



## Māori Relationship Board Meeting

**Date:** Wednesday, 10 October 2018

**Meeting:** 9.00am to Noon

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

### Board Members:

Ngahiwi Tomoana (Chair)	Trish Giddens
Heather Skipworth (Deputy Chair)	Ana Apatu
George Mackey	Hine Flood
Na Raihania	Dr Fiona Cram
Kerri Nuku	Beverly Te Huia
Lynlee Aitcheson-Johnson	

### Apologies:

### In Attendance:

Member of the Hawke's Bay District Health Board (HBDHB) Board  
Members of the Executive Management Team  
General Manager Māori Health  
Member of Hawke's Bay (HB) Consumer Council  
Member of HB Clinical Council  
Member of Ngāti Kahungunu Iwi Inc.  
Member of Health Hawke's Bay Primary Health Organisation (HHB PHO)  
Members of the Māori Health Service  
Members of the Public



## Our vision

**HEALTHY  
HAWKE'S BAY**  
TE HAUORA O  
TE MATAU-Ā-MĀUI

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

## Our values

**Tauwhiro** – delivering high quality care to patients and consumers

**Rāranga te tira** – working together in partnership across the community

**He kauanu** – showing respect for each other, our staff, patients and consumers

**Ākina** – continuously improving everything we do



**PUBLIC MEETING**

Item	Section 1 : Routine	Time (am)
1.	Karakia	9.00
2.	Whakawhanaungatanga	
3.	Apologies	
4.	<a href="#">Interests Register</a>	
5.	<a href="#">Minutes of the Previous Meetings</a>	
6.	<a href="#">Matters Arising - Review of Actions</a>	9:30
7.	<a href="#">Workplan</a>	
8.	<a href="#">Māori Relationship Board Chair's Verbal Update</a>	9:50
9.	<a href="#">General Manager's Monthly Māori Health Report</a> – Patrick LeGeyt	10:00
10.	<a href="#">Clinical Council Verbal Update</a> – Ana Apatu	10:30
	<b>Section 2: For Discussion</b>	
11.	<a href="#">National Bowel Screening Programme, Indicative Equity Outcomes in Māori and Pasifika</a> (verbal) – Chris Ash	10:35
	<b>Section 3: For Information Only (no presenter)</b>	
12.	<a href="#">Te Ara Whakawaiaora - Cardiovascular (National Indicator)</a>	-
	<b>Section 4: Recommendation to Exclude the Public</b>	
13.	Under Clause 32, New Zealand Public Health & Disability Act 2000	

**PUBLIC EXCLUDED**

	<b>Section 5: Routine</b>	
14.	<a href="#">Minutes of the Previous Meetings</a> (public excluded)	10:55
15.	<a href="#">Matters Arising - Review of Actions</a> nil	-
	<b>Section 6: Discussion</b>	
16.	<a href="#">He Ngākau Aotea</a> – George Mackie	11:00
17.	<a href="#">Nuka Conference</a> – Patrick LeGeyt	11:45
	Karakia Whakamutunga (Closing)	
	Followed by a light lunch	

**NEXT MEETING:**

Wednesday, 14 November 2018, Boardroom, HBDHB Corporate Office  
Cnr Omaha Road & McLeod Street, Hastings



Māori Relationship Board Interest Register - 13 September 2018

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
Ngahiwi Tomoana (Chair)	Active	Chair, Ngati Kahungunu Iwi Incorporated (NKII)	Actual Conflict of Interest. Non-Pecuniary interest. Chair of NKII. NKII is titular head of 6 Taiwhenua. 2 NKII Taiwhenua have contracts for health services with HBDHB: (i) Te Taiwhenua Heretaunga is HBDHB's 5th largest health services contractor. The contracts are administered by HBDHB's Planning, Funding and Performance department. (ii) Ngati Kahungunu Ki Wanganui a Orutu has a contract with HBDHB to provide mental health services. This contract is administered by HBDHB's Planning, Funding and Performance department.	Will not take part in any decisions in relation to the service contracts between the NKII Taiwhenua and HBDHB.	The HBDHB Chair	01.05.08
	Active	Uncle of Tiwai Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Tiwai Tomoana is employed by HBDHB and is a Kitchen Assistant in the Food and Nutrition Department at Hawke's Bay Hospital.	All employment matters in relation to Tiwai Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Uncle of Iralee Tomoana	Iralee Tomoana is employed by HBDHB and works in the Radiology Department as a clerical assistant.	All employment matters in relation to Iralee Tomoana are the responsibility of the CEO.	The HBDHB Chair	01.05.08
	Active	Brother of Numia Tomoana	Perceived Conflict of Interest. Non-Pecuniary interest. Numia Tomoana is employed by Cranford Hospice and works as a palliative care assistant and, in this role, works with chaplains at Hawke's Bay Hospital.	Will not take part in any decisions in relation to the Chaplain service at Hawke's Bay Hospital.	The HBDHB Chair	01.05.08
	Active	Involved with Waitangi Claim #2687 (involving Napier Hospital land) sold by the Government	Requested that this be noted on the Interest Register	Unlikely to be any conflict of Interest.	The HBDHB Chair	28.03.18
Heather Skipworth	Active	Daughter of Tanira Te Au	Kaumatua - Kaupapa Maori HBDHB	All employment matters are the responsibility of the CEO	The Chair	04.02.14
	Active	Trustee of Te Timatanga Ararau Trust (aligned to Iron Maori Limited)	The Trust has contracts with HBDHB including the Green Prescription Contract; and the Mobility Action Plan (Muscular Skeletal)	Will not take part in any discussions or decisions relating to any actions or contracts with the Trust or aligned to Iron Maori Limited.	The Chair	04.02.14 25.03.15 29.03.17
	Active	Director of Kahungunu Asset Holding Company Ltd	The asset portfolio of the company in no way relates to health, therefore there is no perceived conflict of interest.	Unlikely to be any conflict of Interest. If in doubt will discuss with the HBDHB Chair.	The Chair	26.10.16
Kerri Nuku	Active	Kaiwhakahaere of New Zealand Nurses Organisation	Nursing Professional / Industrial Advocate	Will not take part in any discussions relating to industrial issues	The Chair	19.03.14
	Active	Trustee of Maunga Haruru/Tangitu Trust	Nursing Services - Clinical and non-Clinical issues	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
George Mackey	Active	Wife, Annette Mackey is an employee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions relating to the Trust	The Chair	19.03.14
	Active	Wife Annette is a Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions relating to Iron Maori Limited	The Chair	04.08.16
	Active	Trustee of Te Timatanga Ararau Trust (a Trust aligned to Iron Maori Limited)	The Trust Holds several contracts with the HBDHB	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.06.14
	Active	Director and Shareholder of Iron Maori Limited (since 2009)	The company is aligned to a Trust holding contracts with HBDHB	Will not take part in any discussions or decisions relating to the Contract aligned to Iron Maori Limited).	The Chair	04.08.16
	Active	Employee of Te Puni Kokiri (TPK)	Working with DHB staff and other forums	No conflict	The Chair	19.03.14
Lynlee Aitcheson-Johnson	Active	Chair, Maori Party Heretaunga Branch	Political role	Will not engage in political discussions or debate	The Chair	19.03.14
	Active	Trustee, Kahuranaki Marae		No conflict	The Chair	14.07.16
	Active	Treasurer for Ikaroa Rawhiti Maori Party Electorate		No conflict	The Chair	04.07.17
Na Raihania	Active	Wife employed by Te Taiwhenua o Heretaunga	Manager of administration support services.	Will not take part in any discussions or decisions relating to the Contract.	The Chair	19.03.14
	Active	Member of Tairawhiti DHB Maori Relationship Board		Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	19.03.14
	Active	Employed as a Corrections Officer		No conflict	The Chair	19.03.14
	Active	Mother in law, Jenny McQueen, Chaplain at Te Matau a Maui		No conflict	The Chair	14.02.18
	Active	Niece, Albie Raihania attending on the NeSP program		No conflict	The Chair	14.02.18
	Active	Board member of Hauora Tairawhiti	Relationship with Tairawhiti may have contractual issues.	Will not take part in any matters that may to any perceived contracts with Tarawhiti	The Chair	27.03.17
Ana Apatu	Active	CEO of U-Turn Trust (U Turn is a member of Takitimu Ora Whanau Collective) The U-Turn Trust renamed / rebranded "Wharariki Trust" (advised 30-8-17)	Relationship and and may be contractual from time to time	No conflict	The Chair	5.12.16
	Active	Whakaraki Trust "HB Tamariki Health Housing fund"	Formed a relationship and MoU with HBDHB Child Health Team Community Women and Children's Directorate. The Trust created a "HB Tamariki Health Housing fund" to ensure warm dry homes for Hawke's Bay whanau	Will advise at the outset of any discussions on this topic, and will not take part in any decisions / or financial discussions relating to this arrangement.	The Chair	8.08.18

