BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting
Agenda

Wednesday, 26 May 2021
10.00 am

Please note Board Only Time 9.00 am

Meeting Rooms 1 and 2,

Clinical School, Whakatane Hospital

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

Principles

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

Transformational Care Priorities

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

Business Management

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

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

CARE Manaakitanga

Hauora a Toi | Our Priorities 2021-2022

Healthy, thriving communities – Kia Momoho Te Hāpori Oranga

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Enablers

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

Drivers

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

A connected system

Moving care into the community

Partnering in localities

Health in all policies

Organising for the future

Transformations

Integrated healthcare

Mental health & addictions

Child wellbeing

Connecting with our communities

Equitable healthcare

Identifying unfair and unjust disparities

Systematic addressing of inequities

Enacting Te Toi Ahorangi in the design and delivery of care

Transformations

Growing as Te Tiriti partners

Evolving the Eastern Bay health network

Delivering improvement against equity KPIs

Healthy, thriving workforce

Enhancing physical and psychological safety

Addressing injustice and discrimination

Evolving the new world of work

Transformations

Leadership development

Restorative resolution

Union partnerships

Role clarity

Reducing bureaucracy

Sharing information

Growing a sustainable Māori workforce

Safer and compassionate care

Robust clinical governance and continuous improvement

Recognising the uniqueness of each individual

The Quality Safety Markers

Falls

Healthcare associated infections

Hand hygiene

Surgical site infection

Safe surgery

Medication safety

Consumer engagement

Transformations

Culturally safe quality management

Intelligent quality monitoring & improvement

Choosing wisely

Person & whānau-centred systems

04/11/2020

Board Agreed Transformation Priorities

1. Child immunisation

2. Child oral health outcomes

3. Eastern Bay Health Network

4. T1-T2 connection and commissioning

Top 12: Executive Spotlight

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

Item No.	Item	Page
	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 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!	
1	**Apologies**	
2	**Interests Register**	**4**
3	**Minutes** 3.1 Board Meeting – 28.4.21 Matters Arising	**9** **14**
PART A:	**FUTURE FOCUS AND KEY STRATEGIC ISSUES**	
4	**Presentation - 12.30 pm** 4.1 Acknowledgement of Launch of BOPDHB Te Tiriti Position Statement 4.1.1 BOPDHB Te Tiriti Position Statement - Final	**17**
PART B:	**MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY**	
5	**Items for Discussion** 5.1 Chief Executive's Report 5.2 Items from Board Committee Meetings – 25.5.21	**29**

Item No.	Item	Page
	5.3 General Business	
6	**Items for Noting** 6.1 National Cervical Screening Programme Update 6.2 Board Work Plan	 **47** **49**
7	**General Business**	
8	**Resolution to Exclude the Public** Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded. Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.	
9	**Next Meeting** – Wednesday 23 June 2021.	

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated May 2021)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Iwi Authority	Board Director	Fisheries Trust	LOW	22/10//19
NZ Social Work Registration Board	Board Member	Social Workers Registration	LOW	May 2020
Poutiri Trust	Pou Tikanga	Health Services Provider	LOW	May 2021
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	
Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018

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

Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
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
Establishment Board of Trustees – Suzanne Aubert Catholic School, Papamoa	Member	Education	NIL	March 2020
Royal New Zealand Foundation of the Blind Inc	Board Member	Services to the Blind	LOW	May '21
SHEA, Sharon				
Shea Pita & Associates Ltd	Director & Principal	Consulting	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Service Provider	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Negotiating a service delivery contract to deliver Mental Health Services for people who experience mild to moderate distress	LOW	March '21
Manawaroa Ltd	Director & Principal	Delivery of Puawai Programme funded by Oranga Tamariki	LOW	March '21
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
Maori Expert Advisory Group (MEAG)	Former Chair	Health & Disability System Review	LOW	18/12/2019
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020

EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020

Interim Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Wai 2575 Claimants	Consultant	contracted via the National Hauora Coalition to support Wai 2575 claimants cost historic underfunding of Māori PHOs. Short-term project.	LOW	August 2020
Ministry of Health	Consultant	National Evaluation of Breast and Cervical Screening Support Services	LOW	August 2020
Alliance Plus Health PHO - Pan Pacific Resilience Model	Consultant	Health	LOW	27/08/2020
Counties Manukau DHB	Consultant	Maori Health project	LOW	November 2020
Husband – Morris Pita - Health Care Applications Ltd - Shea Pita & Associates Ltd	CEO Director	Health IT Consulting	LOW LOW	18/12/2019 18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019
STEEL, Linda (Maori Health Runanga Chair)				

Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021
Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/02/2021
BOPDHB Maori Health Runanga	Chair / Iwi Representative	Strategic Relationship with BOPDHB	LOW	23/02/2021
WILLIAMS, Wayne				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services Ltd	Director	Alliance Corporate Activities	LOW	15/4/2021
The Moko Foundation	Chair	Maori Youth Leadership and Child Health	MEDIUM	15/4/2021
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020

Minutes

Bay of Plenty District Health Board

Kawakawa Room, Education Centre, 889 Cameron Road, Tauranga

Date: Wednesday 28 April 2021 10.00 am

Board: Sharon Shea (Chair), Geoff Esterman, Hori Ahomiro, Mark Arundel, Marion Guy, Bev Edlin, Ian Finch, Ron Scott, Arihia Tuoro, Wayne Williams, Natu Vaeluaga (Board Observer) Linda Steel (Runanga Chair)

Attendees: Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services), Bronwyn Anstis (Acting Chief Operating Officer), Mike Agnew Acting GM Planning & Funding and Population Health), Marama Tauranga (Manukura, Te Pare o Toi), Debbie Brown (Senior Advisor Governance & Quality), Sarah Mitchell (Executive Director, Allied Health Scientific and Technical), Naila Naseem (Consultant)

Item No.	Item	Action
	Karakia	
1	**Apologies** Apologies were received from Leonie Simpson and Mariana Hudson **Resolved** that the apologies from L Simpson and M Hudson be accepted. Moved: Seconded:	
2	**Interests Register** Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. Board Member H Ahomiro and Board Chair S Shea advised of changes which will be directed to the Board Secretariat.	
3	**Minutes** 3.1 Minutes of Board meeting – 24 March 2021 **Resolved** that the Board receives the minutes of the meeting held on 24 March 2021 and confirms as a true and correct record. Moved: A Tuoro Seconded: R Scott 3.2 Matters Arising *Health &Safety Walkrounds.* Advice was given that these will be undertaken when positions to the Health and Safety Team are recruited to. The Board considered H&S walkarounds were important and would like scheduled sooner. *MMR* – There is a pause currently with push on MMR however will need to be restarted following the COVID vaccination programme settling into BAU.	GMCS
4	**Part A: Future Focus and Key Strategic Issues** 4.1 BOPDHB Sustainability Launch	

Item No.	Item	Action
	Board Members attended the BOPDHB Sustainability Launch which was a great success and is a huge credit to the efforts of all involved, with particular reference to Vicktoria Blake, Sustainability Manager. 4.2 Life Curve Sarah Mitchell, Executive Director, Allied Health, Scientific & Technical LifeCurve NZ was launched in April with the app. It is a framework for people to age well. Focus is on early intervention and whilst it is not an Allied Health tool it is an area where Health can bring significant value. Te Toi Ahorangi (TTA) is a wellbeing approach as is LifeCurve, focusing on preventative approaches. Good conversations early in a person's ageing journey is important and preventing multiple admissions to hospital will be a strong focus of the implementation plan. The app is easy to use and now accessible across all NZ, however the Citizens website and staff website have also been initiated within BOPDHB. The applicability of these websites will prove important in new service models. We will in future have the ability for aged persons, or their family / supporters to virtually walk through their house and identify any aids / adaptations that are required. This will promote innovative models of rehabilitation services. There is a database that collects the information for research and for how service improvement can be undertaken. People are living longer, however they are living more years in poor health. NZ has the highest numbers of years lived in poor health across the world's highest income earners. There are a range of modifiable risk factors. Low back pain, falls, depression are all high numbers and should be a focus of our preventative approaches. The LifeCurve starts from not being able to cut your toenails, ie can't bend over, through to not being able to eat independently. There are pre-markers for LifeCurve. People often come to secondary care at a late stage, where the benefits of LifeCurve would have provided an early, better lifestyle. Up to 300 people per annum have been admitted from home to hospital care are then referred to an Aged Care facility. These individuals should have the opportunity for more enabling interventions rather than being sent into care prematurely. There are also proven cost savings in taking up the LifeCurve earlier. The LifeCurve tool speaks to the person about ageing well, but also talks to health providers as to how to provide their services. Query was raised as to who owns the IP. ADL SmartCare owns the IP for the LifeCurve app in UK. We have the app in New Zealand now, and the IP is shared. However, this has not been formalised. Work is in progress to sort this out. The business model will collect all the data with a research hub and BOPDHB will shape their models of care to a preventative model, supporting people to age well across NZ. The task of the Board is to look at current spend and where the spending could occur going forward.	

Item No.	Item	Action
	Query was raised as to issues for younger people who may not be on the LifeCurve. Will push notifications be sent to those individuals? The answer is yes, however the target for the work is for the older population. There are people in their 40s and 50s who would benefit from LifeCurve activity and there is no problem with them downloading the app and using it. The Board Chair requested that the IP issues be sorted out as a priority and commented that there did not appear to be any focus for Maori. This was supported and there was an additional request to clarify the business model as well between the BOPDHB and other key parties. The team is working with Dr Anna Rolleston to ensure that the app is suitable for the Maori population. The app will be adapted as new information becomes evident following our research activity. The Board thanked the Executive Director, Allied Health, Scientific and Technical for her informative presentation.	
5	**Items for Discussion** 5.1 <u>2021 Executive Key Deliverables Calendar</u> The paper was taken as read. BOPDHB is broadly on track with a couple of matters that require a push. The tool is working well. There are monthly updates from the leads to provide visibility to the Board. 5.2 <u>Top 12 Executive KPIs</u> The Executive team have engaged to produce 12 KPIs under what is collectively required to put their shoulder behind. The process has been pragmatic in compiling the list. The Executive team has all of system representation with expert subject knowledge. Opportunities to improve and reduce the equity gap have been considered. Many are lead measures, some are lag measures. There is an appetite to look at tracers. Deep dives have been undertaken for issues such as dental. All of the measures have an equity measure. Some of the measures are intentionally different. There are gaps to target and gaps to equity. The methodology is different. Board Chair advised of information on the MOH website for correlation. The KPIs will be mapped to existing programmes of work to ascertain where energy needs to be applied. Queries were raised regarding: • *Whether the KPIs were mapped to the LifeCourse* - They are mapped to strategic priorities. A request was made to align to the LifeCourse as a crosscheck in the horizontal space. • *Consultation* - It was considered Clinical Governance input would have been helpful. Primary community care could also have provided input. The KPIs do not exclude any projects underway. For example, work being undertaken on Acute Admissions and Day Stay will provide further good information. The KPIs are set at a high level. The CMOs have had oversight and input as Executive Membership. The KPIs can be scheduled for input from Clinical Governance at their next meeting.	SAGQ / CMOs

Item No.	Item	Action
	• *Future shift and Primary Care* - there will be a basket of things that need to happen over the next 14 months, enabling an additional framework. The KPIs are testing the direction of travel and replace the Performance Pack the Board has historically received. The Board considered the KPIs were a good start and adding and adapting for the future will be good. Comment was made that other aspects such as housing and education and the agencies who manage those, need to be a consideration as a charge to those agencies in the future view of health. Te Pare o Toi has developed determinants of health which have been shared recently with the Runanga and will be brought forward as underlying to the KPIs. The Board Chair requested a check be carried out for equity across the KPIs and also a sense check for mix across areas, Secondary, Primary, Allied Health. There will also be common strategies across the KPIs which may not be a metric but will be strategies to turn the dial. When the sense checks have been done what are the next steps? CEO advised there have been multiple checks against SHSP, TTA, CEO KPIs etc. The current workstreams are being checked against the KPIs to ensure the change effort is being applied to those issues that matter most. There is also the pause, stop or continue process for consideration. The Board Chair considered future Board and Committee agendas need to be aligned to future conversations against the 12 KPIs. Query was raised on how the percentages had been arrived at. They have been supplied by the lead Executive member. They are year on year percentages. Manukura advised that BOPDHB is feeding into the Te Tumu Whakarae information nationally. Te Tumu Whakarae is the national Maori GMs group.	Consultant SAGQ
6	**Part B; Monitoring, Compliance and Business as Usual Delivery** **Items for Discussion** 6.1 Chief Executive's Report The paper was taken as read. 6.2 Items from Board Committee Meetings – 27.4.21 There were no items to be carried over from Committee Meetings. 6.3 General Business There was no general business.	
7	**Items for Noting** 7.1 Board Work Plan The Board noted the Work Plan	
10	Resolution to Exclude the Public Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of	

