



BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

# Board Meeting

## Agenda

**Wednesday, 23 March 2022**

**10.15 am**

**via ZOOM**

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

## Principles

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

## Transformational Care

### Priorities

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

## Business Management

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

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



## 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><b>Karakia</b></p> <p>Tēnei te ara ki Ranginui  Tēnei te ara ki Papatūānuku  Tēnei te ara ki Ranginui rāua ko Papatūānuku,  Nā rāua ngā tapuae o Tānemahuta ki raro  Haere te pō ko tenei te awatea  Whano whano!  Haere mai te toki!  Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui  This is the path to Papatūānuku  This is the path to the union of Ranginui and Papatūānuku  From them both progress the footsteps of Tānemahuta [humanity] below  Moving from birth and in time carries us to death (and from death is this, birth)  Go forth, go forth!  Forge a path with the sacred axe!  We are bound together!</p>	
1	<b>Apologies</b>	
2	<b>Interests Register</b>	5
3	<p><b>Minutes</b></p> <p>3.1 <u>Board Meeting – 23.2.22</u>  <u>Matters Arising</u></p>	10 15
<b>PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES</b>		
<b>PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY</b>		
4	<p><b>Items for Discussion</b></p> <p>4.1 <u>CEO's Report</u>  4.1.1 <u>Telehealth – Distance Healthcare Update</u></p>	16 31
5	<p><b>Items for Noting</b></p> <p>5.1 <u>Mental Health &amp; Addictions Transformation Update</u></p>	37
6	<b>General Business</b>	



<b>7</b>	<b>Resolution to Exclude the Public</b> 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.  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.	
<b>8</b>	<b>Next Meeting</b> – Wednesday 27 April 2022.	



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

(Last updated February 2022)



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
<b>AHOMIRO, Hori</b>				
Tapuika Iwi Authority	Board Member	TIA and Fisheries Trust	LOW	Sept 2019
NZ Social Work Registration Board	Kahui Board Member	Tikanga and Advisory to Social Workers Registration	LOW	Feb 2022
Poutiri Trust	Board Member	Health Services Provider Pou Tikanga	LOW	Feb 2022
<b>ARUNDEL, Mark</b>				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
<b>EDLIN, Bev</b>				
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018





Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
Camp Unity	Board Member	Charitable Trust supporting young people, 7 -24, carers	LOW	February 2022
<b>ESTERMAN, Geoff</b>				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
BOPDHB	Wife Penny works as Casual Vaccinator	Health Services Provider	LOW	Sept 2021
<b>FINCH, IAN</b>				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Vic Davis trust	trustee	Grants for mental illness research	LOW - DHB employee may be applicant/recipient of grants	1/9/20
Lakes DHB	Wife Sue has position in Quality and Risk re WC&F investigations	Health	Moderate	March 2021
<b>GUY, Marion</b>				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health	Employee	Health	LOW	03/10/2016



Board				
NZNO	Honorary and Life Member	Nursing Union	LOW	
Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
Accuro Health Insurance	Board Chair	Health Insurance Provider	LOW	December 2021
<b>SCOTT, Ron</b>				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Royal New Zealand Foundation of the Blind Inc	Board Member	Services to the Blind	LOW	May '21
<b>SIMPSON, Leonie</b>				
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
Toroa Leadership Group	Chair	Mental Health & Addictions Transformation & Redesign, BOP	MEDIUM	24/11/2021
<b>TUORO, Arihia</b>				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019
<b>STEEL, Linda (Maori Health Runanga Chair)</b>				
Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021





Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/02/2021
BOPDHB Maori Health Runanga	Chair / Iwi Representative	Strategic Relationship with BOPDHB	LOW	23/02/2021
<b>WILLIAMS, Wayne</b>				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services Ltd	Director	Alliance Corporate Activities	LOW	15/4/2021
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
Third Age Health Services	Independent Director	Primary Care Providers to ARC	MEDIUM	10/6/2021
<b>HUDSON, Mariana</b> (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
<b>VALEUAGA, Natu</b> (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020





BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

## Minutes

### Bay of Plenty District Health Board

Via ZOOM

Date: Wednesday 23 February 2022 at 10.15 am

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

**Attendees:** Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services), Marama Tauranga (Manukura, Te Pare o Toi)

Item No.	Item	Action
	<b>Karakia</b>	
<b>1</b>	<b>Apologies</b> There were no apologies	
<b>2</b>	<b>Interests Register</b> Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. The Board Chair has been appointed as a Board Member of Camp Unity	
<b>3</b>	<b>Minutes</b> 3.1 <u>Minutes of Board meeting – 26.1.22</u> <b>Resolved</b> that the Board receives the minutes of the meeting held on 26 January 2022 and confirms as a true and correct record. <p style="text-align: right;">Moved: M Guy Seconded: A Tuoro</p> 3.2 <u>Matters Arising</u> There are no current outstanding actions.	
	<b>Part A: Future Focus and Key Strategic Issues</b>	
<b>4</b>	<b>Presentation</b> 4.1 <u>COVID – Omicron Phase 2</u> Scott Campbell, Programme Director, BOPDHB COVID Directorate Highlights: <ul style="list-style-type: none"> <li>• Focus for the last month has been boosters.</li> <li>• Introduction of the 5-11 years COVID Vaccination Programme .</li> <li>• There has been a lot of preparation on Phase 3 which is likely to occur tomorrow night.</li> <li>• In Phase 3 a RAT test will be undertaken. PCR will be for vulnerable communities and critical workers.</li> <li>• Close contacts will not need to isolate.</li> <li>• Looking at our workforce. Considerable staff are spending 7 days a week working.</li> <li>• Equity is a focus and support for vulnerable communities.</li> <li>• Embedding structure away from emergency response to BAU.</li> </ul>	

Item No.	Item	Action
	<ul style="list-style-type: none"> <li>• Currently in Phase 2 which is self-care of people. Government will move to Phase 3 because of overwhelming testing on the laboratories. Yesterday laboratories had 2,400 specimens. They have a daily capacity of 1500. Wait time for results is 5-6 days.</li> <li>• Working with Providers.</li> </ul> <p>The document shown is being updated on an hourly basis. BOPDHB is responding as quickly as it can.</p> <p>Vaccinations are at peak for doses 1 and 2. Boosters have started to slow, currently at 64.9% . It is anticipated this will not move much higher.</p> <p>5-11 year old vaccination is struggling which is a national issue, at 35.8%. Schools do not wish to have their premises as a site.</p> <p>There is work being undertaken for long term to incorporate COVID vaccination into MMR immunisation programme.</p> <p>There is a rising number of positive cases in hospital staff. These people are currently required to undergo PCR, so looking towards RATs testing. Laboratories are at capacity.</p> <p>There has been an increase in Paediatric admissions to hospital which is being reviewed for factors as it is higher than expected. Query was raised as to the reason. There is a mix of whether they are admissions for COVID or with COVID. There is no clear distinction between Maori and Non-Maori.</p> <p>CEO advised that Executives have reviewed the issue, as if the trend continues there will be insufficient Paediatric accommodation. There is consideration of expanding the Paediatric ward through a swing ward. There is a sense that there may be an over-cautious approach by Clinicians regarding admissions.</p> <p>The modelling indicates a shift in peak for Omicron of April/May, to May/June with hospital admission rates going out to June which is of concern with winter and flu approaching.</p> <p>RATs will be available at testing sites. Parents favour RATs testing as children cannot go back to school until they have a negative test.</p> <p>There was a recent surge in testing at Second Ave with 450 tests last Monday. There is an additional testing site at the Mount.</p> <p>There will need to be care taken on managing Phase 3.</p> <p>Staff retention is an issue as a number of contracts end on 30 June.</p> <p>Queries were raised:</p> <ul style="list-style-type: none"> <li>• As to the sort of Communication that will occur with change to Phase 3. Communication will be from the centre. The Minister and Prime Minister will address tomorrow. Focus will be on RATs. Message to public will be if you are symptomatic, go to a testing station and get RATs test and monitor at home. Relaxing of restrictions will come from the Minister and Prime Minister.</li> <li>• As to whether we are trying to reach organisations. BOPDHB is working with Priority 1 and Chamber of Commerce. A lot of large organisations have access to RATs testing.</li> </ul>	



