BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Agenda

Bay of Plenty District Health Board

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

Date and Time: Wednesday 15 July 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

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

Minister's COVID-19 Expectations

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

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	**Karakia** Tēnei te ara ki Ranginui Tēnei te ara ki Papatūānuku Tēnei te ara ki Ranginui rāua ko Papatūānuku, Nā rāua ngā tapuae o Tānemahuta ki raro Haere te awatea ka huri atu ki te pō (te pō ko tenei te awatea) Whano whano! Haere mai te toki! Haumi ē, hui ē, tāiki ē! This is the path to Ranginui This is the path to Papatūānuku This is the path to the union of Ranginui and Papatūānuku From them both progress the footsteps of Tānemahuta [humanity] below Moving from birth and in time carries us to death (and from death is this, birth) Go forth, go forth! Forge a path with the sacred axe! We are bound together!	
2	**Presentation** 2.1 Care Capacity Demand Management (CCDM) Update Rosalind Jackson, Associate Director of Nursing	**4**
3	**Apologies**	
4	**Interests Register**	**10**
5	**Minutes** 5.1 Board Meeting - 17.6.20 5.2 Matters Arising 5.3 BOPHAC Meeting – 1.7.20	 **14** **20** **24**
6	**Items for Decision** Nil	
7	**Items for Discussion** 7.1 Chief Executive's Report 7.2 Primary Care Overview	 **28** **42**

Item No.	*Item*	*Page*
	7.3 Dashboard Report (to be circulated) 7.4 Maori Health Dashboard Report (to be circulated)	
8	**Items for Noting** 8.1 Hand Hygiene Results – June 2020 8.2 Correspondence for Noting 8.2.1 Letter from Peter Hughes, State Services Commissioner, re Board Members Standing for Parliament, dated 30 June 2020 8.2.2 Letter from Hon Peeni Henare, Associate Minister of Health, re Maori Health equity – COVID-19 response and recovery planning and BOPDHB response dated 6.7.20 8.2.3 Letter to Lakes Board Chair re Lakes DHB representatives to BOPDHB Committees and nomination of BOPDHB representatives to Lakes DHB. 8.2.4 Letter from the Chief Medical Officer Ministry of Health and the Director Health Quality Intelligence re Key Acute Coronary Syndrome Indicators by DHBs – 8.7.20 8.3 Board Work Plan 2020	**44** **53** **55** **58** **59**
9	**General Business**	
10	**Resolution to Exclude the Public** 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. 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.	
11	**Next Meeting** – Wednesday 19 August 2020	

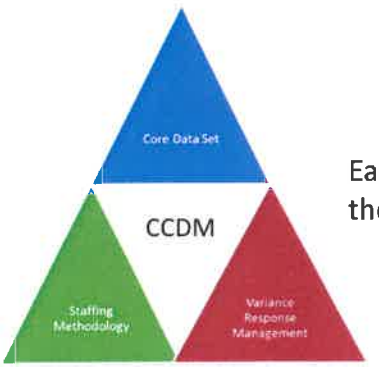
Care Capacity Demand Management (CCDM)

Variance Response Management

Safe Staffing & Healthy Workplaces Unit/BOPDHB
July 2020

What is CCDM?

There are 3 main components in the programme



Partnership + governance + validated patient acuity tool (TrendCare)

Each of the components depends on the other for CCDM to be effective.

What is variance?

VRM

CCDM

Variance is a mismatch between the patient/service demand and the capacity to care.

How do we respond to variance ?

CCDM

There are 3 possible ways to respond to variance

Decrease demand	Manage the front door i.e. admissions to ED Increase discharges Defer planned and/or elective surgery/procedures
Increase capacity	Open beds or utilise departments differently , e.g MDSU/PACU Call staff in and/or ask staff to work longer shifts Share staff between wards, departments, disciplines Utilise non-floor staff e.g. educators, nurse leaders, speciality clinical nurses, AH professional leads Utilise differently ancillary staff e.g. security, orderlies
Reduce quality of care	Provide essential patient care only Have a lesser skill or staff mix

The tools of VRM

1. Integrated operations centre

2. Hospital Status at a Glance Screens

3. Variance indicators (VRM) and actions

4. Standard operating procedures

1. Integrated operations centre

Like air traffic control, IOC staff have a "bird's eye view" of whole of hospitals, patient and staff coordination.

Whole of hospital coordination makes sure that you are in the right place, at the right time to provide patient care.

Can be expanded to look across all parts of the system

2. Capacity at a glance screens

Hospital Status at a Glance screens display up to date patient numbers and acuity information in the integrated operations centre .

- Yesterday, today, tomorrow
- Screens are also located around the hospital, so you can see what's going on too.
- The screens show the ward/unit status using a variance indicator system that is displayed as a 'traffic light'.

Wix images, retrieved June 2018

3. Variance indicator system (VIS)

The variance indicator (VRM) is an electronic tool.

VRM is operated by staff, by selecting indicators.

VRM is assessed at least once per shift and whenever there is a change.

Indicator	Yes	No
Missed breaks	❍	❍
Poor skill mix	❍	❍
Poor staff mix	❍	❍
Negative hours variance	❍	❍
Positive hours variance	❍	❍
Care rationing	❍	❍
Professional judgement deems it unsafe	❍	❍

3. Variance indicator system

Each indicator contributes to the overall status of the area/service which is displayed as a colour. The colours are mauve, green, yellow, orange or red.

The variance indicator score is displayed on the capacity at a glance screens. It signals what is going on in the area at any point in time.

There is an agreed and standardised procedure for each colour.

- Excess care capacity
- Staffing meets demand
- Early variance
- Significant care capacity deficit
- Critical care capacity deficit

3. Variance indicator system

There is a set of standard responses for clinical, operational and leadership staff. Responses are colour dependent.

	Ward	Operations centre	Senior Leaders
	Re-assign duties	Re-assign staff (excluding minimal staffing levels)	
	Status quo Monitor Report	Status quo Monitor Forecast	
	Team huddle Assess workload Report	Assess Re-assign staff Forecast	Monitor
	Team huddle Re-assign workload Essential cares Report	Assess Re-assign staff Invoke essential cares Report & plan	Review plan Monitor
	Team huddle Emergency response Report	Assess Emergency response Update status & plan	Take charge Respond

At BOPDHB .....

2.1 Nursing – responsibility of Clinical Nurse Manager (CNM) or delegate

Mauve	Green	Yellow	Orange	Red
◦ CNM/shift leader determines plan for the shift and pages Duty Manager (DM) ◦ Expedite discharges ◦ Review EDD for patients' expected to discharge in next 24 hours. ◦ Review patient management plans. ◦ Offer staff for period available (e.g. 1 hour. 2 hour, 4 hour, meal relief, full shift). ◦ Staff maybe directed to area of greater variance in cluster/ department. • Review staffing for next 24 hours. • Pull patients in from other areas (e.g. outliers or ED) • If staff not required, consider offering annual leave or time in lieu (if owing) • Consider quality improvement activities • Ensure appropriate timely referrals to Allied Health ◦ * ICU/ED/Paeds/OPD not to be allocated a workload – task management	• CNM/shift leader determines plan for the shift and pages DM • Expedite discharges • Review EDD for patients' expected to discharge in next 24 hours • Review patient management plans • Escalate to medical team any patients not seen in last 24 hours • Staff maybe directed to area of greater variance in consultation with DM • Review staffing for next 24 hours • Consider capacity to 'pull' patients in from other areas (e.g. outliers or ED) • Consider quality improvement activities • Ensure appropriate timely referrals to Allied Health	• CNM/shift leader determines plan for the shift and pages DM. • CNM remains on the unit. • Consider reallocating staff to balance skill mix across floor • Expedite discharges • Review EDD for patients' expected to discharge in next 24 hours. • Review patient management plans. • Escalate to medical team any patients not seen in last 24 hours • Repatriation of patients to other facilities. • Identify patients who could be put in to the lounge to await discharge. Ensure all patients that meet the transit lounge criteria have been transferred. • Review staffing for next 24 hours. • Reassess status in 1 hour	As per Yellow plus: • Notifies DM and requests specific resource e.g. additional staff or admit stop • CNM take on floor co-ordination role. • Consider overtime, extended shifts and/or calling in part time staff. • CNM considers utilisation of all staff present e.g. orientation staff and students • Ensure ward/unit MDT are aware of status • notifying NL. • Put agreed care rationing measures in place including rounding • Compile activity sheets for staff coming to assist for short periods. • Ensure patients and on-ward relatives aware of status • Reassess status in 1 hour • Complete Reportable Event form (REF) inclusive of Trendcare variance	As per Orange plus: • Mandatory reporting to DM and NL. • CNM to arrange for staff to stop all non clinical activities, e.g. cancel staff training. • CNM take on floor co-ordination role • Implement "admit stop" • Put 'life and limb' agreed care rationing measures in place including rounding • Reassess status in 30 minutes

Pulling it all together

The operations centre, screens, variance indicator system and standard operating procedures work together. You can't have one without the other.

The well oiled machine....great pieces make a top notch team!

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

Bay of Plenty District Health Board
Board Members Interests Register

(Last updated May 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
NZ Social Work Registration Board	Board Member	Social Workers Registration	LOW	May 2020
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
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	Licensing Commissioner			

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
District Council	/ Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
ESTERMAN, Geoff				
Gate Pa Medical Centre Ltd	Director, Manager & GP	Health	LOW – DHB does not contract directly with General Practices and as a Board Member Geoff is not in a position to influence contracts.	28/11/2013
Gate Pa Medical Centre Ltd	Practice Manager is on WBOP PHO Board	Health	NIL	December 2019
GM and P Esterman Family Trust	Trustee	Family Trust (kiwifruit)	NIL	28/11/2013
Whakatohea Health Services	Wife Penny works part-time as Nurse	Health Services Provider	Contracts to DHB LOW	Sept 2019
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
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				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016
NZNO	Honorary and Life Member	Nursing Union	LOW	
NGAROPO, Pouroto				
Maori Health Runanga	Chair	DHB Health Partner	LOW	25/02/2005
SCOTT, Ron				

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not it the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
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
MAS Foundation	Board Member	Philanthropic Funder	LOW	18/12/2019
HealthShare	Consultant	Strategy	MEDIUM	18/12/2019
Maori 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
EY - Department of Corrections Project	Member	Consulting - Corrections	LOW	April 2020
Mental Health Commission	Consultant	Mental Health Outcomes Framework	LOW	May 2020
ACC	Consultant	Accident Compensation Commission	LOW	May 2020
Husband – Morris Pita - Health Care Applications Ltd	CEO	Health IT	LOW	18/12/2019

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
- Shea Pita & Associates Ltd	Director	Consulting	LOW	18/12/2019
SIMPSON, Leonie				
Te Runanga o Ngati Awa	Chief Executive	Iwi Entity	LOW	23/12/2019
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
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
HAUORA A TOI

Minutes

Bay of Plenty District Health Board

Via Zoom

Date: Wednesday 17 June2020, 10.00 am

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

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), Marama Tauranga (Acting Manukura, Maori Health Gains & Development),

Item No.	Item	Action
1	**Karakia** The meeting was opened with a Karakia.	
2	**Presentations** Nil	
3	**Apologies** An apology was received from Hori Ahomiro **Resolved** that the apology from H Ahomiro be accepted. Moved: B Edlin Seconded: I Finch	
4	**Interests Register** Board Members were asked if there were any changes to the Register or conflicts with the agenda. No changes or conflicts were advised.	
5	**Minutes** 5.1 Minutes of Board meeting **Resolved** that the Board receive the minutes of the meeting held on 20 May 2020 and confirm as a true and correct record. Moved: B Edlin Seconded: I Finch 5.2 Matters Arising ED target – Comes to Board Monthly in Dashboard reporting. CEO to discuss with COO to close off. 5.3 Joint Board/Runanga Meeting 20.5.20 The Board received the Minutes of the meeting held on 20 May 2020.	
6	**Items for Decision** 6.1 Lakes DHB / BOPDHB Committee Representatives The Board accepted the lakes DHB nominations.	

