BOARD MEETING

Date: Tuesday, 24 April 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: Dan Druzianic and Helen Francis

In Attendance:
Dr Kevin Snee, Chief Executive Officer
Sharon Mason, Executive Director of Provider Services
Tim Evans, Executive Director of Corporate Services
Chris Ash, Executive Director of Primary Care
Kate Coley, 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: Brenda Crene

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 – verbal		
8.	Chief Executive Officer's Report	35	
9.	Financial Performance Report	36	
10.	Board Health & Safety Champion's Update	37	
	Section 2: Reports from Committee Chairs		
11.	HB Clinical Council – Co-Chairs, John Gommans and/or Andy Phillips	38	2:05
12.	HB Health Consumer Council – Chair, Rachel Ritchie	39	2:15
13.	Maori Relationship Board – Chair, Ngahwi Tomoana	40	2.25
	Section 3: For Discussion / Information		
14.	Clinical Services Plan verbal update – Ken Foote	41	3.05
15.	Winter & Flu Planning Presentation – Sharon Mason / Sandra Bee	42	3.15
16.	Māori & Pacific Workforce Action Plan - a component of Building a Diverse Workforce Strategy – Kate Coley	43	3.25
17.	Te Ara Whakawaiora - Culturally Competent Workforce (local indicator) – Kate Coley	44	3.35
18.	Te Ara Whakawaiora – Breastfeeding (National Indicator) – Chris McKenna	45	3.40
19.	Te Ara Whakawaiora - Cardiovascular (National Indicator) – Dr John Gommans	46	3:45
20.	Te Ara Whakawaiora - Healthy Weight (National Indicator) – Sharon Mason	47	3.50
	Section 4: General Business		
21.	**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)
22.	Minutes of Previous Meeting (public excluded)		3:55
23.	Matters Arising – Review of Actions		
24.	Board Approval of Actions exceeding limits delegated by CEO	48	
25.	Chair's Update - verbal		
	Section 7: For Discussion / Information		
26.	A Framework for Developing the People Strategy – Kate Coley	49	4.00
27.	HB Health Sector Leadership Forum – Ken Foote - Themes and Objectives - Leadership Group	50	4.15
28.	Whole of Board Appraisal (progress against actions) – Ken Foote	51	4.25
	Section 8: Reports from Committee Chairs		
29.	HB Clinical Council – Co-Chairs, John Gommans and/or Andy Phillips	52	4:35
30.	Finance Risk and Audit Committee – Chair, Peter Dunkerley	53	4.40

The next HBDHB Board Meeting will be held at
1.30pm on WEDNESDAY 30 May 2018

Board "Interest Register" - 11 April 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
Barbara Arnott	Active	Trustee of the Hawke's Bay Air Ambulance Trust	HBDHB has a partnership contract with Skyline Aviation who together operate the HB Air Ambulance Service which is supported by the Trust.	Declare this interest prior to any discussion on the HB Air Ambulance Services and Chair decides on appropriate mitigation action	The Chair	10.05.10
	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
	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

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by	Date Conflict Declared
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 "Whararikī Trust" advised 30-8-17	Relationship and and may be contractural from time to time	No conflict	The Chair	5.12.16
	Active	Chair of Directions	Relationship and contractual	Potential Conflict as this group has a DHB Contract	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 28 MARCH 2018, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.35PM

PUBLIC

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (Deputy Chair) *until 3.00pm*
Dan Druzianic
Dr Helen Francis
Peter Dunkerley
Diana Kirton
Barbara Arnott
Heather Skipworth
Jacoby Poulain
Ana Apatu
Hine Flood

Apology

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

Ngahiwi Tomoana and Helen Francis advised they would be leaving the meeting at 3.00pm and 4.00pm respectively.

3. INTEREST REGISTER

No changes to the interests register was advised, however updates had been included for Helen Francis.

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

4. CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 28 February 2018, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Hine Flood
Carried

5. MATTERS ARISING FROM PREVIOUS MINUTES

Item 2: **Presbyterian Support Services –** This is ongoing and the Chair will advise members directly. Remove action.

Item 3: **Finance –** response provided within the matters arising. Remove action

Item 4: **Health & Safety Booklets –** provided by Kate Coley to Helen Francis for those to receive them (Hine Flood, Jacoby Poulain, Heather Skipworth and Ngahiwi Tomoana), who were not in attendance for the safety training.

Item 10: **New model of engaging with Māori women and maternity –** scheduled on the workplan for a presentation in May (in response to query by Jacoby Poulain). Remove action.

Items 1, 5, 6, 7, 8, 9 had been actioned.

6. BOARD WORK PLAN

The Board Work Plan was noted

- Health Partnerships Chair and the CEO have been invited to attend FRAC in July or Sept. No response received as yet.
- From the workplan provided, the following papers would move to May.
  - Planned MRI and Fluoroscopy Equipment Replacement Programme (previously named Radiology Expansion Programme)
  - Collaborative Pathways
  - Mobility Action Plan Update
- In response to a query as to who informed the report on Workforce Diversity due to come to the April Meeting. It was advised the Maori Health and Pasifika staff had been involved and workshops held.

7. CHAIR'S REPORT

- The National Chairs and CEO's Meeting was held on 8 March with the Chair advising various aspects and areas of interest from that meeting including:
  - Ron Patterson former Health and Disability Commissioner chairing mental health review, we are encouraged with the degree he will engage with the sector. Ensure they hear the voice of the community. Fresh ideas that are implementable. Look at DHBs over three days, speaking to a range of people. Hope to have report completed by the end of October 2018.
  - The Associate Minister of Health set clear direction that the Greens want to hold the Government accountable for climate change and health. Population Health benefits were noted such as walking and cycling ie, joining up health and transport.
  - The Minister of Health, David Clark had advised what we had expected over the following term. Wants to think carefully about change. The structure of DHBs nationally would not change prior to next election. Boards are accountable now for disparities and we will see stronger emphasis on shared services. There will be a national review of population-based funding. The Government is aware of issues with capital planning with a number of building issues nationally which need attention. Understands capital charge and the ability for DHBs to find the money to fund such projects and also retain services. The Minister is aware of the high acute demand seen over the summer period and the need to be prepared for a difficult winter.
  - Ministerial advisory group will visit DHBs through their regional structures.
  - There is a focus on equity for Maori and Pasifika.
  - System optimisation is a focus as is mental health, child care, drinking water, DHB performance framework, maternity etc.

- State Services Commissioner re CEO remuneration, advised preference for five year fixed term contracts in the health sector. 'At risk' payments will no longer be approved – any risk remuneration will be added into the base remuneration from 1 July moving forward.

- 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
Waiariki Davis	Manager Reception & Health Records	Operations Directorate	35	28-Feb-18
Maxine Kennington	Staff Midwife	Communities Women & Children	12	11-Mar-18

8. CHIEF EXECUTIVE OFFICER'S REPORT

The CEO provided an overview of his report and drew attention to the extensive winter planning exercise being undertaken (to cope with the winter influx within the hospital and primary care). A task force had been formulated to look at action to seek rapid changes where necessary.

- Impressed with the Chair's and CEO's meeting held 8 March and meeting with Ministry of Health personnel which relayed a very different relationship and way to work with the DHBs. The priorities were there and the focus was directed. It was clear they were intent on rebuilding t the public health system to enable them to do more of its work in house.
  - The Associate Minister of Health, Julie Ann Genter was focused on climate change and travel planning in health. We are ahead with travel planning here in HB with a well embedded travel system in place.
  - The question is who will be appointed as the Director General of Health, noting that the Stephen McKernan was currently doing a great job.

Performance indicators were reviewed together with the financials noting that there were currently only two DHBs breaking even, eight months in to the current financial year. HB focus on doing what surgery we can in house and with the tight budget parameters currently, we will not continue funding surgery in the private sector. We have already spent twice as much as we would have normally which has exacerbated our current deficit.

- The Clinical Services Plan was creating interest but had not revealed anything that was unexpected. It has captured and highlighted issues important to both clinicians and consumers of services. We are well aware of the demands in primary care which was the principal reason behind the appointment of the Executive Director Primary Care (Chris Ash).
- Once the Clinical Services Plan has been completed, we will be in a better place to assess the infrastructure to house future need(s).
- Advised well aware of the importance of embedding mental health into primary care. GP enrolments and workforce issues and problems referring in to primary care, together with chronic disease management were touched on.
- HBDHB had appointed a Maori midwifery consultant and a Nurse Director Maori Health re workforce and health inequities. Inequity is at the forefront.

The health system remains under significant pressure. We are taking urgent steps to ensure that we are ready to deal with any winter pressures. Meanwhile our key strategic programmes continue on schedule.

9. FINANCIAL PERFORMANCE REPORT

Tim Evans (ED of Corporate Services) spoke to the Financial Report for February 2018, which showed a year-to-date result to the end of February is $1.688 million unfavourable to plan, with February $252 thousand unfavourable.

Discussion at the FRAC meeting included an analysis of the Inter District Flow (IDF) wash-up which was higher than anticipated. It was noted the savings programme, (which at this time of the financial cycle would normally sit at 80%) compared to the current 60% achieved. This was mostly offset by the unwinding of the elective surgery provision

Capital spend was behind and explained this was being managed in blocks. Lower volumes but cumulative case weight discharges were above plan.

10. HEALTH & SAFETY BOARD CHAMPION'S UPDATE

Jacoby Poulain as the Board Health and Safety (H&S) Representative, advised that the Health and Safety Strategy would be coming to the Board in April and that H&S board representatives would meet prior to discuss and review the strategy.

The effectiveness of health and safety champions and consideration of the top health and safety risks and issues was underway, including and evaluation of the hazardous substances register.

REPORT FROM COMMITTEE CHAIRS

11. HAWKE'S BAY CLINICAL COUNCIL

Dr John Gommans spoke to the report from the Council's meeting held on 14 March 2018 and it was noted the following had been considered:

- Approved in principle the proposed Clinical Governance Structure Value Assessment
- Approved the Clinical Governance of Investigation of Results Policy
- Discussed the HB Health Sector Leadership Forum and provided feedback on the day
- Received the Clinical Services Plan Sector Update
- Noted reports provided for information only.

Clinical Governance results was a hot topic which covered an array of issues. With today's hospital and GP Practice group team structures and part timers it appears no longer possible in many instances to send test results back to the source service/doctor in a timely manner. We need a safe system and the "Clinical Portal" will assist greatly in this regard. Currently results were allocated to GPs not Practices. Council now have agreement and are designing a system which addresses accountability.

Council had a discussion and agreed to move forward with the **Choosing Wisely** Campaign an international movement.

12. HAWKE'S BAY HEALTH CONSUMER COUNCIL

Rachel Ritchie, Chair of Consumer Council advised the outcomes of their meeting held on 15 March 2018:

Review of the consumer structure to look at where consumers can provide appropriate representation.

Council had reviewed Establishing Health and Social Care localities in HB but it was not evident by reading the report as to what changed or improved for the consumer?

Action: **Reporting:**

a) It would be very helpful if what has changed for consumers, could be included in future reports which affect the consumer of services.

b) In the instance of Health and Social Care Localities in HB it would be great to see an update as to what has changed for consumers?

The HB Health Sector Leadership Forum held on 7 March 2018 was very well attended by Consumer Council members. General feedback was good with airing of ideas from different perspectives.

There is a real feeling amongst consumer members that consumer engagement on the ground is slow and there is a lot more work that needs to be done.

When asked whether consumer had any ideas for solutions about boosting consumer engagement. In response, some work had been in train since mid-2017 which had been stalled. Before losing the Consumer Engagement Manager, we were starting to work very well. We celebrated this and need to continue and not lose traction.

The CEO advised we should never be complacent and should always have high expectations. He would be disappointed if this were not the case.

FOR DECISION

13. CLINICAL GOVERNANCE STRUCTURE – VALUE ASSESSMENT

A revised document was provided to the Board just prior to the meeting and had been uploaded onto Diligent.

An overview of the report considered and endorsed by Clinical and Consumer Council was provided by Dr John Gommans. He outlined the committee structure and the purpose of such committees funnelling through to Clinical Council. He advised that a number of the Advisory Committees within the structure already existed with some requiring refinement, an update of their Terms of Reference and primary care representation included. Some of these groups are mandated and legally required and will be revitalised with this process. It was noted that Clinicians have a lot to say in the provision of services for all. It was planned to gradually implement the new structure from 1 July 2018, starting with the committees.

Action: It was requested and agreed that MRB be represented in the Diagram contained within Appendix II.

The CEO advised that it is his intention to recruit an Executive Director of Health Improvement a and Equity which will provide a central point for addressing the issue of equity, and structures to support this.

Following discussion the Board approved the recommendations(s) put forward.

RESOLUTION:

It is Resolved that the HBDHB Board:

1. **Approve** the proposed clinical committees and advisory group structure
2. **Note** the intention for phased increase in primary & community care representation on Clinical Committees to ensure a whole of sector approach
3. **Note** the intent for clinical governance training to be provided for all members of Advisory Groups and Clinical Committees
4. **Note** the incorporation of triple aim in Terms of Reference for all elements of the governance structure and the intent to set up a technical advisory group on equity pending any changes in EMT
5. **Note** the recommendation for an overarching governance committee on equity subject to further discussion with other governance bodies
6. **Note** the reporting line for the Primary Care (PHO) Clinical Advisory and Governance Group
7. **Note** that the issue of integration within the governance structure is on hold pending agreement of the Alliance structure
8. **Note** that it will be necessary to develop a business case for the costs of supporting the clinical governance structure
9. **Note** that the intention is that the clinical governance structure will be implemented with appropriate supports from 1 July 2018

Moved: **Barbara Arnott**
Seconded: **Peter Dunkerley**
Carried

14. CLINICAL SERVICES PLAN (CSP)

Given the level of media interest and publication of articles on the Baseline and Discussion Documents, the CEO had earlier expanded on the importance of having a clear picture on where we are before developing 'solutions' for the future of health services.

Ken Foote (Company Secretary) provided a summary of future options workshops planned:

- Looking after frail people in our care – 9 April 2018
- What is the character of our hospital in 10 years' time? – 10 April 2018
- Supporting our people in vulnerable situations – 2 May 2018
- Reorganising primary care for the challenge – 3 May 2018

Good progress is being made with an integrative workshop be held on 31st May, and we are on time to ensure a draft of the CSP will be available at the end of June 2018.

Following an enquiry regarding MRB and Pasifika attendance, it was advise that Maori health nurses and clinicians have been included as well as consumer council members.

Action: **Request to cast eye over those invited to attend workshops to ensure coverage and invite MRB and/or Pasifika members to the workshops, if required.**

Timelines: Plan to complete the first draft of the CSP by 30 June 2018 ready for an extensive sector and community consultation during August/September with the final CSP tabled to Hawke's Bay District Health Board for approval at the October 2018 meeting.

The CSP will:

- Describe the current capability and capacity of services (Baseline)
- Describe the challenges and opportunities facing service provision now and in the future.
- Describe high-level options that will help meet those challenges and take advantage of those opportunities.
- Provide an indication of strategic direction and important areas for investment.
- Inform Hawke's Bay Health Sector new five year strategic plan

FOR INFORMATION / DISCUSSION

15. GO WELL TRAVEL PLAN UPDATE

Andrea Beattie (Property and Service Contracts Manager, introduced Lisa Malde (Sustainability Officer who provided a presentation.

The new travel and parking system known as the "Go Well Travel Plan" has been operating for some time. The Board were pleased to hear of the achievements which have gone a long way to reduce our carbon footprint and support sustainability into the future.

Key points included:

- Coordinated with HBRC to align bus service with hospital shifts
- Expanded free patient transport
- Staff carpool scheme – over 200 registered
- 10% reduction in staff who drive alone with 51% of registered carpools, carpooling 3+ days per week.

Staff ridership and Patient Bus Ridership graphs were provided showing exponential growth of both staff and patients taking the bus.

The revenue from car parking is being reinvested into improvements. It was pleasing that to date this has been achieved on a limited budget and in future will be self-sustaining. The alternative would have seen the need to build a number of new car parks (ie likely a parking building) which was an unacceptable solution for sustainability.

Initiatives from the original OPUS report are being looked at for further improvements now the system has bedded down.

16. PROVIDING BEST OUTCOMES AND EXPERIENCE FOR PEOPLE WITH CANCER

Dr Andy Phillips spoke to the report provided to improve outcomes for those referred with high suspicion of cancer. It was noted that waiting times for diagnosis and treatment had improved. The data had been discussed at the Finance Risk and Audit Committee meeting earlier in the day. Due to a 62 day time lag details provided were not up to the minute.

We are looking at how clinicians are triaging to ensure they capture as many potentials as possible. This is about initially locating those with suspected cancer, there are many more receiving great treatment. Much more dedicated resource is required to track patients through their cancer journey to see how HB is tracking against other DHBs.

In addition, discussions included:

- Tairawhiti stood out as highest survival rates and they have a high number of Maori in their region. Maybe there is something HB can learn from this? Currently Tarawhiti utilise Waikato.
- Where we were previously reporting a small number on the cancer pathway, we are now seeing more patients. The numbers are also limited by MoH data definition, as an example some types of cancers are picked up by incidental findings.
- Must ensure patients with the suspicion of cancer are seen quickly.
- The Faster Cancer Treatment target focuses on a small number of people at a particular point. Cancer nurses are each managing several hundred patients through their journeys at any one time.

17. ESTABLISHING HEALTH AND SOCIAL CARE LOCALITIES IN HAWKE'S BAY

A six monthly update was provided by Chris Ash, Executive Director of Primary Care. Due to the availability of the paper, this paper had not yet been through MRB or Pasifika.

The operational team Jill Garrett and TePare Meihana were not in attendance but any specific questions could be referred to them directly.

At present, the programme has focused solely on the establishment of a 'localities approach' in the rural areas of Wairoa and Central Hawke's Bay and both are working to a collective impact model.

A partnership meeting held in Wairoa shows momentum is increasing. This should rapidly progress to something that is hard wired and can be supported as business as usual. Sustainable rural services have been identified. Allows for difficult conversations but gives assurance that rural communities are represented when making decisions.

To Quote *"If we are all in this waka make sure we are all travelling in the same direction."*

Points raised in discussion:

- Question about free GP services in Wairoa and having all GP practices co-locating.
- We will not have a sustainable service in Wairoa unless all GPs are integrated. It is about coming together and working differently to provide a more stable service and not be hamstrung because of fragmentation.
- Funding will not be thrown at a system that is not working in a sustainable, cohesive way. This is what is happening in the health area generally.
- The pace of progress and scope of ambition – how do we reach a point that we can achieve change at pace?
  In response: If the community had a voice and wanted the benefits realised that may assist. The Wairoa District Council have a role in this.

The Chair advised there had been a lot of activity completed over the past six months, will that be the same over the following six months? It would be good to have an activity plan provided in the near future and a report against that plan in six months' time.

Action: **The board requested an 'Activity Plan" be provided in the near future.**

This will enable activity against plan to be reported on in 6 months' time (September 2018)

It was noted this this paper would reviewed by the Maori Relationship Board at their 11 April Meeting. Followed by Pasifika Health Leadership Group in May.

Action: **As a member of MRB, Hine will speak with Chris Ash to see if further detail can be included in that meeting.**

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:

19. Confirmation of Minutes of Board Meeting
20. Matters Arising from the Minutes of Board Meeting
21. Board Approval of Actions exceeding limits delegated by CEO
22. Chair's Update
23. Leadership Forum Reflections / follow up
24. Hawke's Bay Clinical Council
25. Finance Risk and Audit Committee Report

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

The public section of the Board Meeting closed 3.35pm

Signed: _____

Chair

Date: _____

BOARD MEETING - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	28/2/18 28/3/18	**Health and Safety (H&S)** Booklets issued at the H&S Governance Training Day would be provided to board members who did not attend the training. Booklets provided by Kate to Helen Francis for issue to Hine, Jacoby, Heather and Ngahiwi.	ED People and Quality	Mar 18	Booklets to be provided at the March meeting.
2	28/3/18	**Reporting:** It would be very helpful if what has changed for consumers, could be included in future reports which affect the consumer of services. Requested by the Consumer Chair.	EMT members	Going forward	
3	28/3/18	**Clinical Governance Structure – Value Assessement:** Requested and agreed that MRB be represented in the Diagram contained within Appendix II	Co-Chairs Clinical Council	asap	
4	29/3/18	**Clinical Services Plan (CSP)** Request to cast eye over those invited to attend workshops to ensure coverage and invite MRB and/or Pasifika members to the workshops, if required.	ED Primary Care	asap	
5	29/3/18	**Establishing Health and Social Care Localities in HB:** a) The board requested an Activity Plan be provided in the near future. This will enable activity against plan to be reported on in 6 months time (September 2018) b) Consumer Council request an update as to what has changed for consumers? c) MRB meeting 11 April: Hine will speak with Chris Ash to see if further detail can be included in that meeting.	ED Primary Care " " Hine Flood	Apr 18 Sept 18 May 18 asap	Refer comment below. Included on workplan TePare and Jill attending Consumer Meeting in May

Item 5a **Establishing Health and Social Care Localities in HB**

We are in the process of mainstreaming the work of the localities programme into the structure of the Primary Care directorate. This will include the annual production of locality-level portfolio plans. These plans will include SMART objectives that will be used to monitor and measure performance. Initial locality plans will circulated for information in June 2018 with the committees and board provided with a six monthly update in September.

HAWKE'S BAY DISTRICT HEALTH BOARD – WORKPLAN

Mtg Date	Papers and Topics	Lead(s)
25 Apr	Clinical Services Plan Update	Ken Foote
	Leadership Forum Aims and Outcomes	Ken Foote
	Whole of Board Appraisal (progress against actions)	Ken Foote
	People Strategy Framework	Kate Coley
	Maori & Pacific Workforce Action Plan – a component of Building a Diverse Workforce Strategy	Kate Coley
	Monitoring	
	Te Ara Whakawaiora – Did not attend	Sharon Mason
	Te Ara Whakawaiora – Healthy Weight (National Indicator)	Sharon Mason
	Te Ara Whakawaiora – Cardiovascular	John Gommans
	Te Ara Whakawaiora / Culturally Competent Workforce	Kate Coley
	Te Ara Whakawaiora – Breastfeeding (national indicator)	Chris McKenna
30 May	Model of Care for Haematology and Oncology (from Oct)	Sharon Mason
	Maternal Wellbeing Model of Health Presentation New model of engaging with Maori women and maternity (board action 28 Feb18).	Sharon Mason
	The Place of Alcohol in schools - Young people and under-age exposure	Sharon Mason
	Te Ara Whakapiri (Last days of Life)	Ken Foote
	Clinical Services Plan update	Chris Ash
	National Bowel Screening Roll-out Update (presentation)	Chris Ash
	Collaborative Pathways Update	Kate Coley
	Implementing the Consumer Engagement Strategy	
	Monitoring	
	HR KPIs Q3 Oct-Dec 17	Kate Coley
	HBDHB Non-Financial Exceptions Report Q3 Jan-Mar 18	Tim Evans
	+ MoH dashboard Q2	
	Te Ara Whakawaiora – Did not Attend (local indicator)	Sharon Mason
	Smoke Free Update (6 monthly update)	Sharon Mason
	Best Start Healthy Eating & Activity Plan update (6 monthly update)	Sharon Mason
	People Strategy Update	Kate Coley
27 Jun	Planned MRI and Fluoroscopy Equipment Replacement Programme (previously named Radiology Expansion Programme)	Sharon Mason
	Alcohol Policy and events (board action)	Sharon Mason & Tim Evans
	Annual Plan draft 2018/19	Chris Ash
	Youth Health Strategy (Board action June 2017)	Chris Ash
	Under 16 Free GP services Update	Chris Ash
	People Strategy final	Kate Coley
	Recognising Consumer Participation (Policy amendment)	Kate Coley
	Consumer Experience Feedback (revised method) Q3	Kate Coley
	Clinical Services Plan Update	Ken Foote
	Urgent Care Service Update	Wayne Woolrich

CHAIR'S REPORT

Verbal

HAWKE'S BAY District Health Board Whakawāteatia	**Chief Executive Officer's Report** 35
	For the attention of: **HBDHB Board**
Document Owner:	Kevin Snee, Chief Executive Officer
Reviewed by:	Not applicable
Month as at	17 April 2018
Consideration:	For Information

RECOMMENDATION

That the Board

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

INTRODUCTION

The health system has continued to be under pressure. As we report there are signs this is abating and the focused work to better manage demand is having an impact. This is likely to be reflected in an improved performance, particularly in the Shorter Stays in Emergency Department (ED6) targe, in next month's report.

This month we will report on progress on increasing Māori and Pacific representation in our workforce and developing our People Strategy, our Clinical Services plan and in addressing equity in a number of key areas.

