



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Agenda

Wednesday, 25 August 2021

2.00 pm

via ZOOM

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

Hauora a Toi | Our Priorities 2021-2022

Healthy, thriving communities – Kia Momoho Te Hāpori Oranga

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

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

*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](#)



Item No.	Item	Page
	<p>Karakia</p> <p>Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te pō ko tenei te awatea Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!</p>	
1	Apologies	
2	Interests Register	6
3	<p>Minutes</p> <p>3.1 <u>Board Meeting – 28.7.21</u> <u>Matters Arising</u></p>	<p>11</p> <p>14</p>
PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES		
4	<p>Presentation - 2.30 pm</p> <p>4.1 <u>E3 Update</u></p>	16
5	<p>Items for Decision</p> <p>5.1 <u>Health System Indicators</u></p>	26
PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY		
6	<p>Items for Discussion</p> <p>6.1 <u>Chief Executive’s Report</u> 6.2 <u>Toi Ora and Workforce Wellbeing</u></p>	<p>32</p> <p>44</p>



Item No.	Item	Page
	6.3 <u>Child Health Integrated Response Pathway (CHIRP) Project</u> 6.4 <u>General Business</u>	49
7	Items for Noting 7.1 <u>Chief Executive Expenses</u> 7.1.1 <u>S Everitt – 1.7.20 – 30.8.20</u> 7.1.2 <u>P Chandler – 31.8.20 – 30.6.21</u> 7.2 <u>Correspondence</u> <ul style="list-style-type: none">• Communication from Health Quality & Safety Commission re Consumer Council’s Role in the Reformed Health System, dated 13 August 2021• Letter to Board Chair from BOPDHB Health Consumer Council, dated 12 August 2021• Letter from Health Networks re BOPDHB Child Protection Alert System (CPAS), dated 19 July 2021 7.3 <u>Board Work Plan</u>	51 64 66 67 75
8	General Business	
9	Resolution to Exclude the Public <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.</p>	
10	Next Meeting – Wednesday 29 September 2021.	



Bay of Plenty District Health Board Board Members Interests Register

(Last updated August 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 in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
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	Consultant	Mental Health Outcomes Framework		May 2020



Commission			LOW	
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
DPMC	Contractor to Transition Unit.	Health Reform	MEDIUM	May 2021
Health Hearts for Aotearoa (HHANZ)	Board Member	Health Research	LOW	June 2021
Husband – Morris Pita				
- Health Care Applications Ltd	CEO	Health IT	LOW	18/12/2019
- Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
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
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
Third Age Health Services	Independent Director	Primary Care Providers to ARC	MEDIUM	10/6/2021
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
Waikareao Room, Te Whare Kokiri, DHB2 Building,
17th Ave Business Park, Tauranga
Date: Wednesday 28 July 2021 at 1.30 pm

Board: Sharon Shea (Chair), Geoff Esterman, Mark Arundel, Bev Edlin, Ian Finch, Marion Guy, Ron Scott, Arihia Tuoro, Wayne Williams, Linda Steel (Runanga Chair), Mariana Hudson

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), Jeff Hodson (GM Facilities and Business Operations), Marama Tauranga (Manukura), Debbie Brown (Senior Advisor Governance & Quality), Sarah Mitchell (Executive Director, Allied Health, Technical and Scientific), Naila Naseem (Consultant)

Item No.	Item	Action
	Karakia	
1	<p>Apologies Apologies were received from Hori Ahomiro, Leonie Simpson and Natu Vaeluaga Resolved that the apologies from H Ahomiro, L Simpson and N Vaeluaga be accepted.</p> <p style="text-align: right;">Moved: A Tuoro Seconded: M Guy</p>	
2	<p>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 W Williams had emailed changes to the Board Secretariat. Query was raised as to whether the Board and Committees Interests Registers are required to appear on each Board and Committee agenda or whether the originals could be saved to the Stellar Library and changes recorded when notified. This will be checked against legislative requirements</p>	SAGQ
3	<p>Minutes</p> <p>3.1 <u>Minutes of Board meeting</u> – 23 June 2021 Resolved that the Board receives the minutes of the meeting held on 23 June 2021 and confirms as a true and correct record.</p> <p style="text-align: right;">Moved: L Steel Seconded: M Guy</p> <p>3.2 <u>Matters Arising</u> Top 12 KPIs is ongoing to a handover situation.</p>	

	Part A: Future Focus and Key Strategic Issues	
	Items for Noting	
4	<p>4.1 <u>Update from Transition unit</u> The update was taken as read and noted.</p>	
	Part B: Monitoring, Compliance and Business as Usual Delivery	
5	<p>Items for Discussion</p> <p>5.1 <u>Chief Executive's Report</u> The paper was taken as read. The Chief Executive highlighted: <i>Industrial action</i> – M Guy declared her interest and potential conflict. There will be further advice from the NZNO as to whether there will be more strike notifications. There has been notification of MERAS strike action. <i>OIA</i> – No's 8,9 10 indicate that they were met however the dates indicate that they were late. This is an administrative error. <i>Advanced Care Planning</i> – End of Life legislation coming up in November, had been discussed at Clinical Governance. Patients are required to declare ending their life legally rather than their GP. Query was raised as to whether there is there a body of work for that. DHBs were asked not to do anything until notified by the MOH. There is a lot of work to do in the timeline. <i>COVID Vaccine – Equity</i>. Query was raised on top 3 actions to shift the dial. There are more Kaupapa services who have received separate funding from MOH to support the vaccine rollout. There is an engagement plan which is being worked through. The vaccinated Maori population of 13% is higher in the Eastern Bay. Discussions have been had with local Iwi. BOPDHB is engaging with Metlife Care to provide vaccinators to support Iwi providers. It is considered that engagement with Maori should be through their whanau. Hawkes Bay advise they have achieved equity. What are they doing differently? The Board queried the next step for BOPDHB. BOPDHB have submitted their equity plan numbers which are required to be met. This will be circulated to the Board. Query was raised on vaccinated staff, particularly staff dealing with vaccinations. Coverage in general is sitting at 75%.</p> <p>5.2 <u>General Business</u> The DHB has formally apologised for the inappropriate COVID leaflet and if the organisation has caused any person or family any trauma it sincerely apologises. In no way does the leaflet represent the DHB and does not represent personally or professionally who the Board is or what people in the DHB stand for. The Board, CEO and Toi Te Ora (TTO) were not aware of the pamphlet prior to its publication. In accordance with the appropriate expression of rangatiratanga, the DHB will work to ensure this situation does not occur again. A link to our published apology is accessible here:</p>	



	https://www.bopdhb.health.nz/news-and-notice/news/bay-of-plenty-district-health-board-and-te-runanga-hauora-maori-o-te-moana-a-toi-apologises-for-covid-19-design	
6	<p>Items for Noting</p> <p>6.1 <u>Board Member Attendance January – June 2021</u> The information was noted.</p> <p>6.2 <u>Board Work Plan</u></p>	
7	<p>General Business</p> <p>There was no general business</p>	
8	<p>Resolution to Exclude the Public</p> <p>Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting: Board Minutes – 23.6.21 Chief Executive’s Report Whakatane Mental Health Addictions New Build General Seismic T20 (kitchen building), T45 and 46 Buildings Update Tauranga Master Plan Progress Report BOPDHB Board / Committee and Joint Board-Maori Health Runanga meeting Schedule Correspondence</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed: Pete Chandler Owen Wallace Bronwyn Anstis Mike Agnew Sarah Mitchell Debbie Brown Marama Tauranga Naila Naseem</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: G Esterman Seconded: W Williams</p>	
9	Next Meeting – Wednesday 25 August 2021	

The open section of the meeting closed at 10.15 am

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



RUNNING LIST OF BOARD ACTIONS - Open

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe		
Date	Task	Who	By When	Status	Response
28.4.21	<p>TOP 12 Executive KPIs</p> <p><i>Consultation</i> - 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.</p>	CMOs / SAGQ	26.5.21		Complete – See below
Went to Clinical Governance Committee 16.6.21 where feedback was provided and incorporated and Health Quality Safety measures agreed.					
26.5.21	<p>Chief Executive's Report – Ethnicity</p> <p>Query was raised as to where Pacific Peoples' feature within data. This needs further consideration.</p>				As below - Completed
23.6.21	Clarification was requested from Acting GMPF who was absent at last meeting. It was considered that Pacific Peoples' data should be included as headings in ethnicity data.	Acting GMPF	23.6.21		Completed
Data collection system has reporting capability which will start to inform future reporting. BOPDHB will be adhering to the MOH ethnicity data standards which provides guidance for how pacific peoples are classified, i.e. if you identify as Rarotonga Māori then you are counted in Māori statistics etc. BOPDDHB is undertaking ethnicity data integrity audit, Te Pare o Toi is guiding this process.					
23.6.21	<p>Equity Paper</p> <p>A report will come back to the Board with what levers can be pulled, what levers require funding and any advocacy required by the Board.</p>	Acting GMPF/ Manukura	25.8.21		Deferred to September Board meeting on advice of Te Pare O Toi –

					Equity paper being discussed at Te Rapa Hou 25.8.21.
28.7.21	<p>Interests Registers</p> <p>Query was raised as to whether the Board and Committees Interests Registers are required to appear on each Board and Committee agenda or whether the originals could be saved to the Stellar Library and changes recorded when notified. This will be checked against legislative requirements</p>	SAGQ	28.7.21		<p>Best practice in terms of transparency is to include in the agendas.</p> <p>Recommendation is maintain status quo - Completed</p>





MAHIA TE MAHI EASTERN BAY OF PLENTY / E3 FLOW PROGRAMME

SUBMITTED TO:

Board Meeting

25 August 2021

Prepared by: Fiona Burns, Programme Manager, Service Improvement
Frances Te Kani, Toi Tiaki Ki Whakatane Site Lead, Te Pare o Toi
Karen Smith, EBOP Locality Lead, Business Manager Regional Community
Services/Woman Child and Family

Endorsed by: Bronwyn Anstis, Acting Chief Operating Officer
Marama Tauranga, Manukura, Te Pare o Toi

Submitted by: Pete Chandler, Chief Executive

RECOMMENDATION:

That the Board notes the presentation material.


BACKGROUND:

The Board requested update from the Mahi te Mahi group following initial presentation to the Board in 2020.

The attached slides are provided as background information to Board Members on progress. The presenters will address specific slides within the presentation.


Mahia Te Mahi

Eastern Bay of Plenty | E³ Flow Programme



Te Whatumauri Hauora

The symbol *Pitau Kape Rua*- represents evolution, regrowth, well-being, harmony




1


Te Orokohanga *Background*

Recap 2020:

- Recognition of specific needs and health provision for Eastern BOP in Board paper, July 2019
- Prepares Whakatāne Hospital for the implementation of the Toi Ora System of Care, an active program of work being undertaken by Te Pare o Toi via the Whare Waka (Program Management Office).
- Mahia Te Mahi uses **Ngā Pou Mana o Io** as a lens for organising the project. **Ngā Pou Mana o Io** is an integral part of the He Pou Oranga Tangata Whenua framework which is what the Toi Ora System of Care is based upon.
- The Toi Ora System of care will be piloted in 2021, Mahia te Mahi projects and initiatives will need to align to the system of care in due course.
- Integration with Improvement programme E³ Flow as engine for change



The symbol PITAU KAPE RUA, represents evolution, regrowth, well-being, and harmony.



2

Mahia te Mahi *Doing the Work!*

- All work programmes, projects and initiatives use the Pou in Ngā Pou Mana ō Io as a lens for initiation, implementation and evaluation.

Example depicted below: *Planned E³ Flow programme of work 2021*

	Mana Atua <small>Cultural competency</small>	Mana Tupuna <small>Rewards and Recognition</small>	Mana Tangata <small>Clinical Services</small>	Mana Whenua <small>Local led solutions</small>	Mana Moana <small>Sustainable Workforce</small>
Sustainable workforce <small>Everyone</small>	Rural Hospital Medicine <small>NP in ED/PAR/AH roles/Summer students/Research funding/Training data/Wellness data/Upstream data/NETP contracts and Yr 2/Orientation</small>				
Integrated Care <small>Eastern</small>	Pathways- Cellulitis/COPD <small>CCC/KMW/COTS/MSK in ED/Planned Care/Diabetes/Telehealth/Womens Health/Fe Infusion/Life curve/Mobile Allied Health</small>				
Safe Care <small>Excellence</small>	Korero Mai <small>Shared Goals of care/Ceiling of Intervention/Serious illness Conversation/Period Journey/</small>				

3

Mahi: Mana Atua *Increasing our cultural competency*

4

Mahi: Mana Atua

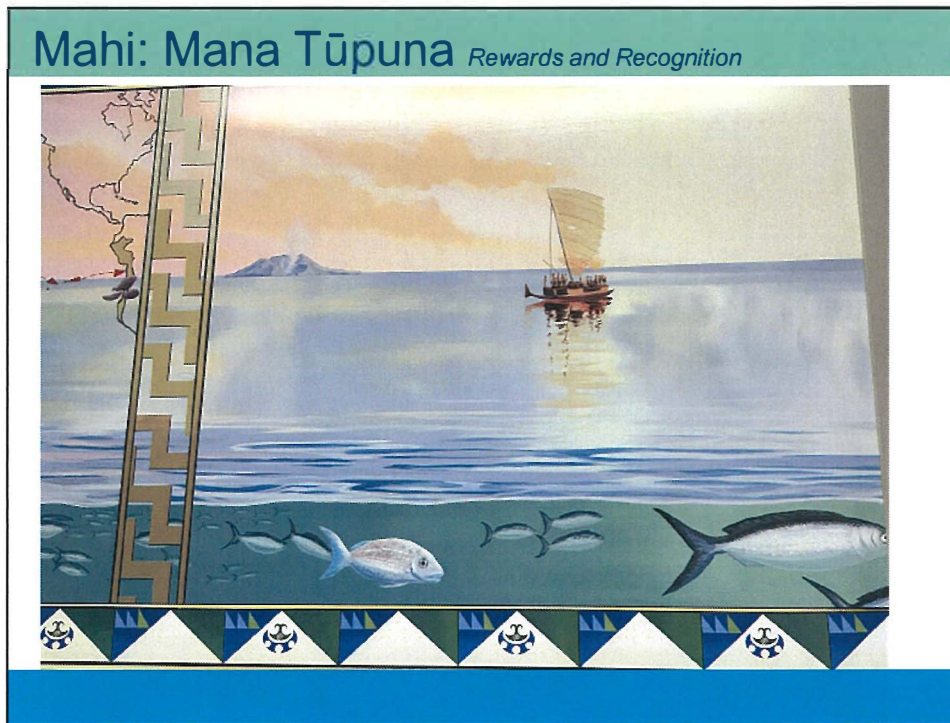
- Repositioning organisation orientation to be held in Te Whare ō Irakewa
- Mihi whakatau for all new staff including all year 2 and 3 nursing students from Te Whare Wānanga o Awanuiārangi
- Tikanga and Kawa upheld in Te Whare ō Irakewa: Gateway Paediatric Assessment clinics, Eye clinic, Pre-Natal whānau hui, Hohou te Rongopai/Complaints hui...
- Hui with Waiariki Whānau Mentoring to improve responsiveness to Gang whanau, specific initial focus on Te Ahuru o Rehuaariki ED and Ko Matariki Maternity
- Wānanga Tākuta (Te Reo Māori and Tikanga) programme for Medical staff

5

Mahi: Mana Atua

- Design and implement new Front of House process for Ko Matariki maternity unit
- Reclaim and use of Māori departmental names: Te Whatumauri Hauora, Te Whare Whakarata Taitamariki, Te Ahuru o Rehuaariki, Te Toki Maurere...
- NETP (New Entry to Practice) interviews now held in Te Whare ō Irakewa
- ED initiatives: Manaaki Mana (hui with Iwi Providers to strengthen connections and collaborate towards improving access for Māori)
- ED initiatives: integration with NASH providing access to an acute care environment for clinical experience for NETP nurses
- Increase in Te Pou Kōkiri tautoko across sites and after hours

6



7

Mahi: Mana Tūpuna

Embedded in response and recovery: Whakaari- Waiata/Karakia/ 6 month and 1 year acknowledgments.

