



Māori Relationship Board Meeting

Date: Wednesday, 14 September 2016

Meeting: 9.00am to 12.00pm

Venue: Te Waiora Meeting Room, District Health Board Corporate Office, Cnr Omaha Road & McLeod Street, Hastings

Board Members:

Ngahiwi Tomoana (Chair)	Lynlee Aitcheson-Johnson
Heather Skipworth (Deputy Chair)	Diana Kirton
George Mackey	Helen Francis
Na Raihania	Trish Giddens
Des Ratima	Denise Eaglesome
Kerri Nuku	Tatiana Cowan-Greening
Ana Apatu	

Apologies:

In Attendance:

Members of the Executive Management Team

Member of the Hawke's Bay District Health Board (HBDHB) Board

Member of Hawke's Bay (HB) Consumer Council

Member of HB Clinical Council

Member of Ngāti Kahungunu Iwi Inc.

Member of Health Hawke's Bay Public Health Organisation (HHB PHO)

Members of the Māori Health Service

Members of the Public



Our vision

HEALTHY HAWKE'S BAY

TE HAUORA O TE MATAU-Ā-MĀUI

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

Our values

Tauwhiro – delivering high quality care to patients and consumers

Rāranga te tira – working together in partnership across the community

He kauanuanu – showing respect for each other, our staff, patients and consumers

Ākina – continuously improving everything we do



Maori Relationship Board 14 September 2016 - Agenda

PUBLIC MEETING

Item	Section 1 : Routine	Time
1.	Karakia	9.00am
2.	Whakawhanaungatanga	
3.	Apologies	
4.	Interests Register	
5.	Minutes of Previous Meeting	
6.	Matters Arising - Review of Actions	
7.	MRB Workplan 2016	
8.	MRB Chair's Report	
9.	General Manager Māori Health Report	
	Section 2: For Discussion	9.20am
10.	Quality Accounts 2016 Report (Jeanette Rendle) - Quality Accounts 2016 (final draft) - Communication Plan	10-mins
11.	Health and Social Care Networks Update (Belinda Sleight)	20-mins
12.	Te Ara Whakawaiaora: Healthy Weight Strategy (Shari Tidswell)	20-mins
	Section 3: For Information Only (no presenters)	10.25am
13.	Havelock North Gastro Review	-
	Section 4: General Business	10.30am
	Recommendation to Exclude	

PUBLIC EXCLUDED

Item	Section 5: For Discussion / Decision	Time
14.	Review of MRB (Dr Adele Whyte)	60 mins
	Light Lunch	12.00pm

Māori Relationship Board Interest Register - 4 August 2016

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
Ngahiwi Tomoana (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 HBDHB Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The HBDHB 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 HBDHB 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 HBDHB 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 HBDHB Chair	01.05.08
Helen Francis	Active	Alzheimer's Napier previously a Committee member	Alzheimer's Society holds a contract with the HBDHB to provide dementia specific daycare and community services.	Will not take part in any decisions or discussion in relation to HBDHB contract with Alzheimer's Society	The Chair	08.06.10
		Patron and Lifetime Member				21.06.14
	Active	Employee of Hastings Health Centre	Actual Conflict of Interest. Pecuniary Interest.	Will not take part in any decisions or discussions in relation to Hastings Health Centre.	The Chair	18.02.09
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.11
	Active	HB Medical Research Foundation	Trustee	Declare this interest prior to any discussion in relation to the Foundation, and an appropriate mitigation action is decided on.	The Chair	20.08.14
Diana Kirton	Active	Brother, John Fleischl, is a Senior Medical Officer (surgeon) employed by HBDHB.	Perceived Conflict of Interest. Non-Pecuniary interest.	Will not take part in any decisions in relation to surgical services provided by or contracted by HBDHB. All employment matters in relation to John Fleischl are the responsibility of the CEO	The Chair	18.02.09
	Active	Employee of Eastern Institute of Technology (EIT), Practicum Manager, School Health and Sports Science from 3 Feb 2014	Non-pecuniary interest: Organises student practicum placements with some HBDHB funded health providers.	Declare this prior to any discussion in relation to EIT in the area of interest, and an appropriate mitigation action is decided on.	The Chair	16.01.14
	Active	Son, Chris Kirton, GP in Wairoa employed by HBDHB	Non-pecuniary interest: Will not take part in discussions around employment of GP's in Wairoa	All employment matters are the responsibility of the CEO.	The Chair	26.02.14
	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
Denise Eaglesome	Active	Deputy Mayor of Wairoa District Council	Advocate as Deputy Mayor for Wairoa District, whereas HBDHB covers whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	28.02.11
	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 discussions in relation to the Trust.	The Chair	05.03.14
	Active	Coordinator for Health Contract for Rugby Academy in Wairoa	Health Contract with Wairoa Rugby Academy	Will not take part in any decisions or discussions in relation to this contract.	The Chair	25.05.15
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumata - 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	Will not take part in any discussions or decisions relating to the Contract with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15
Tatiana Cowan-Greening	Active	Husband, Parris Greening, Service Manager of Te Kupenga Hauora (TKH)	Contracted health provider of HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14

Maori Relationship Board 14 September 2016 - Interest Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Declared
	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 discussions in relation to the Trust.	The Chair	19.03.14
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Trustee of Maunga HaruruTangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited).	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson (married 12 May 2016) now Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Chair of Te Whare Whanau Purotu Inc.	Maori Womens Refuge	No conflict	The Chair	22.12.15
	Active	Trustee, Kahuranaki Marae		No conflict		14.07.16
	Active	wahine co-Chair for Ikaroa Rawhiti Electorate for the Maori Party	Political role	No conflict		14.07.16
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairāwhiti DHB Maori Relationship Board		No conflict	The Chair	19.03.14
	Active	Employee as a Corrections Officer		No conflict	The Chair	19.03.14
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Manager, Taruna College		No conflict	The Chair	15.04.15
	Active	Assistant Director Governor, Rotary District 9930		No conflict	The Chair	15.04.15
	Active	Member of the Lotteries Board		No conflict	The Chair	15.04.15
Des Ratima	Active	Chair Takitimu Maori District Council	Maori Community Development Act 192	No conflict	The Chair	Dec 13
	Active	Chair Ahuriri District Health Trust	Maori health post settlement equity group	Potential Conflict if contractual arrangements in place	The Chair	Dec 13
	Active	Chair Whakatu Kohanga Reo	Early Childhood	No conflict	The Chair	Dec 13
	Active	Chair Wanautahi Charitable Trust	Community Trust	No conflict	The Chair	Dec 13
	Active	Deputy Chair Maori Wardens NZ Maori Council	Maori Community issues	No conflict	The Chair	Dec 13
	Active	Chair of the Kaupapa Maori Committee	Maori Community Issues	No conflict	The Chair	Dec 13
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective)	Relationship	No conflict	The Chair	12.08.15
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	The Chair	12.08.15
	Active	Member of Heart Foundation	Cardiac Strategic Advisory Group	No conflict	The Chair	12.08.15
	Active	Deputy Chair Health Promotion Forum	Relationship	No conflict	The Chair	12.08.15

**MINUTES OF THE MĀORI RELATIONSHIP BOARD (MRB) MEETING
HELD ON WEDNESDAY, 10 AUGUST 2016 IN TE WAIORA MEETING ROOM,
DISTRICT HEALTH BOARD (DHB) ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
COMMENCING AT 9.00AM**

- Members:** Ngahiwi Tomoana (Chair)
Heather Skipworth (Deputy Chair)
Kerri Nuku
Denise Eaglesome (video conference)
Ana Apatu
Tatiana Cowan-Greening (teleconference)
Lynlee Aitcheson-Johnson
Trish Giddens
Diana Kirton
Helen Francis
Des Ratima
George Mackey
Na Raihania
- Apologies:** Helen Francis
George Mackey
Denise Eaglesome

Matiu Eru (Pouahurea Māori Health HBDHB)
Patrick Le Geyt (Programme Manager Māori Health HBDHB)
- In Attendance:** Peter Dunkerley (HBDHB Board Member)
Graeme Norton (Chair, HB Consumer Council HBDHB)
Dr Kevin Snee (Chief Executive Officer, HBDHB)
John McKeefry (General Manager, Human Resources HBDHB)
Nicholas Jones (Acting Director, Population Health HBDHB)
Tracee Te Huia (General Manager, Māori Health Service HBDHB)
Justin Nguma (Senior Health & Social Policy Advisor, Māori Health Service HBDHB)
Nicola Ehau (Head of Health Services Hawke's Bay PHO)
Jeanette Rendle (Consumer Engagement Manager HBDHB)
Adam McDonald (Health Literacy Advisor HBDHB)
Allison Stevenson (Mental Health Service Director HBDHB)
Dr Simon Shaw (Clinical Director & DAMHS HBDHB)
Mary Wills (Head of Strategic Services)
- Minute Taker:** Wirihana Raihania-White (Kaitakawaenga Māori Health Service)

SECTION 1: ROUTINE

1. KARAKIA

N Tomoana opened the meeting with karakia.

2. WHAKAWHANAUNGATANGA

Heather Skipworth (MRB Acting Chair) welcomed everyone to the meeting and invited members to share something 'fresh' about themselves for whakawhanaungatanga in recognition of Te Koanga (spring) and to set the tone for the hui.

3. APOLOGIES

Apologies were received from G Mackey and H Francis. D Kirton advised she would be leaving the meeting at 10.30am and K Nuku also advised she would be leaving before the meeting concludes at 12.00pm.

D Eaglesome intended to join the meeting via teleconference. But due to technical issues Denise was unable to join the meeting.

Additional apologies were received from Matiu Eru (Pouahurea Māori Health HBDHB), Patrick LeGeyt (Programme Manager, Māori Health HBDHB) and Adele Whyte (CEO Ngāti Kahungunu Iwi Inc.).

4. INTERESTS REGISTER

There were no amendments to the Interest Register.

H Skipworth (MRB Acting Chair) declared her interest as a member of the Mananui Collective. No other members declared a conflict of interest with today's agenda items.

5. MINUTES OF THE PREVIOUS MEETING

The minutes of the MRB Board meeting held 13 July 2016, were confirmed as a correct record.

Moved: A Apatu

Seconded: L Aitcheson

CARRIED

PUBLIC EXCLUDED MINUTES OF THE JUNE MEETING

The Public Excluded Minutes of the MRB Board meeting held 8 June 2016, were confirmed as a correct record.

Moved: A Apatu

Seconded: L Aitcheson

CARRIED

6. MATTERS ARISING FROM THE PREVIOUS MINUTES – REVIEW OF ACTIONS

There were no matters arising from the July minutes. The following matters were raised for General Business:

- Definition of 'vulnerable whānau', with a particular view to an organisational and Iwi definition of this term.
- Tatiana Cowan-Greening's verbal report from the Central Region MRB Hui.

REVIEW OF ACTIONS

The Action and Progress List as at July 2016 was taken as read. The following actions were discussed:

Health and Social Care Networks; Purpose and Principles – Phase Two

It was emphasised that the Wairoa Network must be community led and driven for best results.

Fluoridation

MRB requested the most up-to-date information about 'Neurotoxin' and for this subject to be discussed. It was stated that this was the basis of MRB not supporting the fluoridation recommendation in the TAW report for Oral Health to the Board. Also the possibility for a neurologist presenting this information in conjunction with Dr Whyman in November **ACTION: Dr Whyman.** Circulate Neurotoxin information to MRB members for better educating on the topic **ACTION L Aitcheson-Johnson**

7. MRB WORKPLAN 2016

The MRB Workplan was taken as read.

8. MRB CHAIR'S REPORT

The Chair's Report for August 2016 was taken as read and the contents noted. The following topics were discussed:

Hawke's Bay Clinical Council and Consumer Council Board Reports

MRB has a concern regarding the Committees working in silos. If we want the services to work seamlessly it needs to start with us. K Nuku will raise this issue with Clinical Council at its next meeting as requested by MRB. The matter was raised as part of the Transform & Sustain Refresh where consideration to remedy this issue will require a complete culture change across the organisation. Graeme Norton (Chair, HB Consumer Council HBDHB) offered to circulate the minutes of the Consumer Council Meeting and report to MRB for further clarification and depth of understanding regarding this matter.

MRB acknowledged and supported Graeme's suggestion of an alcohol free Health Awards and his recognition of Ngāti Kahungunu Iwi who have already moved toward all NKII events being Alcohol and Smokefree.

MRB thanked the DHB Board members for their good work and their support of the recommendations stemming from MRB.

Under 19 Mental Health Wait Target (0 to 19 years old)

A meeting is yet to be held between H Skipworth (Deputy MRB Chair), D Eaglesome and Allison Stevenson (Service Director) **ACTION**.

There was a discussion about Māori organisations who are currently experiencing an epidemic of 'P' use, along with a number of other sectors in the community. Whānau are unsure of where and how to access services to support. There appears to be a lack of facilities and skilled staff to assist with treating and supporting whānau. There are no detox beds in Hawke's Bay and this is an issue for people gaining access to rehabilitation.

9. GENENRAL MANAGER (GM) MĀORI HEALTH REPORT

The GM Māori Health report for August 2016 was taken as read and the contents noted. N Raihania provided positive feedback on the work being undertaken by the team. There was a brief discussion regarding the following topics:

Māori Health Service Transition and Restructure (MHS)

The change in structure and development of new roles has caused some pressure on the service. The increase in cultural competence within the organisation has seen more demand for Māori Health staff to partner and support services to better respond.

The work gone into improving the way the DHB receives information to investigate and respond to Māori health inequity was acknowledged. In particular, analytical data that is being made available for consumption across the DHB forming a good picture of the status of the population.

Under 18 years Primary Care Co-Payment Subsidy Project

Nicola Ehau (Acting CEO Health Hawkes Bay PHO) has partnered Patrick Le Geyt (Programme Manager, Māori Health Service HBDHB) in engaging the community and General Practices regarding the best model of approach for this policy change. A report will be prepared for the next MRB meeting along with recommendations for consideration.

Māori Workforce within the Health Sector

Actual data for the current number of Māori staff employed in Primary and Community sectors will be made available as the data comes to hand.

SECTION 2: PRESENTATIONS

10. HEALTH EQUITY ASSESSMENT TOOL (HEAT)

RECOMMENDATION

That Māori Relationship Board:

1. Support the Implementation of the use of HEAT in new investment proposals and service redesign.

Moved: N Tomoana

Seconded: K Nuku

CARRIED

ABSTAINED: N Raihania

Mary Wills (Head of Strategic Services) and Nicholas Jones (Acting Director, Population Health) provided a presentation on the HEAT with the purpose to discuss how to apply the tool.

Since the training in March by Dr Fiona Cram, Strategic Services has been working to build their capability in analysing current Māori health data and how the HEAT could be applied across the system. Mary provided the following overview:

- The HEAT tool has been used in contracting renewal processes for some time, more especially with new services and large contracts for change.
- More recently, the team has started looking at how the tool may be applied to other projects, such as the clinical and new gout pathways
- Te Ara Whakawaiaora was also touted as a good example for application of the HEAT
- While the HEAT can be used at any stage during a project, it is best used at the beginning of a project
- The HEAT was not appropriate for use when urgent decisions are required to be made or when decisions have already been made in relation to funding investment such as MoH funded services.
- Creating innovation in the system was highlighted as a significant challenge, knowing when to use the tool was key. Other challenges included:
 - Recognising the tool is best utilised at the beginning of any change project
 - Utilising data to improve health inequity across the differing staff groups and organisation
 - Improving staff capability in order to provide consistency in the application of the HEAT
 - Accessibility of data for utilisation on a daily basis.

The importance of the commitment towards the application of HEAT was highlighted by the presenters who have committed to ensuring good sound embedding of the tool into practice.

MRB provided the following feedback:

- Data received is not always conducive to what is actually happening in real time.
- Equity is the focus in relation to the application of the HEAT. Therefore, the application of the tool should be outcomes focussed for those populations with inequitable health
- In terms of addressing equity across the organisation, every decision should be subject to the HEAT, no matter the service agreement or service investment, or if the decision has already been made
- Real change in real time to have greater effect in removing inequity is required
- Consider other mechanisms for assessment and application. The HEAT is one tool for consideration. There are others that may be more applicable e.g. Te Pae Mahutonga
- Ensure all groups are being considered including Māori when applying the HEAT – to tackle any unintentional marginalisation
- Clinical and cultural competency must be considered as being of equal value across the organisation. You cannot be clinically competent if you are not culturally competent
- Collective ownership of the inequity issue for populations is an across sector responsibility with intersectoral agencies and external providers. Remove the silo behaviours and practices

H Skipworth (Acting MRB Chair) acknowledged the presenters for their openness and willingness to share information. In addition, the good use and pronunciation of Te Reo Māori (Māori Language).

Nicola Ehau (Acting CEO Health Hawke's Bay PHO) acknowledged the DHB for their work currently undertaken and the leadership provided to Health Hawke's Bay PHO (HHB PHO) in the use of the HEAT which has been of great benefit. This has added value to the work of HHB PHO

11. GO WELL - TRAVEL PLAN UPDATE (Verbal)

Andrea Beattie (Property and Service Contracts Manager) provided a verbal update of the Go Well – Travel Plan following her May 2016 presentation. MRB provided the following feedback:

- Is there an opportunity for collaboration with anyone else in the region that has or is currently undertaking a similar plan that we can take direction and learnings from?
- Concern that 'aspiration and inspiration' has been lost, in the promotion and backing of the initial plan. Andrea to keep this in mind with regard to progressing the Go Well Plan and for future reporting or presentations to MRB
- More focus should be on what we are doing to look after our staff rather than just focussing on the travel plan

- Promote members of the Executive Management Team who have taking up cycling or walking to work to inspire other members or groups of staff
- Are there other incentives other than the obvious benefits that may be explored in terms of inspiring or making the plan aspirational to staff? For example, Te Taiwhenua o Heretaunga Wellness Point Plan
- Ensure that messaging also caters for staff who are not able to make a complete change due to busy lifestyles or working split shifts/two jobs etc. Encourage staff to make a different choice(s) when they can.

