



Hawke's Bay Health Consumer Council Meeting

Date: Thursday, 12 October 2017

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:

Rachel Ritchie (Chair)
Rosemary Marriott
Heather Robertson
Terry Kingston
Tessa Robin
Leona Karauria
Sami McIntosh
Deborah Grace

Jenny Peters
Olive Tanielu
Jim Henry
Malcolm Dixon
Sarah Hansen
Dallas Adams
Kylarni Tamaiva-Eria
Dr Diane Mara

Apologies: -

In attendance:

Kate Coley, Executive Director People & Quality (EDP&Q)
Ken Foote, Company Secretary (Co Sec)
Tracy Fricker, Council Administrator / EA to EDP&Q
Debs Higgins, Clinical Council Representative
Linda Dubbeldam, Health Hawke's Bay 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 Report (verbal)	
8.	Youth Consumer Council Report (verbal)	
	Section 2 – Decision	
9.	Ka Aronui Ki Te Kounga / Focussed on Quality (FINAL) "Quality Accounts" Kate Coley	4.30
	Section 3 – For Information / Discussion	
10.	Establishing Health and Social Care Localities in HB – Chris Ash (ED Primary Care) and Jill Garrett	4.40
11.	Implementing Bowel Screening in Hawke's Bay – Chris Ash (ED Primary Care) and Paul Malan	4.50
12.	Section 4: Recommendation to Exclude the Public	

Public Excluded

Item	Section 5: Presentation	Time (pm)
13.	After Hours Implementation Presentation - Wayne Woolrich (GM Health HB Ltd)	5.00
14.	Topics of Interest - Member Issues / Updates	
	Karakia Whakamutunga (Closing)	

NEXT MEETING: Thursday 9 November 2017 at 4.00 pm

**Half Day Combined Meeting with Clinical Council at Havelock Community Centre,
Lantern Room is planned for Wednesday, 6 December**



Interest Register**Hawke's Bay Health Consumer Council**

1 September 2017

Name Consumer Council Member	Interest eg Organisation / Close Family Member	Nature of Interest eg Role / Relationship	Core Business Key Activity of Interest	Conflict of Interest Yes / No	If Yes, Nature of Conflict: - Real, potential, perceived - Pecuniary / Personal - Describe relationship of Interest to
Rachel Ritchie (Chair)	Put the Patient First	Involved when group was active	Advocating for Diabetes Patients	Unsure	Real / potential / Perceived
Rosemary Marriott	YMCA of Hawke's Bay	Member	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	Interest in all health matters, in particular - Mental Health, Youth, Rural and Transport.			No	
	Age Concern Hawke's Bay	Board Member		No	
	Positive Aging Trust	Committee Member		No	
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	
Jenny Peters	Nil				
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
Malcolm Dixon	Hastings District Councillor	Elected Councillor		No	
	Sport Hawke's Bay	Board of Trustees	Non paid role	No	
	Scott Foundation	Allocation Committee		No	
	HB Medical Research Foundation Inc	Hastings District Council Rep		No	

HB Health Consumer Council 11 October 2017 - Interests 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
James Henry	Health Hawke's Bay Ltd	Facilitator	Part-time role. Improving lifestyles for people with chronic illness.	No	
Sarah de la Haye	Nil				
Sami McIntosh	Eastern Institute of Technology	Student Nurse	Practical placements	No	Perceived potential if applying for work.
Deborah Grace	Isect Ltd	Director	IT Security Awareness	No	
Dr Diane Mara	Napier Family Centre	Chair	Social Service Organisation	Yes	Perceived/possible conflict as NFC has a small contract for PND from HBDHB
	IHC Hawke's Bay Association	Chair	Disability Intellectual Stakeholder	No	
	Pacifica Women's Tiare Ahuriri Branch (Inc)	Branch Chair	Development Leadership for Pacific Women	No	

**MINUTES OF THE HAWKE'S BAY HEALTH CONSUMER COUNCIL
HELD IN THE TE WAIORA MEETING ROOM, HAWKE'S BAY DISTRICT HEALTH BOARD
CORPORATE OFFICE ON THURSDAY, 14 SEPTEMBER 2017 AT 4.00 PM**

PUBLIC

Present: Rachel Ritchie (Chair)
Graeme Norton
Rosemary Marriott
Heather Robertson
Terry Kingston
Tessa Robin
James Henry
Sarah Hansen
Malcolm Dixon
Sami McIntosh
Deborah Grace
Jenny Peters
Dr Diane Mara
Leona Karauria
Kylarni Tamaiva-Eria

In Attendance: Kate Coley, Executive Director, People and Quality (EDP&Q)
Tracy Fricker, Council Administrator and EA to EDP&Q
Ken Foote, Company Secretary
Jeanette Rendle, Consumer Engagement Manager
Dr Kevin Snee, Chief Executive Officer (CEO)
Linda Dubbeldam, Health Hawke's Bay Representative

Apologies: Dallas Adams and Olive Tanielu

SECTION 1: ROUTINE

1. KARAKIA TIMATANGA (OPENING) / REFLECTION

Rachel Ritchie (Chair) welcomed everyone to the meeting. Tessa Robin provided a Karakia and Mihi welcome to all and acknowledged the outgoing chair, Graeme Norton for all his work over the past four and a half years. Rachel Ritchie's was also congratulated on her appointment as the new Chair.

2. APOLOGIES

The apologies as above were noted.

3. INTERESTS REGISTER

No conflicts of interest noted for items on today's agenda. Leona Karauria advised she had a new interest to register.

Action: *New interest to be emailed to Council Administrator to add to the register.*

4. PREVIOUS MINUTES

The minutes of the Hawke's Bay Health Consumer Council meeting held on 10 August 2017 were confirmed as a correct record of the meeting.

Moved by Terry Kingston and seconded by Rosemary Marriott. **Carried.**

5. MATTERS ARISING AND ACTIONS

Item 1: HB Disability Strategy

For discussion under agenda item #15.

Item 2: Consumer Council Annual Plan 2017/18

For discussion under agenda item #11.

Item 3: Quality Improvement & Patient Safety / Quality Annual Plan 2017/18

For discussion under agenda item #14.

Item 4: Clinical Governance Committee - Structure

Information provided. *Item can be closed.*

Item 5: Clinical Council Member Representation from Wairoa / CHB

Information has been sent to Co-Chairs. *Item can be closed.*

Item 6: Timing for IS Workshop

Still to be confirmed with Anne Speden, Information Services.

Action: Time slot to be confirmed for a future meeting.

6. CONSUMER COUNCIL WORK PLAN

The work plan was provided in the meeting papers.

It is yet to be confirmed if the November meeting will be a joint meeting with the Clinical Council. This is dependent on whether there are enough joint issues to warrant this.

Other issues discussed:

- An update on the Youth Health Strategy was requested. Work plan to be checked for when the next update is due.
- Overview of current projects and where they are at? The Company Secretary advised that there was discussion at the Health Sector Leadership Forum last week on where various projects/pieces of work fit together. He has spoken to Tracee Te Huia about developing an overview. This will be tabled at a future meeting.
- Query whether the consumer experience survey results for inpatients in December could also include primary care results? Jeanette Rendle advised that she has a meeting scheduled with Michelle McCarthy from the PHO on how they can work more closely together. Graeme Norton also noted that the new Patient Experience Committee, which sits under the Clinical Council and will have four consumer council members on it. These reports in future will go to that committee.

7. CHAIR'S REPORT

The Chair attended the Board meeting in August which was useful in terms of context. She was unable to attend the Health Sector Leadership Forum held on 6 September and asked those who attended for their feedback:

- Interesting discussion around social complexity
- Good presentation on Nuka around emotional intelligence and how we perceive people
- Impressed with the Big Listen and going from the bottom up, listening to “grass roots”. It needs to be done well and the time taken to engage, listen and analyse what people are saying
- Disappointed that the indigenous culture in New Zealand is still being misunderstood. Reviews have been started and not followed through yet and not completed, frustration that we are still not progressing. It was evident in some of the clinical forums with the patient stories, there is a disconnect within this organisation and the external agencies who provide support in the community. Feedback from whanau in the community is that they do not know about the Big Listen, they are not getting any messages/notices unless it is being filtered to them by other means. Concern is what kind of broad feedback we are going to get from this. Another concern is that people have been engaged who do not know our community or understand the culture of the country. There was no consideration in the documentation that went out about engaging in a culturally appropriate manner.
- Pacific Island and disability was invisible. The Nuka model that was presented was interesting but it was disappointing there was no opportunity for real discussion until the end of the day. It was an interesting experience and good to meet people.
- Some of the governance perspectives were disconnected from the reality for consumers. Felt that whanau were missing from the discussion. Pleased that the Big Listen is happening, some are not appreciating what will come out of the Big Listen
- Still working in silos - don't tell the patient, ask the patient.

The Company Secretary assured the members that we are listening and the intent of what we are trying to do. The CEO and Executive Management Team truly want to listen and get it right this time. They know if we don't the problems we have will continue. The CEO has said to “expect the best, don't expect the worst”.

8. CONSUMER ENGAGEMENT MANAGER'S REPORT

Jeanette Rendle provided a report on the past month:

- Supporting the Youth Consumer Council activities
- Actively involved with the Big Listen and the Clinical Services Plan
- Still engaged in complex complaint management
- Quality Accounts are nearing completion. The final version will come to Consumer Council next month.

