



Agenda

Bay of Plenty District Health Board

Venue: Conference Room, Clinical School, Whakatane Hospital

Date and Time: Wednesday 16 October 2019 at 9.30 am

Please note: Board Only Time, 8.30 am

Minister's Expectations

- Primary Care Access
- Mental Health
- Improving Equity
- Public Delivery of Health Services
- Health and Wellbeing of Infants, Children and Youth
- Improving Population Health
- Long Term Capital Planning
- Workforce
- Climate Change
- Accountability for Improved Performance

Priority Populations

- Māori
- First 1000 Days of Life
- Vulnerable Children and young People
- Vulnerable Older People
- People with Long Term Severe
- Mental Health and Addiction Issues

The Quality Safety Markers

- Falls
- Healthcare Associated Infections
- Hand Hygiene
- Surgical Site Infection
- Safe Surgery
- Medication Safety

Strategic Health Services Plan Objectives:

- **Live Well:** Empower our populations to live healthy lives
- **Stay Well:** Develop a smart, fully integrated system to provide care close to where people live, learn, work and play
- **Get Well:** Evolve models of excellence across all of our hospital services



Manaakitanga

<i>Item No.</i>	<i>Item</i>	<i>Page</i>
1	<p>Karakia 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 awatea ka huri atu ki te pō (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>	
2	<p>Presentation Nil</p>	
3	<p>Apologies</p>	
4	<p>Interests Register</p>	4
5	<p>Minutes and Chair Report Back</p> <p>5.1 Board Meeting - 18.9.19 Minutes</p> <p>5.2 Matters Arising</p>	8 13
6	<p>Items for Discussion / Decision (Any items that are not standing reports must go via the Committees and will include the Chair's report and Committee recommendation)</p> <p>6.1 Chief Executive's Report</p> <p>6.2 Primary Health Organisation Reports</p> <p>6.3 Dashboard Report (to be circulated)</p> <p>6.4 Increasing Maori Participation in the DHB Employed Workforce - Dashboard</p> <p>6.5 Annual Report (to be circulated)</p>	14 23 26
7	<p>Items for Noting</p> <p>7.1 Board Work Plan 2019</p>	28
8	<p>Correspondence for Noting Nil</p>	

Item No.	Item	Page
9	General Business	
10	<p>Resolution to Exclude the Public</p> <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his 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 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.</p>	
11	Next Meeting – Wednesday 20 November 2019.	

Bay of Plenty District Health Board Board Members Interests Register

(Last updated September 2019)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armev Family Trust	Trustee	Family Trust	NIL	28/07/2005
Toi te Ora	Wife is an employee	Health	Minor to Nil. No direct influence.	03/02/2014
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
BOYES, Yvonne				
Boyes Family Trust	Trustee	Family Trust	NIL	1999
Nautilus Trust	Director	Property	NIL	1999
Riesling Holdings Ltd	Director	Property	NIL	1999
Rural Immersion Program	Academic Advisor	Health	Moderate	04/2014
Rural Health Inter-Professional Program	Staff Member / Rental Property Owner	Financial	Low	02/2018
Bay of Plenty Child Research Trust			Low	March 2019
EDLIN, Bev				
Institute of Directors – BOP Branch	Board Member	Membership Body	LOW	Member since 1999
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/Chair September 2017
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	

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
GUY, Marion				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
NICHOLL, Peter				
Nicholl Consulting Ltd	Director	Economic advice (mainly outside NZ)	NIL	01/01/2007
NZ Association of Economists	Member	Professional Body	NIL	01/03/2015
NZ Institute of Directors	Member	Professional Body	NIL	06/06/2014
Lily's Trust	Trustee	Family Trust	NIL	01/01/2007
Office of Technical	Contractor	Advisory body to	NIL	01/02/2005

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Assistances, US Treasury		overseas central Banks		
PARKINSON, Matua				
Hunters Club Limited	Director	xxxxx	xxxx	2015
Parkinson Whanau Trust	Trustee	NIL	NIL	2015
Matua Parkinson Trading as REAL	Director	NIL	NIL	
REAL Coaching	Director	Coaching	LOW	2015
REAL Guest Speaker	Director	Education	NIL	2015
REAL Food Production	Director	Food production	LOW	2015
ROLLESTON, Anna				
The Centre for Health	Director/Principal	Health	LOW	09/2015
University of Auckland	Senior Research Fellow	Health	LOW	09/2015
NZ Heart Foundation Grant recipient	Primary Investigator	Health	LOW	10/2015
Midland Cardiac Network	Member	Health	LOW	11/2015
FCT Target Project	Project Manager	Health	LOW	01/2016
Poutiri Trust	Chair			Sept 2017
University of Waikato	Senior Research Fellow	Health	LOW	09/2016
Flourishing Whanau Project	Named Investigator	Health Research	LOW	July 2018
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
TURNER, Judy				
Whakatane District Council	Deputy Mayor	Local Authority	LOW	2017
Inclusion Whakatane	Advisory Group Member	Disability and Aging	LOW	

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
		issues		2017
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
WEBB, Sally				
SallyW Ltd	Director	Consulting & Coaching	Nil	2001



Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre. 889 Cameron Road, Tauranga

Date and Time: 18 September 2019 at 9.30 am

Board: Sally Webb (Chair), Ron Scott, Bev Edlin, Matua Parkinson, Marion Guy, Yvonne Boyes, Geoff Esterman, Peter Nicholl, Anna Rolleston and Pouroto Ngaropo

Attendees: Helen Mason (Chief Executive), Owen Wallace (GM Corporate Services), Pete Chandler (Chief Operating Officer), Simon Everitt (GM Planning & Funding and Population Health), Tricia Keelan (GM Maori Health Gains & Development), Jeff Hodson (GM Facilities & Business Operations), Debbie Brown (Senior Advisor Governance & Quality), Andre Bester (Chief Financial Officer), Jerome Ng (Acting Chief Medical Advisor), Rosalind Jackson (Acting Director of Nursing), Judi Riddell (Acting Director, Allied Health, Scientific and Technical)

Item No.	Item	Action
1	Karakia had been undertaken at Board only time	
2	Presentation Nil	
3	Apologies Apologies were received from Mark Arundel and Judy Turner Resolved that the apologies from M Arundel and J Turner be received Moved: B Edlin Seconded: R Scott	
4	Interests Register The Committee was asked if there were any changes to the Register or conflicts with the agenda. G Esterman had advised of changes to his interests which had been recorded. No other changes or conflicts were advised.	
5	Minutes 5.1 <u>Minutes of Board meeting</u> Resolved that the Board receive the minutes of the meeting held on 21 August 2019 and confirm as a true and correct record. Moved: R Scott Seconded: B Edlin 5.2 <u>Matters Arising</u> Query was raised on the car parking issue. GMFBO advised there will be a report to October AFRM. 6.4 re PHO Workforce fragility, will come to next meeting	

	<p>5.3 <u>Minutes of BOPHAC Meeting - 4.9.19</u></p> <p>Chair advised of a good presentation on BOP Evolution, distilling key strategic priorities into four themes.</p> <p>Resolved that the Board receive the minutes of the BOPHAC meeting held on 4 September 2019.</p> <p style="text-align: right;">Moved: G Esterman Seconded: Y Boyes</p> <p>5.4 <u>Minutes of BOPALT Meeting - 12.6.19</u></p> <p>BOPALT has been reset and has a new charter. It has a wider representative base. The work programme is clearer. Tua papa is the new name given to the Nuka initiative.</p> <p>Resolved that the Board receive the minutes of the BOPALT meeting held on 12 June 2019.</p> <p style="text-align: right;">Moved: B Edlin Seconded: J Turner</p>	
<p>6</p>	<p>Items for Discussion / Decision</p> <p>6.1 <u>Chief Executive's Report</u></p> <p>CEO highlighted the following:</p> <p><i>Dragons Den.</i> GMPF advised of a fund for new initiatives under SHSP and TTA. Keeping Me Well was one of those. The Team were asked to put forward their proposals and a process was undertaken using an evaluation tool, prioritising the applications which will proceed to business cases. There was a strong focus on Board priorities and reducing inequity.</p> <p><i>Minister's Visit to Eastern Bay.</i> A great visit and the Minister provided positive feedback. The Minister also: visited the Mental Health Inpatient unit; met with Maori NETP students; was provided with a briefing on TTA; and was introduced to students from the RHIP programme.</p> <p><i>Philanthropic partnership opportunity.</i> There is a strong focus on the Maori Parenting Programme. It is very positive. There may be other opportunities with our philanthropic partners.</p> <p><i>Improving contraceptive access.</i> BOPHAC had a conversation about co-design services. Improving contraceptive access was undertaken through co-design. Co-design is not something that happens quickly and is a complex process.</p> <p><i>Regionalisation of support to screening services, breast and cervical.</i> Moving to one agreement.</p> <p><i>Increased immunisation.</i> The dashboard report shows the results improving. There is a dedicated project person who works with Immunisation co-ordinators and PHOs.</p> <p><i>Measles Outbreak.</i> There is a current shortage of vaccine supplies for the current Measles outbreak, however further supplies did come into the country on Monday. Acknowledgement needs to be made of the work of Te Toi Ora regarding the outbreak. Tauranga had hosted the Aims games last week which saw a huge number of young people in one area.</p>	

	<p>Provider Arm has been working closely with Toi Te Ora. Contingency plans have been tested. There has not so far been an influx of affected children.</p> <p><i>Education.</i> Innovation Awards are next Thursday evening. Leadership education is working on a different format moving forward.</p> <p><i>ENT Services in Eastern Bay.</i> COO advised this is a concern and there is not more resource to apply immediately. Better strategies need to be developed for Eastern Bay.</p> <p><i>Allied Health.</i> Lots of positive progress.</p> <p><i>Te Reo lessons.</i> Great to see Community Health 4 kids showing a strong interest.</p> <p><i>HIA Lights.</i> COO advised that this was an innovative test. It is about enabling people to have a good sleep, to feel better, sooner.</p> <p><i>Maori presentations through ED.</i> GMMHGD advised that the information shown should generate more questions than answers. COO advised that there more Maori who present at ED who are then admitted.</p> <p>The Board requested clarity of the graph for next month's meeting. It was suggested that Dr George Gray should be invited to critique the graph and offer his opinion. We should be considering all our services more broadly with an equity lens and updating information where possible. GMPF advised of a very interesting planning day yesterday regarding Papamoa.</p> <p><i>OIA stats.</i> There is an improving performance. BOPDHB is one of 8 DHBs who do not put their OIAs on the website. This is being worked on. CEO recapped on the OIA process and tools available which should be applied where OIAs are time consuming or unable to be answered.</p> <p><i>Smoking Cessation.</i> Comment was made on the incentives being offered and whether other areas would benefit from such an approach.</p> <p>Resolved that the Board receive the report</p> <p style="text-align: right;">Moved: A Rolleston Seconded: G Esterman</p> <p>6.2 <u>Dashboard Report and System Level Measure Q3</u></p> <p>Advice is being awaited on the new performance framework from the Ministry. It has been a challenging time in the last quarter for ED presentations, being the highest ever had. The system has held up well but there have been some delays in waiting times. Query was raised as to whether waiting times are tracked. COO advised that this is undertaken. It is a needs based system, providing the right clinical care at the right time.</p> <p><i>CVD risk assessment decline.</i> GMPF advised that this is a priority area for BOPALT.</p> <p>Resolved that the Board receive the report</p> <p style="text-align: right;">Moved: B Edlin Seconded: M Parkinson</p>	GMMHGD
--	---	--------