Provide other options and or messaging for other things staff can be doing to improve their overall health. A copy of the HEAT assessment was requested.

SECTION 3: FOR DISCUSSION

12. DRAFT QUALITY ACCOUNTS

RECOMMENDATION

That MRB:

1. **Note** the contents of this report.
2. Provide feedback on the contents of this report (by email)
3. Provide guidance on the communication(s) plan

Moved: T Giddens

Seconded: N Raihania

CARRIED

Jeanette Rendle (Consumer Engagement Manager) and Adam McDonald (Health Literacy Advisor) gave a presentation on the Draft Quality Accounts. MRB noted the contents of the report and provided the following feedback regarding the contents of the report and guidance on the communication(s) plan:

- The use and definition of Māori kupu was considered to be an excellent way to bring the whole community on board and broaden their understanding of Te Reo Māori, while also demonstrating the organisations commitment to Te Reo
- A core objective of the DHB is to **remove** inequity which needs to be reflected in the wording of Draft Quality Accounts
- Jeanette was acknowledged for highlighting areas of concern regarding wording and terminology for MRBs feedback.
- Concerns were raised regarding the use of negative language such as Māori doing badly and the obligation of everyone within the organisation to transform the culture and attitude. We need to breakdown the silo mentality
- MRB supported translation of the services using Te Reo Māori.

The following matters were discussed:

- Cultural competency across the organisation is key.
- MRB should feature in the Quality Accounts as this is a vital vessel for DHB to connect with Māori communities, provide understanding of the function and role of the MRB

13. ANNUAL MĀORI HEALTH PLAN Q4 APRIL – JUNE 2016 EXCEPTIONS AND DASHBOARD

Tracee Te Huia (General Manager Māori Health) and Justin Nguma (Senior Health and Social Policy Advisor Māori Health) provided a brief overview of the results for the last quarter. The reports were taken as read and the contents noted.

While a number of targets have not been achieved, the information highlights the challenges for the organisation and the progress that has occurred to date. Justin reiterated the requirement of the various services within the organisation to provide quantitative and qualitative data for greater understanding regarding what is actually happening in the organisation, where there is need for improvement and how MRB can be most effective in terms of guidance and support.

14. TE ARA WHAKAWAIORA: Culturally Competent Workforce

RECOMMENDATION

That MRB:

1. **Note** the contents of this report.
2. **Support** the Culturally Competent Workforce KPI for recruitment to sit under the Chief Operating Officer (COO)

Moved: Na Raihania

Seconded: D Ratima

CARRIED

John McKeefry (General Manager Human Resources) and Andrew Phillips (Chief Officer Allied Health) were in attendance to present the report. The report was taken as read and MRB noted the contents of the report.

John provided a response to MRBs feedback from the previous presentation in July as follows:

- Midwifery workforce statistics are not able to be broken down at this time. Further work is required in this area for the information to be reported back to the MRB as per their request
- Re-invigorating the Tuakana/Teina programme and sharing amongst other groups across the organisation has been highlighted as an HR action going forward
- In relation to strengthening the hiring selection process particularly formulating recruitment panels, Māori Health have been engaged to gain more experience and perspective about what works well for Māori from a Māori Health point of view.
- Review of the Recruitment Processes regarding identifying what is **not** attractive about working at the DHB from a Māori perspective rather than trying to make the DHB more attractive to Māori, HR are looking at focus groups to identify what is **not** attractive.

John then provided an over view of the report that highlights the challenges the organisation has faced to increase the Māori workforce such as:

- Attracting Māori to seek employment with the HBDHB and staff turnovers especially in the area of nursing
- Recruitment and retention, and the recruitment process itself. Briefing sessions with hiring managers across the organisation have been held to identify the recruitment process challenges. Action plans by workforce grouping i.e. Medical; Nursing; Allied; Admin, Management and Support, places the responsibility on the heads of each service who will be accountable to EMT, MRB and the DHB are being developed to improve recruitment and retention.
- Hiring managers are now required to explain their decision not to hire Māori, in the cases where Māori have not been hired. MRB were informed EMT considered a 10% increase on the current figure to be an achievable target for the next year to 30 June 2017 (12.5% to 13.75%).

MRB provided the following comments and advice:

1. MRB is not happy with the progress to date and want real change in real time. Not having the full support of all staff to achieve this target is a significant issue and increased effort needs to be put into shifting behaviours with greater accountability for the results.
2. The number of Māori in positions of seniority is a matter for concern in terms of influencing and driving cultural competency.
3. MRB like the idea of an Indigenous Recruitment Strategy. We need to understand why Māori consumers respond or engage well with Māori practitioners and/or professionals and incorporate the learnings not only within recruitment but also within professional development.
4. There has to be a willingness to enact and fully understand principles of Māori culture by the organisation particularly in recruitment processes. Māori consumer and staff representation on interview panels needs greater consideration.
5. There should be greater support systems in place for Māori applicants as well as unsuccessful applicants. Greater cultural support for existing staff within the organisation should be part of a retention strategy.

MRB acknowledged John and thanked him for his contribution over the past years. Further acknowledgement was given for John's leadership and commitment to increasing the development and recruitment strategy for

Māori nursing. Kevin Snee (Chief Executive Officer HBDHB) considered the most appropriate person to take responsibility for this KPI is Sharon Mason (Chief Operating Officer). MRB supported the COO being responsible for the KPI going forward.

15. TE ARA WHAKAWAIORA: MENTAL HEALTH

Allison Stevenson (Service Manager Older Persons Mental Health & Allied Health Service) and Dr Simon Shaw (Clinical Director & DAMHS) presented the report and the three indicators monitored by the Mental Health Services as follows:

- Rate of Section 29 Compulsory Treatment Orders (CTO)
- Percentage of clients discharged from Children Adolescent and Family Service (CAFS) with a Transition or Discharge Plan
- Wait time for non-urgent Mental Health & Addictions; 3-week; 8-week; 0 to 19 years of age.

Dr Shaw provided a brief explanation of a CTO and the compliance criteria that is determined by law and ultimately by a judge. There is no difference in the way in which the criteria is applied. CTO rates for Māori and non-Māori differ by DHB and the factors remain unclear.

An analysis of 50 people currently on long term treatment orders was conducted. The analysis identified some differences in factors for Māori and non-Māori that may require a national study to fully understand and explore these factors. Allison talked about the Random Consumer Files placed on the CTO and offered to provide MRB and ethnicity breakdown for better understanding. A brief synopsis of this sample included:

- Māori having fewer physical health problems than non-Māori (further research required to understand why).
- Māori have more criminal justice history than non-Māori
- Māori are more likely to have relatives with severe mental illness
- Unemployment and substance abuse appeared equal across Māori and non-Māori
- Māori appeared to have no fixed address as opposed to non-Māori
- More Māori diagnosed with Schizoaffective Disorder than non-Māori.

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A greater sample is required for better analysis. If specific reasons are found as to why more Māori are placed under long term treatment orders, the question must be asked whether or not the Mental Health Service is the appropriate service to ameliorate those reasons or conditions. These factors include housing; employment; upbringing and amongst others. There was no sense of prejudice in terms of people belonging to a particular group being more likely to be placed under CTO than others.

The following matters were discussed:

- Institutional prejudice is evident within the Justice system with the ratio of Māori to non-Māori being six times more likely to be arrested and six times more likely to receive a longer sentence. To remedy the factors and issues start with identifying the incidents during the patients/whānau journey to understand the root causes of their condition. The issues belong to all of us and we need to work together to resolve the issues.

- Access to services for the public seeking help with 'P' is an issue. There is no clear patient pathway for whānau about who to contact and how
- Change has to occur across the whole health system nationally, not just within the mental health services.
- We need to understand why there are greater incidences of illness in certain groups.

There was a robust discussion and MRB offered the following feedback:

- MRB want Mental Health Services to gain more in-depth understanding around the underlying causes for the inequity between Māori and non-Māori CTO rates.
- MRB acknowledges the determinants of health and that mental health services are not always the appropriate intervention in addressing the underlying causes. MRB suggests Mental Health Services develop a cross sector approach involving agencies such as Housing NZ, WINZ, Justice, Police etc.
- MRB would like to support Mental Health Services by holding a wānanga with a specific focus on this matter, and to include external providers, consumers and their whānau to gain more perspective across the whole continuum.

Allison Stevenson and Dr Shaw to formulate a clear purpose, agenda, response(s) and outcomes for the wānanga **ACTION: Service Manager Older Persons Mental Health & Allied Health Service**

SECTION 4: GENERAL BUSINESS

16. MEETING BETWEEN MRB AND NGĀTI KAHUNGUNU IWI INC (NKII)

The meeting with Adele Whyte (CEO NKII) is scheduled for 24 August 2016 at the NKII office from 10.00am–12.00pm.

17. VULNERABLE CHILDREN AND FAMILIES PRESENTATION

Dr Russell Wills is presenting 'Vulnerable Children and Families' to MRB in September 2016. MRB are very interested in the definition of the term 'vulnerable children and families' and who has had input into constructing this definition. Pending on the information and definition presented by Dr Wills, MRB will invite Dr Wills to workshop with them to support and make improvements to this work going forward.

18. FUNDING TO MĀORI HEALTH PROVIDERS BY DHB REPORT

Tracee Te Huia (GM Māori Health HBDHB) advised the Ministry of Health (MoH) are releasing the Funding to Māori Health Providers by DHB Report, on 12 August 2016. The report will be available on the MoH website. The report does not include all Māori Providers in Hawke's Bay due to a difference in the way Māori Providers are defined between DHBs and the MoH. There are at least 20 Providers omitted from the report currently. HBDHB has worked to address this issue in the past with the MoH to no avail. We will continue to count Providers we define as Māori Providers and will take any advice from MRB on this issue into the future.

The meeting was closed at 1.05pm with Karakia by N Tomoana.

Signed:

Chair

Date:

Date of next meeting: 9.00am Wednesday 14th September 2016
Te Waioira (Boardroom), HBDHB Corporate Administration Building

MĀORI RELATIONSHIP BOARD

Matters Arising – Review of Actions

Aug MRB Meeting

6

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at September 2016
10/08/16	1. Fluoridation Presentation in November MRB requested the most up-to-date information about 'Neurotoxin and for this subject to be discussed. Also the possibility for a neurologist presenting this information in conjunction with Dr Whyman. Circulate Neurotoxin information to MRB members.	Clinical Director Oral Health L Aitcheson-Johnson	Nov 2016	IN PROGRESS Looking into the availability of a neurologist to co-present information about neurotoxicity.
	2. Wānanga between MRB and Mental Health Services Allison Stevenson and Dr Shaw to formulate a clear purpose, agenda, response(s) and outcomes for the wānanga.	Service Manager Mental Health and Addiction Services/ Clinical Director & DAMHS	Sept 2016	IN PROGRESS As agreed, Mental Health and Addiction Services Manager, Clinical Director & DAMHS and GM Māori Health, Service Manager will get together to look at the other agencies who are able to have some impact on reducing the CTO for Māori consumers.

June MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at September 2016
08/06/16	1. Health Equity Update 2016 <i>NZ Territorial Authorities Statistics Gap in Years between Māori and non-Māori Life Expectancy by Gender and Region 2012-14</i> MRB were interested in the reasons for the longer life expectancy of Māori in the Canterbury region and requested that Dr McElnay conduct further research to provide an update on the findings	DPH/ HE	Oct 2016	POSTPONE OCT 2016 Dr McElnay will present to MRB in October 2016 as she is now on leave until then.

May MRB Meeting

Date Issue Entered	Action to be Taken	By Whom	By When	Status as at September 2016
12/05/16	1. Review form and function of MRB and Youth Representative NKII and MRB are reviewing MRB including the composition and consideration of a Youth Representative.	GM Māori Health/ CEO NKII	Sept 2016	IN PROGRESS Meeting still to be held and will be discussed as an agenda item for September.
	2. Bariatric Surgery Investigation Request for an investigation of the evidence to rationalise the increase of surgeries per annum.	Head of Strategic Services	Oct 2016	IN PROGRESS A paper to be presented in October 2016.

April MRB Special Meeting


Date Issue Entered	Action to be Taken	By Whom	By When	Status as at July 2016
13/04/16	Change the system to accelerate Māori Health a) Shift contracts to be more of a whānau focus with less constraints	Head of Strategic Services/ Head Health Services HBPHO	Aug 2016	IN PROGRESS High Trust Contracts being implemented. Learnings are being had.



MĀORI RELATIONSHIP BOARD WORKPLAN 2016

Meetings 2016	Papers and Topics	Lead(s)
14 Sept	Final Quality Accounts Health and Social Care Networks Update Te Ara Whakawaiaora: Obesity (local indicator) Monitoring – for information - no presenters: Gastro Outbreak Review	Kate Coley Tracee Te Huia Caroline McElnay
16 Sept	<i>Delivery of Voting Documents</i>	
Meetings 2016	Papers and Topics	Lead(s)
8 Oct	<i>Election Day – voting closes at Noon</i>	
12 Oct	Orthopaedic Review – Closure of Phase 1 Relationship Centered Practice PRESENTATION Complementary Therapies Policy HB Intergrated Palliative Care DRAFT 13-17 Year Old Primary Care Zero Rated Subsidy Project Bariatric Surgery Investigation Paper Vulnerable Children and Families PPresentation Te Matatini PRESENTATION	Andrew Phillips Andrew Phillips Andrew Phillips Tim Evans Tim Evans Mary Wills Dr Russell Wills Traci Tuimaseve
13 Oct	<i>Official Result Declaration</i>	
Meetings 2016	Papers and Topics	Lead(s)
9 Nov	Tobacco - Annual Update FOR NOTING Family Violence Strategy Effectiveness Reducing Alcohol Related Harm FINAL Travel Plan Quarterly Update VERBAL PRESENTATION Event/Compaint/Hazard/Risk Management System Developing a Person Whānau Centered Culture DRAFT Fluoridation the Key Facts PPresentation Monitoring – for information - no presenters: Annual Māori Health Plan Q1 Jul-Sept 2016 Dashboard and Non-Financial Excpetions Report Te Ara Whakawaiaora: Smoking (national indicator) <i>Long Term Conditions</i> WORKSHOP with Māori Providers	Caroline McElnay Caroline McElnay Caroline McElnay Sharon Mason Kate Coley Kate Coley Robin Whyman

Meetings 2016	Papers and Topics	Lead(s)
5 Dec	<i>New Board comes into office.</i>	
DEC	<p>No Meeting in December</p> <p>The following papers will be emailed to MRB:</p> <p>HBDHB Workforce Plan – DISCUSSION DOCUMENT</p> <p>Health and Social Care Networks Update</p> <p>Orthopedic Review Phase 2 DRAFT</p>	<p>Acting GM HR</p> <p>Tracee Te Huia</p> <p>Andrew Phillips</p>

	Chair's Report
	For the attention of: Māori Relationship Board (MRB)
Document Owner:	Heather Skipworth, Deputy Chair
Month:	September 2016
Consideration:	For Information

Recommendation

That MRB:

Note the content of this report.

PURPOSE

The purpose of this report is to update the Māori Relationship Board (MRB) on relevant discussions at the Board meeting held in August 2016 pertaining to Māori health.

INTRODUCTION

For this month, I provide an overview of the Chief Executive Officers (CEO) report including the Campylobacter Outbreak, the Acting General Manager of Human Resources, and the Quarter Four Exceptions Reports for the HBDHB Performance Framework; the Annual Māori Health Plan and Human Resource Key Performance Indicators report. I also provide a very short update on the Te Ara Whakawaiaora papers; Mental Health and Culturally Competent Workforce.

This month's report also provides a brief outline of the Advisory Committee's Chair's Reports to the Board.

Chief Executive Officers (CEO) Report

Campylobacter Outbreak

The outbreak of the waterborne campylobacter organism was the key issue for the month of August. The largest common source outbreak of infectious disease in New Zealand's history caused an enormous challenge for the community and the health system. General Practices, District and Specialist Nursing, Aged Residential Care, Pharmacy and St John's Ambulance worked together to put in place plans for the large number of sick people in their homes. Without community collaboration, the hospital would have been under very significant pressure particularly with the high number of staff from Havelock North who were infected. Serious consideration is underway on how to transform these lessons into normal working practice. As the Deputy Chair over that period, I saw first-hand the way in which an Emergency Operations System worked. The coordination of the whole of Hawke's Bay was brilliant and all from our War Room on the Hospital Campus. We had Ambulance, Councils, Schools, MoH, Media and many other key stakeholders for two meetings daily over this period. We are now in recovery mode and looking with the Councils, into what started this and in addition undertaking our own internal review. I would like to thank Kevin Snee and his large team of very tireless workers over this period, Tihei Kahungunu!

HBDHB Performance Framework Exceptions Report Quarter Four

- Elective Surgery – delivered 55 more elective surgeries required by the Ministry of Health (MoH)
- Immunisation – achieved the target for Māori and Pacific *and* the total population
- Mental Health Utilisation Targets – achieved target across all age ranges
- Under Six-hour Waits in Emergency Department (ED) – achieving the 95% target continues to be a struggle with the target dropping slightly in Quarter 4 to 92.5%
- Heart and Diabetes Checks – target dropped below 90% to 89% for the first time since 2014
- Faster Cancer Treatment - now flagging enough patients for fast track monitoring. But, at 63.2%, not yet treating enough patients within 62 days of referral.

