



# BOARD MEETING

**Date:** Wednesday, 28 September 2016

**Time:** 1.00pm

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

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

**Apologies:** Dan Druzianic

**In Attendance:** Dr Kevin Snee, Chief Executive Officer  
Members of Executive Management Team  
Members of the public and media

**Board Administrator:** Brenda Crene

## Public Agenda

Item	Section 1 : Routine	Ref #	Time (pm)
1.	Karakia		1.00
2.	Apologies		
3.	<a href="#">Interests Register</a>		
4.	<a href="#">Minutes of Previous Meeting</a>		
5.	<a href="#">Matters Arising - Review of Actions</a>		
6.	<a href="#">Board Workplan</a>		
7.	<a href="#">Chair's Report</a> - verbal	-	
8.	<a href="#">Chief Executive Officer's Report</a>	100	
9.	<a href="#">Financial Performance Report</a>	101	
10.	<a href="#">Consumer Story</a> (Kate Coley)	-	

	<b>Section 2: Reports from Committee Chairs</b>		
11.	<a href="#">HB Clinical Council</a> - Chris McKenna & Dr Mark Peterson	102	1.50
12.	<a href="#">HB Health Consumer Council</a> - Chair, Graeme Norton	103	
13.	<a href="#">Māori Relationship Board</a> - Chair, Ngahiwi Tomoana	104	
	<b>Section 3: Decision</b>		
14.	<a href="#">Quality Accounts 2016</a> - Kate Coley	105	2.20
	<b>Section 4: Update</b>		
15.	<a href="#">Health &amp; Social Care Networks Update</a> - Tracee TeHuia & Belinda Sleight	106	2.30
	<b>Section 5: Monitoring</b>		
16.	<a href="#">Te Ara Whakawaiaora / Healthy Weight Strategy</a> - to October Board Meeting	107	
	<b>Section 6: For Information</b>		
17.	<a href="#">Matariki Regional Economic Development Strategy</a> - Kevin Snee	108	2.45
18.	<a href="#">Final Annual Plan and SOI</a> - for information only and available on the Website	109	-
	<b>Section 7: General Business</b>		
19.	<b>Section 8: <a href="#">Recommendation to Exclude</a></b>		
	Under Clause 32, New Zealand Public Health & Disability Act 2000		

**Public Excluded Agenda**

Item	Section 9: Agenda Items	Ref #	Time (pm)
20.	<a href="#">Minutes of Previous Meeting</a>		3.00
21.	<a href="#">Matters Arising – Review of Actions</a>		
22.	<a href="#">Board Approval of Actions exceeding limits delegated by CEO</a>	110	
	<b>Section 10: For Discussion</b>		
23.	<a href="#">Taking Further Opportunities for Integration and Coherence in Primary Care</a>	111	3.05
	<b>Section 11: Decision</b>		
24.	<a href="#">Renal Stage 4</a> - Sharon Mason	112	3.25
	<b>Section 12: Reports from Committee Chair</b>		
25.	<a href="#">Finance Risk &amp; Audit Committee</a> (Dan Druzianic)	113	3.40
26.	<a href="#">HB Clinical Council</a> (Chris McKenna & Dr Mark Peterson)	114	

**Next Meeting: 1.00 pm, Wednesday 26 October 2016**  
**Te Waioira (Boardroom), HBDHB Corporate Administration Building**

Tauwhiro Rāranga te tira He kauanuanu Ākina

## Board "Interest Register" - 22 September 2016

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Kevin Atkinson (Chair)	Active	Chair of Unison Networks Limited	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB. Unison leases 3 generators which are located at Hawke's Bay Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	Chair of FRAC	18.02.09
	Active	Director of Unison Fibre Limited	Non pecuniary interest. Unison is now a provider of high speed broadband to the District Health Board.	Will not take part in any decision or discussions in relation to the provision of high speed broadband to the District Health Board	The Chair of FRAC	17.11.10
	Active	Director of Hawke's Bay Rugby Football Union (HBRFU)	HBDHB has a sponsorship arrangement with HBRFU.	Will not take part in any decisions or discussion in relation to the sponsorship arrangement.	The Chair of FRAC	
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussion in relation to the Trust	The Chair of FRAC	Mar-11
Ngahiwi Tomoana (Deputy Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The Chair	01.05.08
	Active	Brother of Waiariki Davis	Perceived Conflict of Interest. Non-Pecuniary interest. Waiariki Davis is employed by HBDHB and is the Health Records Manager.	Will not take part in any decisions in relation to Health Records management. All employment matters in relation to Waiariki Davis are the responsibility of the CEO.	The Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The Chair	01.05.08
Barbara Arnott	Active	Trustee of the Hawke's Bay Air Ambulance Trust	HBDHB has a partnership contract with Skyline Aviation who together operate the HB Air Ambulance Service which is supported by the Trust.	Declare this interest prior to any discussion on the HB Air Ambulance Services and Chair decides on appropriate mitigation action	The Chair	10.05.10
Helen Francis	Active	Alzheimer's Napier previously a Committee member	Alzheimer's Society holds a contract with the HBDHB to provide dementia specific daycare and community services.	Will not take part in any decisions or discussion in relation to HBDHB contract with Alzheimer's Society	The Chair	08.06.10
		Patron and Lifetime Member				21.06.14
	Active	Employee of Hastings Health Centre	Actual Conflict of Interest. Pecuniary Interest.	Will not take part in any decisions or discussions in relation to Hastings Health Centre.	The Chair	18.02.09
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.11
	Active	HB Medical Research Foundation	Trustee	Declare this interest prior to any discussion in relation to the Foundation, and an appropriate mitigation action is decided on.	The Chair	20.08.14
Diana Kirton	Active	Brother, John Fleischl, is a Senior Medical Officer (surgeon) employed by HBDHB.	Perceived Conflict of Interest. Non-Pecuniary interest.	Will not take part in any decisions in relation to surgical services provided by or contracted by HBDHB. All employment matters in relation to John Fleischl are the responsibility of the CEO	The Chair	18.02.09
	Active	Employee of Eastern Institute of Technology (EIT), Practicum Manager, School Health and Sports Science from 3 Feb 2014	Non-pecuniary interest: Organises student practicum placements with some HBDHB funded health providers.	Declare this prior to any discussion in relation to EIT in the area of interest, and an appropriate mitigation action is decided on.	The Chair	16.01.14

# Board Meeting 28 September 2016 - Interests Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
	Active	Son, Chris Kirton, GP in Wairoa employed by HBDHB	Non-pecuniary interest: Will not take part in discussions around employment of GP's in Wairoa	All employment matters are the responsibility of the CEO.	The Chair	26.02.14
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.14
Dan Druzianic	Active	Director of Markhams Hawke's Bay Limited	Potential Conflict of Interest. Some clients may from time to time be employed by or have contracts with HBDHB	Declare an interest at any time an issue arises concerning a client, and take no further part in any decision or discussion on this matter.	The Chair	7.12.10
	Active	Director of Hawke's Bay Rugby Football Union (HBRFU)	HBDHB has a sponsorship arrangement with HBRFU.	Will not take part in any decisions or discussion in relation to the sponsorship arrangement.	The Chair	7.12.10
Denise Eaglesome	Active	Deputy Mayor of Wairoa District Council	Advocate as Deputy Mayor for Wairoa District, whereas HBDHB covers whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	28.02.11
	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussions in relation to the Trust.	The Chair	05.03.14
	Active	Coordinator for Health Contract for Rugby Academy in Wairoa	Health Contract with Wairoa Rugby Academy	Will not take part in any decisions or discussions in relation to this contract.	The Chair	25.05.15
Andrew Blair	Active	Owner of Andrew Blair Consulting Limited	Engaged from time to time to provide consultancy and advisory services to healthcare and other organisations.	Will not take part in decision relating to organisations to which he provide consultancy and advisory services.	The Chair	04.12.13
	Active	Advisor to Trustees and Management of Chelsea Hospital Trust	Engaged to provide advisory services to the Trust who own and operate the private hospital in Gisborne.	Will not take part in decisions relating to services HBDHB may from time to time engage.	The Chair	24.07.14
	Active	Advisor to Hawke's Bay Orthopaedic Group Ltd	Engaged to provide advisory services to the Group	Will not provide advice in relation to contracting, employment or relationship matters between the HBOG and HBDHB. Will not participate in any decisions made by HBDHB regarding orthopaedic services.	The Chair	19.09.15
	Active	Chair of Southern Partnership Group	Southern Partnership is to progress the facilities redevelopment of Dunedin Hospital.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	19.09.15
	Active	Director, Breastscreen Auckland Limited	Breast screening facility.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	17.12.15
	Active	Director, St Marks Womens Health (Remuera) Limited	Womens Health facility in Auckland	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	17.12.15
	Active	Director, Board of Safer Sleep Limited	Safer Sleep is an Anaesthetic IT company which provides peri-operative safety solutions to the healthcare industry.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair and withdraw from discussions/decisions.	The Chair	22.09.16
Jacoby Poulain	Active	Board Member of Eastern Institute of Technology (EIT)	Perceived conflict - HBDHB has a Memorandum of Understanding (MOU) with EIT relating to training and development in health related occupations.	Will not take part in any decisions or discussions in relation to the MOU between HBDHB and EIT	The Chair	14.1.14
	Active	Councillor Hastings District Council	Potential conflict as potential advocate for Hastings District population whereas HBDHB covers whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	14.1.14
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumaturua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract	Will not take part in any discussions or decisions relating to the Contract with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15
Peter Dunkerley	Active	Trustee of Hawke's Bay Helicopter Rescue Trust	Actual conflict of interest. The Trust provides helicopter patient transfer services to HBDHB	Will not take part in any decision or discussion in relation to any contract or financial arrangement between HBHRT and HBDHB	The Chair	15.05.14

**MINUTES OF THE BOARD MEETING  
HELD ON WEDNESDAY 31 AUGUST 2016, IN THE TE WAIORA ROOM,  
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS  
AT 1.04PM**

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

**Apologies** Heather Skipworth

**In Attendance:** Kevin Snee (Chief Executive Officer)  
Members of the Executive Management Team  
Chris McKenna and Mark Peterson (Co-Chairs, 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**

Heather Skipworth's apology was noted.

**INTEREST REGISTER**

There were no changes to the interests register advised, and no board member advised of any interest in Agenda items. However later in the meeting Jacoby Poulain advised she was a Hastings District Councillor when the Havelock North Gastro incident was discussed.

**CONFIRMATION OF PREVIOUS MINUTES**

The minutes of the Board meeting held on 27 July 2016, were confirmed as a correct record of the meeting.

**Moved:** Barbara Arnott  
**Seconded:** Dan Druzianic  
**Carried**

**MATTERS ARISING FROM PREVIOUS MINUTES**

- Item 1: **Te Ara Whakawaiaora / Breastfeeding:** To be included in CEO's September Report
- Item 2: **Actioned**
- Item 3: **Under 19 Mental Health Wait Target:** Several board members to convey the detail offered.

## BOARD WORK PLAN

The Board Work Plan was noted.

## CHAIR'S REPORT

- Kevin Atkinson (Chair) thanked Ngahiwi Tomoana for deputising for the past month whilst he was overseas. During this time, several large incidents occurred including: snow damage in HB region which resulted in more damage to the Unison network than Cyclone Bola. This was followed by the Havelock North water problems.  
Kevin had attended a Havelock North Water meeting on 30 August and it appeared problems were being identified to ensure nothing like this happens again.  
Ngahiwi responded by saying he was amazed at the rapid response by services and commended and acknowledged those on the ground for their efforts in the Emergency Operations Centre and those within the Community.
- The MoH had announced 60 new palliative care positions would be established as part of the Governments \$76.1m boost for hospices. Of the \$76.1m invested in Budget 2015 over four years – an additional \$52m had been pumped directly into hospices to ensure sustainability and developed into baseline funding. The remaining \$24.1m would be allocated to DHBs to provide new hospice services that improve the quality of palliative care in aged residential care, primary care and community settings.  
For HBDHB, this will impact on three new positions at Cranford Hospice being fully funded.
- A letter received from the MoH (dated 22 August) around **Treaty settlements** negotiated with TeKōpere Trust (the Hineuru post-settlement governance entity). They have expressed an interest in a relationship with the Ministry, however the Ministry prefers such a relationship would best be placed at DHB level. The Hineuru area of interest falls within the Bay of Plenty, Lakes and Hawke's Bay DHBs. Tracee TeHuia responded she had met with the three settled in HB who want to understand the current status of health for their hapu. We are ready and able to assist and await a date to further discuss.
- "How is my DHB performing? The results for quarter four (April-June 2016)"** had been received. On the positive side, for "Improved access to Elective Surgery: we were 11/20; and "Increased Immunisation" placed 3/20. Not so positive were Shorter stays in ED, Faster Cancer Treatment; Better help for smokers to quit and more heart and diabetes checks.
- "How is my PHO performing? The results for quarter four (April-June 2016)"** results had been received. On the positive side, for "Increased Immunisation: our PHO were at 7/36; with Better Help for Smokers to Quit and More Heart and Diabetes Check down the list compared to others.  
In response Nicola Ehau advised a key staff member had resigned in late June with a replacement imminent. The PHO were still very focussed on achieving this target.
- The following retirements were noted, with a letter being sent conveying the Board's best wishes and thanks for their extended years of devoted service.

Name	Role	Service	Years of Service	Retired
Susan Ditchburn	Enrolled Nurse	Surgical	31	1-Jul-16
Ash Fitchett	Laboratory Manager	Laboratory	22	21-Jul-16
Marie Young	Care Associate	Acute & Medical	38	7-Aug-16

## CHIEF EXECUTIVE OFFICER'S REPORT

The CEO alluded to the performance matters raised by the Chair and provided a further overview of his report, noting Faster Cancer Treatment. We had experienced relatively poor performance at 60% for the 6 month rolling period to June. However between April-June we saw a significant number identified and fast tracked through, even though the target % has stayed the same!

There was general discussion around targets with the report taken as read.

Bridget Murphy was introduced as the Acting General Manager of Human Resources for a 3 to 6 month period. During that time CEO would review the Corporate Structure which would be brought back to the Board.

**Action GM HR:        Bridget Murphy and Helen Francis (as the Health & Safety Champion for the Board) would discuss Helen's ongoing role.**

The CEO then provided a presentation entitled “**Havelock North Campylobacter Outbreak August 2016**”.

At the conclusion of the presentation, the Chair advised that overall there had been a very good response from the health system, with minimal impact on the hospital itself. He then went on to ask, should our Board be made more aware of issues that relate to health of the community? The CEO responded that in this instance it was too early to advise, around this outbreak, however generally the more aware we are of our risks, the better we manage them.

Jacoby Poulain declared her interest as a Hastings District Councillor.

Items of general discussion included:

- Decision to chlorinate
- The role of the Council and the role of the DHB
- Water safety, source of water and reticulation and boil water notice timelines
- The understandable frustration of Havelock North residents
- The plan to hold public meetings
- Having a single spokesman for the region would have assisted with consistency.

HBDHB's CEO was congratulated and thanked by board members for his decisive decision making at the outset, ensuring action was taken quickly and responsibly.

Thanks was also conveyed to Ngahiwi Tomoana as Deputy Chair who stood in for Kevin Atkinson during the event.

The Draft Terms of Reference for the Government Inquiry had been received and an internal plan has been put in place to ensure a timely investigation and response. Through this process HBDHB will conduct their own investigations on the learnings and share lessons learned with other DHBs.

There is legislation around drinking water guidelines and governance. HDC were meeting the guidelines, this situation changed things which required a different set of monitoring. This now brings into question “Are our water monitoring standards enough?”

Too often people rush to lay blame, however we will likely find multiple factors have caused this and there will be lessons to learn, not only for Hawke's Bay but nationally.

## FINANCIAL PERFORMANCE REPORT

The Financial report for July 2016, showed a favourable \$204k – no contingency used. Generally a good month overall.

## CONSUMER STORY

Kate Coley provided an overview and introduced Bernie Fail Clinical Nurse Specialist. The story shared related to one mother's experience through previous encounters with the health system which

stopped her from attending appointments with her daughter. The experiences raised had been discussed with the team in the Fracture Clinic and improvements will be made which may assist other clinics as well. Points raised related to cultural scepticism, lack of continuity of care and the need to consider more holistic approaches rather than strictly clinical. Cultural Competence Training for RMOs is compulsory now, prior to commencing their clinical workload.

**Action COO:** Investigate options and opportunities of having a Fracture Clinic (*including a decision maker*) near ED; being mindful the Urgent Care Alliance Model have considered options in this area.

Having a Fracture Clinical / Orthopaedic Department adjacent to ED with a decision maker at the front door could ensure flow and a better model of care, as a number of problems have occurred with people having to wait to be seen through the appointment system.

## REPORT FROM COMMITTEE CHAIRS

### Hawke's Bay Clinical Council Report including Annual General Meeting

Mark Peterson spoke to the report from the Council's meeting held on 10 August 2016, outlined in the report provided.

The meeting held, incorporated the Council's 6<sup>th</sup> Annual General Meeting and Chris McKenna and Mark were re-elected as co-chairs for 2016/17 year.

Papers supported were conveyed, as were other items considered by Council.

### Hawke's Bay Health Consumer Council

Graeme Norton Chair of Council advised the outcomes of their meeting held on 11 August 2016:

The "Complementary Therapies Policy" had been fully discussed and created opportunities for wider conversations around western medicine versus what matters to people, and what drives wellness.

A huge proportion (considered to be up to 40%) of the population take alternative medicines and use alternative providers. What was previously considered as alternative have now become main stream, whether they are evidence based or not.

### Appointment to HB Health Consumer Council

#### RECOMMENDATION

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

**Moved** Kevin Atkinson

**Seconded** Diana Kirton

**Carried**

### Māori Relationship Board (MRB)

Ngahiwi provided an overview of their meeting held on 10 August 2016, with several points noted including:

- The use of the HEAT tool as encouraged by MRB, when applied will reduce meeting time through ease of understanding and clarity at the outset.
- Following the Mental Health service presentation there were some surprises around the rate of Compulsory Treatment Orders (through the Mental Health Act). This and other matters raised would form the basis for a future MRB Workshop.
- Several members felt MRB should be multisectoral and this would be discussed further.



- The Health and Social Care Networks phase 2: It was noted that Wairoa should be driven by the local community for best results.

## FOR DECISION

### Health Partnerships – Shareholder Approval Request

Overview provided advising

HBDHB along with the 19 other DHBs nationally, are shareholders in NZ Health Partnerships Ltd. In accordance with the Shareholders Agreement, shareholders need to unanimously approve the Company's Annual Plan, Statement of Intent and Statement of Performance Expectations. An updated Heads of Agreement between NZ Health Partnerships Ltd and the District Health Boards, for the delivery of shared services to DHBs was also distributed for approval by all DHBs. These documents have been under development in consultation with DHBs, and whilst they have not been formally endorsed nationally, discussions and the work programme were proceeding well with the Company. It was noted on page 37 of the Annual Plan the heading / title: "Management Services" was missing.

It was noted that several documents were not aligned and were fairly mediocre in presentation, however following discussion the recommendation was endorsed by the Board.

#### RECOMMENDATION

**That the Board approve:**

1. NZ Health Partnerships Annual Plan 2016/17
2. NZ Health Partnerships Combined Statement of Intent 2016-20 and Statement of Performance Expectations 2016/17
3. NZ Health Partnerships Head Agreement.

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

### Community Based Pharmacy Services in HB

An overview of the content of the report was provided by Billy Allan (Chief Pharmacist), setting the scene to optimise the potential of pharmacy and how they complement the whole of health system.

It was noted that Clinical and Consumer Council were in favour of the Board supporting the recommendation sd being an instrumental step forward nationally.

- The Strategy was welcomed, as was NZ E-Prescription services as a key enabler which would commence in the community, in September 2016.
- Some of the key points raised at the meeting were covered on page 10 of the report provided.
- It was noted that Waiora did not have a weekend pharmacy service.

#### RECOMMENDATION

**That the Board:**

1. **Note** the content of this report.
2. **Note** the phased approach to implementation.
3. **Note** the stakeholder feedback (Appendix 3).

4. **Note** that new pharmacy services will only be possible if adequately funded to ensure the viability and sustainability of the services.
5. **Endorse** the Community Based Pharmacy Services in Hawke's Bay - strategic direction 2016-2020.

**Moved**            **Kevin Atkinson**  
**Seconded**      **Dan Druzianic**  
**Carried**

## **PRESENTATION**

### **Travel Plan Update**

An update was provided on progress with the travel plan since May 2016 which included the re-establishment of Steering Group meetings; establishment of working groups and the appointment of a Travel Plan Coordinator to implement and drive the programme forward with go-live planned for 1 February 2017.

Progress with HB Regional Council staff (provider of services via the GoBay Bus) have gone well with new services being introduced, at a reduced cost if you use a Smart Card. The new bus service will commence on 26 September 2016, with discussions around expanding free patient travel; and HBRC assisting with marketing and communications around the new service improvements. There has been interest resulting from the internal DHB promotion of the pending changes.

No response had been received to the query by the DHB to HDC around angle parking in McLeod Street. Andrea agreed to follow this up with HDC.

The Board were pleased that Clinical and Consumer Councils' were generally happy with progress.

## **FOR Monitoring**

### **Transform & Sustain Strategic Dashboard Q4 Apr-Jun 2016**

This report looked at the impact on strategy and for the first time we have figures in all vital areas. Next report will talk more about the analysis.

### **HBDHB Performance Framework Exceptions Report Q4**

Most of the performance areas had been covered in CEOs report.

- **HBDHB Performance Monitoring Dashboard Q3 2015/16 provided by MoH**

More update version from the website. The one presented shows us on the high level indicators shows overall HBDHB are performing reasonably well.

### **Annual Māori Plan Q4 Non-Financial Exceptions**

The report was reviewed and attention was drawn to the two Te Ara Whakawaiaora reports on Mental Health and Culturally Competent Workforces being reviewed with this days agenda.

- **Annual Maori Plan Q4 Dashboard 2015/16**

Positive feedback received on the new reporting layout

### **Te Ara Whakawaiaora/ Culturally Competent Workforce**

An overview of Midwifery, Allied and procedural changes made to the recruiting processes for Allied and the DHB were relayed to the board. Ngawhiwi Tomoana conveyed his thanks for the tremendous amount of drive and work done in this area.

### **Te Ara Whakawaiaora/ / Mental Health**

Allison Stephenson (Service Director) and Dr Simon Shaw spoke jointly to the report provided.

HB touched the national average line for mental health overall but the service was not being complacent.

Addictions are over represented in our population and the Board were advised the Mental Health service is again looking out into the community to ensure the right resources existed in the right places.

A Medical Officer with addictions experience was being sought to provide extra resource in this area.

The second indicator related to people being discharged with a discharge follow up plan, and the service at 30 June 2016 was at 100%. The target around 7 day contact prior to entry into the Mental Health Service and ensuring a face to face meeting 7 days after sits between 70-80%.

### **Human Resource KPIs Q4**

The newly appointed Acting HR Manager, Bridget Murphy introduced Jim Scott (Workforce Analyst). Areas summarised included:

- An overview of the detail around Staff Ethnicity representation was provided with a number of actions going forward noted, in the presentation around TAW Culturally Competent Workforce (above). A gap of 54 was noted at the end of quarter 4 as at 30 June 2016. Ethnicity comparisons with other DHBs will be included in future reporting.
- A close eye is being kept on annual leave balances. DHB comparisons on how others are managing in this area is being sought to ensure HBDHB are managing efficiently in this area.

### **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:

- 24. Confirmation of Minutes of Board Meeting - Public Excluded
- 25. Matters Arising from the Minutes of Board Meeting - nil
- 26. Board Approval of Actions exceeding limits delegated by CEO - nil
- 27. Chair's Report

Reports and Recommendations from Committee Chairs

- 28. Finance Risk and Audit Committee Report
- 29. HB Clinical Council

**Moved: Denise Eaglesome**

**Seconded: Peter Dunkerley**

**Carried**

The public section of the Board Meeting closed 4.00pm

**Signed:** \_\_\_\_\_  
**Chair**

**Date:** \_\_\_\_\_

## BOARD MEETING - MATTERS ARISING (Public)

Action No	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	30/3/16	<b>Te Ara Whakawaiaora / Breastfeeding:</b>  The Board wish to understand what other DHBs are doing and also to see where HB is benchmarked (including reasons and relative demographics).	Caroline McElnay	Sept	This has been included in the CEO's September Report this month.
2	27/7/16  31/8/16	<b>Under 19 Mental health Wait Target:</b>  Unidentified and unmet mental health needs in the community. Several board members (Denise and Heather) advised they would provide feedback on this directly to <a href="mailto:Allison.Stevenson@hbdhb.govt.nz">Allison.Stevenson@hbdhb.govt.nz</a>  Denise and Heather will provide feedback.	Sharon Mason	Aug  Sept	Ongoing  TBC
3	31/8/16	<b>Board Health &amp; Safety Champion:</b>  Helen Francis (Board H&S Champion) and the newly appointed Acting GM HR will meet to discuss this ongoing role.	Bridget Murphy	Sept	Meeting 28 September
4	31/8/16	<b>Fracture Clinic / Orthopaedic Dept near ED:</b>  Investigate options and opportunities of having this and a decision maker at the front door, near ED. Be mindful that the Urgent Care Alliance Project indicated they have considered options in this area.  Progressing with verbal updates to the Board in the interim.	Sharon Mason		A draft plan to be provided to the Health Services Leadership Team in November 2016.  Currently requirements are being assessed ie., volumes, timings of attendance, requirements for staffing and support, real estate, geography and design of the current process. Orthopaedic surgeons to agree to a process.



## HAWKE'S BAY DISTRICT HEALTH BOARD WORKPLAN

Meetings 2016	Papers and Topics	Lead(s)
8 Oct	<b>Election Day</b>	
26 Oct	Consumer Story New Patient Safety and Experience Dashboard Alcohol Mental Health Consolidation / Benefits Realisation HB Integrated Palliative Care (Draft) – FROM JULY Annual Report (Final) Final External Audit Report on agenda (P/excl) External Audit Engagement Arrangements Gastro Outbreak Review Report to the Board Urgent Care Change Proposal	Kate Coley Kate Coley Caroline / Rachel Ayre Sharon/Allison Stevenson Tim Evans / Mary Wills Tim Evans Tim Evans Tim Evans Kate Coley Mark Peterson
24 Nov	<b>HB Health Awards presentation evening</b>	
30 Nov	Consumer Story Draft Developing a Person Whanau Centred Culture Orthopaedic Review Closure of phase one Travel Plan (quarterly update) – verbal Tobacco – Annual Update on progress against Plan Family Violence – Strategy Effectiveness HB Integrated Palliative Care Annual Organisational Development Plan/Programme Endoscopy Project Build Update <b>Monitoring</b> Te Ara Whakawaiaora / Smoking (national Indicator) HBDHB Non-Financial Exceptions Report Q1 Jul-Sept 16 plus MoH dashboard Annual Maori Health Plan Q1 Jul-Sept 16 Transform and Sustain Strategic Dashboard Q1 Jul-Sept 16 Human Resource KPIs Q1 Staff Engagement Survey – any corrective actions	Kate Coley Kate Coley Andy Phillips Sharon Mason / Andrea Caroline /Penny Caroline McElnay Tim Evans / Mary Wills Bridget Murphy Sharon Mason / Trent  Caroline McElnay Tim Evans  Tim Evans / Tracee Tim Evans Bridget Murphy Bridget Murphy

2016	Papers and Topics	Lead(s)
14 Dec	Consumer Story HB Workforce Plan – Discussion Document (Dec 16 – final March 17) Annual Organisational Development Plan/Programme - draft Orthopaedic Review – Phase 2 draft Pasifika Health Leadership Group	Kate Coley Bridget Murphy Bridget Murphy Andy Phillips Caroline McElnay
2017	Papers and Topics	Lead(s)
22 Feb	Consumer Story Final Developing a Person Whanau Centred Culture Orthopaedic Review – phase 3 Draft Pasifika Health Leadership Group Qtly <b>Monitoring</b> HBDHB Non-Financial Exceptions Report Q2 Oct-Dec16 plus MoH dashboard Annual Maori Health Plan Q2 Oct-Dec16 Transform and Sustain Strategic Dashboard Q2 Oct-Dec16 Human Resource KPIs Q2 Te Ara Whakawaiaora / Access (local indicator) Te Ara Whakawaiaora / Cardiology (national indicator)	Kate Coley Kate Coley Andy Phillips Caroline McElnay  Tim Evans  Tim Evans Tim Evans Bridget Murphy Mark Peterson John Gommans
29 Mar	Consumer Story Pasifika Health Leadership Group HBDHB Workforce Plan – Final Travel Plan Update Te Ara Whakawaiaora / Breastfeeding (national indicator) Health and Social Care Networks (6 monthly update) NKII MoU Relationship Review	Kate Coley Caroline McElnay Bridget Murphy Sharon Mason Caroline McElnay Belinda Sleight Ken Foote / Tracee






## **CHAIR'S REPORT**

Verbal



 <b>HAWKE'S BAY</b> District Health Board Whakawāteatia	<b>Chief Executive Officer's Report</b>	<b>100</b>
	For the attention of: <b>HBDHB Board</b>	
Document Owner:	Dr Kevin Snee, Chief Executive Officer	
Reviewed by:	Not applicable	
Month: As at	21 September 2016	
Consideration:	For Information	

### Recommendations

#### That the Board

1. Note the contents of this report.

### INTRODUCTION

In August we managed the Campylobacter outbreak and this was discussed at last month's Board meeting. Now, three weeks later, the situation is very much back to business as usual for the DHB, whilst recognising that there are still a number of people who remain unwell as a consequence of the sequelae of the infection. We continue to work closely with Hastings District Council and Hawke's Bay Regional Council to investigate the cause of the outbreak and we welcome the National Inquiry that has recently been announced. There will be many lessons for us locally, and for New Zealand, moving forward.

