BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting
Agenda

Wednesday, 24 February 2021
10.00 am

Please note Board Only Time 9.00 am

Venue: Kahakaharoa Room, Planning and Funding
17th Ave, Tauranga

Hauora a Toi | Our Priorities 2021-2022

Healthy, thriving communities – Kia Momoho Te Hāpori Oranga

CARE Manaakitanga

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Enablers

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

Drivers

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

A connected system

Moving care into the community

Partnering in localities

Health in all policies

Organising for the future

Transformations

Integrated healthcare

Mental health & addictions

Child wellbeing

Connecting with our communities

Equitable healthcare

Identifying unfair and unjust disparities

Systematic addressing of inequities

Enacting Te Toi Ahorangi in the design and delivery of care

Transformations

Growing as Te Tiriti partners

Evolving the Eastern Bay health network

Delivering improvement against equity KPIs

Healthy, thriving workforce

Enhancing physical and psychological safety

Addressing injustice and discrimination

Evolving the new world of work

Transformations

Leadership development

Restorative resolution

Union partnerships

Role clarity

Reducing bureaucracy

Sharing information

Growing a sustainable Māori workforce

Safer and compassionate care

Robust clinical governance and continuous improvement

Recognising the uniqueness of each individual

The Quality Safety Markers

Falls

Healthcare associated infections

Hand hygiene

Surgical site infection

Safe surgery

Medication safety

Consumer engagement

Transformations

Culturally safe quality management

Intelligent quality monitoring & improvement

Choosing wisely

Person & whānau-centred systems

Item No.	Item	Page
1	**Karakia** Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te awatea ka huri atu ki te pō (te pō ko tenei te awatea) Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē! This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!	
2	**Presentations** Nil	
3	**Apologies**	
4	**Interests Register**	**5**
5	**Minutes** 5.1 Board Meeting – 27.1.21 Matters Arising	**9**
6	**Part A: Monitoring, Compliance and Business as Usual Delivery** 6.1 Chief Executive's Report 6.2 Dashboard 6.3 Care Capacity Demand Management (CCDM) Implementation Report 6.4 MOH Performance Pack Update	 **16** **30** **51** **59**

Item No.	Item	Page
	6.5 Whakamaua: Maori Health Action Plan 2020 - 2025 6.6 Items from Board Committee Meetings – 23.2.21 6.7 General Business	**64**
7	**Items for Noting** 7.1 BOPDHB Te Tiriti Position Statement (to be circulated) 7.2 Matter Arising Update – Operating Theatre Utilisation Metrics 7.3 Board Work Plan	**67** **72**
8	**Part B: Future Focus and Key Strategic Issues** 8.1 Execution Model: Evolving How We Work **Walk-through and Discussion** 8.2 Exploration of MMR Care Pathway, End to End Process (To be presented)	**74**
9	**General Business**	
10	**Resolution to Exclude the Public** Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded. Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.	
11	**Next Meeting** – Wednesday 24 March 2021.	

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated February 2021)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Int Authority	Board Director	Fisheries Trust	LOW	22/10//19
BOP ANZASW Branch	Member & Kaumatua	Executive Leadership	LOW	22/10/19
NZ Social Work Registration Board	Board Member	Social Workers Registration	LOW	May 2020
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
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	28/11/2013

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
			not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Vic Davis trust	trustee	Grants for mental illness research	LOW - DHB employee may be applicant/recipient of grants	1/9/20
BOPDHB	Midwifery – casual contract	health	Moderate	1/9/20
GUY, Marion				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NZNO	Honorary and Life Member	Nursing Union	LOW	
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not it the position to influence funding	July 2013

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

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

Minutes

Bay of Plenty District Health Board

Conference Hall, Clinical School, Whakatane Hospital

Date: Wednesday 27 January 10.00 am

Board: Sharon Shea (Interim Chair), Ron Scott, Hori Ahomiro, Mark Arundel, Marion Guy, Bev Edlin, Geoff Esterman, Ian Finch, Arihia Tuoro, Leonie Simpson

Attendees: Pete Chandler (Chief Executive), Bronwyn Anstis (Acting Chief Operating Officer), Mike Agnew (Acting GM Planning & Funding and Population Health), Julie Robinson (Director of Nursing), Sarah Mitchell (Exec Dir Allied Health Scientific & Technical), Debbie Brown (Senior Advisor Governance & Quality), Marama Tauranga (Manukura, Maori Health Gains & Development), Naila Naseem,

Item No.	Item	Action
1	**Karakia**	
2	**Guest** 2.1 Luke Gray, BOPDHB Occupational Therapist Recipient of Kiwi bank Local Legend Award Luke introduced himself and outlined his role at Voyagers which he thoroughly enjoys. Helping youth in the Community is his passion. Luke is a member of Future Leaders – Whakatane and is a Youth Leader at his local Church. He has gained skills to run events in the Community to connect with youth and Mental Health issues. He has also undertaken post graduate studies in Mental Health. Luke wants to keep moving forward with rangatahi, supporting them, helping them understand who they are, guiding them, looking towards a preventative state. He hopes in the future to be part of mental health assistance in schools. The Board congratulated Luke on his award and wished him well with his future endeavours	
3	**Apologies** An Apology was received from Mariana Hudson. **Resolved** that the apology from M Hudson be accepted. Moved: B Edlin Seconded: M Arundel	
4	**Interests Register** Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. The Interim Board Chair has some changes to her interests which she will email to the Board Secretariat	
5	**Minutes** 5.1 Minutes of Board meeting – 18 November 2020 **Resolved** that the Board receives the minutes of the meeting held on 18 November 2020 and confirms as a true and correct record. Moved: R Scott Seconded: G Esterman	

Item No.	Item	Action
	5.2 Matters Arising *Te Tiriti o Waitangi Position Statement* - Is being finalised. Colleagues in other DHBs have expressed interest. The statement will be released in the next few weeks. The Board looks forward to feedback. *Dashboard* - there is a set of Theatre metrics. A subset of those will come to the Board next month.	Acting COO
6	**Part A: Monitoring, Compliance and Business as Usual Delivery** 6.1 Chief Executive's Report Chief Executive highlighted: *Hand Hygiene* – there is a big push for improvement with an internal campaign. *Immunisation. System* has been disconnected with multiple providers and components. The aim is to have it more consolidated. *Child Dental Health* - There has been a deep dive undertaken. Before Christmas conversations were held with Council and colleagues from Whakatohea regarding challenges, particularly in Opotiki. There is a real shared interest in making a joint effort for change to enable a difference, with partners such as MOE. Opotiki is the biggest challenge BOPDHB has. It is a good pre-curser to the Toi Ora framework. A discussion has been had with key members within BOPDHB and this will feed into 'deep dive' topics. Query was raised as to an opportunity for engagement with external groups, to align governance. This will occur. Navigation needs to be worked through. *COVID* - Immunisation programme was initially to commence in April. MOH yesterday advanced the timeline with vaccinations commencing in March with the Pfizer vaccine. A meeting will be held this afternoon to plan for BOPDHB with key network people. The biggest issue is around IT and data management. Guidance is awaited from MOH. BOPDHB commenced planning months ago with data packs. Query was raised as to the order of priority for those receiving vaccinations. There are 3 scenarios. The definition of clinical people at high risk is being worked through. MOH is doing some modelling and identifying resource nationally. Communication needs to be really clear with good leadership in the Community. Communication is a workstream within the process. Comment was made that Primary Vaccinators are busy February, March, April with Flu vaccinations which cannot be given at the same time as COVID. This has been discussed at National level. The supply of vaccination will be influential. It is considered that query should be raised with MOH regarding training the Military to vaccinate. *Whakaari* – Psycho-social support has been raised by the media. Those strongly involved with the Whakaari event have been followed up prior to Christmas. There has been low uptake since December in psycho-social support. There is close monitoring for any gaps in service. *Financials*. These were discussed at the FARM Committee yesterday. The Board requested an options analysis to share with MOH. The options will be included in a short report to be compiled.	

Item No.	Item	Action
	Digital Transformation – Midland Clinical Portal (MCP) - There had been difficulties with MCP over Christmas. An update was made last week. A request had been made by staff members to a Board member to bring the concerns of staff to the Board. The CEO will discuss with the Board Member. There have been a number of fixes applied. Advice on progress will be brought back to the Board. *OIA Compliance*. – of note with regard to OIA requests, is the importance of compliance obligation. 6.2 Hand Hygiene Results July – October 2020 The overall 80% target was not achieved. There has been a slight improvement and this month has seen a refocus. The CEO has taken a lead to try and improve knowledge of the five moments of hand hygiene, with a promotion. Uptake of online training has increased. Comment was made on advice within the report "individuals who remain unconvinced by the value of appropriate hand washing". Board Members could not understand that sentiment with regard to working in a hospital. It is a cultural and behavioural issue. The new CMOs, one of whom is an Infectious Diseases Consultant will hopefully improve the rate. 6.3 Board Members Attendance Register The paper was noted. 6.4 Items from Board Committee Meetings – 26.1.21 There were no matters to be carried over to the Board Meeting today.	GMCS/CFO
7	**Part B; Future Focus and Key Strategic Issues** 7.1 Execution Methodology: 90 Day Plan and Calendar The CEO presented an updated 90 day calendar with inclusion of the Disability objectives from discussion at Combined Committee yesterday. There is also addition of three items under Safe and Compassionate Care. The CEO reiterated that the table is one of deliverables. The table has been shared within the organisation. The CEOs Top 10 items, discussed at the Combined Committee yesterday, were also shown to the Board. *Exploring Structures* – Discussions are occurring with PHOs. There are some compelling areas where there are gaps and desire for change. *Clinical Governance* - there has been a lot of activity in the Clinical Governance space. Clinical Quality comes under many different areas. People are confused as to where to go to with quality issues. The vision is to move to one model to allow work with quality in a much better way with a whole of system view. Query was raised as to whether there will be built in monitoring and review with regard to the items on the calendar. CEO advised that the tool should be an outcome of the Master Plan. This is still being worked through to progress as soon as possible. The Master Plan is a culmination of all the things being undertaken eg in Improvement and Innovation, CCC, Keeping me Well etc. There are other lists sitting under the Cluster Leadership of the Provider Arm, eg Bowel Screening and Property Services, big ticket, high impact items. These need to be brought together with a consolidated view, by internal or external drivers, to show visibility to priorities or combined areas with parallel workstreams, connected with strategic priorities.	

Item No.	Item	Action
	There are lots of pieces of the picture. Alongside that element are the things that have been undertaken in the Annual Plan. Comment was made on the three boxes above the calendar within the paper and whether those should be Strategy, Master Plan, Calendar. The Board was pleased with the first cut and will consider and convey input moving forward. Query was raised as to how and whether the Evolution work undertaken last year, fitted with the current work. The evolution work was critically important in compiling current plans and the calendar and has saved months of activity. 7.2 <u>Annual Plan 2021/22 and Considerations for 2021/22</u> The Minister's letter of expectations has not been received as yet. Discussion with Lakes DHB has been had over the last week or so. BOPDHB's Planning Manager works across both DHBs and there are areas across both DHBs that align. BOPDHB and Lakes DHB share Toi Te Ora, the public health function across the Bay of Plenty. The Regional Council also works across both DHB areas. The Board undertook a short survey on their understanding of the Annual Plan: CEO's aspiration is that the Annual Plan (AP) should be meeting MOH expectations and helping to drive forward strategic priorities, without huge detail. The AP should be a course the organisation is taking in one year to reach the strategic priorities in the SHSP and should be delivered upon. There are some imposed deliverables. It was considered the AP should be tied into the budget, relative to what is able to be achieved. From last year's AP the metrics need to be tidied up. **Resolved** that the Board: • **notes** the planning guidance and key priorities for 2021/2022 • **endorses** ascertaining Lakes DHB's comfort with working together on our annual plans as a connected piece of work where we have shared priorities. • **approves,** subject to Lakes DHB agreement, to progress our annual plans broadly as set out in Option 3 below and if the inter-DHB discussions suggest we should go further management will bring this back to the Board. Moved: R Scott Seconded: M Arundel 7.3 <u>Performance Dashboards: What do we need to know?</u> The paper was taken as read. A workshop will be arranged with the Board. Interim Board Chair advised of the desire to develop a common language. A review of the data that needs to be taken to the Board, will be undertaken. 7.4 <u>Board Process Review</u> A review of Board Process and Content has been undertaken. The Board was requested to provide feedback on the contents of the paper. 7.5 <u>Board Work Plan 2021: Re-thinking Key Board Focus Topics and fit with the new Committee Structure</u>	

Item No.	Item	Action
	Board Members were requested to give thought as to what is required within this year's Work Plan and how it fits with new Board Committee configuration, for next Board Meeting. There are compliance topics which need to be included. The Board is modelling a different way of working. The Chairs of the Committees will discuss items to go forward for the month and allocate to the appropriate meeting.	
8	**Items for Noting** 8.1 <u>Correspondence for Noting:</u> • Letter from Te Runanga o Ngati Awa, re Support for He Ra Whakamaumahataranga – Whakaari 2020, 18 December 2020 • Letter of Appreciation from Whakatane Patient - 1 January 20 The Board noted the papers	
9	**General Business** There was no General Business	
10	Resolution to Exclude the Public Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation: Confidential Minutes of last meeting: Board Minutes – 18.11.20 Business Case – Development of Regional Functionality including Lakes DHB Transition to the Midland Clinical Portal BOPDHB MOH Performance Report – Workforce Plan and Forecasting Chief Executive's Report That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed: Pete Chandler Mike Agnew Debbie Brown Julie Robinson Sarah Mitchell Naila Naseem Resolved that the Board move into confidential. Moved: S Shea Seconded: R Scott	
11	Next Meeting – Wednesday 24 February 2021	

The open section of the meeting closed at 12.30 pm

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

RUNNING LIST OF ACTIONS

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe

	Task	Who	By When	Status	Response
23.9.20 Item 6.1	**Position Statement on Te Tiriti o Waitangi, Health Equity and Racism** The Board notes the paper and supports the direction. An amended paper to be circulated and discussed via Zoom prior to next Board Meeting. If it is considered the paper should come back to the Board thereafter, it will be submitted to next Board meeting.	Manukura	Feb		Final version to Board 24/2 for release March
18.11.20	**CEO's Report – Dashboards** The Management team is working on a revised set of metrics for theatre utilisation. For release early 2021	Acting COO	Feb '21		Update to Board 24/2/21 – Completed
27.1.21	**Financials** The Board requested an options analysis to share with MOH. The options will be included in a short report to be compiled.	GMCS	Feb '21		Completed

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part A:

Monitoring, Compliance and Business as Usual Delivery

Chief Executive's Report

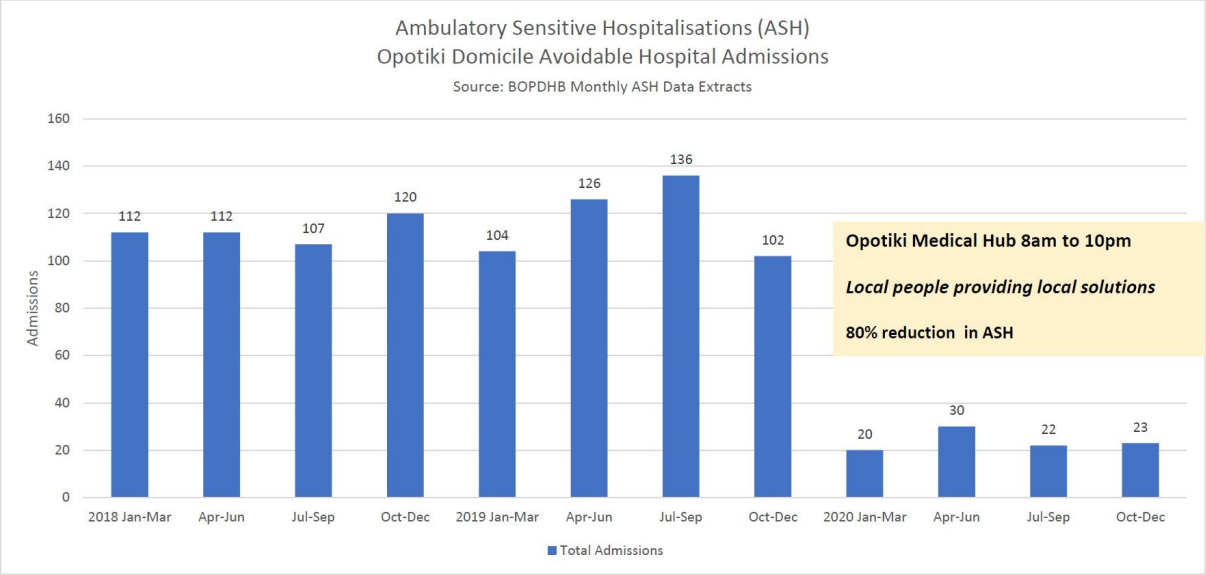
This report covers the period 21 January 2021 to 19 February 2021.

1. Chief Executive's Overview

February has seen a shift in management focus into the MMR vaccination drive, COVID level 2 escalation and COVID vaccination planning. All are progressing well however MMR and COVID vaccination are both significantly relying on the same groups of staff and current assessment is in progress to understand the consequences for other clinical work from which staff have been diverted.

A number of our senior managers and executives have been offsite in the second week of February undertaking intensive training on execution methodology. This is part of our drive to improve agility, pace and effectiveness in advancing organisational deliverables. Whilst the timing has not been ideal with the unanticipated move to COVID alert level 2, it maintains the momentum in this area which is business critical. This month's Board papers also include our proposals around the development of our Transformation Hub which are forming and this is a very significant and exciting development.

New data has been released which shows a very encouraging ***dial move*** in relation to avoidable hospital admissions (ASH rates) for Opotiki residents. This very positive change was one of the success indicators in the development of the Opotiki Medical Hub and shows the benefit and future potential of working at micro locality level. In this case, Whakatohea, local GPs and healthcare staff, Eastern Bay PHA and the DHB have demonstrated success in partnership working in an area that has previously been a challenge to us.



Hand Hygiene continues to be a high focus on our improvement list. Weekly CEO walkarounds to ask staff to have a go at the ***five moments challenge*** is both adding some fun and focus to this initiative. Signs of improvement are starting to be seen at week 4 however this is formally measured on a quarterly basis. Our first two staff winners of gift cards for successfully naming the five moments have been shared on our intranet and a number of staff are now developing their own ideas to add impetus to this initiative.

The **Minister's letter of Expectations** was released in February and is included in Stellar and will be included in the Board front page from next month. This highlights a concise list of areas of current priorities which aligns very well with our current focus areas. In addition, the Minister and Director General have emphasised to all the DHBs the importance of critical focus being on keeping COVID

out of the community and acting with full force in the event of an outbreak, plus undiverted focus on vaccination.

The new **deliverables calendar** was shared with the Board last month and we are on track with the completion timelines. Note that grey status boxes represent external dependencies which present potential for variation beyond our control.

STRATEGIC PRIORITY AREA	Exec 'A'	STATUS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
A connected system of care														
Start bowel screening	BA									X				
Telemedicine Sustainability Project	BA												X	
Commence Eastern Bay Healthcare Network exploration	PC	AHEAD				X								
National Go-live with Life Curve app	SM			X										
Release concept Locality model proposal	PC				X									
Release re-design proposals for provider child, youth, and maternal services (Phase 1)	SM				X									
Delivery of Disability Strategic Plan	MA								X					
Start mental health unit rebuilds	JH										X			
Submit next year's Annual Plan draft	MA				X									
Equitable Healthcare														
Launch Toi Ora Investment Model	MT					X								
Release of Te Tiriti position statement	MT			X										
He Pou Oranga MOC	MT							X						
Release clinical equity improvement priorities	PC				X									
Healthy, Thriving Workforce														
Violence against staff: Introduce smartphone support for lone workers	JH				X									
Release digital transformation strategy	OW								X					
Launch new DHB website	OW			X										
Commence building Organisational Development function	PC			X										
Safe and Compassionate Care														
IC Net (infection control surveillance software) implementation	JR				X									
Launch refreshed quality management systems (e.g. incident, adverse	CMO													X
Patient safety sub-committee routine reports (e.g. med safety, falls) with risk register, scorecard, improvement plan etc - at least 2 sub-	CMO													X
Cluster routine reports on Quality - (e.g. risk register, scorecard, improvement plan etc) - at least 2x clusters	CMO													X
Release outcome review of Infection Control function	JR							X						
Standalone priorities														
Launch environmental sustainabiliy strategy	JH				X									
Finalise Tauranga site master plan	JH								X					
Open 2nd Cath Lab	BA										X*			
Commence COVID vaccination programme	MA	AHEAD				X*								
Release car fleet review recommendations	OW							X						
** indicative date*														

At the January Board meeting discussion took place in focusing one component of Board and Committee work on taking an end to end deep dive into specific areas of intended shift. Since the Board meeting, and in seeking to align Ministry prioritisation, local needs and aspirations, evidenced areas of significant opportunity and fit with the four domains of ***Integrated Healthcare, Equity, Workforce and Patient safety and quality,*** we are proposing these as:

1. **Child immunisation**
2. **Child oral health**
3. **Eastern Bay Locality Network**
4. **Tier 1 and Tier 2 organisation, with an initial focus on commissioning**

These present a mix of *vertical shifts* and *horizontal shifts* which best align across intersecting domains, with equity at the heart of these.

The first – child immunisation – aligns with the Minister and Ministry's current imperative expectation on DHBs and with the current extremely high local intensity of work focus for our teams. A Board session this month will occur, involving the key team leads over this area who will walk through the current model, constraints and opportunities at the joint Committee meeting,

with follow-through to the main Board meeting the following day. This is a new approach for the Board and management team and so learnings from the first session will be adapted into a model framework for subsequent areas of focus.

2. News and key events

2.1 COVID-19 Key Updates

Ministry Covid-19 Readiness Project

Tauranga Hospital has been included in the Ministry's Covid-19 Readiness Project.

The objective of the project is to create dedicated treatment and ward spaces should another COVID or similar pandemic occur.

The Ministry has determined that the BOPDHB should have a total of 31 dedicated Covid-19 beds.

The Ministry is funding the following work:

- Conversion of Ward 2C to a negative pressure ward (24 beds)
- Modifications to ICU/CCU ward to treat Covid-19 patient is 7 beds without impacting of the other patient areas
- Possible modification to ED

The upgrade works are funded and delivered by the Ministry. It should be noted that the Ministry envisages positive Covid-19 patients from the whole of the Bay being transferred to Tauranga. However, the Whakatane ED will need modification to create a safe environment. This upgrade work will need to be funded by the DHB.

2.1.1 COVID - Communications

Ongoing internal and external communications via digital media, staff bulletins, and posters to remind staff and the public of the on-going need to continue to carry out COVID-19 scanning or signing in when entering DHB buildings.

A number of specific media requests related to COVID have been dealt with including issues related to the COVID-MIQ Pullman Hotel and staff on a ship coming into Tauranga Port. Internal communications to staff on COVID have been delivered via COVID staff bulletin and messages on the internal OnePlace intranet.

Alongside the COVID specific communications to staff, a video from the CEO specifically focusing on hand hygiene and the need to improve our performance was produced and delivered via OnePlace.

2.1.2 COVID Response and Recovery

Resurgence planning continues across the Emergency Operations Centre and Integrated Operations Centre to ensure a unified control framework should a resurgence of COVID be experienced.

Response actions include:

- Planning for welfare support for persons who may need to quarantine or isolate at home
- Psychosocial Coordination – the Eastern Bay position has been filled and a meeting has been held between this position and the Whakaari Hauora Coordinator to clarify roles and scope of work.
- Participating in COVID Planning for Aged Residential Care with TTO and Clinical Nurse Specialists including planning for workshops

- To Te Ora has put in place a Response Manager for COVID with the goal of incorporating COVID-19 into BAU as much as possible – at least in the absence of any confirmed cases in BOP and Lakes
- Working with Toi Te Ora (TTO) Emergency Management Advisor and Emergency Management BOP Welfare manager regarding wrap around support for people in home self-isolation or quarantine at their request because of concerns from TTO about being able to manage surge.

Planning for the Vaccination programme is underway as more information comes available from the Ministry of Health. An initial meeting with key stakeholders to provide up to date information and form work streams took place in late December. The Emergency Planning Team remains as support and strategic direction as needed.

The Board will be briefed on the latest information on the vaccine rollout at the Board meeting as this is rapidly developing and evolving at the time of writing.

2.2 Communications

2.2.1 Digital Communications - External websites

The refresh of the new BOPDHB website continues with the aim of a February/March go-live. While this initiative will deliver a "refreshed" website, a full programme of change will be needed once the DHB has completed its Digital Transformation Strategy and Digital Communication Strategy – these will set the long term direction for the DHBs internet and social media presence.

While confidence remains high for achievement of the go live timeframe of end February, early March, there will be some functional requirements will be unmet at that stage. However, given the technical issues around the existing website and the age of some of the content, it has been decided that go-live will not be held up by these issues.

2.2.2 Digital Communications - Social media

Utilisation of social media (Facebook, Twitter, Instagram and LinkedIn) as a mechanism for the DHB to communicate with communities continues to grow. A number of "good news" stories have been used to create greater engagement via our social media with the DHBs increased messaging resulting in an increase in "shares" and public engagement. Social media inward messaging is weighted towards positive sentiment messages to the DHB – excluding "neutral" messages the social media contacts were 86% positive and 14% negative.

Some statistics associated with social media activity are included in the Appendix to this report.

Facebook Top Posts

Our most popular posts for the month are outlined below.

