging meaningful experiences[2]

2.0 Progress to Goals (Refer Appendix one below for detailed 2018-19 action plan)

Goal 1: Youth Report Healthy and Safe

HEADSS assessments continue to be completed for all Year 9 students in Decile 1-3 high schools. Youth friendly audits for general practice teams has been completed as part of the Zero fees for 13- 17 year olds. This program is now in operation in 13:14 practices offered. It is an assessment tool used across multi agencies that needs to be supported in its use across a range of health services to effectuate appropriate referrals and support.

Goal 2: Youth Report they Feel Connected

An updated youth services directory is to be created and made available via social media which is an appropriate medium for youth in regard to independent access. It currently includes community and health services and will be expanded based on information gathered from the youth council. More work is underway relating to this goal (see Appendix One for details) Providers report a greater level of connectedness with the strengthening of the management of Directions. Confidence in the multidisciplinary team that operates from this provider is growing. Its strength is in providing service support to the population of Hastings. Areas for development is extending this to the population of Napier.

Goal 3: Productive:

[1] United Nations Secretary General. Global Strategy for Women's, Children's and Adolescents Health 2016 - 2030

[2] Dr Karen Pittman. The Forum for Youth Investment, Ready by 21

Local councils operate youth projects aimed at preparing youth for a life of productivity and academic success. Rangatahi services support connecting youth to programmes that ensure they have Levels 1-2-3 NCEA in readiness for the workplace and or training. HBDHB contributes to this by operating the incubator programme and participation in the annual careers expo designed to give youth a taste of the varying careers available in health.

Goal 4: Health System Resiliency:
Supporting transgender issues is at the fore in regard to the 'sense of belonging that youth feel when engaging and connecting with services. Work in this area will continue to be a focus in 2018-19 as we prepare the workforce to be more ably suited to work with rangatahi and specifically LGBTI. The Use of HEADSS across all of sector agencies is a means of supporting positive youth relationships. Work is underway to ensure the health workforce take up the training being provided locally.

Goal 5: Community Inclusiveness
Investing in youth to participate in decisions that affect them is a powerful motivator for change. Establishing a governance group by youth for youth meant that rangatahi have influence on planning that impacts on their peers. The work of the youth consumer council is ongoing and connecting this council with youth governance groups within Hawke's Bay is part of the mahi of this strategy.

3.0 Stakeholder engagement

3.1 The Youth Strategy and Zero fees for 13-17yrs has built a strong consumer and stakeholder network that are consulted to inform planning and reporting. The list of stakeholder involvement includes; Youth Consumer Council, Local body Youth Councils (representative of our Local Territorial Authorities), Directions Youth Health Centre, HBDHB School Based Health Services and the PHNs within that service, General Practice Teams, Prima Volta Charitable Trust, PHO, YCON, and YMCA/YWCA.

4.0 Highlights (and challenges)

4.1 The Youth Consumer Council has been sustained over a period of 2 yrs since its establishment. Representatives from the council are frequently requested for their input in many forum both in health and across sector. Links between the HBDHB consumer council and local body councils.

4.2 SBHS enhanced (nurse hours) has seen positive results. There was some disquiet with the reduction of GP hours within schools, however this coincided with the introduction of the zero fees for 13-17yrs and funding made available for access to a GP for any presenting student to have access to GP services.

4.3 Increased utilisation of the Directions Youth Health service has been observed and this trend is encouraging. This increase is thought to be attributable to the relocation of the service closer to the city centre. Growing the multidisciplinary team within this service is positive as we move to creating opportunities for rangatahi to access services through normalising health seeking behaviours

4.4 Zero fees for 13- 17 year olds at general practices has now been fully implemented in 13 of the 14 eligible practices. This initiative provides free consultation with members of the general practice team. An additional benefit of the initiative is that it provides early opportunity to engage and foster therapeutic relationships with the young people and members of the practice team. (Appendix Two) Consultation rates have met the projected forecast of 2.15 visits per annum, however there are still youth registered with a general practice who have no contact with this service. Work is underway to determine if they have been able to access services elsewhere (Directions, SBHS etc) or have utilised ED as a primary care provider.

4.5 The zero fees funding was provided to the practice team in order to enhance the utilisation of the full general practice team, not solely GPs. This has been a positive step in models of care

change that see multidisciplinary teams included in general practice; e.g. social worker, counsellors, health care assistants, navigator's et.al.

Challenges

4.6 There is currently a review being carried out at Ministry of Health level of all Mental Health Services (nationally). Hawke's Bay is hosting the ministry panel of enquiry in the week 4-8 June. The findings from this review will highlight the areas of strength and development for Hawke's Bay. Preliminary local findings is that mental health is an area that needs strengthening.

4.7 There still exists low consultation rates for 13-17yr olds within general practice; 56% have 0-1 consults per annum when registered with a practice. Investigation into this is underway (see para 4.4 above)

4.8 Sexual Health Services in Hawkes Bay continue to see an equity gap in our rangatahi accessing this service particularly our tane. Further implementation of the Youth Health Strategy and development of a regional Sexual Health Strategy will set a clear direction for this service in the future.

5.0 Recommendations and next steps

5.1 Monitor access of young people 13-17 years to their general practice teams and the Emergency Department and respond to trends and/or equity gaps.

5.2 Provide comparative general practice consult and utilisation data between practices in the program and those outside of the program to fully demonstrate its impact on rangatahi health seeking behaviours.

5.3 Promote the zero fees for 13-17 year olds widely and at touch points where these young people are known to come together or access ie secondary schools, career expos, Kapa Haka competitions and on social media via the youth consumer council Facebook page.

5.4 Strengthen the cluster plans in the zero fees 13-17 to ensure collaboration and coordination of services and referral pathways for rangatahi are in effective in meeting their needs.

5.5 Supporting primary care to include 'behaviourist type roles' as part of model of care development.

5.6 Implement the transgender pathway for young people in Hawke's Bay who are seeking support with gender issues.

Appendix One – HBDHB Youth Health Strategy
2018-19 Action Plan

Goals	Outcome relates to	Objective	Activities	Who …
Goal 1: **Youth report that they are healthy & safe**	Social connectedness	System wide use of HEADDS assessment across primary care services to support an appropriate referral process if required. Proactively address absenteeism / behaviour issues due to health or social issues.	HEADDS -90% coverage rate in SBHS environment. Appropriate follow up completed with consent and actioned this includes connecting to whanau for relevant support. HEADDS assessment training is being offered locally by the SYPHANZ group. It is open to anyone who works with young people. Facilitate up skilling of ED staff in their interactions, assessment and treatment of youth.	PHNs GP clinical teams. Youth Workers DYS ED Staff
	Emotional wellbeing	Maintain the services currently provided by Directions. Ensure workforce development around mental health is ongoing for youth workers. Use utilisation data to inform the mental health inquiry currently in play	Nurses from participating 13-17year old free fees practices have participated in a mental health credentialing process. Youth are accessing this service in the general practice they are enrolled in. SBHS nurses are regularly being up skilled and credentialed in the area of mental health. There are currently 12 nurses completing this process. Wellington Youth Workers Collective have delivered in HB a free workshop on gender diverse youth. School nurses are screening young people's mental health status in the school environment. Brief interventions occur or referrals to the school counsellors or one of the providers of mental health services locally are actioned. Additional new Ministry of Health funding will see the SBHS service provision grow across more secondary schools.	DYS MoE Practice Nurses SBHS Peers CAFS SWIS Te Kupenga O Ahuriri. NEETS

	Avoidance of risky behaviours	Minimise the possibility of youth engaging in behaviours that put their wellbeing at risk.	YMCA are working with Oranga Tamariki to transition young people back to school who have disengaged. Promote the free health and social services of the SBHS, Directions and 13-17 year olds general practice access. 13-17 year old free GP access has been promoted through social media and increased utilisation of the general practice teams has been observed. Plans are in progress to advertise SBHS and Directions services via the same mechanism.	YCC General Practice SBHS DYS YMCA
Goals	**Outcome relates to**	**Objective**	**Activities**	**Who …**
Goal 2: **Youth report they feel connected**	Community Connectedness	An up to date directory of youth services is available via various mediums and widely distributed so that youth are aware of services available.	An audit has been undertaken of the current youth services directory as a result local councils, MSD MoE, HBDHB and youth are working together to update and maintain this resource. The resource will be available at the touch points where there are youth connections. Additionally, the resource will be available and advertised online. Whanau Tahi is an electronic universal mechanism by which young people can be referred to a variety of services within the sector.	HBRC HDC NDC MSD MoE HBDHB YCC

Goals	Outcome relates to	Objective	Activities	Who …
Goal 2 (cont.)	Positive Relationships	Youth experience positive relationships	Directions youth services currently provide informal peer support as well as a place to "be" for the young people of the region. Young people can engage in a variety of physical activities and sharing of food. Resilience building workshops for youth have been occurring in decile 1-3 secondary schools these have been well received and there has been very positive feedback from participants and the schools. Suicide prevention workshops have been held by Te Tai Timu these have been well attended. YMCA holiday programme targets older participants to mentor younger ones and in doing so creates an opportunity for youth be role models.	DYS PHO Te Tai Timu YMCA
	Leadership Development	Youth are provided with an opportunity to be leaders	Establishment of a formal peer mentor group within Directions is underway. Within this group there will be youth who will assume leadership roles within the group. The YMCA encourages the older group attending their school holiday programmes to assume leadership roles and run parts of the programme.	DYS HBDHB YMCA

Goals	Outcome relates to	Objective	Activities	Who …
Goal 3: **Productive**	Workforce Readiness	Young people are assisted to develop the skills and attitudes they need to take a positive part in society, now and in the future.	HDC currently run a programme called "Youth Connector" Working with service providers or youth to assist with training, interviewing skills and preparations of CVs in readiness for the workforce. Each repetition of this cycle sees approx. 12 young people through the programme. NEETS (Not in employment education or training) support youth to complete academic national standards then transition to the workforce.	HDC Te Taiwhenua O Heretaunga YCON
	Career Awareness	Youth are aware of career opportunities and have a thorough knowledge of what is required to pursue their chosen career pathway.	Every year the careers expo is held in conjunction with EIT and MoE in Hawkes Bay. Youth from secondary schools and alternative education institutions arrange for youth to attend this.	HB Secondary Schools NZ Army NZ Navy HBDHB EIT Massey University

Goals	Outcome relates to	Objective	Activities	Who …
Goal 4: **Health System Resiliency**	Commitment to Adolescents and Youth Development	There are well established programmes within the community where the focus is early intervention/prevention to divert young people away from criminal activity.	Collaboration and consultation around youth development and programmes have occurred with both the Hastings District and Napier City council this quarter. Efforts to create protective environments in a wider context has seen the HBDHB recently endorse a report outlining the evidence showing that underage exposure to alcohol causes harm. A particular focus is on events held on school grounds where children are present. As a result of this endorsement, schools in HB will be encouraged to develop a school alcohol policy. A public statement and alcohol-free fundraising guide is being developed.	HBDHB NCC HCC MoE
	Partnerships and Collaborations for Youth Health Development	All sectors of the community will co-design youth development with the young people at the forefront.	Refer to Leadership development in Goal 2	
	Data Collection collation and analysis	To use health system data to inform program decisions that have a positive impact on youth. Use utilisation data to inform the mental health inquiry currently in play	Utilisation of the zero fees for 13-17yr olds has shown an increase in access to the general practice teams. Equity for Maori and Pacific remains a challenge. Work to address this includes promoting the service in secondary schools, emergency departments, urgent care facilities and	General Practice HBDHB

Goals	Outcome relates to	Objective	Activities	Who …
Goal 5: **Community Inclusiveness**	Youth as community change agents	Youth are involved with local iwi to work with young people.	The youth consumer council have submitted a proposal to the Hastings District Council for funding to work with local iwi and youth around exam readiness and life skills that include budgeting, food preparation and culinary skills.	YCC TTOH HDC
	Youth Involved in Governance	Youth have the mandate to lead and support themselves as a group to achieve what youth need/want.	A youth governance group is currently being established to support the Mahi of Directions youth services. Two high profile community members and a counsellor from William Colenso secondary school have volunteered to guide the group to ensure good governance and a commitment to youth during this process.	Directions HBDHB Ben Evans Ken Foote
	Youth involved in Organisational Decision Making	Youth are provided with the forum to have their voice heard around proposed health service delivery.	Representatives from the Youth consumer council have contributed to the CSP at every community consultation evening.	HBDHB Directions

Abbreviations

DYS	Directions Youth Services	NCC	Napier City Council
GP	General Practice	NEETS	Not in Education Employment or Training.
HBDHB	Hawkes Bay District Health Board	PHN	Public Health Nurses
HBRC	Hawkes Bay Regional Council	PHO	Primary Health Organisation
HCC	Hastings City Council	SBHS	School Based Health Service
MoE	Ministry of Education	SWIS	Social Worker in Schools
MoH	Ministry of Health	YCC	Youth Consumer Council
MSD	Ministry of Social Development	YCON	Youth Council of Napier

HAWKE'S BAY
District Health Board
Whakawāteatia

Update on Implementation of the HBDHB Zero fees 13-17yrs

Author(s):	Jill Garrett
Designations:	Strategic Services Manager – Primary Care
Date:	June 2018

RECOMMENDATION

That Māori Relationship Board, Clinical Council and Consumer Council

- Note the contents of this report

Definitions:

Consultation rate	Consultation rates show the number of times on average that consumers within this age bracket will access the primary health care team where they are enrolled[3]. The programme is funded on an average consult rate of 2.15 per annum
Utilisation rates	Utilisation rates illustrate what percentage of the enrolled population access services where they are enrolled.

1.0 BACKGROUND INFORMATION

1.1 **The aim of the zero fees for 13 -17 is to provide free access to our high needs youth population and in so doing promote confidence in the use of the health care system to support proactive health seeking behaviours.**

1.2 In 2016 proposals were presented to HBDHB committees for the funding of zero fees for 13-17year olds by the HBDHB. It was agreed that coverage of 67% of our Maori and Pasifika populations could be provided for through the funding that was made available ($563,000). Practice eligibility was determined by registered population within this age band of ≥30% or ≥100. This resulted in fourteen practices being eligible for the program.

1.3 Approval by the board was granted in November 2016, Preparation for programme implementation started in January 2017. Rolling start dates began from 1 July, with a number of practices already offering zero fees for this cohort of enrolled patients. (See table 1.0 below). Tukituki Medical was the 14th practice offered the programme but to date they have declined.

1.4 Prerequisites to being eligible for the programme is completion of the RNZGP Primary Care Youth Friendly Audit. Quarterly reporting is a prerequisite of the programme and consists of;

a. Progress against actions identified from the RNZGP Youth Friendly audit[4]
b. ED presentations and admissions: Skin, Respiratory, AoD, Sexual Health, and Mental Health *(pertaining to practices within the programme)*

[3] Note the programme provides for free access to 13-17yr olds when they access the practice where they are enrolled.
[4] Examples of cluster plans attached.

c. Consultation and utilisation rates of General Practice demonstrating access by eligible population and to the health care team so as to meet the needs of the rangatahi presenting.

1.5 Practices were invited to be part of a cluster according to geographical location. This was well received by the practices and recognised as a means of sharing resources and ideas. Two practices have chosen to opt out of this structure, one to work independently and the other to not engage in the programme.

1.6 Programme wide comparable reporting commenced in Q3 due to the rolling start date of the clusters / practices. Tukituki medical is the only practice to opt out of the programme, siting reporting requirements as the reason. Table 1.0 below lists the practices in the programme and their respective start dates.

Table 1.0 – Rolling start date – zero fees 13-17yrs

General Practices offering zero fees 13-17yrs	**Start dates**
Hauora Heretaunga [5]	Pre 1 July
Hastings Cluster	
Totara Health, Medical and Injury,	Pre 1 July
Doctors Hastings (Inclusive of Gascoigne and Waipawa)	1 October
Hastings Health Centre	1 November
Wairoa Cluster	
Wairoa Medical, Queen Street Medical, Health Care Centre Ltd	1 July
Napier Cluster	
Maraenui Medical	1 July
The Doctors Napier, Tamatea Medical,	1 December

*Drs Hastings Group

Reporting against evaluation framework
Evaluation of the programme is based on the evaluation framework established at programme outset. (See Appendix One).

2.0 CLUSTER PLANS

2.1 Each cluster was required to complete recognised audit based around being youth friendly. Two options were provided that of the RNZGP network and that of recognised leader within adolescent health for New Zealand Dr Sue Bagshaw. All practices within the programme have completed this and used the findings to generate their own action plan.

2.2 Key items within the plans include, training of staff in supporting rangatahi to utilise services available, linkages with other youth based services for ease of referral and follow up, employment of youth workers within the team, identifying youth champions within the team advertising of the programme to raise awareness, promoting the use of manage my health – patient portal by youth, improved communication developed by rangatahi to promote what services are available and the confidentiality they can have faith in when engaging with the services.

2.3 The cluster plans include three activities that are common to all members for economy of resourcing and one individual activity. As we move towards the commencement of the new financial year and contracting, the cluster will be encouraged to revisit the audit and evaluate against progress made to date.

2.4 Included in those activities will need to be a focus on how to engage rangatahi in health promoting, and normal health seeking behaviours, as we now have the data that tells us that

[5] Hauora Heretaunga is operating separately to the cluster currently as they had wanted to consolidate internal processes and systems for meeting the needs of youth before joining a cluster.

56% of consumers in this cohort only have 0-1 contacts with their health care team within a 12 month period. Research tells us that early engagement in health seeking behaviours lead to better health outcomes in adulthood.

3.0 CONSULTATION AND UTILISATION RATES:

3.1 Rates at which youth access primary care has now been broken down into two dimensions for evaluation purposes. Initially consultation and utilisation rates were terms used interchangeably. They are now distinguished as outlined under definitions above.

3.2 Currently the funding buys out-patient co-payments.[6] The rates are $53.75 p.a. per registered patient (VLCA practice) and $63.43 p.a. (non VLCA practice) for an anticipated consultation rate of 2.15 p.a.

3.3 Consultation rates for the programme (See Appendix Two for full summary)

Consult rate[7]	**Māori**	**Pasifika**	**Other**
2014 – 2016[8]	1.61	1.23	1.80
2017 - 2018[9]	2.21	1.97	2.50

3.4 Consultation rates per cluster

	Equity Gap[10]	**Māori**	**Pasifika**	**Other**
Napier	-0.65	2.18	1.75	2.83
Wairoa	-0.49	2.65	*	3.14
Hastings	-0.26	2.15	2.08	2.41

**Insufficient numbers*

3.5 Whilst the consult rate has met expectations and is predominantly over the threshold of the 2.15 funded rate, an equity gap still exists and the utilisation data provides a different narrative.

3.6 Utilisation has been made available to the clusters for the first time in quarter three. On consultation with the clusters, the focus needs to be on the 0-1 consults p.a. cohort rather than the 4 and 6+ who are known to the practice due to their health needs warranting this level of contact.

3.7 Utilisation rates for the programme (See Appendix Two for full summary)

Utilisation rates - programme	**Number**	**0-1 Consults**	**2-3 Consults**	**4-5 Consults**	**6+ Consults**
Maori	3418	57%	21%	10%	12%
Pasifika	505	65%	19%	9%	9%
Other	4,140	54%	22%	11%	13%

3.8 Utilisation rates per cluster (See Appendix Two for full summary)

Utilisation rates	**Number**	**0-1 Consults**	**2-3 Consults**	**4-5 Consults**	**6+ Consults**
Napier Cluster					
Maori	989	60%	18%	10%	12%

[6] Alternatives to how the funding could be allocated was discussed at length with practices prior to programme start. Options discussed were packages of care being allocated to only those youth in need, identified by the practice.