Financially, the DHB has ended the year in a good position with a favourable variance of \$266 thousand for June. End result of \$376 thousand favourable.

Acting General Manager of Human Resources

Bridget Murphy was introduced to the Board as the Acting General Manager of Human Resources for a 3 to 6 month period.

Annual Māori Health Plan Exceptions Report Quarter Four / Dashboard

The report highlighted the steady and continued improvements in the areas of Immunisation; Ambulatory Sensitive Hospitalisations (ASH); Quick Access to Angiograms; and Cervical Screening. Staff Cultural Training had a 13.5% increase (64% in Quarter One to 77.5% in Quarter Four) particularly medical staff who had the largest increase of 25.6% (14% in Quarter One to 39.6% in Quarter Four) “*Ka mau te wehi docs*”. The growing push from the Executive Management Team, along with Managers and Heads of Departments were drivers behind the substantial improvement. Specific measures are being put in place to progress the areas of slow improvement, and to increase in the number of Māori Staff recruitment is emphasised in the report. Sharon Mason (Chief Operating Officer) has agreed to take on the challenge to increase Māori staff with the support of Chris McKenna (Chief Nursing Officer) and Andy Phillips (Director Allied Health).

Te Ara Whakawaiaora: Culturally Competent Workforce

The report sets out a new target for increasing Māori staff representation by 30 June 2017 and a series of organisational wide actions to improve retention and recruitment of Māori staff. In addition to these actions, EMT will develop targeted actions to increase Māori staff representation for the various workforce groups including Nursing and Allied. The targets for 2017 onwards will also be developed and be championed by Sharon Mason (Chief Operating Officer). “*Kia kaha Sharon*”.

Te Ara Whakawaiaora: Mental Health

The document showed the concern about Māori being on a Community Treatment Order (CTO) more so than any other ethnicity. Allison Stevenson (Service Director for Mental Health and Addiction) is arranging the wānanga between Mental Health and Māori Health/MRB with other agencies to examine the contributing factors.

Child, Adolescent and Family Services (CAFS) continue to achieve 100% compliance for Waiting Times of Three and Eight Weeks for Children aged between 0-19 Years of Age. Although I still hold the concern that perhaps there are many whānau in the community that just don't know how to access these services.

Advisory Committee Chair's Reports: HB Clinical and Consumer Councils

Community Based Pharmacy Services in HB – Strategic Direction 2016-2020

HB Clinical Council requested that a strategy be developed for Community Pharmacy Services in Hawke's Bay (2014-2020). This arose from a HBDHB Board (December 2013) request for an updated long term strategy for Hawke's Bay. Since 2012 the National Community Pharmacy Agreement (CPSA) had been developing a new model with the sector that would develop clinical pharmacist services in the community. A new model of care has now been developed nationally for pharmacy care; with a phased implementation approach.

The recommendation received the full support of the HB Clinical Council who also asked the Board to give their support.

Complementary Therapies Policy

HB Clinical Council agreed to the policy in 'principle', however much more was required before it could be finalised and endorsed. HB Consumer Council supported the work being done by Dr Phillips in the development of the policy. I requested that this policy come to the Māori Relationship Board next month for their views.

Draft Quality Accounts


HB Clinical Council's feedback was favourable. An improvement from last year was the HB Consumer Council overall feedback. A suggestion for future plans to focus on Transform and Sustain themes aiming for an integrated response around the needs of people was made and supported. It was also supported that the Māori Relationship Board feature in the Accounts as does Clinical and Consumer Councils.

Primary Care Smokefree

HB Clinical Council received a verbal update from Dr Peterson and Dr Rodgers about the amount of work been done to improve the primary result for HB around the number of patients recorded as being smokers who are provided with Smokefree advice. This was at 83.1% compared to the target of 90%. The target would remain for a further 12 months, after which it will be changed to "Infants in Smokefree homes at 6 weeks".

Appointment to HB Health Consumer Council

The Board endorsed the CEO's approval to appoint Samitioata (Sami) McIntosh to fill a current vacancy on Consumer Council, with a term expiring in June 2018.

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	General Manager Māori Health Report
	For the attention of: Māori Relationship Board (MRB)
Document Owner:	Tracee Te Huia, General Manager (GM) Māori Health
Month:	September 2016
Consideration:	For Information

RECOMMENDATION

That MRB

Note the content of this report.

PURPOSE

The purpose of this report is to update the MRB on implementation progress of the Māori Annual Plan objectives for August 2016.

INTRODUCTION

This month's report provides an update on the following matters:

- Restructure of Māori Health Operations Team
- Napier City Citizens Civic Award for Voluntary Service
- Wairoa Health Needs Assessment Report
- Suicide Postvention
- Te Matatini

Restructure of Māori Health Operations Team

As part of the overall MHS restructure, June saw the final decision paper released, and subsequently staff were informed of the model and role changes that were outlined in the change document.

New Staff Appointments

New staff appointments included the redeployment of Pouarahi John White from Ngā Rau Rakau Mental Health Inpatient Unit (MHIPU) to Generic Kaitakawaenga PM shift; Laurie Te Nahu from the Child Adolescent and Family Services (CAFS) to Programme Administration Officer, a new role part of Strategic team with Patrick LeGeyt (Programme Manager) and Mahina-a-rangi Apatu who remained in the Community Mental Health Service, under the title of Kaitakawaenga.

New Staff Employment

The Māori Health Operations Team is pleased to announce the appointment of Robert Walker to the position of Kaitakawaenga Ngā Rau Rakau MHIPU. Robert will be joining our team in mid-September. In addition, Jermaine Bartlett was appointed the Kaitakawaenga. Jermaine has ascended from our casual pool to permanent employment. We were delighted with the number of applicants for all new roles with some processes for appointment still underway.

Napier City Citizens Civic Award for Voluntary Service

Eastern Institute of Technology (EIT) and Māori Health Service (MHS) initiated the nomination of Matiu Eru (Pouahurea Māori Health) for the Napier City Civic award for voluntary services to the Napier community. The nomination was successful and the award will be presented to Matiu on the 5 September 2016 at 5.30pm at the Napier City Council Chamber Civic Building. Matiu will have staff support to receive this well-deserved award.

Wairoa Health Needs Assessment Report

The final Wairoa Health Needs Assessment Report was completed following all feedback on the 31 August 2016. The next step is to hold a public meeting in Wairoa to present the findings. This will be led by Te Pare Meihana (Manager Wairoa Health Centre) supported by Patrick LeGeyt (Programme Manager Māori Health). The findings are being fed into the development of the Wairoa Health and Social Care Network using a co-design approach with whānau and community organisations and leads.

Suicide Postvention

The most recent New Zealand coronial data (2012) shows suicide deaths for Māori males are 25.6 per 100,000 people, compared to 16.3 for non-Māori males. Māori female suicide deaths is 10.5 per 100,000 people compared to non-Māori female of 5.2 suicides. It is important to note that the number of suicides for Māori males decreased from 2011. However, for non-Māori male, Māori female and non-Māori female all the numbers of suicides increased.

As a direct response of Māori male suicide rates the HBDHB have contracted Awa Transmedia to develop a series of video clips promoting wellbeing. The series identify and promotes natural opportunities to connect and engage in positive interventions. Here are the links to download Clip 1 English version and Clip 2 Te Reo Māori (Māori language) version:

Clip 1: <https://drive.google.com/open?id=0B8uzwRHem4RQQVM5clJTcGFORVlk>

Clip 2: <https://drive.google.com/open?id=0B8uzwRHem4RQdGRFblZaTWIwcZg>


In addition the HBDHB have initiated a six month project to investigate the Coroner Carla na Nagaras recommendations made in her inquiry to four youth suicides in Flaxmere. Outcomes including future planning of this project is expected to be completed by December 2016.

Te Matatini 2017

With over 30,000 people expected to Te Matatini over the four day period next year DHB is working with Hastings District Council and Ngāti Kahungunu Iwi Incorporated to assist in the lead up and event period. Areas being planned for at present are public health outbreak precautions, accommodation health and safety precautions and marae certification. DHB is leading the establishment of a health village for the four days and providing health packages for the 48 kapa haka teams entered into the event. The pōwhiri for the event is to be held at McLean Park on the 22 February 2016 at 11.00am so please diary this in. If MRB has views about how DHB should or could respond to this event please highlight these at the meeting.

GENERAL MANAGER MĀORI HEALTH

Tracee Te Huia

	Quality Accounts 2016
	For the attention of: Māori Relationship Board, HB Clinical Council and HB Consumer Council
Document Owner:	Jeanette Rendle, Consumer Engagement Manager
Document Author(s):	Quality Accounts Working Group and Service Directorates
Reviewed by:	Executive Management Team
Month:	September 2016
Consideration:	For final review and endorsement

RECOMMENDATION

That the Māori Relationship Board, Clinical and Consumer Council

1. Provide final feedback and endorsement of the Quality Accounts prior to sign off by the Board at their 28 September meeting
2. Provide feedback and endorsement of the communications plan

INTRODUCTION / PURPOSE

The publication of the annual Quality Accounts was initiated in 2013, following the Health Quality & Safety Commissions (HQSC) guidance publication in July 2012 and the MOH's request that Quality Accounts should be produced annually detailing our performance against both national and local quality and safety indicators. The Quality Accounts are predominantly aimed at our community and therefore the aim is to keep them as short as possible, be visual, easy to read and understand; using photo's, images, stories, quotes, and examples to enhance the results and achievements. The guiding principles are accountability and transparency, meaningful and relevant whole of system outcomes and continuous quality improvement.

A working group was established of representatives from Consumer and Clinical Councils, Māori Health Service and Clinical teams across the sector to write a document publishing positive stories and the impacts on health outcomes of our community.

The first draft has been reviewed by HB Clinical Council, HB Health Consumer Council, Māori Relationship Board, Executive Management Team and Clinical Advisory and Governance Committee Meeting. First round feedback has been incorporated with some remaining data and information to be collated and adjustments to images and layout made.

This is a further opportunity for final review, to see changes based on previous feedback and provide endorsement before going to HBDHB and HHB Boards.

A communications plan has been developed to support the promotion of the Quality Accounts including posters, website presence, social media and print advertising. The posters will be developed to highlight specific quality improvement initiatives and direct consumers to the publication in both hard copy and website formats.

SUMMARY

The most updated draft publication is attached along with the communications plan for final review and endorsement.



10.1

KA ARONUI KI TE KOUNGA FOCUSED ON QUALITY

OUR QUALITY PICTURE 2016

I MŌHIO RĀNEI KOE, IA RĀ ... DID YOU KNOW THAT EVERY DAY...



6

babies will be born



10

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



An orderly can walk on average 15km



16

people will get their free annual diabetes check



22

women will have a mammogram and a further 28 a cervical smear test



35

operations will be completed in theatre



3

children will receive one of their vaccinations



85

people will be admitted to Hawke's Bay Fallen Soldiers' Memorial Hospital



200

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



209

visits will be made by District Nurses and Home Service Nurses

245

children on average will be seen for their free dental health check



260

people will receive meals on wheels



1,334

people will see their local family doctor



4,400

prescriptions will be written



5,680

laboratory tests will be completed



5,915

items of laundry will be delivered to the hospital

Te hauora o te Matau-ā-Māui: Healthy Hawke's Bay

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.



HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RĀRANGATE TIRA PARTNERSHIP
TAUWHIRO CARE

HE KAUANUANU RESPECT
Showing **respect** for each other, our staff, patients and consumers. This means I actively seek to understand what matters to you.

RĀRANGATE TIRA PARTNERSHIP
Working together in **partnership** across the community. This means I will work with you and your whānau on what matters to you.

ĀKINA IMPROVEMENT
Continuous **improvement** in everything we do. This means that I actively seek to improve my service.

TAUWHIRO CARE
Delivering high quality **care** to patients and consumers. This means I show empathy and treat you with care, compassion and dignity.

NGĀ IHIRANGI CONTENTS

- 03 WELCOME TO OUR QUALITY PICTURE
- 04 OUR CLINICAL COUNCIL AND CONSUMER COUNCIL
- 06 WHO ARE WE?
- 07 TACKLING HEALTH INEQUITY
- 09 HELPING PEOPLE STOP SMOKING
- 10 REDUCING INEQUITIES
- 11 INCREASING THE NUMBER OF HEALTHY WEIGHT CHILDREN
- 13 REDUCING OUR DID NOT ATTEND RATES
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NAU MAI KI TĀ TĀTOU WHAKAAHUA KOUNGA WELCOME TO OUR QUALITY PICTURE

We are pleased to share with you our fourth Hawke's Bay Health sector's quality accounts demonstrating our commitment to high quality health care, living our values and sharing with you our successes and future plans. As you will see, we have come a long way and our teams have worked hard to achieve some excellent results in meeting the Ministry's health targets and the Health Quality and Safety Commission's Quality Safety Markers; however, there is still more to do.

Every day people access the health and disability services across our sector and, for some, the experience, the care, and support they receive exceeds their expectations; however in some instances we fall short. As a sector, we believe our consumers should be at the centre of health care and treat them as if they were part of our own family/whānau, so as a sector our commitment is to continually improve the safety and quality of care for all.

In these quality accounts we have focused on some of the improvements currently underway across Hawke's Bay which, we believe, will better meet the needs of our community and give us the opportunity to deliver the best

care possible. At the same time we need to continue to manage the risks of providing health care and reduce incidents of unintentional harm that can occur while receiving care. These accounts show how we are meeting these challenges – showing our successes and where we need to improve and focus in the future. We welcome any feedback, as well as any suggestions for future topics.

What quality means to us?

Ākina, one of our sector values means *that we continuously look for ways in which we can make improvements and learn when things don't go as well as we planned*. Achieving high quality care across the sector means the care is the right care, in the right place, at the right time, every time. We want to help develop our staff to become far more person and whānau centred, really understanding our consumers' goals and needs, working in partnership to improve the health of our communities.



KEVIN ATKINSON

CHAIR
Hawke's Bay
District Health
Board



BAYDEN BARBER

CHAIR
Health Hawke's Bay -
Te oranga Hawke's
Bay



CHRIS McKENNA

CO-CHAIR
Hawke's Bay
Clinical Council



MARK PETERSON

CO-CHAIR
Hawke's Bay
Clinical Council



GRAEME NORTON

CHAIR
Hawke's Bay Health
Consumer Council

TŌ MĀTOU POARI HAUMANU, KIRITAKI HOKI OUR CLINICAL COUNCIL AND CONSUMER COUNCIL

Combined leadership through the Clinical and Consumer Councils in Hawke's Bay

Establishing the Hawke's Bay Clinical Council (2010) and Hawke's Bay Health Consumer Council (2013) has helped us make change across our health sector – hearing the voice of both our clinicians and consumers.

The Clinical Council is made up of a number of health professionals from across our sector, including hospital specialists, family doctors, nurses and allied health (social workers, pharmacists) to provide leadership and oversight around safety and clinical improvements.

The Hawke's Bay Health Consumer Council provides a strong voice for the community and consumers on health service planning and delivery. The Council is tasked with enhancing the consumer experience, making sure our services meet our communities' needs.

A strong sense of teamwork and working together has been established between the councils which means that all service improvements and changes must be reviewed and recommended by both councils before they are discussed and approved by the Hawke's Bay

DHB Board. The key to success to date has been the commitment at board and senior executive levels to support both these councils so that both clinical and consumer voices are able to grow.

As a further advance on working together, the Clinical and Consumer councils held combined monthly meetings in the past year. They worked on deepening their shared understanding of person and whānau centered care and how to advance this way of working across the health sector.

Each of the councils' annual plans has a section they share. Consumers are increasingly routinely invited to "co-design" services with clinicians, managers and other stakeholders. Trusting relationships are being built as a result, and we are getting better at it.

2015 was the year of the consumer with the Partnership Advisory Group for mental health being the supreme award winner at the Hawke's Bay Health Awards in November. Graeme Norton, Chair of Consumer Council also won the leadership award in 2015.

(translation)

WORKING IN PARTNERSHIP FOR QUALITY

Introduction. Profile MRB, EMT, QIPS

Maori Relationship Board

The Māori Relationship Board (MRB) exists to maximise the relationship between the Hawke's Bay District Health Board (HBDHB) and our local iwi - Ngāti Kahungunu Iwi Incorporated. MRB represent and provide a strong voice for the Māori population within the Kahungunu rohe (territory). MRB are aspirational and quality improvement focussed when it comes to identifying and removing health inequities (see page 7) and improving services and outcomes for Māori. MRB members include representatives from Ngāti Kahungunu, HBDHB Board, the Hawke's Bay Community and Ahuriri District Health who provide advice and recommendations that ensure services, policies, strategies and plans are responsive to the needs of Māori in our community.

