

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 25 FEBRUARY 2015, IN THE TE WAIORA ROOM,
DHBADMINISTRATIONBUILDING, MCLEOD STREET, HASTINGS
AT 1.06 PM**

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

Apologies: Heather Skipworth

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

Minutes Brenda Crene

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

DEPUTATION

The Chair welcomed Thomas O'Neill (Food Workers Union) and Linda Mitchell who provided a deputation to the Board around proposed changes to the provision of food within DHBs nationally. They were supported by staff from HBDHB Nutrition and Food Service.

Following the presentation and hand-out provided, the Chair thanked the presenter and supporters, advising the Board had their first discussion on the HBL Food Business Case earlier in the day. He acknowledged staff had received very little information to date.

The Board would value engagement with staff and stakeholders. A copy of the "business case" will be provided with the commercially sensitive aspects removed. This will allow HBDHB staff to familiarise themselves with the detail and allow for a six week period of consultation.

What is proposed is a national model, and HBDHB will take steps to refine the model to ensure impact on our organisation is minimised, in particular the area affecting staff.

There were four things to consider:

1. Impact of our own staff.
2. Do not want a national solution to impact on the quality of meals
3. Concerned to make sure that local producers are considered, as Hawke's Bay is a food producing province.
4. Must be cost effective.

Action: Management to prepare a shortened version of the Business Case for distribution to staff and other stakeholders and ensure a six week consultation process is put in place. The Board will further discuss once this process has been completed.

BOARD MEETING RESUMES

The Chair advised of Heather Skipworth's apology for the meeting.

DECLARATIONS OF INTEREST

One change was noted to the Interest Register by Diana Kirton with no interests advised in any of the items to be discussed on the day's agenda.

The Interests register would be updated removing Diana as a member of the Hawke's Bay Medical Research Foundation. **Action**

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 17 December 2015, were confirmed as a correct record of the meeting.

Moved: Barbara Arnott
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

All actions 1-4 had been actioned.

BOARD WORK PLAN

The Board Work Plan for March 2015 was noted, including the Workshop scheduled for Wednesday 4 March.

The farewell for Warrick on the evening of 15th March for Board members and partners was noted.

Board Evaluation detail would be issued the week commencing 2 March. To ensure timelines are met, this section would take two weeks. It was important to be timely with this information to ensure the evaluation report would be available for 25 March (11.00am)

The HB Health Sector Leadership Forum has been moved to 22nd April.

CHAIR'S REPORT

There were five retirements acknowledged with letters being issued from the Chair acknowledging years of high quality service to the community of Hawke's Bay.

			Years Service
Helanie Pocknall	Registered Nurse	Surgical	21
Susan Marshall	Call Centre Operator	Planning Informatics & Finance	21
Rata Maxwell	Cook	Oral Rural & Community	12
Catherine Williams	Registered Nurse	Acute & Medical	18
Dr Lester Calder	Public Health Medicine Specialist	Population Health	11

- The letter of expectation dated 17 December 2014, had been received from the Minister of Health Johnathon Coleman. Key points noted were: fiscal discipline in management; strong clinical leadership and engagement; greater integration between primary and secondary care being vital. Also the National Health Targets require continued focus as well as efforts focusing on morbidity and continued physical activity to keep communities healthy. The Minister wants to see the NZ Health Strategy refreshed.

- A letter dated 17 December had been received from the Minister requesting information on Family Violence and Sexual Violence Services and Activities. Work was underway to provide a stocktake of government funded services that respond in Hawke's Bay which includes: core services; business as usual; funding or contracted services and internal programmes.
- A further letter from the Minister dated 12 February 2015, provided ministerial consent and approval to enter into a cooperative arrangement and borrowing facility. This was a technical requirement to progress health shared services, specifically the National Infrastructure Platform should DHBs resolve to do so.
- A letter dated 10 February 2015 had been received from the Ministry of Health around Mental health and addiction non-governmental organisations (NGOs) "Fair Funding" campaign, informing DHBs of the next steps. HBDHB had responded 12 months ago to concerns raised by the Trust at the time.
- An email dated 10 February, had been received from Audit New Zealand advising Chrissie Murray had been appointed as Auditor of HBDHB. Chrissie would be invited to attend the FRAC and Board meetings on 25 March 2015 (**Action**).
- The Governor General of NZ had accepted an invitation to unveil the new naming stone of Hawke's Bay Fallen Soldiers' Memorial Hospital on June 11th. Chair Kevin Atkinson would not be available this day and Ngahiwi Tomoana as Deputy Chair would attend in his absence.
- Quarter Two Health Target 2014/15 results published by the Ministry comparing all DHBs and PHOs were summarised:

Hospital:

Shorter stays in hospital Emergency Departments HB 17/20 nationally; Improved access to Elective Surgery 16/20 (Note: HBDHB has delivered 100% of YTD contracted volume); Faster Cancer Treatment 14/20; Increased Immunisation 1st/20; Better Help for Smokers to Quit 5/20 and More Heart and Diabetes to Quit 12/20.

Reports this calendar year show a dramatic improvement in elective surgery and ED shorter stays are significantly better.

The *PHO* continues to perform well with Increased Immunisation HB PHO at 9/36 compared with PHOs nationally; Better Help for Smokers to Quit 11/36; and More Heart and Diabetes Checks at 19/36.

CHIEF EXECUTIVE OFFICER'S REPORT

The CEO welcomed Rika Hentschel (of Women Child & Youth Services) who had been appointed as Acting Chief Operating Officer (COO) for two months.

Appointment of the new COO, Sharon Mason (of Southern DHB) was announced recently and would take up her role in the latter part of April around the same time Andrew Phillips commences as Director of Allied Health. Both would be in attendance at the April Board meeting.

The AIM 24/7 project is working as intended; good progress with elective surgery targets and comfortable we will achieve to plan.

The Length of stay in hospital has been dropping. Asked whether there had been any concerns regarding quality of care as a result of this rationalisation? A paper to FRAC provided no signal of adverse consequences. Patients like to move on quickly from Hospital and positive impacts on both patients and staff have been observed. There appeared to be no impact on providers due to the higher focus on discharges?

The AIM 24/7 project is half way through and presently focused on the front door of the hospital.

Faster Cancer streams: it was a little early to determine this as a new target as we are still coming to grips with reporting and ensuring data was comprehensive and accurate. However moving forward we are confident of delivering this by July 2016.

Other areas include the solid financial performance; progress with Project Dane; the good work being done on Te Ara Whakawaiora, working with the PHO, and Performance Framework with a solid start to the calendar year.

The Deputy Chair noted the positive language used in reporting. We often see performance drop during the transformational process, however we were now seeing an upturn.

Overall a positive financial and soundly based performance has been achieved.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF JANUARY 2015

Tim Evans (GM of Planning, Infomatics and Finance) advised a favourable variance of \$224 thousand for January, with a cumulative favourable year to date variance of \$380 thousand. This was achieved after restoring the contingency to \$3 million by reversing the \$250 thousand used from the fund in December.

An overview of the report was provided with particular note made:

- We have experienced high personnel costs with case weight activity 21% higher than planned.
- It was satisfying to see improved access to elective surgery with discharges above plan for January, leaving us in a much improved position. Outsourced surgery was down as were IDFs over which we have less control.
- More surgeons had been appointed recently and we are undertaking a review of all surgical specialties.
- Financial flows around oncology were discussed. The relationship of funds flowing has been uneven. Need to see a viable cancer centre at Mid Central but also need to rectify imbalances and simplify the process, not chase payments.

The Countdown Kids Hospital Appeal was very successful with the Acting COO providing some background to this national programme (between 10 DHBs), with resulting fundraising successfully undertaken. As the appeal amount exceeded the \$150k management delegation, management sought the Boards approval to spend the \$164,437 raised on clinical equipment. FRAC had discussed this earlier in the day and recommended that the approval be given.

RESOLUTION

That the Board:

- Approve the expenditure of \$164,437 on clinical equipment from the Countdown Kids Hospital Appeal special fund.

Moved **Dan Druzianic**
Seconded **Ngahiwi Tomoana**
Carried

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Review of the Clinical Council Report from the meeting held on 11 February 2015 was provided by Chris McKenna (co-Chair). In particular the following was noted:

- Keen oversight on electives programmes and had received a very positive presentation from the COO and Service Director Becky Olson.
- Received an update on Palliative Care services and planning, progressing meetings and approach.
- Council members were very engaged in the prioritisation process, a new experience for many on Council who were now working with management in this area.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council tabled a report to the Board from the meeting held on 12 February 2015.

A presentation on the Palliative Care Services was received. This resulted in plans to pull a consumer reference group together for Palliative Care.

The project for Person and Whānau centred care had been discussed at their meeting recently. It was surprising how closely this aligned with the Engaging Effectively with Maori courses being provided to all HBDHB staff and others. Cultural competence courses such as this could well be referred to as "Person and Whānau Centred Care". This was all about effectively engaging with people/patients.

Health literacy would be coming to Council in April as will the HBL food services business case for consideration by both Consumer and Clinical Councils.

Consumer Stories to the Board were queried. This would be followed up. **Action.**

Maori Relationship Board (MRB) meeting held 11 February 2015

In Heather Skipworth's absence, as Acting Chair of MRB for the meeting, the following feedback was summarised.

- There had been lengthy discussion on the survey tool around consumer experience from cultural perspective.
- One quarter of the organisation had attended the Engaging Effectively with Maori course. A review around the course delivery time(s) to enable staff to attend was being considered. It was hoped Governance groups and committees commit to attend this Course.
- Bariatric Surgery - the bigger picture was conveyed by the CEO to MRB. A plan to address obesity needs to be put in place. Caroline updated the Intersector Leadership Group on equity which was endorsed by the group.
- Regarding Obesity all evidence points to children and even younger than school age being the focus of healthy eating programmes. There has been a requirement in schools for healthy eating which appears to have slipped
- MRB will hold a meeting on 19 March meeting to understand issues for Maori providers in community. Denise Eaglesome asked whether Wairoa providers would be attending. This would be checked and Denise advised accordingly **Action Tracee Te Huia**
- Merging the Maori Health Plan with the Annual Plan was planned this year. It was important not to dilute either but we now have mechanisms in place and feel confident this can be achieved.

Will Ministry and the Maori directorate accept, may be up for debate but we are up for that challenge. We are being watched by a number of organisations (as the leaders in this area) and are sure we will be well placed to combine plans due to the performance programmes set up.

Pasifika Health Leadership Group (PHLG)

Barbara Arnott conveyed detail from the PHLG meeting held on 16 February 2015.

There had been discussion about primary sector (PHO) representation on PHLG and also around community engagement.

Tim Hutchins (contracted to the DHB) had shared some stories which highlighted his work in providing services to the 5,000 plus Pacific community.

Central Region Pacific Collective: This Collective has a contract with the Ministry of Health to service Wellington and the Central Region including Hawke's Bay. The Collective supports existing Pacific providers as well as non-Pacific providers who deliver services to the Pacific

population. A steering group that will govern this work is currently being established with the Collective seek a representative from Hawke's Bay. This is being considered by the PHLG. Due to the size of the Pasifika population base in HB, there is uncertainty as to whether this is a good option.

HBDHB do not reach benchmark for Pasifika in HB and felt there was a greater need for direct funding for additional workforce navigator-type roles, as the Pacifica community is growing in number with no win-win at present. Looking for something similar to Whānau Ora.

PHLG were pleased to be invited to attend Board Meetings in May and November 2015.

INFORMATION/DISCUSSION

Transform and Sustain Projects

Tim Evans provided an overview of the detail provided highlighting and acknowledging the slow uptake of the Video Conferencing technology (explaining it had stalled). This area would receive focus as staff and clinicians need to embrace this new avenue technologically to provide health care.

Accountability Planning Update

Tim Evans and Paul Malan (Planning Manager) provided a presentation on planning requirements for 2015. Presentation appended. A matrix was issued to provide an overview of the aligning aspects of the plan.

MONITORING

Te Ara Whakawaiora / Diabetes – More Heart and Diabetes Checks

Liz Stockley (as Indicator Champion) supported by Victoria Speers, spoke to the report for the "increased engagement of Maori with a primary care provider" specifically around more heart and diabetes checks.

The report was taken as read, with discussion summarised including:

- There was general discussion and feedback around after hours services with only some practices open.

It was noted Wairoa GPs did not offer after hours services and services were very limited on a Saturday. A mobile nurse in the Wairoa Health Centre out of hours was seen as a good option if advertised widely. This would be investigated – **Action**.

- Attendance at practices in primary health care was at 80%.

Monitoring progress on uptake was explained as was the difficulties during a visit to have many health requirement monitored (given limited time for both parties). Therefore specific accessible clinics appears to be the best approach.

The Board were pleased to be advised of an excellent result for the Health Hawke's Bay PHO, who achieved top cervical screening for Maori in the country, being the first to achieve the target of 80%.

Te Ara Whakawaiora / Diabetes – Smokefree

Dr Caroline McElnay (Director Population Health and Health Equity Champion), introduced Shari Tidswell (Population Health Advisor).

Referring to page 78 of the report, targets were generally being met but there is a need to embed performance and make an "impact on smoking rates" which is where the focus will be.

Offering effective cessation is crucial. Tobacco control plan available.

- Ngahiwi Tomoana asked whether the same approach taken for DNAs (already in place) should be utilised with antismoking campaign messaging and support included. More aggressive work needs to be done in this area.
- What is offered at the moment was not working for young pregnant Māori women. Needs to go wider as it is extremely difficult for the young especially to quit smoking in their home environments, with cigarettes often supplied by their peers.

Performance Framework Exceptions (Quarter 2 October-December 2014)

Tim Evans provided a brief overview which focussed on the achievements, Areas of Progress and Areas of Focus.

Human Resource KPIs Quarter 2 (Oct-Dec 2014)

John McKeefry (GM Human Resources)

An overview of the report was provided.

Staff turnover had risen slightly but was not of concern. For 12 months to 31 December 2014 HBDHB were the lowest out of the 6 mid-sized DHBs.

Accrued Annual Leave has been a challenge but is being proactively managed.

There was some general discussion around sick leave. Management were asked whether there was monitoring and/or awareness of staff stress levels with all the changes occurring within services. In response, staff surveys (fairly recently undertaken) had not highlighted a problem and from a benchmark perspective HBDHB do not appear to be out of line with other DHBs for sick leave.

Other sick leave areas discussed were around the ageing workforce, accrued sick leave entitlements and sick leave taken due to a sick dependant (which is reported separately).

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:

22. Confirmation of Minutes of Board Meeting dated 17 December 2014
- 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
Reports and Recommendations from Committee Chairs
26. Finance Risk and Audit Committee – 25 February 2015 (tabled)

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

The public section of the Board Meeting closed 3.22pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 25 MARCH 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.12 PM**

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

Apologies: Ngahiwi Tomoana

In Attendance: Chief Executive Officer
Members of the Executive Management Team
Chris McKenna (Co-Chair HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council)
Chrissy Murray of Audit NZ
Members of the public
Media

Minutes Brenda Crene

KARAKIA

Heather Skipworth opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

Several changes were advised for the Interest Register:

Heather Skipworth advised that she was a member of a Trust that has been awarded a Green Prescription contract by the HBDHB.

Diana Kirton advised her appointment to the HB Power Consumers Trust from October 2014.

No interest was 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 25 February 2015, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Barbara Arnott
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions 1 (Interest Register); 2 (Invitation) and 4 (Representation) had been actioned.

Action 3: Consumer Stories: The intention to share consumer stories with the Board monthly would commence in May 2015.

Action 5 Out of hours cover for Wairoa – Liz Stockley to update in April.

BOARD WORK PLAN

The Board Work Plan for May through August 2015 was noted.

Action: Members noted a discussion on HBL would be held at the April Board Meeting

A reminder to board members of the forthcoming HB Health Sector Leadership Forum being held on Wednesday 22 April. The doors will open at the Napier Sailing Club at 8.30am with the day commencing at 9.00am. HB Intersector Leadership Group members have been invited to attend again this year.

CHAIR'S REPORT

There were no long service retirements to acknowledge since the previous Board Meeting.

The Chair expressed thanks to the management team and other staff for the enlightening workshop and hospital tour held on 4 March.

Quarter 2 health targets from MoH had been received and HBDHB had performed well across most of the indicators.

It was of concern to note that four of the six DHBs in the central region have changes in CEO's imminent or acting CEO's in place.

The Chair attended a Grey Power meeting in March by invitation. As part of the address statistics were provided to Grey Power highlighting that those over 75 are regularly the recipients of hip and knee replacements. They found the statistics very helpful as many had felt the opposite was occurring. Grey Power members accepted the need for those who did not meet the threshold for surgery to be reviewed regularly by their GP, but raised a point that these review costs were a barrier for many.

The Chair asked management (DHB/PHO) to take a look at options that may support those in need with a voucher system suggested as an example (one per year).

Action: Management of DHB/PHO to "look at" providing assistance to the elderly (or those in need) on "HBDHB waiting lists for surgery" to attend a GP appointment for a review. A response would be provided to the Board in due course.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee provided an overview of his report and was pleased with target results for the indicators measured. Service Performance in ED had largely been maintained as had Elective Surgery.

