BOARD MEETING

Date: Wednesday, 25 July 2018

Time: 1:30pm

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

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

Apologies:

In Attendance:
Dr Kevin Snee, Chief Executive Officer
Colin Hutchinson, Executive Director of Provider Services
Claire Caddie, Deputy Executive Director of Provider Services
Ashton Kirk, Acting Executive Director of Corporate Services
Tracey Paterson, Acting Executive Director of People & Quality
Ken Foote, Company Secretary
Dr John Gommans, Chief Medical Officer, Hospital & Co-Chair Clinical Council
Dr Andy Phillips, Chief Allied Health Professions Officer & Co-Chair Clinical Council
Rachel Ritchie, Chair HB Health Consumer Council
Members of the public and media

Mintute Taker: Jacqui Sanders-Jones, EA to Executive Director Provider Services

Public Agenda

Item	Section 1: Routine	Ref #	Time (pm)
1.	Karakia		1:30
2.	Apologies		
3.	Interests Register		
4.	Minutes of Previous Meeting		
5.	Matters Arising - Review of Actions		
6.	Board Workplan		
7.	Chair's Report – Kevin Atkinson		
8.	Chief Executive Officer's Report – Kevin Snee	94	
9.	Financial Performance Report – Ashton Kirk	95	
10.	Board Health & Safety Champion's Update – Board Safety Champion	96	
	Section 2: Reports from Committee Chairs		
11.	HB Clinical Council – Co-Chairs, John Gommans / Andy Phillips	97	2:00
12.	HB Health Consumer Council – Chair, Rachel Ritchie	98	2:05
13.	Māori Relationship Board – Chair, Ngahiwi Tomoana	99	2:10
	Section 3: For Decision		
14.	Central Technical Advisory Committee Resolution Altering Constitution – Ken Foote	100	2:15
15.	Primary Care Partnership Development Governance – Ken Foote	101	2:20
	Section 3: Presentations / Discussion		
16.	Te Ara Whakawaiora – Smoke Free Update *(6 monthly)* – Johanna Wilson	102	2:30
17.	Annual Plan 2018/19 Draft	103	2:40
	Section 4: General Business		
18.	**Section 5: Recommendation to Exclude the Public** Under Clause 32, New Zealand Public Health & Disability Act 2000		

Public Excluded Agenda

Item	Section 6: Routine	Ref #	Time (pm)
19.	Minutes of Previous Meeting (public excluded)		2:55
20.	Matters Arising – Review of Actions (nil)		
21.	Board Approval of Actions exceeding limits delegated by CEO	104	
22.	Chair's Update - verbal		
	Section 7: Discussion		
23.	Clinical Services Plan 2nd draft – Ken Foote	105	3:00
	Section 8: Reports from Committee Chairs		
24.	HB Clinical Council – Co-Chairs, John Gommans and/or Andy Phillips	106	3.20
25.	HB Health Consumer Council – Chair, Rachel Ritchie	107	3:25
26.	Māori Relationship Board – Chair, Ngahiwi Tomoana	108	3:30
27.	Finance Risk and Audit Committee – Chair, Dan Druzianic	109	3.35

The next HBDHB Board Meeting will be held at
1.30pm on WEDNESDAY 29 August 2018

Board "Interest Register" - 1 July 2018

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
Kevin Atkinson (Chair)	Active	Trustee of Te Matau a Maui Health Trust	The shares in Health Hawke's Bay (PHO) are owned by the Te Matau a Maui Health Trust, representing health and community stakeholders.	Will not take part in any decisions or discussion in relation to the Trust	The Chair of FRAC	Mar-11
	Active	Board Member of NZ Health Partnership Limited, *effective from 20 March 2017*	Lead, supported and owned by the 20 DHBs, NZ Health Partnerships creates efficiencies in the health sector that allow more to be spent on frontline services.	Will not take part in any decisions in relation to NZ Health Partnerships Limited where specific legal or fiduciary conflict identified.	The Chair of FRAC	22.02.17
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair of FRAC	26.10.17
Ngahiwi Tomoana (Deputy Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The Chair	01.05.08
	Active	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
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The Chair	28.03.18
Barbara Arnott	Active		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
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	26.10.17
Dr Helen Francis	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.11
	Active	HB Medical Research Foundation	Trustee	Declare this interest prior to any discussion in relation to the Foundation, and an appropirate mitigation action is decided on.	The Chair	20.08.14

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
	Active	Independent Consultant	To a variety of health organisations.	Will declare at the beginning of meeting(s) if there are any projects that have anything to do with items on the agenda and will not be involved in those discussions	The Chair	26.02.18
Diana Kirton	Active	Brother, John Fleischl, is a Senior Medical Officer (surgeon) employed by HBDHB.	Perceived Conflict of Interest. Non-Pecuniary interest.	Will not take part in any decisions in relation to surgical services provided by or contracted by HBDHB. All employment matters in relation to John Fleischl are the responsibility of the CEO	The Chair	18.02.09
	Active	Employee of Eastern Institute of Technology (EIT), Practicum Manager, School Health and Sports Science from 3 Feb 2014	Non-pecuniary interest: Organises student practicum placements with some HBDHB funded health providers.	Declare this prior to any discussion in relation to EIT in the area of interest, and an appropirate mitigation action is decided on.	The Chair	16.01.14
	Active	Trustee of Hawke's Bay Power Consumers' Trust which holds all the shares in Unison Networks Limited.	Potential Conflict of Interest. Non-Pecuniary interest. Unison Networks Limited, trading as Unison, has a lease agreement with HBDHB for a generator which is located at Hawkes Bay Fallen Soldiers Memorial Hospital. HBDHB has an electricity supply contract with Meridian Energy Limited. Meridian Energy Ltd has a subcontract with Unison for the supply of power lines.	Will not take part in any decisions or discussions in relation to HBDHB electricity contracts. Will not take part in any decisions in relation to the generators at Hawke's Bay Hospital and electricity generation.	The Chair	03.10.14
	Active	Member, Hawke's Bay Law Society Standards Committee	Law Society	No conflict perceived	The Chair	20.06.17
	Active	RENEW counselling services	Counsellor	No conflict perceived	The Chair	17.07.17
Dan Druzianic	Active	Director of Markhams Hawke's Bay Limited	Potential Conflict of Interest. Some clients may from time to time be employed by or have contracts with HBDHB	Declare an interest at any time an issue arises concerning a client, and take no further part in any decision or discussion on this matter.	The Chair	7.12.10
Jacoby Poulain	Active	Board Member of Eastern Institute of Technology (EIT)	Perceived conflict - HBDHB has a Memorandum of Understanding (MOU) with EIT relating to training and development in health related occupations.	Will not take part in any decisions or discussions in relation to the MOU between HBDHB and EIT	The Chair	14.1.14
	Active	Councillor Hastings District Council	Potential conflict as potential advocate for Hastings District population whereas HBDHB coveres whole of Hawke's Bay	Declare this interest prior to any discussion on the specific provision of services in Hastings and Chair decides on appropriate mitigation action.	The Chair	14.1.14
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Peter Dunkerley	Active	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
	Active	Shareholder Need a Nerd	IT support for home or business	No conflict perceived	The Chair	13.12.17
	Active	Shareholder of NZ Technologies	Technology and innovative support for businesses to grow	No conflict perceived	The Chair	13.12.17
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed /rebranded "Whaririki Trust" advised 30-8-17	Relationship and and may be contractural from time to time	No conflict	The Chair	5.12.16
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	14.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	14.02.17

MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 27 JUNE 2018, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.40PM

PUBLIC

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

KARAKIA

Ngahiwi Tomoana opened the meeting with a Karakia.

APOLOGY

An apology had been received from Heather Skipworth

3. INTEREST REGISTER

Ana Apatu as Chair of Directions noted that youth health was being discussed in the meeting. Her role as Chair of Directions concludes on 30 June and can be removed from the Interest Register. **Action**

No other changes to the interests register were advised and no interests recorded for any items on the days agenda

4. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 30 May 2018, were confirmed as a correct record of the meeting.

Moved: Barbara Arnott
Seconded: Peter Dunkerley
Carried

5. MATTERS ARISING FROM PREVIOUS MINUTES

Item 1: **Māori and Pacific Workforce –** Discussion around appointing a Pacific person to fill a gap through attrition within the HR team. Barbara/Kate Coley discussion – actioned. Remove item.

Item 2: **Bowel Screening –** Analysis of those 50 years > (Māori and Pacific people) was in hand and due to the Board in August. The Chair noted a number of DHBs have advised they wish the age of eligibility for bowel screening to be lowered.
A tour of the new facility at the DHB has been included on workplan. Remove item.

Item 3: **Clinical Services Plan (CSP) – Planning for Consultation:** feedback sought from board members. It was noted that MRB had not provided any guidance around planning.

Remove action as Sapere will provide the first draft of the CSP for review by EMT on 4th July 2018.

Item 4: **Human Resource KPI's – regarding** Maori Workforce (following the status update provided. This was up for 6 monthly review with the Board receiving a further update in November 2018.

6. BOARD WORK PLAN

The Board Work Plan was noted.

Diana advised that Addiction Services were to provide an update. This does not appear on the Workplan currently. This will be considered and timing advised – A**ction.**

7. CHAIR'S REPORT

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

Name	Role	Service	Years of Service	Retired
Dr Richard Luke	Cardiologist	Medical Directorate	30	29-Jun-18
Raewyn Sides	Registered Nurse	Surgical Directorate	31	30-Mar-18

No further items were raised.

8. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO was happy to answer any questions on the detail provided within his report. It was noted that the health system remains under pressure. Issues of concern remain within elective activity and shorter stays in the emergency department which is likely to remain problematic through the winter. We continue to perform well in Raising Healthy Kids, Faster Cancer Treatment and Immunisation.

9. FINANCIAL PERFORMANCE REPORT

Ashton Kirk (Acting ED of Corporate Services) spoke to the Financial Report for May 2018, which showed an adverse variance to plan at the end of May (year to date) of $3.7 million with the month of May being $0.7 million unfavourable. The May variance was mainly a combination of medical vacancy cover, unachieved savings and IDF outflows. The financial report had been discussed in detail at the FRAC meeting held earlier in the day.

10. HEALTH & SAFETY BOARD CHAMPION'S UPDATE

Dan Druzianic, current board health and safety champion provided an update on a safety tour of the Laboratory on 18 June. He advised that a lot of health and safety work had been done in the Laboratory and improvements made around the availability of space. A workflow study had also been undertaken and robust systems were in place. A good culture of health and safety was noted, with no barriers to doing an efficient safe job. The area appeared well organised, however he did note the Dangerous goods store was not ideal, even though there was a reduced volume of liquids held in there. This had been noted by Kate Coley.

REPORT FROM COMMITTEE CHAIRS

11. HAWKE'S BAY CLINICAL COUNCIL

Co-Chair Dr John Gommans provided an over view of the Council's meeting held on 13 June 2018, advising that the bulk of the meeting held was a joint workshop with Consumer Council with topics discussed: Choosing Wisely, Person and Whānau Centred Care and the People Plan.

A brief pre-meeting of Council had been held with the balance of the reports being provided for members' information.

12. HAWKE'S BAY HEALTH CONSUMER COUNCIL

Rachel Ritchie, Chair of Consumer Council advised the outcomes of their meeting held on 13 June 2018. A short pre-meeting preceded the Workshop with Clinical Council. Papers noted but not discussed included Te Ara Whakawaiora / Oral Health paper and the Youth Strategy Implementation Update.

Barbara Arnott asked for feedback/opinions around the People Plan? Advised that meaningful conversations had been held. There will be training to enable progress, this is not just a strategy it comes with a plan for implementation.

New Members have been appointed to HB Health Consumer Council for a two year term: Four new appointments to Consumer Council were advised, replacing members who had been on Council since inception and retired by rotation. This had followed an extensive campaign throughout the region with 12 nominations received, with 6 interviewed. The four new members to join Council for their first meeting on 12 July were: Denise Woodhams, Gerraldine Tahere, Les Cunningham and Wayne Taylor (of Raupunga).

13. MĀORI RELATIONSHIP BOARD (MRB)

In the absence of the Chair, Heather Skipworth, Ana Apatu who attended the MRB meeting held on 13 June provided a brief overview.

Several members had expressed they were not content with how the Clinical Services Plan, process was unfolding as MRB did not want to put forward a plan without first reviewing the draft CSP document. Kaupapa Māori maternal model of care: several members who were not in attendance at the prior MRB meeting expressed concern as to how this will roll out into the community.

Shayne Walker the current GM of Maungaharuru-Tangitū Trust, attended MRB briefly and introduced himself, advising they were ready to talk about health.

Action: Kevin Snee would move this forward.

A mental health consumer story had been heard with understanding and support provided.

FOR DECISION

14. ALCOHOL POLICY HAWKE'S BY HEALTH AWARDS

Kevin Snee and Anna Kirk (Communications Manager) spoke to the report provided. During general discussion the following points were noted:

- This should be about how you use alcohol sensibly and not be zero tolerance.
- There can be rules around the use of alcohol as this is a celebration.
- The event is not held on a HBDHB or health provider site.
- Rachel Ritchie, Chair of Consumer Council advised we have provided messaging to schools about how they should not use alcohol (not just when children are present). This is about setting an example to all about alcohol and its very real dangers. In reality the health awards was a large local event, covered in the media. We need to accept our view promoted to schools and not support alcohol at the Health Awards event. A very clear message came through from Rachel Eyre the prior month that alcohol causes a lot of damage. Together with schools we should be role modelling behaviour!
- The CEO spoke in support of no alcohol and his support for the Iwi's stance on no alcohol as well. We must send a clear message as Hawke's Bay have some of the worst statistics in the developed world and very damaging domestic violence statistics as well. This is about leadership and sending the right messages to our community!
- Other Board members also spoke about role modelling the right to individual choice and using alcohol responsibly, noting that the Awards was an adults only event.

A vote followed, with **six board members supporting option 1**:

And **four board members supporting option 2** that "no alcohol provided or available to purchase".

RECOMMENDATION:

That the HBDHB Board:

1. **Supported option 1**: that no alcohol provided at the HB Health Awards event, but be made available from the venue bar, if an individual chooses to purchase at their own cost.
2. **Agreed** there be an annual review in April 2019, with "Alcohol at the Health Awards" appearing as an item on the Board agenda for discussion. **Action**

PRESENTATIONS / DISCUSSION

15. INFORMATION SERVICES MOBILITY PROGRESS PRESENTATION

A presentation was received from Anne Speden (Chief Information Officer) supported by Lyn Watene.

From an HBDHB environment of multiple models of mobile phones and devices, with minimal security or compliance standards, high operational costs and no service support or upgrades, we are fast moving to a cost effective, secure and safe mobile environment which includes in many cases, doing away with desk phones (further reducing costs). Mobility is a key enabler and this key initiative will be funded within the current Information Services operating and capital budget allocations as we optimise and enhance our services. Most has been developed in house which reduces new operational costs. There are partners in place to assist with an annualised Mobility programme of work which will be business led and governed.

The Board were complimentary and very encouraged by the presentation, and asked for regular updates from Anne in future.

Action: Schedule more updates from Anne Speden (CIO) in future.

16. HBDHB YOUTH STRATEGY IMPLEMENTATION UPDATE INCLUSIVE OF ZERO FEES 13-17 YEARS

Jill Garrett, Strategic Services Manager – Primary Care and Marie Beattie, Portfolio Manager

Integration will be leading strategy from now on.

In addition discussions included:

- 14 GP Practices were utilising rates for young people.
- Mental health is one of key areas focusing on so youth feel connected and being able to access off phones, including GP consult.
- The self-harm group is growing and is of concern, with a need to detect early.
- Looked at providing ED NHI numbers to GPs to ensure their services are used. Finding many use ED as a substitute to going to a Doctor, therefore they never get enrolled. What action can be put in place to fix that?
- 50.7% of Māori youth, may not be utilising GPs, therefore we need to dig a lot deeper.
- MRB noted a Central HB practice had not picked up the package. Analysis has been done on patient registered threshold reached and access to free prescriptions, to ensure no one is disadvantaged.
- Looking to see what is missing in the data loop to find what is occurring outside of primary care.
- Marie advised of scoping and looking at opportunities for improving, including identifying areas we can work closer with to find those working with young people and get data to inform us around access.
- We know that General Practice are not just doctors any more, they operate as multidisciplinary teams.

Feel that Comms took a timid approach to communicate the Practices within the subsidised programme as some young people were unaware.

The Board noted the report provided and supported the recommendation from Clinical Council who suggested the strategy be modified to target those in greater need, by using the geo-code or school decile. They also would like to see resource targeted to those with the greatest need to progressively abolish health inequity.

17. GROWING PEOPLE BY LIVING OUR VALUES – PEOPLE PLAN

Kate Coley, ED People and Quality provided a brief overview advising this was in response to information and feedback from staff and consumers. Need to make sure we truly embed our values. There is flexibility in the priorities and how we implement. In year one there will be a focus on unacceptable bullying behaviour; leadership skills; and Māori and Pacific workforce access plans and capacity access for workforce

Ngahiwi will work with Patrick to ensure this is culturally responsive, so the document received today was not in final form.

The People Plan will be placed on the website and at this stage there is no intention to formally print. We will launch which will be followed by briefing sessions with managers to share info with their teams. We own this now. This is our responsibility!

Felt the document contained the right balance and was easy to read.

➢ The Board endorsed the People Plan subject to minor changes.

18. IMPLEMENTING THE CONSUMER ENGAGEMENT STRATEGY

Kate Coley spoke to her paper.

Done well, this will contribute to fostering a relationship led culture of person and whānau centred care. It supports active, ongoing partnerships, relationships and communication that benefits consumers and staff, and will ultimately transform the system. This document has been to Consumer Council twice, with it being tweaked further more recently.

An implementation plan for the Consumer Engagement Strategy will be provided in several months for information to ensure the Board are comfortable. **Action, October 2018**

Two Consumer Experience Facilitator(s) are being sourced to support a Quality Manager to provide support to services. The need for two facilitators was queried and subsequently justified with Rachel Ritchie advising that the connections and follow through are vital, or nothing happens. We cannot rely on one person. Advised Health Literacy person had been lost also, further justifying two positions.

- Following general discussion the Board endorsed the strategy emphasising the need to ensure the resources are put in place. The Board will to monitor effectiveness of the strategy with regular reporting (timing to be advised and included on the workplan). **Action.**

19. RECOGNISING CONSUMER PARTICIPATION – POLICY AMENDMENT

Ken Foote (Company Secretary) spoke to this paper advising it was recognised with existing policies internally that HBDHB were out of step with others. Our fee policy did not recognise in a tangible way for input received. We needed to balance the voluntary nature and remove barriers for some – this was not about paying a lot of money. This policy had been taken through the Council's and MRB noting they had recommended adoption of this Policy, as an important step forward.

