



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 3 September 2020

Meeting: 4.00 pm to 6.30 pm

Venue: Te Waioira Boardroom, HBDHB Admin Building, Floor 2 & Zoom

Council Members:

Rachel Ritchie (Chair)
Malcolm Dixon (Co-Deputy Chair)
Dr Diane Mara (Co-Deputy Chair)
Sami McIntosh
Deborah Grace
Daisy Hill
Sarah Hansen
Dallas Adams

Les Cunningham
Denise Woodhams
Tumema Faioso
Jim Henry
Gerraldine Tahere
Oliver Taylor
Angie Smith

Apologies:

In Attendance:

Dr Andy Phillips, (ELT Consumer Council Lead)
Susan Barnes, Patient Safety & Quality Manager
Caryn Daum and Nancy Barlow – Consumer Experience Facilitators
Debs Higgins, Clinical Council Representative
Wayne Woolrich – CEO Health Hawke's Bay
TBA - Council Administrator

Public

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4:00pm
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting (Public)	
5.	Matters Arising – Review Actions (Public)	

Item	Section 1 – Routine	Time (pm)
6.	Consumer Council Workplan	
7.	Consumer Council Board Report for August 2020 <i>(report for information)</i>	
8.	Provider Services Report to Board for August 2020 <i>(report for information)</i> Wairoa Localities <i>(report for information)</i>	
9.	Chair's Report <i>(Verbal - Rachel Ritchie)</i>	
10.	Consumer Experience Facilitators Report – <i>(Nancy Barlow / Caryn Daum)</i>	
11.	Committee Representatives Feedback <ul style="list-style-type: none"> • Consumer members on Committees – Groups list • Patient Safety – Rachel Ritchie • Telehealth – Oliver Taylor • Clinical Council – Les Cunningham <i>(verbal 5 min)</i> • Other 	
Item	Section 2 – For Discussion/Or Approval	Time (pm)
12.	MH&A Presentation – Deborah Grace, David Warrington and others (30mins)	4.30pm
13.	Pātaka Korero (verbal update) – Charrissa Keenan (10 mins)	5.00pm
14.	Section 3 – Recommendation to Exclude the Public	5.10pm

Public Excluded

Item	Section 4 – Routine	
15.	Minutes of Previous Meeting (Public Excl) <i>(no matters arising)</i>	5.10pm
16.	HB Health Consumer Council Terms of Reference Review – Andy Phillips	5.20pm
17.	2020/2021 Planning - Finalise Consumer Council Goals	5.40pm
18.	Topics of Interest – Member Issues / Updates	5.55pm
19.	Karakia Whakamutunga (closing)	6.05pm

NEXT MEETING:**Thursday, 8 October 2020**

Boardroom, HBDHB Corporate Office, Cnr Omaha Road & McLeod Street, Hastings & zoom

Our shared values and behaviours



1 HE KAUANUANU RESPECT *Showing respect for each other, our staff, patients and consumers*

Welcoming	<ul style="list-style-type: none"> ✓ Is polite, welcoming, friendly, smiles, introduce self ✓ Acknowledges people, makes eye contact, smiles 	<ul style="list-style-type: none"> ✗ Is closed, cold, makes people feel a nuisance ✗ Ignore people, doesn't look up, rolls their eyes
Respectful	<ul style="list-style-type: none"> ✓ Values people as individuals; is culturally aware / safe ✓ Respects and protects privacy and dignity 	<ul style="list-style-type: none"> ✗ Lacks respect or discriminates against people ✗ Lacks privacy, gossips, talks behind other people's backs
Kind	<ul style="list-style-type: none"> ✓ Shows kindness, empathy and compassion for others ✓ Enhances peoples mana 	<ul style="list-style-type: none"> ✗ Is rude, aggressive, shouts, snaps, intimidates, bullies ✗ Is abrupt, belittling, or creates stress and anxiety
Helpful	<ul style="list-style-type: none"> ✓ Attentive to people's needs, will go the extra mile ✓ Reliable, keeps their promises; advocates for others 	<ul style="list-style-type: none"> ✗ Unhelpful, begrudging, lazy, 'not my job' attitude ✗ Doesn't keep promises, unresponsive

1 ĀKINA IMPROVEMENT *Continuous improvement in everything we do*

Positive	<ul style="list-style-type: none"> ✓ Has a positive attitude, optimistic, happy ✓ Encourages and enables others; looks for solutions 	<ul style="list-style-type: none"> ✗ Grumpy, moaning, moody, has a negative attitude ✗ Complains but doesn't act to change things
Learning	<ul style="list-style-type: none"> ✓ Always learning and developing themselves or others ✓ Seeks out training and development; 'growth mindset' 	<ul style="list-style-type: none"> ✗ Not interested in learning or development; apathy ✗ "Fixed mindset, 'that's just how I am', OK with just OK
Innovating	<ul style="list-style-type: none"> ✓ Always looking for better ways to do things ✓ Is curious and courageous, embracing change 	<ul style="list-style-type: none"> ✗ Resistant to change, new ideas; 'we've always done it this way'; looks for reasons why things can't be done
Appreciative	<ul style="list-style-type: none"> ✓ Shares and celebrates success and achievements ✓ Says 'thank you', recognises people's contributions 	<ul style="list-style-type: none"> ✗ Nit picks, criticises, undermines or passes blame ✗ Makes people feel undervalued or inadequate

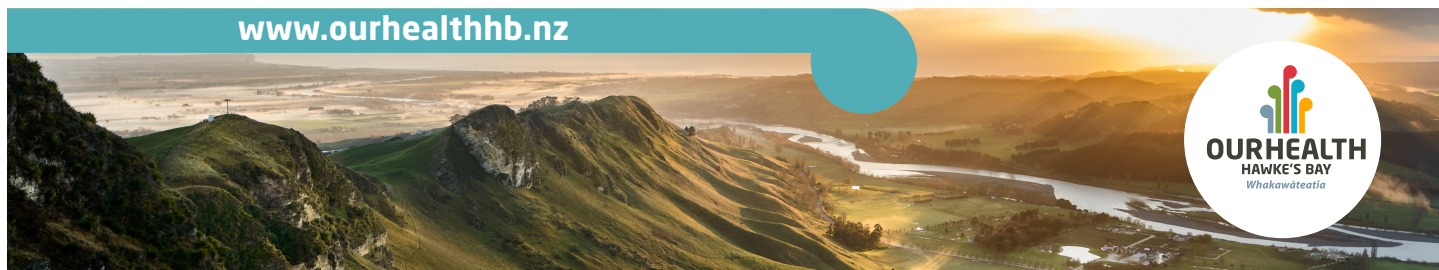
1 RARANGA TE TIRA PARTNERSHIP *Working together in partnership across the community*

Listens	<ul style="list-style-type: none"> ✓ Listens to people, hears and values their views ✓ Takes time to answer questions and to clarify 	<ul style="list-style-type: none"> ✗ 'Tells', dictates to others and dismisses their views ✗ Judgmental, assumes, ignores people's views
Communicates	<ul style="list-style-type: none"> ✓ Explains clearly in ways people can understand ✓ Shares information, is open, honest and transparent 	<ul style="list-style-type: none"> ✗ Uses language / jargon people don't understand ✗ Leaves people in the dark
Involves	<ul style="list-style-type: none"> ✓ Involves colleagues, partners, patients and whanau ✓ Trusts people; helps people play an active part 	<ul style="list-style-type: none"> ✗ Excludes people, withholds info, micromanages ✗ Makes people feel excluded or isolated
Connects	<ul style="list-style-type: none"> ✓ Pro-actively joins up services, teams, communities ✓ Builds understanding and teamwork 	<ul style="list-style-type: none"> ✗ Promotes or maintains silo-working ✗ 'Us and them' attitude, shows favouritism

1 TAUWHIRO CARE *Delivering high quality care to patients and consumers*

Professional	<ul style="list-style-type: none"> ✓ Calm, patient, reassuring, makes people feel safe ✓ Has high standards, takes responsibility, is accountable 	<ul style="list-style-type: none"> ✗ Rushes, 'too busy', looks / sounds unprofessional ✗ Unrealistic expectations, takes on too much
Safe	<ul style="list-style-type: none"> ✓ Consistently follows agreed safe practice ✓ Knows the safest care is supporting people to stay well 	<ul style="list-style-type: none"> ✗ Inconsistent practice, slow to follow latest evidence ✗ Not thinking about health of our whole community
Efficient	<ul style="list-style-type: none"> ✓ Makes best use of resources and time ✓ Respects the value of other people's time, prompt 	<ul style="list-style-type: none"> ✗ Not interested in effective user of resources ✗ Keeps people waiting unnecessarily, often late
Speaks up	<ul style="list-style-type: none"> ✓ Seeks out, welcomes and give feedback to others ✓ Speaks up whenever they have a concern 	<ul style="list-style-type: none"> ✗ Rejects feedback from others, give a 'telling off' ✗ 'Walks past' safety concerns or poor behaviour

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Interest Register

Hawke's Bay Health Consumer Council

Updated June 2020

Name Consumer 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
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
	Sainsbury Logan and Williams, Solicitors	Employee	legal services	Yes	Potential/real as provides legal advice to some health care providers
Malcolm Dixon (Deputy Chair)	Hastings District Councillor	Elected Councillor		No	
	Te Matau a Maui Health Trust Board	Board Member	Appointed by HBDHB	No	
	Scott Foundation	Allocation Committee		No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Sarah de la Haye	Nil to declare				
Sami McIntosh	HBDHB	Registered Nurse	Hospital	Yes	Employee
Deborah Grace	Isect Ltd	Director	IT Security Awareness	No	
Dr Diane Mara (Deputy Chair)	Napier Family Centre	Chair	Social Service Organisation	Yes	Perceived/possible conflict as NFC has a small contract for PND from HBDHB
	IHC Member Council	Member		No	
	Anglican Diocese Standing Committee	Lay Member		No	
	PACIFICA Inc Pacific Women's Council : Tiare Ahuriri Branch	Branch Chair	Development Leadership for Pacific Women	No	
Denise Woodhams	Nil to declare				
Geraldine Tahere	Nil to declare				
Les Cunningham	Strive Rehabilitation @ Hawke's Bay Trust	Trustee		No	
Tumama Faoso	Nil to declare				
Daisy Hill	Nil to declare				
Oliver Taylor	Nil to declare				
Angela Smith	DHB Board Chair	Related	Advocating for Wairoa and Maori	Yes	Real

