

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 27 FEBRUARY 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Kirsten Wise
Helen Francis (from 1.10pm)

Apology:

In Attendance: Kevin Snee (Chief Executive)
Andrew Lesperance (General Manager Planning and Performance)
Warrick Frater (Chief Operating Officer)
Tim Evans (Chief Financial Officer)
Members of the Executive Management Team
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

There was one amendment noted to the Conflicts of Interest Register.

Member David Davidson advised his contract with Cranford had concluded and asked that reference be removed from the Register. **Action**

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 19 December 2012, were confirmed as a true and correct record of the meeting.

Moved: Barbara Arnott
Seconded: Dan Druzianic
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

Item 1: Conflicts of Interest was an agenda item at the meeting and would be removed from the actions

Item 2: Personal care versus nursing home cost differentials, a report would be provided to the March Board Meeting

Item 3: A report on Safe Sleep would be provided to the Board in March.

Item 4: Reports to be emailed to board members early, noted and the action removed.

CONFIRMATION OF MINUTES OF EMAIL RESOLUTION

Consent to Issue of Class B Shares in HBL

On 27 December 2012, a Board Report entitled “Consent to Issue of Class B Shares in Health Benefits Limited” was distributed to board members by email as there was insufficient time to call a meeting. By 8 January 2013, unanimous support had been received and the recommendation/resolution was deemed to be carried. The Chief Executive duly signed the consent form by due date.

“The Board:

- Consents to becoming the holder of 2,504,000 Class B Shares to be issued to it by Health Benefits Limited

Once consent is obtained, that the Board:

- Delegates authority to the Chief Executive (or in his absence the Company Secretary) to sign the relevant consent form on the Board’s behalf.”

Carried

BOARD WORK PLAN

The Board Work Plan for March 2013 was noted with the Central Hawke’s Bay Service Model, Urgent Acute Unplanned Care and also the Regional Services Plan being provided to the next meeting.

The Board had agreed to workshop on a strategic issue at future meetings. It had been envisaged this would commence in April, however in the interim the topic would be discussed amongst board members, together with the procedural aspects. **Action Chair**

ACCOUNTABILITY PLANNING TIMELINE

Timelines provided by Planning & Performance were progressing well and noted.

CHAIR’S REPORT

Retirements

The Chair advised the meeting of those retiring or about to retire. Letters would be sent to all, conveying the board’s wishes and thanks for the years of extended service.

Name	Job Title	Service
Ian Bunney	Orderly	Facilities & Operational Support (38 years)
Albert Dyer	Pharmacy Asst	Integrated Care Services (10 Years)
Sigi Ziegler	Interpreting Services Co-ordinator	Facilities & Operational Support (15 years)
Kaye Palmer	Registered Nurse	Acute & Medical (34 years)

The Chair provided a verbal update of communications received as summarised below:

- The Letter of Expectation for DHBs and subsidiary entities for 2013/14 year had been received just prior to Christmas, with the government continuing to expect better, sooner, more convenient healthcare for patients and communities within constrained funding increases.

It had been noted that good progress on patient access targets had been made, however more effort was needed on preventative targets.

The minister noted the need for care close to home as vital for better management of long term conditions, mental health, an ageing population and patients in general.

For health of older people, the need for integrated services that support continued safe, independent living at home.

Regional collaboration was integral as was implementing Regional Service Plans and DHBs living within agreed financial plans.

- A copy of the National Health Targets for Quarter 2 had been received and the Minister had congratulated Hawke's Bay on our position in the table.
- A letter had been received from the Minister relating to the B Class Share resolution with him advising he had consented to the issuing of shares and for the DHBs to hold such shares (reflected by funding put into the project).
- A "submission" had been received from NZ Nursing Organisation regarding the Business Case for parking charges at HB Hospital.
- Mr Brian Roche, Chairman of the First World War Centenary Panel was encouraging the HBDHB to consider how we could commemorate New Zealand's involvement in the 1st World War in 2018. The Chair saw this as an opportunity to dig into our past to discover stories about how the war touched Hawke's Bay, the hospital and its people and suggested a workplan be developed on how we could participate in the commemoration.
Action Executive Team
- The Audit New Zealand Report for year ended 30 June 2012 would be issued to FRAC members. **Actioned**

CHIEF EXECUTIVE OFFICER'S REPORT

The CEO welcomed Liz Stockley to the meeting who was recently appointed as Chief Executive of Health Hawke's Bay. He congratulated Liz on her appointment and looked forward to working with her.

The Chief Executive's Report to 18 February 2013 was received and noted with the following points summarised:

Some difficulties with performance, however there were expectations that throughput in the Emergency Department (ED) would improve. A team were looking at performance aspects to ensure patients with primary care conditions were seen by the right people and not congesting ED. These, as well as waiting times for surgery were expected to improve over the coming months.

Health Hawke's Bay (PHO) were working hard with various campaigns, including heart and diabetes checks. An improvement had already been seen in people scanned.

The financial position had seen an improvement for the month of January, with intense focus on achieving an end of year surplus.

Primary Care initiatives - Better Sooner More Convenient:

- The CEO had been appointed as the national lead for Pharmacy Services which included managing a complex national contract with nearly 1000 providers.
- Pharmacy Services appear to be working well locally, with Hawke's Bay recognised as one of the better performers nationally.
- HBDHB now have a number of General Practice Relationship Managers to provide a single point of contact for a primary care provider; to support the development of integrated service programmes and ensure good communication between HBDHB and the GP practices and care providers.

This initiative, the first nationally, was more about solving nuisances the DHB create and how we can change DHB workforce culture to be more responsive to the needs of primary care.

Four senior managers were also aligned also, to provide greater resource to manage the interface to ensure we work firmly in tandem with Health Hawke's Bay.

The Relationship Managers held regular meetings to ensure consistency. Concern was expressed that there appeared to be another layer of management. In response, this was more about putting resources into a neglected area of need. This was not a bureaucratic move but purely aimed to streamline processes and costs. Presently there were monthly interactions with GPs. GPs often had limited understanding and the interaction was focused on communication and problem solving.

- In summary some key problems areas receiving attention were waiting times for surgery and waiting times for acute admission to hospital (ie the 6 hour target). Financial control also remains a high priority.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED JANUARY 2013

The Chief Financial Officer presented his report for the seventh month of the financial year 2012/13, revealing an adverse variance to the end of January of \$799k. The report was taken as read.

The main negative areas were: IDF Outflows and Medical staffing and locums.

- The drop in home help hours was noted and assumed to be the result of work done in this area. Feedback received from those receiving home help was they were happy with the questions and it was pleasing to note that no complaints had been received.
- Inter District Flows (IDFs) was discussed with the three components which make up the costs. This is all relative to facility service and expertise and requires a multifaceted approach. In reality IDFs is work going off to a specialty where the skills, rather than the capacity is not available in HB (to the level required). Another aspect of IDFs is the costs incurred by our DHB from Hawke's Bay residents visiting other regions that require care, for which we have no control.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 13 February 2013

Drs John Gommans / Chris McKenna were in attendance.

The Board were advised, with Dr Peter Foley on extended leave for the next few months, Dr Mark Peterson had been appointed Acting Chief Medical Officer Primary Care; and Chris McKenna (Director of Nursing) would be acting co-chair of Council.

The following summarised the outcomes and discussions at the Council Meeting:

- Council fully endorsed the concepts proposed to Improve Maternity Services in Hawke's Bay.
- The introduction of Care Pathways to help integrate what we do in primary and secondary care was thought to be an easy decision initially. However our region was tending to go in different directions. This topic would be further discussed at the next Council Meeting in March and a way forward developed.
- Other topics discussed included the Regional Health Plan 2013/16; Priorities for Annual Plan 2013/14; National Health Quality and Safety Indicators; Patient Safety campaign
- Quality Indicators for quarter two, highlighted triage compliance rates. There was a project on acute unplanned care which ED was one part of which would address this.
- HB Laboratory Committee (a sub-committee of Council) reported they had refined a labelling process/pathway which would assist understanding and curb errors.

DECISION

Improving Maternity Services in Hawke's Bay – Maternity Consultation Recommendations

Warrick Frater (COO), Emma Foster, Dr Phil Moore, Rika Hentschel and Lisa Jones were in attendance for this paper which had been endorsed by Clinical Council several weeks prior.

This had been to the Board previously with the purpose on this occasion to update where the process was at and seek approval to prepare a business case.

The Board understood there had been low attendance at consultation meetings held across the region and asked if this was of concern. Dr Moore advised it was more likely the result of acceptance that rationalisation was required. Those who had attended the consultation

meetings were very appreciative with good feedback received. Wairoa in particular appreciated the opportunity according to board member Denise Eaglesome.

The loss of beds in Napier was of concern to some, however they generally accepted it was more about the 'model of care' provided, rather than location.

The Terms of Reference was being developed and the group in attendance were asked to establish timelines, with specific emphasis to have a Business Case available within the Board's current term. **Action**

In summary, the consultation process had endorsed the preferred option, although not as many people participated as first thought, it appeared the community were generally happy. The resolution was duly carried.

RESOLUTION

That the Board:

1. Note the summarised feedback from the public consultation, "Improving Maternity Services in Hawke's Bay – A summary of submissions" (December 2012).
2. Endorse that management publish the document "Improving Maternity Services in Hawke's Bay – A summary of submissions" (December 2012) onto the HBDHB website and advise those submitters that requested follow-up of this publication.
3. Recommend that the raw public feedback is reviewed throughout the implementation phase of all recommendations, to ensure that there is ongoing recognition from the public consultation into the model of care, where appropriate.
4. Recommend that a full Business Case is developed, that includes:
 - a) The development of a Parenting and Maternity Support Centre, in conjunction with the public, in Central Hawke's Bay, and clear integration with the IFHS network.
 - b) A purpose built Primary Birthing Facility "Hub" is co-located to current maternity services on the Hawke's Bay Regional Hospital site.
 - c) The development of a Parenting and Maternity Support Centre is developed, in conjunction with the community and key stakeholders in Napier, preferably separate from Napier Health Centre.
 - d) Enhanced Wairoa hospital maternity care and clear integration with the IFHC and IFHS network.
5. Endorse management to lead a process of reviewing pregnancy and parenting education in its totality, across the HBDHB district.

Moved: Denise Eaglesome

Seconded: David Davidson

Carried

Paid Parking Implementation – Business Case

Warrick Frater (COO), Tony McKee (Facilities Manager), Andrea Beattie (Property and Contracts Service Manager) and Peter Kennedy (Finance) were in attendance for this item.

The COO outlined the parking difficulties, the need for more car parks, and ongoing costs with the current system which were funded from existing resources.

The proposal before the Board was to install an organised parking system including a levied charge for the parking solution provision and sought approval to take this to the next stage.

- It was considered feasible by those presenting, to implement a paid parking system.
- Paid parking was not a new concept for the health sector, as operations were already in place in other DHB's including: Auckland DHB's, Waitemata, Counties-Manukau, Waikato

Hospital, Hutt Hospital, Wellington Hospital, Palmerston North Hospital and Canterbury DHB.

- The preliminary Business Case to implement paid parking had been considered by the Board in October 2012.
- Wilson Parking (WGNZ) had been identified as the preferred external provider, and offered the equipment on a lease back arrangement, with 'on the ground management' backed by their wealth of experience in this type of work.

It was pointed out that Section 7 addressed prior queries from the Board.

Summarised comments from board members and presenters follow:

- Discussion around the majority of those paying parking fees being staff (ie., 70% utilised by staff and 30% by patients) and the difficulties that posed.
- If the process was implemented, there was a blanket parking rate proposed, which was not based on earnings. This concerned some board members.
- If the plan was implemented, there was no guarantee it would alleviate congestion at the end of the day shift change at the Hospital.
- Concern around using health dollars to improve car parking which was an allocation of scarce resource.
- Consideration around not being able to park where they work had safety implications.
- For every DHB who had implemented a paid parking system there had been a drop off in the first year, predominately due to staff not wanting to pay. From patients and visitors perspective there had been no drop off.
- A board member advised a lot of services provided on the HBDHB site could be provided in another location, alleviating the existing parking problem and asked whether that had been looked at.
- There was a need for a wider transportation strategy (50 years plus), not just a car parking policy. More work was required and it was too early to introduce paid parking.
- It was suggest that management approach the HB Regional Council to seal additional carparks **Action CEO**
- Hawke's Bay DHB needed to find in excess of \$10m of efficiencies each year, to ensure health related projects were carried out. Staff engagement and retaining good staff was crucial.
- The Deputy Chair did not support the case advising those who come with compassion already pay taxes for services and the community were already over policed. The likelihood of being punished for not paying fees was an issue also, as Wilsons' were known to be unforgiving in this area.

Following extensive discussion, the Board did not approve the implementation of paid parking on the HB Hospital campus, HBDHB corporate office carpark or the Napier Health Centre site.

The Chair felt the decision was the right one. Goodwill was necessary, staff morale was crucial especially in the tight financial environment we work within. He fully supported management to ensure further development of a Transport Strategy and look at all other options.**Action.** The team were thanked for their preparation and presentation.

Establishment of HBDHB Consumer Council

Ken Foote (Company Secretary) provided the background on a number of factors that had combined necessitating a need to review how we engage with consumers at an organisational level within HBDHB. These factors included: the existing consumer group committee's effectiveness; international research; Consumer and Provider Partnerships for Improved Health Quality and Safety; a recent HBDHB Whole of Board performance appraisal; the effectiveness of the HBDHB Clinical Council model and the effectiveness of the Consumer Council structure set up by Canterbury DHB.

Following a positive discussion amongst the board and CEO, the following resolution was adopted.

RESOLUTION

That the Board approve the establishment of the proposed HBDHB Consumer Council and the attached Draft Terms of Reference

Mover **David Barry**
Seconder **Barbara Arnott**
Carried

Interests / Conflicts of Interests Registers

Ken Foote spoke to the paper prepared which was focused on streamlining formats and procedures.

The advantage of the new format provided:

- Balance and extended the legal and ethical dimension into “best practice”;
- It was “principles based” rather than ‘rules based”;
- It was more complete in that it required the nature of any conflict to be described;
- It was simpler and easier to follow and fill out.

Agreement was reached and the following recommendation was adopted

RECOMMENDATION

That the Board:

- Note the contents of this report
- Reviews the current “Interests” and “Conflicts of Interests” registers for the Board and Committees and amend /complete as appropriate.
- Approves the introduction of the proposed new “Declaration of Interests/Conflicts of Interest Form”.

Adopted

MONITORING

Human Resource KPIs for Quarter 2 (October – December 2012)

John McKeefry GM Human Resources provided an overview of the paper which was taken as read.

The staff engagement survey would commence in March and results would be provided to the Board in May.

Maori Workforce in the health sector: There is an opportunity in nursing, and concern was expressed that this was not being taken up by Maori. The Deputy Chair asked how Iwi could better support. It was advised the Maori Director of Health (Tracee TeHuia) was working with a team in this area.

Four students exposed to “Incubator” in Hawke’s Bay schools, had come through to the DHB. There was a need to focus on better links ie. processes from the programme in schools back to HBDHB. It was difficult to track students through EIT and other institutions who had actually embarked on study through exposure to “Incubator”. An issue realised by some students wanting to study (particularly Maori), was their lack of science qualifications when embarking on a nursing or clinical career.

Performance Framework for Quarter 2 (October – December 2012)

Andrew Lesperance, GM Planning & Performance and Rebecca Kaye (Business Analyst) was present for this paper which was taken as read. This would be the last report prepared by Rebecca who was complimented for an outstanding job.

