



**BAY OF PLENTY**  
DISTRICT HEALTH BOARD  
HAUORA A TOI

# **Board Meeting**

## **Agenda**

**Wednesday, 27 April 2022**  
**10.40 am**

**Via ZOOM**

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

## Principles

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

## Transformational Care

### Priorities

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

## Business Management

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

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



## Hauora a Toi | Our Priorities 2021-2022

Healthy, thriving communities – Kia Momoho Te Hāpori Oranga



### Enablers

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


### Drivers

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



### A connected system

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



### Transformations

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

### Equitable healthcare

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

### Transformations

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

### Healthy, thriving workforce

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

### Transformations

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

### Safer and compassionate care

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

### The Quality Safety Markers

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

### Transformations













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

04/11/2020

## Board Agreed Transformation Priorities

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

## Top 12: Executive Spotlight

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

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

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

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

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

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

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

### **[Link to Actions and Evidence](#)**



Item No.	Item	Page
	<p><b>Karakia</b></p> <p>Tēnei te ara ki Ranginui  Tēnei te ara ki Papatūānuku  Tēnei te ara ki Ranginui rāua ko Papatūānuku,  Nā rāua ngā tapuae o Tānemahuta ki raro  Haere te pō ko tenei te awatea  Whano whano!  Haere mai te toki!  Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui  This is the path to Papatūānuku  This is the path to the union of Ranginui and Papatūānuku  From them both progress the footsteps of Tānemahuta [humanity] below  Moving from birth and in time carries us to death (and from death is this, birth)  Go forth, go forth!  Forge a path with the sacred axe!  We are bound together!</p>	
1	<b>Apologies</b>	
2	<b>Interests Register</b>	6
3	<p><b>Minutes</b></p> <p>3.1 <u>Board Meeting – 23.3.22</u>  <u>Matters Arising</u></p>	10 14
<b>PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES</b>		
<b>PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY</b>		
4	<p><b>Items for Discussion</b></p> <p>4.1 <u>CEO’s Report</u></p>	15
5	<p><b>Items for Noting</b></p> <p>5.1 <u>Correspondence for Noting</u></p> <ul style="list-style-type: none"> <li>• Letter to RiseUp Tauranga Baking Campaign Organiser, dated 28.3.22</li> <li>• People Panui, CEOs, interim Health NZ and Maori Health Funding Authority, April 2022</li> <li>• Advice from Chief Executive, Interim Health New Zealand, of approval of Eastern Bay Locality proposal, dated 21 April 2022</li> </ul>	47 48 49 53
6	<b>General Business</b>	



Item No.	Item	Page
7	<p><b>Resolution to Exclude the Public</b></p> <p>Pursuant to clause 33(3) of the NZ Public Health &amp; Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health &amp; Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.</p>	
8	<b>Next Meeting</b> – Wednesday 25 May 2022.	



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

(Last updated April 2022)



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





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



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





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





BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

## Minutes

### Bay of Plenty District Health Board

Via ZOOM

Date: Wednesday 23 March 2022 at 10.15 am

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

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

**Public:** Diane McCarthy, Reporter, Whakatane Beacon

Item No.	Item	Action
	<b>Karakia</b>	
<b>1</b>	<b>Apologies</b> There were no apologies	
<b>2</b>	<b>Interests Register</b> Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. Board Member W Williams has an interest to be added.	
<b>3</b>	<b>Minutes</b> 3.1 <u>Minutes of Board meeting –23.2.22</u> <b>Resolved</b> that the Board receives the minutes of the meeting held on 23 February 2022 and confirms as a true and correct record. <p style="text-align: right;">Moved: M Guy Seconded: A Tuoro</p> 3.2 <u>Matters Arising</u> Matters Arising were either completed or in progress as indicated.	
	<b>Part A: Future Focus and Key Strategic Issues</b>	
	<b>Part B: Monitoring, Compliance and Business as Usual Delivery</b>	
<b>4</b>	<b>Items for Discussion</b> 4.1 <u>Chief Executive's Report</u> The Chief Executive highlighted: <i>COVID – Omicron</i> - This is fast moving and changes daily. Trajectory towards peak as predicted over the last few weeks is that we are at Community peak. Peak for hospital demand will be around the end of this month. Current numbers in hospital vary. People move through reasonably quickly unless very sick which are mainly the unvaccinated. Connection is made several times a week with collaborative colleagues, Laboratories, PHOs, etc. Contingency plans are applying well. It is hoped to recover from this wave quickly. Pullback has needed to be made on all but urgent work, mainly due to staff sickness / shortages.	

Item No.	Item	Action
	<p>There has been positive progress in Opotiki and Kawerau.</p> <p>There is concern with cases in the East because of varying health status. 10 cases in the West is different to 10 cases in the East. The situation in the East is shifting in both number and hospitalisations. Te Whanau Apanui was one of the most vaccinated areas in the country early and acknowledgement is made to the local GP practice and collaborative colleagues.</p> <p>Query was raised as to whether the cases in hospital are because of COVID or cases with COVID. The daily numbers indicate both. Broadly, around 50% of hospitalisations appear to be with COVID and the other 50% more substantially as a result of COVID.</p> <p><i>Workforce</i> - links with COVID as to how to maintain morale and appreciation. Acknowledgement is made of the RiseUp programme. Board Members requested a letter of acknowledgement be sent to the Riseup programme organisers. There were initially 30 experienced Bakers, there are currently 100 across the Bay. It is a community initiative of support which is very special.</p> <p><i>Organisational Orientation</i> – is being reviewed to onboard people, giving a good 3 months start to the organisation</p> <p><i>Volunteers</i> - Attempt was made to return volunteers to the front line however this has been limited due to COVID conditions.</p> <p><i>Theatres</i>- ensuring that the workforce is sustainable and working optimally. Anaesthetic Technicians have historically supplied support to Anaesthetists. There are people who want to expand the scope. With support from Unions, BOPDHB has been growing the role. It is a major step towards a robust Theatre team. The Board was very interested in the Grow your Own aspect which may be able to be applied to other areas in the future, particularly the Maori workforce.</p> <p><i>Celo</i> - This is a new digital initiative which is a great development for Doctors in their day to day processes.</p> <p><i>Child Wellness</i> - The strategic direction is to bring together our key DHB level Child Services in Paediatrics, Child Mental Health and Child Development, through CHIRP (Child Health Integrated Response Pathways). There is however a much bigger picture in holistic care for children. ASD (Autism Spectrum Disorder) is a particular focus.</p> <p>COVID has taught a lot in system connectedness with iwi partnerships to make the required gains. The Childhood immunisation programme has moved to the COVID Directorship, linked with Te Pare o Toi, rather than a single service model. It is considered that one organisation needs to be responsible for Immunisations, to be able to get the 20% over the line.</p> <p><i>LifeCurve</i> - This is continuing and the international app is being applied through Te Pare o Toi as a New Zealand adaptation. Some live communication avenues may be beneficial to further inform.</p> <p><i>COTS</i> (Community Orthopaedic Triage Service) - this is starting to bear fruit as part of ongoing sustainability in addressing COVID backlogs. Orthopaedic outpatients is featuring and patients are appreciating the care through this programme. Significant inroad to the Orthopaedic waiting lists is being made.</p>	Board Chair /SAGQ

Item No.	Item	Action
	<p><i>Bowel Screening</i> – Has been a challenge for some time in the Bay which the population growth has put constant pressure on over a number of years. The push over the last year to reduce waiting times is not far from yielding a result through an immense amount of work, particularly with COVID disruption. Stability is required so that the launch of national bowel screening in the next few months is in a good place. There is a big focus on working through the waiting lists.</p> <p><i>Rural Hospital Medicine</i> - is really key for the Eastern Bay where population growth is becoming evident. The Rural Generalist programme is the next key initiative in attracting people to work in the Eastern Bay. The RHIP (Rural Health Immersion Programme) will assist and enhance this initiative.</p> <p><i>Health Reforms</i> - Lots of wheels are turning and clarity at local level should eventuate soon. The Eastern Bay locality submission has been made. The Runanga Chair worked closely with the Eastern Bay PHA and others for that submission. The decision is expected at the end of March.</p> <p><i>Renal Dialysis</i> – BOPDHB is taking a step forward with Renal Services by creating some temporary accommodation to increase the number of treatment chairs and working with Lakes DHB to access some of their physical capacity so that patients are not required to travel to Waikato. It is practically and equity driven. The importance of the prevention journey is recognised.</p> <p>4.1.1 <u>Telehealth</u>  The paper was taken as read.  The telehealth work has been a journey to improve the uptake of telehealth across the organisation. Social media platforms have been used recently to inform. There is more demand coming from the community. Connectivity with rural and remote areas is an issue which is being worked through.  Query was raised with regard to resource supporting telehealth and the level of integration in terms of isolated areas and iwi. It was considered there is also existing connectivity which could be utilised.  The current level of resourcing is a Telehealth Clinical Director, a Co-ordinator and a Part-time Project Manager. Clinical Leadership is critical. External Maori health equity lens and appropriateness has been sourced.  Telehealth connection with Matakana has been a good example of how to work well with other areas of the rohe.</p>	
5	<p><b>Items for Noting</b></p> <p>5.1 <u>Mental Health &amp; Addictions Transformation Update</u>  The information was noted.</p>	
6	<p><b>General Business</b>  There was no General Business</p>	

7	<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 - 23.2.22  Health Reform Transition Updates  Te Toi Ahorangi Update  BOPDHB Sustainability Plan Update  Iwi-Maori partnership Boards  Board BOPDHB SWOT  Renal Action Plan  Annual Plan 21/22 Actions Update  Regional Governance Report  Chief Executive's Report</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed:  Pete Chandler  Owen Wallace  Marama Tauranga</p> <p><b>Resolved</b> that the Board move into confidential.</p> <p style="text-align: right;">Moved: B Edlin  Seconded: G Esterman</p>	
8	Next Meeting – Wednesday 27 April 2022	

The open section of the meeting closed at 11.17 am

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

### RUNNING LIST OF BOARD ACTIONS - Open

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe			
Date	Task		Who	By When	Status	Response
23.2.22	<b>Performance Information</b> Query was raised on the Performance information which is included in the Committee agenda but is information important to the Board eg waiting times, colonoscopy. These don't show in the Board pack which is of concern. The Board will consider where allocation of this information should be made		COO	March		In progress – Remove
23.3.22	<b>Workforce - Riseup Programme</b> Acknowledgement is made of the RiseUp programme. Board Members requested a letter of acknowledgement be sent to the RiseUp programme organisers.		Board Chair / SAGQ	April		Completed





# Chief Executive's Report

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This report covers the period 24 March to 21 April 2022.

## 1. Chief Executive's Overview

The two main areas of focus over the last month have been navigating the Omicron peak and producing our final version of *Emergingly Strongly* – our plan for 2022.

Omicron cases and subsequent hospitalisations peaked in alignment with modelling, the latter around the 1<sup>st</sup> April at which time around 10% of our hospital workforce was also impacted by COVID and off work. Contingency measures to support essential services were called on and both clinical and non-clinical staff from the executive, improvement and innovation and senior hospital management groups have diverted their efforts to assist frontline team colleagues.

We had expected from modelling that Omicron would be well on the outbreak curve downside by Easter and whilst this has been the case, a surge of acute demand has been seen from early April taking hospital occupancy up to 100% on a number of days. We would anticipate coming months will continue to be challenging, with winter illnesses and a further COVID outbreak predicted for late June to August. These likely waves on demand underpin the importance of the of the key decompression workstreams and objectives in our 2022 sustainability plan.

### Health Reforms

As we move past Easter CEO focus will be on embedding the Sustainability Plan to ensure it is not adversely impacted by the Health Reform changes, and preparing changes to the current operating framework to ensure operating stability after 30<sup>th</sup> June.

With HNZ District level arrangements yet to be set out, and without the formal connecting framework of the District Health Board, it will be important to begin a degree of internal re-configuration which can more appropriately support business continuity and at the same time readying the current organisation for the new environment.

