



**BAY OF PLENTY**  
DISTRICT HEALTH BOARD  
HAUORA A TOI

# **Board Meeting**

## **Agenda**

**Wednesday, 25 May 2022**  
**11.00 am**

**Via ZOOM**

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

## Principles

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

**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

**Equitable healthcare**

- Identifying unfair and unjust disparities
- Systematic addressing of inequities
- Enacting Te Toi Ahorangi in the design and delivery of care

**Healthy, thriving workforce**

- Enhancing physical and psychological safety
- Addressing injustice and discrimination
- Evolving the new world of work

**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**

- Leadership development
- Restorative resolution
- Union partnerships
- Role clarity
- Reducing bureaucracy
- Sharing information
- Growing a sustainable Māori workforce

**Transformations**

- Culturally safe quality management
- Intelligent quality monitoring & improvement
- Choosing wisely
- Person & whānau-centred systems

**Central Diagram: Patient and Family Centered Care - Whānau Ora**

- Live well:** Empower and engage in healthy lives
- Stay well:** Prevent avoidable hospital admissions and preventable deaths
- Get well:** Create models of care that support recovery

**Enablers for Central Diagram:** Digital, Environmental, Financial, Human Resources, Information, Organisational, Physical, Policy, Quality, Safety, Workforce

**Priority Populations:** Children, Older Adults, People with Mental Health Issues, People with Physical Health Issues, People with Substance Use Issues, People with Complex Needs

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

*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](#)**



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	<p><b>Karakia</b></p> <p>Tēnei te ara ki Ranginui  Tēnei te ara ki Papatūānuku  Tēnei te ara ki Ranginui rāua ko Papatūānuku,  Nā rāua ngā tapuae o Tānemahuta ki raro  Haere te pō ko tenei te awatea  Whano whano!  Haere mai te toki!  Haumi ē, hui ē, tāiki ē!</p> <p>This is the path to Ranginui  This is the path to Papatūānuku  This is the path to the union of Ranginui and Papatūānuku  From them both progress the footsteps of Tānemahuta [humanity] below  Moving from birth and in time carries us to death (and from death is this, birth)  Go forth, go forth!  Forge a path with the sacred axe!  We are bound together!</p>	
1	<b>Apologies</b>	
2	<b>Interests Register</b>	6
3	<p><b>Minutes</b></p> <p>3.1 <u>Board Meeting – 27.4.22</u>  <u>Matters Arising</u></p>	<p>10</p> <p>14</p>
<b>PART A: FUTURE FOCUS AND KEY STRATEGIC ISSUES</b>		
<b>PART B: MONITORING, COMPLIANCE AND BUSINESS AS USUAL DELIVERY</b>		
4	<p><b>Items for Discussion</b></p> <p>4.1 <u>CEO’s Report</u></p> <p>4.2 <u>CCDM Evaluation Report</u></p>	<p>15</p> <p>39</p>
5	<p><b>Items for Noting</b></p> <p>5.1 <u>Correspondence for Noting</u></p> <ul style="list-style-type: none"> <li>• Letter from Chair, Health Consumer Council to outgoing Board, dated 19 May 2022</li> <li>• Letter from BOPDHB Health Consumer Council re EBOP Palliative Care, dated 12 May 2022</li> <li>• Letter of thanks from National Maternity Monitoring Group Chair and Co-Chair, dated 10 May 2022</li> </ul>	<p>47</p> <p>49</p> <p>50</p>



Item No.	Item	Page
	5.2 <u>COVID - Super Tamariki Campaign</u>	51
6	<b>General Business</b>	
7	<p><b>Resolution to Exclude the Public</b></p> <p>Pursuant to clause 33(3) of the NZ Public Health &amp; Disability Act 2000 the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of their knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health &amp; Disability Act 2000 the Runanga Chair must not disclose to anyone not present at the meeting while the public is excluded, any information she becomes aware of only at the meeting while the public is excluded and he is present.</p>	
8	<b>Next Meeting</b> – Wednesday 22 June 2022.	



## Bay of Plenty District Health Board Board Members Interests Register

(Last updated April 2022)



INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
<b>AHOMIRO, Hori</b>				
Tapuika Iwi Authority	Board Member	TIA and Fisheries Trust	LOW	Sept 2019
NZ Social Work Registration Board	Kahui Board Member	Tikanga and Advisory to Social Workers Registration	LOW	Feb 2022
Poutiri Trust	Board Member	Health Services Provider Pou Tikanga	LOW	Feb 2022
<b>ARUNDEL, Mark</b>				
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
<b>EDLIN, Bev</b>				
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
Camp Unity	Board Member	Charitable Trust supporting young people, 7 -24, carers	LOW	February 2022
<b>ESTERMAN, Geoff</b>				
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
BOPDHB	Wife Penny works as Casual Vaccinator	Health Services Provider	LOW	Sept 2021
<b>FINCH, IAN</b>				
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
<b>GUY, Marion</b>				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health	Employee	Health	LOW	03/10/2016



Board				
NZNO	Honorary and Life Member	Nursing Union	LOW	
Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
Accuro Health Insurance	Board Chair	Health Insurance Provider	LOW	December 2021
<b>SCOTT, Ron</b>				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Royal New Zealand Foundation of the Blind Inc	Board Member	Services to the Blind	LOW	May '21
<b>SIMPSON, Leonie</b>				
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
Toroa Leadership Group	Chair	Mental Health & Addictions Transformation & Redesign, BOP	MEDIUM	24/11/2021
<b>TUORO, Arihia</b>				
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
<b>STEEL, Linda (Maori Health Runanga Chair)</b>				
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
<b>WILLIAMS, Wayne</b>				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services Ltd	Director	Alliance Corporate Activities	LOW	15/4/2021
Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
CMDHB Alliance Leadership Team	Co-Chair	Investment and Alliancing	LOW	
Third Age Health Services	Independent Director	Primary Care Providers to ARC	MEDIUM	10/6/2021
<b>HUDSON, Mariana</b> (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/08/2020
<b>VALEUAGA, Natu</b> (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/08/2020





BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA A TOI

## Minutes

### Bay of Plenty District Health Board

Via ZOOM

Date: Wednesday 27 April 2022 at 10.40 am

**Board:** Bev Edlin (Chair), Geoff Esterman, Mark Arundel, Ian Finch, Marion Guy, Ron Scott, Leonie Simpson, Arihia Tuoro, Wayne Williams, Natu Vaeluaga,

**Attendees:** Pete Chandler (Chief Executive), Owen Wallace (GM Corporate Services), Marama Tauranga (Manukura, Te Pare o Toi)

Item No.	Item	Action
	<b>Karakia</b>	
<b>1</b>	<p><b>Apologies</b></p> <p>Apologies were received from Hori Ahomiro, Linda Steel, Mariana Hudson and Ken Whelan.</p> <p><b>Resolved</b> that the apologies received from A Ahomiro, L Steel, M Hudson and K Whelan, be received.</p> <p style="text-align: right;">Moved: G Esterman Seconded: R Scott</p>	
<b>2</b>	<p><b>Interests Register</b></p> <p>Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. Board Chair advised that she was recently appointed Chair of an existing interest, Camp Unity.</p>	
<b>3</b>	<p><b>Minutes</b></p> <p>3.1 <u>Minutes of Board meeting –23.2.22</u> <b>Resolved</b> that the Board receives the minutes of the meeting held on 23 March 2022 and confirms as a true and correct record.</p> <p style="text-align: right;">Moved: L Simpson Seconded: M Guy</p> <p>3.2 <u>Matters Arising</u> Matters Arising were either completed or in progress as indicated.</p>	
	<b>Part A: Future Focus and Key Strategic Issues</b>	
	<b>Part B: Monitoring, Compliance and Business as Usual Delivery</b>	
<b>4</b>	<p><b>Items for Discussion</b></p> <p>4.1 <u>Chief Executive's Report</u></p> <p>In the 6 months of 2022 from January – June, what was focussed on, is indicated in the new infographics shown within the report, together with how we are tracking.</p> <p>The Chief Executive highlighted:</p> <p><i>COVID – Omicron</i> - Where it was thought we would be with Omicron at this time is generally where it is at, however the degree of acute pressure is greater than thought.</p>	

Item No.	Item	Action
	<p>Challenge with the wave is the ability to ride through the surge and maintain essential service delivery. BOPDHB has managed to achieve.</p> <p><i>Sustainability Plan</i> - The things of greatest importance are indicated, aligning with visibility around how we are tracking with imperatives. Financials were discussed at the FARM Committee earlier.</p> <p>Bowel Screening and Colonoscopy are the biggest remaining imperatives. There has been confirmation of Go Live on Bowel Screening.</p> <p>Management of actues is critical. The Plan contains the right things that build on what has been occurring, is overall resonating with the teams and will help with move forward. There are short and long term aspects.</p> <p><i>Planned Care Recovery</i> - We cannot recover surgery to past levels as we go through the surge. Diagnostics are positive which is credit to the RadiologyTeam. Ultrasound which is not a MOH measure, is behind but being monitored.</p> <p><i>Localities</i> - Eastern By has been announced as one of the localities.</p> <p><i>Maori Wardens</i> - have been introduced at Tauranga Hospital.</p> <p><i>Immunisation Rates</i> are dire - Signs are there is an upward trend with the new plan. A report to come back next month.</p> <p><i>COTS</i> – there is a Paediatric version (POTS) implemented which is good in itself and has closed some equity gaps on Maori DNA rates. The Orthopaedic Outpatients being seen is a radical move. It does bring a degree of clinical risk with it if it is not carefully monitored what patients are being seen and cared for by Allied Health. It is an international practice, new to New Zealand. It has been highlighted by New Zealand’s Chief Medical Officer as one of the key things to watch, however there are perspectives for and against this approach which require careful monitoring. The potential is to deal with the orthopaedic waiting list which can take waiting times down to weeks. It is a key initiative. Comment was made that re-referral rates will be important to monitor.</p> <p><i>SUDI</i> - The review has been completed with an external organisation which has revealed a number of recommendations which have been able to be rectified through Toi Oranga Mokupuna.</p> <p>Query was raised on what sort of recommendations there were. The paper of recommendations can be circulated. There is resource required to solve the issue.</p> <p><i>Capacity and Demand</i> – there is additional bed capacity in Whakatane for colonoscopies.</p> <p><i>Transition</i> – query was raised regarding the provider letters to be sent in mid April and whether that has been able to happen. CEO will check with GMP&amp;F.</p> <p><i>Pacifica</i> - It is unclear what the framework for Pacifica might look like. When more information is known it would be helpful to have views of the Board.</p> <p><i>IT Transformation</i> - GMCS has received resignation of the BOPDHB Chief Information Officer (CIO). Recruitment is currently underway for replacement. The CIO has done an amazing job in his time with the organisation and has a great support team.</p>	<p>CMO/ GMPF</p> <p>CEO</p>

Item No.	Item	Action
	<p><i>Communications</i> – Query was raised as to when Communicatons should go out to the public on the Health Reforms.</p> <p>It was considered that there does not appear to be great concern in the community, however there is likely a time when queries will be raised. Some reassurance that the hospitals will still operate as they are, needs at some stage to be conveyed.</p> <p><i>Innovation and Improvement update</i> - contains some really good information. It shows that not everything stopped with the COVID world and there is still really good activity happening.</p> <p><i>You are a Star</i> – this is an initiative brought in to highlight individual staff contributions.</p> <p><i>OIAs</i> - BOPDHB is maintaining compliance. There will be an increase in specific types of OIAs in the run-up to elections. Query was raised as to whether there is a pattern to OIAs. There does not appear to be but this will be reviewed.</p> <p><b>Resolved</b> that the Board receive the Chief Executive’s report.</p> <p style="text-align: right;">Moved: W Williams Seconded: M Guy</p>	
5	<p><b>Items for Noting</b></p> <p>5.1 <u>Correspondence for Noting</u></p> <ul style="list-style-type: none"> <li>• Letter to RiseUp Tauranga Baking Campaign Organiser, dated 28.3.22</li> <li>• People Panui, CEOs, interim Health NZ and Maori Health Funding Authority, April 2022</li> <li>• Advice from Chief Executive, Interim Health New Zealand, of approval of Eastern Bay Locality proposal, dated 21 April 2022</li> </ul> <p>The correspondence was noted.</p>	
6	<p><b>General Business</b></p> <p>There was no General Business</p>	
7	<p><b>Resolution to Exclude the Public</b></p> <p>Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p> <p>Confidential Minutes of last meeting:  Board Minutes - 23.3.22  NZ Disability Strategy Action Plan update  Hauora a Toi (BOPDHB) Strongly Emerging Sustainability Plan 2022  Seismic Emergency Response Plan  BOPDHB Recovery Plan – Colonoscopy Wait Time Indicators andNational Bowel Screening Go Live  Te Manawa Taki Joint Governance Group Report  Key focus Ares for next two months – Discussion  Board Update BOPDHB COVID Brochure Progress  Ombudsman’s OPCAT Report Response  Chief Executive’s Report</p>	

Item No.	Item	Action
	<p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed:  Pete Chandler  Owen Wallace  Marama Tauranga</p> <p><b>Resolved</b> that the Board move into confidential.</p> <p style="text-align: right;">Moved: B Edlin  Seconded: G Esterman</p>	
8	Next Meeting – Wednesday 25 May 2022	

The open section of the meeting closed at 11.30 am

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

**RUNNING LIST OF BOARD ACTIONS - Open**

Key	Completed on time	Work in progress, to be completed on time	Not completed within timeframe		
Date	Task	Who	By When	Status	Response
27.4.22	<b>CEO's Report - Immunisation</b> Rates are dire - Signs are there is an upward trend with the new plan. A report to come back next month. – CMO / GMPF	Luke / Mike			
27.4.22	<b>CEO's Report – Transition</b> Query was raised regarding the provider letters to be sent in mid April and whether that has been able to happen. CEO will check with GMP&F.				Letters sent 28/28 April – Completed



# Chief Executive's Report

This report covers the period 28 April to 18 May 2022.