9. YOUTH CONSUMER COUNCIL REPORT

Kylarni Tamaiva-Eria provided an update on activities undertaken by the Youth Consumer Council:

- An event was held in Flaxmere promoting sexual health and mental health
- Attended the Youth Co-Design Symposium in Wellington on 4 September – workshops included Adult Interaction with Youth; Maori and Iwi Support and Handle the Jandal
- Facilitated a workshop with 80+ attendees who work with youth and youth from 12-24 years, there was a lot of feedback received, which they will use to formulate a plan for the next 6 months
- The Youth Consumer Council is going to change the direction they are going in. They will still focus on suicide prevention, mental health, drugs and alcohol but will look at a core issue rather than promotion. They also want to look at what they can do around education, as there is a lot of information on drugs and alcohol being used by youth as an escape from the pressure they put on themselves and impressing their family etc. Handle the Jandal does this work and the Youth Consumer Council will link up with them and adapt what is already working well in Counties-Manukau for the local rangatahi. Dallas Adams has been appointed the President

of the Student Association at EIT which enables links with them. The Youth Consumer Council plan to organise an event towards the end of exam season.

SECTION 2: PRESENTATION

10. WAIOHA PRIMARY BIRTHING UNIT – BENEFITS REALISATION

A presentation was provided by Jules Arthur, Midwifery Director. Key points included: Conception – drivers for change; right place, right woman, right outcome; early pregnancy successes; pregnancy – critical success factors; first birthday celebration 4/7/16; One year old – how are we doing?; comparative outcomes; key performance indicators, equity and health and where to next.

A brief discussion took place regarding safety while in hospital for mothers, babies and whanau.

Graeme Norton reminded members there is a guideline in existence for the use of slides, they need to be provided in advance to best utilise time available. The long length of presentation meant members' time for comment and feedback was very restricted.

SECTION 3: FOR DECISION

11. HB CONSUMER COUNCIL ANNUAL PLAN 2017/18

Graeme Norton advised that feedback received has been incorporated into the plan in the meeting papers. It was noted that changes can still be made as required.

12. POSITION ON REDUCING ALCOHOL RELATED HARM

Dr Rachel Eyre, Medical Officer of Health provided an update on progress. The Clinical Council agreed to the recommendations in the report at their meeting yesterday.

Feedback:

- Is a model going to be used that is successful? A local coalition of agencies working collaboratively is one of the approaches, with public health you need multipronged approaches. Coalitions of various groups can have a lot of influence with advocacy
- The DHB need to set an example and have functions such as the Health Awards alcohol free
- The government abolished the national smokefree coalition but the local one continued. They are now only concentrating on smoking cessation and not uptake, there are still have very high rates of smoking particularly in Maori between the ages of 24-30. With alcohol there needs to be cross sector effort, co-operation and lobbying for central government to raise the price of alcohol. There is a lot we can advocate for and we need to set an example as an organisation
- Are there any plans for the P epidemic coming in the future? It would be good if the DHB had a plan. Not sure if this work can embrace other drugs, public health knows what works for alcohol, there is good evidence of what works in policy and from a treatment perspective. Not sure if we have that for other drugs. There are discussions needed to be had on how this strategy potentially can include other drug issues. There is scope for this in screening on the clinical side, not so much for the public health messaging.
- Mortified by the effect of P in society, but we need to tick one thing off at a time. It is imperative that we support this strategy.

Dr Eyre advised that this report is about getting the building blocks in place for future work, working with other sectors and where are we at in operationalising the strategy.

The Chair applauded the attempt to get a multiagency approach and commented that it is the only way to address the complexity of the issue and how it impacts so many in our population.

The Consumer Council:

1. **Accepted** the progress report;
2. **Supported** the mandate for the establishment of a steering group with wide DHB representation; and
3. **Endorsed** the strategic framework and priorities.

SECTION 4: FOR DECISION

13. QUALITY DASHBOARD CONCEPT PAPER

Kate Coley, Executive Director – People and Quality (EDP&Q) advised that the dashboard has been developed by the Health Quality & Safety Commission (HQSC). The recommendation is to align our quality dashboard to the work that the HQSC are doing. It includes the 6 domains of quality to focus on safety, patient-centered, effectiveness, timely access, equity and efficiency it also aligns to the national dashboard so we can benchmark nationally and regional. The dashboard is still evolving, but we need to start somewhere to see if the measures work for HBDHB, and if they are not, how we can influence a change at national level. The Clinical Council endorsed this approach at their meeting yesterday.

One of points that came up at Clinical Council was around the equity domain and that it should be across everything. Consumer Council would say that patient-centered should be across everything as well. We come across work being done in silos all the time.

It was noted that the idea of the quality pillars is that they are in everything, and that they are just reported on separately. To see them as separate is not the essence of how they are meant to be. The way to measure them is to report on them separately.

The indicators we have identified that are not in the current national dashboard we will try and influence so they are included, and if not, as these are important to us we will report on them separately.

The Consumer Council **endorsed** the establishment of the Quality Dashboard.

14. QUALITY IMPROVEMENT & PATIENT SAFETY – ANNUAL PLAN 2017/18

Kate Coley advised that the plan was developed around the Working in Partnership for Quality Framework published in 2013. The 2017/18 plan identifies the big pieces of work rather than the day to day business as usual matters. The Consumer Council work plan will be cross referenced to ensure those pieces of work are captured in the plan.

Suggestion made instead of the measure “patient experience” could the measure be “patient expectation”. There was some disagreement to this and thought that patient experience was a better word. This can be reflected on.

The Chair commented that she would like to see the outcomes from the 2016/17 plan. Kate Coley commented that this has been provided before but can be re-sent for information.

Action: *Quality Improvement & Patient Safety Annual Plan for 2016/17 to be re-sent to members.*

15. DISABILITY STRATEGY – STEPS FROM HERE?

Graeme Norton advised that a number of members have a strong interest in this subject and that there seemed to be an uneven response from services for people with disabilities in our health sector. There is no current strategy around disability and there is awareness that others have a

specific disability strategy, a recent one being the three Wellington DHBs. A paper needs to be prepared around this topic, which can be discussed to work on what a disability strategy for Hawke's Bay could encompass.

The Company Secretary advised that as a governance group the Consumer Council can ask for a discussion paper on an issue which is of significance/priority to them. If there is a brief on the issue, a discussion paper can be prepared and brought back as a starting point. In terms process a request should be made to the CEO, who will then assign this to someone to action. The CEO requested that the Consumer Council needed to be more specific on what they wanted and then this can be done.

Graeme Norton commented that with some facilitated support the Consumer Council could get to the key issues for people with disabilities. Jeanette Rendle advised she would facilitate a meeting/ "think tank" and suggested that we wait until after the Big Listen as information/themes from these sessions could also be incorporated into the brief.

Action: *Working group to meet to prepare brief. Jeanette Rendle to organise meeting for end of October.*

SECTION 5: FOR INFORMATION ONLY

16. TE ARA WHAKAWAIORA – HEALTHY WEIGHT (National Indicator)

Report included in the meeting papers for information only. No issues discussed.

17. IMPLEMENTING THE CONSUMER ENGAGEMENT STRATEGY

Report included in the meeting papers for information only. No issues discussed.

SECTION 6: GENERAL BUSINESS

18. TOPICS OF INTEREST – MEMBER ISSUES / UPDATES

No issues raised by members.

Jeanette Rendle read a poem she had prepared for Graeme Norton as she would not be able to attend his farewell after the October meeting.

Graeme thanked everyone and commented that it had been a privilege. There is still a lot of work to do, but a start has been made. As Chair of the Consumer Councils of New Zealand he is pleased there are now 12 consumer councils and 7 more in various stages of development. The consumer voice is here to stay to ensure what matters to consumers gets heard and that we work in true partnership. He is looking forward to the next set of challenges and will miss everyone.

19. KARAKIA WHAKAMUTUNGA (CLOSING)

The Chair thanked everyone for their attendance and input.

