



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting Agenda

Wednesday, 27 January 2021

10.00 am

Please note Board Only Time 9.00 am

Venue: Conference Hall, Clinical School

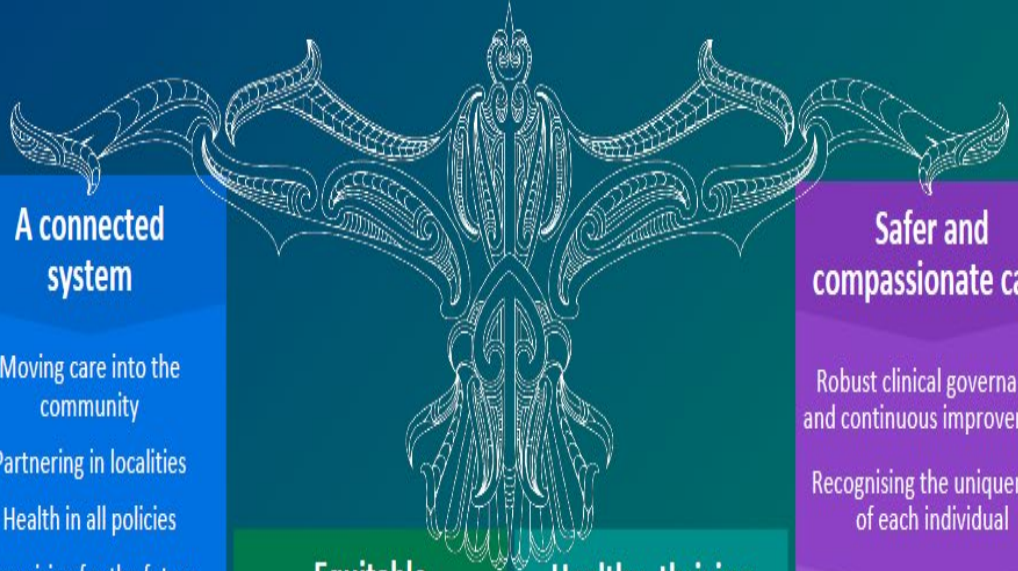
Whakatane Hospital

Enablers

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

Drivers

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



A connected system

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



Transformations

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

Equitable healthcare

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

Transformations

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

Healthy, thriving workforce

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

Transformations

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

Safer and compassionate care

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

The Quality Safety Markers

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

Transformations

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

Item No.	Item	Page
1	<p>Karakia</p> <p>Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te 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>Guest</p> <p>2.1 <u>Luke Gray, BOPDHB Occupational Therapist – 10.00 am</u> Recipient of Kiwi Bank Local Legend Award</p>	
3	<p>Apologies</p>	
4	<p>Interests Register</p>	
5	<p>Minutes</p> <p>5.1 <u>Board Meeting – 18.11.20</u> <u>Matters Arising</u></p>	9
6	<p>Part A: Monitoring, Compliance and Business as Usual Delivery</p> <p>6.1 <u>Chief Executive’s Report</u></p> <p>6.2 <u>Hand Hygiene Results July – October 2020</u></p> <p>6.3 <u>Board Members Attendance Register – July – December 2020</u></p> <p>6.4 <u>Items from Board Committee Meetings – 26.1.21</u></p>	16 48 66

Item No.	Item	Page
7	<p>Part B: Future Focus and Key Strategic Issues</p> <p>7.1 <u>Execution Methodology: 90 Day Plan and Calendar</u></p> <p>7.2 <u>Annual Plan 2021/22 and Considerations for 2021/22</u></p> <p>7.3 <u>Performance Dashboards: What do we need to know?</u></p> <p>7.4 <u>Board Process Review</u></p> <p>7.5 <u>Board Work Plan 2021: Re-thinking Key Board Focus Topics and fit with the new Committee Structure</u></p>	<p>58</p> <p>61</p> <p>64</p> <p>77</p> <p>79</p>
8	<p>Items for Noting</p> <p>8.1 <u>Correspondence for Noting</u></p> <ul style="list-style-type: none"> • Letter from Te Runanga o Ngati Awa, re Support for He Ra Whakamaumahataranga – Whakaari 2020, 18 December 2020 • Letter of Appreciation from Whakatane Patient – 1.1.21 	80
9	General Business	
10	<p>Resolution to Exclude the Public</p> <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.</p>	
11	Next Meeting – Wednesday 24 February 2021.	

Bay of Plenty District Health Board Board Members Interests Register

(Last updated December 2020)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Int Authority	Board Director	Fisheries Trust	LOW	22/10//19
BOP ANZASW Branch	Member & Kaumatua	Executive Leadership	LOW	22/10/19
NZ Social Work Registration Board	Board Member	Social Workers Registration	LOW	May 2020
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armev Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018
Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
ESTERMAN, Geoff				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does	28/11/2013

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
			not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Vic Davis trust	trustee	Grants for mental illness research	LOW - DHB employee may be applicant/recipient of grants	1/9/20
BOPDHB	Midwifery – casual contract	health	Moderate	1/9/20
GUY, Marion				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NZNO	Honorary and Life Member	Nursing Union	LOW	
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	July 2013

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
			decisions.	
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Establishment Board of Trustees – Suzanne Aubert Catholic School, Papamoa	Member	Education	NIL	March 2020
SHEA, Sharon				
Shea Pita & Associates Ltd	Director & Principal	Consulting	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Service Provider	LOW	18/12/2019
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
Maori Expert Advisory Group (MEAG)	Former Chair	Health & Disability System Review	LOW	18/12/2019
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020
EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020
Interim Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Wai 2575 Claimants	Consultant	contracted via the National Hauora Coalition to support Wai 2575 claimants cost historic underfunding of Māori PHOs. Short-term project.	LOW	August 2020
Ministry of Health	Consultant	National Evaluation of Breast and Cervical Screening Support Services	LOW	August 2020
Alliance Plus Health PHO - Pan Pacific Resilience Model	Consultant	Health	LOW	27/08/2020
Counties Manukau DHB	Consultant	Mental Health & Addictions project	LOW	November 2020
Counties Manukau DHB	Consultant	Maori Health project	LOW	November 2020

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Husband – Morris Pita				
- Health Care Applications Ltd	CEO	Health IT	LOW	18/12/2019
- Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Kaikou Gold Kiwifruit	Director	Kiwifruit	LOW	15/12/2019
Waikeke Farms Ltd	Director	Dairy Farm	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Toi EDA	Committee Member	Eastern bay Economic Dev	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
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020



Minutes

Bay of Plenty District Health Board

Tawa Room, Education Centre, 889 Cameron Rd, Tauranga

Date: Wednesday 18 November 2020, 10.00 am

Board: Sharon Shea (Interim Chair), Ron Scott, Hori Ahomiro, Mark Arundel, Marion Guy, Bev Edlin, Geoff Esterman, Ian Finch, Arihia Tuoro, Mariana Hudson, (Seat at the Table observer), Leonie Simpson (via Zoom)

Attendees: Pete Chandler (Chief Executive), Bronwyn Anstis (Acting Chief Operating Officer), Owen Wallace (GM Corporate Services), Mike Agnew (Acting GM Planning & Funding and Population Health), Julie Robinson (Director of Nursing), Jeff Hodson (GM Facilities & Business Operations) – 11.45 am, Sarah Mitchell (Exec Dir Allied Health Scientific & Technical), Debbie Brown (Senior Advisor Governance & Quality), Marama Tauranga (Manukura, Maori Health Gains & Development), Naila Naseem, Punohu McCausland (Runanga Rep -10.45 am)

Item No.	Item	Action
1	<p>Karakia Karakia was undertaken earlier in Board Only time Naila Naseem introduced herself and her role.</p>	
2	<p>Presentation</p> <p>2.1 <u>Bay of Plenty Clinical School</u> Professor Peter Gilling, Head of Clinical Campus Charlie Stratton, Research Manager</p> <p>Professor Gilling presented the structure of Clinical School. The University of Auckland (UOA) contributes annual funding.</p> <p>The Clinical school is broken down into Education and Student Placements, Clinical Trials and Research, Under-graduate Supervision.</p> <p><u>Highlights:</u></p> <p><i>Online learning</i> - Four years ago BOPDHB was part of the Midland Learning group. Since then some DHBs have aligned elsewhere. BOPDHB relaunched as Te Whariki a Toi. There has been a large increase in the number of courses both created and completed. There are currently 30 with others currently in development. Online learning has also been opened up to the community.</p> <p><i>Education Centre</i> - In 2019 there were 30,516 attendances at training of various types, a 24% increase on 2018. 2000 different events offered face to face or online.</p> <p>There are libraries at both hospital sites.</p> <p>The Campus is working closely with MHGD for a suite of options around Equity, Unconscious Bias, Cultural Intelligence and Te Tiriti o Waitangi.</p> <p>Student placements have blossomed since inaugural year 2012, adding Medical student years 4,5 and 6. In 2020 10 of the 12 Year 6 BOP students that applied for a PGY1 position, were accepted.</p> <p><i>Allied and other Students</i> - Clinical School manages Allied, Midwifery and Overseas Medical Students.</p>	

Item No.	Item	Action
	<p>Otago and Auckland Medical Students are also coming to BOP for their electives, as they are unable to travel overseas.</p> <p><i>RHIP Programme</i> - Started in 2012 with a pilot involving 3 disciplines and 7 students. Now over 400 students have completed the programme. It improves the recruitment and retention of health professionals in rural areas. It is funded by Health Workforce New Zealand (HWNZ) via the University of Auckland (UOA). Students live, study and work together in Whakatane.</p> <p><i>Research</i> - Research Manager covers two areas, local research and clinical trials. The National Health Research Strategy was initiated in 2017. BOPDHB is involved in national initiatives.</p> <p>There are barriers to research. It is not the core business of DHBs.</p> <p>BOPDHB has been selected as a Pilot Partner with the Health Research Council, one of only four DHBs selected, targeting service delivery and integrated healthcare models that meet the needs of Maori Communities.</p> <p><i>Clinical Trials Unit</i> - Set up 10 years ago. It is an independent unit delivering all clinical trials across the BOPDHB campus.</p> <p>New Zealand has recently become prominent in clinical trials over the COVID period.</p> <p>Query was raised on whether attempt has been made to measure net benefit to the organisation of the Clinical School. The Clinical Trials unit is fully self-funded. Oncology drugs and access has been a key factor.</p> <p>How certain is the ongoing sustainability? There are a number of different projects. Pharmaceutical clinical trials have been on an upward trajectory for some time. BOPDHB is well positioned, known as a quality site.</p> <p>The Interim Board Chair thanked Prof Gilling and Research Manager for their informative presentation. The Board is fully supportive of the great work being undertaken. The Board is interested in the equity aspects and how the Clinical School aligns. The Board would welcome a further presentation in the future.</p>	
3	<p>Apologies</p> <p>Apologies were received from Natu Vaeluaga and Annabel Davies</p> <p>Resolved that the apologies from N Vaeluaga and A Davies be accepted</p> <p>Moved: I Finch Seconded: M Arundel</p>	
4	<p>Interests Register</p> <p>Board Members were asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.</p> <p>M Hudson advised of her interest in the Clinical Campus presentation today</p>	
5	<p>Minutes</p> <p>5.1 <u>Minutes of Board meeting – 21 October 2020</u></p> <p>Correction - Marion Guy was in attendance</p> <p>Resolved that subject to the above correction, the Board receives the minutes of the meeting held on 21 October 2020 and confirms as a true and correct record.</p>	

Item No.	Item	Action
	<p style="text-align: right;">Moved: B Edlin Seconded: M Arundel</p> <p>5.2 <u>Matters Arising</u> ESPIs – Covered at Board Meeting 21.10.20 – remove Health and Safety Strategy Update –presented to FARM 4.11.20 – remove Planning & Funding – Indication of Outcomes – in progress to be incorporated - remove</p> <p>5.3 <u>BOPHAC Meeting 4.11.20</u> The Committee Chair advised of key points:</p> <ul style="list-style-type: none"> • Presentation from Dental Leaders. Workforce ageing with historic and preferential (historical) contracts. Conversation with equity issues as to whether dental services could be provided external to DHB. Management to review. <p>CEO advised that caries rates review across the Bay has been undertaken. It needs a little more work but has flagged areas of concern. Thought is to be given to engaging the Runanga next year for targeted messaging.</p> <p>The Board received the Minutes of the meeting held on 4 November 2020 2021.</p>	
6	<p>Items for Decision</p> <p>6.1 <u>Smart Growth Nominations</u> Participation in Smart Growth at Governance level had not been able to take place recently due to a clash in Board and Smart Growth dates.</p> <p>Query was raised as to Board representation at SmartGrowth. The Deputy Board Chair registered interest. The Board Chair and Deputy Chair will discuss.</p> <p>Resolved that the Board:</p> <ul style="list-style-type: none"> • notes the information regarding SmartGrowth • supports the proposal to nominate a Board member to join the SmartGrowth Governance Group <p style="text-align: right;">Moved: B Edlin Seconded: M Guy</p> <p>6.2 <u>Child Health Services</u> A revised cover paper had been circulated. The paper is for information to illustrate progress in the Child Health Services journey. The clinical teams have been working towards a more integrated approach which is progressing very well. The model shown is new as there hasn't previously been one. Next year structures will be discussed. The CEO requested endorsement from the Board for the direction the team is progressing in this initiative.</p> <p>The Board considered the paper and the initiative were excellent.</p> <p>Query was raised as to whether the next step was with whanau ora. This was advised as definitely. It is the way forward.</p> <p>More Maori staff members in the Child Health Services workforce is considered important.</p> <p>Query was raised as to what the end product will look like.</p>	

Item No.	Item	Action
	<p>There is shaping, with work to be undertaken in partnership with iwi. The problems (initially in relation to disconnected care) to be fixed are well known.</p> <p>The funding aspects and where best to apply is also being reviewed. A horizontal approach in commissioning is considered favourable. The Board considered cost effectiveness and return would be of interest.</p> <p>6.3 <u>Position Statement Joint Venture / Fundraising</u></p> <p>The paper was taken as read.</p> <p>Query was raised on Position Statement versus Policy. There has historically been a strong sense of not seeking funding outside the funding BOPDHB receives. There are policies but the Position Statement sets out the stance BOPDHB wishes to make.</p> <p>Query was raised as to who administers the funds. There is a hospital trust for each site which administers gifts and are well managed and would administer such funds. The Board considered Joint Ventures should be removed from the statement.</p> <p>Resolved that subject to the amendment, the Board endorses the Position Statement, regarding Fundraising.</p> <p style="text-align: right;">Moved: A Tuoro Seconded: R Scott</p>	SAGQ
7	<p>Items for Discussion</p> <p>7.1 <u>CEO's Report</u></p> <p>The CEO took questions:</p> <p><i>Hand Hygiene.</i> Query was raised as to when the latest hand hygiene report will come to the Board. It will be available for the January 2021 meeting.</p> <p><i>IDFs</i> - Query was raised with regard to non-travel, as to when there would be a positive effect with IDFs. The lag is 3 months after the financial year. There is a 1/12th payment to DHBs. There may be a positive effect in around 3 months, however there are a lot of people travelling locally.</p> <p><i>COVID</i> - Query was raised on separate East and West statistics. These are obtained from Power BI which is interactive and data on East and West can be easily seen. Query was also raised on swab rates and population. This is being reviewed.</p> <p>Comment was made on the need to have a strategic partnership with Iwi and Maori health providers for the Summer vacation period. There has been criticism in the Eastern Bay on slowness of response. Management was requested to capture what has been learnt on lockdown and effects on Iwi. The DHB is able to take leadership on packs and information, distributed through Iwi. Site reps have had a meeting in Te Puke with over 100 representatives to plan for the future. This maintains the contacts of the last months and fosters new connections.</p> <p><i>Dashboards</i> - ED Dashboard. Inpatient admissions at 2000 represent a third of presentations. Query was raised on benchmarking and how that may vary based on the acuity of admissions.</p>	DON

Item No.	Item	Action
	<p>In theatre activity data, there is nothing to show the percentage of utilisation, which would be anticipated to be high. The theatre team is working on a revised set of metrics for theatre utilisation. This should be available in the new year. There is scope for improvement. The data will be reviewed.</p> <p>For ED perception is that the percentage of admissions is increasing with increase in Triage 3s. During COVID, chronic conditions have perhaps not presented as early as usual, resulting in higher triage rate.</p> <p><i>Health Consumer Council</i> - Query was raised as to the Health Consumer Council attendance at Board Meetings. The Council has recently had a change of Chair. The Interim Board Chair would like more consideration to the voice of the Consumer around the Board table. There has been a paper to Clinical Governance which will go forward to the Executive Team regarding resource to support change in the Health Consumer Council.</p> <p><i>Integrated Care</i> -The Board considered the Integrated Care report was very pleasing.</p> <p>The Board requested some deep dives into data on specific issues. There is an opportunity to unpack the data and review the causal factors. The selection of indicators should align with strategic priorities but also from an equity perspective with consideration as to what needs to happen strategically to make the greatest difference.</p> <p><i>Clinical Campus</i> -Acknowledgement was made of the Seat at the Table member's success in research grant.</p> <p><i>Financials</i> – October was a good month, positive to budget.</p> <p>The Interim Board Chair acknowledged on behalf of the Board, the effort of management over the last year.</p> <p>Resolved that the Board receive the report</p> <p style="text-align: right;">Moved B Edlin Seconded: I Finch</p> <p>7.2 <u>Dashboard Report</u> The report was taken as read.</p> <p>7.3 <u>CCDM</u> The paper was taken as read. Availability of Electronic Core Data sets is awaited. CCDM is a partnership with Unions working together on what to focus on. A focus at the moment is the reduction of overtime, starting with Mental Health, looking at what is driving the overtime need, what are the issues and solutions. The Board looks forward to working with management to progress.</p>	COO
8	<p>Items for Noting</p> <p>8.1 <u>Correspondence for Noting</u></p> <ul style="list-style-type: none"> • Letter from Minister Hipkins to Midland Regional DHBs re Te Manawa Taki Regional Equity Plan 2020/2021, 16 October 2020 • Email to all staff re the Privacy Act and Privacy Week, from Privacy Co-ordinator, Sheryl Shearer, 1 November 2020 	

Item No.	Item	Action
	8.2 <u>Media Releases for Noting</u> <ul style="list-style-type: none"> • Tauranga Hospital Prostate Cancer World First • International Trauma Course • Bay Organisations COVID response – past, present, future The Board noted the papers	
9	General Business There was no General Business	
10	Resolution to Exclude the Public 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: Confidential Minutes of last meeting: Board Minutes – 15.10.20 FARM Meeting - 4.11.20 MRI Land Lease Deloitte Financial Statements and Performance Audit 2020 Annual Report Draft Position Statement on Te Tiriti o Waitangi, Health Equity and Racism 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: Pete Chandler Owen Wallace Mike Agnew Debbie Brown Julie Robinson Sarah Mitchell Naila Naseem Resolved that the Board move into confidential. <div style="text-align: right;"> Moved: L Simpson Seconded: M Guy </div>	
11	Next Meeting – Wednesday 27 January 2021	

The open section of the meeting closed at pm

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

RUNNING LIST OF ACTIONS

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe		
	Task	Who	By When	Status	Response
23.9.20 Item 6.1	Position Statement on Te Tiriti o Waitangi, Health Equity and Racism The Board notes the paper and supports the direction. An amended paper to be circulated and discussed via Zoom prior to next Board Meeting. If it is considered the paper should come back to the Board thereafter, it will be submitted to next Board meeting.	Manukura	Oct		Release planned for February
21.10.20	Health and Safety Strategy Update The Interim Chair requested feedback on Board specific health and safety walkrounds and also having Board Health and Safety representatives. This can be discussed further at next FARM meeting - GMCS	GMCS	Nov		Going to FARM 2.12.20 – Completed
18.11.20	Joint Venture / Fundraising Position Statement The Board considered Joint Ventures should be removed from the statement -	SAGQ	Jan '21		Completed
18.11.20	CEO's Report – Hand Hygiene <i>Hand Hygiene.</i> Query was raised as to when the latest hand hygiene report will come to the Board. It will be available for the January 2021 meeting.	DON	Jan '21		Latest report on Board Agenda 27.1.21 – Completed
18.11.20	CEO's Report – Dashboards The Management tea is working on a revised set of metrics for theatre utilisation. For release early 2021	COO	Feb '21		

Chief Executive's Report

This report covers the period 12th November 2020 to 20th January 2021.

