



Agenda

Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, Tauranga Hospital

Date and Time: Wednesday 15 May 2019 at 9.30 am

Please note: Board / Acting CEO Only Time, 8.30 am

Minister's Expectations

- Primary Care Access
- Mental Health
- Improving Equity
- Public Delivery of Health Services
- Health and Wellbeing of Infants, Children and Youth
- Improving Population Health
- Long Term Capital Planning
- Workforce
- Climate Change
- Accountability for Improved Performance

Priority Populations

- Māori
- First 1000 Days of Life
- Vulnerable Children and young People
- Vulnerable Older People
- People with Long Term Severe
- Mental Health and Addiction Issues

The Quality Safety Markers

- Falls
- Healthcare Associated Infections
- Hand Hygiene
- Surgical Site Infection
- Safe Surgery
- Medication Safety

Strategic Health Services Plan Objectives:

- **Live Well:** Empower our populations to live healthy lives
- **Stay Well:** Develop a smart, fully integrated system to provide care close to where people live, learn, work and play
- **Get Well:** Evolve models of excellence across all of our hospital services



Compassion All-one-team Responsive Excellence
Manaakitanga

<i>Item No.</i>	<i>Item</i>	<i>Page</i>
1	<p>Karakia 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 awatea ka huri atu ki te pō (te pō ko tenei te awatea) Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!</p>	
2	<p>Presentation</p> <p>2.1 <u>Patient Stories</u> Hanmer Clinic</p>	
3	Apologies	
4	Interests Register	4
5	<p>Minutes and Chair Report Back</p> <p>5.1 <u>Board Meeting - 17.4.19 Minutes</u></p> <p>5.2 <u>Matters Arising</u></p>	<p>8</p> <p>13</p>
6	<p>Items for Discussion / Decision (Any items that are not standing reports must go via the Committees and will include the Chair’s report and Committee recommendation)</p> <p>6.1 <u>Chief Executive’s Report</u></p> <p>6.2 <u>Primary Health Organisation Reports</u></p> <p>6.3 <u>Dashboard Report</u> (to be circulated)</p> <p>6.4 <u>Maori Health Dashboard Report</u> (to be circulated)</p>	<p>14</p> <p>23</p>
7	<p>Items for Noting</p> <p>7.1 <u>Vaping in the Context of Smokefree 2025</u></p>	25

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	7.2 <u>Board Work Plan 2019</u>	28
8	Correspondence for Noting 8.1 <u>Letter from SSC re Updated Speaking Up Model Standards – 8 April 2019</u>	29
9	General Business	
10	Resolution to Exclude the Public Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded. Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.	
11	Next Meeting – Wednesday 19 June 2019.	

Bay of Plenty District Health Board Board Members Interests Register

(Last updated May 2019)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Toi te Ora	Wife is an employee	Health	Minor to Nil. No direct influence.	03/02/2014
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Institute of Directors – BOP Branch	Board Member	Membership Body	LOW	Member since 1999
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/Chair September 2017
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
BOYES, Yvonne				
Boyes Family Trust	Trustee	Family Trust	NIL	1999

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Nautilus Trust	Director	Property	NIL	1999
Riesling Holdings Ltd	Director	Property	NIL	1999
Rural Immersion Program	Academic Advisor	Health	Moderate	04/2014
Rurual Health Inter-Professional Program	Staff Member / Rental Property Owner	Financial	Low	02/2018
Bay of Plenty Child Research Trust			Low	March 2019
ESTERMAN, Geoff				
Western Bay of Plenty PHO	Board Member	Health	LOW – WBOP PHO has contract with the DHB but as a Board Member Geoff is not in a position to influence contracts	28/11/2013
Western Bay of Plenty Primary Care Provider Incorporated Boad	Board Member	Primary Healthcare	LOW	28/11/2013
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
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Waterview Buildings Ltd	Director	Property	NIL	28/11/2013
GILL, Mary Anne				
Waikato DHB	Board Member	Health	NIL	
Waikato DHB, Performance Monitoring Committee	Member	Health	NIL	
Waikato DHB, Sustainability Advisory Committee	Member	Health	NIL	
Waikaato DHB Hospitals Advisory Committee	Member	Health	NIL	
Life Unlimited Charitable Trust	Employee	Health	Perceived	09/2016
BOPDHB Community Public				

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Health Advisory/Disability Support Advisory Committee	Member	Health	Perceived	
BOPDHB Health Strategic Committee	Member	Health	Perceived	
GUY, Marion				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
NICHOLL, Peter				
Nicholl Consulting Ltd	Director	Economic advice (mainly outside NZ)	NIL	01/01/2007
NZ Association of Economists	Member	Professional Body	NIL	01/03/2015
NZ Institute of Directors	Member	Professional Body	NIL	06/06/2014
Lily's Trust	Trustee	Family Trust	NIL	01/01/2007
Office of Technical Assistances, US Treasury	Contractor	Advisory body to overseas central Banks	NIL	01/02/2005
PARKINSON, Matua				
Hunters Club Limited	Director	xxxxx	xxxx	2015
Parkinson Whanau Trust	Trustee	NIL	NIL	2015
Matua Parkinson Trading as REAL	Director	NIL	NIL	
REAL Coaching	Director	Coaching	LOW	2015
REAL Guest Speaker	Director	Education	NIL	2015
REAL Food Production	Director	Food production	LOW	2015
ROLLESTON, Anna				
The Centre for Health	Director/Principal	Health	LOW	09/2015
University of Auckland	Senior Research Fellow	Health	LOW	09/2015
NZ Heart Foundation Grant recipient	Primary Investigator	Health	LOW	10/2015

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Midland Cardiac Network	Member	Health	LOW	11/2015
FCT Target Project	Project Manager	Health	LOW	01/2016
Poutiri Trust	Chair			Sept 2017
University of Waikato	Senior Research Fellow	Health	LOW	09/2016
Flourishing Whanau Project	Named Investigator	Health Research	LOW	July 2018
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
TURNER, Judy				
Whakatane District Council	Deputy Mayor	Local Authority	LOW	2017
Inclusion Whakatane	Advisory Group Member	Disability and Aging issues	LOW	2017
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
WEBB, Sally				
Capital Investment Committee	Member	Health Capital Allocation	Minimal	24/1/2011
SallyW Ltd	Director	Consulting & Coaching	Nil	2001
Waikato DHB	Board Chair	Health	LOW	2018



Bay of Plenty District Health Board

Venue: Conference Hall, Clinical School, Whakatane Hospital

Date and Time: 17 April 2019 at 9.30 am

Board: Sally Webb (Chair), Ron Scott, Peter Nicholl, Bev Edlin, Judy Turner, Marion Guy, Yvonne Boyes, Mark Arundel and Pouroto Ngaropo

Attendees: Helen Mason (Chief Executive), Simon Everitt (GM Planning and Funding and Population Health), Bronwyn Anstis (Acting Chief Operating Officer), Julie Robinson (DON), Tricia Keelan (GMMHGD), Pete Chandler, Hugh Lees (Chief Medical Advisor)

Public Attendee: Ian Finch

Item No.	Item	Action
1	Karakia	
2	Presentation Nil	
3	<p>Apologies Apologies were received from Geoff Esterman, Anna Rolleston and Matua Parkinson</p> <p>Resolved that the apology from G Esterman, A Rolleston and M Parkinson be received</p> <p style="text-align: right;">Moved: J Turner Seconded: B Edlin</p>	
4	<p>Interests Register The Board was asked if there were any conflicts in relation to items on the agenda.</p>	
5	<p>Minutes</p> <p>5.1 <u>Minutes of Board meeting</u> Resolved that the Board receive the minutes of the meeting held on 20 March 2019 and confirm as a true and correct record. Moved: M Arundel Seconded: M Guy</p> <p>5.2 <u>Matters Arising</u> <i>Orientation</i> - Organisational orientation at both sites was now similar. Runanga Chair requested that the Powhiri has appropriate representation across both sites. - Completed</p> <p>5.3 <u>SHC Meeting – 3.4.19</u> Resolved that the Board receive the minutes of the BOPHAC meeting held on 3 April 2019</p>	