Item No.	Item	Action
	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 – 24.3.21 Chief Executive's Report New Zealand Health Reform That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed: Pete Chandler Mike Agnew Owen Wallace Bronwyn Anstis Debbie Brown Sarah Mitchell Linda Steel (Runanga Chair) Resolved that the Board move into confidential. Moved: S Shea Seconded: B Edlin	
11	Next Meeting – Wednesday 26 May 2021	

The open section of the meeting closed at 12.00 pm

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

RUNNING LIST OF ACTIONS

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe		
Date	**Task**	**Who**	**By When**	**Status**	**Response**
24.2.21	**Chief Executive's Report – Health and Safety** Query was raised with regard to Board Health and Safety walkarounds. GMCS will follow up	GMCS	24.3.21 26.5.21		Discussed at March Board – to be restarted as soon as is possible Update to Board 28.4.21 Initial H&S Walkround to MH Inpatient – 25.5.21 – Complete
28.4.21 – Update provided to Board. H&S Walkrounds to be restarted when current vacancies in H&S team are filled. Board considered the walkrounds were important and would like recommenced sooner - GMCS					
24.2.21	**MOH Performance Pack Report** The outdatedness of the some of the reported numbers was pointed out. Query was raised as to the response to gridlock etc. There is strategic state capacity planning being undertaken through Execs. An update will come back to the Board.	CEO	28.4.21		In progress
CEO comment: At the April Board meeting further discussion took place on the subject of demand on our services given the range of service data provided. We have to now work out how we show a different view of demand pressures that shows – as best as we can – the whole picture. This will be considered at the May Executive Committee meeting.					

24.2.21	**Whakamaua** It is the intention of the MOH Maori Health Directorate to engage with Boards. They also want BOPDHB's Te Pare o Toi to present TTA. Interim Chair requested any innovative trials that MOH Maori Health directorate would like to undertake. The Board would be interested in being informed, perhaps as a joint presentation to Runanga and Board. CEO will follow up.	CEO	24.3.21		dates for sessions have been provided. In progress – discussed with Board Chair
24.2.21	**Exploration of MMR Case Pathway, End to End Process** There may be some better examples than the MMR Pathway which has been instigated as a requirement. CEO will review and advise of the next end to end process to review. The Board saw an opportunity of the process developing into a tool for future use.	CEO	26.5.21		In progress – Redesign Process underway PAUSED
CEO comment: Shortly after the February Board meeting the Ministry requested a primary focus on COVID vaccination and advised a reduced effort on MMR for a few months. Whilst MMR has not stopped, the scaled up effort has be re-focussed on COVID until August/September and consequently the two MMR entries here are currently paused until the full scale COVID operation is in place.					
24.2.21	**MMR** *MMR Vaccinations* - Query was raised as to whether a delay of 3 months could be requested as it appears unrealistic to expect this to be undertaken in the timeframe under current conditions. A Case Study to be undertaken	Acting GM PF/Manukura	26.5.21		PAUSED
28.4.21	**LifeCurve** The Board Chair requested that the IP issues be sorted out as a priority and commented that there did not appear to be any focus for Maori. This was supported and there was an additional request to clarify the business model as well between the BOPDHB and other key parties.	DAHST	26.5.21		Approach has been made to IP company – awaiting response
28.4.21	**TOP 12 Executive KPIs** *Consultation* - It was considered Clinical Governance input would have been helpful. Primary community care could also have provided input. The KPIs do not exclude any projects underway. For example, work being undertaken on Acute Admissions and Day Stay will provide further good information. The KPIs are set at a high level. The	SAGQ / CMOs	26.5.21		

	CMOs have had oversight and input as Executive Membership. The KPIs can be scheduled for input from Clinical Governance at their next meeting.				
28.4.21	**Top 12 Executive KPIs** The Board Chair requested a check be carried out for equity across the KPIs and also a sense check for mix across areas, Secondary, Primary, Allied Health. There will also be common strategies across the KPIs which may not be a metric but will be strategies to turn the dial. When the sense checks have been done what are the next steps?	Consultant	26.5.21		
28.4.21	**Top 12 Executive KPIs** The Board Chair considered future Board and Committee agendas need to be aligned to future conversations against the 12 KPIs.	SAGQ	26.5.21		CEO update below – Completed
9/5/21 CEO Comment: The KPIs were developed with a view to helping drive transformational change over the next 2 years in models of whole of system care provision to enhance equity, access and system sustainability. Whilst the KPIs will have enduring value and importance because they blend multiple imperatives into a small group of measures to address ongoing challenges, the intended next step of focussing of change effort around these is more complex given the National HDR announcements because investment in changes with longer term delivery windows have to be carefully considered. In addition, a number of vacancies and drafting of Improvement team members into the COVID effort leaves a very small resource for change. However, Exec are continuing to walk through existing DHB streams to work to align with the KPIs and to refine our primary change efforts. The drive to move the dial on specific equity improvement opportunities lies at the heart of this refining process and is a priority in work during May.					

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part A:

Future Focus and Key Strategic Issues

Media Release

FOR IMMEDIATE USE

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Wednesday 19 May, 2021

Position statement launch marks important milestone in journey towards Māori health equity

An important milestone in the journey towards health equity for Māori and the fight against racism is how the launch of a joint Bay of Plenty District Health Board (BOPDHB) Board and BOP Māori Health Rūnanga Position Statement is being seen.

The Position Statement on Tiriti o Waitangi, Equity and Racism has been developed over the past 9 months and will be launched on 19 May at Whakatāne Hospital.

“We are inspired by flourishing within Te Moana a Toi,” said BOPDHB Board Chair Sharon Shea. “We are focused on achieving a Toi Ora system that is geared towards enabling whānau, hapū, and iwi to be self-determining.

“The launch of the position statement signals to our community and to our staff that we are committed to the journey towards Toi Ora. It also represents our Board's active commitment to its partnership with the Rūnanga and to our Iwi vision of Toi Ora,” she added.

The Rūnanga (a representative body of the Bay of Plenty’s 18 iwi) Chairperson Linda Steel welcomed the launch of the position statement.

“Equity is more than a word or an add on at the end of a sentence as it represents the absence of the systemic, entrenched and pervasive inequities that some of us experience daily,” said Linda. “As He Korowai Oranga (Māori Health Strategy) states health and wellbeing are influenced by the “collective” as well as the individual and it is important to work with whānau in their social contexts not just with their physical symptoms. The position statement sends a strong message that nothing less will do, and the three key concepts (outlined below) set the foundation within the BOPDHB environs.”

Sharon Shea said that to be authentic Tiriti partners, to ensure Tangata Whenua rights to have equitable access, quality and experience of care, and to tackle racism required determination and focus. Three key concepts were outlined as being crucial in this journey:

- Toitū te Kupu - uphold our word as it pertains to Te Tiriti o Waitangi and the aspirations of our Iwi expressed in Te Toi Ahorangi.

- Toitū te Mana - uphold the power, affirms He Pou Oranga and the sources of mana that lead to Toi Ora.

- Toitū te Ora - uphold our vision, guiding and driving a whole of system approach that enables flourishing throughout the life.

Sharon added that the intended positive outcomes embodied by the position statement would benefit all people in the Bay of Plenty not only Māori.

“As we move forward, new learnings about how to tackle equity as well as improved health status will lead to people being more able to participate in society through work, social or cultural activities,” she said.

The position statement outlines how the BOPDHB is making a stand to implement Te Tiriti o Waitangi Articles and Principles, work in partnership with stakeholders to improve health equity for Māori as tangata whenua, and eliminate all forms of racism in the Bay of Plenty health system.

It goes on to state that systemic failures to honour Te Tiriti o Waitangi, persistent inequities and racism is unfair, unjust, and in many cases, avoidable. It adds that inaction in regard to these obvious issues is unacceptable.

James Fuller
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BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

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

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

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

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

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

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

Link to Actions and Evidence

Actions (Toi Tū te Kupu, Toi Tū te Mana, Toi Tū te Ora)

The Bay of Plenty District Health Board will:

- Balance control of the local health and disability system through genuine partnership with Te Rūnanga Hauora o Te Moana a Toi.
- Enable Tāngata Whenua to enact their tino rangatiratanga at all levels of the health and disability system through co-design and co-decision making with iwi, hapū, and whānau.
- Invest in Tāngata Whenua models of wellness and care e.g. He Pou Oranga Tāngata Whenua.
- Partner on and support implementation of Te Toi Ahorangi: Te Rautaki a Toi Ora 2030 to drive towards a whole of system transformation to Toi Ora.
- Close the equity gap in the Toi Ora targets (previously the Māori health plan targets) by systematically applying improvement science to generate Māori health gain.
- Work with cross-sector government and non-government agencies to improve the social and economic determinants of health for Māori.
- Be a leading example for our public and private agency partners by taking a strong anti-racism and pro-Te Tiriti o Waitangi position in all public forums.
- Highlight within the local health system that racism, privilege and unequal power distribution are barriers to achieving Māori health aspirations and equity.
- Pro-actively seek out and dismantle racist policies and practices within the organisation that systematically advantage outcomes for one population group over another.
- Create and promote an environment that celebrates diversity and inclusiveness across all BOPDHB spaces.
- Provide staff and patients with safe processes to speak-out about discrimination and inter-personal acts of racism they experience and/or witness.
- Promote and deliver anti-racism training for all BOPDHB staff including Te Reo Māori education.

Rationale and supporting evidence for position and actions

Te Tiriti o Waitangi

The Bay of Plenty District Health Board will:

He Whakaputanga o te Rangatiratanga o Nu Tireni (translated as the Declaration of the Independence of New Zealand) signed in 1835 is an important foundation document of Te Tiriti o Waitangi. He Whakaputanga constituted Aotearoa New Zealand as a sovereign state under the authority of the United Tribes of New Zealand, and inaugurated the King of England as its parent, who would protect the state from any attempts on its independence. He Whakaputanga o te Rangatiratanga o Nu Tireni and its guarantee of rangatiratanga (sovereignty) of the tribes of New Zealand, was recognised by the Crown, confirming the expectations of the parties leading into the development and signing of Te Tiriti o Waitangi in 1840.

On the basis of contra proferentem, the Bay of Plenty District Health Board privileges the reo Māori version of Te Tiriti o Waitangi and its Articles :

Ko te Tuatahi – Article 1 – Kawanatanga: Article 1 supports meaningful Māori representation, kaitiakitanga and participation at all levels of our health system, including within governance structures and mechanisms, decision-making, prioritisation, purchasing, planning, policy development, implementation and evaluation (Bergen et al, 2017).

Ko te Tuarua – Article 2 – Tino Rangatiratanga: Tino Rangatiratanga is about self-determination. Implementing article 2 involves: addressing institutional racism within the Aotearoa New Zealand health system (Bergen et al, 2017); actively supporting Māori providers and organisations; applying Māori-centred models of health; using strength-based approaches that engage and involve Māori communities; and recognising that Māori control and authority are critical to successful interventions.

