



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 15 September 2016
Meeting: 4.00 pm to 6.00 pm
Venue: Te Waioira Meeting Room, District Health Board Corporate Office,
Cnr Omaha Road & McLeod Street, Hastings

Council Members:

Graeme Norton (Chair)
Rosemary Marriott
Heather Robertson
Terry Kingston
Tessa Robin
Leona Karauria
Jim Morunga
Nicki Lishman

Jenny Peters
Olive Tanielu
Jim Henry
Malcolm Dixon
Rachel Ritchie
Sarah Hansen
Sami McIntosh

Apologies:

In attendance:

Ken Foote, Company Secretary
Tracy Fricker, Council Administrator and EA to DQIPS
Jeanette Rendle, Consumer Engagement Manager
Nicola Ehau, Manager Innovation & Development for Health Hawke's Bay
Debs Higgins, Clinical Council Representative

HB Health Consumer Council Agenda

PUBLIC

Item	Section 1 – Routine	Time (pm)
1.	Karakia Timatanga (Opening) / Reflection	4.00
2.	Apologies	
3.	Interests Register	
4.	Minutes of Previous Meeting	
5.	Matters Arising - Review Actions	
6.	Consumer Council Workplan	
7.	Chair's Update (verbal)	
8.	Consumer Engagement Manager's Update (verbal)	
	Section 2 – Decision	
9.	Quality Accounts Report – Jeanette Rendle - Quality Accounts 2016 (final draft) - Communication Plan	4.30
	Section 3 – Discussion	
10.	Gastro Outbreak Havelock North (update and presentation) – Ken Foote - Internal Review Framework	4.40
	Section 4 – Information Only	
11.	Health & Social Care Networks	-
12.	Te Ara Whakawaiaora – Healthy Weight Strategy	-
	Section 5 – Consumer Council Planning 2016/17	
13.	Quality Improvement and Patient Safety Annual Plan - QIPS Annual Plan (first draft)	5.00
14.	Consumer Council Annual Plan Review for 2016/17	5.15
	Section 6 – General Business	
15.	Topics of Interest - Member Issues / Updates	6.00
16.	Karakia Whakamutunga (Closing)	6.15

NEXT MEETING:
Thursday, 13 October 2016, commencing at 4.00 pm
Te Waiora (Boardroom), HBDHB Corporate Administration Building

Interest Register

Hawke's Bay Health Consumer Council

Aug-16

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
Graeme Norton	3R Group Limited	Director/Shareholder	Product Stewardship	No	Group is sponsored by HBDHB
	NZ Sustainable Business Council	Deputy Chair	Sustainable Development	No	
	HB Diabetes Leadership Team	Chair	Leadership group working to improve outcomes for people in HB with diabetes	No	
	NZ Life Cycle Management Centre	Chair, Advisory Group	Advancing life cycle management thinking across NZ	No	
Rosemary Marriott	YMCA of Hawke's Bay	President	Youth Including health issues	No	
	Totara Health	Consumer Advisor	Health and wellbeing	No	
Heather Robertson	Restraints Committee of DHB	Committee Member	Representing Consumers on this Committee	No	
Terry Kingston	Central Hawke's Bay District Council	Elected Member	Local body	No	Will declare any perceived interests as they arise.
	Interest in all health matters, in particular - Mental Health, Youth, Rural and Transport.				
Tessa Robin	Te Kupenga Hauora - Ahuriri	Finance and Quality Manager	Responsible for overseeing QMS for organisation and financial accountability	No	Potential - Employer holds contracts with HBDHB
Leonna Karauria	NZ Maori Internet Society	Chairperson	Advocacy on Maori Communities	No	If contracted for service, there could be a perceived conflict of interest. Approached in early 2014 by HBDHB and contracted for service to provide wireless internet service to Wairoa Rural Health Learning Centre and Hallwright House. Could be a perceived conflict of interest.
	Simplistic Advanced Solutions Ltd	Shareholder / Director	Information Communications Technology services.	Yes	
	Wairoa Wireless Communications Ltd	Director/Owner	Wireless Internet Service Provider	Yes	
Nicki Lishman	Employee of Ministry of Social Development	Regional Health Advisor	Liaising with health community and supporting Work and Income Staff.	Yes	Could be perceived/potential eg., situation where gaps identified regarding funding.
	Registered Social Worker, member of ANZASW	Professional body	Social work	No	
Jenny Peters	Nil				

HB Health Consumer Council 15 September 2016 - Interest Register

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
Olive Tanielu	HB District Health Board	Employee	Work with Pacific Island children and families in hospital and in the community	Yes	Perceived/potential conflict between employee HBDHB and roles of Consumer
Jim Morunga	Nil				
Malcolm Dixon	Hastings District Councillor Sport Hawke's Bay Scott Foundation HB Medical Research Foundation Inc	Elected Councillor Board of Trustees Allocation Committee Hastings District Council Rep	Non paid role	No No No No	
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Rachel Ritchie	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
Sarah de la Haye	Nil				

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL MEETING
HELD IN THE TE WAIORA MEETING ROOM, HBDHB CORPORATE OFFICE
ON 11 AUGUST 2016 AT 4.00 PM**

PUBLIC

Present: Graeme Norton (Chair)
Rosemary Marriott
Heather Robertson
Malcolm Dixon
Jenny Peters
Nicki Lishman
Tessa Robin
Jim Morunga
James Henry
Terry Kingston
Leona Karauria
Rachel Ritchie
Sarah de la Haye

In Attendance: Ken Foote, Company Secretary
Jeanette Rendle, Consumer Engagement Manager
Tracy Fricker, EA to Director QIPS and Consumer Council Secretary
Debs Higgins, Clinical Council Representative
Nicola Ehau, Manager Innovation & Development, Health Hawke's Bay
Kevin Snee, Chief Executive Officer (5.10 pm)

Apology: Olive Tanielu

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

The Chair welcomed everyone to the meeting. He advised that next month Samitioata (Sami) McIntosh will join the Consumer Council and will take up the Women's Health lead previously led by Donna Pollard.

2. APOLOGIES

The apology as above was noted.

3. INTERESTS REGISTER

No new interests registered. No conflicts of interest for items on today's agenda. Leona Karauria advised she has interests to be removed from the register.

Action: *Make changes to register when received.*

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 14 July 2016 were confirmed as a correct record of the meeting.

Moved and carried.

5. MATTERS ARISING AND ACTIONS

Item 1: **Refine Consumer Portfolios 2016/17**

The Chair advised that there are a number of things needed to be looked at in the Annual Plan for 2016/17. We have had the Transform and Sustain Refresh and the six issues that are being focused on. We also need to think about what are the things we are going to do proactively, and do not need to be constrained by what is going on in the system. Homework for members is to look at the 2015/16 plan and come prepared to develop the 2016/17 one. There will be time allocated in the September agenda for this discussion.

Item 2: **Transform and Sustain Refresh**

Copy of the presentation was sent out with the minutes in July. *Item can be closed.*

Item 3: **Member Issues / Updates**

Question regarding the Health Awards was formally registered and sent to Anna Kirk, Communications Manager for a response. Email reply received, does not answer the question satisfactorily. Rosemary will work direct with Communications Team to get this clarified.

6. WORK PLAN

The work plan is included in the papers. The September meeting looks busy, but some of the items will be for information only.

7. CHAIR'S UPDATE

The Chair advised that he brought to the Board last month the essence of the discussion around Transform and Sustain particularly about the siloed behaviour. This was also picked up on by the Co-Chair of the Maori Relationship Board, they also had their views on working together. The Clinical Council also had issues about silos and needing to work together. It is good for us to put challenges back, governance and management are listening to what we have to say.

The Chair advised he would like some Consumer Council members only time at the end of the formal meeting. This was agreed to by the members.

8. CONSUMER ENGAGEMENT MANAGER'S UPDATE

Jeanette Rendle, Consumer Engagement Manager provided an update on activities she has been involved with over the last month.

Quality Accounts

Has been busy the last four weeks getting the draft Quality Accounts together, which are on the agenda for discussion today.

Recruitment

There were three applications received for the Youth Council Member and at the same time the Population Health Team had engaged someone to work with a number of youth groups across the community. The intention was that there may be 5-6 groups across the community that come together, get some training around governance and some NZQA qualifications that go with that. These groups should decide themselves what their priorities are and who should represent them. Anita Balhorn has been employed by Population Health and attended the Youth Council meeting yesterday.

Jeanette has been in contact with the three people who applied for the Consumer Council youth member position and two have agreed for their details to be passed onto Anita. The Youth Groups can decide how they want to represent at the Consumer Council meeting.

The Chair commented that we will need to ensure that there is someone from the Consumer Council who will be the person the youth member can link to so there is continuity. Malcolm Dixon has been the conduit in the past.

Malcolm Dixon advised that Nicky Skerman and Anita Balhorn spoke at the Hastings Youth Council meeting yesterday which went well. They left a nomination form so if any of them were interested they could nominate themselves, or they could give it to others if they knew of anyone else who might be interested.

SECTION 2: FOR DECISION

9. COMPLEMENTARY THERAPIES POLICY

The Chair welcomed Andy Phillips (Chief Allied Health Professions Officer) to the meeting. The development of this policy comes from the Clinical Council having concerns that there may be practices or therapies that were being delivered on DHB premises or associated with DHB premises and that they were seen as being ratified by the DHB.

The intent of the policy is to set up some principles to ensure complementary therapies that are valued by the public could be provided on DHB owned or leased premises. This policy is not about whether they have an evidence base or that the therapies are valid or not. There is already a separate policy around complementary and alternative medicines so that is not included in this policy.

The policy was discussed at the Clinical Council meeting yesterday. It was recommended that pages 8-16 (treatment guidelines section) be removed to keep it a principles policy only and not get into treatment detail. The list of therapies on page two of the policy will be expanded to include other therapies missed like chiropractic, osteopathy and acupuncture. There was also debate about keeping a register of therapists with their qualifications and that it was reasonable to do this. We want the policy to be robust, but not make it onerous on staff.

Questions / Feedback:

- How great is the incidence? We need governance on practitioners who come and practice on our premises and interact with standard health services and also where we might be associated with a lease of a building where therapists may practice, both of these examples do occur, it is not a theoretical issue it's a practical one.
- There are also staff within the DHB who practice these therapies as part of treatment plans e.g. Springhill use mindfulness, meditation, relaxation as standard parts of the programme by the people who work there which is part of their wellness plan from a holistic point of view. It's not just outside the DHB it's within the DHB as well. Is it complementary if it is already part of their scope?
- Glad the DHB is willing to have these discussions. Need to be careful when terms are used about things not being evidenced based. Some Rongoa has been around a lot longer than antibiotics. Also some of these methods are not seen as complementary, what is complementary is when the alternative and western methods are used together successfully and this is what is encouraged, everything working together.
- In regard to a register of practitioners, can see that the DHB may need this from a health and safety point of review and liability cover. Practitioners of any kind should be respecting other practices and the premises they are coming into. Support the principles in the paper but there are still some discussions that need to be had.

- The policy is trying to have the balance of not dismissing other types of evidence and efficacy and at the same time trying to say that the DHB isn't ratifying those therapies with public funding.
- When we think about the four values for the DHB and the translation of those values we talk about "I actively seek to understand what matters to you". If this matters to you and is part of what you see as enabling your wellness, then we have to think about it. That's the entry point to saying this matters, we need to get this right because it helps our understanding of what matters to the patient and how we work with the patient on what matters.
- These practices are happening and therefore the responsible thing to do is make sure they are done in a safe and regulated way.
- Marae are used as hubs in rural areas. How will this work if the therapies are done at the Marae? This policy is to cover therapies provided by DHB staff or provided on DHB premises. If these therapies are being performed on the Marae by DHB staff then that would be covered by the intent of the policy. If they were provided by non-DHB staff on non-DHB premises there is no intent to try and regulate these therapies in Hawke's Bay.
- Are these therapies what the patient is asking for? Yes generally.
- On page two of the policy regarding public funding to support these therapies, wording needs to be changed, as some of these therapies are already being done by DHB staff as part of their job so in theory are being funded.
- It is important that practitioners of complementary and conventional medicine consult/talk to each other. Reciprocal respect of practitioners on DHB premises.
- You can't say there is no evidence, there are different levels. When you are trying to do a scientific evaluation of these therapies they don't lend themselves to the same type of methodology as you would have with conventional medicines.
- If a patient is of a mind to have some of these therapies, it is fine if it makes them feel better. There is a responsibility on the patient as well.
- Keen to see checks and balances and a list of who can see a patient in the hospital. Would like to see list/repository that staff can access on the wards that staff know who is okay.

Andy Phillips commented that it would be helpful to get some more commentary if he has missed a particular type of practice. We just want some safeguards in place if these therapies are being provided by staff or by others on DHB premises to ensure the public receive quality services.

Any further feedback can be sent to andy.phillips@hbdhb.govt.nz.

SECTION 3: PRESENTATION

10. TRAVEL PLAN UPDATE

The Chair welcomed Andrea Beattie to the meeting. Andrea provided an update on the project for the last quarter.

The steering group has been reconvened and working groups have been established involving bi-partite union delegates, Maori Health Service, Population Health, Consumer Council members, Regional Council and Hastings District Council.

Review of parking layout changes has occurred and looking at implementing some priority parks specifically for patients and other user groups, making sure sufficient mobility parking, road marking and signage and may also use some colour coding of parks. With revamping the current layout we can get an extra 25 parks.

In the main car park having 200 parks specifically for patients and parking at the back of the Villas, also increasing the number of mobility parks, another block of six.

New bus services starting next month – an express service from Napier to Hastings to cater for 7 am shift and also the 8 am shift and at the end of the day to take people back. Also the Flaxmere to hospital run has been realigned as well as for Havelock North.

When customer focused booking comes in people will realise they have a say and that their appointments can fit in with the bus service. These same issues have been brought up at the DNA project in the past.

Ninety percent of the travel plan is changing the way staff come to work. Aiming for a 10% shift on how staff come to work e.g. once a fortnight they use an alternative to bringing their car - if that happens more parking becomes available on the facility.

There have been discussions on expanding free patient travel to new routes.

Management technology to manage car parking on site will be up and running in February next year. Started work on monitoring measurement and will use the HEAT tool and other factors like DNA rates and complaints.

Drafted policies and procedures for management.

Visited Canterbury DHB, they have a travel plan which is in the early stages as well to see what worked for them, what didn't work etc. We got some ideas on how they manage their parking and got copies of their management forms

Go Well out in the community - meeting with the Disability Reference Group next week about the changes we are proposing on site, presentation to transform and sustain and the end of the month, invited to do joint presentation with the Regional Council to the Regional Transport Committee and we have representation on the Active Transport Group. Will also be doing a presentation to Health Hawke's Bay.

The Chair advised that there are two Consumer Group members on the working group where issues can be feedback to, not during this update. Andrea Beattie also advised that feedback can be sent to the email address: gowell@hbdhb.govt.nz

SECTION 4: FOR DISCUSSION

11. QUALITY ACCOUNTS DRAFT

Jeanette Rendle, Consumer Engagement Manager advised that the draft Quality Accounts was provided in the papers.

There is a working group which has been put together with representation from DHB services, across the sector and consumers. The template we have used is the same as last year. We would like feedback on the overall flow and content. Depending on the feedback received we can make changes to the current draft or bigger more fundamental changes we can look at doing next year. Also some feedback on communications would be helpful as well.

