



# Agenda

## Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, 889 Cameron Road,  
Tauranga

Date and Time: Wednesday 15 January 2020 at 9.30 am

**Please note: Board Only Time, 8.30 am**

### Minister's Expectations

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

### Priority Populations

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

### The Quality Safety Markers

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

### Strategic Health Services Plan Objectives:

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



<b>Item No.</b>	<b>Item</b>	<b>Page</b>
<b>1</b>	<b>Powhiri</b> Formal Powhiri to welcome new Board Members	
<b>2</b>	<b>Apologies</b>	
<b>3</b>	<b>Interests Register</b>	<b>4</b>
<b>4</b>	<b>Minutes and Chair Report Back</b> 4.1 <u>Board Meeting - 20.11.19 Minutes</u> 4.2 <u>Matters Arising</u> 4.3 <u>BOPHAC Meeting - 4.12.19 Minutes</u> 4.4 <u>BOPALT Meeting - 01.12.19 Minutes</u>	<b>7</b> <b>12</b> <b>14</b> <b>18</b>
<b>5</b>	<b>Items for Discussion / Decision</b> (Any items that are not standing reports must go via the Committees and will include the Chair's report and Committee recommendation) 5.1 <u>Enhancements to Out-Year Planning</u> 5.2 <u>Chief Executive's Report</u> 5.3 <u>Primary Health Organisation Reports</u> 5.4 <u>Dashboard Report</u> (to be circulated)	<b>25</b> <b>29</b> <b>42</b>
<b>6</b>	<b>Items for Noting</b> 6.1 <u>Board Attendance – July – December 2019</u> 6.2 <u>Board Work Plan 2020</u>	<b>44</b> <b>45</b>
<b>7</b>	<b>Correspondence for Noting</b> Nil	
<b>8</b>	<b>General Business</b>	
<b>9</b>	<b>Resolution to Exclude the Public</b> Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.  Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public	

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	is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.	
<b>10</b>	<b>Next Meeting</b> – Wednesday 19 February 2020	

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

(Last updated January 2020)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
<b>AHOMIRO, Hori</b>				
Tapuika Int Authority	Board Director	Fisheries Trust	LOW	22/10//19
BOPDHB MHAS	Employee	Mental Health & Addictions	MED	22/10/19
BOP ANZASW Branch	Member & Kaumatua	Executive Leadership	LOW	22/10/19
<b>ARUNDEL, Mark</b>				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
<b>CULLEN, Michael</b>				
Te Kotahitango o nga hapu o Ngati Tuwharetoa (TKNT)	Lead Claims Negotiator	Treaty, other claims	LOW	1/9/2010
Retirement Income Group	Director		VERY LOW	1/6/2017
Earthquake Commission (EQC)	Chair of the Commission	Disaster Insurance	VERY LOW	1/11/2018
Lakes DHB	Board Member	Health	LOW	7/12/2019
<b>EDLIN, Bev</b>				
Institute of Directors – BOP Branch	Board Member	Membership Body	LOW	Member since 1999
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/ Chair Sept 2017
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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
<b>ESTERMAN, Geoff</b>				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
<b>GUY, Marion</b>				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
<b>FINCH, IAN</b>				
Visique Whakatane	Director	Optometry	LOW	1/11/19
<b>NGAROPO, Pouroto</b>				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
<b>SCOTT, Ron</b>				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Volunteering Bay of Plenty	Chair	Volunteer organisation	NIL	October 2019
<b>SHEA, Sharon</b>				
<b>SIMPSON, Leonie</b>				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
<b>TUORO, Arihia</b>				
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	25/12/2019
Toi EDA	Committee Member	Eastern bay Economic Dev	Low	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohe Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019



## Bay of Plenty District Health Board

**Venue: Tawa Room, Education Centre, 889 Cameron Road, Tauranga**

**Date and Time: 20 November 2019 at 11.00 am**

**Board:** Sally Webb (Chair), Ron Scott, Bev Edlin, Mark Arundel, Matua Parkinson, Marion Guy, Geoff Esterman and Anna Rolleston

**In attendance:** Ian Finch and Hori Ahomiro, newly elected Board Members

**Attendees:** Simon Everitt (Interim Chief Executive), Owen Wallace (GM Corporate Services) Pete Chandler(Chief Operating Officer), Sarah Davey (Acting GM Planning & Funding and Population Health), Debbie Brown (Senior Advisor Governance & Quality), Jeff Hodson, (GM Facilities & Business Operations), Sarah Mitchell (Director, Allied Health, Scientific & Technical), Julie Robinson (Director of Nursing), Hugh Lees (Chief Medical Advisor)

**Public** Jean Bell

Item No.	Item	Action
1	<b>Karakia</b> had been undertaken at Board only time Newly elected Board Members I Finch and H Ahomiro introduced themselves and gave their background.	
2	<b>Patient Story</b> Video – Cancer and Me Kerry Hunia Board Members were appreciative of having the opportunity to review the video and the message that was being relayed. A letter of acknowledgement to be forwarded to Kerry’s family.	SAGQ
3	<b>Apologies</b> Apologies were received from Judy Turner and Peter Nicholl <b>Resolved</b> that the apologies from J Turner and P Nicholl be received Moved: B Edlin Seconded: R Scott	
4	<b>Interests Register</b> The Committee was asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.	
5	<b>Minutes</b> 5.1 <u>Minutes of Board meeting</u> Correction to be made. Mark Arundel was present. <b>Resolved</b> that with the above correction, the Board receive the minutes of the meeting held on 16 October 2019 and confirm as a true and correct record. Moved: A Rolleston Seconded: G Esterman	

	<p>5.2 <u>Matters Arising</u> CEO to follow up with HOCS and Manukura re equity in research paper.</p> <p>5.3 <u>CPHAC/DSAC Meeting – 6.11.19</u> Committee Chair advised that the meeting had focussed on Disability and a futuristic view of Disability.  Moved: B Edlin Seconded: R Scott</p> <p>5.4 <u>BOPALT Meeting – 10.10.19</u> Query was raised with regard to the CEO and GMPF not being present at the meeting. Interim CEO advised of not being able to attend that particular meeting. He is however committed to attending.  Item 7.7 Keeping me Well / Co-ordinated Care. Query was raised with regard to the Patient Flow, an individual patient's journey through the integrated care system. Acting GMPF advised this could be circulated to Board Members and may be a good patient story for the Board.  The Board noted the minutes</p>	<p>CEO</p> <p>Acting GMPF</p>
<p><b>6</b></p>	<p><b>Items for Discussion / Decision</b></p> <p>6.1 <u>Chief Executive's Report</u> Interim CEO highlighted the following:  <i>Strategic Priorities.</i> These were brought to last Board meeting and are now being implemented. There was good discussion at Exec Committee yesterday regarding planning the way forward.  <i>Keeping me Well.</i> There is some great work being done in reducing wait times with dedicated support from Allied Health. 45% of patients are being seen within a month. There are plans for a prototype of the new model of Keeping Me Well starting in February. An interdisciplinary team will support people to transition in and out of hospital in a more seamless way. There will also be a link with Healthcare Homes and Community Support Providers. A planned system of care.  <i>Mental Health Awareness Week.</i> Some really good work done within this week, particularly the fluoro event.  <i>P&amp;C Team.</i> Improvements are beginning to be seen under the new Haeata programme and GMCS leadership.  <i>Contraception Access Programme</i> is progressing with improving access. The resourcing is targeted to high needs woman.  <i>CHIP Portal.</i> Level of access and usage is good.  <i>Skin Based infection programme</i> is imminent being implemented through community pharmacy aligning to current rheumatic fever throst swabbing services.  <i>Faster Cancer Treatment.</i> Has achieved target for quarter.  <i>Te Reo language classes.</i> 5 classes per week. Really good interest and attendance with waiting lists. Exec and Board Members who are currently students advised that the classes were excellent.</p>	



	<p><b>Resolved</b> that the Board receive the report</p> <p style="text-align: right;">Moved: A Rolleston Seconded: Y Boyes</p> <p>6.2 <u>Primary Health Organisation Reports</u> The Board noted the reports</p> <p>6.3 <u>Dashboard Report</u> <i>Immunisation</i> is in the fifth consecutive month of improvement. The measles outbreak has no doubt influenced, however this is a pleasing result but still a significant gap to bridge. <i>Pre School Oral Health</i> involvement is being sustained above target Queries were raised on: <i>Planned Care Interventions</i> which is the old electives target. BOPDHB is ahead of target overall. There are some differences from the electives target. A report will come to BOPHAC with more detail on performance against this target. <i>DNA rates for Maori</i>. The KPIs for Exec for Te Toi Ahorangi (TTA) will bring focus to these rates and current performance gaps. Request was made to focus on the patient's perspective e.g. the manner in which the appointments are sent. Patients sometimes do not receive appointments. There is an Outpatients staff member responsible solely for follow up on appointments. <i>Babies in a smoking environment</i> – question as to why the information is from December 18. Acting GMPF will follow up. National data is historically further behind than local.</p> <p><b>Resolved</b> that the Board receive the report</p> <p style="text-align: right;">Moved: G Esterman Seconded: A Rolleston</p> <p>6.4 <u>Healthy Built Environments Position Statement</u> Toi Te Ora with the assistance of the Maori Health Directorate has applied Te Toi Ahorangi (TTA) across the content of this position statement. Query was raised on what a Te Tiriti based organisation means to the Board. What would community perception be of that and is the organisation confident on knowledge of what a Te Tiriti based organisation means? Most Government organisations are based on Te Tiriti and the wording of this document brings this to the fore. It was considered, as a Board, the organisation is quite a way from being a Te Tiriti based organisation, however it is an aspirational statement. Comment was made that the word “based” could be “focussed”. It was considered a change to the wording was not required, it was more, how do we live up to or meet and understand the intent. It may be a conversation for discussion at the afternoon's meeting. The organisation is on the cusp of implementing TTA and will discuss progression with the new Board. There is a Wananga scheduled in February which may be helpful in exploring what being a Te Tiriti based organisation means. This document will be held over for a final decision for that purpose.</p>	<p>COO</p> <p>Acting GMPF</p>
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	<p>Query was raised as to whether methamphetamine and its damage with regard to healthy homes should be included in the position statement on Healthy Homes listed as part of this position statement. It was advised that the Healthy Homes position statement is due for review and this could be taken into consideration.</p> <p>6.5 <u>Draft Board Work Plan 2020</u></p> <p>The Board Strategic sessions are currently scheduled for the same day as joint Board Runanga days.</p> <p>This will need to be changed to begin in March. These sessions will be in the morning 9.30 am - midday with the Board meeting in the afternoon.</p> <p><b>Resolved</b> that subject to the amendment, the Board endorses the draft work plan.</p> <p style="text-align: right;">Moved: M Arundel Seconded: B Edlin</p>	Board Secretariat
<b>7</b>	<p><b>Items for Noting</b></p> <p>7.1 <u>Board and Committee Meeting dates 2020</u></p> <p>7.2 <u>Submission to Ministry for Primary Industries Folic Acid Fortification of Foods</u></p> <p>7.3 <u>Submission to Ministry for Environment Consultation on National Direction for Fresh Water</u></p> <p>7.4 <u>Emergency Department Utilisation Analysis update</u> A more complete report will come to the Board in January.</p> <p>7.5 <u>Board Work Plan 2019</u> The Board noted the reports.</p>	
<b>8</b>	<p><b>Correspondence for Noting</b></p> <p>8.1 <u>Letter from Hon David Clark, Minister of Health to Midland Chief Executives and Chairs re approval of Midland Regional Services Plan – 11.11.19</u></p> <p>The Board noted the correspondence</p>	
<b>9</b>	<p><b>General Business</b></p> <p>9.1 <u>Advanced Care Plan</u> Comment was made that the Advanced Care Plan is well received in the Community, particular in Aged Residential Care facilities.</p> <p>9.2 <u>Board Chair's Acknowledgement</u> The Board Chair conveyed her appreciation to all Board Members for their support over her tenure with her best wishes to departing members.</p>	
<b>10</b>	<p><b>Resolution to Exclude the Public</b></p> <p><b>Resolved</b> that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p>	

