



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting Agenda

Wednesday, 28 July 2021

1.30 pm

Please note Board Only Time 1.00 pm

Waikareao Room, Te Whare
Kokiri, DHB2 Building, 17th Ave
Business Park, Tauranga

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

Principles

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

Transformational Care


Priorities

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

Business Management

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

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



Hauora a Toi | Our Priorities 2021-2022

Healthy, thriving communities – Kia Momoho Te Hāpori Oranga



Enablers

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

Drivers

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



A connected system

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



Transformations

Integrated healthcare
Mental health & addictions
Child wellbeing
Connecting with our communities

Equitable healthcare

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

Transformations

Growing as Te Tiriti partners
Evolving the Eastern Bay health network
Delivering improvement against equity KPIs

Healthy, thriving workforce

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

Transformations

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

Safer and compassionate care

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

The Quality Safety Markers

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

Transformations













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

04/11/2020

Board Agreed Transformation Priorities

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

Top 12: Executive Spotlight

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

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

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

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

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

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

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

[Link to Actions and Evidence](#)



Item No.	Item	Page
	<p>Karakia</p> <p>Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te pō ko tenei te awatea Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!</p>	
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<p>6</p>	<p>Items for Noting</p> <p>6.1 <u>Board Member Attendance January – June 2021</u></p> <p>6.2 <u>Board Work Plan</u></p>	<p>34</p> <p>35</p>
<p>7</p>	<p>General Business</p>	
<p>8</p>	<p>Resolution to Exclude the Public</p> <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.</p>	
<p>9</p>	<p>Next Meeting – Wednesday 25 August 2021.</p>	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated June 2021)



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



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



Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Establishment Board of Trustees – Suzanne Aubert Catholic School, Papamoa	Member	Education	NIL	March 2020
Royal New Zealand Foundation of the Blind Inc	Board Member	Services to the Blind	LOW	May '21
SHEA, Sharon				
Shea Pita & Associates Ltd	Director & Principal	Consulting	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Service Provider	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Negotiating a service delivery contract to deliver Mental Health Services for people who experience mild to moderate distress	LOW	March '21
Manawaroa Ltd	Director & Principal	Delivery of Puawai Programme funded by Oranga Tamariki	LOW	March '21
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
Maori Expert Advisory Group (MEAG)	Former Chair	Health & Disability System Review	LOW	18/12/2019
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020



EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020
Interim Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Wai 2575 Claimants	Consultant	contracted via the National Hauora Coalition to support Wai 2575 claimants cost historic underfunding of Māori PHOs. Short-term project.	LOW	August 2020
Ministry of Health	Consultant	National Evaluation of Breast and Cervical Screening Support Services	LOW	August 2020
Alliance Plus Health PHO - Pan Pacific Resilience Model	Consultant	Health	LOW	27/08/2020
Counties Manukau DHB	Consultant	Maori Health project	LOW	November 2020
DPMC	Contractor to Transition Unit.	Health Reform	MEDIUM	May 2021
Health Hearts for Aotearoa (HHANZ)	Board Member	Health Research	LOW	June 2021
Husband – Morris Pita				
- Health Care Applications Ltd	CEO	Health IT	LOW	18/12/2019
- Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019



STEEL, Linda (Maori Health Runanga Chair)				
Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021
Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/02/2021
BOPDHB Maori Health Runanga	Chair / Iwi Representative	Strategic Relationship with BOPDHB	LOW	23/02/2021
WILLIAMS, Wayne				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services Ltd	Director	Alliance Corporate Activities	LOW	15/4/2021
The Moko Foundation	Chair	Maori Youth Leadership and Child Health	MEDIUM	15/4/2021
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
Third Age Health Services	Board Member	Aged Residential Care providers	MEDIUM	10/6/2021
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020





Minutes

Bay of Plenty District Health Board

Tawa Room, Education Centre, 889 Cameron Road, Tauranga

Date: Wednesday 23 June 2021 9.30 am

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

Attendees: Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services), Bronwyn Anstis (Acting Chief Operating Officer), Mike Agnew (Acting GM Planning & Funding and Population Health), Luke Bradford, Kate Grimwade (Chief Medical Officers), Julie Robinson (Director of Nursing), Debbie Brown (Senior Advisor Governance & Quality), Naila Naseem (Consultant)

Item No.	Item	Action
	Karakia	
1	<p>Apologies</p> <p>Apologies were received from Hori Ahomiro, Arihia Tuoro, Mariana Hudson and Natu Vaeluaga</p> <p>Resolved that the apologies from H Ahomiro, A Tuoro, M Hudson and N Vaeluaga be accepted.</p> <p style="text-align: right;">Moved: M Arundel Seconded: M Guy</p>	
2	<p>Interests Register</p> <p>Board Members were asked if there were any changes to the Register or conflicts with the agenda. No additions or conflicts were advised.</p>	
3	<p>Minutes</p> <p>3.1 <u>Minutes of Board meeting – 26 May 2021</u> Resolved that the Board receives the minutes of the meeting held on 26 May 2021 and confirms as a true and correct record.</p> <p style="text-align: right;">Moved: I Finch Seconded: W Williams</p> <p>3.2 <u>Matters Arising</u> <i>Life Curve</i> - There is a meeting tomorrow afternoon to progress IP issues and business models. <i>Exec 12 KPIs</i> - Update at Board Meeting today. <i>Ethnicity</i>. Query was raised for clarity. It was considered Polynesian / Pacifica figures should be clearly identified in data wherever possible.</p>	
	Part A: Future Focus and Key Strategic Issues	
4	<p>Items for Discussion</p> <p>4.1 <u>Update on Equity</u> The paper was taken as read.</p>	