In the post Whakaari wellness consultation of Whakatāne Hospital Staff, *“Creating and enhancing environments that connect people, incorporating cultural and spiritual elements”* was one of the key themes that emerged from our online survey and group discussions”.

Strength and Resilience development

- Listening to staff
- Mirimiri
- Psychological First Aid training
- Safe spaces creation
- Gym membership promotion (SWEAT)
- On site support updates
- Waiata/Karakia

Restoring Wanua - Staff Wellness Room opens at Whakatāne Hospital


Pictured from left: Nikki Frost, Frances Fe'Kora, Dave van Dyke, Karen Smith, Lisa Gibbs (back), Rachel Kemp (front), Sharon Coombe, Colleen MacGregor, Raipeta Iho (front), Kerry Merriman (middle), Tamien Davies (back), Charlene Dick, Meghan Pyatt, Neil Howler, Andrea Smith.

8



9

Mahi: Mana Tangata



- EBOP data at Daily Acute Demand Integrated Operations Centre
- Commencement and maintaining of Inpatient “Get up, Get Dressed, Get Moving” programme in Te Ruma Kaponga
- Enhancement of ALPHA team in ED- new members include Nurse Practitioner for Palliative Care and Clinical Nurse Specialist for Gerontology
- Appointment and commencement of Musculoskeletal Physiotherapist in ED
- COTS roll out in EBOP Whakatāne, Ōpōtiki, Kawerau- Toi Ora system of care pilot site

10

Mahi: Mana Tangata

COVID-19 vaccination Q+A's held across EBOP rohe

- Tūwharetoa ki Kawerau Hauora
- Te Whare Wānanga o Awanuiārangi- Faculty staff and Nursing Students
- Waiariki Whānau Mentoring
- Whakatāne High School
- Ngati Pūkeko Marae

Advocacy for local booking solutions

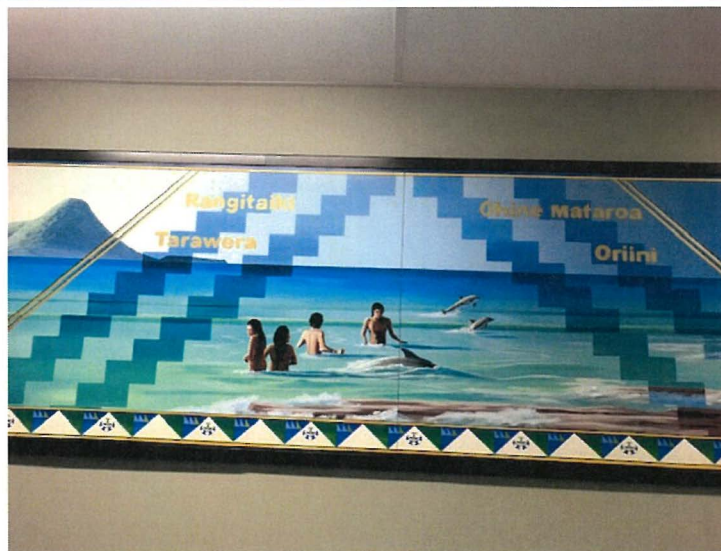
Enabled group bookings for Iwi Hauora providers

Wellness link to our off site and outreach vaccination sites



11

Mahi: Mana Whenua *Locally led Solutions*



12

Mahi: Mana Whenua

- EBOP Cellulitis Pathway Pilot Integrated approach between ED/Inpatient/EBPHA/Primary Care
- GP enrolment initiative ED and EBPHA
- COPD pathway – Collation of EBOP specific data set and initiation of project plan
- Contribution to Hauora Day at Pūkeko Marae
- Te Pare ō Toi connecting Iwi Providers with Service Programmes to increase access to treatment e.g. Radiology at Tūwharetoa ki Kawerau

Outcome example: Cellulitis pathway Results

- ALOS reduced from 3.9 in 2020 to 2.9 in 2021
- Admission numbers reduced 8% overall, 17% for Māori AEP scan applied. 32/33 met criteria for admission
- LOS reduction 32% for all, 34% for Māori
- 283 bed days saved
- 148 number of patients referred to ICM team from ED over 9 months
- 1446 people seen in Primary care
- Red star pathway: 2 free visits-initial and follow up + one stop shop Medication pack given at first visit

13

Mahi: Mana Moana *Building a sustainable workforce: Growing our Own*




14


Mahi: Mana Moana

Sustainable workforce- “Growing Our Own”

- Eastern Bay Health Careers Expo 1 July, 100+ local secondary students, funding from Toi EDA for rural students access to this event
- Rural Hospital Medicine programme- Whakatāne Hospital accredited by Royal College of GPs to offer programme, first trainees commenced 2 August
- Local recruitment advertisement template developed
- Develop summer studentships in partnership with Te Whare Wānanga o Awanuiārangi
- Continued success of RHIP (5 of our 6 preferred PGY1 applicants for 2021 are from this programme)




Ōpōtiki College students Hasleyanne Clay and Nakita Clay-Moore who are now keen to pursue careers in nursing and medicine following the Eastern Bay Health Careers Expo.



15

Te Huarahi *Our Path Ahead*

Continue with relationship building and integration across providers in EBOP



Mana Atua
Cultural Competency


Mana Tupuna
Rewards and Recognition

Mana Tangata
Clinical Services

Mana Whenua
Local led solutions

Mana Moana
Sustainable Workforce

Sustainable workforce	<p>KPI: Grow the Māori health workforce</p> <ul style="list-style-type: none"> • Exploring options for co-design of development advanced nursing training pathways with Iwi Alliance across community and acute care • AUT Paramedicine degree in collaboration with Iwi Providers • Opening up wellness initiatives to primary care as a locality approach
Integrated Care	<ul style="list-style-type: none"> • Mobile COVID-19 Vaccination on site training for TPOOM Mobile teams • Whakatōhea/Iwi Alliance – Mental health crisis planning • Development of a COPD pathway with equity focus for EBOP (KPI: Reduce avoidable hospital admissions for 45-64 year olds) • Continued rollout of CCC in the EBOP, including Palliative Care Co-ordinator • Kaupapa Māori and co-commissioning approach to reinvigorate Maternity Services in Ōpōtiki
Safe Care	<ul style="list-style-type: none"> • Patient Flow nurse and ED Nurse practitioner roles identified as ‘Step Change – Acute Demand’ idea for Whakatāne Hospital, to help decompress emerging pressurised demands (KPI: Reduce the time to appropriate management of acute presentation)



16

Mahia te Mahi

Wellbeing

Strength and Resilience development

Development of Wellness plan and Strategy



Growing Our Own

Thinking 'health' careers earlier

Pathways for current staff integrated across community and acute services



Integrated pathways

EBOP Cellulitis Pilot
Improvement in access to treatment and reduction of inpatient bed days

Staff from the ICM (Integrated Case Management) team attend ED 3x per week to collect referrals to the Cellulitis pathway



HEALTH SYSTEM INDICATORS



SUBMITTED TO:

Board Meeting,

25 August 2021

Prepared by: Naila Naseem, Consultant Francis Health. Office of the Chief Executive

Endorsed by: Executive Leadership Team

Submitted by: Pete Chandler, Chief Executive Officer

For Decision

For Discussion

For Noting

RECOMMENDED RESOLUTION:

That the Board approve the recommendations to align both sets of indicators into an inclusive set of BOP KPIs as detailed in the slide pack attached.

STRATEGIC ALIGNMENT

This paper and attached slidepack are intended to provide an update on the Health System Indicators (HSI's) recently issued by the Ministry of Health and provide recommendations for alignment of these measures with BOP DHBs Top 12 KPIs.

EXECUTIVE SUMMARY:

On 6 August 2021 the Government announced that the Health System Indicators framework would replace the national health targets as the new monitoring and reporting framework for the health and disability system.

The Ministry of Health (the Ministry) and the Health Quality & Safety Commission (the Commission) have worked together over the past 18 months to develop the new framework, which builds on the System Level Measures programme that was co-designed with the health and disability sector.

The Government has selected an initial set of 12 high-level, national indicators for the framework that will help focus the health and disability system on the Government's priority areas. Many of the indicators have been drawn from the System Level Measures framework or are already included within non-financial reporting.

Over the last 6 months, BOP DHB has developed a set of 'Top 12 KPIs'. These are a suite of indicators that link the DHB's strategic priorities to health outcomes to indicators. They embed our philosophies of measuring, monitoring and enhancing equity and maintaining an end-to-end system view. The indicators are reported monthly in the Board Performance Pack with monthly Deep Dives of specific indicators.

It is pleasing to note there is strong alignment between both sets of measures. Given the HSIs are reasonably closely aligned with the BOP DHB Top 12, it would seem sensible to align the two sets of indicators thus preventing confusion and duplication.

Next Steps:

Update and set up reporting systems for the updated set of BOP DHB KPIs

ATTACHMENTS:

1. Powerpoint slide pack: MOH Health System Indicators, Summary of HSIs and Alignment Recommendations with BOP DHB Top 12 KPIs.
2. Ministry of Health's Health System Indicators Framework and cover letter.

MOH Health System Indicators

Summary of HSIs and Alignment Recommendations
with BOP DHB Top 12 KPIs

August 2021



1

Health Service Indicators - Summary

- The Health System Indicators Framework replaces the national health targets.
- 12 high-level, national indicators developed by MOH and HQSC emphasise 'continuous improvement at a local level rather than set performance targets'
- An online dashboard is being developed, with baseline data at a national level for 10 of the 12 indicators so far
 - <https://reports.hqsc.govt.nz/HSI/#/>
 - Many of the existing indicators, eg, ASH, Immunisation, Planned Care, Financial, remain in the current MOH reports
 - Some are in tableau hosted on the HQSC site eg, Primary Care patient Experience. It is expected that data will be updated as the results for this particular indicator refers to Nov 2019 results
- The first report shows the national starting points (baselines) for the indicators taken from December 2019 data
- A DHB level update is due in December 2021 for the July – September quarter of 2021/22
- From December 2021, progress against the indicators will be reported quarterly. The December 2021 reporting will use data from the third quarter of 2021 (July-September 2021), and so on quarterly
- Measures are reported in numbers, rather than rate or %, avoiding 'pass/fail' targets and to take into account variance of scale
- There is an expectation that local contributions will be added to reports as areas develop local responses and measures (known as 'contributory measures').



2

Focus on Partnerships, Localised Solutions and Equity

*“A key role for DHBs during 2021/22 will be to **partner with stakeholders** to develop a set of **local actions** for improving performance for each indicator. These local actions will reflect the unique challenges and **needs of each community** and any barriers preventing **equitable access** to services.*

*The Ministry and the Commission will support DHBs with this work to ensure all local actions are in place by **1 July 2022**”*



3

How does this align with the BOP DHB Top 12 KPIs?

- 10 HSIs have been published, 2 are in development
- 5 of the 10 HS1's are essentially aligned with BOP Top 12
 - Immunisation
 - ASH 0-4
 - ASH 45-64
 - Length of Stay for Acute Admissions
 - Planned care (surgery) wait times
- 3 are somewhat aligned
 - Access to MHAS
 - GP Enrolments / Patient satisfaction and engagement (2 HSIs)
- HSIs include 2 Financial Sustainability measures
- BOP KPIs include 5 additional measures
 - DNAs 0-17
 - Management of Acute Presentations (SSED)
 - Patients who have been in hospital 7 days or more (stranded patients)
 - Falls and pressure injuries
 - Māori workforce




4

Health System Indicators			BOP Top 12 alignment with HIS's	BOP Top 12 additional KPIs
Government priority	Indicator	Description		
Improving child wellbeing	Immunisation rates for children at 24-months	Percentage of children who have all their age-appropriate schedule vaccinations by the time they are two years old	▶ Increase the number of infants that have completed all age-related immunisations	Reduce DNA rates for children (between 0-17 years)
	Ambulatory sensitive hospitalisations for children (age range 0-4)	Rate of hospital admissions for children under five for an illness that might have been prevented or better managed in the community	▶ Reduce avoidable hospital admissions among children 0-4	Reduce the time to appropriate management of acute presentations
Improving mental wellbeing	Under 25s able to access specialist mental health services within three weeks of referral	Percentage of child and youth accessing mental health services within three weeks of referral	▶ *Increase access rates to Mental Health and Addiction services	
	Access to primary mental health and addiction services	In development		
Improving wellbeing through prevention	Ambulatory sensitive hospitalisations for adults (age range 45-64)	Rate of hospital admissions for people aged 45 to 64 for an illness that might have been prevented or better managed in the community	▶ Reduce avoidable hospital admissions among adults aged for 45 - 64 year olds	Reduce the number patients who have been in hospital 7 days or more that do not require a hospital bed
	Participation in the bowel screening programme	In development		
Strong and equitable public health system	Acute hospital bed day rate	Number of days spent in hospital for unplanned care including emergencies	▶ Reduce LOS for Acute Admissions	
	Access to planned care	People who had surgery or care that was planned in advance, as a percentage of the agreed number of events in the delivery plan	▶ Reduce the number of patients that remain untreated after 4 months after commitment to treatment	Reduce the incidence of falls and pressure injuries
Better primary health care	People report they can get primary care when they need it	Percentage of people who say they can get primary care from a GP or nurse when they need it	▶ *Increase number of patients enrolled and actively engaged in GP services	Increase the Māori workforce across occupational groups and across Western and Eastern BOP
	People report being involved in the decisions about their care and treatment	Percentage of people who say they felt involved in their own care and treatment with their GP or nurse		
Financially sustainable health system	Annual surplus/deficit at financial year end	Net surplus / deficit as a percentage of total revenue		
	Variance between planned budget and year end actuals	Budget versus actuals variance as a percentage of budget	▶ *partial alignment	