	<p>Confidential Minutes of last meeting:  Board Minutes  AFRM Minutes  CPHAC/DSAC Minutes  Chief Executive's Report  CDM Infographic Update  SSC Code of Conduct Advice  Correspondence for Noting</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed:  Simon Everitt  Owen Wallace  Pete Chandler  Debbie Brown  Hugh Lees  Jeff Hodson  Julie Robinson  Sarah Mitchell</p> <p><b>Resolved</b> that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Webb  Seconded: R Scott</p>	
10	<b>Next Meeting</b> – Wednesday 15 January 2020	

The open section of the meeting closed at 12.15 pm

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



## Bay of Plenty District Health Board

### Matters Arising (open) – January 2020

Meeting Date	Item	Action required	Action Taken
19.6.19	6.3	<b>Chief Executive's Report – Research</b> Query was raised as to whether the research we do, widens the equity gap. CEO to request HOD Clinical School to provide feedback to the Board – HOCS	In progress
19.7.19	2.1	<b>New CIO – Richard Li</b> The Board will look forward to the results of having Richard as CIO and requested that Richard return with an update in 3 months - GMCS	To report back early in the New Year
18.9.19	6.1	<b>CEO's Report – Maori presentations through ED</b> GMMHGD advised that the information shown should generate more questions than answers. COO advised that there more Maori who present at ED who are then admitted. The Board requested clarity of the graph for next month's meeting. It was suggested that Dr George Gray should be invited to critique the graph and offer his opinion - GMMHGD	In Progress – update provided to Board 20.11.19
16.10.19	6.1	<b>CEO's Report – Contingency Planning re Strikes</b> The Board requested that their thanks be given to staff for their efforts and commitment - CMA	Completed
16.10.19	6.1	<b>CEO's Report – Contingency Planning re Strikes</b> Costs of addressing impact of industrial action for patients to come back to Board. - COO	In progress
16.10.19	6.1	<b>CEO's Report – Caseweights</b> Query was raised on Caseweights being lower than plan. Execs are working through and a report will be coming back to AFRM. There are strike impacts. - COO	Reported to AFRM 6.11.19 - completed

16.10.19	6.2	<p><b>Primary Health Organisation Reports</b></p> <p>NMO to be invited to the February 2020 CPHAC/DSAC meeting together with the new PHO entity. – Acting GMPF</p>	Invitation extended - complete
16.10.19	6.3	<p><b>Dashboard Report</b></p> <p>Whilst ED drop is disappointing, this is in the context of industrial action and continued high demand. A plan needs to be formulated which will come back to the Board.- COO</p>	In progress
16.10.19	6.3	<p><b>Dashboard Report – Ash Reports</b></p> <p>Community Health 4 kids is working with WINZ. Query will be raised with them as to what information they are sharing – Acting GMPF</p>	In progress
16.10.19	6.4	<p><b>Increasing Maori Participation in the DHB Employed Workforce – Dashboard</b></p> <p>It was considered across the sector workforce conversations should occur at the Strategic sessions put aside at Board meetings next year. It was agreed that first would occur on the morning of the March 2020 Board meeting, followed by three monthly sessions, subject to endorsement by the new Board. – Board Secretariat</p>	Included in draft work plan 2020 - completed



## Minutes

### Bay of Plenty Hospital Advisory Committee

Venue: Tawa Room, Education Centre, 889 Cameron Rd, Tauranga

Date and time: Wednesday 4 December 2019 at 10:30am

**Committee:** Geoff Esterman (Chair), Sally Webb, Ron Scott, Yvonne Boyes

**Attendees:** Simon Everitt, (Interim Chief Executive), Pete Chandler, (Chief Operating Officer), Julie Robinson (Director of Nursing), Debbie Brown (Senior Advisor, Governance & Quality)

Item No.	Item	Action
1	<p><b>Karakia</b> The meeting opened with a karakia.</p>	
2	<p><b>Presentation</b> 2.1 <u>Engaged Effective Workforce</u> Angie Lund, Programme Lead, Creating our Culture</p> <p>BOPDHB has been on a journey in the people space over the last three years involving key workstreams to attain a more positive culture, looking at values and behaviours. There was clear direction from the Board and Exec that change was needed. There have been good achievements, eg refreshing our values, values based recruitment, however it's not consistently applied across the organisation. ABC and BUILD methodologies are working well although further embedding is needed. Our last staff survey showed that we had done some good work but that we need to do more. The Speak Up Safely programme was implemented a year ago with 96 cases resulting in 54 one on one conversations.</p> <p>Creating a safe and respectful workplace is a next step, dealing with behaviours in a positive way. A draft policy is currently out for consultation.</p> <p>How to move from capability to culture. Culture is about where we want to be, valuing people for their skills and what they bring and people who move on from the organisation leaving with a positive view. Everyone has a part to play in this.</p> <p>Leaders and managers at all levels within the organisation are important to culture change and we need to develop our leaders.</p> <p>We now need to move from creating, to developing, our culture.</p> <p>The Committee thanked Angie for her presentation.</p>	
3	<p><b>Apologies</b> Apologies were received from Peter Nicholl and Lyall Thurston</p> <p><b>Resolved</b> that the apologies from P Nicholl and L Thurston be accepted.</p>	

Item No.	Item	Action
		<p>Moved: S Webb Seconded: Y Boyes</p>
4	<p><b>Interests Register</b> The Committee was asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.</p>	
5	<p><b>Minutes</b> <u>BOPHAC Meeting – 4.9.19</u> <b>Resolved</b> that the minutes of the meeting held on 4 September 2019 be confirmed as a true and correct record.</p>	<p>Moved: S Webb Seconded: Y Boyes</p>
6	<p><b>Matters Arising</b> The Matter Arising had been completed.</p>	
7	<p><b>Matters for Discussion / Decision</b> 7.1 <u>Chief Operating Officer's Report</u> Chief Operating Officer highlighted the following: <i>Hand Hygiene.</i> There has been improvement since the Committee voiced it's concern at last meeting. <i>Planned Care.</i> COO tabled a paper from MOH on the Planned Care Programme to supplement the report. The MOH is paving the way for a much more whole of system view. Targets and measures are currently very hospital focussed and this has been raised with MOH. Mention was made of the inaugural Clinical Awards evening where primary and secondary clinicians had nominated their peers for awards that was held last Friday evening. It was a great evening. The COO walked the Committee through the ESPI results. The Ministry is asking for recovery plans on areas that are not performing well. There are volume issues and capacity constraints in all of these areas. The organisation has performed well this year given the amount of disruption created through ongoing industrial action. There is change beginning on models of care and delivery which will be developed in 2020 and especially noteworthy is the Orthopaedic Initiative in Te Puke Health Centre which is a positive Allied Health intervention. <b>Resolved</b> that the Committee receive the Chief Operating Officer's report.</p>	<p>Moved: G Esterman Seconded: S Webb</p>

Item No.	Item	Action
	<p>7.2 <u>Draft BOPHAC Work Plan 2020</u></p> <p>The Committee discussed the topics put forward for 2020.</p> <p>Query was raised as to whether the plan picks up the strategic objectives, particularly Action 1, Objective 3 “strengthening working relationships across care providers to manage demand for hospital services”. The Committee considered the PHO Exec member should attend the BOPHAC Committee.</p> <p><b>Resolved</b> that invitation be extended to the PHO Exec representative to attend BOPHAC.</p> <p style="text-align: right;">Moved: S Webb Seconded: G Esterman</p> <p>Clinical Governance is to feed into BOPHAC. A Clinical Governance report will come to the Committee.</p> <p>The Committee endorsed the Workplan</p>	<p style="text-align: center;">CEO</p> <p style="text-align: right;">SAGQ</p>
8	<p><b>Matters for Noting</b></p> <p>8.1 <u>BOPHAC Work Plan 2019</u></p> <p>The Committee noted the plan.</p>	
9	<p><b>Correspondence for Noting</b></p> <p>9.1 <u>Letter and attachment from Ministry of Health re Colonoscopy Wait Times – 22.11.19</u></p> <p>The Ministry is very clear in it’s expectations.</p> <p>9.2 <u>Letter from Council of Medical Colleges in New Zealand re Choosing Wisely – 20.11.19</u></p> <p>Choosing Wisely is with regard to clinicians making wise, value for money choices in resources and decisions regarding patient care. BOPDHB has formally now committed to the initiative.</p> <p>The Committee noted the correspondence</p>	
10	<p><b>General Business</b></p> <p>There was no general business</p>	
8	<p><b>Resolution to Exclude the Public</b></p> <p><b>Resolved</b> that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting Engaged Effective Workforce Planned Care Performance Correspondence for Noting</p>	