PERFORMANCE

Measure / Indicator	Target	Month of March	Qtr to end March	Trend For Qtr
Shorter stays in ED	≥95%	87.1%	89.0%	▼
Improved access to Elective Surgery (2017/18YTD)	100%	88.8%	95.9%	▼

Waiting list	*Less than 3 months*	*3-4 months*	*4+ months*
First Specialist Assessments (ESPI-2)	2,867	429	149
Patients given commitment to treat, but not yet treated (ESPI-5)	982	172	67

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%	87.5% (Feb 2017)	89.3% (6m to Feb 2017)	▼
Increased immunisation at 8 months (3 months to end of January)	≥95%	---	94.3%	▲
Better help for smokers to quit – Primary Care	≥90%	88.9% (15m to March)	---	▬

Measure / Indicator	Target	Month of March	Qtr to end March	Trend For Qtr
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%	---	Data for Q3 not yet available	
Raising healthy kids (New)	≥95%	---	97% (6m to March)	▬
Financial – month (in thousands of dollars)	(1,084)	(1,431)	---	---
Financial – year to date (in thousands of dollars)	(2,112)	(4,148)	---	---

***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%	*20/19 = 105%*	*91/114 = 79.8%*

The key issues of concern remain:
- Shorter Stays in Emergency Department (ED6) performance
- Elective services patient flow (ESPI) targets

We are, however, performing well in Immunisation, Smoking targets and in Raising Healthy Kids. In addition, whilst the Faster Cancer Treatment is slightly lower, we are now identifying more cases than previously so overall there are more people that we can be confident are on an appropriate pathway, receiving care more quickly.

The year-to-date result to the end of March has deteriorated by a further $347k so we are now $2,036k adrift of our plan.

CLINICAL SERVICES PLAN
Board members will receive a verbal update on progress with the Clinical Services Plan.

MĀORI AND PACIFIC WORKFORCE ACTION PLANS
HBDHB values and acknowledges the ethnic diversity of our community and workforce. We aim to ensure our staff and organisation reflect the community which we serve, in particular the growing Māori and Pacific populations. Over the past few years a significant number of actions have been undertaken to increase the number of people interested in a health career, and increase the representation of Māori in our workforce.

Having exceeded the target for Māori representation in July 2017, it was agreed this was an opportune time to review work completed in the previous few years, to identify strategies and actions that had a positive impact and consider how we rollout a diversity action plan to include our Pacific workforce.

A number of workshops with stakeholders across the sector, and numerous discussions with a small group, have been held to develop proposed objectives, actions and performance indicators. Following feedback from the Māori Relationship Board there was a recommendation to split the action plans to ensure focus on each group.

The intent of these action plans is to sustain the successes and strategies that have been in place, and refresh and identify new actions and activities to ensure we build a vibrant, collaborative and culturally competent Māori and Pacific workforce that reflects, understands and supports the health needs of tangata whenua and our Pacific communities.

It should be noted the work undertaken by HBDHB is being recognised as an exemplar and many DHBs are wishing to discuss our approach. These two action plans are an element of a broader diversity action plan, which will be developed as part of the People Strategy, which will also include actions around gender, age and disability.

TE ARA WHAKAWAIORA – CULTURALLY COMPETENT WORKFORCE

Included within the papers are the most recent statistics in relation to the agreed key performance indicators (KPIs) to create a culturally competent workforce. The target for 2017/18 is 15.68 percent while the actual to 31 March 2018 is 14.80 percent- a gap of 29 positions.

This action plan is on the Board meeting agenda for endorsement. The report was discussed at MRB with feedback relating to the need to have more aspirational targets in regards to Māori representation and work towards a target model of Māori representation to Māori utilisation across services, alongside the overarching target. Engaging Effectively with Māori (at 28 February 2018) is 55.04 percent. There was concern that our statistics in relation to the completion of Engaging Effectively with Māori have reduced. It should be noted this is a three yearly requirement and we are now seeing a drop off in training numbers as some employees did their training more than three years ago, and a number of training sessions have been postponed due to the current vacancy in the Senior Cultural Competency Advisor position. We are working on setting up automated reminders to staff when their three years is up (or about to be up), refreshing of the training and looking to record prior learning within our statistics.

TE ARA WHAKAWAIORA – BREASTFEEDING

The national target for six-weeks or three-months is yet to be achieved. To address this, significant planning and development work has been completed to re-design services to support women to breastfeed. This includes a service re-design for support from birth to six-weeks and a new service developed for children and whānau from six-weeks to six-months. Monitoring the impact of these over the following 12 months should see an improvement toward the national target.

TE ARA WHAKAWAIORA – CARDIOVASCULAR

This report focuses on management of patients presenting with acute coronary syndromes. Maintaining compliance with the urgent access to angiography indicator (70 percent within three days) was challenging, as many of these interventions are delivered in Wellington and there was limited access to local angiography in Hawke's Bay. The HBDHB Service Director now attends the TAS Cardiology Network meetings, with improved relationships and communication ensuring more timely transfers, plus we now provide a third local angiography list per week. As a result, HBDHB has met the 70 percent target for the last two quarters for both our total population and for Maori patients. Compliance with capture of key Quality Assurance data has been inconsistent and HBDHB only met the 95 percent target for five of the last eight quarters for Maori patients and our total population. Implementation of the recommendations of an external review of HBDHB Cardiology services carried out in December 2017 will ensure local systems and resources are in place to consistently achieve this in the medium to long term.

TE ARA WHAKAWAIORA – CHILD HEALTHY WEIGHT, RAISING HEALTHY KIDS NATIONAL TARGET

This target is consistently being met, with Hawke's Bay currently achieving a 98 percent referral rate, putting us above the national average. The ongoing implementation of the Best Start Plan is supporting further gains in childhood healthy weight. The activity for 'under-fives' includes the implementation of increased data for monitoring, increasing the linkages between services/programmes for under-fives, implementing the breastfeeding pilot and implementing work in the early childhood sector.

HB HEALTH SECTOR LEADERSHIP FORUM

The Terms of Reference for a Leadership Group and a summary of previous workshops are provided, as requested following a discussion on the last workshop during the public excluded section of last month's meeting.

FRAMEWORK FOR DEVELOPING THE PEOPLE STRATEGY

As a result of the Transform and Sustain refresh, we identified two key programmes of work in relation to investing in our staff and building our culture. In late 2017 we undertook the Big Listen and Clinical Services plan patient journey workshops, and we are currently undertaking Korero Mai, a mechanism for gathering more detailed feedback from our Māori community.

A draft framework has been developed utilising the feedback. This will support the development of a People Strategy, which will directly respond to the feedback provided. The framework describes the aspirations for our workforce, begins to describe the culture we are wanting to build and the key intentions under each of the five work streams agreed by Board in December.

Work continues with staff, health system leaders and unions to develop initiatives and programmes of work that will sit within the work streams. All this information will be included within the final draft of the People Strategy and action plan which will be presented to Board in June.

CONCLUSION

The health system pressure and consequent sub-optimal performance in our measures of hospital flow have continued in March. Some key strategic programmes to address performance in the long term have, however, progressed well.

HAWKE'S BAY District Health Board Whakawāteatia	**Financial Performance Report March 2018** 36
	For the attention of: **HBDHB Board and the Finance Risk and Audit Committee**
Document Owner	Tim Evans, Executive Director Corporate Services
Document Author(s)	Chris Comber, Head of Finance
Reviewed by	Executive Management Team
Month/Year	April, 2018
Purpose	For Information
Previous Consideration Discussions	None
Summary	The year-to-date result to the end of March is $2.0 million unfavourable to plan, with March $347 thousand unfavourable.
Contribution to Goals and Strategic Implications	Not applicable
Impact on Reducing Inequities/Disparities	Not applicable
Consumer Engagement	None
Other Consultation /Involvement	None
Financial/Budget Impact	As above.
Timing Issues	Not applicable
Announcements/ Communications	Not applicable

RECOMMENDATION:

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

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

HAWKE'S BAY
District Health Board
Whakawāteatia

Financial Performance Report
March 2018

Author:	**Chris Comber**
Designation:	**Head of Finance**
Date:	**13 April 2018**

1. EXECUTIVE DIRECTOR CORPORATE SERVICES' COMMENTS

Financial Performance

The year-to-date result to the end of March is $2.0 million unfavourable to plan, with March $347 thousand unfavourable. The unfavourable variance for the month is driven by outsourcing, continued decrease in ACC revenue due to capacity and increased undelivered efficiency targets, partially offset by the catch up in capitalisation of labour costs and continued detailed reviews of accruals.

Case weighted discharges were 11.6% above the budget for March reflecting higher activity after the holiday period. Year to date they are 3.3% above budget.

Forecast

The normal monthly review of the forecast has been completed, and updated in the tables below. The worsening of the forecast to a $4.7 million adverse variance ($3.2 million deficit versus the planned $1.5 million surplus) is principally due to the recognition of the expected IDF position at year end. This position has been reviewed in detail and the deterioration has come about from continued high volumes of IDFs, removing a double count of the 2016/17 work in progress provision and the non recurrency of a large benefit from the 2016/17 wash up in the first half of this year. Forecasts for other areas have not moved materially over the last three months.

Risks and mitigations to the forecast include:

- The assumption the DHB will not lose any MOH funding or incur any penalties as a result of not meeting the elective targets due to avoiding further outsourcing costs.
- IDF volatility could improve or deteriorate the year end forecast by an unquantifiable amount.
- No allowance has been made for unidentified one-off items that could improve the forecast.
- No allowance has been made for possible additional MOH contracts that could be put in place before the end of the financial year.

2. RESOURCE OVERVIEW

	March				Year to Date				Year End Forecast	Refer Section
	Actual	Budget	Variance		Actual	Budget	Variance			
	$'000	$'000	$'000	%	$'000	$'000	$'000	%	$'000	
Net Result - surplus/(deficit)	(1,431)	(1,084)	(347)	-32.0%	(4,148)	(2,112)	(2,035)	-96.3%	(3,202)	3
Contingency utilised	131	250	119	47.4%	1,165	2,250	1,085	48.2%	3,000	8
Quality and financial improvement	411	1,083	(672)	-62.1%	5,111	8,528	(3,417)	-40.1%	7,708	11
Capital spend	1,901	1,993	(92)	-4.6%	11,799	17,933	(6,134)	-34.2%	23,920	16
	FTE	FTE	FTE	%	FTE	FTE	FTE	%	FTE	
Employees	2,390	2,355	(35)	-1.5%	2,303	2,334	31	1.3%	2,325	5 & 7
	CWD	CWD	CWD	%	CWD	CWD	CWD	%	CWD	
Case weighted discharges	2,691	2,412	279	11.6%	22,094	21,392	702	3.3%	28,386	5

Contingency was utilised this month for meeting elective surgery targets and Care Capacity Demand Management (CCDM) increases. This leaves $119 thousand unreleased in month and $1.1 million unreleased year to date.

99.8% of the Quality and Financial Improvement (QFI) required savings have a plan. Of the Savings Plans 60% of expected savings have been achieved March year-to-date, having slipped back as some projects have made a slow start and one-off expected savings proved difficult due to high acute volumes. The shortfall is mainly in IDFs and Surgical slow burning schemes.

The capital expenditure plan was phased evenly across the year, as detailed project planning was not complete at the time the budget was set. The under-spend to March reflects the nature of building projects with planning in the first half of the year and the spend now starting to pick up, as can be seen with the March in month spend almost up to budget.

High volumes have continued to be experienced in March which is reflected in medical and nursing FTEs. However continuing allied health vacancies, and medical and senior nursing vacancies earlier in the year while new positions were being filled somewhat offsets the effect of high volumes both in the month and year to date.

Continued high demand has seen high case weighted discharges in March, especially in acute and inter district inflows.

3. FINANCIAL PERFORMANCE SUMMARY

	March				Year to Date				Year End Forecast	Refer Section
$'000	Actual	Budget	Variance		Actual	Budget	Variance			
Income	44,647	45,223	(576)	-1.3%	413,947	413,758	189	0.0%	555,474	4
Less:										
Providing Health Services	22,700	22,117	(582)	-2.6%	201,636	197,893	(3,743)	-1.9%	268,112	5
Funding Other Providers	19,227	19,866	640	3.2%	179,003	179,268	265	0.1%	241,433	6
Corporate Services	4,107	4,026	(81)	-2.0%	35,884	35,613	(271)	-0.8%	48,234	7
Reserves	45	297	252	85.0%	1,572	3,096	1,524	49.2%	897	8
	(1,431)	**(1,084)**	**(347)**	**-32.0%**	**(4,148)**	**(2,112)**	**(2,035)**	**-96.3%**	**(3,202)**	

Income

The large reduction in income relates to pay equity and is fully offset by a decrease in expenditure, thus having no impact on the bottom line. The MoH has reassessed the likely full year impact of pay equity for all DHBs and as such we have reduced our income to the amount likely to be received and removed the expenditure accrual that was based on the higher level of income.

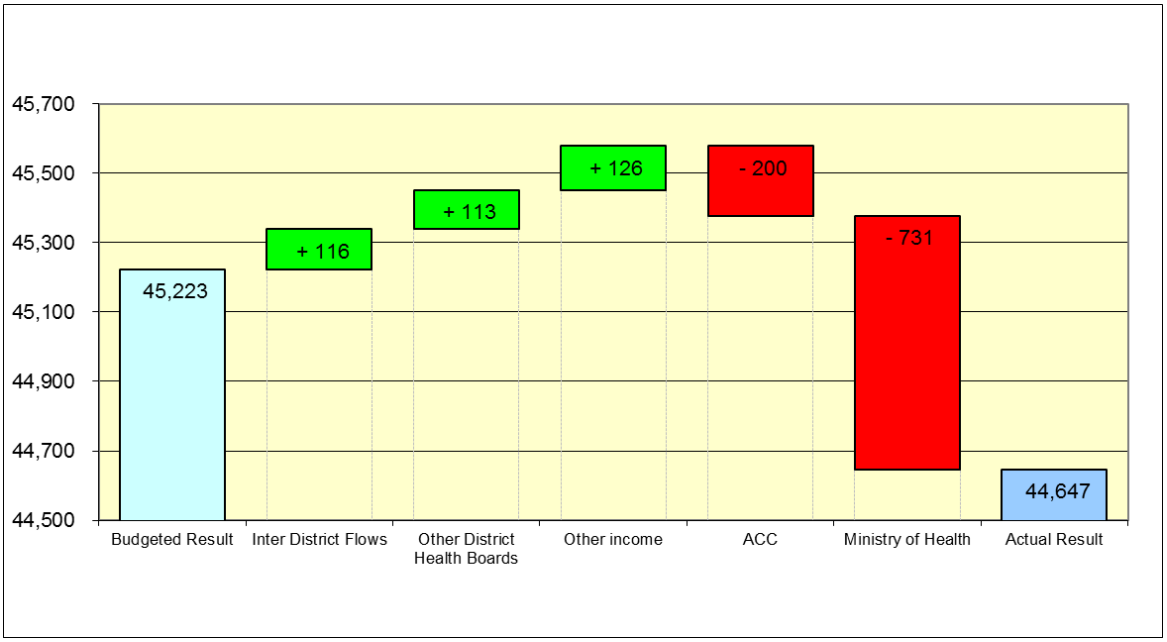
Providing Health Services
Final activity outsourced to Royston, Sunday acute sessions, increased renal dialysis and undelivered savings partly offset by allied health vacancies.

Funding Other Providers
Reduction in accrual for pay equity costs following latest advice from MoH. Offsets with income reduction discussed above.

4. INCOME

$'000	March				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Ministry of Health	42,387	43,119	(731)	-1.7%	394,730	395,229	(499)	-0.1%	530,454
Inter District Flows	809	693	116	16.7%	6,415	6,236	179	2.9%	8,450
Other District Health Boards	446	333	113	34.0%	3,270	2,996	275	9.2%	4,270
Financing	69	74	(5)	-6.7%	624	663	(40)	-6.0%	814
ACC	287	487	(200)	-41.1%	3,856	3,953	(97)	-2.5%	4,912
Other Government	51	22	29	135.7%	467	310	157	50.8%	602
Patient and Consumer Sourced	93	129	(36)	-27.7%	848	1,018	(170)	-16.7%	1,197
Other Income	505	367	138	37.6%	3,726	3,287	440	13.4%	4,764
Abnormals	-	0	(0)	-100.0%	11	67	(56)	-83.8%	11
	44,647	**45,223**	(576)	-1.3%	**413,947**	**413,758**	189	0.0%	**555,474**

Month of March



Note the scale does not begin at zero

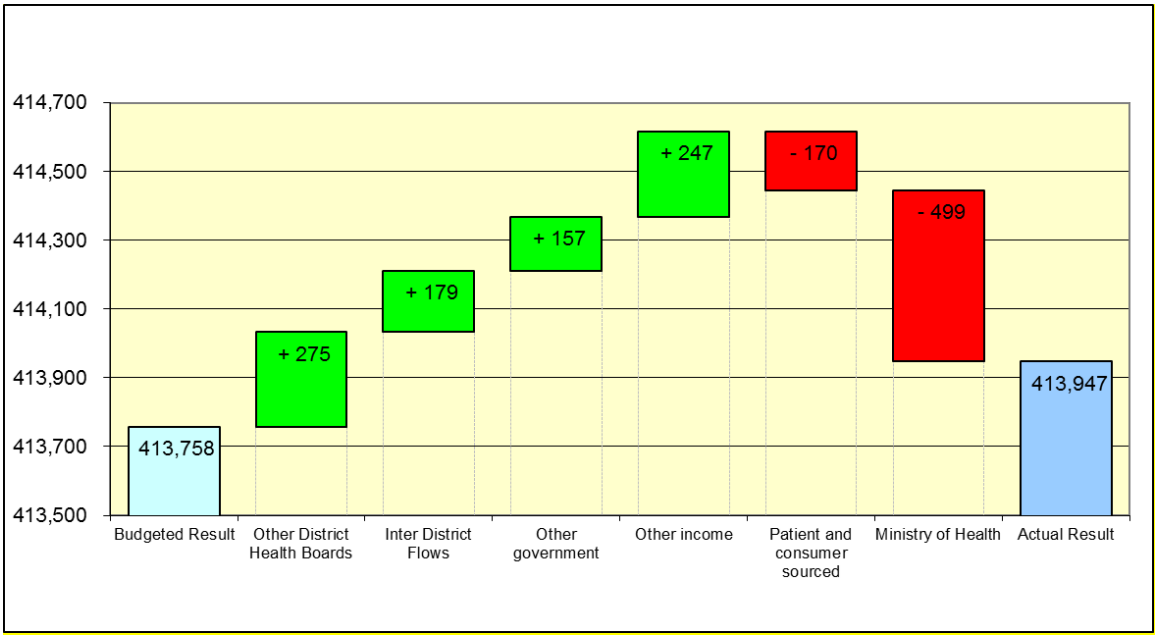
Inter District Flows (favourable)
High levels of patients being treated outside of their DHB of domicile.

Other District Health Boards (favourable)
Increased breast cancer activity with Tairawhiti DHB.

ACC (unfavourable)
Reduced ACC surgery to support elective health targets.

Ministry of Health (unfavourable)
Reduction in expected reimbursement for pay equity. Offset by a reduction in the expected pay equity costs.

Year to Date



Note the scale does not begin at zero

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

Inter District Flows (favourable)
Increased number of patients from other DHBs being treated here in March.

Other Government (favourable)
Funding from the Health Research Council relating to the Havelock North Campylobacter Outbreak Study.

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).

Patient & Consumer Sourced (unfavourable)
Audiology patient co-payments due to audiologist vacancies, NASC charges, and meals on wheels all behind budget.

Ministry of Health (unfavourable)
Reduction in expected reimbursement for pay equity. Offset by a reduction in the expected pay equity costs.

5. PROVIDING HEALTH SERVICES

	March				Year to Date				Year End Forecast
	Actual	Budget	Variance		Actual	Budget	Variance		
Expenditure by type $'000									
Medical personnel and locums	4,753	5,100	347	6.8%	46,907	47,421	514	1.1%	62,238
Nursing personnel	6,545	6,420	(125)	-2.0%	57,435	57,339	(95)	-0.2%	76,661
Allied health personnel	3,003	3,129	127	4.1%	25,276	27,332	2,056	7.5%	33,927
Other personnel	2,011	2,006	(5)	-0.3%	17,758	17,844	85	0.5%	23,894
Outsourced services	1,023	646	(377)	-58.4%	8,420	6,042	(2,378)	-39.4%	10,025
Clinical supplies	3,559	3,064	(494)	-16.1%	30,145	26,328	(3,817)	-14.5%	40,554
Infrastructure and non clinical	1,806	1,753	(53)	-3.0%	15,695	15,588	(107)	-0.7%	20,803
	22,700	**22,117**	(582)	-2.6%	**201,636**	**197,893**	(3,743)	-1.9%	**268,102**
Expenditure by directorate $'000									
Medical	6,167	5,836	(331)	-5.7%	54,494	52,534	(1,960)	-3.7%	72,114
Surgical	5,380	4,880	(500)	-10.3%	45,828	42,704	(3,124)	-7.3%	60,406
Community, Women and Children	3,772	3,564	(209)	-5.9%	32,560	32,397	(163)	-0.5%	43,575
Older Persons, Options HB, Menta	2,928	2,902	(26)	-0.9%	25,848	26,348	500	1.9%	34,711
Operations	3,234	3,237	3	0.1%	28,771	28,874	103	0.4%	38,581
Other	1,219	1,699	480	28.3%	14,136	15,038	902	6.0%	18,714
	22,700	**22,117**	(582)	-2.6%	**201,636**	**197,893**	(3,743)	-1.9%	**268,102**
Full Time Equivalents									
Medical personnel	361.7	352.0	(10)	-2.7%	342	345	3	0.8%	345.2
Nursing personnel	975.0	933.5	(42)	-4.5%	939	927	(11)	-1.2%	922.2
Allied health personnel	468.3	483.6	15	3.2%	452	480	28	5.8%	478.4
Support personnel	141.2	136.5	(5)	-3.4%	138	136	(1)	-1.0%	136.0
Management and administration	272.5	273.7	1	0.4%	269	273	5	1.7%	271.9
	2,218.6	**2,179.3**	(39)	-1.8%	**2,140**	**2,162**	22	1.0%	**2,153.7**
Case Weighted Discharges									
Acute	1,866	1,608	258	16.1%	15,202	14,628	574	3.9%	19,385
Elective	577	583	(6)	-1.0%	4,635	4,836	(201)	-4.2%	6,451
Maternity	172	171	1	0.8%	1,672	1,515	157	10.4%	2,000
IDF Inflows	76	50	26	51.0%	586	413	173	41.8%	550
	2,691	**2,412**	279	11.6%	**22,094**	**21,392**	702	3.3%	**28,386**

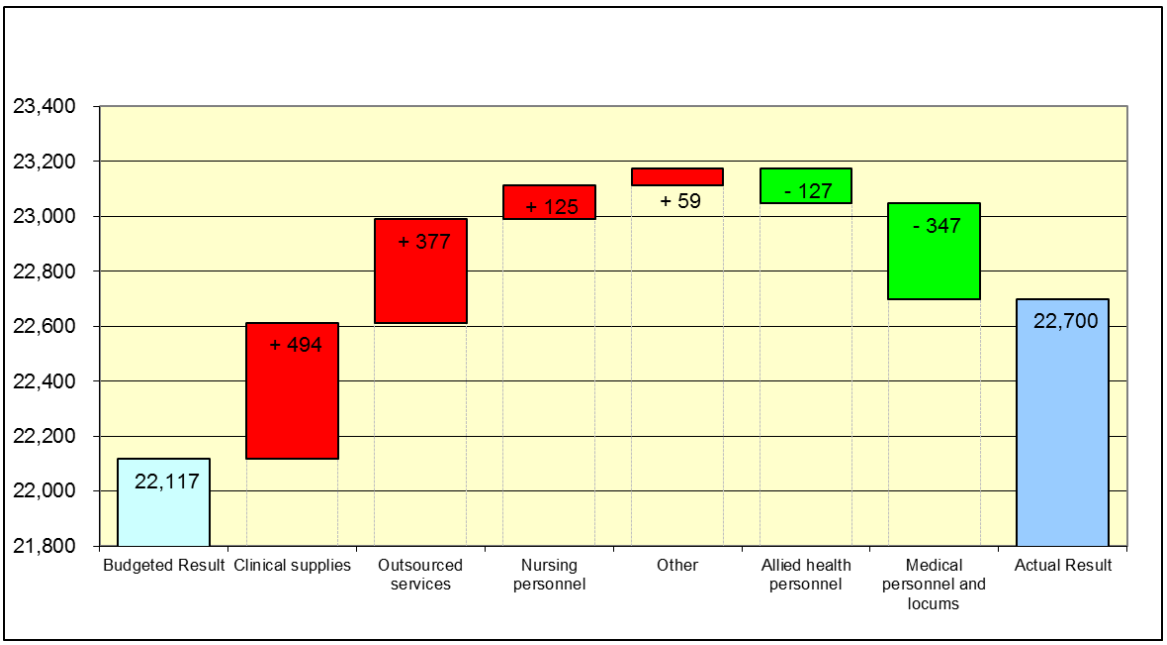
Directorates

- Surgical services – final elective surgery through Royston accrued this month along with unachieved efficiencies and nursing costs associated with Sunday acute lists. Year to date the result reflects the cost of attempting to meet elective surgery targets both internally and externally, and the difficulty completing efficiency plans while doing so. Note that $1.1 million of the favourable variance under reserves partly offsets surgical services unfavourable year to date variance.
- Medical & acute – increased renal dialysis costs are the major impact on the March result. Year to date unachieved efficiencies, outsourced radiology reads, medical leave and vacancy cover, and biologics (pharmaceuticals) all contribute to the adverse result.
- Community, women & children – The in month adverse variance is due to high paediatric volumes and high acuity in maternity which has resulted in high nursing costs. Vacancies in medical, nursing and allied health, especially in to earlier part of the year offset the year to date unidentified savings target.