[7] Consultation rates includes GP and Nurses, recognising the use of the general practice team support and management of this cohort

[8] Pre implementation

[9] 1 May 2017-30 April 2018, reflects the rolling start dates of the practices involved. Napier cluster were the last to come on board in Dec 2017.

[10] Equity gap between Māori and Other

Pasifika	122	66%	24%	5%	6%
Other	1229	54%	21%	10%	15%

Utilisation rates	**Number**	**0-1 Consults**	**2-3 Consults**	**4-5 Consults**	**6+ Consults**
Hastings cluster					
Maori	1,844	57%	22%	9%	12%
Pasifika	379	63%	17%	11%	9%
Other	2,437	53%	23%	12%	12%

Utilisation rates	**Number**	**0-1 Consults**	**2-3 Consults**	**4-5 Consults**	**6+ Consults**
Wairoa Cluster					
Maori	459	54%	20%	12%	15%
Pasifika	4				
Other	109	53%	17%	13%	17%

3.9 Work will commence in quarter 4 to analyse the NHIs for this cohort against ED data and to determine if there is engagement with ED instead of primary care and if so what work can be done to reengage these consumers.

3.10 All practices within the programme recognise there is work to be done to normalise health seeking behaviours with this cohort and promoting proactive engagement for education and advice as the first step. Group appointments where rangatahi bring friends with them to their appointments is openly encouraged as one mechanism for achieving this.

4.0 ED PRESENTATIONS AND ADMISSIONS:

4.1 The evaluation framework identifies that proactive use of primary care may have an impact on ED presentations and admissions.

ED Utilisation for top 4 conditions[11] by programme

ED Utilisation for top 4 conditions[12] by cluster 12 months to 30 April 2017

ED utilisation data 13-17yrs[13]	**AoD**	**Mental Health**	**Respiratory**	**Skin**
Hastings cluster	29	22	91	62
Napier	8	12	13	7
Wairoa[14]	1	1		1

ED Utilisation for top 4 conditions[15] by cluster 12 months to 30 April 2018

ED utilisation data 13-17yrs[16]	**AoD**	**Mental Health**	**Respiratory**	**Skin**
Hastings cluster	51	48	100	44
Napier	9	21	17	12
Wairoa[17]	3		1	2

[11] Sexual Health non identifiable within list of event reason groupings. This will be addressed in Q4 reporting
[12] Sexual Health non identifiable within list of event reason groupings. This will be addressed in Q4 reporting
[13] Cohort of consumers registered with eligible practices
[14] Wairoa ED Hastings presentations only
[15] Sexual Health non identifiable within list of event reason groupings. This will be addressed in Q4 reporting
[16] Cohort of consumers registered with eligible practices
[17] Wairoa ED Hastings presentations only

4.2 Next steps is the matching of ED and Practice utilisation data for those with a practice utilisation rate of 0-1 to determine if ED is being utilised as the primary care provider. The cluster plan would then be used to identify targeted actions to engage those rangatahi in normalising health seeking behaviours using the primary care team as their health care home.

5.0 GENERAL COMMENTARY

5.1 There has been open sharing of data and cluster plans across the programme. Now that all practices have been fully engaged in the programme for one quarter opportunities to meet at programme level will be created to compare data (anecdotal, quantitative and qualitative) to inform next steps.

5.2 Questions have been asked as to the reporting requirement for this funding when U13s (and soon to be U14s) has no expectations attached.

5.2.1 Cluster plans: The programme lead sees it as important to continue this expectation as the cluster plan provides the mechanism to evaluate against a recognised youth friendly audit tool

5.2.2 The consultation, utilisation and ED presentation data provided by the PHO and DHB provides valued data that the clusters are now beginning to utilise purposefully.

5.3 Sexual health service provision is funded via the Coordinated Primary Options (CPO) Programme (sexual health contract) and it is also an expectation that consults relating to sexual health will be covered with the zero fees 13-17 contract. Analysis of any overlap and potential double funding is underway. Contracts for both programmes now make it the prioritisation of funding to be used explicit.

5.4 Appreciation of the zero fees is illustrated by comments made by practice managers involved in the programme as listed below;

"Group consults are common where rangatahi bring a friend or refer a friend does indeed promote normalising of health seeking behaviours."

"This programme has been a journey of severe joy, being able to provide care free."

"One young woman was so sick she had no idea and would not have come in if she had had to pay"

5.5 Advertising of the programme is limited. It is advertised within the practices involved, in the school based health services, Directions and pharmacies. The zero fees programme was launched with limited media coverage outside of the providers. Re advertising and alternative advertising needs to be considered as one means of improving utilisation by enrolled populations.

6.0 PHARMACY

6.1 There is high levels of good will with the pharmacies to provide this service

6.2 Currently the pharmacy software does not enable automatic identification of these patients for ease of system recording. The scripts are identified at practice level but the volume of scripts processed without an automatic system is creating issues in reporting and claiming. If this cannot be resolved within the two year pilot alternative actions may need to be put in place to facilitate an automated system.

6.3 Pharmacy funding was provided based on anticipated volumes measured against the 2.15 consultation rates and previous quarterly pharmacy warehouse data. Current data is showing that actual pharmacy utilisation is lower than anticipated. 2108-19 funding levels to individual pharmacies will be guided by the current consultation rates.

7.0 NEXT STEPS FOR CONSIDERATION

7.1 The introduction of the U14 MoH funded initiative shifts the potential costing of the programme with its current practice participation from $451,300 to $355,266 a per annum saving of 96,034. U14s is flagged to commence in Dec 2108 giving a potential saving of $64,022.[18]

7.2 Clusters have indicated they would like the opportunity to explore options for utilising the savings to improve service provision and connectedness. This needs to be balanced with the recognition that up to 56% of enrolled populations are currently not utilising their capitation funding.

7.3 NHI data matching for ED presentations and Practice Utilisation rates needs to inform activities within the 2018-19 cluster plans

7.4 Training of front of house staff is recognised by all clusters as an area that needs focus as illustrated in findings from the youth friendly audits. Work is underway to identify training opportunities locally and at low cost. HEADSS assessments is a priority.

7.5 Strengthening links with youth related services and an extended primary care team such as social workers, youth health workers, AoD support, mental health counsellors will be discussed at the zero fees 13(14) -17 forum being planned.

7.6 Strengthening links with the education sector and Ministry of Social Development to socialise the programme and strategy to foster a multisectorial approach to support the intentions.

7.7 Pharmaceutical (script) claiming will be closely monitored in lieu of the currently experienced low pharmacy utilisation rates.

7.8 Provide comparative data from a regional control group.

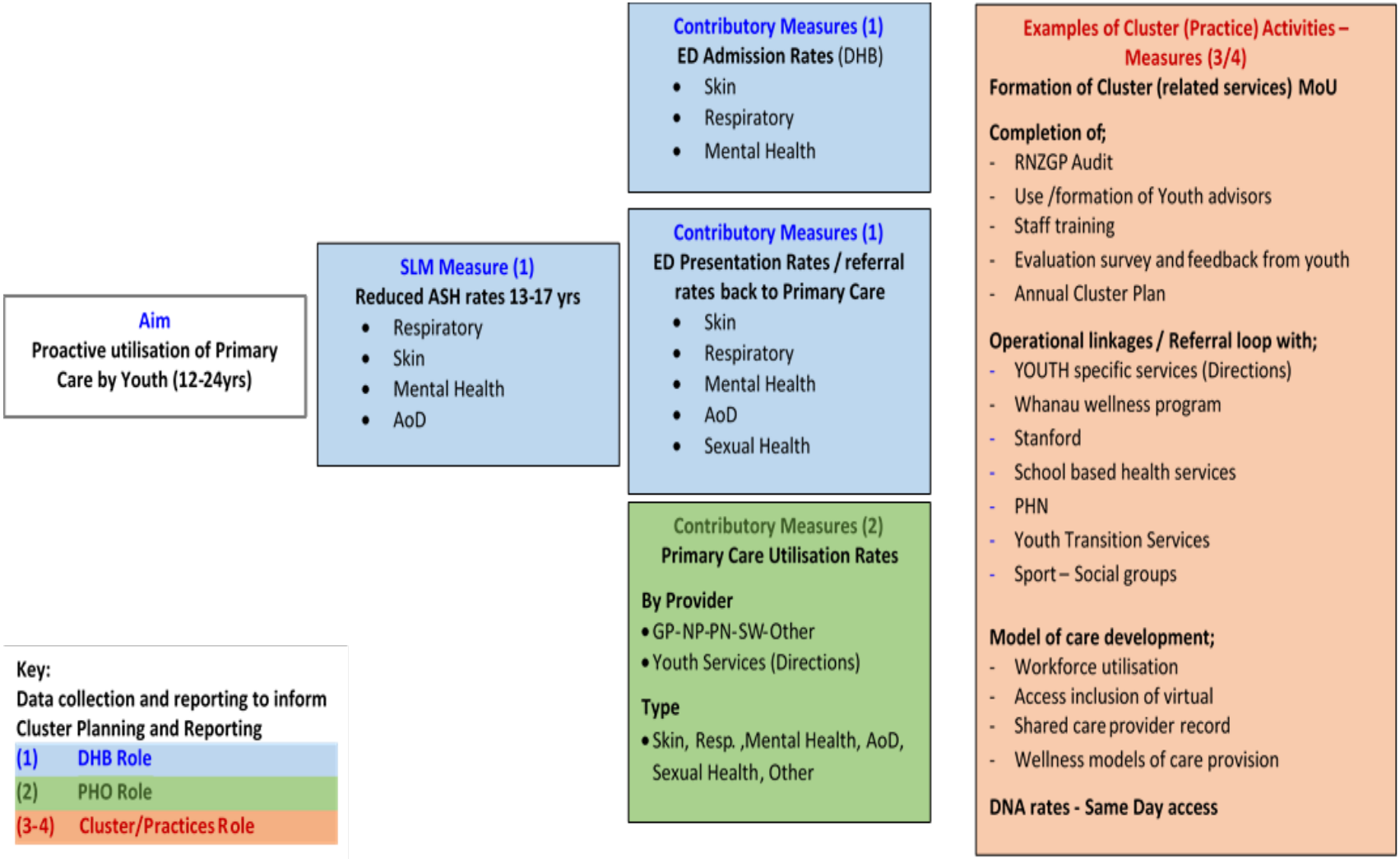
ATTACHMENTS:

Appendix One: Evaluation Framework – zero fees 13-17yrs

Appendix Two: Consultation and Utilisation Rates (Primary Care)

[18] Eight months of savings.

Appendix One: Evaluation Framework – zero fees 13-17yrs



Appendix Two: Consultation and Utilisation Rates (Primary Care)

13-17 Year Olds 12 Month To 30 April 2018 Capitation Consultations

Age as at 31 March 2018

Programme Average Consultations - Total

	12 Months to 30 April 2018				
Practice	**Total Patients**	**Ave GP Consults**	**Ave Nurse Consults**	**Ave Total Visits**	**Nurse to GP Ratio**
CHB Cluster	497	1.43	0.36	1.79	20%
Hastings cluster	4,660	1.82	0.46	2.28	20%
Napier cluster	2,340	1.88	0.62	2.50	25%
Wairoa Cluster	572	1.22	1.51	2.73	55%
Grand Total	**8,069**	**1.77**	**0.57**	**2.35**	**24%**

Programme Average Consultations - Maori

	12 Months to 30 April 2018				
Practice	**Total Patients**	**Ave GP Consults**	**Ave Nurse Consults**	**Ave Total Visits**	**Nurse to GP Ratio**
CHB Cluster	126	1.47	0.35	1.82	19%
Hastings cluster	1,844	1.62	0.53	2.15	25%
Napier cluster	989	1.57	0.61	2.18	28%
Wairoa Cluster	459	1.20	1.45	2.65	55%
Grand Total	**3,418**	**1.54**	**0.67**	**2.21**	**30%**

Programme Average Consultations - Pasifika

	12 Months to 30 April 2018				
Practice	**Total Patients**	**Ave GP Consults**	**Ave Nurse Consults**	**Ave Total Visits**	**Nurse to GP Ratio**
CHB Cluster	6				0%
Hastings cluster	379	1.54	0.55	2.08	26%
Napier cluster	122	1.26	0.48	1.75	28%
Wairoa Cluster	4				67%
Grand Total	**511**	**1.45**	**0.53**	**1.97**	**27%**

Programme Average Consultations - Other

	12 Months to 30 April 2018				
Practice	**Total Patients**	**Ave GP Consults**	**Ave Nurse Consults**	**Ave Total Visits**	**Nurse to GP Ratio**
CHB Cluste	365	1.44	0.37	1.81	20%
Hastings cl	2,437	2.02	0.40	2.41	16%
Napier clus	1,229	2.19	0.63	2.83	22%
Wairoa Clu	109	1.36	1.78	3.14	57%
Grand Tota	**4,140**	**2.00**	**0.50**	**2.50**	**20%**

Programme utilisation - Pasifika

	12 Months To 30 April 2018				
Practice	Total Patients	0-1 Consults	2-3 Consults	4-5 Consults	6+ Consults
CHB Cluster	6				
Hastings cluster	379	63%	17%	11%	9%
Napier cluster	122	66%	24%	5%	6%
Wairoa Cluster	4				
Grand Total	**505**	65%	19%	9%	9%

Programme utilisation - Other

	12 Months To 30 April 2018				
Practice	Total Patients	0-1 Consults	2-3 Consults	4-5 Consults	6+ Consults
CHB Cluster	365	59%	25%	7%	8%
Hastings cluster	2,437	53%	23%	12%	12%
Napier cluster	1,229	54%	21%	10%	15%
Wairoa Cluster	109	53%	17%	13%	17%
Grand Total	**122**	54%	22%	11%	13%

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HAWKE'S BAY District Health Board Whakawāteatia	**Growing our People by Living our Values - People Plan** 86
	For the attention of: **HBDHB Board**
Document Owner	Kate Coley, Executive Director of People & Quality
Document Author(s)	Kate Coley, Executive Director of People & Quality
Reviewed by	Executive Management Team, Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Month/Year	June, 2018
Purpose	For endorsement The purpose of this paper is to seek endorsement of the People Plan (Appendix 1) by the Board.
Summary	Ensuring our continued success as an organisation, relies on our biggest asset – our people – without the investment in our staff and building a culture that is positive, kind, and caring, in which staff feel valued, respected and supported our ability to sustain our performance in multiple dimensions relating to quality, safety, financial and MOH targets will be compromised. There is overwhelming evidence relating to the correlation between the engagement levels of staff and the quality of care that is provided to consumers and the subsequent performance of the organisation. (Figure 2). Those organisations with higher staff engagement tend to have lower patient mortality, make better use of resources and deliver stronger financial performance.[1] Engaged staff are more likely to have the emotional resiliency to show empathy and compassion regardless of the challenges and pressure that they are under every day, delivering person and whanau centred care. The risks of maintaining the status quo and doing nothing differently following the Big Listen will have significant negative impacts – increased costs, reputational damage (internally and externally), disengaged staff, reduced productivity and potentially increased patient harm and impact on experience and outcomes. The People Plan, has been developed on the foundation of the feedback that has been received (The Big Listen, CSP and Korero Mai) and the models and theories around improving engagement. The intent of the plan is to ultimately support and grow our staff to do their best, with a high level of satisfaction and engagement, whilst continuing to deliver a high level of patient care which in turn realises the DHBs strategic direction.
Contribution to Goals and Strategic Implications	Improving safety, wellbeing, and quality of working lives of all HBDHB's staff Improving the safety, quality and experience for patients Value for money

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[1] West & Dawson (2012)

	Key enabler for Transform & Sustain strategy and new 5 year strategy for the health sector Support the reduction of inequities in our community.
Impact on Reducing Inequities/Disparities	There are a number of activities and initiatives in the final People Plan to support the reduction of inequities: • The Māori and Pacific Workforce Action Plan – by improving both employment opportunities and by improving education opportunities and outcomes for Māori and Pacific populations, and ensuring the workforce is reflective of the community it serves • Improving cultural competency of staff and quality of care for underserved population groups • Actively engaging with our consumers and community, listening and acting on their feedback to improve services so they better meet their needs • Prioritising the assessment of our services against the agreed health literacy framework ensuing that we are making health easy to understand and access.
Financial/Budget Impact	A number of options have been considered by EMT, against the backdrop of challenging financial constraints and competing requirements. It should be accepted that any return on investment will not be immediate, however the long term benefits related to increased engagement, capability, wellbeing and productivity cannot be underestimated when considering the options presented. We will need to consider a paradigm shift from the urgent to important in terms of any decision made.
Announcements/ Communications	The People Plan will be "launched" early in the new financial year, however timing of this will be key in part to its success. Whilst the plan will outline the programme of work over the next five years there is an absolute reliance on everyone across the organisation, in particular all of the leadership teams to consider their own behaviours and ensure that in every interaction with staff, whether that be through email, presentation or face to face that we are role- modelling and living the values of the organisation – without this the People Plan will not succeed. Throughout the five years of the People Plan there will need to be significant and even full time support from the communications team to ensure that everyone is fully aware and engaged with the direction of travel, knows what progress we are making, the actions and activities and that they can see a direct connection back to the feedback from The Big Listen.

RECOMMENDATION:

That the Board:

1. **Provide feedback** on the People Plan (Appendix 1) - *Maori Health Services & People & Quality are working directly with the Deputy Chair to ensure that the final People Plan is culturally appropriate and responsive.*
2. **Endorse** the People Plan.

***Please note** that Maori Relationship Board, Consumer Council and Clinical Council have all endorsed the People Plan*

HAWKE'S BAY
District Health Board
Whakawāteatia

Growing our People by Living our Values People Plan

Authors:	**Kate Coley**
Designation:	**Executive Director of People & Quality**
Date:	**June 2018**

Purpose

The purpose of this paper is to seek feedback and endorsement of the proposed People Plan (Appendix 1).

What are we trying to achieve?

The People Plan, has been developed on the foundation of feedback received, the models and theories around improving engagement, to ultimately support and grow our staff to do their best, with a high level of satisfaction and engagement, whilst continuing to deliver a high level of patient care which in turn realises the DHBs strategic direction.

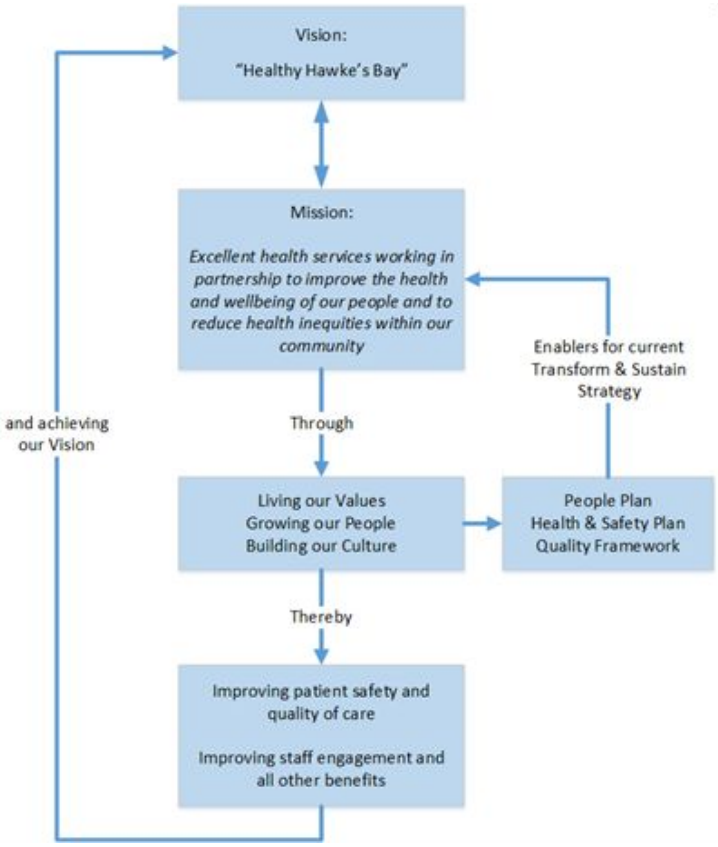


Figure 1

Executive Summary

Ensuring our continued success as an organisation, relies on our biggest asset – our people – without the investment in our staff and building a culture that is positive, kind, and caring, in which staff feel valued, respected and supported our ability to sustain our performance in multiple dimensions relating to quality, safety, financial and MOH targets will be compromised. The aim of the People Plan is to ensure that we have a workforce that is engaged, motivated, highly skilled and supported to provide the best possible services that meet the needs of our community.