1. Chief Executive's Overview

From 23rd December until mid January we ensured that as many people as possible had the opportunity to take leave and therefore most of our non-clinical activity paused during this time. With teams returning from leave after their break focus is now gearing back up in some key areas of focus:

Hand Hygiene performance against the evidence based *five moments* at Tauranga Hospital has historically been below expectations and therefore in January a new campaign challenge commenced to drive improvement in this area.

Planning and organising our approach to the development of new tools to enhance execution of change and reporting is well underway and, as signaled to the Board last year, this is also the next key development area to provide improvements to the Board papers. A separate paper on this development is included this month.

Preparing for 2021 immunisation drives began at the end of last year with strong focus on a fresh approach to MMR vaccination improvement along with organising ourselves for the COVID vaccination programme. Key to this is having whole system central co-ordination and the Executive are currently working through a number of proposals to ensure we have a strong and sustainable local co-ordination model for the next 12-18 months.

Exploring alternative approaches to child dental health improvement following the Board Planning Day in June 2020 where Board members expressed the importance of this area, especially in Opotiki.

2. News and key events

2.1 COVID-19 Key Updates November 2020

Communications

COVID-19 internal and external communications continue via digital media, staff bulletins, and posters to remind staff and the public of the on-going need to continue to carry out COVID-19 scanning or signing in when entering DHB buildings. Physical banners – “Stop, Scan, Go” – were put into each hospital's entrances and Emergency Departments.

Supply Chain

The impact of COVID on international supply chains are being felt by the DHB. As has been reported in the media, congestion at several ports is causing delays to product availability – whether that be consumer products or clinical supply products.

While the DHB is able to hold sufficient stock levels to maintain operational activities, there is a significant risk that if there is a COVID outbreak or escalation of lockdown conditions, the impact on the DHB's abilities to provide non-COVID care could be seriously compromised.

In line with the current supply chain issues, the MoH is moving towards greater central co-ordination of critical supplies in addition to COVID consumables and PPE. In a COVID outbreak situation the Ministry will be responsible for allocation decisions around critical supplies.

2.2 Communications

Whakaari Communications

During December, coinciding with the anniversary on the 9th, there were a number of external media events including documentaries around the events of the day and the roles played by various parties.

On 7th December the DHB held a well received media “standup” event that allowed a group of staff to tell their stories from the day and immediate post event to assembled media.

The Communications team also worked with Ngati Awa for their media briefing on 8th December.

Summer Health Messaging

Over the Summer period increased communications were undertaken to inform the public of service availability and provide information aimed at out of town visitors of where to go for health care and keeping the Emergency Department for emergencies. These messages together with COVID-19 awareness messaging were combined in a campaign which ran through the main holiday season in the three community newspapers, on social media and on radio advertising.

Digital Communications - External websites

The development of the new BOPDHB website continues with the aim of a February/March go-live. An external website support team, Enlighten Designs, has been contracted to provide backup to the inhouse team in setting up the website environment and additional short term resource to progress a number of technical issues.

In addition to the technical environment and design, the content of the new website is also progressing with outdated content being removed and replaced with current content. Some statistics associated with website activity are included in this report.

Digital Communications - Social media

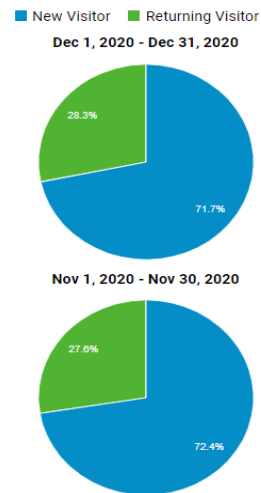
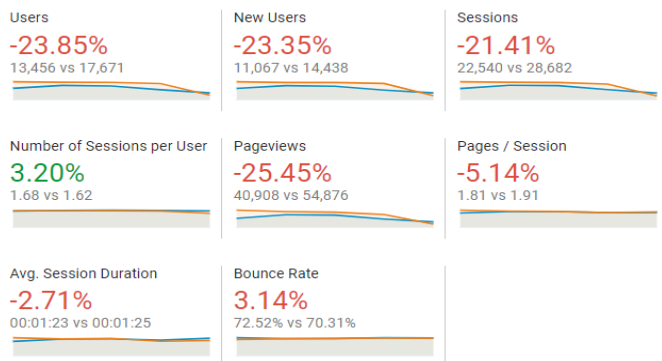
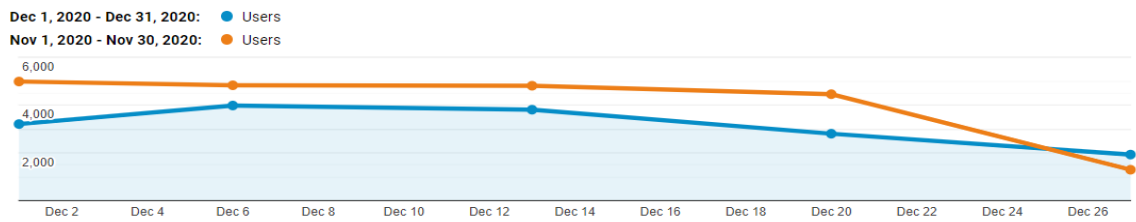
Utilisation of social media as a mechanism for the DHB to communicate with communities continues to grow. A number of “good news” stories have been used to create greater engagement via our social media with the DHB’s increased messaging resulting in an increase in “shares” and public engagement. Social media inward messaging is heavily weighted towards positive sentiment messages to the DHB - approx. 75% of inward messages are positive, 21% neutral and 4% negative.

The use of our common hashtags #BOPDHB, #TaurangaHospital #WhakatāneHospital, #BOPDHBcareers have been creating a really effective repository of messages across our platforms. Some statistics associated with social media activity are included in the Appendix to this report.

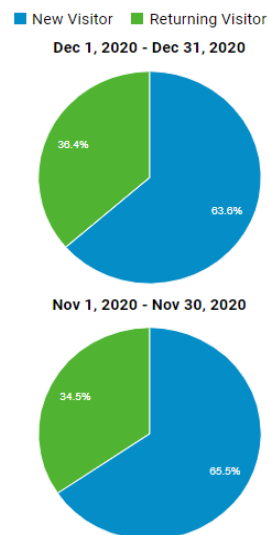
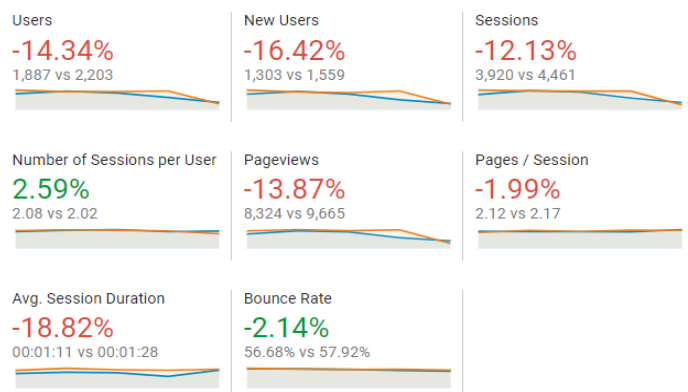
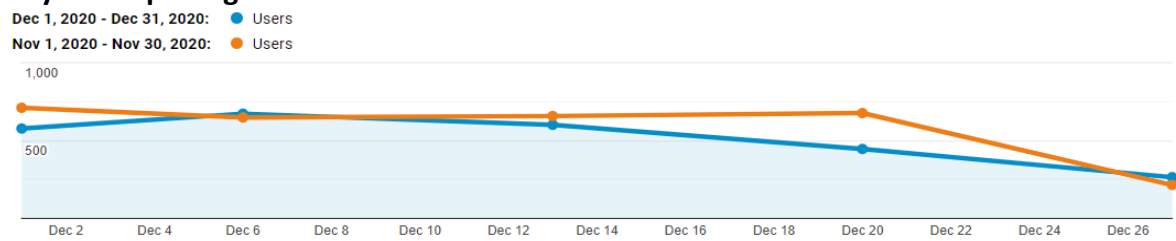
December 2020 in comparison to previous month

User accessing of DHB websites was generally lower in December than November – not an unexpected trend at that time of year.

bopdhb.govt.nz website



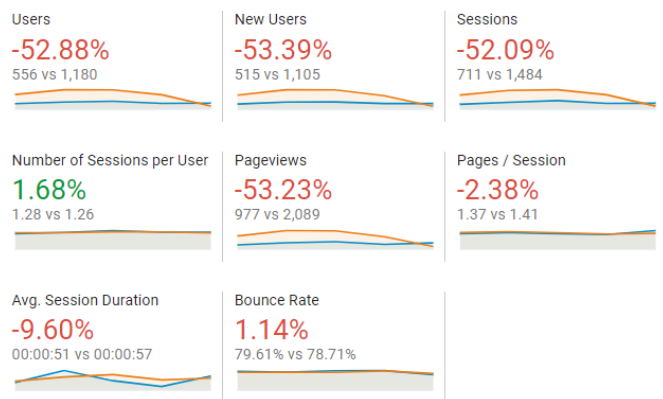
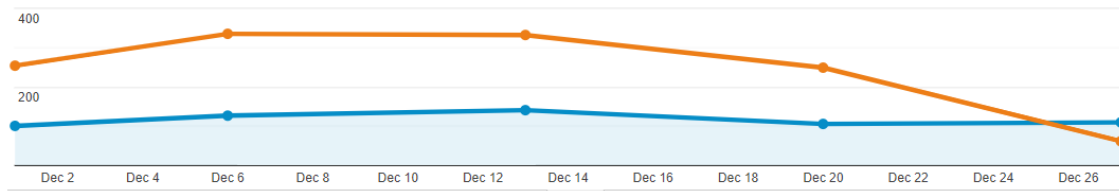
baynav.bopdhb.govt.nz



covid19.bopdhb.govt.nz

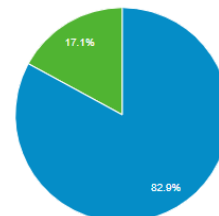
Dec 1, 2020 - Dec 31, 2020: ● Users

Nov 1, 2020 - Nov 30, 2020: ● Users

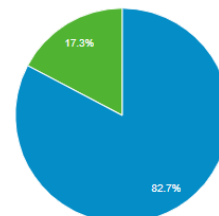


■ New Visitor ■ Returning Visitor

Dec 1, 2020 - Dec 31, 2020



Nov 1, 2020 - Nov 30, 2020



Facebook top posts

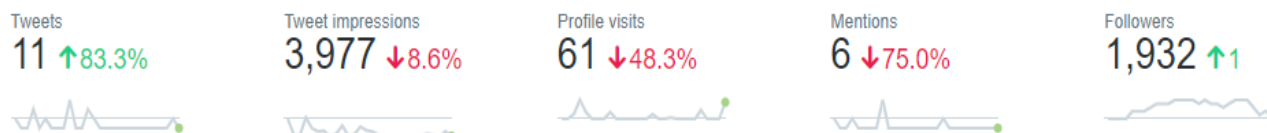
Our posts for the month (ordered by most popular to least popular), this is a total of each post across all our BOPDHB pages:

Post Message	Type	Posted	Post Total Reach	Engaged Users
If you have forgotten to return hospital equipment loaned to you – please return to Tauranga Hospital. Thank you 👍😊. #BOPDHB #TaurangaHospital	Photo	13/12/20	4361	105
Part of the team which helped deliver the recent ENT outreach clinic at the Ōpōtiki Health Centre. The clinic has been labeled 'phenomenally successful' by organisers looking to reduce barriers to healthcare in the Eastern Bay of Plenty.	Photo	17/12/20	2120	157
Sevens rugby stars including New Zealand internationals Scot Curry and Tyla Nathan-Wong ensured Christmas came early for youngsters on Tauranga Hospital's Children's Ward. 🎅👶🎁🎄 The pair were amongst around 20 players who took part in the visit on Friday and handed out goodies including rugby and soccer balls to the excited children. The players were all taking part in the Red Bull Ignite7s 2020 tournament at Mount Maunganui at the weekend but took time out to visit the sick children and spread a little festive joy. #BOPDHB #TaurangaHospital	Photo	07/12/20	2102	129
It's Beginning to Look a Lot Like Christmas at Whakatāne Hospital. Meri Kirihimete e te whānau! 🎄🎅 #BOPDHB #WhakatāneHospital	Photo	23/12/20	2073	31
BOP residents, for healthcare advice, call your GP 24/7 or Healthline 0800 611 116 In an emergency dial 111, visit Tauranga or Whakatāne Hospital Emergency Departments or the Ōpōtiki Medical Hub (open daily 8am-10pm; call 07 315 8500) #BOPDHB	Photo	28/12/20	1884	30
Congrats 🎉👏 to our Tauranga Hospital ED Registrar David Haunschmidt who came first in the Queenstown Marathon, winning the 42km race in 2:39:40 ahead of 1373 others! Get the full story here http://ow.ly/fRZc50CCf9t #BOPDHB #TaurangaHospital	Photo	03/12/20	1864	101
Christmas 🎄🎁 joy was well and truly present at Tauranga Hospital on Friday when 150 of our patients received Christmas hampers from Curate Church. This is the sixth year the Church have generously given the hampers to patients in the out-patients clinics, the Renal Unit and the Cancer Centre. They were gratefully received with tears from some of the recipients who were in great need, says Regional Manager Volunteer Service Lesley Grant. "It's just a little way to give them a bit of cheer at this time of year," she said. #BOPDHB #TaurangaHospital	Photo	14/12/20	1702	88
The challenges of 2020 have demonstrated more than ever the need for an interprofessional approach to healthcare and that's exactly what the Eastern Bay's Rural Health Interprofessional Programme (RHIP) delivers. Get the full story here http://ow.ly/aITc50CKjDd #BOPDHB	Photo	13/12/20	1458	75
Santa's helpers, in the form of Chaplain Matiu Best and Senior Advisor Governance and Quality Debbie Brown have been delivering chocolates around Tauranga Hospital.	Photo	18/12/20	1368	109

Draped in a korowai and wearing a precious taonga gifted from Te Kaha Medical Centre, Dr John Malcolm was honoured for his outstanding career by staff at Whakatāne Hospital earlier this week (Monday). Read the full story http://ow.ly/1JfJ50CTuyn #BOPDHB #WhakatāneHospital	Photo	23/12/20	1138	68
Please Be Health Smart these holidays 🦺. For information and advice on how to be prepared for this holiday season please visit http://ow.ly/eBVP50CTejZ From us all at the Bay of Plenty District Health Board, wishing you safe and happy holidays. #BOPDHB	Video	23/12/20	773	25
COVID-19 assessment and testing is available at Chadwick Healthcare South City, 398 Cameron Road, Tauranga, from 10am-4pm daily, till 10 January. For more information including Eastern Bay of Plenty testing information please visit http://ow.ly/7kP150CWBUO #BOPDHB	Photo	29/12/20	749	9
There is limited parking on Stewart Street outside the Outpatients and Renal Departments due to roadworks, the 15 minute drop off zone for Renal patients remains available. We apologise for any inconvenience this may cause you and your whānau/family. #WhakatāneHospital #BOPDHB	Photo	03/12/20	626	13
To help with healthcare demand over these holidays we have drop-in clinic at Accident and Healthcare, 2nd Avenue, Tauranga, is open daily from 8am-9pm, available to all. #BOPDHB	Photo	26/12/20	518	17

Twitter

28 day summary with change over previous period



2.4 Events

Whakaari Anniversary

On December 9 anniversary of the Whakaari Eruption, a dawn hikoi to Kohi point, overlooking Whakatane and looking out to Whakaari, was held for DHB staff. Staff either walked or took a bus to the observance of the anniversary event. In addition to Whakatane staff, there were attendees from a number of DHB locations in attendance.

