Agenda

Bay of Plenty District Health Board

Venue: Conference Room, Clinical School, Whakatane Hospital
Date and Time: Wednesday 19 June 2019 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

Item No.	Item	Page
1	**Karakia** Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te awatea ka huri atu ki te pō (te pō ko tenei te awatea) Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē! 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!	
2	**Presentation** Nil	
3	**Apologies**	
4	**Interests Register**	
5	**Minutes and Chair Report Back**	
	5.1 Board Meeting - 15.5.19 Minutes	**8**
	5.2 Matters Arising	**12**
	5.3 BOPHAC Meeting – 5.6.19	**14**
6	**Items for Discussion / Decision** (Any items that are not standing reports must go via the Committees and will include the Chair's report and Committee recommendation)	
	6.1 Adoption of Active Transport Position Statement	**17**
	6.2 Draft Annual Plan Update	**21**
	6.3 Chief Executive's Report	**23**
	6.4 Dashboard Report (to be circulated)	
	6.5 Primary Health Organisation Reports	**37**
	6.6. IDP Qtr3 Sumary Report	**38**

7	**Items for Noting**	
	7.1 Ministry of Health Response to Te Toi Ahorangi 2030	**49**
	7.2 Board Work Plan 2019	**52**
8	**Correspondence for Noting**	
	8.1 Insights and Reflections 2017/18 Central Government Audit Work	**53**
9	**General Business**	
10	**Resolution to Exclude the Public** Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded. Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.	
11	**Next Meeting** – Wednesday 17 July 2019.	

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated May 2019)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Toi te Ora	Wife is an employee	Health	Minor to Nil. No direct influence.	03/02/2014
TECT	Trustee	Community Trust	LOW	July 2018
BOYES, Yvonne				
Boyes Family Trust	Trustee	Family Trust	NIL	1999
Nautilus Trust	Director	Property	NIL	1999
Riesling Holdings Ltd	Director	Property	NIL	1999
Rural Immersion Program	Academic Advisor	Health	Moderate	04/2014
Rurual Health Inter-Professional Program	Staff Member / Rental Property Owner	Financial	Low	02/2018
Bay of Plenty Child Research Trust			Low	March 2019
EDLIN, Bev				
Institute of Directors – BOP Branch	Board Member	Membership Body	LOW	Member since 1999
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/Chair September 2017
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
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
ESTERMAN, Geoff				
Western Bay of Plenty PHO	Board Member	Health	LOW – WBOP PHO has contract with the DHB but as a Board Member Geoff is not in a position to influence contracts	28/11/2013
Western Bay of Plenty Primary Care Provider Incorporated Boad	Board Member	Primary Healthcare	LOW	28/11/2013
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
GM and P Esterman Family Trust	Trustee	Family Trust	NIL	28/11/2013
Gate Pa Developments Ltd	Director	Property & Kiwifruit	NIL	28/11/2013
Waterview Buildings Ltd	Director	Property	NIL	28/11/2013
GUY, Marion				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
NICHOLL, Peter				
Nicholl Consulting Ltd	Director	Economic advice (mainly outside NZ)	NIL	01/01/2007

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
NZ Association of Economists	Member	Professional Body	NIL	01/03/2015
NZ Institute of Directors	Member	Professional Body	NIL	06/06/2014
Lily's Trust	Trustee	Family Trust	NIL	01/01/2007
Office of Technical Assistances, US Treasury	Contractor	Advisory body to overseas central Banks	NIL	01/02/2005
PARKINSON, Matua				
Hunters Club Limited	Director	xxxxx	xxxx	2015
Parkinson Whanau Trust	Trustee	NIL	NIL	2015
Matua Parkinson Trading as REAL	Director	NIL	NIL	
REAL Coaching	Director	Coaching	LOW	2015
REAL Guest Speaker	Director	Education	NIL	2015
REAL Food Production	Director	Food production	LOW	2015
ROLLESTON, Anna				
The Centre for Health	Director/Principal	Health	LOW	09/2015
University of Auckland	Senior Research Fellow	Health	LOW	09/2015
NZ Heart Foundation Grant recipient	Primary Investigator	Health	LOW	10/2015
Midland Cardiac Network	Member	Health	LOW	11/2015
FCT Target Project	Project Manager	Health	LOW	01/2016
Poutiri Trust	Chair			Sept 2017
University of Waikato	Senior Research Fellow	Health	LOW	09/2016
Flourishing Whanau Project	Named Investigator	Health Research	LOW	July 2018
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not it the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
TURNER, Judy				
Whakatane District Council	Deputy Mayor	Local Authority	LOW	2017
Inclusion Whakatane	Advisory Group Member	Disability and Aging issues	LOW	2017
Homeless Support	Chair of Committee	Support for Homeless	LOW	2017
WEBB, Sally				
Capital Investment Committee	Member	Health Capital Allocation	Minimal	24/1/2011
SallyW Ltd	Director	Consulting & Coaching	Nil	2001

Minutes

Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, Tauranga Hospital
Date and Time: 15 May 2019 at 9.30 am

Board: Sally Webb (Chair), Ron Scott, Peter Nicholl, Bev Edlin, Judy Turner, Marion Guy, Yvonne Boyes, Mark Arundel , Anna Rolleston, Matua Parkinson

Attendees: Pete Chandler (Acting Chief Executive), Simon Everitt (GM Planning and Funding and Population Health), Bronwyn Anstis (Acting Chief Operating Officer), Julie Robinson (DON), Hugh Lees (Chief Medical Advisor), Jeff Hodson (GM Property Services), Sarah Mitchell (Dir, Allied Health, Scientific & Technical), Debbie Brown (Snr Advisor, Governance & Quality), Andre Bester (CFO)

Item No.	Item	Action
1	**Karakia** had been undertaken at Board only time	
2	**Presentation** Tania from Hanmer Clinic Tania presented her story as a recovering addict, relaying her harrowing journey from childhood to adulthood through abuse both verbal and sexual, dysfunctional relationships from an early age, intense trauma, personal hardship, encounters with the law, years of extreme addiction, Motherhood and rehabilitation. The Board asked Tania what she thought could make a difference to people who may be in the situation she was. Tania believes there needs to be more Clinics like Hanmer which she has seen as her safe, go to place. To be able to get ahead of addiction, there needs to be more addiction awareness and education in schools as well as giving young people somewhere they feel they can go to, to talk. The Board Chair thanked Tania for her openness and honesty. Board Members were openly affected by Tania's story and requested that a letter of thanks be sent to Hanmer Clinic for allowing Tania to share her story and a CARE certificate to Tania.	Board Secretariat
3	**Apologies** Apologies were received from Geoff Esterman **Resolved** that the apology from G Esterman be received Moved: J Turner Seconded: M Arundel	
4	**Interests Register** The Board was asked if there were any conflicts in relation to items on the agenda. The Board Chair requested removal of her listing as Chair of Waikato DHB.	

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5	**Minutes** 5.1 Minutes of Board meeting **Resolved** that the Board receive the minutes of the meeting held on 17 April 2019 and confirm as a true and correct record. Moved: B Edlin Seconded: M Guy 5.2 Matters Arising *Travel Plan*. GMPF advised of a meeting last Friday from which a report will come to the Board in June	GMPF
6	**Items for Discussion / Decision** 6.1 Chief Executive's Report The Acting Chief Executive highlighted: *Measles Outbreak:* This is still in a containment phase in the Bay of Plenty. 90% of confirmed cases were not immunised. *Te Whariki a Toi* – BOPDHB education system. Offering free qualifications. *Biophilic Summit*. Board Members were informed of the impending Summit. There are two available spaces for Board Members. GMPF will enquire as to possibility of more if Board Members are interested. Anna and Bev registered interest. *First 1000 day*s. There has been a recent meeting with philanthropic members in the Bay of Plenty who were very interested. *ESPIs* have been greatly affected by recent strikes. *Care Co-ordination*. Query was raised on measurement of the initiative. A 12 month evaluation has been undertaken and the service will be expanded utilising existing staff members. The Board requested that copy of the evaluation be circulated. *CIO appointment*. An offer has been made to the successful applicant who has a huge range of skills and a wealth of experience. Commencement is expected in four weeks time. **Resolved** that the Board receive the report Moved: A Rolleston Seconded: B Edlin 6.2 Primary Health Organisation Reports The Board noted that EBPHA advise that they have flourished. **Resolved** that the Board noted the report 6.3 Dashboard Report Query was raised regarding smoking cessation and missed target. The target was minimally missed however GMPF will review detail and feed back to the Board. Pressure on the system had seen ED target missed. It is still much improved on historical performance.	GMPF GMPF

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	Board Chair advised that there is a Strategic meeting with the MOH on 4 June. There is a new outcomes measurement, likely to be discussed. **Resolved** that the Board receive the report Moved: R Scott Seconded: B Edlin 6.4 Maori Health Dashboard Report Discussion was had on immunisation and the current anti-vaccination swell. It was considered that this did have an effect. Western BOP had historically been more resistant to immunisation. Toi Te Ora has been proactive in communication regarding the measles outbreak and necessity to obtain vaccinations. Query was raised regarding the patient story this morning and how the information can be used particularly regarding suicide numbers. Is peer support being maximised. It was considered there were a number of opportunities where intervention could assist. There is work being undertaken in Planning & Funding on an initiative regarding peer support. GMPF advised that he will review the amount of peer support BOPDHB is funding, taking into consideration outcomes of the MHAS review as well as looking at whether the funding is reaching the right people. **Resolved** that the Board receive the report. Moved: P Nicholl Seconded: M Guy	GMPF
7	**Items for Noting** 7.1 Vaping in the Context of Smokefree 2025 Recap was given on the comment previously made regarding the smoking cessation signage within the hospital grounds. It was considered the message Smokefree and Vapfree was confusing. The position statements currently do not align and are being worked through and merged. Query was raised as to whether the DHB should be formulating a position statement on cannabis. The Board requested GMPF to formulate a one page preliminary view on cannabis to be brought back to the Board. Reciprocal Board Member B Edlin advised that this had recently been discussed at Lakes where it was considered that the statement should have a collectively regional focus rather than individual DHB. 7.2 Board Work Plan The Board noted the papers	GMPF
8	**Correspondence for Noting** 8.1 Letter from SSC re Updated Speaking Up Model Standards – 8 April 2019 The Board noted the correspondence.	
9	**General Business** There was no general business	

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<table>
<tr><td>9</td><td>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
AFRM Minutes
Budget
Fire Insurance Levy
BOPDHB Evolution Update
Chief Executive’s Report
FPIM Update
Opotiki Locality Planning
LTIP Update
Food services Proposal update
Correspondence for noting

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:
Simon Everitt
Hugh Lees
Julie Robinson
Sarah Mitchell
Debbie Brown
Pete Chandler
Jeff Hodson
Bronwyn Anstis
Andre Bester
Resolved that the Board move into confidential.
Moved: S Webb
Seconded: R Scott</td><td></td></tr>
<tr><td>10</td><td>Next Meeting – Wednesday 19 June 2019</td><td></td></tr>
</table>

The open section of the meeting closed at 11.00 am

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

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Bay of Plenty District Health Board

Matters Arising (open) – June 2019

Meeting Date	Item	Action required	Action Taken
20.3.19	9.1	**General Business – Travel Plan** GMPF advised that there were a raft of actions within the plan, some which were easier to implement than others. GMPS, GMCS and GMPF will compile a priority list and bring an Action Plan to the Board. GMPF/GMCS/GMPS	Report to Board – 15.6.19 – Completed
17.4.19	6.4	**Treasury Living Standards Framework** Query was raised as to whether our Health in All Policies matched the document. This will be reviewed and reported back to the Board. - GMPF	Toi Te Ora have reviewed the HIAP approach and alignment - Completed
17.4.19	6.2	**Dashboard Report – ESPIs** Query was raised with regard to thresholds in Orthopaedics. Acting COO advised that there was a meeting next week. The Board requested feedback. - Acting COO	In progress
15.5.19	2.0	**Presentation – Hanmer Clinic Patient Story** Board Members requested that a letter of thanks be sent to Hanmer Clinic for allowing Tania to share her story and a CARE certificate to Tania – Board Secretariat	Completed
15.5.19	6.1	**Chief Executive's Report – Care Co-ordination** A 12 month evaluation has been undertaken and the service will be expanded utilising existing staff members. The Board requested that copy of the evaluation be circulated - GMPF	Completed
15.5.19	6.3	**Dashboard Report – Smoking Cessation** Query was raised regarding smoking cessation and missed target. The target was minimally missed however GMPF will review detail and feed back to the Board. - GMPF	Primary Care target was only missed by 0.5%. Performance has been raised with all 3 PHOs - Completed

