



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting Agenda

Wednesday, 28 April 2021
10.00 am

Please note Board Only Time 9.00 am

Kawakawa Room, Education Centre,
Tauranga Hospital

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 Whakamaua
- 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

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

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	5
3	<p>Minutes</p> <p>3.1 <u>Board Meeting – 24.3.21</u> <u>Matters Arising</u></p>	10
PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES		
4	<p>Presentation</p> <p>4.1 <u>BOPDHB Sustainability Launch</u> (10.00 am – Matai Room) Vicktoria Blake, Sustainability Manager</p> <p>4.2 <u>Life Curve: The Opportunities for Reducing Pressure on our Facilities.</u> Sarah Mitchell, Executive Director, Allied Health, Scientific & Technical</p>	17
5	<p>Items for Discussion</p> <p>5.1 <u>2021 Executive Key Deliverables Calendar</u></p> <p>5.2 <u>Top 12 Executive KPIs</u></p>	30 33



Item No.	Item	Page
PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY		
6	Items for Discussion 6.1 <u>Chief Executive’s Report</u> 6.2 <u>Items from Board Committee Meetings – 27.4.21</u> 6.3 <u>General Business</u>	40
7	Items for Noting 7.1 <u>Board Work Plan</u>	67
8	General Business	
9	Resolution to Exclude the Public 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.	
10	Next Meeting – Wednesday 26 May 2021.	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated April 2021)



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



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



Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Establishment Board of Trustees – Suzanne Aubert Catholic School, Papamoa	Member	Education	NIL	March 2020
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	LOW	March '21
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
Maori Expert Advisory Group (MEAG)	Former Chair	Health & Disability System Review	LOW	18/12/2019
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020
EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020



Interim Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Wai 2575 Claimants	Consultant	contracted via the National Hauora Coalition to support Wai 2575 claimants cost historic underfunding of Māori PHOs. Short-term project.	LOW	August 2020
Ministry of Health	Consultant	National Evaluation of Breast and Cervical Screening Support Services	LOW	August 2020
Alliance Plus Health PHO - Pan Pacific Resilience Model	Consultant	Health	LOW	27/08/2020
Counties Manukau DHB	Consultant	Maori Health project	LOW	November 2020
Husband – Morris Pita	CEO	Health IT	LOW	18/12/2019
- Health Care Applications Ltd				
- Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019
STEEL, Linda (Maori Health Runanga Chair)				
Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021
Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/02/2021



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



Minutes
Bay of Plenty District Health Board
Conference Hall, Clinical School, Whakatane Hospital
Date: Wednesday 24 March 2021 10.00 am

Board: Sharon Shea (Interim Chair), Ron Scott, Mark Arundel, Marion Guy, Bev Edlin, Geoff Esterman, Ian Finch, Arihia Tuoro, Leonie Simpson, Mariana Hudson, Natu Vaeluaga (Board Observers) Linda Steel (Runanga Chair)

Attendees: Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services), Bronwyn Anstis (Acting Chief Operating Officer), Andrea Baker (for Acting GM Planning & Funding and Population Health), Stewart Ngatai (for Manukura, Te Pare o Toi), Debbie Brown (Senior Advisor Governance & Quality), Luke Bradford (Chief Medical Officer – 11.45),

Item No.	Item	Action
1	Karakia	
2	Presentation Nil	
3	Apologies An Apology was received from Hori Ahomiro Resolved that the apology from H Ahomiro be accepted. Moved: M Arundel Seconded: M Guy	
4	Interests Register Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. Committee Member M Guy advised of an addition in being appointed to the Nursing Council of NZ	
5	Minutes 5.1 <u>Minutes of Board meeting – 24 February 2021</u> Resolved that the Board receives the minutes of the meeting held on 24 February 2021 and confirms as a true and correct record. Moved: R Scott Seconded: A Tuoro 5.2 <u>Matters Arising</u> <i>MCP</i> - Internal team is configuring a new model to capture workforce concerns on software. <i>Board Health and Safety walkarounds</i> - these had been discussed at FARM meeting yesterday and will be restarted as soon as is possible. <i>MOH Performance Pack about BOPDHB</i> - this has been discussed by the Executive Team. It fits within the model of reorganising for successful execution and links to the 10 priority KPIs. Progress will be reported back to Board	



Item No.	Item	Action
	<p><i>Whakamaua</i> - dates have been circulated and shared with regional colleagues and other sector partners. Board Members have details to register.</p> <p><i>Theatre Utilisation metrics</i> – a continuing development with IT Team.</p> <p><i>MMR</i> – The National Immunisation Register (NIR) does not provide an accurate data output of vaccinations given and much work is underway with PHOs and internally to achieve this.</p> <p>Resource has been deployed to Te Pare o Toi to work with the Toi Te Ora (TTO) adding vaccination capacity.</p>	
6	<p>Part A: Monitoring, Compliance and Business as Usual Delivery</p> <p>6.1 <u>Chief Executive's Report</u></p> <p>The Chief Executive highlighted:</p> <p>The last 6 weeks have been busy with the main national priorities of COVID and MRR, along with very high clinical workload demand but also ongoing efforts to make progress on our areas of development.</p> <p>Newly emerging:</p> <p><i>The development of a framework to take care of workforce wellbeing.</i></p> <p>Over the last month or so there have been a number of reach-outs from the cumulative impact on teams of the last couple of years of natural disaster/events, particularly from the Whakaari event, and clinical workload. Over the last 12- 18 months we have progressed in our understanding of how we better support our teams but it may still be insufficient for where we are now. We are working with Unions to get the best picture of where we are at. It is the start of adding substance to the whole area of looking after our staff.</p> <p><i>Business Development</i> - We are deconstructing a number of systems and BAU models to build a transformational model which will extend to the whole of sector. Alongside that, co-location of Executives will occur in May.</p> <p>There is a tool that will assist considerably with a better level of connectedness and driving achievement of deliverables which we are currently piloting - Monday.com.</p> <p><i>2021 Deliverables</i> - We have now released our new look BOPDHB website. It carries through the developing branding theme and is a platform for further development.</p> <p><i>Lifecurve</i> - empowers people with the ability to be able to assess their own functionality as they get older and, empowered with that knowledge, make personal changes or seek the right help and support. It will be launched nationally from the end of March.</p> <p><i>IC Net</i> - will provide infection surveillance that has not been possible before. It is a national rollout which is now being prioritised by BOP and goes live at the beginning of April.</p> <p><i>Board Workplan</i> – the Executive Team has discussed deep dives planned for the year. The diagram proposes specific areas of focus to bring to the Board. It is not prescriptive but will allow teams to pre-plan. To do it well and properly takes 6-8 weeks of preparation. It needs to remain flexible.</p>	



Item No.	Item	Action
	<p>Request was made to ensure the table is tied back to the strategic intentions.</p> <p>The Board noted that there are many amazing people with technical skills within the organisation. There are also many people with excellent facilitation skills e.g. Innovation Team. The CEO was asked to consider the optimal mix of skills at deep dive workshops to ensure both technical and facilitation skills are utilised to maximise the value of the workshops.</p> <p><i>Top 10 KPIs</i> - Query was raised with regard to 'moving the dial' on Top 10 KPIs. These are yet to be included in the front page of the Board agenda however they are due to come to the next Board meeting and flow through ongoing agendas. The Executive Team has worked together and Te Pare o Toi has cross-checked for accuracy and equity. A true equity lens has been applied throughout the development process.</p> <p>Resolved that the Board receives the Chief Executive's Report Moved: M Arundel Seconded: L Simpson</p> <p>6.2 <u>COVID Workforce Vaccinations Guide</u></p> <p>The paper was taken as read.</p> <p>Brent Gilbert De Rios and Trevor Richardson attended as Emergency Operations Centre (EOC) Reps, via ZOOM, to update on progress with the COVID Vaccination process. The COVID vaccination team will work under a Co-ordinated Incident Managements Systems (CIMS) structure in conjunction with Te Pare o Toi.</p> <p>Staff vaccinations commence on 29 March in Tauranga and Whakatane the following day. There are 24 planned on each day. Front line workers such as those in 2nd Ave A&E are also being vaccinated. Ongoing EOC work is being carried out to ensure there are no barriers. There has been a lot of work undertaken to implement the process and there is confidence that the process will go ahead smoothly. There is cognisance of the importance to the population. There is also awareness of competing priorities with other vaccination programmes. There are ongoing sites out in the community eg Bay Park, that can be stood up, should there be resurgence of COVID in the Bay of Plenty.</p> <p>The Board Chair thanked all the people working so hard and the leadership.</p> <p>Queries were raised regarding:</p> <ul style="list-style-type: none"> • Mass rollout and whether that will be through GP practice or hubs. It is still under discussion, however it is hoped GP practices will come on line in June. DHB reps have been allocated to East and West PHOs to assist. • Consideration of the ease of vaccination linked to GPs and staff who reside in rural locations (compared to urban locations). BOPDHB is working on delivering vaccines to rural areas specifically and make the process easy to access. • The materiality of potential staff hesitancy linked to COVID vaccination and our response. This is not known as yet. It is a developing situation. 	



Item No.	Item	Action
	<p>There has been direction from the Ministry on how to manage. There are particular workforce groups that historically have a low rate and resistance to being vaccinated.</p> <p>The Board thanked Trevor and Brent and requested that the Board's support and thanks be conveyed to the team.</p> <p>6.3 <u>Items from Board Committee Meetings – 23.3.21</u> <u>Fluoridation</u> – the CEO has received information from the Medical Officer of Health which he will forward to the Board Member who had queried at yesterday's Te Rapa Hou meeting.</p> <p>6.4 <u>General Business</u> Query was raised with regard to the possibility of Board meetings being held at sites other than Tauranga and Whakatane, eg Opotiki and Te Kaha. The Board Chair will consider.</p>	CEO
7	<p>Items for Noting</p> <p>7.1 <u>Correspondence for Noting</u></p> <ul style="list-style-type: none"> • Letter to Regional colleagues re newly elected Runanga Chair – 8.3.21 <p>The Board noted the correspondence</p>	
8	<p>Part B; Future Focus and Key Strategic Issues</p> <p>8.1 <u>Bay of Plenty Health System Transformation – Developing Successful Execution.</u> The CEO provided an overview of his planning and approach. The detail provided enabled the Board to understand how multiple projects link and fit together.</p> <p>There are some areas in the work programme that require the development of a robust framework to drive improvement. They are part of the CEO's next work programme after April.</p> <p>The Board was advised that the work programme is accessible via Monday.com and the CEO listed some value-add features of the new project management software e.g. there is clarity about who leads each priority and it is being used as a communication and accountability channel.</p> <p>8.2 <u>Life Course Approach to Transforming Care</u> The paper was to update the Board on the discussion at last meeting thinking about transformational efforts on the lifecourse context. The lifecourse steps within the table flow from left to right, from pre-birth through to aged care and preparing for death.</p> <p>Query was raised about how 'hotspots' such as endoscopy may be managed.</p> <p>It is considered health literacy is an important step in the process. Cultural change was also thought an important aspect.</p> <p>The Board considered it was a great start and is a good first cut of a broader system. How to build whanau capability would be a consideration and showing strengths.</p> <p>The table is currently devoid of cultural nuance and how that might be built into the BAU. Data and more equitable funding are also important.</p>	



Item No.	Item	Action
	<p>It is an evolving process. The Board looks forward to progress. It could inform the new co-commissioning approach.</p> <p>Resolved that the Board:</p> <ul style="list-style-type: none"> • notes the contents of this document. • confirms that the interpretation of the deep dive approach aligns with Board expectations. <p style="text-align: right;">Moved: I Finch Seconded: A Tuoro</p>	
9	General Business	
10	<p>Resolution to Exclude the Public</p> <p>Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting: Board Minutes – 24.2.21 Chief Executive’s Report NZ Health Partnerships Strategic Plan 2021 – 2024 Papamoa East Health Services Eastern Bay PHA Board Communications Strategy</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 Andrea Baker Owen Wallace Bronwyn Anstis Debbie Brown Stewart Ngatai Linda Steel (Runanga Chair)</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Shea Seconded: R Scott</p>	
11	Next Meeting – Wednesday 28 April 2021	

The open section of the meeting closed at 11.20 am

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



RUNNING LIST OF ACTIONS

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe			
Date	Task	Who	By When	Status	Response	
24.2.21	Chief Executive's Report – Health and Safety Query was raised with regard to Board Health and Safety walkarounds. GMCS will follow up	GMCS	24.3.21		Discussed at March Board – to be restarted as soon as is possible	
24.2.21	MOH Performance Pack The outdatedness of the some of the reported numbers was pointed out. Query was raised as to the response to gridlock etc. There is strategic state capacity planning being undertaken through Execs. An update will come back to the Board.	CEO	28.4.21		In progress	
24.2.21	Whakamaua It is the intention of the MOH Maori Health Directorate to engage with Boards. They also want BOPDHB's Te Pare o Toi to present TTA. Interim Chair requested any innovative trials that MOH Maori Health directorate would like to undertake,. The Board would be interested in being informed, perhaps as a joint presentation to Runanga and Board. CEO will follow up.	CEO	24.3.21		dates for sessions have been provided In progress – discussed with Board Chair	
24.2.21	Operating Theatre Utilisation Metrics There will be regular analysis on the data and the steps that can be taken to address the issues. The Board requested that a paper come back to the Board showing solutions. The Board appreciated the information in the paper.	Acting COO	24.3.21		Reported to Te Rapa Hou Meeting 27.4.21 – Completed	



24.2.21	Exploration of MMR Case Pathway, End to End Process There may be some better examples than the MMR Pathway which has been instigated as a requirement. CEO will review and advise of the next end to end process to review. The Board saw an opportunity of the process developing into a tool for future use.	CEO	24.3.21		In progress - Redesign Process underway
24.2.21	MMR <i>MMR Vaccinations</i> - Query was raised as to whether a delay of 3 months could be requested as it appears unrealistic to expect this to be undertaken in the timeframe under current conditions. A Case Study to be undertaken	Acting GM PF/Manukura	28.5.21		
24.3.21	Items from Board Committee Meetings – 23.3.21 <i>Fluoridation</i> – the CEO has received information from the Medical Officer of Health which he will forward to the Board Member who had queried at yesterday's Te Rapa o Hou meeting.	CEO	24.3.21		Completed
24.3.21	COVID Workforce Vaccinations Guide The Board thanked Trevor and Brent and requested that the Board's support and thanks be conveyed to the team.	CEO	24.3.21		Completed



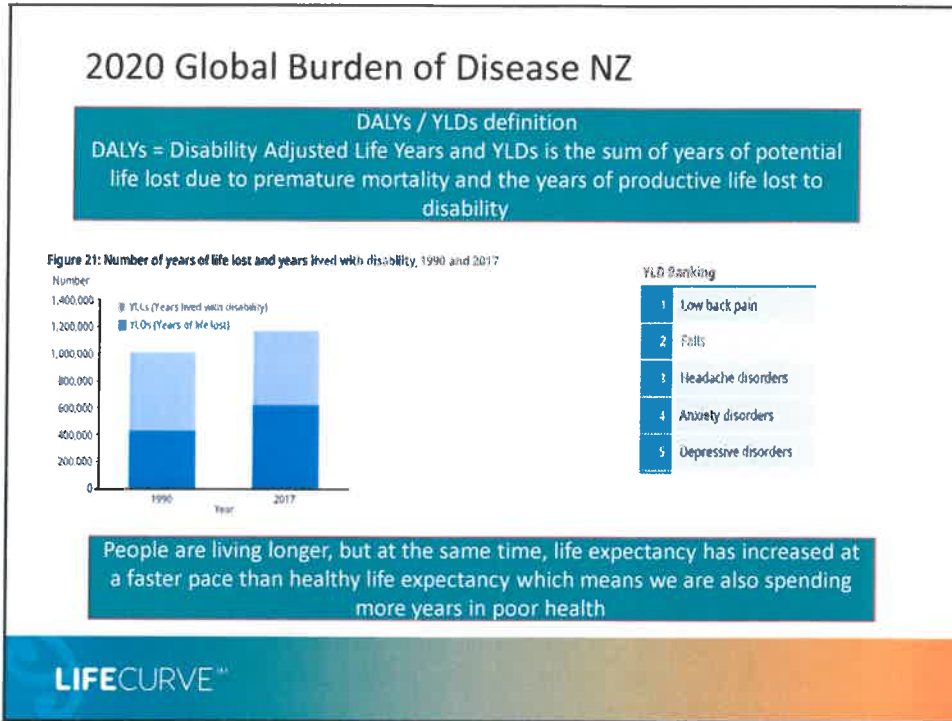
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LifeCurve™ Programme drivers – blueprint for change from a local and national perspective

- **Kia noho ora tonu ngā kaumatua** – Older New Zealanders lead valued, connected and fulfilling lives
- Enable older people to live independently and with dignity in their own homes for as long as possible
- Focus on
 - Equity for Māori
 - Vulnerable older people
 - Population health
 - Prevention and early intervention

The slide includes several logos and document covers. At the top right is the Ministry of Health logo (Manatū Hauora). Below it are the covers of the 'Strategic Health Services Plan' and 'Te Toi Ahorangi'. At the bottom right is the cover of the 'New Zealand Health and Disability System Review' (Hauora Manaaki ki Aotearoa Whānui).