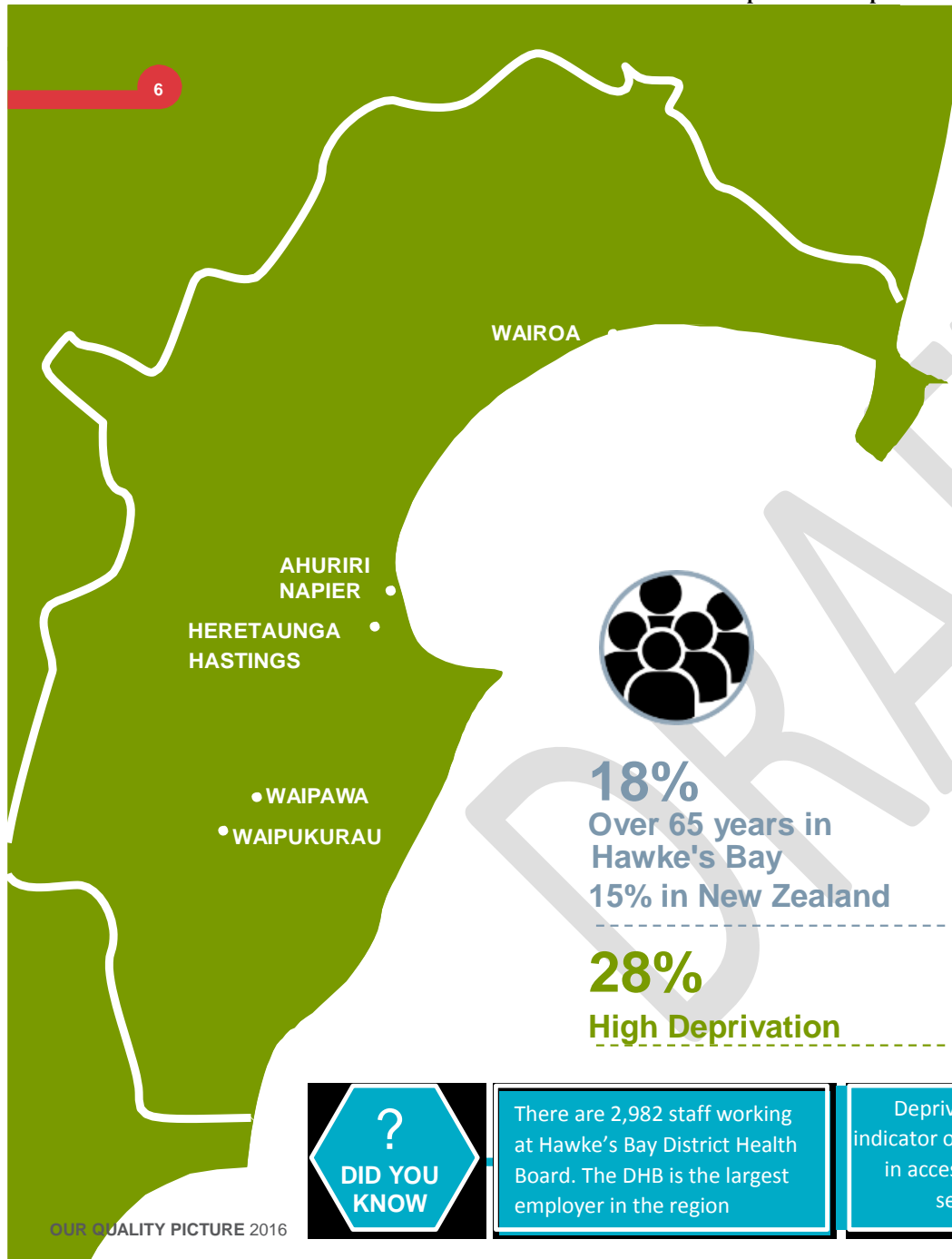
Executive Management Team

Being written

Quality Improvement and Patient Safety Service

Being written





KO WAI MĀTOU? WHO ARE WE?



160,650

Hawke's Bay
population 2015/16

13.5%

Youth in Hawke's Bay
(15 – 24 years of age)



18%

Over 65 years in
Hawke's Bay
15% in New Zealand

25.6%

Māori in Hawke's Bay

4.1%

Asian people in
Hawke's Bay

3.7%

Pacific people in Hawke's
Bay

87%

Urban (city) residents
versus 13% Rural

28%

High Deprivation



There are 2,982 staff working at Hawke's Bay District Health Board. The DHB is the largest employer in the region

Deprivation is an indicator of disadvantage in accessing health services

The median household income in Wairoa is \$42,400 per annum. This is \$21,400 less than the NZ median

The gap in life expectancy for Maori and non Maori is 8.2 years for males and 7.7 for females.

TE WHAKATIKA I TE HAUORA TAURITE KORE

TACKLING HEALTH INEQUITY

Many things in life are unequal but some things shouldn't be. Health inequities are inequalities in health that are avoidable or preventable. Hawke's Bay is a great place to live, but not everyone currently has the same opportunity to be healthy. Some parts of our community have better health than others and we need to make sure everyone enjoys the same level of health and wellbeing.

A recent update of the 2014 Health Equity Report shows that Hawke's Bay is improving in some areas.

Good progress is being made to achieve equity in the following areas:

- ✓ **Difference between Māori and non- Māori avoidable deaths almost gone.** If current trends continue there will be no difference between Māori and non- Māori avoidable death rates by 2017, largely due to disease prevention, effective treatment and/or medical care.
- ✓ **Reduction in hospital admissions for 0-4 year olds** that could have been avoided by prevention programmes and better access to treatment in primary care.
- ✓ **Reduction in teenage pregnancy** largely due to improved access to primary care contraceptive and sexual health services.

Life expectancy (how long we live) is improving but there is still significant inequity. It will take at least 50 years for Māori to have the same life expectancy as non-Māori in Hawke's Bay if current trends continue.

In the coming year, focus will be given to the areas where health equity is unchanged or worsening:

- ✗ **Acute respiratory.** Child admissions are increasing and are associated with poor housing conditions.
- ✗ **High smoking rates for Māori women.** Forty-three percent of Maori women giving birth in the past year were smokers. At the current slow rate of decrease it will take another fifteen years before rates are the same as non-Māori.
- ✗ **Obesity in four year olds** has increased since 2009 with significant variation across communities. Nearly 12% of children living in places like Camberley and Tamatea are obese compared to less than 1% of four year olds in Havelock North Central or Poraiti.
- ✗ **Oral health for five year olds.** There has been no improvement in oral health for five year olds. Māori and Pasifika children and children living in less affluent communities have significantly more dental decay.



TE ĀWHINA TANGATA KI TE AUKATI MOMI PAIPA HELPING PEOPLE TO STOP SMOKING



23%

of all women who had a baby at the Hawke's Bay DHB facility during 2014 and 2015 were current smokers.

Hapū māmā who are māori are five times more likely to be smokers. Encouraging hapū māmā to stop smoking during pregnancy may also help them kick the habit for good and so provide better health benefits for māmā and reduce contact to second-hand smoke by pēpe (baby).

The Increasing Smokefree Pregnancy programme is a collaboration between Kahungunu Choices Health Services, Hawke's Bay DHB Maternity Services and the Smokefree Team to provide support, education and incentives to hapū māmā wanting to stop smoking. Incentives include free nappies at one, four, eight and twelve weeks if they remained smokefree. Those whānau members who smoke and are living with the hapū māmā can also receive incentives at one, four, eight and twelve weeks if they remain smokefree.

RANGATAHI MAKE BETTER CHOICES

Smoking rates among Year 10 students are lower now than 15 years ago but one in four young māori girls of this age remain regular smokers. Over 60% of māori girls 14 – 15 years have used a tobacco product at some stage. Social supply and retail purchase are the main sources of cigarettes and tobacco for young people.

The "Breaking Cycles Challenge" engaged with Alternative Education providers in Hawkes Bay to provide education to youth aged 15-19 years old to lead healthy, active and smoke free lifestyles. The challenge was run over eight weeks with education, health, social, challenges and cessation components all factored in to the programme. The focus was smokefree and youth health, where engagement with providers once a week provided expert cessation advice and support to youth wanting help to stop smoking. In collaboration with Directions Youth Health Centre the aim was to support rangatahi (teenagers) to make better decisions for their health and wellbeing and create healthy lifestyles.





TE WHAKARANEA I NGĀ TAMARIKI TAUMAHA TIKA INCREASING THE NUMBER OF HEALTHY WEIGHT CHILDREN



The best start for healthy weight children is keeping healthy during pregnancy, breastfeeding and healthy eating for our young children. The evidence suggests that this gives each child a good start in life and can protect against obesity throughout adulthood.

The Maternal Nutrition Programme delivers “Healthy First Foods” with Well Child Providers and gives information and practical skills to families/whānau on feeding children from six months of age.

Children under five who develop healthy eating behaviours are likely to maintain these over their lifetime. This is supported by the entire family/whānau role modelling healthy eating and activity.

The Pre School Active Families Programme, developed and funded by the DHB, is delivered by Sport Hawke’s Bay. They work with 45 families annually, providing support in the home and engaging family/whānau in community programmes.

Reducing the amount of sugar children consume not only supports healthy weight, it also improves oral health, concentration and overall wellbeing. “Water Only Schools” are being supported with resources, policy development and activities.

Kura Tuatahi – ki te whakangao i ngā rangatira mo apopo: Investing in tomorrow

Central Health were once again the winners of the Commitment to Reducing Inequalities Award at the Hawke’s Bay Health Awards in 2015. For the third year running their winning entry has a long term goal of seeing a new generation of Māori who are strong, healthy and leading the way for their families/ whānau.

The biggest impact can be made when issues are addressed in children/ tamariki rather than waiting for them to become adults with poor health habits. The Kura Tuatahi – Investing in Tomorrow project aimed to improve nutrition, establish a habit of physical activity, prevent smoking uptake and provide access to nurse-led clinics to deliver early health care, and health promotion.

The project started out focusing on schools with the highest proportion of Māori and was later expanded to include the five kohanga in Central Hawke’s Bay.

Innovations included 10 week touch rugby module for all schools to complete, Kia Tunua – healthy cooking on a budget for children/ tamariki and their families/ whānau, Supermarket Tour Toolkit, Healthy Lunches Toolkit, on-site nurse led clinics, social media resource (Facebook), using advertising budget to become lead sponsor for Iron Māori Tamariki in Hawke’s Bay

There were many success stories including The Terrace School in Waipukurau (70% Maori) which was awarded the NZ Heart Foundation’s Healthy Heart Start Award (Healthy Heart Tick) for their healthy lunches programme. This is an astonishing achievement for a school which, until last year, only offered choices such as pies, sausages, and chips

www.ourhealthhb.nz

TE TIAKI KŌHUKIHUKI URGENT CARE

Emergency Department presentations continue to increase and many of those who do come have coughs, colds or other minor medical conditions that would have been better treated by a nurse, family doctor or an accident and medical centre.

Last year we told you that the Urgent Care Alliance (a group of over 50 health professionals, managers and consumers across our region) was working to challenge and change the way health services are delivered, and to break down barriers like getting an appointment at short notice.

We highlighted several options the Urgent Care Alliance were looking at to improve some of the issues, and these have been further developed by the Alliance in the last twelve months.

- Improved access to emergency dental treatment - As of 1 October 2016 there will be provision for 720 very low cost appointments available for anyone in Hawke's Bay who needs emergency dental treatment. Consumers can be referred by their own family doctor, by the hospital or simply walk in to Te Taiwhenua o Heretaunga during opening hours for treatment.
- Communicating better with our community and helping consumers with more information so they can make better choices about where to go for treatment - This led to the implementation of the "choose well" campaign. The launch of a new health sector wide website (www.ourhealthhb.nz) supports our community with information, advice and alternatives. You may also have noticed "choose well" billboards and banners.

- Transport assistance is currently being reviewed and we expect a number of recommendations to be made in the next year to support this.
- Provision of urgent care services continues to be a priority. We are continuing to look at ways to improve access to health professionals both during and outside of normal working hours.



"I love building relationships with whānau, listening to their stories and knowing I have made a difference"

TE WHAKAHEKE I TE HUNGA KORE TAE MAI REDUCING OUR DID NOT ATTEND RATES

An interpretation of the term rawakore is to be "without resources". Knowledge, transport, health literacy are examples of resources required to gain access to health services. At the DHB, we strive for equity and equal access to healthcare; however, we know there are many among us without these resources to help them on their journey.

To assist our community, the Māori Health Unit employs Kaitakawaenga to ensure that everyone is aware of their appointments, can get to their appointments, and can truly have equal access to healthcare.

Two of our Kaitakawaenga are Wirihihana Raihania-White and Speedy White. Their work involves ringing people when they have appointments, visiting them in person, bringing them to appointments when needed, establishing relationships with whānau and listening to their stories. As they will tell you, "without the relationship, nothing else is possible."

Wirihihana and Speedy take pride in their work every day, although they will say, "this is just what we do" to make a difference to people on their healthcare journey.

Customer focused bookings

The Customer Focused Booking project was initiated in September 2015. The goal of the project is to co-design a customer focused booking system that will result in improved attendance at appointments, full clinic utility, reduced waiting times and improved levels of customer satisfaction.

The project team have made good progress with placing the customer at the heart of the booking process this year and this focus will continue into 2016/17. Some of our progress is as follows:

Consumer information – we call this "demographics". The information we hold on file is not always up to date and this affects consumers being advised of an appointment. We have completed a review of our demographics form and how we collect this information, and we're getting ready to implement changes.

Online booking system – We completed a thorough review of technology solutions to support consumers being able to book and reschedule their own clinic appointments. We have chosen software we feel is the best for our systems, and we'll be rolling out a pilot within the next few months.

Text-to-remind tool – We have worked together with consumers to find out how we best use our text reminder system to meet consumer needs (see page 14). A set of recommendations are now being implemented to make this service more effective and more valuable to our consumers.

Clinic scheduling – Work to date to support our clinics running efficiently has included a review of clinic capacity and how clinics are scheduled. We continue to look at how our outpatient clinics run and changes we can make to make them even better.

Did not attend rates – There is still inequality for Maori when it comes to not being able to attend appointments. The project group will continue to monitor the data and identify issues to support system changes to promote equity and access to healthcare.

“Mum has dementia, and it is a challenge for her to manage her own appointments. Could you please send the reminder to me as her caregiver as well?”

HE WHEAKO KIRITAKI CONSUMER EXPERIENCE

Measuring what matters most to our consumers and how you experience our services is essential in improving the way we do things.

National Inpatient Experience Survey

Feedback about the care provided in our Hospital is a good indicator of how well services are working for patients and family/whānau. As with other District Health Boards, we send a survey every three months to a selection of adults who spent at least one night in our hospital, inviting them to participate in the survey.

330 people responded to our surveys over the last 12 months (July 2015 to June 2016) and scored us positively across the following four domains: communication, coordination, needs and partnership (see page 15).

In addition to the scores, our reporting captures lots of comments and feedback that we share with our services. This feedback has highlighted those areas we can improve (pain management, privacy and discharge planning).

Real time surveys

If you have visited Nga Rau Rakau, Napier & Hastings Community Mental Health, Te Harakeke Child and Family Service (CAFS), and the Home Based Treatment Team recently you may have noticed iPads placed in reception areas and staff encouraging users of the service and their family/whānau to take up to three minutes of their time to

“tell us what you think” in an online survey. This feedback is anonymous and captures your thoughts. We are encouraging consumers to complete the survey after each appointment or interaction as we know experiences can be different each time.

178 surveys were completed between March and July 2016 with the average rating 4.01 out of 5. We received the highest rating to the question “I would recommend this service to friends and family if they needed similar care or treatment”.

Workshops

In July 2016 consumers from Wairoa to Waipukurau attended a workshop reviewing the “text to remind” tool - the method used to remind outpatients of their scheduled appointments. This workshop was useful in finding out how we can best use the tool to meet consumer needs, improve the consumer experience and increase attendance of appointments.

The ultimate aims are to ensure equitable health services for all and best use of our resources.



"Whenever I was talking with staff they showed great empathy, displayed a calming sense of humour (yet) ... they were professional and competent".

Results from the 2015/16 National Patient Experience Survey

Our scores have improved on last year across all four areas and in some cases are higher than the New Zealand average.



Image of consumer engaging with health professional

10.1

We still have room for improvement. The survey did identify areas of concern, such as discharge planning, which we will focus on improving in the coming year.

"I wasn't given info on medications prior to discharge. I felt confused about when to take them when I got home".



HAUORA TAUPORI POPULATION HEALTH

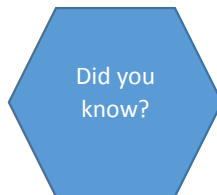
We work with people and communities to prevent disease, have a safe environment and support people to be healthy and well. Population health covers areas such as reducing harm from alcohol, drugs, tobacco and hazardous substances, water safety and sanitation, promoting physical activity and healthy eating, healthy housing, sexual health, preventing disease through on-time immunisation, managing notified communicable diseases, and cancer screening.



