



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Agenda

Wednesday, 29 September 2021

11.00 am

via ZOOM

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

Principles

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

Transformational Care

Priorities

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

Business Management

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

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

Enablers

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

Drivers

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

A connected system

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

Equitable healthcare

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

Healthy, thriving workforce

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

Safer and compassionate care

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

The Quality Safety Markers

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

Transformations

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

Transformations

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

Central Diagram: A circular diagram with 'PRIORITY POPULATIONS' at the top, 'PATIENT AND FAMILY CENTRED CARE - WHAKAMAUA' in the center, and 'LIVE WELL', 'STAY WELL', and 'GET WELL' around the perimeter. The center also lists 'Prevention', 'Diagnosis', 'Treatment', and 'Recovery'.

Board Agreed Transformation Priorities

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

Top 12: Executive Spotlight

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

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

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

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

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

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

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

[Link to Actions and Evidence](#)



Item No.	Item	Page
	<p>Karakia</p> <p>Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te pō ko tenei te awatea Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!</p>	
1	Apologies	
2	Interests Register	6
3	<p>Minutes</p> <p>3.1 <u>Board Meeting – 25.8.21</u> <u>Matters Arising</u></p>	11 16
PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES		
PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY		
4	<p>Items for Discussion</p> <p>4.1 <u>Chief Executive’s Report</u></p>	17
5	<p>Items for Noting</p> <p>5.1 <u>Correspondence</u></p> <ul style="list-style-type: none"> • Letter from DDG Health System Improvement and Innovation re Maternity Quality and Safety programme Annual Report, dated 10 September 2021 <p>5.2 <u>Board Work Plan</u></p>	33 36



Item No.	Item	Page
6	General Business	
7	<p>Resolution to Exclude the Public</p> <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.</p>	
8	Next Meeting – Wednesday 27 October 2021.	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated September 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
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	Consultant	Mental Health Outcomes Framework		May 2020



Commission			LOW	
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
Whakauae Research – Translation, Uptake and Impact (TUI) Advisory Group	Member	Research Programme for Maori Health and Development	LOW	September 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
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
Third Age Health Services	Independent Director	Primary Care Providers to ARC	MEDIUM	10/6/2021
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020





BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes

Bay of Plenty District Health Board

Via ZOOM

Date: Wednesday 25 August 2021 at 2.00 pm

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

Attendees: Pete Chandler (Chief Executive), Bronwyn Anstis (Acting Chief Operating Officer), Mike Agnew (Acting GM Planning & Funding and Population Health), Marama Tauranga (Manukura), Debbie Brown (Senior Advisor Governance & Quality), Sarah Mitchell (Executive Director, Allied Health, Technical and Scientific), Tess Richardson, (Exec Director, People & Capability), Julie Robinson, (Director of Nursing), Luke Bradford (Chief Medical Officer) Naila Naseem (Consultant), Owen Wallace, (GM Corporate Services – 3.30 pm)

Item No.	Item	Action
	Karakia	
1	<p>Apologies</p> <p>An apology was received from Mariana Hudson</p> <p>Resolved that the apology from M Hudson be accepted.</p> <p style="text-align: right;">Moved: M Arundel Seconded: B Edlin</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 conflicts were advised. Board Members W Williams and R Scott had emailed changes to the Board Secretariat.</p>	
3	<p>Minutes</p> <p>3.1 <u>Minutes of Board meeting – 28.7.21</u></p> <p>Resolved that the Board receives the minutes of the meeting held on 28 July 2021 and confirms as a true and correct record.</p> <p style="text-align: right;">Moved: R Scott Seconded: W Williams</p> <p>3.2 <u>Matters Arising</u></p> <p>All Matter Arising were in progress or completed as indicated.</p>	
Part A: Future Focus and Key Strategic Issues		
4	<p>Presentation</p> <p>4.1 <u>E3 Update – Mahia te Mahi</u></p> <p>Fiona Burns, Programme Manager, Service Improvement Frances Te Kani, Toi Tiaki Ki Whakatane Site Lead, Te Pare o Toi Karen Smith, EBOP Locality Lead, Business Manager Regional Community Services/Woman Child and Family</p>	

Item No.	Item	Action
	<p>The presentation is a demonstration of the successes over the last 12 months.</p> <p>Examples of progress with key highlights from the lists mentioned within the 5 Pou:</p> <p><i>Mana Atua - increasing cultural competency</i></p> <ul style="list-style-type: none"> • Waiariki Whanau Mentoring relating to gang related incidences. <p><i>Mana Tupuna which looks at Rewards and Recognition</i></p> <ul style="list-style-type: none"> • Appointment of a Hauora Co-ordinator for Strength and Resilience and development and the creation of a Staff Wellness Room. <p><i>Mana Tangata – Delivery of Clinical Services</i></p> <ul style="list-style-type: none"> • COTS rollout. <p><i>Mana Whenua – locally led solutions</i></p> <ul style="list-style-type: none"> • Cellulitis Pathway which has been a success story. Data produced, shows declined length of stay by 283 bed days. <p><i>Mana Moana – “Growing our Own”.</i></p> <ul style="list-style-type: none"> • Success with the Eastern Bay Health Careers Expo and the Rural Hospital Medicine programme as well as the RHIP Programme with Auckland university. <p>The Pathway ahead indicates more initiatives, concentrating on a Sustainable Workforce, Integrated Care and Safe Care. Some are already underway, some are in their infancy.</p> <p>Query was raised on the three E’s. This was a naming competition. The three Es are Eastern Bay, Everyone, Excellence</p> <p>Comment was made of the possibility of utilising Tupu Toa who are active in Auckland but may be a possibility for Whakatane in the form of Business Analysts and other spheres. CEO advised that collaborative initiatives are exactly what the programme is seeking.</p> <p>The Board thanked the presenters for their informative presentation. It is extremely pleasing to hear of the great mahi being done at Whakatane.</p> <p>Board Chair requested a 1 -2 pager case study of initiatives that are contributing to equity.</p>	<p>Acting COO/ Manukura</p>
5	<p>Items for Decision</p> <p>5.1 <u>Health System indicators</u></p> <p>The MOH last week issued their top 12 indicators. Alignment has been made with BOPDHB’s top 12 and where there were overlaps or duplications, adjustments have been made. For reporting purposes, they should align.</p> <p>Considerations:</p> <p>Query was raised on releasing in August 2021, with the life of DHBs ending in July 2022 and whether the indicators would flow through to the transition entities. It is unsure why release is now but they will carry over.</p> <p>Query was raised with regard to Workforce. There is an HR dashboard which is being developed towards monitoring staff wellbeing and any downward trends.</p>	