Item No.	Item	Action
	<p>Comment was made that the report is hospital centric, eg Call Centre for DNAs which could be more successful with inclusion of GP, Iwi, Day Care. These avenues should be given resources to encourage.</p> <p>Query was raised regarding access for Breast Screening. It is considered that contact with professionals whom patients trust might be more effective. Multi-clinics that can address a range of problems at the same time is also something to aim for.</p> <p>It was considered the paper would be a good subject for the Combined Committee meeting.</p> <p>Query was raised as to system changes to improve equity of access. From a macro perspective, one of the first strategies would be to not send people standardised letters that tend to be not well accepted, rather find ways to communicate directly with people, via phone or email. If there is no response, iwi and Kaiawhina may be able to assist.</p> <p>Comment was made that Breast Screening as an example is a contracted external provider who have their own communication strategies.</p> <p>Contact and communication methods used during COVID should be reviewed as these worked well. There are key things to learn.</p> <p>Query was raised on the Radiology Screening contract. This is managed through Waikato. There is a meeting that has been delayed because of the Cyber event, but this will occur next week. The service continues until December.</p> <p>The data across the Lifecourse lens was queried regarding core strategies for access, equity and outcome. It can be kept simple, thinking about what BOPDHB has control over and what can be shifted and is achievable in the next 12 months on key issues.</p> <p>The Board is wanting to be supportive of the leaders of the organisation and to move forward as a team for the next 12 months.</p> <p>Query was raised on the bow-wave of equity for other population groups. The Asian community is rapidly growing and the voice is not loud. It is considered the organisation needs to approach these communities.</p>	<p>Acting GMPF / Acting COO</p>
	<p>Part B: Monitoring, Compliance and Business as Usual Delivery</p>	
<p>5</p>	<p>Items for Discussion</p> <p>5.1 <u>Chief Executive's Report</u> The paper was taken as read.</p> <p>The Chief Executive highlighted:</p> <p><i>The CEO report</i> has been separated out this month so that core issues are within the report with additional information in the supplementary section.</p> <p><i>COVID</i> - Query was raised on communication to the community specifically Pacifica groups. In Auckland this is carried out mainly through Churches in the Communities. BOPDHB is working with the Pacifica Trust</p> <p>An update was requested on some key priorities:</p> <ul style="list-style-type: none"> • <i>Childhood Immunisation</i> - the data on immunisation is concerning. It is a post COVID impact as well as the diversion of many of the workforce into COVID duties. There is to be a deep dive on Immunisation at next 	

Item No.	Item	Action
	<p>month's Board meeting and this will require significant effort over coming months.</p> <ul style="list-style-type: none"> • <i>Child Oral Health</i> - if a selection was made to really prioritise something, this would be the one. <p>The equity paper does trigger these matters. A report will come back to the Board with what levers can be pulled, what levers require funding and any advocacy required by the Board.</p> <p>A report on what is working well was also requested.</p> <p>5.2 <u>General Business</u> The Board conveyed its thanks for all the hard work in the current environment and advised of support for the CEO and Executive team. Board Members are receptive to approach via the CEO of any matters that Executive members may wish to discuss.</p>	Acting GMPF
6	<p>General Business There was no general business</p>	
7	<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: Board Minutes – 28.4.21 Chief Executive's Report GP Enrolments BOPDHB Draft Annual Plan 2021 /22 National Hauora Coalition Correspondence</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed: Pete Chandler Owen Wallace Bronwyn Anstis Mike Agnew Luke Bradford Kate Grimwade Julie Robinson Debbie Brown</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Shea Seconded: G Esterman</p>	
9	Next Meeting – Wednesday 28 July 2021	

The open section of the meeting closed at 10.15 am

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



RUNNING LIST OF ACTIONS - Open

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe			
Date	Task	Who	By When	Status	Response	
28.4.21 23.6.21 28.7.21	<p>LifeCurve</p> <p>The Board Chair requested that the IP issues be sorted out as a priority and commented that there did not appear to be any focus for Maori. This was supported and there was an additional request to clarify the business model as well between the BOPDHB and other key parties.</p>	DAHST	26.5.21		<p>Approach has been made to IP company – awaiting response</p> <p>There is a meeting 24.6.21 to progress</p> <p>Update to Board 28.7.21 – Completed</p>	
28.4.21	<p>TOP 12 Executive KPIs</p> <p><i>Consultation</i> - It was considered Clinical Governance input would have been helpful. Primary community care could also have provided input. The KPIs do not exclude any projects underway. For example, work being undertaken on Acute Admissions and Day Stay will provide further good information. The KPIs are set at a high level. The CMOs have had oversight and input as Executive Membership. The KPIs can be scheduled for input from Clinical Governance at their next meeting.</p>	CMOs / SAGQ	26.5.21		In progress	
28.4.21	<p>Top 12 Executive KPIs</p> <p>The Board Chair requested a check be carried out for equity across the KPIs and also a sense check for mix across areas, Secondary, Primary, Allied Health. There will also be common strategies across the KPIs which may not be a metric but will be strategies to turn the dial. When the sense checks have been done what are the next steps?</p>	Consultant	26.5.21		Update to Board Meeting 23.6.21 – Completed	

26.5.21	Chief Executive's Report – Ethnicity Query was raised as to where Polynesian / Pacific Islanders fit within data. This needs further consideration.	Acting GMPF	23.6.21		
23.6.21	Clarification was requested from Acting GMPF who was absent at last meeting. It was considered that Polynesian and Pacific Island data should be included as headings in ethnicity data.				
23.6.21	Equity Paper A report will come back to the Board with what levers can be pulled, what levers require funding and any advocacy required by the Board.	Acting GMPF/ Manukura	25.8.21		In progress



Update from the Transition Unit - Tuesday 6 July 2021

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Our future health system taking shape



Minister Andrew Little visiting the new \$110 million integrated Spinal and Adult Rehabilitation Unit at Manukau Health Park

Hon Andrew Little Minister of Health

It's two months since I announced major changes to the way we deliver healthcare in New Zealand, and it has been positive to hear and see so many people across the sector engaged with the reforms and the opportunity they present.

We are making great progress towards transformational change to the health system.

What I've seen and heard across a range of recent forums and when meeting many of you is that this reform is long overdue.

Across the sector, people are sharing their enthusiasm for the most significant change to the health system in decades.

In recent discussions with senior clinicians, I was reminded that this is a once-in-a-lifetime opportunity to make meaningful long-term change and seriously address long-standing equity issues.

I am also hugely encouraged by the overwhelming response to the call for nominations for the interim boards of both the Māori Health Authority and Health New Zealand, with nearly 350 expressions of interest.

The interim boards will play a critical part in driving the vision of the reforms, by looking at every aspect of the existing system, services, workforce and infrastructure and thinking about how we can do better.

This reform is an opportunity to address not only the structure and way we deliver health services, but to also look at how we make the health system more sustainable.

Last month I spoke at the Sustainable Healthcare and Climate Health Conference Aotearoa, and said we had to make sustainability part of every decision we make. The health service is the largest public-sector source of carbon emissions, and we recognise that the challenge is a big one.

The establishment of Health NZ presents a unique opportunity to improve the collaboration, consistency and resilience across New Zealand to create a more sustainable and connected system.

The Ministry of Health, the Transition Unit and the new health entities will be working on ways the health system can meet the Government's carbon-neutrality goals, using the expertise and initiatives already happening across the country.

I am excited to see work progressing across a wide range of areas, for a better future in our health sector.

I encourage everyone to get involved over the coming weeks and months, as opportunities arise to help shape the future system through, for example, the development of the New Zealand Health Charter.

Ngā manaakitanga

Hon Andrew Little, Minister of Health

Strong response to interim board process

Almost 350 applications were received during the expression of interest period for the interim Health New Zealand and Māori Health Authority boards.

