

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 26 FEBRUARY 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.04 PM**

- Present:** Kevin Atkinson (Chair)
Dan Druzianic
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis
Barbara Arnott
Heather Skipworth
Andrew Blair
- Apology:** Ngahiwi Tomoana and Jacoby Poulain
- In Attendance:** Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair Consumer Council)
Members of the public
'Put Patients First' supporters
Television and media
- Minutes** Brenda Crēne

KARAKIA

Tracee Te Huia, General Manager of Maori Health, opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance.

DECLARATIONS OF INTEREST

Andrew Blair and Diana Kirton advised of changes to Interest register directly.

No member had any interest to declare associated with the papers on the agenda.

DEPUTATION

A welcome was extended to those in attendance including members of 'Put Patients First' supporting a presentation around the General Practitioners Specialised Interest (GPSI) Diabetes Services, specifically the cessation of the contract between Dr Janet Titchener and HBDHB.

Guidelines around deputations had been provided prior to the meeting and were briefly conveyed prior the commencement of an audio visual presentation.

Henare O'Keefe and Erena Tomoana each spoke passionately in support of the continuation of funding for the service as important to approximately 100 patients serviced by Dr Titchener.

In response the Chairman of the Board was grateful for the insight which emphasised how important it was to develop clinical care pathways for diabetes so it met patients needs across the whole health sector in Hawke's Bay which is where the DHB's focus must be.

The community must be reassured that the Diabetes Service in Hawke's Bay was already among the best in New Zealand and this will improve further with the planned implementation of "clinical pathways". In reality there were 8,000 diabetics in Hawke's Bay and probably another 2,000 un-diagnosed and HBDHB were well aware of the crippling costs, if not managed well into the future.

Clinical Care Pathways follows international best practice and is a valuable component of care being delivered through General Practices throughout the region.

The Chair urged the Put Patients First group to engage with the Hawke's Bay Health Consumer Council whilst the clinical care pathway was developed for diabetes care. This pathway would be fast tracked with a target for completion at the end of April 2014 (originally being June 2014).

Henare O'Keefe stressed the need to open up the channels of communication around this without any hidden agendas.

This was acknowledged and the group were thanked for their attendance but should remain confident that the development of clinical pathways would alleviate their perceived fears. Those attending were asked to stay on when the Clinical Care Pathways Business Case was reviewed. Many left the meeting at this point.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 18 December 2013, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

Action 1: Patient stories would be included on the March Agenda

Action 2: Maternity Services Project/Build would remain as an action for further update.

Action 3: Interests Register – further changes relayed (by Andrew and Diana) would be actioned.

Action 4: Transform and sustain – the development of a five year programme remains an action.

Action 5: Long Term Strategy for Pharmacies and Licensing would be included as an action, from 18 December minutes, page 6.

BOARD WORK PLAN

The Board Work Plan for March 2014 was noted.

CHAIR'S REPORT

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

Name	Job Title	Years of Service
Tessa Davidson	Registered Nurse	25
Monica Wilde	Registered Nurse	39
Pip Rutherford	Nurse Practitioner	28

An update of communications received since the last meeting were summarised.

- A letter had been received from Totara Health offering support to assist in training of general practices in support of diabetes care and share experiences and ideas.
- In December the Regional Governance Board had reached agreement around the Crisp Project, it was pleasing to note all six DHBs had since signed in support of completing the project within the original budget.
- A letter received from the HB Rescue Helicopter Trust advised under the new Trust Deed that the six Trustees would be appointed 'at large' with no representative Trustees. Detail around appointment criteria was also clarified.
- An invitation had been extended to the Board to visit the HB Rescue Helicopter Hangar to better understand operations and have lunch. This would be noted as a **future action** which would mean commencing the FRAC meeting early to allow sufficient time.
- The national health targets for quarter two had been received with positive results for Hawke's Bay in Short waits for Cancer Treatment, Immunisation and Better Help for Smokers to Quit.
- The PHO Performance Report for quarter one had also been received for the 36 PHOs in NZ.
- Central TAS Board advised they were keen to visit and have discussions with HBDHB. This had been agreed and was included on the workplan for the April Board meeting.
- Minister Ryall provided a letter of Expectations for DHBs and subsidiary entities for 2014/15, including commentary on: Better Public Services (results for New Zealanders); National Health Targets; Care Closer to Home; Health of Older People; Regional and National Collaboration; and Living Within our Means.
- Minister Ryall had also advised in the 2014/15 Annual Planning Package, the 62-day faster cancer treatment indicator would replace the current Shorter waits for cancer treatment health target during 2014/15 (referring to those referred urgently with high suspicion cancer).
- The Minister had announced on 29 January that \$10m more would be spent on Elective Surgery. Hawke's Bay will be in line to receive \$1.0m of that which would be an enormous benefit to the community, if we can deliver to contract.
- An email had been received from Hutt Valley DHB, advising that CTAS changes to the Constitution proposed within the papers had not been approved by their Board. Under the Constitution all six Central DHBs need to agree unanimously. This was further discussed under item 15 on the agenda.

CHIEF EXECUTIVE OFFICER'S REPORT

The report from the CEO was taken as read with commentary summarised as follows:

- We experienced the highest number ever (158 people) through the Emergency Department (ED) in one day which put an amazing amount of pressure on everyone concerned.

The ED Steering Group has been re-formed, taking a fresh look and now calling the transit through to a destination "Patient Flows".

The earlier Project had not changed behaviours in a sustainable way and that will be the focus. In reality we have improved a great deal from where we started (moving from 74% and stalling at around 93-94%). If there had not been greater numbers of people coming through ED we would be running at 97%. We need to focus on how we run acute patient flows and how we management the process.

- Finance: we are moving towards a 4th year of surpluses because we have managed our resources well and made some difficult decisions along the way.
- Transform and Sustain work was preceding with focus in the following areas: Transforming engagement with Maori; Transforming Multi-Agency Work; Patient Experience through Better Clinical Pathways; Integration of Rural Services; Transforming Primary Care; Transforming Out-of-Hours Inpatient Care; and Health Promotion and Literacy.

- Heart and diabetes check work would be fast tracked. There was a program with general practice to ascertain the position and also work with practices to ensure they have the resources to cope if patients have a bad outlook.
- Virtual CVD assessments was another area being worked through in the community.
- There was a lot of work going on through the Cancer Network Group plus the faster cancer treatment programme, as well as the development of Cancer Pathways.
- HBDHB were fairly confident in utilising the additional \$1.0m of MOH funding for electives.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF JANUARY 2014

The Chief Financial Officer presented his report advising of a favourable variance of \$277 thousand in January with cumulative favourable variance of \$298 thousand year to date.

Points of discussion were summarised:

- The \$3.0m surplus was being maintained and HBDHB were on target to achieve by financial year end.
- Chair of FRAC advised the projected surplus excludes the \$5m revenue banking in reserve to be used in future years.
- The new Mental Health Unit Development was proceeding well. More capital had been required as the development was running ahead of schedule.
- A Budget presentation had been provided by the Chief Financial Officer to the Finance Risk and Audit Committee (prior) and this presentation would be distributed to members.

Action

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 12 February 2014

Chris McKenna and Dr John Gommans (co-chairs) were in attendance with the report taken as read, with discussion around:

- Integrated Urgent Care in HB and the recommendation to support option 3 endorsed, closely followed closely by option 4 ie moving towards full integration. The steps flow on from each other however the most important aspect was bringing general practice along. This significant change would affect the whole of the health sector.
- The business case for Clinical Pathways was fully supported, including the purchase of the Map of Medicine (as the appropriate Tool), endorsing also the continuous development of the clinical care pathways by GPs. We create time and the reward system to get us over the line.

Other topics discussed included the: Health of Older People Strategy (HOPSI); Did not Attend (DNA) Rates; Immunisation Policy Update; Clinical Indicators Q2, with a correction noted around specimen labelling.

The Board Chair asked that Clinical Council assume responsibility of the Hospital (and related services) monitoring role of the Hospital Advisory Committee (HAC), now that HAC had no scheduled meetings. He asked that Council specifically look at elective services performance, including waiting times and provide the Board with advice and recommendations on that monitoring and assessment. **Action**

Hawke's Bay Health Consumer Council – 13 February 2014

Chair, Graeme Norton provided an overview of the Consumer Meeting held.

Consumer members now have portfolios areas of responsibility in a variety of health areas. This allows Council to be visible in a variety projects and networks.

Clinical Pathways were supported, however the cost was queried. Presentations were also received on Integrated Urgent Care (with support for option 3); Very Low Cost Access; Elective Surgery Waiting Lists.

Particular areas of focus and interest for Consumer Council relate to Did Not Attend Rates in Hawke's Bay as well as using Consumer Stories to improve quality of care. The steering group for Consumer Stories will be HB Health Consumer Council.

A representative from Mid Central attended HB Consumer Council's February meeting and their feedback was they should be braver and position either Consumer Council higher, to be effective. Our position has the consumer council mirroring clinical with leadership a crucial element in both areas.

A meeting had been held recently with a CTAS representative around a Consumer Forum and its positioning.

Pacifika Health Leadership Group

Barbara Arnott attended the second meeting of this newly formed Group on Monday 24 February, and spoke of their passion and commitment to improve the health of Pacifika peoples in Hawke's Bay. Co-Chairs had been appointed to better manage commitments across the region.

The group reviewed the Pacific Health Action Plan and were generally happy with the content which was pleasingly simplistic. The Group made a suggestion around the need for additional resource to deliver against the plan.

The final Pacifika Health Action Plan would be provided to the Board in March.

DECISIONS

Integrated Urgent Care in Hawke's Bay

Tim Evans (CFO) and Carleine Receveur provided a presentation with discussion summarised as follows:

- Milestones and feedback on the change process was crucial as was the need for the Board to maintain visibility with the Alliance team, once appointed.
- The Board needed assurance the project would progress against clear milestones through a change process. There was some discussion around including a monthly update in the CEO's report to the Board.
- A question around the involvement of pharmacies was raised?
- A consultation plan would be provided to the Board in March **Action**.
- It was advised this project was not occurring in isolation. There were projects happening in Primary Care also which focused on high needs patients, ensuring they were not left until the last minute with the need to turn up at ED.

RECOMMENDATION

That the Board

1. Note the endorsements from Clinical Council, Consumer Council and the Urgent Care Steering Group, and their view on preferred option.
2. Establish an Urgent Care Service Level Alliance Team for the Hawke's Bay Health System.
3. Endorse in principle the preferred Option (Option 3) for consultation with the public and key stakeholders, (It was expected that this would lead to the implementation of option 4 in time).

Adopted

Clinical Pathways Business Case

Kieran McCann (GM Integrated Care Services) and Belinda Sleight (Project Manager) attended to overview and answer questions. It was acknowledged support had been received from Clinical and Consumer Councils.

Three Clinical Pathway tools were presently being used in New Zealand. All tools were different, yet the same in providing an end result with updates against worldwide best practice.

It was explained pilots had been developed and tested and the desire was to continue on with this work. Clinical Pathways was the key tool to integration as a one system approach which would greatly benefit patients. It was inevitable there would be some challenging conversations as they had already come up early in the pilot phase. By working strategically with our partners in the Central Region, there will be benefits.

The question was asked, was there adequate consumer representation on the Steering Group? **Action**

RESOLUTION

That the Board :

- Support and endorse the Business Case
- Support the procurement of Map of Medicine
- Support clinicians continuing to develop clinical pathways in the interim.

Moved **Peter Dunkerley**
Seconded **Dan Druzianic**
Carried

Changes to Central Regions Technical Advisory Services Constitution

Agreement was sought from the five Central DHBs as A Class shareholders, to amend the Constitution of Central Region's Technical Advisory Services Limited (CTAS).

The changes were outlined and had been discussed with the Regional Governance Group of the joint CTAS Board/RGG Meeting (2 December 2013). Agreement by all six DHBs was required and recent advice had been received that Hutt Valley DHB had not endorsed the changes.

As unanimous support was required, this matter would now go back to the RGG's March meeting. Hawke's Bay would defer any decision until the matter had been further discussed. This would also be raised with CTAS when they visited Hawke's Bay in April.

Te Matau a Maui Health Trust

Given it had been nearly three years since HBDHB first appointed Trustees to the Te Matau a Maui Health Trust in accordance with clause 9.5 of the Trust Deed, it was now time to consider reappointment/replacement for those initially appointed.

Given Kevin Atkinson and Leigh White had offered themselves for reappointment and there was a need to appoint a representative from Wairoa, the following Recommendation was agreed.

RESOLUTION

That the Board (in accordance with the Trust Deed) reappoint Kevin Atkinson and Leigh White and appoint Denise Eaglesome as Trustees of Te Matau a Maui Health Trust.

Moved **Barbara Arnott**
Seconded **Diana Kirton**
Carried

It was noted that Kevin Atkinson and Denise Eaglesome abstained from voting.

Governance Training and Development

Ken Foote provided an overview, with the Chair supportive and in agreement that Board undertake training and development with the Institute of Directors (IoD) "Governance Essentials" workshop, with the following changes noted:

- Utilise the whole of board review undertaken previously with a suggestion that some aspects could be incorporated.
- Tailor the program to suit and ensure was not too simplistic – IoD need to work hard!
- Need to align attendees to preferably within the same industry.
- Suggestion to have several Consumer council members in attendance?
- The timeframe agreed was, a Wednesday in April/May.

Action: The Company Secretary would work with IoD to develop a suitable and challenging programme considering the feedback provided.

Maori Relationship Board (MRB) Membership Appointment

A background paper had been received recommending the Board appoint nominees in accordance with the Maori Relationship Board Terms of Reference.

RESOLUTION

The Board appointed the following people to the Maori Relationship Board (MRB), in accordance with the attached Terms of Reference:

- Tatiana Cowan Greening
- George Mackey
- Trish Giddens
- Patrick LeGeyt
- Kerri Nuku
- Na Raihania
- Lynlee Aitcheson, and
- Des Ratima

Moved **Dan Druzianic**
Seconded **Andrew Blair**
Carried

Ngati Kahungunu Iwi Inc would be advised of the Board's endorsement of their nominations and members would be advised accordingly. **Action**

Board member appointees to MRB advised at the 18 December board meeting included: Ngahiwi Tomoana (Chair), Denise Eaglesome, Diana Kirton, Helen Francis and Heather Skipworth.

MONITORING

Human Resource KPIs Q2 (Sept-Dec 2013)

John McKeefry spoke to the tabled report, including updated December comparisons.

Sick leave at HBDHB reflected 3rd lowest of 20 DHBs, 1st lowest out of 6 mid central DHBs.

Staff Turnover had Hawke's Bay placed 7th lowest of 20 DHBs, 5th lowest out of 6 mid central DHBs.

Accrued Annual Leave showed we were 6th lowest of 20 DHBs, 1st lowest out of 6 mid central DHBs.

The Staff Ethnicity gap had been reduced from 51 employed in 30 June 2013 to 39 at the end of December 2013.

Maori Workforce KPIs

The first of the Tu Mai Ra KPI reports to the Board was taken as read.

It was noted there was a huge focus on attracting and recruiting those identifying as Maori into nursing and medical profession. It was particularly pleasing to see the progress made in the January 2014 intake, with 32% of successful candidates identifying as Maori.

There was some discussion around the "Incubator Programme" and the need for more promotion, especially for Wairoa College eg. videos, staff talking to students about their respect roles with encouragement provided.

Promotion of health careers was very important as was funding and scholarships for study. This was seen as crucial and Treaty Claimants must be made aware and plan for incentives to be put in place to encourage Maori to aim high with their career aspirations.

Actions:

- a) John McKeefry would relay comments made to the providers of the Incubator programme.
- b) Of places on Incubator in one local HB school, 7 students applied with only 5 places. This would also be followed up by John.

Performance Framework Exceptions Q2 (Sept-Dec 2013)

Recently issued Performance Framework Results compared with MOH rankings for Quarter two, were reviewed and discussed.

A summary of discussion around the report provided in the board papers follows:

- Technical issue around data recording in the Mental Health relapse prevention area was being reviewed.
- More relevant diabetes KPIs were required and this was being looked into
- CT scanner bedding in issues were noted.
- A drop in Green Prescriptions page 146 was noted. Discussions were being held with providers to lift this result.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

- 22. Confirmation of Minutes of Board Meeting dated 18 December 2013
- Public Excluded
- 23. Matters Arising from the Minutes of Board Meeting
- Public Excluded
- 24. Board Approval of Actions exceeding limits delegated by CEO
- 25. Chair's Report
- Regional Governance Group Meeting 3 February 2014
- HBL Chairs Update 18 February 2014
- 26. *Reports and Recommendations from Committee Chairs*
Finance Risk and Audit Committee – 26 February 2014
- 27. Immunisation Policy (Verbal Update)

Moved: Dan Druzianic
Seconded: Helen Francis
Carried

The meeting closed at 4.00 pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 26 MARCH 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.06 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (joined the meeting at 1.30pm)
Dan Druzianic
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis
Barbara Arnott
Heather Skipworth
Andrew Blair
Jacoby Poulain

Apology: -

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair Consumer Council)
John Gommans (Co-Chair Clinical Council)
Members of the public
Members of the media

Minutes Brenda Crēne

KARAKIA

Heather Skipworth opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance.

DECLARATIONS OF INTEREST

No member had any interest in the agenda items discussed.

Denise Eaglesome's appointment to Te Matau a Maui may need to be included on the register. **Action**

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 February 2014, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley

Seconded: Dan Druzianic

Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

Action 1: Patient Stories – work in progress

Action 2: Maternity Services Build Project – The timeframe has been brought forward by twelve months with the expected completion date now 1 July 2016.

- Action 4: Transform and Sustain five year programme – work in progress
- Action 5: Long Term Strategy for Pharmacies and Licensing – Take action forward. **Action**
- Action 6: Visit to HB Rescue Helicopter Hangar to review operations will be held on 30 April at 11.30am. FRAC Meeting to commence at 9.00am
- Action 7: CTAS Constitution changes – Take action forward. **Action**
- Action 9: Elective Services performance and waiting times had been referred to Clinical Council - work in progress
- Action 12: Institute of Directors (IoD) Training – awaiting feedback and proposal from the Institute. Have requested a Facilitator with “health” experience. Ongoing
- Action 14: HBDHB Incubator Programme: Actioned. Discussions have been held between the parties and with Wairoa College. Remove from actions.

BOARD WORK PLAN

The Board Work Plan for April 2014 was noted.

CHAIR'S REPORT

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

Name	Job Title	Years of Service
Lavinia Waihape	Cook	12
Rosemary Ormsby	Registered Nurse	48
Kathy Morley	Booking Co-ordinator	22
Gwen Arnold	Medical Secretary	23

An update of communications received since the last meeting were summarised.

- The PHO's performance for the first half of the financial year showed a significant increase in immunisation (3rd of 20 DHBs compared to 15th prior to July 2013). Better health indicators had moved from 6th to 11th and more heart and diabetes checks from 18th to 20th which was of concern. The DHB were working with the PHO to improve these target areas.
- Murray Milner (Chair of the Regional Governance Group for the central region) who was to retire at the end of February had his contract extended until May 2014.
- A letter had been received from the Trucking for HB Child Cancer Charitable Trust who own and operate Little Elms. The Trust wished to discuss a potential opportunity to work with the DHB on another venture.
Action: EMT to consider and advise the Board of their recommendation to the April Board Meeting.