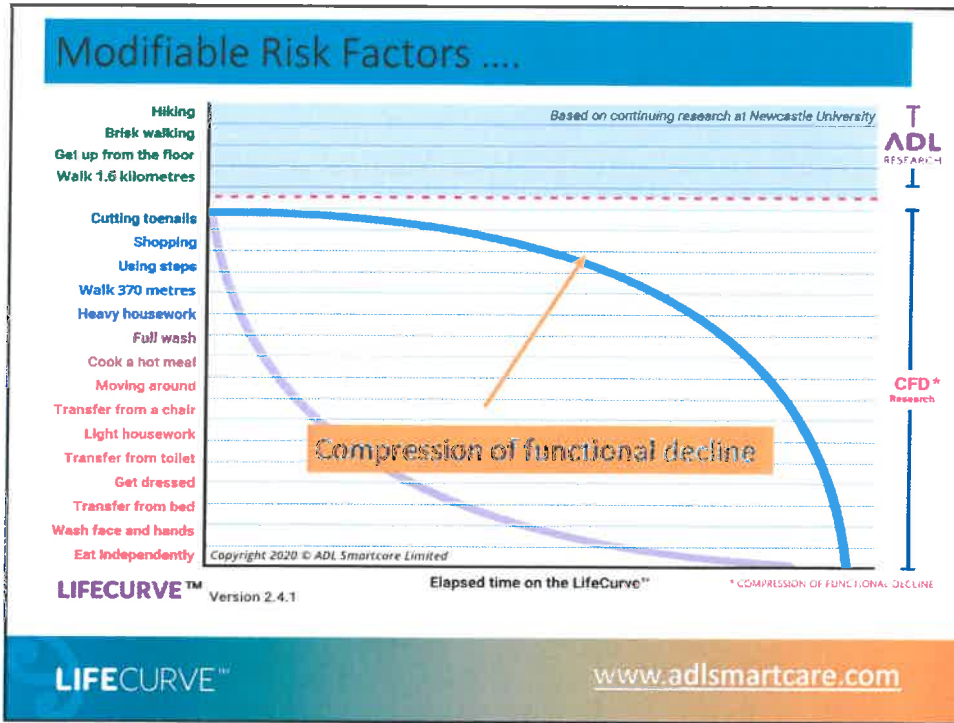
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5

What is the Lifecurve App?

- An easy-to-use app for your phone
- Measures how you are ageing by looking at your ability to do everyday tasks
- Compares your ability to others your age
- Gives useful advice and empowers you to age well

LIFECURVE™

6

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- How do we know it works?

- Proven by research
- Ageing does NOT have to mean losing abilities
- Ageing is only 25% genetic

"The LifeCurve™ app offers practical ways to maintain health and function through your later years. It's an easy way to engage with health promoting activities and interests and help you live life to the fullest."

LIFECURVE™ ➤ Professor Ngaire Kerse, Joyce Cook Chair in Ageing Well, University of Auckland

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- The LifeCurve™ defines ageing by looking at **FUNCTIONAL ABILITY** rather than age

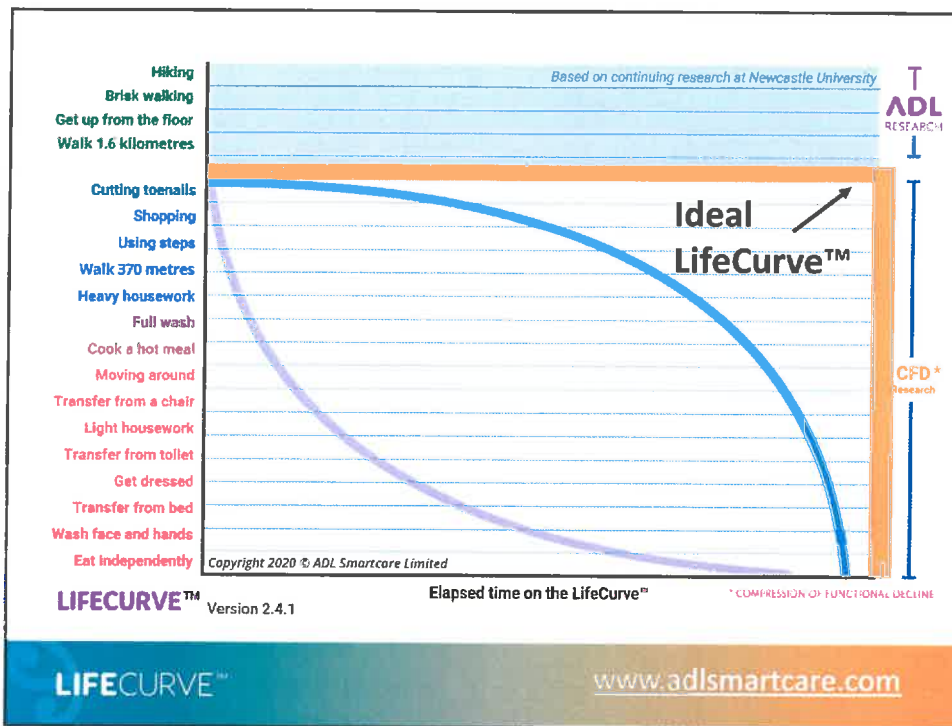
100 year olds can be living independently

vs

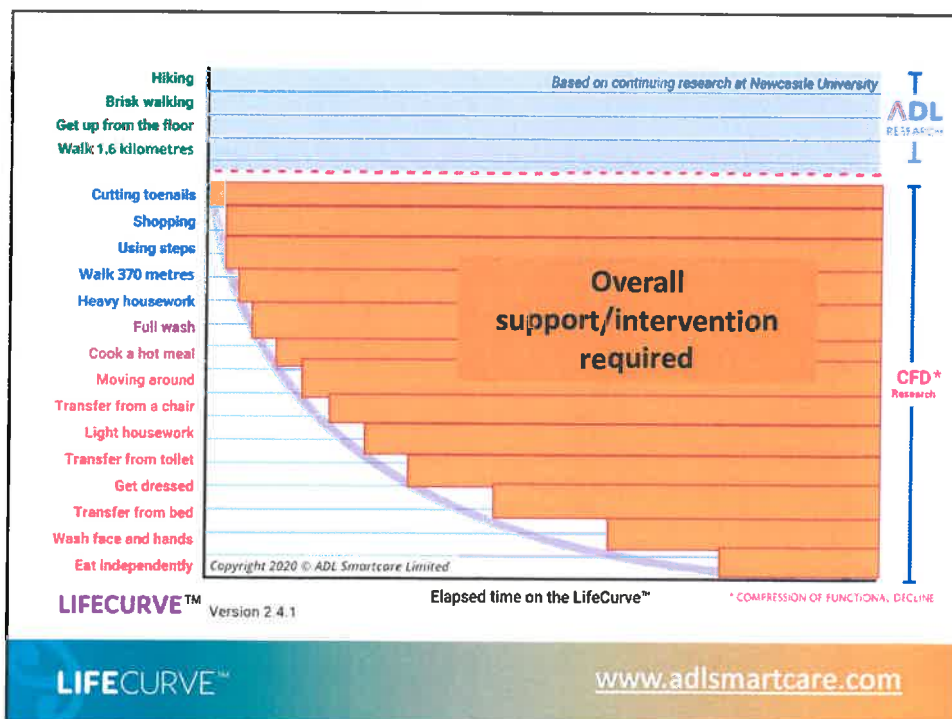
40 year olds may need home help and struggle to do the shopping on their own

LIFECURVE™ <https://doi.org/10.1093/ageing/afy145>

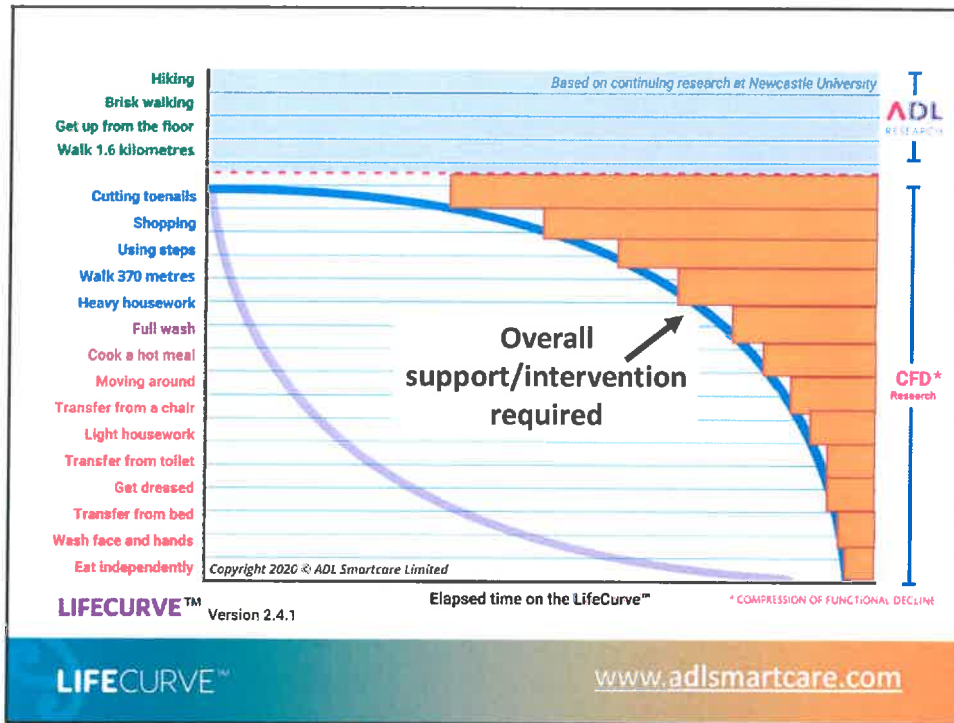
8



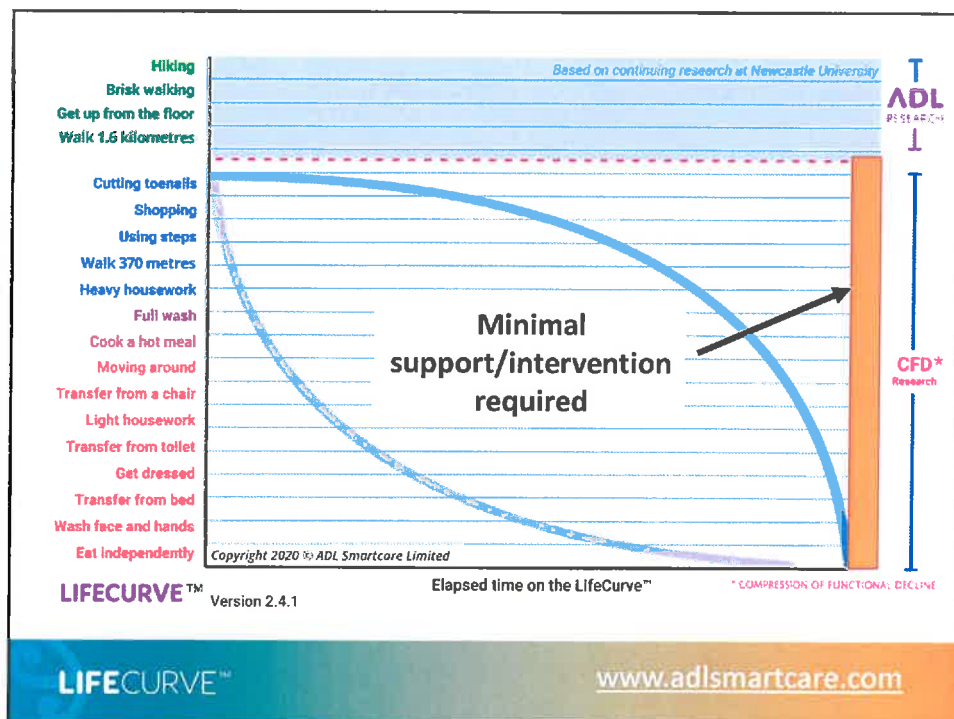
9



10



11



12

**Scottish national LifeCurve™ survey
(n=15,000)
mapped people receiving Allied
Health Services**

Conclusions:

- AH seeing people once lots of functional decline has already occurred – past the stage of enablement...too late!
- **Prevention / early intervention** can prevent high healthcare costs, change ageing trajectories and support healthy ageing
- For every level drop on the curve equated to a cost of 650 pound sterling per person per annum
- Moving an individual from mid curve to early curve = 3200 savings per annum

Public Health
Volume 180, March 2020, Pages 129-139

The Scottish national LifeCurve™ survey: costs of functional decline, opportunities to achieve early intervention to support well-being in later life, and meaningfulness of the LifeCurve™ ★

S. Kelso^{1,2}, S. Mitchell^{1,2}, P. J. Rowe^{1,2}, P. Gore^{1,2}

LIFECURVE™ <https://www.sciencedirect.com/science/article/abs/pii/S033350619303348>

13

Ageing is malleable – Exercise works!