### Emerging Strongly – BOPDHB Sustainability Plan Essentials 2022

The plan has to a notable degree been executed in parallel with its production and therefore good progress is being made in multiple domains. In considering some of our top urgencies for this year, a first series of important deliverables by 30<sup>th</sup> June have been identified as set out in the following table, with key achievements so far this year including:

- A whole of DHB single objectives and action plan to guide teams for the year ahead and for handover to HNZ
- Turnaround in our financial trajectory which is heading more closely towards the agreed annual plan budget
- Addressing constraints to going live with bowel screening which will commence next month
- Ongoing improvement in colonoscopy waiting times towards full compliance
- Identifying a solution to add colonoscopy capacity at Whakatane Hospital
- Identifying a short term solution to produce expanded local renal dialysis capacity in the Bay
- Achieving Planned Care Recovery Phase 1 – waiting time compliance for CT, MRI and Angiography
- Maintaining essential services provision during the Omicron surge
- Establishing our Talen Acquisition strategy and positive movement towards achieving a 50% reduction in nursing vacancies by June 2022
- The launch of our new whole of system child immunisation strategy, leveraging COVID learnings and networks, which is beginning to show turnaround signs of immunisation rate improvement

Subject	Deliverable/ Imperative	Status
Financial	<ul style="list-style-type: none"> <li><a href="#">Financial controls and turnaround actions to deliver annual plan budget</a></li> </ul>	IN PROGRESS
Planned & Acute Care	<ul style="list-style-type: none"> <li><a href="#">Address remaining constraints to bowel screening launch by March 2022</a></li> <li><a href="#">Achieve Go-Live date for Bowel Screening by June 2022</a></li> <li><a href="#">Deliver colonoscopy wait time targets by June 2022</a></li> <li><a href="#">Identify additional local renal capacity solution by February 2022</a></li> <li><a href="#">Stabilise Tauranga ED and commence next level step changes to manage acute demand</a></li> <li><a href="#">Scale up Care@Home to decompress hospitals with focus on frail &amp; older people</a></li> <li><a href="#">Take first steps in plan to reduce planned care waiting times: Phase 1 Diagnostics compliance by April 2022</a></li> <li><a href="#">Complete business case for additional theatres by June 2022</a></li> </ul>	ACHIEVED ACHIEVED ON TRACK COMPLETE IN PROGRESS  IN PROGRESS  ACHIEVED ON TRACK
Workforce	<ul style="list-style-type: none"> <li><a href="#">Maintain essential services during COVID surges (1. March-April, 2. expected June-August)</a></li> <li><a href="#">Optimal preparedness for winter pressures and non-COVID outbreak</a></li> <li><a href="#">Turn around increasing nursing vacancy trend</a></li> <li><a href="#">Establish strategy and capacity for essential recruitment</a></li> <li><a href="#">Commence whole of system workforce planning</a></li> </ul>	ACHIEVED  IN PROGRESS ACHIEVED COMPLETE IN PROGRESS
Mental Health	<ul style="list-style-type: none"> <li><a href="#">Submit final inpatient unit business cases</a></li> </ul>	ON TRACK
Child Immunisation	<ul style="list-style-type: none"> <li><a href="#">Boost child immunisation rates through launch of whole of system strategic delivery plan by April 2022</a></li> </ul>	ACHIEVED
Transition	<ul style="list-style-type: none"> <li>Ensure Sustainability Plan delivery and operating frameworks will provide continuity during 2022 transition to HNZ</li> <li>Consolidated whole DHB development plan for transfer to HNZ</li> </ul>	IN PROGRESS  COMPLETE

### Eastern Bay Locality

It is pleasing to be able to advise the Board that Eastern Bay of Plenty has been confirmed as one of the eight national prototypes to be progressed.

Establishing an Eastern Bay Locality model was one of the CEO objectives at appointment and included in our December 2020 strategic one-pager. Our first version of a locality model and approach was set to launch in April 2021 after agreement with key stakeholders but then collided with the Health Reform announcements the same month resulting in the Ministry of Health advising the DHB to pause progressing until the Health Reform environment sets the right conditions for this to move forward.

Correspondence on this is included in these Board papers.

### Maori Wardens

Maori Wardens have commenced at Tauranga Hospital providing a welcomed presence at the entrance to the hospital to help with screening and directing of visitors, kaitiaki and whanau. This partnership is an exciting development focusing on working together to benefit whanau.

## 2. COVID

### 2.1 Outbreak Readiness

#### Public Health Response

Public health units have moved to focussing their efforts on providing advice and support on various outbreaks. This includes aged residential care facilities, the temporary housing sector, including the kiwifruit industry and tangihana.

#### Hospital Response Update

The month of March saw the implementation of the next level of the Pandemic Response Plan including:

- Integrated Operations centre (IOC) being stood up for 7 days per week to support operations (bed flow, occupancy, variance response and workforce deployment)
- Planned Care for priority 1 cases only

- Ambulatory services moving to telehealth (to enable outpatient staff to support critical clinical areas)
- Prioritisation of acute flow
- Team Care approach to patient care
- Staff from non- patient facing roles assisting in clinical areas

A high volume of trauma numbers presented this month and additional lists were put in place as staffing allowed. Grace Hospital supported with the undertaking of some planned care priority 1 cases (to enable the staffing of additional trauma lists to be undertaken).

Increased number of outbreaks in Aged Residential Care (ARC) facilities and significant reductions in staffing for homebased care provision created delays to discharge.

Bethlehem Birthing Centre closed for three weeks this month due to inadequate staffing. This resulted in additional mothers birthing at Tauranga hospital as well as delayed discharges for postnatal care. Whakatane hospice also required to stop accepting referrals due to inadequate staffing.

For Tauranga Hospital, to support the constrained bed capacity; patients were held longer in Post Operative Care Unit (PACU); the Surgical Admission Unit was open longer hours and Medical Day Stay Unit (MDSU) provided overflow capacity.

#### **Te Pare o Toi**

Ngā Pou Urupare is a Te Pare o Toi Covid-19 Omicron response project implemented in mid-March and designed to safeguard Māori urihaumate and their whānau whilst there is heightened risk and pressure from Omicron within the DHBs services.

Kaupapa Māori nursing, Tauwhiro (social work) and Pou Kōkiri staff within the project work to safeguard Māori from isolation and pressured discharge, to maintain tikanga-led responses and to ensure the integrity of the Kaupapa ward clinical nursing services.

Associated actions in the Nga Pou Urupare project include monitoring Māori who did not wait in EDs and testing a six-week interim Whakatāne Hospital response to Māori presentations for acute or subacute medical services supported by the CNS Māori at Whakatāne. This response also included Pou Kōkiri and Tauwhiro working in bubbles to actively prevent risks of Covid cross infection during at work times.

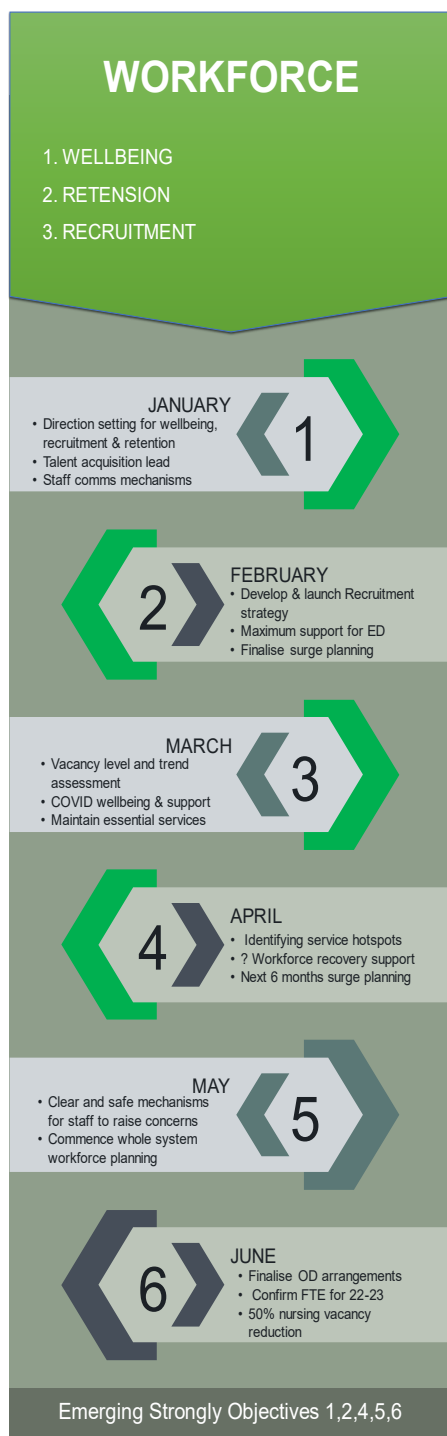
### **3. WORKFORCE**

#### **EMERGING STRONGLY : 2022 SUSTAINABILITY OBJECTIVES**

*Objectives as we navigate through COVID and emerge strongly*

#### **2. WORKFORCE**

4.	<b>Improving the experience of work from application to exit</b>
5.	<b>Talent acquisition: recruitment strategy, increasing our Maori workforce</b>
6.	<b>BOP Health Network workforce planning for collaborative models of care</b>



### 3.1 Supporting Front Line Needs

#### BadgerNet

The Maternity digital information system (Badgernet) implementation has commenced. This will be a fully integrated electronic patient record which has been adopted as the national standard for New Zealand. In addition to the maternity module a decision has been taken to include the neonatal module which is expected to go live between November to January.

#### Support Net

Support Net and Community Care Coordination are working collaboratively with Home and Community Support Services (HCSS) to ensure vulnerable client's essential needs are being met. There are weekly zoom meetings with HCSS during the current pandemic response. There has been ongoing cooperation and collaboration between providers, and this has meant a more responsive and cohesive environment for clients. Although providers are still having to reduce what are considered non-essential services at times depending on staff availability, the sector is managing adequately.

### 3.2 Care Capacity Demand Management (CCDM)

The Safe Staffing Healthy Workplaces Unit evaluation of CCDM occurred. The purpose was to assess the extent that CCDM has been fully implemented across our hospitals. Evaluation is against five standards,

- CCDM governance
- TrendCare business rules and processes that underpin CCDM
- Implementation of core Data Set Measures
- Variance response system in use
- Systematic process to establish and budget for appropriate FTE

Feedback from the assessors was positive with recommendations that support ongoing quality improvement and final evaluation report will be provided following endorsement by the Safe Staffing Health Workplaces Unit (SSHWU) Governance Group.



## 4. EQUITABLE HEALTHCARE

### EMERGING STRONGLY : 2022 SUSTAINABILITY OBJECTIVES

Objectives as we navigate through COVID and emerge strongly

#### 3. EQUITABLE HEALTHCARE

7.	Transforming models of care for ED and Acute Demand
8.	Colonoscopy waiting times and launch of bowel screening
9.	Post Omicron specialty wait times recovery plans
10.	Expanding local renal dialysis capacity in partnership with WDHB
11.	Mental Health Services Transformation
12.	Toi Oranga Mokopuna: Advancing child wellbeing

#### 4.1 Child Wellness

##### Community Health 4 Kids (CH4K)

CH4K now combines business as usual with working with COVID in the community. This is proving challenging with CH4K staff contracting COVID, overall, from the family at home, and large numbers of children and/or teachers absent any given day and week.

Public Health nurses (PHNs) are being well received back into the PHN roles in the education sector and operate differently with the engagement of children, teachers and whānau under COVID restrictions.

##### Family Violence Intervention Programme (FVIP)

A joint project with Women's refuge has provided a new system specifically for Emergency Department (ED) and Maternity to increase intimate partner violence disclosures. This is now in place for Tauranga Hospital ED department aimed at keeping vulnerable and abused women safe during admission.

##### Vulnerable Unborn (VU) Programme

The VU coordinator has been working with BOPDHB Digital Team to provide clear and concise info on One Place for DHB staff. This is in draft test format and will be added to the Family Violence Intervention Programme information on One Place.

#### 4.2 LifeCurve

Post Easter there will be a focused campaign to complement our messaging around flu to ensure our older adults are keeping well physically. Our initial campaign will focus on:

##### Universal Roll Out

- Upgrade to V1.5 (fixing errors, improved registration within app) in April and Covid restrictions with community groups for older people are now easing, so there will be a re-newed focus on community engagement with LifeCurve™ from May onward
- LifeCurve™ Pānui sent out to community contacts to re-engage with LifeCurve™
- Education sessions on LifeCurve™ and healthy ageing booked at Puawairua Marae and Eastern Bay Villages in May



LifeCurve™  
March 2022

LifeCurve™ is free and can help you and your whānau to age well

Just because we are getting older doesn't mean we have to lose our independence or our abilities

The LifeCurve™ app and website are being updated this year

**LC** Kathy Everitt  
Project Lead, LifeCurve™  
Bay of Plenty DHB  
kathy.everitt@bopdhb.govt.nz

**BAY OF PLENTY**  
DISTRICT HEALTH BOARD  
HAUORA A TOI

**Did you know?**

- ✓ If you walk at a good pace for an hour a day this can offset the harmful effects of sitting
- ✓ Every time you climb a flight of stairs you are making your brain younger
- ✓ Falls are one of the biggest causes of death worldwide, but you can improve your balance to reduce the risk of falling
- ✓ It's easy to work on your standing balance! Try standing on one leg for 10-30 seconds, then try the other leg. Hold onto something if you need to for safety

The new version of LifeCurve™ is being co-designed in partnership with Māori

Adaptations to the new version of LifeCurve™ will include input from:

- ✓ Kaupapa Māori research led by the team at Manawaora
- ✓ A Te Ao Māori focus group
- ✓ Community pilots

<https://bayofplenty.lifecurve.co.nz>

### 4.3 COTS Orthopaedic Transformation

#### Orthopaedic Followup by Allied Health

Allied Health is supporting Orthopaedic services by undertaking the review and assessment of people waiting 12 months or more for follow-up. This additional piece of work has been incorporated into the Orthopaedic Transformation programme with the objective to significantly reduce the number of people currently waiting longer than 12 months.

#### Progress to date:

72% requesting a follow-up. 27% do not wish to be followed up and will be discharged from Orthopaedic services.

#### COTS triaging all non-acute Orthopaedic referrals

In October 2021, Orthopaedic services agreed to trial COTS triaging all non-acute Orthopaedic First Specialist Assessment (FSA) referrals (excluding fractures). There are several ways a referrer can currently refer into Orthopaedic. The trial enables COTS to identify all Orthopaedic referrals that should be coming through to COTS.

The trial aims to increase the number of Allied Health FSAs (COTS assessments and non-surgical outcomes) as well as decrease the number of people waiting for an Orthopaedic FSAs. During the 4-month trial, COTS triaged 1320 Orthopaedic FSA referrals in addition to 615 COTS referrals. 20% of the 1320 Ortho referrals were identified as appropriate for COTS and redirected.