Maori Relationship Board 10 October 2018 - Interest Register

Board Member Name	Current Status	Conflict of Interest	Nature of Conflict (if any)	Mitigation / Resolution Actions	Mitigation / Resolution Actions Approved by:	Date Declared
Hine Flood	Active	Member, Health Hawkes Bay Priority Population Committee	Pecuniary interest - Oversight and advise on service delivery to HBH priority populations.	Will not take part in any conflict of interest that may arise or in relation to any contract or financial arrangement with the PPC and HBDHB	The Chair	23.02.17
	Active	Councillor for the Wairoa District Council	Perceived Conflict - advocate for the Wairoa District population and HBDHB covers the whole of the Hawkes Bay region.	Declare this interest prior to any discussion on the specific provision of services in Wairoa and Chair decides on appropriate mitigation action.	The Chair	23.02.17
Dr Fiona Cram	Active	Board Member, Ahuriri District Health Trust (ADHT)	Contribution to the health and wellbeing of Māori in Napier, as per the settlement under WAI692.	Declare an interest and withdraw from any discussions with respect to any contract arrangements between ADHT and HBDHB	The Chair	14.06.17
	Active	Adjunct Research Fellow, Women's Health Research Centre, University of Otago, Wellington	Health research involving data and/or participant recruitment from within HBDHB.	Declare a potential conflict of interest, if research ethics locality assessment requires MRB input.	The Chair	14.06.17
	Active	Director and Shareholder of Katoa Limited	An indigenous research organisation that undertakes research and work for organisations by Maori for Maori.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	11.04.18
	Active	Contract being negotiated with the Ministry of Health for Research work in relation to WAI 2575.  Contract with Ministry finalised for research work in relation to WAI2575.	Unknown at this time.	Declare any potential conflict of interest, prior an discussion on work undertaken for HBDHB and/or health service organisations.	The Chair	13.06.18  13.09.18
Trish Giddens	Active	Trustee, HB Air Ambulance Trust	Management of funds in support of HB Air Ambulance Services	Will not take part in discussions or decisions relating to contracts with HB Air Ambulance Service.	The Chair	19.03.14
	Active	Member Health HB Priority Population Health	Health Advisors	Will declare interest prior to any discussions relating to specific topics	The Chair	1.01.17
	Active	Committee Member, HB Foundation		No conflict	The Chair	1.01.17
	Active	Committee Member, Children' Holding Foundation		No conflict	The Chair	1.01.17
	Active	Trustee, Waipukurau Community Marae		No conflict	The Chair	1.01.17
Beverley TeHuia	Active	Trustee and employee of Kahungunu Health Services	Kahungunu Health Services currently contracts with HBDHB with a number of contracts. Mother and Papi, Cervical and Breast screening, # Whanau and smokefree pregnant wahine.	Will not take part in discussions about current tenders that Kahungunu Health services are involved with and are currently contracted with.	The Chair	7.11.17
	Active	Employee of Totara Health	GP Practice providing health services	Will declare interest prior to any discussions relating to specific topics	The Chair	7.11.17
	Active	Member of the Priority Population Committee (PPC)	Health Advisors		The Chair	7.11.17
	Active	Nga Maia O Aotearoa Chair person	The current Chair of Maori Midwives organisation of New Zealand. Providing Cultural Competency to all Midwives and child birth organiser in New Zealand. DHB employed and independent.	Will not take part in discussions about cultural training required of maternity services	The Chair	7.11.17
	Active	Iwi Rep on Te Matua a Maui Health Trust		Will not discuss or take part of discussions where this trust is or interest.	The Chair	28.05.18
	Active	Claimant of Treaty Health Claim currently with the Tribunal; WAI #2575	Yet to be heard by the Waitangi Tribunal as of May 2018	Unlikely to be a conflict	The Chair	28.05.18

**MINUTES OF THE MĀORI RELATIONSHIP BOARD  
HELD ON WEDNESDAY 12 SEPTEMBER 2018, IN THE TE WAIORA ROOM,  
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS  
AT 9.00 AM**

5

**PUBLIC**

- Present:** Heather Skipworth (Chair)  
Ngahiwi Tomoana (*to 10.50am*)  
Ana Apatu  
George Mackey  
Na Raihania  
Trish Giddens  
Dr Fiona Cram  
Kerri Nuku  
Beverly Te Huia
- Apologies** Hine Flood and Lynlee Aitcheson-Johnson  
  
*Apologies from non MRB members:*  
Patrick Le Geyt, General Manager, Māori Health HBDHB)  
Kevin Snee, CEO  
Kevin Atkinson, HBDHB Board Chair  
Chrissie Hape, CEO, Ngati Kahungunu Iwi Inc.  
Wayne Woolrich, CEO Health HB Ltd (PHO)
- In Attendance:** Peter Dunkerley (HBDHB Board Member)  
Chris Ash (Executive Director Planning and Funding, Primary Care)  
Lillian Ward, *new role* Māori Health Manager for Health HB  
Laurie Te Nahu, Health Gains Advisor  
Ngaira Harker, Nurse Director  
Tiwana Aranui (Kaumātua)  
Tanira Te Au (Kaumātua Kuia)  
JB Heperi Smith (Senior Advisor Cultural Competency)  
Laura Gemmell, Administration Coordinator Māori Health  
David Rodgers, GP, HB Clinical Council member and Advisory to Health HB *from 10.05am*  
Shari Tidswell, Intersector Development Manager *from 10.05am*  
Linda Dubbeldam, Health HB *from 10.10am*  
Dr Andy Phillips, Acting Executive Director Health Improvement and Equity *from 10.15am*
- Minutes:** Brenda Crene, HBDHB Board Administrator and PA to Company Secretary

**KARAKIA**

Laurie Te Nahu opened the meeting with a Karakia

**INTRODUCTIONS**

All present introduced themselves.

