



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting Agenda

Wednesday, 24 March 2021
10.00 am

Please note Board Only Time 9.00 am

Venue: Conference Hall, Clinical School,
Whakatane Hospital



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

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

PRINCIPLES	TRANSFORMATIONAL CARE PRIORITIES	BUSINESS MANAGEMENT
Working together across the system to shape the future of health & wellbeing	Child wellbeing	System connectedness to improve financial sustainability
Reaching for excellence	Mental health system transformation	Financial breakeven in 2021-2022
Investing in community services	COVID: Containment, Vaccination and embedding learnings	Tangible outcomes from sustainability funding
Prioritising wellbeing and equity: giving effect to Whakamaua		Strong business and capital investment planning
Improving population wellbeing through prevention		Full implementation of CCDM

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

Bay of Plenty Transformational shifts

TOP 10 KPIs

Board agreed transformational priorities

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

Pending finalisation



Item No.	Item	Page
1	<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>	
2	<p>Presentations</p> <p>Nil</p>	
3	<p>Apologies</p>	
4	<p>Interests Register</p>	5
5	<p>Minutes</p> <p>5.1 <u>Board Meeting – 24.2.21</u> <u>Matters Arising</u></p>	10
6	<p>Part A: Monitoring, Compliance and Business as Usual Delivery</p> <p>6.1 <u>Chief Executive’s Report</u></p> <p>6.2 <u>COVID Workforce Vaccinations Guidance</u></p> <p>6.3 <u>Items from Board Committee Meetings – 23.3.21</u></p> <p>6.4 <u>General Business</u></p>	19 34



Item No.	Item	Page
7	Items for Noting 7.1 <u>Correspondence for Noting</u> 7.2 <u>Board Work Plan</u>	38 40
8	Part B: Future Focus and Key Strategic Issues 8.1 <u>Bay of Plenty Health System Transformation - Developing Successful Execution</u> 8.2 <u>Life Course Approach to Transforming Care</u>	42 45
9	General Business	
10	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 he becomes aware of only at the meeting while the public is excluded and he is present.	
11	Next Meeting – Wednesday 28 April 2021.	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated March 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
Armev 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



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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
BOPDHB	wife has Midwifery casual contract	health	Moderate	1/9/20
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	

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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				

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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
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
Kahakaharoa Room, Planning & Funding, 17th Ave, Tauranga
Date: Wednesday 24 February 2021 10.00 am

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

Attendees: Pete Chandler (Chief Executive), Bronwyn Anstis (Acting Chief Operating Officer), Mike Agnew (Acting GM Planning & Funding and Population Health), Debbie Brown (Senior Advisor Governance & Quality), Marama Tauranga (Manukura, Maori Health Gains & Development)

Item No.	Item	Action
1	Karakia	
2	Presentation Nil	
3	Apologies An Apology was received from Mariana Hudson. Resolved that the apology from M Hudson be accepted. Moved: B Edlin Seconded: I Finch	
4	Interests Register Board Members were asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.	
5	Minutes 5.1 <u>Minutes of Board meeting</u> – 27 January 2021 Resolved that the Board receives the minutes of the meeting held on 27 January 2021 and confirms as a true and correct record. Moved: R Scott Seconded: B Edlin 5.2 <u>Matters Arising</u> <u>Position Statement</u> It is proposed that the Statement may be regionally endorsed with regional logos which may delay the release slightly. Board Members endorsed the use of BOPDHB’s Position Statement regionally.	
6	Part A: Monitoring, Compliance and Business as Usual Delivery 6.1 <u>Chief Executive’s Report</u> Chief Executive apologised for lateness of Board and Committee papers for the last two months. This is being addressed. Chief Executive highlighted: <i>Opotiki- ASH rates.</i> This data has just been received and whilst being checked, appears to be an excellent example of locality working with partners, local GPs and others.	



Item No.	Item	Action
	<p>It would be advantageous to apply the learnings from this success to other projects and the Board considered a case study would be of interest.</p> <p><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. CEO advised that the timing of the communique would be critical as is Identifying risks and the impending COVID vaccinations. There are some significant resource-draining obstacles currently but management will be clearer over the next two to three weeks on whether these are resolvable and consequently the short term success of the MMR initiative alongside COVID vaccination.</p> <p><i>Hand Hygiene</i> - A number of approaches have been deployed to address hand hygiene results. It is a serious indicator for improvement. The CEO is promoting and CMOs are liaising with clinical staff to improve.</p> <p><i>Deliverables Calendar</i> – this is on track. It has been put into Monday.com - our newly developing toolkit.</p> <p><i>Key Areas</i> - Four priorities. Child immunisation, Child Oral Health, Eastern Bay locality Network, Tier 1 and Tier 2 organisation. Equity is infused in all areas.</p> <p><i>COVID-19</i> - Planning is in earnest for the impending vaccination programme. Tomorrow there is a first structured walkthrough of the vaccination programme. The Port workers will be briefed. There are bookings coming through from the Port. It needs to be a positive experience. Port Workers and their Whanau’s needs are being considered.</p> <p>Comment was made that communication with GPs is critical as some of those receiving COVID vaccinations will be those requiring MMR vaccination. Query was raised as to whether BOPDHB would be affected by issues at other DHBs. GMP&F will follow up.</p> <p><i>MCP</i> - It will be arranged for the Board Member to meet with CIO regarding concerns.</p> <p><i>Prompt Payment Imperative</i> - BOPDHB is doing well from day of receipt however it is transition that has been measured to date. Advice has just been received that this will change, with the time period commencing on receipt of invoices which does mean BOPDHB is fully compliant.</p> <p><i>Health and Safety</i> - There needs to be a robust action plan which is being worked on. Query was raised with regard to Board Health and Safety walkarounds. GMCS will follow up</p> <p><i>OIAs</i> - There has only been one non-compliant response time in the last six months.</p> <p><i>Emergency Planning Team</i> - There have been two years plus where this team has been involved on various matters. It is an evolving team, particularly on the psycho-social front.</p> <p>The Board Chair commented that the CEO report was much improved. A request was made to outline any issues at the beginning.</p>	<p>Case Study</p> <p>Acting GMPF</p> <p>GMCS</p> <p>GMCS</p>

Item No.	Item	Action
	<p>6.2 <u>Dashboard</u> <i>Overview</i> – The CEO walked through the measures. An equity lens over three areas, equity of access, equity of experience and equity of outcome is required.</p> <p>Query was raised re Cancer Treatment and whether there is a measure of numbers of patients presenting to ED being diagnosed with cancer.</p> <p>Dashboards are being reviewed in general as to which information is the most valuable to portray versus data required for compliant requirements.</p> <p>6.3 <u>Care Capacity Demand Management (CCDM) Implementation Report</u> The report was taken as read.</p> <p>6.4 <u>MOH Performance Pack Update</u> There has been a discussion with the MOH since receiving the pack. There are some issues for MOH to come back to BOPDHB but this reflects well overall on BOPDHB in relation to our workload volumes and value for money.</p> <p>The outdatedness of some of the reported numbers was pointed out.</p> <p>CEO advised that management is working on a way of visualising the frequency of system gridlock and this will be shared once developed.</p> <p>6.5 <u>Whakamaua: Maori Health Action Plan 2020-2025</u> A summary of Whakamaua, released late last year, was circulated. It is flagged in the Minister’s Letter of Expectations. The journey began under COVID conditions in 2020. There was a large amount of consultation to form this in the Maori Health sector. The current strategy runs to 2025 linked to the aspirations of Pae ora and very aligned with Te Toi Ahorangi (TTA).</p> <p>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.</p> <p>Query was raised as to how to communicate actions so that support is gained and people understand the purpose. The manner in which the communication is delivered will deliver the outcome. It is a specialised area and identifying the target market is critical. Some of the how is determined by the Position Statement. Comment was made of the public not being the audience. More important is how Whakamaua aligns with TTA and whether Maori providers, hapu and iwi are aware. TTA has a communication plan which will be progressed this year.</p> <p>Query was raised on the mention of the Whare Waka and what that is. It is the project office of Te Pare o Toi, grounded in the Maori world.</p> <p>A request was made for a ‘glossary’ of kupu Māori terms so that everyone is on the same page about team names and functions.</p>	<p>Acting COO</p> <p>Manukura</p>