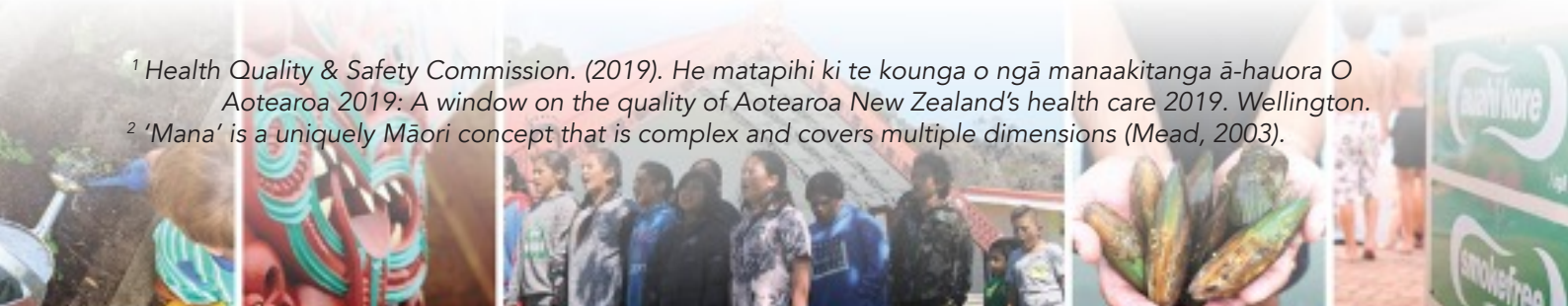
Ko te Tuatoru – Article 3 – Ōritetanga: This article is about equity and guarantees equity between Māori and other citizens of Aotearoa New Zealand (Health Promotion Forum of New Zealand, 2010). It requires action to intentionally and systematically work towards a steady improvement in Māori health (Bergen et al, 2017). This involves considering the wider determinants of health, access to health care, and the quality and appropriateness of services.

Ko te Tuawha – Article 4: This article confirms the protection of Māori custom and the position of wairuatanga and of te reo and tikanga Māori. All of these are central to understanding and connecting with Māori cultural and worldviews (Te Puni Kōkiri, n.d.) *.

The intent within the articles of Te Tiriti informs our goals, each expressed in terms of mana:

- **Mana whakahaere:** effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- **Mana motuhake:** enabling the right for Māori to be Māori (Māori self-determination), to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.
- **Mana tangata:** achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

[1] *Health Quality & Safety Commission. (2019). He matapihi ki te kounga o ngā manaakitanga ā-hauora O Aotearoa 2019: A window on the quality of Aotearoa New Zealand's health care 2019. Wellington.*
[2] *'Mana' is a uniquely Māori concept that is complex and covers multiple dimensions (Mead, 2003).*



Mana Māori: enabling ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the emphasis for how we will meet our obligations:

- **Tino Rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health and disability system for Māori.

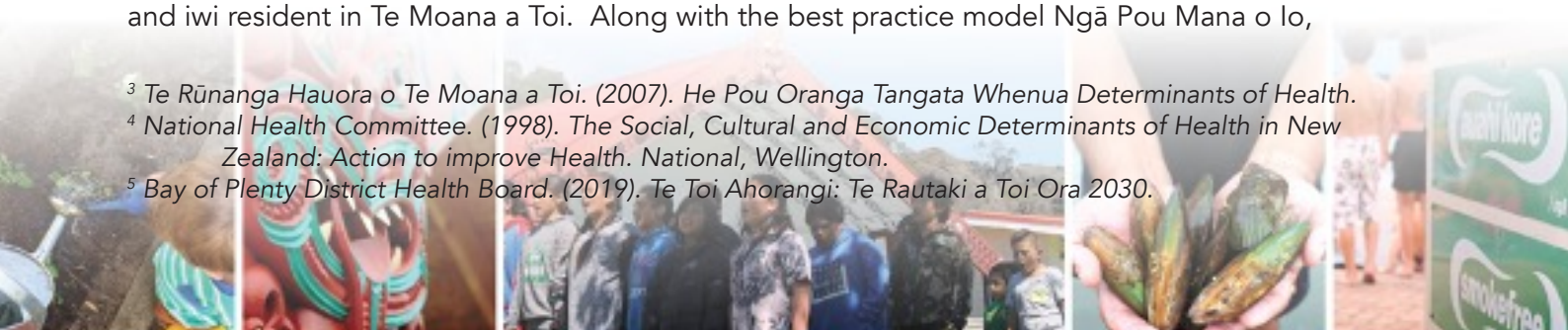
The New Zealand Public Health and Disability Act 2000 Part 1 makes explicit that "Treaty of Waitangi provisions require District Health Boards to establish mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services".

This requirement is partly fulfilled by Te Rūnanga Hauora o Te Moana a Toi as the mandated partner to the Bay of Plenty District Health Board. Made up of 17 of the 18-constituent iwi within the Bay of Plenty District Health Board area, the Rūnanga are a key mechanism for iwi engagement and have an important role in ensuring the Board meets its Te Tiriti obligations. Noting the findings of the Waitangi Tribunal Health Services and Outcomes Inquiry (Wai 2575) on the failure of the Crown to recognise tino rangatiratanga and mana motuhake, the Bay of Plenty District Health Board will also ensure direct relationships with iwi and kaupapa Māori partners, to fulfil its objectives under the Act, and the rights of Tangata Whenua under Article 2 of Te Tiriti.

Te Rūnanga Hauora o Te Moana a Toi has produced He Pou Oranga Tangata Whenua Determinants of Health to ensure traditional tangata whenua values, knowledge and institutions are recognised as key indicators of Toi Ora (optimum health and well-being). He Pou Oranga Tangata Whenua compliments the social, cultural and economic determinants of health , the nexus of which endorses te taiao (environment) and wairuatanga (spirituality) as fundamental to the state of Toi Ora; consolidating matauranga Māori (Māori wisdom) alongside of Pākehā knowledge.

Giving effect to He Pou Oranga Tangata Whenua Determinants of Health is Te Toi Ahorangi: Te Rautaki a Toi Ora 2030 . Te Toi Ahorangi affirms the unified vision, voice and intention to drive towards a whole of system transformation to Toi Ora, that will improve the wellbeing of whānau, hapū and iwi resident in Te Moana a Toi. Along with the best practice model Ngā Pou Mana o Io,

[3] *Te Rūnanga Hauora o Te Moana a Toi. (2007). He Pou Oranga Tangata Whenua Determinants of Health.*
[4] *National Health Committee. (1998). The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve Health. National, Wellington.*
[5] *Bay of Plenty District Health Board. (2019). Te Toi Ahorangi: Te Rautaki a Toi Ora 2030.*



Bay of Plenty District Health Board will ensure tangata whenua aspirations are embedded within the design, delivery and monitoring of its health and disability services to Māori.

A transformation of the health and disability system is required to fulfil our Te Tiriti obligations and achieve health equity for Māori . Bay of Plenty District Health Board recognises the relationships, knowledge and commitment of Tangata Whenua to lead and partner on systems change; to improve health outcomes for Māori; and close the gap on health inequities between Māori and non-Māori. This will result in valuable lessons that will support equity for all populations and benefit the whole of society.

Equity

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes .
Health equity is a basic human right and responding to Māori health aspirations which includes achieving equity, is an indigenous right and Te Tiriti o Waitangi obligation under Article 3.

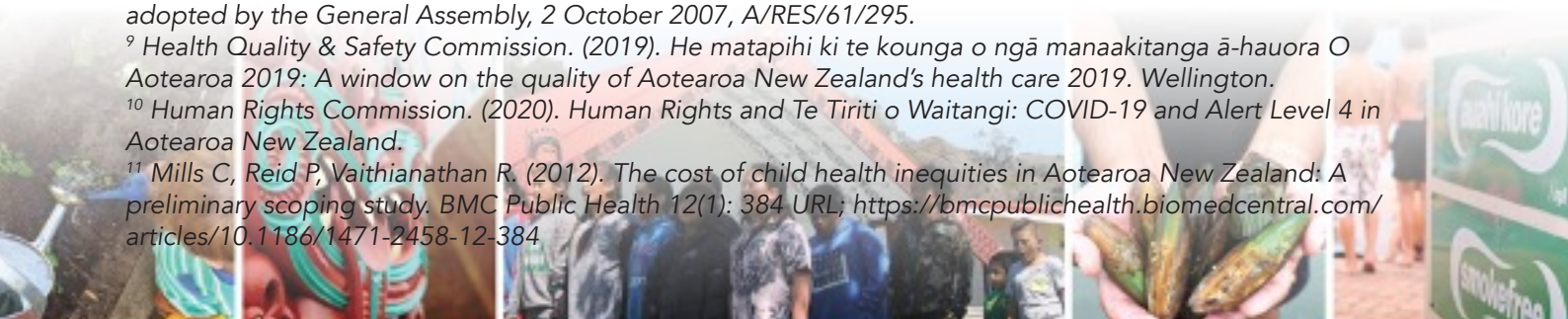
Equity is about social justice and fairness; and inequity relates to 'unfairness', where there is differential access to the determinants of health or exposures leading to differences in disease incidence; differential access to health care; and differences in the quality of care received. These contributors to inequities in health manifest as difference in health outcomes between and within ethnic groups.

Health inequities in Aotearoa New Zealand stem from colonisation, neglect of Te Tiriti and the appropriation of power and resources that has established and maintained advantage for non-Māori and disadvantage for Māori within the determinants of health, and within the health system itself . Following Willams and Mohammed's model of societal level determinants of health inequity, the relationship between these basic causes (including racism), social status, proximal pathways that contribute to unwellness, and individual and collective responses that lead to adverse health outcomes, is evident.

Restoring the balance, power, equity and unity inherent to Te Tiriti and human rights can provide for co-existing systems of governance: Crown kāwanatanga authority and iwi and hapū tino rangatiratanga. As pre-requisites for achieving Māori health equity and aspirations, these changes alone will go some way to improving health outcomes for Māori. Notwithstanding, the drivers of health inequity in Aotearoa New Zealand are complex, requiring sustainable system wide solutions supported by collective intersectoral action, as no one entity will eliminate health inequities on their own.

The societal costs of health inequities are profound. Clair Mills et al (2012) found that addressing inequity in childhood illnesses for Māori would bring about a cost saving to the health sector of

[6] *Waitangi Tribunal. (2019). Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163-164*
[7] *Ministry of Health. (2019). Definition of equity. Retrieved from https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity*
[8] *UN General Assembly. (2007). United Nations Declaration on the Rights of Indigenous Peoples: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295.*
[9] *Health Quality & Safety Commission. (2019). He matapihi ki te kounga o ngā manaakitanga ā-hauora O Aotearoa 2019: A window on the quality of Aotearoa New Zealand's health care 2019. Wellington.*
[10] *Human Rights Commission. (2020). Human Rights and Te Tiriti o Waitangi: COVID-19 and Alert Level 4 in Aotearoa New Zealand.*
[11] *Mills C, Reid P, Vaithianathan R. (2012). The cost of child health inequities in Aotearoa New Zealand: A preliminary scoping study. BMC Public Health 12(1): 384 URL; https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-384*



$24,737,408 per annum in avoidable hospitalisations. This figure does not account for inequitable rates of General Practice consultations, prescription claiming and laboratory utilisation that can further reduce hospital admissions. Māori avoidable mortality rates were also shown to be significantly higher than non-Māori in all age groups except for the first month of life, equating to 5,210 life years lost per year due to premature mortality. That represents $224 million in years of life lost.

Concerningly, the research showed health sector expenditure appeared skewed towards non-Māori children. Findings revealed the cost to admit acutely sick Māori children is less than the cost of preventing severe illness through equitable primary care access or effective population-based interventions.

Bay of Plenty District Health Board will develop a pro-equity agenda that puts Te Tiriti o Waitangi at the centre of our local health system. Te Tiriti o Waitangi will provide our operational mandate and improvement tool for monitoring and addressing equity through sustained systemic and multi-levelled approaches.

Racism

"Racism is a complex system rooted in unequal power relations by race or ethnicity that involves shared social recognition (prejudice), as well as social practices of exclusion, inferiorisation or marginalisation (discrimination) at both the macro level of social structures and the micro level of specific interaction and communicative events" .

Racism manifests as privilege for some, and disadvantage for others. Racism is the organisation of a system in to ranked categories of social groups. The system is premised on the unequal and unfair distribution of resources and access to opportunities where those groups or races perceived as inferior receive less.

