BOARD MEETING

Date: Wednesday 28 August 2019

Time: 1:30pm

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

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

Apologies: **Kevin Atkinson, Ngahiwi Tomoana**

In Attendance:
Craig Climo, Chief Executive Officer
Executive Management Team members
John Gommans and Jules Arthur, Co-Chairs of Clinical Council
Rachel Ritchie, Chair HB Health Consumer Council
Members of the public and media

Minute Taker: Jacqui Sanders-Jones, Board Administrator

Public Agenda

Item	Section 1: Routine	Ref #	Time (pm)
1.	Welcome and Apologies		1:30
2.	Interests Register		
3.	Minutes of Previous Meeting 31 July 2019		
4.	Matters Arising - Review of Actions		
5.	Board Workplan		
6.	Chair's Report (verbal)		
7.	Chief Executive Officer's Report		

8.	Financial Performance Report – Carriann Hall, ED Financial Services		
9.	Board Health & Safety Champion's Update (verbal) - Board Safety Champion		2.00
	Section 2: Governance / Committee Reports		
10.	HB Clinical Council report– Co-Chairs, John Gommans & Julie Arthur		2:10
11.	11.0 HB Health Consumer Council report– Chair, Rachel Ritchie 11.1 New Members Clinical & Consumer Council notification to Board – Ken Foote		2:20
12.	Māori Relationship Board report– Chair, Heather Skipworth		2:30
13.	Te Pitau Health Alliance HB Update – Ana Apatu/Hine Flood		2:40
	Section 3: For Decision		
14.	HB Health Strategy approval –Chris Ash/Kate Rawstron		2:50
	Section 4: For Information & Discussion		
15.	WAI2575 Treaty Health Claim Primary Care presentation–Patrick le Geyt		3:00
16.	Alcohol Harm Reduction Strategy six month update – Bernard Te Paa		3:20
17.	People Safety & Wellbeing quarterly report - *for information only*		
18.	**Section 5: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000		

Public Excluded Agenda

Item	Section 6: Routine	Ref #	Time (pm)
19.	Minutes of Previous Meeting 31 July 2019 (public excluded)		3:30
20.	Matters Arising (public excluded) – Review of Actions		-
21.	Board Approval of Actions exceeding limits delegated by CEO		-
22.	Chair's Update (verbal)		
23.	HB Clinical Council (public excluded)		3:50
24.	NZ Health Partnership– Ken Foote		4.00
	Section 7: For Information/Decision		
25.	Finance Risk and Audit Committee – Chair, Dan Druzianic		4:10
	Meeting concludes		**4.20pm**

The next HBDHB Board Meeting will be held at
1.30pm on Wednesday 25 September 2019

Our shared values and behaviours

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGA TE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT

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

	✔	✘
Welcoming	Is polite, welcoming, friendly, smiles, introduce self Acknowledges people, makes eye contact, smiles	Is closed, cold, makes people feel a nuisance Ignore 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 peoples 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

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

	✔	✘
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

RARANGA TE TIRA PARTNERSHIP

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

	✔	✘
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 whanau 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

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

	✔	✘
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 give 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

Board "Interest Register" - as at 19 August 2019

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	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
	Active	Iwi Chairs involved with Treaty of Waitangi Health Claim #2575	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The Chair	19.12.18
Barbara Arnott	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

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
	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
	Active	Senior Advisor Primary Care	Health system improvement & innovation, Ministry of Health	Declare interest as and when required	The Chair	13.03.19
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	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	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 Whararíki Trust (a member of Takitimu Ora Whanau Collective)	A relationship which may be contractural from time to time	Will advise of any perceived or real conflict prior to discussion	PCDP Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating	The Chair	8.08.18
	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
Hine Flood	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
	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	23.02.17

MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 31 JULY 2019, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.36PM

PUBLIC

Present:	Kevin Atkinson (Chair) Ngahiwi Tomoana (Deputy Chair) Dan Druzianic Dr Helen Francis (via teleconference) Peter Dunkerley Diana Kirton Barbara Arnott Heather Skipworth Ana Apatu
Apology	Hine Flood, Jacoby Poulain
In Attendance:	Kevin Snee (Chief Executive Officer) Members of the Executive Management Team Dr John Gommans and Julie Arthur (as co-Chairs, HB Clinical Council) Rachel Ritchie (Chair, HB Health Consumer Council) Jacqui Sanders-Jones, Board Administrator Members of the public and media

APOLOGY

Hine Flood apologies received for today's meeting.

Chair advised the Board that he had received Jacoby Poulain's resignation from HBDHB Board, with immediate effect.

2. INTEREST REGISTER

Peter Dunkerley advised that he is no longer a trustee of The HB Helicopter Rescue Trust.

Diana Kirton advised that she is no longer a member of the Hawke's Bay Law Society Standards Committee.

3. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 June 2019, were confirmed as a correct record of the meeting, noting the following change:

18. He Ngākau Aotea

ACTION amended to read:

Bernard Te Paa to consider how these recommendations will be actioned and resourced.

Moved: Peter Dunkerley

Seconded: Diana Kirton

Carried

4. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: **State Services Commission letter on 'Speaking Up – Model of Standards' –** Update to be provided in People Safety & Wellbeing report for August FRAC. Remove.

Item 2: **Three Waters discussion –** Due to recent government policy change the Napier Council are postponing this project work until early 2020. Dr Nick Jones, Public Health physician, to keep Board informed of progress and to revisit once recommendations received from Napier Council.

Item 3: **Fluoridation of Water Supply –** Nick Jones updated members on this subject. Hastings District Council have informed that 70% of residents in Flaxmere would benefit from the proposed levels of fluoride provided via the Wilson Road treatment site. Robin Whyman, Chief Medical & Dental Officer (Hospital) recommends requesting fluoridation as quickly as possible. Board unanimously supports the benefits from fluoridation in the community's water supply and requested Nick Jones write to Hastings DC with this request on behalf of the HBDHB.

ACTION: Dr Nick Jones to write to council as unanimous support from Board for the reintroduction of fluoride into the Wilson Road site as soon as possible.

Item 4: **Tò Waha Charitable Trust –** This is being considered as a part of a wider discussion on Charitable Trust relationships. Complete.

Item 5: **Raising Healthy Kids –** addressed in CEO report for July 2019. Complete

Item 6: **Person & Whanau Centred Care –** August 2019 Workplan

Item 7: **He Ngākau Aotea –** amended action point:

'To consider how the (He Ngākau Aotea) recommendations will be actioned and resourced' - September Workplan

Item 8: **Mental Health Zero Seclusion** – September Workplan

5. BOARD WORK PLAN

The Board Work Plan was noted

6. 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	Position	Directorate	Years Services	Date Retired
Sally Nia Nia	Cook	Communities Women & Children	14	16-Jun-19
Te Ata Munro	Kaitakawaenga	Māori Health Service	41	5-Jul-19
Anne Bentley	Sterile Service Technician	Surgical Directorate	18	30-Aug-19
Susan Lawrence	Alcohol & Drug Clinician	Mental Health Directorate	11	28-Aug-19

- It was noted for the purpose of the minutes that Board have contacted Craig Climo to be interim CEO for next period of time (currently through to 31 March 2020, although this has possibility of extension, dependent on appointment of permanent CEO), with a starting date of 12 August 2019.

- Chair noted receipt of Updated Letter of Expectations from Minister of Health on 12 July 2019. Discussion followed as *item 6.1.*
- Chair noted receipt of Letter from Minster of Health regarding the Finance, Procurement and Information Management system (FPIM), noting that Cabinet have now approved 10 DHBs moving to a single instance of FPIM. HBDHB are remaining with current TechnologyOne Solution system.
- Members of Board were recently invited to meet with local GPs to discuss their concerns regarding demand and capacity in the health system. Dr Mark Peterson, Chief Medical Officer (PHO) explained that following this meeting a follow up letter had been sent from GPs to SMO's and a meeting was being set up between the two parties in the next few weeks. There was strong feeling from Board members that there needs to be involvement of the senior managers.
- Subsequent to recent correspondence received from local GP Karryn Lum referencing the performance and composition of PHO, the board of Health HB has asked to meet with their trustees to discuss further.

  Chair of Consumer Council requested to be linked in so that Consumers can understand what issues have been raised by GPs and clinicians. Suggestion from CEO that Robin Whyman bring a presentation to consumer council regarding clinical risk and access to elective services.

  ACTION: Presentation to Consumer Council members regarding clinical risk and access to elective services – Robin Whyman

6.1 Ministers Letter of Expectation and Updated Letter of Expectation

Chair requested comment from members.

CEO commented that the challenge lies in delivering services within the budget, however he noted that there was nothing unreasonable apparent.

Chair of Consumer Council raised concern on how to achieve 'big picture' projects such as Person & Whanau Centered Care with the challenges ahead and questioned how 'improvement' and the Ministers expectations can be achieved concurrently.
CEO addressed this query with agreement that deliberate action needs to take place.

Carriann Hall, Executive Director Financial Services highlighted the financial risk associated with addressing the Holidays Act.

7. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO provided an overview of his report with comments noted in addition to the report highlighting:

- This is the final report from Kevin Snee as CEO and included acknowledgment and thanks to Board for their support over the past 10 years.
- Shorter Stays in ED seems to have bottomed out and HBDHB will see improvements showing through in the data over the coming months. Immunisation rate is similar to other DHBs nationally. 'Better Help for Smokers to Quit' target is to be removed nationally. Raising Healthy Kids result has risen to 99% (addressed as *Matter Arising* for June 2019)
- Acknowledged good management team in leadership and in engagement with clinicians
- Importance of work on Cultural Responsiveness. CEO feels HBDHB are leading this as a focus in our organisation and acknowledged the good work being done.

Chair of MRB, Ngahiwi Tomoana requested feedback from CEO on the progress he has made on addressing improvement for Maori Health, during his term as CEO of HBDHB.

CEO responded with the following points:

1) Matariki – the HBDHB has been instrumental in bringing public organisations together and keeping them at the table to construct an agenda that is about economic development and social inclusion. This is at the forefront of development programmes nationally because of its inclusive nature and focus on social inclusion.

2) Multiagency work has also developed alongside Matariki leading to work addressing family violence, methamphetamine addiction and the Camberley intervention which is a multiagency intervention to support development of health and social services around the local school.

   The Waitangi Tribunal's comprehensive stage one report from its Health Services and Outcomes Kaupapa Inquiry noted discrimination in the health system and the need to address head-on institutional racism. I concur with this. Our DHB acknowledges the need to educate others and address racism, if we are to make any headway in addressing health inequities. For example:

3) DHB Culture – considerable focus has been placed on:
   a. Developing leadership in the DHB through a highly effective MRB
   b. Putting additional Māori leaders on the Board so that 5 out of 11 are Māori
   c. Effective cultural awareness programmes that have a high up-take and tackle unconscious bias
   d. Encouragement of the use of Te Reo within the organisation, including through bilingual signage
   e. Developing a critical mass in the leadership who understand the importance of building on the strengths of indigenous culture
   f. New induction and cultural awareness programme called He Ngākau Aotea modelled on the NUKA system of care developed in partnership with South Central Foundation.

4) Staff recruitment with Māori increasing from 8.9% to 15% of the workforce

5) Significantly reducing DNA or CNA s particularly with Māori and Pacific communities

6) Focus on equity to educate the organisation, stakeholders and wider community

7) Locality focus, particularly in Wairoa, working with leaders from different sectors which will allow the DHB to respond better to the needs of local communities. We will begin implementing 'whānau voice' approach in CHB and then Maraenui and Flaxmere. We are increasingly attempting to listen to the community and respond to their priorities – leading to, for example, in Wairoa different programmes emerging e.g. a focus on jobs and methamphetamine addiction. This will increasingly be about community-led and government-supported with a mandate to improve local services.

8) The Clinical Services Plan has been heavily influenced by our thinking on the importance of building on indigenous cultures through whānau co-design and investing in kaupapa Māori services

9) The most recent statistics for improved Māori life expectancy showed Hawke's Bay was the most improved in New Zealand, although the most recent related to 2014.

10) The Health Improvement and Equity Directorate is leading work to improve the health of our rangatahi.

Ngahiwi Tomoana as both Chair of Ngati Kahungunu Iwi (NKII) and MRB, highlighted the importance of ensuring the continuity of this positive work and to ensure issues are forward-facing following appointment of a new CEO and formation of the new Board. NKII support the work done by HBDHB so far, around equity, unconscious bias and institutional racism, and would like Board to further define future direction of travel.

Board agreed support is required from management to progress and continue advancement, and proceeded with the following recommendation:

RESOLUTION

The HBDHB Board is to commit management to clarify and systematise the work required to address inequity, improve the health of Māori and continue to explicitly address issues of unconscious bias and institutional racism within the health system, and to identify resources required.

Moved**: Ana Apatu**
Seconded: **Heather Skipworth**

Carried

Chair of Consumer Council requested it be noted that Person and Whanau Centered Care is included as part of the development of He Ngaku Aotea.

RECOMMENDATION

That the HBDHB Board

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

Adopted

8. FINANCIAL PERFORMANCE REPORT

Carriann Hall, Executive Director of Financial Services, spoke to the Financial Report for June 2019, advising that the underlying operational deficit for 2018/19 was $12.1m which was $7.1m adverse to the planned $5.0m deficit. This follows an underlying $1.3m unfavourable result in June.

Comments noted in addition to the report included:

- Finalised result for 2018/19 was a $21.7m deficit, after the write-off of the $2.6m investment in the Finance, Procurement and Information Management system (FPIM), and the $7.0m provision for employee entitlements as a result of Holidays Act issues and other pay related liabilities, which were recognised in June. Noted that provision for Holidays Act is an estimate and further work required to finalise this figure.

RESOLUTION

That the HBDHB Board:

1. Note the contents of this report
2. Resolve that the Board approve the representation to the Minister of Health that cost increases between the last quarter of the 2017/18 and 2018/19 financial years, have only been approved where unavoidable (refer Section 14)

Moved: **Dan Druzianic**

Seconded: **Ana Apatu**

Carried

9. SAFETY & WELLBEING BOARD CHAMPION'S UPDATE

Board Champion, Barbara Arnott provided an update on her recent visits.

- Napier Health Centre staff feeling there is a noticeable increase seen in aggressive behaviours from some members of the public.
- Community workers for Child Health, Immunisations & District Nursing teams are feeling anxious in regards to their personal safety when visiting some patients' homes.
- Safety & Wellbeing Committee commended for being active, raising visibility with DHB staff and good leadership.
- Gaps identified in Mental Health Unit:
    - Smoking Policy in Mental Health Unit (MHU) – Consideration requested to allow smoking onsite for MHU patients within the unit, and the de-escalation effects of enabling patients to smoke within the restricted areas of MHU.
    - Medications Room in MHU – The location and access to the medication room was highlighted as a potential risk to staff and patients.

ACTION: Updates on Board Safety & Wellbeing issues to be covered within People Safety & Wellbeing report to FRAC each month.

REPORT FROM COMMITTEE CHAIRS

10. TE PĪTAU HEALTH ALLIANCE (HAWKE'S BAY)

Ana Apatu as a member of the Te Pìtau Health Alliance Group spoke on matters discussed at their meeting held 10 July 2019;

The group has determined there is a need for a refresh of the Terms of Reference.

Overall, the group will be seeking to improve Te Pitau's integration with the PHO, and work to better communications back to the sector. There is now FTE resource to achieve this.

RECOMMENDATION

That the HBDHB Board:

1. Note the contents of this report.

Adopted

10.1 Te Pìtau Health Alliance Governance Group

Following resignation of Helen Francis, there is a requirement for new appointments to Te Pìtau Alliance Governance group.

RESOLUTION

That the HBDHB Board:

1. **Approve** the appointment of Heather Skipworth to replace Helen Francis as one of the three HBDHB Board representatives on the Te Pìtau Health Alliance Governance Group
2. **Appoints** Hine Flood as the Deputy Chair of the Te Pìtau Health Alliance Governance Group

Moved: **Barbara Arnott**

Seconded: **Ngahiwi Tomoana**

Carried

11. MĀORI RELATIONSHIP BOARD (MRB)

Heather Skipworth as Deputy Chair of MRB spoke to the meeting held 10 July 2019, highlighting the following discussions:

- Hawke's Bay Regional Council and Napier City Council gave presentation on Pandora Pond/Ahuriri Estuary water quality. Committee have made a suggestion to work with iwi, as the work being done by councils could benefit from this collaboration.
- Recruitment and retention of Maori staff was discussed and highlighted importance of exit interviews, so as to better understand the reasons as to why Maori staff leave the organisation.
- It was recognised that MRB involvement should be sought in the appointment of new CEO. MRB will discuss and look to bring recommendations to Board in August.

Deputy Chair of MRB requested that the General Manager Maori Health remain on EMT, following recent management discussion on the downsizing of EMT.
CEO has suggested that EMT be comprised of:

- CEO
- 4 Clinical leaders
- 5/6 Executive Directors

All staff are welcome to be 'in the room' but will not be part of the EMT.
Deputy Chair of MRB felt strongly that GM Maori health should remain on EMT. CEO noted her comments.

RECOMMENDATION

That the HBDHB Board:

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

Adopted

12. HAWKE'S BAY HEALTH CONSUMER COUNCIL

Rachel Ritchie, Chair of Consumer Council advised the outcomes of their meeting held on Thursday 11 July 2019:

Discussions included:

- Presentation from PHO on flexible funding – this information helps continue a good connection between PHO/Primary care and Consumer Council.
- Consumer Council thanked CEO for supporting its development
- Looking for new members to Consumer Council, using networks to recruit Wairoa & CHB representatives particularly.
- Consumer Council & MRB recognise there seems to be a cross connection with some pieces of work, so are working together to address this.

RECOMMENDATION

That the **HBDHB Board:**

1. **Note** the content of the report.

Adopted

13. HAWKE'S BAY CLINICAL COUNCIL

Co-Chairs John Gommans & Julie Arthur spoke to the report from the Council's meeting held on Wednesday 10 July 2019.

Discussions included:

- Deferred the Annual Meeting to September so as to allow time to fill the vacant positions of SMO, GP and Chief Pharmacist on committee.
- Workshop addressing Clinical Governance and Risk Management being developed for August meeting.
- Cultural responsiveness was discussed, with Clinical Council being particularly keen to encourage development.
- Acknowledged CEO departure and recognised CEO support in establishing the Clinical Council.

Board acknowledged John Gommans retirement from Co-Chair of Clinical Council and thanked him for his work and contribution in the role.

RECOMMENDATION

That the **HBDHB Board:**

1. **Note** the content of the report.

Adopted

FOR DECISION

14. Community Representatives on Te Matau Maui Health Trust

Ken Foote as Company Secretary, explained that in accordance with clause 9.5 of the Trust Deed, there was a requirement to fulfil a community representative trustee 'ordinarily resident in CHB'. With the departure of Leanne Shaw at the end of her tenure, Trish Giddens has been nominated as a replacement.

RESOLUTION

That the HBDHB Board:

Appoint Trish Giddens to be a Trustee of Te Matau a Maui Health Trust for a three year term commencing August 2019

Moved: **Ana Apatu**

Seconded: **Diana Kirton**

Carried

15. NZ Health Partnerships Statement of Performance Expectations 2019/20

Chair declared his interest in NZ Health Partnerships Limited as a current Board member.

There was a brief explanation from Carriann Hall as Executive Director of Financial Services, reiterating the statements made in the paper to Board.