Questions / Feedback:

- Focus on Quality is not an encouraging name for the community to pick up and read

- No “wow” factor up front
- Would like to see the “who are we” section expanded further e.g. percentage of asian people in Hawke’s Bay, number of youth and what is urban/rural need information for those target groups
- Good document, content fine, information provided easily written
- There is nothing about what we don’t do – good news stuff only and we know that is not true
- Like the balance of facts, figures and pictures, especially liked the “did you know that everyday...” page
- Short and snappy “did you know” have that as the front page
- Visually informative
- Good balance of words and infographics, helps people with literacy issues
- Concern with putting links to websites in documents, you should give maximum information possible in the document or have both
- Urgent Care page 12 – first paragraph uses “general practice” then end of paragraph “family doctor” ? sentence wrong related to emergency department and people coming there when they could be seen by their GP. Either use the word GP or family doctor. Also in the dental information do people from Napier, Wairoa and Central Hawke Bay need to go to the Te Taiwhenua as a walk in? This is an additional service provided within the resources available
- Reducing our DNA rates page 13 – third paragraph, concern how this is worded people may think you just ring and someone will come and pick you up? Needs a more sustainable slant on it e.g. “bring to appointments when possible”
- Liked the document, have the “Did you know” as first page. Liked mixture of information and pictures, easy to read
- Increasing the number of healthy weight children, should include the word “smokefree” in there
- Silos again - missing the point it is the whole of health. Information is set out under services. It has been suggested that when we look at our future focus, Transform and Sustain five year plan, what we should be doing is dividing the quality accounts under those themes.
- Communicating information in the community, show it to us in a different way, a more integrated way
- Page 12 - Te Taiwhenua, access to emergency dental treatment, some may think it is open 24/7. Need to put in the hours for the walk in clinic
- Information regarding smoking – there are different levels to smoking and nicotine content within cigarettes. There is not a lot of pressure around reducing the levels in New Zealand cigarettes ? could be under the did you know section.

Any further feedback can be sent to Jeanette.rendle@hbdhb.govt.nz.

12. QIPS ANNUAL DRAFT PLAN

Jeanette Rendle, Consumer Engagement Manager advised that Kate Coley has put the plan together for feedback and discussion.

With the introduction of the Working in Partnership for Quality Framework and the fully established QIPS Team there is an opportunity to develop an overarching QIPS Plan to ensure that the priorities and objectives identified in the framework are implemented. In addition there are a number of other priorities including Health Quality & Safety Commission Programmes and the Regional Services Plan.

The QIPS Plan is going to a number of meetings for feedback before it is finalised. Because there are a number of pieces of work around engaging with the community and the consumer it has been brought to Consumer Council for feedback.

The Chair commented that it would be more appropriate to discuss this next month with the discussion around the Annual Plan and priorities for the Consumer Council for the year ahead.

Action: For further discussion at September meeting.

SECTION 5: INFORMATION ONLY

13. TE ARA WHAKAWAIORA / MENTAL HEALTH

Report tabled for information.

Question raised is there a racial reason for Maori to have a higher rate of mental health issues than the rest of the population, or is it genetic, historic? Generally it is late diagnosis and delayed access to services. No genetic reason.

General discussion held around Maori mental health issues. The Chair advised that if this is a topic of interest for the Consumer Council members that we need to schedule specific time for the discussion to take place.

Action: *Further discussion in October in conjunction with PAG, regarding access to services with a focus on youth and the family/whanau.*

14. TE ARA WHAKAWAIORA / CULTURALLY COMPETENT WORKFORCE

Report tabled for information. No issues discussed.

15. ANNUAL MĀORI PLAN Q4 (APR-JUN 2016) NON-FINANCIAL EXCEPTIONS

Report and dashboard tabled for information. No issues discussed.

SECTION 6: GENERAL BUSINESS

16. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

No topics or issues raised.

17. KARAKIA WHAKAMUTUNGA (CLOSING)

The meeting closed at 6.10 pm.

Confirmed: _____
Chair

Date: _____

HAWKE'S BAY HEALTH CONSUMER COUNCIL

Matters Arising
Reviews of Actions

5

Action	Date Issue first Entered	Action to be Taken	By Whom	By When	Status
1	10/03/16	Refine Consumer Portfolios 2016/17 This has been deferred until after Transform and Sustain Refresh June/July.			Ongoing
2	11/08/16	Interests Register Changes received for Leona Karauria and register updated.	Admin	September	Actioned
3	11/08/16	Te Ara Whakawaiora / Mental Health Further discussion in conjunction with PAG to be held at October meeting.		October	Ongoing



HB HEALTH CONSUMER COUNCIL WORKPLAN 2016-2017

6

Meetings 2016	Papers and Topics	Lead(s)
13 Oct	Orthopaedic Review – closure phase 1 Draft – Reducing Alcohol-Related Harm Vulnerable Children and Families Draft – New Patient Safety and Experience Dashboard (reporting sequence to follow) Monitoring Te Ara Whakawaiaora / Mental Health (from August meeting)	Andy Phillips Caroline McElnay Dr Russell Wills Kate Coley Sharon Mason / Allison
10 Nov	Travel Plan – verbal Draft - Developing a Person Whanau Centred Culture Event / Complaint / Hazard / Risk Management System Tobacco – Annual Update against the Plan (for noting)** Final – Reducing Alcohol-Related Harm Draft – Family Violence – Strategy Effectiveness Final - HB Integrated Palliative Care Long Term Conditions (information only) Monitoring Te Ara Whakawaiaora / Smoking (national indicator) ** Annual Maori Plan Q1	Sharon Mason / Andrea Kate Coley Kate Coley Caroline McElnay Caroline McElnay Caroline McElnay Mary Wills Leigh White / Jill Garrett Tracee TeHuia
8 Dec	Discussion - HB Workforce Plan Health and Social Care Networks Update Draft - Orthopaedic Review – Phase 2	GM HR Acting CEO PHO Andy Phillips
January 2017	No Meeting	




CHAIR'S UPDATE

Verbal



CONSUMER ENGAGEMENT MANAGER'S UPDATE

Verbal

	Quality Accounts 2016
	For the attention of: Māori Relationship Board, HB Clinical Council and HB Consumer Council
Document Owner:	Jeanette Rendle, Consumer Engagement Manager
Document Author(s):	Quality Accounts Working Group and Service Directorates
Reviewed by:	Executive Management Team
Month:	September 2016
Consideration:	For final review and endorsement

RECOMMENDATION**That the Māori Relationship Board, Clinical and Consumer Council**

1. Provide final feedback and endorsement of the Quality Accounts prior to sign off by the Board at their 28 September meeting
2. Provide feedback and endorsement of the communications plan

INTRODUCTION / PURPOSE

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

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

The first draft has been reviewed by HB Clinical Council, HB Health Consumer Council, Māori Relationship Board, Executive Management Team and Clinical Advisory and Governance Committee Meeting. First round feedback has been incorporated with some remaining data and information to be collated and adjustments to images and layout made.

This is a further opportunity for final review, to see changes based on previous feedback and provide endorsement before going to HBDHB and HHB Boards.

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

SUMMARY

The most updated draft publication is attached along with the communications plan for final review and endorsement.



9.1

KA ARONUI KI TE KOUNGA FOCUSED ON QUALITY

OUR QUALITY PICTURE 2016

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



6

babies will be born



10

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



An orderly can walk on average 15km



16

people will get their free annual diabetes check



22

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



35

operations will be completed in theatre



3

children will receive one of their vaccinations



85

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



200

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



209

visits will be made by District Nurses and Home Service Nurses

245

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



260

people will receive meals on wheels



1,334

people will see their local family doctor



4,400

prescriptions will be written



5,680

laboratory tests will be completed



5,915

items of laundry will be delivered to the hospital

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

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



HE KAUANUANU RESPECT
ĀKINA IMPROVEMENT
RĀRANGATE TIRA PARTNERSHIP
TAUWHIRO CARE

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

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

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

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

NGĀ IHIRANGI CONTENTS

- 03 WELCOME TO OUR QUALITY PICTURE
- 04 OUR CLINICAL COUNCIL AND CONSUMER COUNCIL
- 06 WHO ARE WE?
- 07 TACKLING HEALTH INEQUITY
- 09 HELPING PEOPLE STOP SMOKING
- 10 REDUCING INEQUITIES
- 11 INCREASING THE NUMBER OF HEALTHY WEIGHT CHILDREN
- 13 REDUCING OUR DID NOT ATTEND RATES
- 14 CONSUMER EXPERIENCE
- 16 OUR SERVICE
- 32 NATIONAL HEALTH TARGETS
- 35 SERIOUS ADVERSE EVENTS
- 36 NATIONAL PATIENT SAFETY PRIORITIES
- 38 OUR FUTURE FOCUS
- 39 YOUR FEEDBACK



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

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

Every day people access the health and disability services across our sector and, for some, the experience, the care, and support they receive exceeds their expectations; however in some instances we fall short. As a sector, we believe our consumers should be at the centre of health care and treat them as if they were part of our own family/whānau, so as a sector our commitment is to continually improve the safety and quality of care for all.

In these quality accounts we have focused on some of the improvements currently underway across Hawke's Bay which, we believe, will better meet the needs of our community and give us the opportunity to deliver the best

care possible. At the same time we need to continue to manage the risks of providing health care and reduce incidents of unintentional harm that can occur while receiving care. These accounts show how we are meeting these challenges – showing our successes and where we need to improve and focus in the future. We welcome any feedback, as well as any suggestions for future topics.

What quality means to us?

Ākina, one of our sector values means *that we continuously look for ways in which we can make improvements and learn when things don't go as well as we planned*. Achieving high quality care across the sector means the care is the right care, in the right place, at the right time, every time. We want to help develop our staff to become far more person and whānau centred, really understanding our consumers' goals and needs, working in partnership to improve the health of our communities.



KEVIN ATKINSON

CHAIR
Hawke's Bay
District Health
Board



BAYDEN BARBER

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



CHRIS McKENNA

CO-CHAIR
Hawke's Bay
Clinical Council



MARK PETERSON

CO-CHAIR
Hawke's Bay
Clinical Council



GRAEME NORTON

CHAIR
Hawke's Bay Health
Consumer Council

TŌ MĀTOU POARI HAUMANU, KIRITAKI HOKI OUR CLINICAL COUNCIL AND CONSUMER COUNCIL

Combined leadership through the Clinical and Consumer Councils in Hawke's Bay

Establishing the Hawke's Bay Clinical Council (2010) and Hawke's Bay Health Consumer Council (2013) has helped us make change across our health sector – hearing the voice of both our clinicians and consumers.

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

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

A strong sense of teamwork and working together has been established between the councils which means that all service improvements and changes must be reviewed and recommended by both councils before they are discussed and approved by the Hawke's Bay

DHB Board. The key to success to date has been the commitment at board and senior executive levels to support both these councils so that both clinical and consumer voices are able to grow.

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

Each of the councils' annual plans has a section they share. Consumers are increasingly routinely invited to "co-design" services with clinicians, managers and other stakeholders. Trusting relationships are being built as a result, and we are getting better at it.

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

(translation)

WORKING IN PARTNERSHIP FOR QUALITY

Introduction. Profile MRB, EMT, QIPS

Maori Relationship Board

The Māori Relationship Board (MRB) exists to maximise the relationship between the Hawke's Bay District Health Board (HBDHB) and our local iwi - Ngāti Kahungunu Iwi Incorporated. MRB represent and provide a strong voice for the Māori population within the Kahungunu rohe (territory). MRB are aspirational and quality improvement focussed when it comes to identifying and removing health inequities (see page 7) and improving services and outcomes for Māori. MRB members include representatives from Ngāti Kahungunu, HBDHB Board, the Hawke's Bay Community and Ahuriri District Health who provide advice and recommendations that ensure services, policies, strategies and plans are responsive to the needs of Māori in our community.

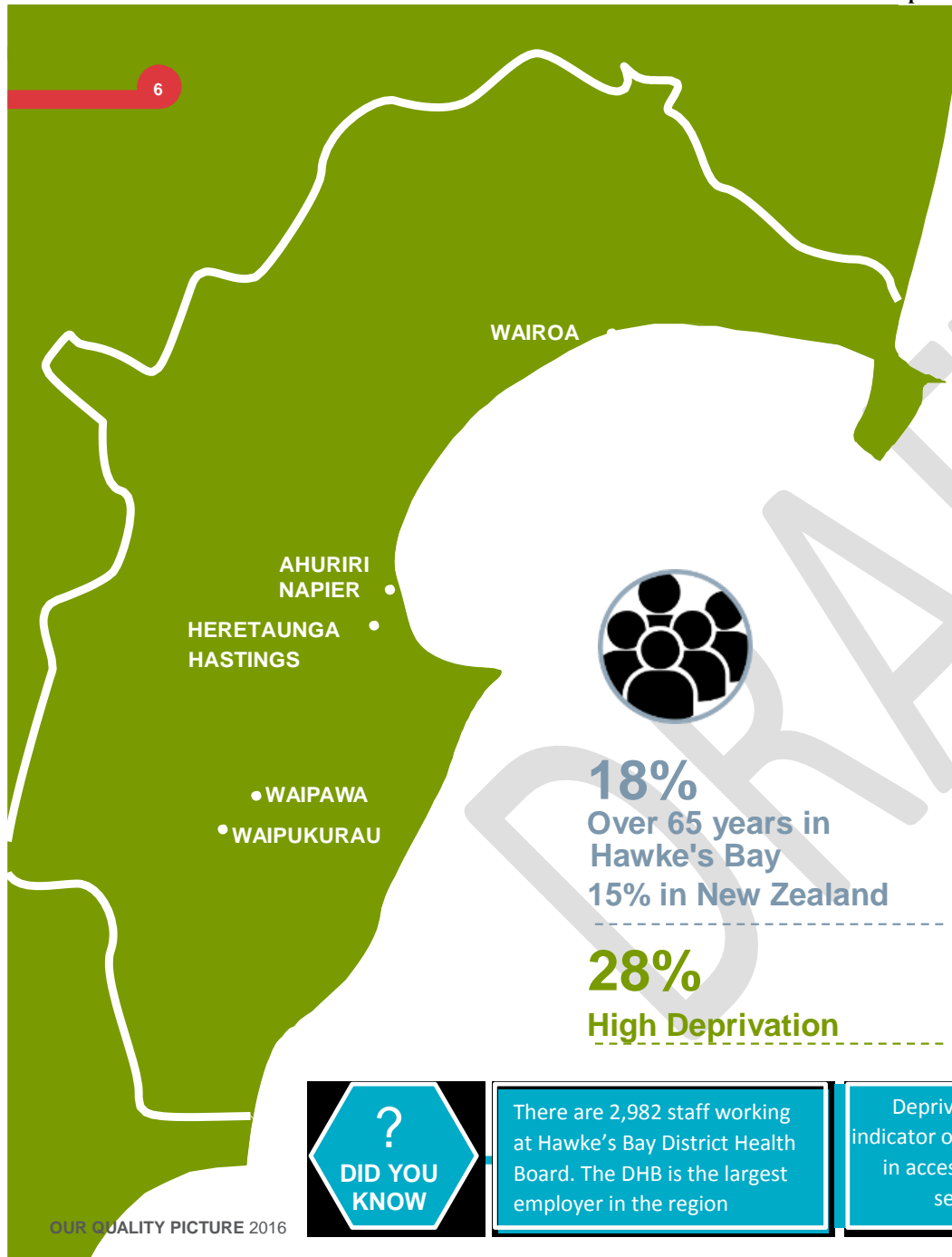
Executive Management Team

Being written

Quality Improvement and Patient Safety Service

Being written





KO WAI MĀTOU? WHO ARE WE?



