Te Whatu Ora
Health New Zealand

Health Select Committee

2021/2022 Annual Review of Te Whatu Ora Hauora a Toi Bay of Plenty
Responses to questions 1 to 506

Submitted: 01.02.2023

TeWhatuOra.govt.nz
83 Molesworth Street, PO Box 5013
Wellington New Zealand 6140

Te Kāwanatanga o Aotearoa
New Zealand Government

Contents

Contents 2
RESTRUCTURING/REVIEWS 18
1. ..... **Error! Bookmark not defined.**
2. 22
3. 23
4. 23
5. 23
6. 23
7. 23
8. 23
9. 23
BUDGET INITIATIVES 24
10. 24
COST AND SERVICE CHANGES 25
11. 25
12. 26
13. 26
14. 27
Surgical Cluster 27
15. 27
USER CHARGES 28
16. 28
PROPERTY/CAPITAL WORKS 29
17. 29
18. 29
19. 29
20. 30
21. 30
22. 30
23. 30
24. 30
25. 30
26. 33
27. 33
ICT 35

28. 35
29. 35
30. 35
31. 36
32. 36
33. 38
34. 39
REPORTS, PLANNING, AND EVALUATION 40
35. 40
36. 40
37. 40
38. 41
39. 41
40. 41
41. 41
GIFTS AND EXTERNAL RELATIONSHIPS 42
42. 42
43. 42
44. 43
45. 43
46. 50
INVOICES AND PROCUREMENT 51
47. 51
48. 51
ADVERTISING, POLLING, AND PUBLIC RELATIONS 52
49. 52
50. 52
51. 53
52. 54
53. 55
54. 58
OFFICIAL INFORMATION AND PRIVACY 59
55. 59
56. 59
57. 59
58. 59

59. 59
60. 60
61. 60
62. 60
PERMANENT STAFF/GENERAL STAFFING BREAKDOWNS 61
63. 61
64. 61
65. 62
66. 63
67. 63
68. 64
CONSULTANTS, CONTRACTORS/TEMPORARY CONTRACTS, PROVIDERS OF PROFESSIONAL SERVICES 65
69. 65
70. 66
71. 67
72. 67
73. 68
74. 68
75. 70
76. 70
COLLECTIVE BARGAINING AND EMPLOYMENT ISSUES 71
77. 71
78. 71
79. 71
80. 72
LEAVE AND EAP 73
81. 73
82. 73
83. 73
84. 74
85. 74
SECONDED STAFF 75
86. 75
87. 76
88. 76

STAFF TURNOVER/TERMINATION OF EMPLOYMENT 77
89. 77
90. 77
91. 78
92. 78
93. 79
SALARIES AND BONUSES 80
94. 80
95. 80
TRAINING, TRAVEL AND OTHER EXPENSES 83
96. 83
97. 83
98. 84
99. 84
100. 84
101. 85
102. 85
103. 86
104. 87
105. 87
106. 87
107. 88
108. 88
109. 88
110. 89
111. 89
112. 89
113. 89
CARBON NEUTRAL BY 2025 90
114. 90
115. 90
116. 90
117. 90
118. 91
119. 91
120. 91

COVID-19 92
121. 92
122. 92
123. 92
124. 92
125. 93
126. 93
127. 94
128. 94
DHBs 95
MĀORI HEALTH 95
129. 95
130. 95
131. 95
132. 95
133. 95
134. 96
135. 96
136. 96
137. 97
138. 98
139. 99
140. 99
141. 100
142. 100
143. 100
144. 101
145. 101
146. 102
147. 103
148. 104
149. 104
150. 104
151. 105
152. 105
153. 105

154. 105
155. 106
156. 107
157. 107
158. 107
159. 107
160. 108
161. 109
162. 109
163. 109
164. 109
165. 109
166. 110
167. 110
168. 110
169. 110
170. 110
171. 111
172. 111
173. 111
174. 112
175. 112
176. 113
177. 114
178. 115
179. 116
180. 116
HEARING 117
181. 117
182. 117
RHEUMATIC FEVER 118
183. 118
184. 118
185. 119
GOUT 120
186. 120

187. 120
188. 120
189. 120
VACCINATIONS 121
190. 121
191. 121
192. 121
193. 121
MEASLES 122
194. 122
195. 122
196. 122
197. 122
198. 122
199. 123
200. 123
201. 123
202. 123
INFLUENZA 124
203. 124
204. 124
MENINGITIS 125
205. 125
206. 125
207. 125
OTHER INFECTIOUS DISEASES 126
208. 126
209. 126
210. 126
PRIMARY CARE 128
211. 128
212. 128
213. 128
214. 128
215. 128
216. 128

217. 128
218. 128
219. 128
220. 129
221. 129
222. 129
223. 129
224. 129
225. 129
226. 129
227. 129
228. 129
229. 130
230. 130
231. 130
PRIMARY CARE FUNDING 131
232. 131
233. 131
RURAL HEALTH 132
234. 132
235. 132
236. 132
237. 132
238. 132
239. 132
240. 132
241. 132
242. 132
243. 133
244. 133
245. 133
246. 133
247. 133
248. 133
METH 134
249. 134

250. 134
251. 134
252. 134
253. 135
254. 136
255. 136
256. 136
257. 136
258. 137
259. 137
260. 137
261. 138
262. 138
CYBER 139
263. 139
264. 139
265. 139
266. 139
267. 139
268. 139
269. 139
270. 139
271. 139
272. 139
273. 139
274. 140
275. 141
276. 141
277. 141
278. 141
279. 141
280. 144
281. 144
282. 145
283. 145
284. 145

285. 145
286. 145
287. 145
288. 145
289. 145
290. 146
291. 146
292. 146
293. 146
294. 146
295. 146
296. 146
297. 146
298. 147
299. 147
300. 147
301. 147
302. 147
303. 147
304. 147
305. 147
306. 148
307. 148
308. 148
309. 148
310. 148
311. 148
312. 149
313. 150
314. 150
315. 150
316. 150
IT 151
317. 151
318. 151
319. 151

320. 152
321. 152
322. 152
323. 152
324. 153
325. 153
326. 154
SYSTEM 155
327. 155
328. 155
329. 155
330. 155
331. 155
332. 156
333. 156
334. 156
335. 156
336. 156
337. 156
338. 156
339. 157
ELECTIVE SURGERY (Planned Care) 158
340. 158
341. 158
342. 158
343. 158
344. 158
345. 158
346. 158
347. 159
STAFF 160
348. 160
349. 160
350. 160
351. 161
MĀORI INEQUALITY 162

352. 162
353. 162
354. 162
355. 163
CORONAVIRUS – NUMBERS, HOSPITAL PATHWAYS, AND PPE 164
356. 164
357. 164
358. 164
359. 165
360. 165
361. 165
362. 165
363. 165
364. 165
365. 165
366. 165
CORONAVIRUS – GP AND PHARMACY VACCINATIONS AND PRIMARY CARE VACCINATIONS 166
367. 166
368. 166
369. 166
370. 166
371. 166
CORONAVIRUS – HAUORA MĀORI VACCINATIONS 167
372. 167
373. 167
374. 167
CORONAVIRUS – DHB STAFF AND STAFF SAFETY 169
375. 169
376. 169
377. 169
378. 169
379. 169
380. 169
381. 169
CORONAVIRUS – LAB TESTING 170

382. 170
383. 170
384. 170
385. 170
386. 170
387. 170
CORONAVIRUS – VACCINATION STAFF 171
388. 171
389. 171
390. 171
391. 171
392. 171
CORONAVIRUS – PERFORMANCE MEASURES 172
393. 172
CORONAVIRUS - ICU 174
394. 174
395. 174
396. 174
397. 174
398. 174
399. 174
400. 175
401. 175
402. 175
403. 175
404. 177
405. 178
CORONAVIRUS – NEGATIVE PRESSURE ROOM CAPACITY 179
406. 179
407. 179
408. 179
409. 180
410. 180
411. 180
412. 180
413. 180

CORONAVIRUS - PROCEDURES....181
414....181
415....181
416....181
CANCER....182
417....182
418....182
419....182
420....182
421....182
422....183
REFORM TRANSITION....184
423....184
424....184
425....184
426....184
427....185
428....185
429....185
430....186
431....186
432....186
433....187
434....187
435....187
436....187
437....188
438....189
439....189
440....189
441....189
442....189
443....189
444....189
445....189
446....190

447. 190
448. 190
449. 190
450. 190
451. 191
452. 191
453. 191
454. 191
455. 191
456. 191
457. 191
458. 192
460. 192
461. 192
462. 192
463. 193
464. 193
465. 193
466. 193
467. 194
468. 194
469. 194
470. 194
471. 194
472. 194
MENTAL HEALTH 195
473. 195
474. 195
475. 195
476. 195
477. 195
478. 196
479. 196
480. 196
481. 196
482. 197

483. 197
484. 197
485. 198
486. 198
487. 198
488. 199
489. 199
490. 200
491. 200
492. 200
493. 200
494. 201
495. 201
496. 201
497. 201
498. 201
499. 201
500. 202
501. 202
502. 202
503. 202
504. 203
505. 203
506. 204

RESTRUCTURING/REVIEWS

1. What restructuring occurred during 2021/22 and each of the previous four financial years? Please provide copies of any evaluations carried out prior to restructuring, and details of the structural change; the objective of restructuring; staff increases or reductions as a result; and all costs associated with the change including costs of redundancy.

Date	Evaluations carried out / Details of structural change	Objective of restructuring	Staff increase or reductions as a result	Costs associated with the change
2021- 2022				
2021/22	Nil	N/A	Nil	Nil

Date	Evaluations carried out / Details of structural change	Objective of restructuring	Staff increase or reductions as a result	Costs associated with the change
2020 - 2021				
Oct 2020	Community Allied Health Leadership	Community Allied Health leadership: addition of Lead level position reporting to EDAH; combine nursing-led allied Community Response Team and Community Allied Health team and remove TL aspect of the CRT CNS position.	Nil	Nil

Sept 2020		Disestablish one gardener and one electrician role, create two new electrical roles (senior and junior) and contract out all grounds work, create full time H&S role by disestablishing part time position and establishing new role with wider requirements. Gardener reasons: inability to replace previous experienced gardener over a long time period (mainly due to low MECA pay levels) and having to pay a contractor to assist incumbent & equipment at end of life, mowing contractor advised would no longer provide service. Electrician reasons: equipment more technical and advanced needing less of a traditional electrician approach and a more electronic / automation focus and to future proof the systems.	Redundancies: 2 (disestablished H&S role was vacant)	$7,923 $10,279

July 2020	Finance and Supply Chain	Reasons: internal and external changes had resulted in a team with several long-term fixed term/seconded staff, minimal capabilities in important areas and there were several vacancies due to attrition / retirement. Several roles disestablished and replaced by others, seconded & fixed term staff confirmed in roles or appointed via recruitment process.	Nil	Nil
Date	**Evaluations carried out / Details of structural change**	**Objective of restructuring**	**Staff increase or reductions as a result**	**Costs associated with the change**
2019 - 2020				
Feb - Jun 2020	Finance - Realignment and reconfiguration of roles	Purpose was to enhance operational efficiency and effectiveness and ensure the team had the resources (numbers and skill mix) to meet business needs, including in relation to the National Oracle System project and ability to compile financial results in house.	No redundancies, managed through staff attrition. 4 new roles and 5 roles disestablished.	Nil

Date	**Evaluations carried out / Details of structural change**	**Objective of restructuring**	**Staff increase or reductions as a result**	**Costs associated with the change**
2018 - 2019				
Nov 2018	Education Centre – 3 Position descriptions evaluated to support proposed structure.	Realignment of roles and clarity of roles to support the increase in course development to meet the organisational needs.	0.5 Full Time Equivalent (FTE)	Nil

July 2018 – Jan 2019	Information Management service amalgamation with Corporate Services	Bring together various corporate functions into single directorate to create efficiencies and synergies.	Nil	Nil
Jan 2019	Property Services & Hospital Support Services – Review of both areas.	Ensure service delivery model across both areas operate efficiently to meet service needs.	1.0 FTE disestablished and 1.0 FTE established	Redundancy costs $64,238
January 2019	General Surgery Acute Management Model	Provide dedicated Senior Medical Officer (SMO) resources for acute care.	2.0 FTE increase	$177,000 $165,000
Feb 2019-Dec 2019	Perioperative night shift implementation. Management of Change review undertaken to establish if a night shift is a viable option	Pilot approved for 12 months for night shift that aims to improve patient and staff safety in managing increasing acute surgery demand. Reduction in number of staff on call or having to be called out.	3.0 FTE increase	$309,544 - will reduce from reduced overtime, on call and call back payments
Feb 2019	Newborn Hearing Screening	Update model of operational management and scheduling for Newborn Hearing screeners. Establish a senior screener role to provide clinical oversight within current FTE.	Nil	$2000 pa pro-rated paid to senior screener

Date	Evaluations carried out / Details of structural change	Objective of restructuring	Staff increase or reductions as a result	Costs associated with the change
2017 - 2018				
July 2017	Planning and Funding Realignment of resources	To enable improved service delivery within Planning and Funding team.	Nil	Nil

July 2017	Community Care Coordination - Integrated Community Nursing (ICN) Project Planning & Funding Demonstration period for 1 year – findings & recommended to continue –funding approved until 30.06.19.	Establish a single place for referral and prioritization of community nursing care – Community Care Coordination Fixed Term project.	Budgeted for 4.1FTE	$184,989.56
Aug 2017	Outpatients Department - Position descriptions evaluated to support proposed structure. Expression of Interest invited.	Reconfiguration of roles across both sites to support Charge Nurse Manager (CNM) over both sites. Additional 0.3 Registered Nurse (RN) converted to Clinical Nurse Consultant (CNC) in WHK, 0.4 RN converted to CNC in TGA.	Current FTE converted into senior role	Minimal cost – increase from RN (Registered Nurse) to CNC (Clinical Nurse Consultant) rate
Oct 2017	Allied Health Management – Social Work/Occupational Therapy/Physio	Reconfiguration of middle to senior management roles within Allied Health to better support service delivery.	Nil	Nil
Jan 2018	Audiology/Dietetics/SLT/NBHS Professional Leadership and Operational Management	Continuation of Allied Health Management - give greater clarity to the Professional Leader role for Audiology/Newborn Hearing Screening, Dietetics and Speech language Therapy.	1FTE	$82,370
March 2018	Surgical Administration – diverted the FTE adding front line support to WHK administration team.	Disestablishment of a Team Leader Administration role – WHK.	1FTE	$14,760

2. Was any work conducted around mergers with other agencies in the 2021/22 year? If so, for each such project, what agencies were being considered for mergers?

No projects or processes were undertaken in 2021/22 on merging with other agencies.

3. Was any rebranding undertaken in the 2021/22 financial year? If so, what did the rebranding involve, how much was spent on rebranding, why was it undertaken, and was it carried out internally or externally? What rebranding was carried out in each of the previous four financial years?

Year		Expenditure
2021/22	Nil	Nil
2020/21	Nil	Nil
2019/20	Nil	Nil
2018/19	Nil	Nil
2017/18	Toi Te Ora Public Health Services	$9,481

4. Are any inquiries or investigations currently being undertaken into performance by any external agency? If so, please provide the following details:

- *The body conducting the inquiry/investigation*
- *The reason for the inquiry/investigation*
- *The expected completion date*

No reviews or inquiries into the DHB's performance are currently being undertaken by any external agency.

5. How many reviews, working groups, inquiries or similar does the department operate or participate in? Please list by title.

The department/organisation is not currently participating in formal reviews, working groups or inquiries. In prior years, the DHB has responded with a list and detail of all working groups that the DHB has undertaken as part of its operational activities. This has resulted in a significant level of detail of often relatively low-level operational activity being provided to the Committee. This year and last year, on reflection of the wording of the question "reviews, working groups, inquiries or similar", we have interpreted this as the Committee focusing on major reviews or inquiries that the DHB may have initiated or participated in that have significant sector wide or public service wide impacts.

6. For each review, working group or inquiry, what is the estimated cost for the next three financial years?

NA, refer Q5 response above.

7. For each review, working group or inquiry, what are the key dates and milestones including start dates, regular reporting dates, and end dates?

NA, refer Q5 response above.

8. For each review, working group or inquiry how many departmental staff are involved by head count and by FTE?

NA, refer Q5 response above.

9. For each review, working group or inquiry what reports, briefings or documents have been produced? Please list by title and date produced.

NA, refer Q5 response above.

BUDGET INITIATIVES

If your entity does not prepare Budget initiatives, please answer N/A to this section

10. For each new spending initiative introduced over the last three Budgets what evaluation (if any) has been undertaken of its effectiveness during 2021/22 and what were the findings of that initiative? Please provide a copy of the evaluation reports. Where no evaluation has been completed, what provision has been made for an evaluation to occur and what is the timeframe for that evaluation?

No evaluations of new spending initiatives were undertaken during 2021/2022.

COST AND SERVICE CHANGES

11. What new services, functions or outputs have been introduced in the last financial year? Please describe these and estimate their cost.

Planning and Funding

Provider Name	Agreement Name	Fudning Estimate FY21/22
Nga Mataapuna Oranga Limited	Bowel Screening Services	$ 677.69
Rotorua Area Primary Health Services Limited	Bowel Screening Services	$ 414.14
Midlands Regional Health Network Charitable Trust	Bowel Screening Services	$ 1,012.50
Eastern Bay Primary Health Alliance	Bowel Screening Services	$ 3,275.64
Western Bay of Plenty Primary Health Organisation	Bowel Screening Services	$ 22,148.00
Te Puna Ora O Mataatua Charitable Trust	Chur Bro - Tane Ora	$ 25,000.00
Brave Hearts NZ	Community Based AOD Whanau Peer Support Service	$ 69,075.00
Inospire Limited	Community Women's Health Clinic 6 month pilot	$ 27,778.89
Tuwharetoa Ki Kawerau Health, Education and Social	Family Whanau Support Service	$ 92,464.83
Manawanui Support Limited	Individualised Funding Host Provider Services	$ 103,851.75
Te Arawa Whanau Ora Charitable Trust	Integrated Primary Mental Health & Addiction (IPMHA) Services	$ 16,768.00
Rotorua Area Primary Health Services Limited	Integrated Primary Mental Health & Addiction (IPMHA) Services	$ 24,554.01
Western Bay of Plenty Primary Health Organisation	Integrated Primary Mental Health & Addiction (IPMHA) Services	$ 1,416,591.66
Eastern Bay Primary Health Alliance	Integrated Primary Mental Health & Addiction (IPMHA) Services	$ 576,198.27
Nga Mataapuna Oranga Limited	Integrated Primary Mental Health & Addiction (IPMHA) Services	$ 503,856.80
Tuwharetoa Ki Kawerau Health, Education and Social	Kaupapa Maori Integrated Whanau Health Services	$ 133,895.64
Nga Mataapuna Oranga Limited	Kaupapa Maori Specialist Nursing Services	$ 324,632.14
Te Runanga O Te Whanau Charitable Trust	Respite for People with Mental Illness and/or Addiction Issues Service	$ 30,000.00
Tuwharetoa Ki Kawerau Health, Education and Social	Suicide Postvention Services	$ 79,169.97
Te Runanga O Ngai Te Rangi Iwi Trust	W/U Kaupapa Maori Addiction Services Practitioner in Court	$ -
Te Puna Ora O Mataatua Charitable Trust	W/U Kaupapa Maori Community Clinical Support Service - Cultural	$ 37,366.68
Tuwharetoa Ki Kawerau Health, Education and Social	W/U Kaupapa Maori Infant Child and Youth Mental Health Services	$ 119,695.61
Te Pou Oranga O Whakatohea Limited	W/U Kaupapa Maori Integrated Crisis Response Service	$ 82,191.00
Tuwharetoa Ki Kawerau Health, Education and Social	W/U Kaupapa Maori Integrated Crisis Response Service	$ 41,095.48
KO Kollective Trust	W/U Kia Whakawihirinaki Rangatahi Kaupapa Maori Community Based Mental Health an	$ 76,025.00
Waiariki Whanau Mentoring Limited	W/U Oranga Ngakau – Kaupapa Maori based clinical and support service - Mental He	$ 50,273.87
Te Ika Whenua Counselling Services Trust	W/U Te Ara Oranga – Methamphetamine Demand Reduction	$ 112,996.32
Te Puna Ora O Mataatua Charitable Trust	Whanau ora Diploma Level 5	$ 36,236.61

Provider Arm

Project	Description	Paid
Planned Care-funded Capex projects	Communtiy Based Ultrasound Services at Kawerau & Opotiki	$162,390.00
Telehealth	Using technology to help people access healthcare.	$133,000.00

12. What services, functions or outputs have been cut, reduced, or had funding reprioritised from in the last financial year? Describe the service or function concerned and estimate the cost saving.

None. There was no specific policy or decisions made to cut, reduce or reprioritise funding during the last financial year.

13. What programmes or projects, if any, were delayed in the 2020/21 financial year and what was the reason for any delay in delivery or implementation?

Programme/Project	Description	Delay Reason
Wireless Network Infrastructure Renewal	Design and deployment of an updated Wi-Fi network across the organization	Equipment manufacturer hardware supply delays (worldwide issues), which delayed the implementation schedule. The new hardware was eventually received in February 2022 and implementation completed in May 2022.
Core Switch Infrastructure Renewal	Replace the end-of-life core network infrastructure and related components at Tauranga, Whakatane, and the Datacentre locations	Equipment manufacturer hardware supply delays (worldwide issues), which has delayed the implementation schedule. The new hardware expected between December 2022 and April 2023 (orders placed in Jun 2022)
Upgrade T24/T23	Non-structural walls and support areas seismic upgrade (Prior budget $2m)	Updated budget >$10m however at this stage funding from the centre has been delayed until the provision of additional beds for Tauranga Hospital has been resolved.
TGA ED	Staff Amenities Works (Budget $300k)	Change of scope therefore new business case required to fund a $1.5m project.

14. How much funding for specific projects, policies or programmes has been carried forward from the 2021/22 financial year to the current financial year? For each, please provide the following details:

- *Name of project, policy or programme*
- *Amount of funding brought forward*
- *Amount of funding already spent*
- *Amount of funding originally budgeted for the project*
- *Estimation completion date.*

Description	Amount of Funding brought Forward to 2022/23	Amount of Funding Spent in 21/22	Funding originally budgeted for the project	Estimated Completion date	Comments
Mental Health and Addiction System Collaborative Design and Implementation Support	102,587.00	393,111.02	495,698.02	30/06/2024	The contract has been renewed for an additional 2 years. End date 30/06/2024. Additional funding is 521,440.00 for FY23 and FY24
Childhood Immunisation	134,529.00		134,529.00	30/06/2023	
3rd Tranche COVID Funding. Carried forward	831,502.56	1,149,472.88	1,980,975.44	30/10/2022	Releasing funding over the year'

Surgical Cluster

Description	Amount of Funding Brought forward to 2022/23	Amount of Spend in 21/22	Funding orginally budgeted for the Project	Estimated Completion Date	Comment
Planned Care Data System	$ 212,390	$ 98,910	$ 311,300	30/08/2022	Some ongoing continuous improvements continue
Planned Care Outsourcing Co-ordinators	$ 4,900	$ 263,000	$ 267,900	31/10/2022	

15. How many projects or contracts that were due to be completed in 2021/22 were shelved, curtailed or pushed into out years? For each, what was the project name, what was the total budgeted cost, what is the actual cost to date, what was its purpose and why it was it not completed in 2021/22?

None.

USER CHARGES

If your entity does not operate user charges, please answer N/A to this section

16. What user charges were collected in the last financial year and what was the revenue from each of them? How does this compare to the previous financial year?

Revenue from non-resident patients who are not eligible for publicly funded healthcare is collected.

Financial Year	Non-Resident Patients ($ 000s)	Orthotic Aids	Hearing Aids	Total
2021/22	1,113	0	32	1,145
2020/21	609	5	26	640

PROPERTY/CAPITAL WORKS

17. How much funding was allocated to capital works in the last financial year? How does this figure compare to that allocated and that spent in the previous four financial years?

Year	Actual ($000's)	Plan ($000's)	% Spent
2021/22	20,224	31,092	65%
2020/21	20,072	23.522	85%
2019/20	19,477	22,144	88%
2018/19	13,534	22,148	61%
2017/18	16,684	22,938	73%

18. What land, building, and other assets were sold in 2021/22? What processes were undertaken for the disposal of these assets and how much did they sell for? How does that compare to each of the previous four financial years?

No land and buildings or related assets have been sold in 2021/22.

19. How much floor space in total does your department, agency or organisation lease and what is the total annual cost? How does this compare with each of the previous four financial years? Also provide the annual cost per square metre and total cost in each building of those leases?

Building	Floor Area	Net Rental	$per SM
Opotiki Health Centre	1041	$220,796	$212
17th Ave DHB 1	695	$193,125	$277
17th Ave Car Park			$159,120
17th Ave DHB 2	1511	$362,880	$240
290 Cameron Road	524	$107,472	$205
510 Cameron Road	1008	$245,000	$243
399 Cameron Road	1464	$99,500	$192
Te Puke Lease 1	218	$14,987	$192
Louis Pearl	176	$43,800	$248
Kawarau Enterprise Centre	176	$6,780	$38
Commerce Plaza	822	$119,582	$145
Voyagers Whakatane	482	$100,200	$208
TTO Rotorua	589	$139,115	$236
13th Ave Child Development Unit	320*	$22,575	$70
DHB 3	1510	$402,420	$266.33
DHB 4	274	$74,805	$272.02
1378 Cameron Road (sexual health)	592	$128,750	$217.48
95A Devonport Road	590	$147,581	$250

The leases have increased in $ value due to CPI rent reviews in accordance with each lease, and therefore $ per m^2 have also increased.

20. Were any of your offices relocated in 2021/22? In each case please provide where did the office move from and to, a breakdown of the cost of relocating, the amount of any saving or increase in rent paid resulting from the move, the floor space of the original and new office, and the reason for the relocation. Please also provide these details for each of the previous four financial years.

None.

21. How much was spent on each renovation, refurbishment or redecoration project in offices or buildings of the department, agency or organisation that cost more than $5,000 in the 2021/22 financial year? For each, please provide the following details:

a. A description of the renovation carried out
b. Location of the project
c. Name of provider(s) or manufacturer(s)
d. Type of product or service generally provided by the above
e. Cost of the project
f. Completion date
g. Whether tenders were invited, if so, how many were received
h. List separately any single item of furniture or fixture worth more than $2,500 with its cost.

None.

22. What offices were closed in 2021/22 and how much is the closure of each office expected to cost or save? What offices were closed in each of the previous four financial years?

None.

23. What offices did your department, agency or organisation open in 2021/22 and how much is the opening of each office expected to cost or save? What offices were opened in each of the previous four financial years?

No new offices were opened in 2021/22.

24. How many regional offices, other than your department, agency or organisation's head office, reduced their opening hours during the 2021/22 financial year listed by new and former opening hours, date of change, and location?

None.

25. How many vehicles did your department, agency or organisation own during the 2021/22 financial year and to what office are each of these vehicles assigned by vehicle year and vehicle model? How many were owned during each of the previous four financial years and to what office are each of these vehicles assigned by vehicle year and vehicle model? How many of these vehicles are EVs and what percentage of the vehicles are EVs?

- In normal circumstances, except for the use of occasional rental cars to supplement DHB's fleet, BOPDHB (Bay of Plenty District Health Board) owns all its fleet of vehicles – i.e., none are leased.
- 15 rental cars were used as part of the COVID response, this was a short-term need and so renting was the more appropriate option. This number of rented vehicles for COVID has been purposely reduced in FY23 to match lower need.

- The DHB had ordered 20 EV's in FY22, but due to delays in funding and the construction of charging infrastructure these were receipted in July and so fall into FY23. There is a 5-year plan to transition to a majority electric fleet.

A list of vehicles can be provided by age, however a breakdown at "office" level is not able to be provided. Vehicles are assigned to Transport Pool Vehicles at each of the two hospitals (Tauranga, Whakatane) and to specific services such as Community Nursing, Community Mental Health, Public Health who are based at multiple locations including:

- Te Kaha Medical Centre – Te Kaha.
- Opotiki Medical Centre – Opotiki.
- Voyagers Community Mental Health - Commerce St, Whakatane.
- Community (District) Nursing - Whakatane Hospital.
- Child Health Services – Whakatane Hospital.
- Toi Te Ora Public Health – Rotorua, Tauranga, Whakatane.
- Community (District) Nursing - Cameron Rd, Tauranga.
- Community Mental Health – Tauranga Hospital.
- Child Health Services – Tauranga Hospital.

Specialist vehicles operated by the DHB include Trucks (Stores, Property Services), Tractors (Property services), and Vans (delivery and health service).

Refer Appendix Q25 Fleet Listing.

The DHB uses the All of Government procurement process for purchasing new vehicles with choice predominantly reflecting price as measured via Total Cost of Ownership. Two major brands, Toyota, and Hyundai, dominate the fleet.

2021/22	Toyota	Hyundai	Ford	Other	Total
Car	197	46	0	4	247
SUV/Utility	9	0	0	13	22
Van	2	0	9	1	12
Trucks/Other	0	0	0	8	8
Total 2021/22	**208**	**46**	**9**	**26**	**289**
Total 2020/21	**210**	**43**	**9**	**22**	**284**
Total 2019/20	**195**	**52**	**7**	**15**	**269**
Total 2018/19	**197**	**56**	**9**	**15**	**277**
Total 2017/18	**184**	**59**	**7**	**17**	**267**

While most vehicles are generic cars supplied by Toyota or Hyundai, the full range of vehicles used also reflects the demands of specific services (e.g., trucks & tractors for handling property related activities, vans for stores deliveries etc.) as well as the BOP's geographic challenges (4WD SUV's and utilities in some parts of Eastern BOP).

	2021/22	2020/21	2019/20	2018/19	2017/18
Car	247	244	241	244	237
SUV/Utility	22	21	16	18	15
Van	12	12	9	11	9
Trucks/Other	9	7	3	4	6
Total	**289**	**284**	**269**	**277**	**267**

While the DHB would prefer to manage cars on a shorter lifecycle, this has previously been compromised by prioritization of available capital funding and the operational cash requirements.

As such the fleet is older than is considered desirable. The average age of the fleet in 2020/21 is approx. 7.2 years compared to 5 years in 2017/18. There is a long-term plan in place to reduce the average age of the fleet.

26. What was the total amount spent on purchasing vehicles during the 2021/22 financial year? Provide a breakdown of the number of vehicles purchased that were EVs including as a percentage of the total vehicles purchased. And to what office were each of these vehicles assigned by vehicle year and vehicle model? How much was spent during each of the previous four financial years and to what office are each of these vehicles assigned by vehicle year and vehicle model?

Financial Year 2021/22	Motor Vehicle Purchase ($ 000s)	No of Vehicles	Tauranga	Whakatane	Other
Cars	203	7	7	0	0
SUV/Utility	0	0	0	0	0
Van	45	1	1	0	0
Other	194	1	1	0	0
Electric Vehicles	**0**	**0**	**0**	**0**	**0**
Total 2021/22	**441**	**9**	**9**	**0**	**0**

As above, a significant portion of the budget was unable to be allocated to FY22 due to the delivery of 14 EVs after year end, with a further 6 coming shortly after that. The cars that were purchased were Hybrid vehicles (Hyundai Ioniq) and a Ford Transit van, used for stores during COVID but with a plan to reallocate once demand reduces.

Financial Year	Motor Vehicle Purchase ($ 000s)	No of Vehicles	Toyota Corollas	EV's	Other
2021/22	$441[2]	9	0	N/A	9
2020/21	$713	27	24		3
2019/20	$687	18	6	N/A	12
2018/19	$835[1]	14	2	N/A	12
2017/18	-	0	0	N/A	0

1 Includes 1 mobile dental unit at cost of approx. $400k per unit
2 Includes 1 mobile dental unit at cost of approx. $194k per unit

27. Were any labour and/or contractor costs capitalised into capital project costs during the 2021/22 financial year, if so, for each project what is the breakdown by project of labour vs non labour costs?

Yes. Note: Some of these projects are in WIP as of 30 June, and so tend to have a higher proportion of labour/contractor costs at this stage and it is not necessarily indicative of the final mix (particularly the ICT projects listed here).

2021/22

Project Capitalised Costs	Total Project Costs	Non-Labour Costs	Labour / Contractor Costs
Sector Enterprise Scheduling (ICT)	$62k	$0	$62k
Electronic Shared Care (ICT)	$6k	$0	$6k
Telehealth Workflow (ICT)	$133k	$36k	$97k
TGA Sterilisation Unit (Facilities)	$5,807k	$5,669k	$137k
TGA COVID infrastructure (Facilities)	$1,613k	$1,538k	$75k
TGA COVID works (Facilities)	$628k	$591k	$37k

ICT

28. Does your department, agency or organisation have a policy about the use of personal email accounts (e.g. Gmail accounts) in the workplace; if so, what policies are in place and do those policies include a prohibition on the use of such accounts for official government business? How many breaches of any such policy during the last financial year were reported and how does this compare to each of the previous four financial years?

DHB Digital Communications Policy and associated protocols for Internet and Email use and the Communication of Sensitive Data cover use of web-based email solution (e.g., Gmail) – it is considered against policy when using DHB systems and prohibited for communication of DHB date or undertaking official DHB business.
We have had no reported incidents of breaches of this policy.

29. What IT projects, if any, were shelved or curtailed in the 2021/22year and how much will have been spent on each project before it is shelved or curtailed?

None.

30. What IT projects, if any, were completed or under way in the 2021/22 year? For each, please provide the following details:

- *Name of project*
- *Initial estimated budget*
- *Initial estimated time frame*
- *Start date*
- *Completion date or estimated completion date.*
- *Total cost at completion or estimated total cost at completion.*

Name of project	Initial estimated budget	Initial estimated time frame	Start Date	Completion Date or estimated completion date	Total Cost at completion or estimated total cost at completion
PC020 – Telehealth workflow Integration	$300,000	Completion by 30 June 2021	June 2021	30 January 2023	$300,000

Hauora a Toi Bay of Plenty undertakes many IT system upgrades as part of Business as Usual (BAU) activities. This means they are part of the operational activities and budgets of the IT team. While these are managed as projects (via the application of project disciplines) they are not separately budgeted nor are the operational costs tracked specifically to the projects.

Project	Capital Budget (overall)	Start date	Planned Finish Date	Finish Date Act/Forecast	Actual Capital Cost	
					Completed	To Date (Dec 22)
Microsoft Windows Server 2008 Upgrades	$752,996	July 2021	June 2023	June 2023	In progress	$260,847
Wireless Network Infrastructure Renewal	$503,000	July 2021	June 2022	August 2022	Yes - Within budget	$484,808

Core Switch Infrastructure Renewal	$790,000	Apr 2022	Dec 2022	June 2023	In progress	$540,360
Firewall Infrastructure Renewal	$760,000	Dec 2021	Dec 2022	March 2023	In progress	$666,502
National Maternity System (BadgerNet)	$753,848	April 2022	March 2023	Sept 2023	In progress	$228,191

31. How much was spent for software licensing fees in the 2021/22 financial year and how does this compare with spending in each of the previous four financial years?