**INTEREST REGISTER**

Changes to the register would be advised by email for Fiona Cram and Kerri Nuku - **Action**

**ADDITIONAL ITEM(s)**

The following were advised for discussion later in the meeting: Bullying within the DHB; Bowel Cancer prevalence and screening age for Māori; Māori FTEs; Kaitakawaenga position not replaced

**5. CONFIRMATION OF PREVIOUS MINUTES**

The minutes of the MRB meeting held on 8 August 2018 were approved as a correct record of the meeting.

Adopted with the changes noted.

**Moved:** Ana Apatu  
**Seconded:** Trish Giddens

## 6. MATTERS ARISING FROM PREVIOUS MINUTES

- Item 1 Function MRB / Youth Representative:** An across sector Board (representing Māori interests) had been discussed in the past. The appointment of a Rangatahi to MRB is to be deferred as there is no vacant position on MRB. It has been suggested that the preferred person attends MRB as an observer initially.
- Item 2 Nuka Model Wānga:** Ongoing.
- Item 3 He Ngakau Aotea:** detail of pending presentations, and requests for presentations were relayed and discussed with George Mackey. This item will remain on the Agenda until completion. This item will be removed from the actions.
- Item 4 Ngātahi framework:** detail was emailed to members (prepared by Laurie Te Nahu). Item closed.
- Item 5 HBDHB Performance Framework Exceptions Report Q4:** Item closed.
- Item 6 TAW Access rates 0-4 / 45-64 years –** next report will be provided quarterly as scheduled. Item closed.

## 7. MRB WORK PLAN

The Work Plan (which is subject to change) was noted.

## 8. MRB CHAIR'S REPORT

A verbal update was provided by the Chair on the MRB on the report to the HBDHB Board, meeting held 29 August. Discussion included the 4/5 Māori nurses on the NETP programme with a query around support.

**Action for inclusion in GM Māori Health Report: Ngaira Harker (Nurse Director) has been asked to provide detail monthly on the stats for Māori and Non-Māori on the programmes NETP and NESP. It would be good to know what the gaps are, the reasons and rationale.**

## 9. GENERAL MANAGER MĀORI HEALTH REPORT

In Patrick LeGeyt's absence, Laurie Te Nahu was present to speak to the report provided.

A discussion around various topics took place on various topics:

- Feelings that Cultural Competency training was not working or being measured and monitored in a meaningful way.
- Clinical Services plan alignment with the outcomes framework will be pivotal in creating Māori friendly environments.
- It was noted there was no action/implementation plan provided, following the provision of the "Health Equity Report in Hawkes Bay" (in 2016).
- Compliance with HPS Act 2004 ie, to be clinically and culturally competent, equates to being culturally responsible = creates satisfaction and results in better health outcomes.
- Currently, Māori form 25% of HBs population base but around 50% of Māori fill the HB hospital beds. Focus is important, as not too far away the HB population base will be represented by 40% Māori (according to the PHO), requiring a much larger number of Māori working within the health workforce and in hospital beds.
- The term institutional racism was raised.
- There was a suggestion that a Clinical Advocacy role to focus on Equity be put in place (equivalent to one FTE).

The Māori Relationship Board are intent on having a strong focus in the above areas relating to equity and will advocate strongly until measures are in place, being monitored and proven to be working. Until everyone takes ownership we will be in the same place in five years' time!

Options considered to move this forward:

1. Chris Ash offered to take the resulting commentary/actions and discuss them with Colin Hutchinson and Kate Coley, and include this item on the MRB agenda for 10 October about how manage.
2. Peter Dunkerley felt this should be for the CEO to develop a way forward to measure through KPIs the cultural sensitivity/competency adherence and the elimination of inequity of the organisation.

Flowing further discussion MRB accepted the following recommendation be put to the Board.



**RECOMMENDATION**

**The Māori Relationship Board recommend that the HBDHB Board:**

- **Agree** that Equity is the driving value for the HBDHB
- **Agree** that annual plans, work plans, service plans and clinical plans will be equity driven
- **Agree** that all KPIs reflect equity measures and actions at all levels.

In addition:

- **Agree** that **Cultural competencies** and **equity** measures be developed within expertise and be implemented by the CEO with both included as KPI measures.

**Moved**            **Ngahiwi Tomoana**  
**Seconded**      **Na Raihania**

**Carried**

**Other areas raised for discussion included:**

**NUKA Conference** is being held in Hawke’s Bay on 23 & 24 October 2018, with around 350 available places. Of these, 70% will be for delegates from Hawke’s Bay. The DHB is working closely with the iwi to ensure these are allocated across an appropriate mix in terms of professional and cultural backgrounds. It was suggested that MRB members who had not attended NUKA visits could attend. Chris Ash advised that the MRB allocation would be managed within NKII’s block of tickets, and that he hoped to have a clearer picture by 14<sup>th</sup> September.

**NEtP and NEsP support** was confirmed for both areas of learning.

**DNA and Kaitakawaenga:** Asked what is going wrong in the system which has not improved?  
 Noted work is currently being reviewed in the DNA area by Colin Hutchinson ED Provider Services.

Referring to the **Kaupapa Māori Maternal Health Programme** update within the report. Lillian Ward queried how did we decide to engage? Felt it was not connected. Māori workforce targets – should be removed as analysis by PHO shows that Māori will represent 40% Māori workforce.

**Kaupapa Māori Terminology**

- Several MRB members reiterated their earlier advice that ‘by Māori for Māori with Māori’ is true Kaupapa Māori and this terminology is being wrongly used by the DHB. If it truly Kaupapa Māori it echoes from the people in how that looks every step of the way.
- In response it was advised that this is a tricky one as the terminology is used by people working within Universities!!
- JB Heperi Smith advised that anything that is developed that is based on Māori knowledge ie, Māori staff within the DHB are using their knowledge developing programs.
- There is no issue with the use of words like Māori Responsive or Māori Centred.

**RECOMMENDATION**

**The Māori Relationship Board recommend that Management:**

- Take Care when using the term ‘Kaupapa Māori in programme development as it is culturally sensitive and should be used appropriately.

Laurie Te Nahu advised of success via the Alcohol steering group which resulted in the **Port Ahuriri School** (fundraising) submission, seeking a liquor licence being withdrawn for the first time in a number of years. They were unaware of the WAI 2575.

