



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Agenda

Wednesday, 26 January 2022
10.00 am

**Waikaraeo Room, Level 1, DHB2 Building,
17th Ave Business Park, Tauranga**

Minister's Expectations for the Bay of Plenty Health System 2021-2022

Principles

- Working together across the system to shape the future of health & wellbeing
- Reaching for excellence
- Investing in community services
- Prioritising wellbeing and equity: giving effect to Whakamaaua
- Improving population wellbeing through prevention

Transformational Care

Priorities

- Child wellbeing
- Mental Health system transformation
- COVID: Containment, vaccinations and embedding learnings

Business Management

- System connectedness to improve financial sustainability
- Financial breakeven in 2021-2022
- Tangible outcomes from sustainability funding
- Strong business and capital investment planning
- Full implementation of CCDM

Note: the above are condensed interpretations of the Minister's Letter of Expectations

Enablers

- Flourish at Work
- Population Health Plan
- Campus Plan
- Digital Transformation
- Environmental Sustainability
- Nursing & Midwifery
- Health Intelligence
- Clinical Governance
- Health & Safety
- Planned Care

Drivers

- Te Toi Ahorangi
- Strategic Health Services Plan
- Minister's Expectations
- Annual Plan
- Regional Equity Plan
- Financial Sustainability

A connected system

- Moving care into the community
- Partnering in localities
- Health in all policies
- Organising for the future

Equitable healthcare

- Identifying unfair and unjust disparities
- Systematic addressing of inequities
- Enacting Te Toi Ahorangi in the design and delivery of care

Healthy, thriving workforce

- Enhancing physical and psychological safety
- Addressing injustice and discrimination
- Evolving the new world of work

Safer and compassionate care

- Robust clinical governance and continuous improvement
- Recognising the uniqueness of each individual

The Quality Safety Markers

- Falls
- Healthcare associated infections
- Hand hygiene
- Surgical site infection
- Safe surgery
- Medication safety
- Consumer engagement

Transformations

- Leadership development
- Restorative resolution
- Union partnerships
- Role clarity
- Reducing bureaucracy
- Sharing information
- Growing a sustainable Māori workforce

Transformations

- Culturally safe quality management
- Intelligent quality monitoring & improvement
- Choosing wisely
- Person & whānau-centred systems

Central Diagram: Patient and Family Centered Care - Whānau Ora

- Live well:** Empower and engage in healthy lives
- Stay well:** Prevent avoidable hospital admissions through prevention services to improve health and wellbeing
- Get well:** Create models of care that support recovery and return to health

Enablers for Central Diagram: Digital, Environmental, Financial, Human Resources, Information, Organisational, Physical, Policy, Quality, Safety, Workforce

Priority Populations: Children, Older Adults, People with Mental Health Issues, People with Physical Health Issues, People with Substance Use Issues, People with Complex Needs

04/11/2020

Board Agreed Transformation Priorities

1. Child immunisation
2. Child oral health outcomes
3. Eastern Bay Health Network
4. T1-T2 connection and commissioning

Top 12: Executive Spotlight

- Increase the number of infants that have completed all age-related immunisations
- Reduce avoidable hospital admissions among children 0-4
- Increase number of patients enrolled and actively engaged in GP services
- Reduce DNA rates for children between 0-17 years
- Reduce avoidable hospital admissions among adults aged for 45 - 64 year olds
- Reduce the time to appropriate management of acute presentations
- Reduce LOS for Acute Admissions
- Reduce the number patients who have been in hospital 7 days or more that do not require a hospital bed
- Reduce the number of patients that remain untreated after 4 months after commitment to treatment
- Improve inpatient Quality and Safety
- Increase Maori in the workforce across occupational groups and across Western and Eastern BOP
- Increase access rates to Mental Health and Addiction services

*Ē hoki koe ki ō Maunga, ki ō Awa.
Kia pūrea koe ē ngā Hauora ō Tāwhirimatea.*

*Return to your sacred mountains and rivers.
So that you can be purified by the sacred winds of Tāwhirimatea*

Position Statement on Te Tiriti o Waitangi, Health Equity and Racism

This position statement confirms that the Bay of Plenty DHB is making a stand to implement Te Tiriti o Waitangi Articles and Principles, work in partnership with stakeholders to improve Health Equity for Māori as tangata whenua, and eliminate all forms of racism in the Bay of Plenty health system. The DHB believes that systemic failures to honour Te Tiriti o Waitangi, persistent inequities and racism is unfair, unjust, and in many cases, avoidable. Inaction in regard to these obvious issues is unacceptable.

The Bay of Plenty District Health Board's positions are as follows:

- We recognise Te Rūnanga Hauora Māori o Te Moana a Toi as our Te Tiriti governance partner and support meaningful tangata whenua representation, kaitiakitanga and participation at all levels of the system. This includes the use of mechanisms that promote shared decision-making, prioritisation, commissioning/purchasing, planning, policy development, service provision, solution implementation, cultural safety, research and evaluation.
- We respect and enable tangata whenua to articulate and lead change toward their health aspirations.
- We will address institutional structures and biases that obstruct health equity. This includes active support of Te Toi Ahorangi Te Rautaki a Toi 2030 and its iwi leadership; cognisance of He Pou Oranga Tangata Whenua Determinants of Health; use of strength-based approaches that engage and involve Māori communities; and recognition that mana motuhake (autonomy) and rangatiratanga (authority) are critical to achieving Māori health equity.
- We will prioritise and resource the achievement of healthy equity for Māori and work toward ensuring all communities of Te Moana a Toi are supported to realise Toi Ora based on agreement.
- We acknowledge the impact of inequity on all people and accept that more work is required to support other communities that suffer from avoidable, unjust and unfair equity in the spirit of manaakitanga.
- We will protect Māori custom and the position of wairuatanga and te reo me ōna tikanga as fundamental aspects and enablers of Toi Ora.
- We will also respect and ensure that Māori culture and worldview in Te Moana a Toi is prioritised as part of health system solutions. We acknowledge the right of all people to spiritual and religious freedom is respected and protected by the Bay of Plenty District Health Board.
- We will implement proportionate universalism as an approach to balance targeted and universal population health perspectives through action proportionate to needs and levels of disadvantage.

[Link to Actions and Evidence](#)



Item No.	Item	Page
	<p>Karakia</p> <p>Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te pō ko tenei te awatea Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!</p>	
1	Apologies	
2	Interests Register	6
3	<p>Minutes</p> <p>3.1 <u>Board Meeting – 24.11.21</u> <u>Matters Arising</u></p>	10 13
PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES		
PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY		
4	<p>Items for Discussion</p> <p>4.1 <u>CEO’s report</u></p>	14
5	<p>Items for Noting</p> <p>5.1 <u>Correspondence</u></p> <ul style="list-style-type: none"> • Letter of thanks from Hon A Little re S Shea Service on the Bay of Plenty District Health Board, dated 13 December 2021 • Letter from Minister of Health, Hon A Little re Bay of Plenty District Health Board 2021/22 Annual Plan, dated 10 January 2022 <p>5.2 <u>Board and Committee Meeting Schedule 2022</u></p>	28 32



Item No.	Item	Page
6	General Business	
7	<p>Resolution to Exclude the Public</p> <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.</p>	
8	Next Meeting – Wednesday 23 February 2022.	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated December 2021)