#### Paediatric Orthopaedic Triage (POTS)

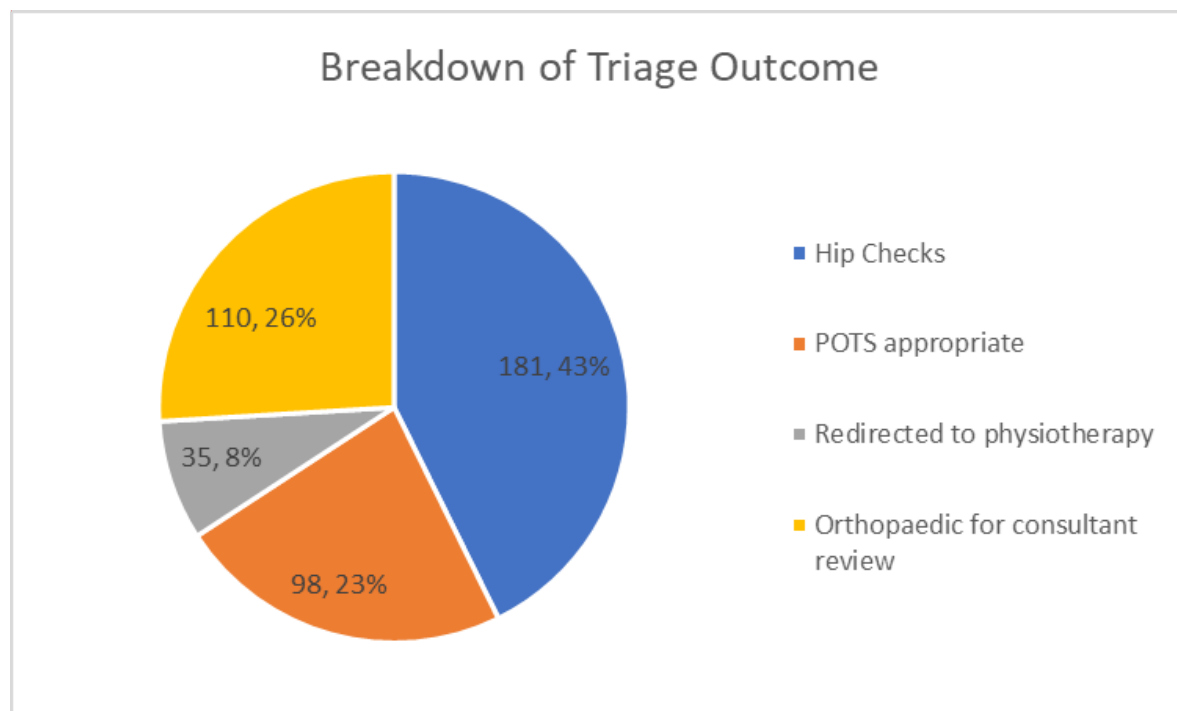
POTS is currently operating as a pilot for the Western Bay of Plenty. Two half-day clinics run weekly out of Tauranga Orthopaedic Outpatients. The impacts of COVID have seen reduced POTS clinics in the Western Bay. A clinic has now been set up in the Eastern in Whakatane Outpatients once a month/in line with when Orthopaedic specialists run their Paediatric Orthopaedic clinics.

The POTS team has also been involved in the Orthopaedic follow-up initiative. There are currently 300 children who have been waiting +12 months for Orthopaedic follow-up.



### POTS triaging all non-acute Orthopaedic referrals

POTS has been triaging all paediatric Orthopaedic FSA referrals for the period August 2021- March 2022. During this period, there was a total of 424 referrals non-acute Orthopaedic referrals for children (under 16 years) All were triaged and graded by POTS.



Approx. 75% of “POTS appropriate” referrals came through on the correct POTS referral pathway/form. POTS identified an additional 25% of Orthopaedic referrals that were appropriate for POTS and redirected. 8% of these referrals did not require any input from Orthopaedic or POTS and were redirected to Paediatric Physiotherapy.

### Integrated Community Service Programme

**Community Allied Health** in the Western Bay is currently integrating several newly added functions across the wider team as part of the operationalization of Keeping Me Well. This includes the following core functions across three service localities:

- **Rehabilitation programmes** either from hospital or from the community with both home based and transitional care options available (previously Community in reach and transitional care tests)
- **Rapid response** (within 24 hours) to people in the community at risk of acute decline or people discharging from hospital (previously a function of the CRT and more recently the rapid response PARIS test)
- **Long term health and disability** clients requiring allied health intervention including housing modifications in line with MOH criteria. (BAU CAH)
- Provide **‘Wayfinding’** for rehabilitation services in areas of high Māori population (currently limited to Te Puke and surrounding rural regions)

**The Rapid response (RR) function** expanded over March to support flow from Tauranga hospital beyond the trial caseload. Support was provided to those waiting for home and community support services- to expedite discharges, which enabled the service to explore whether home care was necessary in some cases or whether a rehabilitation approach could meet these needs with a view to increasing independence. As a result, the number of patients waiting for home care has significantly reduced. The RR function was also able to respond to prevent several admissions to hospital over March with allied health working closely with Community geriatric services to stabilise and rehabilitate clients at home who were planning to present to ED.

Support was also provided to HIA neuro community services and acute services to avoid any discharge delays due to unplanned leave.

**Transitional Care:** Uptake of transitional care has increased over March. The DHB is now utilising up to 6 beds with a view to expanding over April with clients consistently being identified. Nurse practitioner trial in transitional care (TC) has commenced. Project brief available on request. This test will determine whether a broader range of patients can be managed in TC and eventually allow admissions from the community. Test will run for one month.

With the stabilisation of CCC resources (confirmation of covid staffing made permanent) the programme is exploring the coordination role for short term services beds, and further support for the hospital navigator to improve communication and coordination of clients leaving hospital with support.

Community Allied Health in the Eastern bay is currently exploring both in-reach and home rehabilitation functions with a view to carrying out similar test as in the Western Bay. A rapid response function has been in place in the eastern bay for hospital discharges over March as a covid surge response.



#### 4.4 Bowel Screening

National Bowel Screening programme (NBSP) commences in the BOP on the 3rd of May 2022. This is a great news for the BOP communities, providing a positive step to towards addressing colorectal Cancer mortality and morbidity rates for the Bay of Plenty population. Screening will commence with postal sampling initiated in early May. The focus over the next four weeks will be on increasing awareness and encouraging participation in the programme. A key objective of the programme is equity in participation for Māori, and engagement with Iwi which has already commenced.

To ensure that people who are identified as at risk via the screening programme have access to diagnostic and treatment there is the requirement to continue to intensively manage the waiting list for both colonoscopy and subsequent colorectal surgical intervention.





#### 4.6 Renal Services Capacity

With approval to progress with the Interim Hemodialysis Unit at Tauranga Hospital in March, the service is now working to ensure that all aspects of design are fit for purpose and provide a sustainable improvement on current facility alongside additional capacity. The key goals of this project are to deliver seven additional chairs at Tauranga Hospital within a rapid time frame (by November 2022) and within the allocated budget – whilst providing a facility that is safe for patients, whanau, and staff. Planning meetings are progressing well with a goal of sign-off of plan by clinical team by mid-April. This is the first step of operationalising the Renal Service Strategic Plan which is intended to deliver adequate capacity for the care of people with end stage renal disease within the next 4-5 years. The next phase of development will be the establishment of additional capacity within the Eastern Bay of Plenty.

#### 4.5 Toi Oranga Mokopuna – Sudden Unexplained Death in Infants (SUDI)

Following completion of the Maori SUDI review, the report has been disseminated to key partners and shared with national advisory groups. The SUDI action plan is part of the suite of activities that are connected to and supported by the Toi Oranga Mokopuna strategy. Te Pare ō Toi's whare waka will support the Toi Oranga Change Leader in implementation of the recommendations. There are 24 recommendations. Communication and community engagement and whanau knowledge were significant themes within the report.

## 5. CAPACITY AND DEMAND

### **EMERGING STRONGLY : 2022 SUSTAINABILITY OBJECTIVES**

*Objectives as we navigate through COVID and emerge strongly*

#### **4. CAPACITY & DEMAND**

13.	<b>Campus plan &amp; delivery tracks for essential additional capacity</b>
14.	<b>Working with partners to move care into the community, digitally empowered</b>

### 5.1 Additional Bed Capacity

#### **Whakatane Procedure Room**

The Riverstone project for the new Whakatane procedure room is currently on track for completion as per the plan which will provide additional capacity in Whakatane for uninterrupted endoscopy lists plus some additional theatre capacity.

#### **24-hour Surgical Admissions Unit (SAU) Tauranga**

Tauranga is planning for a 24-hour SAU to hold post-surgical patients (requiring up to 23 hours stay post procedure) continuing as part of the recovery plan and reducing the expected demand of the wider hospital.

## 6. TRANSITION

### 6.1 Towards Handover

Chief Executives received official notification that their tenure will finish on the 1 July along with DHB Boards.

This was shared with the public through the People's Pānui and through Grand Round. For many this would have been the first tangible signal that the reform is progressing which triggered questions from staff about future arrangements.

Planning and Funding have received guidance about the reforms in relation to notification of providers and expectations for transfer of provider agreements from District Health Boards to Health New Zealand. Timeline and a templated letter to that effect has been received for feedback by Portfolio Managers prior to sending to Providers. Letters will be distributed mid-April.

### 6.2 Efforts to address Flight Risk

Updates are shared with staff as soon as they are made available, through One Place and the CEO newsletter. Messages from Health New Zealand are being reinforced, that as many people as possible will be needed to be working in the health system of the future and the opportunities the reform brings.

Further, whilst some things will change, much will stay the same. Staff concerns relate primarily to what is the organisational design, what is the change management plan, who they will be reporting to in the future and what the working arrangements will be. This is currently unknown.

### 6.3 Workstream Priorities

The current focus remains on communications, staff well-being and delivering against our organisational Master Plan priorities that will bring the most benefit to our community and the public we serve as we emerge from the Omicron wave of the pandemic.

## 6.4 Advancing Critical Workstreams

### Digital Enablement

#### Island Telehealth

- Matakana island can now support video consultations via a telehealth tablet computer for both GP consultations and Outpatient clinics.
- Pulse oximeters have been supplied to the Te Awanui Hauora Trust clinic to be distributed as required should members of the island community contract COVID and need to be managed at home
- Testing to be scheduled between Ngati Kahu and Matakana Island to ensure their new capability is embedded properly.
- A specific scheduling person for the residents of Matakana Island has been appointed who understands ferry schedules and challenges islanders have attending outpatient appointments
- Solar power is due to be installed on the satellite GP and Outpatient clinic on Motiti Island shortly.

#### Telehealth

Supportive videos for social media and news items for the public are now being released to encourage patients to ask for a video consult for their appointments.

The Video Consultations workflow integration Proof of Concept (POC) has reached 50 completed successful video consultations to complete the POC. The project team continues to support Clinicians and Schedulers with any issues and investigate all instances of failed video consults. The team is continuing to gather and refine the data and will start drafting the end of POC report soon.

#### Electronic Lab Test Ordering

- Initiative currently in establishment phase
- Rollout likely to be a soft hybrid model alongside paper forms
- Order form has been developed and is in user acceptance testing
- Four GP practices have been identified as not yet engaging with electronic ordering and more investigation is required to determine why

#### Internal ePrescribing within BOP DHB Hospital settings

- Initiative is currently in the establishment phase
- Indici ePrescribing will to be added into Midland Clinical Portal
- Mental Health prescriptions are likely to be prioritized first



# Service Update Supplementary to Chief Executive's Report

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This report covers the period 24 March to 21 April 2022.

## 1. Corporate Services

### Communications

#### COVID-19-Communications

Communications remains a key area of the COVID response with various activities focusing on both internal and external audiences:

- External communications via website and social media posts.
- Provision of COVID-19 printed materials for the DHB, GPs, pharmacies, ARC, and other community-based health care sectors.
- Internal communications with COVID dedicated One Place intranet articles, inserts in the CEO newsletter, and the Staff Bulletin.
- Feature stories on OnePlace featuring good news people stories to remind us what our staff are achieving during the pandemic, and including photos and stories of non-clinical staff working in the wards.
- The daily script developed for staff working at the frontline has continued daily since it began in November and is a best-seller for staff.
- Filming walk-through videos for the orientation of staff working in ICU, HIA and Ward 4.

#### General Communications

Non-COVID focused communications activities included:

- Whistle stop – 45-minute visit of the Minister of Health Andrew Little on Thursday 24 March, where he visited ED, COVID ward 4 ICU, talking with each services' staff, and the Medical Leader of Paediatrics.
- Launch of the staff flu vaccination campaign which kicked off on 1 April
- Communications related to the Orthotic Services provider change
- Bowel screening campaign
- Filming the Mental Health person-centred care Food for Thought project

#### Digital Communications

- Providing TeleHealth service information through [bopdhb.health.nz](http://bopdhb.health.nz) for our community, explaining what it is, with supporting information. This information is supported by video and a social media campaign.
- Work supporting our Mental Health and Addiction Services Transformation Project ([mhas.bopdhb.health.nz](http://mhas.bopdhb.health.nz)) continues, providing resources and collaboration news and updates for our services.
- Support for Clinical Hub (COVID Clinical Resources) through our [bopdhb.health.nz](http://bopdhb.health.nz) site along with more information externally for our staff. Continued COVID case updates and support for getting information published.
- Bay Navigation (BOPDHB's clinical resource website) refresh is preparing for a launch mid-April 2022, work for migrating content is nearly complete, this refresh will provide a much more effective and accessible space for our BOP Clinicians to find direction for health topics and processes, along with resources/information that are specific to services.

#### Social Media Presence

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

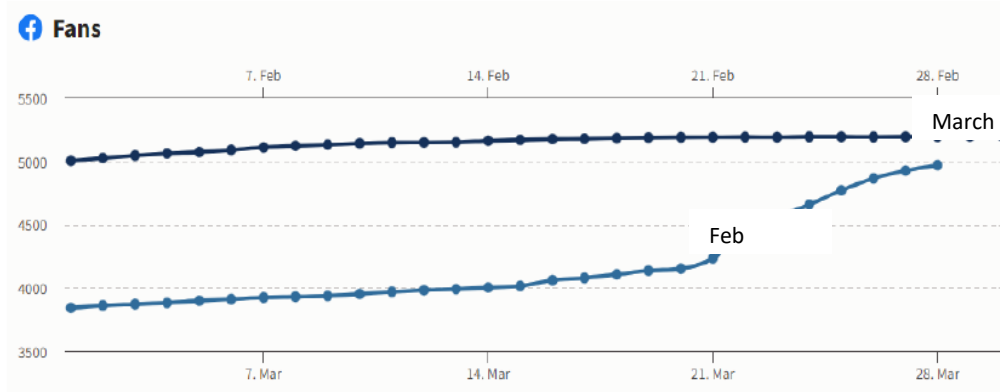




## BOPDHB: Facebook



Follower growth during March remained steady following the sharp rise in February.