- Eight drinking water suppliers signed up to the Drinking Water Assistance Programme and 96 suppliers were assisted with developing water safety plans and risk management plans
- 228 homes were insulated through DHB healthy housing programmes in the last three years
- Plans developed to increase the activity and wellness of infants and children – Hawke's Bay Healthy Weight Strategy and Best Start: Healthy Eating and Activity



- Support workplaces to have healthy workplace policies
- Support schools to have policies on drinks with no sugar
- Develop a position statement on alcohol harms and outline actions to address them
- Improve the information on pamphlets given to the public on communicable disease
- Continue to address housing issues and poor insulation

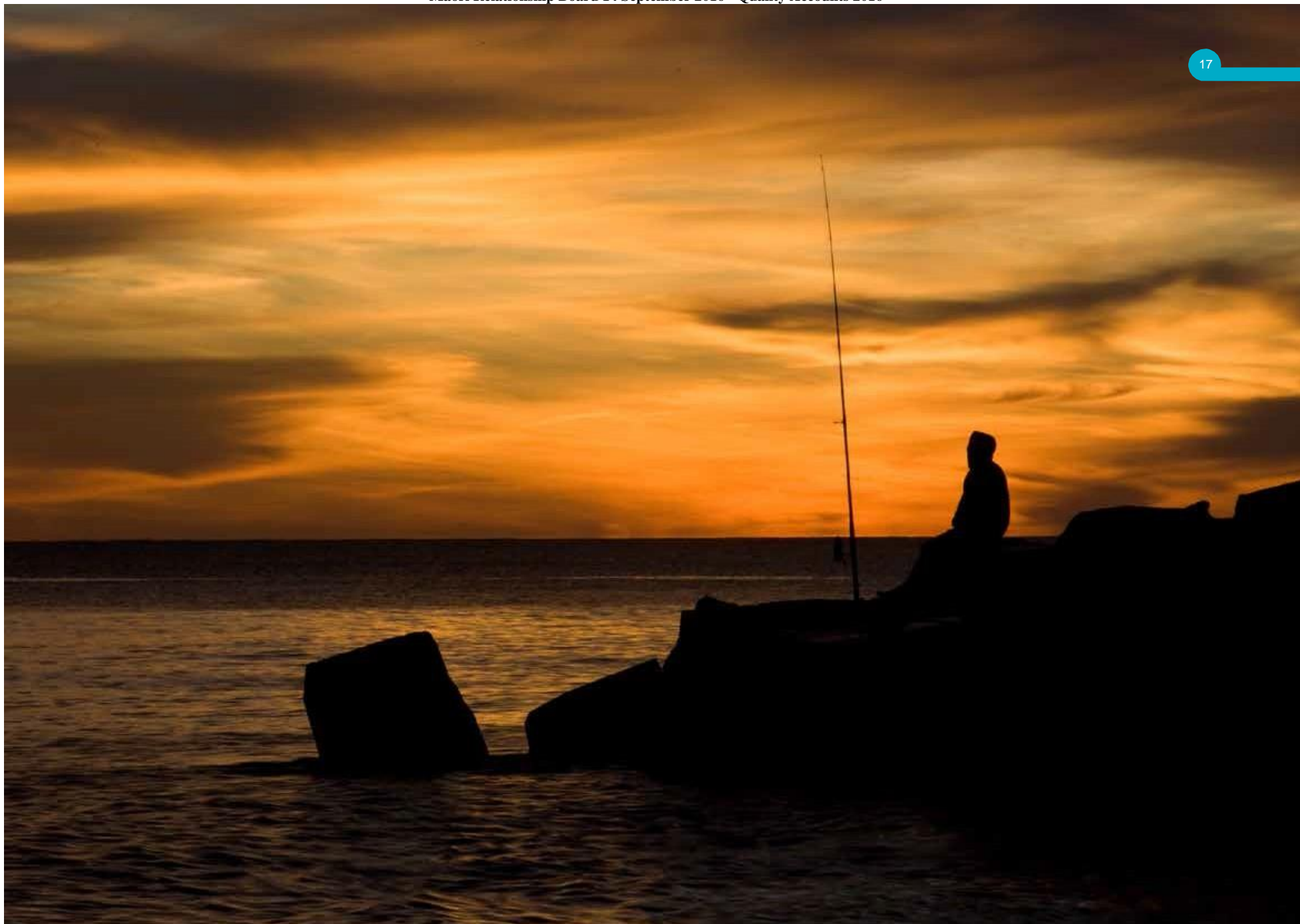


568
communicable
disease cases
notified

619
liquor licence
applications
received

186
tobacco retailers
had compliance/
education visits

123
women supported to
breast & cervical
screening services



TE TIAKI HAUORA MATUA PRIMARY HEALTH CARE

Primary health care is the first place you go to for health services; often this is your general practice or health centre. The doctors, nurses and pharmacists working in our community provide a range of health services aimed to keep you well, from health promotion and screening to diagnosis and treatment of medical conditions.



- More people have been supported to stay at home to look after their respiratory condition (breathing). This is because general practice and hospital services have worked together to support people earlier with better understanding, tools and access.
- 2,197 four year old children have received health checks before they start school. We have exceeded the target of 90% set by the Ministry of Health.
- 344 whānau (1440 individuals) were enrolled in our first Whānau Wellness Resource Programme which is a 12 month step-up programme including support to access general practice, medicines, tests and education.
- Whāriki/Stanford, a self-management programme has supported the development of Māori community champions and 81% of whānau using the programme have completed it (see page 21)



- A review of systems that support patient safety continues within general practice
- Identify how primary and secondary care will work together to support better patient outcomes (system-level measures)
- Patient experience survey for primary care being developed by the Health Quality and Safety Commission is set to come to Hawke's Bay
- Improving Health Literacy - a new online training programme has been developed to support the people who work in general practice to understand more about the people that come to see them, their understanding of the health system and their health needs.

Did you
know?

67 Cardiovascular Disease risk assessments
were completed daily in general practice
(these forecast your risk of a Heart Attack or
Stroke within the next 5 years)

710,857 (2% increase on last year)
nurse and doctor consultations in
general practice

17 daily diabetic
annual reviews were
held in general
practice

"Manage my Health allows me to access my general practice 24/7. I can use my tablet any time to book appointments or request repeat prescriptions, which is essential when my asthma medications run out. I can read the doctors notes from my consultation and email her if I need clarification. And there is no more waiting for ages for the receptionist to answer the phone".

Respiratory Programme

Managing your breathing issue is now easier because we have joined together general practice and hospital services to provide better service for patients with respiratory issues and concerns. This is called the Respiratory Programme. The solution has been to increase access to your doctor or nurse, for early diagnosis and to provide education enabling self-management and improved quality of life. Nurses have received education sessions to increase their skills for providing extended services for patients with respiratory conditions.

- More people (300% increase) are now using the Pulmonary Rehabilitation service.
- More people (225% increase) have been provided a spirometry (lung function) test at their health centre.
- The number of days people have not needed to be in hospital because of their breathing problems has been reduced by 740 days compared to last year.
- More people saw their doctor for breathing issues and were treated by their doctor reducing the need to see a specialist at the hospital; this reduced referrals from 658 in 2012 to 28 referrals in 2015.

"I feel I know better how to take care of the little lung capacity I have left... the programme has given me another ten years of productivity".

Supporting you to keep well

Consumer Portal

Did you know that you can access your own medical records and make your own appointments? Ask your practice about Manage My Health or Health 365. Currently ten practices in Hawke's Bay have access to this technology, and by the end of the year most general practices will have access to this technology.



10.1

Improving self-management of health issues in our community

Self-management has become a popular term for changing how people manage their own health. This is especially true for those with long term conditions, such as heart disease and diabetes. Health Hawke's Bay has developed a team of Master Trainers and Stanford / Whāriki Facilitators to provide group education sessions to people in their communities which aim to improve people's skills and confidence in managing their own health problems.

Support includes helping people understand their condition, developing the skills to empower good decision making, establishing goal setting and problem solving approaches. The programme supports patients being leaders in their own health and well-being, in close partnership with their medical practitioner. The Whāriki Stanford programme has been in place now for 12 months. During that time, 435 people have participated with 81% completion rate for Maori using the programme.

We have a targeted focus to support individuals and whānau to navigate the complex range of health services rolling out this coming year

Whāriki translates to "the woven mat". It is considered a special skill to be able to weave, taking time and concentration to complete. It allows contemplation and, once complete, is a great achievement.

TE TĀRŪRŪ ME TE MAHI WHAKAORA ACUTE AND MEDICAL

We are responsible for providing safe and effective care across a number of services including:

Emergency Department, Intensive Care Unit, Radiology, Renal Services, Cancer Services, General Medicine, Cardiology, Respiratory and Palliative Care.



- Continuing to reduce average length of stay for medical patients
- Refurbishment of the Emergency Department (ED) front of house
- Dedicated team adding additional support to Patients at risk of deterioration within the hospital 24/7
- Medical Day Unit now well established and providing 6 beds for those admitted to the hospital for minor investigations and procedures



- Continue to focus on flow of acute patients through the hospital
- In preparation for the National Bowel screening programme and to meet current needs in our community, plans are underway to commence building a standalone gastroenterology and endoscopy suite in early 2017
- With the appointment of a Clinical Nurse Specialist, Trauma and national data collection, we will review and optimise our trauma (serious injury) care
- Continue to focus on the right numbers of staff with the right skills at the right place at the right time.



We provide a
24 hour
acute service
7 days per week

45,269
People presented to the
emergency department

We have
97
acute adult
medical beds

13,342 people with
injuries presented to
ED. 2,190 were
admitted, 79 with
severe trauma

The most
common cause of
severe trauma is
motor vehicle
accidents

24/7 Stroke thrombolysis

In June 2016, the stroke team began providing 24/7 stroke thrombolysis (a treatment to dissolve the dangerous clots in blood vessels, improve blood flow and prevent damage to tissues and organs) to clinically eligible patients presenting to the Emergency Department with acute stroke.

Our Hawke's Bay stroke team are working closely with our Wellington counterparts, and video conferencing is being used to provide stroke expertise for patients presenting outside of working hours. This technology allows us to be in a position to offer therapy aimed at improving outcomes for clinically eligible stroke patients whenever they need it.

Emergency Department (ED) front of house

Last year we had lots of feedback from the community about how we could improve the ED waiting room. The front of house redesign project is finished, and the improvements are sure to help both staff and patients.

A new wall and electric doors now define ED as its own space, rather than a general thoroughfare into the hospital. This provides a clear process from the front door for patients/visitors and family/whānau. Increased clinical space (a new triage booth and five assessment/intervention bays) will optimise patient privacy, and commencement of interventions therefore supporting patient flow. The clear view that staff now have of patients in the waiting room will also support staff and patient safety.

Integrated Operations Centre (IOC)

The Integrated Operations Centre was opened in March 2016. The main purpose of the IOC is to provide a central hub where the hospital activity is visible and patient flow across the hospital is coordinated. The IOC has become an integral part of the daily management of acute patient flow, which assists us to:

- Provide visibility of real time hospital wide activity
- Predict demand and, therefore, better manage capacity
- Alert us to areas at risk
- Manage patient flow from ED to discharge
- Support us to provide best use of our staff capacity to meet the demand

A key part of the IOC room is the three large screens, which gives us visibility of real time activity and prediction data. These screens show us at a glance what is happening and where any trouble spots are; we can then better support staff to provide high quality care and manage demand through the hospital.

Photo of IOC

"The Doctor chatted to me the day after surgery so I wasn't still foggy... and took time to answer all my questions. The Anaesthetist was calming and talked through his role and made me feel calm. The nurse kept me updated with the discharge process"

TE POKA TINANA SURGICAL



We are responsible for providing surgical procedures for our consumers, whether they be elective (planned) or acute (not planned or accident) in our seven theatres, carrying out day case surgeries and caring for consumers after they have undergone surgery.



- We exceeded the national elective health target and completed 7,469 surgeries. This was 360 more surgeries than planned.
- Of these we completed 401 hip/knee joint replacements. This was 97 more than last year
- We've prioritised cancer treatment surgery, and conducted xxx of breast cancer operations.
- Stat about average length of stay after hip/knee op – improvement on last year?
- Appointment of a Vascular Surgeon meaning consumers don't need to be sent out of the region for vascular surgery



- Continue to improve the numbers of our community receiving surgery
- Updating our theatre facilities to meet the needs of the Hawke's Bay community
- Working with the Ministry of Health to gain funding to support musculoskeletal services focusing on reducing health inequities
- National Patient flow?
- Reduce the wait time for acute surgery by increasing our theatre opening times across the week.



198 people are seen in the fracture clinic (Villa 1) weekly

We do around 35 surgeries each day in our 7 Theatres and endoscopy suite

1,2670 patients are admitted to our 3 surgical wards yearly

Around 95 people are seen daily at surgical outpatient clinics

819 gynaecology operations completed this year (62 more than last year)

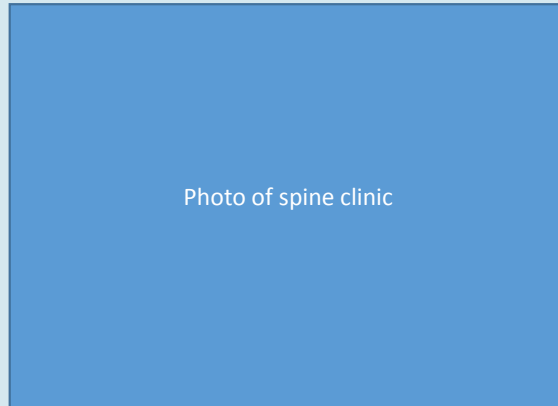


Photo of spine clinic

Spine Clinic

Not all people experiencing back pain require surgery. We now have advanced practitioner physiotherapists running a spine clinic providing assessment, diagnosis and physiotherapy treatment. This commenced in Hastings in February 2016 and in Napier in August 2016. These clinics were introduced to provide quicker service to our patients, and release orthopaedics surgeons to focus on surgery.

The clinics have been successful to date with 90% of patients being referred to the spine clinic not needing orthopaedic surgeon follow up.

"The day before the procedure I had to come in for the pre-op meeting... I had to see 4 different people who all asked the same questions"

Improving pre-surgery visits

In February 2016 we commenced the re-design of our pre-admissions process. These are the visits you have with us prior to your surgery to ensure you are safe and ready for surgery.

Our previous system of two different processes and multiple visits was creating confusion and frustration for staff and consumers. Consumers were experiencing significant delays and feeling like they were "double handled" with the same or similar information requested and recorded by different staff members.

We want a consumer centric, safe, efficient, consistent and streamlined process. Ultimately we will have you visit us prior to your surgery only if required, and then only once. In many cases you will only need to be seen by a specialist trained pre-admissions registered nurse. At times, the nurses are able to complete a telephone assessment so that you don't need to come in for a pre-admissions appointment.

So far we have concentrated on improving pre-surgery visits for our healthiest (low risk) patients and have commenced nurse led clinics for orthopaedic, gynaecology, ophthalmology and ear, nose and throat (ENT) specialties. Our next focus will be general surgery and neurology.

"The Spine clinic has provided me with a service that has been focused on rehabilitation catered to my specific needs. Before I began attending the clinic, I had been struggling with menial chores and pain management for around 5 months with no improvement. The clinic has helped me get back into everyday life with a degree of normality by achieving specific milestones. Being able to put my socks on in the morning is just one of those milestones achieved since attending the spine clinic."

HE WĀHINE, HE TAMARIKI, HE TAIOHI HOKI WOMEN, CHILDREN AND YOUTH

Women, Children and Youth services provide services from early pregnancy through to family/whānau with children under the age of 15 in Napier, Hastings, Central Hawke's Bay and Wairoa. We support women, children and family/whānau through all aspects of their children's health journey from birth to teenagers providing acute and long term conditions assessment and care inclusive of audiology, and ongoing child development services. There is a particular focus on our most disadvantaged with a strong partnership with our violence intervention programmes.

Teenagers living with diabetes

Last year we noticed that many of our teenagers were having a tough time following their diabetic plan. It was hard for them to follow medical treatment which ultimately impacted on their diabetes and led to many coming in to ICU and children's ward with serious health issues related to their diabetes. We submitted a bid, which was approved, for funding to employ a children's outpatient social worker who could work closely with these rangatahi. The results so far have been really positive. Relationships have been built, education and understanding has improved. Important appointments are being attended more consistently now, and engagement with the diabetes team has lifted. Since January 2016 we have engaged with eight high risk teenagers and their family/whānau, the majority of whom are now participating in their diabetic plan and are starting to be more positive about their future with diabetes.



- \$2.8m "Waioha" primary birthing centre completed
- Established Maternity Consumer Forums led by consumer members
- Funding to support implementation of the Fetal Alcohol Spectrum Disorder (FASD) programme secured
- Audiology (hearing clinic) waitlist reduced from 2 years to 8 weeks
- Maternity Wellbeing Child Protection coordinator appointed



- Improving consumer engagement to help design and monitor services
- Review of patient management and access to non-acute (non-urgent) services
- Engaging with our youth to look at ways to improve their health
- Improving Family Violence Intervention screening rates (see page 25)
- Increasing the number of births without intervention
- Continuing to improve the coordination of care for women and children with complex needs
- Continuing to collaborate with children and youth agencies and providers



Family Violence, Child Abuse & Neglect, Elder Abuse & Neglect
Training was delivered to 298 staff in 2015

Around 14% of babies born in Hawke's Bay require admission to the Special Care Baby Unit (SCBU)

On average we have 16 children daily in our Paediatric - Children's Ward

We gave out 626 Pepi-Pods this year

Child Development Service managed 1,500 new referrals this year

"We were cared for with respect and we went home happy with our new little bundle of joy....thank you" 25

Family Violence Routine Screening

Family violence is a serious issue in Hawke's Bay. The New Zealand Police attend a family violence callout every six minutes, and on average across the country there are ten family violence incidents per 10,000 people. In Hawke's Bay we have 52 incidents per 10,000 people. That is over five times the national average!

Violence and abuse in families has damaging physical and mental health effects. The impact of witnessing violence can be devastating for children. Hawke's Bay children are exposed to more violence than any others in the country. We know that being a victim of abuse or witnessing abuse is linked to poor health outcomes such as obesity, diabetes, heart disease and depression.

Health care providers across the health sector come into contact with the majority of the population regularly and are therefore in an ideal position to assist people experiencing violence and abuse.

An example of this would be the Visiting Neurodevelopmental Therapists working in the Child Development team. They are well placed to incorporate routine family violence screening questions into their everyday practice. They find that women are appreciative of being asked, and it often enhances their relationship. Recently, during a consultation for a minor developmental need with her child, one mum disclosed extensive family violence in response to the routine questioning and is now working with agencies to support her and her children to move away from that situation. This will have a positive impact.

"Mum has a plan in place, has talked to family and friends and is considering moving out..."



Hawke's Bay Maternity

Hawke's Bay Maternity services work across the sector providing midwifery/maternity care. There are 36 lead maternity carer (LMC) midwives offering care to 2000 women in our region every year. The DHB midwifery and medical staff support and provide care in partnership with woman, family/whānau, LMC midwives and general practice.