160,650
Hawke's Bay
population 2015/16

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



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

25.6%
Māori in Hawke's Bay

4.1%
Asian people in
Hawke's Bay

28%
High Deprivation

3.7%
Pacific people in Hawke's
Bay

87%
Urban (city) residents
versus 13% Rural

**?
DID YOU
KNOW**

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

Deprivation is an indicator of disadvantage in accessing health services

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

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

TE WHAKATIKA I TE HAUORA TAURITE KORE TACKLING HEALTH INEQUITY

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

A recent update of the 2014 Health Equity Report shows that Hawke's Bay is improving in some areas.

Good progress is being made to achieve equity in the following areas:

- ✓ **Difference between Māori and non- Māori avoidable deaths almost gone.** If current trends continue there will be no difference between Māori and non- Māori avoidable death rates by 2017, largely due to disease prevention, effective treatment and/or medical care.
- ✓ **Reduction in hospital admissions for 0-4 year olds** that could have been avoided by prevention programmes and better access to treatment in primary care.
- ✓ **Reduction in teenage pregnancy** largely due to improved access to primary care contraceptive and sexual health services.

Life expectancy (how long we live) is improving but there is still significant inequity. It will take at least 50 years for Māori to have the same life expectancy as non-Māori in Hawke's Bay if current trends continue.

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

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



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



23%

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

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

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

RANGATAHI MAKE BETTER CHOICES

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

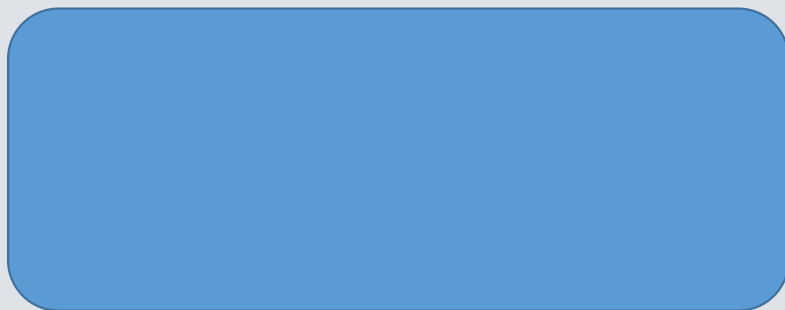
The "Breaking Cycles Challenge" engaged with Alternative Education providers in Hawkes Bay to provide education to youth aged 15-19 years old to lead healthy, active and smoke free lifestyles. The challenge was run over eight weeks with education, health, social, challenges and cessation components all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





TE WHAKARANEA I NGĀ TAMARIKI TAUMAHA TIKA

INCREASING THE NUMBER OF HEALTHY WEIGHT CHILDREN



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

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

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

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

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

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

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

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

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

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

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

www.ourhealthhb.nz

TE TIAKI KŌHUKIHUKI URGENT CARE

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

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

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

- Improved access to emergency dental treatment - As of 1 October 2016 there will be provision for 720 very low cost appointments available for anyone in Hawke's Bay who needs emergency dental treatment. Consumers can be referred by their own family doctor, by the hospital or simply walk in to Te Taiwhenua o Heretaunga during opening hours for treatment.
- Communicating better with our community and helping consumers with more information so they can make better choices about where to go for treatment - This led to the implementation of the "choose well" campaign. The launch of a new health sector wide website (www.ourhealthhb.nz) supports our community with information, advice and alternatives. You may also have noticed "choose well" billboards and banners.

- Transport assistance is currently being reviewed and we expect a number of recommendations to be made in the next year to support this.
- Provision of urgent care services continues to be a priority. We are continuing to look at ways to improve access to health professionals both during and outside of normal working hours.



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

TE WHAKAHEKE I TE HUNGA KORE TAE MAI REDUCING OUR DID NOT ATTEND RATES

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

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

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

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

Customer focused bookings

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

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

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

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

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

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

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

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

HE WHEAKO KIRITAKI CONSUMER EXPERIENCE

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

National Inpatient Experience Survey

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

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

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

Real time surveys

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

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

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

Workshops

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

The ultimate aims are to ensure equitable health services for all and best use of our resources.



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

Results from the 2015/16 National Patient Experience Survey

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



Image of consumer engaging with health professional

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

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



HAUORA TAUPORI POPULATION HEALTH

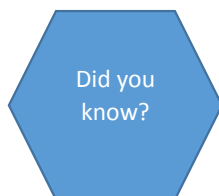
We work with people and communities to prevent disease, have a safe environment and support people to be healthy and well. Population health covers areas such as reducing harm from alcohol, drugs, tobacco and hazardous substances, water safety and sanitation, promoting physical activity and healthy eating,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



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



- Support workplaces to have healthy workplace policies
- Support schools to have policies on drinks with no sugar
- Develop a position statement on alcohol harms and outline actions to address them
- Improve the information on pamphlets given to the public on communicable disease
- Continue to address housing issues and poor insulation

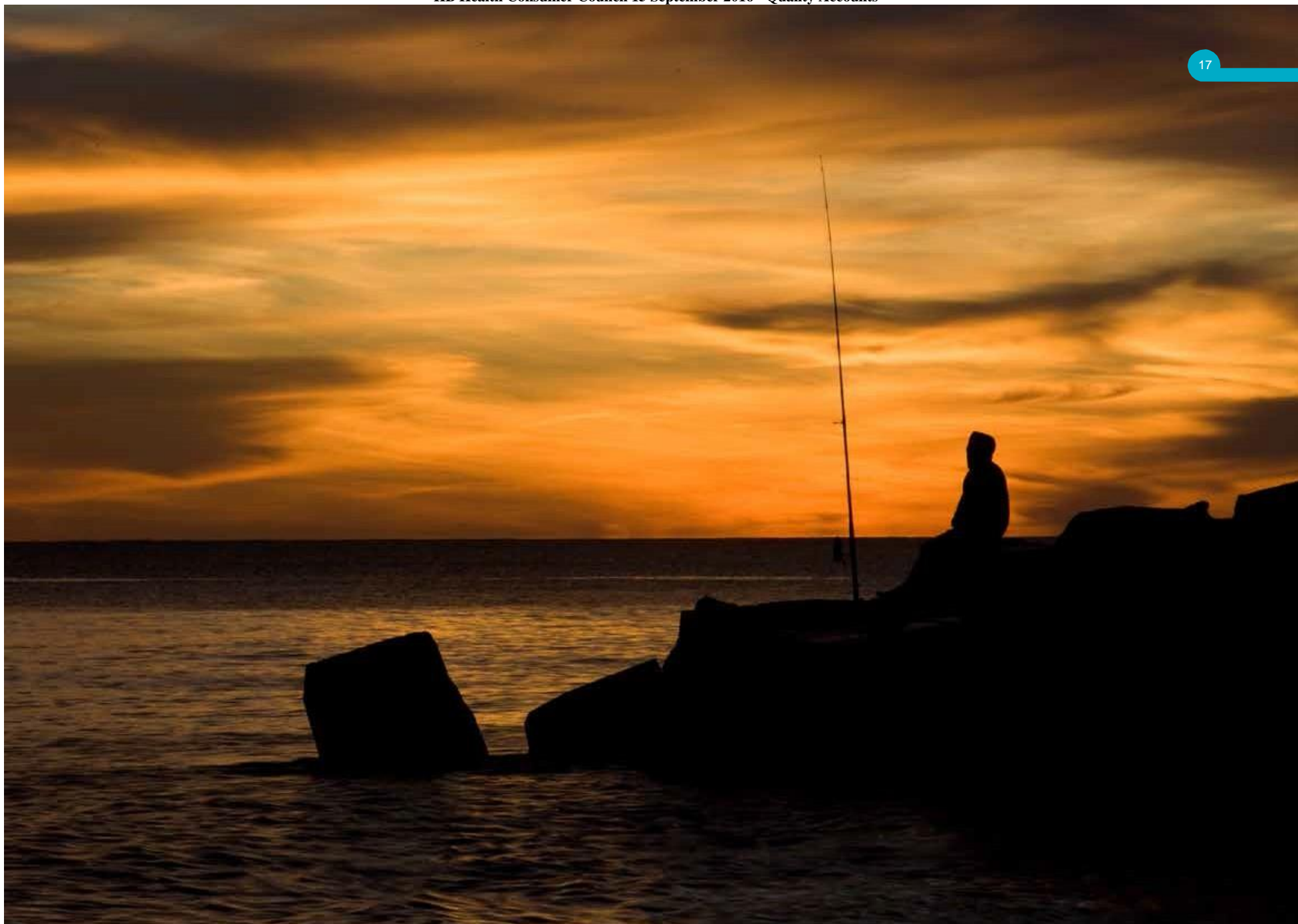


568
communicable
disease cases
notified

619
liquor licence
applications
received

186
tobacco retailers
had compliance/
education visits

123
women supported to
breast & cervical
screening services



TE TIAKI HAUORA MATUA PRIMARY HEALTH CARE

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



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



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

Did you
know?

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

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

17 daily diabetic
annual reviews were
held in general
practice

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

Respiratory Programme

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

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

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

Supporting you to keep well

Consumer Portal

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



Improving self-management of health issues in our community

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

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

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

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

TE TĀRŪRŪ ME TE MAHI WHAKAORA ACUTE AND MEDICAL

We are responsible for providing safe and effective care across a number of services including:

Emergency Department, Intensive Care Unit, Radiology, Renal Services, Cancer Services, General Medicine, Cardiology, Respiratory and Palliative Care.



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



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



**DID YOU
KNOW**

We provide a
24 hour
acute service
7 days per week

45,269
People presented to the
emergency department

We have
97
acute adult
medical beds

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

The most
common cause of
severe trauma is
motor vehicle
accidents

24/7 Stroke thrombolysis

In June 2016, the stroke team began providing 24/7 stroke thrombolysis (a treatment to dissolve the dangerous clots in blood vessels, improve blood flow and prevent damage to tissues and organs) to clinically eligible patients presenting to the Emergency Department with acute stroke.

Our Hawke's Bay stroke team are working closely with our Wellington counterparts, and video conferencing is being used to provide stroke expertise for patients presenting outside of working hours. This technology allows us to be in a position to offer therapy aimed at improving outcomes for clinically eligible stroke patients whenever they need it.

Emergency Department (ED) front of house

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

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

Integrated Operations Centre (IOC)

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

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

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

Photo of IOC

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

TE POKA TINANA SURGICAL

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



- We exceeded the national elective health target and completed 7,469 surgeries. This was 360 more surgeries than planned.
- Of these we completed 401 hip/knee joint replacements. This was 97 more than last year
- We've prioritised cancer treatment surgery, and conducted xxx of breast cancer operations.
- Stat about average length of stay after hip/knee op – improvement on last year?
- Appointment of a Vascular Surgeon meaning consumers don't need to be sent out of the region for vascular surgery



- Continue to improve the numbers of our community receiving surgery
- Updating our theatre facilities to meet the needs of the Hawke's Bay community
- Working with the Ministry of Health to gain funding to support musculoskeletal services focusing on reducing health inequities
- National Patient flow?
- Reduce the wait time for acute surgery by increasing our theatre opening times across the week.



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

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

1,2670 patients are admitted to our 3 surgical wards yearly

Around 95 people are seen daily at surgical outpatient clinics

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

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




Photo of spine clinic

Spine Clinic

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

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

Improving pre-surgery visits

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

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

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

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

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

HE WĀHINE, HE TAMARIKI, HE TAIOHI HOKI

WOMEN, CHILDREN AND YOUTH

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

Teenagers living with diabetes

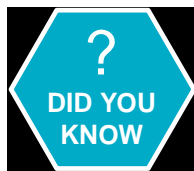
Last year we noticed that many of our teenagers were having a tough time following their diabetic plan. It was hard for them to follow medical treatment which ultimately impacted on their diabetes and led to many coming in to ICU and children's ward with serious health issues related to their diabetes.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



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



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



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

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

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

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

Child Development Service managed 1,500 new referrals this year

"We were cared for with respect and we went home happy with our new little bundle of joy....thank you" 25

Family Violence Routine Screening

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

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

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

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

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



Hawke's Bay Maternity

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

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

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

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

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

TE ORANGA PĀKEKE OLDER PERSONS HEALTH

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

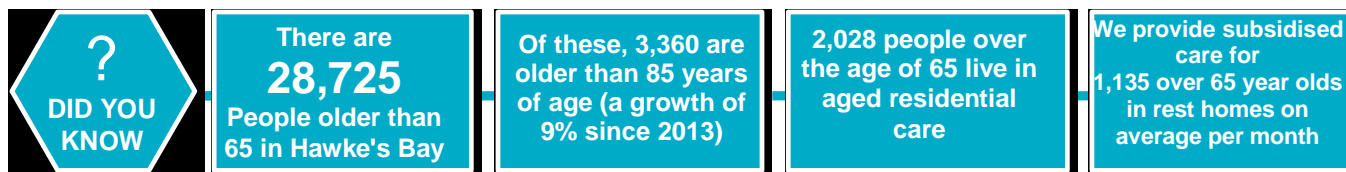
- engAGE team meetings are held at general practices across Hawkes Bay. These meetings allow health professionals from across the hospital and community to work more closely together and learn from each other. Team members visit older people at home and work with them to make a plan to achieve their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



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



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



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

engAGE
Age Well

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

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

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

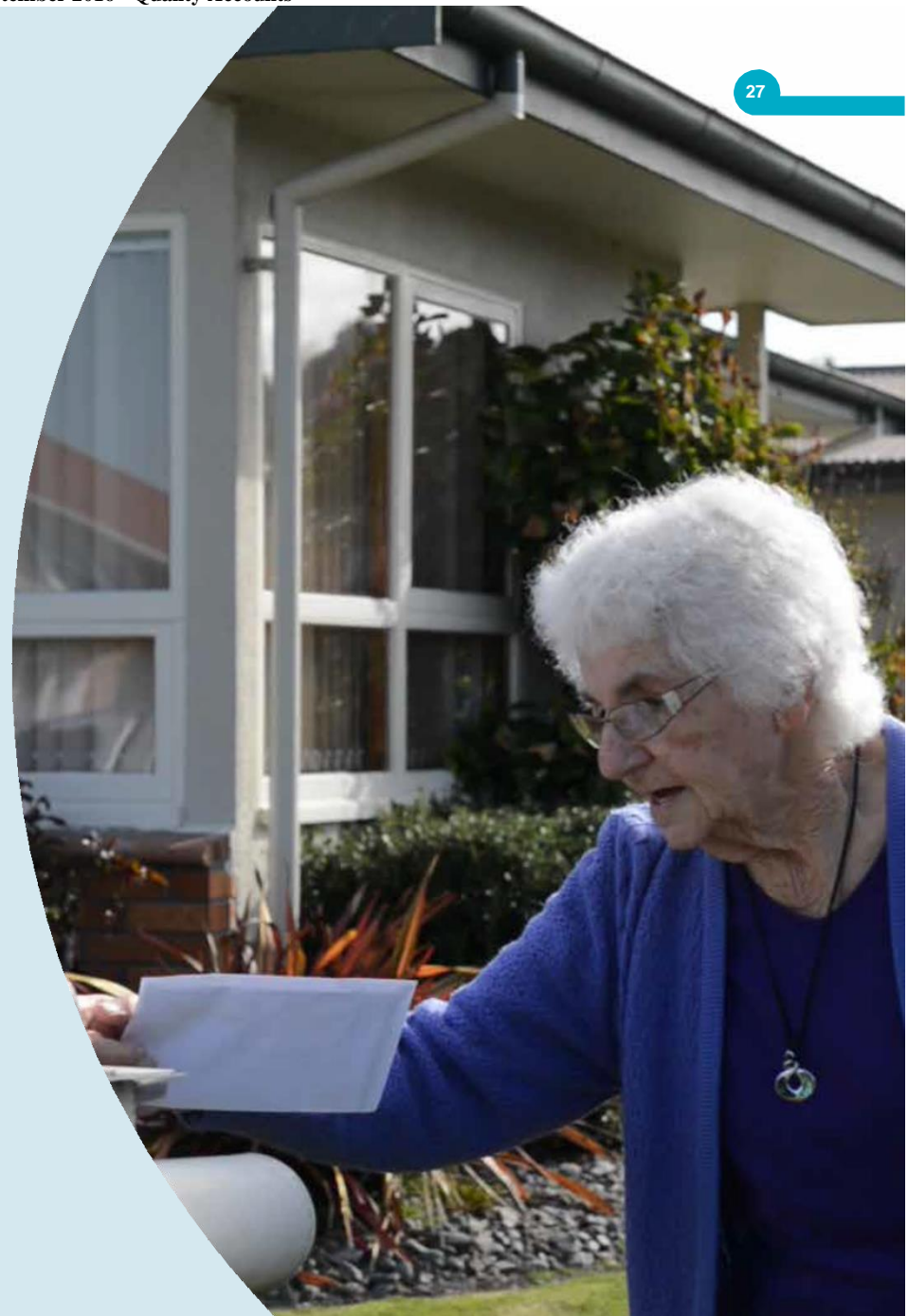
Jessie was referred to engAGE for help with discharge planning and follow-up. She spent 3 weeks in an Intermediate Care Bed (ICB) located in the community with regular input from Physiotherapy and monitoring of her weight and food intake. A family meeting took place before discharge.