## 1. Chief Executive's Overview

Work is progressing well with our Sustainability Plan execution despite loss of workforce over recent weeks due to COVID and the challenging impact of the current demand on both of our hospitals and the wider health system.

The below summarises current status of our June 30<sup>th</sup> deliverables list and it is pleasing to be able to identify that:

- Our financials are now tracking close to achieving our signed off annual plan budget after much hard work by the teams
- Bowel screening has now launched successfully
- Colonoscopy waiting time indicators in March achieved compliance in two of the three indicators for the first time ever
- Our whole of system child immunisation model is now active
- Mental health inpatient unit business cases have been completed and submitted on schedule for their capital investment committee review at the end of this month

Subject	Deliverable/ Imperative	Status	Comments
<b>Financial</b>	Financial controls and turnaround actions to deliver annual plan budget	On track	We are now on track to achieve the annual plan budget
<b>Planned &amp; Acute Care</b>	Address remaining constraints to bowel screening launch by March 2022	Complete	Theatre and endoscopy capacity constraints all addressed
	Achieve Go-Live date for Bowel Screening by June 2022	Complete	BOP went live with bowel screening this month
	Deliver colonoscopy wait time targets by June 2022	On track	Continuing to track towards full compliance in June/ July. In March 2 of the 3 performance indicators were green for the first time ever. Colonoscopy is now a protected 'uninterruptable service'
	Identify additional local renal capacity solution by February 2022	Complete	Plan confirmed for the new facility at Tauranga and works in progress
	Stabilise Tauranga ED and commence next level step changes to manage acute demand	First objective achieved but demand is surging above capacity	All funded nursing vacancies have now been filled which is extraordinary, and we have Nurse Practitioner, allied health and paramedic input supporting ED. However the level of complexity and system flow are very significant challenges and now impacting Whakatane too with both EDs increasingly often being in RED status. Note we get higher ED volumes than Cap Coast DHB and many of these are complex ED presentations, coupled with the ongoing impact of population growth.
	Scale up Care@Home to decompress hospitals with focus on frail & older people	On track	Much analysis, cross system connected work underway in this area and linking to the covid care in the community model. There is key urgency giving the occupancy demand from Easter where we are tracking highest/2nd highest in the sector and seeing some changes in the mix of acutes occupancy.
	Take first steps in plan to reduce planned care waiting times: Phase 1 Diagnostics compliance by June 2022	On track	Achieved CT & MRI, plus 2 of the 3 colonoscopy indicators in March. We wanted to achieve this self-determined aim for all diagnostic indicators by April, however COVID sickness impacted on the radiology and cardiology teams last month. We still expect to achieve most indicators as green in June and the remainder by July. When we achieve this we'll be number 1 in the sector on diagnostics - which is our aim.
<b>Workforce</b>	Complete business case for additional theatres by June 2022	On track	Approach agreed with MOH
	Maintain essential services during COVID surges (1. March-April, 2. expected June-August)	Phase 1 Achieved	All essential* clinical and infrastructure services were maintained during the Omicron surge.
	Optimal preparedness for winter pressures and non-COVID outbreak	On track	We are well prepared however there are risks of covid surge 2 and influenza combining with other acute demand during main period of winter
	Turn around increasing nursing vacancy trend	Achieved	Reduced nursing vacancies from 140 in December to 67 currently.
	Establish strategy and capacity for essential recruitment	Complete	Talent acquisition team in place and working well
<b>Mental Health</b>	Commence whole of system workforce planning	On track	Increasing buyin across the whole system in the Bay in partnering on workforce planning, recruitment and flexible cross-system staffing opportunities
	Submit final inpatient unit business cases	Complete	Both business cases have been submitted with a decision expected in June
<b>Child Immunisation</b>	Boost child immunisation rates through launch of whole of system strategic delivery plan by April 2022	Achieved	Whole of system strategy and operational approach crafted and launched. Just starting to see the early signs of some improvements.
<b>Transition</b>	Ensure Sustainability Plan delivery and operating frameworks will provide continuity during 2022 transition to HNZ	On track	
	Consolidated whole DHB development plan for transfer to HNZ	Complete	We now have a cross DHB master list of all key development projects and programmes.
	DHB diestablishment transition checklist	On track	

The coming months are going to be a challenge as we navigate the various surge dynamics, however we have never been so well placed and connected across the system as we are now and have an excellent network in place and primary and secondary care, with Hauora and Iwi, with Aged residential Care and other services. This provides outstanding collective response ability in relation to both covid and other demands going forward and provides a very solid foundation on which to further evolve into the health reforms.

## Privacy Week 2022 9-14 May

The theme for this year was the Foundation of Trust in Privacy.

New posters were prepared and displayed at the start of the week. Daily emails were sent during this week focusing on different aspects of trust and privacy as they relate to patients/staff, colleague/colleague, and significant events.

## 2. COVID

### 2.1 Outbreak Readiness

COVID impacts over April were managed by the various sectors in a manner that limited risk, clinical impact and service disruption. Most providers have developed proven responses. Winter surge planning is currently underway to prepare for the dual impacts of another pandemic surge as well as influenza outbreak.

#### Aged Residential Care

Resident cases of COVID-19 declined in April. While a significant cluster occurred in 6 secure dementia units, it has been managed successfully by the provider.

The DHB and Toi Te Ora continue to engage with the sector daily and will continue to do so until cases stabilise.

<b>Omicron impact summary as at 30 April 2022</b>	
34 ARC facilities, with approximately 2000 residents	
Total number of facilities managing resident events in April	24
No facilities with no cases	10
No of deaths linked to Covid in total	18
No hospital admissions – in total	7

#### Hospital Response Update

During April, both hospitals continued to manage up to 40 COVID-19 positive inpatients, ongoing staff shortages requiring significant staff redeployment, overtime, 12 hour shifts, care rationing, and staff from non-clinical roles volunteering for workforce support in clinical areas to help the clinical staff provide essential patient care.

Absenteeism rates for Allied, Ward Nursing and Junior Doctors remained between 6-12% with the DHB having approximately 70 staff on average with COVID at any given time. At least 19% of staff have contracted COVID to date.

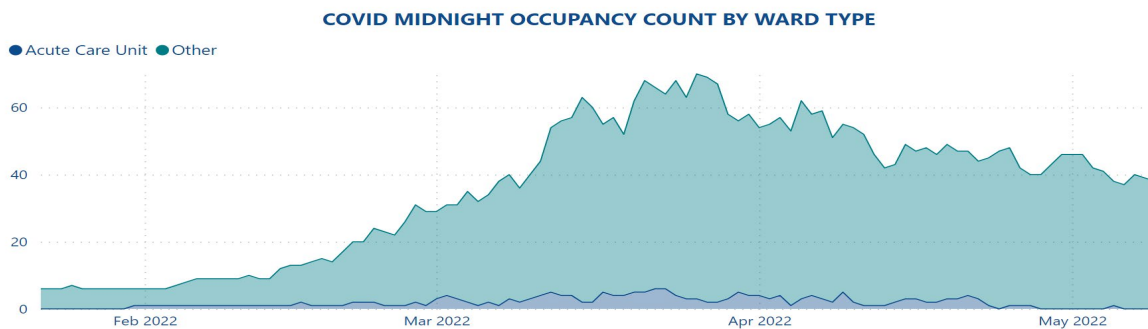
Home based care services and Aged Residential Care (ARC) facilities are experiencing a similar situation.

To support the constrained bed capacity patients were held longer in Post Operative Care Unit (PACU); the Surgical Admission Unit was open longer hours to provide overflow capacity where both hospitals at times experienced occupancy of up to 114%.

The hospitals have overall coped well with COVID –19 due to the amazing response from staff.

An evaluation of Pandemic response and Preparedness is underway to support the return of the hospitals to a Business-as-Usual/Winter Readiness, at the same time while preparing for the next wave of Covid outbreak.

The following graph shows hospital occupancy of Covid patients which during April ranged from 25-40 inpatients on any given day. The majority of these did not require ICU level care and around a third of these patients were admitted for Covid, the remainder admitted either with non-covid issues or had illnesses that covid exacerbated

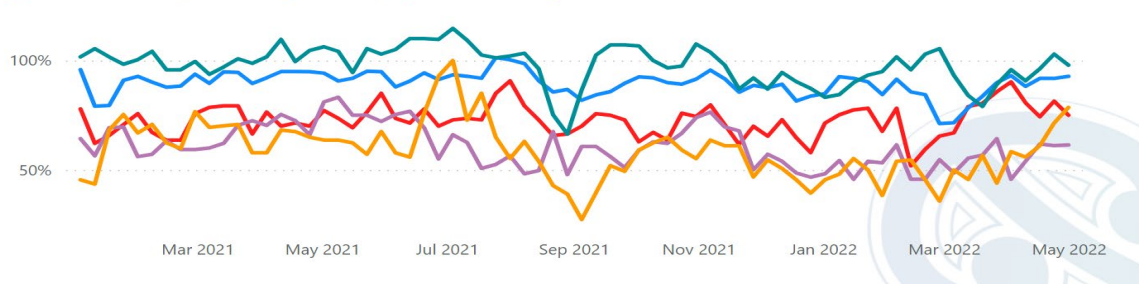


The following graphs show midnight occupancy and variance response at both sites

Tauranga Hospital

**MIDNIGHT OCCUPANCY BY WARD TYPE**

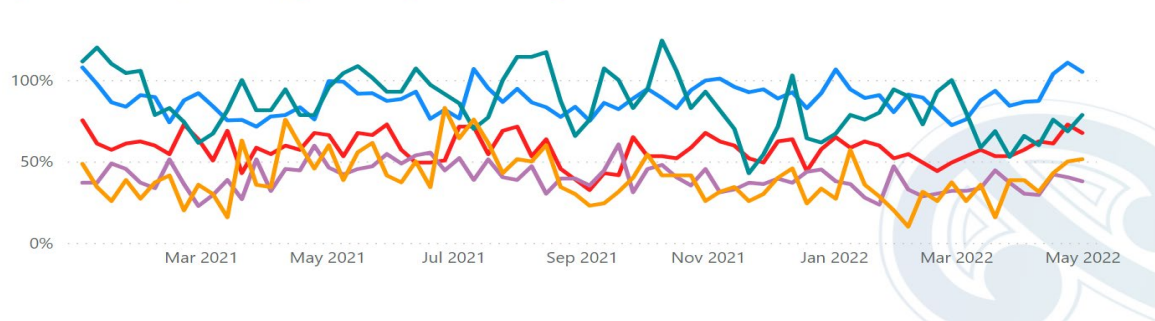
● Acute Care Units ● Maternity ● Med/Surg ● Mental Health ● Paediatric



Whakatane Hospital

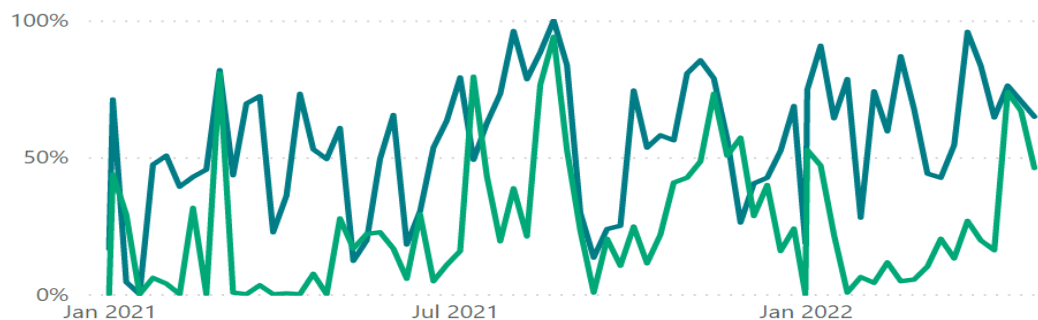
**MIDNIGHT OCCUPANCY BY WARD TYPE**

● Acute Care Units ● Maternity ● Med/Surg ● Mental Health ● Paediatric



**VARIANCE RESPONSE IN YELLOW / ORANGE / RED**

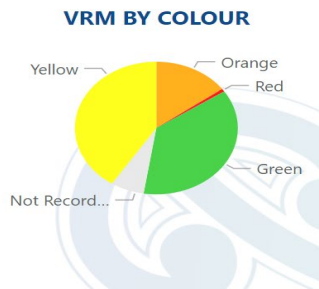
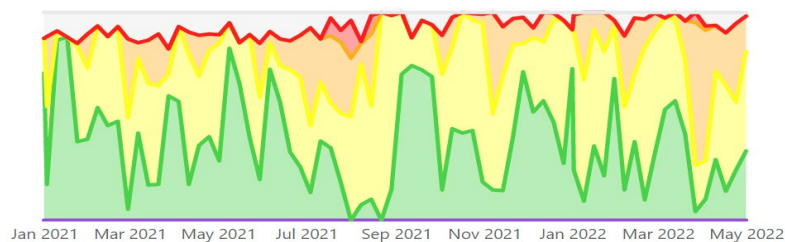
● Tauranga ● Whakatane



Tauranga Variance Response

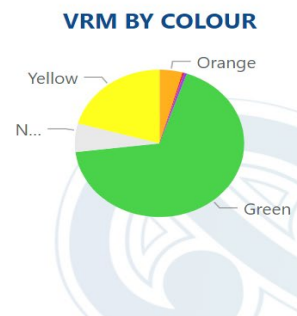
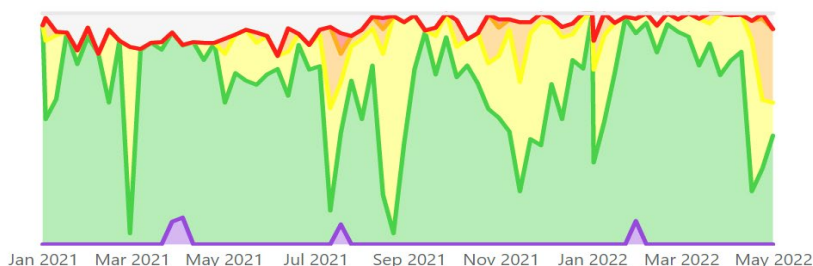


**VRM PROPORTION BY COLOUR**



Whakatane Variance Response

**VRM PROPORTION BY COLOUR**



**2.1 Vaccination Programme**

**Immunisation**

Key results and actions, note systematic childhood actions are now directed by the 'COVID & Community Immunisation Group' headed by the Senior Response Officer (SRO), as part of the national drive for an integrated response to all vaccinations.