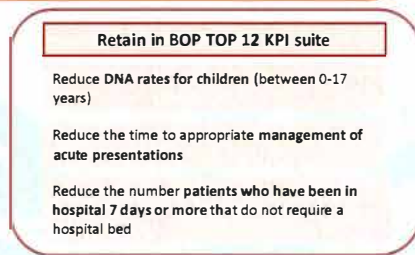
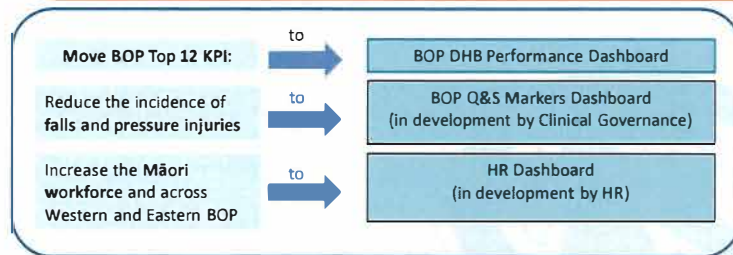
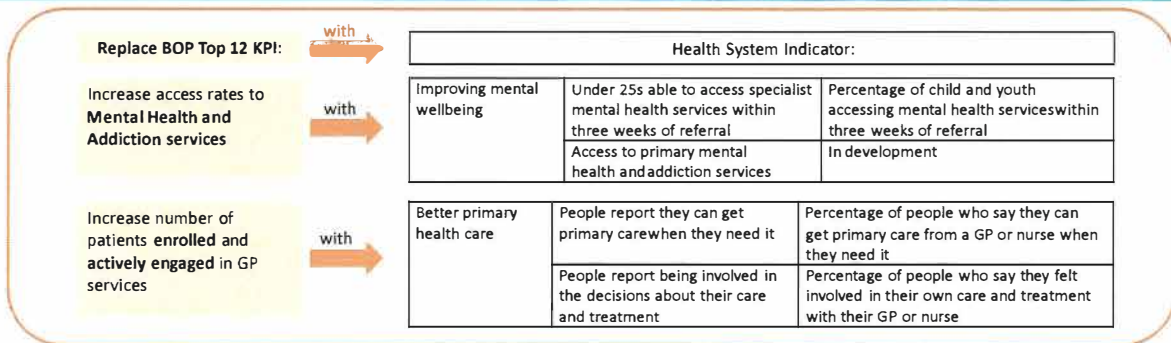
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Recommendations



6

Aligning BOP Top 12 KPIs with Health System Indicators – Recommendations



Chief Executive's Report

This report covers the period 29 July to 19 August 2021.

1. Chief Executive's Overview

Senior management focus during June and July has primarily been targeted towards:

- The preparation for, and management of, industrial action by NZNO and MERAS
- Gearing up the COVID vaccination programme to align with increased vaccine supply and increasing eligible groups
- Managing the critical demand pressures on our hospitals and wider system
- Commencing our Health & Disability Review internal transition team and reviewing key workstreams with a *pause, push, stop* test methodology
- The preliminary investigation into the COVID brochure, which has now moved into a fully independent external investigation and which is aimed to be completed by around the end of August

A significant proportion of senior management and change resource is now immersed in our COVID response and, with a number of key vacancies arising, this raises one of our main transition risks into an issue. A stocktake is underway to establish, from our organisational structure, the number of people and amount of time not available to BAU and development work because either of leavers or because people have been drafted into critical frontline priorities. We'll need to consider the outcome of this assessment carefully because as it stands we have negligible senior management capacity for transition work beyond the small transition function which has been established. The assessment is being undertaken following receipt of the Auditor General's letter which was shared at the last Board meeting.

2021-2022 Deliverables

A number of key achievements have been made this year and these are included within an updated view of the *key deliverables calendar* in this report.

In addition to the deliverables calendar a range of performance and infrastructure development intentions were set out for this year (see following page). These were tools to pave the way for system transformational shift over the next 3-4 years; whilst the Health & Disability review announcements impact on the ongoing value of these developments they are largely in place and will be useful to drive progress over the next year to 18 months.

With the 2021-2022 annual plan now completed, activity workstreams have been built into Monday.com, alongside Board and senior management imperatives. Executive and senior management teams are currently reviewing this refreshed long list in the light of:

- Current Board priorities
- Alignment with HDR direction of travel
- Current demands which have reduced change and development capacity

Broadly and as a reminder for the Board, our simplified top priorities are as follows, with the urgent need to secure additional external bed capacity being added due to the ongoing levels of demand:



Top priorities: July 21-June 22

	Next key objective
1. COVID - outbreak readiness - vaccination programme	- Achieving equity for Maori in vaccination rollout - Establishing next level COVID BAU operating model
2. Taking the best care of our health workforce that we can	- Prioritising 21/22 fte investment for clinical safety & staff wellbeing - Prioritising clinical equipment capex investments to support frontline needs - Leveraging our internal wellbeing network and deploying onsite counsellors to support staff - Assessing BOP GP demand & capacity needs - Mapping whole system capacity & demand risks
3. Work that will move the dial on specific inequities	- Child asthma & respiratory - Child vaccination - Child dental failed appointments
4. Work related to easing capacity & demand pressures	- Campus investment plan agreed with MOH - Acute demand programme - Identifying additional bed capacity - Progressing big ticket investment options
5. Achieving HNZ transition expectations	- Orderly handover of the DHB as a business entity - Efforts to address flight risk - Careful management of workstream prioritisation

The below, as referenced, identifies the performance infrastructure developments which have progressed so far this year – key enablers of operating more effectively and being able to advance change and developments more quickly:

PERFORMANCE INFRASTRUCTURE	↔	Person	↔↔	Status	Confidence	↔	🔔 End
FINALISE CEO KPIs and FEED INTO WORKSTREAMS	+	PC		Done	Complete		Nov 27, 2020
STRATEGIC ONE-PAGER	+	PC		Done	Complete		Nov 30, 2020
2021 DELIVERABLES CALENDAR	+	PC		Done	Complete		Jan 18, 2021
FINANCIAL STORY ONE-PAGER	1	PC		Done	Complete		Feb 24, 2021
TOP 12 DRIVING KPIs	3	NN		Done	Complete		Apr 21, 2021
NEW BOARD PERFORMANCE PACK	2	NN		Done	Complete		Mar 22, 2021
BOARD PAPER STRUCTURE	1	NN		Done	Complete		Mar 22, 2021
IMPLEMENTATION OF MONDAY.COM	1	KM		Done	Complete		Mar 31, 2021
ESTABLISH TRANSFORMATION/TRANSITION HUB	+	PC		Done	Complete		Jul 1, 2021
DHB CEO SCORECARD	2			Done	Complete		Aug 16, 2021
COLLATE MASTER WORKSTREAM LIST, HDR CROSS-CHECK	1	SL		Working on it	On Target		Aug 31, 2021
INTERNAL PERFORMANCE REVIEW PROCESSES	+			Working on it	On Target		Sep 1, 2021
EQUITY DASHBAORD	2	PC		Working on it	On Target		Sep 30, 2021
WHOLE OF SYSTEM PERFORMANCE DASHBOARD	+			Working on it	On Target		Oct 31, 2021

Over the next few weeks we have two key final steps to complete to address historic gaps in our operating framework:

1. Establishing strong cross-DHB internal performance and delivery review mechanisms
2. Establishing an 'Equity Committee' to connect, guide and push specific equity-related developments which currently sit separately across business units

With our 12 spotlight KPIs now reviewed and aligned with the new Ministry KPIs, the tools for collaborative working in place, co-location of the Executive, transformation/transition teams and change leaders, we have now achieved a significant range of business developments which are all key enablers for the time of change we are in.

Acute Demand

Hospital occupancy during July and August has continued to be very high due to sustained acute demand, seasonal illness, and community capacity issues (Aged Residential Care and Community Providers). Ongoing staff sickness for both hospital and community services remains challenging.

Both hospital sites have been in Variance Response Management “Red”, consistent with a rising tide mass casualty definition. A Co-ordinated Incident Management Team (IMT), with unified Te Pare o Toi control, was set-up and managed out of the Integrated Operations Centre, and this is continuing. The IMT is co-ordinating a range of short term activities, rapid test implementations and considering options for the coming months given that there are no signs of the current demand levels abating.

Non-urgent planned care requiring an overnight bed has been deferred during this time (and where possible replaced with day cases). Contingency planning and preparedness for impending strike actions has been a key consideration in the need to reduce planned care services.

Healthy Housing Initiative.

The Healthy Homes service is currently experiencing higher than usual referrals due to Respiratory Syncytial Virus (RSV). Children admitted with a respiratory related illness are eligible to receive.

Between July 2020 and June 2021 the Healthy Homes team supported 508 referrals and their whānau. By applying the findings of the 2019 effectiveness study of the Otago University Healthy Housing Initiative to BOP referral numbers (508) there is the potential to prevent (over the following year) for the referred child only:

- 50.8 hospital admissions avoided = approx. \$207,772 saved
- 350 less severe hospital admissions (shorter stay) = \$189,350 saved
- 291.08 fewer medicines dispensed = approx. \$2,459.62 saved
- 313 fewer GP visits = approx. \$25,040 saved

A total of \$424,621.62 savings to the BOP health system in 1 year.

From July 1st 2021 through to June 2023 BOPDHB will receive additional funding for the Healthy Homes Initiative (provided by Sustainability Options and Tauranga Community Housing Trust). Part of this funding will account for an underfunded cost per home calculation. The remaining funding will support the 24 month transition to a ‘Community of Practice’ model of care, tailoring home strategies in different localities by creating stronger synergies with Māori health providers, iwi, hapu and whanau.

An opportunity to host a Healthy Homes Regional collaborative hui was presented when the Ministry of Health funded an organisation - “called” to work with each of the 11 DHBs that have Healthy Homes service contracts. The purpose of the engagement was to “innovate”. This year the service has also seen a substantial funding increase as a part of Budget 21.

Together with the Population Health Portfolio Manager, the BOP Healthy Homes team decided that hosting a collaborative, interactive event would be a helpful trigger to open the door for Te Tiriti led authentic partnerships, better collaboration and innovation to improve housing conditions.

We know that our Healthy Homes service has performed exceptionally well over the past 6 years and is a standout nationally. The programme has been evaluated for its direct impact on a few health indicators. The service prevents hospital admissions (1 reduced admission for every 10 children referred in the year following the home assessment), reduces the severity of hospital admissions (7 less severe admissions in the year following per 10 referred children) and reduces GP visits (6 visits reduced per 10 referrals) and pharmacy dispensing (6 dispenses reduced per 10 referrals). As the home is made warmer, drier and healthier after the intervention the evaluation findings assume that these benefits continue for the years following and also for the other whanau members living in the same whare.

Despite these great outcomes, the complexities of the housing crisis and poverty are much bigger than the capacity of one service. This hui provided an opportunity to invite people to nominate their organisations, iwi leaders and other ‘enablers’ to join us in the journey to transition to an undetermined future state over the next 24 months.



To be a good te Tiriti partner, as a Crown agent we want to work towards greater authentic partnerships, mana Motuhake and tino rangatiratanga. The BOP Healthy Homes team are opening their arms even wider to work collaboratively to build place based plans, partnerships and strategies for the local housing picture. The local area, iwi, hapu, whanau and iwi Hauora agencies can determine for themselves the parameters of innovation and how this can work. To fully embrace this model, we can't predetermine the delivery method, nor can we assume all communities will be the same. We need to be willing to adapt, to be flexible, to be similar but different. We need to be open to the transition evolving.

The hui was attended by 130 people from a broad range of agencies and iwi and key note speakers included; Bronwyn Petrie (Ministry of Health), Pete Chandler, Sarah Stevenson (BOPDHB- Portfolio Manager), Nevil Pierse (University of Otago), Simone Heta-Pore (Lakes DHB), Nik Gregg (Sustainability Options) and was facilitated by Annie Ualesi (Called). Our hosts were Tuwharetoa ki Kawerau Hauora, led by Chris Marjoribanks.



Childhood Immunisation

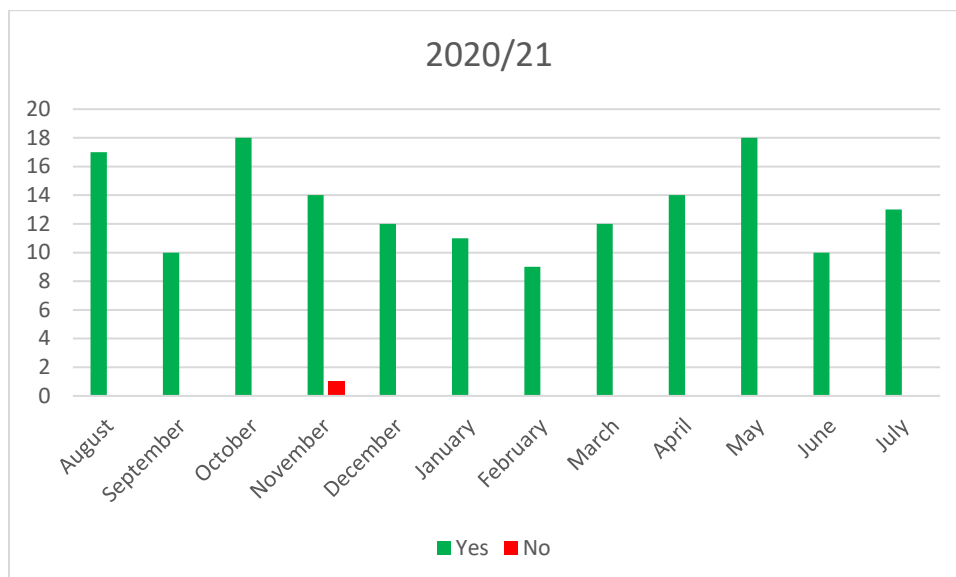
A Remedial Action Plan has been developed to address the reducing rates of coverage for children in key age cohorts of the national schedule (8 months, 24 month & 5yrs), the trend is apparent nationally and is multi factorial in analysis and response required. This plan focuses actions within the current primary care delivery system and including refreshed actions with Maori for improved community and Whanau uptake.

Meanwhile, the MMR campaign is continuing to be promoted in High Schools and Whare Kura. Work is underway with WBOP Alternative Education Providers to secure immunisation dates, that will include Boostrix and HPV as well, as a large number missed this school-based programme at Intermediate school. EBOP Alternative Education Providers are being engaged in early Term 3.