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Iwi Authority	Board Director	Fisheries Trust	LOW	22/10//19
NZ Social Work Registration Board	Board Member	Social Workers Registration	LOW	May 2020
Poutiri Trust	Pou Tikanga	Health Services Provider	LOW	May 2021
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018



Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
ESTERMAN, Geoff				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
BOPDHB	Wife Penny works as Casual Vaccinator	Health Services Provider	LOW	Sept 2021
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Vic Davis trust	trustee	Grants for mental illness research	LOW - DHB employee may be applicant/recipient of grants	1/9/20
Lakes DHB	Wife Sue has position in Quality and Risk re WC&F investigations	Health	Moderate	March 2021
GUY, Marion				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NZNO	Honorary and Life Member	Nursing Union	LOW	



Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Royal New Zealand Foundation of the Blind Inc	Board Member	Services to the Blind	LOW	May '21
SIMPSON, Leonie				
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
Toroa Leadership Group	Chair	Mental Health & Addictions Transformation & Redesign, BOP	MEDIUM	24/11/2021
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019
STEEL, Linda (Maori Health Runanga Chair)				
Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021
Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/02/2021
BOPDHB Maori Health Runanga	Chair / Iwi Representative	Strategic Relationship with BOPDHB	LOW	23/02/2021



WILLIAMS, Wayne				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services Ltd	Director	Alliance Corporate Activities	LOW	15/4/2021
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
Third Age Health Services	Independent Director	Primary Care Providers to ARC	MEDIUM	10/6/2021
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020





BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes

Bay of Plenty District Health Board

Via ZOOM

Date: Wednesday 24 November 2021 at 1.00 pm

Board: Sharon Shea (Chair), Geoff Esterman, Mark Arundel, Bev Edlin, Ian Finch, Marion Guy, Ron Scott, Leonie Simpson, Arihia Tuoro, Wayne Williams, Linda Steel (Runanga Chair), Natu Vaeluaga, Mariana Hudson

Attendees: Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services), Bronwyn Anstis (Acting Chief Operating Officer), Mike Agnew (Acting GM Planning & Funding and Population Health), Marama Tauranga (Manukura), Debbie Brown (Senior Advisor Governance & Quality), Jeff Hodson (GM Facilities and Business Operations), Julie Robinson (Director of Nursing), - part, Luke Bradford, Kate Grimwade (Chief Medical Officers) – part, Tess Richardson (Acting Exec Director, People & Capability) – part, Sarah Davey (Transition Lead) - part

Item No.	Item	Action
	Karakia	
1	<p>Apologies An apology was received from Hori Ahomiro Resolved that the apology from H Ahomiro be accepted.</p> <p style="text-align: right;">Moved: M Arundel Seconded: M Guy</p>	
2	<p>Interests Register Board Members were asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.</p>	
3	<p>Minutes</p> <p>3.1 <u>Minutes of Board meeting – 27.10.21</u> Resolved that the Board receives the minutes of the meeting held on 27 October 2021 and confirms as a true and correct record.</p> <p style="text-align: right;">Moved: A Tuoro Seconded: B Edlin</p> <p>3.2 <u>Matters Arising</u> All Matters Arising were in progress or completed as indicated.</p>	
	Part A: Future Focus and Key Strategic Issues	
	Part B: Monitoring, Compliance and Business as Usual Delivery	
4	<p>Items for Discussion</p> <p>4.1 <u>Chief Executive's Report</u> The Chief Executive highlighted: <i>Vaccination Rates</i> - as of yesterday, for BOP overall, 88% of the population have had 1st vaccinations and 78% second. Current modelling would expect that within a week, BOP will have crossed the 90% mark.</p>	

Item No.	Item	Action
	<p>Pacifica uptake is 100% . Uptake for Maori is 57.5% overall for BOP. There is huge effort being applied. Booster shots will be rolled out and should be 6 months after the last shot.</p>	
5	<p>Items for Noting</p> <p>5.1 <u>Correspondence</u></p> <ul style="list-style-type: none"> • Letter from MOH DG re the Transfer of Responsibility for Drinking Water Regulation to Taumata Arowai, dated 20 October 2021 • People Panui from DPMC on Future of Health for week 2-8 November 2021 <p>5.2 <u>Board Work Plan</u></p> <p>The Board noted the information.</p>	
6	<p>General Business</p> <p>There was no general business</p>	
7	<p>Resolution to Exclude the Public</p> <p>Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting: Board Minutes - 27.10.21 Chief Executive’s Report Presentations - Clinical Services Plan - EY Property Update Health Reform Transition update COVID -19 Optimising Leadership and Management of Acute Demand Laundry and Linen Services Contract Seismic Building Information BOPDHB Annual report 2021 – Draft 2021/22 Annual Plan Financial Budget</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed: Pete Chandler Owen Wallace Bronwyn Anstis Kate Grimwade Luke Bradford Mike Agnew Julie Robinson Jeff Hodson Debbie Brown Marama Tauranga Tess Richardson</p> <p>Resolved that the Board move into confidential.</p>	

Item No.	Item	Action
	Moved: S Shea Seconded: G Esterman	
8	Next Meeting – Wednesday 26 January 2022	

The open section of the meeting closed at 1.20 pm

The minutes will be confirmed as a true and correct record at the next meeting.

RUNNING LIST OF BOARD ACTIONS - Open

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe			
Date	Task		Who	By When	Status	Response
27.10.21	Equity Paper The Equity paper had been presented to both Board and Runanga forums and taken back to the Runanga who gave guidance and views. This will come back to Joint ZOOM meeting on 12 November.		Manukura	14 Dec		Equity paper has fed into Co-Commissioning document presented to Joint Board/Runanga Meeting 15/12/21 – Completed



Chief Executive's Report

This report covers the period 15th December 2021 to 19th January 2022.

1. Chief Executive's Overview

Over the Christmas and new year period there was an intentional attempt to support as many people taking leave as possible. Hospital occupancy levels, the ongoing demands related to managing the COVID outbreak and striving to achieve our 90% fully vaccinated rate presented some challenges to this. However, with extended phasing of leave throughout December and January we were able to achieve periods of leave for most people who were seeking time out over the summer.

Given the COVID outbreak was developing significantly in the Bay in the days leading up to Christmas we were limited on our ability to support normal Christmas activities, however the team level Christmas meal alternative has received positive feedback from staff along with exec team chocolate rounds and other contained activities which acknowledged and celebrated the tremendous work done by our teams during the year.

Excellent progress was made during this period in:

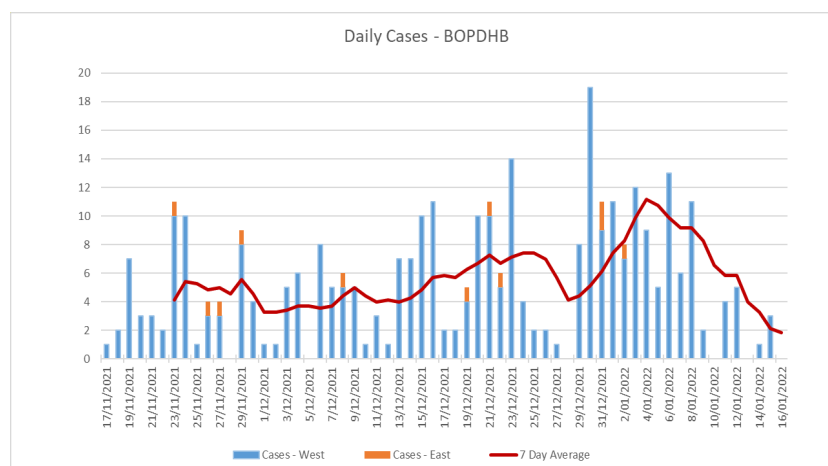
- Achieving 90% double vaccinated for the Bay of Plenty population
- Completing the COVID ward and ICU upgrading works
- Preparing for the rollout of booster doses and five to 11 year old vaccinations
- Managing acute service demands
- Dealing with a sizable number of COVID positive patients
- Observing the developing Omicron situation in Australia and beginning to determine whether our COVID plans, processes and provisions might need to evolve or change

As we move into 2022 the key focus areas that we identified as our top priorities late last year continue to stand as appropriate and relevant to us. However, as part of learning to live with COVID it is imperative that we give strong focus to a number of areas of performance improvement, especially in the area of planned care waiting times, which were significantly disrupted and adversely affected during the last year.

