



Agenda

Bay of Plenty District Health Board

Venue: via Zoom

Date and Time: Wednesday 15 April 2020 at 10.00 am

Minister's Expectations

- Primary Care Access
- Mental Health
- Improving Equity
- Public Delivery of Health Services
- Health and Wellbeing of Infants, Children and Youth
- Improving Population Health
- Long Term Capital Planning
- Workforce
- Climate Change
- Accountability for Improved Performance

Minister's COVID-19 Expectations

- Financials
- Health and Safety
- Clinical Quality
- Planning and Reporting

Priority Populations

- Māori
- First 1000 Days of Life
- Vulnerable Children and young People
- Vulnerable Older People
- People with Long Term Severe Mental Health and Addiction Issues

The Quality Safety Markers

- Falls
- Healthcare Associated Infections
- Hand Hygiene
- Surgical Site Infection
- Safe Surgery
- Medication Safety

Strategic Health Services Plan Objectives:

- **Live Well:** Empower our populations to live healthy lives
- **Stay Well:** Develop a smart, fully integrated system to provide care close to where people live, learn, work and play
- **Get Well:** Evolve models of excellence across all of our hospital services



Item No.	Item	Page
1	<p>Karakia Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te awatea ka huri atu ki te pō (te pō ko tenei te awatea) Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē!</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>	
2	<p>Presentations Nil</p>	
3	<p>Apologies</p>	
4	<p>Interests Register</p>	4
5	<p>Minutes and Chair Report Back</p> <p>5.1 <u>Board Meeting - 18.3.20</u></p> <p>5.2 <u>Matters Arising</u></p>	8 13
6	<p>Items for Discussion / Decision (Any items that are not standing reports must go via the Committees and will include the Chair's report and Committee recommendation)</p> <p>6.1 <u>Chief Executive's Report</u></p> <p>6.2 <u>Dashboard Report</u> (to be circulated)</p>	14
7	<p>Items for Noting</p> <p>7.1 <u>BOP COVID-19 Response Communications</u></p> <p>7.2 <u>Board Work Plan 2020</u></p>	28 36
8	<p>Correspondence for Noting</p>	

<i>Item No.</i>	<i>Item</i>	<i>Page</i>
	Nil	
9	General Business	
10	<p>Resolution to Exclude the Public</p> <p>Pursuant to clause 33(3) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo who is the Chair of the Maori Health Runanga is permitted to remain after the public have been excluded because of his knowledge of the aspirations of Maori in the Bay of Plenty that is relevant to all matters taken with the public excluded.</p> <p>Pursuant to clause 33(5) of the NZ Public Health & Disability Act 2000 Mr Pouroto Ngaropo must not disclose to anyone not present at the meeting while the public is excluded, any information he becomes aware of only at the meeting while the public is excluded and he is present.</p>	
11	Next Meeting – Wednesday 17 June 2020	

Bay of Plenty District Health Board Board Members Interests Register

(Last updated April 2020)

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Int Authority	Board Director	Fisheries Trust	LOW	22/10//19
BOPDHB MHAS	Employee	Mental Health & Addictions	MED	22/10/19
BOP ANZASW Branch	Member & Kaumatua	Executive Leadership	LOW	22/10/19
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Institute of Directors – BOP Branch	Board Member	Membership Body	LOW	Member since 1999
Magic Netball/Waikato BOP Netball	Board Chair	Sports Administration	LOW	Member since March 2015/ Chair Sept 2017
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

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
ESTERMAN, Geoff				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Lakes DHB	Wife Sue works in Clinical Quality and Risk, previous Director of Midwifery	Health Management	LOW –Health Management MOD- Midwifery	Jan 2020
GUY, Marion				
South City Medical Centre	Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not it	July 2013

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
			the position to influence funding decisions.	
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
Volunteering Bay of Plenty	Chair	Volunteer organisation	NIL	October 2019
Establishment Board of Trustees – Suzanne Aubert Catholic School, Papamoa	Member	Education	NIL	March 2020
SHEA, Sharon				
Health Care Applications Ltd	Director	Health IT	LOW	18/12/2019
Shea Pita & Associates Ltd	Director & Principal	Consulting	LOW	18/12/2019
Manawaroa Ltd	Director & Principal	Service Provider	LOW	18/12/2019
Alliance Health Plus PHO	Board Member	Pacific PHO	LOW	18.12.2019
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
HealthShare	Consultant	Strategy	MEDIUM	18/12/2019
Maori Expert Expert Advisory Group (MEAG)	Chair	Health & Disability System Review	LOW	18/12/2019
Iwi	Whakapapa		LOW	
A Better Start – E Tipu E Rea	Board Member	National Science Challenge – Auckland University	LOW	6/3/2020
MAS Foundation	Board Member	Philanthropic Funder	LOW	April 2020
Husband – Morris Pita				
- Health Care Applications Ltd	CEO	Health IT	LOW	18/12/2019
- Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Kaikou Gold Kiwifruit	Director	Kiwifruit	LOW	15/12/2019
Waikeke Farms Ltd	Director	Dairy Farm	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Toi EDA	Committee Member	Eastern bay Economic Dev	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019



Bay of Plenty District Health Board

Venue: Tawa Room, Education Centre, 889 Cameron Road, Tauranga

Date and Time: 18 March 2020 at 1.00 pm

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

Attendees: Simon Everitt (Interim CEO), Pete Chandler (Chief Operating Officer), Owen Wallace (GM Corporate Services), Mike Agnew (Acting GM Planning & Funding and Population Health), Hugh Lees (Chief Medical Advisor), Julie Robinson (Director of Nursing), Sarah Mitchell (Exec Dir Allied Health Scientific & Technical), Debbie Brown (Senior Advisor Governance & Quality)

Item No.	Item	Action
1	Karakia The meeting was opened with a Karakia	
2	<p>Presentations</p> <p>2.1 <u>Information Technology Update</u> Richard Li, Chief Information Officer</p> <p>Richard updated progress since his introduction to the Board at commencement 9 months ago.</p> <p>BOPDHB Information Management:</p> <ul style="list-style-type: none"> • serves about 3500 users in the DHB • Has 100+ Video conferencing endpoints • Has 200+ applications and databases (10~12000+ users) • Generates 800 reports per day • Has 122+ Connected Mobile Devices • Has 2700+ DHB owned Desktops/Laptops • Has approx. 3800 Service Requests per month. <p>On top of normal operation, Information Management has developed three layers of digital transformation; Foundation, Integration and Transformation.</p> <p>The foundation layer includes: Microsoft Modern Workplace programme and Midland Clinic Portal;</p> <p>The Integration layer includes: Integrated Sector Digital Services;</p> <p>The Transformation layer includes: Digital Maturity Assessment and Digital Strategy Development.</p> <p>The Board thanked Richard for his informative update.</p>	
3	Apologies There were no apologies	

4	<p>Interests Register</p> <p>Board Members were asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised.</p> <p>The Interim Deputy Chair advised of an additional interest to be advised to Board Secretariat</p>	
5	<p>Minutes</p> <p>5.1 <u>Minutes of Board meeting</u> Resolved that the Board receive the minutes of the meeting held on 19 February 2020 and confirm as a true and correct record. Moved: M Arundel Seconded: G Esterman</p> <p>5.2 <u>Matters Arising</u> Matters Arising were either in progress or completed.</p> <p>5.3 <u>BOPHAC Meeting - 4.3.20</u> Resolved that the Board receive the minutes of the CPHAC/DSAC meeting of 4 March 2020 for noting. Moved: G Esterman Seconded: M Guy</p>	
6	<p>Items for Discussion / Decision</p> <p>6.1 <u>Chief Executive's Report</u> The Chief Executive highlighted: <i>Child Development Services</i> - CEO has met with the team. BOPDHB has inherited a motivated team. A review of their current site and system is being undertaken. <i>Keeping me Well, Nga Kakano test site</i> - went live mid February and is making good progress <i>Breast Screening</i> - for Maori Women continues to improve over the past 4 quarters. <i>Pressure Injury Prevention initiative</i>. -additional resourcing from MOH in conjunction with ACC for three months, to reduce treatment injury. First phase is in improving reduction of pressure injuries in hospital settings. Second phase will move out across the sector, initially in Aged Residential Care. <i>Acute Flow</i> - There is a refining of work steams. Acute flow needs to remain front and centre. It is a moving feast. <i>Workplace Wellbeing</i> - This is more pertinent than ever. Chart shows degree of variation response across hospital departments. Information is able to be extracted from our Operations Team to determine pressure on the front line. Care Capacity Demand Management (CCDM) has a variance response tool which staff can update at least once per shift. Mauve indicates more staff than work and staff could be redeployed. Measurement is from Mauve to Red. The Yellow areas are monitored to prevent movement to Orange or Red. ED and Maternity go into red at times over a month due to a number of factors. DON to provide a summary.</p>	DON