Item No.	Item	Action
	<p>6.6 <u>Items from Board Committee Meeting – 23.2.21</u> MMR Immunisation discussed at the Combined meeting is being discussed at Board today.</p> <p>6.7 <u>General Business</u> 6.7.1 Chair’s Feedback from Board Only Time Resolved that the Board accept the nomination of Linda Steel as Bay of Plenty Maori Health Runanga Chair and welcomes Linda as Maori Health Runanga representative and full participant to the Board. Moved: R Scott Seconded: H Ahomiro</p>	
7	<p>Items for Noting</p> <p>7.1 <u>BOPDHB Te Tiriti Position Statement</u> The Board and Communication Consultant’s feedback has been incorporated. The Board endorsed the statement.</p> <p>7.2 <u>Matter Arising Update – Operating Theatre Utilisation Metrics</u> The report was taken as read. Query was raised regarding the difference between elective and arranged admissions. An arranged admission is someone who has presented acutely and needs surgery but not within 7 days. MOH funding covers acutes, electives and arranged numbers. They are paid on caseweights. There is currently not an equity lens across this paper and this was requested by the Board. It was confirmed that equity selectors are embedded throughout all of the new dashboards and this will be brought through in the views selected. The Board appreciated the information in the paper.</p> <p>7.3 <u>Board Work Plan</u> The Board is looking at a Board Action plan. The current Work Plan is historical in nature and does not really fit with the transformation envisaged and the plan for moving forward and deep dives into issues. The plan will be adjusted and items need to be indicated 3 months ahead. Board Members to send feedback to the Board Chair on what they want included in the work plan this year.</p>	Acting COO
8	<p>Part B; Future Focus and Key Strategic Issues</p> <p>8.1 <u>Execution Methodology: Evolving How We Work</u> This is to address historical blockages in the way we work. The proposal is seen as a Transformation Hub to start blending organisational programmes/ processes in an equity focussed environment. It will enable live dialogue based flow.</p> <p>Walk-through and Discussion</p> <p>8.2 <u>Exploration of MMR Care Pathway, End to End process</u> CEO explained the intent and outcomes of looking at examples of end to end processes going forward. The Board considered there would be huge benefits from delving into such processes to improve life journeys. It is seen as looking with equity and whole of system lenses.</p>	



Item No.	Item	Action
	<p>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.</p> <p>GM P&F gave synopsis of discussion at the Board Committee meeting yesterday on MMR Vaccinations.</p>	CEO
9	<p>General Business</p> <p>Board Member rep reported on Lakes DHB HAC Meeting</p> <ul style="list-style-type: none"> • The meeting covered Bowel Screening which has a lot of learnings • In the Dental Field they are painting fluoride on teeth. BOPDHB is doing this. • They are clear on their COVID plan. <p>Board Member rep reported on Lakes DHB CPHAC/DSAC Meeting</p> <ul style="list-style-type: none"> • There were a series of presentations. Feedback from Committee Members was that there were a lot of presentations with no outcomes. • Board Member will circulate information to the Board. <p>These reports will in future be included in the Combined Committee meeting</p>	
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 – 27.1.21 Chief Executive’s Report Comparative of Te Kahu o Taonui Endorsement Letter and Te Runanga Hauora Maori Terms of Reference Correspondence for Noting BOPDHB Tier 1 Services</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 Mike Agnew Owen Wallace Bronwyn Anstis Debbie Brown Marama Tauranga 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 24 March 2021	



The open section of the meeting closed at 12.05 pm

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 - COVID -19 Comment was made that communication with GPs is critical as some of those receiving COVID vaccinations will be those requiring MMR vaccination. Query was raised whether BOP DHB would be affected by issues at other DHBs. GMP&F will follow up.		Acting GMPF	24.3.21		See Below – Completed
PHOs are represented on the MMR governance and oversight bodies so are well placed to ensure communication with GPs around the two campaigns is well coordinated.						
24.2.21	Chief Executive's Report - MCP It will be arranged for the Board Member to meet with CIO regarding concerns.		GMCS	24.3.21		Completed
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		To be discussed at March Board
24.2.21	Dashboard Query was raised re Cancer Treatment and whether there is a measure of numbers of patients presenting to ED being diagnosed with cancer.		Acting COO	24.3.21		As below – Completed
This measure is part of the new Cancer QPI (Quality Performance Indicators) . Currently this is measured from a national perspective for lung, prostate and bowel tumour streams and retrospective reports for DHBs are provided. Work is in progress to collect this information in more real time by individual DHB and alongside this a quality improvement plan developed. Expected delivery on this individual DHB activity is quarter 4 this financial year.						
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	<p>Whakamaua</p> <p>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.</p> <p>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.</p>	CEO	24.3.21		<p>In progress – dates for sessions have been provided</p> <p>In progress – discussed with Board Chair</p>
24.2.21	<p>Operating Theatre Utilisation Metrics</p> <p>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.</p>	Acting COO	24.3.21		In progress
24.2.21	<p>Exploration of MMR Case Pathway, End to End Process</p> <p>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.</p>	CEO	24.3.21		In progress - Redesign Process underway
24.2.21	<p>MMR</p> <p><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</p>	Acting GM PF/Manukura	28.5.21		





BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part A:
Monitoring, Compliance and
Business as Usual Delivery

Chief Executive's Report

This report covers the period 19th February 2021 to 17th March 2021.

1. Chief Executive's Overview

Much of the last month's focus has been on navigating COVID level changes, preparing for COVID vaccination commencement and pushing forward our drive on MMR vaccination. The Hikurangi fault earthquakes and resulting tsunami warnings presented a further challenge to our Emergency Operations and service teams who responded rapidly to the threat and both the speed and scope of activity undertaken very quickly was exemplary. An excellent writeup on this event was released in the Whakatane Beacon with some lovely feedback by one of the patients in Whakatane Hospital.

Workforce wellbeing

It is important to acknowledge the impact on both healthcare staff and the wider community in the Eastern Bay of these repeated major events and, as a result, the ongoing and growing need for psychosocial care and support. Over the last four years the Edgecumbe floods, Whakaari eruption, COVID social impact and this latest threat are all impacting on wellbeing. These events, on top of our BOP health system demand growth, the expectations of transformational change and the intense efforts to recover from last years COVID lockdown are together putting very significant pressure on our people and whilst we have grown our efforts and learnings in supporting our workforce it is now time to move this to the next level.

In April, we will commence a new workforce wellbeing approach, connecting the many staff who work hard to build resilience, support and positive team culture and working together with our Union partners. This will be an exploratory journey of evolution, including active developments in ensuring psychological safety across our teams, addressing burnout, celebrating success and ensuring we are truly hearing from and supporting teams most under pressure.

Vaccination

As at 14th March, 441 port workers have received their first COVID vaccination which is an excellent result and on track with expectations. Intensive planning effort on the wider rollout continues and is drawing on an increasing wide pool of frontline staff, co-ordination resource, managers and data analysts.

Immense effort continues to advance our MMR vaccination campaign despite considerable obstacles with national and local IT system data transfer issues and the need to draw on staff from multiple sources to expand this workforce. Te Pare o Toi have geared up a second MMR vaccination team to work alongside the public health nurses in educational institutions and this is immediately providing successful in connecting wider networks in supporting this effort.

With the speed of change in both MMR and COVID vaccination any information provided here will be rapidly out of date. Therefore a verbal update on both streams will be given at the Board meeting.

Business development

Our *execution framework* has continued to develop at pace, with a short separate report included for this Board meeting. Refining the most important measures to focus on *moving the dial* (our top 10 KPIs), collating our master organisational list of current development and change activity for refinement and sharpening and the development of new tools and models of execution are all key foundations as we move towards the coming together of our **Transformation Hub** at the end of May. This development is a co-location to enable connected and co-ordinated change, linking Te Pare o Toi, Innovation and Improvement, Organisational Development and Quality and Safety, co-located with the CEO, Exec, funder and Toi Te Ora teams.

Our new (pilot) of the collaboration programme management tool Monday.com has commenced and we see this as providing major benefits in workflow management and improving effectiveness in delivery of our change workstreams.



2021 Deliverables

A separate paper is included this month which shows the 2021 deliverables calendar now in Monday.com. This provides regular email prompts on delivery dates to workstream leads and the publication and sharing of the calendar is definitely effective in keeping timelines tight and on plan wherever possible.

This month our **new website** has been released and the national launch of **Life Curve** plus the local launch of our infection control surveillance tool **ICNET** are the next deliverables and tracking well.

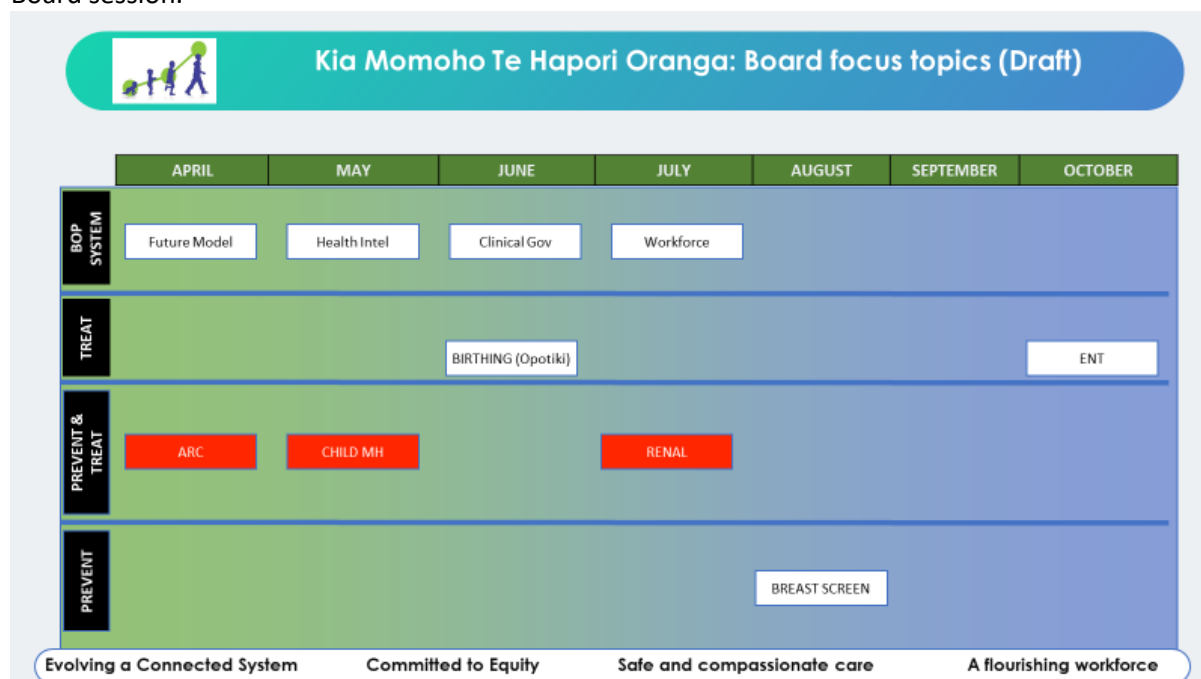
The development of our **digital transformation strategy** is progressing very well and an update to the Board is planned in the next couple of months.