15.5.19	6.4	**Maori Health Dashboard Report – Peer Support** GMPF advised that he will review the amount of peer support BOPDHB is funding, taking into consideration outcomes of the MHAS review as well as looking at whether the funding is reaching the right people. - GMPF	This has been discussed with the MHA Portfolio Managers and will be considered as part of future actions in response to the national review - Completed
15.5.19	7.1	**Vaping in the Context of Smokefree 2025** Query was raised as to whether the DHB should be formulating a position statement on cannabis. The Board requested GMPF to formulate a one page preliminary view on cannabis to be brought back to the Board. - GMPF	Smokefree position statement has been revised to include vaping. On board agenda. Cannabis paper under development - Completed

Minutes

Bay of Plenty Hospital Advisory Committee

Venue: Tawa Room, 889 Cameron Road, Tauranga
Date and time: Wednesday 5 June 2019 at 10:30am

Committee: Geoff Esterman (Chair), Ron Scott, Peter Nicholl, Matua Parkinson, Lyall Thurston (Lakes DHB Rep)

Attendees: Helen Mason, (Chief Executive), Bronwyn Anstis (Acting Chief Operating Officer), Julie Robinson (Director of Nursing), Hugh Lees (Chief Medical Advisor), Debbie Brown (Senior Advisor, Governance & Quality), Sarah Mitchell (Director Allied Health, Scientific and Technical), Pete Chandler, (Exec Lead, BOP Evolution)

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Item No.	Item	Action
1	**Karakia** The meeting opened with a karakia.	
2	**Apologies** Apologies were received from Yvonne Boyes and Sally Webb **Resolved** that the apologies from Y Boyes and S Webb be accepted. Moved: P Nicholl Seconded: R Scott	
3	**Minutes** BOPHAC Meeting – 6.3.19 **Resolved** that the amended minutes of the meeting held on 6 March 2019 be confirmed as a true and correct record. Moved: R Scott Seconded: M Parkinson	
4	**Matters Arising** **HDC** SAQC advised that feedback has been given re the matters raised. – Completed	
5	**Reports requiring decision** 5.1 Acting Chief Operating Officer's Report Acting Chief Operating Officer highlighted the following: *Grand Rounds* - Choosing Wisely programme will be a focus for this year.	

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Item No.	Item	Action
	Hand Hygiene - Quality and Safety Marker. All areas which have not met the standard have improvement plans. Infection Control Nurse to focus on areas that have done well, in this case, Paediatrics and promote why they have done well. *Patient Experience Survey* - Query was raised with regard to results for Maori, which were indicated as below BOPDHB average, as to availability of any trend data to indicate whether this was better or worse than previous. SAQC advised that the Clinical Director, Quality & Patient Safety will be reviewing. CEO advised of the co-design project within the Kaupapa Ward and how that might relate. There had been a HSQC survey on how patients felt about speaking up. BOPDHB's Kaupapa Ward was found to be working well in this regard. *Incident Report*. The Committee considered cumulative data rather than a month's reporting would be more helpful. *Creating our Culture* - There has been good engagement from Heads of Departments to the Speaking up Safely process. *Nursing Pay Equity* –Associate DON is on the national group. *Waiting Times* - Allied Health is assisting with waiting times focussing on Orthopaedics currently and FSA workup. A meeting has been had with Orthopaedic Consultants. *Balanced Score Card* - Query was raised regarding Colonoscopy data upward trends. Acting COO advised the Bowel screening programme had raised awareness nationally. BOPDHB Bowel Screening is due for rollout in 2020/21. Lakes DHB rep advised that Lakes was a pilot for Midland Bowel Screening Programme at the end of last year. People have been invited to participate in the programme. There has been an 18% uptake. Only 18 Maori accepted invitation. CEO advised that Midland has been requesting a lower age of participation for Maori. **Resolved** that the Committee receive the Acting Chief Operator's report. Moved: R Scott Seconded: L Thurston 5.2 ACC Treatment Injury Report **Resolved** that the Committee receives the report Moved: G Esterman Seconded: R Scott	Acting COO
6	**Matters for Noting** 6.1 Work Plan The Committee noted the plan.	
7	**General Business** 7.1 Lakes DHB Reciprocal Member comments	

Item No.	Item	Action
	Lakes DHB has a new CEO. Lakes DHB appreciates the attendance of the BOPDHB Board representative at their Committee. Lakes DHB was disappointed in the demise of the Waikato DHB Board. 7.2 <u>Waikato DHB Reciprocal Member</u> The BOPDHB BOPHAC Committee requested that a letter of thanks be sent to Dr Clyde Wade for his contribution and participation as Waikato DHB representative to the Committee.	Board Secretariat
8	**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 BOPDHB Planned Care Performance Health System Improvement Opportunities 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: Bronwyn Anstis Debbie Brown Julie Robinson Hugh Lees Sarah Mitchell **Resolved** that the Board move into confidential. Moved: G Esterman Seconded: R Scott	
9	**Next Meeting -** Wednesday 3 July 2019	

The open section of the meeting closed at 11.30 am
The minutes will be confirmed as a true and correct record at the next meeting.

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Bay of Plenty District Health Board
Adoption of the Active Transport Position Statement

SUBMITTED TO:

Board Meeting 19 June 2019

Prepared by: Phil Shoemack, Medical Officer of Health, Toi Te Ora Public Health

Endorsed by: Simon Everitt, General Manager, Planning & Funding and Population Health

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:
That the Board endorse the Active Transport Position Statement (as attached) as the Position Statement for the Bay of Plenty DHB.

ATTACHMENTS:
Active Transport Position Statement

BACKGROUND:
A position statement examines a health issue facing the population, describes appropriate response approaches and states the organisation's stance on the issue. A well-constructed position statement is an invaluable means of bringing focus and clarity to the development of an organisational response.

At its meeting on the 26 August 2012, the Board endorsed the status of Position Statements as Board Governance documents that are used to guide management.

Historically, Planning and Funding and Toi Te Ora had developed separate position statements, some on the same issue and some on separate issues. In August 2016 the Board approved the two services' recommendation to move to a single set of position statements for the Bay of Plenty DHB as the various existing statements came up for review. The position statement format was also reviewed and agreed and takes into consideration both the previous formats and those from a number of other DHBs, the Public Health Association and the New Zealand College of Public Health Medicine.

The Bay of Plenty DHB is working more closely with other agencies and in particular with local government, as part of its Health in All Policies approaches. A single set of position statements is important to support this work and assist with other agencies' understanding of the District Health Board and its position on important health issues affecting the community.

As position statements are reviewed and adopted by the Bay of Plenty DHB, Lakes DHB has agreed to review these with the view to also adopt them which will ensure a consistent position on a range of issues across both DHBs. A single set of statements for both district health boards will support joint submissions where applicable, and assist Toi Te Ora's work across Lakes DHB as their Public Health Unit.

Summary of Active Transport Position Statement

This position statement emphasises the important link between transport and health and commits the DHB to support strategies and initiatives that increase the provision and use of active transport in our communities.

DEFINITIONS USED:

Term	***Definition***
Position Statement	A position statement examines an issue facing the population and describes appropriate approaches and states the organisation's stance on the issue. A well-constructed position statement is an invaluable means of bringing focus and clarity to the development of an organisational response.

Bay of Plenty District Health Board is committed to improving and protecting the health of the communities in the Bay of Plenty district.

Position Statement – Active Transport

Bay of Plenty DHB supports strategies and initiatives that increase the provision and use of active transport in our communities.

Active transport results in a broad range of everyday convenience, health and environmental benefits for individuals and the population.

Active transport is any self-propelled mode of transport (such as walking, jogging, cycling, using a scooter or skateboard). Public transport is closely aligned as some form of active transport is needed to get to and from any journey on public transport.

People and communities who successfully build active transport into everyday life have better health outcomes[i]. A New Zealand study found that shifting 5% of short car trips (less than seven kilometres) to cycling would prevent 116 deaths annually. Using the Ministry of Transport's Value of a Life, the health benefits of a 5% shift in transport mode represent annual savings to the country of about $200 million[ii].

Physical inactivity contributes to conditions such as obesity, heart disease, high blood pressure, diabetes, stroke, some forms of cancer, depression, cognitive decline, and osteoporosis. Physical inactivity is the fourth leading risk factor for global mortality and accounts for 6% of deaths worldwide[iii]. New Zealanders are becoming less physically active with less than half of New Zealand adults meeting the recommended minimum level of daily physical activity[iv]. The total cost of physical inactivity was $1.3 billion in 2010, representing 0.7% of New Zealand's Gross Domestic Product[v].

Good urban design including mixed land use, and medium to high density residential areas, supports active transport and strengthens the vitality and economic viability of an area[vi]. Active transport supports equitable access to social interactions, services and facilities, particularly for children and the elderly. Social interaction supports a sense of belonging and participation in a community and is linked with better individual and population health outcomes[vii].

Shifting some car journeys to active transport modes reduces congestion, improves air quality and road safety and reduces the burning of fossil fuels[viii]. Premature mortality from vehicle exhaust fumes represents a 'hidden annual road toll' of approximately 256 New Zealanders, with thousands more having compromised quality of life due to the health effects of vehicle emissions[ix].

Key strategies to increase the uptake of active transport include:

- Creating urban environments that incorporate mixed land use and medium to high density residential living.

- Ensuring equitable access to safe and attractive active transport options along with effective connections between these eg. common ticketing for different types of public transport, bike racks on buses, park and ride facilities.
- Designing active transport networks that cater for a broad range of users including people of all ages. Incentives, regulations, and policies that support people to change their mode of everyday transport.

Bay of Plenty DHB advocates for, and supports:
- Working with central and local government to provide public transport, walking, and cycling infrastructure.
- The promotion and provision of active transport choices for its staff, patients and visitors.
- Active transport being incorporated into the design of urban, commercial and industrial areas, roads, and building developments.
- Travel planning initiatives and activities in workplaces, schools, and community organisations.

Adopted by: the Bay of Plenty District Health Board at its June 2019 meeting.
Review Date: June 2022

References and further information

[i] World Health Organization. (2010). Global recommendations on physical activity for health. Switzerland: World Health Organization

[ii] Lindsay, G., Macmillan, A., Woodward, A. (2011). Moving urban trips from cars to bicycles: impact on health and emissions. Australian and New Zealand Journal of Public Health, 35:54–60.

[iii] World Health Organisation (2002). A physically active life through everyday transport. Italy: World Health Organisation.

[iv] Ministry of Health. 2016. Annual Update of Key Results 2015/16: New Zealand Health Survey. Wellington: Ministry of Health.

[v] Market Economics Limited for Auckland, Waikato and Wellington Councils. (2013). The Costs of Physical Inactivity: Towards a Regional Full-Cost Accounting Perspective

[vi] Public Health Association of New Zealand (2015). Policy Position: Transport and Health.

[vii] Healthy Christchurch (2010). Wider Health & Wellbeing Impacts of Transport Planning. Christchurch, New Zealand.

[viii] Shaw, C., Randal, E., Keall, M., & Woodward, A. (2018). Health consequences of transport patterns in New Zealand’s largest cities. New Zealand Medical Journal, 131(1472), 64-72.

[ix] Kuschel G, Metcalfe J, Wilton E, Guria J, Hales S, Rolfe K, Woodward A (2012) Updated health and air pollution in New Zealand Study: Summary Report. Prepared for: Health Research Council, Ministry of Transport, Ministry for the Environment, New Zealand Transport Agency.

Draft Annual Plan 2019/20 Update

SUBMITTED TO:

Board Meeting: 19 June 2019

Prepared by: Sharlene Pardy – Planning and Project Manager, Planning and Funding

Endorsed by: Simon Everitt – General Manager, Planning, Funding and Population Health

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTIONS:
That the Board:

1. **Notes** the second draft of the Annual Plan 2019/20 will be presented to the Board in July;
2. **Notes** that a signed version of the Statement of Intent and Statement of Performance Expectations is due with the Ministry of Health on 21 June; and
3. **Delegates** authority to the Chair and Deputy Chair to sign and submit the second draft and final Annual Plan 2019/20 to the Ministry of Health on behalf of the Board.

BACKGROUND
The New Zealand Public Health and Disability Act 2000 requires every DHB to prepare a plan for each financial year. Every plan must address local, regional and national needs for health services, how health services can be properly coordinated to meet those needs and the optimum arrangement for the most effect and efficient delivery of health services. It must also demonstrate how a DHB is to give effect to the purposes of the Act, how it will operate in a financially responsible manner and must be consistent with the New Zealand Health Strategy and the New Zealand Disability Strategy.

The Annual Plan 2019/20 sets out the BOPDHB's response to the Minister's key expectations and priorities. It comprises **two parts** this year:
PART A: ANNUAL PLAN - Section 1 Overview of Strategic Priorities, Section 2 Delivering on Priorities, Section 3 Service Configuration, Section 4 Stewardship, Section 5 Performance Measures; and
PART B: STATEMENT OF INTENT INCORPORATING THE STATEMENT OF PERFORMANCE EXPECTATION INCLUDING FINANCIAL PERFORMANCE – Section 1: Strategic Direction, Section 2 Managing our Business, Section 3 Statement of Performance Expectations, Section 4 Financial Performance, Appendix 1 System Level Measures Improvement Plan.