Item No.	Item	Action
	<p>Maori rates are now included in the infographic. Supply concerns are also included.</p> <p><i>Nursing Graduates</i> – all have been secured for this year. The Board has previously raised concerns over the loss of new graduates that occurred last year. Efforts are being made to ensure these people continue this year. There are two senior Nurses in place to support the new graduates.</p> <p><i>Digital Enablement</i> - This is one of the Minister’s priorities towards transition. There are lots of discussions occurring with the MOH Digital team.</p> <p><i>Digital Projects</i> – Across Te Manawa Taki there is connection and alignment.</p> <p><i>CCDM</i> – The national report has been received.</p> <p><i>Campus Investment Plan</i> – there is considerable political interest in where BOPDHB is focussing business cases, particularly for the Tauranga Campus.</p> <p><i>COTS</i> – Orthopaedic Surgeons have enlisted help from the COTs team to relieve backlog. This is a huge positive shift. There are a number of Physios with specialist skills. There are around 7,000 patients on the FSA list who can be seen through this programme over the next few months.</p> <p>Query was raised on the Performance information which is included in the Committee agenda but is information important to the Board eg waiting times, colonoscopy. These don’t show in the Board pack which is of concern. The Board will consider where allocation of this information should be made</p> <p><b>Resolved</b> that the Board receives the Chief Executive’s report</p> <p style="text-align: right;">Moved: G Esterman Seconded: M Arundel</p>	
6	<p><b>Items for Noting</b></p> <p>6.1 <u>Media Article</u></p> <ul style="list-style-type: none"> <li>• Bay of Plenty Midwife Shortage: Midwives from other regions called to help, dated 2 February 2022.</li> </ul> <p>6.2 <u>Te Toi Ahorangi Programme Update</u></p> <p>6.3 <u>Board and Committee Meeting Schedule 2022</u></p> <p>The Board noted the information</p>	
6	<p><b>General Business</b></p> <p>There was no General Business</p>	
7	<p><b>Resolution to Exclude the Public</b></p> <p>Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting: Board Minutes - 26.1.22 BOPDHB Priorities Eastern Bay Locality Prototype Proposal FY23 Budget – 1<sup>st</sup> Draft</p>	

Item No.	Item	Action
	<p>Chief Executive's Report Nursing Safe Staffing review Report</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed: Pete Chandler Owen Wallace Marama Tauranga</p> <p><b>Resolved</b> that the Board move into confidential.</p> <p style="text-align: right;">Moved: L Steel Seconded: I Finch</p>	
8	Next Meeting – Wednesday 23 March 2022	

The open section of the meeting closed at 11.30 am

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



**RUNNING LIST OF BOARD ACTIONS - Open**

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe		
Date	Task	Who	By When	Status	Response
23.2.22	<p><b>COVID – RATs Testing</b> Operationally, how will RATs testing work. Is it for GPs or testing stations? Is there scope for GPs to contact their high risk patients and give RATs test? There is a strategy document which can be circulated.</p>	COVID Programme Director	Early March		Completed
23.2.22	<p><b>COVID – Omicron Update</b> CEO queried whether Board members would value more regular connection with Scott. There could be a ZOOM catchup on a weekly or fortnightly basis. Board members advised they would appreciate this as representatives in the community. From next week a session will be scheduled on a weekly basis. Request was also made for a written summary from Scott at the same time.</p>	Board Secretariat	early March		Completed
23.2.22	<p><b>Performance Information</b> Query was raised on the Performance information which is included in the Committee agenda but is information important to the Board eg waiting times, colonoscopy. These don't show in the Board pack which is of concern. The Board will consider where allocation of this information should be made</p>	COO	March		



# Chief Executive's Report

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This report covers the period 24 February to 17 March 2022

## 1. Chief Executive's Overview

### Omicron Outbreak

Organisational focus has been almost entirely on navigating the current outbreak over the last month. Case numbers grew rapidly in the Bay as the current wave spread across the top of the North Island. On peak days we've seen confirmed cases reach daily numbers around 1600, however with RATS tests now being utilised it's not possible to know actual numbers because many people are opting not to register positive results.

However, more pertinent for us is the health system actual impact. Modelling shows that the peak in hospitalisations occurs around two weeks after the case number peak and hospitalisations with or because of COVID have grown significantly, albeit length of stay for COVID specific admissions has been short (around two days).

As at 18<sup>th</sup> March the indications are that we may have reached peak case numbers and that the peak hospital impact of this wave is likely to be around the end of March.

### Hospital Response

Triggered by the volume of COVID positive patients in hospital and the number of staff on unplanned leave due to COVID-related issues, the hospitals have moved to the next level of the Omicron Incident Management response. This includes:

- Integrated Operating Centre (IOC) operating as the Hospitals Incident Management Team (IMT) 7 days per week
- Acute patient flow prioritised
- Planned care limited to urgent surgery
- Outpatient appointments scheduled as virtual telehealth (acknowledging the need for some urgent/acute face to face appointments)
- Team-Care approach in providing essential patient care
- A co-ordinated Staffing Process that supports a 'whole of workforce' approach to redeployment is optimising opportunities to provide support to areas that are in variance.

Teams are working extremely well together and there continues to be a sense of calm and control at this stage as we draw on our escalation contingency plans to boost frontline staffing support. Overall around 10% of our clinical workforce has been off work due to COVID over the last two weeks and many staff from education, improvement, management and now Executive teams have all pitched in to help maintain essential service functions. All but the most essential BAU business functions have now temporarily ceased, with most planned care now paused temporarily whilst this wave passes through.

A number of senior managers and Executives have contracted COVID already – generally through children – but triple vaccination has meant that most are able to continue working from home for most of their illness phase. We're seeing different teams and services impacted each week but with patients and staff largely being impacted at the same time the balance of service demand and available healthcare resource is to a degree balancing in many service areas.



A key focus for us has been to optimally support our teams as we navigate this surge. Our wellbeing co-ordinators in each hospital have been extremely active on the ground, with a number of specific initiatives but it has been wonderful to receive a range of acknowledgements and support.

### **Primary Care**

Western Bay of Plenty PHO continues as lead coordinator for supporting networks (General Practices and Community Pharmacy) in the community with rapidly increasing Omicron case numbers. The networks are flexing to this changing environment well and PHO support through webinars and adaptation to new technologies is being well received. The characteristics of positive attitudes, high emotional intelligence and aptitude are consistently evident.

### **Wider System Response**

Wider sector co-ordination is also ongoing with twice weekly whole system zoom calls where DHB teams, PHOs with a wide range of provider partners all come together for shared situational updates and to identify any necessary tweaks to our response effort. It definitely feels that COVID has enabled us to evolve the Bay of Plenty Health Network as one team, all working together – something we were aspiring to prior to the pandemic. Discussion is starting to develop in relation to how we build on this to progress wider system sustainability opportunities.

Cross sector relationships are equally strong. The Mataatua Regional Leadership Group is operating extremely well and state sector services are pulling together to support Iwi led community responses which are managing significant numbers of COVID cases in our rural communities. One thing that has become especially clear during this experience is how many whanau across rural areas in the Bay have extremely difficult living conditions. We know this to a degree, but as we traverse the outbreak the reality of what deprivation actually looks like has become explicitly clear with examples of whanau sharing electricity extension leads between houses, inadequate drinking water supplies, significantly overcrowded homes and many other examples of challenge in peoples daily lives.

### **COVID Recovery Planning**

Recovery Planning and activity commenced in January, linked with our Sustainability Plan development. Whilst it is difficult at this point to model outpatient and planned care recovery generally (work is underway and will link to Regional and National plans) we determined that it could be possible to progress diagnostics recovery as a first stage, ensuring that diagnostics backlog would not be a barrier to gearing up planned care treatment once this wave passes.

Consequently the DHB is on track to achieve national waiting time standards by our aspirational target of April for MRI, CT and Angiography and we acknowledge the excellent work of our Imaging and related service teams in this.

A tool has been developed to provide a prioritisation and due diligence framework approach to waiting time improvement. This is currently being tested with service managers and reviewed by Te Pare o Toi to ensure that we challenge methods of delivery in our recovery approach that have proven to be suboptimal in the past; a key element of this is considering DNA rates and access rates to care. In short, there is an opportunity to address some inequities and reduce inefficient delivery modes as we progress recovery plans.

### **Fracture Liaison Service – Silver Star Status**

Silver Star status has been awarded to Tauranga Hospital's Fracture Liaison Service as part of a world-wide initiative to 'Capture the Fracture'.

Developed by the International Osteoporosis Foundation, 'Capture the Fracture' is a global program to facilitate the implementation of the Post-Fracture Care (PFC) Coordination Program, such as Fracture Liaison Services, for secondary fracture prevention.



It is recognised as the single most important step in directly improving patient care and reducing fracture-related healthcare costs.

There are nearly 4000 hip fractures a year in New Zealand, and there were 216 in Tauranga in 2021. Half of those patients who presented with a hip fracture had been seen before with a bone fragility fracture.

The overarching goal of the program is to reduce the number of hip fractures significantly.