	<p>Nationally, BOPDHB is the leading DHB for implementation of CCDM and has also completed the greatest proportion of FTE calculations and implemented the outcomes. Also the lead for Mental Health & Addictions and Maternity.</p> <p>Overall BOPDHB is doing particularly well. The outcomes of this year's calculations are being implemented. The support of the CEO and Board is important in being able to progress, which BOPDHB is fortunate to have.</p> <p>Interim Chair expressed congratulations for various awards noted for Primary Care Innovation Awards and Cleaning Services at Whakatane who received an award related to Whakaari White Island responsiveness.</p> <p>Resolved that the Board receive the report</p> <p style="text-align: right;">Moved: R Scott Seconded: B Edlin</p> <p>6.2 <u>Dashboard Report</u></p> <p>CEO advised of child immunisation result which is showing sustained improvement including for Maori.</p> <p>From an Equity perspective the preschool oral health enrolments exceed expectations and cervical and breast screening show sustained improvements for Maori. BOPDHB has been using IHI methodology and is maintaining focus on what were the 6 health targets.</p> <p>Query was raised on ENT DNA rates. It was raised that there has been minimal progress for 7 years and that there should be a different approach for DNAs. Outreach clinics are being undertaken which are being extended to Opotiki and Te Kaha. Outreach services are also working with iwi and maraes in the area. The Board requested a report on progress on this with these learnings. The full DNA data is front and centre of discussion in changing models of care with focus on areas that have been problematic.</p> <p>It was requested that information on DNA rates for Eastern Bay separately would be helpful.</p> <p>The Board noted the report.</p> <p>6.3 <u>Board Visits</u></p> <p>Interim CEO requested advice of areas that the Board would like to visit. Guidelines on visiting areas to be circulated for Board Feedback, prior to next Board.</p> <p>6.4 <u>Healthy Built Environments</u></p> <p>This position statement is with regard to creating new environments, how organisations such as Councils goes about that and interactions with others, eg Government agencies, providing guidance on the environment they are constructing and the ways this should be done to maximise health outcomes for the population it is affecting. A New Zealand overlay can be used for local situations.</p> <p>Query was raised re the huge recent developments and growth in Tauranga and whether this would be taken into consideration. Developments in the Western Bay have largely been controlled by Council.</p>	<p>COO</p> <p>Acting GMPF</p> <p>Board Secretariat</p>
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	<p>If the developments had been under this document, they would be different? It is difficult to retrofit but going forward there is a good opportunity to make it better.</p> <p>As a DHB we have the same opportunity.</p> <p>The paper was carried over for discussion from the previous Board as it was a first attempt to reflect what a position statement might look like given the Board's commitment to Te Tiriti o Waitangi.</p> <p>Te Toi Ahorangi was in the process of being drawn up when the document was initiated and its influence comes through in the document.</p> <p>It was also considered that second paragraph from the bottom which talks about free spaces etc could be extended to develop better opportunities for communities to come together and connect better.</p> <p>Resolved that the Healthy Built Environments Position Statement be adopted.</p> <p style="text-align: right;">Moved: M Guy Seconded: B Edlin:</p> <p>6.5 <u>FARM Committee Chair Attendance at Workshop</u> The workshop has been cancelled. The only associated costs would have been mileage costs. It was agreed that requests of such nature could in future be the decision of the Board Chair.</p>	
7	<p>Items for Noting</p> <p>7.1 <u>Burial and Cremation Act 1964 – Submission to Ministry of Health Consultation on options to reform</u> Query was raised with regard to public health needing to know where bodies are buried. This is making clear where cemetery and Urupa are, so that in many years time, it hasn't been forgotten where Urupa and burial sites are. It was considered that there should be integration between the Maori Land Court and Justice/Health data bases.</p> <p>7.2 <u>Water Services Regulator Bill – Submission to Ministry of Health</u> The Government is in the process of setting up an independent regulatory body to manage water services. A risk with this is that it gets taken away from health.</p> <p>7.3 <u>Board Work Plan</u> The Board noted the reports.</p>	
8	<p>Correspondence for Noting Nil</p>	
9	<p>General Business Nil</p>	
10	<p>Resolution to Exclude the Public Resolved that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation:</p>	

	<p>Confidential Minutes of last meeting: Board Minutes AFRM Minutes BOPHAC Minutes 2020/21 BOPDHB Annual Plan Chief Executive’s Report Central Sterilising Unit Contract Integrated Sector Digital Services Bowel Screening Programme ENT Services in the Eastern Bay Health Care Homes and Equity Whakatane On Site MRI</p> <p>That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records.</p> <p>This knowledge will be of assistance in relation to the matter to be discussed: Simon Everitt Owen Wallace Mike Agnew Pete Chandler Debbie Brown Hugh Lees Sarah Mitchell</p> <p>Resolved that the Board move into confidential.</p> <p style="text-align: right;">Moved: S Shea Seconded: R Scott</p>	
10	Next Meeting – Wednesday 15 April 2020	

The open section of the meeting closed at 2.15 pm

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



Bay of Plenty District Health Board

Matters Arising (open) – April 2020

Meeting Date	Item	Action required	Action Taken
16.10.19	6.3	<p>Dashboard Report</p> <p>Whilst ED drop is disappointing, this is in the context of industrial action and continued high demand. A plan needs to be formulated which will come back to the Board.- COO</p>	In progress – see below
Work is ongoing. Bi-monthly updates on progress against the planned approach set out in February Board papers will come back to the Board.			
15.1.20	5.2	<p>Chief Executive’s Report – Clinical School</p> <p>CEO advised that it would be good for the Head of Clinical School, Prof Peter Gilling to meet with the Board at a future meeting. One of the Clinical School’s priorities was to give students an experience that made them want to work for BOPDHB. – Board Secretariat</p>	In progress – To June Board Meeting
15.1.20	5.4	<p>Dashboard Report – Maori Health Dashboard</p> <p>Board Chair queried availability of information on inequity. There is a Maori Health Dashboard that comes to the Board. Next report is due in February.</p> <p>Board Chair considered the dots need to be connected from the information contained within the Dashboard and how to implement improvements. The reporting does not give a strategic approach. - Manukura</p>	In progress – will be consideration for next Maori Health Dashboard, June 2020 – Feedback to Board 18.2.20
18.3.20		<p>Staff Wellness - CDM</p> <p>The Yellow areas are monitored to prevent movement to Orange or Red. ED and Maternity go into red at times over a month due to a number of factors. DON to provide a summary.</p>	Presentation to June Board
18.3.20	6.3	<p>Board Visits</p> <p>Guidelines on visiting areas to be circulated for Board Feedback, prior to next SAGQ/Board Secretariat</p>	Completed
18.3.20	6.2	<p>Dashboard Report - ENT DNAs</p> <p>The Board requested a report on progress on this with learnings. - COO</p>	To June Board Meeting
18.3.20	6.2	<p>Dashboard – DNA Rates</p> <p>DNA rates for Eastern Bay separately would be helpful. – Acting GMPF</p>	To June Board Meeting

CEO's Report (Open) - April 2020

Key Matters for the Board's Attention *

The key focus for the Chief Executive and for the Executive Team over the past month has been fully focusing on the COVID-19 response as a District Health Board. The focus of most updates to the Board this month is on COVID-19 and our collective response to date. Some business as usual updates are also provided in the open and closed Chief Executive's report.

As a health system in the Bay of Plenty the key question being asked of us is, *are we ready?* My response to this is that we are as ready as we can be given the 3-4 weeks we have had to prepare for the impact of COVID-19. I am very pleased and proud of the health systems response to this significant threat to our population and I believe it has been an outstanding example of our CARE values, especially the value of ALL ONE TEAM. I have seen many example of this over the past month and it started from the very first Saturday where we were called to action by the Ministry of Health. Traditional boundaries have not got in the way of collaboration and co-operation between all parts of the health system.

I would also like to comment on the pace of change and innovation that has occurred over the past three weeks. The health system has been redesigned in many areas at a pace that we would have though impossible under normal circumstances. Changing 80% or more of outpatient activity to telehealth, triaging our front doors to the Emergency Department, establishing CBACs in a week and pop up mobile services in two weeks, increasing the capacity of our critical care beds and critical care infrastructure in a fortnight, shifting large parts of our workforce to working from home settings using technology to work from home and completely reengineering the way we communicate with each other using Zoom and other user interfaces. And so the list goes on. Remarkable!

I am now asking the Executive and IMT to focus on what recovery might look like. How can we now prepare for a reduced alert level in time and start to prepare for ramping back up our activity across the health system.

Most importantly will be how do we embed and hang on to the innovation and positive changes that we have made to ensure that they are part of the new health system that will emerge out the other side of COVID-19.

COVID-19 RESPONSE

Te Teo Herenga Waka

Overview

Planning and Funding is effectively managing service continuity issues. This includes supporting providers to continue to provide services, with future focused funding arrangements and a practical take on contract management in light of the pandemic. The end result is providers have certainty and security of funding in order for them to remain sustainable over the next 12 months and patients can still access services.

