BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting
Agenda

Wednesday, 23 June 2021
9.30 am

Please note Board Only Time 8.30 am

Tawa Room, Education Centre,
889 Cameron Road, Tauranga Hospital

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

Principles

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

Transformational Care Priorities

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

Business Management

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

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

CARE Manaakitanga

Hauora a Toi | Our Priorities 2021-2022

Healthy, thriving communities – Kia Momoho Te Hāpori Oranga

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Enablers

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

Drivers

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

A connected system

Moving care into the community

Partnering in localities

Health in all policies

Organising for the future

Transformations

Integrated healthcare

Mental health & addictions

Child wellbeing

Connecting with our communities

Equitable healthcare

Identifying unfair and unjust disparities

Systematic addressing of inequities

Enacting Te Toi Ahorangi in the design and delivery of care

Transformations

Growing as Te Tiriti partners

Evolving the Eastern Bay health network

Delivering improvement against equity KPIs

Healthy, thriving workforce

Enhancing physical and psychological safety

Addressing injustice and discrimination

Evolving the new world of work

Transformations

Leadership development

Restorative resolution

Union partnerships

Role clarity

Reducing bureaucracy

Sharing information

Growing a sustainable Māori workforce

Safer and compassionate care

Robust clinical governance and continuous improvement

Recognising the uniqueness of each individual

The Quality Safety Markers

Falls

Healthcare associated infections

Hand hygiene

Surgical site infection

Safe surgery

Medication safety

Consumer engagement

Transformations

Culturally safe quality management

Intelligent quality monitoring & improvement

Choosing wisely

Person & whānau-centred systems

04/11/2020

Board Agreed Transformation Priorities

1. Child immunisation

2. Child oral health outcomes

3. Eastern Bay Health Network

4. T1-T2 connection and commissioning

Top 12: Executive Spotlight

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

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

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

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

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

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

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

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

Link to Actions and Evidence

Item No.	Item	Page
	Karakia Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te pō ko tenei te awatea Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē! This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!	
1	**Apologies**	
2	**Interests Register**	**6**
3	**Minutes** 3.1 Board Meeting – 26.5.21 Matters Arising	**11** **15**
PART A:	**FUTURE FOCUS AND KEY STRATEGIC ISSUES**	
4	4.1 Update on Equity	**18**
PART B:	**MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY**	
5	**Items for Discussion** 5.1 Chief Executive's Report 5.2 General Business	**24**
6	**General Business**	

Item No.	Item	Page
7	**Resolution to Exclude the Public** Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded. Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.	
8	**Next Meeting – Wednesday 28 July 2021.**	

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated June 2021)

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

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

Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not it the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Establishment Board of Trustees – Suzanne Aubert Catholic School, Papamoa	Member	Education	NIL	March 2020
Royal New Zealand Foundation of the Blind Inc	Board Member	Services to the Blind	LOW	May '21
SHEA, Sharon				
Shea Pita & Associates Ltd	Director & Principal	Consulting	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Service Provider	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Negotiating a service delivery contract to deliver Mental Health Services for people who experience mild to moderate distress	LOW	March '21
Manawaroa Ltd	Director & Principal	Delivery of Puawai Programme funded by Oranga Tamariki	LOW	March '21
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
Maori Expert Advisory Group (MEAG)	Former Chair	Health & Disability System Review	LOW	18/12/2019
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020

EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020
Interim Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Wai 2575 Claimants	Consultant	contracted via the National Hauora Coalition to support Wai 2575 claimants cost historic underfunding of Māori PHOs. Short-term project.	LOW	August 2020
Ministry of Health	Consultant	National Evaluation of Breast and Cervical Screening Support Services	LOW	August 2020
Alliance Plus Health PHO - Pan Pacific Resilience Model	Consultant	Health	LOW	27/08/2020
Counties Manukau DHB	Consultant	Maori Health project	LOW	November 2020
DPMC	Contractor to Transition Unit.	Health Reform	MEDIUM	May 2021
Husband – Morris Pita - Health Care Applications Ltd - Shea Pita & Associates Ltd	CEO Director	Health IT Consulting	LOW LOW	18/12/2019 18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019

STEEL, Linda (Maori Health Runanga Chair)				
Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021
Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/02/2021
BOPDHB Maori Health Runanga	Chair / Iwi Representative	Strategic Relationship with BOPDHB	LOW	23/02/2021
WILLIAMS, Wayne				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services Ltd	Director	Alliance Corporate Activities	LOW	15/4/2021
The Moko Foundation	Chair	Maori Youth Leadership and Child Health	MEDIUM	15/4/2021
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
Third Age Health Services	Board Member	Aged Residential Care providers	MEDIUM	10/6/2021
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020

Minutes

Bay of Plenty District Health Board

Meeting Rooms 1 and 2, Clinical School, Whakatane Hospital

Date: Wednesday 26 May 2021 10.00 am

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

Attendees: Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services), Bronwyn Anstis (Acting Chief Operating Officer), Marama Tauranga (Manukura, Te Pare o Toi), Debbie Brown (Senior Advisor Governance & Quality), Lindsey Webber (PHO Rep)

Item No.	Item	Action
	Karakia	
1	**Apologies** Apologies were received from Hori Ahomiro and Natu Vaeluaga **Resolved** that the apologies from H Ahomiro and N Vaeluaga be accepted. Moved: G Esterman Seconded: M Guy	
2	**Interests Register** Board Members were asked if there were any changes to the Register or conflicts with the agenda. Board Chair advised of her recent advisory role to the DPMC Transition Unit. This role involves advising on Māori health and the development of the Maori Health Authority (MHA).	
3	**Minutes** 3.1 Minutes of Board meeting – 28 April 2021 **Resolved** that the Board receives the minutes of the meeting held on 28 April 2021 and confirms as a true and correct record. Moved: A Tuoro Seconded: M Guy 3.2 Matters Arising *Performance Pack.* There are walkthrough plans with the MOH soon on the theatre pack which followed the Performance Pack.	
	Part A; Future Focus and Key Strategic Issues	
4	**Presentation** 4.1 Acknowledgement of Launch of BOPDHB Position Statement 4.1.1 BOPDHB Position Statement – Final A celebration by Board Members of the launch of the BOPDHB Position Statement, was had with members of Te Pare o Toi and the Kahui Kaumatua Council.	

Item No.	Item	Action
	Part B: Monitoring, Compliance and Business as Usual Delivery	
5	**Items for Discussion** 5.1 Chief Executive's Report The Chief Executive highlighted. *Vaccination Rollout* – has bedded in well. *Deliverables Calendar* – is for the Board's information on specific things that the Executive want to get over the line this year. A complex element is the site Master Plan. *IC Net* – has gone live *Industrial Action* – the sector is very busy and the significance of the impending strike is challenging. Electives are being wound down and an aim of 50% hospital occupancy is targetted. There is potential for acceptance of a revised proposal. M Guy declared her membership of NZNO. Discussion was had on CCDM, a factor in negotiations. CCDM for the current year is based on the previous 12 months. BOPDHB's rapid population growth affects this, meaning we are always behind on formal resourcing, however we still aim to top up to daily needs wherever possible – usually with overtime. Workforce availability was also discussed. It was considered there should be regional opportunities for collaboration. *Transition thinking* – BOPDHB is preparing a transition activity, issues and decisions list which will require a local lead co-ordinator for transition as things progress. By April next year the ability for decision making will be limited. A good Communications Strategy will be critical. Query was raised regarding the BOPDHB Position Statement on Te Tiriti o Waitangi, Health Equity and Racism and how the new things will be able to be picked up and implemented while going through the transition. Thought has been given regarding delivery. With the disestablishment of DHBs, our clinical services will continue to run and will continue to align to the Position Statement. *COTS* - Information on the COTS programme as an example of how we've moved one dial on Equity was tabled. The Board Chair requested that cost-effectiveness of the work be included on future examples. *HPV Screening* - is a great development. *Ethnicity* - Query was raised as to where Polynesian / Pacific Islanders fit within data. This needs further consideration. The Board Chair reiterated that data on iwi was also requested. Access to Maori living within the region is available. Access to iwi affiliated data means working with each iwi who need to agree to use of the data (Māori data sovereignty) *Kiri Ora (Healthy Skin) Pilot Project* - the Kiri Ora project is a very successful initiative.	DAHST Acting GM P&F

Item No.	Item	Action
	Mental Health and Addictions – Query was raised whether there were any primary health initiatives with the additional allocation. BOPDHB is aligned for the next phase national rollout and the GM P&F has overall delivery accountability for this. Query was raised as to whether BOPDHB works with MSD for example in recruitment processes. This is something that is just starting to develop in conversations with MSD. The GM P&F is the lead on the MSD interface. 5.2 <u>Items from Board Committee Meetings – 25.5.21</u> *Dental Programme* – Board Member provided detail on the dental initiative programme mentioned at Te Rapa Hou Committee yesterday. It is an $80,000 project. 5 weeks of two dental containers from the YWAM ship (Youth with a Mission) which is currently unable to work in the Pacific Islands, are being utilised in Welcome Bay and Te Puke. Dentists give of their time to work with the project. There are a number of local sponsors, including TECT.	
6	**Items for Noting** 6.1 <u>National Cervical Screening Programme Update</u> The paper was taken as read. The Board Chair reminded members of her potential conflict with this item as her company has recently completed an evaluation of Support Screening Services which are part of the national screening programme. The report is in its final draft. It was agreed there was no conflict. 6.2 <u>Board Work Plan</u> The Board noted the information	
7	**General Business** There was no general business	
8	Resolution to Exclude the Public Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation: Confidential Minutes of last meeting: Board Minutes – 28.4.21 Chief Executive's Report Governance through Authentic Partnership Kainga Ora Proposal Papamoa East Health Service Pathlab Extension and Lease Breast Screening Service Seismic Buildings Home based Support Services 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:	

Item No.	Item	Action
	Pete Chandler Owen Wallace Bronwyn Anstis Marama Tauranga Debbie Brown Lindsey Webber Linda Steel (Runanga Chair) **Resolved** that the Board move into confidential. Moved: S Shea Seconded: B Edlin	
9	Next Meeting – Wednesday 23 June 2021	