The Whakatāne Fracture Liaison Service is applying for their accreditation in March

[www.capturethefracture.org](http://www.capturethefracture.org)

## 2. WORKFORCE

### 2.1 Staff Wellbeing

As referenced above, monitoring and supporting staff wellbeing is a critical element of our COVID response.

Numerous actions and developments are arising from frontline engagement by our wellbeing leads but it was especially humbling to receive an offer from Rise Up Tauranga to provide expert home baking to our teams across both hospitals. This is sincerely appreciated by our teams as a community acknowledgement of the work they are doing.

### Supporting hospital staff with fresh baking



*Baker Dawn Kiddie with cupcakes made by Paula Bilbe, one of the many Tauranga bakers providing fresh home baking, with Dr Catherine Parker, Dr Lucy French and clinician nurse manager Rose Christensen from the health and aging ward. Photo: John Borren.*

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Why this ad? ⓘ

Are you a home baker? Rise up Tauranga is calling on the Bay of Plenty community to provide fresh home baking as a way to show support for the front line staff at Tauranga and Whakatane Hospitals during the next seven weeks.

"We need our awesome community to please provide fresh home baking for hospital staff until Easter," says Rise Up Tauranga's Rosalie Liddle Crawford.



## 2.2 Supporting Front Line Needs

### Volunteers

Support was provided to enable the return of several volunteers on site at Tauranga Hospital, however due to the increasing number of daily COVID positive cases, all current volunteers have opted not to come on site at this time.

### Digital and Data Systems: Implementing Celo

The Bay Of Plenty DHB has partnered with technology provider Celo to provide a safe, compliant and secure platform for clinicians to use for messaging colleagues.

The partnership comes as clinical staff across New Zealand face mounting pressures ahead of a likely Omicron outbreak, including increasing caseloads, the additional burden of Covid compliance and worsening staff shortages - making a secure, efficient mechanism for communicating even more vital.

Celo doesn't require lengthy development or set up, is locally owned and can be implemented quickly, ensuring the DHB can quickly and adequately prepare for Omicron. The ability to collaborate via one secure app, on their phone, will be important should teams need to quickly arrange cover due to a colleague testing positive and needing to isolate.

Celo offers a HIPAA-compliant and secure messaging platform that enables healthcare teams to collaborate seamlessly and securely on patient care. This easy-to-use platform requires no training and assures instant onboarding of employees. It integrates securely with a healthcare provider's existing Electronic Health Records (EHR) and its built-in directory enables healthcare teams to reach the right person instantly, saving time and lives. The platform optimises the efficiency of clinical workflows, increases worker productivity through significant time savings, speeds decision making, minimises the risk of data breaches and fines by ensuring compliance, and ultimately enhances patient outcomes.

## 2.3 Health and Safety

Excellent progress is being made in strengthening our organisational Health & Safety system, with specific objectives for this year currently being finalised but primarily focussing on all forms of workplace harm. With the new dashboard visibility of a range of indicators developed last year, this enables a much more targeted focus on hotspots, with reducing patient and visitor violence against staff remaining one of our top priorities. Key to this is understanding what drives specific behaviours and a recent apology letter from a patient who was abusive to staff has provided some invaluable insights for further exploration in relation to sleep deprivation.

## 2.4 Organisational Development

### Organisational Orientation

A review of the Organisational Orientation programme and delivery is being undertaken, to explore whether the current process and offerings are still fit for purpose. The group looking at this has been clear that the purpose is Manaakitanga and welcoming people rather than education or compliance.

## 2.5 Education and Training

### Optimising the Peri-Operative Workforce

Registered Nurses (RN) training to have dual peri-operative skills that includes Anaesthetic Technician (AT) qualifications continues for the second year. Similarly, training for Anaesthetic Technicians to also have extended scope to work in the Post Anaesthetic Care Unit (PACU) is in progress, with one AT coming to the end of training. This will make BOP one of the first DHBs to transition this role into PACU and utilise the comprehensive training and experience that AT's from overseas have already, whilst growing the training here in New Zealand.



This is an exciting development that has been planned for over time to ensure optimal sustainability in our peri-operative workforce and provide staff opportunities for career development to work at the top of their potential scope of practice.

### 3. ADVANCING EQUITABLE HEALTHCARE

#### 3.1 Child Wellness

##### Child and Youth

New funding for ASD (Autistic Spectrum Disorder) services has extended the ASD Developmental Co-ordination service to Eastern Bay of Plenty, improving equity of access with a dedicated role (0.6 FTE) based in Child Development services. This role will be a key contributor to the `CHIRP` project design for an integrated pathway and service for children with Neuro development needs. This role will assist reduction of current waiting times for assessment and care plans working with the combined team's health and education.

##### Childhood Immunisation

Child Immunisation is a sector and local priority as we move through 2022 and is included in our sustainability planning. This important area has gained considerable momentum over the last month as we launch the action plan and bring delivery into the auspices of the COVID Directorate and strongly linked with Te Pare o Toi. In this we are aiming to leverage learnings and developments from our system approach to COVID vaccination. Detailed reporting on progress will follow in coming months however key actions underway at this stage include:

- **Communications:** focussing on comms material (showing, not telling) to support childhood immunisations with an educational approach
- **Outreach services** are under review and prioritised access for Māori and pacific pēpi over the next 6 months (Overdues) is in progress
- **Consultation to implement alternative vaccine delivery models** focused on Māori, leveraging from new vaccine delivery models (COVID 5-11, MMR) experience
- **Initiatives with Kaupapa providers** to re-focus on pregnancy & antenatal periods to build the Whanau approach
- **NIR team focus on the timeliness of referral management** and are assisting the practices and Immunisation Co-ordinators to improve `on time` access
- **Active partnering with the COVID team** to leverage community engagement approach that has resulted in 'by community, for community' led initiatives (e.g. The Kawerau Community Collective and Opotiki Our Way) to manage COVID-19 – from testing, vaccination, to well-being in each community

#### 3.2 Lifecurve

BOPDHB's national lead role in developing the full Lifecurve offering is continuing, with current developments to evolve the tool for our New Zealand context. So far there have been 1069 app installs and 837 website registrations to date.

##### New version of app Version 2.0:

- Focus on Te Ao Māori aspirations and content (from Kaupapa Māori research and Māori focus group), on track for launch July 2022
- Partnership with Te Pare o Toi and Te Tumu Whakararae
- To include self-assessment and decision support based on 'areas of need' (e.g., bathing, standing balance) in new app. This will include solutions around the purchase of non-complex equipment. This will provide an opportunity to address current service models for equipment provision.





**Engagement:**

- Universal rollout: COVID-19 and high numbers of Omicron cases in community limiting ability to engage with community groups
- Targeted rollout:
  - Community AH Tauranga
  - Life Curve being used with In Reach Team since Sept 21. Data below.
  - Registered staff and non-registered AHA's trained in use of staff website

LifeCurve™ data summary								
Allied Health Community In Reach (CIR) Team - Tauranga								
Date	total CIR patients entered into LifeCurve™ staff website	patients with at least one repeat LifeCurve completed	overall improved position on LifeCurve™	no change of LifeCurve™ position	position on LifeCurve™ worsened	total LifeCurve™ assessments completed	Average LifeCurve™ position or arithmetic mean	Mode (most frequent LifeCurve™ position)
up to 21 Dec 2021	23	13	7 (54%)	5 (38%)	1 (8%)	40	5.3 (between transfer from toilet and light housework)	3 (transfer from bed)
up to 27 Jan 2022	25	14	8 (57%)	5 (36%)	1 (7%)	43	5.3 (between transfer from toilet and light housework)	3 (transfer from bed) 5 (transfer from toilet)
up to 28 Feb 2022	30	16	9 (56%)	6 (38%)	1 (6%)	51	5.5 (between transfer from toilet and light housework)	3 (transfer from bed)