Case Weighted Discharges

Continued high demand has seen high case weighted discharges in March, especially in acute and inter district inflows.

Month of March



Note the scale does not begin at zero

Clinical Supplies (unfavourable)
Undelivered savings for targets not yet allocated to budgets and high renal dialysis partly offset by lower than expected implant and prostheses costs.

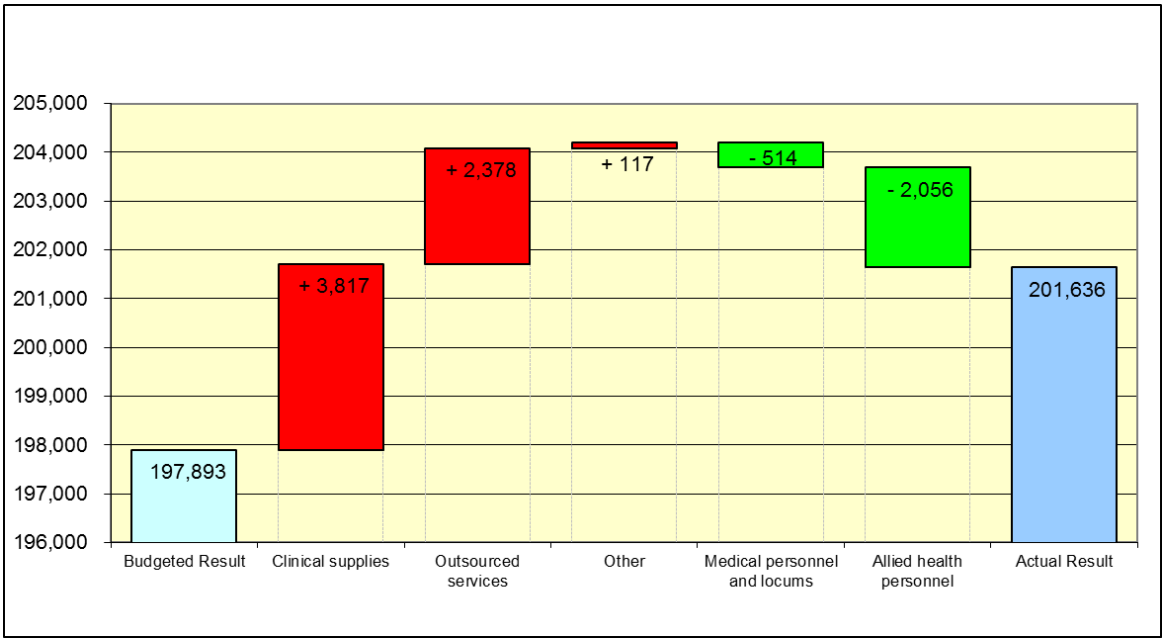
Outsourced Services (unfavourable)
Radiology reads, lithotripsy, and elective surgery all higher than budget. This is the last month that activity will be outsourced to Royston so future months will start showing favourable variances.

Nursing Personnel (unfavourable)
Sunday acute lists, high paediatric volumes and high acuity in maternity.

Allied Health Personnel (favourable)
Vacancies of MRTs, psychologists, social workers and laboratory technicians.

Medical Personnel & Locums (favourable)
Release of accrual in month following detailed review against payments already made.

Year to Date



Note the scale does not begin at zero

Clinical Supplies (unfavourable)
Mainly undelivered savings for targets not yet allocated to budgets ($2.8 million). Patient transport, implants and prostheses, and pharmaceuticals are all above budget.

Outsourced Services (unfavourable)
Mainly outsourced elective surgery to Royston, which has now ceased for the remainder of the financial year. After-hours radiologist services, and outsourced wisdom teeth are the other main contributors.

Medical Personnel & Locums (favourable)
Impact of in month realease of accrual no longer required.

Allied Health Personnel (favourable)
Vacancies mainly in MRTs, psychologists, social workers, and laboratory technicians.

Full Time Equivalents (FTE)

FTEs are 22 (1.0%) favourable year to date including:

Medical Personnel (3 FTE / 0.8% favourable)
- Vacancies (offset in outsourced medical costs).

Nursing Personnel (-11 FTE / -1.2% unfavourable)
- High patient volumes since before Christmas are reflected in the unfavourable nursing FTE year to date position.

Allied Health Personnel (28 FTE / 5.8% favourable)
- Vacancies including psychologists, social workers, MRTs and laboratory technicians.

Monthly Elective Health Target Report
Year to Date March 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 March 2018			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	151	151	0	0.00%
	ENT	343	382	-39	-10.20%
	General Surgery	579	636	-57	-9.00%
	Gynaecology	386	425	-39	-9.20%
	Maxillo-Facial	160	158	2	1.30%
	Ophthalmology	707	819	-112	-13.70%
	Orthopaedics	417	433	-16	-3.70%
	Orthopaedics - Major Joints	171	206	-35	-17.00%
	Skin Lesions	152	152	0	0.00%
	Urology	365	364	1	0.30%
	Vascular	86	136	-50	-36.80%
	Surgical - Arranged	444	408	36	8.80%
	Non Surgical - Arranged	60	10	50	500.00%
	Non Surgical - Elective	32	50	-18	-36.00%
On-Site	**Total**	**4053**	**4330**	**-277**	**-6.40%**
Outsourced	ENT	74	106	-32	-30.20%
	General Surgery	245	212	33	15.60%
	Gynaecology	21	0	21	0.00%
	Maxillo-Facial	40	63	-23	-36.50%
	Ophthalmology	150	83	67	80.70%
	Orthopaedics	1	0	1	0.00%
	Orthopaedics - Major Joints	84	64	20	31.30%
	Skin Lesions	2	0	2	0.00%
	Urology	39	38	1	2.60%
	Vascular	21	4	17	425.00%
Outsourced	**Total**	**677**	**570**	**107**	**18.80%**
IDF Outflow	Cardiothoracic	59	55	4	7.30%
	ENT	40	32	8	25.00%
	General Surgery	44	39	5	12.80%
	Gynaecology	17	20	-3	-15.00%
	Maxillo-Facial	94	140	-46	-32.90%
	Neurosurgery	38	61	-23	-37.70%
	Ophthalmology	21	29	-8	-27.60%
	Orthopaedics	29	14	15	107.10%
	Paediatric Surgery	54	61	-7	-11.50%
	Skin Lesions	31	37	-6	-16.20%
	Urology	9	5	4	80.00%
	Vascular	7	11	-4	-36.40%
	Surgical - Arranged	115	112	3	2.70%
	Non Surgical - Arranged	45	42	3	7.10%
	Non Surgical - Elective	81	85	-4	-4.70%
IDF Outflow	**Total**	**684**	**743**	**-59**	**-7.90%**
TOTAL		**5,414**	**5,643**	**-229**	**-4.10%**

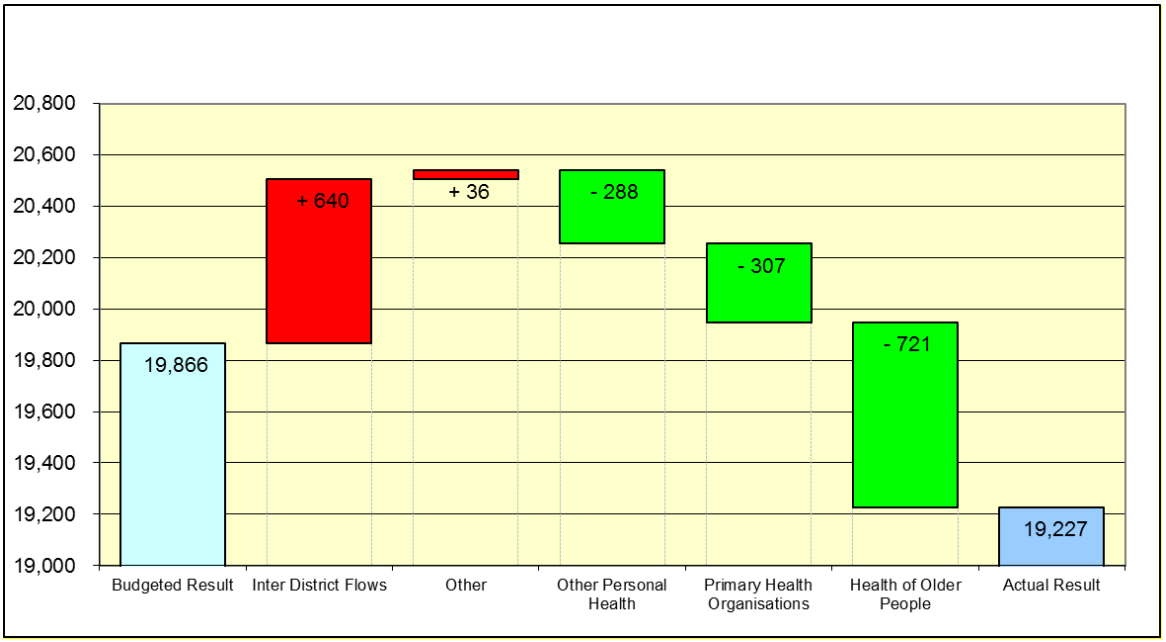
		March 2018			
		Actual	Plan	Var.	%Var.
On-Site	Avastins	17	17	0	0.00%
	ENT	42	43	-1	-2.30%
	General Surgery	68	75	-7	-9.30%
	Gynaecology	40	50	-10	-20.00%
	Maxillo-Facial	19	15	4	26.70%
	Ophthalmology	81	99	-18	-18.20%
	Orthopaedics	56	51	5	9.80%
	Orthopaedics - Major Joints	27	28	-1	-3.60%
	Skin Lesions	17	17	0	0.00%
	Urology	32	43	-11	-25.60%
	Vascular	8	17	-9	-52.90%
	Surgical - Arranged	67	54	13	24.10%
	Non Surgical - Arranged	6	1	5	500.00%
	Non Surgical - Elective	1	6	-5	-83.30%
On-Site	**Total**	**481**	**516**	**-35**	**-6.80%**
Outsourced	ENT	5	13	-8	-61.50%
	General Surgery	31	25	6	24.00%
	Gynaecology	3	0	3	0.00%
	Maxillo-Facial	0	10	-10	-100.00%
	Ophthalmology	16	7	9	128.60%
	Orthopaedics	0	0	0	0.00%
	Orthopaedics - Major Joints	13	4	9	225.00%
	Skin Lesions	0	0	0	0.00%
	Urology	3	5	-2	-40.00%
	Vascular	2	0	2	0.00%
Outsourced	**Total**	**73**	**64**	**9**	**14.10%**
IDF Outflow	Cardiothoracic	2	7	-5	-71.40%
	ENT	2	6	-4	-66.70%
	General Surgery	4	5	-1	-20.00%
	Gynaecology	3	3	0	0.00%
	Maxillo-Facial	10	17	-7	-41.20%
	Neurosurgery	3	7	-4	-57.10%
	Ophthalmology	0	4	-4	-100.00%
	Orthopaedics	1	2	-1	-50.00%
	Paediatric Surgery	3	7	-4	-57.10%
	Skin Lesions	3	6	-3	-50.00%
	Urology	0	0	0	0.00%
	Vascular	0	1	-1	-100.00%
	Surgical - Arranged	6	14	-8	-57.10%
	Non Surgical - Arranged	5	5	0	0.00%
	Non Surgical - Elective	4	12	-8	-66.70%
IDF Outflow	**Total**	**46**	**96**	**-50**	**-52.10%**
TOTAL		**600**	**676**	**-76**	**-11.20%**

Please Note: This report was run on 11th April 2018. Skin Lesions and Avastins are reported to plan. Data is subject to change.

6. FUNDING OTHER PROVIDERS

$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Payments to Other Providers									
Pharmaceuticals	3,743	3,726	(16)	-0.4%	32,695	33,593	897	2.7%	44,744
Primary Health Organisations	2,870	3,176	307	9.7%	27,179	27,524	345	1.3%	36,231
Inter District Flows	4,733	4,094	(640)	-15.6%	40,985	38,701	(2,284)	-5.9%	55,091
Other Personal Health	1,680	1,968	288	14.6%	16,715	17,372	657	3.8%	23,291
Mental Health	1,011	931	(79)	-8.5%	8,837	8,437	(400)	-4.7%	11,636
Health of Older People	4,882	5,603	721	12.9%	49,576	50,430	855	1.7%	66,306
Other Funding Payments	308	367	60	16.3%	3,016	3,210	195	6.1%	4,135
	19,227	19,866	640	3.2%	**179,003**	**179,268**	265	0.1%	241,433
Payments by Portfolio									
Strategic Services									
Secondary Care	4,112	3,716	(396)	-10.6%	36,173	34,340	(1,832)	-5.3%	48,898
Primary Care	8,018	8,454	435	5.1%	73,142	74,737	1,595	2.1%	99,528
Chronic Disease Management	-	-	-	0.0%	-	-	-	0.0%	-
Mental Health	1,294	1,237	(57)	-4.6%	11,355	11,255	(101)	-0.9%	15,045
Health of Older People	5,208	5,790	582	10.0%	52,714	53,020	306	0.6%	70,350
Other Health Funding	-	33	33	100.0%	-	300	300	100.0%	-
Maori Health	476	514	37	7.3%	4,608	4,507	(101)	-2.2%	6,235
Population Health	118	122	4	3.7%	1,011	1,109	98	8.9%	1,376
	19,227	19,866	640	3.2%	**179,003**	**179,268**	265	0.1%	241,433

Month of March



Note the scale does not begin at zero

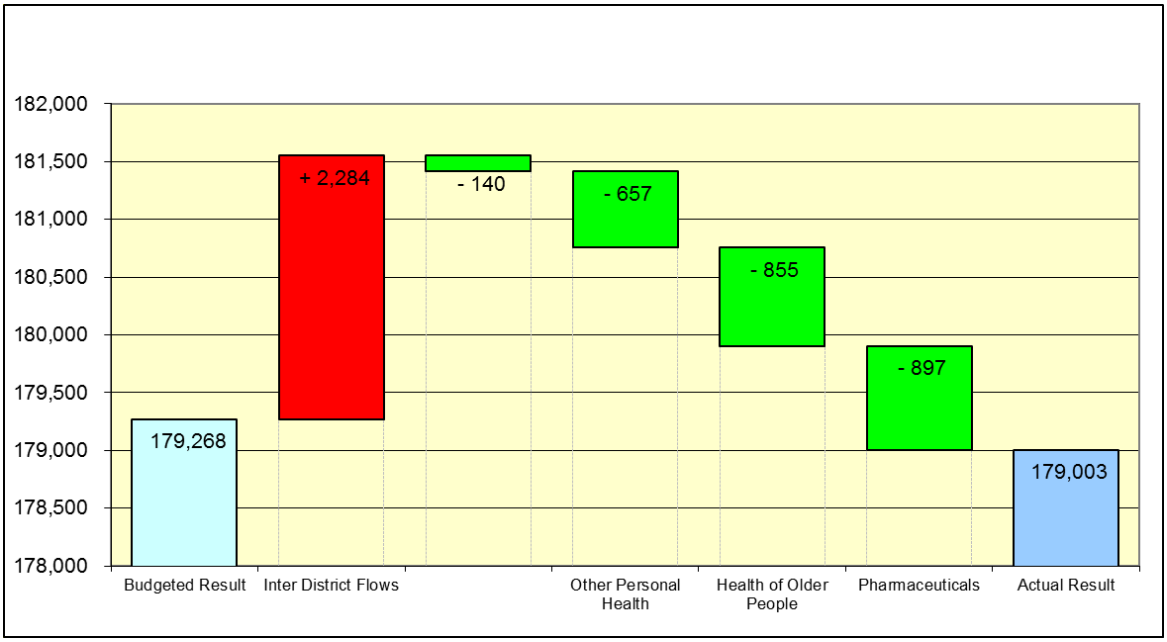
Inter District Flows (unfavourable)
Higher outflows based on MoH data and information from other DHBs. This shows a continuing trend of high activity this year.

Other Personal Health (favourable)
Delay in availability of flu immunisation.

Primary Health Organisations (favourable)
Timing difference on payment of service level measures to PHO.

Health of Older People (favourable)
Reduction in the accrual for pay equity costs following updated data from MoH. Offsets with reduction in income.

Year to Date



Inter District Flows (unfavourable)
Provision based on information from MOH and other DHBs.

Other Personal Health (favourable)
Funding recoveries.

Health of Older People (favourable)
Decrease in expected cost of pay equity following review by MoH.

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

7. CORPORATE SERVICES

$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Operating Expenditure									
Personnel	1,439	1,388	(51)	-3.7%	11,822	11,972	150	1.3%	15,758
Outsourced services	105	68	(37)	-55.4%	731	609	**(122)**	**-20.0%**	914
Clinical supplies	(33)	(46)	(13)	-27.6%	(457)	(577)	**(120)**	**-20.8%**	(336)
Infrastructure and non clinical	738	789	**51**	**6.4%**	7,184	7,455	271	3.6%	9,543
	2,249	2,199	(50)	-2.3%	19,280	19,459	179	0.9%	25,879
Capital servicing									
Depreciation and amortisation	1,152	1,122	(30)	-2.7%	10,237	9,810	(427)	-4.4%	13,850
Financing	-	-	-	0.0%	-	-	-	0.0%	-
Capital charge	705	705	-	0.0%	6,367	6,345	(23)	-0.4%	8,504
	1,857	1,827	(30)	-1.6%	16,604	16,155	(450)	-2.8%	22,355
	4,107	**4,026**	**(81)**	**-2.0%**	**35,884**	**35,613**	**(271)**	**-0.8%**	**48,234**
Full Time Equivalents									
Medical personnel	0.3	0.3	(0)	-15.0%	0	0	0	1.3%	0.3
Nursing personnel	16.1	15.2	(1)	-5.9%	13	15	2	10.5%	14.9
Allied health personnel	0.2	0.4	0	51.1%	1	0	(0)	-70.6%	0.4
Support personnel	9.6	9.2	(0)	-4.7%	9	9	0	0.5%	9.1
Management and administration	145.3	150.3	5	3.4%	139	147	**8**	**5.2%**	147.0
	171.6	**175.5**	**4**	**2.2%**	**163**	**172**	**9**	**5.3%**	**171.7**

In month high Nursing Entry to Practice (NETP) training programmes (offset in income) offset by capitalisation of labour on IS projects. Year to date outsourced personnel used to cover vacancies in IS, health promotion costs and expenditure on clinical trials and special funds.

8. RESERVES

$'000	March Actual	March Budget	March Variance		Year to Date Actual	Year to Date Budget	Year to Date Variance		Year End Forecast
Expenditure									
Contingency	62	250	**188**	**75.1%**	1,008	2,250	**1,242**	**55.2%**	172
Transform and Sustain resource	(20)	103	**123**	**119.6%**	517	923	**406**	**44.0%**	852
Other	2	(56)	**(59)**	**-104.4%**	48	(77)	**(125)**	**-162.2%**	(127)
	45	**297**	**252**	**85.0%**	**1,572**	**3,096**	**1,524**	**49.2%**	**897**

Contined contingency release of $125 thousand per month towards elective surgery targets was made in March. 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.

9. FINANCIAL PERFORMANCE BY MOH CLASSIFICATION

	March			Year to Date			End of Year		
$'000	Actual	Annual Plan	Variance	Actual	Annual Plan	Variance	Forecast	Annual Plan	Variance
Funding									
Income	41,801	42,618	(817) U	390,362	390,737	(376) U	524,685	525,165	(479) U
Less:									
Payments to Internal Providers	24,057	24,109	52 F	213,905	214,048	143 F	284,979	285,140	161 F
Payments to Other Providers	19,227	19,866	640 F	179,003	179,268	265 F	241,381	239,078	(2,303) U
Contribution	**(1,483)**	**(1,358)**	**(126) U**	**(2,546)**	**(2,579)**	**33 F**	**(1,675)**	**947**	**(2,622) U**
Governance and Funding Admin.									
Funding	274	326	(52) U	2,469	2,521	(52) U	3,294	3,416	(122) U
Other Income	3	3	-	60	23	37 F	67	30	37 F
Less:									
Expenditure	293	330	37 F	2,136	2,408	272 F	2,911	3,321	410 F
Contribution	**(16)**	**(1)**	**(15) U**	**393**	**136**	**257 F**	**450**	**125**	**325 F**
Health Provision									
Funding	23,777	23,780	(4) U	211,429	211,520	(91) U	281,627	281,706	(79) U
Other Income	2,849	2,605	245 F	23,532	23,005	528 F	30,728	30,654	75 F
Less:									
Expenditure	26,557	26,110	(447) U	236,957	234,195	(2,762) U	314,333	311,931	(2,402) U
Contribution	**69**	**275**	**(206) U**	**(1,995)**	**330**	**(2,325) U**	**(1,977)**	**428**	**(2,406) U**
Net Result	**(1,431)**	**(1,084)**	**(347)** U	**(4,148)**	**(2,112)**	**(2,035)** U	**(3,202)**	**1,500**	**(4,702)** 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.

	March			Year to Date			End of Year		
$'000	Mgmt Budget	Annual Plan	Movement	Mgmt Budget	Annual Plan	Movement	Mgmt Budget	Annual Plan	Movement
Funding									
Income	42,618	42,568	50 F	390,737	390,033	704 F	525,165	524,124	1,041 F
Less:									
Payments to Internal Providers	24,109	23,963	(146) U	214,048	213,150	(897) U	285,140	283,900	(1,240) U
Payments to Other Providers	19,866	20,016	150 F	179,268	178,746	(522) U	239,078	238,724	(354) U
Contribution	**(1,358)**	**(1,411)**	**53 F**	**(2,579)**	**(1,863)**	**(716) U**	**947**	**1,500**	**(553) U**
Governance and Funding Admin.									
Funding	326	274	52 F	2,521	2,469	52 F	3,416	3,294	122 F
Other Income	3	3	-	23	23	-	30	30	-
Less:									
Expenditure	330	279	(51) U	2,408	2,493	86 F	3,321	3,324	3 F
Contribution	**(1)**	**(2)**	**1 F**	**136**	**(1)**	**138 F**	**125**	**(0)**	**125 F**
Health Provision									
Funding	23,780	23,689	91 F	211,520	210,681	839 F	281,706	280,606	1,099 F
Other Income	2,605	2,549	56 F	23,005	22,609	396 F	30,654	30,089	565 F
Less:									
Expenditure	26,110	25,909	(201) U	234,195	233,538	(657) U	311,931	310,695	(1,236) U
Contribution	**275**	**329**	**(54) U**	**330**	**(248)**	**578 F**	**428**	**-**	**428 F**
Net Result	**(1,084)**	**(1,084)**	**0** F	**(2,112)**	**(2,112)**	**0** F	**1,500**	**1,500**	**(0)** U

11. QUALITY AND FINANCIAL IMPROVEMENT PROGRAMME

The table below shows 99.8% of the $10.8 million of general efficiency plans have been identified to date, and that $4.9 million of savings have been achieved against a year-to-date target of $8.3 million.

Corporate general efficiencies are 59% of the year-to-date identified plans, down from 62% in February. The planned reduction in depreciation expense and capital charges comprise most of the shortfall.

Provider services general efficiencies are 70% of the year-to-date identified plans, up from 68% in February. The main services with shortfalls are community, women & child, medical & acute, and surgical services and reflect the pressures experienced with the high acute activity.

Strategic Planning general efficiencies are at 44% of the year-to-date identified plans, down from 54% in February. IDF outflows makes up nearly half of the shortfall and reflects the lead time for referral practice changes and the higher volumes experienced this year. Other significant shortfalls are due to residential care increased volumes and urgent care.