The open section of the meeting closed at 11.45 am

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

RUNNING LIST OF ACTIONS - Open

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

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

28.4.21	**TOP 12 Executive KPIs** *Consultation* - It was considered Clinical Governance input would have been helpful. Primary community care could also have provided input. The KPIs do not exclude any projects underway. For example, work being undertaken on Acute Admissions and Day Stay will provide further good information. The KPIs are set at a high level. The CMOs have had oversight and input as Executive Membership. The KPIs can be scheduled for input from Clinical Governance at their next meeting.	CMOs / SAGQ	26.5.21		
28.4.21	**Top 12 Executive KPIs** The Board Chair requested a check be carried out for equity across the KPIs and also a sense check for mix across areas, Secondary, Primary, Allied Health. There will also be common strategies across the KPIs which may not be a metric but will be strategies to turn the dial. When the sense checks have been done what are the next steps?	Consultant	26.5.21		
26.5.21	**COTS** Information on the COTS programme as an example of how to move the dial on Equity was tabled. The Board Chair requested that cost-effectiveness of the work be included on future examples.	DAHST	23.6.21		Request shared with I&I team – Completed
26/5/21	**Chief Executive's Report – Ethnicity** Query was raised as to where Polynesian / Pacific Islanders fit within data. This needs further consideration.	Acting GMPF	23.6.21		

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part A:

Future Focus and Key Strategic Issues

Update on Selected Activities Underway to Address Equity

Submitted to:
Board Meeting 23 June 2021

Prepared by: Dr George Gray, Public Health Physician

Endorsed by: Marama Tauranga, Manukura, Maori Health Gains & Development

Submitted by: Pete Chandler, Chief Executive

RECOMMENDED RESOLUTION:
That the Board notes the brief summary of activities underway to address equity within BOPDHB for selected Performance Measures.

ACTIONS TO ADDRESS INEQUITY:

1. In broad terms, there are two approaches to improving equity in health outcomes.
2. The first of these includes systemic interventions which may be implemented at a population level and address primordial prevention.
3. The second approach involves a focus on specific measures, processes, or outcomes and these can be achieved through organisational and individual changes.
4. This paper summarises some of the actions that Bay of Plenty District Health Board (BOPDHB) is taking with the second of these two approaches in relation to breast screening, influenza vaccination, and oral health.
5. Alongside this work on specific District Health Board (DHB) Performance Measures, services and providers within BOPDHB have been encouraged to implement the Ministry of Health's Health Equity Assessment Tool (HEAT tool) to ensure that new programmes do not create or widen disparities between Maori and other ethnic groups.

Specific Work Being Performed:

Breast Screening

6. What is the goal?

a. Breast screening is a mandatory Performance Measure that has been assigned to DHBs by the Ministry of Health.

b. The national target requires that 70% of eligible women are screened over the past cumulative 2-year period.

c. Though the programme is available to women aged 45-69 years, the reporting that is released by the National Screening Unit focuses on the 50-69 years age group.

7. Why is this important?

a. Regular breast screening is associated with reductions in mortality and morbidity from breast cancer.(National Screening Unit, 2015)

8. What are the baseline and past performance results?

a. At a national level 67.7% of non-Maori non-Pacific women aged 50-69 years had been screened in the 24 months ending April 2021. In comparison, 60.2% of Maori women had been screened. (National Screening Unit, accessed 4 June 2021)

b. For the same time period, 60.5% of Maori women in BOPDHB had been screened, compared with 70.4% of non-Maori non-Pacific women. (National Screening Unit, accessed 4 June 2021)

c. BOPDHB has attained the national target for non-Maori non-Pacific women, but has never attained the national target for Maori women. Screening results for Maori women have been relatively flat over the past 5 years ranging between 55% and 61%.

d. How does our performance compare nationally?

i. The national target has been attained by BreastScreen South in Canterbury DHB, and other DHBs that the regional provider serves.

ii. BOPDHB is served by the regional provider BreastScreen Midland. This provider serves Waikato and Lakes DHBs also.

9. What are we doing to improve performance?

a. Our current focus is on enrollment. A recent analysis indicated that several hundred Maori women are not enrolled in the BreastScreen Aotearoa (BSA) national screening programme. Enrolment in BSA is necessary to be invited to a mammogram by a regional provider.

b. Insufficient enrollment makes it more difficult for BOPDHB to reach the national screening target.

c. After implementation of initiatives to improve enrolment we will focus on the invitation and attendance stages of the patient journey.

d. Currently BOPDHB contracts with WBOPPHO to provide support to attendance at screening services for Maori women (and other groups) that have not responded to a mammogram invitation. The service specification and contract value are determined by the National Screening Unit (NSU). The service has been in place since 2017 and performance reports are monitored by the NSU every 6 months; the current contract value is $406k for the period 1 January 2021 to 28 February 2023. The Support to Screening services around the country are being evaluated by Shea Pita and Associated Ltd.

e. In 2020 BOPDHB developed an algorithm to predict Maori women that were most likely to miss a mammogram appointment. Unfortunately this initiative could not be implemented due to lockdown events.

Implementing data-driven solutions is challenging due to the fragmented nature of the New Zealand health system and lack of integrated data sets and interoperability data standards between organisations.

10. What are the challenges to achieving improvement?

a. Enrolling those that are not currently enrolled in BSA has been challenging in the past due to the difficulty involved in cross-matching data sets from PHOs and BSA. PHOs have had differing levels of capacity, capability and interest in collaborating on this Performance Measure in the past.

b. This has improved in 2021 with the MoH's implementation of a data visualiser that can be accessed by regional breast screening providers. We are using data from this tool in our current enrollment change idea.

c. Our ability to measure and monitor the patient journey will be improved with greater access to the BSA database.

11. When do we expect to see improvements?

a. We expect to complete the enrollment change idea by Dec 2021. This will create a larger population of Maori women enrolled in BSA in BOPDHB and eligible to be invited for a mammogram.

b. If we had an additional $500k to invest in screening this could be used to increase the presence of mobile screening. Attendance at screening among Maori women in the Western Bay has reached the national target, but screening in territorial authorities such as Kawerau in the Eastern Bay are below the target.

12. Other issues

a. The current radiology provider in BOPDHB (Bay Radiology) is exiting the screening contract with BSM from 30 June 2021.

b. Bay Radiology will continue to provide mammogram services on a fee-for-service basis until 31 December 2021.

c. Currently BSM is procuring another provider for this role.

d. Options for another provider include:
   i. Regaining Bay Radiology as the local provider;
   ii. Contracting with another local radiology provider;
   iii. Contracting with a new provider from outside BOPDHB;
   iv. The DHB taking on the role of mammogram provider.

Influenza Vaccination

13. What is the goal?

a. Several groups are eligible for influenza vaccination at no personal cost. These groups include those aged 65 years and over, those aged 0-64 years with specific long-term conditions, and pregnant women. The MoH and DHBs have paid the most attention to the 65 years and over age group each year; we have regular accurate reporting on the proportion vaccinated within this group. Because of the availability of data in this group we have focused on summarising results for that group in this paper.

b. The national target for the 65 years and over age group is that 75% of individuals in this age group have been vaccinated against influenza.

14. Why is this important?

a. Vaccination against influenza leads to reduced mortality and morbidity from influenza and associated conditions. (Cochrane Collaboration, 2018)

15. What are the baseline and past performance results?

a. At a national level, 70% of the non-Maori/Pacific/Asian population and 59% of the Maori population aged 65 years and over were vaccinated against influenza in 2020. This result is higher than usual, mediated by the effect of the global pandemic on people's behaviour. (Business Objects Database, Ministry of Health, accessed 1 June 2021)

b. In BOPDHB in 2020, 69% of Maori individuals were vaccinated against influenza, alongside 78% of those in the non-Maori/Pacific/Asian population. (Business Objects Database, Ministry of Health, accessed 1 June 2021)

c. In comparison, in 2019 in BOPDHB, 54% of Maori individuals were vaccinated against influenza, compared with 66% of those in the non-Maori/Pacific/Asian population. (Business Objects Database, Ministry of Health, accessed 1 June 2021)

16. What are we doing to improve performance?

a. At present we are facilitating the distribution of additional funding to providers that was made available by the Ministry of Health to increase the number of eligible Maori individuals that are vaccinated in 2021.

b. Contracts have been initiated with Nga Mataapuna Oranga PHO, Western Bay of Plenty PHO, and Te Puna Ora o Mataatua; Eastern Bay of Plenty Primary Health Alliance has contracted directly with the MoH.

c. In the past, PHOs have vaccinated those that are most responsive to invitations to be vaccinated. After this group has responded to vaccination invitations, primary care has focused on other health services as the cost per person vaccinated increases substantially for those that require more encouragement and support to be vaccinated.

17. What are the challenges to achieving improvement?

a. As with breast screening, there are several challenges involved with performance improvement for influenza vaccination. These include working across multiple PHOs with different needs, data systems, priority ranking for influenza vaccination, and resources available for vaccination activities (calling patients, following up, vaccinating).

b. Monitoring performance across multiple PHOs has been challenging due to the difficulty of gaining agreement for data sharing from PHOs, and difficulties with data integration from different patient management systems. This could be addressed by extracting data from PHOs on a weekly basis into a database hosted at BOPDHB. This would enable the DHB to view performance results stratified by PHO, clinic, ethnicity, age group, and location on a regular basis. This would enable us to respond in an agile way to performance deficits at a clinic or PHO level.

18. When do we expect to see improvements?

a. The additional funding from the MoH has assisted PHOs to fund additional team members for 2021 to assist with administration and vaccination activities. We will monitor progress monthly and expect results to be at least equal to those attained in 2020.

b. If we had a further $500k to invest in this area we would be able to improve the proportion of those aged 65 and over by that are vaccinated by approximately 5% by investing in data integration from PHOs, call centre mediated booking and reminders to individuals, outreach immunisation services, and transport assistance.

Oral Health

19. What is the goal?

a. This mandatory Performance Measure (CW03) is made up of two parts with connected goals:
   i. 95% of preschoolers are enrolled in a community dental service;
   ii. 10% or fewer of those that are enrolled are overdue for their planned appointment (i.e. 90% of those enrolled are seen within the planned review period).