RESOLUTION

That the HBDHB Board:

1. Approves the NZ Health Partnerships Statement of Performance Expectations 2019/20 and provides written confirmation of this to Tim Keating, Chief Executive no later than 31 August 2019, and
2. Notes progress on the development of the NZ Health Partnerships key performance indicators to support the Statement of Performance Expectations 2019/20.

Moved: **Ngahiwi Tomoana**

Seconded: **Dan Druzianic**

Carried

16. FINAL Draft Hawke's Bay District Health Board Annual Plan – PART A of Annual Plan 2019/2020

Chris Ash, Executive Director of Primary Care, reiterated the necessity of this document in meeting the Minster of Health's expectations and that HBDHB is held to account on these deliverables.
There are missing components as awaiting direction from the Ministry of Health, and the Planned Care section will require recovery action to be included with a timeline included.
Chris Ash assured Board that HBDHB have completed an equity review for the plan and subsequently reviewed this process with the Ministry of Health.
Chris Ash made acknowledgement of the contribution made by Kate Rawstron, Head of Planning & Strategic Projects and Robyn Richardson, Principal Planner.

RECOMMENDATION

It is recommended that the **HBDHB Board:**

1. **Note** the changes made to the plan from the May Board
2. **Approve** Part A of the Hawke's Bay District Health Board Annual Plan 2019/20 with **signatures** from the Chair and one other Board member

Adopted.

FOR DISCUSSION / INFORMATION

17. TE ARA WHAKAWAIORA Cultural Responsiveness

Andy Phillips, Hospital Commissioner, Kate Coley, Executive Director of People & Quality & Patrick le Geyt, General Manager Maori Health spoke to the combined report.

This particular report captures KPIs on Workforce, Cultural Responsiveness and Did Not Attend rates.

- Kate Coley spoke to the section on a Culturally Competent Workforce. There is a significant amount of work taking place which is co-aligned between Recruitment & Maori Health.
  A minimum criteria for shortlisting ensures that all Maori applicants who meet the minimum criteria for that role will be interviewed.
  Those how don't meet the minimum requirements will then be approached, to look at how to work with applicants in getting them into work within the DHB and what other opportunities are available.
  Noted this is currently taking place but is being pushed forward.
  Identified that the retention of Maori has hot spots within the organisation; nursing, support services, management and administration.
  Currently, exit interviews are voluntary, but reasons for leaving mostly include relocation of whanau or not returning from parental leave.

  Jules made comment on the Maori Midwifery service and the successes shown through the work of the Māori midwifery workforce strategic action plan. Success over the last year includes accommodation and financial support for undergrad Māori midwifery students, scholarships and liaison between satellite Wintec and Hawkes Bay. 1st year undergraduate midwives are 9 with 5 of those being Maori.
  Cultural responsiveness training through Turanga Kaupapa programme has been rolling out across the whole maternity workforce with 70% of clinicians having attended with positive feedback and influence across the service. 100% will have completed by the end of this year

  CEO suggested the review of 'career progression opportunities' within the DHB.
  Nationally there is emphasis on measuring turnover and workforce representation, which would provide opportunity to benchmark. This already exists as a dashboard regionally.

- Andy Phillips then reported on DNA rates against the different ethnicities. This data provides review opportunity and targeted process improvement.

  There is a need to build a culturally responsive service from staff. Changing DNA to Could Not Attend (CAN), as this then implies that the DHB haven't met our requirements to enable services and appointments for our communities to attend.
  Age breakdown data shows issue particularly for tamariki and rangatahi, which highlights need to involve whanau to get the children to appointments. Text services have been worked on and Navigators/Kaitakawaenga provided to assist with families contacting the hospital and understanding 'what to do' and 'where to go'.

  Clinics need be positioned in communities and not necessarily on site as this betters serves the consumer, along with consideration as to evening/ weekend clinics for working families.

  Transformational change of outpatients is required and considered a priority by the team.
  Chair of Consumer Council endorsed this statement.

RECOMMENDATION

It is recommended that the **HBDHB Board:**

1. **Note** the contents of the report
2. **Endorse** the next steps and recommendations.

Adopted.

GENERAL BUSINESS

On behalf of the Board, The Chair thanked CEO, Kevin Snee for his ten years of service to the HBDHB, noting the contribution he has made at a regional and national level, the projects he has taken on and the results he has achieved; wishing him all the best at Waikato DHB.

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

18. RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board

Exclude the public from the following items:

19. Confirmation of Minutes of Board Meeting 26 June 2019 - Public Excluded
    19.1 Appointment of Acting CEO Resolution by Email
20. Matters Arising from the Minutes of Board Meeting - Public Excluded
21. Board Approval of Actions exceeding limits delegated by CEO
22. Chair's Update
23. HB Clinical Council Report (public excluded)
24. Finance Risk and Audit Committee

Moved: **Peter Dunkerley**
Seconded: **Dan Druzianic**

Carried

The public section of the Board Meeting closed 3.55pm

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
2	24/04/19	**Three Waters discussion** As a stakeholder in this project, HBDHB is providing feedback from Nick Jones on the 'preferred option recommendations' **once received from the Three Waters project team.**	Nick Jones	TBC (early 2020)	Due to recent government policy change the Napier Council are postponing this project work until early 2020. Dr Nick Jones, Public Health physician, to keep Board informed of progress and to revisit once recommendations received from Napier Council.
3	29/05/19	**Fluoridation of Water Supply** Dr Nick Jones to write to council as unanimous support from board for the reintroduction of fluoride into the Wilson Road site as soon as possible.	Nick Jones	August 2019	Complete Letter to HDC attached Appendix A
6	26/06/19	**Person & Whanau Centred Care** • Review the report and proposed new 2 x FTE roles as to how they can be developed to more widely link with He Ngakau Aotea. • Report on progress	Bernard Te Paa/Kate Coley	Update in September 2019 Workplan October 2019	An initial meeting has taken place between Kate Coley & Bernard Te Paa. A more detailed verbal update will be provided at the September meeting with a recommendations paper coming to Board in October. Work continues to be undertaken by both the People & Quality & Health Improvement & Equity teams aligned to ensure that we are creating a Person & Whanau centred care approach

Action	Date Entered	Action to be Taken	By Whom	Month	Status
					across the health system.
7	26/06/19	**He Ngakau Aotea** • Consider how these recommendations will be actioned and resourced • Regular updates requested as to costs and progress	Bernard Te Paa	September 2019	Workplan for updates September
8	26/06/19	**Mental Health Zero Seclusion** Report on seclusion rates and assaults on staff	John Burns	September	Workplan for September
9	31/07/19	**Consumer Council** Presentation to Consumer Council from Robin Whyman explaining clinical risk and access to elective surgery.	Robin Whyman	September	Consumer Council workplan
10	31/07/19	**Board Safety & Wellbeing Champion, actions** Status on any concerns/actions to be included into People Safety & Wellbeing report to FRAC each month	Kate Coley	August and ongoing	Included into People, Safety & Wellbeing report to FRAC

Corporate Services

HAWKE'S BAY
District Health Board
Whakawāteatia

7 August 2019

Mr Nigel Bickle
Chief Executive Officer
Hastings District Council
Private Bag 9002
HASTINGS 4156

Dear Nigel,

Fluoridation of Drinking Water at the Wilson Road Treatment Plant

We wish to thank your drinking water team for providing data on the distribution of drinking water for the Wilson Road bore and treatment plant.

This information has been shared with Robin Whyman our principal Dental Officer/Chief Medical Officer. On the basis of council's data, his recommendation was that the population of Flaxmere would benefit from fluoridation at the Wilson Road water source and this recommendation was shared with our HBDHB Board members at their meeting held on 31 July 2019.

The HBDHB Board unanimously agreed that we request Council to commence fluoridation at the Wilson Road water source as soon as possible. We understand that some technical matters are still to be resolved but expect these should not lead to further significant delay.

We look forward to your response.

Yours sincerely

Dr Nicholas Jones
Clinical Director

cc Kevin Atkinson, Chair HBDHB Board
Kevin Snee, Chief Executive Officer, HBDHB
Robin Whyman, Chief Medical Officer
Craig Thew, Hastings District Council

POPULATION HEALTH SERVICE

Phone 06 878 8109 Fax 06 878 1374 Email: firstname.lastname@hbdhb.govt.nz, www.hawkesbay.health.nz
2nd Floor, Corporate Office, cnr McLeod Street & Omahu Road, Private Bag 9014, Hastings, New Zealand

GOVERNANCE WORKPLAN PAPERS

13-Aug-19

BOARD MEETING 28 AUGUST 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Alcohol Harm Reduction Strategy (6 monthly update) Feb **- Aug**		Bernard TePaa	Rachel Eyre	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
Finance Report(July)		Carriann Hall	Chris	20-Aug-19				28-Aug-19	28-Aug-19
People Safety & Wellbeing report (for information only)	E	Kate Coley		20-Aug-19				28-Aug-19	28-Aug-19
HB Health Strategy - APPROVAL		Chris Ash	Kate Rawstron	13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19
WAI 2575 Treaty Health Claim – Stage One Primary Care		Patrick LeGeyt		13-Aug-19	14-Aug-19	14-Aug-19	15-Aug-19		28-Aug-19

BOARD MEETING 25 SEPTEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Finance Report (Aug)		Carriann Hall	Chris	17-Sep-19				25-Sep-19	25-Sep-19
HBDHB Non-Financial Performance Framework Dashboard Q4 - **EMT/Board**	E	Chris Ash	Peter MacKenzie	10-Sep-19					25-Sep-19
HBDHB Performance Framework Exceptions Q4 Feb19 /May/**Aug**/Nov (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	10-Sep-19	11-Sep-19				25-Sep-19
Matariki HB Regional Development Strategy and Social Inclusion Strategy update (6 mthly) **Sept**-Mar	E	Bernard TePaa	Shari Tidswell	27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept) last one in cycle	E	Wayne Woolrich		27-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
Zero Seclusion & Staff Assaults MH Report		John Burns	David Warrington/Peta						25-Sep-19
Whanau Voice - Project plan		Kate Coley		13-Aug-19	11-Sep-19	11-Sep-19	12-Sep-19		25-Sep-19
He Ngakau Aotea update to Board Sept/Nov		Bernard Te paa		10-Sep-19					25-Sep-19

BOARD MEETING 30 OCTOBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Finance Report (Sept)		Carriann Hall	Chris	15-Oct-19				30-Oct-19	30-Oct-19
Shareholder representatives for Allied Laundry and TAS meetings each year		Ken Foote		15-Oct-19					30-Oct-19
Te Ara Whakawaiora - Access Rates 45 -64 years (local indicators) ADULT HEALTH		Chris Ash	Kate Rawstron	1-Oct-19	10-Oct-19				30-Oct-19
Quarterly Report to the Minister of Health (July 19-Sept 19) October 19 Board		Carriann Hall							30-Oct-19

BOARD MEETING 27 NOVEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Finance Report (Oct)		Carriann Hall	Chris	19-Nov-19				27-Nov-19	27-Nov-19
HBDHB Non-Financial Performance Framework Dashboard Q1 - **EMT/Board**	E	Chris Ash	Peter MacKenzie	19-Nov-19					27-Nov-19
HBDHB Performance Framework Exceptions Q1 Feb19 /May/Aug/**Nov** (Just in time for MRB Mtg then to EMT)	E	Chris Ash	Peter McKenzie	12-Nov-19	13-Nov-19				27-Nov-19
People Safety & Wellbeing report	E	Kate Coley		19-Nov-19				27-Nov-19	27-Nov-19

BOARD MEETING 18 DECEMBER 2019	Emailed	EMT Member	Lead/Author	EMT Meeting Date	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Finance Report (Nov)		Carriann Hall	Chris	10-Dec-19				18-Dec-19	18-Dec-19
VIP/Family Harm report		Bernard Te Paa	Patrick le Geyt	3-Dec-19	11-Dec-19				18-Dec-19

CHAIR'S REPORT

Verbal

n Whakawāteatia	**Interim Chief Executive Officer's Report**
	For the attention of: **HBDHB Board**
Document Owner:	Craig Climo, Interim Chief Executive Officer
Reviewed by:	Not applicable
Month as at	20 August 2019
Consideration:	For Information

RECOMMENDATION

That the Board

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

INTRODUCTION AND INITIAL THOUGHTS

Thank you for bringing me on board – it's good to be here.

At the time of writing it is my day seven and impressions are initial and subject to ongoing development.

I'm conscious that I'm somewhat in a caretaker role, potentially for nine months, perhaps longer, and we need to get on with things. I'm also aware that any change should not be idiosyncratic, ie based around my preferences or style, but should make sense to most observers. I am conscious that I will be gone and others will remain.

We want a constructive, enabling environment where we do not turn things on their head. We won't be precipitive and, while taking time, can't make guarantees at the micro/individual level.

As a management team we will uphold the DHB's values, and will be open, visible, accessible and responsive. There are very good people in this DHB and the broader Hawke's Bay sector, and we should free up capacity and use our capability to best advantage, which includes our priority being Hawke's Bay.

Any organisation has long term goals and faces short term imperatives. We need to address the imperatives while making progress on the long term goals. My focus should be:

1. Service issues, including those raised recently by senior doctors.
2. Financials, to get us toward break-even.
3. Elective Services Performance, because it's the right thing to do for patients, and also to give us some space to focus on other things.
4. And all that we do is through a pro-equity lens. That is any action should be positive for Māori health outcomes.

The approach being taken here of concentrating on how things are done at a systems level is the right one. John Burns, Executive Director of Provider Services, is setting up groups to look at 'across hospital' processes, rather than expect that change can be achieved within individual services. It is capable of achieving far more than if left to individual services and can bring wide benefits for patients in terms of access, experience and

outcomes, and will produce a better work environment. A spin off is that it will also avoid future cost. I don't think we know yet how much. It is important that we return to break-even for reasons that include the DHB's ability to reinvest in additional or new services, and infrastructure.

Our immediate priority with the PHO should be how to keep people out of the emergency department (ED) and the hospital, and how we can support them to do so.

Producing the 2020/21 annual plan will start soon and of course we need to deliver on the 2019/20 plan. I'm yet to get a feel for the body of work that we have committed to in the plan.

My first week coincided with the "governance" group meetings of Māori Relationship Board, Clinical Council and Consumer Council, as well as Matariki, the intersectoral meeting. I also obviously had interactions with the executive, as well as being involved in some issues and opportunities. There is some frustration among the groups and management re limited opportunities and much process, and management would like to move things toward the action end and to free up time so the DHB can achieve things more quickly. In short we are looking to streamline processes. We will come back with some thoughts.

ANNUAL PLAN 2019/20 – PLANNED FINANCIAL OPERATING RESULT

The Executive Director of Financial Services report in this agenda provides more detail on this matter.

Management has revised the planned financial operating result for this current year from $15M to $12.9M. It requires Board approval. We believe this will be acceptable to the Ministry and Minister and we believe it is comparable with the plans of other mid-sized DHBs.

We believe it is tight but doable, as arguably a budget should be.

The reduction to $12.9M sees a small contingency of about $0.8M as well as a "reserve" of about $3.5M, much of which has already been committed. However, it also includes about $5M of savings plus $1.5M of unbudgeted CCDM cost. $13M also looks reasonable when viewed in terms of last year's underlying deficit of about $10m, and that this year we will receive a further $21M (~ 3%) and spend a further $24M. Usually we would be expected to show a year on year reduction in the deficit.

Members will want to consider the July result in thinking about the planned result for the year. The unfavourable variance outlined below against the $15M budget naturally raises some concern re lowering the planned deficit. In response, it is noted that budget phasing does not fully reflect seasonality and that lower levels of cost are planned for the latter part of the year, although that should be supported by actual plans rather than just budgeting practice.

We need also to think about the year two planned result of $8M, as we will be held to it when submitting the 2020/21 plan. The reduction in deficit between years one and two is expected to come from cost avoided via systems and process improvement. I haven't had the opportunity to look into the quantum, but concur with the driver.

JULY OPERATING RESULT

The result for July was unfavourable by $105k against the $15M annual budget. Management has not changed it to $12.9M in the financial reporting as it has not yet been approved by the Board. The forecast also has not been changed from $15M.

Both income for the month and provider arm costs were significantly higher than planned, by $630k and $959k respectively, and should be considered in looking at what may otherwise appear to be a modest net variance. The EDFS report provides the detail on this.

The EDFS and I will meet monthly with senior managers where performance to budget is unfavourable, to look at options to retrieve the situation.

2018/19 FINANCIAL RESULT REVISION

Further write offs and accruals, mainly Holidays Act, has taken last year's deficit from $21M to $28M. Again noting that the underlying position is about $10M deficit.

EXECUTIVE DIRECTOR OF PROVIDER SERVICES RECRUITMENT

John Burns, our interim Executive Director of Provider Services, has agreed to stay on until next April. John was going to leave this October. John is doing remarkably well, and six more months with him is better than the risk of appointing a new person now, particularly given our operational situation. A secondary consideration is that by April we may know who the permanent CEO will be and they can be involved in the recruitment process. I have terminated the recruitment process for now. The recruiter, Hardy Group, advise that they would pick it up again from this point without additional charge for work to date.

John will be away for eight weeks from 11 November to 3 January 2020. In that time Chris McKenna, Chief Nursing & Midwifery Officer, will fill in for John, and Karyn Bousfield, Nurse Director Primary Care, will fill in for Chris. Karyn is currently undertaking projects for the PHO and Chris Ash (Executive Director of Primary Care), including on services in Wairoa. Except for the two weeks, 21 December to 5 January, I will be here and can directly assist. I will still be available during the two weeks.

PSYCHOLOGISTS STRIKE

Just to hand on 19 August is notice of partial strike action from Apex for psychologists for weeks from 3 September to 1 October. The action is to refuse to participate in group work with patients and to not take any new patients.

The strike notice has been served on all DHBs.

I don't have other information at this time including the key demands of the psychologists.

PROVIDER-ARM REPORT

In the absence of a standing separate Board report – which is something to think about - commentary and metrics from the provider-arm follow.

The increased presentations at ED during July 2019 and a lack of availability of beds due to increased acute demand has resulted in an increase in breaches, i.e. patients remaining in ED for over six hours. Presentations in July 2019 were up 3.3 percent on the comparative month in 2018 and bed occupancy was up 4.9 percent, equivalent to an additional 14 occupied beds on a daily basis. Staff have been directed to focus on the level of breaches and provide solutions to improve this indicator.

Elective surgery continues to be a challenge but the number of breaches reduced during July, albeit only by 28. As at 31 July 2019, the elective surgery is ahead of the approved recovery plan by 50 cases. The decision by Royston Private Hospital to not accept any further patients will cause some initial pressures on this indicator but longer term solutions are being developed to address this matter.

The Faster Cancer Treatment 62-day indicator improved during June with an 83 percent result (10/12). The results against this indicator are very subject to fluctuations due to the small number of patients involved. An indicator with a larger patient base is the 31-day indicator which shows improvement during June but is still very marginally below target for the 6-month period.

The management of the outpatient waiting lists continues to receive significant attention and additional resources have been engaged to concentrate on reducing patients waiting more than four months. However, this indicator is still at risk and will require continual executive involvement.