**CLINICAL COUNCIL VERBAL UPDATE**

MRB observer Ana Apatu provided an update from the Clinical Council meeting. The Clinical Governance Group Structure was being put in place. There is focus and various areas currently including risks and mitigation.

## SECTION 2: For DISCUSSION / INFORMATION

### 10. MATARIKI REGIONAL DEVELOPMENT STRATEGY AND SOCIAL INCLUSION UPDATE

Shari Tidswell, Intersectoral Development Manager was in attendance for this paper which had been provided for information only. The 'visions' for the two regional strategies was included in the paper. An update on progress on actions and also those actions led, or contributed to by HBDHB was provided. It was noted that HBDHB are contributing to Matariki actions by partnering with others to provide those on the benefit with new jobs under "work ready" and assisting with addressing specific areas.

In summary:

- Resourcing is being address – advertising to positions
- Developing measures for outcomes has not yet been progressed
- Stocktake is being undertaken throughout/across the DHB – to ascertain who are working with cross sector agencies to ensure this is done effectively and efficiently.
- Sustainable Development role was being looking at. We have been quite critical of the measures put forward to date but it is early days. Looking to have framework measurements and monitoring.
- Ensure Māori are engaged, and that a Māori lens is applied. They have discussed and pushed back.

### 11. AFTER HOURS URGENT CARE UPDATE

Dr David Rodgers (Health HB Medical Advisory; practising GP and member of HB Clinical Council) spoke to his 6 monthly update on the after-hours regime implemented nine months prior. Utilisation of paramedics was not high after hours. There is potential within the model to improve and MRBs preferences were sought.

There was no equity framework within the paper. No data was gleaned to say we have improved at all. ED is spiking beyond expectations. When looking at the clinical composition there is a high respiratory component. Utilisation rates showed the majority were not Māori.

- A number of people during the program have been found to not enrolled or were transient/visitors. Are the unrolled population by their own choice of not?
- After hours presenters do not get the GP appointment if they are not enrolled with a Practice and therefore not funded.
- If funded those contacting the service are funded, unsure they were able to travel to the next day appointment, not sure if they actually attended the appointment, or were able to pay for their visit?

Action:

- a) MRB are concerned about the large number of unenrolled people within HB and want Management to advise what is being done to rectify this?**
- b) Chris Ash and Wayne Woolrich will review what equity looks like in the "access" area.**  
(Contact neighbouring GPs / DHBs as Wairoa residents are understood to be enrolled in Gisborne and Waipawa and Waipukurau residents- in Dannevirke ie, out of region.)

### 12. HE NGAKAU AOTEA UPDATE

There was no further discussion on this topic.

### 13. CLINICAL SERVICES PLAN UPDATE

There was no discussion other than advice that presentation material on the public consultation phase of the CSP has been made available (including all Committee members).

Advised that staff are willing to assist and go out to groups to present. Let us know and this can be arranged.

## GENERAL BUSINESS - ADDITIONAL ITEMS RAISED

### • BOWEL CANCER SCREENING

Following lobbying by a number of DHBs for the MoH to lower the bowel screening age for Māori and Pasifika peoples to 50 years, their review had recently been received. The outcome, the MoH did not support lowering the age of eligibility to below 60 years.

MRB members highlighted the importance of understanding the impact of this policy for our local population and of developing counter measures to address an increased level of inequity.





## MAORI RELATIONSHIP BOARD MEETING MATTERS ARISING (Public)

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
1	12 May 16  11 July 18  12 Sept 18	<p><b>Review form and function of MRB including a Youth Representative:</b> NKII and MRB to review MRBs composition giving consideration to a Youth Representative.</p> <p><b>Consideration for Youth representative on MRB</b> ongoing.</p> <p>An across sector Board (representing Māori interests) has been discussed in the past. The appointment of a Rangatahi to MRB would need to be deferred as there is no vacant position currently. It has been suggested that the preferred person attends MRB as an observer initially.</p>	CEO NKII  CEO NKII	Sept 2017	Item closed.
2	7 Sept 17	<b>Nuka Model Wānanga:</b> Wānanga at a later date to put forward input into the Nuka Model process.	Patrick LeGeyt		Ongoing
3	12 Sept 18	<b>GM Maori Health Report</b>  Ngahiwi Harker to provide stats for Māori and non-Māori on programmes NEtP and NEsP.	Ngaira Harker	Monthly	Close item when in place
4	12 Sept 18	<b>Recommendation to the HBDHB Board</b> around Equity and Cultural Competency measures being developed within expertise and be implemented by CEO with both included as KPI measures.	Admin		Included within MRB report to the Sept HBDHB Board meeting.  Verbal update
5	12 Sept 18	<b>For consideration by Management</b>  Take care when using the term 'Kaupapa Māori' in programme development as it is culturally sensitive and should be used appropriately.	Admin		Provided to EMT following the September meeting.  Discussed at HBDHB Board meeting also.
6	12 Sept 18	<p><b>Primary Care</b></p> <ul style="list-style-type: none"> <li>MRB are concerned about the large number of unenrolled people within HB and want Management to advise what is being done to rectify this?</li> <li>Review what equity looks like in the "access" area</li> </ul> <p>Refer to MRB minutes for further information</p>	Chris Ash and Wayne Woolrich	TBD	

Action #	Date Issue first Entered	Action to be Taken	By Whom	Month	Status
7	12 Sept 18	<b>Changes to the Interest Register:</b> Fiona Cram and Kerri Nuku will advise by email directly to Brenda	Fiona and Kerri		Updated Fiona's interests.  No update as yet from Kerri.

