



BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

# Board Meeting

## Agenda

Wednesday, 23 February 2022

10.15 am

via ZOOM

# 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 Pillars:**

- 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.
- 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.

**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.

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><b>Karakia</b></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	<b>Apologies</b>	
2	<b>Interests Register</b>	6
3	<p><b>Minutes</b></p> <p>3.1 <u>Board Meeting – 26.1.22</u>  <u>Matters Arising</u></p>	10
<b>PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES</b>		
4	<p><b>Presentation</b></p> <p>4.1 <u>COVID – Omicron Phase 2</u>  Scott Campbell, BOPDHB COVID Directorate</p>	
<b>PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY</b>		
5	<p><b>Items for Discussion</b></p> <p>5.1 <u>CEO’s report</u></p>	14
6	<p><b>Items for Noting</b></p> <p>6.1 <u>Media Article</u></p> <ul style="list-style-type: none"> <li>• Bay of Plenty Midwife Shortage: Midwives from other regions called to help, dated 2 February 2022.</li> </ul>	26



Item No.	Item	Page
	6.2 <u>Te Toi Ahorangi Programme Update</u>  6.4 <u>Board and Committee Meeting Schedule 2022</u>	<b>30</b>
<b>6</b>	<b>General Business</b>	
<b>7</b>	<p><b>Resolution to Exclude the Public</b></p> <p>Pursuant to clause 33(3) of the NZ Public Health &amp; 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 &amp; 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>	
<b>8</b>	<b>Next Meeting – Wednesday 23 March 2022.</b>	



## Bay of Plenty District Health Board Board Members Interests Register

(Last updated February 2022)



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
<b>AHOMIRO, Hori</b>				
Tapuika Iwi Authority	Board Member	TIA and Fisheries Trust	LOW	Sept 2019
NZ Social Work Registration Board	Kahui Board Member	Tikanga and Advisory to Social Workers Registration	LOW	Feb 2022
Poutiri Trust	Board Member	Health Services Provider Pou Tikanga	LOW	Feb 2022
<b>ARUNDEL, Mark</b>				
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
<b>EDLIN, Bev</b>				
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
<b>ESTERMAN, Geoff</b>				
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
<b>FINCH, IAN</b>				
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
<b>GUY, Marion</b>				
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
Accuro Health Insurance	Board Chair	Health Insurance Provider	LOW	December 2021
<b>SCOTT, Ron</b>				
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
<b>SIMPSON, Leonie</b>				
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
<b>TUORO, Arihia</b>				
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
<b>STEEL, Linda (Maori Health Runanga Chair)</b>				
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	Chair / Iwi Representative	Strategic Relationship with BOPDHB		





Runanga			LOW	23/02/2021
<b>WILLIAMS, Wayne</b>				
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
<b>HUDSON, Mariana</b> (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
<b>VALEUAGA, Natu</b> (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020





## Minutes

### Bay of Plenty District Health Board

Venue: Waikaraeo Room, DHB2 Building, 17<sup>th</sup> Ave Business Park, Tauranga

Date: Wednesday 26 January 2022 at 10.00 am

**Board:** Bev Edlin (Chair), Geoff Esterman, Hori Ahomiro, Mark Arundel, Ian Finch, Marion Guy, Ron Scott, Leonie Simpson, Arihia Tuoro, Wayne Williams, Linda Steel (Runanga Chair), Natu Vaeluaga, Mariana Hudson, Ken Whelan (Crown Monitor)

**Attendees:** Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services),

Item No.	Item	Action
	<b>Karakia</b>	
<b>1</b>	<b>Apologies</b> There were no apologies	
<b>2</b>	<b>Interests Register</b> Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. Board Member H Ahomiro will email a new interest. Board Member M Guy advised she has been appointed Chair of Accuro.	
<b>3</b>	<b>Minutes</b> 3.1 <u>Minutes of Board meeting – 24.11.21</u> <b>Resolved</b> that the Board receives the minutes of the meeting held on 24 November 2021 and confirms as a true and correct record. Moved: M Arundel Seconded: G Esterman 3.2 <u>Matters Arising</u> All Matters Arising were in progress or completed as indicated.	
	<b>Part A: Future Focus and Key Strategic Issues</b>	
	<b>Part B: Monitoring, Compliance and Business as Usual Delivery</b>	
<b>4</b>	<b>Items for Discussion</b> 4.1 <u>Chief Executive's Report</u> The Chief Executive highlighted: <b>COVID</b> - The upgrade works have been completed. BOPDHB has met 90% vaccination, currently at 94% single vaccinations and 90% double vaccinations Query was raised as to where high risk populations currently are. Murupara, Taneatua, Waimana. These are areas that have struggled since initial outbreak.  Query was raised as to whether Omicron will increase the vaccination rates. It will in some cases but not in all areas. There are stalwart non-vaccination areas.	

Item No.	Item	Action
	<p><i>Child Wellbeing</i> - has a blended coming together with CHIRP and Toi Aoranga Mokopuna. To go into this year having an agreement that will have Paediatrics, Child &amp; Adolescent Mental Health (CAMHS) and Child Development Services (CDS) working in an integrated way is extremely pleasing.</p> <p>Query was raised as to whether the local Governance Group is connected to that. It is primarily with Mental Health. There is an impending meeting. There is good work occurring between the Police and CAMHS.</p> <p><i>COTS</i>. - At the end of 2021 there had been two years of work which had produced some pleasing results. The Orthopaedic Surgeons have confidence in the model, agreeing to the review of waiting lists through the COTS model which will address First Specialist Assessments (FSAs) for Orthopaedics with Allied Health intervention, reducing the time required by Orthopaedic Consultants.</p> <p><i>OIAs</i> – have had 100% compliance over the last year.</p> <p><b>Resolved</b> that the Board receives the Chief Executive’s report</p> <p style="text-align: right;">Moved: H Ahomiro Seconded: L Steel</p>	
5	<p><b>Items for Noting</b></p> <p>5.1 <u>Correspondence</u></p> <ul style="list-style-type: none"> <li>• Letter of thanks from Hon A Little re S Shea Service on the Bay of Plenty District Health Board, dated 13 December 2021</li> <li>• Letter from Minister of Health, Hon A Little re Bay of Plenty District Health Board 2021/22 Annual Plan, dated 10 January 2022</li> </ul> <p>The letter reinforces the key focus areas which are within BOPDHB’s strategic priorities.</p> <p>The Board noted the correspondence.</p> <p>5.2 <u>Board and Committee Meeting Schedule 2022</u></p> <p>The Board noted the Meeting Schedule</p>	
6	<p><b>General Business</b></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 - 15.12.21 MOH / BOPDHB Discussion COVID-19 (Omicron) resilience Plan for Te Manawa Taki Regional Collaboration – Urology Services Tauranga Hospital Buildings T23 &amp; 24 Seismic Risk Chief Executive’s Report CAMHS Culture Change Journey Major Building Projects Current and Planned Update Health Reform Transition update</p>	

Item No.	Item	Action
	<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</p> <p><b>Resolved</b> that the Board move into confidential.</p> <p style="text-align: right;">Moved: M Arundel Seconded: L Steel</p>	
8	Next Meeting – Wednesday 23 February 2022	

The open section of the meeting closed at 10.45 am

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



# Chief Executive's Report

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This report covers the period 27 January to 17 February 2022.