- Following discussion, the Board approved the Policy in principle, however this will need to go out to wider consultation prior to implementation. **Action**
- Once implemented, all costs need to go to a standard cost centre to enable costs to be monitored and reported. **Action**

20. CLINICAL SERVICES PLAN UPDATE

Ken Foote advised that the draft from Sapere would be received and considered by the Executive Management Team on Wednesday 4 July 2018, prior to issue the Māori Relationship Board, Clinical and Consumer Council for feedback at their meetings on 12 and 13 July and to the Board Meeting on 25 July.

A 'final draft' will be completed for wider stakeholder engagement and feedback over August and early September, with the 'final' CSP being processed through governance structures for endorsement and Board approval in October 2018.

FOR MONITORING

21. TE ARA WHAKAWAIORA / ORAL HEALTH (NATIONAL INDICATORS)

Wietske Cloo (Assistant Service Director CWC) and Claire Caddie (Service Director CWC) were in attendance for Dr Robyn Whyman, the author of the Report.

It was noted that a number of the recommendations provided within the paper were based around a project Wietske Cloo was leading.

Have worked with a wide ranging group of consumers on improving access and outcomes for oral health. A programme of work has being developed around early childhood oral health with partners, internal and external to the DHB.

Advised that the gains made the year prior had stabilised and although the gap has not closed we have definitely improved access.

With quadruple enrolment occurring, by registering children at birth (3 years ago), we have several more years before results can be seen. If this works as planned, everyone should be enrolled at that time. Enrolment had increased rapidly over the past three years, and overall 90.5 percent of preschool children are enrolled. However, of these figures were disappointing reflecting only 76.1 percent were for Māori and 7.1 % for Pasifika

- The paper was well received. The Board noted the contents of the report and endorsed the recommendations, and identified areas for improvement (as outlined).

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:

23. Confirmation of Minutes of the previous meeting (public excluded)
24. Matters Arising – Review of Actions
25. Board Approval of Actions exceeding limits delegated by CEO
26. Chair's Update
27. Hawke's Bay Clinical Council
28. Finance Risk and Audit Committee Report

Moved: **Peter Dunkerley**
Seconded: **Ana Apatu**
Carried

The public section of the Board Meeting closed 3.10pm

Signed: _____
Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	30/5/18	**Human Resource (HR) KPIs** Detail sought by Ngahiwi Tomoana in June 2018.	Kate Coley	June 18	
	27/6/18	Status update provided in June. Advised a 6 monthly update will be provided around Māori Workforce in November 2018.	Kate Coley	Nov 18	Included on the workplan – Actioned
2	27/6/18	**Interest Register** Updated, detail removed (as at 30 June 2018) as advised at the meeting by Ana Apatu.	Admin	Jun 18	Actioned
3	27/6/18	**Addiction Services** Rasied by Diana Kirton as this does not appear on the workplan currently. This will be considered and timing advised.	TBD		Yet to be confirmed by management
4	27/6/18	**Treaty Settlement Group**s – ready for discussions	Kevin Snee		Actioned
5	27/6/18	**Alcohol at the Health Awards**: bring up for review annually in April.	Admin		Actioned
6	27/6/18	**Information Services and Mobility** progress, the board wish to receive scheduled presentations periodically. Topics / timing to be included on the workplan.	Anne Speden		Yet to be confirmed
7	27/6/18	**Implementing the Consumer Engagement Strategy:** An Implementation Plan to be provided to the Board.	Kate Coley	Oct 18	Included on Workplan
		The Board wish to monitor the effectiveness of the Strategy through regular reporting – timing to be advised and scheduled onto the workplan.	Kate Coley	Sept 18	Awaiting Kate's return
8	27/6/18	**Recognising Consumer Partipation – Policy Amendment:** Approved in principle (in June) with wider consultation planned prior to implementation.	Kate Coley	Sept 18	All are being actioned
		Requested that all costs be captured in a standard cost centre to enable them to be monitored and reported on.	Kate Coley	Sept 18	

Analysis request around lowering of bowel screening age in HB:

Regarding an analysis requested by the Board around what it would mean to lower the Bowel Screening Age for Maori and Pasifika to 50 years plus. It has been advised that a report is being prepared by the MoH on this topic. This report will be provided to the Boad when it becomes available.

BOARD WORKPLAN

As at 17 July 2018

29-Aug-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Alcohol Position Statement INTERNAL and Strategy	Andy Phillips	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
Clinical Services Plan Monthly Update (aug, sep, oct)	Ken Foote	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
Annual Report 2017/18 First Draft	ED Fin Services				29-Aug-18
Te Ara Whakapiri Next Steps (Last Days of Life)	Chris Ash		8-Aug-18	9-Aug-18	29-Aug-18
Collaborative Pathways update (May - **Aug** - Nov)	Chris Ash & Mark Peterson		8-Aug-18	9-Aug-18	29-Aug-18
Hawke's Bay District Health Board (HBDHB) Non-Financial Performance Framework Dashboard Q4	Kevin Snee				29-Aug-18
HBDHB Performance Framework Exceptions Q4 Feb/May/**Aug 18**	Kevin Snee	8-Aug-18			29-Aug-18
Matariki Regional Development Strategy and Social Inclusion Strategy update from Feb 2018 .	Kevin Snee	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
MoH HBDHB Quarterly Performance Monitoring Dashboard Q3	Kevin Snee				29-Aug-18
Te Ara Whakawaiora - Access 0-4 / 45-65 yrs (local indicator)	Andy Phillips	8-Aug-18	8-Aug-18	9-Aug-18	29-Aug-18
Urgent Care (After Hours) Service Update **presentation** Aug - Feb - Aug 6 monthly updates	Wayne Woolrich		8-Aug-18	9-Aug-18	29-Aug-18
Whole of Board Appraisal (progress against actions Nov 17) - Apr-**Aug**	Ken Foote				29-Aug-18
Finance Report(July)	ED Fin Services				29-Aug-18
HBDHB Environmental Sustainability Update (20 minutes)	Colin Hutchinson/Claire Caddie				29-Aug-18
He Ngakau Aotea	Patrick LeGeyt	10-Oct-18	10-Oct-18	11-Oct-18	29-Aug-18

26-Sep-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Annual Plan 2018/19 TBC	Chris Ash	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Annual Report 2017/18 draft	ED Fin Services				26-Sep-18
Planned MRI and Fluoroscopy Equipment Replacement Programme **Detailed Business Case'**	Colin Hutchinson/Claire Caddie		12-Sep-18		26-Sep-18
Clinical Services Plan Monthly Update (aug, sep, oct)	Ken Foote	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Health and Safety: Asbestos & Hazardous Management Plans Presentation EMT FRAC for informaiton only.	Colin Hutchinson/Claire Caddie				26-Sep-18
Violence Intervention Programme Presentation (Councils then back to EMT) -	Colin Hutchinson/Claire Caddie	11-Jul-18	8-Aug-18	12-Jul-18	26-Sep-18
Establishing Health and Social Care Localities in HB (Mar 18,**Sept)**	Chris Ash	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Health and Social Care Localities (from March Report provided) What has changed for consumers? Board noted	Chris Ash			13-Sep-18	26-Sep-18
HR - KPIs Q4 Apr-Jun 18 - new format - moved from Aug to 18 Sept.)	Kate Coley				26-Sep-18
Te Ara Whakawaiora - Breastfeeding (National Indicator)	Andy Phillips	12-Sep-18	12-Sep-18	13-Sep-18	26-Sep-18
Finance Report (Aug)	ED Fin Services				26-Sep-18

31-Oct-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Clinical Services Plan Monthly Update (aug, sep, oct)	Ken Foote	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Consumer Engagement Strategy - Implementation Plan (board action June)	Kate Coley			11-Oct-18	31-Oct-18
National Mental Health Inquiry	Colin Hutchinson/Claire Caddie	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Analysis of earlier bowel screening for Maori and Pasifika - MoH preparing detail around this (nationally) Timing	Chris Ash				31-Oct-18
TAS Annual Plan	Ken Foote				31-Oct-18
Using Consumer Stories Revised ... (not considered in July by governance groups - pulled at the last minute)	Kate Coley / John Gommans	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Alcohol and other Drugs (National and Local Indicators)	Andy Phillips	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Cardiovascular (National Indicator)	Andy Phillips	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Te Ara Whakawaiora - Improving Access Indicator	Andy Phillips	10-Oct-18	10-Oct-18	11-Oct-18	31-Oct-18
Finance Report (Sept)	ED Fin Services				31-Oct-18

28-Nov-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Health Equity Report	Andy Phillips	14-Nov-18	14-Nov-18	15-Nov-18	28-Nov-18
Best Start Healthy Eating & Activity Plan update (for information - 6 mthly Nov-May-**Nov18**)	Andy Phillips		14-Nov-18	15-Nov-18	28-Nov-18
Hawke's Bay District Health Board (HBDHB) Non-Financial Performance Framework Dashboard Q1 -	Kevin Snee				28-Nov-18
HBDHB Performance Framework Exceptions Q1 **Nov 18** Feb 19 /May/Aug 19 Just in time includes Maori and P	Kevin Snee	14-Nov-18			28-Nov-18
HR KPIs specifically around Māori workforce (6 monthly review) advised at June 18 Board meeting action item4	Kate Coley				28-Nov-18
HR - KPIs Q1 Jul-Sept 18 - new format advised from June	Kate Coley				28-Nov-18
MoH HBDHB Quarterly Performance Monitoring Dashboard Q4	Kevin Snee				28-Nov-18
Te Ara Whakawaiora "Smokefree update" (6 monthly May-**Nov**) each year Board action Nov 17	Andy Phillips	14-Nov-18	14-Nov-18	15-Nov-18	28-Nov-18
Finance Report (Oct)	ED Fin Services				28-Nov-18

19-Dec-18	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
People Plan (6 monthly - **Dec**, Jun)	Kate Coley	5-Dec-18	5-Dec-18	6-Dec-18	19-Dec-18
Finance Report (Nov)	ED Fin Services				19-Dec-18

27-Feb-19	**EMT Member**	**MRB Meeting Date**	**Clinical Council Meeting Date**	**Consumer Council Meeting Date**	**BOARD Meeting date**
Hawke's Bay District Health Board (HBDHB) Non-Financial Performance Framework Dashboard Q2 - **EMT/Board**	Kevin Snee				27-Feb-19
HBDHB Performance Framework Exceptions Q2 Nov 18 **Feb 19** /May/Aug 19 Just in time includes Maori and P	Kevin Snee	13-Feb-19			27-Feb-19
HR - KPIs Q2 Oct-Dec 18	Kate Coley				27-Feb-19
MoH HBDHB Quarterly Performance Monitoring Dashboard Q1	Kevin Snee				27-Feb-19
Ngatahi Vulnerable Children's Workforce Development - annual progress **Feb 19**	Colin Hutchinson/Claire Caddie	13-Feb-19	13-Feb-19	14-Feb-19	27-Feb-19
Urgent Care (After Hours) Service Update **presentation** Aug - Feb - Aug 6 monthly updates	Wayne Woolrich		13-Feb-19	13-Feb-19	27-Feb-19
Finance Report (Jan)	ED Fin Services				27-Feb-19

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Chief Executive Officer's Report** 94
	For the attention of: **HBDHB Board**
Document Owner:	Kevin Snee, Chief Executive Officer
Reviewed by:	Not applicable
Month as at	18 July 2018
Consideration:	For Information

RECOMMENDATION

That the Board

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

INTRODUCTION

This month's report reflects on what has been a difficult year with a number of performance concerns including poor year-end financial performance for the first time in many years.

The health system has been under some strain only in part as a consequence of levels of acute activity and complexity. Although the flu season has not yet hit us, we have been through the nurses strike, which was very disruptive to normal business, but was well handled through excellent contingency planning and supported by many volunteers. We are preparing for future strikes but hoping they can be averted.

Last month saw a positive workshop take place between a team from Hawke's Bay District Health Board (HBDHB) including myself and Kevin Atkinson and the Director-General of Health and his team. We were able to present to him a range of issues that we are dealing with currently. This was the most positive and constructive meeting I have had with the Ministry and bodes well for the future.

On today's agenda there are a number of key issues to be addressed. Firstly, the establishment of the Primary Care Development Partnership through which we plan to drive the development and integration of primary and community services. Secondly, we will update the Board on how we are addressing the delivery of our local smokefree strategy. Thirdly, our draft annual plan will be presented to the Board. Finally, the second draft of the Clinical Services Plan will be discussed with the Board, with the intention it is made ready for consultation in August and September.

PERFORMANCE

Measure / Indicator	Target	Month of June	Qtr to end June	Trend For Qtr
Shorter stays in ED	≥95%	88%	91%	▼
Improved access to Elective Surgery (2017/18YTD)	100%	-	94.1%	▲

Waiting list	*Less than 3 months*	*3-4 months*	*4+ months*
First Specialist Assessments (ESPI-2)	3,178	546	97
Patients given commitment to treat, but not yet treated (ESPI-5)	1,211	183	224

Faster cancer treatment* *(The FCT Health Target definition has changed for 2017/18 financial year. Patients who breach the 62 day target due to Capacity Constraint are still counted against target however patients who breach the target due to Clinical Decision or Patient Choice are now excluded).*	≥90%	67% (May 2017)	88% (6m to May 2017)	▼
Increased immunisation at 8 months	≥95%	---	94% (3m to June)	▲
Better help for smokers to quit – Primary Care	≥90%	--	89% (15m to June)	▲
Better help for smokers to quit – Maternity **The number of events is likely to be lower than the number of births recorded in any one quarter; however until the National Maternity Record is fully operational (approx. 2020) then reporting on this indicator will be from data collected from MMPO and DHB employed midwifes and remains developmental.*	≥90%	---	75%	
Raising healthy kids (New)	≥95%	---	100% (6m to May)	▬
Financial – month (in thousands of dollars)	3,108	(1,514)	---	---
Financial – year to date (in thousands of dollars)	1,500	(6,848)	---	---

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

Faster Cancer Treatment Expected Volumes v Actual	*Target*	*Month Actual / Expected*	*Rolling 6m Actual / Expected*
	100%	*13/19 = 68%*	*112/114 = 98%*

Emergency department (ED) performance for the month was poor at 88 percent and for the quarter was 91 percent. Whilst less emphasis is being placed on this target nationally, it remains an important indicator of flow through the hospital. Dr Colin Hutchison has taken over the leadership of this target as the acting Executive Director of Provider Services.

Access to elective services has been below plan. This is, in part, as a consequence of displacement of elective activity by acute activity; overall our case weights for surgical activity were 3.9 percent above plan at the end of quarter three. Additional funding has been provided to support elective activity in 2018/19, however this is additional to the funding that was within the balanced budget discussed previously with the Board.

Our Faster Cancer Treatment target is slightly below target for the six months to May, with May itself significantly below target; I understand this may be a data issue.

The financial result for June is $4.6 million unfavourable to plan, reflecting high patient volumes in the month, continuation of the undelivered savings and other issues experienced in previous months, and the adjustments from forecast mentioned above. The full year result for 2017/18 is a $6.8 million deficit that is $3.7 million higher than forecast.

CENTRAL TECHNICAL ADVISORY SERVICES LIMITED (CTAS) – RESOLUTION ALTERING CONSTITUTION

A paper is included recommending the Board (as an A Class Shareholder) vote in favour of a resolution to alter the CTAS Constituion.

PRIMARY CARE DEVELOPMENT PARTNERSHIP GOVERNANCE

A paper is included seeking the Board's approval to appoint members to the Primary Care Development Partnership Governance group for the first year ending 30 June 2019.

TE ARA WHAKAWAIORA – SMOKEFREE

It is essential pregnant women and their families are supported to become smokefree. Maternal smoking and exposure to tobacco affects the health and wellbeing of mothers and babies. Hawke's Bay has a persistently high rate of maternal smoking (45 percent for Māori women). Innovations such as the incentives programme has seen reductions, however these have recently slowed.

To address this change in trend, new approaches are proposed to motivate pregnant women and their families to become smokefree. These will include; screening women to identify their exposure to tobacco, increase support for whānau members to quit and integrate smokefree into wellbeing programmes for pregnant women.

HBDHB ANNUAL PLAN DRAFT 2018/19

The first draft of the HBDHB Annual Plan is currently under development to be submitted to the Ministry of Health (MoH) on 27 July. Each priority in ***Section 2: Delivering on Priorities***, has a small working group from Planning, Strategic Services, Health Hawke's Bay, Population Health, Māori and Pasifika Health and Health Services, responsible for agreeing actions, leads and timeframes. This should lead to better ownership of reporting going forward. Due to the late provision of guidance by the MoH and conflicting priorities, not all of these groups have been able to meet, hence discussion via email has been used. There are also a number of activities which are to be confirmed as more time is required to understand what activities will be carried out in the coming year. This is being shared with the Board, to note the draft, timeline and process for the HBDHB Annual Plan 2018/19.

CLINICAL SERVICES PLAN

The first draft of the Clinical Services plan was received earlier this month, and has subsequently been reviewed by the Executive Management Team, Māori Relationship Board, Clinical and Consumer Councils, and Pasifika Health Leadership Group. Feedback from these groups has been incorporated, as appropriate, into a second draft for the Board's review and comment. Once relevant feedback from the Board is incorporated, a further draft will be developed for wider sector and community engagement.

CONCLUSION

We have ended the year with a poor financial result and with a number of performance issues to get to grips with in the new financial year. I am confident that with the changes being made in the organisation we will get to grips with these challenges during the first six months of the year. This period will also see us reset the strategic direction of the organisation.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report June 2018** 95
	For the attention of: **HBDHB Board and the Finance Risk and Audit Committee**
Document Owner	Ashton Kirk, Acting Executive Director Financial Services
Document Author(s)	Phil Lomax, Financial and Systems Accountant
Reviewed by	Executive Management Team
Month/Year	July, 2018
Purpose	For Information

9

RECOMMENDATION:

It is recommended that the HBDHB Board and Finance Risk and Audit Committee:

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

1. ACTING EXECUTIVE DIRECTOR CORPORATE SERVICES' COMMENTS

Financial Performance

The full year result for 2017/18 is a $6.8 million deficit that is $3.7 million higher than forecast, reflecting:

- A $1.1 million increase in provisions for employee entitlements for claims or backpays relating to 2017/18.
- A $0.8 million accrual for the work in progress component of undischarged Hawke's Bay patients being treated in other DHBs.
- A $0.6 million increase in the actuarial provision for work accident costs. Sufficient funds were in the reserve to cover 2017/18 costs. A $0.5 million reduction in the June forecast pharmaceutical rebate advice from PHARMAC following the identification of an error they had made relating to hepatitis C allocations.
- A $0.4 million reduction in the elective services income accrual to recognise orthopaedic and general surgery elective target under delivery.
- A $0.2 million partial impairment of the investment in the National Oracle Solution (NOS), reflecting those parts of the development that will not be in the final system. This expense is unusual and not part of normal operational activity. NOS is intended to provide a national finance, procurement and supply chain information system for DHBs, and is managed by NZ Health Partnerships.