PHO enrolment: gap between DHB funded population and PHO enrolled population was noted with work being undertaken in this area. The question to be asked do we have the GP capacity to provide a service to the unenrolled. The issue being availability in the right place at the right time. This area was further discussed under the Te Ara Whakawaiora indicators.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF FEBRUARY 2015

Tim Evans (GM of Planning, Infomatics and Finance), provided a brief overview of the report for February advising a favourable variance of \$41 thousand which increased the year to date favourable variance to \$421 thousand. The DHB remains in a strong position at this time with the forecast remaining unchanged for the \$3 million surplus projected in the budget.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Review of the Clinical Council Report from the meeting held on 11 March 2015 was provided by Chris McKenna (co-Chair). In particular the following was noted:

Specimen labelling errors were discussed. Members were advised that intensive work was being undertaken in this area. The majority of testing is in the low risk category with all DHBs across NZ struggle in this area.

An overview of AIM 24/7 was provided to GPs followed by a tour of the hospital in early March. The group were impressed about the improving patient flow and access to specialty advice through AAU.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair of the Consumer Council tabled a report to the Board from the meeting held on 12 March 2015.

In addition to the report Graeme advised workload was raised, and meetings with individual consumer members are taking place. Through this process suggestions have been made around doing things differently.

Particular note was made about Mental Health and Addiction Service DNAs and the need to follow up on missed appointments within the service. There would be conversations around the method of engagement as what is presently occurring is not necessarily reaching those in need. The Acting COO had received detail and would follow this up with the service.

Maori Relationship Board (MRB) Workshop held 11 March 2015

In Ngahiwi Tomoana's absence, Heather Skipworth provided feedback from the workshop held with providers on Wednesday 11 March. It was felt this had been a very valuable exercise.

Feedback on the Te Ara Whakawaiaora indicators were also received and noted, together with comments from Consumer and Clinical Councils which have been fed back to the service(s). Comments from MRB around cardiovascular targets were noted.

Leadership Forum Workshop Agenda

Ken Foote (Company Secretary) outlined the programme developed for the Forum being held on 22 April 2015, and the endeavour to ensure elements of continuity with the focus on inequity.

MONITORING

Te Ara Whakawaiaora / Cardiovascular Disease

In Dr Gommans absence, Chris McKenna introduced Dr Keith Dyson (Cardiologist) to speak to these indicators.

- National data collection has now been implemented in DHBs with many having difficulties reaching the MoH target(s).
- Results are varied, there are constant turnover of Junior Doctors who have differences of opinion on who should complete the data collection.
- Locally we are limited and only undertake diagnostics two mornings per week.

Although Wellington provides an excellent service, with the complexity of transfers we will always struggle to meet the targets.

- Dr Dyson was on the Regional TAS Committee (in Wellington) and he can raise any issues with the Wellington cardiologists from time to time. When there are breaches discussions have historically been held between the respective Chief Operating Officers at the time.

- Interventional cardiology is not in “secondary centres” (like Hawke’s Bay), however there is a realisation that this can be done safely, as is occurring in the UK. A coherent strategic regional plan would be very helpful, including timing and how it fits in with the broader regional model.
- Nelson as a province broke away and now have their own interventional cardiologists with local access every day of the week.
- The cost to set up would be approximately \$1.8m and would require a specific clinical skill set. Through succession planning this may be considered but it would take time. This may lend itself better to regional collaboration.
- There are private clinics doing interventional cardiology in main centres.
- There could be an opportunity to evaluate a Private/Public partnership.
- If interventional cardiology was DHB owned, private sessions may be undertaken on Saturday mornings as income for the DHB (as is the case in Nelson). It was noted that most are now doing “acute” cardiology, so private health insurance(s) may not cover intervention.

Te Ara Whakawaiaora / Culturally Competent Workforce

Chris McKenna (CNO) and John McKeefry (GM HR Services) were in attendance

It was very pleasing to note there had been 49% attendance to the Engaging Effectively with Maori seminars.

A pleasing reduction in the gap of those employed in health, identifying themselves as Maori was noted being down to 33 in February 2015. There was some discussion around placement of Maori nurse graduates. Hawke’s Bay has the highest rating of the mid-sized DHBs in the country for employment of Maori and much is attributed to the very good working relationship between the DHB and EIT. Over 50% of students are Maori with many having been nurtured through from school into a degree programme.

Low vacancy rates for roles in general practice (is a problem nationally), however that is offset with a rise in aged residential care vacancies. Chris McKenna advised of the need to work with the NGOs and rotate around public health nursing under supervision.

The report was well received.

Te Ara Whakawaiaora / PHO Enrolment

Victoria Speers was in attendance for Liz Stockley (CEO Health Hawke’s Bay) Champion of this target for Maori.

Following an overview there was further discussion around patients who were not enrolled with a GP practice for varying reasons. It was generally agreed we may not have the GP capacity in areas because we do not understand the distribution of those not enrolled. Victoria would look into mapping this detail and cross reference with other methods, including census data and provide feedback in due course. **Action.**

FOR INFORMATION

WW1 Commemorative Event

Ken Foote (Company Secretary) advised the commemorative event timing had been aligned to the Governor General’s availability to officiate on 11 June 2015. The programme includes the reopening and rededication of the Chapel and renaming of the Hospital to “Hawke’s Bay Fallen Soldiers’ Memorial Hospital”, and includes the unveiling of the foundation stone.

Health Literacy Information Paper

Ken Foote had provided the Board with some background information on Health Literacy. The Alliance Leadership Team would consider a report the following week, prepared by their Focus Group. The outcome would be advised with the Leadership team overseeing the development of a programme going forward.

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:

18. Confirmation of Minutes of Board Meeting dated 25 February 2015
- Public Excluded
19. Matters Arising from the Minutes of Board Meeting
- Public Excluded
20. Board Approval of Actions exceeding limits delegated by CEO
21. Chair's Report
- HBL Transition
- Combined Board's Symposium
22. Annual Plan / Budget Update
Reports and Recommendations from Committee Chairs
22. Finance Risk and Audit Committee – 25 March 2015 (tabled)

Moved **Peter Dunkerley**
Seconded **Diana Kirton**
Carried

The public section of the Board Meeting closed 2.37pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 29 APRIL 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.08PM**

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

Apologies: Barbara Arnott

In Attendance: Chief Executive Officer
Members of the Executive Management Team
John Gommans (Co-Chair HB Clinical Council)
Sharon Mason and Andrew Phillips (new to the executive team)
Graeme Norton (Chair, HB Health Consumer Council) arrived 2.30pm
Members of the public
Media

Minutes Brenda Crene

KARAKIA

Ngahiwi opened the meeting with a Karakia.

A welcome was extended to Sharon Mason (Chief Operating Officer) and Andrew Phillips (Director of Allied Health) who had recently joined the Executive Management Team (EMT).

DECLARATIONS OF INTEREST

A wording change was noted on the Interests Register for the Chair of Unison Networks Limited and Trustees of HB Power Consumers Trust which hold all shares in Unison Networks Limited.

Action: The wording change would reflect “Unison has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers’ Memorial Hospital” and would be incorporated on the Interest Register for Kevin Atkinson, Diana Kirton and Helen Francis respectively.

No interest was 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 25 March 2015, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Andrew Blair
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

- Action 1: Consumer Stories will be heard at future board meetings and has been included on the workplan. Remove action.
- Action 2: Out of hours cover for Wairoa – Liz Stockley verbal update in April. As Liz was not present the action was deferred until the May meeting.
- Action 3: Interest Register changes completed – remove action
- Action 4: Chair's action from the Greypower meeting, ongoing.
- Action 5: GP Capacity: Mapping unenrolled people in the wider community - ongoing.

BOARD WORK PLAN

The Board Work Plan for May noted.

Action: Board member apologies for future meetings will be noted on the workplan.

Apologies were advised for the following months:

- August - Jacoby Poulain
September - Helen Francis and Denise Eaglesome
October - Helen Francis and Dan Druzianic

Board members would like more input into the workplan and would discuss/confirm topics outside the meeting which would be relayed to management, ensuring there was adequate preparation time.

CHAIR'S REPORT

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	Area	Years of Service
Lesley Olsen	Older Persons & Mental Health	14
Patricia Orme	Acute & Medical	37
Lorraine Gregory	Facilities & Operational Support	19
Lynne Pinker	Oral Rural & Community	29

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee provided an overview of his report including highlights of the shortest stays in ED (currently 96%); improved access to elective surgery (confident to achieve with focussed planning); faster cancer treatment (change in reporting requirements by MoH) an explanation of this change would **be provided to the Board in May**. In short, HBDHB were doing better overall (65%), however the recording area needs some focus.

Better help for smokers to quit resulted in the error mentioned last month being worked through. Estimated at 89.52% shows an incredible effort has been made by the PHO in achieving this target.

The CEO was very pleased to see good representation by Intersector agencies at HB Health Sector Leadership on 22nd April.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF MARCH 2015

Tim Evans (GM of Planning, Informatics and Finance), was in attendance for the March report advising an adverse variance of \$218 thousand decreasing the year to date favourable variance to \$203 thousand.

- Good activity and year end forecast
- There had been a valuation of hospital land and buildings undertaken (a standard requirement). Seven years ago there was a plan to replace many of the buildings. This has progressed at a much

slower pace. The valuation of the assets saw a rise of \$40m (a balance sheet item only). The DHB would be disadvantaged by extra depreciation as a consequence. However this would be mostly offset by extending the life of the assets.

- The **Mental Health building project report** was positive in all areas

A NGO based recovery and respite care contract was developed by end of March, with Te Taiwhenua seeking a five bed respite. The outcome of consultation with neighbours would be known in May, and if successful acute services should be up and running in July.

Community resilience programs are occurring in Napier/Hastings

Acute Intensive program is happening on the current site.

Emergency mental health services are working in well with ED processes presently.

Recovery centres in the community are now focusing on more life skills based services and this is proving successful. The change was initially hard for many clients and their families to accept but due to good management, the new regime appears to be working well.

Action: A presentation on the Recovery Centres transition was requested by the Board in 4-5 months' time, to provide comfort that what was planned is happening in the community.

This would be included on the Board Workplan.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Dr Gommans as Co-Chair of Council highlighted several areas, including the HB Clinical Research Committee who had recently issued their first Annual Report (available on the HBDHB website). The Committee were comfortable with quality and governance of the research known about within Hawke's Bay; however there did appear to be research approved by other organisations which have health implications, and there was a need to ensure appropriate processes were in place.

Clinical Council were supportive of the Patient Experience Strategy presented.

The HBL Food Services business case was not supported by Council as clinical quality of the food to be provided could not be assured. There was not only a social impact there was also an environmental impact of transporting the goods. Freeze heated food was not conducive with good health. It was agreed an electronic food ordering system would be useful.

Hawke's Bay Health Consumer Council

Pressures on consumer members to represent on varying pieces of work across the health sector was reviewed by the Chair in one on one discussions with consumer council members. Feedback highlighted suggestions for Council to operate differently going forward and that consumer engagement should be part of 'business as usual' across the sector. Members generally wanted to focus on two or three areas where they could make a difference and develop agendas which were more conducive. Time would be taken to discuss and shape prior to taking this back to Council.

The Board noted the HBL food services business case (as presented) was not supported by Consumer Council.

Māori Relationship Board (MRB)

Chair of MRB, Ngahiwi Tomoana provided an overview of areas of discussion including Health Equity Update, HQSC Inpatient Experience Survey tool; Implementation of the Patient Experience Strategy; Pipeline of Māori participating in the Incubator program at secondary school through to tertiary training and the non-support of the HBL Food Services Summary Business Case.

Summary of comments and discussion follows:

- Better utilisation of service providers' time with the co-design of new contracts was raised, with more emphasis on time with whānau and less time on the paperwork.
- The Health Equity update highlighted health target outcomes for young pregnant Māori women appeared to be getting worse.
- The HQSC inpatient experience survey tool (a national programme) had been discussed and concerns were raised by MRB which would be relayed to the MoH by QIPS.
- Patient Experience Strategy Implementation recommendations were not endorsed by MRB who felt this should be community owned not clinically generated.
- Work in the Incubator programme through secondary school to tertiary was discussed with renewed focus on the barriers including keeping students in the science courses which are crucial when taking a medical pathway.
- MRB did not support the HBL Food Services Summary Business Case presented. They did however support the provision of Māori Kai on the hospital food menu. This was being raised with the Nutrition and Food Services Manager.

HB Health Sector Leadership Forum held 22 April 2015

Good attendance overall with relevant topics, very real engagement and genuine intent to make a difference. Attendance from the Intersector Leadership Group was appreciated however there was a slight concern that representation from Clinical Council, MRB and the PHO was lower than expected.

Some positive feedback had been received regarding the Forum, its direction, value, willingness and passion of the participants.

Action: It was agreed a survey would be provided to attendees to ascertain what they got out of the day and comment on future formats.

A game changer will be “**health literacy**” which Dan Druzianic felt needs to be whole of community approach with input from the Intersector Leadership Group. Many do not get the concept of health literacy. Denise Eaglesome suggested to involve the local Principals Association in this work as they can drive change at grass roots level – they will have a chairperson and this would be the best group to align with instead of the Ministry of Education (which is nationally driven).

DISCUSSION AND MONITORING

Annual Plan/Budget Update

A verbal update was provided by Paul Malan (Planning Manager) who advised on feedback received from MoH on the HBDHB Annual Plan (including Māori Health Plan).

There would be discussion with the Ministry on structures around the required Alliance Leadership and Service Alliance teams to ensure MoH understanding. Alignment with Transform and Sustain and the inclusion of a visual with Health equity report has been included.

The process ahead will require HBDHB to submit amended sections to the reviewers for approval. Once all areas are green or by 26 May, a second draft of the entire plan will be submitted to the National Health Board. To ensure the most up to date version of the Plan was submitted to the Board for consideration at the May Board Meeting, it was agreed this would be issued on the Friday prior, for review over the weekend.

No changes had been advised around the Regional Services Plan however a late request to all DHBs for a response to Hepatitis C to be included in the RSPs at a high level.

Health Equity Update

Dr Caroline McElnay was in attendance for the Board review of her report. The main focus of the update was to get this out there and as a result many presentations have been made to the community by request.

We now need to move on, identify priorities being the ones HBDHB/PHO can lead and drive to the next stage with other priorities identified sitting with the Intersectoral Leadership Group.

Smoking: We are preparing a **Strategy on Tobacco** which is an opportunity as nationally there is a review being undertaken. The group identified little traction with young Māori women and this group will be focused on locally.

Obesity: We are also preparing a **Strategy on Obesity** which will go back to Intersector Leadership Group as HBDHB/PHO cannot deal with this large issue. Youth do not buy most of the food that comes into their homes. How do you deal with this becomes an area of education and health literacy. Activity and becoming fit normally leads to better nutritional outcomes. Nutritional education at primary school should focus on 5, 6 and 7 year olds. By High School patterns have often been formed and High school students should receive a refresher on nutrition as they can likely influence parents purchasing and the students go on to have families themselves.

Alcohol: Is an area with no lead identified and rests with the Intersector Group.

HBDHB identified five areas to lead: Smoking, Obesity, Heart Disease and Diabetes Management; Primary care access and Monitoring.

At a local Government level, a model for an economic development strategy now includes representation from the DHB as the biggest employer in Hawke's Bay.

Annual Māori Health Plan Q2

Tracee TeHuia (GM Māori Health) provided a brief overview of the quarter two results and urged everyone to continue to monitor Te Ara Whakawaiora targets to ensure progress.

Traction was being gained in the cervical screening area. Learning how we are linking in with the Māori community to deliver the services and also co-designing services to ensure further traction is gained. There will be a presentation on Screening in May.

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:

18. Confirmation of Minutes of Board Meeting dated 25 March 2015
- Public Excluded
19. Matters Arising from the Minutes of Board Meeting
- Public Excluded
20. Board Approval of Actions exceeding limits delegated by CEO
21. Chair's Report
22. Strategic Relationships Central Region DHBs
23. Electronic Board and Committee Papers
Report and Recommendation from Committee Chair
24. Finance Risk and Audit Committee – 29 April 2015 (tabled)

Moved Diana Helen
Seconded Peter Dunkerley
Carried

The public section of the Board Meeting closed 2.50.pm

Signed:

Chair

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 24 JUNE 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00PM**

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

Apologies: Ngahiwi Tomoana and Andrew Blair

In Attendance: Chief Executive Officer
Members of the Executive Management Team
John Gommans (Co-Chair HB Clinical Council)
Jill Lowry (Nurse Director)
Graeme Norton (Chair, HB Health Consumer Council)

Minutes Brenda Crene

KARAKIA

Denise Eaglesome opened the meeting with a Karakia.

APOLOGIES

Ngahiwi Tomoana's apology was noted and the board acknowledged the recent sad loss of his mother, with sympathy expressed for the family. Andrew Blair was in the Chatham Islands representing the Board in the hand back of the Chatham's health services to Canterbury DHB to administer.

INTEREST REGISTER

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

A **WELCOME** was extended to Jill Lowry (Nurse Director) who was in attendance as acting for Chris McKenna.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 27 May 2015, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Action 1: Te Ara Whakawaiaora / More Heart and Diabetes Check: Following a suggestion a mobile nurse be stationed at the Wairoa Health Centre out of hours. An alternative to this suggestion was being progressed, according to the written response received from the PHO included in the board papers. Remove Action.