	<p>6.3 <u>Q4 IDP Summary Report</u></p> <p>Query was raised on the colonoscopy wait list. COO advised that BOPDHB had caught up on the backload. The surveillance programme results in people being recalled. With bowel screening implementation impending, BOPDHB is working closely with Healthshare. It is a volume growth pressure. BOPDHB is required to be 3 months compliant prior to bowel screening rollout. BOP has higher instances of bowel cancer than other areas which creates a higher number of colonoscopies. A review has recently been undertaken on our endoscopy services which rated highly.</p> <p>Resolved that the Board receive the report</p> <p style="text-align: right;">Moved: S Webb Seconded: Y Boyes</p> <p>6.4 <u>Primary Health Organisation Reports</u></p> <p>The Board noted the reports.</p> <p>6.5 <u>Ministry of Health Forum Attendance by Chair</u></p> <p>Resolved that the Board approves the Board Chair attending the Ministry of Health Forum</p> <p style="text-align: right;">Moved: R Scott Seconded: G Esterman</p> <p>Board Chair tabled a recent request from OAG for Audit Committee Chairs to attend a Forum in Auckland on 18 November 2019.</p> <p>Resolved that the Board approves the AFRM Committee Chair's travel and attendance at the Audit Committee Chairs Forum on 18 November 2019.</p> <p style="text-align: right;">Moved: G Esterman Seconded: P Nicholl</p>	
<p>7</p>	<p>Items for Noting</p> <p>7.1 <u>BOPDHB Nursing Strategy</u></p> <p>Nursing and Midwifery have had strategies in place for a number of years however this is the first cross sector strategy. The intent is that individual providers will now have strategic priorities and build action plans.</p> <p>7.2 <u>Midland Governance Group and Iwi Relationship Boards Wananga – 1&2 August 2019</u></p> <p>7.3 <u>Board Work Plan 2019</u></p> <p>The Board noted the reports</p>	
<p>8</p>	<p>Correspondence for Noting</p> <p>8.1 <u>Letter to BOPDHB Renal Unit re Board Manaakitanga Visit</u></p> <p>The Board noted the correspondence.</p>	
<p>9</p>	<p>General Business</p> <p>There was no general business.</p>	

9	<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 AFRM Minutes NZ Health Partnerships Shareholders on the Future of the Company Chief Executive’s Report Health Consumer Council Update</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. This knowledge will be of assistance in relation to the matter to be discussed:</p> <p>Helen Mason Owen Wallace Simon Everitt Tricia Keelan Pete Chandler Jeff Hodson Debbie Brown Ros Jackson Judi Riddell Jerome Ng Andre Bester</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Webb Seconded: B Edlin</p>	
10	Next Meeting – Wednesday 16 October 2019	

The open section of the meeting closed at 10.20 am

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



Bay of Plenty District Health Board

Matters Arising (open) – October 2019

Meeting Date	Item	Action required	Action Taken
19.6.19	6.3	Chief Executive's Report – Research Query was raised as to whether the research we do, widens the equity gap. CEO to request HOD Clinical School to provide feedback to the Board – HOCS	In progress
19.7.19	2.1	New CIO – Richard Li The Board will look forward to the results of having Richard as CIO and requested that Richard return with an update in 3 months - GMCS	To report back in November
21.8.19	6.4	Primary Health Organisation Reports WBOPPHO is concerned re MOH shift in smoking cessation. BOPDHB is guided by MOH. The Mortality Review Committee monitors and can calculate the number of smokers and will report back to the Board. - CMA	Included in CEO's report 16.10.19 - Complete
21.8.19	6.4	Primary Health Organisation Reports Query was raised re reported fragility in the workforce. CEO advised that DON will be working with NMO. There may be opportunity for secondary service nurses to be able to work within primary. Query was raised re extending invitation to the SHC committee to representative organisations. This will be followed up with SHC Chair. - GMPF	SHC deferred. Workforce theme to be explored as part of future committees with the new Board - Complete
18.9.19	6.1	CEO's Report – Maori presentations through ED GMMHGD advised that the information shown should generate more questions than answers. COO advised that there more Maori who present at ED who are then admitted. The Board requested clarity of the graph for next month's meeting. It was suggested that Dr George Gray should be invited to critique the graph and offer his opinion - GMMHGD	In Progress

CEO's Report (Open) – September 2019

EQUITY

Te Teo Herenga Waka & Toi Te Ora

Achieving Equity

Dr Donna Cormack, Eru Pomare, Wellington School of Public Health delivered a grand round at the end of August on Racism and Health to a packed house of clinicians, kaimahi, public health workers and planners. The topic aligns with TTA's aurangi to address institutional racism within the BOP health system and will lead nicely to the Patient Quality and Safety week later in the year

Dr Cormack also participated in a discussion around iwi data sovereignty and Māori data governance with members of the BOPIS group and other key personnel in the DHB. The hui was an opportunity to continue to learn about the DHB's role in this space and how data governance structures and decisions can and should incorporate the rights and interests of Māori in data. As a fairly new consideration for Crown Agencies, there are only a handful of examples to learn from and potentially replicate or apply to our context, but the early consideration of iwi data sovereignty and Māori data governance is important to ensure the DHB's data ecosystem is developed in a way that prioritises indigenous rights and interest in indigenous data. Talking to experts is key to this.

SYSTEM INTEGRATION

Te Teo Herenga Waka & Toi Te Ora

Keeping Me Well – An Integrated Community Enablement Approach

Keeping Me Well has entered the implementation planning phase with the proof of concept testing now due to commence two months earlier than planned in February 2020. Short term service coordination has been integrated in to CCC, with the process steps significantly reduced. We are already seeing the benefits of a wider coordination approach, particularly in cases where multiple requests are put forward for one person.

INTEGRATION / COMMUNITY

Te Teo Herenga Waka & Toi Te Ora

Better Help for Smokers to Quit

- Quarter 4 (April- June 2019) PHO performance against the Primary Care Health Target for 'asking smokers if they would like help to quit smoking'. The target is that 90% of smokers that are seen in primary care are asked if they would like help. Results (% and NZ PHO ranking):
 - NMO:84% (22nd)
 - WBOPPHO: 90% (10th)
 - EBPFA: 88% (14th)
- Number of smokers in the Bay of Plenty:

		16/17	17/18	18/19
	Number of practices	Smokers	Smokers	Smokers
Western Bay PHO	31	16,098	19,880	18,219
Eastern Bay PHO	9	9,571	5,271	6,018
Nga Mataapuna Oranga	4	3,107	2,982	2,859
TOTAL PHO enrolled smokers		28,776	28,133	27,096

The above is the most accurate/up to date smoking data we have, as data broken down by CAU/district is based on the 2013 census so very out of date. I have taken a sample Quarter from each year as an indicator of the number of smokers in the BOP. The fluctuations between East and West can be attributed to when some of the GP practices moved between the PHO's (the Green Cross practices moved from East to West PHO).

Toi Te Ora – Public Health

Health in All Policies

Toi Te Ora are leading the Wellbeing roopū (group) for the wider Gate Pa Advisory Group. This sub-group is focussing on wellbeing which is one of their four priority areas. The community stakeholders and residents have undergone a rigorous process to decide on actions to facilitate wellbeing. The Wellbeing roopū have scoped out each of the priority action areas recommended data requirements for a community profile report to provide information for a formative evaluation.

Corporate Services

Communications Team

- Contingency planning for industrial action and measles dominated the communications work through September. Along with the measles outbreak the team also provided communications for the AIMS Games which included posters for all GP practices and advertising and posters in Te Reo and English for the 23,000 competitors and supporters.
- Among the media organised was for a BOP Times reporter to shadow Dr Phil Shoemack as he went about his measles public health role which included tracing and reporting. This resulted in a 3-page feature in the BOP Times.

BOP Clinical Campus

Students

Our UoA Year 5's are finishing the academic year with us on Friday 11 October, we have a farewell for them on Tuesday 1 October. Year 6 finish on 1 November, graduation is in Auckland on Friday 15 November. They will then start their first PGY1 role around the DHB's on Monday 18 November. Year 4's finish on Friday 8 November. We are now working towards setting up for the 2020 intake of around 69 students over the three cohorts.

Education

Work is underway in the Library looking at library management systems to replace our current outdated system. Only cost-neutral or cheaper options are being explored, with the aim to start a migration in early 2020.

Leadership programmes are scheduled for 2020, this includes a suite of courses and 3 day programmes with Linda Hutchings, as well as Health Leaders Advanced which will be held in Tauranga next year for the first time, with attendees from Taranaki, Tairāwhiti, Lakes and BOP DHBs.

The recent final session of Leadership in Practice attracted the highest numbers of managers we've had attend to support their staff.

Online learning continues to be busy with a lot of work coming from the P&C Review in terms of making management modules available within very tight timeframes. While the content is primarily coming from Auckland, there is a lot of adapting and editing required for each module to make it BOP relevant.

The Innovation Awards were held on Thursday 26 September with the following finalists and place-getters.

Vaping at Te Whare Maiangi	Sarah Stevenson, Kylee Gerbich, BOPDHB	First Place
Youth of Kopeopeo	Abraham Larsen, Toi Te Ora and Rebecca Mackay from Whakatāne District Council	Second Place
Complex Decision Pathway	Dr Heidi Omundsen, Renee Franklin, Vicki Higson, BOPDHB	People's Choice Award
An Alpha response to the Emergency Department	Hayley Cowley, Fiona Burns, Amanda Johnstone, Ellise Robinson, BOPDHB	
Cardiotocography (CTG) - Functional Testing of Ultrasound FHR (Fetal Heart Rate) Transducer	Udai Kumar, BOPDHB	
Rheumatic Fever Prevention School Programme	Yvonne Rurehe & Waimarie Wright, Te Ika Whenua Hauora	

Senior Advisor, Governance & Quality

CYMR and Injury Prevention

Wahakura Wānanga at Hokowhitu Marae, Whakatane.