Maori Relationship Board 10 October 2018 - Workplan

MRB Workplan as at 3 October 2018 (subject to change)	EMT Member	Lead/Author	MRB Meeting Date	Clinical Council Meeting Date	Consumer Council Meeting Date	F R A C Meeting date	BOARD Meeting date
National Bowel Screening Programme, Indicative Equity Outcomes in Māori and Pasifika (VERBAL )	Chris Ash		10-Oct-18		11-Oct-18		
Te Ara Whakawaiaora - Cardiovascular (National Indicator)	John Gommans	Kat / Paula	10-Oct-18	10-Oct-18	11-Oct-18		31-Oct-18
Alcohol Harm Reduction Strategy (6 monthly update) Nov-May-Nov-May	Andy Phillips	Rachel Eyre	14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
Clinical Services Plan in final form (Summary)	Ken Foote		14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
HBDHB Performance Framework Exceptions Q1 Nov 18 Feb 19 /May/Aug 19 (jit)	EMT Lead TBC	Peter McKenzie	14-Nov-18				28-Nov-18
Health Equity Report	Andy Phillips	Nic Jones / Robyn R	14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
National Bowel Screening Programme, Indicative Equity Outcomes in Māori and Pasifika	Chris Ash	Lynda Mockett / Guy Vautier	14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
Te Ara Whakawaiaora REVIEW timing to be confirmed	Patrick LeGeyt	Justin Nguma	14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-May	Chris Ash	Mark P/ Jii Garrett / Patrick	14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
Te Ara Whakawaiaora "Smokefree update" (6 monthly May-Nov) each year Board action Nov 17	Andy Phillips	Johanna Wilson / Shari T	14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
Violence Intervention Programme Presentation Committees reviewed in July - once progress made, come back	Colin Hutchison	Russell / Cheryl Newman	14-Nov-18	14-Nov-18	15-Nov-18		28-Nov-18
Maternal Wellbeing Programme Update (Board update action 25/7)	Patrick LeGeyt	Charissa Keenan	5-Dec-18	5-Dec-18	6-Dec-18		19-Dec-18
Mobility action plan implementation - progress update on the phases	Andy Phillips		5-Dec-18	5-Dec-18	6-Dec-18		19-Dec-18
People Plan (6 monthly - Dec, Jun)	Kate Coley		5-Dec-18	5-Dec-18	6-Dec-18		19-Dec-18
Te Ara Whakawaiaora - Improving First Specialist Appointment Access (previously did not attend)	Colin Hutchison	Jacqui Mabin	5-Dec-18	5-Dec-18	6-Dec-18		19-Dec-18
Te Ara Whakawaiaora - Alcohol and other Drugs (National and Local Indicators)	Andy Phillips	Rachel Eyre +	5-Dec-18	5-Dec-18	6-Dec-18		19-Dec-18
HBDHB Performance Framework Exceptions Q2 Nov 18 Feb 19 /May/Aug 19 (jit)	EMT Lead TBC	Peter McKenzie	13-Feb-19				27-Feb-19
Ngatahi Vulnerable Children's Workforce Development - annual progress Feb 19	Colin Hutchison	Russell / Bernice Gabriel	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Te Ara Whakawaiaora - Access Rates 0-4 / 45-65 yrs (local indicator) QUARTERLY Aug-Nov-Feb-May	Chris Ash	Mark P/ Jii Garrett / Patrick	13-Feb-19	13-Feb-19	14-Feb-19		27-Feb-19
Matariki Regional Development Strategy and Social Inclusion Strategy update (6 mthly) Sept-Mar	Andy Phillips	Shari Tidswell	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
Te Ara Whakawaiaora - Breastfeeding (National Indicator)	Chris McKenna	Jules Arthur / Shari	13-Mar-19	13-Mar-19	14-Mar-19		27-Mar-19
After Hours Urgent Care Service Update 6mthly (Sept-Mar-Sept)	Wayne Woolrich		13-Mar-19	13-Mar-19	13-Mar-19		27-Mar-19








## **MĀORI RELATIONSHIP BOARD CHAIR'S REPORT**

Verbal Update



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>General Manager Māori Health Report</b></p>
	<p>For the attention of: <b>Māori Relationship Board (MRB)</b></p>
<p>Document Owner:</p>	<p>Patrick LeGeyt, Acting General Manager Māori Health</p>
<p>Month:</p>	<p>September 2018</p>
<p>Consideration:</p>	<p>For Information</p>

#### RECOMMENDATION

That the Māori Relationship Board

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

#### PURPOSE

The purpose of the GM Māori Health Services report is to update the MRB on progress of projects and developments within Māori Health Services and HBDHB for the month of August 2018.

#### INTRODUCTION

##### Clinical Services Plan

The Clinical Services Plan has been released for consultation. The GM Māori Health will hold a workshop in October 2018 with senior managers and clinicians from the Māori Providers to gain their feedback and input into the CSP.

##### NZ Nuka Conference – 23-24 October 2018, Napier

HBDHB and Ngāti Kahungunu Iwi Inc will be hosting the inaugural NZ Nuka System of Care Conference in Napier from 23-24 October 2018. Six governance and senior executives from South Central Foundation will be presenting at the conference. The conference content has been shaped around the key Nuka components deemed transferrable to the Hawkes Bay context as well as key plenary presentations from Katherine Gottlieb on the Nuka System of Care and Wellness Warriors. Conference capacity has been limited to 350 spaces with 250 available to local HB stakeholders and community. The programme will include a cultural programme, conference dinner, networking opportunities and a leadership forum with SCF on Thursday 25 October 2018. The conference website is: [www.nuka-aotearoa.nz](http://www.nuka-aotearoa.nz)

##### Kaupapa Māori Maternal Health Programme Update

The project team note recent MRB discussion about references to Kaupapa Māori. The project team welcome the opportunity to present further explanation about the positioning of the kaupapa, and to share with the MRB whakaaro from māmā about what they think is a Kaupapa Māori Maternal Health Programme. A summary of the findings, and feedback from the Steering Group on the direction of the kaupapa will be presented in the October report.

### **New Oranga Niho initiative**

Māori Health, with support from the HBDHB oral health team are working on an initiative with the Ministry of Health and the New Zealand Defence Force (NZDF) to deliver oral health care to whanau. Māori Health is planning to host the New Zealand Defence Force as part of their dental training exercise in March 2019. The initiative usually involves providing free dental care in a high need community for two weeks.

Te Roopu Mātua, HBDHB's Māori oral health advisory group, will participate in decisions to develop and deliver this initiative including: location, partnerships, community engagement, health promotion etc. It is our vision to use this initiative to lift the profile of oranga waha in the Māori community, and to improve access to oranga waha services.

### **Te Taiwhenua o Heretaunga and Otago University - Science Wānanga Kahuranaki Marae Te Hauke 2018**



HBDHB in partnership with Te Taiwhenua o Heretaunga and Otago University held a Science Wānanga on 19 – 21<sup>st</sup> September 2018 for Māori secondary students within the rohe of HBDHB. Students met Otago University Science lecturers who supported an interactive noho to engage with Science and encourage our rangatahi and whānau to continue with science at school.

#### **NETP (nurse entry to practice):**

New intake commenced September 2018 with 5 new graduates identifying as Māori– All NETP students informed of cultural support and new approach to increase connection and support between clinical and cultural development. Initial meeting with Sally Houliston NETP and Nurse Directors to inform of new approach, which included DHB cultural competency advisor (JB Heperi-Smith).

The funding for NETP cultural support is now held by Nurse Director Māori Health with new NETP approach to be applied to new Sept and Jan intake.

#### **Nursing Model Wairoa**

The Nursing Director Māori Health was invited by the Primary Health Directorate to discuss more contemporary nursing models that will enhance delivery within the Wairoa rohe. A literature review suggests more generalist training to support diversity of need within whanau in Wairoa. The development of a consultation plan was discussed to support and review Wairoa nursing perspective and changes they view as necessary.

#### **Venous Ulcer support Wairoa**

The Nursing Director Māori Health has been advising the Primary Health Directorate on the venous ulcer project and reviewing options and approach to best support this project. Nurse Practitioner and wound care specialist have identified a need to provide clients with compression stockings to reduce risk of developing venous ulcers. A presentation to support consultation and cultural integration within the project is being developed.

### EIT Nursing Advisory

The Nursing Director Māori Health has informed EIT of importance of establishing strong cultural development to support utilizing within career. Continue to establish stronger links with Māori nursing students within EIT including key speaking dates to support engagement.