Item No.	Item	Action
	Board Members who either currently or historically had represented considered the opportunity helpful. **Resolved** that the Committee nominates BOPDHB Board representation to the Lakes DHB Committees: • I Finch for CPHAC and DSAC Committees • G Esterman for HAC Committee subject to meetings being held in Rotorua. Moved: M Guy Seconded: B Edlin	
7	**Items for Discussion** 7.1 <u>Te Manawa Taki Equity plan (Draft)</u> The Interim Chair declared her conflict of interest and requested that the Deputy Chair lead the discussion. The plan is replacing the Regional Services Plan which is an important and significant shift. There are actions over a 3 year period and a regional commitment to addressing equity. The draft format allows for influence and feedback. It was considered the draft did not seem to include a range of voices from the Bay of Plenty in the quotes within the document. Query was raised regarding the relationship between Te Toi Ahorangi (TTA) and the plan. Acting Manukura advised that Regional GMS Maori have contributed to the draft and that BOPDHB teams have reviewed the alignment to TTA. Regional GMS felt TTA was in good alignment to the document. Queries were raised on: • Workforce collaboration. DHB workforce reflects the needs and aspirations of Maori Communities. Is there potential to talk about health workforce as a whole. It was considered this is a stepwise approach, starting with local DHBs. It was considered that DHB workforce influences community staffing and due consideration should be given to that from the outset. • Working together in the 3 year strategic plan, could expansion be made from the core, out into the community and iwi so that it's clearer in the stepthroughs to end up with an externally and internally focussed approach. Acting Manukura will feed back to regional - Acting Manukura It is considered that the opportunity that has been taken up by the Regional Governance group with respect to this plan is groundbreaking. The plan is equity lead. Many people have contributed to the detail of the plan. Regional equity can be more challenging. To have a regional governance and regional plan which prioritises commonality and consistency is a strength and a great opportunity moving forward. There is importance in locality and TTA has influenced the content of this report. • The problem has been defined well and some of the actions are consistent with actions to improve equity which is a key aspect.	Acting Manukura

Item No.	Item	Action
	The monitoring of the implementation of the plan will be important. It will take some time but there is commitment. Acting Manukura considered the Maori voice and consumer lens will be important. The plan will be a great tool to keep equity to the fore with accountability and visibility. • The process by which individual DHBs can monitor and influence to keep the plan on track. With the plan being signed off by the Regional Governance Group there will be further discussion on monitoring. For BOPDHB the Regional Plan and TTA should go forward together, with perhaps quarterly updates to the Board. It was suggested that the plan could be an agenda item for the next Joint Meeting in August. The Runanga Chair advised that the Runanga affirms the direction Te Manawa Taki is taking. It was considered that the slides regarding Child Wellbeing, Mental Health etc could assist with communication to the Community to relay why we need the equity focus and support what is trying to be achieved to the community. An infographics in a shortened form should be considered to relay key messages. The Board wished to acknowledge the paper and that BOPDHB wants to aspire to whole of system approach. **Resolved** the Board notes and endorses the draft Te Manawa Taki Regional Equity Plan Moved: B Edlin Seconded: M Arundel The Interim Chair abstained 7.2 <u>Chief Executive's Report</u> The Chief Executive highlighted *COVID-19* - this is probably the last month easing out of COVID. There is the current issue with the two new positive cases. *Influenza Vaccinations* - Goal is for 80% of the population. Sitting at 71% total population, 64% for Maori, over 65. There will be a strong focus going into Winter. Whanganui DHB have had success and produced a report which Interim CEO will circulate. Query was raised regarding demographic split for numbers. Interim CEO can provide regional breakdown. Staff influenza coverage is sitting at 74%. There is a key strong focus within PHOs who are doing what they need to do for access to flu vaccinations. There is a joined up approach with Eastern Bay, sharing resources. *Keeping me Well - t*he programme is going well with Nga Kakano. The Life Curve assessment will be introduced to prioritise where patients go in terms of utilising appropriate services. In terms of responsiveness, the team has seen over 100 clients on the same day as referral. This concentrates on hospital prevention. *Mental Health Builds* are progressing.	Acting Manukura Acting Manukura / Board Secretariat Interim CEO

Item No.	Item	Action
	Data Analytics. At Exec Committee yesterday there was a proposal as to how to increase Business Intelligence across the DHB particularly in terms of COVID. There is some work happening to improve functionality and in managing our data architecture which will strengthen our position. COVID created a space of requiring data at very short term notice. Board Members advised that the graphs in the report were hard to read when expanded. Part of the discussion yesterday was with regard to people being able to access their own information. *Community Orthopaedic triage Services (COTS) Pilot* - is a programme which has been ongoing for some time but has gained momentum in the planned care space and the opportunity for Allied Health, particularly Physios to undertake FSA in Orthopaedics, working with Orthopaedics Consultants and GPs in the region. It is aimed to see all the orthopaedic referrals from GPs in the community and within 4 weeks. Only those who require referral to Orthopaedic Consultants will be put forward. Board Members considered the work was encouraging as well as consideration of other areas in the future. *ENT Services*. There has been focus on ENT and it is encouraging what has been achieved . A number of things have changed. Holding Outpatient Clinics in the community has been well received by the teams. Apart from those booked in, people in these areas are approaching casually. This encourages thought to looking at other opportunities. There is a wider discussion regarding DNAs, looking at what happened in the COVID period with Telehealth. What is clear is that one or two things which were tests during COVID have worked very well. An exemplary example is the work undertaken by the Kawerau Community on Paediatric appointments. Looking at what worked well for that process is something to be considered for other areas. Query was raised on how the learnings from COVID are tracking and also how DNA rates will improve with local clinics. Local clinics have been successful. Telehealth produced a mixed picture of results. Analyses will be undertaken. It is considered some resource going forward will need to be applied when considering local clinics in local areas. The mobile Kaupapa Maori services over the COVID period were also very successful and there may be opportunities with regard to that going forward. *Woman, Child & Family – Oranga Tamariki* - BOPDHB has a good relationship with Oranga Tamariki. Recent determination has been that uplifting of children cannot occur on DHB premises. The Board requested an update on BOPDHB's position. **Resolved** that the Board receive the report Moved: B Edlin Seconded: A Tuoro	Acting Manukura

Item No.	Item	Action
	7.3 Primary Care Overview Over the last month focus has been on supporting the network through COVID. One of the standouts has been the responsiveness of the network to step up and provide support to the overarching DHB response, through manning CBACs and having different people moving to different roles in a short space of time. In the new normal, some of the changes will be looked at to retain, working with partnerships, particularly iwi and other models of care. The challenge moving forward is how not to slip back into pre-COVID normal. 7.4 Dashboard Report The impact of COVID across the Board is reflected. Comment was made on the equity gap in the Mental Health Data. This will be reviewed and a report will come back. **Resolved** that the Board receives and notes the content of the report for May 2020. Moved: Seconded: 7.5 Maori Health Dashboard Report A newly formatted Maori Health Dashboard will come to July Board Board Members requested the opportunity for an education session on the data provided to better understand. To be arranged.	Acting GMPF Interim CEO
8	**Items for Noting** 8.1 Letter to Dr Karen Poutasi re Queen's Birthday Honour 8.2 Letter from Prime Minister Jacinda Ardern re Fleet Vehicles 8.3 Board Work Plan 2020 The Board noted the reports.	
8	**Correspondence for Noting** Nil	
9	**General Business** Nil	
10	**Resolution to Exclude the Public** **Resolved** that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation: Confidential Minutes of last meeting: Board Minutes Risk Management Strategy Plan (Draft) BOPDHB Annual Plan 2020/21 approval CCDM National Implementation Report Q3 COVI-19 EOC Summary CEO's report	

Item No.	Item	Action
	That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed: Simon Everitt Owen Wallace Mike Agnew Pete Chandler Debbie Brown Hugh Lees Julie Robinson Jeff Hodson Marama Tauranga Sarah Mitchell **Resolved** that the Board move into confidential. Moved : A Tuoro Seconded: M Arundel	
11	**Next Meeting –** Wednesday 15 July 2020	

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.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Bay of Plenty District Health Board
Matters Arising (open) – July 2020

Meeting Date	Item	Action required	Action Taken
16.10.19	6.3	**Dashboard Report** 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	Reported to BOPHAC – Closed
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	**Chief Executive's Report – Clinical School** 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	In progress – To August Board Meeting
15.1.20	5.4	**Dashboard Report – Maori Health Dashboard** 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. 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	In progress – Dashboards are being updated in conjunction with MHGD
18.3.20		**Staff Wellness - CCDM** 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.	Presentation to July Board – Completed
15.4.20	6.1	**Chief Executive's Report – Handwashing Data** Comment was made on hand washing data, which is disappointing. There is one area that affects the results at Tauranga. It is hoped that COVID is improving this. A report will come back to the Board - DON	Next report due June. On July Board Agenda – Completed
17.6.20	7.1	**Te Manawa Taki Equity Plan (Draft)** Working together in the 3 year strategic plan, could expansion be made from the core, out into the community and iwi so that it's clearer in the stepthroughs to end up with an externally and internally focussed approach.	Completed

		Acting Manukura will feed back to regional – Acting Manukura	
17.6.20	7.1	**Te Manawa Taki Equity Plan (Draft)** The process by which individual DHBs can monitor and influence to keep the plan on track. With the plan being signed off by the Regional Governance Group there will be further discussion on monitoring. For BOPDHB the Regional Plan and TTA should go forward together, with perhaps quarterly updates to the Board. – Acting Manukura	In Progress
17.6.20	7.1	**Te Manawa Taki Equity Plan (Draft)** It was suggested that the plan could be an agenda item for the next Joint Meeting in August – Acting Manukura / Board Secretariat	In Progress
17.6.20	7.1	**Chief Executive's Report – Influenza Vaccinations** Query was raised regarding demographic split for numbers. Interim CEO can provide regional breakdown.	As under – Completed

Annual National Influenza Coverage by Ageband and PHO

Reporting Period : 1/01/2020 to 3/07/2020

The report measures the number of individuals within the age band 65+yrs at the date of the report run date who have completed their annual influenza immunisation using Census estimated population projection denominator.