Official Information Act requests (OIAs)

In August 2020 the CEO set a corporate objective to achieve an improved rate of OIA response time compliance. This has been extremely successful with services rising to the challenge and only one OIA since then missing its deliverable date, a performance level the DHB has not achieved before.





2. COVID Vaccination Programme

Finance, Procurement, Supply Chain (FPSC)

Supply Chain issues are being well managed and costs continue to be tracked, monitored and invoiced. There have been some changes to the billing process, which will be worked through and incorporated in the cash flow management process.

Response and Resurgence Planning

Community Based Health Services:

- Testing continues in the community, mostly through primary care and planning for resurgence continues.
- The Ministry of Health specification for the position of Community MIQ Service Coordination Manager has been received. Recruitment is underway – this position will be managed by Toi Te Ora Public Health Services
- The Emergency Planning Co-ordinator has been providing outreach to community based multicultural organisations to support and promote the vaccination effort and ensure resources are provided in multiple languages. Groups include Tauranga Regional Multicultural Council, Pacific Island Community Trust, Ava Niu, EBPHA Pacific Community Coordinator, and Ngati Ranginui. The Co-ordinator also facilitated a Toi Te Ora representative to speak on Chinese Radio and at a Philippine event.

Vaccination Programme

A significant on-boarding effort is underway for General Practice and Pharmacy providers. Streamlined provider agreements will enable prompt service commissioning.

To 31 July:

- 85,431 vaccinations administered in the Bay of Plenty (49,162 first dose and 36,269 second dose)
- 68,272 vaccinations delivered in the Western Bay (12 sites/services, 8 current)
- 17,156 vaccinations delivered in the Eastern Bay (8 sites/services, 7 current)

With vaccination efforts increasing, the number of vaccinations administered were over 111,000 by 10 August and we remain above our production plan.

3. Communications, News and Events

Communications/Digital Communications

The below table shows our five most viewed Facebook postings:

Message	Type	Posted	Total Reach
Whakatāne Hospital is currently experiencing significant high demand across all areas of the hospital.	Photo	15/07	27691
Both Tauranga and Whakatāne Hospitals are currently experiencing significant high demand across all areas of the hospital.	Photo	18/07	14537
The significant high demand on our services at both Whakatāne and Tauranga Hospitals over the past week has eased as we head into the weekend.	Photo	22/07	5537
In the Bay of Plenty we are committed to supporting healthy ageing for our population. LifeCurve™ app is free to download and available now.	Photo	21/07	4264
Someone with RSV (Respiratory Syncytial Virus) can remain infectious for up to 8 days after they become sick. So it is very important to keep sick or symptomatic children away from day-care/kindy/kōhanga /school until they are well.	Photo	19/07	3949

4. Our People

Key Staff Changes

Sarah Stevenson, Planning & Funding Portfolio Manager has been offered a great opportunity to work on one of the key pillars of the health reform, that being the establishment of the new Public Health Agency. With Sarah's population health background, she has a unique opportunity to help shape and advance the future health system working 3 days per week on the reform work and 2 days per week in her current Portfolio.

Staff Relocations

Admin Teams Co-location

At the end of July and into early August, a number of clinical service administrative teams were collocated in the new 17th Ave building. The drive to relocate these teams was twofold – the opportunities of service improvement by having booking, scheduling, coding and other similar teams work together to improve processes while also enabling the teams to be decanted from a number of older physical facilities that are in need of strengthening and refurbishment.

Co-location will enable us to progress longstanding aspirations to better support some of our critical admin teams with better training, leadership and support.

Support Net

Planning has commenced to progress the transition from allocation of hours to Case Mix for BOPDHB. This changed model will have a resource impact on NASC and providers as there will be a need for more frequent reassessments. Co-location of Support Net, Community Care Coordination, and the Community Geriatric team in Te whare Whakamana is facilitating collaboration.

5. Financial Performance

July resulted in a \$0.7m deficit. This compares to a \$4.8m deficit in July 2020 and the draft budgeted deficit of \$1.6m predicted for July 2021. The financial position is therefore \$0.9m favourable to the draft budget at the beginning of this financial year.



6. Bay of Plenty Health System Transformation

The *Calendar of Deliverables* for this year, collated in December 2020 to capture specific, tangible things the Executive Team wanted to achieve within the DHB during 2021 has been updated following a review to check alignment with the Health & Disability Review outcomes (released April 2021).

To date the following items have been completed:

EXECUTION: 2021 CALENDAR		Person	Status	Start	End
NEW WEBSITE GO LIVE			Done		Mar 8, 2021
NATIONAL LAUNCH OF LIVE CURVE		SL	Done		Mar 31, 2021
EASTERN BAY LEADERSHIP NETWORK PROPOSAL		PC	Done		Apr 30, 2021
SUSTAINABILITY STRATEGY LAUNCH			Done		Apr 30, 2021
PĀPĀMOA INTEGRATED CARE CENTRE EXPLORATION		BA	Done	Jan 18, 2021	May 18, 2021
LAUNCH ICNET Infection Control Surveillance		JM	Done		May 9, 2021
RELEASE CLINICAL EQUITY IMPROVEMENT PRIORITIES		PC	Done		Aug 16, 2021
COMMENCE ORGANISATIONAL DEVELOPMENT TEAM		PC NL	Done	Feb 28, 2021	Aug 16, 2021
PRIMARY MENTAL HEALTH BID - TE TUMU WAIORA		MA	Done		Aug 16, 2021
ACTIVATE PLACED BASED WELLBEING: OPOTIKI		PC	Done	Apr 5, 2021	Aug 16, 2021
RELEASE STAGE 1 CHILD WELLBEING MODEL		PC	Done		Aug 16, 2021
SUBMIT 21-22 ANNUAL PLAN		MA	Done		Aug 12, 2021
TE TIRITI POSITION STATEMENT action plan post launch			Done		Jul 12, 2021
RELEASE FLEET CAR REVIEW PROPOSALS		SD	Done		Jun 18, 2021
KAIANGA ORA MULTI-AGENCY WELLBEING CENTRE EXPLORA...		PC SL	Done	Feb 1, 2021	Aug 16, 2021
SMARTPHONE SUPPORT FOR LONE WORKERS (risk 75)		SH	Done	Jan 4, 2021	Jun 8, 2021

Key Points:

- The **Eastern Bay Locality Network** proposal was completed and provided to the Ministry of Health and the HDR Transition Unit. Work is currently subject to a short pause pending the next steps announcements on national Locality pilots, however relationship and joint working continues.
- The **Papamoa Integrated Care Hub** exploration determined that progression to an RFP process was recommended. With the significant population growth we are seeing this adds impetus. The opportunity was explored with the MOH infrastructure unit in July to ensure no key issues with progressing.
- The **Organisational Development Team** has evolved naturally with some leadership steer, rather than requiring structural changes. A group of key people from Te Pare o Toi, People & Capability and the Education Centre, supported by a wider network of key staff stakeholders, is now in place with a strong, collective approach to supporting workforce wellbeing in its many forms.
- The **Opotiki Place-based wellbeing** intention is developing in conjunction with our state sector partners in the Waiariki Leadership Group. This adds significant breadth to the initiative and ability to achieve this was not foreseen at the beginning of the year. The developing model is running in tandem with a similar approach at Lakes DHB (for Turangi) and whilst the larger number of stakeholders adds complexity, the opportunities to enhance wellbeing are significantly greater. This is a sector-leading model, at its founding stages, and commenced formally with a state sector day workshop with Opotiki District Council in June.

- The **Stage 1 (internal) Child Wellbeing Model** encountered some challenges in progressing after the initial proposals were developed but is now progressing at pace and is referred to in the Board papers.
- The **Kainga Ora Development** has been approved by Kainga Ora Board to progress to a full feasibility workup however limited DHB leadership capacity and workload pressure on key clinicians has delayed the next stage, which we would anticipate resuming in September.

The remainder of items on this year's calendar are as follows:

DECISION ON WHAKATANE MRI SCANNER			Working on it		Aug 31, 2021
PEOPLE STRATEGY RELEASE		TR	Working on it		Jun 30, 2021
DISABILITY STRATEGY RELEASE		MA	Working on it	Mar 1, 2021	Oct 1, 2021
REVIEW OF INFECTION PREVENTION & CONTROL SERVICES		JM KG	Working on it	Mar 15, 2021	Nov 30, 2021
COMMENCE BOWEL SCREENING		BA	Working on it		Nov 30, 2021
FINALISE TAURANGA SITE MASTER PLAN			Working on it		Nov 30, 2021
OPOTIKI HEALTHY SMILES		PC	Working on it	Feb 1, 2021	Jan 3, 2022
DIGITAL STRATEGY RELEASE			Working on it	Nov 2, 2020	Jan 31, 2022
TELEMEDICINE SUSTAINABILITY PROJECT			Working on it	Apr 21, 2021	Mar 31, 2022
OPOTIKI HEALTH CENTRE REPLACEMENT PLAN		PC KS	Working on it	Apr 5, 2021	Apr 30, 2022
TOI ORA INVESTMENT MODEL			Working on it		Apr 30, 2022
HE POU ORANGA MODEL OF CARE			Working on it		Apr 30, 2022
INTEGRATED WOMEN'S & SEXUAL HEALTH SERVICE REDESIGN			Stuck	May 10, 20...	Jun 30, 2022
COMMENCE MENTAL HEALTH UNIT REBUILDS			Working on it		Jun 30, 2022
OPEN 2nd CARDIAC CATH LAB		BA	Working on it	Jan 4, 2021	Aug 31, 2022

Several of the above have required to be deferred into next year due to capital funding, change capacity or need to align with HDR transition streams of work.

Key Points:

- The **MRI scanner** development was discussed at length with the MOH infrastructure unit during their visit in July and we expect a decision imminently.
- The **People Strategy** as originally anticipated is likely to be shelved and replaced with a live, fresh approach to workforce wellbeing which is much more aligned to the current environment needs. A paper on this is included within the Board pack.
- **Opotiki Healthy Smiles** links to the work being done to connect state sector stakeholders, which will add significant strength to this proposed development. A delay exists because of the change resource being drafted into the COVID effort.
- The **Digital strategy** was on track for delivery this year, but recently requested to be paused by MOH to ensure alignment with the health reforms.
- The **Integrated Women's & Sexual health** initiative was added in May and would be ready to proceed however requires capital investment beyond what we can afford this year and so will progress next year.
- The **2nd cardiac cath lab** has been delayed for similar reasons – we cannot afford the full capital costs this financial year and so intend to spread over this year and next, with procurement and enabling works commencing around March/April 2022 and an opening of August 2022.

6.1 DHB Operating Systems: Digital Enablement

Hospice messaging

Pal Care are working with the DHB with the integration of Health link messaging to improve patient information flows to and from Hospice to provide more timely care for patients and improve information with both primary and secondary care.

Primary Care Data

A workstream is underway to resolve current visibility issues for around 38,000 patients whose primary care diagnostic and medication data is not visible within secondary care.

Telehealth – Matakana and Motiti Islands

It is pleasing to report that WBOP PHO continues to progress the Island Telehealth project with engagement of Motiti and Matakana Island communities. Masts with high speed internet connection have been installed and clinical equipment supplied.

Funding to support this initiative has been awarded from the MOH via WBOP PHO and as this development has been a number of years in the making it is pleasing to report back to the Board on the significant progress that has been achieved.

Data & Digital Programme – Strategy Development

The Ministry's Deputy Director-General Data and Digital, Shayne Hunter, has expressed strong support for the strategy development work and BOP taking a lead in leveraging digital enablement for system reform. Shayne believed delaying the local strategy hui until October would mean the Ministry, in association with Health NZ, would be in a better state to provide greater clarity on the future national, regional, and locality issues to guide our future digital strategy.

Te Manawa Taki Clinical Portal (TMTCP) – Future Delivery

The "Product Advisory Group (PAG)" continues to meet fortnightly to manage Clinical Portal's continued improvements.

Due to the planned transition of Lakes DHB in September, the focus of HealthShare's development resource has been on improvements to meet Lakes' needs.

One notable recent success has been the development work arising from BOPDHB clinical users' request for a "note to GP" feature which allows secondary clinicians to send a note to a GP via the Midland Clinical Portal (MCP).

This has now been incorporated into the current Progress Notes function with Lakes agreeing to rearrange their schedule to allow this development work to proceed as a priority.

- Regional Mental Health and Addiction Services - The RFI phase for the regional Mental Health solution is ongoing. The plan for vendor presentations to commence in the first half of July has had to be delayed for two weeks so presentations are now occurring end of July to mid-August.
- Lab E-orders - BOP's Clinical Application team has commenced the discovery stage for Lab E-Orders, building on the work completed in BOP's 2016 pilot - which didn't progress as the regional programme superseded local developments. A business case will be completed in August.
- eMedicines: (Medicines Management) --- A business case has started to detail approval and investment for implementing an electronic solution encompassing Prescribing, Medicines Administration and Reconciliation in BOP.

New Wireless Infrastructure

The project to replace existing wireless infrastructure across the DHB locations, improving digital capability and security, progressed through initial stages in July.



- Procurement for this project will be via a Request for Quote from invited vendors – currently the RFQ documentation is awaiting approval of the DHB Procurement specialist. Vendors will have two weeks to produce proposals for the design and implementation of the new wireless network, with the contract for this work expected to be awarded in late August.
- The overall project expected to be completed in early calendar year 2022.

National Bowel Screening Register (NBSR)

The Information Technology (IT) aspects to support the National Bowel screening programme – scheduled for Go Live at BOP in August 2021 - continue:

- image capture workstation replacement programme was completed in July.
- system compatibility tests for both Tauranga and Whakatane sites have been undertaken and confirmed positive results.
- the final piece of IT work is creating the bowel screen letters in WebPAS, and the team is working through this now.

Ward Whiteboards – “eWhiteboards”

As part of improving support for the Integrated Operations Centre (IOC), the Information Management Business Intelligence team has been reviewing the electronic whiteboard solution currently used at Waitemata DHB. The developer for the Waitemata solution has been asked for a price to create a similar capability at BOP based on the existing underlying data warehouse and extracting data from our TrendCare acuity information. The approach being taken is preferred rather than going to market for a new solution on the basis of timeliness of delivery, cost and least effort and ongoing support.

Integrated Operations Centre “near real time” inpatient and ED occupancy monitoring initiative (cloud proof of concept development)

“Near real time occupancy data” will allow different types of IOC dashboards to be created. This month Business Intelligence (BI) team met with Auckland DHB (ADHB) to review their current occupancy dashboards. ADHB in developing their solution had a team of four technical and business analysts working for 18 months with services to determine the information and presentation layouts that were of most use to IOC and the individual services. BOP will adopt a “steal with pride” approach to speed up the requirements documentation part of the process - ADHB is happy to share their learnings. BOP has approached Qrious (software development vendor) who did the ADHB extract and reporting work with a view to a “lift and shift” process where our data collections allow.