Service	2017/18 Annual Savings Plans	YTD Savings Planned	YTD Savings Achieved	YTD Var	Annual Saving Forecast	% YTD Planned Savings Achieved	% of Annual Plan Achieved YTD
Corporate	997,000	645,569	380,823	(264,746)	634,991	59%	38%
Provider Services	4,911,000	4,361,725	3,036,904	(1,324,821)	3,623,071	70%	47%
Strategic Planning	4,598,000	3,272,343	1,451,333	(1,821,010)	3,161,279	44%	30%
Strategy and Health Improvement	286,000	248,746	242,293	(6,452)	288,940	97%	84%
Grand Total	**10,792,000**	**8,528,383**	**5,111,354**	**(3,417,029)**	**7,708,281**	**60%**	**41%**

12. FINANCIAL POSITION

30 June 2017	$'000	March Actual	March Budget	Variance from budget	Movement from 30 June 2017	Annual Budget
	Equity					
149,751	Crown equity and reserves	149,751	149,751	-	-	149,394
(7,406)	Accumulated deficit	(11,554)	(6,585)	4,968	(4,148)	(2,973)
142,345		138,197	143,165	4,968	(4,148)	146,421
	Represented by:					
	Current Assets					
16,541	Bank	13,522	14,167	645	(3,019)	15,536
1,690	Bank deposits > 90 days	1,901	1,755	(147)	212	1,755
26,735	Prepayments and receivables	25,166	22,798	(2,367)	(1,570)	22,951
4,435	Inventory	4,314	4,397	83	(121)	4,419
625	Non current assets held for sale	625	-	(625)	-	-
50,025		45,527	43,117	(2,410)	(4,498)	44,661
	Non Current Assets					
152,411	Property, plant and equipment	154,217	158,487	4,270	1,806	160,576
1,820	Intangible assets	1,517	2,621	1,105	(303)	2,962
10,701	Investments	10,973	11,856	883	271	12,105
164,932		166,706	172,964	6,258	1,775	175,642
214,957	**Total Assets**	**212,234**	**216,081**	**3,847**	**(2,723)**	**220,302**
	Liabilities					
	Current Liabilities					
-	Bank overdraft	-	-	-	-	-
35,447	Payables	34,999	35,572	574	(448)	35,762
34,528	Employee entitlements	36,401	34,619	(1,781)	1,873	35,381
69,975		71,399	70,192	(1,208)	1,424	71,143
	Non Current Liabilities					
2,638	Employee entitlements	2,638	2,724	86	-	2,739
2,638		2,638	2,724	86	-	2,739
72,612	**Total Liabilities**	**74,037**	**72,916**	**(1,121)**	**1,424**	**73,882**
142,345	**Net Assets**	**138,197**	**143,165**	**4,968**	**(4,148)**	**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;
- Prepayments and receivables are high due to a delay in some MoH payments (which have now been received) and prepayments relating to pay equity and Microsoft licences;
- Property, plant and equipment and intangibla assets mainly reflect the lower than budgeted capital spend;
- Employee entitlements – see below

13. EMPLOYEE ENTITLEMENTS

30 June 2017	$'000	March Actual	March Budget	Variance from budget	Movement from 30 June 2017	Annual Budget
7,853	Salaries & wages accrued	8,214	6,537	(1,676)	361	7,756
522	ACC levy provisions	879	375	(504)	358	501
4,869	Continuing medical education	6,339	6,026	(313)	1,470	5,553
19,819	Accrued leave	19,382	20,002	620	(437)	19,883
4,103	Long service leave & retirement grat.	4,224	4,403	178	121	4,426
37,165	**Total Employee Entitlements**	39,038	37,343	(1,695)	1,873	38,119

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 is $6.6 million behind plan year-to-date, including the surgical expansion that is in the planning stage, the histology and education centre upgrade that is now underway, and information technology that is expected to be spent later in the year.

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	10,237	9,810	(427)
1,500	Surplus/(Deficit)	(4,148)	(2,112)	2,035
9,166	Working Capital	5,707	10,357	5,899
24,290		11,797	18,054	7,507
	Other Sources			
-	Special funds and clinical trials	288	-	(288)
625	Sale of assets	-	625	(625)
625		288	625	(913)
24,915	**Total funds sourced**	**12,084**	**18,679**	**6,595**
	Application of Funds:			
	Block Allocations			
3,400	Facilities	2,247	2,724	477
3,200	Information Services	355	2,399	2,044
3,400	Clinical Plant & Equipment	2,443	2,374	(69)
10,000		5,045	7,497	2,452
	Local Strategic			
1,082	Renal Centralised Development	413	811	398
6,306	New Stand-alone Endoscopy Unit	5,260	4,728	(532)
134	New Mental Health Inpatient Unit Development	139	100	(38)
-	Maternity Services	7	-	(7)
500	Upgrade old MHIU	10	375	365
243	Travel Plan	95	182	87
1,555	Histology and Education Centre Upgrade	131	1,166	1,035
500	Radiology Extension	-	375	375
600	Fit out Corporate Building	-	450	450
3,000	Surgical Expansion	325	2,249	1,925
13,920		6,379	10,436	4,057
	Other			
-	Special funds and clinical trials	288	-	(288)
-	Other	88	-	(88)
-		375	-	(375)
23,920	***Capital Spend***	***11,799***	***17,933***	***6,134***
	Regional Strategic			
995	RHIP (formerly CRISP)	286	746	461
995		286	746	461
24,915	**Total funds applied**	**12,084**	**18,679**	**6,595**

Monthly Project Board Report
Apr 2018

HAWKE'S BAY District Health Board

Improving Endoscopy Services. Phase 3
Service transition and Facilities Development.

Project Manager Facilities Development: **Trent Fairey**

Overall Project Progress	Quality & Safety Risk Status	Time Status	Financial Status
58%	G	G	G

Phase 3: Service transition & Facility Development

Formal approval of the Business Case was received in December 2016 from the Hawke's Bay District Health Board for the construction of a stand-alone Gastroenterology Service building (improving Endoscopy services).
Phase 1 Service & Facility Planning, and Phase 2 Design & Tendering of service facility have been completed on time and within budget.
Phase 3 Service Transition and Facility construction is now underway. This phase concentrates on the construction of the facility to enable the service transition in late 2018. Trialling a new shift in endoscopy unit to cover the additional RN responsibilities associated with managing the end to end process for endoscopy services. Reviewing the equipment to support care delivery pre and post endoscopy.
A fourth and final phase of the project will complete the Improving Endoscopy Services programme, focusing on the development of the service and delivery of the bowel screening programme.

Project Budget Status

Total Approved for Capital Budget	**$ 13,095,000**	Total 17/18 Forecast Spend	**$ 7,450,000**
Total Project Spend to Date	$ 7,536,047	Total 17/18 Spend to Date	$ 5,294,575
Percentage of Total Spend vs Budget	58%	Percentage 17/18 Spend vs Forecast	71%

Project initiation was completed on the 27th February 2017 on approval of the site specific safety plan. Project total spend is now tracking inline with initial predictions. The addition of the level 1 variation to contract for an approved $1,300,000 has been integrated into the total project costs. Total cost and timeframe reporting has changed to take into account this variation. Project spend will track in a similar range to the current predictions with the variation costs coming into the project in the first quarter of 2018/19 financial year. Project spend continues to track well with proposed cashflow projections, total variations to date are inline with RLB predictions.

Deliverable Dates

Geotechnical design and Testing	Complete	Internal construction - Building Services	Jul-18
Site specific safety plan review and approval	Complete	Furniture , Fittings and Equipment installation	Aug-18
Earthworks and Excavation	Complete	Building services commissioning	Jul-18
Foundation construction	Complete	Facility Sign off & Certificate of Public Use	Aug-18
Structural Steelwork installation	Complete	Service Training and Transition to Staged start up	Sep-18
Concrete floor structures	Complete	Full operational capacity available and Service Go Live	Oct-18
Exterior and Roof Cladding	Mar-18	Post Implementation Review & Post Occupancy Evaluations	Feb-19

Key Achievements this period

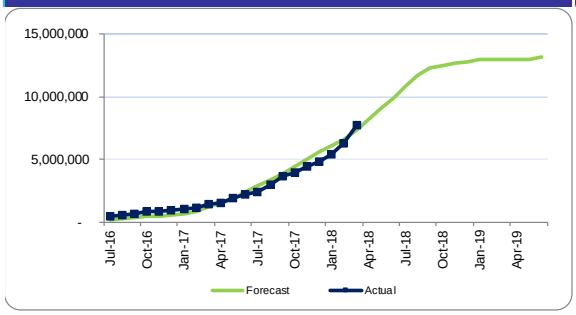
All structural steel and concrete pours are completed, the roof and exterior cladding RAB board installations have been completed in March making the building site weatherproof. All trades are proceeding to programme, revised programme has been agreed providing the completed building in September 2018 with operational activity planned from October 2018.
No incidents, accidents or near misses reported in this period, 1st Quarter (2018) H&S GEMCO Audit completed , results pending.
Independent H&S auditing by the HBDHB continues on a monthly basis.

Planned Activities next period

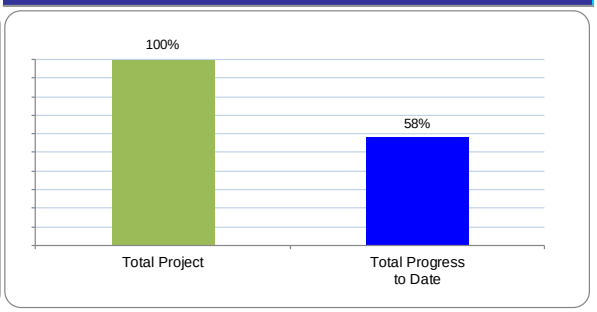
Completion of external cladding and window installation for the month of April.
Services first fix and completion for ground level. Internal framing and services first fix to level 1.

Risks & Issues of Note	Mitigation & Resolutions
Specialised Furniture, Fittings and Equipment. Procurement process delays the installation dates.	Ensure timely decision making from the clinical teams, allowing procurement from off-shore manufacturers in a controlled manner.
Furniture, Fittings and Equipment costs exceed allocated budget	Working with Gastroenterology services to ensure value across all purchases, partnering with HBDHB procurement services to ensure best practice is adhered to.

Actual Spend



Total Project Progress



16. ROLLING CASH FLOW

	Actual	March Forecast	Variance	Apr Forecast	May Forecast	Jun Forecast	Jul Budget	Aug Budget	Sep Budget	Oct Budget	Nov Budget	Dec Budget	Jan Budget	Feb Budget	Mar Budget
Cash flows from operating activities															
Cash receipts from Crown agencies	47,983	47,899	84	44,207	47,647	48,337	44,251	43,524	52,345	44,691	48,101	44,589	45,628	47,740	44,733
Cash receipts from revenue banking	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from donations, bequests and clinical trials	71	-	71	-	-	-	-	-	-	-	-	-	-	-	-
Cash receipts from other sources	(2,329)	431	(2,760)	427	445	439	440	446	440	505	447	445	471	477	471
Cash paid to suppliers	(26,232)	(26,930)	699	(25,529)	(25,213)	(26,918)	(27,999)	(26,556)	(33,354)	(27,563)	(27,885)	(27,350)	(27,520)	(24,815)	(27,769)
Cash paid to employees	(15,923)	(16,086)	163	(16,482)	(18,848)	(15,893)	(15,532)	(20,705)	(15,683)	(15,901)	(18,879)	(15,325)	(23,374)	(16,233)	(16,077)
Cash generated from operations	**3,570**	**5,313**	**(1,743)**	**2,623**	**4,031**	**5,965**	**1,160**	**(3,291)**	**3,749**	**1,733**	**1,784**	**2,360**	**(4,795)**	**7,170**	**1,359**
Interest received	69	64	5	64	64	64	74	74	74	74	74	74	74	74	74
Interest paid	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital charge paid	(705)	0	(705)	-	-	(4,230)	-	-	-	-	-	(4,230)	-	-	-
Net cash inflow/(outflow) from operating activities	**2,934**	**5,377**	**(2,443)**	**2,687**	**4,094**	**1,798**	**1,234**	**(3,217)**	**3,822**	**1,806**	**1,858**	**(1,796)**	**(4,722)**	**7,243**	**1,433**
Cash flows from investing activities															
Proceeds from sale of property, plant and equipment	(0)	-	(0)	-	-	(0)	-	-	-	-	-	625	-	-	-
Acquisition of property, plant and equipment	(1,758)	(2,159)	401	(3,092)	(2,895)	(3,639)	(926)	(926)	(926)	(926)	(926)	(926)	(926)	(926)	(926)
Acquisition of intangible assets	(143)	(48)	(95)	(25)	(55)	(15)	(154)	(154)	(154)	(154)	(154)	(154)	(154)	(154)	(154)
Acquisition of investments	-	(249)	249	-	-	(249)	-	-	(249)	-	-	(249)	-	-	(249)
Net cash inflow/(outflow) from investing activities	**(1,901)**	**(2,455)**	**554**	**(3,117)**	**(2,950)**	**(3,903)**	**(1,080)**	**(1,080)**	**(1,328)**	**(1,080)**	**(1,080)**	**(703)**	**(1,080)**	**(1,080)**	**(1,328)**
Cash flows from financing activities															
Proceeds from equity injection	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Proceeds from borrowings	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Repayment of finance leases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equity repayment to the Crown	-	-	-	-	-	(357)	-	-	-	-	-	-	-	-	-
Net cash inflow/(outflow) from financing activities	**-**	**-**	**-**	**-**	**-**	**(357)**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net increase/(decrease) in cash or cash equivalents	1,033	2,921	(1,888)	(430)	1,145	(2,462)	154	(4,297)	2,494	727	778	(2,500)	(5,801)	6,164	104
Add:Opening cash	14,390	14,390	-	15,423	14,993	16,137	13,675	13,830	9,533	12,027	12,753	13,532	11,032	5,231	11,395
Cash and cash equivalents at end of period	**15,423**	**17,311**	**(1,888)**	**14,993**	**16,137**	**13,675**	**13,830**	**9,533**	**12,027**	**12,753**	**13,532**	**11,032**	**5,231**	**11,395**	**11,499**
Cash and cash equivalents															
Cash	4	4	0	4	4	4	4	4	4	4	4	4	4	4	4
Short term investments (excl. special funds/clinical trials)	12,152	14,281	(2,129)	11,963	13,107	10,645	10,799	6,502	8,996	9,723	10,501	8,002	2,200	8,364	8,469
Short term investments (special funds/clinical trials)	2,874	3,026	(152)	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026	3,026
Bank overdraft	392	-	392	-	-	-	-	-	-	-	-	-	-	-	-
	15,423	**17,311**	**(1,888)**	**14,993**	**16,137**	**13,675**	**13,830**	**9,533**	**12,027**	**12,753**	**13,532**	**11,032**	**5,231**	**11,395**	**11,499**

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. Cash flows in March reflect a large increase in debtors, expected to partially reverse in March.

RECOMMENDATION:

It is recommended that the Board and FRAC:

- **Note** the contents of this report

BOARD HEALTH & SAFETY CHAMPION'S UPDATE

Verbal

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Clinical Council**	38
	For the attention of: **HBDHB Board**	
Document Owner:	Dr John Gommans (Chair) Dr Andy Phillips (Co-Chair)	
Month:	April 2018	
Consideration:	For Information	

RECOMMENDATION

That the Board

Review the contents of this report; and

Note that Clinical Council:

- **Received** a presentation on Homeopaths Working with Primary Care Clinicians
- **Received** a presentation on Investments Update (Outcomes of Budget Prioritisation) and provided feedback
- **Received** a presentation on Information Services Overview and Roadmap
- **Received** a presentation on Winter and Flu Planning
- **Received** a presentation on Quality Dashboard and **endorsed** the work with the HQSC
- **Discussed** the Framework for Developing the People Strategy and provided feedback
- **Noted** reports provided for information only.

Council met on 11 April 2018, an overview of matters discussed is provided below.

Homeopaths Working with Primary Care Clinicians:

Council received a presentation from Angela Hair, Homeopath and colleagues (Lila Joffe, President, New Zealand Council of Homeopaths, Heidi Beck, Homeopath, Napier and Jude Henry, Homeopath, Waipukurau). Discussion included integration of homeopathy with conventional medicine; educating and helping patients to find solutions with homeopathy; New Zealand Council of Homeopaths vetting and training process, protocols and scope of practice; the importance of communication and working together to provide better health outcomes for our patients.

Council noted that it is important that we recognise that many people in our community choose to use both complementary and conventional medicine, and make choices on what treatments they use; therefore it is important that we agree how the two groups of clinicians work together. It is important to recognise the scope of practice and the role of others.

Investments Update (Outcomes of Budget Prioritisation):

Tim Evans, Executive Director – Corporate Services & Kate Rawstron, Project Management Office Manager provided a snapshot of investments approved by Council from 2015-16 and 2016-17.

Discussion took place on reviewing the past; overall impact of using the Clinical Council in the prioritisation process and thinking about the future, transparency of the process; funds being used for new and innovative projects, looking at the quality outcomes, government priorities, improving quality of life and reducing inequities.

It was acknowledged that the majority of the innovation funding was allocated to community and primary care initiatives but that the $2-3M funds allocated via this process were only a very small proportion of DHB spend. In addition other recent large investments proposed such as Radiology, ICU, Laboratories, etc had come separately to Clinical Council for discussion and been supported by Clinical Council prior to being considered by the Board.

Process for future presentation, discussion and decision making on innovative service models and funding will be worked up and brought back to Council.

Information Services Overview and Roadmap:

Anne Speden, Chief Information Officer, Jos Buurmans, Enterprise Architect and Frank Rawlinson, CMO WDHB and for Regional Clinical Portal provided Council with a presentation on the IS Transformation.

Council noted that IS have changed their model and now 'have their house in order'. The DHB needs to get its clinical business processes agreed so that IS can appropriately engage and enable these, which will be in place by the end of this year. We will then have a system which is able to evolve to achieve better integration and more engagement will then occur with primary care.

Winter and Flu Planning:

Carleine Receveur, Operations Director, Jacqui Akuhata-Brown, Integrated Operations Centre Manager and Sandra Bee, Emergency Response Advisor provided a presentation on work to date including stakeholder engagement; current situation in the Northern Hemisphere; what we can expect; triggers; tools – pre-phase, early phase and disruptive phase. Current work underway is a residential care forum, St John Ambulance alternative models of care; GP feedback, Community Pharmacy monitoring and socialisation of the plan.

Council supported the work to date in the draft plan and noted that HBDHB planning work has received positive feedback from the MoH.

Quality Dashboard:

Kate Coley, ED P&Q and Andy Phillips, Chief Allied Health Professions Officer provided a presentation on the quality dashboard. The dashboard is a national one developed by the Health Quality Safety Commission (HQSC) with input from HBDHB clinical leaders. Comparisons are able to be made with individual DHBs or nationally. Work is continuing on the indications being used in the dashboard. HBDHB has had the opportunity to provide feedback on the dashboard and we are working closely with HQSC to develop it further. Council endorsed the use of the HQSC Quality Dashboard for HBDHB

Framework for Developing the People Strategy:

Kate Coley, ED P&Q provided an overview of the first draft of the Framework for developing the People Strategy which includes draft "guiding principles". This draft has been developed from feedback received from staff during the Big Listen and Clinical Services Plan (CSP) meetings. The draft wll be further informed by feedback from Korero Mai and discussion with MRB and Pasifika Leadership Group.

Brief discussion held regarding the need to develop a wellbeing programme; linking this to the CSP and the primary workforce and investing in our staff.

Choosing Wisely Update
Following the presentation at the last meeting feedback received from members on their top 3-5 items. The two key themes from the recommendations chosen so far have been about the importance of minimising medication use by prescribing wisely and engaging patients in discussions/decision around their care. It has been agreed with Consumer Council that a joint workshop will be held on Choosing Wisely l.

Implementing the New Clinical Governance Structure

Council noted that the structure was approved by Board last month. Work is now in progress to develop an implementation plan to progress the work of setting up the committees, reporting processes, membership including consumer and primary care, administration and co-ordination etc

Reports for information were noted from the following:

- Te Ara Whakawaiora - Culturally Competent Workforce (local indicator)
- Māori & Pacific Workforce Action Plan - a component of Building a Diverse Workforce Strategy
- Havelock North Gastroenteritis Outbreak – Progress Report
- Te Ara Whakawaiora - Breastfeeding (National Indicator)
- Te Ara Whakawaiora - Cardiovascular (National Indicator)
- Te Ara Whakawaiora - Healthy Weight (National Indicator)
- HB Nursing & Midwifery Leadership Council & Dashboard

OURHEALTH HAWKE'S BAY Whakawateatia	**Hawke's Bay Health Consumer Council** 39
	For the attention of: **HBDHB Board**
Document Owner:	Rachel Ritchie, Chair
Reviewed by:	Not applicable
Month:	April, 2018
Consideration:	For Information

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RECOMMENDATION

That the Board

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

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

- **Consumer Engagement Update**

Council are particularly looking forward to the progress on andpositive impact of issues currently under action:

- Recruitment of a Consumer Engagement Manager and Patient Experience Coordinator
- "Consumer Engagement Strategy"
- "Recognising Consumer Participation Policy"
- Development of 'Person & Whanau Centred Care' approach
- Completion of "Health Literacy – Making Health Easy to Understand" guidelines, toolkits, training and information for staff; and the
- Establishment of the Clinical Governance Patient Experience Committee (following the Clinical governance reshape).

- **Clinical Services Plan**

Very positive feedback was received from members who attended the recent Future Options Workshops for Aged Care/Frailty and Future Hospital. The welcoming environment and the quality of the discussions were both acknowledged and appreciated.

- **Framework for Developing the People Strategy**

Council acknowledged the process, inputs and context behind the framework and were generally very supportive. Some suggestions for enhancement included.

- Measures of success – need to include individual performance; education; bullying; cultural competency
- Good to have aspirations, but make it more real – what does it look like when we work together, include examples/stories from consumers
- Individual KPIs for accountability are important. Bearing in mind there are different cultural dimensions to success

- Cultural sensitivity / competency – if staff attend a programme they need to apply the skills they have learnt.
- There is a need to define what culture means - ultimately it is respect for each other.

- **Māori & Pacific Workforce Action Plan**

Council noted and supported the plan presented, acknowledging in particular the rationale to have a workforce that is reflective of our community which leads to better patient experience and outcomes. During discussion, wider issues of cultural competency/sensitivity, education, workforce development and cultural empathy and understanding were canvassed. The presenting team acknowledged these wider issues, indicating that they would be covered in the wider **"Building a Diverse Workforce Strategy".** Further discussion and input from council members with interest/experience was encouraged after the meeting – 'training' was one of the areas of interest.

- **Information Papers**

The following papers were received and noted:

- Te Ara Whakawaiora - Culturally Competent Workforce
- Te Ara Whakawaiora - Cardiovascular
- Te Ara Whakawaiora - Healthy Weight
- Te Ara Whakawaiora - Breastfeeding
- Transform & Sustain Programme – 5 Year Overview

- **Council Membership**

A number of membership matters were advised and briefly discussed.

- Dr Diane Mara and Malcolm Dixon have been appointed as Deputy Chairs
- Five members will have completed three terms in June 2018, so will need to retire (in accordance with the Terms of Reference.
- A transparent process is about to commence to seek nominations for potential new members from 1 July 2018
- Retiring members will continue as consumer representative on the various groups they have been appointed to, as there is no requirement for consumer representatives to be Council Members other than the Patient Experience Committee

- **Choosing Wisely**

Council received an introductory presentation on Choosing Wisely. The proposed 'questions' that consumers should ask regarding treatment options generated good feedback.The general feeling was that the questions were sound but the context for a particular patient was vitally important to consider. Eg.

- Having sufficient time to digest information – and to make decisions;
- Being aware when English is not the first language (of either clinicial or patient) -extra time and communication is needed;
- The culture of patient (and clinician) will be impacting how information is received;
- The need for a support person to ensure information is captured and questions asked;
- Recognise the impact of shock – patient may not be in a position to take in the nformation;
- The need for written information to consider later.

The discussion was a great example of clinical and consumer inut coming together for an improved outcome.The topic will be discussed in more depth at the forthcoming joint meeting with Clinical Council.

HAWKE'S BAY
District Health Board
Whakawāteatia

MĀORI RELATIONSHIP BOARD

Report - Late Paper

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CLINICAL SERVICES PLAN

Verbal Update

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HAWKE'S BAY
District Health Board
Whakawāteatia

WINTER & FLU PLANNING

Presentation

HAWKE'S BAY District Health Board Whakawāteatia	**Māori & Pacific Workforce Action Plan** **A component of Building a Diverse Workforce** 43
	For the attention of: **HBDHB Board (April) & Pasifika Health Leadership Group (May)**
Document Owner	Kate Coley, Executive Director of People and Quality
Authors	Patrick Le Geyt, Acting GM Māori Health: Ngaira Harker, Director of Nursing, Māori Health; Talalelei Taufale, Pacific Health Development Manager; Paul Davies, Recruitment Team Leader; AND Donna Foxall, Māori Clinical Workforce Coordinator
Reviewed by	Executive Management Team, Maori Relationship Board, HB Clinical Council and HB Health Consumer Council.
Previous Considerations & Discussions	Feedback from the discussions with other governance groups has been incorporated into this paper and has resulted in the generation of two action plans. It should be noted that the effective implementation of both of the action plans will continue to be a joint effort with the key operational leads, subject matter expert's e.g. senior cultural advisor, in partnership with our executive clinical leaders.
Month/Year	April, 2018
Purpose	For Information & Endorsement of Action Plan
Summary	HBDHB value and acknowledge the ethnic diversity of our community and the ethnic diversity of our workforce. We aim to ensure our staff and organization reflect the community which we serve, in particular the growing Māori and Pacific populations. The Māori and Pacific Workforce Action Plans aim to improve the ethnic diversity of our workforce and improve the cultural competency of our staff and organization, as a key component of a broader diversity plan which will also consider gender, disability and age. These plans support the development of a diverse and culturally competent workforce that aims to effectively deliver health care services that meet our community's social, cultural, and linguistic needs and contributes to improved health outcomes and quality of care, and the reduction/elimination of health disparities. The below identifies the key benefits of the implementation of this action plan: • To reduce inequities in health outcomes for HB community • To improve engagement with Māori and Pacific consumers • Mana enhancement through culturally competent care • To improve cultural competency of staff • To support the growth of the Māori and Pacific workforce • To support leadership and sustainability of the Māori and Pacific workforce • Targeted approaches to services with greatest need • Will enhance patient centred care within a Māori and Pacific Health world- view.