In 2016 the DHB undertook a review of the Transform & Sustain programme of work and identified two core enabler programmes relating to investing in our people and the building of our culture. The start of that journey saw the sector participate in the Big Listen. The priority was to understand what it was like to work in the Hawkes Bay health system. At the same time we asked our consumers for their experiences of being cared for in HB. Further feedback was also gathered through the Clinical Services Plan patient journey workshops and through engagement with our Maori community with Korero Mai. We have also considered our current performance KPIs in regards to sick leave, turnover, patient events and complaints to inform key priority areas of focus.

The work done locally is in alignment with the NZ Health Strategy. One of the key areas relates to "One Team" (Kotahi te tima) which prioritises the investment in the capability and capacity of the workforce, as does the recent Minister Letter of Expectation which outlines that *"DHBs need to be bold in their vision for change while remaining responsive to the concerns raised by the workforce".*

There is an overwhelming body of research and evidence to show that engaged staff deliver better health care. Those organisations with higher staff engagement tend to have lower patient mortality, make better use of resources and deliver stronger financial performance. [2]

Developing engaged staff and building a culture based on values is a long term endeavour and requires sustained effort throughout an organisation – this change will not happen overnight and will require multiple levers for change including positive leadership, strong vision and goals that connect with staff, supporting their health and wellbeing and embedding values and behaviours into everyday practice with both consumers and colleagues. Changing culture is not a science - there are no procedures that are 100% guaranteed success, but there are some key principles, characteristics and deliberate actions and practices to give us the best possible chance of making a positive impact - this is about both behavioural and system changes that will take time to embed.

The HB Health sectors core values and behaviours must be at the centre of our culture – 'the way we do things around here' – not just in relation to consumers but all interactions, including between staff, providers etc. For this to happen we as leaders must be committed to the health and wellbeing and experience of our staff. Staff experience sits at the heart of organisational culture change, a key driver for The Big Listen, and their experience directly correlates to consumer experience.

The five year People Plan (Appendix 1) will not in itself build the culture of the organisation - of crucial importance will be that all our leaders live the values in each and every interaction with each other and staff. This will need strong, positive and consistent leadership from the top and throughout the organisation, always role-modelling and demonstrating the values in every interaction that we have with our workforce for this to have a sustaining impact.

Within the People Plan, each core value has identified intentions/commitments with broad programmes of work summarised within the document. There will be a number of measures and KPIs to measure both the progress on the implementation of the People Plan and also the impact the initiatives are having on key outcome measures. The KPIs will be developed once the People Plan year one priorities have been endorsed and these will be devolved to managers and leaders across the organisation. Key indicators will be reported on a quarterly basis, with a six month progress report being shared with all governance groups and staff.

[2] West & Dawson (2012)

Key outcome measures which will be measured annually through the engagement surveys and potentially six monthly through interim "pulse" surveys will focus on the following:

- improvement in staff engagement – improve performance in response to "I would recommend this place as a great place to work",
- Improved positive response from our Consumers in regards to them also recommending this as a place for family and friends to receive care;
- Reduction in staff stating that their health & wellbeing has been affected by their work
- Increased number of staff feeling comfortable to speak up about unacceptable behaviour
- Reduction in those who say they have felt bullied in the last six months
- Reduction in turnover
- Reduction in time to recruit to the organisation
- Increased diversity and cultural competency of our workforce

With the focus on effectively implementing the People Plan, there is a real opportunity to have a positive impact on both our staff in terms of increasing engagement, embedding our values, and increasing productivity, which in turn improves consumer experience and outcomes. As the biggest employer in Hawkes Bay, there is also a huge opportunity, while supporting and growing our people to have a positive impact on removing inequities in the wider community and our staff families/whanau.

The Business Case for Improving Patient experience & quality of care through improving staff engagement

Engagement is an imprecise, but often used measure for culture change. An engaged workforce is one that holds a positive attitude toward the organisation and its values (I would recommend the DHB as a great place to work) and is fundamental to creating a high performing organisations. A UK Study also demonstrated the relationship between performance and financial profitability with employee engagement.[3] These and other studies confirm what intuitively we already know, improving engagement improves performance

To put it simply there is evidence that management practices to increase engagement are associated with fewer medical errors and better patient experience; improved retention of top performers; better organisational brand and reputation helping to attract professionals; less waste; higher employee productivity; and more discretionary effort on the part of staff and reduced turnover leading to better financial performance.

The below diagram (developed by April Strategy) best illustrates this.

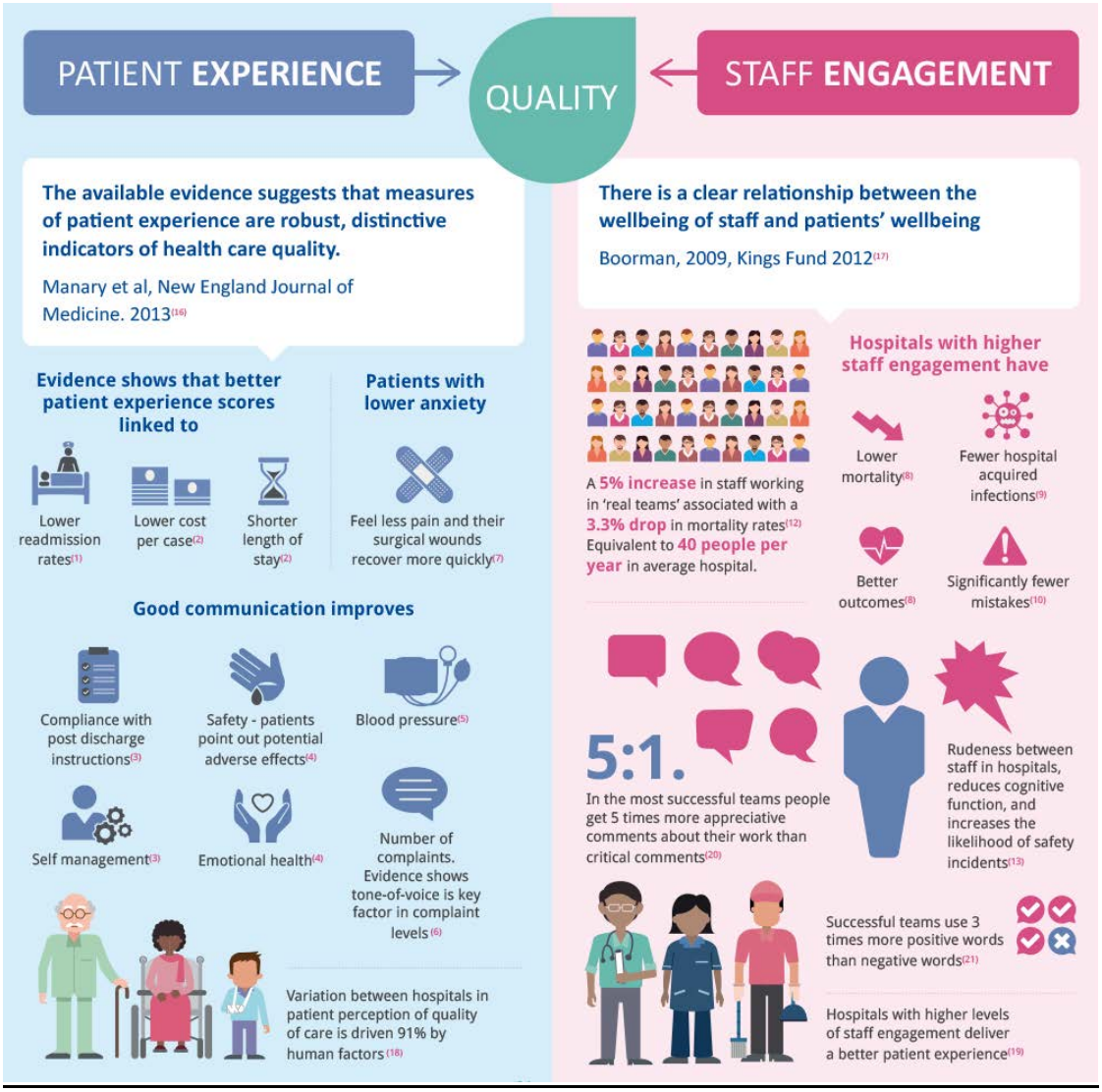


Figure 2

[3] Macleod D, Clarke N Engaging for Success: Enhancing performance through employee engagement: A report to government, July 2009

People Plan

The healthcare context is a fast paced, rapidly changing, hugely demanding and rewarding setting in which to work in. Health care professionals are usually intrinsically motivated to do the work they do and are values-driven in their relationship with work. Yet, the constant change, increased levels and demands and complexity and the constraints around funding, leading to perceived reduction in support and control available to staff, test the relationship and motivation of our staff and can contribute to ill health and wellbeing at work and the subsequent negative impacts on patient safety and outcomes.

The People Plan (Appendix 1), has been developed on the foundation of the feedback that has been received, the models and theories around improving engagement, our desire to bed in our values, to ultimately support and grow our staff to do their best, with a high level of satisfaction and engagement whilst continuing to deliver a high level of patient care which in turn realises the DHBs strategic direction.

Last month the draft people framework was presented and feedback sought from a number of stakeholders. Following that feedback significant changes have been made to better align to our values, simplify the language and streamline the key intentions and commitments to our staff. The People Plan sets out a five year plan for the investment and development of our people.

The overarching aim of the People plan is to “Growing our People by Living our Values”, thereby our staff feel trusted, valued, engaged and are skilled and well supported.

There are a number of key deliverables of the People Plan including,

- Increasing staff engagement
- Embedding and living our values
- Creating a great place to work – ensuring more Good Days
- Building our culture
- Ensure better patient outcomes – person and whanau centred care
- Enabling significant behavioural change in the organisation
- Increasing the diversity of our workforce

The below picture shows the new People Plan framework and the draft People Plan is attached in Appendix 1.

What will success look like?

The below provides some examples of what success might look like from a workforce and consumer perspective.

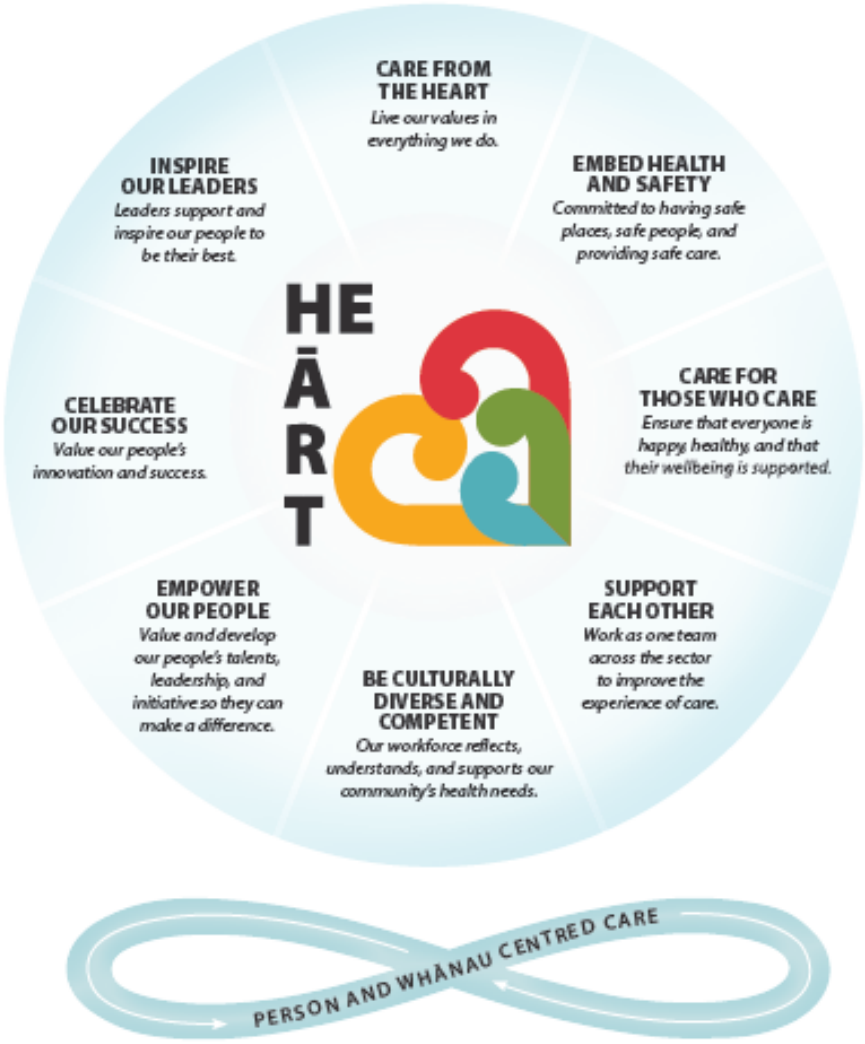
Consumer & Whanau perspective	**Staff**
The organisation works with me and my whanau, rather than doing to or for them I can access my information easily I understand my choices My whanau are included My contribution is valued I can give feedback that the organisation acts on We make decisions together Receive high quality care Receive treatment where I want to access it	I demonstrate our values consistently I listen and understand what matters to you and your whanau I work in partnership and value our consumer and whanau’s feedback I respect you and your whanau’s cultural needs and will treat you accordingly My health & wellbeing is being supported I work in an organisation that cares about me and gives me opportunities to develop a career

Growing Our People By Living Our Values

He tāngata, he tāngata, he tāngata.

OURHEALTH HAWKE'S BAY

OUR PEOPLE
He tāngata.
He tāngata.
He tāngata.



HE KAUANUANU
RESPECT

Showing ***respect*** for each other, our staff, patients and consumers.

ĀKINA
IMPROVEMENT

Continuous ***improvement*** in everything we do.

RARANGA TE TIRA
PARTNERSHIP

Working together in ***partnership*** across the community.

TAUWHIRO
CARE

Delivering high quality ***care*** to patients and consumers.

Measures of success

There will be a number of measures and KPIs to measure both the progress on the implementation of the People Plan and also the impact the initiatives are having on key outcome measures. The KPIs will be developed once the People Plan year one priorities have been endorsed and these will be devolved to managers and leaders across the organisation. These KPIs could include some of the following examples:

- Wellbeing indicators of our people
- Staff sickness
- Use of EAP services
- Completion of performance and personal development conversations
- Completion rates of agreed mandatory training
- Completion of cultural competency training
- Staff injuries
- Patient events
- Consumer Complaints
- Impact of education programmes on behaviours and impact on consumers

On a monthly basis EMT will review a People & Quality dashboard which will have consistent KPIs relating to the year 1 priorities and other key performance indicators relating to diversity stats, recruitment, development and wellbeing alongside core quality indicators such as adverse events, consumer complaints, infection rates etc. This dashboard will be presented quarterly to all governance groups and staff alongside a six month progress report against the People Plan.

Key outcome measures which will be measured annually through the engagement surveys and potentially six monthly through interim "pulse" surveys focusing on the following measures for example:

- improvement in staff engagement – improve performance in response to "I would recommend this place as a great place to work",
- Improved positive response from our Consumers in regards to them also recommending this as a place for family and friends to receive care;
- Improved consumer feedback gathered through various mechanisms (National and local surveys, complaints, compliments etc)
- Reduction in staff stating that their health & wellbeing has been affected by their work
- Increased number of staff feeling comfortable to speak up about unacceptable behaviour
- Reduction in those who say they have felt bullied in the last six months
- Reduction in turnover
- Reduction in time to recruit to organisation
- Increased diversity and cultural competency of our workforce

It is also recommended that every three years that a full Big Listen is undertaken with both surveys and listening sessions with both staff and consumers.

RECOMMENDATION:

That the Board:

1. **Provide feedback** on the People Plan (Appendix 1) - *Maori Health Services & People & Quality are working directly with the Deputy Chair to ensure that the final People Plan is culturally appropriate and responsive.*
2. **Endorse** the People Plan.

***Please note** that Maori Relationship Board, Consumer Council and Clinical Council have all endorsed the People Plan*

Appendix 1 – People Plan

He tāngata.
He tāngata.
He tāngata.

Growing Our People
by Living Our Values

OUR PEOPLE

He tāngata.
He tāngata.
He tāngata.

"The people who work for us are our greatest asset. To make sure we meet our people's expectations of what it means to feel supported and engaged, we are committed to working together so we can provide high quality care to our community.

We undertook The Big Listen, a series of staff engagement workshops to understand what it was like to work here, and what mattered the most to you. This plan responds to your feedback.

We know a well-skilled, supported and engaged workforce supports high quality care. Therefore our endeavours must be person and whānau centred through a values-based culture where behaviours and values are at the heart and centre of everything we do.

However for this to have any meaning, our actions must deliver on our words - that is our commitment to you."

He aha te mea nui o te ao?

What is the most important thing in the world?

He tangata, he tangata, he tangata.

It is the people, it is the people, it is the people

DR KEVIN SNEE
CEO

KEVIN ATKINSON
CHAIRMAN

NGAHIWI TOMOANA
HBDHB BOARD

Growing Our People by Living Our Values

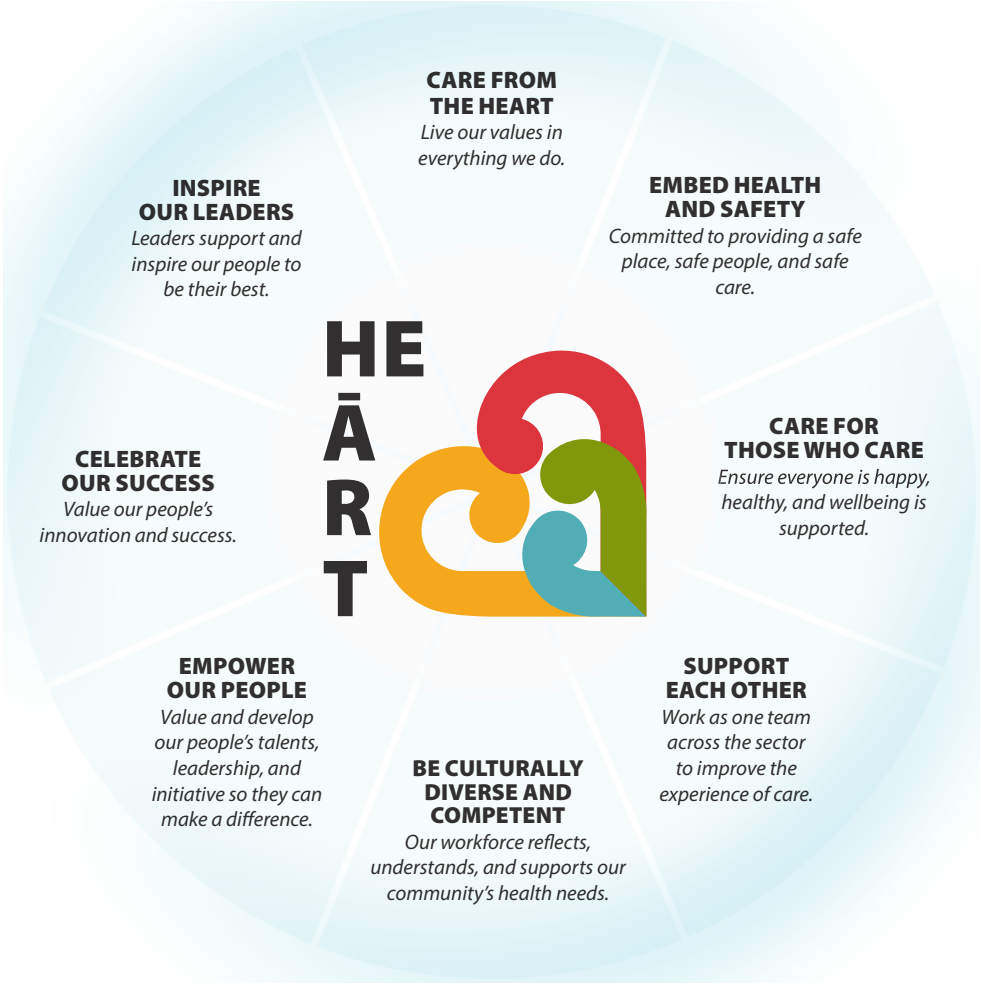
OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He tāngata. He tāngata. He tāngata.