The International Convention on the Elimination of All forms of Racial Discrimination defines racial discrimination as "…any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life"19.

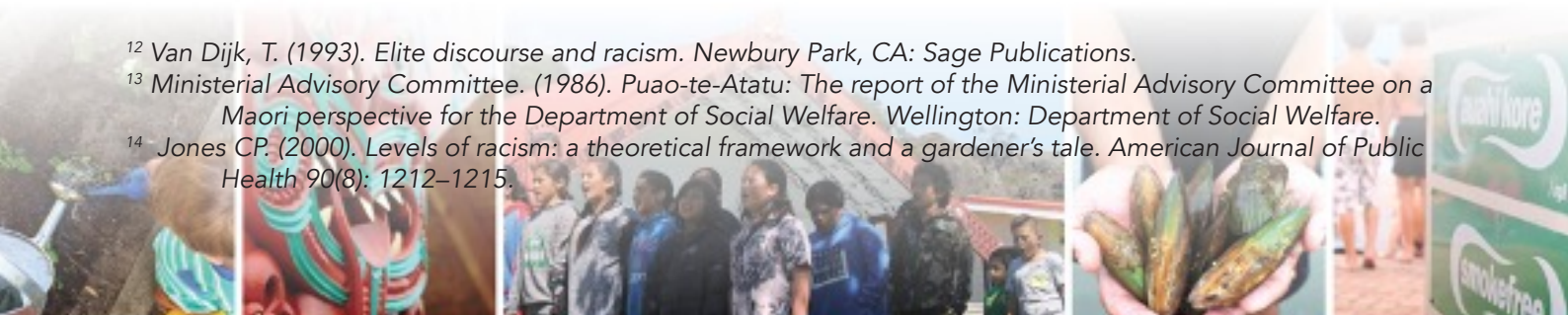
The United Nations Declaration on the Rights of Indigenous Peoples affirms that "all doctrines, policies and practices based on or advocating superiority of peoples or individuals on the basis of national origin or racial, religious, ethnic or cultural differences are racist, scientifically false, legally invalid, morally condemnable and socially unjust" 20. The declaration reaffirms for indigenous peoples the human right to be free from discrimination of any kind.

Racism is a global public health issue and a breach of human rights that contravenes the United Nations Declaration of the Rights of Indigenous Peoples.

There are many faces to racism .

- **Internalised racism** – is the acceptance by members of the stigmatised race or ethnicity of negative messages about their own abilities and intrinsic worth.

[12] *Van Dijk, T. (1993). Elite discourse and racism. Newbury Park, CA: Sage Publications.*
[13] *Ministerial Advisory Committee. (1986). Puao-te-Atatu: The report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare. Wellington: Department of Social Welfare.*
[14] *Jones CP. (2000). Levels of racism: a theoretical framework and a gardener's tale. American Journal of Public Health 90(8): 1212–1215.*



- **Interpersonal or personally-mediated racism –** is prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives and intentions of others according to their race or ethnicity; and discrimination means differential actions towards others according to their race or ethnicity. This can include both explicit, racially motivated violence, crime and harassment and implicit, subtle, ambiguous, actions.
- **Institutional or structural racism –** where there is "differential access to the goods, services and opportunities of society by race or ethnicity, expressed in material conditions and in access to power" and/or "…when an entire network of rules and practices disadvantages less empowered groups while serving at the same time to advantage the dominant groups" .
- **Cultural racism –** is a driver of institutional and interpersonal racism and is entrenched in the philosophy and belief in the superiority of Europeans. In the New Zealand context, it is the assumption that Pākehā culture, that is, Pākehā values, beliefs and systems are superior to those of other New Zealand cultures. This is pervaded through benchmarking Pākehā culture as the 'norm' to which Māori culture, the culture of the 'exotic' other, is compared. Cultural racism is a direct inheritance of colonialism and imperialism . Internalised racism is driven through cultural racism.

At a societal level, racism and privilege are predicated on the belief of one ethnic group having superiority over others and their appropriation of power and control to maintain that position. Conversely, other ethnic groups are considered (prejudice) and treated (discrimination) as different, resulting in disadvantage and inevitably inequities in health outcomes.

While benefits and privileges accrue to the predominant population, Māori have differential entitlement that restricts their choices and opportunities to flourish. On a personal level, there is clear evidence linking the experience of racial discrimination to poorer health outcomes17.

Racism impacts the distribution of the socioeconomic determinants of health between ethnicities. In Aotearoa this can be observed when comparing differences in the distribution of Māori and non-Māori across deprivation deciles, income brackets and occupational classes16. Institutional and cultural racism impact access to quality healthcare where experience of racism is significantly associated with lower cervical screening rates for Māori compared to non-Māori and the increased likelihood of reporting a negative patient experience . Racially motivated violence has obvious negative impacts on health and there is clear evidence showing that chronic exposure to racial discrimination has significant impacts across multiple health domains (mental health, physical health, smoking and hazardous alcohol consumption, sleep problems, maternal and child health, maternal stress and depression [19][20][21]).

[15] *Jones C. (2001). Invited commentary: "race," racism, and the practice of epidemiology. American Journal of Epidemiology. 154(4): 299-304.*

[16] *Human Rights Commission. (2012). A fair go for all. Wellington: Human Rights Commission.*

[17] *Ministerial Advisory Committee. (1986). Puao-te-Atatu: The report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare. Wellington: Department of Social Welfare.*

[18] *Harris RB, Cormack D, Tobias M, YehL-C, Talamaivao N, Minster J, Timutimu R. (2012b). Self-reported experience of racial discrimination and health care use in New Zealand: results from the 2006/07 New Zealand Health Survey. American Journal of Public Health, 102(5): 1012–1019.*

[19] *Bécares L, Atatoa-Carr P. (2016). The association between maternal and partner experienced racial discrimination and prenatal perceived stress, prenatal and postnatal depression: findings from the Growing Up in New Zealand cohort study. International Journal for Equity in Health, 15: 155.*

[20] *Harris RB, Cormack D, Tobias M, Yeh L-C, Talamaivao N, Minster J, Timutimu R. (2012a). The pervasive effects of racism: experiences of racial discrimination in New Zealand over time and associations with multiple health domains. Social Science and Medicine, 74(3):408-415.*

[21] *Paine SJ, Harris R, Cormack D, Stanley J. (2016). Racial discrimination and ethnic disparities in sleep disturbance: the 2002/03 New Zealand Health Survey. Sleep, 39(2): 477-485.*

Organisations and individuals who have more power, control and influence, have a broader range of opportunities to contribute to or oppose the reproduction of racism18. Bay of Plenty District Health Board has a critical view of itself and the important leadership role it has in the local health system and nationally, as it aspires to be the first Te Tiriti o Waitangi led District Health Board.

References and further information

Bay of Plenty District Health Board. (2019). Te Toi Ahorangi: Te Rautaki a Toi Ora 2030.

Bécares L, Atatoa-Carr P. (2016). The association between maternal and partner experienced racial discrimination and prenatal perceived stress, prenatal and postnatal depression: findings from the Growing Up in New Zealand cohort study. International Journal for Equity in Health, 15: 155.

Berghan G, Came H, Coupe N, et al. (2017). Te Tiriti o Waitangi based practice in health promotion. Auckland: Stop Institutional Racism.

Harris R, Tobias M, Jeffreys M, Waldegrave K, Karlsen S, Nazroo J. (2006a). Effects of self-reported racial discrimination and deprivation on Māori health and inequalities in New Zealand: cross-sectional study. The Lancet 367: 2005–2009.

Harris RB, Cormack D, Tobias M, Yeh L-C, Talamaivao N, Minster J, Timutimu R. (2012a). The pervasive effects of racism: experiences of racial discrimination in New Zealand over time and associations with multiple health domains. Social Science and Medicine, 74(3):408-415.

Harris R.B, Cormack D, Tobias M, Yeh L-C, Talamaivao N, Minster J, Timutimu R. (2012b). Self-reported experience of racial discrimination and health care use in New Zealand: results from the 2006/07 New Zealand Health Survey. American Journal of Public Health, 102(5): 1012–1019.

Health Promotion Forum of New Zealand – Runanga Whakapiki Ake i te Hauora o Aotearoa. (2010). TUHA–NZ: A Treaty Understanding of Hauora in Aotearoa New Zealand. Auckland: Health Promotion Forum.

Health Quality & Safety Commission. (2019). He matapihi ki te kounga o ngā manaakitanga ā-hauora O Aotearoa 2019: A window on the quality of Aotearoa New Zealand's health care 2019. Wellington.

Howden-Chapman P, Tobias M (eds). (2000). Social Inequalities in Health: New Zealand 1999. Wellington: Ministry of Health and Wellington School of Medicine.

Human Rights Commission. (2012). A fair go for all. Wellington: Human Rights Commission.

Human Rights Commission. (2020). Human Rights and Te Tiriti o Waitangi: COVID-19 and Alert Level 4 in Aotearoa New Zealand.

Jones CP. (2000). Levels of racism: a theoretical framework and a gardener's tale. American Journal of Public Health 90(8): 1212–1215.

Jones C. (2001). Invited commentary: "race," racism, and the practice of epidemiology. American Journal of Epidemiology. 154(4): 299-304.

Mead HM. (2003). Tikanga Māori: Living by Māori values. Wellington: Huia Publishers. pp 29–30, 51–52.

Mills C, Reid P, Vaithianathan R. (2012). The cost of child health inequities in Aotearoa New Zealand: A preliminary scoping study. BMC Public Health 12(1): 384 URL; https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-384

Ministerial Advisory Committee. (1986). Puao-te-Atatu: The report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare. Wellington: Department of Social Welfare

Ministry of Health. (2020). Whakamaua: Māori Health Action Plan 2020–2025. Wellington: Ministry of Health.

Ministry of Health. (2019). Definition of equity. Retrieved from https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity

National Health Committee. (1998). The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve Health. National, Wellington.

Paine SJ, Harris R, Cormack D, Stanley J. (2016). Racial discrimination and ethnic disparities in sleep disturbance: the 2002/03 New Zealand Health Survey. Sleep, 39(2): 477-485.

Robson B, Harris R. (eds). (2007). Hauora: Māori Standards of Health IV. A study of the years 2000-2005. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.

Te Puni Kōkiri. (nd). He Tirohanga o Kawa ki te Tiriti o Waitangi. Historical Background. URL: www.tpk.govt.nz/en/a-matoumohiotanga/crownmaori-relations/he-tirohanga-o-kawa-ki-te-tiriti-o-waitangi

Te Rūnanga Hauora o Te Moana a Toi. (2007). He Pou Oranga Tangata Whenua Determinants of Health.

UN. (2007). United Nations Declaration on the Rights of Indigenous Peoples. Geneva: United Nations. URL: http://www.ohchr.org/english/issues/indigenous/declaration.htm.

Van Dijk, T. (1993). Elite discourse and racism. Newbury Park, CA: Sage Publications.

Waitangi Tribunal. (2019). Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163-164

Whitehead M. 1992. The concepts and principles of equity in health. International Journal of Health Services 22: 429–45

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part B: Monitoring, Compliance and Business as Usual Delivery

Chief Executive's Report

This report covers the period 29 April to 20 May 2021.

1. Chief Executive's Overview

Key areas of focus over the last month for the Executive and management teams have included:

COVID Vaccination rollout

Our operating model and volume of vaccinations delivered over the last month have strengthened significantly. We are currently over 50% above our planned vaccination delivery trajectory and it's likely that we will increasingly focus on coverage rather than volume over coming weeks. Current work is underway to ensure we have locations and mobile solutions identified for our rural communities to ensure they are not disadvantaged by an inequitable delivery model in this programme.

Public feedback on social media to the 1st avenue facility (which is currently focusing on over 65s) has been excellent.

2021 Deliverables Calendar

Progress through the key operational deliverables for 2021 is being maintained and the increased focus on the importance of delivery to agreed dates is working well.

Some pivoting will be required over coming weeks and months with multiple Incident Management Teams and the full COVID vaccination rollout utilising considerable management and analyst resource. Tracking our whole list of activities that has been developed provides a very helpful tool to allow sequencing and sensible decisions to be made on where we might need to pause a stream of work if for example the workstream leads are needed in COVID phases or other critical priorities. Overall we have achieved some big ticket items so far this year with many deliverable streams all progressing well.