		Moved: M Arundel Seconded: B Edlin
6	<p>Items for Discussion / Decision</p> <p>6.1 <u>Chief Executive's Report</u></p> <p>The Chief Executive highlighted:</p> <p><i>Te Tumu Whakarae.</i> This been under the umbrella of the Workforce Strategy Group (WSG). It is good to have a tangible recommendation which has been endorsed by 20 DHBs. Exec have discussed and are firmly behind the initiative in increasing the Maori workforce and cultural competency. Query was raised on whether DHBs have appropriate recruitment processes for this approach. CEO advised that nursing does very well with NETP at 46% Maori. We do need to make sure of capturing ethnicity data. There is some way to go, however nationally this has been accepted as an important focus.</p> <p><i>Equity – Good to Great.</i> There has been sustained improvement in Breast Screening. Cervical screening is showing a similar pattern. Dr Gray is providing Breast Screening Midlands with weekly data on how it is tracking. Analysis had been undertaken of the way in which Maori women were being invited to participate.</p> <p><i>e-Space -</i> Query was raised on the progress made on a regional basis and whether thought should be given to investing locally rather than nationally. CEO advised that investment regionally is significant and additional local investment wouldn't be helpful. BOPDHB is strong on e-Space. There is a new national SRO in place who is very well regarded and is applying a fresh set of eyes.</p> <p>Query was raised with regard to national projects BOPDHB is or has been involved in, whether budgets have been exceeded and by how much. CEO advised that e-Space, is not currently over budget. There have been assurances that it will not go over budget. This is something for the new SRO to monitor and advise. For FPIM BOPDHB is in the first Wave which is beneficial for BOPDHB. CMA advised that some of the benefits of e-Space are already being realised.</p> <p><i>Contraception LARC.</i> Query was raised regarding where the role of general practice participation was included. The Ministry is wanting action by 1 July. There has been a conversation with Family Planning and Sexual Health for a collaborative approach. Training is required. There is a specific focus on Eastern Bay. Primary Care is certainly in the picture as a second phase. There is dedicated revenue from the Ministry for this.</p> <p><i>Integrated Breast Screening.</i> Two Kaupapa providers identified. Service commencing on 1 July.</p> <p><i>MHAS.</i> The themes from the recent national review were strong on early intervention. BOPDHB making good progress with the Kahui Ako school-based mental health service rollout. It has had national recognition.</p>	

	<p><i>Paediatrics</i> – Quality Improvement initiative. CMA advised that there is reason to be proud of the Paediatric service. Senior advice at the front end is important.</p> <p><i>Research</i> - There has been consultation on health research priorities. The BOPDHB team has provided a response.</p> <p><i>Recognition for Yvonne Boyes on RHIP</i> - The Board thanked Yvonne for her invaluable contribution.</p> <p><i>P&C</i> - All MECA settlements have been completed. A huge amount of work for P&C. Midwives MECA has just been settled.</p> <p><i>New SMOs</i>. It is great that these roles are being filled.</p> <p><i>Registrars</i> - CMA advised that it is very encouraging that Registrars are now staying in the Bay of Plenty rather than spending their first two years and moving on.</p> <p><i>Allied Health</i> - Relocation of assessment clinic. Acting COO advised that pre assessment has grown and there is a lot more confidence in nurses carrying out pre assessment.</p> <p><i>Learning Scholarships</i> - Allied Health had 8 learning scholarships awarded.</p> <p style="text-align: right;">Moved: Y Boyes Seconded: M Arundel</p> <p>6.2 <u>Dashboard Report</u></p> <p>Query was raised on the effect of strikes on elective services and when electives are likely to get back to normality. Acting COO advised it is looking like 12-18 months for ESPI compliance, affected mostly for orthopaedics.</p> <p>Query was raised with regard to thresholds in Orthopaedics. Acting COO advised that there was a meeting next week. The Board requested feedback.</p> <p>Query was raised on Immunisation and whether there are figures for when the outreach team cannot contact people. GMPF advised there is excellent reporting. . There is a corrective action plan in place. There has been a recent Change Manager appointed to work across the collective for improvement. Declines are on the increase nationally.</p> <p>Discussion was had of the effect on surgery from strikes and whether we need to look at contingencies, eg outsourcing. CEO advised that people who have significant concern re surgery, would be reviewed / seen. Costs of outsourcing would be around \$2m</p> <p>Resolved that the Board receive the report</p> <p style="text-align: right;">Moved: J Turner Seconded: P Nicholl</p> <p>6.3 <u>Primary Health Organisation Reports</u></p> <p>Resolved that the Board receive the reports</p> <p style="text-align: right;">Moved: S Webb Seconded: J Turner</p>	<p style="text-align: center;">Acting COO</p>
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	<p>6.4 <u>The Treasury Living Standards Framework</u> The Board considered this a good document.</p> <p>Comment was made that the questions on Pg 36 do not seem to fit within the health system. It was considered there was a query as to where health fitted within these standards.</p> <p>Query was raised as to whether our Health in All Policies matched the document. This will be reviewed and reported back to the Board.</p> <p>Resolved that the Board note the content of the report.</p> <p style="text-align: right;">Moved: B Edlin Seconded: J turner</p>	GMPF
7	<p>Items for Noting</p> <p>7.1 <u>Board Work Plan</u> The Board noted the paper</p>	
8	<p>Correspondence for Noting</p> <p>8.1 <u>Letter to Dr George Gray re Progress on Health Gain for our Maori Community</u> The Board noted the correspondence.</p>	
9	<p>General Business</p> <p>There was no general business</p>	
9	<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 AFRM Minutes SHC Minutes BOPALT Minutes Chief Executive's Report Draft BOPDHB Annual Plan Draft Regional Services Plan Primary Car PHO Policy Change Correspondence for noting</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. This knowledge will be of assistance in relation to the matter to be discussed:</p> <p>Helen Mason Simon Everitt Hugh Lees</p>	

	Sarah Mitchell Debbie Brown Resolved that the Board move into confidential. Moved: S Webb Seconded: M Guy	
10	Next Meeting – Wednesday 15 May 2019	

The open section of the meeting closed at 10.45 am

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

UNCONFIRMED



Bay of Plenty District Health Board

Matters Arising (open) – May 2019

Meeting Date	Item	Action required	Action Taken
19.9.18	6.1	CEO's report – Orientation Runanga Chair queried appropriate representation at orientation across both sites. Runanga Chair to discuss with COO and GMMHGD	In progress – meeting to be set in December 2018
20.3.19	5.2	Matters Arising GMMHGD advised that the discussion had not taken place as yet. GMMGD is meeting shortly with the Runanga Chair and will report back to the Board. GMMHGD	Discussed at April Board Meeting - Completed
20.3.19	9.1	General Business – Travel Plan GMPF advised that there were a raft of actions within the plan, some which were easier to implement than others. GMPS, GMCS and GMPF will compile a priority list and bring an Action Plan to the Board. GMPF/GMCS/GMPS	In progress
17.4.19	6.4	Treasury Living Standards Framework Query was raised as to whether our Health in All Policies matched the document. This will be reviewed and reported back to the Board. - GMPF	In progress
17.4.19	6.2	Dashboard Report – ESPIs Query was raised with regard to thresholds in Orthopaedics. Acting COO advised that there was a meeting next week. The Board requested feedback. - Acting COO	In progress

CEO's Report (Open) – April 2019

Key Matters for the Board's attention *

Communicable diseases – Measles *

The first case was notified 5/4/19 at Mount Maunganui. Confirmed cases have so far been reported from the Western Bay of Plenty and Taupo.