Item No.	Item	Action
	<p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed:</p> <p>Simon Everitt Pete Chandler Julie Robinson Debbie Brown</p> <p><b>Resolved</b> that the Board move into confidential.</p> <p>Moved: G Esterman Seconded: R Scott</p>	
9	<b>Next Meeting</b> - Wednesday 4 March 2020	

The open section of the meeting closed at 11.35 am

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

## BOPALT

- Minutes of:** Bay of Plenty Health Alliance Leadership Team (BOPALT) meeting held 10 December 2019 at Planning & Funding 190 17<sup>th</sup> Ave Tauranga.
- Membership:** Chad Paraone (Chair), Luke Bradford, Janice Kuka, Lindsey Webber, Ben Van den Borst, Mike Agnew, Hugh Lees; Mel Tata.
- In attendance:** Andrea Baker (BOPDHB), Phil Back (WBoPPHO), Sarah Mitchell (for Pete Chandler); Linda Steel (for Greig Dean); Jackie Davis NMO.
- Apologies:** Simon Everitt; Pete Chandler; Greig Dean; Jeremy Gooders; David Spear; Tricia Keelan.

Item No.	Item	Discussions/Commentary	Actions/Outcomes
1.	Karakia	<ul style="list-style-type: none"> <li>Karakia recited.</li> </ul>	
2.	Welcome & Apologies	<ul style="list-style-type: none"> <li>Chair welcomed everyone.</li> <li>Apologies noted.</li> </ul>	
3.	Conflicts of Interest	<ul style="list-style-type: none"> <li>Ben Van den Borst cited he was giving a presentation to the meeting about community pharmacy and he is a pharmacy retail and wholesale director.</li> </ul>	Noted.
4.	Minutes of previous meeting 10 July 2019	<ul style="list-style-type: none"> <li>Minutes of the previous meeting (10 October 2019) were received as a true and accurate record of that meeting. Moved by Luke and seconded by Ben.</li> </ul>	Accepted with no changes.
5.	Actions arising from previous minutes:	The Actions Arising schedule was reviewed, noting completion of actions as stated or included within current agenda. Schedule to be updated for next meeting, to reflect outstanding actions.	Update schedule of new and outstanding actions.
6.	Te Haeata Work Plan	<ul style="list-style-type: none"> <li>Two PHO policy enactments discussed. An Iwi to Iwi meeting has occurred. Governance structure being discussed to include Iwi.</li> <li>The transition group is working up heads of agreement.</li> </ul>	Noted.

			<ul style="list-style-type: none"> <li>Members discussed upcoming reforms from Heather Simpson's review. Te Haeata seen as a useful forum to guide some local implementation of national reforms.</li> <li>The next meeting is early February-noting a new Chair will be in place. Te Haeata meetings may change.</li> <li>Meetings to have a focus on equity translating into action.</li> <li>Health Care Homes and Tuapapa are a focus of the meetings.</li> <li>Simon Everitt, Interim CEO will be in place until May 2020 then month by month until a permanent outcome is reached. The Interim CEO is not just a place holder but will be active and progressive.</li> </ul>		
<b>Actions Arising from Current and Previous Minutes</b>					
Item	Topic	Meeting Date	Action Required	Who	Status
4.	Maori consumer representative for BOPALT	13.08.19	PHOs to select a preferred candidate as a Maori consumer rep.	Janice	One nomination received-Janice to canvas PHOs who will have five days to accept or object to nomination.
5.	Te Haeata Work Plan	12.09.19	Question of appropriateness for sharing of te Haeata work plan with broader DHB Executive Group to be discussed at next Te Haeata meeting.	Chad	Due to a change in DHB Chair-park this for now.
7.	Health Care Homes update.	10.10.19	Further discussion to be progressed in respect to potential inclusion of EBPHA aligned practices.	Phil	No further progress to date.
7.5 & 7.6	Acute Demand SLAT & SLMs.	10.10.19	A paper on a potential operational framework for the Programme Office, proposed annual budget and any funding allocation and/or resource to be prepared for the next meeting.	Phil & Emma	Paper for January meeting.
7.	<b>BOPALT WORK PROGRAMME UPDATES:</b>				



<p><b>7.1 – Health Care Homes update</b></p> <p><b>– Tuapapa</b></p>	<ul style="list-style-type: none"> <li>• WBoPPHO has surveyed its GP practices to gauge who would be interested in entering the HCH programme. To date 10 responses have been received with variable levels of interest ranging from entry in 2020 through to 2022.</li> <li>• Fifth Ave GP practice has “gone live” being the second practice to do so. Three more practices “go live” in January 2020 and two do so in March 2020.</li> <li>• There are seven practices in the first tranche and the main factor that more haven’t gone live is variable states of readiness.</li> <li>• WBoPPHO is working with five Papamoa practices to see if they would join the HCH initiative-the result could be extended hours for the locality, freeing up patient appointment times and general efficiencies which may begin to address high numbers of patients attending ED during business hours.</li> <li>• NMO has noticed more Maori leaving TePuke for Papamoa.</li> <li>• Lean thinking has been introduced in Tuapapa practices-there have already been signs of efficiencies from standardisation initiatives.</li> <li>• Morning huddles in practices have been successfully introduced.</li> <li>• NMO has noticed that two week waiting times appear to be reduced to three days-this may be a one off but this will be monitored carefully. However walk in clinics have reduces in unison.</li> <li>• There has been some culture change resistance.</li> <li>• All clinical practice staff are called Tuapapa Practitioners.</li> <li>• It was raised “what about other Maori”?-Is there a shared model possibly with WBoPPHO.</li> <li>• NMO invited other PHO staff to come down and have a look at what Tuapapa is achieving.</li> </ul>	
<p><b>7.2 – BOPIS</b></p>	<ul style="list-style-type: none"> <li>• Whanau Tahī (Connected Care) is being trialled with seven patients-this is in its initial stages.</li> <li>• When testing has concluded the shared care record will be available to the wider PHO network.</li> </ul>	
<p><b>7.3 – Pharmacy SLAT</b></p>	<ul style="list-style-type: none"> <li>• There was no meeting since the last update-likely to be January 2020.</li> <li>• The new skin infection model is currently being designed and is likely to be implemented in Eastern Bay and TePuke in community pharmacies being the most high needs areas with high Maori population.</li> </ul>	




Eastern Bay Primary Health Alliance

	<p><b>7.4 – Long Term Conditions SLAT (Diabetes for first six months)</b></p>	<ul style="list-style-type: none"> <li>• There have been two SLAT meetings (diabetes focus) since the last BOPALT meeting. The meetings have been well attended by clinical participants.</li> <li>• The SLAT supported a business case for the Provider Arm to reprioritise Provider Arm funding (this is not a request for new funding) to improve diabetes staffing levels which benchmarked low against Waitemata DHB. The roles include psychology, dietetics, CNS and SMO inputs.</li> <li>• Sarah Mitchell was asked if the business case could be changed (CNS role) to reflect a community position instead of one reporting to Maori Health within the Provider Arm-this will be discussed at the next SLAT.</li> <li>• BOPDHB HbA1c outcomes have improved and are better than Waitemata DHB but we could do better.</li> <li>• Discussion centred on more upfront promotion focus to prevent diabetes prevalence but the SLAT is concentrating on urgent matters to address equity within the provider Arm and addressing a complete lack of input such as psychology. Dr Matire Harwood’s Mana Tu research project 2019-24 was referenced through the Chair as an initiative that could be considered for adoption within the BOP. Phil to liaise with Dr Harwood to arrange local conversations. NB: This is outside the LTC SLAT environment.</li> <li>• NMO expressed concerns about pay equity for community providers and the need for greater input to meet the demand-this is to be referred to the Maori Health Gains Team at the DHB.</li> </ul>	<p>Phil to liaise with Dr Harwood to arrange local conversations.</p>
	<p><b>7.5 &amp; 7.6 - Acute Demand SLAT and SLM Working Groups</b></p>	<ul style="list-style-type: none"> <li>• Luke expressed concern over the lack of apparent activity in the acute demand space especially in relation to clinicians. Dr Kate Grimwade had also expressed concern to Luke. He wants to know what is going on?</li> <li>• Sarah Davey and Emma Green will follow up on this-there is a meeting today.</li> </ul>	<p>Sarah Mitchell to follow-up with Sarah and Emma.</p>
	<p><b>7.7 – Keeping Me Well, Coordinated Community Care</b></p>	<ul style="list-style-type: none"> <li>• The reports on these initiatives were noted.</li> <li>• Luke spoke to new app. developed through BOP police that enables direct referral to a range of community provider organisations. While not available to non-police organisations and still to be rolled out nationally, the concept is worth further exploration.</li> </ul>	<p>Phil to further explore, if possible.</p>
<p><b>9.</b></p>	<p><b>Great Health Pathways</b></p>	<ul style="list-style-type: none"> <li>• This agenda item was bought forward-report prepared by Chris Tofield GP Liaison-Joe Bourne present to answer questions.</li> <li>• The Health Pathways replaces Bay Navigator (still available) and is a significant annual investment.</li> <li>• Health Pathways uptake has been poor and there is some confusion over it and some decent</li> </ul>	