### Top performing posts

Highest organic engagement received on BOPDHB Facebook page during March.



**Post 1 (left):** Virtual goggles being presented at the Children's Ward at Tauranga Hospital

**Post 2 (right):** Congratulations to Tauranga Hospital's Liaison Service.

### Insights

- The BOPDHB Facebook page remained considerable steady in comparison to the substantial growth it saw in February. We knew the huge surge in COVID-19 case numbers was coming in March, so our page objectives shifted appropriately. Rather than focusing on growth, our goal was to provide reassurance to the public and provide them with the resources required to get through.
- As a result of this, we saw a huge increase in link clicks, signifying that individuals were clicking on the links we provided them with for more information on topics such as home isolation.
- The posts that received the most engagement again proved that people respond best to people. Our followers want to read about the positive happenings within our hospitals and celebrate the success of our staff.
- On Instagram and LinkedIn, the goals were the same. The overall Instagram feed aesthetic continued to be developed, acting as a visual source of information. We put a slight pause on increasing the number of accounts we follow with the shift in focus, this will resume in April as we attempt to connect with more local groups.

### BOPDHB: LinkedIn

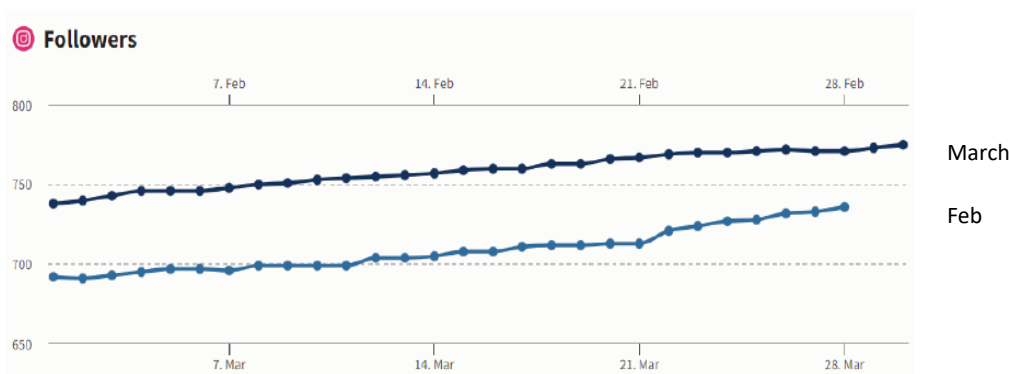


LinkedIn: There wasn't a large focus here again, instead seeing how the page performs organically with content replicated from other platforms. We have a large following on here who potentially don't see the content posted on other platforms so the page provides an opportunity for further exposure of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

### BOPDHB: Instagram



Graph displaying follower growth during March compared to February 2022, the growth rate slowed as anticipated.



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

- Tauranga Hospital had an increase in followers and a slight decrease in engagement from February. Again, this reflects the slight shift in the theme of content that was sent out.
- Similarly, the Whakatāne Hospital Facebook page grew in fans and had an increase in link clicks but engagement dropped slightly. We expect to see further growth in the coming months.

### April Objectives

- We anticipate April to be an exciting time for the BOPDHB social media pages. This is coming off the back of a month of predominantly COVID focused content. Having set our community up with the resources they need to feel comfortable in what may have been unsettling times, we now can add more variety to our content.
- We will continue to be providing simple and clear guidance on changes in the Traffic Light System and how it affects our BOP residents. Alongside this, we'll be working on a new campaign that aims to shine a light on some of our incredible staff.
- The objective of this feature will be to provide a glimpse into our positive and passionate staff culture whilst also diffusing some of the negativity we receive on COVID related matters that are beyond our control. We'll be looking to make this a regular feature, sharing the stories of as many staff as possible.

- During the month of March, we'll also be continuing with previous campaigns such as Telehealth and Keeping ED for Emergencies as they both continue to remain extremely relevant and beneficial to share.

#### Aesthetic Overview:

A sample of some of the posts that were sent out across the BOPDHB social media pages during the month of March.



#### Emergency Planning

- With the COVID Directorate being separated from the EOC incident management structure, the Emergency Planning team has been moved out of the COVID response activities and refocused on its core responsibilities of Emergency Planning/Preparedness.
- There remains representation from the team in the Te Manawa Taki COVID Regional Resilience work and the team maintains situational awareness of COVID related activities in case of there being a need to reintegrate the team into the COVID response.
- The stepping back from the COVID response has provided the opportunity to update the EOC facility to reflect the learnings from the COVID response – improving physical layout and supporting technologies.

### **Non-COVID Emergency Events**

- The March severe weather pattern that resulted in flooding to areas of the Eastern Bay of Plenty saw the Emergency Planning Team working with the DHB's Integrated Operations Centre and various service areas on potential impacts and implementing emergency plan actions as required. The Team will use this event as an opportunity to update hazard specific plans related to weather and flooding.
- Current Alert Level status for a potential eruption of Mt. Ruapehu (currently Alert Level 2) has prompted the team to review plans related to impacts of volcanic eruptions.

### **People and Culture**

#### **Recruitment / Workforce**

- Building the Talent Acquisition team capacity and capability continues – a new advisor started in late March, another will start in April and a third role is expected to be filled in May. This strengthening will allow a portfolio based structure to be implemented in April – enabling better partnership with the Hiring Managers and Business Leaders.
- The team is reviewing current process and procedures to identify areas of improvement for Hiring Managers and candidates including the internal recruitment process, candidate communication, onboarding and offer documentation. As part of that process, a review of all open requisitions is underway, leading to a data cleansing exercise and adjustment of system access.
- The national recruitment campaign using HGB Marketing is reaching its end point. At this stage the success of this campaign has yet to be assessed. Local recruitment efforts are continuing.

#### **Payroll/Rostering/Admin/HAC:**

- For the first time in 3 years the payroll team have reached a level of staff stability and are nearly at full staff capacity – with an additional team member, joining in early May, bringing the team to full capacity. Despite reaching close to full capacity, COVID has impacted the team who have navigated the last month with up to 3 staff off at any one time.
- Given the impact of implementing Pay Equity, a plan is being put in place to support the ongoing pay equity settlements – whilst maintaining BAU payroll service provision. This will involve dedicating a payroll officer and an admin team member to the pay equity project to ensure timelines can be met without risking BAU. We are awaiting further details from TAS around pay equity timeframes.
- In association with increased payroll capacity, a new staff member has been recruited to the Rostering Team to maintain capacity, ensure continuity of input into the Holidays Act remediation project and continue with roster self service rollout to the DHB. This addition in association with the increase in Payroll team puts the overall service into a much improved position moving forward.

### **Data & Digital**

#### **Digital Strategy (Te Aute) Development**

Options for completing the Digital Strategy workstream were discussed in the March Exec Committee meeting with three options considered – continuing as originally planned, shortening the process and focus to fit with national changes, or stopping the planning process completely. Based on the work to date, the need to support service transformation plans and the current lack of clarity around Health New Zealand's national, regional and local plans, the Exec Committee agreed that the focus needs to be brought to the next two years. Accordingly a two year roadmap will be delivered that supports ongoing service transformation, provides a launchpad to assist future regional collaboration and retains recognition of the Health NZ direction of travel. The aim is to complete this roadmap by early June.

#### **Te Manawa Taki Clinical Portal (TMTCP)**

- The March regional Clinical Portal release was successfully completed with the next release planned for 21<sup>st</sup> April. The march release included the new COVID in the Community Care Management (CCCM) module while the April release will introduce the new Indici Outpatient ePrescribing functionality for use by Bay of Plenty (first DHB to go live with this).

- The TMTCP development team is looking at a late May release for Lakes DHB, but this remains dependent on hardware delivery timelines and the date has yet to be endorsed by the Lakes Project Board.
- The 3DHB portal workplan has been jointly developed and agreed for the 22/23 financial year and incorporate planned initiatives that align with regional Data, Security, Telehealth, Interoperability, and Referrals workstreams.

### **Regional Workstream Progress**

- TMT regional team were successful in obtaining funding for the first phase of Community Access – Identity and Access Management through the National Capability Uplift Investment bid, removing the need to draw down on HealthShare capital funding earmarked for this financial year. This will remove some capital pressure on DHBs.
- The 22/23 Regional ICT Plan has been endorsed by Regional ICT Governance and the monitoring format is being drawn up now in readiness for tracking against the coming year.
- A number of digital workstreams to support cancer care are advancing across the region. Training is underway for the Head & Neck tumour stream with Breast to follow. The next two tumour streams (Urology and Gynaecology) to be delivered under the (Cancer) Clinical Pathways and MDM project are continuing to progress through configuration phases. These will be followed by the Lymphoma and Upper GI streams which will complete the bulk of the development/configuration work required across all tumour streams to be digitised.
- Go live dates for regional PACS/RIS have been agreed with Radiology Managers and vendor (Philips) and a change request to re-baseline the project timelines will go to the PACS/RIS Project Board meet on 6<sup>th</sup> April. Go live dates are staggered from mid-November to mid-December 2022.
- The Regional eMeds programme benefits realisation report has gone to the eMeds Project Board and eMedicine Management Governance Group. Taranaki have requested an extension to the pilot to mid-April to give them enough time to assess the value of the added (and requested) functions released mid-March. The change request is being considered by the Project Board currently. Progress is continuing with the development of business cases for Bay of Plenty and Tairāwhiti.
- TMT 5 DHBs are working through obtaining Skills Framework for the Information Age (SFIA) assessments for all ICT staff across the region. This will assist us in understanding capability and gaps and help with development plans leading into Health NZ.

### **Local Project Progress**

- The IM Projects portfolio is the collection of IT infrastructure, application, business intelligence and data projects that are being project-managed by the Information Management (IM) team. It includes projects that are owned/led by the IM team, and also other projects that are owned/lead by other parts of the organisation (or regional and national initiatives) but with a significant contribution required by IM resources.
- Overall there are large number of active projects in the portfolio, an increase of six from last month – the majority of which are in “Green”. Two projects previously rated as Red (meaning major concerns or risks exist over delivery of project) have been rated as Amber (reflecting concerns exist around time or cost or quality requirements).
- Project timeframes are at risk of schedule slippage due to resourcing constraints. BAU activity has also remained high meaning reallocation of BAU resources into projects is not a viable option.
- There has been regular, proactive engagement with the FBO projects team and this has resulted in new projects being included in the list this month, plus improved visibility of the future pipeline of work that will require IT assistance in the forthcoming months.





### Selected Active Project Summary:

<i>Project</i>	<i>Commentary</i>	<i>RAG</i>
Paging System	<ul style="list-style-type: none"> <li>• There was an immediate need to identify an alternate vendor to support the current platform. RFQ process completed and will proceed with formal engagement and transfer of support</li> <li>• In parallel BOPDHB IM need to work with the Provider Arm to establish requirements for a replacement emergency messaging system and identify possible solutions.</li> </ul>	A
Secure Medical Messaging and Collaboration Tool (Celo)	<ul style="list-style-type: none"> <li>• High level implementation plan developed</li> <li>• Need to finalise Business Case and create a Communications Plan prior to mass rollout. Other project priorities have delayed progress</li> <li>• Risk Assessment completed (awaiting IMSC endorsement)</li> </ul>	G
Regional Video Refresh	<ul style="list-style-type: none"> <li>• Migration to new platform completed for BoP, Lakes &amp; Taranaki 25th March. Some outstanding network issues to resolved with Waikato before 31st March when the old system will be shut down by the vendor.</li> <li>• Minor changes required once the above complete end state design where traffic is routed over both Connected Health (Primary) and Internet (Secondary). Current working over Internet only</li> </ul>	G
Pandemic related initiatives	<ul style="list-style-type: none"> <li>• Approximately 15 pandemic-related initiatives (mini-projects) are being managed by IT – including Telehealth operational support, Zoom tablets, IOC display equipment, Ward 4B stand-up, visitor screening system</li> <li>• Ward 4B has been recommissioned, as spare capacity for Covid-patient care if needed</li> <li>• Wi-Fi coverage has been extended into the ED tent</li> <li>• Zoom tablets provided to SCBU to allow Covid-positive maternity patients to view their newborns.</li> <li>• Pilot commencing with District Nursing team for improved methods of remote working</li> </ul>	G
Visitor Management system	<ul style="list-style-type: none"> <li>• Integration (network) configuration completed, awaiting completion of Integriti configuration (NuTech). Once configuration completed, integration/connectivity testing can be undertaken</li> <li>• Overall project being led by FBO, aiming for end-of-March implementation</li> </ul>	G
Firewall Infrastructure	<ul style="list-style-type: none"> <li>• RFP was released on the 4th of March with vendor briefing held the following week.</li> <li>• Good engagement/questions from three vendors</li> <li>• RFP closes 1 April with evaluation and shortlisting to occur in April</li> </ul>	G
Wireless Infrastructure Renewal 2021	<ul style="list-style-type: none"> <li>• Project is about to recommence with resource availability being confirmed</li> </ul>	R