To meet legislative requirements in Section 149E of the Crown Entities Act a signed version of PART B - the Statement of Intent and Statement of Performance Expectations is due with the Ministry of Health on 21 June 2019. There will be an opportunity to amend these documents however after this date.

FEEDBACK FROM THE MINISTRY OF HEALTH

The Board received the first draft of the Annual Plan 2019/20 at their April meeting. The draft Annual Plan was then submitted to the Ministry on 5 April 2019. The Ministry's provisional feedback was received on 24 May and was overall very positive with many sections approved. There are just some sections having technical issues that needed resolving and some sections are still awaiting further planning guidance to be provided by the Ministry.

Amendments are currently being made to the first draft Annual Plan to address the Ministry's feedback and the second draft version of the Annual Plan will be reported to the Board in July prior to being submitted to the Ministry.

Important to note is that the Ministry of Health is still to provide detailed planning advice on Planned Care (Elective Services), detail on the new funding and expectations from the Mental Health and Addictions Inquiry Report and other areas which we have been advised are subject to Cabinet decision.

FINANCIAL TEMPLATES

The final funding advice was received at the end of May. The national increase going to DHBs for 2019/20 is $569m (last year $549m). This represents a national funding increase of 4.32%. BOPDHB's share of the $569m is $31.01m (last year $31.33m) or 4.24%. This is the 10th largest increase across all DHBs and is of concern given the DHBs continued population growth. This matter has been raised with the Ministry of Health.

The first draft of the AP reflected a deficit of $33 million. The Ministry of Health rejected this position and the budgets are being revised to reflect a $15.7 million deficit. This revised financial position will be included into the Statement of Performance Expectations once the budget revision is complete.

CEO's Report (Open) – May 2019

EQUITY

Te Teo Herenga Waka & Toi Te Ora

Health Care Homes
There have been 19 submissions received for general practices across the Bay to be considered for Health Care Home implementation. This is run by a procurement process under Western Bay of Plenty PHO. The response is beyond our expectation.

Test of Change- Pacific Island Harm Reduction from Smoking
Triggered by low performance of an existing smokefree contract, a risk management plan was set up between the Population Health Portfolio Manager and the Pacific Island Community Trust Management and Staff. The issue with the previous service delivery was the focus on quitting smoking. The people who are supported by PICT have very difficult and complex lives and are reliant on smoking as a part of the management of their life. They do not want smoking to be 'taken away from them'. They retract when the topic of quitting smoking is raised. When asked what they value the most, 'their family' is the overwhelming response.

Whilst the contract was put at risk, a new approach has been tested. Over the past 4 months a change in delivery towards harm reduction, using values based language have seen people making decisions that support the health and wellbeing of their family. Using motivational interviewing and guided by a list of healthier behaviours, members of the pacific Island community are making pledges and are reporting to be following these through. As the focus has changed to reducing harm rather than quitting smoking, clients are encouraged to make steps towards a healthier lifestyle for their family.

Examples of pledges are; not smoking in the house/car, not smoking in front of their children (being a positive role model), washing their hands and face after a smoke, changing the outer clothing, trying vaping or other NRT, not smoking in front of others (reducing second hand smoke), picking up butts, keeping smoking paraphernalia out of a child's eyesight, not smoking around pregnant women… A goal for some has been that their children will not know that their parents smoke.

This approach has been reported weekly to the PM, the results have been significant. People are adopting maintaining changes and adding to them, with the support of their nurse. This approach reduces stigma and an intergenerational approach to smokefree. This approach has been shared with the MoH and other DHBs and could be utilised in other services.

Breast Screening
The DHB has achieved its goal of moving the proportion of Maori women in the 50-69 years age group to within 10% of the national target by December 2019. For the 24-months ending March 2019, 65.2% of Maori women had been screened (vs 60.5% to March 2018, and 59.7% to March 2017). These improvements have been driven by the cumulative additional screening episodes contributed by the Support to Screening services in BOPDHB. The services are contracted by Planning and Funding to WBOPPHO and EBPHA, and were part of a renewed approach to screening support services funded by the National Screening Unit in late 2016. Breastscreen Midland has the increased volume of referrals to these services along with improvements in other areas of the client journey.

Our weekly screening tracking tool indicates that BOPDHB will see a lower quarterly result at the June quarter compared with the 65.2% for the March quarter. Analysis of invitation and screening data over the past nine months has highlighted lower screen/invitation ratio to previous months and years; this may be due to the more responsive women having already been reached by the Support to Screening services.

To address this we have engaged the assistance of WBOPPHO's Health and Wellness Centre in a change idea aimed at increasing the proportion of Maori women enrolled with Breastscreen Aotearoa (currently 87% of Maori and non-Maori women are enrolled with the program; however, 75% of Maori women invited to a mammogram go on to be screened, vs 80-85% for non-Maori women).

Achieving Equity

Socialisation of the development of equity tools to enable equity positive decision-making within TTHW has begun with support shown from the team. Development of the tools continues alongside opportunities to test equity criteria (e.g. RFP process, budget decisions) using an improvement approach.

A presentation on Māori data sovereignty and governance was delivered to the BOPIS group. The take home message was the need to increase the groups understanding around what this might mean for BOPDHB and our information system. E.g. What might Māori data governance look like for BOPDHB? It highlighted that Māori health equity needs to be prioritised at every decision-making opportunity and at every level of the information system.

Child and Youth

First 1000 Days programme held two successful events; Advisory Group meeting and `pop up Hui` to preview the next area of service improvement; `supporting pregnant mama and whanau living in socially complex lives`; this will involve work on a predictive risk tool for staff and design and testing of an assertive outreach in the home service. This is likely to be a key worker model working within existing service boundaries and closely aligned to LMC activities.

The BOPDHB First 1000 Days programme presentation was included at the recent national DHB hui held by the NZ Child & Youth Epidemiology service; the presentation highlighted the application of the IHI service improvement methodology as it contributed to the development of our new Integrated Breastfeeding Support Service.

WHOLE OF SYSTEM:

Te Teo Herenga Waka & Toi Te Ora

Breastfeeding Support

The new Integrated Breastfeeding Support Service has signed two kaupapa Maori providers currently in establishment phase, for the roll out of a community and culturally accessible in-home service starting July 1st 2019

Health in All Policies

The Councils in the Western BOP and the NZ Transport Authority are developing the Urban Form and Transport Initiative (UFTI). UFTI is a collaborative project led by SmartGrowth and the NZ Transport Agency and involves Western Bay of Plenty District Council, Tauranga City Council, the Bay of Plenty Regional Council, iwi, and community leaders. It is pleasing to see it is focused on supporting livable community outcomes – finding answers for housing capacity, intensification, multi-modal transport (such as public transport and cycleways) and network capacity. Whilst this is promising rhetoric, achieving this will be hugely challenging in the face of considerable political and community divide on where transport and infrastructure investment should be directed. The DHB and Toi Te Ora have been invited to participate in a series of community workshops.

Mental Health and Addictions

A proposal for funding to rollout school-based mental health services for pupils/whanau in Years 1-8 across the 10 kahui Ako (Community of Learning) settings in the Bay of Plenty over 4 years was submitted to the Ministry of Health: Mental Health & Addiction Directorate at the beginning of May.

The proposal builds on the pilot offered in the Otumoetai Kahui Ako by specialist mental health clinicians located within the schools and offering an Early Intervention service that seeks to enhance the engagement of learners within the school by identifying any mental health issues at the earliest possible time and prevent the possible development of future mental health issues; to enhance the capacity and capability of the teaching/support staff and whanau to understand mental health in a school-based setting and to enable the use of strategies by staff and whanau in the future.

Some specific project work being completed between Toi Te Ora and Mental Health and Addiction Services, exploring capacity for Public Health approaches and expertise contributing to the sector. For example, exposure and input by Dr Catherine Habel into 'Tuturu - Whole Schools Approach', a national pilot between NZ Drug Foundation, Sorted Youth AOD Service and Te Puke High School and exploring how this could connect with Health Promoting Schools.

Provider Arm

Director of Allied Health, Scientific and Technical

Keeping Me Well – (Community Enablement project)

- Focussed work underway to have greater visibility across waitlist for AH services in community teams across East & Western bay. Improvement initiatives include robust data capture of all new requests for assistance for community AH and establishing consistent approaches to triage/ response times.
- Proactive approach to reducing waitlist starting with targeted resource to address the needs of those with longest wait.50 letters sent out with 17 responding that want to opt in - 35%...(65% discharge rate to date)
- Whakatane starting to look at how many are on their waitlist as currently not a system to accurately record this.
- Starting this month, weekly sessions to explore and develop understanding of what **a Virtual One Team** response to requests to assistance might look like. Phased approach initially starting with Team Leaders to extend discussions to include wider allied health staff.

Activity with Arthritis Programme(AWA)

As at 13 May 2019, Body In Motion have received 78 AWA referrals (commenced 10/01/2019). Of these referrals, 58 have had their initial assessments and baseline measures taken. These measures include patient survey around health perceptions, Timed up and Go and the ADL LifeCurve. 12 clients have been triaged and are awaiting initial appointments. 8 clients have declined to participate (10%).

The average age of participants is 65 years old. The age range is 41 to 94 years old.

Of the 59 who have completed initial testing, 23 (39%) do not yet register on the ADL LifeCurve, i.e. they scored 0. The Timed Up and Go average for this group is 9. An older adult who takes ≥12 seconds to complete the TUG is at risk for falling.

Orthopaedic Transformation Programme

Meeting was held with the Orthopaedic surgeons this month. Opportunities to develop new community pathways to reduce elective demand into the service discussed.

Currently preparing implementation plan.

SYSTEM INTEGRATION:

Te Teo Herenga Waka & Toi Te Ora

Eastern Bay Primary Health Alliance

Community Care Co-ordination and Keeping Me Well – An Integrated Community Enablement Approach
Keeping Me Well continues to progress towards its first stage aim; all community DHB services requests through community care coordination by the 1st of August 2019. This milestone will assist the evolutionary changes that are required in our professional work force to move to a flexible and agile virtual team model.

To support this, we have commenced staff simulation sessions in the Western Bay which test aspects of the Keeping Me Well response and provides on opportunity for professional/team boundary discussions with frontline staff. The initial response from staff has been positive with opportunities already to widen perspectives and learn from their expertise. A similar forum will be established in the Eastern Bay. Wait list initiatives are well underway in both community allied teams with emphasis on actioning timely and appropriate responses.

The community care coordination centre features in this month's Health Matters, seeking to capture the public perspective on coordinated services. Initial response is to the survey encouraging and we will continue to utilise various mediums to gauge community perspective.

Population Health Intensive
Two staff from Planning and Funding are facilitators for the Auckland Uni Population Health Intensive for year 5 medical students. This week-long intensive training module is aimed at exposing medical students to a different way of thinking about health- from a population health perspective rather than the dominant form of training which tends to be hospital/specialty based. Students are asked to develop a compelling proposal for a feasible and innovative population health strategy to help address 2 health topics – Immunisation and Transport. The students are required to work in groups of 7 or 8. They meet community organisations and are exposed to a range of perspectives that will help them to gain an understanding of health from a population perspective and how the broader, social determinants of health impact on people's lives. It's a great opportunity for Planning and Funding to support the development of our future workforce and for the students to gain a broader understanding of health which hopefully they will take with them through their careers as doctors.

INTEGRATION / COMMUNITY

Te Teo Herenga Waka & Toi Te Ora

Mental Health Vaping Test of Change

Currently underway, a test of change to support mental health inpatients to use vaping devices whilst they are in our care. Trials elsewhere have shown a reduction in aggression and improvements to health and wellbeing outcomes of people admitted to mental health services when they manage their smoking addiction with a vaping device. The test is being supported by staff on the mental health ward in Tauranga hospital.

Initial reflections of the trial are: Patient reports are positive and staffs are reporting a reduction in aggression with having an alternative to offer, particularly around admission.

Health of Older People

Home and Community Support Services (HCSS) Alliance

Currently there is a funding model review occurring. The general sense from Alliance partners is that the funding needs to better reflect a client's needs. A small group has been drawn together from the alliance and the key objectives of the group are:

- Identify and quantify within clusters the varied resource needs that exist.
- Review the current needs based groupings and/or make any recommendations for its use either as it stands or with modification to support new pricing model.
- Develop packages of care that takes a focus on
  - Restorative - meaning the providers can facilitate improvements for clients restore functions and reduce services within a timeframe.
  - Prevent decline – flexible services to maintain current level of functions recognising the clients are potentially unstable.
  - Sustaining – where we expect the clients to deteriorate and recognise that increased support is required as the situation changes.
- Develop packages of care matrix across the clusters and needs based groupings.