Post Message	Type	Posted	Post Total Reach	Engaged Users
BOPDHB Occupational Therapist Luke Gray has been recognised as a Local Legend for his work supporting young people's mental health in his community of Whakatāne	Photo	10/01/21	2614	0
To help us keep the Bay of Plenty's summer	Photo	30/01/21	2252	1398

unstoppable, please remember these 8 ways you can help us.				
2021 is an exciting time to be joining the BOPDHB. If you looking for an opportunity to form successful, long term strategic relationships then this is a position which you may want to consider http://ow.ly/cfbi50DeOBL #BOPDHBcareers	Photo	21/01/21	1553	0
A woman inspired to give blood after losing her mum in a road traffic accident is just one of a team of 'heroes' at Tauranga Hospital who have been recognised by the NZ Blood Service. Read the full story http://ow.ly/2spY50DjfsL #BOPDHB #TaurangaHospital	Photo	26/01/21	1413	0

3. Our People

3.1 Corporate Services Staff Changes

There have been a number of key Corporate Services staff changes occurring or signaled in January:

People and Culture –

- a new approach to provision of HR support and advice across the DHB is being implemented - centred on a portfolio based business partner team where P&C business partners are assigned to specific operational teams within the DHB,
- recruitment is underway to strengthen the P&C capabilities and capacity to support the new Business Partner (BP) and to appoint a new BP team leader.

Information Management

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

Education and Learning

Raewyn Adams, who has been a librarian at BOPDHB for 19 years is retiring in early March. Recruitment is underway for her replacement, specifically looking for a Systems Librarian to ensure the library resources are available anytime, anywhere. There have been some high calibre applicants so far.

3.2 Education and Learning

We currently have 32 enrolments in the latest offering of the free Level 2 Certificate of Computing that we offer through Eastern Institute of Technology. These include clinical and non-clinical staff, at all levels from across the organisation.

'What's new in Office 365' sessions have been run across both sites, and feedback demonstrates that people are finding them useful and relevant. The next suite of digital capability training is around OneDrive.

The Digital Capability Trainers are working more closely with the Clinical Applications Trainers to ensure there are not competing priorities for training time, and to keep informed about what is coming up for the other team.

Study Funding has been allocated for 2021. This includes $25,000 for Advanced Study Fund (across 20 staff members); two Hauora a Toi Karahipi scholarships from Te Pare o Toi; the Whakatane Staff Study Fund for 9 staff and 11 staff who are receiving scholarships from the Learning Scholarships. Our sponsors this year are Bay of Plenty Medical Research Trust; Pure Print; Guild & Spence and Jigsaw Architects. The presentations for these were in Whakatane on 4 February, with Board and Exec representation.

The qualifications being supported range from schedulers completing certificates in medical terminology through to Allied staff completing Doctorates. There are several Radiology staff in Whakatāne working through qualifications in Medical Imaging.

3.3 Whakaari Recovery

Over 12 months post the December 2019 Whakaari eruption event, a number of projects related to lessons learned from the event have been initiated including the following:

- Helipad Coordination
- Stores Management for a Mass Casualty
- Patient Tracking in an Emergency
- Emergency Operations Centre review

The Hauora/Wellness Coordinator role appointed to support staff and whanau with post Whakaari issues, continues her work in assessing staff needs and identifying potential strategies. Updates on support service availability are being regularly shared with Whakatane staff along with wellness strategies.

A Civil Defence led group continues to meet on a monthly basis with the key issue to be addressed being the ongoing role of the group and the potential to evolve into a permanent advisory group – similar to the group that exists within the Central Plateau. BOPDHB would be a participant on this group.

Work on gathering documentation for the Coronial Investigation continues.

4. Bay of Plenty Health System Performance

The Exec Team are on track with the development of our top 10 key performance indicators something we have not done before and is intended to raise the profile of some of our most important measures of success. These will be released in March.

As reported at last month's Board, alongside the ten priority indicators our wider balanced scorecard is under development and will be released in April.

A key part of the above work is determining whether our Equity dashboard needs to be separate from or a part of the above, given many of the indicators have an equity drive behind them anyway.

As we move into the second half of 2021, focus will be on the development of whole of system measures.

5. Financial Performance

The financial performance for the month of January was in line with the budget for the month – a positive result given the significant adverse result in December**,** however it should be noted that this improvement related to a slight easing of clinical workload during this period but if the trend of previous months continues, this will place significant pressure on the DHB's financial position.

6. Bay of Plenty Health System Transformation

6.1 DHB Operating System: How we work

6.1.1 Digital Transformation

Data & Digital Programme –

The Digital Strategy development is currently in the first of four project phases – Mobilise, Discover, Define, and Document. The Mobilise phase will deliver:

- The governance and working group structures required to deliver this project.

- The communication plan for the overall programme
- A Stakeholder engagement plan to ensure all key stakeholders are identified and engaged in the project

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

Key Focus Area		Assessment
Integrated Sector Digital Services	Development of sector wide federated digital services capability including, shared leadership, care planning/scheduling, digital strategy. These initiatives are partially if not fully funded via the MoH.	On Target
Telehealth	Further development of telehealth capability with particular focus on specialist services delivered into the community and opportunities for iwi led initiatives. The initiative will also enable support for COVID response if the country faces increased alert levels.	On Target
Digital Maturity Assessment	Working with MoH to assess digital maturity across primary, community and secondary care services.	Delayed
Midland Clinical Portal	Transition of local clinical workstation onto regional portal complete. Post go-live operational issues are being worked through.	On Target
Digital Maternity System	Identification and implementation of digital solution to support maternity service delivery across the DHB.	On Target
FPIM	Implementation of the national Finance Procurement Information Management system. The GM Corporate Service has been appointed to the programme steering group.	On Target

6.1.2 Digital Projects

A range of digital projects and initiatives are underway within the DHB, either to enhance the clinical treatment processes or to enable improved operational performance . The status of major projects is noted below:

	Project/Initiative	Progress	Confidence
Clinical System Projects / Initiatives	**Infection Control (ICNet)**	Proceeding as per plan. The Covid panels aspect has been completed successfully and is in use with the infection control teams. Network connectivity successfully established with host, Canterbury DHB. Project is in testing stage and is progressing towards the go live date in April.	**High**
	Provation / National Bowel Screening	Progress on the Midland sub-regional Provation system upgrade, planned for a late February go-live, remains on track. In addition to keeping the system up to date, this upgrade will deliver new components to enable the National Bowel Screening programme.	**High**
	Care Capacity Demand Management (CCDM) Data Project	The development work has been completed and this initiative is shifting into operational support and maintenance mode.	**High**

		This will enable the CCDM analysis and reporting to occur on a more timely basis and also enable ongoing system improvements/enhancements	
	BadgerNet Maternity System	The proposed implementation of the nationally adopted Maternity Service is at business case stage. Target is for go-live later in 2021. As a cloud based national system, many of the implementation and integration issues have been addressed in other DHBs – raising the confidence around this project.	**High**
	Midland Clinical Portal	Having gone live at BOP, this workstream is now focusing on the roll out across the two other DHBs and ongoing support & maintenance. BOPDHB is assisting Tairawhiti DHB in its migration to MCP, set to go-live in March 21. As part of the transition to MCP, BOP is also bringing Tairawhiti Results into BOP Éclair – this workstream is progressing well against the plan. In January MCP was successfully upgraded to the latest software version with limited operational disruption and delivery of new functionality and improved system performance. Despite positive progress, this programme remains in the "Medium" confidence due to the complexities around sub-regional programmes of work.	**Medium**
	Clinical Audit Data Initiative	New initiative to support clinical audit activity. Initiative is focused on improving data analysis capabilities centred around a trial using existing DHB systems and capabilities to create to deliver enhanced reporting and analysis.	**High**
Business System Projects / Initiatives	**National Costing/Pricing Workstream**	The annual patient / treatment costing process was completed in December and BOP's data extract was submitted on time at the end of that month. BOP is one of 14 DHBs that undertake this work - supplying patient cost data that supports national pricing processes.	**Complete**
	Microsoft Modern Workplace Programme	This project transitioning the DHB from "on premise" provision of Microsoft products to cloud-based Software as a Service (SAAS) progresses at a good pace. By end of January 96% of the DHB devices were upgraded (2913 out of 3027) while 38% of user mailboxes have been migrated to cloud.	**High**
	BOP Website Refresh	The initiative to undertake a technical upgrade of the BOP website and a refresh of the "look and feel" progresses to plan with go-live expected end of February, early March.	**Medium**
	FPIM / National Health System Catalogue	The national Finance Procurement Information Management (FPIM) programme is focused on transitioning the six Wave 2 DHBs onto the national system by March 2022.	**Low /Medium**

		Currently BOP is one of the four Wave 1 DHBs operating on the system. Confidence levels are adversely impacted by system performance issues for Wave 1 DHBs and the fact that key NZHPL resources are all focused on Wave 2 processes and unavailable to address Wave 1 operational issues/enhancements.	

6.1.3 Proposed contract alteration clause to enable integrated care

Our local Bay of Plenty (and wider) health system is a collection of bespoke health services that very often interface with each other via commercial boundaries. These commercial boundaries usually also represent boundaries between repositories of health information.

This in turn results in patient health records that are distributed across multiple providers and not centrally available to clinical staff anywhere in order to support optimal clinical decision making. This situation also means that very often patient experience can be poor, and continuity of care is not the best that it can be.

Management are currently exploring using contract renewals and reviews to set the expectation with providers that healthcare information belongs first to healthcare consumers and thus should be made available where useful to improve wellness outcomes.

The following provides an indication of the proposed expectations:

- Patient level health information may be required to be exported regularly to the Bay of Plenty District Health Board. If so, this will be held securely and used to enhance continuity of patient care and also to support clinical decision making.
- Any information held or shared for this purpose will be done in compliance with the New Zealand Privacy Code Rules and aligned with the principles of Maori Data Sovereignty.
- If you require assistance to export relevant patient health information then this can be made available for you.
- This requirement may have immediate effect or become a future requirement as need and/or capability allows.

6.1.4 Process Efficiency

Invoice Processing - Scanning Solution

This project, which aims to deliver an invoice scanning to speed up processing, reduce invoice handling and reduce risk around inappropriate payment, has a dependency on the agreement and involvement of NZ Health Partners (NZHP) in this project.

Limited progress was made on this initiative over January and NZ Health Partners' FPIM programme continues to signal a June completion date which is later than BOP has planned - we're pushing for earlier go live.

Supply Chain Volumes

The number of inventory lines issued in January dropped significantly in January with the lower activity month, and was similar to the levels of the two previous years. Refer graph in Appendix.

Transport Fleet Management

Carbon Asset Management (CAM), the company engaged to assist the DHB in improving the use of the DHB's transport fleet and reducing its carbon emissions in line with the Governments carbon reduction targets have confirmed there is Government subsidy available to assist with covering the cost of their work. Work has commenced with phase 1 to be completed before end of March.

6.1.5 Workforce / People Strategy

Holidays Act Compliance (HAC) project

The HAC project Rectification phase continues with the current focus being on defining the proposed solutions to the non-compliance issues identified during the Review phase. – approximately 33% of issues have solutions determined. The first round of reviews by union partners have been completed and the MBIE Labour Inspector has agreed with the proposed solutions with only minor changes.

The project team is working with the payroll and rostering system vendors to make sure that proposed solutions can be delivered within the given timeframes.

Manual data collection work is in progress, three additional data entry admin support resources joined the team in mid-January, aiming to complete this work by end of June.

A change manager is being recruited to manage the HAC related business process changes, transition, training, and communication. As we all know HAC compliances go beyond payroll systems or pay calculations fixes, the change manager will identify required business changes and manage implementation.

IEA Remuneration (Banding) Project

A programme of work has commenced to improve the remuneration processes and tools for staff employed on Individual Employment Agreements (IEAs). The goal is to move from single point (median) pay settings to use of salary bands and enable more flexibility in the setting and adjusting of IEA staff – who have tended to fall behind staff employed on MECAs.

The work involves identifying related jobs, establishing relativities across jobs, loading job sizing and salary data into the 'Remwise' remuneration software and using this tool to create the salary bands. It is expected this work will be completed in February and will be followed by analysis of current remuneration data against market data to inform remuneration strategy and policy.

Recruitment

January was a busy month for the recruitment team as shown by the statistics below:

Offers Letters Approved	114
New Employees Started in Jan	109
Internal Employee Transfers	52
Adverts Posted in Jan	78

7. Health and Safety

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

Along with all other DHBs, BOP recently took part in the Safe365 Health and Safety maturity assessment. This programme which is underpinned by the legal requirements and recognised best practice and international standards consists of 10 modules against which a participant is assessed.

The Safe365 maturity model assessing that organisations that achieve up to 60% are at the "Basic" maturity level, "Comprehensive" is 75% and "Excellent" is 85%. With scores ranging from 26% through to 80%, the majority of DHBs were assessed as being in the "Basic" level. BOP was assessed at 46%, below the average for the sector.

All Industries Benchmark	55%
Health Care and Social Assistance Benchmarks	54%
BOP	**46%**
DHBs Average	**49%**
DHB Highest	80%
DHB Lowest	26%

The value of undertaking this assessment is that it allows the DHB to identify those modules or areas where it can make most improvement. The modules where BOP scored lowest were Director Knowledge, Management Knowledge, and Verification & Audit Activities.

8. Clinical Campus

Students

- 25 of the 28 UoA Year 6 cohort students orientated on Monday 11 January, the remainder will come in after elective and GP attachments.
- 18 UoA Year 5 orientated on Monday 25 Jan, 10 in Tauranga and 8 in Whakatāne.
- 24 UoA Year 4 students will be starting their academic year on Monday 15 February, they will attend the DHB orientation.

We will have a total of 70 University of Auckland students over three cohorts in 2021. Allied students are starting to orientate into the hospitals, generally we have around 70 during the year.

Clinical Trials and Research

NZ Health Research Strategy work programme

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

BOPCTU clinical trials activity

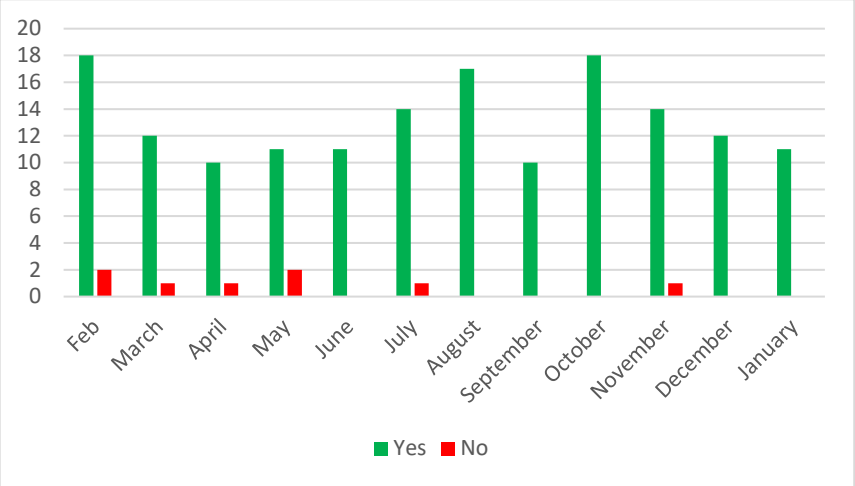
There are 17 active trials enrolling as at the end of December with 23 patients currently on active treatment across all clinical trials. There are 10 trials in Start-up.

9. Governance and Quality

OIA's (Responded to 1 – 31 January 2021)

	OIA	Requester Type	Due Date	Response Date	Met on time
1	Harrassment and Assaults	MP	26.01.21	08.01.21	Yes
2	Acute Mental Health Unit Data	Media	29.01.21	13.01.21	Yes
3	Interpretation Services	Prof Org	12.02.21	13.01.21	Yes
4	Data Sharing	Publication	02.02.21	18.01.21	Yes
5	Hospital Art	Media	10.02.21	18.01.21	Yes
6	RMO's Working <1.0 FTE	Prof Org	02.02.21	21.01.21	Yes
7	Return of Body Parts	Media	16.01.21	27.01.21	Yes
8	Drs Additional Duties	Prof Org	02.02.21	29.01.21	Yes
9	Radiollogy Diagnostic Services	Local Councillor	24.02.21	29.01.21	Yes
10	COVID Tests	Media	02.03.21	29.01.21	Yes
11	Breastfeeding Study	Student	16.02.21	29.01.21	Yes

OIA Compliance by Month



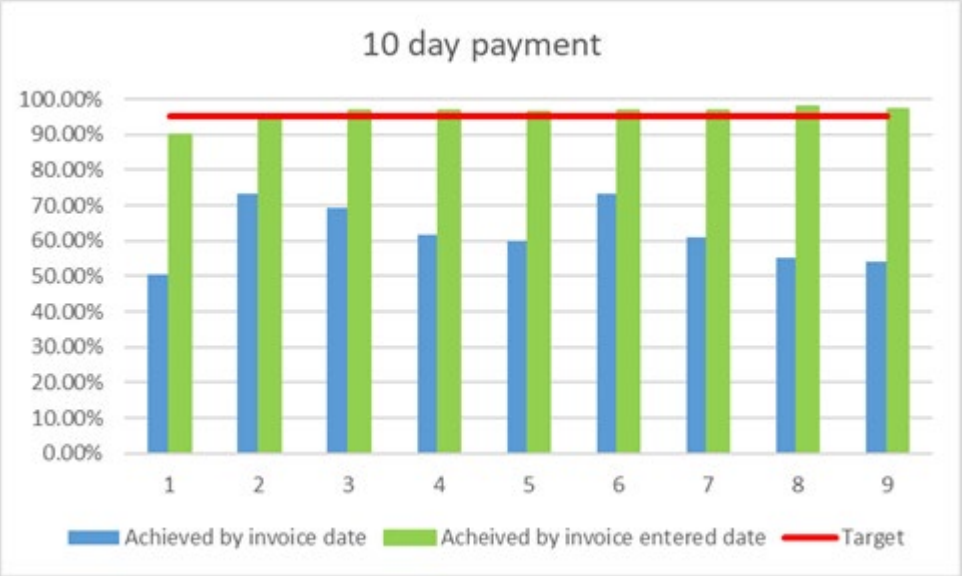
10. Finance Procurement Supply Chain Performance

10.1 Finance Procurement Supply Chain Performance

10.1.1 Finance 10 Day Invoice Processing — Target 95% / Actual 62%

As a result of the economic impacts of COVID, the Government has set a target for Crown agencies to pay 95% of creditor invoices within 10 days of ***invoice date***. Currently BOPDHB is achieving 62% of invoices being paid within 10 days of invoice date, although 97% of invoices are paid within 10 days of being ***received*** by the DHB's Accounts Payable function.

The performance gap relates to a delay between invoice date and being received by the DHB's Accounts Payable team – either suppliers not sending invoices promptly, or invoices not being sent directly to the AP team within the DHB.



10.1.2 Procurement Function Targets

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

Procurement Performance Aspect	Actual	Target	19/20 Actual
Spend Coverage	**71.5%**	75%	73.1%
Contract Coverage	**94.3%**	98%	95.8%
Procurement Compliance	**95.8%**	100%	100%
Procurement Coverage	**46.7%**	35%	36.7%
Procurement Benefit$	**$3.01M**	$2.36M	$2.45M
Compliance Costs	**41%**	40%	44.9%
Sourcing Investment	**59%**	60%	55.1%
Procurement Investment	**0.61%**	0.7%	0.61%
Sourcing ROI	**6.4**	5.0	5.7
Procurement ROI	**3.8**	3.0	3.2

10.1.3 Procurement Team Focus

A number of key priority procurement projects are currently underway including:

- ICD Pacemakers
- Endoscopy
- Orthotics
- Customised procedure packs

The ALMA consultants were brought in to review the Procurement function and the opportunities for financial savings via improved procurement. That review, plus inhouse assessment has indicated that further gains are available to the DHB if the resourcing of the Procurement team was addressed. Currently the expertise available is oversubscribed and a number of opportunities for improved purchasing results and savings are being missed. A case for increased resourcing in this area is to go to the Executive with the potential for a link into the Planning & Funding team to be explored.

Inventory Lines Issued

The inventory lines issued measure provides an indication of the variety of inventory items being used across the DHB which in turn provides an indication of how busy the DHB is. Its clear that 20020/21 is a step up on prior years.

11 Risks & Issues

11.1 Emergency Planning

The Emergency Planning Team - is small with a broad scope of work not only geographically but because of complex array of hazards in the Bay of Plenty and because of the responsibility to cover emergency planning, training, response in both the community and hospital setting. As a result, we will always need to be reprioritizing based on what presents on any given day. Some critical planning must be re-prioritized based on ongoing and emerging priorities.

Patient Tracking – current patient tracking process to be used during an emergency event needs review as they don't meet the gold standard. This relates not only to labelling but tracking a patient through the hospital system to facilitate reunification with family/whanau.

Decontamination/Hazmat Readiness – more understanding of the hazards at major hazardous facilities is required to ensure ED preparedness. In addition, neither hospital has a fully trained team to respond to a HAZMAT situation both about managing the decontamination tent, donning and doffing PPE and the actual decontamination of an individual. A need to meet Work Safe requirements for adequately assessing and mitigating any potential health and safety concerns for staff and patients is imperative and so work is underway to address this.

Monthly Indicators report JANUARY 2021

From Board Dashboard and Balanced Scorecard

Last update on February 18th 2021

CARE Manaakitanga

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Board Report

Total population

Ethnicity
- Maori 31
- Non-Maori
- Total

ID	Description	Frequency	Last period	Target	Last Value	YTD	Equity
BSC_SMOK_PH04	Primary care smoking	Q	2020-12-01	90.00	87.29	87.29	-0.65
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	85.71	
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	73.59	73.59	-11.21
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	73.89	74.44	-8.33
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2021-01-01	95.00	105.25	102.98	-13.09
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2021-01-01	5.00	6.01	5.93	-10.42
BSC_MH_WT3W_0_19_AOD_DHB_NGO	Three week wait times - AOD (Provider Arm & NGOs) Ages 0-19	M	2020-10-01	80.00	72.16	72.54	-9.42
BSC_IMMS_8M12M	Child Immunisation 8M milestone 12M stats	M	2021-01-01	95.00	85.01	85.64	-12.04
BSC_FCT_SS11	Patients with a confirmed diagnosis of cancer who receive their first cancer treatment within 62 days of decision-to-treat.	Q	2020-12-01	90.00	81.25	88.46	-8.33
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2021-01-01	95.00	87.07	87.72	6.02
BSC_B4SC_CW10	Percentage of obese children (B4SC) oferred a referral	M	2021-01-01	95.00	85.21	76.86	-5.81

Indicators with no split by ethnicity

ID	Description	Frequency	Last period	Target	Value	YTD
BSC_PCI_T	Planned care interventions	M	2020-12-01	9,169.00	9,822.00	9,822.00

CARE Manaakitanga

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Board Report

Maori

Ethnicity
- Maori 32
- Non-Maori
- Total

ID	Description	Frequency	Last period	Target	Last Value	YTD	Equity
BSC_SMOK_PH04	Primary care smoking	Q	2020-12-01	90.00	86.92	86.92	-0.65
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	86.96	
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	64.91	64.91	-11.21
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	67.02	66.97	-8.33
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2021-01-01	95.00	97.61	94.74	-13.09
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2021-01-01	5.00	14.09	13.55	-10.42
BSC_MH_WT3W_0_19_AOD_DHB_NGO	Three week wait times - AOD (Provider Arm & NGOs) Ages 0-19	M	2020-10-01	80.00	68.52	69.84	-9.42
BSC_IMMS_8M12M	Child Immunisation 8M milestone 12M stats	M	2021-01-01	95.00	77.74	79.26	-12.04
BSC_FCT_SS11	Patients with a confirmed diagnosis of cancer who receive their first cancer treatment within 62 days of decision-to-treat.	Q	2020-12-01	90.00	75.00	87.50	-8.33
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2021-01-01	95.00	91.28	91.56	6.02
BSC_B4SC_CW10	Percentage of obese children (B4SC) oferred a referral	M	2021-01-01	95.00	82.72	78.93	-5.81

Indicators with no split by ethnicity

ID	Description	Frequency	Last period	Target	Value	YTD

CARE Manaakitanga

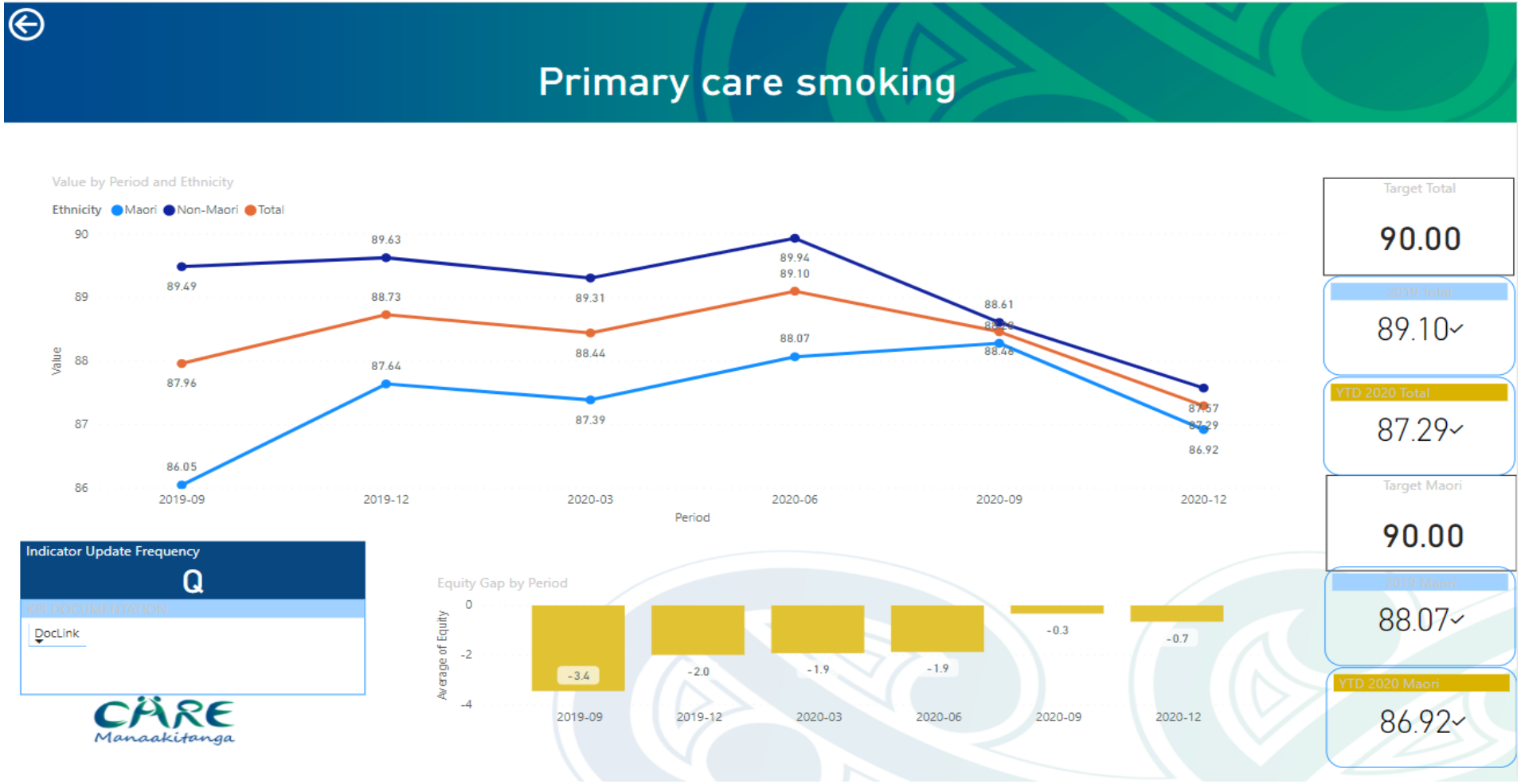
Individual Indicators

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

Definition

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

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



Comments in next page

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

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

Comments from PHOs (Source: MOH quarterly reports)

WBOPPHO has not met the target for this quarter, achieving 86%. This represents a 1% slippage for the quarter. While the majority of our Practices have maintained performance, a few of our larger Practices have slipped back through re-prioritisation of work within their Practice Teams. Between these Practices, they have 847 patients required to be offered Brief Advice and Cessation Support to achieve the target. It has been indicated by at least one Practice that the necessary investment required to undertake a catch-up exercise far exceeds the cost benefit of achieving and maintaining the target through receipt of SLM-HT payments. The PHO is currently considering how it may best support all of our Practices to retain a focus on this target, despite the fact that they are all target weary.