The interim boards will help set up the way Health New Zealand prepares to run hospitals, commission primary and community services, and work in partnership with the Māori Health Authority to implement its unique role in the future system. The interim boards will also ensure the emerging arrangements are focused on delivering equity and better health outcomes for Māori and all New Zealanders.

The expression of interest period closed on Friday, 18 June. Approximately 175 people applied for a role on the Health New Zealand board, around 80 for the Māori Health Authority and 90 for both the Māori Health Authority and Health New Zealand boards.

The Minister of Health plans to confirm appointments to the interim boards in September.

Realising opportunities using digital and data

Ministry of Health and the Transition Unit

In the future health system, digital services will enable people to have more options and access to the care they need in their homes and communities. This is one of the ways our reforms can provide people and whānau with better access to quality care and services, no matter where they live.



Shayne Hunter, Deputy-Director General, Data & Digital at Ministry of Health

The Transition Unit is working closely with Shayne Hunter, Deputy-Director General, Data & Digital at Ministry of Health (pictured) and his team, as well as the sector, to develop a forward view of the digital and data priorities for the system. This engagement with the sector will be ongoing as the reforms progress.

Emily Mailes, Lead Advisor – digital and data, for the Transition Unit [recently presented at the MTANZ HealthTech Conference](#), to discuss the importance of technology and data in ensuring the success of the reforms. The future system will be better at connecting information and generating useful insights for clinicians to make better decisions about care, empower consumers to manage their own health, and for the system to operate more effectively and efficiently.

This will include a whole-of-system approach to technology and data. Health New Zealand will be the lead operational entity for digital and data capability and solutions, operating in partnership with the Māori Health Authority and supporting the Ministry of Health. Health New Zealand will invest in national, regional and local solutions, taking advantage of efficiency and scale where it can. This approach recognises the way community wellbeing networks will work in the future system and the need to support these care providers.

Some of the focus areas are:

- Transforming the consumer and clinician experience through digital technology and innovation. This means creating an environment where technology and solutions that can generate better health outcomes and efficiencies are identified, adopted and disseminated for the benefit of the system.
- Joining up data in the system so wherever people may turn up in the health system, health professionals will have all relevant information to provide the best possible diagnosis and care. There will also be a focus on using data better to support system performance monitoring, planning and policy development.

- Integrating Te Ao Māori in digital services at all levels and stewarding health information for betterment of people, whānau and iwi wellbeing.
- Digital inclusion to enable all New Zealanders to take advantage of the digital shift the health system is undergoing.
- Investing in digital and data infrastructure and people capability, so that the system can realise the high value of innovative solutions to improve health outcomes and reduce inequities.

Making strides on Pacific health

Dr Api Talemaitoga and Dr Debbie Ryan

The Pacific health team in the Transition Unit is growing, with the introduction of Dr Api Talemaitoga and Dr Debbie Ryan. The team will be working with the Transition Unit, Ministry of Health and the Pacific health community to progress the health reforms for Pacific peoples. Dr Colin Tukuitonga and Dr Corina Grey are also joining the Pacific health team and will be profiled in a future update.



Dr Api Talemaitoga

Dr Api Talemaitoga is an Auckland-based GP, who has helped set up practices in both Christchurch and Manukau, Auckland, and is a distinguished fellow of the RNZCGP.

"I am proud to be involved in the health reforms to help shape a better future for Pasifika communities. Health data shows that despite a good level of interaction with the health system, Pasifika families continue to experience worse health outcomes than other New Zealanders. I am proud that we can bring together strong Pacific voices in the reforms so we can take control of the opportunity this brings. Pacific people have strong

networks, and an opportunity to bring everyone together for a better healthy future. The innovation shown by Pasifika communities during last year's COVID-19 outbreak showed the strength and resilience they have to tackle a problem, when they are supported by good health advice and engagement led by Pacific providers and leaders of their communities. We need to embrace these ways communities are working together for better futures for our Pacific families."



Dr Debbie Ryan

Dr Debbie Ryan is the Principal of Pacific Perspectives, a Member of the New Zealand Order of Merit, medical practitioner, health services researcher and member of the COVID-19 Independent Advisory Group. "I am optimistic about the potential the health system reforms bring for Pacific people. There is the opportunity to embed a deeper understanding of Pacific health and draw on learnings about how system structures and ways of working lead to the disparities in access, experience and quality of health services outcomes that have been reported for decades. It is an honour to bring together a group of experienced Pacific health experts to work as part of the Transition Unit, alongside Pacific health leadership at the Ministry of Health and the Ministry for Pacific Peoples, while also supporting the development of our future Pacific health leadership. The goal of the health system reforms is a good one, our work now is on making sure the implementation supports enduring and sustainable health system changes, that delivers for Pacific people."

Progressing community wellbeing networks

The Transition Unit is carrying out an extensive information gathering exercise to capture current practice across the country that will help to shape future local wellbeing networks, also known as localities.

PHOs and DHBs have been asked to share examples of initiatives that are underway, planned, or that have previously been trialed, that can provide learning to support local wellbeing network development.

This discovery phase aims to identify initiatives that have been tried or are already in place that demonstrate the key features of planned local wellbeing networks:

- locality planning and needs assessment
- partnership with Māori
- involvement of Pacific providers
- community engagement
- cross-sectoral working
- integrated models of care or provider integration
- alliance arrangements
- data sharing, intelligence and governance.

More detailed discussions will follow with individual PHOs, DHBs, iwi / Māori providers and other key stakeholder groups to gain insight into good practice and emerging ideas and innovation, as well as those things that haven't worked so well.

This information gathering exercise will be followed by development of a process to select prototypes of local wellbeing networks which are expected to go live in early 2022.

Chief Executive's Report

This report covers the period 24 June to 21 July 2021.

1. Chief Executive's Overview

Industrial Action

Notices have been received for Nurses, Midwives and Healthcare Assistants, of a full withdrawal of labour action in a series of strikes. These were notified to commence 29 and 30 July for 24 hours from 1100 to 1100, 19 August for 8 hours 1100 to 1900 and 9 and 10 September for 24 hours. Contingency planning and preparation of Life Preserving Services (LPS) has been a core focus of our senior management teams until Friday 16th July at which point the NZNO withdrew the strike notice to enable consideration of a further offer from the national DHBs.

Cross Sector Wellbeing Partnerships

A significant 'first' occurred in July with the coming together of the Waiariki regional leaders and Opotiki District Council. Facilitated from discussions between the DHB CEO, Public Sector Service lead and the Opotiki Mayor, this was the first time ever that we have been a key party in a whole state sector partnership exploration focussed on the wellbeing of a specific locality.

The session was invaluable to all entities in gaining a shared understanding of the significant needs across the Opotiki district, the major infrastructure investments underway and the anticipated population growth with the associated housing and other needs that will imminently arise.