The meeting closed at 6.05 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	10/8/17	IS Workshop with Consumer Council Timing to be advised by IS (Anne Speden).	Company Secretary	TBA	Email sent to A Speden
2	14/9/17	Quality Improvement & Patient Safety / Quality Annual Plan 2017/18 Re-send copy of 2016/17 plan which included outcomes.	Kate Coley	Oct	Emailed
3	14/9/17	HB Disability Strategy Working Group (Sarah, Terry, Heather and Diane) to meet to put together a brief for a discussion paper. Meeting to be arranged and facilitated by Consumer Engagement Manager.	Jeanette Rendle	Oct	Jeanette currently on leave
4	14/09/17	Workplan <ul style="list-style-type: none"> Advise when next update on Youth Health Strategy will be Provide an overview/update on status of all projects currently underway 	Company Secretary	Oct	To be tabled at the meeting



HB HEALTH CONSUMER COUNCIL WORKPLAN 2017-2018

6

Meetings	Papers and Topics	Lead(s)
9 Nov	<p>Recognising Consumer Participation - Policy Amendment Best Start Healthy Eating & Activity Plan update People Strategy (2016-2021) – update Tobacco Annual Update against plan Disability Strategy</p> <p>Monitoring (info only) Te Ara Whakawaiaora - Smoking (national indicator) Te Ara Whakawaiaora - Culturally Competent Workforce (local indicator) July to Oct to Feb 18 TBC. Building a Diverse Workforce and Engaging Effectively with Maori Annual Maori Plan Q1 July-Sept 17 – Dashboard Pasifika Health Plan Q1 July-Sept 17 - Dashboard</p>	<p>Kate Coley/Jeanette Rendle Tracee TeHuia / Shari Tidswell Kate Coley Tracee TeHuia / Johanna Wilson</p> <p>Kate Coley Kate Coley Kate Coley</p> <p>Tracee Te Huia / Patrick LeGeyt Tracee Te Huia / Patrick LeGeyt</p>
6 Dec	<p>Joint Meeting Consumer and Clinical Council Venue – Havelock North Community Centre, Lantern Room</p> <p>The Big Listen to date (Presentation) Clinical Services Plan Presentation of first draft Ngatahi Vulnerable Children's Workforce Development - progress since August Report</p>	<p>Kate Coley Tracee Te Huia / Carina Burgess Russell Wills</p>
Jan 2018	No Meeting held	
15 Feb 18	<p>Quality Annual Plan 2017/18 – 6 month review People Strategy Clinical Services Plan Collaborative Pathways</p> <p>Monitoring (info only) Te Ara Whakawaiaora / Access 0-4 / 45-65 year (local indicator) Annual Maori Plan Q2 Oct-Dec 17 – Dashboard Pasifika Health Plan Q2 Oct-Dec 17 – Dashboard</p>	<p>Kate Coley Kate Coley Tracee TeHuia / Carina Leigh White</p> <p>Mark Peterson</p> <p>Tracee TeHuia / Patrick LeGeyt Tracee TeHuia / Patrick LeGeyt</p>
Mar 18	<p>Oncology Model of Care Establishing Health and Social Care Localities in HB</p> <p>Monitoring (info only) Te Ara Whakawaiaora - Breastfeeding (National Indicator)</p>	<p>Allison Stevenson Tracee TeHuia</p> <p>Chris McKenna</p>



CHAIR'S REPORT

Verbal



YOUTH CONSUMER COUNCIL REPORT

Verbal

 HAWKE'S BAY District Health Board Whakawāteatia	Ka Aronui Ki Te Kounga Focussed on Quality Our Quality Picture 2017 (FINAL Quality Accounts)
	For the attention of: Māori Relationship Board, HB Clinical Council & HB Health Consumer Council and HBDHB Board
Document Owner:	Kate Coley, Director Quality Improvement & Patient Safety
Reviewed by:	Executive Management Team
Month:	October 2017
Consideration:	For endorsement

RECOMMENDATION

That the Māori Relationship Board, Clinical Council, Consumer Council and HBDHB Board:
 Endorse Ka aronui ki te kounga - Focussed on Quality for publication

OVERVIEW

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. Since that time HB health sector has published four sets of accounts detailing our performance against both national and local quality and safety indicators.

The Quality Accounts are annual reports to the public from DHBs about the quality of services they deliver. As they are aimed at our community the aim is to keep them as short as possible, be visual, simple 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
- Continuous quality improvement

FEEDBACK ON HB QUALITY ACCOUNTS 2016

Last year a working group was established to support the development and review of the Quality accounts publication for our community. It was a huge undertaking and presented multiple challenges. The link to last year's accounts as follows:

<http://www.ourhealthhb.nz/assets/Publications/Our-Quality-Picture-2016-sml2.pdf>

Previously the HQSC has reviewed all Quality Accounts providing annual feedback individually to DHB's and across New Zealand. From 2016, HQSC no longer provide feedback.

In 2016 around 400 publications and accompanying advertising posters were distributed across the community – to GP practises, health centres, public libraries, and community groups. The accounts

were advertised in local newspapers and available on ourhealth website. It has been difficult to quantify the level of readership. Feedback from the community was limited.

The feedback from stakeholders and community that we did receive resulted in the recommendation to have a smaller, more concise document this year with increased focus on the quality improvements that have come about from community feedback and consumer engagement. A 'you said, we did' type format. Also, less emphasis on improvements and quality initiatives within services (which perpetuates the idea of working in silos) with increased emphasis on improvements as a result of working together across the sector; in particular more content from Primary care.

The publication has been developed and compiled in consultation with a cross sector steering group and through guidance provided by EMT, Consumer Council, Clinical Council and MRB.



9.1

KA ARONUI KI TE KOUNGA

FOCUSSED ON QUALITY

OUR QUALITY PICTURE 2017

Kia ora and welcome to the fifth edition of “Our Quality picture”. This is a snapshot of how the health system is working to meet the needs of the Hawke’s Bay community. People should be at the centre of health care and inside we focus on what we have done in the last year in response to feedback from our consumers and community.

We also recognise that providing healthcare is not without risks and sometimes people can be unintentionally harmed while undergoing care. Our aim is to reduce this harm and inside we outline our progress in this area, and how we measure up nationally against patient safety priorities and national health targets.

Kate Coley, Executive Director of People and Quality

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
RARANGATE 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.

RARANGA TE 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.

Our Quality Commitment

Our commitment and pledge to you is:

That as individuals, and as a health sector, we continually improve the safety and quality of health care for all

To ensure that we have a blame free culture that embraces consumer involvement

That we put the patient at the centre of everything we do and focus on continuous improvement

That we ensure all of our teams are well supported and have the skills to deliver high quality and safe patient care, every time.

Ko ā koutou whakahokinga kōrero Your 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.

Improving how we communicate with you

“He did not tell us what he was going to do. He went ahead without informing us or including us in the decision.”

It is not uncommon for you to tell us, as health professionals, that we could do better at listening to what you have to say, understanding what is most important to you and including you and your whānau in decisions about your care and treatment.

To support our staff in improving communication with consumers we started a training programme in March 2017 called “relationship centred practice” which has so far been delivered to over one hundred Allied Health Professionals (Physiotherapists, Occupational Therapists, Dental Therapists, etc.). Online learning modules and face to face training workshops were developed with consumer involvement.

The training is a sustainable, skills based training package which is aimed at providing health professionals with practical methods and strategies to improve their interactions with consumers and their whānau. This includes working in partnership, finding out what is important, what really matters to the consumer in terms of healthcare, and working together to come up with solutions.

This mana enhancing practice clearly puts the consumer and their whānau at the centre of their own healthcare - working in collaboration, building on strengths and being well supported to achieve the goals that are important in the context of their lives. It is focussed on improving the connection and quality of interactions with consumers who in turn get greater engagement and better health outcomes.

We have plans to roll this out to other health professionals in the hospital and community in 2017/18.

Staff have found this training valuable and it has allowed them to reflect on and improve their practise.

“I am much more aware of focusing on what the families want, how important it is to them and changing my approach to empower them more”.

“The facilitator delivered the message effectively and simply and made me see how vital whakawhānaungatanga is, with every patient I see”.

Making healthcare easy to understand

Making sure health care is easy for people to find, understand and use so that they can look after their health and wellness, is a key priority for the health system.

To do this we are committed to changing the way we deliver health care to the people of Hawke's Bay. We have taken the first step by setting principles around how we provide information such as pamphlets and letters, as well as how our health professionals talk to you about your health and wellness. This work began in 2015, through a range of online education programs for doctors and nurses working in the community.

The next step is to make sure everyone working in the sector is aware of the importance of making healthcare easy to understand. This involves working alongside our services and health professionals to help them make the changes that are needed to ensure this happens.

Ultimately, we want to make it as easy as possible for people to find the correct information or get to the right healthcare services, so they understand how they are best to take care of themselves.

Achieving this will take time, but people will progressively notice a difference in the way they receive information and healthcare services in Hawke's Bay.

To make this easier, we need the help of our consumers to tell us how we are doing throughout this journey and where we need to make improvements and changes. Feel free to email us at feedback@hbdhb.govt.nz with your thoughts.

This will go a long way in making sure healthcare is easy to understand to help you be well, get well and stay well.

Go Well Travel plan



We know that prior to March 2017 our community were having real trouble finding car parking at Hawke's Bay Hospital – whether coming to an outpatient appointment, or visiting loved ones. In 2016 a lack of car parks was one of our top complaint themes.

“trying to find parking can take up to 30 minutes. I ended up missing my appointment”.

“I had an appointment for my moko at 9am. I couldn't find a park. When I did find one we were 50 minutes late for his appointment...”

Feedback like this was not unusual. Missing an appointment is inconvenient for our patients, impacts negatively on their overall experience of care and doesn't allow us to best manage our time and resources.

We listened to you. The introduction of paid car parking in March 2017 and the promotion of alternative modes of transport has eased congestion. Patient and visitor parks are now freely available with about 30 spaces available at any given time. It is working well with plenty of positive feedback from people who are grateful to be able to easily find a park and this means a better overall experience, people attending appointments on time and less stress.

“I have used the car park twice this week for appointments, it was so nice to just be able to drive straight in and park without having to drive around endlessly. I was more than happy to pay the \$1 each time for such an easy stress free arrival”.

Tom Wihapi (pictured below), is our friendly parking officer overseeing the paid parking scheme. Tom averages 15km per day on the job and is only too happy to help visitors and patients with parking queries, lost car keys or machine issues.



“It has been going very smoothly, people are very understanding of the pay scheme and visitors especially are only too happy to be able to find a car parking space.”