EBPHA reached 89% target for Smoking Cessation and Brief Advice for Quarter 2 2020-21.

The biggest challenge in achieving this is the ongoing issue that many patients have out of date contact details. The majority of smokers in the Eastern Bay are in the High Needs category and are often transient or do not have the financial capability of maintaining a phone. All Practices are encouraged to update patients' details at each point of contact to ensure the most up to date information is available. Progress with the target is available to all Practices through Mohio and Best Practice.

Due to staffing changes at EBPHA and COVID19 over the past 9 months, EBPHA has not been available to provide as much support to the Practices as we have in the past hence having missed out on the total target this quarter. We are doing training, planning and implementation with the new team members to ensure Practices receive this support going forward.

NMO. Our analysis is that Pirirakau Hauora has met the target as usual. Reports indicate Te Manu Toroa has not met the target however there is a backlog of records still to update in medtech.

Tauranga Moana City Clinic have implemented a check in kiosk, at which patients can update their smoking status and ask to be referred for cessation support. The system has not yet been linked to medtech, so at this stage patient medical files are updated manually at the end of each week.

Recalls and reminders continue. GPs and nurses continue to be reminded at morning huddles about the need to update smoking status and offer brief advice and cessation support to patients coded as current smokers.

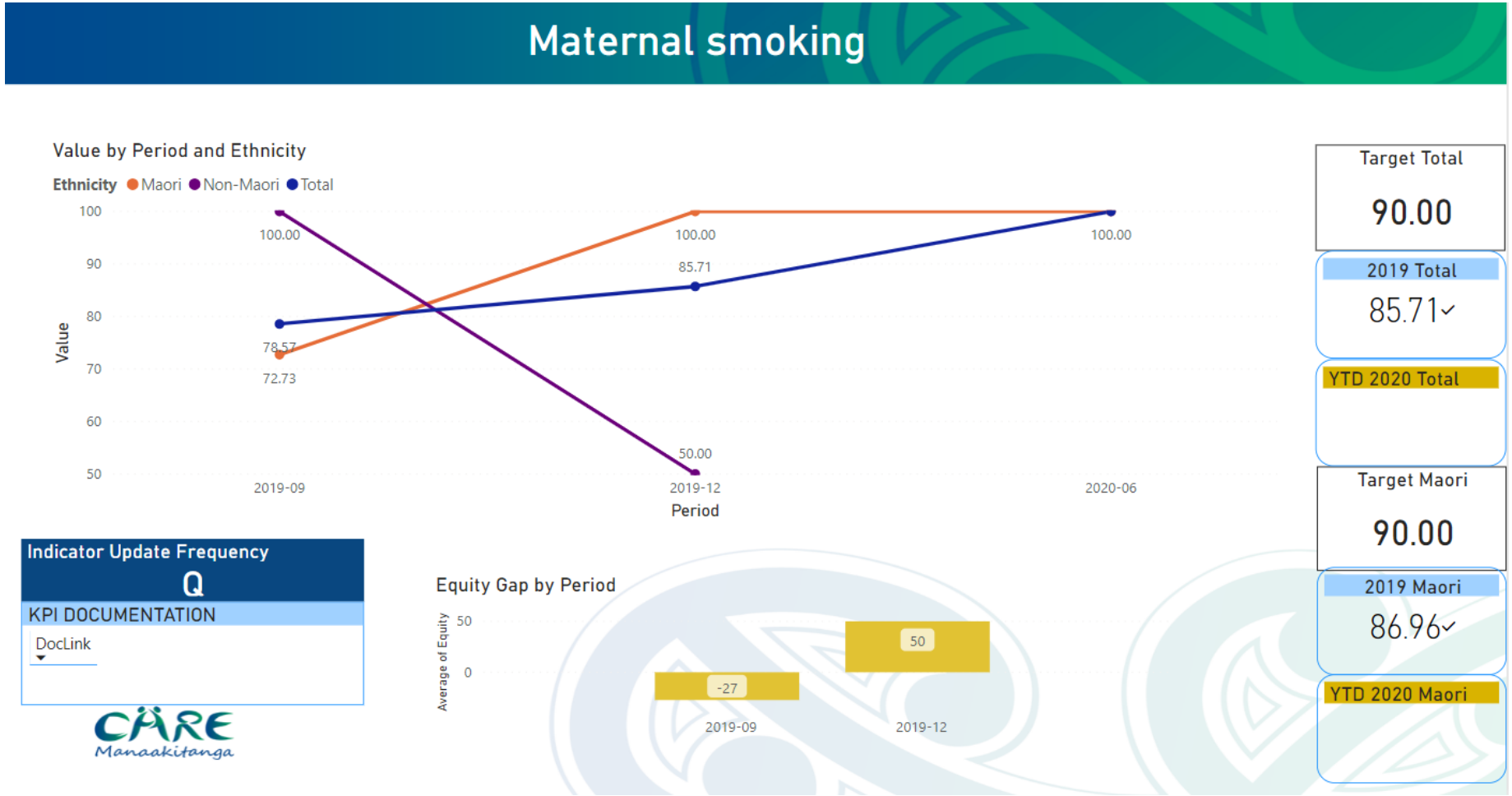
Monthly reports continue to be generated from Dr Info and Medtech Query to: check that READ codes are being updated for anyone offered cessation support; check any new enrolments that have not had their smoking status recorded; identify any patients not recorded with a smoking status. Any remedial actions will be taken as required.

CARE Manaakitanga

Definition

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

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



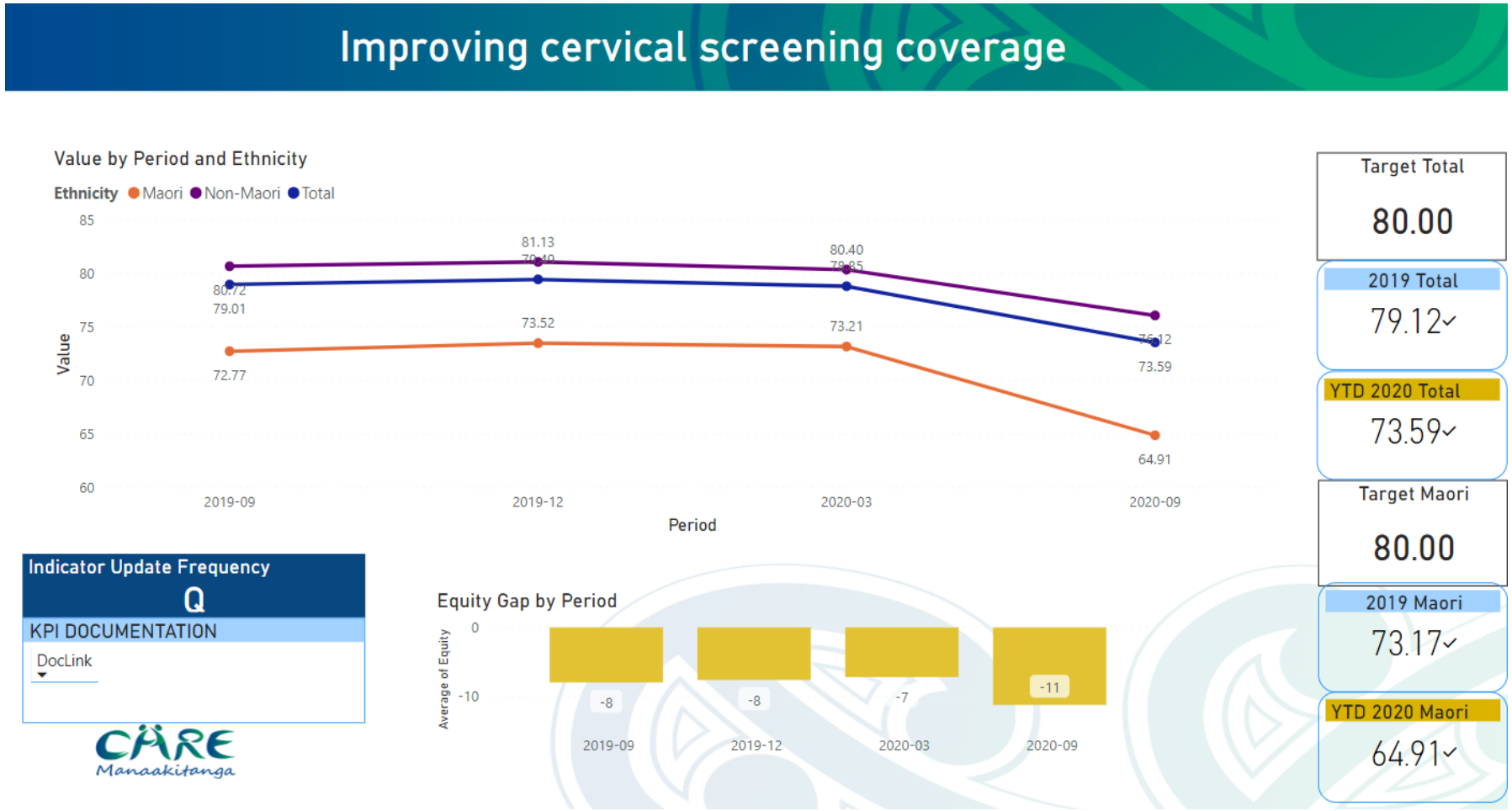
Comments:

No new data updates from previous period

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

Definition

MOH Indicator PV02 Improving cervical screening coverage:
80% coverage for all ethnic groups and overall.

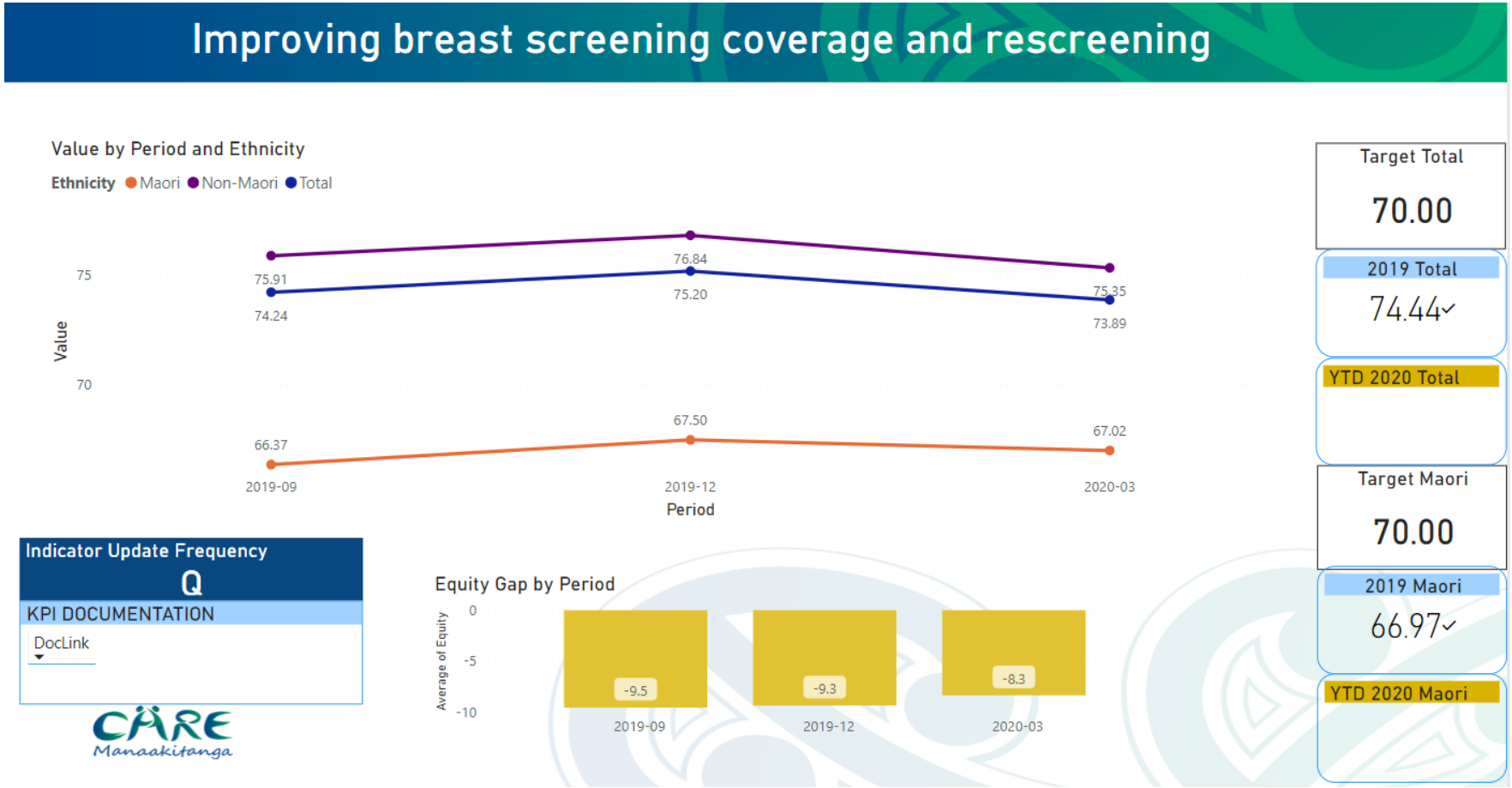


Comments

No new updates from previous period. During Level 4 lockdown (and some providers in L3), cervical screening was not provided. The services are currently trying to catch up on this unmet need. The Support to Screening provider specifically works to improve access to screening for priority groups, in particular Māori wāhine. BOPDHB offer funding to remove the cervical screening GP co-payment for priority women. Three women's health wananga (Sept, Oct and Nov 2020) have been held in Murupara and surrounding towns, led by Te Ika Whenua Hauora. 165 overdue women have had opportunistic Free Cervical Screening so far. This is likely to be seen as % Māori increase in subsequent reports.

Definition

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



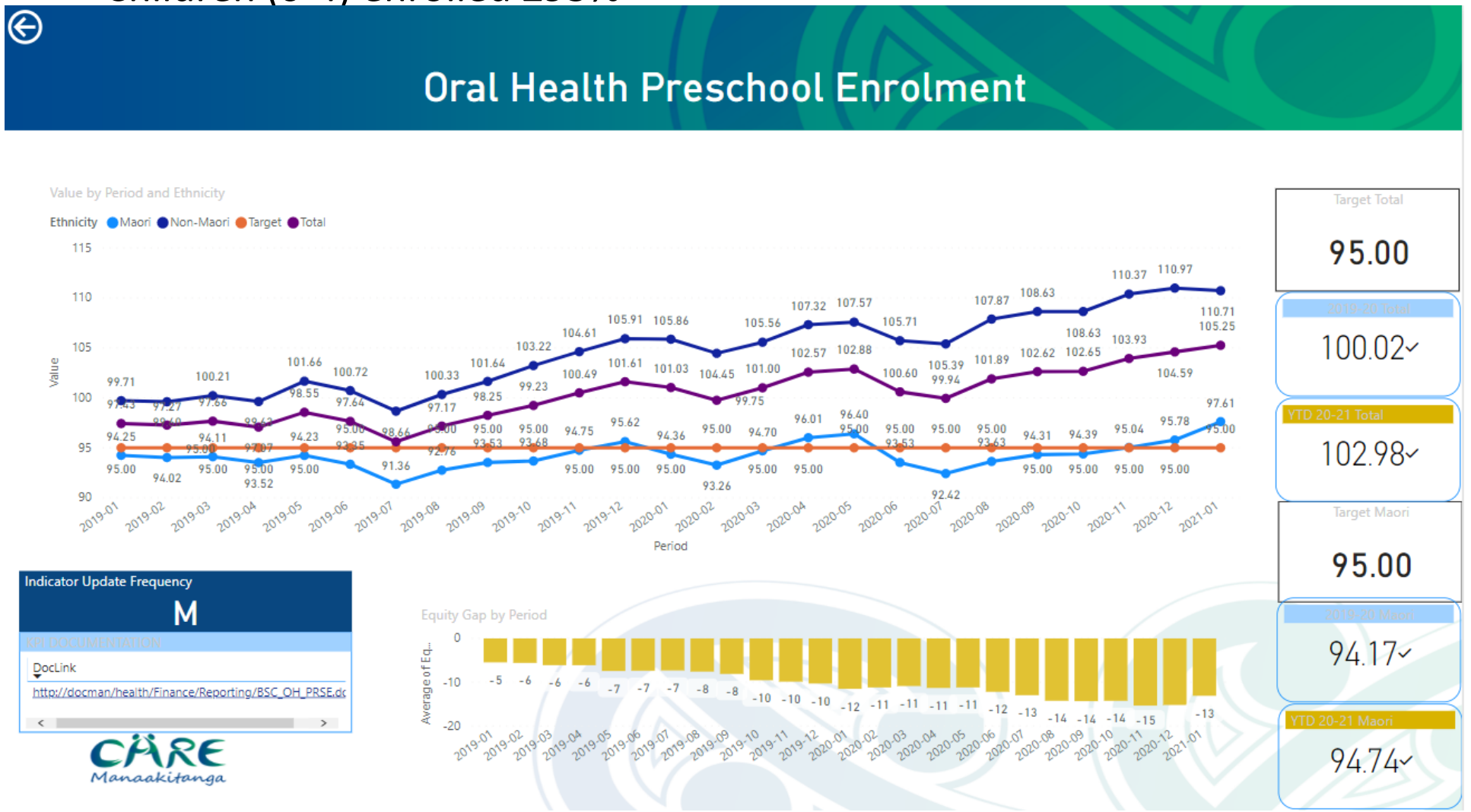
Comments

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

Definition

MOH Indicator CW03 Improving the number of children enrolled and accessing the Community Oral health service :

Children (0-4) enrolled ≥95%



CARE Manaakitanga

Comments

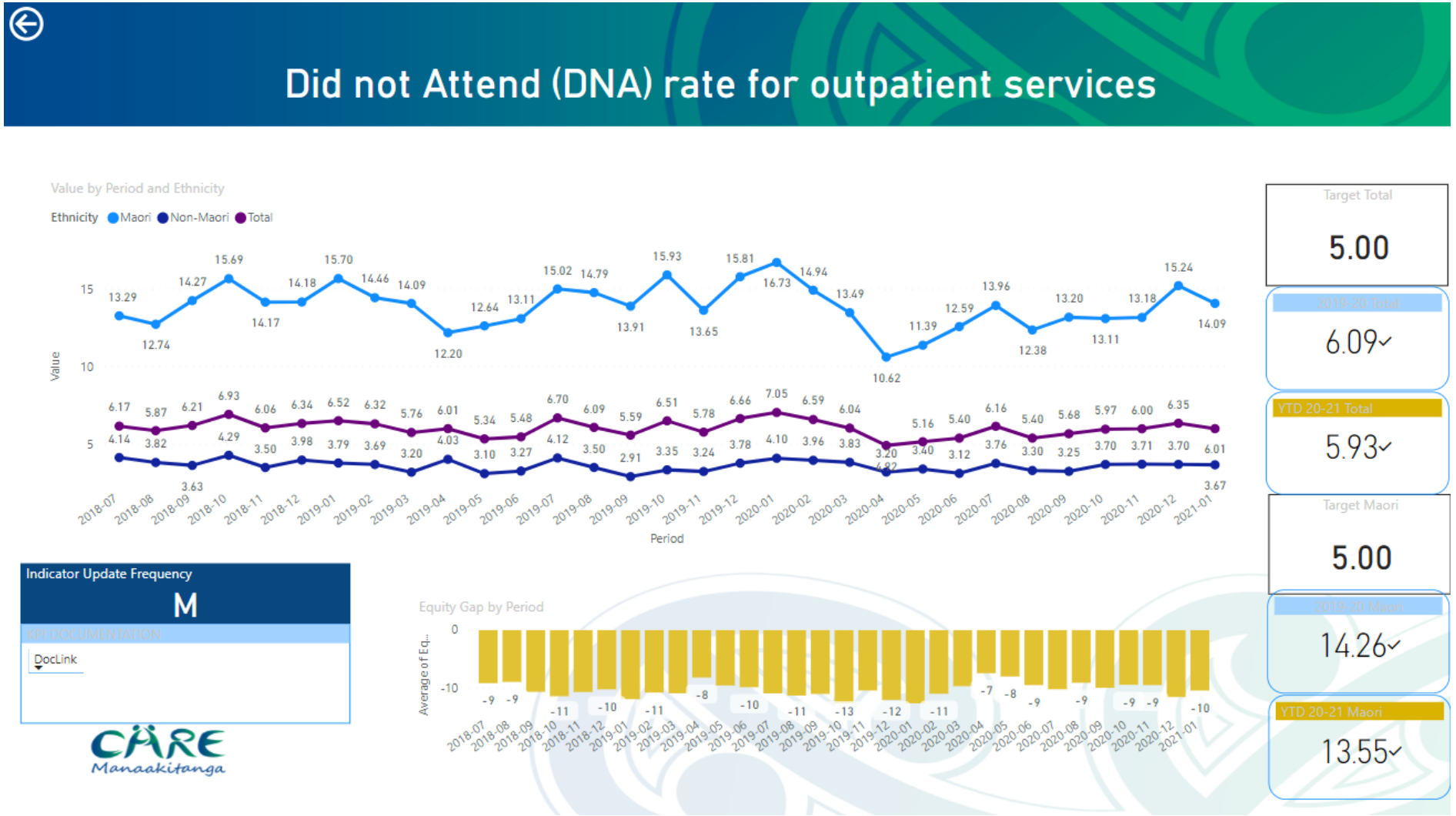
Māori preschool enrolment is recovering and improving from last year.

Percentage is over 100% because denominator is based on Census projected population.

The equity gap for this indicator remains high.