This month we will present to the Board our work on improving Māori Health through encouraging breast feeding, our work with other local partners to develop our local economy, our overview of the work to improve the quality of our services, an update on the development of Health and Social Care Networks and the outcome of our tender process for Stage 4 of the renal development.

I have also attached feedback from the Target Champions nationally which highlights the areas in the Ministerial targets that we need to improve on at appendix 1.

**PERFORMANCE**

Measure / Indicator		Target	Month of August	Qtr to end August	Trend For Qtr
Shorter stays in ED		≥95%	93.6%	92.3%	▲
Improved access to Elective Surgery (2016/17YTD)		100%	96.6%	-	-
	<i>Waiting list</i>	<i>Less than 3 months</i>	<i>3-4 months</i>	<i>4+ months</i>	
	<i>First Specialist Assessments (ESPI-2)</i>	2,703	431	26	
	<i>Patients given commitment to treat, but not yet treated (ESPI-5)</i>	1,005	109	39	
Faster cancer treatment*		≥85%	72.0% (August 2016)	66.7% (6m to August 2016)	▲
Increased immunisation at 8 months (3 months to July)		≥95%	---	95.9%	▲
Better help for smokers to quit – Primary Care		≥90%	81.3% (Quarter 4, 2015/16)	---	▲
Better help for smokers to quit – Maternity		≥90%	89.0% (Quarter 4, 2015/16)	---	▲
Raising healthy kids (New)		≥95%	-	---	
More heart diabetes checks (This indicator is no longer a Health Target)		≥90%	88.5% (Quarter 4, 2015/16)	---	▼
Financial – month (in thousands of dollars)		(\$1,238)	(\$1,562)	---	---
Financial – year to date (in thousands of dollars)		(\$2)	(\$122)	---	---

\*Based on the expected annual cancer registrations for the DHB supplied by the Ministry, the DHB is expected to identify at least 228 people a year (19 a month) as patients with a high suspicion of cancer.

<i>Faster Cancer Treatment Expected Volumes v Actual</i>	<i>Target</i>	<i>Month Actual / Expected</i>	<i>Rolling 6m Actual / Expected</i>
	100%	25/19 = 131.6%	117/114 = 102.6%

Note: The Ministry of Health expectation for the number of people expected to be identified as high suspicion has been increased from 11.4 to 19 a month.

Performance this month shows an improvement in both our faster cancer treatment and shorter stays in ED, but we are still some way from where we need to be on both indicators. Our elective treatment is below plan for the month for a number of reasons, which includes staff sickness in key areas, increased cancer cases in general surgery taking up longer time in theatre, and the Campylobacter outbreak. I expect this to improve in the second quarter.

The financial result for the month was \$322 thousand below plan leaving a year-to-date adverse variance to plan of \$118 thousand. The adverse result for the month is largely due to the cost impacts of the Havelock North Gastro outbreak, a combination of high sick leave levels amongst our staff and the direct costs of managing the outbreak.

### **CONSUMER STORY**

This month's story highlights an excellent outcome and experience for a patient and his family achieved by primary and secondary working together, joined-up hospital services, and faultless communication.

### **QUALITY ACCOUNTS**

This month the Board is being asked to endorse the Quality Accounts and the accompanying Communications Plan. The draft has been reviewed and feedback incorporated and endorsed by the Māori Relationship Board, Clinical Council, Consumer Council, PHO Clinical Advisory Group and Executive Management Team (EMT). This is the fourth publication of the Quality Accounts, which was initiated in 2013 following the Health Quality & Safety Commission's (HQSC) guidance publication in July 2012 and the Ministry of Health's request that Quality Accounts be produced annually detailing our performance against both national and local quality and safety indicators. The Quality Accounts are predominantly aimed at our community.

### **HEALTH AND SOCIAL CARE NETWORKS**

The project has gained a new sponsor in Tracee Te Huia, General Manager Māori Health, who has been focusing on ensuring that those engaged in the development stages of the project understand and buy into the direction. An overarching Network Parameters paper is being written for EMT and Committees, with the intention to absolutely clarify what it is we are working to develop in a Network. This document, once submitted, will partner a Communications Plan, currently in draft. Terms of Reference and roles and responsibilities will be re-drafted for each group engaged in the development. These documents will further support the networks being developed in communities.

While we work on the governance of the project parameters, we continue to support Wairoa and Central Hawke's Bay. Each Network will be supported with information using completed Health Needs Assessments, Community Asset Mapping, Practice profiling, MSD community profiling and co-design process tools. Development and implementation stages will be monitored for interdependencies of other projects under the Transform and Sustain programme. Ensuring alignment of resource and effort is crucial to the success of Health and Social Care Networks.

### **REGIONAL ECONOMIC DEVELOPMENT STRATEGY**

The Regional Economic Development Strategy (REDS) for Hawke's Bay – Matariki - was launched by Government Ministers on 27 July 2016. This announcement was the culmination of nearly two years' work with broad and deep regional engagement. The outcome is an exciting vision for the whole Hawke's Bay region, a set of aspirational but achievable objectives, a fully engaged strategy, and a detailed action plan. The strategy is a work of strong partnership and high level collaboration between Māori and regional stakeholders.

The Strategy's focus is not simply on jobs, but also on providing career opportunities and pathways for our people, now and into the future. It attempts to encourage innovative and productive businesses that will create good, well-paying jobs and to create a positive and vibrant business culture where the rewards are great for those who have great business ideas. The strategy also needs to be seen in tandem with the Strategy for Social Inclusion which will be drafted before Christmas 2016.

#### **RENAL PROJECT STAGE FOUR**

The business case for Stages 3 and 4 of the Renal Project was to establish a consolidated renal service on one site to take the service through to 2017-2020, dependent on growth rates. Stage 3 included the construction of a new in-centre dialysis centre and this was completed in 2012-13.

Stage 4 of the business case, which was approved by the Board in September 2015, is the consolidation of the critical resources team on one site which will lead to improvements in clinical care via all services being available on a single site. It also involves the refurbishment of the east wing of Ballantyne House and construction of a new wing to accommodate the administration, outpatient and community services from Renal House at 400 Omaha Road.

Tenders have been received and evaluated, and Board approval is now sought for the appointment of the contractor for the refurbishment and construction work. This work is scheduled to be completed in January/February 2018.

#### **TE ARA WHAKAWAIORA / BREASTFEEDING (NATIONAL INDICATOR)**

An action from our March meeting was to provide the Board with further detail as to what other DHBs were doing to meet the Ministry of Health's targets for breastfeeding and understand how Hawke's Bay is benchmarked in comparison.

The attached report at appendix 2 provides:

- A comparative analysis of data across three DHBs
- A comparison of breastfeeding services across three DHBs
- Demographic comparison
- Recommendations

#### **SUMMARY**

In summary, our health system dealt well with an outbreak of enormous magnitude in August and normal business for many of us was set to one side. We are now back in to business as usual and addressing many of the familiar challenges.



## Office of Hon Dr Jonathan Coleman

Minister of Health  
Minister for Sport and Recreation  
Member of Parliament for Northcote



Appendix 1

8.1

Mr Kevin Atkinson  
Chair  
Hawke's Bay District Health Board  
Corporate Office  
Private Bag 9014  
HASTINGS 4156

Dear Kevin

Quarter four health target results are now finalised. The *more heart and diabetes checks* health target goal of 90 percent was met again in the final quarter of this health target, with a national result of 91 percent. This represents a notable increase from 46 percent when the target began in 2012.

The *improved access to elective surgery* target has also been met again this quarter and both the hospital and maternity components of the *better help for smokers to quit* target have also been met.

Unfortunately the pace of improvement in relation to the *faster cancer treatment* target remains concerning, particularly given the reduction in the national result this quarter to 74 percent. Our target goal is to achieve 85 percent from next quarter therefore considerable improvement in performance continues to be required.

To optimise patient outcomes it is important that your clinicians are involved in planning, service delivery, and on-going service improvement activity. Ensuring meaningful local health target data is shared throughout your organisation supports clinical involvement. Many DHBs have not routinely embedded local data sharing processes and as a result clinicians may not be aware of what the DHB's health target performance means for their patients. I will be asking the Ministry to check with you that routine sharing of specific local data is the norm for your DHB.

The national quarter four results for the other health targets are:

- The *shorter stays in emergency departments* target result remains at 94 percent
- The *increased immunisation* target results remains at 93 percent
- The *better help for smokers to quit* target result has improved to 88 percent.

Although your DHB achieved the *improved access to elective surgery* and *increased immunisation* health targets this quarter, please ensure your target results improve in relation to the *faster cancer treatment* and *better help for smokers to quit* targets and improvements are also made in the delivery of the *more heart and diabetes checks* goal as we move into 2016/17.

I am pleased you have achieved your *improved access to elective surgery* health target in 2015/16. However, there is a significant increase in activity required in 2016/17 both for the health target and other electives priorities such as the Additional General Surgery and Orthopaedics Initiative. I am looking forward to seeing early focus on delivery to ensure plans are met throughout the year, and that patients are seen or treated within four months, ensuring timely access for patients is maintained.

Performance in relation to the *more heart and diabetes checks* health target goal will continue to be monitored as a DHB accountability measure and the target goal will be included in service coverage requirements so that gains made from our focus on this target continue to benefit our population.

As you are aware, the new *raising healthy kids* health target commenced on 1 July 2016. The baseline of 28 percent from the period prior to the target's introduction shows we have much to improve on as we support children and families to achieve better outcomes. I look forward to seeing strong early progress towards this target.

Feedback on your DHB's results across all health target areas is provided by the Ministry's Target Champions in appendix one. More detailed results are provided in appendix two.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Jonathan Coleman', followed by a period.

Hon Dr Jonathan Coleman  
**Minister of Health**

cc: Dr Kevin Snee, Chief Executive, Hawke's Bay District Health Board  
PHO Chairs  
PHO CEOs



## **Appendix one - Feedback from Target Champions on your results for the quarter**

### **Angela Pitchford, Target Champion, Shorter stays in emergency departments**

I am disappointed that Hawke's Bay DHB's performance dropped this quarter.

It was unfortunate that I had to cancel my visit to your DHB in May. However, I look forward to visiting in the near future to discuss the DHB's challenges in regard to this target, the new initiatives that the DHB is implementing and the recommendations provided by Carol Limber and the Francis Group.

### **Clare Perry, Target Champion, Improved access to elective surgery**

Hawke's Bay DHB has continued to perform strongly during quarter four and has achieved its 2015/16 *improved access to elective surgery* health target. For the full year, 7469 people have been provided with elective surgery, which is 360 discharges (5 percent) more than planned. Well done, and thank you for all the work to provide additional surgery for your population.

While the DHB has achieved well in the health target, not all available elective surgical funding was accessed for your population this year. We note the positive discussions and plans to ensure full uptake in 2016/17.

### **Andrew Simpson, Target Champion, Faster cancer treatment**

I am concerned that Hawke's Bay DHB has not been able to recover from the drop in achievement last quarter, maintaining a result of 63 percent, which places the DHB second to bottom of the DHB rankings. I appreciated the opportunity to teleconference with your *faster cancer treatment* (FCT) leads in May and review your updated FCT Recovery Plan in June 2016. I was encouraged by the recognition that a whole-of-team approach is needed, with the appointment of a new clinical lead Dr Elaine White, as well as the commitment to prospective tracking to improve visibility of patients and support more active pathway management. As discussed at the national FCT Forum on 3 August 2016, it is crucial that DHBs have a focussed plan of activity to achieve FCT that is supported with dedicated resource and a strong mandate through governance and clinical leadership. With the 85 percent target due to be achieved from next quarter (quarter one 2016/17) it is important that Hawke's Bay DHB achieves and sustains improved progress in this target.

### **Pat Tuohy, Target Champion, Increased immunisation**

The infant immunisation results for Hawke's Bay DHB have been outstanding in 2015/16, with the 95 percent target having been met for both the DHB's overall population and Māori population in three of four quarters. The PHO has produced similarly good results. Please pass on our thanks to your team.

### **John McMenamin, Co-Target Champion, Better help for smokers to quit**

Hawke's Bay DHB's result for the quarter four primary care target is 81.3 percent, although the target was not met, this is an increase of 3.7 percent from last quarter. Hawke's Bay DHB and Health Hawke's Bay Limited PHO did not achieve the target and the DHB was the second lowest performing DHB.

Please continue to improve efforts to give brief advice and offer cessation support to all PHO enrolled smokers and achieve the target. As the Target Champion, I was pleased to meet with the DHB recently to discuss ways of improving the target result and addressing barriers. I continue to be available to provide support as required.

I note the hospital target was achieved this quarter, but the maternity target was not met. I look forward to seeing Hawke's Bay DHB achieve all three targets in future.

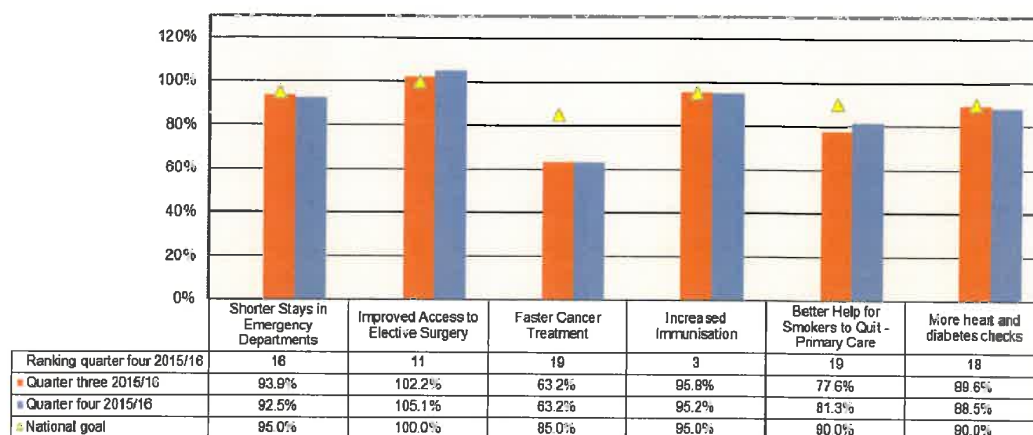
**Bryn Jones, Target Champion, More heart and diabetes checks**

Regrettably the DHB's result is 88.5 percent and the coverage goal has not been retained this quarter. While it is good that the DHB is signalling a focus on management to practices, it should also maintain its focus on cardiovascular risk assessments/early identification. Please continue to focus on early identification as well as risk factor management for your priority populations (especially young Māori men). Keep in mind that cardiovascular risk assessments will continue as an accountability measure and will be available for selection as a contributory measure within the System Level Measures framework. Also ensure the DHB is looking at the linkages between early identification, risk factor management and acute demand.

## Appendix two

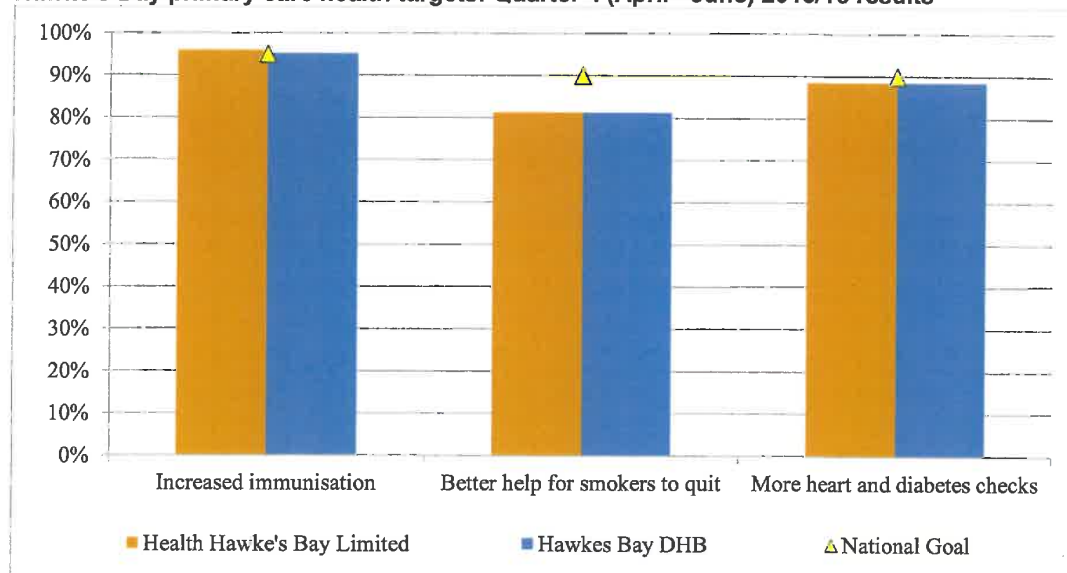
Quarter four 2015/16 results for your DHB

### Hawke's Bay health targets quarter four 2015/16 results



Quarter four 2015/16 PHO results for the PHOs operating within your DHB

### Hawke's Bay primary care health targets: Quarter 4 (April - June) 2015/16 results



	Increased immunisation <sup>1</sup>	Better help for smokers to quit	More heart and diabetes checks
Health Hawke's Bay Limited	96%	81%	88%
Hawke's Bay DHB	95%	81%	88%
National Goal	95%	90%	90%

(1) The PHO coverage for increased immunisation only includes those 8-month-olds that are enrolled in a PHO. Consequently the DHB coverage will be different to the combined PHO coverage.



## APPENDIX 2

## Te Ara Whakawaiaora: Breastfeeding (National Indicator) Update

## BACKGROUND

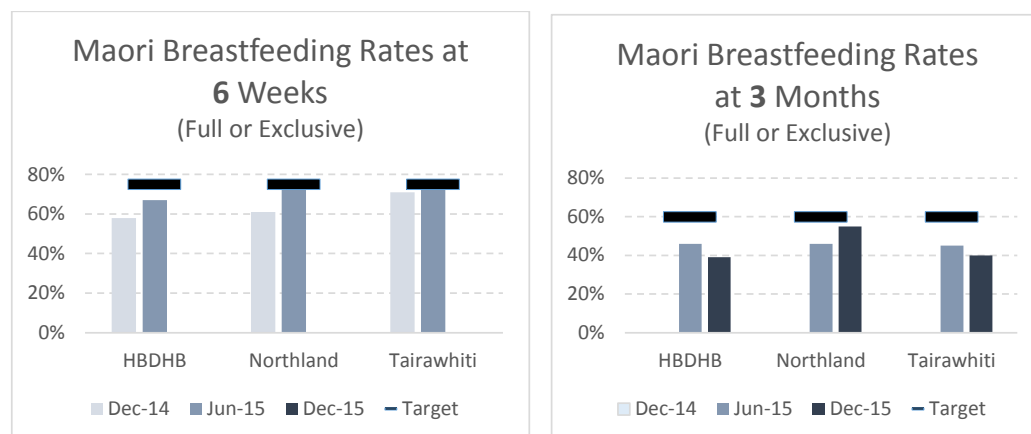
Breastfeeding research identifies that several common factors impact on a women's breastfeeding experience; the influence of a women's whānau; conflicting breastfeeding advice and insensitive cultural practices by health professionals; early breastfeeding issues and negative community and societal responses to breastfeeding. Work is well underway through the local breastfeeding forums at operational and strategic levels to embed consistent, culturally appropriate breastfeeding messaging and practices across the health, social support workforce and the wider whānau and community.

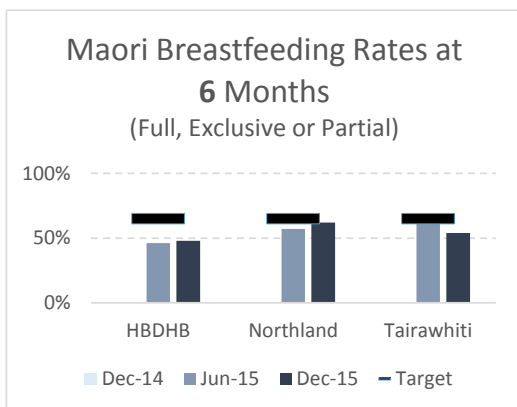
A whānau focused breastfeeding/safe sleep and smokefree resource has been jointly developed, and recently launched, with a well-known Māori midwife (Amy Wray). Amy is a lactation consultant and developer of MOH-endorsed Mama Aroha Breastfeeding talkcards. This resource is now available to every women and her whānau birthing at HBDHB and will be distributed as an education tool through the safe sleep community coordinator working particularly with Māori.

## COMPARATIVE ANALYSIS

HBDHB has compared the most recent breastfeeding data and support services available for the HBDHB, Tairāwhiti and Northland DHBs. Recommendations for service development in HBDHB have been drawn from these DHBs as they have the highest Māori breastfeeding rates across comparative DHBs.

Until recently, only Plunket data was available to DHBs with the exception of DHB-funded Well Child/Tamariki Ora provider data. DHBs now have a more accurate picture of breastfeeding. With time this picture will improve.






Nationally there is a significant drop in breastfeeding rates between 6 weeks and 3 months

### SERVICE COMPARISON ACROSS DHBS

The table below compares DHB-funded breastfeeding services across Tairāwhiti, Northland and Hawke's Bay DHBS.

DHB	Community Based Support Services	Hospital Support Services	Key Differences
<b>HBDHB</b>	<b>Baby Café</b> Lactation consultant provides support in community-based clinic 3 x 2 hour sessions weekly 2 x Hastings sessions 1 x Napier session  <b>Choices</b> <i>1 FTE including:</i> <ul style="list-style-type: none"> <li>Coordination of Breastfeeding Community Initiative – Peer counsellor training/promotion of breastfeeding</li> <li>Piri paua breastfeeding peer support programme</li> </ul>	<b>0.9 FTE Breastfeeding Advisor</b> <ul style="list-style-type: none"> <li>Coordinates Baby Friendly Breastfeeding hospital initiative for HBDHB</li> <li>Coordinate and facilitate Baby Café</li> <li>Clinical Breastfeeding resource for HBDHB (by referral only)</li> <li>Minimal time available to provide clinical Breastfeeding support on the ward</li> <li>Facilitates antenatal breastfeeding class, x 1 monthly</li> </ul>	Breastfeeding Advisor role is predominantly an advisory role, coordinating, auditing and providing training requirements, rather than a practical clinical hands on breastfeeding role on the ward or in the community
<b>Tairāwhiti</b>	No specific DHB funded community support available.	1:1 / 1:2 patient to midwife ratio	<ul style="list-style-type: none"> <li>There is no allocated FTE for breastfeeding, 5 maternity ward staff members are trained lactation consultants</li> <li>Considerably lower birth-rate than HBDHB enabling intensive breastfeeding support on ward prior to discharge</li> </ul>

DHB	Community Based Support Services	Hospital Support Services	Key Differences
<b>Northland</b>	<b>Dedicated Breastfeeding Support Service (Community/Hospital)</b> 		
	Community clinic provided 5 days weekly x 4 hours daily. Co-located with other services e.g.; New Born Hearing Screening/child birth education/LMC clinics (transport available)	Service employs 1.7 FTE lactation consultant with additional flexi-lactation consultant time available if required. Lactation consultant's key role is to provide "hands on" breastfeeding support for every women on the maternity ward/ Paediatrics/SCBU (with follow-up breastfeeding plan development as required)	<ul style="list-style-type: none"> <li>Funding of a comprehensive hospital and community-based breastfeeding support service</li> <li>Additional 1.7 FTE lactation consultant focusing mainly on "hands on" clinical breastfeeding support</li> <li>BFHI and education/training responsibilities for Northland DHB shared across 1.7 FTE lactation consultant and maternity clinical leadership role. HBDHB breastfeeding advisor completes all BFHI required responsibilities</li> </ul>

**Key points:**

- Both Northland and Tairāwhiti DHBs offer more intensive lactation consultant 1:1 breastfeeding support on the ward prior to discharge. This is enabled by Northland having increased lactation consultant FTE (and the lactation consultant's primary focus being on "hands on" support), and Tairāwhiti's lower patient to staff ratio.
- Northland has a dedicated comprehensive hospital and community- based breastfeeding support service, co-location of other related health and social services enhances access to breastfeeding support in the community.
- Northland shares Breastfeeding Hospital Initiative responsibilities across three clinical roles, this work currently takes up approximately 60% of the HBDHB breastfeeding advisors time.

**DEMOGRAPHIC COMPARISON**

DHB	HBDHB	Northland	Tairāwhiti
Usually resident population living in most deprived areas	27%	37%	46%
% of women aged 15-49 years who are Māori	30.3%	40.2%	56 %
% of Māori women giving birth under 25 years	50%	47.3%	46.4%
% of women giving birth who are Māori	37%	49%	58.8%
% of usually resident population living in rural areas	13%	48.9%	25.2%


Sources: Statistics NZ; NMDS; University of Otago

## **CONCLUSION**

Northland DHB's Māori breastfeeding rates demonstrate the DHB's commitment to breastfeeding through the investment in, and provision of comprehensive, accessible and timely breastfeeding support services. To address Māori breastfeeding rates at a local level, the HBDHB Māori health Programme Manager and Women, Child and Youth Portfolio Managers have worked together to jointly develop a draft Breastfeeding Support Service model based on learnings from Northland and with local consumer and stakeholder input.

This model would offer hospital-based lactation consultant support, community clinics and home visits. With focus on developing strong relationships and providing consistent messages, the HBDHB breastfeeding support service aims to provide appropriate effective, timely breastfeeding support. Key differences would include; the development of a breastfeeding peer support role which will sit alongside the lactation consultant coordinating the service and offer home visits thereby removing any barriers to access. Feedback on this draft will be sought through the local stakeholder breastfeeding forums with funding sought through the 2017/18 budget bid process.



 <b>HAWKE'S BAY</b> District Health Board Whakawāteatia	<b>Financial Performance Report, August 2016</b>	<b>101</b>
	For the attention of: <b>HBDHB Board and the Finance Risk &amp; Audit Committee (FRAC)</b>	
Document Owner:	Tim Evans, GM Planning, Informatics & Finance	
Document Author(s):	Finance Team	
Reviewed by:	Executive Management Team	
Month:	September 2016	
Consideration:	For Information	

### RECOMMENDATION

**That the HBDHB Board and Finance Risk & Audit Committee**

Note the contents of this report

## 1. GM Planning Informatics & Finance comments

### Financial performance

Our result for the month of August is an adverse variance of \$322 thousand making a year to date adverse variance result of \$118 thousand. The current direct cost impact in the month from the Gastro event is \$379 thousand including the cost impact due to staff illness estimated at \$216 thousand.