CHIEF EXECUTIVE OFFICER'S REPORT

The report from the CEO was taken as read with commentary summarised as follows:

- Performance problems continue with the Hospital being under increasing pressure over the past 4-6 weeks with very high attendances at ED.
- An Elective Surgery plan has been put in place with additional work implemented, with anticipated improvement towards 105% by financial year end.
- Financial performance was good for the month and the year.

- Health Equity - **Did Not Attend (DNA) rates** are high nationally however Hawke's Bay was making this a priority focus.

Action CFO: How are DNA percentages calculated and reported. As an example - was a person advising non attendance the morning of the clinic/visit counted as a DNA?

Action CFO: Denise Eaglesome requested Wairoa DNA statistics be provided to enable her to mobilise initiatives in Wairoa, to assist.

Action CFO: DNA report(s) would be provided to Jacoby Poulain to enable better understanding around past initiatives.

For consideration: The suggestion that Pasifika people could be used in a trial for DNA improvement techniques. If successful, a refined model could be rolled out to other areas.

Texting was an efficient and well accepted reminder method used by many businesses, and further rollout within HBDHB was expected. A lengthy time delay until a patient's next appointment was raised as being easily forgotten, if not included followed up.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF JANUARY 2014

The Chief Financial Officer presented his report advising of a favourable variance of \$20 thousand in February with cumulative favourable variance of \$317 thousand year to date.

Following an overview of the report and noting the continued expectation of a surplus, the Board expressed appreciation of the work undertaken. It was especially pleasing to note progress with plans to meet the "Electives" target for year end.

The following write-off of uncollectable debts was considered and adopted as follows:

Action CFO: The CFO would provide detail around the HBL write off of \$4,200 on page 23 of the finance report.

Ngahiwi Tomoana joined the meeting.

RECOMMENDATION

That the Board:

Approve the write-off of \$415,030 of debtor balances considered to be uncollectable, and fully provided for.

Adopted

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 12 March 2014

Dr John Gommans (co-chair) was in attendance with the report taken as read, with summarised discussion around the following:

- Clinical Council had taken on formal oversight of the elective services programme as directed by the Board. A draft report had been prepared to provide Council with some context.
- A gap had been identified on Clinical Council's Membership around representation on Council from the electives area.
- All papers which had received full endorsement by Council at the 12 March meeting, was a reflection on having Council's early involvement in the topic/papers development. This has ensured and will continue to ensure smooth flow through to the Board with no surprises.

- The formation of the Clinical Research Committee was discussed and their wish and the Board agreed to promote an “Excellence in Health Research” Award at the 2015 Health Awards. **Action** The Committee had also decided to develop an Annual Report.

Hawke’s Bay Health Consumer Council – 13 March 2014

Chair, Graeme Norton (Chair) provided an overview to members on the following topics:

- The Pasifika Health Action Plan resulted in a lively discussion with members keen to see improved health outcomes for pacific people.
- Gastroenterology Model of Care was fully endorsed with some very interesting dialogue between consumer members, the doctors and Service Director at the heart of this development.
- Senior Health Quality and Safety Commission representatives who attended the Consumer Council meeting provided affirmative feedback advising this was the only Consumer forum in NZ they had observed which interacts with doctors and it is across the sector. They described this as a dream come true!
- Diabetes Clinical Pathways: Three consumer representatives were in the pathways development group with the challenge to ensure the patient’s perspective is built into the process. Graeme suggested a simple formula for achieving success with Consumer was Empathy + Engagement + Education = Empowerment.

Empathy (my experience, how I think, how I might struggle)
 Engagement (with me and my whanau, whoever is around me - needs to be involved)
 Education (eating, exercise, efficacy (meds))
 Empowered (the end result of getting it right and achieving the goal)

Maori Relationship Board – 19 March 2014

Ngahiwi Tomoana (Chair) provided an overview of the report tabled to members and highlighted: Recruitment of New Maori Nurse Graduates • Tu Tururiki (Maori Workforce Development) • Integrated Urgent Care in HB with support for Option 4 • Maori Health Strategy 2014-19 (the new version MAI was about taking responsibility for ourselves which was endorsed, and would be presented to NKII this week) plus there was a review of Annual Maori Health Plan 2014-17.

MRB’s discussion around Did Not Attends sought better clarification of what constitutes a DNA and wondered if a better definition should be applied.

DECISIONS

Gastroenterology Model of Care

Warrick Frater (COO) and Pip Stewart (Service Director for Acute and Medical) presented the paper. The Model of Care (MOC) was developed following the Business case approved in principle in August 2012. The MOC had been through a number of iterations with the involvement of Clinical Council and more recently the Consumer Council who were thanked for their input.

- The challenge or drivers for change came from the present gridlocked facility in the Hospital which was unable to cope with demographic growth, or the potential rollout of the national bowel screening service in due course.
- A “one stop shop” single focussed facility would work extremely efficiently, based on international best practice and design.
- Rapid turnover is the efficient Model of Care. We cannot continue in the current theatre model which does not work for patients or clinicians.
- The assumptions for anticipated volumes made in the 2012 Business Case to the Board aligns with the Waitemata Pilot presently being run.

HBDHB need to do something to meet increasing demand, how we afford this was through continuing to achieve planned surpluses through which capital projects are funded. Savings achieved should not necessarily be seen as cut backs, as improving quality often costs less. We are striving for quality instead of continuing with an inefficient system.

Key issues raised during discussion included:

- The probability of the bowel screening programme being rolled out.
- Lessons learned from the Theatre 7 Project.
- Potential costs involved in developing detailed design.
- Value engineering opportunities
- Potential for alternative funding sources.

RESOLUTION

That the Board:

- Continue to support the Business Case in Principle
- Approve the Model of Care on the assumption the bowel screening programme will be rolled out.
- Request management continue to refine the business case, with specific inclusion of:
 - Time and costs involved in detailed design phase.
 - Value engineering opportunities and consequential cost savings.
 - Potential alternatives for funding.

Moved **Helen Francis**
Seconded **Peter Dunkerley**
Carried

Helen Francis left the meeting.

Pasifika Health Action Plan

Talalelei Taufale (Pacific Health Development Manager) provided an overview of the paper and the process followed to get to this point. Feedback received had been fully supported by Clinical Council with Consumer Council being very focused on the need to include more detailed actions to improve the health of pacific people.

The best way to achieve the improved health goals was through building relationships, having conversations and sharing information around better health versus just being told. The priority was to bring everyone along the journey together.

Action Director Population Health:

- a) A Pasifika Health Leadership Group Report would be provided to the Board following PHLG meetings and included on the Board Workplan.
- b) Indicators were being reviewed and considered for inclusion in Pasifika Framework.

The board acknowledged the good work around relationships building and work with church groups and it was nice to see the goal of maternal health and wellbeing being put into action.

The board endorsed the Pasifika Health Action Plan.

RECOMMENDATION

That the Board:

Endorsed Pasifika Health Action Plan

Adopted

Mai Maori Health Strategy 2014-2019

The Board received a presentation and overview of the work to date, advising the Maori Health Strategy Dashboard would be presented to Clinical Council in May.

MRB endorsement of the Strategy, along with Clinical and Consumer Councils, was noted.

RESOLUTION

That the Board:

Endorse the Mai Māori Health Strategy 2014-2019.

Moved **Ngahiwi Tomoana**
Seconded **Heather Skipworth**

Carried

Integrated Urgent Care Consultation Plan

Tim Evans (CFO) provided a follow up to the February Board paper and noted the discussion had by FRAC earlier in the day.

A major concern raised was that the intended consultation should be led and owned by the proposed Service Level Alliance Team, to have the best chance at effecting change. MRB, Clinical Council and Consumer Council also needed to be fully engaged in the process.

So as not to lose momentum, a range of actions could be undertaken while the Alliance was being established. It was generally agreed to wait and have everyone move forward together.

RECOMMENDATION

That the Board:

- Approve the principle of public consultation but defer the process pending the formation and consideration of the process by the proposed Service Level Alliance Team.
- That clinicians in particular continue to be engaged in the interim.

Adopted

DISCUSSION AND FEEDBACK

Draft Annual Plan 2014/15 and Statement of Intent 2014-18

The plan provided was noted and the direction indicated was endorsed.

Draft Regional Services Plan

Tim Evans advised the detail provided was consistent with HBDHB's strategies. The document was noted with no feedback provided for plan developers.

MONITORING

Tu Mai Ra 2013-14 Q2 (Sept-Dec 2013)

The board noted the simple, refined document which focused on the issues, performance to date and the challenges ahead. Inequalities and the Treaty of Waitangi Responsiveness would be included in future.

Ngahiwi Tomoana was very passionate about services and indicators relating to cancer screening as they were in the hearts and minds of his people.

KHW Status Update

The programmes were currently being reviewed against performance with the focus being on revitalising them going forward.

The Board endorsed the steps outlined in this report for revitalising the Kahungunu Hikoī Whenua programme.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

22. Confirmation of Minutes of Board Meeting dated 26 February 2014
- Public Excluded
23. Matters Arising from the Minutes of Board Meeting
- Public Excluded
24. Board Approval of Actions exceeding limits delegated by CEO (nil)
25. Chair's Report
- Regional Governance Group Meeting 5 March 2014
26. *Reports and Recommendations from Committee Chairs*
Finance Risk and Audit Committee – 26 March 2014
Maori Relationship Board Meeting – 19 March 2014
27. Update Suicides in Hawke's Bay
28. Annual Plan Financials

Moved: Dan Druzianic

Seconded: Andrew Blair

Carried

The meeting closed at 4.32pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 30 APRIL 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis
Barbara Arnott
Heather Skipworth
Andrew Blair
Jacoby Poulain

Apology: Nil

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair Consumer Council)
Chris McKenna (Co-Chair Clinical Council)
Members of the public
Members of the media

Minutes Brenda Crêne

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance.

DECLARATIONS OF INTEREST

No member had any interest in the agenda items discussed.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 March 2014, were confirmed as a correct record of the meeting.

Moved: Barbara Arnott

Seconded: Dan Druzianic

Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

Action 1: Patient Stories, remains on actions as work in progress.

Action 2: Transform and Sustain Five Year Programme – report to the Board in May

Action 3: Long Term Strategy for Pharmacies and Licensing – timeline to be determined

- Action 4: CTAS Constitution Changes – Regional Governance Group meet in early May, and the CTAS Board to visit Hawke’s Bay on 28 June.
- Action 5: Elective Services performance and waiting times – discussed by FRAC, work in progress.
- Action 6: Integrated Urgent Care – advised working with professionals to ascertain their interest in being part of the Service Level Alliance Team.
- Action 7: Institute of Directors (IoD) Training and Development Programme – arranged for 8.30am Wednesday 23 July 2014 with facilitator Professor Dr Jens Mueller.
- Nominations from within the health sector in Hawke’s Bay would be sought to attend in addition there was an expectation that all HBDHB Board members would be in attendance.
- Action:** Other experienced outside directors (3-4) would be sought to attend later in the day for a panel discussion. Suggestions would be provided to the Chair outside the meeting.
- A further Training Day around finance and risk would be run by the IoD later in the year.
- Action 8: Did Not Attend (DNA) Health Equity: Information had been provided by email to board members in response to queries from the prior meeting.
- It was advised the HBDHB DNA Project Team led by Tracee TeHuia (GM Maori Health) had been formed. The work undertaken would be align with work nationally as this issue was wide spread amongst DHBs.
- Action 9: The HBL write off of \$4,200 on page 23 of the February Finance Report noted last month, was confirmed as a technical write off due to an incorrect accrual.

BOARD WORK PLAN

The Board Work Plan for May 2014 was noted. Detail around the Health Benefits Limited visit on the 28th May (the next Board Meeting day) was in hand. The FRAC meeting would be brought forward to 9am that day.

CHAIR’S REPORT

The Chair advised of the following retirement, with a letter being sent conveying the Board’s wishes and thanks for her extended service.

Name	Job Title	Area	Years of Service
Rhonda Kitching	Registered Nurse	Acute & Medical	40

An update of communications received since the last meeting were summarised.

- Gwen Arnold had provided a response to the Chair acknowledging her retirement.
- The Chair of Health Benefits Limited had written providing an outline of food, linen and laundry services, advising of meetings planned with boards in near future.
- The CEO of Health Benefits Ltd, Nigel Wilkinson had resigned from his role.
- Advice had been received that David Wood would take over as interim CEO of Health Benefits Ltd.
- A letter had been received from the MoH advising an agreement had been reached with Microsoft to provide continued support to the government sector as the April deadline to upgrade, from earlier Microsoft Operating systems, had not been met. This arrangement provides coverage for six months whilst DHBs continue with their software upgrades.
- The half yearly report from Health and Disability Commissioner noted 30 complaints had been received from Hawke’s Bay equating to 77.74 complaints per 100,000 discharges.

Chair, HB Health Consumer Council

The fine work undertaken by Graeme Norton as Chair of the Consumer Council was acknowledged by the Board Chair. With the interim term of one year now complete there was no hesitation to reappoint Graeme for an extended term. The Board congratulated Graeme on his achievements to date.

Recommendation

That the Board reappoint Graeme Norton as Chair of the Hawke's Bay Health Consumer Council for a further term expiring 31 March 2017

Adopted

CHIEF EXECUTIVE OFFICER'S REPORT

The report from the CEO was taken as read with commentary around the challenges experienced to deliver elective discharge numbers and reduce the time spent in the Emergency Department (patient flow). Intense work is being undertaken in both areas with improvements expected to meet June 30 MoH expectations success meaning the receipt of an additional \$1.0m.

Clinical Pharmacist Facilitators Business Case to provide pharmacists facilitators (funded by the DHB) to work within General Practices would be a positive move for health in Hawke's Bay. This initiative would be a first for NZ, with evidence from other countries showing positive improvements for all stakeholders, especially GPs and their patients.

Following the establishment of the Health Equity Champion in 2013, the Board would expect a Health Equity Annual Report later in the year. This would be an independent report not bounded by organisational concerns but representing the broader community.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF MARCH 2014

The Chief Financial Officer advised of a favourable variance of \$32 thousand in March, with a cumulative favourable variance of \$350 thousand year to date, with the forecast result for financial year end remaining at \$3.0m.

Generally costs savings have been through good management and a focus on systematic changes in many areas including some in the community.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 9 April 2014

Chris McKenna (co-chair) presented the report and advised a new member Dr Kiri Bird had been welcomed to Council as a GP member, replacing the vacant position left by Dr Tipene Leach.

The report was taken as read with strong support by Council for the Clinical Pharmacist Facilitators Business Case advised.

Clinical Council had set aside part of their quarterly Meeting in May to focus on Elective Services with clinicians and senior staff invited to contribute. Council would be holding a Workshop

Hawke's Bay Health Consumer Council – 10 April 2014

Chair, Graeme Norton provided commentary on the meeting held with the report taken as read.

General discussion followed around Mental Health Service Redesign and the approach by mental health consumers to be more involved. This should be seen as an opportunity as it

appears that consumers had been left behind and the system had not responded to their requests in a timely manner. In the absence of real engagement, mental health consumers were at a loss and accordingly misconceptions have formed. We need some enlightened actions out of this as consumer expectations are realistic, they just wish to be heard and appropriate care to result. Consumer Council have been working with the parties and a meeting was imminent.

DECISION PAPERS

Clinical Pharmacist Facilitators Working in General Practice – Proposed Expansion of Service across Hawke’s Bay

The report was taken as read. It was noted Clinical and Consumer Councils had provided their full support for the Business Case. Kieran McCann (GM Integrated Care Services), Billy Allan (Chief Pharmacist) and Sue Ward were in attendance for this discussion.

A trial undertaken since 2010 had achieved very positive results and had met all three components of the “Triple Aim”. The subsequent evaluation of the trial resulted in this Business Case being put forward to implement/roll out clinical facilitators within general practice throughout Hawke’s Bay to enhance services. This programme of investment would be self funding in the first instance – as there is an expectation that medicine costs (drugs and cost of supply) would reduce and be captured as savings against the DHB Community Pharmacy budget.

The eight clinical facilitator pharmacist roles would be advertised, and depending whether a number of suitable applicants presented, it was agreed they would be taken on and the programme fast tracked if candidates became available. Peter Dunkerley was particularly enthusiastic as this concept would use pharmacists in the way they are trained.

The goal was a whole of system approach which would improve pharmaceutical quality, provide better service for consumers and bring the pharmacy spend down through vigilance.

This was at the start of the pharmacist journey to see how pharmacists will add value to General Practice and the journey will grow and mature over time but facilitators would remain as part of business as usual.

RESOLUTION That the Board

1. **Note** this Business Case has been endorsed by the HB Clinical Council, HB Health Consumer Council and the Clinical Quality Advisory Committee – Health Hawke’s Bay
2. **Note** the content of the Executive Summary which summarises the key intentions
3. **Note** the preferred service model/configuration is based on eight Clinical Pharmacist Facilitators working across eight geographic practice ‘clusters’
4. **Note** a phased rollout and service development over two to three years is supported, this recognising that experienced Clinical Pharmacists may be a scarce resource
5. **Approve** an additional investment of \$432,000 Year 1 (2014/15) and \$368,000 Year 2 (2015/16).
6. **Note** Year 1 is to be funded from the projected reduction in HBDHB community pharmacy expenditure indicated by the latest PHARMAC forecast, and an additional \$104k further savings for anticipated savings associated with the implementation of new roles
7. **Note** total DHB funding to support the programme once fully implemented will be approximately \$950,000 per annum
8. **Note** the greatest risk to full and timely implementation is the availability of

appropriately qualified and experienced clinical pharmacists. With this in mind:

9. **Support** an opportunistic approach to securing suitable staff early, should they present.

Moved: Peter Dunkerley
Seconded: Ngahiwi Tomoana

Maori Health Plan 2013/14 – Report from the Target Champion for Diabetes

Nicola Ehau, Head of Health Services for Health Hawke's Bay, was in attendance for Liz Stockley (CEO Health Hawke's Bay Ltd)

Due to the slow pace in progress on some Maori health indicators, this was the first report from the Diabetes Champion advising work was underway to develop better quality indicators to provide a better reflection of the Hawke's Bay population. We presently struggle with data sources and back office breakdowns for specific reporting, including ethnicity.