As well as paid car parking, we have also worked with GoBay to bring you other transport options. Outpatients are making the most of the free bus transport option, with 519 trips to attend their appointments at the hospital or Napier Health in May alone. That's a staggering 122% increase on May last year!

Tom (pictured right) says he enjoys catching the bus to his hospital appointments.

If you have an upcoming outpatient appointment at the hospital or Napier Health, you too can jump on the GoBay network for free, together with a support person. Simply show your appointment letter or text reminder to the bus driver and you'll be on your way!



“It's completely hassle free, it's an easy way of getting across from Napier and I don't need to rely on anyone else.”

You asked, we did

The following articles are examples of some of the things you told us through your feedback and what we are doing about it.

Youth Consumer Council

The Hawke's Bay Health system has its own youth consumer council (YCC). The first of its kind in the country!

The formation of YCC was recommended as part of the youth health strategy that was finalised in July 2016. The development of this involved lots of consultation with health system staff, community groups and youth in Hawke's Bay.

We learned that youth partnerships, leadership and collaboration across the health system was really important. YCC was initiated in late 2016 to help make this happen!

Aged between 12 and 24, the members of YCC ensure the youth voice is heard. They will also help the health system with ideas and concepts so it can be better connected with young people.

Charged with getting out and about, the council also meets with individuals in the community, other organisations and established youth groups so they can be well informed about what motivates young people to be proactive about their health. By engaging with youth face to face and interacting in different forums YCC were able to confirm their three priorities:

- Teen Suicide Awareness
- Drug and Alcohol culture
- Mental Health

Dallas Adams, Chair of YCC and member Kylarni Tamaiva-Eria attend the monthly Hawke's Bay Health Consumer Council meetings. Whilst they found it intimidating at first they have now made positive connections and feel confident they have a platform to voice youth opinion and influence decision making in the health system. "They encourage us to have a say and that makes us feel valued" says Dallas.

Did you know?

There are 19,300 15-24 year olds in Hawke's Bay. This is 12% of the total population.

Around 2,019 (11%) youth live in rural areas and 15,984 live in urban areas (based on 2013 census)

YCC member Deveraux Short-Henare has enjoyed learning about the health system and how in his role he can influence changes to better meet the needs of youth. "I accepted the nomination because I honestly believe that youth need to be represented and have a say on what a 'youth' health system looks like and I think this group can enable that to happen". Deveraux and fellow member Tremayne Kotuhi recently represented YCC at Festival for the Future 2017. Hundreds of young innovators and influencers all gathered in Auckland to connect, explore issues, be inspired, and build ideas and skills to create the future. Tremayne came back motivated with new connections and ideas to test in Hawke's Bay.

The council has its own Facebook page, HB Youth Consumer Council, where you can keep up-to-date with what they are up to.

Youth Consumer Council L to R: Dallas Adam (Chair), Kela Franklin, Tremayne Kotuhi, Turua Hudson, Kelly Thomson, Breeze Taurima, Kylarni Tamaiva-Eria, ???????



Improving Outcomes for Māori

Māori don't experience the same health status as non-Māori and the health system is strongly focussed on improving health outcomes for Māori. We have a number of programmes underway to achieve this.

Te Ara Whakawaiora (the pathway to improved wellness), is a focussed Māori health improvement programme and one of the ways we are addressing Māori health concerns. It aims to gain traction, greater visibility and accelerate progress towards areas of health concern. There are a range of quality improvement initiatives including mental health, heart and diabetes care, oral health, healthy weight for children and workforce development.

Child Health improvement

In 2016/17 we have made some great gains in improving the health of our Māori children. For children under 5 years of age preventable hospitalisations has dropped by over 12%, dental conditions decreased by 8% and 94% of all 8 month old children were immunised. In 2017/18, our focus will be on reducing avoidable hospitalisations for respiratory and dental conditions, improving breastfeeding rates and access to dental treatment services as well as antenatal education programmes.

Cultural competency

We acknowledge the ethnic diversity of our community and value the cultural competency of our staff to effectively deliver health care services that meet our community's social, cultural, and linguistic needs. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of health disparities.

In 2016/17 bilingual signage in Māori and English were introduced and over 80 percent of our staff received training on cultural competence and cross-cultural issues. We aim to have 100 percent trained by 2017/2018. The introduction of the Ngātahi Workforce Development Programme in 2017/2018 will also ensure those organisations and staff working with high need Māori whānau and children will undergo intensive cultural competency training.

Workforce diversity

We value an ethnically diverse workforce. We aim to ensure our staff and organisation reflect the community which we serve and the growing Māori population. In 2016/2017 the Maori workforce has grown to 14.3% and we aim to increase this year on year until it is equitable with the Hawke's Bay population. A focussed Maori workforce development strategy (Turuki) has provided 38 tertiary scholarships to students studying towards health related careers and administered 162 Health Workforce NZ education grants for entry level health qualifications. In 2018 a focussed diversity workforce strategy is being developed for implementation.

Mobility Action Programme

A new exciting initiative we are introducing in 2017/18 is the Mobility Action Programme (MAP). MAP is a community based programme of care for people with a range of musculoskeletal conditions involving physiotherapy, exercise and self management programmes to be delivered across Hawke's Bay. Consumers gain benefit from improved pain management, mobility and enjoyment of life.



Staff profile

Wairoa's Rural Nurse Specialist Nerys Williams is relishing the opportunity to make a difference in people's lives by helping them in whatever way she can. Her experiences, she says, have reinforced the importance of her role in keeping people out of hospital and delivering care in the home for rural patients.

Wairoa people are benefitting by having the opportunity to reduce travel to Hastings for procedures that can be provided by Nerys in their own home.

One experience, in particular, has had a positive impact on Nerys and listening to her recount the story of two sons who cared for their terminally ill father is touching.

"It was their Dad's dying wish to return to his papakāinga (original home)," says Nerys, who was determined to try and make that happen. With Nerys' training, the sons were able to inject medication into their Dads muscle over a period of four to five days, being fully responsible for the drug application, and providing constant attention to their Dad in the comfort of their home.

"The training was robust and this was supported by phone calls and daily visits by me to ensure the sons and wider whānau were supported well," said Nerys.

"Just as important was coordinating the wider support network including district nurses, occupational therapists and Cranford Hospice and I am proud of how well everyone pulled together to do their respective jobs with very short notice."



Improving Pacific Health

Hawke's Bay District Health Board (HBDHB) is committed to improving Pacific Health and has recently developed a Pacific Health Team to work across the DHB and within the Pacific community.

Talalelei Taufale is the Pacific Health Development Manager. Talalelei coordinates, supports and influences work within the health system ensuring quality improvements are inclusive of Pacific perspectives and approaches.

Amataga luli is the Pacific Health Promoter. Amataga connects and builds rapport with the different Pacific community groups to support and empower them to identify and prioritise their health and wellbeing.

Silia Momoisea and Paul Faleono are the Pacific Health Navigators, they work closely with Pacific families and consumers in the community. They support Pacific families through the health system.

In August our diverse Pacific communities gathered together to focus on growing our Pacific health workforce and improving the quality of care and access to services by Pacific people in Hawke's Bay. The Nuanua Pacific Social Gathering also included speakers from our Pacific health workforce - the result? some great discussion, information sharing and laughter!



Developed Pacific Health Action Plan.



November-Employed Pacific Health Development Manager to implement PHAP.



Pasifika Health Navigation Services Contracted to work with Pacific families.

Pasifika Health Leadership Group Established.



Nuanua Pasifika Health Workforce Group established.

Pacific Navigator role establish in Totara Health



December Pasifika Health Navigation Service Contract concludes



Pacific Health Team established- Pacific health Development Manager, Pacific Health Promoter, x2 Pacific health Navigators

Gastro Outbreak

In August 2016 Havelock North was affected by an unprecedented event in New Zealand as the town's water supply became contaminated with campylobacter, affecting over 5000 people with illness.

During the crisis the health community responded really well. The incredible work happening in primary care played a huge role in keeping people out of hospital.

Dr Peter Culham is a General Practitioner at Te Mata Peak Practice in Havelock North and was rostered on to work the weekend of 13 and 14 August (when more people were presenting with the onset of illness)

"Whilst the team at Te Mata Peak Practice were aware of increasing gastroenteritis cases, thought to be Norovirus, the district health board and Hastings District Council through media and social media statements released on Friday night made us aware we were in for something more. On the Friday night we were also called by the district health board's Emergency Manager who told us they thought there was a high chance the outbreak was likely to be Campylobacter."

"It became apparent very early on Saturday morning the outbreak was worsening. I called in extra staff and we made the early decision to try and manage the epidemic via telephone consultation".

Saturday 13 August was described by Peter as a very long and busy day. Not only was he and his team managing Campylobacter cases, but also other illnesses, as well as attending and managing the death of a patient. The DHB instituted its critical incident management structure. District Nurses were moved into retirement villages which was very helpful, and the Te Mata Peak Practice team knew they needed to do things differently to cope with the numbers of sick people.

"We improved our processes further on Sunday. We arranged afterhours telehealth support via Auckland and had extra GPs working as well as increased administration and nursing support. Our doctors and nurses provided a telephone assessment service as well as traditional face-to-face consultations. IV fluid therapy was administered on site, in homes and residential care facilities which kept people out of hospital, by the district nurses."