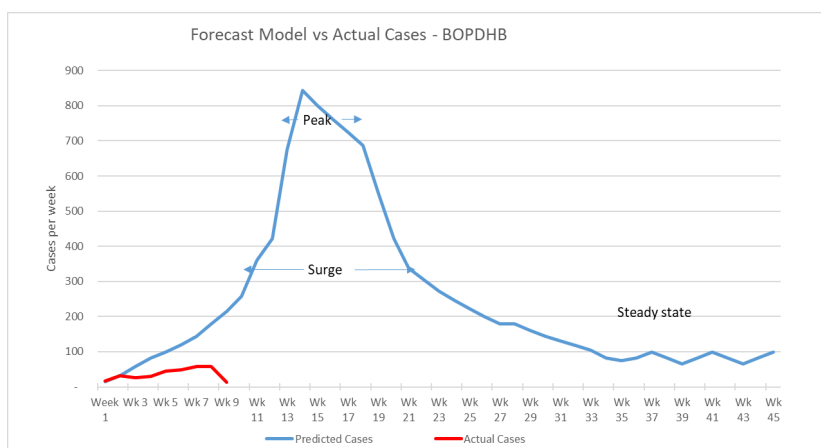
2. COVID

2.1 Current Trends

The current case identification rates are shown below and have been compared to the initial modelling and both indicate that management strategies that have been part of the country's response (eg vaccination, masks, social distancing) have had a significant impact in keeping case numbers at a manageable level to date.



Daily case numbers trended up to up until then end of December 2021. Since then the number of identified cases has reduced markedly on a daily basis.



Initial modelling of an uncontrolled COVID outbreak indicated that we could expect a surge in cases 10-11 weeks after the initial case identification.

In the managed environment that exists, actual case numbers bear no relationship to the modelled trend. The emergence of Omicron in the community will alter both the number of cases and the likely surge and steady state situations.

2.2 Outbreak Readiness

Primary Care

Western Bay of Plenty PHO (WBoPPHO) stood up a COVID Priority Response Team (CPRT) in November 2021 to manage the clinical aspect of active COVID cases and household contacts for those self-isolating in the community.

WBoPPHO is the lead PHO for coordinating this response for the Bay of Plenty communities except in Murupara where the Rotorua based PHO is coordinating the response.

The clinical response to looking after patients isolating in the community is an imperative and specialised service and the PHOs have been acknowledged for the cooperative way they have stepped up in this space.

The potential to realise wider ranging changes in Primary care as a result of the COVID response, particularly in the area of telehealth and after hours care remains high. The mixed model currently operating in Murupara has demonstrated that a large number of nurse led interventions can be managed via telehealth. Similarly COVID care in the community is expanding options and approaches to after hours care with both GP and remote bureau services in play.

Hospital Services

Small numbers of Covid Positive Patients are being managed within Tauranga Hospital with patient flow pathways for ED; Ward 2C, 4A Paediatric Ward and ICU, as well as the ED at Whakatane Hospital.

With the completion of pandemic planning works upgrade on Level 4 at Tauranga Hospital, Ward 2c relocated on Friday 7/1/2022 ahead of scheduled move.

All Hospital Services Pandemic Plans have been updated in line with MOH Living with Covid 3 level Guideline (rather than the previous version aligned to 4 level Hospital Escalation Framework).

Additional COVID management capacity has been added at Tauranga Hospital with the new negative pressure ward space (Ward 4c) becoming operational early January.

Further expansion is being planned as a result of the MoH recently announced \$18M capital investment for Tauranga Hospital for upgraded ED and the separation of CCU/ICU - increasing the size of ICU and creating a new CCU. The scope and method of delivery is yet to be confirmed by the Ministry.

Current occupancy rates within the DHB facilities have been running at high levels throughout December and into January – despite the efforts to reduce demand. A contributor to this has been the inability to discharge patients requiring supported care via Aged Residential Care facilities and/or home based care providers – predominantly due to staff shortages within those service providers.

Telehealth Sustainability Team (TST)

This programme is about increasing access and equity by providing evidence-based, convenient, and safe alternatives for patients to engage with healthcare services through video and telephone consultations.

Video Consults

- The Proof of Concept (POC) video consults launch has targeted Respiratory, Renal and Oncology services.
- Supporting services, developing additional training material and change management (including communications) have been the focus.
- The Privacy Risk Assessment and protocol for emailing patients has been approved.
- The project is tracking to be delivered within budget.

Island Telehealth

Telehealth healthcare delivery models for both Matakana and Motiti Islands have been established and enablers for this include:

- MoH funding awarded via Western BOP Primary Health Organisation
- Radio mast installed on Matakana island now delivers broadband speed internet to the clinic
- Radio mast installed on Motiti island now capable of delivering broadband speed internet to the clinic however solar power installation is required
- Appropriate equipment supplied for self-testing of vital signs
- 2 Workshops held on Matakana island facilitated by the MOH to further develop improved delivery of distance healthcare to the islanders
- Matakana island is now able to support video consultations via the use of a telehealth tablet computer for both GP consultations and Outpatient clinics.
- Pulse oximeters have been supplied to the Te Awanui Hauora Trust clinic to be distributed as required should members of the island community contract COVID and need to be managed at home.

COVID Surge Training

The COVID Surge Nurse Educators continue to provide education via online learning, online videos, and practical workshops. The training has been adapted to meet site specific needs and current hospital demand. 213 nurses across Tauranga and Whakatāne have completed the national framework for critical care surge training online. 15 staff from the wider health care team have also completed the online framework.

Regional partnership working

Regular zoom connection occurs on a planned basis three times a week involving DHB, PHO, Maori and Pasifika providers, Labs and clinical operations teams. This continues to provide ongoing connectedness, rapid decision making and information sharing in managing testing, vaccination and outbreak domains collectively across the Bay.

In addition, the Te Manawa Taki Regional COVID hub is now well established in connecting the five Midland DHBs into a collaborative COVID response effort and locally the intersectoral regional leadership group its working strongly in partnership with Iwi In the ongoing development of our Waharoa - the shared health and welfare co-ordination hub collective.



The Waharoa focuses on empowering and supporting community and Iwi led responses with a well coordinated joined up cross sector approach. DHB and MSD teams have already co-located, now being joined by police, Oranga Tamariki, Corrections and requests from other services to be part of the developing model.

2.3 Vaccination Programme

The Vaccination Programme has achieved 90% fully vaccinated across the BOPDHB – this was achieved in early January. Rates vary across Territorial Local Authorities with the larger population bases in the West having the higher rates. Vaccination rates within Maori community are lower across the district at almost 73% fully vaccinated.