In discussion it was acknowledged as important to capture the rate of improvement in diabetic conditions. Through programmes including Kahungunu Hikoi Whenua and also Iron Maori, people were increasingly becoming more aware and taking responsibility for their own health. We need to capture and demonstrate the outcomes of such programmes.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

14. Confirmation of Minutes of Board Meeting dated 26 March 2014
- Public Excluded
 15. Matters Arising from the Minutes of Board Meeting
- Public Excluded
 16. Board Approval of Actions exceeding limits delegated by CEO (nil)
 17. Chair's Report
- Regional Governance Group Meeting 7 April 2014
- HBL Chairs Update 16 April 2014
- Reports and Recommendations from Committee Chairs*
18. Finance Risk and Audit Committee – 30 April 2014
 19. Transformational Management and Leadership Development Programme Presentation

Moved: Diana Kirton
Seconded: Denise Eaglesome
Carried

The meeting closed at 2.24pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 25 JUNE 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.07 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis
Barbara Arnott
Heather Skipworth
Andrew Blair
Jacoby Poulain

Apology: Denise Eaglesome

In Attendance: Members of the Executive Management Team
Graeme Norton (Chair, HB Health Consumer Council)
John Gommans and Chris McKenna (Co-Chairs HB Clinical Council)
Members of the public
Members of the media

Minutes Brenda Crene

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance. Board member Heather Skipworth was congratulated on receiving her Queen Service Medal (QSM) announced in the Queen's Birthday honours list in early June.

DECLARATIONS OF INTEREST

Helen Francis had advised (prior to the meeting) that she was now the Patron and a Life Member of the Alzheimer's Society.

Peter Dunkerley advised he had been reappointed as a Trustee of the HB Rescue Helicopter Trust.

DEPUTATION

A request to speak had been received on behalf of parties on the topic of "Institutional Elder Abuse". A welcome was extended to those attending to support the deputation.

Cressida Sing and Annette Burgan (Health Care Assistants) spoke as representatives of the elderly on their experiences within an aged care facility. Their key concern were for those living and working in an environment where they felt safety was being compromised, due to reductions in clinical staffing number (hours) and the lack of proper training provided to care assistants. They felt the DHB should do more to ensure such facilities maintained clinical and quality standards and reduce this increasing risk.

In response, the Chair advised the first step was to communicate the perceived safety risk, ensuring important incidents were well documented and brought to the attention of management of the facility, prior to having the DHB involved.

If safety was still of concern, a “complaint” should be lodged with the HBDHB’s CEO. The DHB are able to conduct spot audits without notice, under existing contracts. The CEO could also refer matters of concern to the HB Health Consumer Council and HB Clinical Council.

If all else failed a complaint could be lodged with the Health and Disability Commissioner.

Those in attendance for this item, left the meeting.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 28 May 2014, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

- Item 1: The Board will receive an update on Integrated Urgent Care in July
- Item 2: Actioned
- Item 3: The Oral Health Plan has been included on the Board’s August agenda.

BOARD WORK PLAN

The Board Work Plan for July 2014 was noted.

Institute of Directors Board Training will be held on 23 July – attendance had been confirmed from all board members in attendance, with one outstanding to be followed up.

The HB Health Sector Leadership Forum will be held 15 October at the Te Taiwhenua o Heretaunga

The KHW Update was to be revised with the next paper due to the Board in September.

CHAIR’S REPORT

The Chair advised of the following retirement, with a letter being sent conveying the Board’s wishes and thanks for her extended years of devoted service which included 29 years as a dental nurse.

Name	Job Title	Area	Years of Service
Lorraine Arrowsmith	Sterile Services Manager	Surgical Services	40 years

An update of communications received since the last meeting were summarised.

- Consent had been received from the Minister of Health to dispose of three properties (210 Nelson Street South, Hastings; 307 Omahu Road, Hastings and 59 Kennedy Road, Napier) with several conditions imposed.
- A letter had been received from Ngahiwi Tomoana on behalf of the Ngati Kahungunu Board approving the Mai Māori Health Strategy
- A letter of thanks had been received from a Hawke’s Bay couple who had moved to Tauranga, praising the high level of specialist care they had received for which they were most appreciative.

- “How my PHO is performing” in quarter three had been received with Hawke’s Bay 6/36 for immunisation. Better health for smokers to quit was not tracking well at 74%, 15/36, Liz Stockley CEO of Health HB was present and advised that campaigns did not change behaviour and a resource had been employed to work directly with general practices from mid July to improve the result.

Heart and diabetes check sitting at 79%, 22/36, and the next quarter would be very close to target.

- A letter had been received from the DHB Dietician Leadership Group (representing the 20 DHBs), advising that whilst they were involved in discussions around national food contract – they were now no longer involved in dialogue and as key stakeholders they would like to be informed of the proposal when received so that they can provide individual DHB’s with advice on the proposed solution. The Chair agreed that this advice was essential before the Board made any decision on the any HBL proposal.
- Two letters were received from the Napier Community regarding overnight care at Napier Health Centre. Unfortunately many are misinformed as the decision has not yet been made and wider consultation was still to be carried out.

CHIEF EXECUTIVE OFFICER’S REPORT

The report from the CEO was presented by the Acting CEO Tim Evans.

Thanks were extended to the efforts of our elective services teams, and to securing the additional elective surgery to improve elective surgical discharges. In month eleven we have achieved 96.3% of planned discharges and, as focus continues through to the end of June, we anticipate meeting our elective discharge target of 100%, plus 200 discharges for the year.

We have not met our “Shorter Stays in ED” target even with our very best efforts however this patient flow system issue is receiving a great deal of focus. The increase in electives has impacted not only on ED but has created bed space issues in the Hospital, with the higher patient inflow due to the winter ills cycle.

The Transform and Sustain Projects update which was brought to the Board in May, will be issued quarterly with the next provided in August.

More meaningful cardiovascular indicators focusing on the continuum versus the speed of service access were being developed.

“Obesity” was a major driver of poor health nationally, with a staggering 51% of the Māori adult population being classified as obese in Hawke’s Bay. There was general discussion around ways to address the rising obesity statistics with suggestions:

- To run a “Top Town” promotion/competition and build on current initiatives.
- Focus learnings from those who participate in “Iron Māori” through auditing.
- It was agreed an “integrated” approach to curb obesity in the region should be developed. This was about inspiring people to take responsibility for themselves (buy in) rather than just advising them on what they should and should not do.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF MAY 2014

Dan Druzianic, Chair of the Finance Audit and Risk (FRAC) Committee advised they had endorsed the resolution and recommended the Board approve the write off noted on page 25 of the Finance report.

RESOLUTION

That the Board:

Approve the write-off of \$177,630 of debtor balances considered to be uncollectable.

Moved

Ngahiwi Tomoana

Seconded

Diana Kirton

Carried

The Acting Chief Financial Officer, Peter Kennedy advised of an adverse variance of \$322 thousand in May. This brings us to a cumulative favourable variance of \$19 thousand for the year to date, with the forecast result remaining at \$3.0m.

Additional costs were incurred due to the focus on elective surgery and combined with high bed occupancy rates.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

The report on the Clinical Council meeting held on 11 June 2014 was noted and summarised as follows:

- Clinical Dashboard Champions will provide better consistency for more informed commentary on the Clinical Indicators in future.
- Being mindful the Board had requested Council to focus on Electives, timing for full involvement has been difficult, given that staff have been extremely busy focusing on achieving the year end result for electives.
- Consumer and adverse event reports provided were scrutinised by Council and found to provide only part of the story (data) and not outcomes.
- In Council's clinical governance role there has been a focus on specimens and labelling errors.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council provided an update to the Board from the Consumer Council meeting held on 12 June 2014, noting in particular:

- Diabetes clinical pathways process was moving forward with good participation.
- The Medical Director of Mental Health and Addictions, Dr Simon Shaw had been very open to consumer involvement in the redesign of the Mental Health Service. Special thanks were expressed and Kieran McCann would ensure the positive feedback was relayed to Dr Shaw and his team. Board members endorsed this feedback. **Action**
- Graeme had attended a Workshop on Design and Co-Design which provides for a lot of opportunities going forward. It was important to get the models of care right but just as important was getting the approach to care right also. This was not about bringing consumers in once, it was more about consumer input and guidance being sought on an ongoing basis.

Māori Relationship Board (MRB)

Ngahiwi Tomoana, Chair of MRB provided an update on the meeting held 18 June 2014, with the prepared report emailed to board members prior to the meeting. The MRB meeting had been very positive.

There had been discussion around the frequency and length of meetings and it was suggested by MRB that NKII may host four additional meetings per year.

Requests were made to focus on the following:

- An acceleration of Cultural perspectives training for all staff; and
- The Patient Experience Survey by ethnicity.

It was noted board members received an email on 30 June, from the MoH for online Māori Health Governance Training.

MRB were pleased to see the development of a "Nursing and Midwifery Strategic Plan for 2014-2019" and were keen ensure that nursing services were culturally appropriate.

The Oral Health KPI presentation highlighted a move to quadruple enrolment for oral health with a particular focus on difficult to contact whānau. MRB support this approach.

Concern was raised that bariatric surgery, as a local indicator had been dropped and it had been requested this be reinstated. Obesity was of real concern to MRB and must be prioritised as a local indicator.

Cultural competency at GP level was also raised.

The Board agreed with the Chair of MRB's suggestion that he would arrange to incorporate a cultural flavour to the next HB Health Sector Leadership Forum being held on 15 October at the Te Taiwhenua o Heretaunga facility. **Action**

From the National Chairs Forum, it was noted there would likely be a surplus of doctors in the foreseeable future. Following general discussion it was advised with graduates coming through they were not just needed in the districts but having doctors focus on specialties was also important. There appeared to be a good level of interest of graduates moving into general practice.

MONITORING PAPER

Tu Mai Ra Quarter 3 Report (Jan-Mar 2014)

Tracee Te Huia (General Manager Māori Health) was in attendance and was very appreciative to the Board for monitoring Māori Health KPIs in Hawke's Bay. In a Newsletter for Māori Health the improvements seen were quite phenomenal. It was great to see the respective KPI Champions taking ownership and developing plans to ensure their respective targets were moving in the right direction.

A copy of the new "Māori Health Plan Dashboard" was provided and discussed. Nationally commentary was provided on the 11 KPIs with no commentary on our eight local KPIs. The Board Chair felt there should be strong focus on a relatively small number of important areas (KPIs) with focused resourcing to make a difference. It was understood that many KPIs were driven by external societal factors nationally, however it was suggested that MRB look at the ones that can be driven outside of that plan. **Action** MRB would look into this and feed back to the Board.

FOR ENDORSEMENT

Final Regional Services Plan 2014/15 and Final Annual Plan and Statement of Intent

Paul Malan provided a verbal update as both reports were at the Ministers Office awaiting approval.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

17. Confirmation of Minutes of Board Meeting dated 28 May 2014
- Public Excluded
18. Matters Arising from the Minutes of Board Meeting
- Public Excluded
19. Board Approval of Actions exceeding limits delegated by CEO (nil)
20. Chair's Report
- HBL Chairs Update for June (unavailable)
Reports and Recommendations from Committee Chairs
21. Finance Risk and Audit Committee – 25 June 2014
22. Hawke's Bay Clinical Council – 11 June 2014
23. Integrated Pathology Services
Laboratory Services Partnership Update and future contracting options
24. New Mental Health Facility - Letting Construction Contract

Moved: Dan Druzianic
Seconded: Barbara Arnott
Carried

The meeting closed at 2.50pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 28 MAY 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.07 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Peter Dunkerley
Denise Eaglesome (departed at 3.10pm)
Diana Kirton
Helen Francis
Barbara Arnott
Heather Skipworth
Andrew Blair
Jacoby Poulain

Apology: Nil

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair, HB Health Consumer Council)
John Gommans and Chris McKenna (Co-Chairs HB Clinical Council)
Members of the public
Members of the media

Minutes Annie Quinlivan

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

Following the Karakia, Ngahiwi Tomoana congratulated the Chairman on his acknowledgement at the recent 2014 Hawke's Bay Sports Awards where he was officially recognised for his generous support of sport in the region.

WELCOME

The Chair opened the meeting and welcomed those in attendance. He also advised that Denise Eaglesome would be departing the meeting at 3pm.

DECLARATIONS OF INTEREST

Peter Dunkerley advised he had been reinstated as a Trustee of the Hawke's Bay Helicopter Rescue Trust on 15 May 2014.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 30 April 2014, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Dan Druzianic
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

- Action 1: Patient Stories now in project – to be brought to Board in August 2014. On workplan.
- Action 3: Long Term Strategy for Pharmacies and Licensing – June 2014. (Later amended to July 2014). On workplan
- Action 4: CTAS Constitution Changes – Regional Governance Group meet in early May, and the CTAS Board to visit Hawke’s Bay on 28 June.
- Action 6: Integrated Urgent Care – advised working with professionals to ascertain their interest in being part of the Service Level Alliance Team.
- Action 7: Institute of Directors (IoD) Training and Development Programme – working through a process to change the facilitator.

BOARD WORK PLAN

The Board Work Plan for June 2014 was noted.

CHAIR’S REPORT

The Chair advised of the following retirement, with a letter being sent conveying the Board’s wishes and thanks for her extended service.

Name	Job Title	Area	Years of Service
Adeline Teoh	Registered Nurse	Surgical Services	25

An update of communications received since the last meeting were summarised.

- Release of the 2014 Budget by the Government which had allocated an extra \$1.8 billion over four years to the health sector. This was made up of \$1.39 billion of new money and \$412 million of savings. This included additional funding in the following areas:
 - \$275m per year for DHB demographics and cost pressures
 - \$200m new NDE capital for DHBs
 - \$90m for free prescriptions and GP visit for under 13s starting 1 July 2015
 - \$110m over four years for elective surgery, including \$10m for bariatric surgery
 - \$40m over four years for aged care and dementia
 - \$6.3m over four years for bilateral cochlear implants
 - \$32.7m for cancer services, including psychologist and support workers
- Programme director of the CRISP Project Paul Roberts had recently resigned.
- The Chair advised that both he and the CEO had been exploring the possibility of getting the air link between Hawke’s Bay and the Chatham Islands reinstated. Currently Air Chathams flew out of Wellington and Christchurch. Preliminary discussions with the owner of Air Chathams look promising. The CEO and the Chair would soon be meeting with Air Chathams management and the Chair implied that there would be benefits not only for the health sector but also for education (public and private schooling), tourism for Napier/Hastings and the wider region, and with the bigger plane used by Air Chathams, the increase in freight being between HB and the Chathams would be a positive effect.
- The Chair also said that it was disappointing that Hawke’s Bay was at the bottom of the performance table for elective surgery. HB ranked 20th nationally for improved access to elective surgery, achieving 95% of its target. It was noted however that performance has significantly improved over recent months and it is expected that year end targets will be achieved.

- The Chair advised that he had received a letter from the Chairman of Allied Laundry advising that the forecast end of year profit was estimated to be \$160,000 despite the company incurring significant costs on the HBL process.

CHIEF EXECUTIVE OFFICER'S REPORT

The report from the CEO was taken as read with commentary around the following

- Napier Health Centre – Night Nursing: The CEO was disappointed around the recent advertisements being placed in local newspapers regarding the night nursing at the Napier Health Centre. He reiterated that no decision had been made and to suggest that a decision has been made is misleading. Any decision would involve and include the best clinical advice and the proposal would be ratified by the Board after rigorous public consultation.
- As referred to in the Chair's report, the CEO advised it was disappointing to see HBDHB was not doing well in the national performance tables for elective surgery. However with the proposed changes to productivity in the theatres and with the new clinical leadership being initiated, he believed there would be improvement in the next reporting cycle.
- The building of better capacity ie., with the recent recruitment of a vascular surgeon, breast surgeon and colorectal surgeon, the CEO believed it was an encouraging sign to increase capacity, These three surgeons were all committed to the region and this would be Hawke's Bay in a great position in relation to general surgery.
- There had been a reduction in people waiting for outpatients appointments beyond four months – this had gone from 191 to 43 as well as 43 down to 9 people waiting for surgery.
- The CEO referred to the introduction of fluoride in Wairoa. Discussion was had at the meeting and in particular Board member Denise Eaglesome gave some local content around what is going on and the opinions in Wairoa around fluoridation. The CEO advised that a presentation which Ms Eaglesome could use to assist and support her lobbying for fluoridation for Wairoa was currently being prepared.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF APRIL 2014

The Chief Financial Officer (CFO) advised of a small unfavourable variance of \$11 thousand in April. This brings us to a cumulative favourable variance of \$339,000 for the year to date.

The CFO requested that the Board approve the increase in delegated authority to approve expenditure from special funds up to \$200k for the CEO and \$100k for the COO. It was also suggested at the meeting that a strategy be prepared to illustrate and identify the areas, with the assistance of clinicians how that \$300k could be best spent. This would go through FRAC then on through to the Board.

Action

RESOLUTION

That the Board:

Temporarily Increase the CEO's delegated authority to approve expenditure from special funds up to \$200,000 and for the Chief Operating Office up to \$100,000, for the 2013/14 financial year.

Moved: Barbara Arnott

Seconded: Andrew Blair

Carried

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 14 May 2014

The report on the Clinical Council meeting held on 14 May 2014 was noted. Dr John Gommans spoke to the meeting regarding a sub-committee that had been set up to address the issue of incorrect labelling of specimens – either handwritten or printed. The subcommittee were revising some studies and benchmarking around the best process for this and options were being developed for a business case of going forward targeting ED.

Hawke's Bay Health Consumer Council – 15 May 2014

Graeme Norton, Chair of the Consumer Council provided an update to the Board from the Consumer Council meeting held on 15 May 2014, noting in particular:

- The Consumer Council had been reviewing the mental health redesign. A meeting had been held recently with attendances by staff from the mental health service and consumers and was moving ahead effectively.
- The Consumer Council was celebrating its 12 month anniversary next month and Mr Norton advised the Board to expect the Council to be more proactive as “delegates” of HB consumers and to expect increased innovation from the Council.
- There was a process underway regarding replacements on the Consumer Council and this would be confirmed at next month's Board meeting.

Pasifika Health Leadership Group – 19 May 2014

Barbara Arnott on behalf of the Pasifika Health Leadership Group gave a progress update. In summary the group were preparing a workplan. It was evident that the PHLG had the passion and contacts in the community to make a difference in terms of the uptake of health education and services from the Pasifika community. The workplan will focus on the areas that have previously been identified as gaps for the Pasifika people one specifically being the DNA's (Do Not Attends).

In addition, the Group wanted to meet more regularly than four times a year which had been initially agreed upon. It was considered that once the workplan had been finalised, that to ensure the objectives in the workplan could be achieved the group would have to meet more than once every three months, at least over the next year or so to gain some momentum. The group were scheduled to meet again in July 2014.

DECISION PAPERS

Enhanced Community Services for Frail Older People – Business Case

Kieran McCann (General Manager Integrated Care Services), Allison Stevenson (Service Director), Mary Wills (Service Re-design Manager) were in attendance at the meeting and presented the above Business Case to the Board.

It was noted that the Consumer Council and Clinical Council were both supportive of this business case.

RESOLUTION

That the Board:

Approve the Business Case and investment in Option 2, (ie. that there be a staged roll out to Napier, then to Hastings and Havelock North implemented over the period May 2014 through to December 2015).

Moved: Denise Eaglesome

Seconded: Helen Francis

Carried

Transforming Primary and Community Health Care in Hawke's Bay

Nicola Ehau (Health HB) and Andrea Jopling (Service Redesign Manager) along with Liz Stockley (CEO Health HB) presented this paper to the Board.

The result of this paper had been reached through engagement with stakeholders including every governance group within PHO and DHB as well as reference groups speaking about the challenges and potential solutions. Scores of providers and GPs involved in the engagement had resulted in significant consensus around the establishment of community cluster/networks and the use of multidisciplinary teams.