We were approached by an ARC provider who is building a dual purpose facility (Rest-home and Hospital) under an ORA (An ORA is a Licence to occupy a dwelling at a retirement village or a Care Suite in a facility. The ORA sets out yours and the facility obligations and it creates the right for you to live in the Care Suite or dwelling.). The care suite will be certified dual purpose which will enable the facility to provider either rest-home or hospital level services and also enable the resident to access a subsidy if eligible. Once you no longer require the suite it is sold usually less a management fee- around 30%.

Advance Care Planning

- An opportunity to run a 'test of change' in the hospital. Goal is to test ACP conversations on Ward 2C and gather information. The findings will form the basis for a collaborative approach to determine implications for practice.
- There has been an increase in ACP uploads potentially linked to ACP advertising recently.
- We have received great feedback from the delivery of Train the Trainer programs.

Toi Te Ora

Childhood infections – Measles Outbreak Response

There has been a significant amount of work with responding to the current outbreak of measles, which commenced in the first week of April and has continued on through May.

A CIMS structure was put in place in Toi Te Ora to manage the response and staff resources have been re-prioritised to assist, including with substantial communications and public health intelligence support. Communications work has included issuing media releases, managing media enquiries, providing updates for stakeholder groups, disseminating advice and resources for Primary Care, and webpage updates. Significant analytical support has been required to manage, track and monitor the follow up of cases and contacts.
As at 24 May, there had been:

- 24 confirmed measles cases
- An additional 70 measles notifications investigated, followed up, but later confirmed not to be measles
- Approximately 480 contacts of cases individually followed up
- 10 follow-ups of possible transmission in waiting rooms
- 10 public places of possible exposure followed up
- 10 media releases issued
- 54 media enquiries received and managed

Falling childhood immunisation rates across NZ and locally remain a concern. As part of the management of the measles outbreak the Medical Officers of Health issued several media statements which have had fairly wide media coverage.

Health in All Policies – Local Government Engagement
Toi Te Ora has reviewed the annual plan consultation documents from Rotorua Lakes Council, Tauranga City Council, Taupō District Council, Kawerau District Council and Whakatāne District Council. The decision has been made not to submit on these plans given the extent of our submissions to their respective Long Term Plans last year. Toi Te Ora will instead continue to engage with each Council outside of the consultation processes.

A submission was prepared on behalf of Bay Of Plenty and Lakes District Health Boards on the Bay of Plenty Regional Council's proposed Annual Plan 2019/2020. The submission discussed climate change actions and funding for student bus services.

Basophilic Public Health
Planning for our Biophilic Summit - *Connecting People and Nature* is scheduled for 20 June 2019. All speakers are now confirmed and invitations have been sent to approximately 80 people representing local government, education, academia, health, tourism, and community groups. Interest and support has been strong and exceptionally positive, and our main challenge is that we have a limited number of places available and will not be able to accommodate all those interested in attending.

Workplace Wellbeing – Mental Wellbeing in the Workplace
Toi Te Ora's workplaces team attended mental health and wellbeing 'train the trainer' workshops run by the Mental Health Foundation. The workshops were developed by the Mental Health Foundation with input from Toi Te Ora and other stakeholders in response to requests from workplaces who were looking for mental health and wellbeing information for staff, and including ways to build supportive environments. Following this training the team delivered the workshops to WorkWell businesses in both Rotorua and Western Bay of Plenty with attendees representing 32 different workplaces. The workshops covered what mental wellbeing means to them and others, the importance of building resilience both individually and as part of the work environment, having difficult conversations with colleagues, and writing a mental wellbeing policy. Fifty-one course evaluations (89% response rate) were received and feedback from participants was overwhelmingly positive.

Health Protection - Air Quality
Progress has been made on addressing air quality concerns in the Mount industrial area. Bay of Plenty Regional Council will be seeking the gazetting of an airshed for this area. ESR is compiling regular air quality reports for Toi Te Ora to assist in our ongoing independent assessment.

The Bay of Plenty DHB has submitted in support of the regional council's draft plan change and has opposed some subsequent submissions. In summary, the revised plan better supports good public health outcomes. While the new plan is now largely operative, some provisions have been appealed by other parties. If successful these appeals could lessen public health protection and so the DHB will be party to the appeals process.

BOP Clinical Campus

Education

Applications are now open for the Innovation Awards, and work is progressing to ensure that all entries are recognised, beyond the finalists evening on 26 September. The Education team is working with Service Improvement Unit on an Innovation Marketplace to be held in September during Grand Rounds. The judging panel will include a representative from the BOPDHB Consumer Council.

Whakatane Clinical Campus hosted a Careers Expo that was attended by 40 Eastern Bay of Plenty high school students. The expo was organised by the Education Centre and Toi EDA. Toi EDA works across Kawerau, Ōpōtiki and Whakatāne districts supporting economic growth and connecting students with opportunities to learn, experience and prepare for 'the world of work'. The skills lab and adjacent room was a hive of activity as the students talked to theatre nurses, midwives, OTs, pharmacists, speech language therapists, radiographers, physio and medical students. We've had really great feedback from the schools which shows what a worthwhile event it is for our local teens.

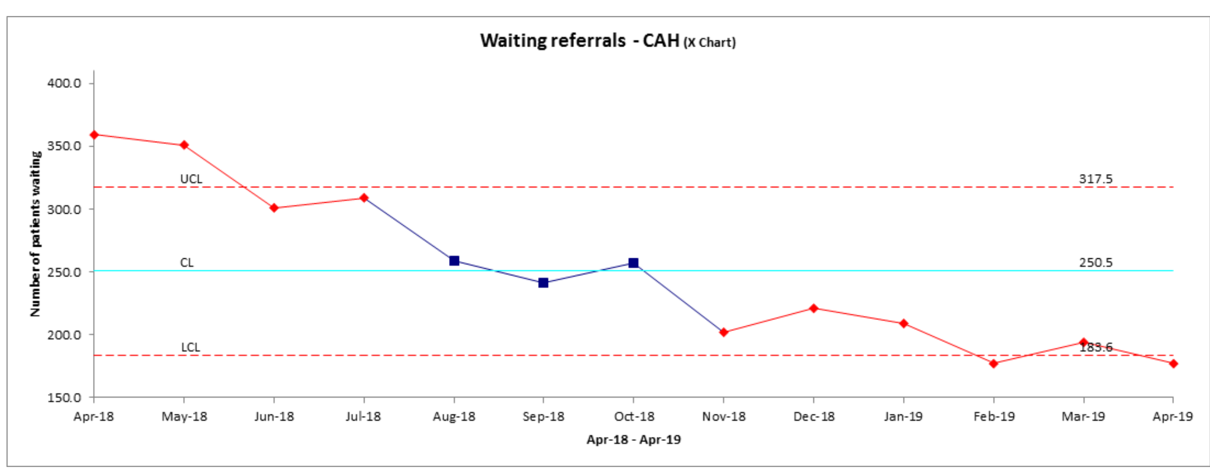
Research

Tauranga Hospital has been selected to be part of a The C*STEROID Feasibility Study to inform a potential nationwide study to assess the benefits and risks of antenatal corticosteroids for babies born by planned CS from 35+0 to 39+6 weeks. The National Women's Health, Auckland City Hospital is the main co-ordinating centre. The outcomes for mother and baby will also be used as part of the assessment of overall benefit and risk in the proposed larger C*STEROID trial. The hospitals and health care professionals involved in the Feasibility Study will actively work together to use their experience to support the most effective implementation of the C*STEROID Trial which is expected to involve 10-15 hospitals across New Zealand. This important study is likely to inform both national and international best practice in this area. Associate Professor Katie Groom, a former Tauranga clinician, is leading the study, with Dr Chris Thurnell being the local Principal Investigator (PI).

Provider Arm

Director of Allied Health, Scientific and Technical

Impact on Community Allied Health Waiting times



Support Net

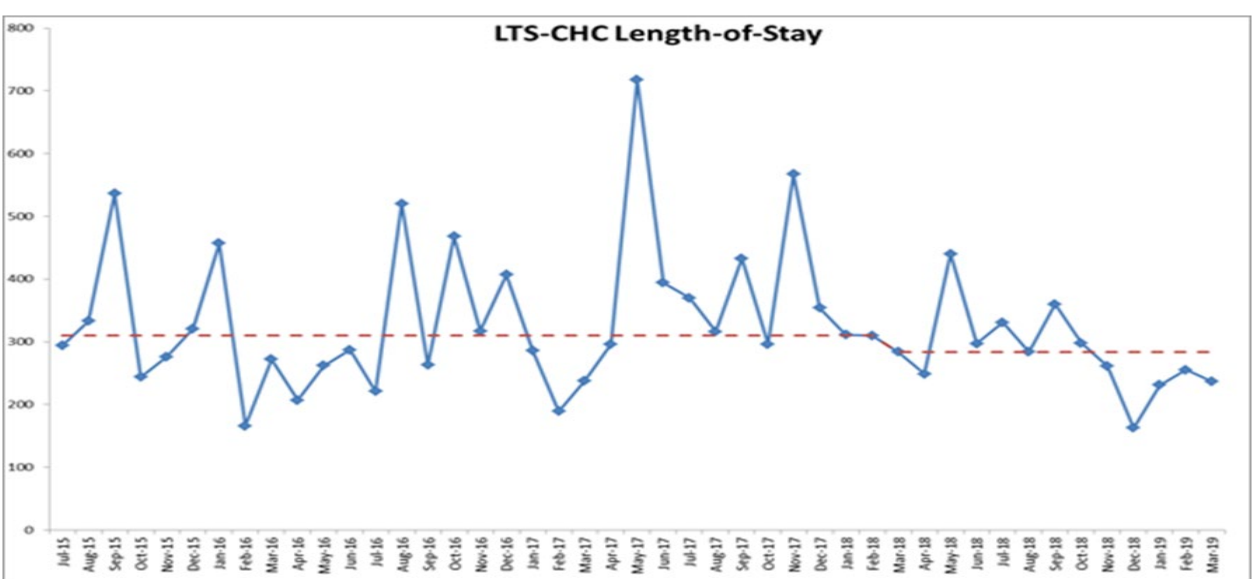
Long Term Services – Chronic Health Condition case management

There are indications that the case management approach to clients with complex health and social circumstances is having a positive impact on the hospital length of stay of those clients.

As represented in the graph below; the median has decreased from 310.5 LOS per month to 284 from March 2018, when the team started.

This represents a saving of 26.5 bed days per month, at an average cost of $594 per ward bed day, equating to $15,741 per month. Not to mention resulting savings in nursing, consultant and test costs.

When case management is appropriate, the case manager is able to manage and coordinate the patient's services on discharge and take a lead in managing contact and coordinating services. Without case management, the approach was often fragmented, with no particular professional in a position to take the lead for coordinating all services.



Community Health 4 Kids

Community Dental

The CH4K management team, with other stakeholders continue to explore the super clinic for child and youth and 3 concept plans have been drawn for 899 Cameron. Road These will be presented to CH4K management team in coming weeks. The dental management team are integrating this work with our preschool dental work streams, which is aimed at examining the dental service delivery model, facilities and how to reduce DNA's but increase parental engagement. The area of most concern is the under 2yr olds and a higher percentage of Maori represented in the DNA group.

Currently the team are working on:

- Extended clinic hours from 8am-5pm for winter hours. This would mean more appointments for pre-schoolers. Staff day would be 7.30am to 5pm, on staggered shifts so they only work 8hrs and would only apply to clinics/mobiles that have 2 surgeries.
- Saturday morning clinics eg 8am-12pm, but this would be over-time rates for the staff. Looking to trial this with a few fixed site clinics as staff have access and control of these fixed site facilities outside of school hours. Mobile units operating on Saturdays would require a lot more work with schools to have access to toilets and staff room, so more problematic.

- Group oral health education sessions with parents of the 1-2yr old age group that would include "lift the lip" oral health examination. This would possibly work with the low decile, low need population and could free up more clinic space.

The dental leadership team attended the NZ School and Community Oral Health Services forum in Russell this month. This was exceptional and a focus on high need communities, with a range of ideas show cased. The team will follow up on kaiawhina roles and how this reduces DNA and increases engagement, as some DHB's have some good models.

DISTRICT HEALTH BOARD

Te Teo Herenga Waka & Toi Te Ora

Faster Cancer Treatment
FCT performance against the 62 day indicator is slightly off target at 93.5% for the last quarter. The 32 day indicator is further behind at 88.1% of target. The FCT coordinator has been asked to provide a view on barriers to achieving target. The role of the new lead SMO for FCT in closing the gap will also be explored.

Clinical School

Professor Peter Gilling was awarded 2 prestigious awards in ceremonies in the United States. Peter Gilling presented at the ASMH, The American Society for Men's Health, and was a Visiting Professor for the Thomas Jefferson University in Philadelphia.