PERFORMANCE

Measure / Indicator	Target	Month of July	FY2019	Trend For Qtr
Shorter stays in ED	≥95%	78.8%	78.8%	-
Improved access to Elective Surgery (2019/20YTD)	100%	-	-	-

Waiting list	*Less than 3 months*	*3-4 months*	*4+ months*
First Specialist Assessments (ESPI-2)	3,020	613	1,615
Patients given commitment to treat, but not yet treated (ESPI-5)	998	117	355

Faster cancer treatment – 62 day indicator* *(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%	83% Jun	72% 6m to Jun	-
Faster cancer treatment - 31 day indicator	≥85%	77.8% June	83.8% 6m to June	-
Increased immunisation at 8 months	≥95%	90% 3m to July	90%	-
Better help for smokers to quit – Primary Care (15 months to July)	90%		78.1%	▼
Raising healthy kids (6 months to June) **No update due to data quality issue from MoH*	95%		6m to July	-
Financial – month (in thousands of dollars)	(1,133)	(1,238)	---	---
Financial – year to date (in thousands of dollars)	(1,133)	(1,238)	---	---

***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 = 84.0%*	*95/114 = 83.3%*

OTHER ITEMS IN THE AGENDA

Normally I would introduce in the CEO's report other significant items on the agenda. However, I am not sufficiently over the matters to add much value and all but one appear to be for information.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report August 2019** For the attention of: **HBDHB Board**
Document Owner	Carriann Hall, Executive Director Financial Services
Document Author	Phil Lomax, Financial and Systems Accountant
Reviewed by	Executive Management Team
Month/Year	July, 2019
Purpose	For Information

RECOMMENDATION:

That the HBDHB Board:

Note the contents of this report

EXECUTIVE DIRECTOR FINANCIAL SERVICES COMMENTS

Financial Performance

The result for July is a $1.2m deficit ($105k averse variance to budget) driven by:

- seasonal activity not captured in the phasing of the plan such as patient transport, surgical implants and linen & laundry (partially offset by contingency), and
- costs at a higher run rate than planned such as blood products and medical vacancy cover. These are being investigated to see how they might be reduced

$'000	*July*				*Year End Forecast*	Refer Appendix
	Actual	*Budget*	*Variance*			
Income	51,902	51,272	630	1.2%	611,389	1
Less:						
Providing Health Services	26,058	25,099	(959)	-3.8%	299,173	2
Funding Other Providers	21,946	22,028	82	0.4%	263,170	3
Corporate Services	5,067	5,122	55	1.1%	59,652	4
Reserves	70	156	86	55.4%	4,394	5
	(1,238)	**(1,133)**	**(105)**	**-9.2%**	**(15,000)**	

Key Drivers

The detail of the variances are covered in the appendices to the report. The key drivers of financial performance are:

- Income (Appendix 1)

  Clinical training income (offsetting expenditure), oncology clinics and IDF inflows.

- Providing Health Services (Appendix 2)

  Blood products, patient transport, medical vacancy cover and Maori workforce scholarships, marginally offset by allied health vacancies.

- Funding Other Providers (Appendix 3)

  Reduced community pharmaceutical costs partly offset by increased costs in residential care.

- Corporate Services (Appendix 4)

  Reduced depreciation expense as building lives have been extended.

- Reserves (Appendix 5)

  Prior year adjustments and loss on disposal of clinical equipment.

Other Performance Measures

	July				Year End Forecast	Refer Appendix
	Actual	Budget	Variance			
	$'000	$'000	$'000	%	$'000	
Capital spend	191	1,769	(1,578)	-89.2%	21,695	12
	FTE	FTE	FTE	%	FTE	
Employees	2,414	2,453	39	1.6%	2,504	2 & 4
	CWD	CWD	CWD	%	CWD	
Case weighted discharges	2,365	2,396	(31)	-1.3%	29,239	2

- Capital spend (Appendix 12)

  There is slippage against the phased capital budget as we take a risk based approach to spending commitments whilst we await confirmation of equity funding for the radiology extension. Once we have confirmation, we will look to rephase the budget.

- Cash (Appendices 11 & 13)

  The cash balance immediately before receipt of Ministry of Health (MOH) funding for July was $14.1m overdrawn on 3 July. The end-of-month cash position was a $16.7m overdraft and was the low point for the month. The cash position immediately before funding in August was $18.2m overdrawn against a statutory limit of $29m.

- Employees (Appendices 2 & 4)

  Employee numbers are favourable reflecting vacancies in medical and allied staff partly offset by high use of nursing resources.

- Activity (Appendix 2)

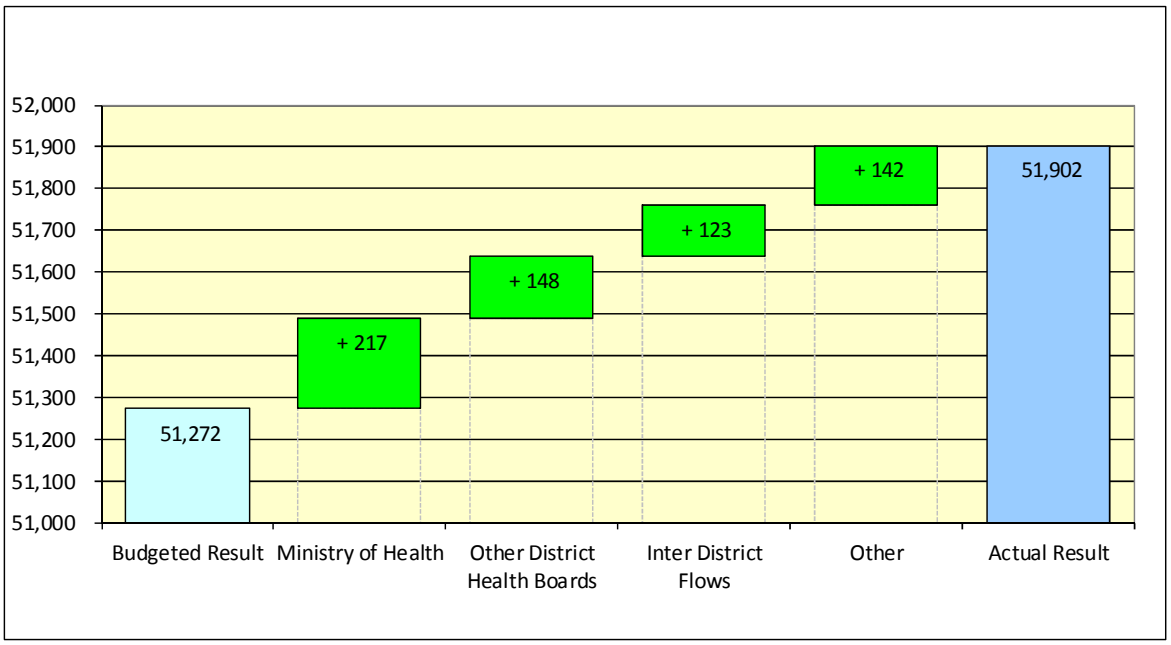
  Close to plan.

APPENDICES

1. INCOME

$'000	July Actual	July Budget	July Variance		Year End Forecast
Ministry of Health	49,397	49,179	217	0.4%	586,296
Inter District Flows	831	707	123	17.4%	8,489
Other District Health Boards	497	349	148	42.5%	4,184
Financing	25	7	18	263.6%	84
ACC	400	368	32	8.7%	4,701
Other Government	79	82	(3)	-3.7%	673
Patient and Consumer Sourced	113	104	9	8.5%	1,244
Other Income	562	476	86	18.0%	5,718
	51,902	**51,272**	630	1.2%	**611,389**

July



Note the scale does not begin at zero

Ministry of Health (favourable)
Mostly clinical training income from Health Workforce NZ to reimburse costs incurred.

Other District Health Boards (favourable)
Mainly income from Mid Central Health for oncology clinics.

2. PROVIDING HEALTH SERVICES

	July				Year End
	Actual	Budget	Variance		Forecast
Expenditure by type $'000					
Medical personnel and locums	6,372	5,996	**(376)**	**-6.3%**	71,459
Nursing personnel	7,697	7,664	(33)	-0.4%	93,173
Allied health personnel	3,284	3,468	**184**	**5.3%**	40,114
Other personnel	2,224	2,164	(60)	-2.8%	24,969
Outsourced services	873	967	**93**	**9.7%**	11,593
Clinical supplies	3,814	3,418	**(397)**	**-11.6%**	40,870
Infrastructure and non clinical	1,793	1,423	**(371)**	**-26.1%**	16,996
	26,058	**25,099**	(959)	-3.8%	**299,173**
Expenditure by directorate $'000					
Medical	7,119	6,907	(211)	-3.1%	83,410
Surgical	5,890	5,712	(177)	-3.1%	68,857
Community, Women and Children	4,264	4,165	(100)	-2.4%	49,875
Mental Health and Addiction	1,912	1,802	**(110)**	**-6.1%**	21,613
Older Persons, NASC HB, and Allied H	1,428	1,585	**157**	**9.9%**	17,435
Operations	4,098	3,710	**(389)**	**-10.5%**	43,896
Other	1,347	1,218	**(129)**	**-10.6%**	14,087
	26,058	**25,099**	(959)	-3.8%	**299,173**
Full Time Equivalents					
Medical personnel	332.0	366.0	**34**	**9.3%**	377.6
Nursing personnel	1,023.2	990.1	(33)	-3.3%	1,021.9
Allied health personnel	468.1	494.8	**27**	**5.4%**	495.9
Support personnel	122.2	113.0	**(9)**	**-8.1%**	116.3
Management and administration	264.5	268.7	4	1.6%	270.6
	2,210.1	**2,232.7**	23	1.0%	**2,282.3**
Case Weighted Discharges					
Acute	1,698	1,690	9	0.5%	19,957
Elective	444	496	**(52)**	**-10.6%**	6,850
Maternity	202	174	27	15.7%	2,000
IDF Inflows	20	36	(15)	-42.8%	432
	2,365	**2,396**	(31)	-1.3%	**29,239**

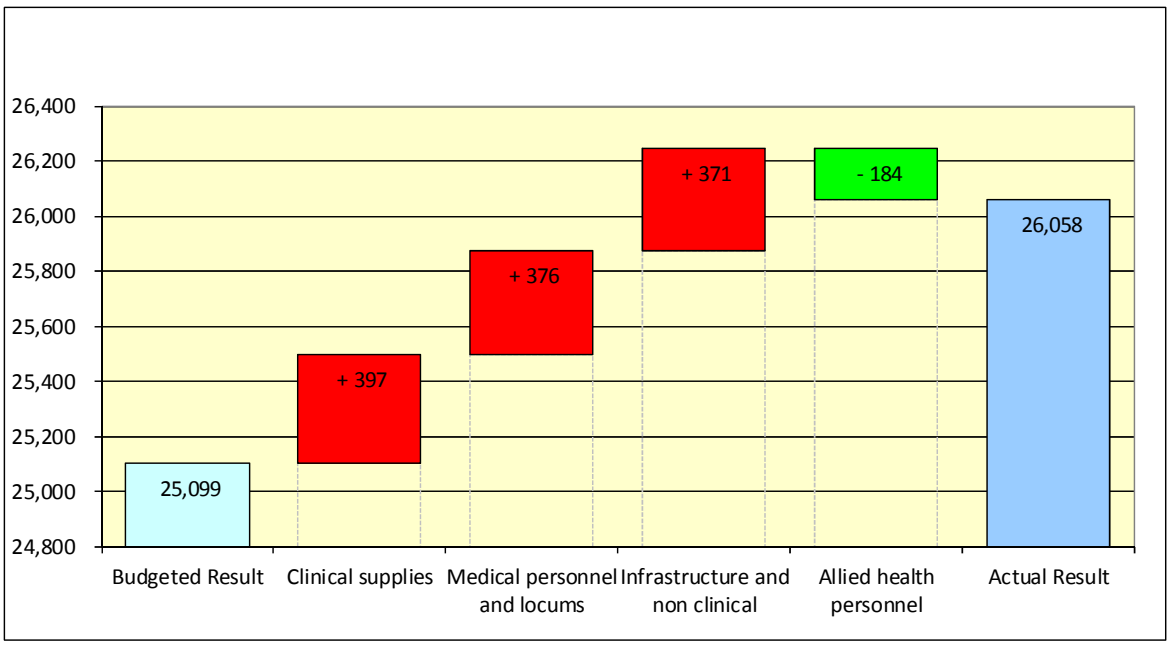
Directorates YTD

- Mental Health and Addiction – locum psychiatrist costs for locum and sick leave cover
- Older Persons et al – vacancies, especially allied health
- Operations– blood products, patient transport, laboratory reagents, food and laundry;
- Other – Maori workforce scholarships, offset in income

Case Weighted Discharges

Close to budget.

July



Note the scale does not begin at zero

Clinical supplies (unfavourable)
Blood products (mainly Intragam), patient transport costs, surgical implants, medical equipment and diagnostic supplies.

Medical personnel and locums (unfavourable)
Reduced personnel costs due to vacancies were significantly offset by the cost of locum vacancy cover.

Infrastructure and non clinical (unfavourable)
Maori workforce scholarships (offset in income), food and laundry costs, security and maintenance.

Allied health personnel (favourable)
Vacancies mainly in social workers, occupational health, cultural workers and laboratory technicians.

Full Time Equivalents (FTE)

FTE numbers are volatile reflecting the human resource needs of HBDHB and the availability of staff, factors that change significantly from month-to-month. Consequently FTEs are reported on a year-to-date (YTD) basis to improve understanding of underlying trends. However, in the first few months of the year, the dampening effect of YTD reporting is limited.

FTEs are 23 (1.0%) favourable including:

Medical personnel (34 FTE / 9.3% favourable)

- Vacancies across emergency medicine, radiologists and psychiatrists. Small favourable variances across a number of specialties, partly offset by unfavourable variances in anaesthetics and orthopaedics.

Nursing personnel (-33 FTE / -3.3% unfavourable)

- Pressure mainly on the relief team and staff bureau, coronary care and the operating theatre.

Allied health personnel (27 FTE / 5.4% favourable)

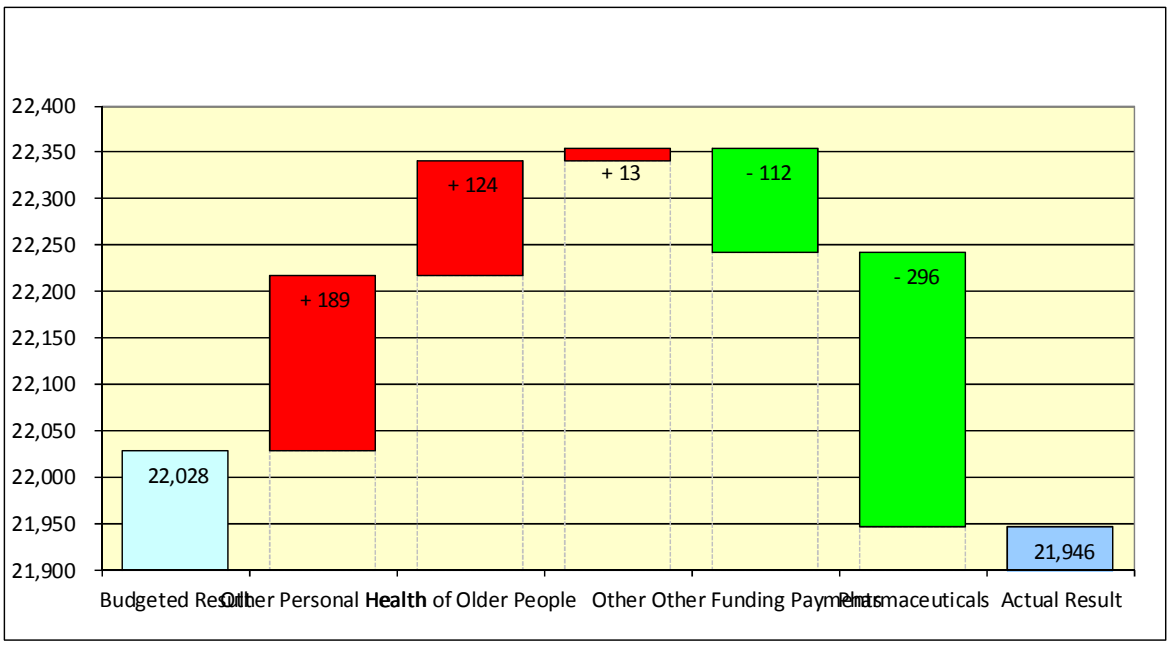
- Ongoing vacancies in social workers, laboratory technicians, occupational health, medical radiation technologists (MRTs) and cultural workers.

The Monthly Elective Surgical Discharges Report is not available this month, as consideration is given to the way the MoH measures elective activity under the new planned care approach. This change ensures that activity such as outpatient procedures are also recognised.
The Executive Director Provider Services report will provide information on elective activity in July.

3. FUNDING OTHER PROVIDERS

$'000	*July*				*Year End Forecast*
	Actual	*Budget*	*Variance*		
Payments to Other Providers					
Pharmaceuticals	3,365	3,661	**296**	**8.1%**	43,948
Primary Health Organisations	3,817	3,792	(26)	-0.7%	43,681
Inter District Flows	5,043	5,043	(0)	0.0%	60,513
Other Personal Health	2,108	1,919	**(189)**	**-9.9%**	23,721
Mental Health	1,057	1,070	13	1.2%	12,850
Health of Older People	6,323	6,200	(124)	-2.0%	74,355
Other Funding Payments	232	344	**112**	**32.5%**	4,102
	21,946	22,028	**82**	**0.4%**	263,170
Payments by Portfolio					
Strategic Services					
Secondary Care	4,710	4,638	(72)	-1.6%	55,659
Primary Care	8,431	8,617	186	2.2%	102,312
Mental Health	1,303	1,399	**96**	**6.9%**	16,799
Health of Older People	6,918	6,733	(184)	-2.7%	80,765
Maori Health	474	511	37	7.3%	6,087
Population Health	110	129	19	14.6%	1,549
	21,946	22,028	**82**	**0.4%**	263,170

July



Note the scale does not begin at zero

Other Personal Health (unfavourable)
Efficiencies not yet allocated to budgets, this will be cleared in Month 2.

Health of Older People (unfavourable)
Continued impact of residential care mix. Further analysis required to understand the impact of recent actions to reduce hospital long stays.

Other Funding Payments (favourable)
Public health and Māori service development provisions.

Pharmaceuticals (favourable)
Lower then planned spend in community pharmacies. We anticipate an update to the PHARMAC forecast in August.

4. CORPORATE SERVICES

$'000	July Actual	July Budget	July Variance		Year End Forecast
Operating Expenditure					
Personnel	1,771	1,766	(4)	-0.3%	20,084
Outsourced services	118	77	(41)	-53.7%	916
Clinical supplies	29	47	18	37.7%	574
Infrastructure and non clinical	1,411	1,417	6	0.4%	16,250
	3,329	3,307	(22)	-0.7%	37,824
Capital servicing					
Depreciation and amortisation	1,112	1,203	**92**	**7.6%**	14,465
Financing	14	-	(14)	0.0%	17
Capital charge	612	612	-	0.0%	7,346
	1,738	1,815	77	4.3%	21,828
	5,067	**5,122**	55	1.1%	**59,652**
Full Time Equivalents					
Medical personnel	0.2	0.3	0	36.0%	0.3
Nursing personnel	12.5	16.6	4	24.8%	16.9
Allied health personnel	0.1	0.4	0	71.4%	0.4
Support personnel	28.7	30.1	1	4.7%	30.2
Management and administration	162.0	172.5	**10**	**6.1%**	173.6
	203.5	**219.8**	**16**	**7.4%**	**221.5**

Depreciation and amortisation reflects the extention of building lives assumed in the 30 June 2019 revaluation of land and buildings and slower than planned capital expenditure.