This was a very successful event, well attended by hapu mama, weavers, carvers, a Mama Pēpi group from Opotiki and presenters - 17 wahakura were completed along and carvers produced 12 Ipu Taonga.

There is a target for 100 BOPDDHB funded Wahakura made across the BOP in this year's Annual Plan. To date, 27 wahakura have been made for the BOP Pēpi-Pod programme and 8 have been made at 1 x Ukaipo event in partnership with the WBOP PHO.

BOPDHB Communications staff attended this event and an article will appear in Health Matters, to be published in October 2019.



Provider Arm

Strategic Priorities Development

During September we have been sharing the new four strategic priorities with our teams across the DHB and progressing the internal organisation required to support the core initiatives that have been defined.



A recruitment process is underway to nominate a lead person to begin to connect our change teams across Funder and Provider, with links both to the Maori Health Gains and Development Team and our PHOs. This will form the foundation for a connected transformational effort for the change imperatives that have been set out.

Good progress is being made at BOPALT in relation to the re-establishment of our Acute Demand Network which is intended to take a whole of system approach to the ongoing challenge of acute care.

Director of Nursing

Pressure Injury Prevention and Management Initiative

Partnering with ACC and Planning and Funding, this ACC funded two-year initiative is to commence across the BOPDHB. The programme will be establishing linkages with aged residential care, general practice and community providers in the district. A two year fixed-term role is currently being recruited to with first phase requirement for an ACC endorsed programme plan due by February 2020.

Anaesthesia, Radiology and Surgical Services

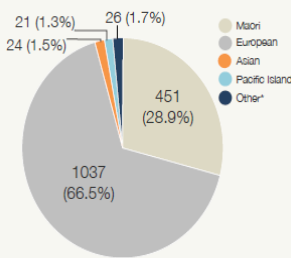
Trauma Services

The following snapshot illustrates an over-representation of young Maori males in trauma statistics with a large proportion represented by assault (almost 25%). This indicates where attention and efforts should be focussed noting the statistics represent the end-result of interacting social, financial and health factors. The Trauma Service is pursuing this through collaboration with local Maori and other social services.

Bay of Plenty DHB Trauma 2018 - Ethnicity in focus

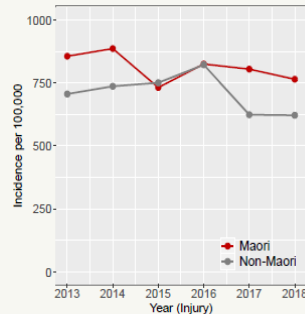
Major ethnic groups

During 2018 1559 patients were admitted to Bay of Plenty DHB hospitals as a result of trauma. 451 (28.9%) of these identified as Māori.



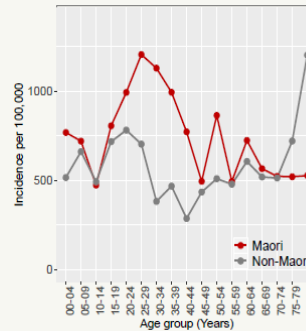
Data as extracted from MTS Registry 11/06/2019. *Includes Middle Eastern, Latin American, Indian, African. Incidence/relative risk calculations employ MoH Population projections.

Trend analysis



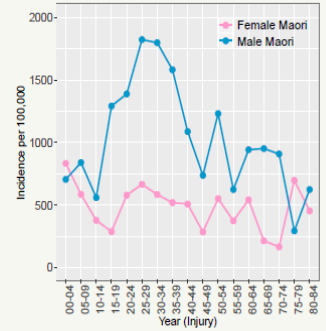
The incidence of trauma among both Māori and Non-Māori has been variable during the past six years. In 2018, the incidence of trauma in Bay of Plenty DHB was higher for Māori (786 per 100,000) than for Non-Māori (622 per 100,000).

Age profile



The incidence of trauma among Māori (2018) in the 15-39 year age group is significantly higher than that for Non-Māori of the same age. Māori aged 00-04 years are also over represented.

Māori: Age and Gender



The peak in incidence of trauma among Māori in the 15-39 year age group is almost solely among male Māori.

Relative risk



1.23 X
Relative risk

Māori vs Non-Māori
In 2018 the relative risk of trauma in Bay of Plenty DHB for all Māori was 1.23 times that for Non-Māori.

2.03 X
Relative risk

Māori: Male vs Female
In 2018 the relative risk of trauma (all ages) in Bay of Plenty DHB for male Māori was 2.03 times higher than for female Māori.

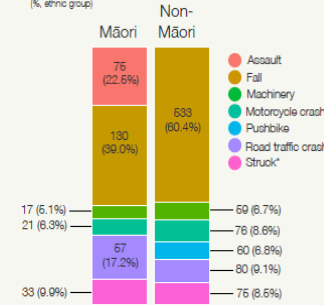
1.63 X
Relative risk

Male Māori vs Male Non-Māori (Age 15-39 Years)
In 2018 the relative risk of trauma in Bay of Plenty DHB for male Māori aged 15-39 years was 1.63 times higher than for male Non-Māori of the same age.

For further information regarding inclusion/exclusion criteria, visit: www.midlandtrauma.nz

Causes of injury

Top 6 causes of injury per ethnic group (Excludes cause by 'Other'). Events (% ethnic group)



*Injuries due to assault or road traffic crash are among the top six causes of injury among Māori. Among Non-Māori, falls, machinery and motorcycle injuries are a significant cause of hospital admission. *Struck = unintentional hit or struck.

Issues for Māori

Health equity for Māori remains a priority for Bay of Plenty DHB. Identifying Māori specific issues will assist the DHB to consider actions to improve health outcomes.

Despite a slight decrease in the incidence of trauma among Māori in Bay of Plenty DHB over the 2013-2018 period, in 2018 the relative risk for Māori was 1.23 higher compared to Non-Māori suggesting an equity gap still exists among trauma patients in Bay of Plenty DHB.

Young Māori, particularly male Māori between 15-39 years of age, are at extreme risk compared to Non-Māori of the same age, with significant contributions to injury due to assault and road traffic crash among young male Māori.

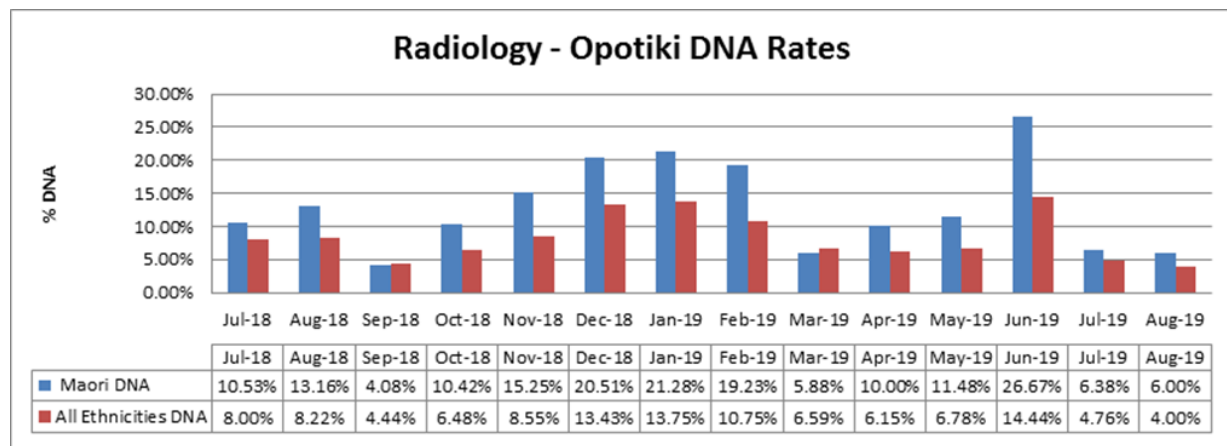
Falls remain the greatest cause for trauma admission for both Māori and non-Māori. Road traffic crash and assault are prominent in Māori, and justify focussed interventions. Among Non-Māori, pushbike injuries are a significant cause of hospital admission.



DNA General X-ray – Opotiki Improvement Initiative

Process changes contributing to the positive results of this initiative include;

- The GP phoning radiology while the patient is present to arrange an appointment
- Radiology phoning instead of mailing appointments
- MITs reminding patients of their Xray on the day of appointment



Woman, Child and Family

Maternity Services

A Maternity Volume, Acuity and Staff Availability Management Guideline is being developed to describe the multi-disciplinary process for prioritising and planning management of patients aligned to the obstetric/midwifery/nursing staff availability across the BOP.

This is required due to ongoing issues the service faces with the shortage of midwives and the number of women being managed who cannot access an LMC.

Housing NZ (HNZ)

Community Health 4 kids (CH4K) have been involved with a health and social welfare checklist for HNZ staff to use during monthly checks and whanau visits. HNZ have good engagement with tenants wanting to retain accommodation and are keen to engage the whanau in discussion about any health or social issues. HNZ will forward the completed checklist to a yet to be decided department in the DHB for assessment and referral as needed.

WINZ

CH4K met with WINZ senior management to develop an improved relationship when dealing with shared clientele. WINZ are eager to work together and the first steps have been to identify key staff in WINZ who CH4K staff for liaison when advocating for clients.

Mental Health and Addiction

BOPAS

BOPAS recently received a thank you for organising a home detox in Whakatane. The client was extremely complementary about the care received from the BOPAS service, particularly the flexible approach shown by mental health and addiction.

Presentation Accepted

MHSOP leadership team has had their presentation on Mental Health for Older People workforce development and leadership at the Te Pou conference accepted.

Medical Services

Renal Services

In conjunction with Planning and Funding and the Waikato Renal service, the BOPDHB are proceeding to fully commission available capacity in the Whakatane Haemodialysis unit (WHU) from Monday 4th November. This will facilitate treatment for a further six people per week in the Eastern Bay. In addition, the service now has two Senior Medical staff and a Nurse Practitioner appointed to develop clinical capacity on site across the Bay of Plenty. These developments have been welcomed by Waikato which is struggling to meet the demands of the wider Midland region, and by people living with end-stage renal failure requiring in-centre dialysis in the Eastern Bay of Plenty.