3. Our People

3.1 Senior Management / Key Staff Changes

The new Chief Financial Officer, Simon den Bak, and Executive Director People and Culture, Joe Akari, have settled in well and are already showing the value they bring to their teams and the DHB.

Key Staff Movements

There have been a number of key Corporate Services staff departures occurring or signaled in December:

- People & Culture Business Partner – the team leader, Anne Reid, has resigned effective end of December

- Information Management – the Information Services Manager, Catherine Ross, has indicated she will retire from the DHB after 28 years – effective April 2021.

Chief Medical Officer recruitment

Dr Kate Grimwade and Dr Luke Bradford commence as our two new CMOs in February 2021. We would like to acknowledge the tremendous input from Dr Joe Bourne who took on the role of Acting CMO after Dr Hugh Lees' retirement. Joe has covered this challenging role admirably and management have been extremely appreciative of the wise, values-based leadership he has input and we look forward to building on this in Joe's future responsibilities. For now, Joe has been asked to provide some expert support to the Ministry of Health COVID team in Wellington and so we have agreed to release Joe for a short secondment to provide this essential input nationally.

3.2 Learning Together

Serious Illness Conversation and *Advanced Care Planning* conversation have occurred between the DHB, Waipuna Hospice and PHOs. There was discussion on what funding and resource may be required to continue offering the training in a sustainable manner for both the trainers and the attendees. Debbie Brown, Executive Sponsor, is involved in these conversations which will continue in February.

Integrated education across the Bay of Plenty health system is a priority area of development currently looking at what duplication is occurring, where there are gaps in education and what the demand is from various parts of the health workforce in the Bay of Plenty. The biggest theme was a lack of awareness about what educational support each organisation is providing and accessing. The priorities that this group identified were:

- a) A shared education platform
 - Calendar
 - Room bookings
 - Information/communication about what is on offer
- b) Te Tiriti o Waitangi and cultural safety education offerings
 - Cultural intelligence
 - Unconscious Bias
 - Institutional racism
 - Whanau ora
- c) Core clinical skill competencies e.g. resus/cannulation
- d) Registration of professional development activities

The next meeting is scheduled for February to continue these discussions.

Online Learning

Planning for 2021 online learning developments is underway, with some system improvements to be looked at in the new financial year. In the meantime, course review continues (ensuring current courses are still accurate and relevant), as well as 32 courses being created or updated. Some of these include content from other DHBs which we are making available to our staff on Te Whāriki ā Toi.

3.3 Whakaari Recovery

Staff wellbeing support services continue to offer assistance to staff with ongoing needs. A new Hauora/Wellness Coordinator commenced in December with the goal of strengthening the identification of the ongoing support needs for individual staff members and coordinating the delivery of services to staff.

4. Bay of Plenty Health System Performance

The current Performance Pack is included in the Performance Measures section of these Board papers. Board members are asked to note the separate paper on the development of the historic Board level metrics.

5. Financial Performance

YTD the DHB result is a deficit of \$11.1m which is a \$10.5m unfavourable variance against a budgeted deficit of \$0.6m. This result includes unplanned COVID net costs (\$7.0m) and increased liability relating to Holidays Act compliance (\$0.6m) meaning the “business as usual” result for the six months is a deficit of \$3.0m. Note that the year to date result has been advantaged by \$1.5m of Bowel Screening revenue received and recognised, for which no costs have been incurred as the contracted provider will not start until December. As the contract is delivered against this advantageous position will deteriorate.

6. Bay of Plenty Health System Transformation

6.1 Digital Capability Trainers

A business case has been prepared to create a permanent role for a second Digital Capability Trainer. This is strongly supported by IM and Innovation & Improvement, particularly around the planned care projects coming in 2021 that require confidence with technology, as well as the Datix Risk around low levels of digital literacy in staff.

In the new year, a monthly ‘Introduction to BOPDHB IT’ session will be run for new staff to opt into. A suite of courses around efficient Outlook use, OneDrive, new features in 365 and task specific training is also being scheduled across both sites.

6.2 DHB Operating System: How we work

6.2.1 Digital Transformation

Data & Digital Programme –

The DHB has six key areas of focus under its Data & Digital Programme and is required to report quarterly on progress against those areas.

Key Focus Area		Assessment
Integrated Sector Digital Services	Development of sector wide federated digital services capability including, shared leadership, care planning/scheduling, digital strategy. These initiatives are partially if not fully funded via the MoH.	On Target
Telehealth	Further development of telehealth capability with particular focus on specialist services delivered into the community and opportunities for iwi led initiatives. The initiative will also enable support for COVID response if the country	On Target

	faces increased alert levels.	
Digital Maturity Assessment	Working with MoH to assess digital maturity across primary, community and secondary care services.	Delayed
Midland Clinical Portal	Transition of local clinical workstation onto regional portal complete. Post go-live operational issues are being worked through.	On Target
Digital Maternity System	Identification and implementation of digital solution to support maternity service delivery across the DHB.	On Target
FPIM	Implementation of the national Finance Procurement Information Management system. The GM Corporate Service has been appointed to the programme steering group.	On Target

Clinical Systems - Midland Clinic Portal (MCP) at BOP

MCP was delivered to the BoP DHB in October, and since then the BOP team has been focusing on bedding the system in and correcting a number of issues that have been encountered. System performance, particularly response times, has been unacceptable at times and the BOPDHB Clinical Applications team has been working with the HealthShare service delivery team and key vendors - Orion Health (MCP system), Sysmex (Éclair system) and SQL Services (underlying Database) – to identify and resolve issues. As of early January, the corrective actions taken have improved system performance although this will continue to be monitored to ensure appropriate system speeds are maintained.

A new release of the application is planned for early January aimed at correcting issues being encountered. This upgrade will result in MCP being unavailable to users for the duration of the upgrade period. To minimise disruption to clinical services, the BOP team has developed a backup system allowing BOP users access to diagnostic data, clinical documents, discharge summaries, and outpatients information.

The current situation has highlighted the challenges around moving to and operating a regional service delivery model versus the more directly managed local service delivery models that previously existed.

Clinical Systems – Infection Control (ICNet)

Implementation of the ICNet system for supporting infection prevention and control services is underway. The system is provided via Canterbury DHB who are considered the national leader in the system and consequently provide and manage the application for several DHBs. Priority has been given to enabling COVID support activities and the COVID specific section of the system has been successfully implemented and is currently in use by BOP’s infection prevention and control team.

Progress on full implementation is positive with connectivity to the CDHB servers in place and testing of system messaging underway. Some interfacing work is required from the local team prior to full system testing and go live – which is currently expected to be April 2021.

Provation / National Bowel Screening --- Confidence Level (High)

The Information Management team has commenced preparation work for the system support for the National Bowel Screening programme. The existing Provation system used within Midland will be upgraded in February – providing sufficient time for any issues to be corrected before BOP launches the Bowel Screening programme later in the year.

Business Systems – Microsoft Modern Workplace

The transition away from legacy “on premise” based provision of Microsoft product suite towards the cloud-based Software as a Service (SAAS) model continues to see steady progress. By the end of December, 80% of user devices have been migrated to the new Windows 10. By way of comparison, at the end of September the level was 46% migrated, indicating a March completion for this part of the project.

Apart from delivering latest versions of the Microsoft suite, the major benefits of this migration are the support for the digital transformation initiative and the ability to better support remote and work from home arrangements

6.2.2 Process Efficiency

Invoice Processing - Scanning Solution

This project aims to deliver an invoice scanning to speed up processing, reduce invoice handling and reduce risk around inappropriate payment. Currently this project is facing some delays as a result of external factors. As a WAVE 1 user of the national finance system, BOP requires the agreement and involvement of NZ Health Partners (NZHP) in this project. Meetings between the DHB, the scanning solution vendor (CSG) and NZHP have identified that the level of required testing is greater than expected which will delay the project go-live. NZ Health Partners are suggesting delaying until June 2021 but BOP is pushing for an earlier date.

Supply Chain Volumes

The stores team issued 18,700 lines of inventory in December 2020. This is the 7th month in a row of above average inventory distribution, indicating that this is becoming a permanent trend in the issuing of items from Store and is an indication of the overall DHB workload demands.

Transport Fleet Management

The DHB has engaged a company, Carbn Asset Management, to assist in developing the plan for improving the use of the DHB’s transport fleet and reducing its carbon emissions in line with the Governments carbon reduction targets. The goal is to better use the DHB fleet, enable a reduction in the size of the fleet, and transition the fleet towards electric powered vehicles. Carbn Asset Management services are partially covered by Government subsidy.

Telephone Device and Line Reduction

An internal review has indicated the potential for \$100k reduction in telephone charges by reducing the number of unused telephone devices and lines. The DHB contracts mobile device management services from an external contractor – the results of the internal review will be used in discussions with the contractor on their service performance.

6.2.3 Workforce /People Strategy

Holidays Act Compliance (HAC) project

The HAC project Rectification phase continues with the current focus being on defining the proposed solutions to the non-compliance issues identified during the Review phase. A range of solution workshops are planned and the first of these occurred during December. Following determination of proposed solutions, the next stage of rectification will involve getting Labour Inspectorate sign off of the proposed solutions prior to any system changes being implemented.

People Strategy/Organisational Development

A range of activities are underway to advance aspects of the draft People Strategy that are designed to make the DHB more attractive as an employer while also managing risk around COVID impacts, demand for facility expansion and Health & Safety issues:

- Pilot approved for staff permanently working from home arrangements
- Evolving Modern DHB workplace principles in preparation for the Toi to Ora and Support Net change process
- Wellbeing and resilience pilots

In addition a range of potential measures/targets are being developed to underpin delivery of the People Strategy.

7. Health and Safety

Current focus is on recruitment of new Health & Safety advisers into the team to replace two resignations. To ensure ongoing service delivery short term resourcing has been contracted.

In addition to current risk areas, the teams focus moving forward is on ensuring the DHB's underlying processes are improved to ensure that the DHB will pass the full ACC audit that will occur mid 2021.

In late November the DHB held its Health & Safety awards to recognise the role of H&S representatives in improving the DHB's performance.

8. Clinical Campus

Students

UoA Year 6

2020 year 6 completed their academic year on 30 October, graduation will be on Tuesday 15 December in Auckland. These graduates have a choice of starting their House Officer role in either November or January. We have a full cohort of 29 confirmed and starting on 11 January 2021.

UoA Year 4 & 5

Confirmation of these 18 Year 5 students will be after the Board of Examiners sit on 16 December, Year 5 will start on 25 January and the 24 year 4 students on 15 February and these students are also waiting on confirmation from the BoE.

Clinical Trials and Research

NZ Health Research Strategy work programme

The Ministry and the Health Research Council are progressing work for co-designing ways to strengthen capacity and capability for research across DHBs. This work is part of implementing the NZ Health Research Strategy work programme. Currently the MoH and HRC are planning scoping work in the New Year, as well as engagement with a variety of stakeholders. The MoH envisage the co-design work taking place through in-person workshops with, where possible, people who have hands-on involvement in research within DHBs. This activity is likely to take place in early to mid-2021.

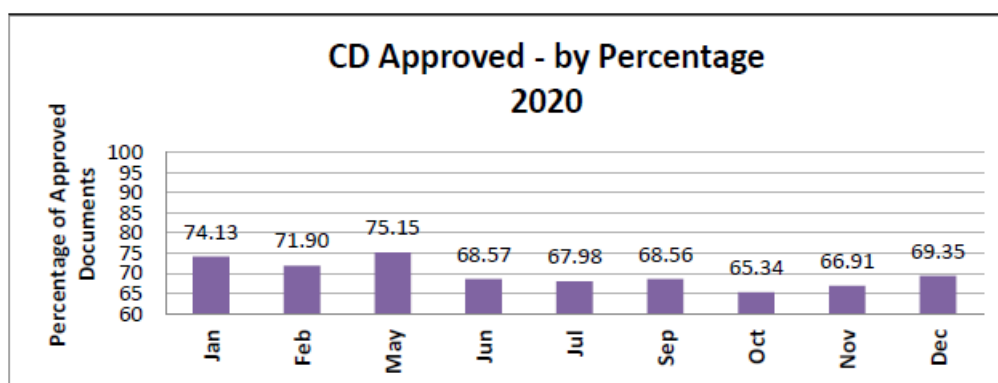
BOPCTU clinical trials activity

There are 17 active trials enrolling as at the end of December with 23 patients currently on active treatment across all clinical trials. There are 10 trials in Start-up.

9. Governance and Quality

Controlled Documents

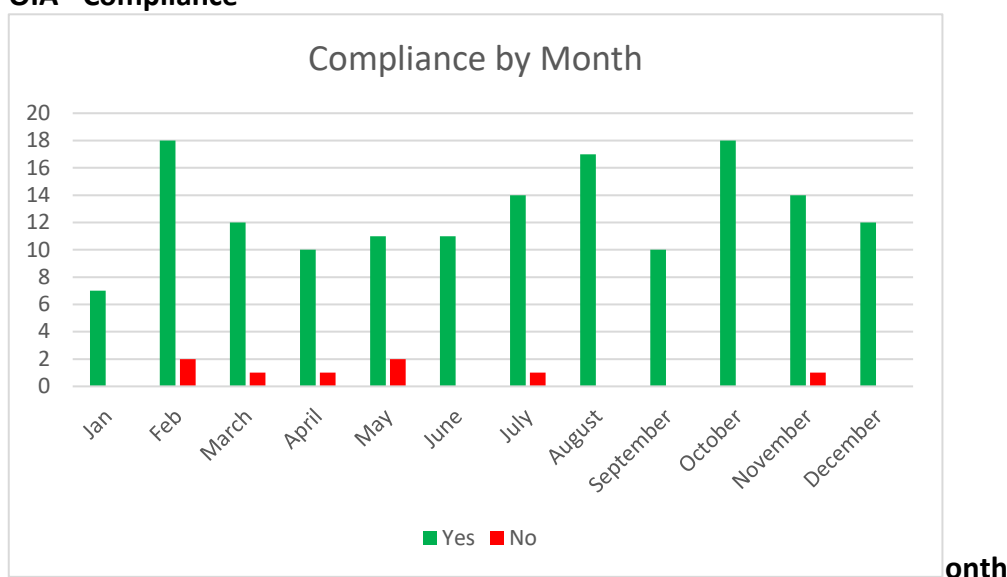
Reporting is through Executive Committee (6 monthly).



OIA's (Responded to 1 November 31 December 2020)

	OIA	Requester Type	Due Date	Response Date	Met on time
November					
1	Midwifery Numbers	Media	24.11.20	09.11.20	Yes
2	ICU Occupancy	Individual	17.11.20	09.11.20	Yes
3	Alcohol Related Harm	Media	04.12.20	11.11.20	Yes
4	Chemist Warehouse	Media	01.12.20	11.11.20	Yes
5	Age of Mothers Giving Birth	Media	03.12.20	12.11.20	Yes
6	Isolation of COVID-19	Individual	30.11.20	13.11.20	Yes
7	Ophthalmology	Individual	11.12.20	19.11.20	Yes
8	COVID-19 Tests	MP	16.12.20	20.11.20	Yes
9	Theft of Hospital Property	Media	17.11.20	20.11.20	No
10	Non Resident Debt	Media	23.11.20	23.11.20	Yes
11	After Hours Services	Health Centre	10.12.20	23.11.20	Yes
12	Pacifica Board Members	Student	04.12.20	24.11.20	Yes
13	IT Destruction Policy	Individual	04.12.20	24.11.20	Yes
14	Nurses Salaries	Researcher	30.11.20	24.11.20	Yes
15	Treating Ineligible Patients	Media	30.11.20	30.11.20	Yes
December					
1	Acute Drug Harm	Police	08.12.20	02.12.20	Yes
2	Foreign National Charges	Individual	04.12.20	03.12.20	Yes
3	HDC Complaints	Media	26.01.21	10.12.20	Yes
4	Surgical Equip Complaints	Media	26.01.21	10.12.20	Yes
5	Firearms Injuries	PM	26.01.21	10.12.20	Yes
6	Psychologists Waitlists	Prof Assoc	16.12.20	11.12.20	Yes
7	Psychologist Referrals	Prof Assoc	16.12.20	11.12.20	Yes
8	Missing Property from Patients	Media	29.01.21	11.12.20	Yes
9	Surgery Thresholds	Media	14.12.20	14.12.20	Yes
10	Sensitive Expenditure	Media	14.12.20	14.12.20	Yes
11	Pay by Gender	Media	15.12.20	15.12.20	Yes
12	Hip & Knee Replacements	Individual	27.01.21	23.12.20	Yes

OIA - Compliance



Health Select Committee

2019/20 Annual review of Bay of Plenty DHB - The Health Select Committee has resolved not to hold a hearing with the Bay of Plenty District Health Board this year. Questions have been received and responses due 3 March 2021.

10 Finance Procurement Supply Chain Performance

Finance 10 day Invoice Processing

Target 95% / Actual 68%

As a result of the economic impacts of COVID, the Government has set a target for Crown agencies to pay 95% of creditor invoices within 10 days of *invoice date*. Currently BOPDHB is achieving 68% of invoices being paid within 10 days of invoice date, although 97% of invoices are paid within 10 days of being *received* by the DHB's Accounts Payable function.

The performance gap relates to a delay between invoice date and being received by the DHB's Accounts Payable team – either suppliers not sending invoices promptly, or invoices not being sent directly to the AP team. While the scanning solution (see above) will assist there remains an education process needed with suppliers and internally to see significant improvement.