6.2 Integrated Healthcare

Diabetes

Western Bay of Plenty self-management courses for people living with diabetes are changing peoples lives. The courses provide information about risk factors and symptoms of type two diabetes, possible complications, food and nutrition, exercise, physical activity, and medications.

These are run in numerous offsite locations including TePuke, Pāpāmoa, Katikati, Tauranga Central and Mount Maunganui, by clinical exercise physiologists, dieticians, diabetes nurse specialists, pharmacists, and podiatrists.

Supported by the Tauranga branch of Diabetes New Zealand and Sport Bay of Plenty.

<https://www.sunlive.co.nz/news/273712-tauranga-man-on-road-to-health-and-wellness.html>



Orthopaedic Transformation Programme

This programme has enabled 3 alternative models of care (Community Orthopaedic Triage Service: COTS; Paediatric Orthopaedic Triage Service: POTS, Emergency Department Musculoskeletal (MSK) Physiotherapies MSK Physio service) utilising Allied Health professionals to support sustainable, consistent, and efficient orthopaedic services. COTS is now fully embedded within Orthopaedics, is available to 92% of GP practitioners and has 6 clinic locations established across the Bay of Plenty. The POTS pilot is on-track to commence in the Western Bay from August and ED MSK physio service is operating within both Tauranga and Whakatāne ED settings. Clinical leads of each of the new services alongside Allied Health leadership are working together to ensure services are integrated from a service operation, workforce capabilities perspective, and to ensure the patient journey is as seamless and connected as possible. The programme is now entering a time where benefits from the service models will start to be seen on the traditional orthopaedic FSA waitlist and wait times, patient/whānau outcomes and improving equitable access. COTS is meeting regularly with Te Whare Waka (Te Pare ō Toi project management office) in preparation for being a pilot site for the Toi Ora system of care. The pilot will follow the patient pathway of 20 Māori and 20 Non-Māori from each COTS test site through to secondary/specialist provider. The pilot remains on track to commence in November.

Delivering Care Closer to Home

The Lead Maternity Carer (LMC)-led implant service continues to deliver a wonderful service for wāhine post-birth in their own homes. A Tauranga-based LMC provider, has developed an easy referral process for LMCs in the Tauranga area, advertised through various platforms. This six-month period alone has delivered 71 Jadelle insertions for eligible wāhine. This is equivalent to 17% of the DHBs twelve-month target of overall inserts.

Protected & Proud (Improving Access to Contraception)

Due to demand created from the 3 month nurse-led clinic in pharmacy, a weekly pharmacy clinic has been re-established, which will further enable the test and validation of the lessons identified in the pilot whilst a wider model is explored. An abstract has been submitted to present the outcomes of this pilot at the NZ Sexual and Reproductive Health Conference this year.

Toi Ohomai have two campus' across the Bay of Plenty and deliver tertiary education services to a diverse range of students. Te Whare Hauora - The Health Centre was able to join Protected&Proud as a service provider over the last 12 months, due to the local training programme that has provided training for two Registered Nurses to be trained in Jadelle implants.

Due to the variable fee structure of fit and forget contraception services in general practice, the DHB agreed to support an open cost schedule with the PHOs that ensured that practices would provide the service at no additional cost to the wāhine and practices were encouraged to offer the service.

The WBOPPHO and EBPHA have completed a review of all of the claims over the contract period (last 18 months) and developed a cost schedule that will take effect from 1 July 2021. Additionally, the WBOPPHO are rolling out a new electronic format of claiming/referring that is expected to lead to increased volumes, reduce the burden of manual claims by the practice and improve data integrity.

Toi Oranga Mokopuna: First 2000 Days and Well Child Tamariki Ora (WCTO)

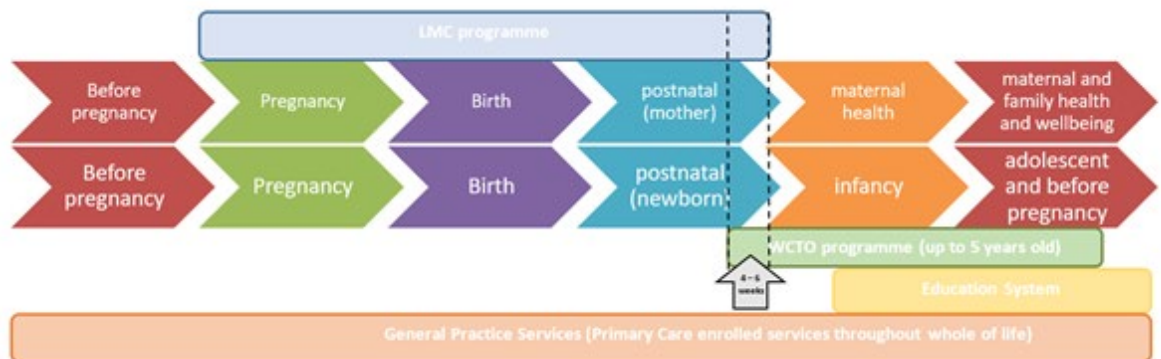
BOPDHB have completed a brief for further development of critical services for woman and whānau requiring enhanced support for a best start in life. The project will be trialling early intervention, and additional support within an integrated service approach including cross sector agencies.



The project action with provider agencies will focus on the important transition of care and support as shown below, for an `unbroken chain of care` that improves transition between Leader Maternity Carer (LMC) and WCTO services at 4-6 weeks, and activates additional support as required by whānau.

Earlier access to support will improve equity of access and contribute to transformational outcomes BOPDHB is seeking within both child immunisation, child oral health and protection for a best start in life. Other interlinked priorities include:

- Ensuring a high rate of primary care enrolment for new-born māori babies, and
- Improved immunisation rates for Māori at 8/12 months and catch up by age five years for full preventive coverage.



Service Updates Supplementary to CEO Report

TOI ORA AND WORKPLACE WELLBEING

SUBMITTED TO:

Board Meeting

25 August 2021

Prepared by:

Nardia Lloyd-Ashton, Organisation Development and Wellbeing Consultant
Graham Bidois Cameron, Pou Tikanga
Christine Busby, Education Manager

Endorsed and

Submitted by:

Pete Chandler, Chief Executive

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the board notes the report.

STRATEGIC ALIGNMENT:

This report is aligned to Te Toi Ahorangi, He Pou Oranga Tangata Whenua and Hauora a Toi | Our Priorities 2021-2022 - healthy, thriving workforce.

PURPOSE OF REPORT:

To provide a summary of our work, progress and commitment to bring a workforce wellbeing perspective to the heart of our decision making and to ensure it informs everything we do.

EXECUTIVE SUMMARY: AREAS OF PROGRESSION

- Our commitment in Te Toi Ahorangi to an authentic Tiriti partnership and accelerating equity for Māori within our vision of an inclusive and holistic approach to wellbeing where our people are healthy, thriving members of our community.
- Preparation of a business case for the implementation of a wellbeing app called Chnnl. In a DHB based pilot study it lead to a 30% increase in awareness of personal mental health which enabled participants to seek support 2 weeks earlier than the control group.
- Work of Lisa Gillies in Whakatāne; the current counselling offer for staff and bespoke team support on both sites is making a difference to our people.
- Manaakitanga informed plan for: our managers, our leaders, our teams and our people alongside planned activities in five areas offered by Te Pare ō Toi: whakawhanaungatanga/connect; kia pakari/be active; wairuatanga/take notice; wānanga/keep learning; and koha/give.
- Business case for safety intervention/de-escalation training to reduce instances of violence and aggression against staff by patients and visitors.
- Leadership development opportunity to address the uncertainty arising from the HealthNZ reforms
- Developing a fresh approach to the design of our people policies in partnership with Unions
- Encouraging and supporting teams to develop and safeguard their own culture

- Values based recruitment
- Commencing restorative approaches to addressing dispute and conflicts between staff
- Education, support and early intervention for staff approaching burnout in partnership with Unions

WELLBEING AND TOI ORA

The World Health Organisation define wellbeing as “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” This definition supports our aspiration for an inclusive and holistic approach to wellbeing where our people are a healthy, thriving members of our community. We acknowledge that our people are tired and many are in distress and the need for this work is immediate and significant.

Our commitment in Te Toi Ahorangi to an authentic Tiriti partnership and accelerating equity for Māori has relevance in workforce wellbeing as well. Toi Ora, the vision of Te Toi Ahorangi, is a vision for wellbeing. Toi Ora would seek that our workforce become flourishing descendants of Toi, which is to say pursuing wellbeing that is grounded in their own aspirations of their whakapapa and of their communities. Flourishing wellbeing can be assessed in the quality of a person’s individual and communal relationships against Ngā Pou Mana: mana atua; mana whenua; mana moana; mana tupuna; mana tangata.

MOVING TOWARDS WELLBEING AND TOI ORA

Proactive and evidence-based wellbeing interventions can deliver both positive outcomes for our people and an ROI averaging \$5 for every dollar we spend.¹ The challenge is in selecting the interventions which deliver improvement, and sometimes these contradict what people think and feel will help.

Meaningful, timely and relevant wellbeing data is a key enabler, and we are preparing a business case for an app called Chnnl² a digital platform which will provide us with insights on our staff wellbeing. It is also a self help tool which supports our people to recognise their own distress and offers support to those in need. This is important as research³ suggests healthcare professionals are less likely to identify they have mental health (MH) needs, less likely to engage in traditional screening, and less likely to take up support/wellbeing offers and traditional MH services. There is an impetus on us to do things differently. We hope Chnnl will be an effective way to show our organisational commitment to wellbeing to everyone at an individual level. We have explored a number of other data collection tools⁴ and this appears to be a unique product in the marketplace which has already been successfully piloted in other DHBs.

Lisa Gillies is leading a programme of well-being work for our Whakatāne whanau in the wake of Whakaari including mirimiri, psychological first aid training and the creation of the Te Matapihi wellness room in ED; “a space of aroha to replenish their wairua and find peace.” Graham Cameron, Pou Tikanga, is leading the development of a Toi Ora Wellbeing System that is informed by Ngā Au Rangī in Te Pare ō Toi and protects the Toi Ora of the Māori workforce. This builds on previous Māori initiatives including an external pilot with Stu and Marama McDonald, service wānanga, using Hohou Te Rongopai to resolve staff conflict and the Toi Ora series with Te Pare ō Toi.

¹ Deloitte (2020). *Mental health and employers: Refreshing the case for investment*

² [chnnl | A space for employees to safely share and employers to listen and learn » chnnl](#)

³ Study undertaken by Manchester University following the 2019 Manchester Bombing.

⁴ Tools investigated: AskYourTeam, CultureAmp, Mayo WellBeing Index, Mentemia, SPEaC Happy.

TAKING RESPONSIBILITY FOR WELLBEING AND TOI ORA

One of the most protective factors for our people, is our people. Supportive, cohesive team cultures are an important contributor to wellbeing⁵ and most people recover from significant challenges and adversity with the help and support of colleagues, friends and family. There is a multitude of options and potential solutions so we begin this work knowing it is a journey of continual learning and improvement. We will build on our Manaakitanga CARE values, with a particular focus on how we embody manaakitanga and whanaungatanga in our everyday behaviours, and this underpins our starting point with these four core groups.

Our Managers:

- Development of a summary of core competencies that are known to enhance team wellbeing. This can guide recruitment approaches and inform development opportunities. These will include being Tiriti-led, pro equity, culturally safe and anti-racist alongside engaging leadership behaviours⁶ like showing genuine care and enabling a sense of belonging.⁷
- Development of a responsive coaching model of support by Tess Richardson.
- Development and delivery of multi-disciplinary leadership support circles.

Our Leaders:

- Sharing and communicating a systematic and authentic approach to visible leadership as a way to show our people that they are valued, appreciated and cared for.
- Enabling our executive staff to undertake this safely via support to be genuine, caring listeners with humility and curiosity, so teams don't feel like they are under surveillance.

Our Teams:

- Offering bespoke support/coaching to teams on request – *currently working with Mental Health; Maternity; Allied Health; Planning and Funding; Pharmacy; H&S Reps, Comms, ICU.*
- Pilot of Lego Serious Play with Junior Doctors.
- Growing gratitude and appreciation as an essential protective behaviour via the scaling of the ED “Chocolate fish award” to the rest of the organisation.

Our People:

- Investment in the implementation of Swartz Rounds⁸
- Relaunch of Healthy Living Clinics: by Julian Ketel and the OH team (current constraint – access to space to hold the clinics)
- Development of staff networks/forums:
 - o Young staff peer support forum in APU
 - o Tier 3 Managers Forum (people that report into our executive team)
 - o Curiosity Club – launched 12th of August.

THE CHALLENGE TO WELLBEING AND TOI ORA

The DHB workforce is under considerable stress. The reasons are myriad, including acute demand, the pressures of the covid vaccination rollout, unfilled clinical and tikanga workforce FTE, and budget pressures. In addition, there are enduring workforce issues impacting on staff wellbeing: bullying; harassment; and racism. Supporting staff and whānau wellbeing is key to retention of workforce, workforce performance, health and safety, quality patient experience, and accelerating equity.

⁵ [Facilitators, barriers and opportunities in workplace wellbeing: A national survey of emergency department staff | Elsevier Enhanced Reader](#)

⁶ <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2018/05/180516-Engaging-Leadership-a-better-approach-to-leading-a-team.pdf>

⁷ [Owen Eastwood: the ancient power of togetherness | RNZ](#)

⁸ [Benefits of Schwartz Rounds | Point of Care Foundation](#)

We acknowledge the new HealthNZ structure brings another layer of stress and worry for our people. In September we are piloting a programme for our managers called “Leading Through Uncertainty” which will help our managers individually and in conversation with their teams.

MOVING TOWARDS WELLBEING AND TOI ORA

The Tier 3 Forum has also been designed in line with a Danish public sector example that delivered a positive impact on staff wellbeing at a time of adverse externally imposed change⁹.

While we are experiencing acute pressure, we are offering free onsite counselling services to all; these have been well received though accessibility for all remains a work in progress. Fifty four individual members of staff have accessed the service so far, most of them are seeking support to help with feelings associated with stress and work pressures. In response to feedback, we are investigating the logistics and feasibility of offering team debrief sessions on demand.

We are also just about to launch a “hot meal on request” service where our staff and managers can order a free hot meal at any time of the day or night if they are in need due to missed breaks or work-related distress.

Communication with our people is essential and we are working with the WorkWell group to update their oneplace site to reflect a more holistic view of wellbeing. We have regular references to wellbeing in the CEO newsletter and are about to start a series of articles where we celebrate people who have been making a real difference to the wellbeing of their teams as an inspiration and encouragement to others.