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

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

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

27



9.1

TE ORANGA HINENGARO MENTAL HEALTH

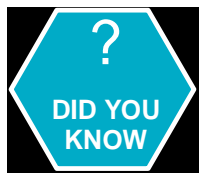
We are responsible for delivering mental health services to people with moderate to severe mental health illness. We have community teams situated in Wairoa, Napier, Hastings and Waipukurau and a residential addiction service in Napier.



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



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



**X appointments with
Child, Adolescent
and Family Service
(CAFS) per day**

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

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

**15 beds in
Springhill
Treatment
Centre**

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

Opening of Nga Rau Rakau

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

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



Home Based Treatment intervention prevents admission

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

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

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

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

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

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

TE TUAWHENUA, Ā-WAHA, TE HAPORI HOKI RURAL, ORAL AND COMMUNITY

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

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



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



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



7,763 patients
enrolled in a general
practice in Wairoa

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

28,024
children enrolled
with community
dental

2,950
Clinic appointments
were held in Napier
Health

Development of the Pulmonary Long Term Management Service

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

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

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

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

E Tu Wairoa – Violence Free Whānau

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

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

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

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



NGĀ WHĀINGA HAUORA Ā-MOTU

NATIONAL HEALTH TARGETS

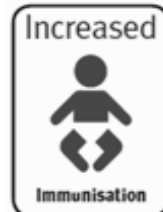
Our results



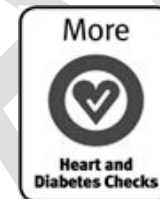
✓ 105%
7,469 surgeries were delivered. That is 360 more than the plan



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



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



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



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



✓ 99% of hospitalised smokers were offered advice to quit.
✗ 81% of those consumers who are smokers and have a family doctor were offered advice to quit.

NGĀ WHĀINGA HAUORA Ā-MOTU – HE TIROHANGA

NATIONAL HEALTH TARGETS - AT A GLANCE

HEALTH TARGET	TARGET	OUR RESULT	TREND (since last year)	COMMENT
Shorter stays in Emergency Department	95%	Not Achieved	↓	TBC
Improved access to elective surgery	100%	Exceeded (105%)	↑	This year we have continued to focus on 'Operation Productivity' and increasing Hip and Knee surgeries (pg22) to increase the number of people receiving surgery.
Faster Cancer Treatment	85%	Not achieved (63%)	N/A	The Faster Cancer Treatment team are working with improved processes to identify patients on the cancer pathway and we expect to see improvement in the coming year.
Increased Immunisation	95%	Achieved	-	Hawkes' Bay DHB remains one of the top performers in this Health Target. All immunization service providers are working well together.
Better help for smokers to quit (Hospitals)	95%	Exceeded	-	Hawke's Bay DHB has achieved this target for the last three years.
Better help for smokers to quit (Primary Care)	90%	Not achieved (81%)	↓	General Practice continues to have a strong focus on helping smokers to quit including "Stoptober" campaign in October, practice resources and recruitment of a community smokefree community systems coordinator
More heart and diabetes checks	90%	Not achieved (88%)	↓	We have maintained our performance in this area and continue to focus on priority groups who are most at risk of heart disease and diabetes.

KEY:

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



34

Photo courtesy of HB Today

HE AITUĀ TAUMAHA SERIOUS ADVERSE EVENTS

In hospital

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

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

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

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

Did you know?

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

Serious events 2015/2016



Clinical Processes



Clinical Administration



Medication/ IV Fluid Error



Falls

Our focus 2016-2017

- Distribute key patient safety learnings across the sector
- Develop an education programme to train reviewers of serious adverse events
- Work with PHO, GPs and aged care facilities to establish a reporting and learning programme/culture
- Upgrade our electronic risk management system

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

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

In hospital

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

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



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



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



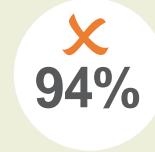
Hand hygiene: percentage of health professionals who clean their hands before and after having contact with a patient. Target 70%



Surgical site infection targets

(Oct-Dec 2015):

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



Right antibiotic in the right dose. Target 95%



Appropriate skin antisepsis in surgery. Target 100%

Preventing harm from medicines in hospital

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

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

Preventing harm from surgery in hospital

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

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

Preventing harm from falls in hospital and the community

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

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

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

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

Preventing Harm from Infection

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

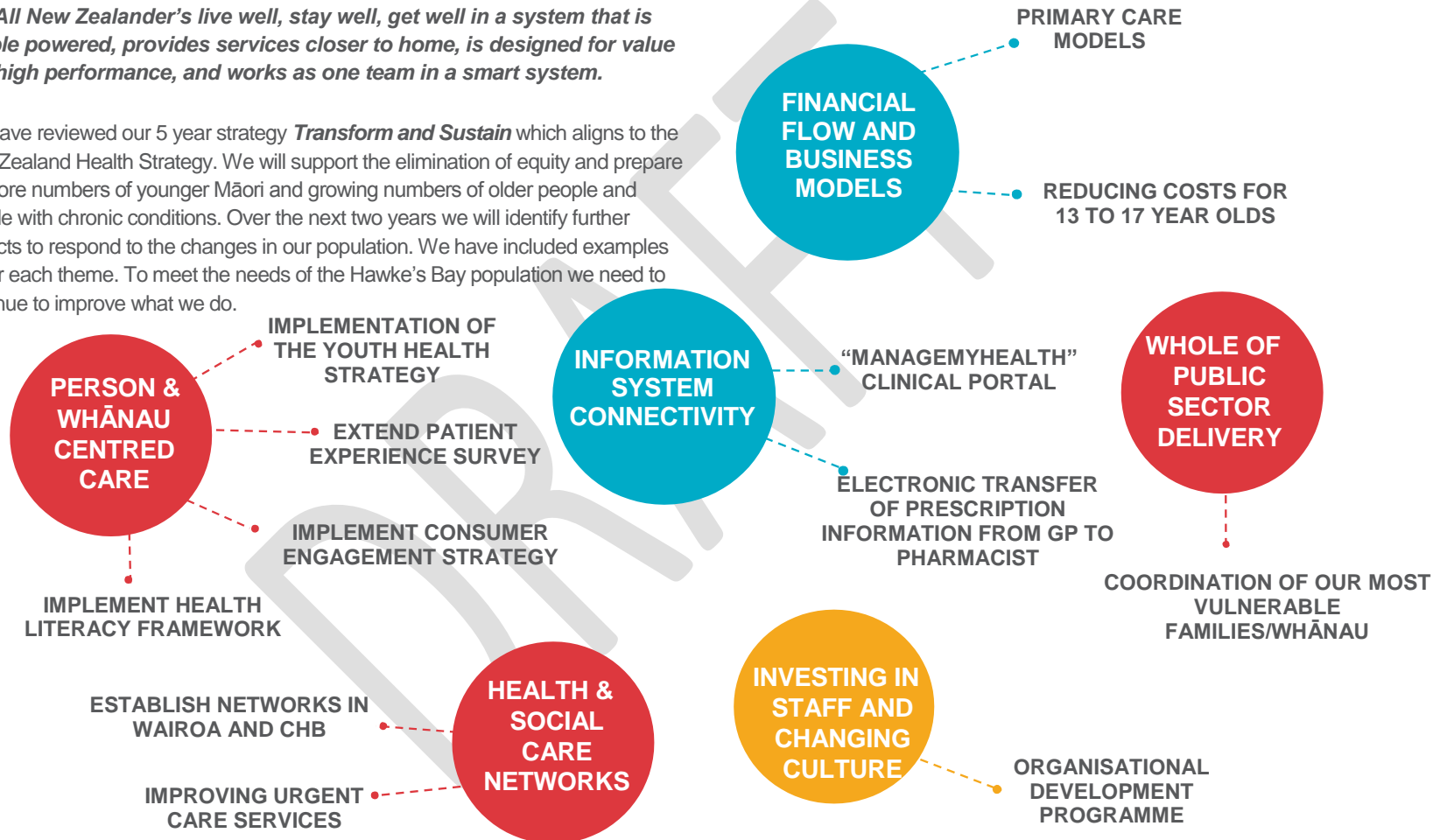
This year our focus will be the promotion of appropriate usage of antibiotics. We see this as an important patient safety issue to prevent the overuse of antibiotic and the development of multi resistant organisms. Our aim is to improve patient outcomes.

TŌ TĀTOU ARONGA MŌ ĀPŌPŌ

OUR FUTURE FOCUS

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

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



KO Ā KOUTOU WHAKAHOKINGA KŌRERO YOUR FEEDBACK

Consumer feedback

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


You can give feedback in a number of ways:

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

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

Then what happens?

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



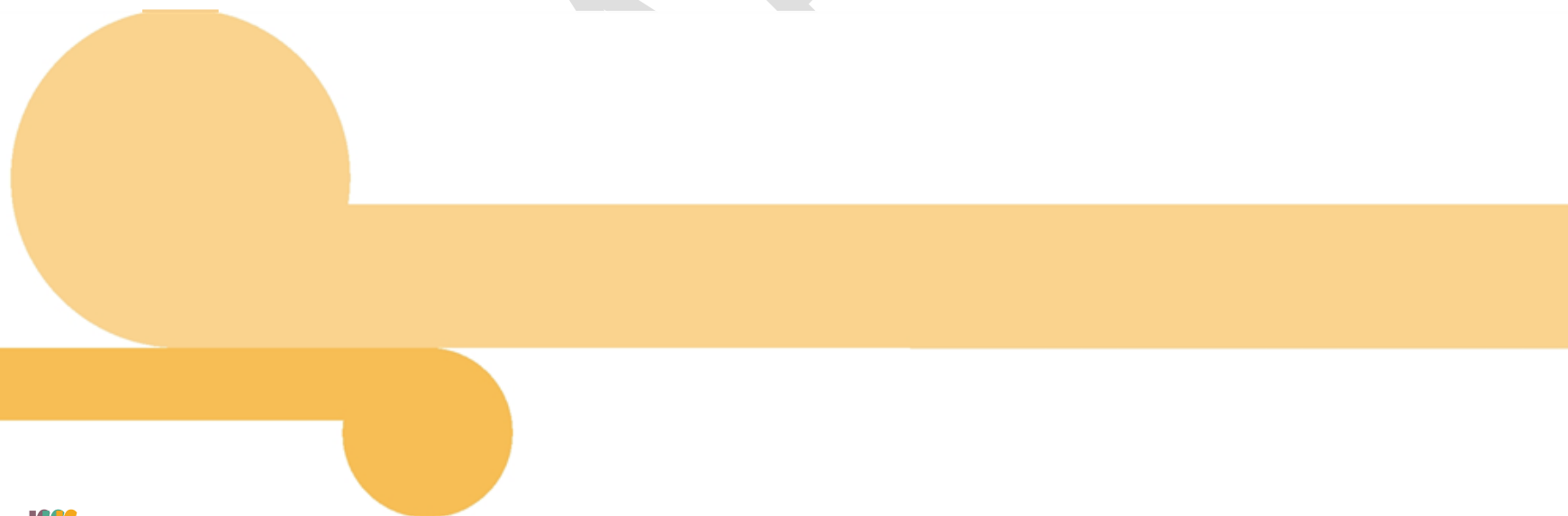
YOUR STORY

WE VALUE YOUR FEEDBACK

He tino taonga ō whakaaro ki a mātou


OURHEALTH
HAWKE'S BAY
Whakawāteatū

www.ourhealthhb.nz



Communications Plan for release of Quality Accounts 2016

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

	Internal Review – Gastro Outbreak Havelock North
	For the attention of: Māori Relationship Board, HB Clinical Council and HB Health Consumer Council
Document Owner:	Kate Coley Director of Quality Improvement & Patient Safety
Document Authors:	Kate Coley and Ken Foote
Reviewed by:	Ken Foote, HBDHB Board
Month:	September, 2016
Consideration:	For Information and feedback

RECOMMENDATION**That the Maori Relationship Board, Clinical and Consumer Councils:**

1. Note the intent to undertake a full review of HBDHB's response to the recent gastro outbreak in Havelock North.
2. Note the Review Co-ordinator position overview.
3. Note the Review Framework.

PURPOSE

The purpose of this paper is to provide EMT & Board with the opportunity to provide input on the draft framework for an internal review of the Gastro Outbreak in Havelock North.

EXECUTIVE SUMMARY

In light of the proposed independent inquiry by the government, and in line with our normal procedures, following the implementation of a CIMS structure, HBDHB will undertake a full review of our response to the recent gastro outbreak in Havelock North.

The review will be run by a designated review co-ordinator (overview of position attached), supported during the period with other individuals, to gather all information and analyse this to inform the drafting of a report.

Also attached is an overview of the intended review framework.

HAVELOCK NORTH GASTRO INCIDENT

HBDHB Review Coordinator

PURPOSE

Co-ordinate and support the process of debriefing and reviewing health sector responsibilities and involvement in the Havelock North Gastro Incident, and prepare a comprehensive HBDHB Report.

TASKS

- Develop a plan for debriefing and reviewing health sector involvement in response, communications and recovery
- Oversee internal review of HBDHB practices and procedures in relation to drinking water, including:
 - Standard monitoring and management issues
 - Mechanisms for identification of a potential 'outbreak' or other significant public health issue
 - Contingency plans for responding to such an 'outbreak'/issue
 - Previous intelligence and actions relating to Brookvale Road bore contamination
- Delegate tasks as appropriate, including facilitation of stakeholder surveys and debriefs
- Coordinate and consolidate all relevant data, documentation, debriefs and reviews
- Draft a comprehensive report
- Finalise report after peer review
- Coordinate HBDHB organisational input into Government Inquiry
- Follow up on 'lessons learned' to ensure all recommendations are implemented

DELEGATION


- Delegated authority from HBDHB CEO to:
 - Require performance of tasks set out in the Review Plans
 - Direct priority of action (after consultation where appropriate).
- No specific financial delegations but may request allocation of resources to achieve review tasks
- Liaise with Ministry of Health and HDC as appropriate.