Definition

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

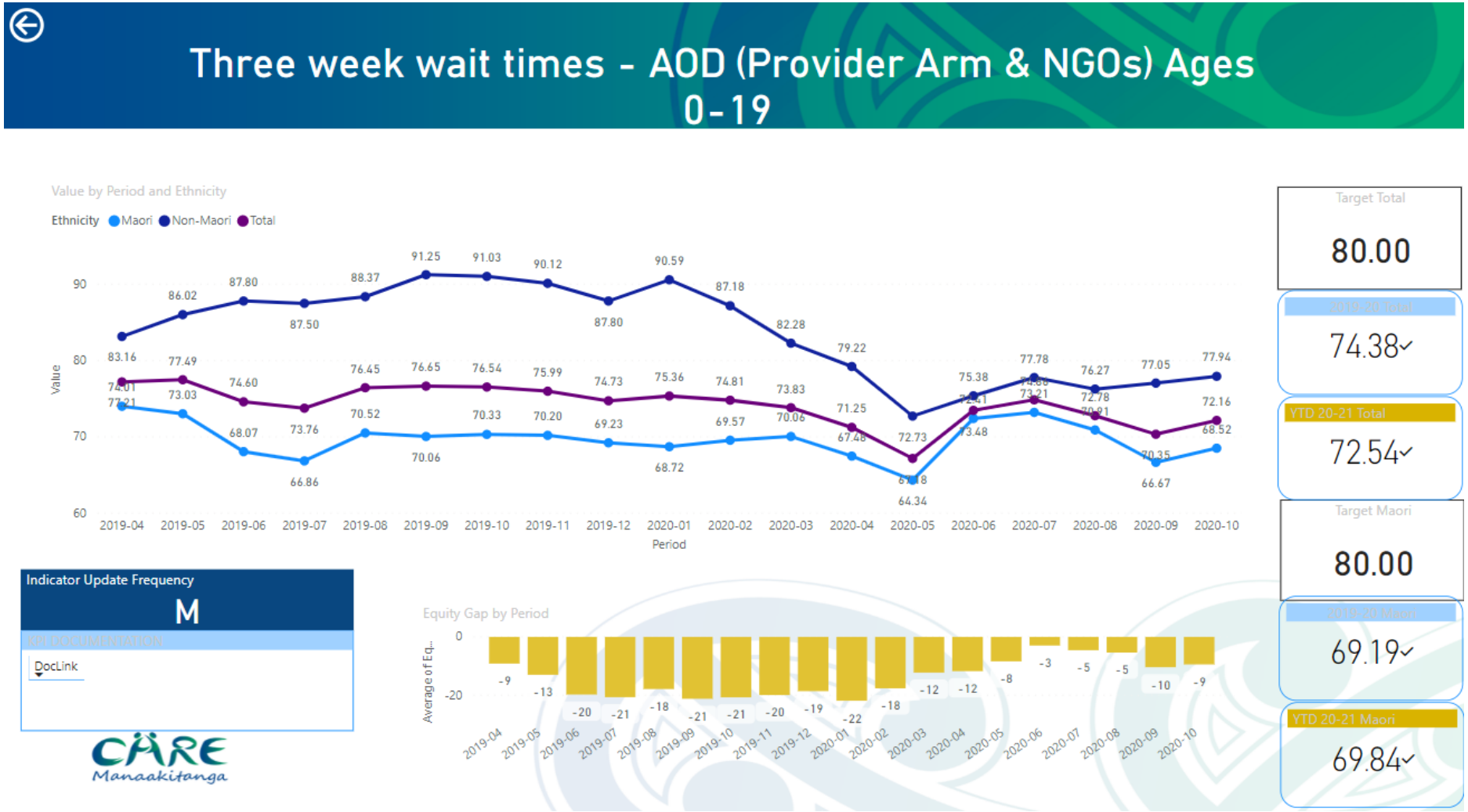


Comments:

YTD DNA rates for Jan is 5.93 which is higher than the target of 5%. Levels are back to the normal trend. **YTD 2021 for Maori is 14.26%.** Negative Equity gap between Maori and non-Maori has been around 9% points for the lasts few months.

Definition

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



Comments

This measure is 4 months behind from the latest update received from MOH this month. **Last data reported is October.**

The latest figures show an improvement on the last 2 months for Non-Maori

The equity gap for this measure has been decreasing in the last two/three months.

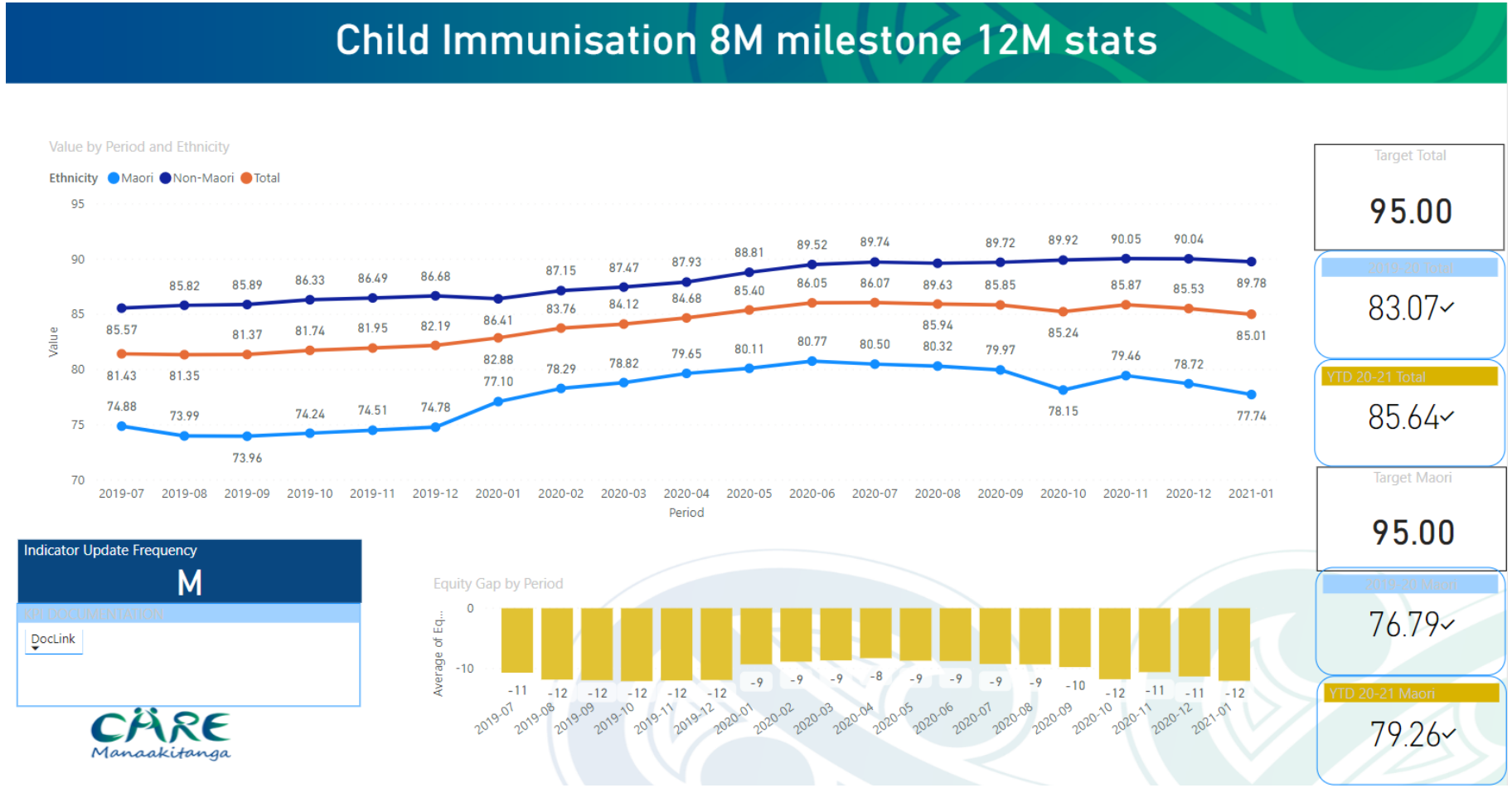
The MH&AS Leadership Team have also continued to be involved in intensively supporting the service during a difficult time after the Service Manager resigned after only 7 months in the role. A major service improvement programme is being initiated looking at integration opportunities with other services e.g. Child Development , paediatrics, public health and community providers.

This indicator may be replaced in this report.

Definition

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

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



Comments

Immunisation coverage has improved since June 2019, although last month equity gap is increasing between Māori and Non-Māori.

The service have concentrated efforts on missed children to improve timely vaccination and this has supported our improved consistency of coverage; the NIR team have worked closely with the PHO Outreach services to secure actions for the cohort of children each month. To the extent that all WBOP and EBPHA missed children this month have outcomes – the majority non-responding to OIS and GP or delaying/hesitating due to Covid-19 heightened concerns. As a further consequence late referrals are down to single numbers and/or missed due to this delay in referring.

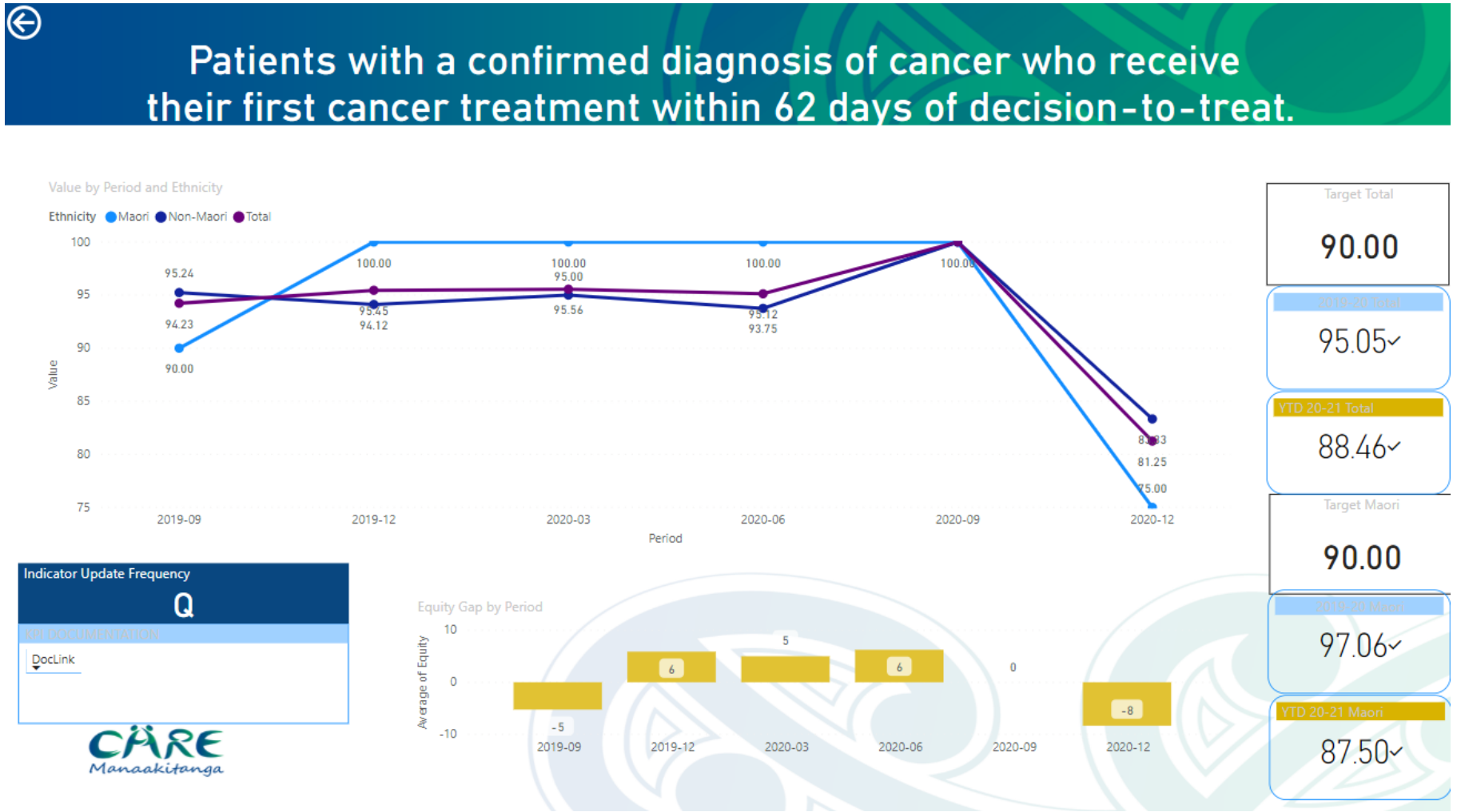
Declines remain a challenge for the service; there is also an anecdotal increase in `hesitancy` regardless of the fact that the service is actively approaching and engaging with every one of our eligible population

We will continue to re-enforce the agreed primary care pathway process, which has the expectations for timely vaccination.

Definition

MOH Indicator SS11:

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



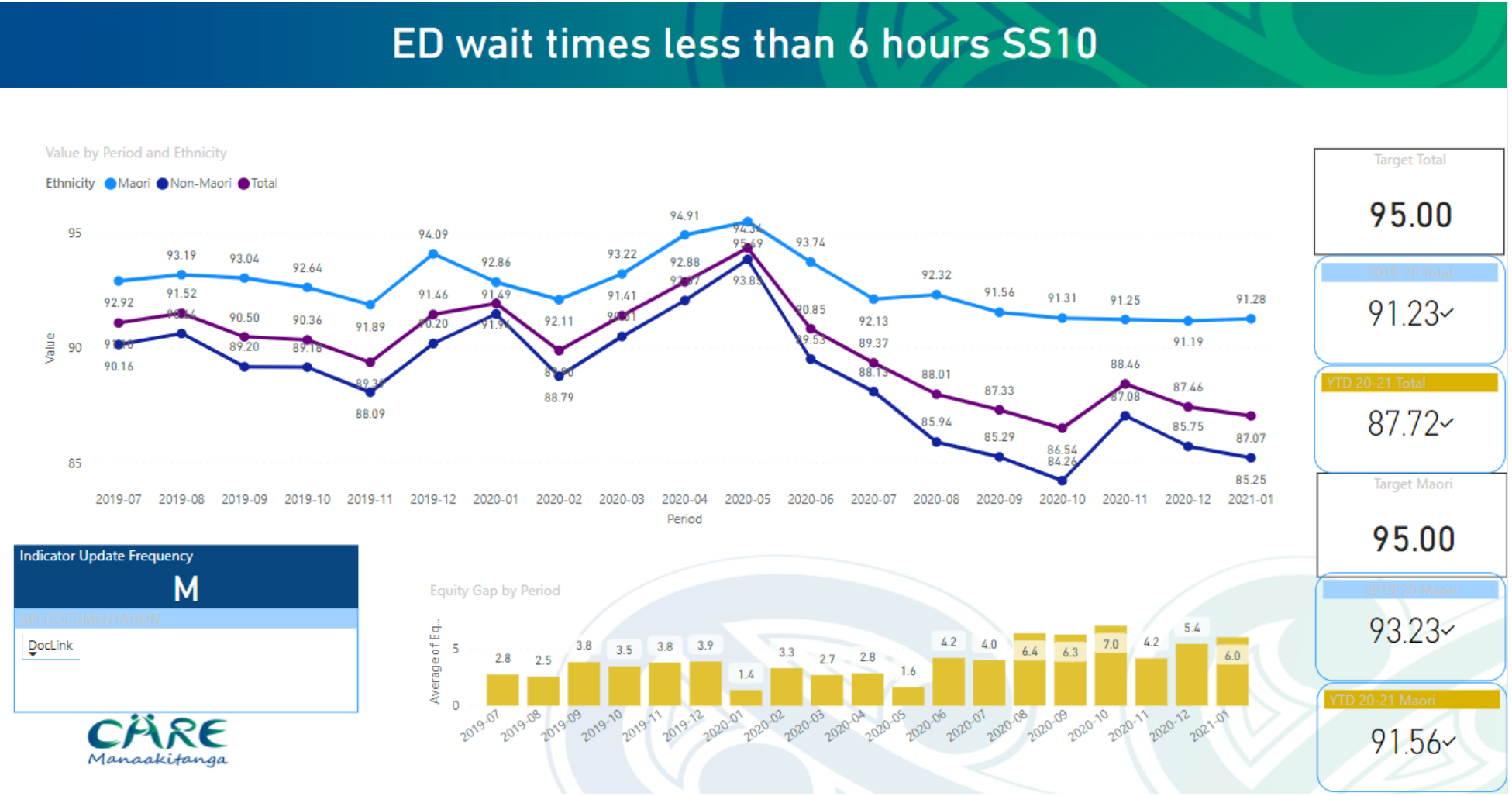
Comments:

This calculation is based on last quarter, MOH calculations are based on 6 months rolling obtaining a result that just reach the target.

Additional comments were requested.

Definition

MOH Indicator SS10: 95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.



Comments:

Key actions have centred on recruitment to ensure the sustainability of the Emergency Department workforce (both medical and nursing) with delays in recruitment and arrival in NZ related to current border control.

Care capacity demand programme processes reviewed (Variance Response Management plan) and aligned with national SSHW tools. The first 12month completed FTE calculations undertaken with subsequent increases in baseline nursing FTE in both Hospitals.

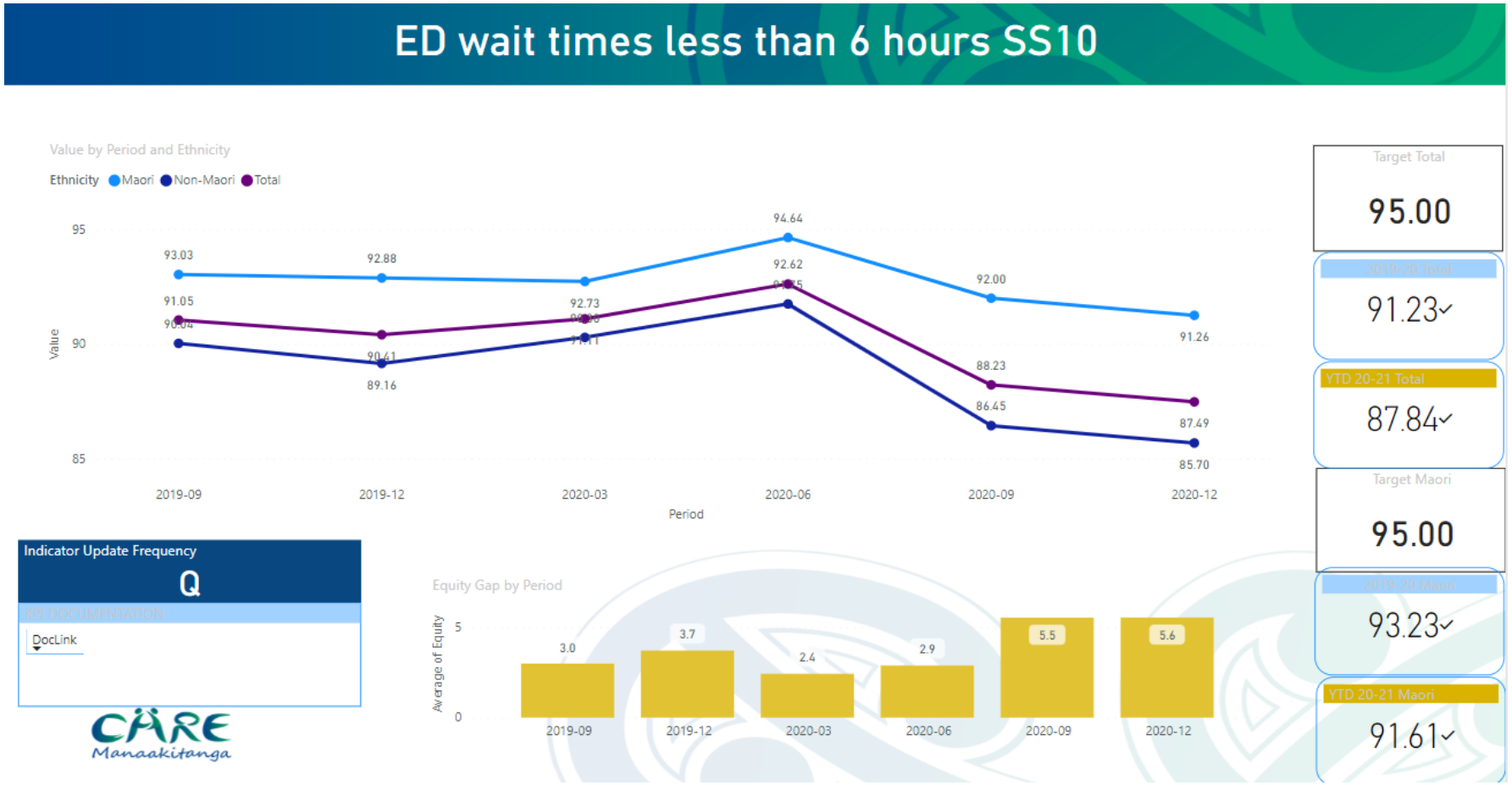
Continuation of Primary care provision of COVID swab programme for people with respiratory symptoms has reduced the presentations of people with respiratory symptoms.

Pilot of Cellulitis Pathway to primary care initiated in Eastern Bay of Plenty is seeing some earlier transitions to primary care for management.

AEP audits repeated across both hospital adult inpatient wards in December to identify appropriateness of admission on day of presentation and in the previous 24 hours. This will be used to identify and respond to barriers to discharge or transfers of care away from acute inpatient settings

Definition

MOH Indicator SS10: 95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours. Quarterly from MOH



Comments:

Cont.

Review of surge capacity planning – increased numbers of presentations to the EDs over November to December (along with increasing acuity and numbers of people requiring inpatient admission).

AEP audits results – review and identification of barriers to discharge or transition of care. Development of patients' health home model – develop stronger linkage between ED and patients primary care provider for long term care needs.

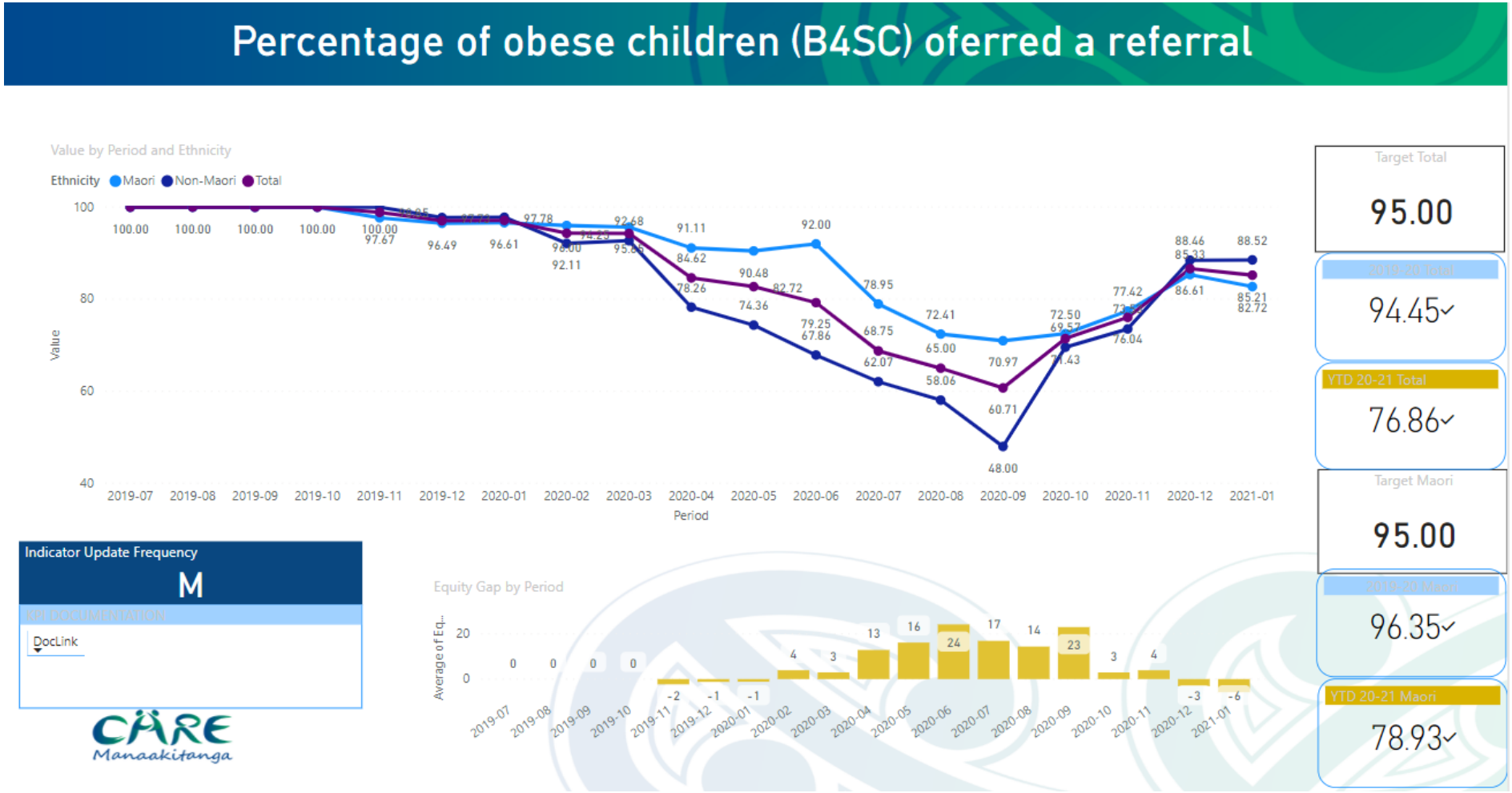
Equity (Te Toi Ahorangi) – increased visibility of inequities for Maori who present to ED to understand the impact of barriers to care.

Source MOH quarterly reports

Definition

MOH Indicator CW10 Raising healthy kids:

95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. This indicator include referrals “sent and acknowledge”, “decline” and “under care”, therefore do not include referrals sent.



Comments

Acknowledgement of referrals with GP`s currently requires consistent contacting which is time consuming

A primary barrier for referral is low engagement with further intervention; this is understood by families stating they are already living a healthy lifestyle; some families also disagree with the BMI assessment and believe no further action is required (eg a tall child for age who does not appear to be overweight) however there are also families who may have a `picky` eater who they believe requires specialist referral to a Dietitian?

Staff report the paper based B4SC check system is limiting for families who may forget to bring pre-information; ECE also find the paper system time consuming and inefficient for active sharing.