Research
Our hospital has also been selected as a centre or an international collaborative coronary care study investigating different strategies for the treatment of multi-vessel disease after a heart attack. The primary objective is to test the hypothesis that a strategy of complete revascularization with FFR-guided PCI during the index hospitalization, following acute STEMI/rescue PCI/risk evaluation following successful thrombolysis/very high risk NSTEMI, reduces the combined endpoint of all-cause
Mortality and myocardial infarction compared to initial conservative management of non-culprit lesions. Dr Barry Kneale is the local PI for this study.

The Clinical Trials Unit, working with the Infectious disease team, began recruiting for a new flu study in a hospitalised population: A Study Of The Influenza Drug Boloxavir Maroboxil In Combination With Standard Care In Hospitalised Patients With Severe Influenza. Dr Diane Hanfelt-Goade is the local PI.

Property Services

Structural Upgrade of Buildings

Our structural consultants have been progressively undertaking detailed seismic analysis of our older buildings, many of which were not affected by Project Leo.

The consultants are required to use the current EQ-Assess Guideline "*The Seismic Assessment of Existing Buildings – Technical Guidelines for Engineering Assessments. July 2017*"

These new guidelines have imposed a new level of assumptions that are used during the analysis process and can affect the calculated performance of the building.

The proposed upgrade works will increase the performance/reliance of the building. Plans are in place to reduce the known building seismic risk. Any life safety risk within the building, which is identified during the seismic analysis, will be eliminated as funding permits.

Provider Arm

Chief Medical Officer

Credentialing of SMO's/Departments

Toi Te Ora Public Health –March 2019 – Report Pending.
Sexual Health – Planned for August 2019.
General Surgery – Deferred until Sept/October 2019.

Ophthalmology Credentialing

The BOPDHB provides acute and elective Ophthalmology services contracted to Park Street Day Stay Theatre Limited. This service was credentialed February 2019 and recommended that all SMOs who provide Ophthalmology services at Tauranga and Whakatane Hospitals be credentialed within their scope of practice. The credentialing report has been approved by the Credentials Committee.

Guidelines for Local Credentialing in Adult Endoscopy

Dr Rob Cunliffe joined a Committee Meeting to discuss Endoscopy credentialing. Rob outlined the role of the BOPDHB Endoscopy User Group (EUG) and confirmed their ability to credential local Physicians in Endoscopy.

Further exploration is required for credentialing of BOPDHB Surgeons for Endoscopy. The Credentials Committee will seek advice from the EUG as the experts, when considering Endoscopy credentialing applications.

Stress Urinary Incontinence Audit – Brad Chittenden, Credentialing

Following on from the BOPDHB's decision to suspend mesh procedures pending an audit and credentialing process along the lines suggested by Canterbury DHB, looking at cases over the last 2 years including complications, Dr Brad Chittenden submitted for review interim results of an on-going sling audit identifying 80 patients who have had slings inserted in the last two years and subsequent outcomes.

The Credentials Committee recommended that Dr Chittenden be credentialled for stress urinary incontinence (SUI) sling procedures for the foreseeable future, effective March 2019. Dr Chittenden has also been asked to continue data collection, for further review in 12 months.

Medical Staffing Unit/ Staff update
Recruitment for 2019/20 intake is in full swing External applications closed on 13/5 (excluding PGY1s). A total of 541 applicants have been received for PGY2, SHO & Registrar positions across both sites. The expectation is that there will be 500 PGY1 applications when these applications close on 12/6. In conjunction with external advertising, current RMOs are being canvassed to indicate an expression of interest (or otherwise) for positions next year. All job offers will be issued in late July/early August.
3 SMOs and 5 RMOs commenced in May.

Numbers of RMO's working during recent RDA strike action (average only).
67.5% of Registrars (67 of 97.8 FTE) and 44.7% House Officers (28 of 64 FTE) worked.

Quality and Patient Safety Service

- Establishment of a Registry for Patient Stories has commenced.
- "Do you really see me" booklet widely distributed nationally.

Patient experience Survey Score 01 Feb 2019 – 30 April 2019	NZ Maori	BOPDHB Average
Summary of Performance Across 0 - 10 Rating Questions (By Score)	8.2 (218)	8.8 (2,167)
Communication	8.0 (53)	8.7 (541)
Partnership	8.5 (55)	8.9 (545)
Co-ordination	8.1 (55)	8.6 (544)
Physical and Emotional Needs	8.3 (55)	8.9 (537)
Figure is average score – in brackets is number of respondents		

National Choosing Wisely Forum – Continuing the Conversation 2019
This forum was attended by Debbie Brown and Averil Boon, to understand the Choosing Wisely branding and to hear of other DHBs involvement. Initiatives largely clinically led, using the Choosing Wisely branding for quality improvement projects, excellent availability of resources and experience of others. Definite focus on equity, most of the DHBs present had a "Choosing Wisely" facilitator.

Of note BOPDHB is already doing many similar pieces of work/projects without the "Choosing Wisely" branding, but we are now linking into the programme as a component of our Evolution approach as this will provide efficiency benefits and encourage clinicians with their quality improvement projects e.g. BOPDHB orthopaedic pathway project – one presentation was a very similar project undertaken in Hawkes Bay.

Director of Nursing

Care Capacity Demand Management (CCDM)
From the March CCDM dashboard (noting a month behind) BOPDHB continues to be unable to match nursing resource to demand for Surgical services. Paediatric service provided resource to match demand as well as the Medical service.
For the Medical service this is the second month in a row this year. Both Mental Health and Maternity were over resourced, however recognising this is a high level view which can be impacted by the smaller units at Whakatane. Work continues with Maternity at Tauranga to improve their use of TrendCare.

HPPD						
	This Month	Required	Variance	Variance %	Variance Target + / -	Indicator
Medical	5.87	5.99	-0.12	-2.0%	2.5%	
Surgical	5.27	5.60	-0.33	-5.9%	2.5%	
WCF - Paed	5.52	5.46	0.06	1.1%	2.5%	
WCF - Mat	7.87	6.92	0.95	13.7%	2.5%	
Mental Hlth	7.76	6.84	0.92	13.5%	2.5%	

Infection Prevention and Control (IPC): Hand Hygiene Quality and Safety Marker

- For the audit period 1 November 2018 – 31 March 2019 BOPDHB achieved 76.1%. This result is disappointing after six audit periods above standard and does not meet the national 80% compliance required.
- Whakatane continues to achieve the standard at 80.5%. Tauranga managed 75.1% which was impacted by the poor results from medical staff and healthcare assistants.
- The star performers were the paediatric wards at both Whakatane and Tauranga.

Surgical Site Infection (SSI)

In contrast the SSI results for April 2019 were excellent with no recorded infections and all the standards met, including 100% for complete health record documentation.

Inappropriate Behaviour Pathway

- BUILD/ABC continues to be a core component of the Speak up Safely campaign promotion. BUILD/ABC_e-learning module uptake has increased to a total of 351 staff that have completed this on-line training, 340 of which are from Nursing. Additional dates for 2019 face to face training are being added to the training calendar. A review of the training material has taken place with improvements to be actioned over the next few months.
- To date 50 "Speak up Safely" tool reports have been received, 40 of which have progressed to follow up by a peer messenger. The total reports for the following months are: January: 5, February: 4, March: 9 and April: 7.
- The "Creating a Safe and Respectful Workplace" resource has been published. This is a comprehensive, inclusive guide to support staff and managers in tackling inappropriate behaviours.

Director of Allied Health, Scientific & Technical

Allied Health Informatics

- Allied health informatics lead role being established (within current FTE)
- Allied health CCDM working group first meeting this month to progress VRM(variance response management)
- ABC- linking with BI(Business Intelligence) to link with Webpas, comparing Microster hours v ABC approved hours highlighting opportunities for improvement.

Anaesthesia, Radiology & Surgical Services

Pilot: Orthopaedic Acute RN

The orthopaedic acute RN has begun operationalising strategies to manage trauma patient flow, by:

- Attending morning meetings with SMO/Reg/HO to establish OR schedule for current day
- Identify Pole Patient for following day
- Discuss and communicate strategy with SMO/Registrar, OR co-ordinator, wards
- Call patients that are out on leave and arrange OR/SAU arrival time
- If patient is cancelled/rescheduled contact is made daily until procedure is completed

- Ensure patient notes are transferred and available at time of procedure.
- Robust data collection.

Saturday Elective Lists
Two general surgery elective Saturday lists have been undertaken in April.

Implementation of a second weekend acute theatre list to assist with the increased orthopaedic acute demand was discussed at this month's Perioperative Leadership Group meeting.

Medical, ED, Pharmacy and HIA

Botox Treatment at BOPDHB
James Cleland, Neurologist at BOPDHB has started clinics offering botulinum neurotoxin for neurologic disorders. This allows patient to have local treatment for conditions where they previously needed to travel to Waikato every three months. The service is provided for dystonic disorders (muscle over activity that causes abnormal limb position – e.g. torticollis), and in selected cases can also be offered to patients with spasticity (usually involving a single limb) and hypersalivation. These clinics are located in the outpatient clinical block, and run once per month.

Woman, Child and Family

Maternity
The Midwifery Leader has sent out a Proposal for Change to revise the Maternity Clinical Governance Structure and Function. It is designed to align to the BOPDHB Clinical Governance Structure and is out for consultation amongst the key stakeholders.

Regional Community Services

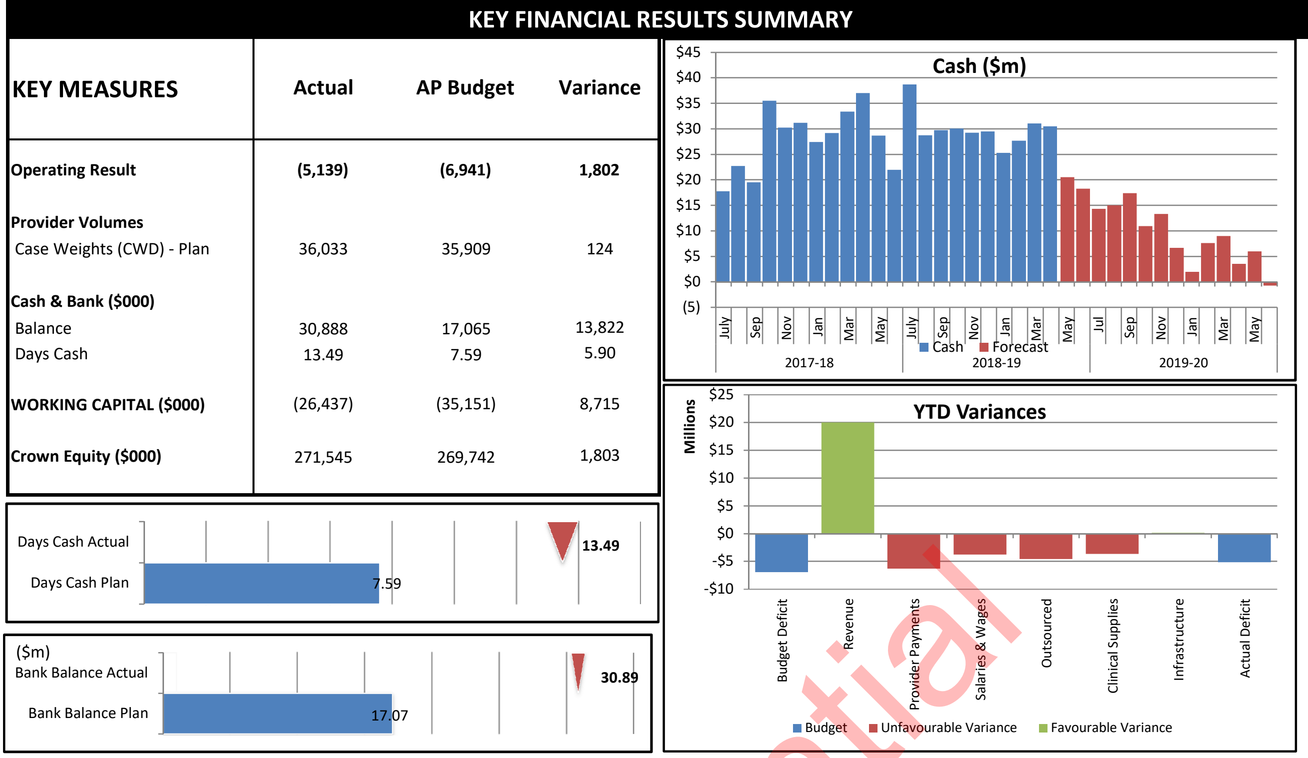
District Nursing Services – IV Therapy
The Infectious Disease Consultant Kate Grimwade is undertaking research to put patients onto oral antibiotics and fewer on IV antibiotics.
This had made a significant impact on the Hospital in the Home (HITH) patient numbers making it more manageable for the Co-ordinator. It is also reducing the cost of this treatment and will be monitored as part of the research.