<i>Project</i>	<i>Commentary</i>	<i>RAG</i>
	<ul style="list-style-type: none"> <li>This project is now dependent on the Radius/NPS server upgrade (which is being completed with urgency).</li> <li>Project is expected to commence in early April with the bulk of the deployment to sites occurring in May</li> <li>A new project schedule will be confirmed and once approved, the RAG status will return to green</li> </ul>	
T-DOC	<ul style="list-style-type: none"> <li>The supplier has a resource ready to start populating data. This requires a server that will be hosted by BOPDHB which needs to be spec'ed and built in the first instance. Other project priorities have delayed progress.</li> </ul>	G
Toi Ora Data Model and Collection	<ul style="list-style-type: none"> <li>Initial Data sets have been created. Project is currently going through a design reset to determine end state of model</li> </ul>	G
Short-Notice Leave Application Tool	<ul style="list-style-type: none"> <li>This application has gone live and has been deployed for Nursing staff to use</li> <li>Slow initial uptake, but functionality working well.</li> <li>Has also been deployed for Doctors and intended to be rolled out to Allied Health staff if required (functionality has been pre-built to support this)</li> </ul>	G
Whakatane Hospital Digital Radio Upgrade	<ul style="list-style-type: none"> <li>Capex request to be raised to complete outstanding repeater and base set upgrades</li> </ul>	G
Radius/NPS Server Upgrade	<ul style="list-style-type: none"> <li>Competitive quotes received from two vendors. The Instillery selected as the successful partner.</li> <li>Work to commence with urgency, so as not to further delay the Wireless Upgrade project</li> </ul>	G
Bay Navigator – redesign and development	<ul style="list-style-type: none"> <li>Resources/Schedule at risk from COVID impacts and operational pressures</li> <li>Website design finalised and build underway</li> <li>Clinical content review process agreed and underway</li> <li>Pathway content being added as finalised and build available</li> </ul>	A
Core Switch Infrastructure	<ul style="list-style-type: none"> <li>Project has confirmed capital funding and approval to engage Project Manager resource. Project expected to commence in April 2022, so that hardware orders can be placed prior to financial year-end</li> </ul>	G
MoH Cyber Security Uplift Programme	<ul style="list-style-type: none"> <li>New national programme created to deliver stronger cyber security in the health &amp; disability sector</li> <li>Discovery discussions underway with MoH to understand scope, deliverables and timeframes for this initiative</li> </ul>	G
MoH Health IS Asset Management Review	<ul style="list-style-type: none"> <li>New national project raised to discover and review how DHB's manage hardware assets, software versions and data as an asset.</li> <li>Discovery discussions underway with MoH to understand scope, deliverables and timeframes for this initiative</li> </ul>	G

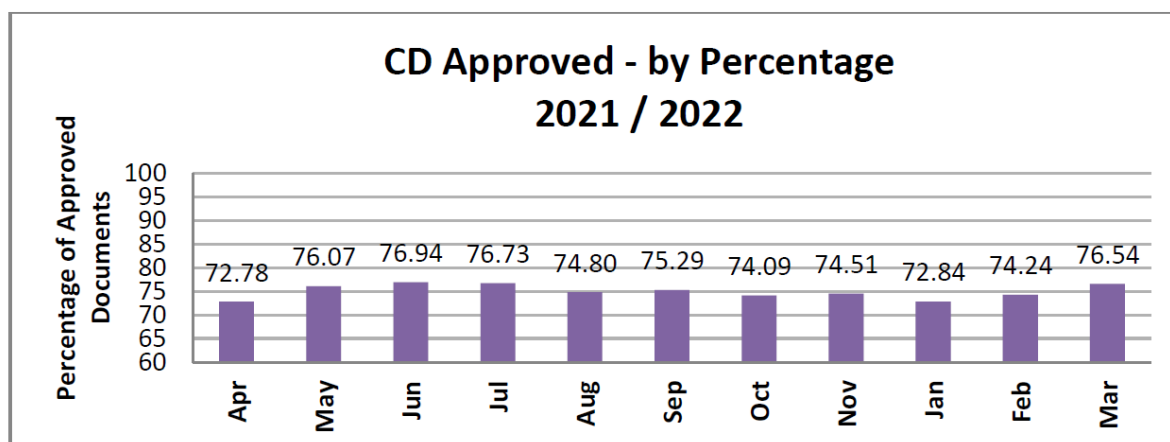
<i>Project</i>	<i>Commentary</i>	<i>RAG</i>
CathLab 1 Fitout	<ul style="list-style-type: none"> <li>Design and requirements discovery underway. IM requirements will largely be a mirror of Cath Lab 2</li> </ul>	G
T23/24 Life Safety Walls Project	<ul style="list-style-type: none"> <li>FBO-led initiative which will involve the temporary relocation of many staff on levels 3 and 4 of the main building, to allow building remediation work to be undertaken</li> <li>In discovery stage, working with FBO project manager to understand timeframes, IT implications and potential alternatives for the temporary relocation of staff</li> </ul>	G
Digital Enablement	<b>Video Consult Phase 2. (Requirements)</b> The requirements are now almost complete, a meeting has been arranged with the project team to review the requirements document.	G
	<b>Enterprise Scheduling</b> IM team is currently reviewing the current capabilities of the Waitemata solution against the current capabilities of WebPAS to help identify any gaps. Also involved in the technical discussions for the onboarding of Pinga health which is the software used for the solution	G
BPAC Erefferrals:	Currently in the recruitment phase for a PM & change manager.	G
BadgerNet:	The Badgernet PM starts on the 4th of April and work is currently ongoing to review all interfacing work. I am also currently advertising for a change manager	G
Indici	A demonstration was provided to the clinical users, and the team is working with Healthshare regarding the roll out plan/communications	G
Eclair	<b>EOrders for Labs.</b> Progressing very well, soft go-live scheduled for end of April.	G
	<b>EOrders for Radiology.</b> Possible requirement to build a multi-year business case, awaiting steer from DDSG. Working with radiology team to look at possible BPAC solution.	G
NHI Number change:	Clinical team is leading on this and is currently preparing the various notifications to send to vendors to check what is required to ensure we are ready for the change; we are also sending communications to services which have systems not currently under IM support such as Clinical Physiology who will be impacted by this change. We will assist and work with these services to guide them through the changes	G

## 2. Governance and Quality

### Indicators

#### Controlled Documents

Reporting is through Executive Committee (6 monthly).

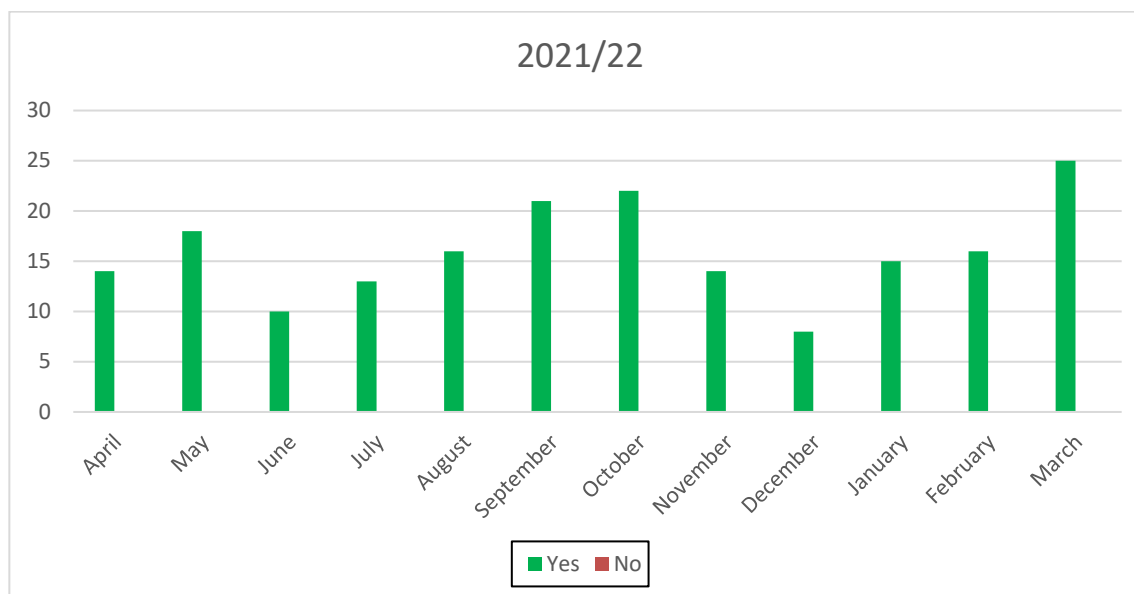


Focus is continuing on progressing high risk controlled documents and rolling over the low risk ones where it is appropriate.

#### OIA's (Responded to 1 March 2022 – 31 March 2022)

	OIA	Requester Type	Due Date	Response Date	Met on Time
1.	Covid Brochure	Researcher	02.03.22	01.03.22	Yes
2.	ICU Beds	Individual	28.03.22	01.03.22	Yes
3.	Occupancy Alerts	MP	28.03.22	04.03.22	Yes
4.	Palliative Care	Media	04.03.22	04.03.22	Yes
5.	Lab and Radiology Services	Individual	08.03.22	04.03.22	Yes
6.	Legal Costs	Advocate	04.03.22	04.03.22	Yes
7.	Surgery Delays and Supply Chain Issues	Media	17.03.22	09.03.22	Yes
8.	Psychiatric Medication Compliance	Individual	04.04.22	09.03.22	Yes
9.	C Sections and Tubal Ligations	MP	17.03.22	11.03.22	Yes
10.	Covid Costs	Individual	06.04.22	11.03.22	Yes
11.	Disclosure of 3 <sup>rd</sup> Party Information	Individual	28.03.22	11.03.22	Yes
12.	Media Access	Media	15.03.22	14.03.22	Yes
13.	Feeding Tubes	Business	22.03.22	14.03.22	Yes
14.	Treatment Injury Claims	Individual	28.03.22	14.03.22	Yes
15.	Recommendations for Patients to travel to Auckland DHBs	Individual	28.03.22	14.03.22	Yes
16.	Complaints Data	Individual	25.03.22	14.03.22	Yes
17.	Covid Positive Birthing and Support People	Organisation	11.04.22	15.03.22	Yes
18.	Transport of Samples	Individual	25.03.22	18.03.22	Yes
19.	Eldernet	Individual	31.03.22	22.03.22	Yes
20.	Operating Theatre Time	MP	28.03.22	24.03.22	Yes
21.	Crime Scene Cleaners	Media	15.04.22	24.03.22	Yes
22.	Psychologists	Union	25.03.22	24.03.22	Yes
23.	Nursing Workforce Data	Union	12.04.22	28.03.22	Yes
24.	Bequests and Donations	Media	19.04.22	29.03.22	Yes
25.	Patient Record Access	Individual	26.04.22	30.03.22	Yes

## OIA requests and compliance by month



Response timeframes were met despite the number of responses in March being the highest (25) in the last year.

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

### Health Consumer Council – Chair’s Report

- A combined Terms of Reference and other useful associated documents are being developed in preparation for the new Health structure.
- Chairperson attended National HCC Chairs meeting with HQSC. Members have been actively involved in providing feedback to HQSC regarding Consumer Code of Expectations for consumer/whānau engagement.
- Consumer Council members and key DHB staff joined a regional forum where Health NZ representatives updated participants on their rural health work stream and sought input and discussion from participants.

## 3. Clinical School

### Education and Training

The Education Team has worked with the Resus Coordinator in Tauranga. There is now an online component of Essential life Support training. This means that the face-to-face sessions can be of a more practical nature and more people can get through the course in a timely manner. There is also a new course for vaccinators that ensures they are receiving the relevant content. There have been some updates around the language used for our Life Support training to align more closely with the NZ Resuscitation Council.

### Students

Our 2<sup>nd</sup> RHIP cohort commenced in March 2022 in Whakātane with students from Medicine, Paramedicine, Midwifery and Physiotherapy. The group numbers are lower than previous years due to alignment of the varied curriculums with our cohorts.

## 4. Te Pare o Toi

### **Pou Oranga Ake | Update**

Te Arawhiti individual competencies have been added to staff development plans to build and extend on Te Kakenga suite of training. The job descriptions for a new Comms role and replacement for the Workforce development role, have been updated to reflect a stronger focus on Te Tiriti and Maori health Equity. Toi te Ora (TTO) senior data analyst currently aiding Toi Ora zone work. Pou Oranga Ake currently on two advisories for the National Public health service as part of the Health System Reform; Population Health and Equity, and Te Tiriti. Planning is underway for a return to some BAU work. The TTO Leadership team are finalising a short briefing paper for the Runanga for feedback on population health priorities moving forward.

### **Priority 1 | Te Pare ō Toi - Wellbeing Project | Update**

Testing of the Mauri Ora tool is underway (not withstanding staff absences due to sick leave) with groups of both clinical and non-clinical staff and utilizing a digital tool that will be accessible to the staff member and their reporting manager into the future of the Well-being system. A co-lead for the project has been created to help ensure continuity.

### **Priority 2 | Immunisation - MMR | Update**

In parallel with the system-level work underway by the immunisation directorate under Brent Gilbert De-Rios, Te Pare o Toi has sought collaboration with the PHOs and individual providers in an effort to develop tailored approaches to providers and patients' needs. We have met with WBOPPHO and NMOPHO and are working with the Nga Kakano Foundation Clinic in Te Puke. We are waiting on WBOPPHO to indicate which clinics, if any, may partner closely with us for influenza vaccination.

### **Priority 3 | Toi Ora Excellence | Pou Umanga | Update**

There are multiple streams that the teams are working on, from the Integration developments with Nga Mataapuna Oranga's Tūāpapa System of Care; Tuwharetoa ki Kawerau Integrated Agreement approach; and developing resources to help address the acute needs on Matakana Island.

The developments on changing agreements and models of care as mentioned briefly above are on track for completion before we head into the new health transition structures.