**3.3 COTS (Orthopaedic Transformation)****Orthopaedic Follow-up appointments**

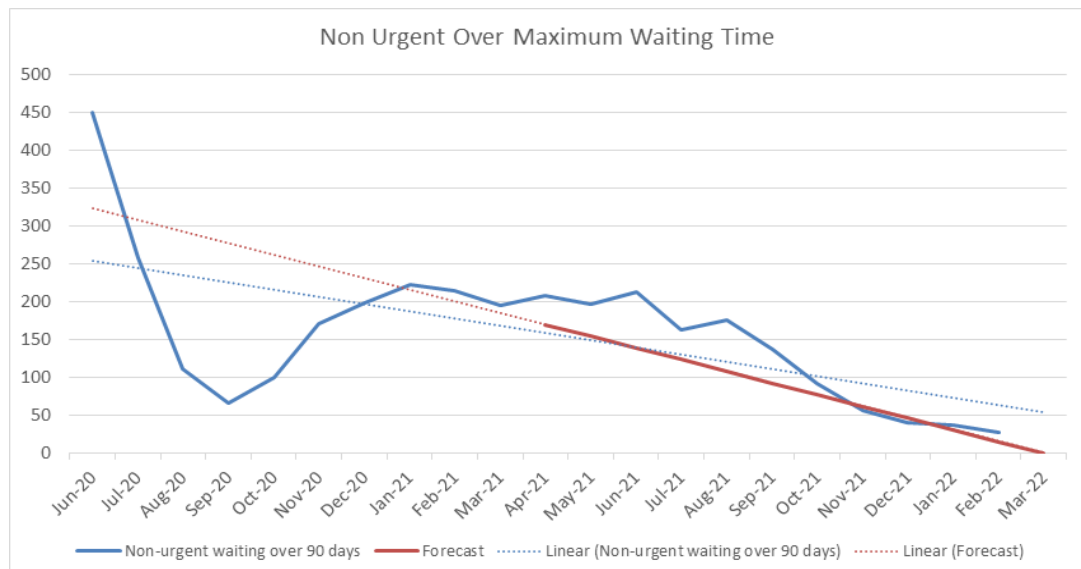
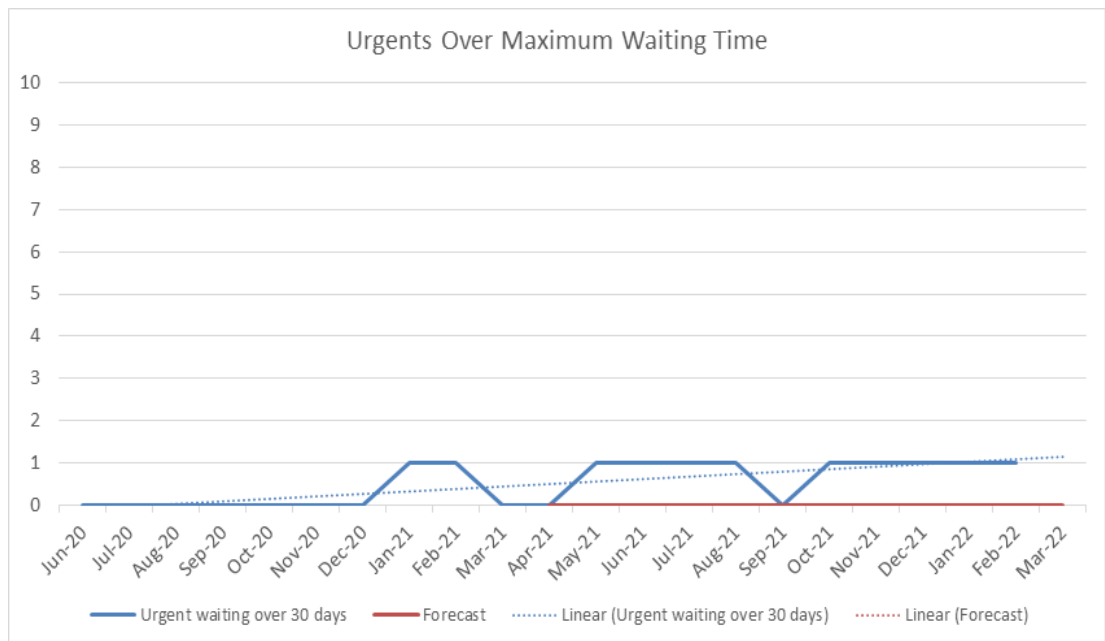
COTS is a key component of our sustainability plans to better manage growing Orthopaedic waiting lists. By Allied Health staff taking care of followup appointments that Orthopaedic Surgeons are not required to see, this frees up specialist capacity for essential FSAs and surgery.

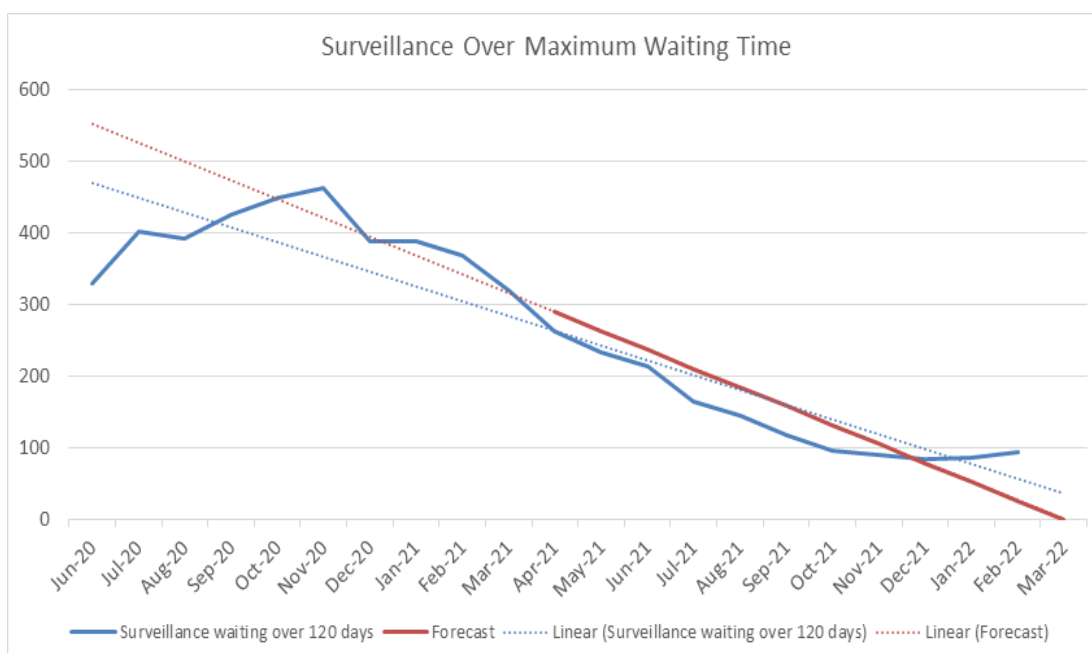
Allied Health, Planned Care Services, Orthopaedic and Innovation and Improvement Resource are working together on a new process to support practice change. The objective is to significantly reduce the number of people currently waiting longer than 12 months for Orthopaedic follow-up. It is intended for this work to be carried out utilising Allied Health video consultations and will be the first initiative where Allied Health professionals (public and private) work together in this area.

**3.4 Bowel Screening**

The National Bowel Screening (NBSP) team has tabled early May 22 as the proposed implementation date for BOPDHB which is good news for the BOP communities.

The service continues to make good progress in improving against wait time indicators and is maintaining trajectory for meeting maximum wait times for non-urgent colonoscopy. Establishment of additional capacity at Whakatane Hospital coming online end of June, increased outsourcing of surgical activity creating colorectal surgery theatre capacity and upskilling of endoscopy workforce are all contributing to the ability for BOPDHB to successfully implement this programme.





The slight upward trajectory on the surveillance wait list relates to the Delta and Omicron outbreaks and is being managed through outsourcing.

### 3.5 Smoking Cessation

This month it has been pleasing to see some of the inpatient wards reaching 100% against the Better Help for Smokers to Quit Health target. The following three areas highlight the focus the team has had on supporting people to stop smoking:

#### Nicotine Replacement Therapy (NRT) Training

To enable non-clinical hospital staff to prescribe Nicotine Replacement Therapy, National Training Services delivered a free online NRT foundation training workshop in February 2022. The training also attracted kaimahi from Whanau ora and Pacific Island Community Trust. Two further training workshops have been scheduled for April and May this year.

#### Smoking Cessation ABCs ([tewharikiatoi.ac.nz](http://tewharikiatoi.ac.nz))

The Ministry of Health's 'New Zealand Guidelines for Helping People to Stop Smoking' has been localised and applied to the DHB online learning (Te whariki a Toi) to include information about 'Hapainga' our Regional Stop Smoking Service' and information about Smoking cessation and COVID 19. The online course has attracted interest from the Grx Green Prescription team - Sport Bay of Plenty.

#### Providing Smoking cessation support for people isolating

Working alongside Hapainga and the DHB COVID performance Quality and Design lead to upskill COVID community navigators to refer people who are isolating to 'Hapainga' Stop Smoking Service.

Performance against the smoking cessation target in primary care is a concern at this stage, but largely impacted by the focus GP Practices are giving to managing COVID patients.

## 4. CAPACITY AND DEMAND

### 4.1 Acute Demand Programme

This Programme continues to focus on ensuring that Tauranga and Whakatane Hospitals acute patient management systems and processes are functioning efficiently to meet the ongoing growth in acute demand.