FINANCIALS
The DHB financial result for the month of April was a deficit of $0.297m, which is $1.190m better than the Annual Plan budgeted deficit of $1.487m. As a consequence the YTD deficit of $5.139m, is $1.802m better than the phased Annual Plan deficit for the period. While this positive result reflects actions taken within the DHB it also reflects receipt of additional Government revenue to offset certain MECA settlement increases and capital charge revaluation adjustment.

BAY OF PLENTY DISTRICT HEALTH BOARD
PRELIMINARY RESULTS FOR THE MONTH ENDED 30 APRIL 2019

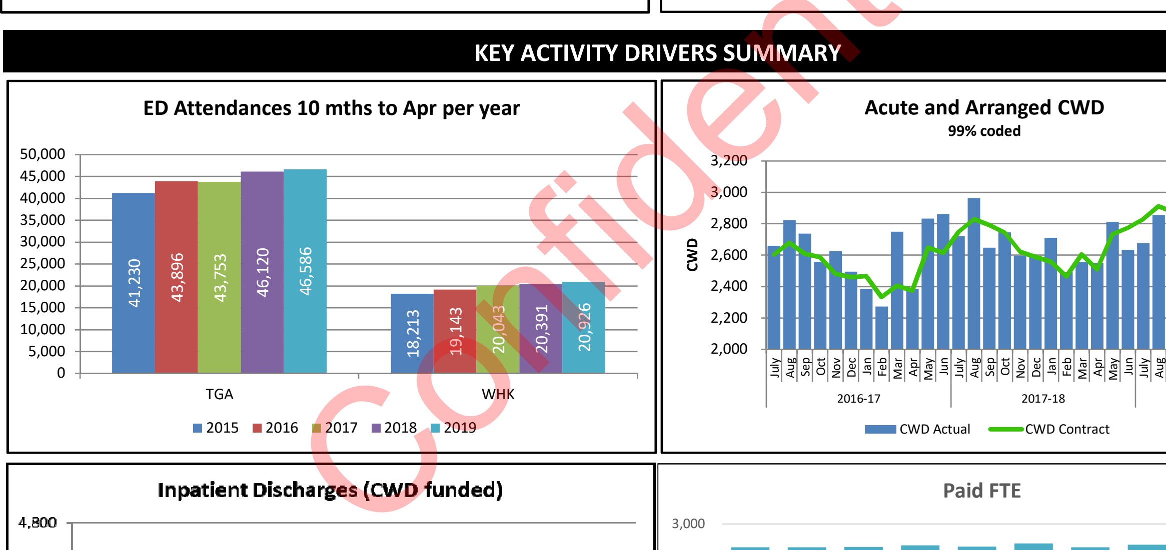
All amounts are $000s unless otherwise stated. Surplus/(Deficit)

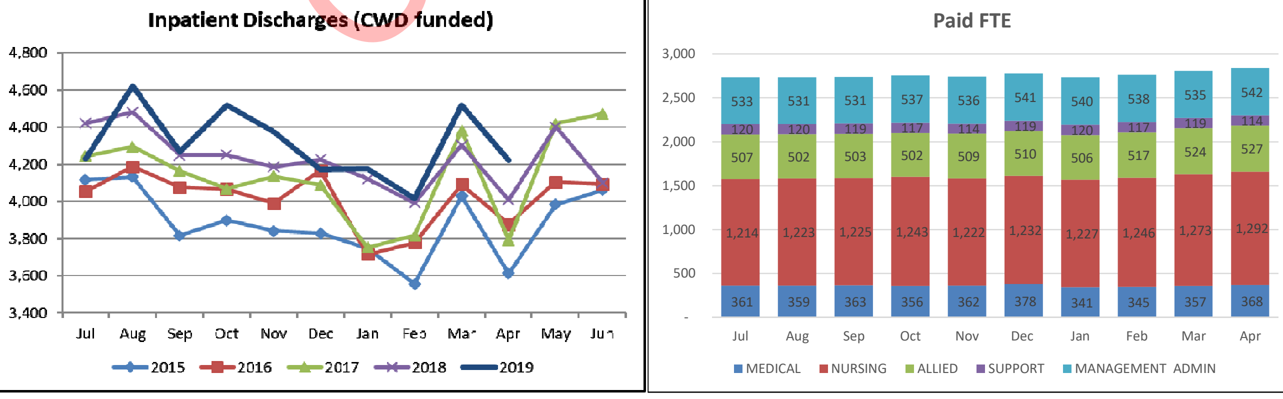
KEY FINANCIAL RESULTS SUMMARY



KEY MEASURES	Actual	AP Budget	Variance
Operating Result	**(5,139)**	**(6,941)**	**1,802**
Provider Volumes			
Case Weights (CWD) - Plan	36,033	35,909	124
Cash & Bank ($000)			
Balance	30,888	17,065	13,822
Days Cash	13.49	7.59	5.90
WORKING CAPITAL ($000)	(26,437)	(35,151)	8,715
Crown Equity ($000)	271,545	269,742	1,803

KEY ACTIVITY DRIVERS SUMMARY





Confidential

PRIMARY HEALTH ORGANISATIONS

Key Achievements for this month:

- Recruitment of Greig Dean as Interim CEO for Eastern Bay Primary Health Alliance.
- New membership on the EBPHA Board includes general practice representation.
- EBPHA to re-focus efforts on general practices.
- Positive response from general practices to submit Health Care Home applications.
- Change Manager (Claire Cherrill) to support regional service to improve immunisation rates.

Key Challenges for this month:

- The three general practices in Opotiki have closed books but are still enrolling babies.
- Short timeframe for general practices to submit their healthcare home applications.

Key Achievements:

- Nga Mataapuna Oranga is leveraging its *Family Start* (Ministry of Social Development) contract to support and facilitate the integration of the BOPDHB & MSD contracts focused on tamariki/children.
- The Tangata Whenua Model of Care (NUKA) Business Case has been signed off by the BOPDHB. The entire Nga Mataapuna Oranga network is enthusiastic about this innovation and it's potential to improve family and community wellbeing that extends well beyond the coordination of healthcare services and look forward to its subsequent organisational and system change. Nga Mataapuna Oranga would like to acknowledge the support of the DHB/Board who have championed this innovation.

Key Challenges for this month:

- Remedial action plan in place for immunisation - unprecedented number of declines and anti-vaccination responses from whanau.
- The intent of the consortia arrangements between Maori and Corporate Providers for homecare support services was to create better relationships and improved reach to consumers. Emerging inequalities is beginning to create an unsustainable environment for Maori providers and Maori consumers alike.

Key Achievements for this month:

- Smooth and successful relocation back to renovated open plan offices at 126 Eleventh Ave during the week of 6 May 2019.
- Positive launch of Health Care Home project on 17 April at Golf Te Puke with 107 General Practice representatives in attendance.
- Excellent response to Invitation to propose procurement process which suggests that the DHB expectation of 50,000 total population coverage including 15,000 Maori will be achieved.
- Positive process for reset of BOP Alliance Leadership Team through expert external facilitation by Denis Snelgar and appointment of Chad Paraone as Chair to ensure positive forward direction and momentum is maintained.

Key Challenges for this month:

- Satisfying probity expectations for the evaluation and selection of Health Care Home submissions has become problematic due to the nature of procurement that probity would typically apply to and alignment of same for Health Care Home submissions that focuses more on Practices committing to a journey of change as they transition to the Health Care Home Model of Care. Formal collective evaluation to be facilitated on 30 May 2019 with probity expert in attendance.

Indicators of District Health Board Performance (IDP) Quarter Three (January – March 2019) Summary for 2018/19

SUBMITTED TO:

Board Meeting: 19 June 2019

Prepared by: Sharlene Pardy – Planning and Project Manager, Planning and Funding

Endorsed by: Simon Everitt – General Manager, Planning, Funding and Population Health

Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:
That the Board receives the following report outlining quarter three (January - March 2019) Indicators of DHB Performance (IDPs) for 2018/19. Final ratings were received from the Ministry of Health (MOH) on 24 May 2019.

ATTACHMENTS:
Appendix 1 – Ministry of Health Performance Measures Ratings Report

Appendix 2 – Performance Measures Ratings Descriptor (Key/Legend)

Appendix 3 – Crown Funding Agreement (CFA) Variation Ratings Descriptor

BACKGROUND:
District Health Boards (DHBs) are required to provide quarterly reports to the Ministry of Health (MOH) under the Crown Funding Agreement (CFA). The reporting includes a number of non-financial measures like the health targets and other measures agreed with DHBs in their Annual Plans (APs). Section 13.3 of the Ministry's Operational Policy Framework 2018/19[1] sets out the requirement to provide these reports and the process by which reports are submitted and assessed. The MOH provides a consolidated assessment of the measures referred to as the Indicators of DHB Performance Report to the Minister of Health.

Final ratings and feedback were received from the Ministry of Health on 24 May 2019.

[1] Operational Policy Framework 2018/19

ANALYSIS:

This section sets out a brief analysis of the results, showing highlights and areas for improvement, a summary of the health target results and the Crown Funding Agreement results. The MOH Performance Measures Ratings Report, the CFA (Crown Funding Agreement) Variation Reporting, the Performance Measures Ratings Descriptors and the CFA Variation Ratings Descriptors are set out in Appendices 1, 2 and 3.

1. Highlights

Positive results have been achieved in this quarter across the majority of the performance measures with 65% of targets met. These results include the achievement of three out of six health targets. The number of health targets has reduced to six now as the Ministry of Health has removed the target “Improved Access to Elective Surgery”. The highlights are described below:

- ✓ **HT6 Raising Healthy Kids** – Excellent results have been achieved again this quarter with this health target achieving a result of 99%. The Ministry continues to receive positive feedback about the 5 2 1 0 childhood weight management programme and is looking forward to seeing the results of the evaluation.

- ✓ **HT5 Better help for smokers to quit - Maternity** – This quarter 93.8% of pregnant women who are smokers were given brief advice and/or support to stop smoking. This was an increase of 3.8% from the previous quarter. 93.3% of Maori pregnant women were given brief advice and/or support to stop smoking, the same result as the previous quarter. The ongoing collaboration between the DHB and the Hāpainga stop smoking service is working well.

- ✓ **PP29 Improving waiting times for diagnostic services – Coronary Angiography and CT/MRI –** Performance for diagnostic services continues to exceed expectations and targets for both coronary angiography and CT/MRI continue to be exceeded with a result of 100% for coronary angiography, 99.3% for CT scans and 95.6% for MRI scans against a target of 95%.

2. Areas Not Meeting Target

Increased Immunisation and Better Help for Smokers to Quit (Primary) were the two health targets that did not achieve their targets for this quarter. There were three other measures that also did not achieve target: PP20 Improved management for long term conditions (Stroke Services); PP21 Immunisation Coverage for 2 and 5 year olds; and PP37 Improving Breastfeeding Rates.

Increased Immunisations (not achieved)

The quarterly result for the 8 month immunisation health target was 80% against a target of 95%. A review of the new service model has been completed and a project leader has been recruited to provide management input and work through a corrective action plan for improvements in system and performance. The BOPDHB’s Immunisation Accountability Group has been working to improve reporting and communication messaging. System changes have been identified by the review and a recent stakeholder workshop has identified key areas of responsibility that will be delegated to stakeholder groups for action. In addition, the PHOs are arranging outreach clinics for out-of-business-hours, including weekends.

Better Help for Smokers to Quit - Primary (not achieved)
The quarterly result for the Better Help for Smokers to Quit - Primary was 89.2% against a target of 90%. The BOPDHB facilitated a smokefree strategy workshop planning session in February 2019. This workshop drew on emerging and established evidence, local knowledge and service provider's views. The WBOPPHO continues to maintain its incentivisation approach recognising the intensive resource required for practices to work with patients that have indicated a willingness to quit. This quarter has also been affected by the demand on practice time to adjust to both implementation of Community Service Card subsidies from 1 December 2018 and the pre-work necessary to be prepared for NES go live from 1 April. It has meant internal resource has been redirected to meet most pressing priorities.

PP20 Improved management for long term conditions - Stroke Services (not achieved)
The DHB continues to experience challenges in achieving this target. The main reasons for this include patients presenting late to hospital, no access to an after-hours telestroke service, and also the dependence on only one stroke SMO to provide day time access to stroke specialist expertise. More work will be done to raise public awareness about stroke to reduce the number of patients presenting late to hospital.

PP21 Immunisation Coverage for 2 and 5 year olds (not achieved)
The immunisation coverage result for 2 year olds remains at 83% against a target of 95%, and 78% for 5 year olds also against a target of 95%. These results require improvement and the approach to improvement for 8-month immunisations is expected to progress results for the 2 and 5 year old groups.