GENERAL BUSINESS

There being no further general business the meeting moved to Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

19. Confirmation of Minutes of Board Meeting dated 19 December 2012
- Public Excluded
20. Matters Arising from the Minutes of Board Meeting dated 19 December 2012
- Public Excluded
21. Board Approval of Actions exceeding limits delegated by CEO
22. Confirmation of Whole of Board Performance Appraisal Report
23. Whole of Board Appraisal Report Action Plan
24. Reports and Recommendations from Committee Chairs
24. Finance Risk and Audit Committee – 27 February 2013 (tabled)
25. Hawke's Bay Clinical Council – 13 February 2013
26. Mental Health Inpatient Unit Business Case
27. Paid Parking Implementation – Commercially Sensitive
28. Governance Committee Meetings
29. Replacement Trustee on Te Matua A Maui Health Trust
30. Draft Budget (Presentation)
Draft Capital Plan 2013-16

Moved: Helen Francis

Seconded: David Barry

Carried

The meeting closed at 3.00pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 27 MARCH 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.08 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis

Apology: Kirsten Wise

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

A change was notified to the Interest Register. Diana Kirton advised the Turuki Research Project was now complete and should be removed and replaced with an EIT representative on the Turuki Steering Committee. **Actioned** by Board Administrator

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 27 February 2013, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: Helen Francis
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

Item 1: Options for Older Peoples Care was included on the Agenda for March

Item 2: A Safe Sleep Project Update would be provided in May 2013

Item 3: A meeting with committee chairs and management would be held on 5 April to agree the topic(s) for the Strategic Committee Workshops in May and August.

Item 4: Following on the First World War Centenary and HBDHB's involvement, this was being co-ordinated by the Company Secretary, and the national body would be advised. **Actioned**

Item 5: Maternity Services in HB Business Case would be provided to the Board in their current term. Action removed.

Item 6: The Chair would approach the HB Regional Council about car parking at the hospital.
Action

Item 7: The Site Development Strategy (over 50 years) which included transport and parking, would need to be reviewed/updated, taking into account potential service changes and availability of funding.

BOARD WORK PLAN

The Board Work Plan for April 2013 was noted. This included a Board Workshop in the public excluded section of the meeting.

ACCOUNTABILITY PLANNING TIMELINE

Timelines provided by Planning & Performance were progressing well and noted.

CHAIR'S REPORT

Retirements

The Chair advised the following retirement, with a letter being sent conveying the Board's wishes and thanks for her years of extended service.

Name	Job Title	Service
Katherine Rawstron	Care Associate	Women Children & Youth (15 Years)

A verbal update of communications received is summarised below:

- A letter had been received from the Chair of Mid Central and Wanganui DHBs. The purpose was to seek a collaborative working relationship with HBDHB and invited our CEO and Chair to meet and to discuss a closer working relationship. This would be progressed when the Chair and CEO were next in their area.

The CEO expressed concern that work at a sub regional level could/would detract from the regional work required within the central region.

- The summary of the "Whole of Board" component of the IOD "BetterBoards" appraisal process undertaken by the Board in 2012, as approved in February was sent to the Ministry of Health. Advice was received from the Ministry that the Report had been forward on to the Manager of the Governance and Crown Entities team, with a message advising their gratitude as they did not often receive such an appraisal.

CHIEF EXECUTIVE OFFICER'S REPORT

The financial position was improving and tracking well through focused activity to contain costs. Good performance was being maintained in most key target areas. There was a need to focus on delivery of Emergency Department performance and waiting times. There was also continued focus on development and improvements as we work towards integrated care.

- The CEO provided an overview of his report to the Board including: Pharmacy led care; Clinical Facilitators (Pharmacy & Diagnostics); More Heart & Diabetes Checks; Shorter Stays In ED - Free Access To After-Hours Care For Under Sixes; Options for integrated health services in Central Hawke's Bay (CHB); Population Health initiatives including Tu Mai Ra with good progress being made.
- It was acknowledged some pleasing work was being achieved in relation to delivery of services in the community in an integrated way in partnership with the PHO.

FINANCIAL PERFORMANCE REPORT FOR MONTH ENDED FEBRUARY 2013

The Chief Financial Officer presented his report for the eighth month of the financial year 2012/13, revealing a year to date adverse variance to the end of February of \$605k.

The \$605k unfavourable was mainly attributed to IDF outflows, Medical staffing (locum costs) which were fairly volatile, together with efficiencies not achieved. The YTD contingency had been used for the year.

With \$605k under plan achieved, this related to an accumulation of \$2,064 thousand surplus, compared to plan at end of February 2013 of \$2,669k. Huge swings have been observed; however the plan is to achieve an end of year surplus of \$3.0m (less the \$1.2 technical adjustment reported last month).

The report was taken as read.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS 13 March 2013

Hawke's Bay Clinical Council

Chris McKenna (Co-Chair) of Clinical Council was in attendance and summarised discussion at the 13 March 2013 meeting. Topics included: Clinical Pathways; Clinical Council Research Committee; the Prioritisation Framework; a 5 Year Planning Update; Clinical Indicators Report; Nursing/Midwifery Shared Governance Committee; Consumer Report Quarter Two and Event Report Quarter Two.

The report was taken as read with the following comments made:

- Clinical Pathways: as several models were being used or considered, a regional approach was required. It was not possible to have different models working within the region. As a regional approach would take time, Hawke's Bay would move forward with background work utilising those keen and willing to participate noting this needs to be led by General Practice/Primary Care.

Liz Stockley (CEO of Health HB) advised buy in from primary care was crucial. They need to be involved from as they are an integral part of the success of a Clinical Pathways model for Hawke's Bay.

- A Clinical Council Research Committee would be set up around research in the public health sector. There was a large body of work that required better co-ordination not to mention the wealth of knowledge be gained from the research undertaken. The Committee's TOR would be refined and put out for consultation. It was noted this does not include "ethics" which is managed independently.

DECISION

Governance Committee Meeting

The report prepared by Company Secretary, Ken Foote was taken as read with the following recommendation adopted.

RECOMMENDATION

That the Board:

- Approve revised meeting schedule for 2013.
- Approve amended "Member" section of the Terms of Reference for the Maori Relationship Board

Adopted

FOR INFORMATION AND DISCUSSION

Draft Regional Services Plan 2013-16

Mary Wills (acting for GM Planning and Performance) was in attendance. The plan was taken as read with a comment made by the Board to only include what was achievable.

Following some discussion the following recommendation was adopted.

RECOMMENDATION

That the Board

1. Note timeline for finalising the Regional Services Plan 2013-16.
2. Endorse Draft Regional Services Plan 2013-16.
3. Provide comments as applicable for feedback to the plan developers.

Adopted

- The next step would be to receive National Health Board (NHB) feedback, amendments and negotiate during April.
- The Final would be submitted to the NHB on 17 May 2013.

5 Year Health System Strategic Framework

This paper sought Board endorsement on the content of the overview of the 5-year Health System Strategic Framework that can be used widely as a “ready reference” when considering Hawke’s Bay DHB planning.

Three, one page formats were provided as appendices 1-3 which had been designed to be used in different ways to aid communication. Clinical Council had provided positive feedback and suggestions which had been incorporated into the Board’s copy.

Following some discussion the recommendation below was adopted with the Board generally indicating preference for option 3.

RECOMMENDATION

That the Board:

Endorse the strategic one-page overview, with preference for option 3.

Adopted

Hawke’s Bay District Health Board Draft Annual Plan 2013/14

The draft Annual Plan 2013/14 had been provided to the Board to illustrate how priorities identified had been put into context within the plan, and structured to meet legislative and reporting obligations.

During discussion the following comments were noted:

- The Chair wondered whether “average length of stay” should be included as a key contributor to operate our hospital services. Considerable savings would be recognised if we there was an average half a day reduction (per stay) in this area.
- The Chair queried whether the right indicators had been included eg., preventing people arriving inappropriately at the Emergency Department; Improving general health across the region; plus reducing the amount of time processing patients. All of the above would have a significant impact on running the hospital.
- Diana Kirton advised an amendment to page 4 of the Plan specifically the “Board advised by 6 committees” needed to be changed to “7” committees.

Timelines were noted as: 3 May NHB feedback; 18 May Final Draft submitted to NHB; 30 May Board approval of the Final Draft; 15 June Approval or change requirements advised by NHB; 30 June Final date for Minister's approval.

With the comments above noted, the Board adopted the recommendation.

RECOMMENDATION

That the Board:

1. Note the DRAFT nature of the Annual Plan (version 1.6.) included with this report.
2. Note the DRAFT Annual Plan is a "work in progress" and version 1.6 may not be the most up-to-date version when the Board does meet.
3. Note the purpose, structure and intentions as per version 1.6.
4. Note the timeline for finalisation of the Annual Plan.
5. Note the improved alignment with other key plans.
6. Endorse the direction indicated by the planning to-date as per version 1.6.

Adopted

GENERAL BUSINESS

There being no further general business the meeting moved to Public Excluded.

RESOLUTION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

16. Confirmation of Minutes of Board Meeting dated 27 February 2013
- Public Excluded
17. Matters Arising from the Minutes of Board Meeting dated 27 February 2013
- Public Excluded
18. Board Approval of Actions exceeding limits delegated by CEO (nil)
19. Action Plan – Whole of Board Performance Appraisal
20. Reports and Recommendations from Committee Chairs
20. Finance Risk and Audit Committee – 27 March 2013 (tabled)
21. Hawke's Bay Clinical Council – 13 March 2013
22. Towards Integrated Health Services in Central Hawke's Bay
23. Advisory Committee Membership
24. Options for Older Peoples Care
25. Draft Annual Plan - Financials
26. Transformation and Sustainability Presentations

Moved: David Davidson
Seconded: Ngahiwi Tomoana
Carried

The meeting closed at 2.10pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 24 APRIL 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.04 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Kirsten Wise

Apology: Helen Francis

In Attendance: Kevin Snee (Chief Executive)
Ken Foote (Company Secretary)
Members of the Executive Management Team
Nicola Ehau, Head of Health Services, Health Hawke's Bay
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

DECLARATIONS OF INTEREST

David Barry asked that his interest as a Consultant Paediatrician be removed from the Register. **Actioned**

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 27 March 2013, were confirmed as a true and correct record of the meeting.

Moved: David Barry
Seconded: Dan Druzianic
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

Item 1: Safe Sleep Update would be provided in May.

Item 2: Improving Maternity Services in Hawke's Bay – ongoing, timelines to be advised.

Item 3: Hospital Car Parking would be shared in confidence in the public excluded section.

Item 4: Site Development Strategy – ongoing, timelines to be determined.

BOARD WORK PLAN

The Board Work Plan for May 2013 was noted.

ACCOUNTABILITY PLANNING TIMELINE

Timelines provided by Planning & Performance were progressing with one query to be confirmed outside the meeting as to whether the draft SOI had been sent to Audit NZ for comment. **Action**

The CEO advised feedback had been received and points which had been highlighted related to the lack of measures included. This was due to those measures being under review by HBDHB.

CHAIR'S REPORT

The Chair advised the meeting there were no retirements for the month.

A very special heartfelt acknowledgment of the passing of Dr Peter Foley was conveyed. Peter had been Chief Medical Officer (Primary Care), Clinical Council co-chair, a member of the Executive Management team and had held numerous other highly respected roles locally and nationally. Peter was a very special man, a compassionate doctor and was held in very high regard by those he came in contact with. The Board recorded their sympathy to the family and colleagues, noting the huge contribution he had made to health in Hawke's Bay. A very moving ceremony had been held for Peter the prior week and it was acknowledged how very difficult he would be to replace.

An update of communications received since the last meeting were summarised.

- Quoting from the Health Hawke's Bay (HHB) Newsletter, the Chair was pleased to see of the 17 programmes monitored for the 20 PHOs nationally, HHB was in top 10 in 15 of the 17 indicators and in the top 5 in 10 of the 17 indicators. This was an outstanding result. In several areas HHB were first in NZ and in others they were 2nd and 3rd respectively. The clinicians who supported the programs deserve the praise for achieving such an excellent result for the region.
- The Health and Disability Commission (HDC) had released the "Complaints to HDC involving District Health Boards" providing a Report and Analysis for Hawke's Bay (HB) period July to December 2012. The Chair reported that HB performed well with only 5 complaints during that period all of which were considered relatively minor and led to no investigations. Compared to the national ranking, HBDHB was 2nd with 29.11 complaints per 100,000 discharges. The best in NZ was 25.96 complaints per 100,000 discharges. The average across the country was 63.07 complaints per 100,000 discharges.
- During the month the Chair had a phone call from Janet Wilson, CEO of the Health Quality and Safety Commission, and was asked if he would sign a pledge on behalf of the Board to support the National Patient Safety Campaign. Board members provided the Chair with approval to sign that pledge.
- The Chair had met with Phil Ryan, Chair of Springhill Addiction Centre Trust, and was encouraged by the facility rebuild progress. The cost to build the new accommodation facility was \$850k, and to remove the upper floor of the existing building would be a further \$250k. Donations to date totalled \$500k, with a commitment from another funder for a further \$250k loan. The balance required for the project to proceed is \$350k and the Trust are actively seeking donations from significant Hawke's Bay businesses and benefactors.

CHIEF EXECUTIVE OFFICER'S REPORT

In summary our financial performance continues to improve through tight control and focus.

- Six hour ED performance had deteriorated slightly in March resulting in poor performance of 93.1% for the quarter. That had improved and as at 17 April was 94.5%. The positive aspect was the variation is less than in the past.
- Fragility existed within elective surgery management. Capability was receiving considerable focus with a number of mitigations being worked through within each specialty. The target was to have most specialties aligned by 30 June.

The Chair advised he had received a call from the Minister who was concerned about elective performance across the country and the additional focus required by all DHBs in this area.

The Board was pleased to hear that more was being done to educate/communicate with the community regarding “waiting lists” ie, 1st specialist assessments and access to surgery.

- Greater Pharmacy-Led Care – it was encouraging to note that Hawke’s Bay pharmacies were working hard to adjust their work and business practices around the new model.
- A draft of the National Dementia Care Pathway Framework (March 2013) developed by the Ministry of Health would be adopted to improve the acceptance, support and care of people with dementia nationally. Implementation would occur 2013/14.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF MARCH 2013

The Chief Financial Officer presented his report for the ninth month of the financial year 2012/13, revealing an adverse cumulative variance to the end of March of \$386k. This was \$220k away from plan and related to an accumulated surplus of \$3,875k, compared to a planned surplus of \$4,261k.

Favourable and unfavourable shifts were noted to what had been a good but volatile month. Members were made aware that all financial contingencies had been released to bring up to target. It was noted there was good balance in the Capital forecast noted near the end of the financial report.

The report was taken as read.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke’s Bay Clinical Council – 10 April 2013

Co-chairs Dr John Gommans and Chris McKenna were in attendance.

Dr Gommans advised Council had further discussed the Transform and Sustain topic from the HB Health Sector Forum Workshop (as presented by the CEO). Other topics included a review of the draft Cancer Services Plan; Tū Mai Rā Implementation Plan 2013-14; Tū Mai Rā Dashboard Q2 (Oct-Dec 2012); Falls Minimisation Committee Update; and the monthly Clinical Indicators Report.

Council were looking forward to the formation of the Consumer Council and developing a mutually beneficial relationship with them.

The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published on Wednesday 6 February 2013. The merit of reading the full report was discussed. The report recited appalling clinical practice and governance and was a reminder regarding the key aspects of good clinical governance. It was noted that many of the key findings and learnings raised in that report were already in place or formed part of HBDHB’s framework. The report had been reviewed and discussed internationally and was available on the internet <http://www.midstaffpublicinquiry.com/report>. It was felt reading the “executive summary” of the Mid Staffordshire Report could be of value to board members.

The Chair noted learnings from the Mid Staffordshire Report maybe a discussion topic at a future Workshop.

Māori Relationship Board – 17 April 2013

Chair Ngahiwi Tomoana provided an overview of the meeting held the week prior. A copy of the report which had been emailed to Board members was also tabled.