HE KAUANUANU
RESPECT

Show ***respect*** for each other, our staff, patients and consumers.

ĀKINA
IMPROVEMENT

Continually ***improve*** everything we do.



RARANGA TE TIRA
PARTNERSHIP

Work together in ***partnership*** across the community.

TAUWHIRO
CARE

Deliver high quality ***care*** to patients and consumers.

OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He tāngata. He tāngata. He tāngata.

HE KAUANUANU
RESPECT

KEY INTENTIONS

Live our values and speak up without fear when they are not being demonstrated.

Work together to build and develop our cultural competence and responsiveness.

Ensure our leaders engage and listen to our staff, they recognise, appreciate and celebrate success.

Recruit highly capable individuals who share and commit to our values.

Empower you to challenge unacceptable behaviours

Our values and behaviours are at the core of everything we do. However, there are times when these values are not demonstrated and we need to challenge those unacceptable behaviours. Key to this will be to grow the skills and capabilities of our staff to use B.U.I.L.D (Behaviour, Understand, Impact, Listen, Differently) and other tools to feel confident and safe to challenge those behaviours.

The impact of bullying on our staff, whether as a manager, a victim, a witness or as an individual who is bullying can be destructive. The DHB is committed to ensuring there are supports, with both an informal and formal approach to dealing with bullying behaviour in an effective and sustainable way.

Embed behaviours

As an organisation we need to make sure our current staff are living our values, but we also need to attract and recruit highly skilled individuals who share and commit to our values. This will require us to change some of our recruitment processes to ensure they are based around our values, and are culturally appropriate.

Leadership

Our leaders play a key role in delivering our successes. We need to adequately invest in building their capabilities so they are able to grow the skills of their teams, engage consumers in their care and promote professional cultures that support teamwork. Most importantly we must role model values and behaviours. We will also need to identify leaders of the future from across our workforce, so effective career pathways can be developed.

OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He tāngata. He tāngata. He tāngata.

ĀKINA
IMPROVEMENT

KEY INTENTIONS

Clearly communicate both the big picture and the things that matter to our staff.

Encourage everyone to develop skills and have a great career in Hawke's Bay.

Continue to provide opportunities for everyone to get involved in co-designing our services and our workplace.

Ensure our processes are lean. We utilise technology and we do the basics brilliantly.

Professional development

Growing skills and capabilities is key to ensuring our staff feel valued and well supported in delivering high quality care to our consumers. By establishing a sector-wide workforce development plan and delivering a wide variety of both clinical and non-clinical education programmes we will ensure everyone has the skills they need right now and for the future.

Career pathways

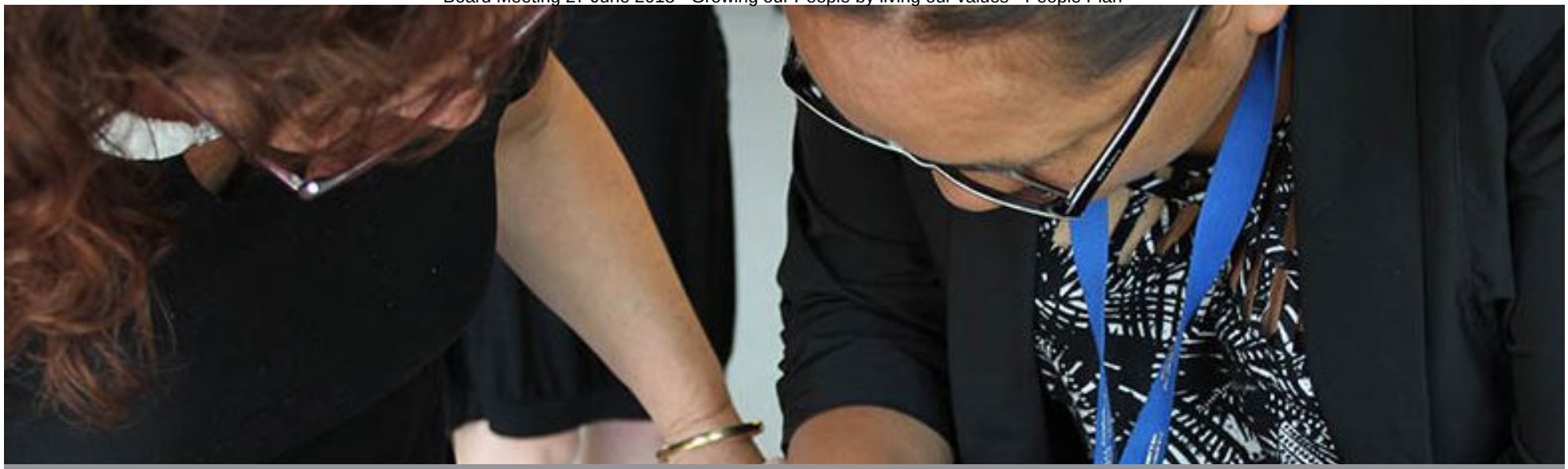
Each individual should have regular conversations with their manager to ensure they have all the support they need to deliver the key aspects of their role. This will include the development of a simple personal development plan and performance review process that doesn't get in the way of everyone growing in their role, developing career pathways and achieving both their personal and professional goals, whilst contributing to the organisation's vision.

Systems and processes

Sometimes the systems and processes in place within the DHB create waste and increase frustrations for our staff. We need to make sure we review our processes across the organisation so we reduce barriers, and bureaucracy. We need to make the best use of everyone's time and prioritise improvements and innovations in the way we do things every day.

Empower

Our staff need to be empowered to design service improvement changes and have the necessary skills to implement these changes as quickly as possible. We will need to invest in building the capabilities of our teams in relation to improvement methods, consumer engagement, co-design and project management, ensuring any improvements positively impact on staff and consumer experience, and they are sustained and embedded.



OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He tāngata. He tāngata. He tāngata.

RARANGA TE TIRA
PARTNERSHIP

KEY INTENTIONS

Ensure our workforce reflects, understands and supports the health needs of our communities.

Use workforce planning to ensure we have the right level of resources giving our staff the time to do their job well.

Continuously and actively engage with our consumers to ensure we make health easy to understand, and we deliver on what they need.

Work together to develop effective and strength-based teams across the organisation and the wider sector.

Diversity

We value and acknowledge the ethnic diversity of our community and our workforce. We aim to ensure our staff and organisation reflect the community which we serve, in particular the growing Māori and Pacific populations. Our Māori and Pacific Workforce Action Plans aim to improve the ethnic diversity of our workforce and the cultural competency of our staff and organisation. A key component of a broader diversity plan will also consider gender, disability and age.

Capacity

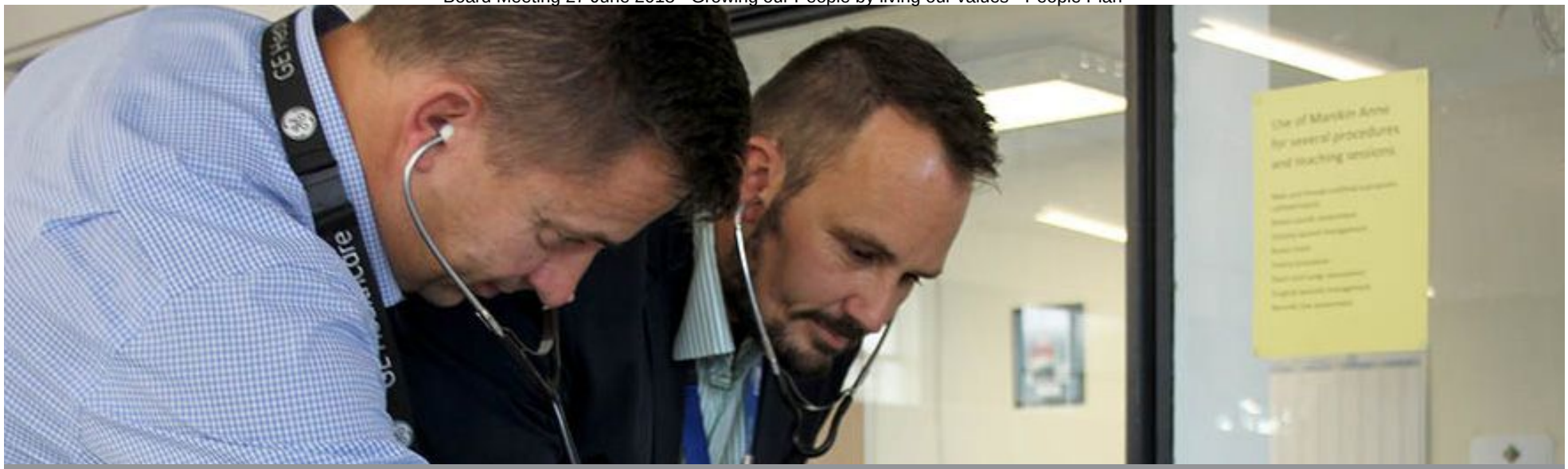
Our staff have told us they feel under too much pressure, their working life is impacting on their wellbeing and they are concerned about safety of care. It is our responsibility to resolve issues, not purely around numbers of staff, but around models of care, the aging workforce and the increasing needs for flexibility. We need to ensure we look after the health and wellbeing of our staff. We also need to look at how we can match the skills of our staff to the current and future demands of our community.

Consumer centric

Our consumers are a key part of the team. We need to work more closely with them, building positive relationships when they access our services, making health easy for them to understand, and we engage with them as partners when considering any changes to services. We need to make sure the consumer voice is heard across the sector and we respond by using their feedback to make improvements to the way we deliver services.

One team

Our organisation's success relies heavily on us all having the skills and capabilities to do our job, and working together across the sector as one team. We need to ensure our teams have the leadership, skills and attributes to breakdown silos and barriers to improve consumers care.



OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He tāngata. He tāngata. He tāngata.

TAUWHIRO
CARE

KEY INTENTIONS

Create environments that are safe for our staff and consumers so this is a great place to work in and be cared for.

Provide support and opportunities for our staff to improve their health and wellbeing.

Make sure everyone feels connected and everyone is appreciated for their contribution.

Strive to develop and maintain kind, caring relationships with our colleagues and consumers.

Health and safety

We are in the business of 'supporting people to be well'. We need to treat the health and safety of our staff as a priority. The health and safety plan's philosophy of 'safe place, safe people, safe care' means we will manage risks fully and ensure as far as is reasonably practicable the workplace is safe; our staff are given the support and education to understand their role in health and safety; and as leaders we are committed to the health and safety of our staff. This, in turn, protects our consumers and the care they receive.

Wellbeing

The quality of care consumers receive depends first and foremost on the care that we provide to our staff. Working in the DHB should actively contribute to health and wellbeing (both physical and psychological) so that we feel less drained and more energised. We need to ensure we develop a well-being programme so our staff are happy, healthy and supported within a kind and caring environment.

Celebrate success

Key to making sure everyone has more good days is to find ways to appreciate and value the contribution everyone makes in their jobs. This will mean that leaders, colleagues and staff celebrate both individual and teams successes, use the ABC of appreciation and as an organisation we look at multiple ways of valuing and recognising everyone.

Our Five Year Programme of Work

(High level)

HE KAUANUANU
RESPECT

Show ***respect*** for each other,
our staff, patients and consumers.

Programmes/initiatives for the next 5 years:

- *Implementation of approach to dealing with Unacceptable and Bullying Behaviours*
- *Use of B.U.I.L.D (Behaviour, Understand, Impact, Listen, Differently)*
- *Implementation of Speaking up for Safety and Promoting Professional Accountabilities programme*
- *Refresh current recruitment processes to be both Values Based and culturally appropriate*
- *Refining current Transformational Leadership Programme*
- *Development of a Frontline Leaders programme*
- *Development of an Emerging/Aspiring leaders programme*
- *Continue to provide coaching to leaders*
- *Ongoing Annual Engagement Surveys and Pulse surveys*
- *360 and Employee Value Proposition assessments*

ĀKINA
IMPROVEMENT

Continually ***improve***
in everything we do.

Programmes/initiatives for the next 5 years:

- *Development of a sector-wide workforce development programme*
- *Complete review of current Performance Appraisal System*
- *Implementation of strength-based personal development conversations*
- *Rolling programme of building capability in improvement methods and techniques*
- *Agreement and implementation of organisation-wide mandatory training programme*
- *Development of a rolling annual education programme*
- *Review all systems and processes to reduce bureaucracy and barriers*
- *Redesign of business processes (HR, Quality, Finance, IT)*
- *Innovation funding established to support teams*
- *"Frustration/Solution Box" for follow-up*
- *Review of orientation and implementation of mentoring/buddy programme for new staff*

OURHEALTH HAWKE'S BAY Whakawāteatia

OUR PEOPLE He tāngata. He tāngata. He tāngata.

RARANGA TE TIRA PARTNERSHIP

Work together in ***partnership*** across the community.

Programmes/initiatives for the next 5 years:

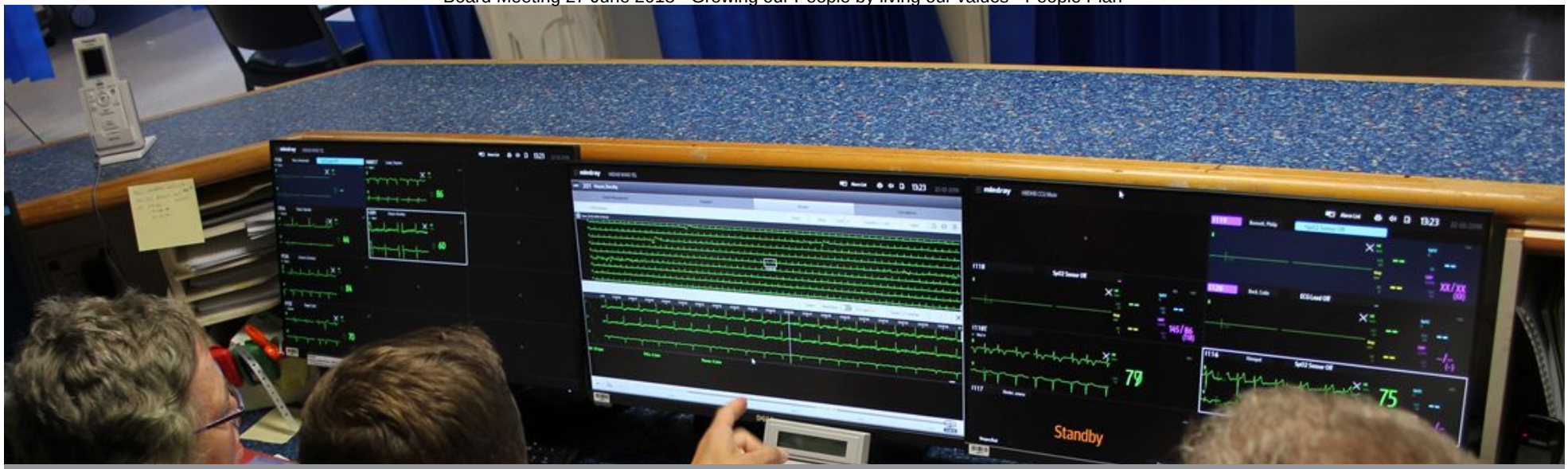
- *Implementation and embedding of the 'Making Health Easy to Understand' (Health Literacy) programme and initiatives*
- *Implementation of the Consumer Engagement Strategy*
- *Utilisation of Consumer Experience Feedback to deliver service and quality improvements*
- *Development of strength-based team training*
- *Establishment of a working group to assess resource requirements across the DHB (including CCDM)*
- *Development of an overarching Diversity plan*
- *Implementation of the Māori and Pacific Workforce Development Action plans*
- *Talent mapping , career development and succession planning for critical roles*
- *Coaching, mentoring and clinical/cultural supervision programmes*
- *Establishing effective and collaborative partnerships with all unions*

TAUWHIRO CARE

Deliver high quality ***care*** to patients and consumers.

Programmes/initiatives for the next 5 years:

- *Wellbeing programme and support initiatives developed*
- *Health and Safety plan implemented*
- *Increase use of ABC to recognise individuals and teams*
- *Appreciation and recognition programme designed*
- *Continue with Long Service Awards*
- *Staff benefits programme*
- *Build on-site gym accessible for staff*
- *Development of staff volunteer programmes giving back to our community*
- *Annual leave planning ensuring staff can take breaks and annual leave regularly*
- *Domestic Violence Support programme for staff*


79
Standby
75

DID YOU KNOW THAT EVERY DAY...

3 children will receive one of their vaccinations

6 babies will be born

10 fragile babies will be cared for in the special care baby unit

an orderly can walk on average of 15km

16 people will get their free annual diabetes check

22 women will have a mammogram and a further 29 a cervical smear test

35 operations will be completed in one of Hawke's Bay Hospital's theatres

85 people will be admitted to Hawke's Bay Hospital

200 visits/appointments will be made to support people with mental health issues

209 visits will be made by district nurses and home service nurses

245 children will be seen for their free dental health check

350 meals on wheels will be delivered

DID YOU KNOW OUR WORKFORCE IS MADE UP OF...

2,920 people

As at 30 April 2018

84.2% of our workforce are women

15% of our workforce are Māori

51% Nursing
18% Allied Health
15% Management & Admin
6% Support
5% SMO
5% RMO

Our Shared Values and Behaviours

HE KAUANUANU
RESPECT

Show ***respect*** for each other,
our staff, patients and consumers.

	✔ Does	✖ Doesn't
Welcoming	*Is polite, welcoming, friendly, smiles, introduce themself* *Acknowledges people, makes eye contact, smiles*	*Is closed, cold, makes people feel a nuisance* *Ignores people, doesn't look up, rolls their eyes*
Respectful	*Values people as individuals; is culturally aware / safe* *Respects and protects privacy and dignity*	*Lacks respect or discriminates against people* *Lacks privacy, gossips, talks behind other people's backs*
Kind	*Shows kindness, empathy and compassion for others* *Enhances people's mana*	*Is rude, aggressive, shouts, snaps, intimidates, bullies* *Is abrupt, belittling, or creates stress and anxiety*
Helpful	*Attentive to people's needs, will go the extra mile* *Reliable, keeps their promises; advocates for others*	*Unhelpful, begrudging, lazy, 'not my job' attitude* *Doesn't keep promises, unresponsive*

ĀKINA
IMPROVEMENT

Continually ***improve***
in everything we do.