Most sectors have maintained capacity in some form. There has been consolidation and cessation of non-urgent services but for the most part, services are still available. One service (dental) is now oriented more towards acute level work. Household management for over 65's has reduced, consistent with National Policy. Lab and Imaging services while reduced are still accessible. Residential providers (MH and Aged Care) have implemented new admission policies. In essence though the majority of providers are still providing essential services.

PPE has been the main logistical issue, particularly in Pharmacy and Home-based care. There has also been an unintended consequence with the routing of patients away from Primary Care to the newly established Community Based Assessment Centres.

The volume of patients attending Primary Care has dropped. Capitation funding is still being paid to practices however, irrespective of falling patient numbers. Other key developments include;

- Portfolio Managers are in regular contact with providers and have passed on standard communications providing certainty around funding and taking a pragmatic approach re ongoing contract management. For example, PMR reporting has been suspended for 6 months as part of a Nationally agreed position. Routine audits have also been cancelled. Work is underway to identify those providers who are funded on a fee for service basis as revenue streams can be expected to decline significantly, creating sustainability issues.
- Providers are being encouraged to consider different ways of delivering services rather than automatically defaulting to a “closed shop” position. Potential to redeploy resource is also being signalled.
- GMs P&F have agreed to a simplified contract roll-over strategy for 20/21 that helps mitigate the risk of reduced Sector Services capacity.
- Mechanisms are in place to track COVID19 costs and facilitate rapid operationalisation of pandemic initiatives. These include using local letters of agreement and Oracle Purchase Order systems. Tracking and forecasting excess costs is a work in progress requirement to avoid Corporate cash-flow issues.

Mental Health

- Our mainstream providers have responded well and are actively engaged with Planning and Funding as well as our secondary services to ensure good communication across our continuum of care across MH&A services. Most services have quickly been able to implement remote-working with ongoing support for communities via phone/video. For those who still need to be face to face (e.g. Housing and Recovery providers), services continue to be offered and new referrals accepted to help mitigate impact on acute and inpatient mental health services.
- An issue regarding AOD residential services not accepting new referrals and stances re-ongoing support of current Tangata Whaiora are being discussed across Midland PMs network and which has also been highlighted to MOH to seek guidelines regarding ‘essential services’ from this level.
- Big picture issue is Psychosocial response in light of COVID19 and possible increased levels of stress and distress in the community. Liaising with EOC community workstream and MOH re- national response/investment and how we might need to respond locally regarding flexibility of referral pathways for support and possible expansion (for fixed time) of Primary MH&A supports. Connection with CBACS also being worked through for follow up of individuals/families who may be presenting there experiencing stress/distress.
- Most NGO services have moved to remote working where possible. Secondary services looking at rosters for physical presence at the hospital to ensure skeleton staff are available and others working from home

Population and Womens Health

- Providers were asked to change the way they usually operate, but be innovative and still support their community. Many changed their practices to digital and phone based.
- Initial concerns and issues were around access to PPE, hand sanitiser etc. Escalation around essential vs non-essential and how to reorientate services.
- *Maternity*; a number of issues raised around integration between birthing centres and essential community based appointments for;
 - Flu and Boostrix vaccinations
 - Ultrasounds (radiology)
 - Bloods (Pathlab)
 Draft communication document for LMC midwives has been developed by PM regarding the access to the aforementioned services.
- Breastfeeding services in community have reduced to no face to face. Solution for advancing medical issues of mother/baby are:

- Concerns regarding the health of mothers should be referred through normal channels of LMC (before LMC discharge eg. Baby less than 4-6 weeks old)
- Concerns regarding the health of mothers after LMC discharge should be referred through normal channels GP services.
- If normal channels are not yielding the needed response, DHB services through ED may be required.

Primary Care and Pharmacy

- The level of engagement by Eastern Bay PHA and Western Bay PHO is high with their staff working as a team with the DHB to get the first two Community Based Assessment Clinics (CBACs) up and running in the East (War Memorial Hall) and West (Racecourse in Greerton). Both PHOs are providing roster cover with GPs, RNs and some admin cover in unison with the DHB. GPs are filling clinical oversight positions at the CBACs.
- BOP Community Pharmacy Group (BOPCPG) Chair nominated four Bay of Plenty Pharmacies to support CBACs (filling scripts for people presenting with bacterial infections). The four are experienced and typically have extended hours of operation. They are Adamson's in the East and Johns Photo Pharmacy, Unichem Mount and Papamoa Plaza in the West. A small number of pharmacies did not have an emergency plan in place and are struggling with the increase of public COVID-19 enquiry and stockpiling medication. BOP Community Pharmacy group have offered support.

Toi Te Ora

- All Toi Te Ora staff are fully engaged with the public health response, which we are leading for the Bay of Plenty and Lakes DHBs. We connect with the Ministry public health response team daily and have liaison roles established with each DHB incident management team who attend relevant meetings.
- There is ongoing work to ensure we have sufficient resources in place to carry out contact tracing, while maintaining essential services. We plan to double our contact tracing capacity from three to six on 27 March and double that again from Monday 30 March. Resources we have immediately available to us are public health nurses from both DHBs, along with PGY2s, and a number of former staff. We also have good access to the national contact tracing capacity.
- Increasing staffing for key public health response roles as been challenging and the pressure on our three Medical Officers of Health is building. Currently they are on a seven day on-call roster and we are in process of changing this to ensure they get adequate breaks.

Again, access to the national capacity should help. In addition, the employment of three new public health physicians into the Clinical Director, Health Quality Safety Service team who will be able to provide advice to the DHBs' IMTs will take some pressure off our medical staff.

Child Youth and Dental

- Wellchild Tamariki Ora / Plunket;
New Babies are priority and LMC's can start the handover between services early as needed, via the existing email/phone referral channels; non-essential home visiting/clinics on hold, alternate contacts in place ph and digital media in development; Plunket Plunketline 0800933922 shared with other providers for access;
Plunket in contact with other providers to share RN staff and/or facilities as needed. Plunket are linked to Family Start and have established communication of additional benefits and support available via OT & MSD, through government announcement
- Dental Care;
Non-essential child & adolescent dental care on hold; Emergency dental care facilitated at the practice level through phone triage, prescription and only limited treatments (tooth extraction under protocols advised by NZDC); referral to Hospital/BOPDHB Dental services if surgical or other emergency dental care required.
- Childhood Immunisations; Programme continuing to run as advised by MoH/IMAC; PHO/GP's and CBAC advised of same.

- Regional vaccination co-ordination support team active and developing proactive mobile and outreach alternatives to support GP practice teams (details to be announced shortly), for overdue children, all action led by phone triage with parents and key messaging developed to respect parent choice during lock down and isolation bubble security (car park vaccination at GP or mobile site very possible).

District Health Board

Corporate Services

Communications Team

- *Resourcing*
Four independent communications contractors have been engaged to drive with the DHB's external and internal communications requirements arising from the COVID response and Whakaari recovery events as well as the business as usual requirements.
- *New website*
A new website has been developed by members of the Digital Communications and Information Management teams to provide a publicly facing website with information and guidance for the public.

Finance, Procurement, Supply Chain

- *Supply Chain Continuity*
 - Purchase and Supply Chain function continuing on site to ensure supply to Tauranga and Whakatane hospitals and CBAC's. Staff are under strict instructions around observing social distancing and hygiene standards to prevent transmission.
 - General hospital stock levels were increased prior to lockdown. Pandemic stock levels sufficient – team is in regular communication with our other DHB's, NZHP and MoH regarding essential inventory arrangements and will be able to escalate constraints/concerns at an early stage.

Information Management

- *ICT support for EOC & CBAC*
 - Relocation of EOC into Conference Centre
 - ICT set up for CBAC mobile clinical test stations. Close liaison with the Primary sector key information providers using relationships established at BOP IS have allowed rapid sharing of Community Based Assessment Centres CBAC activity recording for COVID19 testing.
 - Team working with Western PHO to receive, validate and update patient result data for wider sharing with Toi Te Ora and primary care to support patient notification and tracking.
- *Remote Working Support*
 - Roll out of corporate Zoom video capability to support Telehealth and remote work force
 - Upgrade of DHB internet bandwidth – capacity increased by multiple of 10
 - Fast track Microsoft Modern Workplace Programme to support increased remote access and roll out of new devices
 - Actively manage remote user connections to assure the high priority user access capacity (used approx. 50% of overall 750 remote connection capacity)
- *Operational Support*
 - Backup mechanism in place and ready for deployment (SPARK 4G wireless booster) for hospital wifi weak coverage areas.
 - Social network access to be reaffirmed as being place for all staff to access (i.e. Facebook)

People and Culture

- *National COVID Guidelines*

The approach being taken to workforce issues through the COVID response period involves a national workforce engagement group made up of DHBs, other government agencies and unions. The purpose of this group is to ensure as much as possible DHBs follow consistent approaches to workforce issues. Key issues addressed to date include how Vulnerable staff are to be treated (eg medical conditions, staff over 70 years old and pregnant staff) and payment processes for staff who are unrequired or unable to work during the COVID response period.