RCT
sedentary older adults n=1635

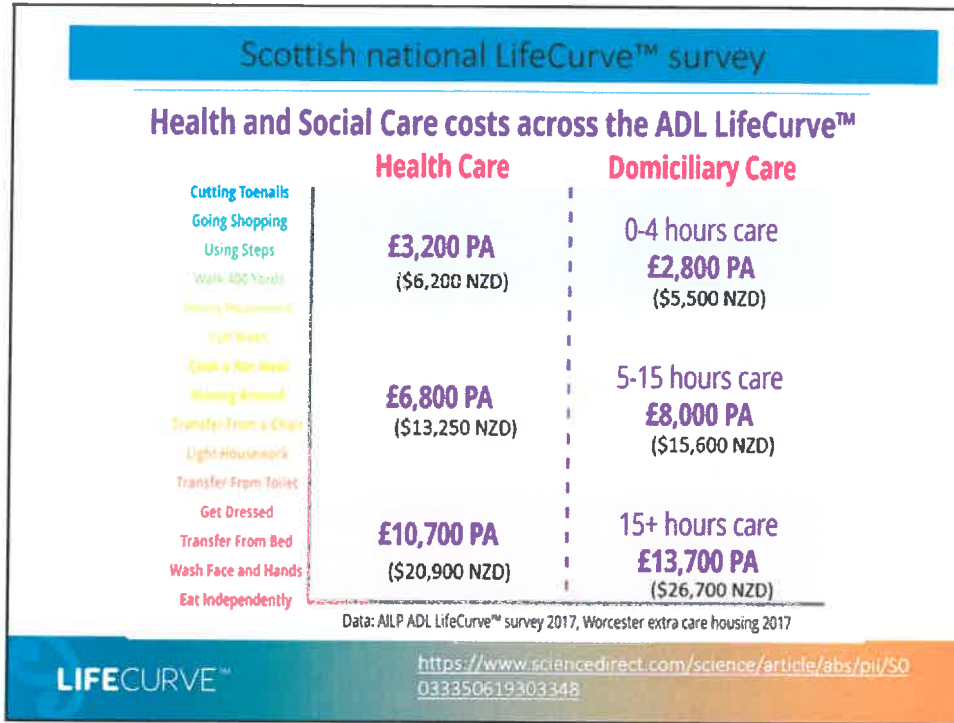
Health education
817 given health information only

Physical activity
818 given a specific exercise programme

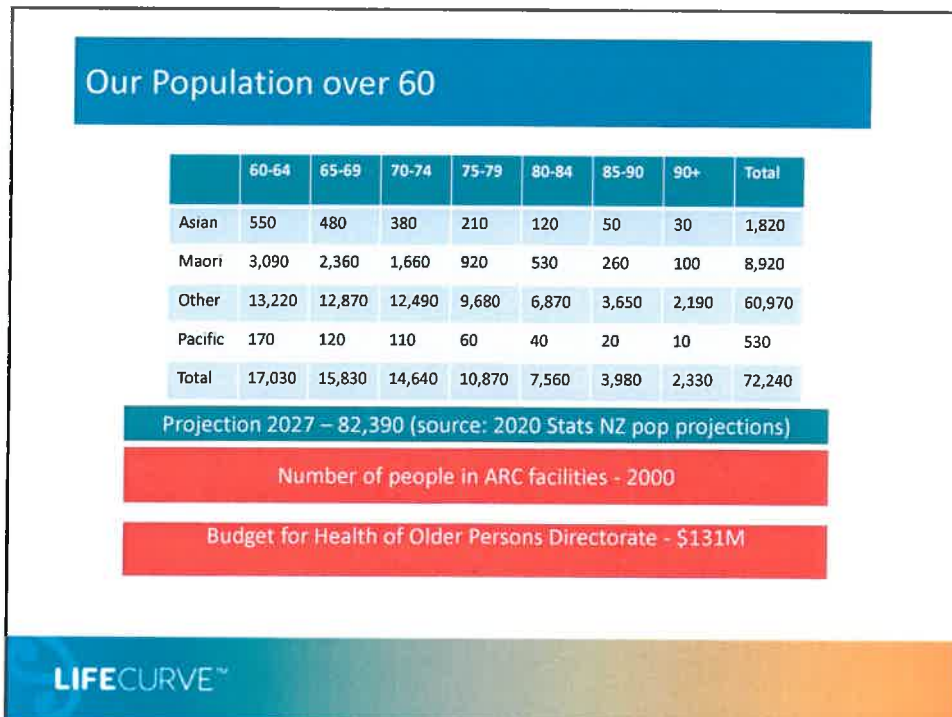
Could walk 400m for at least 2.6 years longer

LIFECURVE™ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5562326/>

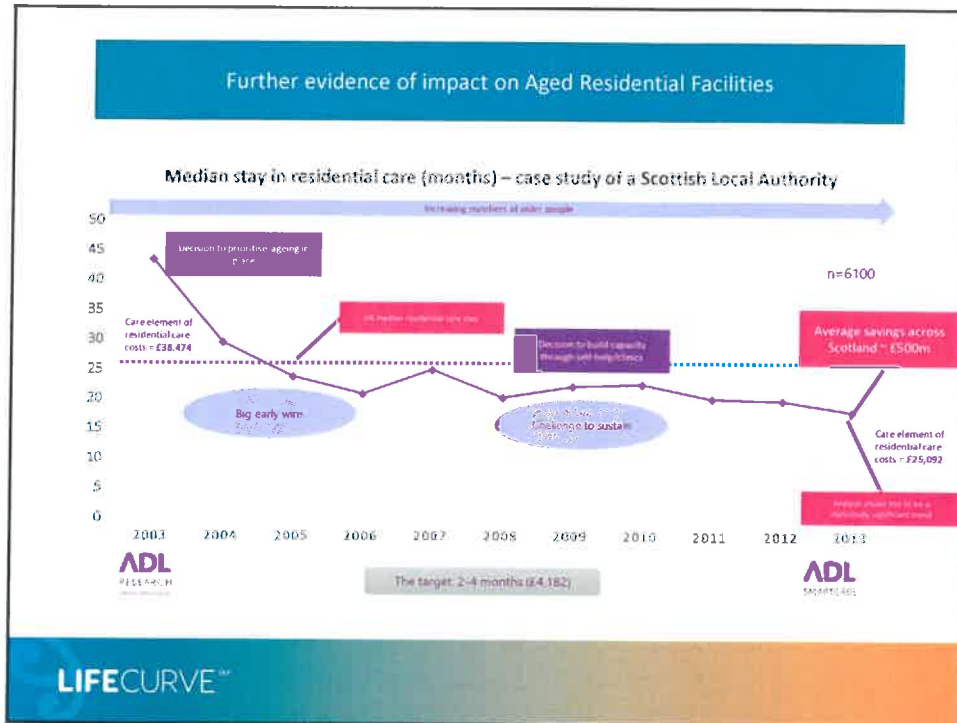
14



15



16



17

Impact of costed Lifecurve data

Rationale:

- Understand our population better to inform preventative and early intervention approaches
- Articulate the cost consequence for intervention at each Lifecurve stage, and develop the economic argument for intervening earlier and differently
- Lead on the development of independence orientated rather than care orientated interventions
- Support development of outcomes based metrics to inform outcomes based commissioning and procurement
- Provide people with the right support to live well, age well and to flourish

Potential Activity:

- Identify those at most risk and intervene to improve / maintain function
- Resource shift to community
- He Pou Oranga model approach

LIFECURVE™

<https://www.sciencedirect.com/science/article/abs/pii/S033350619303548>

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Go Live ... App download across NZ

Go Live event 31st March

- 400 registrations within 1 week
- Ambitious target set for 6 /12 and 12 months.

LIFECURVE™

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What is the LifeCurve™ app?

- Answer 19 questions
- Determine if you are on the LifeCurve™
- Compare your results
- Receive positive messaging
- Maintain or improve your position
- See Hints and Tips
- Set reminders to do tasks of your choice
- Find general healthy ageing information

LIFECURVE™


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Making Connections - Whanaungatanga

The LifeCurve™ app can connect people to their community through connecting to 'partners'

A LifeCurve™ partner is an authorised organisation that wants to engage with app users
You choose whether to connect to partners

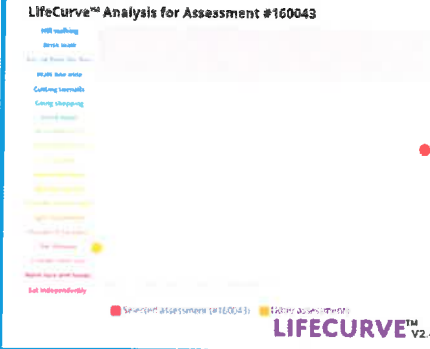
- Is my GP practice using the LifeCurve™?
- Are there local walking tracks near me?
- Is there an exercise group or coffee group I could join?
- Are there groups at Age Concern that I might enjoy?
- Can I access Allied Health services in my area?



21

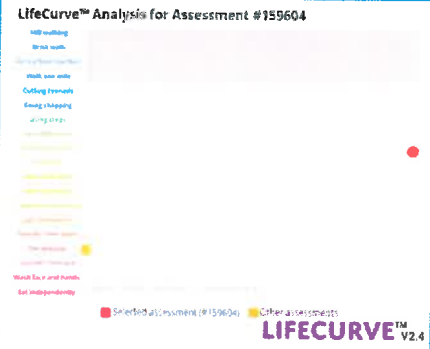
Increasing independence Exercise programmes making a difference

LifeCurve™ Analysis for Assessment #160043



LIFECURVE™ V2.4

LifeCurve™ Analysis for Assessment #159604



LIFECURVE™ V2.4

LIFECURVE™

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LifeCurve™ research in the Bay of Plenty

The research to determine the LifeCurve™ appropriateness for Māori is being led by

Dr. Anna Rolleston (Ngāti Ranginui / Ngāi TeRangi)

and the Kaupapa Māori research team at

Manawa Ora / The Centre for Health

www.thecentreforhealth.co.nz

The implementation of research within Bay of Plenty DHB is being led by

Dr. Sarah L Mitchell

Leigh Haldane, NZRPT

Roimata Timutimu, Toi Oranga Tikanga Change Leader

Mariana Hudson

LIFECURVE™

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Research questions

1. What does healthy ageing look like for Māori?
2. What technology could be used to support people to be well as they age?
3. What are Māori beliefs and perceptions to using a health and wellbeing app to promote healthy ageing?
4. What are the essential components (such as language, models of health and wellbeing, content, functionality) as identified by Māori to include in a wellbeing app designed to enable people to age well?
5. What are the design elements as identified by Māori to include in a wellbeing app designed to enable people to age well?


To what extent does the LifeCurve™ app meet the identified requirements of questions 4 and 5?

LIFECURVE™

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Big picture goals for Bay of Plenty DHB – for the LifeCurve™ to be fully integrated:


- People in the community and LifeCurve™ partners using the LifeCurve™ routinely
- Information on LifeCurve™ provided to patients as part of the admission / discharge process at Tauranga and Whakatane hospitals
- LifeCurve™ integrated within Community Orthopaedic Triage Service, Keeping Me Well, Community Care Coordination, Support Net (NASC), HIA, PARIS team



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this is just the beginning...

LifeCurve™ website is now available:
<https://bayofplenty.lifecurve.co.nz>



Available on the App Store

ANDROID APP ON Google play



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EXECUTIVE 2021 KEY DELIVERABLES CALENDAR

**SUBMITTED TO:**

Board Meeting

28 April 2021

Prepared and

Submitted by: Pete Chandler, Chief Executive

 For Decision For Discussion For Noting**RECOMMENDATION: / RECOMMENDED RESOLUTION:**

That the Board note the contents of the updated calendar

STRATEGIC ALIGNMENT

The calendar aligns to the DHB's strategic/key priority areas

ATTACHMENTS:

Executive 2021 Key Deliverables Calendar

EXECUTION: 2021 CALENDAR		↔	Person	Status	Confidence	Start	End
NEW WEBSITE GO LIVE				Done	Complete		Mar 8, 2021
NATIONAL LAUNCH OF LIVE CURVE			SL	Done	Complete		Mar 31, 2021
SMARTPHONE SUPPORT FOR LONE WORKERS (risk 75)			SH	Stuck	Stuck		Mar 31, 2021
EASTERN BAY LEADERSHIP NETWORK PROPOSAL			PC	Done	On Target		Apr 30, 2021
SUSTAINABILITY STRATEGY LAUNCH				Working on it	On Target		Apr 30, 2021
RELEASE CLINICAL EQUITY IMPROVEMENT PRIORITIES			PC	Working on it	On Target		Apr 30, 2021
LAUNCH ICNET Infection Control Surveillance				Working on it	On Target		May 5, 2021
COMMENCE ORGANISATIONAL DEVELOPMENT TEAM			PC	Working on it	On Target	Feb 28, 2021	May 31, 2021
DECISION ON WHAKATANE MRI SCANNER				Working on it			
TELEMEDICINE SUSTAINABILITY PROJECT				Working on it	On Target	Apr 21, 2021	Oct 31, 2021
RELEASE CONCEPT COMMUNITIES OF INTEREST MODEL					Potential Issue	May 3, 2021	May 31, 2021
RELEASE STAGE 1 CHILD WELLBEING MODEL			NT	Working on it	Stuck		May 31, 2021
DISABILITY STRATEGY RELEASE			MA	Working on it	On Target	Mar 1, 2021	Oct 1, 2021
SUBMIT 21-22 ANNUAL PLAN			MA	Working on it	On Target		Jun 1, 2021
LAUNCH TOI ORA INVESTMENT MODEL				Working on it	On Target		Apr 30, 2021
RELEASE TE TIRITI POSITION STATEMENT				Working on it	On Target		Apr 30, 2021
RE-LAUNCH HE POU ORANGA				Working on it	On Target		Jun 30, 2021
RELEASE OUTCOME OF INFECTION CONTROL REVIEW				Working on it	On Target		Jun 30, 2021
RELEASE FLEET CAR REVIEW PROPOSALS							Jun 30, 2021
DIGITAL STRATEGY RELEASE				Working on it	On Target		Jul 6, 2021
FINALISE TAURANGA SITE MASTER PLAN				Working on it	On Target		Jul 31, 2021
COMMENCE BOWEL SCREENING			BA	Working on it	On Target		Aug 31, 2021
COMMENCE MENTAL HEALTH UNT REBUILDS				Working on it	On Target		Sep 30, 2021
OPEN 2nd CARDIAC CATH LAB			BA	Working on it	Stuck		Sep 30, 2021
OPOTIKI HEALTHY SMILES			PC			Feb 1, 2021	Jun 30, 2021

Next key deliverables:

- Release of the Environmental Sustainability strategy (end of April)
- Release of our first refreshed clinical equity improvement priorities – these are contained within the top 12 KPIs
- Launch of ICNET – the infection control surveillance system in May

Newly commenced

- The telehealth programme commenced this month with the appointment of a project manager funded by the MOH sustainability funding

Key points by exception from the 2021 delivery calendar

- **Smartphone** model for lone workers is being re-considered after initial trials
- **The potential for an MRI scanner at Whakatane** is now with the Ministry of Health for final consideration, with all local work now completed
- **The Communities of Interest** (micro-localities) is important but needs to be cross-checked with the national direction of travel from the Health & Disability review

- **The child wellbeing model** initial work is complete but has identified a range of wider thinking and is requiring some CE input to determine next steps on the most pressing priorities. This will be subject to discussion with the clinical leaders early in May to unlock
- **The Cardiac Cath Lab** is requiring a re-modelling of volumes and costs which is underway
- **Opotiki Healthy Smiles** has been socialised but is currently without leadership capacity due to the team being wholly involved in the COVID vaccination effort

Top 12 Executive KPIs



SUBMITTED TO:

Board Meeting

28 April 2021

Prepared by: Naila Naseem, Office of the Chief Executive

Endorsed and
Submitted by: Pete Chandler, Chief Executive

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board provides feedback on this initial suite of Key Performance Indicators, noting:

- They should be reviewed after three months for refinement
- Work will now focus on best options for graphical representation to aid the board's monitoring
- There is work underway to link existing improvement programmes with this suite of KPIs.

STRATEGIC ALIGNMENT

This report is intended to provide an update on the selection of a suite of Key Performance Indicators that encapsulate the DHB's key priorities.

EXECUTIVE SUMMARY:

This work seeks to define the top priority leading indicators, a maximum of 10, which align with and help drive improvement in our top organisational priorities.

This paper proposes a suite of indicators that link the DHB's strategic priorities to health outcomes to indicators. They embed our philosophies of measuring, monitoring and enhancing equity and maintaining an end to end system view.

The process has been facilitated by the Office of the Chief Executive with the Executive Team, supported by relevant health informatics expertise. A range of potential indicators have been explored, measured against decision criteria. Selected indicators have been more closely examined for specific pathways with the greatest inequities, are trending negatively, or are likely to have the biggest system impact if they are changed.

The basic structure of the suite follows previous board thinking:

1. Connected System
2. Equity
3. Workforce
4. Safe & Compassionate Care

A 'one pager' of the draft indicators that we invite board feedback on is attached. Once the suite of indicators are agreed, work will continue to develop options for a preferred graphical representation (i.e. dashboard, draft attached). This will further form a sub-set of a more comprehensive balanced scorecard.

The one-pager provides the board with the logical structure behind the KPIs, their selection, measurement and strategic alignment thus:

- Strategic Themes – which pillar they best align with
- Outcomes – desired health outcome we seek to change
- Measure/Target – what measurable change we aspire to achieve in the outcome
- Reference – alignment to existing monitoring / measures
- Pathways – specific demographic / population are targeted
- Status and Rationale – Why this demographic / population are targeted.

PURPOSE:

The Board has indicated a desire for a strategic dashboard of key indicators that summarise organisational performance with a particular eye on monitoring end to end system focus and health equity.

This paper presents the work of the Executive in developing a suite of key performance measures the board, committees and executive can use to assist a collective focussed effort to enhance equity and performance.

Given the complexity and plethora of potential measures, expectations and frameworks that exist, it is unlikely to be 'perfect from the get go' but we propose that this suite, following discussion and feedback from the board during this meeting, are trialled for an initial period of three months. During this period we will seek feedback on what works, what doesn't, what's needed and what's missing with a view to refine the suite from month four (July board).

BACKGROUND:

The search for a limited suite of indicators that encompasses the purpose as well as activity of the DHB has been complex. There are a large number of potential internal and external measures and many strategies and frameworks that deserve their own spotlight.

It is important to note that the process to develop and monitor a suite of strategic KPIs does not diminish the importance of other measures that may exist now (whether voluntary or required by say the Ministry of Health) nor imply they will cease to be measured.