Interpretation: Based on annual software support and maintenance costs rather than initial license purchase to take account of difference between perpetual and annual subscription licenses.

Year	Operational $
2021/22	3,203,876
2020/21	2,840,000
2019/20	2,128,715
2018/19	1,912,270
2017/18	2,056,697

32. How many websites did your department, agency or organisation run in 2021/22and for each, what is it called, what is its URL, when was it established, what is its purpose and what is the annual cost of operating it?

Web Site & URL	Established	Purpose	Running Costs
BOPDHB Public Site: - bopdhb.govt.nz - bopdhb.health.nz recruitment.bopdhb.govt.nz	Pre 2001	BOPDHB's main internet presence. Public information, communication, and education **Audience** – General Public	Internally hosted- Certificate at around $130 pa
BOP Health COVID-Response: - covid19.bopdhb.govt.nz vaccinations.bopdhb.health.nz	2020	Providing one source of BOP/Lakes COVID-19 information. **Audience** – General Public	
Bay Navigator: - baynav.bopdhb.govt.nz	2012	Website for primary and community health practitioners to link with DHB services and practitioners. Clinical pathways, referrals & advice, educational material for patients, access to shared data systems. **Audience** – Primary & Community Care	Internally hosted– Certificate at around $130 pa
BOPDHB Webmail: - Mail.bopdhb.govt.nz	Pre 2001	Provision of BOPDHB Webmail for external remote access by staff **Audience** – DHB Staff	Internally hosted. Certificateat around$130 pa
BOPDHB Online Learning: - tewharikiatoi.ac.nz	Pre 2010 – relaunched 2018	BOPDHB's online learning website providing training and learning resources for DHB and authorised users. **Audience** – DHB Staff	Internally hosted– Certificate at around $130 pa

Toi Te Ora Website: - toiteora.govt.nz	Pre 2005	Public health unit website for BOPDHB and Lakes DHB geographic area. **Audience** – General Public	Externally hostedvia Black Sheep Maintenance andhosting cost for four sites $4,580 pa
Work well: - workwell.health.nz	Pre 2011	Work Well is a free, workplace wellbeing initiative developed by BOP's Toi Te Ora Public Health, for use in any workplace. Work Well is available in various regions across New Zealand. **Audience** – General Public	
Hapū Hauora: - hapuhauora.health.nz	Pre 2011	Hapū Hauora has been developed specifically by Toi Te Ora Public Health for whānau and Hapū with input from Māori health staff, and a reference group consisting of active Hapū and marae members who also work in the health sector. **Audience** – General Public	Externally hosted via Platform Advertising Hosting and maintenance cost $540 +gst per annum plus 2 domains @$40 per annum each
Te Pare ō Toi: - tepareotoi.co.nz	2020	Te Pare ō Toi (aka Māori Health Gains and Development). Health information targeted at our Māori Population. **Audience** – General Public	

33. How many data security issues were identified in 2021/22 and how many data security issues were there in each of the previous four financial years? If there were breaches, what were they and what are the titles of any reports into them? What was the total cost spent in 2021/22 dealing with data security issues?

Given the link to data breaches, "data security issues" has been interpreted as "data security incidents" giving rise to the potential for data being "lost or stolen", whether as a result of malware or hacking attacks on DHB data sources or accidental loss through inappropriate process.

Year	Incident	Incident Type	Incident Impact
2021/22	1	Te Whatu Ora Hauora a Toi Bay of Plenty Account enumeration reconnaissance	No impact. Investigations showed no indications of resulting compromise identified, and all immediate actions taken by BOP IT Team were deemed as appropriate remedial measures in accordance with specialist HNZ National Security Team consultation and assistance.
2020/21	3	Waikato DHB ransomware cyber event Kaseya VSA cyber event Apache Log4j security vulnerability	No impact but required significant monitoring due to the level of targeted national threat. Appropriate preventative measures reviewed and applied as needed.
2019/20	1	Distributed Denial-of-Service (DDoS)	No impact but required significant monitoring due to level of targeted national threat. Appropriate preventative measures reviewed and applied as needed.
2018/19	1	Meltdown and Spectre hardware vulnerability	No impact but required significant monitoring due to level of international threat. Appropriate preventative patching applied as needed.
2017/18	1	Spear phishing	False payment of $50,000 initially made but fully recovered via bank cyber security processes.

34. How many laptop computers, tablet computers and hard drives, if any, provided or paid for by your department, agency or organisation have been lost or gone missing in the 2021/22financial year; and how many of these were returned to or found by the agency or organisation if any? How many were lost or missing and how many subsequently returned or found in each of the previous four financial years?

Year	No & Device Type	Location	Recovered	Comment
2021/22	5 laptop, 1 desktop - theft	Dental Service X1, MSU WHK X1, Maori Health X2, Maori Health Planning & Funding X1, ED Tauranga X1,	0	All data held on laptop and tablet hard drives is encrypted
2020/21	1 laptop - theft	Toi Te Ora X1	0	All data held on laptop and tablet hard drives is encrypted
2019/20	5 laptops – theft	Dental Service X1, Maternity WHK X1, Voyagers X3,	0	All data held on laptop and tablet hard drives is encrypted
2018/19	5 laptops - theft	Dental Service X2, Surgical Service X1, Children's Ward WHK X1, SCBU X1	0	All data held on laptop and tablet hard drives is encrypted
2017/18	1laptop- theft	Community Health- Murupara	0	All data held on laptop and tablet hard drives is encrypted

REPORTS, PLANNING, AND EVALUATION

35. Please provide a list of all reports that were prepared in 2021/22 relating to:

- *baseline update (if applicable)*
- *value for money*
- *savings identified*

Our publicly released Annual Plans and Annual Reports were the best examples of baseline and progress reporting. These were complemented with extensive internal reporting at multiple levels (Board, Executive and Stakeholder) and externally to key parties (Ministry of Health, third party contracted providers). Value for money is considered as part of our Executive Committee meetings and papers. Savings identified are reported in our monthly financial forecasts, and periodically in procurement activity.

The Annual Report 2022 will be published within 10 working days of it being tabled in Parliament by the Minister. Under legislation the tabling within Parliament has to occur within 20 days of receipt of the Auditor General's audit report – which has to be received by 31 December of the relevant year.

36. Please provide copies of the current work plan.

We have interpreted this question as current. Therefore, as the former Bay of Plenty District Health Board is now a part of Te Whatu Ora - Health New Zealand, we are unable to answer this question. Given we were aware that we would no longer be operating as an individual DHB, the information does not exist.

37. Please list projects and major policy initiatives progressed in 2021/22.

The Annual Report 2022 will be published within 10 working days of it being tabled in Parliament by the Minister. Under legislation the tabling within Parliament has to occur within 20 days of receipt of the Auditor General's audit report – which has to be received by 31 December of the relevant year.

CFA funded projects and major policy initiatives are outlined in the table below.

			New
I-27	NZNO MECA for non-primary health organisation providers	Jun-22	$4,686.60
J-15	Financial support for Planned Care Service Improvement	Oct-21	$579,200.00
J-21	DHB Intensive Support Programme	Apr-22	$1,000,000.00
J-22	Planned Care Initiative – Additional Services	Jun-22	$30,139,956.67
J-25	Planned Care Improvement Action Plan (funding for waiting list reduction)	Mar-22	$2,705,788.00
J-26	Localities Prototype – Phase 1	Apr-22	$20,000.00
J-27	Letter of Amendment for COVID-19 Care in the Community funding for General Practice, PRIME practitioners, community pharmacy, Kaupapa Māori and Pacific health providers	Mar-22	$3,300,000.00
J-29	COVID-19 Extraordinary one-off fixed costs funding support for General Practice and Community Pharmacy	May-22	$1,367,387.43
J-9	DHB Sustainability Funding	Dec-22	$409,427.00
		Total	$39,526,445.70

38. Please provide copies of any reports made to the Minister in 2021/22 about performance against the agency or organisation's Statement of Intent, Statement of Corporate Intent, Statement of Performance Expectations or Output Plan.

The Annual Report 2022 will be published within 10 working days of it being tabled in Parliament by the Minister. Under legislation the tabling within Parliament has to occur within 20 days of receipt of the Auditor General's audit report – which has to be received by 31 December of the relevant year.

39. How many evaluations of policies or programmes were completed in 2021/22? Please provide details of who carried out the evaluation, the cost of the evaluation, the date completed, and its main findings.

None.

40. What reviews of capability were started or completed in 2021/22? What aspects of capability were or are being reviewed? Who undertook or is undertaking these reviews and when were or will these be completed?

Provider capability was a standard part of the service agreement review/approval process. BOPDHB had a provider base of around 210 with a mostly bi-annual agreement review/approval schedule. This means that in 2021/22, approximately 105 providers would have been subject to capability considerations as part of the agreement renewal/approval process. A subset of providers would have been subject to external independent audit review during the year. This number totals approximately 18 providers spanning 56 purchase units throughout the financial year.

41. Please provide details of all monitoring, evaluation and auditing of programmes or initiatives undertaken or commissioned by your department, agency or organisation in the 2021/22 financial year (including details of all performance measures, targets and benchmarks and whether programmes contributed to desired outcomes in an efficient and effective manner).

BOPDHB had the following programmes in place during the year under review:

1. Healthshare performs a scheduled audit programme each year, and also does unscheduled audits as required. Frequency varies depending on the service.
2. The Ministry of Health performs regular audits within community pharmacy.
3. Aged Residential Care and Mental Health Services are reviewed by designated audit agencies approximately every four years.
4. An annual financial and non-financial audit of the DHB is undertaken by external audit.
5. Performance Monitoring Returns – the provider arm submits quarterly reports to the Ministry of Health (sector services) of agreed performance data and narrative as per the Service Specification/s within Agreement/s held between the Provider and DHB.

All reporting of audit activity of third-party providers is provided monthly through the DHBs Audit Finance & Risk Management Committee (a statutory subcommittee of the Board). Furthermore, the DHB routinely reports performance against all health targets through a monthly dashboard to the Board.

Each quarter the DHB routinely report performance against IDPs – Indicators of DHB Performance. These are measures of performance mandated through the Annual Planning process from the Ministry of Health.

GIFTS AND EXTERNAL RELATIONSHIPS

42. What polices were in place in 2021/22 on accepting corporate gifts or hospitality?

Policies are published on the Te Whatu Ora Hauora a Toi Bay of Plenty website under policies and protocols.
Policies and protocols | Te Whatu Ora | Health New Zealand | Hauora a Toi Bay of Plenty (bopdhb.health.nz)

How did this compare to the previous financial year?

These policies were unchanged in the 2021/22 year.

Please list all corporate gifts or hospitality accepted by staff in the 2021/22 financial year with the following details:

- *Gift or hospitality accepted*
- *Position of staff member who accepted*
- *Estimated value*
- *Date received*
- *Name of the organisation or individual who paid for/gave the gift or hospitality.*

Gift	Position of Staff Member	Estimated Value	Date Received	Who paid for/gave gift or hospitality
Sandwich Press	Surgical Services	$200	09.09.21	Patient
Dinner Vouchers	Property Services	$360	13.12.21	NZ Validation
Art Prints x 2	Regional Community Services	?	02.05.22	Patient
Food and Beverages	Regional Community Services	$100	22.06.22	Port of Tauranga
Gift Vouchers x 2	Surgical Services	$200	29.06.22	Physiotherapy New Zealand

43. What polices were in place in 2021/22 on the organisation giving gifts to external organisations or individuals?

Refer Q42.

How did this compare to the previous financial year?

These policies were unchanged in the 2021/22 year.

Please list all gifts given to external organisations or individuals in the 2021/22financial year. For each, please provide the following details:

- *Gift given*
- *Name of external organisation or individual*
- *Reason given*
- *Estimated value*
- *Date given.*

We do not have a system to track this information.

44. What polices were in place in 2021/22 on giving gifts to staff?

Refer to response in Q42.

How did this compare to the previous financial year?

These policies were unchanged in the 2021/22 year.

Please list all gifts given to staff exceeding $100 in value in the 2021/22 financial year. For each, please provide the following details:

- *Gift given*
- *Position of staff member*
- *Reason given*
- *Estimated value*
- *Date given.*

We do not have a system to track this information.

45. What potential conflicts of interest were identified regarding the board, management or senior staff in 2021/22? For each, please provide the following details:

- *Conflict identified.*

Bay of Plenty District Health Board
Board Members Interests Register

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AHOMIRO, Hori				
Tapuika Iwi Authority	Board Member	TIA and Fisheries Trust	LOW	Sept 2019
NZ Social Work Registration Board	Kahui Board Member	Tikanga and Advisory to Social Workers Registration	LOW	Feb 2022
Poutiri Trust	Board Member	Health Services Provider Pou Tikanga	LOW	Feb 2022
ARUNDEL, Mark				
Pharmaceutical Society of New Zealand	Member	Professional Body	NIL	1980
Armey Family Trust	Trustee	Family Trust	NIL	28/07/2005
Markand Holdings Ltd	Director	Property	NIL	2016
TECT	Trustee	Community Trust	LOW	July 2018
EDLIN, Bev				
Valeo International Limited	Co-owner/director	Education	LOW	20/12/2007
Governance NZ	Fellow	Governance	LOW	2011
Boardroom360 Limited	Co-owner/director	Education – Governance	LOW	10/3/2011
Edlin Enterprises Limited	Owner/director	Business Consultancy	LOW	17/03/1987
Alleyne Trust	Trustee	Family Trust	LOW	
Phae – non trading	Director	Education	LOW	07/12/2005
NJ Family Trust	Trustee	Trustee	LOW	

Tauranga City Council	Licensing Commissioner	Local Authority	LOW	16/01/2018
Park2Park Trust	Trustee	Community Artworks	NIL	18/09/2018
Omanawa Hidden Gorge Charitable Trust	Chair	Environmental / eco-tourism Venture	LOW	December 2018
Western Bay of Plenty District Council	Licensing Commissioner / Chairperson	Local Authority	LOW	February 2019
Institute of Directors	Fellow	Professional Body	LOW	June 2019
Camp Unity	Board Member	Charitable Trust to support young people, 7 – 24 carers	LOW	February 2022
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
BOPDHB	Wife Penny works as Casual Vaccinator	Health Services Provider	LOW	Sept 2021
FINCH, IAN				
Visique Whakatane	Director	Optometry	LOW	1/11/19
Vic Davis trust	trustee	Grants for mental illness research	LOW - DHB employee may be applicant /recipient of grants.	1/9/20
Lakes DHB	Wife Sue has position in Quality and Risk re WC&F investigations	Health	Moderate	March 2021
GUY, Marion				
Chadwick Healthcare	Casual Employee	Health	NIL	06/1996
Bay of Plenty District Health Board	Employee	Health	LOW	03/10/2016

NZNO	Honorary and Life Member	Nursing Union	LOW	
Nursing Council of New Zealand	Member	Regulatory Authority responsible for registration of Nurses	LOW	March 2021
Accuro Health Insurance	Board Chair	Health Insurance Provider	LOW	December 2021
SCOTT, Ron				
Stellaris Ltd and Stellaris PTE Ltd	Director	Business Education and Training organisation	LOW	2005
SILC Charitable Trust	Chair	Disabled Care	Low – As a Board Member Ron is not in the position to influence funding decisions.	July 2013
AA Bay of Plenty District Council	Council Member	Transport and Road Safety	LOW	March 2018
SIMPSON, Leonie				
Toi Ohomai	Kahui Matahanga Member	Iwi representation	LOW	23/12/2019
Toroa Leadership Group	Chair	Mental Health & Addictions Transformation & Redesign, BOP	MEDIUM	24/11/2021
TUORO, Arihia				
Whakatohea Mussels	Director	Mussel Farming	LOW	15/12/2019
Poutama Trust	Trustee	Maori Economic Development	LOW	15/12/2019
Oranga Marae Lotteries	Committee Member	Lotteries	LOW	15/12/2019
Lotteries Americas Cup	Committee Member	Lotteries	LOW	15/12/2019
Whakatohea Pre Settlement Claims Trust	Project Manager	Negotiate Whakatohea Settlement	LOW	15/12/2019
STEEL, Linda (Maori Health Runanga Chair)				
Eastern bay Primary Health Alliance	Trustee	Primary Health Services	LOW	23/2/2021
Te Ao Hou Trust	Chief Executive	Community Provider	LOW	23/2/2021
BOPDHB Maori Health Runanga	Chair / Iwi Representative	Strategic Relationship with BOPDHB	LOW	23/2/2021
WILLIAMS, Wayne				
Alliance Health Plus Trust	Chief Executive	Primary Care	LOW	15/4/2021
Alliance Management Services Ltd	Director	Alliance Corporate Activities	LOW	15/4/2021

Auckland Primary Care Leaders Group	Chair	Primary Care	LOW	15/4/2021
Auckland / Waitemata Alliance Leadership Team	Chair	Metro Auckland Investment and Alliancing	LOW	15/4/2021
CMDHB Alliance Leadership Team	Co-Chair	Investment and Alliancing	LOW	
Third Age Health Services	Independent Director	Primary Care Providers to ARC	MEDIUM	10/6/2021
HUDSON, Mariana (Board Observer)				
The Maori Pharmacists Association (MPA)	Vice-President	Pharmacy	LOW	26/8/2020
VALEUAGA, Natu (Board Observer)				
Pacific Island Community Trust	Board Member	Community Work	LOW	31/8/2020

Bay of Plenty District Health Board
Management Interests Register

INTEREST	NATURE OF INTEREST	CORE BUSINESS	RISK OF CONFLICT	DATE OF INTEREST
AGNEW, Mike: Acting GM Planning & Funding / Population Health				
Midland Region GMPF	Member	Planning and Funding Health Services	Nil	2015
Otumoetai Doctors	Client	Health Services	LOW	
National Haemophilia Management Group	Member	Haemophilia Services and Funding	Nil	2014
Midland Stroke Network	Member	Stroke Services	Nil	2015
Waikeria Mental Health and Addiction Service advisory panel	Member	Mental Health and Addictions	Nil	
Midlands Trauma Network	Member	Trauma Services	Nil	
Midland Cancer Network Executive	Member	Cancer	Nil	
Hospice Sustainability and Funding Project Steering Group	Member	Palliative Care	Nil	
Laboratory Clinical Board	Member	Laboratory services	Nil	
ANSTIS, Bronwyn - Chief Operating Officer				
The Doctors	Client	Health Services	Low	2004
Anstis Family Trust	Trustee	Family Trust	Nil	2000
Naturally Native NZ Plants Ltd	Director	Native Plants Wholesale Company	Nil	2013

BROWN, Debbie: Senior Advisor Governance & Quality				
BOPDHB	Son is an employee	Healthcare	Low	
Holland Beckett Lawyers	Client	Legal	Low	2002
BRADFORD, Luke - Chief Medical Officer				
GP Partner 5th Avenue Family Practice	Indirectly contracted provider	General Practice	Low	15/2/21
Chair BOP Providers Inc	Co-owner PHO	Business group of BOP GP owners	Low	15/2/21
Western Bay of Plenty PHO	Board Member - 6 month tenure	Health Provider	Low	02/03/2022
Professional Memberships	Member of NZMA, Member of ASMS, both involved in some contractual negotiations / lobbying, both on-going LOW risk			
CHANDLER, Peter - Chief Executive				
Tauranga Community Hospital Trust	Chair/Trustee	Established for benefit of Tauranga Hospital Staff	Low – monies received from bequests, etc to be used to enhance Tauranga staff welfare	2014
Exsomnis	Co-Founder	Leadership Networking & Consultancy	Low – not contracted by BOPDHB	2018
HealthShare	Director	Health	Low	Nov 2019
National Haemophilia Management Group (NHMG)	Chair	Management of Bleeding Disorders	Low	Nov 2021
GILLING, Peter: Head of Clinical School				
Venturo Limited (VL)	Director: Appointed by Urology Bay of Plenty Ltd.	Health Services	Low –VL is contracted by BOPDHB as a service provider	1993
UROBOP Limited	Shareholder & Director	Urology Private Practice	LOW – No DHB business conducted	2011
GRIMWADE, Kate - Chief Medical Officer				
Medical Council of New Zealand	Registered Member	Health	Low	since 2007
Member of Australasian Society of Antimicrobials	Member	Health and Science	Low	since 2008
Member of Australasian Society for Infectious Diseases	Member	Health	Low	since 2008, on the NZ committee since 2019

Fellow of Royal Australasian College of Physicians	Registered Member	Health	Low	since 2010
Chair Advanced Training Committee for General and Acute Medicine for the Royal Australasian College of Physicians and as part of that I sit on AMDEC - Adult Medicine Division Education Committee for NZ.	Chair	Health	Low	since 2019
HODSON, Jeff - GM Facilities and Business Operations				
Property Institute of NZ	Member	Professional Body	Nil	30/3/2006
JACKSON, Ros - Associate Director of Nursing				
NA				
MADSEN, Judith - Executive Director, Allied, Scientific and Technical				
New Zealand College of Midwives	Member	Professional Body	Nil	Nov 2022
Midwifery Council of New Zealand	Member	Professional Body	Nil	
MITCHELL, Sarah - Executive Director, Allied, Scientific and Technical				
National Directors Allied Health	Directors Group	Health	Low	March 2019
Physiotherapy New Zealand	Member	Professional Body – Health	Low	May 2018
Chartered Society Physiotherapy	Fellow	Professional Body – Health	NIL	Nov 2017
ROBINSON, Julie: Director of Nursing				
Nurse Executives of NZ (NENZ)	Member	Professional Body	Nil	10/2008
College of Nurses Aotearoa	Member	Professional Body	Nil	10/2008
TAURANGA, Marama - Manukura, Te Pare o Toi				
Manaaki Mana	Member of advisory group	Equity in NZ Emergency Departments	Low	2017
Ngā Toka Hauora	Chair of group	Te Manawa Taki Regional Māori Health and Equity	Low	2020
Te Tumu Whakarae	Deputy Chair	Māori Health Strategic focus and influence	Low	2020
Francis Health	Maori Faculty/Facilitator	Consultancy / Leadership	Low	2022
WALLACE, Owen - GM Corporate Services				
Opotiki Holdings Ltd	BOPDHB appointed	Facility Provider	Low – BOPDHB is a shareholder	2008

	Director of company		of OHL and tenant of the facility. Issues of DHB's tenancy are managed by other executives.	
National System - InterRAI	Information Services Steering Group Member	National IT System	Low – BOPDHB's Support Net services use InterRAI. BOPDHB contracts with HIQ for provision of InterRAI. No financial benefit from group membership	2009
WEBBER, Lindsey - CEO, WBOPPHO				
Waikato Family Centre Trust	Trustee	Registered Charitable Trust	Low	29/7/2019

- Whether or not any contract, policy, consent or other consideration has been entered into with any entity identified in any conflict in the last three financial years.

Standard PHO agreements for Primary Care Services: one board member was on a DHB/PHO Board; another is a General Practitioner.

Senior Management: One executive is a part owner of a Urology service contracted to the DHB and another is a General Practitioner.

- Value of any contract, policy, consent or other consideration has been entered into with any entity identified in any conflict in each of the previous three financial years.

	2018/2019	2019/2020	2020/2021	2021/2022
Primary Care	55,223,982	58,359,756	65,298,056	65,298,056
Venturo	4,147,552	5,410,094	5,600,000	8,287,591
Kathleen Kilgour Centre	9,398,693	9,902,217	N/A	N/A

- Steps taken to mitigate any possible conflict in granting any contract, policy, consent or other consideration which has been entered into with any entity identified in any conflict in each of the previous three financial years.

All service agreements for Planning and Funding go through internal control processes of review. COI registers are maintained. in this Committee including a Conflict of Interest Register, minutes, a matters arising register and clear documentation processes for the roll over or new investment into any DHB funded health service. All FMC outcomes were reported to the Audit Finance and Risk Committee of the Board.

Where there are specific concerns regarding a service agreement, probity advice is sought, and followed. BOPDHB has policy and protocols which govern conflicts of interest.

Policies are published on the BOPDHB website under Controlled Documents (Policies/Protocols). Policies and protocols | Te Whatu Ora | Health New Zealand | Hauora a Toi Bay of Plenty (bopdhb.health.nz)

46. What non-government organisations, associations, or bodies, if any, was your department, agency or organisation a paid member of in 2020/21? For each, what was the cost for each of its memberships? How does this compare to each of the previous four financial years?

Affiliation	**Cost**
The Health Round Table	143,662
Sustainable Business Council	6,300
N3 Ltd	2,200
NZ Rural General Practice Network	647
NZ Rural Hospital Network	1,000
Chamber of Commerce Tauranga	855
Eastern Bay Chamber of Commerce	160
Employers and Manufacturers Association	5,000
Toitu Environcar	16,000
FMANZ	225
2021/22 Total	**176,049**

A summary of the five years is tabled below:

Financial Year	**Affiliation Expenses**
2021/22	$176,049
2020/21	$161,712
2019/20	$98,092
2018/19	$88,875
2017/18	$90,960
2016/17	$20,882

INVOICES AND PROCUREMENT

47. How many penalties for late payment of an invoice were incurred in the 2021/22 year and what was the total cost of that? How does this compare to each of the previous four financial years?

Late payment penalties are rarely applied. Information on actual occurrences and any values is not reported internally and cannot be retrospectively answered.

48. How many and what proportion of invoices and bills received in the 2021/22 financial year were not paid on time, and how does this compare to each of the previous four financial years?

BOPDHB has four systems of payables, three external and provided by a Ministry of Health shared service, and one internal. Due to this complexity, it is not practical to accurately respond to the question, and our answer references only the internal function which we have access to the data for. BOPDHB does not record or report on time payment rates from its accounts payable function. The number of invoices paid each year is tabled below, and we do not believe that a material number of these are late paid against the vendors' payment terms.

The performance against the 10-working day payment instruction from MBIE (Ministry of Business Innovation and Employment) measured from date of invoice entered was 90.6% compliance.

Financial Year	Number of Invoices
2021/22	82,003
2020/21	76,417
2019/20	68,707
2018/19	71,347
2017/18	66,882

ADVERTISING, POLLING, AND PUBLIC RELATIONS

49. What polls, surveys or market research did your department, agency or organisation undertake in the last financial year and what were the total estimated costs of this work? Please provide a copy of the polling report(s) and the following details:

a. Who conducted the work
b. When the work commenced
c. When it was completed (or due to be completed)
d. Estimated total cost
e. Whether tenders were invited; if so, how many were received.

In-house surveys are conducted using Survey Monkey and the staff intranet (One Place) as required. There is minimal cost for these - we pay an annual fee of $469.57 + GST for Survey Monkey.

50. How much was spent on advertising, public relations campaigns or publications in the last financial year? How does this compare to the cost of this in the previous four financial years?

The table below sets out the total amount spent on advertising, public relations campaigns, or publications in the last five financial years. We produce in-house newsletters and other publications for patients, staff, and stakeholders.

There was a marked decrease in the miscellaneous publications printed externally from $2,169 to $835.65. This is due to the publications requiring specialist printing being for COVID-19 information needs.

Social media channels were used frequently.
The suite of patients' information brochures and the telephone directories are both items deemed to be advertising, hence their inclusion here.
We use social media, both internally and externally when it's appropriate for the target audience. Content, artwork, video filming and editing are completed in-house.

Health Promotion Campaigns, Advertising and Publications	
2021/22	**Expenditure**
Yellow Pages (includes 2 yearly subscriptions as invoice date has been brought forward)	**$56,037**
Patient Information Suite (excluding forms)	**$54,409.82**
Miscellaneous publications printed externally	**$835.65**
Total publications produced in-house (excluding forms)	**$85,915.48**
COVID	**$40,419.44**
2020/2021	**Expenditure**
Public Health - TTO	$13,105.21
Yellow Pages	$34,365.00
Patient Information Suite (excluding forms)	$40,705.61
Miscellaneous publications printed externally	$2,169.00
Total publications produced in-house (excluding forms)	$113,373.27

Covid	$14,661.93
2019/2020	**Expenditure**
Public Health – Health Promotion Campaigns	$41,820.00
Advertising – Health Matters and Yellow Pages	$81,309.00
Patient information suite (excluding forms)	$36,366.30
Total publications produced in-house (excluding forms)	$150,692.25
Miscellaneous publications printed externally	$38,113.02
2018/2019	**Expenditure**
Public Health – Health Promotion Campaigns	$61,624.00*Includes $52,014 promotional products (Refer Q53)
Advertising – Health Matters and Yellow Pages	$94,469.60
Patient information suite (excluding forms)	$41,593.32
Total publications produced in-house (excluding forms)	$55,625.11
Miscellaneous publications printed externally	$7047.33
2017/2018 Year	**Expenditure**
Public Health – Health Promotion Campaigns	$56,323.55
Advertising – Health Matters and Yellow Pages	$79,329.80
Patient information suite (excluding forms)	$73,280.19
Total publications produced in-house (excluding forms)	$55,625.11
Miscellaneous publications printed externally	$19,668.00

51. For each advertising or public relations campaign or publication conducted or commissioned in the 2021/22financial year, please provide the following:

a. Details of the project including a copy of all communication plans or proposals, any reports prepared for Ministers in relation to the campaign and a breakdown of costs
b. Who conducted the project
c. Type of product or service generally provided by the above
d. Date the work commenced
e. Estimated completion date
f. Total cost
g. Whether the campaign was shown to the Controller and Auditor-General
h. Whether tenders were or are to be invited; if so, how many were or will be received.

Patient Information (excluding forms)	a. Patient information b. BOPDHB c. Communications staff within the BOPDHB d. Continuous e. Completed on request f. $54,409.82 g. No h. No

Total publications produced in-house (excluding forms) include a myriad of items including posters, stickers, booklets, flyers, invitations, training documents, manuals, staff magazine, internal communications materials, reports, annual plan and annual report, various newsletters for staff and stakeholders and other collateral when sought.	a. Range of items b. BOPDHB c. BOPDHB staff d. As required e. Completed to Timeline f. $85,915.48 g. No h. No
Telephone Directories (Yellow)	a. Telephone directories (books and online) b. BOPDHB c. Communications staff within the BOPDHB d. Annual updates e. Completed to timeline f. $56,037.00 g. No h. No
Covid Miscellaneous	a. Miscellaneous printing for Covid b. BOPDHB c. BOPDHB staff d. As required e. Completed to timeline f. $40,419.44 g. No h. No
Public Health Signs & posters, The Careers of the Future and What is Public Health videos, strategic plan and its communication, newsletters and COVID19 Public Relations campaign	a. Business as Usual spend b. Toi Te Ora Public Health Unit c. Communications staff within Te Ora d. Throughout the year e. Completed on request f. $29,203.75 g. No h. No

52. How many public relations and/or communications staff, contractors/consultants or providers of professional services were employed in the last financial year; what was the total salary budget for these staff and how much were these staff paid broken down by salary band? How does that compare with each of the previous four financial years? Provide a numerical and percentage breakdown of public relations or communications staff by employment status ie permanent, contractor/consultant, provider of professional service.

The BOPDHB operates in two communications areas – one dealing with DHB and corporate communications and the other being part of the Toi Te Ora public health service which deals with public health communications and promotions.
The BOPDHB communications team employs 2.5 FTE communications advisors who were supported by contracted staff due to the increased workload with COVID-19 since 2019/20, while the Toi Te Ora service employs 2 full-time public health communications advisors

Year	FTE / Contractors		Salary / Contractor Payments	
	BOPDHB	Toi Te Ora	BOPDHB	Toi Te Ora
BAU[2]	2.5	2	$269,461	$172,038
COVID	1.75		$286,200	
Total 21/22	4.25	2	$555,661	$172,038
2020/21	3.3	2	$427,354	$165,126
2019/20	4.5	2	$318,683	$160,095
2018/19	2.5	2	$245,718	$147,868
2017/18	2.5	2	$240,543	$141,254

The 21/22 data has been split into those charged to Business as Usual (BAU) and those specifically charged to COVID

53. How much was spent in 2021/22 on merchandise/promotional products (apparel, stationery, pen drives etc.) carrying the branding of your department, agency or organisation or its campaigns, polices or marketing? How did this compare to each of the previous four financial years? For each invoice over $1,000 in 2021/22 please provide the item purchased, the amount purchased, costs and the intended use.

Promotional products are designed in-house and produced either in-house or sent to external specialist Suppliers

Year	Expenditure – items over $1000	Spend
2021/22	**COVID Apparel**	**$16,801.00**
2020/21	**Childhood Infection & Rheumatic Fever** Eastern Bay Primary Health Alliance **5210 programmes** Sign Creations Limited **Childhood Infection & Rheumatic Fever** Pure Print Limited	**$18,500.00** **$12,520.00** **$8,349.00**
2019/20	**Hapū Hauora** Merchandise - $8,245 **5210 – The Healthy Way to Go (Childhood Obesity Prevention)** $9,771 spent on merchandise placemats and magnets (In both English and Te Reo Māori)	**$18,016.00**
2018/19	**Preventing Childhood Infection Campaigns:** 1500 x Tote Bags - $2,175 1500 x Drink Bottles - $3,960 250 x Umbrellas - $2,110 Stationery - $3,587 Drawstring Backpacks - $9,315 Plastic Placemats - $2,680 Magnetic Photo Frames - $3,925 6000 x Healthy Skin Packs distributed via the Rheumatic Fever teams to children in high-risk communities - $11,000	

	Healthy Skin printed resources - $4,475 6500 x Rheumatic Fever bags - $4,000 4000 x 'Stop Sore Throats Hurting Hearts' pens - $2,500 Antibiotic adherence charts and stickers for pharmacy and school-based projects - $1,061 7000 (2 x 3500) - Hand stickers English and picture - $1,226 **Hapū Hauora:** 1500 x Tote Bags - $2,175 1500 x Drink Bottles - $3,960 250 x Umbrellas - $2,110 2 x Banners - $296 Total spent - $8,541 **Toi Te Ora Public Health:** 4 x Service Stand Up Banners - $580 Service T-Shirts - $362 **Breastfeeding Friendly Spaces**: 40 x Large Signs - $334 **Building Blocks for Under 5's:** 25 x Building Blocks Tool (Booklets) - $789 **Water in Schools:** 16 x 20L Water Containers - $264 3 x 55L Storage Containers – $20 **5210 – The Healthy Way to Go (Childhood Obesity Prevention):** Total spent - $19,767 spent on stationery and merchandise (in both English and Te Reo Māori):$52,014.00 • Stationery - $3587 - 1100 x posters - 3500 x information pamphlets - 2000 x goal charts - 1100 x colouring in and coloured information pads (25 sheets in each) - 5000 x lunchbox stickers • Drawstring backpacks - $9,315 - 5000 x backpacks useful for togs, sports gear, or books for Before School Check providers to give to every child that receives a Before School Check. • Plastic placemats - $2,680 - 1000 x placemats for providers to give to children, families, Kohanga Reo and early learning services that they work with. • Magnetic photo frames $3,925	**$52,014.00**

	- 2500 x magnets for Well Child Tamariki Ora (WCTO) providers to give to children and their families at around their 2-year-old WCTO check. • Pens - $260 **Skin Infections:** • 6000 Healthy Skin Packs distributed via the rheumatic fever teams to children in high-risk communities - $11,000 • Healthy skin printed resources - $4,475 **Total Spent - $15,475** **Rheumatic Fever:** Rheumatic fever resources distributed via the rheumatic fever teams to children in high-risk communities: • 6500 x Rheumatic Fever bags - $4,000 • 4000 x 'Stop Sore Throats Hurting Hearts' pens - $2,500 • Antibiotic adherence charts and stickers for pharmacy and school-based projects - $1,061 • 200 x Colgate Regime Dental Packs for RF patients - $700 **Total spent - $8,261** **Hand Hygiene:** • 7000 (2 x 3500) - Hand stickers English and picture - $1,226 • 1750 x Hand stickers Te Reo - $724 • 1750 x Hand cards Te Reo - $712 • 2500 x Hand cards English - $812 • Artwork for new Toi Te Ora logo template - $85 **Total spent - $3,559**	

2017/18	**Preventing Childhood Infections Campaigns:**
	• Rheumatic Fever awareness campaign
	  • Drawstring bags - $3,500
	  • Pens - $3,756
	• 5 messages to keep your family healthy campaign
	  • Magnets - $6,543
	• Magnets Te Reo - $3,555
	• Lunchbox stickers - $1,590
	• Magnetic photo frames - $4,350
	• Drawstring backpacks - $4,575
	• Placemats - $1,707.50
	• Skin Infections Prevention campaign
	  • Skin packs for high-risk schools $10,139.50
	• Oral Health Service
		$5,472.22

	• Sipper bottles • Staff name badges	

54. How many press releases, if any, were released in the 2021/22 financial year? How many were released in each of the previous four financial years?