	✔ Does	✖ Doesn't
Positive	*Has a positive attitude, optimistic, happy* *Encourages and enables others; looks for solutions*	*Grumpy, moaning, moody, has a negative attitude* *Complains but doesn't act to change things*
Learning	*Always learning and developing themselves or others* *Seeks out training and development; 'growth mindset'*	*Not interested in learning or development; apathy* *Fixed mindset, 'that's just how I am', OK with just OK*
Innovating	*Always looking for better ways to do things* *Is curious and courageous, embracing change*	*Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done*
Appreciative	*Shares and celebrates success and achievements* *Says 'thank you', recognises people's contributions*	*Nit picks, criticises, undermines or passes blame* *Makes people feel undervalued or inadequate*

OURHEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He tāngata. He tāngata. He tāngata.

RARANGA TE TIRA
PARTNERSHIP

Work together in ***partnership*** across the community.

	✔ Does	✖ Doesn't
Listens	*Listens to people, hears and values their views* *Takes time to answer questions and to clarify*	*'Tells', dictates to others and dismisses their views* *Judgmental, assumes, ignores people's views*
Communicates	*Explains clearly in ways people can understand* *Shares information, is open, honest and transparent*	*Uses language / jargon people don't understand* *Leaves people in the dark*
Involves	*Involves colleagues, partners, patients and whānau* *Trusts people; helps people play an active part*	*Excludes people, withholds info, micromanages* *Makes people feel excluded or isolated*
Connects	*Pro-actively joins up services, teams, communities* *Builds understanding and teamwork*	*Promotes or maintains silo-working* *'Us and them' attitude, shows favouritism*

TAUWHIRO
CARE

Deliver high quality ***care*** to patients and consumers.

	✔ Does	✖ Doesn't
Professional	*Calm, patient, reassuring, makes people feel safe* *Has high standards, takes responsibility, is accountable*	*Rushes, 'too busy', looks / sounds unprofessional* *Unrealistic expectations, takes on too much*
Safe	*Consistently follows agreed safe practice* *Knows the safest care is supporting people to stay well*	*Inconsistent practice, slow to follow latest evidence* *Not thinking about health of our whole community*
Efficient	*Makes best use of resources and time* *Respects the value of other people's time, prompt*	*Not interested in effective user of resources* *Keeps people waiting unnecessarily, often late*
Speaks up	*Seeks out, welcomes and gives feedback to others* *Speaks up whenever they have a concern*	*Rejects feedback from others, give a 'telling off'* *'Walks past' safety concerns or poor behaviour*

Our commitment to you

To live our values by making sure our working culture is supportive, kind and caring.

We commit to:

• Care from the heart,

• Embed health and safety in all the work we do

• Care for those who care

• Support each other

• Be culturally diverse and competent,

• Empower our people

• Celebrate success

• Inspire our leaders

What we all need to do

• Show respect and kindness for each other and our consumers, valuing everyone's contribution, going the extra mile to help others to have a good day

• Have a positive and appreciative attitude, always looking for better ways to do things

• Listen and work together with your colleagues and consumers and involve them as part of one team

• Being professional, looking out for yourself and your colleagues, supporting each other to continue delivering high quality care to our community

OUR HEALTH HAWKE'S BAY Whakawāteatia | OUR PEOPLE He tāngata. He tāngata. He tāngata.

HAWKE'S BAY District Health Board Whakawāteatia	**Implementing the Consumer Engagement Strategy** 87
	For the attention of: **HBDHB Board**
Document Owner:	Kate Coley, Executive Director People & Quality
Document Author(s)	Ken Foote, Company Secretary and Hayley Turner, Project Manager
Reviewed by:	Executive Management Team, Maori Relationship Board, HB Clinical Council and HB Health Consumer Council
Month:	June 2018
Consideration:	For Endorsement

RECOMMENDATION

That HBDHB Board

1. **Note** the contents of this paper and the Consumer Engagement Strategy
2. **Endorse** the Strategy

***Please note** that Consumer Council, Clinical Council and Maori Relationship Board have all endorsed the strategy.*

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PURPOSE

The purpose of this paper is to present the final Consumer Engagement Strategy, and to outline the proposed approach which will support effective implementation of the strategy.

A Strategy was originally endorsed by HB Health Consumer Council in September 2017 and has since incorporated feedback received from both EMT and MRB. The proposed implementation approach has evolved as the overall People Plan has been developed, and its various components integrated.

OVERVIEW

It is our ultimate aim to create a culture which puts people at the centre of everything that we do, and one that is respectful of, and responsive to the needs, preferences, and values of our community. Consumer engagement is one enabler of a people centred culture.

The attached consumer engagement strategy has been developed as a key piece of work alongside others to:

- Achieve culture change.
- Strengthen and embed consumer participation at all levels in the health sector
- Ensure consumers are active partners in how we design, deliver and improve services
- Drive improvements - experience of care, quality and safety of care, health outcomes and best value
- Build knowledge and educate health sector staff about the value of consumer engagement.

This is not a standalone strategy. To be effective, consumer engagement should be seen as a "way of working" and part of our 'culture'. It should be linked to other organisational plans and build on existing skills and the work we are already doing. The strategy supports the Hawke's Bay Health Sector vision of "*Healthy Hawkes Bay*" and mission of *"Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community".*

We recognise that across the Hawke's Bay health sector there are a number of examples where consumer engagement is already occurring however there is also a lack of guidance, practical resources and tools to support effective engagement. A systematic approach needs to be developed and implemented to support engagement being effortless and part of business as usual. Consistent processes, policies and guidelines for engagement need to be developed.

IMPLEMENTATION APPROACH

Given that this is not a standalone strategy, an integrated approach to implementation has been adopted. A number of issues have been grouped under the general heading of '**Consumer Experience'**. These include:

- Consumer Engagement
- Recognising Consumer Participation
- Patient Experience
- Making Health Easy to Understand (Health Literacy)

This grouping aligns exactly with the terms of reference of the recently approved (but yet to be established) Consumer Experience Committee within the new clinical governance structure, and also with the roles and responsibilities of the currently advertised positions of Consumer Experience Manager and Consumer Experience Advisor. With these structures and resources in place, a Consumer Experience Project team is about to be established to develop the required systems, processes, toolkits and champions that will assist and enable them to achieve their desired outcomes, and ultimately influence the desired culture change and improved experience for consumers.

A project brief is currently being developed for the Consumer Experience Project. The prime purpose of the Project is to assist and provide support to the Consumer Experience Committee and dedicated operational staff. Current objectives for the project include:

- Develop and implement a consumer engagement toolkit for the DHB, and make available for the HB health sector
- Strengthen and embed the level of consumer participation in service redesign and improvement initiatives through co-design methodology
- Ensure that consumer feedback is the key driver in improving experience of care, quality and safety of care, health outcomes and best value
- Build knowledge and educate health sector staff about the value of consumer engagement and how to engage with consumers
- Develop databases and processes for recording and matching service requests for consumer engagement with available and appropriate consumers
- Develop guidelines and procedures for implementing the 'Recognising Consumer Participation' policy
- Develop communication channels for keeping health related community groups informed and engaged in health related developments
- Define specific roles and responsibilities for consumer experience issues
- Develop a preferred patient experience monitoring tool and simplify centralised surveys
- Ensure appropriate IS tools are available to support consumer experience activities and measures
- Further develop 'health literacy' framework, assessment surveys and toolkits
- Champion the goal of a HB 'health literate sector', where health is 'easy to understand'.
- Develop measures of success and relevant monitoring tools and reports.

An update of progress and further details will be provided once the project brief is completed and the project team is established.

PERSON & WHANAU CENTRED CARE

Apart from addressing specific issues included within the scope of 'Consumer Experience' as set out above, it needs to be acknowledged that this is a component of the wider concept of 'Person and Whanau centred Care'. As this concept is being further developed, those involved in Consumer Experience (and therefore Consumer Engagement) will be ideally placed to assist and support this, to ensure that all relevant components are fully integrated and that 'consumers remain at the centre'.

ATTACHMENT Consumer Engagement Strategy.

CONSUMER ENGAGEMENT STRATEGY

EXECUTIVE SUMMARY

Consumer engagement refers to the wide range of approaches in which consumers are involved in the planning, service delivery and evaluation of healthcare. Done well, it contributes to fostering a relationship led culture of person & whānau centred care. It supports active, ongoing partnerships, relationships and communication that benefits consumers, staff and will ultimately transform the system.

This strategy is not a detailed work plan. It provides a clear direction for the future and a framework for making decisions. It provides guidance around types and levels of engagement and the benefits of engaging. The goal being that consumer engagement is embedded in all of the ways we work with consumers and is a key driver for achievement of the 'Triple Aim'.

This is not a standalone strategy. To be effective, consumer engagement should be seen as a "way of working" and part of our 'culture', rather than additional work on top of an already demanding workload. It should be linked to other organisational plans and build on existing skills and the work we are already doing. Effective consumer engagement supports the Hawke's Bay Health Sector vision of "*Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community".*

PURPOSE

The goal of this strategy is to strengthen and embed consumer participation at all levels in the health sector, ensuring consumers are active partners in their own care and how we design, deliver and improve services. It is a driver for improving experience of care, quality and safety of care, health outcomes and best value. The strategy also exists to build knowledge and educate health sector staff about the value of consumer engagement.

Ultimately, our aim is to create a relationship and values led culture which puts our consumers and their whānau at the centre of everything that we do, and one that is respectful of, and responsive to their needs, preference, and values. Consumer engagement is one enabler of a person & whānau centred culture and this strategy sits alongside others to achieve culture change.

WHAT IS CONSUMER ENGAGEMENT?

Consumer engagement refers to the wide range of strategies in which consumers/whānau are involved in their care planning, service delivery and evaluation of healthcare. It can be at an individual, service, governance or community level. Engagement should always be mana enhancing building strong and sustainable relationships.

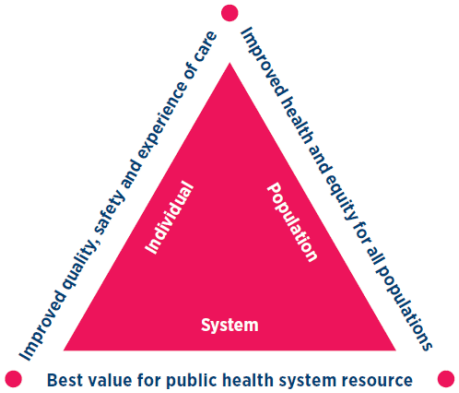
Consumer refers to patients and their families / whānau / caregivers / personal support persons, who have had personal experiences in the health and disability system. The term also includes those who might use services in the future and members of the public generally, given they are the targeted recipients of health promotion and public health messaging and services.

WHY ENGAGE WITH CONSUMERS?

Consumer engagement done well fosters a culture of person and whānau centred care. It supports active, ongoing partnership, relationships and communication that will benefit consumers, staff and ultimately transform the system.

There is evidence to support the benefits of engaging with consumers. These include improvements, such as removal of inequities, more responsive services, improved clinical quality outcomes, and improved patient experience. In addition, safer care, less waste, reduced length of stay, lower costs, better consumer and health provider satisfaction and staff retention.

Consumer Engagement supports the New Zealand Triple Aim framework (right) for quality improvement at individual, population and system levels. One of its aims is improved health and equity for all populations. Hawke's Bay is a great place to live, but not everyone has the same opportunity to be healthy. Health inequities exist in some parts of our community. Successful consumer engagement will focus on how to be effective within this broader context.



Without proactive consumer engagement, the drive for change is usually either motivated through system failures (e.g. adverse events) or from external advocacy to improve the quality and safety of care. Waiting until there is a problem creates avoidable costs for consumers (physical, psychological and economic) and organisations (review processes, staff morale and more expensive treatments).

HOW DO WE ENGAGE?

Engaging with consumers can and should happen at different levels depending on the situation, and as early as possible. How we engage will be determined by the purpose, timeframes and level of impact of different projects, initiatives or programmes of work. Many will require multiple engagement methods at multiple levels.

Principles of engagement

The principles of partnership, participation and protection underpin the involvement of Māori and the wider community. In addition to these core principles there are a number of other guiding principles in relation to effectively embedding consumer engagement at all levels alongside the shared values and behaviours of our sector.

These are:

1. **Being open and honest -** Consumer engagement is more successful when all parties involved are mutually respectful, listen actively and have the confidence to participate in full and frank conversations.

2. **Providing support -** Support for consumer engagement means being welcoming when meeting consumers, valuing their expertise, considering their cultural needs and acknowledging and taking their viewpoints seriously.

3. **Being real -** Consumers and providers know when we are simply going through the motions of consulting with consumers. Consumer engagement needs to be genuine. All parties should know the purpose of why engagement is taking place and real possibilities for change and improvement.

4. **Patient and whānau focus -** All consumer engagement needs to keep the focus on patient and whānau centred care. It is important that providers and staff are supported to maintain their focus on patient/family/whānau as a core aspect of care.

5. **Making health easy to understand** – all engagement needs to done in a way that meets the needs of the consumer, is easy to understand and so that they can contribute as an active partner in the engagement.

6. **Culturally appropriate:** - all engagement needs to meet the needs, values and be culturally appropriate to the consumer.

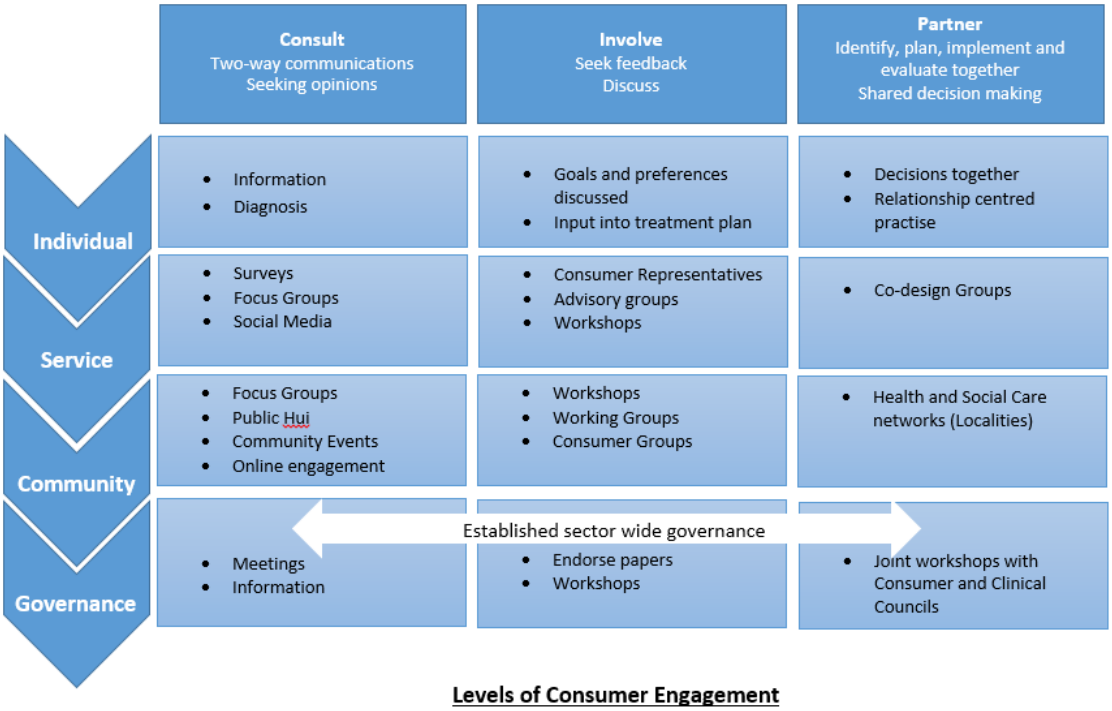
Levels of engagement

Individual engagement includes consulting, involving and partnering with consumers in shared decision making about their own health. Put another way – *" 'my say' in decisions about my own care and treatment".* It is easy to see and value the role of consumers at an individual level – engaging in and contributing to decisions about their own care, or that of loved ones. This is covered in more detail within the work being undertaken in the making health easy to understand framework, engaging effectively with Māori, and relationship centred practice training.

Collective engagement includes collaborating, involving and partnering with individuals or groups of consumers at a service, community or governance level. Put another way – *" 'my' or 'our say' in decisions about planning, design and delivery of services".*

As seen in the below diagram, consumers can be engaged collectively in various ways, at multiple levels including:

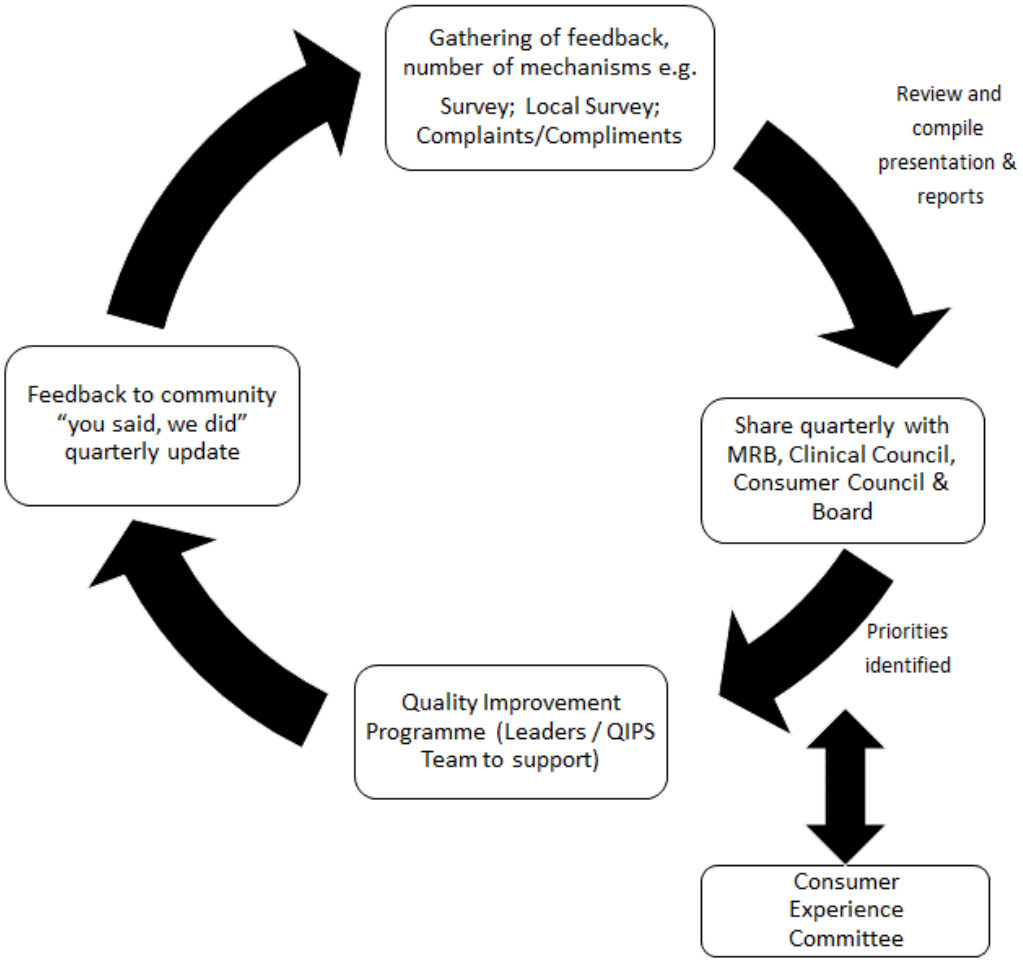
- As partners when redesigning services through co-design groups
- As members of committees, advisory and governance groups
- Through workshops, working groups, steering groups, focus groups and public hui's
- Through consumer and patient experience surveys and feedback mechanisms
- Involvement in consumer interviews, patient stories, patient journey mapping



Levels of Consumer Engagement

UTILISING CONSUMER FEEDBACK

One form of engagement with consumers relates to feedback that we receive through various formats, including complaints, patient experience surveys, focus groups and hui's. To ensure that this is effectively used to support system design improvements and changes the following process will be followed:



LINKS TO OTHER STRATEGIES

It is important to acknowledge other strategies and frameworks that link to the implementation of this strategy:

- The Quality Improvement and Safety framework "Working in Partnership for Quality Healthcare in Hawke's Bay" (2013) outlines priorities that support consumer engagement in Hawke's Bay.