Development Process

The process has been facilitated by the Office of the Chief Executive with the Executive Team, supported by relevant health informatics expertise. A series of 4 workshops have been held to iteratively explore potential measures, explore and analyse potential measures and then to select and subsequently more definitively define them.

Sources considered:

- Minister of Health's Letter of Expectations
- IHI triple aim and adaptations (quadruple aim)
- Ministry of Health monitoring frameworks (ESPIs, etc.)
- CEO Performance Expectations
- BOPDHB Annual Plan

Terminology

Terminology has been important to understand and clarify. Fuller definitions of these key terms is attached as Appendix 2:

1. **KPI - Key Performance Indicator**

These are indicators (normally numerical measurements) that show the performance of a system, in terms of what the system is there to do (its purpose), and how good it is at that purpose.

2. **Outcome**

The result of attempts to improve the performance of a system, normally expressed in terms of benefit to patient/ community/ Whanau.

3. **Targets**

These are often associated with KPIs and with Outcomes. Like a target in an archery competition, the aim is to be as close to the target as possible with minimum variation away from the target.

4. **Measures**

Are simply things that can be measured and probably are. Measures are typically numeric in Health systems, or coded to be numeric such as satisfaction scores on a scale of 1 to 5.

5. **Lead and Lag indicators**

These are indicators in the same way that KPIs are indicators, and the indicators associated with Outcomes that show if there is an improvement or a deterioration. The words Lead and Lag refer to the position in a sequence of cause and effect.

Decision criteria.

Criteria used to assess potential indicators were Quality, Equity, Sustainability, Accessibility and Whole of System.

Selected indicators were then more closely examined for specific pathways with the greatest inequities, are trending negatively, or are likely to have the biggest system impact if they are changed.

Equity

Note that in addition to each KPI reporting Māori and Non-Māori, a detailed Māori Health Outcomes framework is being developed by Te Pare o Toi which will sit alongside the Strategic KPI dashboard.

The Board are invited to consider:

1. That the board endorse this as an initial suite of Key Performance Indicators, noting:
 - They should be reviewed after three months for refinement
 - Work will now focus on best options for graphical representation to aid the board's monitoring.

Next Steps:

A proposed dashboard reporting these KPIs and the separate Equity dashboard will be presented to the next Board meeting.

ATTACHMENTS:

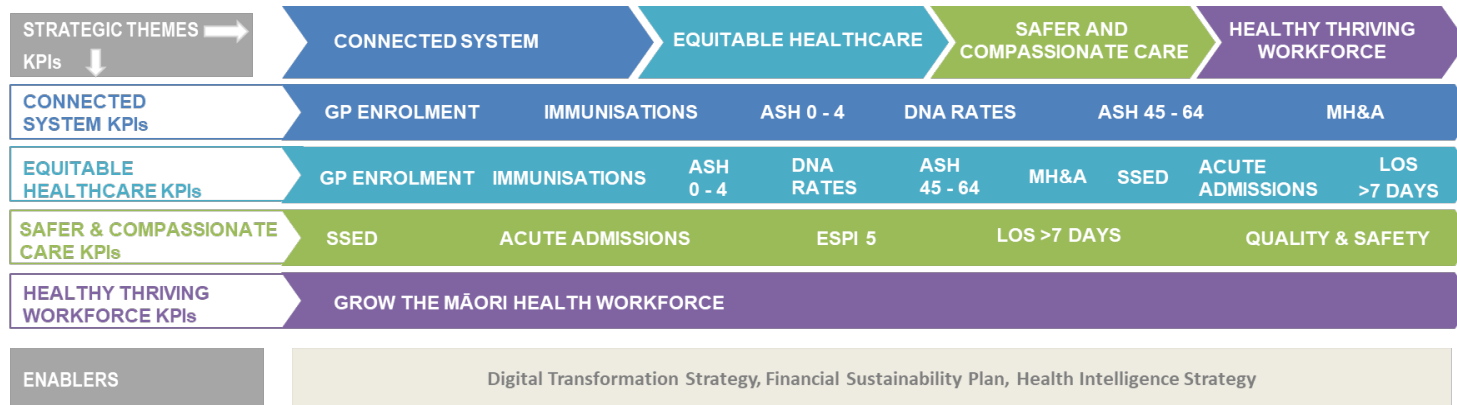
1. Top 12 KPIs, Measures, Targets and Rationale
2. Visual alignment with Strategic Themes
3. Terminologies - Definitions of key terms in performance measurement
4. Top 12 KPIs, Information Pack (draft)



**Appendix 1:
KPIs,
Measures,
Targets,
Rationale**

Measures, Targets and Rationale			
<p>Increase the number of infants that have completed all age-related immunisations</p> <p>17% increase in Māori children and 5% increase in Non Māori children by April 2022</p> <p>Following a period of decreasing inequity for Māori children, gains have started to deteriorate.</p>	<p>Reduce avoidable hospital admissions among children 0-4</p> <p>5% reduction in Māori children and 2% reduction in Non Māori by Dec 2021 Spotlight on avoidable dental admissions</p> <p>ASH rates for 0-4 year olds have deteriorated, for Māori, over the last two years with rates and equity gap for dental continuing to increase.</p>	<p>Increase number of patients enrolled and actively engaged in GP services</p> <p>10% reduction in the number of patients living in the BOP that are not enrolled with a GP (total unenrolled 22,300 as at June 21)</p> <p>Spotlight on Māori 35-44 year olds to have completed a cardio-vascular risk assessment and have an active plan of care in place.</p>	<p>Reduce DNA rates for children (between 0-17 years)</p> <p>(TBC)% reduction in Māori children DNA and (TBC)% reduction in Non Māori by Dec 2021</p> <p>While Māori GP presentations and specialist referrals are improving, DNAs remain disproportionately high for Māori children accessing specialist care.</p>
<p>Reduce avoidable hospital admissions among adults aged for 45-64 year olds</p> <p>5% reduction in Māori and 2% reduction in Non Māori by Dec 2021 Spotlight on COPD and Cellulitis rates</p> <p>ASH rates for Māori have been rising steadily over the past 5 years, with BOPDHB rates higher than national Māori population rates.</p>	<p>Reduce the time to appropriate management of acute presentations</p> <p>Improve Admitted SSED by 5% by Dec 2021</p> <p>The percentage of patients discharged from ED within 6 hours has fallen by 12% from Māori and 4% for Māori in the last 12 months. Percentage of admitted patients leaving ED within 6 hours has reached an all time low of 56% from Māori and 77% for Māori in March 2021.</p>	<p>Reduce LOS for Acute Admissions</p> <p>Increase the % of same day and next day discharges to >40% acute medical admissions</p> <p>Use of Medical Day Stay beds to cope with demand have increased from 200 in Jan 300 in Feb for both Māori and non Māori</p>	<p>Reduce the number patients who have been in hospital 7 days or more that do not require a hospital bed</p> <p>(TBC) Incremental targets to address barriers to timely discharge for Māori and non Māori</p> <p>A December 2020 AEP audit found that 50% of patients were not clinically required to be in hospital.</p>
<p>Reduce the number of patients that remain untreated after 4 months after commitment to treatment</p> <p>(TBC) Incremental targets for Māori and non Māori treatment times.</p> <p>Timely care relies on timely access. With growing demand for surgery, there is a need to maximise theatre capacity, productivity, efficiency and scheduling.</p>	<p>Improve Quality and Safety care</p> <p>10% reduction in the incidence of falls in hospital and zero stage 4 Pressure Injuries by June 2022</p> <p>BOP is an outlier for rates of falls and pressure injuries highlighted both Health Round Table data and also from an ACC perspective, with both markers trending negatively.</p>	<p>Increase Maori in the workforce across occupational groups and across Western and Eastern BOP</p> <p>Grow the Māori health workforce to 14.6% by Dec 2021</p> <p>Māori are disproportionately underrepresented in numbers and distribution across all services. Local Māori population is approximately 25% while DHB Maori workforce is 13.4%.</p>	<p>Increase access rates to Mental Health and Addiction services</p> <p>20% of the population to have access to Mental Health and Addiction support across the system</p> <p>Commitment to improve access rates to primary and community services by increasing primary and NGO options</p>

**Appendix 2:
Strategic
Themes**



Appendix 3: Terminology

Terminology has been important to understand and clarify:

1. **KPI - Key Performance Indicator**

These are indicators (normally numerical measurements) that show the performance of a system, in terms of what the system is there to do (its purpose), and how good it is at that purpose. For example, most Ambulance Services have a KPI that is their performance at responding to life threatening incidents (time to get to the patient). There can be many Performance Indicators, but the Key ones are those small number of Performance Indicators that are considered to best sum up the purpose of the system. A subsystem can have a purpose and therefore KPIs, such as time patients spend in ED. There can be many more Performance Indicators than Key Performance Indicators. A KPI in itself is not a target although it is common to have targets for them, such as 90% of patients spend 6 hours or less in ED - that's the target, not the KPI

2. **Outcome**

The result of attempts to improve the performance of a system, normally expressed in terms of benefit to patient/ community/ Whanau. An example is the reduction in Wait Times for treatment. An Outcome may also be expressed in terms of a benefit to the system, such as increased staff satisfaction. It would be normal for an Outcome to be the result of explicit actions, such as improvement initiatives, for example hand hygiene programmes, or sometimes a change in the environment external to the health system such as a cultural shift in the community. An outcome should have direction - increase, decrease, improve, etc; and be measurable, in order to show if the actions have made a difference (made the dials move). Like a KPI, an Outcome would normally have a target, whether externally imposed, or internally set as goal. There are similarities between KPIs and Outcomes in that they are both normally measurements. But a true KPI is a measurement of the performance of the system whether or not you are attempting to change it, whereas an Outcome is associated with a desire to change and can be for specific priority improvement areas of the system.

3. **Targets**

These are often associated with KPIs and with Outcomes. They are normally expressed in similar language to the KPI or desired Outcome, such as 90% of patients should spend 6 hours or less in ED, etc. Like a target in an archery competition, the aim is to be as close to the target as possible with minimum variation away from the target. In health it is normal for 'at least or better' to be implied, for example 95% of patients spending 6 hours or less in ED would be better than the 90% target. National KPI targets allow benchmarking between health providers. Targets on Outcomes may be externally imposed or they may represent an achievable goal for the organisation, say in the next 12 months. They may not be the same as the Outcome targets in another Health Board.

4. **Measures**

Are simply things that can be measured and probably are. It is possible in theory to desire a measure that isn't actually measured, such as patients that are able to have End of Life in a place of their choosing (it's likely that the place of choosing is not recorded) so a surrogate measure may be end of Life that is not in a Hospital ward.

Measures are typically numeric in Health systems, or coded to be numeric such as satisfaction scores on a scale of 1 to 5. They are often but not always taken from computer based records such as the Patient Administration System or the ED system, or, for ambulance, the CAD system. Sometimes a measurement is collected as a trial or survey. A Patient attribute such as age or ethnicity is not a measurement, it is an attribute of the patient. But these attributes are very helpful in order to filter or drill down on overall measures.

5. **Lead and Lag indicators**

These are indicators in the same way that KPIs are indicators, and the indicators associated with Outcomes that show if there is an improvement or a deterioration. The words Lead and Lag refer to the position in a sequence of cause and effect. For example, if a smoking cessation program leads to fewer people smoking and therefore fewer admissions for respiratory illness, then the Lead indicator is the measures around the smoking cessation program (such as number of patients who have been given a pamphlet) and the Lag indicator may be admissions to the Respiratory department. Or it could be argued that the Lag indicator is healthier people living and aging well. There is no right and wrong answer to Lead and Lag indicators. It is more like the question are you looking upstream or downstream in a river?

Top 12 Executive KPIs

Board information pack – Draft
28 April 2021

...immovably committed to moving the dial on or are business critical to maintain within a range

1. Our Key Performance Indicators

- These are the absolute top priority leading indicators, a maximum of 10, which align with and help drive improvement in our top organisational priorities.

2. Our Master Balanced Scorecard

- The balanced scorecard methodology is well established over many decades and has been used in the DHB to provide an optimal overview of how the organisation is performing.

3. Our Equity Dashboard

- This will provide an overview of priority areas of focus in monitoring and driving change in identified inequities.

Measures, Targets and Rationale



Increase the number of infants that have completed all age-related immunisations

17% increase in Māori children and 5% increase in Non Māori children by April 2022

Following a period of decreasing inequity for Māori children, gains have started to deteriorate.



Reduce **avoidable hospital admissions among children 0-4**

5% reduction in Māori children and 2% reduction in Non Māori by Dec 2021
Spotlight on avoidable dental admissions

ASH rates for 0-4 year olds have deteriorated, for Māori, over the last two years with rates and equity gap for dental continuing to increase.



Increase number of patients enrolled and **actively engaged in GP services**

10% reduction in the number of patients living in the BOP that are not enrolled with a GP (total unenrolled 22,300 as at June 21)

Spotlight on Māori 35-44 year olds to have completed a cardio-vascular risk assessment and have an active plan of care in place.



Reduce **DNA rates for children (between 0-17 years)**

(TBC)% reduction in Māori children DNA and (TBC)% reduction in Non Māori by Dec 2021

While Māori GP presentations and specialist referrals are improving, DNAs remain disproportionately high for Māori children accessing specialist care.



Reduce **avoidable hospital admissions among adults aged for 45 - 64 year olds**

5% reduction in Māori and 2% reduction in Non Māori by Dec 2021
Spotlight on COPD and Cellulitis rates

ASH rates for Māori have been rising steadily over the past 5 years, with BOPDHB rates higher than national Māori population rates.



Reduce the time to appropriate **management of acute presentations**

Improve Admitted SSED by 5% by Dec 2021

The percentage of patients discharged from ED within 6 hours has fallen by 12% for non Māori and 4% for Māori in the last 12 months. Percentage of admitted patients leaving ED within 6 hours has reached an all time low of 56% for non Māori and 77% for Māori in March 2021.



Reduce **LOS for Acute Admissions**

Increase the % of same day and next day discharges to >40% acute medical admissions

Use of Medical Day Stay beds to cope with demand have increased from 200 in Jan - 300 in Feb for both Māori and non Māori.



Reduce the number **patients who have been in hospital 7 days or more that do not require a hospital bed**

(TBC) Incremental targets to address barriers to timely discharge for Māori and non Māori

A December 2020 AEP audit found that 50% of patients were not clinically required to be in hospital.



Reduce the number of **patients that remain untreated after 4 months after commitment to treatment**

(TBC) Incremental targets for Māori and non Māori treatment times.

Timely care relies on timely access. With growing demand for surgery, there is a need to maximise theatre capacity, productivity, efficiency and scheduling.



Improve **Quality and Safety care**

10% reduction in the incidence of falls in hospital and zero stage 4 Pressure Injuries by June 2022

BOP is an outlier for rates of falls and pressure injuries highlighted both Health Round Table data and also from an ACC perspective, with both markers trending negatively.



Increase **Maori in the workforce** across occupational groups and across Western and Eastern BOP

Grow the Māori health workforce to 14.6% by Dec 2021

Māori are disproportionately under-represented in numbers and distribution across all services. Local Māori population is approximately 25% while DHB Maori workforce is 13.4%.