Item No.	Item	Action
	<p>Clarification was requested on what “move to” means and whether the reporting moves away from historical. Reporting can be made on the MOH ones as well as on what is required for BOPDHB purposes.</p> <p>Comment was made that there is a lack of specificity regarding Maori on MOH indicators. If the workforce one is moved, heed is not being paid to BOPDHB’s policy on Maori and equity. It is considered the Maori workforce indicator should be maintained. The majority of the indicators have a strong equity focus within them.</p> <p>Query was raised on how the percentage of people who would get adequate access would be measured. This is carried out by survey.</p> <p>Query was also raised that the organisation’s No. 1 duty is to the health of the population and whether any of the MOH indicators will be better at achieving than the KPIs we have been reporting on. There is a cost in time or money in collecting the data. BOPDHB is required to do it, however the indicators for the health of our population should be priority rather than completely aligning to what will be a national requirement. If national is required, we should do both.</p> <p>CEO advised that two different dashboards is trying to be averted. The paper details a blended exercise. Manukura advised of funding to continue the programmes in Te Toi Ahorangi (TTA) which has an outcomes indicator framework around our community. This should ensure nothing is lost.</p> <p>The Board requested that the Maori Workforce lens be included.</p> <p>Resolved That subject to the above, the Board approves the recommendations to align both sets of indicators into an inclusive set of BOP KPIs as detailed in the slide pack attached.</p> <p style="text-align: right;">Moved: M Arundel Seconded: M Guy</p>	
	Part B: Monitoring, Compliance and Business as Usual Delivery	
6	<p>Items for Noting</p> <p>6.1 <u>Chief Executive’s Report</u></p> <p>The Chief Executive highlighted:</p> <p>More items have been moved to the supplementary report as BAU and the main report now includes more topical items or those to be highlighted at governance level.</p> <p><i>Healthy Homes</i> - If Healthy Homes can be progressed this will make a huge difference and the work undertaken is to be commended.</p> <p><i>COVID</i> - Acknowledgement was made of the BOPDHB Team delivering current state and other multiple functions with regard to COVID. The Board Chair requested thanks be conveyed to the team.</p> <p>6.2 <u>Toi Ora and Workforce Wellbeing</u></p> <p>The report was provided to give the Board a sense of direction of travel in taking a different approach and evolving our culture from the ground up with a focus on wellbeing. There has been significant activity in this area over recent months with a range of new support mechanisms both for frontline staff and for managers.</p>	

Item No.	Item	Action
	<p>On site counsellors were helpful to staff at a time of very significant demand on our services and free meals are now available to staff who are unable to get formal breaks away from their work area.</p> <p>The Board acknowledges and supports the work and encourages an agile approach to resourcing initiatives.</p> <p>Consideration should be given to how to extend this work to include the wider whanau.</p> <p>6.3 <u>Child Health Integrated Response Pathway (CHIRP) Project</u> The paper was taken as read.</p> <p>6.4 <u>General Business</u> There was no general business</p>	
7	<p>Items for Noting</p> <p>7.1 <u>Chief Executive Expenses</u> 7.1.1 S Everitt – 1.7.20 – 30.8.20 7.1.2 P Chandler – 31.8.20 – 30.6.21</p> <p>7.2 <u>Correspondence</u></p> <ul style="list-style-type: none"> • Communication from Health Quality & Safety Commission re Consumer • Council’s Role in the Reformed Health System, dated 13 August 2021 • Letter to Board Chair from BOPDHB Health Consumer Council, dated 12 August 2021 • Letter from Health Networks re BOPDHB Child Protection Alert System (CPAS), dated 19 July 2021 <p>7.3 <u>Board Work Plan</u> The Board noted the information.</p>	
8	<p>General Business There was no general business</p>	
9	<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 - 28.7.21 Chief Executive’s Report COVID Update Planning & Funding Services Budget 2021/22 Transition Update DHB Position on the Sale and Supply of Alcohol Act Whakatane MRI Ground Lease Correspondence</p>	



Item No.	Item	Action
	<p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed:</p> <p>Pete Chandler Owen Wallace Bronwyn Anstis Mike Agnew Sarah Mitchell Debbie Brown Marama Tauranga Naila Naseem Tess Richardson Julie Robinson Luke Bradford</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Shea Seconded: G Esterman</p>	
10	Next Meeting – Wednesday 29 September 2021	

The open section of the meeting closed at 3.00 pm

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



RUNNING LIST OF BOARD ACTIONS - Open

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe		
Date	Task	Who	By When	Status	Response
23.6.21	<p>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.</p>	Acting GMPF/ Manukura	29.9.21		<p>Deferred to September Board meeting on advice of Te Pare O Toi –</p> <p>Equity paper being discussed at Te Rapa Hou 25.8.21.</p>
25.8.21	<p>Mahia te Mahi (E3 Whakatane) Board Chair requested a 1 -2 pager case study of initiatives that are contributing to equity.</p>	Acting COO / Manukura	29.9.21		<p>Update to September Board Meeting – Completed</p>



Chief Executive's Report

This report covers the period 26 August to 22 September 2021

It is structured to reflect the Board's Strategic Priorities and the Minister's Letter of expectations, encompassing the following core elements:

- Board Priorities
 - A Connected System;
 - Equitable Healthcare;
 - Healthy, Thriving Workforce;
 - Safer and Compassionate Care
- Minister expectations - COVID19 Response and Vaccination Programme
- Transitioning to new Health Sector structures

Chief Executive's Overview

The last month has been substantially consumed by all matters relating to COVID: moving between alert levels, pushing hard on vaccination capacity, accommodating increased testing and strengthening resurgence plans, including working towards a solution to create new negative pressure area wards and ICU to supplement our existing negative pressure rooms.

Intentional developments to our COVID operating framework has also been a key focus, with a review undertaken by Dr Joe Bourne and instigating a new (interim) lead role to oversee and co-ordinate the various COVID related streams of activity and development.

Our strategic aim is to develop a COVID Directorate a BAU function that is sustainable and resilient for the longer term and less reliant on people juggling day jobs or taking several months away from their normal role to input to the COVID effort. There are currently a large number of managers and clinical staff not substantially operating in the formal roles across provider services, funder services and improvement and innovation and this is something which cannot continue due to the impact on wider organisational development and BAU activity.

The following objectives have been set for the coming months and added to our Master Workplan on Monday.com:

COVID STRATEGIC & TACTICAL PLAN 📄 ☆

CEO/Board Level Strategic and Tactical COVID Programme Objectives

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[New Task](#) ▾

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OBJECTIVE 1: ESTABLISH ROBUST OPERATING MODEL TO JUNE 2022

OBJECTIVE 2: ESTABLISH SUSTAINABLE COVID WORKFORCE

OBJECTIVE 3: ACHIEVE VACCINATION EQUITY+ FOR MAORI & PACIFIC

OBJECTIVE 4: ACHIEVE OPTIMAL COVID SAFE WORKPLACES WITHIN DHB

OBJECTIVE 5: ENSURE ROBUST BORDER CONTROLS

OBJECTIVE 6: ACTIONS FROM INCIDENTS and LEARNINGS

1. **Establish Robust Operating Model** is focused on ensuring that we have a robust and sustainable model which optimally connects the many moving parts including:
 - Operating structures and connectdness within the DHB and externally
 - Role function definitions in moving from an EOC model to a Directorate model
 - Due diligence on processes with an external lens applied
2. **Establish Sustainable COVID Workforce** is key for the reasons set out above and now has an HR lead to co-ordinate workforce planning including where we need to provide clinical or public health resources to other DHBs and includes:
 - Growing the tracing workforce to be less reiliant on public health nurses
 - Growing the unregulated vaccinator workforce towards community ambedded and owned COVID vaccination. With little active interest from Providers initially this has been a strong area of push in the last month with the DHB connecting providers with IMAC and supporting their nominated staff with training, setup and signoff
 - Growing ICU skills and capabilities so that in the event of a significant outbreak we are as well positioned as possible to provide higher end complex care. New online training was launched mid September to equip non ICU staff with core essential skills to be able to support the ICU teams if this is required
3. **Achieve Vaccination Equity** is our key local deliverable and requires significant time input where we are supporting Providers to gear up to focus on reach whilst the DHB currently primarily focusses on volume. A notable number of new Providers are now up and running and this is continuing to increase numbers of Maori and Pasifika vaccinations.