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Contribution to Goals and Strategic Implications	The Māori and Pacific Workforce Action Plans aim to contribute to the organisations goals by: • Reducing health inequities that exist between Non-Māori /Pacific populations and Māori and Pacific populations • Meeting organisational KPI of increasing the Māori and Pacific composition of the workforce • Meeting organisational KPI of improving the cultural competency of the DHB workforce • Triple Aim – Improving the quality, safety and patient experience of care
Impact on Reducing Inequities/Disparities	The Māori and Pacific Workforce Action Plans aim to reduce inequities for Māori and Pacific populations by: • Addressing a social determinant of health by improving employment opportunities for Māori and Pacific populations • Addressing a social determinant of health by improving education opportunities and outcomes for Māori and Pacific populations • Ensuring the workforce is reflective of the community it serves • Improving cultural competency of staff and quality of care for underserved population groups

RECOMMENDATION:

That the HBDHB Board:

1. **Note** the contents of this report.
2. **Endorse** the high level plans (Appendix 1 & 3) and the detailed Māori & Pacific action plans in appendices 2 & 4
3. **Note** the reporting framework and KPI's (Appendix 6 & 7)

HAWKE'S BAY
District Health Board
Whakawāteatia

Māori and Pacific Workforce Action Plans.

Authors:	Patrick Le Geyt, Acting GM Māori Health; Ngaira Harker, Director of Nursing, Māori Health; Talalelei Taufale, Pacific Health Development Manager; Paul Davies, Recruitment Team Leader; Donna Foxall, Māori Clinical Workforce Coordinator.
Date:	**17 April 2018**

PURPOSE

The purpose of this paper is to provide the Board with both the Māori and Pacific Workforce Action Plans. The intent of these action plans is to sustain the successes and effective strategies that have been in place for a number of years in relation to increasing the representation of Māori in our workforce, and refresh and identify new actions and activities to ensure that we build a vibrant, collaborative and culturally competent Māori and Pacific workforce that reflects, understands and supports the health needs of tangata whenua and our Pacific communities.

EXECUTIVE SUMMARY

HBDHB value and acknowledge the ethnic diversity of our community and the ethnic diversity of our workforce. We aim to ensure our staff and organization reflect the community which we serve, in particular the growing Māori and Pacific populations. Over the past few years a significant number of actions have been undertaken in regards to increasing the supply of individuals being interested in a health career, and increasing the representation of Māori in our workforce, with the DHB exceeding the target in the last financial year. It should also be noted that nationally the work that has been undertaken by the DHB is being recognised as an exemplar and many DHB's are wishing to discuss our approach.

These plans support the development of a diverse and culturally competent workforce that aims to effectively deliver health care services that meets our community's social, cultural, and linguistic needs and contributes to improved health outcomes and quality of care, and the elimination of health disparities. The Māori and Pacific Workforce action plans aim to build on these current successful actions, by employing, retaining, sustaining and supporting opportunities within professional development and leadership for both Māori and Pacifica. This will improve the diversity of our workforce and support increased opportunity for Māori and Pacific voices at all levels within HBDHB.

Having reached the target for Māori representation in July 2017 it was agreed that this was an opportune time to review the work that had been completed in the previous few years, and identify those strategies and actions which had a positive impact translate that into business as usual and consider how we rollout a diversity action plan to include our Pacific workforce. Over the last few months a number of workshops with stakeholders across the sector, and numerous discussions with a small group have developed both the proposed objectives, actions and performance indicators. The intention of the plans is to sustain the work previously implemented and develop actions to ensure that we continue to grow the diversity of our workforce.

The foundational driver for Māori well-being is Te Tiriti o Waitangi – and the obligations within the treaty to create and sustain inclusive workplaces and a workforce reflective of Māoritanga (things Māori) so as to create equitable Māori-Crown partnerships.

The Māori population is projected to increase at a faster rate than the non-Māori population. Sustained efforts to grow a Māori health workforce are needed to ensure it is able to meet the higher demand from a larger Māori population. Achieving this goal will involve: Increasing the number of Māori in the health and disability workforce.

The foundation of both the Māori and Pacific action plan is to build a competent, capable, skilled and experienced health and disability workforce over the next 5 years that reflect the values of our sector. The below are the key objectives of both action plans.

OBJECTIVES:

- Increase both the Māori and Pacific representation in our workforce
- Increase the number of Māori and Pacific leaders in our workforce
- Build the Capability and capacity of our Māori & Pacific workforce
- Improve the cultural capability of existing workforce

ATTACHMENTS:

Appendix 1 & 3: Provides an overview of the Māori and Pacific key action plans flow chart

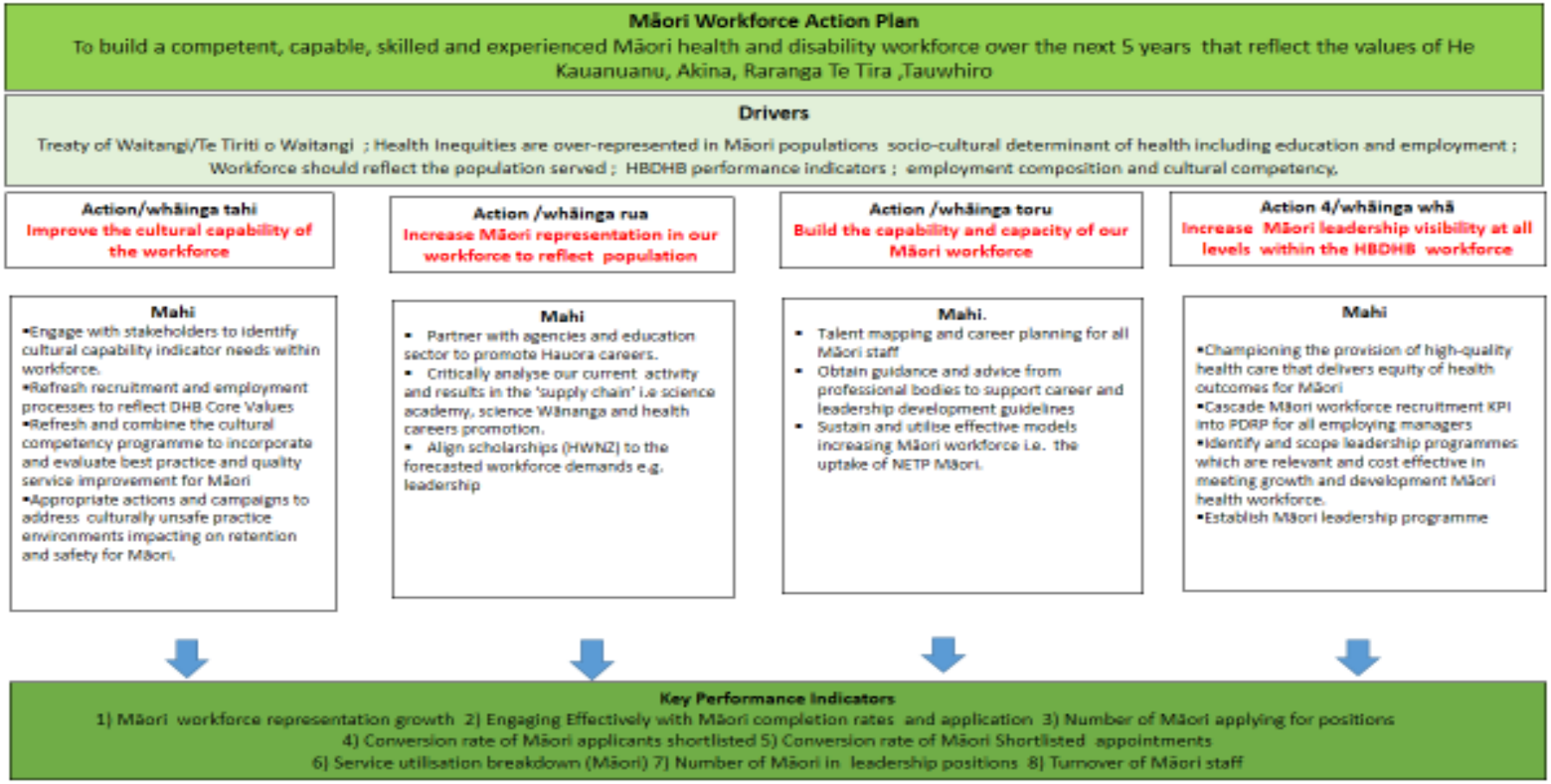
Appendix 2 & 4: Provides further detail on the activities that will be undertaken under each of the objectives.

Appendix 5: Identifies the plan detailed in August 2016. It shows the work completed and identifies that outstanding work which has been incorporated into the next five year plan.

Appendix 6 & 7: Identifies baseline data currently utilized to measure Māori and Pacifica Workforce.

Appendix 8: Identifies the risks and opportunities in delivery of the Māori and Pacific Workforce Strategy.

Appendix 1 Key proposed Actions – Māori (5 year plan)



Appendix 2 Further actions to support Māori workforce action plan. (5 year plan)

Improve the cultural capability of the workforce	Action 1	Action 2	Action 3
▪ Engage with stakeholders to identify cultural capability indicator needs within workforce.	Scope the cultural indicators/ requirements from stakeholders (Māori)	Identify gaps and requirements from stakeholders further strengthen knowledge and feedback to leaders and services.	Incorporate cultural indicators within the cultural competency programme to support application and requirements within workforce.
▪ Refresh recruitment and employment processes to reflect DHB core values	• Recommendations identified and changes to support workforce equity incorporated to support employment processes in partnership with Māori Health team. • Develop HR processes within appropriate Māori model of engagement (? Meihana)	• Recruitment processes reviewed and changes completed within 6 months. • Implement and monitor refreshed and improved employment processes	Apply an equity lens to enhance recruitment pathway: • Job specifications • Job Advertising-target to Māori and communities • Interviewing: Panellists are Māori • Interview: Record and review interview for best practice.
▪ Refresh and combine the cultural competency programme to incorporate and evaluate best practice and quality service improvement for Māori	Cultural competency delivery and planning reviewed and externally moderated within 6 months.	Engaging effectively with Māori completion rates monitored and 100% compliance	• Cultural competency evaluated within clinical settings. • Cultural competency reporting indicators evaluated and reported to support quality and improvement.
▪ Appropriate actions and campaigns to acknowledge culturally safe practice environments.	Recruitment data Employment data reflects Māori and Pacific employment increase.	Equity processes are embedded in recruitment and are a management focus.	Champion and highlight within workforce environments , groups which are incorporating and supporting culturally safe environments

Increase Māori representation in our workforce to reflect population	**Action 1**	**Action 2**	**Action 3**
▪ Partner with agencies and education sector to promote Hauora careers. ▪ Critically analyse our current activity and results in the 'supply chain' i.e. science academy, science Wānanga and health careers promotion. ▪ Align scholarships (HWNZ) to the forecasted workforce demands e.g. leadership	• Evaluation and review current success of incubator and Kia Ora Hauora. - Stakeholder consultation and needs analysis - Plan identified next 5 years to promote and continue to grow in collaboration with education providers and Hauora. • Monitor and evaluation of Māori and Pacific work satisfaction within work environment.	Forecasted requirements and included in report to support 5 year strategy.	Annual review workforce growth to support and provide recommendations

Build the capability and capacity of the Māori workforce	**Action 1**	**Action 2**
• Talent mapping and career planning for all Māori Staff. (Guidelines for managers to lead process)	• Trial mapping and career planning identified and evaluated with 6 months. • Obtain guidance and advice from professional bodies to support career and leadership development guidelines • Sustain and utilise effective models increasing Māori workforce i.e. the uptake of NETP Māori. / PDRP processes.	• Collective review and report completed within 12 months to support best practice models in increased capability and capacity of Māori workforce.

Increase Māori leadership visibility at all levels within the HBDHB workforce	**Action 1**	**Action 2**	**Action 3**
• Championing the provision of high-quality health care that delivers equity of health outcomes for Māori	• Stakeholder engagement to identify profile of leadership styles and models • Create pathways from teina to tuakana in creating leadership and sustainability. • Create pilot group to measure and develop indicators in leadership development and progress • Champion and highlight within workforce environments, groups which are incorporating and supporting culturally safe environments. • Promote and highlight unique stories from Māori workforce leaders and practitioners at all levels.		
• Cascade Māori workforce recruitment KPI into PDRP for all employing managers	• Workforce recruitment manager's cultural competency KPI incorporated into PDRP within 6 months.		
• Identify and scope leadership programmes which are relevant and cost effective in meeting growth and development Māori health workforce.	• Collate data to identify (Māori) the number of Māori in leadership positions • Managers to identify Māori and Pacific leadership potential within their sector.	• Completion of scoping current leadership within 6 months to support equity of health care for Māori.	• Identification and delivery of leadership programme commencing 2019. • Promote and ensure Māori and Pacific leaders are employed.

Appendix 3 Key proposed Actions – Pacific (5 year plan)

Pasifika Health Workforce Plan

Create an enabling and collaborative environment that connect's Pacific cultures with care and empowers the health and disability workforce towards improving the health of Pacific peoples in Hawke's Bay.

Drivers

Treaty of Waitangi/Te Tiriti o Waitangi Health Inequities are over-represented in Pacific populations: socio-cultural determinant of health including education and employment ; Workforce should reflect the population served ; HBDHB performance indicators ; employment composition and cultural competency.

Action 1

Enhance the Pacific cultural capability of the workforce

Work

- Connect culture with Care
- Refresh recruitment and employment processes to reflect DHB Core Values
- Recruit Pacific staff to develop, implement the Pacific workforce plan
- Action Cultural Supervision for Leaders.
- Pacific workforce recruitment KPI's are integrated into PDRP for managers in health area experiencing greatest demand

Action 2

Increase Pacific representation in our workforce to reflect population

Work

- Understand the barriers and recruitment challenges for Pacific into the health sector
- Develop a Pacific Career Pathway that encourages access in health via a range of entry points eg School leavers, as adults, overseas trained health workers.
- Develop a mentoring and support programme for Pacific staff
- Develop Pacific science academy programmes.
- Establish Health careers promotion frameworks for Pacific
- Develop Pacific educational strategies with tertiary education providers.
- Align scholarships (HWNZ) to the forecasted workforce demands.
- Develop culturally safe working environments for Pacific staff
- Health services facing greatest demand by Pacific users develop KPI's and targeted plans to increase employment of Pacific staff

Action 3

Build the capability and capacity of our Pacific workforce

Work

- Talent mapping and career planning for all Pacific staff
- Obtain guidance and advice from professional bodies to support career and leadership development guidelines
- Sustain and utilise effective models increasing Māori workforce i.e. the uptake of NETP Māori.

Action 4

Increase the number of Pacific leaders in our workforce

Work

- Establish Pacific leadership programme.
- Cascade Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.

Key Performance Indicators

1) Pacific workforce representation growth 2) Engaging Effectively with Pacific completion rates and application 3) Number of Pacific applying for positions 4) Conversion rate of Pacific applicants shortlisted 5) Conversion rate of Pacific Shortlisted appointments 6) Service utilisation breakdown (Pacific) 7) Number of Pacific in leadership positions 8) Turnover of Pacific staff 9) Pacific user feedback 10) Pacific Utilisation of services

Appendix 4 – Draft Pacific Workforce Action Plan

Improve the Pacific cultural capability of the workforce	Action 1	Action 2	Action 3
Recruit Pacific staff to develop, implement the Pacific workforce plan	Develop a business case for a Pacific workforce role	Business case is signed off and Pacific person recruited	
Connect culture with Care	Understand the service demand on health services by Pacific users and the current employment of Pacific staff in the areas facing greatest demand Establish a 3 year Pacific Cultural Competency program to support the actions to enhance service delivery of staff for Pacific users Identify risks	Health services facing greatest Pacific demand undertake a stocktake of quality care against Pacific models of care Targeted services undertake the Pacific Cultural Competency program- Develop targeted learning plans to enhance the quality of care using Pacific models of care measure and improve their Pacific cultural capability Develop service KPI's and evaluation tool	Monitor and measure short, medium and long term outcomes/benefits KPI's
Refresh the recruitment and employment processes to reflect DHB core values e.g. cultural competency training, cultural bias, and equity Interview process / Pacific reps on panels, orientation	Develop HR processes within appropriate Pacific model of engagement	Apply Pacific models to enhance recruitment pathway: • Job specifications • Job Advertising targeted to Pacific communities • Pacific Interviewing Panellists • Interview: Record and review interview for best practice. All areas and those in demand	Implement and monitor refreshed and improved employment processes.
Action Cultural Supervision for Leaders.	Identify appropriate training to support leaders in applying and facilitating culturally responsive approaches.	Provide forums for leaders to grow and develop ongoing application.	Evaluation of cultural supervision to support quality and improvement.
Pacific workforce recruitment KPI's are integrated into PDRP for managers in health areas experiencing greatest demand	Recruitment data Employment data reflects Pacific employment increase in areas of greatest demand	Equity processes are embedded in recruitment and are a management focus.	

Increase Pacific representation in our workforce to reflect population in areas of greatest demand	**Action 1**	**Action 2**	**Action 3**
Understand the barriers and recruitment challenges for Pacific into the health sector	Gather data to capture where the current Pacific "health" workforce are employed across Hawke's Bay	Gather data to capture the Pacific population, ethnic breakdowns, education achievement success and current post-secondary school trends of Pacific school leavers.	
Develop a Pacific Career Pathway that is inclusive of opportunities for Pacific people to enter the health workforce at different entry points eg as school leavers, adult workers, overseas trained health workers	Connect with Pacific families, health workers, Education sector-EIT, Secondary Schools, Primary and Intermediate Schools to develop a road map for Pacific people into health Identify gaps in the pathway and solutions eg lack of support, use of mentor's and/ or careers advisors	Connect with non-regulated workforce and overseas trained Pacific health workers to integrate actions to support their entry into the health workforce	Develop a Pacific Career Pathway
Develop a mentoring and support programme for Pacific staff	Engage with Pacific workers to plan and establish a mentoring programme	Mentoring programme to support students at post tertiary and workers within the health sectors	Review and enhance the programme offered
Develop Pacific science academy programmes.	Evaluation and review current academy provision	Stakeholder consultation and needs analysis to support delivery.	Identify and implement Pacific science academy programmes that are successful in achieving science and employment pathway within health
Establish Health careers promotion frameworks for Pacific	Evaluate and review current success of incubator for Pacific. Stakeholder consultation and needs analysis	Stakeholder consultation and needs analysis Establishment of Programmes and dashboards	Promotion is inclusive of community stakeholders, schools and tertiary providers Improve data in supporting appropriate tracking indicators for career pathways

	Pacific community consultation	Refresh recruitment plan to include Pacific perspectives and stakeholders input Refresh recruitment promotion plan for community stakeholders, Primary and Secondary Schools and tertiary providers.	
Develop Pacific educational strategies with tertiary education providers.	Pacific representation at advisory and governance level to effect educational focus within tertiary education providers.	Develop an MOU to support the partnership Pacific workforce growth in-line with DHB	Primary, Secondary and tertiary providers monitor and track Pacific achievement in targeted curriculum areas science, maths , English
Increase uptake on NETP for Pacific	80% employment all Pacific NETP applications	Evaluation of culturally responsive practice within NETP provision.	Increasing visibility of mentors into NETP (and recognition of this as a PDRP action)
Align scholarships (HWNZ) to the forecasted workforce demands.	Dedicate and refocus scholarships	Identify appropriate decision making tool to support fair and balanced decisions for scholarship.	Appropriate Pacific representation to support scholarship decision making process.
Develop culturally safe working environments for Pacific staff	Connect with Nuanua Pasifika and health workers across the health sector to identify work environment, pastoral and professional needs Enhance opportunities to strengthen connections	Utilise the feedback to develop culturally supportive and safe working environments for health services employing Pacific staff Provide support for services to enhance their cultural environment for Pacific staff	Monitor the development of services to provide culturally safe working environments for Pacific staff
Health services facing greatest demand by Pacific users develop KPI's and targeted plans to increase employment of Pacific staff	Gather data to understand the service demand on health services by Pacific users Gather Pacific user and staff feedback Training of health service Managers with greatest demand to understand the benefits of employing trained Pacific staff	Identify service needs and establish learning frameworks and support for managers to develop service recruitment action plans. KPI's established	Provide ongoing support and monitoring of actions against KPI's

Build the capability and capacity of our Pacific workforce	**Action 1**	**Action 2**	**Action 3**
Talent mapping and career planning for all Pacific Staff. (Guidelines for managers to lead process) Establish Pacific career pathways	Develop a self-evaluation tool to support mapping and career planning Establish Pacific professional development opportunities for Pacific staff Develop mentoring support for Pacific learners and staff	Managers to Identify in partnership actions required to support career planning within appraisal processes.	
Obtain guidance and advice from professional bodies to support career and leadership development guidelines.	Representation on national bodies to incorporate capability and capacity at national level.	Identify best practice models supporting improved capability i.e. Nursing Māori workforce/Turuki	
Cascade Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Monitor and evaluation of Pacific work satisfaction within work environment.	Tool to measure KPIs in retention and sustainability.	

4. Increase the number of Pacific leaders in our workforce	**Action 1**	**Action 2**	**Action 3**
Establish Pacific leadership programme.	Develop and align Pacific scholarships to leadership development pathways. Pacific Leadership in health is tailored to the individual needs and aspirations Needs analysis re; content and delivery within programme that is supportive of Pacific leadership growth.	Create pilot group to measure and develop indicators in leadership development and progress. Establish pacific professional learning opportunities and days for aspiring Pacific health leaders	Promote and socialise leadership opportunities for Pacific within DHB's. Identify priority areas. Champion Pacific health leaders
Cascade Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Identification mapping established for Pacific leadership	Identify leadership pathway to support aspirations within career.	Promote and ensure Pacific leaders are employed.