Year	Number of press releases	
	BOPDHB	**Toi Te Ora**
2021/22	33	32
2020/21	38	25
2019/20	76	40
2018/19	73	26
2017/18	68	19

OFFICIAL INFORMATION AND PRIVACY

If your entity is not covered by the Official Information Act, please answer N/A to the relevant questions.

55. In 2021/22, did your department, agency or organisation have an internal group of staff whose primary role was to support the Minister or their Office by processing information requests such as Parliamentary questions, Official Information Act requests, and ministerial correspondence; if so, what is the name of that group, how many staff were in the group, what was the cost of this, and where were they located? What were these numbers for each of the previous four financial years? Which policies dealing with the OIA, if any, have changed as a result of the Chief Ombudsman's report Ready or Not?

We have no staff with this as their primary role. None of our Official Information Act policies have changed as a result of the Chief Ombudsman's report "Ready or Not".

56. What was the number of Official Information Act Requests received, responded to within 20 working days, responded to after 20 working days, transferred, and declined during 2021/22? How many requests had the deadline for response extended and what was the average number of working days requests were extended? What were these numbers for each of the previous four financial years?

This data is reported 6 monthly to the Te Kawa Mataaho Public Service Commission and is publicly available on their site OIA statistics - Te Kawa Mataaho Public Service Commission

The DHB had a focus in 21/22 to continue our 100% response time and proactively release responses on our website.

57. What was the average response time for Official Information Act Requests during 2021/22? What was this number for each of the previous four financial years?

This data is reported 6 monthly to the Te Kawa Mataaho Public Service Commission and is publicly available on their site OIA statistics - Te Kawa Mataaho Public Service Commission

58. How many complaints were received under the Privacy Act or Official Information Act during 2021/22 broken down by whether each has been upheld, dismissed, or still under investigation? How does this compare to each of the previous four financial years?

Year	Number Received	Upheld	Dismissed	Still Under Investigation
July 2017-June 2018	2	0	2	0
July 2018-June 2019	2	0	0	2
July 2019-June 2020	2	0	2	0
July 2020-June 2021	3	1	2	0
July 2021-June 2022	4	3	1	0

Please note data prior to 2018/2019 is incomplete as we did not previously report in this way.

59. What policies are in place for Official Information requests to be cleared by or viewed by the Minister's office?

BOPDHB has no policies in relation to this.

60. Does your department, agency or organisation have specific policies or procedures that apply to requests for information from media, bloggers, political parties, or OIAs deemed 'high risk' which differ to those for regular requests; if so, please provide full details of those policies?

BOPDHB has no policies in relation to this.

61. What instructions or directions from Ministers or their staff regarding the processing or handling of Official Information Act requests did the agency or organisation receive during 2021/22?

None.

62. Were any privacy issues identified in the 2021/22 financial year and in the previous four financial years? If so, what were they and what are the titles of any reports into them?

2018
2 cases: Investigated and no breach was found.
1 case: Staff involved was spoken to and a reminder to all staff of our policies.
1 case: Still active.

2019
1 case: Investigated, no breach found.
4 cases: Investigated resulting in reminders to staff re: Privacy Policy and 1 resulting in an amendment to Access and Security Policy.
1 case: Still active.

2020
3 cases: Investigated, no breach found.
4 cases: Investigated resulting in reminders to two staff re privacy policies, one with a recommended change to IT systems, one with a change of process for a patient.
2 cases: Still active.

2021
11 cases: Investigated, no breach found.
4 cases: Investigated resulting in reminders to staff about saving documents safely, electronic whiteboard information is no longer easily accessed, staff members reminded to check email addresses before sending, staff member disciplined for a breach of patient privacy and then dismissed when the behaviour was repeated.
0 cases: Still active.

2022
18 cases: Investigated, no breach found.
22 cases: Investigated, one resulting in a staff member resigning following a breach on social media, other cases requiring reminders to staff about only accessing information with a work-related need to do so, care needing to be taken when cutting and pasting / dragging and dropping information between emails, reminders about double-checking labels before sending documentation by post, regular privacy training tailored for specific teams and work processes,
0 cases: Still active.

PERMANENT STAFF/GENERAL STAFFING BREAKDOWNS

If the information sought in this section is found in the department, agency or organisation's Annual Report with the same breakdown as requested, your response may refer to this, giving details. However your response MUST be specific and cite the relevant page numbers.

If the question is not relevant to your department, agency or organisation (for example if it does not have a policy function or a staffing cap) please answer N/A

63. How many staff positions in the policy area were left unfilled in the 2021/22 financial year broken down by policy area in total? How did that compare with each of the previous four financial years? How is the agency or organisation continuing to carry out work in the absence of staff in these positions?

NA - BOP District does not have a designated policy area or team.

64. How many permanent staff were employed within your department, agency or organisation during the last financial year? How does this compare to each of the previous four financial years? Please breakdown by:

- *Role (e.g. policy/admin/operational)*
- *Classification (full and part-time)*
- *Office (e.g. geographical location)*

a. BOPDHB adopts the reporting roles of 'Medical', 'Nursing', 'Allied', 'Support' and 'Management and Administration' per guidelines within our sector. The permanent staff on 30 June for each year is reported by classification (role) below.

The table below is based on Head Count and excludes Casuals and Temporary Staff

Occupational Group	21/22	20/21	19/20	18/19	17/18	5Yr %
Admin / Mgmt.	623	555	554	518	511	21.9%
Allied Health	642	585	593	540	509	26.1%
Medical	440	402	394	362	341	29.0%
Non-clinical Support	129	123	117	104	108	19.4%
Nursing	1,527	1,445	1,452	1,335	1,288	18.6%
Total	**3,351**	**3110**	**3110**	**2859**	**2757**	**21.5%**

b. A further table indicates their employment status (full or part time).

Employment Status	21/22	20/21	19/20	18/19	17/18	5Yr %
Full Time	1,400	1,253	1,269	1,185	1,172	19.5%
Part Time	1,951	1,857	1,841	1,674	1,585	23.1%
Total	**3,351**	**3,110**	**3,110**	**2,859**	**2,757**	**21.5%**

c. Staff are employed in the major hospital campuses as well as in community teams that work across the geographic area covered by the DHB. Staff breakdown by geographic office is not practical to report as staff may be charged to one location but work across multiple.

	FY 21/22			FY 20/21		
Occ Group	Tauranga Hospital	Whakatane Hospital	Grand Total	Tauranga Hospital	Whakatane Hospital	Grand Total
Admin/Management	687	121	808	619	123	742
Allied Health	620	175	795	568	177	745
Medical	431	81	512	398	84	482
Non-clinical Support	112	56	168	95	50	145
Nursing	1,657	449	2,106	1,518	412	1,930
Grand Total	**3,507**	**882**	**4,389**	**3,198**	**846**	**4,044**

	FY 19/20			FY 18/19		
Occ Group	Tauranga Hospital	Whakatane Hospital	Grand Total	Tauranga Hospital	Whakatane Hospital	Grand Total
Admin/Management	554	110	664	523	111	634
Allied Health	536	170	706	519	142	661
Medical	365	78	443	353	70	423
Non-clinical Support	88	54	142	87	40	127
Nursing	1,441	393	1,834	1,336	373	1,709
Grand Total	**2,984**	**805**	**3,789**	**2,818**	**736**	**3,554**

	FY 17/18		
Occ Group	Tauranga Hospital	Whakatane Hospital	Grand Total
Admin/Management	504	109	613
Allied Health	461	165	626
Medical	343	75	418
Non-clinical Support	91	42	133
Nursing	1,292	352	1,644
Grand Total	**2,691**	**743**	**3,434**

65. Please provide detailed explanations for any fluctuations in staff numbers of plus or minus 10%.

Employment Status	21/22	20/21	19/20	18/19	17/18	5Yr %
Clinical Staff	2599	2432	2439	2237	2138	21.6%
Non-Clinical Staff	752	678	671	622	619	21.5%
	3351	**3110**	**3110**	**2859**	**2757**	**21.5%**
Clinical Growth – p.a	6.9%	(0.3%)	9.0%	4.6%	n/a	
Non-Clinical Growth – p.a	10.9%	1.0%	7.9%	0.5%	n/a	
	7.7%	**0%**	**8.8%**	**3.7%**	n/a	

Staff growth across the five years is similar across clinical and non-clinical staff groupings. Over the 5 years total staff numbers grew by 21%-22%. Annual growth is driven by issues such as population growth and ageing which impact service demand and therefore staff numbers. Service developments (eg increased local provision of service previously delivered outside of district) within the five years have also resulted in staff number fluctuations.
The largest annual growth has occurred in the years 2019/20 through 2021/22 and predominantly reflect the differing aspects of COVID response across those years.

Note: The 21/22 numbers reflect changes made to classification of clinical related staff working predominantly in management roles – previously these were coded to their occupational account code (i.e. clinical classification) but are now coded as admin/management.

66. Please provide a breakdown by role (e.g. policy/administration/operational) and location of the agency or organisation's staff numbers in 2021/22 and each of the previous four financial years, by age and gender. Provide totals where appropriate.

Note: this breakdown is based on head count and **includes casual staff.** It also includes staff employed in roles required to specifically respond to COVID.

Occupational Group	2021/22	2020/21	2019/20	2018/19	2017/18
Admin / Management	808	742	664	634	613
Allied	795	745	706	661	626
Medical	512	482	443	423	418
Nursing	2,106	145	1834	1709	1644
Support	168	1930	142	127	133
Total	**4,389**	**4044**	**3789**	**3554**	**3434**

Occupational Group	2021/22		2020/21		2019/2020		2018/19		2017/18	
	F	M	F	M	F	M	F	M	F	M
Admin / Management	697	111	643	99	570	94	540	94	528	85
Allied	672	123	628	117	596	110	546	115	511	115
Medical	239	273	218	264	195	248	191	232	188	230
Nursing	1,917	101	63	82	1677	157	1554	155	1499	145
Support	67	189	1776	154	57	85	46	81	43	90
Total	**3,592**	**797**	**3328**	**716**	**3095**	**694**	**2877**	**677**	**2769**	**665**

Age Band	2021/22	2020/21	2019/20	2018/19	2017/18
< 19 years	15	3	3	2	3
20 – 29	596	504	475	448	431
30 – 39	1,023	841	762	651	584
40 – 49	863	841	815	798	793
50 – 59	1,025	1016	955	948	974
60 – 69	775	752	700	639	598
> 70 years	92	87	79	68	51
Total	**4389**	**4044**	**3789**	**3554**	**3434**

Further information is provided in each of our annual reports regarding our staffing demographics.

67. If your agency or organisation has a cap on the number of Full Time Equivalent (FTE) positions in 2021/22, what was the figure at which it was capped? How many FTEs were employed in 2021/22, and how does this compare to each of the previous four financial years?

A cap on management and administration staff numbers was introduced in 2012. The cap has not altered since that time despite the growth in the organisation and population served.
Our administration and management FTE are consistently approximately 18 percent of our workforce.

Current year 2021/22 for "Administration FTE" is showing excluding and including staff that were brought in for the COVID response.

Prior years are showing "Administration FTE" excluding the COVID response.

Financial Year	Administration FTE	Administration Cap
2021/22 (Excl COVID)	609	464.50
2021/22 (Incl COVID)	658	464.50
2020/21	555	464.50
2019/20	554	464.50
2018/19	518	464.50
2017/18	511	464.50
2016/17	496	464.50

Categorisation in DHB systems changed, hence numbers restated for priors.
Note: The 21/22 numbers reflect changes made to classification of clinical related staff working in management roles – these are now coded as admin/management whereas in the past they were coded to their occupational account code (i.e., clinical classification).

68. How many of the total staff employed are considered to be frontline staff and how many are considered back office staff (both in nominal terms and as a percentage of total staff) and how does that number compare to the number of frontline and back-office staff in each of the past four financial years?

The terms 'front line' and 'back office' are not reported in our organisation. Head count figures for Clinical staff (Medical, Nursing and Allied) are used to represent 'front line' staff, with head count figures for Non-Clinical staff (Administration, Management and Support staff) included as a proxy for 'back office'.

Note: Many non-clinical staff fill roles that interact directly with patients hence could be considered "frontline" i.e., Telephonists, ward receptionists, security, orderlies etc.

For 2021/22, under this measure, 78.1% of staff are front line staff. This percentage has held relatively stable for the five years tabled below.

Financial Year	'Front Line' (Clinical)	'Back Office' (Non-Clinical)	"Back Office" %
2021/22	3,413	976	22.2%
2020/21	3,157	887	21.9%
2019/20	2,983	806	21.3%
2018/19	2,793	761	21.4%
2017/18	2,688	746	21.7%
2016/17	2,585	730	22.0%

CONSULTANTS, CONTRACTORS/TEMPORARY CONTRACTS, PROVIDERS OF PROFESSIONAL SERVICES

69. How many contractors, consultants, including those providing professional services, were engaged or employed in 2021/22 and what was the estimated total cost? How did this compare to each of the previous four financial years, both in terms of the number engaged and the total cost? For each consultant or contractor that has been engaged in the previous four financial years please provide the following details:

- *Name of consultant or contractor*
- *Type of service generally provided by the consultant or contractor*
- *Details of the specific consultancy or contract*
- *Budgeted and/or actual cost*
- *Maximum hourly and daily rates charged*
- *Date of the contract*
- *Date the work commenced*
- *Completion date*
- *Whether tenders were invited; if so, how many were received*
- *Whether there are proposals for further or following work from the original consultancy; if so, the details of this work?*

Note: The term "contractor" within health sector carries interpretations that differ from other sectors. Health service providers are "contracted" and consequently could be termed "contractors". Some personnel are on a service contract rather than an employment contract – eg locum clinical staff. In answering this set of questions, the focus has been on contracted arrangements coded to "consultant" accounting code – which excludes outsourced personnel such as locums.

Financial Year	Expenditure ($000s)	Number of Vendor Engagements
2021/22	4,306	76
2020/21	2,894	82
2019/20	1,735	136
2018/19	2,962	164
2017/18	2,320	136
2016/17	2,687	124

Consultants and contractors are used to deliver a range of services, the largest being Property and Facility construction related.

Consultancy/Contracting Description	2021/22 $
Accounting, Taxation & Financial Advisory	31,040
COVID	830,377
Acute Demand Program	76,405
Stakeholder Consultation	212,325
Human Resource Consulting & Investigation work	55,433
IT Projects	112,708
Leadership Team Building & Coaching	9,200
Project Management & Technical Expertise	249,977
Property & Facilities Construction	2,359,447
Te Toi Ahorangi	351,571
Government Monitoring	17,502
Total	**4,305,985**

Sum of Accounted Net (DR-CR)	Column Labels											
Row Labels	Accounting, Taxation & Financial Advisory	Acute Demand Programme FY21-22	Covid	Government monitor	Human Resource Consulting & Investigation work	IT Projects	Leadership Team Building & Coaching	Project Management & Technical Expertise	Property & Facilities Construction	Stakeholder consultation	Te Toi Ahorangi	Grand Total
AON New Zealand	5,750.00											5,750.00
Aotahi Media Limited											32,600.00	32,600.00
Beca Limited			-2,641.85					1,234,503.51				1,231,861.66
Brian Millen			27,365.68									27,365.68
Campbell Squared Communications Limited			501,530.98				39,622.40	-5,500.00				535,653.38
Ceasefire Consulting Limited			3,525.00									3,525.00
Ceridian Dayforce New Zealand Limited					4,882.50	37,537.50						42,420.00
Cooney Lees Morgan Limited								5,055.00				5,055.00
Corporate Games Limited								10,020.00				10,020.00
Covekinloch New Zealand Limited								6,970.00				6,970.00
Dee Two Consulting Limited	2,040.00											2,040.00
EduMaxi Limited											12,840.00	12,840.00
Ernst & Young Limited								514,754.30				514,754.30
Everest Group Limited					43,417.00							43,417.00
Francis Health		76,405.50					87,036.16					163,441.66
Geoff Davenport			4,762.50									4,762.50
Greenstone Group Limited								5,950.00				5,950.00
Hayden Ring			62,900.00									62,900.00
Head Strategic Limited											5,250.00	5,250.00
Hilary Carlile & Associates Limited									42,199.40			42,199.40
Jasmax								51,057.07				51,057.07
Jigsaw Architects Limited			15,208.20					124,855.56				140,063.76
Kahui Tautoko Consulting Limited											40,000.00	40,000.00
Kanuka Wellbeing & Leadership Limited											2,200.00	2,200.00
Ken Whelan Consulting Limited				17,502.00								17,502.00
Klein Limited								63,747.31				63,747.31
Leanne Elder			0.00			46,250.00						46,250.00
Maataatoa Limited											2,000.00	2,000.00
Manktelow Consulting Engineers Limited								17,837.40				17,837.40
Mchale Group Limited							10,630.00					10,630.00
Momenta Charitable Trust									146,124.95			146,124.95
Montgomery & Associates Limited											4,500.00	4,500.00
Nardia Joy Lloyd-Ashton							12,000.00					12,000.00
Nola Ardern			18,792.39									18,792.39
One Time Supplier			75,726.00									75,726.00
Platform Advertising Limited			54,986.05								34,013.27	88,999.32
Polycode Limited											20,000.00	20,000.00
PricewaterhouseCoopers	6,500.00		14,825.00								8,966.38	30,291.38
Rap Consulting Limited							9,200.00					9,200.00
RDT Pacific Limited								2,530.00				2,530.00
Rider Levett Bucknall Auckland Limited								10,510.00				10,510.00
Robert McGowan & Associates Limited											9,600.00	9,600.00
Roimata Timutimu			67,500.00								0.00	67,500.00
Rose Macfarlane								19,598.49				19,598.49
RS Valuation Limited	16,750.00											16,750.00
Spark Digital						27,500.00						27,500.00
Stanaway Consulting Limited											50,000.00	50,000.00
Structureco Limited								25,495.00				25,495.00
Synergia Limited											25,300.00	25,300.00
Sysmex New Zealand Limited						1,421.00						1,421.00
Talent Group Limited					4,134.00							4,134.00
Te Amokura Consultants Limited											17,275.00	17,275.00
Telferyoung (Tauranga) Limited								4,670.00				4,670.00
Terehia Biddle			397.58					960.00		61,426.64		62,784.22
The Drug Detection Agency-Waikato Coromandel					2,999.00							2,999.00
Thomson Group								3,000.00				3,000.00
Toitu Design Limited											5,600.00	5,600.00
Tonkin & Taylor Limited								18,081.40				18,081.40
Tuwharetoa Ki Kawerau Health and Social Services											20,000.00	20,000.00
Work Safety Investigations Limited							66,688.00					66,688.00
Zero Fibres Asbestos Consultants Limited								1,000.00				1,000.00
Telehealth Sustainability Team							20,000.00					20,000.00
Linda Steel							14,000.00					14,000.00
Te Puna Ventures								233,418.00				233,418.00
SGS								10,934.00				10,934.00
Accural			-14,500.00						13,326.25			-1,173.75
Diane Lees									1,340.00			1,340.00
Ipsos Limited									9,334.00			9,334.00
Grand Total	**31,040.00**	**76,405.50**	**830,377.53**	**17,502.00**	**55,432.50**	**112,708.50**	**9,200.00**	**249,976.56**	**2,359,447.04**	**212,324.60**	**351,571.29**	**4,305,985.52**

70. Were any contracts awarded in the last financial year which were valued at $1 million or more? If so, please list by name of company contracted and total value of contract. How did this compare with each of the previous four financial years?

2021/2022 three contracts were awarded:

Agreement	Provider Name	Agreement Name	2021/2022
368999	Western Bay of Plenty Primary Health Organisation Limited	Integrated Primary Mental Health & Addiction (IPMHA) Services	$ 1,416,592
372726	Poutiri Charitable Trust	Supported Swabbing Initiatives (Bay Park)	$ 1,169,200
366577	Allied Potential Group Limited	Adult Community Support Services & Transitional Housing Support	$ 1,021,953

2021/2022 Uncapped volume based covid agreements where actuals over $1m:

Contract Number	Vendor Name	Contract Name	Paid to Date
367514	WESTERN BAY OF PLENTY PRIMARY HEALTH ORGANISATION LIMITED	Supported General Practice, CBAC's and Popup Swabbing Initiatives - COVID 19	13,759,325
372327	WESTERN BAY OF PLENTY PRIMARY HEALTH ORGANISATION LIMITED	COVID Primary Response Coordination	10,117,374
369117	PHARMACY CARE GROUP LIMITED T/A PHARMACY ON CAMERON	COVID-19 Vaccination Service	2,486,833
369518	TE PUNA ORA O MATAATUA CHARITABLE TRUST	COVID-19 Vaccination Delivery (Mobile & Fixed sites)	2,365,596
369122	BAYFAIR PHARMACY (2010) LIMITED T/A LIFE PHARMACY BAYFAIR	COVID-19 Vaccination Service	1,253,938
372563	EASTERN BAY PRIMARY HEALTH ALLIANCE	COVID-19 Care in the Community in the Home	1,194,330

2020/2021 No health service agreements valued at $1 million or more were awarded.

2019/2020 Three contracts were awarded.

2018/2019 No health service agreements valued at $1 million or more were awarded.

71. What is the policy of your department, agency or organisation on the use of consultants, contractors or people providing professional services as opposed to regular employees? Has this policy changed in the last financial year, if so, why and how?

BOPDHB has a clear policy and delegations framework covering the engagement of consultants, contractors, and professional services. This is unchanged from the prior financial year.

72. How many consultants, contractors or people providing professional services contracted in 2021/22 were previously employed permanently within your department, agency or organisation during the previous two financial years broken down by whether they had received a redundancy payment, severance or other termination package or not? How many contractors hired in each of the previous four financial years had previously been permanent employees in the agency or organisation in the previous two financial years?

There were 17 consultants, contractors or people providing professional services in the 21/22 financial year who were previously permanent employees. 15 of the 17 consultants have not received any type of redundancy payment, severance, or other termination package. There are 2 employees that are still currently employed.

73. Were any consultants, contractors or agencies contracted to provide communications, media or public relations advice or services in the 2021/22 financial year; if so, with whom did they contract, what was the specific purpose or project, for what length of time and at what total actual or estimated cost? How does this compare to each of the previous four financial years?

Year	Expenditure	Expenditure	
2021/22	MP Stevenson	$78,104	Outsourced Communications assistance
	Right Talk Media	$42,096	Outsourced Communications assistance
	Campbell Squared	$577,134	Strategic Communication advisory services / Covid Related communications assistance
2020/21	Right Talk Media	$46,400	Outsourced Communications assistance
	MP Stevenson	$73,533	Outsourced Communications assistance
	Amanda Weatherley	$12,000	COVID Related Communications assistance
	Campbell Squared	$89,646	Strategic Communication advisory services / Covid Related communications assistance
	Platform Advertising	$475,296	Public Health and COVID related communications assistance
2019/20	Right Talk Media	$30,052	Outsourced Communications assistance
	MP Stevenson	$24,730	Outsourced Communications assistance
	Campbell Squared	$12,629	Strategic Communication advisory services
	The Shine Collective	$16,575	Covid Related Communication assistance
	Amanda Weatherly	$48,480	Covid Related Communication assistance
2018/19	Right Talk Media	$33,301	Outsourced Communications assistance
	Campbell Squared	$13,276	Outsourced Communications assistance
	MOCA	$4,580	Outsourced Communications assistance
2017/18	Right Talk Media	$29,044	Outsourced Communications assistance

74. How many temporary staff were contracted by your department, agency or organisation in the 2021/22 financial year, listed by purpose of contract, name of company or individual contracted, duration of temporary staff's service, hourly rate of payment and total cost of contract?

BOPDHB have several staff with temporary recorded as their employment status – generally on fixed term employment contracts. Very few external 'temps' are engaged, as we operate a flexible pool of staff cross-trained to fill many roles across the organisation.

Financial Year	Number of Temporary Staff
2021/22	375
2020/21	395
2019/20	228
2018/19	236
2017/18	234

Given the number of temporary staff, and the confidential nature of their employment, it is not practical to list each employee's purpose or to disclose contractual details and names. The list of roles is provided below. Hourly rates range from $21.92 per hour to $223.84 per hour (average: $40.98 per hour), annualised salaries from $45,720 to $466,937 (average: $85,480).

Please note that the Table uses the standard staffing groups (refer to Questions 65 – 67). Within the Table are Covid response roles where staff normally categorized as clinical (e.g., nursing, allied

health) undertook roles within the Covid team that carried titles such as "Administration Support". This typically occurred for Health Care Assistants employed under clinical role employment arrangements (i.e., clinical nursing MECAs).

Job Title	Total	Job Title	Total
ANAESTHETIST	6	HEALTH IMPROVEMENT ADVISOR	3
CLINICAL LEADER	1	HEALTH PROMOTION OFFICER	2
ENT SURGEON	1	HEALTH WORKER	3
GENERAL PRACTITIONER	1	MEDICAL RADIATION TECHNOLOGIST	2
MEDICAL DIRECTOR	2	OCCUPATIONAL THERAPIST	6
MEDICAL OFFICER	1	PHARMACIST	2
MOSS	4	PHARMACY INTERN	2
ONCOLOGIST	1	PHARMACY TECHNICIAN	1
ORTHOPAEDIC SURGEON	2	PHYSIOTHERAPIST	3
PAEDIATRICIAN	2	PSYCHOLOGIST	1
PHYSICIAN	5	RESEARCH NURSE	1
REGISTRAR	21	SOCIAL WORKER	3
SENIOR HOUSE OFFICER	5	SPEECH LANGUAGE THERAPIST	4
ADMINISTRATION SUPPORT	3	TE POU KOKIRI	1
ADVISOR	4	TEAM LEADER	2
ASSOCIATE CLINICAL NURSE MANAGER	2	VACCINATOR	4
CLINICAL NURSE CO-ORDINATOR	7	ORDERLY	1
CLINICAL NURSE MANAGER	1	ADMINISTRATION SUPPORT	65
CLINICAL NURSE SPECIALIST	1	ADVISOR	2
CO-ORDINATOR	2	ANALYST	1
HEALTH CARE ASSISTANT	6	ANALYST/PROGRAMMER	1
HEALTH WORKER	25	ASSISTANT	1
MIDWIFE	1	CHANGE MANAGER	2
NURSE RECRUITER	1	CO-ORDINATOR	11
PROJECT MANAGER	1	DIRECTOR	1
REGISTERED NURSE	83	FACILITATOR	1
SPECIALTY CLINICAL NURSE	1	GRAPHIC DESIGNER	1
SPECIALTY NURSE	1	HEALTH WORKER	4
VACCINATOR	25	LEADER	2
ADMINISTRATION SUPPORT	1	MANAGER	2
ADVISOR	1	PERSONAL ASSISTANT	3
ANAESTHETIC TECHNICIAN	2	PORTFOLIO MANAGER	1
ASSESSOR	2	PROGRAMME MANAGER	2
AUDIOLOGIST	2	PROJECT MANAGER	2
CO-ORDINATOR	1	REGISTERED HEALTH PROFESSIONAL	1
DENTAL THERAPIST	2	SYSTEM ADMINISTRATOR	1
DIETITIAN	2	TEAM LEADER	1
		Grand Total	**375**

KEY

	Medical Staff
	Nursing Staff
	Allied Health Staff
	Support Staff
	Admin/Mgmt. Staff

75. How many staff were hired on each of the following contract lengths: three-month or less, three-to-six month, or six-to-nine month in the 2021/22financial year? How does this compare to the number hired on each of these contracts in each of the previous four financial years?

Reporting on this question is not readily available. To accurately respond it would require a full analytical and documentation review of contracts with temporary (fixed term) status across the five years requested. At the end of 30 June 2022, 67 staff had contracts expiring within 3 months, a further 40 between 3 and 6 months, and a further 206 between 6 and 9 months.

Year	Below 3 Mths	3 – 6 Mths	6 – 9 Mths	Total
As at June 2022	67	40	206	313
As at June 2021	44	49	238	331
As at June 2020	34	52	90	176
As at June 2019	34	45	91	170
As at June 2018	38	79	78	195

NB: Increased use of fixed term staff in 20/21 and 21/22 relates to COVID-19 Response workforce

76. How many staff were employed on a fixed term contract in total in 2021/22? How does this compare to each of previous four financial years?

Financial Year	Number of Temporary Staff
2021/22	375
2020/21	395
2019/20	228
2018/19	236
2017/18	234

Categorisation in DHB systems changed, hence numbers restated for priors. As above increased use of fixed term staff in 20/21 and 21/22 relates to COVID-19 Response.

COLLECTIVE BARGAINING AND EMPLOYMENT ISSUES

77. How many staff were hired in the last financial year whose contracts included a 90-day probationary period? Please provide a breakdown by role.

No-one has been hired anyone in the last financial year on a contract which has a 90-day probationary period. No employment contracts include the 90-day probationary period. Therefore, this aspect of the ERA2000 is not used.

78. Please provide a summary of any collective employment agreement negotiations completed in the 2021/22 financial year including the cost of that, and an outline and timeline of negotiations to be conducted in 2022/23?

MECAs / SECAs settled in 2021/22

	Date Ratified	Term for Costing (months)	Total Cost of Settlement
Ratified in 21/22			
STONZ	14/12/2021	24 Months	**$939,340**
NZNO	15/10/2021	27 Months	**$4,951,350**
MERAS (Midwives)	17/09/2021	27 Months	**$303,902**
PSA Mental Health Nursing	17/09/2021	27 Months	**$438,639**
Ratified in 22/23			
E Tu Maintenance	30/06/2022	28 Months	**$471,784**
PSA Allied Health	27/06/2022	13 Months	**$5,908,919**
APEX Pharmacy	08/09/2022	16 Months	**$584,328**
APEX Clinical Physiology	14/11/2022	19 Months	**$124,038**
APEX Anaesthetic Techs	20/12/2022	21 Months	**$113,233**
Negotiations in 22/23			
PSA Clerical	N/A	Expired Feb 2022	N/A
APEX MIT's	N/A	Expired Aug 2022	N/A
NZNO	N/A	Expired Oct 2022	N/A
APEX Sonographers	N/A	Expired Nov 2022	N/A
PSA Nursing	N/A	Expired Dec 2022	N/A

Note: As at the time of providing these responses, APEX Clinical Physiologist hasn't been implemented yet and APEX Anesthetists/Technicians just settled last week.

79. How many staff were on collective and individual employment agreements respectively in the last financial year? How does this compare with the numbers of staff on collective and individual employment contracts for each of the previous four financial years?

Financial Year	Collective Agreement	Individual Agreement	Total Staff
2021/22	4,060	329	4,389
2020/21	3,914	264	4,178
2019/20	3,529	260	3,789
2018/19	3,316	238	3,554
2017/18	3,192	242	3,434

80. Were any specific instructions, directions or advice received in relation to employment agreement matters from the Public Service Commission or responsible Minister in the 2021/22 financial year? If so, please provide details.

The remuneration directions for 2021/22 financial year were similar to those issued for the prior year (2020/21). These included ensuring that pay adjustments give effect to the Public Service Commission's principles of:

6. Pay adjustments required by statute or unequivocal, enforceable in contractual obligations in current employment agreements must be complied with.
7. Lift pays for low paid staff *(where the average pay is below $60k)* to ensure, beyond legal obligations, a minimum pay rate that provides a livable wage.
8. Adjust pay for low to middle earners *(where the average pay is above $60k and below $100k)* to allow a modest adjustment to pay progression. Any increase proposed should be comparatively less than those for low paid staff. *If progression steps already exist, then an additional adjustment should not apply, unless in exceptional circumstances (as listed below).*
9. Hold pays for higher earners and senior leaders *(where the average pay is above $100k).*
10. Staff whose role is within coverage of a collective agreement and the terms and conditions of their IEA mirrors the collective agreement should receive equitable outcomes.
11. Universal across the board increases, i.e. applying the same quantum of an adjustment either to all staff or to all staff below $100k, is not consistent with this guidance.

Financial Parameters were set:

1. The Annualised Ongoing Cost of Settlement (AOCS) is between 0 - 1.5% of total employment cost for eligible employees for 2021/22.
2. Pay adjustments are nuanced, according to the principles, and targeted to have the effect of providing more for the low paid.
3. Where proposed adjustments meet exceptional circumstances criteria but would mean the overall AOCS is above 1.5%, the Ministry may need to seek further approval from Health Employment Relations Governance Group (ERGG) on behalf of DHBs.

LEAVE AND EAP

81. How many days of annual leave did employees have accrued on average during 2021/22? How does this compare to each of the previous four years? What strategies are used to encourage employees to reduce annual leave balances?

The average annual leave accrual across our organisation is 23 days (about 3 and a half weeks) on 30 June 2022.

Financial Year	Average Annual Leave Accrual Days
2021/22	23
2020/21	23
2019/20	23
2018/19	23
2017/18	21
2016/17	21

Annual leave liability grew in 2021/22 because of the COVID pandemic and its impact on health service demand and the ability of individuals to travel both domestically and internationally. Strategies utilised to ensure staff take annual leave entitlements include:

- Policies are in place to ensure staff know and understand how leave can be assessed and utilised.
- Protocols, guidelines, and toolkits have been developed to help managers and staff understand how to manage their leave balances.
- 'HR' KPIs have been agreed by the Executive Leadership team – this delivers monthly reporting on accrued annual leave to managers.
- Managers are encouraged to monitor high annual leave balances and work with staff to reduce these where required.