20. Why is this important?

a. Enrolment with a dental service provides the opportunity for primary prevention. When secondary prevention is necessary this can be provided quickly if enrollees attend planned appointments. If enrolment and regular review are completed this can lead to better health and social outcomes for individuals and their families, and fewer ambulatory sensitive hospitalisations.

21. What are the baseline and past performance results?

a. During 2017-2019, BOPDHB implemented multiple performance improvement initiatives to increase enrolment of Maori preschool children and has achieved the national target (95% enrolment) for the past two years. In April 2021, 97.7% of Maori preschoolers were enrolled with BOPDHB's Community Dental Service.

b. Appointment attendance has been more challenging to improve. Prior to lockdown in 2020, the proportion of Maori preschool children that were overdue for their planned appointment averaged in the mid-30% range; this increased to 50% after lockdown because individuals could not be seen during lockdown and this created a backlog (see Table 1 below). This increase was seen in all DHBs.

Table 1. Proportion of enrolled preschoolers that are overdue for their planned dental appointment (April 2020-April 2021). (Source: Monthly Oral Health Dashboard, May 2021)

Overdue for Examination*	Current	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Preschool														
Total	45%	30%	37%	40%	41%	46%	47%	49%	49%	49%	48%	48%	48%	45%
Maori	47%	34%	41%	44%	45%	50%	51%	51%	51%	50%	50%	50%	50%	47%
Non-Maori	43%	28%	34%	37%	38%	43%	45%	48%	49%	48%	47%	47%	47%	43%

22. What are we doing to improve performance?

a. Local system dynamics modelling indicates that the proportion overdue for an appointment can be reduced most efficiently by reducing the appointment did-not-attend rate.

b. We have prepared a test-of-change for implementation at one of the Community Dental Clinics and this will be introduced during July-Sep 2021.

23. What are the challenges to achieving improvement?

a. It has been challenging finding a clinic with the staff capacity needed to engage in a performance improvement initiative. Clinic personnel are at full capacity with business-as-usual, and the COVID-related disruptions to service delivery have increased the demands on their time.

b. The backlog generated by the level 4 and level 3 lockdown periods in 2020 increased the proportion overdue from the mid 30% range to 50% of Maori preschoolers.

24. When do we expect to see improvements?

a. We expect to see results from our initial change idea by September 2021, and will either scale this intervention to other clinics during Oct-Dec 2021, or test the impact of other change ideas on the did-not-attend (DNA) rate.

b. If we had a further $500k to invest in this area we would focus on reducing the proportion of Maori preschoolers that do not attend a booked appointment (DNA). Over the past six months an average of 33% of booked appointments among Maori preschoolers have resulted in a DNA outcome. Improving attendance is more cost-effective than increasing workforce capacity or clinic infrastructure. These funds would be used to test a range of evidence-based change ideas including phone call reminders to parents, transport assistance, and app-based education and reminders for caregivers of preschoolers. We are confident that these interventions would lead to a reduction in DNA of at least 5%.

SUMMARY:

25. Equity in health outcomes can be achieved through a mix of population-level approaches and those targeted to specific groups and performance measures.
26. BOPDHB is engaged in a range of performance improvement projects aimed at improving the results achieved for specific Performance Measures.
27. We are using the Institute for Healthcare Improvement's change methodology to test performance improvement ideas.
28. Improvement is hampered by the fragmented nature of the New Zealand health system.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Board Meeting

Part B:

Monitoring, Compliance and Business as Usual Delivery

Chief Executive's Report

This report covers the period 27 May to 17 June 2021.

1. Chief Executive's Overview

Provider Arm Pressures

The combination of progressing COVID vaccination rollout; sustained volume of acute hospital presentations; supporting Waikato DHB following their cyber-attack and planning for the June 9th nursing strike contributed to a busy month for May.

High Demand and Occupancy across both hospital sites continues and this is similar to the experience of many other DHBs. The increasing lead of the Integrated Operations Centre (IOC) as it develops improved functionality, has been invaluable as both hospital sites operate in an environment of sustained periods of high occupancy (95-107%) and coordinated the response to support Waikato DHB manage changed clinical patient pathways.

Acute Demand

The Ministry of Health (MOH) has acknowledged the increased attention and national discussion regarding acute demand and ED presentations and indicated it is in the process of developing a programme of work around acute demand (across the whole sector from community presentations to hospital discharge). The MOH has requested weekly Acute Care data reporting from week commencing 31st May 2021. The data will define measures for this work on a longer-term basis.

COVID vaccination

Coverage extends to approximately 8% of the intended coverage, measured against the target number of doses. With seven months remaining and population sequencing options expanding, the DHB remains in a strong position relative to overall targets. Equity based options have expanded throughout May with multiple Kaupapa provider sites commissioned. Larger venues such as Bay Park and Quay Street in Whakatane are respectively commissioned and in the process of being operationalised.

Nursing Strike

Contingency planning to ensure patient safety leading up to and throughout this period required the need to reduce services significantly. Reduction of planned surgery commenced 2 June with a focus on day surgery only leading into Queen's Birthday weekend to ensure only acute cases are in ICU and the wards on strike day.

LPS (Life Preserving Services) requests were agreed with NZNO and ongoing work to populate rosters for the day included support from other professional groups who will be based in wards/departments.

A full communications plan has been activated with information sent to all external providers, including emergency services and media.

A full Emergency Operations Centre (EOC) was stood up for the strike period supported by EOC roles in Whakatane.

Health Reforms

Engagement with transition unit representatives continues at pace. Likely developments are an "initiatives stock-take" as the unit seeks to understand what is working well. An all-day workshop between Planning and Funding Managers and Unit representatives took place on 11th June 2021 in Wellington.

Clinical Governance

Progression of the Clinical Governance Strategy is advancing with the formation of a directorate embodying four core Quality functions – broadly leadership of quality, proactive improvement efforts, reactive assurance and risk processes and organisational learning. The spine of the directorate will have clear visibility to the organisation and be readily navigable for staff and consumers alike.

2. News and key events

2.1 COVID

Corporate Services

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

- vaccination programme
- response & recovery
- resurgence planning

COVID Vaccination Rollout

The Emergency Management team has been actively involved in the DHB's COVID vaccination programme assisting the Incident Controller.

- Vaccine rollout continues with total vaccines given at the time of this report being 22,803. Vaccine rollout to Aged Residential Care through a contractual agreement with Cicada Healthcare continues. Increased vaccination sites at both Whakatane and Tauranga were established at the end of May (Bay Park, Tauranga and Quay Street, Whakatane on 26th May), and outreach services to deliver vaccination for Group 3 population has begun. It remains a challenge to fill all the roles at the vaccine sites, however recruitment continues. Development of a BOP NGO database of providers for communication and collaboration including the Multicultural Centre and Welcoming Communities Coordinator/Advisor for Diversity and Culture
- Work continues with the Pasifika community to develop a vaccine roll out plan for both the Western and Eastern Bay to be presented to the Ministry of Health. This includes support to nurses in COVID vaccination training.

The Information Management team continues to provide IT support functions to the Vaccination programme taking responsibility for site connectivity and IT equipment for all Vaccination Centres as well as phone infrastructure to support the call centre. Contractor based resource has been engaged to ensure capacity to provide timely support is available.

- Review is ongoing on the technology and capacity of the Call Centre which was found to be insufficient to handle the volume of demand. This technology is to be replaced before the wider roll out programme commences.
- The cloud based booking system implemented by BOPDHB has proven to be a success factor in supporting the vaccination programme. Starting with eight users there are now over 150 users across the system. The expansion is leading to significant increase in monthly costs which is currently being recovered from the Ministry. The new national booking system is expected to be rolled out in July and will replace the DHB system.

Toi Te Ora is providing analyst support to the Bay of Plenty DHB vaccination rollout to assist with strategic and service delivery model planning, and providing data and information required to guide this planning. In addition, the analyst is monitoring and reporting on the vaccine rollout to guide ongoing coordination of vaccine supply, workforce, and refinement of service delivery.

The public health COVID response surge capacity plan for the Bay of Plenty and Lakes region has been reviewed to ensure it meets Ministry of Health (MOH) requirements. Toi Te Ora Public Health staff continue to participate in national COVID work providing input in a range of areas including the national alignment of standard operation procedures for the response.

COVID Vaccination Communications

Communications remains a key area of focus to ensure the COVID programme is appropriately supported. Additional communications resources have been brought in for the Vaccination programme and provide a central communications resource supporting role for the Incident Controller.

The internal communications team focuses on internal staff communications - One Place intranet articles, newsletters, and inserts in the CEO newsletter –

while the Digital Communications team has focused on setting up a new COVID reporting dashboard and the development of layout and style for vaccine information in support of the central communications resource.

Most Corporate Services functions are involved in the COVID19 response programme and particularly the Vaccination workstream. The value of that involvement is evident in both the recognition of risks and the resolution of issues across this workstream.

Additional resource has also been allocated to the Information Management team to assist with the establishment of the vaccination booking system and community based vaccination centres – both of which have been critical to meeting the target volumes.

Toi Te Ora is supporting strategic and operational vaccination communications for the Bay of Plenty DHB vaccination incident control team. This work includes relationship management with Central Government, stakeholders, and the wider community, along with media relations and internal communications.

2.2 Events

Whakatane Careers Expo

This event is to showcase health career opportunities for our rangatahi in the Eastern Bay of Plenty being held on 1 July 2021. There will be two sessions – 1 in the morning for rural schools and kura, and 1 in the afternoon for the two local high schools. The plan for the day is to have a series of lightening presentations and a panel discussion, running concurrently with a 'booth' set up that students can choose which areas they'd like to engage with. One of the aspects we're highlighting this year is non-clinical roles. There has been interest from a number of local high schools and kura. The majority of attendees will be senior high school students. The team organising this event is working closely with Toi EDA who are kindly sponsoring the event. The planning team includes representatives from student placements; Te Pare o Toi; E3 Flow project and is led by the Education Manager.

The Expo is taking place within the week that the Rural GP Health Network will be visiting a number of schools to promote rural health careers. The Communications team is involved to ensure the community is well aware of this exciting event.