IMMUNISATION COVERAGE BY PRIORITISED ETHNICITY - Aged 65+ years

PHO	Total			Maori			Pacific			Asian			NZE			Other		
	No. Eligible	Fully Immunised for Age	%	No. Eligible	Fully Immunised for Age	%	No. Eligible	Fully Immunised for Age	%	No. Eligible	Fully Immunised for Age	%	No. Eligible	Fully Immunised for Age		No. Eligible	Fully Immunised for Age	%
Eastern Bay Primary Health Alliance	5,208	3,728	72. %	1,519	1,027	68. %	45	26	58. %	35	20	57. %	3,171	2,437	77. %	438	218	50. %
Nga Mataapuna Oranga Limited	947	613	65. %	489	317	65. %	17	14	82. %	53	29	55. %	338	231	68. %	50	22	44. %
Western Bay of Plenty Primary Health Organisation Limited	42,200	30,332	72. %	2,358	1,561	66. %	198	115	58. %	785	477	61. %	34,525	25,408	74. %	4,334	2,771	64. %
Whanganui Regional Health Network	12,280	9,369	76. %	1,287	991	77. %	86	56	65. %	121	78	64. %	9,615	7,678	80. %	1,171	566	48. %
National	**769,206**	**525,974**	**68. %**	**47,809**	**30,607**	**64. %**	**24,672**	**15,541**	**63. %**	**56,958**	**35,390**	**62. %**	**550,798**	**386,016**	**70. %**	**88,969**	**58,420**	**66. %**

Activities:

1. We have met with the three local PHOs and informed them of Ministry support available to help boost vaccination among Maori in eligible groups

2. We have identified those eligible based on Provider Arm database queries

3. We will make contact with the 76 independent LMCs to encourage vaccination among Maori women that are currently pregnant

17.6.20	7.1	**Chief Executive's Report – Woman, Child and Family** BOPDHB has a good relationship with Oranga Tamariki. Recent determination has been that uplifting of children cannot occur on DHB premises. The Board requested an update on BOPDHB's position – Acting Manukura	In progress
17,6,29	7.5	**Maori Health Dashboard Report** Board Members requested the opportunity for an education session on the data provided to better understand. To be arranged. – Interim CEO	In progress - Intent is for 2 Sept Committee Day

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Minutes

Bay of Plenty Hospital Advisory Committee

Venue: Tawa Room, Education Centre, 889 Cameron Rd, Tauranga
Date and time: Wednesday 1 July 2020 at 10:30am

Committee: Geoff Esterman (Chair), Hori Ahomiro, Sharon Shea (via Zoom), Marion Guy, Ron Scott, Leonie Simpson (via Zoom), Lyall Thurston, Lindsey Webber

Attendees: Simon Everitt, (Interim Chief Executive), Pete Chandler, (Chief Operating Officer), Hugh Lees (Chief Medical Advisor), Julie Robinson (Director of Nursing), Debbie Brown (Senior Advisor, Governance & Quality), Sarah Mitchell (Executive Director, Allied Health Scientific & Technical),

Item No.	Item	Action
1	**Karakia** The meeting opened with a karakia.	
2	**Presentation** Nil	
3	**Apologies** There were no apologies	
4	**Interests Register** The Committee was asked if there were any changes to the Register or conflicts with the agenda. No conflicts were advised. L Thurston advised of updates which he will forward to Board Secretariat. M Guy considered her NZNO risk as Low rather than Medium.	
5	**Minutes** BOPHAC Meeting – 4.3.20 **Resolved** that the minutes of the meeting held on 4 March 2020 be confirmed as a true and correct record. Moved: R Scott Seconded: M Guy	
6	**Matters Arising** The Matters Arising were in progress or had been completed.	
7	**Matters for Discussion / Decision** 7.1 Chief Operating Officer's Report Chief Operating Officer highlighted the following:	

Item No.	Item	Action
	Update on National focus on Equity. There are issues to target in Surgery specifically. Historically BOPDHB has primarily used Trendly indicators as the focus areas for equity improvement but recognising we need a much broader view of where issues exist. *CCDM* - is progressing in fulfilment of additional FTE. Specialty areas are more difficult to recruit to. Query was raised on when next CCDM assessment process begins; this will launch in Aug/Sept with revised calculations being undertaken, which will feed into the November business planning year. *Allied Health* - Weekend case finding model is commencing to provide Allied Health input to support increased weekend discharges from hospital. Life Curve is now live in the Bay which is in a period of testing with Nga Kakano and Age Concern. There is an app being used and further developed for the NZ context which will be available to all. It is not a medical tool, it is a tool to empower people to age well and live well. Discussions have been had with PHOs and the Tauranga City Council Mayor. One of the key benefits is in identifying where a person is at on the life curve and providing the services to assist with better living. Query was raised regarding whether Maori input had been gained. Our access to the Life Curve toolkit has come out of partering with the NHS but the Allied Health Director has been working with the Manukura, aligning tools to Te Toi Ahorangi and one of the partners helping with the developments is Nga Kakano. Discussion was had at Board Strategy day on population health which fits with the tool. Query was raised on what the tool does upstream. Engaging with community partners will provide further information on that aspect and where non-medical services are, eg Sport Bay of Plenty. The orthopaedic trial of Allied Health Specialists seeing orthopaedic referrals is going well, linking to our Planned Care development aim. This is a significant change in model of care in NZ and it's important that we work very closely with both Orthopaedic Consultants and local health providers to ensure success. *Child Development:* The transition of Te Whanau Kotahi is progressing well. *Theatre Utilisation*. In the surgical recovery process step 1 is to ensure usage of all theatres across both sites and then to increase case volumes whilst maintaining safe environments, but being able and ready to revert in the event of a re-surgence of COVID locally. Going forward theatre utilisation will be monitored on a regular basis and our new Perioperative Nurse Manager is putting strong focus on theatre efficiency. There is scope for improvement over time.	

Item No.	Item	Action
	Endoscopy. The Endoscopy service in Whakatāne has implemented a new patient flow to comply with Global Rating Scale (GRS) recommendations and improve the patient experience. There is fine tuning of the service leading into the Bowel Screening programme. *Emergency Departments.* Performance and numbers continue to be erratic across the two sites with unusual attendance patterns which are being closely monitored. *Colonoscopy.* This is a big focus of work and BOPDHB is negotiating with external providers to try and secure additional capacity for waiting list improvement. *COVID -19.* There is a full review underway of the COVID cases which occurred in Te Whare Maiangiangi (TWM). *Child Dental.* There is a 27% Did Not Attend (DNA) rate for Oral Health appointments and the team is working with MHGD to develop improvement initiatives. *Childrens Day Stay Unit*. This is a small investment to leverage change and relieve admissions to the Paediatric Ward. The unit is opening shortly. *Family Violence*. BOPDHB is working with Police on data for Family Violence. There is a push from Government for Police, Education and Health to be working together in this area. **Resolved** that the Committee receive the Chief Operating Officer's report. Moved: G Esterman Seconded: L Thurston	
8	**Matters for Noting** 8.1 BOPHAC Work Plan 2020 The Committee noted the plan. An adaptive approach will be taken for the rest of the year.	
9	**Correspondence for Noting** Nil.	
10	**General Business** There was no General Business	
8	**Resolution to Exclude the Public** **Resolved** that Pursuant to S9 of the Official Information Act 1982 and Schedule 3, Clause 33 of the New Zealand Health and Disability Act 2000 the public be excluded from the following portions of the meeting because public release of the contents of the reports is likely to affect the privacy of a natural person or unreasonably prejudice the commercial position of the organisation: Confidential Minutes of last meeting Chief Operating Officer's Report	

Item No.	Item	Action
	That the following persons be permitted to remain at this meeting, after the public have been excluded, because of their knowledge as to organisational matters or for the purpose of legal records. This knowledge will be of assistance in relation to the matter to be discussed: Simon Everitt Pete Chandler Julie Robinson Hugh Lees Sarah Mitchell Debbie Brown **Resolved** that the Board move into confidential. Moved:G Esterman Seconded: M Guy	
9	**Next Meeting -** Wednesday 2 September 2020	

The open section of the meeting closed at 11.15 am
The minutes will be confirmed as a true and correct record at the next meeting.

CEO's Report (Open) – July 2020

Key Matters for the Board's Attention *

STRATEGIC PRIORITIES *

Some key highlights on the four areas of focus are provided below:

1

TOI ORANGA MOKOPUA – CHILD WELLBEING *

<u>The Child Development Service (CDS)</u>

Transition of Te Whanau Kotahi (TWK) service is virtually complete despite the Western bay team remaining in their temporary accommodation; the focus of service management is building resilient teams with increasing connections and communication; active midland regional collaboration between services is assisting the progress of the planned Implementation improvements and development of the Innovation project for service model.

<u>Preventing Childhood Obesity – Free Health School Lunch Service</u>

Toi Te Ora was advised more schools in this region will be receiving the government funded free lunch service (total 51 schools and kura). Toi Te Ora has been working alongside the regional Ministry of Education office lead and provided nutrition training and support to the schools and kura involved.

<u>Childhood Smokefree</u>

Kawerau District Council recently revised their Smokefree Public Places Policy which incorporates four recommendations made by Toi Te Ora. The changes include extending the policy to cover all council events, instead of events only for children. The policy will be reviewed in five years; however, provision has been made to review it sooner should the Council receive advice to include vaping in the policy

2

TOI ORANGA AKE – INTEGRATED CARE *

<u>Community Care Coordination</u>

CCC is developing its capability and competence to navigating our clients through the often muddy waters of our health network to access the best service that meets their needs. We are working with G.P liaison to develop a referral pathway that enables G.Ps to request assistance for a need – as opposed to having to identify the service for the client – which can lead to a decline.

3

TOI ORANGA NGAKAU – MENTAL HEALTH *

Mental Health & Addictions – Toi Oranga Ngakau

The *Navigate* collaborative across four Community Support NGO providers in partnership with MH&A NASC, is doing a 'soft launch' of its new pathway for community with 302 referrals into non-clinical community support in July 2020. Whilst there is no increased resource for these services it is envisioned that this will provide another option of support for those individuals and whanau who no longer require secondary service care and/or meet the threshold for this care. This is a good demonstration of collaboration and high trust between providers as well as NGO and secondary service, built on relationship.

Incredible Years Autism Parent Programme

Incredible Years Autism (IYA) parent programme contract with MoE is now in place for delivery of a key service for parents of children aged 2-5 on the autism spectrum; this is a component of the transition and development of the Child Development Service (CDS) within BOPDHB and adds to the service partnership & platform currently also run by MCAMHS.

4

TOI ORANGA TIKANGA – BUSINESS DESIGN *

Toi Oranga Tikanga

BOP Transition to the Midland Clinical Portal (MCP) is on track for rollout on 28 September 2020.

Communication and training plans are now completed and being scheduled. The release of the first official MCP communication package will be on the BOPDHB intranet site on Friday 19 June at the 100 days to go mark. Training starts for Clinical Application Trainers mid July and super users early August. MCP demonstrations will be through service meetings, Head of Department meetings, Nursing meetings, eLearning, Cluster Leaders and Grand Round during August and September.

This is an exciting time as BOP is the first of the Midland DHB's to move to the MCP platform. MCP will make all clinical records created anywhere in the Midland region, about any patient, visible to any clinician in the Midland region, regardless of where the patient seeks medical attention. One patient, one record, one region is the aim and vision for the Midland Clinical Portal.

INTEGRATION / COMMUNITY

Te Teo Herenga Waka & Toi Te Ora

Keeping Me Well

The Nga Kakano trial continues with ongoing progress with community engagement and reaching clients who have not had community services to support their wellbeing. The slide below summarises the key concepts that are being tested at this locality site.

The Nga Kakano Foundation Trial

Keeping Me Well, Health care home, Community care coordination and orthopaedic pathways in action

Integrated team: Allied health therapy working as one team with primary community health team and GPs

Kaupapa model and equity focus: Staff working in a kaupapa model, using Kai arahi (health navigator) and hui process, building trust with the community. Priority is to work with Maori who are at risk who have not been able to access wider health services.

Home based and Person directed: goal focussed intervention with flexibility to work on what matters to the client, in their context.

Responsive: Over 90% of client requests resolved on the day or next day. Community care coordination centre action as key enabler reducing system duplication and providing a single access point for health service requests. Releasing capacity.

Well being focussed: Moving away from traditional medical model, providing alternative pathways such as restorative physiotherapy intervention instead of prolonged wait for orthopaedic specialist input.

Enabling: strengths based enablement plans designed around a person's context, focussed on recovery and self management.

The model is starting to demonstrate the following outcomes;

- By working in a kaupapa model and utilising local health navigators, programmes have been initiated with clients who are at high risk of admission but have not received community based, recovery intervention previously – these are clients with high need, significant distrust of the system and frequent attenders to ED.
- Wellbeing advice, nutrition information, balance exercises and anxiety management are among the advice and information distributed with 100's of Kai packs each day during Covid-19. The integrated community health team and general practice operated as one team during the Level 3 and 4 lockdown period.
- Clients with chronic conditions are being picked up immediately for services such as respiratory physiotherapy intervention rather than waiting on a specialist physician waiting list – that is a reduction of 3 months wait time. They are also picking up clients that have not been offered any additional recovery intervention for their chronic health condition.
- 90% of client requests resolved on the day of or the day after the request was made.

This is an emerging locality model and we continue to encourage a range of services and initiatives to test collaboratively in this environment. This includes, health care home, ortho pathways, Keeping me well, CCC. We are actively linking in community resource in an integrated team model to ensure the client has direct access to professional skills that meet their need.