ACCOUNTABILITY

- Accountable to HBDHB CEO

GASTRO OUTBREAK REVIEW FRAMEWORK

PURPOSE	METHODOLOGY / APPROACH	KEY STAKEHOLDERS	OTHER AREAS TO CONSIDER	REPORT OUTLINE	REVIEW PROCESS	TIMEFRAME
<ul style="list-style-type: none"> Review of how HBDHB responded to the gastro outbreak in Havelock North Ensure that HBDHB met all of its legislative requirements & obligations Review of HBDHB practices and procedures in relation to drinking water Identification of: <ul style="list-style-type: none"> Positives Issues Areas of concern Any learnings Recommendations for the future Follow up on implementation of agreed actions 	<ul style="list-style-type: none"> Staff Survey Interviews / Debriefing with key stakeholders Review of all documentation gathered during the period Review of EOC processes Review of current policy / procedures / guidelines in the event of a public health outbreak Review of all policies, guidelines, protocols in relation to water monitoring 	<p>Debriefs:</p> <ul style="list-style-type: none"> EOC Team Members EMT Directorate Leadership Teams Staff Groups: <ul style="list-style-type: none"> Public Health ED/AAU District Nursing Infection Control Communications Ministry of Health Age Residential Care facility managers (Havelock North) PHO / GPs Community Pharmacists Hastings District Council Consumer / Community – through linkages of Consumer Council 	<ul style="list-style-type: none"> Government inquiry <ul style="list-style-type: none"> Linkage and liaison Legislative requirements /Inquiries Act requirements CIMS / EOC Structure and Functioning 	<ul style="list-style-type: none"> Executive summary Background Analysis/data/business intelligence reports Timeline of issues and activities Findings: <ul style="list-style-type: none"> Key Themes Positives Negatives Impact on business as usual Learnings Recommendations Next steps / implementation Monitoring and progress reports Preparation for Government inquiry <ul style="list-style-type: none"> Risks for DHB Summary of Appendices on response and water monitoring practices 	<ul style="list-style-type: none"> Framework approved (EMT, Board) Communication to all staff with regards to the internal review Engage support Gathering of information / data Analysis / theming Verbal Update - Board Drafting paper Review by: <ul style="list-style-type: none"> EMT Clinical Council Consumer Council Review by legal Finalise Report Endorse by Board Circulation of report Monitor implementation of agreed actions 	<ul style="list-style-type: none"> 30 & 31 August 1 September W/C 5 September 12 – 26 September 26 – 30 September 28 September 26 – 7 October 11 October 12 October 13 October 10 – 14 October 17 – 21 October 26 October Post Board meeting Agreed timeline

	Health and Social Care Networks
	For the attention of: Māori Relationship Board, Clinical and Consumer Council
Document Owners:	Liz Stockley, GM Primary Care; Tracee Te Huia, GM Māori Health
Document Author(s):	Belinda Sleight, Project Manager Strategic Services
Reviewed by:	Executive Management Team
Month:	September 2016
Consideration:	For Information

RECOMMENDATION**Māori Relationship Board, Clinical and Consumer Councils**

1. Note the contents of this report.

OVERVIEW

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

OVERARCHING PROGRAMME

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

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

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

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

WAIROA NETWORK

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

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

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

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

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

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

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

CENTRAL HAWKE'S BAY NETWORK


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

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

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

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

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

	Te Ara Whakawaiaora- Healthy Weight Strategy
	For the attention of: Māori Relationship Board, Clinical and Consumer Council
Document Owner:	Caroline McElroy, Director Population Health
Document Author(s):	Shari Tidswell, Team Leader/Population Health Advisor
Reviewed by:	Executive Management Team
Month:	September 2016
Consideration:	For Information

RECOMMENDATION**Māori Relationship Board, Clinical and Consumer Council**

Note the contents of this report.

OVERVIEW

Te Ara Whakawaiaora (TAW) is an exception based report, drawn from Annual Māori Plan (AMP) 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 Director Population Health, Champion for the Healthy Weight Indicator.

UPCOMING REPORTS

The following are the indicators of concern, allocated EMT champion and reporting month for each.

Priority	Indicator	Measure	Champion	Responsible Manager	Reporting Month
Obesity <i>National Indicator</i>	% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	≥95%	Caroline McElroy	Shari Tidswell	SEPT 2016

MĀORI HEALTH PLAN INDICATOR:

At the end of 2015 the Board endorsed the Hawke's Bay Healthy Weight Strategy and requested a plan to outline activity to support childhood healthy weight. The resulting Best Start: Healthy Eating and Activity Plan was endorsed in May 2016. This Plan reflected the evidence that demonstrated early intervention has the greatest lifetime impact.

WHY IS THIS INDICATOR IMPORTANT?

This indicator focuses on increasing the proportion of 4 year olds who have a healthy weight (not overweight, obese or underweight). This is a new area of focus for the Board. We are not yet seeing improvements with 9.3% of Māori 4 year olds in the obese weight category (and increasing over the past three years) compared with 3% of "other" 4 year olds. Evidence shows that these children will be more likely to have a healthy weight in later life due to the combination of physiological and behavioural changes which are laid down in early life.

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

Achieving the new health target: "By December 2017, 95 per cent of obese children identified in the Before School Check (B4SC) programme will be referred to a health professional for clinical assessment". We continue to focus on achieving an increase in healthy weight and evidence based referrals. We will achieve this by providing whānau with two referrals; (1) a health professional and (2) a community based programme which supports lifestyle changes.

We need to engage better with women, parents, whānau and communities by sharing information about the importance of nutrition in the early years and also by asking how best to support healthy nutrition. This support is not just from health service providers or about health information but from across the whole community in order to support access to healthier food choices for our tamariki.

Breastfeeding is strongly protective in maintaining healthy weight, yet we see very little improvement in our breastfeeding rates with significant variations in breastfeeding rates by ethnicity. We need to understand better why to support women to breastfeed and increasing breastfeeding rates.

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

Process and training has been completed to support children identified at B4 School Checks with a BMI over 18.3, are offered support including nurse education, referral to Active Families and general practitioner assessment. This referral process and wider support for childhood healthy weight are covered in the DHB Plan.

The Best Start: Healthy Eating and Activity Plan has been approved and endorsed by HBDHB Board and Committees. The Plan has key objectives:

- Increasing healthy eating environments by increasing healthy eating choices and physical activity opportunities
- Developing and delivering prevention programmes which include; food literacy, maternal nutrition, implementing policy and physical activity
- Interventions which support children to have healthy weight
- Providing leadership in Hawke's Bay for health eating

The Plan was developed using the evidence base and community input – both sources support early intervention by focusing on childhood healthy weight beginning with healthy weight during pregnancy. This Plan has been shared with other DHBs and the sector in Hawke's Bay.

Currently delivered activities include:

- Gestational diabetes screening and support

- Maternal GRx programme
- Breastfeeding support/resources via Kahungunu Executive and Te Taiwhenua o Heretaunga
- Promoting World Breastfeeding Week- Facebook brelfies, breastfeeding friendly cafes were the focus
- Active Families under 5
- Healthy First Foods 0-2 year, deliver via Plunket and Well Child/Tamariki Ora provider
- Launching Healthy Foods 2-5 years with B4 School Check Nurses
- HBDHB Healthy Eating Policy adopted including educative traffic light model, supporting breastfeeding for staff/visitors/patients
- School and environment survey for HB conducted with Informus

Funding is now secured to support the school based programme.
See table below for detail on progress toward planned outcomes.

CONCLUSION


It is critical to invest in the prevention and management to increase healthy weights over a long-term in order to reap the benefits of healthy weight young children - including cementing the behavioural and environmental changes that can support ongoing healthy weights.

Report for Te Ara Whakawaiaora- Health Weight Strategy

At the end of 2015 the Board endorsed the Hawke's Bay Healthy Weight Strategy and request a plan to outline activity to support childhood health weight. The resulting Best Start: healthy eating and activity plan was endorsed May 2016. This plan reflected the evidence which show early intervention has the greatest lifetime impact – with activity focusing on

Indicator	Date	Recommendation(s) to Board	Champion Progress Update
Obesity Strategy 1) Obesity Strategy completed 2) Health Promotion Plan Champion: Caroline McElnay, Director Population Health Document Writer: Shari Tidswell, Team Leader/Population Health Advisor	August 2016	<p>This indicator focuses on increasing the proportion of 4 year olds who have a healthy weight (not overweight, obese or underweight). This is a new area of focus for the Board and we are not yet seeing improvements with 9.3% of Maori 4 year olds in the obese weight category (and increasing over the past 3 years) compared with 3% of "other" 4 year olds. Evidence shows that these children will be more likely to have a healthy weight in later life due to the combination of physiological and behavioural changes which are laid down in early life.</p> <p>Achieving the new health target: "By December 2017, 95 per cent of obese children identified in the Before School Check (B4SC) programme will be referred to a health professional for clinical assessment". We continue to focus on achieving an increase in healthy weight and evidence based referrals. We will achieve this by providing whanau with two referrals 1) a health professional and 2) a community based programme which support lifestyle changes.</p> <p>We need to engage better with women, parents, whanau and communities, by sharing information about the importance of nutrition in the early years and also by asking how best to support healthy nutrition. This support is not just from health service providers or about health information but from across the whole community in order to support access to healthier food choices for our Tamariki.</p> <p>Breastfeeding is strongly protective in maintaining healthy weight, yet we see very little improvement in our breastfeeding rates with significant variations in breastfeeding rates by</p>	<p>The Best Start: Healthy Eating and Activity plan has been approved and endorsed all the Board and DHB councils. The plan has key objectives:</p> <ul style="list-style-type: none"> Increasing healthy eating environments, by increasing healthy eating choices and physical activity opportunities. Developing and delivering prevention programmes which include food literacy, maternal nutrition, implementing policy and physical activity. Interventions which support children to have healthy weight. Providing leadership in Hawke's Bay for health eating. <p>The plan was developed using the evidence base and community input – both supporting early intervention by focusing on childhood healthy weight beginning with healthy weight during pregnancy. This Plan has been shared with other DHB's and the sector in HB.</p> <p>Currently delivered activities include:</p> <ul style="list-style-type: none"> Gestational diabetes screening and support, all women identified are screened and supported Maternal GRx programme 160 referral (July 2015 – June 2016) 50% Maori and Pasifika Breastfeeding support/resources via KE and TToH Promoting World Breastfeeding Week- Facebook brelfies, breastfeeding friendly cafes were the focus. 174 women accessing supporting via Kahungunu Executive and Te Taiwhenua O Heretaunga (Last financial year)

		<p>ethnicity. We need to understand better why to support women to breastfeed and increasing breastfeeding rates.</p> <p>CONCLUSION</p> <p>It is critical to invest in the prevention and management to increase healthy weights over a long term in order to reap the benefits of healthy weight young children - including cementing the behavioural and environmental changes that can support ongoing healthy weights.</p>	<ul style="list-style-type: none"> • Active Families under 5 – 57 whanau engaged 67% Maori. 72% are more active and 63% note improved healthy food choices. • Healthy First Foods 0-2 year, deliver via Plunket and Well Child Tamariki Ora provider. 100 families engaged 69% Maori. Launching Healthy Foods 2-5 years with B4 School Check Nurses • HBDHB Healthy Eating Policy adopted including educative traffic light model, supporting breastfeeding for staff/visitors/patients • School and environment survey for HB conducted with Informus • Funding secured to support the school based programme. • Promoting “Water Only School” message and supporting 6 schools to extend their water only policy.
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	Quality Improvement & Patient Safety Plan
	For the attention of: HB Clinical Council and HB Health Consumer Council
Document Owner:	Kate Coley
Document Author:	Kate Coley
Month:	August 2016
Consideration:	For Feedback/Discussion

RECOMMENDATION**That Clinical and Consumer Council:**

- Provide feedback and comment on the draft QIPS Annual Plan.

EXECUTIVE SUMMARY

With the introduction of the Working in Partnership for Quality Framework and the now fully established QIPS team there is an opportunity to develop an overarching QIPS Plan to ensure that the priorities and objectives identified in the framework are implemented.

In addition to this, a number of other priorities including HQSC programmes, the Regional Services Plan and other local drivers have been identified.

This plan is in it's first phase of development and will be shared with EMT, Clinical Council and Consumer Council for input and feedback before being presented to the Board for endorsement.

The intention is that progress against the objectives detailed within will be reported quarterly to the relevant groups.

Quality Improvement & Patient Safety

Annual Plan 2016-17



13.1

Contents

Introduction & Context	3
What does success look like?	4
Working in Partnership for Quality Framework.....	4
Quality Improvement & Patient Safety Structure.....	6
Annual Quality Improvement & Patient Safety Programme of Activities	7
Appendix 1 – Extract from HBDHB Annual Plan	17
Appendix 2 – Extract from Regional Service Plan 2016-17	21

1st Draft for input & feedback

Introduction & Context

The Quality Improvement and Safety Framework developed in 2013 outlines a framework to support integrated quality improvement and performance across the Hawke's Bay health sector by providing direction and priorities. Its aim is to ensure that the entire health sector has a shared sense of direction in provision of quality care for the Hawke's Bay people.

The Working in Partnership for Quality framework breaks quality improvement and safety into four dimensions to provide a focus for our work and help us identify more readily opportunities for improvement.

WELLNESS: Improving the health of our communities.

PEOPLE'S EXPERIENCE OF HEALTH CARE: Continuously improving the safety of our services, underpinned by a culture of care and compassion.

WORKING WITH THE PEOPLE OF HAWKE'S BAY: The patient, family/whānau and carer voice as an essential component of clinical quality improvement and patient safety.

LEADERSHIP AND WORKFORCE DEVELOPMENT: Clinical quality improvement and safety is embedded within the Hawke's Bay health sector workforce and leaders.

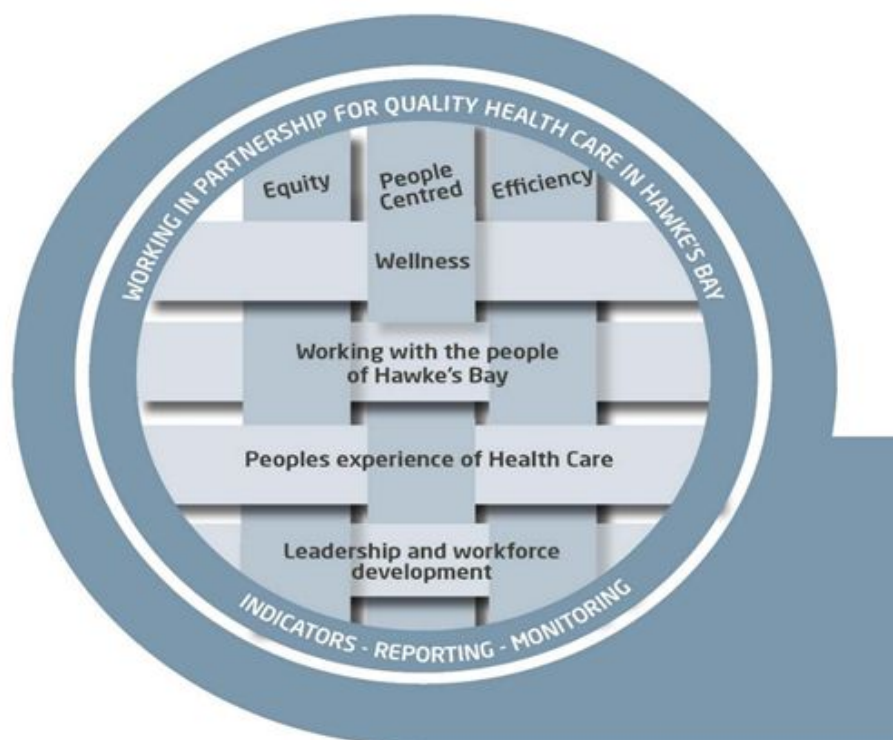
The Framework aligns to the NZ Triple Aim focussing on the three core components of Equity, People Centred and Efficiency.