Increase access rates to **Mental Health and Addiction services**

20% of the population to have access to Mental Health and Addiction support across the system

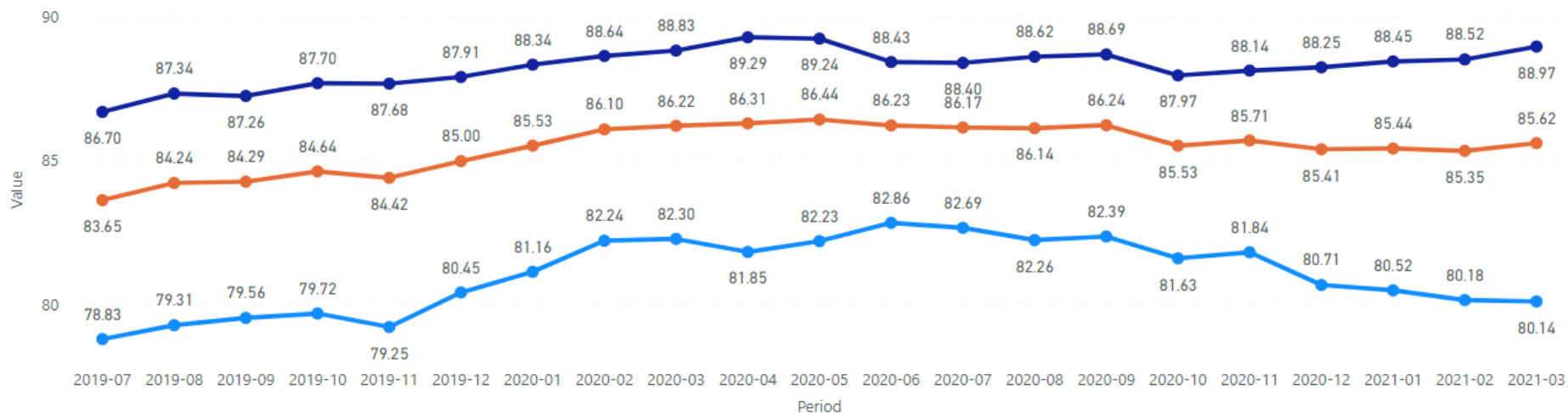
Commitment to improve access rates to primary and community services by increasing primary and NGO options



Increase the number of infants that have completed all age-related immunisations

Value by Period and Ethnicity

Ethnicity ● Maori ● Non-Maori ● Total



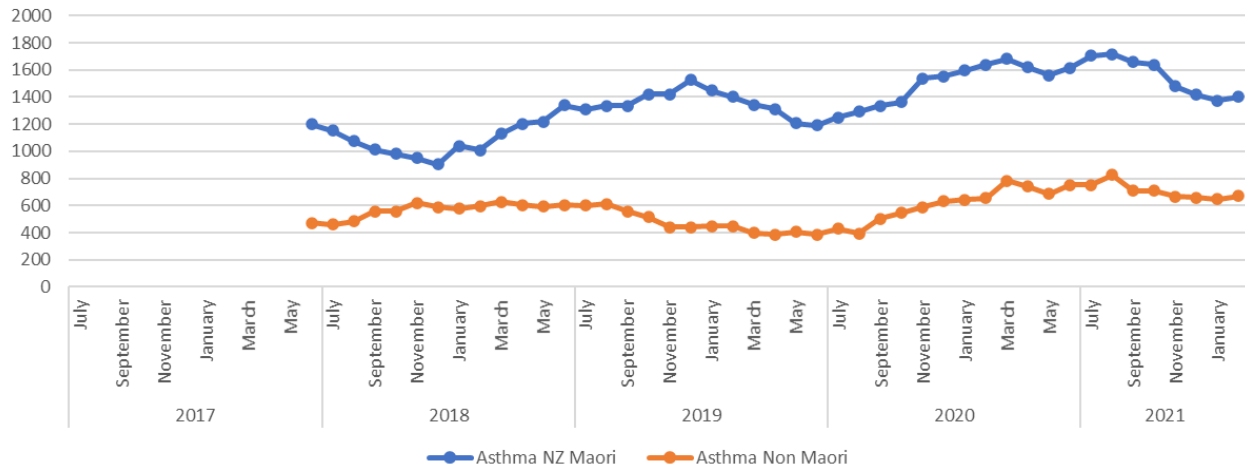
Data headlines

Following a steady increase in Māori immunisation rates from November 2019 to November 2020, there has been a decline over the last 4 months to Nov 2019 levels



Reduce avoidable hospital admissions among children 0-4

ASH Asthma 0-4yrs - Rates per 100,000 rolling 12 months



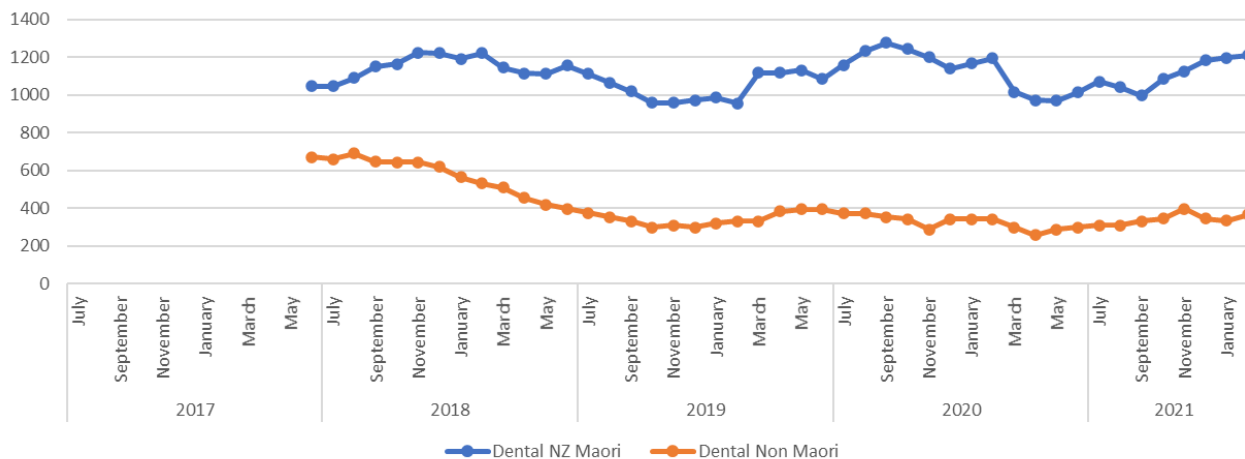
Data headlines

ASH rates for 0-4 year olds have deteriorated, for Māori, over the last two years.

Biggest causes of ASH for Māori children aged 0-4 are asthma, upper/ENT reparatory infections, dental conditions

The last 3 years data shows a steady increase in rates for asthma and an increase in the equity gap between Māori and non Māori children for dental rates over the last 6 months

ASH Dental 0-4yrs - Rates per 100,000 rolling 12 months

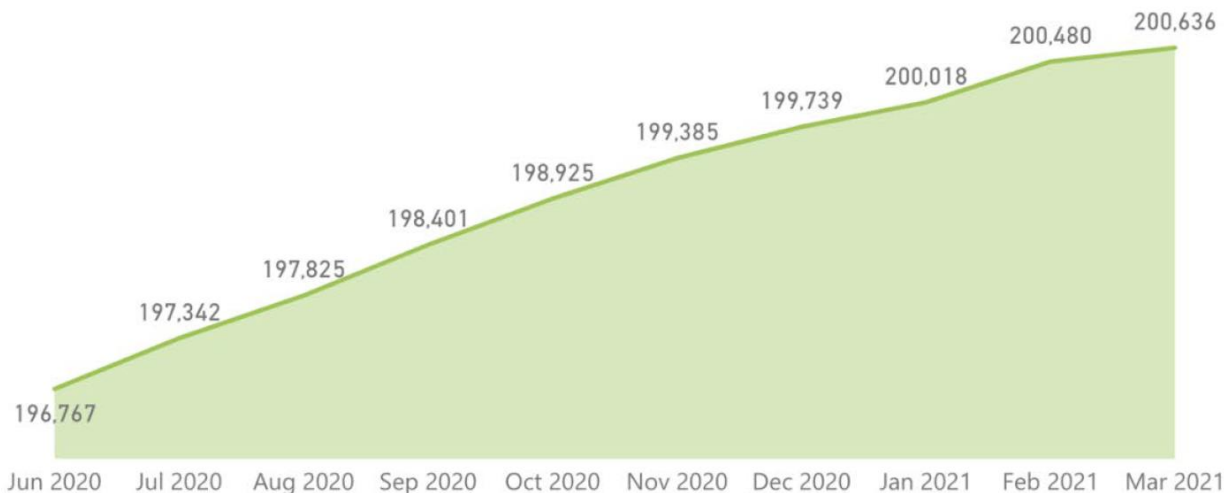




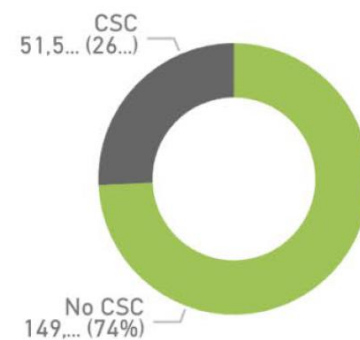
Increase number of patients enrolled and actively engaged in GP services

Population and Enrolment Data, WBoP PHO

Funded Patients by Month (Latest 9 Months)



Community Services Card



Funded Patients (avg)

200,636

Patients with CSC

51,588

Patients Under 14y

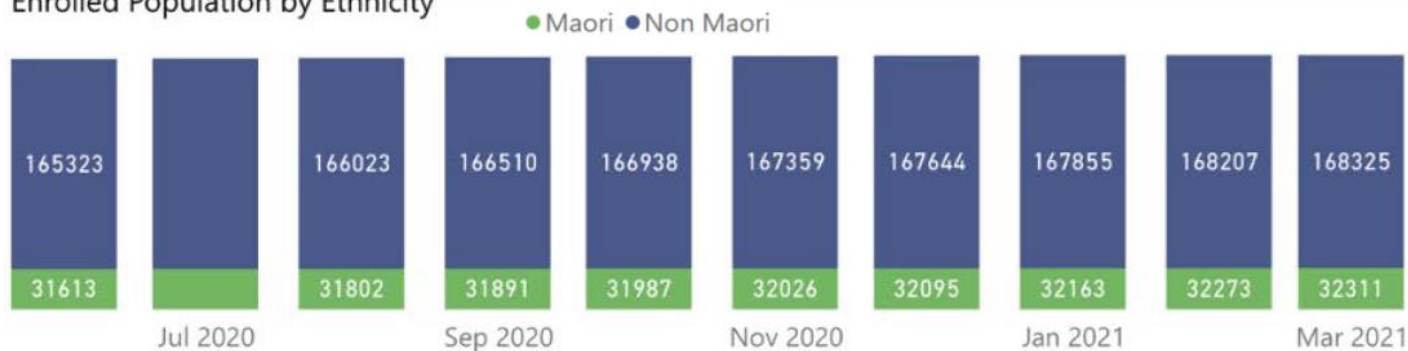
39,266

Patients Over 65y

43,365

Funded Patients by Age Group and Gender

Enrolled Population by Ethnicity



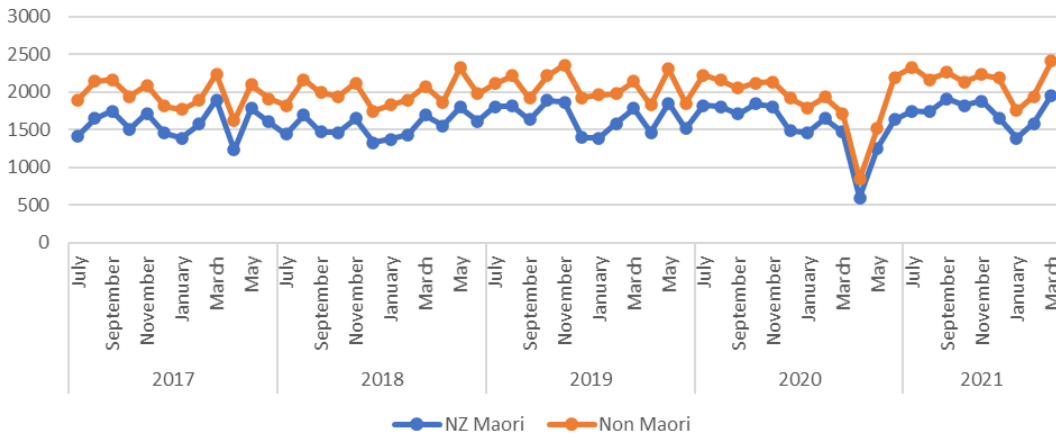
Data headlines

There are currently 22,300 people living in the BOP that are not accessing their capitation benefit.

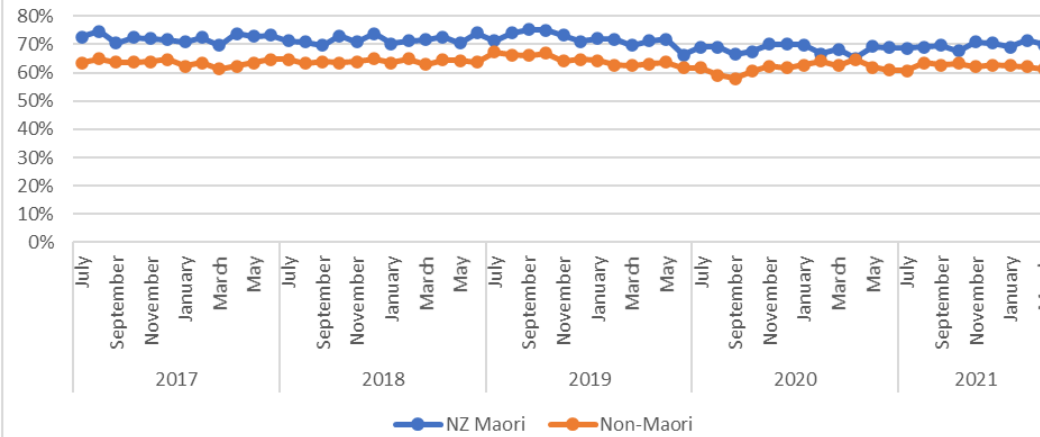


Reduce DNA rates for children (between 0-17 years)

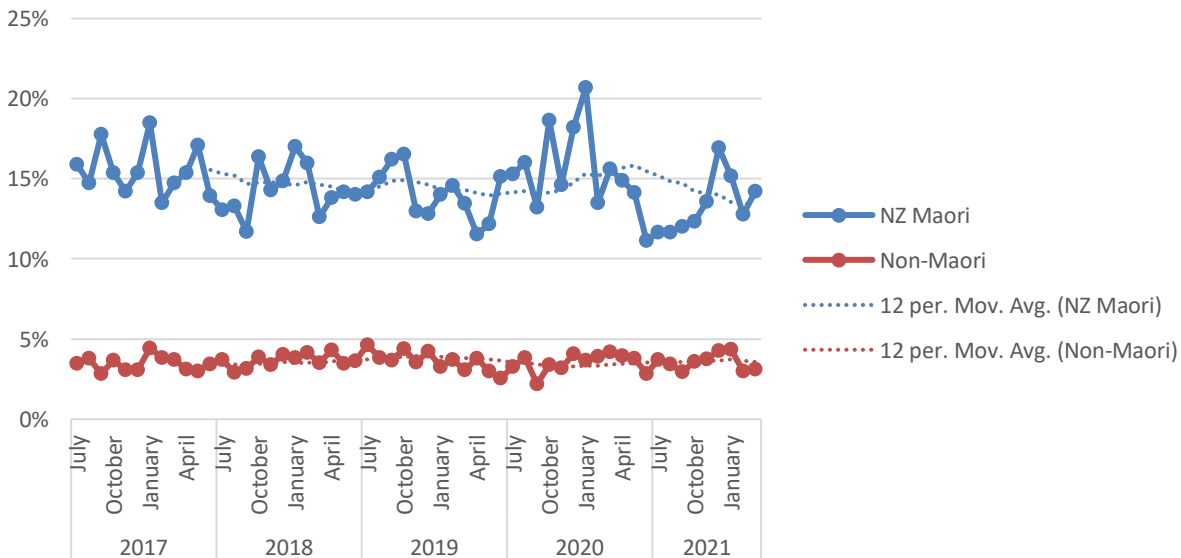
Total Referrals - Rates per 100,000



Rate of Referral Acceptance



Failed Attendance Rates - Doctor Led FSA All ages



Data headlines

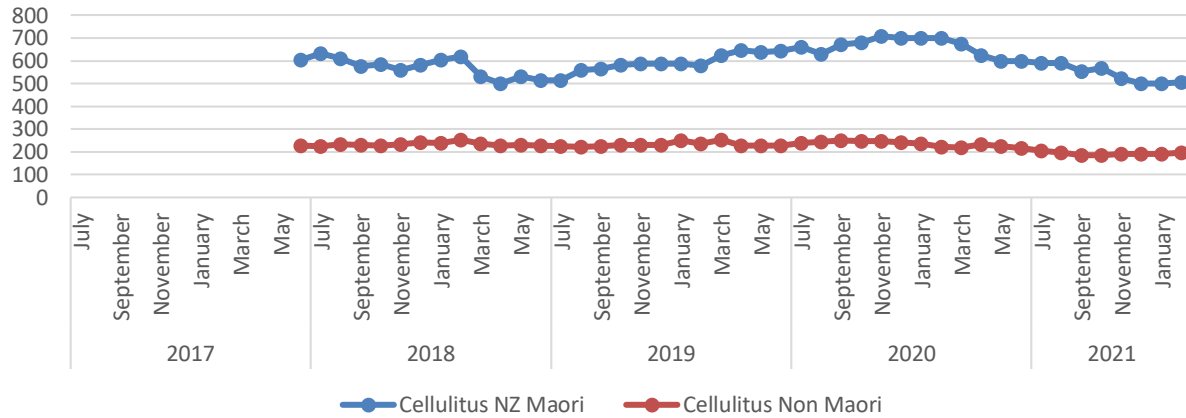
While Māori referral and acceptance rates appear *equitable, DNAs for FSA remain disproportionately high for Māori. Further drill down is being conducted for children aged 0 – 17 to investigate specialties and outcomes and to align with Te Pare Toi Mokopuna focus