Our particular focus over the last year has been building our new \$2.8 million primary birthing centre – Waioha - in Hastings and ensuring our culture supports the best place of birth for women/wāhine to achieve the healthiest, safest outcome for themselves and their newborn baby/pēpi.

We continue to focus on involving and engaging with our consumers and encourage those who use our services to have their say. We ask women to complete the Maternity consumer survey monkey "Have Your Say" to capture real time feedback and our maternity community facebook page continues to grow with over 1000 followers. This feedback in all its forms helps us to shape and change how we deliver services to better meet the needs of our community.

Our Napier Maternity resource centre has grown in strength with over 280 women dropping in for pregnancy testing and early booking with a midwife.

"The feedback and uptake from our staff has been nothing but positive and likely to continue to grow so we are very happy how the process is going thus far. Through this relationship we can provide our patients with a level of support and follow up care that is unprecedented both in Hawkes Bay and provincial New Zealand." - St John's Ambulance Service Acting Territory Manager.

TE ORANGA PĀKEKE OLDER PERSONS HEALTH

We are responsible for providing a range of services to older people in Hawke's Bay. In the last year the engAGE service has been developed to better support frail older people who live at home to remain independent. This service has three main parts:

- engAGE team meetings are held at general practices across Hawkes Bay. These meetings allow health professionals from across the hospital and community to work more closely together and learn from each other. Team members visit older people at home and work with them to make a plan to achieve their well-being goals.
- engAGE ORBIT team works at the Emergency Department to support older people to return to their home rather than having to stay in hospital. This team is now working longer days, 7 days a week. ORBIT also take referrals from St John's Ambulance and see people in their homes to complete assessments, provide equipment and co-ordinate services for older people who need a rapid response (after a fall for instance).
- engAGE Intermediate Care Beds are beds at residential care facilities in the community where older people can stay for a short period. This service can be used by people who are unwell and cannot manage at home but do not need to be in hospital OR by people who have been in hospital and are well again but not independent enough to go home. The engAGE team works with these people to develop a plan together to get them home and back to independence.



- Since November, over 400 people have received input from the engAGE Community Multi-disciplinary team.
- Since November, ORBIT's move to longer hours 7 days a week has enabled them to see over 800 extra consumers.
- Since June, ORBIT have received 27 referrals from St John's paramedics. These 27 people have either been seen at home or given advice over the phone.
- Since March, 55 people have spent over 800 bed days in Intermediate Care Beds. Approximately two thirds of these people have returned to their own home.



- engAGE service to be developed in Wairoa and Central Hawke's Bay
- engAGE ORBIT team working with Accident and Medical facilities
- Evaluating the impact of the new engAGE service



There are
28,725
People older than
65 in Hawke's Bay

Of these, 3,360 are
older than 85 years
of age (a growth of
9% since 2013)

2,028 people over
the age of 65 live in
aged residential
care

We provide subsidised
care for
1,135 over 65 year olds
in rest homes on
average per month

"Being at home is just huge to Mum, as it is to us"

engAGE

Age Well

Jessie is an 84 year old woman who lives at home alone with a supportive family.

She had three admissions to hospital in the space of a month with recurrent diarrhoea which is hard to get rid of and difficult to treat. During each hospital admission it would resolve with antibiotics but would recur when Jessie returned home.

Jessie was losing weight, becoming weak and losing confidence to be able to manage at home. Her family were extremely worried and suggested that she should move into a rest home.

Jessie was referred to engAGE for help with discharge planning and follow-up. She spent 3 weeks in an Intermediate Care Bed (ICB) located in the community with regular input from Physiotherapy and monitoring of her weight and food intake. A family meeting took place before discharge.

Jessie went home with support from engAGE and a plan in place for re-admission to an Intermediate Care Bed if she required it. Jessie has remained well and at home with no further hospital admissions.

"I'd much rather be here and have this situation in place thanks to Dr Lucy" - Jessie.

"The change in her from her last hospital release is just incredible. At home she's just Mum" - Jessie's daughter.

27



10.1

TE ORANGA HINENGARO MENTAL HEALTH

We are responsible for delivering mental health services to people with moderate to severe mental health illness. We have community teams situated in Wairoa, Napier, Hastings and Waipukurau and a residential addiction service in Napier.



- Completion of a \$22 million new building - Ngā Rau Rākau Mental Health Inpatient Unit
- Length of inpatient stay has decreased since the opening of the new inpatient unit resulting in more effective care for patients
- Ongoing implementation of a new model of care for the way services are delivered. We have established home based treatment, community resilience programmes and intensive day programmes which have decreased inpatient hospitalisations.
- Wait time for first appointment at Te Harekeke /Child and Family Service has reduced. In December 2015, 59% of people were seen within 3 weeks. In July 100% of people were seen within 3 weeks of referral



- Continuing to develop and implement new services to support our consumers
- Strengthening the Community Mental Health Teams to manage and reduce the number of consumers needing acute treatment
- Recruit further staff to support our Mental Health Crisis Teams
- Continue to reduce the time children and their families wait for their first appointment with Te Harakeke/Child and Family Service



**X appointments with
Child, Adolescent
and Family Service
(CAFS) per day**

**We have an inter-
professional crisis
team who are available
all day, every day**

**We provide Maternal Mental
Health specialist services for
pregnant women who experience
moderate to severe mental health
issues**

**15 beds in
Springhill
Treatment
Centre**

“Big thumbs up to the newly formed Home Based Support team. I was able to experience their professional, caring and empathetic support ... when my daughter had a blip in her mental health. The support received... was exceptional (with three visits) over the weekend and each visit left (her) feeling more empowered and confident... 10/10 to the DHB for this service”.

Opening of Nga Rau Rakau

On February 23, 2016, we celebrated the milestone achievement of officially opening the new mental health inpatient unit, Ngā Rau Rākau. Minister of Health, Jonathan Coleman, and Partnership Advisory Group Chair, Deborah Grace, officiated with cutting the ribbon.

The name of the new unit, Ngā Rau Rākau, means a collection of trees. By standing together, as part of the forest, Ngā Rau Rākau, the trees are protected, they are sheltered, they grow healthier, they grow stronger, they are supported and safe. And that's what developing our mental health services has been all about - growing the service, listening and transforming mental health services for Hawke's Bay people.



Home Based Treatment intervention prevents admission

Waekura Home Based Treatment prevents inpatient admissions and makes a positive difference in the life of consumers and their family/whānau.

A powerful case study: A young adult presented to the Emergency Department. The impression gained from the notes was that the consumer was recommended to be admitted to the inpatient unit.

The mental health assessment indicated moderate risk and the Home Based Team (HBT) thought this was a situation that could be managed effectively in the home setting.

The consumer was not keen on being admitted to the inpatient unit but needed support to cope with the impact of an upcoming significant event. Staff used multiple strengths-based, evidence-based counselling approaches which gave the family and consumer confidence to deal with the situation.

The consumer engaged well with HBT, stayed at home, was monitored at a relative's house, was visited daily by whānau, and received regular HBT clinician interventions.

The consumer also re-engaged with friends, built confidence, became much more resilient, and developed more positive thinking.

TE TUAWHENUA, Ā-WAHA, TE HAPORI HOKI RURAL, ORAL AND COMMUNITY

The Rural, Oral and Community Directorate (ROC) has services located in Wairoa, Central Hawke's Bay, Napier and Hastings. Most of our services support people staying well in their community with a focus on integration and collaboration of services with primary care, Māori providers and other providers. ROC services provide a diverse range of care including: community nursing, pulmonary long term management, continence services, ostomy. Napier Health,

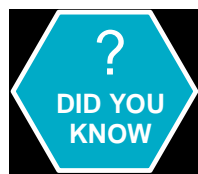
outpatients, public health nursing, integrated sexual health services, Health Care Centre – Wairoa (HCC) – a general practice, Central Hawke's Bay Health Centre, diabetes service, endocrinology, hospital dental and community dental service (school dental service).



- Community Nurses working alongside general practices in both Napier and Hastings.
- Increase in pulmonary long term conditions group sessions for patients with breathing issues. 10 groups increased to 22 and are more accessible in the community. For the first time, the programme was implemented in Wairoa.
- Networking with health providers in the community is progressing in Central Hawke's Bay and Wairoa



- Implementing the District Nurses more closely with General Practice into Wairoa and Central Hawke's Bay.
- Involving other health providers in improving access for Māori children and whānau to dental care.
- More healthy warm homes
- Reducing hospital admissions for children.



7,763 patients
enrolled in a general
practice in Wairoa

From January (when the
programme began) to June
1,163 people attended
pulmonary long term
management sessions

28,024
children enrolled
with community
dental

2,950
Clinic appointments
were held in Napier
Health

Development of the Pulmonary Long Term Management Service

During 2014/2105 the Pulmonary Rehabilitation Service experienced a large increase in referrals to attend the Pulmonary Rehabilitation courses which at the time were offered four times a year in Napier, Hastings and twice yearly in Central Hawke's Bay. The increase in referrals was due to improved access to spirometer (lung function) services in the primary care setting.

The Pulmonary Rehabilitation Specialty Clinical Nurse identified the service could not accommodate this level of referrals and a business case was developed to alter the service model and allow for increased service provision throughout Hawke's Bay.

This resulted in the development of the Pulmonary Long Term Management Service and implementation of a new model which commenced in January 2016. This has doubled the availability of Pulmonary Rehabilitation courses in the community, and allowed the service to be offered in Wairoa as well as Central Hawke's Bay.

The programme outcomes for this patient group have demonstrated reduced presentations to the emergency department, reduced hospitalisations, improved quality of life and fitness. Patients and families have an increased understanding of their condition and improved confidence with self-management.

E Tu Wairoa – Violence Free Whānau

In 2015 Wairoa leaders decided to establish an intersectoral network with the purpose of creating a tikanga based approach to eliminating violence in our homes and community.

The network is chaired by the Wairoa Health Centre manager and to date have launched the E Tu Whānau charter with a commitment from many community members and leaders including Wairoa Mayor, Craig Little.

A programme of action has been developed and recruitment of a network coordinator is underway. The network has also secured funding to develop and deliver tikanga based programmes to address family violence.

This is an exciting collaboration of providers and community members who believe in a common goal and have worked across structures and barriers to establish a family violence intervention model that is locally grown and delivered.



NGĀ WHĀINGA HAUORA Ā-MOTU NATIONAL HEALTH TARGETS

Our results



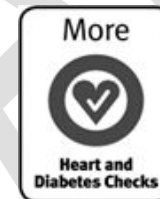
✓ 105%
7,469 surgeries were delivered. That is 360 more than the plan



✗ 63% of people referred with a high suspicion of cancer received their first treatment within 62 days



✓ 95% of eight-month olds had their immunisations on time.



✓ 88% of the eligible population had their Cardiovascular Disease risk assessed in the last five years.



✗ 93% of people spent less than six hours in the Emergency Department.



✓ 99% of hospitalised smokers were offered advice to quit.
✗ 81% of those consumers who are smokers and have a family doctor were offered advice to quit.

NGĀ WHĀINGA HAUORA Ā-MOTU – HE TIROHANGA NATIONAL HEALTH TARGETS - AT A GLANCE

HEALTH TARGET	TARGET	OUR RESULT	TREND (since last year)	COMMENT
Shorter stays in Emergency Department	95%	Not Achieved	↓	TBC
Improved access to elective surgery	100%	Exceeded (105%)	↑	This year we have continued to focus on 'Operation Productivity' and increasing Hip and Knee surgeries (pg22) to increase the number of people receiving surgery.
Faster Cancer Treatment	85%	Not achieved (63%)	N/A	The Faster Cancer Treatment team are working with improved processes to identify patients on the cancer pathway and we expect to see improvement in the coming year.
Increased Immunisation	95%	Achieved	-	Hawkes' Bay DHB remains one of the top performers in this Health Target. All immunization service providers are working well together.
Better help for smokers to quit (Hospitals)	95%	Exceeded	-	Hawke's Bay DHB has achieved this target for the last three years.
Better help for smokers to quit (Primary Care)	90%	Not achieved (81%)	↓	General Practice continues to have a strong focus on helping smokers to quit including "Stoptober" campaign in October, practice resources and recruitment of a community smokefree community systems coordinator
More heart and diabetes checks	90%	Not achieved (88%)	↓	We have maintained our performance in this area and continue to focus on priority groups who are most at risk of heart disease and diabetes.

KEY:

- ↑ Improved our performance against the health target.
- ↓ Our performance against the health target has declined
- Our performance against the health target has stayed the same.



Photo courtesy of HB Today

HE AITUĀ TAUMAHA

SERIOUS ADVERSE EVENTS

In hospital

A serious adverse event is an event which has led to significant additional treatment, is life-threatening or has led to an unexpected death or major loss of function.

These events are uncommon; however with 38,715 hospital admissions in 2015/2016, we continue to focus on improving the quality and safety of the care that we provide to all our consumers so that we can prevent these events in the future.

In 2015/2016 Hawke's Bay DHB had 13 serious adverse events which is an increase by two from last year.

When a serious adverse event occurs, we review our processes to try to determine the major cause, or causes that led to the event. When these causes are known, interventions are recommended to try to prevent the recurrence of the same or similar adverse event in the future. The aim is to enhance patient safety by learning from adverse events when they occur.

Did you know?

- Incidents indicate where we need improvement
- The more we report the better we will get through learning and improving
- We reported 4,168 incidents last year
- 13 of these were classified as serious adverse events
- Serious Adverse Event reviews focus on what happened? Why did it happen? What can be done to prevent it happening again?

Serious events 2015/2016



Clinical Processes



Clinical Administration



Medication/ IV Fluid Error



Falls

Our focus 2016-2017

- Distribute key patient safety learnings across the sector
- Develop an education programme to train reviewers of serious adverse events
- Work with PHO, GPs and aged care facilities to establish a reporting and learning programme/culture
- Upgrade our electronic risk management system

The Health Quality and Safety Commission releases an annual report titled 'Making our health and disability services safer', which is due to be released later this year. In this report we will provide more detail surrounding these events.

NGĀ MEA MATUA O TE HAUMARU TŪRORO Ā-MOTU NATIONAL PATIENT SAFETY PRIORITIES

In hospital

The Health Quality & Safety Commission is driving improvement in the safety and quality of New Zealand's health care through the national patient safety campaign 'Open for Better Care'. All of New Zealand's District Health Boards need to report on how well they are doing against key targets. These targets are about making sure consumers are not harmed from a fall when in our care, that we reduce the number of infections and that we make sure that when consumers have surgery that they receive the necessary medicines, and that we work as part of a team.

This is how we are doing (results for Jan-Apr 2016 unless otherwise specified):



Falls prevention 1: older consumers assessed for risk. Target 90%



Falls prevention 2: percentage of older patients assessed as at risk of falling who receive an individualized care plan addressing these risks. Target 90%



Hand hygiene: percentage of health professionals who clean their hands before and after having contact with a patient. Target 70%



Surgical site infection targets

(Oct-Dec 2015):

Antibiotic administered in the hour before surgery. Target 100% (Achieved 100% in the three quarters prior)



Right antibiotic in the right dose. Target 95%



Appropriate skin antisepsis in surgery. Target 100%

Preventing harm from medicines in hospital

In the hospital we commonly use a group of pain killer medicines called 'opioids' (e.g. 'morphine', 'oxycodone', 'codeine'). Unfortunately these medicines can cause serious side effects like constipation. Constipation is when you haven't had a bowel motion ('poo') for three days or more. It can be painful and delay your recovery. We introduced three things to reduce the number of patients having constipation while on opioids:

- 1) A patient leaflet and poster to help patients and staff describe bowel motions using the 'Bristol Stool Chart'.
- 2) A stamp for the patient's health record, to improve how we record each patient's bowel activity - giving us a clearer view of which patients are constipated or at risk of becoming so.
- 3) A 'laxative ladder' to describe the best laxatives to prevent and treat constipation.

Preventing harm from surgery in hospital

The 'Safe Surgery Program' aims to improve quality and safety of health care services provided to patients having surgery through the use of a 'surgical safety checklist'. The checklist is used to ensure patients receive the right surgery with the right preparation.

This year, a 'paperless' checklist (a poster with prompts) was introduced in our operating theatres. Theatre staff (nurses, doctors and anaesthetists) from Hawke's Bay and Royston Hospitals worked together to ensure they use the checklist in the same way. This enables staff to speak up and ask questions without fear.

Preventing harm from falls in hospital and the community

Last year we planned to take a 'wrap-around' approach to preventing falls and we've made some good progress on this since then. Representatives from HBDHB, Health Hawke's Bay (PHO), Sport Hawke's Bay, St John's Ambulance, ACC, and local Aged Care Facilities meet regularly to actively coordinate falls prevention activities across the region.

During the national 'April Falls' campaign (run in April), the group chose to highlight the falls risk associated with poor vision with 'eyes on falls', offering free eye checks.

An 8-week program called 'Upright and Active' (funded by Age Concern) introduces Tai Chi to improve flexibility and strength. Green Prescription offers individual support programmes and Kori Tinana Mo Nga Kaumatua Taster programmes is offered to kaumatua, based in marae.

We've looked into why people fall in hospital and have found poor lighting at the bedside to be a key factor. We now have an upgrade of the over-bed lighting included in the facilities' maintenance plan.

Preventing Harm from Infection

Hand hygiene is recognised as the single most effective way to prevent the spread of infection. As at June 2016 Hawkes Bay District Health Board has achieved 87.5% in the national hand hygiene programme and continues to rank amongst the top performers in NZ.