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL
HELD IN THE TE WAIORA MEETING ROOM HBDHB & VIA ZOOM
ON THURSDAY, 6 AUGUST 2020 AT 4.00 PM**

PUBLIC

- Present:** Rachel Ritchie (Chair)
Dr Diane Mara (Co-Deputy Chair)
Malcolm Dixon (Co-Deputy Chair)
James Henry
Sarah Hansen
Deborah Grace
Dallas Adams
Les Cunningham
Sami McIntosh
Denise Woodhams
Gerraldine Tahere
Daisy Hill
Oliver Taylor
Angie Smith (via zoom)
Tumena Faiaso
- In Attendance:** Dr Andy Phillips – Executive Lead
Sue Barnes, Patient Safety & Quality Manager
Debs Higgins – Clinical Council representative (via zoom)
Peter Satterthwaite, Hawke's Bay PHO (for Wayne Woolrich)
Toni McGill - Council Administrator
- Apologies:** Wayne Woolrich, CEO Health Hawke's Bay
Nancy Barlow & Caryn Daum, Consumer Experience Facilitators

SECTION 1: ROUTINE

- 1. KARAKIA TIMATANGA (OPENING) / REFLECTION**
Rachel Ritchie (Chair) welcomed everyone to the meeting
James opened the meeting with a Karakia
- 2. APOLOGIES**
Apologies received from Wayne Woolrich, Nancy Barlow and Caryn Daum
- 3. INTERESTS REGISTER**
Les Cunningham noted a new conflict of interest to be added.
James requested the spelling error in the current Interest Register be corrected.
- 4. CONFIRMATION OF PREVIOUS MINUTES**
The minutes of the Hawke's Bay Health Consumer Council meeting held on 2 July 2020 were confirmed as a correct record of the meeting.
Moved: Les Cunningham
Seconded: Oliver Taylor
Carried

5. MATTERS ARISING AND ACTIONS

Item 1: Vulnerable Adult Policies Guidelines

Susan Barnes updated the group. Sheryl Newman HBDHB is the key person working on this policy. Consumer representatives will be involved to ensure co design. Susan to bring an update to the November 2020 Consumer Council meeting.

Action: Update November Council meeting – Susan Barnes

Item 2: Planned Care

Leadership meeting confirmed and update on current status and plans was appropriate following a management presentation in October 2019. Update at September meeting.

Action: Update to September Council meeting.

Item 3: New HBDHB Member Orientation

Update from Andy once discussed with Keriana Brooking (new CEO).

Action: The new draft HBDHB Organisation Orientation Induction for staff to be sent to Council Members for their info when agreed with incoming CEO – (Andy Phillips).

Item 4: Induction Manual Review

To stay on matters arising. Work currently paused.

Action: To be confirmed.

Item 5: Connecting with Consumers around Pharmacy and Medicines

Rachel Ritchie has received a response from the Chief Pharmacist at the MOH and will update Council at the September meeting.

Action: Rachel to update at September Council meeting.

6. CONSUMER COUNCIL WORKPLAN

The Consumer Council workplan was taken as read. No comments made.

7. CONSUMER COUNCIL REPORT TO BOARD

The Consumer Council Report to Board for June was taken as read. No comments made.

8. PLANNING & FUNDING REPORT TO BOARD

The Planning & Funding Report to Board for June was taken as read. No comments made.

PROVIDER SERVICES REPORT TO BOARD

The Provider Services Report to Board for June was taken as read. No comments made.

CHIEF EXECUTIVE OFFICER'S REPORT TO BOARD

The Chief Executive Officers Report to Board for June was taken as read. No comments made.

9. CHAIRS VERBAL REPORT

Rachel spoke to the members covering the following points:-

- Health Awards have been cancelled this year.
- MRB and Clinical Council – It was agreed at the last Board meeting that these Governance Committees would potentially be restructured to ensure the Governance Treaty recognition is in place and sound clinical risk reporting respectively.
- Rachel has met with the Chair HBDHB Board around clinical risk reporting to discuss Consumer Council objectives for 19/20. Potential for the Chair and Board members to be invited to future meetings. To discuss further.

- Provision of our 19/20 goals was well received and gave a clearer understanding of our role.
- Thank you to those that attended the CIMS zoom meeting.
- Rachel has been in contact with Christine Mildon asking if she would like Consumer Council input into the Enforceable Undertaking issue.
- Long term conditions work has commenced and thank you to those that have contributed to work on this framework.
- The Skin Lesions paper was approved at the last Board meeting.

Action: Link to Board

10. CONSUMER EXPERIENCE FACILITATORS REPORT

Deferred until September 2020 meeting.

11. COMMITTEE REPRESENTATIVES FEEDBACK

Partnership Advisory Group – Deborah Grace

This report was taken as read. All agreed this is a very good service and under utilised.

Disability Working Group – Diane Mara

This report was taken as read.

Planned Care Activity

Oliver explained feedback provided and Penny will reframe the interactive activity.

Pharmacy Services Action Group – Denise Woodhams

Denise spoke to the report briefly on the medicines review service.

HQSC marker on consumer engagement

Andy Phillips stated a letter has been sent to the CE some time ago regarding implementation of the marker.

Action: Update on current status regarding forming governance group overseeing group for marker - Andy

All reports taken as read:

Moved: Deborah Grace
Seconded: Geraldine Tahere
Carried

SECTION 2: FOR DISCUSSION/APPROVAL

12. TOR Familiarisation

Andy spoke to the Council regarding the extensions of terms that expired in June. These have been approved until October 2020 by Craig Climo Interim CE and Wayne Woolrich CEO Health Hawke's Bay. He reiterated the need for clarify around the role and responsibility of the Chair. Andy has a meeting with the new HBDHB CE and will discuss the second term appointments.

SECTION 3: PUBLIC EXCLUDED - ROUTINE

13. RECOMMENDATION TO EXCLUDE THE PUBLIC

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

14. Minutes of previous meeting (Public excluded)
15. Home Help Review
16. Planning for 20/21 goals including objectives
17. Topics of Interest - members issues/updates

Move to Public Excluded:-

Moved: Les Cunningham

Seconded: Malcolm Dixon

Carried:

The meeting closed at 6.07pm

Confirmed: _____

Date: _____


UNCONFIRMED

**HB HEALTH CONSUMER COUNCIL - MATTERS ARISING
(Public)**

Action	Date Entered	Action to be Taken	By Whom	Month	Status
1	12/12/19	Vulnerable Adult Policies/ Guidelines <ul style="list-style-type: none"> Update in two months (November 2020 meeting) 	Update provided by Susan Barnes	May 2020	Update November meeting
2	12/02/20	Planned Care <ul style="list-style-type: none"> Update to come back to next meeting of Council 	Rachel Ritchie Andy Phillips	May & June 2020	Update September meeting
3	12/02/20	New Member Orientation <ul style="list-style-type: none"> Andy Phillips to send the draft HBDHB Organisation Orientation Induction (in draft) to members for their info, once discussions have been had with the new incoming CE 	Dr Andy Phillips	Feb-20	Ongoing
4	12/02/20	Induction Manual Review <ul style="list-style-type: none"> Work paused. Further progress to be confirmed.) 	Nancy Barlow and Caryn Daum	May-20	Ongoing
5	12/02/20	Connecting with Consumers around Pharmacy and Medicines <ul style="list-style-type: none"> Rachel to update Council on response from Chief Pharmacist, MOH 	Rachel Ritchie	June 20	Update September meeting
6	6/08/20	HQSC Engagement Marker <ul style="list-style-type: none"> Andy to advise on progress with overseeing group set up – letter from HQSC to CE 	Andy Phillips	August 20	Update September meeting

GOVERNANCE WORKPLAN – CONSUMER COUNCIL

MASTER as at 12 August 2020	EMT Member	Lead/Author	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
Te Ara Whakawaiaora - Workforce Representation (Culturally Competent Workforce Local Indicator/Did not Attend Local Indicator)	Carriann Hall Tracey Patterson Chris Ash		2-Sep-20	2-Sep-20	3-Sep-20		16-Sep-20
System Priority - Long Term Conditions (Te Ara Whakawaiaora)	Emma Foster/ Patrick Le Geyt		7-Oct-20	7-Oct-20	8-Oct-20		21-Oct-20
Te Ara Whakawaiaora - Mental Health (Mental Health and AOD National and Local Indicators)	Chris Ash	David Warrington	7-Oct-20	7-Oct-20	8-Oct-20		21-Oct-20
Te Ara Whakawaiaora - Health of Kaumatua (New)	Emma Foster		4-Nov-20	4-Nov-20	5-Nov-20		18-Nov-20
Model of Care for the Elderly	Emma Foster		4-Nov-20	4-Nov-20	5-Nov-20		18-Nov-20
Patient Safety and Quality Quarterly Report (FRAC) (Feb, May, Aug, Nov)	Robin Whyman	Susan Barnes		4-Nov-20		18-Nov-20	

	Hawke's Bay Health Consumer Council
	For the attention of: HBDHB Board
Document Owner	Rachel Ritchie, Chair
Month/Year	August 2020
Purpose	For Information
RECOMMENDATION: That the HBDHB Board: 1. Note the contents of the report	

EXECUTIVE SUMMARY / INTRODUCTION

Consumer Engagement and Input

July saw the anticipated Health Hawke's Bay (PHO) Telehealth consumer workshop undertaken. Rebecca McKenzie from the PHO together with Deborah Grace, Consumer Council member, coordinated and ran the workshop. Very constructive and frank discussions provided clear themes of both positive feedback and proposed solutions for concerns. Council is positive about working with the PHO in this area.


Council members also provided two consumer feedback sessions on the impact of the Coordinated Incident Management System (CIMS) during COVID. Again, a very positive discussion with different perspectives heard. Our input is part of a wider review and Council expect to hear in due course what changes may be implemented.