Master Activity List

A copy of the masterlist of activity is included in Stellar for reference and this provides a much wider view of all of the known development, change and improvement streams of work across the whole of the DHB. We have never been able to achieve the collation of such a list before. Linking our new KPIs with MOH performance measures, annual plan actions, other local imperatives and most importantly with addressing equity issues, and seeking to align workstreams with these is an extremely complex process but is very high value. This is enabling us to flush out key questions around:

- Connectedness in work across services
- Where stated work is actually progressing or not
- Who has accountability and responsibility for key workstreams and what those accountabilities actually are
- Whether all of the things actually being worked on continue to be the right things

The Masterlist has not been grouped into strategic headings and this allows us to extract, for example, lists of things that relate to child wellbeing, mental health, etc.

EXECUTIVE WORK PLAN
2021 CALENDAR

EXECUTION: 2021 CALENDAR				
Name	**Status**	**Start**	**End**	**Update**
NEW WEBSITE GO LIVE	Done		8/03/2021	Completed
NATIONAL LAUNCH OF LIVE CURVE	Done		31/03/2021	Completed
EASTERN BAY LEADERSHIP NETWORK PROPOSAL	Done		30/04/2021	Logic testing stage within EBOP and discussion with MOH in progress
SUSTAINABILITY STRATEGY LAUNCH	Done		30/04/2021	Completed
LAUNCH ICNET Infection Control Surveillance	Done		9/05/2021	Go Live all completed successfully. Minor issues with feeds being worked through in conjunction with Canterbury.
RELEASE CLINICAL EQUITY IMPROVEMENT PRIORITIES	Working on it		31/05/2021	Work completed in KPIs - internal release is next step Date Extended by 1 month
COMMENCE ORGANISATIONAL DEVELOPMENT TEAM	Working on it	28/02/2021	31/05/2021	In progress
DECISION ON WHAKATANE MRI SCANNER	Working on it		30/06/2021	Further MOH documents requested and MOH expect a decision by mid June
TELEMEDICINE SUSTAINABILITY PROJECT	Working on it	21/04/2021	31/03/2022	Dividing project into quarterly milestone phases
EXPLORE PLACED BASED WELLBEING: OPOTIKI	Working on it	5/04/2021	31/05/2021	First meeting 19th May with Whakatohea, Council and Waiariki Leadership Group
PRIMARY MENTAL HEALTH BID - TE TUMU WAIORA	Working on it		1/07/2021	In progress
RELEASE STAGE 1 CHILD WELLBEING MODEL	Stuck		31/05/2021	In consolidation phase to consider readiness for next steps
DISABILITY STRATEGY RELEASE	Working on it	1/03/2021	1/10/2021	On track
SUBMIT 21-22 ANNUAL PLAN	Working on it		11/06/2021	Waiting for confirmation that 11 June is submission date
TOI ORA INVESTMENT MODEL	Working on it		30/06/2021	On track
RELEASE TE TIRITI POSITION STATEMENT	Working on it		22/05/2021	Release date 19 May 2021
HE POU ORANGA MODEL OF CARE	Working on it		30/06/2021	On track
REVIEW OF INFECTION CONTROL SERVICES	Working on it	15/03/2021	30/06/2021	On track
RELEASE FLEET CAR REVIEW PROPOSALS	Working on it		30/06/2021	Draft report received from Carbon Asset Management. Covers both fleet size, transition to electric cars and transition funding options
DIGITAL STATEGY RELEASE	Working on it		6/07/2021	On track with connection into MOH following HDR announcements
FINALISE TAURANGA SITE MASTER PLAN **COMMENCE BOWEL SCREENING**	Working on it Working on it		31/07/2021 30/11/2021	On track currently Agreed start date with MOH for Nov 2021
COMMENCE MENTAL HEALTH UNT REBUILDS	Working on it		30/09/2021	Progressing
PAPAMOA INTEGRATED CARE CENTRE EXPORATION	Working on it	18/01/2021	16/04/2021	Paper prepared for Board meeting May 21
KAIANGA ORA MULTI-AGENCY WELLBEING CENTRE EXPLORATION	Working on it	1/02/2021	1/06/2021	Paper prepared for Board meeting May 21
OPEN 2nd CARDIAC CATH LAB	Working on it		30/09/2021	Refresh of business case due May 21
PEOPLE STRATEGY RELEASE	Working on it		30/06/2021	Planned for end of June 21
SMARTPHONE SUPPORT FOR LONE WORKERS (risk 75)	Working on it		31/03/2021	Lone Worker Trial (T1) - District Nursing Trial was completed on 8th March 2021 Lone Worker Trial (T2) - Phone Application Comparison Trial was completed 7 May 2021. Closeout report drafting in progress.
Integrated womens and sexual health service proposal	Working on it	10/05/2021		New proposal in progress
Opotiki Health Centre replacement	Working on it	5/04/2021		Initial socialising stage. An initial list of potential services to be considered: 1/ Birthing 2/ Dental chair 3/ Renal dialysis 4/ Outpatient rooms 5/ Women's wellbeing clinic: Breast screening?
OPOTIKI HEALTHY SMILES		1/02/2021	30/06/2021	Socialising stage pending readiness assessment

ICNet

ICNet, the electronic solution for infection prevention control surveillance went live May 7th. This will significantly enhance our ability to track and monitor infections.

Industrial action

NZNO are planning a day of industrial action for all nurses on 9th June from 11am until 7pm. An incident management team has been stood up to co-ordinate and prepare which includes managing the planned scaledown of hospital activity in the week prior.

Health Sector Transition

Initial discussions have taken place in relation to organising ourselves for the health sector changes which will require significant work by a number of our Exec and senior staff later this year. We will need to navigate local, regional and national input requirements to support the transition of the DHB into the new Health New Zealand Model hence we want to streamline current activity and ensure ownership and accountabilities are clear at this pre-transition stage.

A first walkthrough of capital and change workstreams has been undertaken to ensure that work planned will align with the national direction of travel and have continuing important value from July next year.

From these walkthoughs we have constructed:

- A decision register to capture key decisions and the reasons why these were taken for handover to HNZ.
- A first stage transition activity plan so that we can bring the DHB to the most optimal place we can by June next year, and ensure that our planning includes events to close this model of our structure in a respectful way for our workforce
- An issues register to list things that require addressing over the next 14 months, or if ongoing can be provided to Health NZ

We have identified the need for a transition lead to help co-ordinate internal requirements (notably including the timely delivery of key change activity) so that we have a clear and well organised trajectory over the next year.

One of our challenges in the Bay – as external groups are Increasingly pointing out to us - is that our volume and complexity in a number of areas are equivalent to those of tertiary DHBs whilst we are operating on a secondary level infrastructure. With a very flat provider operating structure this means that executives are heavily involved in day-to-day operational functions and this will become an issue for us towards the end of this year as executive work is required on DHB transition.

We are considering this issue now and potential options to expand capacity through working differently, including the potential for bringing though our emerging leaders to take on more responsibility.

Hospital demand levels

Hospital demand has continued at high levels across both sites and based on the last six months volume and complexity trends we have to assume that we are now operating at a new normal. Work to increase our available clinical capacity is therefore more important than ever, along with an increased focus on the wellbeing of our workforce.

2. News and Key Events

2.1 COVID

The BOPDHB COVID related activities being focused on by the Corporate Service cover three aspects:

- vaccination programme
- response & recovery
- resurgence planning

Outcomes from the COVID-19 vaccination effort are expanding exponentially. The advent of the 0800-booking system has been instrumental in seeing bookings approaching 20,000. Actual doses delivered are approaching 12,000 since 1 March 2021. Bookings can now extend out three months.

More vaccination sites continue to open. Coverage into rural areas is also underway with both Te Kaha and Whakatane about to start scaled efforts in mid-May.

2.1.1 Vaccination Programme

Emergency Management Team

- Vaccine roll out continues with the quantity of vaccines increasing at the First Avenue site over the month of April and projected to increase to a maximum of 480 doses/day by the end of May (excluding Monday and Saturday that have shorter hours). Vaccine rollout to Aged Residential Care through a contractual agreement with Cicada Healthcare is moving forward. Sites continue to operate at both Whakatane and Tauranga hospitals with additional sites projected to open in May across both the Eastern and Western Bay. Plans are being put in place to roll out to Group 3 and beyond. The COVID Vaccine Booking Centre is now operational. Liaised with Red Cross, Hospice, Pacific Island Community Trust and AvaNiu Management to engage some flow coordinators for the 1st Avenue COVID Vaccination site – each provided volunteers to support the those being vaccinated and staff.
- Working with the Pasifika community to develop a vaccine roll out plan for both the Western and Eastern Bay to be presented to the Ministry of Health.

Information Management

- The Information Management team successfully established all the IT equipment and technical support for 1st Avenue Vaccination Centre go live on 12th April, and Vaccination Call Centre went live on 19th April. The Call Centre capacity, currently able to process 20 simultaneous calls, will be monitored for demand levels and increased as necessary.

Finance, Procurement, Supply Chain

- The financial impacts of COVID are being monitored via the current accounting processes plus the establishment of a new cost centre specifically for the Vaccination programme – MoH requirements are to separately account for vaccination costs from general COVID response costs.

People & Culture Team

- Still recruiting to positions within the Immunisation Programme prior to the opening of the community immunisation sites both in Whakatane and Tauranga (approximately 30 - 40 FTE to still recruit to).
- Process flowchart has been developed to review a COVID 19 vaccination declination and outlines a risk assessment process and options to manage following that assessment.
- The additional workload of the vaccination programme is impacting various functions within the P&C service. A new roster transactor is being recruited to assist processing of vaccination related rosters and timesheets.

Communications

- Communications on COVID continued with promotion of staff and celebrities receiving their jab, and with the celebrities featuring in our communications to staff and to the media and social media. NZ Cricketer Neil Wagner received positive media coverage nationwide via Stuff and TV-1 news and BOPDHB social media. Former All black Stu Wilson was also filmed having his vaccination.
- A media conference was held in April featuring Dr Kate Grimwade, Graham Cameron and Stu Wilson.

The purpose of the conference was for the three to speak from their perspective to inform the media of the necessity of COVID-19 vaccination. Kate from a clinicians view, Graham from a Māori view and Stu for over 65's. TV-1 and TV3 and BOP Times attended.

- For COVID-19 internal communications continue using One Place intranet articles, newsletters, and inserts in the CEO newsletter. Information sheets and "scripts" have been developed and distributed to Telephony and the Patient Information Centre staff to assist with general public enquiries.
- COVID-19 information printed materials have been developed for use by internal and external stakeholders - GPs, pharmacies, Aged Residential Care (ARC), and other community-based health care providers are accessing these materials.
- The COVID specific website is under review and redevelopment to support the Vaccination Programme. An Issue to consider is whether the existing website established as a joint-DHB internet presence as part of the initial response process remains appropriate for the current stages. Lakes DHB has signaled its preference to utilise its own website for its Vaccination communications.

2.1.2 Response, Recovery and Resurgence Planning

Emergency Management

While the current focus is on the Vaccination Programme, there are a range of other COVID related activities continuing:

- Community testing continues in the community along with the maintenance of tracking and tracing capabilities should a community case be identified.
- The Emergency Management team continues its involvement with Psychosocial Coordination function to ensure maintenance of this essential response and recovery activity
  - The Emergency Management team participated in the MoH National COVID Psychosocial Support Forum in April. Arising from this event there are concerns that "Caring for Our Communities" is not an active forum in the Bay of Plenty region for managing welfare concerns at the time of emergencies (this directly relates to our ability to support people place in quarantine or isolation in their homes).
  - Participated with Te Pare ō Toi, Kairuruku Kaupapa Papouri staff, & Nadia Lloyd-Ashton in a discussion focused on providing psychosocial support in the Bay of Plenty.
- A review of resurgence planning that would impact Community Based Health Services response is underway including such aspects as provision of welfare services to residents placed in quarantine or isolation within the community.
- Resurgence review and planning is also underway within the Provider Arm - the Integrated Operations Centre (IOC) is prepared to lead the Provider Arm response with the necessary protocols, process, and logistics in place for example, changes to visitor policy, patient journey, messaging, and staff welfare/wellness.