This programme has become increasingly important as the Covid situation increases its challenges in the BOP with both increased Covid positive hospital admissions and the parallel increasing number of staff off on unplanned Covid-related leave.

The Integrated Operations Centre (IOC) and Innovation and Improvement team have had to become very agile and flexible in progressing changes to support improved acute patient flow due to increasing workforce shortages across both primary and secondary care settings.

**For Tauranga**, increasing numbers of patients experience delayed discharges due to awaiting Aged Residential Care (ARC), palliative care or community support packages of care.

In response Community Allied Health Services (CAHS) initiated a rapid response function (response same day and within 24 hours) and open to all wards to facilitate discharge. This is already impacting positively on acute flow. The next steps are to go out to General Practice to expand the service to cover community clients to reduce emergency department (ED) presentations. Intervention is strengths based and focuses on lifting wellbeing in addition to meeting immediate needs.

There continues to be positive feedback from the APU team regarding the extended SMO Cover in Acute Planning Unit (APU). The key impacts have been the additional support provided by SMO being on site until 6pm and providing decision support to the APU team which releases Registrars to assess more patients in APU. In addition, the extension of SMOs answering GP calls and queries between 4-6pm prevents between 2-3 admissions most days within this 2-hour period.

**For Whakatāne** the three strands of work in E3 Acute Flow Programme: Integrated Care, Safe Care and Sustainable Workforce which have continued over February and have workstreams set up for 2022.

- **Integrated Care**

A focus on matching primary care capacity after hours to demand, integrated with planning for Covid response demand, has resulted in a proposal to extend hours from weekends 10-4, to an evening weekday service 5-8, and extended weekend hours. This is a collaborative effort with Whakatāne Hospital and EBPHA and will form the basis for future planning with learning from this immediate Covid response.

- **Pathways**

Work continues towards improving access and equity for EBOP patients to COPD (Chronic Obstructive Pulmonary Disease) and DVT (Deep Vein Thrombosis) pathways, along with completing the follow up actions from the Cellulitis pathway. Early investigations into Iron Infusion and Catheterizations in primary care pathways are underway.

- **Sustainable Workforce** - Rural Hospital Medicine (RHM)

Executive support provided to resource a co-ordinating structure for the RHM four-year programme including the primary care options.

## 4.2 Additional Bed Capacity

### Riverstone Project

The Perioperative Department at Whakatane Hospital has commenced a facility redesign to add one Endoscopy room to the Perioperative suite by reconfiguring the Sterile Storeroom and creating a new staff area in a prefab building in the Riverstone courtyard. The commissioning of an additional Endoscopy room will provide much needed access to Endoscopy services and has been named as the Riverstone Project.

## 5. HEALTH REFORM TRANSITION

### 5.1 Locality Development

Planning and Funding and Improvement and Innovation leads presented to the Ministry evaluation panel in February in support of Iwi and the Eastern Bay of Plenty Sub-Locality prototype proposal.



All parties were commended by the Ministry on the quality of the presentation, the strength of relationships evident, and the authenticity of the proposal. A decision on which of the proposals submitted from around the country will be made in Mid-March.

In the Eastern Bay of Plenty, acknowledgement is due to the PHA which has been asked to present (virtually) on Integrated Care Management in an international integrated care conference in Denmark, in May this year. This is very positive acknowledgment of a service development refined over more than a decade that continues to have a positive impact on the community.

## 5.2 Advancing Critical Workstreams

### Renal Dialysis Services

The business case and planning for a temporary dialysis expansion on the Tauranga Hospital campus is in progress with a proposed timeframe for completion being late 2022.

In parallel, consideration of additional options for Eastern Bay of Plenty communities is occurring.

In the interim BOP, Waikato, and Lakes DHBs are working towards providing increased capacity at Rotorua Hospital to reduce the distance of commute for people from inland Eastern BOP and Western Bay of Plenty. The proposed delay in the start date of 1 April is due to nursing recruitment timelines.

## 5.3 Clinical Governance

### Health Quality & Safety Service (HQSS) Update

Work continues to connect quality assurance, improvement, and risk management processes, as endorsed in the 2021 review of the DHB's clinical governance systems.

The DHB Certification and Surveillance audit has been postponed by three months due to the impact of COVID-19 on the public health system.

Current priorities for the Health Quality and Safety Service are:

1. Mātauranga Māori Group partnership: Update terms of reference of key governance functions, including the Clinical Governance Committee and Clinical Audit Framework to incorporate Mātauranga Māori, aligned to the goals of Te Toi Ahorangi 2030.
2. Risk management programme: To support clusters and risk owners with risk identification, classification, and management.
3. Quality reporting and visibility: Combined dashboards to allow exploration of key KPIs (including Board KPIs and HQSC Quality and Safety Markers). Initial drafts in development, focusing on falls and pressure injuries. Other areas to be included as resource permits. Data and digital governance workstream established in collaboration with Innovation and Improvement team (I&I) and the Chief Information Officer (CIO).
4. COVID-19 Clinical Governance Framework: To support the effective management of COVID-19, and to assess the impact of COVID-19 on quality and safety of care now and in the future.



## Service Update Supplementary to Chief Executive's Report

This report covers the period 24 February to 17 March 2022.

### 6. Corporate Services

#### Communications

##### COVID-19-Communications

COVID-19 continues to be a large part of the Corporate Communications team's work both for internal and external audiences. Internal communications continue with COVID dedicated One Place intranet articles, inserts in the CEO newsletter, and the Staff Bulletin. External communications encompass media and managing the DHB's internet presence - the main DHB website and social media platforms posts.

##### Digital Communications

- Ongoing support for Intranet COVID-19 digital comms (OnePlace, Website(s), COVID Level messaging and information for staff, vaccination information support, clinical support (resources), general facilitation of publishing approved information.
- Development continuing with IT and the clinical applications team for Intranet based reporting hub, allows staff to access and customise what reports are important for them, this is currently being finalised with the Service Improvement team for the correct data to implement. This workstream was put on hold due to reallocation of resources into supporting the COVID response but this is now back with IT for development.
- Bay Navigator (Our BOPDHB clinical resource website) is undergoing a refresh along with being moved to the new website framework and management (as part of advice from our security audit), as clinical Health Pathways are still merging across the Midland Region our region focused pathways will remain on this resource. It is now undergoing the development phase and liaising with IT development team and GP liaisons to get the content all moved over to the new environment, planned launch to be early April due to COVID and resource capacity.

##### Social Media Presence

The appointment of a dedicated social media team member is having positive outcomes .

##### BOPDHB: Facebook

Growth experienced in the number of people accessing and engaging with the DHB's Facebook social media.



##### Top performing posts

Highest organic engagement received on BOPDHB Facebook page during February.





**Post 1 (left):** First time case locations Table was shared – generated as positive, appreciative response from public.

**Post 2 (right):** Celebrating our past volunteers.

### Insights

- The BOPDHB Facebook page continued to grow in February. The rate of growth increased substantially on January levels. Positive results were seen across all areas, page likes (followers) were particularly notable.
- Content is being increasingly recognised by the public and Facebook page is becoming a more trusted, reliable source of information during the pandemic. This will continue to be a focus during March.
- Top performing posts across all platforms prove to be people related with audiences responding best to positive stories that celebrate our staff.
- This has resulted in follower growth and a sizeable jump in post engagement.

### BOPDHB: LinkedIn



There wasn't a large proactive activity here, instead the focus has been on seeing how the page performs organically with content replicated from other social media platforms. We have a large following on here who potentially don't see the content posted on other platforms so the page provides an opportunity for further exposure of what we're already doing.

### Other Pages: Tauranga Hospital, Whakatāne Hospital:

- Tauranga Hospital Facebook page also saw an increase in followers and engagements with a slight increase in activity in comparison to January. Engagements were a standout, doubling from that of the previous month.
- During February, Whakatāne Hospital Facebook page got to 1500 followers and active engagements doubled. This reflects our efforts to build relationships with the Eastern Bay groups.

### March Objectives

- With the rapid increase in COVID cases and a peak expected in March, our social objectives will shift slightly from being focused on growth and community engagement. Most of the content will be COVID focused, with a goal of providing the support and information our following needs to get through. This will span from up-to-date testing information to tips on isolating at home. This will be achieved by providing, easy to understand, digestible content.

- This month we'll also be looking to roll out a series of posts that encourage the public to keep ED for emergencies. This will use research conducted by emergency staff in our hospitals, keeping it as relevant as possible for our audiences. The strategy for this comes from case studies overseas where a back-to-basics approach has been applied, providing education for self-treatment. We'll be sharing basic at-home treatment options for some of the key non-urgent visits that have been appearing in our emergency departments.
- Where possible, we'll be inserting positive, non- COVID stories, based around our people and our hospital. This will be shifted back to being the main focus following Omicron's peak.