## 1. COVID

### 1.1 Outbreak Readiness

The region's Public Health Response team worked well over the Holiday period to initially dampen Delta COVID case numbers however we are now dealing with Omicron in the Bay and data suggests that this is beginning to spread rapidly.

To date the community has been handling current volumes of cases in Primary care and welfare effectively, albeit with many challenges in the welfare space.

Toi Te Ora (TTO) is managing case volumes and contact tracing with the help of national assistance. The laboratory is reaching maximum capacity as the daily outbreak case numbers increase, combined with their commitment to MIQ testing from Rotorua. Their capacity which was around 3000 tests/day in early to mid-Jan has now been decreased to 1500/day as they are forced to test samples in smaller groupings and/or individually. To mitigate the impact, the laboratory is exploring alternate options.

Current focus and preparation is on moving into Phase Two of the Phases of Operational Changes to respond to Omicron. A key area of attention for this phase is to ensure sufficient supply levels of Rapid Antigen Testing (RATs) and Personal Protective Equipment (PPE).

COVID Surge training across the DHB (both Tauranga and Whakatane) has been inclusive of both ICU preparedness and ensuring the ward based Nurses that would be redeployed to ICU, receive training that supports caring for COVID patients throughout their journey in Hospital. Included in this is the creation of an ICU Nurse Surge team that can be utilised to assist in ICU under direct supervision of an experience ICU Nurse at Tauranga.

Iwi & Kaupapa Māori Provider support continues to enable their plans for vaccination, community Isolation and welfare across all streams. Focus is Toi Ora approach to 5-11 year old vaccinations. Plan Includes: engagement and relationship, addressing misinformation through a health literacy approach, whanau literate health response

Maintaining Iwi relationships in the Covid work has been a priority, including addressing communication and information needs. Te Pare o Toi have collaborated well with the Western and Eastern BOPDHB Welfare Teams and work with Waiariki Whānau mentoring Trust has been essential to support gang whanau isolating.

### 1.2 COVID Informatics

Improved COVID outbreak informatics have been developed during January and February. Daily narrative updates to the Regional Leaders group have been replaced by a daily infographic COVID Dashboard— providing an easily consumed statistical update of community case numbers, hospital admissions, vaccinations delivered and testing numbers (refer example below).

Ongoing development is required to ensure both accuracy and timeliness of the data – Ministry capture systems are being upgraded and local Business Intelligence resources developed.





# COVID-19 Bay of Plenty DHB

18 February 2022

## Community Cases

(All current cases are being treated as Omicron)

New Zealand

1,929 New cases

9,936 Active cases

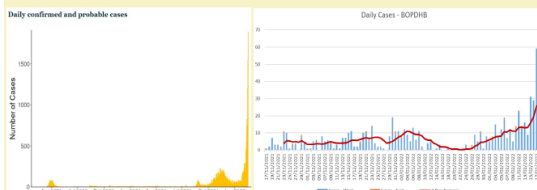
16,470 Recovered

Bay of Plenty

59 New cases

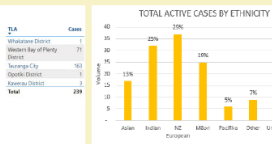
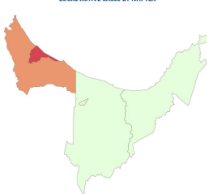
267 Active cases

439 Recovered



### Bay of Plenty Cases

LOCAL ACTIVE CASES BY IHI TLA



Key Points:  
 • Covid positive Wastewater detected in Whakatane yesterday.

Cases in BOP Hospitals: 3 (TGA)      Cases in ICU: 0

## BOP Vaccination

521,800 (Total Doses)

All		Maori
94.4 %	1st dose age 12+	80.8 %
92.2 %	2nd dose age 12+	76.4 %
35%	of 5-11's 1st dose	20.5 %
45.5 %	eligible people boosted	24.3 %

\* data may differ from nationally published data (which utilises 2020 population data). Data in the above is based on the latest population estimate of 269,670.

### Vaccination rates by District Council area

	All ethnicities 12+		Maori 12+	
	1st Vax	2nd Vax	1st Vax	2nd Vax
Tauranga	97.3%	95.5%	81.3%	77.4%
Western Bay	94.1%	92.1%	78.3%	74.2%
Opotiki	89%	84.6%	84%	78.2%
Kawerau	87.6%	83.6%	83.9%	78.5%
Whakatane	87.4%	84.5%	79.7%	75%

### Testing (Last 24 hours)

1028 Tests      3 days Current result time

Call 0800 225 449 to chase up your test result

[Current Locations of Interest](#)

Current testing locations: [www.Healthpoint.co.nz](http://www.Healthpoint.co.nz)