Staffing Impacts

- *Vulnerable People*

Over 350 “vulnerable staff” assessments have been submitted by staff with approx. 80% cleared to the end of March. The assessments, based on national guidelines, are designed to identify staff who due to increased vulnerability to COVID-19 should either be sent home or relocated to low risk areas. Of the 80% assessed the majority who need to be off site have been able to be set up to work via remote access or relocated to a low risk area. In those cases where staff have had to be sent home and are unable to work remotely, they have been put on paid special leave.

- *Remote Working*

Corporate Service staff have been progressively moved to remote working arrangements as a protection for individual staff members and to enable business continuity (avoid team-wide exposure). Some staff areas are rotating on and off campus. Campus based presence predominantly relates to EOC support, Supply Chain (Stores), IT infrastructure, payroll & recruitment. The intention is to get further members of the P&C team offsite once appropriate IT devices become available.

	No of Staff	Remote Working	Remote %
Communications	9	5	56%
FPSC	42	21	50%
Information	47	36	77%
People & Culture	46	10	22%
Total Corporate	144	72	50%

Clinical School

Students

UoA Year 4 and Year 5 students have returned to their home bases as requested by the University. The University is currently setting up virtual tutorials to replace classroom based activity such as tutorials. Paul Jarrett Dermatologist from Middlemore has offered extended tutorials and these will start on Friday 3 April for Year 4's in the BOP and potentially Rotorua cohorts.

We have 27 year 6 students all back in their cohort in BOPDHB. One will go to Middlemore for personal reasons and will stay in Auckland for the year. He will be replaced by another Year six student with family in the BOP.

With the Year 4's mostly returning home student accommodation has been utilised for some of the returning Year 6 students.

Quarter 2 Elective Year 6 students have been found placements at BOP, some in P&C and in the Community Based Assessment Centre, undertaking administration activity, with no contact with suspected or COVID19 patients. Other placements have been sourced within the hospital.

One UoA Year 6 medical student from Auckland has contracted COVID19 from overseas and has not been in contact with any others and is in self-isolation.

The Rural Health Interprofessional Programme (RHIP) ceased a cohort part-way through their 5 week placements. The students were called back to their home bases by the tertiary institutions. A paramedicine student has remained and is now working with St Johns in Whakatane. The University of Auckland is keen for us to explore options for a RHIP cohort commencing 8 June and how we can manage some activities remotely. This is dependent on the national situation evolving and whether we're in a position to source placements for students in the hospital and community.

Education

The Online Learning Team has worked with Practice Development to ensure that Nursing Orientation can continue online as opposed to face to face. A Basic Life Support course and Moving and Handling course are both being created and will be made available to new nursing staff. They will need to complete a face to face class at a later date. The Education Manager is trying to convince NZ Fire to deliver a recorded session for Fire Safety that can be viewed in different locations at different times. Other Orientation resources are being worked on with People & Culture.

The Education Manager has kept EOC informed as to this work, as well as providing information on how people could access online learning from home, regardless of whether they have remote access. We are also working with internal facilitators to investigate delivery via Zoom or video recorded sessions, that again, could be a good opportunity for people to catch up with training that they may not get time to complete during standard work arrangements.

The Administration team are working closely with Practice Development and EOC to ensure courses are cancelled and people notified. This excludes some essential clinical training around pain management and IV administration which will continue running with small numbers in large rooms.

The Librarians continue to work onsite providing clinical library services.

Research

COVID-19 related trials

BOPDHB may be included as site for two Australasian trials related to COVID-19, COHESION (observational study of COVID in NZ) and ASCOT (RCT of treatment (HCQ and LPV-r) for COVID in NZ). Kate Grimwade is the local lead for these. Both have been submitted to the HRC and we're expecting to hear back on 8th April. HDEC review will be expedited (5 day turn around). Locality sign off will be required. For ASCOT, the drugs (HCQ and LPV-r) have been sourced and will be coming from Australia, hopefully in mid-April.

EQUITY

Director of Nursing

New Entry to Practice Programme (NETP)

Under the nurses and midwives ACCORD there is a commitment to full employment of new graduates nationally. BOPDHB placed 64 new graduates onto the NETP and Mental Health New Entry to Specialist Programme (NESP).

From the total 2020 intake of new graduates 37.5% identify as Maori. A further four (6.25%) identify as Pasifika. For Mental Health 86% of new graduates identify as Maori. For the Whakatane placements 100% identify as Maori.

INTEGRATION / COMMUNITY

Allied Health Services

Keeping Me Well

It is now a month into the pilot with three allied health professionals at Nga Kakano. The first month has been focussed on building relationships within Nga Kakano and the community. IT and information challenges are being worked through.

- There is a clear focus on enablement and "what matters to the client and whanau".
- An important aspect has been co-designing processes with Nga Kakano and the Care Coordination Centre (CCC).
- Orientation of the Kaiawhina has begun with the test pilots in conjunction with Nga Kakano staff.
- Focus for the next few weeks is around continuing PDSA cycles and risk stratification data to identify clients that are not engaged with health services and are at risk of hospital admission.
- Discussions have been held about potential impact of COVID-19 on the test and monitoring continues on a daily basis.

- CRT has shifted to 399 Cameron Road to co-locate with CAH and Community Nursing.



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Community Orthopaedic Triage Service (COTS)

Progress report 4

🎯 Programme Aim

For people across the Bay to manage their health and well-being (specifically their musculoskeletal conditions) through a proactive recovery based pathway.

- Enable adults with musculoskeletal problems to appropriate triage, assessment and early intervention closer to home
- Provide self management information to optimise health and wellbeing
- Ensure only those individuals requiring specialist orthopaedic assessments in secondary care setting are referred from primary care

📈 Work in Progress

- New DHB processes for managing the referrals received into the service are being refined
- Clinicians creating and collating resources
- AWA has updated it's educational content in line with the current evidence
- Competency checklists for physio staff are being replaced by Capabilities

🏆 Achievements to date

- Ten practices in Te Puke/Papamoa have access to the COTS trial
- Clinicians are assessing patients and this week's clinics are fully booked
- Verbal feedback from patients has been positive
- Communications released for public, GP and staff
- Access arranged for staff to order ultrasound imaging

🏔️ Challenges & Opportunities

- Staff adapting to new and/or changed Internal processes for managing referrals
- Capacity within Te Puke physiotherapy clinic to manage any increase onwards referrals from COTS
- Raising the profile of the programme with the public and medical professionals
- Capacity within the Orthopaedic SMO workforce to oversee the programme

💡 Te Puke Papamoa expanded Pilot

Patient Quote:

"That's the most useful information I have been given" Mrs T 61yrs.

Practices involved:

- Tara Road Medical Centre
- Te Akau Hauora
- Te Puke Medical Centre
- The Doctors Papamoa
- The Doctors Bayfair
- Papamoa Beach Family Practice
- Papamoa Pines Medical Centre
- Papamoa Pines @ Palm Springs
- Nga Kakano Foundation
- Waitaha Health Centre

GP Quote:

"Awesome service. Fantastic to see physios actively involved in the care of arthritic patients and they can often provide a better assessment of disability than the patients GP"

🕒 Project Timeline



The timeline shows the following activities:

- Extend Te Puke/Papamoa pilot:** Oct 2020 - Dec 2021
- Staff in training:** Three periods from Nov 2020 to Feb 2021, Apr 2021 to Jun 2021, and Aug 2021 to Oct 2021.
- Back stage processes:** Oct 2020 - Dec 2020
- Design specific COTS BPAC form:** Oct 2020 - Dec 2020
- Survey Maori patients:** Feb 2021 - Apr 2021
- Develop communication plan:** Oct 2020 - Dec 2020
- Run communications activities:** Feb 2021 - Jun 2021

SYSTEM INTEGRATION

PHO Update

WBOP PHO

CBAC Operations

PHOs are supporting CBAC operations in Tauranga and Whakatane with clinical oversight, ICT management, rostering and staffing and COVID results coordination. Also supporting Maori Health Gains and our Iwi partners to roll out the kaupapa Maori CBAC and wellness service.

PHO Operations

Non-essential services have been suspended and staff have been redeployed to support COVID response. Most non-clinical staff have been set up to work from home with a skeleton staff remaining in the 11th Ave and 1st Ave offices. Daily zoom briefings keeping everyone connected.

Flu Vaccinations and other immunisations remain a priority and general practice and PHO programmes are continuing. Health and Wellness are providing mobile outreach services and drive through clinics for practices and communities that have requested assistance.