Coverage rates: to April (3-month data) analysis shows the equity gap for Maori across the age cohorts avg above 15% with Maori also having a higher decline and missed rate than non-Maori.

	Total Population	Maori	Equity Gap Non-Maori (12 months)	March 22 total Pop (3 months)	March 22 Maori Pop (3 months)
8 months	74.8%	58.7%	20.5%	-0.5%	-2.0%
2 years	79.2%	65.5%	15.6%	-0.2%	-1.3%
5 years	76.7%	67.1%	15.5%	-1.0%	-0.2%

New developments in the Immunisation space involve enabling NGO Kaupapa providers to deliver influenza vaccinations this flu season. The DHB is helping providers by managing consumable supplies and enabling claiming and reporting. All providers will be geared towards providing Outreach services. Capacity based contracts will be arranged with a strong emphasis on improving immunisation uptake.





### 3. WORKFORCE

## EMERGING STRONGLY : 2022 SUSTAINABILITY OBJECTIVES

Objectives as we navigate through COVID and emerge strongly

### 2. WORKFORCE

4.	Improving the experience of work from application to exit
5.	Talent acquisition: recruitment strategy, increasing our Maori workforce
6.	BOP Health Network workforce planning for collaborative models of care

The concentrated effort to bolster the workforce has delivered a significant number of new starters to cover increased business as usual demand, COVID roles, the impact of the vaccine mandates and the usual turnover

#### May Organisational Orientation New Starters List

Position	Department
Physiotherapist	Inpatient Physiotherapists
Pharmacist	Pharmacy, Tauranga
Registered Nurse	SCBU
Midwife	Maternity Unit
Registered Nurse	SHSOP
Registered Nurse	Emergency Department
Pharmacist	Pharmacy, Tauranga
Needs Assessor/Coordinator	SupportNet
Senior Talent Acquisition Advisor	People and Culture
Student Placement Coordinator	Clinical School
Clinical Nurse Coordinator	COVID-19
Case Manager	BOPAS
Registered Nurse	Emergency Department
Specialty Clinical Nurse	Occupational Health
Orderly	Orderlies
Health Care Assistant	Perioperative Department
Registered Nurse	ICU/CCU
Registered Nurse	Emergency Department
Tauwhiro/Social Worker	Maori Health Gains & Development
Registered Nurse	Maternity Unit
Registered Nurse	Maternity Unit
Anaesthetic Technician	Anaesthetic Technicians
Payroll Officer	People and Culture
Maternith Health Assistant	Maternity Unit

Registered Nurse	Emergency Department
Health Care Assistant	Perioperative Department
Psychologist	Te Whare Maiangi
Administrator/Scheduler	National Bowel Screening Programme
Occupational Therapist	Community Allied Health
Receptionist / Administration Support	Cardiology/Clinical Physiology
Nurse Educator	Emergency Department
Registered Nurse	Emergency Department
Speech and Language Therapist	Allied Health
Registered Nurse	Ward 2B
Registered Nurse	Ward 4C
Registered Nurse	Ward 3C
Hearing Screener	Audiology
Registered Nurse	Ward 3B
Health Care Assistant	Bureau, Tauranga
Health and Safety Advisor	Occupational Health and Safety
Registered Nurse	Ward 2B
Head of Data	Information Management
Newborn Hearing Screener	Audiology
Allied Health Assistant	Clinical Physiology
Talent Acquisition Coordinator	People and Culture
Registered Nurse	Ward 2B
Allied Health Assistant	Occupational Therapy Team
Health Care Assistant	Ward 4A
Health Care Assistant	Bureau, Tauranga
Psychotherapist	Child & PIMHS team
Quality Improvement Practitioner	Mental Health & Addition Services
Pharmacist	Pharmacy, Tauranga





## 3.1 Supporting Front Line Needs

### People and Capability Recruitment

The Talent Acquisition team is now fully staffed and in place – 2 x Talent Coordinators, 3 x Talent Advisers, 1 x Senior Talent Adviser. The team has been formed into a portfolio structure ensuring the recruitment function adopts a partnership experience for the Hiring Managers and Business Leaders.

The team is reviewing current process and procedures to identify areas of improvement for the service, our hiring managers and the candidates we are seeking – covers internal recruitment process, candidate communication, onboarding and offer documentation.

### Education Centre

#### Education and Training

Discussion has been had with an equity education provider in conjunction with Te Pare ō Toi to look at providing an equity workshop for staff, scaffolding off current education opportunities in Te Kakenga. A relaunch of Te Kakenga is also being considered and Unconscious Bias and Institutional Racism, and Cultural Intelligence sessions recommence from the start of May.

Kanuka Leadership and Wellbeing have started work on a suite of online modules around ‘soft skills’ and interpersonal relationship skills. These will be available for all staff on Te Whāriki ā Toi from July

### Feedback from nurse volunteering to work in inpatient wards:

*“I wanted to email to let you know that I absolutely **loved** helping out this weekend. The team that were working in 3C on Sunday were the complete dream team to work with! They all worked so well as a team and despite being so busy were super positive and fun to work with. The team working on 3A yesterday were also amazing the team dynamics were awesome, Andy the co-ordinator was great he made sure all RN’s had breaks and were well supported! I admire how hard the nurses were working on both of these wards. I was also very impressed with the New Grad Lexi on 3A, she has outstanding critical thinking. I observed her checking patient lab results before administering medications and her urology knowledge for a new grad was great- very impressive! In comparison to my experiences on the wards at X DHB I was very impressed with the wards culture and teamwork. I am more than happy to help out whenever needed, let me know if you need me again. ”*

## 4. EQUITABLE HEALTHCARE

### EMERGING STRONGLY : 2022 SUSTAINABILITY OBJECTIVES

Objectives as we navigate through COVID and emerge strongly

#### 3. EQUITABLE HEALTHCARE

7.	Transforming models of care for ED and Acute Demand
8.	Colonoscopy waiting times and launch of bowel screening
9.	Post Omicron specialty wait times recovery plans
10.	Expanding local renal dialysis capacity in partnership with WDHB
11.	Mental Health Services Transformation
12.	Toi Oranga Mokopuna: Advancing child wellbeing

#### 4.1 Toi Oranga Mokopuna: Advancing Child Wellbeing

##### Well Child Tamariki Ora Quality Improvement

- Focus groups with eight māmā completed in Te Puke. Report has gone back to māmā to confirm insights and interpretations.
- Teen Pregnancy Unit focus groups, LMC survey and Well Child Tamariki Ora provider insights – ongoing.
- Appreciative enquiry Opotiki – reverse brief drafted in partnership with Ko Collective to obtain insights from hāpu, māmā, pāpā and whānau.
- Collective hui with all Well Child Tamariki Ora providers and Ministry lead scheduled for mid-May (pending environment to have kanohi ki te kanohi)

##### Child and Youth

The Gateway assessment programme for children within Oranga Tamariki (OT) has started joint discussions to share local priority children and ensure a more flexible approach to the Paediatric and MDT assessments for at risk children. Strong local relationships with OT and MoE will assist this review.

##### Community Health 4 Kids (CH4K)

Public Health nurses (PHNs) are being well received back into the PHN roles in the education sector and operating differently with the engagement of children, teachers and whānau under COVID restrictions.

##### Family Violence Intervention Programme (FVIP)

A joint project with Women's refuge has provided a new system specifically for Emergency Department (ED) and Maternity to increase intimate partner violence disclosures. This is now in place for Tauranga Hospital ED department aimed at keeping vulnerable and abused women safe during admission.

##### Community Dental Services (CDS)

The dental team in Opotiki is looking to facilitate the mobile dental unit being located at the BOPDHB Community Health Centre, to specifically target Maori pre-schoolers for a 3-week period. Permission to connect the Waikato DHB screening van's power bollard has been obtained and scoping for water and waste connection occurring early May. If successful, this 3-week period at the Health Centre will become part of the dental annual site plan movements to service the children population.

##### Mana Ake

New funding announced for the roll out of Mana Ake- school based mental health services.

On Monday 15 May the Government announced funding for the expansion of Mana Ake- school based mental health services to five DHB's, Bay of Plenty, Counties, Lakes, Northland and West Coast-indicating that this initial roll out to the five DHB's will cost \$10 million.

The amount and details of the funding to our area is yet to be confirmed, but we anticipate that this will enable us to expand our local BOP Tihore Mai I uta Tihore Mai I tai (Kahui Ako) model of care. This model was designed on the Mana Ake principles, but we believe it goes a bit further in the prioritization of community involvement, the placement of clinicians and the integration within the Education learning support delivery framework. Currently we have seven mental health clinicians covering five Kahui Ako clusters of schools, namely Otumoetai, Tauranga Peninsula, Mount, Te Puke, Whakatane and Opotiki.

These clinicians are based in schools, delivering group or individual interventions to tamariki between the ages of 0-14 and supporting teachers with strategies to deal with children presenting with mental health or behavioural challenges. These clinicians are also pivotal in bridging the gap between Education and Health as they navigate the pathway to specialist mental health services, child development or paediatric services, by forming part of the CHIRP- or child health integrated response pathway. Their role in getting academic information from school to the other health clinicians are vital as we are trying to reduce wait times and improve the way we assess and support children with neurodevelopmental, mental health or behavioural concerns.

The schools without access to these clinicians are desperate for the same, especially as we see an increase in acuity and referrals to mental health services post COVID.

We are ready to roll this out in this joint approach between MOE and Health.

#### **4.2 COTS Orthopaedic Transformation**

COTS continues to operate across the BOP during the current Omicron outbreak. There has been a need to cancel some clinics due to reduced staff/impacts of COVID.

Stage 1 of the COTS project is nearing completion. Expanding the service to Katikati and Mount Maunganui has been delayed due to COVID. Planning for and completion of a service evaluation is expected to take place in June.

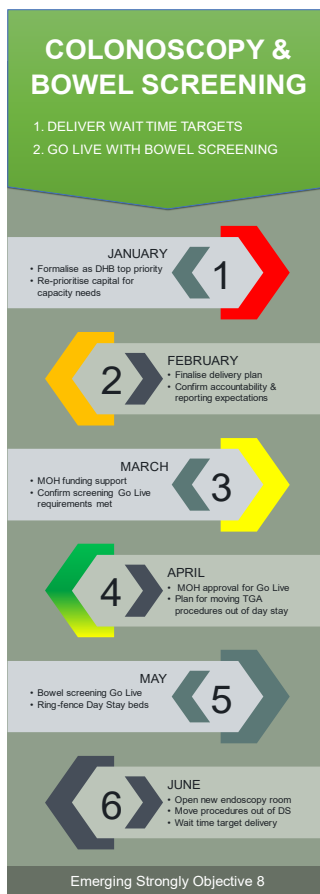
##### **Saturday Orthopaedic First Specialist Assessment (FSA) clinics initiative**

To reduce the number of people waiting for Orthopaedic FSA by utilising Advanced Scope Physiotherapists. Planned Care and Allied Health are currently working through the parameters and logistics of this initiative with the aim for the first Saturday clinic to start last weekend of May.

##### **Paediatric Orthopaedic Triage**

The first Eastern Bay POTS clinic was held in April in Whakatane Hospital Outpatients department. Two tamariki and their whānau were booked into this clinic. POTS is following up with one whānau to reschedule their appointment. POTS clinicians have been working with Healthshare in preparation for POTS to transfer smoothly over to electronic triaging.





### 4.3 Bowel Screening

Following MOH approval for BOPDHB to launch National Bowel Screening on 3<sup>rd</sup> May the NBSP team have been ensuring primary care and community providers are informed and prepared for action as first FIT results are released from national screening centre. A key action is being prepared for increased demand for diagnostic colonoscopy (expected to be 30% based on other national centers). BOPDHB baseline colonoscopy delivery will increase from 430 (on average) colonoscopies per month to 550/ month over the next two years. Additional capacity both internally and via outsourcing is planned. The development of additional procedure room capacity at Whakatane is underway with handover to clinical teams expected to be early July.



### 4.4 Renal Services Capacity

#### Interim Dialysis Facility (Tauranga)

Preliminary design has been completed and signed off by stakeholders. Next phase of service facility growth includes development of additional capacity at Whakatane Hospital and establishment of acute inpatient dialysis service at Tauranga.

#### Third Shift (COVID response)

Tauranga Dialysis unit has run third shifts (with patients coming into unit after 5.00pm and completing dialysis around 11.00pm to separate positive COVID patients from others. This possibility (of extending dialysis hours) was considered a short-term strategy to manage isolation requirements. However, going forward the service is considering how to manage this safely to reduce the number of people travelling out of district for treatment.

#### 4.5 Maternity

Primary care maternity demand continues to grow due to reduced access to LMCs. Ante natal clinics are now being run at Katikati, Te Puke, Tauranga and Whakatane Hospitals with sessions being expanded due to demand. Additional clinic facility space is being considered for Tauranga at additional facilities as the hospital and Te Puke are fully utilised.

Approval has been received from the Ministry of Health to run internships and service planning training across both sites as part of Maternity Quality & Safety Programme (MQSP).

#### 4.6 Support Net

Support Net and Community Care Coordination are working collaboratively with Home and Community Support Services (HCSS) to ensure vulnerable clients essential needs are being met. There have been weekly zoom meetings with Home and Community Support Services (HCSS) during the current pandemic response and these are now being reduced as the sector is managing with reduced staff but also by offering reduced services.

Overall, there has been ongoing cooperation and collaboration between providers, and this has meant a more responsive and cohesive environment for clients.