DISTRICT HEALTH BOARD

Corporate Services

People and Capability Team – Haeata Programme

- The Haeata Programme of change to address many of the issues identified via the recent review of P&C has been launched after endorsement of the proposed approach and direction from the Executive. An interim strategy aimed at improving the focus and performance of the P&C team has been developed and will be the prime focus for the next 6 months. Four key areas:
 - Lifting the capability of the P&C service – reviewing the teams and alignment within P&C with the aim of enhancing the partnering with the wider business
 - Moving from Recruitment to Talent Acquisition – shifting the focus from recruitment process to improving the DHB's brand as an employer, focusing on talent acquisition, and improving the processes and tools used for recruitment
 - Improving the Value provided to the overall business – enhancing capabilities to provide workforce planning, information via dashboards, and improved use of digital technologies
 - Doing Business Brilliantly – business redesign and process improvement to ensure operational aspects of the service are done excellently

Facilities and Business Operations

Sustainability Update

Good progress is being made with implementation of sustainability initiatives that the staff can see and have an interest in, see below for the most recent actions:

- Polystyrene cups are being phased out and replaced with paper cups
- The hospital meals red meat free Monday's trial has been successful and there are plans to extend it for a further 3 months. It should be noted that red meat is our third largest carbon foot print item
- We are about to set up a programme to divert single-use medical instruments to a separate waste stream to enable recycling of the metal.

Senior Advisor, Governance & Quality

OIA's (Closed from 1 September to 31 September 2019)

	OIA	Due Date	Response Date	Met on time
1	HSNO permits	19.09.19	02.09.19	Yes
2	Funded Family Care	11.09.19	10.09.19	Yes
3	Prostitution Act Compliance	23.09.19	11.09.19	Yes
4	Residential Care	24.09.19	17.09.19	Yes
5	Hospital Staff Bullying	20.09.19	19.09.19	Yes
6	Prostate Cancer Follow Up	21.10.19	27.09.19	Yes
7	Risk Register	30.09.19	27.09.19	Yes

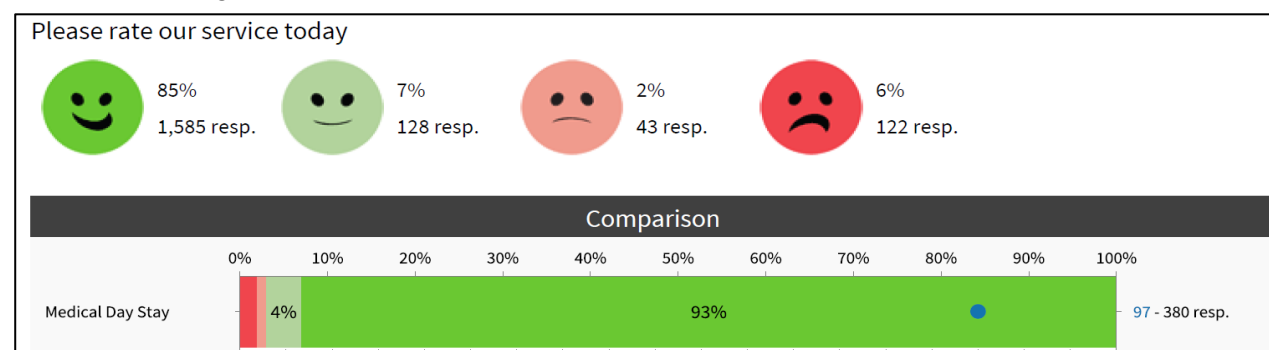
100% compliance this month

Provider Arm

Endoscopy Service Developments

Excellent feedback from the recent National Endoscopy Programme's audit of the Tauranga service has been a positive validation of work done over the last three years to develop the service.

It is pleasing to also see patient feedback on the endoscopy/medical day stay unit which ranks as one of our highest:



However, the challenge of growth in demand for endoscopy diagnostic and treatment services continues to grow and a further step increase related to the implementation of bowel screening in 2021 is the current focus.

Director of Nursing

Care Capacity Demand Management

Recruitment has commenced for the 44.7 identified FTE approved under the Safe Staffing requirements. Combined with existing vacancy (following usual turnover patterns) the total vacancy is 71.32 FTE. Progress against recruitment is reported via the monthly staff update to CCUG plus an update required for AFRM in November. Whilst every effort will be made to expedite recruitment it is anticipated it may take some months to successfully fill the vacancies.

The impact of this is that there may still at times be nursing and midwifery shortfall to meet patient demand. Management of variance continues to be via our usual CCDM strategies and reporting.

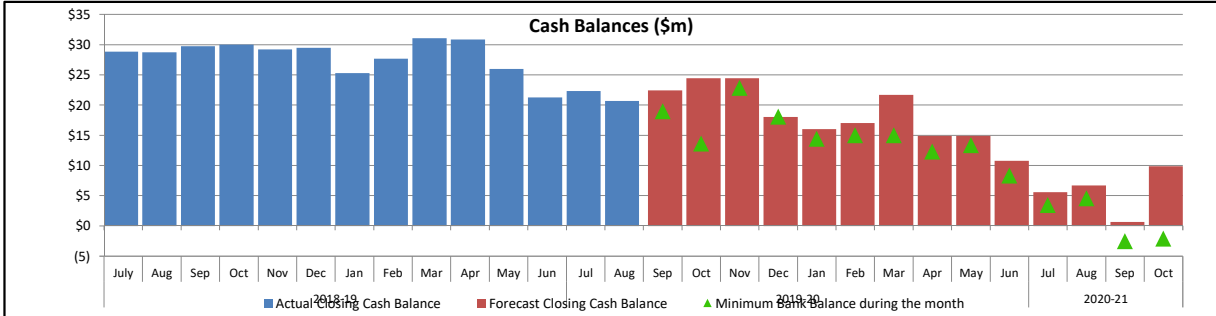
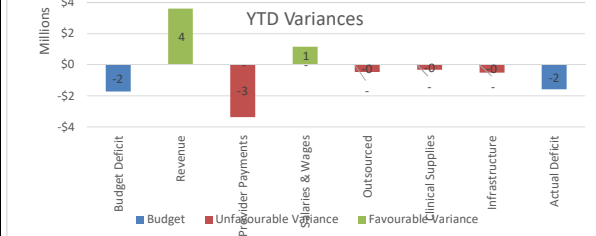
FINANCIALS

The DHB financial result for the two months ended 31 August 2019 was a deficit of \$1,573m which is \$0.151m better than the phased annual plan budgeted deficit of \$1.724m.

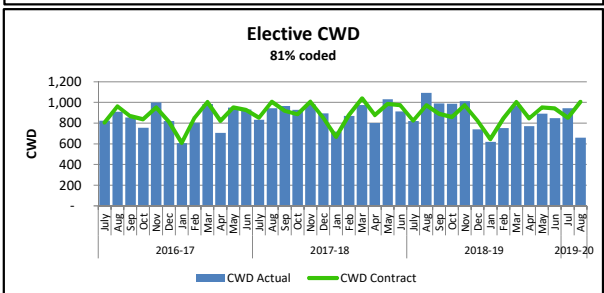
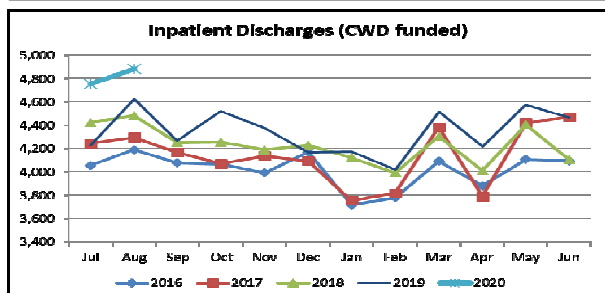
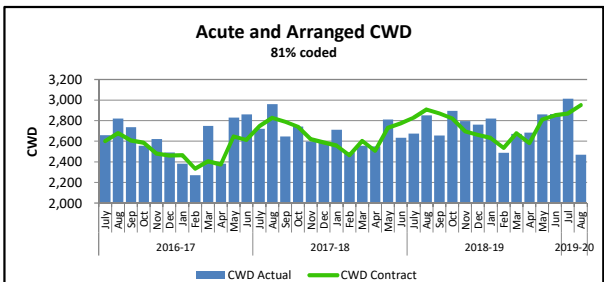
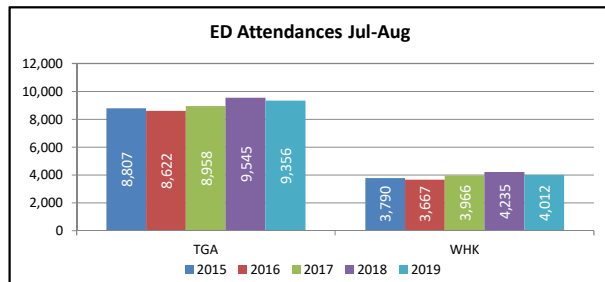
**BAY OF PLENTY DISTRICT HEALTH BOARD
PRELIMINARY RESULTS FOR THE MONTH ENDED 31 AUGUST 2019**

All amounts are \$000s unless otherwise stated. Surplus/(Deficit)

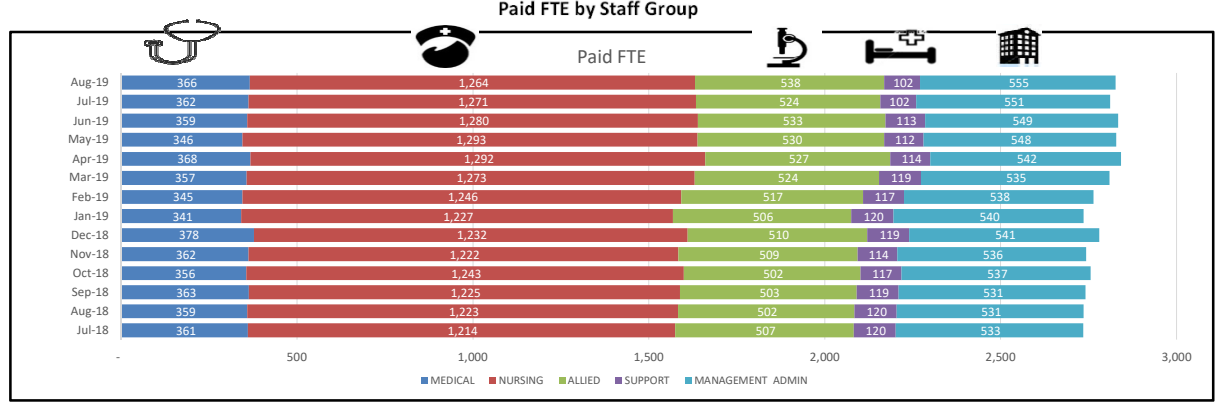
KEY FINANCIAL RESULTS SUMMARY			
KEY MEASURES	Actual	AP Budget	Variance
Operating Result	(1,573)	(1,724)	151
FTE (accrued YTD average)	2,803	2,870	67
Provider Volumes			
Case Weights (CWD) - Plan	7,089	7,679	(590)
Cash & Bank (\$000)			
Balance	20,684	20,897	(213)
Days Cash	8.85	9.10	(0.24)
WORKING CAPITAL (\$000)	(37,587)	(39,523)	1,936
Crown Equity (\$000)	257,741	259,632	(1,891)



KEY ACTIVITY DRIVERS SUMMARY



KEY STAFF FIGURES



PRIMARY CARE OVERVIEW



Key Achievements for this month:

Achievements

East West Integration

- EBPHA and WBPHO have a signed MOU. Next steps include the formation of a Transition Group to support the transition to a single entity by 1 December 2019.
- A draft MOU with WBPHO, covering the Transfer of Enrolled Service User Funding, for specified Services has been developed.