The prospect of \$900k being cut from the Tū Mai Rā project had been discussed at the meeting. On 22nd April a selected panel met and held a series of interviews with Māori health providers. A report on the meetings held would be issued to the Board in the public excluded section of the meeting.

Workforce Development: It was highlighted to members there was a positive drive from the HBDHB with an increasing number of Māori ethnicity staff being employed in the health sector. Of 17 Māori nurse graduates, 8 were placed immediately.

It was noted that MRB would be keeping constant eye on diabetes to improve outcomes and supported the development of physical activity and nutrition programmes for you people in secondary schools.

A review of the Memorandum of Understanding between the HBDHB and Ngati Kahungunu Iwi Incorporated (NKII) had being initiated (the current MOU had been signed in 2006). NKII had indicated they would prefer a more ambitious Agreement. A process was currently under way for sign off by the respective chairs’.

MONITORING

Tū Mai Rā Dashboard Q2 (Oct-Dec 2012)

Tracee Te Huia and Shayne Walker (Programme Manager, Māori Health) were in attendance with the report taken as read. The Board were very pleased with progress made.

GENERAL BUSINESS

There being no discussion the Chair moved into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

14. Confirmation of Minutes of Board Meeting dated 27 March 2013
- Public Excluded
15. Matters Arising from the Minutes of Board Meeting dated 27 March 2013
- Public Excluded
16. Board Approval of Actions exceeding limits delegated by CEO
Reports and Recommendations from Committee Chairs
17. Finance Risk and Audit Committee – 24 April 2013 (tabled)
18. Hawke’s Bay Clinical Council – 10 April 2013
Māori Relationship Board – 17 April 2013 (tabled)
- 19.. Integrated Urgent Care
20. Transform and Sustain Strategic Workshop

Moved: Dan Druzianic
Seconded: Diana Kirton
Carried

The meeting closed at 1.43pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 26 JUNE 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Kirsten Wise
Helen Francis

Apology:

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair, HBDHB Consumer Council)

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

Liz Stockley CEO of Health HB and Graeme Norton the Chair of the new Consumer Council were welcomed to the meeting.

DECLARATIONS OF INTEREST Nil

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 29 May 2013, were confirmed as a true and correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Diana Kirton
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

- Item 1: Improving Maternity Services in Hawke's Bay – dates required for the Board to review the business case in their current term.
- Item 2: Site Development Strategy ongoing, with timelines yet to be determined.
- Item 3: Statement of Intent - completed.
- Item 4: Health and Safety Commission Pledge – Clinical Council Report provided detail and the Pledge would be signed on the proviso.
- Item 5: Population Health – EMT considering strategies for the July Board Meeting.
- Item 6: Fluoridation Referendum wording finalised, recommended wording included in CEOs report.

BOARD WORK PLAN

The Board Work Plan for July 2013 was noted with the Cancer Plan Review moved to the September meeting.

CHAIR'S REPORT

On behalf of the Board, the Chair acknowledged it was Andrew Lesperance (GM Planning and Performance's) last week at HBDHB, and he thanked him sincerely for his contribution over the past three years. The Chair acknowledged Andrew's dedication, wishing him well for the future.

An update of communications received since the last meeting were summarised.

- A letter had been received from Kevin Woods (MOH), reporting on Primary Health Care performance against targets, advising that Hawke's Bay were No.1 in New Zealand for "Smoking Brief Advice and or Cessation"; 8th for increased immunisation at 8 months and 12th for "More Heart and Diabetes Checks". An outstanding effort in the Smoking Advice area was acknowledged.
- A letter received from the MOH and copied to the Chair provided feedback on achievements against health targets with no unexpected comments. Liz Stockley CEO of the HHB commented the Heart and Diabetes target would be met by year end.
- Tony Ryall provided a letter regarding the achievement quality and safety standards in Aged Residential and Mental Health areas.

This was in hand. DHB CEOs were gathering to discuss. This would be brought back to the July Board Meeting. **Action**

- The Chair thanked Dan Druzianic and Peter Dunkerley for their attendance in support of the submission provided by HBDHB to the Regional Council on Car Parking. The outcome was not known at this time.
- Deputy Chair Ngahiwi Tomoana had attended the Regional Governance Group on the Chair's behalf and provided an overview of that meeting.
- Public meetings on Fluoridation were being arranged by HBDHB and once the dates were finalised Board Members would be advised. **Action**
- Board member inductions into their roles: nationally it had been proposed to hold these in two streams, one for "new members" and the other for more "experienced members" and to continue with the one day induction.

Retirements: The Chair advised the following retirements, with a letter being sent conveying the Board's wishes and thanks for their years of extended service.

			Years of Service
Margaret Dalton	Immunisation Coordinator	Healthy Populations	27
Judith Jarvis	Registered Nurse	Elective & Surgical	35

2013 Local Body Elections –Electoral Officer: The Chair advised Hastings District Council's Electoral Officer Peter Woodroffe had resigned recently. Peter was also HBDHB's Electoral Officer. The Board considered a replacement and duly appointed Richard Palmer (HDC's Democratic Support Manager) who was suitably qualified to undertake the role.

RESOLUTION

That the Board

- Appoint Richard Neil Palmer as HBDHB Electoral Officer pending his appointment as Electoral Officer for Hastings District Council on 27 June 2013.

Moved **Kevin Atkinson**
Seconded **Barbara Arnott**
Carried

CHIEF EXECUTIVE OFFICER'S REPORT

- Three appendices were provided with the CEO's report including a Regional Services Plan update (April 2013) update, a Consumer Council membership selection recommendation, and wording submitted by HBDHB for *the* Referendum on Fluoridation.
- The wait in the Emergency Department remains a concern with a lot of work occurring to deliver this target. Improved access to Elective Surgery to end of May at 113% was inflated due to a number of small procedures. This will be altered to provide a better understanding and focus on services where we could be more productive.
- Waiting list more than 5-6months, the CEO advised there was now no one waiting longer than 5 months and the first specialist appointment target had been met.
- Financial performance had shifted and showed improvement, being on track to achieve a surplus.
- Relationship manager appointments advised earlier in the year were working well liaising with Primary Care and bringing problems for review.
- An update on Clinical Pathways would be brought to the Board in due course.
- Managing needs for diabetes was of concern for Pacific peoples in particular and this would receive attention.
- The CEO advised the main focus going forward would be how we transform services and put quality and safety at the forefront.

A query regarding sexually transmitted diseases and support services in HB was raised. In response it was advised Ann Robertson (of Mid Central DHB) had been assisting in the development of the service, to make it more available than in the past (ie, through "Directions" or free GP visits). More funding had been provided in this area.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF MAY 2013

The Chief Financial Officer presented his report for the eleventh month of the financial year 2012/13, revealing favourable result for the month of May of \$134 thousand, moving cumulative adverse variance to the end of May to \$564 thousand. We are on track to deliver an end of year surplus of \$1,800 thousand (with all contingencies used).

Health of Older people cost increases had slowed following a service review earlier in the year. The service had been aligned to other DHBs.

The financial result although short by \$1,200 thousand of a \$3,000 thousand surplus targeted, was a good effort and FRAC were pleased.

Good work on the part of all teams within the DHB.

The unknown related to IDFs which would not be known until the end of July.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 12 June 2013

Co-chairs Dr John Gommans and Chris McKenna were in attendance. The report was taken as read with the following comments.

- Establishment of Consumer Council – the co-chairs and Leigh White had met with Consumer Council Chair Graeme Norton regarding the best way forward and the close working relationship both Councils had. Input had been most useful with strong signal of partnership going forward. Graeme had attended his first Clinical Council meeting in June.
- The request for DHB input into the Quality and Safety Framework had been received by Clinical Council 5 days prior to their June meeting. A fair amount of time was dedicated to this topic and a paper was being developed for review by both Council's (Clinical and Consumer) in July. Two messages were welcomed:

- A renewed focus on Quality and Safety patient focus/care
- A partnership with our people and consumers
- The National Patient Safety Campaign Pledge was fully supported with additional health equity statement being included to enhance understanding. This was a timing issue, with the statement to be provided to members at the next meeting.

The Pledge would be signed at the July Board Meeting **Action**

HBDHB Consumer Council – 20 June 2013

Chair Graeme Norton provided an overview of the inaugural meeting held on Thursday 20th June. He had received a great welcome and was looking forward to working with all to achieve the consumer voice required.

- Consumer Council would be joining with Clinical Council providing monthly reports to the Board.
- Bios for Consumer Council members were in hand with a rich range of consumer voices around the table.
- Graeme was looking forward to a fruitful relationship and collaboration.

GENERAL BUSINESS

There being no discussion the Chair moved into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

12. Confirmation of Minutes of Board Meeting dated 29 May 2013
- Public Excluded
13. Matters Arising from the Minutes of Board Meeting dated 29 May 2013
- Public Excluded
14. Board Approval of Actions exceeding limits delegated by CEO
15. Chair's Report

Reports and Recommendations from Committee Chairs
16. Hawke's Bay Clinical Council – 12 June 2013
17. Finance Risk and Audit Committee – 29 June 2013 (tabled)
18. Regional Services Plan

Moved: Helen Francis
Seconded: David Davidson
Carried

The meeting closed at 1.50pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 29 MAY 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.05 PM**

Present: Kevin Atkinson (Chair)
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Kirsten Wise
Helen Francis

Apology: Ngahiwi Tomoana

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Members of the public and media

Minutes Annie Quinlivan

KARAKIA

Tracee Te Huia, Director Maori Health opened the meeting with a Karakia.

WELCOME

The Chairman welcomed Patrick O'Sullivan, Health Reporter from Hawke's Bay Today.

DECLARATIONS OF INTEREST

David Barry requested that his conflict of interest register be updated to reflect that he no longer worked as a consultant paediatrician.

Action

Helen Francis had advised the Board Administrator of a change in her conflict of interest register and this would be amended accordingly.

Action

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 24 April 2013, were confirmed as a true and correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Dan Druzianic
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

Safe Sleep Update – presentation included on the May Agenda

- Item 1: Improving Maternity Services in Hawke's Bay – progressing, timelines to be advised.
- Item 2: Hospital Car Parking – actioned
- Item 3: Site Development Strategy – on-going, timelines to be determined.
- Item 5: Accountability Planning Timeline – the draft SOI was sent to Audit NZ for comment but as yet no feedback has been received as yet.

BOARD WORK PLAN

The Board Work Plan for June 2013 was noted.

The Chair requested that the actual date of the Board meeting be included in the “month” column of the Board workplan. **Action**

A question was raised as to where the recommendations from the Board Strategic Workshop would be forwarded to. The Chair advised that a report from David Barry from the Combined Advisory Committee Strategic meeting held on 15 May 2013 would be presented later in the meeting and that this question would be discussed at that point.

CHAIR'S REPORT

Retirements

The Chair advised the following retirements, with a letter being sent conveying the Board's wishes and thanks for their years of extended service:

Alison Luscombe – Elective & Surgical.....12 years of service
Pat Andrew – Oral, Rural & Community Health47 years of service

2013 Budget

The Chair commented on the Governments budget. \$1.6bn would be going to health over the next four years – the largest budget increase. \$250m will go directly to DHBs to meet population and inflation pressures. This will increase total health spending to \$14.7 billion in 2013/14 the highest ever.

Mental Health Unit – Business Case

A letter had been received from the Minister of Health, Hon Tony Ryall approving the business case for the Mental Health facility. There were 13 approval conditions in this notice letter - around that notice letter. A number of them were straightforward however two of the conditions were brought to the Boards attention. Namely,

- (a) The project is not to exceed \$22m excluded GST, and
- (b) At the completion of the project, the HBDHB is to complete a project evaluation.

Hospital Car Parking

Further to the April Board meeting, the Chair advised that a submission on behalf of the HBDHB had been lodged with the HBRC for their draft annual plan process. The submission requested support from the Regional Council for the development of 120 car parks at the hospital at a cost of \$400k. Notice had been advised that the HBDHB would be presenting their submission on 11 June 2013 and as the Chair would be overseas on that date he had requested Dan Druzianic to be his designate.

The Chair also commented that there had been reaction from the community to the issue of car parking at the hospital, the most common one being why the DHB had sold the property opposite the hospital along Omahu Road. That decision had been made in 1995/96 and as the Chair understood it, that land was sold as part of the funding arrangements for the regionalisation of hospital services within Hawke's Bay.

Correspondence Received

An update of communications received since the last meeting were summarised.

- The Ministry of Health targets (released 28 May) showed that that Hawke's Bay District Health Board was one of the top five performing DHB's in the country. The Chair congratulated staff on the impressive result. In summary results for HBDHB were as follows:
Elective surgery – 5th in the country
Immunisations – 2nd equal nationwide
Better Help for Smokers to Quit – 1st in the country
Heart and Diabetes Checks – 5th nationwide
Shorter Stays in Emergency Departments – ranked 15th in the country
- A letter had been received from the Health & Safety Commission (HQSC) requesting that all DHB Chairs and CEOs sign a pledge document on behalf of their respective DHBs. Before signing this, the Chair suggested that both the Clinical Council and EMT review the pledge and provide feedback on the wording. Once all suggestions and improvements had been made to the pledge this would then be brought back to the Board for ratification at the June Board meeting. **Action**
- As a member of the Regional Governance Group (RGG), the Chair advised that an alternate was required in his absence. The Chair had approached Ngahiwi Tomoana and he was comfortable being Kevin Atkinson's alternate. Therefore, the Chair requested that the Board concur with this appointment. **Adopted**
- The Minister of Health had recently advised that he was eager that all DHB's deliver on their elective performance that being, by 30 June no one had been on the waiting list more than 5 months and that decrease to 4 months in the following year. The Chair advised that both the CEO and COO believed that this target goal could be achieved.
- The Minister had also brought up the issue with the Chair around the \$3m surplus expectation of the HBDHB. Discussion on how this would be managed moving forward would be discussed by the Board in the item "Approve the Annual Plan 2013/14" in the Public Excluded section of the meeting.

CHIEF EXECUTIVE OFFICER'S REPORT

The CEO provided an overview of his report to 20 May which was taken as read.

- ED performance had been better as reported and also there are still issues to be addressed within ED, he suggested that the DHB were in a lot better position compared to two years.
- Elective Surgery was significantly ahead of plan.
- In relation to waiting times - that figure had come down significantly since this report had been produced and the CEO was confident that the HBDHB would be where it needed to be at the end of the year.
- Cancer has been uniformly good for a long time now.
- Immunisations as earlier reported, was one of the best in the country.
- The "star performer" was "Better Help for Smokers to Quit". A letter had been received from the Manager of the PHO requesting that thanks be noted to Ana Apatu and the Smoke Free Team in enabling this fantastic result.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF APRIL 2013

The Chief Financial Officer presented his report for the tenth month of the financial year 2012/13, revealing an adverse variance for the month of April of \$312k. The surplus for the ten months to 30 April was \$2,441 thousand compared to a budgeted surplus of \$3,139 thousand, \$698 thousand unfavourable which was mainly contributed to by IDF outflows and non-achievement of efficiencies.

- Chair of FRAC Dan Druzianic, commented on the issue of IDF's and how it would no doubt emerge as a continuing issue over the next few months. FRAC would devise a framework around work to be done on the IDF trend and this would be a focus over the few months.
- The Chair also advised that it was encouraging to see that pharmacy volumes were down and below budget. He also questioned as to why the table showed that the figures were three months behind the current date and the GM Planning & Performance advised that this was due to Pharmac allowing 90 days to make a claim.

The report was taken as read.

PRESENTATION - SUDDEN UNEXPLAINED DEATH IN INFANCY (SUDI)

Dr David Tipene-Leach and Roisin Van Onselen provided a presentation to the Board on the project around SUDI in Hawke's Bay. A copy of these slides would be provided to the Board.