Finally, we cannot enhance wellbeing at work without talking about the conditions and the reality of the work itself – nicely summarised as “change the work, not the worker.” We are investigating the feasibility of adapting a wellbeing impact assessment tool¹⁰ which could bring wellbeing based decision making to the heart of our policies and quality improvement programmes.

Te Pare ō Toi have completed a draft project plan for a Toi Ora Wellbeing System focused on Toi Ora for our Māori workforce. Understanding the current experience of Toi Ora for the Māori workforce will be assessed over the next three months through the rollout of a Mauri Ora Self-Assessment Tool. Developing activities and options that support Toi Ora will be informed by this data on the current Toi Ora of our workforce. The activities and options for the workforce will be developed in five areas related to research into improving happiness: whakawhanaungatanga/connect; kia pakari/be active; wairuatanga/take notice; wānanga/keep learning; and koha/give. Whilst developed with the Māori workforce and informed by their needs and aspirations, the activities and options will be open to any BOPDHB staff member. The project plan will be finalised in the next fortnight and the initial phase of testing the Mauri Ora Self Assessment Tool will begin within the same timeframe.

Christine Busby, Thomas Miranda and Damian Morrison are finalising a business case for “Safety Interventions” training which will see us make a significant investment in the prevention of violence and aggression towards staff from patients and visitors – this currently accounts for 43% of our H&S incidents. We are in the process of developing a series of “Meetings that Matter” workshops in order to support people to increase the effectiveness and efficiency of meetings.

⁹ <https://whatworkswellbeing.org/wp-content/uploads/2020/06/workplace-wellbeing-briefing-June2020.pdf>

¹⁰ [Mental Wellbeing Impact Assessment: A Toolkit for Wellbeing | Q Community \(health.org.uk\)](#)

If we progress investment to adopt Chnml, this will enable the safe and confidential collation of data on areas of basic safety such as racism, sexual harm and incivility/harassment which can be difficult to collect using normal survey methodologies and will provide us with the opportunity to start to tackle these damaging behaviours.

ASSURANCE:

We have taken a different approach to assurance – following co-design principles we have developed these ideas and plans with our people, who we are currently calling our WellBeing Changemakers. It is an open collaborative space and we are building on the strengths and initiatives that already exist within our teams. We acknowledge our commitment to a journey of continual learning and meaningful change. We believe that finding the solutions to the challenges we face will take more than everything any one person knows, but not more than we all know together.

CHILD HEALTH INTEGRATED RESPONSE PATHWAY PROJECT

SUBMITTED TO:

Board Meeting

25 August 2021

Prepared by: Sarah L Mitchell, Executive Director Allied Health Scientific and Technical and

Anja Theron, Clinical Lead for CHIRP

Endorsed and

Submitted by: Pete Chandler, Chief Executive

For Decision

For Discussion

For Noting

RECOMMENDATION:

That the Board note the internal work underway with the development of the Child Health Integrated Response Pathways (CHIRP)

STRATEGIC ALIGNMENT:

This workstream is aligned to the DHB's connected system and equitable healthcare priority areas.

EXECUTIVE SUMMARY:

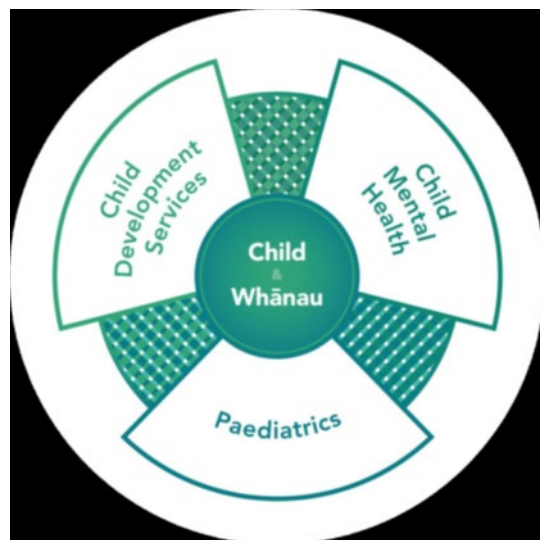
Developing a responsive system wide approach to children's services was considered 6 months ago, however the programme was paused to identify the best approach following the reform announcements.

The teams have now had time to consider the best approach and have identified some internal DHB improvement activity that will significantly improve the experience that children and families have when accessing our services.

The essence of the work is to develop Child Health Integrated Response Pathways (CHIRP) which look to achieve:

1. Better and more co-ordinated care
2. Shorter wait times with improved access to the right clinician at the right time.

The vision is still to create a child at the centre model of care but to phase activities. The first initiative will be to co-locate the Child Development Service (CDS) and the Child Mental Health Services (CAMHS). These teams will work with the paediatricians to create a single point of access into the services. Having this single point will ensure that the child's needs are identified early and the most appropriate team member co-ordinating the on-going care.



PURPOSE:

To develop responsive, integrated children's pathways into DHB services

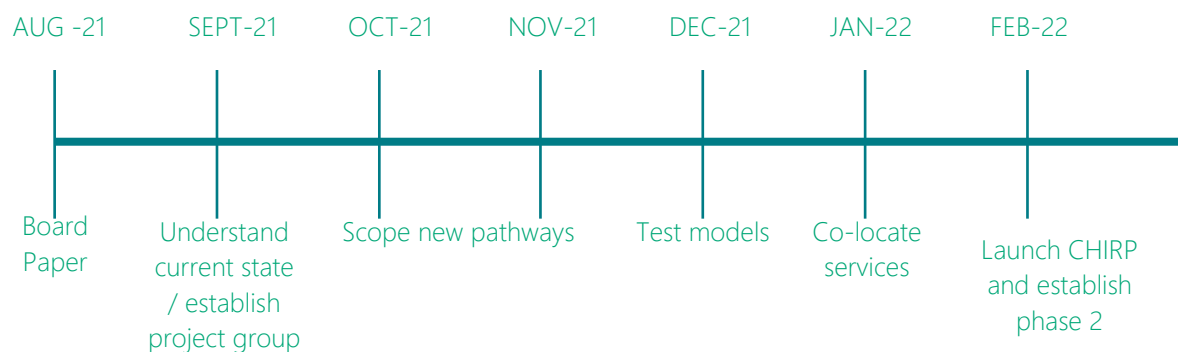
BACKGROUND:

Tier 2 Child Health Services are split across multiple teams in five of BOPDHB's Provider Arm clusters. Each cluster has its own management structure, reporting lines, sources of funding, and processes such as referral management. In addition to this, within Planning and Funding there are multiple portfolio managers and toi oranga who manage contracts with providers relating to child wellbeing. This has created challenges for families and referrers trying to access DHB services. This is particularly evident with the CDS, CAMHS and paediatric teams delivering support around Autistic Spectrum Disorder, Attention Deficit Hyper-Activity Disorder, and Intellectual Disability hence the need to address the CHIRP model in the first instance.

ASSURANCE:

The initial child at the centre model has been previously approved. This is now phase 1 of that work programme.

NEXT STEPS:





CHIEF EXECUTIVE EXPENSES

1 July 2020 – 30 June 2021

SUBMITTED TO:

Board Meeting

25 August 2021

Submitted by: Pete Chandler, Chief Executive

RECOMMENDATION:

That the Board note the information.

BACKGROUND:

Chief Executives of Public Service departments and statutory Crown entities regularly disclose their expenses to provide transparency and accountability for their discretionary expenditure. The State Services Commission has issued [model standards](#). The disclosures make transparent the standards of probity and financial prudence and provide public assurance about the propriety of the expenditure. This requirement is in line with international practice, and in New Zealand, Ministers, MPs and Mayors are all subject to disclosure provisions.

Chief Executives make this information publicly available annually on the BOPDHB website and www.data.govt.nz.

Disclosures containing information for the financial year (ending 30 June) are published by 31 July each year.

ATTACHMENTS:

- Simon Everitt's Interim CEO expenses disclosed for the period of 1 July 2020 to 30 August 2020
- Pete Chandler's CEO expenses disclosed for the period of 31 August 2020 to 30 June 2021

Chief Executive Expenses, Gifts and Benefits Disclosure - summary & sign-off*

Organisation Name	Bay of Plenty District Health Board
Chief Executive**	Simon Everitt
Disclosure period start****	1 July 2020
Disclosure period end***	28 August 2020
Agency totals check	Data and totals checked on all sheets
Chief Executive approval****	This disclosure has been approved by the Chief Executive
Other sign-off****	Sharon Shea, Board Chair

This summary page updates automatically from the 'Travel', 'Hospitality', 'All other expenses', and 'Gifts and benefits' tabs.

Throughout this workbook, input cells are shaded light green.

Summary of expenses	Cost in NZ\$	GST inc / exc	Gifts and benefits	Count
Travel expenses	\$379.20	Figures include GST (where applicable)	Number offered	0
Hospitality	\$0.00	Figures include GST (where applicable)	Number accepted	0
Other expenses	\$402.50	Figures include GST (where applicable)	Number declined	0
International Travel	\$0.00	Figures include GST (where applicable)		
Domestic Travel	\$379.20	Figures include GST (where applicable)		
Local Travel	\$0.00	Figures include GST (where applicable)		

Notes	
* Headings on following tabs will pre populate with what you enter on this tab	
** Create a new workbook for a new Chief Executive	
*** Update if a shorter or different period is covered	
**** This disclosure must be approved by the Chief Executive and another appropriate party, e.g. Board Chair, Chief Financial Officer or Audit and Risk Committee member	

Chief Executive Expense Disclosure

Organisation Name	Bay of Plenty District Health Board
Chief Executive	Simon Everitt
Disclosure period start	1 July 2020
Disclosure period end	30 August 2020
GST on costs	Figures include GST (where applicable)
Agency totals check	Data and totals on this worksheet checked and confirmed

International, domestic and local travel expenses

All expenses incurred by chief executive during international, domestic and local travel. Group expenses relating to each trip.

International Travel (including travel within NZ at beginning and end of overseas trip)

Date(s)*	Cost in NZ\$**	Purpose of travel (e.g. attending XYZ conference for 3 days)***	Type of expense (e.g. hotel, airfares, taxis, meals & for how many people)	Location(s)
Subtotal - international travel				
	\$0.00	Check - there are no hidden rows with data		Check - each entry provides sufficient information

Domestic Travel (within NZ, including travel to and from local airport)

Date(s)*	Cost in NZ\$	Purpose of travel (e.g. visiting district office for two days...)***	Type of expense (e.g. hotel, airfares, taxis, meals & for how many people)	Location(s)
3/07/2020	\$ 94.80	Midland Meetings	Travel	Rotorua
27/07/2020	\$ 142.20	Whakatane Hospital Meetings	Travel	Whakatane
25/08/2020	\$ 142.20	Whakatane Hospital Meetings	Travel	Whakatane
Subtotal - domestic travel				
	\$379.20	Check - there are no hidden rows with data		Check - each entry provides sufficient information

Local Travel (within City, excluding travel to airport)

Date(s)*	Cost in NZ\$	Purpose of travel (e.g. meeting with Minister)***	Type of expense (e.g. taxi, parking, bus)	Location(s)
Nil	\$0.00			
Subtotal - local travel				
	\$0.00	Check - there are no hidden rows with data		Not all lines have an entry for "Cost in NZ\$" and "Type of expense"

Total travel expenses \$379.20

Notes

* Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.

** Note that GST may not apply to overseas purchases.

*** Please include sufficient information to explain the trip and its costs including destination and duration.

Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.

Group expenditure relating to each overseas trip.

Subtotals and totals will appear automatically once you put information in rows above.

Mark clearly if there is no information to disclose - provide a note to this effect in the 'Date' column (column A) for each travel category (local, domestic and international).

Chief Executive Expense Disclosure				
Organisation Name	Bay of Plenty District Health Board			
Chief Executive	Simon Everitt			
Disclosure period start	1 July 2020			
Disclosure period end	28 August 2020			
GST on costs	Figures include GST (where applicable)			
Agency totals check	Data and totals on this worksheet checked and confirmed			
Hospitality Offered to Third Parties*				
<i>All hospitality expenses provided by the chief executive in the context of his/her job to anyone external to the Public Service or statutory Crown entities.</i>				
Date(s)**	Cost in NZ\$	Purpose of hospitality (e.g. hosting delegation from China, building relationships, team building)	Type of expense (what and for how many e.g. dinner for 5)	Location(s)
Nil	\$0.00			
Total hospitality expenses	\$0.00	Check - there are no hidden rows with data	Not all lines have an entry for "Cost in NZ\$" and "Type of expense"	
Notes				
* Third parties include people and organisations external to the public service or statutory Crown entities.				
** Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.				
Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.				
Total cost will appear automatically once you put information in rows above.				
Mark clearly if there is no information to disclose - provide a note to this effect in the 'Date' column (column A).				

Chief Executive Expense Disclosure				
Organisation Name	Bay of Plenty District Health Board			
Chief Executive	Simon Everitt			
Disclosure period start	1 July 2020			
Disclosure period end	28 August 2020			
GST on costs	Figures include GST (where applicable)			
Agency totals check	Data and totals on this worksheet checked and confirmed			
All Other Expenses				
<i>All other expenditure incurred by the chief executive that is not travel, hospitality or gifts. Include e.g. phone and data costs, subscriptions, membership fees, conference fees, professional development costs, books and anything else.</i>				
Date(s)*	Cost in NZ\$	Purpose of expense (e.g. subscription part of employment agreement, development as agreed with SSC)	Type of expense (e.g. phone and data costs, membership fees)	Location(s)
23/07/2020	\$ 402.50	Coaching	Professional Development	Tauranga
Total other expenses	\$402.50	Check - there are no hidden rows with data	Check - each entry provides sufficient information	
Notes				
* Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.				
Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.				
Total cost will appear automatically once you put information in rows above.				
Mark clearly if there is no information to disclose - provide a note to this effect in the 'Date' column (column A).				

Chief Executive Gifts and Benefits Disclosure					
Organisation Name	Bay of Plenty District Health Board				
Chief Executive	Simon Everitt				
Disclosure period start	1 July 2020				
Disclosure period end	28 August 2020				
GST on values	Figures include GST (where applicable)				
Agency totals check	Data and totals on this worksheet checked and confirmed				
Gifts and Benefits over \$50 annual value					
<i>Include all gifts, invitations to events and other hospitality, of \$50 or more in total value per year, offered to the chief executive by people external to the organisation. Include all gifts, invitations or other hospitality whether accepted or declined.</i>					
Date(s)*	Description (e.g. event tickets, etc.)	Was the gift accepted? (drop-down list in cell)	Offered by (who made the offer?)	Estimated value in NZ\$ (drop-down list in cell but provide specific value if possible)	Other comments (e.g. if given to others, whom?)
Nil					
Total count of gift/benefit entries:	Offered	0	Check - there are no hidden rows with data		Check - each entry provides sufficient information
	Accepted	0			
	Declined	0			
Notes					
* Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.					
Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.					
A one-off offer of something worth \$25 is not included, but if the offer is made more than once a year, it should be disclosed.					
Include items such as invitations to functions and events, event tickets, gifts from overseas counterparts and commercial organisations (including that accepted by immediate family members).					
Include gifts and benefits that are declined.					
Number of gifts/benefits will update automatically once you put information in rows above.					
Mark clearly if there is no information to disclose - provide a note to this effect in the 'Date' column (column A).					