Eastern Bay Primary Health Alliance

		<p>amongst GPs.</p> <ul style="list-style-type: none"> <li>• Feedback: need equity lens on pathways.</li> <li>• Bay Navigator is still available but is not being updated and will eventually be outdated-should Bay Navigator be stopped to force change to Health Pathways?</li> <li>• Health Pathways is Canterbury’s pathways which Chris Toefield localises. There are different levels of localising being: inserting local contact details; reconfigure a pathway to be used locally e.g. Community Primary Options and full development of a pathway e.g. transgender pathway.</li> <li>• The pathways are kept as slick as possible and mitigation for unwanted variation in clinical practice is at the forefront-some pathways have built in decision support for referrals.</li> <li>• Hugh Lees said that the pathways are clinically important.</li> <li>• The Chair said that the paper was not a decision paper-BOPALT needs another paper outlining if the pathways are a priority, what investment is required, what has been the investment to date and how could uptake be improved.</li> </ul>	<p>Joe Bourne to develop a decision paper for March BOPALT meeting.</p>
<p>8.</p>	<p><b>Community Pharmacy Presentation</b></p>	<ul style="list-style-type: none"> <li>• Ben gave an excellent presentation on community pharmacy and ongoing sustainability challenges.</li> <li>• The sector is under pressure with discounting practices and support lobbying the government to have the co-payment dropped especially for Community Service card holders and others. The government is looking at this in 2020.</li> <li>• Retail community pharmacy revenue tends to be 75% prescription and 25% retail.</li> <li>• The UK and Australia have stricter rules around discounting co-payment and running a community pharmacy.</li> <li>• Community pharmacy (different from clinical pharmacists) want to know what role they can play in Health Care Homes (HCH) and Tuapapa.</li> <li>• The Chair wants the members to think about how community pharmacy can be involved in HCHs and Tuapapa. Phil and Janice to explore.</li> </ul>	<p>Phil and Janice to explore how community pharmacy can be involved with HCH and Tuapapa.</p>
	<p><b>2020 Meetings</b></p>	<p>A schedule of meetings for the calendar year 2020 is attached. Next meeting Monday 20 January 2020 9.30am to 12pm-this will not go ahead if the MoH annual planning guidance has not been received by the DHB by Christmas.</p>	<p>Schedule attached.</p>  <p>BOPALT PROPOSED MEETING SCEHDULE :</p>

## Actions arising from previous meetings:

ITEM	TOPIC	MEETING DATE	ACTION REQUIRED	WHO	STATUS
4.	Previous Minutes	13/08/19	Provide info to PHO reps about the Māori members on the DHB Consumer Council, with PHOs to select a preferred candidate and invite them to join BOPALT	Janice to lead this now.	One nomination received-Janice to canvas PHOs who will have five days to accept or object to nomination.
5.	Te Haeata Work Plan	12/09/19	Question of appropriateness for sharing of Te Haeata Work Plan with broader DHB Executive Group to be discussed in next Te Haeata meeting.	Chad	Parked due to Chair changes.
7	<b>7.1 – Health Care Homes update</b>  <b>– Tuapapa</b>	10/10/19	Further discussion to be progressed in respect to potential inclusion of EBPHA aligned Practice.  Copy of PowerPoint presentation to be made available for circulation.	Phil  Jackie / Phil	Still to be progressed.  Jackie to make PowerPoint available.
	<b>7.5/ 7.6 – Acute Demand SLAT / SLM Working Groups</b>	10/10/19	A paper on a potential operational framework for the Programme Office, proposed annual budget and funding allocation to support initiative funding be prepared for the next meeting.	Sarah / Emma	Coming to January 2020 meeting
7.4	<b>7.4 – Long Term Conditions SLAT (Diabetes for first six months)</b>	10/12/19	Dr Matire Harwood's Mana Tu research project 2019-24 was referenced through the Chair as an initiative that could be considered for adoption within the BOP. Phil to liaise with Dr Harwood to arrange local conversations. NB: This is outside the LTC SLAT environment.	Phil	Phil to liaise with Dr Harwood to arrange local conversations.
<b>7,5 &amp; 7.6</b>	Acute Demand SLAT & SLM Working Group.	10/12/19	BOPALT unsure of progress of these two groups-clinician input should be ongoing.	Sarah M	Sarah M to follow up with Sarah D and Emma.

	<b>7.7 – Keeping Me Well, Coordinated Community Care</b>		Luke spoke to new app. developed through BOP police that enables direct referral to a range of community provider organisations. While not available to non-police organisations and still to be rolled out nationally, the concept is worth further exploration.	Luke / Phil+	Phil to further explore, if possible.
9.	Health Pathways paper.	10.12.19	Chair requested a decision paper be worked up for Health Pathways by March 2020.	Joe Bourne	Joe to develop. Phil to follow up.
8	Community Pharmacy	10.12.19	Phil and Janice to explore ways that community pharmacy can be involved with Health Care Homes and Tuapapa.	Phil & Janice	Update for March 2020 BOPALT meeting.





## Enhancements to Out-year Planning

**Submitted to :** Board

15 January 2020

Prepared by: Owen Wallace, General Manager Corporate Services

Endorsed and  
Submitted by: Simon Everitt, Interim Chief Executive Officer

### **RECOMMENDED RESOLUTION:**

That the Board notes;

1. Ministry of Health's requirements of DHBs to provide more comprehensive medium term financial and workforce planning over a three year window;
2. Potential timing issues with the 2020/21 Annual Planning process where assumptions and the 2020/21 funding envelope are still to be released.

### **ATTACHMENTS:**

- Ministry of Health letter Enhancements to out year financial planning

### **BACKGROUND:**

The Ministry of Health has recently written to DHB requesting DHBs strengthen their focus on delivering initiatives to lift financial sustainability and performance. This is underpinned by the expectations from the Minister and Ministry of Health that DHBs continue to seek out opportunities for improved financial and service performance.

The Ministry has introduced new expectations for DHBs to undertake more comprehensive medium term financial and workforce planning and for savings plans to be developed and executed over a three year trajectory.

Timeframes for this new requirement are tight with the Ministry of health requesting this information by the 28<sup>th</sup> January 2020.

### **ANALYSIS:**

Whilst it is helpful for the Ministry of Health to be taking an interest in more comprehensive medium term financial and workforce planning,

It does create some challenges in terms of the current timing and lack of alignment with the Annual Planning process. It will be challenging to provide meaningful future forecasts for example when DHBs do not yet know their funding envelope for 2020/21. Furthermore whilst the Ministry is taking a three year window for workforce and savings plans, DHBs continue to be funded on an annual basis with the requirements for Annual Plans and annual funding appropriations.

**NEXT STEPS:**

The Executive Team will be preparing financial and workforce planning assumptions for 2020/21 based on best endeavours with the assumptions and planning information currently available to them. This is due by the 28<sup>th</sup> January 2020. This will need revisiting once the DHB receives its Funding Envelope for 2020/21.

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20 December 2019

Simon Everitt  
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Bay of Plenty District Health Board  
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Tēnā koe Simon

### **Enhancements to outyear financial planning**

Thank you to you and your teams for the work you have done to finalise your 2019/20 annual plans. As you are aware, concerns remain about the sector's ability to manage agreed financial plans in year, and to slow the deficit growth trajectory for outyears. As a result, Ministers and Government agency stakeholders expect DHBs to strengthen their focus on delivering initiatives to lift financial sustainability and performance.

In his letters approving 2019/20 DHB plans, the Minister of Health is clear that all DHBs are expected to continue to focus on opportunities for improving financial results for 2019/20 and into 2020/21 and beyond.

The Ministry is enhancing its monitoring approach and we are also wanting to take a longer-term operational planning view to better understand future fiscal risk. This requires a clearer picture of DHBs' forecast outyear financial and workforce requirements and expected resource needs.

An important new requirement is being introduced as part of the DHB Performance programme. This sees a new expectation for DHBs to undertake more comprehensive medium term financial and workforce planning, and to develop and execute savings plans over a three-year trajectory. In completing this work DHBs must ensure equity, quality and safety of services are not compromised. Your DHB will be asked to confirm these requirements are met when actions to support your savings plans and outyear activity are identified in your 2020/21 annual plan.

To assist the Ministry and Ministers to understand intended future workforce investment and financial forecasts, a detailed level of assurance is being sought on DHB's medium term assumptions. This will be captured in two new templates that are being requested to be completed for the first time as part of quarter two reporting processes due with the Ministry on 28 January 2020.

One template is focused on medium term financial planning and savings plans. The second template is focused on workforce planning and encompasses the workforce categorised by permanent, fixed-term, casual and other; information for growth.

This information also provides a key input into Ministers' and central agencies (e.g. the Treasury) understanding of the forecast individual and collective DHB financial performance over the period.

The Ministry has not previously requested the level of detailed month by month planning and reporting that will now be expected to be provided on an on-going basis. We appreciate the tight timelines for responding to this additional information, for quarter one, however we are confident that the information being requested is the information that you will already be using within your DHBs to support your decision making, and no doubt your incoming DHB Boards will also be expecting, and builds on your existing savings plans with impacts phased over outyears. Any 2019/20 financial information should reconcile with your 2019/20 Annual Plan planning assumptions.

We acknowledge that outyear planning requires a range of assumptions to be made. We have provided a small set of national assumptions and will leave other local assumptions for you to identify, using existing agreements, including those where existing contracts identify an outyear path. However, it is important that you do not base your local assumptions on unagreed uplifts, including for expiring MECAs or outsourced contracts.

We have provided some past trend information that may assist you.

Within the template we are looking for you to clearly identify the savings initiatives you have underway or are planning to commence. We would like phased detail on the cost effect of your most significant initiatives, whether they are commencing in the current year or in outyears, and whether savings are recurring or non-recurring.

We will be seeking regular updates of performance against plans, with supply of the templates each quarter through quarterly reporting processes. This will provide a mechanism for regular formal feedback. Following completion of each quarterly template, monthly updates will be expected via financial reporting processes for the intervening two months until the next quarterly report is due.

Improving outyear planning will require collective work between the Ministry and DHBs, with the Treasury involved in governance arrangements for this work, as part of the DHB performance programme.

We will set up a teleconference for 9 January 2020, in partnership with the Ministry's Finance team to discuss the new templates with those who are available. If you have any questions or need further information, please make contact with: Jess Smaling Group Manager, DHB Planning, Funding & Accountability, [Jessica.Smaling@health.govt.nz](mailto:Jessica.Smaling@health.govt.nz)

Ngā mihi



Michelle Arrowsmith  
Deputy Director-General  
**DHB Performance, Support and Infrastructure**

cc: Sir Michael Cullen, Chair

Andre Bester, Chief Financial Officer

# CEO's Report (Open) – November / December 2019

## Key Matters for the Board's Attention \*

### STRATEGIC PRIORITIES \*

Strategic priorities have now been finalised. The Exec team are working on an implementation approach and work plan for 2020 for the Te Toi Ahorangi and Strategic Health Services Plan actions noted below.