- 20 cases (12 laboratory confirmed and 8 epi-linked)
- 16 BOP and 4 Lakes DHB
- 5 cases have been hospitalised
- 9 cases are under investigation
- 5 unimmunised household contacts are in quarantine.

Transmission routes: Overseas (Philippines), Tauranga based waiting rooms, family and social contacts, community acquired (1x Auckland, 1x Wellington, 1x Tauranga – cinema exposure).

These local cases represent two different importations from overseas and are not connected to outbreaks in Christchurch and Auckland. Public health management of the cases, advice and testing for in excess of 100 contacts has been extensive. Media interest has been high, with several media statements being issued and good media coverage achieved at local and national level.

EQUITY:

Te Teo Herenga Waka & Toi Te Ora

Maori Health Gains and Development

Te Toi Ahorangi 2030 was released for public consultation on 1 April 2019. Hui wānanga have been held with tangata whenua and community members across te Moana-ā-Toi in Maketū, Whangaparaoa, Tāneatua, Whakatāne and Tauranga Moana. Feedback from the Hui will be collated and considered with the other feedback streams (online survey, email) over the next week. The team is working to have a final draft of Te Toi Ahorangi for the next Board Hui.

Good to Great

Preschool dental enrolment for Maori preschoolers continues to surpass the 95% national target (97.6% for Maori preschoolers at 31 March 2019). The 2018 calendar year reporting to the Ministry of Health has been completed; the report documented our attainment of the enrolment target for the first time.

Breast Screening

As noted in the previous report to the Chief Executive, we have experienced six consecutive quarters of improvement in the proportion of Maori women aged 50-69 years that have attended screening (during the 24-month reporting period). For the 24-months ending with the October-December quarter 2018 64.5% of Maori women in BOPDHB had been screened. This is the highest result the DHB has attained; this indicator has been especially resistant to change over the past decade and the progress we've seen is due to the efforts contributed by our lead provider, Breastscreen Midland, along with the local PHO-affiliated support-to-screening service providers funded by the National Screening Unit (NSU). Results for the Jan-March 2019 quarter have not been released by the NSU, but based on figures from our weekly-tracking tool we expect to see a seventh quarter of improvement that will lift the DHB's result to 65.5%.

Breastfeeding

Our local tender process for a new Integrated Breastfeeding Support Service has concluded with two Kaupapa providers successful; they are currently in an establishment period with service start planned for July 1st for coverage of the BOP region.

Raising Healthy Kids

5 2 1 0 programme resources continue to be distributed to provider and community services to build the prevention message for healthy weight in children.

Brief advice around the positive change messages for healthy lifestyle changes are ongoing and supported by take away resources as anchor messages such swimming bags, pens are place mats being used.

SYSTEM INTEGRATION:

Te Teo Herenga Waka & Toi Te Ora

Achieving Equity

Equity/Toi Ora tools are currently being developed with the help of Catherine Habel, visiting public health physician, to assist Te Teo Herenga Waka throughout the commissioning and contracting process. The purpose of the tools is to ensure any new services commissioned will improve Māori health equity, and that our current services can be assessed for equity at various stages of the contract cycle. It is important that the tools are fit for purpose in terms of the time resource and knowledge required to use them and what is available to users at various stages.

Keeping Me Well – An Integrated Community Enablement Approach

Work is moving forward with the first key milestone on track for all workstreams. From the 1st of August, all requests for DHB community services will go through the Community Care Coordination centre. Simulation exercises are being undertaken with teams to map potential responses to historical requests for services. This aims to grow learning and understanding of how we can best meet an individual's needs using a virtual, inter-professional and cross service boundary approach to forming a person directed health care team. The learnings will be used to inform the live testing.

Locality sites that can serve as virtual community health network hubs are being explored across the Bay with focus on utilising existing spaces and modifying facilities to support the functions of a virtual team.

Whole of System Education Project – now the DHB Learning Strategy

Te Whaariki a Toi – the DHB Learning Strategy aiming to support a whole of system approach to education and training continues to grow with the announcement that the Eastern Institute of Technology has agreed that we can offer our Level 2 and Level 3 certificates in computing fundamentals to community and primary providers. This FREE qualification will be offered to improve digital capability of our providers – likely start date of July.

Suicide Prevention

On 1 April the DHB SPP Coordinator had an initial meeting with the newly appointed Tauranga City Council (TCC) Community Development Youth Advisor and the Community Development Safer Communities Advisor to discuss the TCC Youth Action Plan. Within this plan there is an action to undertake a Youth Mental Health Event this year which could take the form of a one day workshop on Anxiety, Depression and Substance Misuse for youth. TCC Community Development Advisors were seeking feedback from SPP Coordinator about this initiative.

Advance Care Planning

We have had an amazing response to the media release featuring Ataratia Ngatai, a total of 200 Advance Care Plans have been requested as a direct result of her article.

Planning

The 18/19 Annual Plan is with the Ministry of Health for consideration. Awaiting further advice on elements of the 19/20 Annual Plan. At present budget alignment is the focus with intensive work going on to understand the proposed increase in the deficit position.

Toi Te Ora

Health in All Policies

Local Government Engagement

Toi Te Ora is engaged with Tauranga City Council's project to upgrade the Cameron Road transport corridor to encourage greater use of public transport.

Options being explored by the Council's transport team are repurposing existing on street parking for a bus clearway during peak periods or keeping parking, but repurposing a lane of traffic as a bus lane. The Council is collecting information about parking on side streets off Cameron Road including on street parking near Tauranga Hospital. Council staff are aware anecdotally of parking stress experienced by residents near the hospital and Councilors are apparently keen to discuss this with the DHB.

Biophilic Summit – Connecting People and Nature

Toi Te Ora will be hosting a Bay of Plenty Biophilic Summit on 20 June. This one-day event will bring together leaders, experts and representatives from across the community (including local government, education, academia, health and tourism) to further develop our understanding of biophilic thinking and how biophilic approaches in the Bay of Plenty and Lakes area can provide benefits for people, nature and the planet.

Health Promoting Schools

The Health Promoting Schools (HPS) team is working with several schools to strengthen the wellbeing component of their school charters. Through this work some teachers have gained experience of mental health and resiliency training for junior students, the 'Kids Can' programme (<https://www.kidscan.org.nz/>) and information about Family Planning (<https://www.familyplanning.org.nz/>). Advice was also provided to schools on mental health and wellbeing initiatives, removing sugary drinks, sun safety and how to oppose a liquor licence application.

Through their work with the HPS team Ōpōtiki Primary School is removing unhealthy food options and replacing them with sushi from a local retailer. The school's management has also convinced the retailer to supply lunches without any plastic packaging by promoting a 'respect your tinana, respect the whenua' approach.