Daily rates for 1st and 2nd doses are reducing as the population of people yet to be vaccinated shrinks and the focus shifts to Booster doses and the 5-11 year old group.

As at 16th January 2022

Territorial Local Authority	1 st Dose		2 nd Dose		Booster	
	Total	Maori	Total	Maori	Total	Maori
Tauranga	96.5%	79.7%	93.9%	74.1%	21.5%	7.5%
Western BOP	93.3%	76.2%	90.5%	70.8%	18.7%	8.1%
Whakatane	86.3%	77.6%	82.4%	71.3%	19.0%	8.5%
Optiki	87.8%	82.7%	82.3%	75.3%	19.1%	14.6%
Kawerau	85.8%	81.5%	80.8%	74.6%	17.3%	7.7%
BOPDHB	93.6%	79.0%	90.5%	72.9%	20.3%	8.6%

Vaccinations of 5 to 11 year olds commenced on 17th January with 39 providers participating in the roll out of this programme.

Covid 19 Vaccination Data Management & Covid in the community

The BOPDHB is working with the MoH to migrate processes onto national systems while retaining local forecast visibility for supply chain planning and to establish a centralised Border Clinical Management System to coordinate management of COVID in the Community.

- Most BOP COVID vaccination providers are now present on the national booking system (NIBS)
- Forecast reporting from the national system and the local booking system can be viewed
- BOP DHB is being onboarded to the Border Clinical management System with 2 facilities as locations designated East EBP and West WBP.
- BCMS (Border Clinical Management System) will be available to GP practices Jan 16th, 2022

3. WORKFORCE

3.1 Workforce Recruitment, Retention, Wellbeing

The impact of workforce shortages continues to be a substantial and concerning issue across most areas of community settings and hospital services.

Of most concern is that these workforce shortages are being felt across the sector – with BOPDHB actually having lower staff turnover than the majority of DHBs.

Recruitment Campaigns:

- Regionalised attraction campaign – A campaign has been commenced in partnership with a strategic marketing agency to attract nurses back to the sector and the Bay of Plenty. Phase One has commenced utilising various social media platforms while Phase 2, centred on a 12 week campaign, will utilise additional advertising techniques and video.

Using the data and analytics the material will be “tweaked” to ensure we market in the right places.

- International Campaign – The DHB is participating in a nationwide DHB international campaign, currently in its early stages, that focuses on 3 key staffing areas (RN’s ED, Paed’s and Midwives). The campaign will focus on European countries where large numbers of candidates are interested in moving to New Zealand. The campaign itself will be multi regional focused and so we are likely to be partnered with Waikato.
- Attracting Maori Staff - This is something that People & Culture will work with Te Pare o Toi and other key stakeholders to plan and progress with the focus being specifically on building on Maori talent through the DHB.
- Other activities to support recruitment and retention include providing support and assistance for short and longer term accommodation; initiating the “Recruit a Friend” campaign; additional nursing educator roles; increased duty manager support out of hours; an additional Nurse Practitioner role in ED and the recruitment of ex-Paramedics to assist staffing of Tauranga Hospital Triage.
- Regional discussions are occurring within Te Manawa Taki around staff recruitment and retention issues, focusing on TMT DHBs providing mutual support to each other around critical roles to manage the risk during the transition to Health NZ.

3.2 Staff Wellbeing

A new break room space has been created for staff that are working in red zones. This allows these staff to have a dedicated space in which to have their breaks which is separate to our other staff break rooms. Access is via level one, Tauranga Hospital – previously the medical records department.

Those using this space, please need to practice social distancing of 2 metres during periods of being unmasked.

This space is fitted with a full kitchenette, dining tables and chairs, lockers, changing rooms, computers, toilet.



3.3 Supporting Front Line Needs

Nurse Entry to Practice (NETP) and Specialty Practice (NESP)

The 2022 intake of 66 new graduates (22 Māori, 1 Pacifica) commences January and February. There are 40 graduates placed at Tauranga, 20 at Whakatane and 4 in primary care. Mental Health have placed 10 graduates across community and inpatient settings. Three hospital based positions remain unfilled with every effort made to recruit from the national database.

38 (8 Māori, 1 Pacifica) of the current 2021 new graduates have taken up permanent positions within the DHB, with a further nine remaining in Mental Health. 2021 was a year with a high attrition rate with 18 withdrawing from the programme for a range of reasons.

The NETP programme will be run in house for 2022 to determine if this will better meet the graduates needs.

3.4 Health and Safety

During December a range of activities were undertaken as part of the Health and Safety programme:

- Due to COVID, the annual Health & Safety Awards, whereby H&S representatives are recognised for their contribution to the organisation had to be curtailed – the usual face to face celebratory event had to be replaced with written recognition awards.
- Risk reviews were undertaken at a number of locations across the two main facilities - ED, Front of House, ICU, Maternity & SCBU in Tauranga, and Renal and ACU at Whakatane. The purpose of these reviews was to understand what risks had been identified and what actions were in place to manage.
- Safety walks were undertaken in Outpatients, Ward 2, Theatre, Allied Health Physiotherapists and Medical Day Stay at Tauranga and Medical Ward and front of house at Whakatane – together with ongoing generalised COVID precaution conformance reviews site wide.
- Provision of support to ED in managing COVID cases presenting from the community together with supporting Tauranga ED's management of staff shortages leading into the holiday period.

4. INEQUITIES

4.1 Child Wellness

ASH 0-4 yrs (Top 10 KPI)

The Community Oral Health team is actively working on improving the rate of children seen by reducing non-attendance at appointments, prioritising the booking process for Maori children, and sustaining rural mobile services however the activity is marginally successful as the current workforce capacity (and available skills) is a challenge for operational management. The dental ASH rate is monitored through monthly dashboard data and shows a `stubborn` trend gap between Maori and Non-Maori, with marginal reduction in rates over the past 12 months by quarter.

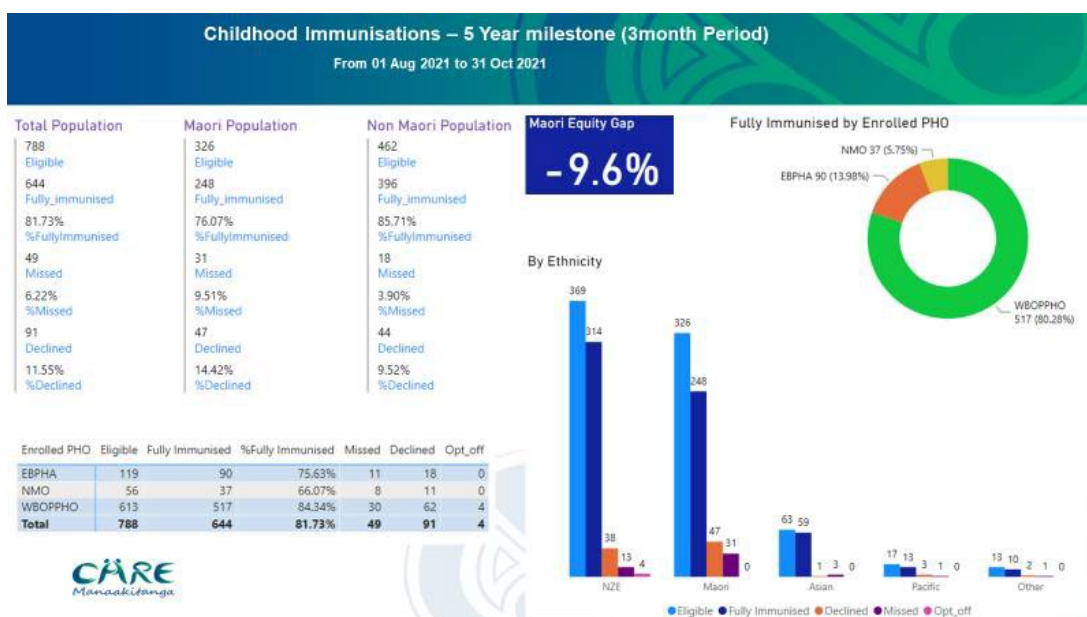
Immunisation at 5 yrs (Top 10 KPI)

Childhood Immunisation performance - 8 month shows BOPDHB Maori 66.2% with Non-Maori at 89.22%.