Consumer input has commenced into the Strategic Operating Model for long-term conditions spearheaded by Robyn Richardson, Planning and Funding portfolio manager. The observation is that those involved are open to including consumer input at all levels in this work which is positive. This work is in its very initial stages and we expect visibility around timeframes with potential changes to become clearer in due course.

Further consumer input has been given on the 'interactive activity' portion of the Planned Care review work following feedback when this proposal came to Consumer Council. The feedback has been very well received and resulted in clarity for Penny Rongotoa, Planning and Funding's portfolio manager, who is leading this work.

Consumer Engagement Marker - Health Quality and Safety Commission (HQSC)

The HQSC has developed a quality marker for 'consumer engagement'. All DHBs will be required to report on this marker. The process for implementation of the marker commences with the formation of an overseeing group comprising consumers and clinical/management staff. Council is particularly interested in this work. It is the first formal reporting requirement for consumer engagement.

	Health Services (DHB Provider Arm) Monthly Report
	For the attention of: HBDHB Board
Document Owner	Chris Ash, Chief Operating Officer
Month/Year	August 2020
Reviewed By	Keriana Brooking, Chief Executive Officer
Purpose	Update HBDHB Board on Health Services Performance
Previous Consideration/Discussions	Health Services Leadership Team
RECOMMENDATION: That the HBDHB Board: <ol style="list-style-type: none"> 1. Note the content of the May 2020 report 	

Executive Summary

- On-site delivery of elective surgery mitigated some of the risk around performance in July, although intensive work continues to close the gap through improved productivity and use of outsourced options.
- Increased inpatient occupancy is resulting in a lack of patient flow in the hospital; Health Services is working on a range of actions to mitigate the impact.
- The DHB has agreed a date of 24 September 2020 for the National Bowel Screening Programme to restart in Hawke's Bay.

Activity – July 2020

Demand and activity continued at normal levels during July, throughout all major categories of DHB work.

The risk reported last month concerning potential 'deferred demand' for First Specialist Assessments is assessed to have reduced in likelihood, following a run of relatively stable numbers over the last five weeks.

Recovery – Surgical Outsourcing Update

Intensive work has been ongoing with the DHB's main private sector partner for elective care, Royston Hospital, to reach agreement on future delivery arrangements. This resulted in agreement on terms to undertake 200 elective hip and knee operations in 2020/21, on top of the 200 that will be delivered on-site at Hawke's Bay Hospital.

The DHB is also requesting proposals (RFP) from a variety of providers to undertake further elective work to bridge the gap between the elective production planning target and capacity to deliver on-site surgeries. The RFP process is due to be concluded later in August.

To deliver against the Ministry of Health Production Plan target, ~22% of total elective work would currently need to be delivered through outsourced options. To mitigate against this risk, the DHB is also actively exploring options to further increase on-site productivity. This has included activating more weekend lists and maximising bed capacity through the trial of a 23-hour Day Surgical Unit.

Hospital Flow

Inpatient occupancy levels have remained elevated at Hawke's Bay Hospital as presentations have recovered since lockdown. Even without the planned senior medical staffing yet in post, the permanent resourcing of A2 as an inpatient medical ward has reduced the number of medical and surgical 'outliers' (patients placed outside of their specialty bed base), and corresponding reductions have been seen in elective surgical cancellations.

However, flow through the hospital is compromised on occasions during this period of peak demand, with knock-on impacts into the Emergency Department. Further escalation beds are routinely open. Patient dependency within the hospital has increased, and this may in part be related to difficulties securing timely assessment and discharge to community services and residential facilities. There is also, however, further work that can be undertaken within the hospital to improve processes and patient flow.

National Bowel Screening Programme

The DHB has agreed with the Ministry of Health that the National Bowel Screening Programme will recommence in Hawke's Bay on 24 September 2020. The service is closely managing, with the support of our general surgeons, the demand and capacity risk within the Gastroenterology service. The Finance, Risk & Audit Committee will be kept closely apprised on progress against plan. Three new consultant gastroenterologists will start with the DHB in November, January and February.

Panui

Wairoa facility developments near completion

Wairoa Hospital is benefitting from significant facilities development, with both the new digital x-ray suite and the community dialysis facility nearing completion. The Community, Women & Children directorate has also worked in partnership with Māori Health to double the social worker hours available on-site, acting on the community's priority around improved care transitions.

Audiology waiting lists reduce

The DHB has achieved marked reductions in waiting times for audiology as part of its COVID-19 recovery work. Saturday clinics have initially been focused on children and the focus will now move to adult demand. Dental has seen similar increases in activity (theatre volumes), however this is alongside increased demand for outpatient dental clinics.

Orthogeriatric Service starts work

The planned trial of the Orthogeriatric service has commenced. A geriatrician is now providing specialist medical or geriatric review to older people on the B3 orthopaedic ward pre- and post-surgery. Further work is planned with the Emergency Department and Anaesthetics to review and improve clinical processes for older people.

New senior staff start work in radiology as facilities investment is announced

Three new consultant radiologists started work with the DHB in July, including an interventional radiologist, following a delay partly related to COVID-19. This coincided with the Ministry of Health's announcement of capital funding to upgrade radiology facilities at Hawke's Bay Hospital.

Key Quality Measures & Statement of Performance Expectations (SPE)*Ministry of Health Planned Care (Surgical Discharges) Target*


- The DHB has operated to a shadow production plan target of 624 for elective discharges in July, while phasing is agreed with the Ministry of Health. Of this, it is projected that 567 will be delivered, giving an in-month result of 90.9%)
- The agreement of the major joints contract with Royston will provide a further 200 procedures in 2020/21, and these are most likely to be phased across 9-10 months. The provider is confident the full volume will be delivered in-year.
- On-site delivery was strong in July, with 462 discharges delivered against a target of 446, while Inter-District Flow volumes were largely as forecast.
- The most significant risk remains the gap from outsourcing.

ED6

- Performance against this standard, for patients to be seen, admitted, or treated and discharged from ED within 6 hours fell again in July, to 77.6%. This compares to a full-year result for 2019/20 of 79.1%.
- The bed flow issues cited earlier in this report were, either directly or indirectly, the principal driver of breaches.

Elective Services Performance Indicators

- ESPI 2 (Outpatient Referrals Waiting Longer than 4 Months) improved in July, with 39.5% of referrals overdue (down from 44.2% in June). The number of overdue patients has reduced in-month, however, from 2,243 to 2,061.
- Increased outpatient activity, however, has resulted in a 14.7% increase (225 patients) in the total waiting list for ESPI 5 (Waits for Surgery Longer than 4 Months). Performance against the indicator improved in July, with 40.5% overdue, compared to 43.6% at the end of June. However, the total number of patients overdue increased by 44 in-month, with 712 people now waiting longer than four months.

 HAWKE'S BAY District Health Board Whakawāteatia	Wairoa Localities
	For the attention of: HBDHB Board
Document Owner	Emma Foster – Executive Director, Planning and Funding (acting)
Month/Year	August 2020
Reviewed By	Lisa Jones – Portfolio Manager, Planning and Funding Karyn Bousfield – Clinical Lead, Planning and Funding
Purpose	To provide Board with an update on progress against the Wairoa localities plan
Previous Consideration/Discussions	Last update to the Board was May 2020
RECOMMENDATION: That the HBDHB Board: Note the progress against plan	

EXECUTIVE SUMMARY / INTRODUCTION

The purpose of this paper is to provide the Board with progress on the following actions, as identified in the May 2020 Board paper.

1. Integrated Health Care – Community-led wellness model that enables targetting of resources to respond to population health needs. This also includes navigation across health and social system and care coordination for vulnerable whānau within those communities.
Integrated Health Care develops the role of rural nursing, working in partnership with community coordinators to provide focussed and targetted community health care.
2. An acute model of care that supports prompt retrieval to Hawke's Bay Hospital, Hastings, and safe/ sustainable acute services.
3. A seamless health journey and structured whānau-centred interactions with health services that are delivered in a way to reduce waste in the system and for whānau.
4. A Wairoa health system dashboard for community, governance and management.

Over the past six months - progress has been made to further enhance clinical safety. The building of strong cohesive relationships between primary care, hospital services and the leadership team across all Wairoa health services is benefiting the patient healthcare journey and further enhancing patient safety. The team is also proactively leading ongoing professional development including weekly simulation training (scenario-based training), and increased investment through clinical training, senior clinical support and stronger functional relationships between it and Hawke's Bay Hospital.



Simulation training, 28 July 2020, Wairoa Health Centre.

UPDATE

1 Integrated Health care (ICT)

Whānau told us they want well-coordinated and seamless care closer to home. Note appendix 1. They described for us key roles that would enable this to occur, as below.

- Rural nurses – work has begun to reconfigure and expand the rural nursing workforce to ensure more nursing resource is available to provide care to rural communities. We listened to whānau voice, stressing the importance of nursing in their respective rural communities and their desire for the system to support these nurses in a model that minimises the risk of burnout. Part of this plan will include how to ensure a sustainable workforce, succession planning and a clear pathway for growing our own.

Nurses will work in partnership with community coordinators to increase access to primary care and other health and social services.

- Community coordinators - HBDHB engagement hui with Wairoa communities highlighted a number of challenges that could be improved with better integration and coordination of health services within rural communities. The rural communities identified 'community coordinators', resident in rural communities, as the catalysts and connectors who could develop partnerships between rural residents, visiting rural health services and health providers in Wairoa's township. Community coordinators could also identify and respond to community needs and ensure there are strong community networks in operation, and serve as resources to assist whānau, individuals, or health care workers in their community.

They ensure the community has adequate health information, assist whānau directly with information and referral services. They also facilitate an awareness of social needs and trends within the community and offer advice and support to a myriad of groups and individuals assisting them in accessing resources, developing initiatives and delivering wellbeing programmes for the benefit of the community. The rural communities of Mahia, Tuai and Raupunga/Mohaka have been identified as communities ready to adopt the community coordinator model.