Our environment remains volatile, with vaccination programmes especially presenting a risk to some of our development capacity, hence the need to make as much progress as possible during the pre-Easter period of this year. We expect that we will need to pivot frequently as we progress through 2021 to ensure that the needs of the most critical expectations of the health system are prioritised.

Board workplan focus topics

This month's Board papers include refined thinking about applying deep dive consideration at Board level into the BOP Health System transformation intentions. To supplement the enclosed paper, we have now mapped these into a proposed Board workplan for the next few months which brings together two focus topics for each meeting – one relating to the system and one relating to care provision as per the proposed draft below **for Board feedback**.

Agreeing this plan for the next few months will allow the analysts, improvement teams and service teams the necessary time to prepare the relevant deep dive material for an optimally productive Board session.



Note: at the time of papers being finalized the intention was to bring ARC to the March Board meeting as a focus topic however on 17th March we have stood up our CIMS structure to support the earlier rollout of COVID vaccination and drafted in managers from Funder and Provider teams to step into the CIMS roles which means their availability is unlikely. On this basis we have moved ARC to April as our starting point in the above plan whilst we assess capacity and availability for the March topic.

2. News and key events

2.1 COVID-19 Key Updates

2.1.1 COVID Management

- In addition to the “business as usual” COVID communications activities, the changes in the COVID-19 Alert Levels that occurred during February added a layer of additional focus and activity. This was a concentrated exercise given the raising and subsequent lowering of alert levels occurred over a four day period.
- The roll out in March of the vaccination programme has been supported by widespread communications processes and robust planning. A ‘dry run’ of the vaccination of port workers occurred which included information sessions for business owners, managers and port workers in preparation for the actual vaccination roll out.
- To overcome the risk of complacency, new communication mechanisms were introduced to provide a refresh for staff on Personal Protection Equipment (PPE) donning & doffing, PPE practice and N95 fit test. These communications, eg ‘tent cards’, have been placed in staff gathering points (eg cafeteria, meeting rooms, doctors’ common rooms). Similar communications focused on more general COVID related advice – their hand hygiene, physical distancing, stay home if sick, scan the QR Code and turn on Bluetooth.

2.1.2 COVID Response and Recovery

- **COVID-19 public health response update**

The focus for Toi Te Ora over the past month has been on supporting our two DHBs with their planning for the national vaccination rollout, while continuing to investigate notifications of potential cases of the virus. Many of the notifications were related to people who had been to places of interest associated with the latest Auckland cluster. Staff have also assisted with entering contact records associated with community exposures in Auckland into the national contact tracing system.

Border workers began to receive vaccinations from 20 of February, with Rotorua Managed Isolation Facility staff vaccinations commencing on 27 February and Port of Tauranga staff vaccinations on 1 March.

A local communications and engagement programme for the first round of the vaccine rollout has been running with a focus on the Port of Tauranga workers. Dr Rawiri Jansen and Dr Nikki Turner (IMAC) held a Vaccine Q&A session for Port Workers and their Whānau on 27 February with Dr Rawiri attending in person and Dr Turner via live stream. The session was also offered to the public via webinar. The purpose of this session was to counter misinformation about the virus, particularly with Māori, and to cover clinical information and respond to queries.

While we await vaccine roll out across Aotearoa, Toi Te Ora, alongside both its two DHBs must continue to prioritise and maintain COVID surge capacity, given an outbreak could happen at any time.

- **The Emergency Management Team** has directly provided or supported a number of COVID related activities, both internally within the DHB and/or in association with external agencies:
 - Managed support to movement from Level 1 to 2 – more work to be done on templates and protocols to ensure that Alert level movements occur smoothly.
 - Co-ordination meetings with EBPHA COVID-19 Testing Planner and the Emergency Management Officer for Whakatane District Council to work through traffic management issues should “pop up” testing facility be required at short notice in Whakatane
 - Vaccination planning workstreams continue with projected vaccination to begin at the Port on 1 March. Followed by Port worker whanau



- To Te Ora has put in place a Response Manager for COVID with the goal of incorporating COVID-19 into BAU– at least in the absence of any confirmed cases in BOP and Lakes
- Working with Toi Te Ora Emergency Management Advisor and Emergency Management BOP Welfare manager re wrap around support for people in home self-isolation or quarantine in case of community outbreak/surge
- Working with P&F on establishment of a six month fixed term Incident Controller role to oversee the Emergency Operating Centre during the COVID vaccination and potential resurgence period
- Using the experience of and actions taken during the first wave of COVID response, the DHB Pandemic Plan is being updated – previously focused heavily on influenza – to build on the Hospital Emergency Plan (HEP) and the lessons learnt from the first wave.

2.1.3 Supply Chain

There continues to be global issues with supply chain, this is being mitigated by the supply chain team which has increased their workload (as increased number of product substitutions, managing a suitable buffer etc.). The DHB is confident that it has done it can do to ensure certainty of supply.

A recent issue with supplies of infusion pump consumables has not impacted on BOPDHB.

2.2 Communications

Apart from COVID related communications workstreams, the business as usual activities have continued and the communication team have had input into various projects – National Bowel Screening, staff influenza, MMR, the Digital Transformation Strategy.

2.2.1 Whakaari

The Communications Team is providing communications support to the Hauora Wellness Coordinator who has been employed to coordinate wellness initiatives for staff as part of the Whakaari recovery work including developing an internal communications update for staff re all aspects of recovery.

2.2.2 Digital Communications - External websites

The planned launch of the refreshed BOPDHB website has been achieved and the new look website is now live. This has been an intensive piece of work delivered in a short time and further work will continue to develop content over time.

Facebook Top Posts

Our most popular posts for the month are outlined below.

Post Message	Type	Posted	Post Total Reach	Post Paid Reach	Engaged Users
Kia Mataara! Following the announcement of 3 new community cases in South Auckland, from midnight tonight, Auckland will move to Alert Level 3 and the rest of the country to Alert Level 2.	Photo	13/02/21	4924	1008	381
Tauranga Mental Health and Addiction Service Co-ordinator Debbie Lawrence started knitting to keep herself busy in the evenings.	Photo	04/02/21	3092	0	440
If you have an appointment with a doctor or at the hospital it is important that you continue to attend these as usual.	Photo	13/02/21	1612	983	172

Close contacts vs casual contacts – what’s the difference in the COVID-19 definitions?	Photo	31/01/21	1501	0	18
Measles is a serious disease that can make you very sick. It’s about 8 times more contagious than COVID-19 so spreads fast. Getting immunised is the best way to protect	Photo	22/02/21	1477	0	47

2.3 Visits

A Ministry of Health (MOH) Visit to our Mental Health and Addiction Services provided the opportunity for direct discussion around the planned inpatient build. Positive feedback was received on the mental health leadership team and the changes the team have been making in team culture and operational function. The MOH commented on the complexity of the volume of community providers and the split funder/provider model. A written followup letter is expected shortly which will provide a helpful steer in developing our whole of system model of care.

3. Our People

3.1 Key Staff Movements

Director of Nursing

A consultation process to seek DHB and wider health system perspective on the next iteration of the DON (Director of Nursing) role has resulted in excellent feedback, especially from the wider healthcare network. A similar preliminary activity has been undertaken for replacement of Allied Health and Chief Medical Officer executive replacements previously and adds significant value to the job design and refresh process as needs of these key roles change over time. This feedback is now being collated from multiple sources for Executive Team consideration prior to forming the job description and advertising.

A strong theme emerging from the feedback, especially from Maori nurses working across the system, is the connected coverage of nursing leadership beyond the DHB.

When Julie hands over the reins to her successor she will step into a project development role utilising her expertise gained over many years of service to support our workforce strategy and the development of a scope for the digital transformation of nursing care documentation.

3.2 Education and Training

The Clinical Applications Trainers will be seconded to the Education Team for 12 months, while we trial having a team of IT Trainers who ‘do it all’. While there are firm relationships between the two teams and a spirit of collaboration, this would formalise this partnership, as well as ensuring there is enough capacity for providing training and training material depending on where the demand sits.

It has also become clear through MCP and other IT system implementation work in 2020 that there are blurred lines between clinical applications and digital literacy, as well as confusion by some staff not necessarily sure where to direct enquiries. By ensuring that one team receives all requests for technology training, this will improve the experience of staff seeking training.

