Hawke's Bay Clinical Council Meeting

Date: **Wednesday, 11 April 2018**

Meeting: **3.00 pm to 5.30 pm**

Venue: **Te Waiora Meeting Room (Boardroom), District Health Board Corporate Office, Cnr Omahu Road & McLeod Street, Hastings**

Council Members:

Dr John Gommans (Co-Chair)
Dr Andy Phillips (Co-Chair)
Chris McKenna
Dr Mark Peterson
David Warrington
Dr Robin Whyman
Lee-Ora Lusis
Dr Nicholas Jones
Jules Arthur
Maurice King
Dr Tae Richardson
Dr David Rodgers
Dr Russell Wills
Debs Higgins
Anne McLeod
Dr Peter Culham

Apologies:

In Attendance:

Kate Coley, Executive Director - People & Quality (ED P&Q)
Ken Foote, Company Secretary
Tracy Fricker, Council Administrator / EA to ED P&Q
Kerri Nuku, Māori Relationship Board Representative

Public

Item	Section 1 – Routine	Time (pm)
1.	Welcome and receive apologies	**3:00**
2.	Interests Register	
3.	Minutes of Previous Meeting	
4.	Matters Arising – Review Actions	
5.	Workplan	

	Section 2 – Presentations /Discussion	**3:10**
6.	Homeopaths working with Primary Care Clinicians – Angela Hair	20 mins
7.	Investments Update (outcomes of Budget Prioritisation) – Tim Evans & Kate Rawstron	15 mins
8.	Information Services Overview and Roadmap; a conversation – Ann Speden & Jos Buurmans	25 mins
9.	Winter & Flu Planning – Carleine Receveur/Jacqui Akuhata-Brown/Linda Dubledam	20 mins
10.	Quality Dashboard Presentation – Kate Coley/Russell Wills/Andy Phillips	10 mins
11.	Framework for developing the People Strategy – Kate Coley	5 mins
12.	Choosing Wisely update – Co-Chairs	5 mins
	Section 3 – Monitoring & Information Only (no presenters)	**4:50**
13.	Te Ara Whakawaiora - Culturally Competent Workforce (local indicator)	-
14.	Māori & Pacific Workforce Action Plan - a component of Building a Diverse Workforce Strategy	-
15.	Havelock North Gastroenteritis Outbreak – Progress Report	-
16.	Te Ara Whakawaiora - Breastfeeding (National Indicator)	-
17.	Te Ara Whakawaiora - Cardiovascular (National Indicator)	-
18.	Te Ara Whakawaiora - Healthy Weight (National Indicator)	-
19.	HB Nursing & Midwifery Leadership Council & Dashboard	-
20.	Clinical Portal Project Update	-
	Section 4 – Reporting Committees	**5.00**
21.	Implementing new Clinical Goverance Structure	5 mins
	Section 5 – General Business	
22.	Topics of Interest – Member Issues / Updates	**5:10**
23.	**Section 6 – Recommendation to Exclude the Public**	

Public Excluded

Item	**Section 7 – Routine**	**5:25**
24.	Minutes of Previous Meeting	
25.	Draft ACC "Supporting Treatment Safety" – Kate Coley	5 mins

NEXT MEETING: Joint Meeting with Consumer Council on
Wednesday 9 May 2018 at 1.00 pm, Te Taiwhenua o Heretaunga, Hastings

Interests Register
16 February 2018

Hawke's Bay Clinical Council

Name Clinical Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Chris McKenna (Director of Nursing)	Hawke's Bay DHB - Susan Brown	Sister	Registered Nurse	Yes	Low - Personal - family member
	Hawke's Bay DHB - Lauren McKenna	Daughter	Registered Nurse	Yes	Low - Personal - family member
	Health Hawke's Bay (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
Dr Mark Peterson (Chief Medical Officer - Primary Care)	Taradale Medical Centre	Shareholder and Director	General Practice	Yes	Low
	Royal New Zealand College of General Practitioners	Board member	GP training and standards	Yes	Low
	City Medical Napier	Shareholder	Accident and Medical Clinic	Yes	Contract with HBDHB
	Family member employed by HBDHB since November 2015	Daughter, RMO	Will note interest if discussions occur around RMOs.	Yes	Low
	PHO Services Agreement Amendment Protocol (PSAAP)	"Contracted Provider" representative	The PHO services Agreement is the contract between the DHB and PHO. PSAAP is the negotiating group that	Yes	Representative on the negotiating group
	Health Hawke's Bay Limited (PHO)	Board member	HHB ensures the provision of essential primary health care services, mostly through general practices, to the population of HB.	Yes	Low
	Primary Heatlh Alliance	Executive Member	Primary Care advocacy organisation	Yes	Low
	Council of Medical Colleges	Royal New Zealand College of General Practitioners representative and Council of Medical Colleges Executive	May impact on some discussions around medical training and workforce, at such times interest would be declared.	Yes	Low
Dr John Gommans (Chief Medical Officer - Hospital)	Stroke Foundation Ltd	Chairman of the Board of Directors	Provides information and support to people with a stroke. Has some contracts to the MOH	Yes	Low
	Internal Medicine Society of Australia and New Zealand (IMSANZ)	Director of IMSANZ	The IMSANZ represents the interests of specialist General Internal Medicine physicians throughout Australia and New Zealand	Yes	Low
	Royal Australasian College of Physicians (RACP), Adult Medicine Division Committee (AMDC)	Chair of NZ AMDC	RACP represents Physicians in all Adult Medicine specialties across Australasia; the NZ AMDC representing those based in NZ	Yes	Low
Jules Arthur (Midwifery Director)	National Midwifery Leaders Group	Chair	Forum for national midwifery and maternity issues	No	
	Central Region Midwifery Leaders report to TAS	Member	Regional approach to services	No	
	National Maternal Wellbeing and Child Protection group	Co Chair	To strengthen families by facilitating a seamless transition between primary and secondary providers of support and care; working collaboratively to engage support agencies to work with the mother and her whanau in a culturally safe manner.	No	
	NZ College of Midwives	Member	A professional body for the midwifery workforce	No	
	Central Region Quality and Safety Alliance	Member	A network of professionals overseeing clinical governance of the central region	No	
David Warrington (Nurse Director - Older Persons)	The Works Wellness Centre	Wife is Practitioner and owner	Chriopractic care and treatment, primary, preventative and physiotherapy	Yes	Low
	National Directors of Mental Health Nursing	Member		No	Low
Dr Tae Richardson (GP and Chair of Clinical Advisory Committee)	Loco Ltd	Shareholding Director	Private business	No	
	Dr Bryn Jones employee of MoH	Husband	Role with Ministry of Health as Chief Advisor in Sector Capability and	Yes	Low
	Clinical Quality Advisory Committee (CQAC) for Health HB	Member	Report on CQAC meetings to Council	No	
	HQSC / Ministry of Health's Patient Experience Survey Governance Group	Member as GP representative		No	
	Dr Bryn Jones employee of MoH	Husband	Deputy Chief Strategy & Policy Officer (Acting)	No	
	Pacific Chapter of Royal NZ College of GPs	Secretary			
	Ministry of Health - First Specialist Assessment Oversight Group	Member		No	
Dr Andy Phillips (Chief Allied Health Professions Officer)	Health Systems Performance Insights Programme	Chair	Improving Health System Performance	No	
	The Health Foundation (UK)	Member of College of Assessors	Improving Health System Performance	No	
Dr David Rodgers (GP)	Tamatea Medical Centre	General Practitioner	Private business	Yes	Low. Provides services in primary care
	Tamatea Medical Centre	Wife Beth McElrea, also a GP (we job share)	Private business	Yes	Low. Provides services in primary care
	City Medical	Director and Shareholder	Medical Centre	Yes	Low. Provides services in primary care
	NZ Police	Medical Officer for Hawke's Bay	Provider of services for the NZ Police	No	

Name **Clinical Council Member**	**Interest** **eg Organisation / Close Family Member**	Nature of Interest **eg Role / Relationship**	Core Business **Key Activity of Interest**	**Conflict of Interest** **Yes / No**	**If Yes, Nature of Conflict:** **- Real, potential, perceived** **- Pecuniary / Personal** **- Describe relationship of Interest to**
	Health Hawke's Bay (PHO) initially - from 1 July 2015 under HB District Health Board	Collaborative Clinical Pathways development	Was the Champion for the initial work, however on 1 July this moved under the HBDHB umbrella (with a community focus).	No	
	Advanced Care Planning	Steering Group member	Health and Wellbeing	No	
	Urgent Care Alliance	Group member	Health and Wellbeing	Yes	Low. Ensure position declared when discussing issues around the development of urgent care services.
	National Advisory Committee of the RNZCGPs	Member	Health and Wellbeing	No	
	Health Hawke's Bay (PHO)	Medical Advisor - Sector Development	Health and Wellbeing	Yes	Low. Ensure position declared when discussing issues in this area relating to the PHO.
Debs Higgins (Senior Nurse)	Eastern Institute of Technology (EIT)	Lecturer - Nursing	Education.	No	
	The NZ Nurses Society	Member of the Society	Provision of indemnity insurance and professional support.	No	
Anne McLeod (Senior Allied Health Professional)	Aeotearoa NZ Association of Social Workers	Member		Yes	Low
	HB DHB Employee Heather Charteris	Sister-in-law	Registered Nurse Diabetic Educator	Yes	Low
	Directions Coaching	Coach and Trainer	Private Business	Yes	Low: Contracts in the past with HBDHB and Hauora Tairawhiti.
Dr Robin Whyman (Clinical Director Oral Health)	NZ Institute of Directors	Member	Continuing professional development for company directors	No	
	Australian - NZ Society of Paediatric Dentists	Member	Continuing professional development for dentists providing care to children and advocacy for child oral health.	No	
Dr Russell Wills (Community Paediatrition)	HBDHB Community, Women and Children and Quality Improvement & Patient Safety Directorates	Employee	Employee	Yes	Potential, pecuniary
	Wife, Mary Wills employed as General Manager of Presbyterian Support East Coast	Employee	Presbyterian Support East Coast provide services within the HB and are a contractor to HBDHB	Yes	Potential, pecuniary
	Paediatric Society of New Zealand	Member	Professional network	No	
	Association of Salaried Medical Specialists	Member	Trade Union	Yes	Potential, pecuniary
	New Zealand Medical Association	Member	Professional network	No	
	Royal Australasian College of Physicians	Fellow	Continuing Medical Education	No	
	Neurodevelopmental and Behavioural Society of Australia and New Zealand	Member	Professional network	No	
	NZ Institute of Directors	Member	Professional network	No	
Lee-Ora Lusis (Clinical Nurse Manager, Totara Health)	Totara Health and Choices Kahungunu Health Services	Employee	Clinical Nurse Manager	Yes	Potential, pecuniary
	Hawke's Bay Primary Health Nurse Practitioner Group	Member / Nurse Practitioner Intern	Professional network	No	
	Hawke's Bay Nurse Leadership Group	Member	Professional network	No	
	College of Nurses Aotearoa (NZ)	Member		No	
	Fusion Group Committee	Representative		No	
	ED High Flyers	Representative		No	
	Totara Health / Youth Contract with Directions	Employee of Totara Health		No	
Dr Nicholas Jones (Clinical Director - Population Health)	NZ College of Public Health Medicine	Fellow	Professional network	No	
	Association of Salaried Medical Specialists	Member	Professional network	No	
	HBDHB Strategy & Health Improvement Directorate	Employee	Employee	No	
	National Information Clinical Leadership Group	Member	Professional network	No	
Maurice King (Community Pharmacist)	Napier Balmoral Pharmacist	Shareholder and Director	Community Pharmacy	Yes	Has various contracts with HBDHB to provide pharmacy based services. Low. Ensure position declared when discussing issues in this area.
	Pharmacy Guild of NZ	Member	Representative and negotiating organisation for Pharmacy	Yes	Negotiations on behalf of Napier Phamacy with HBDHB. Low. Ensure position declared when discussing issues in this area.
	Phamaceutical Society of NZ	Member	Pharmacy advocacy, profressional standards and training.	Yes	Low
	Clinical Quality Advisory Committee (CQAC) for Health HB	Member	Independent Advisor	No	
Dr Peter Culham (GP)	Havelock North Properties Limited	Shareholder	Medical Centre owner	Yes	Low, pecuniary, hold leases with healthcare providers
	Te Mata Peak Practice	GP and Director	General Practice	Yes	Low, percuniary, provides primary care services
	C&G Healthcare	Director	Private business	No	No further exposure beyond mentioned above
	Royal NZ College of General Practitioners	Fellow		No	

MINUTES OF MEETING FOR THE HAWKE'S BAY CLINICAL COUNCIL HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD CORPORATE OFFICE ON WEDNESDAY, 15 MARCH 2018 AT 3.00 PM

PUBLIC

Present:
Dr John Gommans (Chair)
Dr Andy Phillips (Co-Chair)
Dr Russell Wills
Dr Robin Whyman
Dr David Rodgers
Dr Nicholas Jones
Dr Peter Culham
Debs Higgins
David Warrington
Chris McKenna *(from 3.10 pm)*
Jules Arthur *(from 3.10 pm)*
Maurice King *(from 3.30 pm)*

In Attendance:
Ken Foote, Company Secretary
Tracy Fricker, Council Administrator and EA to Executive Director – People & Quality
Ana Apatu, Maori Relationship Board Representative (on behalf of Kerri Nuku)
Dr Kevin Snee, Chief Executive Officer *(from 4 pm)*

Apologies: Dr Tae Richardson, Anne McLeod, Lee-ora Lusis and Mark Peterson

SECTION 1: ROUTINE

1. WELCOME AND APOLOGIES

Dr John Gommans (Chair) welcomed everyone to the meeting.

Apologies were noted as above and from attendee members Kate Coley and Kerri Nuku.

2. INTEREST REGISTER

No conflicts were noted for items on the agenda. There were no additions or amendments to the Interest Register.

3. MINUTES OF PREVIOUS MEETING

The minutes of the HB Clinical Council meeting held on 14 February 2018, were confirmed as a correct record of the meeting. Minor change noted that Maurice King was in attendance.

Moved and carried.

4. MATTERS ARISING / REVIEW ACTIONS

Item #1 IS Roadmap Presentation
Anne Speden, Chief Information Officer requested this be deferred to April. This has been amended on the workplan.