Telehealth as an enabler

Telehealth is well recognised in rural areas as a way to increase access and reduce patient wait times. Whānau tell us they want place-based health services, so they are able to access health services closer to home. They have also told us technology-enabled health service delivery is quickly adopted where it is appropriate, as evidenced elsewhere.

Four new telehealth-enabled access to speciality services have been identified between DHB specialist services and the Wairoa Integrated Health Centre for Wairoa patients who choose to utilise telehealth to reduce travel or other associated barriers.

The specialty areas currently being worked on are cardiology (with the aim that Wairoa clinics can still be conducted virtually from Napier/Hastings oncology/haematology (aiming to reduce patient travel to Hastings for outpatient services), obstetrics (also reducing patient travel and associated barriers) and mental health (aiming to strengthen existing telehealth services to the Wairoa community).

As we progress our model of care evolution we will continue to seek other opportunities for telehealth utilisation.

2. Acute model of care, see appendix 3.

The leadership around the acute model of care is owned and led by Community, Women and Children Directorate within provider services.

3. Seamless health journey

Some immediate steps were taken after the whānau voice work to improve coordination within outpatients, especially around simple steps such as timing / coordination of transport, and messaging on leaflets and appointment letters.

The review of access, booking and choice is something we have agreed with Board to have finalised by the end of September, and are due to report back to FRAC in October.

The Integrated Care Team's (ICT) will also have key roles in supporting whānau to experience a seamless health journey, both within the Wairoa district and further afield to Hawke's Bay Hospital.

4. Wairoa Health System Dashboard, see appendix 2.

The leadership and facilitation of this Dashboard is owned by Planning and Funding and will be shared with the Board and publicly each quarter.

Whānau voice led quality and improvement process

Appendix 1:



Our current priorities

What are we doing?

Addressing the stress of travel to appointments in Hastings

Focusing on patient quality and safety when access acute care services


Increasing availability and consistency of General Practitioners

How will we do it?

Implementing 4 opportunities for telehealth services in Wairoa with Hawke's Bay Hospital

The Acute Model of Care has been developed alongside an increase in onsite training and education, improved clinical relationships between Wairoa and Hawke's Bay Hospital and implementation of the Kōrero mai/speak up initiative

Through a strong relationship between primary care and hospital services we have supported the integration to one general practice. This means one team, no competition for recruitment, improved rostering and a closer physical environment to improve coordination of care.

 <p>HAWKE'S BAY District Health Board Whakawāteatia</p>	Appendix 2- Localities Dashboard
	For the attention of: HBDHB Board
Document Owner	Lisa Jones , Portfolio Manager, Planning and Funding Directorate
Month/Year	August, 2020
Reviewed By	Emma Foster Acting Executive Director Planning and Funding
Purpose	To provide an update on Wairoa's Localities Dashboard
Previous Consideration/Discussions	Feb 2020 Board Meeting
<p>RECOMMENDATION:</p> <p>That the HBDHB Board:</p> <ol style="list-style-type: none"> 1. Note the work completed to date in relation to the Localities Dashboard 2. Note this update on activity and planned actions going forward 	

EXECUTIVE SUMMARY / INTRODUCTION

The development of a Localities Dashboard which monitors population health, access to service and system quality performance at a locality level is a key pillar in the implementation of the Wairoa Integrated Health System. The dashboard has been developed in partnership with the Digital Enablement Directorate Business Intelligence Team and has been informed by whānau voice feedback in Wairoa to provide monitoring on key service improvement areas.

Phase 1 has been completed and Phase 2 will cover Primary care, Community Health of Older people services and Whānau satisfaction.

Phase 1 of the Localities Dashboard has been completed covering the following areas:

Reporting	Rationale
Elective Services Patient Flow (ESPI) Indicator 2 % of patients waiting over four months for FSA	We have heard from the Wairoa community that people feel they are waiting too long to see a specialist. We will report waiting times by locality and ethnicity to monitor geographical equity in waiting times for a First Specialist appointment.
Elective Services Patient Flow (ESPI) Indicator 5 % of patients waiting over four months for treatment	We will also monitor by locality how many people given certainty for surgery are waiting outside the four-month guidelines.
Surgery rescheduled on the day of surgery	We have heard that cancellations of surgery on the day of surgery creates stress to whānau and transport logistics. So we will monitor how often this is happening and why?
Outpatients Wairoa residents % booked for Hawke's Bay Hospital/ Napier Health Centre outpatient between 10 am and 2 pm Outpatient First specialist appointments Do Not Attend (DNA) rates	We have heard there is poor co-ordination of outpatient booking times and DHB mini-bus services between Wairoa and Hawke's Bay Hospital. We will monitor how many outpatient appointments for Wairoa patients are booked outside 10 am to 2 pm timeframes. We will also monitor DNA rates.
Ambulatory Sensitive Hospitalisation (ASH) rates per 10000 population 0-4 years 45-64 years Emergency Department attendance rates per 10000 population	Poor access to General Practice was a common theme from our Wairoa community hui and survey. We will monitor ASH rates in 0-4 year olds and 45-64 year olds which are an indicator of hospitalisations that could have been avoided if there was better access to primary care and ambulatory services. We will also monitor time of arrival for ED attendances in Wairoa Hospital. In the future we will also monitor General Practice GP and Nurse utilisation rates.
Faster Cancer treatment (FCT) waiting times % of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.	We have heard that Wairoa whānau feel they have a poor cancer outcomes. We will monitor Faster Cancer Treatment indicators that show people with cancer and, people with a high suspicion of cancer, have treatment within timeframes
Mental Health and Addiction Services Waiting times	We have heard people are having difficulty accessing secondary mental health services. We will monitor wait times.

Localities Summary Dashboard

ESPI 2 and 5

	Total	Overdue	% Overdue
CHB	448	161	35.9%
Wairoa	249	104	41.8%
Hastings	2,680	1,027	38.3%
Napier	2,069	852	41.2%
Grand Total	5,446	2,144	39.4%

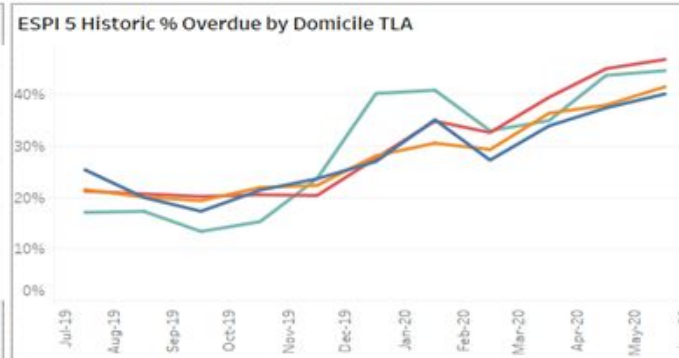
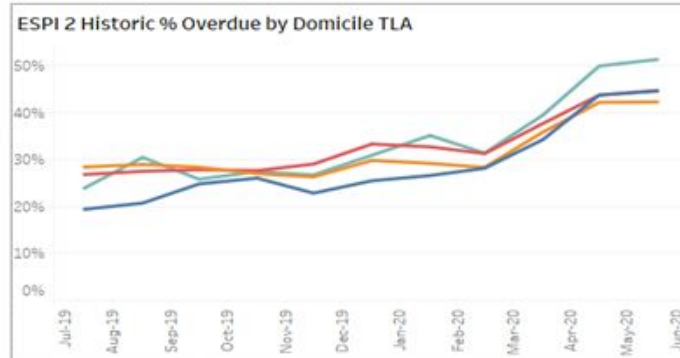
	Total	Overdue	% Overdue
CHB	177	64	36.2%
Hastings	775	306	39.5%
Napier	675	283	41.9%
Wairoa	115	49	42.6%
Grand Total	1,742	702	40.3%

ESPI 2 Specialty All

ESPI 5 Specialty All

	Total	Overdue	% Overdue
MAORI	1,363	599	43.9%
NOT STATED	7	4	57.1%
OTHER	3,924	1,481	37.7%
PACIFIC	152	60	39.5%
Grand Total	5,446	2,144	39.4%

	Total	Overdue	% Overdue
MAORI	435	168	38.6%
NOT STATED	1	1	100.0%
OTHER	1,257	514	40.9%
PACIFIC	49	19	38.8%
Grand Total	1,742	702	40.3%



Region

- CHB
- Hastings
- Napier
- Wairoa

Localities Summary Dashboard

ESPI 2 and 5

	Total	Overdue	% Overdue
CHB	448	161	35.9%
Wairoa	249	104	41.8%
Hastings	2,680	1,027	38.3%
Napier	2,059	852	41.2%
Grand Total	5,446	2,144	39.4%

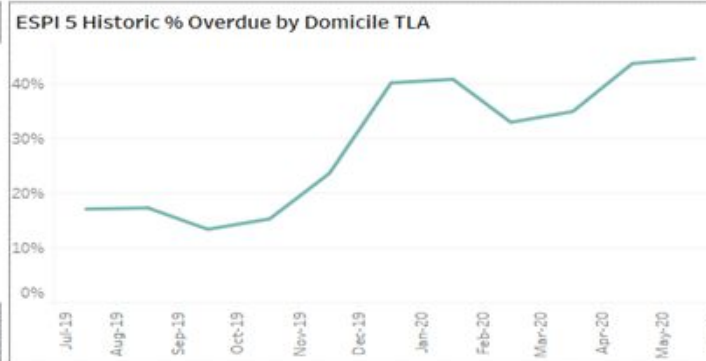
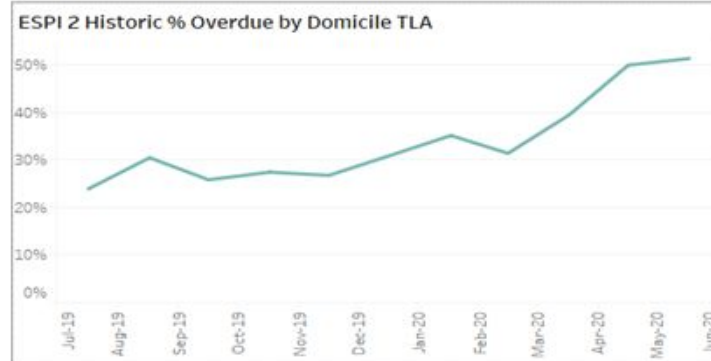
	Total	Overdue	% Overdue
Wairoa	115	49	42.6%
Grand Total	115	49	42.6%