- Patients and Whānau at the centre and services developed around the needs of our patients is a core principle of Hawke's Bay Health System – Transform and Sustain 2013 – 2018

- Youth involvement is a core principle of The Youth Health Strategy 2016 – 2019 in building health system resiliency through youth participation in governance, leadership, design and delivery of work.

- The Mai Māori health strategy focuses on engaging better with whānau and responding to the needs of Māori in the way they prefer services and care.

- The Pasifika Health Action Plan 2014 – 2018 supports a collaborative approach with pacific communities.

- Significant consumer input will be required to make a 'health literate sector' a reality.

- The People Strategy will address the development of a culture for the health sector that will need to include respecting and communicating effectively with consumers

- The development of Health and Social Care Localities includes significant requirements to consult with and engage local communities in decision making.

HAWKE'S BAY District Health Board Whakawāteatia	**Policy - Recognising Consumer Participation** **88**
	For the attention of: **HBDHB Board**
Document Owner	Kate Coley, Executive Director People & Quality
Document Author	Ken Foote, Company Secretary
Reviewed by:	Executive Management Team, Māori Relationship Board, Clinical and Consumer Council
Month:	June 2018
Consideration:	For Approval

RECOMMENDATION

That the HBDHB Board

1. **Approve** the draft Policy in principle
2. **Approve** the recommended process for implementation.

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OVERVIEW

Engaging and partnering with consumers is an important part of ensuring that the Hawke's Bay Health Sector is meeting the needs of our community. Why and how we do this has been pulled together as part of the Consumer Engagement Strategy. One of the key issues to be addressed in this strategy is how we value and recognise consumer participation and engagement.

Currently the only formal policy on this issue is contained within the policy on 'Payment of Fees and Expenses' (HBDHB/OPM/108). Essentially this policy provides for the payment of fees to Consumer Council members only, and reimbursement of justifiable expenses to stakeholders and advisors (including consumer representatives) in exceptional circumstances. The policy does however include a number of principles that address other more intangible ways of recognising and valuing consumer input.

With the more recent heightened awareness and interest in engaging consumers, the appropriateness of this current 'narrow' policy has been raised as an issue by consumers and services alike. In lieu of a broader policy, discretionary ways of recognising consumer contribution are being employed. There is a risk that this could lead to potentially unsustainable precedents being set and unrealistic expectations being created.

CONSULTATION

Consultation with HB Health Consumer Council, and other initial feedback sought from MRB, other consumer groups (including Partnership Advisory Group (PAG), EMT, PMO and Finance confirmed that it was appropriate to establish an organisation wide policy that acknowledges this 'new' environment, and the desired level of engagement.

Through consultation it was agreed that the three Auckland District Health Boards "Recognising Community Participation" Policy (attached as Appendix 2) was a good starting point for how HBDHB might recognise consumer participation and the resulting implications.

Feedback received requested more detailed provisions for recognising consumer participation. Examples of these such as Manaaki, Koha/Gifts, vouchers, support with expenses, refreshments, payments and inclusion in flu vaccinations have been included in the new draft policy.

COST OF IMPLEMENTATION

EMT requested an indication of what the cost of implementation would be based on previous 12 months activity and/or future planned activity. Discussions with finance have resulted in an inability to accurately determine this based on not having a cost centre code that reflects consumer involvement. This deficiency has been addressed in the draft policy.

Discussions with Counties Manukau DHB has revealed that their internal systems and processes do not include being able to accurately reflect the cost of engagement. They do not have a budget for engagement. Teams build it into their project plan or use existing service budget.

In the absence of any evidence or objective assessment criteria, it is subjectively estimated that the total cost of implementation is likely to be around $20k per annum, spread across a number of cost centres. The materiality of this is therefore very low, and the expectation is that all services and projects incurring such costs will absorb them within existing budgets.

LEARNING FROM COUNTIES MANUKAU DHB

Counties Manukau have shared their learnings with HBDHB. These include:

1. Set cost centre codes up in advance of implementation.
2. Associated costs of consumer engagement should be the responsibility of the budget holder of the service or project, as opposed to being centralised. When services take responsibility for the costs of engagement they take better ownership of the relationship with the consumer representative.
3. Costs should be estimated and approved by the budget holder in advance of the project or engaging with consumer representatives. Have a process in place for this.
4. Provide certificates for consumers to acknowledge receipt of travel expenses and vouchers
5. Implement a transparent process that includes an attendance register when accounting for vouchers/taxi chits/reimbursements.
6. Be clear about who administers the process within services.
7. Rates are at the discretion of the budget holder but should be based on the level of the project, not the skill brought (for example, the Chair of Consumer Council is not paid a Chairs rate if involved in a project steering group).

RECOMMENDATIONS

It is recommended that the following process be implemented for this proposed policy:

1. As per policy guidelines, the draft policy should then be distributed more widely for organisational comment.
2. Policy is finalised and approved through governance process.
3. Review and amend existing ‘Payment of Fees and Expenses’ (HBDHB/OPM/108) Policy in light of this policy.
4. Make consequential changes to the ‘Sensitive Expenditure Policy’ (HBDHB/OPM/015) supported by Maori Health Services. (The definition of Koha to include cash equivalents).
5. Processes to support the policy, including learnings from Counties Manukau DHB to be confirmed in conjunction with the finance team.
6. Policy and processes to be rolled out with training to support.

ATTACHMENT

Draft policy on ‘Recognising Consumer Participation’

HAWKE'S BAY DISTRICT HEALTH BOARD	**Manual:**	Operational Policy Manual
	Doc No:	HBDHB/OPM/120
Recognising Consumer Participation	**Date Issued:**	May 2018
	Date Reviewed:	
	Approved:	To be confirmed
	Signature:	
	Page:	1 of 15

PURPOSE

Engaging and partnering with consumers is an important part of ensuring that Hawke's Bay District Health Board (the DHB) is meeting the needs of the community.

The DHB values and wishes to encourage consumers, whānau and community input and participation in HBDHB work. It is important that this contribution is recognised.

This policy explains how consumer participation can be recognised in a way that is fair, simple, consistent and compliant with financial and other imperatives.

PRINCIPLES

The fundamental intent of this policy is to clearly set out HBDHB's position on how we recognise consumer input.

Principles on which the policy is based include:

1. Engaging with consumers adds value by improving decision making, services and outcomes and fosters a culture of person and whanau centred care.
2. The DHB will invite consumers to participate in one off events, focus groups and to join project groups.
3. Consumers who participate by invitation in DHB activities should be offered reimbursement for reasonable expenses incurred in such participation
4. The DHB will ensure that the time and effort of consumers contributing and participating in DHB initiatives will be appropriately acknowledged and recognised. Such recognition may be in tangible and/or intangible form.
5. Expenditure decisions in recognition of consumer participation in DHB activities will be made with integrity and transparency.
6. Costs associated with recognising consumer participation are not centralised. The responsibility lies with the budget holder of the service or project and will be coded to the appropriate cost centre.
7. All consumers participating will be considered equal, irrespective of their employment status, profession, qualifications, experience or background.
8. Genuine appreciation for consumer input will be expressed through consideration of meeting times and venues, timely communication, feedback, follow up and an expression of appreciation.
9. Engaging with consumers is aligned with the vision and values of the Hawke's Bay Health sector; in particular Rāranga te tira – partnership and He Kauanuanu – respect.

SCOPE

This policy will apply to all consumers who are invited to participate in DHB work as a consumer representative.

This policy is applicable to all HBDHB employees who engage consumers in project, planning, improvement and decision making processes.

This policy excludes Consumer Representatives who are paid for their involvement through specific external funding mechanisms.

This policy does not apply to engaging contractors or consultants providing professional services or Consumer Council members attending governance meetings.

ROLES AND RESPONSIBILITIES

The Executive Director People & Quality has overall responsibility for the application of this policy.

Executive Directors, Senior Clinical Leaders, Service Directors, Project Managers and other budget holders, are responsible for engaging and appropriately recognising consumer representatives involved in their respective areas.

The Consumer Experience Manager is responsible for providing management and administrative support related to consumer representation.

The Executive Director Corporate Services has overall responsibility for the development and maintenance of systems and processes, including internal controls and financial monitoring of payments and vouchers.

The HBDHB Company Secretary shall independently monitor all costs associated with the application of this policy.

POLICY

The 9 principles above shall be applied as part of this policy.

In relation to the recognition of consumer participation the DHB will provide:

Manaakitanga (host responsibility)

Manaaki can be defined as “to look after, care for, show respect or kindness to”. Manaakitangi can be loosely translated to “hospitality”. Being hospitable, looking after visitors and caring about how others are treated is very important.

Recognition of people invited to participate in DHB activities requires that they are positively valued and shown respect. It requires sensitivity to people’s cultural and social diversity and an awareness of people with disabilities. It means that people assisting the DHB should be provided with sufficient resources to enable and support effective contribution. It includes the provision of sufficient information (in a format that is easy to understand), support with transport and other needs as required, ensuring the venue and information are fully accessible, providing refreshments, formally acknowledging people for their participation and providing feedback on their input. There should be no barriers to participation.

When offering hospitality, reference should be made to the ‘Sensitive Expenditure Policy’ (HBDHB/OPM/015).

Verbal and/or written acknowledgements, and expressions of appreciation, should be provided in all cases.

Koha/Gifts

A koha or gift may be presented as a token of appreciation for contributions made to DHB activities, but should not be an expectation of the recipient. Koha/gifts may be in the form of petrol or supermarket vouchers or other tokens of appreciation (not cash or cheque). The value of a koha/gift for a person involved in any one project should not exceed $50.00.

Vouchers should not be given regularly to the same person, as they may constitute taxable income.

People already on a salary or a contract, which covers their participation, should not receive a koha/gift.

Refreshments

It is appropriate to provide light refreshments for those who inform or advise the DHB through participation in a public consultation e.g. Hui, fono, discussion group. Reference should be made to the DHB's Healthy Eating Policy (HBDHB/OPM/115)

Reimbursements and Payments

Consumer representatives who participate in DHB activities by invitation should be offered reimbursement for reasonable expenses associated with their participation and may be offered payment for the time and value of their input.

Table 1 below provides a guide to the kind and level of reimbursements and monetary recognition payable. It is based on activities that are attended in person but payments can also be made when people participate in other ways, for example teleconferences or work done by individuals at home.

In all cases, the amount and type of on-going expenses and payments must be approved by the budget holder i.e. Service Director, Executive Director, Project Sponsor (or other role with the relevant delegated authority) in advance of the project, with the upper limit set.

For ongoing activities there must be a letter of agreement sent to the participant and the terms of reference agreed for the project/committee activity with the appropriate sign off. The agreement should include an outline of expectations of the consumer representative's contribution. If, for example a consumer representative is required to chair a meeting, or is expected to seek wider community views on a topic, then consider what additional time would be required to fulfil this function well. The agreement should outline any process for compensation, including a process for compensating expenses for last minute changes to meeting dates or times.

<u>Reimbursements</u>:

Consumer representatives seeking reimbursement of out of pocket expenses should complete a **Consumer Expenses Claim Form**, and provide:

- bank account number;
- receipts or invoices for items less than $50 (incl. GST) or incurred overseas;
- GST tax invoices for items greater than $50 (incl. GST) and incurred in New Zealand.

Consumer representatives receiving vouchers to cover their expenses should also acknowledge receipt of payment by signing a **Voucher Acknowledgement of Receipt Register** and this should be kept on record.

Consumer representatives already on a salary or a contract which covers their participation should be reimbursed for out of pocket expenses using the usual employee expense claim process, or in accordance with their contract.

The onus is on the consumer representative to claim for appropriate reimbursements, within a reasonable timeframe. Claims outstanding for over three months will not be accepted, other than in exceptional circumstances.

Payments:

The DHB will not fully compensate people for taking time off work or for loss of income as a result of providing input into DHB work or projects. The levels of recognition set out below should be regarded as partial compensation.

Consumer representatives offered 'remuneration' compensation for the time they have given, should be asked to complete a **HBDHB Joining Form** and an **IR330C Form**, and will be added to payroll and have withholding tax deducted from any payment.

Consumer representatives should not be compensated with vouchers for any time they have given, due to the complications and cost of complying with taxation obligations.

Consumer representatives providing appropriate tax invoices for their time, will be required to complete a **New Supplier Request Form**. Once approved, payments will be made into the verified bank account number provided.

Table 1: Reimbursement and recognition details

Type of activity	Type and extent of financial support or recognition the DHB can provide	Paid by
1. **General invitation to a public hui/ meeting** Participation in a public consultation e.g.: attending a public meeting, hui, fono or discussion group	• No honorarium or koha • Assistance for people who would not otherwise be able to attend, e.g. mobility taxi service • Assistance if requested with interpreters, or other supports that are essential for participation	• Taxi vouchers or bus passes provided prior to the meeting if possible • Carpark pass if meeting is on hospital grounds.
2. **Personalised invitation to one-off event** Participation in focus group, forum, workshop or meeting	• A koha or gift may be appropriate (up to the value of $50.00) • Assistance, if requested, with taxis/transport for people who would otherwise be unable to attend • Reimbursement of reasonable out of pocket expenses up to $125.00 per meeting (see travel expenses)	• Koha/gift in the form of petrol or supermarket voucher (it is helpful to provide a choice as not everyone drives) • Taxi vouchers or bus passes provided prior to the meeting if possible

Type of activity	Type and extent of financial support or recognition the DHB can provide	Paid by
	• Expenses may include travel, childcare and special aids for participation	• Carpark pass if meeting is on hospital grounds.
3. **Invitation to ongoing group membership, partnership or collaboration**	• Reimbursement of reasonable out of pocket expenses (see travel expenses) • Expenses may include travel, childcare and special aids for participation • Inclusion, if requested, in annual influenza vaccination **Consumer Representative working at a Project level** • May be paid a meeting fee of up to $50.00* for each meeting attended. **Consumer Representative working at a governance level (i.e. Consumer Council member)** • Payment as per 'Payment of Fees and expenses' Policy (HBDHB/OPM/108)	• An honorarium is paid in recognition of time made as tax deducted payment • Expenses reimbursed are tax exempt. Paid retrospectively on receipt. • Carpark pass if meeting is on hospital grounds.

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*this policy does not preclude paying a lesser amount.

Travel expenses (private vehicle)

Use of a private vehicle will be reimbursed on a distance travelled basis using IRD mileage rates (available on-line by typing "IRD mileage rates" into a search engine). Some common travel distances are provided below.

Return Trip distance
43km (i.e. Napier to Hastings)
14km (i.e. Flaxmere to Hastings)
22km (i.e. Bay View to Napier)
40km (i.e. Te Awanga to Napier)
72km (i.e. Waimarama to Hastings)
99km (i.e. CHB to Hastings)
233km (i.e. Wairoa to Napier)

MEASUREMENT CRITERIA

This Policy will be reviewed annually along with a full summary of costs incurred within the 12 months previous. To facilitate the capture of costs under this policy, expenses should be coded to Community Consultation Costs (currently account code 583500) within the appropriate cost centre.

As an appropriate independent control measure, HBDHB Company Secretary will periodically review all transactions charged against this code

An annual survey will be sent to Service and Project leaders, Consumer Council members and Consumer Representatives regarding feedback on how the policy is working in practise.

DEFINITIONS

"Consumer"

Refers to patients and their families / whānau / caregivers / personal support persons, who have had personal experiences in the health and disability system. The term also includes those who might use services in the future and members of the public generally, given they are the targeted recipients of health promotion and public health messaging and services.

"Consumer Engagement"

Consumer engagement refers to the wide range of strategies in which consumers are involved in the planning, service delivery and evaluation of healthcare. Informing consumers does not, in itself, constitute engagement. Engagement requires dialogue and building relationships.

"Consumer Representative"

A consumer representative is a person with healthcare experiences relevant to the project or management group. A consumer representative provides advice based on their own personal experiences of services or care, and/or on behalf of others.

"On-going"

For the purposes of this policy, and in the context of activities, ongoing means predictable. If a meeting is scheduled to occur regularly with the same group of people as part of business as usual, or a specified project, that activity is classed as "on-going".

REFERENCES

Health Quality and Safety Commission - Engaging with Consumers: A guide for District Health Boards.

RELATED DOCUMENTS

'Payment of Fees and expenses' (HBDHB/OPM/108)
'Sensitive Expenditure Policy' (HBDHB/OPM/015)
'Healthy Eating Policy' (HBDHB/OPM/115)

FORMS

All relevant forms applicable to this policy may be found on HBDHB intranet – Our Hub.

For illustrative purposes only, copies of such forms current at the time this policy was first approved, are attached:

Appendix 1: Consumer Expenses Claim Form
Appendix 2: Voucher Acknowledgement of Receipt Register
Appendix 3: HBDHB Joining Form
Appendix 4: HBDHB New/Updated Supplier Form

Appendix 5: IR330C – Tax Rate Notification for Contractors

KEYWORDS

Consumer
Consumer Engagement
Consumer Representative
Expenditure
Gift
Koha
Participation
Payment
Project
Recognition
Refreshments
Reimbursement
Travel expenses
Vouchers

For further information please contact the Consumer Experience Manager.

Appendix 1

Consumer Expenses Claim Form

Please complete and forward to the person organising the meeting

Name:	
Email:	
Phone #	
Bank Account	- -

Meeting Attended: **Date:** **Place:**

Expense description/justification / and kms travelled in private vehicle	**Amount**

All original supporting receipts/invoices (GST tax invoice for items over $50) must be attached.

Sub total	
Plus GST	
Total	$

I hereby certify that the above details are correct and that all expenses claimed were incurred in participating in work of the Hawke's Bay District Health Board.

Signature **Date:**

For HBDHB use only

Approved for payment by:

Name: ..... Position: .....

Signature: ..... Date: .....

Expenses to be charged to

Cost Centre .....
Account Code 583 500

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Appendix 2

Voucher Acknowledgement of Receipt Register

This form is to be used in accordance with the Recognising Consumer Participation Policy. Its purpose is to account for and maintain a record of the issue of vouchers.

Type of Voucher e.g. petrol, super market	Voucher Issuer e.g. MTA, Countdown	Voucher Number	Name of Recipient	Recipients Signature

Staff responsible for the use of vouchers, should ensure this form is completed whenever vouchers are issued, and be able to present the completed form on request.