2.2 Non-COVID Communications

Non-COVID related Communications team activities in the month included:

- Microsoft Office 365 security upgrade information for all staff
- ANZAC Day poppy story- Service Coordinator for Mental Health and Addictions Debbie Lawrence's ANZAC day tribute of red wool poppies on the White Villa, was the front cover of the Weekend Sun on 23 April.
- Positive changes made to the hospitals' vending machines and cafeterias with the removal of all drinks except water tea and coffee for staff and patients.

2.2.1 Digital Communications - Social media

Extracts from the analytics of the DHB's social media usage is shown below:

Facebook top posts

Our posts for the month is a total of each post across all our BOPDHB pages.

Post Message	Type	Posted	Post Total Reach	Engaged Users
Pou Tikanga Graham Cameron got his first COVID-19 vaccination recently…	Photo	29/04/21	557	18
Recognise this friendly face? Agnes is the first person who greets you when you come to Whakatāne Hospital. She's been doing this for 20 years. She's on our frontline and has had her first COVID-19 jab	Photo	28/04/21	1041	59
Chief Medical Officer Kate Grimwade, former All Black captain and hospital Orderly Stu Wilson & Pou Tikanga Graham Cameron line up for their COVID-19 vaccination…	Phot	27/04/21	1010	69
BOPDHB Chief Medical Officer, and GP, Dr Luke Bradford - pictured here with Public Health Nurse Natasha Griffiths – is one of the frontline healthcare workers currently receiving their first COVID-19 vaccinations...	Photo	24/04/21	834	75
Former All Black captain and hospital Orderly Stu Wilson receives his 2nd COVID-19 vaccination at Tauranga Hospital this week…	Link	22/04/21	599	32
Black Cap Neil Wagner received his first dose of the COVID-19 vaccine at Tauranga hospital this week...	Photo	22/04/21	540	28
A desire to honour ANZAC soldiers has prompted one of our staff members to create a wall of poppies. Debbie Lawrence from Tauranga Hospital's mental health unit, Te Whare Maiangiangi has created a wall of knitted poppies…	Photo	21/04/21	1370	186
Sharon Shea says she is proud and honoured to be named as the first ever permanent Māori Board Chair of the Bay of Plenty District Health Board, calling it an important signpost for the community…	Photo	15/04/21	764	97

Twitter

2.3 Events

Communications

- April 28th was the public launch of Kaitiakitanga Framework for Environmental Sustainability. The event organised for the BOPDHB board members, guests, and media. The event was communicated out through One Place to staff and for the public, social media posts and excellent reporting in both Sun Weekender and the Bay of Plenty Times.
- Gerontologist Carole Gordon presented to the April meeting of the Tauranga Community Health Liaison Group on her research into the effects of COVID-19 on the aged community in Tauranga.
  - Emergency Management Readiness
  - Despite the COVID related activity the Emergency Management team continues its business as usual work around supporting services to plan for emergency events
- A tabletop exercise was conducted with Tauranga Hospital Emergency Department staff to test and validate the mass casualty planning. The exercise was valuable in clarifying roles and processes and will inform ongoing planning as we move towards the EMERGO exercise currently scheduled for October 2021.
- Tsunami Debriefing and follow up planning: work group with Eastern Bay Emergency Services Coordinating Committee to begin alignment of plans; participated in the EMBOP Community Tsunami Evacuation Debrief and planning meeting in Opotiki; facilitated debrief sessions for the EBOP & WBOP Health Provider Emergency Response key stakeholder groups re the Kermadec Earthquake and tsunami alerts. Notes were circulated and planning templates forwarded for providers to update their plans with lessons learned

Wahakura Wānanga

Co-facilitated by Te Puna Ora o Mataatua, held at the Te Teko Memorial Hall. Six wahakura were woven over the weekend as part of the SUDI prevention safe sleep programme

Kaimahi boiling harakeke

Weaving wahakura

Finished whakarua

3. Our People

3.1 Senior Management Changes / Key Staff changes

Recent announcements around Health sector reforms are likely to impact recruitment of senior management roles with the DHB required to consult with MoH on such appointments.

Current senior or key role recruitment underway includes

- Director of Nursing – impacted by sector changes on the scope of this role and MoH guidance process. Recruitment timeframes are not clear at this point.
- Programme Manager – National Bowel Screening Programme. Recruitment commenced with two-week advertising campaign.
- Medical Leader interviews have concluded, and appointment is pending.
- Clinical Director Quality & Patient Safety /Kaiwhakahaere Haumanu – recruitment for replacement is commencing.
- People & Culture Business Partner – the new Team Leader has been appointed and commenced 10 May.
- Maternal, Infant and Child Mental Health Services Manager - an appointment has been made.

3.2 Education and Training

Conversations are underway around a de-escalation training offering for all staff. This is not designed to replace SPEC (Mental Health de-escalation/restraint), but complement it. Auckland DHB have successfully implemented the option we are investigating, through their Crisis Prevention Unit. A paper will be prepared outlining options around 'Train the Trainer' and funding. This work is being supported by Security.

The Education Manager has been looking into Supervision training for Allied Health, with the intention that a consistent approach to education can be offered across the various professions and areas that require Professional Supervision.

A new online course, 'Your Obligations' has been created that replaces several mandatory modules. This reduces the number of courses that new staff need to complete, as well as the time spent on online mandatory modules. The content includes child abuse policies, smokefree policies, conflicts of interest, confidentiality and privacy; the SSC Code of Conduct and the Consumer Code of rights.

An online offering on Te Tiriti o Waitangi is also being created, to increase the number of people able to complete Te Tiriti o Waitangi training, as the face to face courses are constantly fully subscribed. This work is being completed with Pou Tikanga, Te Pare o Toi. This will be an additional option in Te Kakenga, the suite of education around DHB staff supporting Te Toi Ahorangi. A memo has been circulated that outlines the different options in Te Kakenga, with the intended outcomes and suggested order.

The Emergency Management team has been involved in supporting education and training programmes including:

- A CIMS4 course was held late April with 13 attendees.
- Provided an emergency planning presentation for EBPHA staff

The People & Culture Team have been focusing on resilience and equity issues:

- P&C and the Education Manager have reviewed the timeline for resilience training and leading through change workshops in anticipation of our transition to Health NZ over the next 24 months to support staff and leaders through this time.

P&C have been working with the Te Puna Ora O Mataatua Academy to support their students with placement opportunities at the DHB. Their nursing students already have access through Toi Ohomai and Te Awanuiarangi enrolment, however we are exploring how we could support their Health Care Assistants students with placements at the DHB as well.

3.3 CCDM Quarter 3 National Implementation Report

Implementation for the BOPDHB is 92% for this quarter and remains one of three DHBs who have fully implemented all three phases of the FTE calculations. Nationally implementation of CCDM is 69% up from 64% Q2. Implementation rate is impacted by the three tertiary DHBs that came into the programme late.

Nursing CCDM has moved from a static report for measures of performance to the use of an electronic core data set, with access to more measures, the process is being re-embedded at ward level. To assist with this process a set of four measures has been identified in conjunction with Clinical Nurse Managers to report against via the service monthly report.

The four measures are; shifts below target, patient incidents, ward utilisation and overtime which has been a quality improvement focus this year.

Mental Health continue to perform well at 97%.

Allied Heath remain third equal for rate of implementation at 83%.

3.4 Workforce Metrics - Equity

New metrics aimed at assessing activities around promoting equity within the workforce are being developed and will be included in the quarterly People and Culture KPIs which our provided to all managers. Initial focus will cover measures such as Maori Health workforce headcount and turnover statistics.

3.5 Cultural Development

He Pī Ka Rere

A new Toi Tangata resource (He Kai Kei Aku Ringa - Home | Kāinga - Empowering whānau stories of kai) was launched and is being considered for incorporation within Kōhanga Reo in the Bay of Plenty as a valuable resource to share with whānau. It includes a series of short films which delve into the lives of six whānau as they share their broad understandings of the whakataukī *'he kai kei aku ringa'* and how they practise these in their everyday lives. There are also practical resources - kai cards/a 4-week meal plan recipe for whānau to use.

3.6 Whakaari Recovery

- Manager of Emergency Management team met with the Whakatane Police Department to refine the understanding of what is being asked for the upcoming Coronial Inquiry. As previously reported, DHB is to get legal support and advice on this.
- Linked to this inquiry, the service is reviewing and advising on presentations DHB staff are being asked to provide at various professional conferences that touch on the Whakaari response.
- A meeting is scheduled for May to discuss the transition of the Whakaari Senior Leaders Recovery group towards more of an operational focus. Strategies to support wellness for Whakatane are in progress including development of a Wellness Room and an increase in Mirimiri services to 2 days/week. The transition of the Hauora/Wellness Coordinator position to People and Culture is being worked through.

4 Bay of Plenty Health System Performance

4.1 Top 12 KPIs

Subsequent to Board approval of the Exec Top 12 KPI's, which align with and help drive improvement in our top organisational priorities, the following progress has been made:

The Decision Support, Business Intelligence and Planning & Funding analyst teams are working together to set up the measures, provide data and visualisation of the Top 12 KPIs

Responsible Executives and KPI Leads have been allocated and will be confirmed by week commencing 24 May 2021

A 12 month Deep Dive calendar has been drafted for Board approval.

Denominator and Numerators have been confirmed as Māori numerator and Māori denominator for the Māori measures, and non-Māori numerator and non-Māori denominator for the non-Māori measures.

5 Bay of Plenty Health System Transformation

5.1 DHB Operating System: How we work

Digital transformation

Data & Digital Programme – Strategy Development

- In April, the team developed seven strategic themes/portfolios from the initial key stakeholder discovery sessions. It includes Consumer & Whanau Centred service design & governance, Future Data, Analytics & Intelligence Development; Creating a Culture of Innovation; Knowledge and Workforce Management; Business Efficiency, and Future Infrastructure Services.
- The themes that have consistently shone through the consultation sessions to date is that the Regional / District Digital Vision and Strategy must consider the very heart of the consumer/patient journey to shape the delivery of joined-up whānau centered and whānau directed services, and it must have equal focus on improving health outcomes, service efficiency, and service effectiveness.
- The strategy development team is working with DHB Maori Health and Communication teams to plan a Regional Hui in June. The Regional Hui will be held in Tauranga and Whakatane where iwi, NGO's clinicians, regional DHB representatives, and the MoH will be invited to see what has been collected to date and provide their input.

Core ICT Infrastructure Projects

- Three core IT infrastructure projects (Firewall, Core Switch and Wireless) are in preliminary stages. All three areas are critical infrastructure required to support the DHB Digital capability – whether that be IT systems and devices or networked clinical equipment. The latter two areas of infrastructure were implemented as part of the Tauranga Hospital rebuild in approx. 2008 and while upgrades have occurred since, these together with the firewall are now technically obsolete and without replacement will hinder the DHBs ongoing performance.

Health Intelligence

- The Business Intelligence team within Information Management has completed the proof of concept for Health Intelligence reporting using the DHBs "Power BI" tool and has commenced loading existing MoH Elective Services indicators (ESPIs). This will be widened to include the Boards & Exec Top 12 KPIs and other performance metrics as required and will move to regular reporting once these aspects have been added.
- Referral pathways and episode of care modelling is nearing completion and first cut reports and views will be socialised with Elective Services ahead of education sessions that will be open to Analysts and Service managers.

5.2 Mental Health and Addictions Services

Workforce development for NGOs continue to progress with positive engagement and feedback. These include rollout of Recovery Outcomes Star training which has to-date involved participation of a collective of six NGOs and MH&A NASC, initial training for this collective in Just a Thought- a MOH funded e-therapy tool able to be prescribed by clinical and non-clinical roles, and Intentional Peer Support which has recently run for the second time with approximately 20 peers attending.

This is in response to He Ara Oranga's recommendations regarding strengthening the capacity of the NGO sector as well as increasing access and choice to services.