ESPI 2 Specialty
All
ESPI 5 Specialty
All

	Total	Overdue	% Overdue
MAORI	147	66	44.9%
OTHER	101	37	36.6%
PACIFIC	1	1	100.0%
Grand Total	249	104	41.8%

	Total	Overdue	% Overdue
MAORI	88	38	43.2%
OTHER	26	10	38.5%
PACIFIC	1	1	100.0%
Grand Total	115	49	42.6%

Region
Wairoa



Localities Summary Dashboard

Theatre Postponements on the Day of Surgery

Theatre Postponements Summary by Domicile - Last 12 Months

Domicile	Treated Events	Postponed Events	Postponement Rate
CHB	743	33	4.25%
Hastings	4,083	233	5.40%
Napier	3,436	199	5.47%
Wairoa	438	27	5.81%
Grand Total	8,700	492	5.35%

Monthly Theatre Postponements Summary by Domicile



Theatre Postponement Rates by Domicile and Specialty- Last 12 Months

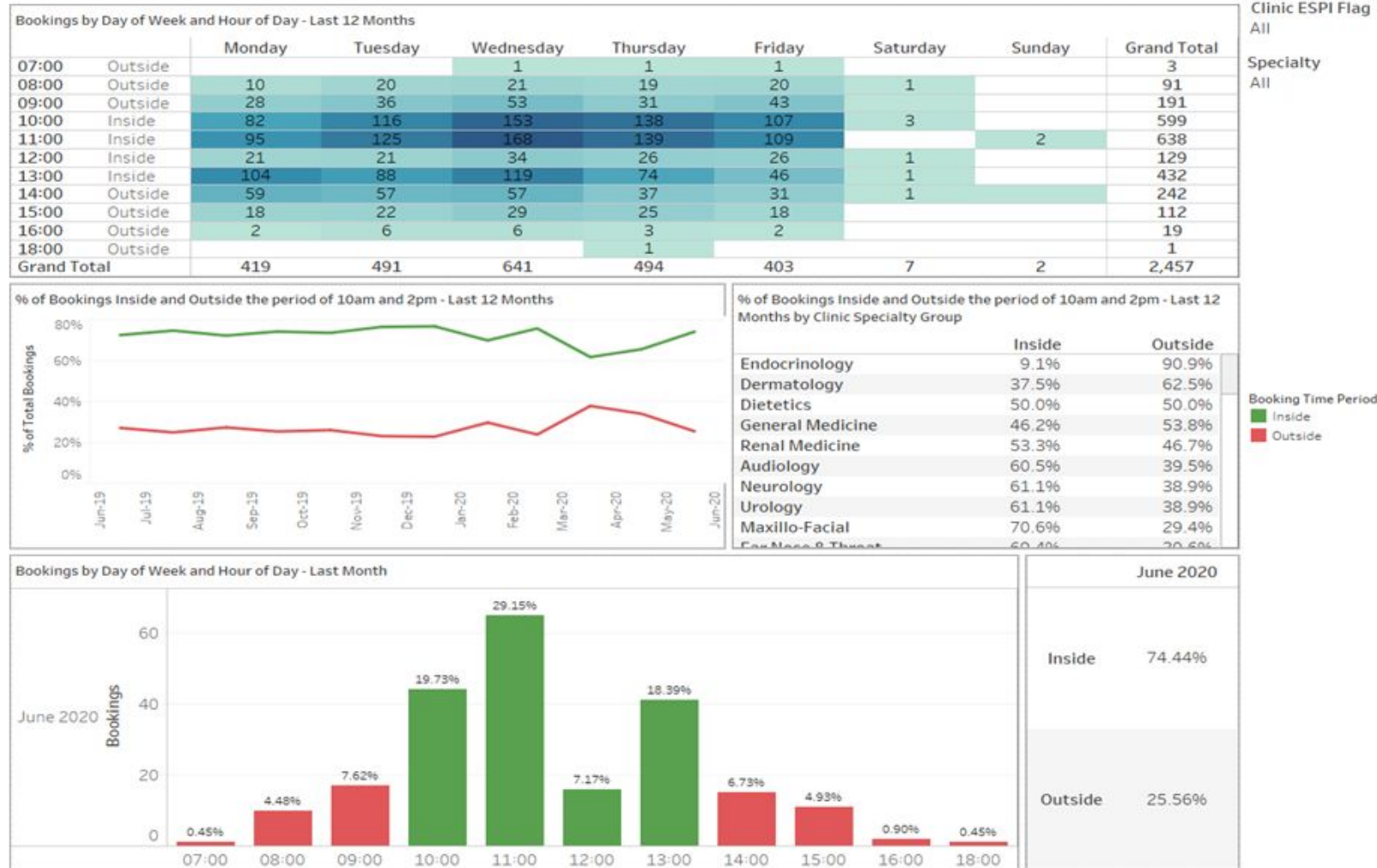
	Treated Events				Postponed Events				Postponement Rate				Treated Events	Postponed Events	Postponement Rate
	CHB	Hastings	Napier	Wairoa	CHB	Hastings	Napier	Wairoa	CHB	Hastings	Napier	Wairoa	Total	Total	Total
General Surgical	70	446	410	53	4	47	37	8	5.41%	9.53%	8.28%	13.11%	979	96	8.93%
Ophthalmology	57	289	290	34	7	20	28	2	10.94%	6.47%	8.81%	5.56%	670	57	7.84%
Orthopedic Surg	65	300	254	52	5	25	24	2	7.14%	7.69%	8.63%	3.70%	671	56	7.70%
Maxillofacial+Dental	32	192	138	13	1	12	11	2	3.03%	5.88%	7.38%	13.33%	375	26	6.48%
Urology Surg.	49	245	196	21	5	14	15	1	9.26%	5.41%	7.11%	4.55%	511	35	6.41%
Otolaryngology Surg.	21	185	141	38	1	11	9	4	4.55%	5.61%	6.00%	9.52%	385	25	6.10%
Gynaecology Surgery	74	378	298	34	2	27	16	2	2.63%	6.67%	5.10%	5.56%	784	47	5.66%
Intervent Procedures	70	384	315	41	3	23	14	2	4.11%	5.65%	4.26%	4.65%	810	42	4.93%
Endoscopy	259	1,481	1,200	127	5	53	44	4	1.89%	3.46%	3.54%	3.05%	3,067	106	3.34%
NBSP	46	183	194	25	0	1	1	0	0.00%	0.54%	0.51%	0.00%	448	2	0.44%
Grand Total	743	4,083	3,436	438	33	233	199	27	4.25%	5.40%	5.47%	5.81%	8,700	492	5.35%

Theatre Postponements Summary by Domicile and Reason- Last 12 Months

	CHB	Hastings	Napier	Wairoa	Grand Total
Patient unfit	5 15.2%	43 18.7%	35 17.7%	10 37.0%	93 19.1%
DNA / self cancel	4 12.1%	41 17.8%	35 17.7%	3 11.1%	83 17.0%
Insufficient Op-Time	7 21.2%	35 15.2%	29 14.6%	3 11.1%	74 15.2%
Other	6 18.2%	30 13.0%	27 13.6%	5 18.5%	68 13.9%
No bed available	4 12.1%	18 7.8%	19 9.6%	2 7.4%	43 8.8%
Staff Issue - Doctor	2 6.1%	20 8.7%	16 8.1%	1 3.7%	39 8.0%
Acute Substitution	2 6.1%	16 7.0%	13 6.6%	1 3.7%	32 6.6%

Localities Summary Dashboard

Wairoa Domicile Patients With Bookings at Napier and Hastings Facilities (Excluding Renal Dialysis)



Localities Summary Dashboard

ESPI FSA DNA Rates

	Att	DNA	DNA Rate
CHB	1,544	44	2.8%
Hastings	8,946	578	6.1%
Napier	7,427	434	5.5%
Wairoa	835	69	7.6%
Outside of HB	198	26	11.6%
Grand Total	18,950	1,151	5.7%

	Att	DNA	DNA Rate
Maori	4,183	531	11.3%
Not Stated	30	6	16.7%
Other	14,199	542	3.7%
Pacific	538	72	11.8%
Grand Total	18,950	1,151	5.7%

	Att	DNA	DNA Rate
CHB	270	3	1.1%
Napier	2,410	151	5.9%
Wairoa	315	34	9.7%
Hastings	15,955	963	5.7%
Grand Total	18,950	1,151	5.7%