NMO, Ngai te Rangi, Poutiri Trust and Te Puna Ora o Mataatua all have mobile COVID vaccination services which are invaluable in our efforts to improve reach. A specific plan is being progressed with Te Ura Taumatua which very much includes supporting the development of their own COVID vaccinators, the establishment of a mobile service and the joint provision of community vaccination events.
4. **Achieve Optimal COVID Safe Workplaces** focusses on both our physical accommodation and the number of our workforce vaccinated. Indications are that the proportion of staff vaccinated is over 85% and continuing to increase.

Current discussion with staff and Unions includes the denotation of 'vaccinated staff only areas – initially in ICUs and renal departments where we have our most vulnerable patients. This development would also provide a degree of protection to ICU specialist staff who would be a critical resource in the event of an outbreak.
5. **Ensure Robust Border Controls** is key given that Tauranga is New Zealand's second busiest port and presents a constant border risk to our community. As new circumstances and complexities develop each different scenario provides new learnings and opportunities to strengthen processes and controls.

At the time of writing a new, alternative model of controlling container ship risk is being explored by the DHB CEO and the CEO of a commercial drone technology company, exploring the potential and feasibility of using drones between container ships anchored off Tauranga to deliver and return COVID saliva tests to risk assess the ship's crew prior to entering port. Whilst this may be financially or operationally (due to CAA rules) not achievable there is a keen interest to explore because of the significant potential. The CEO will update further at the Board meeting.
6. **Actions from Incidents and Learnings**

This is a very important aggregation of both local learnings and national experiences. The current Delta outbreak has had very significant impact on Auckland hospitals and Executives have obtained many learnings from their experiences which require different provisions for the Delta variant than those required in the original COVID strain outbreak.



In addition, we have significant learnings from the July COVID brochure issue and the passport issue which are included within the essence of our overall development plans as well as bringing some very specific change requirements.

The passport issue specifically was reviewed in detail following the issue – which was a national one – of people without NHIs being asked to provide identification at their vaccination appointment to avoid duplicate or non-aligning NHI numbers. However a number of essential learnings and change requirements were identified and have a specific series of actions allocated.

The investigation report into the COVID leaflet has been received as a first draft and provides a very in depth and comprehensive look at the issues surrounding the leaflet. As this was just received at the time of drafting this report the action plan is yet to be formed, however there are a series of well framed recommendations from the independent investigators that will form the basis of core development actions.

Appointment and Walk-in Services

BOPDHB has had a very strong approach – from the start of the vaccination programme until early September – on a booked appointment model and did not generally allow walk-ins except for specific community outreach events. This ensured that we avoided:

- Individuals from ineligible lower priority groups (during group eligibility rollout phases) ‘gaming the system’ to get vaccinated before they were eligible
- Long waiting times at our vaccination centres
- Minimal wastage of vaccine

This model has been extremely successful with very high levels of customer satisfaction (97-98% on our ‘Happy or Not’ feedback) and consistently very positive feedback in the media about our vaccination centre experiences.

However, now with rollout to all age groups of 12+ and over 80,000 people booked for forward appointments this is the time to begin to pivot and open up to walk-in appointments and begin to pursue a wider range of access options and this change has now commenced.

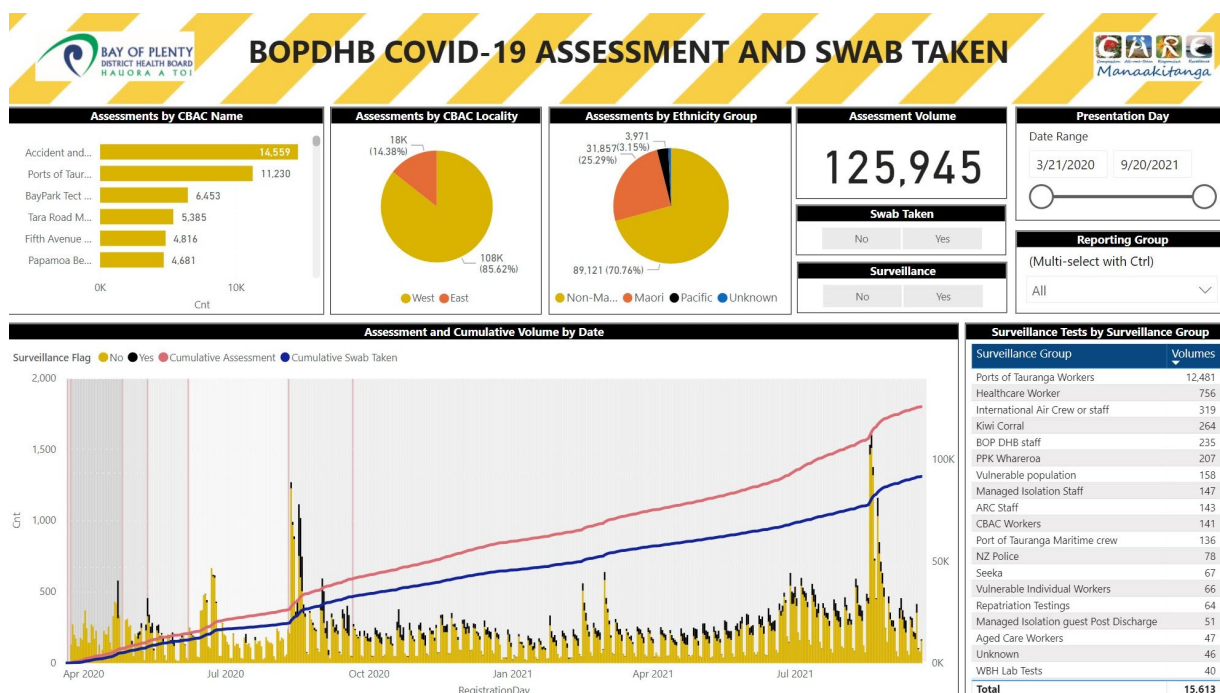
Saliva Testing

This was raised at the August Board Meeting as a question and at that time saliva testing was not supported. However, with the development of the Delta variant outbreak this has since changed and our Pathlab partners are now set up and running with providing saliva testing as currently indicated by the Ministry of Health. One of the downsides of saliva testing is that each test takes approximately five times as long as a nasopharyngeal swab in the lab and swabs are still required to validate a positive saliva test, however for convenience this is a key part of the developing COVID model.

Data intelligence and reporting

Over the last few weeks a number of new data sources from the national booking system have developed, in addition to our own BOP COVID dashboard. The latest data – because the numbers are moving so quickly – will be provided at the Board meeting. However the following trends are useful to note, firstly the swab testing trend showing the huge spike at the beginning of this Delta outbreak:





Strategic Performance Developments

(a) Equity Plan Progression

The Te Manawa Taki final Regional Equity Plan for this year was released in September and the specific actions are currently being incorporated into a one pager equity plan overview, also including:

- Key Te Toi Ahorangi workstreams for this year
- Training and cultural support actions
- Clinical equity developments, and,
- Merging equity focused components of the 13 KPIs

(b) Master Workplan

After much work over recent months we finally have the first ever consolidated workplan of annual plan and other development activity for this year. This masterlist has been aligned to the 13 spotlight KPIs, equity drivers, Minister's expectations and key internal groupings on our strategic one-pager. In addition, new processes are now in place to review new change activity proposals to ensure they align, and do not conflict with, with our transition prioritisation principles and available resource.

The masterlist list includes owners and the ability to formalise delivery timelines – all housed within Monday.com.

The Executive will now be working with workstream leads to ensure clarity on highest priority activities for this year and to implement delivery performance management mechanisms are in place to drive delivery – noting that a number of our key change people are currently drafted into the COVID frontline and so it is key to extract as soon as we possibly can.

The significance of this development should not be underestimated and it provides an agile way of driving workstreams, with optimal visibility and minimal staff resource to manage as a tool which will serve the teams very well.