5. RESERVES

$'000	July Actual	July Budget	July Variance		Year End Forecast
Expenditure					
Contingency	-	153	**153**	**100.0%**	4,355
Other	70	3	**(66)**	**-2060.6%**	39
	70	**156**	**86**	**55.4%**	**4,394**

The contingency budget reduces when EMT approves use of reserves, which have been largely allocated against specific initiatives expected to drive improvements in patient outcome and access. Contingency can still be released for unusual or unexpected events up to the remaining balance of the contingency budget.

The “other” category includes prior year adjustments and loss on disposal of clinical equipment.

6. FINANCIAL PERFORMANCE BY MOH CLASSIFICATION

	July			*End of Year*		
$'000	***Actual***	***Annual Plan***	***Variance***	***Forecast***	***Annual Plan***	***Variance***
Funding						
Income	48,718	48,563	156	580,407	581,833	(1,427)
Less:						
Payments to Internal Providers	28,204	28,204	-	338,307	338,307	-
Payments to Other Providers	21,057	21,406	350	255,707	258,081	2,373
Contribution	**(542)**	**(1,047)**	**506**	**(13,608)**	**(14,554)**	**947**
Governance and Funding Admin.						
Funding	308	308	-	3,603	3,603	-
Other Income	2	3	(1)	30	30	-
Less:						
Expenditure	297	296	(1)	3,590	3,633	43
Contribution	**13**	**15**	**(2)**	**43**	**0**	**43**
Health Provision						
Funding	27,895	27,895	-	334,704	334,704	-
Other Income	3,083	2,611	473	29,799	29,551	248
Less:						
Expenditure	31,688	30,607	(1,081)	365,939	364,701	(1,238)
Contribution	**(709)**	**(101)**	**(608)**	**(1,435)**	**(446)**	**(990)**
Net Result	**(1,238)**	**(1,134)**	**(104)**	**(15,000)**	**(15,000)**	**-**

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.

7. MANAGEMENT BUDGET MOVEMENTS

Changes are made to Annual Plan projections so 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.

	July			*End of Year*		
$'000	*Mgmt Budget*	*Annual Plan*	*Movement*	*Mgmt Budget*	*Annual Plan*	*Movement*
Funding						
Income	48,563	48,681	(118)	580,407	581,833	(1,427)
Less:						
Payments to Internal Providers	28,204	28,204	-	338,307	338,307	-
Payments to Other Providers	21,406	21,606	200	255,707	258,081	2,373
Contribution	**(1,047)**	**(1,129)**	**82**	**(13,608)**	**(14,554)**	**947**
Governance and Funding Admin.						
Funding	308	308	-	3,603	3,603	-
Other Income	3	3	-	30	30	-
Less:						
Expenditure	296	299	4	3,590	3,633	43
Contribution	**15**	**12**	**4**	**43**	**0**	**43**
Health Provision						
Funding	27,895	27,895	-	334,704	334,704	-
Other Income	2,611	2,590	21	29,799	29,551	248
Less:						
Expenditure	30,607	30,501	(106)	365,939	364,701	(1,238)
Contribution	**(101)**	**(16)**	**(85)**	**(1,435)**	**(446)**	**(990)**
Net Result	**(1,134)**	**(1,134)**	**-**	**(15,000)**	**(15,000)**	**-**

8. QUALITY AND FINANCIAL IMPROVEMENT PROGRAMME

Planned savings have been incorporated into operational budgets and will be managed as part of the normal operational performance reviews in 2019/20. Our focus will be on sustainable changes that generate qualitative improvements that positively impact patient outcomes. It is anticipated that in many cases these will also impact the drivers of cost, such as length of stay and therefore will have a positive impact on the financial position.

From month two we intend to provide FRAC with reporting on these schemes and add a section to this report, which provides information on actual and forecast expenditure by month. We expect there to be a reduction in the run rate as the schemes take effect.

9. FINANCIAL POSITION

		July				
30 June 2019	$'000	*Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2019*	*Annual Budget*
	Equity					
188,048	Crown equity and reserves	188,048	164,706	23,342	-	174,339
(44,407)	Accumulated deficit	(45,645)	(17,505)	(28,140)	(1,238)	(31,371)
143,641		142,403	147,201	(4,798)	(1,238)	142,968
	Represented by:					
	Current Assets					
759	Bank	766	840	(74)	7	840
1,881	Bank deposits > 90 days	1,889	1,855	34	8	1,855
29,342	Prepayments and receivables	26,714	26,027	688	(2,628)	26,488
4,023	Inventory	4,175	3,859	316	153	3,933
-	Investment in NZHP	-	2,638	(2,638)	-	2,638
36,005		33,545	35,219	(1,673)	(2,460)	35,754
	Non Current Assets					
190,552	Property, plant and equipment	189,705	179,982	9,723	(847)	188,324
13,790	Intangible assets	13,699	2,217	11,482	(91)	3,412
1,189	Investments	1,258	9,002	(7,743)	69	9,002
205,532		204,663	191,201	13,462	(869)	200,737
241,537	**Total Assets**	**238,208**	**226,419**	**11,788**	**(3,329)**	**236,491**
	Liabilities					
	Current Liabilities					
10,208	Bank overdraft	16,737	8,586	(8,152)	(6,530)	3,928
31,318	Payables	24,217	33,240	9,023	7,101	47,228
53,370	Employee entitlements	51,849	34,683	(17,167)	1,520	39,576
94,895		92,804	76,508	(16,296)	2,091	90,733
	Non Current Liabilities					
3,001	Employee entitlements	3,001	2,710	(291)	-	2,790
3,001		3,001	2,710	(291)	-	2,790
97,896	**Total Liabilities**	**95,805**	**79,219**	**(16,586)**	**2,091**	**93,523**
143,641	**Net Assets**	**142,403**	**147,201**	**(4,798)**	**(1,238)**	**142,968**

Crown equity and reserves variance from budget includes changes in the 2018/19 result subsequent to the preparation of the 2019/20 budget including land and building revaluations, the equity injection for cash flow purposes and Holidays Act remediation provisioning.

The current assets variance reflects the write-off of the investment in New Zealand Health Partnerships (NZHP) at the end of last year.

Higher than budgeted non-current assets results from the revaluation of land and buildings at 30 June 2019 and the reclassification of the investment in the Regional Health Information Project to intangible assets.

The movement in current liabilities mainly reflects Holidays Act remediation provisioning.

10. EMPLOYEE ENTITLEMENTS

			July					
30 June	*2019*	$'000	*Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2019*	*Annual*	*Budget*
	7,755	Salaries & wages accrued	7,006	4,752	(2,254)	749		9,483
	1,027	ACC levy provisions	886	1,199	313	142		1,174
	5,530	Continuing medical education	5,403	5,395	(8)	128		5,656
	37,303	Accrued leave	36,747	21,388	(15,359)	556		21,255
	4,755	Long service leave & retirement grat.	4,809	4,659	(150)	(54)		4,798
	56,371	**Total Employee Entitlements**	54,850	37,393	(17,457)	1,520		42,366

Accrued leave includes provisioning for the remediation of Holiday's Act non-compliance, in accordance with the memorandum of understanding with health sector employee representatives and the Ministry of Business, Innovation and Employment (MBIE).

11. TREASURY

Liquidity Management

The surplus cash of all DHBs is managed by NZHP under a sweep arrangement facilitated by BNZ. The DHB provides forecast cash flow information to NZHP to allow it 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. The cash balance at the end of July was a $16.7m overdraft.

The cash low point for each month is generally incurred immediately prior to receipt of MoH funding on the 4th of the month. July's low point was the $14.1m overdraft on 3 July. August's low point was $18.2m overdrawn on 1 August. Our statutory overdraft limit is $29m.

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.

12. CAPITAL EXPENDITURE

Capital spend has slipped as a number of projects will not progress until equity funding for the radiology extension is confirmed. The plan phasing will be reviewed once confirmation on the radiology business case is received. If the equity funding is declined, the capital plan will be reviewed to determine which projected will be deferred to later years.

See table on the next page.

2020 Plan		*Actual $'000*	*Year to Date Budget $'000*	*Variance $'000*
	Source of Funds			
	Operating Sources			
14,465	Depreciation	1,112	1,203	92
7,230	Equity Injection not approved	(921)	566	1,487
21,695		191	1,769	1,578
21,695	**Total funds sourced**	**191**	**1,769**	**1,578**
	Application of Funds:			
	Block Allocations			
3,100	Facilities	29	258	229
3,027	Information Services	55	252	198
3,500	Clinical Plant & Equipment	136	292	156
9,627		220	802	582
	Local Strategic			
500	Replacement Generators	-	42	42
2,550	Radiology Extension	19	212	194
700	High Voltage Electrical Supply	5	20	15
1,450	Seismic AAU Stage 2 and 3	4	121	117
1,500	Seismic Surgical Theatre HA37	-	125	125
200	Seismic Radiology HA27	-	17	17
1,195	MC2D Proc Rm3 Endoscopy HA57	-	100	100
3,300	Surgical Expansion	19	275	255
11,395		47	911	864
	Other			
-	Other	7	-	(7)
-		8	-	(8)
	Regional Strategic			
673	Regional Digital Health Services (formerly RHIP)	(83)	56	139
673		(83)	56	139
21,695	**Capital Spend**	**191**	**1,769**	**1,578**

13. ROLLING CASH FLOW

The forecast is based on the Draft 2019/20 Annual Plan sent to the MoH on 21 June. We do not anticipate breaching our statutory overdraft limit of $29m in year.

The approved equity injections for seismic remediation have been included although the timing is uncertain. Unapproved equity injections for the radiology expansion have also been included to match the associated expenditure. No allowance has been made for Holidays Act remediation costs nor any associated equity support from MoH.

It should be noted that the recent changes to the capital charge regime means HBDHB will receive revenue to offset capital charges arising from the investment related equity injections.

	Actual	July Forecast	Variance	Aug Forecast	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Apr Forecast	May Forecast	Jun Forecast	Jul Forecast
Cash flows from operating activities															
Cash receipts from Crown agencies	55,170	50,256	4,915	49,550	55,832	49,917	50,131	49,683	49,832	49,635	49,903	50,572	49,702	50,061	50,225
Cash receipts from donations, bequests and clinical trials	28	-	28	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	(3,690)	460	(4,151)	461	461	460	461	466	458	461	461	460	461	461	461
Cash paid to suppliers	(35,939)	(29,288)	(6,651)	(24,947)	(27,677)	(28,496)	(29,208)	(29,189)	(28,048)	(26,040)	(29,036)	(29,052)	(28,249)	(29,237)	(28,933)
Cash paid to employees	(21,841)	(23,420)	1,580	(18,556)	(18,462)	(21,667)	(19,095)	(18,015)	(25,621)	(18,458)	(18,551)	(22,671)	(19,033)	(19,416)	(23,678)
Cash generated from operations	**(6,271)**	**(1,993)**	**(4,278)**	**6,507**	**10,154**	**214**	**2,289**	**2,946**	**(3,378)**	**5,597**	**2,777**	**(691)**	**2,881**	**1,869**	**(1,926)**
Interest received	25	7	18	16	16	16	16	16	16	16	16	16	16	16	16
Interest paid	(14)	(14)	(0)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(11)
Capital charge paid	(0)	(0)	-	(0)	(0)	(0)	(0)	(4,264)	(0)	(0)	(0)	(0)	(0)	(4,264)	(0)
Net cash inflow/(outflow) from operating activities	**(6,260)**	**(2,000)**	**(4,260)**	**6,509**	**10,156**	**216**	**2,291**	**(1,316)**	**(3,376)**	**5,599**	**2,779**	**(689)**	**2,883**	**(2,393)**	**(1,921)**
Cash flows from investing activities															
Proceeds from sale of property, plant and equipment	5	(5)	10	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
Acquisition of property, plant and equipment	(222)	(1,899)	1,677	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)	(1,899)
Acquisition of intangible assets	31	(173)	204	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)	(173)
Acquisition of investments	(69)	-	(69)	-	-	-	-	-	-	-	-	-	-	-	-
Net cash inflow/(outflow) from investing activities	**(255)**	**(2,078)**	**1,823**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**	**(2,078)**
Cash flows from financing activities															
Proceeds from equity injection	-	-	-	-	-	-	-	-	5,700	-	-	-	-	-	-
Proceeds from finance leases	-	-	-	-	-	-	-	-	580	-	-	-	-	-	-
Equity repayment to the Crown	-	-	-	-	-	-	-	-	-	-	-	-	-	(357)	-
Net cash inflow/(outflow) from financing activities	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**6,280**	**-**	**-**	**-**	**-**	**(357)**	**-**
Net increase/(decrease) in cash or cash equivalents	(6,515)	(4,078)	(2,437)	4,431	8,078	(1,862)	213	(3,394)	826	3,521	702	(2,767)	806	(4,828)	(3,999)
Add:Opening cash	(7,567)	(5,280)	(2,288)	(14,082)	(9,651)	(1,573)	(3,435)	(3,222)	(6,616)	(5,789)	(2,269)	(1,567)	(4,334)	(3,528)	(8,356)
Cash and cash equivalents at end of period	**(14,082)**	**(9,357)**	**(4,725)**	**(9,651)**	**(1,573)**	**(3,435)**	**(3,222)**	**(6,616)**	**(5,789)**	**(2,269)**	**(1,567)**	**(4,334)**	**(3,528)**	**(8,356)**	**(12,355)**
Cash and cash equivalents															
Cash	4	4	-	4	4	4	4	4	4	4	4	4	4	4	4
Short term investments (excl. special funds/clinical trials)	(16,743)	(12,052)	(4,691)	(12,346)	(4,268)	(6,130)	(5,917)	(9,311)	(8,484)	(4,964)	(4,262)	(7,029)	(6,223)	(11,051)	(15,050)
Short term investments (special funds/clinical trials)	2,651	2,690	(40)	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690	2,690
Bank overdraft	6	-	6	-	-	-	-	-	-	-	-	-	-	-	-
	(14,082)	**(9,357)**	**(4,725)**	**(9,651)**	**(1,573)**	**(3,435)**	**(3,222)**	**(6,616)**	**(5,789)**	**(2,269)**	**(1,567)**	**(4,334)**	**(3,528)**	**(8,356)**	**(12,355)**
Cash Low Point (before the 4th of the following month)	(14,148)	(14,148)	-	(12,686)	(4,490)	(9,844)	(5,917)	(9,781)	(8,484)	(5,324)	(5,902)	(10,691)	(6,403)	(17,260)	(15,360)

BOARD HEALTH & SAFETY CHAMPION'S UPDATE

Verbal

	Hawke's Bay Clinical Council
	For the attention of: **HBDHB Board**
Document Owner:	Dr John Gommans (Co-Chair) Jules Arthur (Co-Chair)
Month:	August 2019
Consideration:	For Information

RECOMMENDATION

That the HBDHB Board

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

HB Clinical Council met on 14 August 2019. A summary of matters discussed is provided below:

COMMITTEES & REPRESENTATIVES REPORTS TO COUNCIL

Reports were received from:

- Te Pitau Health Alliance Governance Group
- Clinical Advisory and Governance Group (PHO)
- Professional Standards Committee
- Information Services Governance Group
- Patient Safety & Risk Management Committee
  - Maternity Governance Group
  - Infection Prevention & Control Advisory Group
  - Clinical Risk & Events Advisory Group
  - Restraint Advisory Group
  - Pressure Injury & Wound Advisory Group
- Clinical Effectiveness & Audit Committee

HB HEALTH STRATEGY UPDATE

Council reviewed the final version of the HB Strategy and noted that all the issues/concerns raised over the past two months had been addressed, and that the document had been strengthened in the areas of clinical quality and patient safety. Given this, Council were pleased to be able to endorse the Strategy and recommend its adoption by the Board.

WAI2575 TREATY HEALTH CLAIM

The general manager maori Health provided an overview of 'Stage 1 – Primary Care' of the Claim. Whist it was noted that this Claim could be seen to be 'threatening' to Gps, it was generally agreed that it should be seen as an opportunity to improve services delivered to Maori. It was also generally acknowledged that a different approach was required to achieve the outcomes envisaged by this claim.

ALCOHOL HARM REDUCTION STRATEGY UPDATE

Council were provided with an update on actions and strategies being taken to reduce the impact of alcohol harm in our communities and on recent appointments to the Population Health Team who will carry on this work. Council were pleased with the progress being made, and expressed empathy and support for the Medical Officer of Health in trying to influence (and reduce) harm caused through the sale of alcohol within our communities.

	Hawke's Bay Health Consumer Council
	For the attention of: **HBDHB Board**
Document Owner:	Rachel Ritchie (Chair)
Month:	August 2019
Consideration:	For Information

RECOMMENDATION

That the **HBDHB Board:**

1. **Note** the content of the report.

Council met on Thursday 15 August 2019. An overview of matters discussed is provided below:

REPORTS

A number of reports from various consumer representatives were received and discussed as appropriate:

- Chair
  - Meeting with EDHI&E to look at joining up ideas and resourcing for PWCC and He Ngakau Aotea
  - Concerns about apparent increases in surcharge on pharmacy prescriptions – unconfirmed pilot scheme
  - Totara Health consumer experience research – looking to have consumers fully involved in their continued improvement of services.
- Consumer Experience Facilitators
  - Involvement of Concumer Council members in recruitment processes
  - Good news story on DHB Facebook page
  - Contacts made with consumers in Wairoa during recent visit
- Te Pitau Health Alliance Governance Group
- Consumer Experience Committee

- Alcohol Harm Strategy Group.
- Mental Health and Addictions Partnership Advisory Group

2018/19 Annual Plan Action/Progress Report

Progress/achievements for the year were acknowledged, but noted that much was still work in progess. Frustrations expressed about apparent lack of evident changes to improve consumer experience and health outcome generally. Consumer Council keen to work positively with Board and management to *make a real difference*.

2019/20 Draft Annual Plan

The 2018/19 as a starting point, Council workshopped potential changes to the Functions and Strategies and discussed priority objectives for this year – noting the discussion above.

Two key concepts agreed were to change the language in the document from consumer engagement to‘consumer collaboration‘, and to actively encourage much more frequent use of ‘plain language‘

Ideas submitted will be incorporated into an updated draft for further discussion/agreement at the next meeting. A copy will then be provided to the Board for information.

HB Health Awards

Council discussed and agreed to it’s enhanced involvement in the short listing process for the Awards

HB Health Strategy

Having noted that it’s comments on a previous draft had been incorporated appropriately, Council was please to be able to endorse the new strategy for Board approval.

Alcohol Harm Reduction Strategy Update

Council noted the challeges and opportunities identified in the report and appreciated the efforts made to keep our communities safe.

Update on Disability Plan.

Having been largely instumental and participated fully in the development of this plan, Council were pleased to note the progress made and issues addressed in this verbal update, noting that it will take some time to achieve the level of ‘cultural shift‘ required to reduce the inequities experienced by many with a disability.