On the Monday Peter said the entire team, minus those who were unwell themselves, were back on deck and focussed on assessing as many affected patients as possible. This was achieved by "deferring non-urgent work and making the most of telephone consultations." Te Mata Peak Practice was well supported by Health Hawke's Bay (The Primary Health Organisation). "They provided a clinical pharmacist and additional registered nurses to make proactive phone calls to check in on those vulnerable and at-risk people in the community; for example the elderly, diabetics (people with diabetes), and people with other medical conditions."

The incredible staff working in Te Mata Peak Practice and those that came to support them worked long into the week. Whilst numbers peaked on the Wednesday, staff were still seeing lots of patients through to the Friday night. Thankfully Peter was able to take a break over the weekend.

Innovations

Extensive use of telephone consultations helping us to assess large numbers of people, while enabling us to have face-to-face visits with the patients we were most concerned about.

Use of registered nurses to contact at risk patients via telephone. Those unaffected by the gastro outbreak were appreciative of the contact. Those affected were offered advice, telephone support or face-to-face consultations as required, to help them manage the illness with their co-existing conditions.

The DHB decision to send District Nurses into the residential care villages was another great idea.

Throughout this incident there was constant communication with the district health board and Health Hawke's Bay (PHO).

"I was very proud of our team. Everyone pulled their weight and worked very hard. I believe we collaborated well with Health Hawke's Bay and the DHB. From this event we made a number of innovations which benefited our community"





#whānau

We have 10,000 vulnerable families living in our region. #whānau was developed out of a need and desire to provide whānau with a health care service that is “real”. One that is focussed on whānau, increases their access to health services and ultimately reduces inequalities in our community.

#whānau is a collaboration between General Practice Totara Health and Choices, a Maori Health Provider of 22 years. Together they have built a foundation on relationships and trust. They have identified what their strengths and limitations are and are working together to “fill the gaps” and make a difference in their community.

#whānau supports 50 vulnerable low income Māori whānau in Hastings and Flaxmere to reach their health ambitions. The #whānau team involves kaiawhina (support workers), midwives, nurses, GP’s, pharmacists, nutritionists and physiotherapists.

The Kaiawhina work with whānau to develop whānau led goals and aspirations and support them to better understand their health conditions. We know that some whānau who suffer from diabetes and cancer rate their personal health as excellent. This shows that some whānau do not understand their health conditions or accept their chronic health issues as normal because other whānau members suffer or suffered from the same thing. With greater understanding, whānau realise the urgency in their care and are more appreciative of the services the #whānau team can bring to them.

This has been a very successful programme. The 50 whānau selected have achieved 100% health targets every year for the



past four years!



"It was much easier when she came along. Having health care made it easier to deal with other things".

"It got me a job... I've never worked before. I'm like, far, I've missed out on all this".

"There were all these services out there but I didn't know how to access them and then [the Kaiawhina] showed up and I was like "thank you".

"I didn't know what to say so she came with me. I feel comfortable now making appointments".

"My number one was smoking. I said "I really want to quit smoking" and I no longer want to smoke. I've always tried on my own and always fail and I just didn't go and get help...".

The #whānau team are proud of their results but equally excited about the future.

They are continually improving and their work so far has taught them that they need to develop more roles and innovative tools.

They are building a new education program and their new #whānau app is intended to bring health and "other services" into the home with ease.

One Kaiawhina tells us...

"Because I have a team of experts around me, like Doctors, Nurses, Navigators, I can help whānau better. I can get support from any of them at any time. They know what I do and I know what they do. We keep in touch through the whānau files."

"Some of my whānau need a lot of help and support and so I help them. I can be at WINZ office all day helping them fill out forms. I have helped over 5 whānau get into homes and get fire places. There is a lot of poverty out there and two or three families will live together to help buy food and pay rent."

"Some of my whānau haven't been to see a doctor in years, even though they have diabetes or other chronic illness. One of my whānau, a mum of five has cancer. She hasn't been back to her doctor for over a year. I helped her come back and engage with clinicians again."

"Most of my families just don't understand how their health matters. Some just accept that having diabetes or asthma is a part of their lives, as they have always lived with it."

"I have a lot of grandparents who are looking after their mokos. I help take them to the doctor and see our School Nurse to follow up. Whatever it takes, no matter how long it's what we do."

"It feels good to be able to walk in the door and take care of whatever it is they need. Before the program, I would only want to help with the cervical smears and then come back the next day to find children that needed immunisation. That isn't a good health care service."

"Now I provide what is needed to the entire whanau. That's #WHĀNAU!"



2016 Hawke's Bay Health Awards

Teams across the health system celebrated at the Hawke's Bay Health Awards in November 2016 at the The Opera House Plaza Hastings. This was a night to recognise the collaboration and innovation taking place across our region as well as witness some new initiatives changing the landscape for future health developments.

The engAGE ORBIT team from Hawke's Bay DHB not only won the Excellence in Service Improvement Award but also took out the Supreme Award. This was in recognition of their move to a seven day allied health service which, since November 2015, has allowed the ORBIT team to see over 800 extra patients who would not otherwise have been seen. This change is likely a contributing factor to the decrease in the rate of conversion from ED presentation to hospital admission for over 65s compared to the same period for the previous year. While the number of ED presentations for over 65s has increased, the number being admitted to hospital has decreased.



Ngā whāinga hauora ā-motu

National health targets

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.

HEALTH TARGET	TARGET	OUR RESULT (2016/17)	TREND (since last year)	COMMENT
Shorter stays in Emergency Department (ED)	95%	Not achieved 93.9%	↑	Despite continued growth in people presenting to ED we have improved on last year's performance, achieving the 95% target in two quarters. We have seen a marked improvement especially for those patients who don't need to be admitted to hospital. Around 98% are assessed and treated in ED and go home within five hours. Our next challenge is improving the flow of acute patients from ED into the hospital. The FLOW program of work is starting to address some of the core issues that will help improve patient flow across the hospital.
Improved access to elective surgery	100%	Exceeded 101.3%	–	This year we achieved our elective health target, as well as the orthopaedic joint and general surgery targets. This was despite the extraordinary pressures of the Havelock North Campylobacter outbreak and two Resident Medical Officer (RMO) strikes, which saw considerable reshuffling and rescheduling of elective surgery lists. We will continue to improve access to elective surgery for our community, by creating extra theatre space through projects; such as Endoscopy and Gastroenterology building and service move, which will free up space to allow more elective surgery capacity, as well as improving patient FLOW through the hospital.
Faster Cancer Treatment	85%	Not achieved 69.3%	↑	Since January 2017 there has been a strong focus on reducing the time taken from referral to treatment for cancer. The aim has been to improve outcomes and experience for people with cancer. By working in partnership with clinical teams in Hawke's Bay and those in major centres who treat people from our community the time taken to gain treatment has significantly reduced. An action plan has been developed by the clinical teams and we are confident that there will be further improvement over the coming months.
Increased immunisation	95%	Achieved	↑	Hawke's Bay continues to be a top performer in achieving the immunisation health targets.
Better help for smokers to quit (Primary Care)	90%	Exceeded 91%	↑	Health Hawke's Bay have been supporting their general practices with independent nurses contacting patients to update their smoking status and offer brief advice and cessation (stop smoking) support. Health Hawke's Bay have started to engage with workplaces to offer smoke-free support and are also in the process of organising some community events.
Raising healthy Kids* *Quarter 4 result only	95%	Exceeded 95%	N/A	The Ministry target expects that by December 2017, 95% of all obese children (98th percentile of weight) identified via a B4 School Check will be offered a referral to a health professional for clinical assessment and whānau -based nutrition, activity and lifestyle interventions. Hawke's Bay DHB currently sits at 96%. HBDHB has prioritised childhood healthy weight. This includes work supporting the national target - developing resources to support whānau with healthy eating and physical activity lifestyles, establishing an effective referral process and supporting primary care with tools.

National Patient Safety Priorities

The Health Quality and Safety Commission (HQSC) is driving improvement in the safety and quality of NZ healthcare through its quality improvement programme.

The key role of HQSC is to publish information and set targets (called quality and safety markers) to improve the quality of Health care in New Zealand.

The quality and safety markers help HQSC evaluate the success of their programmes and if the desired results are achieved. The targets help Hawke's Bay DHB monitor how we compare with other DHB's and challenge ourselves to do better.

Quality and safety markers monitor a set of care indicators which cover Falls, Healthcare associated infections, Safe Surgery and Medication Safety.

For more information look at the website www.hqsc.govt.nz

We know we are getting better in these care indicator areas because our results in the January to March 2017 quarter tells us that Hawke's Bay, compared to other DHB's, are in the top areas for three out of the five priorities. We are working hard to improve the fourth area which is the safer surgery marker and fifth area Medication safety programme.



Staff and visitors participating in a Tai Chi taster class lead by Sport Hawke's Bay.

The safer surgery marker was introduced recently and it measures levels of teamwork and communication around the paperless surgical safety checklist. We know staff are doing it – we just need to get better at proving it.

Our 2017 Falls Campaign across the whole region focussed on improving balance and strength, we had a great month working with other providers and we ended up being recognised nationally for our work. This is something everyone can do to help themselves. As we age it is harder to keep our balance and keep strong in our legs, but there are a lot of community programmes to help. Staff and visitors tried Tai Chi this year – thanks to Sport Hawke's Bay. Look at their website for a list of programmes www.sporthb.net.nz.