Chief Executive Expenses, Gifts and Benefits Disclosure - summary & sign-off*

Organisation Name	Bay of Plenty District Health Board
Chief Executive**	Pete Chandler
Disclosure period start***	31 August 2020
Disclosure period end***	30 June 2021
Agency totals check	Data and totals checked on all sheets
Chief Executive approval****	This disclosure has been approved by the Chief Executive
Other sign-off****	Sharon Shea, Board Chair

This summary page updates automatically from the 'Travel', 'Hospitality', 'All other expenses', and 'Gifts and benefits' tabs.

Throughout this workbook, input cells are shaded light green.

Summary of expenses	Cost in NZ\$	GST inc / exc	Gifts and benefits	Count
Travel expenses	\$8,413.59	Figures include GST (where applicable)	Number offered	0
Hospitality	\$0.00	Figures include GST (where applicable)	Number accepted	0
Other expenses	\$0.00	Figures include GST (where applicable)	Number declined	0
International Travel	\$0.00	Figures include GST (where applicable)		
Domestic Travel	\$8,413.59	Figures include GST (where applicable)		
Local Travel	\$0.00	Figures include GST (where applicable)		
Notes	* Headings on following tabs will pre populate with what you enter on this tab ** Create a new workbook for a new Chief Executive *** Update if a shorter or different period is covered **** This disclosure must be approved by the Chief Executive and another appropriate party, e.g. Board Chair, Chief Financial Officer or Audit and Risk Committee member			

Chief Executive Expense Disclosure

Organisation Name	Bay of Plenty District Health Board
Chief Executive	Pete Chandler
Disclosure period start	31 August 2020
Disclosure period end	30 June 2021
GST on costs	Figures include GST (where applicable)
Agency totals check	Data and totals on this worksheet checked and confirmed

International, domestic and local travel expenses

All expenses incurred by chief executive during international, domestic and local travel. Group expenses relating to each trip.

International Travel (including travel within NZ at beginning and end of overseas trip)

Date(s)*	Cost in NZ\$**	Purpose of travel (e.g. attending XYZ conference for 3 days)***	Type of expense (e.g. hotel, airfares, taxis, meals & for how many people)	Location(s)
Nil	\$0.00			
Subtotal - international travel	\$0.00	Check - there are no hidden rows with data	Not all lines have an entry for "Cost in NZ\$" and "Type of expense"	

Domestic Travel (within NZ, including travel to and from local airport)

Date(s)*	Cost in NZ\$	Purpose of travel (e.g. visiting district office for two days...)***	Type of expense (e.g. hotel, airfares, taxis, meals & for how many people)	Location(s)
29/09/2020	\$ 142.20	Whakatane Meetings	Travel	Whakatane
21/10/2020	\$ 142.20	Meetings in Te Puke & Whakatane	Travel	Whakatane
28/10/2020	\$ 42.66	Meeting in Te Puke	Travel	Te Puke
29/10/2020	\$ 42.66	Meeting in Te Puke	Travel	Te Puke
5-6/11/2020	\$ 238.50	Midland CE Meetings	Accommodation	New Plymouth
5-6/11/2020	\$ 486.64	Midland CE Meetings	Travel	New Plymouth
11-12/11/2020	\$ 477.99	National CE Meetings	Flights	Wellington
11-12/11/2020	\$ 175.50	National CE Meetings	Accommodation	Wellington
11-12/11/2020	\$ 153.30	National CE Meetings	Taxi	Wellington
11-12/11/2020	\$ 30.00	National CE Meetings	Parking	Wellington
23/11/2020	\$ 142.20	Staff Recognition - Whakatane	Travel	Whakatane
27/11/2020	\$ 244.90	CEO's Marae Mihi Whakataua	Travel	Torere
3/12/2020	\$ 147.60	Whakatane Meetings	Travel	Whakatane
4/12/2020	\$ 164.00	Meeting in Taneatua	Travel	Taneatua
9/12/2020	\$ 147.60	Whakatane Meetings	Travel	Whakatane
16/12/2020	\$ 147.60	Whakatane Meetings	Travel	Whakatane
27/01/2021	\$ 147.60	Whakatane Meetings	Travel	Whakatane
28/01/2021	\$ 155.80	Kawerau Meeting	Travel	Kawerau
2/02/2021	\$ 95.94	Rotorua Meeting	Travel	Rotorua
10-11/02/2021	\$ 581.99	National CEs	Flights	Wellington
10-11/02/2021	\$ 228.60	National CEs	Accommodation	Wellington
10-11/02/2021	\$ 43.00	National CEs	Taxis	Wellington
18/02/2021	\$ 149.24	Whakatane Meetings	Travel	Whakatane
25/02/2021	\$ 147.60	Whakatane Meetings	Travel	Whakatane
22/03/2021	\$ 147.60	Whakatane Meetings	Travel	Whakatane
24/03/2021	\$ 147.60	Whakatane Meetings	Travel	Whakatane

20/04/2021	\$ 557.98	Health and Disability Review Forum	Flights	Wellington
7/05/2021	\$ 94.95	Rotorua Meeting	Travel	Rotorua
12-13/05/2021	\$ 724.99	National CE Meetings	Flights	Wellington
12-13/05/2021	\$ 193.50	National CE Meetings	Accommodation	Wellington
12-13/05/2021	\$ 141.20	National CE Meetings	Taxis	Wellington
13/05/2021	\$ 30.00	National CE Meetings	Airport Parking	Tauranga
19/05/2021	\$ 219.76	Whakatane and Opotiki Meetings	Travel	Opotiki
24/05/2021	\$ 147.60	Whakatane Meetings	Travel	Whakatane
26/05/2021	\$ 147.60	Whakatane Meetings	Travel	Whakatane
10-11/06/2021	\$ 634.98	National CE Meetings	Flights	Wellington
10-11/06/2021	\$ 316.80	National CE Meetings	Accommodation	Wellington
22/06/2021	\$ 142.20	Whakatane Meetings	Travel	Whakatane
26/06/2021	\$ 246.48	Torere Tangi	Travel	Torere
29/06/2021	\$ 45.03	Meeting in Te Puke	Travel	Te Puke
Subtotal - domestic travel		\$8,413.59	Check - there are no hidden rows with data	Check - each entry provides sufficient information

Local Travel (within City, excluding travel to airport)				
Date(s)*	Cost in NZ\$	Purpose of travel (e.g. meeting with Minister)***	Type of expense (e.g. taxi, parking, bus)	Location(s)
Nil	\$0.00			
Subtotal - local travel		\$0.00	Check - there are no hidden rows with data	Not all lines have an entry for "Cost in NZ\$" and "Type of expense"

Total travel expenses **\$8,413.59**

Notes

* Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.

** Note that GST may not apply to overseas purchases.

*** Please include sufficient information to explain the trip and its costs including destination and duration.

Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.

Group expenditure relating to each overseas trip.

Subtotals and totals will appear automatically once you put information in rows above.

Mark clearly if there is no information to disclose - provide a note to this effect in the 'Date' column (column A) for each travel category (local, domestic and international).

Chief Executive Expense Disclosure				
Organisation Name	Bay of Plenty District Health Board			
Chief Executive	Pete Chandler			
Disclosure period start	31 August 2020			
Disclosure period end	30 June 2021			
GST on costs	Figures include GST (where applicable)			
Agency totals check	Data and totals on this worksheet checked and confirmed			
Hospitality Offered to Third Parties*				
<i>All hospitality expenses provided by the chief executive in the context of his/her job to anyone external to the Public Service or statutory Crown entities.</i>				
Date(s)**	Cost in NZ\$	Purpose of hospitality (e.g. hosting delegation from China, building relationships, team building)	Type of expense (what and for how many e.g. dinner for 5)	Location(s)
Nil	\$0.00			
Total hospitality expenses	\$0.00	Check - there are no hidden rows with data	Not all lines have an entry for "Cost in NZ\$" and "Type of expense"	
Notes				
* Third parties include people and organisations external to the public service or statutory Crown entities.				
** Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.				
Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.				
Total cost will appear automatically once you put information in rows above.				
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Organisation Name	Bay of Plenty District Health Board			
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All Other Expenses				
<i>All other expenditure incurred by the chief executive that is not travel, hospitality or gifts. Include e.g. phone and data costs, subscriptions, membership fees, conference fees, professional development costs, books and anything else.</i>				
Date(s)*	Cost in NZ\$	Purpose of expense (e.g. subscription part of employment agreement, development as agreed with SSC)	Type of expense (e.g. phone and data costs, membership fees)	Location(s)
Nil	\$ -			
Total other expenses	\$0.00	Check - there are no hidden rows with data	Not all lines have an entry for "Cost in NZ\$" and "Type of expense"	
Notes				
* Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.				
Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.				
Total cost will appear automatically once you put information in rows above.				
Mark clearly if there is no information to disclose - provide a note to this effect in the 'Date' column (column A).				

Chief Executive Gifts and Benefits Disclosure					
Organisation Name	Bay of Plenty District Health Board				
Chief Executive	Pete Chandler				
Disclosure period start	31 August 2020				
Disclosure period end	30 June 2021				
GST on values	Figures include GST (where applicable)				
Agency totals check	Data and totals on this worksheet checked and confirmed				
Gifts and Benefits over \$50 annual value					
<i>Include all gifts, invitations to events and other hospitality, of \$50 or more in total value per year, offered to the chief executive by people external to the organisation. Include all gifts, invitations or other hospitality whether accepted or declined.</i>					
Date(s)*	Description (e.g. event tickets, etc.)	Was the gift accepted? (drop-down list in cell)	Offered by (who made the offer?)	Estimated value in NZ\$ (drop-down list in cell but provide specific value if possible)	Other comments (e.g. if given to others, whom?)
Nil					
Total count of gift/benefit entries:	Offered	0	Check - there are no hidden rows with data	Check - each entry provides sufficient information	
	Accepted	0			
	Declined	0			
Notes					
* Any non-standard date format or date outside 1 July - 30 June will raise an alert. Check entry and select 'Yes' to accept/continue.					
Insert additional rows as needed: right click on a row number (left of screen) and select Insert - this will insert a row above selected row.					
A one-off offer of something worth \$25 is not included, but if the offer is made more than once a year, it should be disclosed.					
Include items such as invitations to functions and events, event tickets, gifts from overseas counterparts and commercial organisations (including that accepted by immediate family members).					
Include gifts and benefits that are declined.					
Number of gifts/benefits will update automatically once you put information in rows above.					
Mark clearly if there is no information to disclose - provide a note to this effect in the 'Date' column (column A).					



CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting

25 August 2021

Prepared by: Maxine Griffiths, Board Secretariat

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

Submitted by: Pete Chandler, Chief Executive

RECOMMENDATION:

That the Board notes the correspondence.

ATTACHMENTS:

- Communication from Health Quality & Safety Commission re Consumer Council's Role in the Reformed Health System, dated 13 August 2021
- Letter to Board Chair from BOPDHB Health Consumer Council, dated 12 August 2021
- Letter from Health Networks re BOPDHB Child Protection Alert System (CPAS), dated 19 July 2021



To:	District Health Board Chief Executives	
From:	Dr Dale Bramley, Chair	
Copies to:		
Date:	13 August 2021	
Subject:	Consumer council's role in the reformed health system	
Action required:	For information: <input checked="" type="checkbox"/>	For decision: <input type="checkbox"/>

Kia ora koutou

I am writing to advise that the current consumer council infrastructures built across Aotearoa by each district health board (DHB) and some primary health organisations (PHOs) will continue to play an important role in the reformed health system. We have heard disquiet among some consumer councils that they might be disbanded under the reformed system or have a much lesser role. The contrary is the case, with a greater emphasis being placed on whānau, consumers, and communities under the new structures being developed.


Part of the vision for our future health and disability system, as signalled by the Health and Disability System Review, is to deliver a people and whānau centred system based on the voices of Māori, Pacific, disabled, and all other users of health services. One of the key enablers of people and whānau centred care is to embed consumer voices in the design, delivery, evaluation, and governance of health services. This means giving people and whānau a meaningful say in the design and delivery of health services available to them, even if they do not access them today. The Commission is the lead agency for the consumer and whānau voice work and has entered into a joint workstream with the Health Transition Unit based in the Department of Prime Minister and Cabinet. In terms of consumer and whānau voice, the Commission is focusing on three key pieces of work in the next 12 months:

1. A national set of expectations for how consumer voice is gathered and used across the system. This will clarify expectations and strengthen accountability for prioritising consumer and whānau voices.
2. A national consumer forum (and supporting database) that works as an umbrella body for consumer groups to support the health system to access the right consumer groups, at the right level, in the right way. This forum will ensure the prioritisation of consumer and whānau voices.
3. A centre of excellence for consumer voice that supports consumer voice leaders across the system with information and training on best practice consumer engagement. This will help to improve the support available to the system to involve communities in a meaningful way.

With these priorities in mind, it is evident that a strong consumer and whānau voice infrastructure will be key across the system.

In 2016 the Health Quality & Safety Commission recommended (via the DHB annual planning process) that all DHBs must commit to either establish (including a date for establishment) or maintain a consumer council (or similar) to advise the DHB. More recent advice via the process has noted the important role consumer councils play in advising on the consumer engagement quality and safety marker developed last year. This advice remains current.

Ngā mihi

A handwritten signature in black ink, appearing to read 'Dale Bramley', with a large, stylized flourish at the end.

Dr Dale Bramley
Chair

BAY OF PLENTY HEALTH CONSUMER COUNCIL

Sharon Shea MNZM
Chair
Hauora a Toi Bay of Plenty District Health Board

Cc: Peter Chandler, Chief Executive

12 August 2021

Kei te rangatira, tēnā koe

CONSUMER ENGAGEMENT IN THE BAY OF PLENTY

The establishment of the inaugural BoP DHB Health Consumer Council in 2018 was an important step towards strengthening the consumer voice for effective and equitable health care across the Bay of Plenty region – a relationship that is about enabling health consumers to influence the way the DHB plans, organises, delivers, monitors and evaluates services, resulting in better health outcomes.