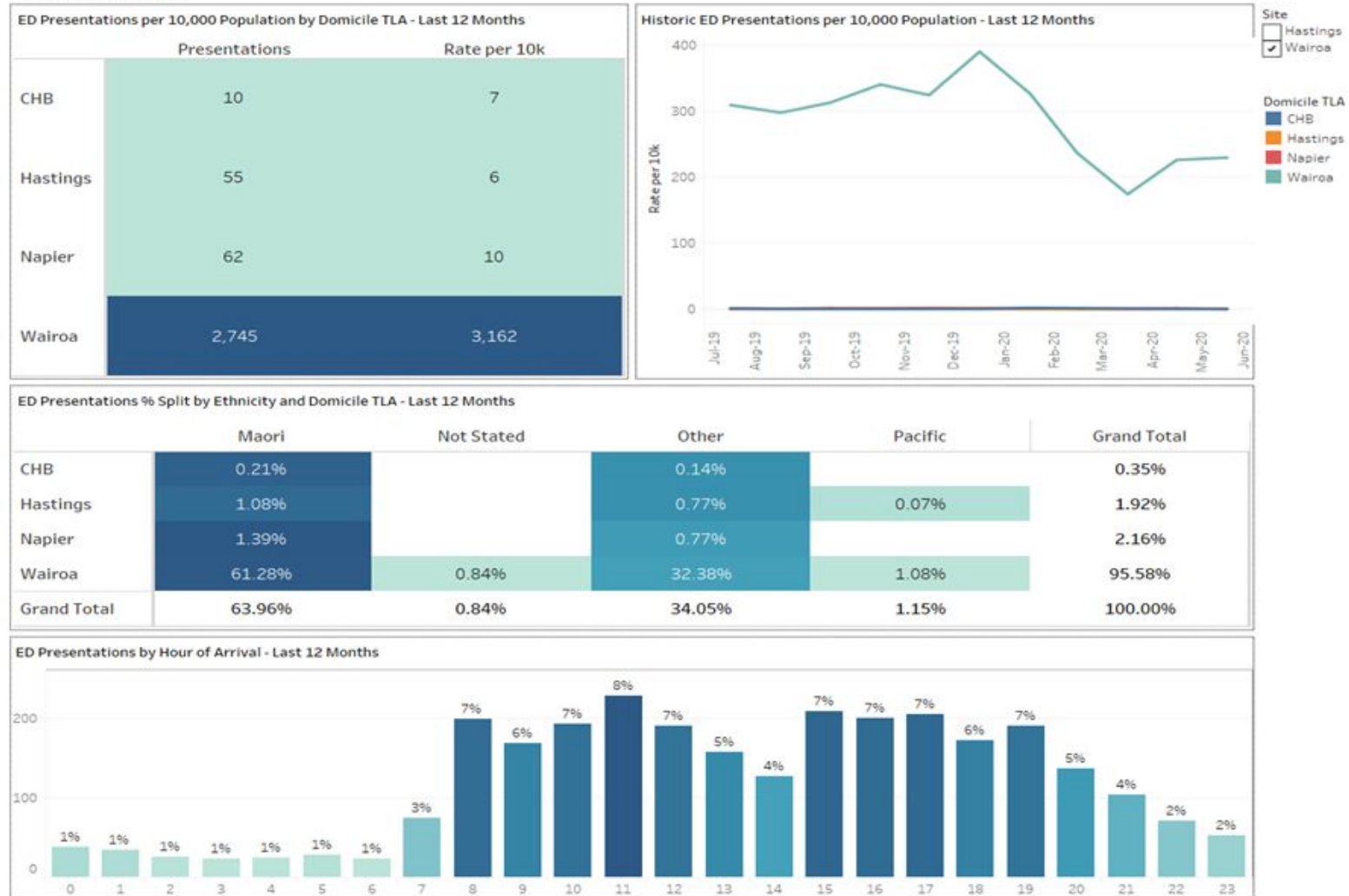
Domicile TLA

■ CHB
■ Hastings
■ Napier
■ Wairoa



Localities Summary Dashboard

ED Presentations



Localities Summary Dashboard

Faster Cancer Treatment (FCT)

First Cancer Treatments by Domicile and Rate per 10,000 Population FCT Treatments by Domicile TLA - Last 12 Months

	Treatments	Rate per 10k
CHB	66	44.4
Hastings	329	38.7
Napier	295	45.4
Wairoa	35	40.3

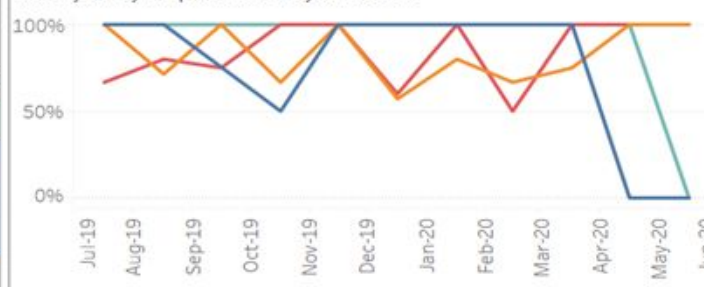
Monthly FCT Treatments by Domicile TLA and Rate per 10,000 Population



62 Day Compliance Result (% of Patients with a High Suspicion of Cancer Treated within 62 days of referral) By Domicile TLA

	Treatments	Compliant 62 Day Volumes	62 Day Compliance Rate
CHB	10	7	70.0%
Hastings	62	52	83.9%
Napier	46	37	80.4%
Wairoa	6	5	83.3%
Grand Total	124	101	81.5%

Monthly 62 Day Compliance Result by Domicile TLA



62 Day Compliance Result by Ethnicity

	Treatments	Compliant 62 Day Volumes	62 Day Compliance Ra..
NEW ZEALAND MAORI	24	18	75.0%
NOT STATED	3	3	100.0%
OTHER	97	80	82.5%
Grand Total	124	101	81.5%

62 Day Compliance Result (% of Patients with a High Suspicion of Cancer Treated within 62 days of referral) By Tumour Stream

	Treatments	Compliant 62 Day Volumes	62 Day Compliance Rate
Lung	28	22	78.6%
Breast	18	15	83.3%
Gynaecological	14	11	78.6%
Skin	14	12	85.7%
Urological	14	12	85.7%
Lower Gastrointestinal	12	11	91.7%
Haematological	10	7	70.0%
Head and neck	7	4	57.1%
Upper Gastrointestinal	3	3	100.0%
Other	2	2	100.0%
Brain/CNS	1	1	100.0%
Sarcoma	1	1	100.0%
Grand Total	124	101	81.5%

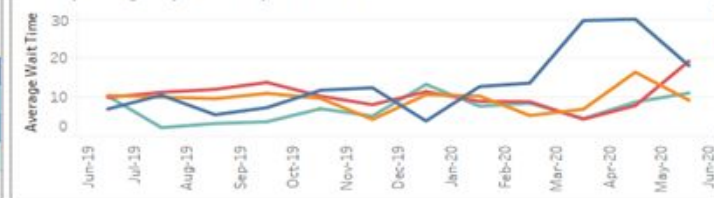
Localities Summary Dashboard

Mental Health Waiting Times

Average Days Waited by Domicile TLA - Last 12 Months

Domicile TLA	First Face to Face Contacts	Average Days Waited
CHB	199	12
Hastings	1,179	9
Napier	1,077	11
Wairoa	230	8
Grand Total	2,685	10

Monthly Average Days Waited by Domicile TLA

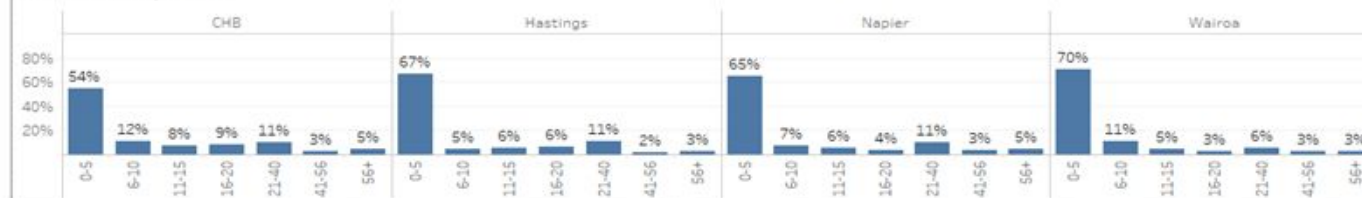


Domicile TLA

CHB
Hastings
Napier
Wairoa

Primary Caseteam
All

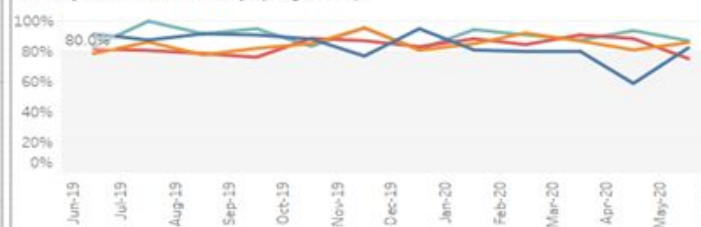
Distribution of Days Waited



% Seen within 21 Days (Target 80%) - Last 12 Months

Domicile TLA	First Face to Face Contacts	Compliance Rate
CHB	199	84.4%
Hastings	1,179	84.6%
Napier	1,077	82.8%
Wairoa	230	89.6%
Grand Total	2,685	84.3%

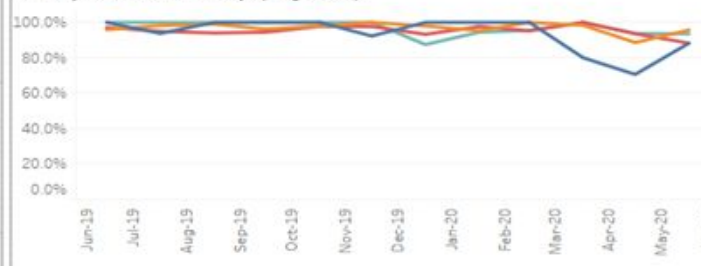
Monthly % Seen within 21 Days (Target 80%)



% Seen within 56 Days (Target 95%) - Last 12 Months

Domicile TLA	First Face to Face Contacts	Compliance Rate
CHB	199	95.0%
Hastings	1,179	97.0%
Napier	1,077	95.1%
Wairoa	230	97.0%
Grand Total	2,685	96.1%

Monthly % Seen within 56 Days (Target 95%)



Localities Summary Dashboard

Ambulatory Sensitive Hospitalisations

ASH Rates by Domicile TLA and Age Group - May 19 to April 20

Domicile TLA		0 - 4 Years	45 - 64 Years
CHB	ASH Rate	1,021	3,423
	Discharges	98	1,448
Hastings	ASH Rate	3,512	6,140
	Discharges	1,949	13,532
Napier	ASH Rate	1,924	5,012
	Discharges	756	8,481
Wairoa	ASH Rate	1,953	4,306
	Discharges	125	986

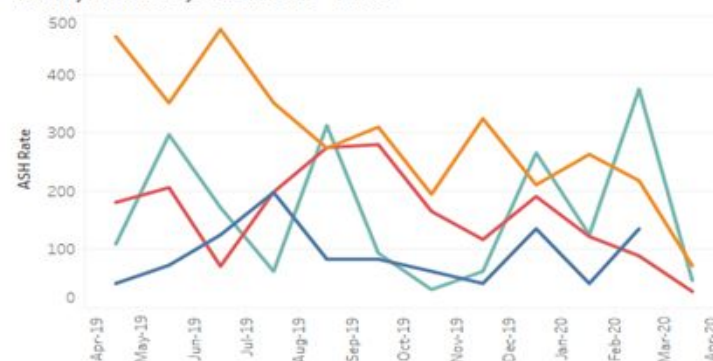
ASH Rates by Domicile TLA, Age Group and Chapter - May 19 to April 20