These final performance infrastructure developments, once complete, conclude the plan embarked on at the end of last year:

PERFORMANCE INFRASTRUCTURE		Person	Status
FINALISE CEO KPIs and FEED INTO WORKSTREAMS		PC	Done
STRATEGIC ONE-PAGER		PC	Done
2021 DELIVERABLES CALENDAR		PC	Done
FINANCIAL STORY ONE-PAGER		PC	Done
TOP 12 DRIVING KPIs		NN	Done
NEW BOARD PERFORMANCE PACK		NN	Done
BOARD PAPER STRUCTURE		NN	Done
IMPLEMENTATION OF MONDAY.COM		KM	Done
ESTABLISH TRANSFORMATION/TRANSITION HUB		PC	Done
DHB CEO SCORECARD			Done
COLLATE MASTER WORKSTREAM LIST, HDR CROSS-CHECK		SL	Done
INTERNAL PERFORMANCE REVIEW PROCESSES		PC	Working on it
EQUITY DASHBAORD		PC	Working on it

State Sector Services Partnerships

The recent Delta outbreak has continued to strengthen intersectoral relationships across the Wairariki leadership group which is developing extremely well with a shared sense of our collective responsibility for improving wellbeing. This developing relationship has enabled a range of new, shared responses to work in partnership with communities, such as the developing place-based partnerships in Opotiki and Turangi (under Lakes DHB), rapid response to community needs during COVID, along with an agreed set of specific joint leadership focus areas:

- Toi ora Zones
- Location and co-ordinated approach to the provision of food banks across Te Moana a Toi
- Partnering on mental health and addictions strategy
- Partnering on child wellbeing developments across agencies

In addition, new sub-opportunities are arising regularly as the SSC partners learn about each others' focus, priorities and mutually enabling needs. Because of the value that is developing, meetings have moved from quarterly, to monthly and now currently fortnightly and we understand this is becoming a national model of excellence in cross sector working.

Management will keep the Board updated on monthly developments.

1. COVID19 Response and Vaccination Operations

1.1 COVID – Emergency Response

On August 17th the EOC escalated the COVID-19 response in support of a community case identified based in Auckland but who had visited the Coromandel Township. Situation Reports were issued daily with the most up to date information. The BOPDHB continues to operate within a unified control framework with Te Pare ō Toi, Toi Te Ora and Lakes DHB. This supports coordination and collaboration across the organisation.

The BOPDHB COVID management framework continues with two operational areas: Community Based Health Services and the Provider Arm/Integrated Operations Centre.

The Emergency Planning Team is supporting the resurgence in the EOC. The Emergency Planning Coordinator is working in the welfare space primarily within the community sphere. The Emergency Planning Administration Support is working as the EOC Manager and supporting functional areas not currently staffed. The Emergency Planning Team Leader is working in the Planning/Intel role and Liaison to Emergency Services and Civil Defence.

Divisional Support for providers during Level 4 was a credit to the team in August. E-forums were quickly established and maintained and much appreciated by Providers as effective platforms for discussing and working through issues as and when they arose.

The various sectors activated their Level change response plans. Impact on service continuity was minimal. This was nowhere more apparent and important than in the Rheumatic Fever testing and management space which was affected by an increased incidence during last year's lockdown. This year there has been no such trend.

The Bay of Plenty's first drive –thru vaccination centre opened at the Medical Hub in Opotiki on Friday 20th August with Whakatōhea Health Centre staff offering COVID-19 vaccinations on behalf of Bay of Plenty District Health Board. The Whakatōhea Health Centre has been administering the COVID-19 vaccine every Tuesday and Friday since 27 July 2021, as part of the rollout programme.

The BOPDHB collaborated with vaccination providers and the residents of Mōtītī Island to deliver a "fly-in, drive-through" COVID-19 vaccination clinic on the island on Monday, 6 September 2021 with another visit to Mōtītī Island to administer second doses of the vaccine planned for next month.

1.2 COVID – Procurement & Supply Chain

The Supply Chain and Procurement teams are managing PPE and other stocks well with constant monitoring and rotation of stocks as required. The team is well versed in managing any stock shortage issues and proactively plan for such events by ensuring adequate stock holdings and understanding what alternatives are available.

2 Bay of Plenty Health System Performance

2.1 Top 10 KPIs Sweet 16

At the last Board meeting, management presented a proposed blending of the local spotlight KPI's that have been worked on this year and the new ministry indicators which have significant overlap and fit well together. Board members requested that we include our Maori workforce priority and some further tidying up has been done to ensure optimal alignment of text so that we can now finalise and align the change and development workstream activity.

Given that the new indicators need to be reported from December this year. the work that we have done over recent months puts us in a very good place given the extent of alignment of focus.

A final draft table which brings these together is included as part of our Board and Executive finalization process:



Priorities with corresponding SWEET Indicators

Priorities	Key Performance Indicators			
Improving wellbeing through prevention	Ambulatory sensitive hospitalisations for adults (age range 45-64)	**Participation in the bowel screening programme		
Better primary health care	**People report they can get primary care when they need it	**People report being involved in the decisions about their care and treatment		
Improving child wellbeing	Immunisation rates for children at 24- months	Ambulatory sensitive hospitalisations for children (age range 0-4)	*DNA rates for children (between 0-17 years)	
Strong and equitable public health system	Acute hospital bed day rate	Access to planned care	*Management of acute presentations	*Extended hospital stays
Improving mental wellbeing	**Under 25s able to access specialist mental health services within three weeks of referral	Access to primary mental health and addiction services		
Develop the Māori workforce	*Māori workforce representation proportionate to local population			
Financially sustainable health system	**Annual surplus/deficit at financial year end	**Variance between planned budget and year end actuals		

*transferred from Top 12 KPI list
**added from Health System Indicators list

3. Financial Performance

August resulted in a \$0.9m deficit, \$1.0m unfavourable to budget, incl. COVID costs. YTD deficit is \$0.4m, \$3.0m favourable to budget plus COVID costs of \$1.2m. Total deficit, \$1.6m.

4. Bay of Plenty Health System Transformation

4.1 DHB Operating System: How we work

Digital Transformation

Data & Digital Programme – Strategy (Te Aute) Development

- The programme has slowed as a result of the need to divert available resources to supporting the COVID activity and at the request of the Ministry of Health Data and Digital to delay stakeholder meetings until late October. Earlier in October (6th) the Deputy Director-General Data and Digital of Ministry of Health Shayne Hunter will discuss Transition Programme with five Te Manawa Taki DHBs Digital & Data teams via webinar.
- Capital expenditure to enable a variety of digital projects has been confirmed as part of the DHB 2021/22 Capex budget approved at the August Board meeting. In September/October the Digital and Data Steering Group (DDSG) will prioritize all the potential digital projects against the available budget.

Digital Enablement

Telehealth - Integrated Video Consults Project

- The working group is progressing the project. Following detailed discovery work, the preferred option for implementation is to undertake development work internally (improving current workflow and ease of use and leveraging off other DHB learnings). This option will provide a better experience for patients and clinicians and is a more sustainable option for the DHB.
- The MOH has been informed (and is supportive) of progress and likely changes to BOPDHB's delivery approach. Project management costs are tracking higher than expected due to the additional work on detailed requirements. The project team will provide a revised budget and schedule once the preferred option has been agreed.

4.2 Integrated Healthcare

Integrated Operations Centre (IOC)

The IOC took the lead on the Provider Arm COVID-19 Delta outbreak using the Coordinated Incident Management System (CIMS) model. The IOC reported into the Emergency Operations Centre (EOC) and provided daily status updates.