The situation continues to be of concern, in particular the equity gap of -23% for Maori/Non-Maori at the national target age of 8 months and flowing through other age milestones.

This is noticeable through an increasing rate of declines and missed children for total population over the past year within current primary care delivery model demonstrating a strong need to broaden the delivery model from primarily GP clinics.





Four key strategic areas for development of improved communication approaches with Whanau are; Education, Showing-not Telling, By Whanau for Whanau and acknowledging that the current system is not performing to expectations and needing renewal.

A successful management and completion of the MoH/MMR schedule change at 12 months has seen GP clinics reduce 9000 children backlog total to 1500 remaining for the earlier vaccination. Although the data shows a decrease in effective coverage from the GP model there remains a capability to deliver vaccinations for the population which is a valuable component of the Action Plan.

The newly appointed National Immunisation lead has been briefed on the DHB's 3 phase approach to restarting the MMR programme, namely:

- Restarting and refocusing the Immunisation effort
- Integration with the ongoing COVID programme
- Ensuring Ongoing sustainability

GP Enrolment (Top 10 KPI)

Current rate of enrolment is 97% of population. There are some `casual` people recently moved to the region finding the local GP lists are closed, and this has effectively caused some children to be immunised via the outreach service, until a regular GP is identified.

First 2000 Days/ Toi Oranga Mokokpuna

First 2000 Days is an ongoing body of work that seeks opportunities for service improvement covering the life stages from conception until five years of age with the aim that Every child born in Te Moana a Toi has the best opportunity to flourish.

- Well Child Tamariki Ora Collective Hui held for Kaupapa Providers and Plunket to inform providers of national and local WCTO updates, celebrate Kaupapa providers, and provide the opportunity for attendees to feed in what is working, what can be improved, and most importantly sharing the experiences of how each service provider has worked through lockdowns, and the levels of uncertainty regarding COVID-19.
- Toi Oranga Mokokpuna co-commissioning opportunity between the Māori Health Rūnanga and the BOPDHB Board was approved by Board and Rūnanga 15 December 2021

The proposal:

- Identifies the current state and establishes a clear focus for Māori to build the foundation for transformational change to outcomes for Toi Oranga Mokokpuna
- Emphasises Ngā Pou Oranga and the early influence in which the identified projects of work can have on Mauri Ora – Flourishing Mokokpuna

- Proposes a range of preventive and early intervention services for different levels of risk, need and protective factors.
- The following work areas (*including research components*) along the Toi Oranga Mokopuna continuum, and represents a primary, community level of early intervention with whānau:
 - Hapū Wānanga (antenatal and parenthood)
 - Māori Maternal Workforce Development
 - Well Child Tamariki Ora (0 – 5yrs/ and their whānau)
 - Immunisation Maternal and Childhood (0 – 5yrs)
 - Sudden Unexplained Death in Infancy (SUDI)
 - Vulnerable Unborn Forum (VU)
 - Child & Youth Mortality Review Committee (CYMRC)
 - Exploration of Pāpā/Tāne Māori health and wellbeing, and public health intelligence.



The aim of CHIRP is for all Tamariki and their whānau, who are experiencing behavioural, neuro-development or mental health concerns to experience timely, responsive, and integrated care that matters to them.

CHIRP is visualised as a model for Child Development Services, Child Mental Health, and Paediatrics that recognizes the unique contribution each team makes to the care of children and whānau and recognizes where services can work together to address complex needs. The CHIRP vision is to ensure that the child is at the centre, as opposed to the child having to fit into siloed service criteria. Young people will be assessed by a team of professionals, consisting of members from the different child facing services. By working together, they will bring about a significant reduction in waiting time, more efficient care, and coordination, and eliminate the risk of children falling between gaps.

The project has three phases: **Phase 1** – design and collaborate and reduce current waiting lists. **Phase 2**- test the new model in the Eastern and Western Bay; **Phase 3** -operationalise the new model and develop ease of access through a single point of entry.

Achievements to date:

- Regular Steering Group and Project Working Group meetings full of energy and passion, with strong representation from consumers, and stakeholders in secondary and primary care. Education to join in the new year.
- Transparency enabled through data analysis and development – allowing for integrated solutions
- Engagement from all services - creating a culture of improvement and collaboration
- Team workshops to involve clinicians from all teams in the design process
- Appointment of a medical student working with clinicians and project group members to contribute to a diagnostic pathway for Autism and ADHD that can be applied consistently across BOPDHB Child Health Services.
- Progress made to develop concept designs for the Child Wellness centre that will host CHIRP.

By end of Jun 2021 aim is to:

- Reduce wait-time for 3D from 15 months to 4 weeks
- Reduce number of children on 3D waitlist from 209 to 25
- Reduce waiting time for psychology diagnostic assessment in CDS for under 7's from 6 months to 8 weeks
- Reduce waiting time for psychology diagnostic assessment in CDS for over 7's from 13months to 8 weeks
- Reduce waiting numbers for psychology within CDS from 170 to 50
- Reduce wait time for Paediatric assessment from 4-6 months to 4 weeks

4.2 Lifecurve

LifeCurve™ uptake has increased to approximately 1000 app installs and 800 registrations on the app and website. The main focus continues to be working in partnership with Te Pare ō Toi and promoting equity for Māori with the new version of the app coming out next year.

Five Te Ao Māori focus group meetings have taken place to date, taking a mahi tahi approach to incorporate Te Ao Māori into the new app. The main focus group hui led by Dillon Te Kani, Toi Oranga Whānau, Te Pare ō Toi included whakawhanaungatanga with ADL Smartcare (UK provider of LifeCurve™ digital service). This hui was a huge success and ADL Smartcare has committed to ensuring the new version of the LifeCurve™ app has a whānau approach and incorporates elements of Te Reo, Te Whare Tapa Whā and Te Ao Māori.

4.3 COTS (Community Orthopaedic Triage Service)

Enabling people with musculoskeletal conditions to live well in the Bay of Plenty by transforming the way we deliver our services.