Action

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 8 May 2013

Dr Mark Peterson (CMO Primary Care) presented in the absence of co-chairs Dr John Gommans and Chris McKenna. In summary the reported covered the following points:

- Apologies were offered from Dr John Gommans and Chris McKenna. The Clinical Council meeting held on the 8th May 2013, was in fact the first meeting since the passing of Peter Foley and this was acknowledged and recognised at that meeting.
- The presentation which David Tipene-Leach had just presented to the Board was also given at the Clinical Council May meeting and congratulations was given to David and his team as the progress that had been made was obviously making a significant difference.
- The draft Regional Services Plan was presented at the meeting.
- The Nursing Midwifery Shared Governance Committee had submitted a consultation response to the Registered Nurse Prescribing. In addition International Nurses and Midwives Day had been held on 10 May 2013 and awards were presented in HB.
- An overview of the Maternity Quality and Safety Programme was given at the Clinical Council meeting and figures showed that Hawke's Bay were very much in the middle in terms of the indicators.
- An update on the Clinical Quality Advisory Committee (CQAC) held on 18 April 2013 was provided by the Committee Chair Dr Andrew Heslop.

The Chair of the Board requested that the Clinical Council review the wording on the pledge document from the Health Quality and Safety Commission. **Action**

Combined Committees Strategic Workshop – 15 May 2013

Dr David Barry spoke on behalf of the combined Chairs of HAC, CPHAC and DSAC and tabled a paper containing strategic issues for the Board's consideration and request for a Management response with population health program options regarding an:

1. Increase in the total budget for Population Health
2. Within Population Health direct more resources to the "Child Wellness" program.
3. Increase Health literacy in the health workforce, the community and individuals.

All of these measures would contribute to advancing The NZ Triple Aim.

The Board were asked to adopt these strategies with the corollary that there must be an urgent Management response with population health program options. Anything less would leave the Strategies hanging in the air. A monitored action plan was required. **Action**

After some discussion the Chairman of the Board requested that the CEO take these strategies to EMT for consideration and that there be a report brought back to the Board on how these issues may be advanced. The challenge was how the DHB was going to "do it".

Action: July Board meeting

DECISION

Local Body Elections 2013

Company Secretary, Ken Foote provided some background, together with detail issued by the Ministry of Health for the forthcoming elections.

The Election timeline follows:

26 July	Candidate nominations open
23 August	Candidate nominations close (noon)
20 September	Voting document delivered, voting commences, special votes issued and early processing of votes begins
12 October	Election Day – end of voting (noon) followed by announcement of preliminary results
9 December	Newly elected DHB board members take office

The Chair suggested that any new incoming Board members needed to understand how the Board operated so there would be no surprises once they officially joined the Board.

The question was also raised on the wording for the fluoridation Referendum. Apparently the wording had been finalised however it was requested that Caroline McElnay clarify that.

Action

RESOLUTION

That the Board

- Confirms the appointment of Peter Woodroffe as HBDHB Electoral Officer.
- Confirms the names of candidates on the voting documents be arranged in alphabetic order of surname.
- Authorises the Electoral Officer to begin processing votes during the three week voting period.
- Requests the DHB elections communications programme includes the promotion of nominations as well as encouragement to vote.
- Advertises and conducts "Information Evenings" for potential candidates (in Hastings and Napier) prior to nominations being opened.

Moved David Davidson

Seconded David Barry

Carried

MONITORING

Human Resource KPIs Q3 (Jan-Mar 2013)

Kate Shambler deputised for GM Human Resources and provided an overview of the report provided.

Staff Engagement Survey 2013

A presentation provided on the recently completed staff engagement survey was noted.

Performance Framework Exceptions Q3 (Jan-Mar 2013)

Andrew Lesperance (GM Planning and Performance) provided an overview of the paper provided.

GENERAL BUSINESS

There being no general business discussed, the Chair moved into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

16. Confirmation of Minutes of Board Meeting dated 24 April 2013
- Public Excluded
17. Matters Arising from the Minutes of Board Meeting dated 24 April 2013
- Public Excluded
18. Board Approval of Actions exceeding limits delegated by CEO (nil)
19. Chair's Report
 - Allied Laundry
 - Regional Governance Group Report

Reports and Recommendations from Committee Chairs

20. Hawke's Bay Clinical Council – 8 May 2013
21. Finance Risk and Audit Committee – 29 May 2013 (tabled)

For Decision

22. Regional Services Plan
23. Approve Annual Plan 2013/14

Presentation

24. Budget 2013/14 Update

Moved: Barbara Arnott

Seconded: Diana Kirton

Carried

The meeting closed at 3.12pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 31 JULY 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.05 PM**

Present: Kevin Atkinson (Chair)
Ngahiwi Tomoana (arrived at 1.35pm)
Barbara Arnott
Dan Druzianic
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Kirsten Wise
Helen Francis

Apology:

In Attendance: Kevin Snee (Chief Executive)
Ken Foote (Company Secretary)
Tim Evans (Chief Financial Officer)
Tracee TeHuia (Director of Maori Health)
Liz Stockley (CEO Health Hawke's Bay)
Karen Molloy (acting GM Human Resources)
Graeme Norton (Chair, Consumer Council)
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Tracee TeHuia opened the meeting with a Karakia.
It was advised Ngahiwi Tomoana (Deputy Chair) would arrive around 1.30pm

DECLARATIONS OF INTEREST

Peter Dunkerley requested to have his affiliation with HB Helicopter Rescue Trust removed from the Register due to him no longer being a Trustee.

Diana Kirton advised of a potential conflict of interest, now her husband was head of the Cancer Society Trust for the Central Region (Diana to provide detail in email to Brenda).

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 26 June 2013, were confirmed as a true and correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

Item 3: Health and Safety Committee Pledge was covered later in the meeting.

Item 4: Population Health Action Plan to be provided to the Board's August Meeting

Item 5: Achievement of Quality and Safety Standards in Aged Residential Care and Mental Health was carried over to the August Board Meeting.

Item 6: Public Meetings on Fluoride were advised to the Board via email and provided to the meeting.

BOARD WORK PLAN

The Board Work Plan for August 2013 was noted.

The Chair advised he would not be attending the August and September 2013 Board Meetings and the Deputy Chair would be available for one, if not both meetings.

NATIONAL PATIENT SAFETY CAMPAIGN PLEDGE

Following the desire of the Health and Quality Safety Commission (HQSC) and Ministry for all DHBs to adopt a patient safety pledge, the Executive Management Team and Hawke's Bay Clinical Council considered the points provided.

Clinical Council were fully supportive but did request the inclusion of bullet point 2 (as included on page 9): "*working across sectors promoting equitable health outcomes for all*". This has been a key theme for Hawke's Bay and the inclusion was agreed by the Health and Quality Safety Commission.

The Board discussed and passed the following resolution.

RESOLUTION

That the Board approve the revised version provided and authorise the Chair and CEO to sign the pledge on the Board's behalf.

Moved **Helen Francis**
Seconded **David Davidson**

Carried

A media release would be prepared for the signing which will provide the community with clear guidance around HBDHB's expectations.

CHAIR'S REPORT

The Chair advised of the following retirement, with a letter being sent conveying the Board's wishes and thanks for Margaret's years of extended service.

Margaret Pack	Registered Nurse	Older Persons, Mental Health and Allied Health	Years of Service 38
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An update of communications received since the last meeting were summarised.

- A letter had been received from the Minister of Health advising of a rise in board member remuneration. The rates effective from 1 July 2013 for the Chair to \$42,000 per year, Deputy Chair to \$25,500 and board members to \$20,400.
- A letter dated 29 July, had been received from the Minister approving HB District Health Board's 2013/14 Annual Plan for the next three years. He had conveyed his thanks and appreciation to those concerned for this significant piece of work.
- The Chair (under delegation) had signed a resolution for the Regional Governance Group for the Central Region's District Health Boards, appointing new directors and removing existing directors from Central Region's Technical Advisory Services Limited (TAS). This process had resulted in the appointment of an independent Board and Chair.

The changes included the appointment of Jan White (Chair of TAS) as a director; Deryck Shaw (Chair of Lakes DHB), plus two other independent Directors with appropriate technical expertise being Elaine McCaw and Murray Bain. Mary Bonner (CEO of Capital and Coast) would continue as the Central Region representative.

- An email had been received from Kevin Wood, Director General of Health and CEO Ministry of Health (from 2011), advising he would not be accepting the State Service Commissioner's offer to renew his contract (for family reasons). The Chair advised Kevin Wood had achieved a great deal during his time in the role.
- A letter had been received from the Hawke's Bay Regional Council (HBRC) Chairperson advising the Council did not see merit in the submission seeking \$400k towards providing additional parking on the hospital site. Instead HBRC offered involvement in a Workplace Travel Plan for the site.

Action: The appropriate DHB Manager to contact the HBRC Sustainable travel Coordinator to discuss and prepare a Workplace Travel Plan for the hospital site.

- A number of letters had been received around Chaplaincy services, supporting and seeking a financial increase from \$9k to \$50k. A business case claimed HBDHB were out of line with other DHBs.

Action: Management consider the Business case for HBDHB Support for the "The HB Ecumenical Chaplaincy Association Incorporated".

- Rural Women NZ, (RWNZ), had written with concerns around how various recommendations regarding mechanisms to align pay parity and fair travel policy matters which were being responded to.

Action: Anna Kirk to prepare a response from the Chair to the letter from RWNZ.

- DHB elections: An information session had been held for potential candidates in Hastings during the month. Two candidates (in addition to board members) attended. A further evening would be held at the Napier Health Centre on 1st August.

CHIEF EXECUTIVE OFFICER'S REPORT

In summary our financial performance resulted in a \$3.0 million surplus, our third consecutive year of surplus enabling the continuation of investment plans.

Performance targets were relatively stable; however the Emergency Department remains under a lot of pressure especially with the peak "winter ills" period upon us. A lot of focus has been placed on this area recently.

Transform and Sustain, our strategic proposal for service change and organisational restructure was progressing.

The Better Sooner More Convenient update included Community Pharmacy Service (stage 3 implementation) nationally, Community initiatives and future reporting. Peter Dunkerley was very complimentary on how the substantial pharmacy changes were being managed as they have been well accepted by pharmacists.

Diana Kirton provided positive comments around access to sexual health which was working in a very user friendly way. This had been a joint venture between HBDHB and the PHO with support from Mid Central DHB.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF JUNE 2013

The Chief Financial Officer presented his report for the final month of the financial year 2012/13, revealing a favourable cumulative variance to the end of June of \$33 thousand delivering a year end surplus of \$3.033 million. This reflected a lot of effort by all to deliver the surplus achieved. The Chair of the Finance Risk and Audit Committee conveyed his congratulations to the, CEO, CFO, Executive Team and staff, to get to this point.

Although adjustments both technical and inter district flow wash ups would not be known for some time, the Board Chair commented on the remarkable result.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 10 July 2013

Co-chair of Council, Dr John Gommans was in attendance and provided an overview of the report provided.

Clinical Pathways formed a big part of the integration of quality care and patient experiences. The ideal was for the Central Region to align and adopt a common tool but with limited progress. Hawke's Bay, in the interim, would move forward with this crucial piece of work which needs to be led by Primary Care with full support from secondary.

Other areas progressing were the formation of a Research Committee in Hawke's Bay and the Quality and Safety Framework.

The National Patient Safety Campaign Pledge incorporating additional wording had been finalised.

HBDHB Consumer Council– 11 July 2013

Chair Graeme Norton provided an overview of the second Consumer Council Meeting acknowledging the work ahead but being mindful the opportunities for consumer engagement were many. It was mentioned the new members were faced with terminologies which were foreign to them (including acronyms), but they were up for the challenge.

The Chair provided an overview of the report provided including: Transform and Sustain, Compliments and Complaints Review and the Quality and Safety Framework which was ongoing. Since the meeting some Council members had been sought for input into the Integrated Urgent Care project.

Maori Relationship Board Meeting – 17 July 2013

Chair, Ngahiwi Tomoana provided an update of the meeting held earlier in the month.

Favourable comments from Maori Health providers had been received following the recent funding review. They felt the process was well managed in an open and friendly way allowing providers to take some responsibility for their own outcomes. A good process all round with thanks to the DHB's Chief Financial Officer.

The CEO advised it was very important to work with Iwi in a transparent way, to ensure better health outcomes for Maori.

Suicide prevention data was discussed. It was noted that Police utilise a different set of data than the DHB, the latter data being old (although it was validated). Work however was progressing well in suicide prevention areas.

It had been recommended by MRB that the HR KPI become a KPI of the CEO. For MRB this would raise the profile relating to staff ethnicity percentage levels within the DHB.

The board chair responded that this had been noted and may form part of the CEO's performance appraisal due shortly.

MONITORING

Tu Mai Ra Q3 (Jan-Mar 2013)

Tracee TeHuia (Director of Maori Health and Shayne Walker (Programme Manager Maori Health) were in attendance.

Comments noted in discussion included:

- Maori health had picked up regionally and nationally.
- At a local level, traction was being gained in primary care.
- Looking at monitoring of services against funding and next three year plan.
- Infant mortality rates were discussed with concern that 2010 data had been used. It was explained that data was constrained because of the coroner's office. The CEO did not

accept that suitably anonymised data could not be shared in the public domain. This would be looked into. **Action Tracee TeHuia.**

- Referring to the Maternal Health data table on page 59, a review of this data set was required as “fully breastfed up to 6 months” was not normal practice. Infants were introduced to solids from 4 months on, therefore the fully breast feed babies at six months should in fact be zero. **Action Tracee TeHuia.**
- The IS team would assist in the development of a revised dashboard.
- Alcohol intervention and inebriated young people was raised by Denise Eaglesome, who was interested to hear the DHB and Iwi were involved in discussions with Councils on the issues for safer communities. “Drinking devastates communities” and she queried whether this included those drinking at home, and whether this was being targeted through Maori providers and linking into the community (particularly Wairoa). It was agreed this would be checked **Action Tracee TeHuia.**

FOR INFORMATION AND DISCUSSION

Update Napier Health Centre Concept Design

Kieran McCann (GM Integrated Care) and Wietske Cloo (Napier Health Centre Manager & project manager) were in attendance providing an overview of the project. The proposed changes would increase service delivery out of the Napier Health Centre, incorporating an upgrade to the facility in Wellesley Road, Napier. As part of the building lease negotiation package, the owners had offered \$1m towards the refit.

Dr Gommans (Chair of Clinical Council) advised he had toured the Napier facility recently and the building upgrade and service changes would encourage better services for the people of Napier.

Proposed timeline for facility changes

September 2013	Develop design
October 2013	Tender process
November 2013 to April 2014	Construction
April-May 2014	Handover back to Napier Health Centre

The board were positive and provided favourable comments on the process and layout of the facility. Congratulations were extended to the team regarding the consultation undertaken around this project.

RESOLUTION

That the Board:

1. Approve the concept design of the facility changes at Napier Health Centre recommended and supported by the Steering Group, EMT and Clinical Council.
2. Note the planned milestones in 2013 - 2014.
3. Note progress to date.

Moved **Helen Francis**
Seconded **Diana Kirton**

Action Kieran McCann: The Chair requested regular updates on as the Napier Health Centre Upgrade as it progresses.