A combined training team will take advantage of cross cover as well as offering adult education career pathways and development whilst ensuring there is a commitment to maintain current BAU commitments as agreed as part of this transition.



Mahana Cultural Intelligence training has started. Feedback has been overwhelmingly positive, and there seems to be a real appetite for these conversations to continue across the organisation.

Working together across the BOP system

WBOP PHO has received endorsement for BOP Health ('BOP colab') covering all PHOs in the BOP and the DHB, meaning our PHOs can now award credits for clinical education. This is a great example of integration in the training and education of our wider health workforce.

WBOP PHO's Director, Māori Health, is one of five people in Aotearoa who have now completed the Equity Module Accreditor training last year, allowing accrediting of General Practices that have completed their Cornerstone Equity module. A great resource to have in our rohe. An invitation from the College of GPs for The WBOPPHO Director Maori Health to become a national moderator for the Module has also been received.

3.3 Whakaari Recovery

- Hauora/Wellness Coordinator position – Initial assessment report of staff wellness impacts and needs is expected to be available in March. Recommendations for strategies to support staff will be based on the assessment. In the interim, regular updates are being shared with Whakatane staff along with wellness opportunities/options.
- Projects related to lessons learned from Whakaari are ongoing including the following:
 - Helipad Coordination
 - Stores Management for Mass Casualty
 - Patient Tracking
 - EOC review and updates

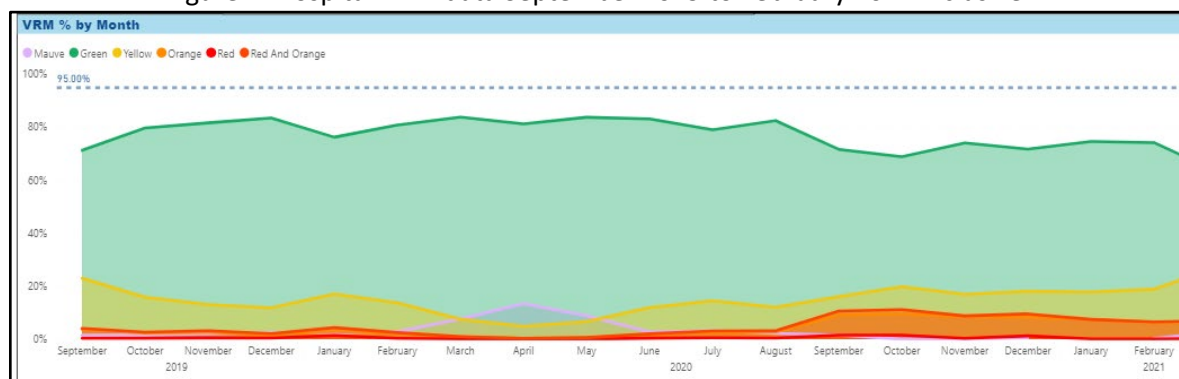
4. Bay of Plenty Health System

Activity

The Bay of Plenty (BOP) continues to experience the cumulative effect of people remaining local for holidays. The influx of non-Bay of Plenty residents and the burden of increased doctor visits due to COVID-19 has contributed to a high number of presentations to the emergency department (ED) and subsequent admissions at both sites.

High demand and occupancy have put significantly more pressure on the DHB provider arm services than previous years. This is reflected in the hospital Variance Response Management (VRM) as reported below showing an upward trend of the time the hospital VRM was in orange and red (figure 1).

Figure 1. Hospital VRM data September 2019 to February 2021 inclusive



Growth in the Bay of Plenty

Growth has been an ongoing theme this year and this is no more apparent than with Western Bay PHOs announcement that it has reached an enrolled population figure this month of 200,000 people. This milestone will be celebrated during the month noting that Katikati Medical centre had the 200,000th enrollee.

Patient Flow

The Integrated Operations Centre (IOC) and Care Capacity Demand Management (CCDM) are key to managing and improving patient flow given the high inpatient volumes across both hospitals. February continues with January's trend of high throughput activity.

Disability Strategy Development

This has moved forward again this month. Sector representatives are now involved and will table an engagement proposal in April. The aim is for conversations to be guided from an intentional (what we want to achieve) rather than deficit (what we aren't doing) standpoint.

5. Financial Performance

February result was a \$1.3m surplus, \$0.9m adverse to budget. YTD deficit is \$1.4m, \$3.4m adverse to budget plus COVID/HA costs of \$7.4m. Total deficit \$8.8m.

6. Bay of Plenty Health System Transformation

6.1 DHB Operating System: How we work

6.1.1 Digital Transformation

Data & Digital Programme

- Stage 1 of Digital Strategy development (project mobilization) has been completed. A project progress update presentation has been delivered in February at the Executive Committee meeting. The team has worked very closely with DHB Communication team, Maori Health Gains & Development and the Planning & Funding team to deliver:
 - Communication Plan and initial communication activities
 - Stakeholder engagement plan
 - Established project working group
 - Developed the plan and ToR for Digital and Data Steering Group
- Next month, the project will move to stage 2 (Discovery phase), major planned work includes:
 - Establish Digital and Data Steering Group and start first meeting to kick off workshop to agree digital strategy vision & strategic themes to feed into initial strawman
 - Start wider stakeholder comms & engagement
 - Schedule & book stakeholder workshops, interviews, hui & drop-in sessions

Clinical Systems: Midland Clinic Portal (MCP) at BOP

- A new MCP feedback and prioritisation model is currently in review with the aim of bringing local enhancement requests to the Clinical Information Reference Group for review and prioritisation. Once locally prioritised, these requests will be taken to the regional ServiceDesk to be logged, actioned, and developed as appropriate.
- As part of the transition to MCP, BOP is also bringing Tairawhiti Results into the BOP Éclair repository and this workstream is progressing well against the plan.



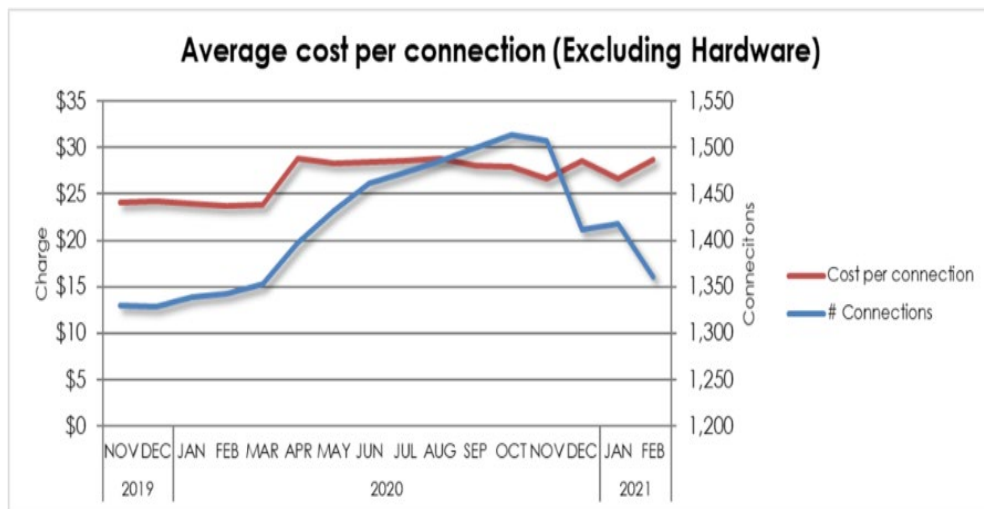
As of the end of February, the upgrade of the end user device operating system had been completed for 99% of devices while and the migration of Microsoft Exchange (email) was 41% complete across the DHB.

6.1.2 Process Efficiency

Mobile Phones

As part of the Microsoft Modern Workplace workstream there have been changes made to the service used to manage the DHB’s mobile fleet and the applications delivered to those devices. In addition, there has been an exercise undertaken by the Finance team to review all handsets the DHB is being charged for and follow up the zero or low use devices to understand their ongoing need. As a result, a significant number of devices (over 100) have been removed from the fleet.

The average cost per handset increased at the start of COVID due to the need to increase data plans to enable remote working and so being prudent with the number of mobile phones in use is important in ensuring good value for money.



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%

Finance Procurement Supply Chain (FPSC) Invoice Processing - Scanning Solution

- The local invoice scanning solution project is currently delayed due to ongoing discussions with NZ Health Partners on the complexity, cost and duration of integration with the national FPIM system. NZHPL is wanting the BOP solution to be more universal – enabling use at other DHBs and in doing so addressing issues that are currently beyond the original BOP project scope.



FPSC - Transport Fleet Management

- We have engaged Carbon Asset Management to review the DHB's transport fleet, establish a baseline and present a long-term plan - including transitioning to carbon neutral position. The Carbon Asset Management engagement attracts Government support as part of a Government long-term plan for better fleet management and reduction in the Crown's carbon footprint. This work is currently in the initial data gathering stage which is expected to be completed before end of March.

6.1.3 Workforce / People Strategy

People & Culture (P&C) - MECA Settlements

- The latest MECA to settle is the STONZ agreement issued 16 February 2021.