The electronic whiteboard screen design and IT requirements are near completion, pending planned finalisation this month, production is planned to commence by the end of October.

The Hospital at a Glance (HAAG) screens continue to be developed. This month's update includes the development of a Services at a Glance (SAAG) screen which visualises services currently not displayed, including Allied Health, Te Pare o Toi etc. The SAAG screen will assist in informing daily operations management. Aimed completion is by the end of October.

Aimed completion of internal IT work is by mid November.

Integrated Primary Mental Health & Addiction (IPMHA) services:

The rollout of Integrated Primary Mental Health Services is well placed to meet timeframes. Governance is in place with a lead GP taking the chair role. A mixed management model involving GPs as well as PHO led employment arrangements will be trialed. Longer term implementation resource is in place across all three PHOs noting this project has an 18-month implementation timeframe.

A good showing of applicants for Health Improvement Practitioner and Health Coach roles will be interviewed September with a service go-live date of the 18th October 2021. Ministry leads appear supportive of this delivery date. The project remains on track.

BOP collaborative approach to Rheumatic Fever prevention

BOP Community Pharmacy Group (CPG) is working in partnership with iwi Hauora and the BOPDHB to provide an interim strategy for preventing rheumatic fever during the current COVID-19 delta outbreak. There is a desire to prevent a repeat of last year's steep rise in the number of acute rheumatic fever cases identified during lockdown when families had reduced access to rheumatic fever prevention services.

A new Standing Order has been stood up at selected pharmacies. It allows contactless assessment and empiric treatment of children aged 3 – 19 years and their whanau who are at higher risk of developing rheumatic fever. The service will continue to deliver education around identifying and preventing rheumatic fever and the importance of the whanau obtaining a COVID-19 swab.

Local iwi rheumatic fever service providers will be supporting the identification of tamariki with sore throats, supporting them to make (non-physical) contact with the pharmacist for the assessment and delivery of the antibiotics. The rheumatic fever kaimahi or pharmacists will also provide follow up calls and support to whanau on days 5 and 10 of treatment as per usual protocol, referring patients where needed.

Education resources and promotional messaging developed by the DHB have been distributed to pharmacies and iwi Hauora to promote the service.

The information will also be distributed widely to each groups contacts and promoted on social media and websites to drive engagement.

Childhood immunisations remain a priority during all COVID-19 Alert Levels and the Eastern Bay of Plenty Public Health Alliance (EBPHA) Outreach Immunisation Service (OIS) team are doing their best to ensure tamariki and pēpi don't miss out.

Many GPs have noticed some reluctance of families to travel to practices in COVID-19 Alert Level 4, so the team are using the Community Health 4 Kids (CH4K) mobile van to hold two clinics a month outside the EBPHA offices in Louvain Street, Whakatāne, as well as visiting consenting families who have appointments.



Oral Health Care, adolescents and (low Income) adults

During COVID level 4 lockdown the emergency dental pathway and 0800 triage system received positive feedback and minimised presentations to EDs for urgent or emergency dental problems. Local dental practices triaged their own patients instead of referring directly to BOPDHB hospital dental services.

Opotiki Physiotherapy

A weekly clinic in Te Kaha and a fortnightly COTS clinic provided in Ōpōtiki has been enabled following the recruitment of a physiotherapist in the Eastern Bay. This has been very well received by the GPs in this area with a high referral rate into this service, providing a faster and more appropriate pathway for patients with non-urgent orthopaedic conditions.

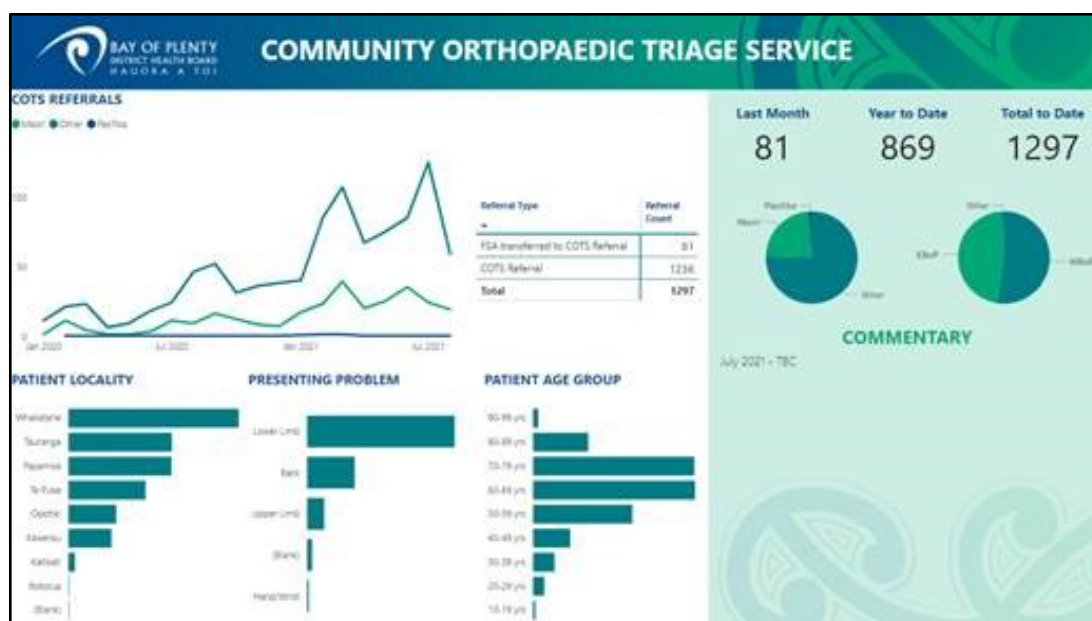
The Paediatric Orthopaedic Triage Service (POTS) pilot is ready to commence in the Western Bay. This is a new service which aims to help children with non-urgent postural variant musculoskeletal (MSK) conditions such as flat feet, knock knees, bowlegs and intoeing/out-toeing. Key desired outcomes of the clinics include, enabling appropriate access to triage, assessment, and early intervention. establishing equitable access to specific paediatric orthopaedic services across the Bay of Plenty and ensuring only those children requiring specialist orthopaedic assessments are referred to paediatric orthopaedic specialists.

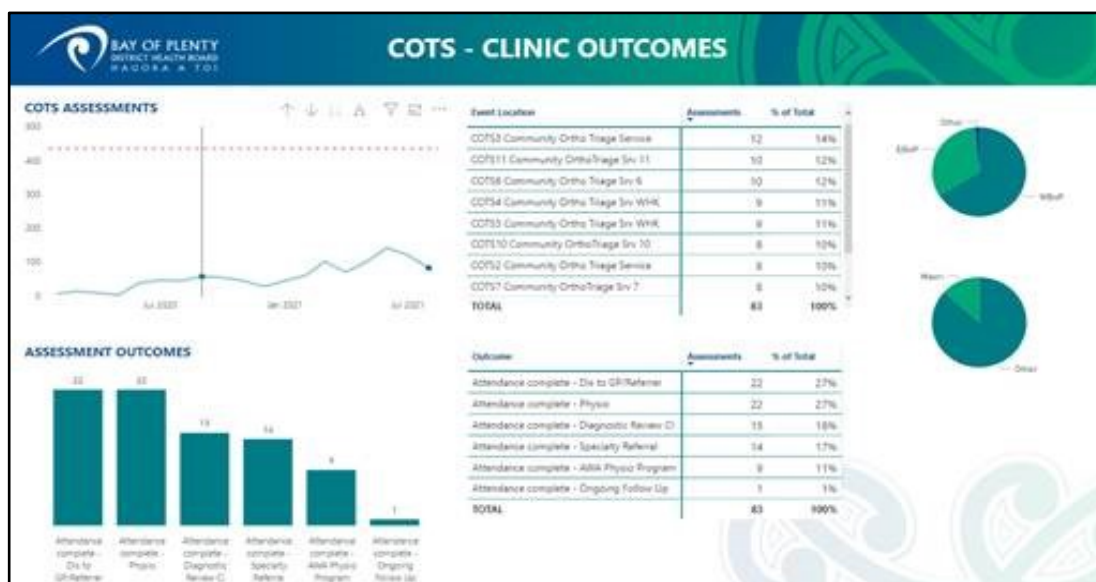
The ED MSK service continues to operate in both Tauranga and Whakatāne ED settings, data on the service is currently being captured daily. Endorsement of the standard operating procedures to allow ED MSK physiotherapists to prescribe paracetamol and ibuprofen is being progressed and will allow physiotherapists to prescribe pain relief to support acute patient flow and discharge within the ED department.