The team is collaboratively forming a response and resilience structure as part of a Te Manawa Taki Business Case which the DHB was successful in obtaining

### **Priority 4 | Toi Ora Excellence | Pou Haumanu | Update**

Due to resource constraints Māori review of research applications has been deferred until May 2022 with the agreement of the DHB Manager of Research. At the time of this report all applications for review have been completed by Pou Haumanu. This includes an important national study on dental service performance using the Titanium dental information system and includes a Māori provider of dental services in the district.

Further scoping and planning of Māori Incident and Complaint Improvements has been progressed with focus on establishing the key metrics to determine equity, and improved reporting fit for Executive and Rūnanga leadership



# BOPDHB INNOVATION AND IMPROVEMENT TEAM UPDATE

April 2022



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.

**We want to acknowledge the incredible efforts of all staff, the extra shifts and the long hours and in the midst of this, the Innovation and Improvement team find it humbling to realise our DHB and community care partners never let go of the willingness to improve the service they give and are keen to keep engaged in improvement work.**

## I&I TEAM INVOLVED IN THE COVID SURGE RESPONSE

The Innovation and Improvement Team are always keen to get involved and help out where they can. When the call went out for covid surge assistance many of the team have volunteered.

Pictured here is Sarah Davey - Manager Innovation and Improvement, ready for a shift in 4C and Suzanne Andrew - Change Manager Innovation and Improvement, working shifts in Health in Aging and Ward 4C at Tauranga Hospital.



## TEAM SUPPORTING TEAMS

A newly formed team is working on the PM shift at Whakatāne Hospital.

### Ko wai mātou? Who are we?

The Clinical Nurse Coordinators (CNCs) Patient Flow Navigators are two senior nurses working as part of a 12-month pilot at Whakatāne Hospital. Esti Swart and Liz Preston job share the 2pm to 10:30pm shift doing alternate weeks, Wednesday to Sunday forming a team with the Duty Nurse Manager (DNM) and Long Day RMO working across the whole hospital.

### He aha ai? Why?

The pilot was in response to continued increasing acute demand at Whakatāne Hospital after hours and recognition of the need for additional senior nurse assessment and decision making in the afternoon/evening period.

In the first four months of the role the two nurses have had 357 patient encounters, with direct clinical intervention for 266 of those patients. Focusing on criteria for monitoring the most acutely unwell patients, Esti and Liz are enjoying workign with colleagues across the campus to support quality patient care.

### He aha a whai ake nei? What's next?

Such is the value of the role that four months into the 12-month pilot, recruitment is now underway to make this a 7 day a week service.



Pictured above from left: Julie Chapman DNM, Esti Swart and Liz Preston Clinical Nurse Coordinators and Dave Henderson DNM

Programme Manager: Fiona Burns

Kia mohio mai koe, ko wai mātou: <http://oneplace/Content/Pages/PAS/SIU.aspx> (staff only)

Whakapā mai ki a mātou: [iandirequests@bopdhb.govt.nz](mailto:iandirequests@bopdhb.govt.nz)



# INTRODUCTION TO CHILD HEALTH INTEGRATED RESPONSE PATHWAYS (CHIRP)

**Child Health Integrated Response Pathways (CHIRP)** is a visualised model for **Child Development Services (CDS), Child Mental Health and Paediatrics**. The model is a starting point in recognising the unique contribution each team makes to the care of children and whānau, and acknowledges where services can work together to address complex needs. The "CHIRP" vision puts the child at the centre of the model, rather than the child fitting into siloed service criteria.

Young people will be assessed by a team of professionals consisting of members from different child facing services. In working together, they will significantly reduce waiting times, provide more efficient care and coordination, and eliminate any risk of children falling between the gaps.

## The project has three phases:

- **Phase 1:** Design, collaborate and reduce current waiting lists.
- **Phase 2:** Test the new model in the Eastern and Western Bay of Plenty.
- **Phase 3:** Operationalise the new model and develop ease of access through a single point of entry.



## So far we have achieved:

- Regular Steering Group and Project Working Group meetings that are full of energy and passion, with a strong representation from consumers and stakeholders in primary and secondary care. Education to join this year.
- Transparency enabled through data analysis and development, thus allowing for integrated solutions.
- Engagement from all services - creating improvement and collaboration culture.
- Team workshops involving clinicians from all teams in the design process.
- Appointment of medical student Woojin Wang to work with clinicians and project group members, and contribute to a diagnostic pathway for Autism and ADHD that can be applied consistently across BOPDHB Child Health Services.
- Progress made to develop concept designs for the Child Wellness centre that will host CHIRP.

**Phase 1 Aims: Status Quo is no longer acceptable.** Child Development Services, Child Mental Health and Paediatrics jointly committed to an integrated plan to address significant wait-times in preparation for Phase 2.

## By the end of June 2022 we aim to:

- Reduce wait time for 3D from 15 months to 4 weeks.
- Reduce the number of children on 3D waitlist from 209 to 25.
- Reduce the waiting time for psychology diagnostic assessment for CDS for under 7's from 6 months to 8 weeks.
- Reduce waiting time for psychology diagnostic assessment in CDS for over 7's from 13 months to 8 weeks.
- Reduce waiting numbers for psychology within CDS from 170 to 50.
- Reduce wait time for Paediatric assessment from 4-6 months to 4 weeks.

Project Manager: Kim Blair

Kia mohio mai koe, ko wai mātou: <http://oneplace/Content/Pages/PAS/SIU.aspx> (staff only)

Whakapā mai ki a mātou: [iandirequests@bopdhb.govt.nz](mailto:iandirequests@bopdhb.govt.nz)



## SURGICAL WARDS 3B AND 3C RECEIVE A "WOW" EXPERIENCE

Nursing staff from wards 3B and 3C at Tauranga Hospital recently told the Acute Demand Programme team that they wanted to be "WOW-ed"

All agreed that the wards would benefit from a "Well Organised Ward," (WOW) process - a component of the "Productive Ward" NHS programme first used in Tauranga Hospital in 2009.

The benefits of "WOW" include staff satisfaction, wellbeing, and ease in orientating junior staff on to wards.

Knowing where clinical equipment is located on wards benefits both patient care, and the best use of Nursing and Health Care Assistant time. The nurses decided a mini "makeover," consisting of organising, cleaning, and reducing waste would help them locate their clinical equipment faster.

Ward 3B and 3C received their "WOW," by Change Champion Tessa Matier, Ward 3C Health Care Assistant Jayde Lile, and Change Manager Suzanne Andrew.

As part of the refresh, some areas required re-taping floor spaces and labelling shelves for clinical equipment. Ward 3C Health Care Assistant Jayde Lile said *"the ward looks and feels better now as there has been space created, and equipment is ready for the next person."*



Group Photo: From left, Ward 3C Registered Nurse Shay Le Gros, Change Champion Tessa Matier, and Ward 3C Health Care Assistant Jayde Lile.

Change Manager: Suzanne Andrew

## APPRECIATION OF STAFF WHO GO ABOVE AND BEYOND

A focus of the Acute Demand Programme is on staff wellbeing.

Engagement with staff across the medical and surgical inpatient wards, ED and APU over the last few months has highlighted the impact of work pressures on staff.

The Acute Demand Team is happy to introduce "Snack Packs," a way of appreciating staff and saying thank you for going above and beyond. They are now being offered by the Duty Nurse Manager team at Tauranga Hospital are soon to be introduced at Whākatane Hospital.

*"When staff agree to work extended shifts unexpectedly, they may not have come to work prepared for a longer day, and the onsite hospital café is closed. We hope that the Snack Packs will keep staff energised and show appreciation for their hard work,"* - Alex Baker, Change Champion.

So far, 30 Snack Packs have been handed out to staff across all inpatient areas. Feedback from nurses has been positive, with comments received including: "delighted," "did not come prepared, so loved the idea," and "very appreciative." The Acute Demand Team will continue to check in with staff to see how the Snack Packs are being received, and to learn whether any improvements can be made.



Change Manager: Suzanne Andrew

Find out more about the team on OnePlace: <http://oneplace/Content/Pages/PAS/SIU.aspx> (staff only)

Contact the team: [iandirequests@bopdnh.govt.nz](mailto:iandirequests@bopdnh.govt.nz)

# TELEHEALTH: INTEGRATED VIDEO CONSULTS PROJECT UPDATE

The Integrated Video Consults Proof of Concept (POC) started in November 2021 and is due to complete in March 2022.

This Proof of Concept aims to test the integration of Zoom into WebPAS and Midland Clinical Portal (MCP) to streamline the booking, and use of video calls for those doing 1:1 consultations.

So far, there have been 52 successful video consults using this new method. Behind the scenes, we are checking all instances and working to fix any faults as we find them. We are also currently prioritising a list of future developments and enhancements to improve the experience for both patients and staff.

Patients receive a survey following their appointment and of the patients surveyed so far the graph opposite shows the key benefits of Telehealth for them.

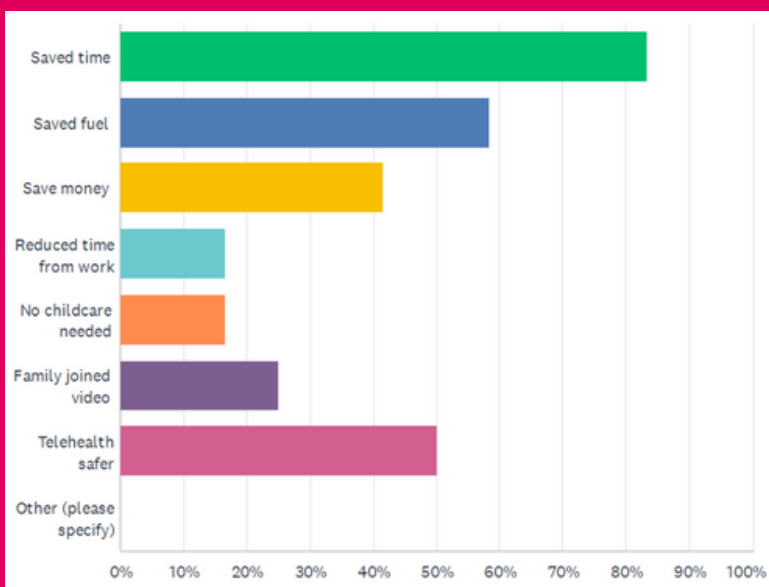
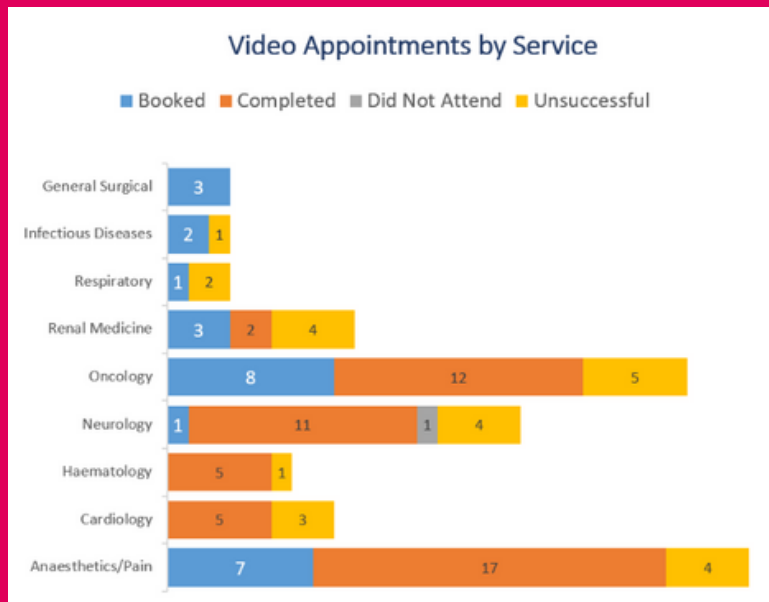
Other feedback collected from patients:

- 7/8 respondents had no difficulty connecting
- 100% connected from home on a laptop or desktop computer
- These patients saved an average of 28 kilometres (range: 6-58) of driving and 44 minutes (range: 15-85)
- 100% said they'd participate in Telehealth again

**"IT'S A GREAT IDEA. HOPE YOU KEEP USING IT. AT LEAST WHERE APPROPRIATE."**

**"IT DID TAKE A LITTLE TIME TO CONNECT FROM MY END BUT ONCE CONNECTED IT WORKED WELL."**

**"GREAT QUALITY, IT WAS SUPER EASY AND EFFECTIVE. DR WAS ON TIME, NO COMPLAINTS AT ALL. IT WAS A FANTASTIC EXPERIENCE!"**



Clinical space to run video consult clinics from is being investigated at all sites.

The project team are also looking at ways to increase access to Telehealth in our communities. All staff joining the POC are provided with equipment and technical support and feedback is regularly requested.

For more information about the project or POC contact [telehealth@bopdhb.govt.nz](mailto:telehealth@bopdhb.govt.nz) or go to the Oneplace Telehealth Resources page - <http://oneplace/Content/Pages/PAS/Telehealth-Resources.aspx>

Project Manager: Haidee Barrow

Kia mohio mai koe, ko wai mātou: <http://oneplace/Content/Pages/PAS/SIU.aspx> (staff only)

Whakapā mai ki a mātou: [iandirequests@bopdhb.govt.nz](mailto:iandirequests@bopdhb.govt.nz)

## Child Health Integrated Response Pathway

For all Tamariki and their whānau, who have behavioural, neuro-developmental or associated mental health concerns to experience timely, responsive, and integrated care that matters to them.



### Phase 1 – Western Bay – reduce current waitlist

- 24th March saw the dawn blessing of the construction site for the new Child Wellness Centre
- 3D/CHIRP Phase 1, Triage team - Vicky Collinge, PHN; Nadia Du Plessis, Psychologist; Bridget Sandri, Speech and Language Therapist; Kelsey Tawa, administrator joined the team in March 2022. This triples the capacity within 3D and enables the testing of a multi-disciplinary approach in the triage and pre-assessment process. It has also increased opportunity for timely whanau engagement.