PP37 Improving Breastfeeding Rates (not achieved)

The percentage of infants exclusively or fully breastfed at 3 months of age is 66% for the total population and 53% for Maori against a target of 70%. A new Integrated Breastfeeding Support Service begins on 1 July 2019 providing a two tier model of service focused on the co-ordinated placement of a Kaiawhina workforce with support from lactation specialists and clinical intervention as appropriate. The service will begin in the Eastern Bay and then be rolled out over the remaining Bay of Plenty district. It will provide future opportunities for further development of continuity of care with lead maternity carers, Well Child Tamariki Ora and primary care.

Performance Measures Rating	Q3 Final Ratings	%
Outstanding	1	2%
Achieved	29	63%
Partial achievement	11	24%
Not achieved	5	11%
Total	**46**	**100%**

As shown in the table above, there were 46 IDPs reported in this quarter with an achievement rate of 65%. This compares to an achievement rate of 63% for the same period last year.

3. Health Target Performance

The health target performance for the third quarter of 2018/19 has been mixed with three out of six health targets achieved. Faster Cancer Treatment, Better Help for Smokers to Quit (Maternity), and Raising Healthy Kids all achieved target. Shorter Stays in Emergency Departments received a Partially Achieved rating for an overall result of 94.2% against a target of 95% - Whakatane Hospital achieved the target (96.7%) however Tauranga Hospital didn't (93.1%). Better Help for Smokers to Quit (Primary) and Increasing Immunisations are sitting below target.

Health Target Ratings	Q3 (Final ratings)
Outstanding	1
Achieved	2
Partially Achieved	1
Not achieved	2
Total	6

4. Summary of Crown Funding Agreement Results

Crown Funding Agreement (CFA) Variation Reporting	Q3 (Final Ratings)
Satisfactory	4
Further work required	1
Not acceptable	-
Total	5

Appendix 1: Ministry of Health Performance Measures Ratings Report

Count	Health Target	Q3 MoH Rating	Final results	Q3
1	**HT1 Shorter Stays in Emergency Departments**	Achieved	Result 94.2%; Target 95%	
2	**HT3 Faster Cancer Treatment**	Achieved	Result 93.5%; Target 90%	
3	**HT4 Increased Immunisation**	Not Achieved	Result: 80%; Target 95%	
4	**HT5 Better Help for Smokers to Quit – Maternity**	Achieved	Result 93.8%; Target 90%	
5	**HT5 Better Help for Smokers to Quit – Primary Care**	Achieved	Result 89.2% Target 90%	
6	**HT6 Raising Healthy Kids**	Outstanding Performance	Result 99%; Target 95%	

Count	Performance Measure	Q3 MOH Final Ratings	Q3
1	OP1 - Mental Health Output delivery against plan	Achieved	
2	OS3 Inpatient average Length of Stay (ALOS) – Acute	Partially Achieved	
3	OS3 Inpatient average Length of Stay (ALOS) – Elective	Partially Achieved	
4	OS8 Reducing Acute Readmissions to Hospital	Achieved	
5	OS10 Data submitted to National Collections – Focus 1 – NHI	Achieved	
6	OS10 Data submitted to National Collections – Focus 2 – National Collections	Achieved	
7	OS10 Data submitted to National Collections – Focus 3 – PRIMHD	Achieved	
8	PP6 Improving health status of people with severe mental illness	Indicator Not Required	INR
9	PP7 Improving mental health services using transition (discharge) planning	Partially Achieved	
10	PP8 Shorter waits for non-urgent mental health and addiction services 0 – 19 years	Partially Achieved	
11	PP10 Oral Health – Mean DMFT score at year 8	Achieved	
12	PP11 – Children caries free at 5 years of age	Partially Achieved	
13	PP12 – utilisation of DHB-funded dental services by adolescents from school Year 9 up to and including age 17 years	Indicator Not Required	INR
14	PP13 – Improving number of children enrolled in DHB funded dental services	Achieved	
15	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 1 Long Term Conditions	Indicator Not Required	INR

Count	Performance Measure	Q3 MOH Final Ratings	Q3
16	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 2 Diabetes Services	Indicator Not Required	INR
17	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 3 Cardiovascular Health	Achieved	
18	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 4 Acute Heart Services	Achieved	
19	PP20 Improved management for long term conditions (CVD, diabetes and stroke) – Focus Area 5 Stroke services	Not Achieved	
20	PP21 Immunisation coverage - Focus Area 1: Immunisations at 2 years and 5 years of age	Not Achieved	
21	PP21 Immunisation coverage - Focus Area 3: Influenza Immunisations at age 65 years and over	Indicator Not Required	INR
22	PP22 Improving System Integration	Achieved	
23	PP23 Implementing the Healthy Ageing Strategy	Achieved	
24	PP25 Prime Minister's youth mental health project	Partially Achieved	
25	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 1	Partially Achieved	
26	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 2	Achieved	
27	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 3	Achieved	
28	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 4	Achieved	
29	PP26 Rising to the Challenge: Mental Health & Addiction Service Dev Plan – Focus 5	Partially Achieved	

Count	Performance Measure	Q3 MOH Final Ratings	Q3
30	PP27 Supporting Child Wellbeing	Indicator Not Required	INR
31	PP28 Reducing Rheumatic Fever	Indicator Not Required	INR
32	PP29 Improving waiting times for diagnostic services – Coronary Angiography	Achieved	
33	PP29 Improving waiting times for diagnostic services - Colonoscopy	Indicator Not Required	INR
34	PP29 Improving waiting times for diagnostic services – Computed Tomography (CT)/Magnetic Response Imaging (MRI)	Achieved	
35	PP30 Faster Cancer Treatment – 31 Day Indicator	Achieved	
36	PP31 Better help for smokers to quit in public hospital	Achieved	
37	PP32 Improving the quality of ethnicity data collection in PHO and NHI registers	Indicator Not Required	INR
38	PP33 Improving Maori enrolment in PHOs to meet the national average of 90%	Indicator Not Required	INR
39	PP36 Reduce the rate of Māori under the Mental Health Act: Section 29 community treatment orders	Partially Achieved	
40	PP37 Improving Breastfeeding Rates	Not Achieved	
41	PP38 Delivery of actions in Annual Plan for each Government planning priority related to BPS	Indicator Not Required	INR
42	PP39 Supporting Health in Schools	Indicator Not Required	INR
43	PP40 Responding to Climate Change	Indicator Not Required	INR
44	PP41 Waste Disposal	Indicator Not Required	INR
45	PP43 Population Mental Health	Indicator Not Required	INR
46	PP44 Maternal Mental Health	Indicator Not Required	INR

Count	Performance Measure	Q3 MOH Final Ratings	Q3
47	**PP45 Elective Surgical Discharges**	Achieved	
48	**SI1 Ambulatory sensitive (avoidable) hospital admissions (ASH)**	Indicator Not Required	INR
49	**SI2 Regional Services Planning *(Note that this is reported by HealthShare)***	Achieved	
50	**SI3 Ensuring Delivery of Service Coverage**	Achieved	
51	**SI4 Elective Services Standardised Intervention Rates**	Achieved	
52	**SI5 Delivery of Whanau Ora**	Indicator Not Required	INR
53	**SI10 Improving Cervical Screening Coverage**	Indicator Not Required	INR
54	**SI11 Improving Breast Screening Rates**	Indicator Not Required	INR
55	**SI14 Disability Support Services**	Indicator Not Required	INR
56	**SI15 Addressing Local Population by Life Course**	Indicator Not Required	INR
57	**SI16 Strengthening Public Delivery of Health Services**	Indicator Not Required	INR
58	**SI17 Improving Quality**	Indicator Not Required	INR
59	**Part H Supporting Delivery of the NZ Health Strategy**	Achieved	

CFA (Crown Funding Agreement) Variation Reporting

Count	Performance Measure	Q3 MoH Final Ratings	Q3
1	CFA – Appoint Cancer Nurse Coordinators	Indicator Not Required	INR
2	CFA – Appoint Cancer Psychological and Social Support Workers	Indicator Not Required	INR
3	CFA – Appoint Regional Cancer Centre Clinical Psychologists	Indicator Not Required	INR
4	CFA – B4 School Check Funding	Satisfactory	
5	CFA – DSS – Disability Support Services Increase of Funding	Partially Achieved	
6	CFA – Electives Initiative and Ambulatory Initiative Variation	Satisfactory	
7	CFA – Immunisation Coordination Service	Indicator Not Required	INR
8	CFA - National Immunisation Register (NIR) Ongoing Administration Services	Indicator Not Required	INR
9	CFA – Well Child Tamariki Ora Services	Satisfactory	
10	CFA – DHB Level Service Component of the National SUDI Prevention Programme	Satisfactory	

Appendix 2: Performance Measures Ratings Descriptor

MoH Rating	Icon	Criterion
Outstanding performer/sector leader		1. Applied in the fourth quarter only —this rating indicates that the DHB achieved a level of performance considerably better than the agreed DHB and/or sector expectations.
Achieved		1. Deliverable demonstrates targets / expectations have been met in full. 2. In the case of deliverables with multiple requirements, all requirements are met. 3. Data, or a report confirming expectations have been met, has been provided through a mechanism outside the Quarterly Reporting process, and the assessor can confirm.
Partial achievement		1. Target/expectation not fully met, but the resolution plan satisfies the assessor that the DHB is on track to compliance. 2. A deliverable has been received, but some clarification is required. 3. In the case of deliverables with multi-requirements, where all requirements have not been met at least 50% of the requirements have been achieved.
Not achieved – escalation required		1. The deliverable is not met. 2. There is no resolution plan if deliverable indicates non-compliance. 3. A resolution plan is included, but it is significantly deficient. 4. A report is provided, but it does not answer the criteria of the performance indicator. 5. There are significant gaps in delivery. 6. It cannot be confirmed that data or a report has been provided through channels other than the quarterly process.
Indicator not required – This indicator was not required in this quarter	**INR**	1. This is given to indicators that were not required in the previous quarter
No rating given – This indicator was required in this quarter	**NR**	1. The indicator received no rating 2. Contact will be made with the Ministry of Health to seek further guidance and information

Appendix 3: CFA Variation MoH Ratings Descriptor

Category	Icon	Criterion
Satisfactory		1. The report is assessed as up to expectations 2. Information as requested has been submitted in full
Further work required		1. Although the report has been received, clarification is required 2. Some expectations are not fully met
Not Acceptable		1. There is no report 2. The explanation for no report is not considered valid.

MINISTRY OF HEALTH RESPONSE TO TE TOI AHORANGI 2030

SUBMITTED TO:

To:	Bay of Plenty District Health Board	19 June 2019
Prepared by:	Tricia Keelan - General Manager Māori Health Gains and Development	
Endorsed and Submitted by:	Helen Mason, CEO	

RECOMMENDED RESOLUTIONS:

Resolved that the Board accept the endorsement for Te Toi Ahorangi, as received from Johnny Whaanga Deputy Director-General Māori Health Directorate, Ministry of Health.

ATTACHMENTS

Letter dated 10 May 2019 from Johnny Whaanga Deputy Director-General Māori Health Directorate – Ministry of Health.

BACKGROUND

In February 2019 the Board asked that the GM Māori Health Gains and Development engage with the Ministry of Health regarding Te Toi Ahorangi 2030. Specifically the Board wanted some assurance that the Ministry would stand alongside the BOP DHB with the development of this Strategy.

UPDATE

In April 2019, the General Manager Māori Health Gains and Development met with the Deputy Director-General of Māori Health to discuss Te Toi Ahorangi. In May 2019, we were pleased to receive the attached letter from the Ministry of Health both endorsing and giving recognition of the considerable work undertaken in order to set a collective vision for Toi Ora within the Bay of Plenty. This communication affirms that Te Toi Ahorangi aligns with the Governments' priorities to improve Māori health and achieve equity. Furthermore, plans to develop a Māori Health Action Plan that will enable Māori to exercise control over their own health and wellbeing has been identified. An invitation has been extended to meet again with the Deputy Director-General Māori Health to further discuss the ongoing development and implementation of Te Toi Ahorangi, as well as to assist in the development of the National Māori Health Action Plan. This invitation is a reflection of the innovation, bravery and foresight of our Chairperson, Sally Webb and respective Board members, as well as Te Rūnanga Hauora Māori o Te Moana ā Toi and our Executive leadership team. Te Toi Ahorangi is unprecedented, an innovation in Māori health that we can all be proud of.

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

10 May 2019

Tricia Keelan
General Manager, Māori Health Gains and Development
Bay of Plenty District Health Board
Tauranga 3143

Tēnā anō koe Tricia

Te Toi Ahorangi 2030 – Hauora a Toi Draft Māori Health Strategy

Ngā mihi maioha o te wā nei tae noa ki te tangi o aituā; e hinga mai nei, e hinga atu rā. Ko rātau ki a rātau; ko tātau ki a tātau. Tēnā anō tātau katoa!