Procurement Function Targets

The Procurement function within the FPSC has a range of performance targets it is expected to achieve. To the end of December the performance against the various measures were:

Procurement Performance Aspect	Actual	Target	19/20 Actual
Spend Coverage	71.6%	75%	71.1%
Contract Coverage	95.7%	98%	95.8%
Procurement Compliance	96.5%	100%	100%
Procurement Coverage	52%	35%	36.7%
Procurement Benefit\$	\$3.00M	\$2.36M	\$2.45M
Compliance Costs	41%	40%	44.9%
Sourcing Investment	59%	60%	55.1%
Procurement Investment	0.62%	0.7%	0.61%
Sourcing ROI	6.4	5.0	5.7
Procurement ROI	3.8	3.0	3.2

INNOVATION AND IMPROVEMENT TEAM UPDATE

December 2020

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.

COMMUNITY ORTHOPAEDIC TRIAGE SERVICE (COTS)

The aim of the Community Orthopaedic Triage Service (COTS) is for people across the BOP to manage their musculoskeletal conditions through a proactive recovery-based pathway. To enable adults with musculoskeletal problems to access appropriate triage, assessment, and early intervention closer to home and to provide self-management information to optimise health and wellbeing.

The service is currently being trialled at 2 locations (Te Puke/Papamoa and Whakatāne/Taneatua/Ohope). All General Practices within these locations can refer to COTS via an e-referral. The service is getting ready to expand to include more General Practices early in 2021.

To find out more watch this recent [Grand Round presentation](#) by the project team. (Sarah Nash)



HEALTHPOINT ONLINE HEALTH SERVICES DIRECTORY

The aim of this project is to Improve visibility, access and navigation to Bay of Plenty (BOP) Health Services by publishing a comprehensive web-based provider directory for all contracted BOP Health Services by 30 June 2021.

So far we have added 88% of General Practices and Community Pharmacies, 63% of BOPDHB funded Kaupapa Māori Services, 30% of BOPDHB funded Community Health and Social Services, and 79% of BOPDHB funded Mental Health and Addiction Services (many of which were added in a previous project). Starting soon Healthpoint will be working with the BOPDHB Provider Arm services to add their profiles.

You can view the directory here:

<https://www.healthpoint.co.nz/bay-of-plenty/>
(Haidee Barrow)

COMMUNITY CARE COORDINATION (CCC)

The CCC programme of work is moving forward with incorporating Eastern Bay Community Allied Health requests into CCC and recruiting for an Eastern Bay Coordinator. This will then complete stage 2 of the programme.

Keep an eye out in the job vacancies on OnePlace during December for the role. (Kim Blair)



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

Whakapā mai ki a mātou: iandirequests@bopdhb.govt.nz

STAR (SKIN TREATMENT ACUTE RESPONSE) CELLULITIS PATHWAY

(An E3 collaborative Primary and Secondary care project)

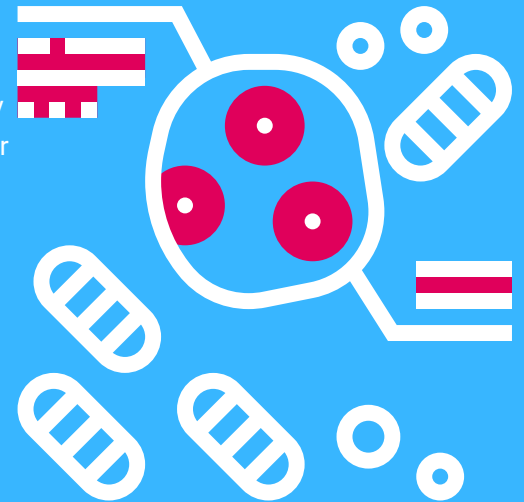
Cellulitis is a large acute inpatient diagnosis and this is the second largest opportunity to save bed days at both Whakatāne and Tauranga. Patients with Cellulitis stay longer in hospital (eg; 3.5 days) compared to exemplar sites (eg; 1.6 days).

The goal of this project is to remove barriers to receiving timely treatment.

The first patients have been treated under the new Eastern Bay of Plenty pilot funding arrangement and clinical pathway for Cellulitis community treatment.

Practices and the hospital Emergency Department are working with the Integrated Case Management team from Eastern Bay of Plenty PHA, and pharmacists to also enable access to the medications needed to treat with the 'One Stop Shop' learning from COVID applied to this project.

(Fiona Burns)



SUICIDE PREVENTION AND POSTVENTION

This piece of work relates to the BOPDHB Suicide Prevention Postvention (SPP) Action Plan 2018-2021.

The aim of the action plan is to reduce, if not eliminate the number of suicides that occur in our communities. We aim to do this by focusing on the promotion of mental health wellbeing and resiliency, improving support and intervention for individuals experiencing mental health distress and/or suicidal behaviour and supporting those affected by suicidal loss.

To learn more check out the [Suicide Prevention and Postvention OnePlace](#) page.

(Renee Wilton)

FLUROFEST 2020

"Flurofest" is an example of a whole of population action through the BOPDHB SPP Plan in promoting mental wellbeing and resiliency in our communities. A family friendly afternoon event that was held in Tauranga Moana on Sunday 18 October by the BOPDHB in collaboration with Tauranga City Council Safer Communities and the Tauranga Youth Development Team.

Despite COVID19 over 700 people attended this event to enjoy fun activities promoting the "Five ways to Wellbeing". For more information on ways to wellbeing please visit the Mental Health Foundation link:

<https://www.mentalhealth.org.nz/home/ways-to-wellbeing/>
(Renee Wilton)



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

Contact the team: iandirequests@bopdhb.govt.nz

PRESSURE INJURY PREVENTION AND MANAGEMENT

We are now 10 months into implementing our ACC funded pressure injury prevention and management initiative deliverables. The initiative will continue to support a sustained reduction in pressure injury incidences and severity, and improvement in reporting pressure injuries, over a further nine months.

Although we all have had some significant challenges this year, we have made progress with our initiative. The initiative has been delivered by raising awareness of the causes of pressure injuries, understanding the early warning signs, and taking preventative measures such as implementing the SSKIN care bundle.

Next year we aim to expand our initiative across some other services within our region including Allied Health and District Nursing services. If you have any feedback or ideas about how to raise awareness of pressure injury prevention and management, we would love to hear from you. Please email: Claire.Cherrill@bopdhb.govt.nz (Project Lead).



MERI KIRIHIMETE ME NGĀ MIHI O TE TAU
HOU FROM THE INNOVATION AND
IMPROVEMENT TEAM

CONGRATULATIONS TO
FIONA BURNS FOR 25
YEARS OF SERVICE AT
WHAKATĀNE HOSPITAL



From: James Fuller <James.Fuller@bopdhb.govt.nz>
Sent: Thursday, 21 January 2021 9:04 AM
To: James Fuller <James.Fuller@bopdhb.govt.nz>
Subject: One-stop-shop cardiology centre helps attainment of 2000 heart stents milestone

Media Release

FOR IMMEDIATE USE



Thursday 21 January

One-stop-shop cardiology centre helps attainment of 2000 heart stents milestone

A one-stop-shop cardiology centre opened four years ago is delivering on its promise to bring care closer to home for Bay of Plenty heart patients.

The dedicated Cardiac Catheterisation Laboratory (Cath Lab) at Tauranga Hospital took its first patient on the afternoon of Monday 16 January 2017. In the four years since the dedicated facility opened, staff there have performed 1000 Percutaneous Coronary Interventions (PCIs). It brings the number of PCIs, more commonly known as stents, performed in total at Tauranga Hospital to 2000.

“The milestone of 2000 PCIs has taken since 2012 to reach. So that’s five years for the first thousand and now four years for the second thousand,” said Cath Lab Clinical Nurse Manager Jason Money. “This increase in PCIs is thanks to the opening of the dedicated facility.

“The improved access for the patients means the second 1000 PCIs were achieved much more quickly. Each year we perform approximately 800 angiograms, 300 PCIs and fit 250 electronic cardiac devices. The increased efficiency helps reduce regional pressures on the tertiary facility, fulfilling our obligation to Midlands regional cooperation.”

The Cath Lab opened four years ago with the intention of providing care closer to home and offering a convenient co-located space for heart patients. It forms part of the Cardiac Services Building 50 development at the hospital. Prior to the 2017 opening, the service had evolved in a shared space within the Radiology Department from coronary angiograms in 1997, to pacemakers in 2008, and on to coronary interventions in 2012.

“It’s a one-stop shop, with all the services co-located, which is so convenient from the patient’s perspective,” said Jason. “Being focused on cardiac services in one location like this gives us greater opportunities to ensure that the care we provide to our patients is efficient and accessible, with less need for patients to move between departments.”

Angiograms (taking images of the arteries), an interventional cardiology programme (including ballooning and stenting of arteries), implantable devices (e.g. pacemakers and implantable cardioverter defibrillators - ICDs) and other cardiology procedures are all provided at the facility.

The Cardiac Services development in addition to the Cath Lab includes:

- A pre and post procedure day-stay with seven beds
- Three echocardiology rooms
- One echocardiology reporting room
- Three ECG (Electrocardiogram) rooms
- Respiratory Laboratory
- Exercise room
- Two cardiac implantable device service rooms

The Cath Lab features state-of-the-art equipment such as a Canon Infinix Cardiac Catheter Lab. It is staffed by six nurses and an HCA assistant who work alongside cardiologists, clinical physiologists and radiographers rotating through.



Above: Members of the Cath Lab cardiology team who have helped carry out 1000 PCIs in the last four years.

Media Release

FOR IMMEDIATE USE



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Monday 16 November, 2020

Innovative dental schemes delivering dramatic results and bringing healthy smiles back to Eastern Bay students

Dental pain isn't just a health issue for young Eastern Bay students, says one high school principal, it affects their education and their futures. Addressing that issue is just one of the motivating factors behind some innovative dental health schemes launched at schools across the region. The work is yielding impressive results.

Murupara Area School Principal Angela Sharples, where one of the schemes is underway, said dental pain had become a major obstacle for her students.

"Dental pain was identified as a significant barrier to learning for students at Murupara Area School," said Angela. "Not only is it frequently given as a reason for absence from school but children in pain struggle to concentrate in class and to learn."

"There are also significant barriers for accessing dental services for teens in Murupara. Not only is the nearest dentist 45 minutes' drive away in Rotorua but many families do not have access to a vehicle or the ability to cover the petrol costs for visits to town for dental care."

"As a consequence, dental care was not happening for many of our taura and ongoing dental pain was normal for many of our youth. The school has worked closely with the Bay of Plenty District Health Board (BOPDHB) to address these issues with access to dental care and address the disparity in health outcomes for our youth."

The results have been dramatic. In 2017, just four students from Year 9-13 at Murupara Area School were being seen by a dentist, out of a total of 109 students. In 2020, three years later, that number had hit 100.

"Working alongside Absolute Dental, almost 100% of Year 9-13 students from Murupara Area School were seen this year," said BOPDHB Community Health 4Kids Health Promotion Officer Teneille Ogilvy.

A number of factors frequently work against young people living in rural Eastern Bay communities regarding dental care. These can range from a lack of fluoridation of the local water supply, to geographic isolation, and poverty.

A number of initiatives have been developed to tackle these issues, including deploying mobile dental units at schools for extended periods of time; normally five weeks. This type of scheme has been launched at both Murupara Area School and, most recently, at Tarawera High School.

It was also the approach first taken at Ōpōtiki College where, at the end of 2019, Te Manu Tora Dental Mobile Unit was onsite seeing all under 18s as well as a short, extended service seeing those up to 19. Following on from this, the BOPDHB worked alongside East Bay

Dental Whakatāne offering dental services, including transporting Ōpōtiki College students suffering dental pain to Whakatāne for treatment.

Further to this, the BOPDHB has coordinated and transported students requiring dental care from Te Kura Mana Maori o Whangaparaoa (Cape Runaway) to East Bay Dental Whakatāne.

“It’s all about partnership,” said Teneille. “So that’s partnership with the schools, dental practices, whānau, iwi and the local community in general. Everyone has to be on the same page for these types of initiatives to work and we’ve been really fortunate in that regard. Everyone recognises the importance of this work.

“Our intentions are to provide accessible dental care to students,” added Teneille. “It is hoped that with the ease of these services for them that rates for students seeing their local dentists will dramatically improve.”

BOPDHB Community Health 4 Kids Regional Manager Martin Steinmann said the key focus for him was equity.

“It’s about delivering services closer to home and the BOPDHB working in partnership with schools, private practice dentists, the community, other government agencies and other providers to lessen or remove barriers that prevent access to free health services,” said Martin. “It is all heavily based on goodwill, whanaungatanga, kotahitanga and manaakitanga. This is a perfect example of the BOPDHB CARE (Compassion, All-one-team, Responsive, Excellence) values being applied in the community healthcare setting.”



Above: Dental Assistant Chey Turei-Brown (left), from Absolute Dental, with 17 year-old Tarawera High student Majejan Rogers - winner of a weekly \$50 prezzy card awarded as a spot prize for one of those attending mobile dental unit appointments.

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Media Release

FOR IMMEDIATE USE



Wednesday 18 November, 2020

Ground-breaking choir improving lives of people with neurological conditions celebrates 10th anniversary

A ground-breaking choir which helps people with neurological conditions achieve a better quality of life is celebrating its 10th anniversary.

The Brainwave Singers marked the special occasion by raising \$2000 for Parkinson's New Zealand, a cause close to their hearts. The group caters to all neurological conditions but mostly uses singing to improve speech and communication in Aphasia (stroke) sufferers and to improve volume and clarity of speech in people with Parkinson's.

The choir's founder, Bay of Plenty District Health Board (BOPDHB) Speech and Language Therapist Robin Matthews, said it was wonderful to celebrate the group's 10th birthday with the fundraiser, as invitees gathered for an evening of singing, raffles and a buffet dinner at Pacific Coast Village, Mount Maunganui.

"It's lovely to be able to give something back," he said. "Over the years the choir has also raised money for the Neurological Foundation and for the Stroke Association."

The fundraising evening was a great opportunity to connect with the community after COVID-19 halted the choir's weekly practises. Choir numbers didn't suffer though, and Robin said it was fantastic to see so many members back when it started up again.

"There are about 50-60 members when everyone comes. The choir is a distraction for them. It's a big social gathering and the members are thinking about something other than their health and doing something fun. It's become so much more than a choir – it's a mutually supportive group. It's as much therapy for me as it is for them," Robin laughed. "It's so uplifting."

Robin previously completed his PHD on the benefits of singing to improve speech for people living with Parkinson's disease. There had been few studies looking at singing as a means of improving the voice. His research found the singers had significant post-treatment improvement in psychological and psychosocial well-being including their levels of stress, anxiety and depression. The research also found significant improvement in voice quality of the singers, with them sounding less croaky or hoarse. The singer's vocal chord efficiency also improved.

"There are a number of reasons why one might expect singing to be beneficial," said Robin. "There is the group aspect, which is often therapeutic, as well as doing something that is inherently rewarding to the brain. It's more fun to want to keep practicing."

"We know that singing makes us feel good, now science is discovering how singing can help people suffering from Parkinson's to Aphasia (stroke). Singing uses different parts of the

brain. To sing, you have to remember the tune and words, then fill your lungs with air, produce a voice and then coordinate your voice and breathing whilst singing the melody. For people with Parkinson's, the coordination required helps produce a better, louder voice.

“For people who have had a stroke; research shows they can regain the ability to talk by learning to sing words they are unable to speak. If the brain's language centres are damaged, neural plasticity - 'rewiring' the brain - may train the part of the brain responsible for singing to take over the speech functions.”

The choir also welcomes members who have any other neurological conditions, which includes depression and dementia, and partners are encouraged to come along. If you feel you would like to join the choir, or know someone who might, email Robin on Robin.Matthews@bopdhb.govt.nz

“You don't have to be able to sing, that's not the point,” said Robin. “Anyone who has a neurological condition can join. The group is hugely supportive of one another and therapeutically the experience is very uplifting. It's physiotherapy of the voice; singing as therapy.”



Above: Members of the Brainwave Singers celebrate the choir's 10th anniversary.

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Media Release

FOR IMMEDIATE USE



Friday 18 December, 2020

‘Phenomenally successful’ outreach clinic the shape of things to come

An outreach clinic in Ōpōtiki has been labeled ‘phenomenally successful’ by organisers looking to reduce barriers to healthcare in the Eastern Bay of Plenty.

“One of the main aims of an outreach clinic such as this was to reduce the barriers to healthcare, improve patient access and subsequent health outcomes,” said Bay of Plenty District Health Board (BOPDHB) Ear, Nose and Throat (ENT) Clinical Nurse Specialist Jeannie Bruning.

“After much planning and preparation, a phenomenally successful ENT clinic was held at Ōpōtiki Community Health Centre. The attendance to this first, predominantly paediatric, clinic was outstanding and there were many favorable comments from parents in relation to the convenience of the locally-based clinic.

“Clinic attendance was 100% with three patients having to reschedule for various reasons. 12 children were signed for much needed surgery. These children have already been assigned to a service theatre list to be completed in the near future.”

Two ENT Surgeons, the ENT Registrar and ENT Clinical Nurse Specialist travelled from Tauranga to Ōpōtiki to see patients at the clinic.

“The four members of the travelling ENT team could clearly see the needs and benefits at the completion of this initial outreach clinic,” said Jeannie. “Notably the emphasis on a successful working partnership is the ability to work together as a team for desirable patient outcomes.”

This ENT service delivery model between the Ōpōtiki Central Hub and BOPDHB has proven to be successful with a developed partnership established to enhance both access and health outcomes for the Ōpōtiki and the wider Eastern BOP community.

BOPDHB CEO Pete Chandler said the outreach clinic was part of an approach which will be developed further in 2021.

“These fabulous developments are something we’ve been working towards over time as part of our commitment to improving equity and access to care across the Bay of Plenty in partnership with communities,” said Pete.

“I’d like to express my sincere thanks to everyone who has worked together to bring these next steps towards our vision of transforming the future of healthcare into being. We will be building

this approach further during 2021 as we begin to work more closely with individual communities and in partnership with Iwi to advance improving wellbeing across the Bay.”