### Nga Manukura o Apopo - (Ministry of Health Māori leadership programme)

The Nursing Director Māori Health attended a workshop to co-design an intensive national nursing leadership programme – potential to pilot to group of senior Māori nurses within Hawkes Bay.

### Māori Nursing

Date	Maori	Total	%Maori	National % Māori	%Maori Target	Gap
June	210	1622	12.9 %	7%	15.68	45
July	208	1625	12.8	7%	16.02	52

### FSA DNA Reduction Support.

The Monthly FSA DNA (ESPI Specialities) rate was **13.4%**.

The following is a breakdown of DNA support provided for the month:

Pre-emptive Calls – **181**  
 Confirmed Appointments – **97**  
 Re-scheduled Appointments – **13**  
 Home Visits – **39**  
 Messages Left – **38**  
 Not Contacted – **28**

### Safe Sleep Programme.

The following is a breakdown of what supports the acting Safe Sleep Programme Coordinator provided for mums:

Wahakura Issued – 17  
 Pēpi-pods Issued – 6  
 Training Sessions – 2





## **HB CLINICAL COUNCIL**

Verbal Update








**NATIONAL BOWEL SCREENING PROGRAMME, INDICATIVE  
EQUITY OUTCOMES IN MĀORI & PASIFIKA HEALTH**

11

Verbal



 <p><b>HAWKE'S BAY</b> District Health Board Whakawāteatia</p>	<p><b>Te Ara Whakawaiora – Cardiovascular Report</b></p>
	<p>For the attention of: <b>Māori Relationship Board, HB Clinical Council HB Health Consumer Council and the HBDHB Board</b></p>
<b>Document Owner</b>	John Gommans, CMDO - Hospital
<b>Document Author(s)</b>	Paula Jones, Service Director
<b>Reviewed by</b>	Executive Management Team
<b>Month/Year</b>	September 2018
<b>Purpose</b>	For Information
<b>Previous Consideration Discussions</b>	Regular report to EMT, MRB, Clinical Council and Consumer Council for their information.
<b>Summary</b>	There has been a challenge within the central region in meeting the access to angiography indicator for our total population and for Maori due to CCDHB's limited ability to meet regional demand. It is doubtful that Hawke's Bay will meet these indicators without development of a local interventional cardiology service.
<b>Contribution to Goals and Strategic Implications</b>	Improving Health and Equity for all populations.
<b>Impact on Reducing Inequities/Disparities</b>	Improving Health and Equity for all populations.
<b>Consumer Engagement</b>	Not applicable.
<b>Other Consultation /Involvement</b>	Not applicable.
<b>Financial/Budget Impact</b>	Within operational budget.
<b>Timing Issues</b>	Not applicable.
<b>Announcements/ Communications</b>	Not applicable
<p><b>RECOMMENDATION</b>  <b>That MRB, Clinical and Consumer Councils:</b>                  Note the contents of this report</p>	



**Te Ara Whakawaiaora: Report from the Target Champion for Cardiovascular Disease**

<b>Author:</b>	<b>Paula Jones</b>
<b>Designation:</b>	<b>Service Director</b>
<b>Date:</b>	<b>September 2018</b>

**OVERVIEW**

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

<b>Priority</b>	<b>Indicator</b>	<b>Measure</b>	<b>Champion</b>	<b>Reporting Month</b>
<b>Cardiovascular</b>	<ul style="list-style-type: none"> <li>Total number (%) of all ACS patients where door to cath time is between -2 to 3 days of admission.</li> <li>Total number (%) with complete data on ACS forms</li> </ul>	70% of high risk  >95% of ACS patients	John Gommans	September 2018

There has been a challenge within the central region in meeting the access to angiography indicator due to CCDHB's limited ability to meet regional demand. It is doubtful that Hawke's Bay will meet these indicators without development of a local interventional cardiology service.

**WHY IS THIS INDICATOR IMPORTANT?**

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

**RECOMMENDATION:**

**That EMT, the MRB, Clinical and Consumer Councils:**

Note the contents of this report

**FIGURE 1**

% of all patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI and Cath/PCI registry data collection within 30 days (data up to Quarter 4 2017/18).