Item #2 ***Person & Whanau Centred Care***
A meeting is to be held after the Board meeting on 28 March to discuss the development of the strategy. Meeting notes from the 1 February meeting have been sent out to members. *Item can now be closed.*

Item #3 **Clinical Council Annual Plan**
Annual Plan for 2016/17 rolled over for 2017/18 - Actioned. *Item can now be closed.*

Dr David Rodgers noted the budget prioritisation item (process, review of what had been funded/not funded) had been removed. It was later noted that this item had been moved to the workplan and was on the list for the April meeting.

5. WORKPLAN

The workplan was included in the meeting papers for information.

Action: Confirm presentation on budget prioritisation with Tim Evans for April Meeting.

SECTION 2: DISCUSSION / DECISION

6. CLINICAL GOVERNANCE STRUCTURE – VALUE ASSESSMENT

Dr Andy Phillips (Co-Chair) advised that the structure had been reviewed and changes made following discussion at the last Clinical Council meeting (appendix 2).

Discussion held regarding not establishing the Information Management Committee and the purpose of the current IS Governance Committee. This needs to be to be looked at further, can this group cover all that is required regarding information management across the sector and region, data sharing etc and how this group would link and report through to Clinical Council.

Action: Copy of terms of reference for IS Governance Committee to be obtained and a separate meeting to be held to look at its purpose to see if all information management requirements can be met with one governance group.

Concern raised over clinical governance oversight of clinical risk. It was noted that the new integrated incident management system will include events as well as risks which are looked at by the Clinical Risk & Events Advisory Group. Need to ensure the terms of reference for this advisory group includes clinical risk as strong as the event component. Clinical and corporate risks are reported to the Board through FRAC and this report could also come to Clinical Council.

The Chair advised that equity was discussed at the last Board meeting and had proposed that the triple aim principles be added to the terms of references for all Committees and Advisory Groups and the establishment of an Equity Technical Advisory Group to assist clinicians. This is on hold pending any changes to the Executive Management Team.

A question was raised regarding clinical governance training. It was noted that this will need to be developed along with resourcing, information flows etc to provide support for the effective operation of the governance structure.

The Clinical Council **noted** the report and **approved** the proposed clinical committees and advisory group structure in principle.

7. CLINICAL GOVERNANCE OF INVESTIGATION OF RESULTS POLICY

The Chair advised that following the last Clinical Council meeting and feedback received changes had been made to the policy, the latest version was included in the meeting papers.

Brief discussion held around patient and whanau centred care; urgent results out of hours; the need for robust handover and current system limitations.

The draft policy was **approved** by Clinical Council.

SECTION 3: PRESENTATIONS / DISCUSSION

8. CHOOSING WISELY PRESENTATION

A presentation was provided by Dr Andy Phillips. The Choosing Wisely campaign has been driven by the Medical Colleges in New Zealand and they are clear that this is not about rationing, it is about quality of care, getting the best value and encouraging conversations between health professions and consumers. Key principles for clinicians are:

- Supported by evidence
- Not duplicative of other tests or procedures
- Free from harm
- Truly necessary

Following discussion Clinical Council agreed this was an important campaign and that it should be added to the workplan to be discussed at a half day meeting or joint meeting with the Consumer Council. The Chair requested that members identify three items they want to focus on first.

Actions: Presentation to be sent out to members. Members to shortlist three items they wish to focus on and send to the Co-Chairs to enable planning for future discussion.

9. CLINICAL SERVICES PLAN – SECTOR UPDATE

Ken Foote, Company Secretary provided an overview of progress to date with the Clinical Services Plan (CSP). A summary of the revised plan includes:

- Baseline document and summary statement approved 28 February 2018
- Documentation for future options workshops distributed mid-March 2018
- Future options workshops to be held early April 2018
- Integrated workshop held 31 May 2018
- First draft completed 30 June 2018
- Draft CSP reviewed and updated July 2018
- Wide sector and community engagement on draft CSP – August / September 2018
- Final CSP completed early October 2018
- Final CSP adopted by HBDHB Board 28 October 2018

The Company Secretary reiterated that the CSP is a high level plan and other pieces of work will feed into it.

Brief discussion held regarding challenges of limiting workshops to 30 attendees across the sector and the need to include all disciplines, aged residential care and consumers to get the mix right.

10. HB HEALTH SECTOR LEADERSHIP FORUM REFLECTIONS

The Co-chair lead the discussion and asked for feedback from the members who attended the forum.

Feedback:

- Discussion on equity was helpful
- A lot of the same feedback had been given before
- CSP workshops needed to be different for the underserved population
- The day was about getting people back on the same page as there is still confusion out there, what is the nature of the service we are developing and who is it for
- The need to design services to fit the needs of our diverse community
- A lot of enthusiasm for the Nuka model
- How do we make the Nuka model work within the current policy and funding environment
- Identified the culture of openness and engaging with consumers
- Need to develop a model of our own
- Huge passion and drive with iwi delegation who visited Nuka and they believe it is achievable
- Look at having a demonstration site, use providers who have already started the journey
- Introducing the values
- Elements that are critical to the model are quality improvement, relationship of serving the individual, working as a team and being driven by a values lead culture. These elements of the model are applicable to all
- Would like to hear about core concepts and relationship centred practice approach
- Wairoa wanted, and are ready to be the test site
- Changing the employment model for general practice
- Inequities not just Maori based, need other affected groups at the table
- Getting back to basics; quality improvement; relationship centred practice
- Challenges with rosters and changing with our funding models
- What is the per head funding for Nuka – important to understand different resource level
- Need to be clear who we are doing this for - putting it into context
- Hawke's Bay has the right size population, with one Iwi, Ngāti Kahungunu and one Primary Health Organisation
- Things will not change overnight, Nuka took over 20 years, but we need to start on the journey.

The Chair thanked everyone for their feedback. The notes from the forum would be distributed when available.

SECTION 4: MONITORING (for information only)

11. CARDIOLOGY REVIEW AND PLAN OF ACTION

The report was not available and had been moved to the agenda for the April meeting.

12. ESTABLISHING HEALTH AND SOCIAL CARE LOCALITIES IN HB

The report was included in the meeting papers for information. No issues discussed.

13. HHB CLINCIAL ADVISORY AND GOVERNANCE COMMITTEE

The agenda and meeting minutes were included in the meeting papers for information.

Chris McKenna provided a brief update on the discussion held at the last meeting including primary mental health model of care; the BPAC report for pharmacy re: limitations of not sharing

data and who owns the information, developing better and trusting relationships with primary care and information being used for improvements and not performance management.

SECTION 5: GENERAL

14. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

- ***David Rodgers*** – raised concern over short notice to attend the Pegasus Meeting on Friday. This makes it difficult, particularly for primary care members to attend and hoped that there would be some people from primary care in attendance.

15. SECTION 6: RECOMMENDATION TO EXCLUDE THE PUBLIC

The Chair moved that the public be excluded from the following parts of the meeting:

16. Demand / Capacity Presentation

The meeting closed at 4.55 pm.

Confirmed: _____
Chair

Date: _____

HB CLINICAL COUNCIL - MATTERS ARISING
(Public)

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	11/10/17	***Laboratory Services Committee*** Invitation for Anne Speden to present "IS Roadmap" – extend to include misdirected results and governance of results	Co-Chairs	Deferred to April	Included on Workplan Information Services Refer Agenda Item 8.
2	14/02/18	***Person & Whanau Cented Care*** • Strategy document to be prepared	ED P&Q	March/April	Mtg to be held 28 March Included on Workplan for May Combined Meeting.
3	15/03/18	*Budget Prioritisation Presentation – renamed* ***"Investments Update"*** Tim Evans to present on process and review of what has been funded/ not funded in the past		April	Refer Agenda Item 7.
4	15/03/18	***Clinical Governance Structure – Value Assessment*** • Obtain TOR for IS Governance Group • Meeting to held held to discuss information management requirements with one group	Co-Chairs	TBC	
5	15/03/18	***Choosing Wisely*** • Presentation to be sent to members • Members to provide top three items they would like to focus on • Add topic to workplan for discussion at quarterly meeting or joint meeting with Consumer Council	Admin All Members Admin	March March May	Actioned Ongoing – Included on April Agenda Refer Item 12 Included on Workplan for May Combined Meeting.

HB CLINICAL COUNCIL WORKPLAN 2018

Meeting Dates	Papers and Topics	Lead(s)
11 Apr 18	***For Discussion - Decision***	
	Winter and Flu Planning	Sharon / Carleine
	Quality Dashboard Presentation – *Quarterly reporting in early 2018*	Kate Coley
	Investment Status	Tim Evans
	Framework for developing the People Strategy	Kate Coley
	Information Services Overview and Roadmap; a conversation	Anne Speden
	Monitoring and for Information	
	Maori Pacific Workforce Action Plan – a component of Building a Diverse Workforce Strategy	
	Te Ara Whakawaiora – Culturally Competent Workforce (local indicator)	
	Te Ara Whakawaiora – Healthy Weight (National Indicator)	
	Te Ara Whakawaiora – Breastfeeding (National Indicator)	
	Te Ara Whakawaiora – Cardiovascular (National Indicator)	
	Havelock North Gastroenteritis Outbreak – Progress Report on Review Recommendations	
	Clinical Portal Update	
	Committee Reports	
	HB Nursing Midwifery Leadership Council Update incl. Dashboard	
	Clinical Advisory & Governance Group Report	
9 May ***(Half Day Meeting including Consumer Council)***	***For Discussion - Decision***	
	Mobility Action Plan update	Andy and Tae
	First 1000 Days of Life	Andy and Tae
	Te Ara Whakapiri Next Steps (Last Days of Life)	Chris Ash
	Coordinated Primary Care Options Presentation	Chris Ash
	Collaborative Clinical Pathways Update	Chris Ash / Mark Peterson
	Consumer Experience results – where to from here	Kate Coley
	Implementing the Consumer Engagement Strategy	Kate Coley
	Recognising Consumer Participation	Kate Coley
	Community Prescribing for Nurses	Chris McKenna
	Maternal Wellbeing Model of Health Presentation	Chris McKenna / Jules
	National Early Warning Score Implemetation	Co-Chairs
	Choosing Wisely (*joint discussion with Consumer Council)*	Co-Chairs
	Person and Whanau Centred Care *(joint discussion with Consumer*)	Co-Chairs
	Model of Care for Haematology and Oncology	Sharon Mason
	Monitoring and for Information	
	Clinical Services Plan Update	Ken Foote
	Best Start Healthy Eating & Activity Plan update	Sharon Mason
	Smokefree Update (6 monthly) include board action detail	Sharon Mason
	HBDHB Performance Framework Exception Dashboard Q3	Tim Evans
	Te Ara Whakawaiora / Did not Attend (local indicator)	Sharon Mason/Carleine

Meeting Dates	Papers and Topics	Lead(s)
	Te Ara Whakawaiora / Smoke Free	Sharon Mason/ Johanna
	Committee Reports	
	HB Clinical Research Committee Update	
	Infection Prevention Control Committee	John Gommans
		Chris McKenna
13 Jun	***For Discussion - Decision***	
	Planned MRI and Fluroscopy Equipment Replacement Programme	Sharon Mason
	IS Presentation and Discussion, informed by CSP	Kevin Snee / Anne Speden
	Youth Health Strategy (board action June 2017)	Chris Ash
	Annual Plan 2018/19 first draft	Chris Ash
	People Strategy Final	Kate Coley
	Legislative Compliance + Compliance Certification	Kate Coley/ Kaye Lafferty
	Diverse Workforce Strategy	Kate Coley
	Policy on Consumer Stories	Kate Coley
	Alcohol statement	Sharon Mason
	Urgent Care Service Update (6 monthly update)	Wayne Woolrich/ David R
	Annual Plan 2018/19 2nd draft	Chris Ash
	Monitoring and for Information	
	Unders 16 GP Free Service Update	Chris Ash
	Urgent Care Service Update	Chris Ash
	Clinical Services Plan Update	Ken Foote
	Consumer Experience Feedback Q2	Kate Coley
	Collaborative Pathways (6 monthly updates for here forth)	Mark Peterson
	Te Ara Whakawaiora – Oral Health (National Indicators)	John Gommans / Robin
	Committee Reports	
	Clinical Advisory & Governance Group Report	Tae Richardson (final report as Chair -tbc)
	Lab and Radiology Reports dependant on Governance Structure	

HOMEOPATHS WORKING WITH PRIMARY CARE CLINICIANS

Angela Hair

INVESTMENTS UPDATE

Clinical Council prioritised investments:

2015-16	Full year cost $	Approval Status at 18 March 2016	Next Action/date	Project	Status
Smoke free Maori Support Worker	47,500	COMPLETED	Reviewed 7/9/15 and confirmation email sent		
Shortfall Savings and Proposed Whanau Manaaki roll out	80,000	Yet to be submitted			
Health literacy	250,000	COMPLETED	Reviewed 9/11/15 and confirmation email sent 9/11/15	YES	In progress
Extend Free Primary Care for all 13-17 year olds in Wairoa	10,000	Yet to be submitted		YES	Completed
Implementation Pacific Health Action Plan	60,000	COMPLETED	Reviewed 10/10/15 and confirmation email sent 6/11/15		
School Based Obesity programme	150,000	Yet to be submitted			
Implementation of urgent care program	500,000	Yet to be submitted		YES	Completed
Social Workers	168,750	PART COMPLETED	1 of 3 social worker posts approved at EMT on 29.09.15		
Rheumatic Fever nursing & Kaiawhina services	95,000	COMPLETED	Reviewed 9/11/15 and confirmation email sent 9/11/15		
Villa 6 & Napier Centre registered nurse (link 44 & 94)	197,253	underway	Business Case and PP completed as of 7 March 2016		
Diabetes Specialist Midwife/Nurse role	50,000	Yet to be submitted			
Additional security staff for ED	36,153	COMPLETED	Reviewed 1/7/15 and confirmation email sent 13/8/15		
Community Dental	95,522	COMPLETED	Reviewed 1/7/15 and confirmation email sent 13/8/15		