What is an outreach clinic?

An outreach clinic is an out-of-hospital clinic based in a primary care facility, with patients being reviewed by hospital doctors who would otherwise have been seen in a hospital outpatient department.

Initial planning for the clinic involved a round table meeting with the Ōpōtiki Medical Hub, consisting of representation of the three General practices (Church Street, Toi Ora Health and Whakatohea Health Centre), along with representatives from Eastern Bay Primary Health Alliance (EBPHA) and BOPDHB representatives.

“A productive meeting was held discussing the specific needs of this community and what was required to enable the setting up of an ENT outpatient clinic,” said Jeannie. “Already identified by our ENT team, and spoken of at the meeting by all parties, was how to better meet the needs and to improve paediatric ear health locally and further down the coast.

“The enthusiasm generated from this initial meeting was profound with the subsequent formation of a secondary/primary healthcare partnership with the Ōpōtiki Medical Hub and BOPDHB. Importantly after this meeting a tour was completed of the facility to identify appropriate clinic space for patients and clinicians and facilitation of equipment to be transported from Tauranga.”

A key factor to ensure good attendance at the clinic, held on Friday 13 November, involved GP notification of ENT clinic patient appointments. The GPs were instrumental in ensuring patient attendance by contacting their patients to confirm appointments and attendance.



Above: Part of the team which helped deliver the recent ENT outreach clinic at the Ōpōtiki Health Centre. Front left to right: Brandon Hitchcock (ENT surgeon), Dinaz Irani (ENT surgeon), Jeannie Bruning, Kim Martin (outpatient nurse), Theresa Muwanga- Magoye (ENT Registrar). Back left to right: Keri Ratima (GP Toi Ora Health), Elisa Montross-Lopez (GP Whakatohea

Health Centre), Teina Hudson (Whakatohea Health Centre Manager), Rhonda Ruff (student nurse)

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Media Release

FOR IMMEDIATE USE



Thursday 24 December, 2020

Whakatāne student awarded medical grant

Whakatāne's Trident High School graduate Aman Singh is the fortunate recipient of this year's Bay of Plenty Medical Students Acorn Financial Grant of \$4,000.

Aman is a fourth-year medical student at the University of Auckland and is currently placed at Tauranga Hospital for the year. He has an educational background in Public Health, completing a Bachelor of Health Science and Postgraduate Diploma and is extremely grateful to the Acorn Foundation for awarding him the financial grant.

"The \$4,000 scholarship has significantly eased the financial pressures for my studies," Aman explained. "It meant that I could take time off work over the last semester to focus on preparing for my end of fourth year OSCE without having to worry about finances. Next year I am placed at Auckland City Hospital and have to move back to Auckland over the summer – the scholarship will help with relocation and setting up for the year ahead."



"I have loved coming back to the Bay of Plenty this year and being able to spend time with my family and community. Hospital placement in Tauranga has been enjoyable and rewarding – it is a warm and friendly environment which promotes learning and development," Aman said.

The grant was established by the NZ Medical Association (BOP branch) in memory of Dr John Mark, a respected former GP, to support financially disadvantaged medical students who attended college in the Bay of Plenty. The Acorn foundation administers the fund annually to help support the next generation of doctors in this region.

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Media Release

FOR IMMEDIATE USE



Thursday 10 December, 2020

Grants of nearly \$300,000 to help Māori health and equity in the Bay of Plenty

New grants totaling nearly \$300,000 will be used to focus on Māori health advancement and improving equity in the Bay of Plenty.

It has been announced that the Bay of Plenty District Health Board (BOPDHB) has received three Health Sector Research Collaboration Grants from the Health Research Council (HRC). They will help develop a framework for integrating technology and health; explore the use of technology to promote wellbeing among Māori; and develop skills and expertise in kaupapa Māori research methodology.

BOPDHB Health Research Manager Charlie Stratton said the grants presented a great opportunity.

“This aligns with our new approach in redesigning the way in which the Bay’s health services are planned, funded and delivered through closer engagement with the people we serve,” said Charlie. “In order to successfully deliver better health outcomes, we recognise the need to generate local evidence that will inform the way we deliver our healthcare services, and these grants play an important role in helping us to achieve this goal.”

Charlie, along with Executive Director of Allied Health Dr Sarah Mitchell and Manukura - Executive Director Te Pare ā Toi Marama Tauranga, worked together on the proposal He Pou Oranga: Developing a framework for integrating technology and health. This project has been awarded a Research Activation Grant of \$89,708.

“The activities funded through this grant outline how we will shape our research agenda with our Māori communities over the next 12 to 18 months,” said Charlie.

BOPDHB Board Chair Sharon Shea said equity issues were a focus for the Board.

“One of our priorities as a Board is around addressing equity issues for Māori and supporting those who need our help the most,” said Sharon. “Given that context, grants such as these are incredibly important and help further our work in these areas.”

Integration, Technology and LifeCurve™ Researcher Leigh Haldane said receiving the HRC Research Career Development Award of \$109,600 to further research into the LifeCurve™ App, focusing on wellbeing among Māori, is a great honour.

“The grant will allow me to undertake important mahi on behalf of communities across the Bay of Plenty,” said Leigh. “I will be able to dedicate my time to working collaboratively with community partners in understanding what healthy aging looks like from a Māori worldview, as well as what technology can be used to support people as they age.”

“Together we will undertake co-design research informed by a kaupapa Māori philosophy to explore these concepts, as well as inform adaptations to the LifeCurve™ App that is aimed at empowering people to age well.”

And Pharmacist Mariana Hudson received an \$83,000 Research Career Development Award, which will be used for developing skills and expertise in kaupapa Māori research methodology.

“I am excited about the opportunity to contribute and influence change within the health sector and use a Kaupapa Māori research approach for the benefit of whānau,” said Mariana. “As a pharmacist, to research and understand the impact of medication on Māori requires the establishment of partnership, to allow Māori to choose how we express tino rangatiratanga. It also needs the principle of active protection to ensure cultural safety and appropriateness.”

BOPDHB are partnering with The Centre for Health (TCFH) for some of these activities. TCFH Director Dr Anna Rolleston and her team are highly experienced in health and wellbeing research and will support Mariana to develop key skills in Kaupapa Māori research principles and co-design/mahi tahi.

The Health Sector Research Collaboration Grants are part of a suite of new research to be carried out by five DHBs around the country to drive health sector-led research that directly responds to health sector and community needs.

The grants, designed to upskill and empower healthcare organisations to conduct more research, are being piloted with DHBs with the aim of being extended to other health providers in the future.



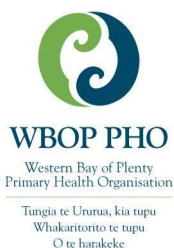
*Above: BOPDHB’s Health Research Manager Charlie Stratton, Executive Director of Allied Health Dr Sarah Mitchell and Integration, Technology and LifeCurve™ Researcher Leigh Haldane are thrilled to be receiving Health Sector Research Collaboration Grants.
Below: Pharmacist Mariana Hudson.*



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MEDIA RELEASE

Walk-in clinic for COVID-19 testing available in Tauranga over holidays

18 December 2020: A temporary walk-in clinic for COVID-19 assessment and testing will be available at Chadwick Healthcare South City on Cameron Road in Tauranga from 26 December to 10 January, daily from 10am to 4pm.

The clinic has been organised by the Bay of Plenty District Health Board and Western Bay of Plenty Primary Health Organisation to help people avoid potentially long waiting times for treatment for respiratory issues at Tauranga Hospital's Emergency Department or Accident & Healthcare in Second Avenue, at a time of year when the region has an influx of holiday visitors.

"The Emergency Department is for just that – emergencies – so the walk-in clinic is a much better option for people with respiratory issues," says Phil Back, WBOP PHO's General Manager Practice Services.

Visitors from out of town who are experiencing COVID-19 symptoms can pop into the clinic for assessment and get tested, if appropriate. Symptoms include a cough, fever (at least 38°C), shortness of breath, a sore throat, sneezing and runny nose, and temporary loss of smell.

Residents of the Western Bay of Plenty are encouraged to contact their GP, Hauora or Healthline in the first instance over the holiday period. GP practices can be called day or night. A nurse triage service answering after-hours calls is in place for all 31 of the Western Bay of Plenty's medical centres and Hauora.

Healthline is available 24-hours a day on 0800 611 116 and can assess and advise if you need to be tested.

For non-COVID-19-related health concerns, Accident & Healthcare in Second Avenue provides walk-in urgent care as well as no-appointment medical care. It is open every day, including Christmas Day, from 8am to 9pm. Visitors to the area can also attend this clinic.

Pharmacies can also help with minor ailments. Johns Photo Pharmacy on Cameron Road is open every day over the holidays, including 9am-12 noon on Christmas Day. The Chemist Warehouse in Bethlehem Town Centre is open every day except 28 December, including 8am-9pm on Christmas Day.

More information about holiday healthcare is available at wboppho.org.nz.

ENDS

For more information contact Kerry Mitchell, Blink PR and Marketing, phone 021 2011210, email kerry@blinkpr.co.nz.

Media Release

FOR IMMEDIATE USE



Friday 4 December, 2020

Healthy smiles the future for Western Bay oral health challenge winners

Beaming, healthy smiles are the future for an early childhood centre (ECC) in the Western Bay after it triumphed in an annual oral health challenge.

ECCs across the Western Bay were invited to take part in the annual World Oral Health Day Challenge - organised by the Bay of Plenty District Health Board (BOPDHB) Oral Health Promotion team. Maungatapu Preschool has been announced as this year's winner.

The top three placings were:

- 1st Maungatapu Preschool
- 2nd St Mary's Tahatai Centre, Papamoa
- 3rd Gate Pa Preschool and Childcare Centre

Maungatapu Preschool Teacher Margie Taylor was instrumental in the activities run during the challenge. She said taking part had generated plenty of creativity.

"It's really cool to win it," said Margie. "The teachers, parents and children got onboard and it just gained momentum. We've created a dental surgery at the centre, where the children play either the dentist or the patient. We didn't expect to do those sorts of things when we started but the ideas just kept coming."

There were even positives which came out of the COVID-19 lockdown earlier this year.

"During lockdown we asked parents to take photos of their children cleaning their teeth and we started a board of those," said Margie. "It was great because it created a strong connection with the parents and, when the kids came back, they just loved looking at the pictures of themselves."

Other activities included: toothbrush songs and games, creating tooth-related models, making healthy kebabs, measuring sugar content in lunches, growing vegetables, running a worm farm and composting.

"One of the other real benefits has been the strong communication between teachers and Jenny Lloyd in our kitchen, who is always right behind offering healthy options," said Margie.

The pre-school has around 45-50 children on its roll, from 5-6 months right through to starting school.

"These things are generally successful because they have the background support, like we did with the Oral Health team," added Margie.

BOPDHB Oral Health Promoter Nicole D'cruz thanked all those who had taken part.

“I want to say a big thank you to all the early childhood centres that participated in this year’s Oral Health Challenge,” said Nicole. “Many centres had to go through a lot of changes to adapt to COVID-19 including the lockdown, so it was much appreciated that centres took the time to participate in the challenge.

“Congratulations to Maungatapu Preschool who are this year’s winners. The centre has been exceptional to work with and I love the motivation they had to promote good oral health through the activities the staff did with the children to promote positive behaviour changes, staff attending our oral health professional development workshop and getting the parents involved as well. Ka pai te mahi.”

The theme for World Oral Health Day 2020 was: ‘Say Ahh: Unite for Mouth Health’. The significance of this theme was that we eat, speak and smile using our mouth, and it is a gateway to our body. Therefore, it’s imperative to look after oral health, whatever our age.

Prizes for the winners included a big box of fruit and vegetables, a big tooth model, toothbrushes, toothpaste, certificates and laminated activities books.



Above: Maungatapu Preschool are this year’s winners of the BOPDHB World Oral Health Day Challenge.

For more details contact:

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Hand Hygiene Results July - October 2020

SUBMITTED TO:

Board Meeting

27 January 2021

Prepared by: Julie Robinson Director of Nursing

Endorsed and
Submitted by: Pete Chandler, Chief Executive

For Information X

For Discussion

For Decision

RECOMMENDED RESOLUTION

That the Committee note the Hand Hygiene results for the audit period ending October 2020.

ATTACHMENTS:

BOPDHB Results by Health Care Worker (HCW)

Results by HCW Tauranga

Results by HCW Whakatane

BACKGROUND

The “5 moments for hand hygiene” is also one of the national patient safety initiatives under Health Quality and Safety Commission.

Auditing of hand hygiene compliance in District Health Boards (DHBs) throughout the country is a key component of the Hand Hygiene New Zealand (HHNZ) programme. Auditing takes place three times a year and data is submitted to HHNZ and the Health Quality & Safety Commission so it can be captured at a national level.

For the audit period 1 March 2020 to 30 June 2020 BOPDHB achieved 77.8%.

- Results by site Tauranga 76.1%
- Results by site Whakatane 83.6%

The current national target is 80%.

The Executive Director Allied Health and Medical Director implemented improvement initiatives following the June 2020 audit period. There was a focus on improving the uptake of the online hand hygiene learning module.

An organisation wide campaign was also implemented to refresh awareness using the tagline “Clean care is in your hands” from the WHO hand hygiene day 2020 campaign.

IMPACTS ON BAY OF PLENTY DHB GOALS AND OUTCOMES

Given good hand hygiene is one of the most important measures in the fight against healthcare associated infections (HAIs) this makes it a key patient safety issue for us all. In addition to posing a grave threat to patient safety, the economic burden for HAIs is significant across the globe, but high standards for hand hygiene represent a simple, cost-effective opportunity to minimise the impact of these dangerous infections.

ANALYSIS

For the audit period 1 July 2020 to 31 October 2020 BOPDHB achieved 78.5% (last period 77.8%) which was an improvement of 0.7% from the previous audit period.

- Results by site Tauranga 75.4% (last period 76.1%)
- Results by site Whakatane 89.2% (last period 83.6%)

Medical staff at Tauranga did not maintain their improvement achieving 56.7% (last period 60.2%). Medical staff at Whakatane regained their usual high standard this period at 93% (last period 76.7%). Unusually Tauranga Paediatricians did not achieve 80%.

Allied Health improved to achieve 77.5% (last period 71.3%).

Nurses and midwives at Tauranga also improved for the period achieving 81.5% (last period 79.2%).

Next Steps

The Acting Medical Director has broken down the results to present the data in a way which makes it more relevant to the specialties. He is also working with the individuals who remain unconvinced by the value of appropriate hand washing.

Compliance Rate by Healthcare Worker - Bay of Plenty DHB

Start Date: 2020-07-01

Health Region:: *Midland Region*

End Date: 2020-10-31

Region Group:: *Bay of Plenty DHB*

Audit Period: *HHNZ National Audit Jul-Oct 2020*

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Bay of Plenty DHB	1,616	2,059	78.5%	76.7%	80.2%

	Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1	Nurse/Midwife	1,074	1,287	83.4%	81.3%	85.4%
2	Medical Practitioner	159	253	62.8%	56.7%	68.6%
3	Allied Health Care Worker	55	71	77.5%	66.5%	85.6%
4	Phlebotomy Invasive Technician	69	74	93.2%	85.1%	97.1%
5	Health Care Assistant	139	200	69.5%	62.8%	75.5%
6	Cleaner & Meal staff	12	24	50.0%	31.4%	68.6%
7	Administrative and Clerical Staff	1	1	100.0%	20.7%	100.0%
8	Other - Orderly & Not Categorised Elsewhere	19	29	65.5%	47.3%	80.1%
9	Student Allied Health	4	5	80.0%	37.6%	96.4%
10	Student Nurse/Midwife	84	115	73.0%	64.3%	80.3%

When gloves are taken OFF, the proportion of Moments that were MISSED is: 10.7%

When gloves are put ON, the proportion of Moments that were MISSED is: 13.2%

Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 21.5% of the time

When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was 85.3%

When healthcare workers correctly performed hand hygiene, the proportion of Moments where soap and water was used was 14.7%

Compliance Rate by Healthcare Worker - Tauranga Hospital

Start Date: 2020-07-01

Health Region:: *Midland Region*

End Date: 2020-10-31

Region Group:: *Bay of Plenty DHB*

Audit Period: *HHNZ National Audit Jul-Oct 2020*

Organisation:: *Tauranga Hospital*

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Tauranga Hospital	1,204	1,597	75.4%	73.2%	77.4%

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1 Allied Health Care Worker	49	65	75.4%	63.7%	84.2%
2 Invasive Technician	47	52	90.4%	79.4%	95.8%
3 Domestic	8	18	44.4%	24.6%	66.3%
4 Medical Practitioner	119	210	56.7%	49.9%	63.2%
5 Nurse/Midwife	769	943	81.5%	78.9%	83.9%
6 Other - Not Categorised Elsewhere	18	27	66.7%	47.8%	81.4%
7 Health Care Assistant	121	179	67.6%	60.4%	74.0%
8 Student Allied Health	3	4	75.0%	30.1%	95.4%
9 Student Nurse/Midwife	70	99	70.7%	61.1%	78.8%

When gloves are taken OFF, the proportion of Moments that were MISSED is: 13.2%

When gloves are put ON, the proportion of Moments that were MISSED is: 13.1%

Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 25.5% of the time

When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was 85.0%

When healthcare workers correctly performed hand hygiene, the proportion of Moments where soap and water was used was 15.0%

Compliance Rate by Healthcare Worker - Whakatane Hospital

Start Date: 2020-07-01

Health Region:: *Midland Region*

End Date: 2020-10-31

Region Group:: *Bay of Plenty DHB*

Audit Period: *HHNZ National Audit Jul-Oct 2020*

Organisation:: *Whakatane Hospital*

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Whakatane Hospital	412	462	89.2%	86%	91.7%

	Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1	Administrative and Clerical Staff	1	1	100.0%	20.7%	100.0%
2	Allied Health Care Worker	6	6	100.0%	61.0%	100.0%
3	Invasive Technician	22	22	100.0%	85.1%	100.0%
4	Domestic	4	6	66.7%	30.0%	90.3%
5	Medical Practitioner	40	43	93.0%	81.4%	97.6%
6	Nurse/Midwife	305	344	88.7%	84.9%	91.6%
7	Other - Not Categorised Elsewhere	1	2	50.0%	9.5%	90.5%
8	Health Care Assistant	18	21	85.7%	65.4%	95.0%
9	Student Allied Health	1	1	100.0%	20.7%	100.0%
10	Student Nurse/Midwife	14	16	87.5%	64.0%	96.5%

When gloves are taken OFF, the proportion of Moments that were MISSED is: 6.1%

When gloves are put ON, the proportion of Moments that were MISSED is: 13.5%

Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 12.4% of the time

When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was 86.4%

When healthcare workers correctly performed hand hygiene, the proportion of Moments where soap and water was used was 13.6%



BOARD MEMBER ATTENDANCE JULY – DECEMBER 2020

SUBMITTED TO:

Board Meeting

27 January 2021

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Pete Chandler, Chief Executive

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board notes the Board Member Attendance Register for the period July – December 2020

ATTACHMENT:

- Board Member Attendance Register, July – December 2020



SIX MONTHLY BOARD ATTENDANCE REPORT 1 July – 31 December 2020

SUBMITTED TO:

Board Meeting

27 January 2021

Prepared by: Maxine Griffiths, Board Secretariat

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

Submitted by: Pete Chandler, Chief Executive

RECOMMENDED RESOLUTION:

That the Board notes the information

Board Members	Board		FARM		CPHAC/DSAC		BOPHAC	
	A	DNA	A	DNA	A	DNA	A	DNA
	(A = Attended / DNA = Did Not Attend)							
Mark Arundel	6	0	6	0	3	0		
Marion Guy	5	1	5	1			3	0
Ron Scott	6	0	6	0			3	0
Geoff Esterman	6	0	6	0			3	0
Bev Edlin	6	0	6	0	3	0		
Pouroto Ngaropo	1	5						
Hori Ahomiro	6	0			2	1	3	0
Ian Finch	6	0	3	3	3	0		
Leonie Simpson	3	3					2	1
Sharon Shea	6	0	6	0			1	2
Arihia Tuoro	6	0	5	1	3	0		
Total number of scheduled meetings	6		6		3		3	



2021 ACTIVITIES: CALENDAR AND 90 DAY PLAN

SUBMITTED TO:

Board Meeting

27 January 2021

Submitted by: Pete Chandler, Chief Executive Officer

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board notes the 2021 Activities: Calendar and 90 Day Plan

INTRODUCTION

One of the historic gaps in our business model has been the absence of a clear and visible plan of activity in a form that is easy to share and understand. With Annual Plan and similar intended activity being buried in lengthy documents and with no execution timetable being formally used across the DHB:

- workstreams often drag on with no clear conclusion date and are often subject to significant drift
- as an executive we have not fully utilised our roles to jointly drive progress against a clear plan
- there is limited workforce visibility of what we're working on

We are evolving our business operating model in 2021 to address this opportunity for improvement with the aims that:

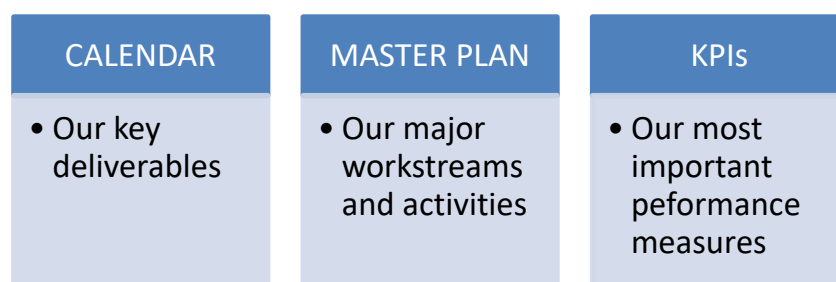
- We have a clear and visible (to all) plan
- We are clear who has the overall accountability and who has responsibility for delivery
- We have robust delivery dates
- We seek to shorten change cycles wherever possible
- We continually review the plan and alter course, pause or stop if circumstances change
- We communicate effectively and widely

At this point in our planning cycle we are somewhat retro-fitting tools to current activities underway, however this allows us to test and adapt new tools and execution methodology prior to next years annual plan commencement.

Linked to the above is our suite of metrics and these are similarly needing a significant review in how we use, rather than simply report data; this review is underway in parallel.

COMPONENTS OF THE NEW MODEL

Our full suite of new execution tools will be developed during 2021, primarily comprising:



A. Our Calendar

STRATEGIC PRIORITY AREA	Exec	'A' Responsible	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
A connected system of care														
Start bowel screening	BA	Sanda Fielding								X				
Commence Eastern Bay Healthcare Network Leadership team	PC	TBA				X								
National Go-live with Life Curve app	SM	Kathy Everitt		X										
Release concept Locality model proposal	PC	TBA			X									
Release re-design proposals for provider child, youth, and maternal services (Phase 1)	SM	Nathan Toms			X									
Start mental health unit rebuilds	JH	Jeff Hodson									X			
Submit next year's Annual Plan	MA	Rosie Entwistle			X									
Equitable Healthcare														
Launch Toi Ora Investment Model	MT					X								
Release of Te Tiriti position statement	MT			X										
Re-launch He Pou Oranga	MT	Graham Cameron						X						
Release clinical equity improvement priorities	PC			X										
Healthy, Thriving Workforce														
Violence against staff: Introduce smartphone support for lone workers	JH	TBA			X									
Release digital transformation strategy	OW	Richard Li							X					
Launch new DHB website	OW	Martin		X										
Commence building Organisational Development function	PC	Joe Akari		X										
Safe and Compassionate Care														
IC Net (infection control surveillance software) implementation	JR			X										
Release outcome review of Infection Control function	JR							X						
Standalone priorities														
Launch environmental sustainability strategy	JH	Victoria Blake			X									
Finalise Tauranga site master plan	JH								X					
Open 2nd Cath Lab	BA	Sandra Fielding									X*			
Commence COVID vaccination programme	MA	Helen de Vere				X*								
Release car fleet review recommendations	OW	Simon Den Bak						X						
<i>* indicative date</i>														

A first version of 2021 Calendar of key deliverables was developed by the Executive team in December and has been released for staff awareness this month. It is not intended to capture everything, but rather to focus on the major deliverables which have wider organisational interest. The calendar will be monitored for progress by the Executive on an ongoing basis and supplemented with additional strategically significant deliverables which emerge from workstreams, Board and Executive agreements and regional and national imperatives.

A walkthrough of the first calendar version will be undertaken at the Board meeting, along with an overview of our 90 Day Plan intentions.

B. Our Master Plan

The Master Plan will take longer to develop and is under the remit of Sarah Mitchell in her secondment to the 'Strategic Architect' role.

This will weave together our long list of workstream activity, from which future Calendars will be derived. The Master Plan will incorporate long and short developments from across the business units of the DHB – much of which will be our annual plan content - as well as whole of system developments and care improvement priorities.

Achieving a connected model of execution requires new tools to operationalise and this will increasingly be the case as we operate across organisational boundaries. During 2020 two leading cloud-based programme management tools were tested as they were required to enable continuation of developments during the COVID remote working period. We are currently planning rollout of one of these tools.

C. Our Performance Measures and Key Performance Indicators

During 2020, one of our senior analysts worked intensively with colleagues to develop a new suite of Power BI dashboards. These are interactive, allowing drilldown, and are the source of snapshot images taken which feed through into Board performance packs.

Work is underway – expected to be complete by around August 2021 – to build the software infrastructure to allow access through the cloud and on mobile devices. This will enable Board access to the dashboards for those who want to explore specific areas.

In this area of work we currently have a large number of separate dashboards developed for different purposes but no clear identification of our most important measures (our KPIs) which we are immovably committed to moving the dial on. This area of development is a current priority in progress.



1

BOPDHB ANNUAL PLAN 2021/2022

SUBMITTED TO:

Board Meeting

27 January 2021

Prepared by: Mike Agnew, Acting General Manager, Planning and Funding and Population Health

Endorsed and Submitted by: Pete Chandler, Chief Executive Officer

 For Decision

 For Discussion

 For Noting

RECOMMENDED RESOLUTION:

That the Board:

- **note** the planning guidance and key priorities for 2021/2022
- **endorse** ascertaining Lakes DHB's comfort with working together on our annual plans as a connected piece of work where we have shared priorities
- **approve**, subject to Lakes DHB agreement, to progress our annual plans broadly as set out in Option 3 below and if the inter-DHB discussions suggest we should go further management will bring this back to the Board

ASSURANCE:

Annual Planning guidance has been issued to Executives and third Tier managers with the aim of optimising our approach to Planning in 2021/2022 and revitalising the effort. Aligning the various strategic activities with the Annual Plan will be a key component of the optimisation process, as will re-establishing the document as *the* key statement of our efforts and intentions as a DHB.

2021/2022 GUIDANCE

The guidance received from the Ministry of Health is consistent with previous years in relation to areas of focus, which helps facilitate those strategic efforts that span multiple financial years. Achieving health equity and wellbeing for Māori through Whakamaua Māori Health Action Plan 2020-2025 are some of the most prominent high level priorities.

Other priorities are focused on improvement in the following areas, all of which align with the recent executive strategic priority identifications produced in November 2020:

- Sustainability.
- child wellbeing
- mental wellbeing
- wellbeing through prevention

- Better population health outcomes supported by a strong and equitable public health and disability system
- Better population health outcomes supported by primary health care
- Strong fiscal management.

A key change for next year is as a result of the COVID pandemic. In 2021/22 the focus for the actions to be included by DHBs must incorporate **COVID-19 recovery/learnings and equity implications**, and advance beyond “business as usual” practices in pursuit of greater improvement and innovation.

DHBs are also to include the most important **one or two key actions**, that will have the most significant impact for your population.

PARTNERSHIP WORKING WITH LAKES DHB

BOPDHB and Lakes DHB have a number of synergies which together indicate there is potentially a benefit in working together on our annual plans:

- We share one individual annual planning lead across the two DHBs
- Toi te Ora work across both DHB areas
- We have multiple similar aspirations, intentions and current priorities
- We have similar challenges in relation to the growing demands on our services and our demographics
- The presence of both DHB CEOs on the Waiariki Leadership Group which is seeking to build cross sector partnership working
- As organisations we like each other, have aligned values and see the world similarly

With the above, there would be a notable degree of benefit in the two DHBs working together as far as is practical in the annual plan production process to:

- Reduce duplicated effort
- Leverage each DHB team’s strategic and transformational thinking and planning for mutual benefit
- Identify specific areas of development work that we might be able to undertake together, rather than separately

There are a number of options in relation to how a shared approach might feed through into the final Annual Plan submission, for example:

Option 1: One single fully integrated joint annual plan

Option 2: One single combined plan containing each individual DHB’s content, potentially with a common section of content applicable to both DHBs

Option 3: Two separate annual plans which have common content in each wherever possible and practical for areas of shared priority

Subject to the Board’s support, management would like to formally approach Lakes DHB and seek their interest in progressing an Option 3 approach, with consideration of whether an Option 2 approach would be desirable, appropriate and achievable (which it probably isn’t). Within the timeline we do not feel that Option 1 is feasible or appropriate without considerable engagement across the DHBs, with Iwi, and with the Ministry of Health.

The Annual Planning process timeline is as follows:

Activity	Date: 2021
2021/22 Planning package issued to DHBs	December 2020
DHBs submit draft Annual Plans, SLM plans, Statement of Performance Expectations (SPE), financial templates/production plans to the Ministry.	5 March
Any Government updates to planning priorities confirmed	March
Feedback to DHBs on first draft plans	9 April
Budget day	May
Final draft plans and templates due to the Ministry	mid-June (date subject to confirmation of Budget day)
DHB Board signed SPE to be published on DHB websites	Before end of June
Ministry approval of SLM plan	31 July
DHB Board approved plans put forward for Ministerial approval	From mid-July
2021/22 SPEs tabled with 2020/21 Annual Reports	December

PERFORMANCE INDICATORS AND DASHBOARDS REVIEW

SUBMITTED TO:

Board Meeting

27 January 2021

Submitted by: Pete Chandler, Chief Executive Officer

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board note the planning guidance and key priorities for 2021/2022.

During 2020, considerable work was undertaken by our analysts to redevelop our historic dashboards and metrics from their largely manual form to automated form in Power BI. These developments provided invaluable data during the COVID lockdown where data and information were required daily and weekly rather than monthly and quarterly.

The Power BI suite now contains nearly 100 metrics and many of these have been grouped into user-required dashboards or reports to serve specific purposes such as:

- Annual plan reporting
- System level Measures reporting
- Maori health indicator reporting
- Specific projects and programmes reports
- Board and Committee reports

Power BI pulls a significant amount of data from our systems in providing each metric; this enables individual indicators (and content in dashboards) to be drilled through layers of data. All metrics now have an equity measure and scrolling through the master list of indicators shows an interesting picture of the extent of apparent inequity for Maori which will be extremely helpful to us in prioritising improvement imperatives.

When the six national health targets were the system's core focus it was fairly straightforward to identify our most important indicators, and contributory measures. However we now have a less explicit and evolving picture of what matters the most to monitor and to improve.

CORE DASHBOARD REFRESH

Between January and March 2021 the management team will be refreshing our more important dashboards and indicator sets to ensure the most important leading indicators are highly visible and used to drive change against our priorities. Our indicative timeline plan for this work is as follows:

Monthly Indicators report

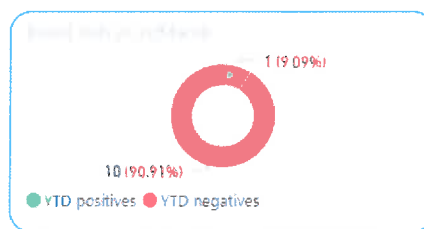
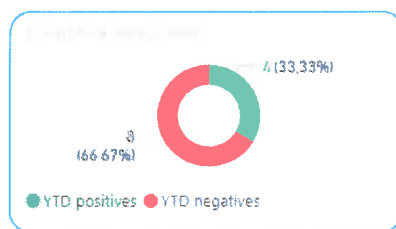
From Board Dashboard and Balanced Scorecard

Updated on January 15th 2021



1

From Board dashboard on PowerBI



From a total of 12 indicators, 4 indicators are in green, which represents 33%.

From a total of 11 indicators with split by ethnicity Maori, 1 are in green which represents 9%

From the 12 indicators, 1 do not have split by ethnicity, which represents 8%.

No variation against last month.

OBS: These are the indicators from the previous excel dashboards that were sent to the Board monthly by Planning and Funding.



2

BAY OF PLENTY DISTRICT HEALTH BOARD **Board Report** **Total population**

Ethnicity: Maori, Non-Maori, Total

ID	Description	Frequency	Last period	Target	Last Value	YTD	Equity
BSC_SMOK_PH04	Primary care smoking	Q	2020-09-01	90.00	88.46	88.46	-0.33
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	85.71	
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	73.59	73.59	-11.21
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	73.85	74.44	-8.33
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2020-12-01	95.00	104.59	102.60	-15.20
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2020-12-01	5.00	6.35	5.92	-11.53
BSC_MH_WT3W_0_19_AOD_DHB_NGO	Three week wait times - AOD (Provider Arm & NGOs) Ages 0-19	M	2020-09-01	80.00	70.35	72.67	-10.38
BSC_IMMS_8M12M	Child Immunisation 8M milestone 12M stats	M	2020-12-01	95.00	85.53	85.75	-11.31
BSC_FCT_S511	Patients with a confirmed diagnosis of cancer who receive their first cancer treatment within 62 days of decision-to-treat.	Q	2020-09-01	90.00	100.00	100.00	0.00
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2020-12-01	95.00	87.46	87.84	5.44
BSC_B45C_CW10	Percentage of obese children (B45C) offered a referral	M	2020-12-01	95.00	85.61	74.22	-3.13

CARE Manaakitanga

Planned care interventions

ID	Description	Frequency	Last period	Target	Value	YTD
BSC_PCI_T	Planned care interventions	M	2020-11-01	7,569.00	8,257.00	8,257.00

3

BAY OF PLENTY DISTRICT HEALTH BOARD **Board Report** **Maori**

Ethnicity: Maori, Non-Maori, Total

ID	Description	Frequency	Last period	Target	Last Value	YTD	Equity
BSC_SMOK_PH04	Primary care smoking	Q	2020-09-01	90.00	88.28	88.28	-0.33
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	86.96	
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	64.91	64.91	-11.21
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	67.02	66.97	-8.33
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2020-12-01	95.00	95.78	94.26	-15.20
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2020-12-01	5.00	15.24	13.48	-11.53
BSC_MH_WT3W_0_19_AOD_DHB_NGO	Three week wait times - AOD (Provider Arm & NGOs) Ages 0-19	M	2020-09-01	80.00	66.67	70.27	-10.38
BSC_IMMS_8M12M	Child Immunisation 8M milestone 12M stats	M	2020-12-01	95.00	78.72	79.52	-11.31
BSC_FCT_S511	Patients with a confirmed diagnosis of cancer who receive their first cancer treatment within 62 days of decision-to-treat.	Q	2020-09-01	90.00	100.00	100.00	0.00
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2020-12-01	95.00	91.19	91.61	5.44
BSC_B45C_CW10	Percentage of obese children (B45C) offered a referral	M	2020-12-01	95.00	85.33	77.73	-3.13

CARE Manaakitanga

Planned care interventions

ID	Description	Frequency	Last period	Target	Value	YTD
BSC_PCI_T	Planned care interventions	M	2020-11-01	7,569.00	8,257.00	8,257.00

4

Individual Indicators

On the following slides, the indicators from the Board report will be shown individually, with the definition on top of the page and comments on the right hand side.