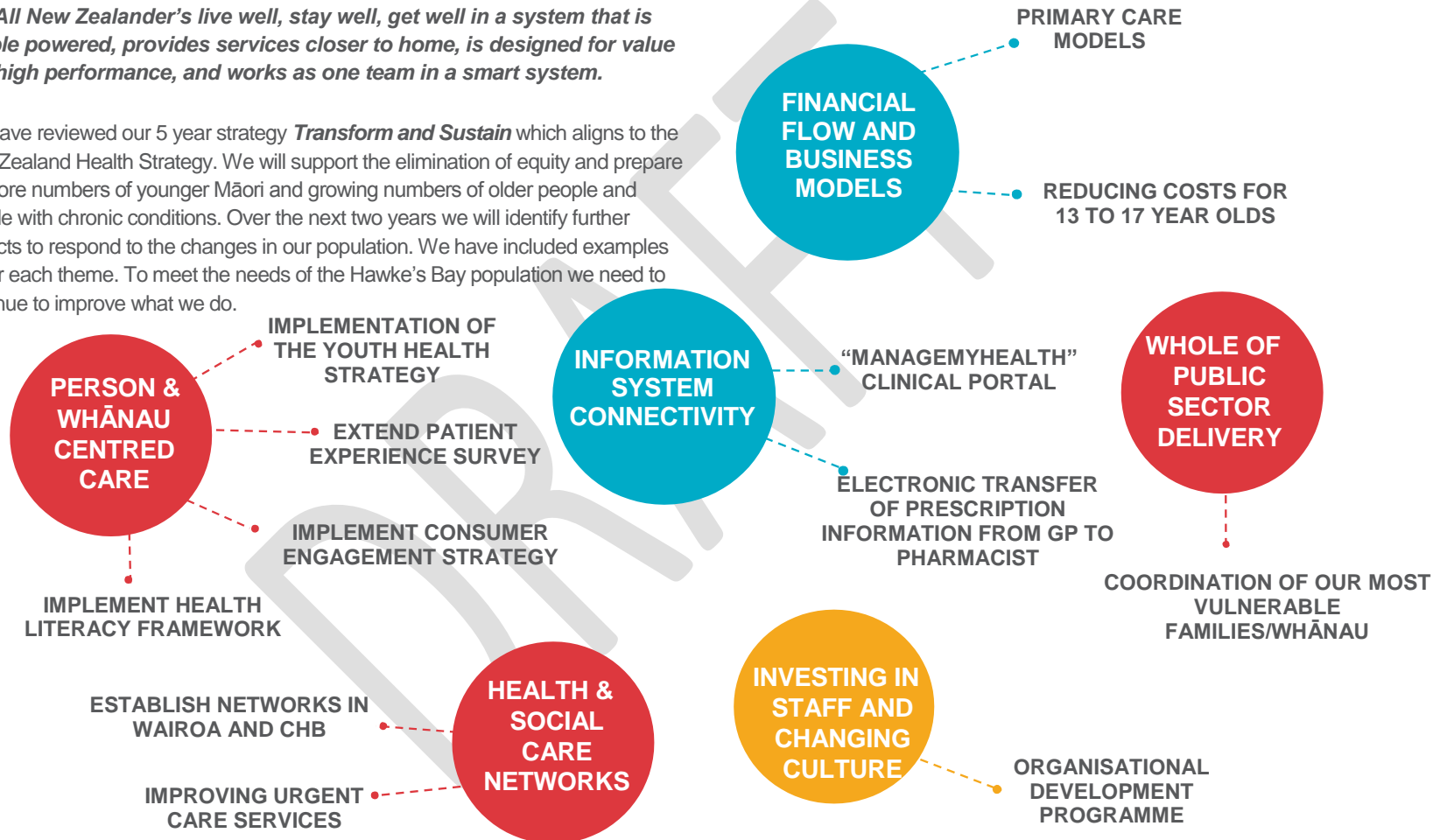
This year our focus will be the promotion of appropriate usage of antibiotics. We see this as an important patient safety issue to prevent the overuse of antibiotic and the development of multi resistant organisms. Our aim is to improve patient outcomes.

TŌ TĀTOU ARONGA MŌ ĀPŌPŌ

OUR FUTURE FOCUS

With the refresh of the New Zealand Health Strategy, we will be working to ensure that: ***All New Zealander's live well, stay well, get well in a system that is people powered, provides services closer to home, is designed for value and high performance, and works as one team in a smart system.***

We have reviewed our 5 year strategy ***Transform and Sustain*** which aligns to the New Zealand Health Strategy. We will support the elimination of equity and prepare for more numbers of younger Māori and growing numbers of older people and people with chronic conditions. Over the next two years we will identify further projects to respond to the changes in our population. We have included examples under each theme. To meet the needs of the Hawke's Bay population we need to continue to improve what we do.



KO Ā KOUTOU WHAKAHOKINGA KŌRERO YOUR FEEDBACK

Consumer feedback

We welcome and appreciate receiving feedback. To improve our services we need to hear your story. Whether compliments, comments, questions or suggestions, complaints or a mixture, your feedback is valuable. It helps us see where we are performing well and where we could improve.

You can give feedback in a number of ways:

- email us: feedback@hbdhb.govt.nz
- complete an online feedback form: www.ourhealthhb.nz
- phone us: 0800 000 443
- complete a freepost feedback form which may be given to you when you visit, or which can be found in many areas across the DHB's sites.

You may receive a phone call or receive a request to complete a survey based on your experience. It is your choice to take part or not.

Then what happens?

Your feedback will be passed to the manager of the area you are providing feedback on. We will acknowledge your feedback, and if your feedback is a complaint an investigation will take place. We will let you know what we have found out and this may include what we have done to make things better, or what we are planning on doing to ensure things improve.



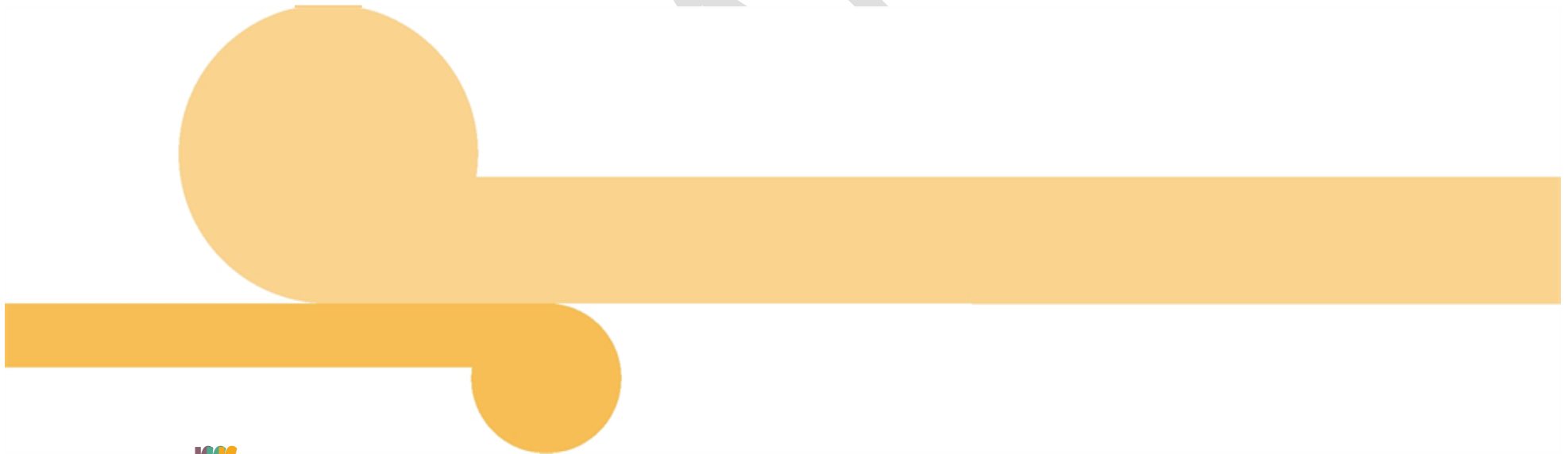
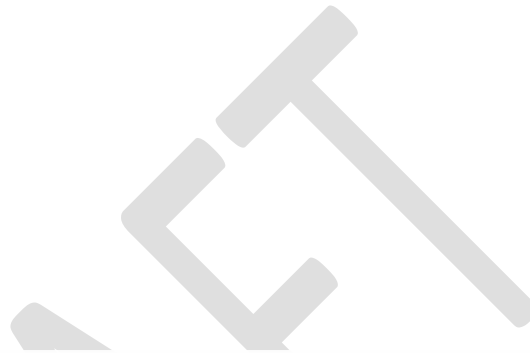
YOUR STORY

WE VALUE YOUR FEEDBACK

He tino taonga ō whakaaro ki a mātou

OURHEALTH
HAWKE'S BAY
Whakawāteatū


www.ourhealthhb.nz



Communications Plan for release of Quality Accounts 2016

What	By whom	when
Quality Account Final ready for endorsement	Jeanette to develop in conjunction with working group, DHB services and PHO. Consultation via EMT, MRB, Consumer and Clinical Councils	16 September 2016
Posters to support Quality Accounts ready for final endorsement (developed to highlight specific quality improvement initiatives and to direct consumers to publication - web/hard copy)	Pauline to develop with guidance from Working Group and consultation feedback	16 September 2016
Final signoff of Quality Accounts and Posters	HBDHB Board HHB Board	28 September 2016 13 October 2016
Printing quote for how many copies of posters and Booklets to be decided	Jeanette to advise how many copies to be printed plus cost centre and purchase order on receipt of quote from printer	ASAP
PDFs off to printer following sign off	Pauline/Anna	14 October 2016
Printed copies distribution list	Jeanette to provide distribution list to include libraries, council General Practice, HBDHB, PHO facilities	To be completed on time of printed copies to be received
At the same time of distribution of printed copies carousel to go up on Our Health Website	Pauline to complete carousel visual	Visual to be completed by 20 October 2016 To be published on ourhealth website
Press release	Anna to develop PR use spokesperson from Consumer Council on release, What it means and why people should be interested.	To be released in early November to coincide with posters and booklets being distributed

In Focus	Anna	November 2016
Facebook /Staff notices	Anna	November 2016
Newspaper advertisement Napier and Hastings Mail	Anna/Pauline to develop advertisement Kate to cover purchase order and cost centre	November 2016

 HAWKE'S BAY District Health Board Whakawāteatia	Health and Social Care Networks
	For the attention of: Māori Relationship Board, Clinical and Consumer Council
Document Owners:	Liz Stockley, GM Primary Care; Tracee Te Huia, GM Māori Health
Document Author(s):	Belinda Sleight, Project Manager Strategic Services
Reviewed by:	Executive Management Team
Month:	September 2016
Consideration:	For Information

RECOMMENDATION**Māori Relationship Board, Clinical and Consumer Councils**

1. Note the contents of this report.

OVERVIEW

The Health and Social Care Networks Programme began in April, and is required to report progress to EMT and the Committees on a quarterly basis. This report provides an update on activity during June-August. Work to develop the foundations of the Networks has now established the purpose, design principles and geographic boundaries for Networks; additional parameters and guidelines for Network development are now being drafted. The first two Networks will be established in Wairoa and Central Hawke's Bay. Change Leadership in each of these localities is now building relationships within each community and developing a work programme for change.

OVERARCHING PROGRAMME

Our approach to clustering services as Networks is gaining momentum, with the purpose, design principles and geographic boundaries of Networks gaining approval from EMT and the Committees in July. Using these design principles to guide us, we are now developing foundational parameters that describe appropriate collaborative behaviours, organisation and leadership structures, accountability and trajectories for greater autonomy over time. This work is benefitting from the input of the Network Programme Action Group, whose members are experienced in designing and delivering health services in community settings. Additionally, we are also learning from the experience of Counties Manukau, Auckland and Waitemata DHBs, all of which are at various stages of developing and rolling out locality-based service planning and delivery. A meeting in July with staff from these organisations has established the intention to work more closely together and to identify other sources of learnings, so that we can optimise progress along our similar journeys.

The programme is gaining a new Sponsor in Tracee Te Huia, GM of Māori Health, as current Sponsor Liz Stockley resigned her position at Health Hawke's Bay in June. This change has been an opportunity to clarify aspects of the programme itself, and to also consider how best to communicate the expected outcomes and benefits to the many stakeholders. A Programme Brief has been drafted with assistance from Liz and Kate Rawstron (new PMO Manager) and a Communications Plan is currently being developed within input from the Action Group and DHB Communications staff. Once the key programme-level messages have been agreed, we will begin rolling out communications to stakeholders, particularly Health Services staff and general practice.

A major feature of the Networks Programme is dependence on other initiatives outside of its scope. The key dependencies are projects already underway or in planning, namely the shared patient record, and model of care in general practice. Aligning intent and dove-tailing timeframes between these dependencies and the Network establishment activities in Wairoa and Central Hawke's Bay is essential, as the dependencies enable central design principles of Networks, being joined-up (multi-disciplinary) team work, earlier and proactive interventions, and empowerment of patients/consumers as leaders in their own care.

The next steps are to finalise Network parameters so that our approach to Networks is clearly articulated, and begin socialising the Network concept with stakeholders. In particular, we need to solidify the relationship and joint working with the Ministry of Social Development (MSD) at the organisational-level, so that this supports the on-the-ground activity that is happening in both Wairoa and Central Hawke's Bay. In these localities, local MSD representatives have been involved in community meetings and subsequent discussions regarding Network establishment, and there are a number of MSD-funded organisations/services that are active in the relationship building and discovery work currently being conducted in their communities. It would be valuable, however, to gain the support of MSD at the regional level, to enhance and the local bonds, and to demonstrate true partnership through things like jointly-developed performance measures and funding pools, for example.

WAIROA NETWORK

Te Pare Meihana, Manager of the Wairoa Integrated Family Health Centre, has been seconded to lead Network establishment; this role is also supported by Māori Health with the aim of the Change Leader working with Kahungunu Executive to prepare them for future developments that the Network model will bring. Appointment of Te Pare's backfill, a two year fixed term position, is imminent.

There has been an agreement in principle by the Wairoa provider leadership and key community leaders that the local decision making process for the Network will be two tiered.

1. A Network Leadership Team (NLT) will include provider leaders and representation from the connected communities of interest e.g. Rangatahi, Pakeke, Iwi, Clinical Governance, E Tu Wairoa. This group will work closely with the Change Leader, feeding into the work plan and supporting the processes that will be required to re-shape services, models and funding.
2. A Community Governance Committee will be established through an Expression of Interest (EOI) process. This group will have final sign-off before business cases are forwarded through to the DHB/MSD. This group will be tasked with the responsibility to review documents and proposals to ensure that what is being proposed by the NLT meets the needs and aspirations of the community as have been identified in the outcomes framework and locality planning documents.

When the workstreams are completed, the proposals will be presented to the Community Governance Committee for final approval before the business cases are released to the DHB/MSD for consideration and final approvals.

The Wairoa General Practice Alliance is progressing well, with an agreed 16/17 contract in place. The Alliance has begun initial planning to establish a single practice for Wairoa. It is proposed that this business case will come through the Network leadership structure (as described above) for consideration and sign-off.

The Wairoa Health Needs Assessment report is due for release 31 August 2016, with a community hui planned to present the report and the Network framework.

The next steps for the Wairoa Network include establishing the shared vision and outcomes framework, and developing the Network programme plan and identified workstream priorities including general practice integration, vulnerable whānau model, youth health model, model of care, Whānau Ora framework, management and governance options, contracting and funding models, acute services integration, community services integration, aged care.

CENTRAL HAWKE'S BAY NETWORK


The change process is being led by Jill Garrett, Strategic Services Manager for Primary Care, who is experienced in change management within community development health settings. A project structure has been put in place, including a milestone map and associated deliverables.

The Change Leader's major focus in Central Hawke's Bay has been to develop relationships between providers, consumers, the DHB, and PHO, with good progress being made. This is the foundation upon which a Network for Central Hawke's Bay will be built.

Out of extensive community consultation, both current and historical, a Health Liaison Group has been formed. This group is chaired by Ian Sharp, ex pharmacist of Waipukurau and current deputy mayor, and has representation covering Iwi, Council (local and regional), nursing, aged care, Mayoral Health Task Force, consumers, and Māori health provider Central Health.

A key focus is on building the relationship with the Waipukurau-based Tuki Tuki Medical general practice, and gaining their involvement in the Network. Under the current Rural SLAT - Alliance Agreement (PHO-DHB- General Practice) work is nearing completion on the finalisation of an Alliance strategic and annual plan. Included in the plan is the intent to work proactively with the Network development to strengthen partnerships with health providers within CHB, work towards the development of new models of care including strengthening clinical leadership within the nursing workforce, and integrating services with outlying rural communities Takapau and Porongahau.

Underpinning the success of the Network relies heavily on the development of a high trust model of engagement. To progress this, we are providing training in collaborative impact, so that the team is well prepared to hear (and act upon) the messages from the South Central Foundation's NUKA model, when this group visit Hawke's Bay in November.

	Te Ara Whakawaiaora- Healthy Weight Strategy
	For the attention of: Māori Relationship Board, Clinical and Consumer Council
Document Owner: Document Author(s):	Caroline McElroy, Director Population Health Shari Tidswell, Team Leader/Population Health Advisor
Reviewed by:	Executive Management Team
Month:	September 2016
Consideration:	For Information

RECOMMENDATION

Māori Relationship Board, Clinical and Consumer Council

Note the contents of this report.

OVERVIEW

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

UPCOMING REPORTS

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

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Obesity <i>National Indicator</i>	% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	≥95%	Caroline McElroy	Shari Tidswell	SEPT 2016

MĀORI HEALTH PLAN INDICATOR:

At the end of 2015 the Board endorsed the Hawke's Bay Healthy Weight Strategy and requested a plan to outline activity to support childhood healthy weight. The resulting Best Start: Healthy Eating and Activity Plan was endorsed in May 2016. This Plan reflected the evidence that demonstrated early intervention has the greatest lifetime impact.