82. How many annual leave applications did the agency or organisation cancel or refuse during 2021/22? How does this compare to each of the previous four financial years?

We are unable to report on cancelled or refused annual leave as not all areas of the DHB are on electronic leave processes and the reasons for subsequent changes in approved leave are not recorded.

83. How many employees sold their fourth week of annual leave in the 2021/22 financial year? How does this compare to each of the previous financial years since this policy came into effect?

We are unable to provide data on staff who cashed up their fourth week of leave. We can provide data on staff who cashed in some of their annual leave under the DHB's policy. Policy allows a proportion of excess leave to be cashed up – the minimum leave entitlement that must remain after the cash up is at least 120 hours or 3 weeks pro rata for FTE.

Financial Year	Number of Employees accessing leave cash up
2021/22	74
2020/21	55
2019/20	63
2018/19	56
2017/18	47
2016/17	52

84. How many days of sick leave did employees take on average during 2021/22? How does this compare to each of the previous four financial years? What strategies are used to reduce the amount of sick leave employees need to take?

Financial Year	Average Sick Leave Utilisation (Days)
2021/22	8 (incl Covid)
2020/21	7
2019/20	7
2018/19	8
2017/18	7

BOPDHB has an extensive staff wellness programme supporting the full spectrum of staff health needs. 21/22 figure includes sick leave and isolation leave due to Covid-19.

85. How much was spent on EAP or workplace counselling in the 2021/22 financial year and how did that compare to each of the previous four financial years?

Financial Year	Expenditure on EAP Services
2021/22	$228,522
2020/21	$179,950
2019/20	$135,727
2018/19	$87,121
2017/18	$86,941
2016/17	$72,825

NB: Due to Whakaari White Island and COVID we have had an increase in staff accessing EAP.

SECONDED STAFF

If your department, agency or organisation does not second staff to Ministers' offices, please answer N/A to these questions

86. What was the number and cost of staff seconded to Ministerial offices during 2021/22 and how many of these had their salaries paid by the department, agency or organisation rather than Ministerial Services? What were these numbers in each of the previous four financial years? For each staff member seconded, please provide the following details:

- How long they were seconded for (less than 6 months, 6-12 months, 12-24 months or 24 months or more);
- The role they were seconded to;
- The role they were seconded from;
- The reason for the secondment;
- The remuneration they have received over and above the remuneration they are contracted for in the role they have come from.

Staff Numbers	Time Frame Required (months)	Seconded To	Seconded From	Reason	Remuneration Received
2021/22					
1	12 months	Establishment Group Ministry of Health	Pou Tikanga Position in Te Pare ō Toi.	To strengthen our Te Pare ō Toi relationships	$35,000.00
1	<6 Months	HNZ Transition Team	Analyst – Finance Team	To support the change	None

Staff Numbers	Time Frame Required (months)	Seconded To	Seconded From	Reason	Remuneration Received
2020/21					
1	10 months	Carried out the following roles: Manager Service Design, Immunisation, Testing & Supply - COVID-19 Health System Response Regional Account Lead Midland Response - COVID-19 Vaccine & Immunisation Programme	Clinical Director of Innovation & Improvement.	Testing and Supply	HDA $1053.49 per week

Allied Health
One person to MOH for less than 6 months. Cost: $17,546.40 (Salary, KS, ACC Levy)
Role seconded to - chief clinical advisor
Role seconded from- Professional lead – Audiology
Reason: - to work with the CAHPO to lead best possible ways of meeting government priorities for improving health outcomes
Remuneration – no change to salary.

None for MH&AS
None for Nursing and Midwifery
None for Medical

Te Pare ō Toi secondments:

- Pou Tikanga to PHA, MOH for 12 months (only 6.5 months of this falls into the 21/22 Financial Year) Cost: to be retrieved by DSA (Salary plus higher duties negotiated by incumbent with PHA, travel and accommodation) Cost $144,188.58
- Pou Haumanu to Te Aka Whai Ora for approximately 6 months, 0.6FTE, worked on Planned Care predominantly. Cost: to be retrieved by DSA (Salary same as current, small amount of travel). Secondment started in October 22 which is not in the 21/22 financial year.
- Manukura, not seconded, did contribute approximately 3-4 hours per week on various program streams.

87. What was the turnover rate of staff seconded to Ministerial offices from the agency or organisation during 2021/22 and what was it for each of the previous four financial years?

Nil for Nursing and Midwifery.
Nil for Allied health scientific and technical.
Nil for Te Pare ō Toi.
Nill for Corporate Services – No seconded staff left before their secondment ended.

88. Has your department, agency or organisation covered any travel or accommodation costs for any staff seconded from one role to another in 2021/22; if so, what was the total cost for each secondment, broken down by type of expenditure? How does this compare to the previous three financial years?

Nil for Nursing and Midwifery.

Te Pare ō Toi: Pou Tikanga – secondment for 12 months to PHA in MOH. Travel and accommodation covered by Hauora a Toi and then reimbursed by MOH.

STAFF TURNOVER/TERMINATION OF EMPLOYMENT

89. What was the staff turnover for 2021/22 and what was the staff turnover for each of the previous four financial years by category? Please provide this information both as a percentage and in numerical terms. Is the turnover rate cause for any concern, if so, what are the major issues and how will these be addressed in 2021/22?

Note: These figures are for voluntary turnover only and exclude temporary staff, casual staff, and Junior Doctors as per MoH definition of staff turnover.

Financial Year	Staff Turnover Number	Staff Turnover %
2021/22	394	13.1%
2020/21	327	11.0%
2019/20	258	9.4%
2018/19	275	10.3%
2017/18	228	8.8%

90. What was the average length of service in your department, agency or organisation in the 2021/22 financial year and each of the previous four financial years? Please also provide this information broken down by age and gender.

Financial Year	Average Length of Service (Years)
2021/22	7.0
2020/21	7.6
2019/20	8
2018/19	8.3
2017/18	8.4

Financial Year	Male - Average Length of Service (Years)	Female - Average Length of Service (Years)
2021/22	7.1	7.0
2020/21	7.9	7.6
2019/20	7.9	8
2018/19	7.9	8.4
2017/18	7.9	8.5

Financial Year	< 29 years of age - Average Length of Service (Years)	30 – 39 years of age - Average Length of Service (Years)	40 – 49 years of age - Average Length of Service (Years)	50 – 59 years of age - Average Length of Service (Years)	60 < years of age - Average Length of Service (Years)
2021/22	1.5	3.1	6.4	9.1	13.7
2020/21	1.7	3.4	6.8	9.8	13.7
2019/20	1.8	3.3	7.1	10.4	14.4
2018/19	1.8	3.4	7.3	10.8	14.6
2017/18	1.7	3.8	7.4	10.7	14.7
2016/17	1.8	3.8	7.4	10.7	14.6

91. How many staff resigned during 2021/22, what were the reasons provided, and what are the possible implications for the agency or organisation? Please also provide the number broken down by age and gender.

Resignations FY 21/22:

Reason for Leaving	Head Count	
Resignation (no reason given)	349	Voluntary
Retirement	43	Voluntary
Voluntary Redundancy/ Early Retirement	2	Voluntary
Death	2	Involuntary
Dismissal	1	Involuntary
Mandatory Health Order – Covid-19 Vaccination	56	Involuntary
Grand Total	**453**	
By Age Group:		
Age Band	**Head Count**	
Under 30 Years	81	
30-40 Years	91	
40-50 Years	84	
50-60 Years	96	
60-70 Years	85	
Over 70 Years	16	
Grand Total	**453**	
By Gender:		
Gender	**Head Count**	
Female	374	
Male	79	
Grand Total	**453**	

92. How many people received, and how much was spent in total, on redundancy payments, severance or other termination packages by the agency or organisation in the 2021/22 financial year? How does that compare to the number and amount spent in each of the previous four financial years?

Financial Year	No of Redundancies / Terminations	Redundancy / Termination Costs
2021/22	1	$54,576
2020/21	2	$18,203
2019/20	3	$74,641
2018/19	2	$32,370
2017/18	5	$120,477
2016/17	3	$41,935

93. How much, in $10,000 bands, of all individual total amounts, was paid out in redundancy, severance or other termination packages in the 2021/22 financial year? How does this compare to the individual total amounts paid out in redundancy, severance or other termination packages in each of the previous four financial years?

2021/22	2020/21	2019/20	2018/19	2017/18
$54,576	$10,280	$27,982	$26,029	$9,500
	$ 7,923	$24,158	$6,341	$33,034
		$22,500		$38,793
				$19,276
				$19,875
$54,576	**$18,203**	**$74,640**	**$32,370**	**$120,477**

SALARIES AND BONUSES

94. How much was spent on performance bonuses, incentive payments or additional leave in 2021/22 and each of the previous four financial years? Please provide a breakdown of the number of bonuses received during 2021/22 in $5,000 bands. What were the specific criteria for such performance payments? Has there been any changes to the criteria since October 2017; if so, what specific changes and why?

Performance bonuses are restricted. The criteria for payment are performance and is based on a percentage of base salary. There have been no changes to the criteria.

	No	$
2021/22	0	0
2020/21	0	0
2019/20	0	0
2018/19	1	$42,066
2017/18	2	$58,592
2016/17	0	0

There are no incentive payments made.
No additional leave except where a salary sacrifice has occurred – i.e., base salary is reduced in exchange for extra leave.

95. In $10,000 bands, what are the salary levels of all staff, and how does this compare with the salary levels for each of the previous four financial years? Please also provide this information by age and gender.

Full details are tabled below for 2021/22. These are salary figures, which excludes several other components of total remuneration which are – leave entitlements, allowances, penal and overtime etc.

Salary Band	Total	Male	Female	<20 Years Age Band	20-29 Age Band	30-39 Age Band	40-49 Age Band	50-59 Age Band	60-69 Age Band	>70 Years Age Band
40000-50000	160	28	132	10	38	23	22	30	27	10
50000-60000	749	121	628	4	124	125	138	193	140	25
60000-70000	519	53	466	1	119	77	79	120	106	17
70000-80000	360	49	311	-	92	112	63	59	30	4
80000-90000	1,486	152	1,334	-	85	437	300	337	302	25
90000-100000	264	44	220	-	33	66	58	69	36	2
100000-110000	230	45	185	-	24	39	48	71	45	3
110000-120000	133	40	93	-	29	18	24	37	25	-
120000-130000	66	31	35	-	23	20	6	8	8	1
130000-140000	52	21	31	-	13	14	5	12	7	1
140000-150000	38	16	22	-	8	19	6	1	4	-
150000-160000	29	12	17	-	7	10	7	3	2	-
160000-170000	23	10	13	-	-	13	5	4	1	-
170000-180000	45	26	19	-	1	30	13	1	-	-
180000-190000	24	15	9	-	-	4	9	6	4	1
190000-200000	24	10	14	-	-	9	12	2	1	-
200000-210000	28	16	12	-	-	6	20	1	1	-

210000-220000	33	20	13	-	-	1	22	8	1	1
220000-230000	15	8	7	-	-	-	9	5	1	-
230000-240000	18	10	8	-	-	-	9	8	1	-
240000-250000	89	68	21	-	-	-	8	48	31	2
280000-290000	1	-	1	-	-	-	-	1	-	-
340000-350000	1	-	1	-	-	-	-	-	1	-
350000-360000	1	1	-	-	-	-	-	-	1	-
460000-470000	1	1	-	-	-	-	-	1	-	-
Grand Total	**4,389**	**797**	**3,592**	**15**	**596**	**1,023**	**863**	**1,025**	**775**	**92**

Remuneration in $10,000 bandings for each year is listed below, for salaries above $100,000 – as per the Annual Report. This is total remuneration, which we believe is a better measure, rather than salary, and includes staff who have worked for part of the year only. It is not practical to retrospectively present information for salaries under $100,000, by age or gender for this question.

Remuneration by Band ($000s)	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
100 - 110	234	167	145	110	95
110 - 120	160	92	88	69	53
120 - 130	95	70	63	38	29
130 - 140	66	44	36	16	23
140 - 150	49	28	22	24	15
150 - 160	27	12	20	24	17
160 - 170	18	18	14	14	12
170 - 180	22	12	16	10	11
180 - 190	19	13	12	6	8
190 - 200	14	16	12	7	11
200 - 210	22	18	16	12	9
210 - 220	15	12	9	5	5
220 - 230	12	13	10	8	16
230 - 240	17	13	10	11	11
240 - 250	20	11	11	17	12
250 - 260	12	11	11	10	8
260 - 270	10	15	8	7	5
270 - 280	9	16	11	8	10
280 - 290	12	7	8	11	7
290 - 300	8	8	14	8	5
300 - 310	10	7	4	6	5
310 - 320	6	7	3	6	5
320 - 330	3	4	2	4	6
330 - 340	7	6	8	8	5
340 - 350	3	0	4	3	1
350 - 360	7	4	1	5	2
360 - 370	4	5	4	1	1
370 - 380	4	1	1	2	3
380 - 390	0	3	2	0	2
390 - 400	2	2	0	0	0
400 - 410	0	1	3	1	0
410 - 420	1	0	0	3	0
420 - 430	1	1	0	1	0
430 - 440	0	1	1	1	0
440 - 450	1	0	1	0	2
450 - 460	1	2	1	0	1
460 - 470	0	1	0	0	0

470 - 480	2	1	0	1	0
490 - 500	0	0	2	0	0
500 - 510	0	0	2	1	0
510 - 520	0	0	0	0	1
520 - 530	0	0	0	0	0
530 - 540	0	0	0	1	1
540 - 550	0	0	0	1	0
580 - 590	0	0	1	0	0
600 – 610	0	1	0	0	0
740 - 750	1	0	0	0	0
860 – 870	0	1	0	0	0
Total	**895**	**644**	**574**	**460**	**397**

Clarification between two tables: first table is base salary as of 30 June and the second table looks at total remuneration over the financial year (if they a person only worked part of the year, then this will obviously be less than their base salary)

TRAINING, TRAVEL AND OTHER EXPENSES

96. How much was spent on catering in the 2021/22 financial year? What policies were in place for the use of catering and were there any changes to these?

Total cost $241k. Catering is not covered by a specific Policy rather it is covered by operational expenditure delegations, with no change to these during the financial year.

97. How much was spent on domestic travel in the 2021/22 financial year and how does this compare to each of the previous four financial years? Provide a breakdown of spending on airfares, taxis/UBER and rental cars. Please provide a list of the positions of the top twenty spenders on domestic travel for 2021/22 including the amount spent.

Financial Year	Domestic Travel ($ 000s)
2021/22	291
2020/21	405
2019/20	522
2018/19	680
2017/18	522
2016/17	495

Major Cost Areas	2021/22 (000's)
Air NZ	171,695
Travel Agent Service Fees	43,192
Accommodation	29,579
Expense claims	50,620

Not every transaction in our general ledger is at a level of detail that is easily matched to a staff member. For example, some costs are allocated to training, continuing medical education, or some minor costs such as parking, and meals may be reimbursed. For this reason, the information below reflects the major service areas rather than individual staff. These figures include travel in relation to Covid including any costs associated with staff isolating Covid symptoms.

Major Service Areas	2021/22
Allied Health	$17,776.82
Governance & Quality	$2,210.42
Clinical School	$2,815.03
Regional Community Services	$24,625.25
Chief Operating Officer	$12,087.75
Corporate Services	$50,658.97
Chief Executive	$1,290.34
Funder Public Health	$7,536.41
Funding Services	$27,331.04
Information Services	$4,262.47
Maori Health Services	$12,231.19
Medical Services	15,644.96
Mental Health & Addiction Services	$27,458.44
Support Services	$138.26
Facilities & Business Operations	$3,245.98
Surgical Services	$30,731.16

Woman, Child & Family Services	$26,714.53
Covid	23,811.03
Total	**$290,570.05**

98. What domestic airlines are used by staff and why? Provide a breakdown of spending on each airline used in 2021/22 financial year and how does this compare to each of the previous four financial years?

Choice of domestic airlines operating from BOP district is virtually non-existent. Air NZ is the only commercial airline operating out of Tauranga with flights to Auckland and Christchurch. Whakatane airport is only served by Chatham Airlines with flights only to Auckland.
As noted above expenditure with Air NZ totaled $171,695 for the 2021/22 year.

99. How much was spent on international travel in the 2021/22 financial year, how does this compare to each of the previous four financial years, and what proportion of operating expenditure does this represent? Please provide a list of the positions of all spenders on international travel for 2021/22, including the amount spent (broken down by travel, accommodation and other expenditure), locations travelled, reason visited, and outcomes achieved. For any items of other expenditure greater than $15,000 please provide details of what this was.

Our general ledger account for International Travel is tabled below. In addition to this, staff with continuing medical education entitlements within their collective employment agreements may have additional international travel costs which are part of their employment agreements.

Financial Year	Overseas Travel($ 000s)	%of Operational Expenditure
2021/22	2.2	0.01%
2020/21	1.2	0.01%
2019/20	32.5	0.25%
2018/19	42.2	0.35%
2017/18	36	0.44%

100. How many staff have Koru Club memberships paid for by your department, agency or organisation, and how does this compare with each of the previous four financial years? What is the policy regarding entitlement to Koru Club membership?

Financial Year	Koru Membership
2021/22	1
2020/21	0
2019/20	0
2018/19	2
2017/18	2

Policy: Koru Club membership is paid for by the DHB where the staff member involved can demonstrate the need for at least 10 return trips for business meetings in the calendar year, provided CEO approval has been sought in advance.
Cost for 2021/22: $549.00

101. How many staff had the use of vehicles paid for by your department, agency or organisation in 2021/22; what are the estimated costs; how do these numbers compare to each of the previous four financial years?

Financial Year	Number of Staff with Paid Vehicles
2021/22	2
2020/21	1
2019/20	1
2018/19	0
2017/18	0

One employee, working in Mental Health in Tauranga, who from December 2019 was given permission to take a pool car home from Tauranga to Rotorua each night.

2020/21 costs: The Internal Vehicle Costs have been applied to the MH Cost centre is $11,348.30 plus FBT of $667.32.

2021/22 costs: The Internal Vehicle Costs have been applied to the MH Cost centre is $14,799.28 plus FBT $2,507.98.

The other employee, who works in Mental Health in Whakatane uses a car from their allocated service vehicles to travel from Whakatane to their home in Papamoa. They do travel with other employees. This has only recently been identified so costs have not been allocated for this in the 2021/22 year. This started during COVID.

The DHB operates a fleet of vehicles used by staff to perform their roles. These are covered in the answers to Questions 25 and 26. These are not allocated to staff as part of the remuneration for their role.

102. How much was spent on internal conferences and seminars, staff retreats, offsite training, or planning and teambuilding exercises, including travel costs, and what is the purpose of each in 2021/22? How does this compare to each of the previous four financial years? For each year please include:

a. Purpose
b. Venue
c. Cost (including travel and accommodation costs)
d. Activities undertaken

Detail related to individual attendance is not feasible to report on due to the way data is collected and stored for the number of staff in our organisation. We can provide the total spend however this is only now in a lump sum as per the table. This will exclude activity that has been funded within a specific service for individuals.

The 2nd table provides the amount allocated to each service for this expenditure.

Training Costs by Financial Year

Account	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
5700-00000 Corporate Training	$ -	$ -	$774,067	$894,607	$823,688	$952,120
5700-57001 TRAINING	$ 67,336	$ 2,573	$ -	$ -	$ -	$ -
5700-57002 TR O WAITNGI: WHK COURSE	$ 32,803	$ 24,147	$ -	$ -	$ -	$ -
5700-57003 CUSTOMER SERVIC COURSE	$ 12,978	$ 15,650	$ -	$ -	$ -	$ -

5700-57004 ALLIED HEALTH AWARDS	$ 19		$ -	$ -	$ -	$ -
5700-57005 HEALTH & SAFETY COURSE		$ 5,100	$ -	$ -	$ -	$ -
5700-57006 FIRE TRAINING COURSE	$ 33,933	$ 28,692	$ -	$ -	$ -	$ -
5700-57009 CTA NURSE FUNDI COURSE	$228,215	$197,509	$ -	$ -	$ -	$ -
5700-57010 CLIN TRAIN: PHL COURSE	$ 8,436	$ 59,846	$ -	$ -	$ -	$ -
5700-57011 INNOVATION AWAR COURSE	$ 3,041	$ 15,962	$ -	$ -	$ -	$ -
5700-57012 IT TRAINING COURSE	$ 28,252	$ 22,871	$ -	$ -	$ -	$ -
5700-57013 LEADERSHIP COURSE	$ 62,112	$ 76,372	$ -	$ -	$ -	$ -
5700-57014 ADVANCED STUDY COURSE	$ 26,530	$ 30,742	$ -	$ -	$ -	$ -
5700-57015 MANAGER DEVELOP COURSE	$ 434	$ 2,335	$ -	$ -	$ -	$ -
5700-57019 HEALTH & SAFETY COURSE	$ 26,100	$ 14,594	$ -	$ -	$ -	$ -
5700-57020 ENROLLED NURSE BRIDGING	$ 1,525	$ 2,550	$ -	$ -	$ -	$ -
5700-57021 MAORI LEADERSHP COURSE	$ 15,802	$ 17,481	$ -	$ -	$ -	$ -
5700-57026 CAREER DEVELOPMENT COURSE	$ 1,701	$ 288	$ -	$ -	$ -	$ -
5700-57030 CTA : PRIMARY/RURAL	$156,407	$169,252	$ -	$ -	$ -	$ -
5700-57031 CTA : NETP	$ 3,326	$ 95,682	$ -	$ -	$ -	$ -
Grand Total	**$708,952**	**$781,648**	**$774,067**	**$894,607**	**$823,688**	**$952,120**

Division - CORPORATE TRAINING	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**
CAH1 ALLIED HEALTH	$ 680	$ 22,260	$ 6,443	$ 14,587	$ 8,724	$ -
CBS1 GOVERNANCE & QUALITY	$ 12,221	$ 3,682	$ 14,794	$ 11,107	$ 24,145	$ 4,526
CCD1 CLINICAL SCHOOL	-$ 19,000	$ -	$206,873	$136,138	$186,901	$260,203
CCH1 REGIONAL COMMUNITY SERVICES		$ 19,619	$ -	$ -	$ -	$ -
CCO1 CHIEF OPERATING OFFICER	$ 10,000	$ 77,453	$415,156	$625,763	$434,746	$493,780
CCP1 CORPORATE SERVICES	$ 4,461	$ 11,024	$ 36,266	$ 23,230	$ 26,156	$ 79,552
CEX1 CHIEF EXECUTIVE	$ 12,454	$ 13,828	$ 6,341	$ 4,352	$ 18,167	$ 13,576
CFS1 FUNDING SERVICES	$ 743	$ 10,000	$ 4,890	$ 21,830	$ 39,568	$ 50,873
CIM1 INFORMATION SERVICES		$ -	$ 4,710	$ 2,345		$ -
CMA1 MAORI HEALTH SERVICES		$ -	$ -	$ 1,707	$ 36,381	$ -
CMH1 MENTAL HEALTH & ADDICTION SERV	$ -	$ -	$ 14,540	$ -	$ -	$ -
CMD1 Medical Services		$ -	$ -	$ 217	$ 29,954	$ -
CPS1 PROPERTY SERVICES	$ 15,247	$ 22,430	$ 64,054	$ 52,706	$ 15,988	$ 48,467
CSG1 SURGICAL SERVICES		$ -	$ -	$ -	$ -	$ 912
CWC1 WOMAN CHILD & FAMILY SERVS	$ 288	$ 601	$ -	$ 626	$ 2,958	$ 230
Grand Total	**$ 37,095**	**$180,897**	**$774,067**	**$894,607**	**$823,688**	**$952,120**

103. What are the measures used to evaluate the success or effectiveness for internal conferences or seminars?

When any new training is delivered internally or by an external facilitator, feedback surveys are completed and collated. This evaluation is discussed with our providers of training to incorporate any changes and updates. All training is regularly reviewed to ensure it is still current and meeting our needs.

104. How much was spent on staff training in 2021/22; and what percentage of the vote does the amount represent? How does this compare to each of the previous four financial years?

Staff Training is tabled below. Please note 'Vote' revenue is inclusive of all revenue – including revenue destined for third party contracted health providers (e.g., GPs). We have also provided the percentage excluding the third party contracted health providers.

Financial Year	Staff Training($ 000s)	Percentage of "Vote"	ExclThird Party Revenue
2021/22	7,965	.7%	1.3%
2020/21	7,323	.7%	1.2%
2019/20	6,726	.8%	1.4%
2018/19	7,111	1%	1.6%
2017/18	7,449	1%	1.8%

105. What specific activities or events were conducted that contributed towards staff morale in the last financial year?

2021-2022 Staff morale initiatives from Wellness Lead-Lisa Gillies

- He Whetu Koe - You are a STAR awards;
- Whakatane Hospital Free Miri miri Clinic for staff;
- Whakatane Hospital Staff Christmas discounts program 2022;
- Staff regular Wellness focused promotions;
- Mahi Ora Wellness Hub for staff- Launched;
- Financial Supports programs December 2022;
- Increased Staff Benefit Scheme;
- Covid 19 Wellbeing packs for staff;
- Rise up Baking initiative for staff during Covid-19 lockdown Whakatane Hospital;
- Matariki Celebrations with Staff;
- Self-care workshops with Clinical Psychologist and teams (Ongoing);
- Bespoke Psychologist program in Tauranga Hospital and Whakatane Hospital- Initiative purpose (Ongoing);
- One on One support sessions with staff (Ongoing);
- Psychological First aid training - 23 March, 30 June and 1 July 2022;
- Wellness learning models suite 2022;
- 2021 Christmas lunch for staff - $20 Prezzy cards;
- 2022 Christmas lunch for staff - BBQ catered from the ELT and Leads.

106. How much was spent on streaming subscriptions (such as SKY, NEON, DISNEY, APPLE and Netflix) in the last financial year and for how many subscriptions? How much was spent in each of the previous four financial years and how much has been budgeted for the latest financial year?

BOPDHB does not pay for television subscription services, hence the answer to all aspects of this question is: Nil.

107. What is the total amount spent, if any, on speakers' fees and/or speaker honorariums for each year of the last five financial years by event, event date, speaker and amount received?

Due to the continued COVID restrictions for 2021, most of our sessions were cancelled or we called upon internal resources for subjects to speak on.

Year	Speaker	Event	Fee
2021/22	None	N/A	0
2020/21	None	N/A	0
2019/20	None	N/A	0
2018/19	Thrive Productions Ltd	Blue Zone event	$3976
	Jorn Bettin	Grand Round – Core of Creativity	$3000
	Joel Komene	Grand Round – Te Wiki o te Reo	$350
	Des Tata	Wananga – Huria Marae	$250
	Total 2018/19		**$7904**
2017/18	Nil	NA	NA
2016/17	Christine Rankin	2 x events Admin Professionals Day	$6000
2015/16	Dr Mason Durie	Good to Great Maori Health	$2000

108. Does your department, agency or organisation pay travel and/or accommodation costs for guest speakers; if so what was the total amount of travel and/or accommodation costs paid over the last five financial years by speaker and event spoken at?

Due to COVID for 2021, most of our sessions were cancelled or we called upon our own Staff for subjects to speak on.

Year	Speaker	Event	Travel/accomm
2021/22	None	N/A	$0
2020/21	None	N/A	$0
2019/20	None	N/A	$0
2018/19	Thrive Productions Ltd	Blue Zone event	Included in Q106
	Jo Wailling – Health Quality & Safety Commission	Grand Round – Safe Healthcare	$328
2017/18	Speakers x 3	Healthy Pregnancies Education Day	$1363.75
2016/17	Lou Vincent	Mental Health	$391.30

109. What special units, task forces or reviews have been set up; and what particular issue or issues are they providing advice or analysis on? How many people are in any such units or reviews, and from what other government departments or outside organisations, if any, are they drawn? What is the total cost of this work?

For this year we set up within the PMO, as transition office and team, to support day one of Te Whatu Ora and cessation of the DHB as a separate legal entity.

110. What actions, if any, have been taken to improve the seismic safety of buildings, offices, and workplaces, or the seismic resilience of key infrastructure? What is the total cost of this work?

Nil. We are currently preparing a site master plan for Tauranga Hospital which inputs into the building upgrade strategy.

111. What actions, if any, have been taken to lower greenhouse gas emissions; and how does the level of greenhouse gas emissions in 2021/22 compare to previous years? What is the total cost of this work?

Nil. We are currently preparing a site master plan for Tauranga Hospital which inputs into the building upgrade strategy.

112. What actions, if any, have been taken to improve the gender pay gap; and how does the gender pay gap in 2021/22 compare to previous years? What is the total cost of this work?

BOPDHB is actively involved, along with all other Districts nationally, in the pay equity process and is consistently implementing the required actions and agreed steps as specified by the project group.

113. What specific work, if any, has the department, agency or organisation undertaken in relation to the 2020 Speech from the Throne? Has this required the employment of additional staff, contractors or consultants; if so, for what purpose? What is the total or budgeted cost for undertaking this work?

Not Applicable.

CARBON NEUTRAL BY 2025

The Carbon Neutral Government Programme requires public sector agencies to measure and publicly report on their emissions and to offset any they can't cut by 2025:

114. What specific measures does the department, agency or organisation have in place to measure and publicly report on emissions?

Bay of Plenty District has annually reported on its carbon emissions footprint since the 2018/2019 Financial Year. This information is made available both on the website and through annual reporting activities.

115. How does the department, agency or organisation currently offset emissions, how many have been offset and what has been the cost for each of the last five financial years?

Bay of Plenty District does not and has not offset emissions.

116. What has been the department, agency or organisation's annual total of emissions for each of the last five financial years?

Global Warming Potential (t CO2e) FY18/19	Global Warming Potential (t CO2e) FY19/20	Global Warmin g Potential (t CO2e) FY20/21	Global Warming Potential (t CO2e) FY21/22
10,353.16	9526.83	8949.99	9049.14

117. How many vehicles are currently in the department, agency or organisation's vehicle fleet?

a. What is the total number of electric vehicles in the fleet and how many of these have been purchased in each of the last five financial years?
b. How many plug in hybrids and pure battery EVs are in the fleet?
c. What is the total number of vehicles that are able to be converted to electric?
d. What evaluations of electric vehicles have been undertaken by the department, agency or organisation and what are the identified risks and advantages associated with the use of electric vehicle in the fleet?

a. No electric only vehicles (other than 2 buggy-style vehicles for on-campus use only). We did order 20 electric vehicles in FY22, but these were not receipted until FY23.
b. The DHB has 44 petrol/electric hybrid vehicles in its fleet, no plug-in Hybrid vehicles.
c. No vehicles owned by the DHB are suitable to be converted in a cost-effective manner. We do plan to transition around 90% of the fleet to electric through our purchasing cycle.
d. We have trailed 2 electric cars and performed a desktop evaluation of the cost and practicality (e.g., range), which led to an electric vehicle transition plan. A review of the fleet by Carbon Asset Management also touched on the transition. As a result, from this work, we had intended to buy electric vehicles in FY22 and that EVs become the default choice for the DHB moving forward. Unfortunately, timing worked against us so the EV's arrived in July and so fell into FY23, but we had ordered our first 20 EV's before year-end. Work has been undertaken by the Facilities team to assess the charging infrastructure needs and constraints and a plan is in place for the first phase of electric chargers. Transitioning to an electric fleet is dependent on EECA funding making EVs affordable within the constraints of the current capital budget, or other funding/reduction in future pricing

118. What are the sources of energy used by the department, agency or organisation and what changes, if any, will be required to achieve carbon neutrality by 2025?

We currently use electricity and gas and there will be limited change before 2025 due to the site master plan actions (see response to Q111).

119. What issues or problems are envisaged as a result of the Government requirement to implement energy efficiency building rating standards over 5 years?

Nil.

120. What issues or problems are envisaged as a result of the Government requirement that all new property leases must achieve a minimum of four stars?

This could be difficult when leasing existing office and outpatient space in Tauranga. Also, there are limited 5-star green buildings being constructed in Tauranga.

COVID-19

121. What impact, if any, has Covid-19 had on your organisation's property plans or requirements?

No specific impacts. Most of the covid actions were undertaken in leased properties.

We undertook an upgrade of one ward in readiness for Covid and are currently planning a further upgrade of parts of ED.

122. What effect has COVID-19, and staff working from home, had on the organisation's property requirements?

It has been helpful as we are currently operating with a shortage of office/clinical support accommodation.

There is currently no solution to the current shortfall.

We are currently preparing a site master plan for Tauranga Hospital which inputs into the building upgrade strategy.

123. Has Covid-19 led to change in the organisation's policies re staff working from home or flexible working arrangements? Is there a requirement for staff to spend a minimum period of time in the office? If so, please provide details.

Pre-COVID the DHB had been working on its flexible workplace strategy and approach as part of its overall People's Strategy. COVID accelerated the development of work from home options and arrangements as part of the need to ensure continuity of service and during the periods of lockdown.
Post the lockdown and the period of significant Delta community outbreak, the DHB, in alignment with other Public Service entities, worked through the process of bringing staff back onto the campus physical environs safely, and mindful that covid fear was still a concern with some, in accordance with measures required for keeping our hospital safe for staff and patients.
The DHB has transitioned to hybrid workforce models, for those roles applicable, understanding we are a 24/7 environment.

124. Was your organisation prepared for the effects of Covid-19 on the way the organisation went about its core business? What lessons have been learned as a result? Would, in hindsight, your organisation has done anything differently?

Hauora a Toi Bay of Plenty was well prepared for the Omicron outbreak of COVID-19 in February – March 2022. If the Delta variant of COVID-19 had not been well contained in December 2021 and January 2022 there would have been significant pressure on ICU beds and ICU nursing staff specifically. There were sufficient supplies of PPE and there were very few hospital admissions from Aged Residential Care facilities. Planned care was reduced as large numbers of COVID-19 patients occupied hospital beds. Infection Prevention & Control processes worked well for staff and patients. Early increases in contact tracing capacity and isolation processes in the community along with good vaccination distribution both internally delivered and through community partners enabled the eventual elimination of the Delta variant.

Staffing through COVID-19 surges has been the biggest challenge in hospitals and community services and recruitment has been ongoing. Health staff were and are in high demand across the

country and internationally but perhaps earlier development of a national action strategy around staffing may have been beneficial.
Additional ICU capacity is in the pipeline to mitigate ICU physical capacity constraints in the near future.

Community services need to have capacity to respond to extreme demands otherwise the downstream impact is on hospitals as provider of last resort.

Hauora a Toi Bay of Plenty would not have done anything differently in hindsight.

125. What specific information technology issues did your organisation experience as a result of COVID-19 and how were these addressed? Did your organisation need to purchase additional IT equipment (e.g. laptops, printers etc) and was your network able to manage with increased demand for remote access (e.g. some departments had to limit remote access at certain times) and how did this impact on the way the organisation did its job? What was the total cost for Covid-19 related IT expenses and how does this breakdown?