Orthopaedic Transformation Programme

Approved funding commitment supports the continuation of a community based, physio-led orthopaedic triage and assessment service, enabling more people with musculoskeletal (MSK) conditions across the BOP access to live well through the promotion of earlier intervention through a Reablement/wellbeing approach to care. The COTS project team is in full swing, ensuring clinic capacity across the region is available to carry out the number of orthopaedic assessments anticipated, and the team are fully equipped and supported to work in multiple locations in the community. COTS received a total of 81 referrals last month. Bringing the total number of referrals for the 2021 year to 869.

The COTS team carried out a total of 83 COTS assessments for the month of August of which only 17% were referred on for Orthopaedic opinion.





LifeCurve

LifeCurve™ uptake in the community continues to grow with over 700 registrations on the app and website. The focus area for facilitated use of the LifeCurve™ is the pilot with the Community In Reach and Enablement Team (CIR Team). The CIR team is now measuring the impact of their interventions through use of the LifeCurve™. One patient demonstrated an increase in 4 LifeCurve™ levels after only 9 weeks of enablement.

Two other LifeCurve™ pilots are being developed, one in the community and one through Support Net/CCC.

The Data Sharing Agreement for LifeCurve™ between ADL Smartcare Ltd and BOPDHB has been finalized and signed. The retrospective Service Contract has been finalized, signed by ADL Smartcare Ltd and sent through to Russell Little, Procurement Lead.

Through collaboration with Te Pare ō Toi it has been determined that the next step to work toward agreement on the two MOUs between ADL Smartcare and BOPDHB regarding 1) a NZ National LifeCurve™ Research Partnership and 2) Distribution of LifeCurve™ to other public health entities in NZ is to submit a three-page outline to Te Tumu Whakarāe seeking advice and endorsement. This will be submitted in September.

Our submission “Adding Life to Years with the LifeCurve™” has been accepted by Health Informatics New Zealand (HiNZ) and we will be presenting at the HiNZ Conference later this year in Wellington.

LifeCurve™ promotion in the community and within DHB services will continue as Covid alert levels allow.

LifeCurve™ Research Update

Data analysis of Poutiri Trust hui is well underway with preliminary findings indicating that the four cornerstones of Māori health: whānau (family health), tinana (physical health), hinengaro (mental health) and Wairua (spiritual health) from Sir Mason Durie’s Te Whare Tapa Wha are instrumental in supporting healthy ageing among our Māori participants.

Opōtiki hui has been delayed due to COVID 19 and level 4 lockdown.

Funding submission for a Lottery Foundation Health Research Scholarship has been submitted.

Community Care Co-ordination (CCC)

CCC continues to embed a satellite service at Whakatane Hospital. Excellent collaboration with Eastern Bay Allied Health has seen a shift to a paperless response fully utilising the Midland Clinical Portal (MCP).

Continued positive feedback from GPs - really appreciate being able to identify need, refer through to CCC, and ability to connect the client with supports that they were not aware of, or had not considered.

Advance Care Planning (ACP)

This month has had a heavy focus on community-based presentations. Much of the feedback obtained from local groups and organizations speaks to their confidence in the DHB to store and access their ACP plan.

As an outcome of reading & uploading the ACP, it is their expectation the plan will ultimately assist to minimise the barriers they may encounter as an inpatient. The lack of confidence from the community has been a concern for consumers for some time.

The current priority and ongoing focus is to educate the workforce how to check and retrieve ACPs when a NHI is activated by presentation or admission to the hospital. Improving. An action plan has been developed alongside the communication team to begin roll out by the end of August.

4.2 Improving Equity

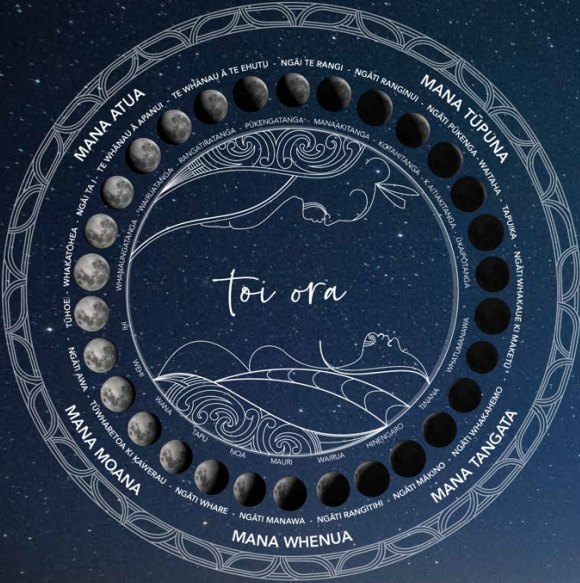
Top KPIs: Childhood Immunisation

Reducing trends remain present with unacceptable equity gap in the August child immunisation data as below. A whole of system approach is being taken to address this and new models of delivery and targeted interventions are being employed. This workstream is being led by Dr Luke Bradford, in partnership with PHOs and is taking a fresh approach to listening to the community to establish better methodologies for improving uptake.

Population	8 months/(12m)	2 years	5 years
Total	80.3%	81.9%	81.5%
Maori	69.6%	73.7%	75.3%
Non-Maori	86.9%	86.7%	85.6%
Equity gap	-17%	-13%	-10%