Extend Free Primary Care for 13-17 year olds in Hawke's Bay	500,000	Yet to be submitted		YES Completed
Neurology Speciality Clinical Nurse □	70,370	COMPLETED	Reviewed 7/3/16 and confirmation email sent 8/3/16	
Nurse Practitioners for HoP.	97,500	Not to be submitted	Will not be submitted.	
Integrated Podiatry Service	63,750	COMPLETED		
Integrated Podiatry Service	90,750	COMPLETED		
Specialist Clinical Nurse Cardiac Rhythm Management.- rework (link 59)	89,777	underway	Business Case and PP completed as of 7 March 2016	
Heart Failure Nurse Practitioner re-work (link 64)	141,484	underway	Business Case and PP completed as of 7 March 2016	
Housing Insulation	150,000	COMPLETED		
Pulmonary Rehabilitation Service (services Wairoa)	112,630	COMPLETED	Brought to T&S Steering Group 7/9/15. Should go to EMT. Emt Approved 6.10.15	
AIM 24/7 - Early Warning Signs of the Deteriorating Patient CRN	132,755	Yet to be submitted		
Maternal Wellbeing & Child Protection Multi-Agency Programme	87,500	COMPLETED	Reviewed 9/11/15 and confirmation email sent 9/11/15	
Employ Director of Maori Nursing after completion of trial period	110,000	COMPLETED	Reviewed 7/9/15 and confirmation email sent	
5 additional House Officers , by changing run category	90,000	COMPLETED	Reviewed 7/9/15 and confirmation email sent	
Speech Language Therapy assistant	48,750	COMPLETED		
AIM 24/7 - Emergency Department Physician	0	Yet to be submitted		
GP/DN alignment roll out to Napier and Havelock North	0	COMPLETED	Reviewed 3/11/15 and confirmation email sent	YES Completed
	3,525,444			

2016-17	Full year cost $	Approval Status at June 2017	Next Action/date		
Health and Social Care Networks	130,000	COMPLETED	EMT approved, positions appointed to	YES	In progress
Foetal Alcohol Spectrum Disorder	112,000	COMPLETED	Reviewed 10/16 and confirmation email sent 8/11/16		
Safe Sleep Programme	127,000	COMPLETED	Reviewed Dec 16 and confirmation email sent 14/12/16		
Hospital Pharmacy Staffing	142,000	COMPLETED	appointments made		
Reducing Inequity - HBDHB moves to a living wage policy	100,000	Yet to be submitted	no action at this point	YES	On hold
Primary Care Respiratory Management	200,000	COMPLETED	Reviewed 8/16 and confirmation email sent 13/8/16, contract completed and sent to		
Med Tech Integrated Patient Record	243,500	Yet to be submitted		YES	In progress
Model of Care Development for Primary care	100,000	COMPLETED	Deferred till 1 July	YES	Not started
HBDHB Collaborative Clinical Pathways	375,000	COMPLETED	Clinical Council approved June 16	YES	Completed
Pacific Health navigators	200,000	COMPLETED	All recruitment completed. Positions not yet appointed due to recruitment delay to 1 July.		
Extension of skin programme in Hawkes Bay to low decile schools	95,000	COMPLETED	Appointments being made		
Central Hawkes Bay Rural Primary Care Service	100,000	Yet to be submitted	Waiting on Businesss case from Maori Health , Paritck advises wont be spent this year		
Suicide Prevention Coordinator	75,500	COMPLETED	Position in place since 1 July		
	2,000,000				

INFORMATION SERVICES OVERVIEW AND ROADMAP - A CONVERSATION

WINTER & FLU PLANNING

QUALITY DASHBOARD

Presentation

HAWKE'S BAY District Health Board Whakawāteatia	**A Framework for developing the People Strategy**
	For the attention of: **Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
Document Owner	Kate Coley, Executive Director of People & Quality
Document Author	Kate Coley, Executive Director of People & Quality
Reviewed by	Executive Management Team
Month/Year	April, 2018
	For feedback and input
Purpose	This report describes the draft framework for discussion and feedback to support the development of the full People Strategy. The People Strategy is about sharing and demonstrating our ongoing commitment and aspirations for all of those who work in the DHB and creating and building a culture that meets the needs of staff and consumers – person whanau centred. The People Strategy, for endorsement in June, will describe the core work streams, intentions and an overarching five year programme of work.
Previous Consideration Discussions	A number of presentations of the findings from The Big Listen have been provided to EMT, Board, Consumer Council and the Health Sector Leadership Forum. These identified the core themes from the feedback from The Big Listen and Clinical Services plan. In turn these will set the subsequent priorities and work streams for the People Strategy. The framework will be further adapted with the release of the results of Korero Mai.
Summary	In 2016 the Transform & Sustain refresh identified two core enabler programmes to support the sector achieve its strategy – Investing in Staff and Building our culture. The People Strategy is directly related to investing in our staff which will alongside other components enable building the culture. It is clear that for the HB health system to continue to deliver the best outcomes for the community we serve we need to look after our people well. We need to ensure that our workforce is well supported, capable, appropriately resources, engaged and motivated to provide the best possible service to our community. This People Strategy framework has been developed from staff and consumer feedback from the Big Listen, Clinical Services plan and will incorporate further information from Korero Mai. In addition to this information we have also considered consumer feedback from

	complaints, compliments, comments and the National Patient Experience Feedback survey. At the same time that this framework is being discussed and considered by the governance groups it will also be shared with a variety of staff from all professional groups to ensure that it is easy to understand and staff can begin to connect and see how this will positively impact them. The ***aim*** of our strategy is to create ***"A workforce that is engaged, positive, highly skilled and well supported providing the highest quality service to the community"*** There is compelling evidence that staff who are happy and well engaged ensure better patient experience and outcomes. Once developed, the People Strategy will contain measures of success incorporating both workforce and consumer indicators. *Please note* that the People Strategy is primarily for DHB staff, however all activities, programmes and initiatives within the action plan e.g. training, wellbeing, health & safety support/advice, quality, HR support will be fully available and accessible for all staff across the HB health system.
Contribution to Goals and Strategic Implications	Improving safety, wellbeing, and quality of working lives of all HBDHB's staff Improving the safety, quality and experience for patients Value for money Key enabler for Transform & Sustain strategy and new 5 year strategy for the health sector Support the reduction of inequities in our community.
Impact on Reducing Inequities/Disparities	There are a number of examples in the final People Strategy to support the reduction of inequities: • The Māori and Pacific Workforce Action Plan – by addressing a social determinant of health by improving both employment opportunities and by improving education opportunities and outcomes for Māori and Pacific populations, and ensuring the workforce is reflective of the community it serves • Improving cultural competency of staff and quality of care for underserved population groups • Actively engaging with our consumers and community, listening and acting on their feedback to improve services so they better meet their needs • Prioritising the assessment of our services against the agreed health literacy framework ensuing that we are making health easy to understand and access.
Financial/Budget Impact	A separate business case is under development to support the effective implementation of the strategy
Announcements/ Communications	The People Strategy will be developed by June 2018. Following this, a full communications plan will be implemented to ensure that our workforce are aware of the organisations ongoing commitment to

	them and the programmes of work that will be rolled out primarily in the first year and beyond. This will require significant support from the Communications team on an ongoing basis.

RECOMMENDATION:

That all governance and advisory groups consider, discuss and provide feedback and input into the following:

1. The proposed aim statement
2. The draft guiding principles
3. Draft Culture descriptors
4. Work stream aim and intentions
5. Potential Measures of success

A Framework for developing the People Strategy

Authors:	**Kate Coley**
Designation:	**Executive Director of People & Quality**
Date:	**April 2018**

PURPOSE

The purpose of this paper is to introduce a discussion and seek feedback and input on the draft framework to inform the development of a detailed People Strategy.

EXECUTIVE SUMMARY

Over the past few years the DHB has performed well against financial and MOH Health targets, has been able to invest in new technology and infrastructure alongside implementing a series of innovative models of care changes which are having positive impacts for our community. It is clear that to ensure we continue to sustain this performance that we need to look after, invest and develop our people. The aim is to ensure that we have a workforce that is engaged, motivated, highly skilled and supported to provide the best possible services that meet the needs of our community.

In 2016 the DHB undertook a review of the Transform & Sustain programme of work and identified two core enabler programme relating to investing in our people and the building of a new culture. The start of that journey saw the sector participate in the Big Listen. The priority was to understand what it was like to work in the Hawkes Bay health system. At the same time we asked our consumers for their experiences of being cared for in HB. Further feedback was also gathered through the Clinical Services Plan patient journey workshops. Korero Mai is gathering further information from our Māori community in regards to their experiences of health care.

The work done locally is in alignment with the NZ Health Strategy. One of the key areas relates to "One Team" (Kotahi te tima) which prioritises the investment in the capability and capacity of the workforce.

The DHB has previously had an organisational development programme which has had a number of key successes relating to increasing Māori representation in the workforce, implementation of talent mapping, leadership development programmes and improving a number of our systems. The Big Listen tells us that it is now the right time to refresh and build on that work.

The framework supports the development of the People Strategy which is about sharing and demonstrating our commitment and aspirations for all of those who work in the DHB and creating and building the 'right' culture. One developed, a People Strategy will set out a five year plan for the investment and development in our people. The framework has been developed from feedback gathered in the Big Listen, Clinical Service plan and through other consumer experience feedback. The framework will be further adapted with the release of the results of Korero Mai.

The framework, which includes guiding principles, workstreams and intentions has been developed by listening to both staff and consumer perspectives. Co-create sessions have been undertaken with

staff to utilise their ideas for initiatives and programmes which will be incorporated in more detail in each of the workstreams in the final People Strategy action plan.

There are a number of core pieces of work that are currently being co-created with staff and working groups and these will be priorities for year 1. These relate to resolving unacceptable behaviour, embedding of our values in recruitment, valuing of staff, ensuring appropriate resources are available, performance appraisals and orientation, leadership and capability development and the implementation of a wellbeing programme.

Once developed, the People Strategy will not in itself build the culture of the organisation. Of crucial importance will be that all our leaders live the values in each and every interaction with each other and staff. This will need strong, positive and consistent leadership from the top and throughout the organisation, always role-modelling and demonstrating the values in every interaction that we have with our workforce for this to have a sustaining impact.

Appendix 1 sets out the framework for the development of the final People Strategy. It includes the draft guiding principles, the attributes, skills and behaviours of our future workforce and a number of aspects to begin to describe the culture that we aspire to. This in turn enables us to articulate the proposed work stream aims and shared intentions.

BACKGROUND

Within the current Transform & Sustain strategy an organisational development programme was developed in 2013. This focussed on a number of key priorities including the implementation of a clinical leadership structure, a supporting transformational leadership programme and executive coaching for senior leaders in the DHB and wider health system. Other successful activities included increasing the Māori representation in the workforce, talent mapping processes, including succession planning and improvements to our recruitment and performance appraisal processes.

Following the Big Listen a number of co-design sessions have been undertaken with our teams in November and February. These were designed for us to work together to agree approaches to dealing with bullying behaviour, improving the way in which we orientate our new starters to the sector and how we should change our recruitment processes to ensure that they are more values based. To ensure we maintain the momentum and connection of the workforce to the Big Listen we have implemented a number “quick wins” focusing on wellbeing, which include free 15 minute massages, the reintroduction of the Self-care in Healthcare programme, to support our staff with managing stress and their resiliency and the development of a behaviours framework. We were able to respond to some of the capacity challenges, with the work that was underway with the CCDM project and we have also responded to care for our staff including providing free ice blocks to help staff cope with the heat during the summer months. All of these activities have been very well received by staff.

FOUNDATIONS FOR DEVELOPING THE PEOPLE STRATEGY

A significant amount of work has been undertaken in the last six months looking at both the people and systems challenges through The Big Listen and Clinical Services Plan. Once completed the Korero Mai feedback will further support these projects. The below summarises the findings of the Big Listen, both from the workforces perspective and consumers, and Clinical Services plan and identifies those key themes which will be reflected in the strategy.

The Clinical Services plan identified a number of issues relating to the workforce as follows:

- Lack of Capacity - People across the system are feeling strained - increasingly at risk of burn out
- Ageing workforce
- Need for greater flexibility in regards to working conditions in Primary Care
- Lack of allied health staff
- Recruitment challenges for Medical staff in primary and secondary care
- Lack of succession planning processes
- Funding Model in primary care prevents innovation
- Workforce not always working at top of scope or in their given roles due to resources
- Lack of overarching workforce development plan

The feedback from Korero Mai will further develop this picture.

Overarching themes from the Feedback

- ***Appreciating our staff*** – key driver of staff having a good day was the feeling of being valued and appreciated. The challenge is to ensure that we have the right systems and communication tree so front-line staff can continue to have a "say" and there is evidence of them being heard and understood. This value concept supports the challenges around workloads, values, leadership development and access to education.
- ***Lack of Capacity - Workload and resourcing challenges*** exist across the system. Many staff are telling us that they feel under too much pressure, their working life is impacting their wellbeing and they are concerned about safety of care. These relate to a number of dimensions, not purely around numbers of staff, but around models of care, bureaucracy, recruitment challenges, ageing workforce, increased need for flexibility, workload etc. There is a need to ensure that our staff have the time to deliver high quality services. To do this we need to review workload across teams both quantitatively against established norms and qualitatively by listening to people at the frontline. Workload is a factor of both staffing levels and of systems and processes that support efficient use of staff time; and each should be taken into account
- ***Bullying – Issues with behaviours at all levels and people not always demonstrating and living our values*** – feedback shows that. 31% of workforce feel that they have been bullied in the previous 6 months. Negativity, rudeness, inappropriate behaviours and abusive or violent consumers are also negatively impacting our staff.
- ***Behaviours impacting consumers*** – in addition to the challenges internally between staff there are also challenges with behaviours that are negatively impacting on consumers. Our consumers do not feel like partners in their care, staff exhibit a negative attitude, are rude, not listening to them. Consumers are wanting friendly and polite interactions, they want us to smile, introduce ourselves, be happy and positive and provide even clearer communication; consumers want us to listen to and respect their individual views and desired outcomes. To value their own experience, and to be responsive to their cultural needs
- ***Leadership and capability development*** – the need to develop managers and clinical leaders who are appreciative role models of our values, who build values-led teams, involve people in change, support their people's wellbeing. As important is the need to develop an overarching workforce development plan to support the building of capability across all professional groups and across the sector
- ***Wellbeing*** - Working in Hawke's Bay should actively contribute to health and wellbeing – both physical and psychological – for all employees, so people feel less drained and more energized. The Big Listen identified that over 40% of our workforce's health and wellbeing had been negatively affected.
- ***Removing and reducing barriers*** - system, process issues and outdated models of care that create additional burden and frustration on the workforce.
- **Health & Safety** - Since the new legislation was put in place, the DHB has implemented a number of systems, processes and activities to ensure that we were "doing the right things" to meet our obligations. The Big Listen, has also provided us with the opportunity to review these current systems and processes and develop a new strategy which will take the DHB to the next level in regards to health & safety. In effect this ensures that we "are doing even more of the right things". This strategy which identifies what good looks like in terms of everyone understanding and working safely, having robust systems and health and safety being the driver not compliance, will be a key work stream embedded within the People Strategy.