What does success look like?

- Every person that works in the Hawke's Bay Health sector will be aware of their responsibility for quality improvement and patient safety.
- Consumers are active participants in determining their wellness and their voice is valued in decision making.
- Clinical participation in management and governance of health services is essential in creating the culture needed for effective quality improvement and patient safety.
- Clinicians are not only responsible for the provision of high quality patient care, but their leadership is also important at all levels of the system.

Working in Partnership for Quality Framework



HEALTH CARE MUST BE:

- **SAFE:** Avoiding harm to patients from care that is intended to help them.
- **EFFECTIVE:** Providing services based on evidence and which produce a clear benefit, with neither underuse nor overuse of the best available techniques.
- **PEOPLE CENTERED:** Establishing a partnership between clinicians and patients, inclusive of family and whānau, to ensure care respects patient's needs and preferences; and the person should play an active role in making decisions about their own care.

- **TIME:** Reducing waits and sometimes harmful delays.
- **EFFICIENT:** Constantly seeking to reduce waste.
- **EQUITABLE:** Providing care that does not vary in quality because of a person's characteristics

WELLNESS

Population health and prevention programmes ensure that people are better protected from accidents, ill health and disability. The programmes support people to maintain healthy lifestyles.

As part of this annual plan we acknowledge the importance of making sure that health information about conditions and services, are easily accessible and easy to understand. This will reduce barriers for access to services as well as improve equity in health services and outcomes.

PEOPLE'S EXPERIENCE OF HEALTHCARE

The health experience Hawke's Bay people have is of utmost importance. We understand that some people may be vulnerable and may be going through life changing diagnoses and treatments. It is our goal that we make this experience the best that it can possibly be.

This means we will support a culture of care and compassion, sustain an open, transparent system that will ensure those people that use the health service come first at all times.

We will ensure all those who provide care for these people, both individuals and organisations, are aware of their role in ensuring a high quality and safe service, and are accountable for what they do.

WORKING WITH THE PEOPLE OF HAWKE'S BAY

We acknowledge the people who use our services have a unique perspective of health services and are able to provide us with important information about how we design, deliver and monitor health services.

Working together with the people of Hawke's Bay includes developing and maintaining stronger partnerships to share information between all those involved to ensure that the right care, is given to the right person, at the right time and by the right person.

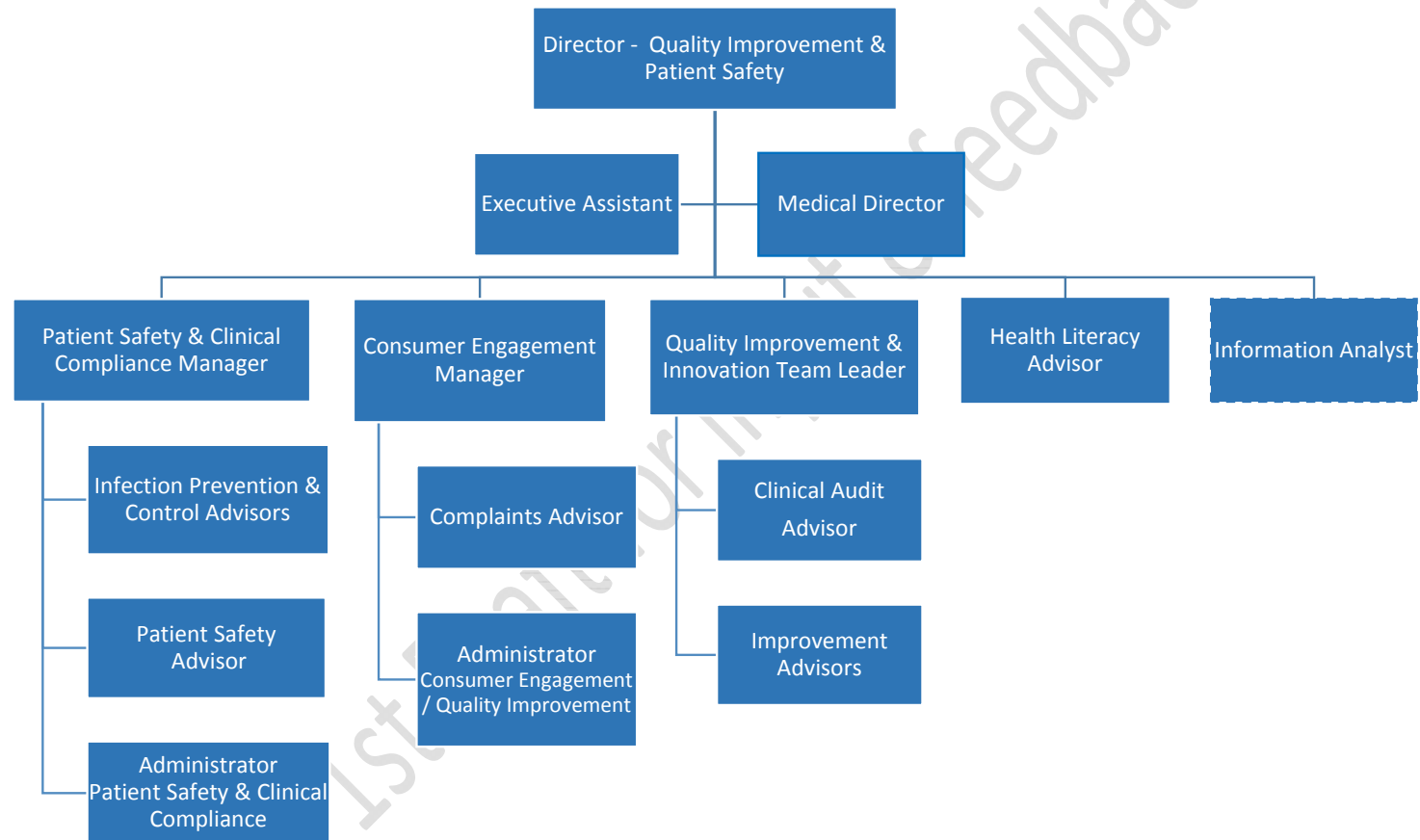
LEADERSHIP AND WORKFORCE DEVELOPMENT

Ultimately we want a health system that focuses on system wide improvements and not on individuals. We want to examine underlying contributing factors and root causes to identify changes that could be made to improve systems and process to improve quality of care.

Ultimately we want a culture of open reporting where staff are empowered to make decisions relating to quality improvement and patient safety as close as possible to the person receiving care.

Whilst the Quality Annual plan is based on the sector implementing the framework, there are also a number of national and regional priorities that are factored into the plan, including the requirements from the Health Quality and Safety Commission (HQSC), the Regional Services Plan (RSP) and the HBDHB's Annual Plan. Extracts of the RSP and Annual Plan are appendices in the plan.

Quality Improvement & Patient Safety Structure



Annual Quality Improvement & Patient Safety Programme of Activities

Framework	Objectives in Framework & Other	Activities	Measure/Target/KPI	Responsibility	Timeframe
Wellness	Ensure that our systems of communication are responsive to the people of Hawke's Bay	Development of a sector wide Health Literacy Framework/Principles	Principles endorsed by all relevant governance bodies	HL Advisor	Q1
		Implementation of Health Literacy Framework	Action plan developed and monitored on a quarterly basis	HL Advisor	Q1 – ongoing
		Support development and continual review of our health website in conjunction with Communications team	Website continually updated	HL Advisor	Ongoing
		Continue to support quality improvement initiatives such as the development of Clinical Pathways, Customer Focussed Booking and National Patient Flow.	Projects benefits realised	Consumer Engagement Manager, QI Team	Ongoing
Wellness	Improving the Communication between health professionals and the consumer	Implementation of HL Training programmes to support clinicians to understand how to best engage with consumers	Training programmes developed and utilised	HL Advisor & E&D	Q2
		Rollout of Ko Awatea training modules and review uptake from across the sector	Regular reporting completed	HL Advisor	Q2
		Continue to build awareness with clinical teams around patient centred care e.g. Patient Safety Week (November)		Consumer Engagement Manager	Q2

Monitoring & Measuring	Presentation of quality health information	Development of a quarterly sector wide quality dashboard focussed on patient safety, clinical effectiveness and patient experience	KPI's developed	DQIPS/Business Intelligence	Q1
		Communication of the dashboard to relevant governance bodies and to the sector	Quarterly report communicated & shared	DQIPS	Q2
		Publication of the annual Quality Accounts report	Report completed and positive feedback received from community and HQSC	Consumer Engagement Manager	Q2
		Review of information provided to patients on admission and on discharge, with a view to making improvements.	Plan developed and implemented with improved patient responses to national patient experience survey	HL Advisor/Patient Safety Advisor	Q3
Monitoring & Measuring	Improve HB Health Sector performance against HQSC quality safety markers	Reduce the harm from falls through an integrated approach through the falls minimisation Committee	Improved engagement across the sector leading to a reduction in falls & harm from falls	Falls Committee	Ongoing
		Ensure Falls risk assessment and care plans are completed for all admissions	HQSM achieved/exceeded consistently (90% target)	Clinical Teams	Ongoing
		Review of all falls to ensure learnings are identified and opportunities for improvement are implemented.	Recommendations/learnings shared and implemented	Falls Committee	Ongoing
		Reduce the risk of health associated infection by maintaining the achievement at or above the 80% compliance rate for hand hygiene.	80% compliance rate achieved/exceeded consistently	Infection Prevention & Control/ Gold Auditors	Ongoing

		<p>Reduce the risk of perioperative harm with the continuation of the briefing and debriefing piece of work for every theatre list.</p> <p>Reduce the risk of harm from pressure injury with the establishment of a cross sector pressure injury review committee.</p> <p>Support the development of a pressure injury strategy and implement any learnings from pressure injury events identified.</p> <p>Continue to carryout medicines reconciliations to improve medication safety and report these on a quarterly basis.</p>	<p>Briefing & Debriefing takes place 100% of time for all surgical procedures</p> <p>Establishment of cross sector Pressure Injury Committee</p> <p>Development of programme of work</p> <p>Increase current % of medicine reconciliations completed</p>	<p>Infection Prevention Control & Improvement Advisor</p> <p>Patient Safety & Improvement Advisor</p> <p>Patient Safety Advisor</p> <p>Pharmacy Facilitators</p>	<p>Ongoing</p> <p>Q2</p> <p>Q2</p> <p>Ongoing</p>
Leadership	Maintain and build relationships across the sector, regionally and at a national level	<p>Implementation of quality forums within HB bringing together those responsible for quality across GP Practices, ARRC and NGOs to enable sharing of learnings and development of a programme of work to support these providers</p> <p>Ensure effective representation of HB on Central Regions Quality Safety Alliance to support achievement of objectives within RSP</p> <p>Build relationships with HQSC and Ko Awatea</p>	<p>Quality forums established</p> <p>Participation and engagement high from all areas</p> <p>Participate in relevant groups and influence decision making</p> <p>Establish training partnership</p> <p>Implement Improvement Network</p>	<p>DQIPS</p> <p>DQIPS</p> <p>DQIPS</p>	<p>Q3</p> <p>Ongoing</p> <p>Ongoing</p>

Patient Experience	Improving clinical oversight in all provider contracts	Review all current clinical provider contracts to ensure they meet the HB sectors quality and patient safety requirements.	Principles of quality applied to clinical provider contracts	DQIPS	Q3
		Consider the development of a mechanism to collect information to monitor quality and safety within our contracted providers.	Ensure appropriate reporting processes	DQIPS	Q4
Leadership	Facilitating the quality agenda through clinical and management leadership and governance structures, promoting board responsibility for quality improvement and patient safety	Implementation of new clinical governance committee's structure to ensure effective reporting to clinical council.	Committees established, with TOR, cross sector representation and reports provided through to Clinical Council	DQIPS/Clinical Council/Consumer Council	Q2
		Establishment of an annual audit programme to ensure all clinical areas undertake regular audits against key HQSM and sector wide priorities	Audit Committee established, and programme of work endorsed by Clinical Council. Reports provided on a quarterly basis	DQIPS/CAPHO	Q2
		Develop and implement mechanisms to ensure learnings from patient events and incidents are shared and recommendations are fully implemented.	Mechanisms agreed, learning shared and recommendation implementation monitored by Clinical Event Advisory Groups	Patient Safety Advisor	Q1
		Implementation of new risk management framework	Framework, tools and reporting mechanisms in place and utilised	DQIPS/Co Secretary	Q3
		Review of current event reporting system.	Business Case developed and endorsed	DQIPS	Q1

		<p>Facilitate and lead the implementation of a new event, risk and feedback reporting system</p> <p>Review of current quality policies and procedures to support quality improvements and safety across the Hawkes Bay health system</p> <p>Ensure Privacy action plan is implemented and annual audit it undertaken to meet requirements of GCPO.</p> <p>Facilitate and support the implementation of Certification corrective actions with all clinical teams</p> <p>Legislative Compliance annual review undertaken</p>	<p>Project plan developed and implemented</p> <p>Policies refreshed</p> <p>Privacy plan reported against on a quarterly basis</p> <p>Progress reports provided as per MOH requirements. Corrective actions closed by MOH.</p> <p>Audit undertaken</p> <p>Report provided to FRAC</p>	<p>DQIPS</p> <p>Patient Safety & Clinical Compliance Manager</p> <p>Patient Safety & Clinical Compliance Manager</p> <p>Patient Safety/ Health Services</p> <p>Patient Safety & Clinical Compliance Manager/Company Secretary</p>	<p>Q4</p> <p>Q2</p> <p>Q1</p> <p>Ongoing</p> <p>Q2</p>
Working With HB Community	Improving the process of gathering patient experience data and stories, sharing them widely across the sector	<p>Development of an overarching Person & Whanau Centred Care strategy, encompassing Patient Experience, Consumer Engagement & Health literacy pieces of work.</p> <p>Continue to participate in the National Patient Experience Survey</p>	<p>High level paper developed and feedback sought before finalisation.</p> <p>Communication & Awareness building strategy implemented</p> <p>Provide HQSC with information and undertake quarterly analysis of results</p>	<p>DQIPS & Governance Groups</p> <p>Consumer Engagement Manager</p>	<p>Q1</p> <p>Q1</p> <p>Ongoing</p>