It was presented to the Board to agree the plan and the model approach to co-ordinating an implementing the framework.

It was noted that the Consumer Council and Clinical Council were both supportive of this strategic framework.

RESOLUTION

That the Board:

1. **Note** the content of the paper entitled Transforming Primary & Community Health Care in Hawke's Bay 2013 – 2018 – A Strategic Framework.
2. **Agree** to the vision, goals and priority plan of the Framework.
3. **Agree** to a community cluster model approach to co-ordinating and implementing the Framework.

Moved: Barbara Arnott
Seconded: Peter Dunkerley
Carried

Transform and Sustain Overview

The CFO advised the Board that the Transform and Sustain strategy was being managed and implemented through the Project Management framework. Progress Reporting and performance was focussed through the Executive Management Team and the Finance Risk and Audit Committee.

The paper proposed to add a high level report which would give all DHB Board members an at-a-glance overview of Transform & Sustain implementation.

RECOMMENDATION

That the Board:

1. Note the context and purpose of the proposed Transform & Sustain overview
2. Approve the format of the report

Adopted

Board Code of Conduct and Ethics Review

The Board Code of Conduct and Ethics forms Schedule 4 of the HBDHB Governance Manual. Given the current Code was last reviewed and adopted in 2010, the Board were requested to once again review and update it where appropriate.

The Company Secretary specifically advised that recently an issue arose that appeared not to be covered within the Code so an addition to the Code has been drafted for Board consideration and approval. The addition was in the section “Complaints Procedure” and the addition is shown below in *bold italics*:

“Complaints Procedure

Board members will respect their role in providing a community voice to the activities of the District Health Board. Equally, however, board members will recognise that the organisation through the mandate of the board will have processes in place to seek public consultation, prioritise resources, establish waiting lists and times and respond to consumer complaints etc. To that end board members will:

- *Advise residents/health consumers, who desire personal matters to be brought to the attention of the District Health Board, to follow the proper procedure for raising issues and registering complaints;*
- *Not advocate on behalf of an individual beyond advising them of the complaints procedure and later checking that the matter has been addressed satisfactorily by the organisation. (‘Satisfactorily’ refers to the procedures followed by the organisation in addressing the matter, not necessarily whether the outcome is as the individual would wish.) Should board members become aware of a matter of real significance and/or urgency however, this shall be raised immediately with the Chief Executive who will discuss/agree/advise (as appropriate) how the matter will be addressed, and the board member advised of the outcome (with the Chair being kept informed of the whole process); and*
- *Not make commitments for board related work or expenditure which have not been previously approved by the District Health Board, nor create any liability for the District Health Board beyond authorised delegations.*

No further deletions, additions or amendments were identified.

RECOMMENDATION

That the Board adopt the Board Code of Conduct and Ethics” as amended above.

Adopted

MONITORING

Performance Framework Exceptions Q3 Jan-Mar 2014

The Chief Financial Officer advised that the purpose of this paper was to provide the Board with exception reporting on the Hawke’s Bay District Health Board’s performance on the Statement of Intent (SOI) and the District Annual Plan (DAP).

Achievements

- Health Targets - exceeded target in January to March 2014 quarter 3 for shorter waits for cancer treatment, increased immunisation and better help for smokers to quit – hospital.

- 'Percentage of accepted referrals that receive their CT scans within 42 days' has seen further improvement and remains favourable at 94.1%.

Areas of Progress

- Progress in the More Heart and Diabetes Checks Health Target compared to last quarter and currently sits at 79.1%, this is still below the target of 90%.
- There was further improvement in 'Percentage of cancelled elective cases as a result of prioritised acute demand' in this quarter compared with the previous quarter.

Areas of Focus

Continued to focus efforts in order to make gains with particular emphasis in the following areas:

- Elective Surgery – currently at 95.4% for quarter 3, this is below the target of 100%.
- ED – a slight decrease in the ED Health Target compared to last quarter and it is currently 93%, this is below the target of 95%.
- Better help for smokers to quit – Primary Care, have seen a decrease compared to the previous quarter at 73.5%, this is below the target of 90%.

Human Resource KPIs Q3 Jan-Mar 2014

Kate Shambler Senior HB Advisor provided an update for the Board. In summary, the following points were highlighted:

- Accrued Annual leave – focus on getting staff with 2 years accumulated leave to take leave. HBDHB is the best performed mid-sized DHB for this KPI and the 5th best overall.
- Staff Ethnicity – this was a measure for the number of positions at HBDHB where the incumbents identify themselves as Maori. The gap to the target has reduced from 51 at 30/6/13 to 32 at 31/3/14.
- As advised at the FRAC meeting, there was one serious harm incident notified the Ministry of Business Innovation and Employment – a slight increase but nothing of significance.

Oral Health KPI (Te Ara Whakawairoa)

This report was presented by Kieran McCann, Champion for the Oral Health Indicators – 2013/14 Maori Health Plan. In summary, points highlighted to the Board included the following:

- Maori 0–4 enrolment status for 2013: The result for 2013 is 36.7% which is a slight increase from the previous years ie., 2011 at 34.9% and 2012 at 36.2%
- Statistics showed that Maori in fluoridated areas have a better caries free status in comparison to Maori who live in non fluoridated areas. This continues to validate the recent community discussions and subsequent decisions about fluoridation.
- There is room for improvement in both the ongoing relationship and sharing of information between providers and the School Dental Service (SDS) are to progress this.

The Board requested that a plan be developed to promote parents to enrol their pre-schoolers with a dental service. **Action** Kieran McCann would prepare this plan within three months.

Ambulatory Sensitive Hospitalisation (ASH) Rates KPI (Te Ara Whakawairoa)

On behalf of Dr Mark Peterson, Champion for the ASH 0-4 indicators, Julia Haydon-Carr presented the report.

While ensuring and improving early access to primary care is accepted as being of considerable value in reducing ASH, it is also acknowledged that ASH is an indicator of socio economic disparity and this indicator would not show improvement soon while the other determinants of health were under pressure.

DISCUSSION AND FEEDBACK

Draft Regional Services Plan 2014/15

The purpose of this paper was to acknowledge the distribution to Board members of a FINAL draft of the Regional Services Plan (RSP) and to confirm Hawke's Bay DHB's approval of and participation in the plan.

The RSP has been developed by Central TAS on behalf of the six Central Region DHBs to provide an overarching framework for future planning. The RSP provides an overview of work being undertaken across the region in regional services, clinical networks and in sub-regional groupings. The RSP is aligned with the DHB Annual Plan in order to provide integration across common priorities and workplans.

Finalisation of the Draft RSP is aligned to the Annual Plan review process. The final Draft was submitted to the National Health Board on 26 May 2014.

RESOLUTION

That the Board:

- Endorse the FINAL RSP Draft that was circulated previously.
- Note the FINAL RSP Draft was submitted to the National Health Board on 26 May 2014 as 'not yet board approved'.
- Approve the finalisation process
- Delegate authority to the Chairman of the Board and the Chief Executive to sign the final Plan on behalf of Hawke's Bay District Health Board

Moved: Ngahiwi Tomoana

Seconded: Helen Francis

Carried

Draft Annual Plan and Statement of Intent

Paul Malan provided a draft copy of the changes and amendments to the Plan and requested that the Board endorse the final draft.

The Annual Plan combines the Statement of Intent (SOI) and the former District Annual Plan (DAP) into one document.

RESOLUTION

That the Board:

1. Endorse the FINAL Draft Annual Plan tabled at the meeting
2. Note the Annual Plan has been submitted to the National Health Board on 26 May 2014 as 'not yet board approved'.
3. Approve the process for finalising the plan
4. Delegate authority to two named members of the Board to sign the Executive Summary as required by section 141(3) of the Crown Entities Act 2004
5. Delegate authority to Chairman of the Board and to the Chief Executive Officer to sign the Annual Plan on behalf of Hawke's Bay District Health Board as required in terms of section 9(2) of New Zealand Public Health and Disability (Planning) Regulations 2011

Moved: Ngahiwi Tomoana

Seconded: Dan Druzianic

Carried

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

23. Confirmation of Minutes of Board Meeting dated 30 April 2014
- Public Excluded
24. Matters Arising from the Minutes of Board Meeting
- Public Excluded
25. Board Approval of Actions exceeding limits delegated by CEO (nil)
26. Chair's Report
- Regional Governance Group Meeting 5 May 2014
- Reports and Recommendations from Committee Chairs*
27. Hawke's Bay Clinical Council – 14 May 2014
28. Finance Risk and Audit Committee – 28 May 2014
29. Draft Annual Plan Financials

Moved: Jacoby Poulain

Seconded: Helen Francis

Carried

The meeting closed at 3.38pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 30 JULY 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (arrived 2.00pm)
Dan Druzianic
Peter Dunkerley
Diana Kirton
Helen Francis (arrived 1.20pm)
Barbara Arnott
Heather Skipworth
Andrew Blair
Jacoby Poulain
Denise Eaglesome

Apology: Nil

In Attendance: Members of the Executive Management Team
Graeme Norton (Chair, HB Health Consumer Council)
John Gommans (Chair Clinical Council) and David Warrington (acting
Chief Nursing Officer)
Members of the public
Members of the media

Minutes Brenda Crene

KARAKIA

Heather Skipworth opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance.

DECLARATIONS OF INTEREST

Diana Kirton had advised changes to the interest register which had been incorporated. Andrew Blair had also advised an addition to the register since the board papers were issued.

No members had an interest in any items to be discussed on the agenda.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 25 June 2014, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Dan Druzianic
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

Item 1: Integrated Urgent Care – Service Level Alliance - actioned

- Item 2: Oral Health KPI – August workplan – remove action
- Item 3: Feedback to Medical Director of Mental Health and Addictions – actioned
- Item 4: HB Health Sector Leadership Forum – work in progress remove action
- Item 5: Maori Health Plan Dashboard - ongoing
- Item 6: MRB Meetings action approved
- Item 7: Cultural Perspectives Training in hand for staff. GP training outstanding TBC

BOARD WORK PLAN

The Board Work Plan for August 2014 was noted.

The Institute of Directors Workshop held on Wednesday 23 July was very well received with further training being considered this calendar year. **Action**

CHAIR'S REPORT

The following resolution was passed regarding appointments to the HB Medical Research Foundation who would be advised accordingly.

RESOLUTION

That the Board:

Appoint Diana Kirton and Helen Francis as DHB representatives on the HB Medical Research Foundation, as Kevin Atkinson wished to step down from the role.

Moved **Kevin Atkinson**
Seconded **Denise Eaglesome**

Carried

An update of communications received since the last meeting were summarised.

- It was pleasing to receive a copy of the Hawke's Bay District Health Board Annual Plan 2014/15 with the Statement of Intent and Statement of Performance Exceptions signed off by Minister Ryall in July.
- Sally Webb, Chair of the Bay of Plenty District Health Board had recently been appointed as Chair of the Regional Governance Group to replace Murray Milner who had been in this position for some time but was stepping down. Murray's exceptional contribution in this role was noted.
- Learn Online Maori Health Governance: Further to an email issued in June by the Ministry, all board members are encouraged to undertake this on-line module as it reinforces learnings.

Action: the **Online Maori Health Governance** detail will be re-issued to board members who are asked to advise Brenda once they have completed the modules as this forms part of training records.

- The Ministry of Health had recently contacted the regions to ascertain the level of training undertaken since the local body elections in 2013. Advice had since been received from TAS advising board training would occur on 23 September 2014.

HBDHB have rigorously pursued governance training to date and board members polled during the meeting, felt further regional training was unnecessary at this time. The Chair would advise TAS of this outcome.

- Diabetes GPSI Service: A letter had been received from the Ombudsmen advising since no response had been received by Dr Janet Titchener, to his letter of 11 July, work has now ceased, with the opinion that any further investigation into this matter was unnecessary.

- Regional Sports Park Trust: The Chair had been advised the DHB were able to appoint a member to the Appointments and Advisory Panel for the HB Regional Sports Park Trust. In the interim Kevin Atkinson would attend to obtain an understanding of requirements.

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

Name	Job Title	Area	Years of Service
Kelvin Loveridge	Orderly Supervisor	Facilities & Operational Support	50
Marguerite Iles	Registered Nurse	Older Persons & Mental Health	13

Recognition was made regarding Chris Styles who had worked in a variety of areas during her time with Health Services and had retired on 15 August 2013, after 33 years of service.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee provided an overview of his report summarised as follows:

- There had been a significant improvement in performance of electives with no person in Hawke's Bay waiting more than four months for elective surgery. A lot of hard work had been undertaken by many to surpass the MoH contracted target. We need to ensure continued focus on electives going forward.
- Patient flows through the Hospital continue to receive a lot of focus. Changes are proposed to ensure better performance around the clock. An implementation plan will be provided to the Board on this shortly.
- Financial performance was very satisfactory achieving target, with a \$3.2 million surplus for reinvestment envisaged. This was the 4th consecutive year of surplus.
- Some general discussion around the "**Smokers to Quit**" target and the difference between the Primary Care and Hospital target was had, the latter being easier to achieve given the 'controlled' environment.

The key measure was a reduction in prevalence of smoking. It was noted that a lot of young smokers never go to a GP.

We are also consistently seeing a high number of pregnant women smoking (with 50% of those women being Maori) which is really concerning. Was a tick box type questionnaire adequate for smoking mothers? It was advised the Smoke Free Team do work with midwives and do offer interventions.

Dr Gommans advised we are currently monitoring that advice is given about quitting smoking - not measuring that advice was being followed which was more difficult. Consistency of the message is crucial. Over time it does have an impact.

Through recent feedback (in Wairoa), youth advised they do not receive, or see the "**hard ugly facts about smoking**". Board member Denise Eaglesome was of the opinion more education in schools to target children early would be very extremely worthwhile. It was acknowledged that 15-20 year olds have extremely powerful voices in their families which filter the messages through their whanau.

The CEO advised a "**Health Equity Annual Report**" will be provided to the Board in September. Board members asked for this report to include smoking age bands hopefully by ethnicity. This will be included on the board's workplan. **Action**

FINANCIAL PERFORMANCE REPORT FOR MONTH OF JUNE 2014

Chief Financial Officer, Tim Evans advised a favourable variance of \$205 thousand in June. This takes us to a cumulative favourable variance of \$222 thousand year to date, with an unaudited \$3.2m surplus for the financial year end.

Continued additional costs incurred due to the focus on elective surgery, combined with high bed occupancy rates.

- Not an easy year, with a great deal of hard work undertaken to move the cost base down which has been challenging.
- Work was ahead of plan on the Mental Health Inpatient Unit. Work was a little slower on the new Maternity build and the Napier Health Centre upgrade.
- \$14.2m of targeted savings were achieved and the Board congratulated everyone sincerely for their efforts. These savings were on top of \$12.0m of efficiencies achieved the year prior (y/e 30 June 2013).

As Board approval is required for purchases from special funds over \$50 thousand per item, following consideration the resolution was carried.

RESOLUTION

That the Board:

Approve the expenditure of \$75 thousand from the Cardiac fund as a contribution towards the purchase of the Vivid E9 Expert Cardiac Echo Ultrasound.

Moved **Helen Francis**

Seconded **Diana Kirton**

Carried

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Dr John Gommans (co-Chair of Clinical Council) introduced David Warrington who was in attendance as Acting Chief Nursing Officer in Chris McKenna's absence.

The report on the Clinical Council meeting held on 9 July 2014 was noted.

When providing a presentation in the South Island recently, Dr Gommans advised it was evident that the Hawke's Bay Clinical and Consumer Council's were being recognised around the country for their effective leadership roles. Clinicians in particular have been quite intrigued and were keen to duplicate the model in their area(s).

Following the formation of the HB Clinical Research Committee earlier in the year, a Forum had recently been held for clinical researchers (approximately 35) to share their research findings. This was very positively received as supporting researchers and sharing/learning from findings is the Committee's goals.

Next month signals the 4th year of HB Clinical Council has been in existence. An AGM would be held on 13 August, and there would likely be changes recommended to the medical membership composition.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council provided an update from the Consumer Council meeting held on 10 July 2014, noting in particular:

- The response to challenges around Mental Health service and redesign matters raised by a local group of consumers has been very positive, as indicated last month. A Terms of Reference was being drafted for the formation of a Mental Health Advisory Group, with Nicki Lishman (a Hawke's Bay Health Consumer Council Member) as Chair.
- "Person Centred Care" focused on "how care was delivered" which was particularly relevant in implementing Clinical Pathways (currently being developed), as well as invaluable in the delivery of care across all health services. A draft Project Terms of Reference for Person Centred Care had been prepared and Consumer Council would

workshop this at their August Meeting. **Action:** A paper on “Person Centred Care” would be presented to Clinical Council and the Board in due course.

- Hawke’s Bay Health Consumer Council Membership:

Council seek a consumer representative to fill a vacancy brought about by the resignation of an existing member. It was acknowledged that nominations for positions on Council would be sought from the community when vacancies occur through rotation/termination.

The report circulated recommended endorsement by the Board for appointment of Rachel Ritchie, noting approval for the appointment had been received from the CEOs of Health Hawke’s Bay Limited and HBDHB.

The Chairman of the Board felt Rachel would make an excellent contribution to Consumer Council.

RECOMMENDATION

That the Board endorse the appointment of Rachel Ritchie to the HB Health Consumer Council, to replace Rob Lutter.

Adopted

DECISION

Integrated Urgent Care Service Level Alliance

Carleine Receveur, Project lead, summarised activity to date as outlined in the report provided.

Following consultation with Key stakeholders around the formation of the Service Level Alliance Team, agreement had been reached for the team’s make up as presented.

The challenge however was to design a system going forward and although the DHB and PHO had given considerable thought to this and had indicated a desired intention, they did not want to be seen as predetermining the “how”.

Board members noted the high level of tension particularly in Napier with hundreds signing petitions – without any decisions on the matter having been made.

This was all about “equal accessibility to medical care across the region” and to see the Terms of Reference signed off was a significant milestone in the process. The formation of the Service Level Alliance Team was the first step towards what will become a community solution.

The term “Urgent Care” relates to the “urgency of your (personal) need” as opposed to planned. The words “out of hours” were irrelevant.

This work will continue to be supported by both Clinical and Consumer Councils, noting the terminology IUC SLAT should be looked at by the team appointed.

RECOMMENDATION

That the Board:

- Note the process followed and feedback received concerning the Integrated Urgent Care Service Level Alliance
- Approve the Terms of Reference for the Integrated Urgent Care Service Alliance (IUC SLAT) which identifies the Clinical Council as the body in which the IUC SLAT is accountable to.

Adopted

MONITORING

Did Not Attend (DNA) Specialist Appointments KPI Report:

DNA Champion and Chief Operating Officer, Warrick Frater introduced the report. This was the first report back to the board following a significant amount of work following consultation with a number of people and included a policy update; the rollout of text services to all specialties; clearer literacy and community levels of engagement, the establishment of two positions (from 1 September 2014) and an independent clinical assessor to work with the focus teams.

It was heartening to see statistics improving as in Hawke's Bay we have around 1,100 first specialist appointments each month.