#### Aesthetic Overview:

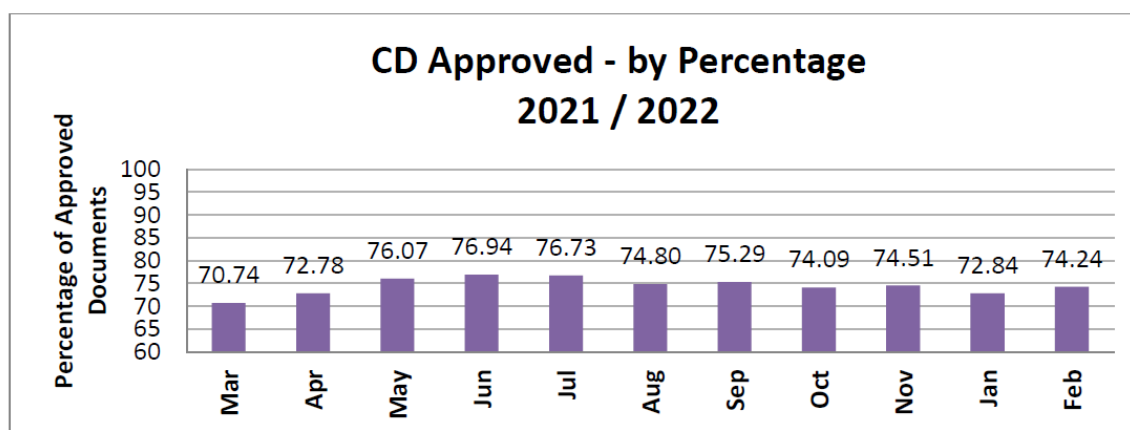


## 7. Governance and Quality

### Controlled Documents

Reporting is through Executive Committee (6 monthly).



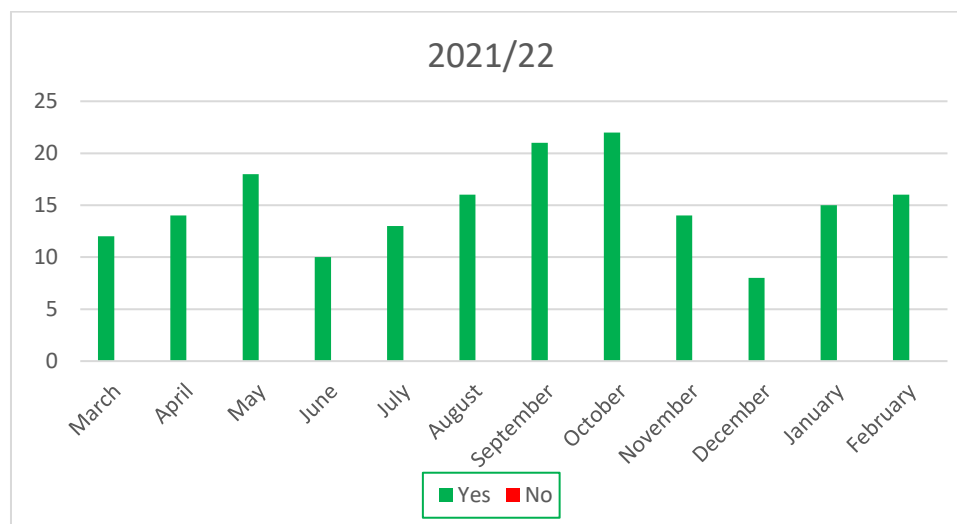


**Certification Corrective Action:** We were aiming to achieve 80% compliance by surveillance (due March 2022 now deferred for 3 months) however due to other priorities in the business we have only focused on progressing high risk controlled documents and rolling over the low risk ones where it is appropriate.

**OIA's** (Responded to 1 February 2022 – 28 February 2022)

	OIA	Requester Type	Due Date	Response Date	Met on time
1.	Hospital Code Levels	Media	02.03.22	01.02.22	Yes
2.	Covid – Myocarditis	Individual	28.02.22	01.02.22	Yes
3.	Covid – Design of Visual Materials	Researcher	02.02.22	02.02.22	Yes
4.	Vaccinations	Individual	03.02.22	03.02.22	Yes
5.	Covid – Costs and Vaccination Incentives	Individual	03.02.22	03.02.22	Yes
6.	Covid – Pfizer Treatment Injury Claims	Individual	01.03.22	08.02.22	Yes
7.	Assaults on Staff	SDHB Staff	10.02.22	09.02.22	Yes
8.	Risk Registers	MP	10.02.22	10.02.22	Yes
9.	Bethlehem Birthing Centre	Media	16.02.22	10.02.22	Yes
10.	Legal Costs	Advocate	14.02.22	14.02.22	Yes
11.	ICU Bed Investment	Individual	10.03.22	14.02.22	Yes
12.	Unviable Pregnancy Policies	Individual	14.02.22	14.02.22	Yes
13.	Crown Monitor	Media	18.02.22	18.02.22	Yes
14.	Heart Related Issues or Surgeries	Individual	23.02.22	18.02.22	Yes
15.	Covid – Hospitalisations	Media	24.02.22	22.02.22	Yes
16.	Skin Cancer Waiting Lists	Media	23.02.22	22.02.22	Yes

## OIA requests and compliance by month



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

## 8. Clinical School

A new Digital Applications Trainer has been appointed. This is a new position created after a Clinical Applications Trainer resigned at the end of 2021, and a Digital Capability Trainer has reduced her hours. This brings together the two roles and will ensure more flexibility and services available. The role has also shifted from Whakatāne to Tauranga to reflect the differences in workload between sites.

The Education Manager is part of a group of online learning representatives who have recorded a presentation for the HiNZ (Health Informatics New Zealand) conference that was due to be held in March. This short presentation gives a summary of how the teams managing the different learning management systems across the country work together, the successes and challenges, and what we see as opportunities going forward with Health NZ.

The Library team are exploring options to enable access to more databases offsite. This will be in collaboration with other health libraries to ensure a cost-effective approach.

### Students

Dr Kyle Eggleton, University of Auckland, is the new lead for the RHIP programme in Whakatane and has attended the first cohort's presentation evening and met with key staff involved in our RHIP programme. Dr Eggleton brings in a wealth of knowledge as a rural GP and is connected to nation rural medicine networks.

All the student cohorts of 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years are now settled into their placement runs. We are working closely with Barbara Armstrong to facilitate the onboarding of medical students into paid employment outside of their placement and study hours. The aim is to have a group of medical students as an agile workforce to employ in areas of greatest need.

### Research

Clinical trial activity is being impacted by current COVID-19 outbreak. Locality reviews, unless urgent, have been placed on hold due to resource pressures. Opening of new trials is also on hold. Recruitment remains open on current trials, particularly for cancer trials. The Clinical Trials Unit (CTU) team being small is a risk in terms of absenteeism however measures are in place to lessen the impact on the CTU service should the team be impacted.

## Distance Healthcare Update

**SUBMITTED TO:**

Board, Meeting

23 March 2022

Prepared by: Meghann Grawburg, Telehealth Clinical Director, Leanne Elder Programme Manager, Digital Enablement and Sarah Davey, Manager, Innovation and Improvement.

Endorsed by: Bronwyn Anstis, Chief Operating Officer

Submitted by: Pete Chandler, Chief Executive

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For Decision

For Discussion

For Noting

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### PURPOSE

This paper provides an update on the progress of Telehealth activities (the Distance Healthcare workstreams) for situational awareness. The Telehealth Sustainability project is part of the Digital Enablement Programme.

### KEY POINTS

- Across New Zealand, establishment of Telehealth as a mode of delivery is complex, with multiple barriers to adoption. BOPDHB stays connected with regional and national progress and developments through the Te Manawa Taki Telehealth Advisory Group and the New Zealand Telehealth Leadership Group, working collaboratively to support sustainable Telehealth.
- BOPDHB is progressing Telehealth through the establishment of the Telehealth Sustainability Team, near completion of a video consult proof of concept, change management and community engagement. There has been an increased use of video consults.
- Telehealth use increased significantly in response to COVID-19 during lockdown periods. To ensure Telehealth sustainability, support and promotion must continue beyond the pandemic.

### BACKGROUND

#### Telehealth Sustainability Team

The Telehealth Sustainability Team (TST) was implemented to improve Planned Care by adopting and sustaining Telehealth activities. The TST is tasked with planning, delivering, reporting, and evaluating Telehealth activity across BOP Health at an outcome level. The team consists of a 0.5 FTE Clinical Director and a 1.0 FTE Coordinator. The Digital Enablement Programme Manager also supports this work.