		<p>Development and implementation of a local patient experience survey aligned to the values of the sector</p> <p>Proactively seek out through focus groups, project development and quality improvement initiatives the ideas of our consumers and their whanau.</p> <p>Continue to share patient stories with Board and more widely across the sector.</p>	<p>Develop and Test questions Identify mechanism to gather data Collate information & Identify trends and themes – share with teams and identify areas for improvement</p> <p>Plan and implement approaches to individual projects/initiatives</p> <p>Mechanisms identified and implemented</p>	<p>Consumer Engagement Manager/Business Intelligence</p> <p>Consumer Engagement Manager</p> <p>Consumer Engagement Manager</p>	<p>Q2</p> <p>Q1 & Ongoing</p> <p>Ongoing</p>
Working With HB Community	Improving the process of monitoring consumer feedback and relevant recommendations and improvements	Share quarterly results of both national and local survey results with relevant governance groups identifying themes and areas for improvement	<p>Information provided as part of ¼ dashboard</p> <p>Results shared and teams to identify improvement activities</p>	Consumer Engagement Manager	Q2
Working With HB Community	Developing community engagement and communication channels	Identify a variety of mechanisms to engage effectively with our Community around health matters to gather their feedback and ideas	Identify provider to support effective community engagement and implement programme	Consumer Engagement Manager	Q2
Working With HB Community	Supporting the consumer voice to become part of nay	Development of a Consumer Engagement framework and guideline for all staff.	Consider all research, draft and gather feedback before finalisation and communication to all teams	Consumer Engagement Manager	Q1

	planning or redesign process	<p>Ensure that all Project TOR require specific discussion in regards to the level of consumer engagement</p> <p>Continue to build capability in co-design methodology and utilising patient experience feedback to improve service design and delivery</p>	<p>Discuss with PMO</p> <p>Development of series of programmes</p> <p>Programmes delivered with high participation</p>	<p>Consumer Engagement Manager / PMO</p> <p>Consumer Engagement Manager</p>	<p>Q1</p> <p>Q2 - ongoing</p>
Leadership & Workforce	Implementing clinical leadership and building leadership capacity at all levels	<p>Development of a programme of work to support building the capability of all teams in matters relating to Patient Safety, Consumer Engagement and Quality Improvement methodology.</p> <p>Continue to map talent across tier 3 and tier 4 management populations across the sector identifying potential.</p> <p>Extend the current talent mapping strategy to identify hidden and emerging talent</p> <p>Implementation of a development strategy for those identified to ensure succession plans are clearly identified and managed.</p> <p>Review of position profiles and performance appraisal process to ensure quality and patient safety components are included.</p>	<p>Annual Education programme developed and delivered</p> <p>Annual Mapping exercise undertaken and reports provided</p> <p>Tool developed and implemented, with hidden talent identified</p> <p>Plan implemented</p> <p>Position profiles & PAS templates updated</p>	<p>DQIPS</p> <p>DQIPS</p> <p>DQIPS</p> <p>DQIPS</p> <p>Human Resources</p>	<p>Q1</p> <p>Q2</p> <p>Q2</p> <p>Q2 – ongoing</p> <p>Ongoing</p>

Leadership & workforce	Improving workforce engagement	Implementation of new Staff Engagement Survey	Staff Engagement Survey run	Human Resources	Q2
		Review of information and feedback with the identification of organisational wide actions.	Reports collated and summarised for presentation	Human Resources/ EMT	Q2
		Implementation of actions	Action plans developed and progress against action monitored regularly.	EMT/HR	Q2 – ongoing
		Implementation of GEMBA Walks	Agree approach and purpose Implementation and identification of areas for improvement	DQIPS	Q2 – ongoing
Monitoring & Measuring	Ensuring that quality improvement and safety reporting and monitoring is provided and communicated effectively	Development of a quarterly sector wide quality dashboard focussed on patient safety, clinical effectiveness and patient experience	KPIs developed	DQIPS/Business Intelligence	Q1
		Communication of the dashboard to relevant governance bodies and to the sector	Report provide quarterly to relevant governance bodies and wider	DQIPS	Q1 & ongoing
		Continue to utilise benchmarking data provided by Health Roundtable (HRT) to identify further areas for improvement.	Quarterly Executive Summary shared with HS and Improvement initiatives identified and implemented	DQIPS/Business Intelligence/HS Leaders	Ongoing
		Ensure reporting of Serious Adverse Events and ACC Treatment Injury information is completed with learnings identified and recommendations implemented.	SAE Report provided annually	Patient Safety & Clinical Compliance	Q2 / Annually

Patient Experience	Ensure all Business Partners are supported to achieve their patient safety and clinical quality improvements. Provision of support to projects and programmes of work	Continue to facilitate a number of quality initiatives including the Bed Days and Releasing Time to Care programmes	4,500 Bed Days programme achieved Improved RSI Savings achieved	QI Team & Health Services Teams	Ongoing
		Increase collaboration and integration of QIPS team within all areas to educate, facilitate and support services to become more efficient and effective at delivering their services.	Increased & improved relationships Improved performance of services	QI Team QI Team	Ongoing
		Continue to support initiatives to reduce harm, waste and variation	Benefits & savings realised	QI Team supporting HS	Ongoing
		Continue to provide expertise and advice to projects and programmes of work across sector. E.g. Operational Productivity, Aim 24/7	Benefits of Projects realised	QI Team supporting HS	Ongoing
Leadership & Workforce	QIPS Workforce Development	Support staff to attend training and conference opportunities to continue to build expertise and skills	Learnings shared and skills increased	DQIPS	Ongoing
		Support staff to complete annual performance appraisals and development plan to ensure staff are supported to maintain professional competencies	Performance Appraisal targets achieved	All Managers	Q1
		Ensure that all staff have annual leave plans	Annual Leave indicators achieved	All Managers	Ongoing

		Ensure that the QIPS team has opportunities to share knowledge and skill across the team through regular team meeting, quarterly sessions and annual planning day.	Planning days implemented Successes celebrated	DQIPS	Ongoing
		Budget and saving efficiencies for QIPS	Budget savings achieved	DQIPS / QIPS	Q4

1st Draft for input & feedback

Appendix 1 – Extract from HBDHB Annual Plan

1.1.1 Improving Quality & Safety

Delivering consistent high quality care continues to be one of the key themes and enablers to achieving our Transform and Sustain strategy. Over the past twelve months the Quality Improvement and Patient Safety service has been evolving to support the Hawke's Bay health sectors quality improvement and patient safety framework - Working in Partnership for Quality Healthcare in Hawke's Bay. This framework identified clinical leadership and consumer partnership throughout the health sector as the most important aspect of improving quality health care and patient safety. We use our framework to align our local efforts in support of the national quality improvement work coordinated by the Health Quality and Safety Commission (HQSC). In 2015/16 we have established a new Quality Improvement and Patient Safety (QIPS) team and we appointed the Director of that service to Executive Management Team (EMT) in order to further raise the profile of quality and safety at HBDHB. With a focus on consumer engagement, the QIPS team provide support for integrated quality improvement and performance across the Hawke's Bay health sector and help clinical teams to recognise and define priority areas and to identify actions for implementation. Our focus for the coming year will be on continuing to sustain the improvements made in the past twelve months, continuing to meet the required Health and Disability Standards with our full year Certification Audit and to focus on growing the capability of our teams in regards to co-design and improvement methodologies, and enable a shift in the culture of the DHB to see consumer engagement as the norm and move to becoming far more person and whānau centred.

Short-term outcome	Activity	Monitoring & Reporting
Improve HB Health Sector performance against all National Quality and Safety markers (QSM)	QIPS team to support operational teams by supplying regular performance data from routine monitoring and audits, interpreting data and assisting with the development of improvement opportunities	HQSC quarterly QSM reporting on all targets
	Front-line ownership of improvement targets driven by directorate leadership and oversight provided by Clinical Council representing sector wide clinical leadership.	
	Continue to share consumer stories monthly with all governance bodies and present quarterly quality dashboard.	
Reduce risk of harm from falls	Cross sector integrated approach through the Falls Minimisation Committee. Includes representation from primary, aged residential care and secondary care patients and NGPs Links to activity in hospital (intentional rounding, signalling tools in wards); urgent care (fracture liaison); community (aged residential care); and primary (pharmacy, green prescription).	90% of older patients are given a falls risk assessment

	Falls risk assessments and care plans completed for all admissions.	98% of those at risk have an individual care plan completed
	Clinical Nurse managers or Nurse Directors to investigate falls events and provide feedback and learnings to Chief Nursing Officer and Falls Minimisation Committee. Focus on reducing falls in older people that result in serious harm.	
	See <u>Health of Older People</u> Section for activity of falls minimisation	
Short-term outcome	Activity	Monitoring & Reporting
Reduce risk of healthcare associated infection	Maintain achievement at or above 80% compliance for hand hygiene	80% compliance with good hand hygiene practice
	Maintain the right number of trained hand hygiene auditors and promote good hand hygiene practices to staff, patients and visitors. Supported by the Chief Nursing Officer's sponsorship	
	Monitor quarterly results and implement related improvements, such as implementing local improvement methodology and front-line ownership through our gold auditors	
	Continue to provide education to all staff and take part in hand hygiene initiatives e.g. National Hand Hygiene Day	
	Improve performance for clinical interventions specified by the surgical site infection improvement programme	95% of hip and knee replacement patients receive cefazolin $\geq 2g$ or cefuroxime $\geq 1.5g$ as surgical prophylaxis
	Champions on the wards and in DSU to support the process and educate staff	100% of hip and knee replacement patients receive prophylactic antibiotics 0-60 minutes before incision
	Regularly review the results and implement necessary Quality and Safety initiatives to improve performance	
Reduce risk of perioperative harm	Achieve the old QSM threshold of all three parts of the WHO surgical safety checklist (sign in, time out and sign out) being used in a minimum of 90 percent of operations	All three parts (sign in, time out and sign out) of the surgical safety checklist are used in 100 percent of surgical procedures, with levels of team engagement with the checklist at 5 or above, as measured by the 7-point Likert scale, 95 percent of the time. TBC
	Checklist will be used in paperless form, as a teamwork and communication tool rather than an audit tool	
	Work with the Commission to continue to implement briefing and debriefing for each theatre list.	

Reduce the risk of harm from Pressure Injury	Establish a pressure injury review committee by December 2016	
	Support clinicians to complete ACC 45 and ACC 2152 (treatment injury claim) forms for all grades of pressure injury except grade one, to provide a more accurate picture of the incidence of pressure injuries occurring while patients are in our care	
	Report all pressure injuries grade three and above as serious adverse events to HQSC	
	Review all Pressure injury events regularly and implement improvement initiatives as required.	
	Improve classification and documentation of pressure injuries by grade in the patient record and ensure they are coded	
	Implement structured risk assessment to support clinical judgment and evidence-based prevention approaches.	
	Provide ongoing education to all staff regarding pressure injuries	
Improve medication safety	Continue to carry out medicines reconciliations and monitor and report these on a quarterly basis with an aim to spread medicines reconciliation through paper-based system	% of medicine reconciliations completed
	Support implementation of electronic medicine reconciliation platform when infrastructure available (dependent on regional programme and implementation of clinical portal) It is anticipated that this will be in 2018.	
Improve Consumer engagement and experience	Continue with initiative to capture correct patient details at 'first point of contact' working closely with the Customer Focused Booking and National Patient Flow Projects	DV4 Quarterly Reporting
	Support implementation of the Patient Experience Survey in Primary Care. Opportunities for improvement will be identified, tracked and implemented	
	Develop a consumer engagement strategy by the end of 2016	
	Support the Hawke's Bay Health Consumer Council	
	Implement a local consumer engagement survey aligned to sector wide values	

HB Health Consumer Council 15 September 2016 - Quality Improvement and Patient Safety Annual Plan

	Continue to produce a Quality Dashboard to monitor Safety, Clinical Effectiveness and Patient Experience.	
	Develop and Implement a health literacy framework	
	Co-design Collaborative clinical pathways	
Improve Quality Improvement Capability and clinical leadership	Promote Key messages and themes of Patient Safety Week 2016	Quality accounts demonstrate building of capability for quality improvement and patient safety.
	Sustain the HB sector wide transformational leadership programme	
	Implementation of training and support to all teams in patient safety, QI methodologies, health literacy and co-design.	
Produce Annual Quality Accounts	Continue to produce annual Quality accounts and circulate locally to show improvement in key quality and patient safety indicators. Utilise relevant quality data as per HQSC guidance.	
	Implement a quality dashboard by December 2016 and share regularly with Clinical Council; Finance, Risk and Audit Committee; and HBDHB Board.	
Promote Regional Collaboration for Quality and Safety Initiatives	Implement HB sector wide consumer engagement strategy	
	Participate in Central Region's Quality and Safety Alliance and quarterly Quality and Risk meetings to share learnings and build capability for improvement.	

Appendix 2 – Extract from Regional Service Plan 2016-17

Quality and Safety

Sponsor: Julie Patterson

Clinical leadership and person/family-centred care are internationally recognised as key drivers of improved patient outcomes and effective clinical governance.

Clinical governance systems within health care form the foundation of safer processes for people and their families/whānau and staff. The aim for the Central Region is to work in partnership as a region to improve the quality of care and to reduce patient harm. The Central Region Quality and Safety Alliance (CRQSA) was established June 2014, with the overarching aim of achieving consistent high quality and safety of care and positive patient experiences for people and their families/whānau.

The CRQSA provides a voice for clinical leaders across the region to positively influence planning, reduce health disparities and improve health outcomes for communities.

Partnership between the CRQSA, HQSC, ACC and Ministry of Health quality programmes has been established and will be strengthened through active participation, information sharing and collaborative initiatives that improve the health and wellbeing of communities.

Objectives

- Provide effective regional quality and safety planning, advice and recommendations to the Regional Executive Committee
- Promote the effective and appropriate sharing of quality and safety information and learnings that supports a regional perspective on patient safety issues
- Influence and support clinicians and managers to implement systems and processes that will improve the quality and safety of the care delivered

Q and S Key Actions	Milestones	Measures
Strengthen alliance with primary care participation in the Central Region	<p>Q1: scope opportunities for further engagement points and establish relationships with PHO and DHB Clinical Governance Boards.</p> <p>Q2–Q3: develop and agree Future Engagement Strategy.</p> <p>Q3–Q4: implementation of Future Engagement Strategy.</p>	<p>Q1: Identifying chairs of local clinical governance boards/equivalent and sending key points from CRSQA meetings to be added to local agendas.</p> <p>Q2-Q3: Embed process for raising issues from local clinical governance boards to CRQSA.</p> <p>Q3-Q4: Maintain/increase membership of PHOs on CRQSA.</p>
Improve patient outcomes through collaboration on areas of high patient harm with support from HQSC programmes	<p>Q1–Q4: utilise HQSC regional data on identifying areas of improved patient outcomes/areas of risk.</p> <p>Q3–Q4: develop a regional shared learning framework.</p>	<p>To regionally mark against the national average in the quality and safety markers and outcome measures set by HQSC through sharing regional learnings.</p> <p>Establish a regional shared learning framework for improving patient outcomes.</p>
Support the regional approach of person and whānau-centred care consumer partnerships with implementation of Relationship Centred Practice training	<p>Q1: coordinate information on consumer structures and approaches utilising regional linkages on creating agreed consumer approach across the region.</p> <p>Q2–Q3: develop a training package to support the implementation of a person and whānau-centred approach.</p> <p>Q4: regional phased implementation of the Relationship Centred Practice training.</p>	<p>Information collected and shared on consumer groups and approaches in Central Region and available on SharePoint.</p> <p>Discussion item on every agenda regarding consumer input across the central region.</p> <p>Training package developed on the person and whānau-centred care approach.</p> <p>Report from HQSC regarding central region themes from adult inpatient experience survey.</p> <p>To provide Central Region training on person and whānau-centred care (Relationship Centred Practice training).</p>