For the DHB specifically, the workshop adds impetus to the pressing need for the provision of a new Integrated Health Centre for the District and something that needs a progression route this year because the lead time for this is longer than the imminent growth spurt. With Whakatane Hospital demand growing rapidly it will be imperative to serve the far Eastern Bay with community based services as much as we are able to.

Further discussions are planned on these matters with Whakatohea over coming weeks.

LifeCurve™

The Board has sought a number of clarifications around the current development of the LifeCurve model hence this update.

Implementation is going well with over 650 registered users. The contract, BOPDHB owned IP and shared IP, Data Sharing Agreements have been confirmed during July. The Cloud Service Endorsement has been processed and signed off. We have confirmation that BOPDHB will be the distribution partner for distribution of LifeCurve™ to the public health sector in New Zealand and this partnership will be confirmed through a separate Memorandum of Understanding that is currently being developed. The BOPDHB, as the LifeCurve™ NZ distribution partner, will have access to the non PID (Personally Identifiable Data) for all users of the LifeCurve™ in NZ. The non PID includes LifeCurve™ positions, ethnicity, postcode, age and gender which will help us to understand ageing in NZ through the New Zealand National Research Partnership that is being established. Through this research partnership the Clinical School, ADL Smartcare Limited and the University of Auckland will have access to a LifeCurve™ user's anonymised data to promote healthy ageing research. This research partnership will include Māori representation in the governance structure and future research will support health equity and be subject to Māori review. Other DHBs are very excited to start using the LifeCurve™ and will have access to their own data through a secure staff access website by area.

Increased incidence of Respiratory Syncytial Virus (RSV)– Winter 2021

Over the past few weeks there has been a dramatic rise in cases of RSV with a subsequent impact on hospital services. The descriptive charts which follow show the sudden increase relative to 2020 and 2019. 2020 is hard to find as there were almost no cases of flu or RSV.



The data for these charts reflects positive results from swabs taken, predominantly, in either Tauranga or Whakatane ED departments, with a smaller number from the paediatric and other wards. Not every positive swab reflects an admission necessarily. The work required to match those two data points exactly would be quite involved so has not been done. The charts DO reflect the impact on and busyness of ED/wards in that the patients presented to those departments, requiring assessment, time, and care.

While it is not possible to pinpoint any single reason for this increase, factors which have contributed to it include there being no RSV in 2020, and so a cohort of toddlers and children did not acquire RSV, therefore no immunity was built. Similarly, mothers that may have had RSV (but did not) and been able to pass on antibodies to their baby, could not if they did not get the infection. It is likely that this year we are, in effect, seeing both the 2020 and 2021 season of RSV.

With a larger number of susceptible children with the infection, subsequent spread is likely to be greater as there are more children to transmit RSV.

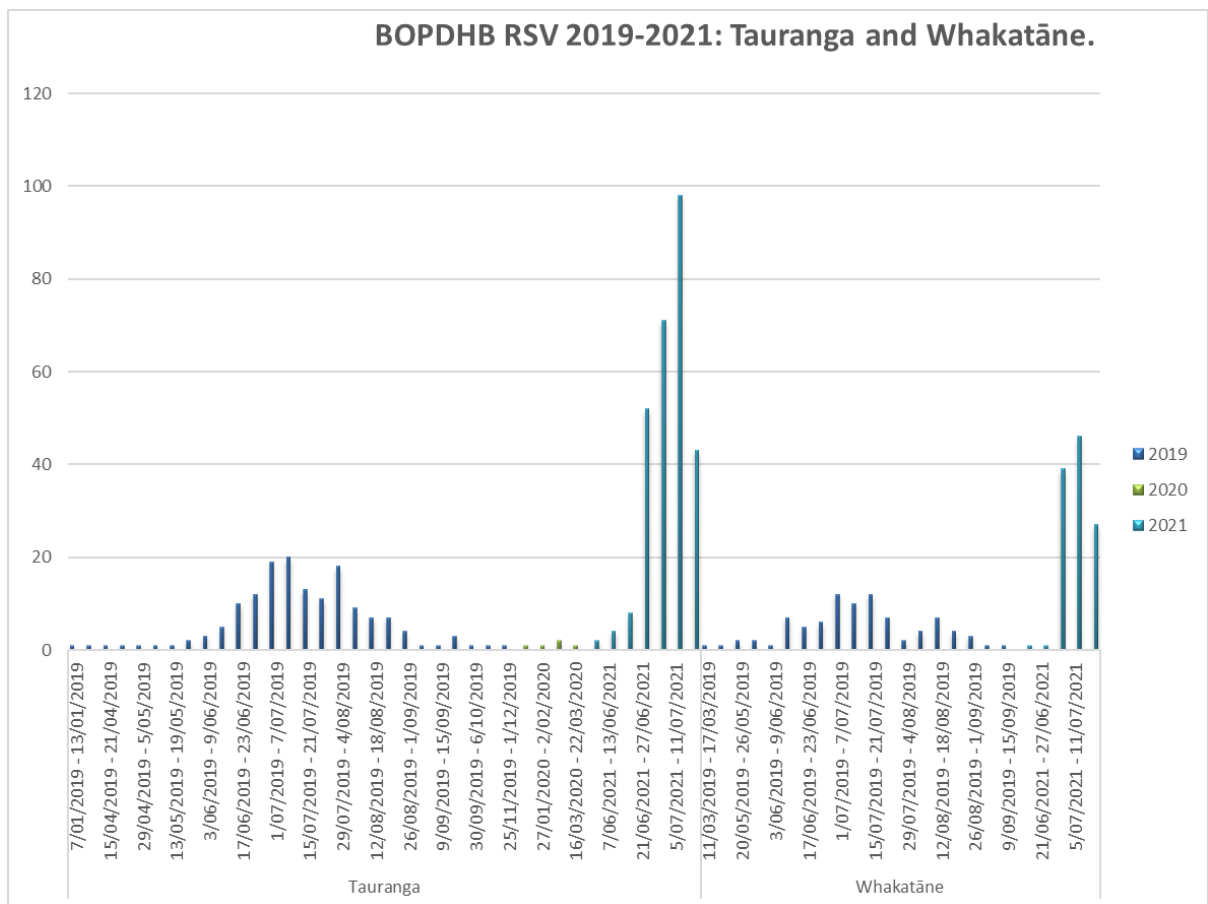


Figure 1: RSV Incidence by week

Figure 2 shows the combined infections RSV, and the A & B strains of flu. Notable is the weekly increase of RSV alone has been similar to, or higher than the 2019 *combined* weekly incidence for both infections and strains over the past 4 weeks.