*Data check pending

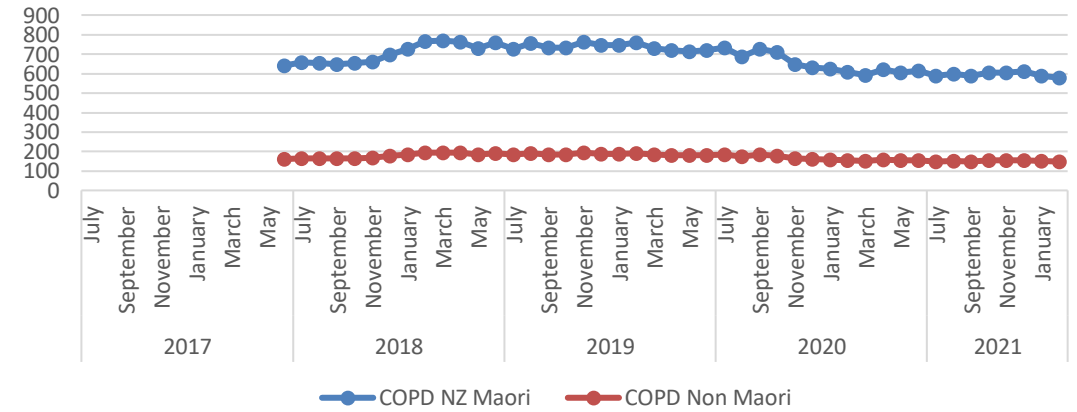


Reduce avoidable hospital admissions among adults aged for 45 - 64 year olds

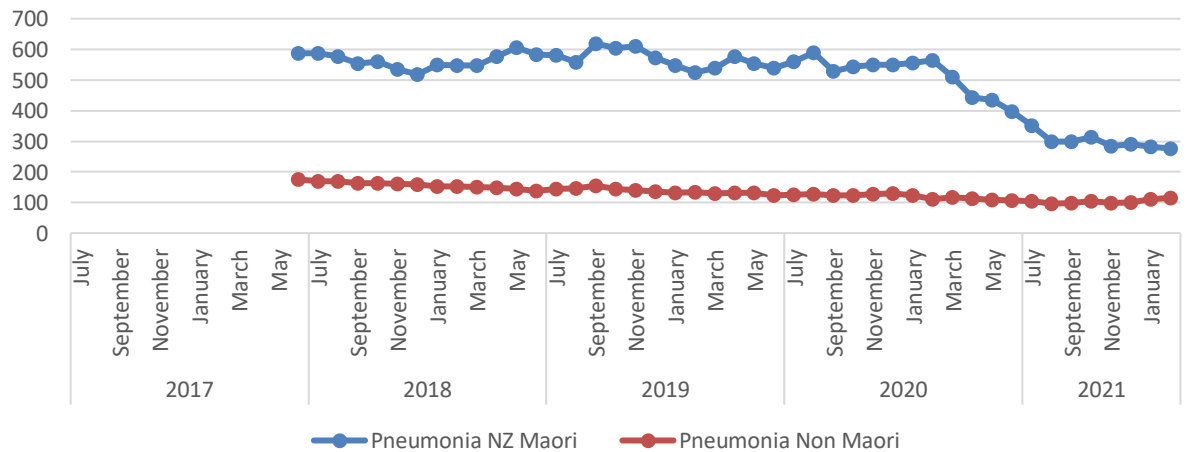
ASH Cellulitus 45-64 yrs - Rates per 100,000 rolling 12 months



ASH COPD 45-64 yrs - Rates per 100,000 rolling 12 months



ASH Pneumonia 45-64yrs - Rates per 100,000 rolling 12 months



Data headlines

ASH rates for Māori have been rising steadily over the past 5 years and was slightly higher than that seen for the national Maori population for the 12m ending Dec 2020.

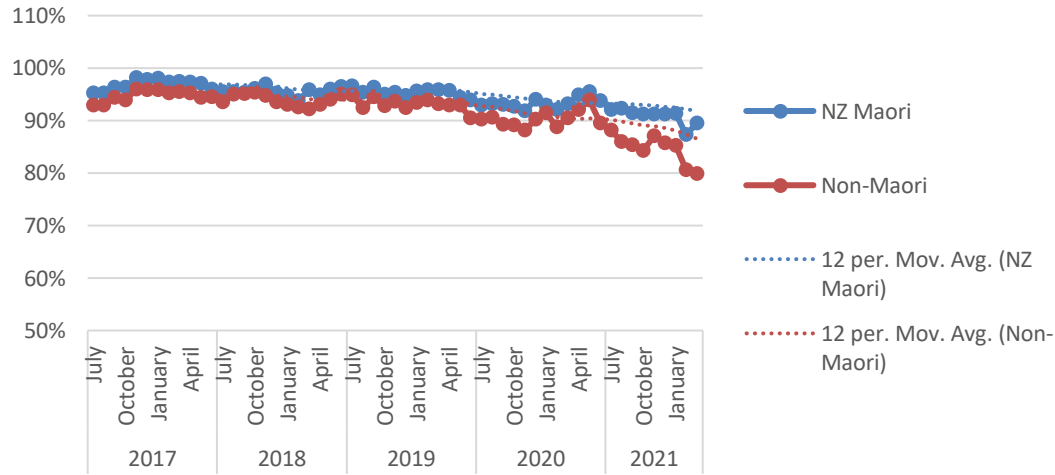
The last 12 mnths data shows a steady decline in Pneumonia rates for Māori while COPD and Cellulitis remain largely unchanged



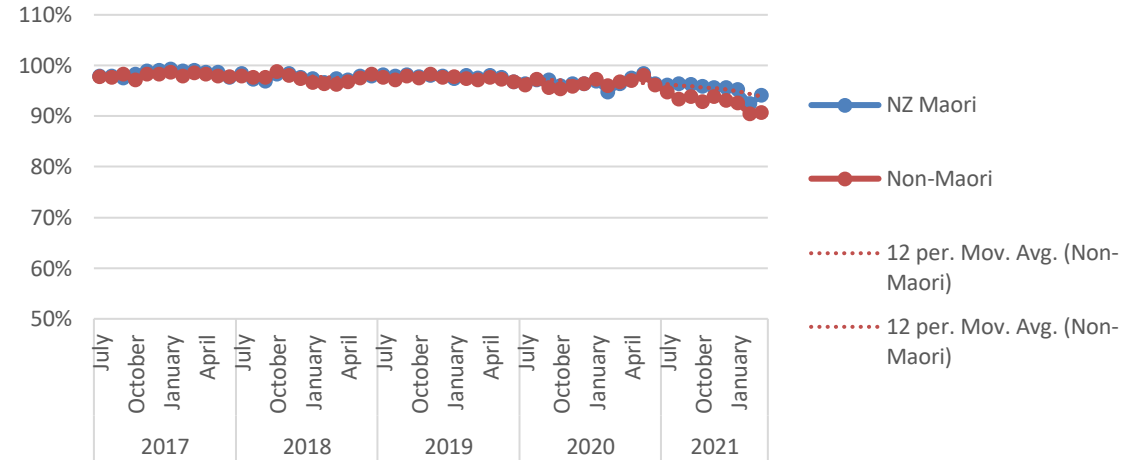
Reduce the time to appropriate management of acute presentations

Shorter Stays in ED ⁴⁸

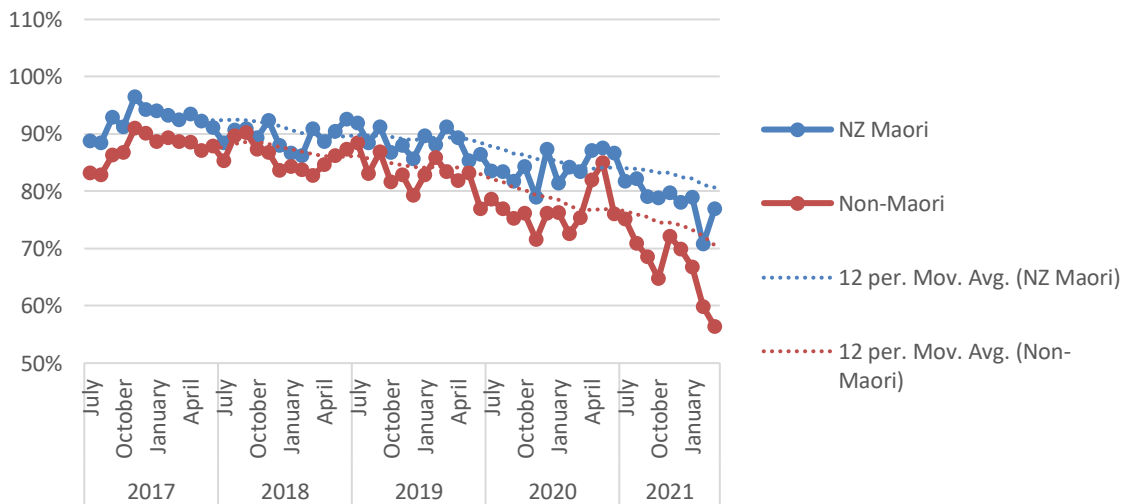
SSED



SSED - Non Admitted



SSED - Admitted



Data headlines

The percentage of patients discharged from ED within 6 hours has fallen by 12% for non Māori and 4% for Māori in the last 12 months. Percentage of admitted patients leaving ED within 6 hours has reached an all time low of 56% for non Māori and 77% for Māori in March 2021 suggesting a lack of downstream bed capacity



Reduce LOS for Acute Admissions

TGA Medical Daystay Overnight Beds Used

Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
July	67		33	64	38	33			61	61
August	70	41	39	128	134	78	21	55	16	66
September	9	38	8	26	57	84		7	47	208
October		33	1	24	99			14	18	65
November		24		59	90				75	46
December		1	2		3			24		106
January		21	7		127	Closed Beds	Closed Beds	9		85
February		21	2	1	Closed Beds 37		Closed Beds 72	1	31	89
March	2				Closed Beds 90		Closed Beds 11	30		194
April			6	11	13		72			
May		38	68	71				1		
June		49	96	117	52			60	49	
Grand Total	148	266	262	501	740	195	188	192	297	920

Data headlines

Health Round Table Dec 2020 report opportunities to save 7,640 bed-days in the inpatient briefing data.

The increased use of Medical Day Stay beds to manage the demand has doubled between February and March this year.

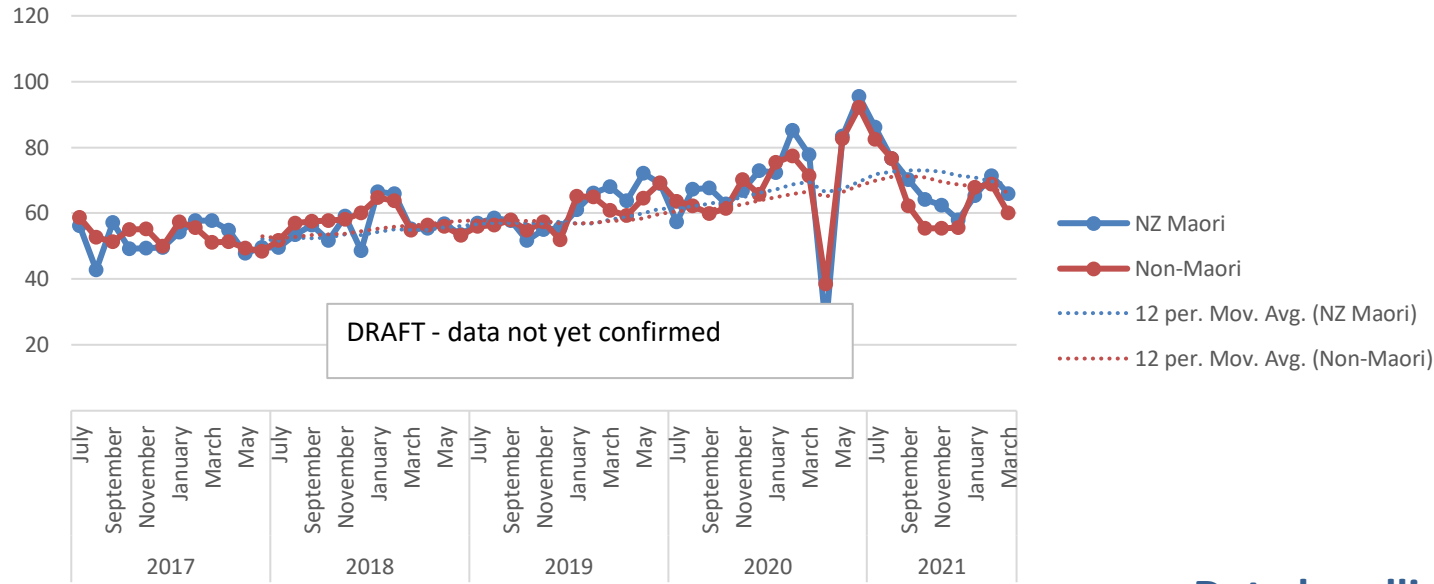
Data update pending



Reduce the number of patients that remain untreated after 4 months after commitment to treatment

ESPI 5 Time to treatment ⁵¹

Average Final Wait Days - Treatment



Data headlines

Timely care relies on timely access. With growing demand for surgery, there is a need to maximise theatre capacity, productivity, efficiency and scheduling.

(TBC) Incremental targets for Māori and non Māori treatment times.