The transitional test pilot is commencing over July with work underway to bring our HCSS provider workforce, allied health/nursing staff and clients together as a team to enable individuals to enable recovery following hospital stay.

<u>Allied Health (AH) Weekend Service Trial</u>

Allied Health is trialling a 7-day hospital therapy service from 27 June through to 2 August 2020.

Aim:

To provide timely access to Allied Health specific treatment, intervention and supported transition regardless of the day.

How

- One Occupational Therapist and Social Workers complete a six week trial working over the weekend in ED, APU and Medical wards.
- There is an established Physiotherapy weekend service – this trial will be in addition to this.

Why

- The majority of Allied Health staff work Mon-Fri and there is an opportunity to deliver services over seven days to align with the business of the hospital.
- Create an appropriately-timed discharge plan for a patient regardless of AH discipline or day of admission.

Benefits for Patients

- Shorter length of stay and reduced unnecessary admissions to hospital.
- The potential for independence will be optimised and the quality of life for the client will be improved.
- Commencement of short-term services within 48 hours.

Benefits for BOPDHB

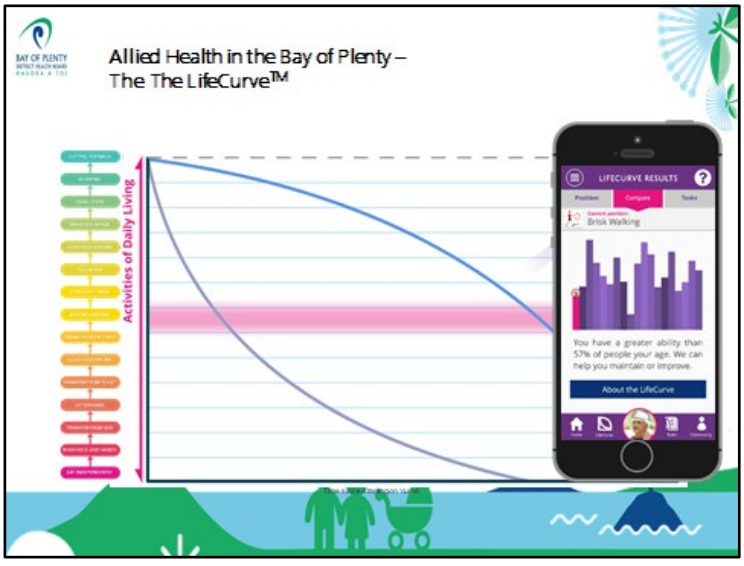
- Cost avoidance associated with preventable admission and reduced lengths of hospital stay.
- Alignment of service objectives with the Strategic Health Services Plan 2017-2027 and current improvement projects under the Keeping Me Well umbrella (e.g. Community Care Coordination).
- A change of culture resulting in co-ordination of services and disciplines.

M	T	W	Th	F	Sa	Su

M	T	W	Th	F	Sa	Su

<u>LifeCurve</u>

LifeCurve has arrived! This is a tool that was developed in the UK to help individuals to age well and slow functional decline. We are very excited to be the first DHB in the country to introduce it for our population. We are working alongside our UK partners to create a New Zealand version of the App which is appropriate for our communities.



The Life Curve is primarily a person-centred intervention system. At its basis it is a list of 15 Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) markers of age-related decline arranged in a hierarchy and the focus is to (self) identify where a person is on the list (curve) and intervene at the right level, at the right time. This broadens the curve and delays decline. Using LifeCurve promotes the person's understanding of their ADL/IADLs performance end empowers them to make choices to improve their health and wellbeing.

Of Allied Health it is everybody's business! This needs to be reinforced across the whole system however it is the role of Allied to promote, support and educate the population in supporting the community to age well.

Alongside promotion through delivery, the service is also working with Professor Ngaire Kerse through the Ageing well through Eating, Sleeping, Socialising and Movement (AWESSoM) trial. The work we will be undertaking to support people to age well aligns perfectly with aspects of the Health and Disability System review which calls for a strong focus on prevention and wellbeing.

Keeping Me Well - Western Bay - Nga Kakano Practice Test Team

Aim:

- To prevent admissions to hospital and improve client wellbeing through delivery of enablement programmes in the home.
- To improve access to enablement programmes and support services for Maori.
- To reduce ED presentations through responsive enablement programmes in the home.

Progress:

- The team has seen over 100 clients. 90% were seen on the same day as referral and the rest within 24 hours.
- Clients are now changing due to maturity of the model – an increase in the number of clients on sustained programmes rather than one off intervention. This should start to give the team outcome data as the patient benefits from sustained input.
- Now seeing clients from the NKF community health team that are registered with other practices – progression towards the wider locality model.
- Recently resolved network access between DHB laptops and the NKF network which now enables the team to write notes in the PMS and to look at records across the system

Increased Immunisation

- The full immunisation team, BOPDHB and primary care/GP practices have continued to support immunisation throughout COVID 19 which is reflected in ongoing performance improvement with reduced `missed` and `late` child vaccinations.
- Childhood Immunisation coverage overall has a strong improvement trend from dedicated operational leadership; 8 month health target rate is 87%, with 91% (NZE) and Maori 81%, with an 8.6% decline rate, translating into close approximation to the 95% target.
- Influenza coverage for the season is looking positive for BOPDHB; sitting 3 points away from meeting the 75% target with two months to go; at 72% for the the >65 total populatiopn group. results show Maori at 65% and a remaining equity gap to non-Maori of 10% which will be the target of a dedicated Maori influenza programme with PHO/GP and alternative delivery options (new data to be posted).
- Our >65 yrs results for Maori remain in the top four for DHB`s and above the national average of 55%.
- Temporary manager role providing good leadership and performance support to the Immunisation Co-ordinator roles, resulting in positive efforts with the primary care teams/GP practices and GP liaison roles, including the running of inter-active training sessions.
- Communications plan and promotion being worked up with appropriate cultural reframe for Maori coverage and messaging; working with Nga kakano and NMO via MHGD team members.
- The 10% equity gap for Maori children is still a key focus for outreach services and support for GP practices by Imms Co-ordinators.
- The GP manual for the Childhood Immunisations process to be digitised and placed on Bay Navigator.

Seasonal Influenza Vaccination in the 65 years and Over Age Group

On 21 June 2020, 66% of Maori aged 65 and over had received the influenza vaccine (compared with a national target of 75%). Weekly improvement has flattened over the past few weeks.

We have met with the three PHOs to inform them of funding that BOPDHB has received from the MoH to increase influenza vaccination among the eligible Maori population (those aged 65 and over, those with a range of long term conditions, pregnant women, and frontline health workers). Over the next several weeks we will implement a range of interventions aimed at boosting vaccination among these groups

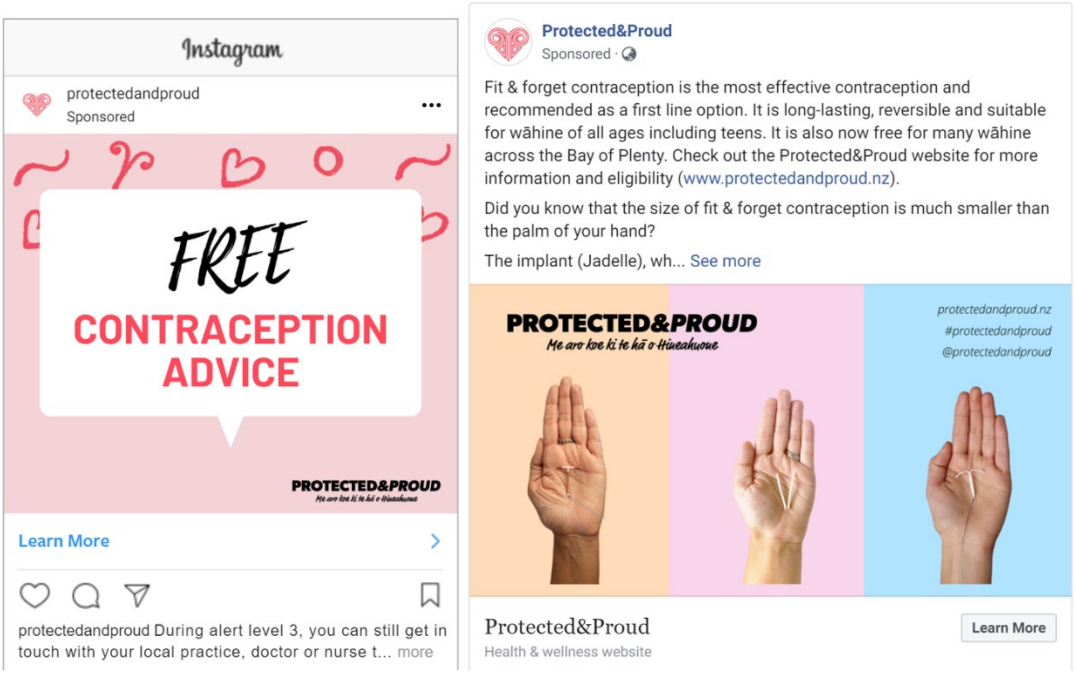
Advanced Care Planning (ACP)

Advance Care Planning is gaining traction as business as usual. Our focus this month is to restart the Train the Trainer workshops offering alternative options for professional training development during the winter months. We are entering into another community based group session (8-10 participants) who attend ACP pop up hubs to discuss their plans with the intention to complete it across 2 sessions.

We are currently having meetings with a strong Maori advocate to engage Maori whanau to talk about and complete ACPs. There's been a strong focus on developing an ACP strategy that aligns with SHSP, Te Toi Ahorangi and the National HQSC strategy.

Protected & Proud - Youth Project Leads

Three wāhine aged 16-19yrs have joined the project team to design, deliver and evaluate a Peer Educator Youth Project in the Eastern Bay of Plenty as part of the wider Protected&Proud service. All three wāhine are part of the Future Leaders Programme. The Peer Educator project commences in July through to September and aims to provide a space for wāhine to learn and korero with other wāhine about



Rheumatic Fever Prevention

The first month of the modified the Rheumatic Fever Prevention service has gone well overall. There were challenges to overcome, with one being finding supervision and training to support the Community Health Workers employed by four Eastern Bay Hauora. A few Eastern Bay based Public Health Nurses from CH4K stepped up to provide the training and supervision, alongside the community health RN at EBPHA.

Here was some of the feedback received from a Public Health Nurse from CH4K who supervised and trained CHWs in Murupara and Taneatua:

“It was an immense privilege and a pleasure to join Tuhoe Hauora Rheumatic Fever Team and Te Ika Whenua Hauora Inc Soc over the last couple of weeks. A day was spent with each at the kura; Yvonne (Murupara), Sunshine (Taneatua, Waimana, Matahi and Nukuhou), and Aroha (Ruatoki, Tawera and Waiohau) were enjoyable and an insight into the huge roles they perform in their kura and communities.

We discussed PPE and the correct use of it and utilised PPE on the days in the kura. I participated with Kaimahi and observed their engagement with staff parents and children**.**

I observed confident and proficient Kaimahi making a huge positive difference to their communities.**”**

Swabs taken in June 2020 (awaiting Tuhoe data):

June 2020	Swabs taken	Positive Strep	negative	% positive
Tuwharetoa Ki Kawerau	140	25	115	18%
Opotiki	82	7	75	8.5%

SYSTEM INTEGRATION

Te Teo Herenga Waka

Improving our Health Intelligence System

The DHB has appointed a Cross-Sector Digital Architect. The role has been established primarily to improve access to information sharing and use across public health, community, primary and secondary care to improve our response to COVID-19 data requirements. COVID-19 highlighted pre-existing health intelligence and digital system challenges which means data is not always effectively shared or used. It has highlighted the importance of timely access to meaningful, reliable and integrated data across both hospital and community for the purpose of decision making, planning, monitoring and improvement.

Provider Arm

Orthopaedic Transformation Programme

The Orthopaedic Transformation Programme comprises a number of initiatives which sit under the umbrella of the System Integration / Toi Oranga Ake work programmes.