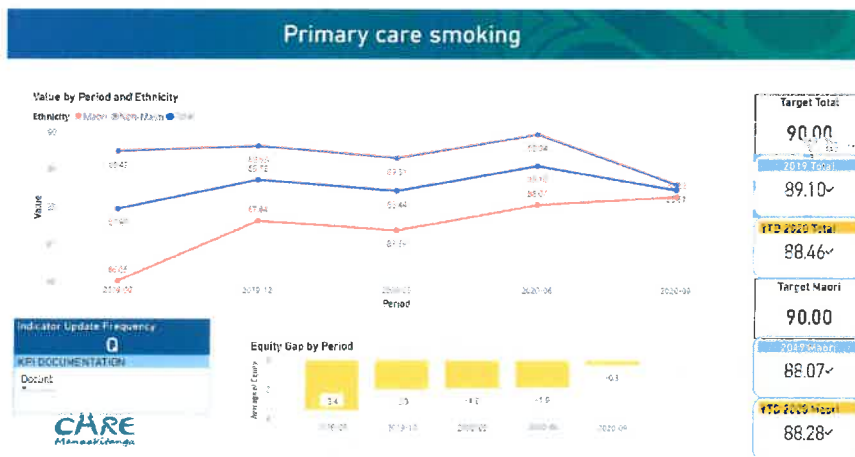


5

Definition

MOH Indicator PH04 Better help for smokers to quit (primary care) :

90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.



Comments:

No new data updates from previous period

National policy change: Vaping amendment Act may see more utilisation of vaping as a quitting tool due to security of regulated products in NZ. Initial Act changes roll out commenced in November 2020.

6

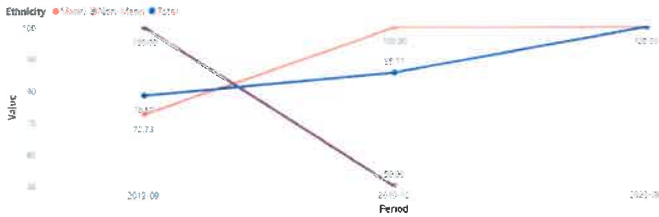
Definition

MOH Indicator CW09 Better help for smokers to quit (maternity):

90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Maternal smoking

Value by Period and Ethnicity



Indicator Update Frequency: Quarterly (Q)

KPI DOCUMENTATION: DocLink

CARE Manakihanga

Equity Gap by Period



Comments:

No new data updates from previous period

This indicator currently only captures pregnant women who smoke who receive Brief Advice at the maternity units. This indicator does not currently have a data source for LMCs. The MoH are relying on the National Maternity dataset changes to include LMC data for this indicator. A lot of work has happened and planned for in the 20/21 year to improve this indicator by reducing smoking in pregnancy- First 1000 days incentive payments to stop smoking through Hapainga. Hapu mama smokefree support groups, Ukaipo wananga and Wahakura wananga.

Target Total	90.00
2019-12 Total	85.71✓
YTD 2020 Total	85.71
Target Maori	90.00
2019-12 Maori	86.95✓
YTD 2020 Maori	86.95

7

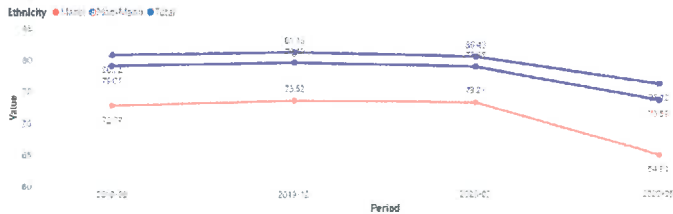
Definition

MOH Indicator PV02 Improving cervical screening coverage:

80% coverage for all ethnic groups and overall.

Improving cervical screening coverage

Value by Period and Ethnicity



Indicator Update Frequency: Quarterly (Q)

KPI DOCUMENTATION: DocLink

CARE Manakihanga

Equity Gap by Period



Comments

No new updates from previous period.

During Level 4 lockdown (and some providers in L3), cervical screening was not provided. The services are currently trying to catch up on this unmet need. The Support to Screening provider specifically works to improve access to screening for priority groups, in particular Māori wāhine. BOPDHB offer funding to remove the cervical screening GP co-payment for priority women. Three women's health wananga (Sept, Oct and Nov 2020) have been held in Murupara and surrounding towns, led by Te Ika Whenua Hauora. 165 overdue women have had opportunistic Free Cervical Screening so far. This is likely to be seen as % Māori increase in subsequent reports.

Target Total	80.00
2019-12 Total	79.12✓
YTD 2020 Total	73.59✓
Target Maori	80.00
2019-12 Maori	73.17✓
YTD 2020 Maori	64.91✓

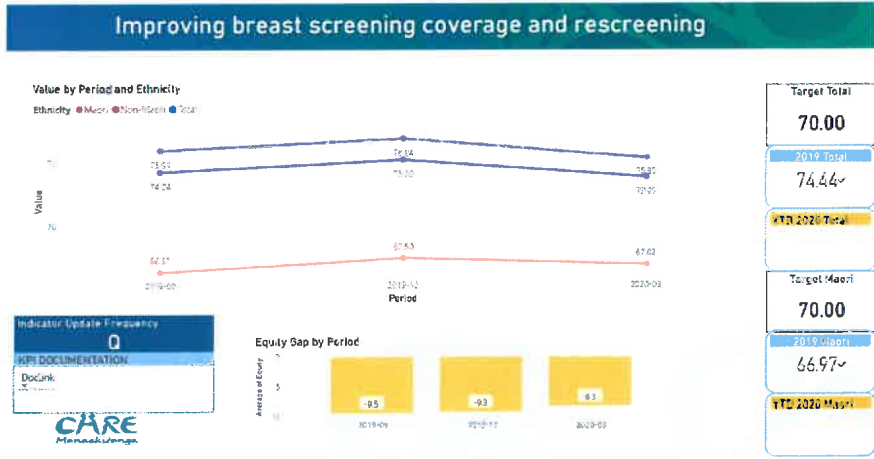
8

Definition

MOH Indicator PV01 Improving breast screening coverage and rescreening:
70% coverage for all ethnic groups and overall.

Comments

No new data updates from previous period. Breast screening was not provided during Level 4. The backlog of appointments have now been caught up (Oct 2020). The planned March 2020 mobile visit to Kawerau was cut short and the momentum from the community was also disrupted. However, the re-scheduled visit commenced 18th May while still in Level 3. The wāhine of Kawerau were undeterred – 235 presented for their mammograms. We are likely to see the equity impact of this visit in upcoming reporting.



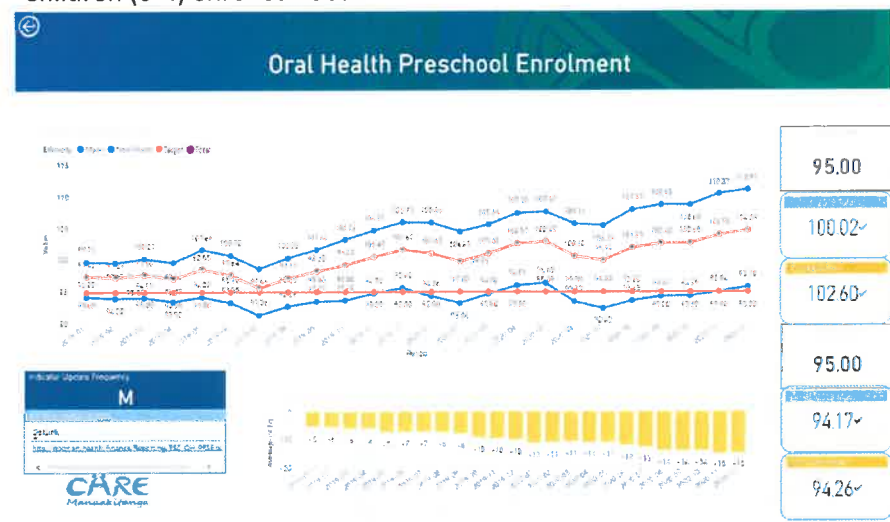
9

Definition

MOH Indicator CW03 Improving the number of children enrolled and accessing the Community Oral health service :
Children (0-4) enrolled ≥95%

Comments

Māori preschool enrolment is recovering and improving from last year. Percentage is over 100% because denominator is based on Census projected population. **The equity gap for this indicator is increasing over time.**

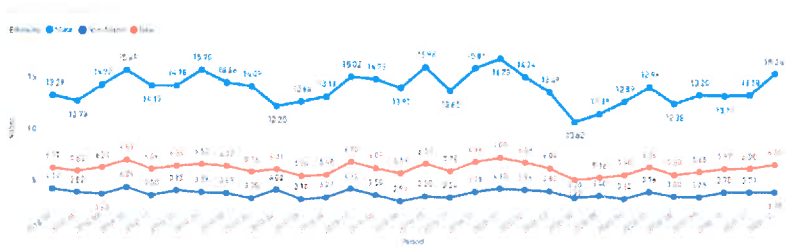


10

Definition

Internal Indicator: Did not attend rate for outpatient services, Target 5%.

Did not Attend (DNA) rate for outpatient services



5.00
6.09✓
5.92✓
5.00
14.26✓
13.48✓

Comments:
YTD DNA rates for Dec is 5.92 which is higher than the target of 5%. Levels are back to the normal trend. **YTD 2020 for Maori is 14.26%.** Negative Equity gap between Maori and non-Maori has been around 9% points for the last few months.

Indicator Update Frequency: M

Display: Period

CARE Mānukaŀtanga

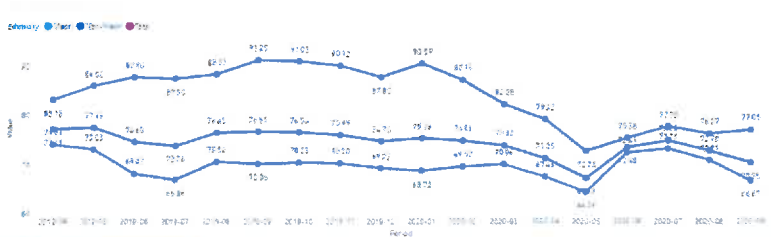


11

Definition

MOH Indicator MH03 Shorter waits for non-urgent mental health and addiction services : Additions (Provider Arm and NGO) 80% of people seen within 3 weeks.

Three week wait times - AOD (Provider Arm & NGOs) Ages 0-19



80.00
74.38✓
72.67✓
80.00
69.19✓
70.27✓

Comments
This measure is 4 months behind from the latest update received from MOH this month. Last data reported is **September**. The latest figures show an improvement on the last 2 months. The equity gap for this measure has been decreasing in the last two/three months. The MH&AS Leadership Team have also continued to be involved in intensively supporting the service during a difficult time after the Service Manager resigned after only 7 months in the role. A major service improvement programme is being initiated looking at integration opportunities with other services e.g. Child Development , paediatrics, public health and community providers.

Indicator Update Frequency: M

Display: Period

CARE Mānukaŀtanga



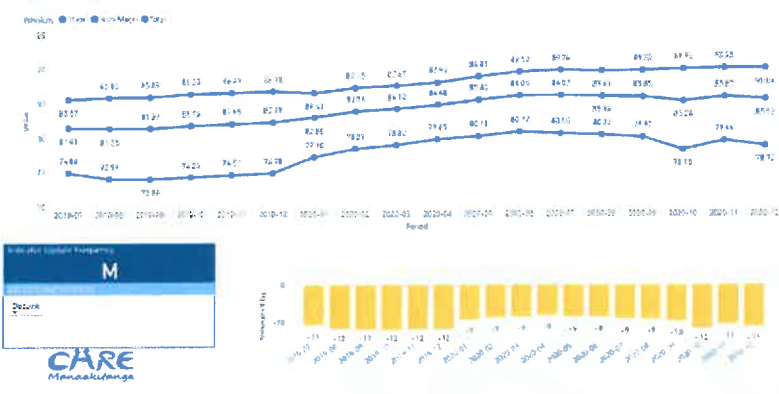
12

Definition

MOH Indicator CW05 Immunisation coverage at eight months of age(12 month stats):

≥95% of eight months old for each of the Maori, Pacific (where relevant) and total populations fully immunized. The equity gap, if any, between Maori and non-Maori populations is no more than 2%.

Child Immunisation 8M milestone 12M stats



95.00

2020-12

83.07

85.75

95.00

76.79

79.52

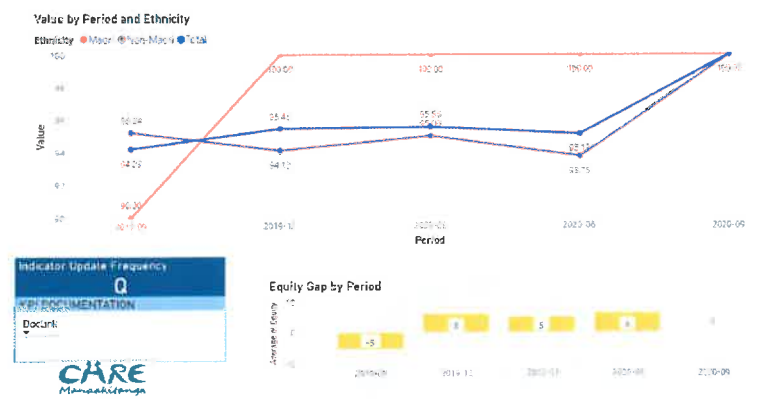
Comments
 Immunisation coverage has improved since June 2019, although last month equity gap is increasing between Māori and Non-Māori.
 The service have concentrated efforts on missed children to improve timely vaccination and this has supported our improved consistency of coverage; the NIR team have worked closely with the PHO Outreach services to secure actions for the cohort of children each month. To the extent that all WBOP and EBPHA missed children this month have outcomes – the majority non-responding to OIS and GP or delaying/hesitating due to Covid-19 heightened concerns. As a further consequence late referrals are down to single numbers and/or missed due to this delay in referring.
 Declines remain a challenge for the service; there is also an anecdotal increase in 'hesitancy' regardless of the fact that the service is actively approaching and engaging with every one of our eligible population
 We will continue to re-enforce the agreed primary care pathway process, which has the expectations for timely vaccination.

Definition

MOH Indicator SS11:

90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.

Patients with a confirmed diagnosis of cancer who receive their first cancer treatment within 62 days of decision-to-treat.