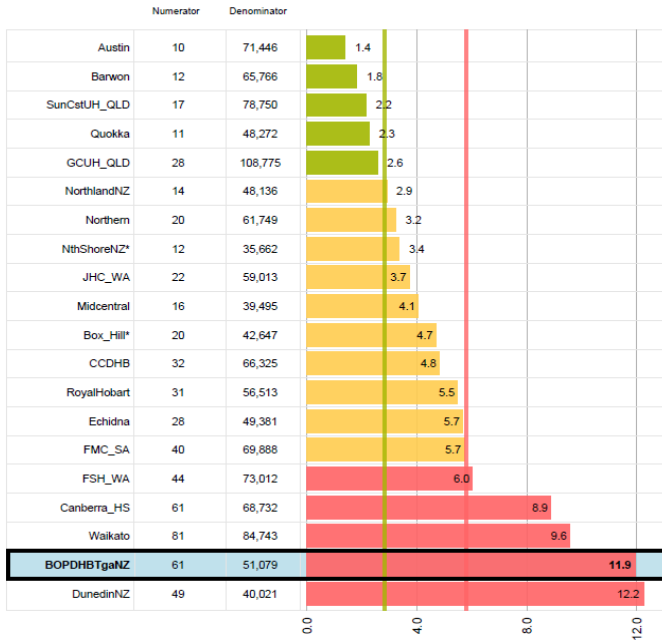
Data update pending





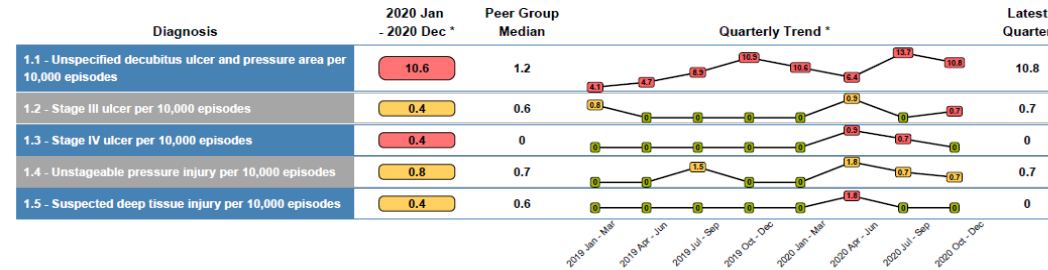
1 - Pressure injury per 10,000 episodes

Peer comparison (2020 Jan - 2020 Dec)



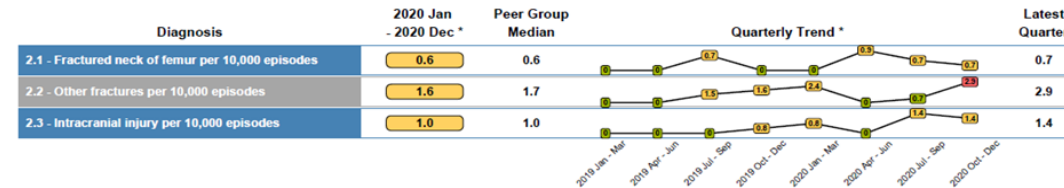
1 - Pressure injury details by diagnosis

Trends at BOPDHBtgaNZ (2020 Jan - 2020 Dec)



2 - Falls resulting in fracture and intracranial injury details by diagnosis

Trends at BOPDHBtgaNZ (2020 Jan - 2020 Dec)



Data headlines

BOP is an outlier for rates for pressure injuries and has increasing rates of falls resulting in fractures highlighted both Health Round Table data and also from an ACC perspective



Increase access rates to **Mental Health and Addiction services**

Improving access rates as more primary and community options come on line as part of the He Ara Oranga; an increase in ratio of access to primary and NGOs compared to secondary services with the aim of 20% of the population to have access to Mental Health and Addiction support across the system. Specialist services are delivered at a higher rate than the target of 3%



Increase the **Māori workforce**

53

Commitments to achieve Māori workforce representation proportionate to local population by 2030. The local Māori population was approximately 25% at Dec 2020, while the DHB Māori workforce was 13.4%. To achieve 2030 aspiration, net Māori workforce growth of 1.16% per annum needed.
Current net growth rate is 0.6%

PRIMARY & COMMUNITY



Increase the number of infants that have completed all age-related **immunisations**



Increase number of patients enrolled and **actively engaged in GP services**

PLANNED



Reduce **avoidable hospital admissions among children 0-4**



Reduce **DNA rates for children (between 0-17 years)**



Reduce **avoidable hospital admissions among adults aged for 45 - 64 year olds**



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

UNPLANNED



Reduce the time to appropriate **management of acute presentations**



Reduce **LOS for Acute Admissions**

MENTAL HEALTH & ADDICTION



Increase access rates to **Mental Health and Addiction services**

QUALITY & SAFETY



Reduce the incidence of **falls and pressure injuries**

MĀORI WORKFORCE



Increase the **Māori workforce** across occupational groups and across Western and Eastern BOP

Chief Executive's Report

This report covers the period 24th March 2021 to 22nd April 2021.

1. Chief Executive's Overview

BOPDHB joins Climate Leaders Coalition as a signatory

In March 2021 Bay of Plenty District Health Board joined the Climate Leaders Coalition by becoming a signatory.

The goal of the Climate Leaders Coalition is to help New Zealand businesses transition to a low emissions economy by lowering their own and their suppliers emissions to create a future which is positive for New Zealanders, New Zealand businesses, and the overall economy. Leadership from business is critical – climate change requires all sectors to act together.

The Coalition is designed to help businesses work together and learn from each other to make faster progress in reducing their emissions. The consequences of climate change are one of the biggest long-term risks facing New Zealand businesses. Inaction is not a reliable risk management strategy.

The organisations that make up the Climate Leaders Coalition are serious about solutions – they are each already dedicating resources, expertise, and funding towards projects. Each organisation has joined voluntarily and in doing so has made a commitment to greater public scrutiny of their actions to reduce emissions.

Climate action is an opportunity to reduce our impact on our environment, make our organisation run more efficiently, and respond to the expectations of our communities, who increasingly believe we should play their part in mitigating climate change.

Public announcement of our engagement with this initiative will be made at the BOPDHB Kaitiakitanga Framework public launch on Wednesday 28 April.

For more information on the Climate Leaders Coalition visit

<https://www.climateleaderscoalition.org.nz/>

Matakana Island Telehealth Initiative

This community led; multi-agency project is an excellent example of what can be achieved when multiple stakeholders come together to support a community driven initiative.

Much progress has been made this month and it is expected that full telehealth capability will be available on the Island within the next 6 weeks. A Memorandum of Understanding (MOU) has been formulated with Te Awanui Hauora (Matakana Island) setting out the expectations and contributions each party will make to the telehealth service. A site visit has also been undertaken by SPARK and the Tauranga City Council who are providing funding for the mast.

The proposed service has the potential to support improved access to a range of health and social services not currently readily available to the island communities, for example mental health and addiction services. Together with the island community and the Hauora, WBOP PHO (Western Bay Primary Health Organisation) will support the establishment of a working group to address identified immediate needs whilst also exploring opportunities to engage services that relate to the broader determinants of health e.g., education, housing, income (WINZ) to develop outreach models of care. The development and roll out of a phased plan will be led by the island community.

A decision advising the outcome of the MOH telehealth funding submission (which, if successful, will provide further funding to develop and sustain the service) is expected this month.

Integrated Healthcare - New Service Pilot

Te Āhunga Whānau is a new community outreach service model that acts as the eyes, ears and wheels of General Practice, providing an outreach model of care to support General Practice network engage with their most vulnerable patients who experience significant challenges in presenting within their Practice of enrolment.



This initiative comprises a Registered Nurse and Kaiawhina working in collaboration to provide health restorative, maintenance, and early intervention clinical services, underpinned with social and community navigation (Whānau Ora type) services to ensure appropriate and timely access to necessary community-based services.

The initiative is being delivered in partnership with Ngati Ranginui Iwi within the WBOP who will lead this pilot and employ and provide oversight to the TAW Team while a modified approach will be adopted in EBOP, working with the three Whakatane-based Practices and local Iwi including Ngati Awa on employment and oversight arrangements.

It is intended that additional pilots will be introduced in other areas of the WBOP as this service is transitioned into a whole of network ongoing operational model in coming months. This will see the transition of the PHO's Health & Wellness Service Outreach Nursing Team into the Te Āhunga Whānau service.

2. News and key events

2.1 COVID-19 Key Updates

Covid continues to impact on business as usual capacity. Some backfill arrangements are in place. Planning and service delivery are well underway. Workforce strategy involves leveraging off the existing vaccination workforce while recruiting new vaccinators which once in place will allow some semblance of a return to business as usual.

Funding models are currently in development. A mix of approaches based on a variety of service configurations is envisaged.

COVID - Response & Recovery (Emergency Management Team)

- The COVID response continues within a Unified Control Framework with a focus on the vaccine roll out, communications and ongoing resurgence planning. Vaccine roll out has been to Port workers, their whanau, and has begun to the high-risk healthcare workforce in both Tauranga and Whakatane. The Vaccine Planning Team is working on the operational and logistical aspects of the broader roll out to subsequent target groups and the public. COVID-19 testing continues in the community setting. While the focus is currently on the vaccine roll out, significant activity continues with resurgence planning and preparation, community testing and contact tracing readiness.
- The financial impacts of COVID are being monitored via the current accounting processes plus the establishment of a new cost centre specifically for the Vaccination programme – MoH requirements are to separately account for vaccination costs from general COVID response costs.
- Recruitment for additional staff to support the COVID vaccination rollout is underway. Approximately 100 new appointments for vaccinators and administrators are to be made – these are in addition to secondments from DHB services and contracted partners.
- Information Management service has successfully delivered the technology support for vaccination site setup. By working closely with the Emergency Operations Centre and the Vaccination team, a technical delivery approach that enables community delivery supported by, but deliberately separated from, DHB core infrastructure. Despite national supply chain issues with IT devices, sufficient emergency use devices have been supplied and set up for the distributed vaccination sites.

COVID -Communications

- Internal communications on COVID issues and plans continue including – One Place intranet articles, newsletters, inserts in the CEO newsletter, and a booklet titled COVID-19 vaccine: Protecting Aotearoa. In addition, information sheets and “scripts” have



been developed and distributed to Telephony and Patient Information Centre staff to assist with general public enquiries.

- Communication artifacts (signage and printed material) have been developed and distributed to Vaccination sites to assist with informing the public.

2.2 Tsunami Alert Response led by Emergency Operations Centre (EOC) and Integrated Operations Centre (IOC)



08:45am on Friday 5th March, a Tsunami warning was issued for coastal areas, including the BOP, by the Civil Defence following a magnitude 8.0 earthquake north-east of New Zealand near Kermadec Island Region. The alert coincided with the IOC Daily Huddle, a cross-site videoconference meeting aimed at daily situational awareness, the timing enabled a prompt response by the

teams. Facilitated by the recently installed videoconferencing technology the EOC, IOC, and wider teams, continued to work together across both the Whakatāne and Tauranga hospital sites throughout the course of the event. Fortunately, at 03:45pm the threat was cancelled; however, the event and associated response demonstrated the strength of the All one team effort.

No major issues were experienced and the DHB is working on lessons learned including:

- Following up with Aged Residential Care facilities who were in the inundation zones to understand their learnings and the changes they intend making to their processes
- Feedback has been provided to Civil Defence on the DHB experiences
- Participated in Whakatane Council debrief with emergency services partners
- Debrief of Whakatane staff held with learnings being processed

2.3 Food Security

Toi Te Ora continues to support the Healthy Family East Cape 'Everybody Eats Ōpōtiki' and project partners met this month to celebrate the achievements of this kaupapa so far. Phase one was around hearing what the community wants, and the food mapping report will be finalized in the coming weeks in which the project group will then develop the next steps. The next phase will include the establishment of a 'Food roadmap' to identify key local growers for both personal and economic purposes.

2.4 The Nature of Cities Virtual Conference

Toi Te Ora was a keynote speaker at The Nature of Cities virtual conference and presented Youth of Kopeopeo and outsourcing the values and goals of a public health intervention to the community. A discussion was held on the opportunities and limitations of this approach and the significance of Te Tiriti o Waitangi in progressing it. Participants were interested in navigating being non-indigenous and working within an indigenous framework, and the positive community aspects of public art creation.

2.5 Communications

- A key area of communications in March was the impact of high demand on DHB services in an effort to keep the public informed and manage public expectations. Social media to patients and a poster for staff have been developed in response to the high occupancy rates and longer wait times.
- Other Communications team activities in the month included:
 - the relocation of the pre-assessment administration for both staff and patients;
 - the availability of Ultrasound scans in Eastern Bay;
 - Protect Te Moana a Toi from measles.
 - the launch of the Life Curve programme

- the launch of the Digital Strategy engagement plans and processes
- preparing for the launch of the Sustainability Framework and the National Bowel Screening programme.

Digital Communications - External websites

The main DHB website upgrade went live in early March. The new website has a new “look and feel” to improve usability and branding of the DHB. In addition, the upgrade delivers a modern back end infrastructure to enable better future development and reduced licensing costs.

As the DHB is working on its Digital Strategy, expected to be delivered by end of July 2021, this upgrade is intended to be a tactical improvement of the website only.

Given the website update occurring in March, statistics on site usage are not available for the month.

A new external website specific to COVID is being developed for the community vaccinations programme.

Digital Communications - Social media

Extracts from the analytics of the DHB’s social media usage is shown below:

Facebook top posts

Our posts for the month (ordered by most popular to least popular), this is a total of each post across all our BOPDHB pages.

Post Message	Type	Posted	Post Total Reach	Engaged Users
Covid 19 Administrators required urgent recruitment drive BOPDHB Covid 19 immunisation programme We are looking for experienced administrators who are interested in contributing to the biggest vaccination drive ever in the Bay of Plenty Region..	Photo	25/03/21	16679	853
Tauranga Hospital is currently experiencing significant high demand across all areas of the hospital. This demand is a result of overall increased acute patient demand on our hospital services, including the emergency department...	Photo	28/03/21	8462	1352
A desire to honour ANZAC soldiers has prompted one of our staff members to create a wall of poppies in remembrance but she says she needs help to give it a ‘wow’ factor. Debbie Lawrence is creating a wall of knitted poppies at her Tauranga Hospital workplace...	Photo	18/03/21	4004	495
Former All Black captain and winger Stu Wilson can now add another name to the list of teams he has represented, the TaurangaHospital Orderlies. ...	Photo	28/02/21	2015	191
No hesitation from these Whakatāne Hospital ED Nurses! COVID vaccination of frontline healthcare workers in the Eastern Bay is underway. Want to know when you can get the vaccine?...	Photo	29/03/21	1948	206

Twitter

28 day summary with change over previous period



3. Our People

3.1 Key Staff Movements

- In March the Health and Safety Manager signaled her resignation from the role, effective mid-April. In seven months in the role, The Health and Safety Manager had introduced a number of positive changes and was focusing the H&S team on improving the profile of Health and Safety across the DHB, while also preparing the DHB for the ACC audit in mid-2021. Recruitment of a replacement H&S manager has commenced.
- Recruitment into the People and Culture Business Partner team is continuing. A new Business Partner has been appointed and is due to commence in May 2021. In addition, recruitment for a new Team Leader is currently underway. These recruitments are part of rebuilding the capacity and capability of the business partner team and the human resource advisory service provided to the wider business.

3.2 Education and Training

The Education Manager is working with People & Culture to establish a stocktake of the different resilience, wellbeing and mindfulness training opportunities that are currently provided across the DHB. A number of staff have been invited from the DHB as well as our partners in the community to establish what is currently occurring, in order for a needs analysis to be completed.

De-escalation training options are being explored after a number of requests in recent years from different parts of the organisation.

Supervision training is being reviewed with Allied Health. There are increased demands for supervision, and while improving training will provide better options, there are a number of processes and guidelines that teams will need to work through in order to create a sustainable system for supervision. We have contacted colleagues in the Midland region for a collaborative approach.

The Education Manager is working with Midland GMs HR to explore leadership development programmes for Medical staff who have CME available to fund this. This has come about as more Doctors have applied for internal leadership programmes than previous years. If there is enough appetite across the midland region, we may offer a programme aimed at Medical staff.

A second BOP Health System education integration meeting was held in early April to explore possibilities for a shared platform for education information. At this stage a website hub is looking likely.

A Career Expo for high school students is being organised in Whakatane in collaboration with Innovation & Improvement, Te Pare o Toi and the Rural GP Health Network. Covid permitting, this is scheduled for 1 July. While we traditionally hold a Careers Expo every second year, this year we are planning some changes to the programme.

Clinical Nurse Manager Change Manager Practitioner Training



Twenty-four Clinical Nurse and Midwife Managers (CN/MM) across both sites recently completed the above programme by zoom over 4 morning workshops. This was delivered by an experienced Change Management Leader who has extensive experience in health, including the Scottish NHS. The

Allied Health team leaders have also completed the same training which will help embed a common change language. There was an enthusiastic uptake with places filling rapidly. The participants were required to work on a project as part of the course work. CN/MM are often required to implement changes, this course provides them with a range of tools when undertaking change.

The Emergency Management team has been involved in supporting education and training programmes including:

- Co-ordinated Incident Management System (CIMS) in Health training to Whakatane and Tauranga staff
- Psychological First Aid training to staff and partners in Eastern and Western Bay
- Training and education with community partners including Mary Shapley Rest Home and Village Managers post tsunami and with Tuhoe Hauora and Whakatohea, Te Ao Hou Managers

3.3 Whakaari Recovery

The Whakaari Senior Leaders Group, lead by external agency, Emergency Management BOP, is in transition and will meet less frequently as its future purpose and terms of reference are discussed.