The bulk of the DNAs have occurred within the nine specialties selected. For those in Wairoa several service appointments on one day (in Napier) were extremely helpful, however travel was an issue. It was more the impact of failing to attend appointments by those individuals with chronic health issues that was of concern.

DNAs are receiving focus nationally at present.

The Board thanked the team for the work reflected in the report.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

14. Confirmation of Minutes of Board Meeting dated 25 June 2014
- Public Excluded
15. Matters Arising from the Minutes of Board Meeting
- Public Excluded
16. Board Approval of Actions exceeding limits delegated by CEO (tabled)
17. Chair's Report
- Regional Governance Group (nil)
- HBL Chairs Update (nil)
Reports and Recommendations from Committee Chairs
18. Finance Risk and Audit Committee – 30 July 2014
19. Hawke's Bay Clinical Council – 9 July 2014

Moved: Helen Francis
Seconded: Barbara Arnott
Carried

The meeting closed at 2.45pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 27 AUGUST 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.08 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Peter Dunkerley
Diana Kirton
Helen Francis
Heather Skipworth
Andrew Blair
Jacoby Poulain
Denise Eaglesome

Apology: Barbara Arnott

In Attendance: Members of the Executive Management Team
Graeme Norton (Chair, HB Health Consumer Council)
John Gommans and Chris McKenna (Co-Chairs HB Clinical Council)
Members of the public
Members of the media

Minutes Brenda Crene

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance.

DECLARATIONS OF INTEREST

Changes to the interest register were noted with Diana Kirton and Helen Francis included as members of the HB Medical Research Foundation, and Kevin Atkinson was no longer a member. Andrew Blair had been appointed Chairman of Cancer Control New Zealand which had been noted, and Jacoby Poulain was no longer a columnist for HB Today.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 30 July 2014, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

- Item 1: Maori Health Plan Dashboard in hand – remove action
- Item 2: Cultural Perspectives progressing – remove action

- Item 3: The Strategy Training session date was discussed with members in favour of Tuesday 11 November - remove action
The Central Region training day in September was cancelled with a two day Symposium planned in Palmerston North for 13 and 14 November. Peter Dunkerley advised he could attend on the Chair's behalf. The purpose is thought to be a team building and bonding session.
- Item 4: On-line "Maori Health Governance Training" progressing - remove action.
- Item 5: Health Equity Annual Report underway - remove action.
- Item 6: Person and Whanau Centred Care – has been included on the Workplan - remove action.

BOARD WORK PLAN

The Board Work Plan for September 2014 was noted.

CHAIR'S REPORT

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

Name	Job Title	Area	Years of Service
Ray Turner	Electrician	Facilities & Operational Support	27
Robert Willis	Senior Orthotist	Older Persons & Mental Health	19
Sarah Atley	Social Worker	Older Persons & Mental Health	14
Shona Tomlins	Secretary	Facilities & Operational Support	18

An update of communications received since the last meeting were summarised.

- A letter had been received from Tony Ryall MoH advising approval of the 2014/15 Central Regional Services Plan with one condition and appreciation for the significant work involved in the plans development. MoH expected to receive a fully prioritised and costed regional Information Technology (IT) plan, with milestones covering the next three years by 30 September 2014.
- Quarter 4 results for HBDHB for the six target areas were compared with all (20) DHBs nationally and was seen as patchy with: Shorter stays in ED was 18/20 for the quarter ended June 2014; Improved access to Elective Surgery 13/20; Shorter waits for Cancer Treatment at 100%; Increased Immunisation 3/20; Better help for smokers to quit 13/20 and Heart and Diabetes Checks at 14/20.
- Quarter 4 results for the PHO compared with the 36 national organisations were: Increased Immunisation 10/36 for the quarter; Better help for smokers to quit 21/36; and More heart and diabetes checks 22/36.
- A letter had been received from Annette King the Opposition Spokesperson for Health, who advised that should Labour lead the next government, they would be cancelling the HBL hospital food proposal.
- An Open letter to all DHB board members from lobby group "End Seclusion Now" had been received. This group were working to bring about a prompt and decisive end to the use of seclusion in all New Zealand hospitals.

David Warrington (Nurse Director, Mental Health and Older Persons) was in attendance providing an overview for Hawke's Bay, highlighting a number of areas which had been addressed to reduce or eliminate seclusion. Between 2011 and 2013 seclusion had actively been reduced in Hawke's Bay by 25%. He advised the new Mental Health Unit had been designed to maximise an individual's recovery and will have more quiet areas and specifically designed sensory modulation areas. Furthermore the layout of the new

unit will mean there will no longer be two distinctive wards, and staff will be more readily available.

In May 2014, the Office of the Ombudsman undertook an unannounced visit looking at mental health services nationally to ensure no cruel, inhumane or degrading treatment or punishment was taking place. The Office provided a positive review for HBDHB.

HBDHB wish that seclusion was not necessary however there are times when individuals are at such an imminent risk (to themselves or others) that seclusion is the only appropriate intervention to keep them safe. Alternatives such as long episodes of manual or mechanical restraint or heavy pharmacological sedation often carry increased risks both physically and mentally/emotionally. The DHB are engaging well with service users, and consumers are already involved in the development of the new unit and its services.

Action: The Chair requested management (EMT) draft a suitable response to the lobby group.

- The Chair reminded members of the forthcoming HB Health Sector Leadership Forum on 15 October and the “Strategy Day” planned for November, date to be confirmed.

CHIEF EXECUTIVE OFFICER’S REPORT

Dr Kevin Snee, CEO provided an overview of the report and commentary summarised as follows:

- A notable achievement was the large reduction in those waiting for First Specialist Assessments and for Elective Surgery. This has been the result of a lot of focused effort over recent months.
- Support was being provided to the PHO to lift better help for smokers to quit in Primary care target, as well as more heart and diabetes checks.
- The financial position for the first month of the financial year was on target.
- Other areas raised included deferral of the Strategy for Community Pharmacy Services; Health Equity Update including nutrition and smoking.
- All areas of the hospital have been under a great deal of pressure around patient flow with gridlocks and backlogs occurring for varying reasons. There is need for change to ensure we provide the right care at the right place at the right time.

A Hospital After of Hours discussion paper was provided to FRAC. Another important area to be progressed will be the Urgent Care after hours project to be overseen by an Alliance Leadership team.

Dr Gommans (on behalf of all staff) was thanked by the Chair for the delivery of good results considering the difficult circumstances under which they were achieved.

It was advised that some reallocation of funds and additional management resource to ensure the issues are dealt with quickly was important with staff under such pressure.

Action: Dr John Gommans would pass on the Board’s appreciation on to staff. They wished to express their sincere thanks and understanding of the pressures staff are under in the Hospital at this time.

- HBDHB’s Workforce Ethnicity was noted as 5th of the 20 DHBs for the employment of Maori staff. A good result.
- It was felt there should be zero smoking rate targets for students. Presently MoH targets focus on asking people about smoking versus the “outcome”, hence the target of 10%. The Health Equity Annual Report being released soon will tackle this area. Hawke’s Bay was presently at 18% heading towards a smoke free NZ by 2025.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF JULY 2014

Chief Financial Officer, Tim Evans advised of a favourable variance of \$19 thousand for July (being the first month of the financial year) with no contingency used.

This being the first report for the financial year, patterns has not yet emerged. The new Mental Health Unit development is receiving major focus.

The Board was complimentary on the new financial reporting format.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

The report on the Clinical Council meeting held on 13 August 2014 was noted and summarised as follows by Dr John Gommans (Chair):

- Council will mark its 4th year of operation in October 2014 and at the August annual meeting the survey undertaken noted significant improvements from the prior year. Clinical Council papers can be viewed on the HBDHB website.
- The topic of "prioritisation" was raised during the survey discussion. As Council deal with a lot of large cost items on a month by month basis Council has not had the opportunity to make comparisons between papers or projects to truly prioritise resourcing decisions. Council need to be reassured about these prioritising decisions and requested an update.
- The current Council Chair's (Dr John Gommans and Chris McKenna) will continue, with a further three members at the end of their terms. There will be new members to confirm at the September Board meeting.
- "Clinical Indicators" now have Clinical Council owners/champions to ensure clinical input is included to strengthen information and relationships in the sector – achieving more consistency.

Labelling errors were briefly discussed with hospital and community labelling quite different. Most are low level with progress being made on the high risk sub-group.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council provided an update to the Board from the meeting held on 14 August 2014.

- The Consumer footprint has been ever increasing and it is challenging on how to report – whether it be from the meeting or the state of play. The Chair agreed to take the broader view.
- Consumer Council is a lively, passionate and productive group with a lot of work going on between meetings.
- It was noted there is a perception the Napier Health Centre is closed with a group in Napier stirring the pot.

Management felt clear communication had been provided to the Napier community. However following discussion there was agreement to hold an open day as the best way to showcase the upgrades and the quality of service.

Action: An Open Day would be held at the Napier Health Centre once completed to highlight the upgrades and what was now occurring at the Centre.

Hawke's Bay Health Alliance Leadership Team Agreement

Adri Isbister, Chair of the HB Health Alliance Leadership Team (ALT) joined the meeting and provided an overview of the meeting of the ALT meeting held on 22 July 2014 on the progress with formation of the Alliance which was mandated by the MoH (nationally) to ensure DHBs worked with PHOs (and others as appropriate). On reflection there has been a very good relationship between the HBDHB and Health Hawke's Bay (PHO) for a long time with a common sector wide vision, however it was felt we would create added value by promoting the ALT.

There was clear agreement the ALT would utilise clinical expertise through the well established Hawke's Bay Clinical Council, for clinical decision making. The added value of the HB Health Sector Leadership Forum twice per year was also acknowledged.

The Board noted the report and thanked Adri and the ALT for the work completed to date.

Hawke's Bay Health Alliance Agreement

Since formation, the ALT has had a number of discussions about formalising an Alliance Agreement. Given the standard Alliance Agreement template was required to be used (by the MoH), it has taken some time to develop a meaningful document that reflected both the current environment and future intent of the Parties (DHB and PHO), whilst preserving the format/structure and intent of the template. Such a document was now being presented to both Boards for approval and execution.

Following discussion there was general agreement with the content.

RESOLUTION

That the Board

- Note the contents of this report
- Note the amended Alliance Agreement meets both national and local requirements.
- Approve the agreement for execution.

Moved Diana Kirton

Seconded Denise Eaglesome

Action: One typo on page 17 of the Agreement was noted and would be amended before signing.

The Health Hawke's Bay Board would consider the Hawke's Bay Health Alliance Agreement the week commencing 1 September 2014.

DECISION

Capital Plan 2014-17

The plan provided showed a source and application statement for the Capital programme for the three financial years from 2014-17; an allocation of block spends (clinical equipment, facilities, IS, and minor projects) included in the plan; and a breakdown of total spend on local strategic programmes.

- CRISP and the HBL programme were included as separate spends.

Costs for parking was raised with a comment it was hard to prioritise health spending for parking. As services move closer to the communities they serve, it will reduce the need for parking on the hospital site.

- The Deputy Chair queried where the Mortuary spend was included being advised it was a sub-set spread across years under facilities.

RECOMMENDATION

That the Board:

Endorses the Capital Plan for 2014-17.

Adopted

Using Consumer Stories to Improve Quality of Care

Emma Foster, Service Quality Improvement Manager and Graeme Norton, Chair of Hawke's Bay Health Consumer Council introduced the paper which had been a collaborative effort over past months, with the Board viewing the detail for the first time.

- It was acknowledge the "Patient Story" document had been developed by Hutt Valley was approved as appropriate for use in Hawke's Bay. The letters and feedback brochure had been produced in consultation and the Tool Kit had been endorsed by HQSC.
- Why capture consumer stories?
We need to understand the consumer journey to enable us to make systematic changes to the provision of services to our community. This was about changing the way we do things by putting consumers at the centre.
- We must ensure stories are used with integrity and respect for the patient, whanau and carer. Feedback from clinical areas has been very positive. Some stories (with agreement) will be utilised for staff inductions and training. This is a key tool to enable us to understand why things need to change. We are not replacing feedback systems already in place – this is seen as one of the avenues.
- The Feedback Brochure would be used within the health sector in Hawke's Bay, however it would be introduced slowly at the outset. Posters, in time will be placed within the community. We do need to get the most vulnerable people within our community to share their stories.

Action: Heather Skipworth requested this work be provided to the Maori Relationship Board for their information.

- How will the Board know that changes have been made and the stories are working to ensure real change? Change will occur by addressing themes through analysis. Using complaints and compliments system in conjunction with the patient stories.

Following general discussion this very worthwhile project was endorsed by the Board.

RECOMMENDATION

That the Board:

- 1 Note that Clinical and Consumer Council have endorsed the process taken and detail provided.
- 2 Approve the package (toolkit, consent form and background information sheet) to support the collection of consumer stories
- 3 Approve the HBDHB feedback brochure

Adopted

MONITORING

Transform and Sustain Projects Overview

Tim Evans, Chief Financial Officer summarised the snapshot report provided which was underpinned by a lot of additional detail. There was some discussion around the delay in the installation of Windows 8.1 and Office 2013. The use of Video conferencing technology was queried. It had been utilised and agreed to have clinical services use them in certain situations, however it was not practical in many situations.

Performance Framework Exceptions Q4 Apr-Jun 2014

The Board Chair noted work was required in problem areas and was hopeful to see improvements in the next quarter.

The tabled A3 document including updated national detail would be placed on the website
Action.

HR KPIs Q4

Kate Shambler (acting General Manager Human Resources) was in attendance and provided a summary of the report. In the areas of sick leave and staff turnover we had performed well at national level. However we were struggling with excessive annual leave owing. A more proactive approach was planned to reduce this over the next few months. Excellent progress was being made with the Maori staff target.

Child Health KPI (Maori Health Plan)

Caroline McElroy (Director Population Health) was joined by Julia Haydon Carr (the report writer) and Jules Arthur (Midwifery Director) to discuss the report with the Board and summarised as follows:

- There were some improvements however inequities were evident. The Lead Maternity Carer (LMC) target was an area where we could do better.
- The fully breastfed at 6 months target had been changed by the MoH, originally in place to meet WHO standards not recognising 'partially breastfed'.
- A GP visit by an expectant mother was not often captured for follow through. What happens after the GP visit is where differences can be made through **better linkages with LMCs**
- There was some discussion around the detail provided to expectant mothers at the outset of their pregnancy and how this could be improved to ensure they had awareness on how to navigate the system and what to expect. There was a need also to focus on 'health literacy'.

Action: Jacoby Poulain and Jules Arthur to further discuss outside the meeting.

The Deputy Chair felt the overall statistics in this area for Maori were disappointing. How do we promote better in the community? KHW were building on better models. Tarawhiti DHB had good results in this area.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

20. Confirmation of Minutes of Board Meeting dated 30 July 2014
- Public Excluded
21. Matters Arising from the Minutes of Board Meeting
- Public Excluded
22. Board Approval of Actions exceeding limits delegated by CEO (nil)
23. Chair's Report
- Regional Governance Group (nil)
- HBL Chairs Update (nil)
Reports and Recommendations from Committee Chairs
24. Finance Risk and Audit Committee – 27 August 2014 (tabled)
25. Hawke's Bay Clinical Council – 13 August 2014
26. Hawke's Bay Health Consumer Council – 14 August 2014
27. Consumer Story

Moved Diana Kirton
Seconded Peter Dunkerley

The meeting closed at 3.30pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 24 SEPTEMBER 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.08 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Peter Dunkerley
Diana Kirton
Helen Francis
Heather Skipworth
Andrew Blair
Jacoby Poulain
Denise Eaglesome
Barbara Arnott

Apology: -

In Attendance: Members of the Executive Management Team
John Gommans and Chris McKenna (Co-Chairs HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council)
Members of the public
Members of the media

Minutes Brenda Crene

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance.

DECLARATIONS OF INTEREST

Heather Skipworth advised the TeTimatanga Ararau Trust she is a trustee of is currently negotiating a contract for Green Prescription.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 27 August 2014, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Jacoby Poulain
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

- Item 1: The Governance Strategy Training session confirmed 19 November.
- Item 2: Appreciation conveyed.
- Item 3: Napier Health Centre Open Day - planning is underway.
- Item 4: Consumer Stories provided to MRB, remove action.

- Item 5: Child Health KPI: A meeting was to be held between Jacoby Poulain and Jules Arthur. Remove action.
- Item 6: End Seclusion Now lobby Group response provided.

BOARD WORK PLAN

The Board Work Plan for October 2014 was noted.

Board members have been invited to attend the Tū Kaha 2014 Pōwhiri and lunch at the HB Racing Centre in between the FRAC Meeting and Board Meeting on Wednesday 29 October. Transport will be provided. An apology was received from Helen Francis for the Pōwhiri.

Action: The October Board meeting will include a Workshop on “Strategic Relationships”. Ken Foote would prepare a background paper for members.

CHAIR’S REPORT

The Chair advised there were no retirements to note on this occasion.

An update of communications received since the last meeting were summarised.

- A letter had been received from Basil LeProu expressing concern over the lack of public parking available at the Hospital, identifying an area adjacent to the main car park which could provide up to 22 parks. A copy of the detail provided would be passed on to Facilities for consideration.

Action: Transport and parking will be included on the Board agenda at a future date (timing to be determined).

- The National Health Board (NHB) will be holding their Board meeting in Hastings and incorporate meetings with Board and Executive team members on 17-18 November.

Action: An outline of the NHB programme for November 17 and 18 will be provided to Board members when available.

It will be ascertained whether the NHB Board meeting is able to be attended by HBDHB board members?

- The Chapel: As part of the World War One (WWI) Centenary commemorations in April 2015, a significant amount of time and effort has gone into a plan and associated funding proposal to refurbish and rededicate the “Chapel” near the main entrance to the Hospital.

Agreement has also been reached with the Hastings RSA to revert to the original name given to the hospital in 1927 being “Hawke’s Bay Fallen Soldiers’ Memorial Hospital”.

Action: Appropriate Maori wording would be provided by the Deputy Chair to Ken Foote for inclusion on the new hospital signage.

- A half yearly report (Jan-June 2014) had been received from the Health and Disability Advocacy Service on complaints nationwide. Hawke’s Bay rated 9th of the 20 DHBs for the “rate of complaints to Advocacy per 100,000 discharges”. This was not too inconsistent with previous years. Of the 22 complaints received: 80% were low level, with resolution or partial resolution achieved; 8% had been withdrawn with 8% referred to the HDC. Of the reported complaints, two related to “respect”; 11 to “appropriate standards”; 7 “effective communication” and 2 “not kept fully informed”.
- A letter received from MoH on PHO Health Target Performance for quarter four compared with the same quarter the prior year saw a slight reduction in the achievement of indicators for increased immunisation down 1% to 94% compared to the prior year Q4 result); and Better help for smokers to quit down 3% to 77%. A good result was achieved for More heart and Diabetes checks which were up 12% to 84%.