To start socialising these themes some key highlights on the four priority areas are provided below.

1

#### **TOI ORANGA MOKOPUA – CHILD WELLBEING \***

##### Ambulatory Child Health

The upcoming changes in Child Development Services (CDS) will provide the opportunity for the DHB to review the model of care for children with development needs who are often interfacing with multiple services across the DHB. A more integrated approach based around the needs of the child will provide opportunity to reduce current silos, reconfigure pathways of care for children, and improve the co-ordination of services for children.

##### Preschool Oral Health Service

Our preschool oral health service enrolments continue to exceed the national target of 95%; 98.3% were enrolled to the end of November 2019. For the second consecutive year, our annual report to the Ministry of Health will show that we've exceeded the national target.

The team is working with the Community Dental Service to ensure that those enrolled with the service are seen by their planned examination date. The Ministry of Health Performance Measure for DHBs requires that no more than 10% of enrolled pre-schoolers are overdue for their examination.

For the month ending November 2019, 21% of Maori pre-schoolers in BOPDHB were overdue for their scheduled examination (20% for the Total Population). Initial investigations suggest a high proportion of pre-schoolers were invited after their planned examination date in the month of November, in addition to 30% failing to attend their booked appointment in November.

### B4 School Check Programme

The B4 School programme continues to surpass targets despite recent interruptions due to staff injury and illness and increasing difficulties in engaging clients to attend checks.

After 22 weeks;

	<b>Completed</b>	<b>Target</b>
B4 School Checks	1371 (432 High need)	1209 (342 High Need)
Plunket Nurse Checks	390	381
NMO Nurse Checks	80 (31 High Need)	94 (44 High Needs)

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### **TOI ORANGA AKE – INTEGRATED CARE \***

#### **Keeping Me Well (KMW) – An Integrated Community Enablement Approach and Community Care Coordination (CCC)**

##### Keeping Me Well (KMW), Community Enablement Project

This programme shifts the focus of enablement services away from the hospital environment to the community. With its dual focus it is hoped by providing responsive enablement services in the home environment we can keep people well at home thereby preventing the need for them to be admitted to hospital or if they have been in hospital recently, we can ensure that they are enabled to return to the activities of daily living that are important to them.

KMW aims to bring together community services as a virtual team with the ability to deliver enablement services tailored to the individual person's needs in a person directed way. As this model of healthcare progresses, it will link to initiatives such as health care homes. It is envisaged that Keeping Me Well will be accessed through the Community Care Coordination Centre (CCC). This is the single point of access for information to community services which is focused on responsive and early intervention in the home.


Progress continues in readiness for testing KMW in February 2020:

- Community Response Team (CRT) and Community Allied Health (CAH) will be co-located from 13 January 2020
- A six-month testing phase will take place in Te Puke (Nga Kakano). Aimed to commence February 2020, the recruitment process is underway. All referrals will go through the Community Care Co-ordination centre (CCC)
- Teams within Health in Ageing (HIA) and medical wards are testing an early supported discharge model and aligning this to the KMW concept
- In the Eastern Bay, work continues on simulation sessions mapping patient journeys

Keeping Me Well and CCC is in the process of implementation planning and expansion, with KMW implementation date set for Feb 2020.


All milestones are currently on track. Small tests of change are ongoing in order to support the transition and grow learnings. Implementation continues to aim for the following;

**Keeping Me Well Implementation**



**February 2020:**

- Commence trial in a locality around 3 (HCH) General practices. Emphasis on preventing admissions.
- Commence trial facilitating transitions out of hospital – test transition from one ward or location.
- Model will scale up over an 18 month period.



**Readiness Work**

- The Community Care Coordination Centre is continuing to expand with goal to have all DHB community requests through CCC by August 2020.
- Allied health teams East and West are working on wait list initiatives to improve response times ready for the KMW model.
- Transitional tests continue which together with our modelling data will assist us in confirming localities for Feb.
- We are working with our home and community support providers to prepare for testing. We aim to bring together short term services packages of care and our community services. One virtual team working in an enablement model.

3

### **TOI ORANGA NGAKAU – MENTAL HEALTH \***

Seclusion hours in Tauranga were under 200 hours for November - the lowest in seven months. The reduction has been achieved by focusing on what can be done on the inpatient unit. In 2020, the focus will shift more to the community (CMH&AS), Acute Care Team, police and ED. The intention of the Zero Seclusion Project (soon to be rebranded), is to create a healthy safe service where a derivative of that will be a reduction in the utilisation of seclusion.

Mental Health Line (Mental Health and Addictions Crisis Telephone Triage) was implemented December 10. The focus is to reduce the phone calls answered by the Crisis Team after hours, public holidays and weekends. This service is utilised in many other DHBs and utilises the same triage categories as the service. Only calls requiring urgent crisis response are forwarded to the team, other calls are provided with other supports if appropriate and information is forwarded to the MHAS teams for follow up during business hours. The implementation to date has been successful with daily teleconferences between the Whakatane/Tauranga Team Leaders and Mental Health Line team to iron out processes as opportunities present. In the first three days of operation, over 50% of calls were diverted from the crisis team needing to answer.

Whakatane and Tauranga business cases for the crisis teams have been approved. This will add four FTE to the Tauranga crisis team and two FTE to the Whakatane Adult Community Mental Health Team. The Whakatane FTE is in conjunction with a further three FTE which will be working in the iwi alliance – a new model of care will commence development in the new year to create a hub single point of entry.

The Service Improvement Manager is now in place in MICAMHS and some stability is now being felt in the team. The working group is in place and meets weekly to support action in the service. The service is fully supporting implementation of selected IT development – phone upgrades, laptops etc

4

### **TOI ORANGA TIKANGA – BUSINESS DESIGN \*** **Agile Business Processes**

#### Outpatient Surface Pro Trial

Tauranga Outpatient nurses have participated in a trial using Wi-Fi enabled portable touch screen devices (Surface Pro). The technology facilitates access to multiple software systems and smooth running of clinics. Users are freed from nursing stations to assist, monitor patient attendance and access required data and information. With IT support, there is potential to use the devices for clinics in any location of the hospital or wider community. This development is a key element in moving towards a more community based model of care.

## EQUITY

### Te Teo Herenga Waka

#### Breast Screening

For the quarter ending September 2019 BOPDHB attained its highest proportion of Maori women screened in the 50-69 years age group; 66.4% vs. the national target of 70%. In June, forecasts based on our weekly tracking data indicated that our improvements would plateau later in 2019. In response, we commenced change-idea work with Breast screen Midland and WBoPPHO's Health and Wellness Centre aimed to increase the proportion of Maori women enrolled in Breastscreen Aotearoa. This work is nearing completion at WBoPPHO and we have identified those not enrolled with EBPHA. We wish to work with EBPHA in early 2020 to offer enrolment to those that are not currently enrolled in the national screening programme. We wish to complete this work before the mobile screening unit visits Kawerau next year.

The mobile screening unit will visit Kawerau in the first quarter of 2020. Of all territorial authorities in BOPDHB, Kawerau has the lowest proportion of Maori women screened. The challenge of travelling to Whakatane for screening will help to be addressed with the mobile unit.

WBoPPHO's Health and Wellness Centre is now the sole Support to Screening Service provider for BOPDHB. We hope to see progress in the Eastern Bay similar to what has been achieved in the Western Bay and will work closely with the PHO to monitor progress. We have implemented a monthly reporting requirement to assist with regular performance monitoring.

#### Achieving Equity

The DHB has prepared a submission for the Ethnicity Classification Review.

Low quality ethnicity data disproportionately negatively affects Māori health data analysis and consequently the capacity to plan and deliver quality services that will improve Māori health outcomes; monitor and measure Māori health inequities over time. The DHB has recommended any changes to the classification are analysed thoroughly through a Māori health equity lense before confirmation of those are made. The DHB has also recommended that StatsNZ take a stronger lead across the Official Statistics System (OSS) to ensure ethnicity data quality is of a high standard in all datasets.

#### Maori Health

Te Toi Ahorangi Wānanga was held within the rohe of Ngāti Mākino at Otamarakau Marae. There were up to 40 participants that explored, shared, built trust and enlightened each other's understanding of the journey ahead. It was highlighted by the sharing of personal values, narratives and respect. Keys theme that arose from the wānanga was that everyone shared in vision, everyone took on board an understanding of how they would be part of the change engine and that each had a unique way of supporting the vision of Toi Ora.

## Provider Arm

#### Te Whare Wānanga o Awanuiārangī Nurse Student Placements

Concern has been expressed around clinical placements within Whakatane Hospital for increased student numbers from Te Whare Wānanga Awanuiārangī. Next year, 30 Year Two students will be accommodated by spreading cohorts at different times, but a greater challenge is forecast for 2021 with a higher number of Year Two and Year Three students. The BOPDHB anticipates a commitment of partnership with Awanuiārangī and Toi Ohomai to explore placement opportunities.



## INTEGRATION / COMMUNITY

### Te Teo Herenga Waka

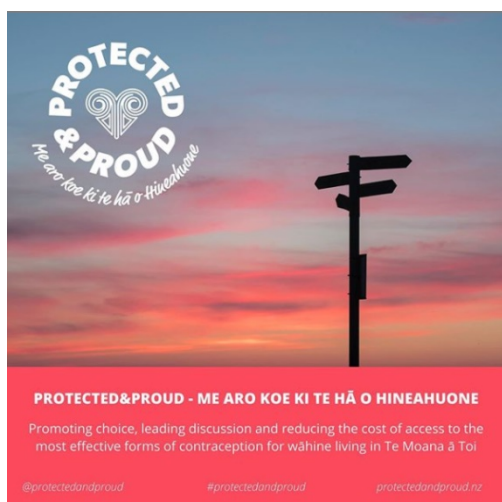
#### Improving Contraception Access

This new BOP wide contraception service (Protected & Proud, ME ARO KOE KI TE HĀ O HINEAHUONE) is to be delivered by multiple providers across the Bay of Plenty and aims to improve access to and options of contraception. The branding development is a good example of co-design with consumers, the name and designs were all designed by, nominated and voted for (via instagram polling) by women from the service target group. You can look at the Instagram page [@protectedandproud](https://www.instagram.com/protectedandproud) contraception options in the Bay. There will be a back end/ password protected function that will link practitioners with the relevant information for training, competencies and service delivery.