Other national programmes which are coordinated by HQSC and which Hawke's Bay DHB are undertaking improvement work include:

- Recognising Deteriorating Patients - Getting better at identifying when someone is getting sicker while in hospital and having a plan to help them faster;
- Medication Management - Helping people who are in pain and need strong medication to help them, which sometimes means they get constipated – i.e. you can't have a 'poo' as often as you would normally, this is a problem so we are doing some things to stop this e.g. making sure if strong medication is needed, medicine to make you poo is also given.
- National Patient Experience Survey (in hospital) - this has been running for three years now and the feedback informs national improvement campaigns. The four domains all hospitals are measured on and HBDHB scores as follows: communication (85%), coordination (85%), partnership (85%) and physical and emotional needs (88%). HQSC are now working with the Primary Health Organisation in Hawke's Bay to roll out a patient experience survey in General Practice.



National Patient Safety Priorities **In hospital**

✓
93%

Falls prevention 1: Target 90%

✓
94%

Falls prevention 2: An increase from 86% last year. Target 90%

✓
89%

Hand hygiene: Target 70% - Top DHB well done.

✓
100%

Surgical site infection 1:
Antibiotic administration 100%

✓
98%

Surgical site infections 2:
right antibiotic and dose 98% (nationally approved sometimes people require something different).

Medication Safety: Hawke's Bay is not yet one of the DHBs doing this project - but there is work happening to help us to get ready for when it's our turn to get involved. eg: improved technology

9.1

Let's Talk - Patient Safety Week

Patient Safety is top of mind every day in healthcare. "Let's Talk" was the theme at Hawke's Bay Hospital during Patient Safety Week in November 2016 when we highlighted better communication between patients, whānau and health professionals. We had displays to highlight the Let's Talk campaign making sure we got the attention of staff, patients and visitors to the hospital and our "what matters to you" whiteboards reinforced that whānau/family matters most.

Patient Safety Week is a Health Quality and Safety Commission initiative which we embrace every year. The theme for 2017 will be medication safety. This topic has been chosen because the patient experience survey question "Did a member of staff tell you about medication side effects to watch for when you went home?" consistently gets one of the lowest scores across all 20 DHB's in New Zealand.



CEO Dr Kevin Snee checks out a display alongside Jane Bailey, Patient Safety Advisor and Jeanette Rendle, Consumer Engagement Manager.

How to keep yourself safe when in hospital – here are our top tips:

- **Talk** with your doctor and nurse and tell them what you know about your illness or injury.
- **Ask** questions to help you understand your treatment – why you are having it, the choices, what will happen and the risks and benefits.
- **Clean** your hands often to help stop infection, and ask your visitors to clean their hands.
- **Keep** a list of and learn the names of the medicines you are taking, the reasons you are taking them and when and how to take them.
- **Ask** for the results of any tests you have and what happens next.
- **Get** to know your ward and make sure the call bell is always within easy reach.
- **Before** leaving hospital, ask what you and your family/whānau need to do at home.

Hand Hygiene

Hand hygiene is recognised worldwide as the single most effective way to prevent the spread of infection and improve the quality and safety of patients in our care. The 5 moments for Hand Hygiene is a programme developed by the World Health Organisation (WHO), and implemented across all New Zealand district health boards (DHBs).

HBDHB continues to achieve a high level of compliance with the 5 moments for Hand Hygiene when compared to other NZ DHBs. The quarter ending March 2017, HBDHB achieved a compliance rate of 88.7%, the highest in NZ.

On 5 May, HBDHB celebrated World Hand Hygiene Day. Wall displays across the hospital were created by enthusiastic staff members, an information board was created in the main entrance, and a competition 'guess the hands' was run that created a sense of fun and engagement with staff, patients, and visitors.



It was also a time to celebrate and thank the Hand Hygiene champions within the hospital for their passion and dedication to the programme and ultimately the positive impact it has on patient safety.



Adverse events

Adverse Events are events which have resulted in serious harm to patients. This harm may have led to significant additional treatment, have been life threatening or led to a major loss of function or unexpected death.

Adverse events are uncommon but taken seriously. For each event we conduct a formal review which follows the patient's journey through the hospitals systems and processes.

What we learn from these reviews is important and we recognise that each event provides an opportunity to improve the care we provide.

Adverse events 2016/17

Clinical process – 12

Medication – 2

Fall – 8

9.1

Learning from Adverse Events

Several reviews at HBDHB have led to significant improvements on the front line, examples are:

- the appointment of more senior doctors
- reducing delays to reach definitive diagnosis
- education opportunities
- improvements to the transfer of care (handover from one health professional to another, or to a caregiver) – communication information gathering tools have been developed.

“[we] would like to thank you for investigating [his] death and providing a clear report. My primary intention was to ensure any lessons that could be learnt from this tragedy would possibly prevent others having to experience this and to that end we were heartened to see the changes in DHB operating procedures.

...the family was happy to see that our concerns were taken seriously by the depth and openness of the DHB report and the remedial actions that have since been implemented”.

Future Focus

The organisation has invested in a new integrated risk management system which is intended to be rolled out in 2017/18. This brings new capabilities and allows the DHB to better monitor and manage its associated risks. The DHB hopes to bring the primary care sector on board with the system in 2018/19.

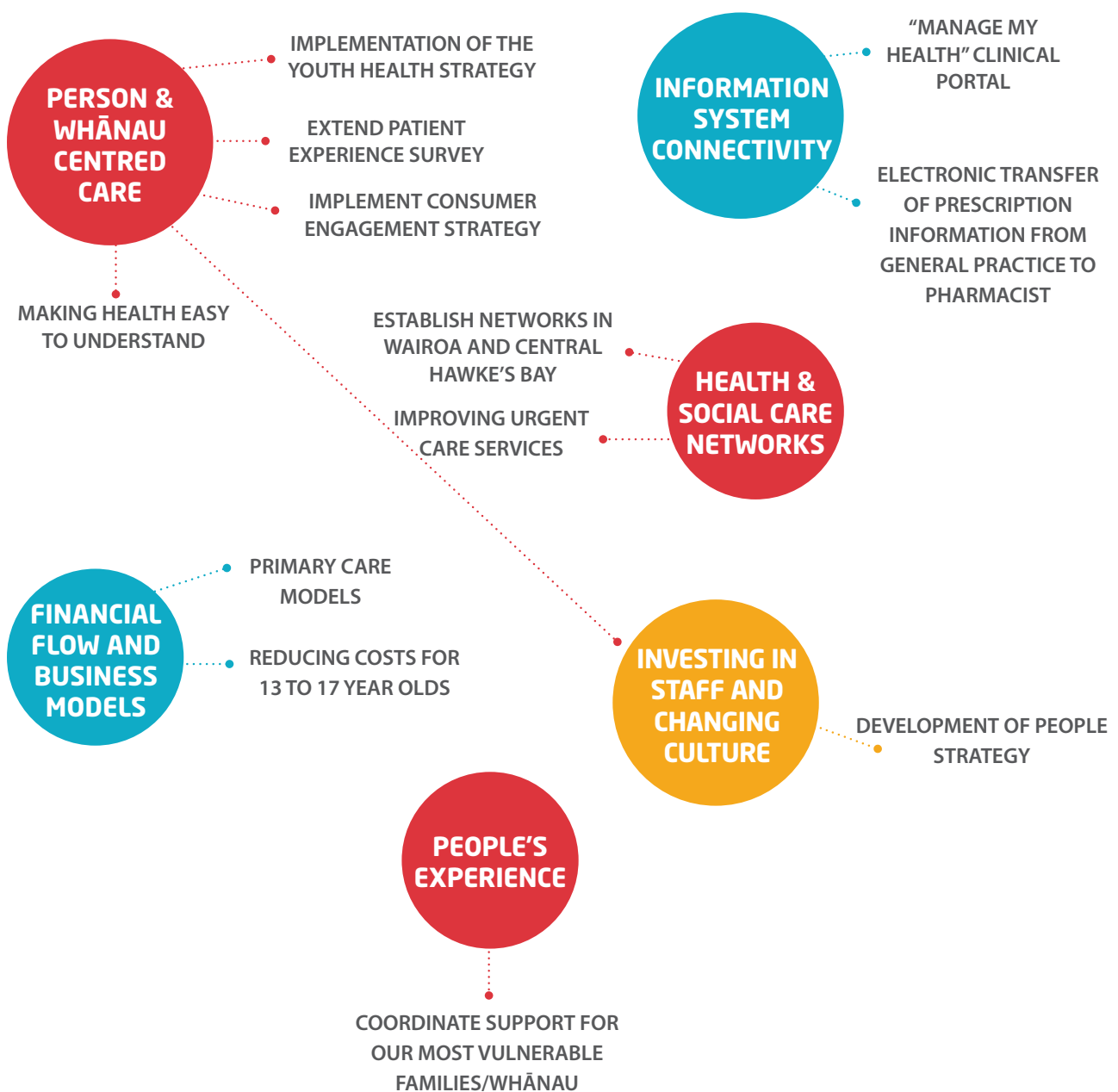
All adverse events are reported to the Health Quality and Safety Commission (HQSC). The commission is supporting DHB's to further improve their processes around event reviews. A strong focus for 2017/18 will be on more consistent consumer involvement in reporting, reviewing and learning from adverse events. The involved consumer and / or their whānau will be offered the opportunity to share their story as part of the review process.