Prior to the 2021/22 year, many COVID related IT issues had already been encountered, with the focus in 2021/22 being more around COVID Vaccination and Testing activities and services. A dedicated IT operations group was put into the DHB COVID Directorate with technical "governance" provided from the DHB IT team.
In the 2021/22 year, approximately $920,000 was expended in IT related costs as part of the COVID response with the majority relating to the establishment and operation of the testing and vaccination centres which did require significant IT support in equipment, licensing and support services.
While some of the cost related to equipment purchasing that will also support the transition to a more flexible workplace and increased community service delivery, COVID was the catalyst for the change and the resource.
Changes were made to the DHB remote access capabilities to support the provision of community-based vaccination and testing sites as well as the increased "work from home" staffing levels.
COVID specific IT costs included:

- Licensing costs for systems rolled out as part of the integrated response – incl Medtech, TMG Health Cloud for User licensing & Hosting COVID 19 Vacc workstations: 1/7/21-30/6/22 (variable inv billed mthly)
- Contracted support staff for COVID Vaccination sites including service desk, support engineers and project management
- Spark/Digital Island COVID Contact Centre for Cloud based telecommunications
- Increased number of laptops and associated "mobile office" equipment
- Enhanced network remote access capabilities

126. What specific effect, if any, did Covid-19 have on your organisation's total FTEs?

$18.375m (174 FTE)

- Backfilling of Vulnerable staff who were unable to work and staff requiring to isolate
- Additional allowances, additional duties, and overtime payments
- Covid Mandate standdown and lieu of notice payments
- Employment of staff to facilitate vaccination, care in the community and testing programmes
- It does not cover the time spent by existing staff on the COVID response by staff who remained in their substantive roles

127. Were additional staff/contractors employed as a result of Covid-19 – if so:

a. how many
b. at what total cost
c. are these permanent additions to staff; if not, what is the average length of contract
d. for what specific purpose
e. were these staff seconded from other organisations – if so, specify the total number from each and provide a breakdown of the roles seconded staff were engaged to fill.

Costs of contractors for the 21/22 year was approx. $15.8m these costs covered the provision of:

- Staffing and Facilities to operate Community Based Assessment Centre's, Vaccination centres and run Care in the Community programmes
- Outsourced personnel within the hospital
- Additional cleaning, security on hospital campus and off campus premises
- Communications

128. Were any of the organisation's staff seconded to work on the All of Government Covid-19 response? If so, how many and in what capacity?

No staff were seconded to work on the All of Government COVID-19 response.

DHBs
MĀORI HEALTH

129. What was the average population size for the DHB in the past financial year and what is the break down for Māori and non Māori, Male and Female?

Ethnicity	Male	Female	Total
Total Population	133340	137860	271200
Maori Population	35130	35730	70860
Non Maori Population	98210	102130	200340

130. How many health dollars per person, for identical first level diagnosis coding, were spent on Māori compared to non Māori, for each of the top three causes of hospitalization (and listed by those causes), by volume in the past financial year?

Acute Diagnosis Hospitalisations:

	$ per patient		ALOS per event (days)	
	Maori	Non Maori	Maori	Non Maori
G70 Other Digestive System Disorders	$ 5,142	$ 4,107	2.29	2.42
F76 Arrhythmia, Cardiac Arrest and Conduction Disorders	$ 4,229	$ 1,356	2.31	2.34
J64 Cellulitis	$ 4,665	$ 5,616	2.87	3.68

131. What was the average length of stay, for patients with identical first level diagnosis coding, for Māori compared to Non Māori, for each of the top three causes of hospitalization (and listed by those causes), in the past financial year?

See table in response to Q130.

132. How many pharmaceutical health dollars per person, were spent on Māori compared to non Māori in the past financial year?

Between 2020 July and 2021 June, 17.4% of pharmacy prescriptions were dispensed to Maori. Applying this benchmark, $14.3m was spent on Maori, compared to $67.8m on non Maori.

133. What proportion of Māori compared to Non Māori, with a diagnosed and coded cardiovascular related disease for which best practice such as BPAC recommends a lipid lowerer, were prescribed a lipid lowerer for more than 6 months in the past financial year?

	Coded Isch CVD	Prescribed Lipid	%
Māori	1440	939	65.2%
Non-Māori	11003	6812	61.9%
Total	12443	7751	62.3%

Note - This is the combined total of WBOPPHO and EBPHA. There was no data from NMO

Data from WPOPPHO covers lipid lowering prescription recorded in the last six months only. It doesn't have all the practice data included in it as few practices have chosen not to share their patient information.

Data from EBPHA doesn't include all patients with a CVD, only the patients coded in general CVD available categories: Heart Failure, Stroke, Atherosclerosis. The table includes only patients with CVD.

134. How many health dollars per person, for patients with a diagnosis of cancer other than non melanoma skin cancer, were spent on Māori compared to non Māori who were hospitalized in the past financial year?

Maori	15,575.45
Non-Maori	14,621.26

135. Please attach the latest Māori Health plan.

BOPDHB plans are publicaly avaible on our website Plans, reports, expectations and strategies | Te Whatu Ora | Health New Zealand | Hauora a Toi Bay of Plenty (bopdhb.health.nz) and a copy of Te Toi Ahorangi is also provided in the handover pack refer Q423

136. What percentage of Māori are enrolled in PHOs listed yearly for the past 4 years?

As at	PHO Enrolled Maori	Maori Population	%
Jul-22	61,385	71,520	86%
Jul-21	60,738	69,460	87%
Jul-20	59,579	65,740	91%
Jul-19	58,442	59,940	98%

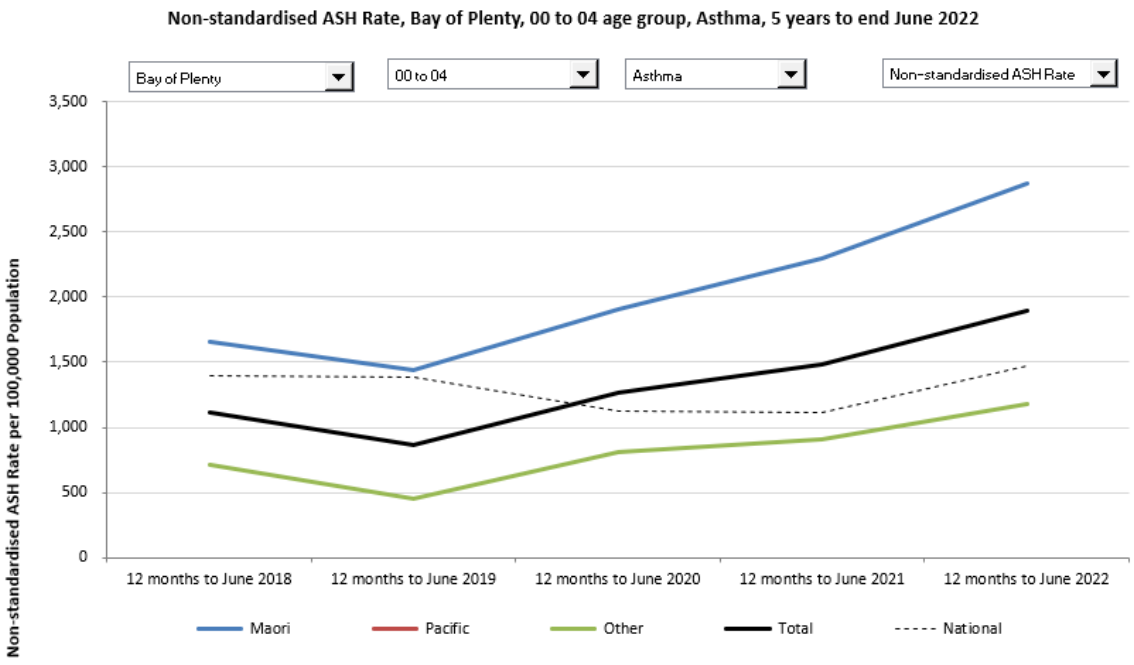
Source - Enrolment with a general practice and primary health organisation | Ministry of Health NZ

Note: The estimated percentage of those who are enrolled in a PHO may exceed 100% as data is sourced from two different places (Ministry of Health & Stats NZ). Population is based on projections provided by Stats NZ in Dec 2020.

The data is sourced from PHO Enrolment Demographic tables provided by MOH.

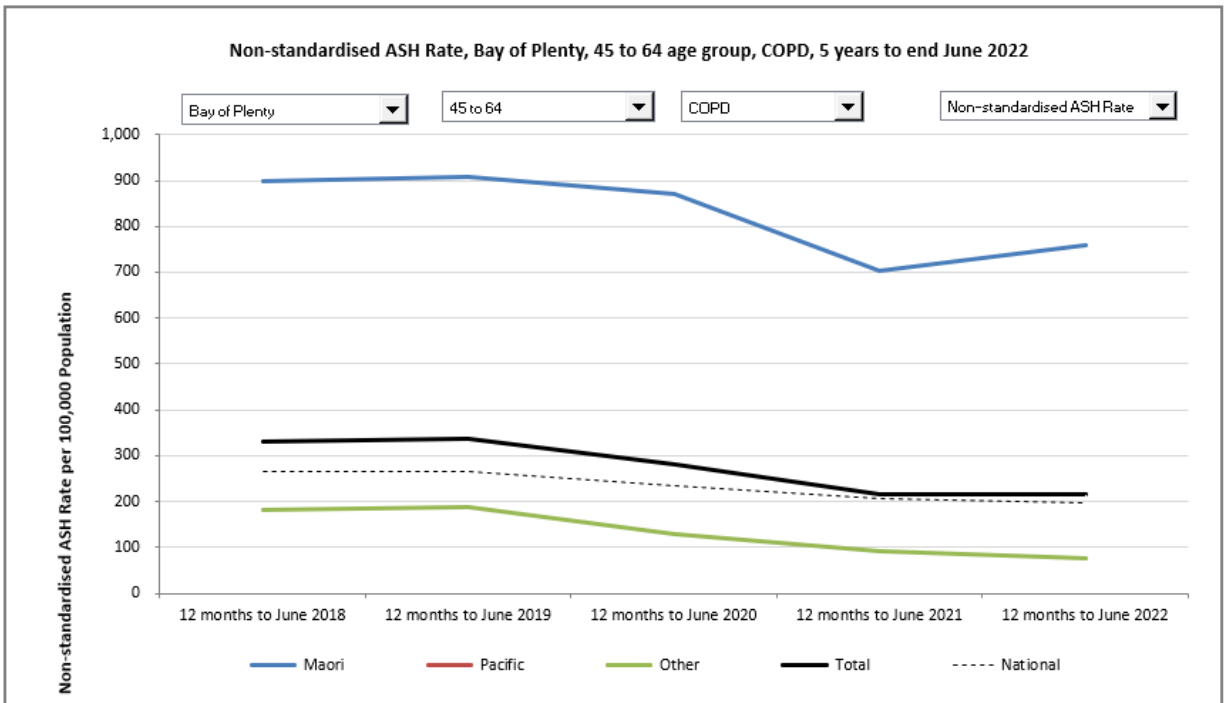
137. Across what medical conditions is there the greatest difference (highest incident local ASH conditions) between Māori and non Māori in ambulatory sensitive hospitalization rates (ASH) per 100,000 for the age groups 0-4 and 45-64 years, and compare these rates for Māori and Non Māori over the past 4 years?

SI 1: Ambulatory Sensitive Hospitalisations (ASH)



DHB	Ethnic Group	12 months to June 2018	12 months to June 2019	12 months to June 2020	12 months to June 2021	12 months to June 2022
Bay of Plenty	Māori	1,657	1,441	1,910	2,300	2,876
Bay of Plenty	Pacific	-	-	-	-	-
Bay of Plenty	Other	711	452	812	910	1,184
Bay of Plenty	Total	1,112	865	1,267	1,489	1,898
National	Total	1,400	1,390	1,130	1,111	1,478

SI 1: Ambulatory Sensitive Hospitalisations (ASH)



DHB	Ethnic Group	12 months to June 2018	12 months to June 2019	12 months to June 2020	12 months to June 2021	12 months to June 2022
Bay of Plenty	Māori	899	909	871	704	759
Bay of Plenty	Pacific	-	-	-	-	-
Bay of Plenty	Other	183	189	129	91	76
Bay of Plenty	Total	329	337	281	216	217
National	Total	265	265	236	207	198

138. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to address highest incident local ASH differences between Māori and non Māori in ambulatory sensitive hospitalization rates (ASH) per 100,000 for the age groups 0-4 and 45-64 years, what policy or program would you have implemented?

As the former Bay of Plenty District Health Board is now a part of Te Whatu Ora, we are unable to answer this question. Given we were aware that we would no longer be operating as an individual DHB, the information does not exist.

Te Pae Tata | interim New Zealand Health Plan 2022 is the formal document that sets out the first two years of action for Te Whatu Ora and Te Aka Whai Ora as we transform healthcare in Aotearoa New Zealand. Over the next two years we will be focusing on the following areas:

- Pae ora – Better health and wellbeing in our communities
- Kahu Taurima – Maternity and the early years
- Mate pukupuku – People living with cancer
- Māuiuitanga taumaha – People living with chronic health conditions
- Oranga hinengaro – People living with mental distress, illness and addictions
- Improve equity of health outcomes – Deliver on improving pae ora for Māori, Pacific people and Tāngata whaikaha | Disabled people.

We are building a health system that embeds Te Tiriti o Waitangi as its foundation, sharing decision-making and resources and making the whole health system accountable for Māori health equity.

The work Te Whatu Ora does to improve Māori health will reflect the expectation that Māori health improvement and equity is critical to everyone in Aotearoa New Zealand. Actions include:

- Improve equity of health outcomes for Māori and deliver on improving pae ora for Māori
- Continue to support Te Toi Ahorangi programs as per our responsibility as a Te Tiriti partner
- Ensure evidence-based policies for prevention and wellbeing. Strong population health and prevention is critical to achieve equity and overall health improvement of Māori.
- Services will be whānau-centred and cohesive, and provide safe, culturally aligned, diverse and inclusive spaces.
- Primary care services for the future will be accessible, affordable, available and appropriate for Māori.
- We will increase the number of Māori coming into health careers, while also making our organisations safe and mana-enhancing places to work.

139. What percentage of Māori babies have the following breast feeding profiles :
i. exclusive or fully breastfed at LMC discharge (4-6 weeks)
ii. Exclusive or fully breastfed at 3 months
iii. Receiving breast milk at 6 months, and compare these rates for Māori and Non Māori over the past 4 years?

WCTO Reports

i) exclusive or fully breastfed at LMC discharge (4-6 weeks)

CY		2018	2019	2020
Maori		68.5%	67.0%	67.5%
Non-Maori		77.5%	78.5%	75.0%

Data Source - WCTO Quality Indicator Report/Based on MAT data

Data is available only up to December 2020

ii) Exclusive or fully breastfed at 3 months

CY	2018	2019	2020	2021
Maori	50.5%	54.0%	51.5%	52.0%
Non-Maori	66.5%	70.0%	66.5%	65.5%

Data Source - WCTO Quality Indicator Report/Based on WCTO data collated

iii) Receiving breast milk at 6 months

BOPDHB do not hold this data. It may be available from MOH.

140. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve breast feeding rates in Māori, what policy or program would you have implemented?

See response to Q138.

141. What percentage of Māori women eligible for cervical screening and aged between 25-69 years, have had a cervical screening event in the past 36 months, and compare these rates for Māori and Non Māori listed by year over the past 4 years?

Data Source - CX Register				
Financial Year	**Ethnicity**	**25-69y Population**	**Screened in the last 3 years**	**Screening Rate**
2021/22	Maori	193065	118600	61.4%
	Non-Maori	645698	484059	75.0%
2020/21	Maori	189749	121306	63.9%
	Non-Maori	641339	485427	75.7%
2019/20	Maori	185406	121553	65.6%
	Non-Maori	627467	487828	77.7%
2018/19	Maori	179189	121384	67.7%
	Non-Maori	601104	486766	81.0%
Data Source - https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/				

142. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve cervical screening rates in Māori, what policy or program would you have implemented?

See response to Q138.

A mate pukupuku action is to improve Māori and Pacific participation in breast, cervical and bowel screening through targeted approaches with Māori and Pacific community providers.

As outlined in the interim Government Policy Statement, this will be measured by the proportion of people who start first treatment for breast, cervical and bowel cancer after a screening result shows presence of cancer, reported by ethnicity and geographic area.

143. What percentage of Māori women eligible for breast screening and aged between 50-69 years, have had a BSA screening mammogram every two years, and compare these rates for Māori and Non Māori listed by year over the past 4 years?

The National Screening programme for breast screening invites women aged 45 to 69 years to a 2 yearly mammogram. The below data is for women aged 45-69 rather than 50-69 to align with the National data set provided.

Data Source - BSA Register

Financial Year	**Ethnicity**	**45-69y Population**	**Screened in the last 2 years**	**Screening Rate**
2021/22	Maori	101974	60360	59.2%
	Non-Maori	428936	287407	67.0%
2020/21	Maori	99760	59350	59.5%
	Non-Maori	419202	291497	69.5%
2019/20	Maori	97428	57909	59.4%
	Non-Maori	405836	291680	71.9%
2018/19	Maori	94528	55190	58.4%
	Non-Maori	396818	287135	72.4%
Data Source - https://minhealthnz.shinyapps.io/nsu-bsa-coverage-dhb/				

144. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve breast screening rates in Māori, what policy or program would you have implemented?

See response to Q138.

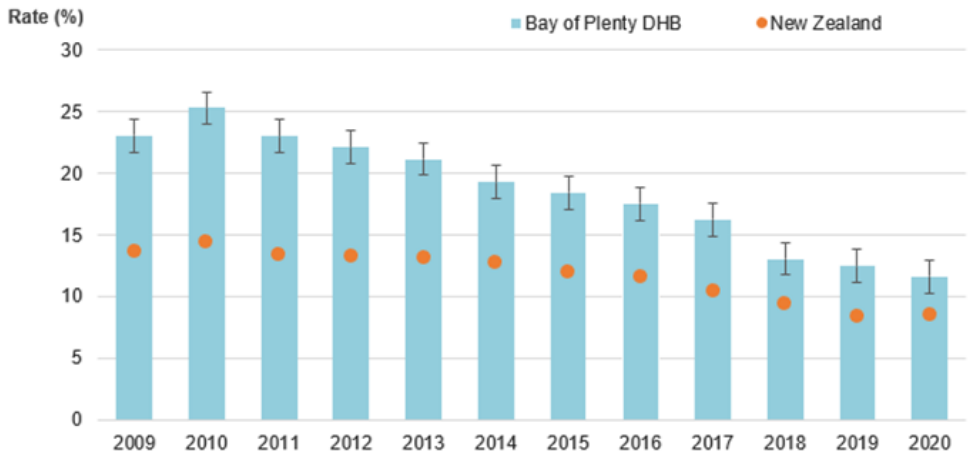
A mate pukupuku action is to improve Māori and Pacific participation in breast, cervical and bowel screening through targeted approaches with Māori and Pacific community providers.

As outlined in the interim Government Policy Statement, this will be measured by the proportion of people who start first treatment for breast, cervical and bowel cancer after a screening result shows presence of cancer, reported by ethnicity and geographic area.

145. What percentage of pregnant Māori women are smoke free at two weeks postnatal, and compare these rates for Māori and Non Māori listed by year over the past 4 years?

Indicator: Maternal tobacco use during postnatal period
Numerator: Total number of women identified as smokers at 2 weeks after birth
Denominator: Total number of women with smoking status at 2 weeks after birth reported

Total population



Error bars represent the 95% confidence interval for DHB rate.

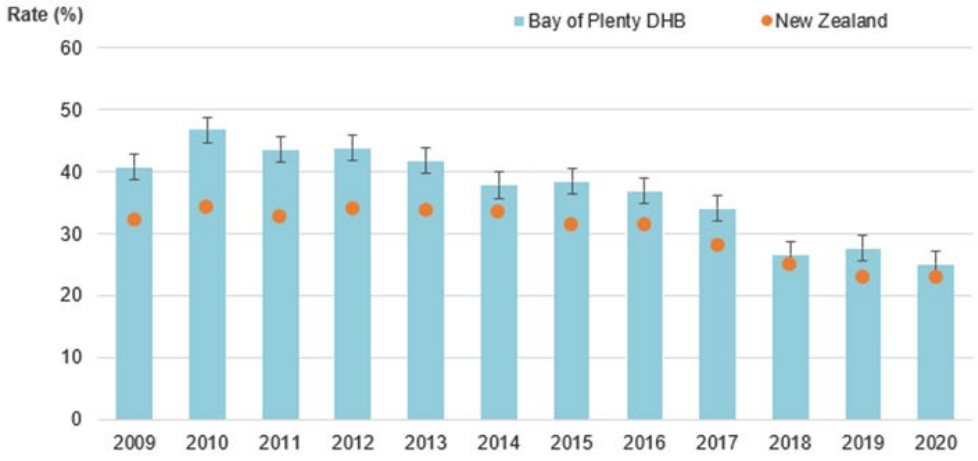
Rate (%)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Bay of Plenty DHB	23.1	25.3	23.1	22.2	21.2	19.3	18.4	17.5	16.3	13.1	12.5	11.6
New Zealand	13.7	14.4	13.4	13.3	13.2	12.8	12.0	11.7	10.5	9.4	8.4	8.6
Numerator												
Bay of Plenty DHB	663	742	645	638	571	520	501	495	488	379	378	356
New Zealand	7,821	8,380	7,610	7,606	7,241	7,065	6,603	6,396	5,687	4,995	4,632	4,639
Denominator												
Bay of Plenty DHB	2,874	2,931	2,798	2,880	2,697	2,691	2,716	2,821	3,003	2,900	3,027	3,063
New Zealand	57,027	58,137	56,829	57,177	54,961	55,233	54,898	54,850	54,290	53,339	55,019	54,044

Source: National Maternity Collection

Health Select Committee Review of Te Whatu Ora Hauora a Toi Bay of Plenty 2021/22

Indicator: Maternal tobacco use during postnatal period
Numerator: Total number of women identified as smokers at 2 weeks after birth
Denominator: Total number of women with smoking status at 2 weeks after birth reported

Māori population



Error bars represent the 95% confidence interval for DHB rate.

Rate (%)	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Bay of Plenty DHB	40.8	46.8	43.6	43.8	41.8	37.9	38.4	36.9	34.2	26.6	27.6	25.0
New Zealand	32.3	34.3	32.8	34.1	33.8	33.4	31.5	31.5	28.2	24.9	23.1	22.9
Numerator												
Bay of Plenty DHB	481	560	501	500	445	393	385	409	390	285	310	286
New Zealand	4,730	5,118	4,800	4,985	4,637	4,535	4,309	4,315	3,786	3,262	3,082	3,121
Denominator												
Bay of Plenty DHB	1,180	1,197	1,150	1,141	1,064	1,037	1,002	1,108	1,142	1,071	1,122	1,142
New Zealand	14,625	14,941	14,628	14,631	13,723	13,562	13,668	13,710	13,438	13,079	13,347	13,612

Source: National Maternity Collection

146. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve postnatal screening cessation in Māori, what policy or program would you have implemented?

See response to Q138.

147. What percentage of Māori infants are fully immunised by eight months of age, and compare these rates for Māori and Non Māori listed by year over the past 4 years?

Childhood Immunisation

Calendar Year	Ethnicity	8 Month	24 Month	5 Year
2022	Maori	63.4%	66.9%	68.7%
	Non-Maori	85.7%	85.4%	84.8%
	Total	77.2%	78.5%	78.4%
2021	Maori	66.8%	71.6%	71.9%
	Non-Maori	86.1%	86.3%	85.1%
	Total	78.8%	80.9%	79.7%
2020	Maori	78.0%	81.1%	82.1%
	Non-Maori	90.0%	86.9%	86.6%
	Total	85.5%	84.8%	84.9%
2019	Maori	75.4%	80.0%	78.1%
	Non-Maori	87.0%	86.6%	82.0%
	Total	82.8%	84.0%	80.4%

*Data Source - Qlik (Childhood DHB Coverage for 12 month PERIOD * Data up to Oct 2022)*

- Bay of Plenty have taken several approaches to improving these vaccination levels for Māori children. In conjunction with area-wide efforts to improve vaccination we are working in close collaboration on performance improvement with several clinics with a high proportion of Māori children. Our work with these organisations uses the Insititute for Healthcare Improvement's iterative improvement methodology. In parallel we have studied organisations that have successfully reached the national target for vaccination, and we work with partner clinics to replicate the service delivery models of the top-performing organisations around the country
- Our approach is also whanau at the centre by**:**
    - Whakarongo: acknowledge fears and concerns
    - Manaaki: respect and empathy
    - Aroha: protecting and preserving future generations
    - Ako: learning
    - Life Course approach (Intergrated immunisations that take a life course approach across whanau)
    - Concomitant delivery
        - Give all vaccines due that can be given together
        - Deliver vaccinations to multiple whānau members at the same time as able (e.g., influenza to older members + MMR to younger members + childhood immunisations)
        - Offering other vaccinations for individual + whānau in all vaccination conversations
    - Agile delivery model (opening times), scalable to wider well-being/Hauroa focus (provision of other services over time).

148. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve Māori infant immunisation rates at 8 months of age especially, what policy or program would you have implemented?

See response to Q138.

Te Toi Ahorangi – Toi Oranga Mokopuna (pre-conception to 24 years) | Kahu Taurima
This program of work is designed to be whanau-centred, locality driven with access to a cross sector | Iwi and Whanau leadership group to ensure collaboration and intergration opportunities are maximised. The program has Māori | Iwi leadership at all levels, and at it's core it is Te Aō Māori. Toi Oranga Mokopuna utilises Mātauranga Māori, population and public health approaches to whakamana whanau inclusive of mokopuna.

In December 2021, Hauora a Toi joint governance hui (BOPDHB Board and Rūnanga) received and approved a business case to support the establishment of Toi Oranga Mokopuna programme with targeted intiatives. The board supported a co-commissioning approach to invest $1 million over a 3-year period. It was agreed that Te Pare o Toi – Whare Waka would support the establishment and delivery of the Toi Oranga Mokopuna programme.

Between January 2022 and July 2022, while waiting for the first instalment of funding for year 1, Whare Waka took the opportunity to relook at the proposal with a view to maximise the impact for mokopuna. i.e. Development of a detailed annual implementation plan that leveraged current resourcing to deliver to business case activities and create capacity to include new activities to support Tamariki and Rangatahi as these age groups did not have any actions within the initial business case.

149. What is the number and rate of first episode rheumatic fever hospitalisations for the total population and compare these rates for Māori and Non Māori listed by year over the past 4 years?

Because of the small number of cases when disaggregated to DHB level, and because most cases occur in the Maori population (and/or Pacific population) data from the Ministry of Health at DHB level are not disaggregated by ethnicity ie, data are not readily available that are categorised into Maori and Non-Maori groups. Data below represents Total Population first hospitalisation rates (per 100,000 population) for rheumatic fever.

	2018/2019	2019/2020	2020/2021	2021/2022
Number	6	12	8	4
Rate	2.4	4.6	3	1.5

150. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve rheumatic fever hospitalization rates, what policy or program would you have implemented?

See response to Q138.

151. What percentage of pre school children are enrolled in the community oral health service, and compare these rates for Māori and Non Māori listed by year over the past 4 years?

Data Source - Monthly Oral Health Dashboard

Enrolment	2019	2020	2021	2022
Maori	95.5%	94.4%	96.7%	96.4%
Non-Maori	104.4%	105.9%	108.2%	100.0%

Data Source - Monthly Oral Health Dashboard/Oral Health Dashboard worksheet (Up to Oct-2022)

A result greater than 100% may be due to:
1. Ethnicity misclassification ie some individuals that identify with Maori ethnicity have been coded as non-Maori, increasing the numerator count.
2. The Census-based projected denominator estimate for the non-Maori population is inaccurate ie it is lower than the actual figure.

152. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve Māori pre school children enrollment in the community oral health service, what policy or program would you have implemented?

See response to Q138.

Kahu taurima actions include redesigning community-based oral health services for children so they are responsive to Māori whānau and Pacific aiga to reduce the inequity of access and outcomes; and ensuring national consistency and increased access to urgent oral surgery for children.

153. What percentage of Māori have been served section 29 community treatment orders or equivalent mental health restraining orders, and compare these rates for Māori and Non Māori listed by year over the past 4 years?

Financial Year	Māori Rate per 100,000 population on Section 29	Non-Māori Rate per 100,000 population on Section 29
2016/2017	176	48
2017/2018	172	46
2018/2019	198	47
2019/2020	198	54
2020/2021	184	49
2021/2022*	203	51

The data for the rate of Māori under Section 29 – Compulsory Community Treatment orders is sourced from Ministry of Health quarterly reporting and reported as a rate per 100,000 population.
*21/22 Data range is April 21 to Mar 22. MOH Report Jun21 to Jul 22 Data table not available.

154. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve Māori served section 29 community treatment orders or equivalent mental health restraining orders, what policy or program would you have implemented?

See response to Q138.

Oranga hinengaro actions include:

- designing and expanding Te Ao Māori mental health service solutions, including primary mental health and wellbeing, access and choice services;

- developing solutions with communities, including with NZ Police, to support people who are in mental distress or experiencing an acute mental health and addiction episode to access timely care and support.

155. What is the number of SUDI deaths per 1000 live births, and compare this for Māori and Non Māori listed by year over the past 4 years?

What is the number of SUDI deaths per 1000 live births, and compare this for Māori and Non Māori			
Year	Total	Māori	Non-Māori
2017	1.24	1.24	
2018	1.26	1.26	
2019	1.99	1.99	
2020	1.6	1.28	0.32
2021	0.62		0.62
2022			

A review of SUDI rates and whanau experience was undertaken with the BOP and completed in 2022, an action plan created from the recommendations, progress update is itemised below. SUDI is one of project stream in the Toi Oranga Mokopuna Transformation program which is a co commissioned program between Iwi and the then BOPDHB Board. Report and action plan can be accessed via Manukura, Hauora a Toi | Te Whatu Ora.

Flourishing Pēpi	Project Coordination role for implementation of the BOP SUDI Plan, VU Forum, CYMRC refresh	A detailed SUDI implementaion plan has been developed that translate the SUDI recommendations into actions Project lead to provide oversight has been appointed in Dec-22 Investment in pēpi pod and wahakura has been made for two years and succesful rollout of wahakura completed Due to national developments we have put a pause on the review of current CYMRC terms	Oct-22 to May-23	(c)
	WCTO Quality Imporvement project role working with Kaupapa WCTO forum to test early intervention for hapu mama/ whanau before birth	Whare waka has connected with I&I project lead and awaiting final report on recommendation for early intervention opportunities.	Dec-22	(e)
	Kaiawhina roles to support whanau centred maternal and childhood immunisation delivery with Hauora and Kaupapa Providers	Linked to maternity workforce action	Jan-23	(d)

Suspected SUDI Cases			
Year	Māori	Non-Māori	Total
1/07/17 to 30/06/18	4		4
1/07/18 to 30/06/19	4		4
1/07/19 to 30/06/20	6		6
1/07/20 to 30/06/21	4	1	5
1/07/21 to 30/06/22		2	2
Total	18	3	21

Suspected and confirmed SUDI 01/07/2017 – 30/06/2022			
Region	Total	Māori	Non-Māori
Bay of Plenty	21	86%	14%

156. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve Māori SUDI, what policy or program would you have implemented?

See response to Q138.

A Kahu Taurima action is to provide wrap-around support for wāhine hapū antenatal and birthing care, including identifying ways to provide longer-term intervention and prevention services.

157. What are the asthma admission rates for Māori children aged 0-4 and how does that compare to non Māori?

Age 0-4 inpatient admissions data based on ICD10 coding

Cal year	Non-NZ Maori	NZ Maori
2018	23%	77%
2019	26%	74%
2020	26%	74%
2021	30%	70%
2022	33%	67%

158. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve asthma admission rates for Māori children aged 0-4, what policy or program would you have implemented?

See response to Q138.

159. What is the caries free rate at age 5 for Māori children and how does that compare to non Māori?

Data Source - Monthly Oral Health Dashboard

Enrolments	Dec-19	Dec-20	Dec-21	Dec-22 (*up to Oct-22)
Maori	40.0%	28.0%	27.0%	38.0%
Non-Maori	65.0%	65.0%	61.0%	63.0%

Data Source - Monthly Oral Health Dashboard/Oral Health Dashboard worksheet (Up to Oct-2022)

160. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve caries free dentitian for Māori children aged 5, what policy or program would you have implemented?

See response to Q138.

Kahu taurima actions include redesigning community-based oral health services for children so they are responsive to Māori whānau and Pacific aiga to reduce the inequity of access and outcomes; and ensuring national consistency and increased access to urgent oral surgery for children. With the disruptions of COVID less than they have been in the past we now have the opportunity to return to our performance improvement efforts aimed at improving the proportion of Māori children that complete their annual review with a community dental service.

161. What measures are assessed for childhood obesity and how does this compare for Māori and non Māori over the past 4 years?

Data Source-B4SC Weekly Dashboard
1) % Obese that have completed Obesity Checks

	Jan-19	Jan-20	Jan-21	Jan-22
Maori	N/A	10.5%	14.3%	10.3%
Non-Maori	N/A	5.8%	5.2%	3.7%

Data Source - B4SC Weekly Report Master/Report Worksheet

2) % Referral Declined

	Jan-19	Jan-20	Jan-21	Jan-22
Maori	N/A	37.3%	30.6%	23.5%
Non-Maori	N/A	17.8%	32.2%	14.8%

Data Source - B4SC Weekly Report Master/Report Worksheet
As part of B4SC (Before School Checks), they provide children before school (5 years old) nurse checks & vision/hearing checks along with obesity checks.
The data is sourced from B4SC database where the data covers the last 6 months to the reporting month
Also note that obesity checks have only been assessed from 2020 onwards.

162. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, to improve childhood obesity for Māori children, what policy or program would you have implemented?

See response to Q138.

163. What 3 treatable health conditions within the health portfolio have the biggest impact on Māori health in your DHB listed by order of impact?

There are various ways that “impact” can be measured, and disaggregated by age, ethnicity, and gender. One metric that is used frequently in global peer- reviewed literature is the disability adjusted life year (DALY). This metric encompasses both the relative disability caused by a condition, along with the years of life that may be lost because of a condition.

Based on the DALY metric, the three conditions that consumed the highest proportion of DALYs for New Zealanders are cancer, cardiovascular disease, and other noncommunicable diseases. While the DALY research does not have sufficient sample size to disaggregate by ethnicity, it is likely that the reasons for DALY loss among the Maori population are similar to the total population. The Ministry of Health has indicated that future work will produce DALY results for the Maori population (Ministry of Health. 2020. Longer, Healthier Lives: New Zealand’s Health 1990–2017. Page 26. Wellington: Ministry of Health).