#### 4.7 Mental Health Services Methamphetamine Harm Reduction Service Te Ara Oranga

The Methamphetamine Harm Reduction Service Te Ara Oranga has made significant progress in the lead up to a Ministerial launch at the end of May. A Local Murupara provider has recruited a clinical FTE. The DHB has agreed to augment this development by funding a further clinical role out of blueprint funding.

Non-clinical, live experience roles are being recruited to in the first week of May. These positions, known as Kai tuia I te ora, identify with those affected by Methamphetamine. The experience in Northland where the Te Ara Oranga model originated, is that they are an effective way of engaging with highly marginalised groups and their Whānau, because of their lived experience.

Service contracts will be in place by the end of May, after which mahi-tahi co-design work will be ongoing resulting in a kaupapa Māori based model of care advancing on the Westernised model currently in play.

## 5. CAPACITY AND DEMAND

### **EMERGING STRONGLY : 2022 SUSTAINABILITY OBJECTIVES**

*Objectives as we navigate through COVID and emerge strongly*

#### **4. CAPACITY & DEMAND**

13.	<b>Campus plan &amp; delivery tracks for essential additional capacity</b>
14.	<b>Working with partners to move care into the community, digitally empowered</b>

#### 5.1 Additional Bed Capacity

##### **Whakatane Procedure Room**

The Riverstone project for the new Whakatane procedure room remains on track for completion.

##### **Surgical Admission Unit (SAU) Additional Hours**

TGA is planning for the potential of a 24-hour SAU to hold post-surgical patients (requiring up to 23 hours stay post procedure) continuing as part of the recovery plan and reducing the expected demand of the wider hospital.

##### **Obstetric Theatre**

The dedicated Obstetric Theatre, Monday – Friday 0800-1800 hrs has been a success for the perioperative team and the ability to provide a prompt service has reduced anxiety within the team.



## 5.2 Progressing Big Ticket Items

### CathLab 2

Work has progressed with the development of the second Cath Lab with sign off of the design and commencement of recruitment for the increased service. In addition, Tauranga Hospital commenced an Electrophysiology/Ablation procedure service in early April. This is an important and much needed addition to our services in the context of limited access across NZ due to saturation of cardiac procedural facilities. In recent years only the most severely affected patients have had access to ablation. This is the first new EP/Ablation service in NZ since Wellington in 2001. Tauranga becomes the fifth centre offering ablation therapy, the others being Auckland, Christchurch, Waikato and Wellington.

## 6. TRANSITION

### 6.1 Towards Handover

#### Research

Following stakeholder engagement in March, the Transition Unit submitted a briefing paper to the Minister of Health in April which included key considerations relating to health research conducted in DHBs for the transition to the new health system. The briefing has been shared with HNZ, MHA and MoH (who were involved in the development of the briefing) and MoH are leading the establishment of a working group to plan and operationalise the advice.

#### Health Consumer Council

The interim Health NZ and Māori Health Authority have work underway to look at the future model of care for consumer and whānau voice in the health system. Programme Manager, Interim Health New Zealand is working with Consumer Councils across Aotearoa to understand what exists currently. It is envisaged that there will be nationally consistent approaches to things such as remuneration.

### 6.2 Workstream Priorities

#### Planned Care

Minister Little's hui on Planned Care changes under IHNZ were watched with interest, in particular the naming of the planned care taskforce and the early focus of

- National prioritization
- National waitlists
- Review of all patients on waitlists (note: Clinical Nurse Specialists (CNS) locally have been reviewing long wait patients on BOPDHB wait lists. An audit of local data integrity has begun across all services.)
- Expected recovery timeframe

The Planned Care National Plan is expected in September 2022 and interim recommendations to DHBs are all being worked through by our teams.

#### Faster Cancer Treatment

Preliminary achievement data for Quarter 3 2021/22 (which is based on patients who received their first cancer treatment or other management) between 1 Jan 2022 and 31 Mar 2022) show BOPDHB achieving

- 31-day Indicator - 84.4%
- 62 Day Indicator – 93.5%

Tracking for Quarter 4 based on local data

- 31-day Indicator - 84%
- 62 Day Indicator – 91%





# Service Update Supplementary to Chief Executive's Report

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This report covers the period 28 April to 18 May 2022.

## 1. Corporate Services

### Communications

#### COVID-19-Communications

- As COVID-19 has passed the peak impact for Omicron the related communications activity has reduced. The 7 day communications and staff scripts which began in November have been wound back and will return to 5 day service in May. We are also assessing the 7-days a week roster for the COVID BOP Response Partners team.
- External communications activity focused on the DHB & COVID websites and social media posts, while internal communications were delivered via One Place intranet articles, inserts in the CEO newsletter, and the Staff Bulletin. The team continues to manage the COVID-19 printed materials for the DHB, GPs, pharmacies, ARC, and other community-based health care sectors.

#### General Communications

Non-COVID focused communications activities included:

- Preparing for a soft launch of the National Bowel Screening programme on 2 May. There will be a more formal launch in June 2022.
- The Communications Team is adopting a nostalgic theme to the annual celebrations of
  - International Nurses Day
  - International Midwives Day
  - Hand Hygiene Day,
- Watching brief, and sending messages out when required, as both hospitals remained under continuing pressure with on-going high occupancy, high acuity of patients, staff factors, and other acute healthcare needs.
- Like other parts of the organisation the service has been hit by COVID in the workforce with several staff off work, unwell, or isolating as a contact – in most cases these staff have been able to work from home, reducing the impact on workloads.
- The communications aspects of the sector transition are increasing as the new health entities, Health NZ and the Maori Health Authority, are developing and communicating their plans and activities.

#### Digital Communications - External websites

A National Bowel Screening Programme website campaign on [bopdhb.health.nz](http://bopdhb.health.nz) for our community, explaining what it is, with supporting information advice. This information is supported by video and a social media campaign.

Work supporting our Mental Health and Addiction Services Transformation Project ([mhas.bopdhb.health.nz](http://mhas.bopdhb.health.nz)) continues, providing resources and collaboration news and updates for our services.

Support for Clinical Hub (COVID Clinical Resources) through our [bopdhb.health.nz](http://bopdhb.health.nz) site along with more information externally for our staff. Continued COVID case updates and support for getting information published.

Bay Navigation refresh is preparing for a launch May 2022, been delayed due to IT resources. Work for migrating content is now complete, this refresh will provide a much more effective and accessible space for our BOP Clinicians to find direction for health topics and processes, along with resources/information that are specific to services.



## Digital Communications – Video

Focus has been on support for education and information around the National Bowel Screening Programme, this filming work alongside the bopdhb.health.nz website and social media campaigns to raise awareness.

Ongoing projects:

- Telehealth (Meg Grawburg)
- Shared Goals of Care (Lee Walters & Claire Cherril)
- Person-Centred Care Initiative – “Food for Thought” (Sherida Davy)
- CASP Audiology (Katrina Buchanan)
- National Bowel Screening Programme (Dillon Te Kani & Melanie Selby)

New projects:

- Graduate Recruitment (Kelly Phelps)
- Toi Te Ora - Building Blocks for Hauora Tour

Weekly BAU:

- Grand Round
- Clinical Inservice
- Chapel Services

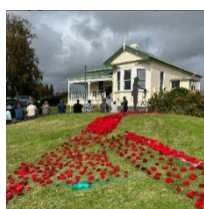
## Digital Communications - Social Media:

### BOPDHB: Facebook



### Top performing posts

Highest organic engagement received on BOPDHB Facebook page during April



**Post 1 (left):** A thank you to staff who've been helping out during this busy period.

**Post 2 (right):** Anzac post, highlighting the ceremony at Tauranga hospital.

### Insights

- As seen in previous months since the revamp of the Social Media function, we saw continued growth in audience and engagement in April. As planned, this month we began featuring members of our staff, highlighting their exceptional efforts. So far, this has been extremely successful and helps to build the trust our digital audiences have with us. We continued to use social media to communicate important messages with the public – the “masks in hospitals” campaign that went out towards the end of the month was a standout in this space. Information around testing, traffic light systems and isolation was also included here.
- Posts that received the highest amount of positive engagement were yet again, positive stories about the BOPDHB community. Finding these will remain a top priority and key to further page growth.

**BOPDHB: LinkedIn****BOPDHB: Instagram****Other Pages: Tauranga Hospital, Whakatāne Hospital:**

Both hospital Facebook pages saw similar results to the main BOPDHB page – ie significant growth from historic levels. Whakatāne Hospital received a higher number of comments from the public, signifying a growing relationship where people feel comfortable enough to engage. The rise in activity on their pages is expected to continue in the coming months.

**May Objectives**

Throughout May, we'll be continuing to encourage staff to allow us to share their stories that showcase the excellent work being done in our hospitals. The staff spotlight series that began last month will continue so long as we can find staff willing to be profiled – to date this has proven to be somewhat challenging.

The National Bowel Screening Programme will be rolling out in BOP in May. This year, social media will be used as a main tool in driving messages out to the public to raise awareness. We'll be showcasing BOP locals for a more relatable approach. This campaign will create a stronger connection with the Eastern Bay community and lay the foundation for establishing a more engaging relationship with them on social media going forward.

May will see more focus on mental health, with a campaign planned that will help to direct our audiences to the fantastic, free government resources that are available.

Common COVID-19 FAQs will be addressed, based on the national comms that are being provided.

The flu jab campaign will continue to roll out, Campbell Squared are responsible for this.

**Emergency Planning**

Emergency Planning service is predominantly refocused on business as usual after over 12 months embedded in the COVID response functions. One staff member remains in support of the Te Manawa Taki COVID Regional Resilience work as needed.

The Emergency Planning Team provided information and situational awareness related to Cyclone Fili which passed close to the coast of the Bay of Plenty the week of 11<sup>th</sup> April. A change in the weather system track meant that while the weather was challenging there were no impacts to primary or secondary care in the Bay of Plenty.

Mt Ruapehu remains at Alert Level 2

**People and Culture****Payroll/Rostering/Admin:**

Within the Administration team recruiting is underway to cover maternity leave and to supplement the capacity due to the approaching pay equity processing workstream.

The Rostering team is now back up to full complement and able to release a subject matter expert to work in the Holidays Act Compliance (HAC) project to restart the rollout of roster self service and support the Microster developments required for compliance.

## Data and Digital

### Digital Strategy (Te Aute) Development

The Digital Strategy on a page strawman draft was completed in April and is now moving to finalisation phase. In May, the strategy will be worked on by the working group, the DHB clinical informatics reference group, IM management team and Digital & Data governance group. These groups, made up of representatives of DHB clinical (medical, nursing & allied), primary care, community providers, Māori stakeholders and DHB corporate functions will drive the strategy refinement with the aim of a finalized strategy by end of May, targeting the formal sign off in mid-June.

### Te Manawa Taki Clinical Portal (TMTCP)

The April regional Clinical Portal release went live on 21<sup>st</sup> April - including the **Indici Outpatient ePrescribing** functionality – which is now being used by Bay of Plenty and will roll to other TMT DHBs over coming months. The Outpatient ePrescribing allow Doctors and Dentists to have full prescribing access - able to view, prepare, edit, authorise, print, send/resend a prescription to a Community Pharmacy and/or patient and view medication history.

A further release of the portal is planned for 24<sup>th</sup> May and will include improvements to the **Medicines Management** module, updates to the **CarePathways** module as part of Transfer of Care (TOC) phase 2 work. Key deliverable of this work is enabling the provision of copies of the TOC for clinicians and patients – an improvement needed for the proposed Lakes DHB go live on 29<sup>th</sup> May.

### Regional Project Updates

The **Urology and Gynaecology Multi-disciplinary meetings** live will commence immediately following the go live for Head & Neck and Breast for (Cancer) Clinical Pathways & MDM which has been slightly delayed due to a bug found in the final testing round. Following will be Lymphoma and Upper GI, completing the bulk of the development/configuration work required across all tumour streams.

Stage gate approval from the Regional ICT Governance Group cannot be sought until formal sign off of the **Mental Health & Additions** Information System implementation business case is received from the Ministry - indications are this should occur late May. Progress continues on the commercials and design in readiness for the stage gate approval which was scheduled for the March Regional ICT Governance meeting.

Updated project timelines have been agreed with the **PACS/RIS** Project Board that will see go lives across the region between 15<sup>th</sup> November and 8<sup>th</sup> December 2022 (Waikato DHB first, **Bay of Plenty – 29<sup>th</sup> Nov** and Hauora Tairāwhiti last). Training for Administrators in the RIS has been complete. PACS training is due to be delivered in May.

The benefits realisation report for the Hawera Pilot of **eMedicines Management** is now in final draft. Business case development for a DHB by DHB roll out is underway and expected to be finalized at the end of May.

**Identify & Access Management** work that will enable Community Access to systems such as Clinical Portal, Mental Health & Additions and PACS/RIS has started with the expectation this is complete by 30 June. Work can then start to provide access into these systems initially for General Practitioners.

Development of **data standards** continues, which is also helping to inform national data standards and assist with interoperability across systems. This is being monitored/governed via the regional Data Governance Group.

**SFIA (Skills Framework for IT)** assessments for all ICT staff across the region is progressing. This will assist us in understanding capability and opportunities in addition to assisting with development plans heading into Health NZ.

A **cybersecurity** workshop was held on 6<sup>th</sup> May with participants from HealthShare, iHNZ and DHBs and PHOs across the region. The aim was to define a regional cybersecurity stance that aligns to the national direction and capabilities being built.

### Local Project Progress

Two major clinical projects went live successfully in April:

- Outpatient ePrescribing (Indici) within Clinical Portal (phase 1 release) --- Outpatient ePrescribing is integrated with NZePS and NZF (New Zealand Formulary). It can email (signature exempt) prescriptions to a community pharmacy. It also can email prescriptions to a patient and print prescriptions. Phase 1 release will enable the Doctors and Dentists to have full prescribing access. The ePrescribing for all the other clinical users will be implemented in the next release (phase 2).
- Labs eOrders (phase 1 release) --- Phase 1 of Lab eOrders went live in April, and this was a soft go-live with around 10 clinicians. This project allows inpatient Laboratory eOrders to be entered in the BOPDHB Sysmex Éclair solution (replace the paper copy), accessible via MCP with single sign-on between MCP and Éclair, from both Tauranga and Whakatane DHB sites, with orders printing to existing DHB printers.