## 2. Resource Overview

	August				Year to Date				Year End Forecast	Refer Section
	Actual	Budget	Variance		Actual	Budget	Variance			
	\$'000	\$'000	\$'000	%	\$'000	\$'000	\$'000	%		
Net Result - surplus/(deficit)	(1,561)	(1,239)	(322)	-26.0%	(120)	(2)	(118)	-5795.8%	5,000	3
Contingency utilised	250	250	-	0.0%	500	500	-	0.0%	3,000	8
Quality and financial improvement	658	1,083	(425)	-39.3%	1,522	2,169	(647)	-29.8%	13,000	11
Capital spend	568	1,753	(1,185)	-67.6%	1,052	3,506	(2,454)	-70.0%	22,042	16
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,156	2,215	59	2.7%	2,182	2,179	(3)	-0.2%	2,197	5 & 7
	CWD	CWD	CWD	%	CWD	CWD	CWD	%	CWD	

The adverse variance for August comprises: additional MOH income; donations, the initial cost impact of the Havelock Water event, delays in implementing some new investment projects and some financial savings programs not delivering to plan.

We have not used any of the contingency funds.

Revenue Banking funds have been applied to the following EMT approved programs

	\$000'S
Revenue Banking	<u>\$4,200</u>
Being utilised for	
Additional Surplus MoH agreed	-\$ 500
Feasibility Studies	-\$ 600
Elective Surgery delivery costs	-\$1,942
Melanoma and oncology treatments	<u>-\$ 295</u>
Revenue Banking reserve	\$ 863

Quality and Financial Improvement (QFI) programme savings are running behind plan due to timing differences with some plans expected to deliver their savings later in the year.

Capital spend is behind plan. A number of projects have not started at the estimated times projected in the capital plan, and later than planned purchase of some large clinical equipment items going through the trial process has also impacted timing.

The FTE variance year to date reflects high patient volume in some areas, efficiencies not yet achieved, unbudgeted leave cover including long term sick leave, and cover for employees undergoing training.

Case weighted discharges have not been included this month. The price volume schedule (payments between the funder and provider arms) is being changed, and the change affects the availability of case weighted discharge volumes. Volumes are expected to be available from the next quarter.

### 3. Financial Performance Summary

\$'000	August				Year to Date				Year End Forecast	Refer Section
	Actual	Budget	Variance		Actual	Budget	Variance			
Income	68,117	67,394	723	1.1%	135,247	134,392	855	-0.6%	810,845	4
Less:										
Providing Health Services	22,417	21,409	(1,008)	-4.7%	41,207	40,432	(775)	-1.9%	245,558	5
Funding Other Providers	43,539	43,603	65	0.1%	85,659	85,503	(156)	-0.2%	505,212	6
Corporate Services	3,649	3,381	(267)	-7.9%	8,106	7,826	(280)	-3.6%	48,422	7
Reserves	73	239	165	69.2%	396	634	238	37.5%	6,653	8
	(1,561)	(1,239)	(322)	26.0%	(120)	(2)	(118)	5795.8%	5,000	

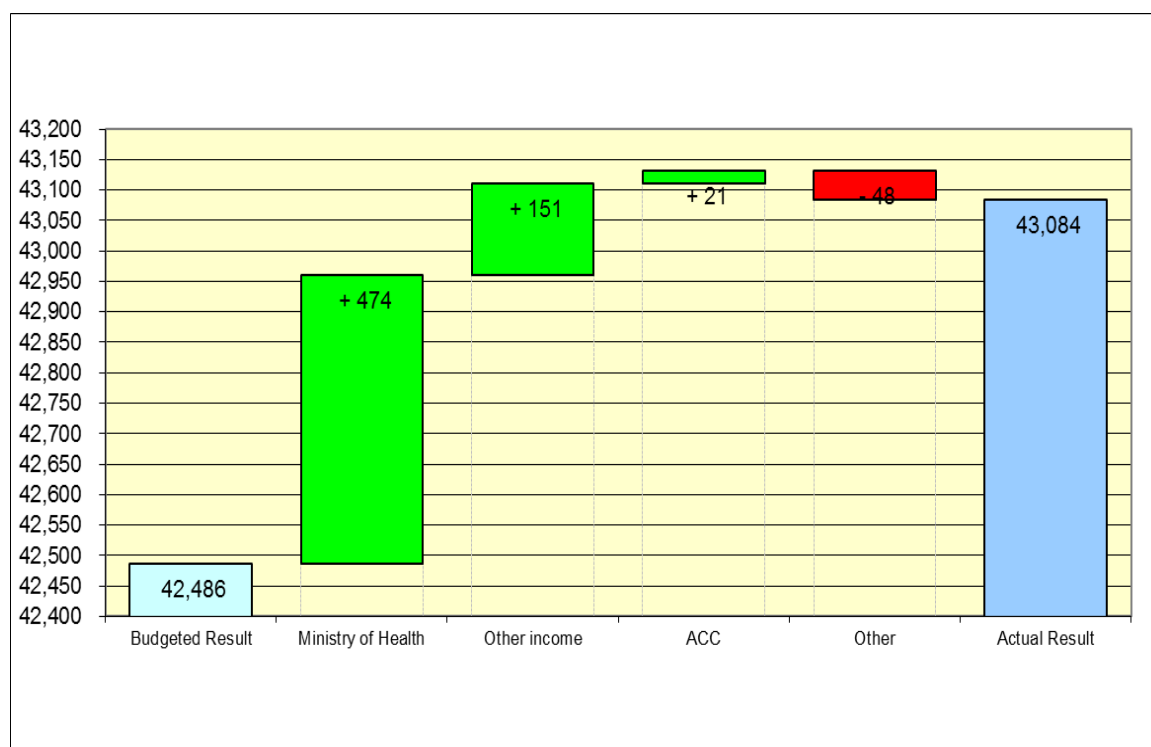
Additional MOH income, donations, delayed transform and sustain/new investment expenditure offset by costs of the Gastro outbreak

## 4. Income

*Excludes transfers between the Funder and Health Services*

Excludes transfers between the Fund and Health Services									
\$'000	August				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Ministry of Health	41,027	40,482	544	1.3%	83,150	82,455	695	0.8%	507,930
Inter District Flows	628	629	(1)	-0.1%	1,257	1,257	(1)	-0.1%	7,545
Other District Health Boards	345	334	12	3.6%	610	667	(57)	-8.5%	4,004
Financing	71	80	(9)	-10.9%	94	161	(67)	-41.5%	885
ACC	514	493	21	4.4%	1,040	985	54	5.5%	5,980
Other Government	14	18	(3)	-18.5%	81	86	(4)	-5.2%	444
Patient and Consumer Sourced	83	122	(39)	-31.8%	187	242	(54)	-22.4%	1,447
Other Income	481	330	151	45.8%	841	674	167	24.7%	4,140
Abnormals	(80)	0	(80)		(10)	0	(11)		67
	43,084	42,486	598	1.4%	87,250	86,528	722	0.8%	532,441

### August Income

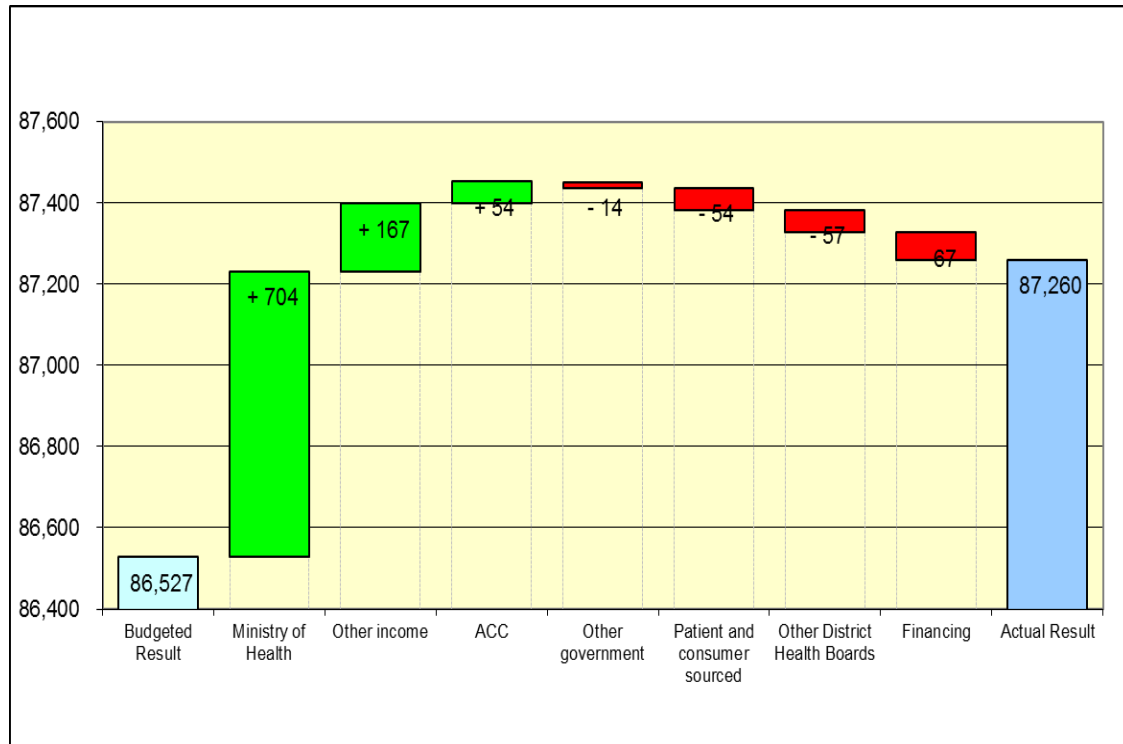


*Note the scale does not begin at zero*

**Ministry of Health** (favourable)  
Additional funding for high cost patient.

**Other Income** (favourable)  
Donations.

## August YTD



### Ministry Of Health

Funding for a high cost patient and funding for the outpatient redesign project.

### Other income

Largely donations

### Patient and Consumer Sourced

Non-resident income behind plan

### Other District Health Boards

Tairāwhiti DHB pharmaceutical revenue offset by pharmaceutical drug cost reduction

### Financing

Lower than planned interest revenue

## 5. Providing Health Services

	August				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type \$'000									
Medical personnel and locums	5,219	4,864	(355)	-7.3%	8,744	9,183	439	4.8%	57,452
Nursing personnel	6,308	6,285	(23)	-0.4%	12,045	11,578	(466)	-4.0%	73,023
Allied health personnel	2,820	2,943	122	4.2%	5,305	5,513	208	3.8%	32,931
Other personnel	1,908	1,882	(25)	-1.3%	3,792	3,502	(289)	-8.3%	20,958
Outsourced services	652	808	157	19.4%	1,174	1,538	363	23.6%	9,153
Clinical supplies	3,750	3,038	(712)	-23.4%	6,778	5,926	(852)	-14.4%	32,743
Infrastructure and non clinical	1,760	1,589	(171)	-10.8%	3,369	3,192	(177)	-5.5%	19,298
	22,417	21,409	(1,008)	-4.7%	41,207	40,432	(775)	-1.9%	245,558
Expenditure by directorate \$'000									
Acute and Medical	5,930	5,582	(348)	-6.2%	10,943	10,437	(506)	-4.8%	65,361
Surgical Services	4,993	4,690	(303)	-6.5%	9,169	8,834	(336)	-3.8%	54,452
Women Children and Youth	1,761	1,693	(68)	-4.0%	3,373	3,186	(186)	-5.9%	19,594
Older Persons & Mental Health	3,006	2,885	(121)	-4.2%	5,488	5,436	(52)	-1.0%	33,269
Rural, Oral and Community	1,971	1,895	(76)	-4.0%	3,764	3,613	(151)	-4.2%	21,852
Other	4,756	4,665	(91)	-2.0%	8,470	8,926	456	5.1%	51,031
	22,417	21,409	(1,008)	-4.7%	41,207	40,432	(775)	-1.9%	245,558
Full Time Equivalents									
Medical personnel	300.5	309.6	9	3.0%	301	305	4	1.4%	307.9
Nursing personnel	889.3	892.3	3	0.3%	893	872	(21)	-2.4%	894.0
Allied health personnel	429.5	456.4	27	5.9%	432	451	20	4.4%	447.5
Support personnel	125.7	126.7	1	0.8%	131	126	(6)	-4.5%	126.6
Management and administration	242.5	250.6	8	3.2%	255	247	(8)	-3.2%	244.9
	1,987.5	2,035.5	48	2.4%	2,012	2,001	(11)	-0.5%	2,020.9

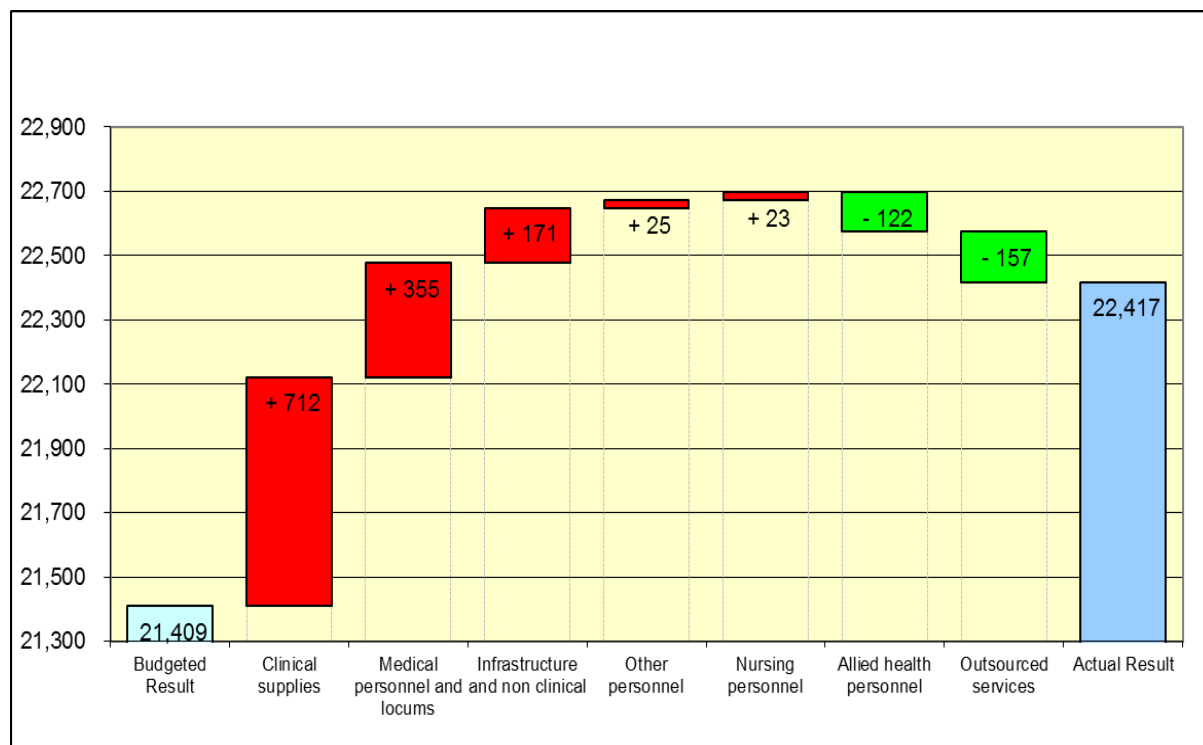
The overspend for this month is made up of four main issues

1. \$151 thousand of the overspend has been offset by additional revenue.
2. Impact of the Gastro outbreak on staff sickness, clinical supplies and ICU staffing \$334 thousand
3. Unachieved efficiencies of \$448 thousand reflected in clinical supplies
4. Other cost overruns particularly medical locums.

### Directorates

- Acute & Medical results is impacted by the Gastro Outbreak (mainly additional ICU occupancy which is 12% above this time last year), additional revenue received sick leave, additional immunology drugs, unachieved efficiencies and additional nursing costs to manage acute demand.
- Surgical overspend is due to locums doctors employed in Anaesthetics, Orthopaedics and General Surgeons, lower than planned non-resident revenue, outsourced costs favourable to plan and unachieved efficiencies
- Women Children and Youth is an unbudgeted registrar required for roster compliance, unachieved efficiencies and acute demand on our midwifery service
- Rural Oral and Community over expenditure is all offset by additional ACC revenue.

## August Expenditure



*Note the scale does not begin at zero*

### Clinical Supplies (unfavourable)

Gastro outbreak related supply costs, immunosuppression pharmaceuticals, pharmacy sales, unachieved efficiencies, operating lease, disposable theatre instruments, patient transport, child health promotion costs, diagnostic supplies.

### Medical personnel and locums (unfavourable)

Locum costs in ED, Radiology, Anaesthetics, Orthopaedics, General Surgery, Psychiatry, Wairoa GP and Pathology partially offset by vacancies, additional house surgeons and registrars to cover for study leave.

### Infrastructure and Non clinical (unfavourable)

Provision for doubtful debts, 2015-16 final fees for FGI, unachieved efficiencies, Wairoa maintenance, feasibility costs, service contracts and Labs quality assurance.

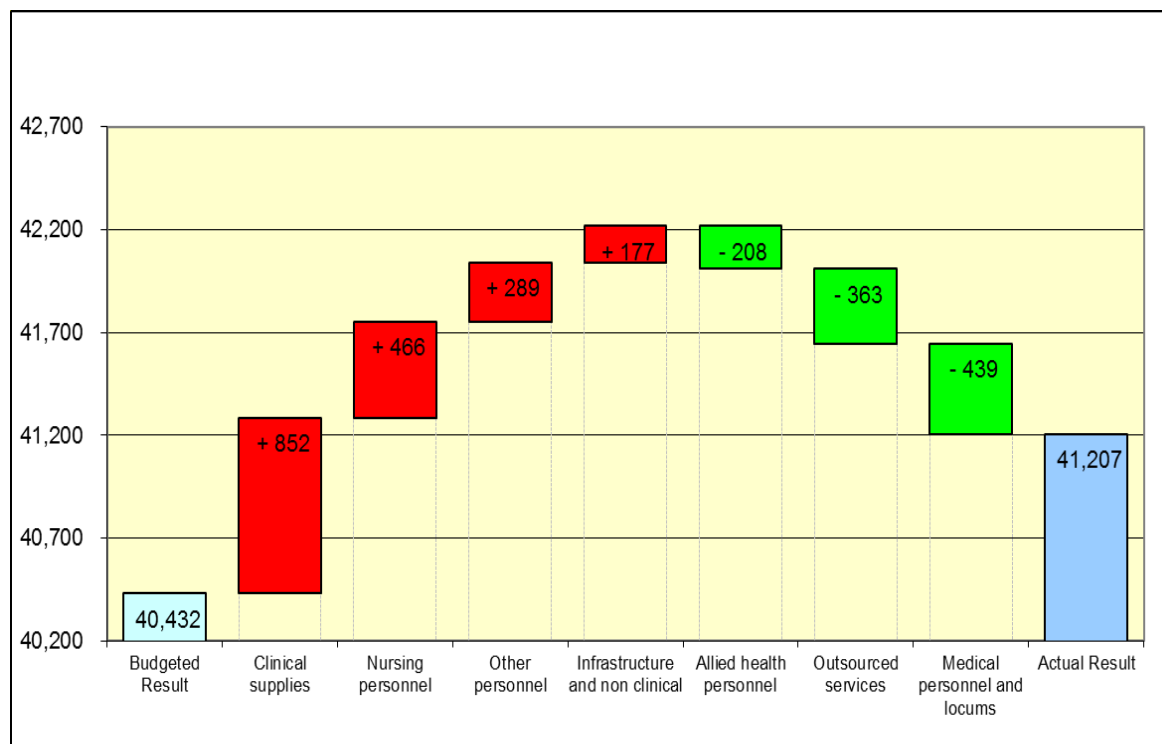
### Allied Health personnel (favourable)

Vacancies

### Outsourced Services (favourable)

Radiology offsite reporting and outsource to Royston are favourable against plan offset by higher packages of mental health care and efficiencies not achieved.

## August YTD Expenditure



### Clinical Supplies (unfavourable)

Unachieved efficiencies, Gastro outbreak costs and pharmaceutical drug costs.

### Nursing Personnel (unfavourable)

High volumes of patients, efficiencies not yet achieved, and leave provisioning.

### Other personnel (unfavourable)

Payments to retiring staff, efficiencies not yet achieved, and higher staffing in reception and health records.

### Infrastructure and Non clinical (unfavourable)

Provision for doubtful debts, 2015-16 final fees for FGI, unachieved efficiencies, Wairoa maintenance, feasibility costs, service contracts and Labs quality assurance.

### Allied Health personnel (favourable)

Vacancies

### Outsourced Services (favourable)

Radiology offsite reporting and outsource to Royston are favourable against plan offset by higher packages of mental health care and efficiencies not achieved.

### Medical personnel and locums (favourable)

Includes release of a provision for allowance payments, and the reversal of continuing medical education provisions due to the retirement of a number of senior medical officers offset by additional locum costs.

## **Full time equivalents (FTE)**

FTEs are 48 favourable in August, (11) over plan for the year to date including:

**Medical personnel** 9 FTE 3% favourable, YTD 4FTE 1.4% favourable

- Vacancies covered by locums

**Nursing personnel** 3 FTE 0.3% favourable, YTD -21FTE -2.4% unfavourable

- Partly driven by efficiencies not yet achieved (savings have been budgeted from the beginning of July, however the actual realisation of savings may be more gradual). High workloads in certain areas including: ED, A1 and B2 medical wards, maternity, the surgical overflow ward (unbudgeted), and SCBU in July.

**Allied Health Personnel** 27 FTE 5.9% favourable, YTD 20FTE 4.4% favourable

- Vacancies in most groups

**Management and administration personnel** 8 FTE 3.2% favourable, YTD -8FTE -3.2% unfavourable

- High workloads in reception, health records and secretarial services. Hours related retirement payments.

**Support personnel** 1 FTE 0.8% favourable, YTD -6FTE -4.5% unfavourable

- Leave cover, long term sick leave, and training, mainly impacting on orderlies, security and kitchen assistants.



## MONTHLY ELECTIVE HEALTH TARGET REPORT

### YTD To August 2016

Plan for 2016/17	On-Site	Outsourced	IDF Outflow	TOTAL
Non Surgical - Arranged	70		0	70
Non Surgical - Elective	187		0	187
Surgical - Arranged	390		307	697
Surgical - Elective	5,003	788	629	6,420
<b>TOTAL</b>	<b>5,650</b>	<b>788</b>	<b>936</b>	<b>7,374</b>

		YTD August 2016			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	34	34	0	0.0%
	ENT	93	100	-7	-7.0%
	General Surgery	129	156	-27	-17.3%
	Gynaecology	118	86	32	37.2%
	Maxillo-Facial	25	33	-8	-24.2%
	Ophthalmology	161	180	-19	-10.6%
	Orthopaedics	174	155	19	12.3%
	Skin Lesions	33	30	3	10.0%
	Urology	83	76	7	9.2%
	Vascular	34	24	10	41.7%
	Surgical - Arranged	90	84	6	7.1%
	Non Surgical - Elective	13	32	-19	-59.4%
	Non Surgical - Arranged	6	11	-5	-45.5%
<b>On-Site</b>	<b>Total</b>	<b>993</b>	<b>1001</b>	<b>-8</b>	<b>-0.8%</b>
Outsourced	Cardiothoracic	0	8	-8	-100.0%
	ENT	25	19	6	31.6%
	General Surgery	37	38	-1	-2.6%
	Gynaecology	6	5	1	20.0%
	Maxillo-Facial	4	6	-2	-33.3%
	Neurosurgery	0	3	-3	-100.0%
	Ophthalmology	0	5	-5	-100.0%
	Orthopaedics	1	10	-9	-90.0%
	Paediatric Surgery	0	1	-1	-100.0%
	Urology	15	9	6	66.7%
	Vascular	5	7	-2	-28.6%
	Surgical - Arranged	0	0	0	0.0%
	Non Surgical - Elective	0	0	0	0.0%
	Non Surgical - Arranged	0	0	0	0.0%
<b>Outsourced</b>	<b>Total</b>	<b>93</b>	<b>111</b>	<b>-18</b>	<b>-16.2%</b>
IDF Outflow	Cardiothoracic	11	12	-1	-8.3%
	ENT	4	7	-3	-42.9%
	General Surgery	3	8	-5	-62.5%
	Gynaecology	7	3	4	133.3%
	Maxillo-Facial	27	35	-8	-22.9%
	Neurosurgery	13	7	6	85.7%
	Ophthalmology	4	5	-1	-20.0%
	Orthopaedics	5	2	3	150.0%
	Paediatric Surgery	7	8	-1	-12.5%
	Skin Lesions	4	12	-8	-66.7%
	Urology	5	1	4	400.0%
	Vascular	2	2	0	0.0%
	Surgical - Arranged	17	48	-31	-64.6%
	Non Surgical - Elective	18	0	18	0.0%
	Non Surgical - Arranged	6	0	6	0.0%
<b>IDF Outflow</b>	<b>Total</b>	<b>133</b>	<b>150</b>	<b>-17</b>	<b>-11.3%</b>
<b>TOTAL</b>		<b>1219</b>	<b>1262</b>	<b>-43</b>	<b>-3.4%</b>

		August 2016			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	20	20	0	0.0%
	ENT	61	55	6	10.9%
	General Surgery	71	85	-14	-16.5%
	Gynaecology	64	48	16	33.3%
	Maxillo-Facial	11	18	-7	-38.9%
	Ophthalmology	78	105	-27	-25.7%
	Orthopaedics	73	87	-14	-16.1%
	Skin Lesions	23	18	5	27.8%
	Urology	46	42	4	9.5%
	Vascular	18	14	4	28.6%
	Surgical - Arranged	45	36	9	25.0%
	Non Surgical - Elective	6	19	-13	-68.4%
	Non Surgical - Arranged	4	5	-1	-20.0%
<b>On-Site</b>	<b>Total</b>	<b>520</b>	<b>552</b>	<b>-32</b>	<b>-5.8%</b>
Outsourced	Cardiothoracic	0	7	-7	-100.0%
	ENT	16	16	0	0.0%
	General Surgery	23	30	-7	-23.3%
	Gynaecology	1	5	-4	-80.0%
	Maxillo-Facial	1	6	-5	-83.3%
	Neurosurgery	0	3	-3	-100.0%
	Ophthalmology	0	5	-5	-100.0%
	Orthopaedics	1	10	-9	-90.0%
	Paediatric Surgery	0	1	-1	-100.0%
	Urology	5	8	-3	-37.5%
	Vascular	1	5	-4	-80.0%
	Surgical - Arranged	0	0	0	0.0%
	Non Surgical - Elective	0	0	0	0.0%
	Non Surgical - Arranged	0	0	0	0.0%
<b>Outsourced</b>	<b>Total</b>	<b>48</b>	<b>96</b>	<b>-48</b>	<b>-50.0%</b>
IDF Outflow	Cardiothoracic	3	5	-2	-40.0%
	ENT	1	4	-3	-75.0%
	General Surgery	2	5	-3	-60.0%
	Gynaecology	3	3	0	0.0%
	Maxillo-Facial	6	18	-12	-66.7%
	Neurosurgery	7	3	4	133.3%
	Ophthalmology	3	3	0	0.0%
	Orthopaedics	1	2	-1	-50.0%
	Paediatric Surgery	2	4	-2	-50.0%
	Skin Lesions	2	7	-5	-71.4%
	Urology	2	1	1	100.0%
	Vascular	1	1	0	0.0%
	Surgical - Arranged	6	28	-22	-78.6%
	Non Surgical - Elective	10	0	10	0.0%
	Non Surgical - Arranged	3	0	3	0.0%
<b>IDF Outflow</b>	<b>Total</b>	<b>52</b>	<b>84</b>	<b>-32</b>	<b>-38.1%</b>
<b>TOTAL</b>		<b>620</b>	<b>732</b>	<b>-112</b>	<b>-15.3%</b>

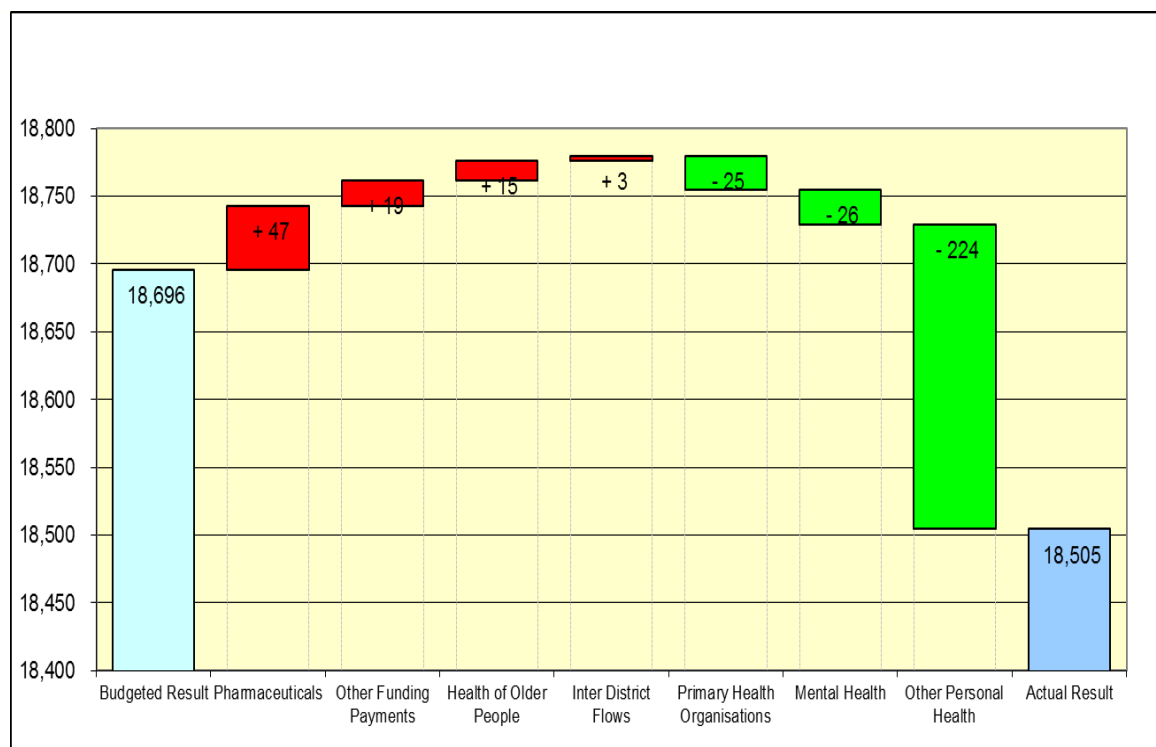
Please Note: This report was run on 7<sup>th</sup> September 2016. Avastins have been adjusted to plan.