Appendix 3

HAWKE'S BAY District Health Board

JOINING FORM

Please complete all detail in FULL and return to the Recruitment Team

SURNAME: Dr / Mr / Mrs / Miss / Ms	**FIRST NAME (S) (in full):**
PREVIOUS NAME(S):	**DATE OF BIRTH:** / /
ADDRESS:	**PHONE NUMBER(S):**
GENDER: Male / Female	**Have you previously been employed by HBDHB?** Yes / No

NEXT OF KIN:

Name:..... Phone Number(s):.....

Address:..... Relationship:.....

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION:
The following information will be used for reporting and statistical purposes only. Which ethnic **groups** do you identify with? (please indicate more than one if applicable):

NZ Maori	☐	British or Irish	☐	Other European	☐
NZ European / Pakeha	☐	Asian	☐	Other Ethnic Group (or further detail):	☐
Pacific Islander	☐	Indian	☐	----------	

BANK ACCOUNT DETAILS (Please attach deposit slip)

Name of Bank: .....

Account No: ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

Bank Code | Bank/Branch | Account Number | Suffix

PAYROLL USE ONLY:

Cost Centre:.....

Employee Number:..... Salary:.....

Applicant Number:..... Increment Date:.....

Commencement Date:..... Phone Allowance: Yes / No

Position:..... Roster Group:.....

Signature: ..... **Date:** .....

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Appendix 4

HBDHB New/Updated Supplier Form

Part A – Your information (** Denotes a mandatory field. If you are updating the information we hold on you, only complete the boxes you want us to change*)

Payment details		
* Name/department of the person at the DHB who asked you to complete this form		
Supplier number if an existing supplier		
*Trading name that will appear on your invoices		
*Legal name (if different)		
*Legal status (e.g. registered company, partnership, sole trader, Crown entity etc.)		
*Company No. / NZBN (include certificate)		
*e-mail address (for purchase orders)		
*Physical address (for supplier returns)		
*Postal address - if different from physical address:		
*Type of goods or services you will provide:		
*DHB Employee? ☐ Yes ☐ No	Employee number:	
*Independent contractor? ☐ Yes ☐ No	IRD number:	
*GST registered? ☐ Yes ☐ No If registered you must provide compliant tax invoices,	GST number: see: *http://www.ird.govt.nz/gst/work-out/work-out-records/records-tax/tax-info/*	
Who should we contact at your business		
*Contact name:		
*Phone number:	Mobile number:	*e-mail address:
Purchasing contact person, if different from above		
*Contact name:		
*Phone number:	Mobile number:	*e-mail address:
Payments contact person – for remittance advices		
*Contact name:		
*Phone number:	Mobile number:	*e-mail address:

If you are a contractor receiving scheduler payments, you must also include a completed Tax rate notification for contractors IR330C form (available on the IRD website), or a copy of any Certificate of exemption (COE). Otherwise tax will be deducted at the no-notification rate.

February 2017 Page 1 of 2

HBDHB New/Updated Supplier Form

Part B – Bank Account detail and declaration

2. Bank Account details	
*We accept any of the following as evidence of your Bank Account:	Document attached
A pre-printed deposit slip which includes the full bank account number (bank, branch, account number and suffix) and the account holders name :	☐
A bank statement which includes the full bank account number (bank, branch, account number and suffix) and the account holder's name:	☐
A letter from the bank which includes the full bank account number (bank, branch, account number and suffix) and the account holder's name. This must be signed and stamped by the bank.	☐
An internet printout which includes the full bank account number (bank, branch, account number and suffix) and the account holder's name and the web address along the top or bottom of the page. This does not need to be signed and stamped by the bank unless all of the above is not provided on the printout.	☐
ATM printout must show the bank logo and the full bank account number (bank, branch, account number and suffix) and the account holder's full name.	☐
Hand-written bank account evidence as long as it includes the full bank account number (bank, branch, account number and suffix) and the account holder's name. This must be signed and stamped by the bank.	☐

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3. Supplier Declaration	
*I declare that: • the information given in this application is true and correct • I am authorised to make this request on behalf of the organisation.	
Full name:	Job title:
Signature:	Date:

Payments will be made on the 20th of the month following date of invoice as per HBDHB terms and conditions. *(T&C available on the HBDHB website)*

Return this form to the Contracts Team e-mail:
contracts@hawkesbaydhb.govt.nz

With subject line "New Supplier Request" (Supplier Name)

4. OFFICE USE ONLY		
Contracts approval:	Name & Signature:	Date:
Purchasing approval:	Name & Signature:	Date:
Creditor number :	Name & Signature:	Date:
WHT loaded :	Name &Signature:	Date:

February 2017 Page 2 of 2

Appendix 5

Inland Revenue
Te Tari Taake

Tax rate notification for contractors

IR330C
March 2017

Use this form if you're a contractor receiving schedular payments.

Don't use this form if you're receiving salary or wages as an employee, you'll need to use the *Tax code declaration (IR330)* form.

Once completed:

Contractor **Give this form to the person paying you.**

Payer **Don't send this form to Inland Revenue.** You must keep this completed IR330C with your business records for seven years following the last schedular payment you make to the person or entity.

1. Your details

Full Name

IRD number (8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)

If you don't have:

- your IRD number you can find it on your myIR Secure Online Services account or on letters or statements from us.
- an IRD number go to **www.ird.govt.nz** (search keywords: IRD number) to find out how to apply for one.

2. Your tax rate

You must complete a separate *Tax rate notification for contractors (IR330C)* for each source of contracting income.

Refer to the flowchart on page 2 and enter your tax rate to one decimal point here. %

Refer to the table on page 3 and enter your schedular payment activity number here.

Your tax code will always be: WT

3. Declaration

Name

Designation or title (if applicable)

For example, director, partner, executive office holder, manager, duly authorised person

Signature

Day Month 2 0 Year

Please give this completed form to your payer. If you don't complete sections 1 and 3 your payer must deduct tax from your pay at the no-notification rate of 45%, except for non-resident contractor companies where it's 20%.

RESET FORM

Privacy

Meeting your tax obligations means giving us accurate information so we can assess your liabilities or your entitlements under the Acts we administer. We may charge penalties if you don't.

We may also exchange information about you with:

- some government agencies
- another country, if we have an information supply agreement with them
- Statistics New Zealand (for statistical purposes only).

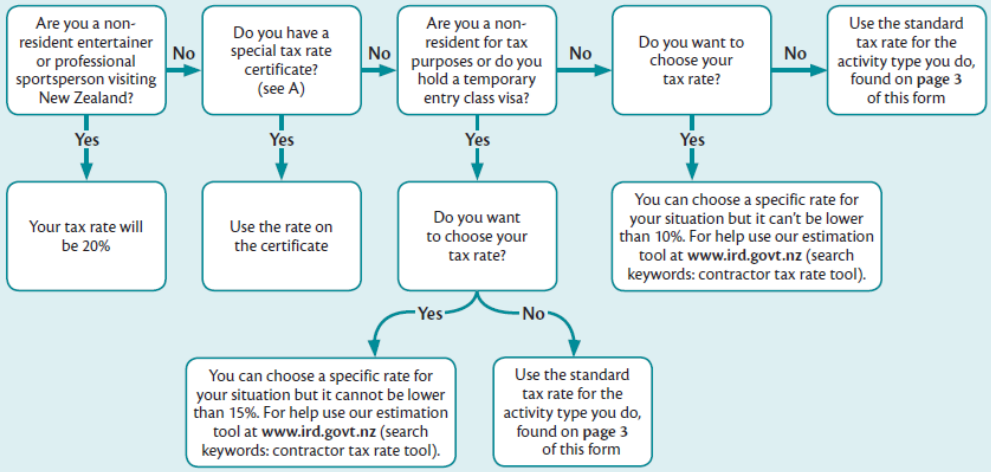
If you ask to see the personal information we hold about you, we'll show you and correct any errors, unless we have a lawful reason not to. Call us on 0800 377 774 for more information. For full details of our privacy policy go to **www.ird.govt.nz** (keyword: privacy).

1

Schedular payments are payments made to people who are not employees but are contractors. This includes independent contractors, labour-only contractors and self-employed contractors. You're receiving schedular payments if you're not an employee and the type of work you're receiving a payment for is an activity listed on page 3.

If you aren't ordinarily required to have tax deducted from payments you receive you can choose to have tax deducted from them, they'll be treated as schedular payments, if the person paying you agrees. You will need to get their agreement in writing.

Use the flow chart below to work out what tax rate to use



A If you have a special tax rate (STR) certificate enter your special tax rate on page 1 and show your original STR certificate to your payer.

An STR is a tax rate worked out to suit your individual circumstances. You may want an STR if the minimum tax rate that applies to you will result in you paying too much tax. For example, if you have business expenses that will lower the amount of tax you need to pay on your income. You can apply for an STR certificate by downloading a *Special tax code application (IR23BS)* from our website or by calling 0800 257 773. Please have your IRD number handy.

If you're a non-resident contractor the application process is different. For more information go to **www.ird.govt.nz** (search keywords: NRCT special rate).

B If you don't want tax deducted from your schedular payments, you may be able to apply for a Certificate of exemption (COE) online using the *Request for PAYE exemption on schedular payments (IR332)* form on our website.

If you're a resident contractor paid by a labour hire business under a labour hire arrangement you cannot use a COE for these payments. You may be able to apply for a 0% special tax rate instead by completing an IR23BS.

For more information about COEs go to **www.ird.govt.nz** (search keywords: schedular coe).

Non-residents

Applications for non-resident contractor certificates of exemption or enquiries about non-resident contractors should be sent to:

Post:
Team Leader
Non-resident Contractors Team
Large Enterprises Services
PO Box 2198
Wellington 6140
New Zealand

Email: Nr.contractors@ird.govt.nz
Phone: 64 4 890 3056
Fax: 64 4 890 4502

Additionally, the following may be entitled to an exemption from tax:

- non-resident entertainers taking part in a cultural programme sponsored by a government or promoted by an overseas non-profit cultural organisation
- non-resident sports people officially representing an overseas national sports body.

Post:
Team Leader
Non-resident Entertainers Unit
Large Enterprises Services
PO Box 76198
Manukau City
Auckland 2214
New Zealand

Email: Nr.entertainers@ird.govt.nz
Phone: 64 9 984 4329
Fax: 64 9 984 3081

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Schedular payment tax rates

If you are receiving payment for any of the types of work listed below, enter the activity number in the box at section 2 on page 1.
The description of activities covered may not be exhaustive. For a more detailed description see schedule 4 of the Income Tax Act 2007.
You'll generally be required to file an income tax return at the end of the tax year.
If you receive schedular payments you will receive an invoice for your ACC levies directly from ACC.

Activity number	Activity description	Standard tax rate – %	No-notification rate – %
1	ACC personal service rehabilitation payments (attendant care, home help, childcare, attendant care services related to training for independence and attendant care services related to transport for independence) paid under the Injury Prevention and Rehabilitation Compensation Act 2001	10.5	45
2	Agricultural contracts for maintenance, development, or other work on farming or agricultural land (not to be used where CAE code applies)	15	45
3	Agricultural, horticultural or viticultural contracts by any type of contractor (individual, partnership, trust or company) for work or services rendered under contract or arrangement for the supply of labour, or substantially for the supply of labour on land in connection with fruit crops, orchards, vegetables or vineyards	15	45
4	Apprentice jockeys or drivers	15	45
5	Cleaning office, business, institution, or other premises (except residential) or cleaning or laundering plant, vehicle, furniture etc	20	45
6	Commissions to insurance agents and sub-agents and salespeople	20	45
7	Company directors' (fees)	33	45
8	Contracts wholly or substantially for labour only in the building industry	20	45
9	Demonstrating goods or appliances	25	45
10	Entertainers (New Zealand resident only) such as lecturers, presenters, participants in sporting events, and radio, television, stage and film performers	20	45
11	Examiners (fees payable)	33	45
12	Fishing boat work for profit-share (supply of labour only)	20	45
13	Forestry or bush work of all kinds, or flax planting or cutting	15	45
14	Freelance contributions to newspapers, journals (eg, articles, photographs, cartoons) or for radio, television or stage productions	25	45
15	Gardening, grass or hedge cutting, or weed or vermin destruction (for an office, business or institution)	20	45
16	Honoraria	33	45
17	Modelling	20	45
18	Non-resident entertainers and professional sportspeople visiting New Zealand	20	N/A
19	Payment by a labour hire business to any person (eg individual, partnership, trust or company) performing work or services directly for a client of the labour hire business or a client of another person, under a labour hire arrangement	20	45
20	Payments for: – caretaking or acting as a guard – mail contracting – milk delivery – refuse removal, street or road cleaning – transport of school children	15	45
21	Proceeds from sales of: – eels (not retail sales) – greenstone (not retail sales) – sphagnum moss (not retail sales) – whitebait (not retail sales) – wild deer, pigs or goats or parts of these animals	25	45
22	Public office holders (fees)	33	45
23	Shearing or droving (not to be used where CAE code applies)	15	45
24	Television, video or film: on-set and off-set production processes (New Zealand residents only)	20	45
25	Voluntary schedular payments	20	45
	If you are a non-resident contractor receiving a contract payment for a contract activity or service and none of the above activities are applicable, then:		
26	Non-resident contractor (and not a company)	15	45
27	Non-resident contractor (and a company)	15	20

Note: If you need help choosing your tax rate use the estimation tool at **www.ird.govt.nz** (search keywords: contractor tax rate tool)

CLINICAL SERVICES PLAN

Verbal Update

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Oral Health** 90 For the attention of: **HBDHB Board**
Document Owner	Sharon Mason, Executive Director Health Services
Document Author	Robin Whyman, Clinical Director for Oral Health Services and Communities, Women and Children Directorate
Reviewed by	Charrissa Keenan, Health Gains Advisor, Māori Health; Wietske Cloo, Deputy Service Director for Communities, Women and Children Directorate; Claire Caddie, Service Director for Communities, Women and Children Directorate and the Executive Management Team, Māori Relationship Board, Clinical and Consumer Council.
Month / Year	June 2018
Purpose	For monitoring
Previous Consideration Discussions	This report is provided annually.
Summary	Inequity in dental caries levels has multiple causes that are continually developing and changing and there is no universal solution. A wide ranging programme of work of is developing around early childhood oral health with partners across, and external to, the DHB including activity in service change, population health activities and healthy environments
Contribution to Goals and Strategic Implications	• Improving experience of care. • Improving Health and Equity for all populations; • Improving Value from public health system resources.
Impact on Reducing Inequalities / Disparities	Improved equity and reduction of oral disease in Māori , Pacific and young children living in poverty.
Consumer Engagement	Te Roopu Matua – Māori Oral Health Advisory Group established and partners at the table of the project Steering Group for improving equity in oral health for children under 5 years.
Other Consultation / Involvement	Not applicable for this report
Financial / Budget Impact	Not applicable for this report
Timing Issues	Not applicable for this report
Announcements / Communications	Nil

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RECOMMENDATION:

That the HBDHB Board

1. **Note** the content of this report
2. **Endorse** the recommendations and identified areas for improvement

HAWKE'S BAY
District Health Board
Whakawāteatia

Te Ara Whakawaiora: Oral Health

Author:	**Robin Whyman,**
Designation:	**Clinical Director for Oral Health Services and Communities, Women and Children Directorate**
Date:	**18 May 2018**

OVERVIEW

Te Ara Whakawaiora (TAW) is an exception based report, drawn from 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 Dr Robin Whyman Champion for the Oral Health Indicators.

UPCOMING REPORTS

The following are the indicators of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Reporting Month
Oral Health *National Indicator*	1. % of eligible pre-school enrolments in DHB-funded oral health services. 2. % of children who are caries free at 5 years of age	≥95% ≥67%	Robin Whyman	**MAY 2018**

MĀORI HEALTH PLAN INDICATOR: Oral Health

Oral health, general health and quality of life

Dental decay (dental caries) is one of the most common preventable chronic diseases. It is an important public health problem because of its prevalence, impact on individuals, society, and the public health system.

Severe early childhood caries affects the child's first (primary) teeth and reduces a child's quality of life: causing pain and discomfort, it affects eating and sleeping, prevents healthy growth and weight gain and reduces immunity to disease. Dental caries in early childhood is strongly predictive of an ongoing childhood and adulthood risk of dental caries.

A second opportunity to measure the impact of early investment in prevention of dental caries occurs at Year 8 when the number of adult decayed, missing and filled (DMF) teeth are measured and reported.

Management of dental caries occupies considerable DHB resources to treat children and adolescents and private resources to manage the effects in adulthood. Untreated acute and chronic

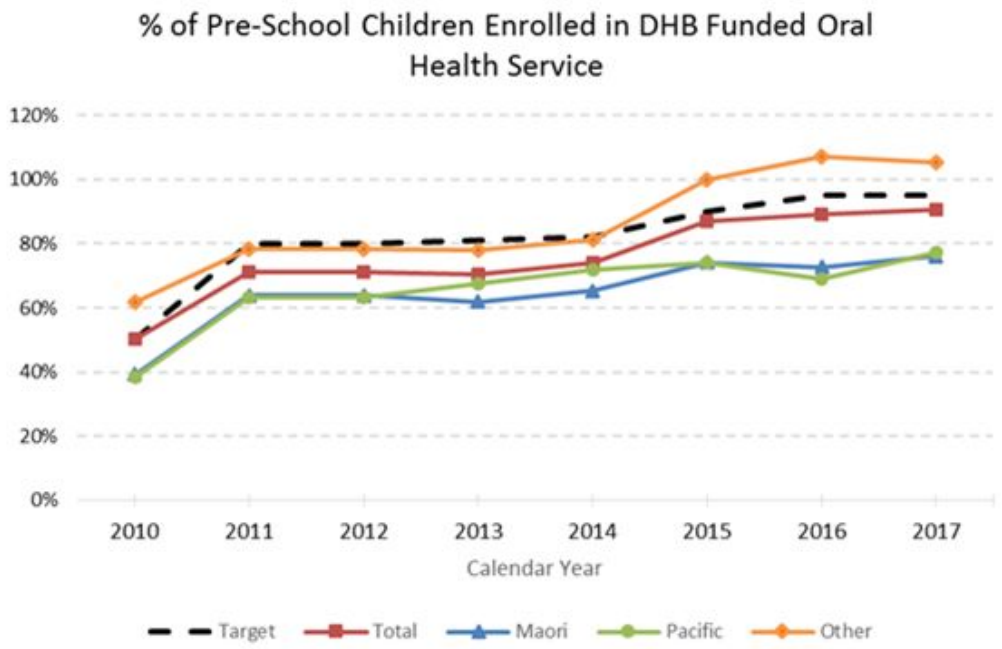
infections lead to a higher risk of hospitalisation and loss of school days and work days which has implications for a child's ability to learn and an adult's ability to work.

The determinants of dental caries are known — the risk factors include diet (sugar consumption) and poor oral hygiene. Poverty is also an identified risk factor for dental caries, but the how and why aspects of this relationship are less understood. Effective population health strategies and clinical prevention methods have substantially reduced the amount of dental caries in the child population and reduced the impact of dental caries for the community. However, these improvements are not equitable across all population groups, and barriers to access and substantial inequities in oral health outcomes remain.

Inequality in outcomes in oral health status for Māori
Tamariki Māori and Pacifica, and those children living in socioeconomic disadvantage experience poorer outcomes in oral health status (National Health Committee, 2003). These tamariki also tend to enrol and use oral health services later compared to non-Māori children, highlighting the need to explore in greater detail an appropriate and responsive model of oral health care services for this population group.

WHY IS THIS INDICATOR IMPORTANT?