BoPDHB Contracts

- All 2019/20 contracts are in place, apart from Community Radiology.
- The **Support to Screening** contract has been moved to WBPHO, with both parties working towards a smooth transition.

EBPHA internal space reorganisation

EBPHA has moved its consultation rooms upstairs. This is enabling clients a greater degree of privacy, as they head straight upstairs to a private waiting area.

Challenges

Immunisation

EBPHA along with the wider BOP immunisation providers has been impacted on by the shortage of measles vaccine. The AIMS games in Tauranga raised the level of concern Bay wide. EBPHA Immunisation Coordinators have monitored General Practice vaccine stock in east and west, moving it to practices most in need with babies requiring scheduled vaccinations being prioritised.

Pop Up clinics at various sites including PHO's were put on hold due to lack of vaccine availability.

Staff


Ku huri ki tua o rangiwhakamoe ariki - *a gentleman has been taken from us.*

One of EBPHA's long standing staff members Brian Boocock passed away last weekend after a long illness.



Key Achievements for this month:

- Tūāpapa development continues to dominate much of the work for Nga Mataapuna Oranga. Tūāpapa continues to evolve as socialisation across the network is not only informing the system of care but allowing the framework to be tested and adapted.
- The AIMS games highlighted the need for precautionary measures against measles to be promoted in venues where many of the teams were hosted. In a single day, the Nga Mataapuna Oranga team distributed Toi Te Ora posters with key information to all twenty-two marae and adjoining kohanga reo within the Western Bay of Plenty.
- Workforce planning has begun with an initial assessment of the demand and supply issues facing the Nga Mataapuna Oranga network in the future and a stock-take of its current workforce capacity and capability.
- The success of the Manawa Ora (warm, dry, safe, homes and neighbourhoods) project is highlighted by the 40 home assessments completed since 25 June 2019. Healthy home education is delivered on-site and tailored to each situation. Ten priority homes were identified with the majority requiring painting. Cladding, electrical work and roof/gutters also featured highly.

	<p>Key Challenges for this month:</p> <ul style="list-style-type: none"> • The lack of GP capacity is testing the resilience and capability of the Tauranga City Clinic practice to meet patient demand. Waitaha is also experiencing shortages with an impending retirement on the horizon. Rearranging the primary care nursing teams to support the practices is underway. • The reconfiguration of primary care teams in general practice as part of Tūāpapa is our primary focus with initial work to commence on addressing practice inefficiencies. • Tūāpapa requires a whole of system transformation across its network and is dependent on sustainable practice and the capacity and capability of its workforce. Change of this magnitude will test the network's courage and resilience to transform.
	<p>Key Achievements for this month:</p> <ul style="list-style-type: none"> • We are pleased to formally announce that the WBOP PHO and Eastern Bay Primary Health Alliance (EBPHA) are joining together to support improved health and wellbeing for individuals, whānau and communities across the Bay of Plenty. The two PHOs have signed a Memorandum of Understanding (MOU) which sets out the relationship for a newly joined organisation which will be in place by 1st December 2019. • Healthcare Home Project: Seven Practices have now been formally confirmed and advised that they will be progressing through to Model of Care implementation within this project. An eighth Practice in the Eastern Bay will be assessed for readiness mid-September and a determination made as to their capacity and enthusiasm to also progress. • We remain actively involved in emerging conversations with BOPDHB in respect to closer service integration and new development opportunities. Participation in the conversations relating to service development to support population growth across the Papamoa / Te Tumu / Wairake area are front and centre at this time. Our Bay of Plenty Alliance team (BOPALT) has also taken a significant step forward in reorientating its focus on whole of system improvement and identifying how it can address blockages and barriers impacting service improvement and change initiatives being progressed in a timely manner. The expanded membership of BOPALT to now include Community Pharmacy, St John Ambulance and Home and Community Support Services, is also reflective of that whole of system approach. <p>Key Challenges for this month:</p> <ul style="list-style-type: none"> • With over 16,000 people coming to the BOP during the period of the AIMS Games (8-13 September), and a large contingent attending from Auckland and the Pacific Islands, a high level of anxiety spread across the BOP communities, particularly within the WBOP, in respect to the potential spread of the Measles virus. A major challenge has been the national shortage of sufficient vaccines to meet public demand in response to the increased publicity regarding the outbreak. • The current measles outbreak has created pressure across the health system. Over the past two weeks, the Ministry of Health have been working to manage distribution to ensure that MMR vaccine is available to meet priorities based around ensuring all children receive their vaccinations on time at 15 months and 4 years to maintain the national Childhood Immunisation Schedule. MMR availability in the Bay of Plenty is expected to continue to be limited over the coming few weeks.

- | | |
|--|---|
| | <ul style="list-style-type: none">• Primary Mental Health Services continue to struggle with a shortage of available counselling packages of care to meet referral numbers. Discretionary funding for the whole year has almost been exhausted for both youth and adults in this first quarter. WBoP and EBPHA teams are preparing to respond to the newly released call for proposals to deliver PMHA services centred in general practice. A working group has been formed to prepare a proposal for delivery of services across the Bay. |
|--|---|



INCREASING MAORI PARTICIPATION IN THE DHB EMPLOYED WORKFORCE

SUBMITTED TO:

Board Meeting

20 October 2019

Prepared by: TAS

Endorsed and
Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board note the contents and targets of the report.

ATTACHMENTS:

Increasing Maori Participation in the DHB Employed Workforce - Maori Workforce Dashboard
June 2019

BACKGROUND:

Earlier this year, the 20 DHB CEs endorsed Te Tumu Whakarae's position statement on increasing Māori participation in the workforce, and in May 2019 approved six targets to support the position statement and increase Māori participation in the workforce. Capturing, tracking and reporting on progress is required which is a key piece of work for the Workforce Strategy Group in partnership with Te Tumu Whakarae.

The six targets are:

Target One – Each DHB will have 0% of employees who have their ethnicity recorded in their employee profile as “unknown” by 30 June 2020 – report quarterly

Target Two – Each DHB will employ a Māori workforce that reflects the Māori population proportionality for their region by 2030 – report annually.

Target Three - Each DHB will employ a Māori workforce with occupational groupings that reflect the Māori population proportionality for their region by 2040 – report annually.

Target Four - All DHB staff (clinical and non-clinical) who have contact with patients and whānau, Board members and those in people management or leadership roles will demonstrate participation in cultural competence training by 2022 - report staff and Board member participation in cultural competence training as a percentage of these groups over the last 3 years by 30 June 2020 then monitor annually.

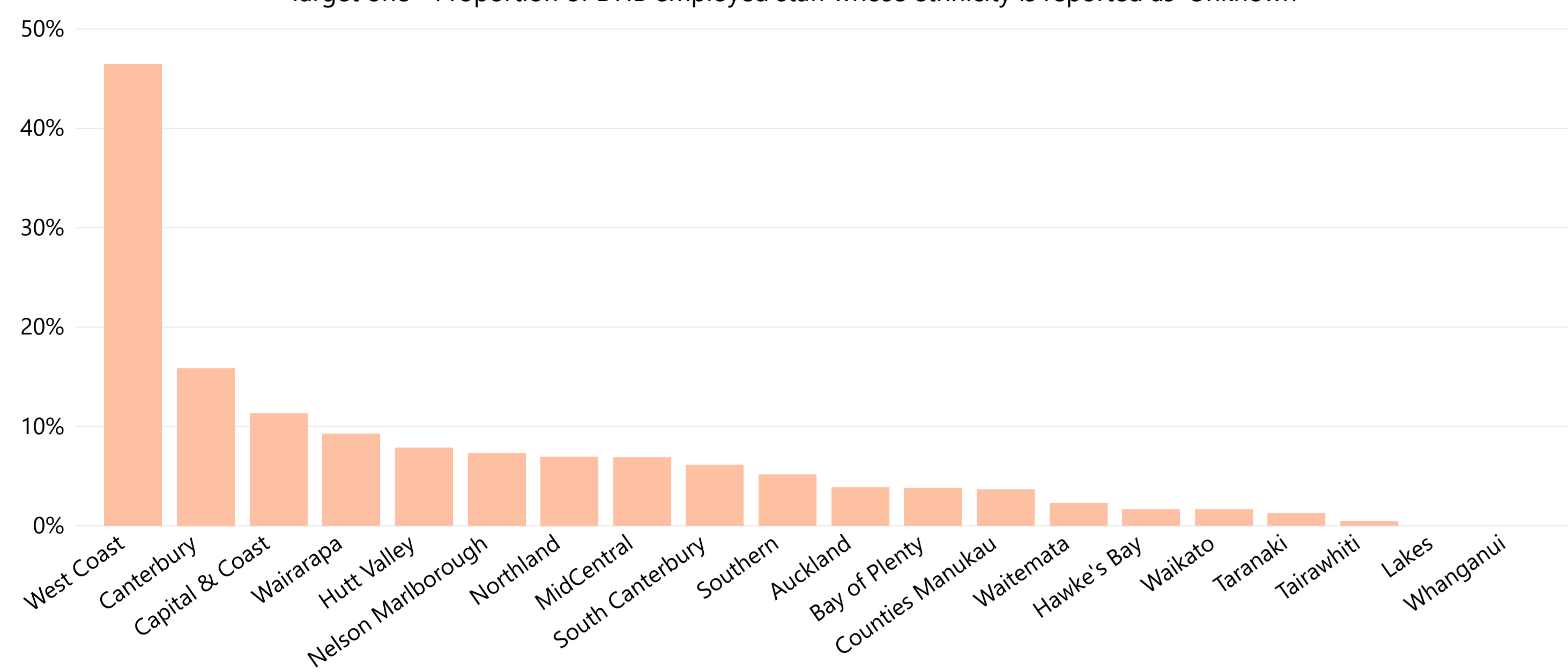
Target Five – In each DHB 100% of Māori applicants who meet the minimum eligibility criteria for any role are shortlisted for interview - report by October 2019, then monitor quarterly.

Target Six- In each DHB, turnover for Māori staff will be no greater than the DHB turnover for all staff - report quarterly.