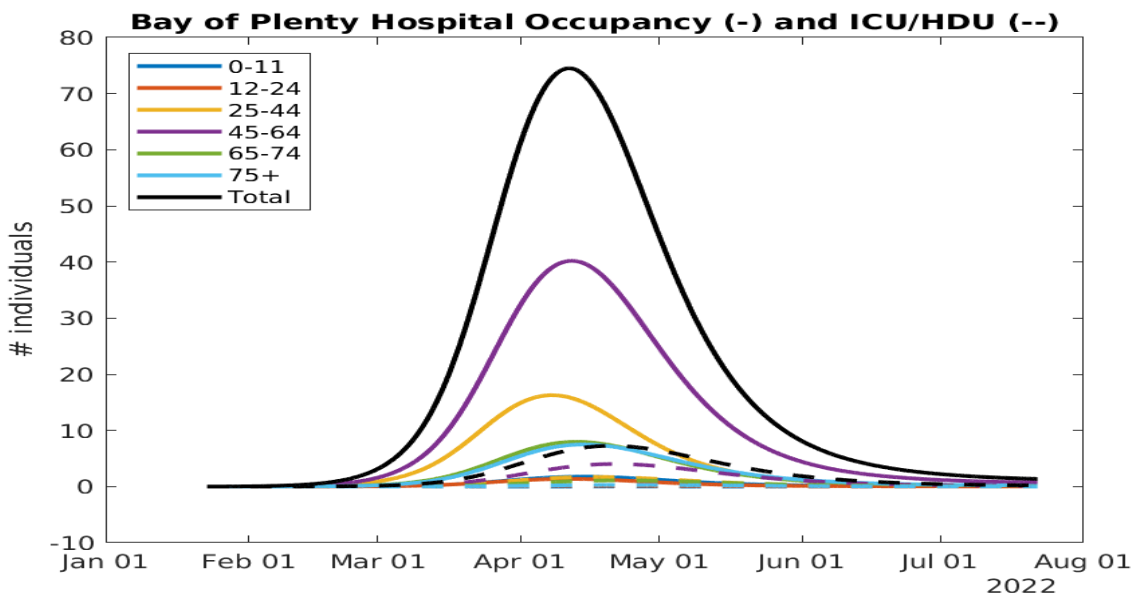
Unite against COVID-19

### 1.3 Covid Modelling

The most current COVID modelling for the BOPDHB anticipates the peak to reach 1200+ cases per day, of which ~65 hospital beds may be required at any one time and ~7 ICU beds.

The modelling suggests occupancy could be 115 beds at any given time however this includes 40% incidental hospital presentations with non-covid related.

The following graph shows the current expected surge of hospitalised cases in the BOP.



Pandemic Planning and patient pathways have been completed and to date these plans are working, having supported small numbers of COVID positive inpatients.

#### **1.4 Vaccination Programme**

Vaccination uptake in the BOP is progressing well. 5 – 11-year-old vaccination roll out commenced on 17<sup>th</sup> January and current data is being fed into the new infographic.

This month our vaccination team have worked with Hawkes Bay DHB colleagues to partner in supporting some of the rural vaccination events which sit within Tuhoerohe, but are in Hawkes Bay DHB area. This has allowed TUT leadership to work through BOPDHB relationship and Hawkes Bay to utilise their local vaccinator network in partnering together.

#### **1.5 General Supply Chain Concerns**

The expected Omicron surge is a risk for business continuity of the supply chain – both in terms of the DHB internal stores team and the wider supply chain. Preparation for the expected surge has focused on staff knowing and following COVID safety measures and ensuring we have buffered stock levels where possible and appropriate – this commenced last year and continues to be very closely monitored.

The worldwide supply chain issues continue to have an increasing impact – across general stores items and also technology items (eg IT, Clinical Equipment). Supply shortages are forcing the team to be more reactive than usual and the MOH is increasingly taking control of 'at-risk' supply items and stocks.

## **2. WORKFORCE**

### **2.1 Staff Wellbeing**

A key priority for us is our ongoing focus on staff wellbeing and the employment experience. The Executive Team are working on a more structured and connected DHB approach in this area by bringing together current wellbeing resource into a connected team. Meanwhile our current wellbeing leads are extremely active on the ground, providing support to teams and individuals across our two hospitals.

Good conversation and exchange of ideas is flowing between the DHB and its Union partners, with Union delegates becoming more active in monitoring and supporting team wellbeing as we head into the Omicron wave.

With the appointment of over 60 new graduate nurses in January, a specific focus is being applied to support their learning and pastoral needs as they enter their work areas at this time of Omicron developing.

Mauri Ora planning is a tool for enhancing and maintaining staff wellbeing. This project will be supported by Pou Kokiri and an external provider and aims to be underway by the end of February. Initial focus will be implementation with clinical and tikanga kaimahi.

### **2.2 Supporting Front Line Needs**

#### **Data and Digital Enablement Programme**

The Data and Digital enablement programme is a partnership between Te Pare ō Toi, Information Management and Innovation and Improvement, aimed at implementing digital platforms and solutions that enable patient and whānau centred, integrated care and progress new ways of working. Examples include Telehealth; Outpatient Scheduling; Electronic Shared Care; Electronic referrals for secondary care services and E-Lab orders. Expert change and project managers are working with clinical leaders and digital experts to ensure the uptake and adoption of digital tools is maximised.

#### **Talent Acquisition / Recruitment**

Current recruitment efforts are focusing on:



- i) Addressing immediate priority areas within clinical areas. Activities currently underway include the referral incentive scheme, recruitment videos, animated adverts, expansion of online recruitment channels and use of agencies. The international campaign in association with a number of other DHBs is moving forward – the first stage of the strategy aims to attract registered nurses and midwives from Europe to address gaps in ED, Paediatrics and Maternity.
- ii) Developing a short, medium and longer term Talent Acquisition roadmap. The core elements of the roadmap include building the profile and attractiveness of the DHB as a whole while also building sufficient capacity and capability within the People and Culture team to execute the roadmap. The first stage of this, the development of the high level roadmap is underway and will be presented to executives this month.
- iii) Focused recruitment efforts to strengthen a number of support service areas to ensure business continuity. Key focus areas have been expanding the payroll and Microster teams to cope with the expanding workloads and adding recruitment resource into the P&C team to support service recruitment and enable delivery of the first stages of the roadmap.

### 2.3 Education and Training

Te Tiriti o Waitangi online course is now live, with Te Reo Māori options being explored.

Te Pare ō Toi has welcomed a new senior nurse Pou Akonga Tapuhi Kaupapa Māori - Nurse Educator Kaupapa Māori, who will provide nursing education for new graduate nurses that is grounded in Mātauranga Māori.

The advanced Study Fund, Hauora a Toi Karahipi and Learning Scholarships have all been allocated to staff from across the organisation who are studying. Our staff are studying a range of topics, including Bicultural social work, medical imaging, MBAs and PhDs. This year it's been heartening to see Health Care Assistants and Allied Health Assistants apply for funding to become Nurses and Occupational Therapists.

This year our sponsors were: Bay of Plenty Medical Research Trust; Holland Beckett Lawyers; Jigsaw Architects; Pure Print and Guild and Spence. We were able to allocate \$25,000 of Scholarship funds; \$25,000 Advanced Study Fund and \$9,500 from Hauora a Toi Karahipi. Whakatāne Staff Study Fund will be allocated in February.

An online learning package has been purchased from the Crisis Prevention Institution around de-escalation for people in distress. This is aimed at staff working with the public and was sourced after requests from staff involved in COVID screening outside Tauranga Hospital. The course has been received well and will complement safety intervention training well.