The Orthopaedic initiative currently includes the Community Orthopaedic Triage Project (COTS) and Emergency Department.

Community Orthopaedic Triage Project (COTS)

Aim:

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

- Enable adults with musculoskeletal problems to access 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.

Objectives:

- To provide a proactive recovery-based pathway (COTS pathway) for a person with non-urgent MSK conditions at point of GP visit;
- For the person to be triaged and assessed by an Allied Health Physiotherapist in a community-based location within a 4 week time frame;
- For the assessment to identify and action the most appropriate outcome/intervention for the person (non- surgical intervention and/or surgical intervention);
- If the outcome/intervention of the assessment is still deemed surgical. The surgical wait is fast tracked.

Project deliverables:

- Pilot a community-based orthopaedic triage service (COTS)
- Expand COTS pilot across the BOP
- Enable integrated clinical decision making at all levels (Primary Care, Allied Health and Orthopaedic Services)
- Enable an integrated Musculoskeletal Pathway across the system

BOP Clinical Campus

Education

Online Learning continues to be heavily used. We are currently working with WBOP PHO to develop a fundamentals course on Diabetes that will be available for DHB staff and the wider health community. We are currently shifting a number of courses from face to face to either fully online, or blended learning. These include:

- Fire Safety (previously face to face)
- Restraint minimisation (previously face to face)
- SBARR (previously face to face)
- IV and Oral Analgesia (previously face to face)
- Male catheterisation (will now be blended – theory online, then practical)
- Venepuncture and cannulation (will now be blended – theory online, then practical)

We are also updating the Health and Safety Refresher and adapting the face to face Te Tiriti o Waitangi course to have an online option for DHB staff and community providers. We are also working on a Pressure Injury course as part of the ACC drive to reduce pressure injuries.

The Education Manager is meeting with WBOPPHO and DHB staff to discuss Aged Residential Care education needs. We have also been strengthening the relationship with EBOP PHA.

DISTRICT HEALTH BOARD

Te Teo Herenga Waka and Toi Te Ora

Whakatane Acute Flow – E3

This programme continues to focus on the development of the EBOP Model of Care framed within both Te Toi Ahorangi and the SHSP.

Specific Acute flow focus is on:

- Acute Demand pathways EBOP access to reduce ASH and ALOS
- Preventing deconditioning launch of a new programme “inter-Active” in the Medical ward on June 25
- Acutely Unwell Patient Completing the action items agreed in May 2019 to strengthen ACU Workforce. Development of Rural Hospitalist programme for Whakatane Hospital to enhance clinical sustainability

Preschool Oral Health Service

The proportion of Maori preschoolers enrolled in the Community Dental Service has remained above 95%. This is largely due to the automated process established in our previous quality improvement efforts for this Performance Measure. However, the service reductions of Alert Levels 3 and 4 have seen a significant increase in those not seen within the planned review period (since their last assessment). It is estimated that clearing this backlog will take until the end of the year. We will work with the Provider Arm to investigate interventions that may reduce the backlog more quickly.

Breast Screening

Alert levels 3 and 4 led to cessation of screening. Breastscreen Midland has been working on strategies to reduce the backlog now that services have resumed.

The mobile unit has resumed screening in Kawerau; Breastscreen Midland has rearranged the mobile unit 2-year schedule to facilitate screening at this site. Screening was originally scheduled for May but stopped when Alert Levels rapidly progressed from 3 to 4.

Toi Oranga Whānau

Discussions have been initiated between the Maori Health Gains and Development (Toi Oranga Tikanga & Toi Oranga Whanau), Tauranga City Council staff, Western Bay PHO, Toi Te Ora and awaiting to engage with BOP Regional Council staff to look at how each agency can leverage and influence outcomes for our local communities. In particular, the Whareroa community and the effects of the developments being planned and built around the Port of Tauranga.

Planning

Planning for 2020-21 has nearly been completed with the second draft being submitted to MOH 22nd June 2020. This has been reviewed and approved by both the Executive Directors and the Board.

The organisation has managed to capture our collaborative and integrated efforts into this plan, and it diplays a strong health equity focus and alignment to our strategies, including the savings initiatives highlighted in the savings plan. Our learnings from COVID are also evident in innovative activities we plan to undertake in the 2020-21 year.

Toi Te Ora

Coronavirus

The national pandemic response is now in the “keep it out” phase with active monitoring of border control. Two Rotorua hotels were stood up at short notice to accommodate increased numbers of New Zealanders returning from overseas and needing to go into managed isolation. At this stage Toi Te Ora will be responsible for case and contact tracing should any new cases be notified from these hotels. In addition, Toi Te Ora has been assisting the Ministry with follow up of those people who were exempted from managed isolation; the exemption process for new returnees has now been halted by the Director General.

Toi Te Ora stepped in to strengthen measures around maritime crew who may need to disembark at the Port of Tauranga for whatever reason in order to ensure adequate protection for the public.

Toi Te Ora has focussed the local public health response has been on developing, training staff and exercising surge capacity plans to be ready for any second wave of COVID-19. To support ongoing work a new combined COVID-19 Response structure has been finalised with both DHBs and is now being put in place. The structure will be supported by a single incident action plan and will include oversight of recovery plans.

A Health and Civil Defence Collaboration Group has been established and will meet fortnightly. The group is chaired by the Medical Officer of Health and attended by representatives from Bay of Plenty and Lakes DHBs, Toi Te Ora and Civil Defence. The group’s purpose is to ensure ongoing cross agency planning and collaboration.

Toi Te Ora has developed a COVID-19 Public Health Recovery Strategy and Action Plan, which is now being implemented. This strategy covers organisational recovery, staff recovery and wellbeing, and community recovery across public health priorities. The strategy will align with the two Bay of Plenty and Lakes DHBs’ plans, including psychosocial recovery.

Workplace Wellness

The Ministry of Health has extended its contract with Toi Te Ora to lead the National approach to Workplace Wellbeing, including supporting the delivery of WorkWell in other District Health Board areas. This ongoing funding is a credit to the team’s work and leadership in this space. The contract term ends 30 June 2022.

The National Workplace Wellbeing Community of Practice, which Toi Te Ora leads alongside the Health Promotion Agency and Healthy Families NZ staff, remained active during the lockdown period. The Health Promotion Agency recently shared the draft Ministry of Health document on Psychosocial Wellbeing for workplaces and Toi Te Ora has provided feedback.

Two new workplaces have registered with WorkWell (Port Nicholson Fisheries in Wellington and BayGold in Te Puke). Unfortunately, due to economic pressures, Ngai Tahu Tourism has withdrawn from WorkWell due to the loss of over 300 of their staff. Toi Te Ora acknowledged Ngai Tahu and thanked them for their involvement and the learnings that their specific national set up provided. Toi Te Ora has offered ongoing support to them for any wellbeing advice as needed.

Cervical Screening

National Cervical Screening Programme – Bay of Plenty Region

Cervical Screening rates to 30 April 2020

	BOP		Lakes		National
	Rate	Rank	Rate	Rank	Rate
Maori	73.2	5	73.2	7	66.8
Pacific	75.0	10	87.2	2	65.4
Asian	57.6	13	53.3	17	61.0
Other	83.5	1	80.3	3	75.0
All Ethnicities	78.9	2	75.3	4	70.9

Unsurprisingly, screening rates in the Bay of Plenty and Lakes regions have continued to drop during this period, but the two DHBs hold approximately the same rankings, nationally. With screening and colposcopy services now resuming, and the change to guidelines, there has been pleasing progress with women very overdue for colposcopy follow-up appointments being either appointed or discharged for GP follow-up. There are now more clinics available in Bay of Plenty thanks to the increase in colposcopists and the backlog is starting to clear.

We are still hearing that some patients remain hesitant to attend GP clinics for screening services, as it may mean waiting in the same room as sick people. Options to resolve this will be looked at alongside PHOs as part of the recovery plan for cervical screening.

Provider Arm

Mental Health Services

COVID-19 Outbreak Review – Te Whare Maiangiangi

In independent review of the response to the TWM Outbreak is being undertaken by Dr David Chaplow and Jo Price (Nurse Leader for MH&AS at Lakes DHB). The aim of this review is to provide a summary of the event, including timelines, decision making, and national/regional/local context and then also provide recommendations for learning for the service. It is also to recognise the great work and commitment shown by staff. The results of this review are expected in July.

Corporate Services

Influenza Vaccination Campaign

The total percentage of staff vaccinations for 2020 at this point is 74.6%. Letters have been sent to all the staff we currently have listed as not having had a vaccination encouraging them to have one. The campaign continues through until September 2020.

Occupation	**Percent %**
Nurses	78.2%
Doctors	82.7%
Midwives	61.2%
Allied Health	70.8%
Health Care Assistants	67.3%
Other staff	70.2%

Health and Safety Manager Recruitment Update
Three candidates were considered and an offer of recruitment made to the preferred candidate who has accepted the role. It is expected that the new manager will commence with the DHB at the start of August.

COVID PPE - N95 Mask Fitting
546 staff across Tauranga and Whakatane have now been tested and fitted for N95 masks. The masks purchased by the Bay of Plenty District Health Board are of a high quality and standard and are not among those recalled recently.

Organisational Development (OD)
The OD function is focusing on a number of key areas:

- Developing principles/protocols for flexible working arrangements whether on DHB site or working from home. This has been based on adapting the resources developed through Covid 19 to enable implementation of a quick solution and meets an immediate need sought by managers. Longer term work will be undertaken with Facilities and Business Operations and Information Management to explore and develop resources for wider flexible working options and a change process to help staff moving to agile work spaces and new ways of working.
- Engagement with stakeholders on the People Strategy. To date the Strategy has been shared with Maori Health Gains & Development (MHGD), the PSA, NZNO and ASMS, P &C leaders, Health Quality & Safety Service and the Executive. Feedback has been constructive, with a range of views; MHGD are organising a Wananga at a local Marae to explore our partnership and seek more in-depth feedback. Union partners are keen to continue ongoing engagement and are seeking early progress particularly in the areas of leadership and wellbeing. Health Quality and Safety Service are keen to work together on how we lift the Employee and Consumer experience.
- Working with Emergency Planning team to develop and support Whakaari recovery & wellbeing initiatives that while providing short term support will inform a longer term strategy and development of an overarching Wellbeing Strategy/ Framework that focuses on building resilience individually and organisationally.

Finance, Procurement & Supply Chain (FPSC)

COVID Supply Chain Continuity
Adequate levels of Personal Protection Equipment (PPE) have been maintained for both DHB internal and external community use. Regular communication is being maintained with other DHB's, NZHP and MoH regarding industry procurement arrangements.

Supplier Payments
Advancing the timeliness of supplier payments in line with Ministerial instruction to pay invoices within 10 days is well underway. Over 80% of invoices are paid within 10 days of the date of invoice while over 90% are paid within 10 days of receipt of processing of the invoice into the payment system. This has cashflow implications and is being monitored closely to ensure cashflows are managed appropriately.

Information Management

COVID Digital Contract Tracing
After an evaluation process involving stakeholders from IOC/EOC, MOH and Communication team, the MoH digital tracking solution has been selected out of four potential options as the contact tracing to be adopted within DHB facilities. The solution has been rolled out in both Tauranga and Whakatane hospitals and has been installed on all DHB-owned mobile phones.

Microsoft Modern Workplace
June saw the roll out of the latest Windows 10 along with Office Pro Plus to parts of the DHB workforce. This system update provides an improved and more secure operating platform to support greater flexibility in accessing DHB information and enabling increased collaboration. The first group of users are from Corporate Services, Outpatients, Planning & Funding and Information Management. User feedback has generally been positive.

Despite the progress, overall confidence level remains at Medium due to the technical complexities that are being dealt.

ICNet Hospital Infection Control System

Solution testing is underway and progressing well. It is expected that the COVID focused aspects of ICNet will go live by the end of July. The project to implement the full ICNET product is to commence following. Confidence for successful implementation is assessed at High.