What we have achieved to date:

- Running community clinics in 6 locations across the Bay of Plenty
- Operating 14 clinics per week, capacity to carry out 86 COTS assessments per week (service target = 110 per week)
- Successfully appointed 6 advanced practitioner physiotherapists (4.3 FTE)
- All GP practices across the Bay can refer directly to COTS
- COTS physiotherapists have replaced the orthopaedic surgeon triage process and are now triaging all referrals coming into the orthopaedic service
- The regular physiotherapy service has increased appointment capacity to support the non-surgical management pathway, ensuring rehabilitation interventions are not delayed.
- Activity with Arthritis (AWA) programme is now available in Tauranga, Papamoa and Whakatane
- COTS physiotherapists can request Imaging as required
- An MRI spinal pathway has been developed and led by the COTS physiotherapists
- Additional clinic spaces has been secured in the Mount, Whakatane and Katikati

COTS - What's on the horizon in 2022?**Hot off the Press**

1. The Orthopaedic surgeons have agreed that all patients awaiting FSA (N=1229) and those patients who are awaiting a review (N=5935) can be assessed and /or reviewed by the COTS physiotherapists and 5 advanced practitioners from Body in Motion. **This is a significant development and one which will significantly improve our ability to deliver our ESPI 2 and 5 in the coming year.**



In order to ensure patients are seen the plan is to hold “**Super Saturday**” clinics in Tauranga hospital over the next 4 months where the physiotherapy team will be assess, review and in discussion with the patient ensure the most appropriate treatment intervention is drawn up. The options will include non surgical and surgical pathways. The reason for undertaking the clinics in the hospital is to ensure quick access to radiology services.

2. The Chief Allied Health Professions Office within the MOH has noted the innovative work of the BOPDHB COTS programme. This has led to the initiation of a regional initiative to roll the programme out across Te Manawa Taki with the support of MOH.

Other 2022 deliverables include:

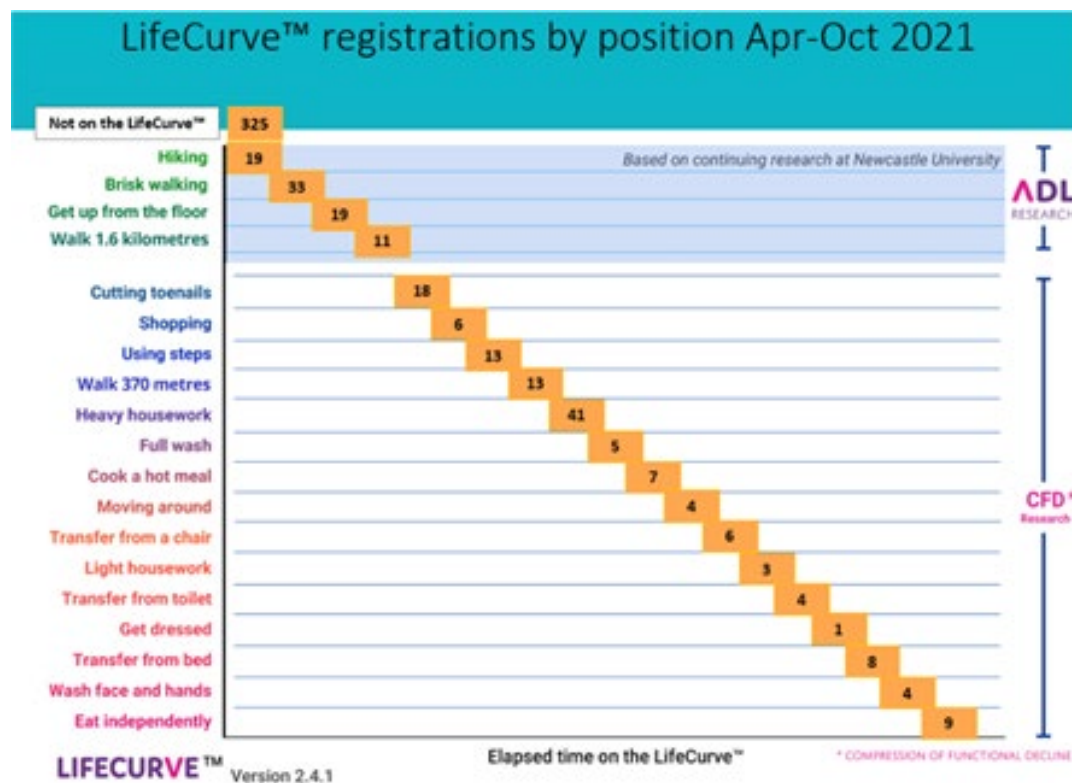
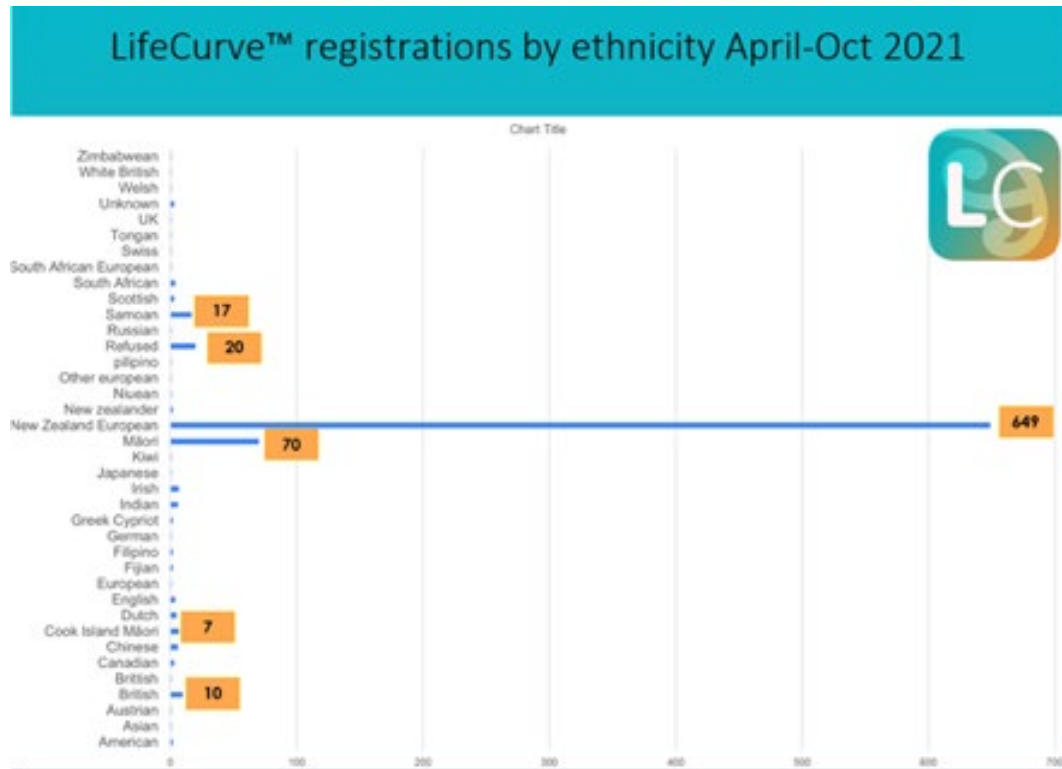
- All clinics will run to full capacity. The physiotherapists will be undertaking > 400 assessment a month
- Allied Health First Practitioner Assessment (AFPHA) purchase unit code is officially recognised as a First Specialist Assessment (FSA) with the MOH
- An end to end e Referral system will be implemented
- A pilot will be undertaken with the peri-operative team to ensure all surgical candidates are optimised for surgery. This has the potential to reduce length of stay for these patients
- Expansion of the AWA programme to more locations within BOP
- Explore and improve on current pain management services

4.4 Lifecurve

LifeCurve™ uptake has increased to approximately 1000 app installs and 800 registrations on the app and website. The main focus continues to be working in partnership with Te Pare ō Toi and promoting equity for Māori with the new version of the app coming out next year. Five Te Ao Māori focus group meetings have taken place to date, with some being individual interviews. We have 8 participants in the focus group and the goal is a mahi tahi approach to incorporate Te Ao Māori into the new app. This work is being co-led with Dillon Te Kani, Toi Oranga Whānau, Te Pare ō Toi. The main focus group hui led by Dillon Te Kani with a mahi tahi approach took place on 30th Nov and included whakawhanaungatanga with ADL Smartcare (UK provider of LifeCurve™ digital service). This hui was a huge success and ADL Smartcare has committed to ensuring the new version of the LifeCurve™ app has a whānau approach and incorporates elements of Te Reo, Te Whare Tapa Whā and Te Ao Māori.