Action 2: This action resulted from a Greypower meeting the Chair had attended:

A scoping exercise to assess the costs of GP visits was underway including discussions with the PHO on how such a scheme could be administered. A full proposal would be worked up.

This was originally raised around surgery (hips and knees) for those over 65 years who are regularly expected to regularly return to their GPs (for required reviews). The cost of GP visits is high for retirees to bear, but is a requirement to remain within the system for publically funded surgery. It was noted several options exist and this could be done through other agencies eg, WINZ.

Action: This item will be carried forward to the July meeting with the PHO and Mary Wills addressing this on behalf of Tim Evans who will be on leave at the time.

Action 3: GP Capacity to provide a service to the unenrolled.

Mapping unenrolled people in the wider community. The PHO can map at a high level (not by location). Efforts will continue with a high focus on high needs through a number of initiatives with general practice, ED, WINZ and MSD. This work remains ongoing – therefore the action will be removed.

Action 4: Interest Register – completed – remove action.

Action 5: remains for August around the presentation of a follow up on Obesity - the next steps.

Action 6: Denise Eaglesome advised at a meeting held 9 June, that Wairoa District Council (WDC) confirmed their support for “Fluoridisation”. Community consultation will follow with a need to ensure the community are better informed.

Action: Denise will ensure the Wairoa District Council respond officially to Dr Caroline McElnay Director of Population Health (HBDHB) with clarity around their expectations.

BOARD WORK PLAN

The Board Work Plan for July was noted, including the Combined Board Symposium in Masterton on 16-17 July.

CHAIR’S REPORT

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

Name	Job Title	Service	Years of Service
Lynne Wall	Clinical Nurse Manager	Acute & Medical	20
Annette Wixon	Care Associate	Director of Nursing	15

In summary, the Chair mentioned the following:

- HB Helicopter Rescue Trust: At a recent meeting the rotation of trustees was discussed. Andy Train would be retiring as Chairman and trustee. By consensus, following a recruitment process, Robert Pattullo was appointed as a new trustee. Due to the high calibre of the applicants seeking appointment to the Trust, there was a need to ensure their interest was retained and revisited in the future. The Trust will nominate a Chairperson and, if they deem necessary could appoint an outside Chair.
- A letter had been received from the Minister on the quarter three health targets, reflecting HBDHB and the PHO had made considerable efforts and had delivered significant improvements.
- The Chair will be providing quarterly updates to the Minister on progress with the Mental Health project.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee provided an overview of his report. In addition to achieving targets HBDHB are financially sustainable, remaining positive about achieving the \$3.0m projected surplus.

Targets: The 'Shorter Stays in the Emergency Department' target will be reach 95% in June (being at 94% in May) this is reflective of the great work being undertaken within DHB services. Due to improved access to Elective Surgery this year compared to last, we now have the flexibility to deal better with in hospital patient flow. Better help for smokers to quit (within the Hospital) is on plan, with a Tobacco Control plan being presented to the Board in July.

Appended to the CEOs report was a letter (addressed to Kevin Atkinson as Board Chair) from the Office of Hon Dr Jonathan Coleman. This letter congratulated the HBDHB for the considerable efforts made to deliver system improvements with the achievement of 5/6 health targets for the hospital, and 3/3 targets for the PHO. It was heartening to receive comments from the Ministry's target champions for quarter three, which were appended to the letter.

HBDHB said farewell to the Chatham Islands (on 24 June) with the handover of health services to Canterbury DHB.

FINANCIAL PERFORMANCE REPORT

Tim Evans provided an overview of the May financial report for the 11th month of the financial year, advising of an unfavourable variance of \$130 thousand, decreasing the year to date favourable variance to \$42 thousand. The monthly review of the forecast has not changed the \$3 million surplus projected in the budget, however the forecast remains tight.

The Mental Health Unit is relatively on track and under budget considering there is a full redesign of mental health services occurring simultaneously. Recruitment has been progressing for mental health positions with only two remaining to be filled.

Accrued leave was raised and discussed at the FRAC meeting earlier in the day. Sharon Mason advised annual leave planning would be refreshed as a regular item in health services meetings. It was noted the issue has been acknowledged and there is a plan to manage.

REPORT FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Dr Gommans as Co-Chair of Council highlighted several areas being:

The development Collaborative Clinical Pathways was progressing with the transition to business as usual. A "Pilot" for the Diabetes Pathways would commence in four General Practices across HB in the near future.

We must continue to ensure that we have the consumer perspective embedded in business as usual. It is far too easy for clinicians to decide what best practices however partnering with consumers is crucial to the successful implementation of Clinical Pathways.

Health Literacy framework development. It was acknowledge that several on council were concerned consumers had not been included in the initial framework establishment phase.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair advised he had included the Consumer minutes for the Board's information to highlight the robust conversations and challenging meetings held with the goal being to move Consumer Council forward, working in a way that differs from the present.

Council talks regularly about the need to put patients and whānau at the centre but sense there is a long way to go yet. This is all about a culture shift and having clinicians and staff working very differently and look through a different lens when it comes to patients/consumer.

This work has been placed within the Quality Improvement and Patient Safety area and the appointment and with the new Consumer Services Manager being a pivotal role in achieving this. Council also needs to take advantage of the new Director of Allied Health, Andy Phillips who has a wealth of experience in co-creation and will also be pivotal to assist in changing ways/existing systems from within. The

intention is there but at the shop floor engagement is often not occurring as well as we should be. A very welcome addition is having Clinical and Consumer representatives attending each other's meetings.

It is evident that other DHBs are interested in viewing Hawke's Bays Clinical and Consumer Council to understand the structure and effectiveness of each.

Māori Relationship Board (MRB)

Board Member and member of MRB Denise Eaglesome provided brief summary of areas of interest including: DNAs; Menus; the Incubator programme and Health Literacy – Framework Establishment.

It was noted MRB had endorsed the addition of a Health Literacy component to the DNA project to enable Kaitakawaenga's DNA the ability to educate and empower patients and their whānau about their health and treatment, as well as navigate effortlessly through the health system.

"The Health Literacy – Framework Establishment" paper presented was managed through the HB Health Alliance Team and therefore was not considered. This recommendation should be passed on to the Focus Group/HB Health Alliance team for consideration when the Health Literacy Project is formed.

DISCUSSION

Suicide Prevention – Postvention Plan

Dr Caroline McElnay introduced Penny Thompson (Suicide Prevention Co-ordinator) who provided insight and took questions from members on the detail presented:

- Where in the process are consumers and whānau involved, as it should be at all levels including the governance level?
 - Agreed this should be looked at. In hindsight the top tier did not have as much consultation. It is included in the report but needs to be expressed in a clear and concise way.
- Typo noted re: Kai Piki Te Ora runs out of Te Kupenga ... typo should read "*Incorporated*".
- The challenge is for those in need who are sent home with no follow up plan, subsequently commit suicide and a week later a follow up letter arrives, referring to matters prior to the suicide occurring. On discharge the Police expressed their concern around no consistent/planned and timely follow up. Communication between the services is an issue raised consistently.
 - Plans are underway to improve the follow up process, including tighter communications with Police.
- Maori response team – raised at Intersectoral group? Who is the local response team in Wairoa? How will this work.
 - WAGG and Intersectoral Group is work in progress.
 - Intersectoral plans have been developed from scratch over an 18 month period. Presently waiting for guidance through courts and inquests, and have asked the Coroner to review systems in place in Hawke's Bay. A response is expected in August.
 - The good news is we have come a long way towards achieving our goal.
- A very proactive plan but always room for improvement.
- Feedback had been received from the Ministry of Health and had been incorporated into the Plan presented to the Board. The document was close to what would be presented.
- A whānau member was quite receptive to assist in the suicide areas and provide insight into prevention. Does this include victims and their families?
 - A future intention. Some already have the youth component within their organisation. Like to see that increased over time.

Board members supported the Plan and would welcome follow-up and feedback when available.

MONITORING

Te Ara Whakawaiora – First Specialist Assessment Did Not Attend

Sharon Mason, Chief Operating Officer introduced and welcomed Denal Meihana (Service Manager Maori Health) and two Kaitakawaenga DNA staff to the meeting.

Significant work had been done in this area, and as “specialties” had increased, a dip in the success rate had been noted, however that was now on the rise. A lot of focus will continue to be placed on ‘patient focused bookings’.

Sharon advised the DNA processes will be fully reviewed with a new sponsor and project manager appointed. We do need to be careful when redesigning systems across services, so as not to redesign the same system in a different way. This is the reason behind the appointment of a new team with a new lens, to ensure it will be done differently and effectively. Present constraints need to be questioned and reconsidered as well.

There are many and varying reasons why people are unable to attend their appointments with no standard theme appearing. In summary comments included:

- Some consumers receive letters that contain too much information around their appointment, being left confused. Others receive no information and have no idea why they need to go to a hospital clinic, especially if they have waited for a long time.
- Some have a lack of understanding about their illness with no comprehension of urgency ie., health literacy.
- The content of letters sent to consumers, had been evaluated previously, however this needs to be reviewed across all services/specialties.
- The hospital post through DX mail. If someone changes their address they more often than not inform NZ post who do not advise DX mail. NZ post do not redirect DX mail.
- **Query around ethnicity categorisation and collation of statistics for DNAs?**
In response there were three categories of ethnicity to identify yourself, if within one of those categories an individual identifies as Maori they are then included in statistics as a “Maori” of the DNA. However, if they do not DNA they remain in their original first choice category which may well not be Maori.

Action: Ethnicity Categorisation and Collation of Statistics for DNAs, this method could account for 20% or more DNAs for Maori and this needs to be clarified.

The board were looking forward to further progress and thanked those present advising this work was really valuable.

Consumer Story

The Consumer Story was the first of many to be relayed to improve patient experiences and learnings where improvements can be made. The story had been shared with the team on how to improve the service area/surroundings with some changes having already been made. Overload of information at the outset of a patient’s visit, has been considered and changes made. Private versus public patient processes were being looked at, as there appeared to be a problem in this instance.

The Chair advised that segregation of chemo patients was an issue 15 years ago.

It was conveyed this was work in progress with a need to systematically and pragmatically work through what can practically be achieved. This includes a review of how we use our facilities, structuring use in a different way and splitting services etc to take the clinical risk away from some susceptible patients. This review could well include how many repeat patients are being seen that actually should be going back to their GPs.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board exclude the public from the following items:

- 17. Confirmation of Minutes of Board Meeting dated 27 May 2015
- 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
- 21. Reports and Recommendations from Committee Chair(s)
- Finance Risk and Audit Committee – 24 June 2015 (tabled)

Carried

The public section of the Board Meeting closed 2.50pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 27 MAY 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.09PM**

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

Apologies: -

In Attendance: Chief Executive Officer
Members of the Executive Management Team
John Gommans (Co-Chair HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council)
Members of staff from Nutrition and Health Service for agenda item 11.
Media

Minutes Brenda Crene

KARAKIA

Ngahiwi opened the meeting with a Karakia.

INTEREST REGISTER

Notification of two inclusions on the Interest Register were made for:

Action: Denise Eaglesome: Coordinator for a Health Contract, Wairoa College Rugby Academy.
Barbara Arnott: Daughter, Danielle Everett is Commercial Manager Food for Health Benefits Limited.

Due to the above interest being declared, Barbara Arnott would abstain from discussions/decisions relating to Agenda Item 11, the Health Benefits Limited Food Services Proposal.

No other interest was 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 April 2015, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Action 1: Out of hours cover in Wairoa – ongoing.

Action 2: The Chair's action from the Greypower meeting – ongoing.

Action 3: GP Capacity: Mapping unenrolled people in the wider community - ongoing.

The other items had been actioned.

BOARD WORK PLAN

The Board Work Plan for June was noted.

No board member advised of their absence for any Board meetings other than those already noted. The Symposium in July had been confirmed with organisers and accommodation booked. Several board members were unable to attend and two would be attending one day.

CHAIR'S REPORT

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

Name	Area	Service	Years of Service
Aurelia Peterson	Clinical Nurse Specialist	Women Children & Youth	13
Robyn Price	Registered Nurse	Acute & Medical	19
Dianne James	Administration Coordinator Project Facilitator Theatre	Oral Rural & Community	16
Joan Plowman	Productivity	Surgical	31

Other areas raised by the Chair included:

- **Special Commemoration Event on 11 June 2015**

The Chair reminded members of the special commemorative event on 11 June on the Hospital site to rededicate the refurbished Chapel and formerly recognised the correct name of the Hospital as the "Hawke's Bay Fallen Soldiers' Memorial Hospital".

Detail of how the morning would unfold was advised which included the arrival of the Governor General, officials, church leaders and invited guests for the memorial events.

Commemorative Gift to the Hawke's Bay District Health Board

A large framed picture was gifted to the Board by Ken Foote (Company Secretary of HBDHB and Brig [Rtd] ONZM, ED***). Ken and his family felt it fitting to dedicate the picture to mark this commemorative event which represents NZ "fallen soldiers" over the past 100 years or so.

The Board thanked Ken and the Foote family for their very kind gesture and assured safe keeping of the treasured picture which would be placed in a prominent position within the Hospital.

- **Encouraging target results for Hawke's Bay**

HBDHB were included in the Health and Disability report (over a 6 month period), recording the least number of complaints nationally. On review it showed no systemic problem in any one service area.

It was also very encouraging to receive the report "How is my DHB performing", as Hawke's Bay met 5 out of the 6 target areas being one of three DHBs to do so. The area missed was faster cancer treatment (a new indicator), mainly due to issues associated with data capture.

Hawke's Bay was one of seven DHBs in NZ forecasting breakeven or better for the financial year ended 30 June 2015.

The management team and staff were congratulated on the excellent results

- The Chair advised also that the PHO achieved targets in every category despite the challenges along the way. This was a significant result and congratulations were extended to the CEO of Health Hawke's Bay, Liz Stockley and her team. An overview of recent activity was provided.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr Kevin Snee provided an overview of his report. In addition to achieving targets we are financially sustainable (with \$3m surplus projected) with the DHB being able to invest in services it has not been able to in the past.

ED performance was at 95% for the quarter with the service responding much better to the changes made; Elective surgery was at/or above plan and hopeful to achieve plan by year end; Faster Cancer treatment (a new target) has some bedding down to do.

Other areas touched on included: Obesity; Cervical screening of Maori community; HR KPIs (with improving representation of Māori in the health sector workforce); together with several Health Benefits papers presented to the Board for consideration.

FINANCIAL PERFORMANCE REPORT

Tim Evans provided an overview of the April financial report advising a small unfavourable variance of \$33 thousand, decreasing the year to date favourable variance to \$172 thousand.

The last of the Inter District Flows (IDFs) are below plan. There is comfort we will reach the elective volumes and remain confident of achieving the planned surplus of \$3.0m.

The cost reduction programme has gone well. Capital spend is \$5.4m behind plan. Employee workforce indicators show headcount above budget but are well controlled. Case weight discharges were above budget in April however are close to plan overall.

There was a presentation to FRAC on the Mental Health unit. Not only are the DHB building a new facility but also changing and transforming the mental health services in Hawke's Bay which is great for HB.

There has been continuing pressure on residential care and community support which has been partly funded by additional income as we are investing in services to assist older people.

DECISION

National Infrastructure Platform (NIP)

Gina McEwen, Head of Information Services, was in attendance.

A national proposal has been developed to consolidate the DHB's 40 data centres and associated infrastructure technology into a lower cost NIP. This will provide a reliable, scalable platform for the DHBs future IT requirements. DHBs need to do more for less while keeping pace with IT innovations.

Originally the costings for Hawke's Bay DHB were too high, with little benefit in the timelines envisaged. This has been reworked with the original proposition unchanged. What is on the table will see Hawke's Bay DHB in a favourable position, with long term benefits. We are talking significant infrastructure here and changing into a model on data storage.

The Board thanked those involved in taking this to a workable reality. It was noted there were still several DHBs to review the proposal, however the majority of DHBs are supporting this.

An additional clause was included in the recommendation provided, which delegated authority to the CEO or nominee.

RESOLUTION

That the Board

Approves the Health Benefits Limited (HBL) Detailed Business Case – National Infrastructure Platform (NIP) Programme (version 2.0, dated 23 September 2014).

The Board approves delegation to the Chief Executive Officer (or nominee) authority to enter into an agreement with Health Benefits Limited on behalf of Hawke's Bay District Health board for the provision of NIP services on a national basis.

Moved Kevin Atkinson
Seconded Dan Druzianic
Carried

Health Benefits Limited Food Services Proposal

Barbara Arnott left the room prior to this discussion, as noted earlier under the "Interests Register".

The Board, at its February meeting had endorsed wide ranging consultation on the Health Benefits Limited (HBL) Food Services business case. A summary business case with a considerable amount of supporting documentation was made available to stakeholders from 31 March 2015.

The Chair acknowledged that extensive consultation had occurred on this proposal. He acknowledged the presence of staff from HBDHB's Nutrition and Food Service as well as representatives from the Service and Food Workers' Union.

It was advised that the HB Clinical Council, HB Health Consumer Council and Māori Relationship Board were unanimously unsupportive of the HBL proposal to outsource the food service (within the hospital including meals on wheels).