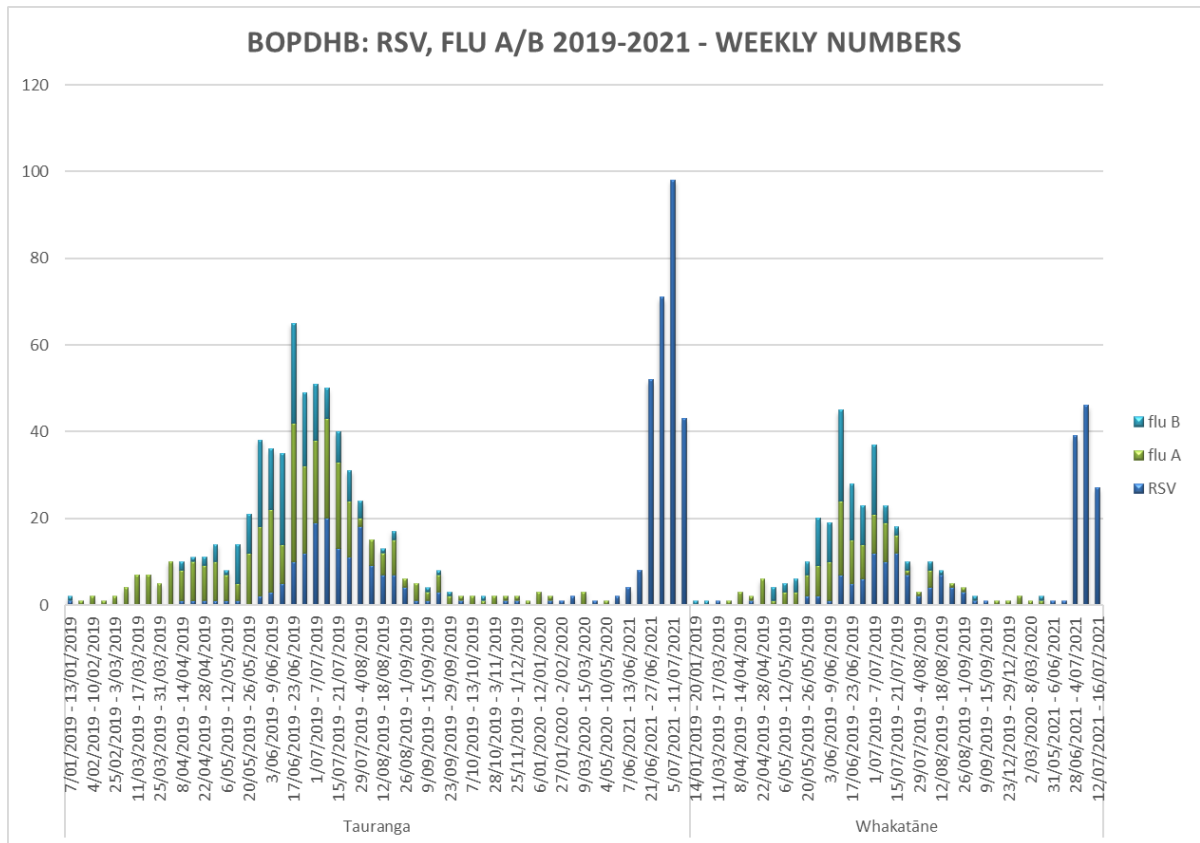
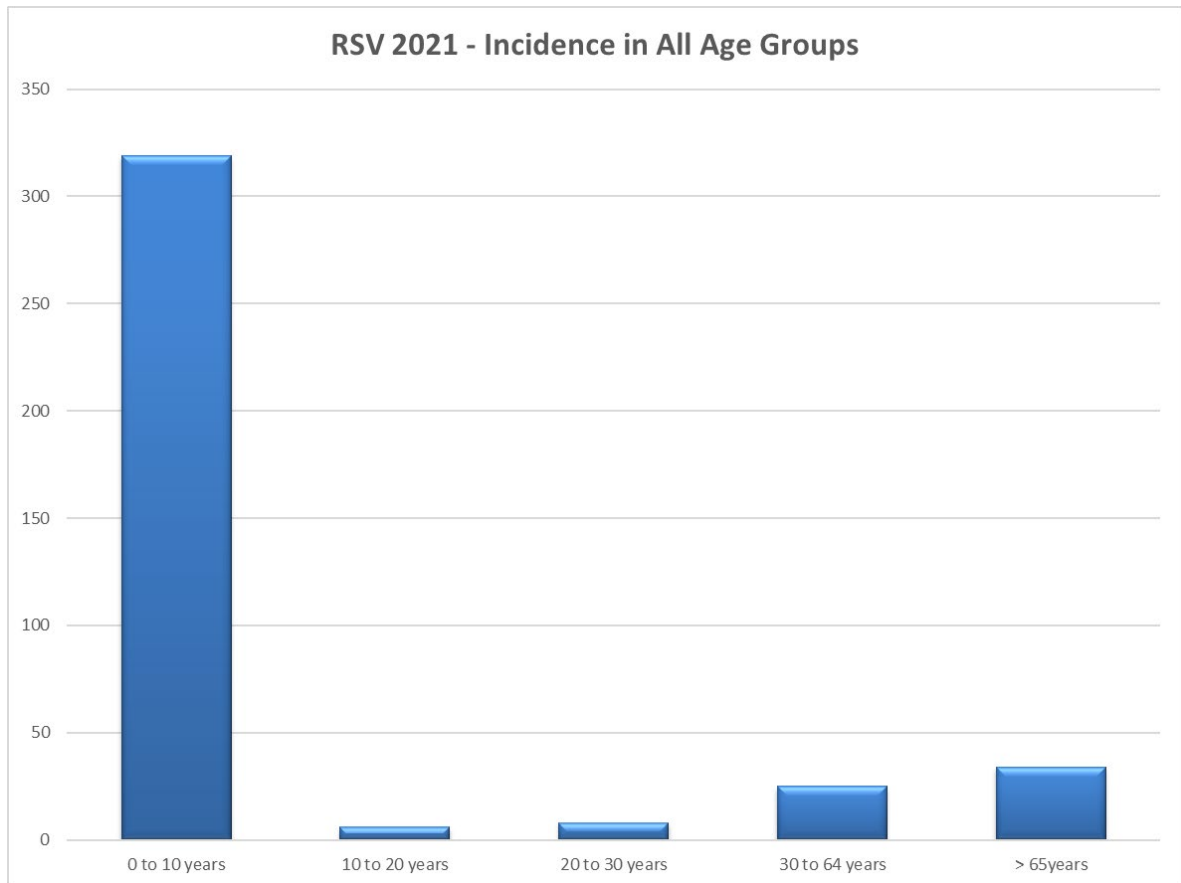
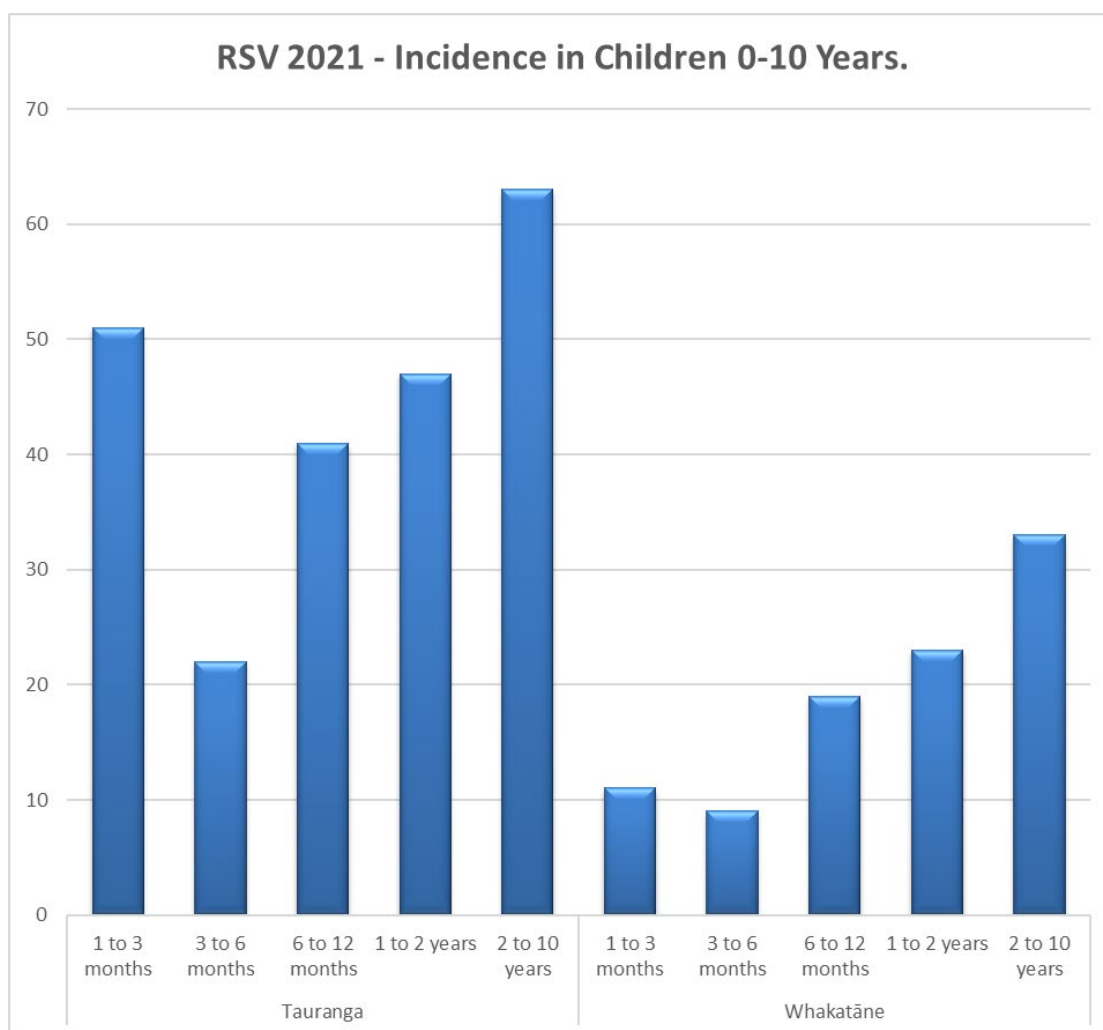