Analytics



Engagement:

- Presented to the Digital Health Enablement Oversight Group at the MoH (Becky George)
- Community pilot with Accessible Housing underway
- Met with Access Community Health
- Meeting with Helen Mears, Portfolio Manager Population/Women’s Health and Sport Bay of Plenty to discuss using LifeCurve™ as a triage tool for Green Prescription referrals



Research Update:

- Data collection has been completed in all 3 areas (Tauranga, Te Puke & Ōpōtiki). Currently analyzing data and preparing reports both to HRC and DHB which will include results and recommendations. Report to the DHB with these Kaupapa Māori research findings will be completed by the end of January 2022.
- Summer Student Project - To date 130 clients have been contacted from AH waiting lists as well as active clients across both Western and Eastern BOP.

What's happening in 2022

- The Transition Unit Oranga Kaumātua Healthy Ageing Working Group are working with the Lifecurve team to identify the feasibility of using the Lifecurve as a national tool to promote healthy ageing across Aotearoa

5. DATA AND DIGITAL**5.1 Data & Digital transformation****Te Manawa Taki Clinical Portal (TMTCP)**

An urgent enhancement to assist in COVID case management has been requested - displaying patients' Covid vaccination status in TMTCP. This requires accessing national dataset to identify a patients status at initial presentation and display this in TMTCP. BOP is having to take a lead on this as the MOH will only release national vaccination data to DHBs and not shared services agencies – hence BOPDHB receives the data and sends to HealthShare for inclusion in the portal.

Mental Health and Addiction Services

Regional ICT Governance Group has endorsed the Mental Health & Addition Forms & Pathways business case and the procurement process has identified a preferred supplier. The formal business case will now go to Regional CEs for approval and, in parallel, Ministry approval is being sought. It is expected approvals and contracting will be complete by March 2022 enabling implementation work to commence.

eMeds

BOPDHB is currently working with HealthShare to feed into the business case creation for eMedicines. This transformational project will be a regionally funded and resourced project led by HealthShare. The solution supports full closed-loop medication management and will be implemented as a single regional instance with several clinical portals. The integrated workflow addresses reconciliation, prescribing, clinical pharmacy review and medication administration. An indicative implantation date of October/November 2022.

RIS/PACS

The project to substantially replace the Te Manawa Taki shared PACS/RIS system is continuing. A number of issues are being worked through, chief amongst these being delays in hardware delivery due to international supply chain issues. System design and configuration work is underway but are also encountering delays – chiefly with the performance of the vendor Philips. Discussions are underway with Philips on timelines can be brought forward to achieve all go-lives in 2022.

E-Orders

The implementation of electronic ordering of laboratory tests is on track for a phased go-live approach around April 2022 and work is progressing on the second aspect – electronic ordering of radiology examinations. Utilizing work provided by other DHB's (Waitemata and Canterbury DHBs) is being used to speed up delivery and ensure greater consistency in the sector.



Telehealth Digital Support

- The Information Management Service have worked with clinical users to enhance the telehealth capability and link telehealth infrastructure to clinical systems, including:
 - Integration between Zoom and the DHB's WebPAS patient administration system has been implemented meaning administrative teams can now record patient consent and video consult capability and book a Zoom appointment for a patient directly from WebPAS – essentially ensuring the system is used whether an appointment is face to face or virtual
 - A BOP developed “plug in” provides clinical users with both a view of appointments and the ability to start Zoom meetings from within the TMTCP portal – significantly streamlining the process

Enterprise Scheduling

- The implementation of the Enterprise Scheduling platform will enable streamlined and agile management of Planned Care appointments, contributing to equity based and patient centred models of care, enabling self-management and being digitally responsive to the needs of patients and operational requirements.
- Steering Group, Key Stakeholders and Project Teams being formed and the formal procurement process is expected to begin in January.

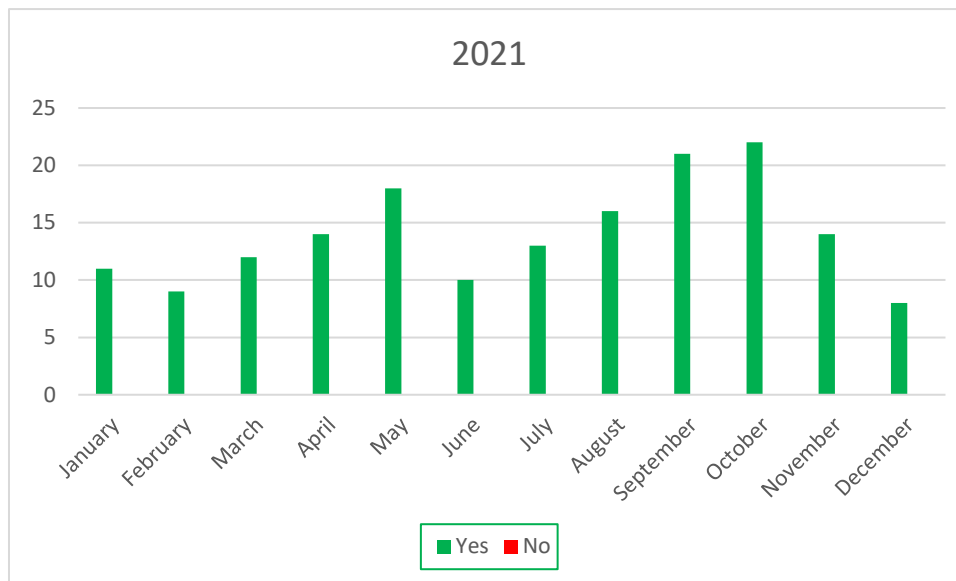
6. OFFICIAL INFORMATION ACT REQUESTS

OIA's (Responded to 1 November 2021 – 31 December 2021)

One of our administrative improvement objectives for 2021 was to improve OIA response compliance. With the final data for the year now available, it is pleasing to report to the Board that we have 100% compliance throughout the whole of the year.