The June result is $4.6 million unfavourable to plan reflecting high patient volumes in the month, continuation of the undelivered savings and other issues experienced in previous months, and the adjustments from forecast mentioned above.

The full year result is $8.3 million unfavourable, attributable to difficulty achieving savings, unfavourable IDF outflows to budget, the cost of elective surgery earlier in the year, radiology after hours reads, high patient volumes in the second half of the year, and the result for the June month

(see previous paragraph), partly offset by the release of the contingency, allied health vacancies, and PHARMAC rebates.

Elective surgery as a percentage of the year-to-date planned volumes has fallen steadily from 96.7% in March to 93.6% in June, reflecting acute volumes and the slowdown in outsourcing.

The final result for the year is unlikely to change from the $8.3 million reported above, however there are a number of uncertainties that may become material before the end of October, and require adjustment to the 2017/18 result. These include:

- The latest available IDF information has been used to calculate the accrual for IDF wash-ups, however late coding of patients in July by other DHBs could cause a significant adjustment to IDF outflow costs.
- In-Between-Travel funding has been based on receiving a similar proportion of costs incurred, as that received in 2016/17. There is no certainty that the proportion will be similar to the previous year.
- Provision has been made for backpays relating to expired collective employment agreements. Until the agreements are settled, additional costs relating to the 2017/18 year are uncertain.
- Other issues may arise as a result of the audit of the financial statements, or as a result of the audits of other DHBs.

2. RESOURCE OVERVIEW

	June				*Full Year*				Refer Section
	Actual	***Budget***	***Variance***		***Actual***	***Budget***	***Variance***		
	$'000	*$'000*	*$'000*	*%*	*$'000*	*$'000*	*$'000*	*%*	
Net Result - surplus/(deficit)	(1,514)	3,108	**(4,623)**	**-148.7%**	(6,848)	1,500	**(8,348)**	**-556.6%**	3
Contingency utilised	945	250	**(695)**	**-278.0%**	3,000	3,000	-	0.0%	8
Quality and financial improvement	680	850	**(170)**	**-20.0%**	6,568	10,792	**(4,224)**	**-39.1%**	11
Capital spend	3,663	2,002	**1,661**	**82.9%**	20,283	23,920	**(3,637)**	**-15.2%**	16
	FTE	*FTE*	*FTE*	*%*	*FTE*	*FTE*	*FTE*	*%*	
Employees	2,469	2,344	**(126)**	**-5.4%**	2,338	2,337	(1)	0.0%	5 & 7
	CWD	*CWD*	*CWD*	*%*	*CWD*	*CWD*	*CWD*	*%*	
Case weighted discharges	2,177	2,358	**(181)**	**-7.7%**	29,546	28,386	1,160	4.1%	5

The remaining $945 thousand of the contingency was released in June.

The Quality and Financial Improvement (QFI) savings programme achieved $6.6 million of savings (61% of plan). The shortfalls are mainly in clinical areas where high volumes and acuity have prevented the achievement of the planned efficiencies, and in IDFs where savings through changes in referrals are difficult to achieve.

The capital underspend for the year reflects the uncertainty in the timing of payments for building projects that make up the bulk of the underspend. Information technology has similar issues relating to the integrated communication environment (ICE) and mobility projects. The underspend reduced over the last few months of the year.

The pressure on nursing resources increased again in June reflecting the high patient volumes. High nursing FTEs for the full year are offset by allied health vacancies. Senior nursing vacancies earlier in the year partly offset the effect of high volumes over the last few months.

Case weighted discharges are 4.1% higher than plan reflecting the increase in patient acuity and acute demand in the latter part of the year, and partly offset by the decision to reduce elective volumes over the same period.

3. FINANCIAL PERFORMANCE SUMMARY

$'000	June				Full Year				Refer Section
	Actual	*Budget*	*Variance*		*Actual*	*Budget*	*Variance*		
Income	50,315	48,844	1,471	3.0%	558,370	556,931	1,439	0.3%	4
Less:									
Providing Health Services	23,102	21,397	**(1,705)**	**-8.0%**	271,339	263,506	(7,833)	-3.0%	5
Funding Other Providers	23,397	19,828	**(3,569)**	**-18.0%**	243,206	240,068	(3,137)	-1.3%	6
Corporate Services	4,245	4,211	(34)	-0.8%	48,010	47,864	(146)	-0.3%	7
Reserves	1,085	299	**(786)**	**-262.5%**	2,663	3,992	**1,328**	**33.3%**	8
	(1,514)	**3,108**	**(4,623)**	**-148.7%**	**(6,848)**	**1,500**	**(8,348)**	**-556.6%**	

Reserves includes a $212 thousand partial impairment of the National Oracle Solution (NOS), the national system for finance, procurement and supply chain, recognising that some of the costs incurred in the project resulted in developments that will not be used in the final NOS production system. This expense is unusual and not part of normal operational activity.

Income

June is favourable and assumes In-Between-Travel income will be reimbursed at a similar proportion to last year. For the full year unbudgeted clinical trial and special fund revenue, reimbursement from other DHBs for patient transport costs, and funding for the Campylobacter Outbreak Study are partly offset by the loss of audiology revenue.

Providing Health Services

In June patient volume pressure on nursing resources (particularly in the medical directorate), provision for nursing settlement costs, undelivered savings, and after hours radiology reads, were partly offset by reduced elective surgery costs, and PHARMAC rebates. For the full year, undelivered savings, outsourced elective surgery costs (earlier in the year), after hours radiology reads, and high use of nursing resources in April and June, were marginally offset by allied health vacancies.

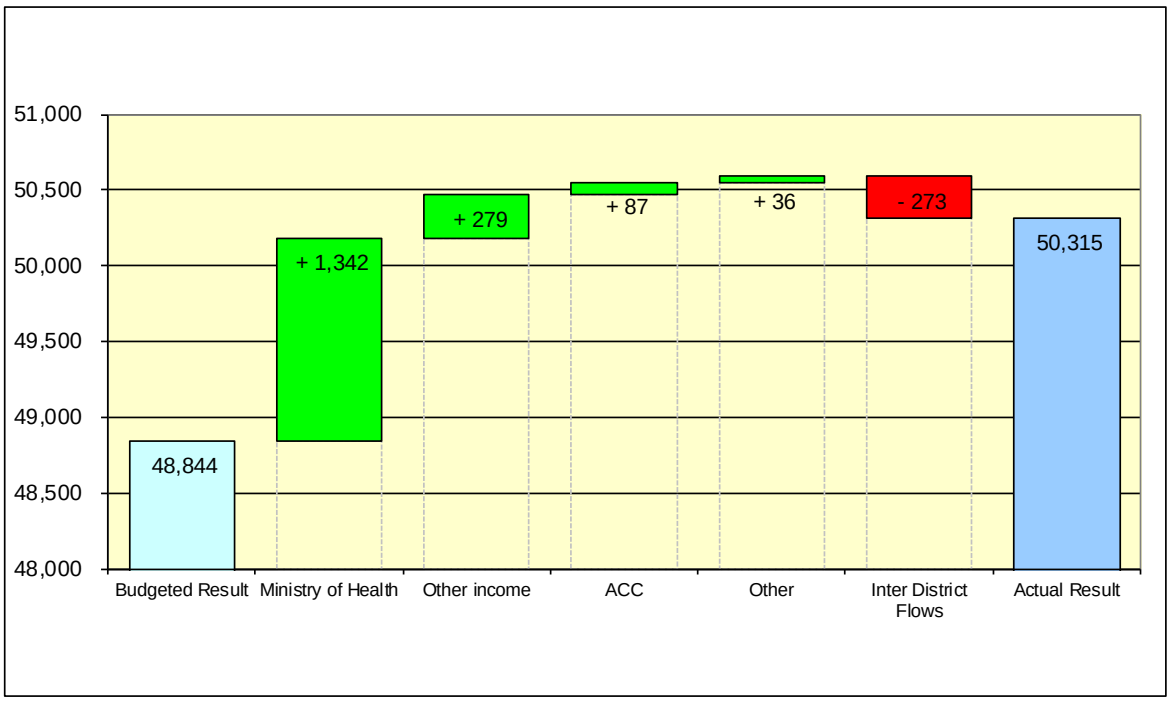
Funding Other Providers

Higher than budgeted IDF outflows and reduced PHARMAC rebates underlie the June variance. For the full year, higher than budgeted IDF outflows, PHARMAC rebates, and reduced pay equity costs (offset in income) are the main drivers.

4. INCOME

$'000	June				Full Year			
	Actual	Budget	Variance		Actual	Budget	Variance	
Ministry of Health	47,985	46,643	1,342	2.9%	531,292	531,082	210	0.0%
Inter District Flows	420	693	(273)	-39.4%	8,237	8,314	(77)	-0.9%
Other District Health Boards	373	334	39	11.6%	4,473	3,996	477	11.9%
Financing	105	74	31	42.4%	876	885	(8)	-1.0%
ACC	576	489	87	17.8%	5,423	5,273	150	2.8%
Other Government	50	22	28	130.8%	624	413	210	50.9%
Patient and Consumer Sourced	67	129	(62)	-48.1%	1,117	1,406	(289)	-20.6%
Other Income	739	459	279	60.8%	6,303	5,495	808	14.7%
Abnormals	(0)	0	(0)	-109.3%	26	67	(42)	-61.9%
	50,315	**48,844**	1,471	3.0%	**558,370**	**556,931**	1,439	0.3%

Month of June



Note the scale does not begin at zero

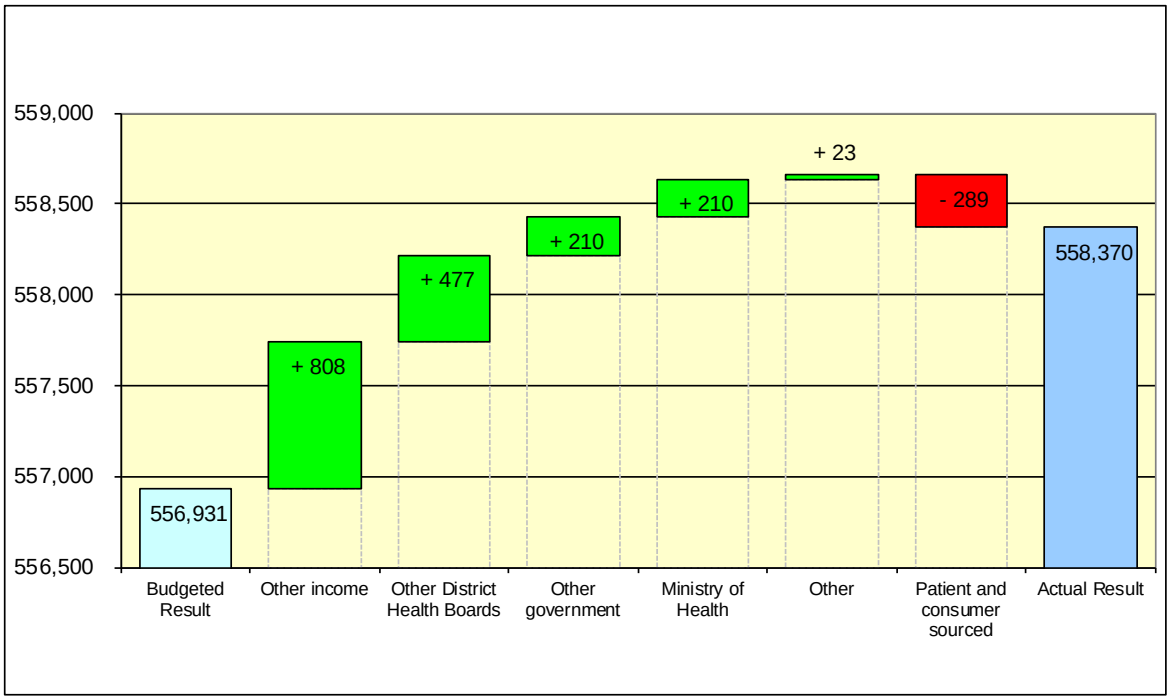
Ministry of Health (favourable)
In-Between-Travel income assumed to reimburse a similar proportion of costs to that received in the previous year.

Other income (favourable)
Donations and recognition of income for sudden unexplained death of an infant (SUDI) programme.

ACC (favourable)
Increase in revenue for assessment, treatment and rehabilitation services, more than offseting the reduction in elective surgery that was due to the high acute patient numbers..

Inter District Flows (unfavourable)
Lower than budgeted revenue based on MOH data. Close to budget for the full year.

Year to Date



Note the scale does not begin at zero

Other Income (favourable)
Special fund and clinical trial income (not budgeted) and funding for the Ngatahi programme (working together for vulnerable children and their families).

Other District Health Boards (favourable)
Mainly patient transport recoveries.

Other Goverment (favourable)
Mainly Health Research Council funding for the Havelock North Campylobacter Outbreak Study.

Ministry of Health (favourable)
Includes pay equity funding for mental health workers (offset in expenditure), partly offset by reduced elective funding due to underdelivery to target.

Patient and consumer sourced (unfavourable)
Mainly a reduction of audiology patient co-payments, due to difficulties recruiting replacement audiologists.

5. PROVIDING HEALTH SERVICES

	June				Full Year			
	Actual	Budget	Variance		Actual	Budget	Variance	
Expenditure by type $'000								
Medical personnel and locums	4,672	4,752	80	1.7%	62,187	62,134	(52)	-0.1%
Nursing personnel	7,787	6,291	**(1,496)**	**-23.8%**	79,232	76,760	(2,472)	-3.2%
Allied health personnel	2,993	2,994	1	0.0%	34,427	36,609	**2,182**	**6.0%**
Other personnel	2,058	1,934	**(124)**	**-6.4%**	23,938	23,827	(111)	-0.5%
Outsourced services	981	781	**(200)**	**-25.6%**	10,755	8,269	**(2,486)**	**-30.1%**
Clinical supplies	2,894	2,884	(10)	-0.3%	39,768	35,030	**(4,738)**	**-13.5%**
Infrastructure and non clinical	1,718	1,762	44	2.5%	21,033	20,878	(156)	-0.7%
	23,102	**21,397**	**(1,705)**	**-8.0%**	**271,339**	**263,506**	**(7,833)**	**-3.0%**
Expenditure by directorate $'000								
Medical	6,367	5,659	**(708)**	**-12.5%**	73,485	69,935	**(3,551)**	**-5.1%**
Surgical	5,283	4,728	**(555)**	**-11.7%**	61,107	57,042	**(4,065)**	**-7.1%**
Community, Women and Children	3,695	3,497	**(198)**	**-5.7%**	44,161	43,198	(963)	-2.2%
Older Persons, Options HB, Menta	2,965	2,786	**(179)**	**-6.4%**	34,946	34,954	8	0.0%
Operations	2,520	3,171	**651**	**20.5%**	38,042	38,567	525	1.4%
Other	2,272	1,555	**(716)**	**-46.1%**	19,597	19,811	214	1.1%
	23,102	**21,397**	**(1,705)**	**-8.0%**	**271,339**	**263,506**	**(7,833)**	**-3.0%**
Full Time Equivalents								
Medical personnel	360.1	348.5	(12)	-3.3%	347	347	(1)	-0.2%
Nursing personnel	1,034.0	934.9	**(99)**	**-10.6%**	957	927	(30)	-3.2%
Allied health personnel	485.1	480.4	(5)	-1.0%	460	481	21	4.4%
Support personnel	143.6	136.3	**(7)**	**-5.4%**	139	137	(3)	-2.0%
Management and administration	277.0	270.5	(7)	-2.4%	270	273	3	1.2%
	2,299.8	**2,170.5**	**(129)**	**-6.0%**	**2,173**	**2,164**	**(9)**	**-0.4%**
Case Weighted Discharges								
Acute	1,653	1,689	(36)	-2.1%	20,590	19,385	**1,206**	**6.2%**
Elective	409	460	**(50)**	**-11.0%**	6,089	6,451	**(362)**	**-5.6%**
Maternity	69	161	**(91)**	**-56.8%**	2,102	2,000	**102**	**5.1%**
IDF Inflows	45	48	(3)	-7.0%	764	550	**214**	**38.8%**
	2,177	**2,358**	**(181)**	**-7.7%**	**29,546**	**28,386**	**1,160**	**4.1%**

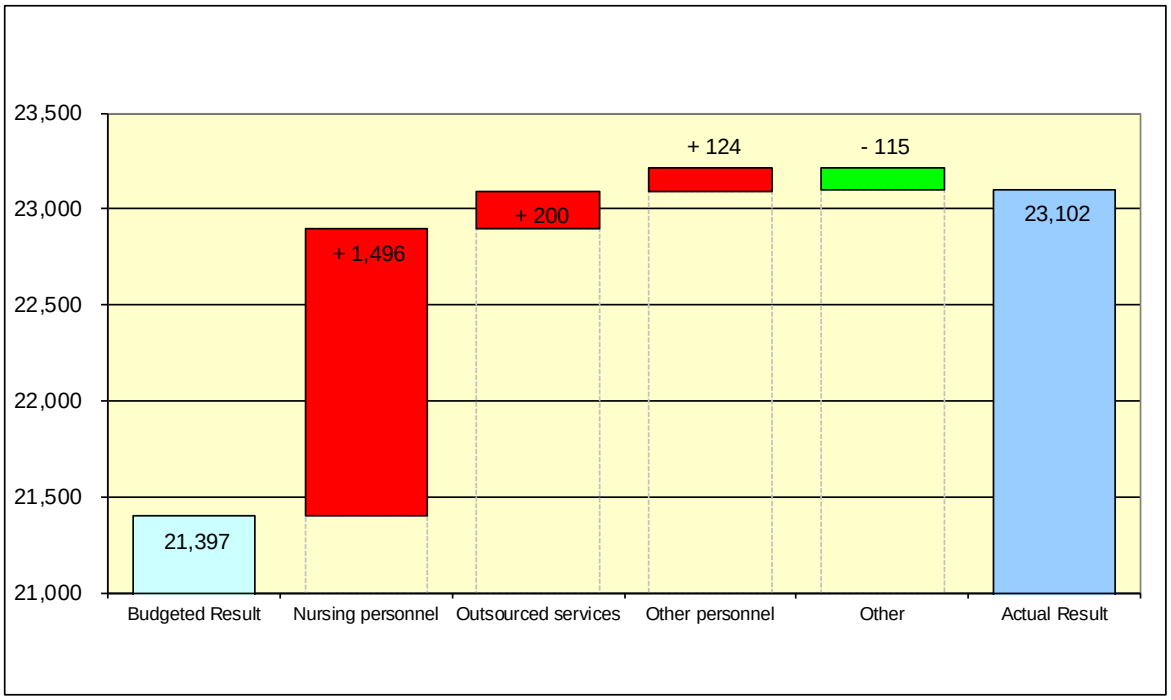
Directorates

- Surgical services – a lower annual stocktake value for inventory in the theatre. For the full year the result reflects the cost of working to meet elective surgery targets both internally and externally, and the difficulty completing efficiency plans while doing so. Note that $1.5 million of the favourable variance under reserves partly offsets surgical services unfavourable full year variance.
- Medical – high patient numbers, leading to high nursing costs and radiology reads drive the June month result. For the full year, nursing costs in April and June, unachieved efficiencies, outsourced radiology reads, medical leave and vacancy cover, and biologics (pharmaceuticals) underlie the result.
- Community, women & children – high patient numbers are the cause of the June month result. For the full year, the issues experienced in April and June, and the non achievement of unidentified savings, were partially offset by vacancies in medical, nursing and allied health, especially in the earlier part of the year.