## 6. Funding Other Providers

### Funding Other Providers

\$'000	August				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Payments to Other Providers									
Pharmaceuticals	3,711	3,664	(47)	-1.3%	7,466	7,417	(49)	-0.7%	43,351
Primary Health Organisations	2,820	2,845	25	0.9%	5,840	5,691	(149)	-2.6%	35,401
Inter District Flows	3,780	3,776	(3)	-0.1%	7,576	7,553	(23)	-0.3%	45,317
Other Personal Health	1,514	1,738	224	12.9%	3,910	3,657	(253)	-6.9%	22,651
Mental Health	1,122	1,148	26	2.3%	2,158	2,279	121	5.3%	13,761
Health of Older People	5,074	5,059	(15)	-0.3%	9,887	10,117	231	2.3%	60,728
Other Funding Payments	485	466	(19)	-4.0%	825	925	99	10.7%	5,599
	18,505	18,696	191	1.0%	37,661	37,638	(23)	-0.1%	226,808
Payments by Portfolio									
Strategic Services									
Secondary Care	3,924	3,898	(26)	-0.7%	8,159	7,796	(363)	-4.7%	46,778
Primary Care	7,761	7,731	(30)	-0.4%	15,891	15,704	(186)	-1.2%	94,684
Chronic Disease Management	-	-	-	0.0%	-	-	-	0.0%	-
Mental Health	1,122	1,131	9	0.8%	2,158	2,262	104	4.6%	13,574
Health of Older People	5,121	5,115	(6)	-0.1%	10,014	10,212	198	1.9%	61,382
Other Health Funding	(24)	89	112	126.5%	75	177	103	57.9%	1,063
Maori Health	491	529	38	7.1%	955	1,058	103	9.7%	6,403
Population Health									
Women, Child and Youth	(8)	97	104	107.9%	188	209	21	10.1%	1,669
Population Health	117	107	(10)	-9.0%	221	219	(1)	-0.7%	1,255
	18,505	18,696	191	1.0%	37,661	37,638	(23)	-0.1%	226,808

### August Expenditure



Note the scale does not begin at zero

**Pharmaceuticals (unfavourable)**

Timing of payments.

**Other Funding Payments (unfavourable)**

Timing of payments on track ytd.

**Health of Older People (unfavourable)**

Timing of payments on track ytd.

**Primary Health Organisations (favourable)**

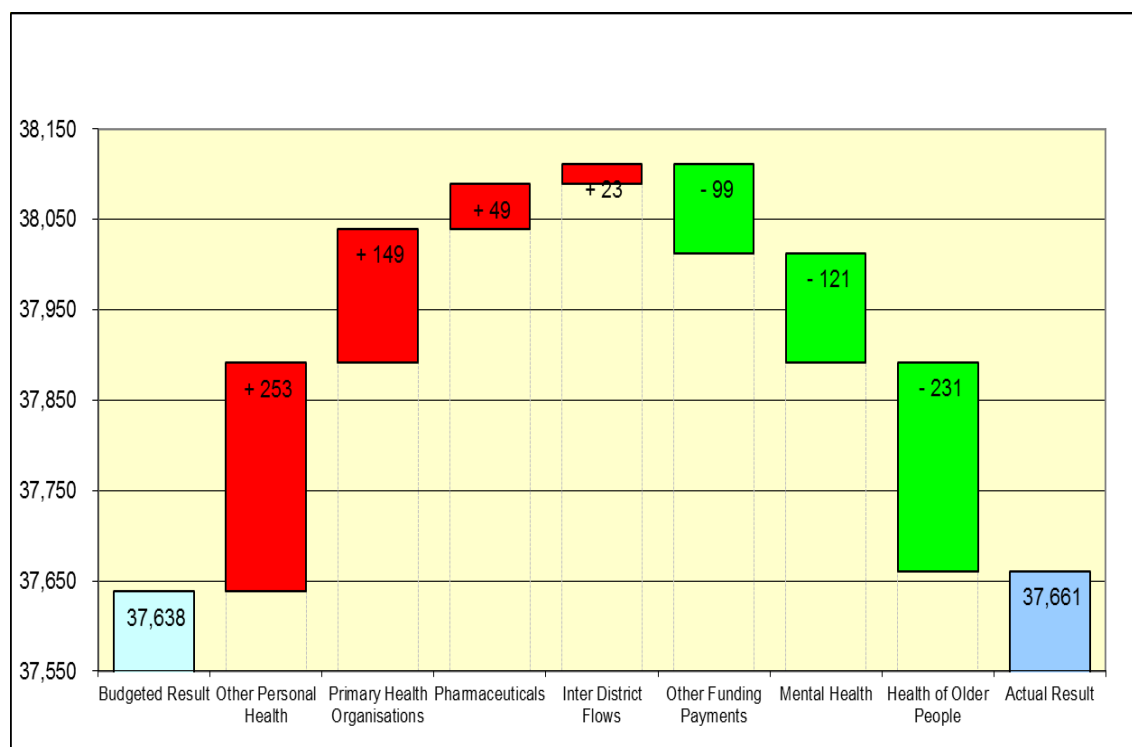
Lower than budgeted costs relating to low cost access.

**Mental Health (favourable)**

Lower community residential and home based support costs.

**Other Personal Health (favourable)**

Timing of payments on track ytd.

**August YTD Expenditure****Other Personal Health (unfavourable)**

Includes costs relating to a high cost patient, and additional costs for health of young people.

**Primary Health Organisations (unfavourable)**

Higher than budgeted costs relating to low cost access.

**Pharmaceuticals (unfavourable)**

Timing of payments, is expected to come back on track over the next few months

**Other Funding Payments (favourable)**

Lower costs in Maori primary health, Say Ahh services and screening programmes

**Mental Health** (favourable)

Lower community residential and home based support costs.

**Health of Older People** (favourable)

Lower residential care costs partly offset by higher home support.

## 7. Corporate Services

\$'000	August			Year to Date			Year End Forecast
	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Operating Expenditure</b>							
Personnel	1,512	1,372	(140) -10.2%	2,802	2,590	(211) -8.2%	15,136
Outsourced services	100	94	(6) -6.5%	192	188	(4) -2.1%	1,092
Clinical supplies	16	9	(7) -73.3%	30	19	(11) -60.4%	114
Infrastructure and non clinical	707	603	(104) -17.2%	2,462	2,423	(39) -1.6%	8,956
	2,335	2,079	(257) -12.4%	5,486	5,220	(265) -5.1%	25,298
<b>Capital servicing</b>							
Depreciation and amortisation	1,150	1,138	(12) -1.1%	2,291	2,275	(16) -0.7%	13,887
Financing	165	165	- 0.0%	330	330	- 0.0%	2,052
Capital charge	-	-	- 0.0%	-	-	- 0.0%	7,186
	1,315	1,303	(12) -1.0%	2,622	2,605	(16) -0.6%	23,125
	<b>3,651</b>	<b>3,381</b>	<b>(269) -8.0%</b>	<b>8,108</b>	<b>7,826</b>	<b>(282) -3.6%</b>	<b>48,422</b>
<b>Full Time Equivalents</b>							
Medical personnel	-	0.3	0 100.0%	0	0	0 51.1%	0.3
Nursing personnel	11.8	15.8	4 25.4%	11	16	5 29.1%	15.5
Allied health personnel	0.4	4.5	4 90.2%	0	4	4 90.1%	4.4
Support personnel	9.2	9.6	0 3.8%	10	9	(0) -0.8%	9.4
Management and administration	147.4	149.5	2 1.4%	149	148	(1) -0.8%	146.0
	<b>168.8</b>	<b>179.6</b>	<b>11 6.0%</b>	<b>170</b>	<b>178</b>	<b>7 4.1%</b>	<b>175.6</b>

**August**

Personnel costs include staff costs for clinical trials (unbudgeted) and settlement costs.  
Infrastructure costs for the month are largely offset by additional revenue.

## 8. Reserves

\$'000	August			Year to Date			Year End Forecast
	Actual	Budget	Variance	Actual	Budget	Variance	
<b>Expenditure</b>							
Contingency	236	558	322 57.7%	473	1,117	644 57.7%	6,700
Transform and Sustain resource	19	68	49 72.2%	55	129	74 57.5%	593
Other	24	79	54 69.2%	61	225	164 73.0%	997
	<b>279</b>	<b>704</b>	<b>425 60.4%</b>	<b>589</b>	<b>1,470</b>	<b>882 60.0%</b>	<b>8,290</b>

The contingency that has been released was for particular projects is:

Available Contingency	\$6,700
Feasibility Studies	-\$ 600
Elective Surgery delivery costs	-\$1,942
Melanoma and oncology treatments	-\$ 295

Contingency remaining \$3,863

The spend ytd reflects the two month cost of these approved programs.

Some transform and sustain projects are starting later than budgeted. Delays implementing new investment projects are behind the "Other" category variance.

## 9. Financial Performance by MOH Classification

\$'000	August			Year to Date			End of Year		
	Actual	Annual Plan	Variance	Actual	Annual Plan	Variance	Forecast	Annual Plan	Variance
<b>Funding</b>									
Income	41,440	40,927	513 F	83,611	82,971	640 F	511,773	511,773	-
Less:									
Payments to Internal Providers	25,033	24,907	(126) U	47,997	47,864	(133) U	278,405	278,405	-
Payments to Other Providers	18,505	18,696	190 F	37,662	37,638	(23) U	226,808	226,808	-
Contribution	<b>(2,098)</b>	<b>(2,676)</b>	<b>577 F</b>	<b>(2,047)</b>	<b>(2,532)</b>	<b>484 F</b>	<b>6,561</b>	<b>6,561</b>	<b>-</b>
<b>Governance and Funding Admin.</b>									
Funding	270	266	4 F	536	533	4 F	3,197	3,197	-
Other Income	3	3	-	5	5	-	30	30	-
Less:									
Expenditure	257	269	12 F	500	538	38 F	3,227	3,227	-
Contribution	<b>16</b>	<b>(0)</b>	<b>16 F</b>	<b>41</b>	<b>(0)</b>	<b>41 F</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Health Provision</b>									
Funding	24,763	24,641	122 F	47,461	47,332	129 F	275,208	275,208	-
Other Income	1,641	1,557	85 F	3,633	3,552	82 F	20,638	20,638	-
Less:									
Expenditure	25,882	24,760	(1,122) U	49,208	48,354	(854) U	297,407	297,407	-
Contribution	<b>522</b>	<b>1,437</b>	<b>(915) U</b>	<b>1,886</b>	<b>2,530</b>	<b>(644) U</b>	<b>(1,561)</b>	<b>(1,561)</b>	<b>-</b>
<b>Net Result</b>	<b>(1,561)</b>	<b>(1,239)</b>	<b>(322) U</b>	<b>(120)</b>	<b>(2)</b>	<b>(118) U</b>	<b>5,000</b>	<b>5,000</b>	<b>-</b>

The table above reports the result in the classifications used by the Ministry of Health, and against the projections in the Annual Plan. Those projections differ from the budgets used elsewhere in this report as outlined in the table below.

## 10. Management Budget Movements

Changes are made to Annual Plan projections so that managers are accountable for budgets that are relevant and up-to-date. The Management budget is used for internal reporting and the annual plan is used for MOH and statutory reporting. The net result is the same in both budgets.

The major changes between revenue and expense lines are usually due to health provision savings programmes. As these numbers have firmed up some savings programmes are around growing revenue rather than reducing costs. In 2016/17 changes to the operation of the price volume schedule (payments by the funder to the provider arm) will also create movements between the annual plan and the management budget.

	August			Year to Date			End of Year		
	Mgmt Budget	Annual Plan	Movement	Mgmt Budget	Annual Plan	Movement	Mgmt Budget	Annual Plan	Movement
\$'000									
<b>Funding</b>									
Income	40,927	40,806	121 F	82,971	82,707	264 F	511,773	511,803	(30) U
Less:									
Payments to Internal Providers	24,907	24,662	(245) U	47,864	47,374	(490) U	278,405	275,461	(2,943) U
Payments to Other Providers	18,696	19,116	421 F	37,638	38,412	774 F	226,808	231,341	4,534 F
Contribution	(2,676)	(2,972)	297 F	(2,532)	(3,079)	547 F	6,561	5,000	1,561 F
<b>Governance and Funding Admin.</b>									
Funding	266	268	(2) U	533	536	(4) U	3,197	3,220	(23) U
Other Income	3	3	-	5	5	-	30	30	-
Less:									
Expenditure	269	271	2 F	538	541	4 F	3,227	3,250	23 F
Contribution	(0)	-	(0) U	(0)	-	(0) U	0	-	0 F
<b>Health Provision</b>									
Funding	24,641	24,394	247 F	47,332	46,838	494 F	275,208	272,241	2,966 F
Other Income	1,557	1,547	10 F	3,552	3,511	40 F	20,638	20,366	272 F
Less:									
Expenditure	24,760	24,206	(554) U	48,354	47,272	(1,082) U	297,407	292,608	(4,799) U
Contribution	1,437	1,734	(297) U	2,530	3,077	(547) U	(1,561)	(0)	(1,561) U
<b>Net Result</b>	(1,239)	(1,239)	-	(2)	(2)	-	5,000	5,000	-

## 11. Quality and Financial Improvement Programme

Row Labels	Sum of Planned Savings	Sum of ytd savings target	Sum of YTD actual Savings	%age Savings Achieved
Corporate	1,526,792	261,965	170,084	65%
Health Services	8,292,086	1,376,398	821,929	60%
Population Health	26,166	4,361	4,361	100%
Maori	148,195	24,699	24,699	100%
Health Funding	3,006,808	501,135	501,135	100%
<b>Grand Total</b>	<b>13,000,047</b>	<b>2,168,558</b>	<b>1,522,208</b>	<b>70%</b>

### Health Services

Year to date health services are achieving 60% of their savings target.

Row Labels	Sum of Planned Savings	Sum of ytd savings target	Sum of YTD actual Savings	%age Savings Achieved
Acute Medical	2,407,323	401,221	272,805	68%
COO	158,496	26,416	26,416	100%
FAC	793,458	132,243	41,708	32%
Lab	460,566	76,761	76,761	100%
Mental	444,579	74,097	74,097	100%
OPRS	600,850	100,142	64,167	64%
Pharm	77,638	12,940	12,940	100%
ROC	533,349	88,891	88,891	100%
Surgical	2,092,648	348,775	141,186	40%
WCY	723,180	114,914	22,959	20%
<b>Grand Total</b>	<b>8,292,086</b>	<b>1,376,398</b>	<b>821,929</b>	<b>60%</b>

Most of the YTD shortfall is due to timing of the savings plans. These plans are phased 1/12<sup>th</sup> mainly to avoid back loading of savings plans into the second half of the year. Some of the savings plans will deliver higher levels of savings over the summer months as activity levels reduce.

### Corporate

Row Labels	Sum of Planned Savings	Sum of ytd savings target	Sum of YTD actual Savings	%age Savings Achieved
Business Intelligence	32,892	5,482	5,482	100%
CEO	159,640	26,607	26,607	100%
Contracts	14,527	2,421	2,421	100%
DAHST	2,142	357	-	0%
Depreciation	544,051	90,675	74,196	82%
DON	10,587	1,765	1,765	100%
Finance	157,152	33,692	33,692	100%
Governance	78,148	13,025	13,025	100%
Human Resources	123,967	20,661	-	0%
Information Services	344,360	57,393	3,009	5%
Quality	59,326	9,888	9,888	100%
<b>Grand Total</b>	<b>1,526,792</b>	<b>261,965</b>	<b>170,084</b>	<b>65%</b>

Depreciation is a timing issue with more savings coming on stream with delayed purchase dates for new equipment.

Information Services savings program is being refocused as part of the Information Services review

## 12. Financial Position

30 June 2016	\$'000	August				Annual
		Actual	Budget	Variance from budget	Movement from 30 June 2016	Budget
	<b>Equity</b>					
102,608	Crown equity and reserves	102,608	105,733	3,125	-	105,376
(10,973)	Accumulated deficit	(11,093)	(16,270)	(5,177)	(120)	(11,268)
91,635		91,515	89,463	(2,052)	(120)	94,108
	<b>Represented by:</b>					
	<u>Current Assets</u>					
15,552	Bank	14,796	1,021	(13,776)	(756)	8,523
1,724	Bank deposits > 90 days	1,732	1,741	9	8	1,741
22,433	Prepayments and receivables	16,588	18,299	1,711	(5,845)	18,618
4,293	Inventory	4,348	3,975	(373)	55	4,044
1,220	Non current assets held for sale	1,220	1,220	-	-	-
45,222		38,685	26,256	(12,429)	(6,537)	32,927
	<u>Non Current Assets</u>					
151,944	Property, plant and equipment	150,781	159,233	8,452	(1,163)	166,159
2,037	Intangible assets	1,951	1,128	(823)	(86)	665
9,777	Investments	10,071	8,350	(1,720)	293	9,476
163,758		162,803	168,711	5,908	(955)	176,299
208,980	<b>Total Assets</b>	201,487	194,967	(6,521)	(7,493)	209,226
	<b>Liabilities</b>					
	<u>Current Liabilities</u>					
-	Bank overdraft	-	-	-	-	-
38,137	Payables	32,129	30,358	(1,771)	(6,008)	30,697
34,070	Employee entitlements	32,706	30,263	(2,442)	(1,365)	34,484
-	Current portion of borrowings	-	-	-	-	6,000
72,208		64,835	60,621	(4,214)	(7,373)	71,180
	<u>Non Current Liabilities</u>					
2,638	Employee entitlements	2,638	2,383	(255)	-	2,438
42,500	Term borrowing	42,500	42,500	-	-	41,500
45,138		45,138	44,883	(255)	-	43,938
117,345	<b>Total Liabilities</b>	109,972	105,504	(4,468)	(7,373)	115,118
91,635	<b>Net Assets</b>	91,515	89,463	(2,052)	(120)	94,108

The variance from budget for:

- Bank reflects lower capital spend and the higher payables and employee entitlement balances;
- Property, plant and equipment relates to slower than planned expenditure on capital projects;
- Employee entitlements – see below

## 13. Employee Entitlements

30 June 2016	\$'000	August				Annual
		Actual	Budget	Variance from budget	Movement from 30 June 2016	Budget
7,466	Salaries & wages accrued	7,168	4,170	(2,998)	(298)	6,559
482	ACC levy provisions	553	489	(64)	71	851
5,348	Continuing medical education	4,774	4,557	(217)	(574)	5,131
19,149	Accrued leave	18,530	19,393	863	(619)	20,249
4,263	Long service leave & retirement grat.	4,319	4,038	(281)	56	4,131
36,708	<b>Total Employee Entitlements</b>	35,343	32,646	(2,697)	(1,365)	36,922



## 14. Treasury

### Liquidity management

The surplus cash of all DHBs is managed by NZ Health Partnerships Limited under a sweep arrangement facilitated by Westpac. The DHB provides forecast cash flow information to NZHPL, to allow them to invest the funds at the most advantageous rates, and uses the same information to ensure the DHB has the funds to meet its obligations as they fall due.

### Debt management

The term debt facility with MOH is for \$42.5 million, and is fully drawn. A further \$5 million relating to the disposal of the Napier site, is available for the mental health build, and is likely to be drawn down in the last quarter of calendar 2016. The DHBs interest exposure is managed through a spread of maturity dates, rather than the use of derivative financial instruments, and the average cost of borrowing is currently 4.58%. No debt will become current until the 2017/18 financial year, and \$25 million is for terms longer than five years.

The drawdown of \$6.5 million in June 2012 increased the amount maturing in March 2019 to \$11.5 million. This was done to take advantage of the low interest rate applying to that maturity, but it also puts the balance for that year above the \$10 million limit set in the Treasury Management Policy.

### Foreign exchange risk management

No material transactions occurred during the month. No transactions met the criteria that would trigger the requirement to arrange foreign exchange rate cover.

## 15. Capital Expenditure

Updated 17 Annual Plan as at June 2016		Year to Date		
		Actual \$'000	Budget \$'000	Variance \$'000
	<b>Source of Funds</b>			
	<b>Operating Sources</b>			
13,878	Depreciation	2,291	2,275	(16)
5,000	Surplus/(Deficit)	(120)	(2)	118
6,936	Working Capital	(1,144)	1,233	2,377
25,814		1,027	3,506	2,479
	<b>Other Sources</b>			
-	Special funds and clinical trials	25	-	(25)
-	MOH Programme funding	-	-	-
-	Revenue banking	-	-	-
1,200	Sale of assets	-	-	-
5,000	Borrowings	-	-	-
6,200		25	-	(25)
<b>32,014</b>	<b>Total funds sourced</b>	<b>1,052</b>	<b>3,506</b>	<b>2,454</b>
	<b>Application of Funds:</b>			
	<b>Block Allocations</b>			
4,466	Facilities	205	530	325
5,062	Information Services	(1)	521	522
8,128	Clinical Plant & Equipment	397	910	513
17,656		601	1,961	1,360
	<b>Local Strategic</b>			
2,460	MRI	-	410	410
1,300	Renal Centralised Development	16	83	68
3,000	New Stand-alone Endoscopy Unit	113	500	387
562	New Mental Health Inpatient Unit Development	107	118	11
253	Maternity Services	51	17	(34)
1,000	Upgrade old MHIU	-	67	67
400	Travel Plan	8	67	59
800	Histology Upgrade	-	67	67
1,100	Fluoroscopy Unit	-	183	183
500	Theatre Eight	-	-	-
200	Education Centre Upgrade	-	33	33
11,575		294	1,544	1,251
	<b>Other</b>			
-	Special funds and clinical trials	25	-	(25)
1,000	New Technologies/Investments	-	-	-
-	Other	133	-	(133)
1,000		158	-	(158)
<b>30,231</b>	<b>Capital Spend</b>	<b>1,052</b>	<b>3,506</b>	<b>2,454</b>
	<b>Regional Strategic</b>			
1,426	RHIP (formerly CRISP)	-	-	-
1,426		-	-	-
357	Equity Repayments	-	-	-
357		-	-	-
<b>32,014</b>	<b>Total funds applied</b>	<b>1,052</b>	<b>3,506</b>	<b>2,454</b>

The year to date budget excludes any funding brought forward from last year, however the year to date actual column includes expenditure against that funding.



## 16. Rolling Cash Flow


	Actual	August Forecast	Variance	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Apr Forecast	May Forecast	Jun Forecast	Jul Budget	Aug Budget
<b>Cash flows from operating activities</b>															
Cash receipts from Crown agencies	43,291	41,955	1,336	41,776	52,304	45,366	41,739	43,293	45,475	41,720	42,995	41,954	49,368	43,495	41,955
Cash receipts from revenue banking	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from donations, bequests and clinical trials	27	-	27	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	338	445	(107)	427	492	432	439	428	448	455	447	455	451	426	425
Cash paid to suppliers	(26,005)	(25,338)	(667)	(26,860)	(25,259)	(28,526)	(25,616)	(25,801)	(23,347)	(25,614)	(25,311)	(24,540)	(29,429)	(27,430)	(25,360)
Cash paid to employees	(18,356)	(19,525)	1,169	(15,016)	(15,058)	(17,716)	(14,349)	(16,567)	(14,382)	(19,430)	(15,170)	(17,773)	(15,472)	(13,909)	(19,483)
<b>Cash generated from operations</b>	<b>(705)</b>	<b>(2,463)</b>	<b>1,758</b>	<b>327</b>	<b>12,478</b>	<b>(444)</b>	<b>2,213</b>	<b>1,354</b>	<b>8,194</b>	<b>(2,868)</b>	<b>2,961</b>	<b>97</b>	<b>4,919</b>	<b>2,582</b>	<b>(2,463)</b>
Interest received	71	80	(9)	67	66	80	72	75	68	75	73	75	73	81	80
Interest paid	-	(330)	330	(990)	(0)	(0)	(990)	(0)	0	(990)	(0)	(0)	(990)	(0)	(0)
Capital charge paid	-	-	-	-	-	-	(3,636)	-	-	-	-	-	(3,576)	-	-
<b>Net cash inflow/(outflow) from operating activities</b>	<b>(634)</b>	<b>(2,713)</b>	<b>2,080</b>	<b>(597)</b>	<b>12,544</b>	<b>(364)</b>	<b>(2,341)</b>	<b>1,428</b>	<b>8,262</b>	<b>(3,782)</b>	<b>3,034</b>	<b>172</b>	<b>426</b>	<b>2,662</b>	<b>(2,383)</b>
<b>Cash flows from investing activities</b>															
Proceeds from sale of property, plant and equipment	10	0	10	0	0	0	500	0	0	0	0	0	0	0	0
Acquisition of property, plant and equipment	(568)	(3,003)	2,435	(704)	(1,648)	(1,696)	(1,763)	(1,457)	(2,016)	(2,231)	(2,162)	(2,074)	(2,452)	(2,553)	(2,553)
Acquisition of intangible assets	-	-	-	(48)	(84)	(83)	(73)	(46)	(21)	4	(9)	(9)	(135)	-	-
Acquisition of investments	-	-	-	(285)	-	(652)	(301)	(8)	-	(1,075)	-	-	(284)	-	-
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(558)</b>	<b>(3,003)</b>	<b>2,445</b>	<b>(1,037)</b>	<b>(1,732)</b>	<b>(2,431)</b>	<b>(1,637)</b>	<b>(1,511)</b>	<b>(2,037)</b>	<b>(3,302)</b>	<b>(2,171)</b>	<b>(2,083)</b>	<b>(2,871)</b>	<b>(2,553)</b>	<b>(2,553)</b>
<b>Cash flows from financing activities</b>															
Proceeds from borrowings	-	-	-	-	-	5,000	-	-	-	-	-	-	-	-	-
Equity repayment to the Crown	-	-	-	-	-	-	-	-	-	-	-	-	(357)	-	-
<b>Net cash inflow/(outflow) from financing activities</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(357)</b>	<b>-</b>	<b>-</b>
Net increase/(decrease) in cash or cash equivalents	(1,192)	(5,716)	4,525	(1,634)	10,812	2,205	(3,978)	(83)	6,225	(7,085)	862	(1,911)	(2,803)	109	(4,936)
Add: Opening cash	17,720	17,720	-	16,529	14,895	25,707	27,912	23,935	23,852	30,077	22,992	23,855	21,943	19,141	19,250
<b>Cash and cash equivalents at end of year</b>	<b>16,529</b>	<b>12,004</b>	<b>4,525</b>	<b>14,895</b>	<b>25,707</b>	<b>27,912</b>	<b>23,935</b>	<b>23,852</b>	<b>30,077</b>	<b>22,992</b>	<b>23,855</b>	<b>21,943</b>	<b>19,141</b>	<b>19,250</b>	<b>14,314</b>
<b>Cash and cash equivalents</b>															
Cash	4	7	(3)	7	7	7	7	7	7	7	7	7	7	7	7
Short term investments (excl. special funds/clinical trials)	13,517	8,902	4,615	11,793	22,605	24,810	20,832	20,750	26,975	19,890	20,752	18,841	16,039	16,148	11,211
Short term investments (special funds/clinical trials)	2,991	3,095	(105)	3,095	3,095	3,095	3,095	3,095	3,095	3,095	3,095	3,095	3,095	3,095	3,095
Bank overdraft	16	-	16	-	-	-	-	-	-	-	-	-	-	-	-
	<b>16,529</b>	<b>12,004</b>	<b>4,524</b>	<b>14,895</b>	<b>25,707</b>	<b>27,912</b>	<b>23,935</b>	<b>23,852</b>	<b>30,077</b>	<b>22,992</b>	<b>23,855</b>	<b>21,943</b>	<b>19,141</b>	<b>19,250</b>	<b>14,314</b>



## **CONSUMER STORY**

Verbal Presentation



	<b>Hawke's Bay Clinical Council</b>	<b>102</b>
	For the attention of: <b>HBDHB Board</b>	
Document Owner:	Chris McKenna and Dr Mark Peterson as Co-Chairs	
Reviewed by:	Not applicable	
Month:	September, 2016	
Consideration:	For Information	

## RECOMMENDATION

### That the Board note that Clinical Council:

- **Endorsed** the recommendations in the Quality Accounts
- **Endorsed** the recommendation in Designated Prescriber – Registered Nurses
- **Supported** the work being done around the “Manage My Health Portal”.
- **Note** the following papers were received:
  - Complementary Therapies Policy
  - Health & Social Care Networks
  - Falls Minimisation Committee
  - Maternity Clinical Governance Group
  - Urgent Care Project Update
  - Gastro Outbreak Havelock North
  - Te Ara Whakawaiaora / Healthy Weight Strategy
  - Clinical Advisory and Governance Committee (CAG).