- A complimentary letter from the Ministry of Health had been received; however this did exclude EDs turnaround.
- A further letter had been received from the Platform Charitable Trust. We have responded to this organisation in the past and the response would likely remain the same.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee, CEO provided an overview of the report of 16 September with commentary summarised as follows:

- Patient flow through the hospital remains our most significant problem and while there had been some improvement in August it was only slight.
To address Service Performance an Acute Inpatient Management (AIM 24/7) project had been recently implemented to expedite patient flow problems. An Ambulatory Care Centre is being looked at to centralise medical day procedures away from ED to assist flow and care significantly.
- Performance results were reviewed as well as other detail covered in the Board Report.
- Meeting Smoking targets within GP Practices: PHO have funded attention on achieving this target through their performance programme and were hopeful the target would soon be met. Unfortunately our IT systems will not let us know when this has been achieved until after the fact as Dr Info and DHB shared services systems are not linked.
- A significant report on Inequity in Hawke's Bay will be brought to the Board in October to allow more time for the report to be appropriately completed and targeted in the right way to maximise its impact with release planned for the HB Health Sector Leadership Forum on 15 October.
- It is pleasing to note that members of the Intersector Leadership Forum will be in attendance at the Health Sector Forum.
- Enrolling newborns within three months. Last quarter a gap of 150 babies not enrolled resulting in our PHO being 31/36 in NZ. This was thought to be related to BK coding and a programme was underway to ensure enrolment occurred within several weeks.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF AUGUST 2014

Chief Financial Officer, Tim Evans advised of some financial pressures during August resulting in an adverse variance of 57 thousand.

- The biggest cost pressure was in Health of Older People however this was not a major concern at this time.
- No contingency had been used year to date and employee numbers were close to that budgeted.
- Case weighted discharges slightly under but not alarmingly so.
- The new Mental Health Unit Development report had been included with the build proceeding to plan.
- Preparation of the Annual report was advanced with the unaudited year end result at \$3.22m. Finalised accounts were available and a draft set of unaudited accounts had been emailed to board members on the day of the meeting (24 September).

The CFO apologised for the delay and advised the Annual Report financials would need to be signed by Tuesday 28 October, the day prior to the next Board Meeting.

RESOLUTION

That the Board:

- Note that the Annual Report is draft at this stage
- Request that members read the unaudited financial accounts and provide feedback to the Chief Financial Officer.
- Delegate authority for two board members to sign off the accounts to ensure they are lodged by due date of 28 October 2014.

Moved **Barbara Arnott**

Seconded **Dan Druzianic**

Carried

Action: **A query was raised by the Deputy Chair, regarding the length of stay in the Emergency Department. Advised there did not appear to be any correlation/pressure effect on our vulnerable population. The CFO would check and report back to the next meeting.**

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

The report on the Clinical Council meeting held on 10 September 2014 was noted and summarised as follows by Chris McKenna (co-Chair):

- Significant work was being undertaken to ensure correct labelling of specimen samples across the health sector.
- Collaborative Clinical Pathways programme was progressing with a launch tentatively planned for 12 November. This is being led by primary care with oversight by Clinical Council. A lot of training had occurred to facilitate the pathways program.
- A number of monitoring reports were reviewed including Tu Mai Ra (the final with a program review nearing completion) and Te Ara Whakawaiora: Cardiovascular Disease; Data Quality of KPIs and Child Health KPIs had been presented by executive champions.
- The first meeting of the newly formed HB Radiology Committee would be held on 30 September.
- A recent review of the Council's Terms of Reference to take into account the wider mandate requested/approved by Health Hawke's Bay Ltd and the Hawke's Bay Health Alliance had been completed and appended to the report.
- Recently three vacancies on Council were advertised. The recommendation for board endorsement was submitted with one Clinical Director/Head of Department yet to be appointed.

RECOMMENDATION

That the Board

1. Notes the contents of this report.
2. Endorse the re-appointment of Robyn O'Dwyer (Senior Nurse (Primary Care) and appointment of Dr Malcolm Arnold (Medical Director / Head of Department) to the HB Clinical Council
3. Approve the Updated Terms of Reference.

Adopted

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council provided an update to the Board from the meeting held on 11 September 2014.

- The deferral of "Patient and Whanau Centred Care" will ensure more clarity is achieved as this piece of work will mean significant change. Clinicians and consumers need to discuss this further.
- Difficulties encountered by people trying to navigate their way through health services is an ongoing concern and further conversations around this will be had by Consumer Council.
- A successful partnership has developed between community users of mental health services and Mental Health staff regarding service redesign. A good outcome is being achieved for all parties.

Maori Relationship Board (MRB)

Ngahiwi Tomoana, Chair of the MRB provided an update from their meeting held on 17 September 2014.

- It was pleasing to see the focused response by executive team as the Maori Indicator Champions. Having the system in place now ensures KPIs contained within the "Dashboard" on page 53 receives focus.

Ambitious targets have been set to drive for better results. The work undertaken by all concerned was most appreciated.

- The descriptor around the second indicator on page 54 appeared wordy and medically focussed. Was there better terminology that could be used? It was explained ACS was a national indicator but good point.
- Follow up for those who participate in wellbeing programmes eg., obese teenagers in Wairoa was raised. Was there an opportunity to provide a dietician to ensure follow through?

Action: Following up wellbeing programmes in the Community: Shayne Walker to look at the item raised by Denise Eaglesome relating to Wairoa and the need for a dietician.

It was conveyed that the key to long term success was to build capability and leadership within our communities to ensure long term sustainability, without relying on service providers.

Pasifika Health Leadership Group (PHLG)

Barbara Arnott (Chair of CPHAC) provided an update on the meeting held 22nd September.

PHLG members were very pleased to receive an invitation to attend the HB Health Sector Leadership Forum.

Following the resignation of Iakopo Faafuta in July, the Group sought to replace one member with two to ensure wider representation of the Pasifika community.

RESOLUTION

That Michelle Iosefo and Vaeluaga Iosefa be appointed to the Pasifika Health Leadership Group.

Moved Barbara Arnott
Seconded Heather Skipworth
Carried

Pacific Health update noted achievements since July 2014 particularly in suicide prevention, workforce development and Did Not Attend (first specialist appointments).

The PHLG's workplan was under development and would be further considered at their meeting in December.

DECISION

Memorandum of Understanding between NKII and HBDHB

Tracee TeHuia (GM Maori Health) was in attendance and acknowledged the significant engagement and efforts of Ken Foote and Jenny Smith of NKII and Tatiana Greening, to review the current Memorandum of Understanding (MOU).

Following a summary of the work undertaken the Board Chair acknowledged this excellent result with thanks to those involved.

Action: The Board requested an update six monthly and this would be programmed into the Workplan with the first update due in April 2015

Following discussion it was agreed

Action: The MOU would be signed at the HB Health Sector Leadership Forum and owned all.

RESOLUTION

That the Board

Approve the attached Memorandum of Understanding between Ngāti Kahungunu Iwi Inc and Hawke's Bay District Health Board including the updated Terms of Reference for the Maori Relationship Board.

Moved Helen Francis
Seconded Dan Druzianic
Carried

Action: The Board would be keen to understand how many other MOU's and Charters there are and their status.

Increasing Enrolled 0-5 year olds into Community Dental Service

Dr Robin Whyman (Clinical Director for Oral Health) and Claire Caddie (Service Manager, Oral, Rural and Community Health) were in attendance for this discussion.

It was evident a lot of activity underway to have children enrolled early, through "Quadruple Enrolment" being led by Population Health. Good relationships exist with providers who are now undertaking a more proactive role which was working well.

Reflection on the **Nuka** whole health care system created, managed and owned by Alaska Native People. Wairoa could be seen as candidate for such a system.

Linking with partners eg the Ministry of Social Development "health team" was acknowledged. To have a successful preventative programme we need to look at all partners.

The real challenges were children in high decay risk groups with the need for checks and fluoride varnishes every six months. 0-13 year olds in Hawke's Bay numbered 25,000 with 30% of that group who need to be seen six monthly (at a Clinic, mobile facility or in own homes).

A national campaign marketing plan was/had been developed by the MoH plan and HB will be part of that national initiative, once the Minister of Health is appointed.

RECOMMENDATION

That the Board:

- Note the contents of the report.
- Endorse deferring the implementation of local Hawke's Bay marketing for preschool oral health until it is known what the national oral health promotion marketing programme will involve, how it will be implemented and when it will commence.

Adopted

MONITORING

Tū Mai Rā Plan Q4 (Apr-Jun 2014)

Tracee TeHuia (General Manager of Maori Health) and Shayne Walker (Programme Manager Maori Health) were in attendance. This was the final report under the Tū Mai Rā programme with the "Mai" programme having commenced with Q1 results due in December.

- Overall good work with a slow start in establishing data collection improvements.
- The stand-out for the duration of the programme has been increased immunisation rates.
- The baseline has improved overall and with the continuing Te Ara Whakawaiora reporting, further improvements will become evident.
- An independent assessment of the programme is due out soon and a presentation to the Board will follow. **Action: This will be placed on the workplan.**
- Zero DNAs were achieved for the Paediatric Unit for the first three weeks. In the past there has been a 20% average. The focus on DNAs has been a whole of system approach.

All teams are dedicated and focussed. Key is monitoring and oversight from Executive team and improved communication. A great result.

Action: A discussion would occur outside the meeting with Denise Eaglesome around a suicide matter in Wairoa.

Te Ara Whakawaiora / Quality of Data

Tim Evans (Chief Financial Officer) and Quality of Data Champion discussed the report provided including commentary as follows:

- Detail was being provided to the HB Health Consumer Council further clarifying home based support, residential and palliative care data for Maori. This also includes a definition of "disability".
- Overall we have made considerable progress in the quality of data within the organisation.
- A query from Helen Francis related to detail contained on page 59 under the heading "Maintaining accuracy of ethnicity reporting in PHO registers" advising the definition may be misunderstood or required further clarification.

PHO targets: Should PHO data collection be based on every "enrolled" patient within a practice OR every patient that visits their GP or a doctor? Trying to get to ALL patients enrolled with a practice noting some enrolled rarely visit their doctor as they are likely to be in good health appears to be an unrealistic ask? What do other DHBs base their data on?

Action Tim Evans to verify and circulate to all board members.

The new set of Te Ara Whakawaiora KPIs for the remainder of 2014 and 2015 have been added into future workplans.

Te Ara Whakawaiora / Cardiovascular Disease

Dr John Gommans (Chief Medical Officer – Hospital) and Champion for Cardiovascular Disease provided an overview of his report highlighting that:

- Cardiovascular Disease was the number one killer in all ethnicities in NZ. Premature death rates were high and that is where the problem arises for those under 75 years. The graph highlighted in the CEO's report and also on page 81 of the board report shows whilst there is an improvement in more recent years, issues with obesity and smoking will slow the curve.
- It was noted that the Central region as a whole do less cardiac surgery compared to the whole of NZ. Wellington advises they do not have significant waiting lists for cardiovascular surgery. This poses the question why?
- NZ guidelines recommend cardio risk assessments should be undertaken in women from the age of 55, and in men from 45. Maori risk assessments however should occur 10 years earlier at age 45 for women and 35 for men with yearly checks.
- Stopping smoking and stamping out obesity is the key.
- Social messaging and role modelling is also a key by having children tell their family members they want them around. Billboards send a strong message.
- The Deputy Chair advised that Marae's are now: alcohol, sugar, fast food free and smoke free.

Kahungunu Hīkoi Whenua (KHW) Update

Shayne Walker spoke to the paper with an overview of the revitalised programme including partnering with organisations. If we develop leaders and build the capability of our providers in the community we obtain better traction overall.

Following queries around KHW and its revitalisation around physical activity, nutrition and smoke free, it was felt better communication was required.

Action: Consider the need to raise awareness and educate the community(s) about changes to KHW and promotion of the programme.

Should billboards be used more in a general sense to motivate and provide messaging with pictures?

The MoH changed the model.

- KHW is face to face, listening to communities.
- The old system did not work with examples provided.

There have been changes to Green Prescription delivery as part of KHW. This programme was originally delivered by Sport Hawke's Bay however another provider has not been contracted.

Several appropriately trained Senior EIT students are involved with the programme however that could be expanded.

KHW quarterly updates have been included on the workplan for the Board's future information.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

- 20. Confirmation of Minutes of Board Meeting dated 27 August 2014
- Public Excluded
- 21. Matters Arising from the Minutes of Board Meeting
- Public Excluded
- 22. Board Approval of Actions exceeding limits delegated by CEO (nil)
- 23. Chair's Report
- Central TAS Quarterly Report
Reports and Recommendations from Committee Chairs
- 24. Finance Risk and Audit Committee – 24 September 2014 (tabled)

Moved Peter Dunkerley
Seconded Barbara Arnott
Carried

The meeting closed at 3.34pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 29 OCTOBER 2014, IN THE TE WAIORA ROOM,
DHBADMINISTRATIONBUILDING, MCLEOD STREET, HASTINGS
AT 1.30 PM**

Present: Kevin Atkinson (Chair)
Dan Druzianic
Peter Dunkerley
Diana Kirton
Helen Francis
Andrew Blair
Jacoby Poulain
Denise Eaglesome
Barbara Arnott
Heather Skipworth

Apology: Ngahiwi Tomoana

In Attendance: Chief Executive Officer
Members of the Executive Management Team
John Gommans and Chris McKenna (Co-Chairs HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council)
Members of the public
Members of the media

Minutes Brenda Crene

KARAKIA

Denise Eaglesome opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance advising an apology from Ngahiwi Tomoana as he was attending Tū Kaha 2014 (the biennial conference for Māori health in the Central DHB Region).

DECLARATIONS OF INTEREST

No changes to the Interest Register was advised.
There were no interests advised in any of the items to be discussed on the days agenda.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 24 September 2014, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:
Item 1: Strategic Relationships – included on workplan, remove action

- Item 2: Transport and Parking – include “Transport Strategy” on workplan in 2015 and remove action
- Item 3: National Health Board occurring 17&18 November. Awaiting agenda to ascertain HBDHB Board involvement. Also advice whether NHB Board Meeting can be attended by HBDHB members?
- Item 4: HB Fallen Soldiers’ Memorial Hospital – progressing – Māori wording. This will be followed up.
- Item 5: Length of Stay in ED – members were happy with the clarification provided. Remove action.
- Item 6: KHW programme – noted and included in the next update. Remove action.
- Item 7: MOU NKII and HBDHB – signature obtained from DHB Chair. Ngahiwi Tomoana’s signature would be obtained outside the meeting. Remove action.
- Item 8: Other MOU’s and Charters – this will be provided at the November meeting.
- Item 9: The Tū Mai Rā Programme Assessment will be provided at the November meeting and has been included on the Workplan. Remove action.
- Item 10: Smoking Advice clarification provided with no discussion. Remove action
- Item 11: KHW - communication plan being developed. Remove action.

BOARD WORK PLAN

The Board Work Plan for November 2014:

13 and 14 November: Central Region Combined Boards Symposium (Masterton)

14 and 15 November: Napier Health Centre “Open Day”

17 and 18 November: National Health Board

19 November: Governance Strategic Planning Workshop

The programme for the Central Region Combined Board Symposium had been received. There was some discussion around the level of activity highlighted above and other timing commitments of members. Peter Dunkerley advised he would attend one day (13th November) and this would be conveyed to Central TAS, **Action**.

CHAIR’S REPORT

The Chair advised there were no retirements during October.

Members were advised the Chair of national chairs group, Tony Norman had resigned from the position after two years in the role. A new chair will be selected in due course.

Ngahiwi Tomoana had attended the RGG meeting in October on the Chair’s absence and had advised it was a good meeting.

CHIEF EXECUTIVE OFFICER’S REPORT

Dr Kevin Snee, CEO provided an overview of the report of 22 October with commentary summarised:

- As advised the prior month Dr Snee had resigned from the role of Chair of DHB CEO’s. He noted Rob Dunham (of Lakes DHB) had been appointed to the role and would take up his position shortly.
- Improvements in patient flow to relieve ED has shown improved performance.
- Moving the location of inpatient dialysis beds will see a medical ambulatory care centre opened up in mid-November in the area previously occupied by the dialysis unit.
- Elective surgery appeared in reporting as below plan, however delays in coding reveal we are running very close to plan.

- The Health Equity Report being presented later in the meeting was introduced by the CEO, outlining some areas identified in the report:
 - One third of our children live in poverty
 - The rate of serious assaults resulting in injury in HB is twice the NZ average
 - People living in areas like Camberley are three times more likely to die from an avoidable cause of death than people who live in Havelock North
 - 62% of 15-24 year old males' drink hazardously compared to 34% nationally, with women at 36% compared to 18% nationally. That is double the rate for both genders compared to the rest of NZ
 - The high rate of smoking amongst pregnant Māori women is a public health crisis.
 - Three out of four Māori die before their 75th birthday compared to one in three European. One in four Māori will die before their 50th birthday compared to one in twenty European.

Recognising and identifying the issues contained in the Health Equity report will help reduce the inequity gap but the health system alone cannot solve inequity. A multi-sectoral group of agencies, politicians and civic leaders have been briefed on the findings of the Health Equity Report. The next stage will be to develop an ambitious plan and follow through with decisive action, as this must be tackled collectively and is a community responsibility.

Denise Eaglesome agreed on the intersector approach however felt it all started with education. Children must embrace education then health and justice will fall into place. In the meantime HB faces a very real challenge.

- The significant turnaround in PHO targets was noted and commented on and congratulations conveyed to Liz Stockley.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF SEPTEMBER 2014

Chief Financial Officer, Tim Evans advised a favourable variance of \$168 thousand for the third month of the financial year, with a cumulative favourable variance of \$111 thousand to the end of September.

- Noted it was encouraging that no contingency had been used to date.
- The health of older people costs referred to the prior month were seasonal in nature and not persistent.
- Spend on the new Mental Health Unit fell behind slightly compared to higher spends in prior months.
- Inter District Flows (IDFs) had achieved savings, however this was offset by other outsourcing activities.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

The report on the Clinical Council meeting held on 8 October 2014 was noted and summarised as follows by Dr John Gommans (co-Chair):

- Clinical Council champions were now aligned to individual clinical indicators assuring intelligence input into the respective targets.
- A presentation had been well received on "Prioritisation", setting the scene for an extended discussion at the November meeting.
- Other matters discussed at the meeting included: Laboratory specimen labelling; and favourable comments around the new Integrated Performance and Incentive Framework (IPIF) for PHO reporting.

- There was some discussion around the replacement of the CQAC representative on Council.
- An update was provided on the Central Region Health Safety and Quality Alliance for which Dr John Gommans had been nominated the Regional CMO representative.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council provided an update to the Board from the meeting held on 9 October 2014.

Requests for Consumer Council representation continues to flow in for time and input into various projects. The challenge remains to have the resources balanced and to build with a suggested broad base of consumer resource to support. Seeking consumer engagement early in projects remains part of the learning process for many.

Other areas discussed/presented included: Quality Accounts first draft; Person and Whānau Centred Care; Consumer Council Annual Plan 2014/15; Mental Health Partnership Advisory Group (good engagement and well received); and Advanced Care Planning.

HBL Memorandum of Understanding (MoU)

John McKeefry (GM Human Resources) provided an overview, noting the Shared Services Council was set up by the 20 DHBs, with the intention to inform the decision making process and provide representation and expertise across the shared service. The MoU ensures stakeholders have a common understanding of the scope of the Shared Service Council and HBL including deliverables, timeframes, resources and authority; and limits issues.