INTEGRATION / COMMUNITY

Te Teo Herenga Waka & Toi Te Ora

Increased Immunisation

- Rolling three-monthly immunisation coverage at 8-months remains low across all population groups, but particularly for Maori where coverage fell again to 70.7% - this is now the lowest rate over the last 10 quarters. Non-Maori coverage dropped again to 86.0% in March. Immunisation coverage for all population groups is well in excess of 5% from target, with coverage for Maori now over 20% below target and of real concern for improvement.
- BOPDHB has completed the service review and will be putting in extra resource for a Project Leader to provide management input and work through a corrective action plan for improvements in system and performance as reported to the board.
- The IAG BOPDHB `accountability` group has overseen active meetings to address improved reporting for identified change and leadership input to improve communication messaging locally.
- PHO`s are arranging outreach clinics in out of normal hours, including weekends; also various community hui and presentations are regularly completed.

First 1000 Days

- First 1000 Days project continues to investigate the `continuity of care` required for women, children and whānau as they navigate through the pregnancy and life course journey; in particular the project is detailing approaches to prioritise those most at risk such as within the Unborn and family harm reporting process; also those with maternal mental health needs; to ensure support and navigation services are available as an `Unbroken chain of care` within the pregnancy and new-born services.
- The First 1000 Days project team presented to a group of local philanthropic funders, (Trust Power, Bay Trust & ACORN) to build a partnership relationship for joint funding; we have exchanged a list of opportunities and will involve them in areas of social and community development alongside health service improvements.

Education

- We have had approval from Eastern Institute of Technology (EIT) to roll out Level 2 Certificate in Computing Fundamentals to our primary and community providers. This pilot will start in July.
- After a number of meetings with Aged Residential Care providers, the Memorandum of Understanding for access to Te Whāriki ā Toi is currently being reviewed and will be circulated shortly. Part of the MoU is to ensure confidentiality and privacy concerns are taken care of, as we will be making nursing Inservices available through the platform.

BOP Clinical Campus

Students

The RHIP presentation evening in April was attended by UoA Professor Ian Reid, who is currently on sabbatical. Students presented on initiatives to support He Korowai Oranga (NZ Maori Health Strategy).

Clinical Campus

Professor Peter Gilling presented at the USANZ (The Urological Society of Australia and New Zealand - the professional body for urological surgeons). At the conference Professor Gilling was awarded two out of four awards available to his peers; the Platinum Trophy for the best endeavour presented at the meeting and the Low-Arnold Award for the best podium or poster presentation in the field of Female or Functional Urology.

Education

The education team has been working closely with Health and Safety to help improve compliance and are now at 70% completion for the Health and Safety refresher. We have also worked with Medical Staffing Unit to ensure that new Doctors will be provided time on their first day of employment to complete the course during their non-clinical apps IT Orientation. This has made a significant difference to completion rates for this group (i.e. 100%).

Research

Commercially Sponsored Trial Status

There was slight growth in the number of open clinical trials undertaken at BOPDHB with 38 (trials active as of 31 March 2018, when compared to the previous year (32). The majority are Phase III registration trials (Phase II = 3; Phase II/III = 3; Phase III = 32). The majority of our active trials are in Oncology and Haematology, with trials also in Gastroenterology, Pain, Infectious Disease, Women's Health and Cardiology.

Provider Arm

Community Health 4 Kids

B4 School Check

The B4 School Check Programme across the DHB continues to achieve and surpass targets. After 39 Weeks, 2330 checks have been completed against a target of 2100 of which 715 were for high need children (against a target of 599). This is 83% of the Full Year Total Target of 2800 achieved and 89% of the Full Year High Needs Target of 799 achieved.

School Based Immunisation Programme (SBIP)

The School Based Immunisation Programme has concluded the first round of the HPV vaccinations to Intermediate Schools. They continue to put a huge amount of time into getting signed forms returned from parents/caregivers. It is too early to have any meaningful data regarding statistics but anecdotally, the programme is running at a similar success rate to last year.

Having gained permission to do HPV vaccinations in Bethlehem College for the first time this year, the SBIP team have completed the process of sending home consent forms and having them returned. The first round of vaccinations for HPV is scheduled for 7 May. 100% of the forms sent out were returned. There are a total of 168 year 8 students to potentially have the HPV vaccination.

DISTRICT HEALTH BOARD

Corporate Services

Information Management - CIO

- After shortlisting 5 candidates from the 50 applicants for the CIO role, interviews were held at the end of April. A clear preferred candidate has been identified and referee checking and appointment negotiations will commence first week of May.

People and Capability - Systems

- The work to identify a replacement for the Taleo recruitment system continues. A business case for replacing Taleo with a module that integrates into the DHB's existing HRIS has been developed and is proceeding through the approval stages. The benefits of the new system appear to be significant in terms of capability to streamline P&C processes, improve user experience, reduce error rates and enable further integration of DHB on-boarding processes. However there are a number of issues to resolve:
 - Business case approval
 - Temporary continued use of Taleo
 - Formal exit of collaborative arrangement re Taleo
- Work continues on development of the Cherwell system for support of P&C incident, request and case management to modernise the team's capabilities and support improved customer service.

Governance and Quality

OIA's (Closed from 1 April to 30 April 2019)

	OIA	Due Date	Response Date	Met on time
1	RDA Strikes	08.03.19	02.04.19	Yes
2	Ambulance Services	21.03.19	05.04.19	Yes
3	Opioids	22.03.19	10.04.19	Yes
4	Christchurch Transfers	09.04.19	11.04.19	Yes
5	Sterilising Equipment	22.03.19	15.04.19	Yes
6	Assaults against nursing staff	12.04.19	26.04.19	Yes

100% Compliance this month

Property Services

Sustainability Manager

A suitable candidate has been formally offered the Sustainability Manager's position. Awaiting confirmation of acceptance.

Provider Arm

Faster Cancer Treatment

The most significant development this month was the appointment of an SMO Lead. The lead is a General Surgeon and commenced in the role this month. The experience in other DHBs is that senior clinical leadership has a positive and sustained impact on performance. Initial priorities will involve working with those tumour streams where target breach is an issue.

Improved Access to Elective Surgery

Proposals to address ESPI compliance are sitting with the executive. Other actions are also being explored with the aim of reducing pressure on limited theatre space. Options include carrying out some work either offsite or in outpatient settings. The role of primary care is also being looked at. Discussions between P&F and the Provider Arm will continue into April.

Director of Nursing and Midwifery

National Asset Management Programme (NAMP)

As part of a national capital prioritisation exercise, representatives from the Ministry of Health visited to complete a clinically "fit for purpose" assessment of District Health Board facilities operating acute services, in buildings which are more than 20 years old. This includes mental health inpatient units. The Tauranga Adult Mental Health Unit and Kaupapa ward were assessed from a clinical delivery user's perspective. This assessment is one of four work streams coordinated by the Ministry which will inform the Minister on capital prioritisation to plan the funding pipeline for the next 10 years. Whakatane was not included in this assessment.

Executive Director of Allied Health, Scientific & Technical

Keeping Me Well

Keeping Me Well aims to deliver an Integrated Community Enablement approach aiming to meet the short term needs of people 18+ and over across the Bay in order to keep them well at home or get them well sooner in their home environment.

Enablement is the key descriptor of the model of care concept.

"Keeping me well" - A person's wellness is challenged from time to time with acute illness or injury creating risks to remain at or return home.

In this context enablement means:

1. To empower and promote wellbeing using person, family/whānau and community strengths and the provisions of appropriate tools and techniques. I.e. prevent loss of abilities.
2. A short and intensive service, usually delivered in the home, which is generally offered to people with disabilities and those who are frail or recovering from an illness or injury. I.e. regain lost abilities.

There are 3 workstreams that support the programme

1. Community Enablement project – seeks to change the way Allied resource is utilised.
2. Community Co-ordination Centre – single point of access for health network
3. Short term services model alignment – changing model of delivery to enablement services.