During the focus groups that were held throughout the Bay of Plenty, wāhine discussed how they would like to learn about contraception options and 'myth-busting' through peer educators. We have incorporated this concept into the service model. Peer educators are currently being recruited through social media (see below Instagram post), community groups and providers. The first training session for peer educators will be taking place at Te Puna Ora o Mataatua's Rangatahi Hub in Kopeopeo, Whakatane, between 1-5pm on Saturday, 14th December.

The training package was developed from the best available evidence, other DHB training packages, and existing lead trainers in the Bay as well as OB/GYN and other relevant clinical experts. We held a workshop last month in Whakatane where we had sent out broad invitations in order to get all service providers in the same room and discuss the findings of the insight gathering stage, discuss training and operational insights from current LARC providers. This was really helpful to further guide discussions and service development tools.

The Ministry of Health have asked us to share nationally our approach, insights and service model.



#### After Hours Papamoa

The DHB and WBoPPHO have held two workshops to identify after hour's solutions for the Papamoa/Te Puke population which is projected to increase from 49,000 to 70,000 in five to ten years. The first workshop was a strategic and information overview while the second workshop was a local healthcare provider operational workshop. This was held Saturday 9 November 2019 and included the WBoPPHO, ED leads, General Practitioners, Nursing staff, Radiology and Pharmacists. It was acknowledged that we need to get ahead of the growing population but the parties were cautious that the current level of demand would not support a 24/7 service yet. Our data shows that the highest demand on the emergency department for residents of Papamoa is during normal business hours and on Saturday mornings.

There are excellent health services in Papamoa which currently provide some extended hours, however there is a willingness to explore a trial of greater extended hours for general practice and pharmacy. It was further identified that there needs to be better promotion of healthcare options and arrangements in the area.

The WBoPPHO is continuing talks with local GP practices to see if they could extend their hours to 7pm or 9pm weekdays and potentially to 5pm on the weekends. Radiology services, are on the coastal strip are in Bayfair. The trial, if agreed by key stakeholders would commence early March for six months and would be a strengthened and supported model of existing arrangements.

## **DISTRICT HEALTH BOARD**

### **Te Teo Herenga Waka and Toi Te Ora**

#### Maori Health

Whakaari – Across Māori Health Gains and Development there have been many of our staff involved in providing clinical, kaupapa Māori and psycho-social support during the recent eruption of Whakaari. We are proud to have had so many of our team showing compassion, professionalism and responsive during such a horrific event. We still have a few key members involved in the Emergency Operations Centre (EOC).

#### Measles Outbreak

Toi Te Ora continues to lead the measles response across the Bay of Plenty and Lakes DHB region through its Incident Management Team. As at 13 December there have been 74 confirmed cases of measles since 1 January 2019, of which 24 have had a hospital admission. The breakdown of the cases by district are: Western Bay of Plenty – 41, Eastern Bay of Plenty – 3, Rotorua – 19, Taupō – 11.

Several Toi Te Ora staff have held a number of roles in the Incident Management Team over the past 16 weeks. This has had an impact on business as usual with teams having to re prioritise other work.

The overall goal of managing the outbreak is now to increase coverage of the Measles Mumps and Rubella (MMR) vaccine across Bay of Plenty and Lakes DHBs region. In addition, the response continues to work to contain the spread of measles through the follow up of potential and confirmed cases.

As part of current efforts to increase MMR vaccine uptake across the Bay of Plenty and Lakes DHBs community pharmacies that currently are able to vaccinate for influenza are now being offered a contract to vaccinate for MMR. The Bay of Plenty DHB is in the process of setting up a pharmacy MMR vaccination programme for its region and, Lakes DHB has organised MMR vaccination at ten local pharmacies. Drop in clinics have been running in Eastern Bay of Plenty.

## **Facilities and Business Operations**

#### Food Services Contract - Contract Negotiations

A final meeting has been held with the proposed service provider and all outstanding items have been agreed between the parties. A Heads of Agreement will now be completed.

#### Major Projects

- *Sterilising Services Improvement Project*

Good progress continues to be made by the improvement project team.

This week a commitment has been made to purchase a cloud based solution to address the Policies & Procedures that are required. Work is about to commence on the minor customisation of the templated Policies & Procedures to meet the specific Tauranga and Whakatane operating environments.

- *Tauranga Health Records Move to Pathlab Building*  
Fit-out works have commenced. The move is planned for January 2020.
- *Tauranga TTO & Support Net Relocation of New Building*  
A lease extension for the 510 Cameron Road tenancy has been obtained. This means the move out date now aligns with the move in date to the new 17th Ave premises.
- *Tauranga – Helipad Passenger Lift Replacement*  
Commissioning has been completed and the lift is now back in service.
- *Protective Security Requirements Project*  
Further discussion at a national level is needed to ensure DHB's adopt a consistent approach to manage the risk. In the meantime we are preparing a 5-year Security Service Strategic Plan.

## **BOP Clinical Campus**

### Students

Dr Vicky Henstridge has been appointed as one of the University of Auckland Year 6 student supervisors jointly with Dr Kylie Gilmore, Kylie has held this position for the last year. Dr Sean Kelly has taken over the supervision of Year 4 Specialty Medicine students, with Gastroenterology having 24 four students over the year.

Our confirmed cohort numbers for medical students in 2020 are:

- 27 Year 6 students commencing 6 January
- 16 Year 5 students commencing 20 January
- 24 Year 4 student commencing 2 February

The Rural Health Interprofessional Programme (RHIP) will commence in Whakatāne with the first cohort of students on 19 January 2020 on the noho marae. Executive and Board members are welcome to attend with our students on the noho marae throughout the year and also to attend the presentations at the end of each cohort. The presentations are all held at Whakatāne hospital during the evening. Under-graduate students from a diverse range of health professions present on projects developed by themselves, based on He Korowai Oranga and current health issues in the Eastern Bay, to support equity and Maori health outcomes. The noho marae and presentations are held six times per year.

We are hoping that we positioned Whakatāne as a site for any future development of rural training hubs, as we already have the infrastructure with the RHIP programme being delivered since 2012 and this is having a significant impact on students returning to the region as healthcare professionals.

### Education

Health Leaders Advanced will begin on the 12<sup>th</sup> of February 2020. We have seven BOPDHB staff, one WBoPPHO staff member and two each from Taranaki, Tairāwhiti and Lakes DHBs. This programme has been led by BOP this year as Waikato DHB are not participating in the Midland Leadership programmes. We changed the format of the programme, and reduced content, to make it more cost effective for travel and time. It will also be held on site at BOPDHB.

We have opened up two one-day Linda Hutchings courses to the community and primary providers - Developing Aspiring Leaders, and Leading People Through Change. The information about these is on our public website and has been circulated to portfolio managers, and WBoPPHO who put forward a number of people for our other leadership programmes.

The Online Learning Team have developed a new course called 'Keeping Safe at Work' with the Health & Safety, Emergency Planning, and Biomedical electrical safety teams. This replaces three different courses that are currently mandatory for new staff. This course will be launched for the January orientation.

The Education Manager and Digital Capability Trainer are working with the Microsoft Modern Workplace project team to begin training staff in the launch of Microsoft 365 and Windows 10 in January 2020.

There has been some project funding made available to provide additional support, which will be used to pay an additional trainer. Other members of the Education team with training background and experience will also deliver the training. The Clinical Apps Trainers will not be involved, due to the regional eSpace project.

We have received the Unconscious Bias course that was launched by HQSC in Patient Safety Week in November. This will be available in Te Whariki a Toi for all staff and providers to complete without having to register through HQSC.

### Research - Health Delivery Research Opportunities - Research funding for DHBs

The HRC has invited all DHBs to express their interest in partnering in a pilot of the new Health Sector Research Collaborations Grant. The HRC are looking to partner with 3-4 DHBs (including Research Offices and DHB leadership) to enable DHBs to achieve their research and innovation goals and priorities. We will need to submit a Research Profile to HRC by 20 February 2020 in order to register our interest.

## **Provider Services**

### Whakaari Emergency

The eruption of Whakaari has dominated the last month of the year for the Whakatane team and many of our support teams and managers from across the DHB. After the most amazing collective response on the frontline from staff of all disciplines we now have a long road ahead to address the psychosocial needs of both our workforce and the community. There has already been significant support from a wide range of people to staff, with support and guidance from the Ministry of Health, Canterbury DHB and other experts in this area. The long term Wellbeing Plan is currently being finalised and will be shared with the Board next month.

### Opotiki Health Centre Birthing Services

The following media release was released on 3<sup>rd</sup> January 2020 which summarises the current position for the Board:

#### ŌPŌTIKI HEALTH CENTRE: UPDATE ON BIRTHING SERVICES

The Ōpōtiki midwives and the Bay of Plenty District Health Board are pleased to announce that birthing services at Ōpōtiki Health Centre recommenced on 1st January 2020 on an interim basis.

During December, much work was done to ensure we have a safe and supportive model of 24-hour cover for local births. Training has been provided for local nurses and St Johns to act as support to midwives and additional locum midwife cover is in place until the end of January as part of an interim arrangement.

Work will need to continue to ensure that we are able to maintain the roster cover after January and at the end of the month we will review the interim arrangements to make sure they are working well for everyone involved.

"I'd like to sincerely thank the midwives, St Johns, OPINS nurses, The College of Midwives and managers and staff at the DHB for working together to make this happen and to acknowledge the significant amount of work done in a very short period of time.

"This is a very positive outcome for Ōpōtiki and the communities living along the coast. I'd also like to acknowledge the local community petition and championing of this cause and hope that this outcome reflects to them our determination to work through the challenges and resolve these in the shortest time possible".