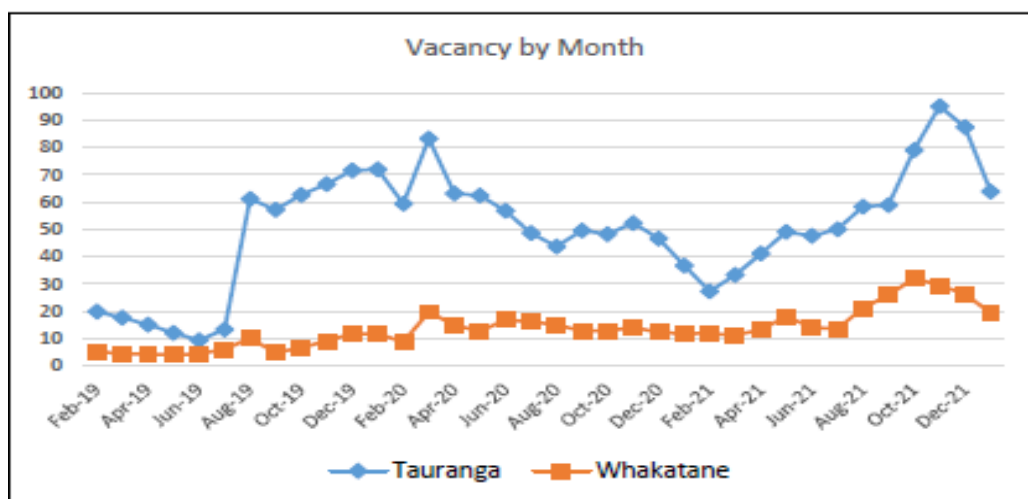
### 2.4 CCDM

One of the core components of Care Capacity Demand Management (CCDM) is the annual FTE calculations to inform accurate base rosters. All eligible wards have completed their calculations. The relevant unions have met with each service and endorsed the outcomes.

A key factor in the success of Care Capacity Demand Management is having the right number of staff in the base roster along with the ability to respond to variance in demand however current vacancy rates impact on both the base rosters and the variance response.

The following table shows a reduction in vacancies aligned with the January intake of new graduates. The high numbers of new graduates require additional resource to support and coaching hence there has been some additional fte allocated to both sites.





## 2.5 Te Pare o Toi

In close partnership with the Quality & Safety Service, Te Pare o Toi has welcomed a new Kaiwhakarite Haumanu Ake (Quality Coordinator) who will provide focus and attention on the quality and safety of services of urihaumate, whānau and kaimahi. Te Pare o Toi has also welcomed a new senior nurse Pou Akonga Tapuhi Kaupapa Māori - Nurse Educator Kaupapa Māori, who will provide nursing education for new graduate nurses that is grounded in Mātauranga Māori.

## 3. CAPACITY AND DEMAND

### 3.1 Campus Investment Plan

Significant progress is being made in the development of our Clinical Services Plan, which informs the future campus plan and business cases for expanded essential facilities.

The business case for a new clinical service block is due for completion late this year and meanwhile multiple smaller schemes are progressing well and on track to commence providing services this year including:

- The opening of the second cardiac cath lab
- The opening of an additional endoscopy procedure room to assist colonoscopy waiting times and to provide capacity for bowel screening additional volumes
- Subject to a business case, an interim option to increase local capacity for renal dialysis in the Bay

### 3.2 Acute Demand Programme

Two major improvement programmes are underway and progressing well in relation to improving acute demand flow: Mahia te Mahi – the E3 Flow programme based in Whakatāne hospital and Te Tauihu o te Waka Acute Demand Programme in Tauranga hospital. These two programmes have a suite of inter-dependent improvement projects aimed at improving quality, equity, patient experience and outcomes, hospital productivity, efficiency and staff well-being.

### 3.3 Models of Care Development

#### Advance Care Planning

This month, Advance Care Planning has had two main priorities, preparing and reviewing Advance Care Planning content material for the webpage launch and researching online training for Shared Goals of Care and developing an integration plan within the hospital.

### **Health In Ageing**

Considerable work has been undertaken to implement a change in the model of care in Health in Ageing (HIA).

The model that is being implemented is a “team model”, enabling each patient to have a team of health care professionals working with them. All patients will have clearly defined goals and steps to achieve them which can be enabled by any of the team.

It is planned as a staged approach to assist all parties with the concept and practicalities.

Commencing 8<sup>th</sup> Feb Allied Health Assistants are working in this model in the morning alongside the Health Care Assistants. Following this, nine therapists (5 Occupational Therapists and 4 Physios) will move into this way of working also. The goal is that this model will improve the approach on the ward to a consistent enablement approach, leading to better outcomes for patients and improved flow through the service.

Additionally, connections have recently been established with health colleagues in Queensland who have made significant system of care improvements for frail elderly people. Leads from BOPDHB will be connecting with Australian colleagues in February to gain insights into the developments made and to leverage from these.

### **Community Services Development: Integrated Rapid Response**

In response to ongoing system constraints, highlighted by the Acute Flow programme of work, in areas such as Aged Residential Care, Home and Community Support Services and Hospital Occupancy, Regional Community Services (RCS), Community Allied Health and Community Geriatric services are working together in operationalising Integrated Rapid Response to prevent hospital admissions and facilitate discharges, with a rehabilitative focus.

This encompasses in-home rehabilitation, transitional care, management of frailty in the community, keeping people at home well and progresses Integrated Health objectives.

Previously, rehabilitative options have not been routinely offered across the BOP health system which has perpetuated pressures with acute demand, short- and long-term services and Aged Residential Care (ARC) facilities. There is a need to interrupt this ongoing cycle requiring a shift across the system to introduce rehabilitative approaches across all DHB Community services. This approach aligns with the developments with the *LifeCurve*<sup>™</sup> programme with the development of universal, targeted and specialist initiatives to support healthy ageing.

### **Community Rehabilitation**

Following on from the Keeping me Well development work, the operationalisation phase is now underway with the goal of providing a comprehensive rehabilitative response to clients in the community. This includes ensuring that rehabilitation is offered as an option for those who traditionally would be offered Aged Residential Care or Home Care which would ultimately promote deconditioning and decline. The first pilot of the Allied Health response has been in progress and development since July 2021 and to date 109 clients have received an intensive, restorative approach following their hospital admission. Client stories have demonstrated significantly positive outcomes. *LifeCurve*<sup>™</sup> is being utilised to demonstrate health outcomes over time to both the system and the client. One case story has resulted in twice daily home care visits now no longer being necessary, with the client now being able to work outdoors herself for the first time in many years. Cases like this demonstrate both the person and system benefits of this approach. The emphasis is now on scaling this approach across Community Services (Regional Community Services (RCS), Geriatric Services, and Allied Health) to assist in curbing the demand on Aged Residential Care (ARC), Home and Community Support Services (HCSS) and other compensatory pathways in the system.