Underpinning all of these workstreams is the need to resource the changes with innovative responsive and visible IT and IS platforms that enable the teams in the work they do.

Work is moving forward with the first key milestone on track for all workstreams. From the 1st of August, all requests for DHB community services will go through the Community Care Coordination centre. Simulation exercises are being undertaken with teams to map potential responses to historical requests for services. This aims to grow learning and understanding of how we can best meet an individual's needs using a virtual, interprofessional and cross service boundary approach to forming a person directed health care team. The learnings will be used to inform the live testing.

Locality sites that can serve as virtual community health network hubs are being explored across the Bay

Mental Health and Addiction Services

Adult Community Mental Health and Addiction Service

The Adult Community Mental Health and Addiction Service (ACMHAS) has introduced and implemented a range of initiatives to improve cultural awareness within the service. These initiatives have been welcomed by staff and participation in these activities has had good attendance. Activities include

- Morning Karakia – every Monday and Thursday morning at 0800.
- Establishing a cultural forum to support cultural competence and confidence in working with Maori clients and their whanau along with upskilling staff in aspects such as Te Reo and Tikanga Maori. Hori Ahomiro, family/whanau and cultural advisor for Mental Health & Addiction Services has kindly agreed to lead these forums. These forums will take place once a fortnight.

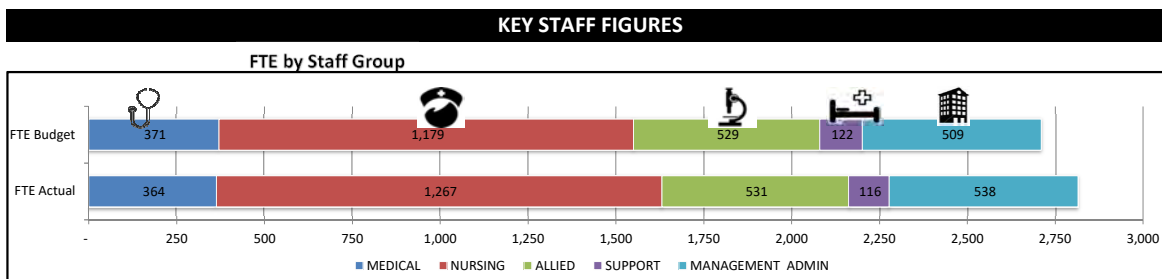
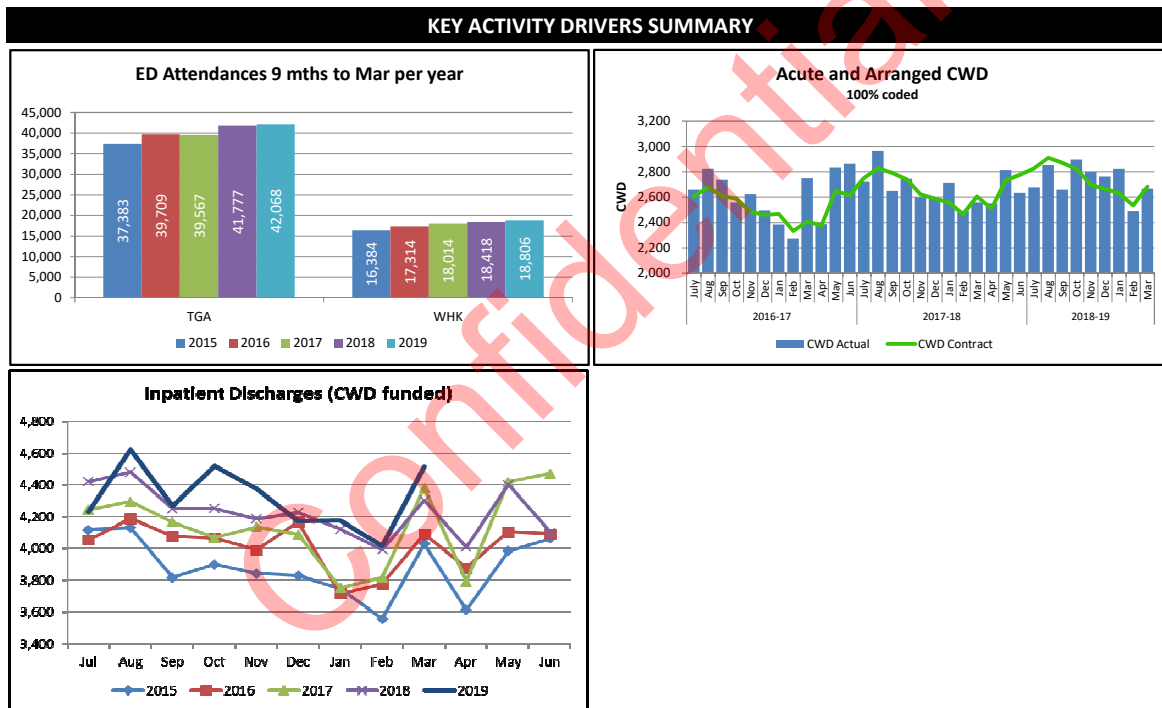
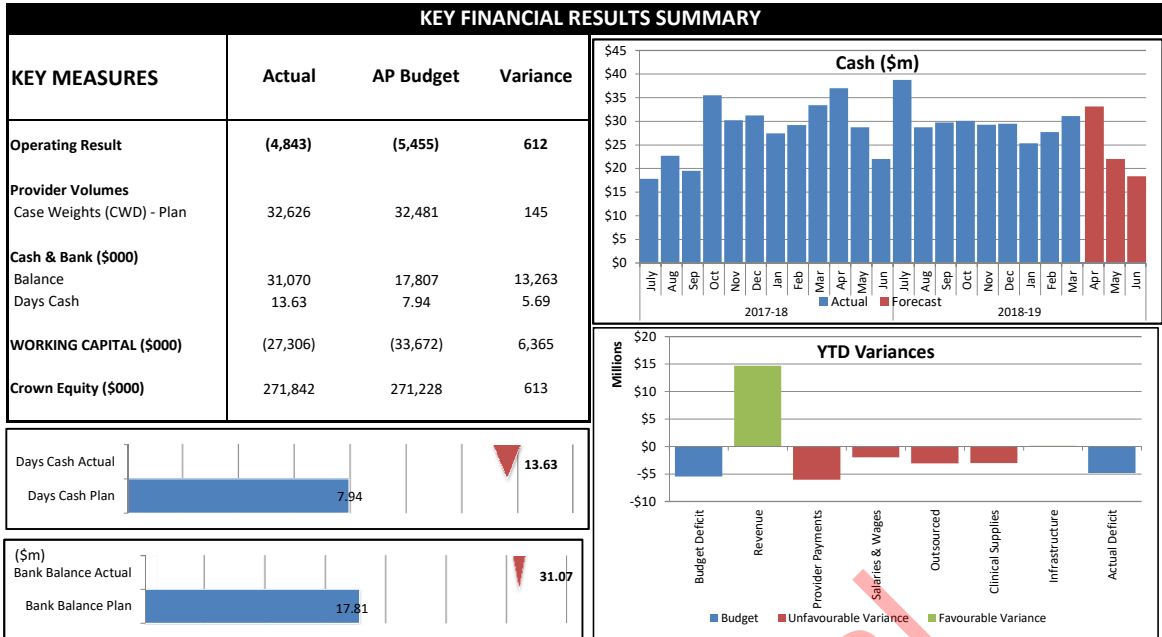
Support Net

Community Care Coordination (CCC) services are developing to include a trial of locating the Short Term Services (STS) staff member with CCC at the Kollektive in Tauranga. The trial includes changes to engagement of STS with staff on the ward to improve referral information. There has been some difficulty in recruiting nursing staff to CCC which is perhaps associated with the uncertainty around the length of the project and the 'project' status of CCC. The project has been extended until the end of June 2020 and there is potential to integrate the CCC work more closely with other departments that could enhance an integrated approach to services.