Equitable Healthcare – Te Pare ō Toi One Page Progress Report

<p>He Pou Oranga Tangata Whenua Determinants of Toi Ora</p>	<p>Activities</p>	<p>Progress</p>	<p>RACI</p>	<p>Highlights</p>
 <p><i>Mai i te rangi ki te whenua, te whenua ki te rangi</i> FROM THE SKY TO THE EARTH, THE EARTH TO THE SKY, WE ARE CONNECTED</p>	<p>Toitū Te Kupu</p>			
	<p>Position Statement TOW Racism Equity</p>	<p>█</p>	<p>R</p>	<p>Position Statement live 4 months, policy and protocol alignment continue, underpins programs and projects.</p>
	<p>Ethnicity Audit 2021</p>	<p>█</p>	<p>R</p>	
	<p>Workforce and People Strategy</p>	<p>█</p>	<p>C I</p>	
	<p>HPV Self-Testing Pilot – Equity Impact High</p>	<p>█</p>	<p>A I</p>	
	<p>Toitū Te Mana</p>			
	<p>Houhou te Rongopai</p>	<p>█</p>	<p>R A</p>	<p>End of Life Act and subsequent implications for implementation underway, Houhou te Rongopai part of the continuum for this.</p>
	<p>Hauora a Toi Māori Cancer Hui</p>	<p>█</p>	<p>R</p>	
	<p>MOH Relationship Agreements</p>	<p>█</p>	<p>C I</p>	
	<p>Mobile Response Options - COVID</p>	<p>█</p>	<p>R</p>	
	<p>Toitū Te Ora</p>			
	<p>MOH Priority MMR</p>	<p>█</p>	<p>R</p>	<p>Te Pare ō Toi working with Innovation and Improvement on Triage process, resource implications to multiple programs and projects on Te Pare ō Toi. Decision tool for triage being critique and enhance with respect to Equity.</p>
	<p>MOH Priority COVID 19 - Māori</p>	<p>█</p>	<p>R</p>	
	<p>MOH Priority National Bowel Screening</p>	<p>█</p>	<p>C I</p>	
	<p>MOH Priority SUDI REVIEW - Māori</p>	<p>█</p>	<p>R A</p>	
	<p>Health Target Breast screening - Māori</p>	<p>█</p>	<p>R</p>	
	<p>Health Target Oral Health - Māori</p>	<p>█</p>	<p>R</p>	
	<p>Health Target Flu Immunisation - Māori</p>	<p>█</p>	<p>R</p>	<p>Te Pare ō Toi pivot for MMR program (short term) to Covid vaccination program augmenting efforts of Kaipapa Māori providers has been very successful, MMR program has recommenced.</p>
	<p>BOPDHB CE KPI</p>	<p>█</p>	<p>C I</p>	
	<p>BOPDHB Orthopaedic Equity Project</p>	<p>█</p>	<p>C I</p>	
	<p>BOPDHB Te Kakenga</p>	<p>█</p>	<p>R</p>	
	<p>BOPDHB Outcomes contracts</p>	<p>█</p>	<p>R A</p>	
	<p>BOPDHB COTS pilot</p>	<p>█</p>	<p>C</p>	
<p>BOPDHB E3 Project</p>	<p>█</p>	<p>C</p>		
<p>Te Pare ō Toi SW & TPK Improvement</p>	<p>█</p>	<p>R</p>		
<p>Te Pare ō Toi Toi Oranga Tikanga Project</p>	<p>█</p>	<p>R A</p>		
<p>Te Pare ō Toi Community Nursing</p>	<p>█</p>	<p>R A</p>		



5. Our People - Healthy, Thriving Workforce

5.1 Key Staff Member Changes

Health & Safety

A new H&S Advisor based in Whakatane will commence on the 6th of September. With the transfer of the Tauranga based Health and Safety Advisor across to the Construction Health and Safety Manager in the FBO team, a recruitment process for a new H&S adviser at Tauranga is underway.

New Director Health Quality Safety (HQS) Service

Jonathan Wallace has accepted this position to lead the HQS team and work with the other directorates on a more streamlined and coordinated system for managing HQS, Risk and compliance. He is coming from Waitemata where he currently has overall responsibility for Covid workstreams

Secondment Nurse Leader Mental Health & Addictions

Successful appointments have been made to the Nurse Leader position to enable the incumbent to focus on the Child Wellbeing Project. Emma Joyce will cover the Acute component of the role and Claire McGowan Blair the Education stream.

5.2 Education and Training

Participants for the two Linda Hutchings leadership programmes commencing in September have been selected and notified. The two programmes, Developing Your Second Expertise and Setting Your Staff Up To Succeed are both fully subscribed. These will run over three days between September and November.

Conversations are underway to explore options for external providers to provide Te Kakenga training, to meet demand.

The Education Manager is working closely with Te Pare o Toi to develop the training resources, materials and outputs for the Toi Ora Model of Care. This has been presented to the Advisory Group and trials/testing of this programme will commence this year.

The Education Manager is also working closely with Chief Medical Officer, Kate Grimwade around End of Life Choice Act training.

Critical Care Pandemic Surge Relief Training

The National Framework for Critical Care Pandemic Surge training is now live on Te Wahariki a Toi.

This theory will form part of the knowledge required to work in a critical care department or an area where critical care is being delivered such as Post Anaesthetic Care Unit (PACU). After completing the theory, and other modules (such as BIPAP, use of AIRVO, Central venous line management) staff will be invited to attend a practical ICU/HDU skills day, followed by orientation in the ICU/HDU department.

Attendance at a refresher every 6 months is required to keep skills and knowledge current.

Students

Year 6 medical students were allowed to return to their placements on 30 August under level 4, if the service was in a position to have them back. The year 6 programme has been moved so that their academic year will end two weeks later than planned, with PGY1's not starting until mid January 2022.

UoA Yr 4 and Yr 5 students are currently offsite and learning online, with a return to placements once levels reduce. The Tauranga Medical team has offered zoom tutorials to not only BoP students but to all current Medicine UoA students. This is hugely appreciated.

5.3 CCDM

Quarter 4 (Q4) National Care Capacity Demand Management (CCDM) Implementation Report for the period April - June 2021 has been released and indicates progress against implementation for BOPDHB:

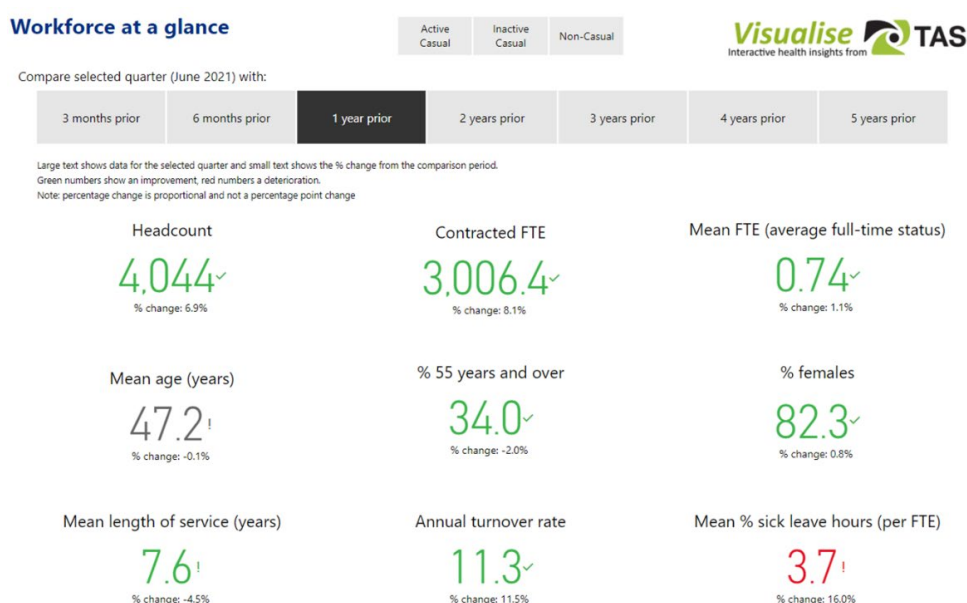


- BOPDHB has a slight improvement to 93% rate of implementation overall as the use of the electronic core data set has required re-implementation at ward level.
- BOPDHB Mental Health continues to be in the leading group for implementation at 100%.
- BOPDHB is one of five DHBs to have completed the three phases of the FTE calculations.
- Allied Health implementation is 83% in the leading group of DHBs

The CEO convened a review session with Information Management and CCDM leaders in September to explore the next steps in increasing BOPDHB's compliance levels. A number of operational and information elements were identified as requiring development over the next 4-6 months and this now constitutes a mini development workstream.

5.4 Our People Demographics / Statistics

This month's report includes a range of National workforce statistics provided by TAS, sourced from the Health Workforce Information Programme (HWIP). Outlined below are some high level statistics for BOP with more detailed statistics in the CEO Supplementary.