Pete Chandler, Acting CEO, Bay of Plenty DHB

Attention all  
expecting  
mothers in  
the Ōpōtiki  
region



You and 126 others

29 comments 38 shares

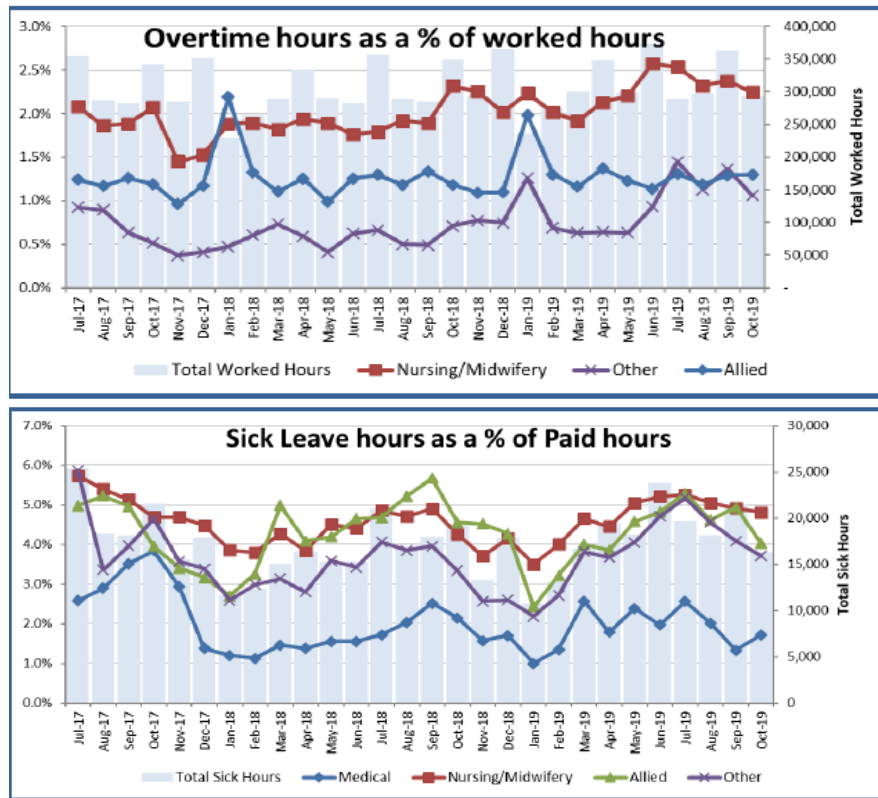
## Director of Nursing

### Care Capacity Demand Management (CCDM)

CCDM is a nurse resourcing methodology with the aim of ensuring that safe levels of nursing are provided in line with the acuity-based needs of inpatients at all times. It is underpinned by a software programme called Trendcare which BOPDHB was one of the early adopters of a number of years ago. At the last NZNO pay bargaining, it was agreed that CCDM was to be a mandatory requirement for all DHBs. Following the request to all Chief Executives for an account of progress in implementing outcomes of the FTE calculations and the plan to achieve full implementation by June 2021, the Director-General of Health now requires quarterly reporting.

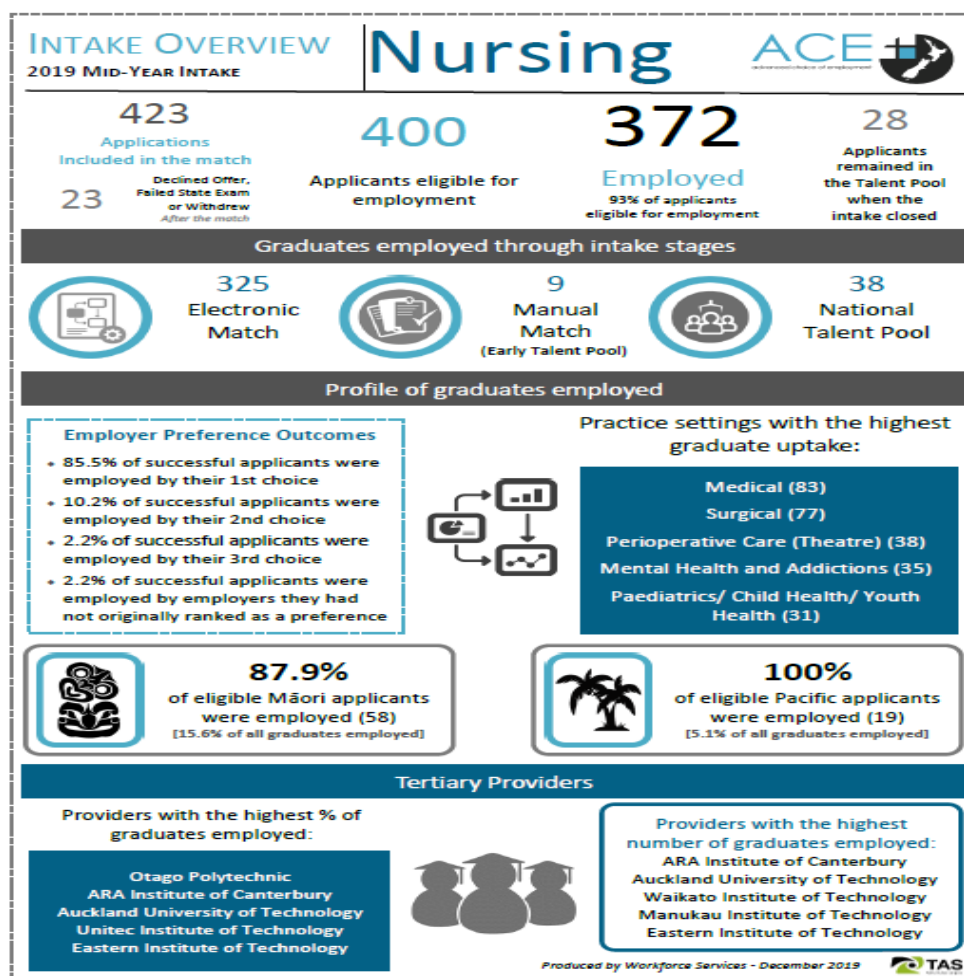
The CCDM Dashboard Hours per Patient Day (HPPD) shows all services are either on target or in excess of the minimum required nursing hours. Other selected measures illustrate overtime, as a way of trying to meet demand on a daily basis remaining high and sick leave yet to decline significantly (see below).

BOPDHB continues to be a sector leader in this commitment.



National Overview of New Graduate Employment

The ACE Nursing 2019 Mid-Year intake closed 25 October with 423 applications included in the July electronic algorithmic match. Employers submitted 428 positions for inclusion; 372 eligible applicants were employed, including nine via the Early Talent Pool intake and 38 from the National Talent Pool intake. Of eligible Māori applicants, 58 (87.9%) were employed. All those employed through the ACE Nursing 2019 Mid-Year intake have begun work within NETP or NESP programmes. Summary infographics are provided in the following table;



\*note BOPDHB has January and March intakes (not mid-year)

### New Graduate Programme 2020

BOPDHB will have 54 graduate nurses in the 2020 NETP Programme with intakes in January and March. Placements are across a range of hospital settings. Mental Health has eight in the Nurse Entry to Specialist Practice (NESP) programme, Primary Care has three placements and Grace Hospital four. Under the nurses ACCORD there is a commitment to full employment of new graduates.

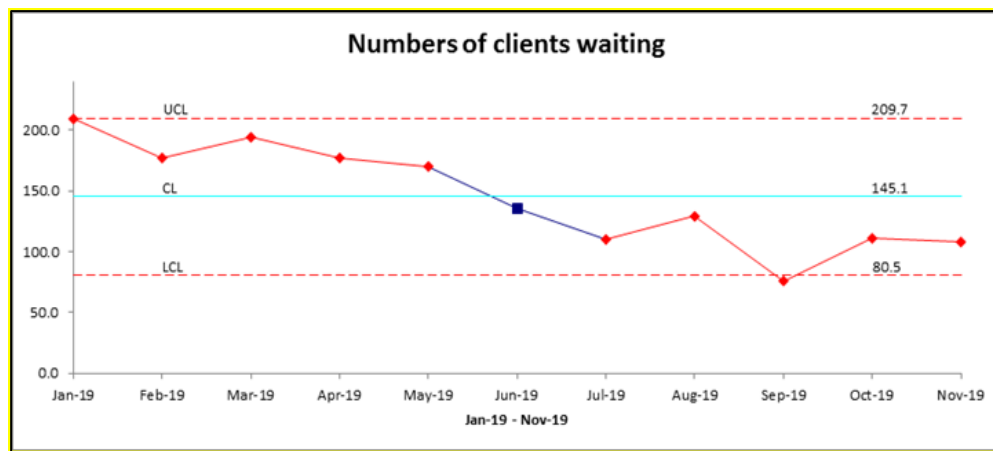
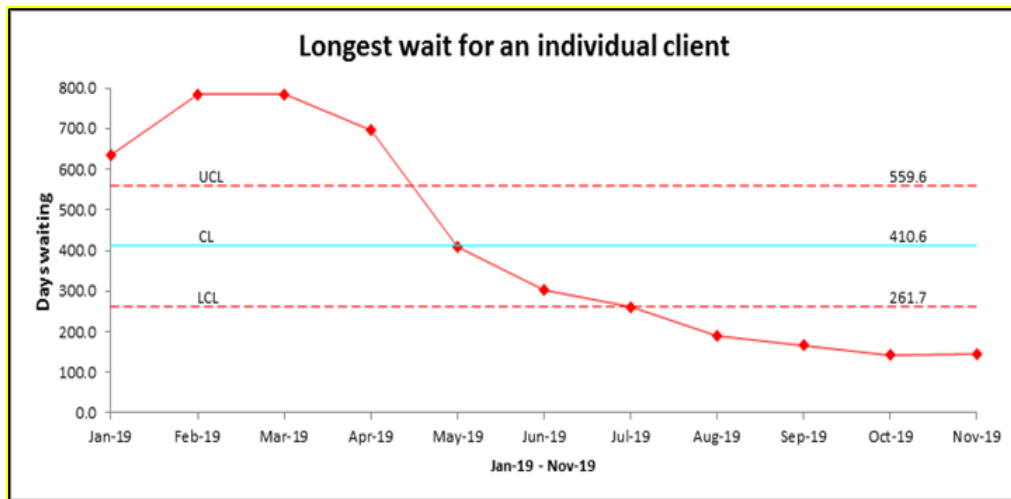
### University of Waikato Nursing Programme

Nurse Entry to Practice (NETP) and Student Placement Coordinators attended a forum of key stakeholders to understand and contribute to discussion of the development of the new nursing programme for the University of Waikato. Their aim is to commence the first intake in 2021. In partnership with the Waikato District Health Board, this programme has a vision to deliver a graduate nurse into the sector with a point of difference. The programme reflects a dominant mental health and community focus, increased clinical hours across a calendar year (rather than academic year), and a principle of informatics and integrated learning across the sector. The programme is ambitious and aims to produce graduate Registered Nurses that operate within an integrated model who are “not exposed to previous and historical ways of nursing”. It is anticipated there will be minimal impact on neighbouring District Health Board student placements and graduate positions initially; however this may evolve over time.