A critical part of this team is a Māori Digital Health Equity role. A provider will use a strength-based approach in line with the principles of Te Toi Ahorangi to deliver the outcomes related to this role and create a localised Telehealth engagement strategy and roadmap.

The Telehealth Sustainability Programme is inter-dependent on the Integrated Video Consults Proof of Concept Project noted below.

### **Integrated Video Consults**

This project makes booking video consultations easier from a technical perspective. It aims to deliver a scalable Proof of Concept (POC), which provides a good patient experience whilst streamlining the booking and use of Video Consultations for one-to-one clinic visits. The project has delivered the first phase in a seamless booking system connecting patients and clinicians via Zoom by streamlining the workflow with purpose-built integration into existing systems. It is expected that ongoing development in this area will lead to a sustained increase in video consultations, where clinically and culturally appropriate.

This work is supported by a 0.5FTE Project Manager and the Digital Enablement Programme Manager.

### **Increasing Connectivity for Māori**

This funding has been provided to enable BOP Health Partners to improve connectivity service for Māori collaboratively.

## **PROGRESS - TELEHEALTH SUSTAINABILITY TEAM**

### **External Communications - Social Media**

**Tiles** - A series of photos and graphic's with text and link back to the BOPDHB website



**Videos** – A series of short videos interviewing a health professional or patient highlighting benefits of Telehealth or sharing a telehealth success story



### **External Communication – Media Releases & BOPDHB Website**

**Media** - A series of media releases are planned to introduce Telehealth, describe the benefits, and highlight Telehealth innovation at BOPDHB

**BOPDHB Website** - Telehealth page has been updated with new videos and information for patients and whānau





## Internal Communication

**OnePlace updates** – Telehealth resources and contact information for technical, digital capability, and clinical support

**Telehealth Resource Page** – Newly developed page with resources and information, with new material regularly added

**In-person support to clinical teams** – service meetings, head of department meetings, and individual meetings to support change management and support telehealth skill development

## Change Management

**Identification of barriers to change** - Engaging with Business Leads, Head of Departments, services, and individual clinicians

**Measuring Change Readiness** – Regular assessment of stakeholder readiness

**Community Engagement** – Discussions and surveys with community groups to understand patient and whānau experience, needs, and aspirations for access to healthcare

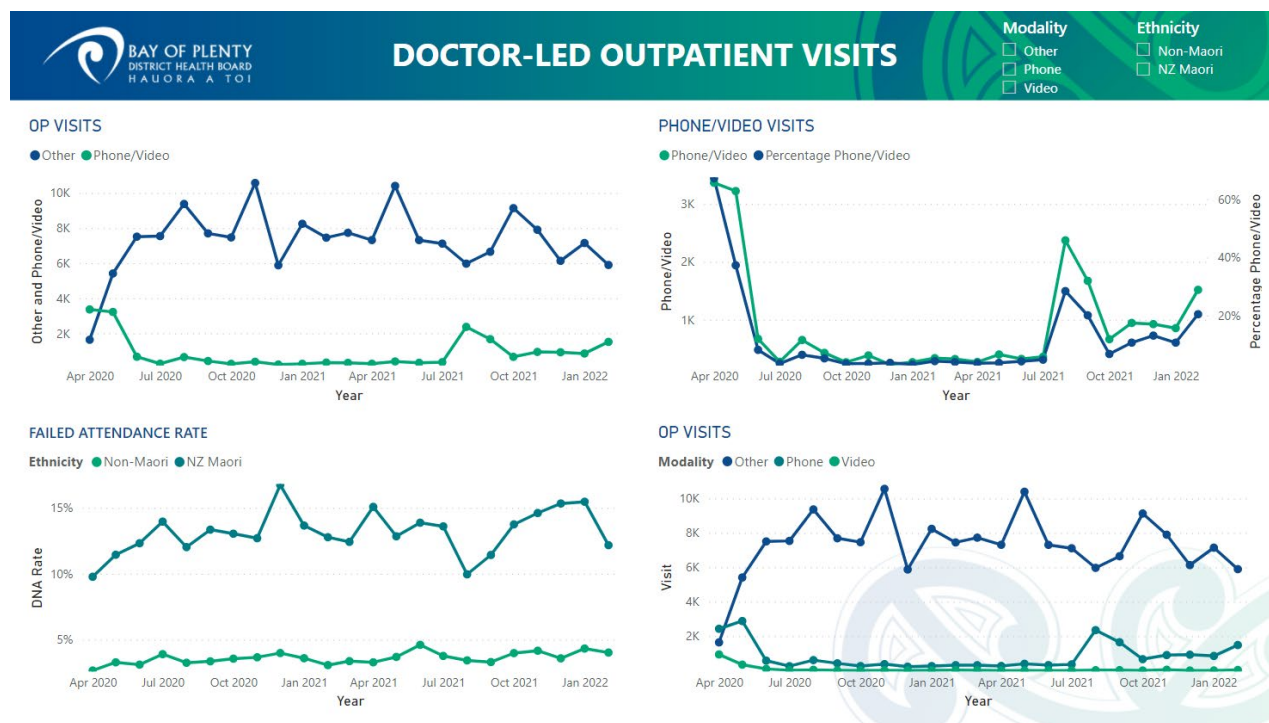
**Māori Engagement** – Connecting with tangata whenua to help understand local Māori perceptions of the value and place of Telehealth. This work will also support the development of Telehealth strategies to improve access to healthcare for Māori in the Bay of Plenty. This approach will be guided by Te Toi Ahorangi and underpinned by He Pou Oranga Tangata Whenua Framework.

## Change Readiness

SERVICE	READINESS	COMMENTS
Surgical Services		<p><b>Current State</b></p> <ul style="list-style-type: none"> <li>Widespread use of telephone consults</li> <li>Photos, videos, clinical data used in screening, diagnosis, treatment, monitoring</li> <li>A physical exam is often clinically required for FSA and some follow ups</li> <li>No advantage to video consults if only a conversation is required</li> <li>Easier to book and conduct telehealth appointments with new integrated video consults</li> </ul> <p><b>Near Change</b></p> <ul style="list-style-type: none"> <li>System needs to be robust for clinicians and patients to use telehealth without risk of time lost to resolve issues</li> <li>Virtual waiting room is required, coming in phase 2</li> </ul> <p><b>Complex/Longer-term Change</b></p> <ul style="list-style-type: none"> <li>Many patients do not have device, internet, private space or digital literacy</li> <li>Need technology and model of care to support multi-disciplinary involvement and fully electronic medical records</li> </ul>
Medical Services		
Women, Child and Family		
Allied Health		
Mental Health		

## Data & Dashboard

**Doctor Led Clinics** - Dashboard developed to track in-person, telephone and video appointments for doctor-led clinics providing information on Māori and non-Māori success rates



**Allied Health and Nurse-led Activity** - Development is underway to create visualisations for Allied Health data. Solutions are being investigated to capture and visualise nurse-led activity.

**National Dashboard** – Under development by the Telehealth Leadership Group .

### Local indicators under development include:

Patient and whānau experience  
 Consultations via Telehealth as a percentage of total consultations  
 Environmental sustainability measure

### COVID-19 response

Supporting telehealth capability and clinical use to reduce exposure to COVID-19

COVID-19 in our communities has prompted patients and clinicians to consider the use of Telehealth to deliver care

### PROGRESS - INTEGRATED VIDEO CONSULTS PROOF OF CONCEPT

**Resource Development and Training** - videos, 1:1 training sessions, a simulated training environment, process flow documentation and tips and tricks

**Onboarding schedulers and clinicians** – 7 services have been onboarded with six services starting the trial with video appointments completed

## Video Appointments by Service



**Technical development & support** - Phase II work has been prioritised by the TST and is currently being sized, with delivery not expected until September 2022. Ongoing technical business as usual support and development

### User engagement and feedback collected (examples):

"Huge benefit in being able visually see the patient when doing the anaesthetic preassessment for a patient. All assessments are currently done over the phone." - Clinician

"...worked well yesterday – not having to worry about arranging the link myself, I would like to use this more often. I'll ask the scheduler to offer zoom over forthcoming weeks." - Clinician

"Great quality, it was super easy and effective. Dr was on time, no complaints at all. It was a fantastic experience!" – Patient who participated in a Proof of Concept Video Consult

"While in this covid time, Zoom meetings do keep people safe, it does not beat an in person meeting." – Patient who participated in a Proof of Concept Video Consult"

### PROGRESS - INCREASING CONNECTIVITY FOR MĀORI

**Procurement process** - Underway to select a provider to work with to define Telehealth from the patient's perspective, whānau and iwi. This engagement will also develop a roadmap for future engagement with Māori in BOPDHB and help create a vision for a future state.