FINANCIALS

The DHB financial result for the month of March was a deficit of \$1.702m, which is \$0.125m better than the Annual Plan budgeted deficit of \$1.827m. As a consequence the YTD deficit of \$4.843m, is \$0.612m better than the phased Annual Plan deficit for the period. While this positive result reflects actions taken within the DHB it also reflects receipt of additional Government revenue to offset certain MECA settlement increases.

All amounts are \$000s unless otherwise stated. Surplus/(Deficit)



Primary Health Organisation Reports – April 2019

	<p>Key Achievements for this month: Achievements</p> <p><u>Kawerau Rheumatic Fever and Cellulitis Prevention Programme</u></p> <p>Tūwharetoa ki Kawerau has been subcontracted to deliver this successful service in Kawerau and Whakatāne from term 2. The Kawerau based EBPHA team who work in the schools remain the same, however are now part of Tūwharetoa ki Kawerau. EBPHA retains the regional clinical oversight of Rheumatic Fever programmes in Opōtiki, Tāneatua, Murupara, Kawerau and Whakatāne.</p> <p><u>Hāpainga/Stop Smoking</u></p> <p>As part of their role in the new Ministry of Health Working Group to develop Best Practice Guidelines for Stop Smoking Services, the Hāpainga/ Stop Smoking Service was visited by Tarapuhi Vaeau, Design Researcher for the project. The purpose of her visit was to discuss with the team the initiatives and approaches they utilise in their current service delivery that produces their high rate of quit results. She was impressed with the information shared and this will be utilised at the project hui in April 2019.</p> <p><u>Childhood Immunisation</u></p> <p>The Immunisation Accountability Stakeholder workshop was well attended by key stakeholders. The group has identified, prioritised and allocated to work groups a range of actions in line with the March 2019 audit recommendations.</p> <p>Key Challenges for this month <u>Chief Executive Resignation</u></p> <p>Our Chief Executive, Michelle Murray has resigned after six plus years at the helm. EBPHA has flourished under Michelle’s leadership, with services being recognised for excellence both nationally and internationally. Michelle’s focus on reduction of health inequalities and increased community based services will be a hard act to follow.</p>
	<p>Key Achievements</p> <ul style="list-style-type: none"> • Following three years of prapration and design-Whanau Tahi Connected Care, a client management system, is due to be piloted in the Tauranga Moana City Clinic next month. The system will enable a co-ordinated process of tracking pateints from General Practice into secondary services and back into the community. Having one care/whanau plan that relevant health professionals can input into will start ti improve better outcomes and communication. • 1315 Treaty Claim has drawn to a conclusion. We now await the interim report that is expected out in late June to coincide with Heahter Simpsons Primary Primary Health Report. Meanwhile the claimants are to meet with the Ministry of Health to begin discussions on some of the recommendations. <p>Key Challenges for this month</p> <ul style="list-style-type: none"> • Continually we have to encounter false information on childhood immunisation. NMO will be preparing a strong social media campaign throughout our networks.



Key Achievements for this month

- Launch of Health Care Homes in the Bay of Plenty as a collaborative initiative between WBoPPHO, EBPHA and BOPDHB to be held in TePuke on 17 April 2019. In excess of 100 people have indicated their participation at the launch.
- WBoPPHO head office requiring repair from fire damage is progressing well and expected date of return is 6 May 2019.
- WBoPPHO has had positive conversations with Planning & Funding, undertaking reviews against reporting aspects and service specifications for agreements as a precursor for renewal.
- WBoPPHO facilitated a BOP Alliance Leadership Team workshop which was positive and creating a strong platform from which collaborative work can be progressed.
- The new CEO, Lyndsay Webber commences her role in late May 2019.



Vaping in the context of Smokefree 2025

SUBMITTED TO:

Board Meeting 15 May 2019

Prepared by: Sarah Stevenson, Portfolio Manager - Population Health

Endorsed by: Mike Agnew, Acting GM, Planning & Funding

Submitted by: Simon Everitt, Acting Chief Executive

RECOMMENDED RESOLUTION:

That the Board notes the Ministry of Health update on vaping provided to Chief Executives of District Health Boards.

Current BOPDHB smokefree policies and position statements to be reviewed in light of the new MoH position statement on vaping.

ATTACHMENTS:

Attachment 1: Vaping in the context of Smokefree 2025; an update to Chief Executives of District Health Boards 11 April 2019

BACKGROUND:

In November 2018 the Government announced its intention to amend the Smoke-free Environments Act 1990 to improve smokers' access to quality vaping and smokeless tobacco products, while protecting children and young people from the risks associated with them.

In summary the Government has agreed to:

- Regulate all nicotine and nicotine-free vaping liquid, devices and components
- Regulate flavours and colours
- Prohibit vaping in legislated smokefree areas (indoor workplaces, early childhood centres, schools)
- Agree to exempt notified specialist R18 retailers from the prohibition on vaping indoors

The Government has asked the Health Promotion Agency to work with the Ministry to develop a website and media campaign to support smokers to switch successfully to vaping – which will go live mid-2019.

ANALYSIS:

The BOPDHB developed a tobacco control position statement in 2012, which does not mention vaping as a quitting tool for smokers. Toi Te Ora have a separate position statement for Smokefree, which discourages the use of e-cigarettes. These documents are now not in alignment with the Ministry's new position on vaping and therefore it is recommended that both are updated accordingly.

BOPDHB is currently funding a test of change with the Mental Health Inpatient unit to support high risk smokers to trial vaping, moving them towards harm reduction and population health. This trial commenced at the end of April 2019. This innovative approach is supported by the Ministry's new position statement on vaping.

Vaping in the context of Smokefree 2025

An update to Chief Executives of District Health Boards

11 April 2019

Key points

- the Government has made decisions on how to better regulate vaping products (e-cigarettes)
- the Ministry has a position statement on vaping and supports smokers to switch
- an information campaign to support smokers to switch to vaping is due to go live mid 2019
- are there any vaping issues that you would like guidance/advice on?

Government decisions

In November 2018 the Government announced its intention to amend the Smoke-free Environments Act 1990 to improve smokers' access to quality vaping and smokeless tobacco products, while protecting children and young people from the risks associated with them.

In summary the Government has agreed to:

- Regulate all nicotine and nicotine-free vaping liquid, devices and components
- Regulate flavours and colours
- Prohibit vaping in legislated smokefree areas (indoor workplaces, early childhood centres, schools)
- Agree to exempt notified specialist R18 retailers from the prohibition on vaping indoors

You can read the Cabinet Paper here and regulatory impact statement here:

<https://www.health.govt.nz/system/files/documents/pages/supporting-smokers-switch-to-significantly-less-harmful-alternatives-21nov2018-redacted.pdf>

<https://www.health.govt.nz/system/files/documents/pages/ris-support-smokers-to-switch-to-alternatives-jan-2019.pdf>

Ministry's position on vaping

The position statement can be found here:

<https://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/vaping-and-smokeless-tobacco>

Key messages include:

- The best thing smokers can do for their health is to quit smoking for good
- Vaping products are intended for smokers only
- The Ministry believes vaping products could disrupt inequities and contribute to Smokefree 2025
- The evidence on vaping products indicates they carry much less risk than smoking cigarettes but are not risk free
- The Cochrane Review found that vaping products can help people to quit smoking, but acknowledges that the evidence is weak due to little data
- Smokers who have tried other methods of quitting without success could be encouraged to try vaping products to stop smoking. Stop smoking services should support smokers using vaping products to quit
- There is no international evidence that vaping products are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it
- Despite some experimentation with vaping products among never smokers, vaping products are attracting very few people who have never smoked into regular vaping product use

Information campaign

The Government has asked the Health Promotion Agency to work with the Ministry to develop a website and media campaign to support smokers to switch successfully to vaping – go live mid 2019.



CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting

15 May 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Simon Everitt, Acting Chief Executive

RECOMMENDED RESOLUTION:

That the Board notes the correspondence

ATTACHMENTS:

Letter from SSC Commissioner, re Speaking Up Model Standards, 8 April 2019



8 April 2019

Ms Sally Webb
Chairperson
Bay of Plenty District Health Board
Private Bag 12024
TAURANGA 3143

Dear Chief Executives and Board Chairs

UPDATED SPEAKING UP MODEL STANDARDS

I am writing to provide you with a copy of the updated Speaking Up model standards. The standards outline minimum expectations for how we should support staff to speak up about wrongdoing and maintain the integrity of our State Services.

The standards were first issued in July 2017, and I am pleased that a number of State services agencies have established initiatives in support of Speaking Up. Thank you for your leadership on that.

I am now re-issuing the Speaking Up model standards using the State Services Commissioner's powers under Section 57(4) of the State Sector Act 1988. The Commission has updated the standards to ensure that specific challenges represented by cross-agency projects are appropriately addressed.

These amended model standards are effective immediately, and the expectation is that your agency's policies and procedures are compliant as soon as practicable. Any questions can be directed to Catherine Williams, Deputy Commissioner (catherine.williams@ssc.govt.nz).

Kind regards

A handwritten signature in blue ink, appearing to be 'Peter Hughes'.

Peter Hughes
State Services Commissioner

ACTING IN THE SPIRIT OF SERVICE

Speaking up

STATE SERVICES COMMISSION
TE KAWA MATUAHO



Public Servants must be able to raise concerns without fear of punishment or reprisal. If Public Servants raised genuine concerns through proper channels and were then disadvantaged in any way because of it, that would be completely unacceptable and something I view very seriously.

Peter Hughes, State Services Commissioner

New Zealand is held in high regard for the standards of honesty, openness, transparency and integrity in the State services, but our reputation depends upon our ability to build and maintain a culture that promotes speaking up about wrongdoing.

Good policies and processes that encourage staff to speak up about possible wrongdoing are vital for maintaining the integrity of our State services.

These model standards outline the State Services Commissioner's minimum expectations for organisations to support staff on speaking up in relation to wrongdoing concerns that could damage the integrity of the State services. They comprise all the key elements for promoting a 'speak up' culture, operating good processes including timely investigations, and keeping people safe from reprisals or other detrimental impacts.

These are the standards expected of all organisations within the State services – organisations will determine whether additional policies and processes are required. All State services organisations should ensure that these standards are integrated into policies and processes for reporting wrongdoing within their Human Resource, Employment Relations, and operational management systems.

SCOPE OF THE STANDARDS

The Protected Disclosures Act 2000 sets out some requirements on organisations, including operating internal procedures for receiving and dealing with reports of serious wrongdoing and publishing and reviewing those procedures regularly.¹

These standards outline additional expectations on State services organisations to support effective reporting and managing of wrongdoing concerns. Reporting information is key to identifying and managing wrongdoing. Staff need to feel confident that wrongdoing concerns will be taken seriously.

There are three key elements to these standards:

1. **Getting the foundations right from the start:** organisational commitment to leadership, raising awareness, and supporting staff and managers through regular communication and training.
2. **Making sure processes are robust:** taking concerns seriously when they are raised by ensuring systems are in place for monitoring, reporting, investigation, and effectively communicating with those involved in a report or disclosure.
3. **Keeping people safe:** ensure they can feel safe in making reports, trust that organisations will act upon them, and ensuring that organisations provide tailored and dedicated support and protections to staff to keep them safe from reprisal.

¹ Note, serious wrongdoing is defined under the Protected Disclosures Act 2000.

GETTING THE FOUNDATIONS RIGHT FROM THE START

Organisational Commitment, Leadership and Culture

Research tells us that organisational culture, tone from the top, level of awareness, processes, support and protection are critical in determining whether people will raise concerns about wrongdoing.

Organisations need to enable people to raise concerns in any circumstance and through any channel they feel most comfortable with, even where they may be uncertain or lack evidence to support their concerns.

People must be able to raise their concerns regardless of whether they are sure it meets the standard of a protected disclosure.

Model standards:

- Organisations need a clear statement from senior leadership of their commitment and expectations to enable reporting of wrongdoing. This should clearly state what can be reported.
- There will be procedures in all organisations for receiving and managing concerns of wrongdoing through at least the channels set out below.
- The processes in place mean that any concern raised is considered for its potential as a protected disclosure.

Informal

I can ask a question or speak privately to someone I trust in the organisation. I can raise a question in an open forum, such as at a team meeting or staff talk.

Through the line

I can discuss an issue or make a formal complaint to a manager or supervisor.

Directly to the Chief Executive

I can raise any concerns about possible wrongdoing directly with the chief executive.

Protected Disclosure

I can talk to a designated impartial person within the organisation who is independent of the possible wrongdoing. I can also talk to a range of external authorities about a protected disclosure in certain circumstances.

Training and awareness

It is important that people have access to good training and information that is regularly reviewed and updated so that they know what to do, or where to look, if they have a concern about wrongdoing in the State services.

Policies and procedures for raising concerns or making a complaint are supported by having designated people and mechanisms for staff to discuss their concerns or report wrongdoing in the way that they feel most comfortable.

Model standards:

- There are internal policies and processes readily available for people to access.
- Training on reporting is covered at inductions and regular refreshers at least every two years, as well as following any changes to policies or procedures.
- Training for managers includes receiving and dealing with conflicts, complaints, public interest disclosures and on identifying red flags.
- There is a designated person or team that people can talk to about any concerns of wrongdoing.
- There are provisions in place to ensure that any manager or supervisor can appropriately respond to a concern or report of wrongdoing that is raised with them.
- All concerns reported to organisations are assessed and acted on in a timely way.

MAKING SURE PROCESSES ARE ROBUST

Roles, responsibilities and accountability

Processes need to be robust, well understood by all staff, and fit together as a whole. Integrating processes for receiving and managing reports will support timely and appropriate resolution.

Impartiality

Impartiality is of the highest priority in considering and investigating concerns about wrongdoing.

Confidentiality

Staff have a responsibility to speak up where they see possible wrongdoing. In all cases, organisations must protect the confidentiality of people who raise concerns as far as is reasonably possible and take steps to safeguard their welfare during and after the reporting process.

Taking concerns seriously

Organisations have a responsibility to take all concerns raised seriously and to provide mechanisms for people to raise concerns in whichever way they are most comfortable. Reports of wrongdoing are best managed when they are reported as soon as possible.

This means ensuring that people who report concerns are aware of their rights and obligations and includes the availability of, and processes for contacting, external 'approved authorities'.

Expectations

People who disclose suspicions of wrongdoing are obliged to act in good faith and use their best judgement. They should alert organisations if they feel they have been retaliated against.

Reports assessed as being a protected disclosure

For a concern raised to be a protected disclosure, it must be about serious wrongdoing. Organisations will do everything in their power to treat disclosures confidentially, professionally and seriously.