### Selected Active Project Summary:

<i>Project</i>	<i>Commentary</i>	<i>RAG</i>
Paging System Replacement	<ul style="list-style-type: none"> <li>• RFQ process completed for support. ICNZ now providing support on T&amp;M Basis.</li> <li>• Detailed onsite discovery exercise completed as part of support transition</li> <li>• Project still high priority to upgrade components and/or system to a full supported platform.</li> </ul>	<b>A</b>
Secure Medical Messaging and Collaboration Tool (Celo)	<ul style="list-style-type: none"> <li>• High level implementation plan developed</li> <li>• Need to finalise Business Case and create a Communications Plan prior to mass rollout. Other project priorities have delayed progress</li> <li>• Risk Assessment completed (awaiting IMSC endorsement)</li> </ul>	<b>G</b>
Regional Video Refresh	<ul style="list-style-type: none"> <li>• Technical migration complete.</li> <li>• Project in close-out phase, waiting on final clean-up tasks to complete</li> </ul>	<b>G</b>
Pandemic related initiatives	<ul style="list-style-type: none"> <li>• Approximately 11 pandemic-related initiatives (mini-projects) continue to be managed by IT – including Telehealth operational support, Zoom tablets, Ward eWhiteboards (occupancy reports), etc.</li> <li>• Some initiatives have gone on hold this month, as the requesting business units' priorities have changed. The amount of effort required to manage these initiatives has also reduced.</li> <li>• An Extra TV display on wheels provided for IOC in Whk. No longer required by IOC Tauranga.</li> <li>• The SSRS report for eWhiteboards could not be displayed via the MagicInfo TV software, and an alternative method (using PCs) is being provisioned for the screens as part of the initial pilot deployment.</li> </ul>	<b>G</b>



<b>Project</b>	<b>Commentary</b>	<b>RAG</b>
Firewall Infrastructure	<ul style="list-style-type: none"> <li>• Shortlisting completed and two vendors selected (Datacom and Spark)</li> <li>• Discover exercise underway in parallel with both vendors, with the goals that they will get a more detailed understanding of the BOPDHB environment and update their proposals for final evaluation.</li> <li>• Final evaluation and contract award expected to occur late May</li> </ul>	<b>G</b>
Wireless Infrastructure Renewal 2021	<ul style="list-style-type: none"> <li>• Project has restarted this month following the availability of the new Radius/NPS servers (which were blocking the project)</li> <li>• System testing and user acceptance testing completed successfully</li> <li>• Implementation planning underway with pilot sites to be deployed early May, followed by the full implementation across all sites</li> <li>• A project change request is being prepared to reflect the new schedule and once approved, the RAG status will return to green</li> </ul>	<b>R</b>
Core Switch Infrastructure	<ul style="list-style-type: none"> <li>• Ministry capital uplift funding secured for this project, with the conditional that funding is only available this financial year.</li> <li>• Project is about to commence immediately, so that hardware orders can be placed prior to the end of June.</li> <li>• There is a risk that if procurement activities are delayed, the June deadline will not be met.</li> </ul>	<b>A</b>
T-DOC	<ul style="list-style-type: none"> <li>• Business case approval is still required for this project to proceed. IM currently assisting with reviewing server costs to amend business case.</li> <li>• The supplier has a resource ready to start populating data. This requires four servers (TEST and PROD) that will be hosted by BOPDHB which needs to be specified and built in the first instance.</li> </ul>	<b>A</b>
Toi Ora Data Model and Collection	<ul style="list-style-type: none"> <li>• Initial Data sets have been created.</li> <li>• Project is currently going through a design reset to determine end state of model. A draft PID has been issued for review and to agree approach, awaiting feedback before completing and issuing final for sign-off</li> </ul>	<b>G</b>
Short-Notice Leave Application Tool	<ul style="list-style-type: none"> <li>• This application been live for over a month.</li> <li>• No further functionality changes have been requested. Project will close next month and support transition to BAU</li> </ul>	<b>G</b>
Whakatane Hospital Digital Radio Upgrade	<ul style="list-style-type: none"> <li>• Capex request to being raised to complete outstanding repeater and base set upgrades</li> </ul>	<b>G</b>
Visitor Management	<ul style="list-style-type: none"> <li>• Project being led by FBO</li> </ul>	<b>G</b>



<i>Project</i>	<i>Commentary</i>	<i>RAG</i>
system	<ul style="list-style-type: none"> <li>Design has changed and direct integration between Integriti and SecurePass no longer required. IT activities are now complete.</li> </ul>	
Radius/NPS Server Upgrade	<ul style="list-style-type: none"> <li>The Instillery has been engaged and the project is making good progress</li> <li>New servers have been built, NPS configuration has been migrated and tested</li> <li>New Wi-Fi solution is now using this new environment</li> <li>Full production cutover and operational handover planned for early May</li> </ul>	<b>G</b>
MoH Cyber Security Uplift Programme	<ul style="list-style-type: none"> <li>New national programme created to deliver stronger cyber security in the health &amp; disability sector</li> <li>Discovery discussions underway with MoH and Microsoft to understand scope, deliverables and timeframes for this initiative including available funding.</li> </ul>	<b>G</b>
Bay Navigator – Redesign and Development	<ul style="list-style-type: none"> <li><u>Resources/Schedule at risk</u> from COVID impacts and operational pressures</li> <li>Website design finalised and production build scheduled early May. Planning for migration by end of May</li> </ul>	<b>A</b>
Manage Work-related Information (Record Mgmt/IM)	<ul style="list-style-type: none"> <li>Schedule change to 30 Oct agreed</li> <li>Key guidance details being finalised but Comms staff and business groups have minimal capacity for any additional comms (while busy coping with COVID impacts)</li> <li>Interim staff survey has highlighted several areas to address</li> <li>Will seek to provide quiet awareness on Record Mgmt assistance available, and repeat survey circa Aug/Sept</li> </ul>	<b>A</b>
CathLab 1 Fitout	<ul style="list-style-type: none"> <li>Physical and equipment design and requirements discovery complete. IM requirements will largely be a mirror of Cath Lab 2.</li> <li>IT to provide quotes on PC, Phone &amp; Network switching</li> </ul>	<b>G</b>
Philips Hospital Patient Monitoring - Phase 2	<ul style="list-style-type: none"> <li>Project initiation activities commenced this month</li> <li>Phase 2 of the Hospital Patient Monitoring (HPM) will be implemented in Tauranga (Anaesthetics, PACU, ED, Admission and Planning Unit, Cardiac Cath Lab and Acute Stroke Unit, Children Ward, Maternity Unit) &amp; Whakatane Hospitals (Anaesthetics, PACU and Children Ward)</li> </ul>	<b>G</b>
MoH Health IS Asset Management Review	<ul style="list-style-type: none"> <li>New national project raised to discover and review how DHB's manage hardware assets, software versions and data as an asset.</li> <li>Discovery discussions underway with MoH to understand scope, deliverables and timeframes for this initiative</li> </ul>	<b>G</b>

<i>Project</i>	<i>Commentary</i>	<i>RAG</i>
T23/24 Life Safety Walls Project	<ul style="list-style-type: none"> <li>• FBO-led initiative which will involve the temporary relocation of many staff on levels 3 and 4 of the main building, to allow building remediation work to be undertaken</li> <li>• Still in discovery stage, working with FBO project manager to understand timeframes, IT implications and potential alternatives for the temporary relocation of staff</li> </ul>	<b>G</b>

## 2. Provider Arm / Planning & Funding

### **Toi Oranga Mokopuna: Advancing Child Wellbeing**

#### **Well Child Tamariki Ora Quality Improvement**

Focus groups with eight māmā completed in Te Puke. Report has gone back to māmā to confirm insights and interpretations.

Teen Pregnancy Unit focus groups, LMC survey and Well Child Tamariki Ora provider insights – ongoing.

Appreciative enquiry Opotiki – reverse brief drafted in partnership with Ko Collective to obtain insights from hāpu, māmā, pāpā and whānau.

Collective hui with all Well Child Tamariki Ora providers and Ministry lead scheduled for mid-May (pending environment to have kanohi ki te kanohi)

#### **Vulnerable Unborn (VU) Programme**

The VU coordinator has been working with BOPDHB Digital Team to provide clear and concise info on One Place for DHB staff. This is in draft test format and will be added to the Family Violence Intervention Programme info on One Place.

#### **Wellchild Before School Check – B4SC programme**

The team is completing a significant number of B4SC each day, well above the usual daily and monthly target. Some days are 8-10 checks per nurse. The CH4K B4SC team is highly productive and new team members coming up to speed very quickly.

#### **COTS Orthopaedic Transformation**

Summary of key project activities

- E-triage system being rolled out to Orthopaedics/COTS/POTS. Team working with Healthshare, in final stages of testing, to go live end of April.
- COTS project team progressing work with Clinical Lead Hand Therapy and Orthopaedics to explore opening COTS to carpal tunnel patients
- Meeting with Orthopaedics to commence the MRI Spinal pathway trial in May
- Working with GP Liaison and WBOPPHO Clinical Advisor/GP owner to understand access options to Orthopaedics/COTS from primary care and identify opportunities to streamline
- Competency framework updated to reflect core elements of Advanced Practice Physiotherapy and is now applicable to COTS/POTS and ED MSK services

Reviewing COTS assessment target and COTS clinic capacity and utilization rates

## Equitable Healthcare

### Digital Enablement

#### Island Telehealth

- Motiti island now has solar power on their clinic enabling high speed internet for telehealth 24x7. The power available also supports the clinic lights and computers
- The installation on Motiti has yet to be reviewed and tested
- System testing between Ngati Kahu and the Matakana island clinic has been completed – the next step is to train the doctors how to use the new setup
- Developing an operational model for satellite outpatient clinics that integrates with GP use and the hospital is yet to be developed

#### Electronic Shared Care Planning

- Dispensation from an open market procurement has been confirmed as an option for the Shared Care procurement process.
- A demonstration of existing product within Midland Region has been booked for the Steering committee and an Options paper is ready for submission on the identified procurement options.
- A Gap analysis has been completed by I&I business analyst to inform the options

#### Enterprise Scheduling

- Dispensation from an open market procurement has been confirmed as an option for the On-line booking (OLB) portion of the OP scheduling procurement.
- A demonstration of an existing product within a NZ DHB was held in April for the Steering committee is booked and an options paper is ready for submission on the identified procurement options.
- A gap analysis has been completed by I&I business analyst to inform the options and solutions to meet unmet requirements have been included.

#### Telehealth Sustainability Team (TST) & Video Consults

The initial Proof of Concept (POC) reached 50 completed successful video consults. The Steering Group approved an extension to 50 additional successful video consults and pause onboarding of new services until there is confidence that current IT issues with the new integration are resolved. Phase 2 development and fixes to start as soon as possible.

## Digital Transformation

### Vaccination Programme Data Management

Investigating options to support non-traditional vaccination service providers to provide immunisations within localities. Functional requirements include:

- Ability to view previous immunisations
- Ability to claim
- Ability to update the national immunisation register

### Electronic Lab Test Ordering

- Initiative is currently in establishment phase
- Change management resource yet to be identified
- Scope is yet to be fully defined
- Rollout is likely to be a soft hybrid model alongside paper forms
- Order form has been developed and is in user acceptance testing
- Four GP practices have been identified as not yet engaging with electronic ordering and more investigation is required to determine why

### Centralised Diagnostic Repository to Avoid Unnecessary Testing

- Sample retinal screening report has been collected from Tauranga Eye Specialists and has been sent to the IT development team to test importing into Eclair results repository
- Sample screening report imported successfully (source system was incisive)
- Bay Radiology will be consulted regarding visibility

### ePrescribing within BOP DHB Hospital Settings

The project is rolling out within the hospital. Initial feedback is positive

## 3. Te Pare ō Toi

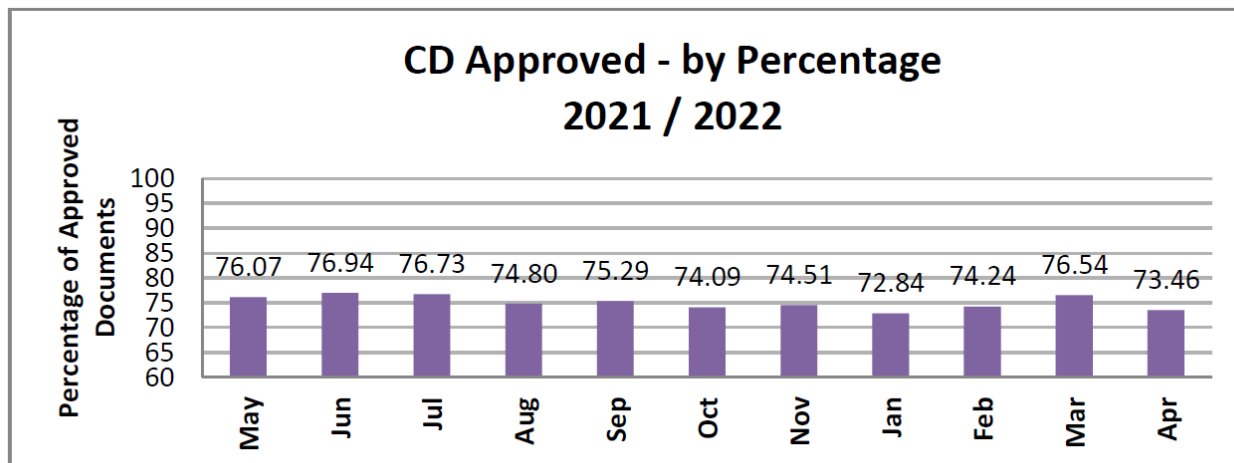
### Toi Oranga Ake

- Primary Care – supporting Nga Mataapuna Oranga (NMO) with Tūāpapa system of care approach. Tūāpapa is socialised across their clinical network. DHB has received the NMO Investment envelope proposal that supports and enhances the current approach and intentions as already transitioning toward.
- Kaupapa Maori Diabetes nursing – Kaupapa Māori Diabetes Nurse Specialist is now operating out of Nga Kakano Foundation and within Maketu Hauora. They are providing clinical support locally, and in Murupara provide diabetes education from a cultural perspective bringing matauranga Maori to the front. This is showing great results with the whanau they are working to achieve Toi Ora.