HAWKE'S BAY District Health Board Whakawāteatia	**HB Clinical Council & HB Health Consumer Council – membership changes**
	For the attention of: **HBDHB Board & HHB Board**
Document Owner:	Ken Foote, Company Secretary
Document Author:	Jacqui Sanders-Jones, Board Administrator
Month:	August 2019
Consideration:	For Endorsement

RECOMMENDATION

That the Board:

1. **Endorse** the new appointments to HB Clinical Council & HB Health Consumer Council, as detailed in this report

There have been several members within the HB Clinical Council and HB Health Consumer Council who have reached their end of tenure and/or resigned from their position.

These positions have been suitably filled with new members who have been approved by CEO Hawke's Bay DHB and CEO Health Hawke's Bay (with exception of the second General Practitioner to HB Clinical Council, which has nominations still in progress). It is a requirement that Board acknowledge and endorse of these appointments. This information is provided below and in the following tenure documents.

Appointed to Consumer Council, as of July 2019:

- Tumema Faoiso
- Daisy Hill, as HB Youth Council representative

Appointed to Clinical Council, as of August/ September 2019:

- Dr Mike Park, as Senior Medical/ Dental Officer
- Karyn Bousfield, as Senior Nurse
- Peta Rowden, as Senior Nurse
- Dr Kevin Choy, as Clinical Lead,Clinical Advisory Governance Committee
- Di Vicary, as Interim Chief Pharmacist

Hawke's Bay Health Consumer Council

Tenure as at July 2019

Tenure	Term	Expiry
Rachel Ritchie	Chair	March 2020
Denise Woodhams	1st	June 2020
Gerraldine Tahere	1st	June 2020
Les Cunningham	1st	June 2020
Sarah Hansen	3rd	June 2019
Dr Diane Mara	2nd	June 2021
Deborah Grace	2nd	June 2021
Sami McIntosh	2nd	June 2021
James Henry	3rd	June 2020
Malcolm Dixon	3rd	June 2020
Dallas Adams	1st	June 2020
Tumema Faioso	1st	June 2021
Hawke's Bay Youth Council - Consumer Council Rep Daisy Hill	1st	

Note - Terms of Reference

- 14 members plus Chair
- Members appointed for (up to) 2 years
- Members may be reappointed but for no more than 3 terms.
- Members reduced from 15 to 14 (plus Chair) in June 2018

Hawke's Bay Clinical Council

Tenure as at September 2019

Tenure		Term	Expiry
Russell Wills	Senior Medical / Dental Officer	2nd	Sep 21
Karyn Bousfield	Senior Nurse	1st	Sep 22
Peter Rowden	Senior Nurse	1st	Sep 22
Peter Culham	General Practitioner	1st	Sep 20
Debs Higgins	Senior Nurse	2nd	Sep 21
Mike Park	Senior Medical / Dental Officer	1st	Sep 22
Anne McLeod	Senior Allied Health Professional	2nd	Sep 21
In Progress	General Practitioner		
Robin Whyman	Chief Medical Officer - Hospital		N/A
Mark Peterson	Chief Medical Officer - Primary Care		N/A
Chris McKenna	Chief Nursing Officer		N/A
Kevin Choy	Clinical Lead Clinical Advisory Governance Committee		N/A
Nicholas Jones	Clinical Director Health Improvement & Equity		N/A
Jules Arthur	Director of Midwifery		N/A
Andy Phillips	Chief Allied Health Professions Officer		N/A
Di Vicary	Interim Chief Pharmacist		N/A

Terms of Reference - Tenure

- Normally appointed for 3 years
- Ideal for one third retire by rotation each year (ie 2-3)
- Members may be reappointed but for no more than 3 terms.

Note

Members appointed by role/position do not have a finite term.

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board (MRB)**
	For the attention of: **HBDHB Board**
Document Owner:	Heather Skipworth (Chair)
Reviewed by:	Not applicable
Month:	August 2019
Consideration:	For Information

MRB met on 14 August 2019. An overview of issues discussed and recommendations at the meeting are provided below.

PEOPLE STRATEGY

In relation to the MRB Chair report, MRB members discussed values based recruitment and the need to provide a protective and culturally safe environment. MRB were concerned with the high level of Māori staff turnover and had yet to obtain a clear picture around the reasons behind the high staff turnover. They thought this needs to be developed as a HR metric and included as priority for the recruitment and retention part of the People Strategy.

MRB also discussed the Māori workforce target and the challenges of increasing that to match local population and service utilisation percentages. They were encourages by the data that demonstrates that over 50% of Māori candidates that were interviewed were hired. MRB suggested that more analysis by HR needs to be undertaken to understand the reasons why Māori candidates were not being shortlisted more often given the recent national DHB CEO recommendation that all Māori applicants that meet employment criteria are offered an interview.

HBDHB HEALTH STRATEGY

Chris Ash, Executive Director, Primary Health, presented on the final draft of the HBDHB Health Strategy. He thanked MRB for input into the strategy and for recognising He Ngakau Aotea as a key input. MRB stressed the importance of DHB accountability against the activities within the strategy and these need to documented either within the strategy or any accompanying approaches such as the implementation plan.

RESOLUTION

That MRB:

- **Endorse** the new HB Health Strategy – Whanau Ora, Hāpori Ora
- **Note** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board.
- **Note** the intention to develop supporting 'summary' materials and library of related information.

Moved: Na Raihania
Seconded: Trish Giddens
Carried

IDENTIFY MĀORI HEALTH EQUITY ISSUES

Bernard Te Paa, Executive Director, Health Improvement & Equity and Dr Nick Jones, Public Health Specialist, Health Improvement & Equity presented a paper on the top ten leading causes of amenable mortality for Māori. The main clinical drivers of amenable mortality were presented as a possible starting point of focus for achieving health equity for Māori. The equity framework also establishes the need to look at consumer and whānau experience concerning their health priorities.

MRB provided feedback on the recommended approach suggesting wellbeing approaches are not just about adding years to life but also improving the quality of life. Health system engagement with whānau was pointed out as a key determinant towards health improvement followed by early intervention. Cultural competency of providers was critical to establish trust and confidence.

.

RESOLUTION

It is recommended that the **Māori Relationship Board:**

1. **Note** the contents of this report.
2. **Approve** and provide feedback on the proposed work plan.

Moved: **Ana Apatu**
Seconded: **Fiona Cram**
Carried

ALCOHOL HARM REDUCTION STRATEGY UPDATE

Bernard Te Paa, Executive Director, Health Improvement & Equity presented on a report detailed within the workplan, detailing the work done in challenging liquor licence renewals with high deprivation communities. MRB supported the role of HBDHB in limiting the availability of liquor licences and stressed the importance of community engagement and support within their approaches.

RECOMMENDATION

That the MRB:

1. **Note** the contents of the report
2. **Note** the challenges and opportunities
3. **Recommend** the HBDHB Supports community voice in regards to Alcohol Harm Reduction

Adopted

	Te Pītau Health Alliance Governance Group
	For the attention of: **HBDHB and Health Hawke's Bay Ltd Boards**
Document Owner:	Bayden Barber, Chair
Author:	Chris Ash, Executive Director of Primary Care
Month:	August, 2019
Consideration:	For Information

Recommendation

That the Boards:

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

The Health Alliance Governance Group met on Wednesday 15 August 2019. Significant issues discussed and agreed, including Resolutions, are noted below.

Appointment of Member

Following the resignation of Dr Helen Francis as a member of the Te Pītau Health Alliance (Hawke's Bay) Governance Board, new member Heather Skipworth was welcomed. Hine Flood has assumed the role of Deputy Chair.

Review of Alliance Shadow Year

It was agreed that a strategy session for Te Pītau should follow soon after governance election and appointment processes, and that this should include a comprehensive review of the Terms of Reference. This will allow for issues raised during the shadow year to be addressed, including the extent of clinical representation around the Governance Group.

End of Life Care Redesign Update

Following the closure of expressions of interest, Janine Jensen presented a recommendation to the Governance Group concerning the membership of the Service Level Alliance (SLA) Leadership Team for End of Life care. The recommendation was framed in the context of feedback from around the sector. Proposed members of the Leadership Team covered a wide range of experiential and professional backgrounds, with half of members having a clinical background and half of members from Māori and/or Pasifika backgrounds.

Resolution

Te Pītau Health Alliance (Hawke's Bay) Governance Group members:

1. **Approved** the recommended End of Life Care Service Level Alliance Leadership Team members, with one condition to be met prior to final confirmation.

Hawke's Bay Health Strategy "Whānau Ora, Hāpori Ora"

Resolution

Te Pītau Health Alliance (Hawke's Bay) Governance Group members:

1. **Endorsed** the new Hawke's Bay Health Strategy - Whānau Ora, Hāpori Ora
2. **Noted** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board
3. **Noted** the intention to develop supporting 'summary' materials and library of related information.

Health Services and Outcomes Inquiry WAI 2575 – Stage One Report, Primary Care
An overview presentation was received which covered background of the Waitangi Tribunal; types of Inquiries; Health services and outcomes inquiry WAI 2575; stage one scope; stage one findings and the recommendations.

Hawke's Bay Health Equity Framework
A final draft of the report was received, overviewing the process and next steps.

Health Hawke's Bay Flexible Funding Pool
The review, conducted by KPMG, will be used as a platform for Health Hawke's Bay to consider its wider scope and function in delivering health system improvement. Workshops will be set up in late August, early September. This in conjunction with implementing a communications and engagement plan (currently underway); and establish a best practice programme and investment logic.

Te Pītau Governance Group members agreed that the Flexible Funding is a crucial lever for the Alliance to make change.

Primary Care Symposium
A Primary Care Symposium is planned for the end of August 2019, at the Napier Conference Centre.

OURHEALTH HAWKE'S BAY Whakawāteatia	**Hawke's Bay Health Strategy "Whānau Ora, Hāpori Ora" for approval**
	For the attention of: **HBDHB Board**
Document Owner:	Chris Ash – Executive Director Primary Care
Document Author:	Kate Rawstron – Head of Planning and Strategic Projects Hayley Turner – Planning and Strategic Projects
Reviewed by:	Bernard Te Paa – Executive Director Health Improvement Equity Chris Ash – Executive Director Primary Care
Month:	August 2019
Consideration:	For approval

RECOMMENDATION:

That HBDHB Board:

1. **Approve** the new HB Health Strategy - Whānau Ora, Hāpori Ora
2. **Note** the intention to move the strategy content to a 'plain English' document for ratification by the incoming Board
3. **Note** the intention to develop supporting 'summary' materials and library of related information

Purpose of this paper

The purpose of this paper is to facilitate approval of the final version of the HB Health Strategy - Whānau Ora, Hāpori Ora.

Activity undertaken since the last review:

- The Final Draft of the HB Health Strategy document was taken through all governance groups in June where final comment was sought, key feedback received was:
    - MRB – He Ngākau Aotea needs to be adequately reflected in the final document
    - Clinical Council – the document needs to appropriately capture clinical current state
    - Consumer Council – the document is not written in 'plain English' and not easy to understand

- In response to this feedback the team have:
    - Worked with Ngāti Kahungunu Iwi Inc. (through GM Māori Health) to adequately reflect the core messages in He Ngākau Aotea. This has included identification of relevant success factors and approaches which have been woven into the six system goals and marked as a focus.
    - Met with members of Clinical Council to refine and/or add content to the document, with particular focus on the High Performing and Sustainable System goal
    - Completed a 'health literacy' review of the strategy document; the group who completed this activity (comprising of Consumer Experience Advisors (P&Q), a Health Gains Advisor (HIE), and DHB Communications team) concluded that the document did not yet meet highest standards possible for easy readability and understanding. The team provided an example of how the content might look applying 'plain English' language, structure and layout.

Final version of the HB Health Strategy Document:

- Based on these suggested changes, a final update of the strategy was made by the Strategy Team (Executive Director Health Improvement & Equity, Executive Director Primary Care) - attached as FINAL HB Health Strategy_ Whānau Ora Hāpori Ora
- To move the strategy into 'plain English', as is the intention, it was acknowledged that more than the available time was needed to ensure integrity and fidelity to the ratified content. Therefore it has been agreed that a 'plain English' document (founded on the content of the approved strategy) will be developed and tabled for ratification by the incoming Board.
- In parallel the following will also be produced (as informed throughout the feedback process) for internal and public use alongside the 'plain English' document:
    - A3 poster 'summaries' of the strategy and principles:
        - HB health sector workforce
        - community and consumers
    - Pamphlets for community and staff
    - Online content
    - Library of supporting information where people can find related (often more detailed) or supporting information e.g. (CSP, People Plan, He Ngākau Aotea, Strategies and Principles)

Next steps:

- Kick off activity to enable development of the implementation plan - **Sept**
- Develop supporting A3 poster summaries etc. – **from Sept**
- Continue to support further work on He Ngākau Aotea in collaboration with Ngāti Kahungunu Iwi Inc.

Whānau Ora, Hāpori Ora

Healthy Families, Healthy Communities

Rautaki Hauora a Te Matau-a-Maui

Hawke's Bay Health Strategy

14.1

2019–2029

Final Version August 2019

OURHEALTH
HAWKE'S BAY
Whakawāteatia

Mihi

He Kupu Whakataki

"Pūnaha ana te hau āwhiōrangi i ngā maunga ihi mārangaranga

Ko te papatātahi o Nukutaurua

Ko te kauanuanu o Moumoukai

Kua Horopāpera ki Whakapūnake

Tātarā-ākina ki Maunga-haruru

Ki te pū o te tonga Ko Kahurānaki

Paearu ake ōna toitūtanga

Hei tāhū ohooho mana taurite

Hei rautaki uru oranga taku haere

Māhere ki te ākau roa a te Mātau-a-Māui

He haumāru nui; He hautapu roa; He hauora e"

Tihei Mauri Ora!!

Message from the CEO / Board / C&C councils / MRB]

Whānau Ora, Hāpori Ora sets the scene for the delivery of health services to individuals and communities across Te Matau-a-Maui, the Hawkes Bay region, for the next ten years. This strategy provides foundation for the planning, delivery and monitoring of services which will result in better health outcomes, thereby enabling all people within our region to experience similar health outcomes, regardless.

This plan brings together all the relevant components of planning articulated in the Clinical Services Plan, the People Plan and the Health Equity Report and combines with the Ngāti Kahungunu work on Health equity as expressed in He Ngākau Aotea, to ensure the provision of high quality health services to all Hawkes Bay residents. This means that Māori, Pacific and those people with unmet need will be of particular focus over the course of this strategy.

Whānau Ora, Hāpori Ora reflects our commitment to building relationships with our communities to ensure that their voices are heard. We are endeavouring to base services on this feedback so that it matches expectations with delivery of services. Alongside of this approach we have an impetus to ensure that clinical leadership is supported to provide safe, high quality services comparable to the rest of the country.

Designing the health system for 2029 requires us to look forward with vision, courage and attitude, underpinned by our values, He Kauanuanu (Respect), Ākina (Improvement), Raranga Te Tira (Partnership) and Tauwhiro (Care).

Tuāwhakarangi / Vision

Whānau Ora Hāpori Ora

Healthy Families, Healthy Communities

He Rautākiri /Mission

Working together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay

Ngā Ūara /Our values

Health with Heart

Ngā Mātāpono /Principles

Whānau Participation in their Own Care
Healthy Lifestyles are Encouraged
Āccess to Health Care is Easy
Nurturing Environments of Trust are Established
Affordable Primary Care is Targeted to Need
Understand Our Populations and their Perspectives

Outstanding Quality of Care is Everywhere
Relationship Centred Practice is where Care Begins
Adopting Safe Practice at All Times

Holistic and Wellbeing Approaches Lead
Āuthentic and Trusting Relationships
Person and Whānau Centred Care
Our Healthcare System is Easy to Navigate
Research and Evidence Based Healthcare
Integrated Health Care Teams

Outcomes Focused
Respectful Relationships Matter
Achieving Equity for Māori is a Priority

Tuāwhakanuku /Introduction

Why a health strategy?

The health system is made up of a range of organisations contributing to the health of New Zealanders and local communities. As the New Zealand Health Strategy points out, to perform to a high standard the system needs more than a skilled workforce and resources. It needs a shared view of its overall purpose and the direction it is going, combined with effective ways of working.

> *'A strategy is a guide for achieving the sort of future that you want. It can help people, organisations or a whole system work together more effectively on the most important things. Without a strategy, small problems today can become big problems over time'.*
>
> *New Zealand Health Strategy*

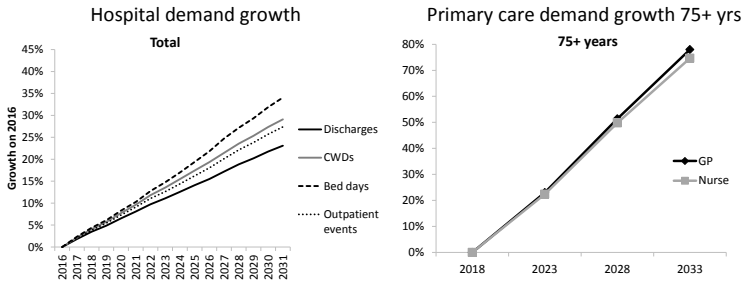
Hawke's Bay District Health Board has a role to lead the Hawke's Bay health system and strengthen the links between its different parts. But we recognise that our partners will lead and support much of the transformation required in the sector. We also acknowledge that health and wellbeing are not solely influenced by the health sector and working with inter-sectoral partners is critical in people living and staying well.

Where are we at?

Over the last five years, we have shifted our perspective from DHB services to whole-system management and engagement with iwi and post-settlement governance entities, with our Transform and Sustain strategy. We set up our Consumer Council to work alongside our Clinical Council and Māori Relationship Board. Success in preventative services such as immunisation and screening show what can be achieved when we purposefully set out to understand the needs of our community and deliver our services in a way that meets the needs of whānau.

Despite the progress we have made many challenges still remain. Our 2018 Health Equity Report shows large inequities in health persist for Māori, Pasifika and those with the least social and economic resources. Demographic changes will increase pressure on our already stretched health services. If we continue to do the things the way we do now the number of primary care consultations, hospital appointments and inpatient stays will continue to outstrip population growth[1].These current state challenges impact the system's ability to provide the highest quality of care as well as the health and wellbeing of staff.

[1] For further information on current state and implications on health professionals, quality of care and capacity to meet demand please read Hawke's bay Health Services baseline Report 2018, produced during CSP development.



The graphs above show the trend for demand on services if we continue with the status quo.

Māori and Pasifika, people with disabilities, people with experience of mental illness or addiction, and those living in socioeconomic deprivation continue to experience unacceptable inequities in health outcomes.

It is clear we need a new approach if we are to achieve equity amongst our population and meet future demand. We need to redesign/co-design our health system, investing in primary health care to ensure proactive, seamless care with a wellness focus to support whānau to remain well. For the future we need to take bold decisions that will ensure we deliver the best and fairest outcomes for all people in Hawke's Bay.

A focus on people

At its heart, this strategy is about people—as members of communities, whānau, hapū and iwi. We exist because of them and we recognise that people and whānau are the experts in their own lives. We need to focus more on the places people spend their time and take the delivery of healthcare outside traditional clinical venues. We need to plan and deliver health services in the wider context of people's lives and consider how we include cultural health practices (e.g., mirimiri and rongoā Māori). This strategy describes our goals to empower and partner with people and whānau, and work across agencies to improve the conditions of life, so that everyone has fair opportunity to achieve good health and wellbeing.

There are two priority population groups that we need to respond to: whānau with children and young people, and older people. We need to support the whole whānau to achieve goals and aspirations and ensure children have the best start in life. At the same time, we recognise our population is ageing and we will step up our response to keep older people well at home and in their communities.