BOP Clinical Campus

Education Award

Kate Grimwade Year 4 supervisor has been awarded the Dennis Pickup Clinical Educator award by the University of Auckland. Kate and her family have been invited to a celebratory function in Auckland on Wednesday 29 July. This is well-deserved recognition of the teaching that Kate contributes.

Rural Health Immersion Programme

Following the move to Alert Level 2 on 14 May, the RHIP team were able to resume the programme starting with Block 4 on 7 June. Block 4 involves nine students from four health disciplines (medicine, pharmacy, paramedicine and physiotherapy) which is a good number of students and range of disciplines, given the disruption to the academic year and associated clinical placements.

Although the Block was unable to commence with its regular noho marae visit, due to COVID-19 and the visitor restrictions to local marae, the team from Māori Health Gains and Development hosted the students onsite at Te Whānau o Irakewa for a mihi whakatau and whakawhanaungatanga.

Planning for the remaining Blocks (5 and 6) is well underway. Student numbers are at or nearing capacity, however Block 5 in particular is challenging with a number of contributing institutions having restructured their academic year and clinical placement schedules. The RHIP team recognised that this would be a potential outcome of the period of lockdown and is working closely with institutions to provide as many students as possible the opportunity to participate on RHIP.

Planning is also underway for an additional RHIP Block 7 for students returning to the Eastern Bay to undertake compensatory time. UoA approved this shortened 4 week Block starting 12 October, which will include three medical students who were unable to attend RHIP Block 3, cancelled due to COVID-19. The Block will also include nursing students from Wintec and up to 3 Allied Health students on placement at Whakatāne Hospital at that time.

Senior Advisor, Governance & Quality

Health Consumer Council (HCC) – Chair's Report

The HCC met each month during the COVID lock down period via ZOOM.

The June meeting was held via ZOOM and included a presentation by Clinical Auditor, to be followed by the circulation of information outlining the scope of audit for the HCC members.

Questions to be submitted to Dr Sarah Mitchell regarding her Orthopaedic Transformation project were discussed and shared.

The Terms of Reference (TOR) are being reviewed by a sub group. The review process has surfaced a number of issues that need to be addressed including establishing relationships and communication mechanisms with relevant groups within the DHB, ensuring the TOR embodies the principles of the Treaty of Waitangi and the promotion of health equity, and the clarification of roles and responsibilities around HCC member recruitment.

HCC representative members reported on their participation in the Clinical Governance meeting.

FINANCIALS

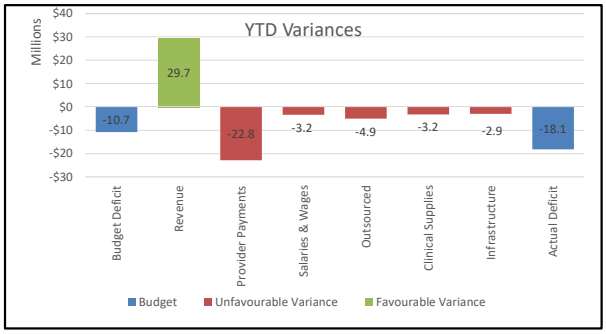
The DHB has not achieved its Annual Plan (AP) budget for the YTD period ending 31 May 2020. The May deficit of $4.286m was $1.659m worse than the AP deficit of $2.627m. Our YTD result is a deficit of $18.070m which is $7.403m unfavourable against the phased AP deficit of $10.667m

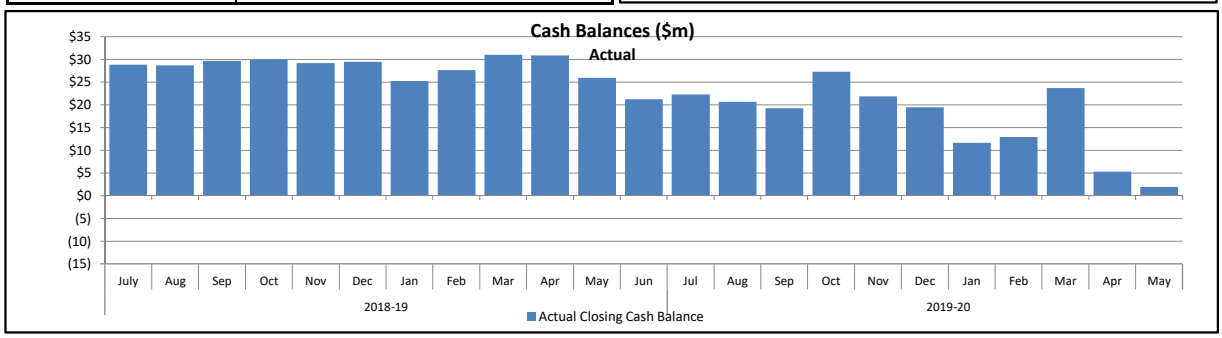
BAY OF PLENTY DISTRICT HEALTH BOARD
PRELIMINARY RESULTS FOR THE MONTH ENDED 31 MAY 2020

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

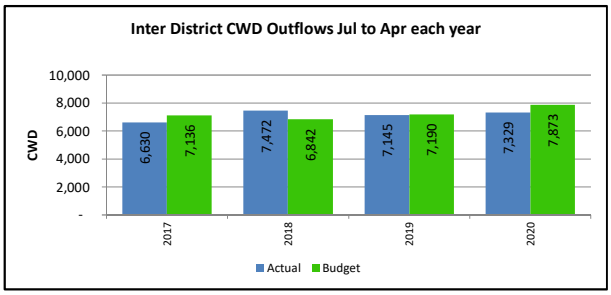
KEY FINANCIAL RESULTS SUMMARY

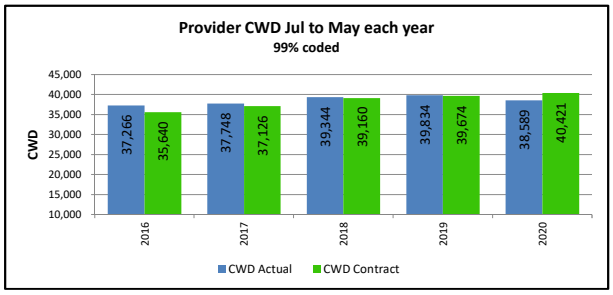
KEY MEASURES	Actual	AP Budget	Variance
Operating Result	**($18,071)**	**($10,667)**	**($7,403)**
FTE (accrued YTD average)	2,904	2,876	(29)
Provider Volumes			
Case Weights (CWD) - Acute & Arr	30,327	30,463	(137)
Case Weights (CWD) - Elective	8,263	9,958	(1,696)
Cash & Bank ($000)			
Balance	$1,921	$14,187	(12,266)
Days Cash	0.79	6.06	(5.27)
WORKING CAPITAL ($000)	($51,831)	($47,967)	($3,864)
Crown Equity ($000)	$241,243	$250,689	($9,445)

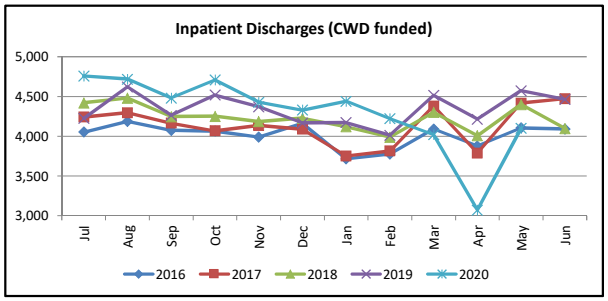


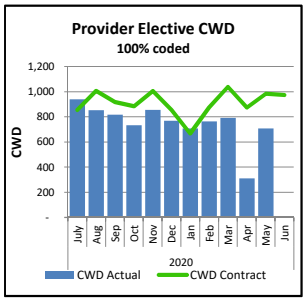


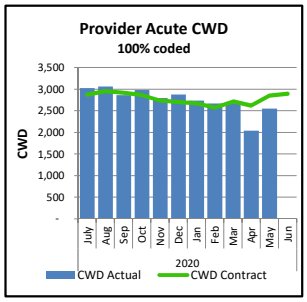
KEY ACTIVITY DRIVERS SUMMARY



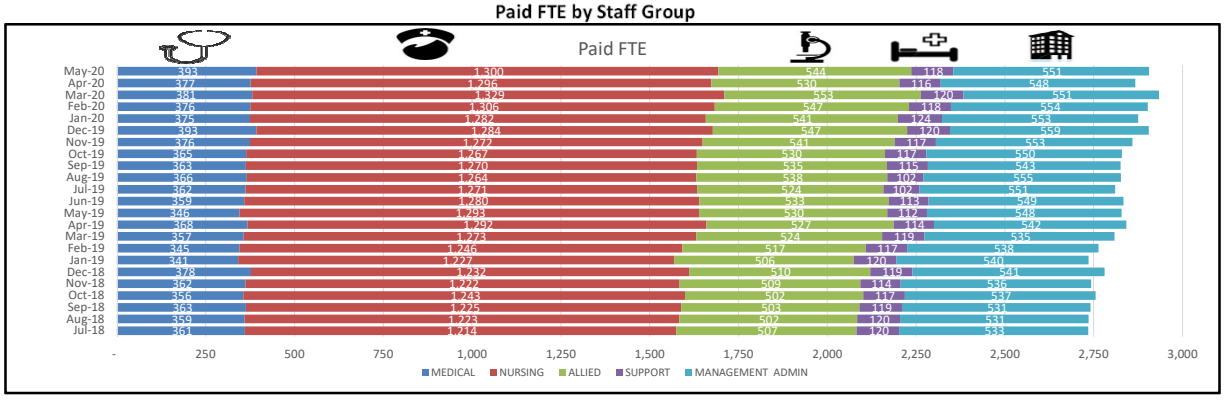








KEY STAFF FIGURES



Primary Care Overview

Eastern Bay Primary Health Alliance

Key achievements for this month:

- Building on the established relationships between Primary and secondary clinicians. And between EBPHA and other providers e.g. Iwi, hospital, NGOs etc.
- Progressing work around telehealth – encouraging practices to continue to use this effective platform and supporting patients to engage with it for the long term.
- Pushing for continued integration of services /collaborative approaches to innovative health care programmes (e.g. EBPHA involvement in E3/Planned Care/GPs doing SMO work in the community etc).

Key challenges for this month:

- Transitioning Covid testing to general practice and Pathlab.
- Helping practices manage the ongoing/increasing volumes of Respiratory patients whilst the Case definition remains very broad.
- CBAC workers moving back into 'business as usual' – the psychological shift from having an intense, focused experience, back to their day-to-day work.
- Keeping momentum with the motivation to challenge the existing health system – listening to demands for new models of care, trying to push the boundaries so we don't slip back to old habits.

Nga Mataapuna Oranga

Key achievements for this month:

- Initial findings from the NMO network stock-take show that approximately 80% of the NMO Network's workforce are female and 63% identified as Māori. The majority of the workforce (45%) are in the 50+ age group.
- As of 22 June 2020:-
    - Six hundred and eighty-three whānau in the 65+ age group received the flu vaccination and of this number 51% were Māori. In comparison, the number of vaccinations given for the 00-64 age group was 789, with over 68% who identified as Māori.
    - The total number of whānau with chronic conditions is 6,532 with just under 70% identified as Māori.

Key challenges this month:

- Concern is growing that the lack of funding for Tūāpapa implementation has not been addressed or discussed.

Western Bay of Plenty Primary Health Organisation

Key achievements for this month:

- Return to Level 1 has enabled the return to a new BAU across our service network, which has been both exciting and challenging with best use of resources to meet backlog of unmet need and demand during lockdown.
- All WBOPPHO delivered services are now fully operational and focus is on providing support to both our Practice network and community sub-contracted providers to increase throughput.

- Transition of assessment and swabbing into General Practices (post CBAC) was adopted well with 29 of 31 Practices managing at least their own patient population, with a small number also managing casual contacts.
- Introduction of PathLab test sites has also significantly enhanced capacity across the system.
- Joined-up and collaborative approaches between DHB and WBOPPHO are being maintained with collective progress being made on time-limited activity.