These initiatives are great examples of collaboration across P&F, NGOs, and secondary services to shift culture towards a more recovery and client-centered approach but accompanying that with structures and workforce support that enables this shift to occur. This initiative is to be spotlighted in *Whariki- the MH&A network for leaders, innovators, and influencers.*

5.3 Integrated Healthcare

BOPCPG Kiri Ora (Healthy Skin) Pilot Project-Community Pharmacy

The aim of the Kiri Ora pilot project is to work as part of the Bay of Plenty's integrated healthcare team to improve health outcomes and reduce the inequalities for targeted preventable skin conditions in children. Statistics from Toi the Ora 2018 indicate Māori children suffer higher rates of serious skin infections in the BOP than other subgroups and higher rates than the national average.

Ten pharmacies based in Opotiki, Whakatane, Edgecumbe, Kawerau and Te Puke are delivering the service.

A consumer feedback survey indicates patients were incredibly positive about the free service being offered for headlice with many commenting on the financial burden this common condition has on their families. One happy parent said 'it was great as I now have a comb and enough treatment for the whole family for the first time' – resulting in eradication of an ongoing cycle of headlice for the family.

Two adolescents one a patient and the other a sibling were referred to the pharmacy service in Whakatane by ED and treated for impetigo. The mother rated the service 10/10 and commented "The pharmacist was really good and gave all the advice and stuff" she expressed how much she appreciated the free treatment at pharmacy and would engage with pharmacy first now instead of ED.

Patients overwhelmingly spoke of their appreciation for access to funded services through pharmacies for these conditions many expressing they had experienced difficulty accessing primary care services in their areas. The education material received by patients and consumables such as dressings with their high retail costs were also appreciated with many expressing such items would be outside their reach to purchase.

Pregnancy Ultrasound Scanning in the Eastern Bay of Plenty

Since the co-payment removal scans have been available in the Eastern Bay, primary scanning uptake has increased by around 30% by Eastern Bay pregnant women. Increasing demand is a positive outcome of this change, taking the pressure off Obstetric services over time, with more direct LMC midwife to community referrals instead of DHB (Whakatane) referred scans. The number of USS scans averaged per month (over the past 15 months) prior to the funding change was an average of 247 scans per month (range; 197 – 292). Compared with the past 2 months (since co-payment removed) of 356 scans in March and 313 scans in April, with April having fewer working days (19 days) compared with March (23 days) rather than reflecting an increase in USS demand since the funding has been in place.

As word of mouth (and the recent media) spreads we are anticipating further demand increase for the service.

Progress is being sought to find a solution to the access issues for pregnancy ultrasounds nationally.

5.4 Child Wellbeing

The CDS (Child development Service) innovation project is expected to conclude at the end of May. Project managers are currently documenting findings and creating proposals for the next tranche of improvements based on what they have learned. The Ministry of Health will be reviewing proposals late May with funding decisions expected by the end of June.

Paediatric Orthopaedic Triage Service (POTS)

The project continues to remain on track for the POTS pilot to go live in the Western Bay by June 2021. The project team have developed several localised clinical pathways for paediatric postural conditions. These pathways have been approved by orthopaedic services and are now with the midland region for regional approval. Once approved these will become available to primary and secondary care clinicians through Midland Community Health pathways. The team has also identified the need for access and training into Radiology services (both DHB and private) and have aligned their radiology processes to mirror that of the Community Orthopaedic Triage Service (COTS).

Building Blocks for Hauora

A professional development workshop for Early Learning Services staff was held on childhood infections prevention in Tauranga. The session included the range of healthy skin resources, Bay of Plenty District Health Board's Healthy Housing Initiative and advice around Western Bay of Plenty pharmacies providing based throat swabbing and skin checks. The Heart Foundation also presented on Healthy Kai.

A further workshop was held in Ōpōtiki partnering with Eastern Bay Primary Health Alliance dietitian who presented on Healthy Kai and Toi Te Ora covered Childhood Infections prevention.

6 Health and Safety

- The resignation of the Health and Safety Manager has meant a reassignment of team roles while the DHB undertakes a recruitment process. External contractors have been brought in to ensure continuity of activities during this period.
  - Health and Safety Advisor at Tauranga has continued his onboarding into departments meeting with managers, staff, and H & S reps. An ongoing programme of work has been finalized.
  - A contracted Health and Safety Advisor role has been appointed on a short-term contract until July 2021 to cover the Whakatane site and manage the administration of the ACC AEP audit.
- Workplace Safety Reviews (Safety Walks) have recommenced at Tauranga including Outpatients, ED, and a risk assessment at Medical Day Stay. 8 Workplace Safety Reviews have been scheduled for April.
- The ACC AEP Audit will commence on 28 June with David Wurtzger appointed as Auditor
- Key March Focus Areas included:
  - Contractor prequalification for Corporate Contractors.
  - Review of ACC AEP Elements 3, 5 and 8 in preparation for the audit.
  - Reassignment of Health and Safety Manager role to Tauranga H&S Advisor while recruitment of H&S Manager occurs.
  - Liaison with key ACC staff in relation to AEP Audit and requirements.
  - Working towards maintaining Gold Standard with Work Well.

7 Maori Health Gains and Development – Te Pare o Toi

In response to He Ara Oranga, an independent review was conducted by the BOPDHB resulting in the initiation of the transformation and redesign of Mental Health and Addiction Services (MHAS). The first phase was to consult with the MHA sector which has led to further discussion and development of an advisory group to inform the establishment of a cross-government and multi-stakeholder leadership group.

BOPDHB Transformation & Redesign of MH&AS is a five-phase programme of work underway with phase two due for completion in June 2021. This corresponds with the National Service Specification Collaborative System Design (MOH 2021).

The collaborative design plan involves cross-government, iwi partners and other key stakeholders encompassing the full mental health and addiction service spectrum. The framework will reflect the Long-Term Pathway and align to and encompass the actions in Whakamaua, Māori Health Action Plan 2020 – 2025. The collaborative design plan will describe a specific BOP approach which is underpinned by Te Toi Ahorangi and He Ara Oranga (MOH).

The Transformational Programme will consider and integrate learnings from the Manawa Taki Regional MHAS review (2021), Midland Mental Health & Addiction (HealthShare) reports and frameworks. The programme is currently on track, meeting all deliverables and scoping for phase three is underway.

The implications of the transformation programme on the community and the need for tertiary or acute care is difficult to comment on at this stage. With the growing complexity of levels of distress and co-morbidity within the general population in relationship to increased levels of poverty and risk factors across age groups, the use of high-intensity facilities with specialist care may still be required at the level suggested within this document.

Toi Ora 2030 Report

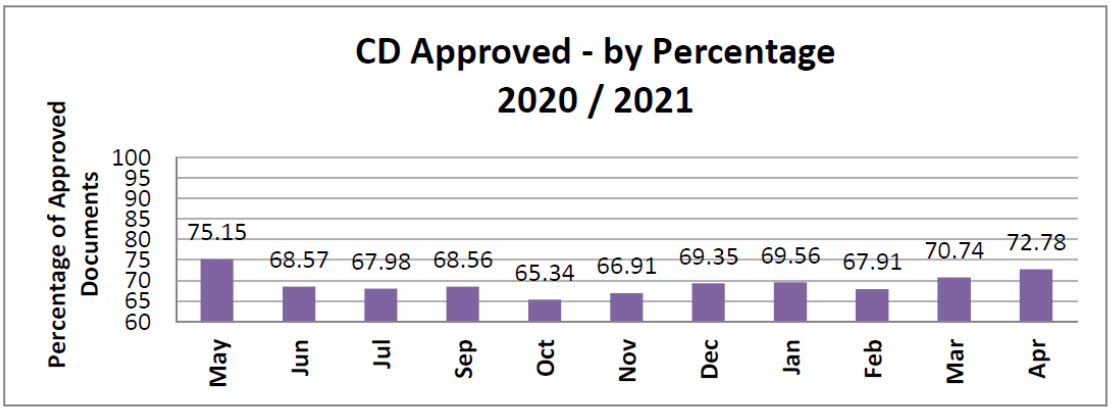
Te Waka o Toi	Programs	Outcomes	Progress	Equity Connection
	Uphold Te Tiriti and Indigenous Rights			
	Authentic Partnership	Iwi Ora		Agreed authentic governance partnership that formalises equity and commissioning working towards a shift to Iwi Governance
	Equity Action Plan	Toi Ora		
	Toi Ora Change Leader			
	He Pou Oranga Model of Care	Whānau Ora		He Pou Oranga Model of Care integrated across DHB resulting in a te reo me ona tikanga informed integrated healthcare system
	Illuminate System Performance			
	Trendly Enhancement	Iwi Ora	On Hold	As authentic Tiriti partners our quality system is hauora intelligent and culturally safe.
	Health and Safety Quality Services Review	Mauri Ora		
	Elevate Wai Ora – Reduce Acute Demand			
	Toi Ora Zones for action plan 21/22	Hapu Ora	Planning	Toi Ora ecosystem is delivering on Iwi aspirations for tino rangatiratanga.
	Whakamana Whanau			
	Mental Health Transformation – Phase 2	Whānau Ora		Integrated health system that is whanau and whenua centred, measure and monitor Toi ora outcomes and indicators with Iwi, Hapu, whanau.
	Rangatahi Project 21/22			
	Outcomes and Indicator Framework	Toi Ora		
	Iwi Led Development			
	Mahi Tahi	Whānau Ora		Mahi tahi is an indigenous process of co creation, design and implementation
	Toi Ora Workforce			
	Māori workforce strategy 21/22	Toi Ora	Planning	Strengthen, sustain and support high quality whole of system Māori workforce, provider development
	Toi Ora Investment			
	Investment Review	All		Equitable, sustainable, Tiriti compliant commissioning, co commission, funding models accelerate the capacity and capability of the Māori health system and its providers

8 Governance and Quality

8.1 Indicators

Controlled Documents

Reporting is through Executive Committee (6 monthly).

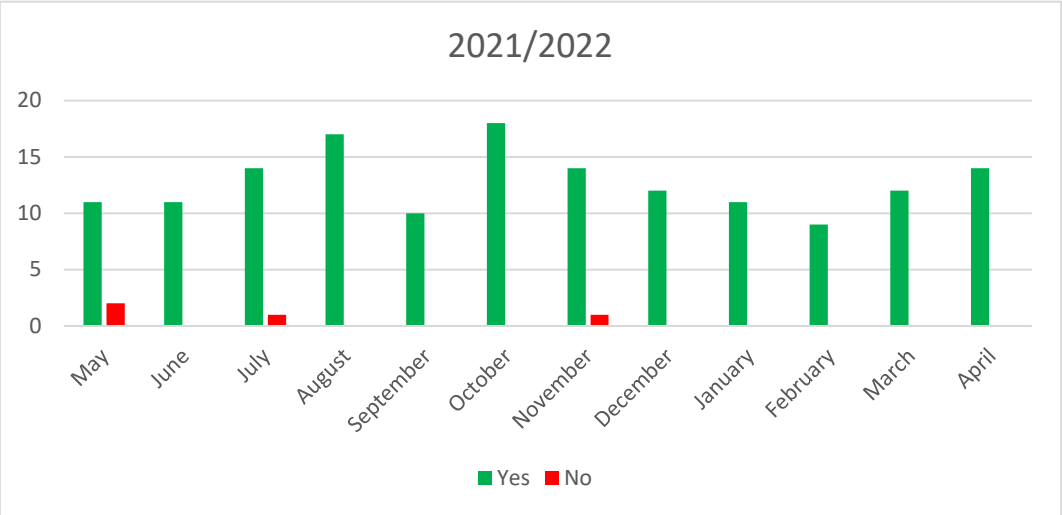


Certification Corrective Action: Aiming to achieve 80% compliance by surveillance (around December 2021)

OIA's (Responded to 1 – 30 April 2021)

	OIA	Requester Type	Due Date	Response Date	Met on time
1	Nitrous Oxide	Media	15.04.21	07.04.21	Yes
2	Vulnerable Persons List	Individual	12.04.21	07.04.21	Yes
3	Alcohol Related Harm	Foundation	04.05.21	08.04.21	Yes
4	Childrens' Surgery	Media	06.05.21	09.04.21	Yes
5	Patients in Isolation	Media	20.04.21	15.04.21	Yes
6	Mental Health Facilities	Media	15.04.21	15.04.21	Yes
7	OIA Policies and Process	Student	29.04.21	16.04.21	Yes
8	Equipment and Systems	Company	23.04.21	16.04.21	Yes
9	Mental Health Care Service Use	Individual	23.04.21	19.04.21	Yes
10	Prostate Cancer	Company	14.05.21	21.04.21	Yes
11	Oncology and Finance	MP	29.04.21	28.04.21	Yes
12	Staff Vacancies	MP	30.04.21	30.04.21	Yes
13	Health & Safety Reps	Union	30.04.21	30.04.21	Yes
14	Childrens' Conditions	Media	30.04.21	30.04.21	Yes

Compliance by Month



8.2 Clinical Governance

This month saw the departure of Jerome Ng, Clinical Director/ Kaiwhakahaere Haumanu for Health Quality and Safety. Jerome has been with BOPDHB for two years and in that short time made a significant impact on not just the area of Clincal Governance, but right across the organisation. He shared a vision to move the DHB into a new era of Quality and Safety and that work will continue. Jerome has inspired and supported many and the DHB is the richer for that. We wish him the very best in his new role.