Model standards:

- There is appropriate separation of duties and well defined roles that underpin organisations' processes.
- There is a statement of commitment and processes to protect the confidentiality of people who raise concerns as far as is reasonably possible.
- Where it may not be possible to retain confidentiality, organisations communicate with the person who raised the concern and provide any appropriate support.
- There are clear and documented responsibilities and actions for management and senior staff receiving and dealing proportionately with disclosures or allegations of wrongdoing.
- There are processes and channels to enable people to raise concerns of wrongdoing without prejudice or risk of reprisal.
- Any risk to people involved in a complaint or disclosure is assessed from the time the concern is first raised.
- There is tailored dedicated support available in each case.
- Organisations treat all wrongdoing concerns seriously, in confidence, with protections as far as is reasonably possible.

Processes, channels and entry points

There should be multiple channels through which people can raise concerns of wrongdoing – this includes from the most informal, through to ensuring that staff can contact the chief executive directly.²

Informal

- Do teams have regular meetings to discuss their concerns?
- Are there opportunities at staff days or forums for people to speak without managers?

Through the line

- Do your managers make time for staff to raise concerns?
- Do you have a designated person in your organisation as an alternative to a line manager?

Directly to the Chief Executive

- Do you have a dedicated place or channel for staff to raise concerns directly with the chief executive in a confidential and secure way?

Protected Disclosure

- Do you have a designated person and processes where staff can lodge a protected disclosure?
- Can staff find information on which external authorities they can contact and how?

Making a report

It is important that people understand how their concerns will be treated and what to expect once they have raised them, regardless of the channel used. This will support greater trust in the process.

People must be able to make reports anonymously and raise concerns at the level they are comfortable with

Trust in the process

For policies on reporting wrongdoing to be successful, people must be able to trust in organisational processes.

Policies detail the steps to be taken and what will happen on receipt of information.

People making a report may choose to take their concerns to external organisations or regulatory bodies.

Model standards:

- There are clear processes for addressing concerns according to each channel.
- Organisations communicate clearly and regularly with people to ensure that they understand what will happen once their concerns have been assessed.
- There are procedures to enable people to make anonymous reports, regardless of the nature or level of report.
- Policies include assessing any risk of reprisal, repercussion, or adverse impacts to anyone from the first report or disclosure, especially to the person making the report.
- Appropriate external contacts are available to people as points of escalation and support as appropriate.
- When a report is made about serious criminal activity, organisations will immediately report the matter to the Police or the Serious Fraud Office.

² Organisational policies also need to identify how people can raise wrongdoing concerns that relate to the chief executive. The appropriate channel for raising such a concern will differ depending on the nature of the agency. Raising the concern with a statutory deputy, a board chair, a monitoring agency or the State Services Commissioner are all possible options

ASSESSING AND INVESTIGATING REPORTS

Investigation and resolution

An investigation may not be required in every situation and concerns raised should be resolved at lowest appropriate level.

Once an organisation decides that an investigation is warranted, good communication is essential.

Having the right people to look into concerns of wrongdoing is critical to upholding the trust and confidence that people place in the State services' systems and organisations.

In the interests of natural justice, organisations should provide time for people affected or implicated in a report to respond to any allegations.

Organisations may need to manage communication to multiple parties throughout the process of investigating reports of wrongdoing.

Organisations must ensure a fair and impartial process that results in fair and reasonable outcomes. It may not be appropriate to share the outcome or resolution in every case.

Monitoring and documentation

Organisations' ability to understand the nature of complaints, reports, and disclosures relies on their ability to track and monitor any risks or trends and to learn from them. This requires a centralised approach to manage and oversee concerns raised and responses to them, particularly where different aspects are being dealt with by different people.

Centralised tracking and monitoring requires that managers, supervisors or other designated people to whom disclosures are made are able to log and provide auditable details.

Model standards:

- Clear timeframes and terms of reference, if appropriate, are developed and shared as soon as practicable.
- People who do the investigations are skilled, experienced, and independent from the matter reported.
- Any person, (people) implicated in a report of wrongdoing will be provided with information about the investigation and the opportunity to respond to evidence or findings at an appropriate time, in accordance with all relevant legal considerations.
- The person who raised the issue is regularly updated and communicated with throughout the investigation through a dedicated support person and management are informed as appropriate.
- Organisations also communicate effectively with others outside the organisation who may need to be informed or provide support.
- Organisations specify who will make any decisions on investigation findings, how decisions are reached, and ensure that the resolutions and actions are fair and reasonable.

Model standards:

- All reports of potential wrongdoing are centrally recorded and organisations have designated persons who are responsible for all tracking, monitoring, and reporting all cases of potential wrongdoing to senior leadership.
- Reports and disclosures are included in agency risk management programmes and reporting, including any internal or external risk and assurance committees.
- There are training programmes and systems in place to enable centralised tracking, monitoring, auditing practices and continuous improvement.

KEEPING PEOPLE SAFE

Types of support

Supporting and protecting people if they are concerned about possible wrongdoing is a vital part of the system. People must be able to raise any concerns, no matter how big or small, without fear of punishment or reprisal.

They must be able to access dedicated and tailored support in addition to Employee Assistance Programmes (EAP), local welfare or support services, unions and service organisations.

Union delegates may become aware of union members reporting wrongdoing concerns and provide appropriate support.

Plan for support

In order to provide the right support early, the risk of detrimental impact should be assessed from the time a concern is first raised.

People who report concerns of wrongdoing are informed of their rights and obligations from the start of a concern being raised and are communicated with constantly throughout the process.

Remediation – Individuals and agencies

Protecting people from reprisal and repercussion is vital to ensuring trust in the system. If a person does experience repercussions then organisations need to be able to respond appropriately.

Acknowledging those who make reports is a good way to promote a 'speak up' culture.

Model standards:

- There is a range of standard and tailored support available to people and mechanisms in place for communicating what support is available, and how it can be accessed at any time.
- Training as a support person is provided to union delegates where possible.

Model standards:

- There are active risk assessment strategies in place, enabled by a designated support person who is able to respond and take action where risks are identified.
- Designated support is provided from time a concern is first raised, is managed and monitored constantly, and is available for as long as required.
- There is a designated person to communicate with the person who raised the concern, including a debriefing following a resolution being reached to ensure that they understand what the outcomes are and why.

Model standards:

- Organisations take immediate action to keep the person safe and work with them to provide any remediation that may be appropriate, including transfer to a new role, or other physical protection.
- The experience of the person who raised the concern is monitored throughout and after the process.
- There are processes that support making acknowledgements, sharing lessons learned, and making apologies when appropriate.
- Where a person has been disadvantaged in any way, there are procedures in place to appropriately remedy and apologise.

CROSS-AGENCY WORK

It is important that the Public Service can work in a modern, flexible and adaptive way, including through the flexible transfer of skills and people between agencies (for example, through secondments or informal arrangements to support short-term projects).

When a person participates in cross-agency work, their employer needs to ensure that the ordinary channels for raising a concern about wrongdoing remain open to that person. Supporting and protecting a person who has raised a concern remains the responsibility of the home agency.

Agency procedures for managing wrongdoing concerns need to recognise that a concern may be raised about someone who is not employed by the agency. In that situation, multiple agencies may have obligations to the people involved.

As far as is reasonably practicable, the affected agencies should consult, co-operate with, and co-ordinate their activities in responding to the concern. Confidentiality constraints need to be discussed at the outset with the person raising the concern. This will affect the options for resolution that are available. If more than one agency does become involved, then the agencies need to reach an agreement as to who will be responsible for what. Good communication and documentation are essential throughout.

It is important that the people who do the investigation are independent from the matter reported. In some instances, it may be appropriate to engage an investigator who is independent of the agencies involved.