We will turn to our people to find solutions. The district health board must act as a careful steward of health resources in the Hawke's Bay, which is a challenging task. We need our community to help us so that we invest in the areas that matter most to people and whānau. This strategy prioritises health improvement of populations with the poorest health and social outcomes.

Our commitment to the Treaty of Waitangi

The New Zealand Public Health and Disability Act holds us accountable for recognising and respecting the principles of Te Tiriti o Waitangi, the Treaty of Waitangi. Our Treaty relationship is premised on our Memorandum of Understanding with Ngāti Kahungunu, and is represented by the Māori Relationship Board which provides governance direction between the two entities. We are committed to improving health outcomes for Māori, increasing Māori representation in the health workforce, and ensuring a culturally safe and responsive health system.

The Waitangi Tribunal Health Services and Kaupapa Enquiry 2019 has found the articulation of the Treaty principles of partnership, participation and protection as out of date and has accordingly refreshed Treaty principles as:

Partnership – requires the Crown and Māori to work in partnership in governance, design, delivery and monitoring of health and disability services. Māori must be co-designers, with Crown, of the health and disability system for Māori.

Active Protection – requires the Crown to act, to the fullest extent possible, to achieve equitable outcomes for Māori. This includes ensuring that it, its agencies, and its Treaty partner are well informed on the extent, and nature of, both Māori health outcomes and efforts to achieve Māori health equity.

Equity – requires the Crown to commit to achieving equitable health outcomes for Māori.

Options – requires the Crown to provide for and properly resource kaupapa Māori health and disability services and ensure health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.

Mā Te Āhei Ka Hono Ki Ngā Ritenga Kē? How Does The Strategy Fit With Other Plans?

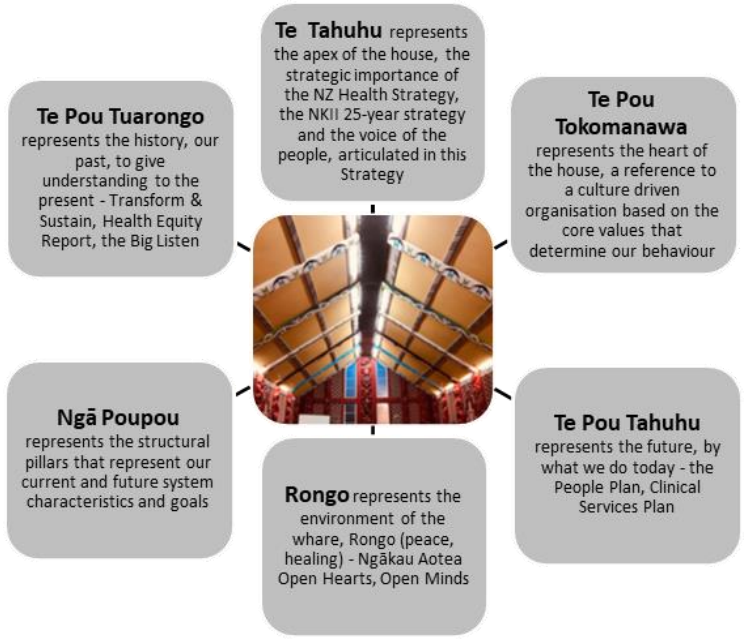
We have done a lot of listening, thinking and planning over the last two years. Our **Clinical Services Plan** sets out the challenges and opportunities the system faces and describes concepts for the future we want. Our **People Plan** describes the culture and values we want and how we will grow our people to deliver on those concepts. The evidence in our **Health Equity Report** gives weight to the call for a bolder approach to resolving on-going inequities. **He Ngākau Aotea** advocates for us to partner with Māori to improve their health outcomes. At the same time we are developing a **Digital Health Strategy** and **Finance Strategy** that will enable the implementation of our strategies and plans.

Each of the plans we have produced is an important part of the process and this Strategy is the conclusion of that phase. We have written this Strategy to ground the strategic themes that have emerged as common threads in our more detailed work.

This Strategy sets the compass to guide us for the next ten years. Each of the supporting documents is a key reference and guide that we will continuously refer to as we implement our strategy over the next five years…and the five years after that.

Rūia taitea kia tū ko taikaka ānake

(Discard the sapwood to uncover the hardwood)



The wider context

The Government has undertaken or is in the process of important work that will shape the evolution of our health system. That work includes the refreshed New Zealand Health Strategy, the response to the Inquiry into Mental Health and Addiction, the Health and Disability System Review, Waitangi Tribunal Health Services Kaupapa Enquiry and the Government's wellbeing budget approach. The Treasury has adopted a Living Standards Framework that aligns stewardship of the public finance system with an inter-generational wellbeing approach.

The kaupapa of this Strategy aligns with the principles and values articulated by central Government but the 'how' will have a distinctly Hawke's Bay flavour as we co-design responses with our local communities. As a region the Matariki partnership provides a wider context and further enables us to achieve our vision.

Turning strategy into action

We are developing a five year implementation plan so we can 'get on and do it'. We need to be clear about what needs to happen and when, and who is responsible. This Strategy has a 10-year outlook but making it happen requires some shorter-term signposts. The implementation plan will prioritise and describe concrete actions with timeframes and budget requirements, identify key risks and dependencies, and define performance indicators (measures) so we can monitor our progress. The Plan will be periodically updated throughout the lifetime of this 10-year strategy.

Our community expects meaningful change and it is important we hold ourselves to account. To do that we need to develop measurable objectives with our system partners and community representatives. We can't measure everything but by setting key objectives—in the areas that matter most—we can demonstrate our progress over time. We will co-design our key objectives using evidence and local expertise as part of our implementation planning.

Population health outcomes

The purpose of the health system is to achieve good health outcomes for whānau. This strategy directs us to do things in a different way to how we've done them in the past so we can make better progress in health equity and outcomes.

Our high-level accountabilities should be focused on outcomes rather than the processes by which they are achieved. We will develop a robust population health outcomes framework to monitor results in the design and delivery of health services. The national System Level Measures are important indicators of system performance.

Improved use of information will help the system as a whole to better target populations with unmet need. For example, if we don't see the changes we are working towards in our outcomes framework, we will look at the performance indicators in the implementation plan for this strategy and see where we need to 'adjust the dials'.

He Ngākau Aotea /A New Heart, A New Way

An active partnership between whānau, hapū, Ngāti Kahungunu Iwi Inc and Hawke's Bay District Health Board to achieve whānau wellbeing in the Hawke's Bay region.

Why is this important

He Ngākau Aotea - *a new heart, a new way* – is an active partnership between Ngāti Kahungunu Iwi Inc and HBDHB to achieve whānau wellbeing in the Hawkes Bay region. Based on Ngāti Kahungunu's experiences and discussions with the South Central Foundation, Alaska, it requires us to partner with Māori at all levels, including whānau, hapū and communities to better determine what and how we support improved whānau wellbeing.

At its core, He Ngākau Aotea is about whānau ora. It stresses the need to put whānau at the centre of service design. It starts by asking whānau what they want to achieve for themselves, then responding to those aspirations in order to enable whānau potential. It signals a need to shift to Māori models of care and challenges us to be bold, courageous and innovative in achievement of Health equity for Māori, which will in turn positively impact on health outcomes for Pasifika and those with unmet need.

He Ngākau Aotea has been woven throughout each of the strategic goals (**HNA**) will be brought to life within the implementation plan.

Ngā Hua Pūnaha /System Goals

We have identified six system goals we need to achieve if we are to fulfil our mission and realise our vision. Goals are broad primary outcomes, that is, statements of what we hope to achieve in our system that give further definition to our vision. These goals have emerged as common system characteristics across our collective planning work and equity monitoring. That planning work involved extensive engagement with consumers and people working in the Hawke's Bay health system; and community consultation on the concepts put forward in our Clinical Services Plan.

1. Pūnaha Ārahi Hāpori
Community-Led System

2. He Paearu Teitei Me Ōna Toitūtanga
High Performing and Sustainable System

3. He Rauora Hōhou Tangata, Hōhou Whānau
Embed Person and Whānau-Centred Care

4. Māori Mana Taurite
Equity For Māori as a Priority; Also Equity For Pasifika and Those With Unmet Need

5. Ngā Kaimahi Tōtika
Highly Skilled and Capable Workforce

6. Pūnaha Tōrire
Digitally Enabled Health System

In the remainder of this document we set out why each goal is important, what success will look like, and our approaches to getting there. Our strategic approaches describe our approaches or methods for achieving goals and resolving issues. They don't describe specific activities or projects—that level of detail will be described in our implementation plan(s). They are also not an exhaustive list. Our approaches will be enhanced and expanded as we get better at working with consumers, whānau, and communities.

Headline objective

Increase healthy life expectancy for all and halve the life expectancy gap between Māori and non-Māori

This objective is a high-level measure which will help us track achievement of our vision and mission. We also want to reduce the gap for Pasifika and people with unmet need however it is more difficult to measure life expectancy for these groups.

We know that there are many complex factors that contribute to life expectancy and we don't have control or influence over all of them. We want all groups in our community to enjoy the same length of life, but we know that our health strategy cannot achieve this alone. Closing the life expectancy gap requires collaborative cross-government action to improve general socio-economic, cultural and environmental conditions; and ensure that living and working conditions are equitable.

But we do have a major part to play. The stark message from our Health Equity Report is that Māori, Pasifika and people living in socio-economic deprivation are still more likely to die from avoidable causes. For Māori, nearly a quarter of all avoidable deaths can be prevented if we can improve heart health. Another quarter will be avoided if we prevent lung cancer deaths through smoke-free living, and when we address the underlying causes of suicide and vehicle crashes. For Pasifika we also need to focus on preventing and managing diabetes and preventing stroke.

Dependencies

Our six system goals are interlinked and require the development of strong capabilities to ensure the conditions are right for our new way of doing things.

Mind-sets and behaviours – the workforce will need to work differently, earning the trust of communities and whānau, showing cultural competency, and shifting our thinking towards a Hauora Māori, wellbeing approach.

Collaborative, collective action – successful collective impact requires a common agenda, shared measurement systems, coordinated actions that maximise the capabilities of each organisation or group, ongoing communication and supporting infrastructure.

Business models – redesign is required to support a community-led health and wellbeing system. Scale and consistency of operating model is critical to allow more specialisms to be provided in and around primary health centres.

Workforce – we need to influence and work effectively with our workforce, educators, professional bodies and regulators to ensure we have the workforce size, skill and flexibility we need to deliver new models of care.

Digital enablement – we need to proactively invest in digital technology and skills; and develop strong data governance and standards.

Investment – achieving our goals requires a long-term approach to wellbeing, upstream investment of resources and a resolute commitment to our investment principles[2].

[2] Investment Principles are included within the Finance Strategy

Pūnaha Ārahi Hāpori / Community-Led System

Health services will be designed and delivered to meet the needs identified by our communities, whānau and consumers

Why is this important?

We need to find new ways of doing things if we are to achieve equity within our population and meet future demand. We must turn to our communities for the solutions. Our communities are many and varied, including: iwi and hapū, geographical areas (including some small but relatively isolated rural communities), and groups of people with shared identity, experiences or interests. We need to identify and partner with different forms of local leadership to help transform our health system.

Wellness starts at home and in the community. Achieving equitable population health outcomes requires inter-sectoral collaborative action, driven by the wants and needs of communities. Our role is to support community-led planning and action by pooling expertise and resources—supporting communities to address long-standing social determinants of health in Hawke's Bay.

We want to make sure the health services we provide support community goals and reinforce communities to become less dependent on services. This means we need to give up some control. We need to co-design services with the people that will use them, and follow through to implementation. We bring information and certain expertise to the table, but will support communities to design ground-up service responses to meet their needs. Everyone knows that resources are limited. Communities have local knowledge that can help us to provide cost-effective and sustainable services.

What success will look like

- Health needs assessments and relevant information about services and resourcing, expressed at a local level, is available and easy-to-understand
- Communities report feeling more able to make informed decisions about the services and support whānau need to stay well
- Community level plans promote and build healthy, safe and resilient whānau, with a greater proportion of local health service resources prioritised directly by those communities
- Whānau report feeling influence, ownership and pride of their health services, and confidence that those services will meet their needs - **HNA**
- Local leaders from across public, private and community sector come together on a regular basis to address the health and social issues that whānau tell us matter most to them
- Consumers and whānau have primary healthcare options to meet their needs and wants, with services easily accessed when they require them
- Primary and community services deliver a range of local and integrated support and treatment options for behavioural health needs, reducing the dependence on specialist mental health services and supporting elimination of the associated stigma
- Service developments are always co-designed with local people, and in full partnership with Treaty partners throughout

Our approaches

- Support communities with tools and access to expert advice so they can drive 'ground-up' preventative strategies
- Co-design services with the communities that will use them and develop 'grass-roots' responses where appropriate - **HNA**
- Work actively with our inter-sectoral partners to ensure healthy environments for our communities
- Base services in the community as much as possible and support primary health centres to function as people's 'health care home'
- Contribute to community-level plans and place-based initiatives that promote and build healthy, safe and resilient whānauDevelop committed alliances with inter-sectoral agencies to improve social and economic conditions for people and whānau - **HNA**
- Activate communities with the means, tools and support to take ownership of their local service network
- Integrate rural health facilities with local communities and services
- Ensure population health strategies and core public health services are a key part of community and/or place-based planning
- Support older people to stay well by developing age-friendly communities, with coordination of volunteer services and opportunities to participate in the community

He Paearu Teitei me ōna Toitūtanga /
High Performing and Sustainable System

Delivering the best possible quality, safe, effective, efficient and sustainable services to meet the needs of our population within the funding available

Why is this important?

The shape and size of our population has changed dramatically. Advances in medicine mean that many people now live longer. As they age, however, people develop an increasing level of health need. For some in our community, long term conditions now impact in mid-life. For younger people and families, social factors such as unemployment and poor housing are linked to poor health outcomes for both adults and children.

Where services were once designed to treat single conditions, we now see a demand for care that can deal appropriately with complexity. This requires a ready supply of the necessary skills and, above all, the time and space to get things right.

This is not the reality of our health system today, however. Services are often operating above their planned capacity, in and out of hospital, with an ultimately increased risk of adverse events. As importantly, clinicians and managers do not have the time they need to work with consumers on quality improvement projects.

To address this, we need to base many more services in primary care, and to focus on proactive, preventive approaches. At the same time, we need to implement strategies to reduce hospital demand so that our specialists can focus on assessment, decision making and intensive treatment. When there is a need for hospital care, we will work with consumers, their whānau and community providers to plan well supported transitions.

Through honest and respectful conversations with people and whānau we can stop making clinically ineffective or unwanted interventions. If we can cut out waste we can delivery higher quality or more extensive services within our existing resources.

What success will look like

- Consumer time is universally acknowledged as the most valuable asset within the health system, and the amount of time that people spend waiting for healthcare is radically reduced
- Health services equitably match or exceed those of comparable health systems for measures of safety, access and clinical effectiveness
- We support a greater proportion of our population to live, as pain free as possible, without the need for surgery. When surgery is needed to offset the lifelong impacts and costs of disability, we do so in a timely way
- The Health System has an extensive programme of quality improvement projects, with resourced time for clinical and managerial participation
- There is a sustained reduction in more serious clinical events, with the process of review when things do go wrong driving the selection of improvement projects
- Our health system can sustainability finance a level of capital investment to maintain, replace and develop the infrastructure needed for modern, high quality care
- We have achieved significant cuts in emissions of pollutants
- All services provided by the DHB and its partners can demonstrate a level of cost effectiveness that matches the leading health systems nationally and internationally

Our approaches

- Maintain strong local clinical governance and clinical networks to reduce variation in quality, safety and sustainability of services
- Ensure clinically partnered commissioning that measures outcomes
- Apply lean thinking to primary care business models to deliver more proactive care and better use of the workforce
- Deliver care in the least resource intensive setting allowing good access to specialist interventions currently only available in hospital
- Develop alternatives to face-to-face contact so people can communicate with a wider range of health providers
- Have informed conversations with consumers, whānau and health professionals about interventions that add value to care
- Implement acute demand management to avoid hospitalisation and provide more options for consumers
- Invest responsibly to offer best value-for-money and intervene at the most timely and cost effective opportunity
- Build on our 'whole-of-system' approach to older person's care, providing earlier and more responsive input across home, primary and hospital settings; and extend to rural areas
- Implement productivity programmes for 24/7 hospital services with timely decision making and minimal wasted time
- Base the management of long-term conditions in the community, integrating specialist clinicians with primary care
- Ensure facilities are fit-for-purpose and flexible so we can provide contemporary, high quality models of healthcare
- Provide leadership and resourcing to ensure our infrastructure is environmentally sustainable

He Rauora Hōhou Tangata, Hōhou Whānau/
Embed Person and Whānau-Centred Care

Person and whānau-centred care will become 'the way we do things around here'

Why is this important?

A person and whānau-centred approach has its focus on people, their whānau, friends and carers; understanding their needs and aspirations and what matters to them. Research shows that person and whānau-centred care improves health outcomes and consumer experience, and the use of health resources.

Embedding a person and whānau-centred approach means that our models of care will evolve to meet the specific needs of different groups of consumers, such as older people, families with children, or youth. We need to develop new ways of working alongside people to ensure that they feel ownership both in their own health journey and the system as a whole. Digital technology will enable people to have greater control of their personal health information and plan, access services in different ways and provide feedback.

We need to change our focus to a wellbeing model that supports people to manage their own physical and mental wellbeing. When we make health easy to understand people are able to make better informed and more appropriate health decisions. We also need to develop new types of services, such as behavioural services that help with psychological, emotional, relationship and cultural issues; in a way that is relevant to individuals and whānau, across the life course.

Creating a culture that is person and whānau-centred will require a fundamental shift in behaviours, systems, processes and services for people working across the Hawke's Bay health system.

What success will look like

- Patients and whānau consistently report that health services are easy to access, and that communication about their care (both with them and between providers) is effective and timely
- Our primary healthcare system is relationship-based, with patients and whānau experiencing continuity of care from a range of professionals who take the time to understand them
- When something goes wrong in our care, patients and whānau are routinely involved, supported and kept informed throughout the process
- Patients and whānau consistently feel they are supported to make good choices by making health easy to understand and navigate
- Health Care professionals are trained to enable patients and whānau to express clear treatment goals and take a lead in decisions about their care
- People remain well at home with whānau support for as long as that remains their choice
- Youth consistently feel respected and valued when accessing health services, and report that services for them are both welcoming and accessible
- People and whānau consistently have their cultural needs understood, respected and met, no matter which health service they engage with
- Service developments are always co-designed with local people and in full partnership with Treaty partners throughout - **HNA**

Our approaches

- Ensure people have access to relevant information and preventative services, so they can make informed choices and take control of their own health and wellbeing
- Identify frailty, developing person-centred plans (including Advance Care Plans) that enable proactive and preventative strategies, to provide the best and most appropriate care
- Develop and reconfigure services so that people can receive quality and timely services from the most appropriate provider, and in the way they want it
- Build and deliver wellbeing plans with people and their whānau so that care is delivered in a people centric way
- Design services with the input of the people who use them so that they are innovative and effective
- Increase home-based and community supports so that older people are kept well at home
- Develop real-time feedback opportunities and act upon the feedback provided
- Support people to return home safely from hospital as soon as possible
- Deliver a coordinated approach for primary school-aged tamariki and their whānau including wellbeing, screening and clinical programmes
- Plan the majority of care proactively and provide timely access to urgent care when people need it
- Intensify our whānau-ora approach for young whānau with the greatest unmet needs (including those with disabilities) – **HNA**
- Learn from Kaupapa Māori and international best practice and design and deliver services according to the priorities of our whānau and communities - **HNA**

Māori Mana Taurite /
Equity For Māori as a Priority; Also Equity for Pasifika and Those With Unmet Need

Increase the life expectancy of all, while focussing on reducing the life expectancy gap for Māori, Pasifika and people with unmet need

Why is this important?