General practice teams are responding well to the call to urgently change methods of service delivery. Telehealth solutions are being worked through at national level and locally with GPL team practice by practice. (WBOP PHO services update attached FYI).

Communications

Blink PR are supporting the Bay with practice facing and public comms, website, social media and press.

DISTRICT HEALTH BOARD

Corporate Services

People and Culture

- *Influenza Vaccination*
 - The annual influenza campaign commenced mid-March and the uptake to date has been at a significantly higher rate than prior years. With the campaign less than two weeks old the rates are as below:

Occupational Group	Total staff	Vaccinated	%
Nurses	1507	953	63.2%
Doctors	453	312	68.9%
Midwives	80	36	45.0%
Allied Staff	691	392	56.7%
Health Care Assistants	197	93	47.2%
Other Employees	798	448	56.1%
Totals	3726	2234	60.0%

- In addition there have been 262 non-DHB staff who have taken up the vaccination opportunity – including staff from Pathlab, KKC, St John, Spotless, Security.
- *Whaakari Incident*
Ongoing recovery work from the Whakaari incident with welfare baseline assessments of staff impacted being undertaken. Concern that this is occurring at the same time as COVID-19 is faced – placing significant pressure on Whakatane staff and community.

Facilities and Business Operations

Whakatane Security

The Whakatane Security Team have made a commitment to ensure staff are escorted to their vehicles when requested.

Provider Arm

Medical Director

Credentialing

A Memorandum of Understanding between Grace Hospital and the BOPDHB is in place to facilitate seamless provision of care across the organisations. It may be enacted at any appropriate time by agreement between the General Manager Grace Hospital and the Medical Director.

An increased number of locum applications have begun to filter through with some cancelling commitments, particularly at Whakatāne.

Quality and Patient Safety Service (HQSS)

Significant support to COVID-19 response has been provided from HQSS. Of ten staff, eight have been heavily involved in leading and supporting the formation of Emergency Operations Centre (EOC) systems and process such as Case Coordination, Intel & Planning, Welfare, Public Health advice and Community Based Assessment Centres (CBAC). Examples of significant pieces of work which have progressed include:

- Providing essential linkages with Toi Te Ora,
- Establishing systems to support staff and inpatient case coordination
- Intel and planning framework
- Canvassing information requirements especially for mid and longer term planning information requirements such as those relating to population health, equity and quality and safety.

Three new senior staff commenced in March:

- Clinical Effectiveness and Equity Lead
- Patient Safety Lead
- Person Centred Experience Lead

Two are Public Health Physicians and have proven their worth in expertise and experience essential for effective management of pandemics.

For the acute purpose of the COVID19 response, HQSS has worked closely with Toi Te Ora to house a Public Health SMO (who has been instrumental in providing case coordination leadership and support) alongside public health advice and chairmanship of the EOC Technical Advisory Group (TAG). A Registrar has also joined the team on a temporary basis to support the consolidation and synthesis of staff safety advice from multiple sources. Business continuity planning has been undertaken and work is underway to proactively service plan and prepare for likely increased workload due to deferments and cancellation of non-essential health services including how BOPDHB can support person centred experiences going forward.

Medical Staffing Unit

The past weeks have seen the development of COVID rosters anticipating the need to move to alternative work practice for all doctors. This first phase will see the DHB well prepared for increased COVID demand with sufficient rest, recovery and backup for medical staff. Medical staff with compromised health conditions have been redeployed or stood down.

Director of Nursing

Integrated Operations Centre (IOC)

The IOC as a function has been well established under Care Capacity Demand Management (CCDM) however a review paper September 2019 identified the need to take the current model to the full extent of functionality. As a response to the Covid-19 situation we are fast tracking the progression of our IOC function.

The IOC will be set up in this pandemic environment with the principle purpose of maintaining hospital services operational functions in the face of any challenge. The IOC will identify and deal with operational issues as they arise.

The IOC will highlight and escalate to the Emergency Operating Centre (EOC) Incident Management Team any risks and issues which may lead to significant variance in hospital capacity, workload, patient safety or staff welfare concerns.

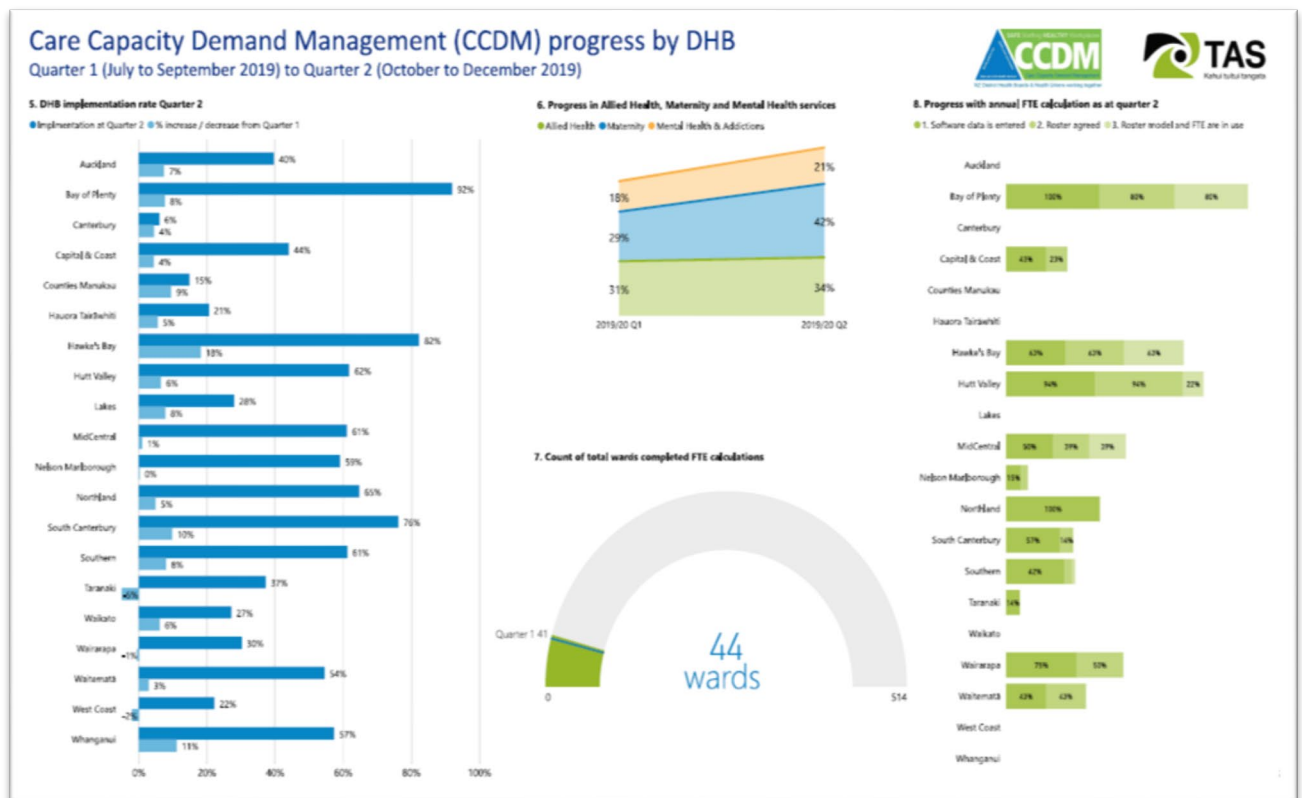
Lapsed Nursing Annual Practising Certificate (APC) Process

Nursing Council NZ (NCNZ) has initiated a process to fast track APCs for nurses who are under 65 and have not had an APC for five years or less. There are 329 nurses in the BOPDHB district within these criteria. NCNZ emailed this group 3 April. They have the Nurse Midwife Recruiter as a contact should they wish to work. The restricted APCs are valid until 31 December 2020.

Care Capacity Demand Management

Under our commitment to the outcomes of the DHB/NZNO MECA full implementation of CCDM is required for all DHBs by June 2021. The MERAS MECA (midwives) also contains the same requirement.

BOPDHB submitted the quarterly CCDM report to the Safe Staffing Healthy and Workplaces Unit after endorsement by the Care Capacity User Group. This informs the national report. The overall implementation rate of CCDM at BOPDHB is 92%. This is an increase on the previous quarter's result which was 84%. As noted below from the Quarter two national report, BOPDHB is leading the sector for CCDM implementation including the FTE calculations. Bay of Plenty is also leading the sector for implementation in both Maternity and Mental Health units.



Quality Safety Marker Hand Hygiene

The "5 moments for hand hygiene" is also one of the national patient safety initiatives under Health Quality and Safety Commission. Auditing of hand hygiene compliance in District Health Boards (DHBs) throughout the country is a key component of the Hand Hygiene New Zealand (HHNZ) programme. Given good hand hygiene is one of the most important measures in the fight against healthcare associated infections (HAIs), this makes it a key patient safety issue for all.