### **Maternity Services**

Tauranga has had 170 primary births delivered by the hospital maternity team during December 2021 and January 2022. Whakatane had 20 deliveries for primary care women.





The workload has been managed by excellent teamwork, changes to managing inductions which has improved the rate of normal vaginal births.

A close working relationship with Bethlehem Birthing Centre (BBC) who for post-natal care has enabled the Tauranga unit maintain access to beds for birthing women.

The midwifery rosters are being supported by a Locum and contract for service Lead Maternity Carer (LMC) assisting on the ward.

#### Lifecurve

The main focus for LifeCurve continues to be working in partnership with Te Pare ō Toi and promoting equity for Māori with the new app, V2.0. A Statement of Work is being developed in partnership with ADL SmartCare which incorporates the feedback from the Kaupapa Māori Research completed last year (this is yet to be provided to BOPDHB), the qualitative data from the Te Ao Māori Focus Group and general feedback from app users in the community since launch which will drive the V2.0 LifeCurve™ app development for Aotearoa NZ.

Work has begun on the Self-Assessment and Decision Support capability of the LifeCurve app V2.0 and website. This will require choosing 10 'Areas of Need' for Aotearoa NZ to focus on initially. This means that users will be able to go to the LifeCurve app or website to complete a self-assessment based on an Area of Need and receive customised advice including non-complex equipment recommendations. This will empower people to be able to self-manage their own ageing.

### 3.4 Community Orthopaedic Triage Service (COTS)

There has been a change in the management and triage of Orthopaedic referrals since October 2021. The COTS team have been triaging all orthopaedic referrals since this date resulting in 10-17% of all referrals to the orthopaedic team now being managed by the COTS team.

At the same time there was a change to subspecialty groups within the orthopaedic service undertaking grading the referrals forwarded from the COTS team. The graph below shows the number of referrals into the orthopaedic department over the past 12 months with the impact of COTS since November 2021.

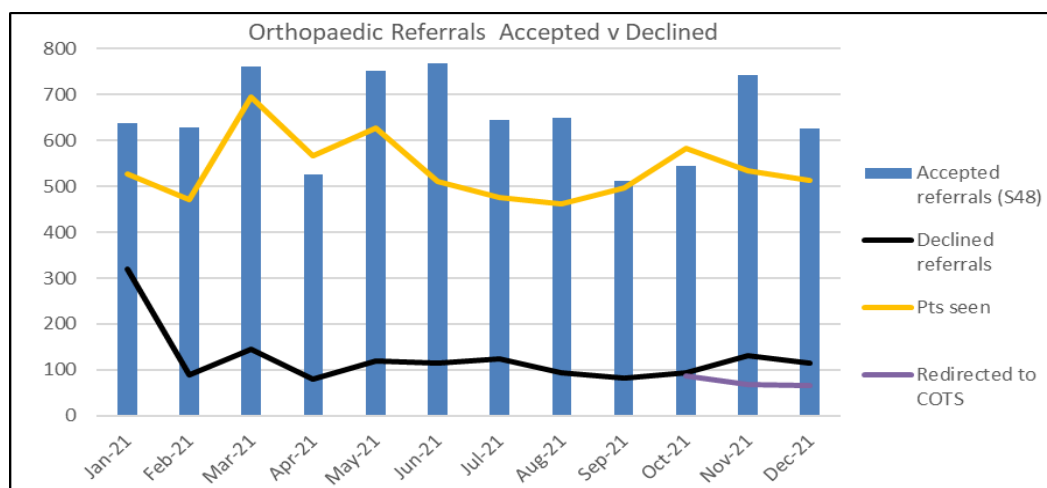


Figure 3: Total Treatment list by ethnicity

The initiative to support the large volume of patients awaiting an orthopaedic review has now commenced. The COTS physiotherapists and physiotherapists from Body in Motion are now reviewing all patients who have been waiting longer than 1 year. It is the intention once all patients have been reviewed to support the FSA workload.



### 3.5 Additional Bed Capacity

#### Transitional Care

The evaluation of the four-month Transitional Care contingency measure shows that 384 bed days have been relocated to transitional care with an average length of stay of 16.7 days. This is currently being compared with average LOS for similar rehabilitation groups within Health in Ageing ward. The prediction being that average length of stay (LOS) is being reduced by at least 7 days. The cost difference between acute bed stays and transitional care bed for this period is around \$190k. Positive feedback from clients and staff that rehabilitation goals are being addressed with a person directed focus and staff are experiencing greater job satisfaction (both ARC and DHB staff). A solid partnership between Medicine, Nursing and Allied has formed to ensure that the development going forward is integrated and that capability to support vulnerable, frail clients in the community can be tested in preparation for bolder models such as 'discharge to assess'. This is in partnership with Primary care. Transitional Care forms part of the wider development work to form an Integrated Community Rehabilitation Response that meets the needs of the client to prevent admission or facilitate transition out of hospital.

## 4. HEALTH REFORM TRANSITION

### 4.1 Towards Handover

Contracting efforts will soon turn to a commissioning focus under Health NZ, of which contracting is one part. This holistic view of commissioning has been developing in the division for years. Still, formal adoption of this key concept will reinforce within the team and with other key stakeholders, a dynamic shift where Health NZ enables as much as it influences local decision-making.

Preparation of locality planning is proceeding at pace with a funding proposal due mid-February. The enabling, supportive approach taken by the Planning and Funding team has been welcomed by Iwi representatives and other key stakeholders.

## 5. DIGITAL TRANSFORMATION

### Digital Projects – Regional

#### Te Manawa Taki Clinical Portal (TMTCP)

Lakes DHB continues to work towards transitioning to TMTCP, working through addressing challenges in their Citrix environment. We are awaiting a new go live date for Lakes; however, the team will continue to progress requested enhancements in the interim. The next release for regional Clinical Portal is set for 24th February. This follows the December 2021 release which delivered the Transfer of Care (ToC) discharge date and visibility of vaccination statuses.

#### Mental Health and Addiction Services

Approval for the regional Mental Health & Addictions system implementation has been received from the Ministry of Health, and we are now working to confirm design and commercials before seeking approval to move through the next stage gate. This is expected to be completed in March.

#### eMeds

Following the piloting of eMeds in Taranaki DHB, a benefits realisation paper is expected to be released in February. HealthShare (HSL) is working through business case development for the implementation across other TMT DHBs with current indication being Bay of Plenty will be next, subject to acceptance of the benefits realizations and business case approval.