Different groups in our community have differences in health that are not only avoidable but unfair. Māori and Pasifika, people with disabilities or who experience mental illness; and those living in socioeconomic deprivation, continue to experience unacceptable inequities in health outcomes.

Achieving equitable health outcomes underpins all of our priorities for the Hawke's Bay health system. A genuine equity focus means that we commit to working with hard to reach groups, for example, people without a home, gang affiliated, or prison populations.

We have an obligation to provide services that are high quality and do not add to the inequities between population groups. We need to work with our inter-sectoral partners to tackle the underlying causes of inequity. Differences in socioeconomic determinants of health (such as housing, education and employment) are often long-term, inter-generational and as a result are ingrained in individuals and families.

We need to support community development, supporting whānau, hapū and iwi to achieve health and wellbeing of their people, which in turn will benefit all in our community.

We have control over the structural problems built into our health services and we can make immediate progress on this. An equitable system recognises that different people with different levels of advantage require different approaches and resources to achieve the same outcome. Resources will be refocused in the areas that will make a real difference to eliminating unmet need and inequities. Whānau will be equal partners in planning and co-design of services that are mana-enhancing and focussed on what matters the most to them.

What success will look like

- All children have a safe, warm and dry house and inequities in avoidable illnesses are eliminated
- Services are prioritised and designed to meet the needs of Māori, Pasifika and populations with the poorest health and social outcomes - **HNA**
- All population groups have equitable access to health services and no-one misses out on the care they deserve because of affordability, transport or other social issues
- Our commissioning process supports providers to be innovative and rewards them for making equity gains
- The funding share for kaupapa Māori services as a priority, and then for Pacific services, is at least double the 2019 level
- Consumers can access traditional cultural practices (such as rongoā Māori) where they are identified in their wellbeing plan - **HNA**
- People with a Disability report feeling influence, ownership and pride of their health services, and confidence that those services will meet their needs
- Clinical practice is integrated with kaupapa Māori and other cultural practices to deliver holistic healthcare to our community

Our approaches

- Refocus the regional Matariki strategy on equity (under the title of Social Inclusion) to ensure economic progress is inclusive
- Invest more in our children and young people with a focus on the first five years of life
- Work with Ngāti Kahungunu, hapū and other post-Treaty settlement groups to address socioeconomic disadvantage and health inequities for Māori - **HNA**
- Shift resources and invest in services that will meet the specific health needs of those whānau with the poorest health and social outcomes
- Invest more in kaupapa Māori and Pasifika wellbeing models and services that are co-designed with whānau and communities
- Intensify our whānau ora approach for young whānau with the greatest unmet needs (including those with disabilities)
- Learn from international best-practice and design and deliver services according to the priorities of our whānau and communities
- Remove barriers to accessing high quality health care including those arising from institutional bias - **HNA**
- Integrate cultural competency throughout all training

Ngā Kaimahi Tōtika /

Highly Skilled and Capable Workforce

Align the health sector workforce capacity and capability with the future models of care and service delivery

Why is this important?

The people who work within the Hawke's Bay health system are our greatest asset, and a well-skilled, supported and engaged workforce supports high quality care. We want to ensure that workforce is representative of our local communities, with greater numbers of Māori and Pasifika working at all levels of our system. We need to take a more proactive and deliberate approach to developing the workforce required to deliver the health and wellbeing service of the future.

This will mean developing new or stronger skills for some and ensuring we maximise the opportunities that digital technologies offer us. We will also see the emergence of new roles and we have an opportunity to 'grow our own' within the Hawke's Bay.

We also need to reduce barriers that stop people from using their skills flexibly and fully. Delivering person and whānau -centred care will require collaboration and skill sharing between teams that include a range of different members.

We are in the business of supporting people to be well and that applies to our entire workforce. We need to attract high-quality people to work in Hawke's Bay, nurture talent, look after people's wellbeing, encourage improvement and celebrate success, and provide a satisfying professional life. Beyond the formal workforce it will become increasingly important to enable whānau and other individuals as supporters of people close to them.

To deliver on this strategy we will need transformational leadership. Skilled leadership underpins engagement and growth in the capability and capacity of teams to support innovation and drive change.

What success will look like

- Whānau and volunteers are supported and recognised for providing the majority of wellbeing care in our communities
- We maximise our influence on the Hawke's Bay labour market, creating better opportunities for local people, and ensuring worker numbers and skills are matched to needs across the whole sector
- Our workforce is representative of, and understands and supports the health needs of the population it serves
- Our people tell us that Hawke's Bay is somewhere they feel safe and are supported to grow and develop, both professionally and inter-professionally
- Inter-professional teams working at the top of their scope, across sectors, will be focussed on collaborating and sharing skills to meet consumers' needs
- We work constructively with education providers, professional bodies, regulators and unions to ensure that our current and future workforce needs are well supported
- Proactive training and skills development (including digital) ensures that existing, as well as new roles, are ready to work in new ways
- Our system has a strong service culture and everyone working within it demonstrates our shared values and behaviours
- Visionary and motivating leaders drive the implementation of new models of care, support the development of individuals and teams, and ensure high performance - **HNA**

Our approaches

- Recruit and develop staff to meet our current and future need
- Develop leaders that support and inspire, and engage with people to be their best
- Ensure our workforce is culturally diverse and competent; reflecting, understanding and supporting our community's health needs
- Make a wider range of disciplines, including non-traditional roles and specialist care, available in primary and community care
- Value, empower, support and free time for our people to develop skills, leadership and initiative so they can make a difference now and in the future
- Work as one team across the sector with more shared care arrangements and inter-professional practice
- Help staff look after their own wellbeing and ensure a safe working environment with sufficient resourcing to provide quality care
- Encourage, support and value the services provided by health related charitable organisations and volunteers within our communities
- Continue to provide opportunities for everyone to get involved in designing our services and our workplace
- Invest in clinical governance and clinical networks to ensure quality, safety and sustainability of services
- Increase the range of ways all staff can contribute to improving care, including staff surveys and consultation, and improvement projects
- Invest in staff education to address urgent quality and safety issues

Pūnaha Tōrire/
Digitally-Enabled Health System

Delivering and sharing information and insights to enable new models of care, better decisions and continuous improvement

Why is this important

A digitally-enabled health system integrates people, information, processes and technology to deliver better health outcomes. It has its focus firmly on people and outcomes, implementing smarter 'ways of doing things' that create the greatest value and enable us to achieve our strategic goals.

We must make information easy to access and share to implement new models of care. Trusted information needs to be available any time, any place and across different channels according to people's preferences and situations. Giving people access to their own digital health record enables them to have greater control of their healthcare journey.

We need to unlock the power of data to deliver insights that help people make better and faster decisions. Better use of data will enable us to measure and improve the quality and effectiveness of health services.

We will develop a continuous service improvement culture to ensure we get best value from our system. This means streamlining workflow and developing more iterative and rapid ways of doing things. We want to make it quicker and easier, and provide the solutions our people and communities need to improve health services and outcomes.

We need to make sure we have the core technology, along with rules for collecting, storing and using data, to enable access and integration.

What success will look like

- Consumers and whānau report significant improvements in how easy it is to access and consume health services
- Consumers have direct access to personalised health and wellbeing information, supporting them to best manage their own health
- Health Care professionals routinely use digital platforms to plan and record care, and to communicate with each other, leading to directly attributable improvements in workforce motivation and wellbeing
- Digital systems and processes significantly reduce the incidence of patient harm by reducing the impact of human error
- Digital solutions enable significant productivity gains for our workforce, enabling more clinical time focused on building meaningful relationships with our consumers and whānau
- Population health data is widely used to develop preventive care services, reducing the demand burden on urgent and unplanned care services
- Health planners, working with local communities, are able to form increasingly information-based judgements about the performance of services in meeting population needs

Our approaches

- Adopt an innovative and agile delivery approach underpinned by strategic partnerships and skilled local teams focused on delivering business value first, technology second
- Use our data to better understand our health system and define new improved models of care
- Adopt a holistic approach to improve the health system as a whole rather than focussing on individual parts
- Support models of care that deliver the right care at the right time by the right team in the right place
- Enable access to services and information at the right place and time by providing people with access options that support different preferences and care situations
- Empower our workforce to confidently use digital technologies to deliver health services
- Provide a consolidated, accurate, shared and comprehensive view of health, care and community information
- Implement improvement methodologies and streamlined processes that make it easy for people to do the right thing and to try new things
- Use the data we collect to make better informed decisions and improve our processes including predicting and responding to demand
- Embed monitoring, evaluation and research within our system and share learning so best practice and innovation spreads

HAWKE'S BAY District Health Board Whakawāteatia

Health Services and Outcomes Inquiry WAI 2575

Stage One Report – Primary Care

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

15

Waitangi Tribunal

Set up by the Treaty of Waitangi Act 1975
Waitangi Tribunal is a permanent commission of inquiry
It makes recommendations on claims to the Crown (Government)

What is a 'Treaty Claim'?

Claims are allegations that the Crown has breached the Treaty of Waitangi by particular actions, inactions, laws, or policies and that Māori have suffered prejudice (harmful effects) as a result.

Treaty Claims Process

Once the Tribunal issues its report, claimants and the Crown will consider their response.

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

Types of Inquiries

Historical Claims

relate to matters that occurred before 21 September 1992

District Inquiries

designed to hear the range of claims (mostly historical) brought by Māori from particular areas in a single inquiry

Kaupapa (Thematic) Claims

not specific to any district; they deal with nationally significant issues affecting Māori as a whole

Contemporary Claims

relate to matters that occurred on or after 21 September 1992 and commonly focus on specific issues and local areas

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

15

Health Services and Outcomes Inquiry - WAI 2575

Health Services and Outcomes Inquiry WAI 2575 is a grouping of 200 claims that specify eligible health-related grievances in their statements of claim (no cut-off date to lodge claims).

Three staged approach:

Stage one: primary health care and system issues (Oct-Dec 2018)

Stage two: mental health (including suicide and self-harm); disabilities; alcohol, tobacco and substance abuse (July 2019)

Stage three: remaining national significant issues and eligible historical issues

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

HAWKE'S BAY District Health Board Whakawāteatia

WAI 2575 - Stage One Scope

1. How the primary care system has been legislated, administered, funded and monitored by the Crown since the passing of the New Zealand Public Health & Disability Act 2000 (NZPHDA 2000)
2. Whether persistent inequitable health outcomes suffered by Māori are a Treaty breach

Systemic issues in primary care

- Dates from the NZPHDA 2000

Focused on Treaty compliance of:

- The legislative and policy framework
- Primary health care funding
- Accountability
- Treaty partnership arrangements in primary care

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

15

HAWKE'S BAY District Health Board Whakawāteatia

WAI 2575 - Stage One Findings

1. The legislative, strategy and policy framework fails to consistently state a commitment to achieving equity for Māori
2. The Treaty clause in the NZPHD Act is a reductionist effort and fails to afford Māori control of health decision-making in relation to design and delivery
3. DHB governance arrangements do not reflect Treaty partnerships
4. The Crown did not design the primary health care system in partnership with Māori
5. Māori primary care organisations were underfunded from outset
6. $220 billion health investment since 2000 has seen very little measurable improvement of Māori health outcomes
7. The Crown does not collect sufficient data and does not use the data it does collect effectively to improve Māori health status
8. The Crown is aware of it's failures and has failed to adequately remedy them

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

HAWKE'S BAY District Health Board Whakawāteatia

WAI 2575 - Stage One Findings

Prof Peter Crampton, Public Health, University of Otago

- *"our system fails in its core function of meeting the basic health needs of those most in need"*

Ashley Bloomfield – Director- General of Ministry of Health

- The overall performance of DHBs was *"largely not good enough"*
- *"…racism at a range of levels does determine access to experience of and outcomes in the health care system"*

Waitangi Tribunal

- *"Māori relationship boards… we found scant evidence of an accurate reflection of the principle of partnership"*
- *"being given the opportunity to merely add commentary to the margins is not consistent with the principle of partnership…"*

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

15

WAI 2575 - Stage One Findings

Keriana Brooking, MOH

- *"No [DHB] annual plan has ever been rejected because of issues in their reporting or planning relating to reducing Māori health disparities"*

Simon Royal, National Hauora Coalition

- "*ineffective accountability and monitoring of health entities fosters the prevalence of institutional bias and racism in the health system*"

Janet McLean, GM Māori, BOPDHB, 2001-2016

- "*It would be fair to say that Māori inequalities has been normalised in DHBs*"

Waitangi Tribunal

- "*…the depth of inequity suffered by Māori… mean that the Crown's failures are very serious*"
- The Crown "*cannot continue to evade its obligations… the health inequities experienced by Māori compel an urgent, and thorough, intervention*"

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

WAI 2575 - Stage One Interim Recommendations

Two overarching recommendations:

1. That the legislative and policy framework recognises and provides for the Treaty of Waitangi and its principles.
   - Amend NZPHD Act to include a new Treaty clause and adopt appropriate Treaty principles
2. The Crown commits itself and the health sector to achieve equitable health outcomes for Māori.
   - Amend section 3(1)(b) of the NZPHD Act

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

15

WAI 2575 - Stage One Interim Recommendations

Structural Reform:

The Crown commit to exploring the concept of a stand-alone Māori Primary Health Authority

Funding:

Crown and claimants agree to a methodology to assess underfunding of Māori primary care organisations

Accountability Arrangements:

Crown to review and strengthen accountability mechanisms

Data:

Crown to review and redesign arrangements for monitoring of MOH by external agencies

Performance:

Crown to acknowledge overall failure of legislative and policy framework to improve Māori health outcomes

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

WAI 2575 - Stage One Recommendations

The Tribunal identified the following Treaty principles as particularly applicable to this Inquiry:

- the guarantee of tino rangatiratanga in the design, delivery and monitoring of primary care system
- the principle of equity:
  - Crown to commit to achieving equitable health outcomes for Māori
- the principle of active protection:
  - Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori
- the principle of partnership:
  - Crown and Māori to work in partnership in governance, design, delivery and monitoring
- the principle of options:
  - Crown to provide for and properly resource kaupapa Māori primary health care services. Crown also has an obligation to ensure all primary care services are provided in a culturally appropriate way

HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATETIRA PARTNERSHIP
TAUWHIRO CARE

HAWKE'S BAY District Health Board Whakawāteatia	**HBDHB Alcohol Harm Reduction Strategy 2017-22 Progress Update**
	For the attention of: **HBDHB Board**
Document Owner:	Bernard Te Paa, Executive Director Health Improvement & Equity
Document Author:	Rebecca Peterson, Health Improvement & Equity Advisor Rachel Eyre, Medical Officer of Health
Month:	August 2019
Consideration:	For information
RECOMMENDATION **That the HBDHB Board:** 1. **Notes** the contents of the report. 2. **Note** the challenges and opportunities.	

The following is a progress report for the HBDHB Alcohol Harm Reduction Strategy (refer to Appendix One). The previous report was delivered in February 2019.

OBJECTIVE ONE - ADDRESSING THE UNDERLYING DRIVERS OF ALCOHOL USE - POLICY & LEADERSHIP

Progress

- Submission to the Alcohol and Advertising Standards Authority Codes Committee reviewing alcohol advertisements and promotion.
- Joint Alcohol Strategy (JAS) reference group proposal to Hawke's Bay Regional Council requesting alcohol free advertising on Go Bay Hawke's Bay Regional Transport Network. We are awaiting final decision.
- The provisional Joint Local Alcohol Policy has been adopted by Hastings District Council, reducing the hours that alcohol can be sold. Significantly, the LAP will put a cap and sinking lid on alcohol outlets in Flaxmere, Camberley and Maraenui suburbs. Once adopted by Napier City Council, the joint LAP will come into full effect on 21 November.
- HBDHB staff encouraged to participate in Dry July during the month of July.
- Recent LGNZ remit submitted by Hastings District Council and Wellington City Council endorsed a proposal to seek a review of the effectiveness of the Sale and Supply of Alcohol Act by central government.

Planned

- Contribute to national Fetal Alcohol Spectrum Disorder (FASD) action plan and align regionally.
- HBDHB, Napier City Council and Hastings District Council working together to adapt a Middlemore Hospital alcohol harm reduction campaign "alcohol wall activation" during the festive season. It is likely the DHB campaign will reach patients and whānau visiting the hospital.

Challenges & Opportunities

Opportunity for DHBs to advocate for review of the Sale & Supply of Alcohol Act 2012 in support of councils nationally.

OBJECTIVE TWO - SHIFTING ATTITUDES TOWARDS ALCOHOL - COMMUNITY INITIATIVES

Progress

- The Health Promotion Agency – Te Hiringa Hauora (HPA) selected Hawke's Bay and Counties Manukau DHBs to pilot a localisation of the Pre-Testie Bestie[1] campaign. Results were favourable with Hawke's Bay respondents more likely to stop drinking if they thought they might be pregnant since seeing the campaign.
- HBDHB Community Advocacy Guidelines written to guide Health Improvement and Equity staff around notifying and supporting the community of alcohol licence applications.
- Māori warden's project underway. The overall aim is to reduce harms from tobacco and alcohol in the community. Whakawhanaungatanga and planning with wardens initiated.

Planned

- The HPA are looking to create a new campaign with and for Māori that will work with midlife adults. The campaign will focus on Māori between 45-65 year olds who are at risk drinkers to increase their awareness that drinking has a cumulative effect on their health and wellbeing. The campaign will take a tikanga/kaupapa Māori approach to be communicated through channels used by the audience and produce localised campaign components. An online self-help tool will provide a new channel for support. Wairoa has been involved in initial discussions.
- Napier and Hastings Youth Councils, Directions Youth Health Centre and other organisations working with rangatahi to design a youth alcohol harm reduction project for 15-24 year olds living in Hawke's Bay. With the support of funding from the HPA, the project will be finalised by October 2019.

Challenges/Opportunities

Meetings with the Hastings District Council (HDC) Mayor Sandra Hazelhurst with reporting agencies (Police and health) to discuss community voice in relation to licensing decisions and Local Alcohol Policies. HDC have shown an interest in understanding their role in supporting communities to understand the licensing process and have a say with the potential for independent representation in hearings. The discussion has also included how councils can influence policy upstream of licence applications being submitted.

OBJECTIVE THREE - LIMIT AVAILABILITY AND EVERYDAY EXPOSURE - LICENSING

Progress

- Joint Alcohol Strategy (Council-led) reference group project to design an exciting new brand that will support existing alcohol-free events and encourage more events to go alcohol-free or to have an alcohol-free zone.
- School based public health nurses supporting schools to develop school alcohol policies. Over 60% currently have policies. No school oppositions since Port Ahuriri School opposition in 2018.

Planned

- Support the 37 schools without alcohol policies to develop them and redistribute the healthy fundraising resource.

Challenges/Opportunities

New off licence in Hastings following Medical Officer of Health appeal of the Hastings District Licensing Committee (DLC) decision to the Alcohol Regulatory & Licensing Authority, was resubmitted back to DLC level. On further consideration the Hastings DLC granted the licence.