Central Region DHB

Quarterly ANZACS-QI KPI Detailed Report

Registry Completion Quarterly Report - Jul 2018

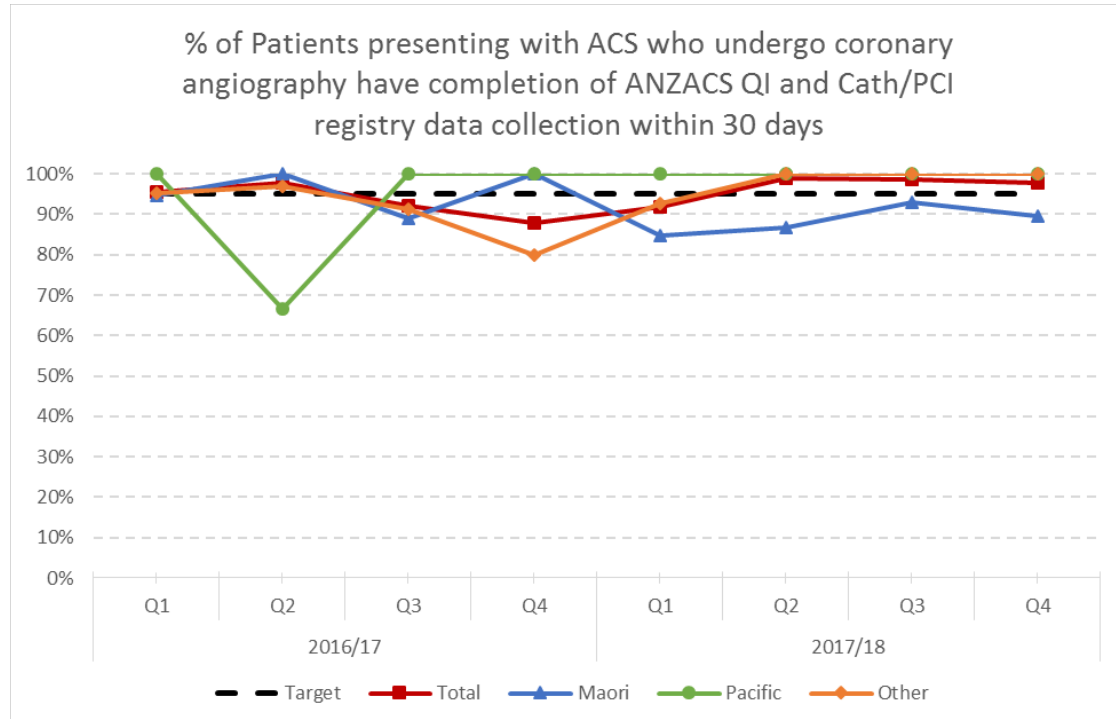
Central Region DHBs

Period *	Central Region DHB Performance										National Performance	
	Capital And Coast	Hawkes Bay	Hutt Valley	Mid Central	Nelson Marlborough	Wairarapa	Whanganui	Northern	Midland	Southern		
2016/2017 Q3 (Dec 2016 - Feb 2017)	110/111 (99.1%)	83/90 (92.2%)	52/52 (100.0%)	85/86 (98.8%)	51/61 (83.6%)	31/32 (96.9%)	28/28 (100.0%)	712/724 (98.3%)	459/479 (95.8%)	440/460 (95.7%)	472/474 (99.6%)	2083/2137 (97.5%)
2016/2017 Q4 (Mar 2017 - May 2017)	114/115 (99.1%)	73/83 (88.0%)	61/62 (98.4%)	81/81 (100.0%)	62/68 (91.2%)	21/21 (100.0%)	23/24 (95.8%)	742/753 (98.5%)	511/512 (99.8%)	435/454 (95.8%)	502/508 (98.8%)	2190/2227 (98.3%)
2017/2018 Q1 (Jun 2017 - Aug 2017)	98/99 (99.0%)	80/87 (92.0%)	62/62 (100.0%)	72/72 (100.0%)	52/55 (94.5%)	33/33 (100.0%)	31/31 (100.0%)	806/809 (99.6%)	488/506 (96.4%)	428/439 (97.5%)	488/491 (99.4%)	2210/2245 (98.4%)
2017/2018 Q2 (Sep 2017 - Nov 2017)	104/104 (100.0%)	81/82 (98.8%)	63/63 (100.0%)	88/89 (98.9%)	54/60 (90.0%)	28/28 (100.0%)	34/34 (100.0%)	809/815 (99.3%)	470/500 (94.0%)	452/460 (98.3%)	489/495 (98.8%)	2220/2270 (97.8%)
2017/2018 Q3 (Dec 2017 - Feb 2018)	93/95 (97.9%)	68/69 (98.6%)	56/56 (100.0%)	61/63 (96.8%)	57/62 (91.9%)	23/23 (100.0%)	26/26 (100.0%)	759/762 (99.6%)	344/469 (73.3%)	384/394 (97.5%)	482/488 (98.8%)	1969/2113 (93.2%)
2017/2018 Q4 (Mar 2018 - May 2018)	86/88 (97.7%)	85/87 (97.7%)	68/68 (100.0%)	66/66 (100.0%)	79/84 (94.0%)	22/22 (100.0%)	37/38 (97.4%)	801/823 (97.3%)	261/523 (49.9%)	443/453 (97.8%)	432/493 (87.6%)	1937/2292 (84.5%)

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

12

Hawke's Bay DHB



Continued next page

**FIGURE 1 - CONTINUED**

Hawke's Bay DHB

		Target	Total	Maori	Pacific	Other
2014/15	Q1	95%	0%	0%	0%	0%
	Q2	95%	28%	13%		0%
	Q3	95%	61%	7%		0%
	Q4	95%	83%	91%	100%	81%
2015/16	Q1	95%	85%	92%	50%	85%
	Q2	95%	84%	71%		89%
	Q3	95%	100%	100%	100%	100%
	Q4	95%	99%	100%		96%
2016/17	Q1	95%	95%	95%	100%	95%
	Q2	95%	98%	100%	67%	97%
	Q3	95%	92%	89%	100%	91%
	Q4	95%	88%	100%	100%	80%
2017/18	Q1	95%	92.0%	84.6%	100.0%	92.8%
	Q2	95%	98.8%	86.7%	100.0%	100.0%
	Q3	95%	98.5%	92.9%	100.0%	100.0%
	Q4	95%	97.7%	89.5%	100.0%	100.0%

FIGURE 1 COMMENT

We have met the 95% target for the total population for five out of the last eight quarters including three of the last four quarters. The target for Maori patients has been met for three of the last eight quarters. It should be noted that there are larger variations in percentage ratings for Maori patients due to lower volumes of patients eg if we were compliant with one more patient in the last quarter or in quarter 3 2016/17 this would improve the result by 5-7% and we would have met the 95% target. The achievement of this indicator is based on local resource capacity and is **not** ethnicity related. Factors contributing to the variation include data being finalised on the ANZACS data registry, patients that remain as inpatients spanning more than one quarter or delays in inputting data to the registry due to lag in receiving discharge summaries from other DHBs

The recommendations of the external review of HBDHB Cardiology services carried out in December 2017 highlighted that completion of ANZACS QI registry is currently a non-dedicated FTE activity, which is at the discretion of workload within the service and suggested that resources for this important data capture for all patients are addressed in the medium to long term development of the service as this is an important national benchmark measuring compliance.

**FIGURE 2**

% of all patients with high risk ACS Who Receive an Angiogram within 3 days of Admission (data up to Quarter 4 2017/18).