We have been tracking the greater prominence now being given to consumer participation in the health system, with the advent of the Government's health and disability sector reforms, and the Health Quality and Safety Commission-led introduction of the new consumer engagement quality and safety marker for implementation by DHBs.

We noted with particular interest the BOP DHB's submission to the HQSC in March reporting on its consumer engagement based on the HQSC QSM framework, indicating areas requiring attention.

Over the past two months we have undertaken work ourselves to assess how we might build on our experience as a Health Consumer Council, and contribute to successful consumer engagement in partnership with the DHB. This has been informed by developments in the HQSC's Partners in Care programme focused on the consumer voice within the health system. We held two workshops from which we have developed a perspective on and proposals for strengthening our consumer role within the DHB. These underline the fundamental idea of the consumer role, that people affected by decisions have the right to participate, at all levels, in making health service decisions. We believe our proposals would improve HCC's ability to play its part in ensuring everyone has equitable access to good health outcomes, and to support the DHB's avenues for engagement with Māori.

We would welcome the opportunity to discuss our ideas with you, and invite you, and the Chief Executive, to meet with us at our monthly meeting on 8 September (face to face, or by Zoom if you prefer), or on another date to suit.

Thank you for considering our request.

Nāku noa, nā



Lisa Murphy
Chair
Bay of Plenty Health Consumer Council

19 July 2021

Mr Pete Chandler
Chief Executive
Bay of Plenty District Health Board
Private Bag 12024
Tauranga

Dear Mr Chandler

Re: Biennial review of the Child Protection Alert System

Thank you to you and your Bay of Plenty District Health Board's (BOPDHB) team for the meeting held with us on 9 July 2021 for the biennial review of the BOPDHB Child Protection Alert System (CPAS). This review remains an important quality review process for the CPAS.

It is with pleasure that we advise that BOPDHB met all the requirements. We want to congratulate the DHB on their ongoing implementation of the CPAS. The team's engagement was very evident in the review and the work being undertaken is exemplary. Enclosed is the record of the review, which details the criteria reviewed.

We thank you again for the time and energy that this review required and thank the District Health Board for their ongoing commitment to the system.

Yours sincerely



Dr Silvana Campanella
Auditor
Senior Medical Advisor
Auckland District Health Board



Miranda Ritchie
Auditor
National VIP Manager for DHBs
Health Networks Ltd

Enclosure

cc: Dr V Hobbs, Paediatrician, Medical Leader, BOPDHB
M Steinman, Regional Manager Community Health 4 Kids, BOPDHB
D Fielding, Violence Intervention Programme Coordinator BOPDHB
R Butler, Violence Intervention Programme Coordinator, BOPDHB
H Fraser, Portfolio Manager - Violence Prevention Issues Lead, Ministry of Health

Bay of Plenty District Health Board Child Protection Alert System Biennial Review

Review Date: 9 July 2021

Present for the review: Dr Viv Hobbs, Paediatrician, Medical Leader, Bay of Plenty District Health Board (BOPDHB)
 Martin Steinman, Regional Manager Community Health 4 Kids, BOPDHB
 Raewyn Butler, Violence Intervention Programme (VIP) Coordinator, BOPDHB
 Deb Fielding, VIP Coordinator, BOPDHB

Auditors: Dr Silvana Campanella, Senior Medical Advisor National Child Protection Alert System, Auckland DHB
 Miranda Ritchie, National VIP Manager for DHBs, Health Networks Ltd

The meeting opened with introductions being made and an explanation provided regarding the purpose of the meeting. The National Violence Intervention Programme Manager (NVIPM) provided an update of the National Child Protection Alert System (NCPAS); all 20 DHBs are approved, with more than 53,000 alerts lodged. There are at least 4,200 individuals who have alerts placed by more than one DHB, this includes 279 individuals that have alerts with three DHBs; 14 individuals who have alerts placed by four DHBs and two individuals who have alerts placed by five DHBs. For some of the individuals with multiple alerts the alerts are placed by neighbouring DHBs, however, there are a number where the DHBs concerned are geographically spread throughout New Zealand. This affirms the rationale for the system that families are mobile.

Copies of the CPAS Biennial Review Terms of Reference and 2019 BOPDHB CPAS biennial review document were distributed via email prior to the meeting. The VIP Coordinators completed a self-assessment of the review items (as requested) and the findings of this contributed to the discussion during the review.

Key Performance Indicator		Findings that endorsed approval	<ul style="list-style-type: none"> • Requirements met (RM) • Requirements met with recommendation (RMR)¹ • Requirements not met (RNM)
1. Memorandum of Agreement regarding appropriate application and use of national child protection alert system (CPAS) signed by Chief Executive Officer	Copy of Memorandum of Agreement for CPAS signed by Chief Executive Officer. <ol style="list-style-type: none"> i. Remains binding ii. Any comments regarding compliance 	The MOA was signed on 24/11/2011 and remains binding; the BOPDHB team reported no issues regarding compliance.	RM

¹ DHB CPAS can be certified as compliant, follow-up on recommendations at next review

Key Performance Indicator		Findings that endorsed approval	<ul style="list-style-type: none"> • Requirements met (RM) • Requirements met with recommendation (RMR)¹ • Requirements not met (RNM)
<p>2. The DHB CPAS Policy clearly describes:</p> <ul style="list-style-type: none"> a. Criteria for an alert b. Process for placement of child protection alerts c. Process for removal of alerts d. Appropriate clinician response to alert e. Response of health record department to a request for information supporting an alert 	<ul style="list-style-type: none"> i. Policy current yes/no ii. Amendments to policy (copy to be provided) iii. Practice is in accordance with process specified iv. Antenatal alerts lodged/reviewed v. Gateway Assessments considered yes/no vi. Other matters, e.g. Youth Justice vii. Response to requests for alerts to be placed received from another agency, e.g. GP, Oranga Tamariki viii. Report on any RMRs including actions taken 	<p>The BOPDHB team reported that:</p> <ul style="list-style-type: none"> i. the policy is current. ii. this is not applicable. iii. practice is in accordance with the policy. iv. antenatal alerts are lodged and are reviewed. Data in item 11 noted the number of antenatal alerts placed. v. they review the individuals who have a Gateway Assessment for consideration of an alert. vi. there are no other matters. They use Alternative Pathways and Paediatric reports for open cases. vii. they only review cases that meet the criteria; they must have a health intervention and be an open case to be considered for an alert. viii. there were no RMRs from the 2019 review. 	RM
<p>3. Multidisciplinary team (MDT) MDT Terms of Reference (TOR) endorsed includes more than two disciplines including a paediatrician</p>	<ul style="list-style-type: none"> i. TOR remains current ii. MDT process is in accordance with that specified (one MDT forum per DHB) iii. Paediatrician engagement (cover leave) iv. Frequency of face-to-face meeting v. Number of cases discussed vi. Specify any changes made vii. Level of discussion/response to issues arising viii. Report on attendance at most recent meeting, number of 	<p>The BOPDHB team reported that:</p> <ul style="list-style-type: none"> i. the TOR are current. ii. the MDT process is in accordance with the TOR. iii. there are two Paediatricians available to participate in the CPAS MDT. iv. they hold a weekly face-to-face meeting. v. between 20 and 30 cases are discussed each week. vi. this is not applicable as no changes have been made. vii. there is robust and respectful discussion when there are differing viewpoints. viii. the most recent meeting held was attended a Paediatrician; two VIP Coordinators, Maternity 	RM

Key Performance Indicator		Findings that endorsed approval	<ul style="list-style-type: none"> • Requirements met (RM) • Requirements met with recommendation (RMR)¹ • Requirements not met (RNM)
	<p>individuals discussed, and alerts placed</p> <p>ix. Report on any RMRs including actions taken</p>	<p>Care, Wellbeing and Child Protection Forum Coordinator, DHB Oranga Tamariki Liaison Social Worker, Mental Health representative, Social Work Lead and Public Health Nurse Clinical Lead.</p> <p>The conversion rate ranges between 93 and 96%.</p> <p>ix. there were no RMRs from the 2019 review.</p>	
<p>4. An internally approved standardised documentation process for recording child protection (CP) alert information used e.g.:</p> <ul style="list-style-type: none"> • CPA documentation form • Oranga Tamariki—Ministry for Children Report of Concern form 	<p>i. Documentation process remains consistent with that specified in the CPAS policy; provide examples of the range of documentation forms used to support alert.</p> <p>ii. Review of documentation for three randomly selected cases</p> <p>iii. Report on any deviations/issues</p> <p>iv. Report on any RMRs including actions taken</p>	<p>i. The BOPDHB team supplied their Report of Concern (ROC) template that also includes the CPAS MDT Summary as the final page. The Auditors asked if BOPDHB have an Alternate Child Protection Report (ACPR) that can be used to document the child protection concerns when the case is open with Oranga Tamariki at the time the individual receives health intervention. The team have such a form.</p> <p>ii. Dr Campanella reported that as part of the review she requested the backing information for the alerts for three randomly selected cases. The information received was complete using the correct backing documentation (a ROC combined with Summary).</p> <p>iii. The BOPDHB team reported that no issues had been reported prior to the review.</p> <p>iv. There were no RMRs from the 2019 review.</p>	RM
<p>5. Internal information technology systems that CPAS alerts are visible.</p>	<p>i. Alerts process remains visible in DHB lodging</p> <p>ii. Alert visible in another DHB.</p>	<p>i. The BOPDHB team reported that the alerts remain visible on the Midlands Central Portal (MCP) and Webpas.</p> <p>ii. Dr Campanella reported that the randomly selected alerts were visible in another DHB.</p>	RM
<p>6. Health record systems which enable 24/7 access to health record services in</p>	<p>i. Please identify any issues noted from Clinical Records in</p>	<p>i. The BOPDHB team reported that Clinical Records have not reported any issues in responding to requests or requesting/receiving</p>	<p>RM</p> <p>Special notation of the high-quality response</p>

Key Performance Indicator		Findings that endorsed approval	<ul style="list-style-type: none"> • Requirements met (RM) • Requirements met with recommendation (RMR)¹ • Requirements not met (RNM)
accordance with DHB health record access protocols	<p>relation to responding to requests to or from the DHB</p> <p>ii. Check response times for three cases (as specified in 4 (ii) above where alert information was requested from the DHB being reviewed</p> <p>iii. Please report on any incidents/events where the information requested was not available either from your DHB or when requested from another</p>	<p>of CPAS backing information from other DHBs.</p> <p>ii. Dr Campanella reported that the BOPDHB Clinical Records department response time to the Auckland DHB request for the information (for the three randomly selected files) was less than 15 minutes for all requests. The Auditors acknowledged the DHB Clinical Records team for their excellent service. The DHB team queried if the random files were from across both DHB sites. The Auditors noted that the requests were to Tauranga site only, but with DHB agreement, following the meeting a request was made for an alert lodged with the Whakatane Clinical Records Service. The response time was of equally high standard.</p> <p>iii. the BOPDHB team reported no incident or events.</p>	<p>from the Clinical Record Service.</p>
7. Training on the NCPAS which is incorporated into standard internal VIP and or Child Protection Training (as per DHB Child Protection/VIP policy)	Report on any issues; how is CPAS training being delivered within DHB services	<p>The BOPDHB team reported that training on CPAS is provided within the core VIP training using the national slides with some localisation to the forms and placements.</p> <p>The Auditors recommended that when the transition occurs with the Resident Medical Officers that the <i>CPAS Information Sheet for DHB Staff</i> is included in their orientation information and or distributed every three to six months by email to remind them of what the system is and how they should respond if they see an alert, including the privacy considerations. It can also be helpful to place laminated copies in the care</p>	RM

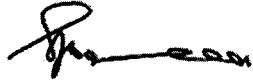
Key Performance Indicator		Findings that endorsed approval	<ul style="list-style-type: none"> • Requirements met (RM) • Requirements met with recommendation (RMR)¹ • Requirements not met (RNM)
		<p>stations in selected services, e.g., the Emergency Department.</p> <p>The auditors also recommended that the BOPDHB use the <i>CPAS information sheet for non-DHB staff</i> to introduce the system to any community health services who may see the alert. The NVIPM will provide the VIP Coordinator with updated copies of these information sheets. The BOPDHB team reported that no issues have been identified.</p>	
8. Appropriate security around Child Protection information held by the DHB with mechanisms for routine audit and management of any breaches of access privileges	Report on any issues and or audits undertaken	The BOPDHB team reported that no issues have been identified. The DHB procedures include routine audits.	RM
9. Internal procedures to manage non-compliance with policy and procedures related to the NCPAS in accordance with standard operating procedures	Report on any incidents/events and actions taken	The BOPDHB team reported that no incident or events have been identified.	RM
10. An accessible and responsive complaints process, for staff and or health consumers, through the utilisation of the DHBs complains policy and procedures	Report on any complaints and actions taken; this will be cross referenced with the NCPAS complaints register	The BOPDHB team reported that no complaints in relation to CPAS have been received.	RM

Key Performance Indicator		Findings that endorsed approval		<ul style="list-style-type: none"> • Requirements met (RM) • Requirements met with recommendation (RMR)¹ • Requirements not met (RNM)
11. Process to monitor application / implementation of alert system	Provide data from the last quarter on: i. number of ROC made by DHB ii. total number of individuals presented to MDT (ROC plus open cases) iii. number of alerts approved iv. number of alerts declined v. number of antenatal alerts placed vi. number of alerts removed vii. Reason for alert review viii. Consideration of ethnicity data	The BOPDHB data for period 1/1/2021-31/3/2021		RM
		Number of Reports of Concern (ROC) made by DHB	128	
		Number of cases presented to CPAS MDT (ROC + open cases)	238	
		Number of individuals discussed with CPAS MDT (includes index case (including pregnant woman) and any siblings)	238	
		Number of individuals approved for a CP alert	222	
		Number of new alerts approved (those that do not already have a CP alert in your DHB)	119	
		Number of individuals approved for an alert where a CP alert already exists in your DHB	103	
		Number of antenatal alerts approved	12	
		Number of alerts declined by CPAS MDT	16	
		Number of individuals alert decision deferred/parked	0	
		Number of alerts removed (including antenatal alerts reviewed/removed and individuals who are now 18 years)	60	
		Conversion rate for an alert %	93.27	

At the conclusion of the review, the Auditors acknowledged the DHB team for their commitment to and implementation of the system. The Regional Manager Community Health 4 Kids acknowledged the excellent work of the team, specifically noting the work undertaken by the VIP Coordinators.

The Bay of Plenty DHB Child Protection Alert System was found to be compliant. The BOPDHB Chief Executive Officer was advised of the review outcome in a letter dated 19/7/2021.

Dr Silvana Campanella



19/7/2021

Auditor 1 Name

Auditor 1 Signature

Date

Miranda Ritchie



19/7/2021

Auditor 2 Name

Auditor 2 Signature

Date