Figure 2: RSV and Influenza (A & B strains) by week

Figure 3 shows the incidence across the lifespan by age, with Figure 4 expanding the 0–10-year age group.





2. COVID Vaccination Programme

Board Members note: the latest COVID vaccination data will be provided at the Board meeting.

The shipment of COVID vaccine announcement in the week beginning 5 July was welcomed, enabling bookings to remain in place and the wider rollout strategy to be ramped up. General Practice and Pharmacy rollout are being planned. Age-band management of the process, an approach used overseas, will guide the booking and service delivery strategy for the wider population rollout.

From an equity perspective, 11 of the 18 vaccination services are Iwi led. Community response has been very favorable, albeit temporarily compromised slightly by vaccine supply issues earlier this month. Contracting for services in this area has been flexible in support of a more holistic approach. Providers are actively using the 20 minute observation period as an opportunity to identify and support health needs and concerns.

The DHB remains confident of delivering on its commitment to keep our community safe through the successful delivery of the vaccination programme.

Toi Te Ora continues to contribute to the COVID-19 vaccination roll out, providing public health, analytical and communications expertise and skills. Examples include: participating in the Clinical Advisory Group; providing weekly vaccination uptake analyses; input to communications products including website development, print, social media, and online messaging; providing community presentations and Q&A sessions particularly to marae groups. Toi Te Ora has assisted with technological improvements for the Bay of Plenty(BOP) DHB vaccine booking centre and improvements to customer service and experience.

Feedback from customers at our vaccine centres has been extremely positive in the media and as assessed through the use of our 'Happy or Not' feedback devices placed at each main centre; these are currently evidencing a 97% satisfaction level.

Vaccine Roll Out

Both hospital-based vaccination sites closed as planned in the last week of June. Vaccination continues as the COVID priority with community-based sites open in Whakatane and Tauranga as well as in Katikati and communities in the Eastern Bay with a total of 16 sites. The focus is Groups 1, 2, and 3.

COVID Finance, Procurement, Supply Chain (FPSC)

Control of the supply chain/logistics now sits with the Ministry of Health. While concerns over logistics remain, we have greater comfort as a result of a more settled process and the allocation of additional resource which has allowed focus to move to improving controls and procedures. Costs continue to be tracked, monitored and invoiced.

Communications Services Support

- The communications team have posted information on websites, OnePlace, social media, replied to media questions and provided scripts for Telephonists.
- A new web site for the COVID-19 vaccinations was launched in mid-June. The design and support of the website is via the Digital Comms team while content is being managed by the COVID Comms team.
- Internal communications for COVID-19 continue with One Place intranet articles, newsletters, and inserts in the CEO newsletter.
- The COVID-19 vaccination printed materials ordering system is working well with direct ordering through Oracle. GPs, pharmacies, ARC, and other community-based health care sectors are using the system.

Response and Resurgence Planning

The BOP DHB COVID management framework identifies two operational areas: Community Based Health Services and the Provider Arm/Integrated Operations Centre. The EOC is reviewing key roles to ensure the ability to quickly respond in the event of an outbreak.