3. Our People

3.1 Senior Management Changes

Kirsten Rance, Midwifery Leader, has resigned from the position effective 30 June 2021 to take up a position in Nelson, her home area. Kirsten has been very proactive in establishing the Maternity Clinical Governance process.

Dr Vivienne Hobbs, Paediatrician and Head of Department for Paediatrics has tendered her resignation effective in August 2021. Vivienne has been a key clinician in developing the child protection and sexual abuse services in Tauranga Hospital. Vivienne has accepted a position in London which will allow her to continue working in these areas as well as for her and her family to be close together.

3.2 Education and Training

PHO Network Cultural Training

There was an exceptional response to Cultural Training workshops for general practice teams and PHO staff, held this month at Baypark. Hundreds of general practice and PHO staff attended the two training modules, module one covering Te Tiriti o Waitangi, Cultural Safety and Competence, and module two focusing on Racism and discrimination in all its forms and all forms of biases: conscious and unconscious. Graham Bidois-Cameron has been facilitating the sessions, supported by the Quality Improvement team at the PHO. Attendees reported that they found the sessions incredibly valuable, thought-provoking, and empowering. One practice team commented that "the knowledge and perspectives gained will undoubtedly change the way we practice".

Eastern Bay of Plenty Primary Health Alliance

For Eastern Bay of Plenty Primary health Alliance, the Integrated Case Management team won the Southern Cross Health Insurance Primary and Secondary Integration Award at the Primary Healthcare Awards this May. The award recognized the success of a project or initiative that is a direct result of a primary and secondary care collaboration and can demonstrate a patient centered focus, innovation, sustainability, and a positive impact on health equity.

Maternal and Infant Health

An online learning programme on alcohol, pregnancy and FASD, developed as a collaborative effort between Te Hiringa Hauora (Health Promotion Agency), Te Pou and New Zealand College of Midwives was promoted to Bay of Plenty and Lakes Maternity Managers and Midwife Educators for wider distribution to all midwives and LMCs.

Te Pōkaitahi Reo

After consultation with Te Pare ō Toi leadership team, Te Whare Wānanga o Awanuiārangi will deliver another round of the Level 3 New Zealand Certificate Te Pōkaitahi Reo at Whakatāne. This is an 18 month programme that will be delivered onsite at the Clinical Campus, Whakatāne Hospital. This is the same programme that we ran over the last 18 months, but the Wānanga has been working hard to make some fantastic updates and improvements to their online learning system, assessment processes and some changes to teaching practices.

Expressions of Interest close 11th June, with an intended start date of late June, if we get enough people. At this stage that's looking likely. The Education Manager and Pou Tikanga are discussing options for Tauranga.

Training

The Clinical Applications Trainers will shift to the Education Team from 31 May 2021 for a 12 month secondment, as a test of change. This will enable a consistent, high quality approach to technology training across the DHB. There is a lot of potential to make some high impact improvements on how clinical applications training happens at the DHB.

Other work underway includes the He Pou Oranga Model of Care training development, which will consist of blended learning. We are also working with Security around creating short online modules to ensure Security Guards are confident with applying the material within them. The Education Manager met with the Chief Medical Officers recently and is developing a business case for taking Medapp beyond the current pilot.

Cultural Intelligence

Cultural Intelligence, the full day course offered by Mahana Culture, continues to go from strength to strength, with some classes being fully booked. We are working with Mahana to develop a 'what next' offering, for those who want to continue the conversations and develop their thinking further, beyond the workshop.

4. Financial Performance

May was a $3.9m deficit included unbudgeted COVID and Holiday Act costs - $0.7m adverse to budget.

YTD Deficit is $16.8m made up of BAU of $11.6m & COVID/HA of $5.2m – BAU is $8.4 adverse to budget.

5. Bay of Plenty Health System Transformation

5.1 DHB Operating System: How we work

Digital Transformation

The development of the DHB's Digital Strategy continues to advance, with impacts of business as usual workloads, COVID19 vaccination roll out and industrial action.

Critical to the future of an integrated health sector, this work is entering the wider sector engagement stage – generating greater visibility and sector ownership.

Allied to the digital transformation work has been the work with colleague DHBs on advancing the value and capability of the Clinical Portal. In addition to identification of ongoing development work on the portal itself, there have been a range of activities to advance the digital systems that support and link to the portal solution – enhancing the value to clinicians.

Data & Digital Programme – Digital Strategy Development -

- During May the Digital Strategy development team completed the mobilisation phase and finalized the stakeholder engagement workplan. The planned Regional Hui around digital strategy development, originally planned for early June have had to be delayed due to the impact of the NZNO industrial action and are planned for late June, early July. These Hui will be held in Tauranga and Whakatane with iwi, NGO's, clinicians, regional DHB representatives, and the MoH invited to consider the work to date and provide further input.
- The timeframe for delivery of the final strategy has been pushed back from July to August due to the rescheduled Hui dates.

Community Health 4 Kids (CH4Ks) Dental

The national electronic health record programme has completed some significant milestones as follows:

- The Titanium Solutions master agreement has been signed by the 4 DHB national subregions providing consistency around licensing and support plus a baseline software solution for all DHBs. This was 5 years of negotiation and design solutions.
- The national oral health data set has been distributed to each DHB to regional Oral Health Information leads. This is the finalization of a substantive task over 5 years to edit and create a national data set of codes for hospital and DHB community dental services. This is based on the Australian Dental Association code set and mapped to ACC codes plus mapped to SNOWmed. BOPDHB has been a leader in this through Vanessa Barnett, one of the clinical dental therapy leads in community dental services.

Digital Enablement

The Ministry of Health has confirmed that the national intentions business case for capital funding for the three Planned Care digital enablement proposals (Telehealth, Enterprise Scheduling, and Electronic Shared Care Planning) has been approved by the Joint Ministers. This affirms the signals from the Health reform Transition unit regarding digital transformation as a priority. Confirmation of the capital means that these transformational digital enablers can be proceeded with in earnest.

Telehealth

The project team is working with Information Management and clinical teams to define requirements for the Video Consults Workflow Integration Project (part of the Telehealth suite). The Workflow integration project aims to remove a barrier for clinicians by integrating video consultation software into our common patient management and booking systems. Currently it is clunky and not seamless which acts as a barrier to telehealth uptake.

Concurrent to this, working as a partnership with Te Pare o Toi, the Telehealth Sustainability team will seek to increase and sustain the offering of video and telephone as a mode of delivery, where culturally and clinically appropriate.

5.2 Mental Health and Addictions Services

Service specifications regarding MOH funding for He Ara Oranga 'whole of system' response is currently in negotiation, in partnership with Te Whare Waka (lead for DHB transformation response). A cross-sector leadership/oversight group will be established by July 2021.

Integrated Primary Mental Health & Addiction Services (MH&AS)

BOPDHB has signed a contract with MOH for the phased rollout and implementation support of the Health Improvement Practitioner (HIP) and Health Coach (HC) model, integrated with GP practices. Work is underway in collaboration with all three PHOs to establish the first of these HIP and HC roles, expected to be in place for September 2021.

BOP and Lakes are two of the five DHBs funded to implement the codesign process for implementation of the Mana Ake programme. The Health and Education codesign mental health services for primary and intermediate schools programme across BOP intends to add resource support to child wellbeing in schools and the co-design phase is the forerunner of resource. Mana Ake takes the Canterbury DHB post-earthquake support model as the basis for the programme but will need to be both adapted locally and mesh with local work.

5.3 Integrated Healthcare

Acute Demand Optimisation

A proposal to the Ministry of Health for Round 2 of Sustainability Funding was submitted in May. This proposal seeks support to improve patient outcomes by optimising leadership and management of Acute Demand and its impacts in the Bay of Plenty Health and Disability System, with a focus on Acute hospital improvements and Maori health responsiveness.

Healthy Ageing

Positive developments in capacity include:

- an additional 11 dementia beds announced by a national provider
- opportunities to address pricing issues and develop mixed models of care are being explored
- an application by Thornton Park in Opotiki has the potential to add 15 ARC beds in the Eastern Bay
- 44 ARC and Hospital beds being commissioned for a July 2021 start.

The impact of these developments will be analysed and form the basis of a forecasting/future modelling approach to residential bed management.

Integrated Operations Centre

Real-time visibility equity performance

In May, the Mangōpare symbol on the Hospital at a Glance screen identifying urihaumate (Maori Patients) was launched. The design represents Mangōpare, the hammerhead shark, a symbol of strength, courage, tenacity, agility, and determination. The symbol both gives us an overview and reminds us that we are part of supporting our urhaumate and their whanau to achieve flourishing wellbeing.

Waikato DHB IT Cyber Attack

Waikato DHB cyber-attack incident significantly compromised most of their IT systems and phone lines. The BOPDHB IOC set up an incident management team and led the coordinated response to the Waikato Cyber Attack. The incident directly resulted in 8 additional admissions to Tauranga Hospital who otherwise would have been seen at Waikato Hospital. Clinical pathways were also impacted particularly Cardiology, Medical Oncology, Clinical Physiology and Radiology causing an increase in workload for BOP DHB staff due to workarounds and additional work required to support their Waikato DHB colleagues. The Katherine Kilgour Centre (KKC) has seen 41 Waikato patients for treatment, on top of their own local workload. Te Pare o Toi was asked to support Whanau being transferred to KKC for the completion of their oncology treatment under lead coordination of Pou Haumanu-Dr Linda Chalmers.

Keeping Me Well

Activity within the Keeping Me Well programme has progressed significantly with all test sites now being activated.

There have been several significant client stories of note. As an example, a client and their partner who live together in a rural setting, the client frequently attending ED due to falls – the 'system' recommending residential care as the solution but neither wanting to leave their home or be separated. The allied health team at Poutiri Trust intervened and involved a geriatrician (via joint home visit with the OT), medication regime changes, vestibular assessment and client led rehabilitation in the home. They are now no longer 'needing' residential care, and both are still living together in a way that is meaningful for them. The importance of taking a 'what matters to them' approach to assessment and intervention is highlighted here. This demonstrates both the integrated team, person directed and enabling concepts which would not have occurred in the traditional system where a compensatory approach would have been taken.