Thank you for the opportunity to provide feedback on *Te Toi Ahorangi 2030 – Hauora a Toi Draft Māori Health Strategy (Te Toi Ahorangi 2030).* I acknowledge the considerable work undertaken by Bay of Plenty district health board (DHB), whānau, hapū, iwi, Māori providers and the wider community to set a collective vision for the descendants of Toi and a strategy for achieving this vision.

Te Toi Ahorangi 2030 reflects the strengths and aspirations of tangata whenua and recognises that achieving these aspirations is a critical part of improving outcomes for Māori. It is positive to see that the strategy provides tangata whenua and the Bay of Plenty DHB with a clear direction and set of actions for working towards improved Māori health outcomes. It also aligns with the three elements of pae ora (healthy futures) – the Government's vision for Māori health as outlined in He Korowai Oranga: Māori Health Strategy.

As you know, through your work on the WAI 2575 Kaupapa Inquiry, improving Māori health outcomes and achieving equity are priorities for this Government. The Government also recently outlined its plans to develop a Māori Health Action Plan that supports a more concerted and collective approach to implementing He Korowai Oranga. I am committed to meaningful engagement with whānau, hapū, iwi and Māori to support the development of a Māori Health Action Plan that enables Māori to exercise control over their own health and wellbeing.

I would like to take this opportunity to commend you for your work on Te Toi Ahorangi 2030 and your dedication and efforts to ensure high quality and equitable outcomes for Bay of Plenty tangata whenua. I would also like to meet with you to discuss how we can support the ongoing development and implementation of Te Toi Ahorangi 2030 and how Bay of Plenty DHB, whānau, hapū, iwi and communities can in turn contribute to the development of the Māori Health Action Plan.

Nā reira, me mihi ka tika ki a koutou i whakatinanatia te rautaki nei me te tumanako ka tutuki pai ōna manako i ngā tau kei te nuku mai. Mauri tū, mauri ohooho, mauri ora!

Nāhaku noa, nā

John Whaanga
Deputy Director-General
Māori Health Directorate
Ministry of Health

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

BOARD WORK PLAN 2019

Activity	Source	16 Jan	20 Feb	20 Mar	17 Apr	15 May	19 Jun	17 July	21 Aug	17 Sept	16 Oct	20 Nov	Dec
Venue – Tawa Room, Tga		√		√		√		√		√		√	No Meeting
Venue – Conference Hall, Whk			√		√		√		√		√		
Board only Time		√			√			√			√		
Joint Bd/Run – Te Waka O Toi			√			√			√			√	
Patient Experience / Story	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
CEO Monthly Report	CEO	√	√	√	√	√	√	√	√	√	√	√	
Approve Committee Resolutions	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√	√	√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√	√	√	√	√	√	√	√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√			√	√		√	√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
BOP Health Alliance Minutes	GMPF	√		√		√		√		√		√	
Maori Health Dashboard Plan	GMMGD		√			√			√			√	
6 monthly Board Attendance	Bd Sec	√						√					
Draft Annual Plan 19/20 – Minister's Priorities			√										
Annual Plan – approve Draft	GMCS				√		√						
SHSP and Annual Plan 2018/19 6 month progress report	GMPF			√					√				
Annual Report										√			
Exec/Board/Runanga Planning Workshop											√		

CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting 19 June 2019

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Helen Mason, Chief Executive

RECOMMENDED RESOLUTION:
That the Board note the Correspondence

ATTACHMENT:
Letter and report from Controller and Auditor-General re Insights and Reflections: our 2017/18 Central Government Audit Work – 9.5.19

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9 May 2019

John Ryan

Tēnā koe

INSIGHTS AND REFLECTIONS: OUR 2017/18 CENTRAL GOVERNMENT AUDIT WORK

I am writing to set out some reflections and insights from our central government audit work over the last year. I hope you find this useful when preparing your financial statements and related information and for your ongoing work on improving systems, processes, and accountability in your organisation.

I want to start by acknowledging the good work that you and your teams do to ensure that the processes for making decisions and accounting for the use of public resources are generally very sound. My auditors have also reported improvements in a number of areas that had been highlighted as requiring attention in previous years. Among all the other pressures that you work under, I greatly appreciate this solid foundation and commitment to ongoing improvement.

The attachment to this letter records more detailed areas that you may wish to focus on when considering the robustness of your current systems and processes. These general observations are not targeted at any one agency but you may nevertheless find them useful.

From my point of view, there are three key matters I would like to bring to your attention.

The first is that we have seen instances where it appears that organisations have taken the view that the ends justify the means. Poor decision-making and poor procurement practice have led, in one instance, to an inability to show money was well spent. In another, the organisation is unable to justify the spending that has occurred and has not met the standard required when dealing with public funds. Although these kinds of issues rarely arise, I ask that you take care, particularly when under pressure to deliver, to also ensure that the principles and practices appropriate for dealing with public money continue to be followed.

Secondly, I want to reinforce something that you already know well. The tone from the top is critical to ensuring that we continue to build on the high integrity, high performance reputation of the public sector. Active interest by leaders in ensuring that the organisation has strong governance and accountability mechanisms, well-functioning systems and processes, and a culture that supports integrity are all critical to reinforcing an expectation that staff should always do what is right.

Finally, I encourage you to consider how to enhance the value of your performance reporting. It is worth remembering the basics of good reporting, such as the importance of maintaining alignment of your performance measures and reporting with your strategy and to ensure that external reporting measures are linked to internal management processes. To maintain trust and confidence in the public sector, it is important that you can show what outcomes have been achieved and what difference your organisation is making to New Zealanders. As the complexity and the demand for meaningful reporting are increasing, I expect my Office to put a stronger focus on performance reporting in the future.

Thank you again for the support you have shown to my auditors and the work of the Office over the last year.

Nāku noa, nā

John Ryan
Controller and Auditor-General

Observations from our 2017/18 central government audit work

Review your integrity settings

Although there are no immediate concerns about integrity arising from the 2017/18 audits, the risk is always there. Organisations need to “keep their house in order” by, for example, preparing a suitable assessment of the risk of fraud and other wrongdoing, ensuring that all relevant policies for sensitive expenditure are reviewed and updated, and making expectations clear at all levels of the organisation.

For example, sensitive expenditure needs to:

- have a justifiable business purpose;
- preserve impartiality;
- be done with integrity;
- be moderate and conservative, having regard to the circumstances;
- be made transparently; and
- be appropriate in all respects.

These principles apply as much to Crown entities as to the core state sector. If in doubt about whether an item of sensitive expenditure is appropriate, consider how the spending could be perceived by the public – will the spending withstand public scrutiny?

Also, we keep encountering issues with the use of work credit or purchase cards. We understand that businesses need to use them and most agencies manage them well. However, there are inherent risks associated with the use of credit or purchase cards. Please make sure that your management team is vigilant, clear about the risks, and you have strong systems in place to manage them.

Getting the basics right

Our auditors noted that some organisations have gaps in some “basic accounting housekeeping” aspects of financial management. Reflecting on the recurring issues we have found, we suggest that organisations should:

- have in place separate functions for journal entry and approval, and a formal process for reviewing journal entries;
- have independent reviews and validation of creditor and staff masterfile changes and of monthly reconciliations; and
- ensure the segregation of duties - that is, sharing the tasks and associated privileges for a specific process among multiple users - to provide increased protection against fraud or errors.

Another significant matter to be mindful of is the recognition and disclosure of liabilities. The annual report should be as clear as possible about uncertainties and possible costs arising.

Compliance with the Holidays Act

It is time to put to rest any residual issues regarding Holidays Act 2003 obligations. Most organisations have now assessed and reported on their liabilities under the Act and have paid their employees what they were owed. This is a long-standing issue which needs to be addressed by the public sector as a whole. Employees should be paid what is owed to them.

Appropriation management

It is important that you continue to closely monitor and manage appropriations. The underlying authority to spend public money is given by Parliament, mainly through an appropriation. Breaches in appropriations have continued a generally positive downwards trend in recent years but they do still occur – in many cases for very avoidable reasons. I have recently increased the profile of our Controller work, with a separate report on it. Through this and other means I will continue to highlight appropriation management issues where they occur.

Fees and levies

Memorandum accounts play an important role in ensuring that agencies are appropriately and transparently managing fees and levies collected from regulated sectors, users of services, or the wider public.

Some central government agencies have significant memorandum account balances that appear to have been accumulating for several years. When significant deficits or surpluses accrue in memorandum accounts, more significant adjustments to fees or levies will be required to correct them. This can be challenging for fee and levy payers and, in some cases, means that service users will bear a disproportionate burden of costs compared with other users over time.

Memorandum accounts need to be monitored regularly, in line with internal policies set for the operator of each memorandum account, and agencies should be taking steps to adjust fees or levies whenever there is a significant change in revenue or expenditure assumptions. This should ensure that memorandum account balances move towards zero in a reasonable time frame. Please refer to our publication *Charging fees for public sector goods and services* for guiding principles and good practice for setting and reviewing fees, levies, and other charges.

Asset management

Our 2017/18 audits show that organisations are actively working to improve their asset management. There are some specific areas where ongoing attention may be required:

- Organisations should prepare and implement an asset management plan that identifies important service assets and assesses their condition. This matters because it provides the foundation for robust planning (including financing) for maintaining or replacing these assets. It involves a shift from reactive responses, driven by asset failure or a risk of failure, to proactive long-term planning and investment to maintain and improve service delivery.

- At an operational level, we noted that some large organisations still manage assets outside their core systems and processes. This is not desirable. Whether it is the use of manual spreadsheets or failure to process transactions through the fixed-asset register, this impedes record-keeping, impairment calculations, and sound planning.

Information Communications Technology controls

Surprisingly, basic information communications technology (ICT) controls still need attention. In several organisations, issues persist despite our auditors making recommendations about them for some time.

Weak ICT policies and procedures for user access increase the risk of unauthorised access to data. In our article on data security, which covered the 2016/17 audits, we found that data security issues continued to be common.

We continue to see:

- staff and/or third-party contractors with inappropriate access to information systems, including administrative and "superuser" accounts;
- staff who have left the organisation retaining access to information systems;
- formal reviews of user-access not being performed or documented; and
- password policies that are weak or not enforced.

We suggest that you conduct periodic reviews of access rights. We also recommend regular audits of information technology system risks, with any serious concerns addressed as a matter of urgency.

Some organisations are constrained by legacy systems but, regardless of the systems you have, you need to take action if you cannot answer "yes" to the following questions:

- Do you manage the changes made to information systems, including masterfile data, to ensure that all changes are authorised and understood?
- Do you implement timely security patches and service packs?
- Do you regularly review information system policies to ensure that they reflect the changing technology environment and strengthen the governance of the organisation?

Also, following the 2016 Kaikōura earthquake, every organisation should have prepared and tested information technology disaster recovery processes to ensure that critical operations can be recovered quickly.

Governance

We are pleased that organisations are taking seriously many of the issues we discussed in a recent governance and accountability report (*Reflections from our audits: Governance and accountability*). Many organisations have established an external Audit and Risk Committee and an internal audit function - both strengthen an organisation's control environment.

On the whole, good governance and reporting mechanisms are in place for major projects and programmes. However, risk management still deserves more attention. Although risk registers are used, they are at differing levels of maturity and follow-up of actions proposed to mitigate risks varies. It is important to continually assess risks at both the strategic and operational level and update the register when risks and issues arise. Some good risk management approaches we have seen include:

- organisations clarifying their risk appetite and considering how risks can be moderated;
- differentiating between organisational and project risk;
- clear responsibility for assessing and managing risks;
- using external expertise to calibrate risk identification and mitigation strategies; and
- senior leadership teams and, where relevant, the Board regularly discussing risks and progress on risk management.

One potential weakness is a lack of alignment between risk assessments at "head office" and other offices. More effort needs to go into communication and training to help staff to manage organisational risks. They also need appropriate tools and systems to record, monitor, escalate, and address issues arising.

Performance reporting

In our view, despite some improvements to underlying data capture, there is considerable scope to further improve performance reporting. Issues that we noted include:

- the need to have strong links between strategy and performance measures;
- weak or non-existent links between outcomes and outputs or no clear description of attribution between impacts and outcomes;
- a lack of alignment between performance monitoring and reporting for external accountability purposes and internal management reporting;
- unclear or undocumented reporting methodology and data definitions for each performance measure;
- when agencies use client satisfaction measures, they need to make sure they are based on robust methodologies and use appropriate data;
- a lack of robust systems to report actual results;
- insufficient quality, quantity, and efficiency measures for each group of outputs; and
- insufficient assurance that third-party data is correct and verifiable.

Managing data and information well

Some of our recent work focused on how well the public sector uses and manages information to support good decision-making. That work reinforced the need for organisations to use the information they hold as a strategic asset. That involves recognising its value and having in place a deliberate strategy to manage it well, in much the same way as physical assets are managed.

Our 2018 report *Reflecting on our work about information* poses a number of questions that organisations should consider when thinking about how well they manage information to support decision-making.