Central Region DHB

Quarterly ANZSCO-QI KPI Detailed Report

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

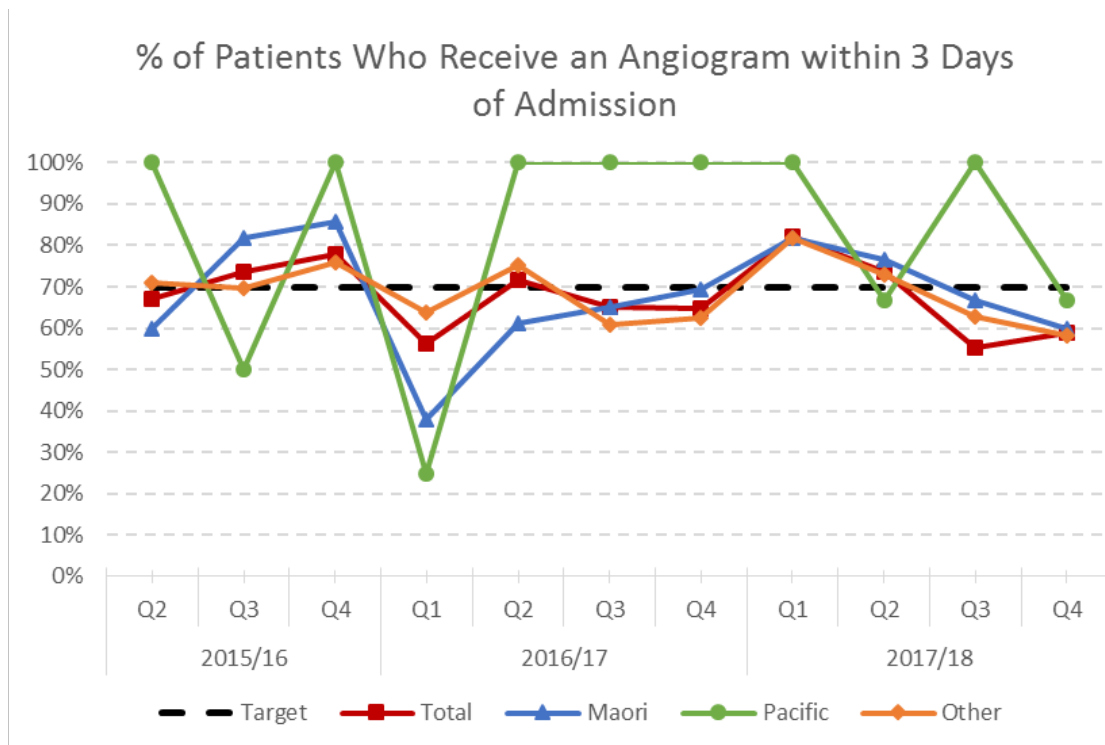
Central Region DHBs

Period	Central Region DHB Performance							Regional Performance				National Performance
	Capital And Coast	Hawkes Bay	Hutt Valley	Mid Central	Nelson Marlborough	Waikarapa	Whanganui	Northern	Midland	Central	Southern	
2016/2017 Q3 (Jan 2017 - Mar 2017)	96/102 (94.1%)	50/77 (64.9%)	35/56 (62.5%)	56/76 (73.7%)	57/64 (89.1%)	18/25 (72.0%)	17/24 (70.8%)	558/716 (77.9%)	365/486 (75.1%)	329/424 (77.6%)	460/526 (87.5%)	1712/2152 (79.6%)
2016/2017 Q4 (Apr 2017 - Jun 2017)	101/113 (89.4%)	55/85 (64.7%)	48/70 (68.6%)	70/87 (80.5%)	65/65 (100.0%)	13/22 (59.1%)	20/28 (71.4%)	563/785 (71.7%)	387/517 (74.9%)	372/470 (79.1%)	414/471 (87.9%)	1736/2243 (77.4%)
2017/2018 Q1 (Jul 2017 - Sep 2017)	100/103 (97.1%)	69/84 (82.1%)	45/60 (75.0%)	58/71 (81.7%)	52/55 (94.5%)	27/34 (79.4%)	23/33 (69.7%)	604/807 (74.8%)	386/512 (75.4%)	374/440 (85.0%)	437/491 (89.0%)	1801/2250 (80.0%)
2017/2018 Q2 (Oct 2017 - Dec 2017)	97/101 (96.0%)	61/83 (73.5%)	50/58 (86.2%)	59/88 (67.0%)	55/60 (91.7%)	20/29 (69.0%)	25/29 (86.2%)	593/781 (75.9%)	385/482 (79.9%)	367/448 (81.9%)	417/485 (86.0%)	1762/2196 (80.2%)
2017/2018 Q3 (Jan 2018 - Mar 2018)	80/85 (94.1%)	37/67 (55.2%)	47/58 (81.0%)	46/63 (73.0%)	67/69 (97.1%)	14/25 (56.0%)	14/33 (42.4%)	602/775 (77.7%)	348/495 (70.3%)	305/400 (76.3%)	439/516 (85.1%)	1694/2186 (77.5%)
2017/2018 Q4 (Apr 2018 - Jun 2018)	90/99 (90.9%)	53/90 (58.9%)	53/67 (79.1%)	48/70 (68.6%)	73/75 (97.3%)	12/18 (66.7%)	16/29 (55.2%)	656/832 (78.8%)	353/470 (75.1%)	345/448 (77.0%)	376/449 (83.7%)	1730/2199 (78.7%)

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

12

Hawke's Bay DHB



Continued next page

**FIGURE 2 - CONTINUED**

Hawke's Bay DHB

		Target	Total	Maori	Pacific	Other
2014/15	Q1	70%	76%	91%	50%	75%
	Q2	70%	49%	33%		52%
	Q3	70%	62%	67%	50%	62%
	Q4	70%	63%	58%	50%	65%
2015/16	Q1	70%	51%	38%	50%	53%
	Q2	70%	67%	60%	100%	71%
	Q3	70%	74%	82%	50%	70%
	Q4	70%	78%	86%	100%	76%
2016/17	Q1	70%	56%	38%	25%	64%
	Q2	70%	72%	61%	100%	75%
	Q3	70%	65%	65%	100%	61%
	Q4	70%	64.7%	69%	100%	63%
2017/18	Q1	70%	82.1%	81.8%	100.0%	81.9%
	Q2	70%	73.5%	76.5%	66.7%	73.0%
	Q3	70%	55.2%	66.7%	100.0%	63.0%
	Q4	70%	58.9%	60.0%	66.7%	58.1%

**FIGURE 2 comment**

We have met the 70% target for three of the last eight quarters for the total population and two of the last eight for Maori. Target for Maori patients is consistent with the total performance of the quarters overall. Ethnicity is not a barrier to access to angiography once the patient has presented to secondary care. Poor performance by the HBDHB against indicators is attributed to

- a) The timing of the two angiogram lists per week
- b) Lack of capacity within the radiology department to extend the number of sessions offered to cardiology (although we have the ability to negotiate ad hoc short lists on a Friday if cardiologist availability and staffing allows)
- c) Need to transfer the majority of patients to Wellington for angiography and CCDHB capacity to receive HBDHB patients within the timeframe
- d) Regional ability to respond to peaks in demand
- e) Completion of data at the time of reporting (the recommendations of the external review of HBDHB Cardiology services carried out in December 2017 highlighted that completion of ANZACs QI registry is currently a non-dedicated FTE activity, which is at the discretion of workload within the service).

The 2017 review primary recommendations include resources for the cardiology service, including angiography/PCI/Pacing addressed in the medium to long term within the service provision plan.



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

DATA ENTRY: HBDHB met some indicators in quarter three and four of 2017/18. This was achieved by close monitoring by the directorate leadership team in conjunction with the cardiology service. In late 2017 an external review of HBDHB cardiology services was undertaken. A subsequent strategy is being developed to implement the recommendations from this review, and will align with the cardiology service business case development.

Strategies to improve compliance to the registry data entry indicators include:

- Nursing staff, checking all incomplete forms and finalising or updating as required
- All multiple Episodes of Care (EoC) checked and corrections made as required
- Retraining on database process for staff using the system
- Month and quarter reports discussed with cardiology staff using database
- Patients transferred out from HBDHB before ACS EoC completed are followed up for database completion by CCDHB

DOOR TO CATHETER: Maintaining compliance with the door to catheter within three days indicator is challenging as there is limited access to local angiography and many of these interventions are delivered by CCDHB, which is struggling to meet demand from the region. Strategies to improve compliance include:

- Increased access to angiography suite wherever possible (resource and staffing dependant)
- Extension of the Thursday angiogram list (when possible) to capture late in the week admissions
- Ongoing partnership with flight team to 'piggyback' onto other services when possible
- Communication between CCDHB and HBDHB to support timely transfers of patients
  - Improved visibility on the Cardiac Acute Transfer Schedule (whiteboard)
  - Activation of regional response plan for 'blowout' wait lists

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

Strategies continue to ensure sustained compliance for these indicators:

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

## RECOMMENDATIONS FROM TARGET CHAMPION

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

## **CONCLUSION**

There has been a challenge within the central region in meeting the access to angiography indicator for our total population and for Maori due to CCDHB's limited ability to meet regional demand. It is doubtful that Hawke's Bay will meet these indicators without development of a local interventional cardiology service.



## **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:

- 14. Minutes of Previous Meeting**
- 15. Matters Arising – Review Actions**
- 16. He Ngākau Aotea**
- 17. Nuka Conference**

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).