The Community In-reach testing designed to support hospital flow and occupancy commenced this month and links with both IOC and CCC to form a network approach to assisting people out of hospital.

6. Health and Safety

The Health & Safety service has had a very busy six months however, gains continue to be made:

- Safety Alerts that highlight lessons learned from Lost Time Injuries are now being distributed as a matter of course.
- The Health and Safety Team have been visiting all departments at Tauranga Hospital and satellite sectors to update the Health and Safety Policy Wall statements.
- Preparation for Health and Safety Team involvement as part of the Incident Management Team for NZNO industrial action.
- A recommendation and paper is being finalised around Lone Worker, the trials have had poor uptake but we retain a duty of care for lone workers and therefore the recommendation will be to move to implementing a preferred system with appropriate support and new standard operating procedures.

Key May Focus Areas included:

- Follow-up on overdue Datix incidents, including working with managers to understand the process.
- Risk reviews of offsite Covid Vaccination centres in Tauranga, Whakatane and Kawerau
- Finalisation of ACC Accredited Employers Programme (AEP) Audit Preparations including pulling together all required audit documentation & evidence, engaging with Subject Matter Experts to lead each audit elements, forming the necessary focus groups, organising the site walkaround and specific departmental visits and the logistical arrangements such as schedules, rooms booked, catering etc.
- Prepared and introduced Board Health and Safety Walks, beginning at Te Whare Maiangiangi.
- Finalisation of Health and Safety Policy and Protocol updates.

7. Health Consumer Council - Chair's Report

Key Topics:

- DHB future planning – continued interest in being involved with co design initiatives.
- 'Creating a system of consumer voice' workshop.
- Whanau & Consumer-centred Healthcare Council.
- Reporting of meetings attended.
- Consumer Engagement Quality and Safety Marker and current projects.

The Chief Medical Officer has approved the involvement of the outgoing Kaewhakahaere Takawaenga a Hāpori (Person Centred Experience Lead) to explore "creating a system of consumer voice" workshop with a focus on the DHB and Health NZ. The objective is to achieve the following to adequately perform the council's functions set out in the Health Consumer Council Terms of Reference 2020 approved by the DHB (ref: Workshop Summary – Creating a system of consumer voice):

Consumer and community engagement needs to be valued and supported at all levels of the system locally – from planning to operations. This can only be achieved through a partnership model.

- Developing an integrated and resourced partnership approach to consumer engagement will:
  - Provide a visible space for the community to engage
  - Increase community trust in the health system
  - Ensure that consumer voices are visible in policy, strategy and funding decisions
  - Embed as consumer-centric view within the health system
  - Create multiple avenues for feedback
  - Ensure greater transparency and accountability
  - Provide for information and data to be shared with the community
  - Demonstrate the health systems commitment to consumer voice.

Development of the Whanau & Consumer-centred Healthcare Council is ongoing. The next meeting of this governance council is scheduled for July to allow more time required to complete the workshop prior to reconvening.

The Clinical Governance Committee (CGC): Summary of Meeting Report has been approved by the CGC. This monthly CGC report continues to be drafted with support from CMO Office to Board, Runanga and Consumer Council by one-week post CGC meeting which outlines: Key topics discussed, Why topic was discussed at CGC, Summary of discussions, and a brief summary of how SWEET BOPDHB healthcare is. HCC members extend their thanks to all involved in producing this report.

Chairperson attended the DHB Consumer Councils Chair/Co-Chair Evening Meeting and the national DHB Consumer Councils zoom with HQSC re consumer engagement QSM. The discussion focussed on the HQSC Data upload of Consumer Engagement scores and HCC level of involvement.

The report was expected to be out in June, although assessment of the Te Tiriti perspective is still to be completed. The following report is due in September. There was a brief discussion around an application for an in-person submission.

Supplementary to CEO's Report

PERFORMANCE PACK:

Top 12 Executive KPIs

Updated
June 2021

CARE Manaakitanga

Context: Three key dashboards for Board, Committee and Executive use

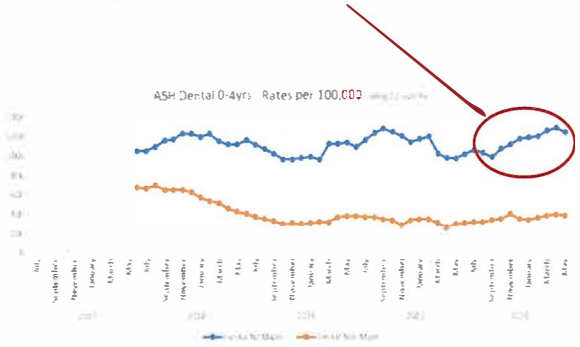
...immovably committed to moving the dial on or are business critical to maintain within a range

1. Our Key Performance Indicators
   - These are the absolute top priority leading indicators, a maximum of 10, which align with and help drive improvement in our top organisational priorities.
2. Our Master Balanced Scorecard
   - The balanced scorecard methodology is well established over many decades and has been used in the DHB to provide an optimal overview of how the organisation is performing.
3. Our Equity Dashboard
   - This will provide an overview of priority areas of focus in monitoring and driving change in identified inequities.

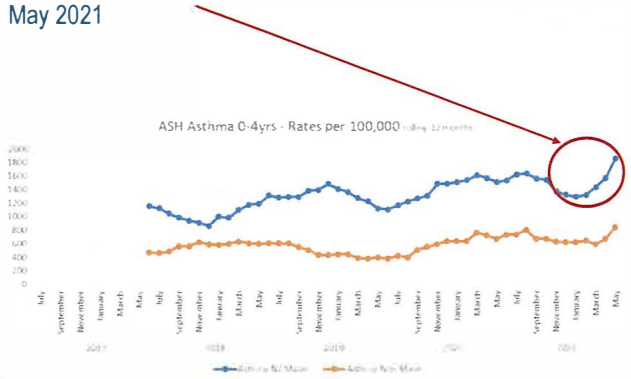
CARE Manaakitanga

ASH 0-4 Update and Headlines

ASH Dental rates 0-4 year old show a statistically significant increase for Māori children from September 2020 – May 2021 with a run of 7 consecutive data points



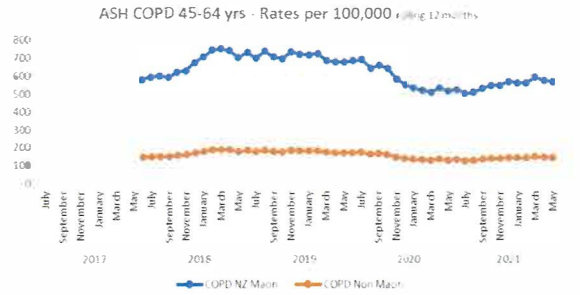
ASH Asthma rates whilst not statistically significant, have increased by 564 / 100,000 for Māori children from January – May 2021

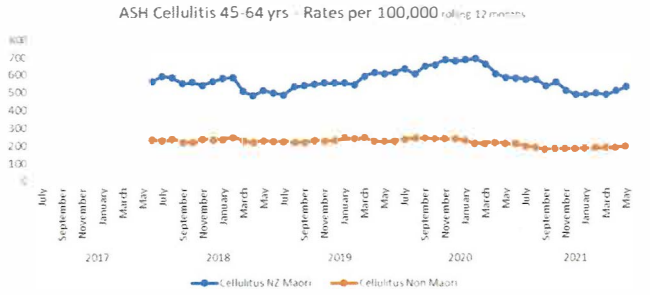


CARE Manaakitanga

ASH 45 – 64 year old Update and Headlines

There is little change in the last month for ASH rates for 45-64 year olds for the target groups of Cellulitis or COPD



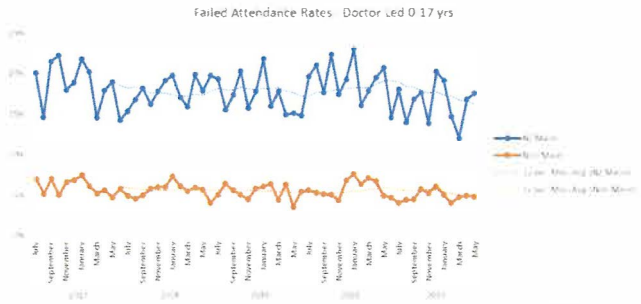


CARE Manaakitanga

Reduce **DNA rates for children (**between 0-17 years)

DNA rates

There is little change in the last month in Failed to Attend rates for children between 0 – 17 years old

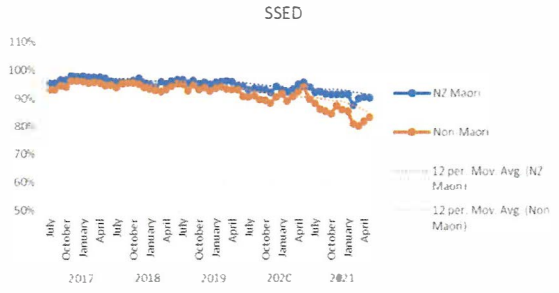


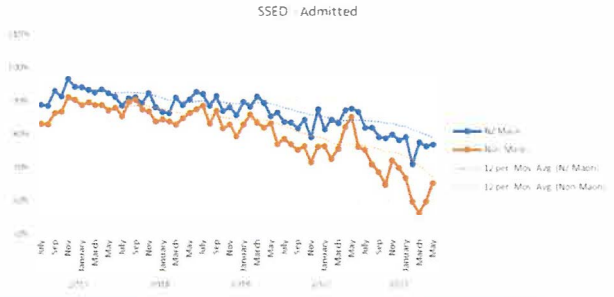
CARE Manaakitanga

Reduce the time to appropriate **management of acute presentations**

Shorter Stays in ED

There is an encouraging increase in performance in time for Admitted patients to leave ED



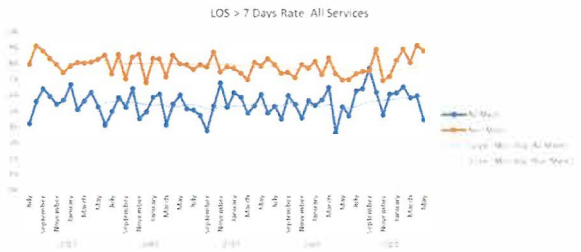


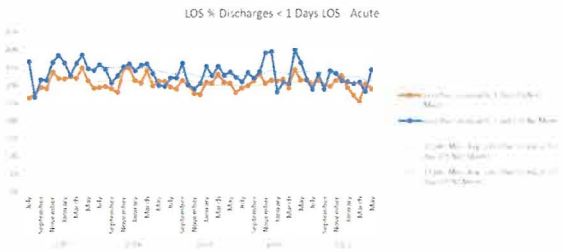
CARE Manaakitanga

Reduce the number **patients who have been in hospital 7 days or more** that do not require a hospital bed

Reduce **LOS for Acute Admissions**

There is little change in the last month in LOS for Acute Discharges or for those with an extended LOS of >7 days.