OBJECTIVE FOUR - PROVIDING APPROPRIATE AND ACCESSIBLE HEALTH SERVICES

Progress

- Health Hawke's Bay continue to redesign and test the AUDIT tool on their patient dashboard with the aim to streamline the alcohol advanced form under the patient system Medtech and making it easier for GPs to ask questions about alcohol. The intention is to have this up and running and provide training information by end of August.

[1] Pre-Testie Bestie is the second phase of the *Don't Know? Don't drink* campaign encouraging women to stop drinking alcohol if there is any chance they could be pregnant.

Planned

- The HPA approached Health Hawke's Bay to participate in a national piloting project of the Alcohol Risk Assessment Tool (ART).
- Health services workforce development plan across primary and secondary care with a focus on pregnant women. The HPA will work with a range of providers to update tools that will include alcohol harm education and messaging.

Challenges/Opportunities

A discussion with the Chair of the Clinical Council was had and support given to proceed with the operationalising of alcohol screening and brief intervention across health services using a quality improvement approach and methodology. This will require agreement and realistic timelines from People & Quality who manage the Quality Improvement workplan and further discussion to understand what resourcing support will be required from Health Improvement & Equity.

Refer to Appendix Two for a snapshot of progress and planned activities.

STRATEGIC ENABLERS

Data - measuring progress across the Alcohol Harm Reduction Strategy requires a range of programme, service and population level measures. The following indicators have been drafted to be confirmed at the Alcohol Harm Reduction Steering Group meeting in August.

1. Prevalence of hazardous drinking rates (NZ Health Survey)
2. Number of 15 years and older hospitalisations wholly attributed to alcohol (Massey University EHI)
3. Number of alcohol involved victimisations (Police)
4. Number of alcohol involved ED presentations (HBDHB)

We are reporting the following System Level Measure under Youth are Healthy, Safe and Supported - reduced percentage of 'unknown' as answer to alcohol related presentations question in emergency department. To assist with service level measures like this we need to review the intervention we are implementing and currently, there are limited interventions occurring in Emergency Department.

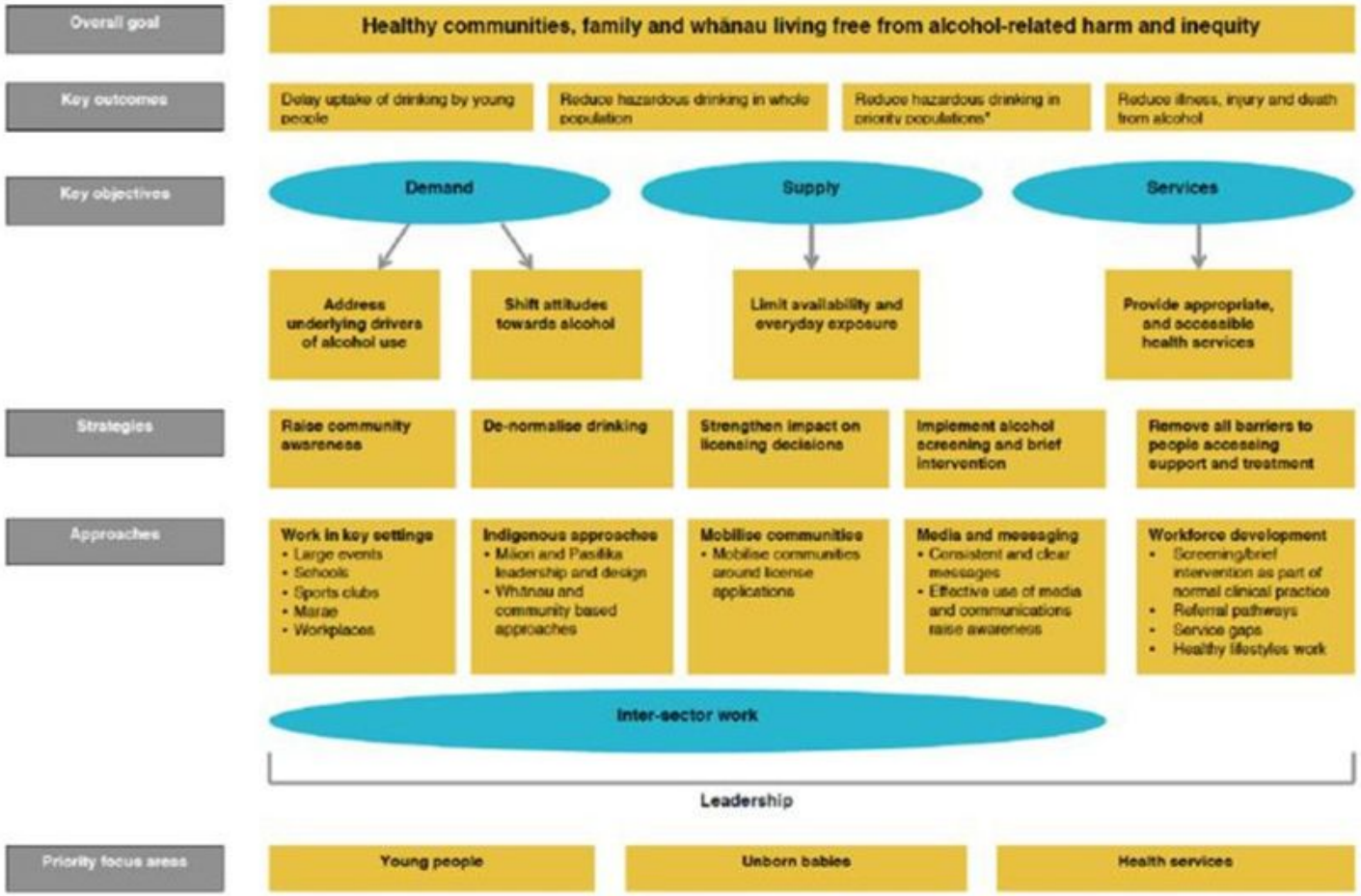
Communications Plan – are implemented at the programme level. Alcohol is a commercial determinant of health that carries with it unique challenges. To raise the visibility alongside other social harms an overarching Communications Plan would be beneficial and is planned.

Challenges and Opportunities	
Community advocacy	Hastings District Council, Mayor and reporting agencies (Police and DHB) met to discuss HDC possible role in supporting community voice in relation to licensing decisions, Local Alcohol Policies and how councils can influence policy upstream of licence applications being submitted.
Alcohol policy and legislation	CEO HBDHB continues to advocate and collaborate with DHB CEOs for improved alcohol legislation and policy change.
Screening across health services	We seek continued support and clear direction regarding the Strategy priority - to operationalise alcohol screening and brief intervention across health services using a quality improvement methodology. Note: Clinical Council was identified as the reporting governance group to this end.
Data	Business Intelligence commit to support improved alcohol-related health data including economic health related costs analysis of alcohol-related harm.

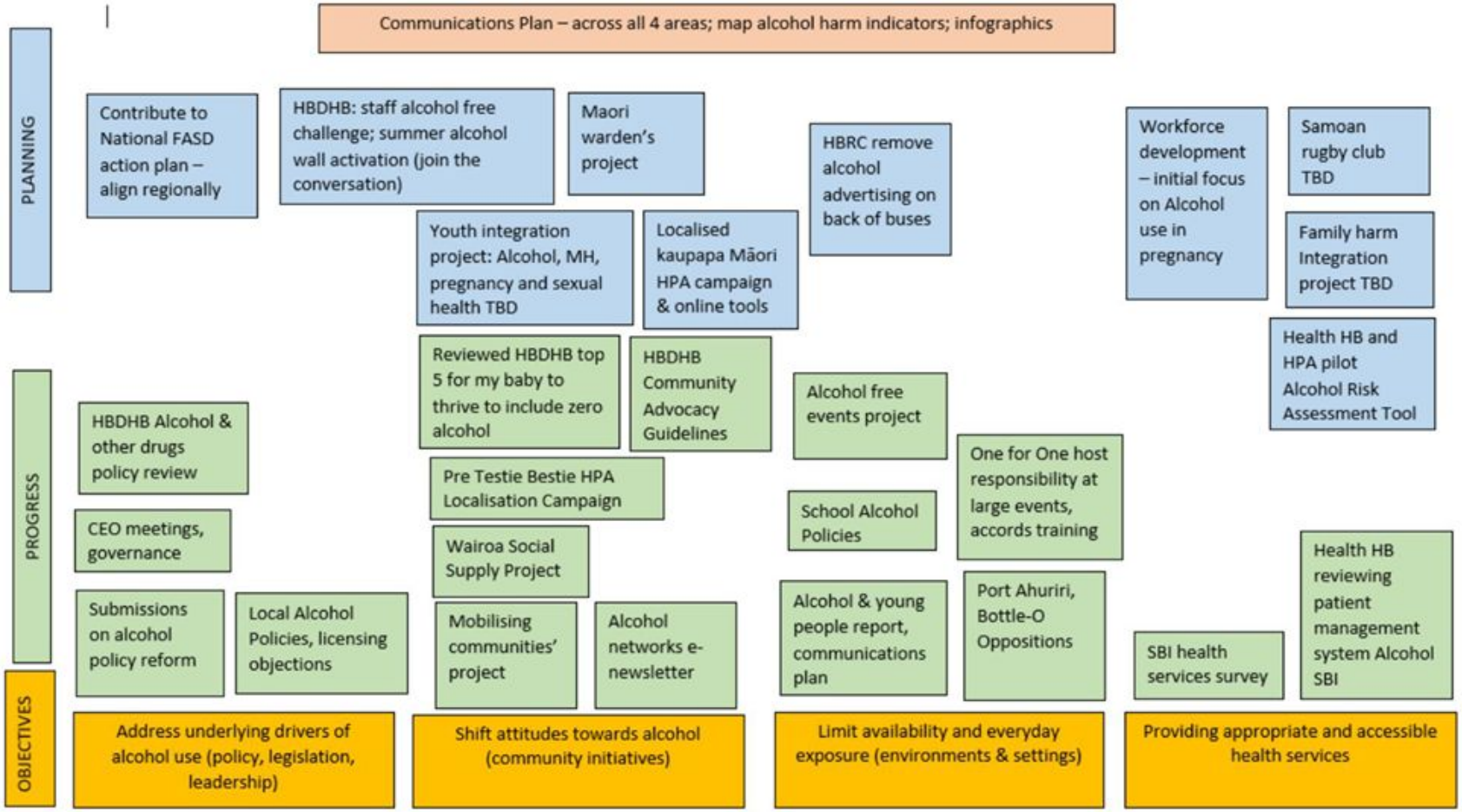
ATTACHMENTS

Appendix One: HBDHB Alcohol Harm Reduction Strategic Framework
Appendix Two: Alcohol Harm Reduction Strategy Progress & Planning Diagram

Appendix One : HBDHB Alcohol Harm Reduction Strategic Framework



Appendix Two: Alcohol Harm Reduction Strategy Progress & Planning Diagram



Addressing inequity across the strategy – priority focus areas and population groups; proportionate universalism suggests health actions must be universal, not targeted, but with a scale and intensity that is proportionate to the level of disadvantage. Marmot speaks strongly against targeting – targeting labelling hazards of stigma, and misses much of the problem (promotion and prevention attempts to change) Action on the environmental drivers of alcohol harm - licensing, no of outlets, cost of alcohol and marketing all contribute to reducing inequity

People, safety and wellbeing

Dashboard

HAWKE'S BAY District Health Board Whakawāteatia

QUARTERLY REPORT MARCH – JUNE 2019

Key Highlights

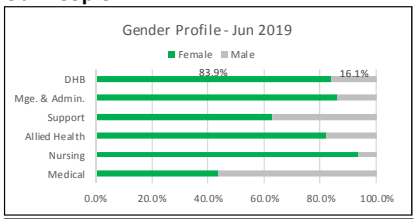
Employee status over the last year shows an increase in part-time and a reduction in full-time and casual.

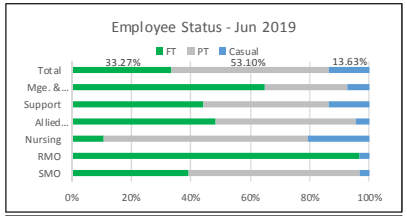
Annual Turnover has increased to over 10% per annum but reasons for leaving show no particular cause for concern. We will continue to monitor the situation.

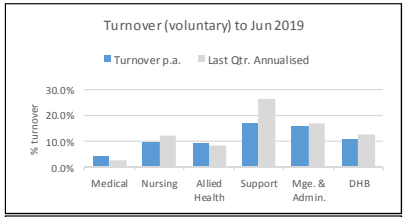
	Year end June 2019	Last Quarter annualised
Medical	4.2%	2.8%
Nursing	9.8%	12.2%
Allied Health	9.5%	8.5%
Support	17.1%	26.3%
Mge. & Admin.	15.8%	17.0%
Total	**10.9%**	**12.7%**

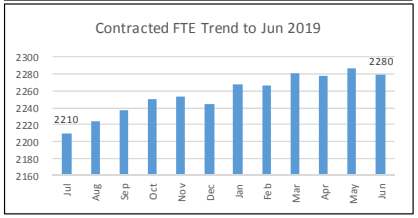
Contracted FTE shows a 3.2% increase since June 2018.

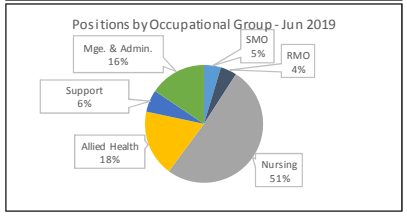
Our People

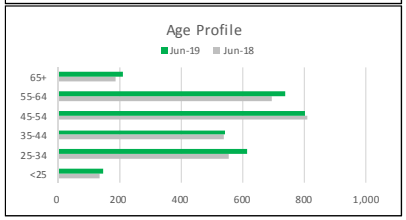












Key Highlights

Requisitions 676 YTD compared to 519 last year (30% increase)

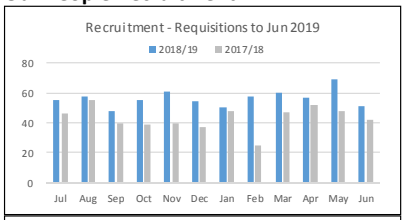
Average recruitment costs below last year (except for SMOs).

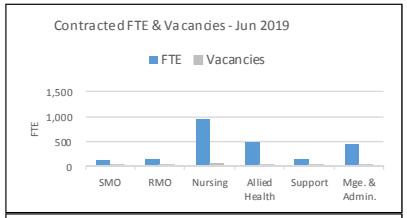
Applicants progress through recruitment process:

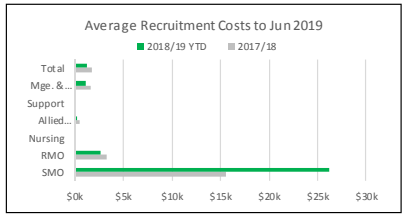
	Māori	Pacific
% of applications received	18.5%	2.1%
% interviewed v applied	35.0%	25.0%
% hired v interviewed	52.7%	66.7%

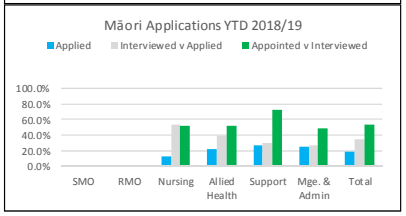
So of the Māori/ Pacific applicants who get to interview stage 52.7% of Māori get hired and 66.7% Pacific get hired.

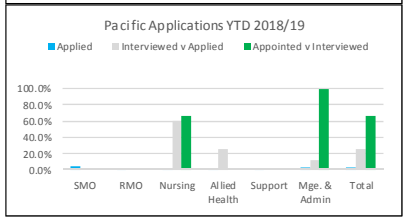
Our People Recruitment









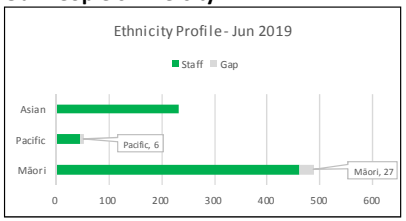


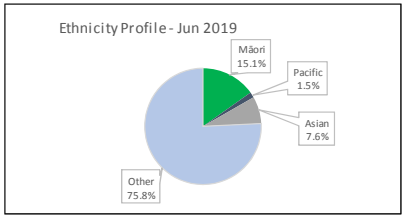
Key Highlights

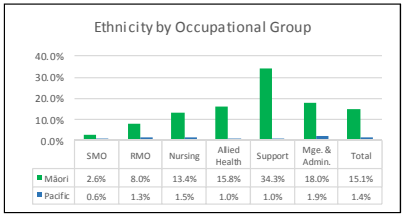
Ethnicity gap to meeting our targets for 2018/19:
Māori 27
Pacific 6

HBDHB's Māori representation figures (Māori staff as % of Māori population) compare favourably with other DHBs:
Central Region = 1st
Mid-sized DHBs = 2nd
20 DHBs = 4th

Our People's Diversity







Key Highlights

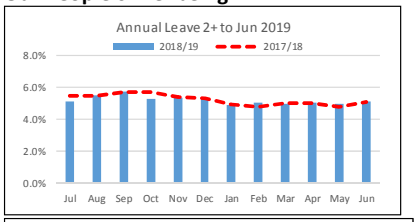
Annual Leave 2+ years =
148 (5.1%) compared to
141 (5.1%) at June last year.

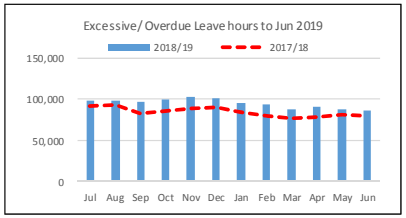
Excessive/ overdue leave balances increased over last year (69.0 hours per employee compared to 67.8 hours last year)

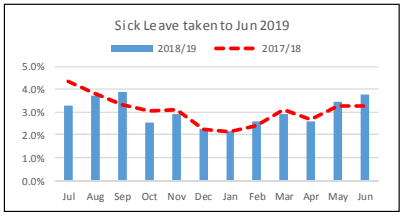
Year to date sick leave 3.0% compared to 3.1% for same 12 months last year.

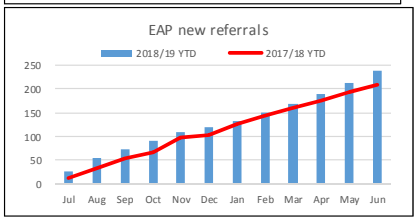
EAP new referrals:
2018/19 YTD = 239
2017/18 YTD = 208

Our People's Wellbeing





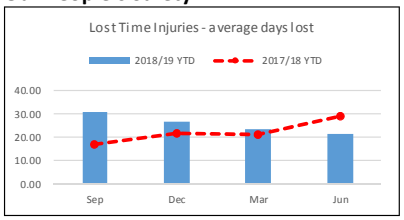




Key Highlights

Lost time Injuries – average days lost
YTD 2018/19 = 21.5 days
YTD 2017/18 = 29.0 days

Our People's Safety



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:

19. Confirmation of previous minutes 31 July 2019 - Public Excluded
20. Matters Arising (public excluded)
21. Board Approval of Actions exceeding limits delegated by CEO
22. Chair's Update
23. HB Clinical Council report to Board (public excluded)
24. NZ Health Partnerships recommendation
25. 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).