Case Weighted Discharges (CWD)

Overall CWDs are 4.1% above plan for the full year, with high acute demand partly offset by a reduction in electives. Medical, surgical, neonatal and paediatric acutes all continue above plan, although neonates have pulled back to 13.8% from 24% above plan in April. Elective surgery remains at 94% of plan.

Month of Jun



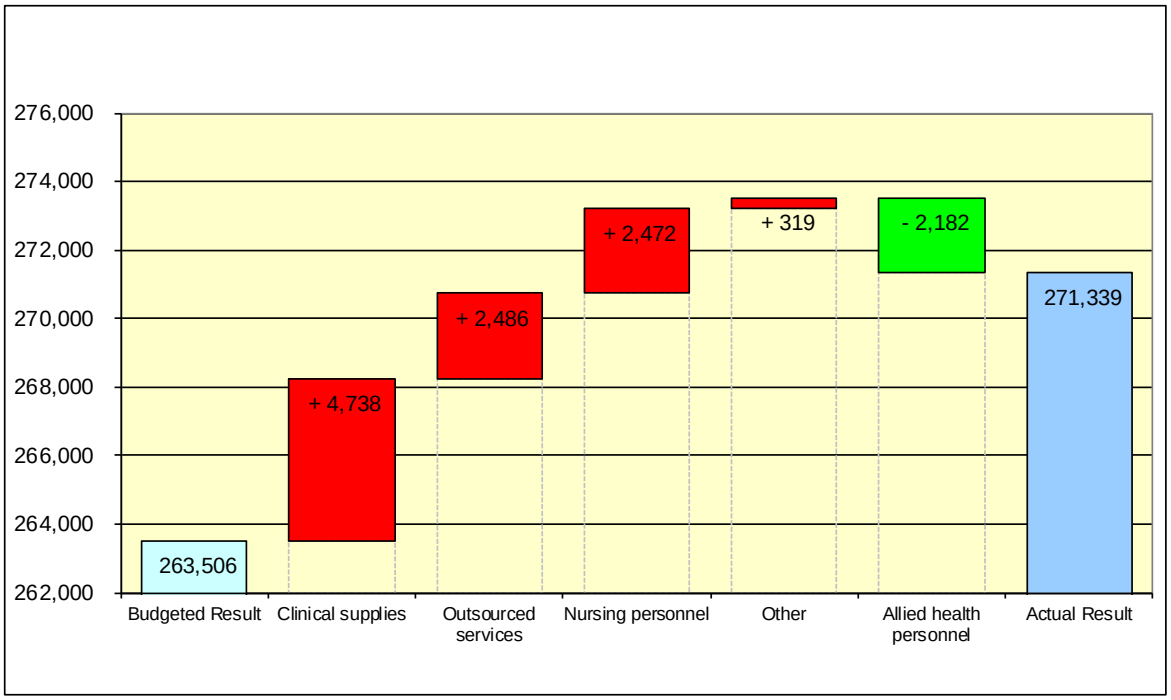
Note the scale does not begin at zero

Nursing Personnel (unfavourable)
Provisions for the nursing settlement and high patient numbers in June.

Clinical Supplies (unfavourable)
Undelivered savings mostly offset by PHARMAC rebates.

Outsourced Services (unfavourable)
After hours radiology reads more than offsetting reduced elective surgery.

Year to Date



Note the scale does not begin at zero

Clinical Supplies (unfavourable)
Mainly undelivered savings ($4.4 million). Patient travel and accommodation contributes most of the remaining variance.

Outsourced Services (unfavourable)
Outsourced elective surgery to Royston after-hours radiologist services, respite care and packages of care are the main contributors.

Nursing Personnel (unfavourable)
Predominantly the high use of nursing resources in April and again in June to cope with the volume pressure in those months. Nursing personnel costs have also been increasing throughout the year as senior nurse vacancies have been filled.

Allied Health Personnel (favourable)
Vacancies mainly in psychologists, MRTs, laboratory technicians, and occupational therapists, partly offset by Physiotherapists.

Full Time Equivalents (FTE)

FTEs are 9 (0.4%) favourable year to date including:

Nursing Personnel (-30 FTE / -3.2% unfavourable)

- High patient volumes since before Christmas, with peaks of high patient acuity in April and June are reflected in the full year unfavourable nursing FTE position.

Allied Health Personnel (21 FTE / 4.4% favourable)

- Vacancies including psychologists, laboratory technicians, MRTs,and social workers.

Monthly Elective Health Target Report
Year to Date Jun 2018

Plan for 2017/18	On-Site	Outsourced	IDF Outflow	TOTAL
Non Surgical - Arranged	13		57	**70**
Non Surgical - Elective	67		120	**187**
Surgical - Arranged	545		152	**697**
Surgical - Elective	5,186	754	680	**6,620**
TOTAL	**5,811**	**754**	**1,009**	**7,574**

		YTD June 2018			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	201	201	0	0.00%
	ENT	513	512	1	0.20%
	General Surgery	792	859	-67	-7.80%
	Gynaecology	495	568	-73	-12.90%
	Maxillo-Facial	212	204	8	3.90%
	Ophthalmology	975	1106	-131	-11.80%
	Orthopaedics	543	578	-35	-6.10%
	Orthopaedics - Major Joints	232	286	-54	-18.90%
	Skin Lesions	201	201	0	0.00%
	Urology	456	490	-34	-6.90%
	Vascular	110	181	-71	-39.20%
	Surgical - Arranged	590	545	45	8.30%
	Non Surgical - Arranged	81	13	68	523.10%
	Non Surgical - Elective	39	67	-28	-41.80%
On-Site	**Total**	**5440**	**5811**	**-371**	**-6.40%**
Outsourced	ENT	80	145	-65	-44.80%
	General Surgery	249	281	-32	-11.40%
	Gynaecology	21	0	21	0.00%
	Maxillo-Facial	53	91	-38	-41.80%
	Ophthalmology	153	105	48	45.70%
	Orthopaedics	1	0	1	0.00%
	Orthopaedics - Major Joints	103	76	27	35.50%
	Skin Lesions	2	0	2	0.00%
	Urology	40	50	-10	-20.00%
	Vascular	22	6	16	266.70%
Outsourced	**Total**	**724**	**754**	**-30**	**-4.00%**
IDF Outflow	Cardiothoracic	78	74	4	5.40%
	ENT	57	43	14	32.60%
	General Surgery	63	52	11	21.20%
	Gynaecology	28	28	0	0.00%
	Maxillo-Facial	119	189	-70	-37.00%
	Neurosurgery	53	81	-28	-34.60%
	Ophthalmology	38	37	1	2.70%
	Orthopaedics	49	20	29	145.00%
	Paediatric Surgery	66	82	-16	-19.50%
	Skin Lesions	39	53	-14	-26.40%
	Urology	11	7	4	57.10%
	Vascular	8	14	-6	-42.90%
	Surgical - Arranged	157	152	5	3.30%
	Non Surgical - Arranged	63	57	6	10.50%
	Non Surgical - Elective	100	120	-20	-16.70%
IDF Outflow	**Total**	**929**	**1009**	**-80**	**-7.90%**
TOTAL		**7,093**	**7,574**	**-481**	**-6.40%**

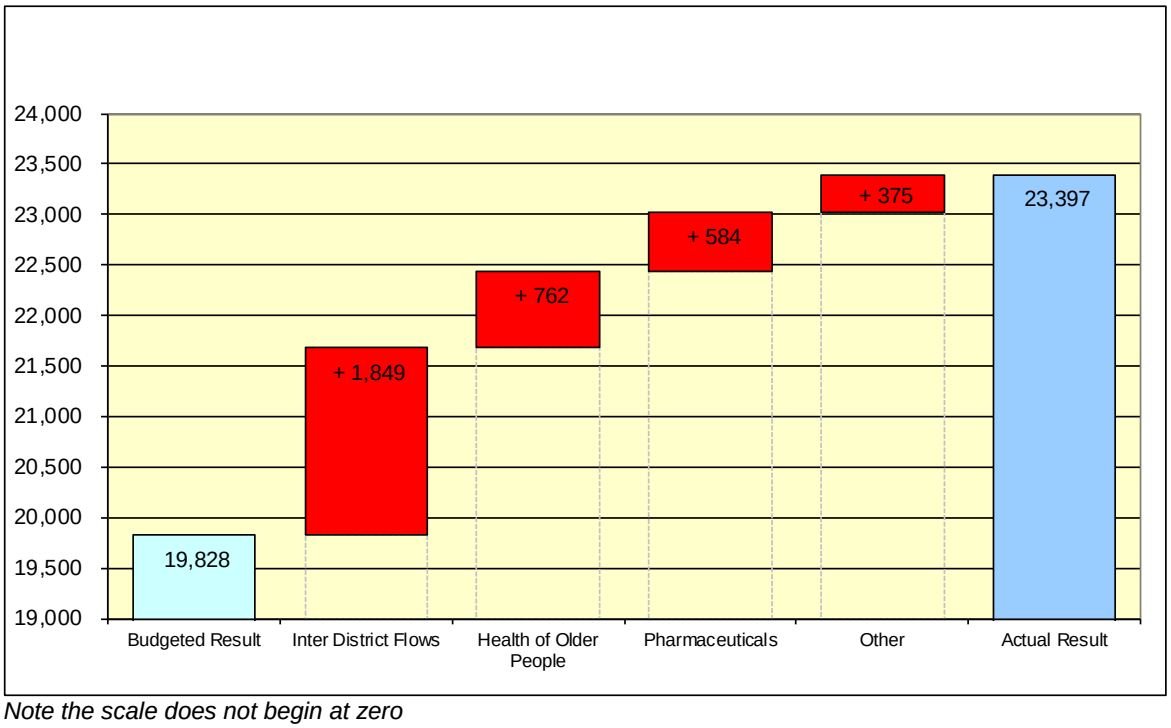
		June 2018			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	14	14	0	0.00%
	ENT	65	40	25	62.50%
	General Surgery	69	69	0	0.00%
	Gynaecology	32	43	-11	-25.60%
	Maxillo-Facial	10	13	-3	-23.10%
	Ophthalmology	104	87	17	19.50%
	Orthopaedics	41	43	-2	-4.70%
	Orthopaedics - Major Joints	20	24	-4	-16.70%
	Skin Lesions	15	15	0	0.00%
	Urology	28	39	-11	-28.20%
	Vascular	5	13	-8	-61.50%
	Surgical - Arranged	49	50	-1	-2.00%
	Non Surgical - Arranged	4	1	3	300.00%
	Non Surgical - Elective	2	5	-3	-60.00%
On-Site	**Total**	**458**	**456**	**2**	**0.40%**
Outsourced	ENT	0	13	-13	-100.00%
	General Surgery	0	20	-20	-100.00%
	Gynaecology	0	0	0	0.00%
	Maxillo-Facial	1	8	-7	-87.50%
	Ophthalmology	0	7	-7	-100.00%
	Orthopaedics	0	0	0	0.00%
	Orthopaedics - Major Joints	12	4	8	200.00%
	Skin Lesions	0	0	0	0.00%
	Urology	0	4	-4	-100.00%
	Vascular	0	1	-1	-100.00%
Outsourced	**Total**	**13**	**57**	**-44**	**-77.20%**
IDF Outflow	Cardiothoracic	4	6	-2	-33.30%
	ENT	1	3	-2	-66.70%
	General Surgery	4	4	0	0.00%
	Gynaecology	1	3	-2	-66.70%
	Maxillo-Facial	4	16	-12	-75.00%
	Neurosurgery	3	6	-3	-50.00%
	Ophthalmology	0	2	-2	-100.00%
	Orthopaedics	0	2	-2	-100.00%
	Paediatric Surgery	1	6	-5	-83.30%
	Skin Lesions	0	5	-5	-100.00%
	Urology	0	0	0	0.00%
	Vascular	0	1	-1	-100.00%
	Surgical - Arranged	4	13	-9	-69.20%
	Non Surgical - Arranged	0	5	-5	-100.00%
	Non Surgical - Elective	0	11	-11	-100.00%
IDF Outflow	**Total**	**22**	**83**	**-61**	**-73.50%**
TOTAL		**493**	**596**	**-103**	**-17.30%**

Please Note: This report was run on 6th July 2018. Skin Lesions and Avastins are reported to plan. Data is subject to change.

6. FUNDING OTHER PROVIDERS

$'000	June Actual	June Budget	June Variance		Full Year Actual	Full Year Budget	Full Year Variance	
Payments to Other Providers								
Pharmaceuticals	4,330	3,746	**(584)**	**-15.6%**	44,074	44,792	718	1.6%
Primary Health Organisations	3,161	2,981	**(180)**	**-6.0%**	36,339	36,447	108	0.3%
Inter District Flows	5,897	4,048	**(1,849)**	**-45.7%**	55,647	51,187	**(4,460)**	**-8.7%**
Other Personal Health	2,349	2,189	**(160)**	**-7.3%**	24,561	24,906	346	1.4%
Mental Health	1,093	932	**(161)**	**-17.3%**	11,725	11,211	(515)	-4.6%
Health of Older People	6,313	5,551	**(762)**	**-13.7%**	66,878	67,187	309	0.5%
Other Funding Payments	255	382	**127**	**33.2%**	3,982	4,339	**357**	**8.2%**
	23,397	19,828	**(3,569)**	**-18.0%**	**243,206**	**240,068**	(3,137)	-1.3%
Payments by Portfolio								
Strategic Services								
Secondary Care	5,655	3,662	**(1,993)**	**-54.4%**	49,618	45,436	**(4,182)**	**-9.2%**
Primary Care	8,936	8,494	**(441)**	**-5.2%**	99,701	101,137	1,435	1.4%
Mental Health	2,167	1,197	**(970)**	**-81.0%**	15,797	14,905	**(892)**	**-6.0%**
Health of Older People	5,973	5,789	(183)	-3.2%	70,429	70,638	209	0.3%
Other Health Funding	-	33	33	100.0%	-	400	**400**	**100.0%**
Maori Health	534	529	(5)	-0.9%	6,206	6,076	(131)	-2.1%
Population Health	134	123	(11)	-8.6%	1,454	1,477	23	1.6%
	23,397	19,828	**(3,569)**	**-18.0%**	**243,206**	**240,068**	(3,137)	-1.3%

Month of June



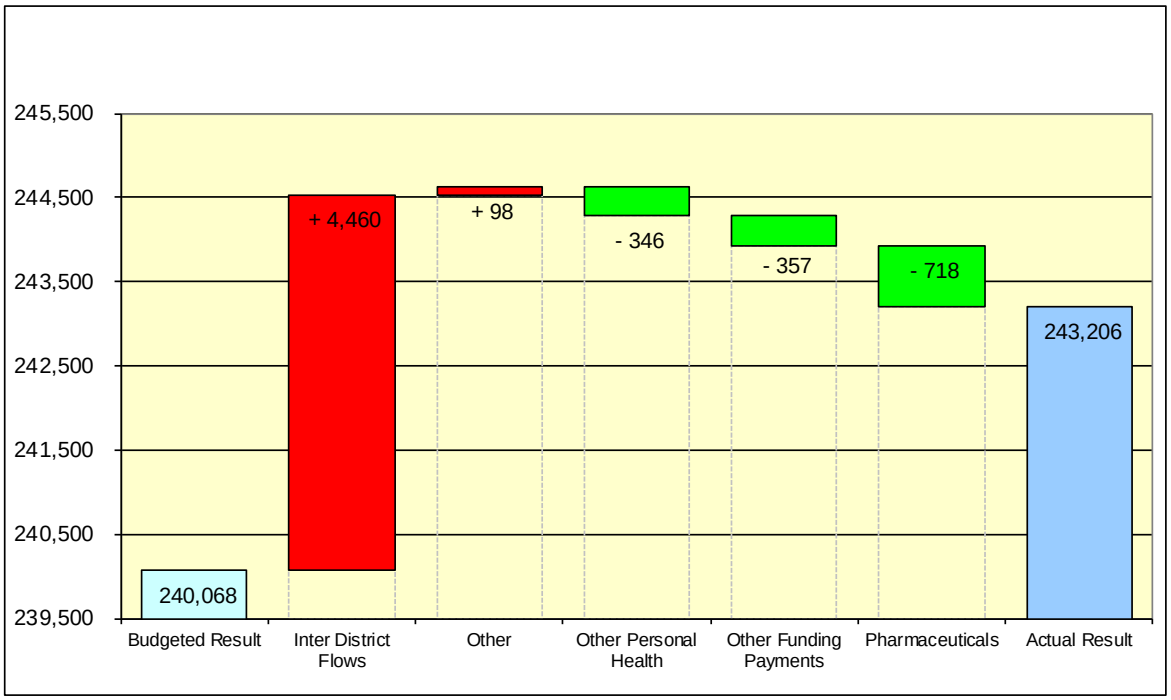
Note the scale does not begin at zero

Inter District Flows (IDF)(unfavourable)
Higher outflows based on MoH data and information from other DHBs, provision for high cost non discharged patients, and unachieved efficiencies against budgets that assumed increasing savings over the year.

Health of Older People (unfavourable)
Pay equity costs offset in income.

Pharmaceuticals (unfavourable)
Reduction in pharmaceutical rebates based on June PHARMAC advice.

Year to Date



Inter District Flows (unfavourable)
Some reduction has been achieved in IDF outflows, through management of referrals and investigation of data errors made by other DHBs. However, complex cases in neo natal services and paediatrics, and higher numbers of orthopaedic patients due to an aging population, have prevented achievement of the planned efficiencies.

Other (unfavourable)
Includes offsetting mental health and health of older people expenditure that are both themselves offset with matching income.

Other Personal Health (favourable)
Provision for non discharged IDF patients.

Other Funding Payments (favourable)
Costs of pay equity for mental health workers (offset in income).

Pharmaceuticals (favourable)
Higher 2016/17 wash-up and rebate than expected, and improving 2017/18 rebate.