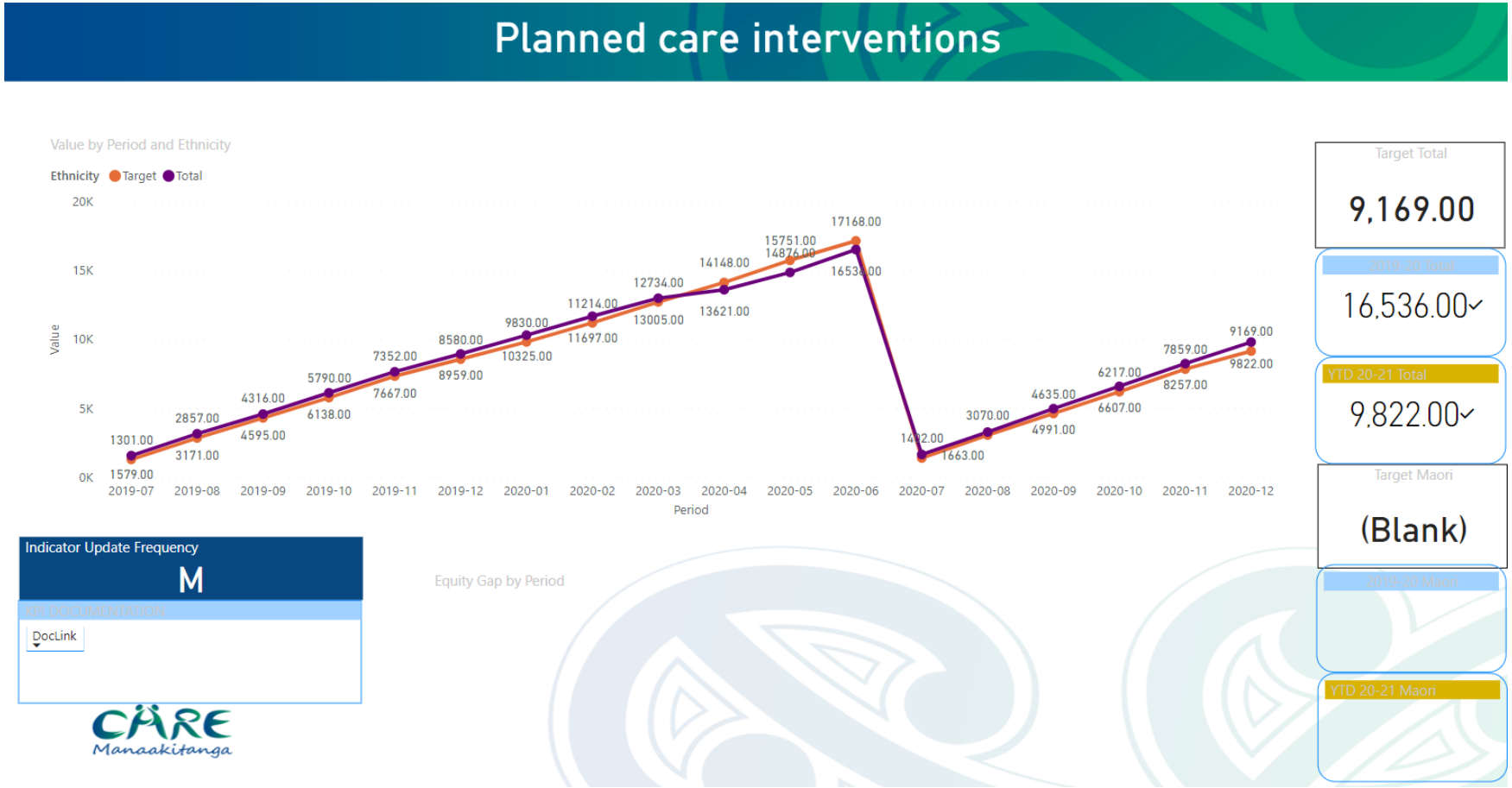
Source: quarterly reports

Definition

MOH Indicator SS07 Planned Care Measures PCM 1 - Planned Care Interventions:

Each DHB will identify, and agree with the Ministry of Health, a minimum level of Planned Care interventions to be provided for their population through the Annual Plan and the Planned Care Funding Schedule.

DHBs will provide 100% of their agreed Planned Care interventions for each quarter.



Comments:

Planned care interventions for 2020/21 is 18,249.

The number of interventions planned until Dec 2020 is 9,822.

There is a total of 9,822 PCI performed YTD Dec 2020.

MHGD Indicators from old excel report

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

MHGD Dashboard

Maori

Ethnicity
- Maori 49
- Non-Maori
- Total

ID	Description	Frequency	Last period	Target	Last Value	YTD	Equity
BSC_ASH_0_4	Ambulatory sensitive (avoidable) hospital admission 00_04	Q	2020-09-01	8,054.00	6,077.00	6,077.00	-1,478.00
BSC_ASH_45_64	Ambulatory sensitive (avoidable) hospital admission 45_64	Q	2020-09-01	7,823.00	7,089.00	7,089.00	-4,391.00
BSC_SMOK_PH01	Babies who live in smokefree household at 6 weeks	Q	2020-06-01	60.00	26.61	26.61	-29.79
BSC_BF_3M	Breastfeeding at 3 months	M	2020-10-01	70.00	43.75	43.75	-17.95
BSC_BF_CW06	Breastfeeding at 3 months WCTO	Q	2020-09-01	70.00	50.89	50.89	-15.86
BSC_BF_6M	Breastfeeding at 6 months	M	2020-10-01	70.00	54.55	54.55	-17.97
BSC_BF_6W	Breastfeeding at 6 weeks	M	2020-10-01	75.00	0.00	0.00	-50.00
BSC_IMMS_8M3M	Child immunisation 8m3m	M	2021-01-01	95.00	76.05	76.31	-11.57
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2021-01-01	5.00	14.09	13.55	-10.42
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2021-01-01	95.00	91.28	91.56	6.02
IDP_PHO_NB6W	Enrolment of new born babies with a General Practice / PHO at six weeks	Q	2020-09-01	55.00	64.03	64.03	-13.55
IDP_PHO_NB3M	Enrolment of new born babies with a General Practice / PHO at three months	Q	2020-09-01	85.00	75.45	75.45	-22.57
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	67.02	66.97	-8.33
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	64.91	64.91	-11.21
BSC_IMMS_INFL65	Influenza 65+	M	2021-01-01	75.00	0.00	0.00	0.00
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	86.96	
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2021-01-01	95.00	97.61	94.74	-13.09
BSC_PHO_PH03	PHO enrolment	Q	2020-06-01	90.00	90.84	90.84	-7.22
BSC_PHO_PH03V2	PHO enrolment on a local PHO or Rotorua	Q	2020-06-01	90.00	87.81	87.81	-6.64
BSC_SMOK_PH04	Primary care smoking	Q	2020-12-01	90.00	86.92	86.92	-0.65
BSC_MH_WT3W_0_19_AOD_DHB	Three week wait times - AOD (Provider Arm) Ages 0-19	M	2020-10-01	80.00	22.58	43.61	-99.16

MHGD Dashboard

Total population

Ethnicity
- Maori 50
- Non-Maori
- Total

ID	Description	Frequency	Last period	Target	Last Value	YTD
BSC_ASH_0_4	Ambulatory sensitive (avoidable) hospital admission 00_04	Q	2020-09-01	6,618.00	5,218.00	5,218.00
BSC_ASH_45_64	Ambulatory sensitive (avoidable) hospital admission 45_64	Q	2020-09-01	3,716.00	3,585.00	3,585.00
BSC_SMOK_PH01	Babies who live in smokefree household at 6 weeks	Q	2020-06-01	60.00	45.86	45.86
BSC_BF_3M	Breastfeeding at 3 months	M	2020-10-01	70.00	59.09	59.09
BSC_BF_CW06	Breastfeeding at 3 months WCTO	Q	2020-09-01	70.00	62.16	62.16
BSC_BF_6M	Breastfeeding at 6 months	M	2020-10-01	70.00	68.00	68.00
BSC_BF_6W	Breastfeeding at 6 weeks	M	2020-10-01	75.00	33.33	33.33
BSC_IMMS_8M3M	Child immunisation 8m3m	M	2021-01-01	95.00	83.21	85.26
BSC_NNPAC_DNA	Did not Attend (DNA) rate for outpatient services	M	2021-01-01	5.00	6.01	5.93
BSC_ED_6HTM	ED wait times less than 6 hours SS10	M	2021-01-01	95.00	87.07	87.72
IDP_PHO_NB6W	Enrolment of new born babies with a General Practice / PHO at six weeks	Q	2020-09-01	55.00	72.43	72.43
IDP_PHO_NB3M	Enrolment of new born babies with a General Practice / PHO at three months	Q	2020-09-01	85.00	89.11	89.11
BSC_SCR_PV01	Improving breast screening coverage and rescreening	Q	2020-03-01	70.00	73.89	74.44
BSC_SCR_PV02	Improving cervical screening coverage	Q	2020-09-01	80.00	73.59	73.59
BSC_IMMS_INFL65	Influenza 65+	M	2021-01-01	75.00	0.00	0.00
BSC_SMOK_CW09	Maternal smoking	Q	2020-06-01	90.00	100.00	85.71
BSC_OH_PRSE	Oral Health Preschool Enrolment	M	2021-01-01	95.00	105.25	102.98
BSC_PHO_PH03	PHO enrolment	Q	2020-06-01	90.00	96.20	96.20
BSC_PHO_PH03V2	PHO enrolment on a local PHO or Rotorua	Q	2020-06-01	90.00	92.75	92.75
BSC_SMOK_PH04	Primary care smoking	Q	2020-12-01	90.00	87.29	87.29
BSC_MH_WT3W_0_19_AOD_DHB	Three week wait times - AOD (Provider Arm) Ages 0-19	M	2020-10-01	80.00	107.69	73.18

National Care Capacity Demand Management Implementation Report Quarter 2

SUBMITTED TO:
Board Meeting 24 February 2021

Prepared by: Julie Robinson, Director of Nursing
Endorsed by: Bronwyn Anstis, Chief Operating Officer
Submitted by: Pete Chandler, Chief Executive

☐ **For Decision** ☐ **For Discussion** ☒ **For Noting**

This report is aligned to the DHBs key priority Healthy Thriving Workforce.

EXECUTIVE SUMMARY:

The CCDM Implementation report provides a national perspective of progress to full implementation of Care Capacity Demand Management (CCDM).

- The Quarter 2 (Q2) results on Page three show Bay of Plenty District Health Board (BOPDHB) increased to 98% (Q1 95%) with implementation of the electronic core data set
- BOPDHB continues to lead implementation nationally
- BOPDHB leads the DHBs for implementation in Maternity at 98% and Mental Health at 100%.
- Further work is required to improve the quality of TrendCare data in Maternity

RECOMMENDATION:

That the Board note the Q2 results of the National CCDM Implementation Report for the period October 2020 - December 2020.

PURPOSE:

Under the CCDM standards there is a requirement to report CCDM progress to the Board. The National report provides the status of the 20 DHBs progress to full implementation of CCDM which is contractually required by June 2021.

BACKGROUND:

As an outcome of the 2018 NZNO/DHB MECA all District Health Boards (DHBs) are required, in partnership with unions, to fully implement CCDM by June 2021.The Ministry of Health also requires DHBs to report quarterly on their progress with the FTE calculation component of CCDM.

The fully implemented CCDM programme is expected to deliver a better work environment for staff when the appropriate staffing is in place, better outcomes for patients and better use of health resources. Without the appropriate base staffing a significant amount of time is used trying to react to "plugging the gaps". This time is better spent on ensuring there is efficient patient flow through the system, with patients receiving the right care in a timely manner.

ASSURANCE:

Next Steps:
The Q3 report will be shared in May 2021.

ATTACHMENTS:
National CCDM Implementation Report Q2

The national report is presented on six pages. Page one and two show the rolling four quarter national results. Page three is the implementation rate for Q2 Page four, five and six show implementation rates for Allied Health, Mental Health and Maternity

Page three provides the quarter 2 implementation progress.

- BOPDHB continues to lead the rate of implementation overall at 98%
- BOPDHB leads the DHBs for implementation in Maternity at 98% and Mental Health at 100%
- Further work is required to improve the quality of TrendCare data in Tauranga Maternity. The Midwifery Leader is committed to this work
- Allied Health implementation is 75%
- The electronic core data set module is now available however not all 23 measures are accessible. Two measures are awaiting national work and four are needing development to access the information from our internal systems.

Graph 1: Identifies the individual DHB rate of implementation. BOPDHB has achieved 98% (Q1 was 96%). The total implementation rate is impacted by the phase of the FTE calculations.

Graph 2: Nationally implementation has increased from 60% - 64% over the quarter.

Picture 3: Provides a pictorial view of implementation by DHB.

Graph 4: National rate of implementation for each module of CCDM.

Graph 5: Progress with the three phases of the FTE calculation by DHB.
BOPDHB has completed the third cycle of annual FTE calculations for most of the inpatient units and the second cycle for Maternity and Mental health. BOPDHB Maternity is the only service to have completed two FTE calculation cycles nationally.

Graph 6: The rate of implementation progress for Allied Health, Maternity and Mental Health.

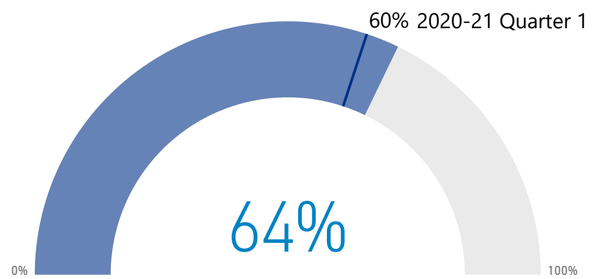
Care Capacity Demand Management (CCDM) implementation overall progression

Rolling four quarters from January 2020 to December 2020

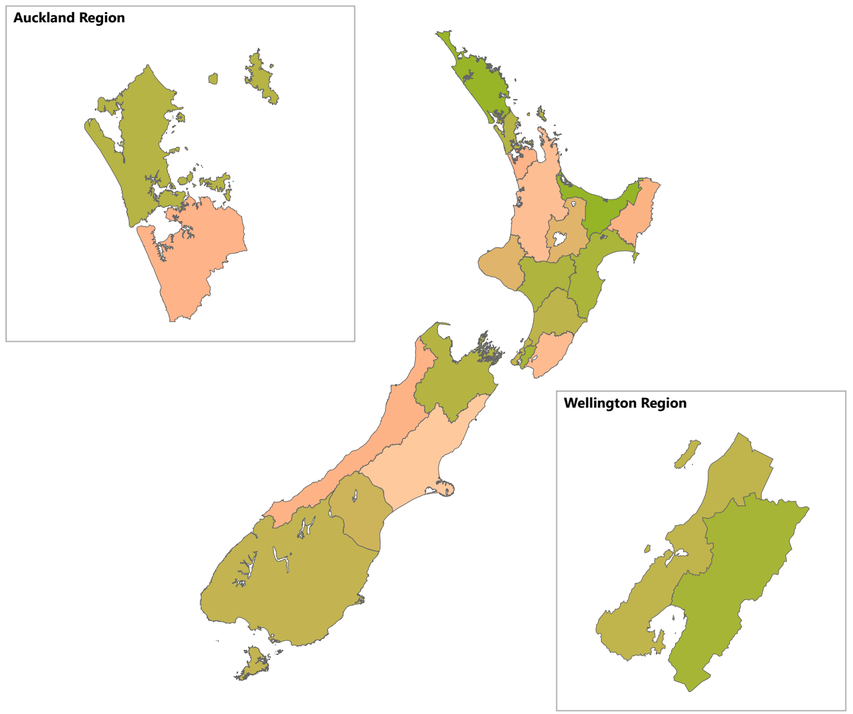
SAFE Staffing HEALTHY Workplaces CCDM Care Capacity Demand Management
NZ District Health Boards & Health Unions working together

TAS Kahui tuitui tangata

1. Overall implementation as at quarter 2 2020-21



2. Implementation heat map by DHB

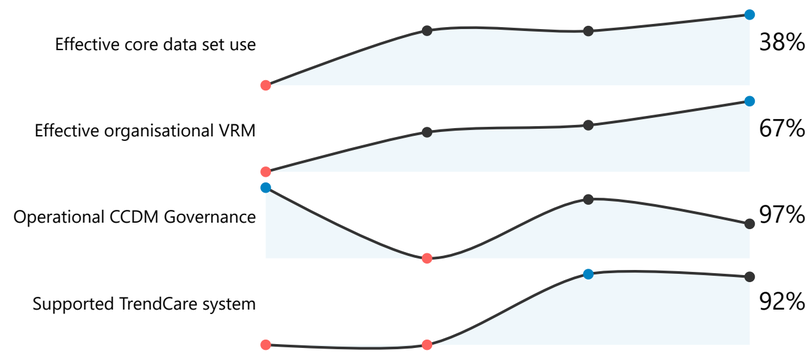


0% 25% 50% 75% 100%

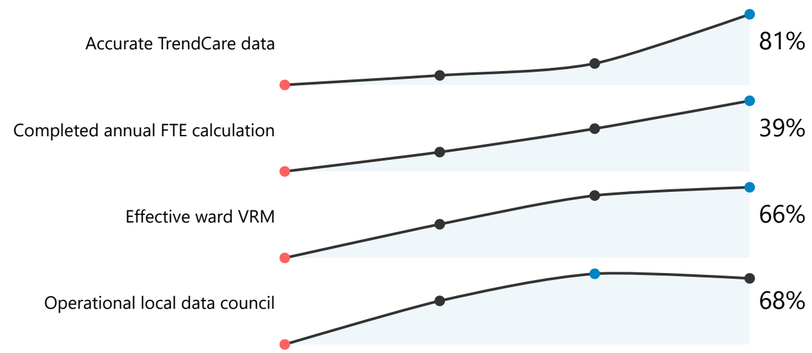
-Results approved for submission by each DHBs' CCDM Council.
-Allied Health team milestones are excluded from the overall implementation rate.
-Updated 28/01/2021

3. Progress against all milestones

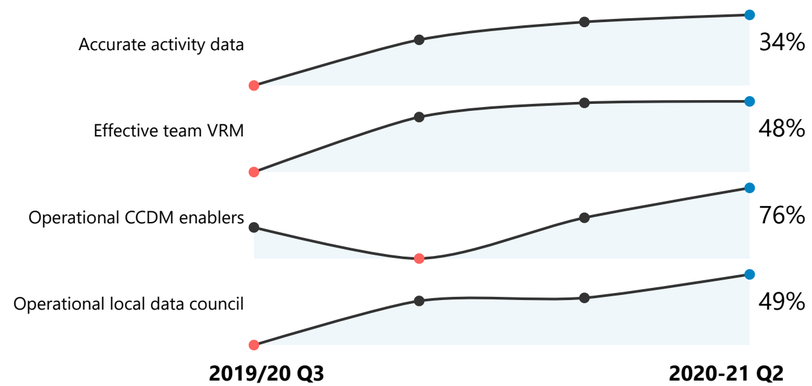
Site milestones progression as at quarter 2



Ward milestones progression as at quarter 2

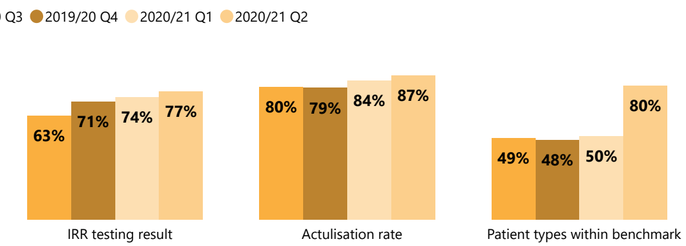


Team milestones progression as at quarter 2

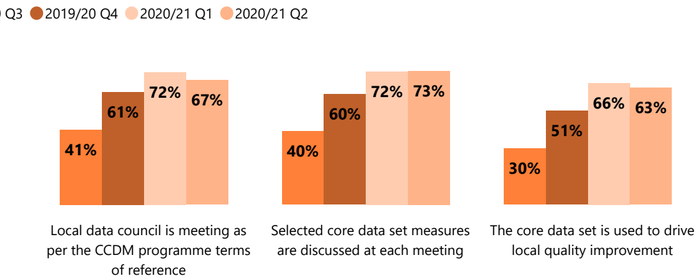


4. Breakdown of ward milestones

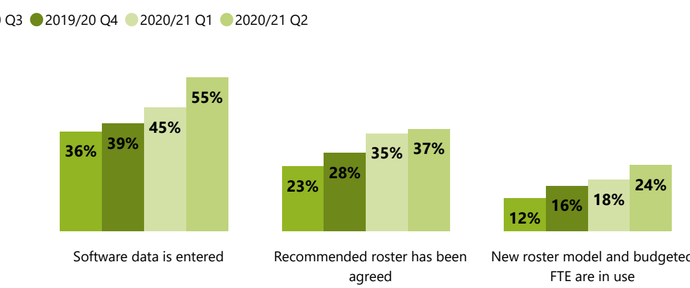
Accurate Trendcare Data



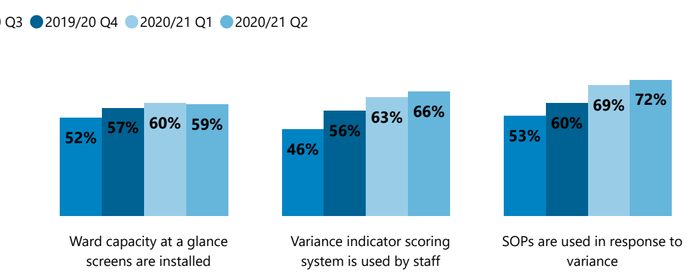
Operational Local Data Council



Completed Annual FTE Calculations



Effective ward VRM

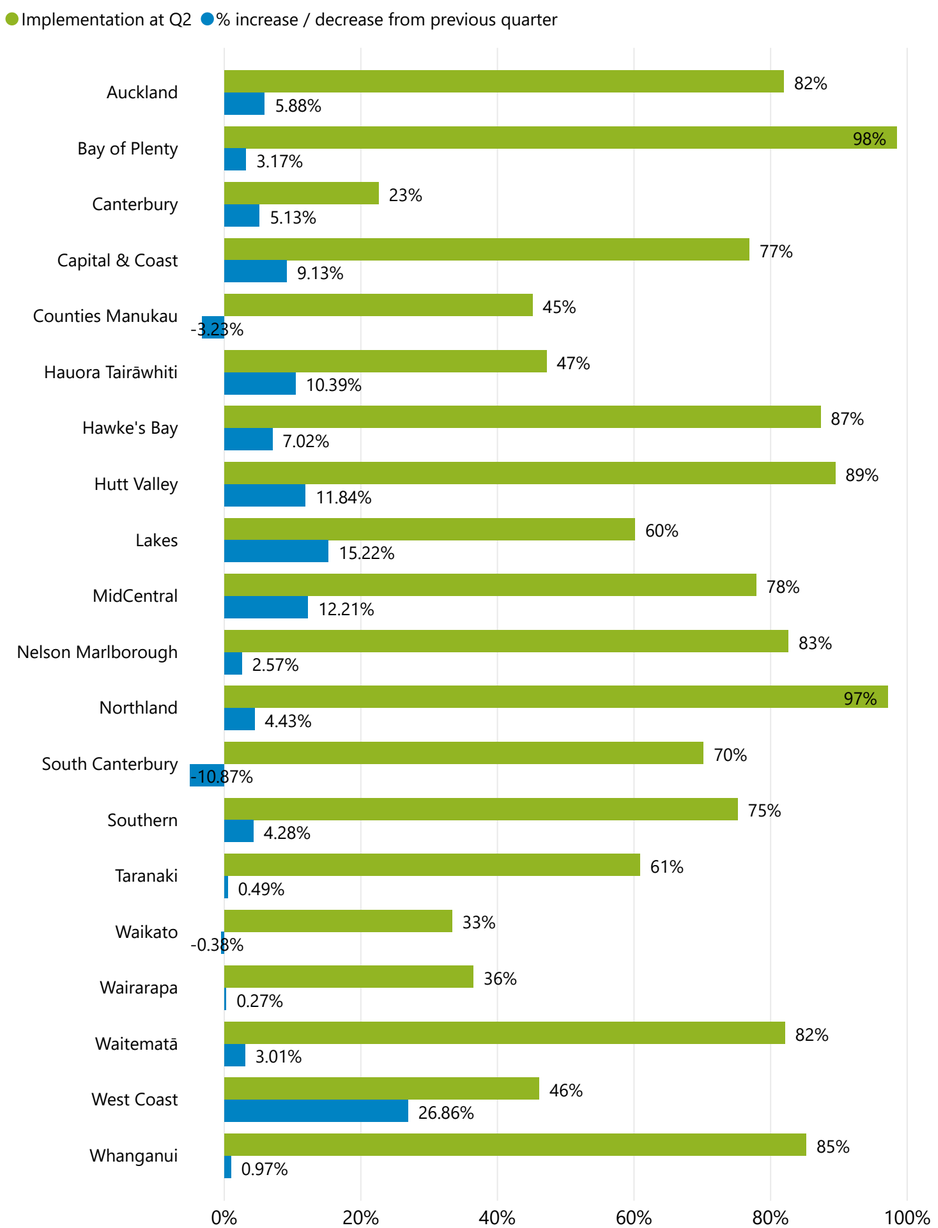


Care Capacity Demand Management (CCDM) progress by DHB

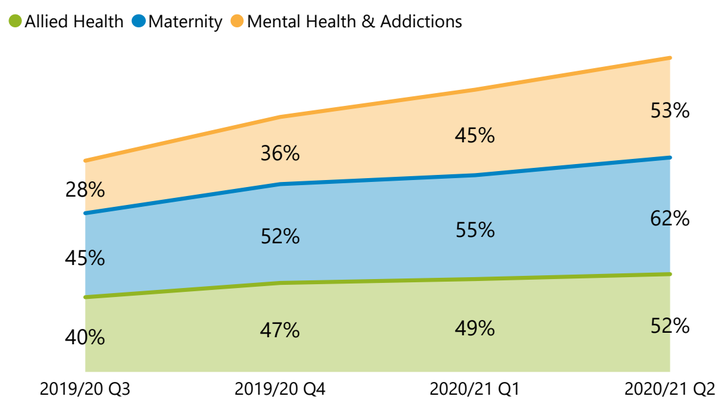
Rolling four quarters from January 2020 to December 2020