Māori representation within DHB employed workforces as at 30 June 2019

(Informing the Te Tumu Whakarae position statement and Workforce Strategy Group targets)

Target one - Proportion of DHB employed staff whose ethnicity is reported as 'Unknown'

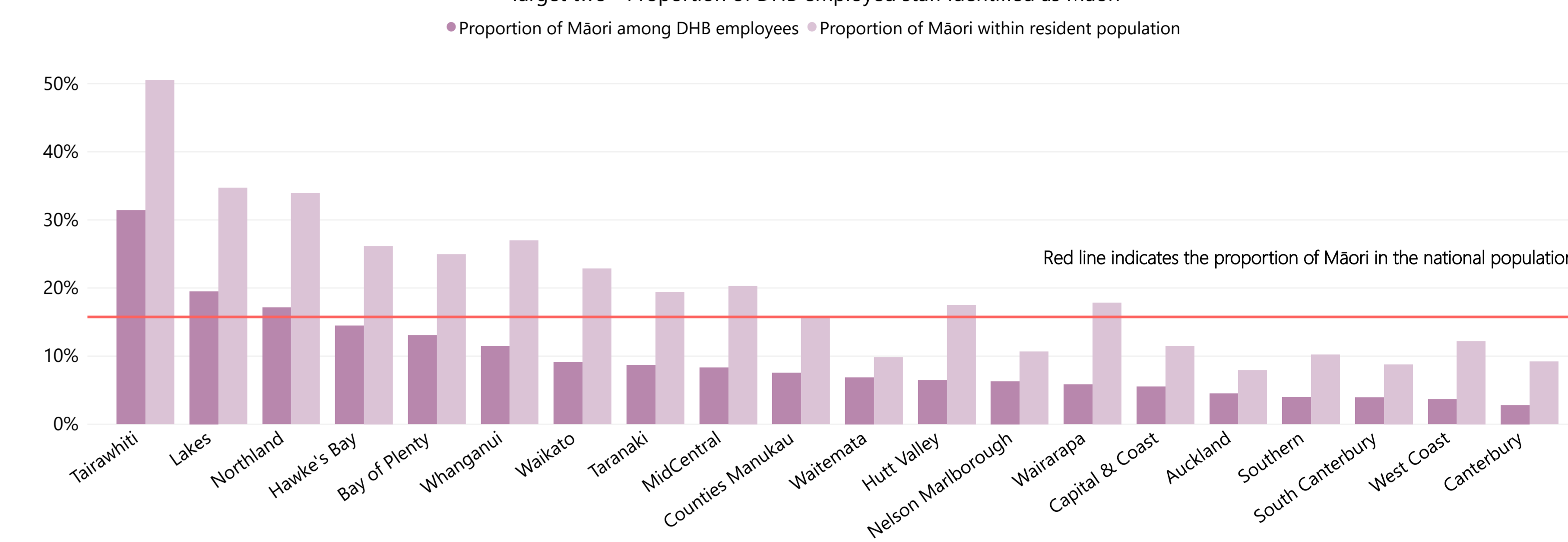


Although the proportion of DHB employees whose ethnicity is reported as 'Unknown' has been trending down in recent years, it still accounts for a sizeable number of employees.

While we are unable to determine what proportion of these 'unknowns' are likely to be Māori, the high proportions at some DHBs will impact on tracking any increase in representation, i.e. some increases may be made simply by improved reporting on existing staff rather than actual changes in representation.

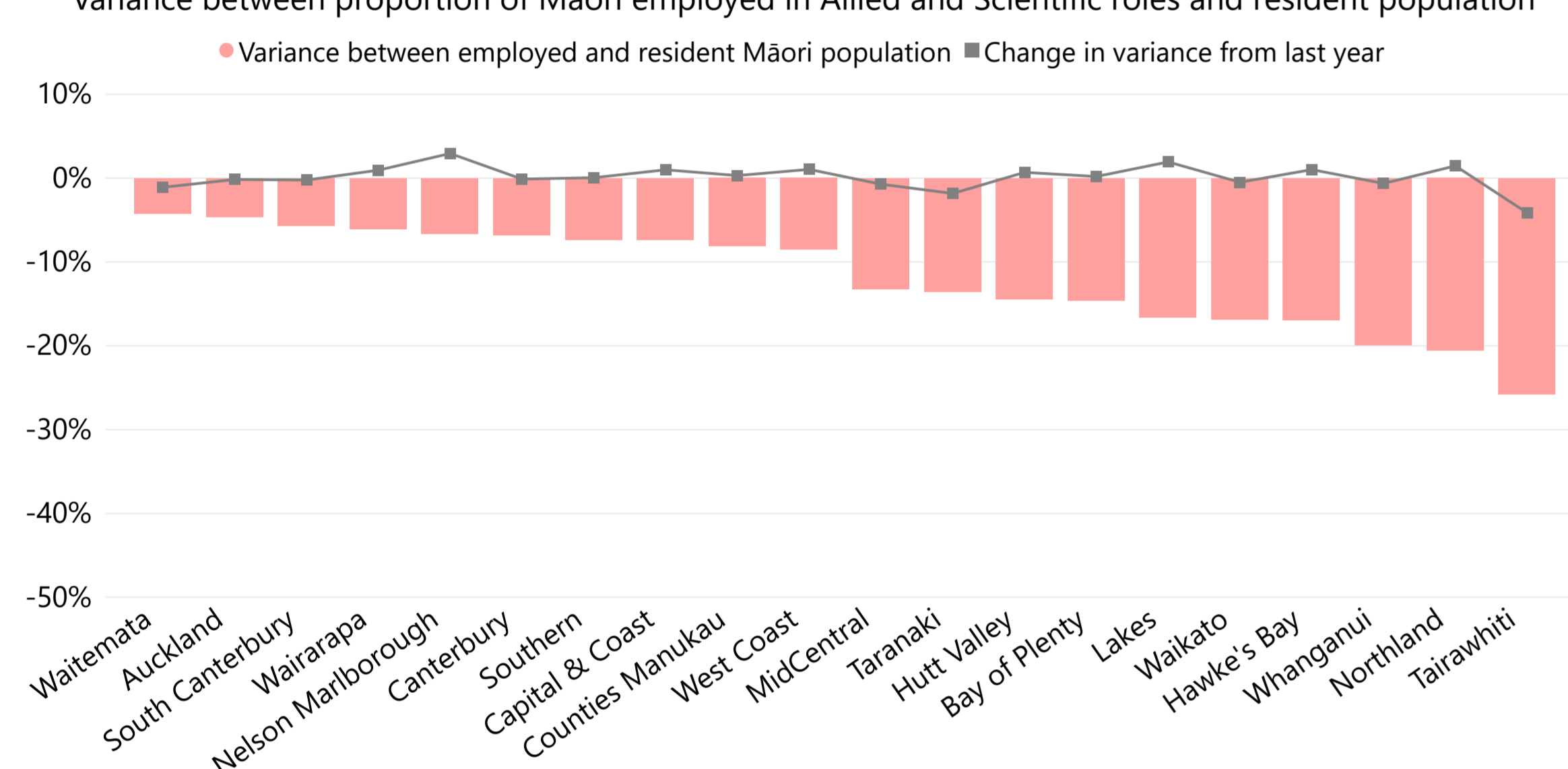
In terms of Māori representation in the workforce, all the DHBs have a lower proportion of people reported as Māori in their workforce than in their estimated resident populations.

Target two - Proportion of DHB employed staff identified as Māori

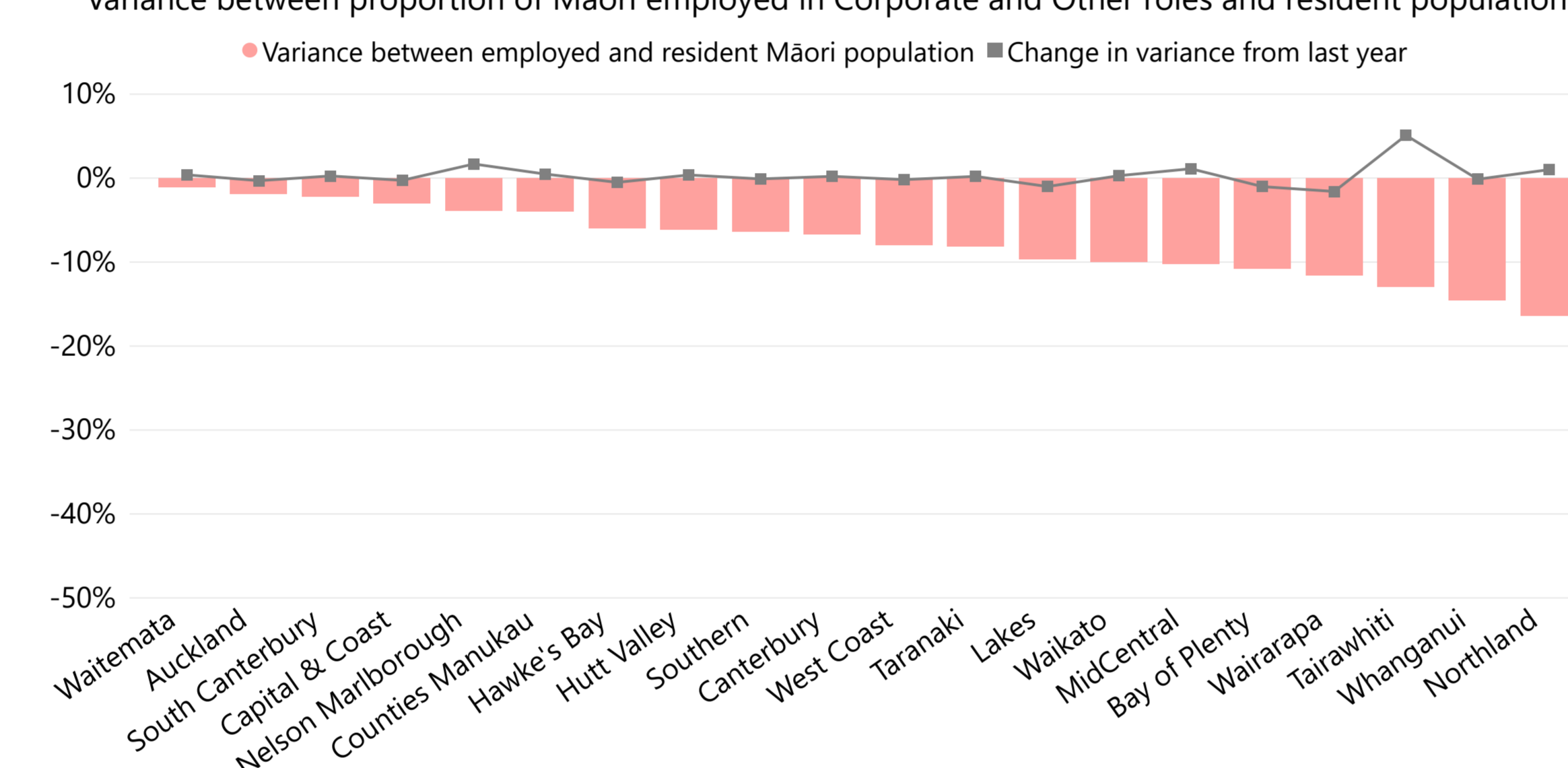


Target three - Differences between reported proportions of Māori within HWIP occupation groups and estimated proportions of Māori within resident population (including change from the same period 12 months ago)