GENERAL BUSINESS

There was no General Business.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

16. Confirmation of Minutes of Board Meeting dated 26 June 2013
- Public Excluded
 17. Matters Arising from the Minutes of Board Meeting dated 26 June 2013
- Public Excluded
 18. Board Approval of Actions exceeding limits delegated by CEO
 19. Chair's Report
- Regional Governance Group Report
- HBL Chair's Update
- Reports and Recommendations from Committee Chairs*
20. Hawke's Bay Clinical Council – 10 July 2013
 21. Finance Risk and Audit Committee – 31 July 2013 (tabled)
 22. Capital Plan 2013-14
 23. Pacific Health Leadership Group
 24. Quality and Safety Framework

Moved **Peter Dunkerley**
Seconded **Diana Kirton**

The meeting closed at 2.34 pm

Signed:

Kevin Atkinson, Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 28 AUGUST 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Dan Druzianic (Chair)
Barbara Arnott (left at 2.20pm)
David Barry
David Davidson
Peter Dunkerley
Diana Kirton
Kirsten Wise
Helen Francis

Apologies: Kevin Atkinson, Ngahiwi Tomoana and Denise Eaglesome

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair Consumer Council)
Lewis Ratapu (Maori Health Service)
Liz Stockley (from 2.00pm)
Members of the public and media

Minutes Brenda Crene

KARAKIA

Lewis Ratapu opened the meeting with a Karakia.

WELCOME

Chair, Dan Druzianic welcomed everyone to the meeting.

DECLARATIONS OF INTEREST

Nil

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 31 July 2013, were confirmed as a true and correct record of the meeting.

Moved: Peter Dunkerley

Seconded: Barbara Arnott

Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

Item 1: Site Development Strategy: 10-20 year plan would be provided next year (by Warrick Frater) and a Travel Plan would be developed in conjunction with the Regional Council (by John McKeefry) as part of this strategy. This item would be included on the workplan for March 2014 and the action removed.

Item 2: Population Health Action Plan had been included as agenda item 16.

Item 3: Achievement of Quality and Safety standards: this item related to discussions at a national level and ties into the development of a Quality and Safety Framework and Quality Accounts. This was work in progress with a draft of the Framework provided to the Board in November. Item to be removed from the action list.

Item 4: Workplace Travel plan would be removed and incorporated into the site development plan (item 1).

Item 5: Chaplaincy Services: Warrick Frater advised he had met with the Chaplaincy Committee and all issues had been resolved. The group appeared pleased with the outcome which include a small increment provided for in next years budget. Remove from actions.

Item 6: Actioned

Item 7: Tu Mai Ra Data/Dashboard review reflecting on items raised around Maternal Health, Infant Mortality, and Alcohol Intervention.

- a) A response prepared was circulated to the board with further discussion around the data “fully breast fed up to 6 months”. The MOH would be asked to clarify the phrasing of the question and the criteria around data collection (across all ethnicities). This item would remain as an action.
- b) Infant Mortality rates and the need for them to be more up to date vs using old 2010 data because of the coroner’s office, was being investigated by a health intelligence analyst with the outcome to be advised in due course.
- c) Alcohol intervention in the home and inebriated young people in Wairoa. A copy of the response to this question would be provided to absent members who were particularly interested in this action.

Item 8: Napier Health Centre Project was on track with regular updates sought by the board and would continue as an action.

BOARD WORK PLAN

The Board Work Plan for September 2013 was noted.

CHAIR’S REPORT

The Chair advised there were no retirements this month and no communications to note.

The MOH national targets had been released and Hawke’s Bay had fared well in all areas except one.

Second in the country for “Improved access to elective surgery”, “Increased immunisation” and “Better help for smokers to quit”.

Eighth in the country for Heart and Diabetes Checks (but only by a very small margin)

A great result for “Shorter waits for cancer treatment” also, however “Shorter stays in ED” was not as good with Hawke’s Bay in 13th place.

CHIEF EXECUTIVE OFFICER’S REPORT

In summary

Service and Financial Performance

- Shorter stays in ED – disappointing performance in July but improving in August.
- Waiting lists – meeting five month target and well on the way to next years four month target.
- Pleasing financial performance for the first month of the new financial year - but is early days
- Focus on personnel costs with a strong reign on the FTE count.
- Transform and Sustain areas highlighted.

Strong focus on Transform and Sustain includes: Transforming our Engagement with Ngati Kahungunu Iwi Inc; Transforming Multi-Agency Work; Transforming Primary Care; Transforming through Integration of Rural Services; Transforming Health Promotion and Health Literacy.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF JULY 2013

The Chief Financial Officer presented his report advising a favourable result of \$2k for the month being marginally better than planned. Other points highlighted included:

- Bedding in budget, no obvious problems.
- No contingency used to date.
- Insurance costs – redistribution in our favour this year
- Page 30-31 capital expenditure plan – shows source of funds, block allocations and big initiatives, including contribution to CRISP and Health Benefits Ltd.
- Depreciation higher than expected – look to bring that down.
- New Mental Health Unit – project progress report illustrated proposed reporting process for all future capital projects of significance.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 14 August 2013

Co-chairs Dr John Gommans and Chris McKenna were in attendance.

HB Clinical Research Committee

Dr Gommans advised of the intent to produce a publication annually.

The committee would also assist with promoting a culture of clinical research which in turn could assist with attracting clinicians to come and work here.

Principles for developing GPSI service

It was generally noted that these services provide good value and incentivise GP's to do more, acknowledging that issues of credentialing and scopes of practice still need to be finalised.

HBDHB Consumer Council

Chair, Graeme Norton provided an overview of the third Consumer Meeting held on 15 August.

Of particular interest were current discussions about the potential to expand the mandate of the Consumer Council to be HB Health sector wide. Health Hawke's Bay would be reviewing this proposal at the next meeting. This will also then further highlight the need to ensure the consumer voice was heard at all levels within the sector with the Consumer Council providing a co-ordination function for this.

Combined Committees Strategic Meeting 21st August 2013

Barbara Arnott (Chair) provided an overview of the meeting held, with a paper prepared by Andrea Jopling tabled for members information.

At the workshop, the groups were asked to consider the three themes that had emerged from other Primary Health Care Strategy development meetings, namely:

- Knowing Our Communities
- Accessibility, Affordability, Acceptability
- Integration

The groups were then asked to identify practical steps or initiatives that could be progressed as well as enablers to progress.

Common ideas/initiatives that emerged from the groups included:

- Improving Health Literacy – people being supported to take responsibility for their own health
- Information – needs to be appropriate and well communicated to patients
- Shared health plans and patient information
- Funding – should better targeted to reduce inequalities and follow the patient
- Flexible Funding and gain share arrangements should be sought
- Clinical guidelines should be seen as a vehicle for integration

Enablers noted include:

- Common health record and/or and IS system that promotes integration and seamless service provision
- Trust based relationships and contracting arrangements
- Intersectoral collaboration

Next steps:

The feedback from the session will be used, along with feedback from other workshops, to progress the development of the Primary Health Care Strategy. The DHB and PHO management are meeting with a large number of sector groups and organisations over the coming weeks. A working draft of the Strategy will be presented to the HBDHB Board in November.

DECISION

Health and Safety Policy Statement

John McKeefry, GM Human Resources provided an overview as a follow up to recommendations approved by FRAC in July.

RESOLUTION

That the Board:

Approve the Health and Safety Policy Statement.

Moved Diana Kirton
Seconded David Davidson
Carried

MONITORING

Human Resource KPIs (Q4) 2012/13

John McKeefry, GM Human Resources worked through the report provided, providing additional information/comments as required.

Significant issues noted included:

- Staff within the two GP practices in Wairoa acquired during the year were included in the FTE increase
- Staff turnover in support staff quite high but no particular reason other than this group tend to be highly mobile and there are some concerns over the current HBL processes.
- Achieving good results with accrued annual leave but still further improvement required.
- Still not achieving target for Maori staff. Subject now to significant focus.

Performance Framework Exceptions (Q4) 2012/13

Tim Evans, Chief Financial Officer was in attendance for this report providing the Board with exception reporting on the Statement of Intent and Annual Plan. In addition the HBDHB Performance Framework Results for Qtr 4 2012/13 Dashboard were tabled.

Significant issues discussed included:

Achievements:

- Health targets and ambulatory sensitive hospital admissions

Progress

- ED health target and triage 2
- More heart and diabetes checks
- Adolescent oral health utilisation rate
- 50-59 year old women receiving breast screening

Areas of Focus

- DNA
- Diabetes management

FOR INFORMATION AND DISCUSSION

Response to Combined Strategic Committees

Caroline McElnay, Director Population Health and Health Equity Champion spoke to her report.

General discussion acknowledged:

- Additional funding going in to child wellness programmes
- Value of increasing support to enable people to take more responsibility for their own health
- Improving population health a long term investment
- Population health messages need to be incorporated into Primary Care Strategy.

PRESENTATION

Health Hawke's Bay Annual Plan

Liz Stockley, CEO Health Hawke's Bay was in attendance and presented the Health Hawke's Bay Annual Plan 2013/14.

The presentation covered:

- Achievements 2012/13
 - Majority of targets achieved
 - One of the best performing PHO's in New Zealand
- Strategic Goals
 - Population Health
 - Improving Health Outcomes for Maori, Pacific and high needs people
 - Capability and capacity
 - Sustainability for our people
 - Maintaining a relationship with HBDHB
- Population Health
 - Demographics
 - 2013/14 projects
- Supporting High Needs
 - 2013/14 Projects
- Capability and Capacity
 - Activities and projects
- Business Sustainability
 - Staff resources and structure
 - 2013/14 projects

- Sector Relationship
 - Planning
 - Governance
 - Activity

GENERAL BUSINESS

There being no discussion the Chair moved into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

18. Confirmation of Minutes of Board Meeting dated 31 July 2013
- Public Excluded
19. Matters Arising from the Minutes of Board Meeting dated 31 July 2013
- Public Excluded
20. Board Approval of Actions exceeding limits delegated by CEO (nil)
21. Chair's Report
- Regional Governance Group Report
- HBL Chair's Update
- Reports and Recommendations from Committee Chairs*
22. Hawke's Bay Clinical Council – 14 August 2013
23. Finance Risk and Audit Committee – 28 August 2013
24. Restorative Home Based Support
25. CT Scanner Replacement – Business Case

Moved: Peter Dunkerley
Seconded: Diana Kirton
Carried

The meeting closed at 2.38pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 25 SEPTEMBER 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Dan Druzianic (Chair)
Ngahiwi Tomoana (co-Chair, left the meeting at 1.20pm)
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome (via video conference)
Diana Kirton
Kirsten Wise
Helen Francis

Apologies: Kevin Atkinson

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair Consumer Council)
David Ritchie (Director Allied Laundry)
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

A welcome was extended to those present including Denise Eaglesome via Video Conference from the new Wairoa Health Centre.

Ngahiwi Tomoana advised he would depart early and Dan Druzianic would continue as Chair.

DECLARATIONS OF INTEREST

Nil

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 28 August 2013, were confirmed as a true and correct record of the meeting.

Moved: Diana Kirton
Seconded: Barbara Arnott
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted with the following comments:

Item 1: Tu Mai Ra Data / Dashboard

Following earlier discussions on the relevance of the “fully breastfed up to 6 months” Ministry target, Tracee TeHuia (Director of Maori Health) provided a further update to members. She advised the Ministry were going through a series of reviews and agreed with HBDHB that the indicator was no longer meaningful/relevant in its present form. A new indicator would take effect in the New Year. Present reporting would continue until that time.

Out of date Infant Mortality Rate reporting remains a problem with the data remaining unofficial for an 18 month period, until signed off by the coroner.

Both actions would be removed.

Item 2: A Napier Health Centre Project update was provided by Kieran McCann (GM Integrated Care Services). It was noted the “detailed design” was virtually complete and would be presented to the Board in November. Work had already commenced in the Reception area of the Health Centre. Issues which had been raised and were in hand included: the landlord of the building would provide seismic report, and there had been some further discussion around clinical corridor lighting at the Centre.

BOARD WORK PLAN

The Board Work Plan for October 2013 was noted.

CHAIR'S REPORT

The Chair advised there had been one retirement during the month with a letter being sent conveying the Board's wishes and thanks to Margaret Boyce (Anaesthetist Technician) for her years of extended service.

Several letters of complaint had been received by the Chair, from anti fluoride campaigners which had been responded to. These followed a public meeting held in Havelock North. The Board fully supports continued fluoridation of Hastings water supply and also supports the CEO and other senior staff in their efforts to ensure the community was fully and reliably informed on this issue

The Chair Ngahiwi Tomoana, conveyed his best wishes to fellow board members for the elections. There would be two further meetings with the current Board before any new Board members take office on 9 December 2013.

Ngahiwi left the meeting at 1.20pm

CHIEF EXECUTIVE OFFICER'S REPORT

A good month financially, however difficulties had been experienced in relation to meeting Ministry targets for shorter stays in ED and in elective surgery, the latter in response to acute demand over past months.

On Fluoridation the CEO advised he was not just passionate about the issue but passionate about reducing inequities (especially in the lower socio economic areas) who would miss out if fluoride was taken out of the water. He was disappointed and saddened by the promotion of incorrect data/detail by a small minority group!

CRISP Programme scope change: The Central Region DHBs have been provided with an opportunity to make significant savings by purchasing a comprehensive licensing and service support package than originally intended as part of the CRISP Programme Phase 1. The Regional Governance Group recommendation was approved by the CEO, with all supporting detail provided to members for their information.

Health Informatics: Following an overview and brief discussion (with full detail provided at appendix II), the board approved the following recommendation.

RECOMMENDATION

The Regional Governance Group recommends that the Hawke's Bay District Health Board:

1. **Note** the critical need for a regional ICT strategy if government policy and ministerial expectation is to be met in the Central Region.
2. **Note** the critical need for a regional ICT service provider if the benefits of the current CRISP are to be realised for patients, clinicians and communities across the central region.
3. **Agree** in principle to the adoption of the Central Region Health Informatics Strategy as presented.
4. **Agree** that the Board Chair and the Chief Executive provide Hawke's Bay District Health Board's agreement to the strategy subject to there being no material changes through the Central Region Boards' deliberations.

Moved Dan Druzianic
Seconded Peter Dunkerley
Carried

Transform and Sustain: Work has been progressing in the following areas Transforming our engagement with NKII; Transforming multi-agency work; Primary Care; Health Promotion and Health Literacy; Unplanned care; and Business Models. The programme of transformational change was moving forward and would gather speed once the revised strategy was published following a tremendous amount of consultation. This would result in more patient centred care and a more productive health service/sector going forward, encompassing the whole of Hawke's Bay.

Specific equity reports would be provided to future board meetings through Dr Caroline McElnay as "Equity Champion".

Other associated projects were discussed including housing insulation and funding thereof. HB Power Consumers Trust had recently increased their funding in this area.

There had been a large number of home insulations undertaken in the past 2 years in HB, however there was concern there were still many who were vulnerable, including those in rental accommodation.

The HB Regional Council had been approached by Denise Eaglesome to ascertain funding availability for Wairoa residents. There were options and it did appear there was a lack of understanding as to what was available.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF AUGUST 2013

The Chief Financial Officer presented his report advising a favourable result of \$4k for the month without requiring any of the contingency budget and without recognising the \$500k lower than budgeted insurance cost.

Page 33 showed sources of capital expenditure and where those were spent

A one pager on the new Mental Health Inpatient Unit had been provided in August and this would be provided again with the CFO's Finance Report in October. The September report will be emailed to board members separately. **Action CFO.**

It was advised the FRAC meeting held earlier in the day had been attended by an auditor who was very pleased with budgeting and controls within the organisation.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 11 September 2013

Co-Chair Dr John Gommans was in attendance and provided a brief overview of the Clinical Council meeting held on 11 September which included:

- Transformation – Resource Deployment which was supported by Council

- 'Establishing the Balance' Financial Report
- Quality Improvement and Patient Safety Action Plan.
- Developing the HBDHB Quality Accounts 2013 – work in progress
- PHO Performance Quarterly Report
- Event Report Q4 (April-June 2013) – problem with diagnostic testing would improve.
- The first HB Clinical Research Committee meeting would be held on 7 November with appropriate reporting back to Clinical Council.
- Annual Plan and objectives for the year was also provided and briefly discussed.
- The profile of Clinical Council in the health sector had been discussed widely and by opening up the Clinical Council meetings to the public should assist in this area. This was also an area of focus for Council within their Annual Plan

Hawke's Bay Consumer Council

Chair, Graeme Norton provided an overview of the Consumer Meeting held on 12 September.