NZ District Health Boards & Health Unions working together

5. DHB implementation rate quarter 2 2020-21

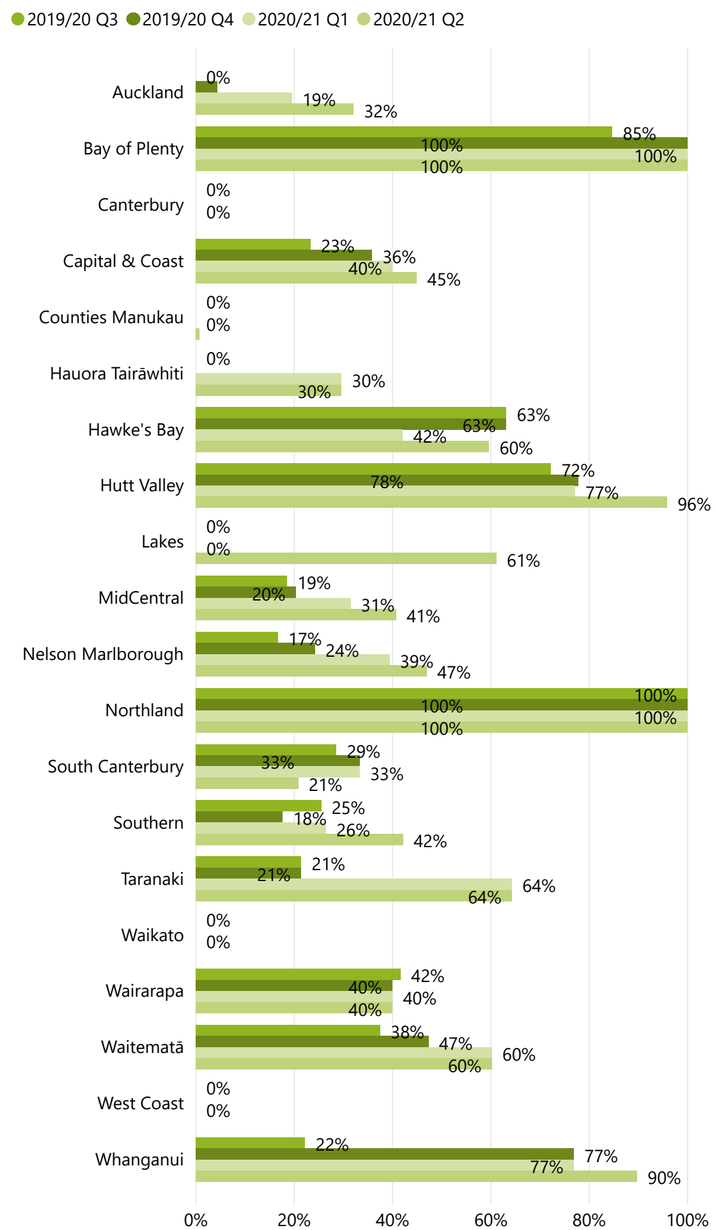


6. Progress in Allied Health, Maternity and Mental Health services



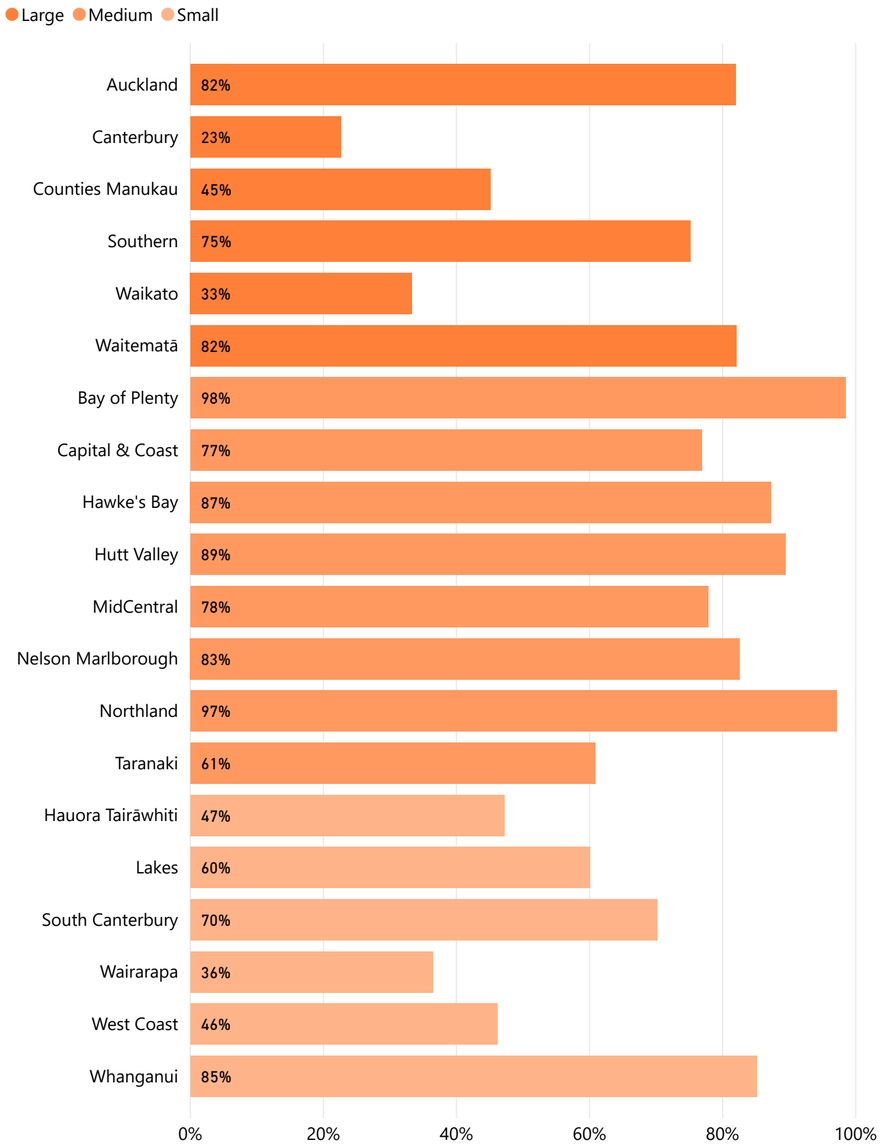
7. Count of total wards completed FTE calculations

8. Progress with annual FTE calculation as at quarter 2 2020-21



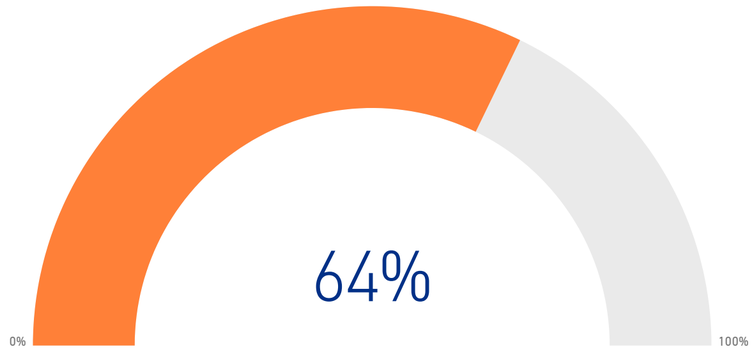
Care Capacity Demand Management (CCDM) Implementation October to December 2020 Quarter 2

1. DHB implmentation varies by DHB size

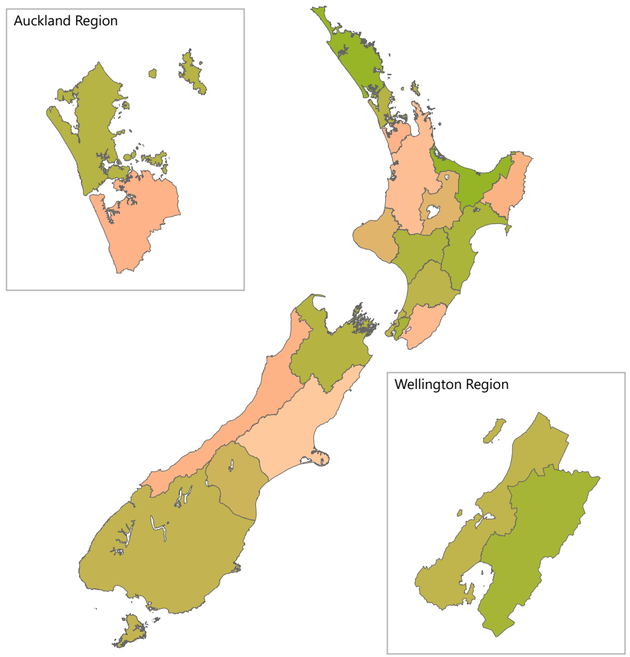


-Results approved for submission by each DHBs' CCDM Council.
-Allied Health team milestones are excluded from the overall implementation rate.
-Updated 28 January 2021.

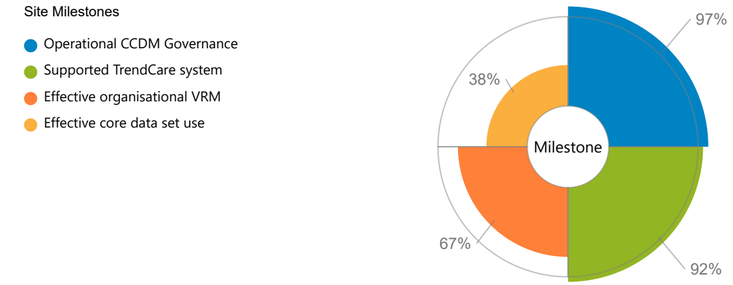
2. National implementation for all 20 DHBs is 64%



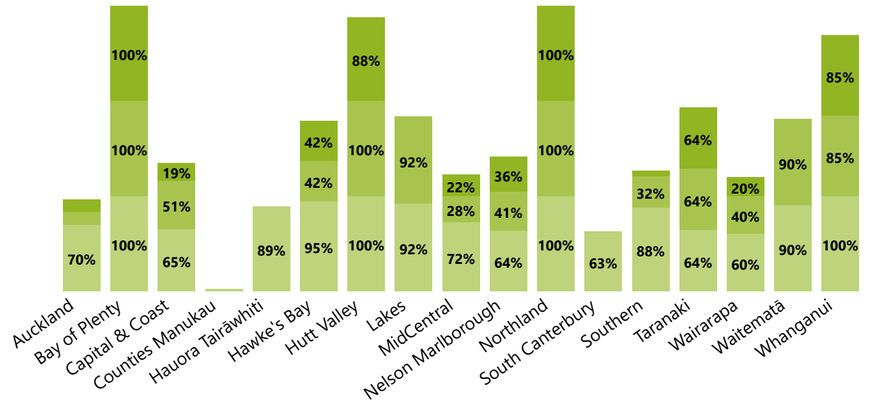
3. Implementation heat map by DHB



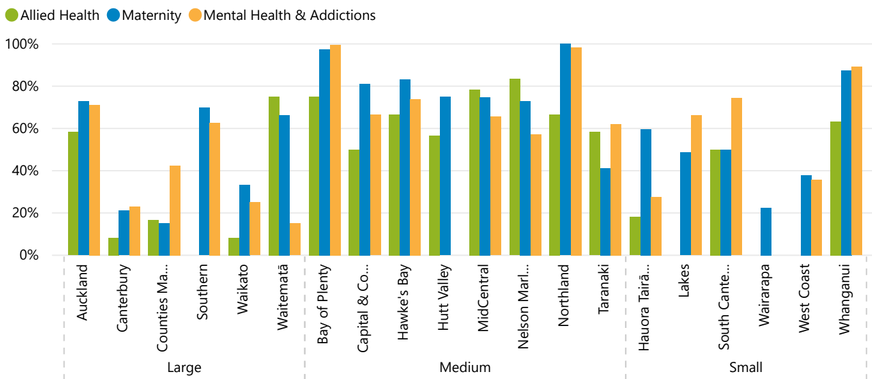
4. Milestone progression for Sites



5. 14 out of 20 DHBs are making progress with annual FTE calculations

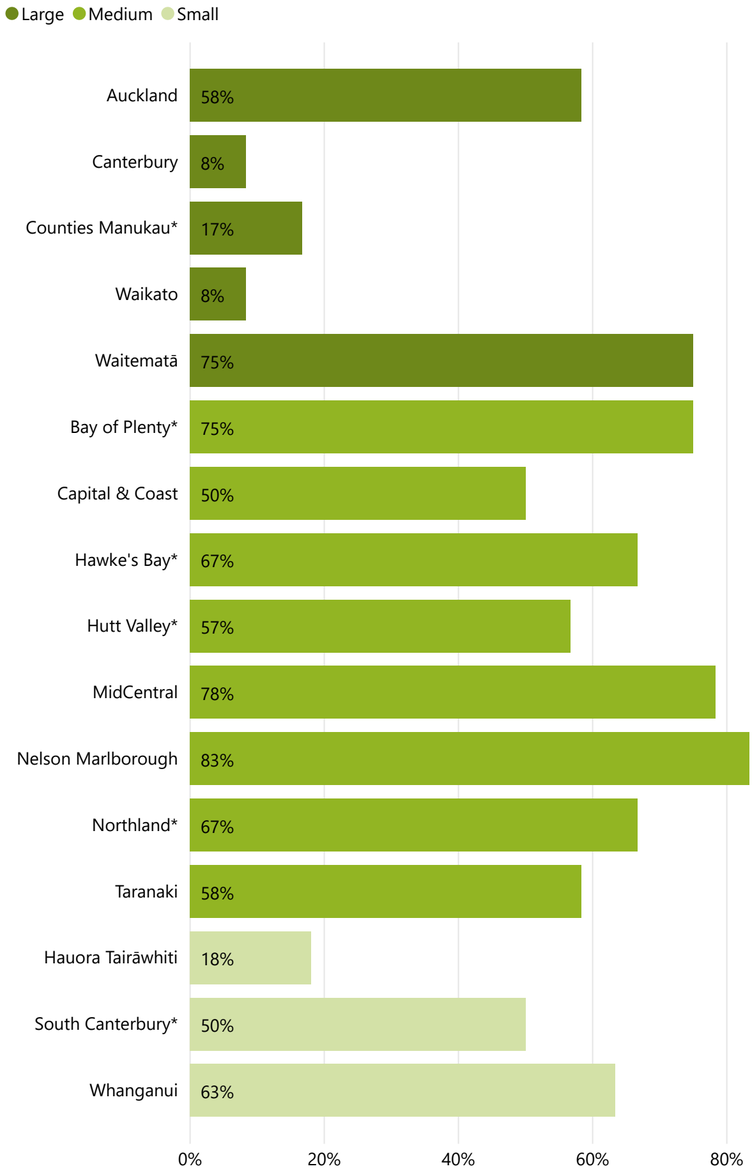


6. Allied health, Maternity and Mental health services are making varied progress across DHBs



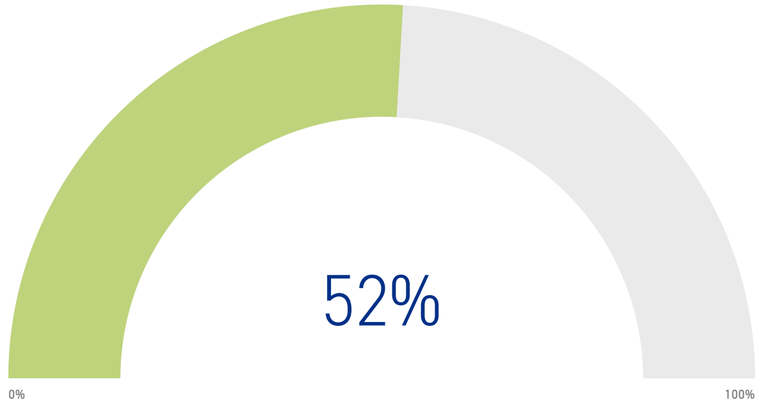
Allied Health CCDM Implementation October to December 2020 Quarter 2

1. DHB implmentation varies by DHB size

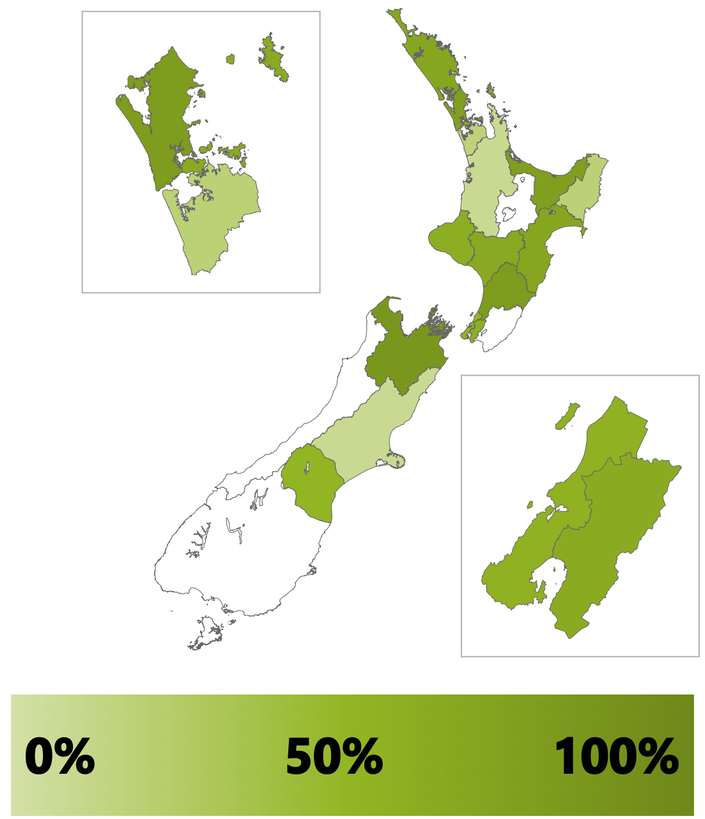


-Results approved for submission by each DHBs' CCDM Council.
-Allied Health team milestones are excluded from the overall implementation rate.
-Updated 28 October 2020.

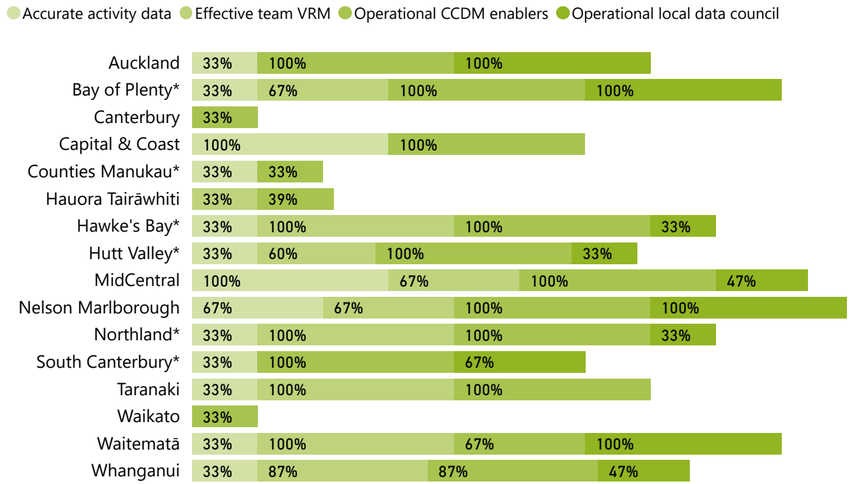
2. Allied Health implementation for all 16 DHBs is 52%



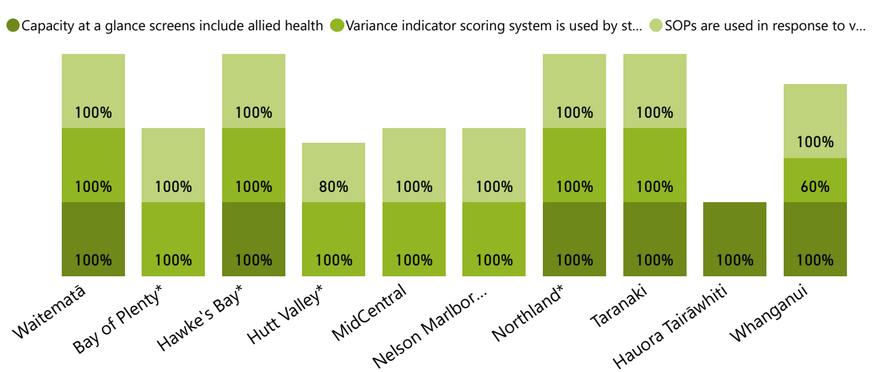
3. Implementation heat map by DHB



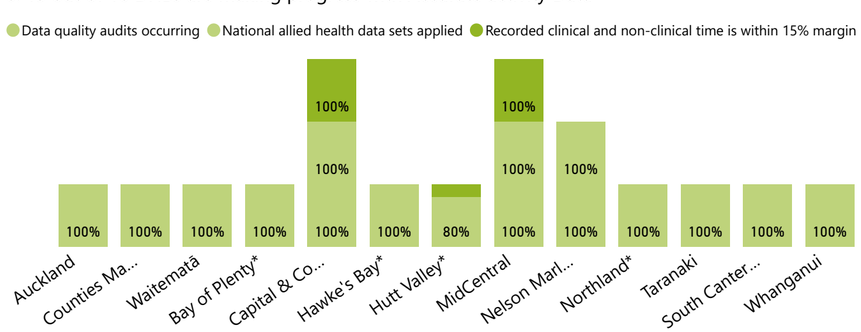
4. Milestone progression for DHBs (Allied Health)



5. 9 out of 16 DHBs are making progress with Effective team VRM

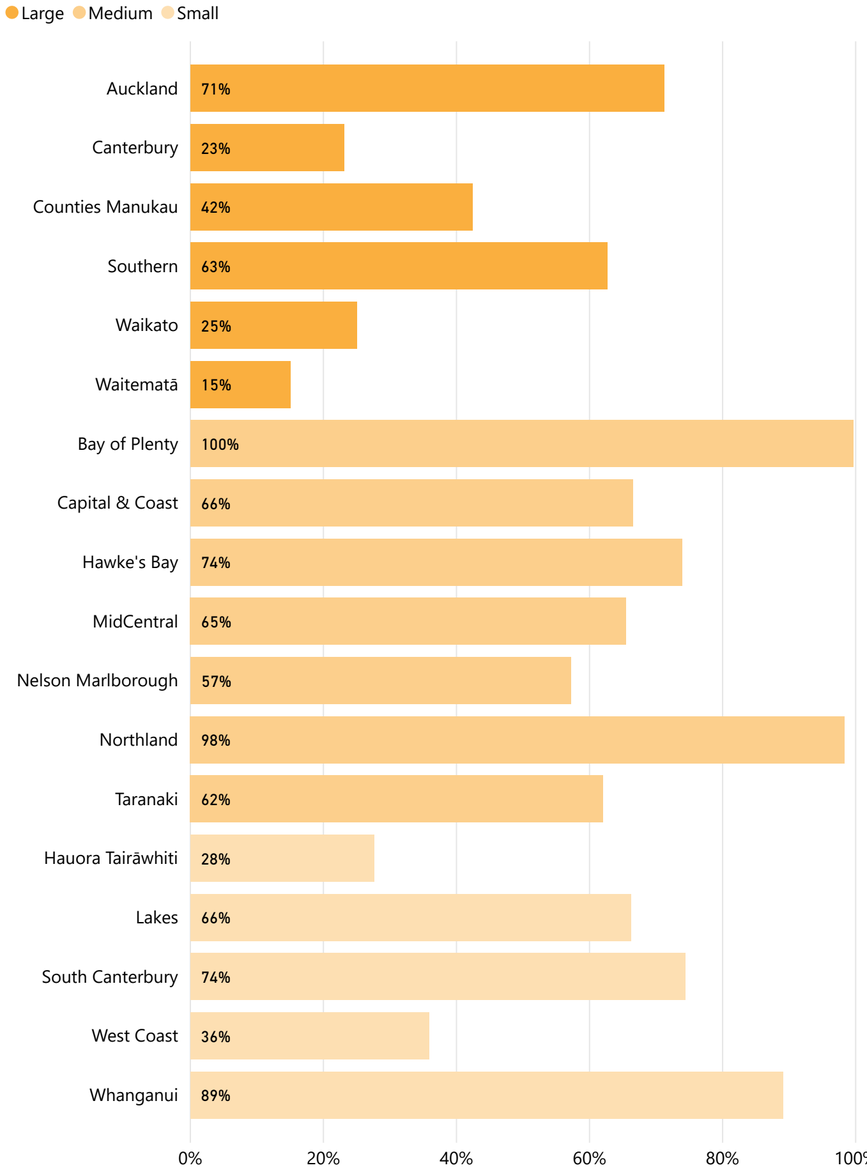


6. 13 out of 16 DHBs are making progress with Accurate activity Data



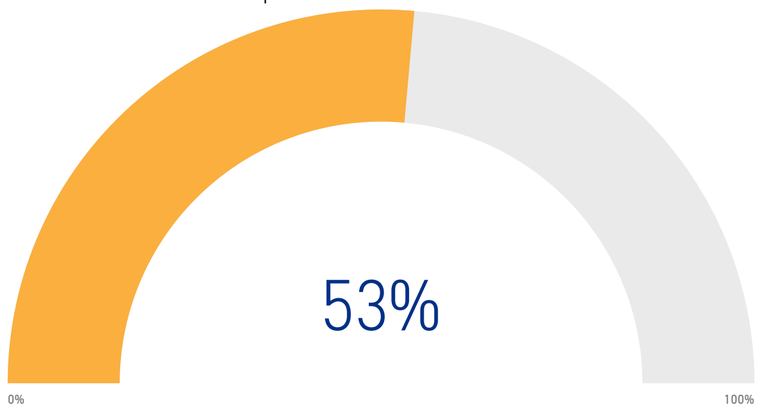
Mental Health & Addictions CCDM Implementation October to December 2020 Quarter 2

1. DHB implmentation varies by DHB size

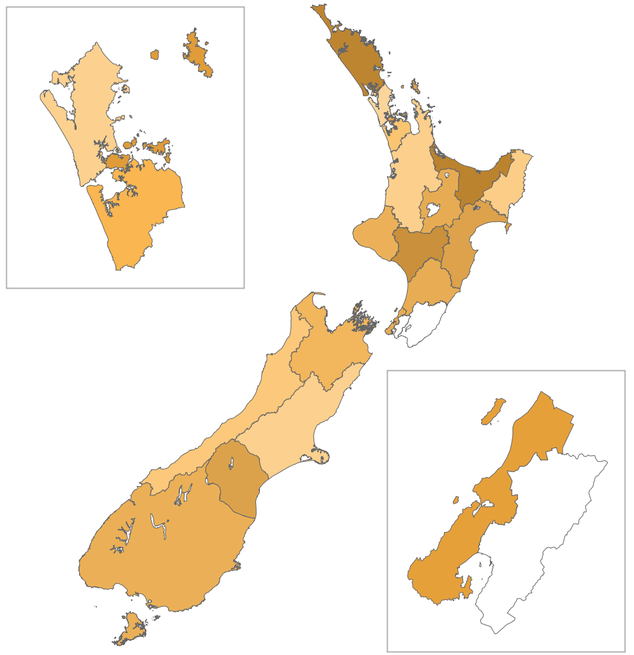


-Results approved for submission by each DHBs' CCDM Council.
-Allied Health team milestones are excluded from the overall implementation rate.
-Updated 28 October 2020.