The four key themes of concern emerging from Consultation included:

- Concern expressed that outsourced services would lead to reduced quality, impact on patients and concerns regarding the move away from cook fresh versus cook chill/cook freeze.
- There will be limited benefits with no positive net present value benefits in the first three years. The estimated \$3.91m benefits over 15 years, leading to concerns that given the disruption and change is not worth it.
- Potential negative impact on local suppliers and local jobs.
- Reduction of eight fulltime equivalent (FTE) roles.

In summary of general discussions the following was agreed:

- The Board did not support the Business Case as presented.
- Of the 6 recommendations put forward, the Board unanimously felt it could not support items 4, 5 and 6, around monitoring/cost benefit analysis following implementation by HBL of other DHBs who sign up to the business case. Accordingly, items 4, 5 and 6 were removed from the resolution below.
- The final note included in the recommendation would remain and be amended to include the words "internal review" ie, "HBDHB will undertake an internal review of its food services costings and food service provision across the district including Wairoa and Central Hawke's Bay".

RESOLUTION

That the Board:

1. **Note** the attached:

HBL Information paper (Appendix 1) and note as attached to the Information paper:

- a. Hawke's Bay District Health Board (HBDHB) respondent summary table (**Appendix A**)
 - b. HBDHB table of feedback and analysis (**Appendix B**)
 - c. HBDHB table of feedback summary (**Appendix C**)
2. **Note** the feedback from MRB, Clinical and Consumer Councils does not support HBDHB implementing the business case.
 3. Do not support the implementation of the HBL Food Services business case at the HBDHB at this time.

Note that HBDHB will undertake an internal review of its food services costings and food service provision across the district including Wairoa and Central Hawke's Bay.

Moved **Kevin Atkinson**
Seconded **Andrew Blair**
Carried

REPORT FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Dr Gommans as Co-Chair of Council highlighted several areas being:

- The development of Clinical Pathways has been and will continue to move forward, regardless of the time taken by Medtech to resolve full software functionality. Although the quantum of pathways produced is not high it will not be difficult to change routine pathways developed by others for common conditions, localising them to build momentum. Transition of the Clinical Pathways Project to business as usual is in progress with Council receiving a paper in June, including the formation of a governance group to oversee the next step.
- The Urgent Care Alliance (UCA) is a sizeable Project which commenced at the beginning of 2015. The UCA report directly to Clinical Council through their Chair, Graeme Norton. A very large stakeholder reference group (of 30 people) is in place, is working and we look forward to seeing the results of this collaborative approach to urgent care in Hawke's Bay.

Hawke's Bay Health Consumer Council

Graeme Norton, Chair handed out "Engaging with Consumers – HBDHB Stocktake" a snap shot of consumer engagement across HB and putting people at the centre. This will assist Council to best align and focus its efforts across the health sector.

Māori Relationship Board (MRB)

Chair of MRB, Ngahiwi Tomoana provided brief summary of areas of interest including:

- Ngahiwi acknowledge that across the DHB funding was well contained with real savings being made, whilst at the same time it was heartening to see health targets for Maori continuing to improve. It is great to see unfamiliar territories becoming the norm and that is a huge incentive for the Maori Relationship Board members to see these improvement for Māori Health.
- Obesity is acknowledged and understood as a real issue for Maori, with a multitude of contributing factors.
- A Mission Statement is what defines the DHB, however MRB feel an "action" Mission Statement should be considered.
- Challenges with retaining Maori nurse enrolments for Bachelor of Nursing Studies was being investigated as the attrition rate seemed to be high.

- Did Not Attend title change was requested by MRB, as it implied an onus of blame on the individual. This is being investigated by the GM Maori Health.
- It is very pleasing to hear the HBL Food proposal would not be implemented in Hawke's Bay with the MRB having been unanimously unsupportive of the proposal.

Pasifika Health Leadership Group (PHLG)

A warm welcome was extended to the Pasifika Leadership Group Chair, Caren Rangi, who acknowledged Barbara Arnott as strong advocate for the group. Caren provided an overview since the Group's establishment in 2013. Caren advised it was pleasing to be successful with the funding bid for Pasifika Health and keen to see this applied to assist Pasifika people to navigate through the health system.

Pasifika Health has had some great examples of health successes in immunisation and breast screening. It was noted they are not an add-on to Māori Health but PHLG were are very grateful for the support of Maori Health to Talalelei's role.

The ability to address the HBDHB Bard was important to the PHLG, and Caren thanked them for the opportunity and would return again in November.

DISCUSSION

Annual Planning Update

A copy of the latest Annual Plan had been issued to board members on Friday 22nd May via email, seeking comment prior to the Plan being submitted to the National Health Board on 26 May. There had been no significant areas of concern raised in preparation of the plan.

This second draft review would be undertaken which would come back, or be advised by CTAS with non-negotiable changes. Sign off of the Annual Plan and Regional Services Plan is expected by the end of June 2015.

Planning Manager, Paul Malan was thanked for his efforts in putting the plan(s) together over past years with a more simplified process in place now.

RESOLUTION

That the Board:

1. Endorse the 2nd DRAFT Annual Plan
2. Note the Annual Plan has been submitted to the National Health Board on 26 May 2015 as "not yet board approved".
3. Approve the process for finalising the plan
4. Delegate authority to any two members of the Board to sign the Executive Summary and Statement of Performance Expectations, 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: Kevin Atkinson

Seconded: Helen Francis

The Regional Services Plan was also endorsed by the Board.

RESOLUTION

That the Board:

- Endorse the 2nd FINAL Regional Services Plan Draft
- Note the FINAL RSP Draft was submitted to the National Health Board on 26 May 2015 as “not yet board approved”
- Approve 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: Kevin Atkinson

Seconded: Helen Francis

Transform and Sustain Projects Overview

The overview report was received.

MONITORING

Te Ara Whakawaiaora Obesity Strategy

Dr Caroline McElnay and Shari Tidswell were in attendance advising an approach to curbing Obesity, was this item placed on the agenda for the Intersector Group meeting on 22 June. It was acknowledged that Health is only a part of the puzzle and only so much can be done to drive change from within the health sector. The majority of focus needs to come from sectors within the community.

The Board supported the strategic direction outlined in the report including the recommendations from the target champion on page(s) 4/222 with additional resource secured from the recent funding round.

Action: Directional recommendations only had been received within the Obesity Strategy document. The Board requested the group to come back in the very near future and say what exactly will be done. (Caroline McElnay / Shari Tidswell)

From general discussions the following detail was summarised:

- Would like to see more focus on whānau and NGOs to work closely with Iron Maori. Activity and healthy eating is infectious. Iron Maori come up with a plan? Have programmes in school and prisons etc.
- Staff being motivated and enabled to do physical exercise is infectious to their wider families also. This is where employers can help.
- It was noted Wairoa employers were being encouraged to provide gym memberships.

Te Ara Whakawaiaora Ambulatory Sensitive Hospitalisations

Ambulatory sensitive hospitalisations are hospital admissions for conditions which could potentially be prevented by early access to treatment in care.

Inequities in skin infections and dental conditions were higher than would be ideal, with Kohanga Reo and public nursing assisting in this area. It was pleasing to see Rotavirus promoted in HB and been promoted nationally.

Ngahiwi Tomoana was concerned at the slow uptake by Maori, particularly the younger age groups with more traction needed in these areas. The CEO of Health HB, Liz Stockley advised that basing this work within Iwi was working positively, instead of being driven by the PHO or DHB. Nevertheless there was a need for focus to push this forward.

Denise advised of the pending discussion/decision around fluoridation of the Wairoa water supply. Board members indicated their support for fluoridisation.

HR KPIs Q3 (Jan-March 2015)

An overview of the quarterly report had been received with several points noted within the report by the GM HR Services

Performance Framework Exceptions Q3

The performance report was received and performance highlights for Achievements; Areas of Progress and Areas of Focus were noted (page(s) 5/ 250).

Taku Wahine Purotu – Screening Challenge

This report was provided for the Board's information, containing a description of a very successful programme, especially from a communication and relationship building perspective. Page(s) 4/277 highlighted that Hawke's Bay has made steady progress to close the equity gap showing the least disparity of all twenty DHBs for cervical screening. An excellent result.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board exclude the public from the following items:

24. Confirmation of Minutes of Board Meeting dated 29 April 2015
- Public Excluded
25. Matters Arising from the Minutes of Board Meeting
- Public Excluded
26. Board Approval of Actions exceeding limits delegated by CEO (late paper)
27. Chair's Report
28. Integrated Pathology Services
- Report and Recommendation from Committee Chair*
29. Finance Risk and Audit Committee – 27 May 2015 (tabled)

Carried

The public section of the Board Meeting closed 3.15pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 29 JULY 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (arrived at 2.30pm)
Dan Druzianic
Peter Dunkerley
Andrew Blair
Diana Kirton
Barbara Arnott
Helen Francis
Jacoby Poulain
Heather Skipworth
Denise Eaglesome

Apology Nil

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) arrived 2.15pm

Minutes Brenda Crene

KARAKIA

Tracee Te Huia opened the meeting with a Karakia.

APOLOGIES

Several late.

INTEREST REGISTER

One change had been advised to change the Interest Register for Andrew Blair, effective 8 August 2015. **Action Brenda**

Peter Dunkerley wanted to ensure Board members knew he had no involvement or interest in the Pharmacy he once owned that it was being renamed as a Radius Pharmacy.

No board member advised interest 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 24 June 2015, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Barbara Arnott
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Action 1: This action resulted from a Greypower meeting the Chair had attended. A response has been deferred until August.

Action 2: Obesity Strategy: the next steps will be revealed in August.

Action 3: Wairoa Fluoridation: In hand – remove action.

Action 4: DNA Ethnicity, the COO reported categorisation had been corrected, reducing the DNA rates for Maori by 3.9%. Remove action.

BOARD WORK PLAN

The Board Work Plan for August was noted including the Risk Management and Health and Safety Workshop on 19th August.

Papers deferred from the August were: Stage 4 Renal Business Case (now September); Transform and Sustain Health Promotion Plan (September) and the Community Pharmacy Services Position paper (October).

CHAIR'S REPORT

The Chair advised the following retirement, a letter would be sent conveying the Board's best wishes and thanks to Sue for her extended years of devoted service, with the Board and Executive team in particular acknowledging the high calibre of work produced.

Name	Job Title	Service	Years of Service
Sue Ward	Portfolio Manager Referred Services	Planning Informatics and Finance	32

In summary, the Chair mentioned the following:

- Members of the HBDHB were nominated for a Pharmacy Guild Award (relating to their work with the Clinical Facilitation Programme). The winner(s) of this Award will be announced in Auckland on 8 September 2015. The group nominations include: Billy Allan, Anne Denton, Sue Ward and other Health HB members.
- The Chair and CEO of Mid Central DHB will visit HBDHB on 9/10 September and attend the Clinical and Consumer Council meetings during their visit.
There was strong interest at the Combined Boards Symposium (16/17 July) on HBDHBs restructured committees and the move to a Clinical and Consumer Council model, in addition to a reduced Board Governance structure.
- The MoH provided approval for the Maori Health Plan 15/16 with congratulations to Hawke's Bay's outstanding rating in the SUDI section. Congratulations were extended by the Board to Tracee Te Huia (GM Maori Health) and her team, for the excellent work done overall with the Plan achieving the highest ranking nationally.
- Survey by Association of Salaried Medical Specialists (ASMS) placed HBDHB as top in the country (with 57%) of professional individuals surveyed locally who felt HBDHB encouraged clinical leadership.
There has been an incredible amount of work undertaken and Chief Medical Officer – Hospital, Dr Gommans attributes a lot of this to the structure, medical and clinical leadership, including Allied Health and sees all levels of the organisation from bottom up working together. DHB staff see us “walking the talk”.
- Julie Patterson CEO of Whanganui District Health Board thanked HBDHB for loaning them the dental health unit during their devastating flood.

CHIEF EXECUTIVE OFFICER'S REPORT

In recognition of Maori Language Week, the CEO opened as follows:

“E aku nui, aku rahi

Tēnā koutou, tēnā koutou, tēnā tātau katoa

E kore te tangata e pakari i runga i te waimarino

Ko taku toa, he toa takitini

Nā tō rourou, nā taku rourou

Ka ora te iwi

Tēnā koutou, tēnā koutou, tēnā tātau katoa”

The CEO acknowledged EIT's support to the DHB in learning Te Reo and stressed the need to understand the language and culture to better understand the people we serve.

Dr Kevin Snee provided an overview of his report. He was particularly pleased with the unaudited surplus of \$3.054 million for the financial year ended June. This will be the fifth consecutive year with Hawke's Bay being the only DHB in country who have delivered surpluses five years running. This allows planning with a greater degree of confidence to deliver improved services, with significant investments having already been made.

The Waikato DHBs "identity theft" matter recently reported in the media was discussed with the board members seeking reassurance from the HR Manager around the processes in place at the HBDHB:

Action The Board were advised management had a high level of confidence with clinical and non-clinical staff vetting processes, however an internal review would be undertaken to ensure the system was robust considering this was a deliberate identity theft attempt. This review would go to the Finance Risk and Audit Committee.

Action: In Primary Care, the CEO of Health Hawke's Bay advised they do ensure that GPs are registered, however she would ensure all GP Practice Managers are met with individually to ensure sound employment vetting processes are in place. Assistance will be provided to individual practices, if required.

The CEO touched on other areas covered in the report including: Consumer Story; Tobacco Control; Te Ara Whakawaiaora: Smoking; Tobacco Control Plan. Maori Annual Health Plan 2015-16.

FINANCIAL PERFORMANCE REPORT

Tim Evans (GM PIF) provided an overview of the June financial report for the 12th month of the financial year, advising of a favourable variance of \$12 thousand, with an unaudited projected surplus of \$3.054 million for the year end. It was very satisfying to achieve the savings programme and also the elective surgery target. Inter District Flows (IDF) outflow wash up for year-end remain outstanding.

The Chair of the Finance Risk and Audit Committee advised it had been another very pleasing year for the HBDHB from a financial perspective.

The Board Chair congratulated management on this draft year end result.

REPORT FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Dr Gommans as Co-Chair of Council highlighted several areas and mentioned the Tobacco Control Plan and the Endoscopy Services presentation later in the day.

The fifth Annual HB Clinical Council Meeting would be held on 12 August which would include a Workshop. Council has moved on from the inaugural structure and time will be set aside to review the foundation documents to better reflect change to best meet clinical governance and community needs going forward.

Hawke's Bay Health Consumer Council

The Chair of Council, Graeme Norton provided an overview including: DNA/Patient Focused Bookings and Council's desire to ensure a very good model was incorporated throughout the system as best practice; Tobacco Control Plan: looking forward being part of the co-design of services and wondered whether there was an opportunity to understand what was working well from a future contract perspective; Consumer Council had undertaken a Review with a draft plan prepared for the next 12 months. He indicated a closer working relationship with Clinical Council around person centred care, jointly through leadership. Consumer Council now aligns with the new QIPS team and acknowledged the support being provided by the new Consumer Engagement Manager now in place.

Māori Relationship Board (MRB)

Helen Francis provided a brief overview of areas of interest including: Maori Health Plan Monitoring Tool created by Dr George Gray; Programme Incubator support offered by MRB; Feedback on Tobacco Control Plan and raised suicides in Flaxmere, and MRBs desire to make a difference through a collective approach with a plan to workshop the topic in August.

Dr Gray provided accolades to Tracee Te Huia and her team for the excellent results achieved for Maori. The tool he developed has been picked up by Primary Care as well.

The emergence of the Patient focussed bookings to curb DNAs was discussed and it was acknowledged that health literacy forms part of the big picture in ensuring we have a robust system developed across services to curb DNAs

The Board Chair felt when receiving MRB reports, that whilst the report is about actions, we may not have been capturing these in discussions and consequently minuting them as actions. A review had been undertaken recently around this with the only unquantified action relating to MRBs request for governance member attendance at Cultural Perspectives Training ie, "Engaging Effectively with Maori".

It was pleasing that 18 students were enrolled in Incubator Programme in Wairoa for 16 September at Wairoa College. There were schools not offering science but HBDHB have been proactive in this area. If this could be focused on further it would overcome the issues.

FOR DISCUSSION

Organisational Development - presentation

Kate Coley and John McKeefry jointly addressed the Board.

This programme has been in place for many years and is focused around culture, capability and capacity within the health sector to ensure the right people are in the right places at the right time.