Target Total

90.00

2019 Total

95.05

YTD 2020 Total

100.00

Target Maori

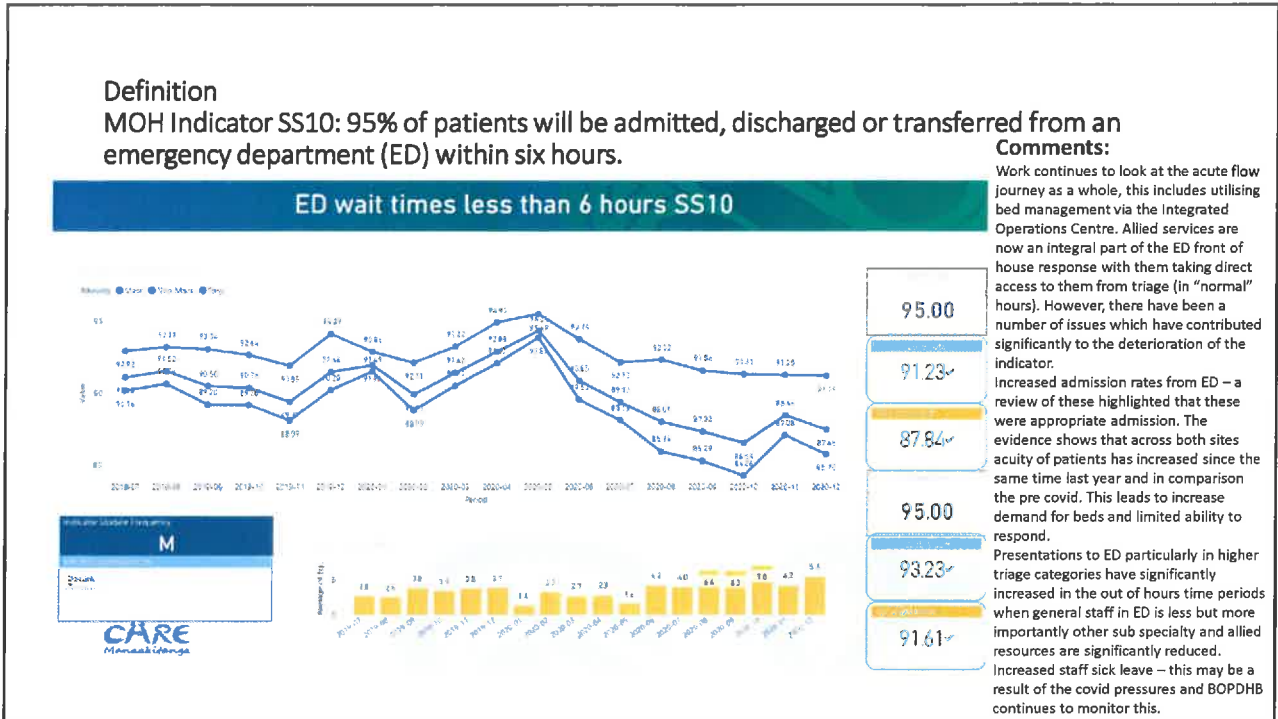
90.00

97.06

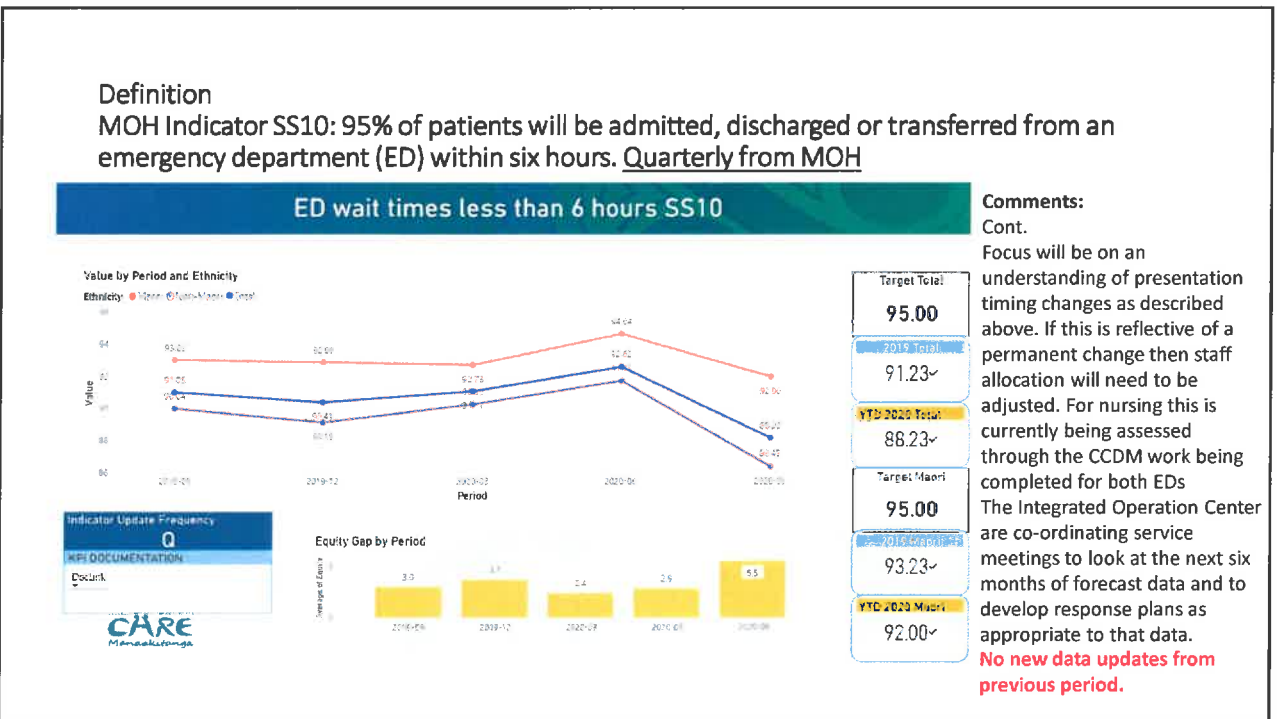
YTD 2020 Maori

100.00

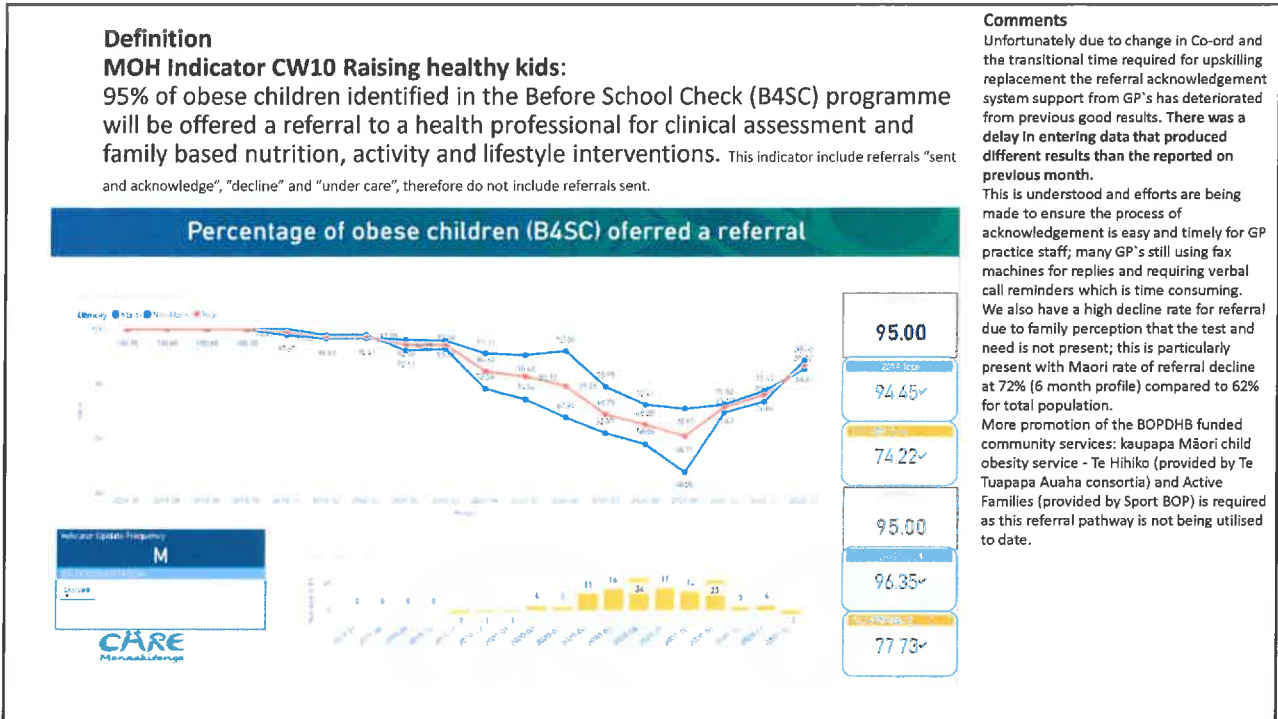
Comments:
No new data updates from previous period.
 Performance has remained over the target for all ethnicities. Number of patients in this 62 day KPI are low, in this most recent quarter, we had 12 Māori from a total of 30.



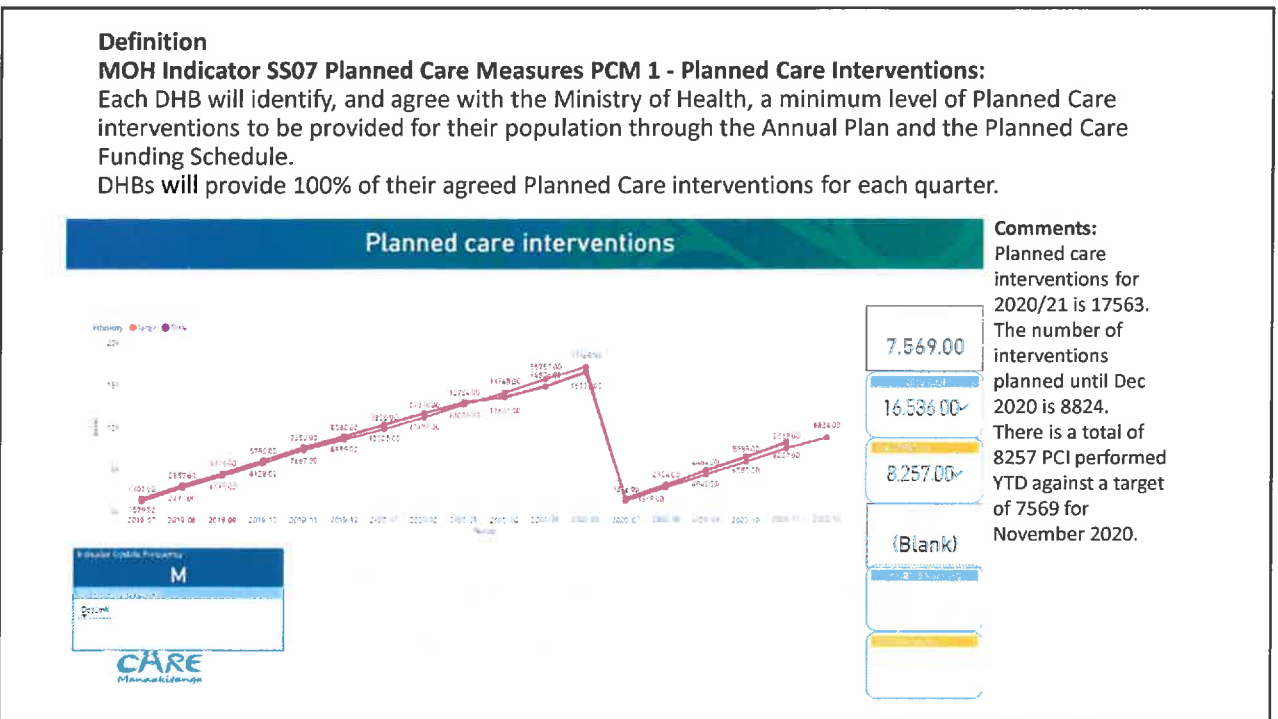
15



16



17



18

MHGD Indicators from old excel report

On the following slide, the indicators from MHGD old excel file are presented using the same format as the Board report.



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MHGD Dashboard							Ethnicity		
							Maori	Non-Maori	Total
ID	Description	Frequency	Last period	Target	Last Value	YTD	Equity		
BSC_ASH_0_4	Ambulatory sensitive (avoidable) hospital admission 00_04	Q	2020-09-01	6,054.00	6,077.00	6,077.00	-23.00		
BSC_ASH_45_64	Ambulatory sensitive (avoidable) hospital admission 45_64	Q	2020-09-01	7,823.00	7,089.00	7,089.00	+734.00		
BSC_SMOK_PH01	Babies who live in smokefree household at 6 weeks	Q	2020-06-01	60.00	26.61	26.61	+33.39		
BSC_BF_3M	Breastfeeding at 3 months	M	2020-10-01	70.00	43.75	43.75	+26.25		
BSC_BF_CW06	Breastfeeding at 3 months WCTO	Q	2020-09-01	70.00	50.89	50.89	+19.11		
BSC_BF_6M	Breastfeeding at 6 months	M	2020-10-01	70.00	54.55	54.55	+15.45		
BSC_BF_6W	Breastfeeding at 6 weeks	M	2020-10-01	75.00	0.00	0.00	+75.00		
BSC_MMMS_8MM3M	Child immunisation 8mm3m	M	2020-12-01	95.00	73.04	76.36	+18.64		
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2020-12-01	5.00	15.24	13.48	+1.76		
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2020-12-01	95.00	91.19	91.61	+3.81		
IDP_PHO_NB6W	Enrolment of new born babies with a General Practice / PHO at six weeks	Q	2020-09-01	55.00	64.03	64.03	-9.03		
IDP_PHO_NB3M	Enrolment of new born babies with a General Practice / PHO at three months	Q	2020-09-01	85.00	75.45	75.45	+9.55		
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	67.02	66.97	+3.03		
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	64.91	64.91	+15.09		
BSC_MMMS_INF165	Influenza 65+	M	2020-12-01	75.00	68.16	68.16	+6.84		
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	86.96	+13.04		
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2020-12-01	95.00	95.78	94.26	+0.72		
BSC_PHO_PH03	PHO enrolment	Q	2020-06-01	90.00	90.84	90.84	-0.84		
BSC_PHO_PH03V2	PHO enrolment on all local PHO or Rotorua	Q	2020-06-01	90.00	87.81	87.81	+2.19		
BSC_SMOK_PH04	Primary care smoking	Q	2020-09-01	90.00	88.28	88.28	+1.72		
BSC_MH_WT3W_0_19_AOD_DHB	Three week wait times - AOD (Provider Arm) Ages 0-19	M	2020-09-01	80.00	56.52	61.97	+18.48		

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MHGD Dashboard							Total population	
ID	Description	Frequency	Last period	Target	Last Value	YTD	Ethnicity Maori Non-Maori Total	
BSC_ASH_0_4	Ambulatory sensitive (avoidable) hospital admission 00_04	Q	2020-09-01	6,618.00	5,218.00	5,218.00		
BSC_ASH_45_64	Ambulatory sensitive (avoidable) hospital admission 45_64	Q	2020-09-01	3,716.00	3,585.00	3,585.00		
BSC_SMOK_PH01	Babies who live in smokefree household at 6 weeks	Q	2020-06-01	80.00	45.86	45.86		
BSC_BF_3M	Breastfeeding at 3 months	M	2020-10-01	70.00	59.09	59.09		
BSC_BF_CW06	Breastfeeding at 3 months WCTO	Q	2020-09-01	70.00	62.16	62.16		
BSC_BF_6M	Breastfeeding at 6 months	M	2020-10-01	70.00	68.00	68.00		
BSC_BF_6W	Breastfeeding at 6 weeks	M	2020-10-01	75.00	33.33	33.33		
BSC_IMMS_8M3M	Child immunisation 8m3m	M	2020-12-01	95.00	83.53	85.62		
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2020-12-01	5.00	6.35	5.92		
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2020-12-01	95.00	87.46	87.84		
IDP_PHO_NB6W	Enrolment of new born babies with a General Practice / PHO at six weeks	Q	2020-09-01	55.00	72.43	72.43		
IDP_PHO_NB3M	Enrolment of new born babies with a General Practice / PHO at three months	Q	2020-09-01	85.00	89.11	89.11		
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	73.89	74.44		
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	73.59	73.59		
BSC_IMMS_INFL65	Influenza 65+	M	2020-12-01	75.00	74.25	74.25		
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	85.71		
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2020-12-01	95.00	104.59	102.60		
BSC_PHO_PH03	PHO enrolment	Q	2020-06-01	90.00	96.20	96.20		
BSC_PHO_PH03V2	PHO enrolment on a local PHO or Rotorua	Q	2020-06-01	90.00	92.75	92.75		
BSC_SMOK_PH04	Primary care smoking	Q	2020-09-01	90.00	88.46	88.46		
BSC_MH_WT3W_0_19_AOD_DHB	Three week wait times - AOD (Provider Arm) Ages 0-19	M	2020-09-01	80.00	85.57	65.75		

BOARD PROCESS REVIEW JANUARY 2021

SUBMITTED TO:

Board

2021

27 January

Prepared by: Naila Naseem, Office of the Chief Exec

Endorsed and
Submitted by: Pete Chandler, CEO For Decision For Discussion For Noting**RECOMMENDATION:**

That the Board **Discusses** with management the contents of this paper and provides feedback on two questions:

1. If you could identify two specific next enhancements to board papers what would they be?
2. If you could identify two specific next enhancements to the CEO report what would they be?

PURPOSE

The purpose of this paper is to update the board on the progress of a review of board processes and to seek feedback from the Board on opportunities to enhance the management and presentation of board affairs, specifically board papers and the Chief Executive's report.

BACKGROUND

Initial data gathering has highlighted a number of issues that after discussion with the Chair and Chief Executive seem to warrant further investigation. While the agenda and papers have improved over time in terms of quality, clarity of purpose and formatting, issues identified include:

- Use of decision, discussion, note is improving but needs feedback process when not clear
- Papers can be lengthy and can lack clarity on what the DHB wants the Board to understand or consider
- Duplication of programme updates and metrics (e.g. SSED, immunisation)
- Papers often appear very operational and less focussed on strategic governance discussions
- Performance metrics could be linked more explicitly with strategic priorities; dashboards and visuals would benefit from descriptive titles and improvement solutions
- Considerable rework required to formatting and consistency, with a reliance on board secretary and CEO to do this.

The Chair has provided feedback:

- Review the configuration of board papers
- Solution focussed (less re-stating current state)
- Data that supports decision making
- 'Optimal' mix in agenda: Compliance and Monitoring; Strategic problem solving compared to being driven by function (for decision, discussion, note)
- Improve quality of spelling, formatting and accuracy of data
- State and link everything back to Key Priorities from Strategy.

The Board are invited to consider:

1. If you could identify two specific next step enhancements to board papers what would they be?
2. If you could identify two specific next step enhancements to the CEO report what would they be?

A paper with recommendations and proposed enhancements will be presented to the next Board meeting.



CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting

27 January 2021

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Pete Chandler, Chief Executive

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board notes the correspondence

ATTACHMENTS:

- Letter from Te Runanga o Ngati Awa, re Support for He Ra Whakamaumahataranga – Whakaari 2020, 18 December 2020
- Letter of Appreciation from Whakatane Patient – 1 January 2021



18 December 2020

Via Email: sharon@sheapita.co.nz

Tēnā koe e te rangatira,

Waipuke ana te rere o roimata o Ngāti Awa, otirā ngā Iwi o Mataatua, i ngā mate ohorere i Whakaari, ko tahi tau ki muri.

E tangi ana mātau ko ngā whānau o ō mātau uri, ko ngā whānau o ngā manuhiri o te rohe. Ka tuku te marumaru, ngā roimata, me te awahi.

E mihi ana a Ngāti Awa ki a rātau ngā toa i whakamōrea kia whakahoki ngā mōrehu, ngā mate hoki, i a Whakaari ki ngā ringa o ō rātau whānau.

E mihi ana Te Rūnanga o Ngāti Awa kia koe me tou roopu e tautoko mai i te rā whakamaumaharatanga o Whakaari 2020. Ka mihi hoki ki a Stephanie Baird.

On behalf of Te Rūnanga o Ngāti Awa I extend our thanks to you and your organisation and your staff for supporting He Rā Whakamaumahataranga – Whakaari 2020. We appreciate your collective efforts to ensure bereaved whanau, first responders, dignitaries and manuhiri were well cared for and the anniversary event was meaningful for victims, their whānau and the community.

Naaku noa, naa

Tumuaki

Joe Harawira

The CEO
Whakatane Hospital
P,O,Box 241
Whakatane 3158
1st January 2021

Dear Sir

I would like to congratulate your teams who took care of me before and after my two Hip Replacement operations on the 15th January and the 16th October 2020.

The Pre-Op Clinic, all questions answered and all procedures explained. The surgical team lead by Mr. Nigel Giles. The care and kindness and reassurance shown by all Theatre Staff and both Anaesthetists. The X-Ray Department and Orderlies. The nurses in the Surgical ward whom went above and beyond their call of duty even staying after their shift had ended to make sure I was safely back into bed after using the toilet before they left the ward. The Physio staff who made the exercises seem easy with their encouragement. The hard-working cleaners. Also, a big thank you to the Lab staff always a welcoming smile and the staff who answer the 0800 calls. I would also like you to know that there was a huge improvement in the quality of the meals during my second stay.

Thank you for the high level of care I was given while a patient in Whakatane Hospital, it was so very much appreciated and made my stay most enjoyable.

Judith