WHY IS THIS INDICATOR IMPORTANT?

This indicator focuses on increasing the proportion of 4 year olds who have a healthy weight (not overweight, obese or underweight). This is a new area of focus for the Board. We are not yet seeing improvements with 9.3% of Māori 4 year olds in the obese weight category (and increasing over the past three years) compared with 3% of "other" 4 year olds. Evidence shows that these children will be more likely to have a healthy weight in later life due to the combination of physiological and behavioural changes which are laid down in early life.

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

Achieving the new health target: "By December 2017, 95 per cent of obese children identified in the Before School Check (B4SC) programme will be referred to a health professional for clinical assessment". We continue to focus on achieving an increase in healthy weight and evidence based referrals. We will achieve this by providing whānau with two referrals; (1) a health professional and (2) a community based programme which supports lifestyle changes.

We need to engage better with women, parents, whānau and communities by sharing information about the importance of nutrition in the early years and also by asking how best to support healthy nutrition. This support is not just from health service providers or about health information but from across the whole community in order to support access to healthier food choices for our tamariki.

Breastfeeding is strongly protective in maintaining healthy weight, yet we see very little improvement in our breastfeeding rates with significant variations in breastfeeding rates by ethnicity. We need to understand better why to support women to breastfeed and increasing breastfeeding rates.

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

Process and training has been completed to support children identified at B4 School Checks with a BMI over 18.3, are offered support including nurse education, referral to Active Families and general practitioner assessment. This referral process and wider support for childhood healthy weight are covered in the DHB Plan.

The Best Start: Healthy Eating and Activity Plan has been approved and endorsed by HBDHB Board and Committees. The Plan has key objectives:

- Increasing healthy eating environments by increasing healthy eating choices and physical activity opportunities
- Developing and delivering prevention programmes which include; food literacy, maternal nutrition, implementing policy and physical activity
- Interventions which support children to have healthy weight
- Providing leadership in Hawke's Bay for health eating

The Plan was developed using the evidence base and community input – both sources support early intervention by focusing on childhood healthy weight beginning with healthy weight during pregnancy. This Plan has been shared with other DHBs and the sector in Hawke's Bay.

Currently delivered activities include:

- Gestational diabetes screening and support

- Maternal GRx programme
- Breastfeeding support/resources via Kahungunu Executive and Te Taiwhenua o Heretaunga
- Promoting World Breastfeeding Week- Facebook brelfies, breastfeeding friendly cafes were the focus
- Active Families under 5
- Healthy First Foods 0-2 year, deliver via Plunket and Well Child/Tamariki Ora provider
- Launching Healthy Foods 2-5 years with B4 School Check Nurses
- HBDHB Healthy Eating Policy adopted including educative traffic light model, supporting breastfeeding for staff/visitors/patients
- School and environment survey for HB conducted with Informus

Funding is now secured to support the school based programme.
See table below for detail on progress toward planned outcomes.

CONCLUSION


It is critical to invest in the prevention and management to increase healthy weights over a long-term in order to reap the benefits of healthy weight young children - including cementing the behavioural and environmental changes that can support ongoing healthy weights.

Report for Te Ara Whakawaiaora- Health Weight Strategy

At the end of 2015 the Board endorsed the Hawke's Bay Healthy Weight Strategy and request a plan to outline activity to support childhood health weight. The resulting Best Start: healthy eating and activity plan was endorsed May 2016. This plan reflected the evidence which show early intervention has the greatest lifetime impact – with activity focusing on

Indicator	Date	Recommendation(s) to Board	Champion Progress Update
Obesity Strategy 1) Obesity Strategy completed 2) Health Promotion Plan Champion: Caroline McElnay, Director Population Health Document Writer: Shari Tidswell, Team Leader/Population Health Advisor	August 2016	<p>This indicator focuses on increasing the proportion of 4 year olds who have a healthy weight (not overweight, obese or underweight). This is a new area of focus for the Board and we are not yet seeing improvements with 9.3% of Maori 4 year olds in the obese weight category (and increasing over the past 3 years) compared with 3% of "other" 4 year olds. Evidence shows that these children will be more likely to have a healthy weight in later life due to the combination of physiological and behavioural changes which are laid down in early life.</p> <p>Achieving the new health target: "By December 2017, 95 per cent of obese children identified in the Before School Check (B4SC) programme will be referred to a health professional for clinical assessment". We continue to focus on achieving an increase in healthy weight and evidence based referrals. We will achieve this by providing whanau with two referrals 1) a health professional and 2) a community based programme which support lifestyle changes.</p> <p>We need to engage better with women, parents, whanau and communities, by sharing information about the importance of nutrition in the early years and also by asking how best to support healthy nutrition. This support is not just from health service providers or about health information but from across the whole community in order to support access to healthier food choices for our Tamariki.</p> <p>Breastfeeding is strongly protective in maintaining healthy weight, yet we see very little improvement in our breastfeeding rates with significant variations in breastfeeding rates by</p>	<p>The Best Start: Healthy Eating and Activity plan has been approved and endorsed all the Board and DHB councils. The plan has key objectives:</p> <ul style="list-style-type: none"> Increasing healthy eating environments, by increasing healthy eating choices and physical activity opportunities. Developing and delivering prevention programmes which include food literacy, maternal nutrition, implementing policy and physical activity. Interventions which support children to have healthy weight. Providing leadership in Hawke's Bay for health eating. <p>The plan was developed using the evidence base and community input – both supporting early intervention by focusing on childhood healthy weight beginning with healthy weight during pregnancy. This Plan has been shared with other DHB's and the sector in HB.</p> <p>Currently delivered activities include:</p> <ul style="list-style-type: none"> Gestational diabetes screening and support, all women identified are screened and supported Maternal GRx programme 160 referral (July 2015 – June 2016) 50% Maori and Pasifika Breastfeeding support/resources via KE and TToH Promoting World Breastfeeding Week- Facebook brelfies, breastfeeding friendly cafes were the focus. 174 women accessing supporting via Kahungunu Executive and Te Taiwhenua O Heretaunga (Last financial year)

		<p>ethnicity. We need to understand better why to support women to breastfeed and increasing breastfeeding rates.</p> <p>CONCLUSION</p> <p>It is critical to invest in the prevention and management to increase healthy weights over a long term in order to reap the benefits of healthy weight young children - including cementing the behavioural and environmental changes that can support ongoing healthy weights.</p>	<ul style="list-style-type: none"> • Active Families under 5 – 57 whanau engaged 67% Maori. 72% are more active and 63% note improved healthy food choices. • Healthy First Foods 0-2 year, deliver via Plunket and Well Child Tamariki Ora provider. 100 families engaged 69% Maori. Launching Healthy Foods 2-5 years with B4 School Check Nurses • HBDHB Healthy Eating Policy adopted including educative traffic light model, supporting breastfeeding for staff/visitors/patients • School and environment survey for HB conducted with Informus • Funding secured to support the school based programme. • Promoting “Water Only School” message and supporting 6 schools to extend their water only policy.
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 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	Internal Review – Gastro Outbreak Havelock North
	For the attention of: Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Document Owner: Document Authors:	Kate Coley Director of Quality Improvement & Patient Safety Kate Coley and Ken Foote
Reviewed by:	Ken Foote, HBDHB Board
Month:	September, 2016
Consideration:	For Information and feedback

RECOMMENDATION

That the Maori Relationship Board, Clinical and Consumer Councils:

1. Note the intent to undertake a full review of HBDHB's response to the recent gastro outbreak in Havelock North.
2. Note the Review Co-ordinator position overview.
3. Note the Review Framework.

PURPOSE

The purpose of this paper is to provide EMT & Board with the opportunity to provide input on the draft framework for an internal review of the Gastro Outbreak in Havelock North.

EXECUTIVE SUMMARY

In light of the proposed independent inquiry by the government, and in line with our normal procedures, following the implementation of a CIMS structure, HBDHB will undertake a full review of our response to the recent gastro outbreak in Havelock North.

The review will be run by a designated review co-ordinator (overview of position attached), supported during the period with other individuals, to gather all information and analyse this to inform the drafting of a report.

Also attached is an overview of the intended review framework.

HAVELOCK NORTH GASTRO INCIDENT

HBDHB Review Coordinator

PURPOSE

Co-ordinate and support the process of debriefing and reviewing health sector responsibilities and involvement in the Havelock North Gastro Incident, and prepare a comprehensive HBDHB Report.

TASKS

- Develop a plan for debriefing and reviewing health sector involvement in response, communications and recovery
- Oversee internal review of HBDHB practices and procedures in relation to drinking water, including:
 - Standard monitoring and management issues
 - Mechanisms for identification of a potential 'outbreak' or other significant public health issue
 - Contingency plans for responding to such an 'outbreak'/issue
 - Previous intelligence and actions relating to Brookvale Road bore contamination
- Delegate tasks as appropriate, including facilitation of stakeholder surveys and debriefs
- Coordinate and consolidate all relevant data, documentation, debriefs and reviews
- Draft a comprehensive report
- Finalise report after peer review
- Coordinate HBDHB organisational input into Government Inquiry
- Follow up on 'lessons learned' to ensure all recommendations are implemented

DELEGATION

- Delegated authority from HBDHB CEO to:
 - Require performance of tasks set out in the Review Plans
 - Direct priority of action (after consultation where appropriate).
- No specific financial delegations but may request allocation of resources to achieve review tasks
- Liaise with Ministry of Health and HDC as appropriate.

ACCOUNTABILITY

- Accountable to HBDHB CEO

GASTRO OUTBREAK REVIEW FRAMEWORK

PURPOSE	METHODOLOGY / APPROACH	KEY STAKEHOLDERS	OTHER AREAS TO CONSIDER	REPORT OUTLINE	REVIEW PROCESS	TIMEFRAME
<ul style="list-style-type: none"> Review of how HBDHB responded to the gastro outbreak in Havelock North Ensure that HBDHB met all of its legislative requirements & obligations Review of HBDHB practices and procedures in relation to drinking water Identification of: <ul style="list-style-type: none"> Positives Issues Areas of concern Any learnings Recommendations for the future Follow up on implementation of agreed actions 	<ul style="list-style-type: none"> Staff Survey Interviews / Debriefing with key stakeholders Review of all documentation gathered during the period Review of EOC processes Review of current policy / procedures / guidelines in the event of a public health outbreak Review of all policies, guidelines, protocols in relation to water monitoring 	<p>Debriefs:</p> <ul style="list-style-type: none"> EOC Team Members EMT Directorate Leadership Teams Staff Groups: <ul style="list-style-type: none"> Public Health ED/AAU District Nursing Infection Control Communications Ministry of Health Age Residential Care facility managers (Havelock North) PHO / GPs Community Pharmacists Hastings District Council Consumer / Community – through linkages of Consumer Council 	<ul style="list-style-type: none"> Government inquiry <ul style="list-style-type: none"> Linkage and liaison Legislative requirements /Inquiries Act requirements CIMS / EOC Structure and Functioning 	<ul style="list-style-type: none"> Executive summary Background Analysis/data/business intelligence reports Timeline of issues and activities Findings: <ul style="list-style-type: none"> Key Themes Positives Negatives Impact on business as usual Learnings Recommendations Next steps / implementation Monitoring and progress reports Preparation for Government inquiry <ul style="list-style-type: none"> Risks for DHB Summary of Appendices on response and water monitoring practices 	<ul style="list-style-type: none"> Framework approved (EMT, Board) Communication to all staff with regards to the internal review Engage support Gathering of information / data Analysis / theming Verbal Update - Board Drafting paper Review by: <ul style="list-style-type: none"> EMT Clinical Council Consumer Council Review by legal Finalise Report Endorse by Board Circulation of report Monitor implementation of agreed actions 	<ul style="list-style-type: none"> 30 & 31 August 1 September W/C 5 September 12 – 26 September 26 – 30 September 28 September 26 – 7 October 11 October 12 October 13 October 10 – 14 October 17 – 21 October 26 October Post Board meeting Agreed timeline



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:

**14. Review MRB
- public excluded**

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).

GLOSSARY OF COMMONLY USED ACRONYMS

A&D	Alcohol and Drug
AAU	Acute Assessment Unit
AIM	Acute Inpatient Management
ACC	Accident Compensation Corporation
ACP	Advanced Care Planning
ALOS	Average Length of Stay
ALT	Alliance Leadership Team
ACP	Advanced Care Planning
AOD	Alcohol & Other Drugs
AP	Annual Plan
ASH	Ambulatory Sensitive Hospitalisation
AT & R	Assessment, Treatment & Rehabilitation
B4SC	Before School Check
BSI	Blood Stream Infection
CBF	Capitation Based Funding
CCDHB	Capital & Coast District Health Board
CCN	Clinical Charge Nurse
CCP	Contribution to cost pressure
CCU	Coronary Care Unit
CEO	Chief Executive Officer
CHB	Central Hawke's Bay
CHS	Community Health Services
CMA	Chief Medical Advisor
CME / CNE	Continuing Medical / Nursing Education
CMO	Chief Medical Officer
CMS	Contract Management System
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CPHAC	Community & Public Health Advisory Committee
CPI	Consumer Price Index
CPO	Co-ordinated Primary Options
CQAC	Clinical and Quality Audit Committee (PHO)
CRISP	Central Region Information System Plan
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CWDs	Case Weighted Discharges
CVD	Cardiovascular Disease
DHB	District Health Board
DHBSS	District Health Boards Shared Services
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSAC	Disability Support Advisory Committee
DSS	Disability Support Services
DSU	Day Surgery Unit
DQIPS	Director Quality Improvement & Patient Safety
ED	Emergency Department

ECA	Electronic Clinical Application
ECG	Electrocardiograph
EDS	Electronic Discharge Summary
EMT	Executive Management Team
Eols	Expressions of Interest
ER	Employment Relations
ESU	Enrolled Service User
ESPIs	Elective Service Patient Flow Indicator
FACEM	Fellow of Australasian College of Emergency Medicine
FAR	Finance, Audit and Risk Committee (PHO)
FRAC	Finance, Risk and Audit Committee (HBDHB)
FMIS	Financial Management Information System
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GIS	Geographical Information System
GL	General Ledger
GM	General Manager
GM PIF	General Manager Planning Informatics & Finance
GMS	General Medicine Subsidy
GP	General Practitioner
GP	General Practice Leadership Forum (PHO)
GPSI	General Practitioners with Special Interests
GPSS	General Practice Support Services
HAC	Hospital Advisory Committee
H&DC	Health and Disability Commissioner
HBDHB	Hawke's Bay District Health Board
HBL	Health Benefits Limited
HHB	Health Hawke's Bay
HQSC	Health Quality & Safety Commission
HOPSI	Health Older Persons Service Improvement
HP	Health Promotion
HPL	Health Partnerships Limited
HR	Human Resources
HS	Health Services
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
ICS	Integrated Care Services
IDFs	Inter District Flows
IR	Industrial Relations
IS	Information Systems
IT	Information Technology
IUC	Integrated Urgent Care
K10	Kessler 10 questionnaire (MHI assessment tool)
KHW	Kahungunu Hikoi Whenua
KPI	Key Performance Indicator
LMC	Lead Maternity Carer
LTC	Long Term Conditions
MDO	Māori Development Organisation
MECA	Multi Employment Collective Agreement
MHI	Mental Health Initiative (PHO)
MHS	Māori Health Service
MOPS	Maintenance of Professional Standards

MOH	Ministry of Health
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRB	Māori Relationship Board
MSD	Ministry of Social Development
NASC	Needs Assessment Service Coordination
NCSP	National Cervical Screening Programme
NGO	Non Government Organisation
NHB	National Health Board
NHC	Napier Health Centre
NHI	National Health Index
NKII	Ngati Kahungunu Iwi Inc
NMDS	National Minimum Dataset
NRT	Nicotine Replacement Therapy
NZHIS	NZ Health Information Services
NZNO	NZ Nurses Organisation
NZPHD	NZ Public Health and Disability Act 2000
OPF	Operational Policy Framework
OPTIONS	Options Hawke's Bay
ORBS	Operating Results By Service
ORL	Otorhinolaryngology (Ear, Nose and Throat)
OSH	Occupational Safety and Health
PAS	Performance Appraisal System
PBFF	Population Based Funding Formula
PCI	Palliative Care Initiative (PCI)
PDR	Performance Development Review
PHLG	Pacific Health Leadership Group
PHO	Primary Health Organisation
PIB	Proposal for Inclusion in Budget
P&P	Planning and Performance
PMS	Patient Management System
POAC	Primary Options to Acute Care
POC	Package of Care
PPC	Priority Population Committee (PHO)
PPP	PHO Performance Programme
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol Group
QHNZ	Quality Health NZ
QRT	Quality Review Team
Q&R	Quality and Risk
RFP	Request for Proposal
RHIP	Regional Health Informatics Programme
RIS/PACS	Radiology Information System
	Picture Archiving and Communication System
RMO	Resident Medical Officer
RSP	Regional Service Plan
RTS	Regional Tertiary Services
SCBU	Special Care Baby Unit
SLAT	Service Level Alliance Team
SFIP	Service and Financial Improvement Programme
SIA	Services to Improve Access

SMO	Senior Medical Officer
SNA	Special Needs Assessment
SSP	Statement of Service Performance
SOI	Statement of Intent
SUR	Service Utilisation Report
TAS	Technical Advisory Service
TAW	Te Ara Whakawaiora
TOR	Terms of Reference
UCA	Urgent Care Alliance
WBS	Work Breakdown Structure
YTD	Year to Date