#### Head, Neck & Breast Tumour

Head & Neck and Breast tumour stream pathways are set to be rolled out across the region in March as part of the Cancer Clinical Pathways and MDM project. This timing recognises the heavy workloads of clinicians currently. The next 2 tumour streams will be Urology and Gynaecology.



### ePharmacy

A business case is working its way through endorsements for the next upgrade of the regional ePharmacy system which needs to be completed by June to implement functionality already purchased by the region and enable disaster recovery capability.

### Medical Warnings and Covid Vaccination Status APIs

Following Medical Warnings and Covid Vaccination Status APIs going live within the interoperability platform the next is patient demographics which is used by many systems and will align closely with the Hira work underway. The patient demographic API development will remove the reliance on Datix needing to integration to ePharmacy for these details.

### Telehealth

The Ministry have agreed to pick up, host and publish Te Manawa Taki DHB's Telehealth dashboard that has been developed by Health Share's Data Scientist utilising information sent to the Ministry from DHBs.

### Digital Projects – Local

Overall Status	Project	Summary
G	Outpatient (Enterprise) Scheduling	<ul style="list-style-type: none"> <li>Formal requirements sign-off underway, procurement process expected to begin in Jan. The BA role, combined with Shared Care, is being appointed.</li> </ul>
G	Video Consult Integration	<ul style="list-style-type: none"> <li>I &amp; I led programme</li> <li>Soft launch 15/12/21, targeting Respiratory, Renal and Oncology</li> </ul>
R	Wireless Infrastructure Renewal 2021	<ul style="list-style-type: none"> <li>Project is currently on-hold because of a hardware supply issue. Manufacturer delays (affecting customers worldwide) means the Access Point hardware is not expected until June/July 2022. The hardware manufacturers are no longer responding to escalations from customers.</li> <li>Some additional second-hand access points have been acquired as emergency spares in order to keep the current Wi-Fi environment operational</li> </ul>
G	National: Bowel Screening Programme	<ul style="list-style-type: none"> <li>All IT work complete</li> <li>Expecting the service will be moving to NBSR in March</li> </ul>
G	Bay Navigator – redesign and development	<ul style="list-style-type: none"> <li>Reviewing technical steps for design/build and content updating for example pages, to then allow overall timeline to be reviewed.</li> </ul>
A	BOP Electronic Orders - Hospital lab orders (Phase 2)	<ul style="list-style-type: none"> <li>Project on-hold while addressing Production éclair performance issues.</li> <li>BAU activity underway where practical. Next steps: System testing, then clinical trial to check if ready for UAT phase.</li> <li>I&amp;I Chg Mgr confirmed to lead Bus engagement/UAT. Bus case funding for Licenses endorsed by business, pending DDGG approval</li> </ul>

Overall Status	Project	Summary
G	Microsoft Windows Server 2008 R2 Upgrades	<ul style="list-style-type: none"> <li>Approval received to engage Project Manager resource to lead this project. Expected start date for project is March 2022. The IT Infrastructure team are continuing to upgrade servers where possible as part of business-as-usual activities.</li> </ul>
G	National Patient Flow (Part 2)	<ul style="list-style-type: none"> <li>Has been actioned to date on best efforts but now on hold as needing additional resourcing to proceed</li> </ul>
G	Core Switch Infrastructure	<ul style="list-style-type: none"> <li>Project has confirmed capital funding and approval to engage Project Manager resource. Project expected to commence in Feb 2022</li> </ul>
G	Firewall Infrastructure	<ul style="list-style-type: none"> <li>Project is underway with the initiation of procurement-related activities (development of the RFP). Expected to be released to market Feb 2022</li> </ul>
G	Manage Work-related Information (Record Mgmt/IM)	<ul style="list-style-type: none"> <li>System documentation and draft umbrella policy/ protocol being prepared for February, for Communication Teams review and distribution.</li> <li>Interim staff survey underway via OnePlace to run mid-January</li> </ul>
G	NHI Number change	<ul style="list-style-type: none"> <li>Ongoing checking systems and notifying vendors. (Currently assigned NHI's are not being changed but when the current numbers run out all systems will need to be able to support the new format)</li> </ul>
G	WebPAS Server Re-platform onto VM	<ul style="list-style-type: none"> <li>SOW requested from Datacom to build the server. Once received the costings can be completed and the Business Case will be updated and submitted for approval</li> </ul>
A	Holiday Act Compliance Project	<ul style="list-style-type: none"> <li>On-hold for 5 weeks owing to staff having been reassigned. Due to restart mid-Feb. Developer can progress from an IM perspective.</li> </ul>
G	Digital Enabler - Shared Care	<ul style="list-style-type: none"> <li>I&amp;I Led project</li> <li>The BA role, combined with Enterprise scheduling, is being appointed. Formal requirements review to start in Jan, with procurement process to start once signed off.</li> </ul>

## 6. Financial Performance

January saw a \$2.1m deficit for the month which represented a \$0.4m adverse variance for the month – noting this was made up of a favourable Business as Usual (BAU) variance (\$0.4m) and an offsetting COVID adverse variance (\$0.8m).

YTD deficit is \$13.9m which is \$1.9m unfavourable to plan – made up of \$1.4m BAU and \$0.4m COVID.

## 7. Te Teo Herenga Waka and Toi Te Ora

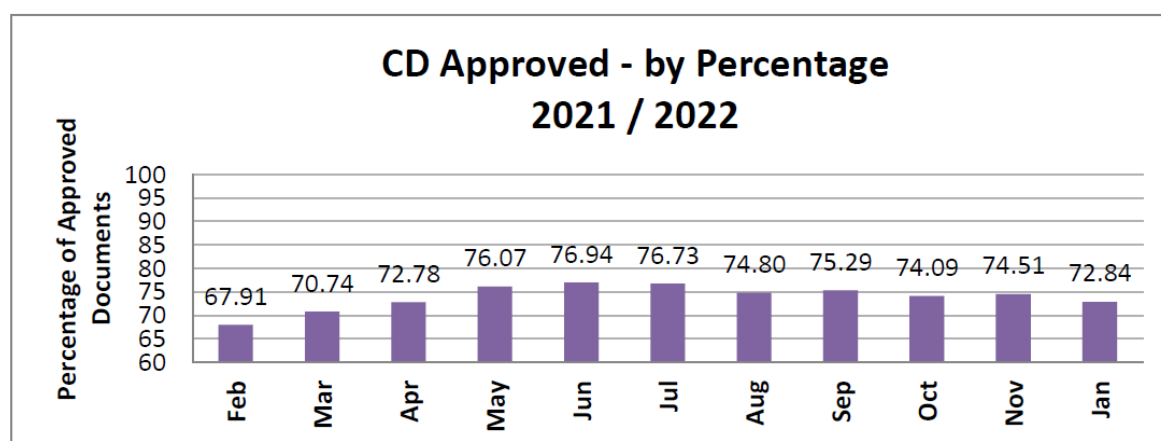
The team has balanced business as usual, emerging developments and provider concerns regarding the Pandemic throughout the month of January. Maintaining connectivity has been essential in the COVID space with forums for weekly contact in place. BOP also input directly into a response to NGO concerns regarding sustainability in the light of the Pandemic that was sent to National CEOs. The CEO response addressed key concerns around contracting impacts in the event of workforce impacts, as well as reinforcing the need to work in partnership.