164. Given the health of Māori in your DHB in the past year, what single health portfolio policy could central government have deployed to improve the health of Māori in your DHB?

Authority to act on Te Ao Maori innovation / solutions within an allocated ring fence of money.

165. Given the health of Māori in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, what Māori health portfolio initiative would you have advanced and what would be the measurable outcome measures?

See response to Q138.

166. Given the health of Māori in your DHB in the past year, If the DHB had been given $5M per year of new untagged funding, for 4 years, what Māori health portfolio initiative would you have advanced and what would be the measurable outcome measures?

See response to Q138.

167. In the past year, what treatable health portfolio condition have had the greatest health disparity for Māori versus non Māori in your DHB and how would you go about addressing it and at what fiscal cost and over what time frame to achieve a measurable change?

Disparity occurs at multiple stages of interaction between the health system and the Māori population. For example, there are documented disparities in enrolment with health services (e.g. PHO enrolment), access to health services (e.g., unmet need for GP services), utilisation of health services (e.g., breast screening), health system performance, and other areas; all of which interact with an array of social determinants of health to produce eventual health outcomes.

168. What is the most common diagnosed type of cancer for Māori in your DHB and how do those figures compare with non Māori?

Diagnosis	Maori	Non-Maori
C79.5 Secondary Malignant Neoplasm of Bone & Bone Marrow	50	187

Data Extracted from Provider Arm Inpatient Discharges between 1/07/21 and 30/06/22 with any Coded Diagnosis of C00-C97.

169. Given the health of Māori in your DHB in the past year, what single health portfolio policy would you have implemented to reduce any differences between Māori and non Māori for the most commonly diagnosed cancer in Māori, and at what fiscal cost per annum and over what time frame to achieve a measurable change?

Adoption and full implementation across the system of the Toi Ora System of Care.

170. What is the most significant single treatable hearing disorder for Māori in your DHB across any age group and what percentage of Māori in your DHB have, or have had, this condition?

Specific statistics prevalence is not available; however, it is agreed across Hospital Service that Glue Ear is the most common treatable hearing disorder impacting Maori.

Community Health for Kids and Hospital Audiology Services, including Newborn Hearing Screening Program, provide testing and assessment and refer on to Secondary or Primary Providers for diagnosis and treatment of suspected disorders.

The ENT department has provided outreach services to Maori communities, in specific, paediatrics who commonly present with OME (glue ear).

A recent study conducted in the BOPDHB displayed the Maori population are overrepresented in comparison to other ethnicities for the need of a myringoplasty to repair a tympanic (ear drum) perforation resulting from middle ear infections. Outcomes displaying that Maori experienced the greatest audiological improvement.

171. What significant treatable hearing disorders do Māori have in your DHB listed by age groups of preschool, school age (primary and secondary), adults, older people (65+), and for each age group, identify a single intervention policy and cost per annum for 4 years to make significant hearing improvements in that group?

This district does not currently collect appropriate data that is accessible on rates of conductive hearing losses secondary to middle ear disease (nor the different types of middle ear disease), so is unable to provide percentage rates of this nor by age, that are presenting to specialist care.

Although permanent hearing losses are not 'treatable' using a conventional definition, there is well-established body of international evidence that early diagnosis and intervention services significantly improves long-term educational and communication outcomes.

172. What proportion of Māori children (primary and secondary school) have or have had Glue Ear and how does that figure compare to non Māori.

DHB's do not routinely collect prevalence data on the proportion of school children with glue ear (Otitis Media with Effusion (OME)). Consequently, we cannot provide recent prevalence data for our local populations.

In light of these limitations, we recommend deferring to the estimates published in peer reviewed journal articles or reports. BOPDHB's OME prevalence is likely to be similar to these estimates. With more time we could provide hospitalisation incidence data to enable comparison with national trends.

173. What differences are there in the incidence of dementia and Altzheimers in Māori compared to non Māori in your DHB and how would you reduce any differences and at what cost per annum?

Dementia is the term that covers more than 60 diseases that result in changes in cognitive function, and Alzheimers is just one of those conditions. As such, BOPDHB does not capture incident data for dementia or Alzheimers and therefore unable to provide specific data relating to incidence for Maori or non Maori living in BOP area.

The Dementia Economic Impact Report – Sept 21 Auckland University – Alzheimers NZ is used to review what are the leading factors that influence the expected increase incidence of dementia for Maori in NZ, many of which are linked with current health promotion / disease prevention and management programmes the DHB undertakes. The most significant factors relating to increasing population of older people, long term chronic health conditions such as cardiovascular disease, diabetes, smoking, drug and alcohol effects and occupational health related hazards.

A key emphasis in BOPDHB region is on health equity with a specific focus for Maori wellbeing over a wide range of health and social services - this includes ensuring that those services that specialising in supporting people with dementia that we contract have similar emphasis in the way that they deliver their services. Current initiatives include the development of navigator roles to work with people who develop dementia and their whanau in the first year after diagnosis, to ensure they have access to education and support to be well prepared for living well with dementia over subsequent years. While the focus will be on supporting Maori, there is no funding specified by ethnicity.

174. Given the health of Māori in your DHB in the past year, what single health portfolio policy would you have implemented to reduce any differences between Māori and non Māori for Glue Ear in children, and at what fiscal cost and over what time frame to achieve a measurable change?

Te Whatu Ora does not routinely collect prevalence data on the proportion of school children with glue ear
(Otitis Media with Effusion (OME)). Consequently, we cannot provide recent prevalence data for our local populations.

In light of these limitations, we recommend deferring to the estimates published in peer reviewed journal articles or reports. BOPDHB's OME prevalence is likely to be similar to these estimates. With more time.

175. What significant treatable vision disorders do Māori have in your DHB listed by age groups of preschool, school age (primary and secondary), adults, older people (65+), and for each age group, identify a single intervention policy and cost per annum for 4 years to make significant hearing improvements in that group?

The following table shows the number of secondary hospital service events, by age group, for NZ Maori patients and their diagnosis code categories (ICD10 code groupings). Please note that activity delivered in ambulatory settings or at private eye service providers (not public funded) are not included. Without this information, it is not possible to provide a whole of system view of treatable vision disorders. Also, to note, there may be underlying causes that result in vision disorders eg: diabetes, obesity, trauma, effects of not wearing corrective lenses. Not all conditions noted below may be treatable. Preschoolers are screened, and again at age 11. This screening only tests for distance vision, and the children are referred to optometrists if they fail this screening.

AgeGroup	PrincipalDx I10 Code	PrincipalDx I10 Category Description	2018-19	2019-20	2020-21	2021-22
Preschool	H49H52	Disorders of ocular muscles binocular movement accommodation and refraction		2	1	
	H00H06	Disorders of eyelid lacrimal system and orbit		1	1	
	Z40Z54	Persons encountering health services for specific procedures and health care				1
	Q10Q18	Congenital malformations of eye ear face and neck	1			
	H25H28	Disorders of lens				1
	H30H36	Disorders of choroid and retina		1		
Total			**1**	**4**	**2**	**2**
School Age	H49H52	Disorders of ocular muscles binocular movement accommodation and refraction		5	3	3
	Q10Q18	Congenital malformations of eye ear face and neck				5
	H15H22	Disorders of sclera cornea iris and ciliary body	1		3	
	H00H06	Disorders of eyelid lacrimal system and orbit	1	1		1
	H30H36	Disorders of choroid and retina		2		
	S00S09	Injuries to the head		2		
	Q80Q89	Other congenital malformations		1	1	
	T80T88	Complications of surgical and medical care not elsewhere classified				1
	T15T19	Effects of foreign body entering through natural orifice		1		
	C69C72	Malignant neoplasms of eye brain and other parts of central nervous system				1
	Z40Z54	Persons encountering health services for specific procedures and health care	1			
	D10D36	Benign neoplasms				1
Total			**3**	**12**	**7**	**12**
Adult	H25H28	Disorders of lens	45	52	58	46
	H30H36	Disorders of choroid and retina	49	54	30	13
	H43H45	Disorders of vitreous body and globe	6	8	6	4
	E09E14	Intermediate hyperglycaemia and diabetes mellitus	7	3	6	7
	H15H22	Disorders of sclera cornea iris and ciliary body	3	2	7	5
	H40H42	Glaucoma		8	4	3
	D10D36	Benign neoplasms	3	4	3	5
	S00S09	Injuries to the head	4	2	5	3
	H00H06	Disorders of eyelid lacrimal system and orbit	3	5	2	3
	Z40Z54	Persons encountering health services for specific procedures and health care	1	2	6	3
	H10H13	Disorders of conjunctiva	4	4	1	2
	T80T88	Complications of surgical and medical care not elsewhere classified	2	4	4	1
	H49H52	Disorders of ocular muscles binocular movement accommodation and refraction			2	2
	C43C44	Melanoma and other malignant neoplasms of skin	2	1		
	L80L99	Other disorders of the skin and subcutaneous tissue				2
	F70F79	Mental retardation		1		
	B00B09	Viral infections characterised by skin and mucous membrane lesions			1	
Total			**129**	**150**	**135**	**99**
Elderly	H25H28	Disorders of lens	105	112	117	128
	H30H36	Disorders of choroid and retina	68	104	45	19
	H00H06	Disorders of eyelid lacrimal system and orbit	2	7	1	4
	H43H45	Disorders of vitreous body and globe		4	3	4
	H15H22	Disorders of sclera cornea iris and ciliary body	1	2	5	
	C43C44	Melanoma and other malignant neoplasms of skin	1	1	3	2
	E09E14	Intermediate hyperglycaemia and diabetes mellitus		1		3
	H55H59	Other disorders of eye and adnexa		1	2	
	H40H42	Glaucoma		2	1	
	Z40Z54	Persons encountering health services for specific procedures and health care				2
	T80T88	Complications of surgical and medical care not elsewhere classified				2
	S00S09	Injuries to the head		1		
	M30M36	Systemic connective tissue disorders				1
	H49H52	Disorders of ocular muscles binocular movement accommodation and refraction				1
	H10H13	Disorders of conjunctiva		1		
	D37D48	Neoplasms of uncertain or unknown behaviour				1
	L60L75	Disorders of skin appendages			1	
Total			**177**	**236**	**178**	**167**

176. What is the most significant single treatable vision disorder for Māori in your DHB across any age group and what percentage of Māori in your DHB have, or have had, this condition?

H25H28 Disorders of lens (predominantly cataracts), closely followed by H30H36 Disorders of choroid and retina. As noted above, this question is based on secondary hospital services data.

177. What is the incidence of Methamphetamine use by Māori in your DHB and how does this compare to non Māori?

While we do not have a full understanding of methamphetamine use in Bay of Plenty this is our best estimate. The table below is a count of unique patients and admissions by year where the inpatient coding explicitly mentions the use of methamphetamine. As it is a unique count, rows will not add up to the grand total as the same patient may have presented in multiple years. Note that amphetamine and MDMA use have been excluded from these figures.

Fisc Year	Distinct Count of Pat NHI	Distinct Count of IPVisit
2019	118	142
2020	155	191
2021	126	151
2022	127	170
Grand Total	**465**	**654**

The table below is based off the table above and breaks down unique patients who were admitted over the past 4 financial years into demographics.

Health Select Committee Review of Te Whatu Ora Hauora a Toi Bay of Plenty 2021/22

Distinct Count of Pat NHI			Ethnic Group					
Fisc Year	Gender	Age Consol	Maori	European	Pacific Is	Asian	Other	Grand Total
2019	Male	10-19yrs		1				1
		20-29yrs	14	10				24
		30-39yrs	16	6		1		23
		40-49yrs	9	11				20
		50-59yrs	4	3				7
	Male Total		42	31		1		74
	Female	10-19yrs	3	1				4
		20-29yrs	10	8				18
		30-39yrs	5	4				9
		40-49yrs	5	4				9
		50-59yrs	1	3				4
	Female Total		24	20				44
2019 Total			66	51		1		118
2020	Male	10-19yrs	1	1				2
		20-29yrs	21	19				40
		30-39yrs	11	11	1			23
		40-49yrs	8	6				14
		50-59yrs	6	5				11
		60-69yrs	3					3
	Male Total		50	42	1			93
	Female	10-19yrs	3	1				4
		20-29yrs	20	8	1			29
		30-39yrs	11	6	1		1	19
		40-49yrs	1	5				6
		50-59yrs	2	2				4
		Under 10	1					1
	Female Total		37	22	2		1	62
2020 Total			87	64	3		1	155
2021	Male	10-19yrs	3	1				4
		20-29yrs	12	9	1	1		23
		30-39yrs	11	7				18
		40-49yrs	6	3				9
		50-59yrs	6	3				9
		60-69yrs		1				1
	Male Total		38	24	1	1		64
	Female	10-19yrs	2	2				4
		20-29yrs	14	7				21
		30-39yrs	13	9	1			23
		40-49yrs	4	4				8
		50-59yrs	3	2				5
		60-69yrs		1				1
	Female Total		36	25	1			62
2021 Total			74	49	2	1		126
2022	Male	10-19yrs		1				1
		20-29yrs	18	4	1			23
		30-39yrs	14	7		1		22
		40-49yrs	10	10			1	21
		50-59yrs	8	3				11
		60-69yrs	1	1				2
		70-79yrs		1				1
	Male Total		50	27	1	1	1	80
	Female	10-19yrs	1	1				2
		20-29yrs	17	2				19
		30-39yrs	10	1				11
		40-49yrs	2	3				5
		50-59yrs	4	5				9
		60-69yrs		1				1
	Female Total		34	13				47
2022 Total			84	40	1	1	1	127
Grand Total			276	180	5	3	2	465

178. Given the health of Māori in your DHB in the past year, what single health portfolio policy could central government have deployed to reduce methamphetamine use by Māori in your DHB?

Authority to act across government agencies on Te Ao Maori innovation / solutions within an allocated ring fence of money.

179. Given the health of Māori in your DHB in the past year, if the DHB had been given $1M per year of new untagged funding, for 4 years, how would you have used this money to reduce methamphetamine use by Māori in your DHB and what would be the measurable outcome measures?

See response to Q138.

An Oranga hinengaro action is to continue the He Ara Oranga partnership between police, mental health and addiction services, community groups and Iwi service-providers giving methamphetamine-users the opportunity to get therapeutic help and employment support.

180. Given the health of Māori in your DHB in the past year, if the DHB had been given $5M per year of new untagged funding, for 4 years, how would you have used this money to reduce methamphetamine use by Māori in your DHB and what would be the measurable outcome measures?

See response to Q138.

An Oranga hinengaro action is to continue the He Ara Oranga partnership between police, mental health and addiction services, community groups and Iwi service-providers giving methamphetamine-users the opportunity to get therapeutic help and employment support.

HEARING

181. How many people had cochlear implants in the DHB region last year listed by age and gender?

The Ministry of Health contracts directly with NGO providers for Cochlear Implant services. There is no DHB contract, so the former Bay of Plenty District Health Board is not able to answer this question.

182. How many people are on the waiting list for cochlear implants listed by age and gender?

The Ministry of Health contracts directly with NGO providers for Cochlear Implant services. There is no DHB contract, so the former Bay of Plenty District Health Board is not able to answer this question.

RHEUMATIC FEVER

183. How many people were newly diagnosed with rheumatic fever in the DHB region last year?

There were 4 ARF cases notified from the BOPDHB area to Toi Te Ora from 01 July 2021 to 30 June 2022.

184. What programs specific to rheumatic fever were run by the DHB last year?

BOPDHB (now Te Whatu Ora Hauora a Toi) fund primordial, primary, secondary and tertiary Rheumatic Fever Prevention Programmes.

Primordial Prevention

Healthy Homes Initiative and 20 Degrees Programme. HHI interventions are aimed at families who are at high risk of rheumatic heart disease – these include low-income families living in cold, damp and unhealthy homes. HHI aims to increase the number of children and their whānau who live in warm, dry, and healthy homes with improved living conditions enhancing their health and wellbeing. 20 Degrees is a vision to ensure Bay of Plenty homes can achieve and sustain a healthy temperature of 20°C on a cold winter's night. This programme is being proposed to address 29,000 homes over a ten-year period, the vision is for each home to achieve up to 20 degrees.

Primary Prevention

School based throat swabbing services 39 schools and approximately 6,500 children that have a high risk of Rheumatic Fever. Healthy Skin/ Kiri Ora service is offered in 34 of the 39 schools. There is no kiri ora currently offered in the Western Bay however this will be piloted in 2023. The school service is provided by 5 providers (Iwi Hauora in the Eastern Bay of Plenty and Public Health Nurses and community health workers in the Western Bay) including oversight of a clinical leadership provided for the region by Tuwharetoa ki Kawerau. The community health workers took 9,652 throat swabs of primary school aged children attending these 38 schools over the 12-month period of 1 July 2021 to 30 June 2022. 499 swabs were positive for Strep throat and 98% of these children were treated with antibiotics within 5 days of the positive swab being taken.

The community health worker role includes Health Promotion (building school and whānau health communication), throat swabbing of children with sore throats in schools, support around provision of diagnosis, preventing onward transmission through isolating the child with a GAS infection, whānau (contact) throat swabbing, supporting prescribing practice, pharmacy dispensary and medicine compliance and making referrals to the Healthy Housing Initiative ("HHI"). In all regions that have a throat swabbing service, there has been a trend of declining Group A Strep (GAS) positive rates. A recent audit described the school service as "It was demonstrated that kaimahi delivering to their own was invaluable in supporting whānau to improved health. Most kaimahi within the service were community advocates and encompassed the trust and reputation that encouraged whānau towards engagement".

Rapid response in Pharmacies offers throat swabbing in 25 pharmacies across Eastern and Western Bay and kiri ora/ healthy skin checks in 10 pharmacies in the Eastern Bay. No throat swabs we performed due to COVID related policy. Throat swabbing has commenced subsequently in 2022. However, empiric antibiotics were dispensed to 50 eligible individuals and 120 eligible household contacts were also given empiric antibiotics.

Secondary Prevention

BOPDHB fund a local Rheumatic fever register and our district nursing service provides the secondary prevention – monthly Bicillin service to prevent Rheumatic Heart Disease for people who have been diagnosed with Rheumatic Fever. All positive RF cases are referred to the Healthy Housing Initiative to improve the housing conditions that the child may be exposed to. There is a

lack of access to adequate dental care for those on the rheumatic fever register that is noted in the district.

Tertiary Prevention

We have not run any secondary programs specifically for rheumatic fever in Tauranga or Whakatane through the Paediatric/Adult medical or Cardiology departments. We expect to host a new study in 2023 “An RCT of hydroxychloroquine for ARF treatment”.

185. What funding was applied, if any, specifically to rheumatic fever prevention and education last year?

	2021-2022
Healthy Homes (MoH contribution)	$ 729,584.74
Healthy Homes (BOPDHB contribution)	$ 137,478.40
RF throat swabbing (schools) (MoH$)	$ 183,743.00
RF throat swabbing and skin infection (schools) (BOPDHB$)	$ 596,754.95
Skin infection (pharmacy)	$ 100,000.00
Rapid Response (throat swab pharmacy)	$ 49,000.00
Public Health Unit - prevention (in PVS)	$ 120,000.00
RF secondary prevention services (DN) (in PVS)	$ 78,713.00
RF register (RAPHS)	$ 15,122.22
TOTALS	**$ 2,010,396.31**

GOUT

186. How many people are estimated to have gout in the DHB region last year?

Approximately 4,500 people are estimated to have gout in the DHB region during the year under review.

187. What is the estimate of how much funding, if any, has been spent on gout last year including investigation and management?

For patients that were admitted to hospital with a principal diagnosis of Gout in 2021/22, the funding associated was $303,404. This figure excludes hospital delivered ambulatory activity, and community services eg: General Practice.

188. How many uric acid tests for unique individuals were undertaken last year?

Approximately 21,142 uric acid tests were undertaken last year.

189. Does the DHB have any system wide performance measures or targets for gout management and if so what?

The DHB does not have system wide performance measures or targets for gout management.

VACCINATIONS

190. What percentage of non vaccination is estimated due to anti vaxers?

The DHB is unable to provide a quantitative response to this question. It is difficult to quantify anti-vaccination sentiment as there are a range of reasons some people choose not to have or delay routine vaccinations, including some medical conditions or treatments, illness, accessability, hesitancy, misunderstanding or lack of awareness, in addition to anti-vaccination sentiment.

191. What impact did antivaxers have on vaccination rates in your region this year listed as mild, moderate or severe?

As above, the DHB is unable to provide a quantitative response to this question. It is difficult to quantify anti-vaccination sentiment as there are a range of reasons some people choose not to have or delay routine vaccinations, including some medical conditions or treatments, illness, accessability, hesitancy, misunderstanding or lack of awareness, in addition to anti-vaccination sentiment.

192. How do you assess the level of antivax sentiment in your DHB and how has this trended over the past 5 years?

The DHB is unable to provide a quantitative response to this question. It is difficult to quantify anti-vaccination sentiment as there are a range of reasons some people choose not to have or delay routine vaccinations, including some medical conditions or treatments, illness, accessibility, hesitancy, misunderstanding or lack of awareness, in addition to anti-vaccination sentiment. The Bay of Plenty's immunisation programme measures vaccination uptake and works to overcome all barriers to immunisation to ensure equitable opportunity.

193. What is the decline rate at 2 years for childhood immunisations as a measure of antivax sentiment?

Data Source - Qlik Imms Dashboard
CI Declined rate -2 year Milestone

As at end of	Maori	Non-Maori	Total
Jun-22	20.4%	8.4%	12.8%
Jun-21	13.2%	8.8%	10.4%
Jun-20	15.1%	9.6%	11.6%

Data Source - Qlik Imms Dashboard/CI Quarterly Trend/24month milestone

As mentioned in earlier responses, the decline rate is not exclusively a measure of anti-vaccination sentiment, and reflects a broad range of reasons people choose not to have or delay routine vaccinations, including some medical conditions or treatments, illness, accessability, hesitancy, misunderstanding or lack of awareness, in addition to anti-vaccination sentiment.

MEASLES

194. What has been the trend in vaccinations for 1st does MMR vaccines over the past 5 years, narrated and listed as the number and percentage of children with 1st dose MMR at 2 years?

This information is available from the Ministry of Health.

195. How many people were there in the target age group 15-30 for the 2020/2022 measles catch up program and how many were vaccinated with MMR over the period of the program from July 2020 – June 2022 listed as numbers and percentage for Māori, Non Māori and in total?

Data Source - Qlik Imms Dashboard

	Maori	Non Maori	Total
# Eligible People	3337	5502	8839
# People vaccinated	221	589	810
% Vaccinated People	6.6%	10.7%	9.2%

Data Source (# Eligible People) - Qlik Imms Dashboard/CI:Summary dashbaord of eligible people(15-29y)
Data Source (# People vaccinated) - Qlik Imms Dashboard/MMR: Campaign Progress Tracking

196. What costs or reimbursements were received for the measles catch up program for 15-30 year olds (July 2020-June 2022) and what is the cost per target group person vaccinated?

We are unable to measure the denominator for the cohort (15-30) needing vaccination due to no national or local data, and as the national/local campaign was less successful than planned and budgeted, the committed cost of the programme was regardless of vaccination rate.

197. What costs or reimbursements were received for the measles catch up program for 15-30 year olds (July 2020-June 2022) during the period that the program was paused (Mar 2021 – Nov 2021), how many in the target group were vaccinated with MMR over that period, and what is the cost per person vaccinated with MMR over the period that the campaign as paused?

During the period the national campaign was paused our local programme continued a `Business as usual` approach to opportunistically vaccinate all those presenting, this utilised the `sunk` MMR programme costs within the various provider delivery models.

198. Was the DHB well supported with promotional materials and resources for the Measles Catchup campaign 2020-2022?

Our local version of the National campaign programme was well supported with traditional promotional materials, unfortunately these did not resonate with the cohort population and the context of COVID vaccination was an over whelming influence causing low levels of engagement with the campaign.

199. How many people in the target 15-30 year ager group for the Measles catchup had a MMR vaccine, listed as number and percentage of the target?

As per 196 above there was no available denominator, instead the local campaign relied on population data and estimates for uptake which turned out to be wholly inaccurate within the COVID context for population.

200. Has there been any measles infections in the past year?

No.

201. Was the DHB concerned for a potential measles outbreak?

Over the past few years, childhood and young persons' immunisation rates have been falling across the world – in part due to the impact and pressures brought on by the COVID-19 pandemic. The Bay of Plenty is part of this global trend.

The Bay of Plenty district's immunisation programme focusses are increasing trust in vaccination and lifting immunisation rates, to protect our communities. This includes measles as it is a highly contagious disease that can be life threatening. Measles is caused by a virus and is easily preventable with immunisation.

202. How many vaccines of any type have expired in the past 5 years, listed by vaccine type, number and value?

Regarding cost, many are supplied free of charge to providers as they are funded so cost is not disclosed.

Regarding quantities, we do not have this information. I have provided an exert from the MOH National Standards regarding process for disposal of unused vaccines below.

6.5 Vaccine disposal

> Providers must return all unwanted, discontinued, expired or thermally compromised vaccines to their regional distribution store for secure destruction, including private market vaccines.

Propharma (funded) and HCL(funded) may need to keep records of how much they receive back, so this may be the best place to access this information.

INFLUENZA

203. From Jan 1 2021, did the DHB ever had a shortage of supply of influenza vaccines that resulted in a deprioritisation of some patients, and if so when, what type and for how long?

As the DHB we were not aware of any shortages of supply for the flu season response, with no resulting de-prioritisation action

204. Did the DHB have enough Fluad Quad for over 65s this year, how many people are there aged 65 and over and how many received Fluad Quad listed as numbers and percentages for Māori, Non Māori and in total?

Supply of Fluad Quad was not reported as short in stock this year.

Total Pop 65+ BOP	Fluad Quad delivery 65+ Maori	Fluad Quad delivery % of Total Pop 65+ Maori	Fluad Quad delivery 65+ Non-Maori	Fluad Quad delivery % of Total Pop 65+ Non-Maori	Total Fluad Quad delivery BOP	Total Fluad Quad delivery % of Total Pop 65+ all ethnicities BOP
52030	4	0.0077	195	0.37	199	0.38

MENINGITIS

205. How many cases of Meningitis did the DHB have in the past year, listed by number and type?

During the 2022 calendar year to date there were 5 laboratory confirmed cases of meningococcal disease notified to the Medical Officer of Health in the Hauora a Toi Bay of Plenty district: four cases were Group B and one case was Group W Neisseria meningitidis.

206. Does the DHB believe it has been well served by PHARMAC procurement and logistics of the measles, influenza and or meningitis vaccines this year, if not why not?

PHARMAC have provided good support and supply for Immunisation programmes, including Hospital pharmacy.

207. How much has PHARMAC procurement and logistics of the measles, influenza and or meningitis vaccines this year affected vaccination rates in your DHB this year?

Vaccine supply has enabled planned vaccination programmes.

OTHER INFECTIOUS DISEASES

208. Were rooms converted from regular use to ward or isolation rooms to manage infectious diseases such as RSV at any time during the year, if so, give examples?

There has been no conversion of non-clinical rooms to manage infectious diseases at Tauranga or Whakatane Hospital in the past year. There was a realignment of wards at Tauranga on completion of the MOH oxygen and infrastructure upgrade work that resulted in medical beds being relocated into the upgraded negative pressure facilities in preparation for COVID and other respiratory illness admissions.

209. Are school based HPV vaccinations being undertaken in the same way and at the same rate this year as other years and if not, why not?

Yes, the School Based Immunisation HPV Programme for both Eastern and Western Bay of Plenty has been delivered in 2022 in the same way as pre-covid years.The programme has had the same or slightly better results than previous years.

210. Give the vaccination rate as a percentage of the target group for every vaccine on the National Immunisation register for the past 5 years?

Data Source - Qlik Imms Dashboard

Childhood Immunisation

Calendar Year	Ethnicity	8 Month	24 Month	5 Year		
2022	Maori	63.4%	66.9%	68.7%		
	Non-Maori	85.7%	85.4%	84.8%		
	Total	77.2%	78.5%	78.4%		
2021	Maori	66.8%	71.6%	71.9%		
	Non-Maori	86.1%	86.3%	85.1%		
	Total	78.8%	80.9%	79.7%		
2020	Maori	78.0%	81.1%	82.1%		
	Non-Maori	90.0%	86.9%	86.6%		
	Total	85.5%	84.8%	84.9%		
2019	Maori	75.4%	80.0%	78.1%		
	Non-Maori	87.0%	86.6%	82.0%		
	Total	82.8%	84.0%	80.4%		
*Data Source - Qlik (Childhood DHB Coverage for 12 month PERIOD * Data up to Oct 2022)*						
Flu 65 Coverage						
Ethnicity	**Flu year-2022**	**Flu year-2021**	**Flu year-2020**	**Flu year-2019**	**Flu year-20**	

					18
Maori	48.9%	61.2%	68.6%	53.8%	48.9%
Non-Maori	52.0%	70.8%	74.5%	63.8%	57.7%
Total	51.6%	69.8%	73.9%	62.9%	56.9%

Data Source- Qlik (Influenza DHB/DHB Population)

Pregnancy Immunisation Coverage

Ethnicity	CY-2022	CY-2021	CY-2020	CY-2019	CY-2018
Maori	4.3%	7.1%	12.1%	8.6%	5.0%
Non-Maori	17.7%	23.7%	33.9%	27.9%	18.4%

Data Source- Qlik (Pregnanacy Immunisation Coverage)
Due to the completeness of delivery data, 2020 delivery data is used in substitution for '# People delivered' and denominator of '% people immunised' for the selection after 2020

PRIMARY CARE

211. What is the ratio of GPs per capita?

The Ministry of Health holds the information required to answer this question.

212. What is the age profile of GPs?

The former Bay of Plenty District Health Board did not collect data on the age of the GP workforce. Please refer to the Royal New Zealand College of General Practitioners survey.

213. What proportion of GPs have primary medical qualifications from overseas?

The former Bay of Plenty District Health Board did not collect data on the primary medical qualifications of the GP workforce.

214. How many GP training places are there and how many GP training practices?

The former Bay of Plenty District Health Board did not hold this information. The Royal College of General Practitioners manage the General Practice Education Programme (GPEP).

215. What percentage of GP training places were filled last year?

The former Bay of Plenty District Health Board did not hold this information. The Royal New Zealand College of General Practitioners manage the General Practice Education Programme (GPEP).

216. How many VLCA practices are in the DHB area?

There are 15 VLCA practices in the DHB area.

217. What is the anticipated effect on GP utilization of increased community mental health services and will GPs be compensated for increased utilization and if so by what mechanism?

BOP funds Primary Mental Health and IPMHA services in primary care. GPs can refer to these mental health programmes, and are compensated via PHO invoicing, capitation funding and co-payments.

218. What are the likely DHB costs of proposed cheaper GP visits and increased primary care mental health access on increased DHB utilization and mental health pharmaceutical spending?

Expenditure in the mental health pharmaceutical budget may increase in the overall Community Pharmacy Budget through Vote Health. However, actual expenditure may decrease due to more mental health services being offered in 2022/23. This is yet to be realised.

219. Is primary care adversely effected by delays to the GP funding review?

There is no evidence that primary care is adversely affected by delays in the GP funding review.

220. Does the DHB expect after hours GPs to be registered with a specialist urgent care college?

There is no requirement for GPs to be registered with a specialist urgent care college.

221. What 3 policy changes would have been most impactful for GPs in the past year, listed by policy, impact and cost?

There have not been any significant policy changes in the last year in primary care.

222. Do GPs in the DHB area "generally" suffer from workloads that are unsafe or unhealthy?

We are unable to comment on GP workloads.

223. Are GPs appropriately renumerated?

GPs receive funding from a wide variety of sources. The former Bay of Plenty District Health Board DHB does not collect information on GP remuneration and is not able to comment on whether the remuneration GPs receive is appropriate.

224. How many PHOs have service arrangements in the DHB area listed by PHO and main contact number?

BOP has PHO service arrangements with five PHOs:-

1. Western Bay of Plenty PHO, telephone (07) 577-3190.
2. Eastern Bay of Plenty Primary Health Organization, telephone (07) 306-2300.
3. Mataapuna Oranga Primary Health Organization, telephone (07) 579-4930.
4. Rotorua Area Primary Health Services, telephone (07) 349-3563.
5. Pinnacle Midlands Health Network, telephone (07) 839-2888.

225. How is the DHB incentivising/encouraging a shift of services and funding to primary care? Ask an example, will DHBs be encouraged to devolve services like skin cancer excisions away from hospitals and into primary care?

Services have devolved to primary care as appropriate, which includes skin lesions. Over the past 24 months (about 2 years) the DHB has devolved iron infusions, some gynaecological services and is current working on devolving some aclasta infusions.

226. How are GPs to be compensated for the time and costs associated with providing coronial reporting?

GPs are compensated for the time and costs associated with providing coronial reporting via capitation funding.

227. What new workforce roles could be developed in general practice to assist general practice?

Allied Health, Kaiawhina, Social Worker and Pharmacy.

228. How might the current scope of practice of general practice team members (including new roles) be changed to meet the challenges of primary care in the future?

The DHB does not have a formal policy view on scope of practuce of GP team members.

229. What percentage or GP practices have taken up the health care home initiative?

Zero percent. The health care home initiative is not funded in the Bay of Plenty.

230. How many GPs does the region need to be at a preferred full establishment quota?

The former Bay of Plenty District Health Board does not hold this information.

231. What specific regional training initiatives for GP registrars were in place or proposed up to June 30 2022, listed by initiative and cost?

No specific initiatives were put in place or maintained for Registrar trainsing as this if fully facilitated through the Royal NZ College of GPs.

PRIMARY CARE FUNDING

232. How much funding has been distributed to primary care yearly for the past 5 years listed by year as GP, Pharmacy, Other and in total?

	21/22	20/21	19/20	18/19	17/18
GP	$ 67,619,244.00	$ 65,298,056.00	$ 61,770,150.00	$ 55,223,982.00	$ 49,738,602.00
Pharmacy	$ 63,916,632.00	$ 58,687,024.00	$ 51,399,528.00	$ 49,544,706.00	$ 48,329,938.00
Other	$ 824,721.00	$ 930,388.00	$ 4,175,775.00	$ 1,385,239.00	$ 1,483,629.00
Total	$ 132,360,597.00	$ 124,915,468.00	$ 117,345,453.00	$ 106,153,927.00	$ 99,552,169.00

233. How much funding has been distributed to aged residential care in the past 5 years, listed by year?

21/22	20/21	19/20	18/19	17/18
$ 73,730,898.36	$ 67,756,599.00	$ 63,255,198.00	$ 61,967,499.50	$ 57,599,872.68

RURAL HEALTH

234. How many GP practices qualify as rural and what is this as a proportion of all GPs?

One (2.5%) general practice within the WBOPPHO and five (56%) general practices within EBPHA qualifies as rural.

235. What is the age profile of GPs in rural practices?

The former Bay of Plenty District Health Board did not collect data on the age of the GP workforce. Please refer to the Royal New Zealand College of General Practitioners survey.