7. CORPORATE SERVICES

$'000	June				Full Year			
	Actual	Budget	Variance		Actual	Budget	Variance	
Operating Expenditure								
Personnel	1,229	1,307	78	6.0%	15,751	16,020	269	1.7%
Outsourced services	68	68	0	0.1%	1,008	812	(197)	-24.2%
Clinical supplies	240	163	(77)	-47.4%	(305)	(491)	(185)	-37.8%
Infrastructure and non clinical	977	780	(197)	-25.3%	9,539	9,793	253	2.6%
	2,514	2,317	(196)	-8.5%	25,993	26,134	140	0.5%
Capital servicing								
Depreciation and amortisation	1,130	1,189	59	5.0%	13,639	13,272	(367)	-2.8%
Capital charge	601	705	103	14.7%	8,378	8,459	81	1.0%
	1,731	1,894	162	8.6%	22,017	21,731	(286)	-1.3%
	4,245	**4,211**	(34)	-0.8%	**48,010**	**47,864**	(146)	-0.3%
Full Time Equivalents								
Medical personnel	0.3	0.3	(0)	-16.7%	0	0	(0)	-2.8%
Nursing personnel	11.6	14.9	3	22.3%	13	15	2	11.4%
Allied health personnel	0.3	0.4	0	29.7%	1	0	(0)	-46.3%
Support personnel	9.5	9.1	(0)	-4.3%	9	9	(0)	-0.5%
Management and administration	147.7	148.4	1	0.5%	141	148	7	4.5%
	169.4	**173.1**	4	2.1%	**164**	**172**	8	4.7%

For the year, favourable results from:

- Information Services where staff vacancies were partially covered by outsourced personnel, and planned efficiencies were more than covered by reduced data network expenditure from the treatment of ICE as capital expenditure rather than an operating lease.
- Delay in primary care project expenditure as the delivery models for care pathways and health and social networks projects are reviewed.
- Gain from the revaluation of investment properties.

More than offset by unfavourable results from:

- Higher than planned depreciation resulting from a greater capitalisation of assets in 2016/17 than allowed for in the budget
- Unbudgeted special fund and clinical trial expenditure
- Recruitment and consultancy costs

8. RESERVES

$'000	June				Full Year			
	Actual	Budget	Variance		Actual	Budget	Variance	
Expenditure								
Contingency	(695)	250	945	378.1%	-	3,000	3,000	100.0%
Transform and Sustain resource	117	102	(15)	-14.4%	734	1,231	497	40.4%
Other	1,664	(53)	(1,716)	-3267.0%	1,929	(239)	(2,168)	-906.9%
	1,085	**299**	(786)	-262.5%	**2,663**	**3,992**	1,328	33.3%

Other includes a $212 thousand partial impairment of the National Oracle Solution (NOS), the national system for finance, procurement and supply chain, recognising that some of the costs incurred in the project resulted in developments that will not be used in the final NOS production system. This expense is unusual and not part of normal operational activity .

The remaining $945 thousand of the contingency was released in June. Elective surgery ($1.5 million), the ACC work accident provision ($605 thousand), CCDM ($289 thousand), and partial impairment of the NOS investment ($212 thousand) were the main uses of the funds. Project timelines for the national patient flow project have been extended delaying Transform and Sustain expenditure in the near term. The "Other" category includes the devolvement of CCDM budgets to individual directorates providing health services, and the increase in provisions for employee entitlements, ACC work accident provision and NOS impairment mentioned above.

9. FINANCIAL PERFORMANCE BY MOH CLASSIFICATION

	June			*Full Year*		
$'000	***Actual***	***Annual Plan***	***Variance***	***Actual***	***Annual Plan***	***Variance***
Funding						
Income	46,937	46,070	866 F	524,977	525,146	(169) U
Less:						
Payments to Internal Providers	23,851	23,835	(16) U	285,736	285,232	(504) U
Payments to Other Providers	16,351	13,617	(2,734) U	235,150	232,848	(2,302) U
Contribution	**6,735**	**8,619**	**(1,884) U**	**4,091**	**7,066**	**(2,976) U**
Governance and Funding Admin.						
Funding	299	299	-	3,416	3,416	-
Other Income	9	3	7 F	74	30	44 F
Less:						
Expenditure	309	302	(7) U	2,922	3,321	399 F
Contribution	**(1)**	**(0)**	**(1) U**	**568**	**125**	**443 F**
Health Provision						
Funding	23,552	23,536	16 F	282,320	281,816	504 F
Other Income	3,278	2,679	598 F	32,218	30,654	1,564 F
Less:						
Expenditure	35,078	31,726	(3,352) U	326,045	318,161	(7,884) U
Contribution	**(8,248)**	**(5,510)**	**(2,738) U**	**(11,507)**	**(5,691)**	**(5,816) U**
Net Result	**(1,514)**	**3,108**	**(4,623)** U	**(6,848)**	**1,500**	**(8,348)** U

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, or unbudgeted new funding received during the year and the associated expenditure.

$'000	June Mgmt Budget	June Annual Plan	June Movement	Full Year Mgmt Budget	Full Year Annual Plan	Full Year Movement
Funding						
Income	46,070	45,923	147 F	525,146	524,124	1,022 F
Less:						
Payments to Internal Providers	23,835	23,711	(124) U	285,232	283,900	(1,332) U
Payments to Other Providers	13,617	19,920	6,303 F	232,848	238,724	5,876 F
Contribution	**8,619**	**2,293**	**6,326 F**	**7,066**	**1,500**	**5,566 F**
Governance and Funding Admin.						
Funding	299	276	23 F	3,416	3,294	122 F
Other Income	3	3	-	30	30	-
Less:						
Expenditure	302	274	(27) U	3,321	3,324	3 F
Contribution	**(0)**	**4**	**(4) U**	**125**	**(0)**	**125 F**
Health Provision						
Funding	23,536	23,435	101 F	281,816	280,606	1,210 F
Other Income	2,679	2,622	57 F	30,654	30,089	565 F
Less:						
Expenditure	31,726	25,246	(6,480) U	318,161	310,695	(7,465) U
Contribution	**(5,510)**	**812**	**(6,322) U**	**(5,691)**	**-**	**(5,691) U**
Net Result	**3,108**	**3,108**	**(0)** U	**1,500**	**1,500**	**(0)** U

11. QUALITY AND FINANCIAL IMPROVEMENT PROGRAMME

The table below shows $6.6 million of savings have been achieved against the target of $10.8 million.

Corporate general efficiencies are 52% of annual identified plans, up from 48% in May. The planned reduction in depreciation expense, capital charges and recruitment costs comprise virtually all of the shortfall.

Provider services general efficiencies are 71% of the identified plans, down from 73% in May. The main services with shortfalls are Community, Women & Child, Medical Services, and Surgical Services and reflect the pressures experienced with the high acute activity.

Strategic Planning general efficiencies are at 57% of the identified plans, down from 58% in May. IDF outflows and rest homes make up the larger part of the shortfall.

Service	2017/18 Annual Savings Plans	YTD Savings Achieved	YTD Var	% of Annual Plan Achieved YTD
Corporate	997,000	515,746	(481,253)	52%
Provider Services	4,911,000	3,171,981	(1,319,280)	71%
Strategic Planning	4,598,000	2,602,121	(1,995,879)	57%
Strategy and Health Improvement	286,000	278,186	(9,254)	97%
Grand Total	**10,792,000**	**6,568,034**	**(3,805,666)**	**63%**

12. FINANCIAL POSITION

		June				
30 June 2017	$'000	*Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2017*	*Annual Budget*
	Equity					
149,751	Crown equity and reserves	168,706	149,394	(19,312)	18,955	149,394
(7,406)	Accumulated deficit	(14,255)	(2,973)	11,282	(6,848)	(2,973)
142,345		154,451	146,421	(8,030)	12,106	146,421
	Represented by:					
	Current Assets					
16,541	Bank	7,444	15,536	8,092	(9,096)	15,536
1,690	Bank deposits > 90 days	1,885	1,755	(131)	196	1,755
26,735	Prepayments and receivables	25,583	22,951	(2,631)	(1,153)	22,951
4,435	Inventory	3,907	4,419	511	(527)	4,419
625	Non current assets held for sale	-	-	-	(625)	-
50,025		38,820	44,661	5,841	(11,206)	44,661
	Non Current Assets					
152,411	Property, plant and equipment	179,460	160,576	(18,884)	27,049	160,576
1,820	Intangible assets	1,479	2,962	1,482	(340)	2,962
10,701	Investments	11,504	12,105	601	802	12,105
164,932		192,443	175,642	(16,801)	27,511	175,642
214,957	**Total Assets**	**231,263**	**220,302**	**(10,961)**	**16,306**	**220,302**
	Liabilities					
	Current Liabilities					
35,447	Payables	34,407	35,762	1,355	(1,040)	35,762
34,528	Employee entitlements	39,767	35,381	(4,387)	5,240	35,381
69,975		74,174	71,143	(3,031)	4,200	71,143
	Non Current Liabilities					
2,638	Employee entitlements	2,638	2,739	101	-	2,739
2,638		2,638	2,739	101	-	2,739
72,612	**Total Liabilities**	**76,812**	**73,882**	**(2,930)**	**4,200**	**73,882**
142,345	**Net Assets**	**154,451**	**146,421**	**(8,030)**	**12,106**	**146,421**

The variance from budget for:

- Equity reflects the amount the budgeted opening balance differs from the 2016/17 result, and the 2017/18 variance from budget;
- Bank also reflects the 2017/18 variance from budget;
- Property, plant and equipment and intangible assets reflects the revaluation of land and buildings, marginally offset by the lower than budgeted capital spend;
- Employee entitlements – see below

13. EMPLOYEE ENTITLEMENTS

		June				
30 June 2017	$'000	*Actual*	*Budget*	*Variance from budget*	*Movement from 30 June 2017*	*Annual Budget*
7,853	Salaries & wages accrued	9,959	7,756	(2,203)	2,106	7,756
522	ACC levy provisions	1,157	501	(656)	635	501
4,869	Continuing medical education	5,775	5,553	(221)	906	5,553
19,819	Accrued leave	21,300	19,883	(1,417)	1,481	19,883
4,103	Long service leave & retirement grat.	4,215	4,426	212	112	4,426
37,165	**Total Employee Entitlements**	42,405	38,119	(4,286)	5,240	38,119

Accrued leave increased $748 thousand in June mainly reflecting the high patient number preventing staff from taking leave.

14. TREASURY

Liquidity Management

The surplus cash of all DHBs is managed by NZ Health Partnerships Limited under a sweep arrangement facilitated by BNZ. 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 DHB has no interest rate exposure relating to debt.

Foreign Exchange Risk Management

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

15. CAPITAL EXPENDITURE

Capital spend ended the year is $3.6 million behind plan, in comparison to May that was $5.3 million behind plan year-to-date. The $3.6 million includes the surgical expansion that is in the planning stage, and the histology and education centre upgrade that is now underway. The new stand alone endoscopy project is over the budget for 2016/17 reflecting the catch-up on the previous year underspend and some advance on next years spend.

See table on the next page.

2018 Annual Plan		*Actual $'000*	*Year to Date Budget $'000*	*Variance $'000*
	Source of Funds			
	Operating Sources			
13,625	Depreciation	13,639	13,272	(367)
1,500	Surplus/(Deficit)	(4,128)	1,500	5,628
9,166	Working Capital	10,740	9,519	(1,221)
24,290		20,251	24,290	4,039
	Other Sources			
-	Special funds and clinical trials	436	-	(436)
625	Sale of assets	625	625	-
625		1,061	625	(436)
24,915	**Total funds sourced**	**21,311**	**24,915**	**3,604**
	Application of Funds:			
	Block Allocations			
3,400	Facilities	3,784	3,613	(171)
3,200	Information Services	2,637	3,156	518
3,400	Clinical Plant & Equipment	3,230	3,225	(5)
10,000		9,651	9,993	342
	Local Strategic			
1,082	Renal Centralised Development	419	1,082	663
6,306	New Stand-alone Endoscopy Unit	7,863	6,306	(1,557)
134	New Mental Health Inpatient Unit Development	151	134	(17)
-	Maternity Services	7	-	(7)
500	Upgrade old MHIU	13	500	487
243	Travel Plan	193	243	50
1,555	Histology and Education Centre Upgrade	497	1,555	1,058
500	Radiology Extension	-	500	500
600	Fit out Corporate Building	-	600	600
3,000	Surgical Expansion	939	3,000	2,061
13,920		10,081	13,920	3,839
	Other			
-	Special funds and clinical trials	436	-	(436)
-	Other	116	7	(109)
-		551	7	(544)
23,920	***Capital Spend***	***20,283***	***23,920***	***3,637***
	Regional Strategic			
995	RHIP (formerly CRISP)	1,028	995	(33)
995		1,028	995	(33)
24,915	**Total funds applied**	**21,311**	**24,915**	**3,604**

HAWKE'S BAY District Health Board
Whakawāteatia

Project Board Report

Report Period - Month	Jun 18	**Workstream Manager:**	Trent Fairey
Workstream Name:	Gastro Facilities Workstream	**Project Manager**	Mandy Robinson
Project Name:	Gastro Phase 3 Project	**Project Sponsor**	Paula Jones
Programme Name :	Strategic Projects	**SRO:**	Sharon Mason
Project Start Date :	01/01/2015		
Planned Finish Date :	30/11/2018		

Project Status		
	Current period	Commentary
Overall	G	Project is proceeding to plan, Construction of facility is projected to deliver an operational environment in late September for service transition in October. Pressure exists on allocated budget for specialised equipment, work continues to bring this risk inside the budget. Overall construction budget is consistent with projections.
Scope	G	Various late changes have been requested by the Gastroenterology and Surgical service teams, the majority of minor requests have been accommodated. Major changes have been rejected to keep the project within budget and as per the signed off design drawings.
Time	G	Gemco Construction are scheduled to deliver the completed building Early September 2018, Commissioning and installation of medical devices and services planned for September with the completed building set for handover to the Gastroenterology service in the month of October.
Financial	A	Specialist Clinical Equipment budget remains over allocated due to increases in complexity and quantity of devices required. Facilities team working with clinical team to reduce scope of equipment. Potential for a 10-15% unplanned increase in the overall FF&E budget. If this cannot be contained it will potentially add 1% (131K) to the total project cost. We will continue to work with the clinical team to reduce this risk
Quality & Safety Risk	Not Set	

Financial Tracking						
Type	Total Approved Budget	Actuals to Date	% Total Actuals vs Budget	Total FY Forecast Spend	Total FY Actuals To Date	% FY Actuals vs Forecast
Capex	$13,103,000	$10,418,919	79.5%	-	$7,862,919.00	-
Opex	-	-	-	-	-	-
Commentary						

Specialist Clinical Equipment budget remains over allocated due to increases in complexity and quantity of devices required. Facilities team working with clinical team to reduce scope of equipment. Potential for a 10-15% unplanned increase in the overall FF&E budget. If this cannot be contained it will potentially add 1% (131K) to the total project cost. We will continue to work with the clinical team to reduce this risk.

Key Milestone Tracking (stage decision gates / baseline management products / project lifecycle)

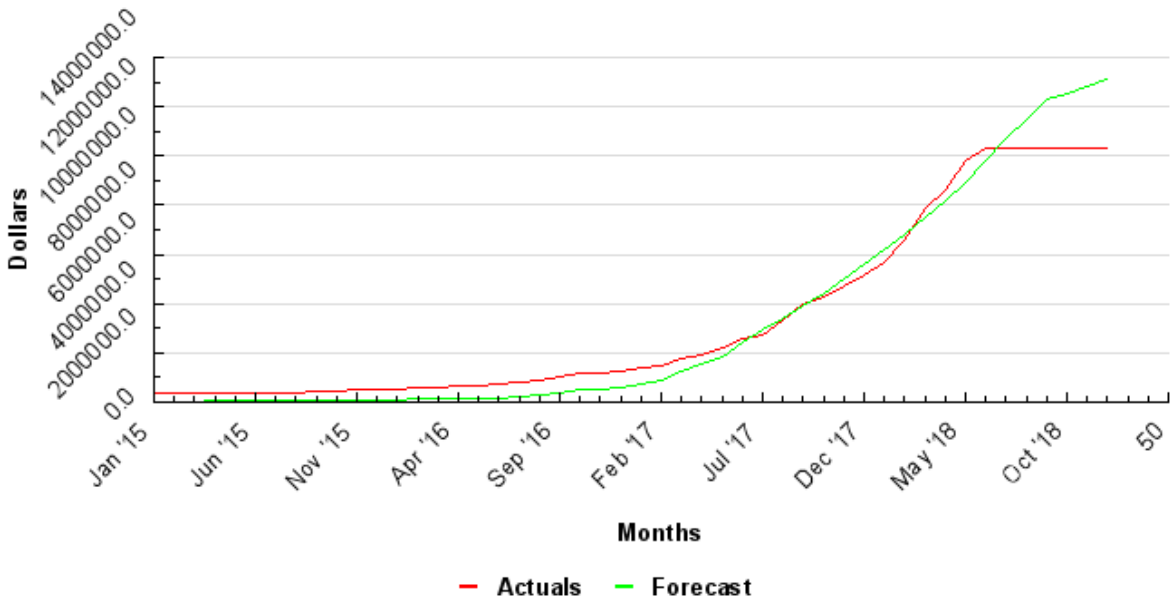
Ref No	Description	Baseline Completion Date	Forecast Completion Date	Actual Completed Date	Milestone Status	Variance Commentary
MS_01	Review current design and test various screw piles for different site locations	28/02/2017	20/01/2017	04/03/2017	Closed	
MS_02	Develop site specific safety plan for GEMCO construction	31/03/2017	27/03/2017	25/03/2017	Closed	
MS_03	Removal of all existing ground, replacement with engineered raft and screw piles	31/05/2017	30/03/2017	07/04/2017	Closed	
MS_04	Construct foundation beams and associated raft to encompass screw pile arrangements	31/07/2017	21/07/2017	11/08/2017	Closed	
MS_05	Design, construct and erect structural steel framework of level G and Level 1	29/09/2017	06/10/2017	19/10/2017	Closed	
MS_06	Design and construct pre-cast concrete sections of Ground and level 1, install, beams, reinforcing and pour top slabs to complete structural membrane.	30/11/2017	30/11/2017	17/11/2017	Closed	
MS_07	Install Roof materials , design and install wall cladding including window units to create a waterproof envelope	30/03/2018	30/03/2018	23/03/2018	Closed	
MS_10	Commission all building services to the relevant NZ and Australian standards	31/07/2018	-	-	On track	
MS_08	Complete internal fit out of all building services	31/07/2018	31/07/2018	-	Closed	
MS_09	Complete the design, installation and commission of specialist FF&E equipment	31/08/2018	31/08/2018	-	On track	
MS_11	Internal sign off of all services from HBDHB engineers, approval from	31/08/2018	-	-	On track	

	HDC to proceed with occupation for training and orientation					
MS_12	Training of Medical staff in new facility, planning for soft start to facility	28/09/2018	-	-	On track	
MS_13		31/10/2018	-	-	On track	

Key Achievements This Period	**Key Activities Next Period**
Roof and exterior cladding installations are now complete, with the first stages of the exterior scaffolding being removed from site. All services 1st installation complete on both levels, 2nd fix of services have been completed throughout the ground floor. Ground floor completion date continues to plan with handover to the HBDHB of this section planned for early August 2018. All trades are proceeding to programme, Programme continues to progress on target with the completed building ready for training in September 2018 with operational activity planned from October 2018. Link bridge procurement process currently under development, engagement with GEMCO construction will begin in July for construction through the Spring period, opening of the link bridge is planned for Early 2019.	Completion of Ground floor for commissioning and HBDHB handover on August the 2nd. 2nd fix of services and finishing trades continuing through the month of July for both levels.