The Terms of Reference for the recently formed Consumer Council had been revised. Originally a HBDHB Consumer Council, the group has now expanded with the support and endorsement of Health Hawke's Bay Ltd (PHO) to "Hawke's Bay Health Consumer Council", providing a consumer voice across the Bay's health sector. This aligns well with the Hawke's Bay Clinical Council also being sector wide.

An Annual Plan and objectives document would be brought back to Council following discussion with members on their areas of interest. By November this should be completed showing full connections with the Hawke's Bay health sector providing a consistent voice across the sector and feeding back to the HBDHB and Health Hawke's Bay Ltd.

There would be some Consumer Council presence at the HB Health Sector Leadership Forum being held on 23 October.

RECOMMENDATION

That the Board:

Endorse the revised Terms of Reference for the Hawke's Bay Health Consumer Council.

Moved **Barbara Arnott**

Seconded **David Barry**

Carried

DECISION

Transformation – Resource Deployment

Tim Evans, Chief Financial Officer was in attendance and spoke to his paper.

The aim is to develop agreed measures to monitor changes in front line resource deployment in-line with the aims of "Transform and Sustain". The categorisation of spend for Secondary was changed to Hospital.

This is a proposed financial categorisation at a strategic level, which overlays the financials, enabling a simple/effective way to measure/evaluate shifts through the Transform and Sustain strategy presently being developed. This was simply a way/means of measuring whether a shift in resources was actually following the strategic intent to shift service delivery close to the consumer.

Following discussion and taking into account that Clinical Council had supported the proposal, the Board agreed:

RECOMMENDATION

That the Board:

1. Approve categorisation and definitions proposed to measure and enable the targeting of resource deployment with “Secondary” being amended to “Hospital”.
2. Note that that the DHB will:
 - Report quarterly actual expenditure against planned deployment of resources with 2013/14 budget as the base year.
 - Review the classification of specific services as part of the annual plan/budget cycle.
 - Develop a policy in consultation with Clinical Council for a targeted and deliberate shift of resources to more convenient care.

Moved **David Barry**
Seconded **Barbara Arnott**
Carried

With the categories agreed the CFO advised the finance department would refine and come back in the New Year with some targets in each of these categories. This would be a flexible process.

GENERAL BUSINESS

There being no discussion the Chair moved into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

18. Confirmation of Minutes of Board Meeting dated 28 August 2013
- Public Excluded
19. Matters Arising from the Minutes of Board Meeting dated 28 August 2013
- Public Excluded
20. Board Approval of Actions exceeding limits delegated by CEO
21. Chair's Report

Reports and Recommendations from Committee Chairs
22. Hawke's Bay Clinical Council – 11 September 2013
23. Finance Risk and Audit Committee – 25 September 2013
24. Allied Laundry Services Limited
- Annual General Meeting and Approval of Major Transactions

Moved: **Peter Dunkerley**
Seconded: **David Davidson**
Carried

The meeting closed at 2.13 pm

Signed:

Chair

Date:

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 30 OCTOBER 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.00 PM**

Present: Kevin Atkinson (Chair)
Dan Druzianic
Ngahiwi Tomoana
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis

Apology: Kirsten Wise

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Heather Skipworth (pending Board Member)
Graeme Norton (Chair Consumer Council)
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance. Congratulations were conveyed to those who were re-elected and a warm welcome was extended to Heather Skipworth who was attending the meeting as an observer. The Chair advised the Minister had not yet finalised the appointment process

DECLARATIONS OF INTEREST

The register would be amended accordingly with Barbara Arnott no longer the Mayor of Napier. **Action**

A business case being considered during the meeting entitled "Electronic Board and Committee Papers" recommended the Company "Diligent" who was listed on the NZ Stock Exchange. It was noted that Peter Dunkerley and Dan Druzianic, as shareholders of Diligent, would abstain from voting or any decision relating to the company.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 25 September 2013, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted, with an update on the Napier Health Centre project provided by Kieran McCann (GM Integrated Care Services).

Kieran advised new lighting was presently being trialled at the centre prior to final design. Consumer Council had held their October Meeting at the facility and following a tour offered to assist with internal signage (way finding). A more detailed plan will be provided to the Board in November.

BOARD WORK PLAN

The Board Work Plan for November 2013 was noted.

Following discussion it was agreed to provide an update to Board members in December on progress with the Mental Health Inpatient Unit Project. **Action**

CHAIR'S REPORT

With no retirements noted for the month, the Chair advised he had received the following correspondence.

- A standard six month report had been received from the Disability Commissioner on complaints received by DHBs nationally. The key areas receiving focus were mental health, public hospital care and surgery in the public sector. Over the past five years HBDHB has had no complaints investigated, an outstanding result. Recently however, one had been raised for investigation, with overall Hawke's Bay sitting at number eight in the ranking, with eight complaints received for 1,000 discharges (69%).
- A letter had been received from the Te Matau a Maui Voyaging Trust, advising that the Waka would be available for the Board to utilise for 2-3 hours, if they so wish. The offer was most appreciated and will be kept in mind.

CHIEF EXECUTIVE OFFICER'S REPORT

Kevin Snee advised of an eventful month including the fluoride referendum. He was delighted the majority of the community had seen through the nonsense and realised the science and will be keen to revisit this topic in future with Wairoa and Central Hawke's Bay.

It was pleasing to have Heather Skipworth and Jacoby Poulain elected to the Board, boosting Māori representation. Acknowledgement was conveyed for the long standing and valued service to the community provided by David Barry and David Davidson, and the dedication of Kirsten Wise – all of whom did not stand for re-election.

Service Performance figures were reasonable and overall tracking well with areas of concern receiving focus.

Transform and Sustain work was progressing encompassing: patient involvement, multi-agency work, clinical quality and clinical pathways, work with primary care and through the integration of rural services, with health promotion and health literacy work (recently commissioned).

There was some discussion around orthopaedics and their inclusion in the Clinical Pathways work presently being undertaken. The COO advised this would ensure consistency in the scoring mechanism (in all disciplines), resulting in a consistent and fair treatment pathway.

With high numbers continuing to present in ED some systems dynamics modelling would take place there in the New Year. The model (utilised by other centres) would be applied to our systems to see what possibilities there may be to cut across some of the duplication and choking issues. This was all about finding different ways to deal with multiple choke points in ED.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF SEPTEMBER 2013

The Chief Financial Officer presented his report advising an unfavourable variance of \$52 thousand after releasing contingency of \$128 thousand. A small variance but satisfactory considering such large totals. There are however some pressures in the system so we cannot be complacent.

October was looking to improve overall again and financially we are a mile ahead of where we were to budget in September 2012.

The report was taken as read with varying items highlighted to note.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 9 October 2013

Dr Caroline McElnay was in attendance on behalf of Clinical Council and the report was taken as read. Of particular note was the progress with the Quality and Safety Framework and Quality accounts.

Hawke's Bay Health Consumer Council

Chair, Graeme Norton provided an overview of the Consumer Meeting held on 10 October 2013, noting in particular the Consumer Council Annual Plan 2013/14. This enables a Consumer Council representative to be sourced by those in the health sector requiring consumer engagement early on in a project.

Concern around elective surgery waiting lists, especially coronary was raised with the Board. Council wanted to understand more about how the waiting list system worked. This was about managing expectations within the Community, as many Consumer Council members were connected to organisations with a health focus.

Discussion on this topic is summarised as follows:

- The COO noted a request for a representative from the Elective team to address Consumer Council which would assist their understanding on how the present process was managed.
- The community must understand the health system will never be able to fund all surgery requirements, and there will always be a need for prioritisation. However it was crucial to keep everyone informed about the process. Consumer input would be invaluable and welcomed in this area.
- The CEO advised some services may need to be scaled up but that takes time and needs the right people (through recruitment), with a transition period in the interim. Doctors with several specialties were preferred and sharing skills within the region was also preferred and occurring at present.

We need to get good consumer information into our system. We also need to deliver the same message throughout the region and maybe through the CEO and Chair could evaluate and see how our Consumer Council links through to regional. The status of the present Regional Consumer Forum was under review.

Māori Relationship Board (MRB) – 16 October 2013

Chair, Ngahiwi Tomoana conveyed he was very pleased by the appointments of Heather and Jacoby and was looking forward to them joining the Board.

An overview of the MRB meeting held in mid October was provided and the Board who were happy to either note and/or implement the following recommendations:

RECOMMENDATION

That the Board

Māori Service Provision

1. Note the performance on Māori health providers in the area of Tamariki Ora and the great results being reported.
2. Not agree to the reduction of any more funding from the Māori health portfolio but that existing funding be redirected into key priority areas in Kaupapa service delivery like Tamariki Ora.

On seeking clarification, it was confirmed this comment was about maintaining the total level of funding that existed within the Maori portfolio at present.

Human Resource Key Performance Indicators Q4

3. Note MRB's support for the efforts being placed into meeting this KPI and the great relationship between HR and Māori Health Services to lead this work.
4. Continue to track and monitor the increase of Māori staff into the organisation and challenge where there was no increase.

Adopted

Diana Kirton advised that EIT had observed a lack of Māori lecturers teaching nursing and issued a challenge to encourage some of our exceptional Māori nurses to be involved in teaching at EIT. She advised that EIT struggled to recruit and retain in this area.

To improve Māori employment within the health sector would take time, requiring the need to double the current intake to meet the 1% increase targeted.

Denise Eaglesome advised a Māori Health strategy Group was meeting in Wairoa regarding the lack of Māori in employment, advising it was all about whanau encouraging, assisting and supporting.

DECISION

Electronic Board and Committee Papers – Business Case

Ken Foote (Company Secretary) outlined the report and introduced co-authors Alex Trathen (Business Analyst) and Brenda Crene (Board Administrator). There were several queries around the Windows 8 Tablet (device) and Windows 8.1 implementation which were addressed by Alex.

Following discussion it was agreed to implement the system and be fully operational (including training) for the March 2014 Board Meeting.

Dan Druzianic and Peter Dunkerley abstained from voting at this time (as outlined earlier).

It was noted that amplification of board members voices to those in the gallery would be further investigated as part of the implementation process (through Bluetooth).

RESOLUTION

That the Board:

- Agree to the introduction of Diligent Boardbooks and appropriate training for the Executive Management Team and incoming Board in March 2014.

- Agree to the purchase of 25 licenses for Board and Executive Management Team (EMT) members and acceptance of the ongoing costs associated with such licences.
- Agree to the set up of two Administrators.
- Agree to the purchase of up to 25 devices to be loaned to board members and EMT members as appropriate, with return of the devices to HBDHB on the cessation of their respective terms or employment with HBDHB.
- Agree to the purchase of two devices for Administrators.
- Note the pricing included may vary due to the timing delay prior to implementation.
- Note and approve the IT recommendation (in the Addendum) to use Windows 8 Tablets as the preferred device.

Moved **Ngahiwi Tomoana**
Seconded **Helen Francis**
Carried

Disposal of Mental Health Properties – Jacaranda House, Te Whare Aronui and Walnut Grove

Kieran McCann, General Manager of Integrated Care Services was in attendance, providing an overview of the direction outlined in the paper presented.

Following discussion several points were made:

- When transitioning to the new unit, plans were in place to ensure patient services were managed well. This has been factored into the process.
- The new Model of Care sees a complete overhaul of how mental health is provided in Hawke's Bay in future.

RESOLUTION That the Board:

- Formally declare the properties surplus to HBDHB requirements.
- Approve disposal of the properties in accordance with the Statutory Disposal Processes.

Moved **David Barry**
Seconded **Diana Kirton**
Carried

Board Induction/Development Programme

Ken Foote, Company Secretary, outlined the detail provided with discussion summarised as follows:

- The induction package focused on new members and provided a refresher for existing Board members.
- Discussion around the availability of IOD courses that may be suitable for Board members being held in house.
- A National Board Induction program would be held in Wellington catering for the 33 new members nationally. MoH had reviewed the induction provided in 2010.
- Existing members would be inducted regionally.
- With the IOD Board appraisal due for review in November 2014, a fund for any required professional development of board members should be allowed for in the 2014/15 budget.

RECOMMENDATION

That the Board

- Note the Ministry of Health DHB Board Development Programme Update.
- Agree with the concepts, themes and content of the proposed Induction and Board Member Development Programmes

Adopted

Update on Integrated Urgent Care Project

Tim Evans (Chief Financial Officer) and Carleine Receveur (Service Redesign Manager) provided an update utilising the HBDHB website <http://www.hawkesbay.health.nz/page/pageid/2145882178> which contained an array of information for the public to view regarding the background, consultation workshops held across Hawke's Bay and an array of feedback provided by the facilitators of those workshops.

Following the workshops, a survey was undertaken online and 75% of participants had found the interaction extremely positive.

The project group were developing scoring criteria across the triple aim at present. This would result in the development of two or three options for further consideration.

Integrated Urgent Care and the need for this, was a common theme across other DHBs who were at varying stages in the process.

Tu Mai Ra Quarter 4 Result (2013) and Māori Health Strategy Review and Design

Ngahiwi Tomoana and Tracee TeHuia (Director of Māori Health) were in attendance to review the report.

The main theme to come through was that everyone was sharing the Māori health problem had now become everyone's problem and this was being embraced across the whole sector. Agencies were keen to work collaboratively on all issues both internally and externally and there was fantastic leadership including that at Board level.

GENERAL BUSINESS

There being no discussion the Chair accepted a motion to move into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

- 18. Confirmation of Minutes of Board Meeting dated 25 September 2013
- Public Excluded
- 19. Matters Arising from the Minutes of Board Meeting dated 25 September 2013
- Public Excluded
- 20. Board Approval of Actions exceeding limits delegated by CEO
- 21. Chair's Report
Central Region's Technical Advisory Services AGM
Reports and Recommendations from Committee Chairs
- 22. Finance Risk and Audit Committee – 30 October 2013
- 24. Transform and Sustain Update Draft

Moved: Diana Kirton
Seconded: Denise Eaglesome
Carried

The meeting closed at 2.55pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 27 NOVEMBER 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.05 PM**

Present: Kevin Atkinson (Chair)
Dan Druzianic
Ngahiwi Tomoana
Barbara Arnott
David Barry
David Davidson
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis

Apology: Kirsten Wise

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Jacoby Poulain (pending Board Member)
Graeme Norton (Chair Consumer Council)
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

The Chair opened the meeting and welcomed those in attendance.

A special welcome was extended to Jacoby Poulain for her outstanding polling result in the elections. In response, Jacoby advised although she did not have a health background she was looking forward to serving on the Board.

DECLARATIONS OF INTEREST

David Davidson advised he had been made a trustee of the Weem Trust recently and asked this be noted. The Weem Trust had in 2004 provided the CT scanner (\$1.6m) to the Hospital for the people of Hawke's Bay.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 30 October 2013, were confirmed as a correct record of the meeting.

Moved: Peter Dunkerley
Seconded: Helen Francis
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Actions from the previous meeting were noted and an update on the Napier Health Centre provided by Warrick Frater on behalf of Kieran McCann (GM Integrated Care Services)

BOARD WORK PLAN

The Board Work Plan for December 2013 was noted.