Business as Usual comprised budgeting for the coming year and preparing for a March cut-off in terms of agreement variations. This has been signaled by the Transition Unit as part of Sector Services management of the transition of contracts from the DHBs to Health NZ. Some leeway may be granted, depending on the priority related to the service change.

## 8. Governance and Quality

### Controlled Documents

Reporting is through Executive Committee (6 monthly).

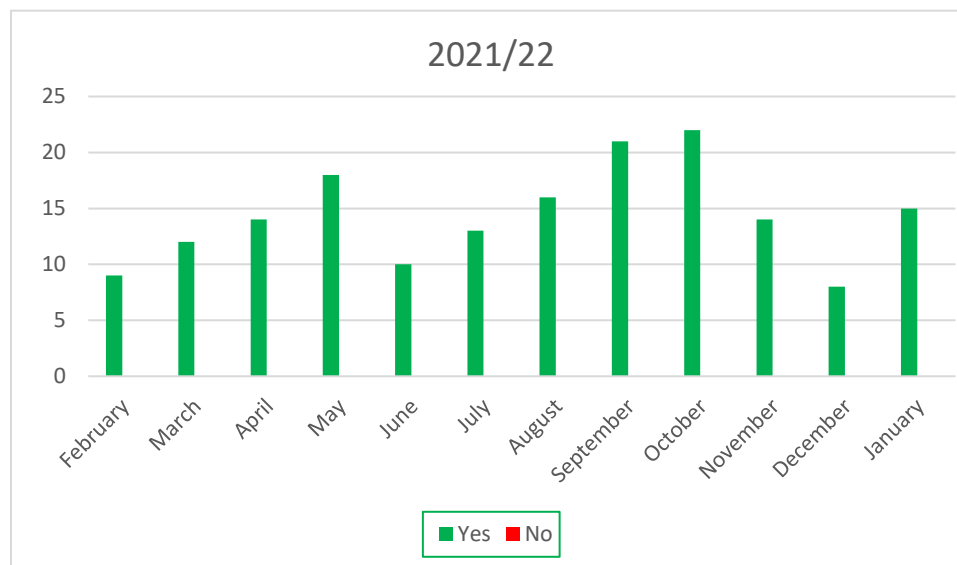


Certification Corrective Action: We were aiming to achieve 80% compliance by surveillance (March 2022) however due to other priorities in the business we have only focused on progressing high risk controlled documents.

### OIA's (Responded to 1 January 2022 – 31 January 2022)

	OIA	Requester Type	Due Date	Response Date	Met on time
1.	Infrastructure Announcement	MP	04.02.22	07.01.22	Yes
2.	Ernst Young Services	Media	17.01.22	11.01.22	Yes
3.	DEXA Scans	Individual	14.02.22	14.01.22	Yes
4.	RMO Information	Union	28.01.22	17.01.22	Yes
5.	Legal Costs Update	Advocate	17.01.22	17.01.22	Yes
6.	Cancer Misdiagnosis	Media	14.02.22	17.01.22	Yes
7.	Covid – Costs of Checkpoints	Individual	19.01.22	19.01.22	Yes
8.	Covid Modelling Comments	Individual	24.01.22	19.01.22	Yes
9.	Compulsory Treatment	Individual	16.02.22	20.01.22	Yes
10.	Cancelled Surgeries	Media	26.01.22	21.01.22	Yes
11.	Treatment Protocols	Individual	27.01.22	21.01.22	Yes
12.	Bed Availability	Media	17.02.22	21.01.22	Yes
13.	CA-125 Blood Tests	Organisation	23.02.22	25.01.22	Yes
14.	Nurses	Union	25.01.22	25.01.22	Yes
15.	Emergency Presentation Numbers	Individual	17.02.22	27.01.22	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](#)

## 9. Clinical Campus

### Students

The University of Auckland Year 6 and Year 5 students have orientated into the hospital. We will have the last cohort of Year 4's arriving on Monday 14 February. This will make a total of 64 UoA students for the academic year.

Students will require additional support as they have been through two years of interrupted learning and this will be supported by ourselves and the UoA.

The UoA are currently working through contingency plans for exams with the Omicron outbreak upon us.

The RHIP team have commenced their first cohort of students with a marae visit on the 25<sup>th</sup> January 2022 in Whakatāne. Contingency plans are in discussion, to manage accommodation needs, should any of the students be required to isolate.

### Research

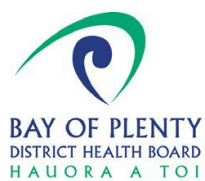
The Clinical Trials team is working with the DHB clinical teams to ensure appropriate contingencies are in place as required in relation to the OMICRON outbreak. The first step will be to place a hold on opening new trials, and then to limit trial recruitment as necessary. Patient visits are being switched to remote visits where clinically appropriate.

### Learning and Education

Applications for the Linda Hutchings Leadership programme, Setting Your Staff up to Succeed close shortly. There has been great interest, both within the DHB and from the primary and community sector.

One of the Whakatāne based Clinical Applications Trainers resigned at Christmas, so the position is being replaced with a Digital Applications Trainer, who can train in both clinical applications and digital capability. The role will also shift to Tauranga, given the higher demands in Tauranga than Whakatāne.

The Education Manager has been involved in a working group who presented a position paper on the future of library services in Health NZ. This was presented to the Transition Unit just before Christmas and received well. The paper has been circulated with relevant members of Executive Team, in case it is discussed at a national level.



## MIDWIFERY SHORTAGE

**SUBMITTED TO:**

Board Meeting

23 February 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 Media article

**ATTACHMENTS:**

- Media article re Bay of Plenty Midwife Shortage: Midwives from other regions called to help, dated 2 February 2022.



# Bay of Plenty midwife shortage: Midwives from other regions called to help

2 Feb, 2022 07:00 AM 5 minutes to read



The Bay of Plenty District Health Board says midwife vacancies in its hospitals were leading to midwives picking up extra duties. Photo / George Novak

By

**Megan Wilson**

Multimedia journalist

Tauranga women struggling to find a midwife have been calling a birthing unit "in tears", with one midwife called up from Central Otago saying the shortage in the Bay of Plenty is "critical".

Midwives from other parts of the country have been called upon to work in the region due to "significant loss", a Tauranga Lead Maternity Carer (LMC) says.

And the Bay of Plenty District Health Board says its midwives are going "the extra mile" by doing more shifts or longer hours due to the shortage.

It comes as a shortage of midwives at Rotorua Hospital was described as ["incredibly unsafe" and "dangerous"](#) by one midwife last month.

Central Otago-based locum LMC midwife Caroline Muir has been working in the Bay since mid-November and was due to finish at the end of January.

As a locum midwife, she normally goes to regions and helps at hospitals or in community LMC settings.

She said her job was to help LMCs keep pregnant women out of the hospital because it was "overwhelmed" with the number of women going through.

"I've had home births from Maketu right to Katikati."

Muir said the shortage in the Bay was "critical," but the "generosity" of midwives, the obstetrics team and DHB management were pulling together to get the job done.

From her perspective: "It's been okay but it's been incredibly stressful. The midwives are at absolute breaking point. And that's not just here in Tauranga but everywhere."

She knew of two other locum midwives in the Bay but said there may be more.

Bethlehem Birthing Centre clinical midwife manager Alexandra Deas said the midwife shortage was "very concerning".

"Bethlehem birthing centre receives calls daily from women trying to find a midwife. Some are in tears.

"We do our best to help but sadly there just aren't enough midwives to support these women so they are cared for by the DHB.

"The team at the DHB work tirelessly to support women and provide them with exceptional care, but they are short-staffed, like all facilities. It puts an even greater pressure on the midwives that work there."

Tauranga LMC Cara Kellett said there had been "a significant loss" of LMCs in the Bay.

An LMC worked with women throughout their pregnancy and did their delivery and postnatal care, she said.

Kellett said the community had lost "long-standing experienced midwives" which had led to "a catchment" of pregnant women with pending deliveries.

As a result, LMCs had to pick up extra births and get locums from outside of the community to care for these women. The alternative was giving birth at the DHB, she said.

"So a lot of choice is taken away from people and still is, which is really sad."

For women who did not want to engage in the DHB setting, LMCs would see them antenatally and postnatally at home.

"But unfortunately we just can't commit to all their deliveries because we physically can't do it.

"Women need midwives - there's just not enough around."

Bay of Plenty District Health Board regional community services business leader Karen Smith said the board was aware that changes required to respond to shortages may have been stressful for pregnant women as it had impacted their options for care and place of birth.

"We have strived to maintain antenatal and birthing services for all women."

The DHB had worked closely with the New Zealand College of Midwives and the Rural Midwifery Locum Support who had provided support with some locum LMC cover through the summer period.

Hospital midwives had changed the model of care to provide outreach services for women, she said.

"They have also gone the extra mile doing additional shifts or longer hours to maintain birthing services demonstrating their commitment to pregnant women."

Vacancies in Tauranga and Whakatāne hospitals were putting pressure on rosters and midwives were having to pick up extra duties as a result, she said.

Registered nurses were also being deployed to the postnatal area so midwives could focus on the antenatal and delivery suites, she said.

While the Bay of Plenty DHB was actively recruiting midwives, it says the shortage would be "an ongoing challenge for the foreseeable future". This was due to the national and international shortage being felt throughout New Zealand Maternity Services.

Associate Health Minister Dr Ayesha Verrall said strengthening the maternity system, including addressing the shortage of midwives, was a priority for the health sector and the Government.

Budget 2020 included the "largest-ever funding boost" for primary maternity services, with the Government investing \$242 million over four years.

This would support a range of initiatives such as strengthening national and local maternity quality and safety programmes and supporting workforce sustainability, she said

Health Minister Andrew Little said the numbers of midwives working in DHBs nationally had increased by eight per cent over the past few years, from 1413 to 1529.

Midwives were part of the "backbone" of the health system and were caring, dedicated professionals, he said.

"We know we are playing catch-up following nearly a decade of underinvestment by the previous government, which has resulted in a workforce shortage across the health system - including midwives.

"The union, district health boards and the Ministry of Health are working together to attract and retain midwives, with a particular focus on employing more Māori and Pacific midwives."

## TE TOI AHORANGI PROGRAMME UPDATE

**SUBMITTED TO:**

Board Meeting

23 February 2022

Prepared by: Kay Montgomery, Whare Waka, Te Pare o Toi

Endorsed by: Marama Tauranga, Manukura, Te Pare o Toi

Submitted by: Pete Chandler, Chief Executive

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**For Decision**

**For Discussion**

**For Noting**

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**RECOMMENDATION:**

That the Board notes the content of the Te Toi Ahorangi Programme Update report.

**ATTACHMENT:**

Te Toi Ahorangi Programme Update

# Te Toi Ahorangi Programme Update Report

Programme name:	Te Toi Ahorangi	Report date:	February 2022
		Period covered:	Jan 2022 – Feb 2022
Programme Working Team:	Whare Waka, Te Pare ō Toi		
Whare Waka:	Kay Montgomery		
Programme stage:	Propose/Initiate/Plan/Develop/ Close	Action Plan 21/22 % Completed	40%

20/21 - 12-month Programmes of work	Status	Change	Risk	Issue	Progress
<b>A2 – Be a Toi Ora Change Leader</b>					
Toi Ora Model of Care	█	↑	█	█	<b>On Track:</b> Toi ora Model of Care and Training Modules completed. Implementation Plan underway
<b>A3 – Illuminate System Performance</b>					
Toi Ora System of Care, Tumu 3 Health & Safety	█	↑	█	█	<b>On Track:</b> Training Module development, Tumu 1-3 Tumu 3, Health & Safety project underway
<b>A4 – Elevate Wai Ora &amp; reduce Acute Demand</b>					
Toi Ora Zones	█	↑	█	█	<b>On Track:</b> Project development underway, Test site identified
<b>A5 – Whakamana Whanau with Solutions embedded in Aroha</b>					
Outcomes & Performance Framework	█		█	█	<b>Issue:</b> access to resource to support development of dashboard
Transformation Mental Health and Addictions – Phase 3	█	↑	█	█	<b>On Track:</b> Project team x4 FTE in place. Subspecialty groups established.
<b>A7 – Develop our Toi Ora Leaders, Workforce &amp; Providers</b>					
Māori workforce strategy 21/22	█	↑	█	█	Currently sitting with TPoT
<b>A8 – Invest in Toi Ora Innovation</b>					
Investment Review	█	↑	█	█	<b>On Track:</b> project development underway