236. What is the average practice population of GPs in rural practices?

West: Enrolled population of 9,242.
East: Enrolled population of 3081.

237. How is rural mental health assessed?

Rural mental health is assessed in discussion with the PHOs who support the rural practices. The PHOs have a collegial network with rural GP practices.

238. Are all rural health facilities connected with fast internet?

Not all rural health facilities connected with fast internet.

239. How much research funding per year is spent on rural health research in the DHB, listed by year?

There is no dedicated research funding spent on rural health research.

240. Does the DHB support further PBFF adjustments (beyond the current adjusters) for rural practices?

Rural practices may benefit from additional funding for fast internet, locum cover, recruitment costs, practice nurse costs and PRIME.

241. Quantify the rural health workforce need in the DHB listed by providers eg number of rural GPs required, Practice Nurses etc?

The rural workforce might be optimized with more qualified locum GPs to cover GP annual leave and rural practice nurse positions.

242. Given the state of rural health in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, what rural health initiative(s) would you have advanced and what would be the measurable outcome measures?

See response to Q138.

Rural healthcare actions in Te Pae Tata include:

- Review the Primary Response in Medical Emergencies model with ACC and develop integrated and responsive rural ambulance programmes to improve access to primary and community care services.

- Determine how to scale digital telehealth services to provide rural communities with reliable and sustainable afterhours access. Introduce and expand specialist advice models for virtual consultations with both whānau, and primary and community services providers.
- Commission a national telehealth medical and specialist liaison service, with a specific focus to support rural areas and drive equity of access across key populations.
- Ensure locality planning in rural areas improves access to healthcare in the most appropriate and sustainable way.

243. How many suicides of rural people have there been in your DHB this year?

We do not have this validated information. Please refer to the Ministry of Health.

244. Is the DHB able to extract and cross link admission, diagnosis and discharge data from patients in the DHB who have rural residential addresses?

The clinical systems record admission data, diagnosis data and discharge data for all patients seen within DHB services and this data is extracted into the DHB's data analysis repositories.
Patient domicile data is captured at post code level within the patient administration systems.
While there is a field that allows admission staff to record RD numbers, this is not a mandatory field hence would be subject to potential data integrity issues.

Consequently, to analyse admission, diagnosis and discharge data at a rural residential address level the most accurate mechanism would be use of post code data.

245. Does the DHB support a 3rd medical school with a focus on rural retention of primary care medical graduates?

At this stage we have not seen a suitable proposal produced for a 3rd medical school with budgets and sound solutions to the current rural health workforce issues. The information we have been privy to has a significant cost to establish a 3rd medical school and doesn't address fundamental issues that impact on medical students gaining experience and seeking rural careers.

246. Has the DHB made any public domain comments around a 3rd medical school and if so where, when and what?

No.

247. If a 3rd medical school was established for the purpose of rural retention of primary care medical graduates, would the DHB be interested in providing clinical placement collaboration?

We are already an integral part of a successful initiative that places medical students in rural environments. This has directly resulted in graduates gaining rural employment when previously they would not have considered this option.
Our experience with rural student placements has shown that any new programme would require a collaborative approach with the 2 existing tertiary institutions to work together on national solutions rather than competing for placements. There are currently minimal resources in primary and secondary care for student supervision. Placements are already highly sought after, and existing primary care resource issues require addressing before any further expansion can take place.
If these fundamental issues were attended to then we would get involved in collaboration for further student placements with all 3 medical schools being involved.

248. Does the DHB support mobile rural health vans as mobile clinics?

Mobile rural health vans were supported as mobile clinics for the COVID response and proven effective in reaching hard to reach populations.

METH

249. What methamphetamine focused programs were operational in the past financial year?

There were no specific methamphetamine focused programs operations in the past financial year.

250. How many drug and alcohol addiction FTE staff were employed, listed by years for the past 4 years?

Provider Arm AOD FTE:
Consistent with last year's response we have applied context from question 258 and focused only on specialist and nurse positions. Nurse FTE is measured as accrued FTE, specialist FTE is measured as employed FTE.

Question 250- Employed FTE

	FTE			
Staff Type	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Specialist	1.5	2.0	0*	0.5*
Nurse	6.5	8.5	8.1	6.7

* Locum Cover in place to cover vacancy

251. What is the best comparative assessment of meth use in the DHB over the past 4 years listed by year?

The best comparative assessment of meth use is the waste-water analysis reports produced under the National Waste-Water Testing Program. (this would be suitable for this year also).

252. What is the profile (demographic profile) of meth users?

The table below is based off our response to question 177 and breaks down unique patients who were admitted over the past four financial years into demographics.

Distinct Count of Pat NHI			Ethnic Group					
Fisc Year	Gender	Age Consol	Maori	European	Pacific Is	Asian	Other	Grand Total
2019	Male	10-19yrs		1				1
		20-29yrs	14	10				24
		30-39yrs	16	6		1		23
		40-49yrs	9	11				20
		50-59yrs	4	3				7
	Male Total		42	31		1		74
	Female	10-19yrs	3	1				4
		20-29yrs	10	8				18
		30-39yrs	5	4				9
		40-49yrs	5	4				9
		50-59yrs	1	3				4
	Female Total		24	20				44
2019 Total			66	51		1		118
2020	Male	10-19yrs	1	1				2
		20-29yrs	21	19				40
		30-39yrs	11	11	1			23
		40-49yrs	8	6				14
		50-59yrs	6	5				11
		60-69yrs	3					3
	Male Total		50	42	1			93
	Female	10-19yrs	3	1				4
		20-29yrs	20	8	1			29
		30-39yrs	11	6	1		1	19
		40-49yrs	1	5				6
		50-59yrs	2	2				4
		Under 10	1					1
	Female Total		37	22	2		1	62
2020 Total			87	64	3		1	155
2021	Male	10-19yrs	3	1				4
		20-29yrs	12	9	1	1		23
		30-39yrs	11	7				18
		40-49yrs	6	3				9
		50-59yrs	6	3				9
		60-69yrs		1				1
	Male Total		38	24	1	1		64
	Female	10-19yrs	2	2				4
		20-29yrs	14	7				21
		30-39yrs	13	9	1			23
		40-49yrs	4	4				8
		50-59yrs	3	2				5
		60-69yrs		1				1
	Female Total		36	25	1			62
2021 Total			74	49	2	1		126
2022	Male	10-19yrs		1				1
		20-29yrs	18	4	1			23
		30-39yrs	14	7		1		22
		40-49yrs	10	10			1	21
		50-59yrs	8	3				11
		60-69yrs	1	1				2
		70-79yrs		1				1
	Male Total		50	27	1	1	1	80
	Female	10-19yrs	1	1				2
		20-29yrs	17	2				19
		30-39yrs	10	1				11
		40-49yrs	2	3				5
		50-59yrs	4	5				9
		60-69yrs		1				1
	Female Total		34	13				47
2022 Total			84	40	1	1	1	127
Grand Total			276	180	5	3	2	465

253. What meth interventions does the DHB undertake and describe the costs of each intervention and measurable outcomes?

No methamphetamine specifically focused programs were operational in the past financial year. (this would be consistent with my answer above and suitable).

254. Is the DHB aware of the NDHB joint program with Police "Te Ara Oranga" and would this be suitable for this DHB, if not why not, and if so, what would be required to deploy?

Yes, we are aware of the Te Ara Oranga model and codesign of a model like this is currently in progress in the Eastern Bay of Plenty.

255. What would be the most impactful health portfolio initiative to combat meth use in the DHB?

We are currently implementing a localised form of the Te Ara Oranga initiative the EBOP.

256. Given the state of meth use in your DHB in the past year, If the DHB had been given $1M per year of new untagged funding, for 4 years, what meth initiative(s) would you have advanced and what would be the measurable outcome measures?

The DHB has introduced a local variant of the Meth Amphetamine Harm reduction programme Te Ara Oranga and is currently engaged in a mahi-tahi co-design project with key stakeholders including Police.

257. What is the total cost of mental health medications, listed by year and major mental health condition categories?

Note 1: The table below shows the cost of medications prescribed by BOPDHB pharmacy for the BOPDHB Mental Health and Addictions Services only. Community dispensed medications are excluded.

Note 2: Data cannot be grouped by major mental health condition; instead, it is grouped by drug type as the next best option.

Note 3: Only medications clearly used for mental health purposes are included. This means the cost of pain relief medications are excluded where a file review would be needed to ascertain what the medication was used for.

	Total Cost			
Drug Type	**2018/19**	**2019/20**	**2020/21**	**2021/22**
acytylcholinesterase inhibitor	1	1	65	10
antabuse	84	105	150	496
anticholinergic	55	947	831	597
anticonvulsant	308	125	316	91
antidepressant	498	324	741	484
antipsychotic	127,386	100,517	77,263	100,580
benzodiazapine	4,811	3,242	5,228	6,324
cannabidiol		0	0	0
hypnotic	482	413	738	484
mood stabiliser	6,110	7,219	5,757	7,517
opiate antagonists	249	501	442	434
opiod agonist	432	381	132	8
opiod antagonist	941	920	1,059	28
opiod maintenance	45	37	4	29
stimulant	105	0	0	0
Alternative to Stimulant				63
Grand Total	**141,509**	**114,733**	**92,727**	**117,145**

258. What is the average recruitment time for a. drug and alcohol addiction specialists and b. drug and alcohol addiction nurses, listed by year for the past 4 years?

Precise detail is not recorded however, Specialist FTE had open recruitment for the year 21/22. Locum and employed staff cover have been required for the year.

259. How many vacancies are there for a. drug and alcohol addiction specialists and b. drug and alcohol addiction nurses, listed by year for the past 4 years?

Provider Arm AOD FTE:
Nurse FTE is measured as accrued FTE against Budgeted FTE. Locum FTE is measured as employed FTE against contracted volume.

Question 259 - Vacant FTE

	Vacant			
Staff Type	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Specialist	-	-	1.2*	0.7*
Nurse	0.5	-	-	0.3

* Locum Cover in place to cover vacancy

260. How many inpatient drug and alcohol addiction beds does the DHB have on average per year, listed by year for the past 4 years, and what is the cost of those beds per year?

The table below is for the Mental Health Inpatient Managed Withdrawal (Medical detox) bed. The Provider Arm is funded for one bed per year, this has remained constant for the past four years. Note the cost total will not include alcohol and drug related admissions that have not used the medical detox bed.

Values	Financial Year 2019	2020	2021	2022
Contract Volume (available bed days)	365	365	365	365
Contract Revenue per Volume UOM	767	783	805	827
Contract Revenue	280,028	285,631	293,741	301,906
Cost Total	213,906	130,683	151,718	124,927

261. How many outpatient drug and alcohol addiction beds are there per year, listed by year, organisation, and beds available for the past 4 years and what are the costs of those beds ?

Refer response to Q262.

262. How much money is spent on NGO drug and alcohol services listed by year, NGO providers, nature of service provision and funding per organisation for the past 4 years?

PUC	PUC Description	Vendor Name	2018/19	2019/20	2020/21	2021/22
MHD53	Alcohol and other drug community service with accommodation	The Lifewise Trust	$ 55,000.00	$ 55,373.10	$ 67,147.35	$ 62,693.86
MHD69	Alcohol & Other Drugs Service - Opioid Substitution Treatment – Primary Care Support Places	EASTERN BAY PRIMARY HEALTH ALLIANCE		$ 1,844.26	$ 499.29	$ 2,461.51
MHD69	Alcohol & Other Drugs Service - Opioid Substitution Treatment – Primary Care Support Places	WESTERN BAY OF PLENTY PRIMARY HEALTH ORGANISATION LIMITED		$ 44,251.35	$ 34,019.66	$ 59,997.70
MHD72D	Early intervention and other drug service –Non-clinical staff	Te Ika Whenua Counselling services Trust		$ 95,194.12	$ 98,054.83	$ 103,721.30
MHD74A	Community based alcohol and other drug specialist services – Senior medical staff	TE POU ORANGA O WHAKATOHEA LIMITED				$ 135,700.00
MHD74A	Community based alcohol and other drug specialist services – Senior medical staff	TUWHARETOA KI KAWERAU HEALTH EDUCATION AND SOCIAL SERVICES(071)				$ 135,700.00
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	HANMER BOP CHARITABLE TRUST	$ 842,112.70	$ 878,105.43	$ 931,359.73	$ 950,928.96
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	NGA MATAAPUNA ORANGA LIMITED	$ 99,127.38	$ 112,577.59	$ 119,985.97	$ 122,987.20
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	POUTIRI CHARITABLE TRUST	$ 198,254.78	$ 220,223.21	$ 243,741.89	$ 245,974.55
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	RAKEIWHENUA TRUST T/A TUHOE HAUORA TRUST	$ 99,127.38	$ 112,577.68	$ 119,405.10	$ 40,789.05
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	NGA KAKANO FOUNDATION		$ 89,823.00	$ 110,796.84	$ 129,443.38
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	TE POU ORANGA O WHAKATOHEA LIMITED	$ 98,164.69	$ 112,490.08	$ 119,405.09	$ 122,987.23
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	THE SALVATION ARMY NEW ZEALAND TRUST @CMS-146226	$ 295,034.83	$ 337,732.84	$ 358,215.25	$ 368,237.62
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	TUWHARETOA KI KAWERAU HEALTH EDUCATION AND SOCIAL SERVICES(071)	$ 125,257.37	$ 243,096.09	$ 228,835.45	$ 255,949.03
MHD74C	Community based alcohol and other drug specialist services – Nursing and allied staff	Te Ika Whenua Counselling services Trust				$ 5,933.48
MHD74D	Community based alcohol and other drug specialist services – Non-clinical staff	NGA KAKANO FOUNDATION	$ 153,347.37	$ 72,712.05	$ 83,821.25	$ 97,458.15
MHD74D	Community based alcohol and other drug specialist services – Non-clinical staff	Te Ika Whenua Counselling services Trust				$ 8,685.07
MHD74D	Community based alcohol and other drug specialist services – Non-clinical staff	HANMER BOP CHARITABLE TRUST	$ 43,202.16	$ 75,967.14	$ 77,989.12	$ 80,706.88
MHD74E	Community based alcohol and other drug specialist services – Cultural staff	TE POU ORANGA O WHAKATOHEA LIMITED				$ 239,700.00
MHD74E	Community based alcohol and other drug specialist services – Cultural staff	TUWHARETOA KI KAWERAU HEALTH EDUCATION AND SOCIAL SERVICES(071)				$ 239,700.00
MHD74S	Community based alcohol and other drug specialist services	TE POU ORANGA O WHAKATOHEA LIMITED				$ 27,150.00
MHD74S	Community based alcohol and other drug specialist services	TUWHARETOA KI KAWERAU HEALTH EDUCATION AND SOCIAL SERVICES(071)				$ 27,150.00
MHD76	Intensive and other drug services with accommodation	ODYSSEY HOUSE TRUST	$ 81,003.24	$ 96,570.09	$ 201,915.28	$ 156,571.70
MHDI48C	Child, adolescent and youth alcohol and drug community services - Nursing and/or allied health staff	GET SMART TAURANGA TRUST		$ 52,294.20	$ 214,929.16	$ 288,605.27
MHDI48C	Child, adolescent and youth alcohol and drug community services - Nursing and/or allied health staff	NGA KAKANO FOUNDATION	$ 99,127.38	$ 110,111.59	$ 111,162.49	$ 133,695.76
MHDI48C	Child, adolescent and youth alcohol and drug community services - Nursing and/or allied health staff	RAKEIWHENUA TRUST T/A TUHOE HAUORA TRUST	$ 99,127.38	$ 93,657.69	$ 138,772.35	$ 122,987.05
MHDI48C	Child, adolescent and youth alcohol and drug community services - Nursing and/or allied health staff	TE POU ORANGA O WHAKATOHEA LIMITED	$ 99,127.38	$ 112,577.63	$ 119,405.02	$ 122,987.35
MHDI48C	Child, adolescent and youth alcohol and drug community services - Nursing and/or allied health staff	TE RUNANGA O TE WHANAU CHARITABLE TRUST	$ 97,101.20	$ 107,786.58	$ 126,213.54	$ 103,037.94
MHDI48C	Child, adolescent and youth alcohol and drug community services - Nursing and/or allied health staff	THE SALVATION ARMY NEW ZEALAND TRUST @CMS-146226	$ 178,429.35	$ 148,408.75	$ 1,936.77	
MHDI48D	Child, adolescent and youth alcohol and drug community services - Non-clinical staff	GET SMART TAURANGA TRUST		$ 7,997.67	$ 32,870.44	$ 33,778.94
MHDI48D	Child, adolescent and youth alcohol and drug community services - Non-clinical staff	POUTIRI CHARITABLE TRUST	$ 79,768.17	$ 91,827.66	$ 94,589.89	$ 95,656.83
MHDI48D	Child, adolescent and youth alcohol and drug community services - Non-clinical staff	RAKEIWHENUA TRUST T/A TUHOE HAUORA TRUST	$ 139,326.04	$ 135,180.88	$ 192,881.91	$ 192,366.65
MHDI48D	Child, adolescent and youth alcohol and drug community services - Non-clinical staff	TE RUNANGA O TE WHANAU CHARITABLE TRUST	$ 37,937.67	$ 42,632.46	$ 57,648.06	$ 44,209.81
MHDI48D	Child, adolescent and youth alcohol and drug community services - Non-clinical staff	THE SALVATION ARMY NEW ZEALAND TRUST @CMS-146226	$ 28,752.68	$ 23,524.93	$ 98.83	
MHDI50C	Community child, adolescent & youth service for co-existing problems - Nursing/allied health staff	TE RUNANGA O NGAI TE RANGI IWI TRUST		$ 243,178.42	$ 238,810.17	$ 245,974.50
MHDI72C	Early intervention & other drug service child adolescent youth – Nurses & allied health	NGA MATAAPUNA ORANGA LIMITED	$ 198,254.76	$ 204,307.36	$ 119,985.97	$ 122,987.20
MHDI72C	Early intervention & other drug service child adolescent youth – Nurses & allied health	RAKEIWHENUA TRUST T/A TUHOE HAUORA TRUST	$ 99,127.38	$ 93,485.14	$ 138,788.49	$ 122,987.20
MHDI72C	Early intervention & other drug service child adolescent youth – Nurses & allied health	TUWHARETOA KI KAWERAU HEALTH EDUCATION AND SOCIAL SERVICES(071)	$ 99,127.37	$ 112,577.63	$ 119,405.04	$ 122,388.72
MHDI72D	Early intervention & other drug service child adolescent youth – non-clinical staff	MAKETU HEALTH & SOCIAL SERVICES	$ 76,673.63	$ 85,169.77	$ 85,308.48	$ 85,735.02
MHDI72S	Early intervention & other drug service child adolescent youth	NGA MATAAPUNA ORANGA LIMITED		$ 18,381.82	$ 113,323.95	$ 116,723.68
			$ 3,421,512.29	$ 4,231,638.21	$ 4,701,322.66	$ 5,574,748.59

CYBER

263. How many data breaches has the organization had in the past financial year?

None.

264. Does the organization have a data security policy in the past financial year?

Yes, the BODHB does have a data security policy. The BOPDHB is subject to various internal and external IS security related audits.

265. Does the organization have a date breach policy in the past financial year?

No separate policy – data privacy breach covered by Privacy Policy; data security covered by ICT Security policies.

266. Does the organization have a USB/Ext hard drive inc CD and DVD/Media card data policy in the past financial year?

No.

267. Does the organization have a data backup policy in the past financial year?

Yes, policy requirements are covered as part of overarching Information Management policy and associated protocols and ICT standards.

268. Does the organization have a data recovery policy in the past financial year?

Yes, existing policy details are covered as part of overarching Information Management policy and associated protocols and ICT standards.

269. Does the organization have a bring your own device policy in the past financial year ?

Yes, covered as part of the mobile device policy and protocol framework.

270. Does the organization have a data cybersecurity policy in the past financial year?

Yes, existing policy details are covered as part of overarching Information Management policy and associated protocols and ICT standards.

271. Does the organization have an encryption, de-identification, encryption or anonymization policy in the past financial year?

No specific policy – covered by other privacy and security policies, protocols, and standards.

272. How often does the organization require user passwords to be changed in the past financial year?

Variety of durations exist for the multiple systems that are operated but 90 days as standard.

273. Is identity theft cover for data breech affected individuals part of the data breech policy in the past financial year?

No.

274. What information systems, by name and department, are used in the main campus hospital in the past financial year?

The BOPDHB operates several hundred "information systems" across the more than 100 departments/cost centres that make up the DHB. The major systems are noted below:

System	Primary Purpose	Service
Regional Clinical Portal	Clinical workstation	Enterprise wide – clinical services
CHIP for Primary	Clinical portal	Primary and Community Health Practitioners
Éclair	Diagnostic results management and clinical data repository	Enterprise wide – clinical services
WebPAS	Patient Administrative System	Enterprise wide – clinical services
ProVation	Specialist Clinical System	Medical Services
Picture Archive & Communication System (PACS)	Digital Imaging capture and storage	Tauranga & Whakatane Hospital Radiology
Radiology Information System	Radiology Department Scheduling and Reporting	Tauranga & Whakatane Hospital Radiology
CSC ePharmacy (Regional system)	Pharmacy Dispense and Inventory Management	Tauranga & Whakatane Hospital Pharmacy
Titanium Oral Health	Specialist Clinical System	School Dental Service
Solutions Plus	Specialist Clinical System	Obstetrics and Gynaecology
Plato	Clinical Document Management & Audit	Surgical/Medical Services
Scope	Specialist Clinical System	Surgical Services
Winscribe	Digital Transcription	Enterprise wide
Cisco Call Manager	VOIP Telephony + voice mail	Enterprise wide
Orion Rhapsody (Regional system)	Integration Engine	Enterprise wide
HL7 Connect	Integration Engine	Enterprise wide
ABC Barcoding	AS	Allied Health Services
Surgidat	Operating Theatre	Surgical Services
Durapage	Paging System	Tauranga & Whakatane Hospitals
Tacera	Nurse Call	Tauranga & Whakatane Hospitals
Trendcare	Nurse resource & patient acuity	Nursing services
Microster	Staff Rostering	Enterprise wide
Northgate PSEnterprise	Human Resource Information System	Enterprise wide
Sharepoint – DocMan	Document Management	Non-clinical services
Microsoft Exchange	Email	Enterprise wide
Microsoft Office	Office Automation -	Enterprise wide
Cherwell	Servicedesk Management	Information Management and People & Capability services

275. When was the last time that a successful full data recovery was achieved in the past financial year?

Data recovery/restoration is undertaken for all system upgrades and particular maintenance updates such as HR/Payroll, Eclair, Titanium and Sharepoint. Most major systems are upgraded on a 12 to 18-month cyclical basis as part of operational continuity requirements, recent full data recovery achieved within the period include for example WebPAS.

276. What is the average number of attempted cyberintrusions per week, in the past financial year, that have been stopped at the organisations IT cybersecurity perimeter such as the organisations firewall?

While the perimeter security devices block and monitor attempted cyber-attacks an accurate answer to this question cannot be provided due to the volume of attacks exceeding the log file storage – log file storage had capacity for approximately 1 month.

Continued use of "geo-fencing" security measures applied to reduce the risk from countries known to be sources of high levels of cyber-attacks. Monitoring of cyber activity indicated from particular originating countries alone BOP continued to experience between 3 and 10 potential cyber security intrusion attempts per second– i.e., between 260,000 and 864,000 potential intrusion attempts per day.

277. What is the average number of hits on the organisations firewall per week?

See response to Q276.

278. How many cybersecurity breaches has the organization had in the past financial year?

Interpretation – cybersecurity breach includes successful malware incidents (e.g., denial of service, ransomware, spam generation, compromised user accounts) excluding receipt of spam campaigns.

One instance of a single compromised user account password occurred by means of account enumeration reconnaissance. Existing security measures, such as account security policy protection, successfully blocked associated external logon attempts. Investigations showed no indications of resulting compromise, and all immediate actions taken by BOP IT Team were deemed as appropriate remedial measures in accordance with specialist HNZ National Security Team consultation and assistance. Also refer response to Q33.

279. Which NGOs during the past financial year have shared client level data with the DHB?

Every entity that refers patients to the DHB, or which the DHB refers or transfers patients to, provides or receives client level data. Any patient whose care is provided across care settings by more than one health provider may have had their client level data shared by those health providers.

In addition to the patient data exchange that occurs as part of clinical transfers of care, BOPDHB and its contracted providers are parties to data sharing arrangements that enable registered health practitioners' access to data regarding their patients held by other health entities.

The DHB has over 700 registered health practitioners in primary and community care settings that have been authorised to access DHB systems at some point during 2021/22.

An indicative list of parties who have shared patient data with the DHB includes:

Health Select Committee Review of Te Whatu Ora Hauora a Toi Bay of Plenty 2021/22

Category of Service	Third Party Organisation
External Specialist Service Providers	Orthopaedic Services Ltd
	Park Street Eye Clinic
	Tauranga Oral & Maxillofacial Surgery
	Grace Hospital
	DaVinci Clinic
	Eastbay Specialist Centre
	Skin Dermatology Institute
	Tauranga Orthopaedic Research Society
External Radiology Service Providers	Bay Radiology
	Eastbay Radiology
	Ever light (Radiology nighthawk)
	Midland Osteoporosis Group (Bone density)
	Midland MRI
	Medex Tauranga Ltd
	Auckland MRI Ltd
Primary Health Organisations	Western Bay of Plenty PHO
	Eastern Bay PHA
	Nga Mataapuna Oranga PHO
Community Health Providers (Disability Support, Mental Health, Personal Health)	Anamata Charitable Trust
	Dalcam Company Limited
	Disability Resource Centre
	EBAT Charitable Trust
	Emerge Aotearoa Limited
	Get Smart Tauranga Trust
	Grief Support Services Inc
	Hanmer Clinic
	Healthcare of New Zealand
	ICM Opotiki (Integrated Care Management)
	LINC Support Services
	Maketu Health and Social Services Trust
	Nga Kakano Foundation
	Nga Mataapuna Oranga
	Ngati Awa Social and Health Services
	Odyssey House Trust
	Ohope Beach Care Limited
	Pirirakau Hauora Charitable Trust
	Plunket
	Rakiwhenua Trust t/a Tuhoe Hauora Trust
	St Johns Ambulance
	Salvation Army New Zealand Trust
	Tauranga Community Housing Trust
	Tauranga Voice of Youth Development Trust
	Te Ika Whenua Hauora Inc
	Te Manu Toroa
	Te Pou Oranga o Whakatohea Maori Trust Board
	Te Puna Hauora Ki Uta ki Tai
	Te Runanga o Ngai Tamawhariua Inc

Category of Service	Third Party Organisation
	Te Runanga O Te Whanau Charitable Trust
	Te Tohu O Te Ora O Ngatai Awa
	Te Toi Huarewa Trust
	Te Tomika Trust
	Te Whare Hauora o Ngati Kahu
	Turning Point Trust

	Tuwharetoa Ki Kawerau
	Vincent House Recovery Trust
	WBOP Mental Health Trust
	Whaioranga Trust
	Whakatohea Iwi and Health Service
	Youth Horizons Trust
Aged Residential Care Providers	Acacia Park
	Accadia
	Aspen
	Athenree
	Bethlehem Views
	Carter House
	Cedar Manor
	Devonport Palms
	Elmswood
	Fraser Manor
	CHT Bernadette
	CHT Glynavon
	Hodgson House
	Killarney
	Lexham Park
	Malyon House
	Melrose
	Metlife Somervale
	Oakland Health
	Pyes Pa Country Lodge
	Radius Althorp
	Radius Matua
	Ryman Bob Owens
	Summerset by the Sea
	Te Puke Country Lodge
	Golden Pond
	Mary Shapley
	Ohope Beach Care
	Mountain View
	Peria House
	Sheaffs
	Thornton Park
	Hetherington House
	Waihi Hospital
Home Based Support Service Providers	Abano Rehabilitation
	ABI Rehab Auckland
	Access Home Help
	Age Concern
	Alzheimers Society
	Arohanui
	Bay Support Service
	Carmel Country Estate
	CCS Disability Action/Choices

Category of Service	Third Party Organisation
	Community Living Trust
	Disabilities Resource Centre
	EBOP Hospice
	Enliven Carruth
	Enrich + (Community Connections)

	Explore
	Geneva (Iris)
	Health Care NZ
	Idea Services
	Kauri Centre (Anglican Care)
	Laura Fergusson
	Lifestyle Choices
	LINC
	Madison Centre
	Manawanui In Charge
	Metlife Greenwood Park
	Metlife Bayswater
	Metlife Oceanshores
	Metlife The Avenues
	Ngati Ranginui
	Ngai te Rangi Iwi
	Nightingale
	NZ Care
	Omokoroa Country Estate
	OptionZ (Stewart Centre)
	Outerboundz
	Pirirakau Hauora
	Social Care Consulting
	Spectrum Care
	SILC Supported Individualised Lifestyle Choices
	Tauranga Housing Trust
	Te Puna Ora O Mataatua
	Te Tomika Trust
	Te Whakareia
	Te Whanau Kotahi
	The Open Home Foundation (OASIS)
	Totora 61
	VisionWest/Salvation Army
	Waihekerangi Respite Home (Ngati Kahu)
	Waipuna Hospice
	Western Bay Homecare
	Whaioranga Trust
	Wilson Centre

280. What is the average availability (uptime as a percentage of time) that the main patient electronic health record has been available in campuses that have the HER in the past financial year?

Components of EHR and average availability across the 12 months include:

CHIP Clinical Workstation System	>99%
Éclair Clinical Data Repository	>99%
WebPAS Patient Administration System	>99%

281. What is the average availability (uptime as a percentage of time) that the internet has been available across all campuses in the past financial year?

Average technical infrastructure availability was >99%

282. What is the average availability (uptime as a percentage of time) that the in-house IT network has been available across all campuses in the past financial year?

Campus network is measured at core switch level – average availability was >99%

283. What is the average network speed for data across all campuses in the past financial year?

Average network speed for data cannot be reported as layered network has variety of speeds depending on the access layer and fixed versus wireless technology. Network core switches operate at 10 Gigabyte (GB) per second while fixed wired and wireless access layer switches operate at over 1GB per second. The speed that a user experiences largely depends on the capability of the user's device – the majority of which operate at 100Mbps.

284. What is the average internet speed across all campuses in the past financial year?

Internet access link operates at 100Mbps for domestic access and 30 Mbps for international site access.

285. How many people are employed in information and communication technology services in the past financial year?

The Information Management service employed a total of up to 49 staff during 2021/22. This includes infrastructural support staff, application support staff, service desk, application analysts and developers, and information analysts – covering both operational activities and capital projects.

286. How many people per capita (dhb population) are employed in information and communication technology services in the past financial year?

Interpretation: Information Management division staff used at numerator.
Head Count: 49 / 270,070 = Approx. 1.81 staff per 10,000 head of population.

287. How many people per total organizational head count are employed in information and communication technology services in the past financial year?

The Information Management division employed staff used numerators. 49 / 4389 = 0.011 per total organisational head count (1.1%).

288. How many email messages were transmitted across the organizational network in the past financial year?

Approximately 21.7 million.

289. What is the slowest component of the ICT system in the past financial year?

It is not possible to identify the "slowest component of the ICT system" as BOP does not operate a single ICT system. The BOP ICT environment encompasses delivery of multiple applications operating over a variety of network configurations being delivered to multiple locations via a mix of fixed and mobile devices. As such it is not possible to identify what aspect is the slowest except to say that any systems consumed via cellular network links are inherently slower than fixed line datalinks.

290. Is the organizational compliant with all software licensing requirements in the past financial year?

Yes, to our knowledge – With recognition of not having been subject to license audit during 2021/22. BOP continued moving to subscription-based licensing, which changes the licensing model from device-based to user-based ongoing progression for making licensing use more transparent.

291. How many people have admin or root access to the main organizational computer system in the past financial year?

For the purpose of answering this question "access to the main organisational computer system" has been interpreted as access to the Active Directory (AD) system. The number of individuals with associated access was 20.

292. Does the organization have a white list or black list software application approval policy, and has this been in place in the past financial year?

A whitelist policy does not exist. Applications and websites are blacklisted as part of operational activities where such applications/websites are deemed inappropriate or pose security risk

293. How many hours on average are staff educated on organisational cybersecurity safety in the past financial year?

It is not possible to answer this question - cyber security awareness and education programmes are not measured at individual staff member level nor are such programmes time based.

294. What cybersecurity training do all new employees receive in a financial year?

All staff, new and existing, receive cyber security awareness via education programmes regularly run across the organisation. To supplement the education activities, awareness campaigns using simulated malware that delivers recurring rounds of simulations goes out to all staff. Events such as Cyber Security week are used to provide specific, targeted education messages combined with ongoing collaborative staff digital literacy education provided by Digital Capability Training team within the Education Department.

295. Does the organization have an emergency electricity backup system for IT systems and if so what are those mechanisms, how quickly do they respond and how long can they maintain critical IT functions?

Emergency electricity backup for critical on-premises IT systems is in place and managed by the DHB Facilities and Business Operations (FBO) department for Tauranga & Whakatane Hospital. The equivalent also exists and is managed by Datacom Cloud Services for Government (DCSG) for the IT DHB systems located in the Hamilton DSCG (Kapua) data centre. The backup mechanisms consist of combinations of UPS and generator power (real-time failover & indefinite generator refueling dependent).

296. How many times in the past year have emergency electricity backup systems for critical IT systems been activated, listed by date, duration of outage, likely cause?

No power outage was experienced on ICT systems.

297. Does the organisation have cyberinsurance?

Yes.

298. Is organization cybersecurity status and issues a regular reporting function to the board and if so what is the pathway and how frequently?

Details are communicated to the board via DHB Corporate Services GM as IM executive representation. An ICT Assurance report is published to Board Audit Finance and Risk Management Committee at least 6 monthly.

299. How many times in the past year has the organization received cybersecurity advice from the Ministry of Health?

Open communication channels directly with the Ministry of Health cyber security professionals including Information Technology Security Manager. Via which ongoing notices received for vulnerabilities and sector related notices to be evaluated. Also having ongoing collaborative guidance when needed as part of the DHB DIA/GCDO cloud risk assessment process

300. When was the last time organizational cybersecurity status was reported directly to the board?

Cyber security update went to the FARM Committee as part of the annual audit process in October 2021. The last ICT Operational and Risk Assurance report, which includes cybersecurity, went to the Board's 2021 FARM (Finance, Audit and Risk Management) Committee meeting. The Board was dissolved prior to the scheduled 2022 cyber status reporting being received.

301. Does the organisation have any evidence of cyberattacks on the external firewall from Russia and if so, what is the nature of that evidence?

As noted under Q276 BOP uses "geo-fencing" security to reduce the risk from countries known to be sources of high levels of cyber-attacks. This limits the volume of traffic that directly hits the firewalls from certain countries but will not protect from indirect attacks. BOP has no evidence of targeted cyberattacks on the firewall that have directly emanated from Russia.