For the audit period 1 November 2019 to 28 February 2020 BOPDHB achieved 78.3% which was a reduction of 1.2% from the previous audit period.

- The organisation result was 78.3% (last period 79.5% rounded to 80% in national reporting)
- Results by site Tauranga 76.8% (last period 77.3%)

All three of the MH&AS Inpatient Units have undergone assessment utilising their TrendCare data for CCDM requirements. Te Whare Maiangi and MHSOP had extremely high actualisation rates and Te Toki Maurere is working to achieve the same levels. The service is the only MH&AS service in the country where all inpatient units are utilising TrendCare to such an extent.

Regional Community Services

BOP Childhood Immunisation Collective

An interim manager has been appointed to provide system management, staff focus and implementation of the GP handbook. There are a small numbers of GP Practices in the BOPDHB region who do not prioritise childhood immunisation and they will be a key focus.

A Measles, Mumps, Rubella (MMR) vaccine project is being co-ordinated for seasonal workers from the Pacific. The aim is for all workers to receive one dose of MMR if they have not been vaccinated. This work is on behalf of Toi Te Ora Public Health (TTO) via GP Practices who are willing to run MMR clinics. There has been a good response from GP Practices and the employer is invoiced. The project has been run in liaison with Kiwifruit Growers Inc., TTO and immunisation co-ordinators to assist eradication of measles.

B4 School Check (B4SC) Programme

After 36 Weeks (to 15 March), 1983 checks were been completed against a target of 1979.

585 were for high need children against a target of 559. Plunket met their target of 623.

NMO PHO has completed 124 Nurse Checks against the target of 154, of which 51 were High Needs Nurse Checks against a target of 73. Led by Planning and Funding, discussions have been held in regard to NMO PHO's poor performance.

BCG Vaccination Clinics

CH4K TB staff are liaising with Maternity services to consider a trial for delivery of the BCG vaccine to babies meeting criteria. Currently many BCGs are completed in clinic at Community Health 4 kids after mother and baby have returned home.

Surgical Services, Anaesthesia, Radiology

Trauma Service

The Trauma Service provides Waikato and the Midlands Trauma Service data for the Trauma registry as a matter of core business. In the past year it has been necessary to variance approximately 12 hours per week additional (RN casual) to assist the trauma service with data collection. Even with additional FTE, data collection and processing is approximately 4 weeks behind i.e. approximately 34 % data for major trauma is entered into the registry within 30 days of discharge. This is no longer a MOH target however, as mentioned above is core business for the MTS trauma registry.

Over the financial year July 1 2018 to June 30 2019 there were 1708 trauma admissions to the BOPDHB (142.3 per month) with 152 of those classed as major trauma admissions. Trauma admissions equates to a cost of \$12,650,185 per annum to the BOPDHB. Of those admissions 30.1% are Maori and 69.9% are non-maori.

Performance issues impacting on quality of care across the inpatient system include:

- ACC 45 forms not completed or are inaccurate for trauma patients 6 days following admission. These are often for employed patients so loss of income can have significant ramifications
- Tertiary survey forms not completed. Evidence suggests missed injuries may be as high as 50% and can impact on patient morbidity and mortality and short and long term functional deficits.
- Trauma patients being discharged home without home support

BOPDHB Trauma Service 2020 priority actions:

- The Whakaari event has highlighted areas to ensure preparation for any future events.
- Ensuring equity in care provided to patients by the trauma service including an area for service improvement being part of the case management role.

- Trauma prevention opportunities - particularly for young Maori males, older adults and paediatric populations.
- Ongoing trauma education forums
- Major trauma record and tertiary survey form review
- Audits of trauma calls

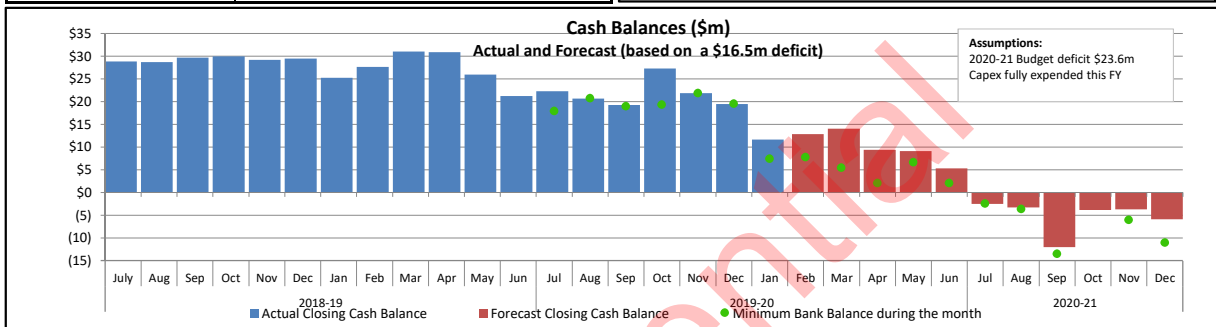
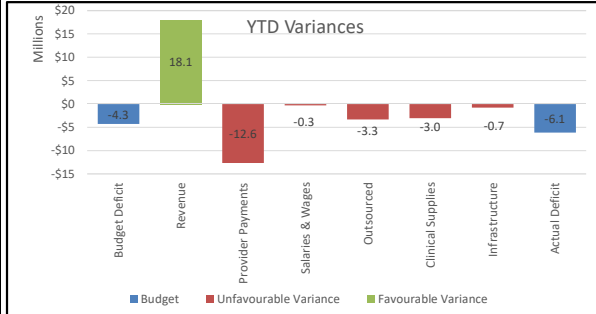
FINANCIALS

The DHB has not achieved its Annual Plan (AP) budget for the YTD period ending 29 February 2020. The February surplus of \$0.301m was \$0.071k worse than the AP surplus of \$0.372m. Our YTD result is a deficit of \$6.109m which is \$1.852m unfavourable against the phased AP deficit of \$4.256m.

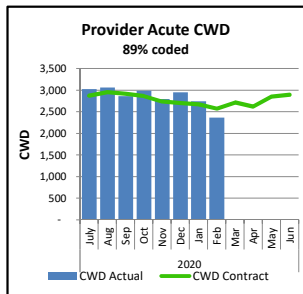
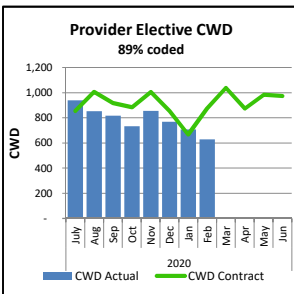
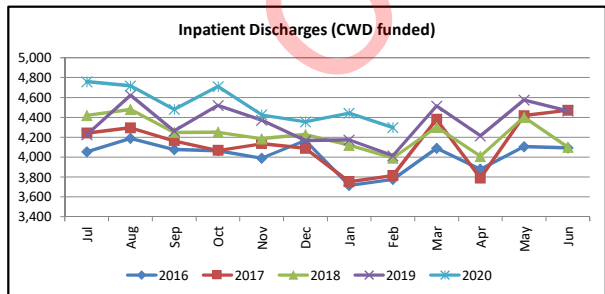
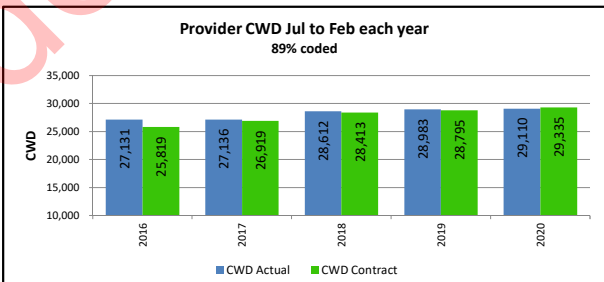
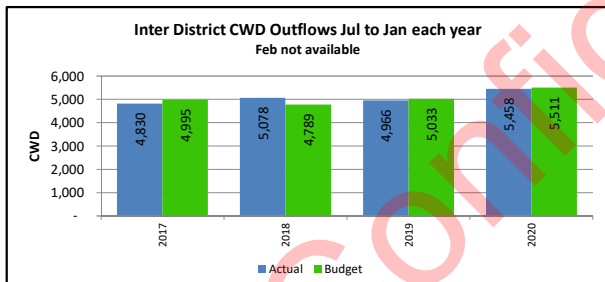
**BAY OF PLENTY DISTRICT HEALTH BOARD
PRELIMINARY RESULTS FOR THE MONTH ENDED 29 FEBRUARY 2020**

All amounts are \$000s unless otherwise stated. Surplus/(Deficit)