P&C - IEA Remuneration Banding Project

- DHB is working with Strategic Pay on moving the DHBs Individual Employment Agreement (IEA) job sizing process from a median points basis to a job band basis. Strategic Pay will undertake an analysis of BOPDHB's current remuneration data and identify a range of options aimed at ensuring a more flexible and appropriate process.

P&C - People Systems Development

- Roster self-service (through Microster) roll out to the organisation for automated processing of leave into pay system has been undertaken in association with the Holidays Act Compliance project. This piece of work aims to automate the leave application process across all areas of the DHB enabling more accurate recording and payment of leave entitlements.

P&C – Recruitment

Measure	Positions
Roles Offered this Month	93
Roles Offered this Year	207
Current Vacancies Advertised	50

- Note the current number of vacancies open is not an FTE calculation and will include roles where the incumbent has resigned but has yet to leave the organisation. In addition the vacancies include a number of hard to recruit to roles. These include Trades roles, where the salaries the DHB offers is not attracting applicants, and a range of roles in Mental Health services including, Psychiatrists, Psychologists, Mental Health Nursing and Social Workers.

7. Clinical Campus

Students

It has been a very busy month with 24 4th year med students starting. We are currently seeking a replacement for Dr Kate Grimwade as the 4th year student coordinator. The COVID level changes impacted on workloads with considerable liaising with students, as there was a lot of travel from students to and from Auckland.

RHIP is preparing for two back-to-back cohorts (block 2 and 3) which will be a struggle with administration and accommodation, as the blocks start on the weekends to prepare students for their noho marae.



Clinical Trials and Research

BOPCTU clinical trials activity

One new trial opened in February, a Phase III trial for patients with Ulcerative Colitis. This trial will provide a treatment option for people who have had an inadequate response to biologic therapy. Dr Hui Chan is the Principal Investigator, who will be supported by Drs Sundaram Veerappan and Rob Cunliffe.

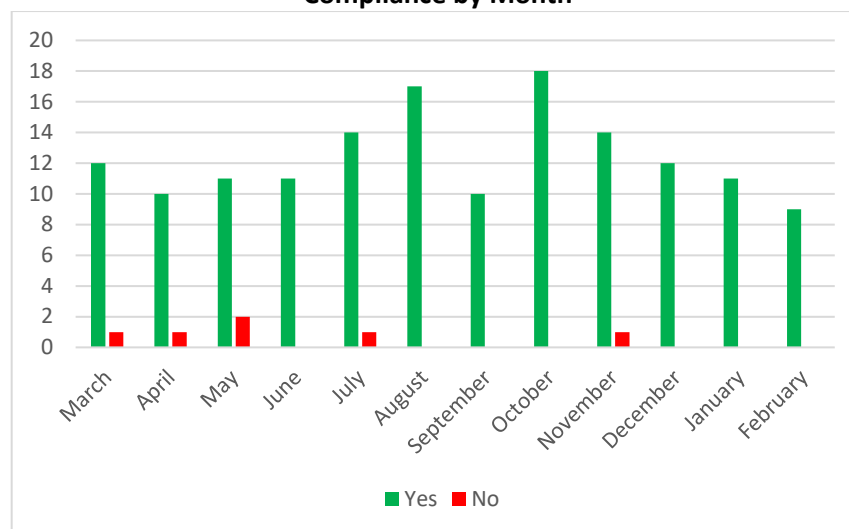
8. Governance and Quality

8.1 Indicators

OIA's (Responded to 1 – 28 February 2021)

	OIA	Requester Type	Due Date	Response Date	Met on time
1	Admissions to Aged Residential Care	Association	16.02.21	11.02.21	Yes
2	Methadone Dispensing	Media	16.02.21	12.02.21	Yes
3	Eating Disorders	Media	18.02.21	15.02.21	Yes
4	MDMA	Media	16.02.21	15.02.21	Yes
5	Eye Screening	Media	18.02.21	15.02.21	Yes
6	Equipment Sterilisation	Media	18.02.21	17.02.21	Yes
7	Mental Health Facilities	Media	25.02.21	24.02.21	Yes
8	Government Funding	Media	03.03.21	25.02.21	Yes
9	Living Wage	Association	22.03.21	25.02.21	Yes

Compliance by Month



9. Performance Pack

9.1 Finance Procurement Supply Chain Performance

9.1.1 Finance 10-day Invoice Processing - 95% Target

- The Ministry has advised that the 10 day target is from date of receipt of invoice to date of payment, not from date of invoice. On that basis the DHB is achieving the target of 95% - current payment rate is 97% - hence is compliant.

9.1.2 Procurement Function Targets

- Strategic and operational procurement initiatives were identified within the 20/21 Annual Plan as contributors to the financial savings plan. Priority operational procurement projects underway:



- ICD Pacemakers
 - Endoscopy
 - Orthotics
 - Customised procedure packs
- The Table below provides a snapshot of the procurement benefits delivered to date. Approximately \$108k of procurement benefit was realised in February. Performing well against targets, although total spend coverage is yet to achieve target. Of the total \$3.1m procurement benefit achieved YTD, \$2.3m is attributable to the DHB procurement team (the rest being attributable to Pharmac and NZHP) , while \$0.9m of the total benefit relates to operational expenditure items and \$2.2m to capital expenditure items.

FPSC Procurement Performance FY20-21 (In-Progress)

Spend Coverage	Contract Coverage	Catalogue Coverage	Procurement Compliance	Procurement Coverage	Procurement Benefit \$	Compliance Costs	Sourcing Investment	Procurement Investment	Sourcing ROI	Procurement ROI
Target: 75.0%	Target: 98.0%	Target: TBC	Target: 100.0%	Target: 35.0%	Target: 2,360,000	Target: 40.0%	Target: 60.0%	Target: 0.70%	Target: 5.0	Target: 3.0
Actual: 71.5%	Actual: 94.3%	Actual: TBC	Actual: 95.8%	Actual: 50.1%	Actual: \$3,120,718	Actual: 41.0%	Actual: 59.0%	Actual: 0.61%	Actual: 6.6	Actual: 3.9
FY19-20: 73.1%	FY19-20: 95.8%	FY19-20: TBC	FY19-20: 102.0%	FY19-20: 36.7%	FY19-20: \$2,452,912	FY19-20: 44.9%	FY19-20: 55.1%	FY19-20: 0.61%	FY19-20: 5.7	FY19-20: 3.2



INNOVATION AND IMPROVEMENT TEAM UPDATE

March 2021

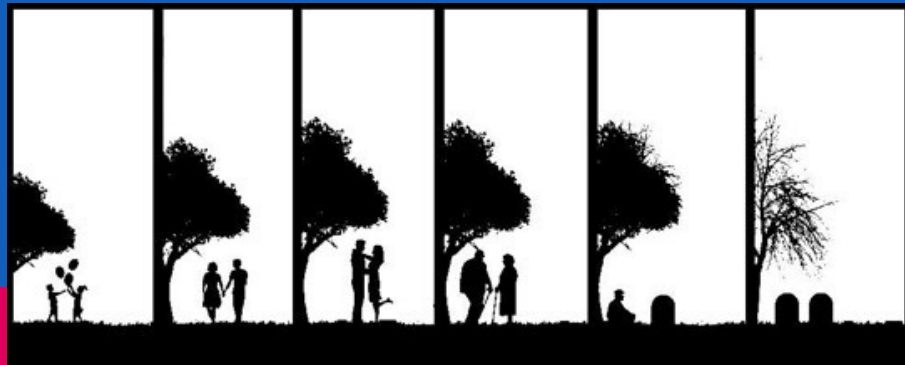
Here are some updates from the team to share the awesome initiatives and projects we are working on at the BOPDHB and in the local community.

FROM BABY TO BONES

Grant Arden is the Cross Sector Digital Architect for the BOPDHB working within the Innovation and Improvement Team. Grant is working to coordinate BOPDHB's ongoing COVID-19 information requirements for response, recovery, management and planning by improving access to shared data between primary care, secondary care and the public health. He's also facilitating the development of a 'federated' cross-sector model for planning and delivery of digital services between the DHB and Primary and community sectors that enhance equitable, whanau/patient-centred care.

Grant recently presented at Grand Round and discussed the current issues we are facing with missing or non-digital data.

To watch the Grand Round presentation [click here](#).



HOW TO REQUEST SUPPORT FROM THE INNOVATION AND IMPROVEMENT TEAM

The Innovation and Improvement (I&I) Team now have an online form you can use to request support from our team.

We can support you with Quality Improvement projects and initiatives in various ways for example; advice, consulting, facilitating workshops, project support, project management and programme management.

All requests are usually triaged in a fortnightly meeting to discuss what resource is required and how we can best support you and the initiative.

The link is called 'Request support for an initiative' and is found on our team [oneplace page](#).

FIRST 2000 DAYS

Introducing the First 2000 Days project - an ongoing body of work that seeks opportunities for service improvement covering the life stages from conception until five years of age.

Early investment in whānau is essential for continuity of care for women, children and families.

The project was previously known as 'First 1000 Days', as a DHB we have expanded our focus beyond the first 1000 days, to incorporate additional evidence and widen the scope for opportunities.

If you would like to know more about this piece of work contact [Lou Harvey](#).

Project Manager.



SMALL IMPROVEMENTS - MAKING BIG CHANGE

The Assessment Planning Unit (APU) at Tauranga Hospital have been working through improvements arising from staff workshop feedback (August 2020).