The CHIRP Triage Team

- Weekly multi-disciplinary/service meeting (MDM) commenced 10<sup>th</sup> February 2022 attended by RTLB, Early Education Intervention, Public Health Nurse, Paediatrician, Child Development clinician, Child Mental Health clinician and 'Phase 1 CHIRP TEAM'. The objective being to apply a multi-disciplinary/service approach at triage, to link children with the most appropriate support from the outset and eliminate unnecessary waiting or bouncing around between services. It facilitates the opportunity for a collaborative interservice response – that is shaped by need and rather than service criteria.
- Referrals into specialist services from CHIRP MDM will be tracked via referral source 'CHIRP' to allow for wider understanding of the child's journey across multiple services and identify whole system improvements.
- No changes to referral pathway externally in Phase 1
- Child Development Service reviewing internal assessment process to reduce wait-time for ASD assessments (Heather Stewart and Sanel van der Merwe)
- Liaison with Ministry – Ondine Claridge – To align with National strategic direction – Kim Blair & Anja Theron
- Utilising short-term underspend of 'ASD coordinator funds – to contract private providers for children waiting on an ASD assessment.

### Plans April 2022:

- Exploring a pilot with MoH - Where appropriate ADHD/ASD assessment and intervention can draw in the expertise of Mental Health Clinicians without the child needing to enter into "Mental Health Services".
- Fixed-term paediatrician appointed to enable increased support for CHIRP from May 2022 for 6 months
- Incorporate Te Pou Kokiri in planning process – Te Paea Muir
- Introduction of Toi Ora models of care - incorporate Toi Ora models of care to shape assessment & diagnostic pathways.
- Testing new clinical applications in readiness for CHIRP Phase 2 – Creating a Data Dashboard to track need and patient journey
- Appointment of a second psychologist in CHIRP – Anja Theron, Nicola Chadwick
- Engagement with Spectrum Collective – April 12<sup>th</sup> Kim and Nadia
- Ongoing consultation to establish consistent ASD/ADHD pathways as per national guidelines – Nicola Chadwick
- Explore electronic online assessment options for ease of access and resource – i.e Connors and Vanderbilt
- Test opportunities for collaborative ASD and ADHD assessments
- Ongoing workshops to create a model which is child centred and enables a multi-discipline, multi-service approach to diagnosis and Intervention

**The primary purpose of Phase 1** is to identify the areas of longest wait across all services and try and reduce this significantly before testing a more integrated model across services. Temporary 'hump' funding has been sourced for this utilising a recruitment underspend across the services. Phase 1 will also be testing a different approach within Triage and Multi-Disciplinary Meetings, and we will be reporting in detail on these change over the next few months.

#### **Aim and Measures: Feb – June 2022:**

Reduce wait-time for 3D from 20 months to 4 weeks & Reduce waiting numbers from 209 to 40:

##### The Good 😊

- Longest wait time to specialist referral reduced from 700 days to 404 days
- Time to first receipt and triage of request – reduced from 3 months to 1 week.
- 41 families awaiting first contact compared to 144 in Jan 2022
- Preparation, background, and MDM discussions has faster tracked referrals into service

##### The not so good 😞

- Waiting numbers remain high at 184
- Referral numbers more than doubled compared to numbers in same months in 2021
- Covid-19 has slowed return of information from schools and families

Reduce waiting time for psychology diagnostic assessment in CDS for under 7's from 6 months to 12 weeks

Reduce waiting time for psychology diagnostic assessment in CDS for over 7's from 18+ months to 12 weeks

##### The Good 😊

- Clients waiting for psychology assessment reduced from 144 to 84
- Longest wait for assessment reduced from 640 days to 307 days

Reduce wait time for Paediatric assessment from 4-6 months to 3 months

##### The not so Good 😞

- Covid-19 has limited outpatient appts and consequently waiting lists and waiting times have increased significantly
- 8 weeks is not a feasible goal. 3 – 4 months is a more realistic goal

##### The Good 😊

- Effective triage, pre-psychometrics and MDM discussions contribute to a more efficient and effective Paediatric appointment.
- Face to face clinics recommenced and 9 new patients per week being booked into the developmental clinic
- New Paediatrician commences in May
- Excellent Feedback from MDM attendees

**Phase 1** – Reduce the Waitlist (Sep – July 2022)

**Phase 2** – Paediatrics, Child mental Health and Child Development Services operate an integrated model (May – Oct 2022)

**Phase 3** – A clear pathway to assessment, diagnosis and support that is timely, responsive, and easy to access for all whānau and referrers (October - Dec 2022)

For more information on CHIRP please feel free to contact members of the project team Anja Theron

[Anja.Theron@bopdhb.govt.nz](mailto:Anja.Theron@bopdhb.govt.nz) or Kim Blair [kim.blair@bopdhb.govt.nz](mailto:kim.blair@bopdhb.govt.nz)



## Child Health Integrated Response Pathway

For all Tamariki and their whānau, who have behavioural, neuro-developmental or associated mental health concerns to experience timely, responsive, and integrated care that matters to them.

## April Newsletter 2022



### Phase 1 – Eastern Bay – reduce current waitlist

#### Completed Actions:

- Paediatrics/CDS/Voyagers have commenced fortnightly multi-disciplinary meetings for triage, assessment, and collaborative intervention with positive feedback from participants.
- Commencement of new paediatrician, 11<sup>th</sup> March – Rebecca Maltby. Rebecca will be joining the CHIRP Project Team.
- Psychologist, Martha Buenrostro, appointed to the Eastern Bay 0.4 FTE – funded by CDS. This has tripled the current psychology resource available to CDS. Martha is carrying out most of her assessment work within educational and community settings and is contributing to a joint developmental clinic with Paediatrics.
- ASD co-ordinator (0.6fte) now advertised in the Eastern Bay with permanent funding from MoH. Job description available on BOPDHB recruitment website – Hayley Evey
- Annette White, administrator appointed .5fte (temp funding through MICAMHS to June 2022) to support ASD role, new psychologist, and CHIRP model. Based with CDS team.
- No changes to referral pathway externally in Phase 1
- Testing new clinical applications in readiness for CHIRP Phase 2 (Mapping completed and submitted to Clinical App team)
- Monthly CHIRP project meetings, focussed specifically in the Eastern Bay
- Community Co-Location options being explored – Glenda Gillgren
- CDS has recruited to current Social Work and Occupational Therapist vacancies
- Liaison with Ministry – Ondine Claridge – To align with National strategic direction – Kim Blair & Anja Theron
- Ongoing consultation to establish consistent ASD/ADHD pathways as per national guidelines – Nicola Chadwick

#### Plans for April 2022:

- Ongoing consolidation of process and practice for a fortnightly multi-disciplinary/Multi service meeting
- Explore opportunities for incorporating Education representatives on the MDM -Hayley/Glenda/ Martha
- Incorporate Te Pou Kokiri in planning process – Hayley Evey
- Ongoing testing of opportunities for collaborative assessments and intervention
- Testing new clinical applications in readiness for CHIRP Phase 2

**Phase 1 – Reduce the Waitlist (Sep – July 2022)**

**Phase 2 – Paediatrics, Child mental Health and Child Development Services operate an integrated model (May – Oct 2022)**

**Phase 3 – A clear pathway to assessment, diagnosis and support that is timely, responsive, and easy to access for all whānau and referrers (October – Dec 2022)**

**The primary purpose of Phase 1** is to identify the areas of longest wait across all services and try and reduce this significantly before testing a more integrated model across services. Temporary 'hump' funding has been sourced for this utilising a recruitment underspend across the services. Phase 1 will also be testing a different approach within Triage and Multi-Disciplinary Meetings, and we will be reporting in detail on these change over the next few months.

Reduce waiting time for psychology diagnostic assessment in CDS for under 7's from 15 months to 12 weeks

Reduce waiting time for psychology diagnostic assessment in CDS for over 7's from 15 months to 12 weeks

Reduce waiting numbers for psychology within CDS from 44 to 20

The Good 😊

- Longest wait time for assessment reduced from 640 days to 336 days
- Increased opportunity for assessments to be carried out within community and educational settings
- Increased opportunity for flexible, timely and collaborative assessments
- Despite the impact of Covid-19 waiting numbers have remained stable at 54
- Social Work and Occupational Therapist vacancies in CDS now filled

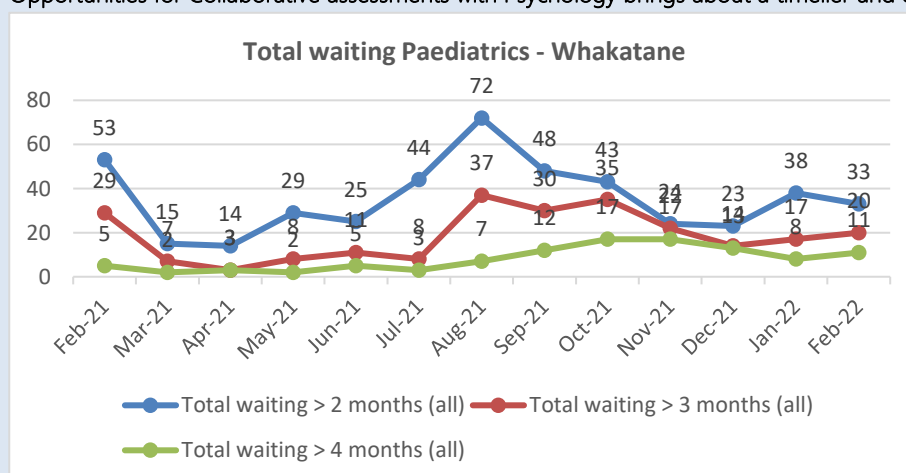
The not so Good 😞

- The impact of Covid-19 on availability for appointments has slowed the potential for progress
- Recruitment challenges for OT and SW has led to a significant a waitlist within CDs – with 107 children currently waiting for occupational therapy input.

Reduce wait time for Paediatric assessment from 4-6 months to 8 weeks?

The Good 😊

- Despite the impact of Covid-19 on outpatient appts, paediatrics in Whakatane have maintained reasonable wait times with most children being seen within 8 weeks.
- Opportunities for Collaborative assessments with Psychology brings about a timelier and coordinated experience for whanau



For more information on CHIRP please feel free to contact members of the project team Hayley Evey [hayley.evey@bopdhb.govt.nz](mailto:hayley.evey@bopdhb.govt.nz) Glenda Gillgren [Glenda.Gillgren@bopdhb.govt.nz](mailto:Glenda.Gillgren@bopdhb.govt.nz) Anja Theron [Anja.Theron@bopdhb.govt.nz](mailto:Anja.Theron@bopdhb.govt.nz) or Kim Blair [kim.blair@bopdhb.govt.nz](mailto:kim.blair@bopdhb.govt.nz)

# HE WHETU KOE

## You are a Star

### He Whetu Koe – You are a STAR Staff Recognition

This is recognition for a staff member or team that go above and beyond in their role...

Your team or your manager may want to nominate that special someone or team who goes the extra mile.

Please send your nomination to Wellness Lead-Lisa to [lisa.gillies@bopdhb.govt.nz](mailto:lisa.gillies@bopdhb.govt.nz)

Please include:

- Name of staff member or team plus location
- A couple of sentences describing why they are He Whetu Koe -STARS of the team or department.

They will receive a special STAR gift and award from the Wellness Team plus recognition through OnePlace.





## CORRESPONDENCE FOR NOTING

**SUBMITTED TO:**

Board Meeting

27 April 2022

Prepared by: Maxine Griffiths, Board Secretariat

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

Submitted by: Owen Wallace, Acting Chief Executive

**RECOMMENDATION:**

That the Board notes the correspondence.

**ATTACHMENTS:**

- Letter to RiseUp Tauranga Baking Campaign Organiser, dated 28.3.22
- People Panui, CEOs, interim Health NZ and Maori Health Funding Authority, April 2022
- Advice from Chief Executive, Interim Health New Zealand, of approval of Eastern Bay Locality proposal, dated 21 April 2022



**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

28 March 2022

Rosalie Liddle-Crawford  
Organiser  
RiseUp Baking Campaign  
**TAURANGA**

per email: [rosalie@topshelfdesign.com](mailto:rosalie@topshelfdesign.com)

Dear Rosalie

### **RISEUP BAKING CAMPAIGN**

At their recent BOPDHB Board Meeting, Board Members requested that thanks be conveyed for the immense amount of work that local Bakers have recently expended in supplying the most deliciously fresh baking to laboratory and staff members at Tauranga and Whakatane Hospitals. The snowball effect of the number of Bakers supporting staff who are currently working so hard under COVID conditions, is true testament to a collaborative community spirit which is very special.

Would you kindly convey the thanks of our Board Members and staff to the local Bakers for their huge effort which is sincerely appreciated.

Acknowledgement is also gratefully extended to you and your team. Without the driving force of people such as yourself, these important initiatives would not happen. Thank you!

Warm regards

**BEV EDLIN**  
Board Chair

**PETE CHANDLER**  
Chief Executive



# People Pānui

Issue 6 - April 2022

Health system reform  
news and updates for the  
health workforce.

## Update from Chief Executives Riana Manuel and Fepulea'i Margie Apa

### **Tēnā koutou e ngā kaimahi,**

Thank you all again for the work you are doing at this time. No one understands the toll the pandemic has had on our communities and whānau better than you – you are part of communities and whānau that are impacted. We are grateful for your exemplary service.

As Omicron surges down the country, each district is at a different stage of their curve. DHB chief executives have initiated a process to plan ahead and learn from these past few months so we can continuously build resilience into our districts and regions.