	OIA	Requester Type	Due Date	Response Date	Met on time
1.	Alcohol Harm	Media	16.11.21	04.11.21	Yes
2.	Risk Assessment	Individual	11.11.21	04.11.21	Yes
3.	Live-In Treatment Facilities	Student	02.12.21	09.11.21	Yes
4.	Contractors	Union	10.11.21	10.11.21	Yes
5.	Covid – Cardiac Admissions	Individual	12.11.21	10.11.21	Yes
6.	Maternity Services Data	Media	18.11.21	12.11.21	Yes
7.	Credit Card Expenses	Media	06.12.21	15.11.21	Yes
8.	Staff Surveillance	Media	13.12.21	17.11.21	Yes
9.	Covid – Vaccination Status	Association	20.12.21	24.11.21	Yes
10.	Fully Staffed ICU Beds	Media	29.11.21	25.11.21	Yes
11.	Covid – Daily Updates	Media	06.12.21	25.11.21	Yes
12.	Memorial Park Event	Individual	29.11.21	29.11.21	Yes
13.	Switchboard Fire Suppression	Business	24.12.21	29.11.21	Yes
14.	ADHD Diagnosis & Services	Media	07.12.21	30.11.21	Yes
15.	Mental Health Spending	Media	08.12.21	01.12.21	Yes
16.	DHB Meetings & Public Reporting	Media	13.12.21	01.12.21	Yes
17.	Pharmacy Information	Union	07.12.21	07.12.21	Yes
18.	Covid Vaccinations & Still Births	Individual	15.12.21	08.12.21	Yes
19.	Catering	Media	08.12.21	08.12.21	Yes
20.	Covid – Refrigerated Containers	Media	17.12.21	14.12.21	Yes
21.	Covid – Vaccination Programmes	Individual	16.12.21	16.12.21	Yes
22.	CA125 Blood Tests	Organisation	21.12.21	22.12.21	Yes

OIA requests and compliance by month



To view OIA responses published on the DHB website click on the following link [Official Information Act | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB](#)

7. Financial Performance

7.1 Current Year Position and Forecast

The current YTD deficit at the end of November was \$7.0m which in line with budget for the period to date. December was a tough month last year (Dec 2020) and indications are that it will be again this year, however at the time of writing, December financials were not available.





CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting

26 January 2022

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed by: Debbie Brown, Senior Advisor, Governance and Quality

Submitted by: Pete Chandler, Chief Executive

RECOMMENDATION:

That the Board notes the correspondence.

ATTACHMENTS:

- Letter of thanks from Hon A Little re S Shea Service on the Bay of Plenty District Health Board, dated 13 December 2021
- Letter from Minister of Health, Hon A Little re Bay of Plenty District Health Board 2021/22 Annual Plan, dated 10 January 2022

Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques



13 DEC 2021

Sharon Shea
sharon@sheapita.co.nz

Tēnā koe Ms Shea

Service on the Bay of Plenty District Health Board

I am writing to thank you for your service as Chair on the Bay of Plenty District Health Board (the Board). I note that you have served as Chair to the Board since 16 April 2021 and have recently been appointed as Co-Chair of the Māori Health Authority, and as a member of the Health New Zealand Board. Your term as Chair will conclude on 15 December 2021.

On behalf of the Government, I would like to thank you for your service on the Board. Your expertise and input into the Board's growth and contribution as Chair have been essential and highly valued.

I look forward to your contributions to the Māori Health Authority and Health New Zealand.

Ngā mihi nui

A handwritten signature in blue ink that reads "Andrew Little".

Hon Andrew Little
Minister of Health

cc Pete Chandler, Chief Executive, Bay of Plenty DHB
pete.chandler@bopdhb.govt.nz

Hon Andrew Little

Minister of Health
 Minister Responsible for the GCSB
 Minister Responsible for the NZSIS
 Minister for Treaty of Waitangi Negotiations
 Minister Responsible for Pike River Re-entry



Sharon Shea
 Chair
 Bay of Plenty District Health Board
 sharon@sheapita.co.nz

Tēnā koe Sharon

Bay of Plenty District Health Board 2021/22 Annual Plan

This letter is to advise you that we have jointly approved and signed Bay of Plenty District Health Board's (DHB's) 2021/22 annual plan (Plan) for one year.

When setting expectations for 2021/22 it was acknowledged that your Plan would be developed in a period where our COVID-19 response, recovery and immunisation programmes remained a key focus and therefore planning requirements were streamlined towards your DHB's work to improve equity and to embed lessons and innovations from COVID-19. Thank you for providing a strong plan for these areas.

Your Plan for 2021/22 will be delivered in an environment where this work continues to be of critical importance and where our system transition process is underway. We acknowledge that providing clarity on the critical areas for improvement through transition is helpful and, on that basis, we are confirming the top challenges that will be of focus for us through 2021/22:

- Supporting readiness and management of COVID-19.
- Supporting the mental wellbeing of people, particularly of youth and young people.
- Ensuring child wellbeing, particularly through increased immunisation.
- Managing acute demand.
- Managing planned care.

More broadly, we also confirm the importance of your Board delivering on the Plan in a fiscally prudent way. We expect that the financial position as presented is an absolute outer limit budget expectation and the Board must look to improve over this further where possible. We have asked the Ministry of Health (the Ministry) to closely monitor and report to us on the progress made.

In addition to the DHB's financial position we are aware of a range of clinical and operational concerns, including colonoscopy management (and the subsequent impact on the Bowel Screening programme), workforce vulnerability, and service continuity. We understand the Ministry will be following up with you on regarding intensive support processes to better enable the DHB to be supported around its financial, clinical, workforce, and service performance.

We invite you to work closely with your regional Chair colleagues to share your skills, expertise, and problem-solving efforts to ensure progress is achieved in these top challenges. As performance progress is discussed through the year, we will look forward to hearing about your joint efforts and progress.

Please note that approval of your Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health

(the Ministry), including changes in FTE. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases or requests for equity support that have not been approved through the normal process.

Your 2021/22 Plan provides an important foundation to ensure our health system delivers for New Zealanders during the period of system transition and we expect all DHBs will be disciplined in delivery of their plans.

Please ensure that a copy of this letter is attached to any copies of your signed plan made available to the public.

Nāku noa, nā



Hon Andrew Little
Minister of Health



Hon Grant Robertson
Minister of Finance

Cc Pete Chandler
Chief Executive of Bay of Plenty DHB

Board & Committee Meetings Schedule 2022

Board and Committees (FARM and Te Rapa Hou) and Joint Board/Runanga Dates	VENUE	Papers Due
Wednesday * 26 Jan Board Only time	FARM, Board and Joint Board/Runanga (Te Kohao o Te Waka o Toi) Waikareao Room, DHB2 Building, Tauranga	14 January
Wednesday 23 Feb CEO/Board only time	Board and Committees (FARM and Te Rapa Hou) Waikareao Room DHB2 Building, 17 th Ave Business Park Tauranga Hospital	11 February
Friday 18 March 1.00 – 2.00 pm	Te Kohao o Te Waka o Toi Joint Board / Runanga Meeting Via ZOOM	
Wednesday 23 March Board Only Time	Board and Committees (FARM and Te Rapa Hou) Conference Hall, Clinical School, Whakatane Hospital)	11 March
Wednesday * 27 April CEO/Board Only Time	FARM, Board and Joint Board/Runanga (Te Kohao o Te Waka o Toi) Tawa Room, Education Centre Tauranga Hospital	15 April
Wednesday 25 May Board Only Time	Board and Committees (FARM and Te Rapa Hou) Conference Hall, Clinical School, Whakatane Hospital)	13 May
Friday 17 June 1.00 – 2.00 pm	Te Kohao o Te Waka o Toi Joint Board / Runanga Meeting Via ZOOM	
Wednesday 22 June CEO / Board Only Time	Board and Committees (FARM and Te Rapa Hou) Waikareao Room DHB2 Building, 17 th Ave Business Park Tauranga Hospital	10 June

*Combined Board / Maori Health Runanga