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 Zealanders 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 inequity and prepare our health services 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.



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



1
fragile babies
will be cared for
in the special
care baby unit



1
person will be
admitted to CHB
Hospital



2
people will be
admitted to Wairoa
Hospital



3
new referrals are
managed by child
development
service



4
children will
receive one of
their vaccinations



6
babies will be born



21
people will get
their free annual
diabetes check



32
women will have a
mammogram and a
further 29 a cervical
smear test



47
operations will be
completed in one
of Hawke's Bay
Hospital's theatres



48
people will
attend a clinic
appointment at
Napier Health



90
people will be
admitted to
Hawke's Bay
Hospital



124
People present
to HB Emergency
Department



152
visits will be
made by district
nurses and home
service nurses



184
visits/appointments
will be made to
support people with
mental health issues



194
children will be
seen for their free
dental health check



1,446
people will see
their family
doctor




4,743
prescriptions will
be filled out



5,831
laboratory tests will
be completed



	Update on Establishing Health and Social Care Localities in HB
	For the attention of: Māori Relationship Board (MRB), HB Clinical Council, HB Health Consumer Council & HBDHB Board
Document Owner/Author:	Chris Ash – ED Primary Care
Document Author	Jill Garret (Change Leader Central HB) and Te Pare Meihana (Change Leader Wairoa)
Reviewed by:	Executive Management Team
Month:	October 2017
Consideration:	For Endorsement

RECOMMENDATION

That MRB, Clinical and Consumer Council

- Note the contents of this paper

PROGRESS TO DATE ON LOCALITY DEVELOPMENT

Commencement of Executive Director – Primary Care

Chris Ash has commenced in the Executive Director role and the management of the localities work has been transitioned across from Tracee Te Huia, Director of Strategy and Health Improvement.

Over the next 3 months, Chris will be reviewing the existing position of the Health & Social Care Localities programme, and defining a framework within which the DHB will structure and resource its partnership with local communities.

The goals of the revitalized programme will include supporting and enabling the development of new, integrated care and support service delivery arrangements that:

- Better reflect local population identities, aspirations and health models (including structured support for the skills, expertise and potential already resident in those communities)
- Improve access by delivering the right care (from the right professional), in the right place, at the right time
- Target efforts to tackle inequities in health outcomes, particularly as they impact the local populations
- Develop a wider set of skills and integrated working within multidisciplinary and intersectoral teams, with a focus on moving to strengths-based approaches and fostering greater personal responsibility for individual and whānau wellness

Matariki – Hawke's Bay Regional Social Inclusion Strategy (SIS) and Regional Economic Development Strategy (REDS)¹

The Matariki steering group and wider stakeholder network has developed (in draft) 10 action points.

Figure 1.0 – Draft Action 2.1 relates directly to the work underway in localities.

Lead Organisation	Councils and Hapu	Ref	SI 2.1
Other Organisations	Iwi, HBDHB, MSD, Oranga Tamariki, Police, TPK, Corrections, Social Services Providers and Community Organisations		
RGP action	Establish representative groups in locations across Hawke's Bay to enable the local community and whānau to have a voice and leadership in social and economic development. The groups will represent key local stakeholders, who may not be directly connected to Matariki REDS/ILG and; have the capacity and authority to represent their community in communication with Matariki REDS/ILG. (Linked to 1 and 3)		

Introduction – to tell decision makers what they will need to decide
Communities across the region want to have a say in their economic and social development. An example is a recently established group is the Wairoa Community Partnership Group, created so that key local stakeholder groups can collaborate and have cohesion around responses to be developed in Wairoa. Similar groups can be established in other areas. The areas could be large e.g. Central Hawke's Bay or smaller clustered areas based on deprivation e.g. Flaxmere, Camberley, and Maraenui. This is consistent with the Social Inclusion Strategy identifying communities for targeted support and members of the community directly contributing to outcomes.

It is proposed that there is a merge of the two Matariki strategies but at this stage those discussions are in abeyance.

The change leaders of CHB and Wairoa localities have been intermittently included in the forum that oversee and contribute to the development of Matariki SIS. In their current capacity, they are finding themselves able to contribute positively to the development of locality governance structures, and to lead and influence the direction and pace of change. The change leaders involvement in all aspects of the social inclusion strategy and the wider REDs development is key to ensuring linkages are made between operational realities and strategic direction with the locality space. Ensuring continuity of their involvement and influence should be a priority of the DHB and will make a substantial contribution to future success.

Programme Governance CHB

Representation on the health liaison group, formed in July 2016, now includes a full complement of health providers within the rohe²; GP, Council, MRB, Consumer Council, Aged Care, Māori Health Provider, Nursing, Clinical Nurse Manager, Pharmacy and independent health providers.

The maturity of the group has developed over time from a focus on operational activities to one of influence and change at a governance level. Early conversations are now being had in relation to the value of this group merging with the wider social leadership group that is also functioning in CHB. The group's representation included senior management level from MoE, MSD³, tertiary education providers, senior leaders within council and the wider social sector. As required justice, fire and police are also included.

¹ REDS – Regional Economic Development Strategy

² Rohe – Te Reo for designated area or region

³ Ministry of Education, Ministry of Social Development

Both groups are requesting higher level data to inform priority areas whereas in the past it had been prioritised based on reactive responses to need.

The change leader is working towards the merger of these two groups in the next 8 months in readiness for the 2018-19 financial year and the development of a 3 year strategy for the locality.

With reference to the collective impact model and the five levels of relationships, the CHB locality is transitioning from cooperation to coordination, (level 3). It is anticipated by end of 2018/19 the locality will be operating at Level 4.

Figure 1.2 – Collective Impact – progressions to effective collaboration

The Five Levels of Collaboration

	1	2	3	4	5
	Networking	Cooperation	Coordination	Coalition	Collaboration
Relationship Characteristics	<ul style="list-style-type: none"> • Aware of organisation loosely defined roles. • Little communication. • All decisions are made independently. 	<ul style="list-style-type: none"> • Provide information to each other. • Somewhat defined roles. • Formal communication. • All decisions are made independently. 	<ul style="list-style-type: none"> • Share information and resources. • Defined roles. • Frequent communication. • Shared decision making. 	<ul style="list-style-type: none"> • Share ideas. • Share resources. • Frequent and prioritised communication. • All members have a vote in decision making. 	<ul style="list-style-type: none"> • Members belong to one system. • Frequent communication is characterised by mutual trust. • Consensus is reached on all decisions.

Source: Frey, B.B., Lohmeier, J.H., Lee, S.W., & Tollefson, N. (2006). Measuring collaboration among grant partners. *American Journal of Evaluation*, 27, 3, 383-392

Locality Governance Wairoa

There has been significant progress made in Wairoa towards establishing an effective governance model that has the buy in from local leaders and government agencies. Initially the Change Leader brought together a Health and Social Care locality group that was a combination of agency leads and local individuals who had a passion for this development however further community discussions led to the Wairoa District Council introducing a community partnerships committee model that has provided the mechanism to develop a united leadership group that has assumed the responsibility to oversee and govern agreed priorities of health, social need, education and training, employment and housing.

This committee is now in place with an approved Terms of Reference and membership of local leaders and government agency decision makers. The committee is chaired by the Mayor.

It is intended that the health and social care locality plan will become one of the work streams of a wider program of action for Wairoa. The Change Leader has a lead role in supporting the Mayor and the committee to manage the community relationships and the development of the work programme.

This development is also being informed by the progress being made by Manaaki Tairawhiti – one of the three place based social investment initiatives that is underway. The Change Leader represents Wairoa at this forum and there are positive linkages, influence and learnings from the journey that Tairawhiti is undertaking towards becoming a Social Investment Board.

ACTIVITIES AND PROGRESS IN EACH LOCALITY

➤ CENTRAL HAWKE'S BAY (CHB)

The three areas within the strategic plan that are the current focus are;

- Reducing barriers to access
- Establishing and maintaining effective communication lines
- Strengthening trust between providers

Reducing barriers to access:

Through the influence of the Rural Alliance, uptake of funded programs offered by the PHO are now being accessed by the Tukituki Medical. The programs are aimed at the high need, high deprivation populations and include SIA funded programs, High Needs Enrolment, and Whānau Wellness.

The clinical nurse manager of CHB Health Center has created pathways for transitioning care from Hastings Hospital to the health center on identification of CHB inpatients with a level of acuity able to be managed. Evidence continues to be gathered to monitor; bed utilisation rates, average length of stay with metric analysis against readmission rates. This will contribute to the 'Saving 4000 bed days target and the System Level Measure – Using Health Resources Effectively.

Establishing and maintaining effective communication lines:

Signage and communication has been a priority for the health liaison group from inception. October 3rd is the launch date for the; distribution of magnets and flyers that outline for the consumer how to access urgent and emergency care relevant to CHB residents. In addition signage has been erected within Waipawa and Waipukurau. All of the material aligns to the DHB Choose Well Strategy.

This project has required significant coordination to achieve agreement and buy in of the health providers. It has served the purpose of illustrating the importance of establishing and maintaining effective communication and relationships between the extensive health network as the foundation for future and more significant work.

The Social Leadership forum of CHB is also using the launch for the material above to trial a survey that will be used to evaluate the responsiveness of social services within CHB. This is the beginnings of the work that is coming together for both groups as indicated above under strategic leadership.