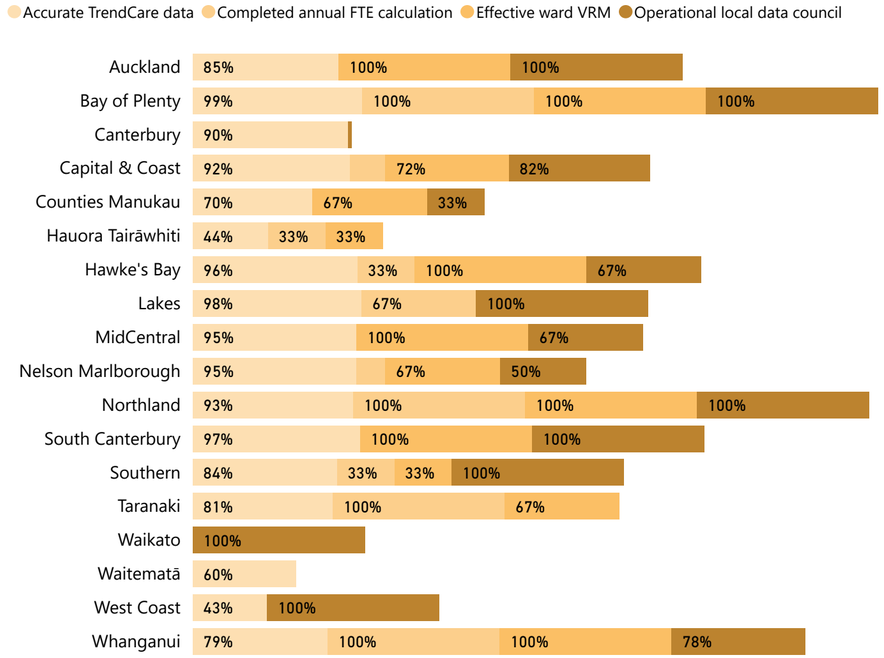
2. Mental Health & Addictions Implementaiton for 18 DHBs is 53%



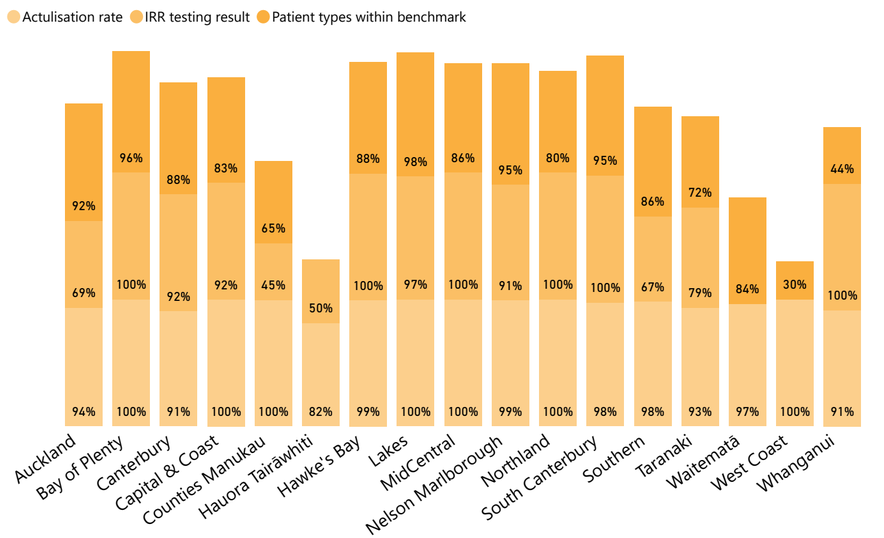
3. Implementation heat map by DHB



4. Milestone progression for DHBs

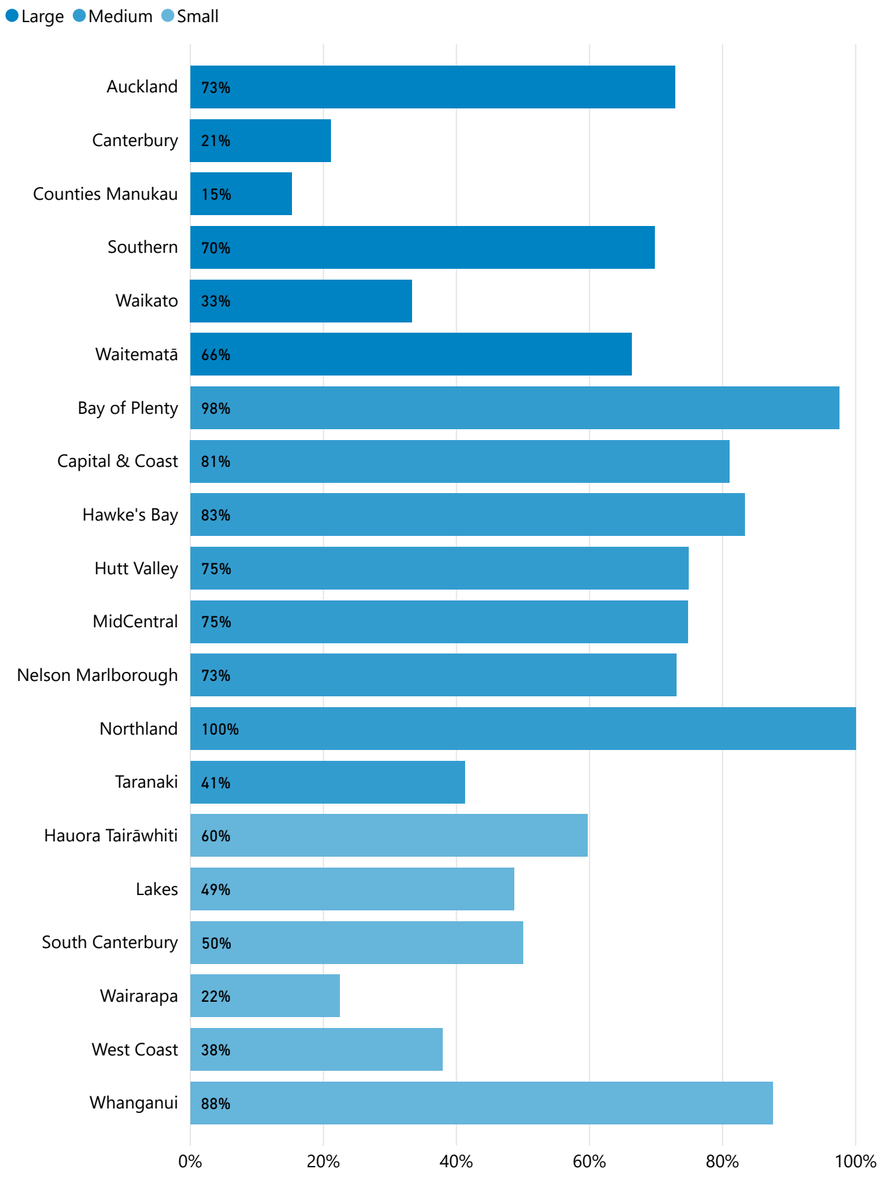


5. 17 out of 18 DHBs are making progress with Accurate TrendCare data



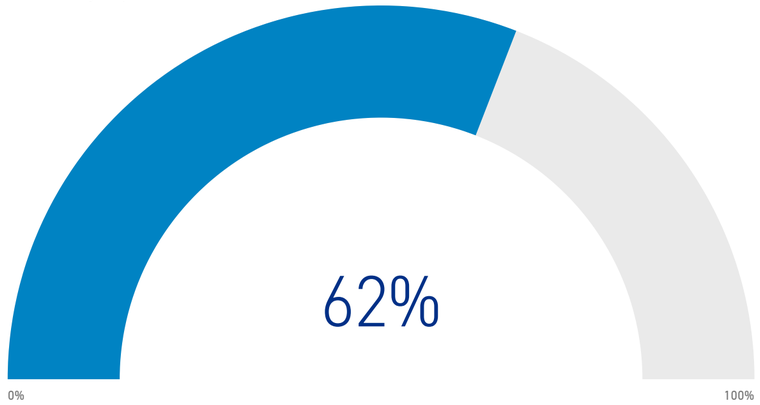
Maternity CCDM Implementation July to October to December 2020 Quarter 2

1. DHB implmentation varies by DHB size

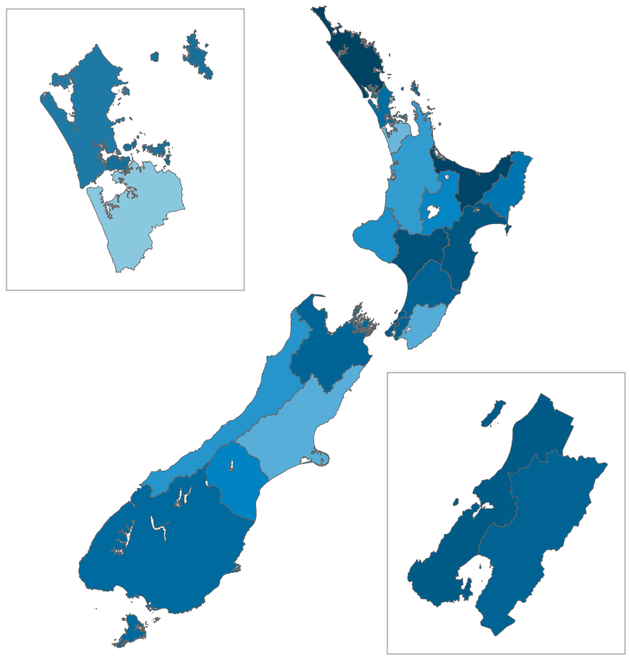


-Results approved for submission by each DHBs' CCDM Council.
-Allied Health team milestones are excluded from the overall implementation rate.
-Updated 28 October 2020.

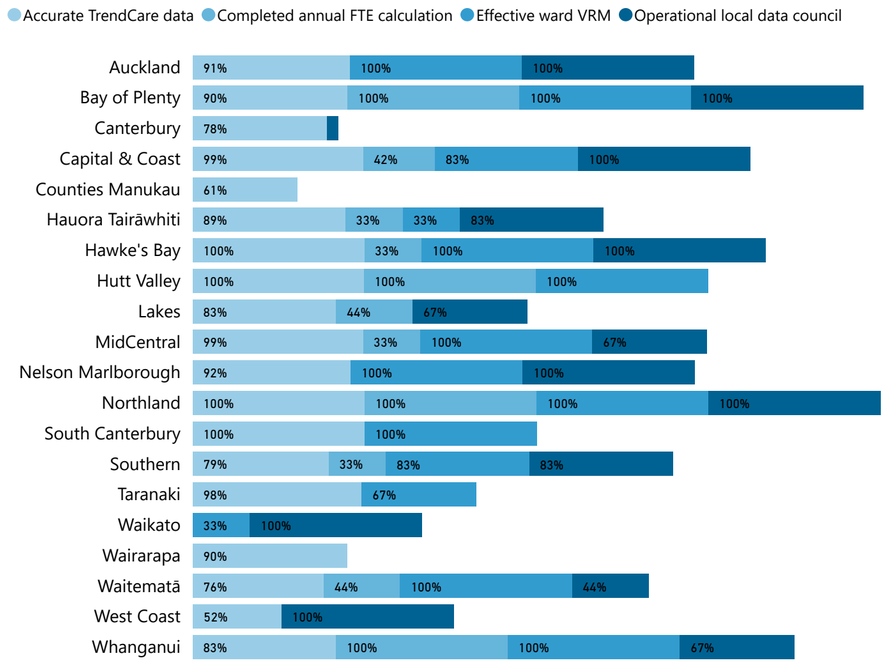
2. Maternity implementation for 20 DHBs is 62%



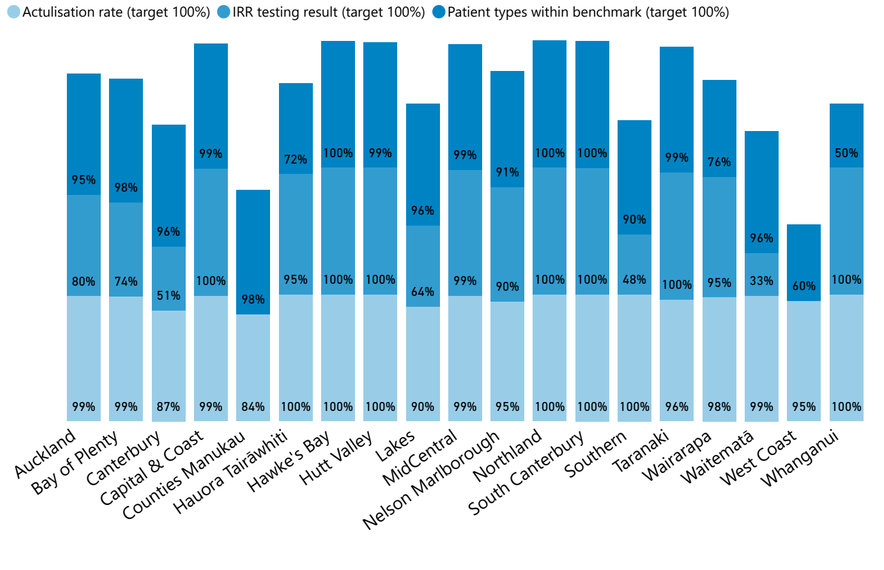
3. Implementation heat map by DHB



4. Milestone progression for DHBs (Maternity)



5. 19 out of 20 DHBs are making progress with Accurate TrendCare data



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

MINISTRY OF HEALTH PERFORMANCE PACK

SUBMITTED TO:

Board Meeting 24 February 2021

Prepared and
Submitted by: Pete Chandler, Chief Executive Officer

☐ **For Decision** √ **For Discussion** √ **For Noting**

RECOMMENDATION:

That the Board **note** the contents of this document.

INTRODUCTION

The latest, redesigned performance pack from the Ministry of health was provided to the DHB just prior to last month's Board meeting. The pack was included in Board papers to allow Board members who wish to review the contents in detail a good amount of time to do so.

Since receiving the pack the Executive Management team have undertaken an internal walkthrough and connected with the Ministry team to clarify potential anomalies and details.

The Ministry team who produced the report have commented that the dataset provides a positive picture of BOPDHB's efficiency, in the upper quartile in comparison with our peers.

A summary of the key extracts is provided for the Board's information on the following pages.

CONTEXTUAL CONSIDERATIONS

Prior to this pack being developed, indicators were provided by the Ministry which showed BOPDHB's Provider Services to rate very high nationally in terms of value for money (ie the costs of delivering our workload activity). The new pack provides a broader picture, albeit much still being focused on DHB provided services because these are high cost.

As discussed last month, there are now signs that our efficiency-based squeeze may now be hitting a tipping point into inefficiency due to growth and demand peaks having very little flex capacity to move into. Elective cancellations have increased this year due to ICU often being full and increased surgical acute activity requiring use of planned surgical capacity. In addition, increased out of hours acute surgical demand (especially orthopaedic and general surgery urgent cases) has a knock on for doctors who, if working late or called out during the night, require recovery time the following day and are not available for their subsequent clinical work, resulting in further cancellations. Addressing this issue requires more FTE in our medical workforce.

We have not increased bed numbers at Tauranga Hospital for over ten years. This is in itself quite remarkable given the >20% population growth during this period. In 2017 our acute flow work created capacity by reducing unnecessary admissions and largely pulled back what was becoming regular use of medical day stay for additional overnight capacity. With growth, this year we have seen medical day stay increasingly used to a significant extent. When the hospital is full and medical day stay is full this impacts on procedures (endoscopy) sometimes being cancelled the following day because the overnight patients are occupying day stay beds.

The intensive use of current beds is positive financially but is reaching maximum saturation point on an increasing number of days each year. Our duty managers across both sites have a very high level of expertise and run the hospitals extremely tightly, moving patients and staff around between departments as required on a daily and at times hourly basis. CCDM is relevant to this because whilst we have a fixed number of beds, the frequency of turnover of bed use (within the same day) results in a very intensive flow which still requires proportionally more nursing care time and resource.

Over time, duty managers have built up a picture of relativity and over recent months have expressed more frequent concern about system gridlock, where patient flow across the system is simultaneously backed up. Most recently we are seeing examples of this on an end to end basis …. from 2nd Avenue Walk-in centre, through ED, Hospital wards and out into Aged Residential Care. We've asked the duty managers to develop a system for capturing the frequently of system lockup as we go through 2021.

We will, during this year, need to make some decisions about hospital beds because we are now in a trajectory of increasing elective cancellations and therefore increasing inefficiency and clinical risk. Key points in this are:

- We have up to 40% of hospital beds at any time being used by patients who have been admitted, or are staying, not because they need hospital level care but because they need to be somewhere under medical care.
- We have limited transitional care facilities in the Bay
- We have growth in dementia and stroke care needs
- The cost of purchasing additional external capacity vs the cost of building the capacity will need careful business consideration, balancing time and clinical risk

The next phase of work in this area is likely to be a look at best value solutions for components of the 40% group – notably patients in hospital for rehabilitation rather than medical care.

With a future population size estimated to reach 400,000 in the Bay (Smartgrowth new modelling) the DHB and state sector partners are all considering carefully how we evolve in the most efficient, effective and affordable way. Replicating more of the same is not our intended trajectory, however we will need to provide physical facilities and workforce for those services which will continue to be required at tier 2 level.

Review Area	MOH Comments	Key points
Performance trends; **Financial** performance Pg 8	Bay of Plenty DHB's financial performance was adverse to Plan YTD September 2020/21, with a net deficit equal to 1.1% of revenue.	The cap on population based funding increase remains an issue for us
Performance trends; Ambulatory-sensitive hospitalisations **(ASH)** Pg 9	Bay of Plenty DHB children are being admitted for ambulatory sensitive reasons at a rate lower than previously, and at about the average peer rate.	The ASH analysis does not reflect the impact on equity. As equity is a key priority for the Ministry and BOPDHB a breakdown would be useful
Performance trends; **FSA rates** Pg 9	Access to planned care is comparable with peers	While BOPDHB is performing well in this area, we are exploring alternate models which may not require Medical Assessments to progress treatment
Performance trends; **Theatre throughput** Pg 10	Diagnostic throughput is less than peer averages, while theatre throughput is higher.	Numbers of discharges and caseweights indicate that BOPDHB processes more complex cases and higher volumes per theatre compared with peers
Performance trends; **Diagnostic throughput** Pg 10	Diagnostic throughput is less than peer averages, while theatre throughput is higher.	The MRI indicator is not relevant as MRI is provided by external contract and their machines are used for private patients
Service Performance – Telehealth use	BOP utilisation 5.1% cf 3.7% at peer groups.	BOP use of telehealth higher than peers but remains an area of opportunity due to current low base.
Financial performance metrics **Repairs & Maintenance** Pg 11	YTD September 2020/21, the DHB incurred greater expenditure than Plan across most major categories, particularly personnel costs Note DHB higher % spend on external providers than peer group.	Key issue is BOP generally deficit is similar to peer but plan variance is worse – ie peer group plans for higher level of deficit.
Executive summary; **Medical FTE** Pg 14	Population and activity trends statement that BOP having to respond to higher workload pressures than national averages. Insourced personnel expenditure was above Plan in 2019/20 by $7.1M. This was largely attributable to higher than planned Nursing and Management and Administration expenditure, and higher cost per Medical FTE, and more than planned Medical FTEs. …Outsourced personnel expenditure has been above Plan in recent years, with large variations in Outsourced Medical and Management and Administration personnel.	The report results show personnel growth figures and does not reflect our starting point. BOPDHB has had lower than required Medical and Nursing FTE numbers and the 20/21 expenditure reflects increases to come into line with its peers and population growth which is one of the highest in the country. Internally, we do need a focus on minimising outsourced work and reflecting case weights per FTE more accurately. Work continues in recruitment and capability building in P&C to increase Maori and Pacific representation in our personnel. We also need to consider the changing demographic as we work on the recruitment pipeline.

	MoH acknowledges impact of MECAs and CCDM as driver of cost growth.	
DHB Demographics pg 19	BOP has higher % Maori population, older population and more deprived population	Key issue is importance of revenue growth keeping pace with population growth.
Emergency Department attendance trends Pg 20	Non-admitted ED attendances have decreased ~15% since the start of 2017/18	Although attendances are down the acuity of patients attending ED is higher which will impact ED performance data. A system view of activity including Primary Care is required to see shifts in how / where services are being accessed. A fresh look is needed to review patient flow as ED performance struggles to reach previous levels. It is likely this is due to downstream effect of bed occupancy. We will be looking at the demographics of ED attendances, as well as data to reflect the period from September 2020.
Standardised Unplanned Readmission Rates Pg 22	BOP has similar rates of readmission compared to national average but higher than peer – for first 28 days post discharge	Need to understand impact of capacity constraints on readmissions.
Actual and expected **length of stay** (case-mix-funded med/surg) Pg 23	Tauranga Hospital's planned inpatient med/surg length of stay is longer than expected given its casemix	
Quality & Safety indicators Pg 24	BOP has lower rates of pressure injuries, falls, UTIs & in-hospital morbidity compared to peers.	BOP's relative $ & workforce efficiency is not coming at the expense of quality & safety
Summary Workforce Comments pg 27	BOP staffing cost growing at higher rate than workload.	Deteriorating "cost efficiency" driven by range of things such as MECA & CCDM impacting costs and FTE numbers, COVID imposing costs not related to workload measures.
Variances to Plan: **Insourced personnel growth** Pg 30 Pg 31	Nursing FTEs have increased at a fast rate since September 2017, with 88 more Nursing FTEs in 2019/20 than in 2017/18. Variances to Plan: Average cost per FTE Cost per Medical FTE variance to Plan was greater in 2019/20 than in prior years	Nursing numbers growing in response to workload and CCDM commitments (required under MECA) Any variations to plan in excludes COVID and Holidays Act. We are still working on the best way to reflect this
Variance to plan: Outsourced Personnel	Outsourced Personnel consistently above plan – particularly medical and admin	Remains an area of concern– note later sections highlighting that BOP use of outsourced low compared to peers.
Relationship with resourcing drivers: **Demographic growth**	When adjusted for Population Based Funding 2015/16 (PBF) cost-weights, the DHB's	We are planning towards growth of 3+% per annum and are investing strategically in non-DHB provided services

Pg 38	population growth rate has grown faster than the rate of growth in FTEs – suggesting strong investment in non-DHB provided services.	Major point from MoH graphs is the slower FTE growth in BOP compared to sector in terms of comparison to PBF adjusted population growth
Workforce Mix Summary Pg 44	BOP performs well on most metrics covered in this section. Ratio of Outsourced to Insourced personnel expenditure is lower than sector average	Indicators are that BOP relatively efficient user of workforce across most staff categories relative to peers. Lower use of outsourced - despite this being an area of concern for BOPDHB management. Move towards change in workforce mix to support change programmes - nurse practitioners, allied health.
Comparison of **personnel spending** by DHB Pg46	Total personnel costs as a share of revenue was less than the peer average	Total personnel costs as a share of revenue was less (by 2.9%) than the peer average
Clinical Workforce Mix pgs 48 - 54	Graphs indicate reducing throughput relative to FTE	Reduction in productivity over time - but BOP remains relatively efficient compared to peers. FTE numbers increasing as result of CCDM & MECA requirements.
Medical Insourced vs Outsourced Personnel spend Pg 56	BOP Insourced Medical personnel cost relative to CWD lowest of peer group. Outsourced medical personnel costs similar to peer group.	BOP insourced and outsourced medical personnel costs per CWD 2nd lowest of peer group. Note BOP leading CCDM implementation.
Nursing Insourced vs Outsourced Personnel spend Pg 57	BOP Insourced nursing personnel cost relative to CWD below peer group average. Outsourced nursing personnel costs similar to peer group.	BOP insourced and outsourced nursing personnel costs per CWD lowest of peer group.
Clinical personnel costs and FTEs per bed-day Pg 58	Total clinical personnel cost per bed-day was below the sector and peer average. Bed-days per clinical FTE was above the peer and sector average.	Needs further exploration as may be due to case weights and outsourced activity
Support Insourced vs Outsourced Personnel spend Pg 74	2nd lowest of peer group	Continues trend of efficient conversion of staff cost
Management & Admin Insourced vs Outsourced Personnel spend Pg 77	Lowest of peer group	Continues trend of efficient conversion of staff cost

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

WHAKAMUA: MAORI HEALTH ACTION PLAN 2020 - 2025

SUBMITTED TO:

Board Meeting 26/01/21

Submitted by: Pete Chandler, Chief Executive Officer

☐ **For Decision** ☐ **For Discussion** ☐ **For Noting**

RECOMMENDATION:
That the Board **note** the contents of this briefing.