Variance between proportion of Māori employed in Allied and Scientific roles and resident population



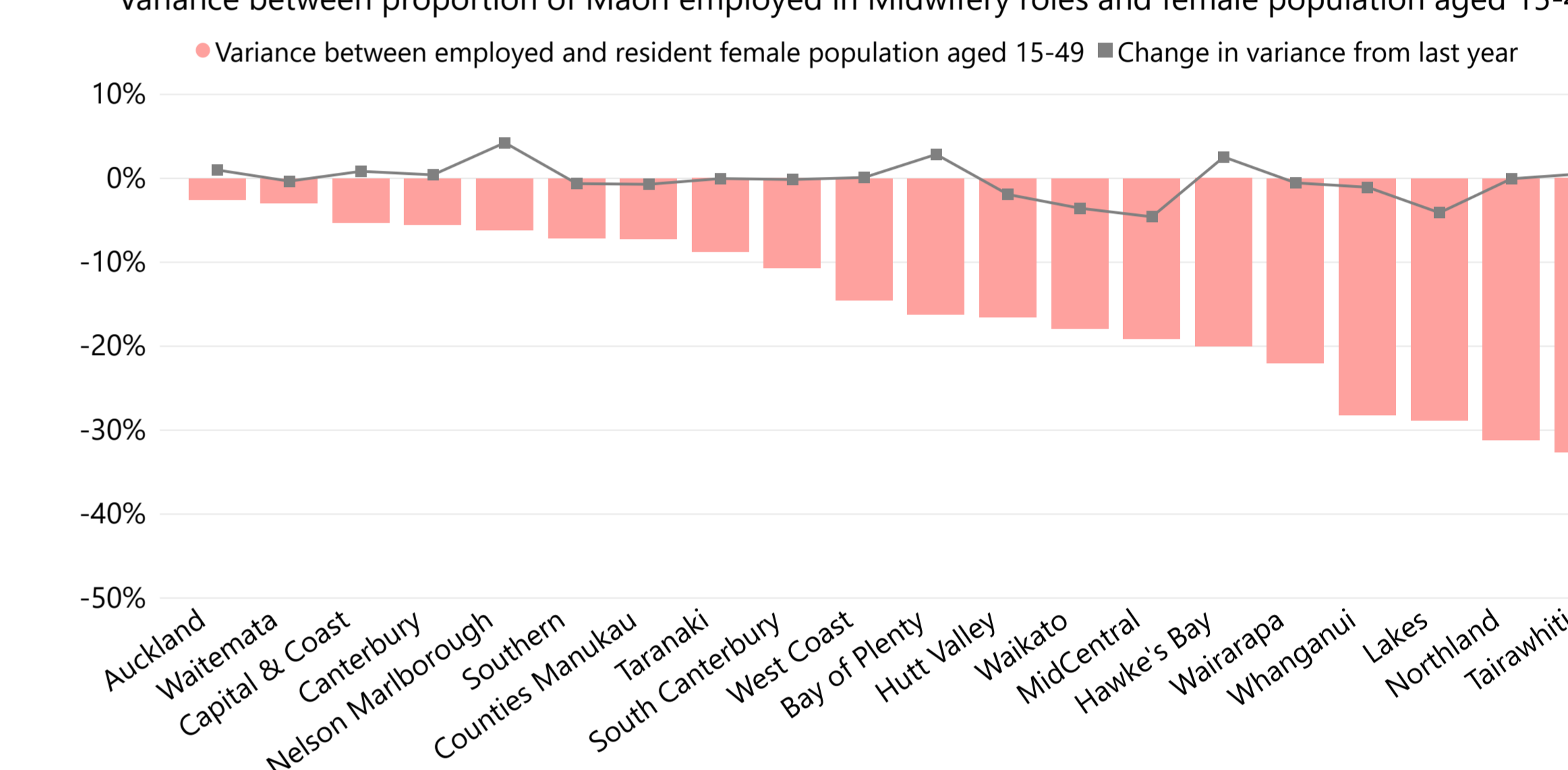
Variance between proportion of Māori employed in Corporate and Other roles and resident population



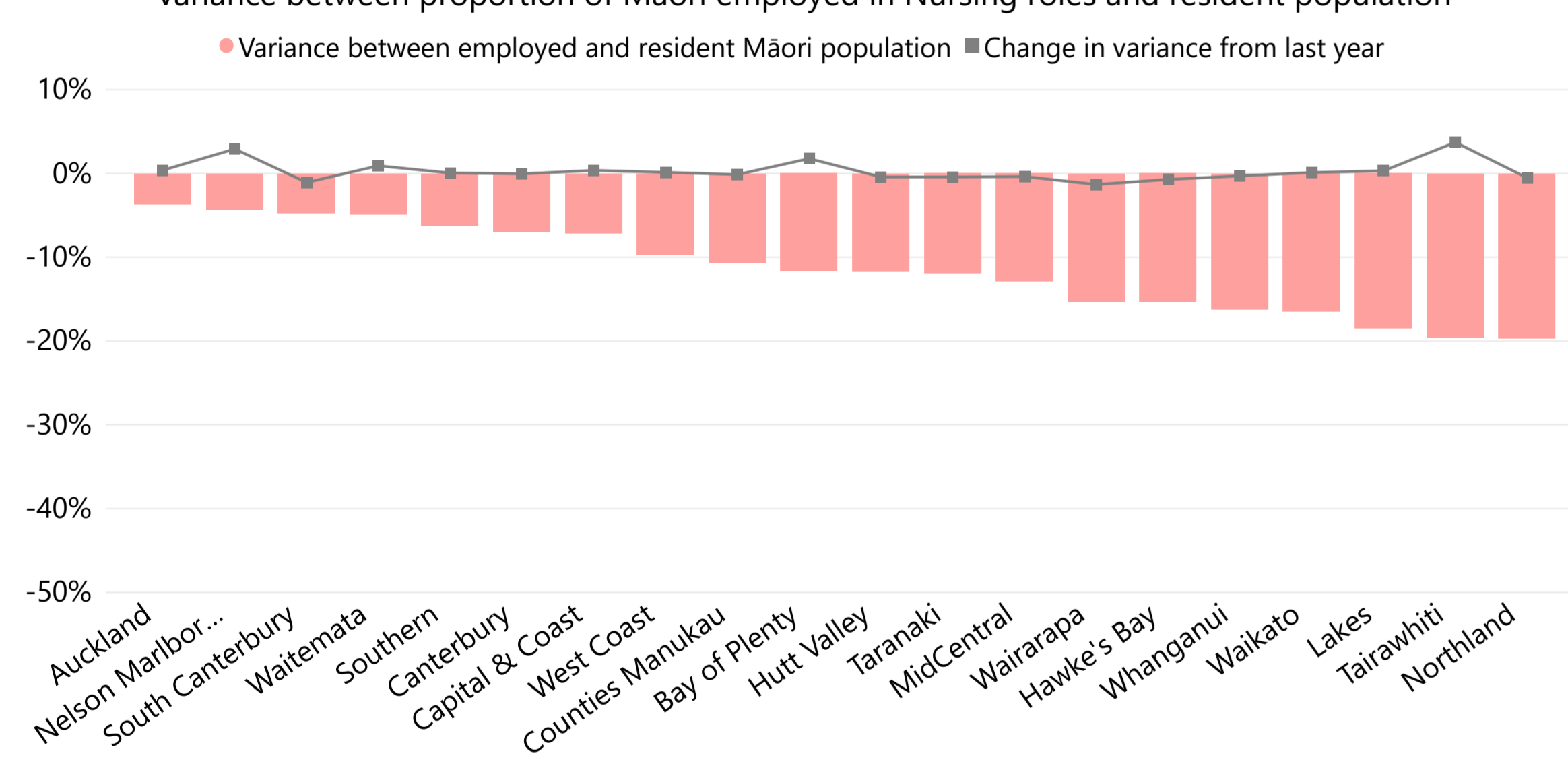
Variance between proportion of Māori employed in Care and Support roles and resident population



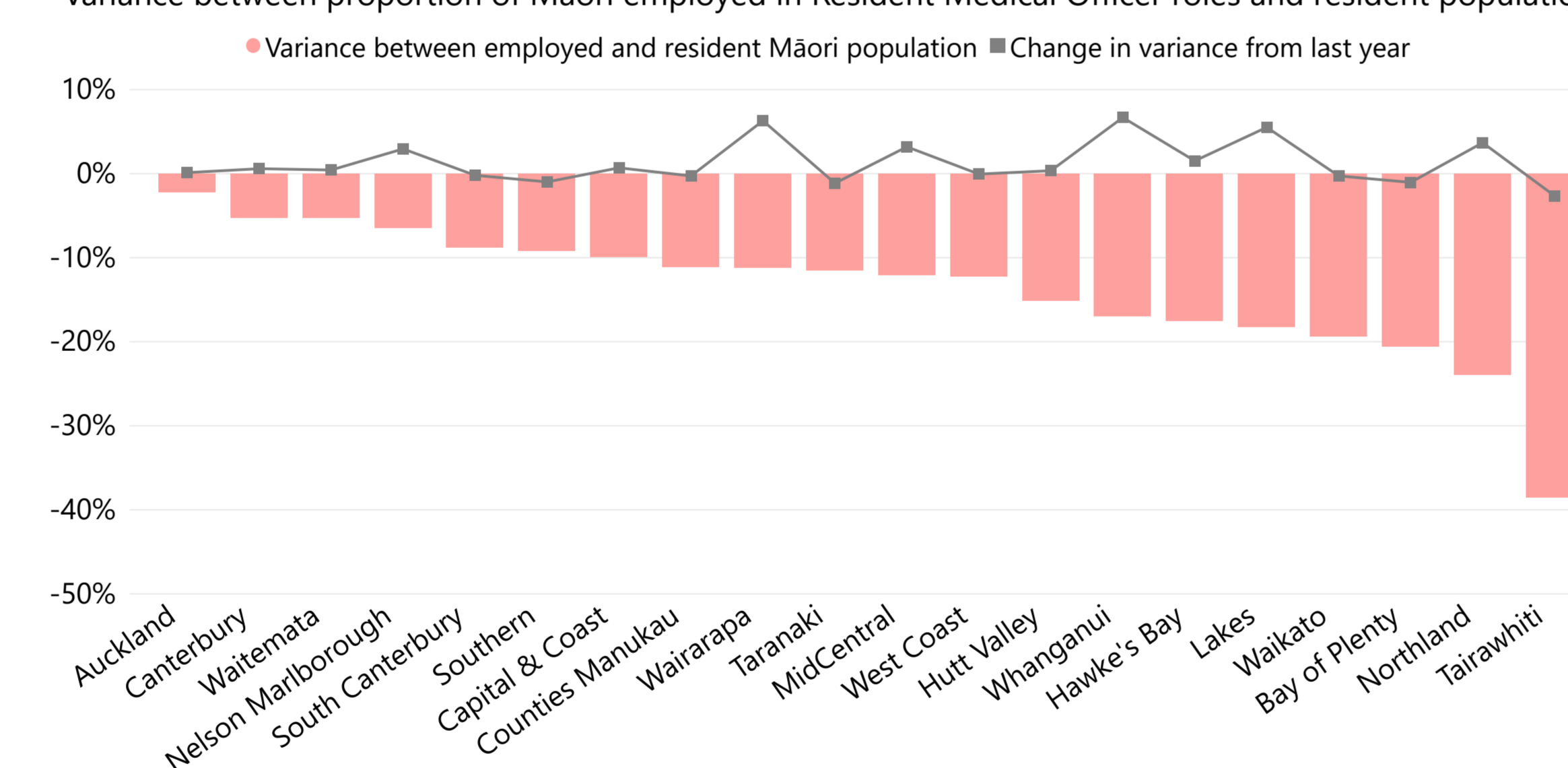
Variance between proportion of Māori employed in Midwifery roles and female population aged 15-49