FRAMEWORK FOR DEVELOPMENT OF THE PEOPLE STRATEGY

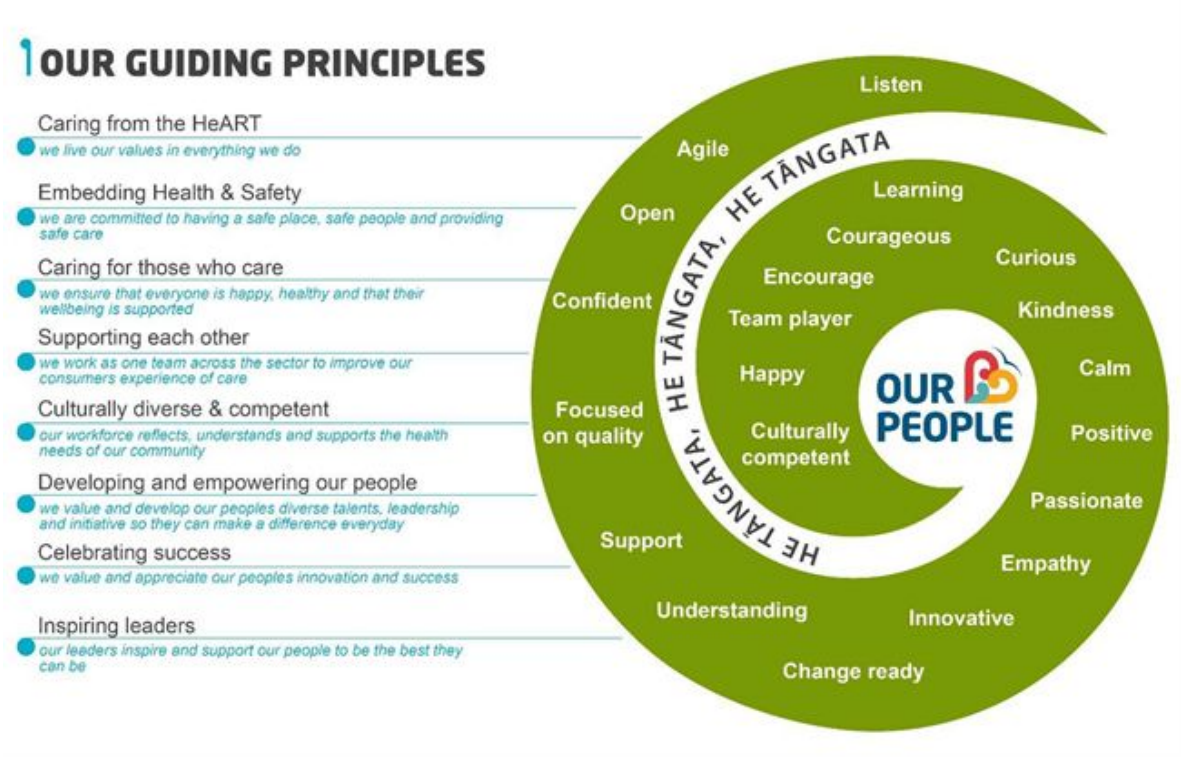
The framework for development of the people strategy (Appendix 1) provides an overview of our guiding principles and the impact that we want for our future workforce.

This following section is draft and requires discussion, input and feedback before the People Strategy is developed.

The ***aim*** of our strategy is to create

"A workforce that is engaged, positive, highly skilled and well supported providing the highest quality service to the community"

The draft ***guiding principles*** ensure that everything that we do with the programme of work links to one of those guiding principles; they are easy to understand and will resonate with our workforce.



In addition feedback from our staff and consumers describes the skills, attributes and behaviours for our future workforce. The framework also begins to describe the ***culture*** that we want to build together. These concepts have also been drawn from the most recent Health Sector Leadership forums and incorporate learnings from the delegations who have visited South Central Foundation.

Based on the feedback received and the themes identified the following identifies the core work streams within the People Strategy:

- Values & Behaviours
- Wellbeing
- Capability and Capacity
- Health & Safety
- Foundations

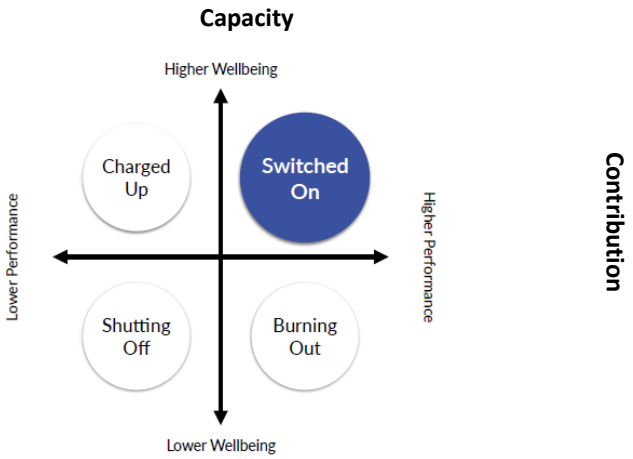
Values & Behaviours

We know that our people working together have a direct positive impact on patient safety, the quality of care provided and ultimately patient outcomes. Our values set the behavioural expectations for every person working in the sector and are key to transforming our culture. Our expectation is that we all display the highest standards of conduct and behaviour and that this is evident with every interaction we have with each other/consumers & their whānau. However, it is clear from the feedback from the Big Listen that this isn't always the case between staff and also in interactions with our consumers. The Big Listen showed that 31% of staff have felt bullied and that 55% of staff did not feel safe to challenge unacceptable behaviour.

Staff identified that not only were there challenges of negative, rude and unacceptable behaviours and bullying, but also the view that people did not feel valued or appreciated for the work that they do. The Big Listen feedback clearly identified that what makes a good day is for staff to feel appreciated, thanked and appreciated for doing a good job and for leaders to acknowledge peoples contribution. As an organisation we need to focus on recognising and "rewarding" our people and celebrating their successes.

Wellbeing

The Big Listen results showed that 45% of staff said that their health and wellbeing had been negatively affected because of their work. Working in health can be challenging and we need to improve our commitment to the safety and wellbeing of our people. There is compelling evidence that investing in people's wellbeing that you reduce the level of risk within an organisation. Improving wellbeing is the biggest driver of engagement, which means the individual's capacity and subsequently their contribution and productivity also increases. Research suggests that for every $1 invested in wellbeing programmes, the average return is 4 – 1[1]; that the difference in productivity between high and low wellbeing employees can be as much as 30%[2] and increasing employee wellbeing can reduce the cost of sick leave by 19%[3]. The below summarises the impact that high wellbeing has on both the individual and ultimately the organisation.



This work stream will be a key priority. We will together develop a wellbeing programme and initiatives to support mental health, physical health, creating meaning and connectedness to the organisation, positive relationships and enabling everyone to thrive within the environment. This work stream will be linked with and aligned to the new Health & Safety strategy ensuring that we have a safe place, safe people and safe care.

Capability & Capacity

Development opportunities for the workforce and increasing the leadership skills were also identified through the Big Listen and Clinical Services plan as areas where further investment and development was needed. Additionally the Clinical Services plan identified challenges in specific work groups and the need to understand and model the workforce of the future which will look different to the current state. We want all our teams to have the right skills, time and knowledge to deliver safe and high quality service that meets our patients and their whānau's needs. Our people are highly skilled and we must ensure that we continue to support them to enhance and grow those skills to realise their full potential. Clinical leadership, consumer engagement and partnerships at all levels are necessary to develop new ways of working and break down professional boundaries and silo thinking. A key component will be the development of a workforce development plan to support our workforce gain skills, and knowledge and develop attributes and a culture that supports them to cope with changes in the sector. This new way of working also requires new leadership models with leaders, where visible leadership, focusing on people's strengths and actively coaching staff are the norm. As part of this plan we will also need to ensure that there is a more systemised mechanism for ensuring staff are released to attend training, that training is accessible to all across the sector and that the training

[1] PwC, 2014.
[2] Page & Vella-Brodrick, 2009
[3] Bertera, 1990

itself is high quality. We will develop a measurement framework to assess the correlation between the building of knowledge and skills and the application back into the workplace.

Health & Safety

The health and safety component links and overlaps in a number of other work streams around capability building, foundations and the key focus on wellbeing. The feedback from the Big Listen has provided us opportunities to reassess our systems and processes, our reporting and capability building so that compliance is not the driver for change. Our aim of creating a safe place, safe people and safe care supports and provides a further lever for building our culture.

Foundations

Both the Big Listen and the Clinical Services plan identified that there were challenges in terms of resources, not just necessarily about people, but equipment, systems and processes that prevent people making a difference. Having systems and processes in place that support effective and timely decision making are key to empowering our people, minimising variation, reducing harm and waste, removing bureaucracy and focussing on learning by our mistakes and continuously improving. We aspire to be a health system that is recognised for its innovative practice and our people encouraged to continually look for opportunities to improve. We want our people to be enabled to do things differently, ensuring that we consistently engage and work in partnership with our consumers and community to deliver healthcare services that meet their needs. Breaking down barriers, reducing bureaucracy and doing the basics brilliantly whilst continuing to truly engage and work in partnership with our teams, unions and consumers to focus on continually making improvements so that people can just get on and do their job and continue to deliver high quality services.

Each of the core work streams will each have an aim and a number of key intentions which are described below. The initiatives that are being developed with our teams will then link to these intentions and guiding principles.

Work Stream	Aim	Intentions/Aspirations
Values & Behaviours	"living and demonstrating our values in everything we do"	• We all live our values in everything we do • All of us can speak up without fear when our values are not being demonstrated • We work together to build and develop our cultural competence and responsiveness to meet the needs of our community • Leaders recognise, appreciate and celebrate successes • We focus and build on our successes • Leaders engage and listen to our people • We ensure that decision making puts people at the centre • We recruit individuals who demonstrate our core values
Wellbeing	"creating a safe and healthy environment for our people to thrive and grow"	• We create an environment that makes working in the HB health sector a great place to work • Our leaders enable and encourage our people's wellbeing • We provide opportunities for all our staff to improve their health and wellbeing • We make sure that everyone feels connected • We strive to develop and maintain positive and sustainable relationships
Capability & Capacity	"growing our peoples capacity, talents and capability, releasing their potential to achieve high quality and safe care	• We give our people time to "do the job well" ensuring that they have what they need • We are committed to the continuous development of our people • We build the capability of our people and leaders providing equitable development opportunities that are appropriate • We ensure our workforce reflects, understands and supports the health needs of our community • We promote multi-disciplinary teams working across boundaries
Health & Safety	Safe Place, Safe People, Safe Care	• We make safety of our staff and patients our number one consideration

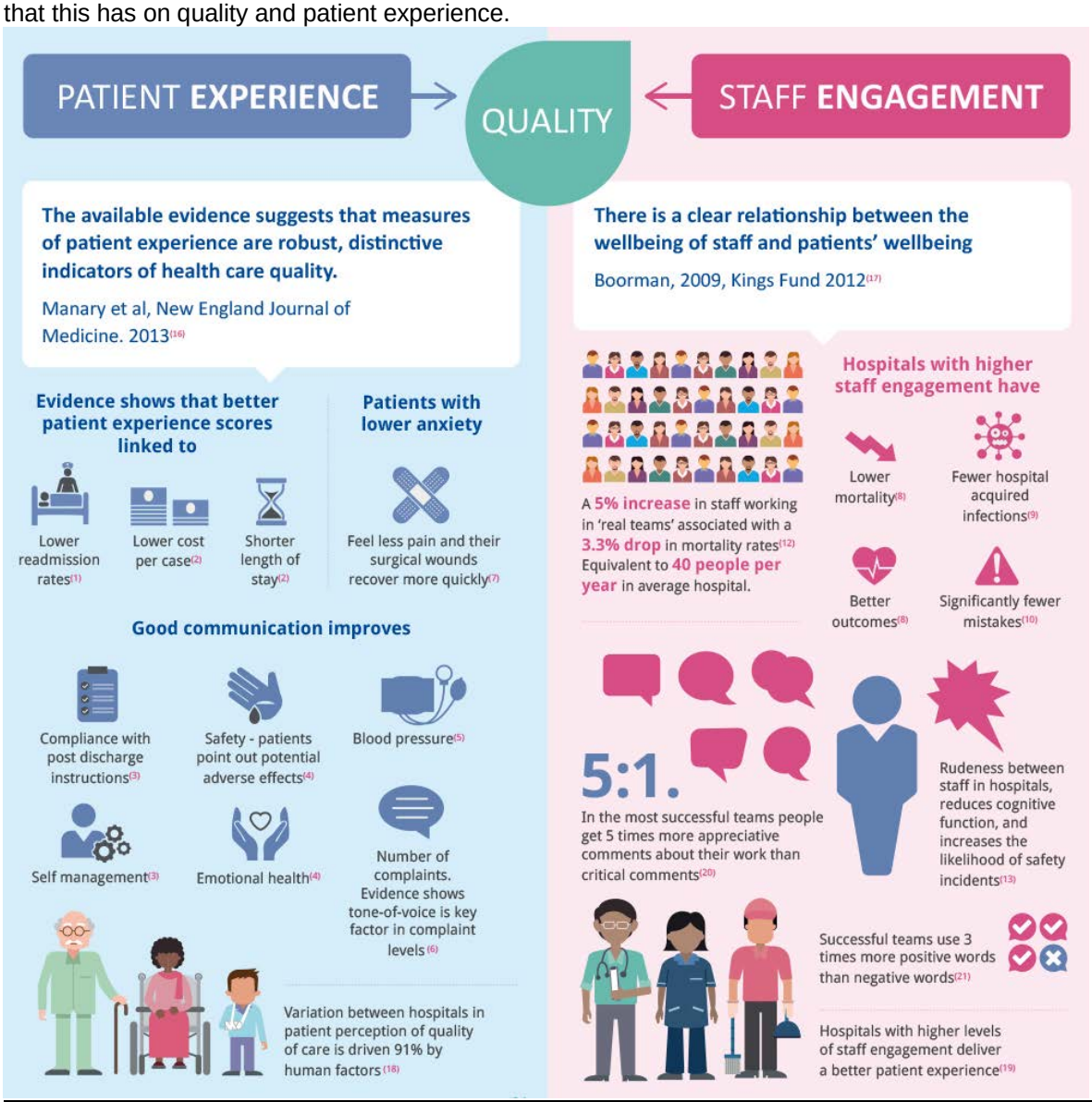
		• Everyone understands and works safely because 'it's the way we do things around here' • There are robust, intuitive systems that make doing the right thing easy and accessible • For our business of caring for people to remind us every day , that people matter… including us • That compliance is not the driver; our health and safety and our colleagues and patients wellbeing is
Foundations	"doing the basics brilliantly"	• We clearly communicate not only the big picture but also the things that are relevant to our staff • We encourage learning, innovation and doing things differently • We ensure our processes are lean to enable people to get on with their jobs • We look to utilise technology to improve what we do • We actively engage with our consumers to ensure we are delivering what they need • We will be "health literate" making health easy to understand and access • We develop mutual trust and respect across all parts of the sector • We reduce waste and implement empowering process improvements • We encourage our staff to do the right thing for our consumers and each other