Key initiatives include talent management and a new transformational leadership programme as well as others noted below:

- Where we are at:
 - *Transform and Sustain launched in late 2013. Vision and Values already in place.*
 - *Organisational Development (OD) programme redeveloped to support Transform and Sustain*
 - *Culture is changing to patient centred, empowered bottom up team's*
 - *Teams transforming to align to Vision and Transform and Sustain*
 - *AIM 24/7, Mental Health rebuild, Maternity review, Electives productivity, EngAGE – all examples of Transform and Sustain culture change*
 - *ASMS survey – ranked HBDHB most positive in terms of distributed Clinical Leadership.*
- Where we need to be to develop a culture centred on the patient and out staff:
 - *Empower our Managers/Clinical leaders with their teams to develop their own outcomes aligned to Vision and Transform & Sustain and deliver these outcomes – bottom up approach*
 - *Improve clinical participation in management and governance across Hawke's Bay Health sector – being leaders at all levels*
 - *Ensure clinicians are supported to providing high quality and safe patient care (from bedside to boardroom)*
 - *Ensure Managers and Clinical Leaders have necessary time, skills (training) and support*
 - *Ensure all staff have time, skills (training) and leadership, support*
 - *Improve staff engagement to deliver Triple Aim outcomes*
 - *Have a healthy and safe work environment*
 - *Have an open, learning organisation*
 - *Live our Values*

A copy of the presentation would be provided to members via Diligent. **Actioned**

Consumer Story

Kate Coley conveyed a consumer story, reading from a letter received from the wife of a patient following multiple admissions to hospital. The gentleman had recently died. This letter presented some positives and some negatives relating to the patients care and family needs, and raised the issue of effective care for complex patients.

Hospital clinicians and staff have reflected on how and why they do what they do, highlighting that things can be done better including better ward based management processes. This letter coincided with work already in progress such as the need to have continual readmissions back to the “original team”. It also highlighted the strength of the role that “Sarah” played focusing on the needs of the patient and their family. This role has now been expanded to other wards with the question of how we take this across services – especially for the complex needs patients. “Sarah” is in a sense up-skilling ward staff. A system across Hospital and Community care needs to result as one of many initiatives being looked at.

MONITORING

Te Ara Whakawaiora – Smoking

Dr Caroline McElnay and Shari Tidswell provided a brief overview of the detail provided advising the work that will occur to increase performance of this indicator. It was noted considerable activity and promotion of smoke free had been undertaken to get to this point - with the focus now being on primary care and maternity.

The **Tobacco Strategy paper** leads more into the activities which follows overlaps.

Surveys of the smoking amongst young people are used in future predications and there is concern statistics were plateauing not decreasing. There is still a huge difference by ethnicity with smoking commencing in adolescence. Young Maori women surveyed showed 60% had tried; and 30% were regular smokers by age 15. In comparison, there were very low smoking rates in young Pakeha women of the same age.

We can learn by sharing knowledge with other DHBs but Hawke’s Bay needs its *own* strategy which pulls together local providers to get the shift to target specific issues. An operational plan had been provided with the report which at the outset was acknowledged had a number of gaps. Filling those gaps and putting them into a strategy for Hawke’s Bay was the next step.

Action: The Board agreed a Tobacco Control Strategy was required and Dr McElnay agreed this would come back to the Board in three months ie. October Board Meeting.

Action: The Board Agreed that the Tobacco Control Strategy be submitted as an agenda item for the Intersectoral Forum, once it was complete.

A local Council has an online presence around Smokefree environments and the community are able to make submissions through the following links:

<http://www.napier.govt.nz/assets/Documents/smokefree-policy-june2015-draft.pdf>

<http://www.napier.govt.nz/our-council/consultations/have-your-say/draft-smokefree-policy/>

HBDHB Annual Maori Health Plan Quarter 3 (Jan-March 2015) Dashboard

The areas of achievement; areas of progress and the challenges were noted by the Board.

Now looking at “exception” reporting for the 2015/16 year, as recommended by Dr George Gray.

The Te Ara Whakawaiora programme has been revitalised, seeking stronger recommendations to accelerate improvements.

The trending tool provided/shared is and will continue to make a huge difference in understanding real time information across DHBs nationally. Other DHBs are learning from Hawke’s Bay presently.

In referring to the Quarter 3 dashboard (provided) Hawke’s Bay has made fantastic progress being the best performing DHB in NZ with the lowest disparity. Areas requiring focus include Diabetes and

Oral health caries free, which is a high rate of admissions for young Maori children and very high DNAs within Oral health services.

For Oral health, a number of known issues are being worked through including: model of care, community hubs (also a non-Maori problem), patient centred booking system issues, health literacy. It was noted by the GM Maori Health that there were gold standard systems in place in Hawke's Bay but people were not attached to them.

FOR DECISION

Maori Relationship Board member

Patrick Le Geyt recently resigned from the Maori Relationship Board (MRB). In accordance with the Terms of Reference Ngati Kahungunu Iwi Inc (NKII) were requested to nominate a replacement. NKII have advised that Ana Apatu is that nominee. It was recommended that the Board approves Ana's appointment.

RESOLUTION

That Ana Apatu be appointed to the Māori Relationship Board, to replace Patrick Le Geyt.

Moved **Helen Francis**

Seconded **Denise Eaglesome**

Carried

Improved Endoscopy Services

Sharon Mason (COO) presented members of the team involved in bringing the business case to the Board: Paula Jones, Malenya Taylor, Tony McKee, Trent Fairey, Malcolm Arnold and Guy Vautier.

An overview conveyed endoscopy and gastroenterology services at HB Hospital were currently managed very close to capacity and the service would find it impossible to cope with the additional work arising from mandatory bowel screening.

The additional volumes anticipated over the next three years is

	2015-2016	2016-2017	2017-2018
Short fall between outpatient clinics currently being held and demand hours required	388	416	888
Converted into four hour clinic sessions	97	104	222
*2017-2018 includes 506 hrs of outpatient clinics (127 sessions) required as a consequence of the bowel screening programme.			
Shortfall between the current elective endoscopy theatre sessions held and demand hours required	146	190	586*
Converted into four hour sessions	37	48	147
*2017-2018 includes 380 hrs of endoscopy theatre time (95 sessions) required as a consequence of the bowel screening programme.			

Following extensive investigations and hard work by all concerned, the proposed case for approval was presented. Summarised comments included:

- Have been optimising current theatre slots, already including Saturdays. It was noted the additional MoH funding provided concluded on 30 June (from a one off incentive).
- Partner with Royston: It was noted there were implications through Health and Safety for the DHB to lease space at Royston. However, Royston offered extra lists (utilising a DHB Doctor) and this had been successfully trialled - with IT ensuring the information went into HBDHB information system (which could occur in the interim during build).

- Expanding the workforce by raising awareness amongst nurses to undertake relevant training is a priority.
- The development of nurse training (50:50) within the Royston environment would be extremely beneficial and needs to be investigated.

Action: Agreed the CEO engage with the Acurity Executive nationally, to assist ongoing local discussion to achieve a mutually acceptable outcome.

- Extending to Radiology, and CT scanning was discussed. It was agreed that CT colonoscopy was more timely and safer, however there were risks of undetected issues which may become cancer in future. Bowel cancer screening is crucial for early detection and once the MoH's stance is known we will evaluate how to provide that service. It was confirmed HB radiology have the capability to undertake CT colonography also.
- Those who visited Endoscopy Auckland found the trip very valuable.

In response to a question "Are we over engineering sterile and clean environments; and mechanical air pressure needs?" – the board were advised, the standards are mandatory when building a new specialised facility.

Following general discussion the following Resolution was agreed.

RESOLUTION

That the Board:

1. Approve this business case subject to the financial discussion in the Public Excluded section of this Board meeting.
2. Note previous Business Case approval pathway.
3. Note transitional arrangements to meet increasing demand and colonoscopy wait-time targets for duration of construction and implementation phase. Request management provide the Board with quarterly updates on the overall project, including any design or system changes.
4. Note the private sector partnership approach.
5. Note that in parallel, the development of options in partnering with a private provider via a request for purchase (RFP) process will occur to utilise latent capacity in the third procedure room.
6. Note that the Financials and commentary on the visit to Endoscopy Auckland are in the Public Excluded section for commercial sensitivity reasons.

Moved Helen Francis

Seconded Diana Kirton

Carried

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board exclude the public from the following items:

- 21. Improved Endoscopy Services – Commercial Financials
- 22. Confirmation of Minutes of Board Meeting dated 24 June 2015
- 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
- 26. Reports and Recommendations from Committee Chair(s)
- Finance Risk and Audit Committee 29 July 2015

Carried

The public section of the Board Meeting closed 3.50pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 26 AUGUST 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00PM**

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

Apologies Nil

In Attendance: Chief Executive Officer
Members of the Executive Management Team
Chris McKenna and John Gommans (Co-Chairs, HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council) arrived 2.15pm

Minutes Brenda Crene

KARAKIA

Ngahiwi opened the meeting with a Karakia.

APOLOGIES

Nil

INTEREST REGISTER

No board member advised interest in any of the items to be discussed on the day's agenda.

There was one change notified for the interest register. Heather Skipworth advised the Te Timatanga Ararau Trust had been awarded a Green Prescription Contract signed earlier in the year. **Actioned**

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 29 July 2015, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Barbara Arnott
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Action 1: This action from a Greypower resulted from a meeting the Chair had attended earlier in the year. Advised this matter would be taken forward as part of the Orthopaedic Pathway review. The PHO will contribute to how this may work, however it is dependent on the Pathway redesign process. Remove action

Action 2: Implementation Obesity Strategy: the next steps will be provided to the Board in October

- Action 3: Internal reviews on staff vetting processes were underway within the health sector in HB. Action removed, as this item has been included on the FRAC workplan.
- Action 4: Tobacco Control Strategy will come to the Board in November. Remove action as this has been included on the workplan.
- Action 5: Improved Endoscopy – CEO engaging with Acurity executive nationally. The CEO will report back on this meeting. Remove action.

BOARD WORK PLAN

The Board Work Plan for September was noted.

Helen Francis and Denise Eaglesome were confirmed as apologies for the September meeting.

CHAIR'S REPORT

There were no retirements advised for August 2015.

The Chair noted an endorsement was required for the appointment of a new HB Clinical Council member, advising the CEOs of HBDHB and Health HB had approved the appointment of Dr David Rodgers (as GP representative), replacing Dr Hannes Meyer on Council.

RESOLUTION

The Board endorsed the appointment of Dr David Rodgers as GP representative on Council, replacing Dr Hannes Meyer who had retired by rotation.

Moved **Kevin Atkinson**
Seconded **Helen Francis**
Carried

In summary, the Chair noted the following:

- Performance HBDHB compared nationally for quarter 4 of 2014/15 was conveyed with Shorter stays in ED at target of 95%; Improved access to Elective Surgery HB 102% vs 100% target; Faster Cancer Treatment 67% vs target of 85% (a new target with a number of DHBs are struggling with – have until June 2016 to reach); Increased Immunisation –noting HB was number one in the country with 96% vs target of 95%; Better help for smokers to Quit HB at 85% vs target of 90%; and More Heart and Diabetes Checks had reached the 90% target.

More focus to improve Better help for Smokers to Quit was advised, with more nurses utilised. The CEO advised misleading positive results have not been not helpful with several DHBs finding the same.

- A letter received from Ngati Kahungunu Iwi Inc, confirmed Heather Skipworth's appointment as interim chair of the Maori Relationship Board for the next 3-4 months.
- The Central Region Regional Services Plan 2015/16 had been signed off by the Minister.

CHIEF EXECUTIVE OFFICER'S REPORT

The CEO advised of a reasonably positive start to the financial year.

Issues highlighted in his report included:

- Shorter stays in ED – noting whilst still behind target, we are in a much better position than last year. In July 2014 the hospital was in gridlock, a major incident process had been activated and services were struggling to cope. AIM 24/7 has made a significant difference but still a lot to do.
- Elective surgery performance ahead of target.

- Faster cancer treatments appear well below target. New definitions and identifying the right number of cases causing issues for a lot of DHBs.
- Transform and Sustain projects generally progressing well. RHIP (CRISP), continues to be slow but indications are that this will soon pick up.

FINANCIAL PERFORMANCE REPORT

Tim Evans (GM PIF) provided a financial overview for July, advising a favourable variance of \$91 thousand.

Early indications are that health target expectations relating to volumes by specialty will place cost pressures on surgical services this year. Surgical services budgets are being revisited, and options for mitigating any issues arising from the likely changes to elective services funding are being investigated.

Savings have mostly been phased evenly throughout the year, putting pressure on the first few months, as savings plans are developed and implemented. This has created a shortfall in July, however that shortfall has been offset by favourable variances in other areas including vacancies and lower payments to other providers.

Comments summarised as follows:

- 115% in electives, Finance are concerned we are being over ambitious and this will have an impact in finances.
- Terminology for elective surgery types is being widened.
- Technical question raised in FRAC from table on page 12 of the report regarding a significant move in “crown equity and reserves” actual vs budget, related to a timing issue.
- The new mental health project continues on target.
- A query around Dental Health contracts in Wairoa? Advised these were for children, not adults.
- When will the end of year financial result for 2014/15 be finalised? Advised still awaiting the MoH elective wash-up which does not have a deadline. We are holding \$3.0m surplus as almost certain but will not be in a position to confirm until the September meeting.
- The projected surplus for 2015/16 has been increased to \$3.99m. This relates to a MoH initiative providing an extra \$25m to DHBs. HB do not intend to spend this extra funding in an operational sense therefore will be in a position at financial year end (2016) to move this increase in funding into capital investment.

In return for the additional funding MoH want three years of surpluses. This last minute gift from treasury has high expectations attached and a letter was being prepared in response.

The following resolution writing off outstanding debt was approved.

RESOLUTION That the Board

Approve the write-off of \$31,366.73 of outstanding debt considered uncollectable as outlined in the report.

Moved: Peter Dunkerley
Seconded: Dan Druzianic
Carried

REPORT FROM COMMITTEE CHAIRS

It was advised visits by Chairs and CEOs of various DHBs were planned on 9 and 10 September and they would be attending both the Clinical and Consumer Council meetings.

Action. In preparation for the visitors, TORs, minutes and reports to the Board for the prior two meetings of both Councils, would be provided.

Hawke's Bay Clinical Council

Dr John Gommans commented on Council extended meeting held on 12 August 2015, as outlined in the report to the Board. In summary: Preparation of the Quality Accounts were underway for Board endorsement in December 2015; A joint meeting had been held between the Pilot Group and the Clinical Pathways development group, with an operational group now being set up.

Clinical Council's Annual general meeting took place following the ordinary meeting, with an invitation extended to a wider group. This was a chance to reflect over the past five years of Council (acknowledging the health sector was in a very different and positive place today) and included a Workshop.

Action: An overview of Council's Annual Meeting Workshop will be provided to the Board.

Good relationships are being formed between Clinical and Consumer Council, with a joint meeting of the Councils being held in October.

With Dr Gommans involvement with Clinical Council since 2010, he had advised his intention to step down as co-Chair of Council but would continue as a member, with the replacement Chair being Dr Mark Peterson who would co-Chair alongside Chris McKenna.

The Board complimented John on his outstanding leadership over the five year period he had been co-Chair of Council and the excellent service Council had provided to the Board.

Hawke's Bay Health Consumer Council

Council Chair, Graeme Norton advised of the Consumer Council review was underway, including the TOR which would come through to the Board in due course.

- A joint meeting between HB Health Consumer Council and HB Clinical Council is planned for October which sends a strong collaborative signal to the health sector and community.
- A recruitment process for a representative on the HQSC Consumer Network resulted in several Consumer Council members putting themselves forward for appointment.
- A suggestion to have the Consumer Story earlier in the Board Meeting was conveyed.

Graeme took the opportunity to thank Dr John Gommans (co-Chair) of HB Clinical Council for his tireless efforts over past years. He advised that Consumer Council has been in place for two years and it had been very helpful indeed to have John's guidance during this formative time.

Māori Relationship Board (MRB)

Board members in attendance at the workshop on Suicide conveyed the Workshop had been excellent with good actions/outcomes conveyed for review.

- The question is how do we improve and make this happen as there was no single answer, or a right or wrong answer?
- It was acknowledged Suicide Prevention/Postvention needs more momentum and whanau engagement in the process. There is nothing in the workplan referring to a Maori/Pasifika type model?
- The MRB chair was asked to bring back more aspects for consideration as the community wants things to happen.

Action: What funding is linked to this aspect of work for Suicide? CFO would investigate and advise the connections.

Alliance Leadership Team Meetings

Action: In future a summary on Alliance matters will be included in HBDHB Board reports.

Barbara Arnott as the HBDHB Board representative on the Alliance Leadership Team presented a summary and generally updated the Board on the work of the Alliance.

FOR DISCUSSION

Consumer Story

Kate Coley provided two consumer stories relating to the Assessment Treatment and Rehabilitation Ward (AT&R) in the hospital. Both stories were powerfully positive.

The Board were very grateful to receive such wonderful feedback about the service and asked to have their sincere thanks and gratitude passed on to the AT&R ward.

- Action:**
- a) **A letter of thanks from the Board to AT&R, will be prepared to be signed off by the Chair.**
 - b) **Letters also acknowledging the writers. Action Kate Coley**
 - c) **In future Consumer Stories will be place higher on the Board agenda. Action Brenda Crene**

MONITORING

Performance Framework Exceptions Q4 Apr-Jun 2015

Tim Evans provided an overview of the report provided including: Performance Highlights; Achievements; Areas of Progress and Areas of Focus.

A copy of the HBDHB Performance Framework Results Q4 was also included.

There was some discussion around performance relating to the Pacific population – noting that this had more to do with the changing ‘numbers’ of our Pacific population. Despite this it was acknowledged the Pacific population generally, do have issues accessing health services. Some form of navigator service would help significantly.

It was also acknowledged that the Diabetes management target is unachievable and not particularly relevant given it does not measure the difference, or the gains we have made, it just measures against the target. The DHB should consider this as part of the annual performance framework in future years.