INTRODUCTION
Whakamaua was released at the end of 2020 and sets the government's direction for Maori health advancement over the next five years. It is being widely referred to hence providing this information in order to brief the Board. Hyperlinks to the plan, along with the over-arching He Korowai Oranga strategy are included below for Board members who wish to read the document.

OVERVIEW OF WHAKAMAUA
He Korowai Oranga: Māori Health Strategy sets the overarching framework that guides the Government and the health and disability to achieve the best health outcomes for Māori, with the overarching aim of pae ora – healthy futures for Māori.

Whakamaua: Māori Health Action Plan 2020-2025 guides the Ministry, the whole health and disability system, and government to give effect to He Korowai Oranga. It sets out a suite of outcomes, objectives and priority areas for action that will contribute to the achievement of pae ora – healthy futures for Māori.

Whakamaua has been developed alongside an Expert Advisory Group, its membership including Māori academics and researchers, health professionals, and iwi, disability and rangatahi leaders.

Whakamaua means 'to secure, to grasp, to take hold of, to wear'. It also widely associated with the whakataukī used in this plan, 'Ko te pae tawhiti, whāia kia tata. Ko te pae tata, whakamaua kia tīna – Seek out the distant horizons, while cherishing those achievements at hand.'

Whakamaua conveys a sense of acting to take hold of the pae tata, those goals within our reach, as well as working to secure pae ora.

Whakamaua also alludes to the idea that a korowai is intended to be worn. Whakamaua will bring completion and form to He Korowai Oranga so that all whānau Māori can experience health and vitality under its covering.

Whakamaua is underpinned by the Ministry of Health's new Te Tiriti o Waitangi framework – which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown. Te Tiriti o Waitangi not only describes Crown obligations and Māori rights, but is also a key improvement tool for achieving health equity and wellbeing for Māori.

Whakamaua focuses on **four high-level outcomes** to realise the vision of pae ora:

1. Iwi, hapū, whānau and Māori communities can exercise their authority to improve their health and wellbeing.
2. The health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
3. The health and disability system addresses racism and discrimination in all its forms.
4. The inclusion and protection of mātauranga Māori throughout the health and disability system.

Whakamaua also positions the health and disability system to continue protecting the health of iwi, hapū, whānau and Māori communities in the face of the COVID-19 pandemic.

STRATEGIC FIT WITH TE TOI AHORANGI

Te Pare oToi have reviewed Whakamaua and cross checked alignment with Te Toi Ahorangi and the alignment is significant, as summarised on the following page.

Whakamaua was influenced by Te Toi Ahorangi hence the strong linkage, which means that we do not need to develop a new plan in the light of Whakamaua's release.

Connecting to Whakamaua

TE TOI AHORANGI

WHAKAMAUA: NATIONAL MAORI ACTION PLAN 2020 - 2025	Te Toi Ahorangi
Ngā pātuitanga i waenga ite Māori me te Karauna: Māori-Crown partnerships – 4 actions	4/4
Ngā kaiārahi Māori: Māori leadership - 5 actions	3/5
Ngā kaimahi o te rāngai hauora Māori me ngā tāngata whaikaha Māori health and disability workforce – 5 actions	5/5
Te whakawhanaketanga o te rāngai Hauora: Māori health sector development - 4 actions	
Te kōtuitui i ngā mahi a ngā momo rāngai: Cross-sector action – 8 actions	5/8
Te whai kounga me te noho haumaru: Quality and safety – 7 actions	5/7
Ngā kitenga me ngā taunakitanga: Insights and evidence – 5 actions	3/5
Ngā whakatutukinga me te noho haepapa: Performance and accountability – 5 actions	4/5

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Operating Theatre Utilisation Metrics

CARE
Manaakitanga

SUBMITTED TO:
Board Meeting 24 February 2021

Prepared by: Michelle Cullilane, Integrated Operations centre Manager

Endorsed by: Bronwyn Anstis, Acting Chief Operating Officer

Submitted by: Pete Chandler, Chief Executive

☐ **For Decision** ☐ **For Discussion** ☒ **For Noting**

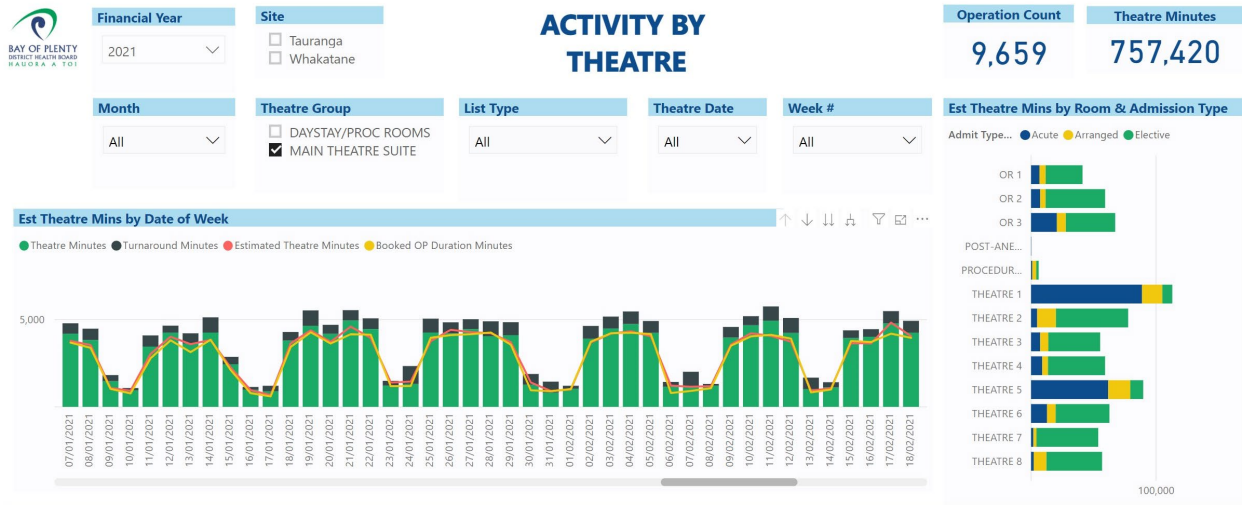
RECOMMENDATION:
That the Board **note** the suite of metrics in development for the Peri-Operative Dashboard Visualization Summary.

Executive Summary
The purpose of this paper is to provide the board with a summary of the work in progress developing a Peri-Operative Dashboard Visualization Summary showing the suite of metrics to provide confidence of efficient use of theatre resources.

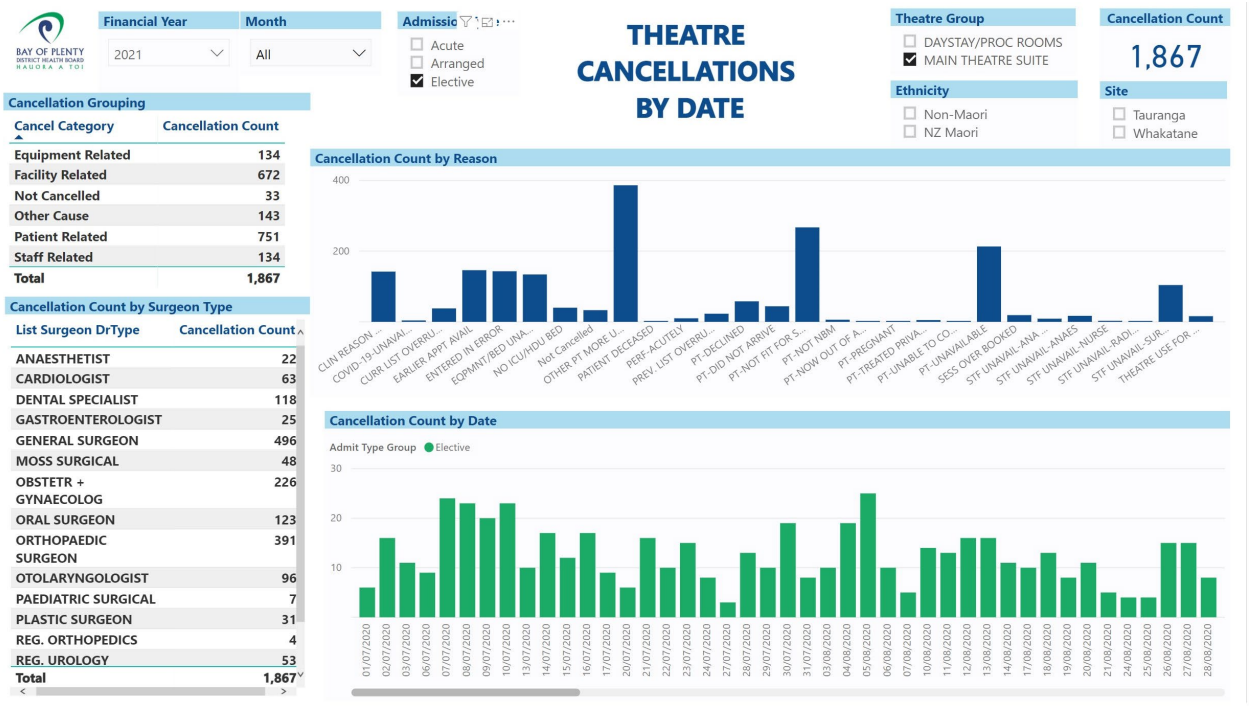
Strategic Alignment
This activity is aligned to the DHBs strategy/key priority of Safer and Compassionate Care that includes the transformation activity of intelligent quality monitoring and improvement. It also supports one of the DHBs key drivers: ensuring efficient use of resources to support financial sustainability.

Overview
Excellent progress has been made in developing the first suite of data with a range of dashboards now being tested and further refined, for example:

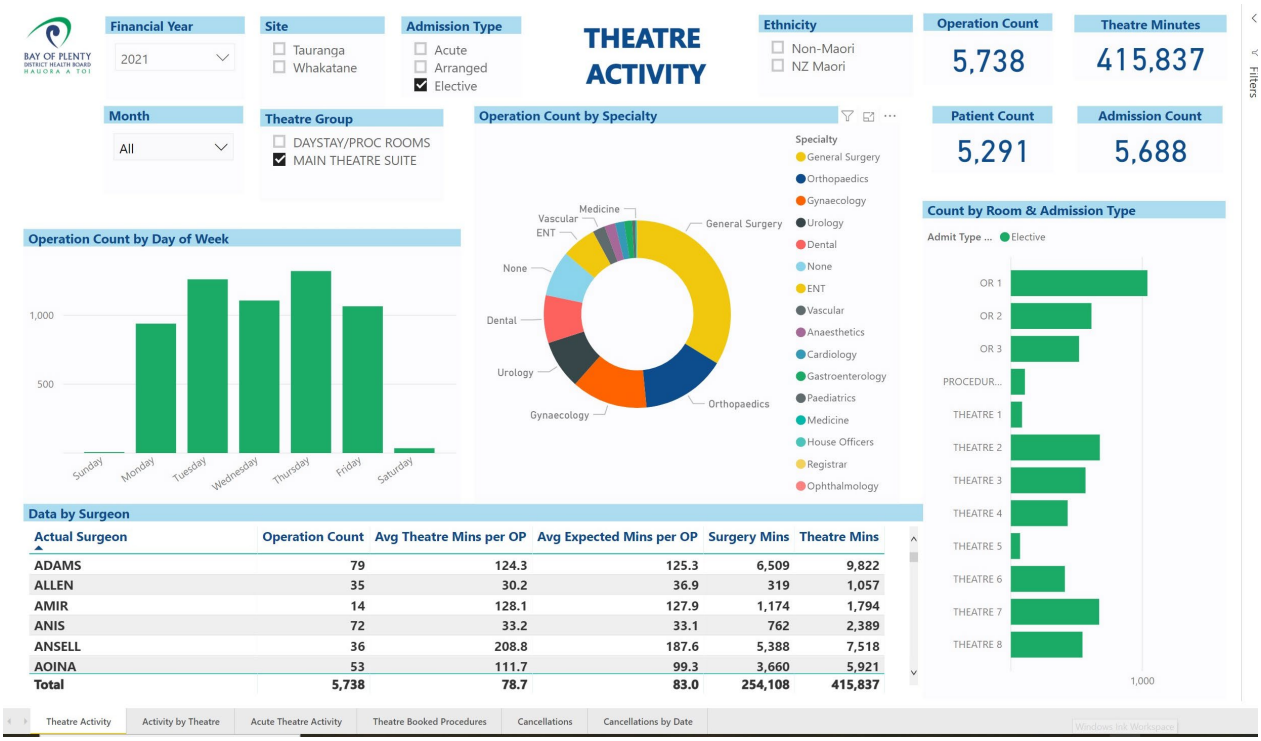
(a) Activity by theatre



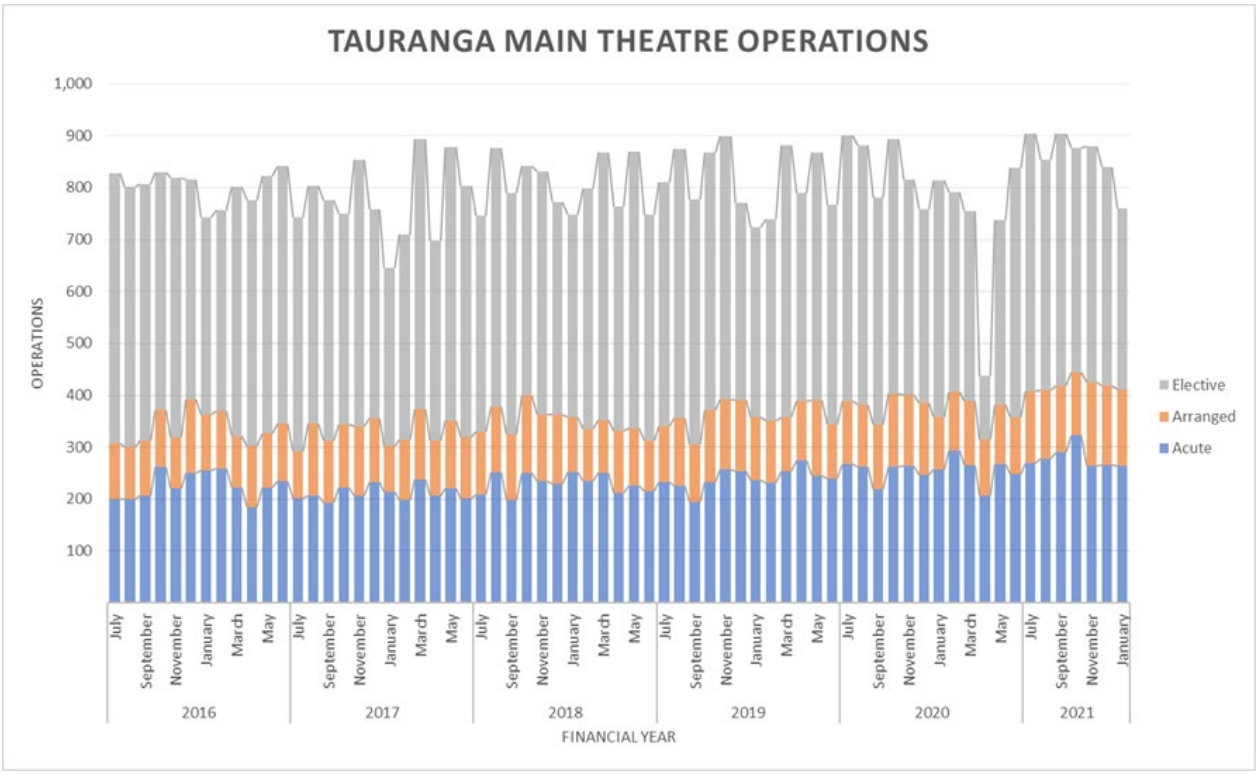
(b) Theatre cancellations



(c) Theatre activity views



(d) Activity Growth Over Time



The suite of first design phase dashboards comprises eight so far.

Development process

There are several challenges the development team are encountering:

1. We do not have a Theatre Management System and therefore data is captured at source through a range of manual methods. This requires definitions, collection methods and staff training to all ensure the data we are capturing is correct. With our theatres now being extremely busy the risk of inaccurate data (such as correctly capturing times through theatre) increases

2. The development of the first dashboards reveals gaps in the data available to us, which are required to be filled to create our desired efficiency calculation metrics

3. How we present data for management and Board audience given the wide range of drop-down variants. It should be noted that the IT team are working on the infrastructure design to allow Board members to drill down themselves through the various views and this is expected to be complete by August 2021

With the first phase of work undertaken, the team are now finalising:

- The specific metrics that will form the shortlist for general monitoring
- Identifying how data gaps can best be addressed within existing resource
- Drawing up the best set of specific metrics which are to be extracted and used routinely for reporting purposes (the current list is outlined below)

Power BI (Business intelligence) is largely an automated tool that has been developed by our analysts for the BOP over the last 12 months to provide enhanced automation of our historic manual dashboards and the team are working towards creating the Peri-Operative Dashboard Visualization Summary.

This interactive dashboard will include the following:

Departmental level Dashboard Metrics

Ability to filter by date, location, ethnicity, specialty, and surgeon

- Case volume
- Case length variance compared to national benchmark
- First-case on-time starts metrics:
    - First-case on-time start details by operating theatre and add-on cases recorded by operating theatre
    - Trended first-case on-time start percentages overall
    - Trended first-case on-time start percentages by week where surgeon delay was not a factor
    - Trended count of surgeon delays
    - First-case on-time start delay reason by type – count and overall percentage of total
- Trended average operating theatre turnover in minutes compared to national benchmark
- Number of day of surgery postponements compared to national benchmark
- Itemization of reasons for case cancellation

Monthly production plan level/phased achievement

Identified at speciality service level and/or surgeon level. To encourage discussion and accountability and responsibility for planned care service delivery

- Number of elective discharges by plan, actual and variance
- Elective theatre sessions (four hour) by plan, actual and variance
- Elective discharges per four-hour session by plan, actual and variance
- Elective case weight per four house session by plan, actual and variance
- Number of orthopaedic discharges by plan, actual and variance
- Orthopaedic case weight per four-hour session by plan, actual and variance

Next Steps:
The fully operational Peri-Operative Dashboard Visualization Summary will is scheduled for completion by May 2021.

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

BOARD WORK PLAN 2021

Activity	Source	27 Jan	24 Feb	24 Mar	28 Apr	26 May	23 Jun	28 July	25 Aug	29 Sept	27 Oct	24 Nov	Dec
Venue – Kahakaharoa Room, Tga			√		√		√		√		√		No Meeting
Venue – Conference Hall, Whk		√		√		√		√		√		√	
Board only Time (*with CEO)		√	√ *	√	√ *	√	√ *	√	√ *	√	√ *	√	
Board Strategic Sessions				√			√			√			
Joint Bd/Run – Te Waka O Toi				√			√			√			
Patient Experience / Story	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√		√	√	√		√	√		
Approve Committee Resolutions	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	√	√	√	√	√	√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√	√	√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√	√	√	√	√	√	√	√	
6 monthly Board Attendance	Bd Sec	√						√					
CEO Report	CEO	√	√	√	√	√	√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
PHOs Report	GMPF	√	√	√	√	√	√	√	√	√	√	√	
Maori Health Dashboard Plan	GMMGD		√			√			√			√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
Draft Annual Plan 19/20 – Minister's Priorities			√										
Annual Plan – approve Draft	GMCS				√		√						
SHSP and Annual Plan 2018/19 6 month progress report	GMPF			√					√				
Annual Report										√			
Exec/Board/Runanga Planning Workshop											√		

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part B:

Future Focus and Key Strategic Issues

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

EXECUTION MODEL: EVOLVING HOW WE WORK

SUBMITTED TO:

Board Meeting 24 February 2021

Submitted by: Pete Chandler, Chief Executive Officer

☐ **For Decision** ☐ **For Discussion** √ **For Noting**

RECOMMENDATION:
That the Board **note** the contents of this briefing.

INTRODUCTION
In May 2021, new accommodation will be available to use on Clarke Street next to Te Whare Whakamana. This new build is being leased and was signed up to approximately 18 months ago. The plan for this build was to enable to co-location on site of Toi te Ora and SupportNet, relocating from their leased facilities on Cameron Road.

OPPORTUNITY
The new accommodation provides opportunity to re-think best fit of both the services planned to go into the new build (DHB2) and those currently located in Te Whare Whakamana (DHB1) because there is a small amount of space which will not initially be required, allowing greater flexibility in optimal co-location. In addition, since COVID we have more people working flexibly in mixed models of home and work bases, requiring less desk spaces simultaneously.

This flexibility can be used to enable a new way of working which will add significant benefits to our approach to both execution and transformational re-design, hence this briefing paper to the Board.

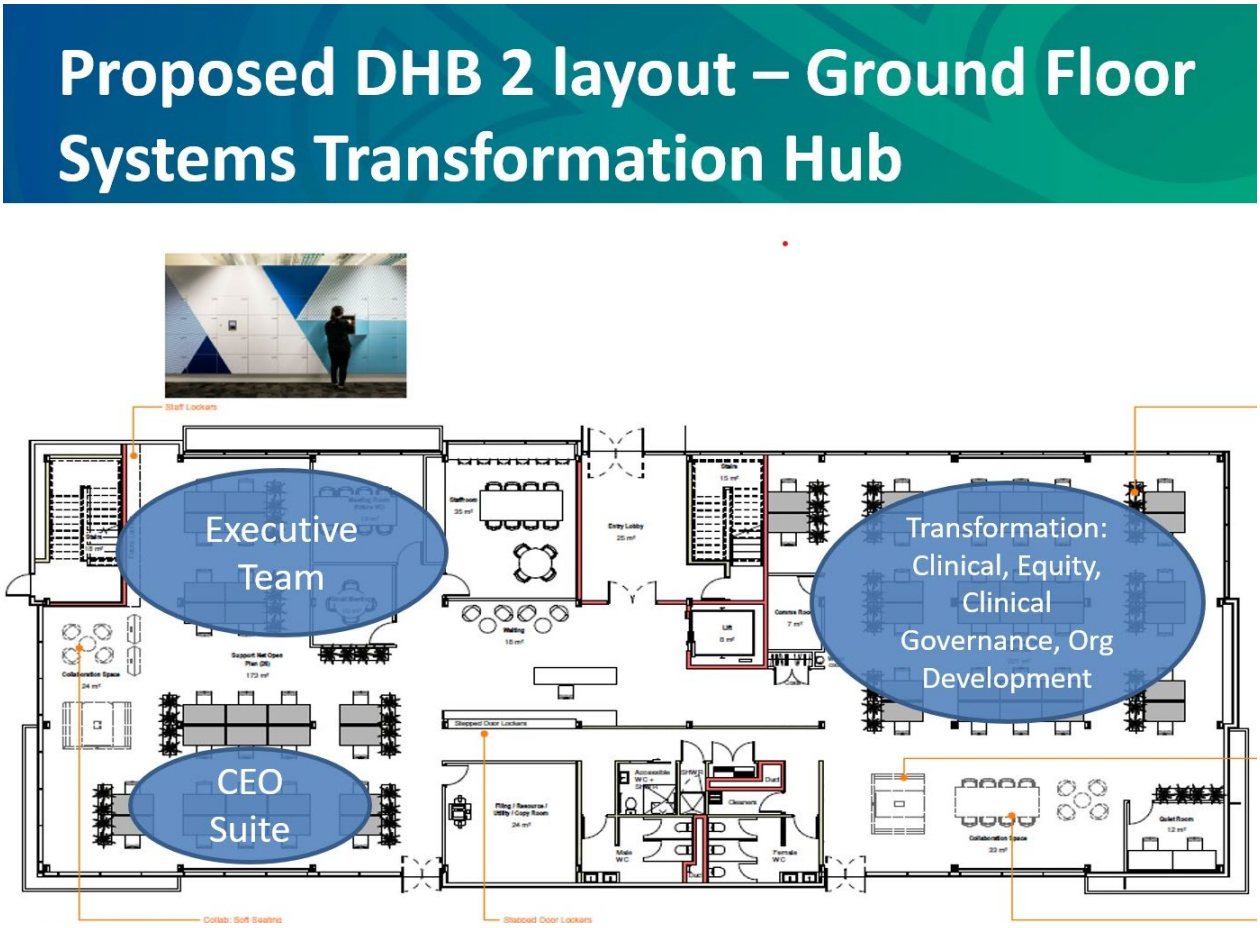
The concept currently being explored is as follows:

DHB2
Toi te Ora were always planned to locate to the second floor and this is unchanged. However the first floor has two large areas, slightly separated by a central reception/lobby. It is proposed that:

- The CEO offices transfer to the new build (it is important that the CEO offices move)
- The Executive from DHB1 transfer to co-locate with the CEO offices
- The Improvement and Innovation Team move into the second half of DHB2, with Quality, Equity, Organisational Development leads to form the basis of a Transformation Hub.

The co-location of all of the above into one building provides the potential for a significantly more agile, connected and efficient way of working and in theory the potential to begin to move away from meeting based operational function to one based around transformational change.

The concept of a Transformation Hub emerged from the Evolution explorations in 2018 and continues to be flagged by senior staff as a desirable opportunity to drive change effectively, however space has not allowed for this to be developed until now. With the speed and volume of work we now experience, the physical disconnection of key people around the campus is impeding our effectiveness and resulting in circuitous conversations, excessive email volume, delayed decision making and sub-optimal communication. We have a potential opportunity to address much of this.



DHB1

Support Net would move into DHB1 and co-locate with Community Care Co-ordination and other small groups to form our Community Co-ordination Hub.

Further discussion is underway to test the logic and ensure that critical functions such as the Portfolio Managers in Planning and Funding also gain benefit.

Whatever configuration lands in this current testing process, maximum space flexibility will be maintained to allow other future changes to occur; hence minimal internal walls and maximum open space is being maintained.