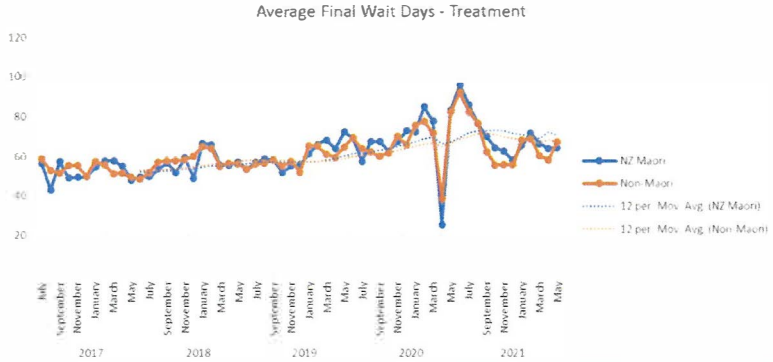


CARE Manaakitanga

Reduce the number of **patients that remain untreated after 4 months** after commitment to treatment

ESPI 5 Time to treatment

There is little change in the last month in wait times for Elective Treatments

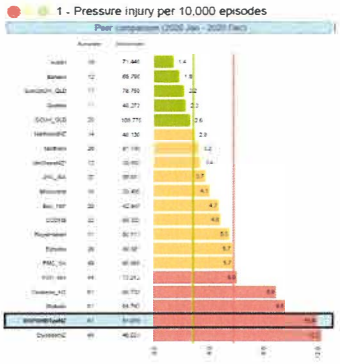


CARE Manaakitanga

Reduce the incidence of **falls and pressure injuries**

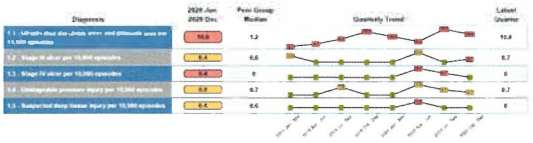
Quality and Safety

Data as per last month – awaiting HRT update



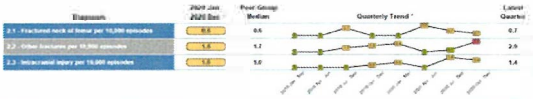
1 - Pressure injury details by diagnosis

Trends at BOPDHBTgaNZ (2020 Jan - 2020 Dec)



2 - Falls resulting in fracture and intracranial injury details by diagnosis

Trends at BOPDHBTgaNZ (2020 Jan - 2020 Dec)



CARE Manaakitanga

Increase access rates to **Mental Health and Addiction services**

Improving access rates as more primary and community options come on line as part of the He Ara Oranga; an increase in ratio of access to primary and NGOs compared to secondary services with the aim of 20% of the population to have access to Mental Health and Addiction support across the system. Specialist services are delivered at a higher rate than the target of 3%

Increase the **Māori workforce**

Commitments to achieve Māori workforce representation proportionate to local population by 2030. The local Māori population was approximately 25% at Dec 2020, while the DHB Māori workforce was 13.4%. To achieve 2030 aspiration, net Māori workforce growth of 1.16% per annum needed.
Current net growth rate is 0.6%

CARE Manaakitanga

End to End Coverage

PRIMARY & COMMUNITY

- Increase the number of infants that have completed all age-related **immunisations**
- Increase number of patients enrolled and **actively engaged in GP services**

PLANNED

- Reduce **avoidable hospital admissions among children 0-4**
- Reduce **DNA rates for children** (between 0-17 years)
- Reduce **avoidable hospital admissions** among adults aged for 45 - 64 year olds
- Reduce the number **patients who have been in hospital 7 days or more** that do not require a hospital bed
- Reduce the number of **patients that remain untreated after 4 months** after commitment to treatment

UNPLANNED

- Reduce the time to appropriate **management of acute presentations**
- Reduce **LOS for Acute Admissions**

MENTAL HEALTH & ADDICTION

- Increase access rates to **Mental Health and Addiction services**

QUALITY & SAFETY

- Reduce the incidence of **falls and pressure injuries**

MĀORI WORKFORCE

- Increase the **Māori workforce** across occupational groups and across Western and Eastern BOP

Measures, Targets and Rationale

Increase the number of infants that have completed all age-related immunisations

17% increase in Māori children and 5% increase in Non Māori children by April 2022

Following a period of decreasing inequity for Māori children, gains have started to deteriorate.

Reduce avoidable hospital admissions among children 0-4

5% reduction in Māori children and 2% reduction in Non Māori by Dec 2021
Spotlight on avoidable dental admissions

ASH rates for 0-4 year olds have deteriorated, for Māori, over the last two years with rates and equity gap for dental continuing to increase.

Increase number of patients enrolled and actively engaged in GP services

10% reduction in the number of patients living in the BOP that are not enrolled with a GP (total unenrolled 22,300 as at June 21)

Spotlight on Māori 35-44 year old's to have completed a cardio-vascular risk assessment and have an active plan of care in place.

Reduce DNA rates for children (between 0-17 years)

(TBC)% reduction in Māori children DNA and (TBC)% reduction in Non Māori by Dec 2021

While Māori GP presentations and specialist referrals are improving, DNAs remain disproportionately high for Māori children accessing specialist care.

Reduce avoidablehospital admissions among adults aged for 45 - 64 year olds

5% reduction in Māori and 2% reduction in Non Māori by Dec 2021
Spotlight on COPD and Cellulitis rates

ASH rates for Māori have been rising steadily over the past 5 years, with BOPDHB rates higher than national Māori population rates.

Reduce the time to appropriate management of acute presentations

Improve Admitted SSED by 5% by Dec 2021

The percentage of patients discharged from ED within 6 hours has fallen by 12% for non Māori and 4% for Māori in the last 12 months. Percentage of admitted patients leaving ED within 6 hours has reached an all time low of 56% for non Māori and 77% for Māori in March 2021.

Reduce LOS for Acute Admissions

Increase the proportion of acute ambulatory stream patients to >40%

Increasing the number of medical and surgical patients with a LOS of <24hours will reduce unnecessary admissions and reduce acute bed demand

Reduce the number patients who have been in hospital 7 days or more that do not require a hospital bed

(TBC) Incremental targets to address barriers to timely discharge for Māori and non Māori

A December 2020 AEP audit found that 50% of patients were not clinically required to be in hospital.

Reduce the number of patients that remain untreated after 4 months after commitment to treatment

(TBC) Incremental targets for Māori and non Māori treatment times.

Timely care relies on timely access. With growing demand for surgery, there is a need to maximise theatre capacity, productivity, efficiency and scheduling.

Improve Quality and Safety care

10% reduction in the incidence of falls in hospital and zero stage 4 Pressure Injuries by June 2022

BOP is an outlier for rates of falls and pressure injuries highlighted both Health Round Table data and also from an ACC perspective, with both markers trending negatively.

Increase Maori in the workforce across occupational groups and across Western and Eastern BOP

Grow the Māori health workforce to 14.6% by Dec 2021

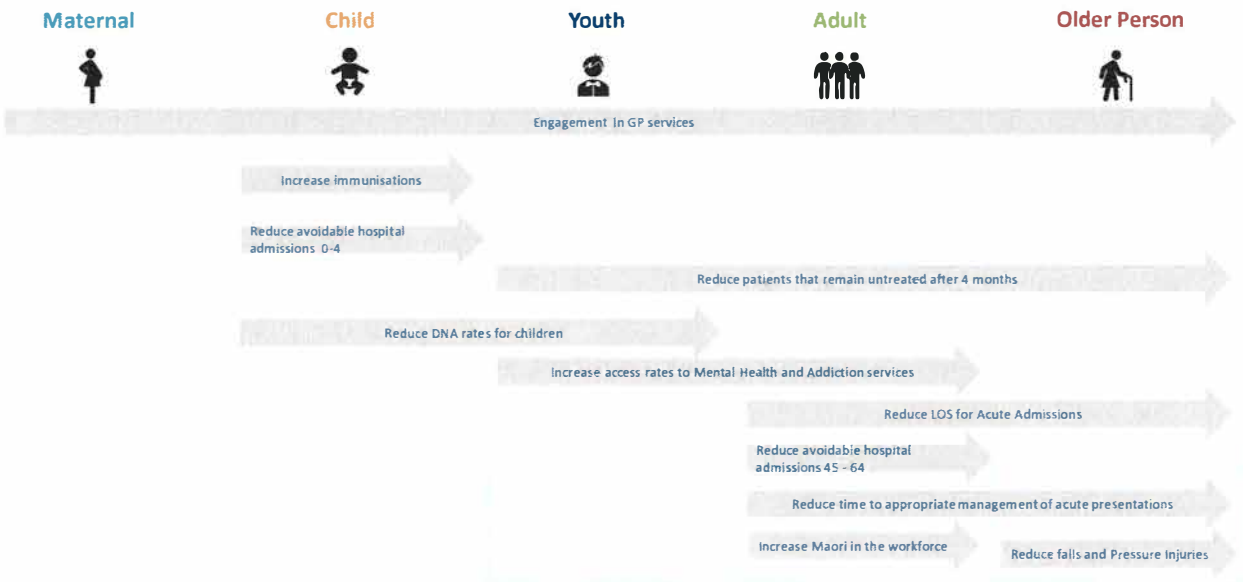
Māori are disproportionally under-represented in numbers and distribution across all services. Local Māori population is approximately 25% while DHB Maori workforce is 13.4%.