In this note we want to set out the next steps for change.

### **New structures**

Our current focus is on getting the right team around us and working through the structure of the Māori Health Authority and Health New Zealand, as well as our regional presence and identities.

We are less than two weeks away from releasing information on how we will organise our functions and recruiting for the first wave of leadership roles to work with us in this transition. We are also establishing national working groups to engage our teams in how parts of our operating model will work so we get the best of our experience and expertise involved. You can expect to see these roles advertised over the next few weeks. This means we can hit the ground running from day one with the people in place to make key decisions early on.

### **DHB chief executive roles**

As the only people directly impacted in the reform, Boards will be reaching the end of their terms by 30 June and district health board chief executives received formal notification this week that their roles will be disestablished on 1 July. Chief executives also have an offer to extend to the end of September 2022 to provide us with leadership support during the transition.

We want to acknowledge and thank our CEO colleagues for the role they have played in the healthcare system – many have served their communities and been in our system

for decades. We know first-hand that they come to this mahi with a fierce passion to improve health for their local communities.

Some of you may be aware that DHB CEOs not only lead their own organisations. They also work regionally and most lead a national workstream, giving up time to support our system as a whole. Collaboration is against our current design – DHBs 'top-slice' local funding to support any collaborative activity and so it is a real sacrifice to work across our boundaries. This is a feature that we aim to address in the new Health New Zealand and Māori Health Authority organisations.

We especially want to acknowledge Kathryn Cook of Midcentral DHB who will be moving on from 1 July to spend time with her family. Thank you to Dr Jeff Brown who will be Acting CEO from 1 July.

### **Your job**

We know you'll be wondering what this means for you. Your employment agreement and current terms and conditions will roll over on 1 July and we aim to seamlessly transition all our current functions and people into the new Health New Zealand and Māori Health Authority organisations by then. This means that by 1 July, you'll know who your line manager or clinical leader will be. For most of you, this will be the same person you report to today.

What will change is the way we work to do better for our patients, their whānau and communities. We want to harness your ideas and experience. Through your leaders, we're relying on you to tell us the opportunities you see to tackle longstanding equity challenges and where things are working well. We will act quickly to strengthen this work and share it across the system.

Your strength, commitment and passion for the health and wellbeing of our nation is not something we take for granted – just as you bring the best to your mahi, it inspires us to bring our best as we continue to scope and shape the transformation we all know is needed for our health system.

Tātou o Ngāti Hauora, tēnā ki te hoe!

**Riana and Margie**

## Transferring some functions from the Ministry of Health to iHNZ and iMHA

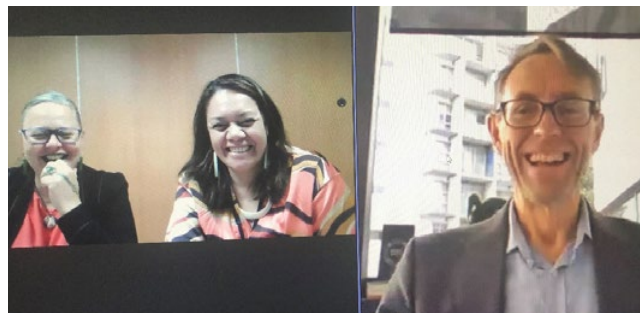
**It's more important than ever that, come 1 July, we continue to deliver a high standard of care to New Zealanders without disruption.**

As part of the system reforms, some of the functions that belonged to the Ministry of Health transfer to Health New Zealand and the Māori Health Authority. To make sure we have a standing start on day one, some of these functions are transitioning before then.

Earlier this month, the first group of functions transferred from the Ministry. This included around 250 people working in health infrastructure, capital and investment management, Pacific health commissioning, DHB performance and support, data and digital, and Māori health service improvement.

We're expecting the next groups of people to transfer across in May.

While our new structures are being developed between now and 1 July – and will evolve beyond – we remain focused on maintaining business continuity and system stability. And, of course, making sure we can keep responding to COVID-19 outbreaks and other situations that may emerge.



Riana and Margie share a laugh with Director-General of Health, Ashley Bloomfield, during an online mihi whakatau to welcome the people transferring from the Ministry to iMHA and iHNZ.

## Investment in Hauora Māori

**15 March saw an important milestone for improving health outcomes for Māori and lifting the voice of whānau Māori across the system.**

An investment of \$22 million will see the Māori Health Authority commission and expand Te Ao Māori solutions and services. This is part of a broader package of investment planned over the coming years to drive the influence of Hauora Māori throughout health.

The Māori Health Authority will work with Iwi and Māori providers to deliver the budget activities over the coming months, ahead of 30 June. Specific areas to be funded include:

- \$3 million for mātauranga Māori initiatives and services
- \$6 million to support Māori providers within innovation and sustainability
- \$5 million to support kaupapa Māori approaches to population health
- \$2 million to expand existing rongoā Māori services
- \$2 million to support further development of the Māori workforce

A further \$3.2 million has been allocated by the Māori Health Authority and the Māori Health Directorate of the Ministry of Health to supporting the establishment of Iwi-Māori Partnership Boards this year.

More people, and not just Māori, will be able to choose to get support through a kaupapa Māori service, if that's what works best for them. And those services will be connected with other services delivered by providers such as social services, in a Te Ao Māori way.

Non-Māori are already choosing to access Māori health services, recognising the value that comes with doing things differently. If we achieve a system that works better for Māori, we'll have a better system for everyone in New Zealand.

The influence of the Māori Health Authority stretches beyond directly commissioning Māori health services.

Interim Director Service Development and Relations Mara Andrews says, "Because the MHA will also co-commission services with Health New Zealand, we'll also have 'eyes' on all of HNZ's commissioning activity, whether that's with Māori or non-Māori providers. We can provide comment, leadership, advice and direction to HNZ on their commissioning from a Hauora Māori perspective. We are already working like this together, even in our interim environment and putting our heads together to look at how we can transform the way services are provided and delivered for Māori".

"This investment is an opportunity to build on the important mahi already underway to in the health system. There's a way to go, but it's the start of our ability as a newly-established organisation to influence the system so it supports better outcomes for our people. We have some great team members working in all areas and driving change, which is really exciting for the near future," says Ms Andrews.

## Procurement and Supply Chain Project update

**In December's issue, we outlined the work underway to develop a simplified and integrated model for procurement and supply chain. The team has made significant progress.**

The transformation of the health system gives us the opportunity to streamline and improve the way we procure and supply equipment, products and services.

A team of subject matter experts\* from the sector have been working through ways to make it easier to navigate the procurement (sourcing and investing) and supply chain activities that support our front-line service providers. This includes removing duplication and inconsistency and promoting equitable outcomes for all New Zealanders.

The management of these activities will be led from the centre and delivered nationally, regionally, and locally. As well as allowing us to work seamlessly across the country, this approach will simplify the way we buy what the system needs and get it to where it needs to be. That means it will be easier to see who needs it, who must approve it, and how. It will improve cost effectiveness and access to the procurement system, and we'll be able to work more collaboratively with experts in the system.

Having developed a high-level operating model (ways of working), the project is now focused on delivering the plan for how it will actually work (a detailed operating model design.)

One of the issues being addressed is the current lack of focus on equity and our Te Tiriti obligations. This not only contributes to health inequities, but has also meant barriers to participation by Māori, Pasifika and other equity partners, in procurement and supply chain activities and supply.

Another area of focus is the fragmented approach to systems, policies and procedures across the different regions. A more joined-up approach will mean a well-integrated system that has the resilience to respond to unexpected or evolving challenges. We'll build public confidence by having more transparency of the decisions we make.

A third issue we're addressing is the need to work more closely with clinicians in designing the best way to buy and manage supply of the things we need.

### Next steps

- A dedicated project team is being established for the next phase
- A revamped steering group will oversee the development of the detailed operating model
- Eight 12-month fixed-term Day One National Procurement and Supply Chain Team positions are being established. These include the Interim Director for Procurement and Supply Chain, with most of the other appointments being project focused.
- The project team will continue to make sure the decisions being made now will support the aspirations of the health reforms and the future direction of both Health New Zealand and the Māori Health Authority.

If you have any questions, please get in touch with Roger Jarrold, Project Lead or Wendy McEwan, Project Co-Lead / Operations Manager Sector Support and Infrastructure.

\*You can find the names of the subject matter experts in the December 2021 issue of the People Pānui [here](#).



## New interim agency websites

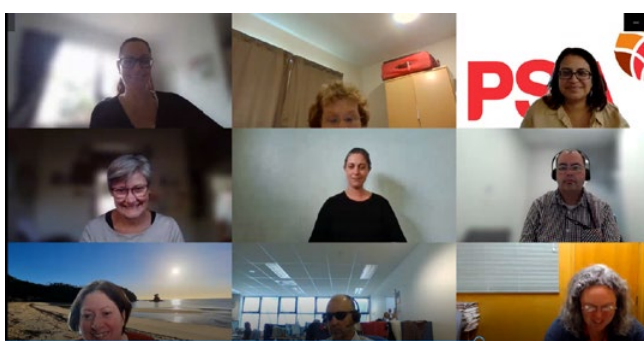
### The new websites for the Māori Health Authority and Health New Zealand are up and running.

- [Health New Zealand \(hnz.govt.nz\)](https://hnz.govt.nz)
- [Māori Health Authority \(mha.govt.nz\)](https://mha.govt.nz)

Although the temporary websites are placeholders until 1 July, they do serve an important purpose. This is where the interim entities will share job vacancies, press releases and other information specific to their organisation.

Please note that the URLs will change from 1 July, when the interim organisations become permanent and adopt their new names, and the permanent websites are live.

We'll continue to keep the Future of Health website ([FutureofHealth.govt.nz](https://FutureofHealth.govt.nz)) up to date with news and information on the health reforms.



Meeting with representatives from the PSA Deaf and Disabled Network Committee, the Health Reform Transition Unit, interim Health New Zealand and the interim Māori Health Authority held last month.



Meeting with representatives from the PSA Pasefika Network and the Health Reform Transition Unit held last month.

## In case you missed it!

Our last People Pānui was a special video edition featuring interviews with Riana Manuel, Chief Executive interim Māori Health Authority, and Fepulea'i Margie Apa, Chief Executive Health New Zealand. You can watch these on the Future of Health website in full or as short segments. Transcripts and captions are also provided in English and Te Reo Māori.

[Watch the CE videos](#)

## Get People Pānui direct to your inbox

Visit the ['For the health sector'](#) page on the Future of Health website to sign up to get People Pānui emailed to you (look for the sign-up link on the right-hand side of the page).

**Stay up-to-date with the latest information**

[Sign up to receive our People Pānui direct to your inbox](#) [↗](#)

20<sup>th</sup> April 2022

## **Implementing a locality approach through prototypes – Notification of Approval**

**EMBARGOED UNTIL 21<sup>ST</sup> APRIL 2022**

Tēnā koutou kātou,

Once again, thank you for the time, effort and energy invested into developing your Eastern Bay locality proposal. The locality approach seeks to create new opportunities for communities to tell us what their priorities are and to test new ways of working throughout primary and community care settings that focus on equity and population health.

Through your written and virtual presentation, it was great to see your vision, passion and aspirations for health and wellbeing in your locality. We are looking forward to now working with you to formally establish a locality prototype and take the first steps to realising this vision.

You will join another eight locality prototypes across Aotearoa, and together will lead out much needed change. This is a real opportunity to be innovators and way finders working in partnership with the Health New Zealand and Māori Health Authority National Localities Team. We are ensuring there is supporting infrastructure and dedicated expertise in place for the prototypes to support your success to deliver real change and create the enabling framework for future locality roll out.

The Minister of Health, Andrew Little, is due to provide an update on progress to reform Aotearoa New Zealand's health system and the development of localities on the 21<sup>st</sup> April 2022 at 9:30am. The information in this letter is embargoed until this update is made.

*Rukuhia te wāhi ngaro, hei maunga tātai whetū.*

*Explore the unknown, pursue excellence*

### **Progressing locality prototypes**

The next steps will be supporting your establishment as a prototype and creating a learning environment across the prototypes so you get to know the other prototypes and their priorities and aspirations.

Health NZ and the Māori Health Authority would like to invite you to a virtual whakawhanaunatanga hui with Margie Apa and Riana Manuel on the 10<sup>th</sup> May 9 am to 10:30 am. The purpose of this hui is to bring all the prototypes together to be introduced to each other, to meet the national team, and introduce the locality collaborative team from Ko Awatea who will be working with us supporting you. An invite to this will be sent shortly.

We are keen to now start working with you to get a more detailed picture of what capability and capacity you have locally to progress the prototype and identify what support you need from us to make the changes you want to see. One of the national team be working with you over the next few weeks to progress your initial locality planning and will work with you to organise a hui with locality partners. This hui will be an opportunity to review your proposal, your priorities and co-design in more depth your next steps.

### Key next steps

- Inform your community and community stakeholders of your successful proposal – we will share some key messages that you can use.
- Sustain what you have already achieved to progress collaborative relationships.
- Look out for the invite to the virtual whakawhanaunatanga on the 10<sup>th</sup> May.
- Work with us to organise a hui with locality partners to review your proposal, your priorities and co-design in more depth your next steps.

### Point of contact

The key points of contacts in the Health NZ and Māori Health Authority National Team that will support your locality prototype establishment and development will be:

- Helen Parker [Helen.Parker@health.govt.nz](mailto:Helen.Parker@health.govt.nz)
- Martin Hefford [Martin.Hefford@health.govt.nz](mailto:Martin.Hefford@health.govt.nz)

We are excited to be working with you on this important mahi and please don't hesitate to contact us if you have any queries.

Nāku, nā



Fepulea'i Margie Apa  
Chief Executive  
**Interim Health New Zealand**