Key Issues					
Ref No	Title & Description	Owner	Impact Rating	Resolution	Resolution Date
No issues for attention this reporting period					

Key Risks				
Ref No	Title & Description	Owner	Current Rating	Treatment Plan
R_02	Specialist Equipment Costs Specialist equipment costs exceed identified budget.	Trent Fairey	High	Remove from project budget to Facilities budget for 2018/2019
R_01	FF&E Integration Integration of 3rd party fittings and equipment is delayed due to overseas vendor delay	Trent Fairey	High	Ensure early engagement with vendors to ensure timely delivery.


Dollars
14000000.0
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Jan '15
Jun '15
Nov '15
Apr '16
Sep '16
Feb '17
Jul '17
Dec '17
May '18
Oct '18
50
Months
Actuals
Forecast

Project Board Report

Report Period - Month	Jun 18	**Work stream Manager:**	Trent Fairey
Work stream Name:	Surgical Expansion Facilities Work stream	**Project Manager**	Janet Heinz
Project Name:	Surgical Expansion Project	**Project Sponsor**	Rika Hentschel
Programme Name :	Strategic Projects	**SRO:**	Sharon Mason
Project Start Date :	30/09/2016		
Planned Finish Date :	30/09/2020		

Project Status

	Current period	Commentary
Overall	G	Project is running well, design of the pre & post-operative areas is progressing through developed design. Design work has commenced on Villa 3 outpatient clinic and construction continues on Pre Admission clinics ready for staff to occupy later this year.
Scope	G	Design scope is currently contained as per the original business case.
Time	G	Adjusted timeline has been accepted to deliver full capacity in June 2020, delivery of staged works will continue to build towards this final date.
Financial	G	Preliminary design cost check came in at 7% above overall budget. Design is being reworked to bring it within 5% of total project estimate. Cost estimate for seismic works has not yet been received.
Quality & Safety Risk	G	No incidents reported

Financial Tracking

Type	Total Approved Budget	Actuals to Date	% Total Actuals vs Budget	Total FY Forecast Spend	Total FY Actuals To Date	% FY Actuals vs Forecast
Capex	$12,000,000.00	$724,6512.00	6.04%	$724,6512.00	$724,6512.00	0.00%
Opex	$656,146.00	$36,133.00	5.50%	$127,322.00	$36,133.00	28.38%

Commentary

Preliminary design cost checks have been completed indicating a 7% increase in total cost estimate. The design will be altered to reduce this to within 5% of total project estimate. Detailed seismic assessment has been received indicating that substantial bracing is required to ensure the building can be occupied following a 1:2000 year event.

Key Milestone Tracking (stage decision gates / baseline management products / project lifecycle)

Ref No	Description	Baseline Completion Date	Forecast Completion Date	Actual Completed Date	Milestone Status	Variance Commentary
MS_01	Completion of Concept design for Approval	10/04/2018	10/04/2018	13/04/2018	On track	
MS_02	Preliminary design of Peri-OP completed for approval	06/06/2018	06/06/2018	-	On track	
MS_03	Developed Design Peri-Op and CSSD completed for Approval	31/08/2018	-	-	On track	

MS_04	Detailed Design document for Theatre Block completed for Building Consent Issue	30/11/2018	-	-	On track	
MS_05	Detailed design completed for Tender Issue	17/12/2018	-	-	On track	
MS_06	Tender submissions completed and accepted	31/01/2019	-	-	On track	
MS_07	Negotiated tender completed and paper submitted to Board agenda	15/02/2019	-	-	On track	
MS_08	Submission to Board accepted	27/02/2019	-	-	On track	
MS_09		18/03/2019	-	-	Behind plan	

Key Achievements This Period	Key Activities Next Period
Work on developed design is well underway. Consumer workshop held and FRAC update given. Initial seismic report has come back suggesting that additional strengthening work is needed.	Complete developed design including reworking design to reduce over spend. Review seismic report, inform staff and return to FRAC with an update.

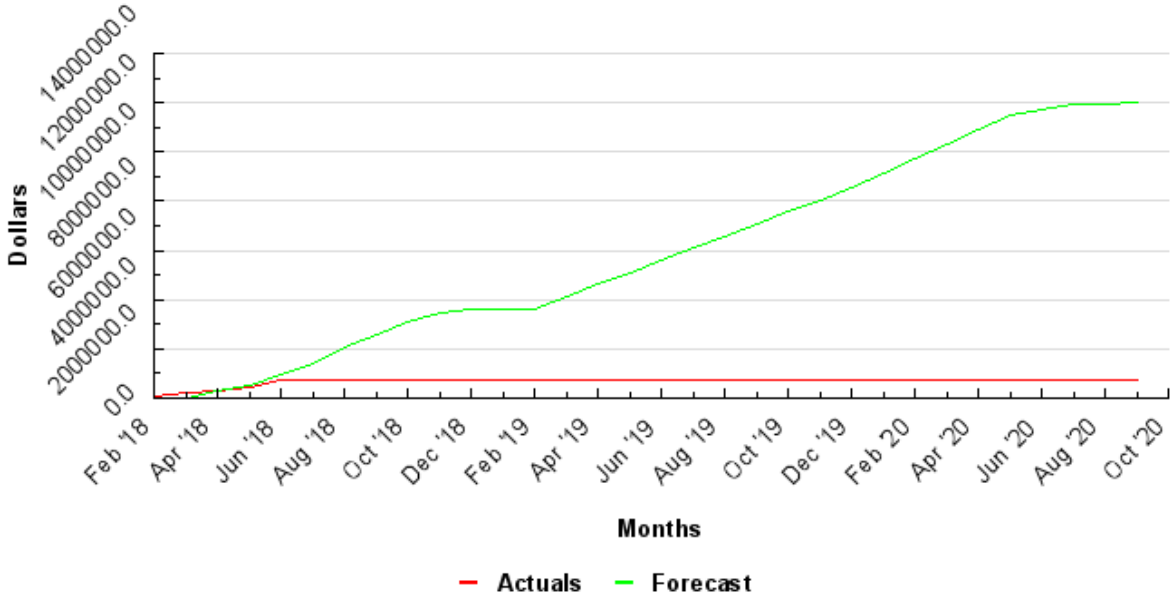
Key Issues

Ref No	Title & Description	Owner	Impact Rating	Resolution	Resolution Date
No issues for attention this reporting period					

Key Risks

Ref No	Title & Description	Owner	Current Rating	Treatment Plan
R_33	**build-ability of construction works** If the build-ability of construction causes issues the affect theatres production plan this could lead to delays and extend the duration of the building works which could result in additional costs that result in financial benefits not being realised.	Trent Fairey	High	The design and staging of the building works is being sequenced based on build ability however it is not until we award the tender and plan the construction phase that we will have confidence in the construction schedule and the risks associated.
R_45	**Plan beyond theatre 8** As discussions commence regarding the long term plan beyond theatre 8 stakeholders are becoming nervous about continuing with the project in its current form in case the opportunity to alter the plan is lost.	Janet Heinz	High	Ensure planning clearly shows where the theatre 8 project would be affected by a 2nd project starting and what additional resources would be required to support both projects. Hold an initial workshop with Surgical Directorate to start to tease out what the next project might include.

R_44	**Seismic upgrades** If the detailed seismic report requires substantial strengthening work to be done within the theatre complex this could add additional time to the design process and significant time to the build.	Trent Fairey	High	Project to report back to the July FRAC session with an updated seismic report and how this will affect BAU as well as the project. Once final plan is agreed a change request will be submitted to realign the schedule.



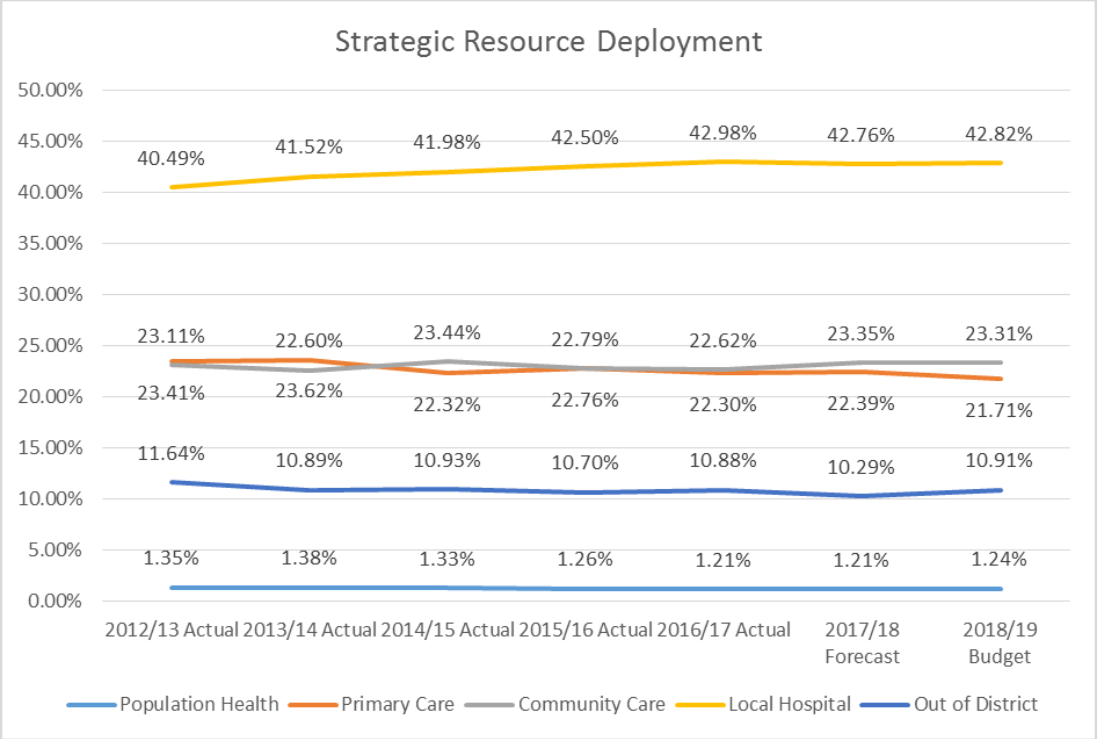
16. ROLLING CASH FLOW

	Actual	June Forecast	Variance	Jul Budget	Aug Budget	Sep Budget	Oct Budget	Nov Budget	Dec Budget	Jan Budget	Feb Budget	Mar Budget	Apr Budget	May Budget	Jun Budget
Cash flows from operating activities															
Cash receipts from Crown agencies	47,702	48,056	(354)	46,720	45,934	52,231	46,374	46,476	46,158	46,212	46,024	46,279	46,788	46,024	46,385
Cash receipts from donations, bequests and clinical trials	136	-	136	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	1,825	434	1,391	495	497	2,493	558	499	493	496	502	496	496	502	496
Cash paid to suppliers	(36,478)	(25,106)	(11,372)	(28,721)	(27,093)	(27,825)	(26,759)	(27,278)	(34,849)	(18,770)	(25,094)	(27,199)	(27,159)	(26,855)	(28,001)
Cash paid to employees	(16,995)	(16,849)	(146)	(16,802)	(22,664)	(16,932)	(20,118)	(17,298)	(16,809)	(22,680)	(17,577)	(17,082)	(17,710)	(20,431)	(17,336)
Cash generated from operations	**(3,810)**	**6,536**	**(10,345)**	**1,692**	**(3,327)**	**9,966**	**55**	**2,399**	**(5,006)**	**5,258**	**3,855**	**2,494**	**2,414**	**(759)**	**1,543**
Interest received	105	64	41	64	64	64	64	64	64	64	64	64	64	64	64
Interest paid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital charge paid	(601)	(4,126)	3,525	(0)	(0)	(0)	(0)	(0)	(4,350)	(0)	(0)	(0)	(0)	(0)	(4,670)
Net cash inflow/(outflow) from operating activities	**(4,306)**	**2,473**	**(6,779)**	**1,756**	**(3,264)**	**10,030**	**118**	**2,463**	**(9,293)**	**5,322**	**3,919**	**2,557**	**2,478**	**(696)**	**(3,063)**
Cash flows from investing activities															
Proceeds from sale of property, plant and equipment	626	(0)	626	0	-	-	(0)	0	0	(0)	-	-	0	0	0
Acquisition of property, plant and equipment	(3,446)	(2,813)	(632)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)	(1,714)
Acquisition of intangible assets	(217)	(496)	279	(133)	(133)	(133)	(133)	(133)	(133)	(133)	(133)	(133)	(133)	(133)	(133)
Acquisition of investments	180	(249)	428	-	-	-	-	-	-	(129)	-	-	-	-	-
Net cash inflow/(outflow) from investing activities	**(2,857)**	**(3,558)**	**700**	**(1,847)**	**(1,847)**	**(1,847)**	**(1,847)**	**(1,847)**	**(1,847)**	**(1,977)**	**(1,847)**	**(1,847)**	**(1,847)**	**(1,847)**	**(1,847)**
Cash flows from financing activities															
Proceeds from equity injection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Repayment of finance leases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equity repayment to the Crown	(357)	(357)	0	-	-	-	-	-	-	-	-	-	-	-	(357)
Net cash inflow/(outflow) from financing activities	**(357)**	**(357)**	**0**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**(357)**
Net increase/(decrease) in cash or cash equivalents	(7,521)	(1,443)	(6,078)	(91)	(5,111)	8,183	(1,729)	615	(11,140)	3,345	2,071	710	631	(2,543)	(5,268)
Add:Opening cash	16,850	16,850	-	9,330	9,239	4,127	12,310	10,581	11,197	57	3,402	5,473	6,183	6,814	4,271
Cash and cash equivalents at end of period	**9,330**	**15,408**	**(6,078)**	**9,239**	**4,127**	**12,310**	**10,581**	**11,197**	**57**	**3,402**	**5,473**	**6,183**	**6,814**	**4,271**	**(997)**
Cash and cash equivalents															
Cash	4	0	4	4	4	4	4	4	4	4	4	4	4	4	4
Short term investments (excl. special funds/clinical trials)	6,472	12,382	(5,910)	6,358	1,246	9,429	7,700	8,316	(2,824)	521	2,592	3,302	3,933	1,390	(3,878)
Short term investments (special funds/clinical trials)	2,841	3,026	(185)	2,877	2,877	2,877	2,877	2,877	2,877	2,877	2,877	2,877	2,877	2,877	2,877
Bank overdraft	11	-	11	-	-	-	-	-	-	-	-	-	-	-	-
	9,330	**15,408**	**(6,078)**	**9,239**	**4,127**	**12,310**	**10,581**	**11,197**	**57**	**3,402**	**5,473**	**6,183**	**6,814**	**4,271**	**(997)**

Changes have been made to the phasing of some major cash-flows based on best estimates of when they will occur e.g. elective services revenue, IDF wash-up and the rest home worker's pay equity settlement.

17. STRATEGIC RESOURCE DEPLOYMENT

The strategic aim to move resources from secondary care (Local Hospital and Out of District) to the other categories, has not been met. This is due mainly to increasing volumes and acuity of patients moving through the hospital, driven mainly by demographic factors including the aging population. Over the last few years, new investment and efficiency programmes have managed to arrest the growth in the proportion of the DHBs resources going into secondary care.



BOARD HEALTH & SAFETY CHAMPION'S UPDATE

Verbal

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council**	97
	For the attention of: **HBDHB Board**	
Document Owner:	Dr John Gommans (Chair) Dr Andy Phillips (Co-Chair)	
Month:	July 2018	
Consideration:	For Information	

11

RECOMMENDATION

That the Board

Review the contents of this report; and

Note that Clinical Council:

- **Noted** the reports provided for information only
- **Noted** items that were deferred to the August meeting.

Council held a shortened meeting on 11 July 2018 as there was not a quorum due to it being school holidays and contingency planning for the NZNO strike.

An overview of matters discussed is provided below:

Reports for information were noted from the following:

- Clinical Portal update
- Clinical Care Pathways update
- Te Ara Whakawaiora - Smokefree report update

Items Deferred to August Meeting:

- Violence Intervention Programme presentation
- People & Quality Dashboard
- Using Consumer Stories

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Health Consumer Council** 98
	For the attention of: **HBDHB Board**
Document Owner:	Malcom Dixon, Deputy Chair
Reviewed by:	Not applicable
Month:	July, 2018
Consideration:	For Information

RECOMMENDATION

That the Board

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

12

Consumer Council met on 12 July 2018. An overview of issues discussed and/or agreed at the meeting is provided below.

- **Welcome and Farewells**

The new members of Council were welcomed (Wayne Taylor, Les Cunningham, Gerraldine Tahere and Denise Woodhams). Five founding members retired at the end of June (Rosemary Marriott, Leona Karauira, Heather Robertson, Terry Kingston and Tessa Robin). The retiring members shared their experiences and wished the new members well. The Deputy Chair and Company Secretary presented the retiring members with a certificate of appreciation for their service to Council since its inception in June 2013.

- **Violence Intervention Programme (VIP)**

Dr Russell Wills, Paediatrician and Medical Director, Quality & Patient Safety provided background on the history of the programme which was first developed in 2002 and is now in 20 District Health Boards. Council received a presentation from Cheryl Newman, Family Violence Intervention Co-ordinator. Discussion held and suggestions offered on ways to approach/start the conversation with consumers in sensitive and safe ways, around their experience of intimate partner violence, child abuse and neglect.

Council provided it's support for the Programme.

- **Using Consumer Stories**

The Company Secretary provided background on what patient stories were and the intention for the use within the DHB being for learning and training purposes. Brief discussion took place regarding this paper. Further work is required before this can be adopted.

- **Te Ara Whakawaiora - Smokefree**

The paper was received for information only, noted but not discussed.

HAWKE'S BAY District Health Board Whakawāteatia	**Māori Relationship Board** 99
	For the attention of: **HBDHB Board**
Document Owner:	Ngahiwi Tomoana, Chair
Reviewed by:	Not applicable
Month:	July, 2018
Consideration:	For Information

13

RECOMMENDATION

That the Board

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

Note that the Maori Relationship Board:

- **Provide**d feedback and guidance resulting from the presentation received on the Violence Intervention Programme.
- **Received** the Presentation He Ngakau Aotea
- **Received** the Te Ara Whakawaiora – Smoke Free Update

The Māori Relationship Board met on 11 June 2018, chaired by Ngahiwi Tomoana. An overview of issues discussed and/or agreed at the meeting is provided below.