Increase access rates to Mental Health and Addiction services

20% of the population to have access to Mental Health and Addiction support across the system

Commitment to improve access rates to primary and community services by increasing primary and NGO options

Alignment of KPIs to Life Stages



Draft annual KPI deep dive schedule

Meeting Date	Deep Dive	Exec Lead
23 June 2021	Increase GP Enrolments	Lindsey/Mike
28 July 2021	Increase Maori Workforce	Owen/Joe/Marama
25 August 2021	Immunisation - infant	Mike
29 September 2021	Reduce avoidable hospital admissions 0-4 yr olds	Bron/Mike
27 October 2021	Reduce DNA rates – 0-17 yr olds	Bron/Marama
24 November 2021	Acute admissions • Management of • Reduce LOS	Bron
December 2021	No meeting	
26 January 2022	Reduce avoidable hospital admissions 45-64 yr olds	Bron
23 February 2022	Reduce LOS >7 days	Bron
March 2022	Reduce number of untreated >4 months	Bron
April 2022	Increase access to MH&AS	Marama
May 2022	Inpatient Quality and Safety	Luke
June 2022	Top 12 KPI's how did we do?	All

Request to present Immunisation Deep Dive at July Board meeting given this is a DHB and MOH priority

CARE Manaakitanga

Developing inhouse data sets – Progress and Assumptions

- Automated data access being developed for mental health, HR workforce ethnicity, primary registrations and immunisation
- Working with Health Round Table to duplicate HRT methodology for BOPDHB inhouse database
- Local ASH methodology to be used to avoid 3 month lapse for Ministry data. Note: Inhouse analyst teams do not have access to DHB of domicile data that represents BOPDHB patients that present to other DHB's for ASH conditions
- Acute LOS KPI revised to reflect efforts to increase ambulatory patient streams for medical and surgical specialties, with a focus on <24hours
- Data warehouse development underway with associated updates to PowerBI. Monthly deep dive template and schedule developed for upcoming Board meetings

CARE Manaakitanga

Data Definitions and Assumptions

KPI : Reduce ASH
KPI Detail: ASH 45-64 yrs - COPD & Cellulitis ONLY
Target Expectation: Maori 5% reduction Non-Maori 2% reduction
Target COPD: Maori 538 Non-Maori 141
Target Cellulitis: Maori 467 Non-Maori 179
Baseline: 12 months to Dec-20
By When: Dec-21

April-21 Results: COPD Maori 573 Non-Maori 147
Cellulitis Maori 513 Non-Maori 189

KPI Methodology:
ASH conditions are based on ICD10 principal diagnosis coding provided by Ministry of Health. Each ASH condition has its own criteria indicating what ICD10 codes, age groups and admission types are appropriate for monitoring.
Rates per 100,000 Rolling 12 months - using Ministry methodology.
The numerator (number of episodes) is a rolling 12 month total represented in each month.
The denominator uses the appropriate population number (population size for that age & ethnic group).
Note that population numbers are based on 2013 census with projections applied for outyears. The population increase/decrease between years has been progressively added (1/12th each month) so by July each year, that years population will be applicable.
This represents Tauranga and Whakatane facilities.
NOTE - MoH national monitoring is based on DHB of domicile i.e. includes events for BOP patients at other DHB's. This information is not available monthly.

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This represents Tauranga and Whakatane facilities.
NOTE - MoH national monitoring is based on DHB of domicile i.e. includes events for BOP patients at other DHB's. This information is not available monthly.

KPI : Reduce DNA Rates for Children
KPI Detail: Failed Attendance Rates 0-17 yrs
Target Expectation: Maori 5% reduction
Target : Maori 12%
Baseline: 12 months average to Apr-21, 17%
By When: Dec-21

April-21 Result: Maori 17%

KPI Methodology:
This calculates the number of non attendance (DNA) as a percentage of the total visits, each ethnic group calculated separately.
These figures include all visittypes for doctor led activity 0-17 yr ages only. It only includes activity entered into our main patient mangement which utilises a booking system. It excludes telemedicine activity at this stage, and non-contact FSA.

CARE Manaakitanga

Data Definitions and Assumptions

KPI: Reduce Acute LOS
KPI Detail: Increase proportion of acute ambulatory stream
KPI Detail: LOS % < 24 hourDischarges - Acutes
Target Expectation: Maori >40% Non-Maori >40%
Target: Maori >40% Non-Maori >40%
Baseline: 12 months to Apr-21. Maori 31% Non-Maori 30%
By When: Jun-22

April-21 Results: Maori 28% Non-Maori 30%

KPI Methodology:
Numerator: % of discharges < 24hrsLOS.
Denominator: Total discharges
This is only for Medical & Surgical specialty, acute admissions.
Exclusions - mental health, paediatrics, maternity specialties, and patients discharged from ED.
This represents Tauranga and Whakatane facilities.

KPI: Improve SSED
KPI Detail: Improve SSED for Admitted patients ONLY
Target Expectation: Maori 5% improvement Non-Maori 5% improvement
Target: Maori 81% Non-Maori 81%
Baseline: 12 months to Apr-21. Maori 76% Non-Maori 76%
By When: Dec-21
KPI Methodology:

April-21 Results: Maori 76% Non-Maori 60%

KPI Methodology: SSED (Shorter Stays in ED) Admitted ONLY
The methodology used to calculate this information follows ministry definitions.
This data is Tauranga and Whakatane facility combined, excludes did not waits and triage direct to ward (admission planning units) events or returns within 72 hours (prearranged treatment).
The data above is also split into admitted (to hospital inpatient wards only) and non admitted.

KPI: Improve ESPIS
KPI Detail: Average Final Wait Days - Treatment
Target Expectation: Maori 5% improvement Non-Maori 5% improvement
Target: Maori <50 days Non-Maori <50 days
Baseline: 12 months to Apr-21. Maori 70% Non-Maori 70%
By When: Jun-22

April-21 Results: Maori 64 Non-Maori 58

KPI Methodology:
For those patients accepted onto the treatment list, this graph indicates what the average "final" wait days were i.e. average time from certainty given to time treated.
Note - patient referrals are given individual scores denoting their acuity relative to other referrals withinthat service. Patients should be seen on the basis of highest acuity - longest wait.

KPI is not reducing # waiting >4months as per ESPIS. Development is required to have a data model that can provide a snapshot at the end of each month, to then report figures over time. This development is in the pipeline.

KPI: Reduce Acute LOS
KPI Detail: Increase proportion of acute ambulatory stream
KPI Detail: LOS % < 24 hourDischarges - Acutes
Target Expectation: Maori >40% Non-Maori >40%
Target: Maori >40% Non-Maori >40%
Baseline: 12 months to Apr-21. Maori 31% Non-Maori 30%
By When: Jun-22

April-21 Results: Maori 28% Non-Maori 30%

KPI Methodology:
Numerator: % of discharges < 24hrsLOS.
Denominator: Total discharges
This is only for Medical & Surgical specialty, acute admissions.
Exclusions - mental health, paediatrics, maternity specialties, and patients discharged from ED.
This represents Tauranga and Whakatane facilities.

KPI: Reduce Patients that don't require to be in Hospital
KPI Detail: LOS >7 days (stranded patients)
Target Expectation: Maori 5% Non-Maori 5%
Target: Maori 5% Non-Maori 5%
Baseline: 12 months to Apr-21. Maori 6% Non-Maori 8%
By When: Jun-22

April-21 Results: Maori 6% Non-Maori 9%

KPI Methodology:
The methodology used to calculate this information calculates the number of inpatient events that have a LOS >7 days, as a percentage of total inpatient events, for that ethnic group.
This data excludes ED events that are admitted (as a result of the 3hour admission criteria) and subsequently discharged from ED. It also excludes Mental Hlth services. This leaves disability, maternity, medical, paediatric and surgical. It focuses on Tauranga & Whakatane activity only. This measure includes all admission types.
Each ethnic group is a calculated separately.

INNOVATION AND IMPROVEMENT TEAM UPDATE

June 2021

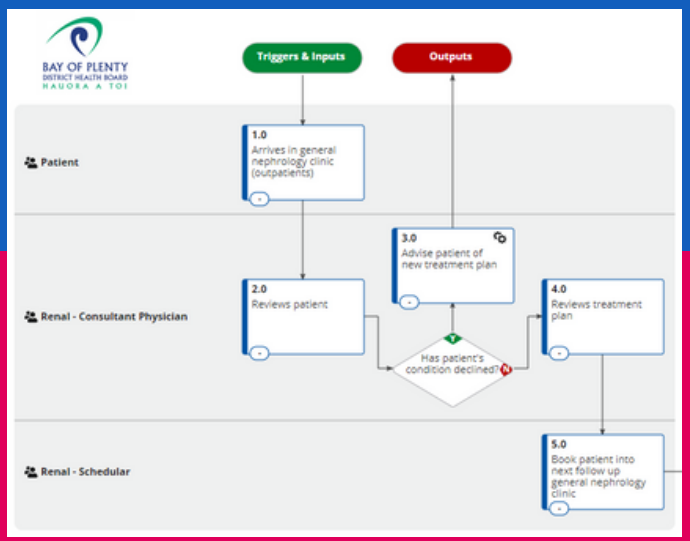
Here are some updates from the team to share the awesome initiatives and projects we are working on at the BOPDHB and in the local community.

RENAL SERVICE REFLECTIONS ON COMPLEX SYSTEMS AND PROCESSES

The newly expanded local renal service is making visible the complex systems supporting Bay of Plenty patients with chronic kidney disease. Renal patients navigate many pathways, depending on the modality of dialysis they can have.
These modalities may mean haemodialysis, home haemodialysis, peritoneal dialysis, kidney transplant, or palliative care.
Patients are also involved with other specialties such as urology, vascular, radiology and allied health services. Currently, patients receive services from Tauranga Hospital, Whakatāne Hospital and Waikato Hospital.