Key challenges this month:

- Recent identification of two new positive cases has resulted in burgeoning demand and practices are currently feeling the pressure. PathLab is also swamped and operating on a 48 hour delay for swabbing.

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Hand Hygiene Results March - June 2020

SUBMITTED TO:

Board 15 July 2020

Prepared by: Julie Robinson Director of Nursing

Endorsed and
Submitted by: Pete Chandler, Acting Interim Chief Executive

For Information X ☐ **For Discussion** ☐ **For Decision**

RECOMMENDED RESOLUTION
That the Board note the Hand Hygiene results for the audit period ending June 2020.

ATTACHMENTS:

BOPDHB Results by Health Care Worker (HCW)

Results by HCW Tauranga

Results by HCW Whakatane

BACKGROUND

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. Auditing takes place three times a year and data is submitted to HHNZ and the Health Quality & Safety Commission so it can be captured at a national level.

For the audit period 1 November 2019 to 28 February 2020 BOPDHB achieved 78.3%.

- Results by site Tauranga 76.8%
- Results by site Whakatane 83.2%

The current national target is 80%.

The Board requested to receive an update following the March – June audit period. There is an interest in seeing the improvements with Medical staff handwashing compliance at Tauranga site.

IMPACTS ON BAY OF PLENTY DHB GOALS AND OUTCOMES

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 us all. In addition to posing a grave threat to patient safety, the economic burden for HAIs is significant across the globe, but high standards for hand hygiene represent a simple, cost-effective opportunity to minimise the impact of these dangerous infections.

ANALYSIS

For the audit period 1 March 2020 to 30 June 2020 BOPDHB achieved 77.8% (last period 78.3%) which was a reduction of .5% from the previous audit period.

- The organisation result was 77.8% (last period 78.3%)
- Results by site Tauranga 76.1% (last period 76.8%)
- Results by site Whakatane 83.6% (last period 83.2%)

Medical staff at Tauranga improved to achieve 60.2% (last period 53.5%). Unusually Medical staff at Whakatane dropped below the compliance rate this period at 76.7% (last period 82.5%). Paediatricians continue to perform to a high standard.

Allied Health also requires improvement strategies consistently hovering at the 70% rate.

Nurses at Tauranga also dropped below 80% for the period achieving 79.2%.

Improvement plans will be requested for the relevant areas.

Compliance Rate by Healthcare Worker - Bay of Plenty DHB

Start Date: *2020-03-01*

End Date: *2020-06-30*

Audit Period: *HHNZ National Audit Mar-Jun 2020*

Health Region:: *Midland Region*

Region Group:: *Bay of Plenty DHB*

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Bay of Plenty DHB	1,636	2,102	77.8%	76%	79.6%

	Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1	Nurse/Midwife	1,099	1,357	81.0%	78.8%	83.0%
2	Medical Practitioner	184	294	62.6%	56.9%	67.9%
3	Allied Health Care Worker	62	87	71.3%	61.0%	79.7%
4	Phlebotomy Invasive Technician	90	94	95.7%	89.6%	98.3%
5	Health Care Assistant	123	155	79.4%	72.3%	85.0%
6	Cleaner & Meal staff	10	26	38.5%	22.4%	57.5%
7	Student Doctor	1	3	33.3%	6.1%	79.2%
8	Other - Orderly & Not Categorised Elsewhere	10	21	47.6%	28.3%	67.6%
9	Student Nurse/Midwife	57	65	87.7%	77.5%	93.6%

When gloves are taken OFF, the proportion of Moments that were MISSED is: 8.6%
When gloves are put ON, the proportion of Moments that were MISSED is: 12.5%
Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 16.9% of the time
When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was 83.1%
When healthcare workers correctly performed hand hygiene, the proportion of Moments where soap and water was used was 16.9%

Compliance Rate by Healthcare Worker - Tauranga Hospital

Start Date: *2020-03-01*

End Date: *2020-06-30*

Audit Period: *HHNZ National Audit Mar-Jun 2020*

Health Region:: *Midland Region*

Region Group:: *Bay of Plenty DHB*

Organisation:: *Tauranga Hospital*

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Tauranga Hospital	1,237	1,625	76.1%	74%	78.1%

	Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1	Allied Health Care Worker	46	64	71.9%	59.9%	81.4%
2	Invasive Technician	81	84	96.4%	90.0%	98.8%
3	Domestic	9	21	42.9%	24.5%	63.5%
4	Medical Practitioner	151	251	60.2%	54.0%	66.0%
5	Nurse/Midwife	798	1,007	79.2%	76.6%	81.6%
6	Other - Not Categorised Elsewhere	7	17	41.2%	21.6%	64.0%
7	Health Care Assistant	95	123	77.2%	69.1%	83.8%
8	Student Nurse/Midwife	50	58	86.2%	75.1%	92.8%

When gloves are taken OFF, the proportion of Moments that were MISSED is: 9.2%
When gloves are put ON, the proportion of Moments that were MISSED is: 14.4%
Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 16.5% of the time
When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was 82.4%
When healthcare workers correctly performed hand hygiene, the proportion of Moments where soap and water was used was 17.6%

Compliance Rate by Healthcare Worker - Whakatane Hospital

Start Date: *2020-03-01*

End Date: *2020-06-30*

Audit Period: *HHNZ National Audit Mar-Jun 2020*

Health Region:: *Midland Region*

Region Group:: *Bay of Plenty DHB*

Organisation:: *Whakatane Hospital*

Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
Whakatane Hospital	399	477	83.6%	80.1%	86.7%

	Name	Correct Moments	Total Moments	Compliance Rate	Lower Confidence Interval	Upper Confidence Interval
1	Allied Health Care Worker	16	23	69.6%	49.1%	84.4%
2	Invasive Technician	9	10	90.0%	59.6%	98.2%
3	Domestic	1	5	20.0%	3.6%	62.4%
4	Medical Practitioner	33	43	76.7%	62.3%	86.8%
5	Nurse/Midwife	301	350	86.0%	82.0%	89.2%
6	Other - Not Categorised Elsewhere	3	4	75.0%	30.1%	95.4%
7	Health Care Assistant	28	32	87.5%	71.9%	95.0%
8	Student Doctor	1	3	33.3%	6.1%	79.2%
9	Student Nurse/Midwife	7	7	100.0%	64.6%	100.0%

When gloves are taken OFF, the proportion of Moments that were MISSED is: 7.1%
When gloves are put ON, the proportion of Moments that were MISSED is: 8.2%
Of all Moments where glove use is recorded, Healthcare Workers FAILED to perform hand hygiene 17.8% of the time
When healthcare workers correctly performed hand hygiene, the proportion of Moments where alcohol based hand rub was used was 85.2%
When healthcare workers correctly performed hand hygiene, the proportion of Moments where soap and water was used was 14.8%

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

CORRESPONDENCE FOR NOTING

SUBMITTED TO:

Board Meeting 15 July 2020

Prepared by: Maxine Griffiths, Board Secretariat

Endorsed and
Submitted by: Pete Chandler, Acting Interim Chief Executive

RECOMMENDATION:
That the Board notes the correspondence

ATTACHMENTS:

- Letter from Peter Hughes, State Services Commissioner re Board Members Standing for Parliament, dated 30 June 2020
- Letter from Hon Peeni Henare, Associate Minister of Health re Maori Health Equity – COVID-19 Response and recovery Planning and BOPDHB response dated 6.7.20
- Letter to Jim Mather, Board Chair, Lakes DHB re acceptance of nominations to BOPDHB Board Committees and nominations for Lakes DHB Committees dated 6.7.20
- Letter from Dr Andrew Simpson, Chief Medical Officer, MOH and Mr Richard Hamblin, Director, Health Quality Intelligence, re Key Acute Coronary Syndrome Indicators by DHBs, dated 8 July 2020

STATE SERVICES COMMISSION
TE KAWA MATAAHO

30 June 2020

To Chairs of State sector agencies

Board members standing for Parliament

As is usual practice in an election year, the Government has considered its expectations of board members who may be standing for Parliament in 2020. Continuing the practice of previous governments, Ministers have reaffirmed their expectation that board members of State sector agencies will avoid conflicts of interest that may arise from their candidacy for election to Parliament.

Ministers have asked that these expectations be communicated to you, and that this opportunity be taken to remind you of issues relating to State sector employees standing for election to Parliament.

Ministers' expectations of board members

Ministers' expectations are based on the principle that trust and confidence in the State sector must be maintained, while ensuring that individuals' rights to participate in the democratic process are respected. Ministers' expectations are as follows:

- Ministers expect board members to avoid potential, perceived or actual conflicts of interest, including conflicts that may arise from their candidacy for election to Parliament.
- In general, Ministers expect board members who have declared their intention to stand as candidates to stand down from their board positions with effect from Nomination Day, 21 August 2020, or such earlier date as may be determined.
- For clarity, 'stand down' means that the board member does not exercise the duties of office for the specified period of time, and receives no remuneration for that period.
- Ministers recognised that, given the very large number, range, and disparate functions of the boards to which these expectations are being conveyed, some situations will need to be considered on a case by case basis. If an individual board member considers these expectations do not apply because his or her candidacy would have no adverse effect on trust and confidence in the State sector, he or she should discuss the situation with you and the monitoring department.

Ministers noted that, in general, most board members are expected to resign their positions upon being elected to Parliament. The Crown Entities Act 2004 addresses explicitly the situation for certain board members:

- Members of Parliament are disqualified from being board members of Crown entity companies (s 89, Crown Entities Act).
- Appointed board members of statutory Crown entities (Crown agents, autonomous Crown entities, and independent Crown entities) immediately cease to hold office upon becoming Members of Parliament (section 45, Crown Entities Act).

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2 The Terrace
PO Box 329
Wellington 6140
New Zealand
Phone +64 4 495 6600

- Elected members of statutory Crown entities may retain their board positions while concurrently serving as Members of Parliament (section 30(3), Crown Entities Act).

General Election Guidance for the State Services

Your board and staff members may also find it useful to refer to SSC's General Election Guidance https://ssc.govt.nz/our-work/parliamentary-election-2020/ which sets out some common principles and obligations that apply to those working across the State sector.

The Guidance covers State servants standing for Parliament. While this is an employment matter and therefore ordinarily the responsibility of your entity's chief executive, I draw your attention to these provisions which describe requirements under the Electoral Act 1993 that are placed on some State servants if they are standing for Parliament.

Subsidiary companies

Ministers' expectations also apply to board members of subsidiary companies. If your agency is the parent entity to any subsidiary companies, please alert them, as appropriate, to the contents of this letter and reinforce Ministers' expectations with those agencies.

Further clarification

If you have any questions about election-related matters, please consult with your monitoring department. If you have any questions about SSC's General Election Guidance, please contact election@ssc.govt.nz.

Yours sincerely

Peter Hughes
State Services Commissioner

Hon Peeni Henare

MP for Tāmaki Makaurau

Minister of Civil Defence
Minister for Whānau Ora
Minister for Youth

Associate Minister of Health (Māori Health)
Associate Minister of Tourism

Sharon Shae
Chairperson
Bay of Plenty District Health Board
By email: sharon@sheapita.co.nz

COR HPH-1350

Tēnā koe Sharon

Māori health equity - COVID-19 response and recovery planning

Kei te rere tonu ngā mihi maioha ki a koe, otirā koutou o tō Poari Hauora-ā-Rohe. Kei te mihi aroha tonu ki o koutou tini mate; e hinga mai nei, e hinga atu rā. Ko rātau ki a rātau; ko tātau ki a tātau. Tēnā anō tātau katoa!

Over recent months, it has been humbling for me to see the way New Zealanders in general have come together to support and help each other during concerning and testing times. It reminds me of the sacrifices my elders told me of in times past where (for instance) our country came together to during World Wars and indeed during epidemics such as in 1918. During those times, my elders told me that people went without certain resources and liberties in order to achieve what the country as a whole needed. This is no different fundamentally from what New Zealanders as a whole have done during COVID-19 where they have put the needs of their country first. Similarly, I have seen many instances where those working in health and disability services have put those they serve first.