Transform and Sustain Projects Overview

Tim Evans (GM Planning, Finance and Informatics) provided an overview of the diagram presented giving a one glance view of where projects were using the traffic light system.

This can be cross referenced with a more detailed FRAC overview report.

Issues highlighted included:

- Limited project activity has been shown in area 2. Transform Patient Involvement (through Consumer Council); 4. Transforming multiagency working through the Intersector Leadership Forum and Intersector Leadership Group 11. Transforming Business Models through interdistrict flow optimisation.
- Issue with Regional Health Informatics Programme (RHIP) – now under new management and being led forward. Presently a review is underway to take this joint venture forward. Have high hopes it will take reasonable shape in the near future.
- Area with some risk is in transforming Primary Health Care which may be reflecting the state we are in at present.

Human Resource KPIs Q4

John McKeefry GM Human Resources provided an overview of the report provided.

- Sick leave as at June was sitting at a similar level as for the previous year.
- Leading nationally across DHBs in the leave statistics.

Action: The Board would like to see expectations and Plan over the next 12-24 months. With the report showing how we are achieving against this plan. Effective from the next quarter report Q1 2015/16

Action: Maori and non-Maori staff : Questions were posed as to how ethnicity is counted where staff may identify with more than one, whether it is positions that are counted or people, and generally how the process works. GM HR will provide board members with a full explanation of this.

- New occupational and patient safety KPI to FRAC in future.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board exclude the public from the following items:

18. Improved Endoscopy Services – Commercial Financials
19. Confirmation of Minutes of Board Meeting dated 29 July 2015
- Public Excluded
20. Matters Arising from the Minutes of Board Meeting
- Public Excluded
21. Board Approval of Actions exceeding limits delegated by CEO
22. Chair's Report
23. Reports and Recommendations from Committee Chair(s)
- Finance Risk and Audit Committee 26 August 2015

Carried

The public section of the Board Meeting closed 2 .50pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 28 OCTOBER 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.05PM**

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

Apologies Helen Francis and Dan Druzianic

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

Minutes Brenda Crene

KARAKIA

Ngahiwi opened the meeting with a Karakia.

APOLOGIES

As noted above.

INTEREST REGISTER

No changes to the Interest Register were notified and there were no Board interests declared in any of the items on the agenda.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 30 September 2015, were confirmed as a correct record of the meeting.

Moved: Ngahiwi Tomoana
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Action 1: **Implementation Obesity Strategy** – As consultation detail needed to be collated, this report would be presented to the Board in November 2015.

BOARD WORK PLAN

The Board Work Plan for November was noted with mention the Transform and Sustain Health Promotion Plan had been removed.

A reminder was conveyed regarding the forthcoming Health Awards function being held on 26 November.

CHAIR'S REPORT

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

Name	Area	Service	Years of Service
Joan Greaney	Service Coordinator	Older Persons & Mental Health	15
Joy Senior	Clinical Nurse Specialist	Oral Rural & Community	32
Oianah Ellsion	Manager Booking & Administration Support	Facilities & Operational Support	27
Patricia Sunley	Cook	Facilities & Operational Support	15

- Health Partnerships Limited newly appointed Chair had visited and spent time with HBDHB Chair and senior managers. These meetings were positive and well received.
- Cranford Hospice had advised of the appointment of Janice Twyford Jones as their new CEO, who would commence on 16 November 2015.

CHIEF EXECUTIVE OFFICER'S REPORT

On presenting this report matters highlighted included:

- Elective surgery was ahead of target at 104% compared with a target of 100%.
- The "Consumer Focussed Booking Project" was progressing well.
- Rheumatic Fever Plan had been requested by the MoH to provide assurance that HBDHB have systems in place. A description of what HB does is not often expected in responses to the MoH, however it was advised that Hawke's Bay are leading the way nationally in managing/alleviating Rheumatic Fever. To a large extent this is due to 'Say Ahhh' which is one of the best programmes in the country. Even though Hawke's Bay is classified as a high prevalence area due to social and ethnicity factors, our figures are now aligned with a "low prevalence" area.
- The Maori Annual Health Plan dashboard tells a good story and we are seeing some significant improvements in HB, including a drop in teenage pregnancy (from over 20% to around 10%).

The Chair acknowledged the Annual Māori Health Plan reflected exceptional results for Maori health in Hawke's Bay. It was very disappointing the media perspective was not balanced in a recent article in HB Today (26 October 2015), entitled '*Stark inequality' seen in Maori health*' and '*MP: DHB must support indigenous health drives*'.

FINANCIAL PERFORMANCE REPORT

Matters highlighted by the CFO included:

- The result for September was unfavourable with an unfavourable result year to date of \$289k. 2016/17 is anticipated to be a tight year financially with areas of turbulence, however the CFO felt there was no need for any action to be taken at this time.
- Capital spend is ahead of plan, mainly due to a catch up for the mental health unit build which is due for completion in January 2016.
- Presently the DHB is running more in-house theatre activity and relying less on outsourcing.
- The Financial Improvement Programme was tracking well.

CONSUMER STORY

A consumer story on the experiences of a melanoma patient waiting for and receiving surgery was shared. Areas of concern had been reviewed and recommendations discussed with service(s) staff. A lot of work has been done to ensure processes are streamlined. It has been very beneficial to utilise such consumer experiences to make service/.systems improvements.

The areas raised in the story were not about the service and manner of the people/staff, it was more about systems/processes, delays and waste.

Feedback from Consumer and Clinical Council (mid-month) was not dissimilar to the Board.

The following **suggestion** was noted:

- MRB patient stories are a little different from the stories heard at the Board. Suggested it would be nice to bring some of MRB's stories through to the Board, Clinical and Consumer Councils.

REPORT FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council and HB Health Consumer Council joint meeting

Chris McKenna and Graeme Norton as the respective chairs of the above meeting, provided an update to the Board.

Both councils found the joint meeting very engaging and full of active conversations with the focus on streamlining processes to improve the patient journey. Consumer members were complimented for their vigour and questioning and Clinical Council enjoyed the robustness of discussions.

Contributions around the Rheumatic Fever paper was noted with a strong signal, especially from Consumer Council that this was a social issue which could benefit from stronger consumer engagement. It was understood the MoH had been quite prescriptive in their request in August, however it was acknowledged there was a bigger picture.

The health sector workforce and skills were highlighted and briefly discussed.

Māori Relationship Board (MRB) - verbal

Acting Chair Heather Skipworth provided an update to the Board. Although no meeting had been held during the month, papers had been reviewed by members. A report was tabled and had been uploaded on to Diligent prior to the meeting for review. Of note was the DHB Maori health profiles for 2015 and the endorsement of the Rheumatic Fever Prevention Plan issued to the MoH on 20 October.

FOR DECISION

Committee Structure and Meeting Schedule for 2016

It was recommended the Board complete a review the Committee Structure and the draft meeting schedule for 2016 provided. HBDHB has undergone some major changes in committee structures over past years which appears to have bedded down. The board's views on how the new structure was working received favourable comments as summarised:

- Confirmed the present structure was very effective and helped support culture change.
- Leadership of Clinical and Consumer Council was commended as outstanding.
- It was noted the meeting schedule provided was consistent with 2015 and worked well.

RECOMMENDATION

That the Board

1. Confirm the current governance committee structures and processes
2. Approve the attached Meeting Schedule for 2016.

Adopted

Matters raised for consideration/Action:

- Consider taking the duplication of papers out as meeting agendas are often full.
- Clinical and Consumer Council Chair will socialise combined meetings and timings.
- Consumer Council and MRB Chair will socialise combined sessions or more formally attending each other's meetings in future.

Central Technical Advisory Services Annual General Meeting

The Board received the Notice of Meeting, Minutes of the 2014 CTAS AGM and noted the Draft Annual Report for the year ended 30 June 2015, and adopted the following recommendation:

RECOMMENDATION**That the Board**

Appoint Kevin Atkinson as the HBDHB representative to attend the TAS Annual General Meeting to be held Monday 7 December 2015, with another Board Member or the Kevin Snee appointed as his Alternate.

Adopted

Action: Advise CTAS of the outcome (Company Secretary)

Allied Laundry Ltd AGM

The Board received the Notice of Meeting for Allied Laundry and passed adopted the following recommendation:

RECOMMENDATION**That the Board**

- Note the Chairman's Report and the Financial Statements for Allied Laundry Services Ltd (Allied) for the year ended 30 June 2015.
- Appoint Ken Foote as the HBDHB Shareholder representative to attend the Allied Annual General Meeting to be held on Tuesday 24 November 2015, with David Richie appointed as his Alternate.

Adopted

Action: Advise Allied of the outcome (Company Secretary)

The Chair of Allied Laundry, Ken Foote advised members that Hutt Valley and Capital and Coast DHB were soon to become shareholders of Allied Laundry. A formal report will be issued to shareholders' in due course with a view to restructure of the company on 1 March 2016. This would see Allied managing all linen requirements for six Central Region DHBs plus Taranaki DHB. The Minister of Health had approved that Hutt Valley and Capital and Coast can buy shares. Presently Allied were waiting for approval to borrow the funds necessary to purchase plant from Germany.

Te Matau ā Māui Health Trust – Trustee Appointment

With background provided and the Trustee Appointment Schedule dated March 2016 made available the Board adopted the following recommendation:

RECOMMENDATION

That the Board

Re-appoint Leanne Hutt as the Central Hawke's Bay resident trustee on Te Matau a Maui Health Trust, for a three year term from March 2016

Adopted

Action: Advise Te Matau a Maui Trust and Leanne Hutt of the outcome (Co-Sec)

FOR DISCUSSION

“Customer Focused Booking Project”

Sharon Mason (COO), introduced Carleine Receveur Senior Change Manager (and Project Sponsor).

Did Not Attend appointment projects have received a lot focus in the past and the good work that had preceded this was acknowledged. Success factors are to reduce Did Not Attends (those not turning up for appointments); ensure full clinic utilisation; see a reduction in waiting times at the appointment, and increasing customer satisfaction levels.

The Customer Focused Booking Project had been recently formed with the customer at the centre. Hutt Valley DHB had been through a process several years earlier and shared their learnings with HBDHB in mid-October which included their customer focused on-line booking system which they had developed. This was shown to a significant group at the time and received robust discussion from many perspectives.

Board members viewed a presentation of Hutt's on-line booking system “UBOOK” with interest, and it had been ascertained that the system could easily sit on HBDHB IS platform.

A very positive message was relayed to get this moving forward.

A business case will follow.

Refreshed Rheumatic Fever Prevention Plan

In Dr Caroline's absence Katie Kennedy (Women, Children and Youth Portfolio) was introduced by Kevin Snee. The plan had been produced by request for the MoH, not from within the DHB to comprehensively address our needs! As noted earlier, Hawke's Bays incidence of Rheumatic Fever (RF) is that of a “low prevalence” area, due mainly to the success of the “Say Ahhh” programme.

The Ministry are looking to withdraw funding when they see programmes nationally are working which may be as early as June 2017.

In summary:

- It was noted Wairoa did not have high instances of RF.
- MRB feel confident with the programme going forward, however do seek consultation with Maori on RF. A letter of support from MRB had been included with the report as Appendix 5.
- Through Community Awareness we will be informed and we move with that.

The Plan was submitted to the Ministry of Health on 20 October in draft form, subject to final DHB Board endorsement on 28 October 2015.

RECOMMENDATION

That the Board

Endorse the Refreshed Rheumatic Fever Prevention Plan.

Adopted

MONITORING

Te Ara Whakawaiora / Obesity Local Indicator 2015/16

Obesity is the second leading risk to health in New Zealand. Medium and long-term costs of not addressing obesity are very high, as obesity leads to a range of diseases with high health sector costs.

Shari Tidswell was in attendance for Dr Caroline McElnay and the report was taken as read, with discussion summarised including:

- The target set by the MoH at 75% or greater for all four year olds recording a healthy weight. Locally we have 25% of children at a healthy weight, however are missing those who were under weight.
- The most influential focus to target the young is through gestation and breast feeding which filters through, however this will take time.
- Good at engaging with communities, can we spread more than one message at one time? This is about wellbeing and fits well with “Best Start in Life”. Those delivering the messages are integrating and up skilling. We now have a more integrated approach on the ground.
- “Healthy Conversations” is being introduced to HB. This is about having wide ranging motivational conversations that are meaningful to change behaviours.
- Kahungunu Hikoi Whenua family’s wellbeing who have a whanau health plan – there has already been indicators and examples that address this. This is about a range of factors, not a single symptom focus!

The following **suggestion** was noted:

- This would be a good workshop topic for HB Health Consumer Council and the Maori Relationship Board. It was also suggested as helpful to have those already delivering the programmes involved.

Annual Māori Health Plan 2014/15 Dashboard for Q4

The Chair conveyed he was very disappointed about the recent Hawke’s Bay Today article as Hawke’s Bay, from a health perspective for Maori, is leading the way nationally.

The GM Māori Health thanked the Board for their support for the focus which has enabled improvements in Māori health in HB. From the work done by Dr Caroline McElnay, a good outcome is now being seen in the gap in the quantity of life for Maori compared with non-Māori had decreased.

HB are in a very good place with Iwi and Post Settlement Groups; and have an established Memorandum of Understanding, whereas others around the country are struggling with iwi relationships.

- Highlight that MRB focus has been on child health and access to primary care. 99% seen in HB in schools programmes showing we have a good representation of children in HB accessing services.
- Working with Kohanga Reo’s which had not been previously possible has changed and we are now seeing the Kohanga children for checks.
- Rate of cervical screening best in the country but not as good with breast screening (ie, a regional screening service into HB with location of the service being an issue).
- Positive progress is being made quarter by quarter.
- The targets have changed and HBDHB pushed to have no differentiation between Maori and non-Maori.
- “Iron Māori” has changed family lives regarding health and nutrition. Alongside the health programmes you must have health literacy, noted as being the biggest driver in deprivation!

FOR INFORMATION

Mental Health Recovery Centre Transition - Presentation

Allison Stevenson and Dr Simon Shaw introduced Deborah Grace the Chairperson of the Mental Health Partnership Advisory Group (PAG). With the rebuild of the mental health centre imminent in 2014, the model of care was also to be addressed for the unit and the community. In mid 2015 PAG was officially formed and what evolved from differences of opinion, led to positive outcomes for all concerned. Once users were able to accept the community centres would close, the groups focus was on what the future may look like and that became the turning point in this excellent example of co-design that transpired. An extraordinarily positive outcome was achieved for all concerned.

There were now two community centres, providing a different range of services and community involvement (than before) which are successfully operating, in Napier "Manaia House" and in Hastings "Te Puawaitanga".

Annual Plan approvals

A letter from the Minister of Health was received on 25 September 2015, noting he had approved and signed the HBDHB 2015/16 Annual Plan for three years. Incorporated in this approval was the: Statement of Intent 2015-2019; Statement of Performance Expectations 2015/16; and the Māori Health Plan 2015 (approved by the Director National Health Board and Deputy Director General Māori Health on 13 July 2015).

The Board noted this approval and the provision of the final plans and reports.

GENERAL BUSINESS

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

RESOLUTION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

25. Confirmation of Minutes of Board Meeting
- Public Excluded
26. Matters Arising from the Minutes of Board Meeting
- Public Excluded
27. Board Approval of Actions exceeding limits delegated by CEO
28. Chair's Report
29. Reports and Recommendations from Committee Chair(s)
- Finance Risk and Audit Committee (tabled)
30. Strategic Relationships Central Region DHBs

Moved: Diana Kirton
Seconded: Barbara Arnott
Carried

The public section of the Board Meeting closed 3.35pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 30 SEPTEMBER 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00PM**

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

Apologies Helen Francis, Denise Eaglesome, Kevin Snee (CEO)

In Attendance: Tim Evans (Acting Chief Executive Officer)
Members of the Executive Management Team
Chris McKenna and John Gommans (Co-Chairs, HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council) arrived at 2.15pm

Minutes Annie Quinlivan

KARAKIA

Ngahiwi opened the meeting with a Karakia.

APOLOGIES

Tim Evans the Acting CEO advised that Kevin Snee was on leave, therefore he would be standing in for him until 9 October 2015. In addition, Chris McKenna would be standing in for Sharon Mason who was on sick leave, and Peter Kennedy would be Acting Chief Financial Officer.

INTEREST REGISTER

No board member advised interest in any of the items to be discussed on the day's agenda.

Andrew Blair advised that he had recently been appointed by the Minister of Health as Chair of the Southern Partnership Group. He had also been appointed as Advisor to the Hawke's Bay Orthopaedic Group Limited. Both of these appointments had been included on the Interest Register.

ANNOUNCEMENTS BY THE CHAIR

The Chair advised that it has just been announced that he had sold his business (IMS) to MYOB.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 August 2015, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Barbara Arnott
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Action 1: **MRB's Suicide Workshop** – Caroline McElNay advised that there is funding attached to the Strategic Plan for this issue but as this was a new area of work for the organisation, specific funding needed to be identified. Implications of having future workshops with MRB support needed to be investigated but feedback from the community was that the workshops were useful.

Action 2: **HR KPIs – Maori and non-Maori staff** – GM HR advised the Board that any staff member who identified themselves as Maori would be counted as Maori in the statistics. This approach was consistent with the Ministry of Health Ethnicity Data protocol.