**Data** - Preliminary data reveals promising indications of uptake of Telehealth for Māori (i.e., Māori participated in a higher proportion of Telehealth appointments than in-person appointments from September 2021 to January 2022).

**Matakana and Motiti Island** - Continuing and supporting discussions with the local communities about how they want to develop their Telehealth capability. Western Bay of Plenty Primary Health Organisation has led the ongoing community engagement with the Matakana Te Awanui Hauora, focusing on developing the model of care and improving distance health delivery with the Islanders. High definition video consults with GPs, and hospital outpatient clinics can now be run from Matakana Island due to this work.

Co-design hui at Matakana Island November 2021





## **BOPDHB MENTAL HEALTH AND ADDICTIONS TRANSFORMATION UPDATE**

**SUBMITTED TO:**

Board Meeting

23 March 2022

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and

Submitted by: Pete Chandler, Chief Executive

**RECOMMENDATION:**

That the Board notes the Mental Health and Addictions Transformation Update

**ATTACHMENTS:**

BOPDHB Mental Health and Addictions Transformation, March 2022 update



## MHAS Transformation Phase III - Update



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### Specialty Working Groups

The MHAS Transformation project was further progressed this month with the start of the Specialty Working Group hui held at The Orchard, Te Puke for Kaupapa Māori, Lived Experience and Rangatahi interest groups. Engagement was representative of providers, Rangatahi, tangata whaiora and whānau from across the Bay of Plenty and we would like to thank the participants for their time and contribution. Its not too late to be involved with the Specialty Working Groups. If you are wanting to contribute further to the MHAS Transformation our next hui are scheduled for:

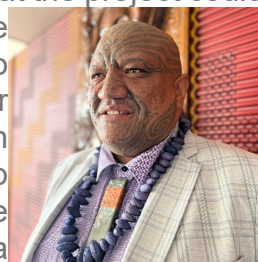
- 15 March – Rangatahi
- 16 March – Kaupapa Māori

- 17 March – Lived Experience



### Louis Rāpihana to lead methamphetamine harm reduction project

In December we announced planning for the rollout of Te Ara Oranga, a methamphetamine harm reduction project localised for the Eastern Bay of Plenty (Ōpōtiki) and the Rotorua areas. In December we were successful in contracting Louis Rāpihana as the Project Lead for Te Ara Oranga. He has whakapapa to all Hapū of Te Whānau a Apanui, Ngai Tai and Te Whakatōhea as well as a connection to the wider Mataatua region. Louis is a part of the Whare Rauora programme that has been working on the ground with providing a pathway to heal whānau effected by methamphetamine since 2019, he has strong contacts throughout the regions with different organisations that are providing on the ground services to whānau - this will help with the development of the Te Ara Oranga Project and give it some good foundation for consultation. Louis and the wider team have been doing a lot with localised consultation on what the project could look like, it is envisaged that with Te Ara Oranga we will have the ability to not only provide more options for whānau struggling with methamphetamine but help strengthen all service providers in the Eastern Bay of Plenty and Rotorua regions.



### Review of Bay of Plenty Continuum of Care begins

It has been a desire to explore the balance and mix of community support services in our mental health and addiction services continuum, particularly for tangata whaiora and whānau who have lived experience of a significant mental health and/or addiction challenge in their life.



This piece of work will focus on community residential, alternatives to hospital admission, and support packages including:

- The current model /system and whether it is equitable or appropriate for Māori.
- How we could ensure better and more timely access to this type of support.
- How as a DHB we could enable different approaches to community support and care that enables tangata whaiora and whānau to flourish and live well regardless of having a diagnosis of mental illness and/or challenges with addiction to substances.
- What is enabling and hindering tangata whaiora to progress along the continuum, and why some people appear to be “stuck” in the system.
- The adequacy of service provision levels, particularly in the Eastern Bay of Plenty.

The project will help us to design and ultimately transform, a better continuum of community-based support. It will also contribute to the Clinical Services Plan (CSP) which supports the business case to Ministry of Health for the redevelopment of our two adult acute inpatient units located in Whakatāne and Tauranga.

### **Who does this impact and how could you be involved?**

The current contracted services in scope for this programme of work include:

- Current housing & recovery services, respite and individualised community support for people who have high and diverse range of need and or packages of care. This includes mainstream and Kaupapa provider contracts for these supports/services.
- Rotorua pre and post residential rehab contract: The Detox bed in Whakatane Inpatient Unit.
- Community beds and community support including individualised packages of care.
- Developing opportunities for alternatives to hospital admission.
- Community support for people over 18 years.

We are inviting tangata whaiora, whānau, key partners and providers to participate in our survey. We will then analyse this feedback to develop a set of recommendations (along with project working and focus groups) to share through a community consultation process.

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## IPMHA model provides easy access to wellbeing support

The Integrated Primary Mental Health and Addiction (IPMHA) Service is a new model of primary mental health and addictions care and support which aims to provide all New Zealanders experiencing mental distress or addictions challenges with access to convenient, high quality, integrated and person-centred care and support. The IPMHA model provides easy access to mental wellbeing support available in GP sites across the country.

The programme builds on the mental health and addiction expertise that already sits within general practice teams, and strengthens the collaboration and ties between general practices, non-government organisations, and DHB-led secondary mental health and addiction services.

Under the IPMHA programme, a Health Improvement Practitioner (HIPs) and Health Coach/Support Worker work as a part of the General Practice team providing the person with immediate support and tools for wellbeing. The HIPs and Health Coaches provide advice and support based on individualised goals, promoting self-management. HIPs will be addressing the needs of a significant number of people who have high levels of distress and complexity, including those people who would not meet the entry criteria for secondary services but have needs beyond the capacity of “traditional general practice”. The Health Coaches work closely with local community NGO support workers to ensure people can access the full range of help they need. Notes are written directly into the practice-based Patient Management System (PMS) and ‘warm handovers’ ensure that the practice team members can make an introduction when the need arises and are kept updated with patient information. Additionally, IPMHA services are able to adapt to meet the health needs of their local community.

IPMHA services are being rolled out through the three Primary Health Organisations (PHOs) – Western Bay of Plenty Primary Health Organisation (PHO), Ngā Mataapuna Oranga (NMO) and Eastern Bay of Plenty Health Alliance (EBPHA) in partnership with local GP Practices. The first GP Practices to roll out IPMHA services across the Bay of Plenty District Health Board include:

- Chadwick Healthcare - Greerton
- Papamoa Pines at Palm Springs
- Tauranga Moana City Clinic

Watch this space for more information about new staff and GP practices offering IPMHA services close to you.

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## March Introductions

Meet this months Toroa Leadership Group members! Arana Pearson, Lived Experience representative and Esther Martin for Pacific Communities.



### Esther Martin

*Chief Executive Officer*

Pacific Island Community (Tauranga) Trust [PCITT]

PCITT supports our Pasifika People to be visible for the right reasons by helping them to achieve their goals and aspirations. PCITT, led by Esther, is a Pacific Island Health Service based in Tauranga whose vision is to support our Pacific community in the Bay. Their aim is to do so through a Mobile Nursing Service, Outpatient Advocacy and Support Service and Community Support Worker. They offer a whole host of other services, including a Pasifika Playgroup as well as facilitating community events.

PCITT provides a whole of family, wraparound service to the community using Pacific models of care and creating pathways for Pacific communities to thrive making them a finalist for the TECT 2022 Diversity & Inclusion Award.

### Arana Pearson

*Tangata Arahi ki te Ao Marama*  
Lived Experience Lead,  
Te Pou Oranga o Whakatōhea



An educator, musician and writer, Arana became involved in mental health service sector some years after his own experience of using mental health services in New Zealand and has worked professionally in mental health for almost thirty years.

Arana is the founding chairman of the Aotearoa NZ hearing voices peer support network and has advocated for two decades for better understanding,

acceptance and support for people who hear voices in Australia and New Zealand. He was the first chairman for the national consumer advisory group in New Zealand - Like Minds Like Mine in the 1990's and been an invited presenter to a Yale University international clinical & academic conference on mental health. He was recently asked to chair the NGĀ KŌPARA O TE RITO – Lived Experience and Whānau in the Midland region Mental Health & Wellbeing Network now called Te Manawa Taki.

Arana is currently working with Whakatōhea Iwi Social and Health services to implement improved quality of mental health and addictions services in primary health and peer support development in the Ōpōtiki district on the East Coast where he has contributed now for over eight years.

**Skills:**

- Lived Experience of secondary Mental Health and Addictions services
  - Critical thinking and articulate advocacy
  - Ability to communicate effectively both orally and in writing
  - Experience with research and documenting lived experience perspectives
  - Experienced presenter and trainer
  - Passionate about working alongside Māori and communities
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