BENEFITS

There are a number of significant benefits which we want to see from the People Strategy which include:

- Sending a clear signal to the organisation of the DHBs commitment to investing and developing the workforce
- Follow-through of the results of The Big Listen, Clinical Services and Korero Mai
- Increased wellbeing, which in turn increases engagement, productivity and leads to ongoing success
- Engaging with consumers/whanau to ensure we are delivering what they need
- Increased motivation where staff feel more positive around the organisation due to the investment in their wellbeing, skills development and feel more supported
- Reduction in patient harm, improvement in patient experience and ultimately patient outcomes
- Reduction in bureaucracy which enables managers to have more time to support their teams, and staff members to be able to focus on providing high quality service

The below also highlights further benefits of improving staff engagement and the positive impact that this has on quality and patient experience.



MEASURES OF SUCCESS

This framework sets out the principles for development of the People Strategy, investment and development in our workforce and building our culture. To ensure that we know we are making an impact positively for both our staff and our consumers there will be a number of indicators that we will use as follows:

- Positive changes in responses from staff engagement survey - we will undertake a sector wide survey in 18 months, with further 'pulse surveys' in between to track changes. The next full engagement survey will give us greater ability to break the data down into directorates and services, enabling a more targeted approach to some of the initiatives in years 2-3.
- Feedback from people and their whānau using our services through a variety of mechanisms including the national patient experience survey, the local survey once implemented and through further face to face sessions/survey (learning from The Big Listen and Korero Mai processes) which will be undertaken on a quarterly basis.
- Wellbeing indicators of our people – we will gather baseline data which will be measured on an annual basis identifying the impact of the wellbeing programme
- Matching staff capacity with demand e.g. CCDM, Trendcare
- Increased diversity of our workforce that reflects our community profile –
- Quarterly HR KPIs – these will include turnover, sickness levels, annual leave liability, reduction in staff injuries, training completed etc
- Quarterly Patient Safety Indicators – falls assessments, infection rates, length of stay, adverse events

NEXT STEPS

Following feedback from all governance groups and other key stakeholders (senior leaders, professional leads, unions and a cross section of staff), the framework will be used to develop a People Strategy. The strategy will include a high level five year action plan, a detailed action plan for year one with timeframes and responsibilities, and a finalised simple one page document that can be utilised to build awareness and understanding across all teams. The strategy is due to be endorsed in June.

Once the People Strategy has been developed, a communications plan will be implemented and will be ongoing to ensure that our staff understand what is happening and that it closely links and connects back to the feedback that has been provided – simply a You Said, We Did concept.

ATTACHMENT

Appendix 1 – Draft One Page Framework Summary

DRAFT

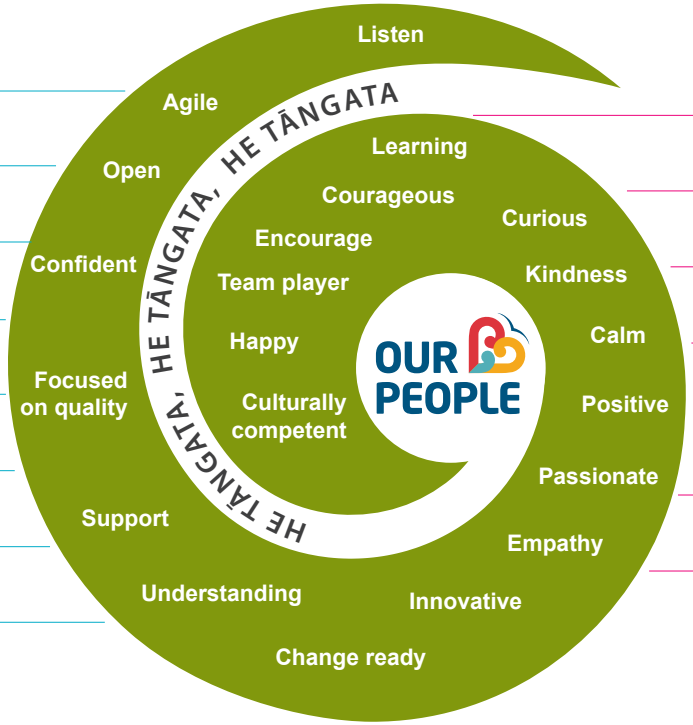
Growing Our People

OUR PEOPLE
He tāngata.
He tāngata.
He tāngata.

He aha te mea nui o te ao?
He tāngata, he tāngata, he tāngata

OUR GUIDING PRINCIPLES

- Caring from the HeART
  - *we live our values in everything we do*
- Embedding Health & Safety
  - *we are committed to having a safe place, safe people and providing safe care*
- Caring for those who care
  - *we ensure that everyone is happy, healthy and that their wellbeing is supported*
- Supporting each other
  - *we work as one team across the sector to improve our consumers experience of care*
- Culturally diverse & competent
  - *our workforce reflects, understands and supports the health needs of our community*
- Developing and empowering our people
  - *we value and develop our peoples diverse talents, leadership and initiative so they can make a difference everyday*
- Celebrating success
  - *we value and appreciate our peoples innovation and success*
- Inspiring leaders
  - *our leaders inspire and support our people to be the best they can be*



OUR CULTURE

- Values based
- Relationship led
- Person and whānau centred
- Whakarongo - listen and responsive
- Manaakitanga
- Atawhai - Care and compassion
- Kotahitanga - unity and collective action

11.1

12

CHOOSING WISELY

Update

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora / Culturally Competent Workforce**
	For the attention of: **Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
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
Month:	April 2018
Consideration:	For Information

RECOMMENDATION:

That the Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

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%

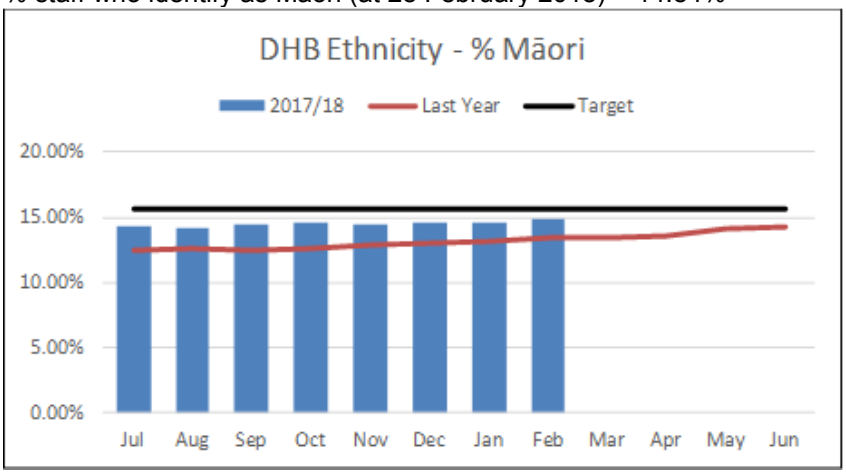


Table A

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.

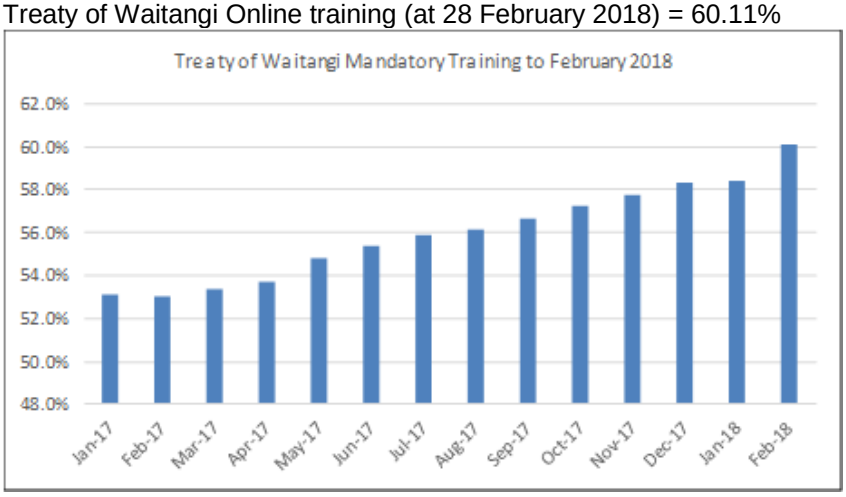
Table C

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%

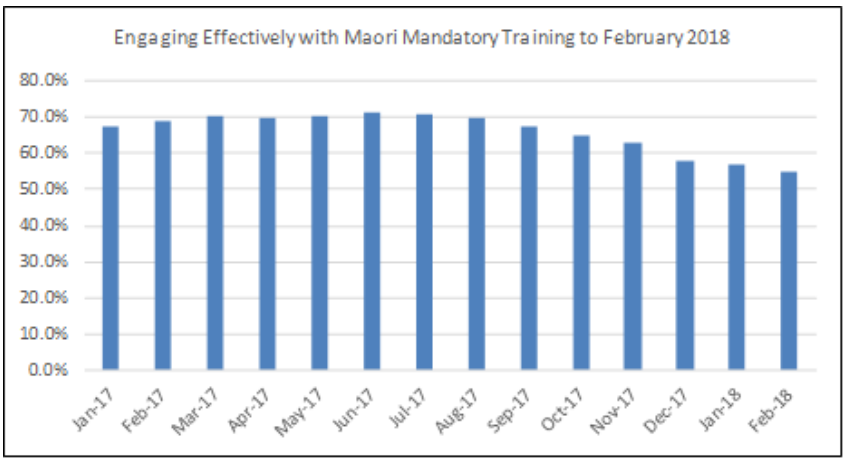
100% of HBDHB staff has completed Treaty on line training & 100% of HBDHB staff has completed the "Engaging Effectively with Māori" (EEWM) training.

Current Performance

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

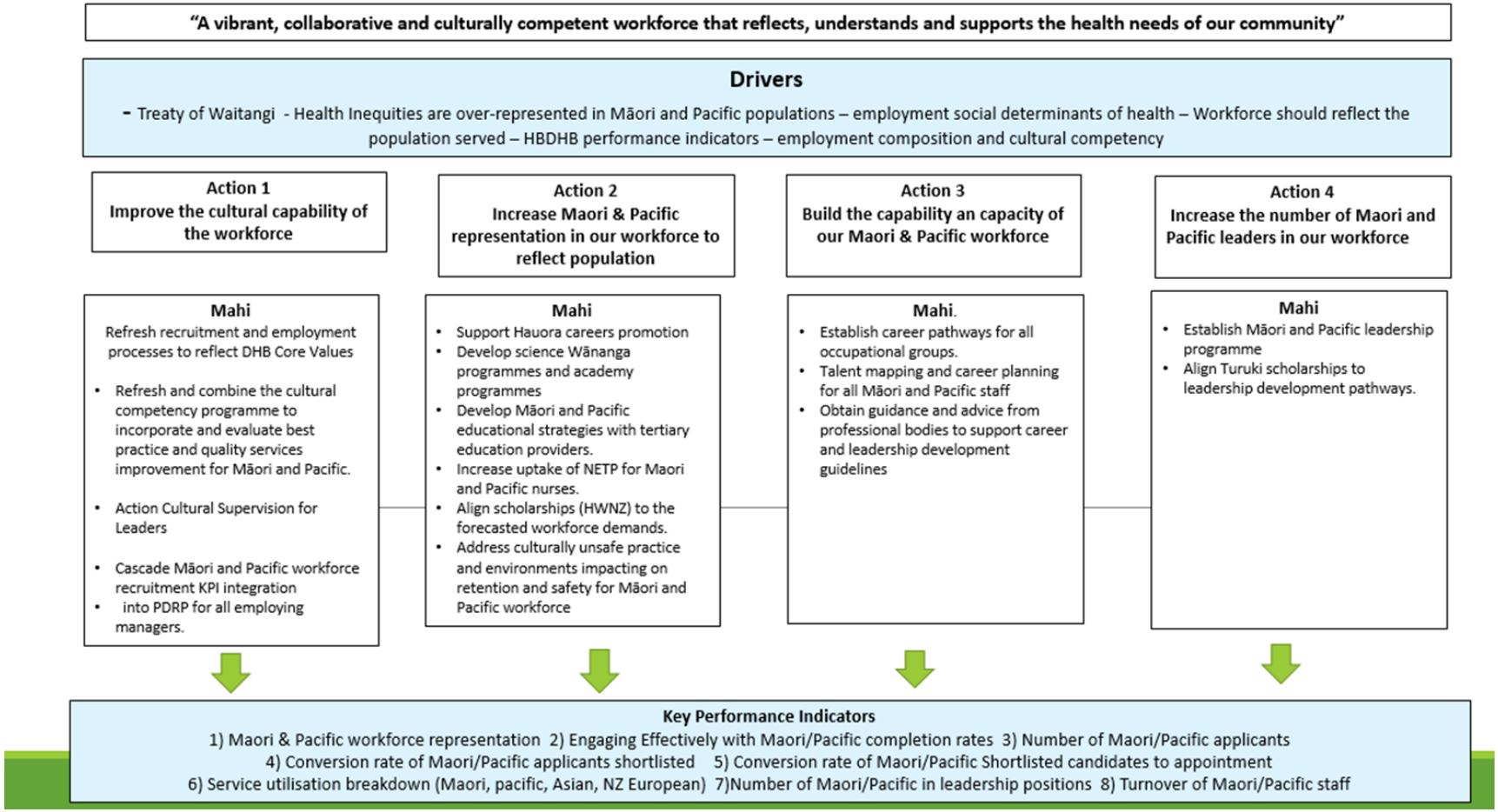


Engaging Effectively with Māori (at 28 February 2018) = 55.04% note that this is a 3 yearly requirement and we are now seeing a drop off in training numbers as some employees did their training more than 3 years ago. We are working on setting up automated reminders to staff when their 3 years is up (or 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	**Māori & Pacific Workforce Action Plan** **A component of Building a Diverse Workforce**
	For the attention of: **Māori Relationship Board, HB Clinical Council; HB Health Consumer Council; Pasifika Health Leadership Group and HBDHB Board**
Document Owner	Kate Coley, Executive Director of People and Quality
Document Author(s)	Patrick Le Geyt, Acting GM Māori Health; Ngaira Harker, Nursing Director, Māori Health; Talalelei Taufale, Pacific Health, Development Manager; Paul Davies, Recruitment Team Leader; Donna Foxall, Māori Clinical Workforce Coordinator
Reviewed by	Executive Management Team
Month/Year	April, 2018
Purpose	For Information & Endorsement of Action Plan
Previous Consideration Discussions	The development of this action plan has been discussed with key operational leaders responsible for workforce development including the Chief Allied Health Professions Officer and Chief Nursing & Midwifery Officer.
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 organisation reflect the community which we serve, in particular the growing Māori and Pacific populations. The Māori and Pacific Workforce Action Plan aims to improve the ethnic diversity of our workforce and improve the cultural competency of our staff and organization. This plan supports 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 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.