Age Group ..	ASH - Chapter	CHB	Hastings	Napier	Wairoa
0 - 4 Years	Dental	167	459	216	47
	Dermatological	42	353	117	125
	Gastrointestinal	167	593	412	328
	Respiratory	646	2,103	1,178	1,453
	Vaccine preventable disease		4		
45 - 64 Years	Cardiovascular	1,130	1,828	1,756	1,397
	Dental		50	43	
	Dermatological	149	376	218	266
	Gastrointestinal	723	721	749	389
	Respiratory	809	2,032	1,167	1,358
	Other	612	1,133	1,079	895

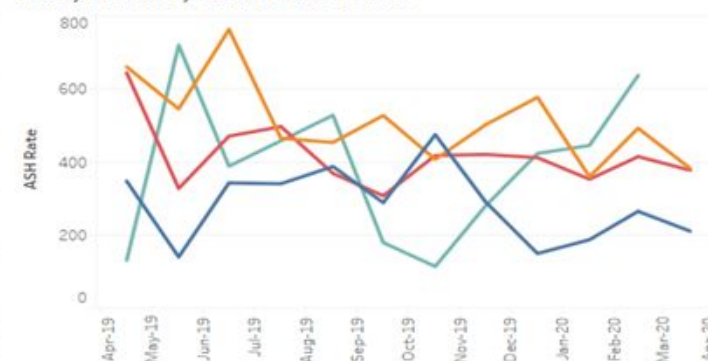
Domicile TLA

- CHB
- Hastings
- Napier
- Wairoa

Monthly ASH Rates by Domicile TLA: 0 - 4 Years



Monthly ASH Rates by Domicile TLA: 45 - 64 Years



ASH Discharges Split Domicile and Ethnicity - May 19 to April 20

	0 - 4 Years	45 - 64 Years	Grand Total
NEW ZEALAND MAORI	52.12%	42.97%	43.95%
PACIFIC ISLANDER	17.11%	3.06%	4.56%
OTHER	30.77%	53.62%	51.17%
NOT STATED		0.36%	0.32%

ASH Discharges Split Domicile and Ethnicity - May 19 to April 20

	CHB	Hastings	Napier	Wairoa	Grand Total
NEW ZEALAND MAORI	43.79%	50.69%	28.68%	77.05%	43.95%
PACIFIC ISLANDER		5.92%	3.57%	0.27%	4.56%
OTHER	56.21%	42.87%	67.68%	22.68%	51.17%
NOT STATED		0.52%	0.06%		0.32%

Localities Summary Dashboard

Ambulatory Sensitive Hospitalisations

ASH Rates by Domicile TLA and Age Group - May 19 to April 20

Domicile TLA		0 - 4 Years	45 - 64 Years
CHB	ASH Rate	1,022	3,423
	Discharges	96	1,448
Hastings	ASH Rate	3,512	6,140
	Discharges	1,949	18,532
Napier	ASH Rate	1,924	5,012
	Discharges	756	8,481
Wairoa	ASH Rate	1,953	4,306
	Discharges	125	986

ASH Rates by Domicile TLA, Age Group and Chapter - May 19 to April 20

Age Group ..	ASH - Chapter	Wairoa
0 - 4 Years	Dental	47
	Dermatological	125
	Gastrointestinal	328
	Respiratory	1,453
45 - 64 Years	Cardiovascular	1,397
	Dermatological	266
	Gastrointestinal	389
	Respiratory	1,358
	Other	895

Domicile TLA
Wairoa

Monthly ASH Rates by Domicile TLA: 0 - 4 Years & 45 - 64 Years



Monthly ASH Rates by Domicile TLA: 0 - 4 Years & 45 - 64 Years




ASH Discharges Split Domicile and Ethnicity - May 19 to April 20

	0 - 4 Years	45 - 64 Years	Grand Total
NEW ZEALAND MAORI	97.60%	74.44%	77.05%
PACIFIC ISLANDER		0.30%	0.27%
OTHER	2.40%	25.25%	22.68%

ASH Discharges Split Domicile and Ethnicity - May 19 to April 20

	Wairoa	Grand Total
NEW ZEALAND MAORI	77.05%	77.05%
PACIFIC ISLANDER	0.27%	0.27%
OTHER	22.68%	22.68%

 HAWKE'S BAY District Health Board Whakawāteatia	Appendix 3: Acute Model of Care – Wairoa
	For the attention of: HBDHB Board
Document Owner	Jill Lowrey, Nurse Director Communities, Women and Children
Month/Year	August, 2020
Reviewed By	Claire Caddie, Service Director CWC Wietske Cloo, Deputy Service Director CWC Dr Phil Moore, Medical Director CWC Susan Hawkins, Nurse Manager Wairoa Sonya Smith, Operational Manager Wairoa Dr Margaret Feilding, Clinical Lead Wairoa
Purpose	To provide an update on Wairoa's Acute Services Model of Care
Previous Consideration/Discussions	Feb 2020 Board Meeting
RECOMMENDATION: That the HBDHB Board: <ol style="list-style-type: none"> 3. Note the work completed to date in relation to the acute service model in Wairoa 4. Note this update on activity and planned actions going forward 	

EXECUTIVE SUMMARY / INTRODUCTION

An acute model of care that supports safe sustainable acute services was identified as one of the key areas in the Wairoa Integrated Health System (2020) paper. This was informed by whānau voice feedback in Wairoa.

Historically, there has been clinical reporting, adverse events and patient complaints that have shown poor clinical outcomes for patients in Wairoa. There was a need for an urgent review and changes to ensure that the people in Wairoa receive efficient access to safe urgent and emergency care.

Significant work and a number of positive changes have been implemented over the past year to ensure Wairoa Hospital's Emergency Department (ED) is well equipped to provide a safe and sustainable acute service model (see table with updates on page 3).

Over the past year, there is good evidence of Clinical Leadership; obvious integrated team work; extensive upskilling of the workforce in emergency care; improved emergency clinical equipment;

and improved quality systems. The change in the GP roster model and increase in Nursing FTE from our Care Capacity Demand Management programme, and the integrated teamwork approach with the single co-located GP Practice has proven to be a huge success in delivering an improved acute care service model in Wairoa.

Note: While this paper focuses on ED and inpatient acute care, there is whole of patient journey and transport challenge that also factors into the delivery of acute services in Wairoa. This is also the focus of ongoing work being undertaken.

BACKGROUND

Wairoa is an isolated rural community,] with a population covering a large geographical area. Acutely unwell and deteriorating patients, who can often present late, can require extensive emergency care and stabilisation within Wairoa ED prior to transfer.

Nearly 60% of the population is Māori, and there is a particularly large portion of the population living in high deprivation areas. There is also a greater proportion of complex medical patients, who often present late acutely unwell, therefore need emergency care and timely transfer to Hawke's Bay Hospital for specialist care.

Wairoa Hospital has a nine-bed inpatient ward, with three maternity beds and two ED beds all located together on the first floor. This acute ward and ED are staffed in the evening, nights and weekends with two registered nurses, together with care associate support to 9pm. A rostered GP is onsite during the day and on-call in evenings and overnight.

ACUTE SERVICE MODEL

Emergency Department Service Provision Agreement

Wairoa is currently a Level Two Rural Hospital Emergency Department MOH Service Specifications. This is a national guide for EDs to align to.

Over the past year, significant investment in upskilling and improving on service components has lifted Wairoa's emergency care performance as outlined in table on page 3. Improved engagement from Hawke's Bay Hospital acute service departments has also ensured Wairoa's staff are well supported in providing acute and emergency care. Leadership from the following areas (ICU, ED, Paediatrics, flight) are continuing to meet to ensure there is agreement and clarification of the responsibilities and support for Wairoa acute service.

WAIROA ACUTE MODEL OF CARE UPDATE

	Identified Risks	Mitigation actions undertaken to date	Planned actions going forward
Clinical Leadership	Although there was some hospital nursing and GP community clinical leadership, there was no specific identified acute and emergency clinical leadership team.	During the past year there has been an appointment of both a GP Clinical Lead and Nurse Manager, both with extensive clinical experience and knowledge in emergency care.	Ongoing support of these essential roles.
Workforce	<p><u>Medical</u> Previously most of the GP medical workforce were locums, many without specific rural and emergency training. GPs off site, often having to juggle ED and Inpatient care with own GP commitments.</p> <p><u>Nursing</u> Minimal staff of 2 nurses on each shift, with many of the staff lacking experience in the management of the deteriorating patient and escalation pathways.</p>	<p><u>Medical</u> The merging of practices and moving on site has led to more stable appropriately trained and supported medical staff. The new GP roster provides consistent 24hr cover for ED. Trainee Interim from Otago Medical School and Rural GP Registrar placements</p> <p><u>Nursing</u> An increase of 1 FTE from CCMD has supported some extra cover to support increased demand.</p>	<p>Recruitment and retention planned to ensure qualified stable workforce</p> <p>Continue to attract medical and nursing staff through training programme – eg. NePt, TIPE, Otago Medical School, and Rural training programmes</p>
Emergency Care Education & Training	<p>No clear planned education that met the specific emergency training for staff.</p> <p>No designated clinical and nursing leads that provide on-site emergency training.</p>	<p>Prioritised training as per identified need eg. Core Advanced, Paediatric Life support, Patient at Risk (ACT Course), and weekly simulation training. Robust, planned training now provided by both Wairoa and Hastings educators and specialist.</p>	<p>Annual Training plan development to ensure all Medical and Nursing staff are confident and competent to provide care to both acute emergency presentation and the deteriorating patient.</p>
Clinical Equipment & ED facility	<p>Wairoa ED had some substandard emergency equipment, and struggled to have new items purchased through organisational-wide rollouts when bulk purchase are made.</p> <p>No air-conditioning in ED room –required for a safer working environment and to extend the life of some medications and testing kits.</p>	<p>Review was undertaken by Clinical Leads which identified the equipment that was needed to enable safe care of acute patients.</p> <p>New equipment received eg: appropriate resus monitoring equipment; Video laryngoscope; and airway trolley.</p> <p>Request has been submitted to facilities for air-conditioning.</p>	<p>There is an expectation that Wairoa will have a planned approach to replacement of emergency equipment, and aligns new equipment requests with the Hawke's Bay Hospital ED site.</p>
Quality & Risk	Wairoa had experienced	Introduction of formal ED	Audit future clinical events