## 4. Governance and Quality

### Controlled Documents

Reporting is through Executive Committee (6 monthly).

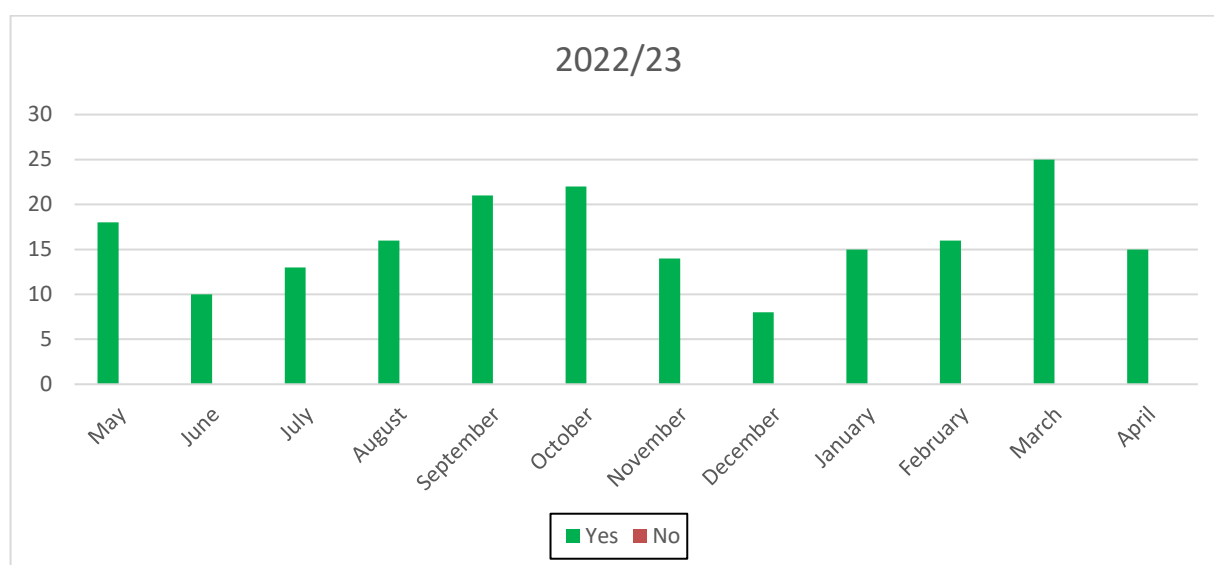


We are continuing to only focus on progressing high risk controlled documents and rolling over the low risk ones where it is appropriate. The glossary has been updated and now reads BOPDHB - Bay of Plenty District Health Board and/or its successors.

### OIA's (Responded to 1 April – 30 April 2022)

	OIA	Requester Type	Due Date	Response Date	Met on Time
1.	Clinical Working Hours	Individual	11.04.22	05.04.22	Yes
2.	Hospitalisations Solely for Covid	Individual	14.04.22	05.04.22	Yes
3.	Legal Costs Update	Advocate	05.04.22	05.04.22	Yes
4.	NZSL Interpreters	Individual	29.04.22	08.04.22	Yes
5.	Covid Hospitalisations	Individual	22.04.22	08.04.22	Yes
6.	Recordkeeping	Individual	26.04.22	08.04.22	Yes
7.	Private Medical Billing	Individual	26.04.22	08.04.22	Yes
8.	Incidental Findings	Individual	22.04.22	08.04.22	Yes
9.	CAMHs Vacancies	Media	14.04.22	11.04.22	Yes
10.	Dietitians	Union	19.04.22	14.04.22	Yes
11.	Mental Health Procedures	Individual	20.04.22	19.04.22	Yes
12.	Covid Admissions	Individual	21.04.22	19.04.22	Yes
13.	Covid Costs	Individual	22.04.22	21.04.22	Yes
14.	Interpreter Services	Professor UOO	12.05.22	21.04.22	Yes
15.	Community Health Shuttles	Individual	10.05.22	28.04.22	Yes

### OIA requests and compliance by month



We continue to meet response timeframes.

To view OIA responses published on the DHB website click on the following link [Official Information Act | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB](#)

## 3. Clinical School

### Education and Training

Kanuka Leadership and Wellbeing have started work on a suite of online modules around 'soft skills' and interpersonal relationship skills. These will be available for all staff on Te Whāriki ā Toi from July.

The Education Manager has had conversations with a Training Provider with regard to a potential series of Zoom courses for staff around 'navigating uncertainty'. It would take elements from Leading Through Uncertainty but would be designed for staff at all levels.

Given the uncertainty around HealthNZ reforms, and the ongoing health sector situation, it would be beneficial to a number of staff.

### **Students**

Our new Student Placement Coordinator commenced in April. Systems are being looked at and streamlined as necessary. The students have their first progress test this month. This, for the most part, is undertaken online at their own premises with a few requests to come to the campus. Preparations are underway for Long Case mid-May.

Rural GP placements are very challenging at the moment due to short-staffing. This is more of an issue in Eastern Bay and is problematic for our 5<sup>th</sup> students on placement in Whakatane. We are exploring other options.





## Care Capacity Demand Management

**SUBMITTED TO:**

Board Meeting

25/5/22

Prepared by: Julie Robinson, Director of Nursing

Endorsed and  
Submitted by: Bron Anstis Chief Operating Officer

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For Decision

For Discussion

For Noting

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**RECOMMENDATION:**

That the Board notes the report.

**STRATEGIC ALIGNMENT:**

This report is aligned to the DHB's key priority Healthy Thriving Workforce.

**EXECUTIVE SUMMARY:**

**Care Capacity Demand Management (CCDM) Implementation Evaluation**

BOPDHB (Bay of Plenty District Health Board) achieved full implementation status. The final CCDM Implementation Evaluation assessment report has been received and this great result reflects the support and dedication of many including the Board, Chief Executive, nurses, midwives, union partners and Information Systems staff.

**PURPOSE:**

All DHBs were required to undergo an external CCDM implementation assessment. The purpose is to have an independent assessment of implementation of the five core CCDM modules.

**BACKGROUND:**

BOPDHB has been fully engaged with CCDM since 2010. A number of the national tools and processes were developed by BOPDHB in the following two years. As with any programme there have been quality improvements over time which BOPDHB has incorporated into the current programme.

The following are highlights from the report.

Care Capacity Demand Management (CCDM) is business as usual (BAU) at Bay of Plenty DHB.

- The evaluation team acknowledges the challenges with the current labour market and accepted reports that the Bay of Plenty DHB is making every effort to advertise to identified vacancies.
- The evaluation team acknowledges the dedicated CCDM, Trend Care Team and the excellent nursing and midwifery leadership in place.
- Data quality for full-time equivalent (FTE) calculations is maintained at a high standard.
- Trend Care education resources are available for all staff. Online / video resources are of a particularly high standard.

**ASSURANCE:**

The assessment was completed by external assessors who held focus groups with DHB staff and unions. A desk top review of all supporting documentation was also completed prior to the virtual visit.

The final outcome is endorsed by the National Safe Staffing Governance Group.

**NEXT STEPS:**

The report also provided recommendations under each module which will inform the next annual quality improvement plan.

**ATTACHMENTS:**

CCDM Evaluation Report.



# Bay of Plenty DHB CCDM Evaluation Report

<b>To:</b>	Bay of Plenty DHB Chief Executive & Care Capacity Demand Management (CCDM) Council
<b>From:</b>	Safe Staffing Healthy Workplaces Governance Group
<b>Subject:</b>	Bay of Plenty DHB Evaluation for CCDM Full Implementation
<b>Date:</b>	March 2022

The CCDM evaluation team would like to thank the DHB and its union partners for its commitment and engagement in the evaluation process.

Full details of the recommendations per standard can be found in the excel Standards evaluation report, embedded at the end of this report.

## Summary of findings

### Full implementation evaluation:

Implementation percentage for each standard		Scoring	
Standard One	100%	Number of criteria Fully Attained items (max 22)	19
Standard Two	100%	All criteria Partially Attained or better	YES
Standard Three	90%	All Non-Negotiables Attained min of 85% per standard	YES
Standard Four	100%	Full Implementation achieved	Fully Implemented
Standard Five	85%		

Care Capacity Demand Management (CCDM) is business as usual (BAU) at Bay of Plenty DHB.

The evaluation team acknowledges the challenges with the current labour market and accepted reports that the Bay of Plenty DHB making every effort to advertise to identified vacancies.

The evaluation team acknowledges the dedicated CCDM, Trend Care Team and the excellent nursing and midwifery leadership in place.

### Highlights:

- Local Data Council (LDC) in Maternity – led by the Clinical Midwifery Manager. Excellent use of social media apps to engage with clinical staff.
- CCDM Council minutes reflect good attendance at meetings.
- The CCDM coordinator has an in-depth understanding of CCDM within the context of Bay of Plenty DHB.
- Data quality for full-time equivalent (FTE) calculations is maintained at a high standard.
- Trend Care education resources are available for all staff. Online / video resources are to a particularly high standard.
- FTE calculations are now business as usual at the Bay of Plenty DHB. This process is well established and gives opportunities for all parties to contribute. There is potential to extend participation to union partners when reviewing data assumptions annually, and to delegates to attend roster testing.
- The daily bed meeting utilises ‘in the moment’ data to support patient and staff allocation.
- Perception of Trend Care has changed from ‘it’s a nursing system’ to being a higher value project

## Suggested recommendations

### Standard 1: Governance

The CCDM governance councils (organisation and ward/unit) ensure that care capacity demand management is planned, coordinated and appropriate for staff and patients.

<i>Recommendations</i>	<i>Rationale</i>
1. Schedule partnership training for the Care Capacity Governance Group, followed by an annual partnership survey of the CCGG and operational staff.	This will strengthen the partnership and facilitate a shared understanding of the programmes progress to date.
2. Ensure documented evidence of partnership check-ins occurs at the KHWD groups. This includes but not limited to feedback on the meeting process as well as contribution to the meeting content by partners. Partners are defined as including delegates, health union staff and clinical membership.	This will provide an auditable record of the bipartite commitment to CCDM at the clinical floor level.
3. Update and customise ToR for KHWD / LDC groups in each clinical area.	This will help clarify the purpose of the meetings to participants and enhance quality project activity
4. Ensure that work / actions arising from KHWD groups has clear documentation.	This will help ensure identified actions are reviewed at each meeting and followed up on as required.
5. There is an opportunity to improve systems supporting meeting facilitation.	This will help ensure that there are documented outcomes of actions in meeting minutes.

### Standard 2: Validated Patient Acuity

The validated patient acuity tool underpins care capacity demand management for service delivery.

<i>Recommendations</i>	<i>Rationale</i>
1. Ensure that the downtime contingency plan is formalised and communicated to clinical staff	This will ensure that nursing and midwifery staff understand their roles and responsibilities should Trend Care go down.
2. Check 1:600FTE TC and CCDM co-ordination is maintained	As per adherence to the NZNO safe staffing accord.

### Standard 3: Core Data Set

The organisation uses a balanced set of CCDM measures (core data set) to evaluate the effectiveness of care capacity and demand management over time and to make improvements	
<i>Recommendations</i>	<i>Rationale</i>
<b>1. Provide access to the refreshed CDS system across the organisation</b>	<p>This will help strengthen the use of and engagement with the data set across the organisation.</p> <p>Supports information sharing, identification of themes, risks, and ability to escalate through the CDDM governance structure.</p> <p>Enables ward-based staff to use data to benefit their workplace and make better use of resources</p> <p>Provides opportunity and encouragement for staff to take up local QI projects.</p>
<b>2. Schedule data literacy education for clinical staff</b>	<p>This will ensure clinical staff can make full use of their data. This will also support a good return on investment.</p>
<b>3. Re-ignite the ward KHWD boards (as time allows and staffing pressures improve)</b>	<p>This will ensure that quality improvement activities can be identified and supported at ward level</p>
<b>4. Progress with plans to ensure that external stakeholders have access to the refreshed CDS system</b>	<p>This will support the partnership approach and ways of working, shared analysis, and discussion of findings. It will also give external stakeholders' the ability to be accountable as governors.</p>
<b>5. Expand CDS measuring to all core metrics</b>	<p>As per the SSHWU recommendation. This will ensure that measures can be triangulated to provide the best insight.</p>

### Standard 4: Staffing Methodology

A systematic process is used to establish and budget for staffing FTE, staff mix, and skill mix for to ensure the provision of timely, appropriate, and safe services.	
<i>Recommendations</i>	<i>Rationale</i>
<b>1. Ensure the participation of all relevant health union partners at key decision points in the FTE process</b>	<p>This will maintain active engagement in the FTE process and support transparent decision making.</p>



<b>2. Share the FTE data with the union partners prior to the FTE meetings</b>	This supports the partnership approach and ensures that all parties can contribute effectively to the FTE process.
<b>3. Continue to access the SSHWU (Safe Staffing Healthy Workplace Unit) for annual moderation of a selection of FTE calculations</b>	This will give confidence to the DHB and health union partners that the process continues to be robust.
<b>4. Review whether the settings on the incident reporting system to default to providing feedback to the clinical staff</b>	This will provide reassurance to staff that safe staffing concerns are visible to the DHB and responded to in a timely way.

## Standard 5: Variance Response Management

The DHB uses a variance response management system to provide the right staff numbers, mix and skills at all times for effective patient care delivery.

<i>Recommendations</i>	<i>Rationale</i>
<b>1. Ensure that clinical staff freely contribute to the VIS scoring</b>	This will ensure that staff trust the VIS and VRM approach.