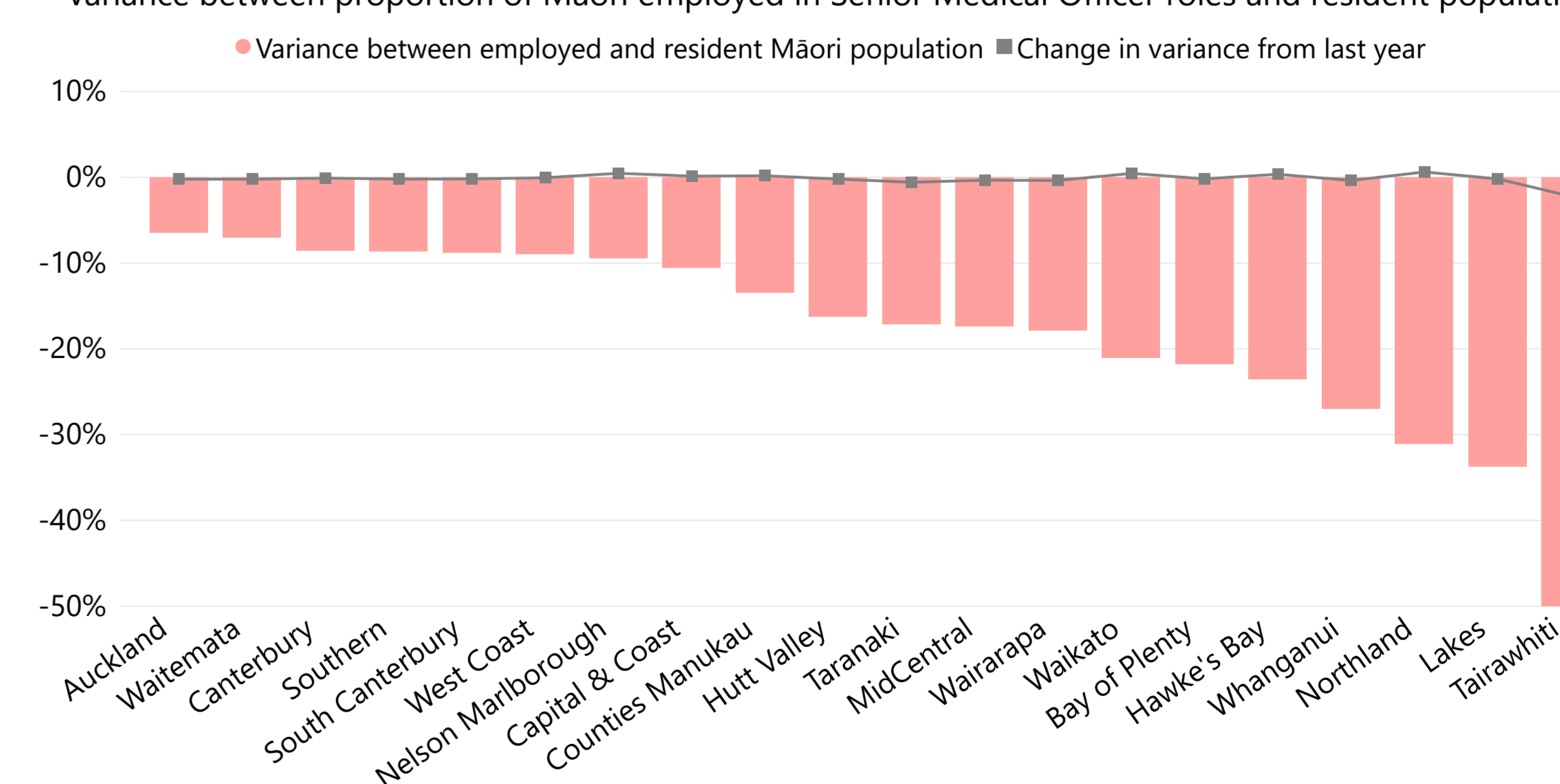
Variance between proportion of Māori employed in Nursing roles and resident population



Variance between proportion of Māori employed in Resident Medical Officer roles and resident population



Variance between proportion of Māori employed in Senior Medical Officer roles and resident population



Across all occupation groups, except Care and Support, the proportion of staff in DHBs identified as Māori is lower than the estimated proportion of Māori within their resident populations.

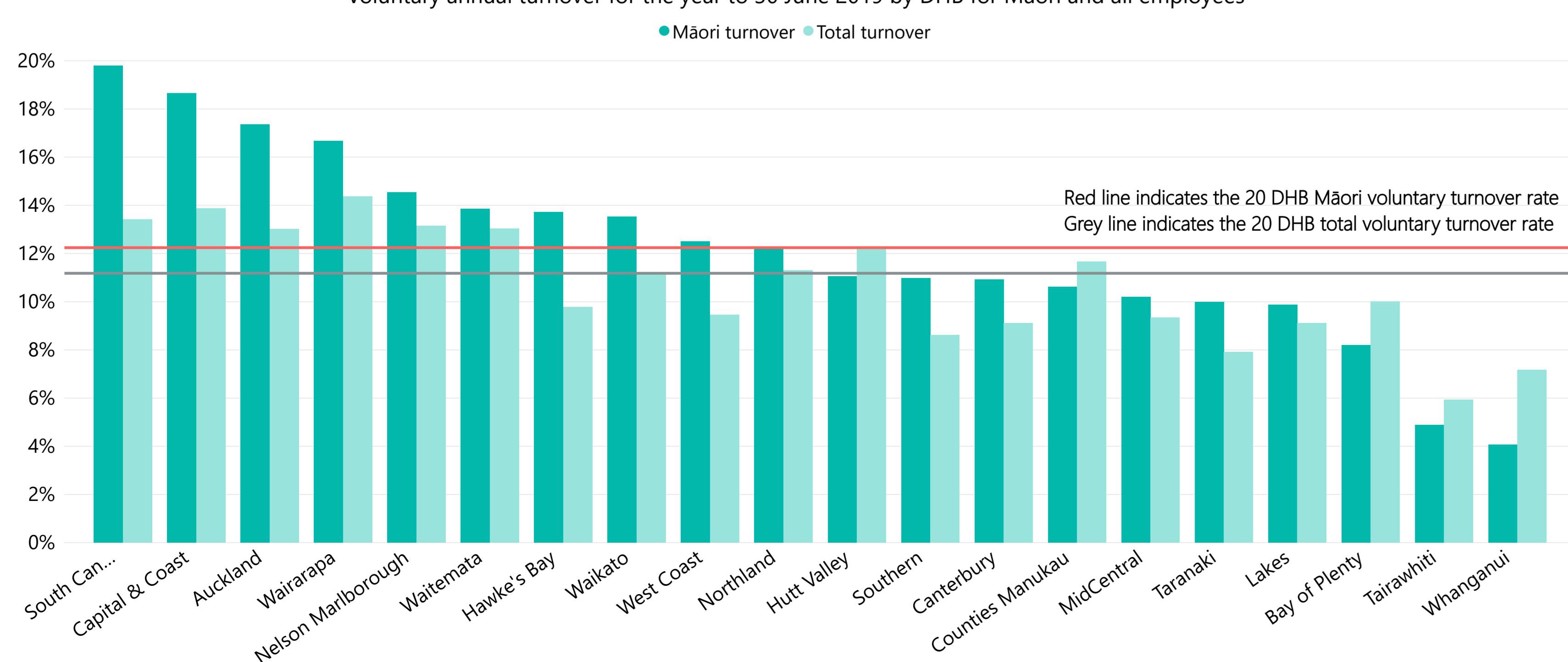
The occupation groups with the largest Māori under-representation were Senior Medical Officers and Midwifery. However, the overall low numbers of these occupations in some DHBs may be part of the reason behind the large variances.

Overall, Auckland and Waitematā tended to have a smaller variance between the proportion of Māori in the workforce compared to the resident population.

For the majority of DHBs, the change in Māori representation compared to June 2018 has been small, especially for Senior Medical Officers. There have been some larger increases in the representation of Resident Medical Officers for some DHBs, but some of this change may be transitory due to the mobile nature of this workforce.

Target six - Comparison of annual voluntary turnover for Māori staff relative to all DHB employed staff

Voluntary annual turnover for the year to 30 June 2019 by DHB for Māori and all employees



For most of the DHBs, voluntary annual turnover rates for Māori are higher than the rates for all employees. In some instances, this can be driven by the low number of Māori employees, especially in smaller DHBs.

Five DHBs have Māori turnover rates lower than the total turnover: Bay of Plenty, Counties Manukau, Hutt Valley, Tairāwhiti and Whanganui.

When we look at turnover by occupation group, there is no significant difference between Māori employees and all employees, except for Midwifery. However, this may be linked to the low number of Māori working as midwives.

Voluntary annual turnover for the year to 30 June 2019 by occupation group for Māori and all employees