- June 23rd saw a notification of two close contacts in Tauranga related to a positive case identified as part of the Sydney outbreak. The BOPDHB EOC escalated the response to support Toi Te Ora Public Health Service and increase testing availability for those who meet the criteria for testing based on Ministry of Health recommendations. A Community Testing Centre was stood up at Baypark opening at 0900 on 24th June. The site closed on Monday 28th June. Support was provided to Toi Te Ora from Public Health Nurses to do contact tracing. Vaccination continued as planned.
- Testing continues in the community in primary care – planning for resurgence continues with likely stand up of Bay Park as a CBAC if the region went to Level 3.
- Resurgence review and planning is continuing within the Provider Arm with the lead being taken by the Integrated Operations Centre.
- The Ministry of Health has issued specifications for the position of Community MIQ Service Coordination Manager to be recruited at each DHB with recruitment to begin shortly.

Communications

With the decision of Lakes DHB to manage their own COVID internet presence, the current shared BOP COVID-19 Health Response website will be transitioned onto the BOPDHB website with a specific focus on COVID-19 resurgence information.

3. Communications, News and Events

3.1 Communications / Digital Communications

Digital Communications

Bay Navigator (BOPDHB clinical resource website) is undergoing a refresh along with being moved to the new website framework and management, as clinical Health Pathways are still merging across the Region our region focused pathways will remain on this resource.



As improvements continue to the bopdhb.health.nz refreshed website it has been encouraging that departments are wanting to utilise the functions. Improvements have also been made to the way we connect our social media stories to the website(s) pānui.

Social Media - Facebook top posts

Message	Type	Posted	Total Reach	Paid Reach	Engaged Users	Negative Feedback
Bubble machines, projector lamps, an infinity mirror, a tactile caterpillar, a weighted blanket and fairy lights all make the first sensory room for Tauranga Hospital's Childrens Ward an amazing space for children who need some time out.	Photo	22/06/21	17954	0	1208	0
COVID-19 vaccines are being rolled out across the Bay of Plenty and some extra vaccine appointments have become available for those eligible.	Photo	31/05/21	6235	5138	519	0
BOPDHB Psychiatrist Dr Mark Lawrence was recently elected as a Director of the Royal Australia and New Zealand College of Psychiatrists (RANZCP).	Link	28/06/21	2328	0	539	0

Twitter

28 day summary with change over previous period



3.2 Events

The Whakatāne Hospital Careers Expo was held on 1 July. Over sixty students attended and were invited from Tarawera College; Opotiki College; Edgecumbe College; Trident High School; Whakatāne High School and Te Kura o Te Whānau-a-Apanui. As well as our own staff taking the time to share their expertise with the rangatahi, this year a group of tertiary students studying dentistry, medicine, pharmacy audiology and population health came along. The group from Students of Rural Health Aotearoa (SoRHA) are touring rural schools promoting health careers to our young people.

The Health Careers Expo was organised by BOPDHB Education Manager Christine Busby in partnership with Innovation and Improvement Project Manager Nikki Frost and Te Pare ō Toi Te Pou Kokiri Te Reinga Kingi-Chase with support from RHIP Co-ordinator Matt Sinton, who initiated this inaugural event to assist with showcasing health careers to secondary students. This was a great success with numerous students saying they would now pursue health careers such as nursing.

3.3 Visits

- Professor Nagire Kerse will be visiting Tauranga this month as the first Professor sponsored by the BOP Clinical Campus Charitable Trust. This inaugural event will include Grand Rounds at both hospitals, presentations with the University of Waikato Lecture series, Tauranga City Council, Aged Care providers and community groups with an interest

Professor Kerse is a well known researcher with a large number of publications and research grants. She is recognised as an international expert in interrelated areas of research, and currently leads several research teams, each engaged in a number of research projects.

- The Ministry of Health Deputy Director General and team members visited this month to work together through the DHB's current and future campus needs as part of our campus planning work. All of our current and planned infrastructure investments were reviewed and explored ensuring that the MOH have a comprehensive overview as part of their Health Reforms information collection process.

We received excellent guidance on the work the DHB should prioritise and progress during the coming year of transition.

4. Our People

4.1 Senior Management Changes

With the resignation of the Executive Director People and Culture, effective end of June, a replacement for the role has been appointed. Tess Richardson, who recently joined the DHB as leader of the Business Partners team within People & Capability is to be seconded into the role of Executive Director through to June 30, 2022. Tess has significant experience in human resources within the health sector, as both a union advocate and HR practitioner, and was previously the Director of HR Shared Services at Waikato DHB.

Health and Safety Team

- A new Health & Safety Manager has been appointed following Linda Brown's resignation earlier in the year. Tom Miranda has significant experience within the Health and Safety field and commenced in the role on 5 July.
- Recruitment for a Health & Safety Advisor based in Whakatane continues – recent attempts to recruit have not resulted in an appropriate appointment. In the meantime, the DHB will continue to use contracted H&S resource.

4.2 Education and Training

BOPDHB is working with Mahana Culture to pilot some Communities of Practice for people who want to continue the conversations after the full day Cultural Intelligence workshop. Approximately 40% of attendees expressed interest in being part of a focus group to evaluate the workshop, and one of the most common pieces of feedback is "how do we keep these conversations happening?" It is expected that the pilot groups will start in August, and it will be a 90 minute discussion once a month for six months.

The Education Manager and Pou Tikanga have been working together to arrange presentation of Te Tiriti o Waitangi training to WBOP PHO and EBOP PHA on a large scale. This has been well received by the organisations and is an effective way of getting a large number of people through the very popular training.

BOPDHB is also working closely with Te Whare Wānanga o Awanuiārangi to deliver another round of the Level 3 New Zealand Certificate Te Pōkaitahi Reo at Whakatāne.

Meetings that Matter

The Education Manager has participated in the Alicia McKay webinar series – Meetings that Matter. The content was exceptional. Work will be undertaken to develop some material and potential workshops for BOPDHB. A number of meetings could be improved with some simple adjustments and clarifying purpose etc.

Public Health Workforce Development

Toi Te Ora met with Priority One, Ara Rau and Toi Kai Rawa, to discuss opportunities for public health to support the strengthening of pathways for Māori into health careers. Discussions have continued and a project plan is currently being drafted. The aim is to have something in implementation before September as this is when students are making study choices for the following year.

Toi Te Ora is currently looking at processes and resources for introducing the Te Arawhiti Māori Crown Relations Capability frameworks as a tool to support the strengthening of core cultural competencies for staff.



Development of service and individual capability is a core element of Te Iti Kahurangi (Māori Health Action plan for Toi Te Ora), and aligns with expectations and workforce development priorities for Health and the wider public sector.

Perioperative Department

BOPDHB has received approval to commence a district wide advanced practice initiative for Anaesthetic Technician training. The New Zealand Medical Sciences Council has approved training of anaesthetic technicians in post-anaesthetic-care competencies. The BOPDHB programme will meet the minimum training requirements as outlined in the Council's 2018 Policy and Guidelines: Expanded Practice for Anaesthetic Technicians document. When BOPDHB commences the programme from July 2021 it will be the first public hospital to implement this formally.