<p>Continue to strengthen partnerships with the quality and safety programme of the HQSC, ACC and the Ministry to promote shared learnings</p>	<p>Q1: scope opportunities for shared learning events.</p> <p>Q1–Q4: collaborate with national partners to contribute to HQSC open book.</p>	<p>HQSC reports on every agenda for discussion/action.</p> <p>Regional contribution to HQSC 'Open Book'.</p> <p>Six-monthly report received from HealthCert MoH on regional learning from certification for distribution amongst quality managers.</p> <p>Regional collaboration on adverse event management policy development.</p> <p>Evidence of establishment of central region quality and safety groups such as infection control, falls events, incontinence management, pressure injury prevention, medication safety, central region quality managers, central region directors of nursing – with six-monthly updates from all groups to CRQSA.</p>
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**HAWKE'S BAY HEALTH CONSUMER COUNCIL
ANNUAL PLAN 2015/16**

Purpose	Provide a strong viable voice for the community and consumers on health service planning and delivery	Advise and encourage best practice and innovation in the areas of patient safety, consumer experience and clinical quality	Promote and support the enhancement of consumer engagement
FUNCTIONS	<ul style="list-style-type: none"> Identify and advise on and promote, a 'Partners in care' approach to the implementation of 'Person and Whanau Centred Care' into the Hawkes Bay health system, including input into: <ul style="list-style-type: none"> Development of health service priorities Strategic direction The reduction of inequities Participate, review and advise on reports, developments and initiatives relating to health service planning and delivery. Seek to ensure that services are organised around the needs of all consumers 	<ul style="list-style-type: none"> Identify and advise on issues that will improve clinical quality, patient safety and health literacy. Seek to enhance consumer experience and service integration across the sector. Promote equity of access/treatment Seek to ensure that services are responsive to individual and collective consumer needs. 	<ul style="list-style-type: none"> Facilitate and support the development of an appropriate Consumer Engagement Strategy for the Hawkes bay health system Ensure, coordinate and enable appropriate consumer engagement within the health system <ul style="list-style-type: none"> across Hawke's Bay within the Central region at National level Receive, consider and disseminate information from and to HBDHB, Health Hawke's Bay, Consumer groups and communities. Ensure regular communication and networking with the community and relevant consumer groups. Link with special interest groups as required for specific issues and problems solving.
STRATEGIES	<ul style="list-style-type: none"> Proactively raise and promote issues of importance and/or concern to consumers generally, for consideration and/or resolution by relevant organisations within the health system. Engage early with project and planning teams, and standing committees, to ensure the consumer perspective is included in all outcomes and recommendations. Review and comment on all relevant reports, papers, initiatives to the Board. Ensure robust complaint/feedback systems are in place and that consumers are well informed and easily able to access these Consumer Council members to be allocated portfolio/areas of responsibility. 	<ul style="list-style-type: none"> Work with Clinical Council to develop and maintain an environment that promotes and improves: <ul style="list-style-type: none"> Putting patients / consumers at the centre Patient safety Consumer experience Clinical quality Health literacy Equity Promote initiatives that empower communities and consumers to take more responsibility for their own health and wellness. Promote a clinical culture which actively engages with patients / consumers at all levels, as 'partners in care'. Advocate / promote for Intersectoral action on key determinants of health. 	<ul style="list-style-type: none"> Raise the profile and community awareness of Consumer Council and the opportunities / options for enhanced consumer engagement in decision making. Ensure good attendance and robust discussions at monthly Consumer Council meetings Co-ordinate consumer representation on appropriate committees and project teams: <ul style="list-style-type: none"> Within Hawke's Bay At Central Region and National levels Engage with HQSC programmes around consumer engagement and 'partners in care'. Maintain current database and regular communications with all Hawke's Bay health consumer groups/organisations. Provide regular updates on both the HBDHB and Health Hawke's Bay websites Ensure Consumer Council members continue to be well connected and engaged with relevant consumer groups and communities.
OBJECTIVES 2015/16	<ul style="list-style-type: none"> Actively promote and participate in 'co-design and co-creation of health' processes, including joint Consumer/Clinical Council workshops. Allocate portfolios and provide advice as appropriate in the various areas of interest (see over the page) Develop good working relationships between Consumer Council "leads" with respective services Conduct familiarisation visits to various services. Maintain an overview of all significant projects to ensure all outcomes/actions are focussed (directly or indirectly) on 'consumer and whanau centred care' Maintain an overview of relevant sector performance monitoring/management reports. 	<ul style="list-style-type: none"> Promote and assist initiatives that will improve the level of consumer health literacy: ie <ul style="list-style-type: none"> 'the ability and capacity to obtain, process and understand basic health information and the services in order to make informed and appropriate health decisions' Facilitate and promote the development of a 'person and whanau centred care' approach to the delivery of health services, in partnership with the Clinical Council. Promote the provision of consumer feedback and 'consumer stories'. Maintain liaison with MRB and PHLG. Monitor all 'Patient Experience' performance measures/indicators 	<ul style="list-style-type: none"> Facilitate and support the development and implementation of a consumer engagement strategy and principles in Hawkes Bay Establish a 'Youth Committee' of Council Influence the establishment and then participate in the proposed Central Region Consumer Advisory Network. Develop/maintain a schedule of all consumer representatives on all committees/project teams Co-ordinate appointments and communications to and from such consumer representatives. Enhance/maintain Consumer Council pages on relevant websites. Develop database of all Hawke's Bay health consumer groups and distribute general communications to these groups at least twice during the year. Consumer Council Chair to meet regularly with CEOs of HBDHB and Health Hawke's Bay. Consumer Council Chair to attend all Clinical Council meetings and regularly liaise with the co-chairs.

HB Health Consumer Council 15 September 2016 - Consumer Council Annual Plan Review for 2016/17

Portfolios and areas of interest: (leads in bold)		Consumer Council Members:	
<ul style="list-style-type: none">- Women’s’ health- Child health- Youth health- Older Persons health- Chronic conditions- Mental Health- Alcohol and other drugs- Sensory and physical disability- Intellectual and neurological disability- Rural health- Maori health- Pacific health- Primary health- High deprivation populations	<p>Olive, Donna and Leona</p> <p>Malcolm, Donna and Rachel</p> <p>Malcolm, Rosemary, Donna and Jim</p> <p>Jenny</p> <p>Rosemary, Terry, James and Rachel</p> <p>Nicki and Terry</p> <p>Nicki and Rosemary</p> <p>Heather and Tessa</p> <p>Heather and Olive</p> <p>Leona (Wairoa) and Terry (CHB), Heather, Jim,</p> <p>Tessa, Leona, Jim and James</p> <p>Olive and Tessa</p> <p>Jenny and Rachel</p> <p>Nicki, Jenny and Leona</p>	<p>Graeme Norton (Chair) Hastings graeme.norton@clear.net.nz graeme@3R.co.nz</p> <p>Nicki Lishman (MSD Rep) Westshore nicki.lishman004@msd.govt.nz</p> <p>Malcolm Dixon Havelock North Dixonmj24@icloud.com</p> <p>Jim Morunga Napier jim.morunga@tkh.org.nz</p> <p>Jenny Peters Napier peters.jenny26@gmail.com</p> <p>Olive Tanielu Hastings olivetanielu@rocketmail.com</p> <p>James Henry Napier jimbhenry@hotmail.co.nz</p> <p>Heather Robertson Taradale dithb@xtra.co.nz</p> <p>Leona Karauria Nuhaka info@s-a-s.co.nz</p> <p>Rosemary Marriott Hastings roseandterry@xtra.co.nz</p> <p>Terry Kingston Waipawa terrykingston@xtra.co.nz</p> <p>Tessa Robin Hastings tessa.robin@tkh.org.nz</p> <p>Rachel Ritchie Havelock North andyrach@xtra.co.nz</p> <p>Sarah de la Haye Havelock North hansenhorsemen@xtra.co.nz</p> <p>Sami McIntosh Napier</p>	
<p>Projects/Teams:</p> <ul style="list-style-type: none">- Urgent Care Alliance- AIM 24/7- Mental Health (Partnership Advisory Group)- Clinical Pathways- Maternity Liaison- DNA- Pharmacy- Patient Surveys- Consumer Stories- Restraints Committee- Quality Accounts- Signage- Diabetes Pathways- Digital Retinology contract- Radiology Service Improvement- Advanced Care Planning – Palliative Care- Clinical Research Committee- Endoscopy Redevelopment- Health Literacy Programme (HHB)	<p>Graeme (Chair Leadership Team), Rachel, Jenny (Members Alliance Team)</p> <p>Graeme (Steering Group Member)</p> <p>Nicki (Chair)</p> <p>Graeme (Steering Group Member)</p> <p>Donna</p> <p>Tessa (Steering Group), Olive, Jenny, Leona, Jim (Members working group)</p> <p>Graeme (National & local)</p> <p>Rosemary and Jenny</p> <p>Nicki, Heather, Rosemary</p> <p>Heather</p> <p>Heather, Rosemary</p> <p>Rosemary</p> <p>Rosemary, Rachel</p> <p>Rosemary</p> <p>Graeme (Steering Group Member)</p> <p>TBC</p> <p>Graeme</p> <p>Rosemary (Steering Group Member)</p> <p>Tessa, James H (Steering Group Members)</p>		
		<p>Support:</p> <p>Governance</p> <p>Ken Foote (Company Secretary)</p> <p>Brenda Crene (Board Administrator and PA to Co-Sec)</p> <p>Operational and Minutes</p> <p>Kate Coley (Director Quality Improvement and Patient Safety)</p> <p>Tracy Fricker (Council Secretary and PA to DQIPS)</p> <p>Jeanette Rendle (Consumer Engagement Manager)</p> <p>Communications</p> <p>Anna Kirk (Communications Manager)</p> <p>Clinical Council Liaison</p> <p>Debs Higgins</p>	



TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

Verbal

GLOSSARY OF COMMONLY USED ACRONYMS

A&D	Alcohol and Drug
AAU	Acute Assessment Unit
AIM	Acute Inpatient Management
ACC	Accident Compensation Corporation
ACP	Advanced Care Planning
ALOS	Average Length of Stay
ALT	Alliance Leadership Team
ACP	Advanced Care Planning
AOD	Alcohol & Other Drugs
AP	Annual Plan
ASH	Ambulatory Sensitive Hospitalisation
AT & R	Assessment, Treatment & Rehabilitation
B4SC	Before School Check
BSI	Blood Stream Infection
CBF	Capitation Based Funding
CCDHB	Capital & Coast District Health Board
CCN	Clinical Charge Nurse
CCP	Contribution to cost pressure
CCU	Coronary Care Unit
CEO	Chief Executive Officer
CHB	Central Hawke's Bay
CHS	Community Health Services
CMA	Chief Medical Advisor
CME / CNE	Continuing Medical / Nursing Education
CMO	Chief Medical Officer
CMS	Contract Management System
CNO	Chief Nursing Officer
COO	Chief Operating Officer
CPHAC	Community & Public Health Advisory Committee
CPI	Consumer Price Index
CPO	Co-ordinated Primary Options
CQAC	Clinical and Quality Audit Committee (PHO)
CRISP	Central Region Information System Plan
CSSD	Central Sterile Supply Department
CTA	Clinical Training Agency
CWDs	Case Weighted Discharges
CVD	Cardiovascular Disease
DHB	District Health Board
DHBSS	District Health Boards Shared Services
DNA	Did Not Attend
DRG	Diagnostic Related Group
DSAC	Disability Support Advisory Committee
DSS	Disability Support Services
DSU	Day Surgery Unit
DQIPS	Director Quality Improvement & Patient Safety
ED	Emergency Department

ECA	Electronic Clinical Application
ECG	Electrocardiograph
EDS	Electronic Discharge Summary
EMT	Executive Management Team
Eols	Expressions of Interest
ER	Employment Relations
ESU	Enrolled Service User
ESPIs	Elective Service Patient Flow Indicator
FACEM	Fellow of Australasian College of Emergency Medicine
FAR	Finance, Audit and Risk Committee (PHO)
FRAC	Finance, Risk and Audit Committee (HBDHB)
FMIS	Financial Management Information System
FSA	First Specialist Assessment
FTE	Full Time Equivalent
GIS	Geographical Information System
GL	General Ledger
GM	General Manager
GM PIF	General Manager Planning Informatics & Finance
GMS	General Medicine Subsidy
GP	General Practitioner
GP	General Practice Leadership Forum (PHO)
GPSI	General Practitioners with Special Interests
GPSS	General Practice Support Services
HAC	Hospital Advisory Committee
H&DC	Health and Disability Commissioner
HBDHB	Hawke's Bay District Health Board
HBL	Health Benefits Limited
HHB	Health Hawke's Bay
HQSC	Health Quality & Safety Commission
HOPSI	Health Older Persons Service Improvement
HP	Health Promotion
HPL	Health Partnerships Limited
HR	Human Resources
HS	Health Services
HWNZ	Health Workforce New Zealand
IANZ	International Accreditation New Zealand
ICS	Integrated Care Services
IDFs	Inter District Flows
IR	Industrial Relations
IS	Information Systems
IT	Information Technology
IUC	Integrated Urgent Care
K10	Kessler 10 questionnaire (MHI assessment tool)
KHW	Kahungunu Hikoi Whenua
KPI	Key Performance Indicator
LMC	Lead Maternity Carer
LTC	Long Term Conditions
MDO	Māori Development Organisation
MECA	Multi Employment Collective Agreement
MHI	Mental Health Initiative (PHO)
MHS	Māori Health Service
MOPS	Maintenance of Professional Standards

MOH	Ministry of Health
MOSS	Medical Officer Special Scale
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRB	Māori Relationship Board
MSD	Ministry of Social Development
NASC	Needs Assessment Service Coordination
NCSP	National Cervical Screening Programme
NGO	Non Government Organisation
NHB	National Health Board
NHC	Napier Health Centre
NHI	National Health Index
NKII	Ngati Kahungunu Iwi Inc
NMDS	National Minimum Dataset
NRT	Nicotine Replacement Therapy
NZHIS	NZ Health Information Services
NZNO	NZ Nurses Organisation
NZPHD	NZ Public Health and Disability Act 2000
OPF	Operational Policy Framework
OPTIONS	Options Hawke's Bay
ORBS	Operating Results By Service
ORL	Otorhinolaryngology (Ear, Nose and Throat)
OSH	Occupational Safety and Health
PAS	Performance Appraisal System
PBFF	Population Based Funding Formula
PCI	Palliative Care Initiative (PCI)
PDR	Performance Development Review
PHLG	Pacific Health Leadership Group
PHO	Primary Health Organisation
PIB	Proposal for Inclusion in Budget
P&P	Planning and Performance
PMS	Patient Management System
POAC	Primary Options to Acute Care
POC	Package of Care
PPC	Priority Population Committee (PHO)
PPP	PHO Performance Programme
PSA	Public Service Association
PSAAP	PHO Service Agreement Amendment Protocol Group
QHNZ	Quality Health NZ
QRT	Quality Review Team
Q&R	Quality and Risk
RFP	Request for Proposal
RHIP	Regional Health Informatics Programme
RIS/PACS	Radiology Information System
	Picture Archiving and Communication System
RMO	Resident Medical Officer
RSP	Regional Service Plan
RTS	Regional Tertiary Services
SCBU	Special Care Baby Unit
SLAT	Service Level Alliance Team
SFIP	Service and Financial Improvement Programme
SIA	Services to Improve Access

SMO	Senior Medical Officer
SNA	Special Needs Assessment
SSP	Statement of Service Performance
SOI	Statement of Intent
SUR	Service Utilisation Report
TAS	Technical Advisory Service
TAW	Te Ara Whakawaiora
TOR	Terms of Reference
UCA	Urgent Care Alliance
WBS	Work Breakdown Structure
YTD	Year to Date