## Evaluation Team

Rebecca Oakes – Deputy Director, SSHW, TAS

Lynda Wheeler – Programme Consultant, Allied health Scientific and Technical, SSHW, TAS

Margaret Bigsby – NZNO Professional Nurse Organiser



## CORRESPONDENCE FOR NOTING

**SUBMITTED TO:**

Board Meeting

25 May 2022

Prepared by: Maxine Griffiths, Board Secretariat

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

Submitted by: Pete Chandler, Chief Executive

**RECOMMENDATION:**

That the Board notes the correspondence.

**ATTACHMENTS:**

- Letter from Chair, Health Consumer Council to outgoing Board, dated 19 May 2022
- Letter from Health Consumer Council re Eastern Bay Palliative Care, dated 12 May 2022
- Letter of thanks from National Maternity Monitoring Group Chair and Co-Chair, dated 10 May 2022



## BAY OF PLENTY HEALTH CONSUMER COUNCIL

12 May 2022

Bay of Plenty District Health Board  
c/- Board Secretariat

Tena koutou Bay of Plenty District Health Board

I am writing to you to request that as our outgoing Board you please elevate the crisis we face in the Eastern Bay of Plenty as a priority concern to the incoming entity and membership.

I refer to the long standing, unmet needs and worsening situations of a whole population where access to a local specialist palliative care service is not provided in a way that meets those needs. I have no time or interest in looking into why this is. I am only interested in communicating to the Board what the impact is right now on our community, both Maori and non Maori.

I speak as a member of the BOPDHB Health Consumer Council with the endorsement of my fellow Council members to write to you.

I speak as the only representative of tangata whenua on our Council with the mamae (hurt/sorrow) of whanau who share their whakamaa (shame/burden) at not doing more for their loved ones who experienced traumatic deaths.

I speak as the only representative of the Eastern Bay of Plenty on our Council who sees in the Whakatane Beacon letters from the public crying out for explanations.

I have reflected on our Terms of Reference as the guiding document and although all of our TOR are applicable, I would like to share these ones

- *that we champion partnership with whānau in developing and delivering services, in line with Te Toi Ahorangi*
- *and that we provide proactive, timely and well-structured consumer advice to highlight inequities that impact disproportionately on Māori and other priority groups in the BOPDHB*

Why am I signalling this to the Board? Because I wish to press the point that no matter what is written about specialised palliative care in the EBOP it is not obvious to us that such a thing exists. I respectfully share this situation in my whanau.

A younger relative has asked if I can help her die with dignity.

By this she means nursing cares such as personal care, taking responsibility to problem solve any abnormal functional changes, reassurance of knowing she has someone to call after hours when she deteriorates, adequate medication management for a whole spectrum of need from oedema to pain control and dying outside of a hospital setting which is one of her key wishes. In other words she is asking me to provide specialist palliative care. Without me she has no one beyond her General Practitioner and the Medical team should she end up having to go Whakatane Hospital. Each time she is there she loses valuable time which she needs to spend with her young child. I cannot provide the level of specialist palliative care she needs nor should friends, or family be given this heavy responsibility. I can easily provide six more examples of the invisible people who are dying without proper support right now due to my community sharing their plights with me.

Like all of Aotearoa New Zealand we wait with a high degree of tension and expectations to see what will happen next for health come 1<sup>st</sup> July 2022. For the people I speak of now in this letter it won't matter, but it must matter to us. It is essential we seek specialist palliative care for those to come.

Nga mihi nui ki te Hapori katoa,

**BAY OF PLENTY HEALTH CONSUMER COUNCIL**

Dr Bev Edlin  
Chair  
**Hauora a Toi Bay of Plenty District Health Board**

cc Pete Chandler, Chief Executive

19 May 2022

Tēnā koe Dr Edlin

On behalf of the Bay of Plenty Health Consumer Council, I would like to acknowledge the Board for the decision to put in place the Bay of Plenty Health Consumer in 2018, recognising the critical role of the consumer voice in achieving effective and equitable health care.

With the support the DHB has given to the Council over the past four years, the Council has established itself as a 'go to' source of consumer input across a range of initiatives, projects and services, along with the DHB's Te Amorangi Kāhui Kaumatua, Tauranga Community Health Liaison Group and the mental health consumer group. We have ongoing representation on the Clinical Governance Committee, and have participated in a variety of DHB activities, providing a consumer perspective. The opportunity to form connections with many of the DHB's senior leaders has undoubtedly influenced the confidence gained by the Council in finding essential relationships within the broader health care system.

The establishment of the Health Consumer Council was an important step towards improving health outcomes for our communities. We expect the forthcoming changes to the health system and its focus on consumer engagement to impact on our role as a Consumer Council. We believe the support we have had from the DHB Board, executive and administrative staff has helped ensure we are well-positioned for this. Thank you.

We wish you and members of the Board the very best.

Ngā mihi maioha  
With appreciation



Lisa Murphy  
**Chair, on behalf of the members of the Council**

10 May 2022

Christina Graham  
Maternity Quality and Safety Programme Coordinator  
Bay of Plenty District Health Board  
By email: [christina.graham@bopdhb.govt.nz](mailto:christina.graham@bopdhb.govt.nz)

Tēnā koe Christina,

**National Maternity Monitoring Group - Thank you for your mahi**

E te kaiwhakaniko o te takere o te waka oranga, tēnā koe. Nāia te reo o whakamiha ki a koe mō āu mahi rangatira.

As the National Maternity Monitoring Group (NMMG), we are writing to thank and commend you on the work you are leading at Bay of Plenty DHB to improve outcomes for mothers and babies. We are all too aware of the challenges we have and continue to face with both COVID and the health and disability reforms.

We would also like to acknowledge the additional initiatives being undertaken locally within Bay of Plenty DHB. Specifically, your work on establishing the Maternity Clinical Information System within the DHB.

The NMMG hope to have the opportunity to meet with you and other MQSP coordinators this year, to collaborate on this important mahi.

I runga i ngā tai o mihi, nā



Judith McAra-Couper (Chair) māua ko Jeanine Tamati-Elliffe (Co-Chair)  
**National Maternity Monitoring Group**



## SUPER TAMARIKI CAMPAIGN

**SUBMITTED TO:**

Board Meeting

25 May 2022

Prepared by: Brent Gilbert De Rios, Senior Responsible Officer – COVID Programme

Endorsed by:

Submitted by: Pete Chandler, Chief Executive

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For Decision

For Discussion

For Noting

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**RECOMMENDATION:**

That the Board notes the report on the Super Tamariki Campaign

**BACKGROUND:**

The Super Tamariki Campaign initiative held last month was part of the Ministry's 'sprint programme' and was put together in just over a week.

A key objective of the initiative was to enable a collective of 13 Hapu, Iwi and Pasifika health providers to launch a targeted vaccination event on the same weekend, across different locations under a single kaupapa.

Achieving this objective was dependent on trusted relationships and integrated approaches – from systems and processes to risk management and clinical capacity.

The initiative has had significant positive feedback from across the board, including the Ministry of Health, providers, community collectives and NGOs.

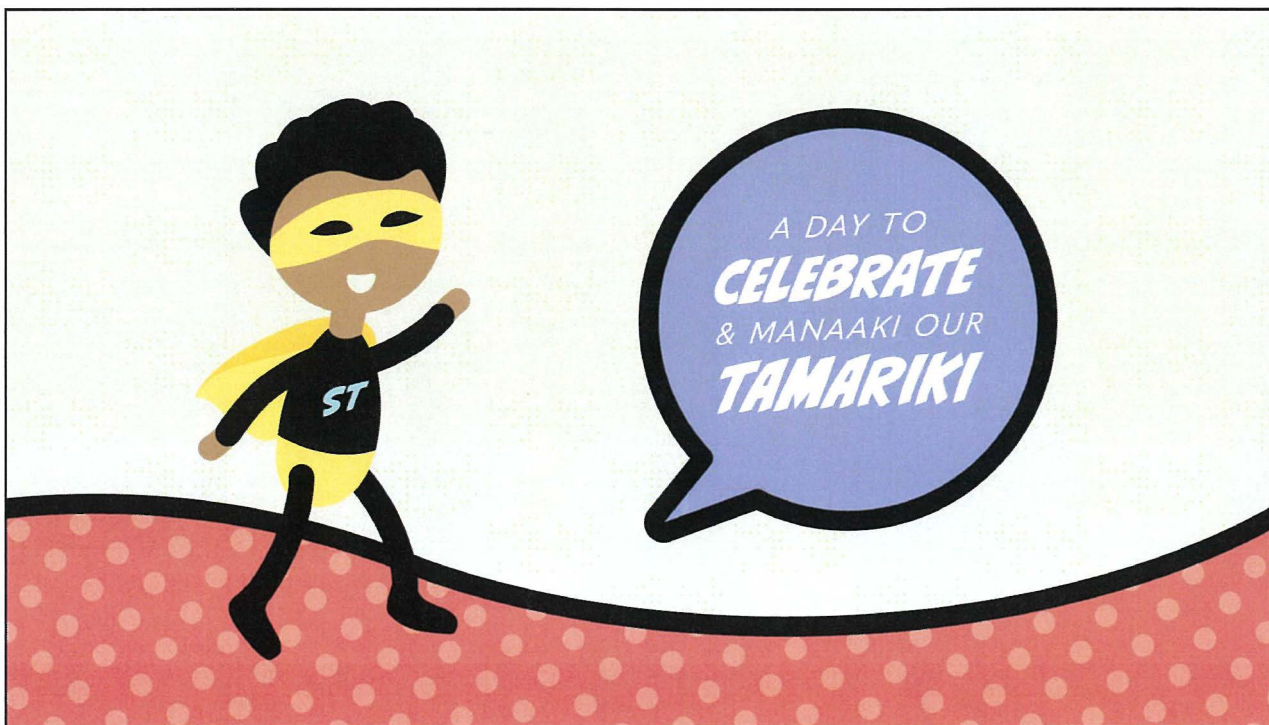
The team is using the attached material as part of its partner relations and community engagement work to promote the value of integrated, provider centric immunisation initiatives.

**ATTACHMENT:**

Super Tamariki Campaign Report



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**We invited whānau and their tamariki to our superhero-themed COVID-19 drive-through vaccination events on the weekend of 2 and 3 April.**

We invited families to share kai, kōrero, ask pātai and, when ready, take the next step and immunise their tamariki aged 5+ against COVID-19.

First, second and booster doses were available for whānau too.

3

**Super Tamariki in Te Moana ā Toi was the first**

- event series in the Bay of Plenty when a collective of Māori health providers all launched on the same weekend in sync, across different locations, all united under a single kaupapa.



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### Super Tamariki in Te Moana ā Toi was the first

- event series with 13 Māori, hapū and iwi providers and two Pasifika providers, supported by the Bay of Plenty District Health Board.

The infographic consists of three circles connected by plus signs. The first circle is light blue and contains the number '13' with the text 'MĀORI, HAPŪ & IWI PROVIDERS' below it. The second circle is yellow and contains the number '2' with the text 'PASIFIKA PROVIDERS' below it. The third circle is white and contains the logo of the Bay of Plenty District Health Board, which includes a stylized eye icon and the text 'BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI'.

5

## Ngā mihi to

AvaNiu Pasifika	Pirirākau Hauora
Huria Trust	Poutiri Trust
Māori Wardens	Te Manu Toroa
Ngāti Ranginui Iwi	Te Pare ō Toi
Nō te K mō te K   In the K for the K	Te Pou Oranga o Whakatōhea
Pacific Island Community (Tauranga) Trust	Te Puna Ora o Mataatua
	Te Rūnanga o Ngāi Tamawhaiura.

The superhero character is a stylized figure with a black mask, a yellow cape, and a black suit with 'ST' written on the chest. The character is standing on a red background with white polka dots and is holding the edge of the white semi-circular area containing the text.

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## The concept

- ✓ Iwi and Māori providers lead all events, with support from the Bay of Plenty DHB.
- ✓ The event series was for all children and families in the Bay, but especially tamariki Māori and whānau Māori.
- ✓ Providers communicated to their hapori with their own flair and what they knew would work best. We also supported providers to co-brand collateral and advertising.
- ✓ The event and overarching communications were themed superheroes. Costumes were encouraged!

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## The concept

- ✓ All events were themed superheroes and made into fun, stress-free spaces with balloons, costumes, local community emcees, kai, ice-cream, bubbles, toys, et cetera.
- ✓ Events took place in:
  - Katikati
  - Tauranga
  - Te Puke
  - Kawerau
  - Whakatāne
  - Ōpōtiki

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## The concept

- ✓ Through the Ministry of Education, we sent out letters requesting tautoko for the event series from kura and school principals.
- ✓ We also shared the event series and campaign concept with stakeholders, including the Ministry of Health, the Western Bay PHO, the Eastern Bay PHA, local councils, and local MPs.

9

## In-situ advertising

- ✓ We ran advertising across, social media, digital, print, radio and out of home. We also sent invitation texts to people in the rohe.