Figure 1.0 – Magnets to be distributed to every household in CHB (n=5000)



Live Well in CHB is the brand that the Health Liaison group is using to identify the work that they are leading. In conjunction with the CHB District Council it was decided that this branding aligns with the council's strategy of "Thrive in CHB".

Strengthening trust between providers:

The increased membership- representation on the Health Liaison Group, the consistent attendance of meetings, the interest in new projects and the multi-agency involvement in those projects are all testament to the trust and confidence that is building between the providers within CHB (health and the wider social sector).

Projects currently being scoped:

- Extension of the engAGE program to include CHB – a meeting was held between the Health Liaison group and the engAGE team to discuss the work that needs to be done to replicate the program within CHB, utilising existing resources and services that are working well and augmentation of services that are currently not available.
- Creation of an LMC Hub in CHB – the Health Liaison group met with Jules Arthur to discuss the option of creating a hub serviced by local midwives and support workers for the benefit of the population of CHB.
- Both the Health Liaison group and the CHB Social Leadership forum are currently gathering data around the prevalence and influence of methamphetamine on the community of CHB. The intention is to scope a community based response supported by multi agencies.
- Population health and work place wellness – the population health team is working on a response to creating a 'large employer' workplace wellness strategy for CHB. Initial work is underway with Silver Fern Farms, in partnership with Worksafe NZ and ACC.
- Increased utilisation of Telehealth (VC- access to outpatient and specialist input) for the residents of CHB is being looked at by the DHB IT team for both CHB and Wairoa. The use of Telehealth and virtual clinics as a mechanism for outreach provision of GP services is being scoped as part innovation within the CHB Rural Alliance - annual plan.

➤ WAIROA

One of Wairoa's strongest assets is its people and the tikanga that underpins the fabric of Māori whānau and the community. The future success of any health and social transformation will need to include a strategy that encompasses the utilization of tikanga principles and values. In 2016 five Wairoa health leaders attended the NUKA training at the DHB. This group intends to utilize the learnings and experience taken from this indigenous development to support the shape and design of a tikanga based model of health care for Wairoa.

Integration activities

Ongoing activities are progressing across the General Practice Alliance network. February 2018 will see all three practices co-located on the Wairoa Health Centre site providing more opportunity for integration and consistency to occur.

Queen Street Practice, Kahungunu Executive and Te Whare Maire o Tapuwae are undertaking a "20 families" project to support the development of a one team approach to care. The cohort of patients will be those identified through general practice as pre-diabetic and a whānau led plan will be developed with each patient and their whānau, utilizing the clinical, health promotion and whānau ora skills and resources across the three providers. It is intended that the evaluation of this project will support further integrated practice across the wider health system.

A nursing review is in initial stages of planning as secondary, primary and community services are interested in further developing the rural health nursing model that enables strengthened nursing leadership in the pathways of care. This will provides further opportunity in the design of achieving a well-coordinated and one system of health care.

A co-design process is underway to develop a model for Health of Older Persons which will include introducing a variation of the Engage model into Wairoa. Key stakeholders in this process includes the Wairoa Health Centre, DHB strategic services, EngAGE, Glengarry BUPA, Aged Concern, Kahungunu Executive, Cranford Hospice and a local group of consumers and whānau.

Collaboration

The E Tu Wairoa (family violence intervention network) is making good headway with embedding the E Tu Whānau leadership model and values and have been chosen as one of the 3 communities to be involved in a national evaluation of our development and progress.

The integrated Clinical Governance committee is overseeing a major research study- He Korowai Manaaki – A Wrap Around Approach that is being undertaken by the Women's Health Research Centre University of Otago and continues to build its profile for clinical leadership in Wairoa and Hawkes Bay.

The Change Leader is working with Oranga Tamariki, Police and the DHB to establish a single triage system for referrals where there are family harm and care and protection issues. This is being modelled on a system that is already established in Tairāwhiti with a view to utilizing the privacy framework and data sharing protocols.


Recommendations

The work in both of the localities is progressing well, each are well placed to embed the initiatives that are currently underway and those being scoped. It is timely that the following recommendations are addressed:

- Creating natural synergies between district and locality specific strategic direction.
- Creating formal mechanisms that link REDS⁴ and SIS⁵ with the locality work of the DHB through the roles of the change leaders
- Resourcing the coordination and administration of the work underway within each locality to free up the change leaders to operate strategically.

⁴ Regional Economic Development Strategy

⁵ Social Inclusion Strategy

 HAWKE'S BAY District Health Board Whakawāteatia	Implementing the National Bowel Screening Programme in Hawke's Bay
	For the attention of: Māori Relationship Board, HB Clinical Council, HB Health Consumer Council & HBDHB Board
Document Owner: Document Author:	Chris Ash, Executive Director of Primary Care Paul Malan, Strategic Service Manager
Reviewed by:	Dr. Alan Wright, Chair, Hawke's Bay Bowel Screening Programme Advisory Group and Executive Management Team
Month:	September 2017
Consideration:	For Information

RECOMMENDATION

Māori Relationship Board, HB Clinical Council, HB Health Consumer Council & HBDHB Board:

Note the contents of this report.

OVERVIEW

The establishment of a National Bowel Screening Programme (NBSP) has been considered in New Zealand for a number of years. Budget 2016 provided funding to begin implementation of the NBSP. This will cover the design, planning and set-up phases. Additional funding has also been set aside for work that will support the IT needed for a national programme¹. Over the next year, the Hawke's Bay health sector will implement the NBSP locally. This paper is preliminary advice to governance committees about the anticipated process and timelines.

BACKGROUND

A screening pilot was launched in 2011 in Waitemata DHB, and subsequent evaluations were carried out to confirm the New Zealand approach. Waitemata DHB are now providing support and 'national coordination' functions as the national programme is being established. It is expected that a national coordination centre will be established by 2018 to manage and send screening invitations and coordinate the processing, analysis and management of completed bowel screening test results.

Hawke's Bay (HB) will need to be ready for commencement of the programme in October 2018, with systems and processes. This will coincide with completion of the new gastroenterology unit at Hawke's Bay Regional Hospital (Soldiers Memorial). New systems and processes will be in place to deliver more colonoscopies, provide clinical leadership, ensure patients are notified of results, ensure workforce capability matches requirements, provide quality assurance, maintain an equity focus and to understand and plan for the impact on surgical services, primary care and community services.

¹ Ministry of Health: National Bowel Screening

New Zealand has one of the highest bowel cancer rates in the world. Bowel cancer is the second most common cause of cancer death in New Zealand after lung cancer. The screening programme aims to detect cancers earlier so as to provide better options for early and minimally-invasive treatments.

TIMELINE

An advisory group, with wide stakeholder representation (Appendix 1), has been set up to guide the implementation. There will be two main “phases”:

Phase 1 – September 2017 to February 2018: Contribute local (Hawke's Bay) content to a business case for the Ministers of Finance and Health, who will approve the funding for the programme in Hawke's Bay.

Phase 2 – February 2018 to November 2018: Planning and establishment to implement the NBSP in Hawke's Bay. This phase includes establishing the systems and processes, completing production planning, engaging with all stakeholders, communicating with the community, integrating and testing all systems to ensure a smooth implementation, and linking in with the relevant national and regional entities.

The Advisory Group will register a project for the completion of Phase 1 and 2. Go-live is expected to be in October 2018.

FURTHER INFORMATION

For further information about the National Bowel Screening Programme please visit the Ministry of Health website at: www.health.govt.nz

ATTACHMENTS

- Appendix 1: Hawke's Bay Bowel Screening Programme Advisory Group

HAWKE'S BAY BOWEL SCREENING PROGRAMME ADVISORY GROUP

As at 14th September, 2017

The Advisory Group will be comprised of representatives of impacted services:

- General Practice (Alan Wright)
- Clinical Director, Gastroenterology (Malcom Arnold)
- Executive Leadership (Andrew Phillips)
- Executive Director Quality and Risk (Kate Coley)
- Chief Information Officer (Anne Speden)
- Acting Head of Strategic Services (Paul Malan)
- Nursing Director (Chris McKenna)
- HHB PHO representative (TBA)
- General Practice Nurse (TBA)
- Manager of Population Health (Jenny Cawston)
- Manager of Medical Directorate (Paula Jones)
- Manager of Surgical Directorate (Rika Hentschel)
- Manager of Community Directorate (Claire Caddie)
- Manager of Cancer Services (Mandy Robertson)
- Maori representation (Patrick LeGeyt)
- Pacific representation (Talalelei Taufale)
- Pharmacy and Laboratory Portfolio Manager (Di Vicary)
- Administration support (TBA)

The Advisory Group may co-opt other members from time to time as required, to address gaps in knowledge and/or expertise, and to contribute to deliberations on specific agenda items. Advisory membership may not be delegated in the event of a member's absence. If a member is absent from three consecutive meetings that member can be removed and another can be elected/appointed in their place.



Recommendation to Exclude the Public

Clause 32, New Zealand Public Health and Disability Act 2000

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

- 13. After Hours Implementation Presentation (public excluded)**
- 14. Topics of Interest – Member Issues**

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

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



AFTER HOURS IMPLEMENTATION

Presentation

13



TOPICS OF INTERESTS MEMBER ISSUES / UPDATES