NZOM Award

Chairperson of Te Puna I Rangiriri Trust, Jack Thatcher, was named a Companion of the New Zealand Order of Merit for services to Māori and education in the recent Queen's Birthday Honors list. Jack teaches the Mau Rakau programme, funded by WBOPPHO since 2005. The programme trains rangatahi Māori (youth) to become empowered and realise their potential, focusing their energies on positive self-awareness and making healthy choices.

4.3 Whakaari Recovery

Whakaari recovery actions continue with the focus on three aspects –

- WorkSafe hearings - the DHB has been providing staff with information about the hearings and with available resources to assist if staff need support,
- Coronial inquiry - documentation gathering continues. Next sitting of the inquiry is expected in September 2021.
- Staff wellbeing - the transition of the Hauora/Wellness Coordinator into an ongoing support function is being worked through. Staff have overwhelmingly indicated an interest in Psychological First Aid training - sessions are being planned for August.

5. Financial Performance

The month of June result was a \$7.5m deficit influenced by workload and a number of year-end adjustments.

Year End result is \$22.96m deficit – made up of BAU \$18.2m, Holidays Act (HAC) \$2.8m, COVID \$1.9m.

6. Bay of Plenty Integrated Healthcare

Support to Screening Services Western Bay of Plenty PHO

In the month of May 352 patients were referred for breast, cervical and CVDRA (CardioVascular Disease Risk Assessment) screening with 138 patients attending appointments during the month. Recent PHO review and development of its outreach services mean that more community based clinics will be held, both in hauora, GP clinics or community centres. A road trip in the East identified some barriers to wahine that had not been previously identified and new ways to deliver the service are being explored.

WBO PHO attended the Tauranga Tangata Festival and 24 wahine were screened as a result of this attendance. A community day in Murupara saw 20 wahine screened. Promotion of outreach services is in place on Moana radio and the opportunity to normalise conversations around breast and cervical screening has been supported with thanks.

Advance Care Planning

Shared Goals of Care is progressing. A Governance group has been formed and Kate Grimwade Medical Director of DHB has taken up the sponsorship role. From a National Health Quality & Safety Commission view Shared Goals of Care will be the overarching umbrella to which much of the commission's initiatives will sit which include Kōrero Mai, Deteriorating patient and Serious Illness Conversation Guide.



Advance Care Planning will partner with Shared Goals of Care and a more Provider Arm focus will begin to evolve. These initiatives will influence the Acute Demand space and its management plans with optimising End of Life.

Community Pharmacy

The highlight of this service is the high proportion of Māori engaging in Rheumatic Fever throat swabbing and Minor Skin Infection service.

COPD (Chronic Obstructive Pulmonary Disorder) Programme

The BOP COPD service is being reviewed to align with the new NZ COPD guidelines. An educational event is being held for local nurses from across the Bay including the Eastern Bay PHO practices. Liaison has occurred with local clinicians and input from the Eastern Bay.

Child Wellbeing

First 2000 Days/Toi Ora Mokokopuna: Well Child Tamariki Ora Quality Improvement project has started. The First 2000 Days (F2000 Days) programme has investigated what additional care is required to support women, and whānau facing social complexities during pregnancy and up to five years of age. The purpose of this mahi is to test change for early access and intervention to the Well Child Tamariki Ora (WCTO) service during the ante-natal period (pregnancy), and to ensure additional support is available for women and whānau who need it.

Earlier access to support, could positively impact the transformational outcomes BOPDHB is seeking within both child immunisation, child oral health and protection for a best start in life.

The tests of change implemented will contribute to reduced inequity of access for Māori by extending support during pregnancy and newborn years and ensure a culturally appropriate service at the right time for whānau.

7. Governance and Quality

Official Information Act Requests

BOPDHB achieved 100% compliance in the last 6 months reporting period for the first time on record.

From 1 July 2021 proactive release of OIAs on BOPDHB's website was commenced. These can be viewed within the following link [Official Information Act | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB](#)

Health Consumer Council (HCC) - Chair's Report

Key Topics:

- DHB future planning – Strategies to partner in co design initiatives
- 'Creating a system of consumer voice' - two workshops held.
- PRESS RELEASE Queen's Honours awards recognition
- Whanau & Consumer-centred Healthcare Council
- Reporting of meetings attended
- Consumer Engagement Quality and Safety Marker and current projects

The HCC has been working with the outgoing Kaewhakaheere Takawaenga a Hāpori (Person Centred Experience Lead) to explore "creating a system of consumer voice" with a focus on the future for consumer/community voice within the local health system as represented by the BOPDHB, and in anticipation of Health NZ.

The Health Consumer Council is preparing a press release to recognise recipients of awards in the 2021 New Year's and Queen's Birthday Honours who have made significant contributions to health in the Bay of Plenty. This will be sent to various news publications once agreed with Communications staff.

Clinical Governance

Refreshed reporting linking incidents, risks, complaint data and external information from Patient Experience Survey (PES), Health Round Table (HRT) and Health Quality and Safety Council (HQSC) is being presented to Clinical Governance monthly. This allows improved understanding of trends and problem areas to support targeting resource and improvement activities.



All reporting focuses heavily on outcomes for Maori in particular. Analysis of this combined data from individual ward, cluster and department level is starting to give the CGC (Clinical Governance Group) a joined-up view of the clinical quality of the organisation's efforts and will allow more informed feedback to come to the Board and Executive.





SIX MONTHLY BOARD ATTENDANCE REPORT 1 January – 30 June 2021

SUBMITTED TO:

Board Meeting

28 July 2021

Prepared by: Maxine Griffiths, Board Secretariat

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

Submitted by: Pete Chandler, Chief Executive

RECOMMENDATION:

That the Board notes the information

Board Members	Board		FARM		Te Rapa Hou (Combined Committee)	
	A = Attended		DNA = Did not Attend			
	A	DNA	A	DNA	A	DNA
Mark Arundel	6	0	6	0	5	0
Marion Guy	6	0	6	0	5	0
Ron Scott	6	0	6	0	5	0
Geoff Esterman	6	0	6	0	5	0
Bev Edlin	6	0	6	0	5	0
Hori Ahomiro	4	2			4	1
Ian Finch	6	0	6	0	5	0
Leonie Simpson	5	1			3	2
Sharon Shea ***	6	0	5	1	4	1
Arihia Tuoro	5	1	5	1	5	0
Wayne Williams **	3	0	2	0		
Linda Steel (Runanga Rep) *	5	0				
Total number of scheduled meetings	6		6		5	

* Commenced 24.2.21

** Commenced 27.4.21

*** Ex-officio – Te Rapa Hou Combined Committee