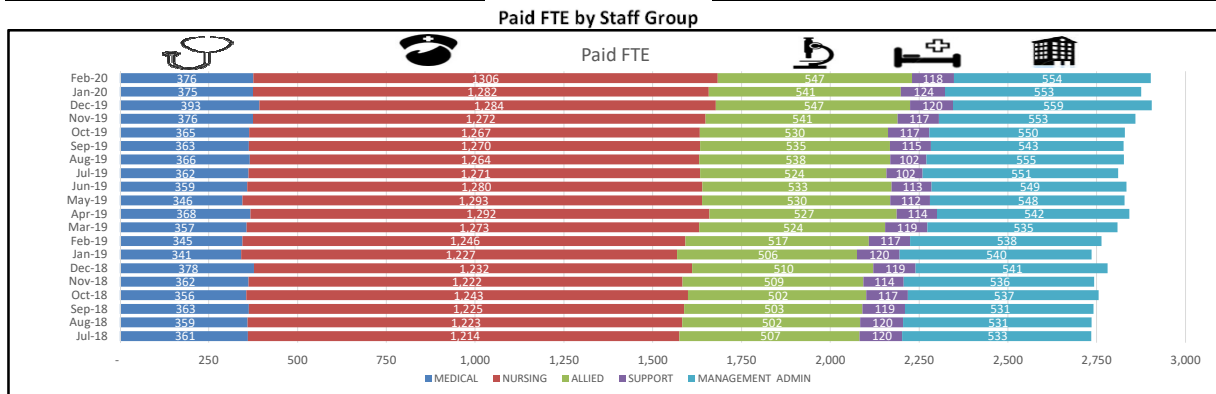
KEY FINANCIAL RESULTS SUMMARY			
KEY MEASURES	Actual	AP Budget	Variance
Operating Result	(\$6,109)	(\$4,256)	(\$1,852)
FTE (accrued YTD average)	2,870	2,874	4
Provider Volumes			
Case Weights (CWD) - Acute & Arr	22,798	22,274	524
Case Weights (CWD) - Elective	6,312	7,061	(749)
Cash & Bank (\$000)			
Balance	\$12,916	\$15,049	(2,133)
Days Cash	5.37	6.45	(1.08)
WORKING CAPITAL (\$000)	(\$40,940)	(\$41,731)	\$791
Crown Equity (\$000)	\$253,205	\$257,100	(\$3,894)



KEY ACTIVITY DRIVERS SUMMARY



KEY STAFF FIGURES





BOP COVID-19 Response Communications

SUBMITTED TO:

Board Meeting

15 April 2020

Prepared by: Elizabeth Hughes, BOPCOVID-19 Response coordinator

Endorsed and
Submitted by: Simon Everitt, Interim Chief Executive

RECOMMENDED RESOLUTION:

That the Board

1. **Notes** the COVID-19 communications plan and provides feedback on the approach to date.

ATTACHMENTS:

1. Plan on a page
2. Media release example with branding
3. Radio schedule
4. Newspaper advertisement

BACKGROUND:

The BOPCOVID-19 Response Public Health Crisis Communication Plan (the “comms plan”) was developed to guide Bay of Plenty District Health Board (BOPDHB), Lakes District Health Board (LDHB) and Toi Te Ora’s (TTO) public health communication for the duration of the Covid-19 readiness/response/recovery event.

Its purpose is to ensure a joined-up response is undertaken to communicate public health messaging as the Covid-19 pandemic unfolds.

The comms plan (“Plan on a page” see attachment 1) began implementation on 23 March.

Actions:

- creation of an integrated cross-organisation contact database (including iwi/Maori Health organisations)
- branding to connect all three organisations under one communication banner (including Toroa Manu)

- resourcing and processes for communication delivery across three organisations including Maori Health Gains and Development
- joined-up connections with BOPCDEM and councils for Covid19 communication activity
- combined media releases (e.g. see attachment 2)
- establishment of a website and Facebook as the 'one-source-of-truth' for BOP/Lakes DHB information:
Facebook - <https://www.facebook.com/BOPCOVID19>
Website - <https://covid19.bopdhb.govt.nz/>
- FAQs focused on information relevant to BOP/Lakes citizens
- an email address for enquiries: BOPCOVID19@bopdhb.govt.nz
- a panui for targeted communication with PHOs, pharmacies, iwi and marae contacts, community organisations, councils, stakeholder groups (this will go out every Friday and Tuesday as needed):
<http://createsend.com/t/tA8F2ED340FAB90572540EF23F30FEDED>
- radio interview schedule (see attachment 3)
- community newspaper advertising (see attachment 4)

ANALYSIS:

Note: as this is being written a week before the meeting, the analysis below is not up to date as at 15 April. However, it does provide an indication of early progress.

Several actions have been needed to streamline the unique communication approaches used by the three organisations – including development of clear guidelines and processes for internal and external communication. This has already demonstrated considerable improvements to efficiencies and effectiveness for deliverables.

Initial process improvements for Maori/iwi communication have not yet achieved quite the same level of cohesiveness. There is plenty of great work happening but coordination is proving a challenge. While a longer-term issue is the need to more greatly embed Te Toi Ahorangi principles within the DHB's general communication approaches, the current issue is about getting more consistent and effective reach. Ongoing work to address this is being supported by Maori Health Gains and Development staff.

Since the website launch on 30 March, the viewers and new users have increased steadily on a day-to-day basis, the average user spends over 2 minutes which means they are actively looking at the information. The website activity on average is doing very well and all tied in with Facebook and Twitter doing equally well reaching our regional areas.

The first panui to be emailed has so far received a high opening rate (37% cf average of 15-25%) even though many of the recipient emails may not be staffed at this time e.g. schools and community organisations. Initial feedback is that the newsletter is a very positive initiative for organisations who were looking for credible and relevant local information.

The new email address provides an efficient channel for specific one-off enquiries that allow the team to gauge issues that may need to be developed into an FAQ. An example of this was the increasing number of enquiries about location of cases which signalled to the team we needed to create clarity which, in turn, led to the infographic on the front page of the website.

Additional areas where the BOPCovid19 communication activity will focus in the next week are:

- the establishment of a Maori Health tab on the website to enable a specific pātaka for the storage of iwi/Maori communication and information
- targeted stakeholder communication for different sector groups.

BOP/LAKES HEALTH COVID-19 PLAN ON A PAGE

Outputs

- **all communication under the banner “BOP Health Covid-19 response”**
- one joined-up database of every contact person for every organisation/sectors/businesses across the two DHB areas
- a website **bopcovid19.health.nz** has been set up as a one-stop-shop for BOP/Lakes Covid information and updates
- all communication follows MOH guidelines and is connected into council and any civil defence public information activity
- a BOP Health Covid-19 response Facebook that will address misinformation or incorrect social media postings
- a BOP Health Covid-19 response e-newsletter for all stakeholders and interested parties
- te reo versions of messaging
- information material for a wide range of community and stakeholder groups eg retirement villages, schools, GPs, businesses etc
- media releases and regular localised radio interviews
- FAQs
- an 0800 phone line for enquiries (will be up and running when needed)

Objectives for our communication

- One source of truth for all health messaging
- Systems and processes that support proactive and targeted communication and response
- Right information to the right people at the right time – in a way that makes sense to them
- Consistent and persistent visibility for health messaging about Covid-19