	<p>an increase in clinical events, including sentinel SAC 1 and 2 events and several adverse events.</p> <p>Local audits identified significant issues with communication and transport of the deteriorating patient.</p> <p>No formal quality improvement programme.</p>	<p>policies and pathway and provision of education for staff</p> <p>Clinical Governance Group in Wairoa was able to escalate its finding based on the audit presentation to Hastings-based services that are part of completing the patient journey</p> <p>Ownership from clinical lead and nurse manager to ensure events are reviewed and learnings are undertaken.</p>	<p>and development of pathways from the learnings and recommendations of all events.</p> <p>Clinical Governance in Wairoa serves as a mechanism to identify and raise risks.</p>
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Consumer Council Chairs Report (verbal)

September 2020

Consumer Experience Leads Report

September 2020

Consumer/Patient and their Whanau Experience

- Korero Mai co-design workshop in Wairoa with Health Quality Safety Commission (HQSC)
- Work with IPSOS for the launch of the National Inpatient Experience Survey
- Communication via posters, Facebook and our Hub to raise awareness in the community about the National Inpatient Experience Survey
- Preparation for 2020 Patient Safety Day.

Consumer Engagement Quality Safety Marker (QSM)

- Attended HQSC zoom meeting to learn about the new Quality Safety Marker for Consumer Engagement

Community Engagement

- Meetings arranged to talk with Disability sector about accessible communications
- Attended NZ Disability Support Network Regional meeting

Health Literacy

- Meeting with project lead to ensure a health literacy review will be included in the Long Term Conditions project
- Consumer Council position descriptions, recruitment process

Other

- Engaged with Kaumatua Hawira Hape for the development of a Karakia and Whakatauki for Consumer Council
- Changes to disability responsiveness training for Hawke's Bay are now with the Education department
- Meeting organised with family violence manager, to develop the vulnerable adults policy
- Support with Covid enquiries



Consumer members on Committees (Verbal)

September 2020

Consumer Council Members Representation on Committees/Groups etc

Updated May 2020

Committees	Member	Meeting Frequency
Consumer Experience Committee	Diane Mara Deborah Grace Les Cunningham	Quarterly
Clinical Effectiveness & Audit Committee	Malcolm Dixon	Quarterly
Patient Safety & Risk Management Committee	Rachel Ritchie	Quarterly Feb; May; Aug; Nov
Professional Standards & Performance Committee	Sami McIntosh	Quarterly
Information Services Committee	Current ToR makes no provision for consumer rep	
Clinical Advisory & Governance Committee	PHO Committee / no specific consumer rep	
Clinical Council	Les Cunningham	Monthly


Other Groups / Projects / Areas of Interest	Member	Meeting Frequency
Advance Care Planning		
After Hours Care	Geraldine Tahere Les Cunningham	
Aged Care Group		
Alcohol Reduction	Les Cunningham	
Connecting Care (MH)	Deborah Grace	
Cultural Competency – Medical Council	Geraldine Tahere	
Disability Reference Group (Hastings)	Sarah Hansen	
Disability Working Group	Diane Mara	
End of Life Care	Gerraldine Tahere	
Family Violence Intervention	Denise Woodhams	
Health Care Home	Denise Woodhams	
Heart Action Plan	Les Cunningham	
Integrated Pharmacy Strategy	Denise Woodhams	
Maternal Mental Health		
Partnership Advisory Group (PAG)	Deborah Grace	
Patient at Risk Advisory Group		
Pharmacy Design	Denise Woodhams	
Rangatahi Service Redesign		
Serious Illness Conversation	Gerraldine Tahere	
Signage/Patient Journeys		

Other Groups / Projects / Areas of Interest	Member	Meeting Frequency
Surgical Expansion		
Virtual Consumer Consultation Group		
Older Persons Early Supported Discharge	Les Cunningham	
PHO Funding Review	Denise Woodhams	
Medical and Surgical Advisory Groups (FLOW, Acute Admissions and Surgical)	Les Cunningham	
NASC Advisory Group	Les Cunningham	



Patient Safety (Verbal)

September 2020

	Report to HB Health Consumer Council from: The Primary Care Telehealth Focus Group <i>Oliver Taylor, Rachel Ritchie, Jim Henry, Denise Woodhams, Angie Smith, Deborah Grace</i>
	For the attention of: HB Health Consumer Council
Document Owner:	Oliver Taylor
Month:	September
Consideration:	For Information
RECOMMENDATION That the HB Health Consumer Council: 1. Note the content of the report.	

The Primary Care Telehealth Focus Group met on 3 August 2020. An overview of matters discussed is provided below:

Rebecca Mackenzie from Health Hawke's Bay, the Primary Health Organisation (PHO) and Deborah Grace organised a meeting of the Primary Care Telehealth focus group on Monday 3 August. This was to discuss experiences with primary care telehealth and what could be used to improve service delivery of primary care relating to this. Overall this was a very successful hui. It was greatly satisfying to see the openness Rebecca had, on behalf of Health Hawke's Bay, towards incorporating meaningful consumer engagement into the work that is done by the PHO.

We introduced ourselves and talked about our areas of interests, as well as the GP practices we are enrolled with.

Rebecca introduced the health care home model <https://www.healthcarehome.org.nz> which telehealth falls under. This included different aspects of this, service elements and characteristics. Rebecca also mentioned a refresh in the equity focus was expected.

We were asked about our different experiences with telehealth and how it had impacted our healthcare during the lockdown and how it currently does. Many ideas were discussed and we grouped ideas according to where they sat in the system, what worked well and what didn't. The overall theme was that currently, primary care telehealth does not provide consumer-focused care.

The balance was seen to be between clinical safety and risk, and consumer choice. What Rebecca told us was that there is a recommendation from the PHO to encourage a non-coercive conversation between the clinician and the consumer to decide between them whether an appointment should use telehealth or be face to face. A push for this was seen as being ideal.

Our ideas were accepted by Rebecca and we look forward to working with her in the future on where we can provide consumer input into primary care telehealth. She will use our work to optimise telehealth in Hawke's Bay over the next few months. I have asked for regular updates on what is happening in this area.

The focus group will be available to Rebecca and the PHO for further consumer input.

Correspondence from Rebecca after the meeting:

Kia ora tatou

Thank you so much for your involvement in our wananga on Monday. I really enjoyed being with you and am confident that we can build on the work that we did together to influence how Telehealth is optimized in Hawkes Bay the next few months.

On Tuesday night I listened to a *webinar which was organized by the Health Care Home Collaborative. It was very interesting and I thought you might like to listen to it. Many of the themes were common to the conversation we had on Monday. The interesting thing to me was that the experience for consumers seemed to be a bit more positive overall according to their research findings.

The link to the recording and a bit more information is included in the email below.

Nga mihi nui
Rebecca

*webinar here: <https://www.youtube.com/watch?v=gHiksGBROQ4&feature=youtu.be>



**Committee Representatives Feedback
Clinical Council – Les Cunningham (Verbal Update)**

September 2020



Other (Verbal)

September 2020



Mental Health and Addictions Directorate

Presentation to Clinical Council

August 2020

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He Wāhanga Ōranga Hinengaro



Leadership Team MHAS Directorate



David Warrington
Service Director



Anoek Dechering-Raes
Medical Director



Peta Rowden
Nurse Director



Anne McLeod
Allied Health Director



Jill Garret
Planner & Funder



Deborah Grace
Chair
Partnership Advisory Group



Robert Walker
Kaitakawaenga



Tracey Stansfield
Personal Assistant



Cecily Miller-Heperi
Consumer Advisor



Services within MHAS Directorate



- Adult Community Mental Health and Addiction Service
 - North (Napier, Wairoa, Springhill)
 - South (Hastings, CHB, Opioid Substitution Treatment)
- Child, Adolescent and Family Service
- Te Ara Manapou
 - Pregnancy and Parenting Service
 - Maternal Mental Health
- Intensive Mental Health Services
 - Ngā Rau Rākau
 - Harakeke – Intensive Day Programme
 - Emergency Mental Health Service
 - Home Based Treatment Team
- Liaison Services
 - Consult Liaison CNS
 - Police Liaison CNS



Data and Indicators for Quality and Safety



- Incidents and events
- Compliments
- Complaints
- HQSC programmes:
 - Zero Seclusion: Towards eliminating seclusion by 2020
 - Connecting Care: Improving service transitions
 - Learning from adverse events and consumer, family and whānau experience
 - Maximizing physical health
 - Improving medication management and prescribing
- Admissions / Readmission / LOS
- Māori subject to Compulsory Treatment Order (S29 indefinite)



Top Clinical Risks



- Long stay / complex patient – bed blocking
- Workforce capacity
- Assaults – staff and patients

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HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RARANGATĒTIRA PARTNERSHIP
TAUWHIRO CARE

Going Forward – Support from Clinical Council



- Equity
- Long stay / complex patient – demand on acute inpatient service
- Workforce development, including NGOs
- Service development
- Suicide prevention
- Redesign of crisis model



Going Forward – Support from Clinical Council



- Building a [Clinical](#) and [Cultural](#) Governance Function
(Whole of MH sector approach focused on our priority areas)

- Whānau in crisis
- Strengthening community based clinical capability
- Proactive management of demand on acute beds
- AOD review
- CAFs review
- Growing residential MH options for individual complex need, youth, aging population





Pātaka Kōrero (Verbal Update) – Charrissa Keenan

September 2020

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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:

15. Minutes of Previous Meeting (Public Excluded)
16. HB Health Consumer Council Terms of Reference (Public Excluded)
17. 20/21 Planning – Finalise Consumer Council goals (Public Excluded)
18. Topics of Interest - Member Issues and Updates

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).