A highly successful meeting was held with representation from Health Quality and Safety, Governance and Quality, Corporate services (Risk Management), Innovation and Improvement and Te Pare o Toi. As a result, a paper recommending a new single cohesive structure has been discussed and endorsed by the Executive. This work will be led by Dr Luke Bradford, Chief Medical Officer (CMO) with the first step, describing and advertising the position to lead this new department, well underway.

9 Clinical Campus

Students

With UoA students having limited hospital time in 2020, due to COVID, the year 4's are struggling more than usual in 2021. We have added some additional teaching with House Officers and TI's, really stepping up and organising several tutorials. Our Academic leads as usual have been supportive of students, particular of note is Dr Kylie Gilmore.

10 Te Teo Herenga Waka and Toi Te Ora

Allandale School - Te Puna Taiao project evaluation support

Allandale School and Te Puna Taiao redeveloped the school's outdoor space during 2019. With the approach of '*Healthy, resilient tamariki and communities through transformed outdoor spaces'* the purpose of the redevelopment was to improve the transition to school, increase creative play, encourage more extensive use of outdoor spaces during class time, and to encourage community use of the space.

Transport policy and engagement and advocacy

Toi Te Ora prepared the following submissions on behalf of its two district health boards:

- To the Bay of Plenty Regional Council Long Term Plan in support of the proposals for free bus fares for school children, tertiary students and community service card holders, and cheaper flat bus fares for the rest of the community.
- To the Bay of Plenty Regional Council Regional Land Transport Plan in support of the major increase in the proportion of funding dedicated to mode shift projects.

In addition, a submission was completed on behalf of Lakes District Health Board on the Bay of Plenty Regional Council Rotorua Public Transport Review 2021. Support was given to the highest level of service options to maximise mode shift and therefore improve the wellbeing of the Rotorua community.

Land Use Policy Engagement and Advocacy

Toi Te Ora is identified as a key stakeholder and is represented on the Tauranga City External Reference Group (ERG) to provide strategic direction and partner in progressing the development of the next City Plan, which will be a 3-4-year project. Discussions have been had around land use, zoning issues and opportunities with Tauranga City Council Planners.

Toi Te Ora provided feedback to Ministry of Health to assist them with the development of a position statement for healthy urban development following the release of the Ministry for the Environment National Environmental Standard for Urban Development.

Drinking Water

On advice from Toi Te Ora a short drinking water boil notice was issued to those on the Kutarere supply. This has now been lifted after investigation and disinfection of the supply. Increased water sampling is in place and staff will be in regular contact with the supplier.

Considering the recent high-profile issues with lead in drinking water, a report has been produced on the drinking water assessors' knowledge of chemical determinants in our larger drinking water supplies. No significant issues were raised. The report will be reviewed by the management team and will be available to the new Drinking Water Regulator as part of our ongoing handover of responsibilities.

Contaminated Land

Findings of PFAS, a group of persistent pollutants in groundwater on an industrial site in Mount Maunganui, are causing concern to local residents. The Regional Council has been discussing the finding with residents and is undertaking wider testing for this and other possible pollutants in the area, and particularly around Wharereoa Marae, which is the closest residential setting to this initial finding.

Hapū Hauora

Toi Te Ora is in the early stages of scoping involvement with 'Te Ara a Toi' which is a Bay of Plenty Tourism project. The project will include revitalising cultural history and narratives and exploring potential tourism and economic development opportunities. Toi Te Ora is working collaboratively with project partners with a focus on bridging aspects of health and wealth literacy for Hapū. This project supports the Hapū Hauora strengths based and multi-sector approach and will also provide valuable insights into hapū and whānau aspirations.

Toi Te Ora has been approached by Kia Ora Hauora www.kiaorahauora.co.nz to support with an upcoming careers event for rangatahi Māori.

Workplace Wellbeing

Several workplaces have achieved WorkWell accreditation and has highlighted the way which these workplaces have managed to maintain their commitment to wellbeing during the Covid-19 pandemic. Communication has been a key emphasis for these workplaces and ensuring staff are fully aware of the support systems in place.

The Workplaces team are looking into the newly developed Climate Action Toolbox. This will be added to the WorkWell website. The team are discussing the value of re-introducing criteria to the WorkWell process around sustainability and reducing one's carbon footprint.

11 DHB Provider Services

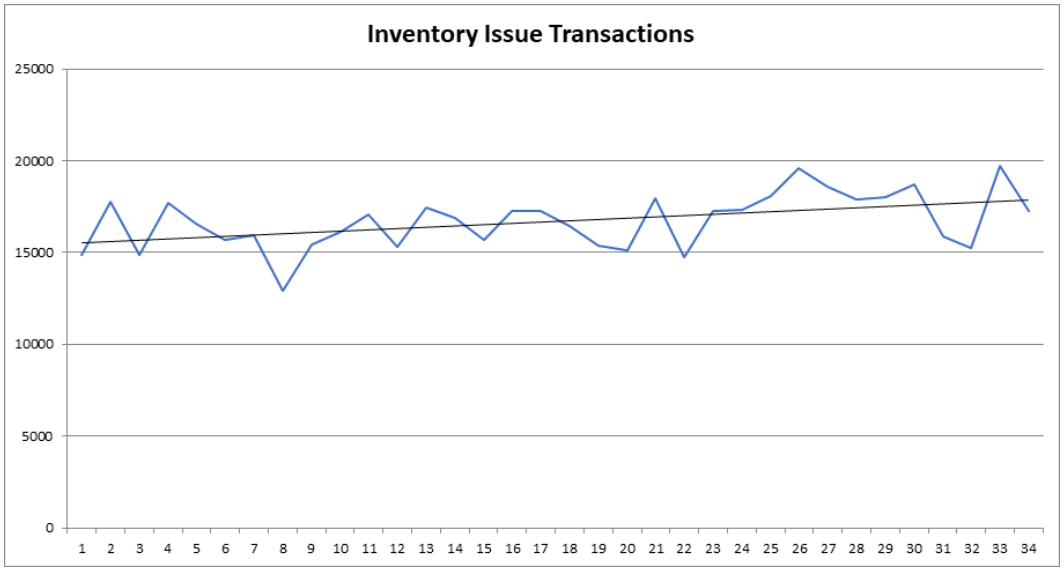
Immunisation, B4School Check, Child dental

MMR

Progress with the MMR vaccination has slowed as the focus has shifted to the rollout of the COVID vaccination programme, however the MMR campaign continues to work across all sectors. Primary focus is on engagement and education over the coming months.

Finance Procurement Supply Chain Performance

The supply chain and stores team remain busy, however in April the number of items picked by the stores team fell below the YTD average (17,200 vs average of 17,900 and a March number of 19,700). Note, this is still a busy month – just quieter relative to FY21 so far. Graph below covers 34 months from July 2018.



The Accounts Payable (AP) team is processing on average 5,800 invoices for payment each month YTD. Of the invoices paid, 97.14% were paid within 10 days of processing versus a Government target of 95%.

Information Management Team

BOPDHB Application Server Uptime

Performance of systems as measured by availability of the application servers operated by BOPDHB. Note these exclude servers operated by national or regional systems.

Application:		
Clinical Applications	Chip	100%
	Eclair	100%
	Primary Support Clin APPs	100%
	WEBPAS	100%
Non-Clinical Applications	HRIS	100%
	Exchange 2010	100%
	SharePoint	100%
	Phone System	100%
	Network Core	100%

NCSP Update, May 2021

HPV Primary Screening

On May 9 the Government announced that Budget 2021 will include an investment of $53 million to support the introduction of human papillomavirus (HPV) screening with the option of self-testing from July 2023, including the delivery of a new population health-based ICT system.(HPV self-testing announcement)

While the current cytology screening pathway is clinically safe and has been a very effective tool for reducing cervical cancer, testing for HPV has been shown to be even more effective and acceptable for women.

The new cervical screening test will detect HPV – the cause of 99% of cervical cancers – and will replace the existing cervical screening procedure for the 1.4 million eligible New Zealand women aged 25-69 years.

The new screening method will include the option of self-testing, removing a major barrier to participation. This means a woman will be able to take her own vaginal swab in private (when she visits her healthcare provider) rather than having a speculum examination done by a nurse or doctor.

The move to self-swabs also presents an opportunity for cervical screening to be delivered in conjunction with other healthcare visits and will provide more flexibility for healthcare providers to take a community delivery approach.

The Ministry of Health will also be looking at options to further improve access to cervical screening, which may include mail-outs of self-testing kits.

It is predicted that around 400 additional cases of cervical cancer will be avoided over the next 20 years with the change to the screening test, and deaths will also be reduced. There will be a greater relative reduction for Māori and Pacific women, who currently experience higher rates of cervical cancer.

This reduction will be a key enabler for reaching the World Health Organisation's elimination threshold for cervical cancer by 2040 for all populations. To reach this threshold, there must be fewer than four cases of cervical cancer per 100,000 women.

The implementation date of July 2023 allows enough time to consult on the clinical guidelines for self-testing; design, build and test the new population health-based ICT solution required to safely support the changes, and deliver the appropriate training to providers and healthcare professionals to ensure high quality, clinically safe services are delivered during and after the transition.

A public consultation for the guidelines and clinical pathways was undertaken in 2016 for HPV primary screening. A further consultation will be undertaken on the inclusion of the self-testing component in the guidelines and referral pathways over the next few months. Further information is available on the National Screening Unit website and this will be updated regularly over the coming months as the detailed planning gets underway (HPV Primary Screening)

It is important if women are due for screening, they continue with the current cervical screening test, and not wait for the programme change in 2023.

The screening programme remains safe and effective to prevent cervical cancer. Further information for participants can be found on the Time to Screen website.

We would like to thank you for all the support and expertise you have provided to achieve this positive outcome for cervical screening in New Zealand and we look forward to the opportunity of working with you over the next few years to bring about this important change.

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

BOARD WORK PLAN 2021

Activity	Source	27 Jan	24 Feb	24 Mar	28 Apr	26 May	23 Jun	28 July	25 Aug	29 Sept	27 Oct	24 Nov	Dec
Venue – Kahakaharoa Room, Tga			√		√		√		√		√		No Meeting
Venue – Conference Hall, Whk		√		√		√		√		√		√	
Board only Time (*with CEO)		√	√ *	√	√ *	√	√ *	√	√ *	√	√ *	√	
Board Strategic Sessions				√			√			√			
Joint Bd/Run – Te Waka O Toi				√			√			√			
Patient Experience / Story	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√		√	√	√		√	√		
Approve Committee Resolutions	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√	√	√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√	√	√	√	√	√	√	√	
6 monthly Board Attendance	Bd Sec	√						√					
CEO Report	CEO	√	√	√	√	√	√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
PHOs Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
Maori Health Dashboard Plan	GMMGD		√			√			√			√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
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											√		