The statistics indicate BOPDHB:

- Has a lower than average level of sick leave than the rest of the sector (in lower quartile) and its rate for June quarter 2021 was marginally below the same period in 2020.
- Staff turnover is lower than the national average level of staff turnover (in lower quartile), but there has been a noticeable increase in turnover compared to same time last year – both within BOP and across the sector.
- Level of Annual Leave exceeding 2 years entitlement is lower than other DHBs and the national average, however the level for the quarter June 2021 is higher than the same time last year – a trend exhibited across the majority of DHBs.
- Average staff Leave (inclusive of Annual Leave, statutory lieu leave, shift leave, and overtime lieu leave) is higher than the national average (in upper quartile) and that compared to prior year, BOPDHB's June 2021 statistic is marginally higher than June 2020.
- Average time to recruit is lower than the national average. Compared to the same time last year, where BOPDHB had one of the highest time to recruit averages in the sector, BOPDHB has dropped from upper quartile to lower quartile – reflecting the increased focus that has been put on recruitment services.
- Overtime levels are below the national but the DHB is in the upper 50th percentile of DHBs. The level of overtime across all staff groups has increased compared to the same period in 2020.

- Percentage of Maori staff is higher than the national average – noting that BOPs percentage of Maori population is higher than the national average. The Maori workforce % at BOP and across the sector are below the percentage of Maori in the overall population.

6. Health and Safety

The Health & Safety function continues its rebuild under the new Health & Safety Manager, Tom Miranda

Key activities of focus by the manager/team in August included:

H&S Manager attended the DHB H&S Managers group meeting in Wellington and has joined the workstream on *Violence* with the aim of advancing improvements at BOP.

Working through the Hazards register held within Datix with the aim of consolidating entries and identifying and linking incidents to risks.

Support of welfare initiatives for departments while both hospitals have high sustained acuity and occupancy rates, and subsequently Level 4 Lockdown.

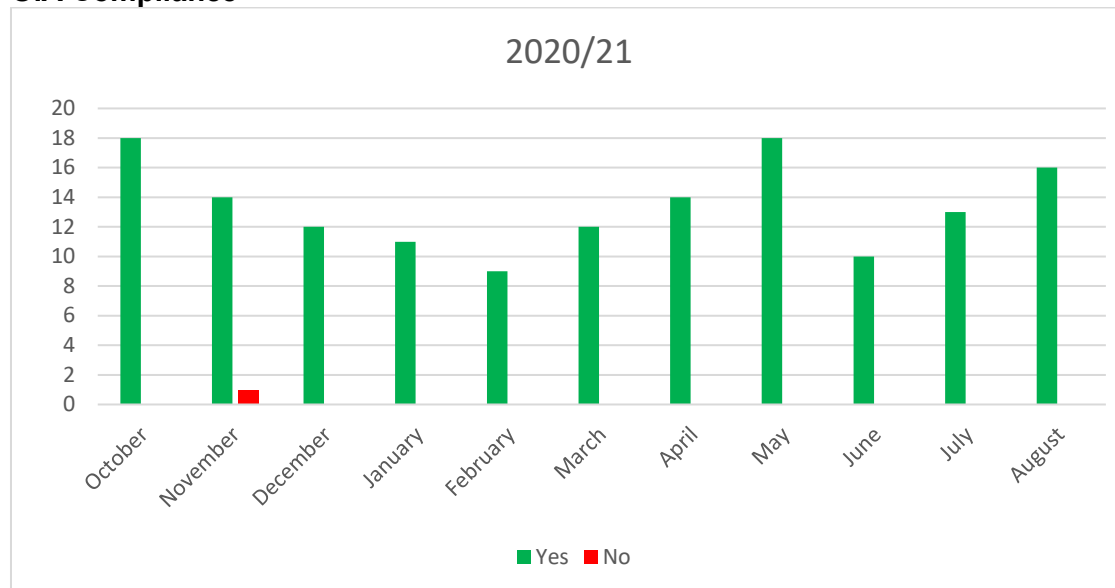
7. Governance and Quality

OIAs

The latest OIA statistics, including Ombudsman complaints were released on 8 September 2021 [Latest OIA statistics released | Te Kawa Mataaho Public Service Commission](#). Of the twenty DHBs six had 100% compliance, BOPDHB was one of these. DHB compliance ranges from 56.9% - 100%.

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

OIA Compliance



Health Consumer Council (HCC)

The BOPDHB Chief Executive attended the September Health Consumer Council meeting.

HCC received a Health Sector and DHB update indicating that current capacity pressures have resulted in the current priority focus being on the day to day functioning of the hospitals. A number of transformational projects have been put on hold.

Consumer engagement will be a key part of the health system reforms transition and HCC have been informed the timing is still appropriate to go ahead with recruiting for a new member for the council. Locality data is still being gathered by Transition Unit

Time will be set aside in the next meeting agenda to identify gaps in membership diversity, skills matrix, interests, and geographic representation for a strategic approach to recruiting of new members. The DHB site profile page has been updated to reflect current membership.

The HCC Chairperson attended the National HCC Chairs meeting, and Chairs meeting with the HQSC. These focussed on Consumer Engagement Quality and Safety Marker and Health NZ Transition Unit. Health Consumer Council members are forwarded updates and correspondence from these sources.

8. News and Key Events

10.1 Events

Community Service Medal Awarded

Dr Rachel Shouler, BOPDHB GP Liaison and EBPHA Clinical Director, has been awarded a Community Service Medal by The Royal New Zealand College of General Practitioners.

Services Updates – CEO Supplementary





CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting

29 September 2021

Prepared by: Maxine Griffiths, Board Secretariat

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

Submitted by: Pete Chandler, Chief Executive

RECOMMENDATION:

That the Board notes the correspondence.

ATTACHMENTS:

- Letter from DDG Health System Improvement and Innovation re Maternity Quality and Safety programme Annual Report, dated 10 September 2021

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10 September 2021

Peter Chandler
Chief Executive
Bay of Plenty DHB

By email: pete.chandler@bopdhb.govt.nz

Tēnā koe Peter

Maternity Quality and Safety Programme Annual Report

Thank you for a comprehensive Maternity Quality and Safety Programme (the Programme) Annual Report. It is evident that there has been hard work put into the Programme by your district health board (DHB).

The report is clear, concise and easy to read. It is accessible to public and highlights a wide range of projects and activities your DHB is progressing.

We note excellent initiatives included in your DHB's annual report. You provided a good summary of maternity outcomes at a DHB level and a clear and useful summary of local improvement activities. You have a good understanding of your population demographics and the inequities within the region, with corresponding activities designed to improve equity.

We appreciate the below highlights of the report:

- establishment of Midwifery Excellence Forum
- local evidence of alignment with the New Zealand Maternity Standards
- increased enrolment with a lead Maternity Carer in the first trimester
- reduction in postnatal smoking rates
- increased provision of long-acting reversible contraceptives for women post birth.

We encourage you to publish the report on your DHB's website, if you haven't already done so. This will ensure your population, especially women, prospective parents and whānau can see the maternity services available in their district.

The Ministry would like to thank everyone working throughout maternity services for their hard work and dedication during the COVID-19 pandemic response. I acknowledge that the focus on COVID-19 has directed attention away from the Programme during 2020. The Maternity team has been impressed with the standard of the annual reports and the projects undertaken during these challenging times.

Thank you for your continued support of the Maternity Programme and dedication to ensuring delivery of quality and timely maternity services.

Nāku noa, na



Clare Perry
Deputy Director-General
Health System Improvement and Innovation

cc: Judith Madsen, Acting Director of Midwifery
Christina Graham, MQSP Coordinator