The Executive Management Team were in favour of the Board adopting and signing the MOU.

RECOMMENDATION

That the Board

That the Board agree to the Chair of the (Interim) Shared Services Council signing the 20 DHB Shared Services Council, Memorandum of Understanding with HBL.

Adopted

Allied Laundry Limited – Annual General Meeting

Shareholder representation at the AGM for Allied Laundry to be held 25 November was outlined. Following some discussion agreement was reached.

RESOLUTION

That the Board:

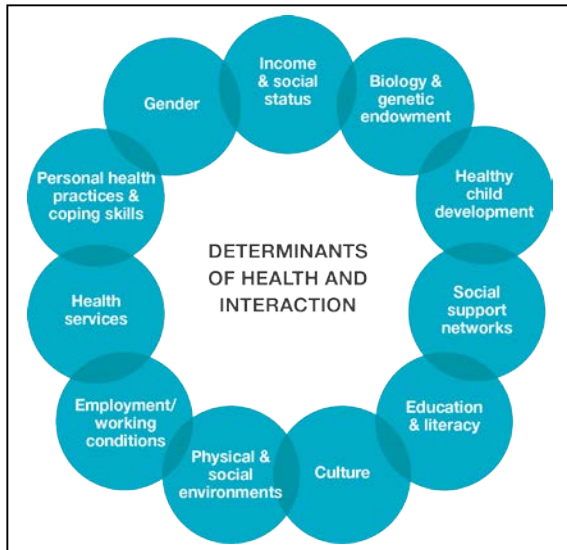
- Appoint Ken Foote as the HBDHB Shareholder representative to attend the Allied Laundry Limited (Allied) Annual General Meeting (AGM) to be held on Tuesday 25 November 2013.
- Approve the Allied Board recommendation:
 "That the surplus funds of Allied Laundry Ltd for the 2013/14 year and the current retained earnings are, due to the uncertainties around business continuity, retained by Allied Laundry.

Moved **Andrew Blair**
Seconded **Barbara Arnott**
Carried

Report on Health Equity in Hawke's Bay

A presentation on the key findings of the report on "Health Equity in Hawke's Bay" was provided by author Dr Caroline McElroy (Director of Population Health and Health Equity Champion). The published report was tabled at the meeting.

Recognising and identifying the issues through this report will help us work to reduce the gap but the health system alone cannot solve inequity as there are an array of determinants:



Within the report:

- 49 indicators of community health were examined
- All were avoidable
- The areas were structured by determinants of health – behaviours, healthcare and social or economic factors
- Analysed by ethnicity
- Analysed by deprivation quintile
- Overlap between ethnicity and deprivation

Most indicators were improving.

In tackling "Health Inequity", areas highlighted include: Smoking; Obesity; Primary care access; Heart disease and diabetes management; Income, education and employment; Housing; Road safety and Alcohol.

- One in three adults in Hawke's Bay (HB) are obese.
- One in two Māori adults and two in three Pacific adults are obese
- One in every four adults in HB is a "hazardous drinker" meaning they are likely to harm their own health or harm others through their behaviour.
- Smoking remains the biggest single cause of inequity in death rates in HB.
- High smoking rates amongst pregnant Māori women is a public health crisis.
- Social inequity is widening – more than half and over two thirds of our Māori and Pasifica communities live in our most deprived areas.
- More Māori, more Pasifica and more people living in most deprived parts of HB are dying at younger ages.
- Māori are twice as likely to die from an avoidable cause of death as non- Māori.
- A baby boy in HB who is Māori can expect to live eight fewer years than a baby boy who is not Māori.

Dental Care: Nearly two-thirds (65%) of HB adults, 84% Māori and 83% of people living in Quintile 5 areas, never visit a dental health worker or only visit for toothache.

Primary Care: One third of HB adults have difficulty accessing primary care when they need it with cost being the main reason.

We grapple with dealing with things medically within the HB region when we need to deal with it socially and economically first.

The lack of education is high. The tipping point will be changing the norm and influencing behaviour.

Education Training and Employment: 30% of young Māori in HB (15-24 years) are not in education; employment or training compared to 9.5% of European young people. HB is the highest in NZ.

Health Behaviours and causes of premature death that are avoidable include (through community focus) are: Ischaemic heart disease; lung cancer; diabetes; road traffic injuries; breast cancer; colorectal cancer and suicide.

An example of a direct impact of a non-health issue causing a great deal of hardship is resulting the recent change in government legislation around driving licensing rules/requirements. Through a change of legislation making it more difficult and more expensive to get a full license. Because of this change, hundreds of predominantly young people (in HB) are being criminalised, highlighting the need to work together to achieve outcomes.

RECOMMENDATION

That the Board

Note the contents of the Equity Report provided and request that an action plan to address these findings be developed and brought back to the Board by **December 2014. Action**

Adopted

Committee Structure and Meeting Schedule for 2015

Ken Foote (Company Secretary) provided background and sought feedback from the board on the current structure. With agreement for the present structure to continue there was discussion around the HB Health Sector Leadership Forums in 2015. Depending on the structure of each Forum, a decision around the need for an outside facilitator would be determined.

RECOMMENDATION

That the Board:

- Confirm the current governance committee structures and processes are meeting the Board's needs
- Approved meeting schedule provided for 2015

Adopted

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

16. Confirmation of Minutes of Board Meeting dated 24 September 2014
- Public Excluded
17. Matters Arising from the Minutes of Board Meeting
- Public Excluded
18. Board Approval of Actions exceeding limits delegated by CEO
19. Chair's Report
- Central Region Combined Boards Symposium 13 & 14 November
Reports and Recommendations from Committee Chairs
20. Finance Risk and Audit Committee – 29 October 2014 (tabled)
21. Hawke's Bay Clinical Council – 8 October 2014
22. Staff Engagement Survey

Moved Peter Dunkerley
Seconded Dan Druzianic

The meeting closed at 3.25pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 26 NOVEMBER 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Dan Druzianic
Peter Dunkerley
Diana Kirton
Helen Francis
Andrew Blair
Jacoby Poulain
Denise Eaglesome
Barbara Arnott
Heather Skipworth

Apology: Ngahiwi Tomoana

In Attendance: Chief Executive Officer
Members of the Executive Management Team
John Gommans and Chris McKenna (Co-Chairs HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council)
Members of the public

Minutes Brenda Crene

KARAKIA

Denise Eaglesome opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

Barbara Arnott advised one change to the interest register, due to her husband's retirement.
Action. There were no interests advised in any of the items to be discussed on the day's agenda.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 29 October 2014, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Heather Skipworth
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:
Items 1-5 had been actioned. Item 6 has been placed on the workplan for the December Meeting.

BOARD WORK PLAN

The Board Work Plan for December 2014:

Tuesday 9 December: Xmas staff BBQ breakfast from 6.30am (Zacs Courtyard)

Wednesday 17 December: 9.30am FRAC Meeting; 11.30am Worksafe NZ Presentation;
1.00pm Board Meeting; 4.30pm Christmas Function at Jarks

CHAIR'S REPORT

- HBDHB Performance for quarter July-September 2014:
 - First equal with 20 DHBs for cancer treatment.
 - Access to Elective Surgery 19th out of 20 DHBs
 - Shorter Stays in ED 19/20.
 - Increased Immunisation 4th out of 20 DHBs
 - Better Help for Smokers to quit 5/20.
 - More Heart and Diabetes checks 12/20.
- PHO's Performance for the quarter July-September 2014:
 - Increased Immunisation 8th out of 36 PHOs
 - Better Help for Smokers to quit 9/36.
 - More Heart and Diabetes checks 20/36.
- A copy of a letter from the Acting National Director of the National Health Board (NHB) sent to Tom Hemopo, Deputy Chair of the Ahuriri District Health (ADH) had been received on 3 November 2014. The letter acknowledged negotiations had been ongoing over the years and although close, no agreement for the provision of health services had been reached between ADH and HBDHB. The NHB requested the funds (being held by HBDHB to administer services in conjunction with ADH) be returned to the Ministry to administer.

This overall result (following continue efforts) was a real disappointment to board members, as the lack of agreement on administering health services under the WAI 692 settlement, had left many in Napier missing out on the provision of oral, community and social health services for a number of years.

It was understood there were groups within Maori, working behind the scenes to facilitate a solution.

- The Chair had received a summary of NZ regions population projection for the 2015/16 which feeds into 'population based' funding packages (PBFF) provided by the MoH. This shows a projected positive increase in the Hawke's Bay region's population of 2.07%. In part, this may well be a correction for estimations in previous years.

Board members queried whether this projected population increase was available in demographic breakdown. **Action EMT**

- A letter had been received from the Office of the Auditor-General advising the contract for Audit NZ to complete the audit of HBDHB expired on completion of financial year ended 30 June 2014. Arrangements need to be reviewed. **Action CFO.**
- There were four retirements to be acknowledged with letters being issued from the Chair.

Name	Job Title	Area	Years of Service
Margaret Meikle	Kitchen Assistant	Facilities & Operational Support	12
Richard (John) Clough	Team Leader Wairoa	Oral Rural and Community	42
Jim Greenwood	Social Worker	Older Persons & Mental Health	14
Kathryn Willoughby	Enrolled Nurse	Surgical	28

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee, CEO provided an overview of the report of 19 November 2014

- Some of the key changes of **AIM 24/7** have been ongoing and Dr John Gommans advised the structural changes are easy, the real secret is changing the Model of Care and processes, which takes longer. Over the next two-three months there will be a

noticeable change. Staff are positive with many wanting changes made immediately, however change often involves many others within the hospital.

- Victoria Speers of Health Hawke's Bay provided an overview of **PHO performance** and the methods used to achieve targets, advising that although targets had been met it was not sustainable from a cost perspective.

IT systems in the practices were queried? Dr Info was not that accurate. Some practices were better than others at using the tool to support their processes.

- **Did Not Attend (DNA's)** for First Specialist Appointment had been a significant issue for the Hospital, however this was being dealt with holistically. With the DNA project focusing on the issues under Champion Warrick Frater (COO), the rate at 19.1% was significant, however this was now down to 5.9% for Maori. There were personal approaches and this together with system changes was having a very positive effect.
- Dr Caroline McElnay, author of the **Health Equity Report** had been presenting to various forums and there was a great deal of interest with a number of conversations occurring including outside of the health sector. No set of solutions as yet but activity was encouraging.

A paper was expected at the December Board Meeting. It was advised this would be from a Framework perspective to provide a direction, more than a set of actions.

The Multiagency Forum would discuss Inequity further and hopefully some solutions can be captured and focused on.

- **Health Awards Event** on Thursday 27 November has received some exceptional submissions.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF OCTOBER 2014

Chief Financial Officer, Tim Evans advised a small favourable variance of \$59 thousand for the fourth month of the financial year, with a cumulative favourable variance of \$170 thousand to the end of October.

In summary, a lot of unusual one-off issues including pressure on locum and home support costs. Overall electives remain behind plan, more for outsourced activity to local providers than in house, with recovery plans in place. IDFs need some analysis on coding and time lags which is receiving some focus. Employee numbers were as planned and the Mental Health Unit build was progressing to plan.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council (Quarterly)

The report on the Clinical Council meeting held on 12 November 2014 was noted and summarised by the co-Chairs, led by Chris McKenna:

- A good discussion on Prioritisation leading to next year's budget was had, with Council seeking involvement in the process.
- Prioritisation of EOIs for Collaborative Clinical Pathways Development has been moving along with the launch held on 12 November. This has taken longer as we are continually learning. This is not about evidence based practice it is more about how the medical profession work with consumers on implementation of the pathways.
- Next year Consumer and Clinical Council will come together on the Person and Whānau Centred Care aspect (ie the "how" in the pathways process). Diabetes Pathways is work in progress with Put Patients First being kept informed through Rachel Ritchie who is also a member of Consumer Council.
- HB Radiology Services Committee TOR and membership were approved. Another Committee reporting directly to HB Clinical Council.

- The draft Quality Accounts were reviewed and would be presented to the Board in December for sign off.
- Te Ara Whakawaiaora / Culturally Competent Workforce was also reviewed.

A query around IT issues was raised in relation to accessing radiology images. Dr Gommans advised the DHB in-house system (Carestream) was now more stable. Systems throughout the sector are all different and when referred back to the Hospital it has not been possible to view and compare images. Due to concerns, Dr Gommans advised the Steering Group had been re-engaged. Carestream advised they are currently working on regional solutions after which they can focus on our internal issues. Clinicians are deeply concerned about these delays.

Following the combined boards symposium in Masterton, Peter Dunkerley advised of a DHB within the Central Region that had seen a drastic drop in their numbers through ED. Information was to be provided. It was advised a similar turnaround had been experienced in Northland. Dr Gommans advised the key enabler was communication with the right information which includes ED sharing information with primary care. Care Pathways is an enabler and presently Mid Central are training staff here in HB.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council provided an update to the Board from the meeting held on 13 November 2014.

- An overview of Health Costs was provided by Liz Stockley (CEO of Health HB) which included funding streams within the PHO. This assisted members understand and pose some challenging questions around access and the cost of care.
- Consumer Council have been involved with an ever increasing number of projects and a circle of supporters outside of Council has been actively encouraged to ease the burden.
- Feedback on improvements at Napier Health Centre have been positive. Further and ongoing engagement with Consumer Council is being sought from the Napier Centre, one around DNA issues they have been experiencing.
- Graeme Norton and Leigh White are now Central Region representatives on the National Consumer Engagement Group.
- Counties Manukau requested a copy of Consumer Council's Terms of Reference as they are looking to /structure their Consumer Council along the lines of Hawke's Bay.

Māori Relationship Board

Tracee TeHuia GM Maori Health spoke to the report in the absence of Ngahiwi Tomoana, for the meeting held on 12 November 2014.

- Consumer engagement to improve health for Maori in terms of responsiveness had been discussed at the meeting and was further discussed at EMT Day Out recently. It will take time to work up a structure to move this forward.
- Tracee advised there were four Maori and one Pacific representative on the HB Health Consumer Council who are very vocal and active, and confirmed that MRB were definitely connecting in with Consumer Council representatives.
- Discussions around Health Equity and how MRB can support through driving and engaging. MRB are planning to hold a special meeting to Workshop this topic in December to discuss responsiveness for Maori as "what" is clear but the "how" was not so clear.

The Board requested the following MRB recommendations be considered by EMT - **Action:**

- To get a strengthened focus by the Nursing Director Māori position to provide additional aid to the sector to resolve some of the issues around NETP and unsuccessful candidates, and to look at whether the position FTE needs to be increased from 0.5 to 1 FTE (Chief Nursing Officer)

- A Patient Survey be undertaken that is adapted to gauge the effectiveness of services being delivered to Māori patients.
- Expects concerted effort to increase the number of medical and support staff completing cultural training by the next MRB meeting in February 2015

There was some further discussion around the Patient Survey aspect as this was a customer service role and would take time to roll out. National survey information on-line has only a small proportion of Maori responding. Maybe a closer working relationship between Maori Health and Quality Improvement and Patient Safety (QIPS) should be pursued? Emails to patients voluntarily again not achieving local responses. We are not getting good data.

Jacoby commented that MRB are talking about the whole health system and felt there were other ways to obtain information without the use of surveys or steering groups. Te Taiwhenua o Heretaunga has a very rich source of information that the DHB should tap into and likely have feedback from surveys they have already undertaken. **Action**

Central Region's Technical Advisory Services (CTAS) Limited AGM

The CTAS AGM would be held on Monday 1 December. As a shareholder, the HBDHB Board were required to formally appoint a representative with the following recommendation agreed.

RESOLUTION

That the Board

Appoint Kevin Atkinson as the HBDHB shareholder representative to attend the TAS AGM on 1 December 2014 and Dr Kevin Snee as his alternate.

Moved Denise Eaglesome

Seconded Peter Dunkerley

Carried

HB District Health Board Performance Framework Exceptions Q1 (July-Sept 2014)

The board noted the contents of the report with the following a summary of comments from board members as follows:

- Referring to page 62 of the report around “shorter waits for mental health and addiction services” noted a rising trend in waiting times for 2014. On the opposite page the MoH CAPA (Choice and Partnership Approach) system working on motivation to accept change and engage in therapy putting the onus on the client/Whānau to phone for an appointment, could well be creating a barrier. It was agreed this could well be the case and the same strategy as used for DNAs could work well here also.

The COO felt “Peer Support” may be more appropriate in this case. He would like to raise this with the Mental Health Team and have them speak to this at the next presentation of the Quarterly Result to the Board. **Action COO**

- Denise Eaglesome asked whether there were any statistics on young Maori in Wairoa accessing drug and alcohol services, as many seemed lost. What is accessibility for services for Wairoa people as they really appear to be struggling in numbers? **Action EMT**
- The Chair enquired about MRI scans and was advised additional screening sessions were being undertaken in the weekends and after hours. To improve the present service more staff would be required. The results are not great nationally, however locally with the AIM 24/7 project progressing well, processes were improving all the time.

Transform and Sustain Projects Overview

Tim Evans introduced the overview report to the Board. A question recently asked by Consumer Council was how is this work tracking? A visual way to show this without cluttering the report will be looked at. Overall a good report with one comment around CRISP (now Regional IT Service) as being on track. This may be due to new management with a revised conclusion date of December 2015.

Human Resource KPIs Q1 (July-Sept 2014)

Kate Shambler spoke to the report in John McKeefry (GM HR Services) absence:

- Highlighted sick leave at 3.03% compared to a target of 2.0%. Asked whether coding the reason for sick leave ie for personal versus or for family member support would assist. Members were advised that family member support makes up a very small proportion. Hawke's Bay did however rank well across all DHBs (2nd)
- Staff turnover was at 1.53% compared with the target of 2.5% being the 4th lowest nationally and 3rd lowest regionally.
- Accrued Annual Leave has increased and there are multiple mechanisms in place to rectify this. Staff can buy out leave as an option but this is not seen as desirable. Reduced services over Christmas/new year period should assist. Nevertheless, HB were the best performing mid-sized DHB for this target and 4th best overall.
- Occupational Health and Safety indicator showed staff related injuries was slightly above average. Mostly minor or near misses and from serious harm perspective, very low.
- Serious Harm Injuries for an aging workforce have been static (around 20-30) for the quarter. These have occurred for tripping more than back injuries through lifting. Chris McKenna advised a lot of training was occurring in this area.
- Staff ethnicity covered next agenda item.

Te Ara Whakawaiora / Culturally Competent Workforce

Chris McKenna and Kate Shambler spoke to the report provided with comments summarised:

- MRB earlier in the year had issues with having staff trained in cultural competencies. A new facilitator has now been engaged with very active enrolments and excellent feedback resulting with staff eager to attend.
- Increasing the rate of Maori in our workforce is behind with six months to go. The DHB work closely with EIT, with a comment around issues with students not completing courses. Look at closing the gap there.
- The Foundation Course at EIT was highly recommended prior to undertaking study.
- There is a gap however for nursing graduates that cannot find work in HB. Chris has an ongoing relationship with EIT graduates.
- The Foundation Course at EIT is a very good for transitioning into first year study and comes highly recommended not only for nursing studies but other vocations also.