In light of the above, I would like to thank you, your board and the staff of the Bay of Plenty DHB for the excellent work that you have all undertaken during the last few months, as we have responded as a country to COVID-19. I am well aware that many of your staff have worked long hours and under some pressure to protect and safeguard the health and well-being of the communities you serve. This includes working with and enabling iwi and Māori communities to provide the support and care they need. In particular, I am aware of the joint work undertaken by the Māori Health Directorate in the Ministry of Health and members of Tumu Whakarae (the DHB General Managers for Māori Health collective) to advance the COVID-19 Māori support package. This work had a strong focus on Māori health equity and is of particular interest to me given my Ministerial responsibility for this area.

As we move beyond the immediate response and into a recovery phase, it is important that DHBs and the Ministry continue to work together to meet our commitments to both Māori health equity and Te Tiriti o Waitangi. Meeting these commitments will help to ensure we have a strong and equitable public health system delivering better health outcomes for Māori health and addresses long-standing Māori health inequities.

As you look to restart services that have been placed on hold over the lock-down, I ask that you take an equity first approach. This period has provided an important opportunity to reset what services are delivered and how they are delivered. Where different ways of working have shown to be successful, we must keep these gains and not revert back to old practices. I know your teams are all working diligently to finalise annual plans for 2020/21 and I look forward to seeing your commitments, priorities and plans in this area, especially as they relate to achieving Māori health equity.

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Thank you again for the efforts of the team at the Bay of Plenty DHB.

Nāhaku iti tonu nei, nā

Hon Peeni Henare
Associate Minister of Health

BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

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Tauranga 3143
New Zealand
Phone 07 579 8000
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3 July 2020

Hon Peeni Henare
Associate Minister of Health
Private Bag 18041
Parliament Buildings
WELLINGTON 6160

Tēna koe Peeni

Papaki tū ana ngā tai ki te moana nui ā Toi,
E mihi kau ana tēnei, ki te tanekura o Ngāti Hine, o Ngā Puhi,
Ko koe tēnā i pupuri i ngā moemoea o ngā mātua tupuna ki te whare kawanatanga,
He māngai mō tatou o te motu,
E te rangatira,
Tēnā koe,

Maori Health Equity – COVID-19 Response and Recovery Planning

Thank you for your letter thanking our team at BOPDHB for our efforts during the last few months as we responded to COVID-19.

I can assure you we are committed to working with the Ministry to meet our commitments to both Maori Health equity and Te Tiriti o Waitangi to improve the health status of our people in the Bay of Plenty.

Nāku iti noa, nā

SHARON SHEA
Interim Board Chair

BAY OF PLENTY
DISTRICTHEALTH BOARD
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6 July 2020

Jim Mather
Board Chair
Lakes DHB
Private Bag 3023
ROTORUA 3046

Dear Jim,

At the BOPDHB Board Meeting of 17 June 2020, Board Members resolved to accept the Lakes DHB Nominations to the BOPDHB Committee meetings as folllows:

BOPDHB CPHAC/DSAC

Rob Vigor-Brown
With Janine Horton as back-up if Rob is unavailable.

BOPDHB BOPHAC

The Board is pleased to confirm the continuance of Lyall Thurston as the Lakes DHB representative.

Letters of Appointment will be forwarded to Rob Vigor-Brown and Janine Horton.

The Board would like to nominate the following Board Members as BOPDHB representatives to the Lakes DHB Committees:

Lakes CPHAC, DSAC and combined CPHAC/DSAC Meeting

Board Member Ian Finch.

Lakes HAC Meeting

Board Member Dr Geoff Esterman.

We look forward to confirmation of BOPDHB nominations to the Lakes DHB Committees.

Yours sincerely

RON SCOTT
Acting Interim Board Chair
cc Nick Saville-Wood, Chief Executive, Lakes DHB

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8 July 2020

DHB Chief Executives
DHB Chief Medical Officers

Dear Colleagues

This letter is to advise you that following several years of internal circulation of All New Zealand Acute Coronary Syndrome Quality Improvement (ANZACS-QI) registry data, a public-facing dashboard presenting key acute coronary syndrome indicators by District Health Boards (DHBs) has been published as of 7 July 2020, on the Heart Foundation website.

A peer-reviewed paper about the dashboard development and publication will be subsequently published in the *New Zealand Medical Journal* expected later in July.

Increased transparency in Aotearoa New Zealand's health care has become an expectation of the New Zealand public. It is also now a requirement from the Ombudsman[i] for the Health Quality & Safety Commission (the Commission) and the Ministry of Health (the Ministry).[ii]

This transparency work has begun with cardiology and the ANZACS-QI registry.[iii] Since 2017, ANZACS-QI, the Commission and the Ministry have been working towards increasing transparency of data held in the registry. This data has been circulated internally to DHBs in report form since 2012, and in dashboard form since 2017.

The consumer-facing dashboard being published on 30 June will publicly report a select number of clinically relevant (key acute coronary syndrome) indicators derived from the ANZACS-QI registry and show accessible graphical information on comparative performance by DHB across a pathway of indicators.

A draft version of the consumer-facing dashboard is here:
https://public.tableau.com/profile/hqi2803#!/vizhome/consumerstavecharteartattackdraft/Dashboard1.
Clicking on a DHB region on the map gets the user started. The indicators are arranged along the top in order of the patient's journey. This presentation of indicators along a patient pathway is known as a 'stave chart' and represents leading work internationally on legible, accessible presentation of performance indicators in a patient-friendly way.[iv]

The dashboard shows a generally positive picture of cardiac care in Aotearoa New Zealand and aims to encourage improvement in performance and reductions in variation where this occurs.

More information about the dashboard and its development is available in Appendix 1 attached. You are also welcome to contact Carl Shuker (carl.shuker@hqsc.govt.nz or 021 547 847) if you have any comments or questions.

Yours sincerely

Dr Andrew Simpson
Chief Medical Officer

Mr Richard Hamblin
Director, Health Quality Intelligence

Appendix 1

How the consumer-facing dashboard was developed

The dashboard was developed by the Commission and ANZACS-QI, then adapted for and tested with consumers. It was circulated to enthusiastic response from the Cardiac Network and in November 2018 to DHBs and other stakeholders.

The consumer-facing dashboard text has been developed in consultation with the clinicians involved and with consumer engagement professionals. Where possible, language and terminology has been drawn from the Heart Foundation's resources.

The evidence around the positive effects of transparency of data was discussed in the Ministry and Commission co-authored editorial in the *New Zealand Medical Journal*[v] and the Commission's position paper of 2016.[vi] It suggests that published data has greater effects on quality improvement activities than data circulated only internally. Clinical buy-in and trust in the data are essential, though, hence the early strong engagement with the registry, the Cardiac Network and clinicians.

Heart Foundation collaboration

Consumer consultation unanimously showed the Heart Foundation as a trusted source of information in Aotearoa New Zealand about heart care and rehabilitation from heart conditions. The Foundation also has a unique role in 'shining a light' and helping the sector.

In partnership with the Heart Foundation, the Commission, the Ministry and ANZACS-QI are preparing to publish the dashboard on the Heart Foundation website. This website was seen as an obvious place to present the dashboard as an additional resource, alongside the Heart Foundation's existing trusted resources, for consumers wanting to understand more about their heart care.

Publishing the data with a trusted, non-governmental partner with mana, credibility and consumer faith is central to a platform of responsible, ethical, open transparency of health care data in New Zealand that drives quality improvement. It is quite innovative internationally and something to be proud of.

How the dashboard will be maintained

Maintenance and updating of the dashboard will be handled by the ANZACS-QI analyst team with oversight from the ANZACS-QI governance group on behalf of the New Zealand branch of the Cardiac Society of Australia and New Zealand (CSANZ). The governance group includes the clinical leaders of the Cardiac Clinical Networks for the four New Zealand regions, the chairs of the New Zealand interventional working group, and CSANZ, Heart Rhythm New Zealand, nursing, consumer, Ministry and the national Health Information Technology Board representatives.

Written protocols and processes have been established to ensure appropriate data access and use through the ANZACS-QI governance group. The ANZACS-QI Privacy Framework has been approved by the New Zealand Privacy Commission and the ANZACS-QI governance group.

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[i] In 2016 the Ombudsman ruled that the Commission and the Ministry must provide an update annually on progress toward releasing health care performance and other data to June 2021. The Commission and the Ministry have a vision of transparency as a tool to build trust with the public and drive quality improvement.

[ii] Guiding principles for increasing transparency in Aotearoa New Zealand health care were established in 2017 by the Ministry and the Commission, with the support of the Health and Disability Commissioner and the Accident Compensation Corporation. See: Office of the Ombudsman. 2016. Request for Complications data by named cardiothoracic surgeon and neurosurgeon. Case numbers 402136/402138/402140/402142/402144. URL: www.ombudsman.parliament.nz/system/paperclip/document_files/document_files/1635/original/402136_etc_-_request_for_surgical_complications_data.pdf?1467187036.

[iii] A large, robust and mature clinical registry of ischemic heart disease patients with acute coronary syndrome, that collects and analyses comprehensive data on their care and their outcomes.

[iv] Nuti S, De Rosis S, Bonciani M, et al. 2017. Rethinking Healthcare Performance Evaluation Systems towards the People-Centredness Approach: Their Pathways, their Experience, their Evaluation. *Healthc Pap* 17(2): 56–64.

[v] Shuker C, Bohm G, Hamblin R, et al. 2017. Progress in public reporting in New Zealand since the Ombudsman's ruling, and an invitation. *NZ Med J* 130(1457): 11–22. URL: www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2017/vol-130-no-1457-16-june-2017/7274.

[vi] Health Quality & Safety Commission. 2016. *Position paper on the transparency of information related to health care interventions.* URL: www.hqsc.govt.nz/publications-and-resources/publication/2463 (accessed 7 October 2017).

BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI

BOARD WORK PLAN 2020

Activity	Source	15 Jan	19 Feb	18 Mar	15 Apr	20 May	17 Jun	15 July	19 Aug	16 Sept	21 Oct	18 Nov	Dec
Venue – Tawa Room, Tga		√		√		No Mtg		√		√		√	No Meeting
Venue – Conference Hall, Whk			√		√		√		√		√		
Board only Time (*with CEO)		√*	√	√*	√		√	√*	√	√*	√	√*	
Board Strategic Sessions				√			√			√			
Joint Bd/Run – Te Waka O Toi			√						√			√	
Patient Experience / Story	Bd Sec	√	√	√	√		√	√	√	√	√	√	
Manaakitanga Visits (2.30 pm)	Bd Sec	√		√			√	√		√	√		
Approve Committee Resolutions	Bd Sec	√	√	√	√		√	√	√	√	√	√	
Monitor Interest Declarations	Bd Sec	√	√	√	√		√	√	√	√	√	√	
Midland CEOs Meeting Minutes	CEO		√	√	√		√	√	√	√	√	√	
Reports from Reg / Nat Forums		√	√	√	√		√	√	√	√	√	√	
6 monthly Board Attendance	Bd Sec	√						√					
CEO Report	CEO	√	√	√	√		√	√	√	√	√	√	
Dashboard Report	GMPF	√	√	√	√		√	√	√	√	√	√	
PHOs Report	GMPF	√	√	√	√		√	√	√	√	√	√	
Maori Health Dashboard Plan	GMMGD		√				√		√			√	
Employee Health & Safety Report	GMCS	√			√			√			√		
Quarterly IDP Ratings	GMPF	√		√			√			√			
Risk Report	GMCS			√			√			√			
Draft Annual Plan 19/20 – Minister's Priorities			√										
Annual Plan – approve Draft	GMCS				√		√						
SHSP and Annual Plan 2018/19 6 month progress report	GMPF			√					√				
Annual Report										√			
Exec/Board/Runanga Planning Workshop											√		