Appendix 5 - 2016 Action Plan Updated

Intermediate School & secondary School Students				
	Community engagement campaign to be developed including targeting Māori through social media and community events (local and national) held in Hawke's Bay).		Some activities undertaken.	Incorporated
	KPI targets for Māori staff representation into hiring managers' performance plans.			Incorporated
	Promote new and innovative models of care that better meet community need /achieve equity E.g. EngAGE.		Activities undertaken to promote	Completed
	Campaign to promote HBDHB at Tertiary institutions Kanohi ki te Kanohi and on-line		Yet to be done	Incorporated
Recruitment Activities & Actions				
	Focus on nursing with initial focus on Nurse Entry to Practice (NEtP) nursing and valuing locally trained and Māori applicants by weighting of two.		Key KPI for CNMs & NDs Position profiles updated (key competencies and essential criteria) to include EEM.	Completed BAU
	Using assessment centres to assess candidates demonstrate relationship management, EEM skills.		Successfully used each twice a year for NEtP recruitment & selection	Completed BAU
	Broadened focus to Allied Health and other roles systematically reviewing recruitment processes to audit where Māori applicants aren't recruited.		Key KPI for AH Hiring Managers Refining reports from Taleo to provide accurate information on progress and success of Māori candidates in the recruitment process – see below	Completed – BAU In progress
	Job adverts include statements in Te Reo for some roles e.g. Community Health. Extend for all roles.		All adverts contain DHB Values in Te Reo and headlined with a Whakatauki	Ongoing - BAU
	Work with Kia Ora Hauora to identify Māori candidates who are keen to work in the Hawke's Bay and develop ongoing relationships through their course of study.		Kai Ora Hauora students captured in new Database developed and managed by MHS To build into a Talent pool	Ongoing - BAU
	Ensure all members of an interview panel have completed EEM and for this eventually to be a mandatory requirement before they can be involved in selection and assessment and complete Values and behaviours online training currently being developed.		Pilot completed with 10 Māori staff members Nov17 Next course in April 2018 To extend to all Hiring Managers and staff that may be on an Interview panel	Ongoing - BAU

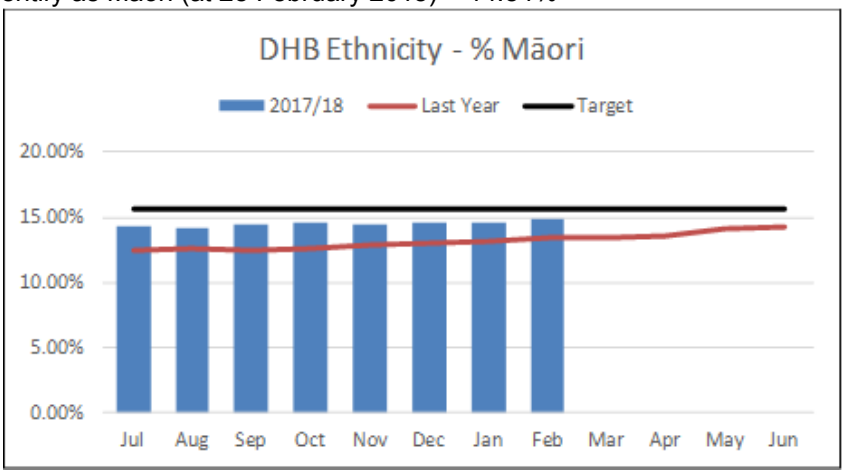
			To develop on-line course on Ko Awatea	
	Include a Māori consumer or Iwi representative on interview panel in the interim utilise Māori staff members. For targeted areas re-balance the membership of interview panels to include the hiring manager, professional lead, a Māori staff member/consumer AND a community representative.		Mandatory requirement that all panels must contain a Māori Staff member or Pacific Managers requested to identify panel member in the Request to Recruit / Requisition in Taleo List of Māori staff available for Interview Panels managed by Dianne Wepa/Donna Foxall - MHS Additional panel members identified and will be trained in April	In place for Māori staff - BAU
	Develop "Day in the Life" video of current Māori staff.		First video developed, more to come	Budget to be confirmed
	Briefing of CNMs, nurse leaders, allied health leaders, other hiring managers and Union bipartite forum to confirm focus on recruiting Māori staff.		All briefings Held	Completed
	Understand what MHS are doing well to attract Māori staff to work for their teams, "bottle" it" and extend to other DHB hiring managers and teams. Then work with these teams to develop initiatives to improve Māori staff representation in their areas.		Working with MHS to add to the Interview Techniques course, in particular tools to ensure Cultural Competency in an interview and manage Unconscious Bias	In progress
	Provide monthly reports to hiring managers (in addition to the Māori staff representation and advise KPI performance to date) In addition - Total no. of Māori applicants / total applicants - Total no. of Māori shortlisted / total shortlisted - Total no. of Māori appointed / total shortlisted EMT to receive monthly report.		Reports on Māori and Pacific Recruitment & retention performance provided to all Managers on a Monthly basis Requires system development to improve accuracy - almost complete to allow for distribution	BAU In Progress
	Include question in proposal to appoint to ask "Have you appointed a Māori applicant and if not why not."		Implemented in Taleo – part of Offer grid and Approval process	BAU
	Identify unsuccessful Māori applicants and refer to other hiring managers and MHS for other potential opportunities.		Requires system development	To progress

	Systematic debriefing of unsuccessful Māori candidates		Exit Surveys updated and Acceptance of resignation letter template now includes invitation for staff member to meet with EDPS or GM Māori Health	BAU
	Revise the Request to Recruit form to ask hiring managers to confirm that there is a Māori staff member or consumer on interview panels		Implemented in Taleo Managers request appropriate staff member from within their Service of ask for panel member from list MHS now hold	BAU
	Develop a recruitment campaign to attract Māori staff to the Hawke's Bay Health Sector. Focussed on: - Mapping the talent pool of Māori Health talent in New Zealand and Australia - Developing a talent and recruitment strategy to attract Māori Health talent to work in Hawke's Bay. - DHB recruitment team to provide proactive support for NEtP candidates		One campaign completed using Facebook To develop additional campaigns to meet needs of organisation as and when required Talent pool to be developed in conjunction with Database managed by MHS Recruitment Seminar run twice a year for each NEtP in-take focusing on CV writing and Interview Techniques – very well received to-date	Incorporated BAU
	Improve EIT support for training and for application for nursing roles (tie into contract).		As above Regular meetings DHB (Nurse Educator) and EIT	BAU
	Use assessment centres for other roles other than NEtP.		Not used to-date – but Recruitment advise Hiring Managers it is an option, in particular for Bulk Recruitment (not often done other than NEtP	To be considered
	Recruitment on Marae?		To be discussed and progressed with assistance of MHS	Incorporated
	Values based Recruitment		Recruitment process and in particular interview and selection to be reviewed and ideas and tools from Big Listen to be incorporated into the process	Incorporated
	Investigate Māori Champions in area where an increase in Māori staff is a high priority e.g.; Surgical Nursing District Nursing Orderly Security		To discuss with Service Directorates	Incorporated
	Orientation/On-Boarding check-ins with new staff to be conducted, after start date; 3 months, 6 months and 12 months		Develop process to complete these follow-ups with new staff, and capture of information and actions to be taken.	Incorporated
	Identify new Māori staff for MHS to enable follow-up after Sector Orientation		To develop Taleo report that will provide names for MHS	Incorporated

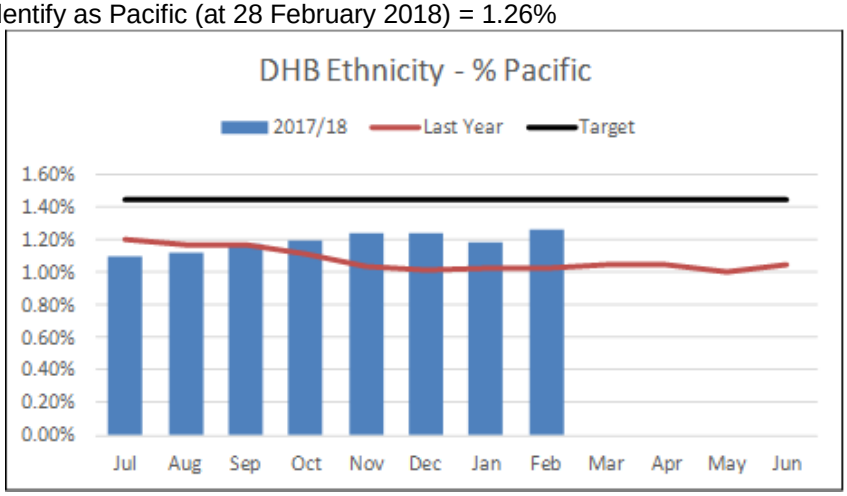
Appendix 6 Current Reporting frameworks Māori and Pacific

Currently the DHB reports against a number of KPIs. The most recent data is shown below.

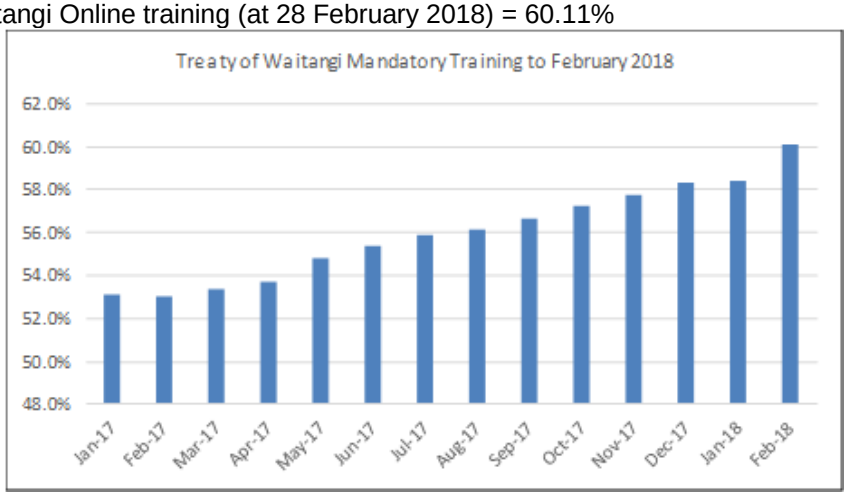
% staff who identify as Māori (at 28 February 2018) = 14.84%



% staff who identify as Pacific (at 28 February 2018) = 1.26%

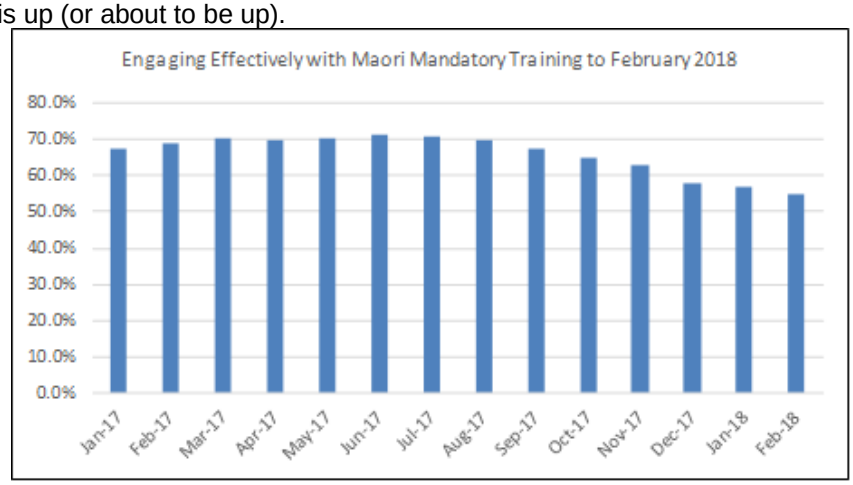


Treaty of Waitangi Online training (at 28 February 2018) = 60.11%



Engaging Effectively with Māori (at 28 February 2018) = 55.04% note that this is a 3 yearly requirement and we are now seeing a drop off in training numbers as some employees did their

training more than 3 years ago. We are working on setting up automated reminders to staff when their 3 years is up (or about to be up).



As already identified at present there is a challenge with understanding the workforce dynamics within Primary Care and a key deliverable will be the development and gathering of information around ethnicity of the workforce across both primary and community care setting and the subsequent roll out of this action plan across the wider cross sector.

A quarterly report will be shared with relevant governance groups through the HR KPIs in regards to the Diversity KPIs and a six monthly progress report will also be provided on the actions detailed in Appendix 1.

Appendix 7 - Current Baseline Data - Key Performance Indicators Table and Forecast

KPI	Indicator definition	Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
Māori representation	% of workforce who identify as Māori	472 = 14.84% (gap = 27)	15.68% Population 26.20%	16.33% based on 10% increase on 14.84% (gap = 47) Population 26.45%	17.96% based on 10% increase on 16.33% (gap = 99) Population 26.71%	19.76% based on 10% increase on 17.96% (gap = 156) Population 26.96%	21.73% based on 10% increase on 19.76% (gap = 219) Population 27.27%
Pacific Representation	% of workforce who identify as Pacific	40 = 1.26% (gap = 6)	1.44% Population 3.88%	1.85% (gap = 19) Population 3.91%	2.30% (gap = 33) Population 4.00%	2.85% (gap = 51) Population 4.06%	3.50% based (gap = 71) Population 4.13%
Engaging Effectively with Māori	80% of all staff have completed training (3 yearly requirement) 80% of all professional groups have completed training (3 yearly requirement)	55.00% Med 27.85% Nur 58.94% All 62.17% Sup 35.86% M&A 59.59%	80.00%	85.00%	90.00%	90.00%	90.00%
Engaging effectively with Pacific	80% of all staff have completed training 80% of all professional groups have completed training						

KPI	Indicator definition	Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
Māori & Pacific in leadership position	Number of Māori/Pacific holding permanent leadership positions	17 (11.72%) of permanent managers identify as Māori Nursing 4 Allied Health 2 M&A 11 2 (1.38%) of permanent managers identify a Pacific. Nursing 1 Allied Health 1	15.68% representation target above 1.44% as above	16.33% representation target above 1.85% as above	17.96% representation target above 2.30% as above	19.76% representation target above 2.85% as above	21.73% representation target above 3.50% as above
Improving capability of Māori & Pacific workforce	Number of career planning conversations undertaken with agreed development plans	To be collected					
Voluntary turnover rates of Māori/Pacific	% of staff members (identifying as Māori or Pacific) voluntarily leaving the DHB against overall voluntary turnover.	12 months end Feb'18 Māori = 39 (13.04%) Pacific = 3 (11.54%) DHB = 216 (9.4%)	10.00%	10.00%	10.00%	10.00%	10.00%
Number of applications from Māori/Pacific candidates	Number of applications received from Māori or Pacific Candidates/total number of applicants (%)	YTD to Feb '18 Māori = 10.61% Pacific = 1.78%	TBD				
Conversion rate of applications to being shortlisted	Number of shortlisted candidate (Māori or Pacific)/total number of candidate's shortlisted (%)	YTD to Feb '18 Māori = 14.83% Pacific = 1.95%	TBD				
Conversion rate of shortlisted candidates to appointments	Number of appointed candidate (Māori or Pacific)/total number of candidates appointed (%)	YTD to Feb '18 Māori = 14.14% Pacific = 2.22%	TBD				

KPI	Indicator definition	Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
Māori progress through recruitment process.	Applicants to Interview stage to Hired	YTD to Feb '18 465 Applied 129 Interviewed (27.74%) 70 Hired (54.26%)	TBD				
Pacific progress through recruitment process.	Applicants to Interview stage to Hired	YTD to Feb '18 78 Applied 17 Interviewed (21.79%) 11 Hired (64.71%)	TBD				
Utilisation rates of Consumers across services	% of Māori, Pacific, Asian and NZ European utilising services	To be provided	TBD				

Appendix 8: Risks and Opportunities implementation Māori and Pacific Workforce Action Plan

With any plan there will be a number of challenges, risks and opportunities: The following relate to areas identified within the Māori and Pacific Workforce Action Plan.

Challenges	Risks	Opportunities
Will require commitment of Board & EMT	Cross sector challenges - communication and collective delivery	Input of consumers and users of services to shape training packages
Will require an understanding of equity and understanding of the value of the Māori and Pacific workforce development in improving health outcomes.	May not be seen as a priority due to long term gains and other needs within DHB.	Integrating quality by incorporating Māori and Pacific training sessions into existing work, training and time commitments of services and staff
Managers seeing this as a must do to improve health outcomes and just not meeting a target	Limited resources within Māori workforce development – recruitment – leadership.	Collaborative opportunities to train with other services and community based services to enhance Māori and Pacific models of Care.
Available resources to implement initiatives and programmes		No specific role specifically for Pacific Workforce development
Developing clear KPI's and realistic timeframes to achieve them		Developing further data and models to analyse and evaluate performance.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora / Culturally Competent Workforce** 44
	For the attention of: **HBDHB Board (April) & Pasifika Health Leadership Group (May)**
Document Owner:	Kate Coley, Executive Director of People & Quality
Document Author(s):	Kate Coley, Executive Director of People & Quality; Patrick Le Geyt, Acting GM Māori Health; Ngaira Harker, Director of Nursing, Māori Health; Paul Davies, Recruitment Team Leader; Donna Foxall, Māori Clinical Workforce Coordinator
Reviewed by:	Executive Management Team. Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Month:	April 2018
Consideration:	For Information

RECOMMENDATION:

That the HBDHB Board (April) and the Pasifika Health Leadership Group (May):

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

OVERVIEW

The national General Managers Māori (Tumu Whakarae) raised concerns about the slow pace of progress on some of the Māori health indicators. In September 2013, the executive management team (EMT) considered a paper from Tumu Whakarae about an approach to accelerating Māori health plan indicator performance. As a result, individual EMT members agreed to provide a championship role for the Māori Health Plan across areas of key concern.

THIS REPORT COVERS

Priority	Indicator	Reporting Period
Culturally Competent Workforce	▪ Increase % of HBDHB staff who are Māori ▪ 100% of HBDHB staff have completed Treaty on line training ▪ 100% of HBDHB staff have completed "Effective Engagement with Māori" (EEWM) training ▪ 100% of HBDHB staff have KPI's to accelerate the improvement of Māori health	July 2017 – February 2018

HBDHB value and acknowledge the ethnic diversity of our community and the ethnic diversity of our workforce. We aim to ensure our staff and organization reflect the community which we serve, in particular the growing Māori and Pacific populations. Over the past few years a significant number of actions have been undertaken in regards to increasing the supply of individuals being interested in a health career, and increasing the representation of Māori in our workforce, with the DHB exceeding the target in the last financial year. It should also be noted that nationally the work that

has been undertaken by the DHB is being recognised as an exemplar and many DHB's are wishing to discuss our approach.

Having reached the target for Māori representation in July 2017 it was agreed that this was an opportune time to review the work that had been completed in the previous few years, and identify those strategies and actions which had a positive impact translate that into business as usual and consider how we continue to evolve an action plan.

Work has continued during the period and we have continued to see positive growth in Maori representation in the workforce. At the same time a number of workshops with stakeholders across the sector, and numerous discussions with a small diverse working group have developed both the proposed objectives, actions and performance indicators. The intention of the plan is to sustain the work previously implemented and develop actions to ensure that we continue to grow the diversity of our workforce.

The aim of this action plan (Appendix 1) is to create "a vibrant, collaborative and culturally competent workforce that reflects and supports the health needs of our community" who demonstrate the values of the sector.

Objectives:

- Increase both the Māori and Pacific representation in our workforce
- Increase the number of Māori and Pacific leaders in our workforce
- Build the Capability and capacity of our Māori & Pacific workforce
- Improve the cultural capability of existing workforce

Appendix 2: provides further detail on the activities that will be undertaken under each of the objectives.

MĀORI HEALTH PLAN INDICATOR: Culturally Competent Workforce

% staff who identify as Māori (at 28 February 2018) = 14.84%

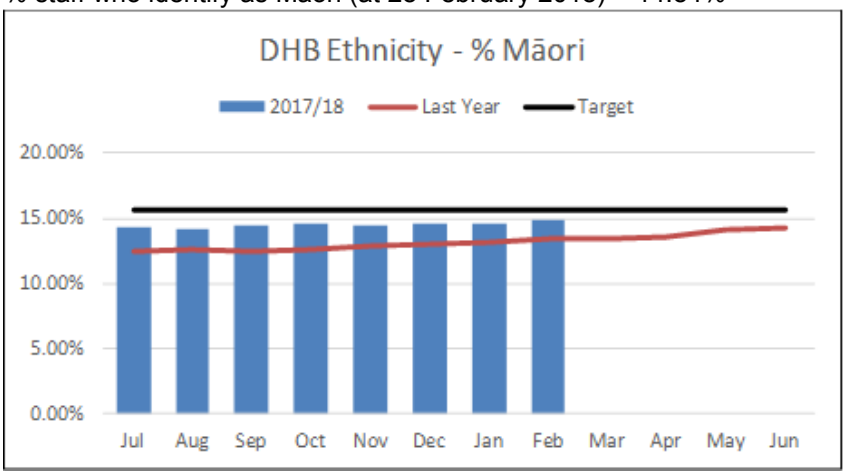


Table A

Report as at February-2018															
	Feb-2018					Feb-2017					Feb-2016				
	Staff	Target 15.68%	Actual	Actual %	Gap	Staff	Target 13.75%	Actual	Actual %	Gap	Staff	Target 14.30%	Actual	Actual %	Gap
Medical - SMO	153	24	4	2.6%	20	142	20	4	2.8%	16	140	20	2	1.4%	18
Medical - RMO	163	26	11	6.7%	15	153	21	10	6.5%	11	138	20	7	5.1%	13
Nursing	1,596	250	216	13.5%	34	1,522	209	177	11.6%	32	1,500	215	157	10.5%	58
Allied Health	580	91	86	14.8%	5	564	78	76	13.5%	2	544	78	67	12.3%	11
Support	202	32	72	35.6%	-40	190	26	55	28.9%	-29	189	27	56	29.6%	-29
Management & Admin	486	76	83	17.1%	-7	468	64	85	18.2%	-21	444	63	73	16.4%	-10
Total	**3,180**	**499**	**472**	**14.8%**	**27**	**3,039**	**418**	**407**	**13.4%**	**11**	**2,955**	**423**	**362**	**12.3%**	**61**

	Feb-2015					Feb-2014				
Medical - SMO	Staff	Target 12.97%	Actual	Actual %	Gap	Staff	Target 11.78%	Actual	Actual %	Gap
Medical - RMO	137	18	3	2.2%	15	131	15	2	1.5%	13
Nursing	130	17	5	3.8%	12	127	15	3	2.4%	12
Allied Health	1,419	184	144	10.1%	40	1,457	172	130	8.9%	42
Support	531	69	64	12.1%	5	531	63	55	10.4%	8
Management & Admin	176	23	47	26.7%	-24	174	20	48	27.6%	-28
Total	434	56	71	16.4%	-15	429	51	64	14.9%	-13
	2,827	**367**	**334**	**11.8%**	**33**	**2,849**	**336**	**302**	**10.6%**	**34**

Table B – at 28 February 2018

Gap by Service	Nursing	Allied Health
Medical Directorate	13	11
Surgical Directorate	21	3
Older Persons & Mental Health	(8)	0
Operations Directorate	1	14
Community Women & Children	9	(8)
Subtotal Health Services	**36**	**20**

Proposed Targets as detailed in Maori & Pacfic Workforce Action Plan

A 10% increase for each year would see gaps for each year through to 2021 also set out in Table C.

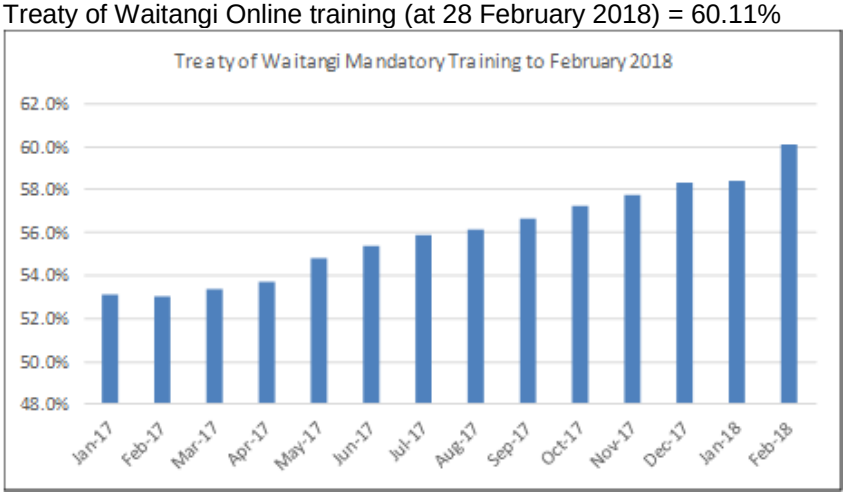
Table C

Current Performance/Baseline	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target	2021/22 Target
472 = 14.84% (gap = 27)	15.68% Population 26.20%	16.33% based on 10% increase on 14.84% (gap = 47) Population 26.45%	17.96% based on 10% increase on 16.33% (gap = 99) Population 26.71%	19.76% based on 10% increase on 17.96% (gap = 156) Population 26.96%	21.73% based on 10% increase on 19.76% (gap = 219) Population 27.27%

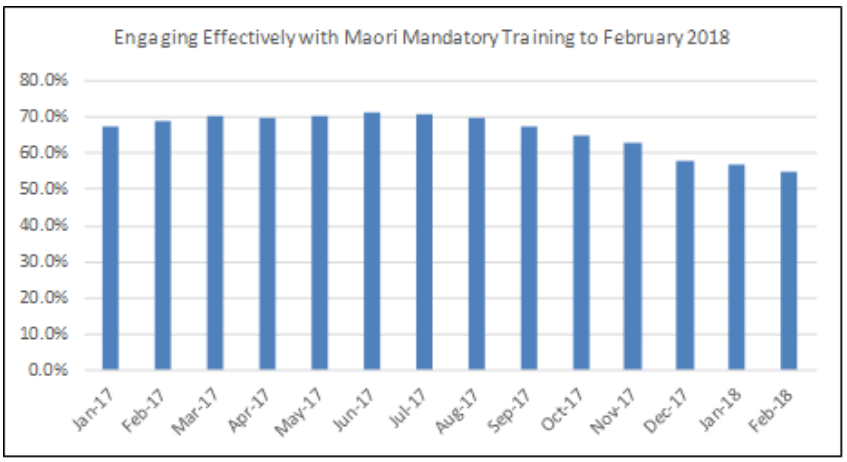
100% of HBDHB staff has completed Treaty on line training & 100% of HBDHB staff has completed the "Engaging Effectively with Māori" (EEWM) training.