MRB received a report from the GM Māori Health covering Māori Health Services including the Health Improvement and Operations Team; Nursing Strategy (including Research Committee and Audit EIT Masters in Nursing and Maori Nurse Workforce projections): Tūruki Māori Workforce Development Strategy.

VIOLENCE INTERVENTION PROGRAMME (VIP)

A heartfelt presentation was received from Cheryl Newman the Violence Intervention Programme Team Leader. It was advised that HBDHB do not currently follow through and/or provide intervention following the release of those admitted or treated following assaults – after the Police have been involved. Hawke's Bay has the highest incidence of Domestic Violence in NZ. Those treated are scared and need choices and to know that people care about them. Staff become emotionally overwhelmed and it is a constant struggle to focus on in-house. 466 staff have been trained but we see no results from this training. Within our Community, children just want to be with their families and to be safe! Men often want to stop being violent but lack the skills to do so!

- A mind map was provided of the current model which was: Inconsistent, Isolated, had Limited Impact and Training.
- Would like to see a whanau centred care model. **The future model needs to focus on women, whanau centred, and be part of a community response, a new culture and be sustainable.**

Lot of questions and feedback followed. There were gems, pockets of knowledge and support offered from within Maori to assist Cheryl and the VIP team to develop a plan and achieve outcomes that can be measured and ensure progress was being made. Introduce the team also to the "Wellness Warriors; and update MRB in future with a date and time to be advised.

There are complex issues here, including multigenerational matters that fuel behaviours which result in violence!

What was presented appears to mirror Work and Income and their inability and lack of confidence to champion what is required within their organisation. An intervention requires leadership at highest level. This is about family wellness and we must ensure we measure outcomes of what is put in place.

Kevin Snee advised at the meeting he will raise Violence Intervention with other agencies through the REDS Intersector Group

HE NGAKAU AOTEA

A presentation entitled He Ngakau Aotea was provided by George Mackey. Others involved in the development were Na Raihania and Beverly TeHuia. Ideas were provided to enable a plan to be developed to go out and consult with Māori to ascertain what was required to reduce health inequities for Māori. Questions within the presentation were around where to start, growing trust to break down barriers and developing a system that supports Kaupapa Maori.

The GM Maori Health advised there was a need to test this presentation with whanau first as these were 3-4 peoples view, on behalf of MRB. Also whatever is developed must align with the development of a 5 Year Strategy.

Discussion about process followed, noting the presentation was not complete and was to be emailed to MRB members to comment. A plan of action, including the consultation process and timelines would be developed for approval by MRB.

The HBDHB Chair advised it would be impossible to see any change within the next 12 months as direction has already been set. We need to identify something that we could potentially implement next year.

ADDITIONAL DISCUSSION

There were a number of items discussed in addition to the agenda provided including: the **P Epidemic** which is gripping not only HB but nationally; Foetal **Alcohol Syndrome**, the unrecognised signs and lifelong complexities. The elderly and disadvantaged communities, noting Professor Mason Durie saying that mental illness is being diagnosed but not behavioural issues.

The **difficulties imposed by Government** requirements which heavily focus on target achievement for example of elective surgery, and imposing criteria on DHBs instead of focusing on the coal face where huge improvements and cost savings can be made over time. It was felt there needs to be a fundamental change in Governments thinking.

The **biomedical science model dominates** service delivery, therefore a desired change to move into the NUKA type model, may be difficult because of this dominant culture!. **South Central's NUKA model** is very balanced with an organisational focus rather than a professional/clinical focus. In NUKA Doctors and Nurses are part of the team/whanau.

HAWKE'S BAY District Health Board Whakawāteatia	**Central Regions Technical Advisory Services Limited (CTAS) - Resolution Altering Constitution** 100
	For the attention of: **HBDHB Board**
Document Owner/Author:	Ken Foote, HBDHB Company Secretary
Reviewed by:	HBDHB Board Chair
Month:	July 2018
Consideration:	For Decision

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RECOMMENDATION

That the HBDHB Board (as an A Class Shareholder)

1. **Vote** in favour of the attached resolution to alter the CTAS Constitution.

BACKGROUND

The attached special resolution has been requested after discussion by the Regional Governance Group (RGG) and advice from Buddle Findlay.

RGG's objectives for these proposed changes to the CTAS Constitution are:

- Avoiding non-Independent Directors having a majority; and
- Providing some flexibility as to the number of Directors required on the Board.

SUMMARY OF PROPOSED CHANGES

The changes proposed are more 'technical' rather than 'substantive", in that they generally seek to clarify the intent reflected in the current clauses of the Constitution.

A summary of the proposed changes include:

- There will be between 5 and 7 directors (currently minimum of 5)
- There must be at least 3 Independent Directors, and 2 DHB Associated Directors and the number of DHB Associated Directors on the Board must not exceed the number of Independent Directors.
- DHB Associated Directors have been defined as someone who is a board member, director, or employee of any DHB/DHB subsidiary.
- If the composition changes and no longer meets the above requirements, the RGG is required within 3 months, to exercise its powers to ensure the composition requirements are met.
- The calculation of quorum in the third schedule has been clarified.

SPECIAL RESOLUTION

Under clause 4 of the Constitution, any changes to the Constitution requires unanimous support to a Special Resolution by all A Class Shareholders. HBDHB is an A Class Shareholder in CTAS. Most other CTAS A Class Shareholders have already provided this support.

CENTRAL REGION'S TECHNICAL ADVISORY SERVICES LIMITED

UNANIMOUS RESOLUTION ALTERING CONSTITUTION

DATED 2018

RESOLVED as a unanimous resolution in accordance with clause 4 of the Constitution of the Company that the Company alter its constitution as set out in the **attached** schedule with effect from the date of this resolution.

Signed by all the A Class Shareholders

For and on behalf of **Capital and Coast DHB**

For and on behalf of **Hawke's Bay DHB**

For and on behalf of **Hutt Valley DHB**

For and on behalf of **MidCentral DHB**

For and on behalf of **Wairarapa DHB**

For and on behalf of **Whanganui DHB**

1. PART A: INTRODUCTION

Clause 1.1 Under Defined Terms, the following new definition has been included:

> *DHB Associated Director* means a Director of the Company that is also a board member, director, or employee of any DHB or DHB subsidiary

2. PART C: DIRECTORS

Clause 33 of the Company's Constitution is deleted and replaced as follows:

"33 Composition of the Board

33.1 The Board shall consist of a minimum of 5 and a maximum of 7 Directors.

33.2 The Board shall consist of:

33.2.1 at least three Independent Directors; and

33.2.2 at least two DHB Associated Directors,

provided that the number of DHB Associated Directors may not exceed the number of Independent Directors.

33.3 If at any time the Board composition does not meet the requirement of clause 33.2, the Board may continue to operate for all purposes, but the Regional Governance Group (or the A Class Shareholders if the Regional Governance Group ceases to exist) must, within three months, exercise its powers under clause **Error! Reference source not found.** to ensure the requirement

3. THIRD SCHEDULE: PROCEEDINGS OF THE BOARD

Clause 8 of the Third Schedule is deleted and replaced as follows:

8. QUORUM FOR BOARD MEETING

8.1 The quorum necessary for the transaction of business at a meeting of the Board is two-thirds of the Directors. If the number required for a quorum is not a whole number, the number will be rounded up to the nearest whole number. The number of DHB Associated Directors present at a meeting must not exceed the number of Independent Directors present.

8.2 The Shareholders may change the number of Directors required for a quorum by unanimous resolution.

OURHEALTH HAWKE'S BAY Whakawateatia	**Primary Care Partnership Development Governance** 101
	For the attention of: **HBDHB and Health Hawke's Bay Boards**
Document Owner/Author:	Ken Foote, HBDHB Company Secretary
Reviewed by:	Chairs and CEOs HBDHB and Health Hawke's Bay
Month:	July 2018
Consideration:	For Decision

RECOMMENDATION

That the Boards

1. **Approve** the following appointments to the Primary Care Development Partnership Governance Group for the first year ending 30 June 2019:

HHB Ltd Board:	Bayden Barber
	Jason Ward
	Jeremy Harker
HBDHB Board:	Hine Flood
	Ana Apatu
	Helen Francis
Maori Relationship Board	Beverly Te Huia
Clinical Council	David Rodgers
Consumer Council	Rachel Ritchie

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BACKGROUND

In May 2018, Boards were presented with a report and recommendations relating to the establishment of a Governance Group for the proposed Primary Care Development Partnership.

Key decisions / approvals provided following consideration of these were:

- A Governance Group be established, initially to include core members:
  - Three directors of Health Hawke's Bay Ltd
  - Three board members of HBDHB
  - One MRB NKII representative
  - One representative of HB Clinical Council
  - One representative of HB Health Consumer Council

- As the scope of the Primary Care Development Partnership (PCDP) expands to cover them, representatives from other parts of the Hawke's Bay health sector may be added.

- That expressions of interest for the nine core membership positions be called for, for the first 12 months from 1 July 2018.

- That a selection panel comprising of the Chairs and CEOs of HBDHB and Health Hawke's Bay review expressions of interest and recommend appointments to ensure a good mix of perspectives, skills and experience.

- The appointment of all members will be formally approved by both Boards.

- The terms / tenure of membership will be for 12 months with provision for reappointment, to provide for some rotation but retaining some experience.

APPOINTMENTS
In accordance with these decisions, the selection panel has met and considered all expressions of interest. The panel's recommendations for appointments for the first 12 months are scheduled above, for the approval of both Boards.

FIRST MEETING
Once appointments are approved, the first meeting of the Governance Group will be scheduled for an appropriate time in August.

The agenda for the first meeting will be focussed on reviewing and recommending to both Boards, a Draft Primary Care Development Partnership Agreement which will then provide the mandate for the Governance Group.

Other potential agenda items may include discussion on the current proposed name "Primary Care Development Partnership" replacing the previous "Hawke's Bay Health Alliance". Whatever the Agreement (and therefore Governance Group) is called will need to take into account the strategic context in which it will be operating and the need to "connect" to all key stakeholders involved. Where the Agreement and Governance Group "fit" within a general communication plan around all of this, will also need to be considered.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora - Smokefree** 103 For the attention of: **HBDHB Board**
Document Owner	Kevin Snee, Chief Executive Officer
Document Author	Johanna Wilson, Acting Smokefree Programme Manager
Reviewed by	Shari Tidswell, Intersectoral Development Manager; Julie Arthur, Midwifery Director; Justin Nguma, Senior Health & Social Policy Advisor and Executive Management Team. Received for information by Māori Relationship Board, HB Clinical and Consumer Councils
Month/Year	July 2018
Purpose	To provide the Executive Management Team (EMT) with an overview of the six months implementation progress on the Smokefree plan for discussion.
Previous Consideration Discussions	Reported six monthly.
Summary	**Smokefree (On Track)** ***95% of all patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking.*** • HBDHB achieved 95.5% in Quarter two and 95.7% in Quarter three. Health practitioners in secondary care continue to achieve the 95% target of all patients who smoke aged 15 years and over, are offered brief advice and offered support to stop smoking. ***90% of PHO enrolled patients who smoke have been offered help to quit by a health care practitioner in the last 15 months.*** • Health HB achieved 90% in Quarter two and 88.9% in Quarter 3 with 9/25 practices meeting the 90% target and 14/25 practices within 10% of the target. GP practices and staff receive support from an independent nurse who contacts patients who smoke and updates patient smoking status in ten practices. The DHB Smokefree Coordinator based in Wairoa, contacts and updates patient smoking status in the Wairoa GP practices. **Smokefree (Not on track)** ***90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking.*** • Women Smokefree Status at Booking by Lead Maternity Carer for the period 1 January to 31 March 2018 identified a total of 515 pregnant women at booking, 121 (23.54%) were smokers and 13 had an unknown status (2.53%).

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	We note data issues for the following: ***90% of young pregnant Māori women were referred to cessation support.*** • Data collection was based on all Māori women • Data provided by the DHB employed midwives for the period 1 January – 31 March 2018 identified 24 of 25 Māori women were smokers. Seventeen (70.8%) received smoking brief advice, fourteen, (82.4%) were offered support to quit smoking and six (42.9%) were referred to cessation support services. ***95% of pregnant Māori women who are smokefree at 2 weeks postnatal.*** • Data collection is based on women smokefree status at discharge by Lead Maternity Carer (LMC) • Women smokefree status at discharge by LMC for the period 1 January to 31 March 2018 identified 83 (43%) of Māori women were smokers and 6 Māori women had an unknown status (3%). (See table 4).
Contribution to Goals and Strategic Implications	Improving health outcomes for pregnant women and their whānau. Health equity – smoking at time of registration and at two weeks postnatal is more common among Māori women. Transform and Sustain – increasing focus on prevention.
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity for Māori women and their whānau.
Consumer Engagement	Not applicable.
Other Consultation /Involvement	Face to face interviews were conducted and recorded with pregnant women and post-natal women to help understand why pregnant women continue to smoke during and after birth.
Financial/Budget Impact	Not applicable
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

That the **Māori Relationship Board, HB Clinical and Consumer Councils and HBDHB Board**

1. **Note** the content of the report
2. **Support** the next steps.

Te Ara Whakawaiora - Smokefree

Author:	Johanna Wilson
Designation:	Acting Smokefree Programme Manager
Date:	June 2018

OVERVIEW

Following concerns from the National Māori General Managers (Tumu Whakarae) about the slow pace of progress on some indicators in reducing health disparities for Māori, the Hawke's Bay DHB Executive Management Team (EMT) decided to establish a championship role in 2013 for each of the indicators to spur faster traction on implementation. The Champions were tasked to provide the Board with six monthly Te Ara Whakawaiora (TAW) exceptions based report drawn from AMHP quarterly reporting highlighting the implementation progress on these indicators along with recommendations for improvement towards achievement of the annual targets and reducing health disparities. This report is from Kevin Snee, Champion for Smokefree Indicator.

MĀORI HEALTH PLAN INDICATOR: Smokefree

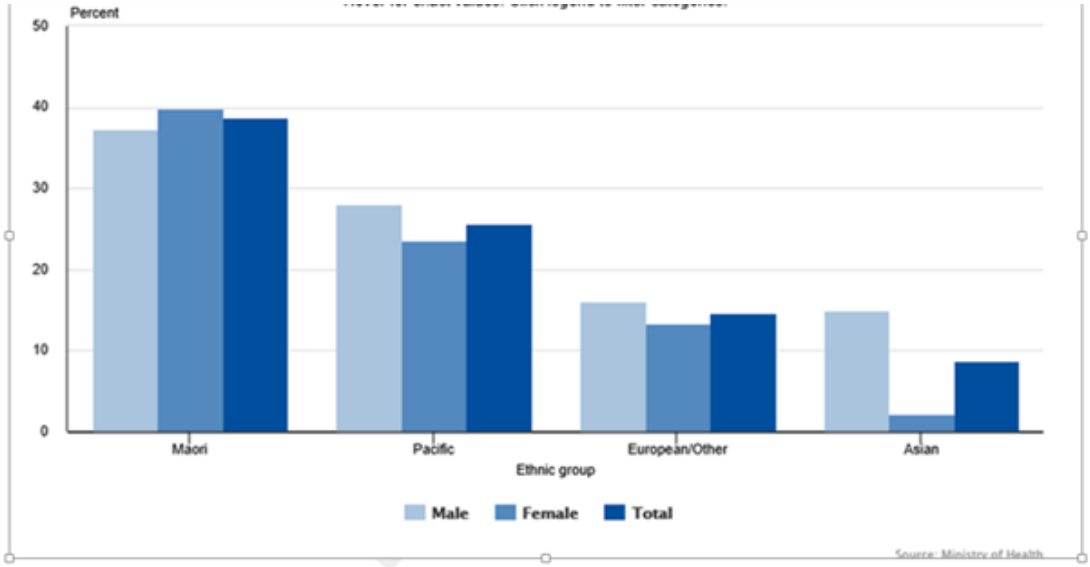
This report provides an update on programmes related to Māori pregnant women and Māori women at two weeks postnatal:

- 90% of pregnant women who identify as smokers upon registration with a Lead Maternity Carer are offered brief advice and support to quit smoking
- 90% of young pregnant Māori women are referred to cessation support
- 95% of pregnant Māori women who are smokefree at 2 weeks postnatal.

According to the 2014 Health Equity Report, tobacco use was cited as the single biggest underlying cause of ill health and inequity of death rates in Hawke's Bay. More Māori are known to be dying from smoking related causes than non-Māori. Based on the Statistics New Zealand[1] data published in 2017, Māori had the higher proportion of smokers than non-Māori.

[1] http://archive.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/tobacco-smoking.aspx#info3

Figure 1: Proportion of Population who currently Smoke Tobacco



Source: Statistics New Zealand, Ministry of Health

As shown in the National Health Survey (Figure 1), the rates of tobacco smoking are higher among Māori than non-Māori with highest rates of smoking among Māori women (36.5%). This smoking behaviour among women continues even when they are pregnant. While rates of tobacco use have declined over the years, the rates for Māori are not declining fast enough to reach equity levels let alone meeting the national 2025 smokefree target of less than 5%[2].

WHY IS THIS INDICATOR IMPORTANT?

Although there has been a reduction in the overall smoking prevalence in Hawke's Bay from 25% in 2006 to 18% in 2013, Māori smoking rates (36%) are over double those of non- Māori, Non-Pacific (14%). Māori women aged 20 – 29 years have the highest smoking rate of all groups, at 49%. Smoking is most prevalent in high deprivation areas – almost half of the smoking population in Hawke's Bay (475) lives in deprivation areas 9 and 10.

Maternal smoking is the largest modifiable risk factor affecting foetal and infant health in the developed world and the percentage of women smokers in the Hawke's Bay region is a major health concern. Data collected in Q2 (Oct-Dec 2017) shows 24.5% of women booking at maternity care were smokers. Out of these, 47.9% were Māori, 14.6% were Pacific Islanders and 12.9% were Europeans (Table 1).

Table 1: Women Smoking Status at Booking 2017/18 by Ethnicity

	Smokers		Non-Smokers		Unknown	
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**
Māori	347	47.9%	377	52.1%	19	-
Pacific Islander	19	14.6%	111	85.4%	4	-
European	134	12.9%	905	87.1%	26	-
Asian	1	0.8%	132	99.2%	2	-
Other	0	0.0%	23	100.0%	0	-

[2] Regional Tobacco Strategy for Hawke's Bay update, 2015 – 2020 presented at the MRB, HB Clinical and HB Health Consumer Council, November 2016, update.

As shown in Table 2, these rates showed no significant improvement at discharge, as 41.7% of Māori and 14.1% for Pacific Island women were still smokers.