### **Allied Health**

#### The Improvement Journey for Community Allied Health

With support of the Allied Health Improvement Advisor the waiting list has reduced significantly with over 40% of clients being assessed within 28 days;



### Orthopaedic Transformation Programme

In the Bay of Plenty the demand into orthopaedic services has reached unprecedented levels and causing excessive pressure, particularly on the orthopaedic surgeons. The programme is Baywide and covering Te Puke and Papamoa. The aim of the programme is to ensure that only those that require surgical intervention attend hospital settings;

- All Orthopaedic referrals from GPs in Te Puke / Papamoa will be diverted to a physiotherapy assessment from February 2020 via the BPAC electronic referral system
- Patient information leaflets distributed to practices informing of process following GP referral
- Clinical advisor from Ministry of Health and the Chair of Physiotherapy New Zealand have joined the oversight group.

A summary of progress is provided in the following summary report;



# Community Orthopaedic Triage Service (COTS)



## Progress report 1



### Programme Aim

For people across the Bay to manage their health and well-being (specifically their musculoskeletal conditions) through a proactive recovery based pathway.

- Enable adults with musculoskeletal problems to appropriate triage, assessment and early intervention closer to home
- Provide self management information to optimise health and wellbeing
- Ensure only those individuals requiring specialist orthopaedic assessments in secondary care setting are referred from primary care



### Work in Progress

- Competency checklists for physio staff in development
- BPAC form has been specified and sent through the company for development
- Currently working through the internal DHB processes for managing the referrals received into the service
- Review of AWA has now been undertaken, recommendations have been made regarding future content and structure which are now being designed for implementation



### Achievements to date

- 1<sup>st</sup> physio has finished the radiology training course to enable them to order x-rays
- Staff have been identified to undertake the expansion of the Te Puke pilot
- Communication pack has been created (for public, GP and staff)



### Challenges & Opportunities

- Growing the physiotherapy workforce at sufficient pace
- Raising the profile of the programme with the public and medical professionals
- Capacity within the Orthopaedic SMO workforce to oversee the programme



### Te Puke Pilot - update

#### Patient Quote:

"I found the treatment very good. Very little waiting time and then very helpful service"

#### Practices involved:

- Papamoa Pines
- Nga Kakano Foundation
- Te Puke Medical Centre

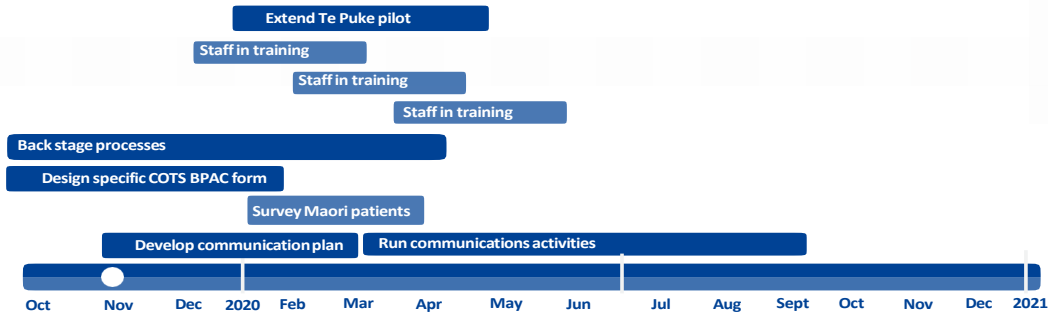
#### GP Quote:

"Awesome service. Fantastic to see physios actively involved in the care of arthritic patients and they can often provide a better assessment of disability than the patients GP"

- 50% of patients who have been seen in the pilot service did not require further appointments
- 25% of patients seen were referred into the orthopaedic outpatient clinics
- 33% of patients have been referred into AWA.
- 25% of patients were referred to physiotherapy





### Project Timeline




## FINANCIALS

Current position is a deficit of \$4.2M at the end of November which represents an unfavourable variance of (\$1.2m).

## PRIMARY CARE OVERVIEW

	<p><b><u>East West Collaboration</u></b> We are working collaboratively with the WBOPPHO to deliver on the new LARC contract. EBPHA has rolled this out to all of our 9 practices. Three of our school-based health nurses have completed training and will start delivering Jadelle Insertion in secondary schools early 2020. This will be a game-changer for our Eastern Bay wahine.</p> <p><b><u>Opōtiki Acute Demand</u></b> The three Opōtiki general practices continue to work together. The model, costings and nurse job descriptions are currently being finalised. Start date for the new model to be 2 March 2020.</p> <p><b><u>Immunisation</u></b> Our immunise outreach team held a pop-up community Measles MMR clinic on the 4<sup>th</sup> December 2019 from 5:30 pm to 7:00 pm for community members under 50 years old who required an MMR vaccine and were unable to attend their general practice. The team vaccinated 20 people. We are planning further clinics from February 2020.</p> <p><b><u>Dentistry Opotiki</u></b> Lobbying by our youth health lead to Planning and Funding has resulted in the dentistry caravan being in Opōtiki for 5 weeks. There has been no dentist in Opotiki for some time. Youth up to 19 years 2 months are able to get free dentistry.</p>
	<p><b><u>Challenges</u></b> <b><u>Opotiki Maternity and OPINS</u></b> The public response to the closure of the overnight OPINS services 10pm-8pm from 1 December 2019 and suspension of Maternity services has potential to impact on public perception of the new model being developed by the three GP practices.</p> <p><b><u>East West Integration</u></b> Whilst EBPHA staff have been assured that service delivery will continue post integration, the EBPA staff whilst demonstrating commitment to the process remain unsettled.</p> <p><b><u>Counselling Services Demand</u></b> Increase in counselling referrals year to date is a reflection of the vulnerable space many of our patients are in. An extra 147 adult referrals in the past year. We experienced a spike in referrals during August to October 2019. These have settled down again, however, the team is still working through the backlog.</p>
	<p><b>Key Achievements for this month:</b></p> <ul style="list-style-type: none"> <li>• The Tūāpapa workforce planning has begun in earnest with a workshop defining the outcomes we are seeking, characteristics and skills of a Tūāpapa Practitioner, working to the top of one's scope and value add. Next workshop scheduled to explore implementation, timelines and measures of success.</li> <li>• Lean training has been completed with general practice staff - the initiation of morning huddles and team boards is proving a popular option with practice staff including GPs. Access/demand work-stream underway in the general practices.</li> <li>• Lean training focused on business efficiencies and culture change sessions have also been completed with Te Manu Toroa and Nga Mataapuana Oranga managers.</li> </ul>

	<p><b>Key Challenges for this month:</b></p> <ul style="list-style-type: none"> <li>• Waitaha patients have been relocated to the Te Akau Clinic in Papamoa with additional workforce capacity from the Tauranga City Clinic. Waitaha clinic will remain open and offering nursing services. Letters to all Waitaha patients have been sent out advising of the change.</li> <li>• Moving staff towards a new way of doing and thinking (Tūāpapa) whilst they continue to deliver on business as usual.</li> <li>• Concern that an FMC submission jointly worked on with the BOPDHB nearly 3 months ago has still not been processed. The delay is creating anxiety within the Provider network.</li> </ul>
	<p><b>Key Achievements for this month:</b></p> <p><b>Transition Processes</b></p> <p>The transition group last met on 12<sup>th</sup> November. Alignment of the visions and priorities for our respective populations and our strengths and challenges were discussed. It was reassuring that nothing insurmountable was uncovered and many opportunities for strengthening the primary care environment were identified.</p> <p>Positive Iwi to Iwi and GP stakeholder hui have been held and following the Iwi hui it has been reported back to the boards that progress towards an agreed governance structure for the joined organisations has been made. A document is being prepared by Paora Stanley for consideration by the Eastern Bay Iwi.</p> <p>WBOP PHO CEO Lindsey Webber attended the EBPHA staff meeting this week alongside Interim CEO Greig Dean and EBPHA Chair Ken Wheelan to provide an update to staff and allow an open forum for questions.</p>



## BOARD ATTENDANCE REPORT

### SUBMITTED TO:

Board Meeting

15 January 2020

Prepared by: Maxine Griffiths, Board Secretariat

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

Submitted by: Simon Everitt, Interim Chief Executive

### RECOMMENDED RESOLUTION:

That the Board note the information

### ANNUAL BOARD ATTENDANCE REPORT 1 July 2019 – 31 December 2019

Board Members	Board		AFRM		CPHAC/ DSAC		BOPHAC		SHC	
	S	A	S	A	S	A	S	A	S	A
Mark Arundel	5	3	6	5	2	0			1	1
Yvonne Boyes	5	4					2	2	1	1
Marion Guy	5	5			2	2			1	1
Matua Parkinson	5	4					2	1	1	0
Anna Rolleston	5	5	6	2	2	1			1	0
Ron Scott	5	5	6	6	2	2	2	2	1	1
Sally Webb	5	5	6	5	2	2	2	2	1	1
Geoff Esterman	5	5	6	5			2	2	1	1
Judy Turner	5	3			2	2			1	1
Bev Edlin	5	5	6	6	2	2			1	1
Peter Nicholl	5	4	6	3			2	0	1	0
Pouroto Ngaropo	5	1								
<b>Total number of scheduled meetings</b>	5		6		2*		2*		1*	

\* CPHAC/DSAC, BOPHAC and SHC meetings were impacted due to the occurrence of industrial action throughout the year.