CHAIR'S REPORT

The Chair advised of the following retirements, with a letter being sent conveying the Board's wishes and thanks for their extended service. **Action**

			Years of Service
Isobel Saunders	Booking Co-ordinator	Facilities & Operational Support	13
Sonya Whale	Receptionist	Facilities & Operational Support	30
Liz Harvey	Registered Nurse	Acute & Medical	14
Janice Burnett	Booking Co-ordinator	Facilities & Operational Support	35

An update of communications received since the last meeting were summarised:

- Health Target Results for quarter one had been received showing we had come through well in four of the six targets, however shorter stays in ED had deteriorated at the time the snapshot had been taken. The difficult month in ED was acknowledged by the CEO. The DHB's elective performance has also dropped off the pace, management advised that this was principally as a result of not including minor procedures in the data submitted to the Ministry.
- Kevyn Moore of the Oliver Smales Trust had provided a biennial update of funds and spending from the Trust to keep the DHB informed. As at the 30th June 2013 the Trust capital funds stood at \$168,000. Currently the Trust is raising funds to purchase a GE portable ultrasound for Ata Rangī, which can also be used in outlying areas of the HBDHB district.
- The Central Technical Advisory Service (CTAS) Board had advised they had appointed Graham Smith to role of Chief Executive Officer (who would commence the role on 13 January 2014). It was acknowledged that interim CEO Julian Moore, had done an outstanding job for the organisation.
- A letter from Eileen Page advised of her resignation from the Hospital Advisory Committee (HAC). In her letter she acknowledged the high level of governance leadership, including the new format for committees which were working well, in her opinion.
- During the month the Chair and CEO had met with Ahuriri District Health Trust (ADH) and Ministry of Health representatives. The Chair advised he was disappointed with progress in agreeing to a contract to spend the \$1.3m of the monies held by HBDHB for oral health services in the Ahuriri district. The Chair said the trustees were struggling to bring this together.
- A letter from NZ Police around suicides in the Flaxmere area had been received, asking HBDHB to take a lead role to co-ordinate services community wide and suggesting a prevention service be set up to manage the risk of suicides in region. The report was confidential but the Chair was happy to share this with board members if they so wished.
- It was noted that Auditors reviewed Central Technical Advisory Service (CTAS) and disagreed with the accounting treatment of the CRISP CAPEX. If not addressed, this created obligations for directors that would be unacceptable. The Regional Governance Group unanimously agreed to \$3.2m of CAPEX being reallocated to OPEX and approved an additional OPEX budget of \$1.55m for CRISP in the 2012/13 financial year to enable the increase in OPEX to be accommodated without breaching the CRISP budget for the year.

CHIEF EXECUTIVE OFFICER'S REPORT

CEO, Kevin Snee commented on performance with ED and elective surgery targets showing improvement in November.

Financial performance has been positive for the month of November, with no contingency used. Savings of \$14m had been generated over the past three years to make improvements to health services in Hawke's Bay. These improvements include the new Wairoa Health Centre recently opened by Minister Tony Ryall, who had also visited the Hastings Renal unit. It was noted 70 more patients were being treated through the Renal Unit as a consequence of the upgrade.

The Transform and Sustain document had been revised but was not in final form. Key intentions and demographic changes had been included and a final version would be released in December.

Other areas summarised included Multiagency, Clinical Pathways programme and the Health Alliance which would be discussed later in the meeting.

Good progress had been made with Tu Mai Ra which saw 17 of the 20 KPIs showing improvement. The low indicators were problematic and the question was asked whether they were the best measures for the future.

A Hui held on the Maori Health strategy recently with 60 in attendance. There was concern that attendance was low, however members were assured this was not of concern due to rigorous consultation that had occurred. This Strategy was being seen, not as a Maori programme but more a Community programme.

There was discussion around births in Hawke's Bay with 48% of being Maori, with 33% of those births being teenagers. Teenage pregnancy was of real concern.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF OCTOBER 2013

The Chief Financial Officer presented his new format financial report, advising the changes were made to make the document more user friendly.

In summary areas pointed out for note were:

- Bad and Doubtful debts of \$580k - are we doing enough as the anomalies appear to be more through acute patient admissions, who were not covered by the NZ health system.
- Capital development work on the "Mental Health Unit" was progressing, with some work undertaken ahead of timelines, resulting in spend against the budget being slightly ahead of plan.

The new format was acknowledged as being much improved and the CFO was congratulated.

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 13 November 2013

Dr John Gommans and Chris McKenna (co-chairs) were in attendance on behalf of Clinical Council and the report was taken as read.

- Interim work has and will continue to be been undertaken with Council on Quality and Patient Safety. This had been high level from which will flow a number of operational actions.
- The Hawke's Bay Clinical Research Committee had their inaugural meeting during November. This was not an operational committee and does not replace the bodies operating within the community. This sub-Committee of Clinical Council is chaired by Dr John Gommans.

Ngahiwi asked how research gets to table and mentioned the issue of “post trauma”.

In response, the organisations operating have standard criteria which need to be met when embarking on research. The goal of the Clinical Research Committee was to raise awareness on what was happening and identify where there were gaps, as presently many work in isolation.

Hawke’s Bay Health Consumer Council – 14 November 2013

Chair, Graeme Norton was in attendance and the report was taken as read.

Graeme commented there had been discussion, observations and suggestions made around quality improvement and patients safety, stemming from the work recently worked through with Consumer Council. From this work and on discussion with Tracee TeHuia (GM Maori Health) the following was suggested to the Board:

- **Patient Stories:** That 15 minutes be set aside at the beginning of each board meeting to consider a patient story as this would remind us about what we are here for. From patient stories you listen, learn and link services to the person, not the person to the services. By listening and learning you sometimes realise the service required may not be in health.

The board felt “patient stories” were an important part of healthcare with members supporting the wish to start with a patient story for the new Board. **Action**

- **Communication and Media Interaction.** As consumer members become more active/visible they need skills to ensure they respond appropriately, and also ensure they are not replicating channels of communication that already exist.

DECISION

Hawke’s Bay Health Alliance

Kevin Snee and Liz Stockley outlined the report provided regarding the formation of a Hawke’s Bay Health Alliance. This is a requirement of the Ministry and in line with the PHO Contract with the DHB and is also in keeping with how we work with the PHO. The report explained what we have achieved, how we work and the people involved. Respective leaders continue to drive the change needed for integration of the health system in Hawke’s Bay. This pulls the strands together noting there is a need to have a bias towards having clinicians involved.

The Health Hawke’s Bay Board had approved the formation of the Health Alliance the week prior advising representatives were: Andrew Heslop, Bayden Barber, Adri Ibister and Liz Stockley.

Support was provided by the board with the following resolution adopted.

RESOLUTION

That the Board :

- Approves the establishment of the Hawke’s Bay Health Alliance under the terms of the Draft Foundation Document (Appendix 1).
- Appoints Barbara Arnott as Board representative to the Alliance Leadership Team
- Approves the appointment of the following to the Alliance Leadership Team:
 - CEO
 - Chair (or nominee) of:
 - Maori Relationship Board
 - Hawke’s Bay Clinical Council
 - Hawke’s Bay Health Consumer Council

Moved: David Davidson

Seconded: Denise Eaglesome

Carried

Maternity Services Business Plan

Warrick Frater, Chief Operating Officer provided a detailed overview and was supported by Rika Hentschel (Service Director, Women, Children & Youth), Jules Arthur (Midwifery Director) and Dr Philip Moore (Clinical Director)

There had been a significant period of consultation on a whole of Hawke's Bay view for the provision of maternity services in Hawke's Bay. The concept of a primary birthing unit was part of the consultation process, and the preferred option. The board were asked to accept the recommendation to proceed to the next stage.

Discussion was summarised as follows:

- UK studies have demonstrated lower risk over a period of time, was the response to a question about having a separate primary care unit and the envisaged drop off in intervention rates.
- The demographic mix in Hawke's Bay had changed and births by caesarean in the area being one of the highest in the country.
- This was not just about establishing a new facility but would be a new way of interacting with mothers. This will change the model of care to be service led.
- Wairoa mothers were being encouraged to birth in Wairoa with an upgraded service.
- The location of the primary birthing unit was selected for cost saving reasons, but it also provided the opportunity to reshape service delivery to patients. Some car parking would be removed in the build but they would be replaced.
- The CFO advised the increase of \$1m above previous estimates would be funded through the savings program.
- Timing of the project for completion at the end of 2017 was disappointing to some board members who asked whether timing could be pulled forward. This would be discussed by the Management team and be taken to the Finance, Risk and Audit Committee on 18 December **Action**

RESOLUTION

That the Board :

- Note there had been wide consultation with key stakeholders on the model of care driving this proposal
- Approve this Business Case.
- Approve an estimated Capital Budget of \$2.62m (excl GST)

Moved **David Barry**
Seconded **David Davidson**
Carried

Transform and Sustain

The Transform and Sustain document was issued in draft form to board members and would be put on the website **Action**

- The document included a clear statement on how the population was changing in Hawke's Bay (with growth in the Maori, Pacific, Asian populations as well as an increase in the aged population).
- Case studies/patient stories were used to bring the document alive.
- Focusing on better ways to do things by better understanding the needs of our people.

- The detail will lie behind this document and linked into a Detailed Workplan.
- Rather than having the DHB logo incorporated into the document, the board felt the logo representing Hawke's Bay should be used to better reflect transformation and integration of the health system. This was noted.
- The map included in the document would be amended.

Members were asked to spend some quality time on the document and provide feedback through Kevin Snee and/or Anna Kirk. **Action**

Members were very appreciative and supportive of commitment and amount work undertaken. They look forward to receiving the final Transform and Sustain document at the 18 December Board meeting **Action.**

MONITORING

Performance Framework Exceptions Q1 (July-Sept 2013)

Tim Evans (CFO) outlined the report provided and drew the board's attention to the Performance Highlights (on page 52). Areas where targets were not achieved included: elective surgery, ED and better management of long term conditions. The latter having a denominator change which was being validated.

The Chair noted three areas for further clarification being:

- Page 71 - MRI CT Scans – the drop in the last quarter was of concern with an explanation sought.

It was advised that ACC had tightened their belt, whereas discharged patients requiring scan in the past, had taken the pressure off by having their scans through private providers and charged back to ACC directly. ACC no longer allowed this, ultimately putting increased pressure on the numbers of people waiting for scans through the hospital.

- "Did Not Attend" specialist appointments on page 75, showed steady progress at 17.9% for the previous quarter. However for Quarter 1, this had risen to 20% "did not attends" for Maori. This was unacceptable and if it further increased we have a real issue! Ngahiwi agreed. **Action ?**
- Page 79 – Needs Assessment and Service Co-ordination (NASC). The high staffing demand due to online IT issue, was of concern.

Generally the report showed a lot of pleasing results.

HR KPIs Q1 (July-Sept 2013)

John McKeefrey spoke to the report provided, highlighting the following points:

- The final position around personal costs page 82. of year ago reports an increase in staff numbers, offset by decrease in administration etc.
- Sick leave was tracking at 3.0% which was the third lowest of 20 DHBs.
- Staff turnover had been around 18% and was now tracking at around 14%. Some staff stay too long therefore a healthy turnover is seen as good/refreshing. Staff turnover at 8.0% is probably a little too low.
- Staff ethnicity (Maori employed in health) commenced the year with a gap of 51 which had narrowed to 43. This area was receiving focus from Kahungunu and the Tu Tuki Steering Group and it was noted would take a while to turn around.
- To have a comparison to measure against, HR have requested other DHBs to add ethnicity to their reporting.
- Page 93 relayed the Occupational Health and Safety KPIs which had shown a drop.

- Lost time injury rates can be compared to other DHBs
- There had been three serious harm incidents (vigilant around reporting). Serious harm set out in legislation (fractured arm can be serious harm).

GENERAL BUSINESS

There being no discussion the Chair accepted a motion to move into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

17. Confirmation of Minutes of Board Meeting dated 30 October 2013
- Public Excluded
18. Matters Arising from the Minutes of Board Meeting
- Public Excluded
19. Board Approval of Actions exceeding limits delegated by CEO
20. Chair's Report
Regional Governance Group Meeting (November)
Reports and Recommendations from Committee Chairs
21. Hawke's Bay Clinical Council – 13 November 2013
22. Finance Risk and Audit Committee – 27 November 2013
23. Transform and Sustain Update Draft

Moved: Barbara Arnott
Seconded: Denise Eaglesome
Carried

The meeting closed at 3.10 pm

Signed: _____
Chair

Date: _____

**MINUTES OF THE BOARD MEETING
HELD ON WEDNESDAY 18 DECEMBER 2013, IN THE TE WAIORA ROOM,
DHB ADMINISTRATION BUILDING, MCLEOD STREET, HASTINGS
AT 1.05 PM**

Present: Kevin Atkinson (Chair)
Dan Druzianic
Ngahiwi Tomoana
Peter Dunkerley
Denise Eaglesome
Diana Kirton
Helen Francis
Jacoby Poulain
Heather Skipworth
Andrew Blair

Apology: Barbara Arnott

In Attendance: Kevin Snee (Chief Executive)
Members of the Executive Management Team
Graeme Norton (Chair Consumer Council)
Members of the public and media

Minutes Brenda Crēne

KARAKIA

Deputy Chair, Ngahiwi Tomoana opened the meeting with a Karakia.

WELCOME

The Chair welcomed those in attendance, extending a special official welcome to new Board members Jacoby Poulain and Heather Skipworth and Andrew Blair.

As this was the first official meeting of the “new” Board, a welcome was also extended to returning members. The Chair felt the Board was in good shape to move forward and take up the challenges ahead.

It was noted that Kevin Atkinson and Ngahiwi Tomoana were appointed Chair and Deputy Chair respectively for the current term. Peter Dunkerley acknowledged this was Kevin Atkinson’s 5th term as Chairman of the Board and congratulations were in order. It was also very pleasing to have Ngahiwi make himself available and return as Deputy Chair.

Committee appointments would be covered later in the agenda.

A change to the meeting agenda was conveyed with item 19 “Implementation of the Central Region Health Informatics Strategy”, moved to the public section of the meeting as a decision.

DECLARATIONS OF INTEREST

Andrew Blair’s interests had been included on the register provided.

Actions:

Jacoby Poulain and Heather Skipworth would provide interest details to the Board Administrator.

Diana Kirton advised family members had been employed by the DHB with details to be formally advised for the register to be updated accordingly.

CONFIRMATION OF PREVIOUS MINUTES

The minutes of the Board meeting held on 27 November 2013, were confirmed as a correct record of the meeting.

Moved: Dan Druzianic
Seconded: Peter Dunkerley
Carried

MATTERS ARISING FROM PREVIOUS MINUTES

Item 2: **Patient Stories** would commence in February 2014, with a process to be put in place to have these come through the Consumer Council and included on the Agenda **Action**

Item 3: The **Maternity Services Project** was fully supported by the Board at the November meeting with the suggestion at that time, to bring the facility build forward (from 2017). This had been discussed by Management with some concern expressed as to the logistics of bringing the build date forward with the new Mental Health build occurring on site around the same time.

Action This would be further reviewed and an update provided to the Board in February.

Item 5: **Did Not Attend (DNA)** first specialist appointment. It was noted there was an ongoing piece of work in progress and the COO advised he would bring this back to the Board in due course.

The Deputy Chair referenced a letter from the NZ Police around suicides and asked whether the DHB were taking a lead role? Dr McElnay responded that work was in progress and a person was to be appointed into a co-ordination role.

BOARD WORK PLAN

The Board Work Plan for February 2014 was noted.

New board members were invited to attend induction training in Wellington 17/18th February. It was noted the HB Health Sector Leadership Forum would be held the following day, Wednesday 19th February.

CHAIR'S REPORT

The Chair advised there were no retirements to acknowledge, or any significant items to raise since the last meeting.

CHIEF EXECUTIVE OFFICER'S REPORT

Whilst steady progress had been made during 2013, we need to accelerate change in the latter half of the financial year. As we end this calendar year we signal our intention to drive change in a more transformational manner in order to ensure the needs of our population are met more fully.