Improving workflow and patient care...

One of these improvements looked at reducing the number of phone calls to the APU Clinical Nurse Coordinator (CNC) phone. Frequent interruptions disrupt their workflow and the clinical care provided to APU patients.

The Medical Day Stay Unit supported APU's workflow improvements through trialing the 'text to mobile' function on OnePlace to advise non-urgent APU patient appointments. ED and MRI also use 'text to mobile' to advise non-urgent patient appointments.

This change has contributed to a reduction in the frequent phone interruptions - Medical Day Stay Unit's support is appreciated by APU.

What patients need to know...

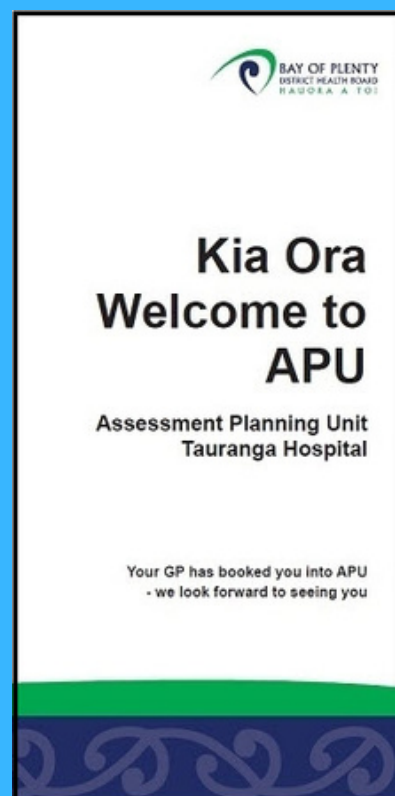
When clinically required, General Practitioners (GP) can refer their patients directly into APU.

APU staff highlighted two areas for improvement:

- later than expected arrival of GP referred patients, and
- patient expectations about the need to wait to be seen following their initial clinical assessment.

With no patient information available for GPs to give their patients, APU developed a patient information leaflet, covering questions like; When should I arrive at APU?, Where do I park?, Where do I report to?, Will I have to wait? and more. [Click here](#) to view the leaflet.

With the support of APU's Acting Clinical Nurse Manager and staff, these and other small improvements in APU are contributing to big change. (Suzanne Andrew)



QUALITY IMPROVEMENT NETWORK

The Quality Improvement Network meetings held by the Innovation and Improvement Team are back for 2021.

These meetings are for staff involved in or interested in Quality Improvement to meet to collaborate, share information and support each other.

They will be held on the fourth Monday of the month at 12.30pm-2pm in the large meeting room at

Planning and Funding (17th ave business park), Whk Level1 VC Meeting Room and zoom.

Each meeting will include a guest speaker and time for questions, discussions or coaching.

If you would like to attend please email iandirequests@bopdhb.govt.nz for the meeting invite and zoom details.



INNOVATION AND IMPROVEMENT TEAM CHARTER UPDATE

We are continuously reviewing our charter as we evolve as a team, a service, and a health system to ensure that our approach is current and relevant as we undergo change.

You can see our updated team charter on the next page.

We welcome any feedback and questions.

INNOVATION AND IMPROVEMENT CHARTER

OUR PURPOSE

To lead, enable and support innovation and improvement in health services.

WHAT WE DO - OUR FUNCTION

- Operationalise BOPDHB Strategic priorities.
- Programme management of large scale change.
- Build organisational capability for innovation and quality improvement.

WHO WE SUPPORT

We work alongside healthcare staff across the Bay of Plenty Health system in primary, community and hospital services.

HOW WE DO IT

- Design for equity and sustainability.
- Work across sectors to support and strengthen equitable outcomes for Māori.
- Socialise, teach and apply the Institute for Healthcare Model for Improvement to accelerate improvement.
- Use project and programme management methodology to implement strategy.
- Connecting and growing a network of change agents.
- Support Clinical leaders to improve services, patient experience and equitable outcomes.
- Foster community engagement to improve population health outcomes.
- Staying agile and being responsive.

OUR GUIDING DOCUMENTS

- Te Toi Ahorangi 2030 Toi Ora Strategy
- Strategic Health Services Plan 2017-2027



CONTACTS

Sarah Davey - Manager, Innovation and Improvement
Haidee Barrow - Project Coordinator, Innovation and Improvement





Public Service Commission Guidance Workforce Vaccinations

SUBMITTED TO: Joe Akari

Board Meeting

DATE: 24 March 2021

Prepared by: Joe Akari, Executive Director, People and Capability
 Endorsed by: Owen Wallace, General Manager, Corporate Services
 Submitted by: Pete Chandler, Chief Executive

For Decision

For Discussion

For Noting

Strategic Alignment

This report is aligned to the DHB's key priority of COVID -19 response

RECOMMENDATION:

That the Board is aware of the guidance provided by the Public Service Commission. The management of staff declining vaccination will be managed through an informed process which assesses the health and safety risk before appropriate action is taken.

EXECUTIVE SUMMARY:

This paper is the Public Service Commission's guidance on COVID vaccinations for the public service workforce. In this case, we must consider the consented vaccination programme for the Bay of Plenty DHB workforce and then specifically how the BOPDHB manages staff where consent is not given.

The vaccination programme will set out a programme that is well planned, educates, sets expectations and provides support. However, any individual staff member has the right to decline being vaccinated. This guidance sets out how our response must be well informed and engage staff and union representatives to maintain the health and safety of all staff.

COVID-19 Workforce Vaccinations Guidance

This guidance is issued under s95(a) of the Public Service Act 2020. It applies to public sector agencies^[1] and their employees. Agency chief executives are responsible for deciding how to apply this guidance in the particular context of their agency. In applying this guidance, it is important that agencies take a consistent approach and model what is expected for the rest of New Zealand. Agencies should fully engage unions and health and safety representatives from an early stage in their vaccination roll-out.

This guidance has been prepared based on known policy settings. If these change, this guidance will be reviewed and updated as necessary. It will be reviewed as more information on the efficacy rates of COVID-19 vaccines and their impact on transmission rates becomes available.

Agencies will be notified if there is any change. Always check this webpage for the latest version.

Introduction

COVID-19 vaccines will play a critical role in protecting New Zealanders' health and wellbeing. On 3 February 2021, Medsafe the medicines safety authority approved the first Covid-19 vaccine for use in New Zealand. It has been robustly assessed to ensure it meets international standards and local requirements for quality and safety.

The Government has announced a sequenced roll-out of COVID-19 vaccines for priority groups to receive the vaccine before roll-out to the general public. The first of the priority groups is the Border/MIQ workforce (and household contacts).

Further information on the vaccine strategy is available from the COVID-19 website [here](#).

The Government has decided that the COVID-19 vaccination will be free of charge and readily accessible. The Government, public service and unions are all working together to ensure that this roll-out occurs as soon as possible. It will not be mandatory for the New Zealand public.

Guidance

The goal of the Government is to ensure that all those who can, are vaccinated. To support this, there is an expectation that all employees in the public service should be vaccinated. Information and support will be provided to enable informed decisions - the final decision on vaccination rests with the individual. In making that choice, there may be consequences for others – in order to minimise or eliminate those consequences, agencies will need to work with individual employees on their options while respecting their choice.

Key objectives/principles

1. Manage the health and safety of all people in the workplace
2. Support the Government's vaccination programme
3. Protect the border - keep the virus out
4. Ensure employees are not disadvantaged nor incur cost in being vaccinated

Plan: all agencies need a vaccination plan irrespective of whether workplaces have priority groups on site. The vaccination plan should reflect the size and role of the agency.

- Work with the Ministry of Health to develop a vaccination roll-out plan to ensure all staff can be vaccinated. For priority groups this plan should include delivery of vaccines on-site.
- Engage unions and staff in the planning of the vaccination roll out programme. Recognise the leadership role that union delegates can play and enlist their support for the programme.
- Segment the workforce according to the Ministry of Health vaccination strategy and prioritise your workforces accordingly.
- Monitor uptake, through Ministry of Health, and review your agency's communications, expectations, and support as needed.
- Keep up to date with Ministry of Health advice including vaccine effectiveness and impact on transmission.
- Ensure managers are aware of obligations in regard to employee privacy and any cultural considerations.

Educate: ensure staff and unions have quality and up to date information about vaccines and the vaccination programme

- Provide the most up to date information available from the Ministry of Health on the benefits of vaccination to individuals and the community.
- Inform staff of the priority groups on the vaccination programme and key milestones in the roll-out plan for other staff.
- Ensure staff are aware of your plan to work with unions and health and safety representatives to share and disseminate information.
- Remind staff of the need to continue to practice prevention control measures in line with Ministry of Health advice (e.g. appropriate use of PPE, practise good hygiene, maintain physical distancing, keep track of where you've been, stay home if you are sick).
- Reassure staff regarding the importance of privacy and sensitivity of health information and ensure that where any data is collected by the employer, it is safely collected and secured and only accessed by appropriate personnel.