Table 2: Women Smoking Status at Discharge 2017/18 by Ethnicity

	Smokers		Non-Smokers		Unknown	
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**
Māori	293	41.7%	410	58.3%	40	-
Pacific Islander	18	14.1%	110	85.9%	6	-
European	112	11.3%	877	88.7%	76	-
Asian	1	0.8%	131	99.2%	3	-
Other	0	0.0%	22	100.0%	1	-

This indicator continued to perform poorly in Q3 of 2017/18 (Jan-March 2018). As shown in Table 3 45% of Māori women were reported to be smokers at booking and only dropped by 2% to 43% at discharge as shown in Table 4.

Table 3: Women Smoking Status at Booking 1 Jan – 31 March 2018 by Ethnicity

	Smokers		Non-Smokers		Unknown		Total
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	
Māori	86	45%	103	53%	4	2%	193
Pacific Islander	0	0%	19	86%	3	14%	22
Other	34	11%	259	87%	5	2%	298
Not Stated	0	0%	1	50%	1	50%	2
Total	120	23%	382	74%	13	2%	515

Table 4: Women Smoking Status at Discharge 1 Jan – 31 March 2018 by Ethnicity

	Smokers		Non-Smokers		Unknown		Total
Ethnicity	**N**	**%**	**N**	**%**	**N**	**%**	
Māori	83	43%	104	54%	6	3%	193
Pacific Islander	0	0%	22	95%	1	5%	22
Other	28	9%	256	86%	14	5%	298
Not Stated	0	0%	2	100%	0	0%	2
Total	111	22%	383	74%	21	12%	515

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

Pregnancy is a strong motivator to quit and first-time mothers are the most receptive to cessation advice. Early antenatal advice about the benefits of quitting for baby and her health is crucial alongside obtaining her consent to be referred for cessation support. Some women quit on their own, while others appreciate support to quit and for some, the smoking addiction is so strong that they won't even attempt to quit despite knowing the risks for baby and their own health. The challenges associated with smoking cessation efforts in HBDHB are captured in anecdotal stories from interviews with Wāhine Hapū and their whānau on their journey to become smokefree as presented in Appendix One.

1. Maternity Services

Lead Maternity Carers (LMCs) and HBDHB midwives have a key role in health and wellness promotion and education for the woman, her whānau and the community. LMCs and DHB midwives encourage and assist women and their whānau to take responsibility for their health and that of the baby by promoting healthy lifestyles.

Over the last six months, DHB Maternity services have kept the importance of a smokefree pregnancy and environment by achieving the following:

- Update of the maternity booking form paperwork to better reflect recording of smokefree status, brief advice and referrals to Quit services
- All registered staff in Maternity have received education and training around screening, brief advice, use of Nicotine Replacement Therapy (NRT) and referral pathways for women, partners and whānau who are not smokefree. All staff are asked to discuss their smokefree practice as part of the Performance Development Review (PDR) process
- Free NRT and Quit Cards are available to women and support people in Maternity regardless of readiness to engage with a formal Quit service

- Strong smokefree message entwined with other health practices such as breastfeeding and safe sleep
- Resources available for women not ready to become smokefree encouraging the smokefree message but also making the details for Quit services available when they are ready for this
- Monitoring of targets around providing smokefree advice to >95% of women booking with DHB Maternity services and discharging from Maternity services. Review of all women not receiving advice is undertaken to determine reasons for advice not being given to improve systems.
- However, there were a small number of genuine emergencies when women are not asked their smokefree status and not given smoking brief advice.

2. Increasing Smokefree Pregnancy

HBDHB Smokefree team. in partnership with Choices Kahungunu Health Services. have been supporting Wāhine Hapū and Wāhine with pepe under six months to be smokefree since 2014.

A review of the Wāhine Hapū – Increasing Smokefree Pregnancy Programme in October 2015 identified seven key recommendations:

- Market the programme as whānau opportunity to quit smoking for the new baby
- Promote the programme directly to pregnant women and their whānau to increase self-referrals
- Promote the programme more widely in the health and social sector
- Enhance the incentive package to include whānau members
- Improve the ease and speed of the referral process
- Increase cessation support capacity
- Improve the quality of the programme data and outcome analysis.

The HBDHB has adopted the recommendations with the following adjustments to the programme:

- Inclusion of incentivised package for close whānau members
- Accept referrals from the Special Care Baby Unit, Paediatrics, Te Ara Manapou, GP practices, pharmacies and Well Child Tamariki Ora providers
- A small number of women and whānau have self-referred as a result of viewing the Te Haa Matea facebook page or hearing about the programme via a friend or whānau member
- Te Haa Matea provide cessation support across all services
- Referral process and monitoring of progress and resources adjustments made in response to these findings

Total referrals for smokefree cessation support in 2017 were 357 is presented in Table 5. (57% of women were smokers at booking).

Table 5

Referrals from	Number	Percentage	Ethnicity	Number	Percentage
Antenatal	260	73%	Māori	239	67%
Postnatal	33	9%	NZ European	106	30%
Whānau	64	18%	Pacific Islander	6	1.7%
			Other	4	1.3%

When first contacted, 173 women and whānau agreed to enrol in the Wāhine Hapū programme. Referrals received within the DHB were contacted by the Smokefree team to encourage engagement with the programme. The Smokefree Co-ordinator in Wairoa runs cessation clinics parallel to the antenatal midwife clinics. Of the 173 (48%), 57 participants (33%) of women and whānau completed the 12 week programme.

Challenges to keeping women and their whānau on the programme have been:

- The time between the referral received and a stop smoking practitioner contacting them has given them the opportunity to decline the programme
- Incorrect contact details or are not contactable, once the referral has been received
- Setting a quit date and remaining smokefree in their first week is not always achievable. 43% of those who engaged with the programme initially, did not reach the 1 week carbon monoxide validation.

The communities where young Māori women live, socialise and belong is also the community in which they learn to smoke, keep smoking and try to quit. The relationships young Māori women have with their whānau and friends influence their smoking. Smoking can be a big part of a young woman's life as many of her whānau, friends, school mates, workplace and social circles smoke. In many instances young Māori women start smoking because their whānau and friends smoke and when socialising, the smoking increases as the two often go together.

As part of the Wāhine Hapū programme, women and whānau who complete the programme are encouraged to share their smokefree journey. They may opt to be interviewed by a Stop Smoking Practitioner or complete a smokefree survey either on-line or paper copy. The collection of stories gives the DHB Smokefree Team opportunities to review the programme. In the last quarter, DHB stop smoking practitioners were able to conduct face-to-face interviews with three whānau, using set of questions, delving into their smoking history, their smokefree journey and what it means to be smokefree.

Major findings from the interviews were: -

- Age of initiation
  "I was 12 years old when I had my first cigarette"
  "I was 13"
  "I started smoking at age 15"
  "16 when I started"
- Peer pressure
  "*All my friends were doing it*"
- Looks
  "I thought it was cool at the time"
  "I just wanted to be grown up and be cool"
- Risky behaviour
  "*I would steal one of my mum and dads"*
- Treat / Reward
  "As long as the kids were taken care of, I didn't mind treating myself to smoke, it was my reward".

See Appendix One – Interviews for the full details.

3. Community engagement with pregnant women and their whānau

Providing GP practices with the Wāhine Hapū resources, The Top Five to help my Baby Thrive resource and Te Haa Matea business cards provides opportunities for clinicians to have smoking brief advice conversations with pregnant women and to see cessation support early in their pregnancy. The GP or practice nurse who confirms the pregnancy is able to guide the woman to find a midwife and the benefits in being smokefree. GP practices are gaining confidence in referring pregnant women to the HBDHB Wāhine Hapū programme.

HBDHB (as part of Te Haa Matea) are working in partnership with eleven community pharmacies who provide smoking brief advice, behavioural and motivation support, NRT for one week and a referral pathway to Te Haa Matea.

The focus is on the following priority populations:

- Pregnant women, young Māori and Pacific women especially in conjunction with a pregnancy test or emergency contraception pill provision
- Māori and Pacific women with asthma, or Māori and Pacific women with asthmatic children
- Māori and Pacific populations.

All eleven pharmacies have received the Wāhine Hapū resources and the Te Haa Matea business cards.

Te Haa Matea continues to support pregnant women and their whānau to become smokefree through the Wāhine Hapū programme and Tame Your Taniwha challenge. HBDHB provides smokefree education, training and support to Te Haa Matea partners.

HBDHB are working on approaches which integrate hauora – first steps have been the Top Five to help my Baby Thrive promotion, links to Safe Sleep and Breastfeeding promotion. There is now opportunity for the kaupapa be part of the Kaupapa Māori maternity programme.

4. Innovation and Incentivised programmes

HBDHB developed and implemented the Tame Your Taniwha Challenge. This is an eight week quit challenge for teams of three with a prize to be won at the end of the eight weeks and is open to anyone who smokes and over the age of eighteen years. The first challenge was from the 2nd October to 30th November 2017. Eighteen teams of three took up the challenge with the winners coming from Silver Fern Farms in Central Hawke's bay. The second challenge was from 2nd April to 31st May 2018 (World Smokefree Day). Three of the seventeen teams registered had pregnant women and their whānau participating. The winners were Mr Apple – Central with a Māori pregnant woman and her partner's parents, both Samoan.

HBDHB continues to provide the Wāhine Hapū programme to support pregnant women, women with babies up to the age of six months and their whānau to become smokefree, provide a smokefree home and car for all the whānau.

CHAMPION'S REPORT: ACTIVITIES THAT WILL OCCUR TO INCREASE PERFORMANCE OF THIS INDICATOR

Hospital Smokefree Target

1. The DHB Smokefree team will continue to provide smokefree education sessions for all staff as required.
2. Clinical staff continue to be encouraged to complete the MoH online e-learning tool 'Helping People Stop Smoking' every three years and complete the Nicotine Replacement Therapy Module via Ko Awatea. It is important for all clinical staff to review and receive up-to-date knowledge of smokefree to improve practice and increase confidence with cessation.
3. The Smokefree team will continue to triage all hospital patients who smoke and want help to quit smoking.

Primary Health Organisation Smokefree Target

1. The Smokefree team will continue to work in partnership with Health Hawke's Bay to promote World Smokefree Day in practices
2. All clinical staff in GP practices continue to be encouraged to complete the MoH online e-learning tool 'Helping People Stop Smoking' and complete a refresher every three years
3. The Smokefree team will continue provide Wāhine Hapū and The Top Five to help my baby thrive resources and Te Haa Matea business cards to all GP practices
4. The Smokefree team will meet with GP Smokefree Champions in the next quarter to evaluate the use of smokefree resources in practices.

Maternity Smokefree Target

1. The Smokefree team will meet with the Maternity service to discuss providing LMC's who work with Māori pregnant women Maternity Smokerlyzers to support the need to quit smoking while pregnant, provide smoking status in all documentation and evidence to refer to the Wāhine Hapū programme
2. The Smokefree team will provide an audit on the unknown categories of the Women Smokefree status at Booking and Discharge by LMC to identify smokefree missed opportunities
3. The Smokefree team will review the Wāhine Hapū programme
4. The Smokefree team will develop a programme in schools and alternative education to support young Māori women to stay smokefree.

NEXT STEPS AND RECOMMENDATIONS

1. Smokefree Team to develop a logic model plan for equipping LMCs with the Maternity Smokerlyzer (Carbon Monoxide Monitor).
2. Review / evaluate the Wāhine Hapū (Increasing Smokefree Pregnancy Programme) to determine if this is the right programme for pregnant women and their whānau in Hawke's Bay.
3. Link in with the new Whanake te Kuri – Pregnancy and Parenting Education and Information Programme, providing a referral pathway to the Wāhine Hapū Programme.
4. Identify all ante-natal programmes offered in Hawke's Bay to provide a referral pathway to the Wāhine Hapū Programme.
5. Conduct an audit on a selection of patient files with matching NHI numbers from the Smokefree Status at Booking by LMC and Women Smokefree Status at Discharge by LMC for the quarter three period (1 January – 31 March 2018) to address 'unknown' category for miss opportunities for smoking brief advice.

Key Recommendation	Description	Responsible	Timeframe
Ante-natal programmes in Hawke's Bay	1. Link in with the new Whanake Te Kuri – Pregnancy and Parenting Education and Information Programme providing Wāhine Hapū resources and Te Haa Matea business cards and a referral pathway to the Wāhine Hapū programme. 2. Identify all Ante-natal programmes in Hawke's Bay providing Wāhine Hapū resources and Te Haa Matea business cards and a referral pathway to the Wāhine Hapū programme	Johanna Wilson / Smokefree Team	October 2018
Audit patient files	Select a number of 'Unknown' patient files to determine missed opportunity for Smoking Brief Advice from Quarter 3 data (1 January – 31 March) - Women Smokefree Status at Booking and Discharge by LMC data,	Johanna Wilson / Smokefree / Maternity Services / Medical Records	October 2018
Review / evaluate the Wāhine Hapū (Increasing Smokefree Pregnancy Programme)	Conduct an internal review the Wāhine Hapū programme and action the recommendations.	Johanna Wilson / Smokefree Team / Choices Kahungunu Health Services	September 2018
Equip LMC's the Maternity Smokerlyzer (Carbon Monoxide Monitor)	• Meet with Maternity Services. • Develop Logic Model • Identify smoking status of all pregnant women at booking • Promote Wāhine Hapū (Increasing Smokefree Pregnancy Programme) to increase referrals to be smokefree	Johanna Wilson / Smokefree Team / Maternity Team	November 2018

RECOMMENDATION:

It is recommended that the Executive Management Team:

1. **Note** the content of the report
2. **Support** the next steps.

Appendix One - Interviews

Interview with Māori mama, 31 years. Children aged 14, 13, 8, 7, 6, 4, 2 and 2 weeks. Partner is smokefree.

Chrystal started smoking at age 15, she was smoking up to 40 cigarettes per day. Her motivation to stop smoking was for her babies.

She had previously tried 4-5 times to quit. In the past she had used Nicotine Replacement Therapy (NRT) – patches, gum and lozenges. She has also used Champix.

Since quitting, she has noticed a huge financial saving and has a lot more energy. Chrystal continues to have urges to smoke and continues to use the NRT gum and behavioural support from Choices Heretaunga helpful.

Interview with Māori mama, 26 years, at 39.5 weeks pregnant. 8 year old boy and 2 ½ year old boy and partner.

I was 12 year's old when first cigarette, with my friends. Didn't like it, all my friends were doing it. I thought it was cool at the time. I would steal one of my mum and dads, have a little puff and then get real bad headaches.

Our house was auahi kore, everyone had to smoke. Mum and dad didn't want us smoking at all. They knew how addictive it was.

I'm an on and off smoker, like smoke for a couple of years and give up for a couple of years and start back again.

With my first son, I gave up smoking, I didn't smoke throughout that pregnancy and then my second son I didn't smoke throughout that pregnancy either. This is my first time ever, like I didn't smoke throughout the entire pregnancy but I continued without giving up.

I had no support during that time, my partner moved to HB to start up our company and it was just me in Wanganui. The only thing I relied on was my smokes, that's what put me at ease, kept me sane. I had no whānau in Wanganui, so it was like once the kids were at school and day care there was nothing for me to do besides clean my whare, exercise, have a cigarette. As long as the kids were taken care of, I didn't mind treating myself to smoke, that was my reward.

I wanted to stop because I'd never smoked during my pregnancies before and I didn't understand why I started to smoke with my third baby. I think it was more the fact that everything was so full on. We were in the process of moving and I still had my other two boys. It was just something that relaxed me, calmed me. I met the quit smoking team in Wanganui and they showed me all the stuff that happens during pregnancy and that put me off and that's why I quit. I was about five months pregnant. I gave up as soon as I walked out those doors. I was like nah, I'm not going to do this cause it wasn't fair, I didn't smoke with my boys and then all of a sudden I am smoking again.

My goal is not to smoke. Since I have given up, I feel better, like a better person, my partner and I wanted to change our lifestyle a bit. He has given up smoking too that was his new year's resolution so I think because I've quit it's made him quit and I didn't pressure him or anything.

My trigger was boredom. I'm quite busy now. I've got whānau here, I've got appointments, I've got places to go, more opportunities here. We've got our own whare now, like I'm always on the

go, on the move. This is the most active I've been throughout all my pregnancies, that's what stops me from craving.

Interview with pregnant mama and her partner. Aged 34 years. 26 weeks pregnant. One other child aged five years old. Smoked throughout his pregnancy. NZ European.

My dad was a smoker, ever since I was born. I started smoking myself or stealing smokes from him when I was like thirteen. I loved the smell of it cause he use to smoke in the car with us and you know we would sit behind him and we would get the smoke wafting behind so yeah, I kinda loved that smell. I don't get along with him now, so it's great it's not in my world anymore. It was more with mates really, trying to be cool. There was a dairy just up from school and I was with one of my best mates who still to this day, smokes. We just coughed and spluttered and it was the most disgusting thing ever but we tried to be hard arsed and carry on.

I was thirteen when I had my first puff, gradually increased. When I was 15 / 16 years I went to Japan and that was the smoking culture over there was heavy, I was like a packet a day while in Japan.

I fully had that smoking mentally too you know when you see that ad on TV that's like oh don't smoke and it made me want to have a smoke and I was like whatever, don't tell me what to do blah, blah, blah… whatever, I'm going to have five smokes just to spite you. When actual fact it's hurting you, more than hurting them.

Smoked all the way through with the other pregnancy. Looking back I kept all my notes from them. Shit that was real close man that was so close to losing my baby. You don't think about it and like I said that smoking mentality. It's all good, I will do what I want, but I'll cut down but I will still be smoking. You don't understand that it is having such an affect. Looking back on the notes I was hospitalised during my pregnancy, I got a massive infection that went straight to my kidneys so my body is not already as immune as it should be and then during my labour he was like on deaths door from not being able to breathe properly and stuff like that.

I am monitored a lot less in this pregnancy. My midwife is stoked I'm not smoking anymore.

Dave (partner), NZ European, 36 years.

16 when started smoking. I was already out of school at that stage and I just wanted to be grown up and be cool. Me and my mate started at the same time and then we got another couple of friends into it and tried to be cool together and then it went all down-hill from there.

2012 I stopped for almost six months using the first e-ciggie. I didn't really stop until the end of last year. Sometimes when I am drinking I get a craving for my e-ciggs but not for a cigarette. Because we haven't been smoking we have half the money together for this house and I am way more productive at work now.

HAWKE'S BAY
District Health Board
Whakawāteatia

ANNUAL PLAN 2018/19 (Draft)

Late Paper

HAWKE'S BAY
District Health Board
Whakawāteatia

Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

19. Confirmation of Minutes of Board Meeting - Public Excluded
20. Matters Arising from the Minutes of Board Meeting - Public Excluded
21. Board Approval of Actions exceeding limits delegated by CEO
22. Chair's Update
23. Clinical Services Plan 2nd draft
24. HB Clinical Council
25. HB Consumer Council
26. Māori Relationship Board
27. Finance Risk and Audit Committee

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

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