A successful initial mapping exercise was undertaken with:
Dr Scott Crawford (Nephrologist & General Physician), Dr Gavin McHaffie (Head of Department, Nephrology), Kaywyn McKenzie (Kaiwhakarite Haumanu Ake, Te Pare ō Toi), Terry Jennings (Renal Nurse Practitioner), Katie Johanson (Clinical Nurse Manager, Renal Satellite), Paula Sidwell (Renal Scheduler), Amanda Chapman (Team Leader, Medical Services Scheduling Team), Haidee Barrow (Project Coordinator, Innovation & Improvement), and Suzanne Andrew (Change Manager, Innovation & Improvement).

With an old-style whiteboard, Scott Crawford and the team discussed and mapped the many ways that patients with chronic kidney disease enter and navigate the complex healthcare system. Given the complexities and challenges of the renal patients' journey this will provide clarity and aid development of the service for patients and whānau alike.
Scott commented; "I look forward to seeing the mapping come to life and start to tell the wider story for patients and their whānau."
(Suzanne Andrew)



NINTEX PROMAPP

To enable the Renal pathways, relationships and services to become visible, the process is supported by the graphic mapping of the processes in an easy to use 'techie' tool from Nintex Promapp. Process mapping allows you to visually represent processes so that they can be better understood, adapted, and improved. Nintex Promapp allows you to record live and up-to-date processes with time and cost analysis. Thomas Larkin, Business Solutions & Reporting Analyst, Corporate Services, and Kaywyn McKenzie, Kaiwhakarite Haumanu Ake, Te Pare ō Toi, have provided their valuable guidance and support to Haidee and Suzanne in using this tool. We hope to see this used in many areas in the future.
For more information about Promapp go to: https://www.nintex.com/process-automation/process-mapping/
(Suzanne Andrew)

WHAKATĀNE I&I TEAM REDEPLOYED

The Whakatāne I&I Team have been busy being involved in the set up of Vaccination sites in the EBOP. Fiona Burns and Nikki Frost are pictured here outside the centre in Kawerau which opened on 2 June.

Theresa Ngamoki pictured also has been supporting the Vaccination set up at Ōpōtiki.

They are still using their knowledge of Improvement Science and good patient flow however, running through several very rapid PDSA cycles to design environments which enable the Vaccination teams to work safely and effectively.
(Fiona Burns)

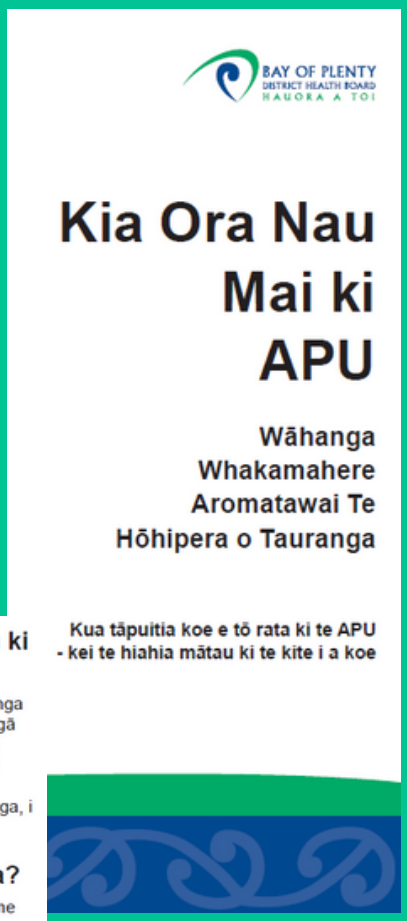
KIA ORA NAU MAI KI APU

We have been working with Te Pare ō Toi to produce the GP referral pamphlet for APU in Te Reo Māori.

The pamphlet will shortly be available for general practices to print from the Bay Navigator website and staff via the BOPDHB Design and Print Portal.

The I&I Team will be printing 250 copies to be distributed through Te Pare ō Toi.

This work is part of ongoing improvement initiatives focusing on cultural engagement and support for APU patients and their whānau.
(Suzanne Andrew)


BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Kia Ora Nau Mai ki APU

Wāhanga Whakamahere Aromatawai Te Hōhipera o Tauranga

Kua tāpuitia koe e tō rata ki te APU - kei te hiahia mātau ki te kite i a koe

He aha te wā me tae atu ahau ki te APU?

I te mea kua tāpuitia koe e tō rata ki te Wāhanga Whakamahere Aromatawai (APU), kei reira ngā kaihaumanu e tatari ana mōu i muri i tonu i te whakaritenga kia kuhu atu koe. Ina oti i a koe ō whakaritenga i te kāinga, pērā i te whāngai mōkai, me haere koe ki Te Hōhipera o Tauranga, i te mea e tāria ana koe.

Ki hea whakatū ai i tōku waka?

E wātea ana ngā tūnga waka mō ngā tūroro me ngā manuhiri – tirohia te mapi.

EMMA APPOINTED TO THE ROLE OF COMMUNITY SERVICE LEAD, ALLIED HEALTH

Emma Green has done an exceptional job in the role of Programme Manager since joining the I&I team. Being the curious learner that she is, she took on the role of Project Co-ordinator early in 2019, keen to learn about the role of Te Teo Herenga Waka and Planning and Funding within the wider health system. She was later appointed to the role of Programme Manager to drive improvements in our strategic priority of integrated care.

She has lead the implementation of the innovative service delivery model of Keeping Me Well and in doing so, has built strong, trusted relationships with community providers, general practice and Kaupapa Maori providers alike.

She has bought the nebulous concepts of integrated care to life and shown how it can be done with improved patient outcomes.
We wish her well in her new well deserved role and she will be sincerely missed by the I&I Team.
(Sarah Davey)

Find out more about the team on OnePlace: http://oneplace/Content/Pages/PAS/SIU.aspx
Contact the team: iandirequests@bopdhb.govt.nz

MATAKANA ISLAND TELEHEALTH PROJECT

In April this year an 8m high stainless-steel radio mast was installed next to the Hauora health clinic on Matakana island. The mast is part of an internet upgrade designed to support and enhance the delivery of Telehealth services to the island.

The project was initiated by Western Bay of Plenty PHO who are the lead organisation in this project collaboration between Western Bay of Plenty Council, and the Bay of Plenty District Health Board.
The council has funded the radio mast while the DHB has donated both diagnostic equipment for the clinic and technical expertise.
The Western Bay of Plenty PHO has in turn led engagement with the local islanders and their primary care providers and will also be funding the installation of a 4G radio bridge on the mast.

What this means for the islanders is that very soon high definition 2-way video consultations will be possible enabling both remote outpatient appointments to be made for the islanders along with more opportunities to meet with their local GP. For many islanders taking the ferry regularly to the mainland is an expensive exercise to be avoided and we know that people don't only get sick when the doctor is scheduled to visit the island.

The new telehealth capability does not replace the care that the islanders already have access to, but it enhances and adds to it. This project has been socially led and clinically guided to enable a new and more equitable model of care. The technical aspects merely underpin the ability to deliver what is effectively distance medicine.

Further work is in progress to hopefully deliver a similar upgrade for the residents of Motiti island. (Grant Ardern)

SSKIN MATTERS INTEGRATED STUDY DAY

An integrated study day SSKIN Matters was held on 1 June 2021 at the Tauranga Yacht and Power Boat Club. In attendance were sixty one registered health professionals from a range of health services including, aged residential care, needs assessment and coordination services, occupational therapy, podiatry and DHB registered nurses. Topics presented included let's stop heel injuries, the palliative patient pressure injuries and wound care, pressure injuries, medication and co-morbidities, a closure look at incontinence associated dermatitis and a case study. We received some very positive feedback and some great suggestions about how we can improve future integrated study days – we will definitely consider this feedback when organising another integrated study day 2022! (Claire Cherrill)

SPONSORS

POPULATION HEALTH INTENSIVE WEEK 2021

The annual Population Health Intensive Week, organised through the University of Auckland took place from 31 May to 4 June 2021. The aim of the week is to expose students to a different way of thinking about health – a population health perspective. 285 5th Year medical students participated this year. The students were grouped into 26 teams and each team was given a population health topic. The BOPDHB had 2 teams assigned to them, their topics were Transport and Vaccine-preventable diseases. Sarah Nash (I&I Programme Manager) and Sarah Stevenson (P&F Portfolio Manager) were requested to provided facilitation, coaching and mentorship to their respective teams throughout the week. The students worked tirelessly throughout the week to develop a compelling proposal for a 'campaign' to improve an aspect of the societal conditions and/or systems related to their topic. At the end of the week each team presented their campaign to a panel of judges via ZOOM.

The students were awesome to work with, the campaigns they developed, and their presentations were superb. They showed a very good grasp of population health principles and they applied this with a lot of creativity and thought into their campaigns. Boyd Swinburn (Professor of Population Nutrition and Global Health at the University of Auckland) was particularly impressed with the ways that the students incorporated Te Ao Māori and Te Tiriti principles into their campaigns.

This was a great opportunity and learning experience to be involved in. Bring on PHI week 2022! (Sarah Nash)

ADVANCE CARE PLANNING

An Advance Care Plan (ACP) is pertinent for anyone across the life curve journey to share personal values, life goals and preferences regarding medical choices and medical care. ACP is a value-based plan written by the author to ensure they receive medical care consistent with their values, consistent with their goals and consistent with their preferences, especially when seriously or chronically ill.

We know COVID has made us more aware of our mortality and made it clear we could become sick very quickly and unexpectedly, regardless of age and general health. We have become conscious that we may need someone to speak for us when we are unable to. Strengthening our advocate's position by starting the conversation and talking about what is most important can be started today. Advance Care Planning conversations provide critical insights into delivering patient-centred care. By understanding patient's values, it helps to inform the foundation for medical decisions and care. There are benefits in talking about Advance Care Planning.

If you would like to know more about Advance Care Planning, have a look at the Advance Care Planning page on Oneplace - http://oneplace/Content/Pages/PF/FCP.aspx or contact Lee Walters Project Manager.

Find out more about the team on OnePlace: http://oneplace/Content/Pages/PAS/SIU.aspx
Contact the team: iandirequests@bopdhb.govt.nz

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											√		