Council met on 14 September 2016, an overview of issues discussed and/or agreed at the meeting are provided below:

### The following were discussed by Council and summarised as follows:

- **Complementary Therapies Policy**  
More work required on policy, need to revisit original intent. Work on the policy would now be finalised outside of the Clinical Council meetings.
- **Health & Social Care Networks**  
A quarterly update was provided by the Project Manager.
- **Falls Minimisation Committee**  
An update provided on the past six months. A number of initiatives to reduce falls were occurring around the hospital. The Trauma Committee had been set up and the initial data shows major trauma from falls is significant in our community.

The annual Serious Adverse Event report contained three falls around patients who had fallen while in hospital and sustained fractures. This compared to four reported the prior year.

- ***Maternity Clinical Governance Group***

There had been two significant events in Maternity Services being the opening of the Waioha Primary Birthing Centre and publication of the Hawke's Bay Maternity Services Annual Report 2015. The report included amazing consumer stories and quotes on what the service meant to our community. The service was commended on their work and on pulling the information together for the report.

- ***Urgent Care Project Update***

The "request for proposal" (RFP) process was suspended at the request of the parties who had registered for the RFP. They expressed their wish to collaborate to find a model of care in conjunction with the DHB. The parties concerned had been meeting, looking for common ground and have moved to the next stage, and presented to the HBDHB CEO. They met with the CEO in early September and the RFP process will remain to be suspended for a further period of time. The next step in the process would be to co-design with acute Services, and ED in particular for a model of care. April 2017 is the timeframe anticipated to have this work completed.


- ***Gastro Outbreak Havelock North***

A presentation was received around the Gastro Outbreak, the same as provided to the Public Meetings. Overall the feeling was that had health responded well to the crisis. Recommendation that a letter of thanks to our primary health colleagues be sent on behalf of the Clinical Council.

**The following monitoring papers were received with no discussion:**

- *Te Ara Whakawaiaora / Healthy Weight Strategy.*
- *Clinical Advisory Group (CAG) reports for July and September*



	<b>HB Health Consumer Council</b>	<b>103</b>
	For the attention of: <b>HBDHB Board</b>	
Document Owner:	Graeme Norton, Chair	
Reviewed by:	Not applicable	
Month:	September, 2016	
Consideration:	For Information	

## RECOMMENDATION

### That the Board

Review the contents of this report; and

### Note that Consumer Council:

- **Endorsed** the adoption of the 2016 Quality Accounts and its associated communications plan.
- **Acknowledged** the excellent work of the health sector in responding to the Gastro outbreak
- **Supported** the views expressed at Clinical Council and MRB that Health & Social Care Networks needed to be bottom up and consumer “owned” if they are to be successful.

Council met on 15 September 2016, an overview of issues discussed and/or agreed at the meeting are provided below.

### The following papers/issues were considered:

- **Quality Accounts 2016**

Members have had considerable input into these accounts which were still in draft form. Council believed they were a considerable improvement on the prior year and were becoming more consumer focussed each year.

Members supported the multiple ways in which the communications plan contemplated reaching our community and endorsed the adoption of the accounts and the associated communications plan.

- **Gastro Outbreak Havelock North**

The presentation used in the public meetings and the prior Board meeting was used to initiate a discussion. Overall members were strongly appreciative of the speedy response of general practice, public health and all sections of the sector in a difficult and fast moving circumstances.

The online information was authoritative and a trusted source when there was so much “social media” of varying quality taking place. It was felt that more definitive information on cause etc was needed before further engagement with the community.

**Others reports provided for information and discussion included:**

- ***Health and Social Care Networks***


The Chair provided members with an update on the discussion from MRB and Clinical Councils on this work. Consumer Council strongly supported network development being bottom up and consumer “owned”. Unless this is owned by the community would be just another version of what service providers think it should look like.

- ***Consumer Council Annual Plan 2016/17***

Members discussed their forward plan and a bit beyond. Whilst recognising their role in review and input into health system generated work, there was a desire to proactively initiate work in some areas. A plan will be prepared for adoption at next Council meeting.

Areas of potential focus may include:

- Consumer Voice - health & social care networks, integration, youth, older persons, mental health
- Quality & Safety – health literacy, person and whānau centred care, staff culture, disability issues, patient experience.
- Consumer engagement – customer focussed booking, consumer engagement strategy, liaison with clinical council and MRB.

	<b>Māori Relationship Board (MRB)</b>	<b>104</b>
	For the attention of: <b>HBDHB Board</b>	
Document Owner:	Ngahiwi Tomoana (Chair)	
Reviewed by:	Not applicable	
Month:	September, 2016	
Consideration:	For Information	

## RECOMMENDATION

### That the Board

Review the contents of this report; and

### Note that MRB:

- **Endorsed** the Quality Accounts Communications Plan
- **Endorsed** the Quality Accounts 2016 Final Draft, pending the following advice to QUIPs:
  1. Strengthen the statement “Ākina, one of our sector values means *that we continuously look for ways in which we can make improvements and learn when things don't go as well as we planned*”, under ‘What quality means to us?’. ‘Akina’ is more about a ‘bold statement’.
  2. Include a brief comment about the Campylobacter Outbreak describing how the whole of sector collaborated to manage the outbreak
- **Supported** the Health and Social Care Networks updates and provided the following advice for consideration by the Board:
  1. To know what a network is, you have to understand the needs of that community. This will determine the blueprint of the network
  2. Whānau is the baseline. Ensure accountability is with the whānau. And ensure the right people are engaged
  3. Don't inhibit communities by not addressing the existing discriminatory structures and systems as we develop the networks
  4. Change the contracting and funding system to enhance communities and incentive outcomes
  5. Application of the Health Equity Assessment Tool (HEAT) needs to be across the DHB and health sector. We need to drive equity within our DHB services first before trying to change other services.
  6. Utilise the findings of the UK research on localities planning for guiding principles. Learn from their mistakes and successes.
  7. Change the name of Health and Social Care Networks to something more aligned to Hawke's Bay
- **Did not support** the Te Ara Whakawaiaora: Healthy Weight Strategy, and the Board to note MRBs dissatisfaction with the substandard quality of the report, also

- **Recommend** the application of the HEAT be compulsory to all reports and funding bids.
- **Request** to be included in the Review Process of the Havelock North Gastro Outbreak **and** that the review committee note the 'forced behaviour' that should be implemented as the norm

MRB met on 14 September 2016, an overview of issues discussed and/or agreed at the meeting are provided below.

**The following papers were considered:**

- ***Quality Accounts 2016 Report Final Draft and Communication Plan***

MRB endorsed the Quality Accounts Communications Plan, and the 2016 Report pending the above advice for consideration.

Jeanette Rendle (Consumer Engagement Manager) and Anna Kirk (Communications Manager) were acknowledged and commended for a job well done. MRB thanked Jeanette and Ana for their commitment to the translation of key parts of the document. It demonstrated our ongoing support for Te Reo in our organisation. Additionally, MRB liked the inclusion of the targets, especially the targets that had not been achieved. This showed the good stories. The layout was great and the graphics were highly effective clearly illustrating the data.

- ***Health and Social Care Networks Update***

MRB noted the contents of the report and provided the above feedback for consideration by the Board.

- ***Te Ara Whakawaiaora: Healthy Weight Strategy***

MRB did not support the report because it still did not adequately address concerns previously raised by MRB including:

- Clearer identification how the initiatives will remove inequity
- Application of the HEAT
- More substance and definition.

- ***Havelock North Gastro Review***

The 'forced behaviour' of the services coming together to respond and manage the outbreak is what MRB have been trying to achieve for some time and should become the new norm. It was exciting to see this behaviour in action and that this behaviour is achievable. There is a need to identify the forced behaviours that could be sustained regardless, while maintaining a level of security. MRB requested to be included in the Review Process.

**Other discussions included:**

- ***Te Ara Whakawaiaora: Mental Health***

Some work is required to reassure the Mental Health Services that we are here to help and not hinder. A meeting has been planned between the GM Māori Health, Allison Stevenson (Service Director) and Dr Shaw (Clinical Director and DAMHS). Consumer Council is also interested in developing better relationships with the Mental Health Services to discuss youth services after attempts to discuss this matter have not been successful. K Nuku reiterated the issues of the current structure (discriminatory system) and the need for behaviours to change. The bigger question is how do we change the behaviours.

The stories from the doctors and consumers of Ngā Rau Rakau are important and could assist the prevention of critical events. Also, to compare whether the stories are different to the stories

collected from patients in the general hospital to cause change. The Patient Advisory Group (PAG) have been working on these stories and there has been a change to include the Quality Improvement Patient Safety team. This allows us to view the experience within Ngā Rau Rakau and see if the stories differ or if the experience is the same elsewhere. The data is real time as well as commentary.


- ***Te Ara Whakawaiaora: Culturally Competent Workforce***

Engaging Effectively with Māori training classes are now increasing in attendees with 56 staff registered for this month's training. The Senior Advisor Cultural Competency role will be responsible for developing the competency framework for the sector on which the Engaging Effectively with Māori training hangs from.

- ***Te Matatini 2017***

The DHB has been asked to run the Hauora Village and Tracee Te Huia (GM Māori Health) has encouraged MRB to provide advice or suggestions. The Māori Health Service and Population Health will partner with the Iwi on how we support Te Matatini.



	<b>Quality Accounts 2016</b> <span style="font-size: 2em; float: right;">105</span>
	For the attention of: <b>HBDHB Board</b>
Document Owner:  Document Author(s):	Kate Coley, Director of Quality Improvement & Patient Safety  Jeanette Rendle, Consumer Engagement Manager; Quality Accounts Working Group and Service Directorates
Month:	September 2016
Consideration:	For Endorsement

#### RECOMMENDATION

##### That the HBDHB Board:

1. Endorse the Quality Accounts
2. Endorse the Quality Accounts communications plan

#### INTRODUCTION / PURPOSE

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

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

The first draft was reviewed by HB Clinical Council, HB Health Consumer Council, Māori Relationship Board, Executive Management Team and Clinical Advisory and Governance Committee Meeting. The Second draft had further review and input by HB Clinical Council, HB Health Consumer Council, Māori Relationship Board and has since been endorsed.

The overall document is now ready for Board endorsement subject to some last minute additions and adjustments to images and layout made to get the publication to a print ready state.

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

#### SUMMARY

The Quality Accounts are attached along with the communications plan for endorsement.



# KA ARONUI KI TE KOUNGA FOCUSED ON QUALITY

OUR QUALITY PICTURE 2016



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



**3**

children will receive one of their vaccinations



**6**

babies will be born



**10**

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



An orderly can walk on average 15km



**16**

people will get their free annual diabetes check



**22**

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



**35**

operations will be completed in theatre



**85**

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



**200**

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



**209**

visits will be made by District Nurses and Home Service Nurses

**245**

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



**350**

meals on wheels will be delivered



**1,454**

people will see their local family doctor



**4,662**

prescriptions dispensed daily



**5,680**

laboratory tests will be completed



**5,870**

items of laundry will be delivered to the hospital

Icons made by Freepik from [www.flaticon.com](http://www.flaticon.com)

# NGĀ IHIRANGI CONTENTS

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

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



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

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

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

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

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# NAU MAI KI TĀ TĀTOU WHAKAAHUA KOUNGA WELCOME TO OUR QUALITY PICTURE

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

Every day people access the health and disability services across our sector and, for some, the experience, care, and support they receive exceeds their expectations. However in some instances we fall short. As a sector, we believe our consumers should be at the centre of health care and treated as if they were part of our own family/whānau.

In these quality accounts we have focused on some of the improvements currently underway across Hawke's Bay which, we believe, will better meet the needs of our community and give us the opportunity to deliver the best care possible. At the same time we need to continue to manage the risks of providing health care and reduce incidents of unintentional harm that can occur while

receiving care. These accounts show how we are meeting these challenges.

The recent gastro outbreak in our community showed how, when under pressure, the health sector worked together and made improvements quickly. This provides us with a platform to ensure collaborative team work and quality improvements under pressure can be further imbedded and sustained.

## Our Quality Commitment

Our commitment and pledge to you is that as individuals, and as a health sector that we continually improve the safety and quality of care for all.

Our commitment is to ensure that we have a blame free culture that embraces consumer involvement, puts the patient at the centre of everything we do and that is focused on continuous improvement – Akina, one of our values is the norm.

Our commitment is that we ensure that all of our teams are well supported and have the skills to deliver high quality and safe patient care every time.



**KEVIN ATKINSON**

CHAIR  
*Hawke's Bay  
District Health  
Board*



**BAYDEN BARBER**

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



**CHRIS McKENNA**

CO-CHAIR  
*Hawke's Bay  
Clinical Council*



**MARK PETERSON**

CO-CHAIR  
*Hawke's Bay  
Clinical Council*



**GRAEME NORTON**

CHAIR  
*Hawke's Bay Health  
Consumer Council*



## (Translation) LEADERSHIP FOR QUALITY

Through strong leadership, governance and partnerships, the Māori Relationship Board (MRB), Hawke's Bay Clinical Council and Hawke's Bay Health Consumer Council have all helped drive improvements and make changes across our health sector.

The Māori Relationship Board (MRB) are aspirational and quality improvement focused when it comes to identifying and removing health inequities (see page 7) and improving services and outcomes for Māori. MRB includes representatives from Ngāti Kahungunu, HBDHB Board, the Hawke's Bay Community and Ahuriri District Health who provide advice and recommendations that ensure services, policies, strategies and plans are responsive to the needs of Māori in our community. They have been instrumental in driving cultural improvements, strengthening Maori Health Services, and, in the formulation of mana enhancing relationships.

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

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

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

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

**All service improvements and changes must be reviewed and recommended by Clinical Council, Consumer Council and the Maori Relationship Board before they are discussed and approved by the Hawke's Bay DHB Board. The key to success to date has been the commitment at board and senior executive levels.**

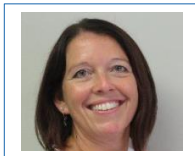
# MAHI NGĀTAHI MO TE KOUNGA WORKING IN PARTNERSHIP FOR QUALITY

In 2013 the Hawke's Bay Health sector developed the Working in Partnership for Quality framework which set out the strategy for delivering high quality and safe patient care. Since then much progress has been made, with more to come. These quality accounts highlight a number of innovations and improvements that are being implemented to ensure that we provide top notch quality, safe care and that patients are always at the centre of that care.

To support all of our teams across the sector to achieve this, the Quality Improvement and Patient Safety service was established to help, support educate and work with everyone so we can continuously look for ways to improve the care we provide to our patients and learn when things don't go as planned.

This team is made up of people who know Hawkes Bay, have clinical expertise and knowledge and who have worked in very different systems and countries. This creates a positive and dynamic team environment. This team is innovative, fun challenging, full of ideas, energetic and want to achieve - yes it's challenging and no day is ever the same but that's what makes it exciting and evolving for the team.

The goal of this team is to enable a shift in our culture by supporting and investing in our teams so that we can make a real difference to the health and wellbeing of every consumer who comes into contact with health services in Hawkes Bay.



**KATE COLEY**

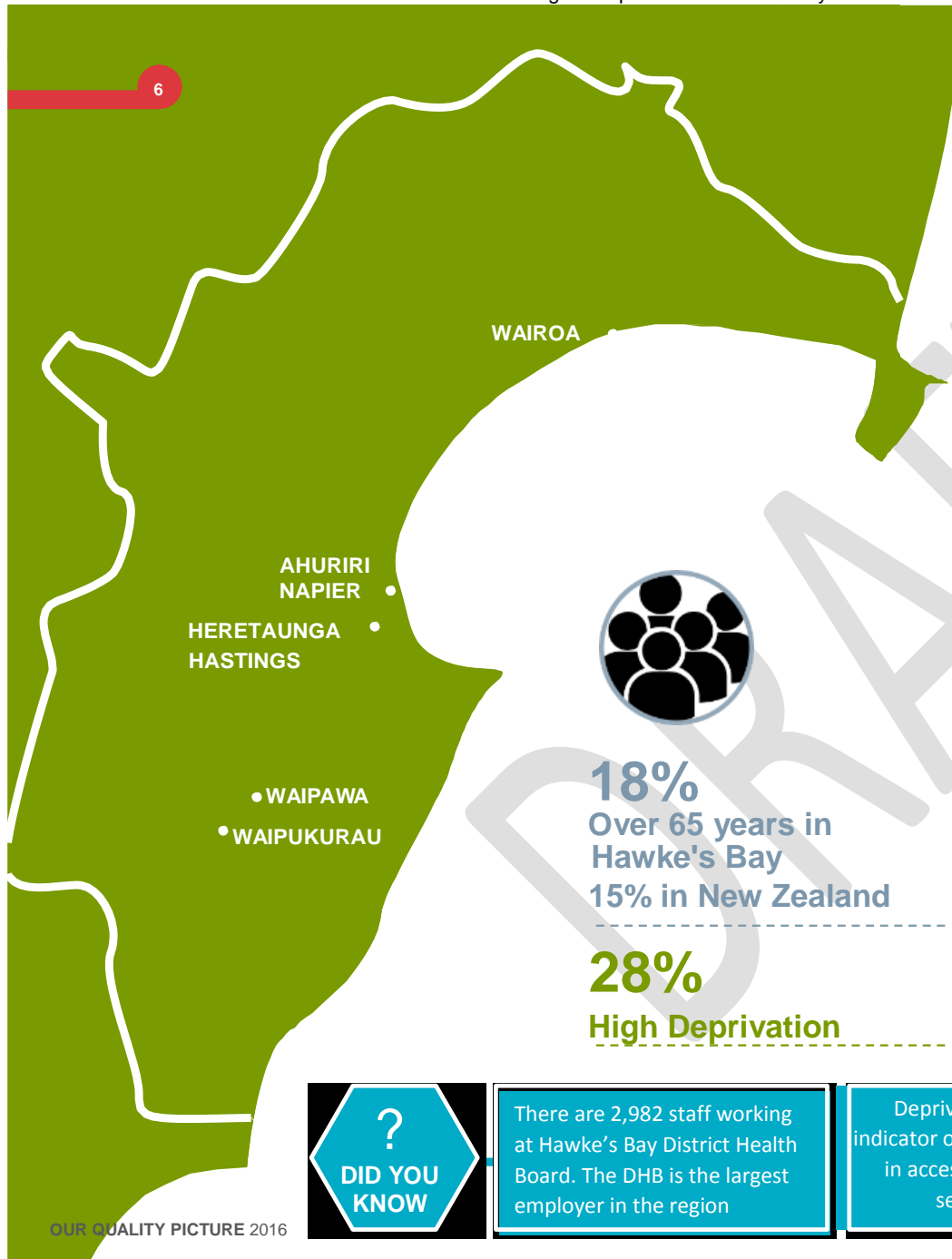
DIRECTOR, QUALITY  
IMPROVEMENT AND PATIENT  
SAFETY

*Hawke's Bay District Health Board*

**Akina**

(MRB providing input into more appropriate translation of Akina in the context of Quality Accounts)





## KO WAI MĀTOU? WHO ARE WE?



**160,650**  
Hawke's Bay  
population 2015/16

**13.5%**  
Youth in Hawke's Bay  
(15 – 24 years of age)



**18%**  
Over 65 years in  
Hawke's Bay  
15% in New Zealand

**25.6%**  
Māori in Hawke's Bay

**4.1%**  
Asian people in  
Hawke's Bay

**28%**  
High Deprivation

**3.7%**  
Pacific people in Hawke's  
Bay

**87%**  
Urban (city) residents  
versus 13% Rural

**?  
DID YOU  
KNOW**

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

Deprivation is an indicator of disadvantage in accessing health services

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

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

OUR QUALITY PICTURE 2016

# TE WHAKATIKA I TE HAUORA TAURITE KORE TACKLING HEALTH INEQUITY

Many things in life are unequal but some things shouldn't be. Health inequities are inequalities in health that are avoidable or preventable. Hawke's Bay is a great place to live, but not everyone currently has the same opportunity to be healthy. Some parts of our community have better health than others and we need to make sure everyone enjoys the same level of health and wellbeing. A recent update of the 2014 Health Equity Report shows that Hawke's Bay is improving in some areas.

	<b>HEALTH EQUITY ACHIEVED OR ON TRACK TO BE ACHIEVED IN 1-2 YEARS:</b> Amenable mortality	<b>CATEGORY</b> Health care
	<b>GOOD PROGRESS TOWARDS HEALTH EQUITY:</b> Avoidable mortality Ambulatory sensitive admissions 0-4 year olds Teenage (<18 year old) pregnancies	Health outcome Health care Health care
	<b>HEALTH EQUITY IMPROVING BUT STILL SIGNIFICANT INEQUITY:</b> Life expectancy Premature deaths Potential years of life lost Children living in households receiving benefits Youth not in employment, education or training Unemployment Hospital admissions due to medical conditions with a social gradient Tobacco use year 10 students Ambulatory sensitive admissions 45-64 year olds	Health outcome Health outcome Health outcome Social and economic Social and economic Social and economic Social and economic Healthy behaviours Health care
	<b>HEALTH EQUITY UNCHANGED OR WORSENING:</b> Acute respiratory (bronchiolitis) admissions Obesity amongst 4 year olds Oral health of 5 year olds Tobacco use during pregnancy Violent crime	Social and economic Healthy behaviours Healthy behaviours Healthy behaviours Social and economic

- ✓ **Difference between Māori and non - Māori avoidable deaths almost gone.** Most deaths occurring before the age of 75 years are considered to be avoidable in some way, either due to prevention or treatment. If current trends continue there will be no difference between Māori and non- Māori avoidable death rates by 2017
- ✓ **Reduction in hospital admissions for 0-4 year olds** because of prevention programmes such as immunisations and better access to treatment in primary care.
- ✓ **Reduction in teenage pregnancy** largely due to improved access to primary care contraceptive and sexual health services.

Life expectancy (how long we live) is improving but there is still significant inequity. It will take at least 50 years for Māori to have the same life expectancy as non - Māori in Hawke's Bay if current trends continue. Social and economic living conditions have a big part to play in this which is why we are working closely with iwi, local government and education and social sector services.

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

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

[www.ourhealthhb.nz](http://www.ourhealthhb.nz)







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



23%

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

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

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

### RANGATAHI MAKE BETTER CHOICES

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

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







# TE WHAKARANEA I NGĀ TAMARIKI TAUMAHA TIKA

## INCREASING THE NUMBER OF HEALTHY WEIGHT CHILDREN

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

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

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

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

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

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

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

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

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

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

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

## TE TIAKI KŌHUKIHUKI URGENT CARE

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

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

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

- Improved access to emergency dental treatment - As of 1 October 2016 there will be provision for 720 very low cost appointments available for anyone in Hawke's Bay who needs emergency dental treatment. Consumers can be referred by their own family doctor, by the hospital or simply walk in to Te Taiwhenua o Heretaunga during opening hours for treatment.
- Transport assistance is currently being reviewed and we expect a number of recommendations to be made in the next year to support this.
- Provision of urgent care services continues to be a priority. We are continuing to look at ways to improve access to health professionals both during and outside of normal working hours.
- Communicating better with our community and helping consumers with more information so they can make better choices about where to go for treatment - This led to the implementation of the "choose well" campaign. The launch of a new health sector wide website ([www.ourhealthhb.nz](http://www.ourhealthhb.nz)) supports our community with information, advice and alternatives. You may also have noticed "choose well" billboards and banners.



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

## HEI ĀWHINA I A KOE MO Ō WHAKARITENGA HELPING YOU TO ATTEND APPOINTMENTS

### Kaitakawaenga

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

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

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

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

### Customer focused bookings

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

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

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

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

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

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

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

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

## HE WHEAKO KIRITAKI CONSUMER EXPERIENCE

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

### National Inpatient Experience Survey

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

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

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

### Real time surveys

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

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

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

### Workshops

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

The ultimate aim is to ensure equitable health services for all.



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

### Results from the 2015/16 National Patient Experience Survey (in hospital)

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



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

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





## HAUORA TAUPORI POPULATION HEALTH

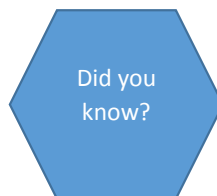
We work with people and communities to prevent disease, have a safe environment and support people to be healthy and well. Population health covers areas such as reducing harm from alcohol, drugs, tobacco and hazardous substances, water safety and sanitation, promoting physical activity and healthy eating,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



- Eight small community drinking water suppliers signed up to the Drinking Water Assistance Programme and 96 suppliers were assisted with developing water safety plans and risk management plans
- 228 homes were insulated through DHB healthy housing programmes in the last three years
- Plans developed to increase the activity and wellness of infants and children – Hawke's Bay Healthy Weight Strategy and Best Start: Healthy Eating and Activity
- Immunisation rates for all 2 year olds maintained at 95%



- Support workplaces to have healthy workplace policies
- Support schools to have policies on drinks with no sugar
- Develop a position statement on alcohol harms and outline actions to address them
- Improve the information on pamphlets given to the public on communicable disease
- Continue to address housing issues and poor insulation
- Improve health services access for youth
- Help young people stop smoking



568  
communicable  
disease cases  
notified

619  
liquor licence  
applications  
received

186  
tobacco retailers  
had compliance/  
education visits

123  
women supported to  
breast & cervical  
screening services



## TE TIAKI HAUORA MATUA PRIMARY HEALTH CARE

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



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



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

Did you  
know?