14

Contribution to Goals and Strategic Implications	The Māori and Pacific Workforce Action Plan aims 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 Plan aims 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
Consumer Engagement	None at this time – paper will be presented to Consumer Council
Other Consultation /Involvement	A series of stakeholder workshops and subsequent planning and discussion forums have been undertaken.
Financial/Budget Impact	N/A
Timing Issues	Ongoing
Announcements/ Communications	N/A

RECOMMENDATION:

That the Māori Relationship Board; HB Clinical Council, HB Health Consumer Council, Pasifika Health Leadership Group and the HBDHB Board,

1. **Note** the contents of this report.
2. **Endorse** the proposed action plan (Appendix 1)
3. **Note** the reporting framework and KPI's

Māori and Pacific Workforce Action Plan

A component of Building a Diverse Workforce

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:	**26 March 2018**

PURPOSE

The purpose of this paper is to provide EMT with a Māori and Pacific Workforce Action Plan. The intent of this action plan is to sustain the successes and effective strategies that have been in place for a number of years, 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.

This plan supports 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 Maori and Pacific Workforce action plan aims to build on these current successful actions, by employing, retaining, sustaining and supporting opportunities within professional development and leadership for 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 month 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 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 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

RECOMMENDATION:

That the Māori Relationship Board; HB Clinical Council, HB Health Consumer Council, Pasifika Health Leadership Group and the HBDHB Board,

1. **Note** the contents of this report.
2. **Endorse** the proposed action plan (Appendix 1)

ATTACHMENTS

Appendix 1: provides an overview of the Māori and Pacific key action plan flow chart

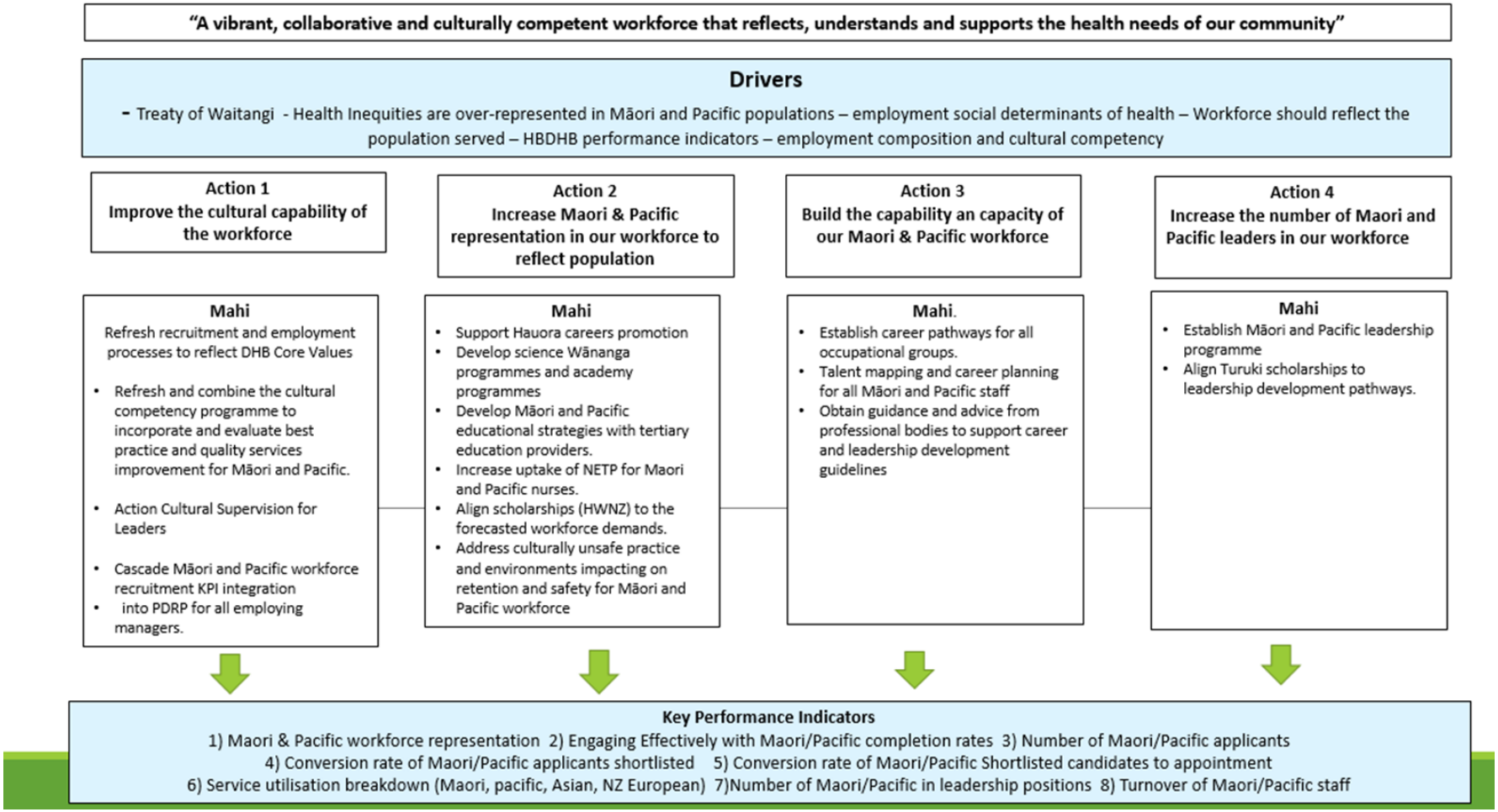
Appendix 2: provides further detail on the activities that will be undertaken under each of the objectives.

Appendix 3: 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 4: Identifies baseline data currently utilized to measure Maori and Pacifica Workforce.

Appendix 5: identifies the risks and opportunities in delivery of the Māori and Pacific Workforce Strategy.

Appendix 1 Key proposed Actions (5 year plan)



Appendix 2 Further actions to support (5 year plan)

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
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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.

Appendix 3 2016 Action Plan

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 To develop on-line course on Ko Awatea	Ongoing - BAU
	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		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	In place for Māori staff - BAU

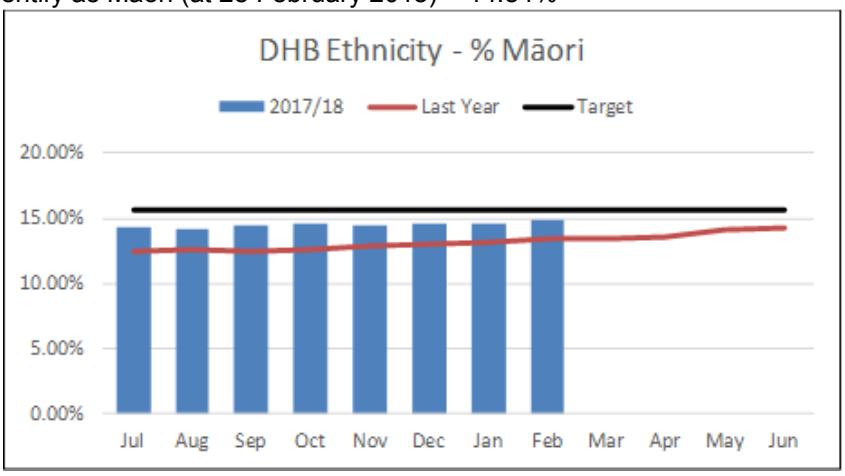
	Māori staff member/consumer AND a community representative.		List of Māori staff available for Interview Panels managed by Dianne Wepa/Donna Foxall - MHS Additional panel members identified and will be trained in April	
	Develop "Day in the Life" video of current Māori staff.		First video developed, 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		One campaign completed using Facebook To develop additional campaigns to meet needs of organisation as and when required	Incorporated

	- 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		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	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

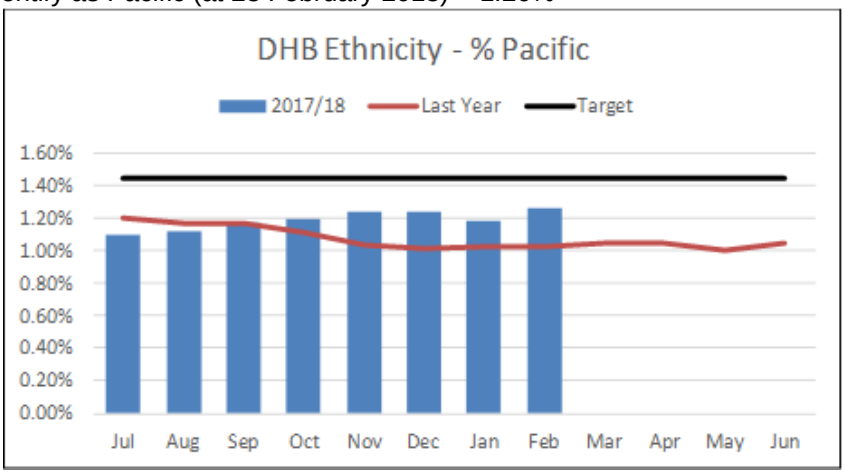
Appendix 4 Current Reporting frameworks Māori and Pacific

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

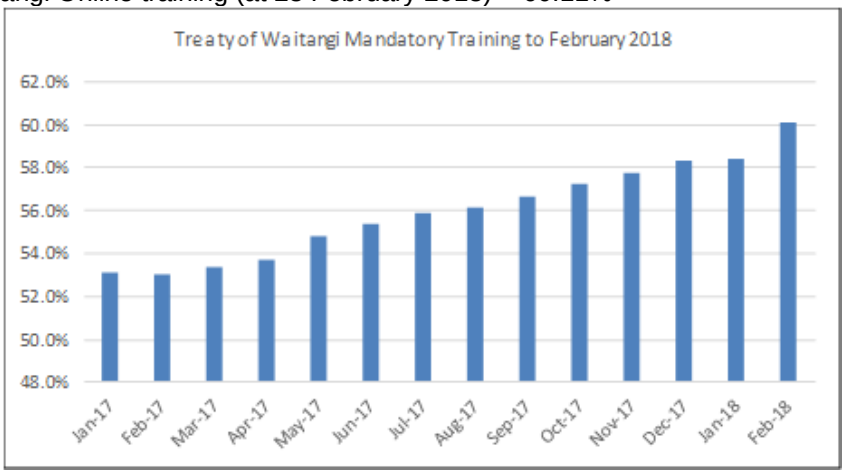
% staff who identify as Māori (at 28 February 2018) = 14.84%



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

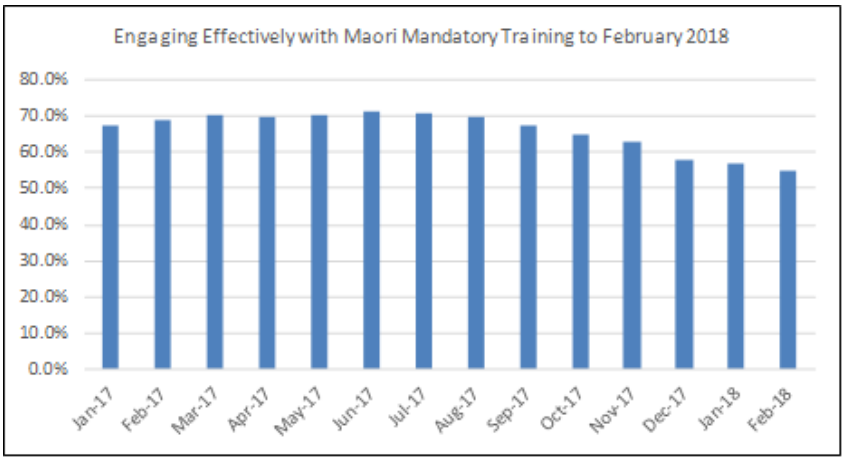


Treaty of Waitangi Online training (at 28 February 2018) = 60.11%



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 4 - 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 5: 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	**Havelock North Gastroenteritis Outbreak – Progress Report on Review Recommendations**
	For the attention of: **HB Clinical Council and HB Health Consumer Council**
Document Owner and Author	Kate Coley, Executive Director of People and Quality
Reviewed by	Executive Management Team and Finance Risk and Audit Committee (in March 2018
Month/Year	April, 2018
Purpose	For Information
Previous Consideration Discussions	
Summary	This is the second update for Board in relation to the endorsed recommendations in relation to the Havelock North Gastroenteritis Outbreak review report from March 2017. A number of recommendations have been completed since the previous report in October of 2017, however there are a number which will require a regional and national approach to support their implementation. The recommendation table in Appendix 1 has been updated and provides a timeframe for those outstanding recommendations.