Expect: set an expectation that all staff should be vaccinated

- Communicate an expectation that all staff who are able to be vaccinated will be vaccinated.
- Appropriate leaders should role model the expectation by being vaccinated early in the programme in line with priorities and the Ministry of Health roll-out strategy.
- For at-risk workforces, consider introducing a requirement for new employees to be vaccinated into employment agreements by agreement with any relevant unions.
- Ask staff to agree to provide their employer with information on whether they have been vaccinated. Ensure employees are aware of what information will be provided, how it will be used, and the purpose for which the information is being collected.

Support: ensure vaccines are available to all staff, provide clear options for those who are not vaccinated.

- Vaccines should be administered in the workplace where possible
- Employees should be paid for the time required for working through the vaccination process – either normal working time or on special paid leave
- Any time off required to deal with effects from the vaccine is to be treated as paid special leave.
- Set timeframes in the roll-out plan that enable staff to make an informed decision on being vaccinated.
- Acknowledge that some staff may wish to get more information about the vaccine before being vaccinated.

- Ensure that opportunities are available for staff to ask questions and that union officials, union delegates and Health and Safety representatives are included in these meetings.

Options/process for those staff who are not vaccinated

Where an employee is not intending to be vaccinated (for any reason), undertake a health and safety risk assessment to determine whether the work can be done safely by non-vaccinated employees. Factors to assess:

- nature of the work done by the employee or category of employees, e.g. is it covered by the mandatory testing order?
- risk of exposure (to and from the employee) using the latest advice from the Ministry of Health
- effectiveness of other options to mitigate the risk of exposure
- whether reasonable adjustments can be made to accommodate the employee (akin to disability)

The assessment may determine that the employee cannot perform all of the duties of their current role. In this case, consider options such as (not an exhaustive list):

1. Offer redeployment to suitable alternative duties within the agency
2. Offer temporary redeployment to suitable alternative duties in a different agency. Agencies can utilise the Te Kawa Mataaho Workforce Deployment service, via the agencies' HR Head. Enquires to COVIDdeployment@publicservice.govt.nz
3. Provide paid special leave for a reasonable time (to be determined based on legal advice)

If other options are being considered, such as leave without pay, please consult with the Public Service Commission in the first instance.

The vaccination programme is an important part of keeping New Zealanders safe from COVID-19. Further policy decisions may require this guidance to change. Agencies will be notified if there is any change to the guidance. Always check you are applying the latest version.

[\[1\]](#) The organisations to which this guidance applies are:

(a) public service agencies:

(b) the New Zealand Police, the New Zealand Defence Force, and the Parliamentary Counsel Office:

(c) Crown agents or other Crown entities:

(d) organisations listed in Schedule 4, and companies listed in Schedule 4A, of the Public Finance Act 1989:

(e) the Reserve Bank of New Zealand.

CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting

24 March 2021

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Pete Chandler, Chief Executive

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board notes the correspondence

ATTACHMENTS:

- Letter to Regional Colleagues and Executive Team re election of new Runanga Chair - 8.3.21



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Cnr Clarke St & 20th Ave
Private Bag 12024
Tauranga 3143
New Zealand
Phone 07 579 8000
Fax 07 571 5434

8 March 2021

Te Manawataki Chairs
Te Manawataki CEOs

Tena koe Colleagues

Maeke ana te paparinga i te hau ā uru,
e te mouna Taranaki, tū tonu mai.
Ka hoki mai i ngā tapuwae o Ngātoroi,
kia horoia e te wai o Rotorua nui a Kahumatamomoe,
E huri atu aku kamo ki te awa tipua, he piko he taniwha,
Rire rire hau, pai marire!
Tae atu ki te rāwhiti,
Pūrea nei e te hau ki runga ake i Hikurangi,
E Te Manawa Taki, mauri ora.

Tēnā koutou katoa,

I am pleased to advise of the election of Linda Steel as Chair of te Rūnanga Hauora Māori o Te Moana a Toi.

Linda is the current representative for Ngāi Tai and the CEO of Te Ao Hou Trust, a kaupapa Māori provider based in Ōpōtiki. Linda has extensive networks across the Eastern Bay of Plenty and is a recognised health champion and advocate.

Punohu McCausland has been acting as Chair of the Rūnanga for the past six months. Her depth of experience, the respect and esteem with which she is held by the iwi across the Bay of Plenty and her wisdom, has ensured good functioning of the Rūnanga in that time. We particularly want to acknowledge that she has fulfilled that role whilst in mourning for the loss of her husband Tame McCausland, who was himself a significant rangatira and tohunga.

The Rūnanga has now completed its elections, and our kuia is happy to hand the baton over to the new Chair.

To support Linda and te Rūnanga, Kipouaka Pukekura-Marsden has been elected Deputy Chair. Kipouaka is the current representative for Ngāi Te Rangi. She supports our kaumātua and kuia in Tauranga Moana to engage with Te Amorangi Kāhui Kaumātua and is an active community organiser. Both these wāhine bring a strong and active voice on behalf of the Rūnanga to the Board, the sub-committees and the DHB.

The Board welcomes the appointments and looks forward to working with Linda as te Rūnanga's representative to the Board, particularly with regard to progressing equity and our Tiriti relationship in the Bay of Plenty and regionally with Te Manawa Taki.

Heoi,

SHARON SHEA MNZM
Interim Board Chair

LINDA STEEL
Chair Bay of Plenty Māori Health Runanga





BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part B:

Future Focus and Key
Strategic Issues

BAY OF PLENTY HEALTH SYSTEM TRANSFORMATION: Developing successful execution

SUBMITTED TO:

Board Meeting

24 March 2021

Submitted by: Pete Chandler, Chief Executive Officer

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board **note** the contents of this document

BUILDING OUR BUSINESS MODEL FOR IMPROVED PERFORMANCE

Building a current and effective model for improving performance and optimally enabling transformation has been a key focus over the last 6 months and a critical foundation for our future state progression.

The following extract (from our pilot of the new tool Monday.com) shows the components and progression of these foundations, to which we've now added *deep dive methodology*.

PERFORMANCE INFRASTRUCTURE	Subitems	Person	Status	Start	End	Pipeline Group ⓘ	Timeline
FINALISE CEO KPIs and FEED INTO WORKSTREAMS	te	PC	Done		Nov 27, 2020	PERFORMANCE	Sep 1 - Nov 27
STRATEGIC ONE-PAGER	te	PC	Done		Nov 30, 2020	PERFORMANCE	Sep 1 - Nov 30
2021 DELIVERABLES CALENDAR	te	PC	Done		Jan 18	PERFORMANCE	Sep 1 - Jan 18
FINANCIAL STORY ONE-PAGER	te	PC	Done		Feb 24	PERFORMANCE	Dec 1 - Feb 24
REFRESH FINANCIAL EFFICIENCY GROUP	te	PC	Working on it		Mar 5	PERFORMANCE	Mar 5 - Apr 30
TOP 10 KPIs	te 1	NN	Working on it		Feb 28	PERFORMANCE	Nov 2 - Feb 28
EQUITY DASHBAORD	te	PC	Working on it		Mar 22	PERFORMANCE	Nov 2 - Mar 22
NEW BOARD PERFORMANCE PACK	te	NN	Working on it		Mar 22	PERFORMANCE	Nov 2 - Mar 22
MASTER WORKSTREAM PLAN	te	SL	Working on it		Feb 28	PERFORMANCE	Dec 1 - Mar 31
DHB BALANCED SCORECARD	te 1		Working on it		Apr 14	PERFORMANCE	Sep 1 - Mar 22
BOARD PAPER STRUCTURE	te	NN	Working on it		Mar 22	PERFORMANCE	Sep 1 - Mar 22
BOARD REPORTING GUIDANCE FOR MANAGERS	te	NN	Working on it		Mar 31	PERFORMANCE	Sep 1 - Mar 31
IMPLEMENTATION OF MONDAY/COM	te	KM	Working on it		Mar 31	PERFORMANCE	Dec 24 - Mar 31
ESTABLISH TRANSFORMATION HUB	te	PC	Working on it		May 31	PERFORMANCE	Jan 1 - May 31
DEVELOP DEEP DIVE REVIEW MODEL	te	PC	Working on it	Feb 1	Apr 30	PERFORMANCE	Feb 1 - Apr 30
WHOLE OF SYSTEM PERFORMANCE DASHBAORD	te				May 31	PERFORMANCE	Jan 1 - May 31
INTERNAL PERFORMANCE REVIEW PROCESS	te				Apr 30	PERFORMANCE	Jan 1 - Apr 30

This overview will assist Board members with an understanding of how these component parts fit together.

With the Strategic MasterPlan of all activity coming together, this will enable grouping of similar activities and refinement of priorities to ensure that limited change capacity is focused on the right things.

With our pilot on the use of Monday.com now coming into wider use, the ability to more effectively coordinate across teams to achieve key deliverables will begin to strengthen. Owners of key tasks receive weekly automated email reminders of deadlines and the imperative of managers working to deadlines is increasingly gaining momentum.

2021 CALENDAR PROGRESS

The 2021 calendar of service level deliverables is now being configured in our pilot of Monday.com as per the example below. A full page version is available on the link [2021 Calendar](#).