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

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

17 diabetic annual  
reviews were held in  
general practice  
daily



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

## Respiratory Programme

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

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

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

## Supporting you to keep well

### Consumer Portal

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

### Improving self-management of health issues in our community

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

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

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

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



# TE TĀRŪRŪ ME TE MAHI WHAKAORA ACUTE AND MEDICAL

We are responsible for providing safe and effective care across a number of services including: Emergency Department, Intensive Care Unit, Radiology, Renal Services, Cancer Services, General Medicine, Cardiology, Respiratory and Palliative Care.



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



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



**DID YOU  
KNOW**

We provide a  
**24 hour**  
acute service  
7 days per week

**45,269**  
People presented to the  
emergency department

We have  
**97**  
acute adult  
medical beds

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

The most  
common cause of  
severe trauma is  
motor vehicle  
accidents

## 24/7 Stroke thrombolysis

June 2016, HBDHB was fortunate to be included in a pilot study that would allow access to a 24/7 Stroke Thrombolysis service. Thrombolysis is a 'clot busting' medication that can improve blood flow to the affected area of brain in patients who meet specific criteria.

Our Hawkes Bay stroke team work closely with Wellington hospital, who are providing Stroke Experts via video conferencing (Telestroke). This allows the clinical experts the chance to assess the patient who has presented to ED with acute stroke in real time, talk with the patient and family, review brain scans as soon as they are completed, and decide if the thrombolysis treatment is suitable.

## Emergency Department

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

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

## Integrated Operations Centre

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

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

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

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

## TE POKA TINANA SURGICAL

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



- We exceeded the national elective health target and completed 7,469 surgeries. This was 360 more surgeries than planned.
- Of these we completed 401 hip/knee joint replacements. This was 97 more than last year
- We've prioritised cancer treatment surgery, and conducted 91 breast cancer operations.
- Appointment of a Vascular Surgeon (specialising in diseases of the vascular system – arteries and veins) meaning consumers don't need to be sent out of the region for vascular surgery



- Continue to improve the numbers of our community receiving surgery
- Updating our theatre facilities to meet the needs of the Hawke's Bay community
- Working with the Ministry of Health to gain funding to support musculoskeletal services focusing on reducing health inequities
- Work with the National Patient Flow Project on quality initiatives that support patient flow from First specialist appointment through to surgical waitlist
- Reduce the wait time for acute surgery by increasing our theatre opening times across the week.



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

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

12,670 patients are admitted to our 3 surgical wards yearly

Around 95 people are seen daily at surgical outpatient clinics

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

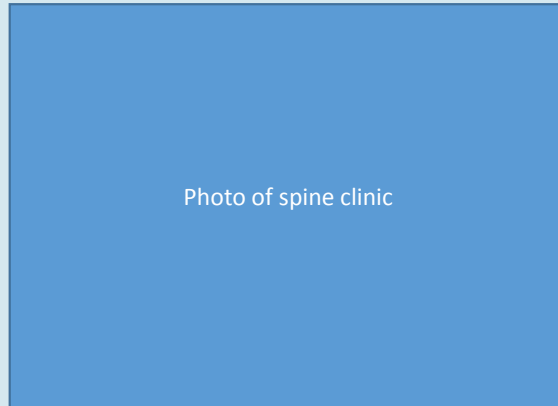


Photo of spine clinic

### Spine Clinic

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

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

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

### Improving pre-surgery visits

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

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

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

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

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



# HE WĀHINE, HE TAMARIKI, HE TAIOHI HOKI

## WOMEN, CHILDREN AND YOUTH

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



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



### Teenagers living with diabetes

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

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



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

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

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

We gave out  
**626**  
Pepi-Pods this year

Child Development Service managed  
1,500 new referrals this year

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

25

## Family Violence Routine Screening

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

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

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

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

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



## Hawke's Bay Maternity

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

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

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

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

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

## TE ORANGA PĀKEKE OLDER PERSONS HEALTH

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

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



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



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



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

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

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

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

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

engAGE  
Age Well

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

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

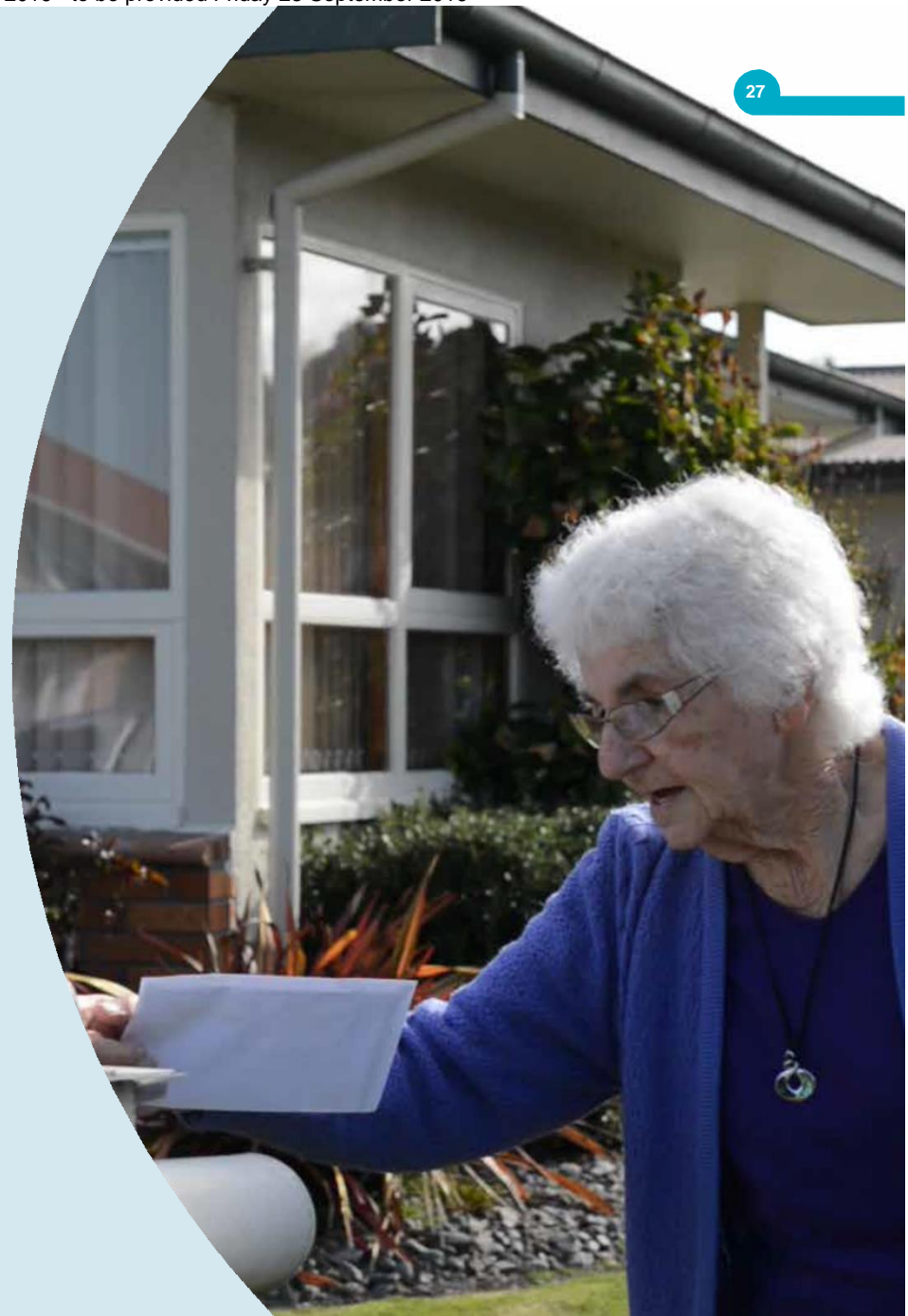
Jessie was losing weight, becoming weak and losing confidence to be able to manage at home. Her family were extremely worried and suggested that she should move into a rest home.

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

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

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

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





# TE ORANGA HINENGARO MENTAL HEALTH

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



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



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



On average 31 appointments with Child, Adolescent and Family Service (CAFS) per day

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

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

15 beds in Springhill Treatment Centre

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

## Opening of Nga Rau Rakau

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

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



## Home Based Treatment intervention prevents admission

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

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

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

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

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

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

# TE TUAWHENUA, Ā-WAHA, TE HAPORI HOKI

## RURAL, ORAL AND COMMUNITY

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

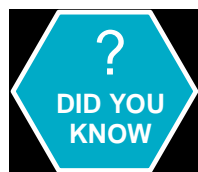
outpatients, public health nursing, integrated sexual health services, Health Care Centre – Wairoa (HCC) – a general practice, Central Hawke's Bay Health Centre, diabetes service, endocrinology, hospital dental and community dental service (school dental service).



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



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



**7,763 patients**  
enrolled in a general  
practice in Wairoa

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

**28,024**  
children enrolled  
with community  
dental

**2,950**  
Clinic appointments  
were held in Napier  
Health

### Development of the Pulmonary Long Term Management Service

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

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

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

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

### E Tu Wairoa – Violence Free Whānau

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

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

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

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





# NGĀ WHĀINGA HAUORA Ā-MOTU NATIONAL HEALTH TARGETS

## Our results



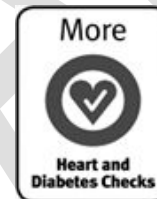
**105%**  
7,469 surgeries were delivered. That is 360 more than the plan



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



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



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



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



**99% of hospitalised smokers** were offered advice to quit.



**81% of those consumers** who are smokers and have a family doctor were offered advice to quit.

# NGĀ WHĀINGA HAUORA Ā-MOTU – HE TIROHANGA

## NATIONAL HEALTH TARGETS - AT A GLANCE

HEALTH TARGET	TARGET	OUR RESULT (Q4 2015/16)	TREND (since last year)	COMMENT
Shorter stays in Emergency Department	95%	Not Achieved (93%)	↓	Hawke's Bay DHB continue to focus on improving flow through the Emergency Department. Additional staff are being employed to support this.
Improved access to elective surgery	100%	Exceeded (105%)	↑	This year we have continued to focus on 'Operation Productivity' and increasing Hip and Knee surgeries (pg22) to increase the number of people receiving surgery.
Faster Cancer Treatment	85%	Not achieved (63%)	N/A	This is a new national health target. The Faster Cancer Treatment team are working with improved processes to identify patients on the cancer pathway and we expect to see improvement in the coming year.
Increased Immunisation	95%	Achieved	-	Hawkes' Bay DHB remains one of the top performers in this Health Target. All immunisation service providers are working well together.
Better help for smokers to quit (Hospitals)	95%	Exceeded (99%)	-	Hawke's Bay DHB has achieved this target for the last three years.
Better help for smokers to quit (Primary Care)	90%	Not achieved (81%)	↓	Health Hawke's Bay will be re-engaging general practices with the annual Stoptober Campaign.
More heart and diabetes checks	90%	Not achieved (88%)	↓	Health Hawkes Bay continue to focus on priority groups who are most at risk of heart disease and diabetes.

## KEY:

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

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# HE AITUĀ TAUMAHA

## SERIOUS ADVERSE EVENTS

### In hospital

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

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

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

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

#### Did you know?

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

#### Serious events 2015/2016



Clinical Processes



Clinical Administration



Medication/ IV Fluid Error



Falls

#### Our focus 2016-2017

- Distribute key patient safety learnings across the sector
- Develop an education programme to train reviewers of serious adverse events
- Extend to primary healthcare to support and establish a reporting and learning programme/culture
- Upgrade our electronic risk management system

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

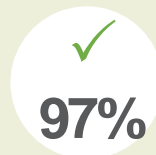


# NGĀ MEA MATUA O TE HAUMARU TŪRORO Ā-MOTU NATIONAL PATIENT SAFETY PRIORITIES

## In hospital

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

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



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



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



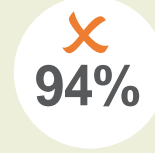
Hand hygiene: percentage of health professionals who clean their hands before and after having contact with a patient. Target 70%



### Surgical site infection targets

(Oct-Dec 2015):

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



Right antibiotic in the right dose. Target 95%



Appropriate skin antisepsis in surgery. Target 100%

### Preventing harm from medicines in hospital

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

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

### Preventing harm from surgery in hospital

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

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

### Preventing harm from falls in hospital and the community

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

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

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

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

### Preventing Harm from Infection

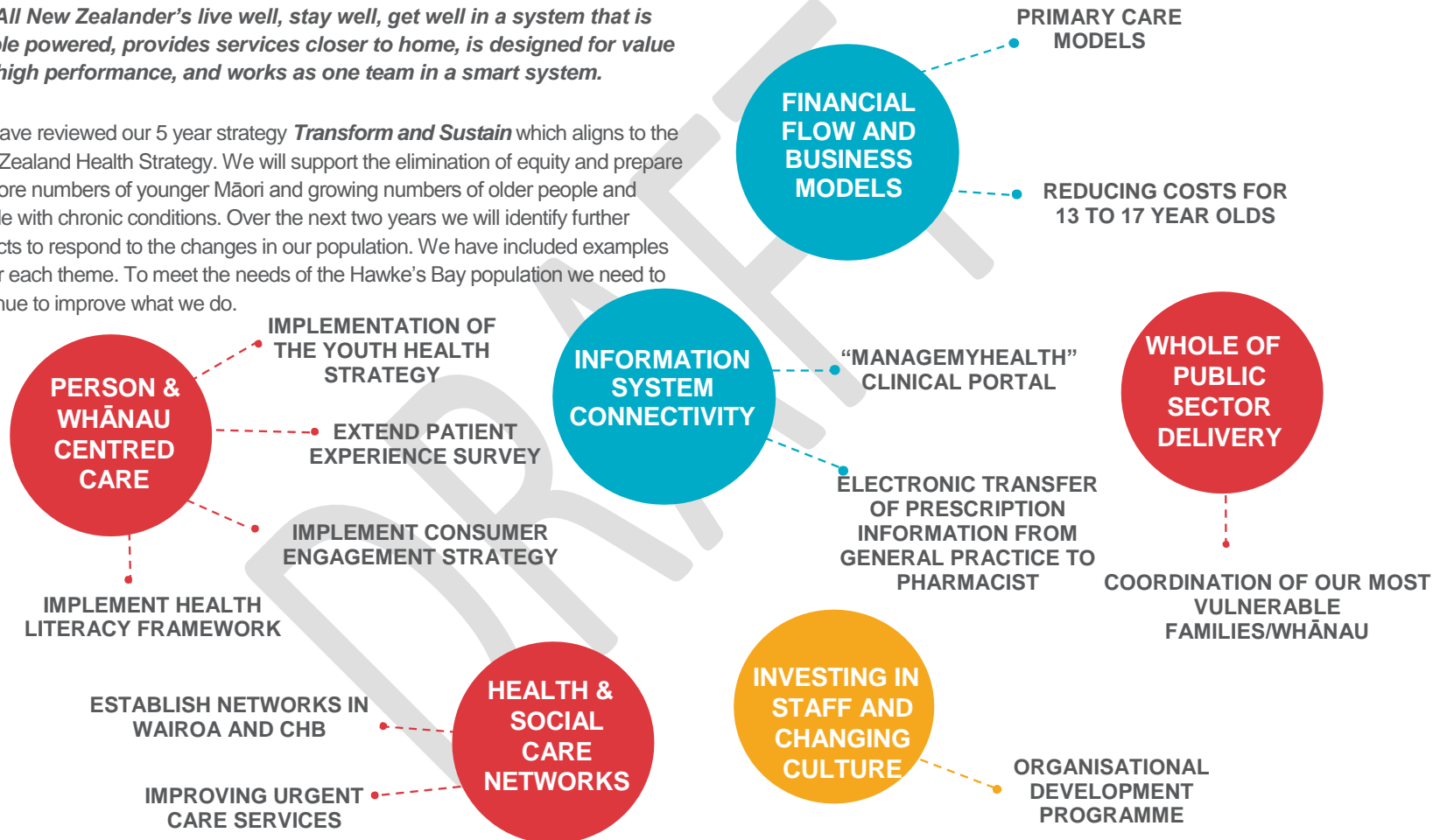
Hand hygiene is recognised as the single most effective way to prevent the spread of infection. As at June 2016 Hawkes Bay District Health Board has achieved 87.5% in the national hand hygiene programme and continues to rank amongst the top performers in NZ.

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

# TO TATOU ARONGA MO APOPO OUR FUTURE FOCUS

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

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



# KO Ā KOUTOU WHAKAHOKINGA KŌRERO YOUR FEEDBACK

## Consumer feedback

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

You can give feedback in a number of ways:

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

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

## Then what happens?

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



**YOUR STORY**

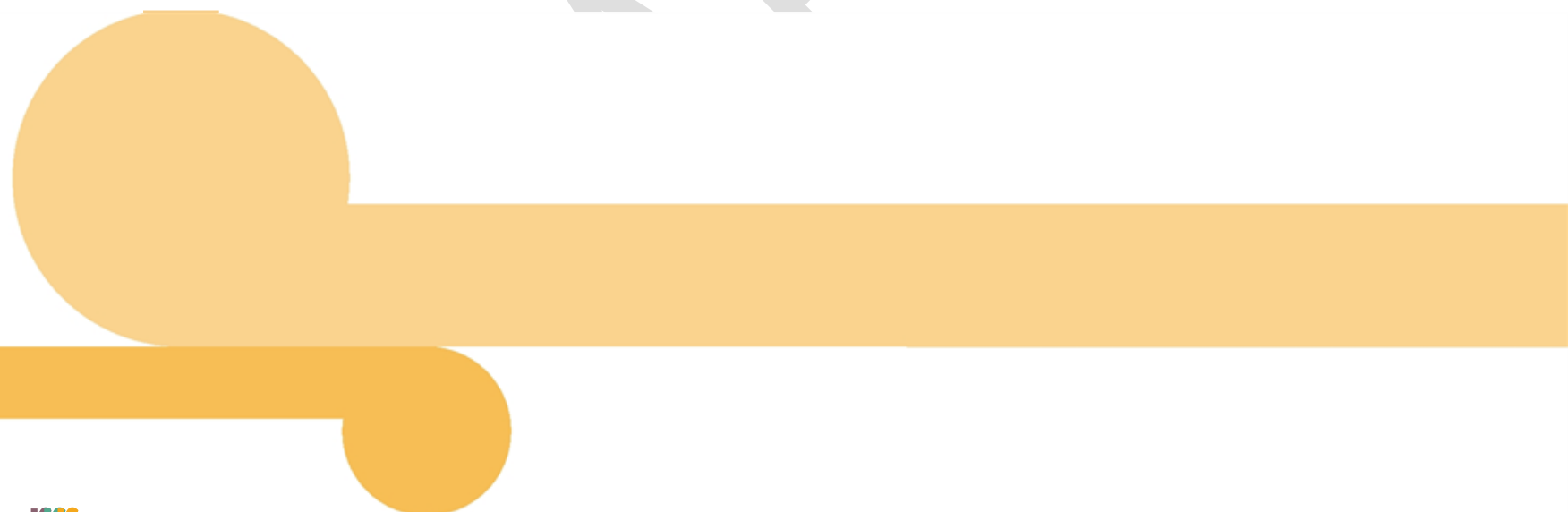
**WE VALUE  
YOUR FEEDBACK**

He tino taonga ō whakaaro ki a mātou

**OURHEALTH**  
HAWKE'S BAY  
Whakawāteatū

[www.ourhealthhb.nz](http://www.ourhealthhb.nz)






### Communications Plan for release of Quality Accounts 2016

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

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



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<b>Health and Social Care Networks</b> <span style="float: right; font-size: 2em;">106</span>
	For the attention of: <b>HBDHB Board</b>
Document Owners:	Liz Stockley, GM Primary Care; Tracee Te Huia, GM Māori Health
Document Author(s):	Belinda Sleight, Project Manager Strategic Services
Reviewed by:	Executive Management Team, Māori Relationship Board, Clinical and Consumer Council
Month:	September 2016
Consideration:	For Information

**RECOMMENDATION****HBDHB Board**

1. Note the contents of this report.

**OVERVIEW**

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

**OVERARCHING PROGRAMME**

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

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

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

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

### **WAIROA NETWORK**

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

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

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

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

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

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

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

### **CENTRAL HAWKE'S BAY NETWORK**

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

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

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

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

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







## **TE ARA WHAKAWAIORA / HEALTHY WEIGHT STRATEGY**

Paper withdrawn to be presented in October



 <b>HAWKE'S BAY</b> District Health Board Whakawāteatia	<b>Matariki - Regional Economic Development Strategy</b>	<b>108</b>
	For the attention of: <b>HBDHB Board</b>	
Document Owner:	Kevin Snee, Chief Executive officer	
Document Author(s):	N/A	
Reviewed by:	N/A	
Month:	September 2016	
Consideration:	For Approval	

## RECOMMENDATION

### That the Board:

1. Note the contents of this report.
2. Adopt the Regional Economic Development Strategy.

## PURPOSE OF REPORT

To adopt Matariki – Hawke's Bay Regional Economic Development Strategy.

## BACKGROUND SUMMARY

The Regional Economic Development Strategy (REDS) for Hawke's Bay – Matariki - was launched by Government Ministers on 27 July 2016. This announcement was the culmination of nearly two years' work with broad and deep regional engagement. The project grew out of the earlier (2011) REDS which contained much that was valuable but which was never fully committed to by stakeholders, nor fully implemented. The process started by Business Hawke's Bay aimed to "refresh" the 2011 REDS, but soon concluded that the region needed a broad, partnered and well-resourced effort to achieve the best result for Hawke's Bay.

The subsequent work was undertaken by a project team representing the Councils, Business Hawke's Bay, Iwi and Post Settlement Governance Entities and Central Government, with the assistance of consultants, and reporting to a regional Governance Group that is ultimately responsible for delivering the project.

The outcome is an exciting vision for the whole Hawke's Bay region, a set of aspirational but achievable objectives, a fully engaged strategy, and a detailed action plan. The strategy is a work of strong partnership and high level collaboration between Maori and regional stakeholders.

The Strategy's focus is not simply on jobs but also on providing career opportunities and pathways for our people, now and into the future. It attempts to encourage innovative and productive businesses that will create good, well-paying jobs and to create a positive and vibrant business culture where the rewards are great for those who have great business ideas. The strategy also needs to be seen in tandem with the Strategy for Social Inclusion which will be drafted before Christmas 2016.

A set of provisional arrangements will help transition the region towards the adoption of an appropriate and fully researched delivery model for REDS that is planned to be up and running from early 2017. The strategy will build upon the many recent economic initiatives and emerging opportunities already occurring in Hawke's Bay, and will provide strong future direction, well-resourced and partnered leadership and delivery of REDS' core objectives. A copy of the strategy is attached at Appendix 1.

## **ISSUES**

The purpose of REDS is to provide strategic direction and a detailed and costed action plan for economic development in Hawke's Bay for the next five to ten years. REDS is a "living document" aims to provide an agile framework for the region and in order to respond to shifting opportunities and emerging challenges. The success of the strategy will depend on continuing collaboration across all regional organisations involved in the delivery of economic development – including Councils, Maori stakeholder groups, industry groups, business, the social sector, government agencies and central Government.

Delivery of the strategy will require the ongoing support of participating organisations, while recognising that no one single agency will be responsible for delivery all of the strategy. It will require a networked approach.

Stakeholders have to be realistic about what can be achieved, a strategy is not a panacea, nor is it a silver bullet for the region. No economic development strategy or delivery model can guarantee regional economic success, nor the flow through benefits to everyone in the community. However, a well-developed and strongly supported strategy can ensure that we as a region focus on deliverables, on developing new economic opportunities, on growing and attracting new talent and skills, and on giving the best support we can to our businesses.

## **CONSULTATION**

There was extensive consultation during the REDS process beginning with an engaged scoping process; the development of a detailed survey; over one hundred interviews with key regional stakeholders and businesses; two innovation cafés (workshops), the second of which was designed to capture the thinking and aspirations of younger business owners and entrepreneurs in the region; presentations to Hawke's Bay Councils in July 2016; and, most importantly of all, a co-designed strategy and action plan with Maori groups.

## **FINANCIAL IMPLICATIONS**

Many of the action items are to be funded or supported by the Government, as per the recent announcement. This is a very welcome development for the Hawke's Bay region. As a living document, the action plan is likely to change in the future, and new items will be added. Currently there are no significant financial implications for the DHB

## **CONCLUSION**

The strategy has been developed in consultation with key stakeholders and was taken out to the wider community, iwi and various organisations inviting comment and feedback. The process has produced a truly regional economic development strategy that has been embraced by iwi, government, councils and the local community.

# MATARIKI

## Hawke's Bay Regional Economic Development Strategy and Action Plan 2016

.....  
*'Every household and every whānau is actively  
engaged in, contributing to and benefiting from,  
a thriving Hawke's Bay economy.'*

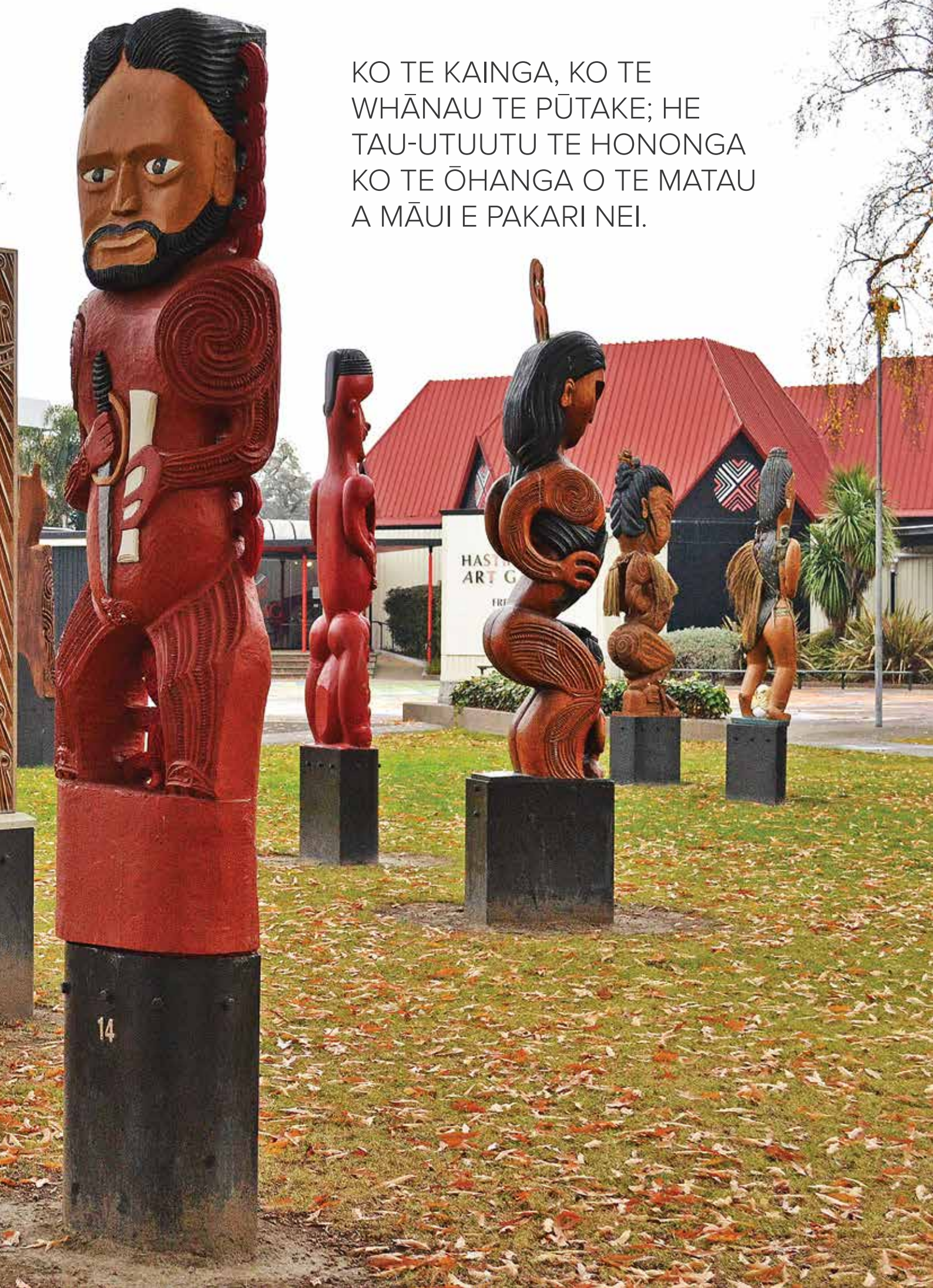








KO TE KAINGA, KO TE  
WHĀNAU TE PŪTAKE; HE  
TAU-UTUUTU TE HONONGA  
KO TE ŌHANGA O TE MATAU  
A MĀUI E PAKARI NEI.