RECOMMENDATION:

That HB Clinical Council and HB Health Consumer Council:

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

15

Havelock North Gastroenteritis Outbreak – Progress Report on Review Recommendations

Author:	**Kate Coley**
Designation:	**Executive Director of People & Quality**
Date:	**March 2018**

PURPOSE

The purpose of this report is to provide Board with a summary of the progress being made on implementing the recommendations of the Havelock North Gastroenteritis Outbreak Review that was endorsed by Board in March 2017.

EXECUTIVE SUMMARY

This review report set out the findings of an internal review intothe DHB's management of the gastroenteritis outbreak during the emergency response (12 – 23 August 2016) and the subsequent recovery period (23 August - 4 September 2016).

The report identified where the DHB excelled in its response and put forward a number of recommendations around areas for improvement. Since the internal review was endorsed the independent government inquiry Phase 1 and 2 have been completed with the recommendations from Phase 2 being considered at this time. The actions and recommendations have therefore also been updated to reflect the findings from Phase 1 of the inquiry.

It was agreed that the implementation of these recommendations would greatly enhance the capability and capacity of Hawke's Bay DHB and associated partners to respond to large scale outbreaks or other health emergencies in the future. Each recommendation incorporated a number of strategies for improvement.

In summary, these recommendations and strategies for improvement included:

1. Incorporating relevant learnings from this outbreak into the emergency response and emergency management communications strategy
2. Reviewing and implementing an agreed set of principles and capabilities for managing outbreak information
3. Strengthening public health outbreak management system
4. Developing and implementing guidelines for the management of large scale (outbreak) microbiological testing
5. Strengthening collaboration and integration of Primary Care, Community and Hospital Health Services
6. Strengthening outbreak management through shared learnings, at both local and national levels.

It was envisaged that most of the recommendations would be implemented within a 12 month period and some have already been completed, however there are a number which will require a national and regional approach, thereby requiring a longer time to develop and implement a solution.

RECOMMENDATION:

That HB Clinical Council and HB Health Consumer Council:

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

ATTACHMENT

Appendix 1 provides an update on progress against these recommendations and identifies timeframes for those actions still to be completed.

Appendix 1 - Action Plan Progress Report

Recommendation	Activity	Priority	Responsibility	Progress Update March '18	Expected completion Date
1. Enhancing outbreak management and emergency response system	**a) Identify triggers for Incident Management Team initial meeting.**	Low	ED of PS		**Completed**
	b) Review Situation Unit processes to allow effective use of team members.			*Workshop booked to complete*	March 31, 2018
	c) Look at a plan for resilience of the organisation and its staff.			***Work is underway with the ministry. Once a national guideline is developed then we will develop a plan aligned to those guidelines. Emergency response Coordinator will action this item however this work is not likely to be completed due to the national guideline development until end of 2019.***	**Closed**
	d) Briefings and planning meetings need to be conducted separately, briefing for all staff involved (look at possibility of streaming briefings), planning for Incident Management Team on duty – process to include format and who included.				**Completed**
	e) Process manual for EOC needs to be reviewed.				**Completed**
	f) The Incident Management Team roster needs to be prominent in the EOC.				**Completed**
	g) Individuals in the Incident Management Team need some cross training to allow flexibility in placement in roles.				**Completed**

15.1

	h) **New** – Population Health Service Outbreak Management Policy review		EDSHI/DPH	*The outbreak management policy was last reviewed in 2013. A review is planned*	May 31, 2018
2. Strengthening Collaboration and Integration of Primary Care, Community and Hospital Health Services	a) Develop a district-wide infection prevention and control outbreak management guideline b) Early meeting of all community responders to agree action. **c) The trigger for the activation of the Emergency Services Coordinating Committee needs to be examined.** **d) Provision of situation reports and advisories to primary care in future events to become part of standard practice.** **e) Telephone calls to key agencies to alert the need to read emails would assist in information dissemination.** **f) Investigation into health access to Population warning announcements may be useful.** **g) Process for the management and support of other agencies needs to be prepared.** **h) Coordination of effort needs to be addressed.** i) A plan for PHO response and collaboration with the wider DHB needs to be prepared. **j) Need to define roles and expectations for community staff working within primary care.** **k) Options for changing the model of care in general practice need to be investigated.** **l) Investigate a DHB or PHO member onsite for aged residential care.** **m) Residential care database of all residents and those in independent living required.**	Low	ED of PS & GM HHB	Underway – Infection control & Population Health to review Underway *Underway – discussions ongoing* ***To be incorporated into the CSP overarching programme***	June 30, 2018 June 30, 2018 **Completed** **Completed** **Completed** **Completed** **Completed** **Completed** July 31, 2018 **Completed** **Completed**

	n) Identify mechanism to integrate primary care and community healthcare providers into HBDHB outbreak management system to enable: i. Timely notification of alerts (e.g. after-hours contact lists) ii. Integration of providers into the incident management processes when required iii. Sharing of outbreak status reports and communications.			*PHO placed within CIMS structure. Waiting draft document from PHO thereafter this will be added within the Operations Section of the Emergency response plan.*	September 30, 2018
3. Strengthening outbreak management through shared learnings	a) Development of an interagency collaborative framework and ethos in the management of large scale disease outbreaks including: i. development of an agreed set of principles, activities and capabilities for managing large scale outbreaks **ii. creating a tool for coordinating and linking key stakeholders (e.g. industries, government agencies and relevant non-government organisations)** **b) Rules of engagement regarding information gathering for the MoH would avoid duplication of effort.**	Low	ED of PS	*A regional surge capacity agreement in place for resource sharing among public health services. The role out of a national Emergency Management Information System (EMIS) as a shared information platform remains limited. Civil Defence and the Ministry of Health continue to maintain separate systems and support resources are limited.* *Public Health capacity within the Ministry of Health has been increased with the appointment of a new Director of Public Health and two deputies.* ***Passed to ministry for action.***	Further EMIS development on hold pending a more comprehensive information system review recently announced by the Ministry for Civil Defence and Emergency Management. Timeframe not yet specified. **Completed** **Closed**

15.1

	c) A process for the implementation of a MoH national expert group could provide this advice early in an event. d) **Population and dissemination of lessons learnt to assist DHB's and territorial local authorities with outbreak planning responses to major events.**			***Passed to ministry for action.*** ***Passed to ministry for action***.	**Closed** **Closed**
4. Strengthening HBDHB's Outbreak Management System	a) Review mechanisms to better integrate and coordinate population health teams into the organisation-wide incident management processes. b) Review outbreak management processes including: i. Formally integrate ESR roles into the surveillance outbreak management process ii. Risk identification and mitigation strategies iii. Identify resources required for the consistent inputting of data during an outbreak event (e.g. Health EMIS) iv. Develop guidelines for workforce resource planning and defining criteria for accessing external staff resources v. Develop an outbreak timeline framework for implementation throughout the duration of an event vi. Develop a process to triage calls and manage inquiries vii. Identifying processes to understanding community resilience during an outbreak (e.g. household surveys).	Moderate	ED of PS & Dir Pop Health	*a. Underway – Number of workshops with structure refined and team identified. An exercise to test response integration during a novel strain influenza epidemic is planned this year.* *b. The need for an information system to manage clinical cases and their contacts has been identified as a high priority. Functional requirements have been developed by the Canterbury public health service and shared with HB. The potential for a national solution to be developed is under consideration of the national Population Health Clinical Network. More work is required to strengthen epidemiological surveillance capability within the DHB planning and intelligence function. Outbreak and event forecasting methods yet to be embedded within the intelligence function. Health EMIS is not*	May 31, 2018 June 2019

				currently being further developed by the Ministry of Health.	
	c) Moving the Population Health Service into the DHB EOC environment early needs a process.			*c. See 4a above re discussion on interoperability between DHB emergency response and Population Health.*	May 31, 2018
	d) A model tying together the methods of surveillance required in an outbreak event would allow better management of surveillance. This would include the process for surveys, ESR provision of data locally and nationally and management of the data collected.			***d) There has been progress on the lab testing component of outbreak surveillance. However there is currently no national project to address national epidemiological surveillance requirements. The issue has been referred to the Ministry of Health and the NZ Microbiological Society***	**Closed**
	e) Investigate a process for surveillance in schools and workplaces in order to allow early identification of increased absenteeism.			*e) We are awaiting the government response to the inquiry recommendation on this this point.*	A response is expected from government in early April 2018
	f) Undertake workforce planning with the CNIDWAU to determine future resource requirements for Drinking Water Assessors.				**Completed**
	g) Identify training requirements and implement the training programme (e.g. Health EMIS, document management).				**Completed**
5. Outbreak Communication Strategy	**a) The DHBs communication strategy is reviewed and outbreak processes are defined to:** **i. Facilitate an advanced (early and proactive) communication plan that includes:**	Mod	ED of CS		**Completed**

	▪ identification of all agencies that need to be informed ▪ define process for health services to identify key stakeholders and inform communications team ▪ risk assessment and decision making for communication and managing external influencing factors (e.g. local elections) ▪ identify one-voice fronting all communications (management/clinical) ▪ prepare strategic communications (e.g. video-clips) ii. Promote an early announcement of outbreak communication for all stakeholders (staff and the Population) that includes: ▪ consistent messaging ▪ announcement of planned information updates iii. Enable mass communication to staff and the Population that includes: ▪ the use of technologies (e.g. text messaging) ▪ maintaining current contact directories for key staff and external stakeholders iv. The communications team need to increase capacity during events in order to manage the workload particularly with the media v. Contact database data to be updated. Contact with community pharmacy needs to be by fax initially				

6.	**Information and Document Management Systems**	**a) A review of the EOC process for filing emergency response and recovery documents is undertaken.** **b) Review of cascade of information process required.** **c) Process for preparation of advisories and fact sheets to be investigated.** d) Need a process for consistent data collection – what data, from where, how collected, presentation and surveillance process. Forecasting of data requirements would allow consistency of data presentation. e) The presentation of data needs to be agreed early. **f) The DHB establishes a standardised naming convention system for all emergency management events.** g) An organisation information management policy is developed and implemented in accordance with the New Zealand Archives Standard and Population Records Act 2005.	High	ED of P&Q	d) *Part of planning and intelligence work, workshop planned.* *e) To be included in planning and intelligence work.* *g) Policy in draft. Wider context around overall Records Management across the DHB. Records Management Project TOR to be developed.*	**Completed** **Completed** **Completed** May 31, 2018 May 31, 2018 **Completed** October 31, 2018
7.	**Guidelines for the Management of Large Scale (Outbreak) Microbiological Testing**	a) Development of national laboratory service guidelines for implementation at local level.	High	ED of S & HI	*Clinical Microbiologist Dr Rosemary Ikram is progressing this through the NZ microbiological network.*	Escalation of issue to national level complete. Timeframe for completion of national guidelines is unknown.
8.	**Additional actions arising out of the Government Inquiry State One Findings**	a. DWAs to require water suppliers to demonstrate collaboration with HBRC so as to ensure they have a better understanding of catchment risks. DWAs also to require more holistic investigations into *e.coli* transgressions.	High	ED of S & HI	a. *A more stringent approach to assessing compliance with the legal requirement for water suppliers to protect drinking water sources was taken in 2017. This resulted in Wairoa District Council and Central Hawke's Bay District Council being*	March 2018

				found non-compliant in meeting this requirement. These matters are currently being escalated to TA CEOs. *The HBRC collaboration process TANK and the Joint Working Group are also developing provisions for a plan change that will aim to protect drinking water sources*	30 June 2018
	b. HBDHB to address critical DWA shortage			**b. An experience Drinking Water Assessor has now been appointed to replace the DWA who resigned. Another DWA has returned to work part time from maternity leave. Two other staff are expected to be accredited as DWAs this year.**	**Completed**
	c. Implement escalation and enforcement policy			c. *Local policy work is on hold pending further guidance from Ministry of Health on escalation and enforcement.*	Response to government inquiry expected early April 2018
	d. Manage transgressions within a drinking water reticulation as potentially due to source water contamination even if source water samples are clear			**d. Ongoing.**	**Ongoing**
	e. Work with the Ministry of Education to establish a real time school absenteeism reporting system			*e. The Director of Public Health Dr Caroline McElnay advised the Havelock North inquiry that the Ministry of Health is awaiting the results of a feasibility study on this before making any decisions.*	ESR study expected to be complete by June 2019

	f. Establish better information exchange processes between drinking water and communicable disease teams. g. Develop a sustainable governance framework for the Drinking Water Joint Working Group (JWG) h. **Work with the JWG to identify potential untreated self-supplied dwellings and other buildings at risk from source water contamination. Provide advice or other risk mitigation measures to those supply owners**. i. Ensure HBDHB has intelligence capacity to provide epidemiological forecasts.			**f. Water transgressions are a fixed agenda item at fortnightly Communicable Disease meetings.** *g. Drinking Water Joint Committee established. Awaiting the appointment of an independent chair prior to meeting again. The source water is considered when determining the cause of a transgression.* **h. JWG allocated responsibility for the resolving self-supply issues**. i. *Work at a National level needs to be undertaken. Once completed further conversations and development of capacity within the Business Intelligence team will need to be completed.*	**Ongoing** HBRC providing secretariat for the Joint Committee and is responsible for the appointment. It is expected this will be complete by May 2019 **Ongoing** October 30, 2018

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Breastfeeding (national indicator)**
	For the attention of: **Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council and HB Health Consumer Council and HBDHB Board**
Document Owner	Chris McKenna, Chief Nursing and Midwifery Officer
Document Author(s)	Jules Arthur, Director of Midwifery; and Shari Tidswell, Intersector Relationship Manager
Reviewed by	Patrick Le Geyt, Acting GM Maori Health and Executive Management Team
Month/Year	April 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 six weeks and three 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 six weeks and a service re-design to support breastfeeding from birth to six 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:

It is recommended that the Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

1. **Note** the content of the report.
2. **Endorse** the key recommendations.