Financial performance continued slightly ahead of plan with a \$3.0m surplus on track. However looking ahead, HBDHB would receive \$2.5m less funding in 2014/15. This had been compounded by changes to the way tertiary hospitals were funded and the lower population growth in Hawke's Bay compared to other parts of the country.

An overview of the report followed on quality and safety markers as well as Transform and Sustain progress in engagement with Maori; Clinical Quality through Clinical Governance; Patient Experience through Better Clinical Pathways; Integration of Rural Services Update; Primary Health Care

An equity update around child poverty had been recently released. Child poverty has ongoing impacts and HBDHB has a major role in this area.

The formation of the HB Intersectoral Leadership Group had been initiated in 2013 with membership representative from the five HB territorial authorities, MPs, NZ Police, Ministry of Social Development, TPK, NKII, Ministry of Education etc. Although early days, the purpose of the group is to work collaboratively to achieve clarity of vision for Hawke's Bay, and ensure effective working relationships on agreed priorities.

FINANCIAL PERFORMANCE REPORT FOR MONTH OF NOVEMBER 2013

The Chief Financial Officer summarised the report provided, noting in particular:

- Overall an encouraging month's performance with \$119 thousand favourable.
- It was noted there were 30 more full time equivalents paid during November, than planned. This related largely to nursing staff, where taking of annual leave and implementation of summer rosters had not happened as planned. It is possible that annual leave taken in the peak holiday period of December January will correct this.

There had been discussion around the financials at the Finance Risk and Audit Committee Meeting held earlier in the day. The theme that came through was the forecast looks comfortable, however next year looks to be quite challenging. PriceWaterhouseCoopers were undertaking a project to help the DHB identify strategies, initiatives and opportunities to be able to efficiently manage with less funds. This will come to the board in due course.

Following a brief discussion around signatories, the following was agreed:

RESOLUTION

That the Board

Note the contents of the report.

Delegates authority to the Chief Executive, Chief Financial Officer, and Finance Manager to act as authorised signatories for changes to the Master Services Agreement between the DHBs, HBL and Westpac.

Moved **Dan Druzianic**

Seconded **Helen Francis**

Carried

REPORT AND RECOMMENDATIONS FROM COMMITTEE CHAIRS

Hawke's Bay Clinical Council – 11 December 2013

Chris McKenna (co-chair) Chief Nursing Officer was in attendance on behalf of Clinical Council and provided an overview of the report advising it had been a large agenda including feedback on the following topics: Quality accounts; Health Passport and Clinical Indicators, Gastroenterology Model of Care and Endoscopy Business Case.

Hawke's Bay Health Consumer Council – 12 December 2013

Chair, Graeme Norton introduced himself to the new members advising the Consumer Council (which focused on the needs of the consumer) had been in operation for six months. Members were becoming increasingly active in projects where a consumer voice was crucial.

A topic high on Consumer Council's agenda was access to GPs and low cost care. The PHO were focussing in this area and were providing information to Consumer Council..

It was during a discussion on Clinical Indicators that Did Not Attends (DNAs) arose with a suggestion that Consumer Council may consider looking at this with a fresh set of eyes in the New Year.

Maori Relationship Board – Special Meeting – 17 December 2013

Denise Eaglesome provided an overview of the meeting held the day prior.

Tu Mai Ra Report Q1 (July-September) was reviewed with several missing commentaries noted. Did Not Attend (first specialist appointments) had been discussed and noted that Paul Malan would be providing a further report on DNAs. MRB advised they were to seek a status review of the recommended actions from Paul's 2012 DNA Report.

The Maternity Services in HB (Business Case) had been provided for information. The Business Case had been reviewed by Consumer, Clinical Council and approved by the Board in November, noting extensive consultation had been undertaken. MRB members did raise several areas of concern, and in response the COO provided comment summarised as follows: a midwife visits a mother and baby within 48 hours of discharge as this was a statutory requirement; the new maternity facility was about the birthing experience; length of stay issues were more related to secondary maternity service provision; the relationship between the mother and the midwife around pre and post delivery was vital - with attendance by mothers to these services paramount.

Ngahiwi Tomoana was concerned about the low attendance by Maori women to ante-natal clinics (at 27%) and suggested the service provider send a reminder to whanau (using an "auntie" system) to ensure pre and post natal attendance. Although this was seen as a good idea, there were privacy and practicality issues to consider. The Deputy Chair would further evaluate as this system had been very successful with native peoples internationally.

Any feedback or ideas would be directed to the Maternity Services Project team in the first instance.

The focus of this special MRB meeting was to address the first draft of the Maori Health Strategy (for the next three years) and following discussion it was agreed to reduce the size of the document and simplify the strategy.

Pacific Health Leadership Group – 2 December 2013

Talalelei Taufale (Pacific Health Development Manager) spoke on behalf of Barbara Arnott, who was a conduit for this newly formed Group reporting to the Community and Public Health Advisory Committee.

Members showed a real willingness to roll up their sleeves to improve health issues in their Pacific communities. Meetings would be held quarterly and the Group would appoint a Chairperson at their next meeting. It was anticipated that the Chairperson would join the HB Health Sector Leadership Forum in 2014.

DECISION

Transform and Sustain

The bound Transform and Sustain document, in near final form was provided to members. Feedback was very positive with some minor changes noted to page 6. The health system logo introduced was for further discussion (within the sector) however feedback had generally been positive.

The need for transformational change was real and the key intentions identified would become part of the emerging strategy. With focus and determination we should see ourselves in a very different place in five years time.

The Transform and Sustain document will be on the HBDHB website and continually updated. The deployment graph included within the document will provide a snapshot to monitor resources throughout the process of change.

Thanks and gratitude was expressed to those who had put an enormous amount of work in to get to this point. It was pleasing to note a lot of activity had already occurred around the intentions identified.

Following discussion the board passed the following resolution.

RESOLUTION

That the Board

Approve the Transform and Sustain document as the Hawke's Bay health strategy for the next five years.

Moved Denise Eaglesome

Seconded Helen Francis

Carried

Action: A Transform and Sustain five year program will be brought back to the Board in the New Year.

Board Committee Structure and Meeting Schedule for 2014

Ken Foote (Company Secretary) relayed changes made to the Terms of References (TOR) for the respective committees, along the lines discussed at the November Board Meeting.

The meeting schedule had been amended with the planning and combined strategic committee meetings removed utilising as agreed, the HB Health Sector Leadership forum as the more appropriate vehicle moving forward.

Changes to the Policy for Payment of Fees had been made to allow for payment to the HB Health Consumer Council and the newly formed Pacific Health Leadership Group.

Nomination of the Chairs for the advisory committees (CPHAC, DSAC and HAC) even though they may not meet was however a statutory requirement. The respective Chairs would be familiar the TOR's for their respective committees and have the ability to call special meetings at any time.

Ken was thanked for the work he had put in and the following resolution was agreed:

RESOLUTION

That the Board:

- Note the contents of this report.
- Approve the "evolution" ideas
- Approve the "Draft Amended Terms of Reference" for
 - Community and Public Health Advisory Committee (CPHAC)
 - Disability Support Advisory Committee (DSAC)
 - Hospital Advisory Committee (HAC)
 - Finance Risk and Audit Committee (FRAC)
 - Maori Relationship Board (MRB)
 - Hawke's Bay Clinical Council

- Hawke's Bay Health Consumer Council
- Hawke's Bay Health Sector Leadership Forum
- Approve the amended/updated Policy "Payment of Fees and Expenses"
- Approve the Draft 2014 Meeting Schedule
- Review these changes in November 2014 to ensure it is meeting our needs

Moved **Peter Dunkerley**
Seconded **Ngahiwi Tomoana**
Carried

Napier Health Centre Detailed Design Update

Kieran McCann (GM Integrated Care Services) updated the Board on progress with the Napier Health Services design project. With the seismic report received, detailed design completed and the project let for tender, the project was proceeding according to plan. Tenders had since been received for review and it was noted that some preliminary work in the Reception area had already been completed.

The design was user friendly, with good patient flow and signage. Appreciation was expressed to Consumer Council for their input which had been very helpful. The demand for extra space had been timely.

There was some discussion around the inclusion of a Pharmacy or a dispensing facility at the complex. It was agreed this topic would be further discussed around a long term strategy for pharmacies and licensing **Action**

RECOMMENDATION

That the Board

- Note the progress on detailed design of the facilities changes at Napier Health Centre
- Note that HBDHB has received owner approval to proceed with planned facility changes.
- Note the Initial Seismic Assessment Report of Dec 2011 confirms the building is not earthquake prone and has a New Building Score (NBS) of 60% at Importance Level 3, placing it in the medium risk category (acceptable level is between 34-66 %). The agreed detailed design has been assessed to only have minimal effect on this score and therefore the works can proceed.

Adopted

Working in Partnership for Quality Healthcare in Hawke's Bay

An introduction was made by John Gommans and Graeme Norton (co-Chair and Chair of the respective Clinical and Consumer Councils) who had been working with their teams and Emma Foster (Project Manager) on this for some time. This piece of work was triggered when the Ministry of Health challenged DHBs across all services to ensure patient Safety.

Emma provided copies of the Framework document in bound form and followed up with a presentation which was very well received and included a lot of positive well researched messages.

Points summarised:

- To make changes in your organisation you need stories.
- Hawke's Bay working together as one whole health system
- Five priority areas had been identified:
 - Implement information technology solutions to support quality improvement.
 - Ensure that our most vulnerable have all available resources needed to support their health journey.
 - Improve process of gathering patient experience data, and how we share it.
 - Support ongoing professional development.
 - Develop consistent patient journeys through clinical pathways or individual pathways for difference services.
- The next step includes the development of action plans to underpin the Framework.
- This will be a transparent process with website updates throughout.
- People will feel more confident providing feedback as we are doing something with information and comment provided.

Those who put quality measures at the highest level as their financial measures must succeed! We have good staff and the Framework to do this well.

There was no hesitation in adopting the following recommendation.

RECOMMENDATION

That the Board:

1. Note the summarised feedback from the specific stakeholder engagement, "Working in Partnership for Quality Health Care in Hawke's Bay – A Summary of Feedback" (December 2013).
2. Endorse that "Working in Partnership for Quality Health Care in Hawke's Bay – A Quality Improvement and Safety Framework" (December 2013) as the strategic framework for quality improvement and safety for the Hawke's Bay health sector.
3. Note the priority action areas identified throughout the stakeholder engagement process.

Adopted

Quality Accounts

Dr Caroline McElroy presented the paper on Quality Accounts which started off initially as optional for DHBs to complete. Subsequently the MOH advised all DHBs were required to complete Quality Accounts from 2013 onwards.

The paper provided (which had been viewed by Clinical Council) was a pragmatic approach, including comment next year on proposed enhancements for a mix of local measures (3) being: Correct labelling of laboratory specimens; plans which reduce the risk of relapse in people with mental illness; and Rheumatic Fever.

Nationally, in addition to the Health Targets there would be measures to: Reduce harm from falls; Reduce harm from surgery; Reduce harm from medications and Reduce harm from healthcare acquired infections.

Board feedback was sought, however it was recognised the timeframe was very tight for the (prior year accounts y/e June 2013). The document provides the basis for next year's Quality Accounts and further minor changes would be made prior to submission.

RECOMMENDATION

That the Board approve the Quality Accounts which would be submitted subject to minor changes.

Adopted

Implementation of the Central Region Health Informatics Strategy – from public excluded section

The CEO provided an outline and stressed the need for the CRISP programme to move forward as a region. Following some discussion the resolution was approved.

RESOLUTION

That the Board :

1. Note the critical need for a regional ICT strategy if government policy and ministerial expectation is to be met in the central region.
2. Note the critical need for regional ICT service provision if the benefits of the current CRISP are to be realised for patients, clinicians and communities across the central region.
3. Agree to adopt the Central Region Health Informatics Strategy as appended.
4. Approve the Transition Plan as appended to guide the implementation of the Strategy.
5. Note that the Transition Plan is not:
 - Centralisation of all regional ICT staff into Wellington (or anywhere else).
 - Regional ICT driving/determining DHB business goals and outcomes.
 - One (or more) DHBs taking over the region at the expense of others.
 - Regional ICT suppliers telling their customers what their problem is and how they've solved it.
 - A removal of sovereignty or control from any DHB over their business
 - Hugely expensive.
6. Note that the estimated costs are up to \$495k pa (including upfront costs).

Moved **Diana Kirton**
Seconded **Dan Druzianic**
Carried

MONITORING

Mental Health Inpatient Unit Update

Kieran McCann (GM Integrated Care Services), Dr Simon Shaw (Clinical Director), David Warrington (Nurse Director), Allison Stevenson (Service Director) and Amber Hone (Project Manager) updated the Board on the project to date, and overviewed the developed design plan which provided for flexibility with subtle design measures included.

Preparing the site for the build to commence had required some fairly extensive works to be undertaken on and around the environs.

Change and transition is underpinned by the Model of Acute Care, with the Maori Cultural Pathway of Care sitting underneath but linked. Other ethnicities cultural requirements would occur in the same way, as required.

With change and transition comes a comprehensive set of activities and timelines to ensure continuity of service. Frequently asked question (FAQ) sheets had been put in place to assist with customer enquiries.

Following enquiries around the nature of services provided at the facility as well as the inclusion of specific areas/items into the facility eg lounges, a Gym and therapeutic outdoor spaces, the Board expressed their appreciation with how the project was progressing.

Tu Mai Ra Q1 (July-Sept 2013)

Tracee Te Huia (GM Maori Health) welcomed the new board and hoped they enjoyed Powhiri (held earlier in the day). In introducing the Tu Mai Ra Report, Tracee noted in particular the real strength in relationships that were being developed, which was very pleasing. This included the rationalisation of Maori health providers from 12 down to five, which was paying dividends.

On reviewing the Tu Mai Ra Report, there was support for fewer indicators over the next 3-5 years.

Reporting in age bands had been discussed at MRB and it was felt that age band reporting may provide for better focus/structure of services for particular groups. Some were unsure however whether that would be the best use of resources as it would not be desirable to have four to five provider vehicles up the driveway of our more vulnerable families. The focus should be to “contract for outcomes”.

There had been a huge improvement in reporting with many gains made, however we still had a long way to go. The efforts put in by all were acknowledged.

The Chair expressed his interest in focussing on the generation of Maori born today to ensure they have the same equitable health opportunities across the board, as their non-Maori counterparts, and not the inequitable health status of older Maori today.

Other members agreed it was about prevention and education, with access to services not occurring for a whole lot of reasons. There needed to be a focus on Did Not Attend first specialist appointments (DNAs).

There was also a real challenge in the area of workforce development. As everything was so tight, there was little flex for those workers to take time out to advance their education. It was noted that EIT had stopped several programmes recently due to insufficient enrolments as a result of students not able to be released, due to work pressures.

GENERAL BUSINESS

There being no discussion the Chair accepted a motion to move into Public Excluded.

RECOMMENDATION TO EXCLUDE THE PUBLIC

RESOLUTION

That the Board exclude the public from the following items:

17. Confirmation of Minutes of Board Meeting dated 27 November 2013
- Public Excluded
18. Matters Arising from the Minutes of Board Meeting
- Public Excluded
19. Board Approval of Actions exceeding limits delegated by CEO (nil)
20. Chair's Report
- Regional Governance Group Report 2 December 2013
- HBL Chairs Update
- Committee Appointments
Reports and Recommendations from Committee Chairs
21. Hawke's Bay Clinical Council – 11 December 2013
22. Finance Risk and Audit Committee – 18 December 2013
23. Transform and Sustain Update Draft

Moved: Diana Kirton
Seconded Peter Dunkerley
Carried

The meeting closed at 4.40pm

Signed: _____
Chair

Date: _____