Current Performance

Treaty of Waitangi Online training (at 28 February 2018) = 60.11%

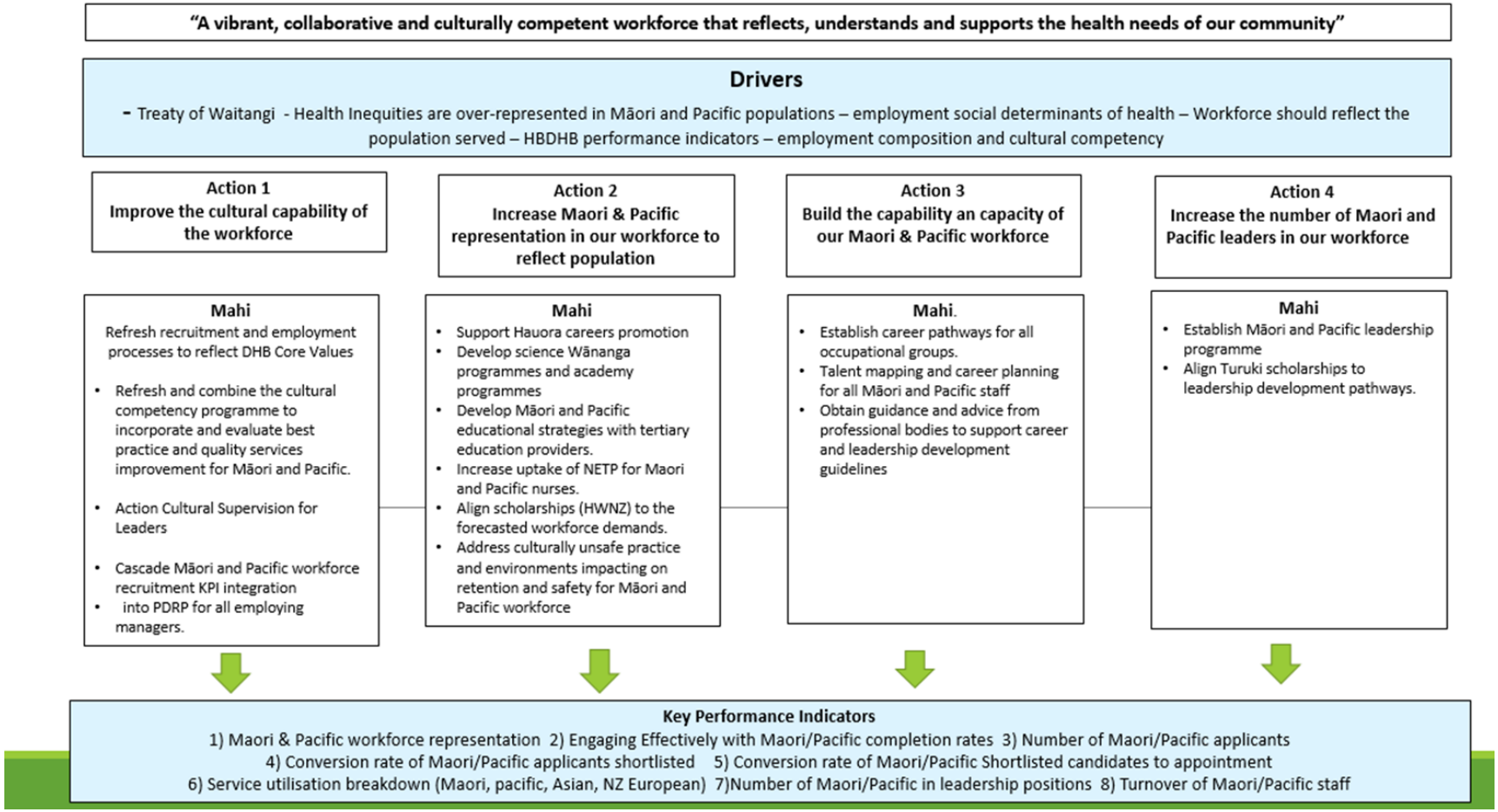


Engaging Effectively with Māori (at 28 February 2018) = 55.04% note that this is a 3 yearly requirement and we are now seeing a drop off in training numbers as some employees did their training more than 3 years ago. We are working on setting up automated reminders to staff when their 3 years is up (or about to be up).



	Total Employees	Engaging Effectively with Maori	Treaty of Waitangi	Engaging Effectively with Maori %	Treaty of Waitangi %
Frequency					
Medical - SMO	152	65	20	42.8%	13.2%
Medical – RMO	164	23	46	14.0%	28.0%
Nursing	1,566	923	1,005	58.9%	64.2%
Allied Health	571	355	371	62.2%	65.0%
Support	198	71	103	35.9%	52.0%
Management & Admin	485	289	340	59.6%	70.1%
Total – February 2018	**3,136**	**1,726**	**1,885**	**55.0%**	**60.1%**

Appendix 1 – Overview of Action Plan



Appendix 2 - Detail on the activities that will be undertaken under each of the objectives.

1. Improve the cultural capability of the workforce	Action 1	Action 2	Action 3
Refresh the recruitment and employment processes to reflect DHB core values e.g. cultural competency training, cultural bias, and equity Interview process / Māori and Pacific reps on panels, orientation,	Develop HR processes within appropriate Māori model of engagement (? Meihana) (note evaluation included)	Apply an equity lens to enhance recruitment pathway: • Job specifications • Job Advertising-target to Maori and Pacific communities • Interviewing: Panellists are Pacific and Maori • Interview: Record and review interview for best practice. All areas and those in demand	Implement and monitor refreshed and improved employment processes.
Refresh and combine the cultural competency programme (CCP) to incorporate and evaluate best practice and quality service improvement for Māori and Pacific.	Coordinate a team to: • Review evaluations, moderate current cultural responsiveness • Refresh and establish a curriculum package for Engaging with Maori and Pacific • Identify risks	Work with services to: • Establish a 2 year timeframe and commitment to receive and implement learnings from training packages Develop robust evaluation tools to measure application of cultural responsiveness	Monitor and measure short, medium and long term outcomes/benefits
Action Cultural Supervision for Leaders.	Identify appropriate training to support leaders in applying and facilitating culturally responsive approaches.	Provide forums for leaders to grow and develop ongoing application.	Evaluation of cultural supervision to support quality and improvement.
Māori and Pacific workforce recruitment KPI's are integrated into PDRP for all employing managers.	Recruitment data Employment data reflects Māori and Pacific employment increase.	Equity processes are embedded in recruitment and are a management focus.	

2. Increase Māori and pacific representation in our workforce to reflect population	Action 1	Action 2	Action 3
Develop science Wānanga programmes & academy programmes.	Evaluation and review current academy provision	Stakeholder consultation and needs analysis to support delivery.	Identify and implement science Wānanga and academy programmes that are successful in achieving science and employment pathway within health
Support Hauora careers promotion e.g. incubator and Kia Hauora.	Evaluation and review current success of incubator and Kia Ora Hauora. Stakeholder consultation and needs analysis	Stakeholder consultation and needs analysis Refresh of Programmes and dashboards Refresh the current Maori recruitment plan to include Pacific perspectives and stakeholders input Refresh recruitment promotion plan for community stakeholders, Primary and Secondary Schools and tertiary providers.	Promotion is inclusive of community stakeholders, schools and tertiary providers Improve data in supporting appropriate tracking indicators for career pathways
Develop Māori and Pacific educational strategies with tertiary education providers.	Ensure representation Māori and Pacific at advisory and governance level to effect educational focus within tertiary education providers.	Develop an MOU to support the partnership in Māori and Pacific workforce growth in-line with DHB	Primary, Secondary and tertiary providers monitor and track Maori and Pacific achievement in targeted curriculum areas science, maths , English
Increase uptake on NETP for Māori and Pacific	80% employment all NETP applications Māori and Pacific	Evaluation of culturally responsive practice within NETP provision.	Increasing visibility of Tuakana /Teina into NETP (and recognition of this as a PDRP action)
Align scholarships (HWNZ) to the forecasted workforce demands.	Dedicate and refocus scholarships into leadership development.	Identify appropriate decision making tool to support fair and balanced decisions for scholarship.	Appropriate roopu to support scholarship decision making process.
Address culturally unsafe practice and environments impacting on retention and safety for Māori and Pacific workforce	Identify culturally safe working environments and champion and promote.	Provide monthly updates on KPI to support cultural safe responsiveness. Share findings and open up to other services	Develop a cultural environment assessment tool
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Database to measure and reflect increasing Māori and Pacifica workforce	KPI to measure culturally responsive working environments for Māori and Pacifica	

3. Build the capability an capacity of our Māori and Pacific workforces	Action 1	Action 2	Action 3
Talent mapping and career planning for all Māori and Pacific Staff. (Guidelines for managers to lead process)	Develop a self-evaluation tool to support mapping and career planning	Managers to Identify in partnership actions required to support career planning within appraisal processes.	
Establish career pathways for all occupational groups.			
Obtain guidance and advice from professional bodies to support career and leadership development guidelines.	Representation on national bodies to incorporate capability and capacity at national level.	Identify best practice models supporting improved capability i.e. Nursing Maori workforce/Turuki	
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Monitor and evaluation of Māori and Pacific work satisfaction within work environment.	Tool to measure KPIs in retention and sustainability.	

4. Increase the number of Māori and Pacific leaders in our workforce	Action 1	Action 2	Action 3
Align Turuki scholarships to leadership development pathways.	Create pathways from teina to tuakana in creating leadership and sustainability.	Create pilot group to measure and develop indicators in leadership development and progress.	Stakeholder engagement to identify profile of leadership styles and models
Establish Māori and Pacific leadership programme. (Tuakana / teina and other indigenous models).	Needs analysis re; content and delivery within programme that is supportive of Māori and Pacific leadership growth.	Promote leadership opportunities for Māori and Pacific within DHB's. Identify priority areas.	
Cascade Māori and Pacific workforce recruitment KPI are integrated into PDRP for all employing managers.	Managers to identify Māori and Pacific leadership potential within their sector.	Identify leadership pathway to support aspirations within career.	Promote and ensure Māori and Pacific leaders are employed.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Breastfeeding (national indicator)** 45 For the attention of: **HBDHB Board (April) & Pasifika Health Leadership Group (May)**
Document Owner	Chris McKenna, Nursing and Midwifery Director
Document Author(s)	Jules Arthur, Director of Midwifery and Shari Tidswell, Intersector Relationship Manager
Reviewed by	Executive Management Team. Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Month/Year	March 2018
Purpose	Provide an update on the Te Ara Whakawaiora priority areas relating to Breastfeeding Rate (national indicator)
Previous Consideration Discussions	Reported annually
Summary	Breastfeeding (Not meeting target) • Breastfeeding rates in Hawke's Bay at 6 weeks and 3 months are persistently below the national average rate and show inequity for Māori. Despite the efforts of a range of providers we have not been able to shift the persistently low rate for Māori • To respond to the inequity DHB staff have been reviewing services over the last 12 months. Identifying a new focus for investment in services from 6 weeks and a service re-design to support breastfeeding from birth to 6 weeks. To be rolled out over the next 12 months.
Contribution to Goals and Strategy	Focus is on Improving Health and Equity for Māori
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity between Māori and Other
Consumer Engagement	Delivered via various work streams
Other Consultation /Involvement	Not applicable for this report
Financial/Budget Impact	Not applicable for this report
Timing Issues	Not applicable
Announcements/ Communications	None
RECOMMENDATION: **That the HBDHB Board (April) and the Pasifika Health Leadership Group (May):** 1. **Note** the content of the report. 2. **Endorse** the key recommendations.	

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HAWKE'S BAY
District Health Board
Whakawāteatia

Te Ara Whakawaiora: Breastfeeding (national indicator)

Author(s):	Jules Arthur and Shari Tidswell
Designations:	As above
Date:	**March, 2018**

OVERVIEW

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

UPCOMING REPORTS

The following is the indicator of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Obesity *National Target*	Improve breastfeeding rates for children at 6 weeks, 3 months and 6 months: 1. % of infants that are exclusively or fully breastfed at 6 weeks of age; 2. % of infants that are exclusively or fully breastfed at 3 months of age; 3. % of infants that are receiving breast milk at 6 months of age (exclusively, fully or partially breastfed)	75% 60% 65%	Chris McKenna	Marie Beattie Patrick LeGeyt Jules Arthur	February 2018

MĀORI HEALTH PLAN INDICATOR

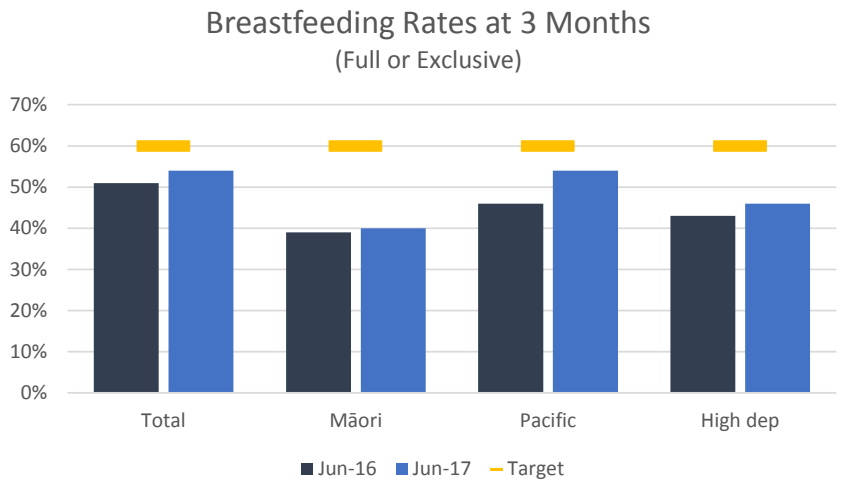
Please note that the statistics are taken from Well Child Tamariki Ora data reported to the Ministry of Health – this means that there is no data reported for 6-months and we only have time series data for breastfeeding at 3-months. This is due to issues accessing current data for breastfeeding, particularly when broken down by ethnicity.

Most recent breastfeeding data:

Breastfeeding rates from data collected by Well Child Tamariki Ora providers and reported to Ministry of Health quarterly. The table below is quarter one 2017/18.

	6 weeks	3 months	6 months
Hawkes's Bay	70%	54%	NA
National	73%	59%	NA

Breastfeeding by ethnicity and deprivation six month comparison:



We are seeing improvements across the board for breastfeeding, however Māori remain the lowest rate and has the greatest disparity with the total rate. No group is meeting the national target of 60% for tamariki at 3 months. In the latest data for all children is closer to the national target but still 10% under for 6 weeks and 6% under for 3 months.

WHY IS THIS INDICATOR IMPORTANT?

Breastfeeding as a key priority for improved infant and maternal health outcomes. Breastfeeding provides the optimum nutrition from birth, and is a foundation for later health and well-being. Breastfeeding has a range of advantages for both mother/māmā and pēpi/baby. These benefits include; mental health, nutrition, immunological, development, psychological, social and economic. Research shows that children who are exclusively breastfed for around six months are less likely to suffer from childhood illnesses such as respiratory tract infections, gastroenteritis and otitis media as well as reducing the risk of SUDI and asthma. Breastfeeding is also linked to children maintaining healthy weight across their lifetime and reduced risk of obesity. There is direct benefit for mothers in reducing breast cancer risk, improving cardiac health and maintaining healthy weight. For the child they are more likely to maintain healthy weight, have reduce risk for ASH conditions and SUDI.

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

Delivered activity to support breastfeeding in Hawke's Bay

Activity	Outcomes
Māmā Aroha training and resource provided to key community workers to support and all wāhine delivering pēpe.	Mama Aroha programme delivered and resources are being utilised by providers and wāhine. This aligns messages for whānau re healthy pregnancy.
Breastfeeding – review of current services and the development of a new approach for 0-6 weeks and 6 weeks to 6 months	Services tendered (6wks to 6mnths) and business case presented to EMT (0 to 6wks).
"Healthy First Foods" programme delivered via Well child and Tamariki Ora providers.	Continues to be delivered – targeting Māori and Pasifika whānau. Promotes breastfeeding for first 6 months
Best Start Group – has been providing oversight for breastfeeding	There has been work started on an integrated approach for maternity support/education and the first 1,000 days. Funding has been identified in the next financial year to support an in-home programme pilot and evaluation for breastfeeding support.
Evaluation report for Maternal Nutrition Programme and recommended action to be presented to the Best Start Advisory Group	Report and recommendations are completed and will be presented at the next Best Start Advisory Group meeting in April.
Well Child promotions for World Breastfeeding week	Promotional activities delivered including Facebook campaign, breastfeeding stories and extending breastfeeding friendly cafes.

The above programmes have been either newly developed or have been further developed over the last 12 months. As part of their design, Māori consumers have been involved in this process and there are clear targets for engaging Māori consumers and these are monitored. Maternity Services have an ongoing consumer survey process which provides input into quality improvement for the Service and design of new activities. As part of the service and contract reviews in the last 12 months Māori consumers were targeted to provide input.

Significant work has been undertaken in the past 12 months to identify effective approaches to increase breastfeeding rates in Hawke's Bay and then applying this information to a redesign of services from 0 to 6 months. The Women Child and Youth Portfolio Manager completed a report on breastfeeding which included looking at national programmes and international evidence. To action these findings Māori Health review contracts providing breastfeeding support from 6 weeks to 6 months and have invested in a programme with Well Child providers. Maternity Services have completed a breastfeeding service review and written a service redesign proposal and business case.

These changes will provide opportunities to increase breastfeeding rates and are specifically designed for Māori whānau through their design, choice of provider and targeted approach.

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

It is important to understand that addressing this inequity and increasing breastfeeding rates overall is a cultural shift – where breastfeeding is supported at an individual, whānau and community level.

There is potential to leverage off nationally-led changes including increased paid parental leave and initiatives to reduce child poverty, including working with our intersector colleagues to better support a breastfeeding culture.

Next steps

- Find further opportunities to support breastfeeding messages via services with existing relationships with whānau, community support and social marketing
- Continue to monitor breastfeeding rates at birth, 6 weeks and 3 months. Discuss changing the target for this report to reflect the national target and data recorded by Well Child Tamariki Ora providers.
- Deliver the integrated programme via Well Child providers to support breastfeeding from 6 weeks.
- Establish a pilot for in-home breastfeeding support delivered via lead maternity caregivers. This is in response to whānau and clinician feedback requesting more in-home support to establish breastfeeding

RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
Implement and embed contract and service changes	Support the delivery of the new contracted service 6weeks to 6months. Deliver the business case as approved for the DHB breastfeeding service,	Charrissa Keenan and Jules Arthur	July 2019
Update the target to reflect the current national target	We have not been able to secure 6 month data for some time. Aligning with the national target will allow us to use WCTO data.	Patrick LeGeyt	May 2018
Integrated approached to healthy pregnancy and the first 1,000 days	Ensure that breastfeeding is integrated into any programme development for pregnancy and first 1,000 days.	Marie Beattie	July 2019

RECOMMENDATION:

That the HBDHB Board (April) and the Pasifika Health Leadership Group (May):

1. **Note** the contents of this report.
2. **Endorse** key recommendations.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora - Cardiovascular** 46
	For the attention of: **HBDHB Board (April) & Pasifika Health Leadership Group (May)**
Document Owner	John Gommans, Chief Medical Officer
Document Author(s)	Paula Jones, Service Director
Reviewed by	Executive Management Team. Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Month/Year	April 2018
Purpose	For Information
Previous Consideration Discussions	Regular reporting according to the TAW Schedule.
Summary	Update
Contribution to Goals and Strategic Implications	Improving Health and Equity for all populations.
Impact on Reducing Inequities/Disparities	Improving Health and Equity for all populations.
Consumer Engagement	Not applicable.
Other Consultation /Involvement	Not applicable.
Financial/Budget Impact	Within operational budget.
Timing Issues	Not applicable.
Announcements/ Communications	Not applicable

RECOMMENDATION:

That the HBDHB Board (April) and Pasifika Health Leadership Group (May)

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

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HAWKE'S BAY
District Health Board
Whakawāteatia

Te Ara Whakawaiora: Report from the Target Champion for Cardiovascular Disease

Author:	**Paula Jones**
Designation:	**Service Director**
Date:	**March 2018**

RECOMMENDATION:

That EMT, The MRB, Clinical and Consumer Councils:

Note the contents of this report

OVERVIEW

This report is from Dr John Gommans CMDO-Hospital and champion for the cardiovascular indicators. The report focuses on the two acute coronary syndrome (ACS) indicators, which were introduced as indicators of District Health Board (DHB) performance by the Ministry of Health in 2013/14 - high risk ACS patients accepted for angiogram within three days of admission and ACS patients who have completed data collection.

Priority	Indicator	Measure	Champion	Reporting Month
Cardiovascular	• Total number (%) of all ACS patients where door to cath time is between -2 to 3 days of admission. • Total number (%) with complete data on ACS forms	70% of high risk >95% of ACS patients	John Gommans	April 2016

There continues to be positive result with the HBDHB and all DHBs within the central region meeting these target indicators.

WHY IS THIS INDICATOR IMPORTANT?

To provide a national consistent reporting framework, all regions are required to report measures of ACS risk stratification and time to appropriate intervention using ANZACS-QI. HBDHB commenced using the ANZACS-QI system in September 2013. The DHBs actively monitor these two indicators of concern (figures 1 and 2). HBDHB actively monitors the ethnicity breakdown for these two indicators.

FIGURE 1

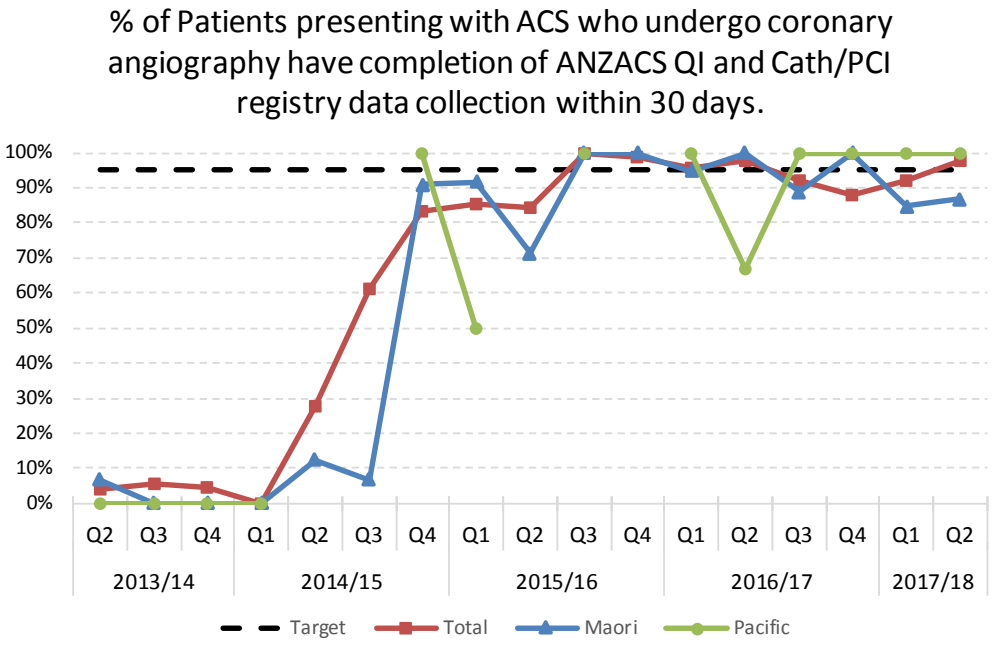
% of all patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI and Cath/PCI registry data collection within 30 days (data up to Quarter 2 2017/18).

Registry Completion Quarterly Report - Jan 2018

Central Region DHBs

Period *	Central Region DHB Performance							Regional Performance				National Performance
	CAPITAL AND COAST	HAWKES BAY	HUTT VALLEY	MID CENTRAL	NELSON MARLBOROUGH	WAIRARAPA	WHANGANUI	Northern	Midland	Central	Southern	
2016/2017 Q1 (Jun 2016 - Aug 2016)	82/82 (100.0%)	84/88 (95.5%)	52/53 (98.1%)	71/72 (98.6%)	60/66 (90.9%)	15/15 (100.0%)	32/33 (97.0%)	750/777 (96.5%)	480/492 (97.6%)	396/409 (96.8%)	480/485 (99.0%)	2106/2163 (97.4%)
2016/2017 Q2 (Sep 2016 - Nov 2016)	103/103 (100.0%)	86/88 (97.7%)	46/46 (100.0%)	78/78 (100.0%)	43/54 (79.6%)	22/22 (100.0%)	29/30 (96.7%)	671/721 (93.1%)	522/536 (97.4%)	407/421 (96.7%)	559/563 (99.3%)	2159/2241 (96.3%)
2016/2017 Q3 (Dec 2016 - Feb 2017)	110/111 (99.1%)	83/90 (92.2%)	52/52 (100.0%)	85/86 (98.8%)	51/61 (83.6%)	31/32 (96.9%)	28/28 (100.0%)	710/723 (98.2%)	459/480 (95.6%)	440/460 (95.7%)	472/474 (99.6%)	2081/2137 (97.4%)
2016/2017 Q4 (Mar 2017 - May 2017)	114/115 (99.1%)	73/83 (88.0%)	61/62 (98.4%)	81/81 (100.0%)	62/68 (91.2%)	21/21 (100.0%)	23/24 (95.8%)	742/752 (98.7%)	509/512 (99.4%)	435/454 (95.8%)	497/508 (97.8%)	2183/2226 (98.1%)
2017/2018 Q1 (Jun 2017 - Aug 2017)	98/99 (99.0%)	80/87 (92.0%)	62/62 (100.0%)	72/72 (100.0%)	52/55 (94.5%)	33/33 (100.0%)	31/31 (100.0%)	807/809 (99.8%)	487/506 (96.2%)	428/439 (97.5%)	485/492 (98.6%)	2207/2246 (98.3%)
2017/2018 Q2 (Sep 2017 - Nov 2017)	103/104 (99.0%)	79/81 (97.5%)	63/63 (100.0%)	89/89 (100.0%)	49/60 (81.7%)	28/28 (100.0%)	35/35 (100.0%)	755/814 (92.8%)	381/499 (76.4%)	446/460 (97.0%)	388/492 (78.9%)	1970/2265 (87.0%)

Quarter containing the date of admission signifying the start of each episode of care; Number (%) with both complete Cath Lab and ACS forms (Target is >95%); Denominator: Cath Lab patients with "STEMI<12h" or "other suspected/confirmed ACS" who have coronary angiogram.