16

HAWKE'S BAY
District Health Board
Whakawāteatia

Te Ara Whakawaiora: Breastfeeding (national indicator)

Author(s):	Jules Arthur and Shari Tidswell
Designations:	Director of Midwifery | Intersector Relationship Manager
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 Chris McKenna, Champion for the Breastfeeding (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
Breastfeeding *National Indicator*	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

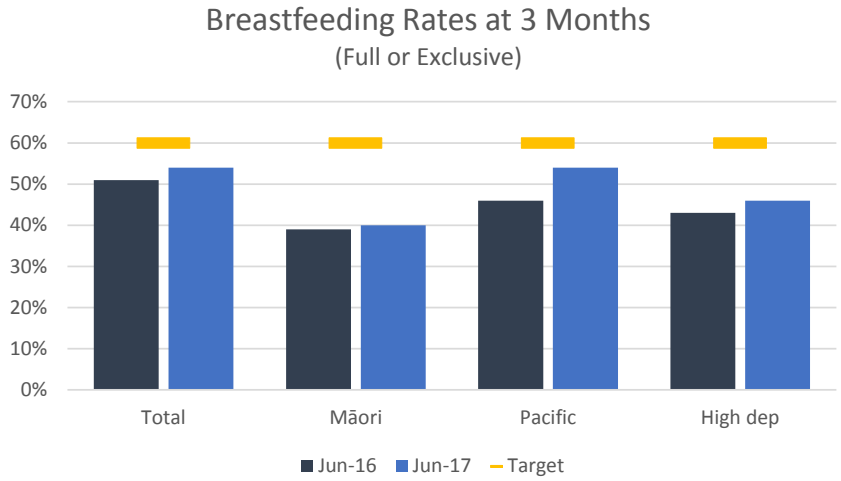
Please note that the data is taken from Well Child Tamariki Ora data reported to Ministry of Health – this means that there is no data reported for six months and we only have time series data for breastfeeding at three months. We have problems accessing current data for breastfeeding, particularly when broken down by ethnicity.

Most recent breastfeeding data:

Breastfeeding rates, come 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 have the greatest disparity with the total rate. No group is meeting the national target of 60% for tamariki at three months. In the latest data for all children is closer to the national target but still 10% under for six weeks and 6% under for three 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.

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 (6weeks to 6months) and business case presented to EMT (0 to 6weeks).
"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 reviewed contracts providing breastfeeding support from six weeks to six 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?

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, six weeks and three 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 six 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 6-weeks to 6-months. 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 six 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:

It is recommended that the Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

1. **Note** the content of the report
2. **Endorse** the key recommendations.

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora - Cardiovascular**
	For the attention of: **Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
Document Owner	John Gommans, Chief Medical Officer
Document Author(s)	Paula Jones, Service Director
Reviewed by	Executive Management Team
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 Maori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

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

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.

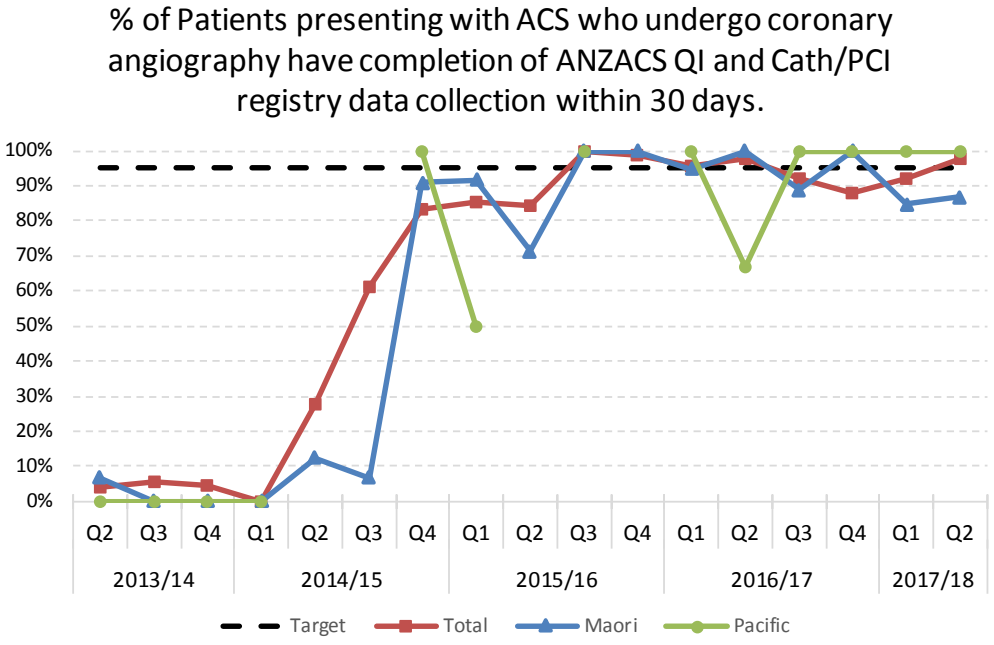
FIGURE 1

% 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%)



		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>

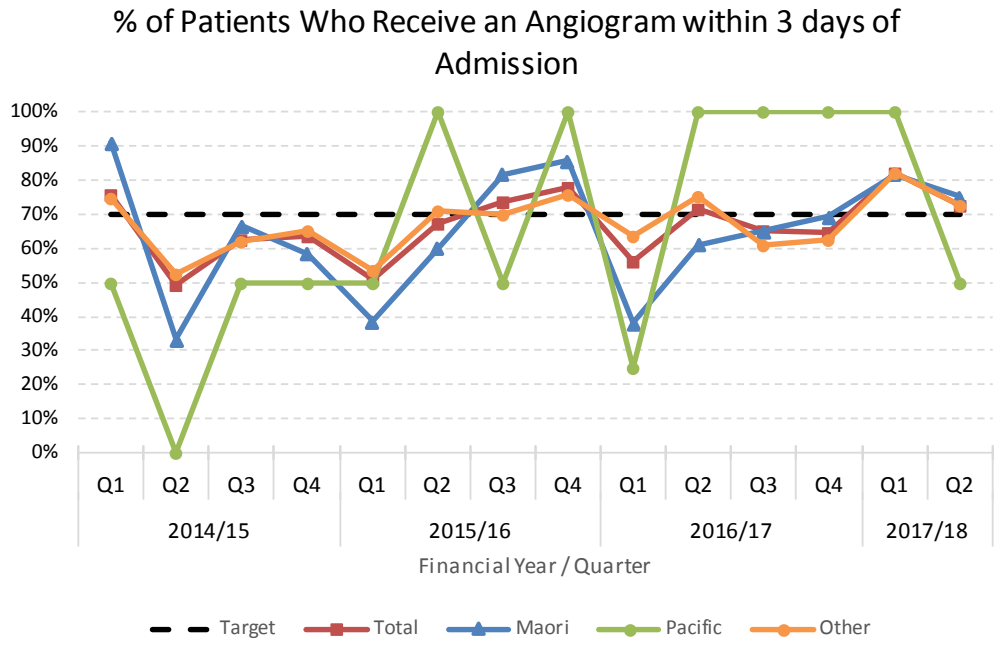
Quarterly ANZACS-QI KPI Detailed Report

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%)

The dates are based on the dates of admission. Number (%) of all ACS patients where door to cath time is between -2 to 3 days. Target is 70%. Those with < -2 days are excluded from numerator but included in denominator.



		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 Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

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

HAWKE'S BAY District Health Board Whakawāteatia	**Te Ara Whakawaiora: Healthy Weight (national indicator)**
	For the attention of: **Māori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board**
Document Owner	Sharon Mason, Executive Director Provider Services
Document Author(s)	Shari Tidswell, Intersector Development Manager
Reviewed by	Patrick Le Geyt, Acting GM Maori Health and Executive Management Team
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 Maori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

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

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

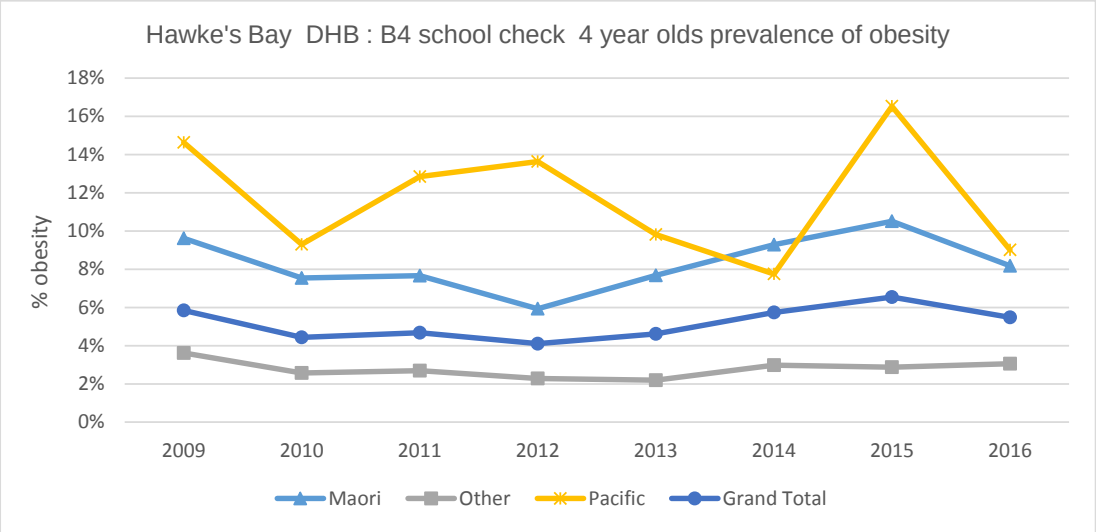
The following is the indicator of concern, allocated EMT champion and reporting month for each.

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

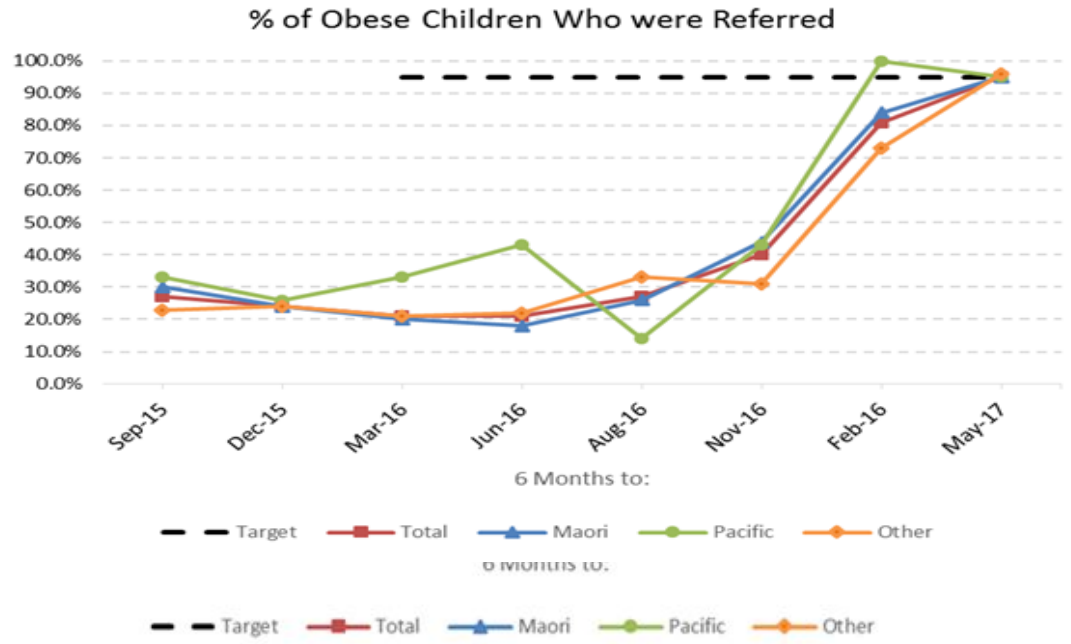


Table 3

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 Maori Relationship Board, Pasifika Health Leadership Group, HB Clinical Council, HB Health Consumer Council and HBDHB Board:

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

HB NURSING & MIDWIFERY LEADERSHIP COUNCIL & DASHBOARD

Late Paper

CLINICAL PORTAL PROJECT UPDATE

HAWKE'S BAY District Health Board

Clinical Portal Implementation (CP) – FRAC Project Progress Report

Project Name	Clinical Portal & Radiology (RHIP)	Date	20/ 03 / 2018
		Prepared by	Michael Sheehan
Project Manager	Michael Sheehan - Reporting to Anne Speden, CIO		

Description: The Clinical Portal (CP) project is moving clinical information from a customised Patient Administration system (ECA). ECA will remain for patient administration activities while clinical information will progressively migrate to Orion Health's Clinical Portal as part of a regionally hosted solution, in-line with a region wide agreement.

HBDHB Clinical Portal Implementation Project

OVERALL PROJECT STATUS & TREND – to date ending 20/03/2018

Status	Trend	Rationale
G	▶	Status = Green • Clinical Portal Implementation Project progressing to plan Trend = Green • Communications begins leading to Grand Round presentation 11 April • CP available with Regional data on track for end of April

Planning & Activities – to date ending 20/03/2018

Progress To Date

- Frank Rawlinson, CP & Whanganui CMO, presenting CP to Grand Round & Clinical Council 11 April
- Communications planning underway with Communications Team for Grand Round "Launch Event"
- "CP Familiarisation" training to follow in the days after the Grand Round "Launch Event"
- Engagement with 34 Subject Matter Experts (SME's) continues
- Planning underway for data migration to CP
- Dedicated development team at Orion
- Progressive delivery from Orion aligns to Hawke's Bay DHB progressive rollout
- Regional solution's stability & capacity improving
- Note – Separate project underway for planning clinically led "service design workshops" for future capability in CP

Budget

- Capital & operational expenditure within project budget estimates

Progressive Rollout Out Dates

- April – Hawke's Bay clinicians can view Regional data – on track
- June - Hawke's Bay clinicians can view Regional & HBDHB data – on track
- July to December 2018 – Progressive rollout to be planned in consultation with stakeholders

Issues	Mitigating actions underway
Analysis of data is identifying some inconsistency & issues	• Identifying issues and scoping actions required to remediate to required level of consistency

IMPLEMENTING NEW CLINICAL GOVERNANCE STRUCTURE – REPORTING PROGRAMME FOR COMMITTEES

TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

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:

24. Minutes of Previous Meeting

25. Draft ACC "Supporting Treatment Safety"

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).