BOARD WORK PLAN

The Board Work Plan for October was noted. It was noted that both Helen Francis and Dan Druzianic would be away.

It was also noted that the HB Health Sector Leadership Forum was being held on 7 October. Those able to attend were asked to advise the Company Secretary, Ken Foote.

Action

CHAIR'S REPORT

1. Endorsement of Appointments: The Chair advised the Board on the recent appointment of Sarah de la Haye to the Consumer Council and Deb Higgins to the Clinical Council both for a term of three years. The Board of Health HB had been advised of both appointments.
2. Approval of the HBDHB Annual Plan: A letter had been received from the Minister of Health, the Hon Dr Jonathan Coleman advising the approval of the 2015/16 HBDHB Annual Plan.
3. Visit from Chair of Health Partnerships Limited: The Chair of Health Partnerships would be visiting HBDHB on Friday 9 October to discuss the relationship between HPL and the HBDHB. Acting CEO Tim Evans will be in attendance at that meeting, and all Board members are welcome to be involved in that discussion.
4. Received Health and Disability Commissioner's report for January to June 2015.
5. Ministry of Health Quarter 4 report: The MoH Quarter 4 Health Target report had been received. The Minister requested that two of the targets required stronger improvement. These were "Faster Cancer Treatment" and "Better Help for Smokers to Quit in Primary Care".

CHIEF EXECUTIVE OFFICER'S REPORT

The Acting CEO presented the report. Issues highlighted in his report included:

- Performance struggling with shorter stays in ED. One of the drivers was the significant increase in ED presentations – a 13% increase.
- Elective surgery continues to improve
- Faster Cancer Treatment – an improvement was needed for those people that had been identified as high risk.
- Contingency remains unused on target
- Consumer Stories – this was a new focus to enable the DHB to see the "business" through the eyes of the consumers/patients and as a result, improved processes would be instigated because of these learnings.
- Board Delegations Policy – this had been to FRAC earlier in the day and the Contracts Manager, Ashton Kirk would be speaking to this later in the agenda.
- Te Ara Whakawaiaora / Culturally Competent Workforce – an improvement in that HBDHB were now at 12.27% which was getting close to the target of 12.97%. The Engaging Effectively with

Maori courses had been well received by staff and the PHO had had a good uptake in staff attending the course. Unfortunately the plan to have all staff attend this course by December 2015 would be delayed.

- Te Ara Whakawaioira / More Heart and Diabetes Checks. This report had two separate components – Diabetes and CVD Risk Assessment and was largely focused on primary care.
- Ministry of Health Quarter 4 report: The quarter four health target results had been finalised and the HBDHB had done well in five of the health targets. However improvement needed to be achieved for Faster Cancer Treatment and Immunisation coverage.

FINANCIAL PERFORMANCE REPORT

Comments were summarised as follows by the Acting Chief Financial Officer, Peter Kennedy:

- A favourable variance of \$9,000 with no contingency utilised.
- A review of the surgical services budget was in progress.
- Tracking better for year end result.
- Mental Health rebuild – current indications are that this is going to come in on time and under budget.
- Maternity Unit refurbishment was going well and the roof was now on.

RESOLUTION

That the Board

Delegate authority to approve the annual report and sign the letter of representation to the auditors, to the Chair of the Board and the Deputy Chair of the Board.

Moved: Barbara Arnott
Seconded: Peter Dunkerley
Carried

CONSUMER STORY

An email which had been received from a patient's wife was read out at the meeting. This person felt it important to provide the HBDHB with some feedback after her husband's two experiences in ED. Kate Coley (Director Quality Improvement & Patient Safety) gave a presentation to the Board on what was currently being undertaken within ED to better reflect the needs of the patients/consumers coming into ED. This was part of the AIM 24/7 project to look at ED front of house.

Analysis has been done through both patient and staff surveys, as well as looking at the foot traffic and journey of a patient when they were in the ED environment. Sixty people had been interviewed so that the process and experience of these patients could be understood.

The staff survey had been undertaken, the following results emerged:

- 82% - it is not clear to patients who they should talk to
- 86% - not told how long they might have to wait
- 86% - not able to discuss why there were coming into ED because of lack of privacy
- 18% - the front entrance – provides a positive impression as a hospital.

Other comments regarding the current configuration of ED front of house were as follows:

- ED is used as a thoroughfare. 134 patients came into ED and 148 people came through ED doors and then moved somewhere else.
- On average patients were moved a dozen times because of the processes currently in place.

The Project Team would be looking at the design of the ED waiting area, manage the issue of lack of privacy and clinical space, reduce the number of patient movements and reduce the confusion for patients of what the process was when in ED.

This was presented to both the Clinical and Consumer Councils, EMT and feedback from these three groups had been incorporated into the business case.

Some of the issues to be addressed were:

- ED is for ED patients only.
- Additional of triage rooms required so more privacy for the patient.
- More space for people brought in by ambulance
- Signage to be streamlined
- Review of processes thereby reducing the amount of time a patient is moved

Work is due to start November 2015 and finish February/March 2016.

REPORT FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Dr Mark Peterson provided an update to the Board from the Clinical Council. In summary this included:

- The Central Region CEO's and Chairs attended both Clinical and Consumer Council meeting on 9 and 10 September 2015. Interest was shown from this group to introduce a similar structure to other DHB's.
- Redesign of the Musculoskeletal Service – a paper was presented on the implementation of the review and fundamental redesign of musculoskeletal and orthopaedic services. The Clinical Council endorsed and supported this review.
- Clinical Council Workshop Summary – a summary of this workshop held on 12 August was presented to the Board.
- Clinical Council Terms of Reference – a revised Terms of Reference was endorsed and approved by the Clinical Council.

Hawke's Bay Health Consumer Council

Council Chair, Graeme Norton spoke to the report which was included in the Board agenda.

Issues presented in the report included the following:

- Partnership Advisory Group: first year celebration was recently held.
- MRB focus on Suicide Prevention / Postvention: endorsement from the Consumer Council on the focus of suicide prevention
- Report on Implementation of the HBDHB Obesity Strategy
- Travel Plan Survey – the Consumer Council were involved in the process of developing this survey.
- Consumer Council Terms of Reference and Annual Plan updated and approved.
- Graeme Norton co-presented at APAC with John Gommans on effective and collaborative working of both Consumer and Clinical Council.

Māori Relationship Board (MRB)

Acting Chair Heather Skipworth provided an update to the Board on the September MRB meeting. In summary the issues raised were as follows:

- Acknowledgement given to Kevin Snee on his excellence in use and leadership of Te Reo Maori.
- New Mortuary opening
- Wairoa Health Needs Assessment
- Rheumatic Fever Plan.
- Implementation of the Obesity Strategy
- Cultural Training.

BOARD DELEGATION POLICY

Hawke's Bay District Health Board is required under the New Zealand Public Health and Disability Act 2000 to have a Board Delegations Policy. The current policy was identified as needing review.

A revised draft policy was presented to FRAC and the Board in January 2015 and the Board approved this draft.

The Board Delegations Policy also required the approval of the Ministry of Health. The Ministry of Health reviewed the January 2015 policy as approved by the Board. Feedback from the Ministry and recommendations to include the obligations under relevant legislation were included. FRAC considered the revised Board Delegations Policy in August 2015 and recommended it be approved by the Board in September 2015.

RESOLUTION

The Board

Approve the Board Delegation Policy for signing by the Ministry of Health on behalf of the Minister.

Moved: Dan Druzianic

Seconded: Andrew Blair

Carried:

URGENT CARE ALLIANCE UPDATE

This update provided a summary of the work of the Urgent Care Alliance since the last quarterly update in June 2015. It was intended that these reports provide a more in-depth overview in addition to the monthly progress reports that are regularly received by EMT/Clinical Council.

The Board noted the report.

ANNUAL LEAVE

The purpose of this Board report was to outline the recent and planned initiatives to reduce annual leave and other leave balances.

Discussion on the difficulty of requiring clinical staff to take time off from their job was considered. The issue of locums coming to work for the HBDHB while on annual leave from another DHB was also deliberated on, as was the complications involved for clinicians to have annual leave and being able find cover for their role eg., on-call etc.

The Board endorsed management actions to reduce the accrued annual leave liability.

ALLIANCE LEADERSHIP TEAM

A summary of the notes from a meeting for the HB Health Alliance Leadership Team was included in the Board agenda. Updates on the following issues were covered:

- Development of primary care networks
- Urgent care update
- Health promotion update, and
- Youth health update

MONITORING

Te Ara Whakawaiaora / Culturally Competent Workforce

John McKeefry spoke to the report

The report was taken as read, with discussion summarised including:

- The 2014/15 year saw a reduction in the gap between actual representation and target. The year started with a new target of 12.97% and a gap of 59 and ended with 12.27% and a gap of 20.
- There had been an overall increase in the past 12 months of 1.44% of employees who identified as Māori with 12.27% at 30 June 2015 compared to 10.83% as 30 June 2014. Over the last 5 years there had been a significant increase with 8.74% identifying as Māori in June 2010 compared to 12.27% in June 2015.
- To date 1088 current staff members (38.2%) have completed the 'Engaging Effectively with Māori' training, with a further 158 staff booked to attend.

Te Ara Whakawaiaora / Diabetes – More Heart and Diabetes Checks

Liz Stockley (as Indicator Champion) spoke to the report. The report was taken as read.

GENERAL BUSINESS

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

RECOMMENDATION TO EXCLUDE THE PUBLIC

RECOMMENDATION

That the Board exclude the public from the following items:

- 21. Confirmation of Minutes of Board Meeting
- Public Excluded
- 22. Matters Arising from the Minutes of Board Meeting
- Public Excluded
- 23. Board Approval of Actions exceeding limits delegated by CEO
- 24. Chair's Report
- 25. Reports and Recommendations from Committee Chair(s)
- Finance Risk and Audit Committee (tabled)

Moved: Barbara Arnott
Seconded: Diana Kirton
Carried

The public section of the Board Meeting closed 3.15pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 25 NOVEMBER 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.08PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (arrived at 1.40pm)
Peter Dunkerley
Andrew Blair
Diana Kirton
Barbara Arnott
Heather Skipworth
Jacoby Poulain
Denise Eaglesome
Helen Francis
Dan Druzianic

Apologies Nil

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

Minutes Brenda Crene

KARAKIA

Heather Skipworth opened the meeting with a Karakia.

APOLOGIES

Apology for lateness had been received from Ngahiwi Tomoana

INTEREST REGISTER

No changes to the Interest Register were notified and there were no Board member interests declared in any of the items on the agenda.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 28 October 2015, were confirmed as a correct record of the meeting.

Moved: Andrew Blair
Seconded: Barbara Arnott
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Item 2: The Board wish to ensure the following are picked up by the respective Council's and Committees in 2016:

- Combined Clinical and Consumer Meeting – advised three meetings will be staggered throughout the year, as and when required.
- Combined Consumer and MRB Workshop around “Obesity” to be considered.
- Suggested to include MRB consumer stories at the Board Meeting / and Vice versa.

Item 1: Actioned

BOARD WORK PLAN

The Board Work Plan for December was noted.

The A3 project update Transform and Sustain dashboard had been included on the FRAC agenda on this occasion.

An initial discussion around the Transport/Travel would be held in the public excluded section of this meeting, with the intention to provide the full strategy to the December Board meeting.

CHAIR'S REPORT

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

Name	Area	Service	Years of Service
Arnett McCleallan	Kitchen Assistant	Facilities & Operational Support	20
Lynn Barton	Receptionist - Outpatient	Facilities & Operational Support	17

- A draft of the NZ Health Strategy document had been released by the Ministry, with national consultation occurring. Details on forthcoming meetings are available on request.
- A Risk Management Consultant (Chris Peace) was undertaking a Risk Management Review and interviews with respective management and staff. The Chair advised this was going well and expressed his thanks to Ken Foote for managing this process. The Board look forward to receiving the draft report when available.
- MoH Health Targets had been released with the only area to drop back being shorter stays in ED, down from 95% to 92%. This is due to a rise numbers through ED which is similar to the levels experienced during winter.
- The Chair confirmed the Symposium for Central Region DHBs would be held in Masterton on 20 and 21 July 2016. This date would be included on the 2016 workplan. **Action.**

CHIEF EXECUTIVE OFFICER'S REPORT

On presenting this report, matters highlighted included:

- MoH have been interested in HBDHB's theatre utilisation asking other DHBs to link in to view how the productivity has been achieved, noting there have been big changes in culture, disciplines, and management. Surgical directorate should be congratulated.
- Problem with ESPI compliance which has financial penalties for ongoing non-compliance.
- Smokers in primary care now over 12 months, instead of 15 months. Now showing as a percentage of all smokers in enrolled population who have been asked if they want to cease smoking, whereas previously everyone who entered clinics were asked.
- Diabetes checks are progressing well.
- Financially we are in good shape with the deficit advised earlier having reduced.
- Catch-up in orthopaedic services and a range of extended options. .
- Transform and sustain project detail was included in the FRAC paper. Noted no red flags as the CRISP project had moved to amber.

FINANCIAL PERFORMANCE REPORT

Matters highlighted by the CFO included:

- The result for October was a favourable variance of \$414 thousand, with the year to date result \$124 thousand favourable with no contingency used, other than that allocated to surgical Directorate.
- Hawke's Bay is unique amongst DHBs and consider/monitor strategies in financial terms in relation to resource deployment. What gets measured gets done ...which is reflected in the figures provided on page 2 of the report.
- The Blessing of the new Mental Health Unit was held in November and everyone was very impressed. "A long journey but fabulous destination"

Action: A tour of "Nga Rau Rakau" (the Mental Health Unit) in December was queried. This would be followed up by the COO and advised accordingly.

CONSUMER STORY

The story related to a very independent elderly person who resided in an aged residential care facility from the age of 88. At age 90 this person who had shown signs of deterioration, had fallen badly resulting in a broken femur. The outcomes from this review resulted in a number of learnings and quality improvements, which have been shared within the hospital and other facilities.

Educating and talking to the person and their whanau is key to alleviating accidents, this was part of the patient rounding (strong evidence based system) brought in.

REPORT FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

The report provided an overview of the: Quality Accounts (presentation) in a more graphic format; Serious and Adverse Events; Delivery of our Future Musculoskeletal and Orthopaedic Service; Regional Tobacco Strategy for Hawke's Bay 2015-2020; the Health Literacy Business Case and an Information Systems Function Review – with consultants.

Regarding Bilingual Signage, Council agreed there needed to be more work done on this and the options simplified, with support in principle for the MRB's recommendation, however there would be exceptions when Māori would not be suitable in the first instance.

Fetal Alcohol Spectrum Disorder (FASD):

Council received a presentation on FASD. In HB each year there are approximately 2,000 births, this likely results in 20 children each year being affected (in a variety of ways) by FASD (and this figure is noted as conservative). From a diagnostic point of view with a small but developing group here in HB, are able to diagnose through a multidisciplinary team. We are leading nationally in this area and if FASD is picked up early we can minimise the level of disability children can suffer.

Education and raising awareness within the community is crucial with comments summarised below:

- There is no safe time for a pregnant woman to drink!
- Messaging on the back of buses is being considered "If you don't know, Don't drink".
- A visual comparison of an unaffected alongside an affected brain of a child with FASD, is empowering.
- This is not about how to educate – but where to educate – with the person delivering being key.
- Information provided to schools showing the ugly facts stops many and encourages strong messages to be relayed by children to their families. Many in Wairoa stopped smoking through this method.
- GP service detail/advertising suggested to capture quicker.

- Zero tolerance needs to be conveyed to the community, but this is really about all aspects of health and wellbeing: alcohol, smoking, drugs and obesity.

HB Health Consumer Council

An overview of Council discussions was summarised, with focus on:

Bilingual signage with the outcome from the Consumer meeting differing from that of MRB and Clinical Council. Consumer Council's preference was to see this explored further, being mindful of the timelines to have the Mental Health signage in place in the New Year.

The Board as a whole had not yet received the Bilingual Signage paper although it had been reviewed through board member participation at MRB.

The Board asked management to respond, considering the respective Committee views. It was noted this was already in hand with discussion/presentation(s) scheduled to Committees in December.

Other areas considered by Consumer Council included a very lively one hour Workshop with a MoH representative on the "NZ Health Strategy". A feedback document has subsequently been provided to DHB planning and the MoH representative who attended.

Māori Relationship Board (MRB)

MRB's report to the Board included an overview of the following: Regional Tobacco Strategy for Hawke's Bay 2015-2020; Locality Networks Planning; and IS functions consultation.

Also received was a presentation on Fetal Alcohol Spectrum Disorder; and Bilingual Signage with the proposed changes to signage and display not supported, resulting in the following recommendations which were noted by the Board.

RECOMMENDATION

That the Board

Note MRBs recommendations following the Fetal Alcohol Syndrome Disorder presentation and the Bilingual Signage report as follows:

- Alcohol & Drugs as well as FASD be added as a priority to the Annual Māori Health Plan for 2016-17.
- Te Reo Māori to appear before English, that both internal and external signage follow the same format and that the policies; Signage and Display (HBDHB/OPM/095) and Te Reo Māori Translation (HBDHB/OPM/113) are amended to reflect MRBs recommendations before final approval and sign-off.