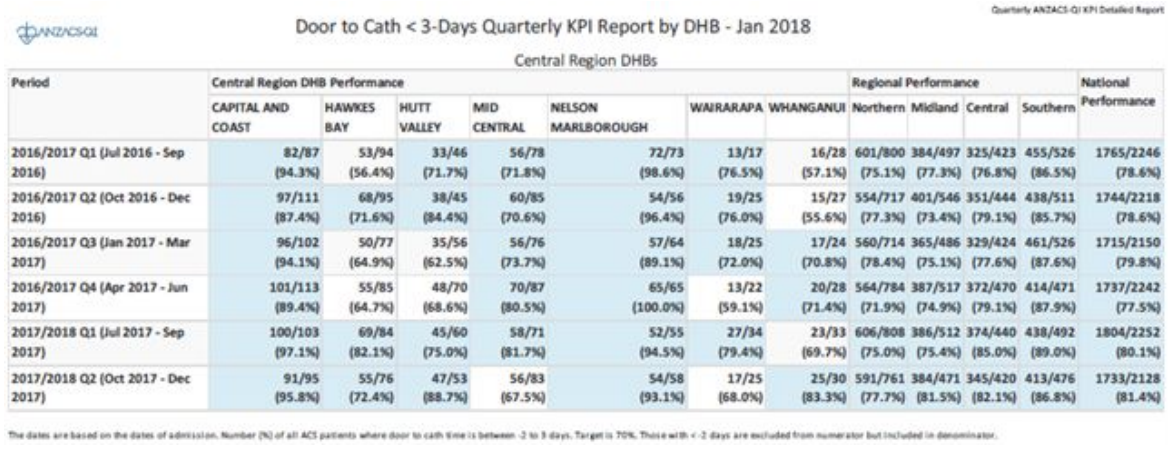


		Target	Total	Maori	Pacific	Other
2013/14	Q2	95%	4.1%	6.7%	0.0%	0.0%
	Q3	95%	5.4%	0.0%	0.0%	0.0%
	Q4	95%	4.8%	0.0%	0.0%	0.0%
2014/15	Q1	95%	0.0%	0.0%	0.0%	0.0%
	Q2	95%	27.8%	12.5%		0.0%
	Q3	95%	61.1%	6.7%		0.0%
	Q4	95%	83.1%	90.9%	100.0%	81.0%
2015/16	Q1	95%	85.1%	91.7%	50.0%	85.0%
	Q2	95%	84.1%	71.4%		88.5%
	Q3	95%	100.0%	100.0%	100.0%	100.0%
	Q4	95%	98.9%	100.0%		96.1%
2016/17	Q1	95%	95.5%	94.7%	100.0%	95.3%
	Q2	95%	97.7%	100.0%	66.7%	96.8%
	Q3	95%	92.2%	88.9%	100.0%	91.2%
	Q4	95%	88.0%	100.0%	100.0%	80.0%
2017/18	Q1	95%	92.0%	84.6%	100.0%	92.8%
	Q2	95%	97.5%	86.7%	100.0%	100.0%
	Q3	95%				
	Q4	95%				

We have met the 95% target for five out of the last eight quarters, including for Maori patients. The achievement of this indicator is based on local resource capacity and is not ethnicity related. There is larger variation in percentage rating for Maori patients and even more for Pacific patients, which is primarily due to statistical issues with lower volume of patients. The recommendations of the external review of HBDHB Cardiology services carried out in December 2017 will ensure resources for this important data capture for all patients are addressed in the medium to long term and will improve compliance to meet the 95% target.

FIGURE 2

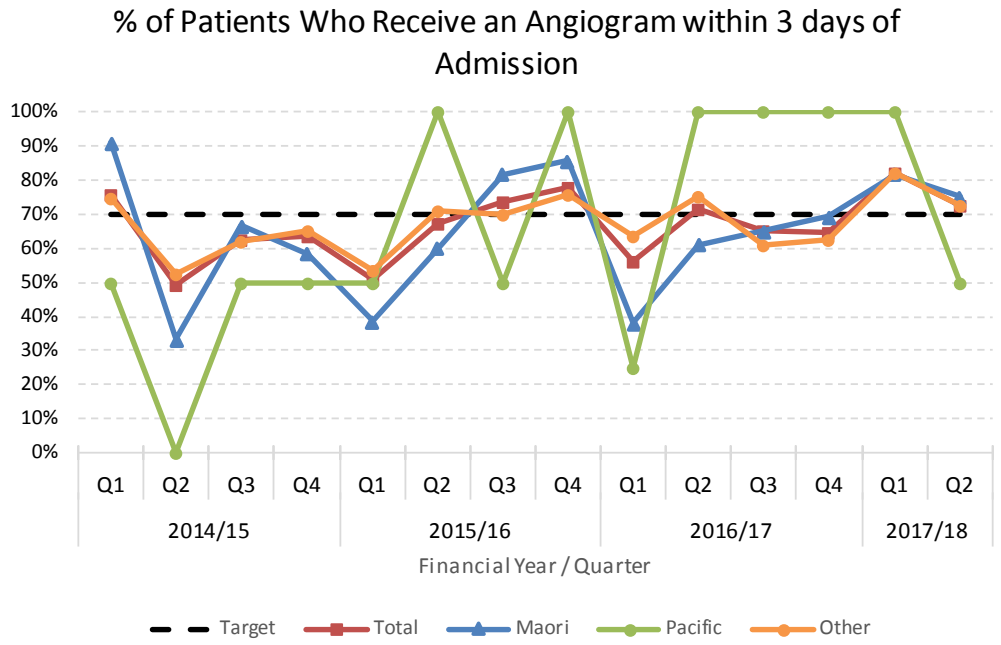
<u>% of all patients with high risk ACS Who Receive an Angiogram within 3 days of Admission (data up to Quarter 2 2017/18).</u>



Door to Cath < 3-Days Quarterly KPI Report by DHB - Jan 2018

Central Region DHBs

Period	Central Region DHB Performance							Regional Performance				National Performance
	CAPITAL AND COAST	HAWKES BAY	HUTT VALLEY	MID CENTRAL	NELSON MARLBOROUGH	WAIRARAPA	WHANGANUI	Northern	Midland	Central	Southern	
2016/2017 Q1 (Jul 2016 - Sep 2016)	82/87 (94.3%)	53/94 (56.4%)	33/46 (71.7%)	56/78 (71.8%)	72/73 (98.6%)	13/17 (76.5%)	16/28 (57.1%)	601/800 (75.1%)	384/497 (77.3%)	325/423 (76.8%)	455/526 (86.5%)	1765/2246 (78.6%)
2016/2017 Q2 (Oct 2016 - Dec 2016)	97/111 (87.4%)	68/95 (71.6%)	38/45 (84.4%)	60/85 (70.6%)	54/56 (96.4%)	19/25 (76.0%)	15/27 (55.6%)	554/717 (77.3%)	401/546 (73.4%)	351/444 (79.1%)	438/511 (85.7%)	1744/2218 (78.6%)
2016/2017 Q3 (Jan 2017 - Mar 2017)	96/102 (94.1%)	50/77 (64.9%)	35/56 (62.5%)	56/76 (73.7%)	57/64 (89.1%)	18/25 (72.0%)	17/24 (70.8%)	560/714 (78.4%)	365/486 (75.1%)	329/424 (77.6%)	461/526 (87.6%)	1715/2150 (79.8%)
2016/2017 Q4 (Apr 2017 - Jun 2017)	101/113 (89.4%)	55/85 (64.7%)	48/70 (68.6%)	70/87 (80.5%)	65/65 (100.0%)	13/22 (59.1%)	20/28 (71.4%)	564/784 (71.9%)	387/517 (74.9%)	372/470 (79.1%)	414/471 (87.9%)	1737/2242 (77.5%)
2017/2018 Q1 (Jul 2017 - Sep 2017)	100/103 (97.1%)	69/84 (82.1%)	45/60 (75.0%)	58/71 (81.7%)	52/55 (94.5%)	27/34 (79.4%)	23/33 (69.7%)	606/808 (75.0%)	386/512 (75.4%)	374/440 (85.0%)	438/492 (89.0%)	1804/2252 (80.1%)
2017/2018 Q2 (Oct 2017 - Dec 2017)	91/95 (95.8%)	55/76 (72.4%)	47/53 (88.7%)	56/83 (67.5%)	54/58 (93.1%)	17/25 (68.0%)	25/30 (83.3%)	591/761 (77.7%)	384/471 (81.5%)	345/420 (82.1%)	413/476 (86.8%)	1733/2128 (81.4%)



		Target	Total	Maori	Pacific	Other
2013/14	Q2	70.0%	68.9%	81.8%	100.0%	#DIV/0!
	Q3	70.0%	64.1%	45.5%	33.3%	70%
	Q4	70.0%	53.7%	72.7%	-	49%
2014/15	Q1	70.0%	75.7%	90.9%	50.0%	75%
	Q2	70.0%	49.3%	33.3%	-	52%
	Q3	70.0%	62.3%	66.7%	50.0%	62%
	Q4	70.0%	63.4%	58.3%	50.0%	65%
2015/16	Q1	70.0%	50.7%	38.5%	50.0%	53%
	Q2	70.0%	67.1%	60.0%	100.0%	71%
	Q3	70.0%	73.7%	81.8%	50.0%	70%
	Q4	70.0%	78.0%	85.7%	100.0%	76.0%
2016/17	Q1	70.0%	56.4%	38.1%	25.0%	63.8%
	Q2	70.0%	71.6%	61.1%	100.0%	75.3%
	Q3	70.0%	64.9%	65.0%	100.0%	60.8%
	Q4	70.0%	64.7%	69.2%	100.0%	62.5%
2017/18	Q1	70.0%	82.1%	81.8%	100.0%	81.9%
	Q2	70.0%	72.4%	75.0%	50.0%	72.4%
	Q3	70.0%				
	Q4	70.0%				

We have met the 70% target for five of the last eight quarters for the total population. Target for Maori patients has only been met for four of the last eight quarters but this includes the two most recent quarters. There is larger variation in percentage rating for Maori patients and even more for Pacific patients, which is primarily due to statistical issues with lower volume of patients. Ethnicity is not a barrier to access to angiography once the patient has presented to secondary care.

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

HBDHB met both indicators in quarter three of 2017/18. This was achieved by close monitoring by the directorate leadership team in conjunction with the cardiology service.

Strategies to improve compliance to the data registry indicator included:

- In late 2017 an External review of HBDHB cardiology services was undertaken. A subsequent strategy is being developed to implement the recommendations from this review.
- Nursing staff, checking all incomplete forms and finalising or updating as required.
- All multiple Episodes of Care (EoC) checked and corrections made as required.
- Retraining on database process for staff using the system.
- Month and quarter reports discussed with cardiology staff using database.
- Patients transferred out from HBDHB before ACS EoC completed are followed up for database completion by CCDHB.

Maintaining compliance with the door to catheter within three days indicator is challenging as many of these interventions are delivered in Wellington and there is limited access to local angiography. Strategies to improve compliance included:

- Increased access to angio suite confirmed each week (an additional list).
- Potential angio patients admitted on Thursday are made priority to be seen first.
- Communication between CCDHB and HBDHB to support timely transfers of patients improved.

Since 2016, HBDHB Service Director representation has occurred in partnership with Cardiology leadership team at TAS Cardiology Network meetings.

Strategies continue to ensure sustained compliance for these indicators:

- Progression with a comprehensive action plan and an initiation of formal project for the development of cardiology services in Hawke's Bay following the 2017 cardiology external review.
- Cardiologists rosters designed to ensure availability for increased angio access.
- Locum Cardiologists support is provided when required. Registered nurse oversees and monitors the database in conjunction with the cardiology CNM to ensure adherence to the indicators.

RECOMMENDATIONS FROM TARGET CHAMPION

The Medical Directorate leadership team in conjunction with the cardiology service will continue to monitor and review it's strategies to ensure sustained compliance with both cardiovascular indicators. The service will continue to participate in TAS cardiac network activities to align with regional and national strategies.

CONCLUSION

There has been a sustained improvement within the central region in meeting both indicators.

RECOMMENDATION:

That the HBDHB Board (April) and Pasifika Health Leadership Group (May):

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

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Healthy Weight (national indicator)** 47
	For the attention of: **HBDHB Board (April) & Pasifika Health Leadership Group (May)**
Document Owner	Sharon Mason, Executive Director Provider Services
Document Author(s)	Shari Tidswell, Intersector Development Manager
Reviewed by	Executive Management Team. Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Month/Year	April 2018
Purpose	Provide an update on the Te Ara Whakawaiora priority areas relating to Healthy Weight (national indicator)
Previous Consideration Discussions	This is reported annually
Summary	Healthy Weight national target Raising Healthy Kids has been achieved since September 2017 for all ethnic groups. *Work delivered as part of the Best Start Plan supports the achievement of this target and reduction of obesity at four years. There are two percentage points between Maori and 'other' and this child has been followed up.*
Contribution to Goals and Strategic Implications	Focus is on Improving Health and Equity for Māori
Impact on Reducing Inequities/Disparities	Directly aligned to addressing inequity between Māori and Other
Consumer Engagement	Delivered by the Best Start: healthy eating and activity Plan.
Other Consultation /Involvement	Not applicable for this report
Financial/Budget Impact	Not applicable for this report
Timing Issues	Not applicable
Announcements/ Communications	None

RECOMMENDATION:

That the HBDHB Board (April) and Pasifika Health Leadership Group (May)

1. **Note** the contents of this report.
2. **Endorse** the next step recommendations.

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HAWKE'S BAY
District Health Board
Whakawāteatia

Te Ara Whakawaiora: Healthy Weight (national indicator)

Author(s):	Shari Tidswell, Intersector Development Manager
Designations:	As above
Date:	**March, 2018**

OVERVIEW

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

UPCOMING REPORTS

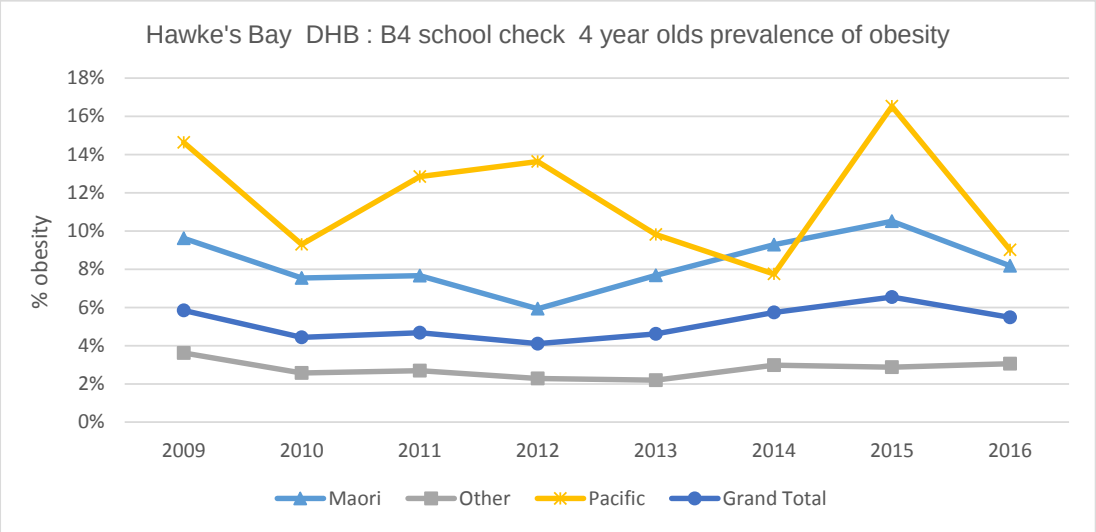
The following is the indicator of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Obesity *National Target*	B4SC 4 year olds identified as obese are referred for clinical support and provided with whānau lifestyle change support	95 %	Sharon Mason	Shari Tidswell	April 2018

MĀORI HEALTH PLAN INDICATOR

The tables detailed in this report illustrate tracking of obesity rates and the national target data. From 2014 to 2016, rates for Māori dropped from 9.3% to 8.2% in 2017 and 'other' have remained static around 3%. The gap is reducing slowly (Table 1).

Table 1



The national target "Raising Healthy Kids" - 95% of children attending a B4 School Check and identified as obese (BMI 98th percentile) are referred to a health professional and provided with whānau-based lifestyle support. Table 2 shows the tracking for this target (note the new target did not start until July 2016).

Table 2

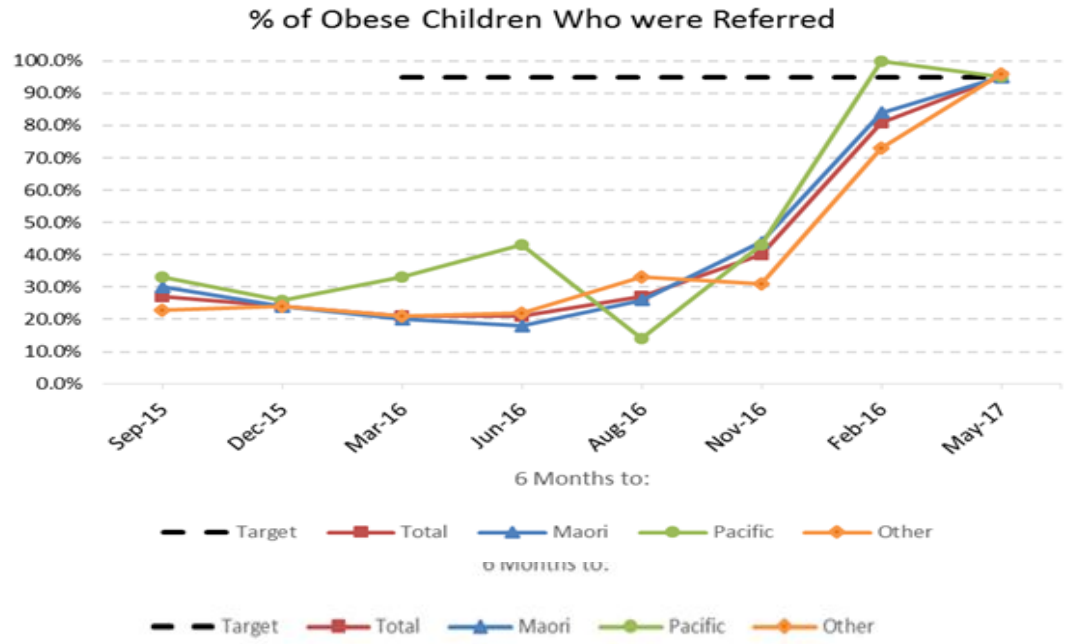


Table 3

Key Performance Measures	Baseline [1]	Previous result [2]	Actual to Date [3]	Target 15-16	Trend direction
Māori	30.0%	92% (U)	97% (F)	≥95%	▲
Other	23.0%	97% (F)	100% (F)	≥95%	▲
Total	27.0%	95% (F)	98% (F)	≥95%	▲

The Raising Healthy Kids target continues to be "achieved" for Hawke's Bay and is now at 98%, a 3% improvement[4]. This includes equitable referral rates for 'other' and Pasifika at 100%, Māori rate is 97% (this difference equates to one child) referral acknowledgement rate. All whānau were provided with a healthy weight plan. The child not referred has been followed up – this was a data timing issue with the referral not processed during this quarter.

WHY IS THIS INDICATOR IMPORTANT?

Obesity is the second leading risk to population health outcomes in Hawke's Bay. Medium and long-term costs of not addressing obesity are very high, as obesity leads to a range of diseases with high health sector costs. A third of our adult population are obese; 48% and 68% for Māori and Pacific adult populations respectively. Childhood weight is a significant influence for adult weight and changing behaviours to increase healthy weight are more effective during childhood years. Measuring BMI at 4-years should provide an indicator for future obesity and health outcomes.

We are seeing the start of a slow decrease in 4 year old obesity rates and the response for whānau of obese children is equitable with 97% of Māori whānau being referred to a general practitioner for clinical assessment and 100% developing a whānau healthy eating plan with their B4 School Check nurse.

Early intervention is critical to achieving heathy weight at 4-years and beyond, the lifespan approach delivered via the Hawke's Bay District Health Board's Health Weight Strategy and Best Start Plan, supports early intervention. Programmes start from pregnancy and continue with messaging, healthy weight environments and whānau support up to 5-years and beyond.

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

Delivered activity to support healthy weight under-fives

Activity	Outcomes
Mama Aroha training and resource provided to key community workers to support and all wāhine delivering pepe.	Mama Aroha programme delivered and resources are being utilised by providers and wāhine. This aligns messages for whānau re healthy pregnancy.
Maternal Green Prescription (GRx) delivered-target of 160 referrals with 50% of these being Māori or Pasifika.	Referrals met targets. Comprehensive programme established in Wairoa, with very positive feedback from hāpu mama.
Gestation Diabetes management- 100% of pregnant women with gestational diabetes are screened and 75% engaged with support.	Screening targets have been met and the support exceeded 94%.

1 6 months to September 2015

2 6 months to February 2017

3 6 months to May 2017

4 The table above is the reported data to the Ministry of Health for quarter 2, 2017

Activity	Outcomes
Breastfeeding – review of current services and the development of a new approach for 0-6 weeks and 6 weeks to 6 months	Services tendered (6wks to 6mnths) and business case presented to EMT (0 to 6wks).
"Health First Foods" programme delivered via Well child and Tamariki Ora providers.	Continues to be delivered – targeting Māori and Pasifika whānau.
Active Families Programme, new approach with an under 5's programme and Before School Check referral pathway. Target of 118 referrals and 50% of these being Māori or Pasifika.	On track to reach target, there has been a significant increase available places on the programme.
Early Childhood services engaged to identify key resources needed to support healthy weight environments	Engagement report has identified the following gaps – healthy conversation skills/tool, access to resources, professional development opportunities and resources to engage with whānau around healthy kai/'Water is the Best Drink'.
Primary care screening and follow up – Before School Check Screening, referrals and ongoing follow up in primary care	Training for primary care with supporting tools complete, forms and clinical pathway set up and monitoring and feedback being provided.
Healthy Conversation Tool trialled and evaluated in B4 School Checks. Reviewed tool distributed	The tool received very positive feedback from clinicians and whānau. Changes made included providing a smaller format option, information about teeth brushing, clear labelling re healthy options (low sugar/salt, oven baked and homemade). Primary care training session is complete. Updated resource is distributed.
Best Start Group – has been working on identifying a second measurement point for children, to support monitoring	Report agrees 8 years is the ideal measurement point, the only current routine contact for health is 'oral health check'. There is an opportunity in the School Nursing Programme to screen in Decile 1-3 schools. There is a health screen in Decile 1-3 secondary schools year 9 (13 year olds).
Evaluation report and recommended action to be presented to the Best Start Advisory Group	Report and recommendations are completed and will be presented at the next Best Start Advisory Group meeting in April.
Intersector forum established to support healthy weight leadership and activity across sectors/settings	Councils are picking up the "Water is the Best Drink" messaging in their venues. Sport Club are also picking up "Water is the Best Drink" and healthy food – this includes 'healthy sausage sizzle', water only policies and reducing 'treats' at games/practice. Internally the Paediatric Ward has adopted a water only policy and is promoting "Water is the Best Drink".

The above programmes have been either newly developed or have been further developed over the last 12 months. As part of their design, Māori consumers have been involved in this process and there are clear targets for engaging Māori consumers and these are monitored.

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

Next steps

- Find further opportunities to support healthy weight messages via services with existing relationships with whānau
- Continue to monitor contract targets and national target
- Trial a measurement point for children over 5-years to support monitoring and measure the impact of programmes i.e. school, sport clubs and environmental changes
- Implement resources and support for early childhood providers so they can implement healthy weight practises.
- Establish a pilot for in-home breastfeeding support delivered via lead maternity caregivers. This is in response to whānau and clinician feedback requesting more in-home support to establish and maintaining breastfeeding
- Continue to develop intersector relationships to increase healthy weight environments

RECOMMENDATIONS

Key Recommendation	Description	Responsible	Timeframe
Develop a pilot programme for in-home support for breastfeeding	Take the recommendations to the Best Start Advisory Group to develop actions for improvement	Jules Arthur/ Shari Tidswell	July 2018
Develop a pilot for monitoring and measuring children at 8-years	Work with the national evaluation group to determine a process/tool to track children identified at B4SC and measure change.	Child Health Team/ Shari Tidswell	November 2018

Comments from the Champion for Healthy Weight – Sharon Mason, Executive Director - Provider Services

Work continues to ensure the target is met. The ongoing implementation of the Best Start Plan should support further gains in childhood healthy weight; particularly implementing recommendations from the recently completed evaluations. This will include; increasing data for monitoring, increasing the linkages between services/programmes for under-fives and implementing work in the early childhood sector.

RECOMMENDATION:

That the HBDHB Board (April) and Pasifika Health Leadership Group (May)

1. **Note** the contents of this report.
2. **Endorse** the next step recommendations.

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:

22. Confirmation of Minutes of Board Meeting - Public Excluded
23. Matters Arising from the Minutes of Board Meeting - Public Excluded
24. Board Approval of Actions exceeding limits delegated by CEO
25. Chair's Update
26. A Framework for Developing the People Strategy
27. HB Health Sector Leadership Forum
28. Whole of Board Appraisal (progress against actions)
29. HB Clinical Council
30. 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).