# MATARIKI – TE WHETU HERI KAI

*The appearance of Matariki is the sign for future prosperity*

The rise of Matariki in mid-June marks the Māori new year: a time for celebration, reflection and planning. If it rises clear and bold, then ‘He kaihaukai te tau’ we expect prosperity in that upcoming year. If it is dim and forgettable, ‘He tau nihoroa’, a lacklustre year with difficult conditions is in store.

Matariki means three things to this regional economic development strategy. It is its name, its conceptual framework, and the commitment by all partners for robust annual review and refinement. As Matariki has seven stars, the Matariki framework has seven points, each pivotal to maintaining the direction and integrity of the strategy for all the partners and stakeholders. Matariki is also key to ensuring that as a region we orientate ourselves towards the vision: ‘Every household and every whānau is actively engaged in, contributing to and benefiting from, a thriving Hawke’s Bay economy.’

Matariki Framework for Hawke's Bay Regional Economic Development	
Partnership by co-design	Values and worldview underpinning the strategy and its actions are an expression of co-design, and the implementation and monitoring are an inclusive collaboration. A treaty principle.
Outcomes for every household and every whānau	All actions, initiatives and projects in the Action Plan must provide outcomes in line with the vision.
Build our people’s capability	There must be an emphasis on developing our people alongside infrastructure, assets and businesses.
Equality	A treaty principle, this requires reflection on who the intended audience and beneficiaries are, and a commitment to that being inclusive and equitable.
Business Growth Agenda 2015 He kai kei aku ringa	Our regional actions are designed to be as consistent as possible with both national economic strategies.
Whai rawa	Optimising assets in a full, holistic and sustainable way.
Pōtikitanga	Developing an enterprise mindset. Driving the thinking that goes behind business growth.

# Ā-ROHE, Ā-KĀNOHI

## *A regional strategy making the most of Hawke's Bay and its people*

This document sets out the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 (REDS). We want this strategy to play a real part in economic growth in our region by offering practical guidance to councils, businesses, iwi, hapū, and other organisations and agencies.

Some of the strategy is about practical things that we can – or must – do to help growth. We have a lot of things going for us, and we have to make the most of them. Other parts of it are about the things we have to stop doing, whether it's conflicting interpretation of regulations or needless negativity, because they are getting in the way of growth. We have to be honest about the areas where we're holding people back, and deal to them. Both bits are important.

### **He toa takitini – A strategy developed in partnership**

We're very proud that this strategy is, for the first time, a truly regional strategy, and that it has been designed in partnership, as aspired for in the principles of Te Tiriti o Waitangi. The strategy recognises the overarching frameworks of the Business Growth Agenda (2015) and its six growth areas and the Māori Economic Development Advisory Board's He Kai Kei Aku Ringa (2012) with its six goals.

This strategy involves the public sector at all levels and the private sector of all sizes. Māori partners were represented by Te Kāhui Ōhanga o Takitimu - a collective of Ngāti Kahungunu Iwi and Hapū post treaty settlement groups committed to driving economic development in Hawke's Bay. The strategy is focused on building from the whānau level to generate a healthier, wealthier, more inclusive and fulfilled population. It will only work if we all commit to supporting it and holding accountable the people who agree to deliver their parts of the process.

We need to acknowledge that numerous private, non-governmental and public organisations are already involved with economic development delivery in Hawke's Bay. If we are to achieve higher levels of economic performance and whānau success, their continued involvement in a way that recognises the role of each contributor is vital. So progressive networking between the different contributing organisations will be crucial.

### **He aronga whānui: he whakamana i te tangata – A strategy that diversifies and empowers**

With this strategy, we want to make the most of Hawke's Bay's competitive advantages. We're looking to diversify the economic base of the region. We want to create lasting jobs for our people and to use our resources in a sustainable way.

To do these things, the strategy needs to be clear and succinct, and describe an approach that is workable and collaborative. That way we hope it will encourage buy-in from stakeholders and be something that our region's councils, businesses, iwi, hapū, and other organisations and agencies will use and embrace.

### **Nā wai, mā wai? – Who worked on the strategy?**

A project management team worked on the strategy. They were guided by a governance group that included the Chief Executives of the local and regional councils and representatives from leading private sector, iwi, hapū, educational and health organisations in the region.

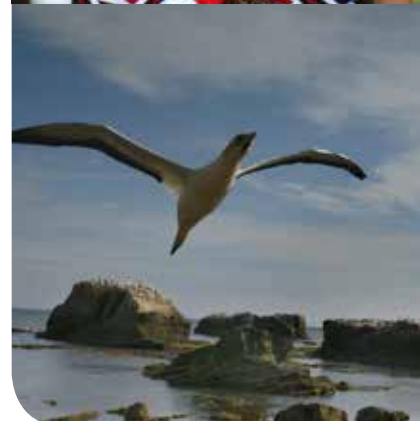
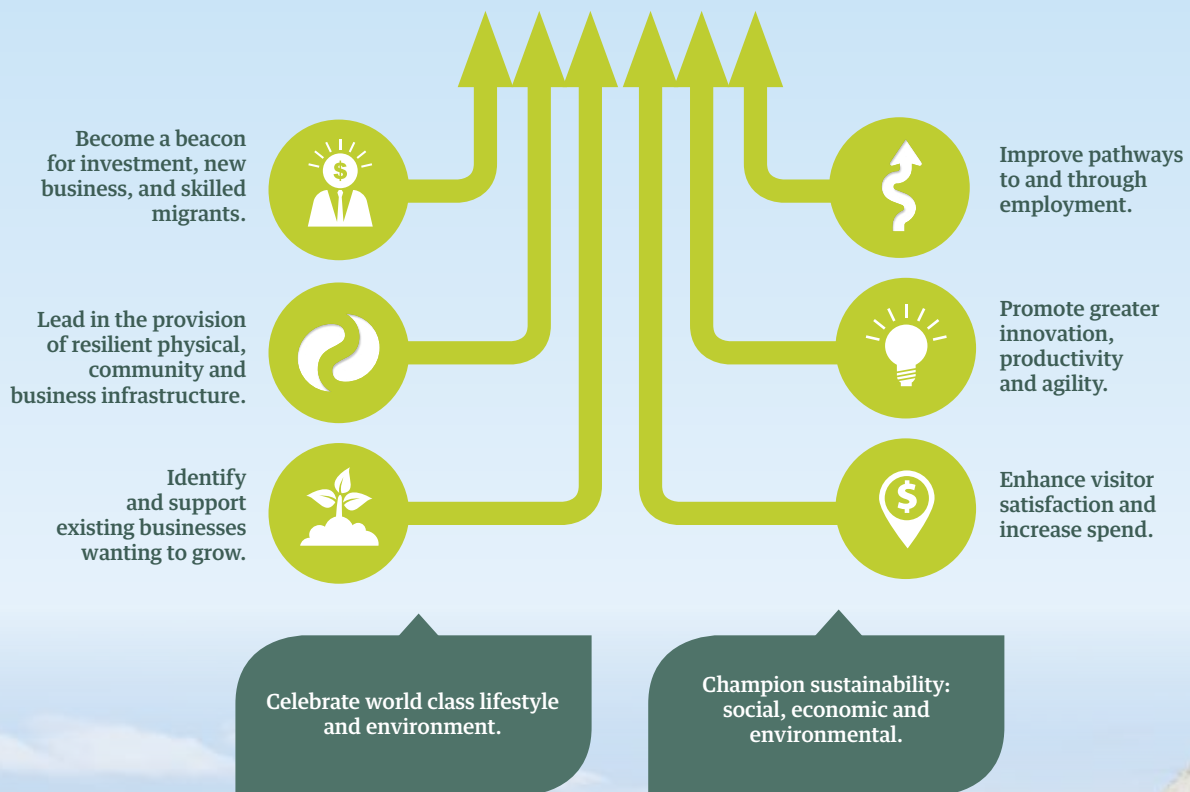


Figure 1: Hawke's Bay Economic Development Framework

# MATARIKI - HAWKE'S BAY REGIONAL ECONOMIC DEVELOPMENT STRATEGY 2016

Every Household and Every Whānau is Actively Engaged in, Contributing to and Benefiting from, a Thriving Hawke's Bay Economy.

Hawke's Bay will be NZ's most innovative region, the leading exporter of premium primary produce, and a hub for business growth.







## OUR VISION:

Every household and every whānau is actively engaged in, contributing to and benefiting from, a thriving Hawke's Bay economy.

We will do this by making Hawke's Bay NZ's most innovative region, the leading exporter of premium primary produce, and a hub for business growth.

### Strategic directions

- Improve pathways to and through employment
- Identify and support existing businesses wanting to grow
- Promote greater innovation, productivity and agility
- Become a beacon for investment, new business, and skilled migrants
- Lead in the provision of resilient physical, community, and business infrastructure
- Enhance visitor satisfaction and increase spend

The above strategic directions will be viewed through the lens of 'enabling whānau success' and will collectively require coordinated execution at a regional level.

### Goals

- To increase the median household income above the national median, for equitable growth
- To accelerate job growth, in particular to create 5000 net jobs in five years
- To raise to the top quartile of New Zealand regions in regional economic growth and sustain that position long-term

### Objectives

- To have a Hawke's Bay-led, government-supported, investment in infrastructure
- To deliver consistent interpretation and communication of rules and regulations to improve the efficiency of regulatory processes across local government within the region
- To establish an enduring private/public economic development delivery model
- To leverage the region's natural advantages to optimise the export value of agribusiness and food and beverage manufacturing, further enhancing the premium positioning and value-add of Hawke's Bay produce
- To build upon and sustainably manage visitor growth
- To foster and support entrepreneurship
- To grow Māori participation in, and benefit from, economic development





## THE CONTEXT: THE HAWKE'S BAY ECONOMIC DEVELOPMENT FRAMEWORK

Figure 1 (page 6) shows the strategic economic development framework. The goal of building a more valuable and sustainable export-led economy through diversification is underpinned by six cross-cutting themes that are designed to enhance the economic prosperity of the region. The framework also recognises the region's world-class lifestyle, its environment and the importance of sustainability.

## THE CONTEXT: OVERVIEW OF OUR REGION

Hawke's Bay is a relatively specialised regional economy with a small, but stable, population. Economic growth is gathering pace – we have a lot of things happening. We still have much to do particularly for our high-needs communities and our children: a third of our children are growing up in poverty and nearly half of Māori under five are living in households that depend on benefits. It is critical that opportunities and benefits of a thriving Hawke's Bay economy be accessed equitably.

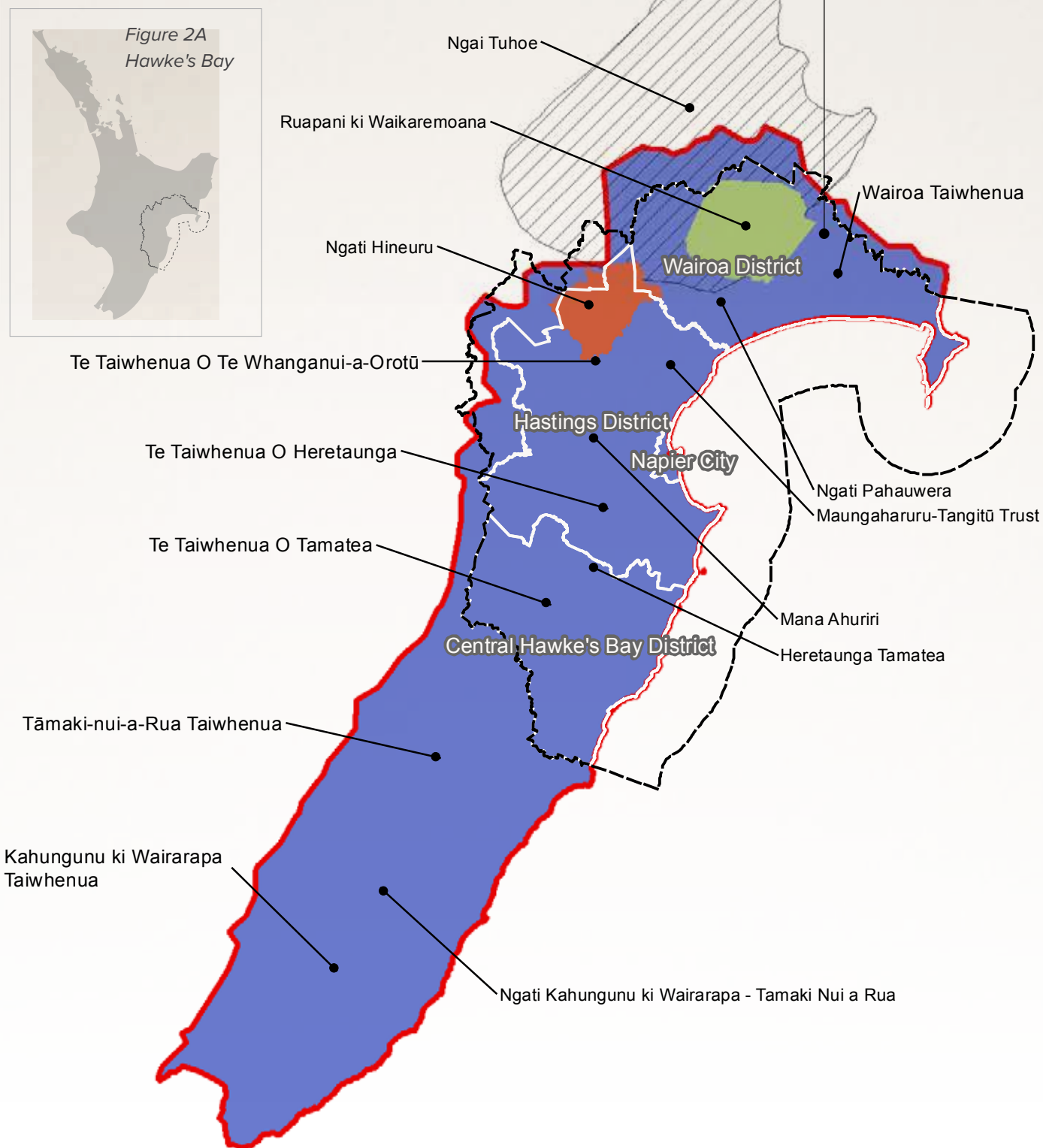
Our consultation process for preparing this strategy revealed a regional economy that is expanding and poised to expand further. But we also observed growing constraints and pressures that need urgent attention. The region has a good foundation. As well, potential developments are on the way that, if carried out, are likely to lead to major new opportunities. We also found evidence of rapidly emerging new business activity in a range of service sectors.

The Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016 applies to the geographical areas of Central Hawke's Bay District, Hastings District, Napier City, Wairoa District and small parts of Rangitikei District and Taupō District. The boundary coincides with the Hawke's Bay Regional Council (see Figure 2A). The area of focus for Te Kāhui Ōhanga o Takitimu includes Hawke's Bay, but goes beyond its boundaries, spanning the full length of the Ngāti Kahungunu rohe Mai Paritū ki Turakirae, from North of Te Mahia to Southern Wairarapa and linking to other Takitimu waka iwi and into the Pacific. The map provides locations of the different Kahungunu entities, including post treaty settlement groups and taiwhenua (Figure 2).





Figure 2 Geographical Context for the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016



DATA FROM: Information obtained from the Hawke's Bay Regional Council's Geographic Information Systems Database.

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DISCLAIMER: The Hawke's Bay Regional Council cannot guarantee that the data shown on this map is 100% accurate.





## OUR STRATEGIC DIRECTIONS

In the rest of this document we enlarge on each of the strategic directions for the Matariki – Hawke's Bay Regional Economic Development Strategy and Action Plan 2016:

- Improve pathways to and through employment
- Identify and support existing businesses wanting to grow
- Promote greater innovation, productivity and agility
- Become a beacon for investment, new business, and skilled migrants
- Lead in the provision of resilient physical, community, and business infrastructure
- Enhance visitor satisfaction and increase spend

## ACTION PLAN DEFINITIONS:

**'Lead'** The agency held accountable for, and the delivery of, the action.

**'Partner'** Enabler through co-design, participation in, and support of, the implementation of the action.

Abreviation	Full Title
BHB	Business Hawke's Bay
Callaghan	Callaghan Innovation
CHBDC	Central Hawkes Bay District Council
Councils	Local Territorial Authorities for Central Hawke's Bay, Hastings, Napier and Wairoa together with Hawke's Bay Regional Council
EIT	Eastern Institute of Technology
HBDHB	Hawke's Bay District Health Board
HBRC	Hawke's Bay Regional Council
HBT	Hawke's Bay Tourism
HDC	Hastings District Council
MBIE	Ministry of Business, Innovation and Employment
MPI	Ministry for Primary Industries
MSD	Ministry of Social Development
NCC	Napier City Council
NGO	Non-governmental organisation
NZTA	New Zealand Transport Agency

NZTE	New Zealand Trade and Enterprise
TEOs	Tertiary Education Organisations
TKO	Te Kāhui Ōhanga
TPK	Te Puni Kōkiri
WDC	Wairoa District Council

1. Strategic Framework			
Work Area	Actions	Lead Agency	Key Partners
1. Areas of Strategic Focus	1.1 Undertake a stocktake of the organisations involved in economic development in the region and recommend the regional economic development delivery model to give effect to this strategy.	REDS Governance Group	Councils, HBT, BHB, Iwi, Hapū, Government Agencies
	1.2 Investigate a business case to Government for Hawke's Bay to leverage a sustainable competitive differentiation for long-term advantage	HDC	Councils, BHB, Iwi, Hapū, Government Agencies, Private sector
	1.3 Develop research capability to support the work and provide the evidence base for REDS implementation	NCC	Councils, Waikato University
	1.4 Develop measures for monitoring the potential impact and ultimate success of the strategy against the vision, and the principles of the Treaty of Waitangi	REDS Project Team	Councils, BHB, Iwi, Hapū, Government Agencies, Private sector





WE WILL ACHIEVE OUR VISION BY MAKING  
HAWKE'S BAY THE MOST INNOVATIVE REGION  
IN NEW ZEALAND, THE LEADING EXPORTER  
OF PREMIUM PRIMARY PRODUCE, AND A HUB  
FOR BUSINESS GROWTH.











## ARA-RAU, HAUKŪ-NUI, HĀRO-O-TE-KĀHU

### Improve pathways to and through employment

We know that access to ongoing, regular paid employment is a significant driver of improved health and wellbeing for households and whānau, and that it reduces crime and violence. Creating and enhancing pathways into employment is not a ‘nice to have’ for Hawke’s Bay – it’s a ‘must have’. Regionally we must take action to minimise any potentially negative effects of external economic changes.

‘Pathways to and through employment’ is a strategy that can contribute to developing local resilience. By creating an empowered, more highly skilled and option-rich Hawke’s Bay population, we will be better equipped to deal with both future employment needs and changing market dynamics. To do this, we need to build clear pathways into, and subsequently through, employment.

We know that employment opportunities exist across all sectors currently and we need to be more creative to ensure that they are captured by local people. Globally and nationally we’ve had a history of shifting markets and changing economic policies that are outside our direct control but have had a significant impact on households and on whānau. Forestry, freezing works, and farming in particular have gone through fluctuations that have affected local people’s ability to be self-determining and financially stable.

The lower-skilled and unskilled workers are the most vulnerable through such market upheavals, which emphasises the importance of education and training as a critical part of the pathway to sustainable employment. We also have a local dependency on seasonal labour – 30% of which is currently filled by imported labour – because we struggle to match available labour supply with work opportunities.

On top of this, the world is continuing to change at an increasing pace, driven by advances in technology and global connectedness, and we need to give our people the skills and knowledge to help them navigate this uncertainty.

### NGĀ HUARAHĪ WHAI RAWA – PATHWAYS TO EMPLOYMENT

When we refer to ‘pathways to employment’, we mean the need to train people to be work-ready, who can then be matched with ‘employee-ready employers’. We’re also talking about creating a skilled and resilient population that is equipped to thrive in an uncertain future.

Training, the first of these pathways, will require industry to lead and government agencies, schools, Eastern Institute of Technology (EIT) and other tertiary providers to respond in a coordinated way. A coordinated response to training will lead to an effective ‘supply chain’ that has benefits for all involved – but most importantly, for the person seeking employment.

How we incentivise and appropriately align these pathways will require changes in practice and government policy. We need to be prepared to build a defensible case for policy change and lobby to achieve it. We need to make sure that all pathways are supported by a youth-targeted programme to lift aspirations and help young people to see training as something normal. We also recognise the critical role of the household in making this programme successful.



By doing this, we will capture a greater proportion of the student cohort and reduce attrition. Furthermore, by fostering a ‘business creation’ mindset in the region’s classrooms, homes and workplaces, we will encourage greater productivity and utilisation and further support business growth. Bridging the equality divide in the region must be central to all attempts to drive economic development.

Much is already happening in this space, particularly in tackling those youth ‘Not in Education, Employment or Training’ (NEET). Programmes supported by the Ministry of Social Development (MSD) are delivered by Wairoa College (The Wairoa Young Achievers Trust), Te Kupenga Hauora – Ahuriri, Te Taiwhenua o Heretaunga and Central Health Limited. Youth Futures, which is supported by the Local Authorities and MSD, is also active. Project 1000 is a new initiative that will link local people on benefits to 1000 new jobs over 3 years. Government agencies will work closely with employers and training providers to support those people into employment opportunities in key growth areas such as horticulture, viticulture, manufacturing and improved alignment of local infrastructure projects. This is a significant step towards achievement of the strategy’s aspirational goal to create 5000 net jobs in five years.



We need to focus on greater regional coordination of activities by the different agencies involved. We need to focus on all people, including younger and older age groups. A region-wide assessment of all NEET providers is planned; this should be expanded to include all who should benefit from such support.

## NGĀ HUARAHĪ WHAI RAWA – PATHWAYS THROUGH EMPLOYMENT

When we talk about ‘pathways through employment’ we are talking about the need to foster a spirit of lifelong learning across our collective workforce, and to lift the capability of local businesses to support such an approach. To do this, we need to work closely with local businesses to understand the current issues that block local people from progressing through their careers. We also need to work with EIT and others to clarify the options available for improvement.

The Hawke’s Bay District Health Board (HBDHB) is the region’s largest single employer and a leader in using employment to address inequity. Their Turuki programme is about improving the capacity and capability of Māori in the workforce and improving the cultural competence of the whole organisation. Their target is to increase Māori in the HBDHB workforce by 10 percent a year. The focus is not only on recruitment – it’s also about developing and retaining staff.

Employees must also play their part, bringing a positive attitude to work and a great work ethic. Employers are looking for the basics: turning up for work each working day on time and having pride in your work.







2. Improve pathways to and through employment			
Work Area	Actions	Lead Agency	Key Partners
<b>2. Improve pathways to and through employment</b>	2.1 Project 1000: This project will link local people on benefits to 1000 new jobs over 3 years. The jobs would come from across all industries but would be mainly in the horticulture, viticulture, and manufacturing sectors, and through improved alignment of local infrastructure projects. The jobs will be a mix of casual, permanent full-time and part-time positions.	MSD	Councils, Iwi, Hapū, BHB, Government Agencies, Napier Port, HBDHB
	2.2 Ensure that all major infrastructure development projects (ref action 3.0) are required to consult with and optimise employment opportunities for local people - contributes to Project 1000	MSD	Councils, Iwi, Hapū, Government Agencies, Napier Port, HBDHB
	2.3 Build on existing and create new school - industry - tertiary partnerships to develop vocational pathways for all Hawke's Bay students - contributes to Project 1000	MoE	Councils, Iwi, Hapū, EIT, TEOs, Private sector
Enablers	2.4 Increase the number of youth with drivers licenses (especially in areas outside of the main urban centres where access is restricted) to ensure more youth are eligible for employment - contributes to Project 1000	MSD	Councils, Iwi, Hapū, NZTA
	2.5 Engage rangatahi in regional economic development (including Māori and regional economic development forums) so they increase their participation to the regional economy - contributes to Project 1000	REDS project team	Councils, Iwi, Hapū
	2.6 Conduct a regional mapping project to identify what is happening in the provision of education and employment opportunities for youth	Youth Futures Trust	Iwi, Hapū, Government Agencies, NGOs



Enablers	2.7 Extend the regional mapping project to other age groups	Councils	Iwi, Hapū, NGOs
	2.8 Investigate the feasibility of a joint venture agricultural training hub in Hawke's Bay to maximise opportunities for the local workforce to access employment in agriculture - contributes to Project 1000	MPI	Iwi, Hapū, EIT, TEOs, Private sector
	2.9 Explore, design and deliver a future-focussed programme, including digital enablement and internet-based technologies to develop a resilient population who can thrive in an uncertain future - contributes to Project 1000	MBIE	Iwi, Hapū
	2.10 Undertake Agriculture and Horticulture feasibility studies to invest in Māori business growth, job creation and workforce development - contributes to Project 1000	Iwi, Hapū	Councils, BHB, MPI, TPK, Private Partnerships





TO BUILD HOUSEHOLD AND  
WHĀNAU JOBS AND PROSPERITY,  
IT'S CRITICAL THAT WE FIND MORE  
GROWTH ENTERPRISES, SUPPORT  
THEM BETTER, ENCOURAGE THEM  
TO GROW FASTER AND HELP THEM  
TO SUSTAIN THEIR GROWTH.











## WHAI RAWA

### Identify and support existing businesses wanting to grow

‘High growth’ businesses represent by far the greatest source of opportunity for regional jobs growth and higher median incomes. High growth businesses sustain their investment through innovation and continuous improvement. These businesses maintain steady growth over some years, either continuously or in stages. They have both the capability and the commitment to grow.

Identifying and supporting growing businesses is the so-called ‘sweet spot’ of economic development and the approach that is most likely able to deliver the employment outcomes we all desire.

We got the very clear message from participants engaged in the REDS process that the region needs to give priority to ‘growing our own’. It’s already happening across the region. Here’s what we found through the interview process:

- Hawke’s Bay has many high-growth firms
- They are located in all sectors
- They are growing especially in the ‘business to business’ (B2B) or outsourcing economy, which typically uses digital platforms to achieve new growth and scale quickly
- The normal path to growth is by acquiring customers all over New Zealand.

To build household and whānau jobs and prosperity, it’s critical that we find more growth enterprises, support them better, encourage them to grow faster and help them to sustain their growth. Encouraging growth among Hawke’s Bay enterprises is so important because of the realities of the present economy:

- Many young people are leaving and not returning, contributing to Hawke’s Bay’s ageing demographic profile
- Large and old firms worldwide are shedding jobs and Hawke’s Bay shows the same trends
- Larger cities will continue to dominate, and dominate in new ways while competition between regions will increase
- Disruption of existing businesses and business models is now a fact of life, and is accelerating. Competition is global.

No region is immune from these trends; and these trends are not reversible. The good news is that start-ups and high growth firms can be created anywhere, and in any sector.

Research on high-growth firms has established the following:

- While being a small proportion of all firms, high-growth firms create the greatest number of jobs



- High-growth enterprises are often under the radar, invisible to economic development agencies
- Key problems for high growth firms are: finding the right talent that can grow with the firm, securing non-debt capital to fund expansion, managing and growing capacity, implementing effective cost accounting practices, replicating successful geographic expansion
- Almost all high-growth firms face these same basic challenges, regardless of the firm's industry or location
- CEOs think they are alone in their struggles and have very few places to turn for peer advice or assistance
- Their biggest problem is the lack of supervisory and management talent.