EXECUTION: 2021 CALENDAR		Subitems	Person	Status	End	Pipeline Group	Timeline
COMMEMCE BOWEL SCREENING			BA	Working on it	Aug 31	Acute Care & Provide...	-
TELEMEDICINE SUSTAINABILITY PROJECT						Not Assigned	-
EASTERN BAY LEADERSHIP NETWORK PROPOSAL			PC	Working on it	Apr 30	Not Assigned	Jan 1 - Apr 30
NATIONAL LAUNCH OF LIVE CURVE			SL	Working on it	Mar 31	Health of Older People	Sep 1 - Feb 28
RELEASE CONCEPT COMMUNITIES OF INTEREST MODEL					Mar 31	Equity	-
RELEASE STAGE 1 CHILD WELLBEING MODEL			NT	Working on it	Mar 31	Child Well Being	-
DISABILITY STRATEGY RELEASE			MA	Working on it	Jul 6	Equity	Nov 2 - Jul 6
COMMEMCE MENTAL HEALTH UNIT REBUILDS				Working on it	Sep 30	Mental Health	-
SUBMIT 21-22 ANNUAL PLAN			MA	Working on it	Mar 31	PERFORMANCE	-
LAUNCH TOI ORA INVESTMENT MODEL				Working on it	Apr 30	Equity	-
RELEASE TE TIRITI POSITION STATEMENT				Working on it	Feb 28	Equity	-
RE-LAUNCH HE POU ORANGA				Working on it	Jun 30	Equity	-
RELEASE CLINICAL EQUITY IMPROVEMENT PRIORITIES			PC	Working on it	Feb 28	Equity	-
SMARTPHONE SUPPORT FOR LONE WORKERS (risk 75)			SH	Working on it	Mar 31	Digital & Data	-
DIGITAL STRATEGY RELEASE				Working on it	Jul 6	Digital & Data	Nov 2 - Jul 6
NEW WEBSITE GO LIVE				Done	Mar 8	Digital & Data	Sep 1 - Feb 28
COMMEMCE ORGANISATIONAL DEVELOPMENT TEAM			PC	Working on it	Feb 28	WORKFORCE	Feb 1 - Apr 30
LAUNCH ICNET Infection Control Surveillance				Working on it	Mar 31	Digital & Data	-
RELEASE OUTCOME OF INFECTION CONTROL REVIEW					Jun 30	Quality & Safety	-
SUSTAINABILITY STRATEGY LAUNCH				Working on it	Mar 31	Sustainability	Sep 1 - Mar 31
FINALISE TAURANGA SITE MASTER PLAN				Working on it	Jul 31	Sustainability	-
OPEN 2nd CARDIAC CATH LAB			BA	Working on it	Sep 30	Acute Care & Provide...	-
RELEASE FLEET CAR REVIEW PROPOSALS					Jun 30	Sustainability	-
PEOPLE STRATEGY RELEASE				Working on it	Nov 30, 2020	WORKFORCE	Sep 1 - Nov 30
FOSTERING A CULTURE OF QUALITY FOR BETTER HEALTHCARE					Dec 31	Quality & Safety	-
OPOTIKI HEALTHY SMILES			PC	Working on it		Child Well Being	-
DECISION ON WHAKATANE MRI SCANNER				Working on it		Equity	-

PROGRESS TRACKING

As this model of capturing and making visible key deliverables develops, a key next step is to ensure we are able to report on progress and that this area of work transfers from the CEO into BAU resource. Internal redeployment of someone whose scope of work will include this commences on 16th March and this will facilitate updates across all of the streams of work for future Board reports.

KEY POINTS FOR THIS MONTH

- Our new look **website is now online**
- The national launch of **Life Curve** will tip into April because of delays in the app being made live on the Apple Appstore
- **ICNET** is in the final stages of implementation but will tip into April due to the availability of the external configuration team from CDHB
- We have added in **People Strategy** as this was nearing completion last year but requires a further piece of work by the new Executive Director of People and Capability to finalise

LIFE COURSE APPROACH TO TRANSFORMING CARE

SUBMITTED TO:

Board Meeting

24 March 2021

Submitted by: Pete Chandler, Chief Executive Officer

For Decision

For Discussion

For Noting

RECOMMENDATION:

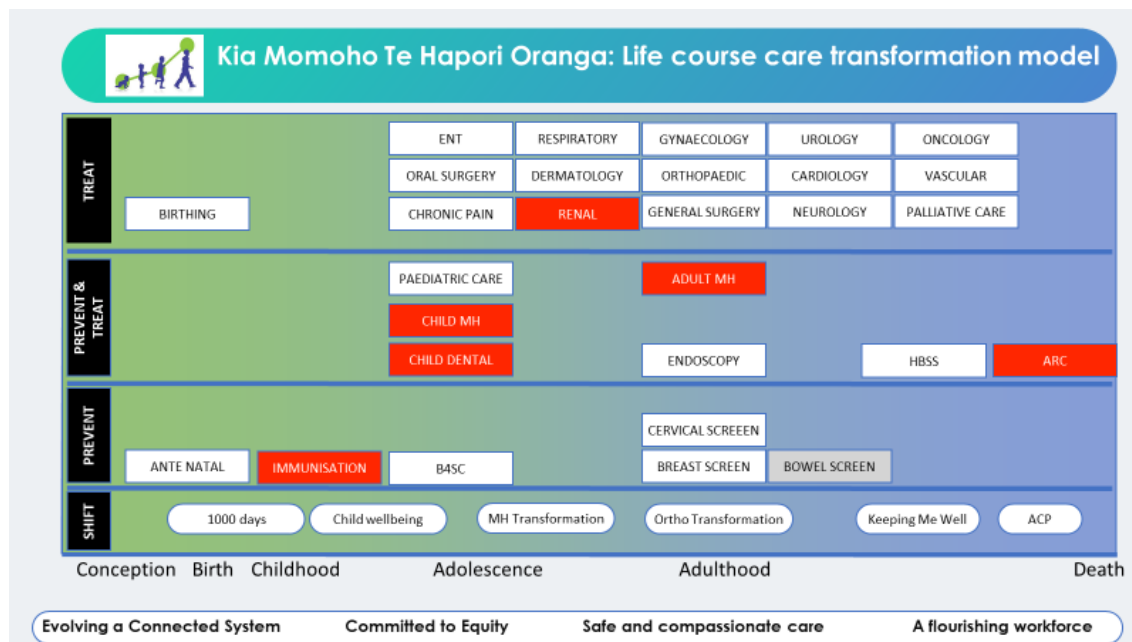
That the Board:

- **note** the contents of this document
- **confirm** that the interpretation of the deep dive approach aligns with Board expectations

INTRODUCTION

At the January Board meeting the Board requested management bring **a deep dive topic** through to future Board and Committee meetings for in depth consideration.

A starting point took place at February's Board meeting when the Committee and Board explored childhood immunisation with a specific focus on MMR. Whilst this didn't really meet the requirements of a deep dive method, it was a useful starting point to refine the approach and consider more widely, not least in terms of how this approach can form part of a life course exploration of services and drive systematic change.



LIFE COURSE APPROACH TO CARE TRANSFORMATION

The above diagram (*which is a first iteration and it should be noted does not include all services or shift activities*) develops the concept whiteboard diagram which was discussed at the February Board meeting. A full page version of this image is available as a standalone document at the following link [**Life Course Approach to Care Transformation.**](#)

- At the bottom of the image are listed our four overarching priorities which can be easily applied as key criteria for service model design, along with financial sustainability
- The black boxes on the left group services into treatment, treatment & prevention and prevention
- The bottom row ('shift') identifies current workstream activity at different stages of the life course
- The services coloured in red are those which at this point are easily flagged as needing deep consideration because they broadly meet the requirements we might list for prioritisation, i.e:
 - Demand challenges
 - Equity issues
 - Financial pressures
 - Workforce needs
 - Improved system connectedness required
 - Identifiable opportunities for model of care change
- Building up the above list more robustly will assist informing part of the deep dive approach as these are anticipated to be the areas for exploration

DRAWING TOGETHER THE PROCESS

During March further discussions have taken place with senior management and our Improvement and Innovation teams which allows us to further refine this approach. With very limited additional management capacity it is important that we build a clear model, connecting the contributory elements of work into a broadly reproduceable approach.

What we bring through to the Board and Committees needs to support transformation and improvement rather than be a standalone session. To do this well it needs the input of:

- The funding portfolio manager to set out the current commissioned state
- Business analysts (DSAs) to draw the relevant data from our systems
- Service provider leads (and on reflection this may need to include key provider input from outside the DHB)
- An Improvement and Innovation lead to pick up the model from the CEO at this point to develop further and co-ordinate each dive
- Mapping of the information gathered and next steps determined into a defined location (which is proposed to be an interactive version of the above image)
- A template for the overview (of which a first version is being developed for this month's look at Aged Residential Care)

TIMELINES

In working through the information which needs to be brought together for each *deep dive* it is clear that with a robust process model that is clear to all stakeholders the minimum amount of time for each will be approximately six weeks and therefore advance subject planning is essential to this pipeline.

In addition, it is important to note that the outcomes of each deep dive may vary, for example:

- The required full re-design of the service model (1-2 years)
- Service model changes (up to a year)
- Specific model component improvements (a few months)

The first two bullet points will require a specific workstream to be sequenced, or additional resource made available to facilitate, or the de-prioritisation of a current workstream in the Strategic MasterPlan. The third bullet point refers to actions which we would expect are undertaken by the service provider leaders.