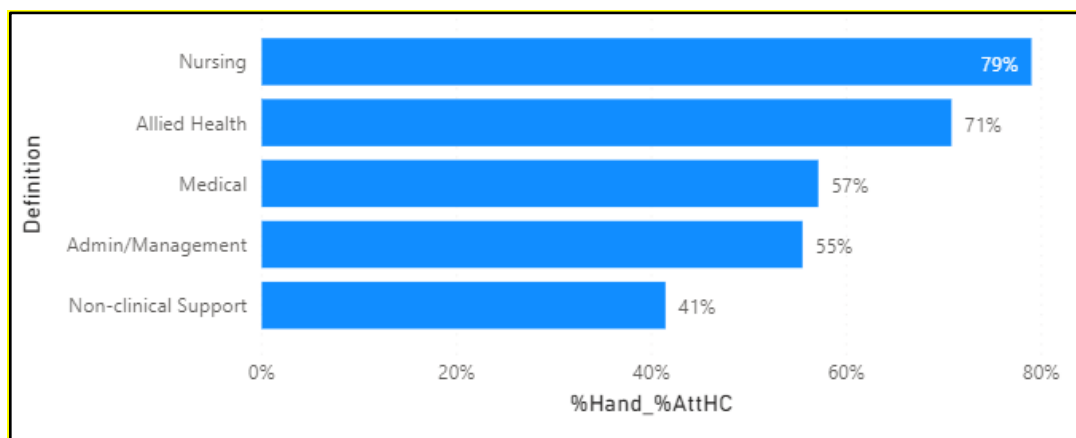
BOPDHB's Whakatane based Hauora/Wellness Coordinator has completed an assessment of Whakatane staff wellness using surveys, focus groups and "in person" meetings, with findings presented to the Whakatane based leadership team. Staff wellness support continues to be challenging, with some staff experiencing significantly increased anxiety levels during the recent Tsunami alert and evacuation order. Strategies for staff wellness with a strong evaluation component are in development.

4. Bay of Plenty Health System

4.1 Hand Hygiene

The last quarter hand hygiene compliance, ending February 28, 2021, improved by 0.7% to 79.2%. The Chief Medical Officers (CMOs) initiated a mailout to all SMOs and RMOs with a direct link to the Te Whariki a Toi online hand hygiene training. This has created an increase in uptake by medical staff from 35% in January 2021 to the current 57% achievement 15 March 2021. For compliance to improve, it is essential to understand the correct moments to perform hand hygiene.





4.2 Tauranga Fluoroscopy and Interventional Suite (Room 4)

During March 2021, the Tauranga hospital Radiology Fluoroscopy and Interventional suite was taken out of service while the room had minor refurbishments and new Siemens equipment installed. Applications training took place from the 6 – 9 April 2021.

Significant contingency planning has been required to ensure acute patient cases for complex interventional procedures would be available either onsite, outsourced or performed at another DHB.

4.3 Tauranga MIT Roster Change

On the 12 April 2021 at Tauranga hospital a new CT shift roster was implemented to better meet afterhours demand and reduce staff fatigue. Changes are:

- 3.30pm to 12am MIT shift implemented Monday to Friday
- 4.00pm to 12am MIT shift implemented Saturday, Sundays, and Public Holidays

The Radiology Service is reviewing the current CT booking template to improve inpatient workflows prior to 6pm Monday to Fridays and additional Out Patient appointments will be performed in the business week evening sessions. Additional Orderly support will be required to manage increased afternoon patient transits.

4.4 Acute Flow

Pressure from growth in demand for acute care in Tauranga hospital has been highlighted as an emerging urgent priority. Whilst several initiatives are underway that seek to address acute demand and hospital flow, some of which have touch points to the suite of integrated care initiatives, the need to reinvigorate a comprehensive all of system programme has been identified. Activity is underway to identify the programme, map out the contributing initiatives, identify resourcing requirements etc, to ensure that there we are joined up in our approach across the system.

5. Bay of Plenty Health System Transformation

5.1 DHB Operating System: How we work

6.1.1 Digital Transformation –

Data & Digital Programme – Strategy Development

- BOPDHB is leading the development of a district-wide Digital Transformation Strategy – ie a sector wide strategy – using the assistance of SPARK Health. The BOP Digital Transformation strategy will deliver the strategic platform that supports the DHB's health and business strategic priorities.

- During March, and continuing into April, the DHB embarked on 24 introduction and discovery workshops for internal and external stakeholder aimed at providing an opportunity to participate in some early sessions to develop a BOPDHB Digital Health Transformation strategy and get insights into our aspirations for future digitally enabled healthcare.
- To date there has been an excellent mix of attendees from clinical, non-clinical, DHB and non-DHB partners – all providing valuable insights and feedback to the strategy project team. These insights and feedback will be used to create core ideas and messages that will be discussed in broader stakeholder sessions. These later sessions will be open to a wider group of primary, secondary, community, and patient groups across the entire geographic spread of the DHB.

Digital Projects

Midland Clinical Portal – Tairawhiti Go Live

Tairawhiti DHB went live on Midland Clinical Portal (MCP) on 26th March 2021. The BOPDHB team were heavily involved in assisting Tairawhiti and HealthShare (HSL) in this transition, particularly around supporting technical testing, the uploading of Tairawhiti diagnostic results into the shared Éclair result management system, and clinical users training. The Go-live went well, and both Tairawhiti and HSL expressed gratitude for our close collaboration and firm support.

Fuji Xerox MFD Printer Replacements

The Print Technology as a Service Implementation project has commenced with our supplier Fuji Xerox. Business engagement for deployment/installation has been initiated with initial target areas being the CEO's office, Executive Management direct reports, and some key business areas. While a non-strategic initiative, this workstream has major implications for the smooth operations of all clinical and non-clinical areas as these devices deliver the printing, photocopying, and scanning capabilities used across the DHB.

Maternity Clinical Information System (BadgerNet Global) Business Case

- A comprehensive maternity clinical information system business case has been jointly developed by the Maternity and Information Management teams. This Business Case provides information, rationale, and costing for BOPDHB to consider BadgerNet Global - Maternity Clinical Information System (MCIS) platform for BOP DHB maternity services and BOP self-employed, community-based Lead Maternity Care (LMC) midwifery services.
- This solution will transform the paper based DHB clinical records with the Ministry of Health's (MOH) preferred national maternity system, BadgerNet Global MCIS. A comprehensive change management programme will be required to support stakeholders to embrace the integration, clinical safety, health intelligence and consumer engagement opportunities of the new system. A key objective of the change management strategy is the development of new ways of working collaboratively across DHB and LMC services with the new system to reduce risks, improve equity, enhance services, support and health literacy for the wāhine/woman and her whanau/family as the key objectives.
- The business case has been submitted to Asset Management Committee and will be prioritized with all the potential requests in 2021/2022.

6.1.2 Health Intelligence

- DHB technical and data staff from Information Management's Business Intelligence team, the Integrated Operating Centre (IOC), and Decision Support Analysts (DSA) held a workshop in March with the Microsoft Health Data and Analytics Azure team to look at industry best practices, migration recommendations, and future requirements.



BOP is one of the few leading DHBs to work with Microsoft directly in cloud migration for forthcoming Health Intelligence. The outcome of the workshop was agreement for BOP and Microsoft to work towards a business case for future-proofing our data capability.

- The move to cloud-based data services is a significant shift in skills, terminology, processes, concepts, and culture, specifically for the Business Intelligence team and the wider Health Intelligence analyst community. Cloud subscriptions provide a whole new toolset to manage and access our information. There will need to be substantial training for our staff and support from partner organizations to get a complete migration.

6.2 Integrated Healthcare

Pharmacy Contraception Service Pilot

Protected & Proud (P&P) has undergone a 3-month trial testing to ascertain if women would utilise a Long Acting Reversible Contraception service in a pharmacy setting. P&P have employed 2 experienced LARC nurses to provide this service in 3 pharmacies in the evenings and weekend. The trial of an online self-booking system has been greatly received. The trial is being evaluated and results will inform future service development in this area.

6. Health and Safety

The Health and Safety service is undergoing significant change as a result of personnel changes. Despite the changes within the team, key focus areas are being worked on including:

- Protocol Development prepared for consultation to include:
- Incident Management
- Risk and Hazard Management
- Corporate Contractor Management
- Orientation for TGA Health and Safety Advisor (Michael Shakes)
- Commence of Safety walks
- Collation of results for Health and Safety Representative engagement survey

8. Clinical Campus

Students

House Officers and Year 6 students are really stepping up with extra tutorials for Year 4's, we have had "how to cope with bad news to patients", Cardiology, taking bloods and putting in lines will be in the next couple of weeks. This is great in view of the fact that Year 4's missed out on hospital time in 2020 and the Gen Med first cycle have had less teaching with Kate Grimwade stepping down, so good to have built these relationships and can call on the junior staff.

Dr Lizzy Tizzard has now been appointed as the General Medicine year 4 UoA student supervisor and has made a great start with the students.

Year 6 students complete one week of Clinical Imaging in our TGA Radiology Department after their Electives. As our Radiology Depart is unable to take more than four students in any week, we may have to reduce Year 6 students by around six in 2022, unless we can timetable these differently. Awaiting the outcome from the UoA.

With UoA year 6 students having to complete their 10-week electives in NZ since COVID, this has put pressure on departments to take additional students., this will continue in 2022.

Clinical Trials and Research

There are currently 23 active trials at Tauranga Hospital, with 5 new trials in start-up. There are 19 patients on active treatment and 18 in follow-up. The majority are oncology trials (16), followed by haematology (6), with trials also open in gastroenterology and one planned for respiratory. Whilst trial activity is recovering after a slow year last year, total patient numbers on trials is still relatively low.



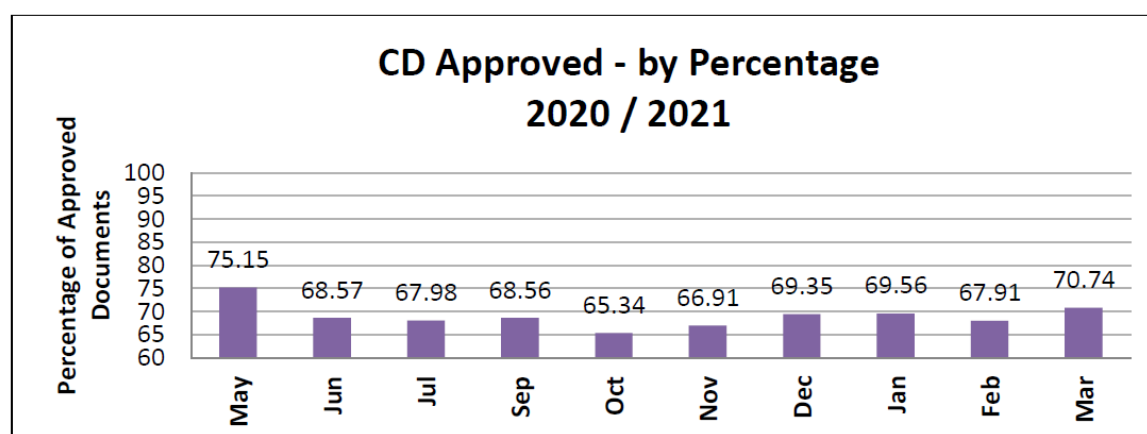
Growth in trials activity outside of oncology is somewhat constrained by available clinical resource. Pharmacy resource is also constrained somewhat. The trials unit directly funds 0.5 FTE for pharmacy resource however demand for pharmacy services is high which may impact the resources available to cover clinical trial requirements

9. Governance and Quality

9.1 Indicators

Controlled Documents

Reporting is through Executive Committee (6 monthly).

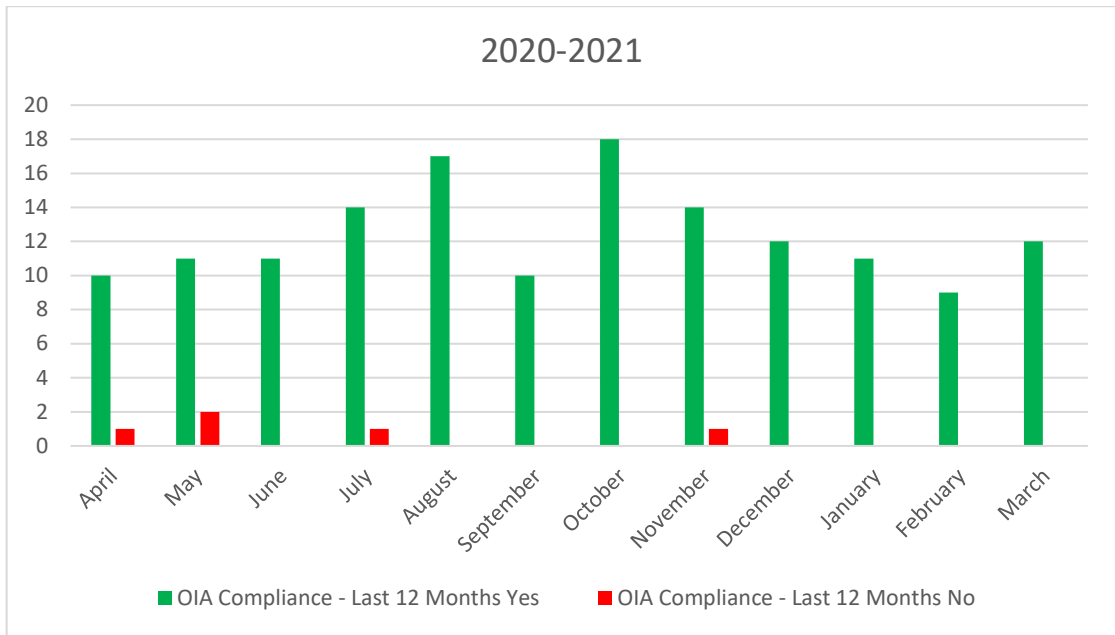


Certification Corrective Action: The document control system supports effective and timely review of policies, procedures, and forms across all clinical and support services. It was noted that 32% of documents were overdue at time of audit (August 2020).

Update provided to MoH who note whilst progress in the review systems/process is noted further reporting is required. A subcommittee of Clinical Governance has been formed and is looking at the process of writing and reviewing with the goal of reducing the burden on individuals. This review of the process is due for completion in July 2021 and during this time we continue to monitor performance.

OIAs (Responded to 1 – 31 March 2021)

	OIA	Requester Type	Due Date	Response Date	Met on time
1	Temporary and Casual Staff	Individual	09.03.21	01.03.21	Yes
2	WBOP PHO Complaint Process	Individual	09.03.21	03.03.21	Yes
3	Covid Repatriations	Media	09.03.21	09.03.21	Yes
4	Privacy Commissioner Compliance	Individual	09.03.21	09.03.21	Yes
5	Opotiki Health Services	Law Firm	12.03.21	11.03.21	Yes
6	Gynecology & Mental Health	Media	11.03.21	11.03.21	Yes
7	Marae Accessibility	Individual	08.04.21	12.03.21	Yes
8	Unauthorised Use of Personal Info	Individual	24.03.21	12.03.21	Yes
9	Admissions with Malnutrition	Media	18.03.21	15.03.21	Yes
10	Firearm's Injuries	Media	19.03.21	17.03.21	Yes
11	Legal Costs	Individual	22.03.21	22.03.21	Yes
12	Abortion Services	Organisation	19.04.21	30.03.21	Yes



10. Performance Pack

10.1 Finance Procurement Supply Chain Performance

The focus on value for money improvements via the Procurement function has resulted in \$62,000 of identified and delivered benefit in March and \$3.2m of benefit this financial year. It should be noted that benefit measurement is not simply cost savings – in some cases it reflects avoidance of cost increases that have been signaled by suppliers. In this latter area, \$960,000 of this year’s benefit relates to avoided cost increase – signaled cost increases of \$1.45M have been reduced to \$0.49M following the intervention of the procurement team.

10.2 Information Management Team

BOPDHB Application Server Uptime

Performance of systems as measured by availability of the application servers operated by BOPDHB. Note these exclude servers operated by national or regional systems.

Application:		
Clinical Applications	Chip	100%
	Eclair	100%
	Primary Support Clin APPs	100%
	WEBPAS	100%
Non-Clinical Applications	HRIS	100%
	Exchange 2010	100%
	SharePoint	100%
	Phone System	100%
	Network Core	100%



Mobile Phones

FPSC Review of Mobile phone devices in use over recent months has resulted in a sharp reduction in the number of devices being paid for since Oct/Nov 2020.

Average cost per connection increased at the start of COVID due to the need to increase data plans to enable remote working.

The average cost per connection has remained relatively static since April 2020 – meaning the reduction in connections achieved since November is delivering between \$4000 - \$5000 per month in mobile phone cost reductions.