This and other research will guide our new regional approaches. We are sure that encouraging more high growth businesses will give Hawke's Bay the greatest return on investments in regional development, and will lead to the greatest chance of creating more good jobs for household and whānau prosperity. We have got to do what we can to encourage growth.

## WHANAKETANGA – BUILDING ON WHAT WE ALREADY DO

Hawke's Bay has numerous existing programmes and activities that encourage enterprise growth. However, we can do more to support local businesses that employ local staff.

One pioneering proposal is to get the key funders of significant capital projects (the councils, the District Health Board, Napier Port, and central government) to coordinate their projects over the next decade, and share the proposed programme with the local construction industry, EIT, ITOs and schools. This will mean that local companies can have the best chance to bid for the work, and employment opportunities are optimised for our people. Given that up to an estimated one billion dollars of capital spend is forecast for the next ten years, this exciting initiative will have a significant impact on employment prospects and career-development opportunities for the Hawke's Bay.

We will also work to foster a favourable local environment for business. We will especially find new ways of supporting those 'solopreneurs', who operate innovatively but at small scale, by encouraging networks and the outsourcing of core functions where these can be shown to make room for innovation.

The development of Business Hawke's Bay, and in particular the Hawke's Bay Business Hub, has created better access to services for businesses through a one-stop-shop model. The Hawke's Bay Business Hub has exceeded expectations with the co-location of multiple agencies involved in 'unleashing business potential' with client numbers increasing. It provides a shared space for collaboration. Just as with any venture, it is a process of continuous improvement and one of the opportunities lies in strengthening connections with Māori-led businesses that are also seeking to grow.

Other successful programmes and business advisory services have achieved considerable success, growing firm profits, increasing employment, and improvement in the capacity of management to drive growth. These include, for example:







- High Performance Work Initiative & Better by Lean (Callaghan Innovation)
- Regional Business Partners
- Private collaborative partners
- New Zealand Trade and Enterprise
- Te Puni Kōkiri
- The cluster of expertise located at Hawke's Bay Business Hub to support the growth of food and beverage businesses
- Business Mentors
- Institute of Directors
- Business Awards

## MAHI TAHI – HARMONISING THE WAY LOCAL AUTHORITIES APPROACH REGULATION

We need to find ways to standardise the approach taken to regulation across all the Councils in Hawke's Bay where practical and allowed by legislation. The way applicants and councils approach regulation has a big effect on the quality of experience for users in areas such as consenting and compliance monitoring.

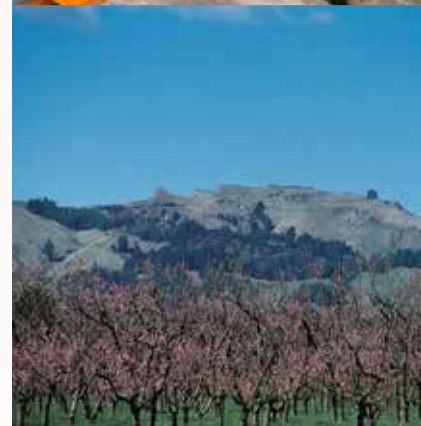
Businesses consulted have told us that the requirement to make multiple applications for regulatory approvals to different local authorities can be time consuming, lead to project delays and add to the cost of doing business. Concerns have also been raised about the differing interpretations of legislation or approaches to regulating the same activity in different planning documents between the various councils.

Any new business setting up or expanding is likely to come across the requirements to comply with one or more pieces of legislation. For example, this could be through altering an existing building or building something new, in which case they need to comply with the Building Act (BA). Other laws also need to be complied with, such as the Sale and Supply of Alcohol Act, the Food Act for food preparation, Regional and District Plans formed under the Resource Management Act or the Hazardous Substances and New Organisms Act. Not all these pieces of legislation are administered by local councils, but the majority of them are.

Councils need to ensure that adequate industrial, commercial and residential land, as well as resilient network infrastructure, is provided for future generations. Councils are engaged in regional initiatives such as the Heretaunga Plains Urban Development Strategy and other Regional and District planning processes.

We need to foster a regulatory culture in our local authorities that is pragmatic and proportionate, and focused on outcomes, not process. We aspire to have user-friendly planning and consenting processes by applying and interpreting legal requirements consistently.

3. Identify and support existing businesses wanting to grow			
Work Area	Actions	Lead Agency	Key Partners
<b>3. Identify and support existing businesses wanting to grow</b>	3.1 Establish a coordinated approach to major infrastructure development projects over the next decade, and partner with industry and education sector to optimise local business growth	NCC	Councils, HBDHB, Napier Port, Construction Industry, Education Sector, MSD, Te Kāhui Ohanga
	3.2 Explore the establishment of an incubator for small businesses incorporating a business accelerator programme linked to existing and potential new co-working spaces	BHB, NCC	Councils, Iwi, Hapū, Private Sector, Callaghan
	3.3 Establish accessible business growth services to firms across the Region	TPK, BHB	Councils, Iwi, Hapū, TPK
<b>Enablers</b>	3.4 Identify start-ups and high growth firms and identify barriers to growth and local capability	BHB	Regional Business Partners
	3.5 Explore an annual Hawke's Bay Investor Summit to target investor markets to attract embeddable investment in Hawke's Bay	BHB, NZTE	Iwi, Hapū, Councils
	3.6 Support the coordinated development of existing and emerging Māori business leadership to maintain and grow participation in the regional economy	Iwi, Hapū	Councils, TPK, Private Sector







## TĀNE-WHAKAPIRIPIRI

### Lead in the provision of resilient physical, community, and business infrastructure

Significant investment lies ahead for the region. We need to deal with the consequences of historic patterns of development. Some of these have degraded environmental values and made us vulnerable to a changing climate and sea-level rise. We need some new infrastructure too, with opportunities to improve resilience and create new businesses and employment. At the same time it will make the region more attractive to visitors by both enhancing the visitor experience and supporting our region's export brand.

#### LAND TRANSPORT

The Governance Group has assisted, in collaboration with the Regional Transport Committee and the Gisborne Governance Group, in identifying key road transport infrastructure priorities for the region, and has been liaising with the Government on this critical matter. Given our significant reliance on primary production, efficient transport of goods from the field to production facilities, and then to Napier Port and the wider North Island is seen as key to growing and maintaining the prosperity of Hawke's Bay business, and therefore the region as a whole.

We are working with central Government to develop an action plan for the Gisborne and Hawke's Bay regions. Both the Hawke's Bay and Gisborne Governance Groups agree that the first priority for the region is State Highway 2 between Opotiki and Napier and related access routes to Napier Port. The road link, in its current form, is a major impediment to economic development in the region. The East Coast Regional Economic Potential Study (2014) identifies this road as a key priority.

There is also an opportunity to improve the connections between Wairoa and Napier/Hastings and Gisborne. Forestry forecasts show that tonnages from the Wairoa area alone would result in an almost fourfold increase to the current tonnage. Increased tonnage would further stretch and expose the existing route vulnerabilities, which are in the Napier Port catchment. The route is important because of the range of products that are being transported in and out of Wairoa and the northern part of Hastings District. It will improve access to vital services and any upgrades will improve the safety of the route as well as access to smaller rural communities.

Aside from the SH2 improvements, other improvement initiatives are the Napier Port Access project and improvements to State Highway 38. The Napier Port Access project is a key regional initiative and this work is recognised in part by the programme business case being funded directly from Crown Funds. The programme business case provides a number of projects designed to ensure safe and strong freight connections exist to service current and future needs of traffic moving to and from Napier Port. The delivery of the initiatives coming from this plan will be critical to the future movement of freight and the surrounding communities.



Sealing State Highway 38 through to Lake Waikaremoana will open up this key natural asset and improve the safety of tourists travelling to the lake. It is noted that the Bay of Plenty is proposing the sealing of their end of SH38. An increased project to seal the full route between Wairoa and Rotorua would further enhance the tourism potential along this full route and provide some increased resilience between the East Coast and the Central North Island.

As outlined in the Hawke's Bay Transport Investment Priorities document completed and forwarded to ministers earlier this year, weight restrictions on bridges and increasing truck sizes (particularly HPMV) will restrict access to some pivotal routes. Without focus, monitoring, and funding applied to improving the bridges those restrictions will impact on economic development.

## TE HONONGA MATIHIKO – DIGITAL CONNECTIVITY

The digital economy is a critical component of the regional economic development strategy. We aim to create a safe, smart and connected region and to be a 'digital corridor' for our residents, businesses and visitors.

We'll be considering five initiatives:

- Broadband infrastructure enhancement across the region – in particular wi-fi nodes for all key community and tourism assets, including freedom camping areas, main road rest areas, community centres and halls, marae, council premises and tourism attractions such as cycle ways, using fixed radio broadband solutions
- Research into emerging digital technologies, new business models and opportunities for new collaborations in the region
- Community Connect – a programme to build digital skills and capacity across disparate regional communities, so as to open up digital possibilities to those currently denied reasonable access to fast and reliable broadband and 4G coverage
- Community resilience – a communications network designed to withstand adverse conditions and natural disasters that will serve the community and regional civil defence in times of emergency
- Employment Connect – a programme to connect our young people to jobs and to skills enhancement opportunities, using mobile applications and networks

Through these projects we want not just to enable access but to grow demand for broadband in the community. We also want to cultivate our growing digital skills base to create a platform for new start-ups and high-growth companies.

Broadband access issues are complex and vary considerably across the region. We need infrastructure and programs that will enable all our communities, localities and businesses to access the opportunities provided by connectivity.

Better broadband is already coming to Hawke's Bay through existing programmes and technologies. But not all areas are getting the benefits. And not all groups, businesses and communities realise just how transformative broadband is. We want to accelerate the process and in doing so to transform Hawke's Bay into a connected and networked twenty-first century economy and community.







OUR COMPETITIVE  
ADVANTAGE IS BUILT  
ON THE FOUNDATION  
OF FERTILE LAND, A  
QUALITY WATER SUPPLY,  
A FAVOURABLE CLIMATE  
AND THE ABILITY TO  
PRODUCE AND EXPORT  
WORLD LEADING  
QUALITY PRODUCTS.









## WAI ORA – WATER STORAGE AND ENVIRONMENTAL ENHANCEMENT

The Ruataniwha Water Storage Scheme (RWSS) is proposed to be operational in 2019 and full irrigation uptake of 26,000-27,000ha is currently considered achievable. The initial impacts of the project occur during construction and will continue over the entire period of farm conversion. It is estimated this phase will generate 5,400 job-years of work and increase GDP by \$490m. These impacts are anticipated to be spread over 12 years, but three quarters of the effects are estimated to occur in the first three years. Once the scheme is operating at full capacity, an annual GDP increase is estimated at \$380 million with potentially an extra 3,580 ongoing jobs for the region.

In addition to the RWSS, further opportunities exist for water storage in other catchments including Wairoa and Ngaruroro. These possibilities can help build on the momentum, skills, jobs and associated industries of RWSS to maximise the value the region derives from its freshwater resources.

Wetland enhancement projects, such as at Waitangi and Peka Peka, and cycle ways on flood control infrastructure, are examples of new visitor experiences arising from environmental management. By carefully managing the environmental effects of increased use of our land and water resources, we can have win–wins for both the economy and the environment.



4. Lead in the provision of resilient physical, community and business infrastructure			
Work Area	Actions	Lead Agency	Key Partners
<b>4. Lead in the provision of resilient physical, community and business infrastructure</b>	4.1 Improve access to the Port of Napier to increase regional economic performance	Regional Transport Committee	HBRC, Napier Port, NZTA
	4.2 Support the timely implementation of the key strategic initiatives in the Regional Land Transport Plan.	Regional Transport Committee	Councils, Iwi, Hapū, NZTA
	4.2.1 Support the combined approach with Tairāwhiti to achieve significant upgrades to SH2 between Napier and Opoitiki	Regional Transport Committee	Councils, Iwi, Hapū, NZTA
	4.3 Accelerate the deployment of Ultra Fast Broadband throughout the Region, in particular to rural communities and marae	Councils	Iwi, Hapū, MBIE
	4.4 Ensure regional and district plans take a coherent and consistent approach to regulating common activities	Councils	Private Sector
	4.5 Investigate a common approach to consenting and regulatory approval	Councils	Private Sector
	4.6 Identify land available to support new business growth by liaising with councils	Councils	Iwi, Hapū, Private Sector
<b>Enablers</b>	4.7 Explore opportunities arising from water storage schemes should they proceed, in order to promote increased regional productivity	HBRC	Councils, Iwi, Hapū, Private Sector, EIT, MPI







## PŌTIKITANGA

### Promote greater innovation, productivity and agility

We want to create more higher-value jobs through innovation, as good jobs will provide prosperity to our households and whānau. Innovation, agility and productivity are three key drivers of business success that we can influence in a globally connected and technology-enabled world. These success factors along with a commitment and drive to improving social determinant factors in the region will allow for a sustainable and exciting economy.

Pōtikitanga is the inherent value that comes from Māui Tikitiki a Taranga and his risk-embracing and adventurous exploits. Māori business growth in the Hawke's Bay has a growing number of success stories and is an area of immense potential with the right support. Preliminary consultation with whānau across the region highlighted this opportunity and its commercial potential.

We'll see more jobs created if our existing enterprises grow and new enterprises start up. This strategy reviews how we currently help our enterprises to prosper, and in particular whether we can do things better, differently or with greater resources.

To prosper, businesses must continue to meet market demand. They must drive value into their products and services, optimise their pricing, establish good relationships with customers and their supply chain partners, and make sure they focus on continuous improvement. A common saying is that business leaders need to work 'on' their businesses as well as 'in' their businesses. Support services are available to help.

Innovation will also be critical for many of our businesses to meet community and market expectations for their environmental performance. We need to ensure we are using our precious natural resources most productively and in doing so getting 'more from less'. The agility of our businesses to adapt in the face of global change is critical to long-term economic and social resilience.

## INNOVATION

Innovation is central to regional economic performance. It drives start-ups and high-growth firms and is critical for business to thrive. That is why nurturing innovation is so important to this strategy and why many of our planned actions will support innovation in Hawke's Bay.

Innovation is about 'marketable ideas' and about doing things better than anyone else. The sources of innovation are wide and varied. Innovation is not just the creation of patents, and is not just research and development, but includes the development of new products, processes, services, markets and business models. Our traditional strengths in premium primary production have been driven by innovation. Local firms right across the economy are now innovating in such diverse areas as robotics, new varieties of produce, business to business services, high tech and design.

Our task is to support the process of validating, developing and commercialising innovation.



## PRODUCTIVITY

Productivity means improvement. It means working smarter, increasing output, and getting the best out of our people and natural resources. Productivity is not just profitability, but increasing productivity will help drive returns to the business.

We see significant potential to lift the productivity of Hawke's Bay businesses and other institutions. Encouraging businesses to do things smarter is central to this strategy and to the prosperity of the region. A good local example is pipfruit. New Zealand produces on average 64 tonnes per hectare with a goal to increase this production to 160 tonnes per hectare. Our nearest competitor is Chile on 42 tonnes. This productivity gain has been achieved while maintaining world-leading quality standards.

The New Zealand apple industry is the leading apple industry in the world, a position achieved through innovation in new varieties, in on-orchard growing practices, in post-harvest technologies, and in sophisticated international marketing practices.

However, as we grow the local economy, we need to make sure that we do nothing that increases the biosecurity risk to the local primary sector.

## AGILITY

Agility is the capacity of firms to change course in response to changing market conditions. Agility requires a keen knowledge of markets, strategic sense, the capacity to work 'on' the business as well as 'in' the business and the courage to pivot towards new opportunities.

We aspire to support the development of 'agile' firms capable of operating in new or expanded markets, of adopting new technologies and changing their business as markets fail, prices collapse, customer preferences change, new competitors emerge, their businesses are disrupted, and so on.

## IMPROVING WHAT WE DO ALREADY

The region is well served with programmes that aim to enhance productivity. Examples of current initiatives include:

- High Performance Work Initiative (HPWI)
- Callaghan Innovation – the Better by Lean/Innovation Readiness approach
- Regional Business Partners Programme
- Chamber of Commerce
- Private sector-driven business services.

Our challenge is to do more and better, to eliminate duplication, to close gaps, to meet market demand and to do so cost-effectively. Our strategic intent as a region must be to help firms drive business improvements through:







- The wider marketing of our existing resources and programs
- Increased resources in areas where this is needed, to match the greater demand that will grow as a result of our greater marketing efforts
- Greater linking and leveraging of existing tools
- Introducing new programmes where needed
- Embedding a technology focus in our programmes
- Using existing tools in new ways or in new areas
- Stretching eligibility and making programs generally more flexible
- Making sure the cost to businesses of productivity, innovation readiness and other enhancement programmes is something they can afford, especially for start-ups.

We could do more to further drive innovation, productivity and agility. For example, the start-up ecosystem needs much more effort and resourcing. We lack a business incubation system and business accelerator programmes for start-ups, and we plan to develop these for the region.

Government itself has an opportunity to be more innovative in how it supports industries and businesses. For example, in the trade policy area, such as opening market opportunities for NZ goods and services, much more could be gained by agencies such as MFAT, MPI and NZTE working more collaboratively and strategically with each other and with industries.

5. Promote greater innovation, productivity and agility			
Work Area	Actions	Lead Agency	Key Partners
<b>5. Promote greater innovation, productivity and agility</b>	5.1 Work in partnership with Iwi and Hapū to identify and support commercial opportunities and to support the innovative and entrepreneurial capacity of Māori	TKO	Councils, Iwi, Hapū, BHB, TPK, MBIE, MPI, Private Sector
	5.2 Establish a Regional Research Facility to provide an evidence-base and support decision-making to optimise regional assets through innovation-led productivity growth	BHB	Councils, Iwi, Hapū, Private Sector
	5.3 Support the expansion of the National Aquarium, including the development of marine research, to create high-skilled science-based employment	NCC	Councils, Universities, Private Sector

	5.4 Work with primary producers to ensure productivity gains deliver the improved environmental performance required for freshwater reform	HBRC	MPI, Private Sector
	5.5 Support natural resource users to identify and proactively manage business risks and opportunities arising from a changing climate	HBRC	MPI, Private Sector
<b>Enablers</b>	5.6 Ensure sustained funding for productivity and innovation development programmes to meet the needs of businesses in Hawke's Bay	Callaghan	Iwi, Hapū, BHB, MBIE, Private Sector
	5.7 Promote greater business agility and connectivity through better use of digital technology	BHB	Councils, Iwi, Hapū, NZTE, Private Sector
	5.8 Research the Hawke's Bay productivity gap so that causes can be identified and enable better targeting of support services	MBIE	Iwi, Hapū, BHB, EIT, Productivity Commission, Private Sector
	5.9 Conduct a regional natural-capital stocktake of primary sectoral productivity potential.	HBRC	Iwi, Hapū, MPI, Private Sector





## MATANGI RAU

### Become a beacon for investment, new business, and skilled migrants

Attracting new resources to Hawke's Bay will be an important stimulant of economic growth in the region.

The benefits of attracting firms, investment and migrants to Hawke's Bay are:

- new jobs
- new links and expanded networks
- ideas for new market/product development
- new skills
- new capital investment
- enhancement of supply chains
- diversification of the productive base adding to sustainability.

Resources invested will range from financial capital from external investors looking for opportunities, to businesses seeking to capitalise on the natural and competitive advantages the region has to offer, through to people attracted by the lifestyle and opportunities offered to their families.

The region excels in, and is world-renowned for, its quality food production. Our exports account for 52.5% of the region's GDP compared to 30.7% for total New Zealand – tangible evidence of the value of Hawke's Bay to the nation's export-driven economy. Our competitive advantage is built on the foundation of fertile land, a quality water supply, a favourable climate and the ability to produce and export world leading quality products. Maintaining the quality of the natural resource base on which the region depends will be essential to attracting investment and securing the social license for businesses to grow value from the resource base.

Opportunities already exist for external investors to forge partnerships with local businesses looking to grow or by creating standalone new business ventures. As a region, we are looking to attract entrepreneurs who will maximise production throughout the value chain from primary production to the final packaged product, and then to further capitalise through their global value chains.

In addition to primary production, Hawke's Bay also has a thriving knowledge economy. The primary sector is a natural conduit for furthering applied agri-science research from the laboratory to practical application throughout the primary industry value chain. Our region is also the home for niche technology businesses, with high tech an expanding sector attracting entrepreneurs with the quality lifestyle and the work life balance offered.





Our economic diversity is aided by a strong business services sector. Low operating costs relative to the large cities and a quality labour supply are proving attractive for businesses establishing or relocating to Hawke's Bay to conduct business services. Well-connected communications, transport links, and low property costs add to the reasons for establishing business in Hawke's Bay.

The Hawke's Bay economy is on the upturn and the region is currently one of New Zealand's strongest performing economies. New Zealand and overseas investors are recognising the business opportunities this momentum is creating.

Recent examples of investment from outside investors include: Rocket Lab; Rocket Apples, and Kiwibank.

6. Become a beacon for investment, new business and migrants			
Work Area	Actions	Lead Agency	Key Partners
<b>6. Become a beacon for investment, new business and migrants</b>	6.1 Work with Rocket Lab to develop opportunities to leverage business attraction off their Te Mahia initiative	WDC	Iwi, Hapū, HBT, MBIE
<b>Enablers</b>	6.2 Develop a targeted regional strategy for the attraction of businesses, investment and migrants	Councils, BHB	Iwi, Hapū, NZTE, Private sector
	6.3 Undertake specific Food & Beverage global opportunity assessments in order to identify new market-led opportunities for Hawke's Bay businesses	BHB	Councils, Iwi, Hapū, MBIE, NZTE, Private sector
	6.4 Support the establishment of the food and beverage supply chain network based on goat and sheep dairy	BHB	Councils, Iwi, Hapū, MBIE, MPI, Private sector
	6.5 Develop an agribusiness programme to identify specific sector issues and opportunities for business development and growth	BHB	Councils, Iwi, Hapū, Private Sector







## KAHUNGUNU RINGA HORA

### Enhance visitor satisfaction and increase spend

We live in a region with great food, world-class wine, an incredible climate, warm community and a lush landscape with history and beauty. Our region is accessed by road and plane, and increasingly by ship. The number of cruise ship visits to the Port has more than doubled since the mid-2000s and is projected to bring 91,500 passengers directly into Hawke's Bay next year. An increase in air traffic by Air New Zealand and the arrival of Jetstar will make it even easier to arrive and enjoy Hawke's Bay.

Add to this picture Hawke's Bay's impressive and growing list of events, which includes Te Matatini 2017, Iron Māori, Art Deco, Horse of the Year, F.A.W.C!, The Big Easy, Mission and Black Barn concerts, Air NZ Hawke's Bay Marathon and Tough Guy & Tough Girl.

During the research we came across the theme "One more night, one more coffee" to highlight the importance of every visitor's experience and contribution. When we do this well, Hawke's Bay will continue to grow as a premier visitor destination. The region has many of the things it needs to be a tourist mecca, but it still requires its people and its visitors to share this truth with the world. The work of Hawke's Bay Tourism as a key driver and delivery partner will help ensure our strong position in the visitor market, domestically and internationally.

Our visitors are organised into two groups, international and domestic (New Zealand-based) travellers, who bring different preferences and patterns. For the year ending March 2016 and based on conservative estimates, domestic travellers spent \$405m and international travellers spent \$135m. International visitors staying in commercial accommodation grew by 19.3% at year end March 2016.

The opportunity for international tourism to Hawke's Bay is in growing the important longer staying international markets of Australia, UK and USA but also providing tourism product that meets the need of the fast growing Chinese market. Domestic tourism provides the opportunity to build the visitor economy year-round therefore evening out the year so the industry can be sustainable. Attracting and hosting events and conferences play an important role in helping to balance visitor arrivals across the year. The biggest risk Hawke's Bay faces is that we do not have the infrastructure and tourism products to meet the needs of a growing visitor economy.

We can encourage sustainable visitor growth in number and spend by developing infrastructure with a focus on improving the visitor experience. Improved roading, greater digital connectivity, better facilities and other general development are all factors that will help.

We can see room for visitor-focused product development especially in diversifying our offerings. We can develop products and services that use our people's skills and talents and display our character. A significant opportunity here is developing Māori-centred tourism, with ventures that engage whānau and tell our story. The arrival of Rocket Lab at Te Mahia Peninsula provides a unique opportunity to build tourism products centred on 'space-launch tourism' while also allowing the natural beauty and the extensive history of the area to be showcased.

To further combine visitor attraction and our drive for a sustainable future, we are seeking government support to create a world-class aquarium that is research-based



and conservation-focused. The project will be led by Napier City Council (NCC) who will work alongside Hawke's Bay Regional Council and Waikato University, with important roles played by the Department of Conservation, National Institute of Water and Atmospheric Research (NIWA), the Earthquake Commission (EQC), Massey University, GNS Science and the Zoo and Aquaria Association of Australasia. It is proposed that the new facility will be operational within two years of receiving funding support.

Enhance visitor satisfaction and increase spend			
Work Area	Actions	Lead Agency	Key Partners
<b>7. Enhance visitor satisfaction and increase spend</b>	7.1 Improve collaboration between organisations tasked with tourism product development and infrastructure spend and establish a coordinated approach to developing tourism products and a programme of initiatives in order to optimise visitor spend in Hawke's Bay	HBRC	Councils, Iwi, Hapū, BHB, HBT, MBIE
	7.2 Develop a Māori-centred tourism group to increase the experience, the spend and employment opportunities e.g. space launch tourism at Mahia Peninsula	Iwi, Hapū	Councils, HBT, MBIE, Private Sector
<b>Enablers</b>	7.3 Improve collaboration between the tourism industry and educational institutes to improve staff training	EIT	TEOs, Private Sector, HBT
	7.4 Support and resource continued collaboration between organisations responsible for events	HBT	Councils, Iwi, Hapū, MBIE
	7.5 Undertake a feasibility study for a Napier to Gisborne cycleway	HBT	Councils, MBIE





A woman with dark hair in a ponytail, wearing a red sweater, sits in a yellow wicker chair on a green lawn. She is holding a baby in a red hoodie and patterned pants, reading a large, colorful book to them. The background shows a sunny day with a building featuring arched windows and a sign that says 'SUPP'. A palm tree and a flag are also visible.

THE WORLD IS CONTINUING TO CHANGE AT AN INCREASING PACE, DRIVEN BY ADVANCES IN TECHNOLOGY AND GLOBAL CONNECTEDNESS. WE NEED TO GIVE OUR PEOPLE THE SKILLS AND KNOWLEDGE TO HELP THEM NAVIGATE THIS UNCERTAINTY.











**ANNUAL PLAN 2016/17**  
**with Statement of Intent 2016-2019**  
**&**  
**Statement of Performance Expectations 2016/17**  
  
(on Website and Diligent)





## **Recommendation to Exclude the Public**

### ***Clause 32, New Zealand Public Health and Disability Act 2000***

That the public now be excluded from the following parts of the meeting, namely:

- 20. Confirmation of Minutes of Board Meeting**  
- Public Excluded
- 21. Matters Arising from the Minutes of Board Meeting**  
- Public Excluded
- 22. Board Approval of Actions exceeding limits delegated by CEO**

#### **For Discussion**

- 23. Taking Further Opportunity for Integration and Coherence in Primary Care**

#### **Decision**

- 24. Renal Stage 4**

#### **Reports and Recommendations from Committee Chairs**

- 25. Finance Risk and Audit Committee Report**
- 26. HB Clinical Council**

The general subject of the matter to be considered while the public is excluded, the reason for passing this resolution in relation to the matter and the specific grounds under Clause 32(a) of the New Zealand Public Health and Disability Act 2000 for the passing of this resolution are as follows:

- Official Information Act 1982 9(2)(ba) to protect information which is subject to an obligation of confidence.
- Official Information Act 1982 9(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions between the organisation, board and officers of the Minister of the Crown.
- NZPHD Act 2000, schedule 3, clause 32(a), that the public conduct of the whole or relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7 or 9 (except section 9(2)(g)(i) of the Official Information Act 1982).