NGĀ MIHI TO THE

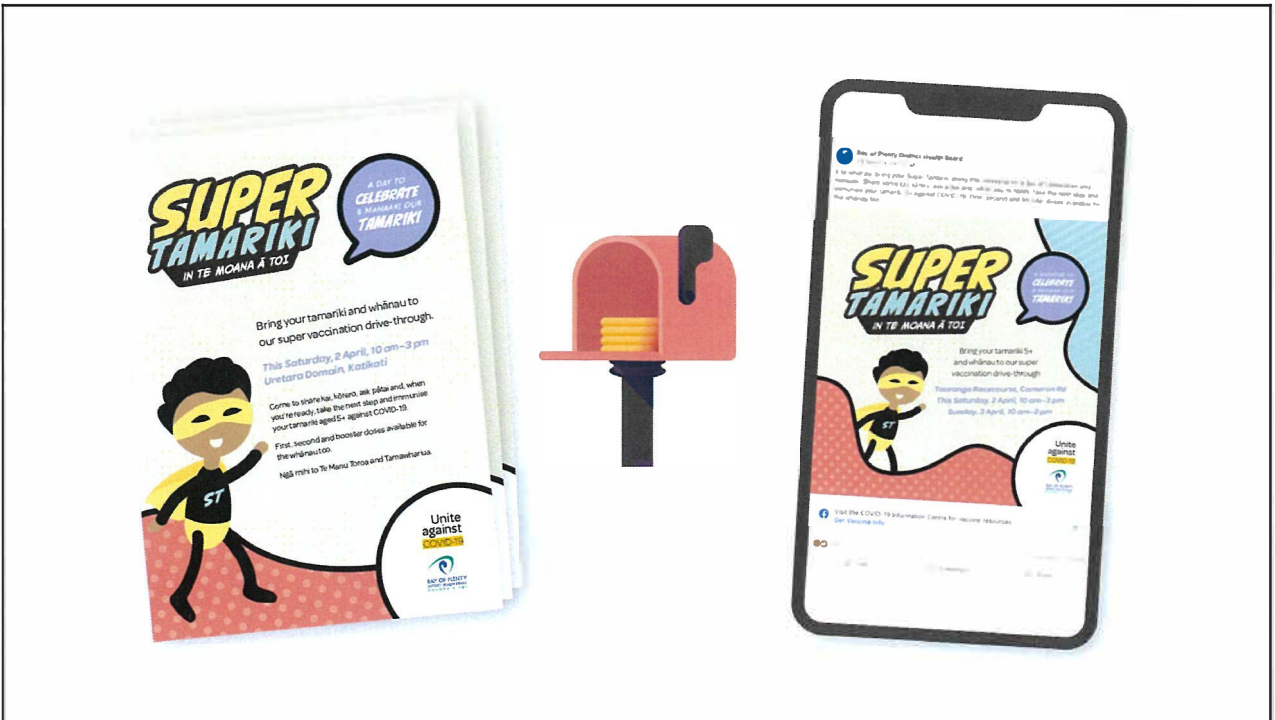
**MĀORI  
WARDENS**

WHO DROPPED FLYERS  
IN LETTERBOXES IN  
LOW VACCINE UPTAKE  
AREAS.

10

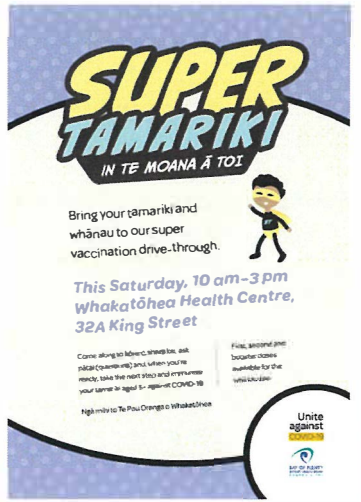


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# Media

- ✔ We communicated with local media partners, and the Ministry of Health also included the event information in its daily 1 pm press update.

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**sunlive**  
the Bay's news first

**COVID-19: Case numbers continue downward trend**

**Bay of Plenty Times**  
**Covid 19 Omicron outbreak: Further Covid-related deaths in region, big vaccine push in BOP**

**Big vaccination push in Bay of Plenty**

**SPINOFF**

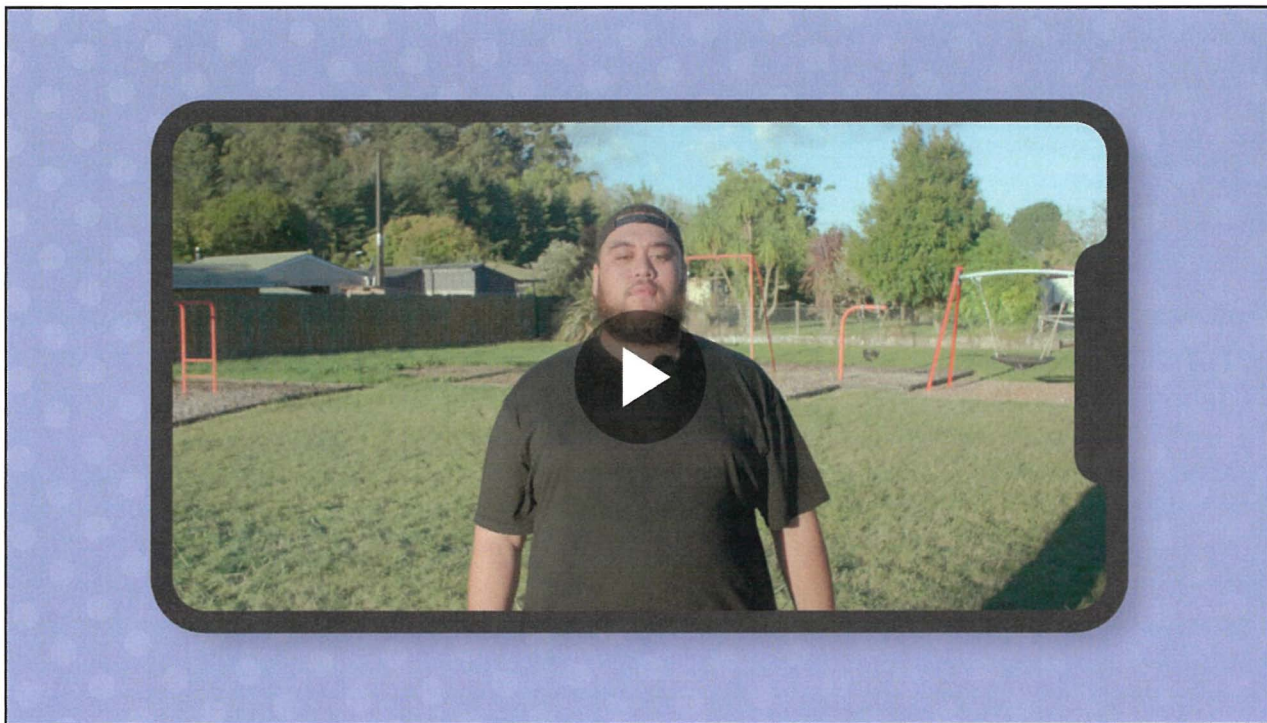
**Iwi events**  
The ministry said a host of iwi-led Covid-19 vaccination events were taking place across the Bay of Plenty this weekend. Tomorrow, there will be tamariki-focused events in Katikati, Tauranga, Te Puke, Kawerau, Ōpōtiki and Whakatāne. Tauranga and Whakatāne will have events on Sunday as well. Parents and whānau can also get vaccinated alongside the children. "There will be kai, stress-free spaces, and activities for everyone." More information on these events can be found on the Bay of Plenty DHB's website.

To date, 96.4 per cent of people eligible have had their first dose of the Covid-19 vaccine, 95.1 per cent have had two doses and 72.7 per cent have been boosted. Of eligible Māori, aged 12 and older, 91.1 per cent have had their first dose, 88.1 per cent have had two doses and 57.7 per cent of those eligible have had a booster dose. For Pacific children, aged 5-11, 34.9 per cent have had one dose and 7.8 per cent have had two. For Pacific children, these figures are 47.1 per cent and 8.7 per cent, respectively. "Getting boosted continues to be one of the most important ways people can protect themselves from Omicron and severe illness," the ministry said in a statement. "There is a much lower risk of being hospitalised if you are up to date with your vaccinations, which, for Omicron, includes a third or booster dose if eligible."

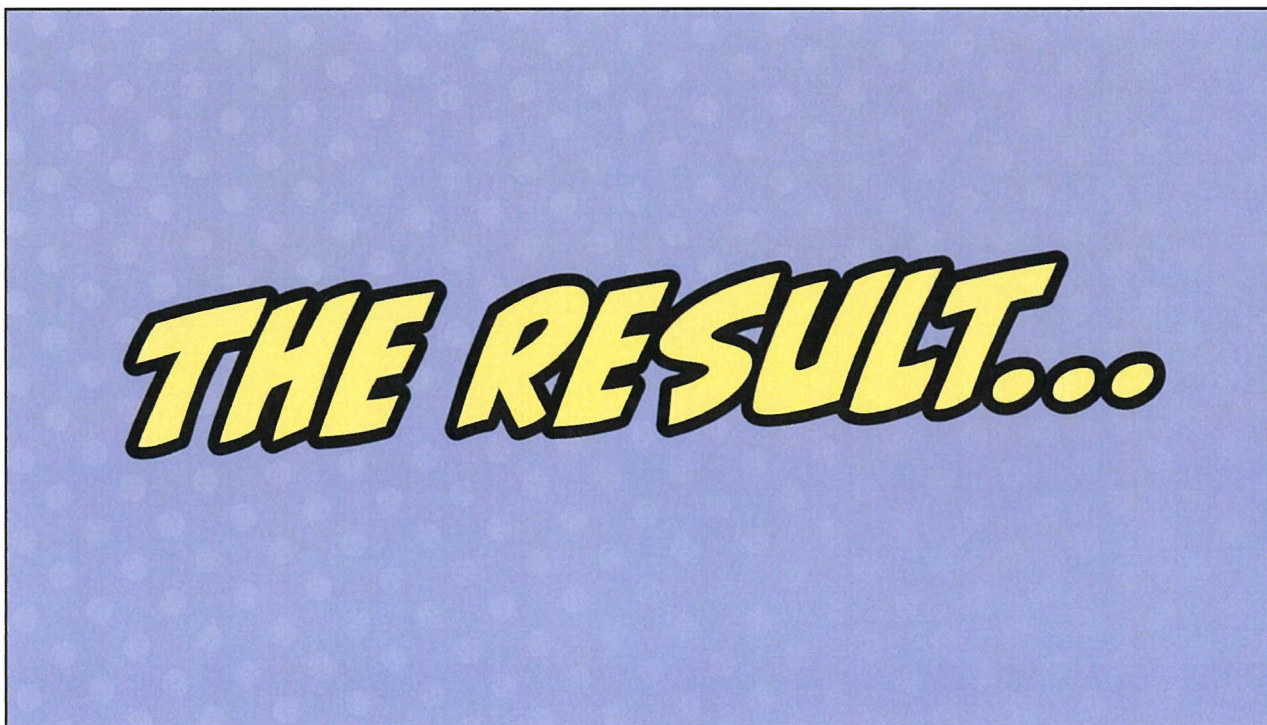
**COVID-19 Vaccination Centre**

**SPINOFF**  
On the vaccination front, the ministry said this weekend is going to be big for the Bay of Plenty. There will be a number of iwi-led Covid-19 vaccination events supported by the local DHB. "Tomorrow there will be tamariki-focused events in Katikati, Tauranga, Te Puke, Kawerau, Ōpōtiki and Whakatāne. Tauranga and Whakatāne will have events on Sunday as well," said the ministry.

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## Conclusion

The manaaki, aroha and fun was palpable. We made vaccinations fun for whānau.

**NGĀ MIHI NUI TO  
OUR PARTNER  
PROVIDERS FOR  
BRINGING THIS  
KAUPAPA TO LIFE.**

24

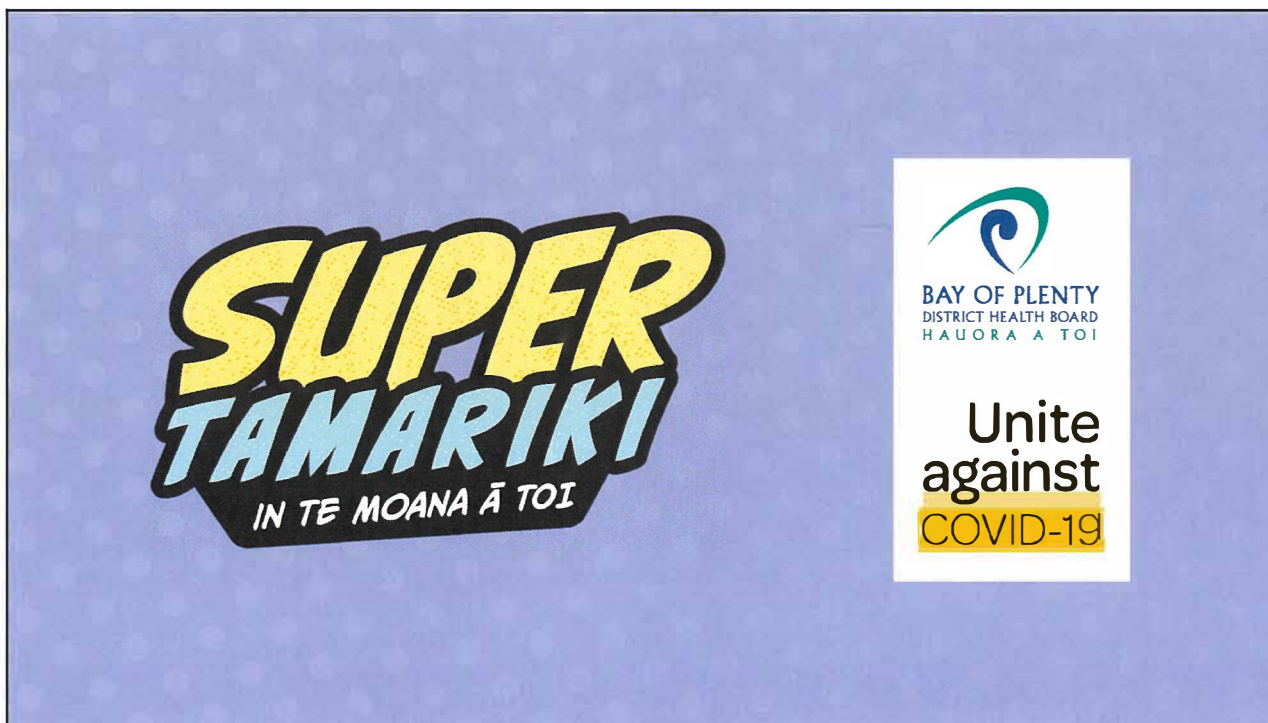




## Ngā mihi nui


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	Te Rūnanga o Ngāi Tamawhaiura.

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# SUPER TAMARIKI

IN TE MOANA Ā TOI

  
BAY OF PLENTY  
DISTRICT HEALTH BOARD  
HAUORA Ā TOI

Unite  
against  
COVID-19

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