FOR DISCUSSION / DECISION

Regional Tobacco Strategy for HB 2015-2020

With the strategy provided, the discussion with board members that follows reinforced the amount of work that had been undertaken with a very wide range of partners and stakeholders including year 9 college students with their own agenda.

In summary

- Messaging was crucial as people do not smoke and drink alone, especially young Maori pregnant women with 50% of 27 year old Maori women smoking, having commenced the habit through family influence.
- Do agree with incentivised programs.
- Good actions but they do not wrap around the whole whānau!

Action: It was agreed the strategy would be reviewed yearly with an update to be provided to the Board in November 2016 (which would be included on the workplan).

Congratulations to the team, well done.

RECOMMENDATION

That the Board

Note the content of this report and endorsed the draft Regional Tobacco Strategy for Hawke's Bay 20115-2020

Adopted

Delivery of our Future Musculoskeletal and Orthopaedic Service

The report provided by Dr Andy Phillips was well received by the Board.

A triple aim based approach to look at the provision of an efficient needs based service in this area with a phased approach to resolving pain and disability arising from musculoskeletal conditions in patients within our community. Although in three stages, the paper provided focused on stage one: Reduction of pain and disability by providing non-surgical treatments for hip and knee; non-surgical treatment option for spine; clarity around prioritisation for orthopaedic surgery and more consistent scoring practices; reducing delay between FSA and referral to the waiting list (being given certainty); options for those not meeting the threshold for surgery; better patient clarity about the hip and knee elective surgical pathway and the basis on which they have been accepted/declined for surgery; and increase surgical capacity to meet delivery of major joint replacements.

The board advised they have a higher level of confidence in this area following the receipt of this report and adopted the following recommendation.

RECOMMENDATION

That the Board:

Endorse the phased approach to resolving pain and disability arising from musculoskeletal conditions in patients within our community.

Adopted

Improving Patient Flow (ED six hour performance)

Dr Gommans and Emma Foster provided a presentation to the Board, summarised below.

A number of system and process changes have occurred within ED over time, including much better use of resources. This has resulted in shorter stays in ED (ie, 95% April-June 2015)

Improvements included:

- **ED Observation Beds:** moved 4 beds from AAU into ED with increased utilisation and reduced LOS.
- **Medical Day Unit:** next to AAU, day cases now in MDU
- **AAU:** changed model of care
 - Acute Physician takes GP calls 0800-1700 Monday - Friday
 - Duty SMO in AAU: supporting team & 'pull' from ED/GP
 - Additional Medical Registrar and House Officer resource in AAU (shift one inpatient ward team to AAU)

- Additional evening Medical Registrar in ED/AAU Mon- Fri
- Second weekend Medical Registrar in ED/AAU
- **General Medicine: changed inpatient model of care**
 - Ward-based Medical Teams
 - Doctors now participate in ward Multi-Disciplinary Team
 - 'Rapid (Board) Rounds' for discharge planning
- **Nurse led 'criteria based' discharging for weekends**
 - RN completion of Discharge Summary
- **Inter-Professional Practice (IPP) trialled on A1**
 - move from multiple assessments by Multi-Disciplinary Team members to shared skill-set for IPP model.
 - IPP initial assessment tool created and trialled.
 - Shared education sessions to start next month.

Demand in ED for the winter months of 2015 (ie, July-October 2015) saw higher throughput than the preceding year (2014) resulting in a drop in the target level (ie, 95% July-Oct 2015)

It was advised the actions above appear to have dealt with last year's problems, now we are having to deal with higher volumes ongoing, as the winter set back is continuing to pose a more persistent problem for ED.

	ED Presentations	Admitted Inpatient	Conversion to IP Rate	ED6 Breaches	ED6 Target
2014 Jul-Oct	13,670	4,593	33.6%	1,432	89.5%
2015 Jul-Oct	14,942	4,665	31.2%	1,168	92.2%
Variance	9.3% (1,272) (10/day)	1.6% (72)	-2.4%	-18.4% (-264)	2.7%

This project is now moving into Stage 2 with staff and others buying into the ongoing problem which has brought about a bottom up approach resulting in a noticeable culture change to date.

Emma Foster was thanked for her work on this project and members were advised she was leaving the DHB in December to take on a new venture.

MONITORING

Performance Framework Exceptions Q1 Jul-Sept 15

Performance Highlights included:

- Achievements: More heart and Diabetes checks; improved access to elective surgery; and Wait Time for diagnostic services.
- Areas of Progress: Faster Cancer Treatment; and Stroke Services.
- Areas of Focus: Shorter days in ED; Better help for smokers to quit in primary care; Mental Health Services, percentage of child and you with a transition discharge plan; Diabetes Management; Improving wait time for diagnostics.

Human Resource KPIs Q1 Jul-Sept 15

Matters within the report were highlighted and discussed with extended discussion around leave balances.

Leave balances (for staff) has been a national issue for some time. The Central Region DHBs are picking this up as a priority focus. HBDHB will be refining policy to be as directive as possible and it is likely the fifty highest leave balance “offenders” would likely be reported to EMT periodically. The Board received more confidence with the intense focus being placed on ensuring leave was taken.

FOR INFORMATION

HB Health Alliance Meeting Summary

Alliance member Barbara Arnott was available for questions, noting 2015 had been very slow, hopefully 2016 will see more matters/issues for consideration.

GENERAL BUSINESS

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

RESOLUTION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

21. Confirmation of Minutes of Board Meeting
- Public Excluded
22. Matters Arising from the Minutes of Board Meeting
- Public Excluded
23. Board Approval of Actions exceeding limits delegated by CEO
24. Chair's Report
25. Reports and Recommendations from Committee Chair
- Finance Risk and Audit Committee
36. Introducing the Travel Plan - Presentation

Moved: Helen Francis
Seconded: Dan Druzianic
Carried

The public section of the Board Meeting closed 3.37pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 16 DECEMBER 2015, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (arrived at 1.40pm)
Peter Dunkerley
Andrew Blair
Diana Kirton (arrived at 2.00pm)
Barbara Arnott
Jacoby Poulain
Denise Eaglesome
Helen Francis
Dan Druzianic

Apologies Heather Skipworth

In Attendance: Kevin Snee (Chief Executive Officer)
Members of the Executive Management Team
Dr Mark Peterson (Chair, HB Clinical Council)
Graeme Norton (Chair, HB Health Consumer Council)
Members of the public and media

Minutes Brenda Crene

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

APOLOGIES

Apology for lateness had been received from Diana Kirton

INTEREST REGISTER

A short term interest advised by email on 14 December by Diana Kirton had been included in the Interest Register presented in the board papers.

Subsequently two interests were included for Andrew Blair on 17 December 2015.

No board member had an interest in any of the items on the Agenda.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 25 November 2015, were confirmed as a correct record of the meeting.

Moved: Barbara Arnott
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: The following will occur during 2016 therefore the actions will be removed for the following: Combined Clinical and Consumer Meeting (three meetings staggered throughout the year, as and when required); Obesity discussions were in hand; May consider including MRB consumer stories at the Board Meeting / and vice versa.

Item 2: Workplan updates – actioned.

Item 3: Mental Health Facility Tour – actioned.

BOARD WORK PLAN

The Board Work Plan for January was noted. A planning workshop will be held in January and an updated detail workplan developed soon after for 2016.

CHAIR'S REPORT

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

Name	Area	Service	Years of Service
Julia MacKenzie	Registered Nurse	Acute & Medical	35
Carole Reese	Receptionist - Inpatient	Facilities & Operational Support	29
Liz Lack	Care Associate	Women Children & Youth	27
Maureen Fau	Uniform Co-ordinator	Facilities & Operational Support	47 years overall

Maureen Fau had been working for the DHB for 47 years albeit with a break in service. An article in the Leader was provided at the board meeting for members to view.

- Allied Laundry Limited: Ministerial approval had been received for Allied Laundry to enter into a loan facility to purchase equipment, subject to shareholder approval.

The Chair put forward the following recommendation for approval:

RECOMMENDATION

That HB District Health Board, as a shareholder in Allied Laundry, gives approval for Allied Laundry Services Limited to enter into a \$2.550m (including overdraft) loan facility with the Bank of New Zealand for the purposes of purchasing plant and equipment.

Moved Dan Druzianic
Seconded Barbara Arnott

Carried

- A letter from the Ministry had been received around targets acknowledging the good work undertaken.
- HBDHB's financial result topped DHBs nationally for 2014/15 and the board acknowledged this result and the extraordinary amount of hard work by all concerned to achieve this.

CHIEF EXECUTIVE OFFICER'S REPORT

The report was taken as read acknowledging:

- A drop in the target was noted for 'shorter stays in ED'. High ED attendances were being experienced around the country. A drop of 9.3% was experienced in the 'Improved access to Elective Surgery'. Results were encouraging for Faster Cancer treatment, immunisation and better help for smokers to quit.
- Financial performance was well placed, five months into the financial year.
- It was noted the Travel Plan business case presented was far broader than just about parking, we are looking for a long term sustainable solution.

FINANCIAL PERFORMANCE REPORT

Matters highlighted by the CFO included:

- The pleasing financial result for November showed a favourable variance of \$51 thousand, with the year to date result at \$175 thousand favourable with no contingency used other than \$1m transferred to surgical services and \$90 thousand contributed to the corporate 3.0% savings plan.
- The debt write off of \$22 thousand to November (authorised by GM PIF), had been itemised.

Reorganisation of Non-Financial Reporting

A presentation was received on the Reorganisation of Non-Financial Reporting, to better reflect the strategic differences in the roles of the two committees; to connect appropriately to different audiences for non-financial performance; to monitor the impact of Transform and Sustain as well as the process of implementation.

The proposed changes would see:

- The Non-Financial Performance Framework Dashboard being replaced by the HBDHB Quarterly Monitoring Dashboard.
- The Transform and Sustain Programme Overview being replaced with the Transform and Sustain Strategic Dashboard.

The Board approved the proposed new reporting structure as follows:

Report	Current Reporting	Proposed Reporting
HBDHB Non-Financial Performance Framework Dashboard	EMT, Board	EMT
HBDHB Non-Financial Exceptions Report	EMT, Board	EMT, Board
Transform & Sustain Project Overview and Detailed Project Report	EMT, Board	EMT, FRAC
Transform & Sustain Programme Overview Report	EMT, FRAC	EMT, FRAC
Hawke's Bay DHB Quarterly Performance Monitoring Dashboard	CHAIR, CEO	EMT, Board
Transform and Sustain Dashboard	Not Provided	EMT, Board

CONSUMER STORY

A patient story around difficulties experienced in ED was relayed. This highlighted the need for the changes already identified and occurring in ED or planned for implementation in the near future.

REPORT FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council

Bilingual Signage: Council supported the principles presented, advising the main decision makers in this process were Consumer Council and MRB.

Travel Plan: Council were happy to endorse the business case to implement the "Go Well" Travel Plan (option 3).

Urgent Care Year End Report and the additional expressions of interest, request for proposal timelines (phase one of the programme) was in progress with feedback being sought on the proposed options. Council endorsed the report and approved the options.

Collaborative Clinical Pathways: A query as to whether the development was progressing fast enough. In response, what had been experienced to date was in-line with others around the country

who were introducing Clinical Pathways. The focus now is to ensure implementation occurs with consumer input to ensure person centred care is aligned.

Other areas reviewed and supported were the Quality Accounts and Medicines Reconciliations, with acknowledgement of the monitoring reports provided.

HB Health Consumer Council

An overview of Council discussions was summarised with the Chair advising his update had been provided to outline matters and issues occurring outside of normal Consumer Meetings.

Council strongly supported the Bilingual Signage principles with most vying for option B, however were happy to leave the final aspects to the process that follows to MRB and relevant staff.

The “Go Well” Travel Plan had been endorsed by Consumer Council.

The Quality Accounts had been reviewed and Council members were happy with this document, noting there were final tweaks being made up until submission to Health Quality and Safety Commission. The Urgent Care Year End Report was noted and endorsed.

Māori Relationship Board (MRB)

The report was received for the Special Meeting of MRB held the week prior. It was noted MRB had endorsed the Bilingual Signage principles with several additions noted.

The Travel Plan business case received and feedback provided along with MRB endorsement, noting several areas for consideration.

Ngahiwi noted that the late inclusion of the PHLG report had created last minute technical issues for reporting presentation. He pointed out that that MRB and PHLG were quite separate Committees and there were no intentions to merge them.

Pasifika Health Leadership Group (PHLG)

The Pasifika Group’s meeting had been held the week of the Board meeting. Barbara Arnott (an attendee at all PHLG meetings as Chair of CPHAC), spoke to the report and advised she supported an increase in Pacific Navigators. Five were being sought and it was felt some of these may be provided from other intersector organisations eg, Ministry of Social Development. If there was an increased focus on Pasifika people’s health (consisting of just over 5,000 people in HB), a very speedy improvement could be made.

It was noted PHLG felt an Intersector Project was required to address health and social issues for Pacific People in HB. They also alluded to changes in the TOR and meetings, with several taking place within the community.

The Board noted the issues raise in the Report.

FOR DECISION

Quality Accounts 2014/15

Kate Coley (DQIPS) provided a presentation on the latest version of the Quality Accounts which had been reviewed by EMT, MRB and endorsed by Clinical and Consumer Council, noting there were still some minor tweaks to be made prior to issue.

The board were impressed with document which took on a different format to prior years (2013 and 2014).

Action: If board members wished to provide feedback directly to kate.coley@hbdhb.govt.nz they were most welcome, noting this document would be issued to HQSC pre-Christmas.

Travel Plan Business Case

Sharon Mason (COO) introduced Andrea Beattie (DHB) and Louise Baker (Opus Consultants). Also in support was a representative from the HB Regional Council.

In 2013, the Board declined a 'Paid Parking' proposal because they were concerned it would impact negatively on patients and staff, and may be seen as a revenue generating exercise with 'profits' derived by a commercial operator going out of the district.

In 2014 the Facilities Management Team were tasked to revisit parking and transport in a more holistic way, taking into consideration the following objectives to:

- Improve access to facilities for low income families
- Promote exercise
- Reduce the carbon footprint and
- Increase the availability of car parks

As a result of this review the following options had been considered with preference for Option 3.

1. Do Nothing
2. Travel Plan, no charging - fewer sustainable options
3. *Travel Plan with 'gold-coin' charging to fund sustainable transport* **FAVOURED**
4. Build More Parks.

Board members individually supported option 3. The HB Regional Council representative present, advised they were to review services in early 2016 to fully consider a viable transport service given the goals of the HBDHB for the HB community.

The capital cost and operational budget detail was explained to members

RESOLUTION

That the Board note the feedback from the respective Council's; and approve:

- The business case to implement the "Go Well" Travel Plan (Option 3) from 1 July 2016.
- The implementation of parking charges from 1 February 2017 to sustainably fund the Travel Plan.
- The 2016/17 capital and operational budgets as set out in the business case.

Adopted

- Action:**
- a) **The Board sought an update on progress prior to implementation (timing to be advised by COO in due course)**
 - b) **A request by a board member for regular reporting following implementation including a focus on monitoring for inequity.**

Bilingual Signage - Presentation

Sharon Mason (COO) introduced Andrea Beattie who provided a presentation which took on board feedback from Council's and MRB during November. Sharon and Andrea's leadership was noted, given the tight timeframes.

As a result of feedback generally some "**basic principles**" were formulated for consideration:

- A commitment to incorporate bilingual signage around the HBDHB hospital and health facilities
- Te Reo Māori placed first, followed by English.
 - ↳ Rationale - preservation of language, reducing inequalities (improving Māori health is about making services and the environment more inviting for Māori so they'll actually feel ok about coming here to receive services)

} Either Te Reo Māori above with English below, or both languages side-by-side (decision required – see examples appended)

- Font to be bold, upright roman style (no italics)
- Signage contents to simple, clear and consistent, using plain English terms
- Applies to new signage; transition of existing signage to new form will be phased through capital projects.

The Board agreed and approved the above principles and advised they would leave the final look and feel of signage to the experts. Over time, as signage is replaced it would be updated with the new signage. This sends a supportive message acknowledging Te Reo Māori and Kahungunu Reo strategy to the HB community.

MONITORING

Urgent Care Year End Report and Update

The report provided noted progress made by the Urgent Care Alliance and the Urgent Care Stakeholder Group. The report summarised the progress to date of the Urgent Care Project that was established and is led by the Urgent Care Alliance Leadership Team. It sets out a series of options for key priorities and indicates the Urgent Care Alliances intentions over the coming year.

Note the additional document provided showed a high level work in progress timeline for an expression of interest and request for proposal process for the Urgent Care Project.

Te Ara Whakawaiora Breast and Cervical Screening and the Annual Maori Health Plan Dashboard Q1 July-Sept 2015 were reviewed relative to their respective areas and progress/or otherwise noted.

GENERAL BUSINESS

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

RESOLUTION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

- 22. Confirmation of Minutes of Board Meeting
- 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
Reports and Recommendations from Committee Chair
- 26. Finance Risk and Audit Committee
- 27. Hawke's Bay Clinical Council

Moved: Diana Kirton
Seconded: Helen Francis
Carried

The public section of the Board Meeting closed 3.07pm

Signed:

Chair

Date:
