



Agenda

Bay of Plenty District Health Board

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

Date and Time: Wednesday 20 March 2019 at 9.30 am

Please note: Board / CEO Only Time, 8.30 am

Tawa Room, Education Centre, 889 Cameron Road, Tauranga

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



Item No.	Item	Page
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</p> <p>2.1 <u>Health Consumer Council Chair – John Powell</u> - 9.30 am</p>	
3	<p>Apologies</p>	
4	<p>Interests Register</p>	4
5	<p>Minutes and Chair Report Back</p> <p>5.1 <u>Board Meeting - 20.2.19 Minutes</u></p> <p>5.2 <u>Matters Arising</u></p> <p>5.3 <u>BOPHAC Meeting – 6.3.19 Minutes</u></p> <p>5.4 <u>Maori Health Runanga Meeting – 15.10.18 Minutes</u></p> <p>5.5 <u>Maori Health Runanga Meeting – 21.11.18 Minutes</u></p>	<p>8</p> <p>13</p> <p>15</p> <p>19</p> <p>27</p>

Item No.	Item	Page
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 <u>Triennial Elections 2019</u></p> <p>6.2 <u>Chief Executive's Report</u></p> <p>6.3 <u>Dashboard Report</u></p>	<p>32</p> <p>42</p>
7	<p>Items for Noting</p> <p>7.1 <u>Q2 IDP Summary Report</u></p> <p>7.2 <u>Immunisation Rates by DHB and PHO</u></p> <p>7.3 <u>Board Work Plan 2019</u></p>	<p>59</p> <p>69</p> <p>71</p>
8	<p>Correspondence for Noting Nil</p>	
9	<p>General Business</p>	
10	<p>Resolution to Exclude the Public 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	<p>Next Meeting – Wednesday 18 April 2019.</p>	

Bay of Plenty District Health Board Board Members Interests Register

(Last updated Feb 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
Armey 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
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Institute of Directors – BOP Branch	Chair	Membership Body	LOW	Member since 1999/Chair since Dec 2016
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
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
BOYES, Yvonne				
Boyes Family Trust	Trustee	Family Trust	NIL	1999

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Nautilus Trust	Director	Property	NIL	1999
Riesling Holdings Ltd	Director	Property	NIL	1999
Rural Immersion Program	Academic Advisor	Health	Moderate	04/2014
Rurual Health Inter-Professional Program	Staff Member / Rental Property Owner	Financial	Low	02/2018
ESTERMAN, Geoff				
Western Bay of Plenty PHO	Board Member	Health	LOW – WBOP PHO has contract with the DHB but as a Board Member Geoff is not in a position to influence contracts	28/11/2013
Western Bay of Plenty Primary Care Provider Incorporated Boad	Board Member	Primary Healthcare	LOW	28/11/2013
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
Waterview Buildings Ltd	Director	Property	NIL	28/11/2013
GILL, Mary Anne				
Waikato DHB	Board Member	Health	NIL	
Waikato DHB, Performance Monitoring Committee	Member	Health	NIL	
Waikato DHB, Sustainability Advisory Committee	Member	Health	NIL	
Waikaato DHB Hospitals Advisory Committee	Member	Health	NIL	
Life Unlimited Charitable Trust	Employee	Health	Perceived	09/2016
BOPDHB Community Public Health Advisory/Disability Support Advisory Committee	Member	Health	Perceived	

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
BOPDHB Health Strategic Committee	Member	Health	Perceived	
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 Assistances, US Treasury	Contractor	Advisory body to overseas central Banks	NIL	01/02/2005
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

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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 issues	LOW	2017
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
WEBB, Sally				
Capital Investment Committee	Member	Health Capital Allocation	Minimal	24/1/2011
SallyW Ltd	Director	Consulting & Coaching	Nil	2001
Waikato DHB	Board Chair	Health	LOW	2018



Minutes

Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, Tauranga Hospital
Date and Time: 20 February 2019 at 9.30 am

Board: Sally Webb (Chair) Ron Scott, Peter Nicholl, Bev Edlin, Judy Turner, Marion Guy, Yvonne Boyes, Geoff Esterman, Mark Arundel, Anna Rolleston, Matua Parkinson

Attendees: Helen Mason (Chief Executive), Owen Wallace, (GM Corporate Services), Simon Everitt (GM Planning and Funding and Population Health), Karen Smith (Acting Chief Operating Officer), Jeff Hodson (GM Property Services), Judi Riddell (Acting Exec Dir, Allied Health, Scientific & Technical)

Item No.	Item	Action
1	Karakia	
2	<p>Presentation</p> <p>2.1 <u>Patient Experience Story – Do you really see me? Or just my Disability</u> Attendance by booklet contributors and presentation of CARE Certificates Board Chair Sally Webb welcomed contributors and their supporters/families to the meeting and thanked them sincerely for their time and effort in compiling the booklet which will be a valuable resource for the Bay of Plenty District Health Board. The contributors were presented with CARE certificates and copies of the booklet.</p>	
3	<p>Apologies</p> <p>An apology was received from Pouroto Ngaropo, Runanga Chair. Resolved that the apology from P Ngaropo be received.</p> <p style="text-align: right;">Moved: J Turner Seconded: B Edlin</p>	
4	<p>Interests Register</p> <p>The Board was asked if there were any conflicts in relation to items on the agenda.</p>	
5	<p>Minutes</p> <p>5.1 <u>Minutes of Board meeting</u> Resolved that the Board receive the minutes of the meeting held on 16 January 2019 and confirm as a true and correct record.</p> <p style="text-align: right;">Moved: M Arundel Seconded: P Nicholl</p> <p>5.2 <u>Matters Arising</u> There were no outstanding Matters Arising.</p>	

	<p>5.3 <u>CPHAC/DSAC Meeting – 7.2.19</u></p> <p>Committee Chair advised that the meeting had focussed on how many things linked together, such as Keeping Me Well, HealthCare Homes and Community Care Co-ordination. The Committee discussed how to ensure the Committee is moving forward as envisaged. The Mental Health Enquiry report was also discussed.</p> <p>A request was made for the 5 questions circulated at the Committee meeting to be circulated to the Board. The Board Chair advised that the questions were to be considered across all Board and Committee submissions.</p> <p>J Turner advised that the mover and seconder of the minutes noted were incorrect. Board Secretariat to correct.</p> <p>Resolved that the Board receive the minutes of the CPHAC/DSAC meeting held on 7 February 2019</p> <p style="text-align: right;">Moved: B Edlin Seconded: S Webb</p>	<p>Board Secretariat</p> <p>Board Secretariat</p>
<p>6</p>	<p>Items for Discussion / Decision</p> <p>6.1 <u>Annual Plan and Planning Priorities Guidance 2019-20</u></p> <p>GMPF advised that the planning cycle is back on schedule and a draft is due in April. A Primary Care Governance group has been established. There is to be an indication of funding within the next two weeks. The funding envelope will not be available until May. A stocktake has been undertaken against the Minister’s Letter of Expectations and will come to next Board meeting, indicating gaps and successes.</p> <p>CEO advised that the document the Board is to receive is the Minister’s letter of expectations with a paragraph on each expectation regarding what is being undertaken at the moment, as a stocktake. CEO queried whether Board Members had formed views on what is most important within the list in the Minister’s Letter of Expectations and with consideration to the Evolution paper in the afternoon’s agenda. GMPF will include a column for feedback in the document to be circulated.</p> <p>Query was raised around any gaps between local, regional and national planning. Good feedback is given locally. Does this link well regionally and nationally. The CEOs and Chairs of each DHB oversee the Regional Services Plan. GMPF will report back on the connectedness.</p> <p>CEO queried of Board Members whether they are receiving information updates through HealthShare. Board Members advised they had, but not latterly. Board Secretariat to check and ensure Board Members receive.</p> <p>Resolved that the Board:</p> <ol style="list-style-type: none"> 1. Notes this report outlining the Minister of Health’s expectations and planning priorities for developing the draft Annual Plan (AP) 2019/20 2. Notes the first draft of the Annual Plan will be provided for the March 2019 Board meeting. 3. Notes that DHBs have not yet received the 2019/20 Funding Envelope advice <p style="text-align: right;">Moved: G Esterman Seconded: M Guy</p>	<p>GMPF</p> <p>GMPF</p> <p>Board Secretariat</p> <p>Board Secretariat</p>

6.2 Health Quality & Safety Service (HQSS) report 2018

Query was raised on whether the report covered where inequity lies. It is known that inequity exists. CMA advised that equity will be reported on. A Programme Manager has equity as a priority. The service is in development. A Clinical Director has recently been appointed. This role will be responsible for taking the HQSS further on its journey. CEO advised that the message back to the team is to prioritise equity. In terms of resource it requires a staged approach. There were 4 FTE put forward. The second role to be appointed to is the role covering equity. Some of the roles are additional FTE, others are being reconfigured.

Resolved that the Board receives the report

Moved: A Rolleston
Seconded: B Edlin

6.3 Chief Executive's Report

The Chief Executive highlighted:

A briefing with Board member Geoff Esterman on Clinical Governance and Quality. Geoff will work with the team more closely as Board Champion.

Education. Leadership in Practice (LIP). Great to see 31 people going through. LIP is a Midland learning programme which occurs annually. There were 3 community providers this year. 2 x Mental Health and 1 x Kaupapa.

RHIP – CEO recently attended Te Rewatu Marae with students and came away feeling optimistic about the future workforce.

Endoscopy. There have been challenges with Endoscopy. Being talked about now as being an exemplar site is a credit to the team.

Breast Screening. GMPF advised that Breast screening is next equity focus. There is work being undertaken on an understanding of what is happening. It is being indicated that on the days that the service is being provided, some Maori women are not attending / being invited.

Radiology. Query was raised with regard to equity and whether partnerships may need to be formed with things such as transport to assist people in attending. CEO advised there are a range of things that occur with trying to assist with transport and scheduling etc. There is more work to be done. Exec lead for Evolution advised that the locality approach to making change is an important area. There are opportunities for improvement.

Palliative Care. The Board had been circulated correspondence received from the Waipuna Hospice Board. GMPF advised that a draft response has been prepared. Waipuna has had input into the Palliative Care review process.

They are one of the providers within the Palliative Care environment across the Bay of Plenty. A more distributive model is being considered. GMPF will circulate the response when finalised.

Resolved that the Board receive the report

Moved: S Webb
Seconded: M Arundel

	<p>6.4 <u>Dashboard Report</u></p> <p>GMPF advised that 3 out of 6 targets have been achieved and two others are very close. The biggest concern is immunisation. A review of the current service has been undertaken after a year. There is concern around siloed approaches and aspects of the new model. Nationally trends are not dissimilar.</p> <p>Query was raised with regard to Primary Care targets as to whether they could be broken down to PHOs. GMPF advise that this can be done and will come to the Board.</p> <p><i>(J Turner left the meeting at 10.45am)</i></p> <p>Resolved that the Board receive the report for January 2019</p> <p style="text-align: right;">Moved: Y Boyes Seconded: R Scott</p> <p>6.5 <u>Maori Health Dashboard</u></p> <p>CEO advised that this is heading in the right direction.</p> <p style="text-align: right;">Moved: B Edlin Seconded: P Nicholl</p>	GMPF
<p>7</p>	<p>Items for Noting</p> <p>7.1 <u>Board Work Plan 2019</u></p> <p>The Board noted the plan.</p>	
<p>8</p>	<p>Correspondence for Noting</p> <p>8.1 <u>Letter from Minister of Health re BOPDHB 2018/19 Annual Plan approval – 11.2.19</u></p> <p>The Board noted the correspondence</p>	
<p>9</p>	<p>General Business</p> <p>There was no general business</p>	
<p>9</p>	<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 BOP Evolution Update Chief Executive’s Report</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 Simon Everitt</p>	

	Owen Wallace Jeff Hodson Hugh Lees Judi Riddell Karen Smith Resolved that the Board move into confidential. Moved: S Webb Seconded: R Scott	
10	Next Meeting – Wednesday 20 March 2019	

The open section of the meeting closed at 11.15 am

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

UNCONFIRMED



Bay of Plenty District Health Board

Matters Arising (open) – March 2019

Meeting Date	Item	Action required	Action Taken
19.9.18	6.1	CEO's report – Orientation Runanga Chair queried appropriate representation at orientation across both sites. Runanga Chair to discuss with COO and GMMHGD	In progress – meeting to be set in December 2018
20.2.19	5.3	CPHAC/DSAC Meeting Minutes – 7.2.19 A request was made for the 5 questions circulated at the Committee meeting to be circulated to the Board. – Board Secretariat	Completed
20.2.19	5.3	CPHAC/DSAC Meeting Minutes – 7.2.19 J Turner advised that the mover and seconder of the minutes noted were incorrect. Board Secretariat to correct.	Completed
20.2.19	6.1	Annual Plan and Planning Priorities Guidance 2019-20 A stocktake has been undertaken against the Minister's Letter of Expectations and will come to next Board meeting, indicating gaps and successes - GMPF	Included in Board agenda 20 March 2019 - Completed
20.2.19	6.1	Annual Plan and Planning Priorities Guidance 2019-20 GMPF will include a column for feedback in the document to be circulated.- GMPF	Included in Board agenda 20 March 2019 - Completed
20.2.19	6.1	Annual Plan and Planning Priorities Guidance 2019-20 CEO queried of Board Members whether they are receiving information updates through HealthShare. Board Members advised they had, but not latterly. Board Secretariat to check and ensure Board Members receive.- Board Secretariat	Enquiry made with HealthShare who are reviewing with departure of staff member who circulated – Completed

20.2.19	6.4	Dashboard Report - Immunisation Query was raised with regard to Primary Care targets as to whether they could be broken down to PHOs. GMPF advise that this can be done and will come to the Board - GMPF	Included in Board agenda 20 March 2019 - completed
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Minutes

Bay of Plenty Hospital Advisory Committee

Venue: Tawa Room, 889 Cameron Road, Tauranga

Date and time: Wednesday 6 March 2019 at 10:30am

Committee: Geoff Esterman (Chair), Ron Scott, Peter Nicholl, Matua Parkinson, Yvonne Boyes, Clyde Wade (Waikato DHB Rep) and Lyall Thurston (Lakes DHB Rep)

Attendees: Bronwyn Anstis (Acting Chief Operating Officer), Julie Robinson (Director of Nursing), Hugh Lees (Chief Medical Advisor), Debbie Brown (Senior Advisor, Governance & Quality), Sarah Mitchell (Director Allied Health, Scientific and Technical),

Item No.	Item	Action
1	Karakia The meeting opened with a karakia.	
2	Apologies An apology was received from Sally Webb Resolved that the apology from S Webb be accepted. Moved: Y Boyes Seconded: C Wade	
3	Presentations Nil	
4	Minutes <u>BOPHAC Meeting – 7.11.18</u> Resolved that the minutes of the meeting held on 7 November 2018 be confirmed as a true and correct record. Moved: R Scott Seconded: P Nicholl	
5	Matters Arising There were no Matters Arising outstanding	
6	Reports requiring decision 6.1 <u>HDC Complaints received by the Advocacy Service about DHBs – 1 July 2017 to 30 June 2018</u> Query was raised regarding ethnicity reporting. SAGQ advised that the report had requested feedback. This can be relayed.	SAGQ

Item No.	Item	Action
	<p>Query was also raised on DHB versus Hospital Services. It appeared to be Hospital based. Feedback will also be given on this point.</p> <p>SAGQ advised that BOPDHB is very proactive with its complaints and many are resolved without advocacy or being progressed to HDC. Datix does record ethnicity.</p> <p>Communication and its various means and what people think they have or haven't been told which can be at a time of stress, was discussed.</p> <p>Resolved that the Committee receives the report.</p> <p style="text-align: right;">Moved: R Scott Seconded: Y Boyes</p> <p>6.2 <u>Care Companions</u></p> <p>DON gave an overview of the paper as Medical Nurse Leader was unable to be present today. Care Companions is a new initiative which appears to be working well. There is much more interaction with patients and the consistency of care is good for the patient and atmosphere of the ward.</p> <p>The Committee requested thanks be conveyed to the Medical Nurse Leader for her very interesting report.</p> <p>Resolved that the Committee note the contents of the paper.</p> <p style="text-align: right;">Moved: Y Boyes Seconded: B Edlin</p> <p>6.3 <u>Acting Chief Operating Officer's Report</u></p> <p>Acting Chief Operating Officer highlighted the following:</p> <p>Overarching matter for the last month has been industrial action by doctors and midwives.</p> <p><i>Networks</i> is carried out once a month with a simulation involving the whole staff. It is carried out by way of a mannequin which is programmed with a particular urgent medical condition, to educate staff how to deal with the situation and how the team responds as a whole. It is also service specific, e.g orthopaedic situations are conducted in an orthopaedic theatre.</p> <p><i>Additional Nursing FTE/Funding.</i> DON advised that the CCDM matching is progressing which matches resource to acuity. Whakatane was done last year. For Tauranga a review overall, hadn't been carried out for some time. It is being carried out this year and will now be carried out annually. There are FTE shortages in Tauranga. BOPDHB's population growth has had an effect on acuity. There is a CCDM base limit to FTE level. There are areas where that base limit is too many. The additional funding was allocated on population, not acuity. BOPDHB translated the funding into 19.1 FTE.</p> <p><i>Physiotherapy in ED</i> is working well, reducing referrals to orthopaedics.</p>	<p>SAGQ</p> <p>DON</p>

Item No.	Item	Action
	<p>DAHST advised that these people are mainly 4s or 5s which shouldn't be at ED and intervention is excluding potential admissions.</p> <p><i>Faster Cancer Treatment</i> - 95.5% being seen within timeframe</p> <p>MHAS has a lot of pressure. Recent auditor feedback was that the culture of MHAS was good.</p> <p><i>Maternity</i> - ongoing national issue but is working better.</p> <p><i>Dental</i> - High number of DNAs. Looking at trialling Kaiawhina to link with Maori families. Acting COO advised that there had been a number of approaches tried. Comment was made that kindergarten facilities offer a good opportunity. A Committee member advised of a recent Committee meeting at Lakes DHB which advised of good work being done in this area. Communication is an issue. BOPDHB uses email, txt and phone as well as correspondence. Messenger was also put forward as a good means of communication. It was queried whether capacity was an issue. Acting COO advised that more resource has been applied.</p> <p><i>Before School Checks</i> – going very well and are over-delivering</p> <p>Acting COO asked the Committee if the format of the Chief Operating Officer's report produced the information they require. It was generally considered that it was.</p> <p>Comment was made that a Provider Arm Dashboard Report used to be reported to BOPHAC. Acting COO advised this was the Balanced Score Card and will look to reinstate.</p> <p>Resolved that the Committee receive the Acting Chief Operator's report.</p> <p style="text-align: right;">Moved: Y Boyes Seconded: C Wade</p>	Acting COO
7	<p>Matters for Noting 7.1 <u>Work Plan</u></p>	
7	<p>General Business There was no general business</p>	
8	<p>Resolution to Exclude the Public 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 Discussion – Creating a Mechanism for Visibility of Areas Under Significant Pressure RDA Strikes and Followup</p>	

Item No.	Item	Action
	<p>Health Round Table Data Clinical Governance Board progress 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: Bronwyn Anstis Debbie Brown Julie Robinson Hugh Lees Sarah Mitchell</p> <p>Resolved that the Board move into confidential.</p> <p>Moved: G Esterman Seconded: R Scott</p>	
9	Next Meeting - Wednesday 5 June 2019	

The open section of the meeting closed at 11.15 am

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

MĀORI HEALTH RŪNANGA

MINUTES

Venue: Taneatua Room
Regional Maori Health Services
Whakatane Hospital
Stewart Street
WHAKATANE

Date & Time: Wednesday 10 October 2018 at 9:30am

PRESENT:

Iwi:

Ngati Awa	Pourotu Ngaropo
Waitaha	Punohu McCausland
Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngati Whakahemo	Marilynn Williams
Tuhoe	Terehia Biddle
Tapuika	Rutu Maxwell-Swinton
Te Whanau Apanui/Te Ehotu	Astrid Tawhai
Ngai Tai	Linda Steel
Whakatohea	Dickie Farrar
Ngati Manawa	John Porima
Ngati Makino	Stewart Ngatai
Ngati Ranginui	Phillip Hikairo
Ngati Rangitihia	Robin Cheung
BOP DHB	Anna Rolleston

In attendance

Tricia Keelan, GM, Māori Health Gains & Development
Graham Cameron, Acting Pou Tikanga, Māori Health Planning and Funding
Helen Mason, CEO, BOPDHB (attended 10:20am to 11:45am)
Sandra Potaka (MHR Secretary)

Item	Discussion	Action Person Responsible												
1.	<p>Karakia – Phillip Hikairo</p> <p>Mihi – Pourotu Ngaropo</p>													
2.	<p>Apologies</p> <table style="width: 100%; border: none;"> <tbody> <tr> <td style="width: 50%;">Ngati Whakaue ki Maketu</td> <td style="width: 50%;">Manu Pene</td> </tr> <tr> <td>Ngati Whakahemo</td> <td>Margaret Williams</td> </tr> <tr> <td>Ngati Pukenga</td> <td>Titihuia Pakeho</td> </tr> <tr> <td>Ngati Whare</td> <td>Wikitoria Hona</td> </tr> <tr> <td>Ngati Tuwharetoa ki Kawerau</td> <td>Karilyn Te Riini</td> </tr> <tr> <td>Ngati Rangitihia</td> <td>Robin Cheung (lateness)</td> </tr> </tbody> </table> <p>Motion: that the Apologies are received Moved: Whanau Apanui Seconded: Ngati Ranginui Carried</p>	Ngati Whakaue ki Maketu	Manu Pene	Ngati Whakahemo	Margaret Williams	Ngati Pukenga	Titihuia Pakeho	Ngati Whare	Wikitoria Hona	Ngati Tuwharetoa ki Kawerau	Karilyn Te Riini	Ngati Rangitihia	Robin Cheung (lateness)	
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Ngati Rangitihia	Robin Cheung (lateness)													
3.	Interest Register – amend with Secretary													

Item	Discussion	Action Person Responsible
4.	<p>MHR Minutes – 12 September 2018</p> <p>Amendments</p> <p>a. Item 13 – dates to be corrected</p> <p>b. Item 10c – Ngai Te Rangi korero – amend to Whare Mio o te Rangihouhiri</p> <p>Motion: that the amended minutes of the Māori Health Rūnanga hui held 12 September 2018 are received and confirmed</p> <p>Moved: Ngati Awa Seconded: Ngati Whakahemo Carried</p>	
5.	<p>Matters Arising</p> <p>Page 8 - Statutory Committees – the DHB has been notified of newly appointed MHR members' names</p>	
6.	<p>DHB Minutes held 15 August 2018</p> <p>No matters arising</p>	
7.	<p>DHB Minutes held 18 July 2018</p> <p>No matters arising</p>	
8.	<p>Bay of Plenty Hospital Advisory Committee held 1 August 2018</p> <p>No matters arising</p>	
9.	<p>Strategic Health Committee held 5 September 2018</p> <p>No matters arising</p>	
10.	<p>Motion: that the minutes of the BOP District Health Board meetings held 18 July 2018 and 15 August 2018; the Strategic Health Committee held 5 September 2018; and the BOPHAC meeting held 1 August are noted.</p> <p>Moved: Ngati Awa Seconded: Ngati Ranginui Carried</p>	
11.	<p>Resolution to move into confidential</p> <p>Moved: Ngati Awa Seconded: Tapuika Carried</p>	
12.	<p>Iwi Reports</p> <p>a. Ngati Makino – also have interests in Lakes DHB area, is a small iwi in terms of population so relationships are very important; Ngati Whakahemo has started health clinics at Pukehina Marae, Ngati Makino would like to have them at</p>	

Item	Discussion	Action Person Responsible
	<p>Otamarakau and will be talking to Ngati Pikiaio about providing health clinics on the Rotorua side; Iwi has a focus on environmental issues and how to influence forestry industry to look at the mauri of the environment, pollutants from the lakes are affecting the coastline, need larger buffer zones around forests</p> <p>b. Ngati Pukenga – Iwi doesn't have a health provider although Whaioranga Trust operates within their rohe; currently filling vacancies on Te Tawharau o Ngati Pukenga Trust (across the 4 rohe of Ngati Pukenga); finished stage 1 (new wharekai) at Whetu Marae, now on stage 2 – te taha wairua, restoring the standard of our Reo and the number of fluent speakers; hosting Tauranga Moana Festival with Nga Potiki; some issues around conflict with Hauraki Collective, these are being dealt with through whakawhanaungatanga process</p> <p>c. Ngai Tai – have spoken to DHB COO about the lack of transport, needs more co-ordination for whanau to attend appointments at different places on same days or multiple days; elderly care is an issue, most prefer to be at home, only one nursing home in the area and the triage is taking too long</p> <p>d. Ngai Te Rangi – will be sending template to Iwi and the Hauora to contribute to report; tautoko Ngati Ranginui korero; also have concerns about Coronial services (noting that they are responsibility of Justice and are not provided by Health); Tauranga Moana Festival at Labour weekend at Otepou Kura is also a key focus for this month</p> <p>e. Ngati Whakahemo – the next meeting to be held at the end of October 2018; nothing new to report</p> <p>f. Ngati Manawa – have just come through AGM process; will raise the Iwi reporting template with the board at the next meeting</p> <p>g. Tapuika – Iwi priorities are health, education and housing; the preferred Iwi provider is Nga Kakano Foundation with a population of 3-4,000; issues are in mental health and addictions; supporting Nga Kakano to extend scope of services to include psychological services and dealing with foetal alcohol/drug syndrome; education strategy won't work unless barriers such as addictions are addressed; concerns about whether there is sufficient health budget to support secondary services; wants MHR to lobby for retention of Maori and Iwi providers in our rohe, the Iwi doesn't see a strong commitment to Tapuika or Maori in BOP Rohe; have held hui around P/addictions, would like DHB to have an active role in promoting a positive P strategy</p> <p>h. Tuhoe – want a direct relationship with the DHB; she attended the provider hui on behalf of the MHR, heard the frustration of the providers with MHR, but felt there was a positive outcome of the meeting and an opportunity to move forward together</p> <p>i. Ngati Ranginui tabled report; 3 key areas are Whanau ora care and recovery at home strategy; develop opportunities to have health services closer to communities and workforce strategies, registered clinicians more accessible to our communities; consortium at regional level to assist with capacity and resource sharing; business development budget established to assist with exploring potential opportunity</p>	

Item	Discussion	Action Person Responsible
	<p>relevant to strategic priorities; exploring the ability to have a funding adjuster; concerns about bottle neck referral pathways into DHB services, spending Iwi/Provider time and resources to deal with whanau unable to access DHB services; coronial services required in BOP to deal with growing population; seeking funder adjuster in HCSS services; reduction of waiting lists; promoting economy of scale to ensure smaller providers are not disadvantaged</p> <p>j. Whakatohea – tabled report; MHR representative to meet with Whakatohea to sign 2017 MOU with BOP DHB; 4 key areas are Oranga Tamariki secondment; Mauri Oho – the Awakening pre-employment programme, access to drivers licensing, literacy and numeracy support; integration of GP services into Opotiki Health Centre; currently going through Treaty settlement process, recently completed a Ministerial investigation; new Board being inducted; expect support from DHB to include financial and resources; seeking support from MHR for commitment to shared outcome and communication to community/Iwi/Whanau</p> <p>k. Ngati Rangitahi – will be presenting at Kahui Kaumatua hui at the end of the month; are in support of Wai 1315 claim</p> <p>l. Whanau Apanui/Ehutu – Kahui Kaumatua are operating at 3 sites within the rohe, also going to schools in support of reading programme to uplift Te Reo; Police are coming on board with anger management and working with whanau with gang affiliations who are returning home to live, getting them more active on the marae; Apanui e Tu – kapa haka festival is held bi-annually, whanau are reviving waiata-a-hapu and writing new compositions; commemoration day held with Minita-a-Iwi; issue raised about integrating DHB services with Iwi, still a lot of work to be done, collaboration working toward a one-stop-shop and more of a seamless health and social services; have concerns about disability services, particularly difficult to access appropriate equipment e.g. shower facilities, crutches, walking frames and would like to have an equipment pool of resources located locally; yet to meet with the DHB about provider services coming from out of the area; Iwi needs to be more informed, would like to have more up to date information available from e.g. the Statutory Committees</p> <p>m. Waitaha – was not at the previous MHR Hui, attended the Whanau Ora conference in Auckland, key korero was about real outcomes and real investment; mainly Maori women presenting at the hui – talking about challenging times, the importance of data and technology, sustainability issues, leadership within whanau; Maori data sovereignty; the hui was disappointed that very few politicians attended; Te Reo o Waitaha – encouraging reo in kainga, at marae, through the haponi/community, supporting Te Arawa strategy “Kia Mau”, working on implementation of Reo Plan; also looking at services/support for our kuia and koroua so that there is more activity for them at the marae and in the community; will be attending the hearings at Ngaruawahia for Wai 1315, in support of the NUKA model which is similar to what we had before, reflected on the tohunga Wharepohue who had traditional healing clinics at the marae; issues are environment/public health – water as a commodity, we</p>	

Item	Discussion	Action Person Responsible
	<p>provide the water and have to live with the waste; tangihanga at home is becoming more common, also cremation as it is more affordable; need for strong drug and addictions strategies, have to be able to fight it together as it is a significant issue</p> <p>n. Ngati Awa – significant issue is the number of fluent speakers of Te Reo within the Iwi; Ngati Awa continue to host wananga including Karakia Tawhito, Karanga, Te Reo; discussions about writing a history of Ngati Awa while there are some of the historians/scholars still around; 9 November 2018 at Te Manuka Tutahi, the Prime Minister will be launching Te Taewhakahea series of Ngati Awa experiences, relationships and challenges; NASH is in full support of Wai 1315, on behalf of Ngati Awa; moving into providing retirement village/kuia and koroua support for those who are unable to be supported at home due to illness or disability; another priority is education, particularly of rangatahi; NASH are also hosting wananga</p>	
13.	<p>Helen Mason, CE, BOPDHB</p> <p><u>Discussion:</u></p> <p>a. Confirmed that there are no plans to change anything at DHB level, despite rumours that DHB's may be reduced or forced to amalgamate or be restructured</p> <p>b. Coronial/Pathology Services – explained current position is status quo; noted that the services are the responsibility of the Justice Sector; kaumatua from Tauranga Moana will be raising the issue with Justice</p> <p>c. Understand that there is a new MHR Executive and newly appointed representatives to the Statutory Committees</p> <p>d. Toi Ahorangi is currently being reviewed by GM, MHG&D, will be working with MHR on the review</p> <p>e. New Director of Health (Ministry of Health) has re-established a Maori unit sitting directly under the Director General; currently consulting on the new structure; focus is on Maori health and health inequalities</p> <p>f. Wai claims – the Board is looking forward to a positive outcome</p> <p>g. Mental health and addictions – spoke about recent visit to Opotiki Primary School and issues they raised about access to appropriate services such as Voyagers, they have concerns about policies which prevent some of the tamariki being referred to e.g. Voyagers</p> <p>h. P hui – these should be strongly driven by Iwi and community; the DHB will support hui, but to be effective there has to be a whanau approach</p> <p>i. DHB considering how to deliver services, think about doing it differently; e.g. recently brought in the Maori wardens rather than security, their approach is more appropriate for many of the people at hospital</p> <p>j. Western clinical models are not working, funding for services targets the top % but not enough investment in the rest, continue to have to do more for less; also the primary and secondary health services often not working together; also need trust and confidence between providers to encourage</p>	

Item	Discussion	Action Person Responsible
	<p>cross-referrals, if the system is failing, then consider that Iwi/Maori providers may have the answer</p> <p>k. Need a stocktake of BOP health services, resources in and out</p>	
14.	<p>Presentation: Blue Zones – Tricia Keelan, GM MHG&D</p> <p>a. Presentation about hikoi through Hawaii and mainland USA</p> <p>b. Blue Zones is a concept about focusing on wellbeing and creating spaces for that to occur, e.g. re-arranging shop shelves, focus on whole foods to be made more easily accessible; is easily aligned to He Pou Oranga</p> <p>c. Looks at transformation and changing of lifestyles, it also involves marketing a more positive lifestyle</p> <p>d. Suggested that a Blue Zone be introduced into an area that is predominantly Maori, monitor the health changes</p> <p>e. DHB Board have received the presentation favourably</p> <p>Discussion</p> <p>f. Iwi have been doing some of this work already; e.g. Ngati Makino had SEED projects which has been very successful in developing and implementing projects</p> <p>g. Requires champions, building capacity and capability</p> <p>h. Need to consider whether to invest in this model or seek more investment in Iwi/Maori models and approaches</p> <p>Motion: that the presentation is received</p> <p>Moved: Tuhoe Seconded: Whanau Te Ehutu Carried</p>	
15.	<p>GM, Māori Health Development & Gains Reports</p> <p>Report tabled and taken as read.</p> <p>Discussion:</p> <p>a. Mental health inquiry paper has been circulated to MHR</p> <p>b. Mental health inpatient services have a change paper; needs to connect with Te Tiriti o Waitangi, Tangata Whenua and align with He Pou Oranga; important to connect with Maori as they are identified as the highest users of these services</p> <p>c. Quality based on Hauora and He Pou Oranga should be the standard</p> <p>d. Suggests that Ministry of Health Director General should be advised that to fulfil the role in Maori health, there needs to be a Deputy Director General (Maori Health) and a Directorate of Maori Health (as a standalone unit), should be talking directly to Maori and Iwi on a real partnership, and identifying and progressing Iwi aspirations; also important to have a proactive stance on Maori health</p> <p>e. Possibly Iwi may write appropriate letters to Ministry of Health outlining their aspirations and expectations</p> <p>f. Currently recruiting a Pou Tikanga, MHR/Iwi have an opportunity to have input into the position description, focus of</p>	

Item	Discussion	Action Person Responsible
	<p>position is to be a core champion for Maori health; being able to transform Maori working in the DHB, with clear drivers being He Pou Oranga, Te Tiriti o Waitangi and nga tikanga</p> <p>Motion: that the GM, MHD&G reports are received Moved: Waitaha Seconded: Ngati Awa Carried</p>	
16.	<p>Correspondence</p> <p>Inwards:</p> <ol style="list-style-type: none"> Letter from Maori Health Provider Leaders Group re: meeting with MHR – referred to MHR Executive to deal with Email re: appropriate dress when attending tangihanga – resolved that everyone will apply kawa/tikanga of where they come from but also to be cognisant of the kawa of the marae they are visiting <p>Outwards</p> <p>Nil</p> <p>Motion: that the Inwards Correspondence is received Moved: Ngati Awa Seconded: Ngati Ranginui Carried</p>	
17.	<p>MHR Executive Report Verbal report provided. Report including Action Register to be emailed to MHR members</p> <p>Motion: that the MHR Executive Report is received Moved: Ngati Awa Seconded: Ngati Ranginui Carried</p>	
18.	<p>General Business</p> <ol style="list-style-type: none"> Merging of PHO's proposal – NMO are not supportive of the merger as they see it as a risk to being able to provide kaupapa Maori services through a Maori organisation which whanau recognise as being Maori Concerns raised that the CE and Senior staff of the DHB are not advising Iwi representatives that they are visiting in their area; MHR members will provide support for their visits if necessary; this is part of our cultural practices/nga tikanga Issue raised of an urgent blessing being required when DHB moved to a new site at Whanau Apanui; this puts unnecessary stress on Iwi and could be better dealt with if MHR and/or Iwi were involved prior to the day 	
	<p>The meeting closed at 2:20pm Karakia – Phillip Hikairo</p>	
	<p>Next meetings:</p> <p>Māori Health Rūnanga Wednesday 21 November 2018, 9:30am</p>	

Item	Discussion	Action Person Responsible
	<p>Matai Room Education Centre Tauranga Hospital Cameron Road TAURANGA</p> <p>Combined DHB/MHR Wednesday 21 November 2018, <u>12:30pm</u></p> <p>Matai Room Education Centre Tauranga Hospital Cameron Road TAURANGA</p>	

MĀORI HEALTH RŪNANGA

MINUTES

Venue: Matai Room
Education Centre
Tauranga Hospital
Cameron Road
TAURANGA

Date & Time: Wednesday 21 November 2018 at 9:30am

PRESENT:

Iwi:

Ngati Pukenga	Titihuia Pakeho
Ngati Whare	Wikitoria Hona
Ngati Whakaue ki Maketu	Manu Pene
Waitaha	Punohu McCausland
Ngai Te Rangi	Kipouaka Pukekura-Marsden
Ngati Whakahemo	Marilynn Williams
Tuhoe	Terehia Biddle
Tapuika	Rutu Maxwell-Swinton
Te Whanau Apanui/Te Ehutu	Astrid Tawhai
Ngai Tai	Linda Steel
Ngati Manawa	John Porima
Ngati Rangitahi	Robin Cheung

In attendance

Tricia Keelan, GM, Māori Health Gains & Development
Graham Cameron, Acting Pou Tikanga, Māori Health Planning and Funding
Marama Tauranga, Māori Health Planning and Funding
Jodi Porter, Māori Health Planning and Funding
Sandra Potaka (MHR Secretary)

Item	Discussion	Action Person Responsible
1.	Karakia – Manu Pene In the absence of the Chair and Deputy Chair (for part of the meeting) it was agreed that Rutu Maxwell-Swinton (MHR Executive) would chair the meeting	
2.	Apologies Ngati Whakahemo Ngati Makino Ngati Ranginui Ngati Tuwharetoa ki Kawerau Waitaha Ngati Awa BOP DHB Whakatohea Motion: that the Apologies are received Moved: Ngai Tai Seconded: Ngati Whakahemo – Carried	Margaret Williams Stewart Ngatai Phillip Hikairo Karilyn Te Riini Punohu McCausland (Absent while attending another hui) Pourotu Ngaropo Anna Rolleston (DHB Board meeting) Dickie Farrar

Item	Discussion	Action Person Responsible
	It was also noted that not all members had received their Agenda & documents; concerns raised about postal/courier services causing delays	
3.	Interest Register – amend with Secretary	
4.	<p>MHR Minutes – 10 October 2018</p> <p>Amendments Karakia was said by Phillip Hikairo</p> <p>Motion: that the amended minutes of the Māori Health Rūnanga hui held 10 October 2018 are received and confirmed</p> <p>Moved: Ngati Whakahemo Seconded: Whanau Apanui Carried</p>	
5.	<p>Matters Arising</p> <p>Discussion about process for confirmation of MHR members on DHB Committees</p> <p>a. DHB to confirm appointments at today's meeting b. Kipouaka Pukekura-Marsden has attended CYMRC meetings</p>	
6.	<p>DHB Minutes held 19 September 2018</p> <p>a. Blue Zones – invitation has been sent to all MHR members to attend a Blue Zones presentation at Te Manuka Tutahi Marae on 8 January 2018 b. Support has been confirmed for Blue Zones project by DHB Board and Executive Team, MHR, Toi Te Ora</p>	
7.	<p>Motion: that the minutes of the BOP District Health Board meetings held 19 September 2018 are noted.</p> <p>Moved: Ngati Whakahemo Seconded: Ngati Whakaue ki Maketu Carried</p>	
8.	<p>Resolution to move into confidential</p> <p>Moved: Tuhoe Seconded: Whanau Apanui Carried</p>	
9.	<p>Iwi Reports</p> <p>a. Written reports were received from Tuhoe, Ngati Whare and Te Whanau Apanui/Te Whanau Ehutu b. Verbal reports were provided by Ngai Te Rangi, Ngati Rangitihī c. Common themes identified: i. More resources are required to deliver preventative strategies ii. Concerns that Maori health providers will lose contracts and that kaupapa Maori services are being delivered by non-Maori/non-Iwi providers</p>	

Item	Discussion	Action Person Responsible
	<p>iii. Only about 3% of the DHB budget is Kaupapa Maori; if the system is failing Maori, then the 97% of the budget is where the problem lies</p> <p>iv. Disparities in connectiveness to services especially in rural areas</p> <p>v. Early intervention actions need to be holistic</p> <p>vi. Iwi want to be positive; not focused on deficits</p> <p>vii. Iwi are seeking opportunities to partner more effectively with all providers including the DHB</p> <p>viii. We only have a short time-frame to address issues as the population grows</p> <p>ix. We need to focus our efforts on supporting strategies and actions that will have outcome for our whanau; we are all facing similar issues around mental health, general health and wellbeing, suicide, violence, addictions, etc.</p> <p>x. The challenge to the MHR Iwi representatives is to ensure we are articulating collectively the concerns and aspirations of Iwi; the Runanga agreed to spend time on the things that will advance our people, and to follow through on any issues raised with the Board</p> <p>d. There was some discussion on the use of the template; the members were reminded that it is to be used as a guide; if they have their own reporting template/format, then that can be utilised; most MHR members are reporting on issues that come from all aspects of the Iwi, not limiting the korero to health-specifics</p> <p>e. Some Iwi representatives have not had the meeting with their Iwi organisations and/or have no new information to report</p> <p>Motion: that the Iwi Reports are received Moved: Ngati Whakahemo Seconded: Ngati Whakaue ki Maketu Carried</p>	
10.	<p>GM, Māori Health Development & Gains Reports</p> <p>Te Toi Ahorangi Strategy document</p> <ul style="list-style-type: none"> • The GM explained the purpose of the document; that it was important for the Maori Health Strategy to reflect the targets and performance indicators set by the Ministry of Health, but equally important to reflect Mana Whenua aspirations, concerns and Iwi aspirations for Maori Health • This document has a consultation time-frame of 8-10 weeks and feedback can be provided to the GM and the Project Team by email, phone or in person • The document will be presented by the GM and the MHR Executive this afternoon at the Combined DHB/MHR hui <p>Motion: that the Te Toi Ahorangi Strategy document is received by the Runanga Moved: Whanau Apanui Seconded: Ngai Te Rangī</p> <p>Reports tabled and taken as read.</p>	

Item	Discussion	Action Person Responsible
	<ul style="list-style-type: none"> • GM Report • Maori Outcomes Accountability Framework Briefing Paper • He Pou Oranga Model of Care Project Briefing Paper • Draft DHB Annual Plan (previously circulated) <p>Motion: that the GM, MHD&G reports are received and noted Moved: Whanau Apanui Seconded: Ngai Te Rangī Carried</p>	
11.	<p>Correspondence</p> <p>Inwards: Invitation to attend opening of new building where Maori Health Planning and Funding will be based on Wednesday 5 December 2018; noted the kawa for Tauranga Moana</p> <p>Outwards</p> <p>Nil</p> <p>Motion: that the Inwards Correspondence is received Moved: Ngai Tai Seconded: Ngati Whakahemo Carried</p>	
12.	<p>MHR Executive Report</p> <ol style="list-style-type: none"> a. Verbal report provided b. Minutes of meetings and Action Register have been emailed to MHR members and provided in Runanga Agenda packs c. MHR Exec met with Maori Provider Leaders Group on 14 November 2018 in response to an agreement when they attended the Maori Provider hui last month; the meeting was very positive and both parties are confident that they can work on a strategy/actions to ensure a better working relationship in the future; the kaupapa for the hui was to work together to protect gains in Maori health; and to further discuss aspirations and priorities <p>Motion: that the MHR Executive Report is received Moved: Ngati Awa Seconded: Ngati Ranginui Carried</p>	
13.	<p>General Business</p> <p>Nil</p>	
	<p>The meeting closed at 12:10pm</p> <p>Karakia – Manu Pene</p>	
	<p>Next meetings:</p> <p>Māori Health Rūnanga</p>	

Item	Discussion	Action Person Responsible
	<p>He Pou Oranga Wananga Thursday 17 – Friday 18 January 2019 Iramoko Marae 244 Withy Road Manawahe</p> <p>MHR Hui Wednesday 20 February 2019, <u>9:30am</u></p> <p>Taneatua Room Regional Maori Health Services Whakatane Hospital Stewart Street WHAKATANE</p> <p>Combined DHB/MHR Wednesday 20 February 2019, <u>12:30pm</u></p> <p>Taneatua Room Regional Maori Health Services Whakatane Hospital Stewart Street WHAKATANE</p>	

DRAFT



2019 Triennial Elections

SUBMITTED TO:

20 March 2019

Prepared by: Maxine Griffiths, Board Secretariat

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board:

1. Confirms the continued appointment of Dale Ofsooske as the Board's Electoral Officer
2. Decides whether the order of candidate names to appear on the voting documents with be alphabetical, random or psuedo random.
3. Authorisation for the Senior Advisor Governance & Quality to sign the Memoranda of Understanding between the Board and the constituent territorial authorities.

ATTACHMENTS:

Bay of Plenty District Health Board 2019 Triennial Elections Report to the Board from the Electoral Officer.

Election Services

Level 2, 198 Federal Street, Auckland
PO Box 5135, Wellesley Street
Auckland 1141
Phone: 64 9 973 5212
Email: info@electionservices.co.nz

Report to the
Bay of Plenty District Health Board
regarding the

2019 Triennial Election

From the
Electoral Officer

28 February 2019



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Outline

The 2019 triennial local government elections will occur on Saturday 12 October 2019. An update on preliminary matters relating to the election is provided to the Board, including consideration of the order of candidate names to appear on the voting documents.

Background

The 2019 triennial elections for local authorities are due to occur on Saturday 12 October 2019 and are required to be undertaken according to the New Zealand Public Health and Disability Act 2000, the Local Electoral Act 2001 and the Local Electoral Regulations 2001.

Certain pre-election information and tasks are outlined in this report for the Board's information and attention.

The Local Electoral Regulations 2001 provides for the Board to resolve the order of candidate names to appear on the voting documents (alphabetical, pseudo-random or random order). If no decision is made, the order of names defaults to alphabetical.

Narrative

2019 Elections

Elections will be required for seven Bay of Plenty District Health Board members elected 'at large' from five constituent city/district council areas (Kawerau District Council, Ōpōtiki District Council, Tauranga City Council, Western Bay of Plenty District Council and Whakatāne District Council).

The election will be undertaken on behalf of the Board by each constituent territorial authority, with Dale Ofoske (the electoral officer for four of the five constituent territorial authorities) the Board's appointed electoral officer.

Following the election, the Minister of Health will appoint a further four members, making a total of 11 members.

2019 Election Timetable

With an election date of **Saturday 12 October 2019**, the following key functions and dates will apply:

Nominations open/roll open

Friday 19 July 2019

Nominations close/roll closes (noon)

Friday 16 August 2019

Delivery of voting mailers

From Friday 20 September 2019

Close of voting

Noon Saturday 12 October 2019

A more detailed timetable is attached **Appendix 1**.

2019 Election Fact Sheet

A 2019 Election Fact Sheet summarising the key functions of the election ([Appendix 2](#)) is also attached.

Order of Candidate Names

Regulation 31 of the Local Electoral Regulations 2001 provides the opportunity for the Board to choose the order of candidate names appearing on the voting documents from three options – alphabetical, pseudo-random (names drawn out of a hat in random with all voting documents printed in this order) or random order (names randomly drawn by computer with each voting document different).

The Board may determine which order the names of candidates are to appear on the voting documents, but if no decision is made, the order of names defaults to alphabetical.

The Board resolved to adopt the random order for previous triennial elections.

For the Board's information, following a recent analysis undertaken by Auckland Council, research showed there was no compelling evidence that candidates being listed first were more likely to be elected.

Alphabetical Order

Alphabetical order is simply listing candidate surnames alphabetically and is the order traditionally used in local and Parliamentary elections.

Comments regarding alphabetical order are:

- voters are easily able to find names of candidates for whom they wish to vote. Some candidates and voters over the years have argued that alphabetical order may tend to favour candidates with names in the first part of the alphabet, but in practice this is generally not the case – most voters tend to look for name recognition, regardless of where in the alphabet the surname lies;
- the order of candidate names on the voting document matches the order listed in the candidate directory (candidate profile statements).

Pseudo-Random Order

Pseudo-random order is where candidate surnames are randomly selected, and the same order is used on all voting documents for that position. The names are randomly selected by a method such as drawing names out of a hat.

Comments regarding pseudo-random order are:

- the candidate names appear in mixed order (not alphabetical) on the voting document;
- possible voter criticism/confusion as specific candidate names are not easily found, particularly where there are

many candidates;

- the order of candidate names on the voting document does not match the order in the candidate directory (candidate profile statements).

Random Order

Random order is where all candidate surnames are randomly selected and are listed in a different order on every voting document. The names are randomly selected by computer so that the order is different.

Random order enables names to be listed in a completely unique order on each voting document.

Comments regarding random order are:

- the candidate names appear in mixed order (not alphabetical) on the voting document;
- possible voter criticism/confusion as specific candidate names are not easily found, particularly where there are many candidates;
- the order of candidate names on the voting document does not match the order listed in the candidate directory (candidate profile statements).

There is no price differential in printing costs between the three orders of candidate names.

Number of Electors

The number of electors for the 2019 triennial elections in the Bay of Plenty region is expected to be in the order of 170,000 (as at 31 January 2019 this was 168,932). This compares to 158,080 electors for the 2016 triennial election or +7.5% growth.

Estimated Cost

The cost to undertake the 2019 Bay of Plenty District Health Board election is expected to be in the order of \$270,000 + GST, this dependent on a number of variables such as actual costs, number of candidates, voter turnout etc. This estimated cost reflects a significant increase of postage costs from 2016 (+56.1% outgoing and +58.9% return).

This compares to the 2016 actual cost share of \$252,052 + GST (+7.1%).

Memorandum of Understanding

A Memorandum of Understanding (MOU) for the conduct of the 2019 triennial election will again be exchanged between the Bay of Plenty District Health Board and each of its constituent territorial authorities.

A 2019 MOU is shortly to be finalised by the SOLGM Electoral Subcommittee (of which the Ministry of Health has a representative) and will be able to be exchanged.

Approval is sought from the Board for the General Manager Governance & Quality to approve and sign this document on behalf of the Board.

Online Voting Trials

Following a strong push by a number of local authorities (led by Auckland Council) in 2018 to trial online voting alongside postal voting for the 2019 local elections, the proposed trial was unfortunately halted due to costs. All security and delivery requirements for the online voting provider were met, but the cost involved forced the decision.

Work on a collaborative approach with relevant government sectors is continuing so as to deliver online voting for the 2022 local elections.

Recommendations

It is recommended that:

1. The Board resolves for the 2019 triennial election, to adopt **either**:
 - (i) the alphabetical order of candidate names; **or**
 - (ii) the pseudo-random order of candidate names; **or**
 - (iii) the random order of candidate names
 as permitted under regulation 31 of the Local Electoral Regulations 2001.

2. The Board authorises the General Manager Governance & Quality to approve and sign the Memoranda of Understanding on behalf of the Bay of Plenty District Health Board with the Kawerau District Council, Ōpōtiki District Council, Tauranga City Council, Western Bay of Plenty District Council and Whakatāne District Council for the conduct of the 2019 triennial Board election.

Author:




Dale Ofsoske
 Electoral Officer // Bay of Plenty District Health Board
 Election Services

APPENDIX 1



TIMETABLE

Triennial election

Bay of Plenty District Health Board

12 OCTOBER 2019

SATURDAY 12 OCTOBER 2019

Monday 1 July 2019	Electoral Commission's enrolment update campaign commences
Wednesday 17 July 2019	Public notice of election, calling for nominations, rolls open for inspection [Sec 42, 52, 53, LEA]
Friday 19 July 2019	Nominations open / roll open for inspection [Sec 42, LEA]
Friday 16 August 2019	Nominations close (12 noon) / roll closes [Sec 5, 42, 55 LEA, Reg 21, LER]
Wednesday 21 August 2019	Public notice of day of election, candidates' names [Sec 65, LEA]
by Monday 16 September 2019	Electoral officer certifies final electoral roll [Sec 51, LEA, Reg 22, LER]
Friday 20 September - Wednesday 25 September 2019	Delivery of voting documents [Reg 51, LER]
Friday 20 September - Saturday 12 October 2019	Progressive roll scrutiny [Sec 83, LEA] Special voting period [Sec 5 LEA, Reg 35, LER] Early processing period [Sec 80, LEA]
by Friday 11 October 2019	Appointment of scrutineers (12 noon) [Sec 68, LEA]
Saturday 12 October 2019	Election day [Sec 10, LEA] Close of voting (12 noon) [Sec 84, LEA] Preliminary results available Sunday morning 13 October 2019 [Sec 85, LEA]
Saturday 12 October (pm) - Thursday 17 October 2019	Official count [Sec 84, LEA]
Thursday 17 October - Wednesday 23 October 2019	Declaration of result/public notice of declaration [Sec 86, LEA]
Monday 9 December 2019	Members come into office [Clause 14, Schedule 2, NZPHDA]
mid-December 2019	Return of electoral donations & expenses form [Sec 112A, LEA]

LEA = Local Electoral Act 2001

LER = Local Electoral Regulations 2001

NZPHDA = New Zealand Public Health & Disability Act 2000

APPENDIX 2



FACT SHEET

Triennial election

Bay of Plenty District Health Board

12 OCTOBER 2019

GENERAL

Triennial elections for elected members of most local authorities throughout New Zealand are to be conducted, by postal vote, on Saturday 12 October 2019.

The elections will be conducted under the provisions of the Local Electoral Act 2001, the Local Electoral Regulations 2001 and the New Zealand Public Health and Disability Act 2000.

City/district councils are legally required to conduct the district health board elections on behalf of the district health board.

POSITIONS

Elections for the Bay of Plenty District Health Board will be required for seven positions, elected 'at large' from the Board area which comprises the areas of the respective city/district councils (Kawerau District Council, Opotiki District Council, Tauranga City Council, Western Bay of Plenty District Council and Whakatane District Council).

In addition, following the election, the Minister of Health appoints a further four members, making a total of 11 members per board.

NOMINATIONS

Nominations open on **Friday 19 July 2019** and close at **noon on Friday 16 August 2019**.

Nomination papers will be available during this period from:

- the electoral office (Election Services, Level 2, 198 Federal Street, Auckland);
- Bay of Plenty District Health Board (Board Secretary, CEO Office, Tauranga Hospital, Cameron Road, Tauranga);
- by telephoning 0800 922 822;
- by accessing www.bopdhb.govt.nz

To be eligible to stand for election, a candidate **must** be:

- a New Zealand citizen (by birth or naturalisation ceremony); **and**
- enrolled as a Parliamentary elector (anywhere in New Zealand); **and**
- nominated by two electors whose names appear on the electoral roll within the respective area that a candidate is standing for.

In addition, under the New Zealand Public Health and Disability Act 2000, as amended by the Crown Entities Act 2004, a candidate **cannot** be:

- a candidate for more than one district health board;
- a person who is an undischarged bankrupt;
- a person who is prohibited from being a director or promoter of, or being concerned or taking part in the management of, an incorporated or unincorporated body under the Companies Act 1993, or the Securities Act 1978, or the Securities Markets Act 1988, or the Takeovers Act 1993;
- a person who is subject to a property order under the Protection of Personal and Property Rights Act 1988;
- a person in respect of whom a personal order has been made under that Act that reflects adversely on the person's:
 - competence to manage his or her own affairs in relation to his or her property, or
 - capacity to make or communicate decisions relating to any particular aspect or aspects of his or her personal care and welfare;
- a person who has been removed as a DHB board member since the last DHB elections, under clause 9(c) or 9(e) of Schedule 3 to the NZ Public Health and Disability Act 2000;
- a person who has failed to declare a material conflict of interest before accepting nomination as candidate at the last DHB election.

Detailed candidate information handbooks will be available from the electoral office from May 2019.

ELECTORAL ROLL

Those eligible to vote in this election are all resident electors whose names appear on the electoral rolls when they close on Friday 16 August 2019. The preliminary electoral roll will be compiled by each respective city/district council and will be available for public inspection at respective city/district council offices and libraries from **Friday 19 July 2019** to **Friday 16 August 2019**.

All parliamentary electors, including those on the Māori Electoral Roll, are automatically enrolled on the local government resident electoral roll, at the address where they live.

Any alterations to the resident roll (eg change of address details, including new postal addresses) should be made by:

- completing the appropriate form at any post shop;
- phoning 0800 ENROLNOW (0800 367 656)
- accessing the Electoral Commission website on www.elections.org.nz

ELECTORAL SYSTEM

The single transferable voting (STV) electoral system will be used for the Bay of Plenty District Health Board election.

VOTING PERIOD

Voting documents will be sent to all eligible electors, by post, from **Friday 20 September 2019**.

The voting period is three weeks (**Friday 20 September 2019 to noon Saturday 12 October 2019**). Electors may post their completed voting documents back to the respective city/district council electoral officer using the orange pre-paid envelope sent with their voting document. Polling places for the issuing of special voting documents and for the receiving of completed voting documents will be available from each respective city/district council office from Friday 20 September 2019 to noon Saturday 12 October 2019.

To be counted, all completed voting documents must be in the hands of the respective city/district council electoral officer or an electoral official by **noon Saturday 12 October 2019**.

Preliminary results for this STV election will be known as soon as all votes have been received and counted following the close of voting. A preliminary result is expected early on Sunday morning 13 October 2019. These will be accessible on the Bay of Plenty District Health Board's website: www.bopdhb.govt.nz.

CONTACT US

For further information regarding this election, please contact the electoral office:



Dale Ofsoske, Electoral Officer
 Bay of Plenty District Health Board
 C/o PO Box 5135, Wellesley Street, Auckland 1141
 Email: info@electionservices.co.nz
 Phone: **0800 922 822**

CEO's Report (Open) – February 2019

Key Matters for the Board's attention *

Serious Illness Guide Implementation *

Pru McCallum and Heidi Omunsden (two of our SMOs) are doing excellent work on implementing the Serious Illness Conversation guide. 9 SMOs attend the first training session. They represented a wide range of disciplines (anaesthetics, cardiology, ED, surgery, general practice, medicine.) Feedback from clinicians and patients has been very positive. The current focus is on ensuring that the record of the conversation is electronically available. Ethics approval for a research project to track outcomes is awaited.

Advanced Care Planning *

A cohort of self-appointed, Maori and Pacific Island professionals, across the District Health Board and communities, have gathered to discuss Advanced Care Planning (ACP). Until recently there has been no direct engagement with our communities at this level. The drive behind bringing these voices together is to examine the context of thought, values, beliefs and understanding about ACP and what that means and looks like for our indigenous communities.

The makeup of the group is designed to be whanau community led without clinical influence. The main driver of this project remains with the Maori and Pacific attendees, who primarily determine how this journey will be travelled. Many of the members have never heard of ACP until recently, the varied experiences and knowledge within the group has elicited a 'kete' full of rich and interesting perspectives. The discussions have taken a natural course of action and led to a general consensus that ACP plays an important role in the lives of our whanau.

Following cultural consultation, the group are fortunate to have secured a Senior Kaumatua from Tauranga Moana, who is in practice a heart led example of ACP. It is a privilege to have her share with our Maori and Pacific group a wealth of knowledge, experience and wisdom around living the ACP journey with her husband her children her whanau.

The ACP pathway is taking on a discovery of untapped korero and we are very excited about the outcomes ahead.

Education *

The Advanced Study Fund (\$18,650) has been distributed to twelve staff members, with study ranging from Level 3 Sterilisation Certificate through to seven Masters Degrees.

The Whakatane Staff Study Fund is being shared between two staff members from Radiology and Pharmacy.

Learning Scholarships have been sponsored by Bay of Plenty Medical Research Trust; Holland Beckett Lawyers; Pure Print; Guild and Spence and Farmers Auto Village. Ten staff are receiving scholarships contributing to their studies that range from Diplomas in Sterilising through to three Doctorates. The presentation of these scholarships is on the 7th of March.

EQUITY:

Achieving Equity

An RFP is being prepared to go to the market for a Kaupapa Māori Wellness Programme for tamariki and rangatahi. The programme will deliver weight management services for tamariki and rangatahi using a Kaupapa Māori model of care across the region in response to the high demand for weight management services for children, and to address the inequities in obesity rates between Māori and non-Māori children in the BOP.

Health Workforce New Zealand

Advertising for Hauora Maori Training Fund has seen 38 students so far take advantage of Hauora Maori Training Fund for 2019.

The range of courses include: NZ Certificate in Health & Wellbeing L4, Diploma in Whanau Ora, Certificate in Te Reo Māori Level 4, Te Taketake Diploma in Addiction Counselling, New Zealand Certificate in Pharmacy. Some Courses have commenced.

Maori Support applications for the second round for 2019 are due on Friday 22 March and the finalised contract to be sent to DHBs for signing early – mid April 2019. The Ministry of Health have adjusted the time lines for Maori Support to fit with the course dates, which will now benefit the students as they will be getting Maori Support from the onset of their courses.

KiaOra Hauora

Collaboration between KOH and other workforce programmes and initiatives to promote health careers to Maori audiences, from secondary to tertiary, is a must to ensure the promotion of Maori Health Careers in the Bay of Plenty. This is how we will raise the profile/brand of the KOH Programme.

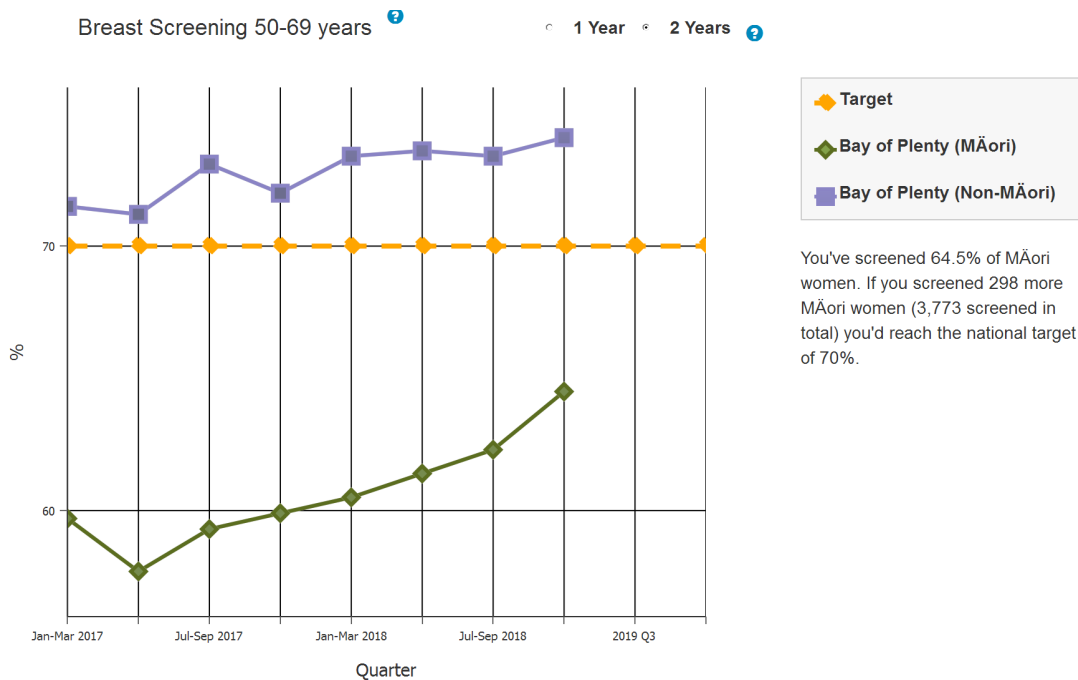
Te Whe Programme is a recruitment programme that actively engages with rangatahi Māori enrolled in secondary schools to promote health as a career and entry into Faculty of Medical and Health Sciences’ professional programmes. Te Whe Programme operates within a kaupapa Māori framework across the recruitment pipeline (Year 9 to first year tertiary study). Every year Kia Ora Hauora & Maori Health takes the opportunity for the youth of tomorrow and gives them a hands on experience within specialised areas of both Tauranga and Whakatane Hospitals.

This year Te Whe, Kia Ora Hauora and St Johns Ambulance are working together to create a pilot programme for Year 10 rangatahi from schools and kura in the Eastern & Western Bay of Plenty. The programme will be at St Johns Ambulance Head Quarters in 17 Ave Tauranga. Organisation of this programme is well underway!

Breast Screening:

We have our highest level of breast screening for Maori women (50-69 years) ever, after six consecutive quarters of improvement (64.5% at Dec 2018 vs 70% target).

64.5% of eligible Maori women were screened in the two years ending 31 December 2018, after six quarters of consecutive growth. We are confident that the current rate of weekly screening can be maintained and that BOPDHB will reach the national target (70%) for its Maori women in the quarter ending December 2019 or March 2020. The progress is summarised below:



Oral Health Service (PP13)

1. At 31 January, 97.7% of preschoolers were enrolled (national target 95%). This represents five consecutive months of supra-target performance.
2. This result also indicates that the DHB's multiple performance improvement efforts by many team members over the past two years have generated sustainable change and that this can be maintained into the future.
3. We will continue to monitor several parameters related to this indicator including:
 - a. Monthly enrolment results;
 - b. Failed appointments (DNA rate);
 - c. Those not examined (due to capacity issues).
4. Planning & Funding team members will meet with Provider Arm representatives in March to seek collaboration on reducing the proportion of failed appointments those not examined by the oral health service.

Better help for Smokers to Quit

- BOPDHB has achieved the target with 94% for the total population and 95% for the Māori population and 100% for Pacific Island for the period of 4/02/2019 to 10/02/2019 at the Tauranga, Whakatane and Opotiki hospital sites.
- The BOPDHB reached the brief advice offered in maternity target in Q2 18/19 with 90% of all smokers and 93.3% of Maori smokers been offered brief advice.
- A tobacco control strategy planning workshop is planned for 28th Feb, there has been a fantastic response to the invitation. Guest speakers from the MoH and Dr Marewa Glover (recently nominated for New Zealander of the year for her work in Maori smoking) will present prior to an active workshop session.

Education

Treaty of Waitangi and Treaty of Waitangi Refresher training is now being delivered internally, on a monthly basis, which is also open to up to six community providers at a time. There has been excellent feedback received so far.

SYSTEM INTEGRATION:

BOP Evolution *

February's grand round and monthly management meetings were unfortunately cancelled due to industrial action and this has impacted on the planned more formal release of findings and sharing proposals for the way forward. However, it has provided an opportunity to test and progress more detail in relation to the most obvious next steps with a wide range of stakeholders.

Service Improvement, DSAs and Change Teams: Findings and proposals have been shared with a good sized mixed group from across the DHB and assessing how the proposal themes fit with current streams of work focus. We have been able to further test thinking about a proposed Master Action Plan [MAP] which is visible to all and connects priority actions.

There was some exploration of what a more connected, whole of system, analytic and information function might look like in providing clear and compelling information to leaders to drive efficiency and change. Feed from the BOPIS slat indicates strong alignment.

In relation to the connectedness of our various change teams, with a whole of system evolution perspective, It is proposed that we ask Joe Bourne to facilitate the more detailed level of discussion with the Quality, SIU and P&F change groups now that the concept has been socialised and most people are seeming to indicate support. An obstacle (although not a deal breaker at this stage) to this will be the potential for shared accommodation space.

February's **BOPALT** provided the opportunity to share the overview one pager proposal to ensure that the PHOs do not feel we are developing something new, without them.

It is pleasing that there was strong endorsement for the four areas of focus and a clear understanding of how these are an outworking of the Strategic Health Services Plan. Western Bay PHO have taken the one pager and are already using this to guide their own thoughts. NMO particularly focussed on child wellbeing because of what they described as 'the overwhelming level of need in their clinics each day'. Conversations with Eastern Bay have honed in on Mental Health and Care co-ordination.

Child Wellbeing was an area that was most open to testing the validity of being one of the four change focus priorities. It now appears that there is no doubt about this, with very strong affirmation from multiple teams across the BOP Health System. The outworking of this is probably the most complex, because there are a very wide range of diverse stakeholders (which have been mapped by the Planning & Funding Team). It is complex equally because of the MOH, Government and international steers in this area and appetite for addressing the hard issues is growing rapidly, with stakeholder conversations currently growing in an uncoordinated way.

Mental Health discussions have not progressed beyond the initial DHB-NGO appetite test session at the end of January because the focus has been on recruitment to the very key positions within the Secondary service – all being with a view to morphing into a whole of system future state model.

The Business Leader position is the final role to recruit to and we have several good candidates. This is (as of 6th March) now a key conversation as we will need to make a decision quickly on whether we plan to effect this workstream in the short term and whether we are supporting a lead role.

DHB business processes have been much discussed in numerous forums and the detail of approach increasingly explored, bringing in more stakeholder groups to grow input and momentum. Work now needs to start and the first **Executive Transformation Workgroup session** begins on Friday 7th March. Discussions with individual Execs about their individual contributions to working through change points are in progress, recognising that several Execs are already owners of large change programs. An approach to bringing in some tactical communications expertise is now being explored. Appointment of the *Creating our Culture* lead has now been confirmed and this role will be key in connecting the various current components of culture change work into a broader *People/wellbeing* approach which resonates strongly with many staff groups, Unions and People & Capability thinking as well as alignment with international organisational development priorities.

'**Transformation Fridays**' have been proposed as a point of Executive connection to drive change and progress. Organising these is going to be a challenge, but there is a developing sense of agreement that this [trial approach] could be the key to much more effective implementation of priority actions – which we know is one of our weak spots. The first session will be a short line-up preliminary approach testing session after which we would expect 3 sessions a month, divided into defined components so that Executives can use their time effectively including dialling or vc'in.

The initially proposed components (which will evolve) of these *kotahitanga* work sessions are:

1. **Prioritising change activity** and developing this into a clear and visible (to all) Master Action Plan
2. **Driving business efficiency changes** which often cross business units and require multi-stakeholder input (examples include process simplification, forms, documents etc). It is an aspiration that for a few months we aim for a time-releasing change every fortnight
3. **Creating space for agreeing financial improvement imperative actions** which will include how we collectively address services who are escalating concerns of undue volume pressures
4. **Working through key principles to define and share** [these are key to system simplification and non-value workload reduction including excessive permission requirements]

- 5. Agreement on the wider, cross business unit directions of travel** – if we are not agreed internally that we are committed to whole of system, non partisan approaches then it is not possible to progress with PHO, NGO and wider sector partners

There will need to be an effective feedback into the next Exec Team Meeting for endorsement of proposed outcome actions, but without having the same detailed conversation twice and this will be something we all need to work through responsibly.

Grand Round, Cluster Leaders, Breakfast bites and other sessions are now taking place from late March and so the additional work above helps with the inevitable answers to questions about 'what next'. At these more formal forums, there will be opportunities given for people to identify areas of skills, expertise and interest – especially in the DHB business change areas – so that we can begin a network of change agents/champions etc. to increase the capacity for implementation.

What is clear from the many group and individual discussions in the Discovery Phase, is that there is indeed a network of people, some of whom have connected to each other, running across the DHB who are committed to, and wanting to be part of, helping us move to our next level. Harnessing this capacity and energy may be a significant impact factor in our evolution and working out how to do this when everyone has day jobs is a challenge, and one that many organisations are thinking about currently.

Unions support for the concept proposals appears strong as these incorporate many of the things Unions have raised with us. However, there are role changes with Union organisers and this will require some fresh conversations between relevant discipline leads, P&C and Execs about how we work together effectively as partners going forward.

Summary Comments

Simply sharing initial thoughts about the things we can change has started a number of changes, or given energy to aspirations and this is an interesting dynamic that we have seen before.

Maintaining momentum once we really start later in March, along with maintaining co-ordination is going to need careful thought. We don't want to control everything, but we do need to be well co-ordinated and making sure we have a fresh communications approach that it is clear who is working on what and how to get involved or find out more.

The current resource of the Exec Lead is becoming stretched as the small amount of support anticipated is no longer available and numerous streams where proposals were tested want to get going! Careful thought will be given to this, along with creating final information presentations during the first two weeks of March in advance of the wider forums taking place.

Next steps

March is focussed on:

- consolidation of information and communication
- commencing the Exec working group
- harnessing the willing coalition
- connecting in new Union organisers
- creating the form of the MAP and how we will use it
- releasing the first 'making life easier' business process changes [emails]
- a whole of DHB 'what can we stop doing?' request for input [SIU will lead this]

Information Management

Digital/Mobility Programme – a wide range of activities are underway that have common threads of advancing the DHB's capability to use digital technologies to create a smarter more flexible workplace:

- Communication Technologies Review – Upgrade of video conferencing toolset (Jabber) and transfer of existing licenses scheduled for end of March 2019.

- Mobile Strategy - Mobile Mentor has been working with key stakeholders across the DHB to develop a mobility strategy for the DHB.

Maori Health

- Te Toi Ahorangi is going through an internal DHB engagement process with hard copies available from RMHS, and staff workshops in both Tauranga and Whakatāne. There was excellent turn out at both sessions and the feedback is being collated and will inform the next iteration of the strategy. The strategy was also presented to the combined Rūnanga and Board at the February hui which has invigorated some robust discussion – again which will influence the next iteration of the strategy. Public engagement is currently scheduled for March – April.
- TTHW will be losing Kiri Peita, Senior Portfolio Manager, Māori Health Planning and Funding next month. It will be a great loss to us all but we are likely to work together again when she takes up her new role with WBPPO as Manager, Māori Health. We wish her all the very best. He tuku mihi ki a ia, ki ōna pukenga, me tōna kaha ki roto i te Hauora-ā-Toi i runga i tōna aroha ki ōna iwi.

Health of Older People

1. Home and Community Support Services (HCSS) Alliance Dashboard

The Alliance held a workshop to start developing a suite of outcome measures for the group to monitor on a regular basis. The dashboard would be developed with a set of baseline measures which includes:

- Percentage of Māori enrolled in the service
- Level of complexity and age
- Institutional Risk – Clients no longer triggering Institutional Risk CAP (Clinical Assessment Protocols)
- Falls – This could be linked to data stemming from Falls Prevention referrals
- Admissions to Aged Residential Care, age, ethnicity and level at Admission
- Needs Levels per Cluster
- How clients have exited the service

These measures will foster discussions which highlight how each Provider is providing care, restoring health, maintain health status or preventing further decline.

2. Palliative Care Workshop

This was attended by 23 stakeholders that looked at Action Planning for success in light of the Palliative Care Review. There are several key workstreams that were agreed upon:

- Re-design ARC Palliative Care (workforce and facilities) to meet future need –scoping document to be developed
- Identify gaps/needs in palliative care services across EBOP. In particular, Opotiki.
- Gap analysis of bereavement support services and knowledge across the Bay of Plenty
- Map out-of-hours palliative care advice pathway for EBOP and WBOP.

Health and Safety (H&S)

As part of the monthly HCSS Alliance, there was a discussion involving the BOPDHB H & S Manager to discuss how the DHB and HCSS Providers can work together on H & S matters. As a result of these discussions, a recent Worksafe report will be provided (pending legal consent) to help inform each others H & S contingency planning; Employer processes and policies; and providing greater clarity on each others (Providers and DHBs) roles and responsibilities during some dire and complex events that have occurred within the Providers.

Toi Te Ora

Childhood Smokefree

Toi Te Ora completed an evaluation of the implementation of Tauranga City Council's Smokefree Outdoor Spaces Policy. The results were presented to Tauranga City Council staff along with recommendations for improvement. The presentation was well received and has led to ongoing discussion regarding the expansion of the smokefree outdoor spaces policy.

Midland Public Health Collaboration

Toi Te Ora's business manager and clinical lead met with their counterparts from Waikato Population Health to discuss options for working more closely together. A strong working relationship already exists between the two units with regular sharing of information, joint annual planning, workforce development and collaboration around our settings based work, for example workplaces. It was agreed to explore opportunities to work more closely on the development of position statements and common operating procedures to avoid duplication of effort. Waikato is interested in participating in our next population survey scheduled for 2020, and there may be further opportunities for our respective analyst teams to collaborate on other areas of work. The opportunity to carry out joint emergency exercises will also be considered.

Health in All Policies

Youth of Kopeopeo Project

Toi Te Ora is a key stakeholder on the Youth of Kopeopeo project team which is a Whakatane Ki Mua community development initiative. Phase One, which is the rejuvenation of public spaces in Kopeopeo, is well underway with a large community mural being painted by American street artist Brian Gonnella and community members. Brian painted a mural in a Navajo reservation and is in Kopeopeo as part of the Volcanic Artist Residency programme sponsored by Whakatāne Arts and Museum. Whakatāne District Council Cultural Advisor, Pouroto Ngaropo, is very closely involved and has provided local stories and knowledge to inform the mural design. A series of four videos have been produced and have been extremely popular on the Youth of Kopeopeo Facebook page with over 15,000 views combined. Through social media and face to face engagement at the mural site, local residents are reminiscing about Kopeopeo and asking "What can be done to bring Kopeopeo back to life?" The Youth of Kopeopeo team has maintained that the answer has always been to "Empower our rangatahi"

Quality

Social Media Capability Development

Aligned with Toi Te Ora's social media strategy, we continue to explore and develop ways to engage with and use social media to support and complement public health initiatives. This month, a new Health Improvement Advisor Facebook profile was developed to support engagement with coalitions and to strengthen leadership and support for local food policy councils. Facebook groups have been identified as an opportunity to support Healthy Policies communications specifically in relation to (but not limited to) food security, to connect what is happening between food networks across the region. Our two upcoming communications campaigns (HPV immunisation promotion and Tips for Healthy Homes) have a strong social media component, including trialling the use of Instagram. The development work for the HPV immunisation campaign was started this month and is well underway, and will be launched at the start of April and run for six weeks.

Education

Work continues in opening up Te Whāriki ā Toi (online learning) with a draft Memorandum of Understanding created, and more meetings with Aged Residential Care (ARC) Providers. We are also in the process of working with Eastern Institute of Technology to offer our Certificate of Computing Fundamentals to our community and primary providers, to increase digital capability in the wider health sector. We are also in discussions with HQSC and Te Pou Ltd to offer their online modules on Advanced Care Planning, and Mental health modules, through Te Whāriki ā Toi.

Provider Arm

Director of Allied Health, Scientific & Technology

Clinical Effectiveness

During the current strike actions the Physiotherapy service has been supporting ED by identifying musculoskeletal (MSK) patients who could be assessed and treated by a physiotherapist. Cover was provided between 8am-8pm during strike days. The staff triaged and directed the onward the onward treatment pathway.

The MSK team presented the Activity With Arthritis Programme to the orthopaedic surgeons in February. The aim of the programme is provide an alternative pathway for people with hip and knee arthritis. The presentation was well received and within two weeks there have been over 25 referrals to the programme. Progress will be reported.

Interim feedback

- Low risk MSK triage 4/5 were seen by physiotherapist with no waits and no-one was admitted
- Approximately 15 patients seen per day
- Earlier onward referrals to appropriate services (ACC/ DHB physio/orthopaedic Registrar)

Data captured from tests of change carried out in December

	Baseline data for triage 4/5 MSK	Data provided when Physiotherapist intervened for triage 4/5
% referred for imaging	72	37.5
% admitted	23	0.025

Quality improvement /Patient Safety - Keeping Me Well

As part of the Keeping Me Well (KMW) concept paper introduced to the Executive at the end of 2018, Allied Health are engaged in a workstream focussing on One Team approach to Community Enablement Services. We recognise it is imperative for Allied Health to shift the focus of service delivery to the community to promote enablement, well -being and prevention

Project activities: 1 – 31 January 2019

- Expand the scope of the Community Enablement project to include Eastern Bay of Plenty DHB (EBOP) services
- Plan weekly project team meetings to update action points
- Project leaders weekly feedback to KMW project team
- Arrange Appreciative Inquiry workshop for EBOP stakeholders
- Develop a communications plan to implement a transparent approach to project updates that is shared widely with Allied Health workforce
- Process mapping of all existing entry/referral pathways for patients to access DHB enablement services in the community

Project milestones planned:

- Appreciative Inquiry workshop for EBOP stakeholders scheduled for 29 February
- Ensure all project members understand the concepts in the paper
- Concept of Virtual One team agreed
- Test concept through PDSA (Plan, Do, Study, Act) cycles

Engaged / Effective Workforce

Social Work Community Outreach project is a short PDSA with two main aims:

The aim of this workstream is to engage social work staff in improvement activity.

To that effect, the following PDSA's are being undertaken.

1. To demonstrate that Social Work intervention, provided to people on presentation at Community Allied Health or ED, will result in better outcomes in terms of prevention of admission or re-admission to hospital.
2. To explore what possibilities exist to deliver a flexible model of service enabling the Social Worker to follow people up in the community directly from ED/APU.

At this point there is 1FTE Social Worker splitting time between working in ED/APU and the Community Allied Health Team. Data is being captured about current service delivery and outcomes in these areas. This will be reviewed in April.

The lead clinician identified to lead this work is now working with the Improvement Advisor and the project team for the Allied component of Keeping me Well.

Women Child & Family

Paediatrics Tauranga

The Paediatricians in Tauranga have initiated a trial of having a second on-call Paediatrician taking direct GP queries during the day, replacing the previously existing system of GP calls going to the junior doctors. It started with the strikes where the SMOs rostered themselves to cover for the absence of the junior doctors.

Community Health 4 Kids

TB Programme

TB workload continues to be heavy and the CH4K TB continues to work closely with Toi Te Ora, hospital based services and community agencies to reach and support clients. Some excellent inter-sectorial work has recently been done between all of these departments to achieve engagement for some very vulnerable and transient clients

INTEGRATION / COMMUNITY

Primary Care Overview

Eastern Bay Primary Health Alliance

Primary Care Nurse – New Entrant to Practice (NETP)

Note there is no funding stream to support primary care NETP. However EBPHA trialled the support of a NETP programme within a General Practice during 2018/2019. We now congratulate Renae Porter having finished her year at Riverslea Medical Centre supported by EBPHA under the NETP programme.

Diabetes Self-Management

EBPHA's Long Term Conditions Lead, Caroline Davies presented on "Making a difference for Rural Maori" at the Green Prescription National Conference. Caroline outlined the changes she has made to the Self-Management courses, taking them to marae and kohanga reo, including cooking lessons and co-facilitating the sessions with our dietitian. Nelson PHO invited her after they attended her presentation at the National Primary Care Conference in Wellington last year.

Primary Mental Health

The triage role continues to have a positive impact on waiting times. Waiting times are now down to 9 days, this is down from 60 days last year.

After Hours

GPs provided cover from 1pm – 9pm in ED for the first two junior doctor strikes. The number of patients seen by GPs was low.

Stop Smoking - Hāpainga

The Ministry of Health have established a strategic steering group to develop the Stop Smoking strategy for 2019/2020 of which EBPHA's Hāpainga/Stop Smoking Lead, Lizzie Spence invited to be part of this group.

BoP Executive Committee

The PHOs have put EBPHA's Chief Executive forward as the Primary Care representative on the BoP Executive Committee. There are some great opportunities for both primary care and the BoPDHB to have a better understanding of the primary and DHB realms; and to build integrated approaches.

Challenges

General Practice Movement

Three practices provided notices of intent with conditions to move to Western Bay PHO. To date two of the three practices have advised they are reconsidering their notices of intent. EBPHA provides a health outcome approach with its practices for the EBoP population. However if there is an opportunity to seek further funding with less accountability, then that will always be an inviting option.

Childhood Immunisation

The delay in receiving the outcome of the immunisation review (four months) was challenging as it impacted on the ability to commence early planning for 2019. The draft review has now been received and feedback on the draft will be provided within the next week. A key to the success of reaching the immunisation target is that all stakeholders to include the Collective, WBoPPHO, Toi te Ora, IMAC, BoPDHB (LMC, midwifery) take accountability for their areas of the system with regard to removing or reducing the issues that have been found through the Collective approach.

On receipt of the final report, a stakeholder meeting will be held with the key stakeholders to address the issues and hold everyone accountable for their part of the system.

Ngā Mataapuna Oranga

Highlights

The success NMO is having in Collective Impact with Ngai Tamawhariua Community. Working alongside multiple agencies:

- To support warmer and safer housing has produced improved housing conditions for many whanau.
- Supporting the development and growth of a Rongoa Maori Service in Pirirakau.
- The opening in March of a Hyperbaric Chamber Service at Te Manu Toroa.

Key Challenges

- No indication yet from the Funding Management Committee on the Nuka Business case. This has delayed the roll out of a joint approach alongside the Health Care Home.
- Uncertain as to the reason why the Nuka Care Model was not featured in the Toi Ahorangi Maori Strategic Plan as an initiative to address Maori Health.

WBOP PHO

Key Achievements

- The Western Bay of Plenty PHO (WBoPPHO) is currently advertising for a permanent Chief Executive Officer. Applications close at the end of February 2019.
- Kiri Peita has been appointed as inaugural Manager, Maori Health, with commencement date 12 March 2019. She will join the Executive leadership team at WBoPPHO.
- Dr Claire Isham, a GP from Ngati Kahu Hauora, has been appointed as the inaugural Clinical Director on a 0.4 FTE basis. She commences in her role in May 2019.
- WBoPPHO was overwhelmed by the response from the BOPDHB with offers of support and temporary office accommodation post their fire. Full business restoration has been achieved eight days post the fire.

Key Challenges

- The fire has caused significant upheaval for WBoPPHO staff.
- WBoPPHO has received disappointing responses to advertising a Health Care Home project Lead.
- WBoPPHO are unhappy with the timeframe imposed on them (less than 24 hours) to respond to Select Committee questions with significant and detailed information not typically held by the PHO.

DISTRICT HEALTH BOARD

Corporate Services

People and Capability

- MECA implementations are going well with the P&C teams combining well together to make headway with the multiple settlements that are occurring across similar timeframes. At this stage we only have STonZ and Apex Physios to implement, with both expected to be processed in March.
- PSA Clerical Pay Equity work has been on-going at both national and local level. We have provided additional data to help with Team Leader and Personal Assistant roles.
- Work continues on ensuring we are ready for the audit process required to retain the Workwell Gold Award – which is due to occur in April. Work is almost complete on reviewing the elements that make up the award, and a plan of action for 2019-2021 is in development.

Information Management

Microsoft Modern workplace Programme – this major programme of work focuses on changing the way the DHB accesses and uses Microsoft product in its workflows.

- A Contract consulting IT PM engaged to assist with overall programme of work related to the MS licensing adoption roadmap for BOPDHB, since termed as “Microsoft Modern Workplace Programme.
- Preferred vendor/partner selection is a key next step currently in progress, with more detailed forecasted resource requirements and overall budget costs being compiled for approval submission as derived via the compilation of the detailed for programme of work.
- Current high level proposal encompasses moving a number of the DHBs current business systems onto cloud based delivery models (eg Exchange email, SharePoint collaboration and document management, Office 365)

Senior Adviser Governance & Quality

Patient Complaints / Compliments



Patient Experience Survey

This is to thank and acknowledge the staff at BOP Hospital.

Early November last year our mother had a bad stroke and passed away a week later. She spent the last week in the Hospital. The treatment understanding and help we got from the staff over that period was above and beyond. There was clearly a total understanding of the situation and what the family was going through, I myself spent 6 days/nights at the hospital with my mum, nothing was too much trouble to the staff, the whole hospital experience was a silver lining on a very dark time.

About 4 years earlier mum had problems and eventually had to have a leg amputated she spent just over 80 days in the hospital. That time we were also very impressed and it was the sort of care that makes you think about moving into the region in our advancing years so we can come under the same care.

We unfortunately have had experiences with other family members and friends illness and passing the care mum received out strips any other hospitals, DHBs we have dealt with.

The whole family cannot express their appreciation enough to the staff involved.

Forever thankful

Property Services

Whakatane – Maternity Refurbishment

Following a commitment to install heat pumps and modernise the facility over two financial years, the scope of stage 1 & 2 has been agreed with the maternity unit manager.

The heat pumps will be installed in March.

We are currently seeking quotations for replacing the carpet with vinyl.

Provider Arm

Chief Medical Officer

Excluding the strike administration, all is going well. Still very active around recruitment (mainly SMOs), with interest in the majority of advertised positions. We are also seeing a high level of acceptances of job offers.

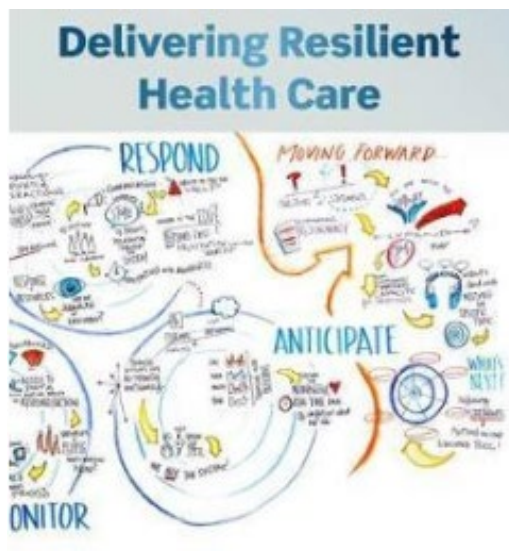
RMO recruitment for mid-year start has been going well, but there are still some vacancies to fill in Psychiatry, Surgical Registrars and HO in Whakatane.

Mortality and Morbidity (M&M)

There has been a significant improvement in both the number of, and the way in which Mortality and Morbidity (M&M) meetings have been conducted and reported on.

New best practice guidelines for conducting and reporting on M&Ms were drafted this year and continue to be developed in collaboration with Heads of Department. Starting with nine active M&Ms, a total of 16 M&Ms now conduct meetings with varying degrees of conformance with the draft guidelines.

National workshop ‘Delivering Resilient Health Care – with Professor Erik Hollnagel



Six staff attended the workshop in Wellington in mid-December. The workshop offered perspectives on transitioning to Safety 11 and applying ‘Learning From Excellence’ from both Prof Hollnagel as well as speakers from around New Zealand. Safety 11 concepts focus on learning more about and supporting what goes right, adding to well-known approaches to Safety 1 which looks to learn from what goes wrong.

Amongst the high-calibre speakers was Jo Wailing who described CCDHB’s journey and gave practical examples of ‘work as imagined’ and ‘work as done’ and what CCDHB has learned about the gap in-between. Jo has agreed to present at our Grand Round March next year.

Update on NetworkZ

An update on our inaugural Networkz simulation session which we ran 14 February in theatre 4. The national team came down and our local team assisted them, from all accounts it was a success. We ran two surgical scenarios, and had some very fruitful discussions on the topics of speaking up safely, open communication and fostering a positive culture in theatre. The feedback from the participants has been very positive. We are planning to run our next session March 12.

Director of Allied Health, Scientific & Technology

Martin Chadwick left the DHB for exciting new ventures at the Ministry of Health.

His farewell was well attended by staff and there was an acknowledgement of the positive impact he had on all of Allied Health. Dr Sarah Mitchell Takes up the ADAHST role in March with Judi Riddell Acting in the interim.

The document 'The Way We Choose To Work' which is the blueprint for the direction of travel for Allied Health was signed by all the leadership team.

The DHB hosted Professors from the United Kingdom in February. The visit generated a lot of enthusiasm and created opportunities for collaboration and a focus for Allied Health on wellbeing, prevention and early intervention.

Two staff members Gary McNicholl and Jen Stillwell embarked on the Doctorate of Health Sciences at AUT.

Surgery

NOF Registry data for January 2019.

The new HFR dashboard lets us now see our data live and working.

Primary # NOF's 16 patients

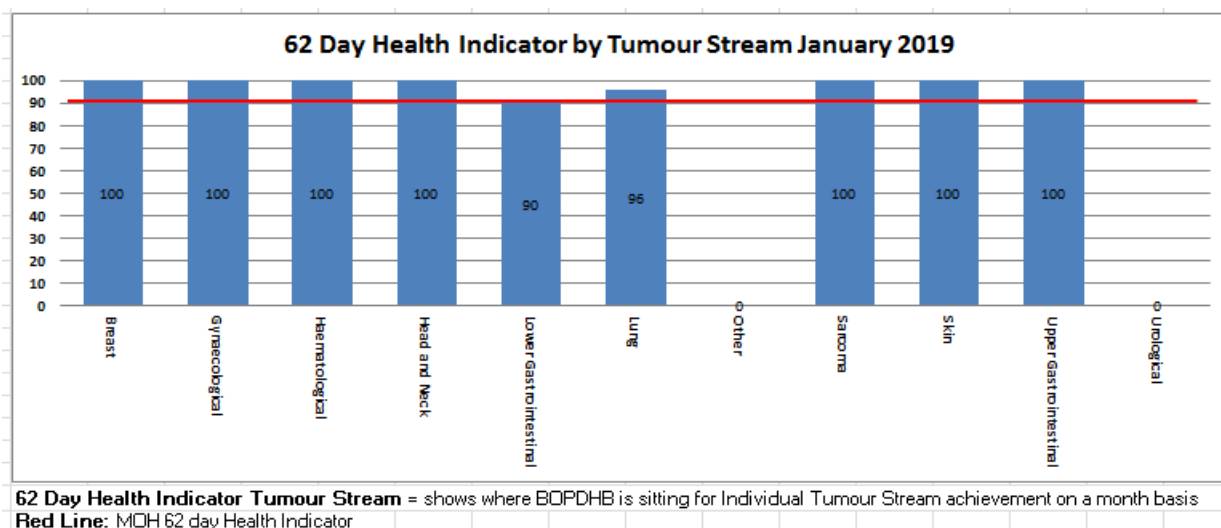
HIP FRACTURE REGISTRY DATA FOR JANUARY 2019

Patient Type: <input checked="" type="checkbox"/> Admitted Via ED <input checked="" type="checkbox"/> Transferred In <input checked="" type="checkbox"/> Inpatient Fall <input checked="" type="checkbox"/> Other/Unknown		Period: All Records From: 01/01/2019 To: 31/01/2019		
16 records	Time in ED (hrs) [15]	Time to Surgery (hrs) [16]	Acute Length of Stay (days) [15]	Hospital Length of Stay (days) [10]
Average	4.22	24.35	6.63	8.10
Median	3.87	21.83	5.82	8.05
Shortest	2.30	3.72	1.10	3.60
Longest	6.75	52.47	19.28	12.51

QS1 Care at Presentation	QS2 Pain Management	QS3 Orthogeriatric Model of Care	QS4 Timing of Surgery	QS5 Mobilisation & Weight Bearing	QS6 Minimising Risk of Another Fracture	QS7 Transition from Hospital Care
Cognitive Assessment prior to surgery (16) 0%	Pain Assessment within 30 minutes (16) 81%	Assessed by geriatric medicine (16) 56%	Surgery Within 48 hours (16) 87%	Day 1 Mobilisation Opportunity (16) 87%	Bone Medication on Discharge (10) 60%	Patients returning to Private Residence @ 120 Days (0)
	Nerve Block before or at surgery (16) 81%			Unrestricted Weight Bearing (16) 87%	Specialist Falls Assessment (16) 56%	-
				New Pressure Injuries (10) 0%		

62 Day Faster Cancer Health Indicator

Q2 achievement: 95.5% of patients are receiving their first treatment for cancer within the indicator timeframe of 62 days



Mental Health

Air conditioning

The five shared offices in Tauranga Adult Mental Health and Addiction Service have been supplied with air-conditioning units. This has come at a time when staff were feeling distressed and exacerbated by the high temperatures experienced in the office. The allocation of these units has had a significant impact on the team and this has led to staff feeling heard, validated and valued. The impact this has is improved moral, increased productivity and efficient clinical care.

Medicine

Cardiology Services

Tauranga Hospital Cardiac Cath Lab is seen as a leader in service for angiography, stenting and cardiac devices (CIED). The unit is recognised as a safe and effective model of service for provincial interventional cardiac cath labs nationally.

Jason Money CNM is a support lead for Palmerston North, Whangarei, Hawkes Bay and Southern Cross Hamilton Hospitals regarding help and support for the growth of their own provincial interventional cardiology service. Based on BOP Cardiology Services successes, Jason has been asked to be the National Chair for the Cath Lab Leaders Group. The group represents all 14 of New Zealand's current Cath Labs.

Consultant Cardiologist Mayanna Lund (MMDHB), the chair of Cardiac Society Australia & New Zealand, is on a sabbatical "road trip" around NZ to review cardiology services as a whole, age groups, staff gender ratios, clinical diagnostic volumes v population, etc. She was impressed by the facility, the staff's positive attitude and data collection and commented that we were the most impressive unit that she had seen.

Stroke Services

The service shared a patient journey that had a very successful outcome and is tabled here with their permission. It is an example of the benefits that can be achieved with the rapid assessment and intervention programme the service has established. Similar success has been achieved with a patient who presented at Whakatane Hospital whose treatment followed the same clinical pathway.

Patient Barry says Thanks!

From Mohana Maddula

Consultant Stroke Physician & Geriatrician, BOPDHB

This is Barry. He wants to thank us all for his treatment. He presented to TGA ED last Saturday morning with severe stroke.

He was rapidly assessed, imaged, treated with IV thrombolysis and then flown up to Auckland where he had successful clot retrieval. The 'Door in Door out' time was 40 min.

Barry returned from Auckland the day after and walked home 2 days later. Without access to this treatment, his life would've been very different.

Barry is looking forward to continue cycling and boogie boarding.
I'd like to join Barry in thanking everyone who has made this happen



Financials

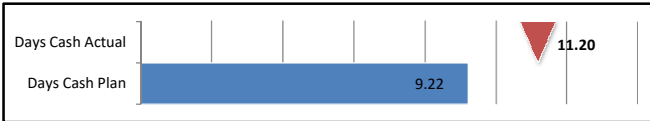
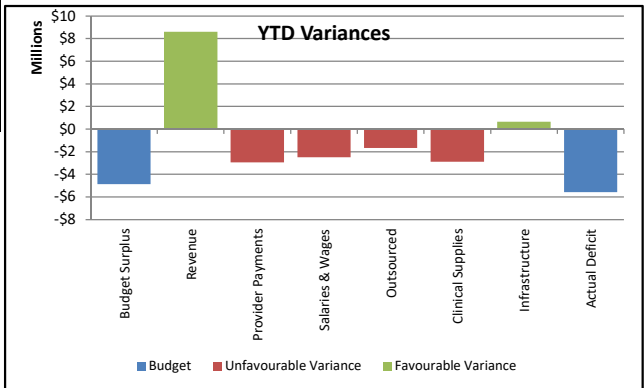
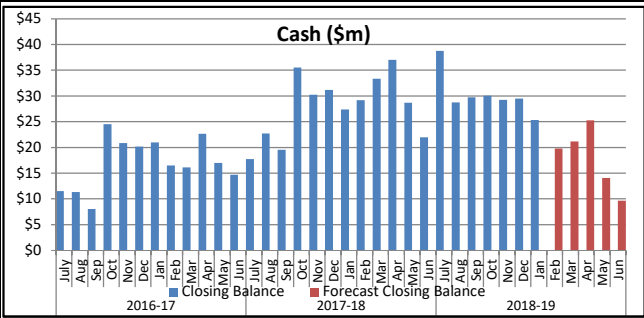
The DHB financial result for the month of January was a deficit of \$0.289m which is \$0.111m adverse to the Annual Plan budgeted deficit of \$0.178m. The YTD deficit is \$5.578m for the seven months, \$0.720m adverse to the phased Annual Plan budgeted deficit for the period.

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

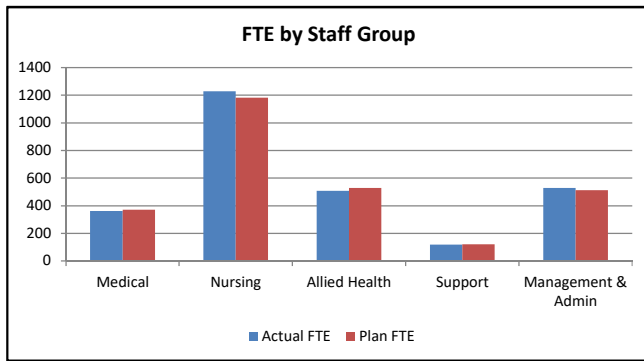
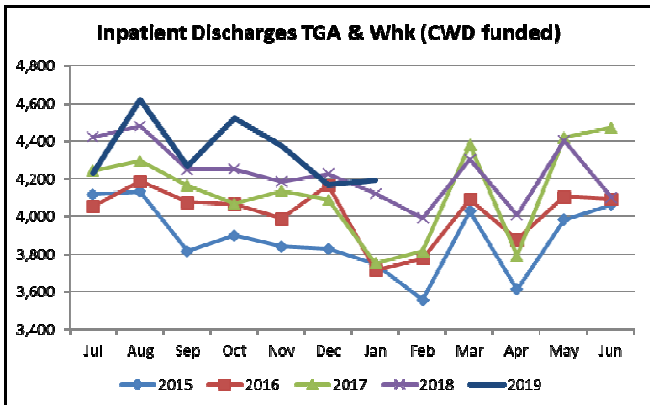
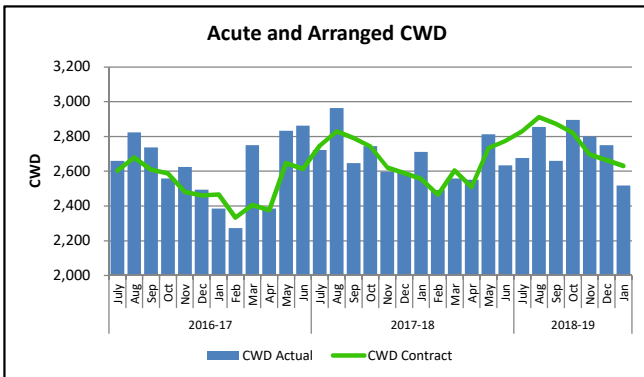
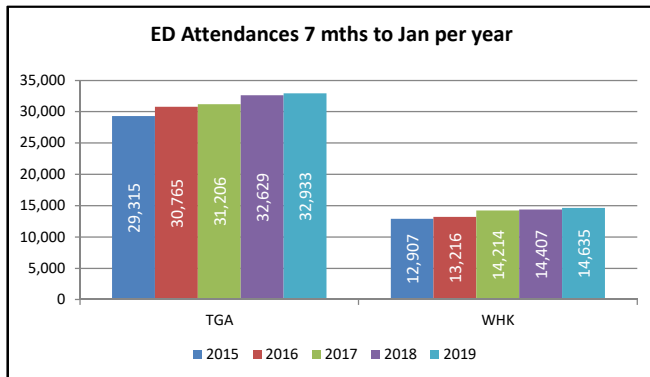
All amounts are \$000s unless otherwise stated. Surplus/(Deficit)

KEY FINANCIAL RESULTS SUMMARY

KEY MEASURES	Actual	AP Budget	Variance
Operating Result	(5,578)	(4,858)	(720)
Provider Volumes			
Case Weights (CWD) - Plan	25,376	25,413	(37)
Cash & Bank (\$000)			
Balance	25,304	20,518	4,786
Days Cash	11.20	9.22	1.97
WORKING CAPITAL (\$000)	(29,783)	(33,043)	3,260
Crown Equity (\$000)	271,106	271,825	(719)



KEY ACTIVITY DRIVERS SUMMARY



	Actual	Plan	Variance
FTE Numbers Accrued	2,747	2,716	(31)



Indicators of District Health Board Performance (IDP) Quarter Two (October – December 2018) Summary for 2018/19

SUBMITTED TO:

Board Meeting: 20 March 2019

Prepared by: Sharlene Pardy – Planning and Project Manager, Planning and Funding

Endorsed by: Simon Everitt – General Manager, Planning, Funding and Population Health

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:

That the Board:

1. **Receives** the following report outlining quarter two (October – December 2018) Indicators of DHB Performance (IDPs) for 2018/19. Final ratings were received from the Ministry of Health (MOH) on 18 February 2019.

ATTACHMENTS:

Appendix 1 – Ministry of Health Performance Measures Ratings Report

Appendix 2 – Performance Measures Ratings Descriptor (Key/Legend)

Appendix 3 – Crown Funding Agreement (CFA) Variation Ratings Descriptor

BACKGROUND:

District Health Boards (DHBs) are required to provide quarterly reports to the Ministry of Health (MOH) under the Crown Funding Agreement (CFA). The reporting includes a number of non-financial measures like the health targets and other measures agreed with DHBs in their Annual Plans (APs). Section 13.3 of the Ministry's Operational Policy Framework 2018/19¹ sets out the requirement to provide these reports and the process by which reports are submitted and assessed. The MOH provides a consolidated assessment of the measures referred to as the Indicators of DHB Performance Report to the Minister of Health.

Final ratings and feedback were received from the Ministry of Health on 18 February 2019.

¹ [Operational Policy Framework 2018/19](#)

ANALYSIS:

This section sets out a brief analysis of the results, showing highlights and areas for improvement, a summary of the health target results and the Crown Funding Agreement results. The MOH Performance Measures Ratings Report, the CFA (Crown Funding Agreement) Variation Reporting, the Performance Measures Ratings Descriptors and the CFA Variation Ratings Descriptors are set out in Appendices 1, 2 and 3.

1. Highlights

Positive results have been achieved in this quarter across the majority of the performance measures with 69% of targets met. These results include the achievement of four out of six health targets. The number of health targets has reduced to six now as the Ministry of Health has removed the target “Improved Access to Elective Surgery”. The highlights are described below:

- ✓ **HT6 Raising Healthy Kids** – Excellent results have been achieved again this quarter with this health target achieving a result of 98%. The Ministry has also received positive feedback about the 5 2 1 0 childhood weight management programme. A Weight Management Intervention Plan is being drafted to further the DHB/provider investment in service options for responding to referrals made to GPs where current options are limited.
- ✓ **OS10 Data Submitted to National Collections** – The data submitted for NHI, national collections and PRIMHD have all achieved target and received commendation from the Ministry for ongoing favourable results in this area.
- ✓ **PP33 Improving Maori enrolment in PHOs** – 95.7% of Maori domiciled in the BOPDHB region are enrolled with a PHO against a target of 90%. If Te Kaha clinic is included – a BOPDHB facility and not aligned to a PHO – then Maori enrolment with a primary care provider increases to 98.1%. This target has been exceeded in every quarter in the BOPDHB region for at least the last four years, although enrolment rates for Maori remain slightly lower than for non-Maori.

2. Areas Not Meeting Target

Increased Immunisation was the only health target that did not achieve target for this quarter. There were two other measures that did not achieve target and they were PP21 Immunisation Coverage for 2 and 5 year olds and PP32 Improving the quality of ethnicity data collection in PHO and NHI registers.

Increased Immunisations (not achieved)

The quarterly result against the 8 month Immunisation health target is 82% against a target of 95%. A review of the new model is currently being completed to understand how change can be configured to improve performance with expected remedies for action to be known during quarter three.

PP21 Immunisation Coverage for 2 and 5 year olds (not achieved)

The immunisation coverage result for 2 year olds remains at 84% against a target of 95%, and 78% for 5 year olds also against a target of 95%. These results require improvement and the approach to improvement for 8-month immunisations is expected to progress results for the 2 and 5 year old groups.

Performance Measures Rating	Q2 Final Ratings	%
Outstanding	1	2%
Achieved	36	67%
Partial achievement	14	26%
Not achieved	3	5%
No rating given	-	-
Total	54	100%

As shown in the table above, there were 54 IDPs reported in this quarter with an achievement rate of 69%. This is the same achievement rate for the same period last year.

3. Health Target Performance







The health target performance for the second quarter of 2018/19 has been strong with four out of six health targets achieved. Faster Cancer Treatment, Better Help for Smokers to Quit (Maternity), and Better Help for Smokers to Quit (Primary) and Raising Healthy Kids all achieved target. Shorter Stays in Emergency Departments received a Partially Achieved rating for an overall result of 93.6% against a target of 95% - Whakatane Hospital achieved the target (96.6%) however Tauranga Hospital didn't (92.3%). Increasing Immunisations is still sitting below target.












Health Target Ratings	Q2 (Final ratings)
Outstanding	-
Achieved	4
Partially Achieved	1
Not achieved	1
No rating given	-
Total	6














4. Summary of Crown Funding Agreement Results













Crown Funding Agreement (CFA) Variation Reporting	Q2 (Final Ratings)
Satisfactory	6
Further work required	1
Not acceptable	-
Total	7
















Appendix 1: Ministry of Health Performance Measures Ratings Report

Count	Health Target	Q2 MoH Rating	Final results	Q2
1	HT1 Shorter Stays in Emergency Departments	Achieved	Result 93.6%; Target 95%	
2	HT3 Faster Cancer Treatment	Achieved	Result 95.4%; Target 90%	
3	HT4 Increased Immunisation	Not Achieved	Result: 82.2%; Target 95%	
4	HT5 Better Help for Smokers to Quit – Maternity	Achieved	Result 90%; Target 90%	
5	HT5 Better Help for Smokers to Quit – Primary Care	Achieved	Result 89.5% Target 90%	
6	HT6 Raising Healthy Kids	Outstanding Performance	Result 98%; Target 95%	








Count	Performance Measure	Q2 MOH Final Ratings	Q2
1	OP1 - Mental Health Output delivery against plan	Achieved	
2	OS3 Inpatient average Length of Stay (ALOS) – Acute	Partially Achieved	
3	OS3 Inpatient average Length of Stay (ALOS) – Elective	Partially Achieved	
4	OS8 Reducing Acute Readmissions to Hospital	Achieved	
5	OS10 Data submitted to National Collections – Focus 1 – NHI	Achieved	
6	OS10 Data submitted to National Collections – Focus 2 – National Collections	Achieved	
7	OS10 Data submitted to National Collections – Focus 3 – PRIMHD	Achieved	
8	PP6 Improving health status of people with severe mental illness	Achieved	
9	PP7 Improving mental health services using transition (discharge) planning	Partially Achieved	
10	PP8 Shorter waits for non-urgent mental health and addiction services 0 – 19 years	Partially Achieved	
11	PP10 Oral Health – Mean DMFT score at year 8	Indicator Not Required	INR
12	PP11 – Children caries free at 5 years of age	Indicator Not Required	INR
13	PP12 – utilisation of DHB-funded dental services by adolescents from school Year 9 up to and including age 17 years	Indicator Not Required	INR
14	PP13 – Improving number of children enrolled in DHB funded dental services	Indicator Not Required	INR
15	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 1 Long Term Conditions	Achieved	

Count	Performance Measure	Q2 MOH Final Ratings	Q2
16	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 2 Diabetes Services	Achieved	
17	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 3 Cardiovascular Health	Achieved	
18	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 4 Acute Heart Services	Achieved	
19	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 5 Stroke services	Partially Achieved	
20	PP21 Immunisation coverage - Focus Area 1: Immunisations at 2 years and 5 years of age	Not Achieved	
21	PP21 Immunisation coverage - Focus Area 3: Influenza Immunisations at age 65 years and over	Indicator Not Required	INR
22	PP22 Improving System Integration	Achieved	
23	PP23 Implementing the Healthy Ageing Strategy	Achieved	
24	PP25 Prime Minister's youth mental health project	Partially Achieved	
25	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 1	Achieved	
26	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 2	Achieved	
27	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 3	Achieved	
28	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 4	Achieved	
29	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 5	Achieved	





Count	Performance Measure	Q2 MOH Final Ratings	Q2
30	PP27 Supporting Child Wellbeing	Achieved	
31	PP28 Reducing Rheumatic Fever	Achieved	
32	PP29 Improving waiting times for diagnostic services – Coronary Angiography	Achieved	
33	PP29 Improving waiting times for diagnostic services - Colonoscopy	Indicator Not Required	INR
34	PP29 Improving waiting times for diagnostic services – Computed Tomography (CT)/Magnetic Response Imaging (MRI)	Achieved	
35	PP30 Faster Cancer Treatment – 31 Day Indicator	Achieved	
36	PP31 Better help for smokers to quit in public hospital	Achieved	
37	PP32 Improving the quality of ethnicity data collection in PHO and NHI registers	Not Achieved	
38	PP33 Improving Maori enrolment in PHOs to meet the national average of 90%	Outstanding Performance	
39	PP36 Reduce the rate of Māori under the Mental Health Act: Section 29 community treatment orders	Partially Achieved	
40	PP37 Improving Breastfeeding Rates	Indicator Not Required	INR
41	PP38 Delivery of actions in Annual Plan for each Government planning priority related to BPS	Indicator Not Required	INR
42	PP39 Supporting Health in Schools	Partially Achieved	
43	PP40 Responding to Climate Change	Achieved	
44	PP41 Waste Disposal	Achieved	

Count	Performance Measure	Q2 MOH Final Ratings	Q2
45	PP43 Population Mental Health	Partially Achieved	
46	PP44 Maternal Mental Health	Partially Achieved	
47	PP45 Elective Surgical Discharges	Achieved	
48	SI1 Ambulatory sensitive (avoidable) hospital admissions (ASH)	Achieved	
49	SI2 Regional Services Planning (<i>Note that this is reported by HealthShare</i>)	Partially Achieved	
50	SI3 Ensuring Delivery of Service Coverage	Achieved	
51	SI4 Elective Services Standardised Intervention Rates	Partially Achieved	
52	SI5 Delivery of Whanau Ora	Achieved	
53	SI10 Improving Cervical Screening Coverage	Achieved	
54	SI11 Improving Breast Screening Rates	Partially Achieved	
55	SI14 Disability Support Services	Achieved	
56	SI15 Addressing Local Population by Life Course	Achieved	
57	SI16 Strengthening Public Delivery of Health Services	Achieved	
58	SI17 Improving Quality	Partially Achieved	
59	Part HSupporting Delivery of the NZ Health Strategy	Achieved	




CFA (Crown Funding Agreement) Variation Reporting

Count	Performance Measure	Q2 MoH Final Ratings	Q2
1	CFA – Appoint Cancer Nurse Coordinators	Indicator Not Required	INR
2	CFA – Appoint Cancer Psychological and Social Support Workers	Satisfactory	
3	CFA – Appoint Regional Cancer Centre Clinical Psychologists	Indicator Not Required	INR
4	CFA – B4 School Check Funding	Satisfactory	
5	CFA – DSS – Disability Support Services Increase of Funding	Partially Achieved	
6	CFA – Electives Initiative and Ambulatory Initiative Variation	Satisfactory	
7	CFA – Immunisation Coordination Service	Satisfactory	
8	CFA - National Immunisation Register (NIR) Ongoing Administration Services	Satisfactory	
9	CFA – Well Child Tamariki Ora Services	Satisfactory	

Appendix 2: Performance Measures Ratings Descriptor

MoH Rating	Icon	Criterion
Outstanding performer/sector leader		1. Applied in the fourth quarter only —this rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.
Achieved		1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
Partial achievement		1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.
Not achieved – escalation required		1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.
Indicator not required – This indicator was not required in this quarter	INR	1. This is given to indicators that were not required in the previous quarter
No rating given – This indicator was required in this quarter	NR	1. The indicator received no rating 2. Contact will be made with the Ministry of Health to seek further guidance and information

Appendix 3: CFA Variation MoH Ratings Descriptor

Category	Icon	Criterion
Satisfactory		1. The report is assessed as up to expectations 2. Information as requested has been submitted in full
Further work required		1. Although the report has been received, clarification is required 2. Some expectations are not fully met
Not Acceptable		1. There is no report 2. The explanation for no report is not considered valid.



IMMUNISATION RATES BY DHB AND PHO

SUBMITTED TO:

BOPDHB Board Meeting:

20th March 2019

Prepared and

Endorsed by: Simon Everitt, General Manager Planning and Funding and
Population Health

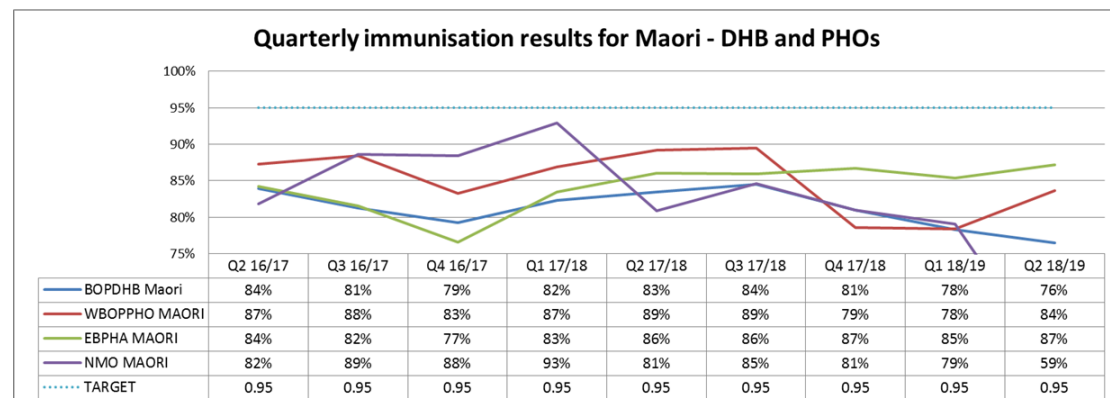
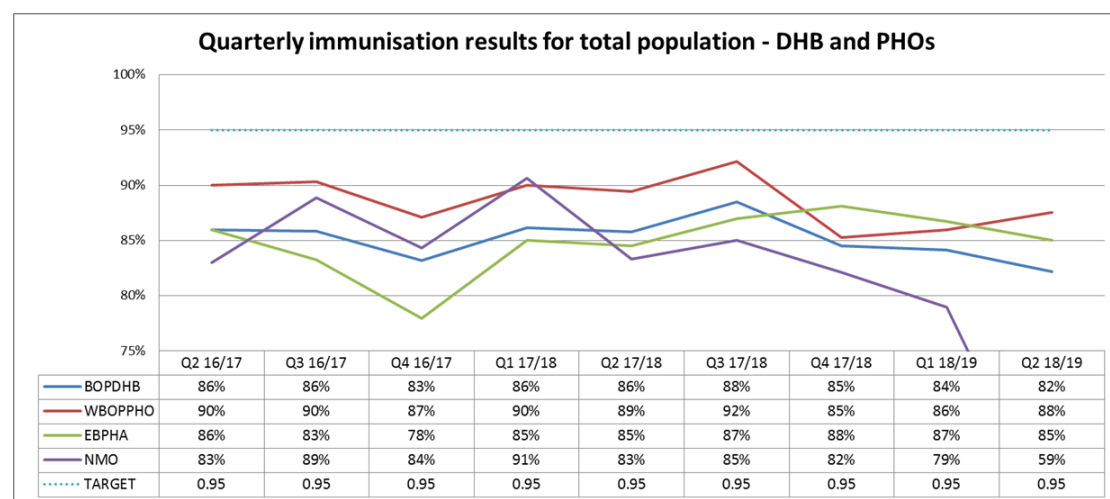
Submitted by: Helen Mason, Chief Executive Officer

RECOMMENDED RESOLUTION:

That the Board notes the information on Immunisations rates by DHB and PHO (requested from last month's Board meeting) .

ANALYSIS:

The following table provides the quarterly immunisation rates provided by DHB and split out at a PHO level for total population and Maori.



The following table provides the 8-month immunisation numbers by PHO (rolling three-monthly figures) from January 2018 to January 2019 and reflects the total immunised, total eligible, Maori Immunised, Maori eligible along with the declines and missed by PHO. This enables us to see the raw number of children that we need to reach to achieve the desired health target coverage by PHO.

WBOPHO	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Total immunised	454	493	503	502	458	469	498	517	479	456	468	471	504
Total eligible	499	540	546	554	525	550	584	594	557	531	542	538	573
Maori immunised	80	97	102	109	98	99	115	134	123	133	130	133	127
Maori eligible	89	107	114	126	120	126	147	167	157	165	161	159	153
Declines	31	31	28	38	50	59	68	59	61	54	53	46	43
Missed	14	16	15	14	17	22	18	18	17	21	21	21	26
EBPHA	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Total immunised	164	171	160	149	143	163	97	96	98	94	95	91	84
Total eligible	196	199	184	166	159	185	117	115	113	109	105	107	109
Maori immunised	124	131	116	107	94	104	75	75	76	74	70	68	57
Maori eligible	147	150	135	118	104	120	91	92	89	87	76	78	76
Declines	20	19	15	10	10	15	13	12	10	9	6	7	13
Missed	12	9	9	7	6	7	7	7	5	6	4	9	12
NMO	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Total immunised	55	53	51	48	48	46	43	44	45	43	33	32	35
Total eligible	63	62	60	57	58	56	50	52	57	61	55	54	59
Maori immunised	44	41	44	41	38	34	30	33	34	34	27	26	23
Maori eligible	50	48	52	48	46	42	37	40	43	47	44	44	45
Declines	5	7	7	8	8	8	6	5	3	5	6	9	13
Missed	3	2	2	1	2	2	1	3	9	13	16	13	11
Non-PHO enrolled	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jun-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Total immunised	20	19	24	29	28	26	20	11	10	9	18	20	21
Total eligible	31	35	44	46	44	42	39	25	24	24	42	48	40
Declines	1	1	2	2	1	2	3	4	5	4	4	9	7
Opt-offs	2	5	5	4	4	7	7	3	2	3	3	3	3
Missed	8	10	13	11	11	7	9	7	7	8	17	16	9