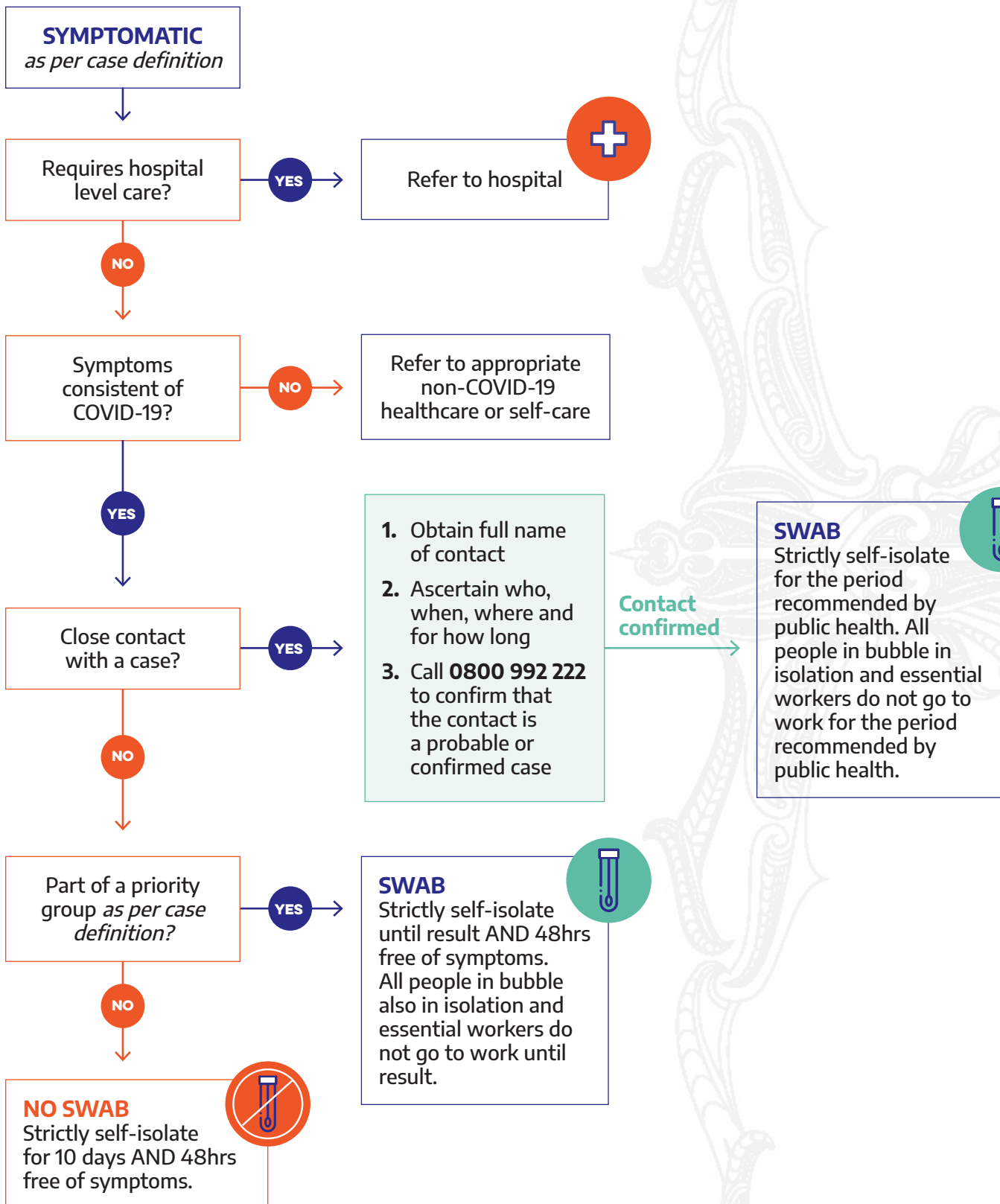
Principles of our communication

- we are open and responsive
- we are targeted and timely
- we are honest
- we keep it simple
- we are visible
- we work together as one team
- we are respectful of Ministry of Health (MOH) leadership
- there is no such thing as ‘over-communicating’
- we are culturally safe and mindful of those who need our support the most

Correct as at 8 April

ASSESSMENT FLOW CHART

Based on *Case Definition of COVID-19 infection*
Ministry of Health, 8 April 2020



Monday, 6 April 2020

BOP HEALTH COVID-19 Response Launches New Website

The BOP HEALTH COVID-19 Response has created a new website to help address the Bay of Plenty and Lakes community's COVID-19 questions.

The website has the latest health updates relating to COVID-19, plus answers to frequently asked questions. You can find it at: covid19.bopdhb.govt.nz. A [BOP HEALTH Facebook](https://www.facebook.com/BOPCOVID19) page has also been developed (www.facebook.com/BOPCOVID19).

BOP HEALTH COVID-19 Response is a joint initiative by Toi Te Ora Public Health, Bay of Plenty District Health Board and Lakes District Health Board – uniting the people of the Bay of Plenty and Lakes by providing information on the local response to COVID-19.

We are also working closely with the Bay of Plenty Civil Defence and Emergency Management Group, and are in touch with the councils within our district health board areas.

Enquiries to the BOP HEALTH COVID-19 response team can be emailed to: bopcovid19@bopdhb.govt.nz and the latest panui (newsletter) is available [here](#).

Meanwhile, [Te Rōpū Whakakaupapa Urutā](https://www.uruta.maori.nz), the National Māori Pandemic Group lead by Māori medical experts, have developed a new website and Facebook page specifically for whānau Māori with information, advice and resources about the COVID-19 pandemic - particularly around tikanga Māori. See <https://www.uruta.maori.nz> and www.facebook.com/TRWU20.

ENDS.

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**TOI TE ORA
PUBLIC HEALTH**
Bay of Plenty + Lakes Districts



Radio Schedule with Dr Phil Shoemack for April - 6 April 2020 – 26 April 2020

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 – 12 Apr	6/04/20	7/04/20	8/04/20	9/04/20	10/04/20	11/04/20	12/04/20
	Radio 1XX Phone: 07 306 1242 Time: 8.30am Details: Breakfast show interviewed by Colin Magee Confirmed	The Breeze Phone: Time: 8.30am Details: Mark Eagle and Joelene James, local breakfast show Confirmed	The Hits BOP 95FM Phone: 07 577 8528 Time: 8.30am Details: Will Johnston, 9am-3pm local show Confirmed				N/A
13 – 19 Apr	13/04/20	14/04/20	15/04/20	16/04/20	17/04/20	18/04/20	19/04/20
	N/A	N/A	Station: Radio 1XX Phone: 07 306 1242 Time: 8.30am Details: On breakfast show interviewed by Colin Magee Confirmed		The Hits BOP 95FM Phone: 07 577 8528 Time: 8.30am Details: Will Johnston, 9am-3pm local show Confirmed		Station: Radio 1XX Phone: 07 306 1242 Time: 8.30am Details: On breakfast show interviewed by Colin Magee Confirmed
20 – 26 Apr	20/04/20	21/04/20	22/04/20	23/04/20	24/04/20	25/04/20	26/04/20
	The Breeze Phone: Time: 8.30am Details: Mark Eagle and Joelene James, local breakfast show Confirmed	The Hits BOP 95FM Phone: 07 577 8528 Time: 8.30am Details: Will Johnston, 9am-3pm local show Confirmed		N/A	N/A	N/A	N/A

Radio Schedule for Iwi Radio Stations - Ongoing

Station	Covers	Who	When and frequency	How	Type and duration of interview	Spokesperson Title
Moana FM	Tauranga Moana	Graham Cameron		Interview by phone	Live – 5 mins	Iwi liaison – BOP Health COVID-19 Response
Sun FM	Eastern Bay of Plenty	Graham Cameron	Monday, Wednesday, Friday at 9am	Interview by phone – will be recorded and played back over both stations	“	“
Tuwharetoa FM	Lakes	Phyllis Tangitu		Interview by phone	“	“
Te Arawa FM	Lakes	Phyllis Tangitu		Interview by phone	“	“
ManawaFM	Murupara	Tbc				

Don't let the flu get you

Influenza immunisation is recommended and FREE for people who are most likely to get very sick, be hospitalised or even die if they catch influenza. These are:

- **Pregnant women (any time during pregnancy).**
- **People aged 65 years or older.**
- **People aged under 65 years with diabetes, most heart or lung conditions and some other illnesses.**
- **Children aged 4 years or under who have had a stay in hospital for measles, asthma or other breathing problems.**

For more information, talk to your doctor, nurse or pharmacist, or call 0800 466 863.

www.fightflu.co.nz

New hours for Community Based Assessment Centre

The Whakatāne Community Based Assessment Centre (CBAC) has new opening hours from 9am-4pm, closing two hours earlier than it had been previously, and will still be operating daily throughout the Easter Weekend.

Bay of Plenty Community-Based Health Services Lead Dr Joe Bourne said the move came as a result of processes being fine-tuned.

“We’ve been able to fine tune the processes since the assessment centre was launched and are comfortable that we are able to see the current anticipated numbers within the new opening hours,” he said. “Should those numbers increase we have the scope and capacity to move with that and increase the hours again should that be necessary.”

The CBAC is situated at the Whakatāne

War Memorial Hall. This drive-through facility has been established for those people who are unwell with suspected COVID-19 symptoms. You need to arrive in a vehicle as no walk-ins are available.

The CBAC has been set up to allow other medical centres, general practices (GPs) and Whakatāne Hospital to continue providing health services to the public without the threat of COVID-19 transmission.

CBACs to launch in Ōpōtiki and Kawerau

COVID-19 Community Based Assessment Centres (CBACs) are being launched in Ōpōtiki and Kawerau.

The “Pop Up | Drive Thru” centres both open on Thursday 9 April and will each operate three days a week going forward, until further notice.

Ōpōtiki will run on Mondays, Thursdays and Saturdays from 10am-2pm, whilst Kawerau will be operational on Tuesdays, Thursdays and Saturdays, also from 10am-2pm.

The Ōpōtiki CBAC is based at Ōpōtiki

Memorial Park and the Kawerau CBAC is based at the Ron Hardie Recreation Centre Car Park (111 Onslow St, Kawerau). These are drive-thru facilities and their purpose is to assess, test and manage people with potential COVID-19 symptoms.

For information on CBACs, the latest health updates relating to COVID-19, plus answers to frequently asked questions, a new website has been created by BOP and Lakes DHBs. You can find it at: covid19.bopdhb.govt.nz

Getting Through Together

Our daily lives look very different right now. As we hunker down to get on top of COVID-19, one of the very best things we can do is to tune into the simple things that help us feel good.

We are strongest when we look after ourselves and others – and there are lots of ways we can reach out to loved ones, be kind and have fun at home. Together, we will get through this.

www.allright.org.nz