Percentage of preschool children enrolled in DHB Funded Oral Health Service



	Target	Total	Maori	Pacific	Other
2010	50%	50.4%	39.2%	38.3%	61.9%
2011	80%	71.1%	63.8%	63.3%	78.4%
2012	80%	71.1%	63.8%	63.3%	78.4%
2013	81%	70.4%	61.9%	67.4%	78.0%
2014	82%	73.9%	65.3%	71.7%	81.3%
2015	90%	87.1%	74.1%	74.2%	99.8%
2016	95%	89.2%	72.7%	69.1%	107.0%
2017	95%	90.5%	76.1%	77.1%	105.2%

Early preschool enrolment and engagement with Oral Health Services is considered a key preventive strategy to improve preschool oral health. Earlier engagement raises the profile of good oral health for whanau, enables a relationship to develop between whanau and the Community Oral Health Service teams, increases the preventive care provided by clinical teams and increases the provision of anticipatory advice to parents and guardians prior to the development of early childhood dental caries.

Preschool children enrolled in DHB oral health services have increased rapidly as the DHB has focused on the national priority of earlier preschool enrolment in oral health services. However, the 2016 results raised concerns about the quality of the ethnicity coding.

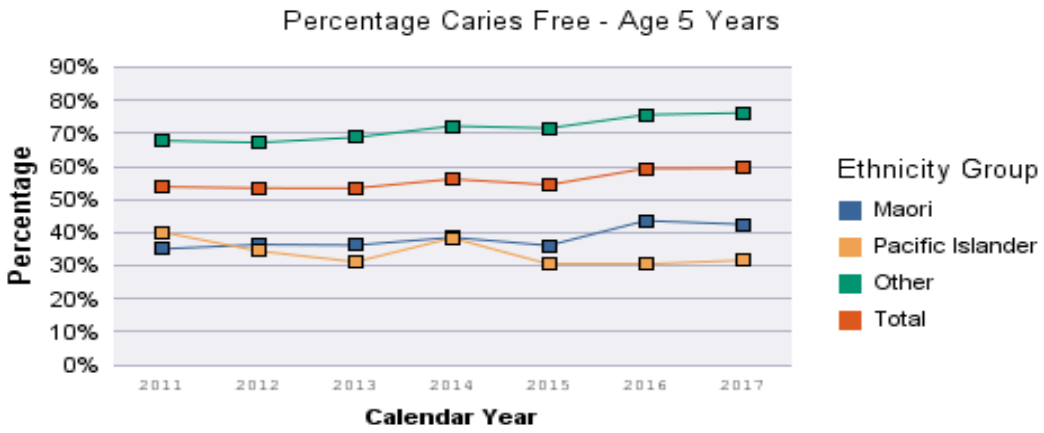
The 2017 results reflect pleasing increases in the proportion of Maori preschool children enrolled, but more importantly the absolute numbers enrolled has increased by a further 234 children. Māori enrolled has increased by 192 children, and Pacific by 56 children. Other children have decreased by 14 children and remain at over 100%.

Considerable work has been put into checking the ethnicity of children enrolled in the Titanium oral health patient management system and comparison with the ethnicity recorded in ECA from the national databases. Data cleansing, along with an absolute increase in numbers enrolled is responsible for the improved result as enrolments primarily occur from the quadruple enrolment process at birth to primary care, immunisation services, Well Child/Tamariki Oral and oral health at birth.

However, a discrepancy exists as we remain reporting 105.2% Other children are enrolled. Our conclusion after discussion with other DHBs and other services reporting preschool data is that this reflects discrepancies in the denominator figures used to report this indicator, which are provided by the Ministry of Health, but based on census projections from the Department of Statistics.

The overall level of preschool enrolment and the continued improvement for tamariki Māori and Pacifica is encouraging and our focus will be to ensure these gains do not level off.. However, the challenge is to engage all of these tamariki/children and their whānau/families with Oral Health Services. Improvements in oral health status will be maximised when tamariki/children are engaged and seen by the Oral Health Services. Our efforts are focused on achieving this goal via the Equity <5 years project. . Ongoing attention to data quality is required. Updated denominator figures may move this indicator after the 2018 census data are available.

Percentage of children who are caries free at 5 years of age



	Target	Total	Maori	Pacific	Other
2010	58%	58.4%	38.1%	34.2%	72.5%
2011	54%	54.0%	35.1%	39.8%	67.5%
2012	54%	54.1%	36.9%	39.2%	65.5%
2013	64%	54.2%	36.7%	31.2%	66.3%
2014	65%	56.5%	38.7%	38.0%	71.2%
2015	65%	54.4%	36.0%	30.5%	70.1%
2016	67%	59.0%	44.0%	31.0%	74.0%
2017	67%	59.5%	42.5%	31.6%	75.1%

The percentage of children caries free (decay free) at 5 years measures the proportion of children that are 5 years of age, and commencing school education without dental decay severe enough to have caused cavitation (holes) to develop in the primary teeth.

Caries free at 5 years is an important indicator as longitudinal studies indicate that children with good early childhood oral health have improved Year 8, adolescent and adult oral health. Children that are free of dental decay in the preschool and early primary school years are also less disrupted with education, eating and sleeping and have better general health.

The 2016 results represented a substantial improvement in outcomes for all groups except Pacific where only a small improvement was noted.

2017 results represent Minimal changes. There was a small decline for Maori and a small gain for Pacific children, who experience the worst oral health among Hawke's Bay groups. Importantly the substantial gain reported in 2016, against the previous trend, has largely been held. The improvement to the proportion of Other children decay free means the inequality in this indicator has not improved in 2017.

The target of 67% caries free has not yet been achieved for Māori or Pacific children, and results for both groups remain particularly concerning.

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

Activity planned to support these indicators has been

1 *Quadruple enrolment in the oral health service from birth, alongside enrolment for primary care, Well Child/Tamariki Oral and immunisation services.*
Ethnicity coding and data accuracy in the Titanium database was reviewed and updated in early 2018. Ongoing work is checking the accuracy of the database for double enrolments

2 *Improve whānau engagement with early childhood oral health services*
A Kaiawhina employed in the Community Oral Health Service started in July 2017 and was able to bring 282 children back into the service in the first 6 months. The Hastings Central team have adjusted their booking and appointment systems to be able to accommodate Kaiawhina appointments for families. Changes to ensure a flexible and responsive model of care for tamariki/children under 5 years are being explored to avoid losing these children in the first place.

3 *Changing the relationships with Māori health providers*
Changes to incorporate additional visits for high risk whanau through the Well Child Tamariki Ora providers contracts between Te Taiwhenua o Heretaunga, Kahungunu Executive, Plunket NZ and Māori Health and were implemented in late 2017. The emphasis of this work is to engage tamariki/children and their whānau with the Oral Health Service by age 1 year, and subsequent annual visits.

Changes to the operation of the Titanium database operated by the Community Oral Health Service were put in place for the start of the 2017 calendar year to enable Well Child/ Tamariki Ora providers to select and place appointments for tamariki and whanau directly in the system.

4 *Audit of the clinical pathway and patient experience for preschool children receiving dental care under general anaesthetic*
During 2017 and early 2018 an audit of preschool children who received dental care under general anaesthetic was undertaken including data review and whanau interviews. A series of recommendations are being finalised with the Steering Group for the project improving equity in oral health for children under 5 years.

5 *Improving preventive practice in the Community Oral Health Service*
Work with the clinical teams of dental therapists to improve the utilisation of fluoride varnish, bite wing radiography and fissure sealants to prevent dental decay is ongoing. All of the indicators show improvement and work is currently focussed on reducing variation between clinical teams across the service.

6 *Training in Relationship Centred Practice*
Training for the clinical teams in relationship centred practice was undertaken during 2017 by the Director of Allied Health as part of the service's ongoing programme of in-service education.

7 *Community water fluoridation*
Community water fluoridation remains an ongoing and serious concern as it has been absent from the Hastings District Council supply since August 2016 and no clear timeframe for its reinstatement has been announced by Hastings District Council.

A submission to Select Committee supporting the Health (Fluoridation of Drinking Water) Amendment Bill, by the DHB, was made in January 2017 and an oral submission made, on behalf of the DHB in March 2017. A conversation with the Central Hawke's Bay water team was held in October 2017. Further progress on extension of community water fluoridation (beyond Hastings) is now awaiting progress on the Bill by the government.

8 *Population health strategies*
Population health strategies are an important contributor to improving child oral health, and in particular:

HBDHB's *Best Start Healthy Eating and Activity: A Plan (2016-2020),* with 4 interlinking objectives:

1) Increasing healthy eating and activity environments – Working with Sport Clubs and Code via Sport HB to introduce healthy food choices and Water is the Best Drink". Work continues with Schools to promote 'Water is the Best Drink' and supporting water only schools. Work has started with early childhood centres to support healthy weight and oral health. Key HB events are delivering "Water is the Best Drink" messaging. A church with 2000 members in Flaxmere adopted a water only policy in November 2017. All events and activities held at or outside the church facilities are water only. Recent report back has indicated successful implementation with minimal disruption.

2) Develop and deliver prevention programmes - “Healthy Foods- Healthy Teeth and eating for under 5’s” is now finalised and distributed to B4SC nurses and other health professionals – the information on oral health has been enhanced as part of this process.

3) Intervention to support children to have healthy weight – Raising Healthy Kids Health Target is supporting referral to lifestyle change programme which include healthy eating, water only and oral health -the BESMARTER Goal Setting Tool has been adapted to include oral health activity.

4) Provide leadership in healthy eating - HBDHB Board has endorsed the reviewed Healthy Eating Policy and this now aligns with the MoH’s guideline. The DHB is sugar sweetened beverage free and soon will be mostly confectionary free.

   The DHB enhanced this in March 2018 when a “Water for Kids” programme and policy was introduced in the Paediatric Ward and SCBU at Hawke’s Bay Hospital.

Breastfeeding
The March 2017 Te Ara Whakawaiora: Breastfeeding report acknowledged that currently challenges exist meeting the 6 week target and that a drop off occurs between 6 weeks and 3 months. Initiatives to improve and sustain early breastfeeding are important to early childhood oral health. Recent literature (Gussy et al 2016) has demonstrated that early introduction of sugary beverages (before 18 months) is significantly associated with early development of dental caries. Initiatives associated with breastfeeding have been reported in the Te Ara Whakawaiora: Breastfeeding report identifying a new 6 week to 6 month programme initiative run by TTOH, Plunket HB and Kahungunu Executive to provide in home breastfeeding support. The emphasis of this contract is to provide appropriate advice and support for Māori and Pacific mothers and their whānau. From discharge to 6 weeks recent sign off has agreed an LMC incentive package to increase postnatal visits during the first two weeks post birth and a consistent messaging community based campaign.

Oral health promotion
The intermittent national campaign and TV advertisement run by the Ministry of Health and Health Promotion Agency “Baby Teeth Matter” and brushing teeth with fluoride toothpaste 2x a day are being supported locally with posters and repeated on the HBDHB Facebook page. Evaluation of the national programme by the Health Promotion Agency reported strong recognition and resonance with the programme particularly for Māori and Pacific whānau.

In addition to these initiatives, other population health activities that reduce the effects of poverty and improve living standards for whānau are linked to improvements in health, including oral health. An example of these initiatives is the Child Healthy Housing programme.

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

Māori and Pacific preschool enrolment and engagement with Oral Health Services and improvements in the proportion of Māori and Pacific children caries free at 5 years represent a complex interplay of societal, environmental and service delivery factors.

1 Under 5 years equity project-
In late 2016 the Communities, Women and Children directorate commenced a project focussing on delivering equity in oral health outcomes for 5 year-olds with a 5 year time frame.

The project is aiming to:

- strengthen consumer engagement and participation with Oral Health and to substantially improve consumer input to Oral Health Services and to oral health strategies to improve child oral health.
- coordinate consistent messaging and health promotion activity focussing on improving equity in early childhood oral health.
- improve whānau engagement with early childhood oral health services commenced in the Hastings Central community clinic hub.
- spread innovation that is successful within the service.
- work in collaboration with other providers for early childhood such as B4SC, Health Hawkes Bay, Well Child Tamariki Ora providers, Child Health Team, Early Childhood Education & Kohanga Reo and Outreach Immunisation teams to reduce the siloed nature of oral health services delivery.
- Lead improvement to ensure culturally appropriate and responsive oral health services
- influence policy change, particularly for water only environments
- review practice and implement change, or advocate for change, where appropriate

The project sponsors are the Service Director Communities Women and Children and Clinical Director for Oral Health, the Project Manager is the Communities Women and Children Deputy Service Director and a Project Steering Group with broad representation from services, Māori Health, PHO and consumer has been established.

2 Workforce change and kaiawhina engagement

Community Oral Health Services have changed the service's workforce mix by redeploying a clinical vacancy within the service to employ a kaiawhina to support the service's engagement with the community and other providers. This initiative commenced at the Hastings Central hub clinic and the preschool attendance rate has improved from 72.8% to 76.7% at the clinic. The Kaiawhina is expanding her work to Mahora and Flaxmere, and assisting the wider service and further work to investigate the role of kaiawhina in the model of service and workforce mix within the Community Oral Health Service.

3 Clinical quality indicators

Community Oral Health Services are continuing to monitor the implementation of a greater preventive focus in the clinical activity of the service. This involves monitoring 3 quality indicators (fluoride varnish, bitewing radiography and fissure sealants). Levels of use of fissure sealant use are satisfactory. Fluoride varnish use requires better targeting and work is ongoing to ensure that children at greatest clinical risk are receiving 6-montly applications of fluoride varnish.

Use of bitewing radiography remains lower than optimal as it represents a significant clinical practice change, but levels have continue to improve throughout 2017. Six-monthly reporting to the service and peer discussion is being used to effect these changes to clinical practice.

RECOMMENDATIONS FROM TARGET CHAMPION

The primary concerns associated with these preschool oral health outcomes relate to

1 Enrolment data quality

Work needs to continue to ensure that Māori and Pacific 5-year-old children are enrolled for oral health services and are as correctly reported as the denominator data allows. That work will continue by checking the Titanium oral health database has the status of children correctly reported. Further change may occur once the 2018 census becomes available with updated denominator data for preschool child numbers.

2 Accelerating equity in caries free status Māori and Pacific children

The project to improve equity in 5-year-old caries free status is ambitious and aims to take a cross sector focus. It will require ongoing support over 3-4 years to achieve the planned outcomes. Multiple initiatives are planned and are outlined in the table below.

3 Community water fluoridation

An ongoing conversation is required with Hastings District Council regarding the reinstatement of community water fluoridation as water plant improvements are made following the Havelock North gastro illness. Reinstatement is a high priority for Maori and Pacific oral health, particularly when the decline in Maori 5-year-old oral health in CHB is considered as reported in this report in 2016.

Work on community water fluoridation is primarily awaiting further progress on the Health (Fluoridation of Drinking Water) Amendment Bill. However, in the meantime meetings with drinking water staff of the Councils are held where appropriate to discuss the proposed changes under the Bill. It is appropriate to wait until the outcomes of the Bill are clear before making wider recommendations for community water fluoridation in Hawke's Bay.

4 Model of care improvements.

Both the audit of the clinical pathway and patient experience for preschool children receiving dental care under general anaesthetic and the demands of an aging workforce are strong drivers for continued attention to the model of care. Issues are being identified both within the Community Oral Health Service and across the DHB and the Hawke's Bay health system. The Community Oral Health Service is embarking on review of the model of care and will develop a paper recommending the mix of clinical, administration and Kaiawhina staffing that best supports the contemporary needs of the population group. It is also important that recommendations from the audit are finalised and confirmed by the Steering Group of the project group focussed on equity in oral health for children under 5 years and that an action plan is then developed to work through the recommendations.

The identified areas for improvement and timeframes are outlined in the following table

Description	**Responsible**	**Timeframe**
Continue quality control of the ethnicity coding and patient status accuracy within the oral health patient management system (Titanium)	Unit Manager Oral Health Clinical Director for Oral Health Children, Women and Communities Deputy Service Director	June 2019
Under 5 years of age caries free equity project		Phase 2 Jan – Dec 2018 and Total project 2017-2019
Consumer engagement, participation and feedback. Te Roopu Matua is established and their guidance and advice assists in project delivery and prioritisation.	Project Manager and Project Steering Group Unit Manager Oral Health	Total project 2017-2019 throughout the project

Healthy Foods - Healthy Teeth and eating for under 5s prevention programme Specific tools for ECE, Kohanga Reo and Pacific Island Language nests are being developed with the sector	Population Health	March 2019
Environmental scanning of water only policies and decisions about next steps,	Oral Health	March 2019
Water for kids in Paediatric ward and SCBU evaluation July 2018 and decisions about widening of the scope	Population Health Advisor	July 2018
Early intervention in general practice in conjunction with Systems Level Measures work.		July 2018
Heath HB to trial the “lift the lip” at 15 month immunisation with 2 high needs practices (2018-2019)	Project Manager and SLM group	December 2018
Agree recommendations from preschool child general anaesthetic audit and develop action plan	Project Manager	July 2018
Community Oral Health Service Model of Care review and decisions	Deputy Service Director CWC Directorate Unit Manager Oral Health Clinical Director for Oral Health	September 2018
Well Child Tamariki Ora provider outreach services TTOH , KE and Plunket continue regular collaborative meetings with COHS to improve systems	Māori Health Services Unit Manager Oral Health	Ongoing June 2019
Continue to transition clinical service delivery towards a preventive care focus using clinical quality indicators to monitor service performance	Clinical Director for Oral Health Unit Manager Oral Health	Ongoing June 2019
Community water fluoridation Ongoing discussion with Hastings DC to establish the process and timeframe for reinstatement of community water fluoridation. Monitor legislative change timetable Build relationships with communities of interest	Clinical Director for Oral Health	December 2018 Legislative timeframe uncertain 2017-2019

Breastfeeding initiatives to improve and sustain early breastfeeding	Breastfeeding Champion	July 2019

CONCLUSION

Eliminating inequity in dental caries levels is difficult to solve, has multiple causes, is continually developing and changing and has no universal solution. It has been described as a "wicked problem" (Thomson 2017). It represents the outcome of complex societal inequities in social conditions and health services.

However, significant steps to control early childhood dental caries would be made with region-wide access to optimally fluoridated water and removal of sugar sweetened beverages from all early childhood environments. Improvement in both of these indicators will require focus on collaborative activities to improve social and economic environments, including community water fluoridation and sugar-free environments,

A very wide ranging programme of work of is developing around early childhood oral health with partners across, and external to, the DHB. There also remains willingness by Oral Health Services to continue to question the best model of care for delivery of preschool oral health while also maintaining positive outcomes for the primary school child population.

Data quality issues, particularly related to enrolment, have improved but continue to challenge the reporting of the enrolment indicator. Some of these issues are out of the direct control of the DHB.

Dr Robin Whyman
Target Champion for Oral Health
Clinical Director Oral Health

REFERENCES

National Health Committee. *Improving Child Oral Health and Reducing Child Oral Health Inequalities*. 2003. National Advisory Committee of Health and Disability. Wellington. P 1-28.

Gussy M et al. Natural history of dental caries in very young Australian children. *International Journal of Paediatric Dentistry*. 2016: 26: 173-183.

Thomson WM. *Oral Health and NZ Children*. Presentation to the University of Otago Public Health Summer School. Wellington. 2017.

RECOMMENDATION:

That the HBDHB Board

3. **Note** the content of this report
4. **Endorse** the recommendations and identified areas for improvement

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:

23. Confirmation of Minutes of Board Meeting - Public Excluded
24. Matters Arising from the Minutes of Board Meeting - Public Excluded
25. Board Approval of Actions exceeding limits delegated by CEO
26. Chair's Update
27. HB Clinical Council
28. Finance Risk and Audit Committee

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).