Memorandums of Understanding

Tim Evans CFO summarised what had been provided in response to a Board query several months prior. It was noted several were to be added to this list and kept live for future reference: Those to add included: the Memorandum of Commitment with Ahuriri District Health, Health Alliance, HBDHB/NKII MOU, EIT Bachelor of Nursing and Grey Power.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

19. Confirmation of Minutes of Board Meeting dated 29 October 2014
- Public Excluded
20. Matters Arising from the Minutes of Board Meeting
- Public Excluded
21. Board Approval of Actions exceeding limits delegated by CEO (nil)
22. Chair's Report
Reports and Recommendations from Committee Chairs
23. Finance Risk and Audit Committee – 26 November 2014 (tabled)
24. Hawke's Bay Clinical Council – 12 November 2014

Moved Barbara Arnott
Seconded Dan Druzianic
Carried

The meeting closed 2.50pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 17 DECEMBER 2014, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.15 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Dan Druzianic
Peter Dunkerley
Diana Kirton
Helen Francis
Andrew Blair
Jacoby Poulain
Denise Eaglesome
Barbara Arnott
Heather Skipworth

Apologies: -

In Attendance: Chief Executive Officer
Members of the Executive Management Team
John Gommans and Chris McKenna (Co-Chairs HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council)
Members of the public

Minutes Brenda Crene

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

No changes to the Interest Register were advised and there were no interests advised in any of the items to be discussed on the day's agenda.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 November 2014, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Andrew Blair
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update provided:

Items 1, 3 and 4 had been actioned with commentary summarised:

Item 2: Population Projection 2015/16: A summary of NZ regions population projection for the 2015/16 which feeds into 'population based' funding packages (PBFF) had been received from the MoH. This shows a projected positive increase in the Hawke's Bay region's population of 2.07%. Board members queried whether this projected population increase was available in demographic breakdown.

This demographic breakdown would be sought and when available would be circulated to the Board, with a copy also sent to the Intersector Forum Group who were also keen to receive this information.

November 2014

Section 1

1

Item 3: Auditor General Letter: Advised this was routine business however it did not happen last year until June. Trying to pull this forward. A letter of engagement was signed for auditor (Audit NZ) recently by the Chair. Remove action.

Item 4: Performance Framework Q1 Report under Mental Health and Addiction Services: The COO advised the CAPA system had been approved.

On discharge the process of community patients self-registering with the service will continue, however in order not to take responsibility away from consumers, if no word heard within 5 days of discharge - contact will be made.

Statistics for Wairoa - The COO advised of a number of organisations refer people through for alcohol and drug services, with increased referrals compared to prior year. There may well be more people affected in the community who are unknown to services. Remove action.

BOARD WORK PLAN

The Board Work Plan for February 2015 was noted. The plan for 2015 has been prepared in draft form.

The Gastroenterology paper which was to be considered this month was deferred until the New Year.

CHAIR'S REPORT

There were two retirements to be acknowledged with letters being issued from the Chair.

Beverley Fullerton-Smith	Pharmacy Assistant	Pharmacy	20years service
Nicola Manning	Medical Secretary	Facilities & Operational Support	10years service

- The Minister of Health visited HBDHB on 5 December and the visit went very well. It was pleasing to receive favourable feedback on the revised governance and advisory committee structures which encourages active dialogue between governance, management, clinicians and consumers.
- A letter of thanks was received from HQSC following the visit by Dr Janice Wilson CEO and Bob Henderson (HQSC Board Member) on 26 November.
- Hawke's Bay has achieved a high standard in Hand Hygiene performance sitting third nationally (for Q1) at 82.9% with the average across DHBs sitting at 75.5%
- Congratulations were conveyed to the PHO for achieving all (5) targets it was noted that three PHOs would receive additional funding for their efforts.
- Hawke's Bay advised Central TAS of the preferred date for the Combined Board Meeting as 16/17 July. Subsequent advice received, confirmed 17 July.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee, CEO provided an overview of the report of 10 December 2014, including:

- An overview of performance including changes to AAU which were assisting shorter stays and increasing capacity within the hospital in crucial areas. It was anticipated the next quarter would be in line with target.
- Improved access was achieving results at 92.4%
- Waiting times would be achieved end December/January.
- With the balance of indicators achieving or very close to target.

- At a recent Intersector Group Meeting the need for targets which were understood by the general community were required. This work was handed to the CEOs of various agencies, to further develop.
- From a Health Equity perspective the focus Te Ara Whakawaiora indicators for Maori health are lifting through creative thinking and the need to make a real difference. Focus on quality improvement is equally important.
- The Board were advised of Adri Isbister's appointment as new Chair of Health Hawke's Bay Limited.
- Interviews have gone well for the senior positions advertised with appointments to be made shortly.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF NOVEMBER 2014

Chief Financial Officer, Tim Evans advised a favourable variance of \$146 thousand for November, with a cumulative favourable year to date variance of \$315 thousand to the end of November, with no contingency used.

An overview of the report was provided with particular note made around the sizeable lag time in IDFs between an event occurring and the activity recorded in reporting. At month five the detail of months one and two are now evident. The gap was reducing. Capital spend was also behind for reasons explained.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

A report was tabled for the Clinical Council meeting held on 10 December 2014 with an overview provided by Dr John Gommans (co-Chair). In particular the following was noted:

- Progress on the development of Clinical Pathways: Following the launch to the sector in November, we are now facing the reality to turn a "pilot" in to "business as usual" by 30 June 2015. We have learnt a lot about the "what" and now need to move into the "how" and this will be worked through in the "Whānau and Patient Centred Care" project in 2015.

Presently Pathway approvals go through Clinical Council, with the plan for these to be managed from 1 July 2015 through a Clinical Governance Group, reporting to Clinical Council.

"Diabetes" was the first Pathway to be signed off.

- The relationship between Clinical and Consumer Council is very good and very robust with the two groups planning to come together in the New Year to discuss various common areas of interest.
- Council noted the stunning performance in the improvement of FSA DNAs area. There is now particular interest amongst primary care members who advise they can learn a lot from this relatively new process.

The Board were advised of Clinical Council's support for the Quality Accounts and the Health Equity Framework and Intersector Forum collaboration.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council tabled a report to the Board from the meeting held on 11 December 2014.

- Whānau and Patient Centred Care: A sub-group of Clinical and Consumer Council members will meet in January to ascertain what success looks like in Hawke's Bay then bring this back to a workshop between both Councils'. Graeme believes this work will redefine relationships between clinicians, primary care and consumers.

- Monitoring papers received resulted in very interesting discussions, thoughts and observations.
- Kevin Atkinson noted that we appear to be really struggling in the “Obesity” area which ultimately impacts on the health system, if not addressed.
- The Stanford Model was explained as a structured programme that follows a ‘self-care’ methodology with the PHO funding courses and training trainers to train the public. The second aspect will be an understanding of health literacy in primary care practices and organisations.
- Health Literacy was raised as a good topic that could be taught in schools (through NZCEA). Children need to learn more about health and how certain health issues can affect their Whānau. Nice to see some initiative around intervention.

Council support for the Quality Accounts and Health Equity Framework was conveyed to the Board.

Maori Relationship Board (MRB) Workshop held 16 December 2014

Ngahiwi Tomoana Chair provided a verbal update on the comprehensive report tabled:

- **Dr George Gray had undertaken a review of Tū Mai Rā 2011 to 2014** noting:
 - 16 of the 31 indicators could not be reviewed because of data issues
 - Of the 15 indicators reviewed by Dr Gray, inequity had increased for 3 of the 15 indicators but had decreased for the balance, resulting in better outcomes for Maori.
 - Children caries free at 5 years and Oral health indicators showed increased gaps of inequity. The Board acknowledged sincere disappointment that the Ahuriri District Trust health funding remained sitting in the bank (through indecision) when it could have made a huge difference in the oral health area.

With 31 indicators reviewed in Tū Mai Rā, it was acknowledged this was a high administrative burden on HBDHB. It was acknowledged the number of indicators needed to be reduced.

MRB were very positive and grateful for the significant health outcomes achieved in Hawke’s Bay as a result of Tū Mai Rā. It was acknowledged the rates of inequity decreased faster in HB than seen at a national level.

- **Achieving Health Equity in Hawke’s Bay – Solutions Framework**

Acknowledging the 10 areas highlighted as priorities in the report it was pointed out success could best be achieved through Whānau, in many areas by children relaying various messaging to their parents (eg as has been done through the seat belt campaign and recycling).

MRB felt significant inroads could be made by utilising the Whānau in many areas including obesity (with learnings introduced in schools also). Iron Māori in schools would be worthwhile considering also.

Investment in Whānau health should be explored further and used more extensively to provide better health outcomes for communities and the DHB. It was felt there was need for a different approach within the DHB.

The Iron Maori approach to curbing obesity is filled with positive messaging:

- “Measure your waiora” - not your weight.
- “We want to uplift your Mana”.
- “What matters to you” instead of what is the matter with you?
- Use of the word “partake” does not mean you need to be a participant.
- Iron Maori is more than an “Event”, it is a “Journey” and is a significant vehicle for the improvement of Māori health.

If KPIs are better targeted they are more likely to succeed.

The following recommendations were generally supported by the Board, but would be considered in detail by the Executive Management Team who would report back to the MRB and the Board:

1. One Annual Plan for the DHB that incorporates the Annual Māori Health Plan
2. Report by exception to reduce the burden of reporting
3. Continue Te Ara Whakawaioira program that focuses on areas of non-performance at the Board and Executive levels of the DHB
4. Reduce the number of priorities within the Māori Health Annual Plan component.
5. Continue to report indicators by ethnicity 'including the Other category' to ensure we understand the equity gap better
6. Identify a Whānau investment approach to good health using MRBs discussion points; and consider additional investments into Māori Health Services for 2015-16 to enable a navigated approach both clinically and culturally.

Pasifika Health Leadership Group (PHLG)

Barbara Arnott conveyed detail from the meeting held on 15 December, advising Victoria Speers would attend future meetings as a representative of Health HB. It was conveyed the group would like to feel more connected and was evident on the completion of their workplan how very similar it was to MRB's (even though people are a smaller portion of the population). It was noted pacific people had the largest population growth since the prior census.

The group has now operated for over one year (meeting four times per year) and are very hands on when it comes to making a difference.

RECOMMENDATION

That the Board

Agree to the request from the Pasifika Health Leadership Group to be provided a slot at HBDHB board meetings twice per year (noting: the same request will be made to attend Health HB board meetings). This attendance would be in addition to PHLG attendance at the Leadership Forums Workshops.

Adopted

DECISION ITEM

Quality Accounts

Kate Shambler acting Director Quality Improvement and Patient Safety, spoke to the final document presented with the guiding principles being: accountability and transparency; be meaningful and relevant to whole of system outcomes; reflect continuous quality improvements.

- There was a requirement for all DHBs to complete Quality Accounts annually and the document needs to be with the MoH and HQSC by calendar year end 2014. It was noted this document was still predominantly hospital focused and needed to be broader.
- The main audience for these accounts are the Community.
It was felt some may have difficulty with jargon (eg "intentional rounding"), complexity and too much information.
- The document covers performance around MoH targets, national priorities and some agreed local quality indicators. As we maintain performance against some of these

indicators we may drop some and include others. The document needs to be informative and reflect continuous improvement.

- The document was endorsed by Clinical and Consumer Councils and other staff, having gone through multiple iterations. A minor tweak on the graph on page 27 which was missing some of the axis information, would be corrected.
- Appropriate to print from the website (if required), with no intention to produce a large number of copies.
- The process and document will continue to evolve and success will depend on the feedback we receive.

RECOMMENDATION

That the Board:

Endorse the Quality Accounts for the HB health sector and noted the next steps

Adopted

INFORMATION/DISCUSSION

Achieving Health Equity in Hawke's Bay – Solutions Framework

Dr Caroline McElroy, author of the document, provided an overview of the next stage and the analysis of issues leading to the 10 priority areas for a whole of community approach. The emphasis is on what the issues are, not how to address them. There appeared to be nothing new as the key drivers for health inequity have been presented before. There had been some progress made but not at the desired pace, hence a need to do things differently as a community.

This work was encouraged by the Intersector Group where active discussions have taken place on "Inequity" with the CEO's of respective organisations being tasked to look at this further and come back with detail.

A general discussion followed with points summarised as follows:

- HBDHB are role models and have policies, we cannot forget the impact we have as an organisation and employer.
- For the priority areas identified, several organisations were suggested that should take the lead for Education, Employment, Road Safety and Alcohol.

It was noted that HBDHB take responsibility to report on health inequity and through conversations, the Intersector Group need to identify themselves, their need to commit and provide assistance in respective areas.

- All priority areas identified affect Maori. We need a different way to address these areas with the most appropriate being the Whānau approach. Ngahiwi advised he was Chair of the Maori Economic Group for the Government and long term sustainable growth comes directly back to Whānau "education".

In response a Whānau education plan from early childhood needs to be implemented into Primary Schools where Whānau become partners with the providers by becoming partners with schools.

MRB feel a dramatic change through a delivery model with more focused effort using Whānau, does not necessarily mean using more money.

Action Dr Caroline McElroy: The Board look forward to regular updates factored into the workplan (issue by issue).

MONITORING

Annual Māori Health Plan Q1 (July-September 2014)

Tracee Te Huia (GM Maori Health) and Shayne Walker were in attendance for this paper.

Following discuss the following actions were provided for consideration:

- It may be appropriate to include traffic lights on the A3 dashboard to assist those reviewing.
- A suggestion was made to consider whether **Tamariki Ora** was promoted appropriately.
- Oral Health did need to be included in reporting, as the gap was widening.

The Board were advised that Shayne Walker (Programme Manager, Maori Health) had resigned his position with the DHB effective Friday 19 December 2014. Shayne was thanked sincerely for his contributions to health and was congratulated on his new role.

Te Ara Whakawaiora (TAW) First Specialist Appointment, Did Not Attend access rates

Warrick Frater (COO) as Champion of this KPI thanked Shayne Walker for his leadership, hard work and advocacy which had been instrumental in the success of this KPI.

A key driver of TAW has been focus by the Executive Team and Board to drive change and the achievement of positive results. The philosophy now is to do the best we can and continuously improve in this area.

The two Kaitakawaenga's were introduced to the Board with some very positive messages relayed about the success of this initiative to drive change through interaction with Whānau directly. This had resulted in feedback which has ultimately contributed to process changes and better understanding across specialties. It was acknowledged there continue to be some very real difficulties experienced by many in the community with health being a low priority.

Diana Kirton advised this was such a good model of engagement and may be a better way than the CAPA system in the Mental Health/Addictions area. A follow up visit instead of a phone call may well result in benefits longer term.

Some in primary care work through contracts specific to several targets. The next focus will be at population level and look at vulnerable families and include social worker support through LTAs for a more holistic approach to wellbeing.

Te Ara Whakawaiora / Access Obesity

Liz Stockley (CEO Health HB) as Champion supported by Shari Tidswell.

This was a challenging first stage to develop a strategy on obesity for action within the region.

Are we doing all we can as an organisation by setting examples as this is a mind shift with the following comments made:

- Sugar sweetened beverages have been removed from hospital catering and vending areas, with alternatives for chips being looked at..
- A focus on increasing physical activity is important and a "Healthy at Work" paper will be coming to the Board in March 2015.
- Lobbying Supermarkets (which are locally owned) to assist in the obesity area. It was noted that TESCO in UK have new policies on obesity and the positioning of sugary products on shelves.
- There are 5000 employed directly or indirectly in the Hawke's Bay health sector. What can we do to make a difference and how would that translate to the rest of the population?
- Maraes and Māori events in the community are all now smoke, alcohol, sugar and fast food free. This has made a difference with Whānau taking a lead.
- Iron Māori is seen as the most successful phenomenon created for wellbeing. Clinicians advise that nothing else comes close.
- The Minister of Health is very interested in addressing obesity.

Te Ara Whakawaiora / Access Health Literacy

Liz Stockley (CEO Health HB and member of EMT) as Champion provided an update on PHO activity in this important area as part of Transform and Sustain.

- The Stanford Model had been explained under the Consumer Council update.
- The first meeting of the Steering Group will be held in the New Year to evaluate the Literacy Programme before launch.
- The “Let’s PLAN” tool (*attached*) had been shared with general practices which contains questions patients would want to know about their condition or illness. This has been provided to practices to think about in the.
- MRB had not considered this paper as yet as it is part of the Health Promotion Plan managed through the PHO.

Te Ara Whakawaiora / Access Outreach Primary Screening

Liz Stockley as Champion supported by Victoria Speers, provided an overview of this initiative focused on getting more people into general practices for screening and getting more services conveniently to people who were not engaging.

- A question as to whether nurses undertaking screening in workplaces could be funded by employers?
In response, by using this method there was a danger of duplication. Also the PHO was not a service provider and had no intention in competing with general practice.
- General practices are rewarded for performance on the level of success.

Warrick Frater, Chief Operating Officer - Thank You

This would be Warrick Frater’s last Board Meeting in his capacity as COO, having advised of his resignation earlier in the year.

Warrick was thanked sincerely by the Board for his contribution and passion towards the organisation, his skills and constructive discussions over the years.

Warrick advised he came to HBDHB initially for a six month interim contract and stayed for eight years. There had been some interesting times and learnings with the DHB in a very different place today, saying we should be very proud of where we are at present.

The Board thanked and acknowledged Warrick’s part in the success.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

20. Confirmation of Minutes of Board Meeting dated 26 November 2014
- Public Excluded
21. Matters Arising from the Minutes of Board Meeting
- Public Excluded
22. Board Approval of Actions exceeding limits delegated by CEO (nil)
23. Chair's Report
Reports and Recommendations from Committee Chairs
24. Finance Risk and Audit Committee – 17 December (tabled)

Moved **Barbara Arnott**
Seconded **Helen Francis**
Carried

The meeting closed 3.30pm

Signed:

Chair

Date:

Let's P.L.A.N. for better care

Four steps for your next health care visit



Planning for your next health care visit and asking questions will help you understand more about your health and treatment for an illness or injury.

Your doctor, nurse and others included in your health care want you to ask questions to help you make decisions together.

Let's P.L.A.N. for better care

Prepare for your visit

- Write down your main concerns or questions
- Make a list of your medicines and supplements
- Did you know you can take a support person with you and ask for a translator?

Listen and share

- Say if you don't understand and if a drawing could help
- Say if you're having problems with your medicines or treatment, or can't afford them
- Is there anything else you can tell your doctor or nurse about your health?

Ask questions

- What is my health problem?
- What happens next?
- Why is that important?
- Are there any other options?
- What can I do to help with my health?

Note down what you need to do next

When you collect your medicine from a pharmacy, you may want to ask these questions:

- What is the medicine for?
- What is its name?
- How and when do I take it?
- How long do I need to take it for?
- What could happen if I stop taking it?
- What are the side effects? What should I do if I get these?





What can we do to improve PLAN?
Tell us what you think.
Go to Facebook: *Letsplanforbettercare*



My questions

My medicines and supplements

What I need to do next and how my family/whanau can help