302. How many times in the past year have any cybersecurity breaches been referred to the privacy commissioner?

None.

303. How many times in the past year has the organisation reported cyberincidents to the National Cyber Security Centre, CERT NZ, or the Ministry of Health, listed by organisation reported to?

Refer response to Q33.

304. Did the DHB have any data in the December 2017, 1.7 billion stolen electronic credentials found by US based cyber security research firm 4iQ?

None to our knowledge.

305. Did the Ministry of Health notify the organisation that they had at risk data in the stolen 1.7 billion electronic credentials found by US based cyber security research firm 4iQ?

No.

306. If the organisation was notified of at risk stolen electronic credentials identified by US security firm 4iQ, what steps did the organisation take, listed by date and action?

Not applicable as no notification of such breach.

307. What proportion of the organisation's cybersecurity hardware originates from Chinese manufacturers, or make an estimate?

None to our knowledge.

308. How does the organisation assess cyberbullying in the workplace?

Cyberbullying in the workplace is subject to the Management and Use of Information and the Digital Communications policies and associated protocols (incl Acceptable Use, Email, Social Media protocols) which prohibit the use of DHB systems and resources

- to harass, defame, denigrate either another employee or a third party,;
- to communicate discriminatory, disparaging, defamatory or harassing comments or otherwise;
- to make or post derogatory, improper, indecent, threatening, racist or sexist remarks and proposals .

All forms of bullying, including cyber bullying, are covered by the Safe and Respectful Workplace Policy, which provides staff with a range of options to resolve situations where their physical or psychological safety may be compromised.
These options include:

1. Using standard conversation frameworks for raising their issues directly with the other party involved;
2. Raising the issue with their manager, union delegate, Health & professional lead, professional body or People and Capability Business Partner;
3. Lodging a formal complaint with their manager / leader;
4. Completing a report about a clinical event or risk via the Incident Management System;
5. Lodging a report about behavior via the Speak Up Safely reporting tool.

The most common forms of cyberbullying that we are aware of come from outside of the organisation and most commonly from independent employment advocates. These are usually reported to Netsafe, and if they constitute a threat are also reported to the police. With such advocates being unregistered with any professional body our ability to address this form of harm is limited

309. What evidence is there for cyberbullying across the organisation?

We are unable to answer this question. Complaints relating to bullying are dealt with via the mechanisms listed in Q308 above and cyber bullying is not separately identified.

310. What policies are in place for cyberbullying and please attach a copy of these policies?

See answer to Q308. The Safe and Respectful Workplace Policy and associated Protocol socialized across the DHB and union partners as part of the workplace consultation process.

311. Is cyberbullying formally reported to the board?

Cyberbullying is not specifically reported to the Board. All forms of bullying are considered within the Health and Safety reporting framework and policy mechanisms (such as the Speak up Safely system) both of which intentionally focus on the broader concepts of physical and psychological safety at work, as opposed to limiting focus to any one form of bullying or psychological harm.

312. How many internet or sector facing applications does the organisation have that do not require 2 factor authentication?

Twelve. The following services delivered via these websites did not require two factor authentications within the 2021/22 reporting period

Web Site & URL	Established	Purpose
BOPDHB Public Site: - bopdhb.govt.nz - bopdhb.health.nz - recruitment.bopdhb.govt.nz	Pre 2001	BOPDHB's main internet presence. Public information, communication, and education **Audience** – General Public
BOP Health COVID-Response: - covid19.bopdhb.govt.nz - vaccinations.bopdhb.health.nz	2020	Providing one source of BOP/Lakes COVID-19 information. **Audience** – General Public
Bay Navigator: - baynav.bopdhb.govt.nz	2012	Website for primary and community health practitioners to link with DHB services and practitioners. Clinical pathways, referrals & advice, educational material for patients, access to shared data systems. **Audience** – Primary & Community Care
BOPDHB Webmail: - Mail.bopdhb.govt.nz	Pre 2001	Provision of BOPDHB Webmail for external remote access by staff **Audience** – DHB Staff
BOPDHB Online Learning: - tewharikiatoi.ac.nz	Pre 2010 – relaunched 2018	BOPDHB's online learning website providing training and learning resources for DHB and authorised users. **Audience** – DHB Staff
Toi Te Ora Website: - toiteora.govt.nz	Pre 2005	Public health unit website for BOPDHB and Lakes DHB geographic area. **Audience** – General Public
Workwell: - workwell.health.nz	Pre 2011	Work Well is a free, workplace wellbeing initiative developed by BOP's Toi Te Ora Public Health, for use in any workplace. Work Well is available in various regions across New Zealand. **Audience** – General Public
Hapū Hauora: - hapuhauora.health.nz	Pre 2011	Hapū Hauora has been developed specifically by Toi Te Ora Public Health for whānau and Hapū with input from Māori health staff, and a reference group consisting of active Hapū and marae members who also work in the health sector. **Audience** – General Public

Te Pare ō Toi: - tepareotoi.co.nz	2020	Te Pare ō Toi (aka Māori Health Gains and Development). Health information targeted at our Māori Population. **Audience** – General Public
Mental Health and Addiction Services: - toiorangangakau.health.nz (Previously mhas.bopdhb.health.nz)	Pre 2020	Mental Health and Addiction Services – Te Moana a Toi, Bay of Plenty. Mental health information services targeted at our Māori Population. Community & National updates and transformational mahi which is underway for the Mental Health and Addiction services throughout Te Moana ā Toi **Audience** – General Public

313. Does the DHB have any websites that have had security flaws, data breaches or cybersecurity issues in the past year?

All BOPDHB websites were subject to independent audit and penetration testing as part of the DHB's annual cyber security assurance programme via alternating accredited security providers. High or Critical items requiring urgent attention reported and remediated on: baynav.bopdhb.govt.nz, tepareotoi.co.nz, vaccinations.bopdhb.health.nz, bopdhb.health.nz, workwell.health.nz, hapuhauora.health.nz, toiteora.govt.nz.

314. If the DHB has had websites with security flaws, databreaches or cybersecurity issues in the past year, how many of these events have occurred?

As noted above, the DHB's websites were subject to an annual independent cyber security audit. While vulnerabilities were identified and have been addressed as per the security programme, no data breaches or cybersecurity events have been identified as occurring as a result of these.

315. Did the DHB make any requests to the Ministry of Health for funding for cybersecurity projects and if so what were those requests, what were the costs and what is the progress status?

None within relevant reporting period.

316. How much per capita has been spent on IT projects in the past 5 years?

	2021/22	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Spend	$4,668,000	$6,049,787	$7,179,738	$4,525,026	$7,103,059
Population	270,070	267,350	255,110	238,380	234,350
Spend per capita	**$17**	**$ 23**	**$28**	**$19**	**$ 30**

IT

317. Which IT systems have had write downs, balance sheet contingencies placed against them, or otherwise reduction in valuation other than depreciation, listed by systems name and type and amount?

There were no write downs or impairments in the 2020/2021 financial year, but we did change the accounting method moving assets and WIP from intangible assets to Software as a service costs and expensing where appropriate as per the guidance received.

318. Identify the IT projects with a total budget > $100,000 currently in progress listed by project, start date, cost to date, budget to date, projected completion date, budgeted completion date.

Project	Capital Budget (overall)	Start date	Planned Finish Date	Finish Date Act/Forecast	Actual Capital Cost	
					Complete d	To Date (Dec 22)
Microsoft Windows Server 2008 Upgrades	$752,996	July 2021	June 2023	June 2023	In progress	$260,847
Core Switch Infrastructure Renewal	$790,000	Apr 2022	Dec 2022	June 2023	In progress	$540,360
Firewall Infrastructure Renewal	$760,000	Dec 2021	Dec 2022	March 2023	In progress	$666,502
National Maternity System (Badgernet)	$753,848	April 2022	March 2023	Sept 2023	In progress	$228,191

319. Identify the IT projects with a total budget > $100,000 currently in progress and create a risk matrix for these projects as described in the govt ICT risk assessment template document. https://www.ict.govt.nz/assets/ICT-System.../Risk-Assessment-Process-Template.docx

Description	Risk	Likelihood (Almost never, Unlikely, Possible, Highly likely, Almost certain)	Consequence (Minimal, minor, moderate, significant, severe)	Residual Risk
Microsoft Windows Server 2008 Upgrades	Timeline/complexity	Possible	Minor	8
Core Switch Infrastructure Renewal	Timeline/complexity	Possible	Minor	8
Firewall Infrastructure Renewal	Timeline/complexity	Possible	Minor	8
National Maternity System (Badgernet)	Timeline/complexity /resourcing	Possible	Minor	8

320. Identify the IT projects with a total budget > $100,000 currently in progress and create a traffic light assessment for these projects as described in the SSC large projects risk assessment document.
https://www.ssc.govt.nz/sites/all/files/monitoring-guidance_0.pdf

Description	Traffic light
Microsoft Windows Server 2008 Upgrades	Amber
Core Switch Infrastructure Renewal	Amber
Firewall Infrastructure Renewal	Amber
National Maternity System (Badgernet)	Amber

321. Identify IT projects which are challenged by all or any one of scope, time or cost?

The **Microsoft Windows Server 2008 Upgrade** project is challenged by time as not all servers will be upgraded after Microsoft support officially ends in Jan 2023 (introduces business risk). Some server upgrades are dependent on clinical application upgrades, which adds to the schedule risk.
The **Core switch infrastructure renewal** has a well-defined scope and forecasts are within budget, but the forecast implementation dates may continue to slip due to hardware delivery timeframes and implementation vendor availability.
The **Firewall infrastructure renewal** is also challenged by time, as the implementation of the new devices is more complex than originally estimated. The project will still complete in FY22/23, however 3-4 months later than the baseline plan.
The **National maternity system (Badgernet)** implementation also has a well-defined scope and is tracking within budget. As of Oct 2022, it too is challenged by timeframes, due to clinical/operational service and environment scheduling constraints (people availability).

322. Identify IT projects which are challenged and which have consequently been discussed with the Ministry of Health and what are those challenges?

Against the applicable reporting period. None of the projects listed in Q.321 required to be discussed with the Ministry. These challenges are being effectively managed by the BOP project managers and project governance groups. The national Data and Digital office kept informed of these items through regular monthly reporting. **National maternity system (Badgernet)** implementation was discussed with participating Ministry of Health representatives largely for awareness in relation to clinical/operational service and environment scheduling constraints having resulted in delayed implementation.

323. Which IT projects in the past year, required MOH approval listed by project, project cost, approved or declined and status?

None.
Interpretation: Not including any projects and/or aspects in relation to post June 2022 Te Whatu Ora Data & Digital investment review.

324. What is the current risk matrix for IT projects that are budgeted for?

Description	Risk	Likelihood (Almost never, Unlikely, Possible, Highly likely, Almost certain)	Consequence (Minimal, minor, moderate, significant, severe)	Residual Risk
Microsoft Windows Server 2008 Upgrades	Timeline/complexity	Possible	Minor	8
Core Switch Infrastructure Renewal	Timeline/complexity	Possible	Minor	8
Firewall Infrastructure Renewal	Timeline/complexity	Possible	Minor	8
National Maternity System (Badgernet)	Timeline/complexity/resourcing	Possible	Minor	8
Paging System replacement	Timeline	Possible	Minimal	4
WebPAS Server Replatform onto VM	Internal resourcing	Possible	Minimal	4
Microsoft SharePoint upgrade	Internal resourcing	Possible	Minor	8
SQL Cluster Replacement	Timeline/complexity	Possible	Minor	8
BPAC (internal) eReferrals	Timeline (vendor availability)	Possible	Minor	8

325. How much per capita has been spent on HIT over the past 5 years?

	2021/22	2020/21	2019/20	2018/19	2017/18
IT Spend – Capex	$4,668,000	$6,049,787	$7,179,738	$4,525,026	$7,103,059
IT Spend – Opex*	$18,712,759	$10,035,939	$8,953,219	$7,779,838	$6,284,414
Total IT spend	$23,380,759	$16,085,726	$16,132,957	$12,304,864	$13,387,473
Population	270,070	267,350	255,110	238,380	234,350

Opex spend includes IT salaries, software licencing, etc. but excludes depreciation and recharges

Total IT costs: (Capex and opex) spent over last 5 years / capita = $81.29M / 270,070 = $301

326. How many devices, if any, have been lost or misplaced in the past year, listed by type of device e.g., laptop, desktop?

See response to Q34.

Year	No & Device Type	Location	Recovered	Comment
2021/22	5 laptops - theft 1 desktop - theft	Dental Service X1, MSU WHK X1, Maori Health X2, Maori Health Planning & Funding X1, ED Tauranga X1,	0	All data held on laptop and tablet hard drives is encrypted
2020/21	1 laptop - theft	Toi Te Ora X1	0	All data held on laptop and tablet hard drives is encrypted
2019/20	5 laptops – theft	Dental Service X1, Maternity WHK X1, Voyagers X3,	0	All data held on laptop and tablet hard drives is encrypted
2018/19	5 laptops - theft	Dental Service X2, Surgical Service X1, Children's Ward WHK X1, SCBU X1	0	All data held on laptop and tablet hard drives is encrypted
2017/18	1laptop- theft	CommunityHealth-Murupara	0	All data held on laptop and tablet hard drives is encrypted
2016/17	3 laptops - theft	ED, School Dental	0	All data held on laptop and tablet hard drives is encrypted

SYSTEM

327. What average amount of health funding for the whole DHB population, per capita, is received by the DHB, listed by year for the past 4 years?

	2021/22	2020/21	2019/20	2018/19
Population	270070	259090	255,110.00	238,380
Funding Received(Revenue)	$ 1,150,794,000.00	$ 984,996,000.00	$ 896,131,000.00	$ 840,731,000.00
Funding per Capita	$ 4,261.10	$ 3,801.75	$ 3,512.72	$ 3,526.85

328. How many elective surgeries were performed, per capita (whole DHB population except primary care), listed by year for the past 4 years? Surgical MoH Planned Care report?

Year	Procedures	Population	%
2019	7282	256,300	2.84%
2020	6581	265,800	2.48%
2021	6952	270,900	2.57%
2022	5282	274,700	1.92%

329. How many people were attended to by the DHB (across all services except primary care), per capita (whole DHB population), listed by year for the past 4 years?

BOPDHB Healthcare Patient Count (attendances)				
	Episode Counts	Patient Count	Population	Patient Count Per Head Population
2018-2019	588,751	98,962	253,030	0.39
2019-2020	557,667	96,384	260,660	0.37
2020-2021	583,367	101,699	267,350	0.38
2021-2022	548,413	100,129	271,200	0.37
Note: Provider Arm activity only per head of whole BOPDHB population				

330. What is the average utilization of operating theatre time across the campus, listed by year for the *past* 4 years?

	Tauranga	Whakatane	Combined
2018/19	93%	86%	90%
2019/20	89%	85%	88%
2020/21	86%	85%	86%
2021/22	82%	85%	83%

331. What is the average in patient bed utilization rate across the whole campus, listed by year for the past 4 years?

BOPDHB Hospital Inpatient Bed Occupancy			
	Tauranga Hospital	Whakatane Hospital	Combined
2018-2019	80%	71%	78%
2019-2020	77%	70%	75%
2020-2021	85%	71%	82%
2021-2022	82%	71%	80%
Including: Medical, Surgical,Paediatric,Mental Health, Health in Aging, ICU, CCU, Special Care Babies, Maternity			
Excluding: Well Babies, Emergency Dept			

332. How many PHOs provide services to the DHB?

Three PHOs provide services to the DHB:

- Nga Mataapuna Oranga Primary Health Organisation;
- Western Bay of Plenty Primary Health Organisation;
- Eastern Bay Primary Health Alliance.

333. How many PHOs cross operational boundaries with other DHBs including your own?

Two PHOs from two DHBs (Lakes and Waikato DHBs) cross BOP DHB operational boundaries to provide services in Murupara and Waihi Beach. BOPDHB PHOs do not cross other DHB operational boundaries.

334. What service areas are underspent against budget in the past year, listed by service area and underspend?

Refer Annual Report Plans, reports, expectations and strategies | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB

335. What service areas are overspent against budget in the past year, listed by service area and underspend?

Refer Annual Report Plans, reports, expectations and strategies | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB

336. How much PBFF funding in the past 4 years was topsliced from your DHB before final funding was received?

Year	BOP PBFF Funding ($m)	Top Sliced ($m)
2021/22	884.03	33.57
2020/21	804.32	30.14
2019/20	750.01	12.43
2018/19	718.63	4.69

337. How much funding was budgeted, appropriated and spent on capital expenditure per year listed by year?

Refer Annual Report Plans, reports, expectations and strategies | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB

338. How much funding was budgeted, appropriated and spent on operational expenditure per year listed by year?

Refer Annual Report Plans, reports, expectations and strategies | Bay of Plenty District Health Board | Hauora a Toi | BOPDHB

339. Has the DHB taken any steps towards combining with other DHBs, listed by date and steps taken.

No.

ELECTIVE SURGERY (Planned Care)

340. How many planned electives were accepted but did not have a FSA within the prescribed timeframe, listed as absolute number and percentage of all referrals in the 12 month period?

Absolute Number: 9192
Percentage: 31%

341. How many planned electives were accepted but did not have a FSA within the prescribed timeframe, listed as a percentage for Māori and Non Māori?

Maori: 34%
Non Maori: 31%

342. How many planned electives were given a commitment to treat but were not treated within the prescribed timeframe, listed as absolute number and percentage of all those given a commitment to treat in the 12 month period, and listed as a percentage not treated for Māori and Non Māori?

Absolute Number Total: 899
Percentage Total: 7.7%

Maori 9.3%
Non Maori 7.3%

343. How many referrals to specialist care were declined over the past 4 years, listed by declined referrals as an absolute number, as a percentage declined per capita against, and as a percentage declined of all referrals?

Number of Referrals Declined in last 4 years: 20445
Percentage Declined of All Referrals: 9.6%
Percentage Declined of BoPDHB Population: 1.92% pa

344. How many referrals to specialist services were declined over the past 4 years, listed as declined as a percentage of referrals for Māori, Non Māori, Total?

Maori: 4022
Non Maori: 16423

345. What was the combined pharmaceutical spend listed per year for the past 4 years?

2018/2019 $69.2M
2019/2020 $73.0M
2020/2021 $74.8M
2021/2022 $82.1M

346. How many community pharmacies are physically located within the DHB over the past 4 years listed by pharmacies per year?

In 2019 there were 55 community pharmacies. In 2020 and 2021 there were 60 community pharmacies. In 2022 there were 64 community pharmacies. These community pharmacies are physically located within BOPDHB, therefore the figures do not include Zoom pharmacy.

347. How many discount pharmacies (no co-pay routinely charged) are physically within the DHB over the past 4 years, listed by pharmacies per year?

In 2019 there were three discount pharmacies within BOPDHB. In 2020 and 2021 there were three discount community pharmacies. In 2022 there were 4 discount pharmacies.

STAFF

348. How many FTEs have been employed by the DHB for the past for years listed by year?

Financial Year	FTE's
2021/22	**3,234**
2020/21	**3,139**
2019/20	**3,110**
2018/19	**2,859**
2017/18	**2,757**

349. How many FTEs have been clinical and how many management for the past 4 years listed by year and as a ratio of clinical FTEs per capita and management FTEs per capita?

	2021/22	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Clinical FTE	2,458	2,305	2,161	2,010	1,953
Population	270,070	267,350	255,110	238,380	234,350
Clinical FTE per capita	**0.91%**	**0.86%**	**0.85%**	**0.84%**	**0.83%**

	2021/22	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Management FTE	86.58	90.58	75.83	78.85	71.1
Population	270,070	267,350	255,110	238,380	234,350
Management FTE per capita	**0.032%**	**0.034%**	**0.030%**	**0.033%**	**0.030%**

350. How many clinical and management FTEs across the past 4 years are Māori and Non Māori, listed by year and as a ratio of Māori and Non Māori clinical FTEs per capita and Māori and Non Māori management FTEs per capita?

Clinical	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Maori	323.0	288.1	273.6	254.3	223.7
Non-Maori	2,134.6	2,016.9	1,887.9	1,755.4	1,728.9
Total Clinical FTE	**2,458**	**2,305**	**2,161**	**2,010**	**1,953**
Population	270,070	267,350	255,110	238,380	234,350
Maori FTE per capita	**0.120%**	**0.108%**	**0.107%**	**0.843%**	**0.833%**
Non-Maori FTE per capita	**0790%**	**0.754%**	**0.740%**	**0.736%**	**0.738%**

Mgmt.	**2021/22**	**2020/21**	**2019/20**	**2018/19**	**2017/18**
Maori	14.0	16.0	13.0	12.8	14.3
Non-Maori	72.6	74.6	62.8	66.1	56.9
Total Management FTE	**86.6**	**90.6**	**75.8**	**78.9**	**71.1**
Population	270,070	267,350	255,110	238,380	234,350
Maori FTE per capita	**0.005%**	**0.006%**	**0.005%**	**0.005%**	**0.006%**
Non-Maori FTE per capita	**0.027%**	**0.028%**	**0.025%**	**0.028%**	**0.024%**

351. What measures of staff morale have been taken in the past year and include the results of any surveys or measures of staff morale?

This is not something that we have done systematically/organisation wide in this financial year, we were on the cusp of launching a “feelings of safety” engagement survey where Te Whatu Ora requested that all survey work be stood down.
Please also refer response to Q105

MĀORI INEQUALITY

352. How does the DHB measure inequality across the DHB?

Te Whatu Ora | Hauora a Toi does not routinely measure Māori / Pacific 'inequality' or rather the uneven distribution of health or health resources as a result of health, social determinants and or lack of resources.

Te Whatu Ora | Hauora a Toi is measuring *some* 'inequities' (unfair, avoidable differences, cultural exclusion) of health outcome for Māori that align to the Māori Health Gain priorities in Te Pae Tata.

Te Toi Ahorangi:
The Toi Ora investment framework in association with the Toi Ora outcomes framework provides the mechanism for Te Whatu Ora | Hauora a Toi with the support of Te Aka Whai Ora | Hauora a Toi to measure, monitor inequalities or the uneven distribution of health and social resources and in partnership. This provides the insight and opportunity to resolve some health inequities for Māori by purposefully investing and or reinvesting / commissioning initiatives that benefit Māori populations, support Māori community led and or Iwi initiatives. The premise being quality, safety, experience and equity of access will improve.

The Toi Ora system of care is a transformation initiative for Te Whatu Ora | HSS, the implementation of a system that sustains a holistic model of care, focuses on workforce, Mātauranga wellbeing pathways, indigenising environments, addressing policy can support the improvement of Maori inequality and Māori inequities. Audit and evaluation tools are being developed to measure improvement

- **Trendly** is a national tool that is being upgraded for Iwi Māori Partnership Boards | Te Aka Whai Ora, the purpose is to monitor progress and improvement of population health outcomes that affect Māori Health Gain. This tool will be available in 23/24.

353. What is the greatest area of inequality across the DHB?

1. The lack of monitoring with regards the uneven distribution of health resources or health services e.g., rurality, to deliver on Iwi | Hapu | Whanau aspirations and support Hauora Partners keep people well in their homes.
2. The lack of investment in Māori workforce.

354. Which service area within the DHB would be the most cost-efficient to remedy from an inequality perspective?

In the ED setting ; changing the managemnet of front door presentations for triage 3-5 would be quickest, and likely cheapest way.

All aspects of renal is another area for our district given how little capacity we have to deal with our own patient load and the amount of movement of patients required for dialysis which results in lost earning for patient and whanau as well as costs for the health system. We have restricted impact on early management and preventive care to slow down progression and prevent the need for dialysis and have low straight to transplant rates which could lessen dialysis need.
Taking things a step back and looking at diabetes management given this is the leading cause of end stage renal failure in our Māori and Pacific communities – step back again and preventing diabetes could be even more cost effective.

355. If the DHB was given $5M of untagged funding pa for 4 years, where would that funding be applied to have the greatest impact?

See response to Q138.

CORONAVIRUS – NUMBERS, HOSPITAL PATHWAYS, AND PPE

356. How many people have contracted coronavirus across the DHB, listed by number tested positive, number admitted to hospital, number admitted to ICU by Māori, Pasifica, Other and Total?

	BOP	
	Number contracted	**per capita**
Maori	17311	0.24
Pacifica	2542	0.49
Other	52406	0.27
Total	72259	0.27

	Lakes	
	Number contracted	**per capita**
Maori	10798	0.24
Pacifica	1456	0.48
Other	20446	0.29
Total	32700	0.27

Ministry of Health hold the data for number admitted to hospital and admitted to ICU.

357. How many people per capita have contracted coronavirus across the DHB, listed by number tested positive per capita, number admitted to hospital per capita, number admitted to ICU per capita?

	BOP	
	Number contracted	**per capita**
Maori	17311	0.24
Pacifica	2542	0.49
Other	52406	0.27
Total	72259	0.27

	Lakes	
	Number contracted	**per capita**
Maori	10798	0.24
Pacifica	1456	0.48
Other	20446	0.29
Total	32700	0.27

Ministry of Health hold the data for number admitted to hospital and admitted to ICU.

358. How many people per capita were tested for coronavirus across the DHB listed by tests per capita for Māori, Non-Māori and total?

Unknown – during the 2021/22 year RAT tests came into use. It is not possible to say how many people have been tested as many tests were not entered into the online system.

359. How many people in total across the DHB have been close, close plus or casual contacts listed by number and type?

Number and type of contacts for the 2021/22 financial year recorded in the NCTS with a DHB of residence of Bay of Plenty DHB.

Close Plus	Close	Close Household	Casual Plus	Casual	Grand Total
79	5615	1020	284	141	7139

From the end of February 2022 the management of contacts change significantly. After this date most contacts of cases will not have been recorded in the NCTS.

360. How many staff have been close, close plus or casual contacts listed by number and type?

The DHB does not hold this information.

361. How much did the DHB spend on coronavirus laboratory tests?

Zero. Corona virus laboratory tests were funded by the Ministry of Health.

362. Did the DHB ever use throat swabs as nasal swabs for coronavirus PCR testing and if so when and why?

No.

363. Did the DHB have adequate PPE supplies for staff at all times?

BOPDHB had adequate supplies of PPE and did not run out.

364. Did the DHB have adequate PPE supplies for non DHB providers such as NGOs in the community sector at all times?

BOPDHB did not run out of PPE. Non DHB providers were directed to obtain PPE through the MOH supply chain process. BOPDHB provided PPE to non DHB providers when they ran short or until they received items through the national supply chain process after registering as a provider. BOPDHB provided emergency supplies to any providers that ran short or were expected to run short if the national supply chain was delayed.

365. What percentage of staff have been fit tested for mask use?

Of those that were estimated to require testing, 72% have presented for and been tested. There is an ongoing process for testing managed by Occupational Health Specialty Clinical Nurses including new staff and recalls for annual testing.

366. Do all staff use N95 masks or equivalent and if not why not and which groups use N95 and which do not?

No, not all staff are required to wear N95 masks. Staff who are clinically/patient facing wear N95 masks. Other non-patient/clinical facing staff wear surgical masks.

CORONAVIRUS – GP AND PHARMACY VACCINATIONS AND PRIMARY CARE VACCINATIONS

367. How many pharmacists within the DHB are authorised and capable of giving coronavirus vaccines?

Approximately 20 Pharmacy entities are authorised and capable of giving the coronavirus vaccines.

368. How many coronavirus vaccines have been given by pharmacists in the DHB in the last year?

128,835 vaccines were given by Pharmacists in the year under review.

369. How many FTEs were onboarding GPs to vaccinate, listed as FTEs per month?

Onboarding GPs was not separated out from onboarding Pharmacy and Iwi providers plus other associated work. As such this cannot be easily quantified.

Onboarding providers is an important function of the Bay of Plenty's immunisation programme, ensuring people can safely access immunisation in as many ways and places as possible.

370. What was the average timeframe to onboard GPs and pharmacists?

The average timeframe to onboard existing vaccine providers, such as GPs and pharmacies, to safely administer the COVID-19 vaccine is around 5 weeks. Staff were dedicated to this significant role throughout 2021 and it's still an important function of the Bay of Plenty's immunisation programme, to ensure people can safely access immunisation in as many ways and places as possible.

371. How many GPs and Pharmacists were onboarded to give the coronavirus vaccine each month listed as number and accumulative percentage of GPs and of Pharmacists each month?

Column1	Pharmacies onboarded	Accumulative percentage onboarded (rounded) %	GPs Onboarded	Accumulative Percentage Onboarded (rounded) %
Jun-21	0	0	1	4
Jul-21	0	0	0	4
Aug-21	6	30	4	19
Sep-21	7	65	6	42
Oct-21	1	70	6	65
Nov-21	2	80	2	73
Dec-21	1	85	1	77
Jan-22	0	85	3	88
Feb-22	1	90	2	96
Mar-22	0	90	0	96
Apr-22	1	95	1	100
May-22	0	95	0	100
Jun-22	0	95	0	100
Jul-22	1	100	0	100
Total	**20**	**100**	**26**	**100**

CORONAVIRUS – HAUORA MĀORI VACCINATIONS

372. How Many Māori health providers were onboarded to give the coronavirus vaccine listed by month and provider?

Nati Ranginui	Iwi	Jun-21
Poutiri	Maori Health	Jul-21
Te Manu Toroa	Maori Health	Jul-21
Nga Matapuna Oranga Outreach	Maori Health/Iwi Collaboration	Jul-21
Whakatohea Health and Wellness	Iwi	Jul-21
Pirirakau Hauora	Maori Health	Aug-21
Ngati Kahu	Maori Health	Sep-21
Nga Kakano Health	Maori Health	Dec-21
TPOOM (Te Puna Ora O Mataatua)	Iwi	Dec-21
Ngati Awa	Iwi	Feb-22
Te Ika Whenua	Iwi	Apr-22
Waiariki Whanau	Iwi	Jun-22
Pacifica Provider		
AvaNiu	Pacifica	Jan-22
PICT	Pacifica	Feb-22

373. How many Māori health provider vaccinators were onboarded to give the coronavirus vaccine listed by month?

The DHB is unable to gather this data accurately – not all vaccinators who fully trained to deliver coronavirus vaccine chose to onboard fully and vaccinate.

374. How much have Māori health providers received specifically for coronavirus activities including education, testing and vaccination listed by provider and sum?

Amounts are based on payment date rather than service delivery date.

Health Select Committee Review of Te Whatu Ora Hauora a Toi Bay of Plenty 2021/22

Maori Health Provider	Amount
Huria Trust	80,000
Maketu Health & Social Services	40,000
Nga Kakano Foundation	80,000
Nga Kakano Foundation Charitable Trust @Cms-245916	370
Nga Mataapuna Oranga Limited	2,049,845
Ngai Tai Iwi Authority	40,000
Ngati Awa Social And Health Services Trust	131,082
Ngati Ranginui Iwi Society Incorporated	209,125
Pirirakau Hauora Charitable Trust @Cms-244449	150,000
Poutiri Charitable Trust	1,675,207
Rakeiwhenua Trust T/A Tuhoe Hauora	40,000
Te Ao Hou Trust	80,000
Te Ika Whenua Hauora Incorporated	114,920
Te Pou Oranga O Whakatohea Limited	458,428
Te Puna Ora O Mataatua Charitable Trust	4,091,427
Te Runanga O Ngai Te Rangi Iwi Trust	80,000
Te Runanga O Te Whanau Charitable Trust	90,000
Te Tomika Trust	80,000
Te Whare Hauora O Ngati Kahu 2000 (Ki Tauranga) Society Inc	143,398
Tuhoe Charitable Trust	153,900
Whaioranga Trust	40,000
Grand Total	**9,827,701**

CORONAVIRUS – DHB STAFF AND STAFF SAFETY

375. Have facilities been used in the DHB for coronavirus isolation and quarantine purposes that are not formal MIQ hotel type MIQ facilities, and if so, when, for how many people, and what facilities and why were formal MIQ facilities not used?

No.

376. Have staff employed by the DHB also worked in coronavirus MIQ facilities while they were employed by the DHB, listed by number, DHB department or service area usually employed?

Four DHB staff fit this category. They were Public Health nurses that usually worked in Community Health 4 Kids. This was between July 2020 to September 2020 relating to Rotorua MIQ facilities.

377. How many DHB staff have contracted coronavirus from patients?

The DHB does not have this information.

378. How many DHB staff are thought to have given coronavirus to patients?

The DHB does not have this information.

379. How many staff have contracted coronavirus from other staff?

The DHB does not have this information.

380. How many staff have contracted coronavirus, listed by number and as a percentage?

From our contact tracing records, 1421 staff (31%) of our staff have contracted coronavirus

381. Have there been any health and safety improvement notices placed with the DHB and if so when, what for, and what is the progress status?

There have been no Health & Safety provisional improvement notices placed during the 21/22 year.

CORONAVIRUS – LAB TESTING

382. How much was primary care reimbursed on average to undertake PCR coronavirus nasal swabs in primary care settings?

Primary Care was reimbursed at Nationally agreed rates for swabbing.

383. What laboratory services, if any, were reduced due to coronavirus laboratory services and what was the nature of any reduction?

Laboratory services were not reduced due to coronavirus laboratory services however some non-urgent lead times for lab testing were reprioritised.

384. Did any facilities within the DHB area request consideration to become a MIQ facility?

The DHB received no requests from facilities seeking to become MIQ facilities.

385. What is the average time from coronavirus swab taking to results in Episurv?

The average of the daily average time for Pathlab SARS-CoV-2 testing from 1st July to 18th December 2022 is 6.7 hours.

386. Is your DHB using rapid antigen testing and if so when did that start, are all people entering the hospital required to have a test, what are the criteria for testing, how many have been taken and how many have been positive?

Since February 2022 Rapid Antigen Testing is being used in accordance with National guidelines to enable staff to return to work safely when they are well enough to do so. Not all people (staff and patients) entering the hospital are required to have a test. Since December 2021, Day of Surgery planned care patients and acute/trauma patients, admitted to hospital from home of the day of surgery are RAT tested to ensure they are negative prior to their surgery. We are not able to provide a response to how many have been taken and how many may have been postive.

387. Has the DHB formally requested rapid antigen testing and if so when and by what means?

Please refer to the response in Q386.

CORONAVIRUS – VACCINATION STAFF

388. What percentage of board members are vaccinated for coronavirus?

To the best of the DHB's knowledge all board members were vaccinated for coronavirus.

389. What percentage of nurses are vaccinated for coronavirus?

In response to the vaccination mandate, 100% of nursing staff have received vaccination for coronavirus.

390. What percentage of midwives are vaccinated for coronavirus?

In response to the vaccination mandate, 100% of employed midwifery staff have received vaccination for coronavirus.

391. Have any board members expressed anti vaccination sentiments towards the coronavirus vaccine towards staff or in public domain and if so in what circumstance?

No.

392. Please attach the coronavirus vaccination plan that was submitted to the Ministry of Health?

Numerous plans have been submitted to the Ministry of Health as part of the COVID response. Attached is an example of one of the most recent plans.

CORONAVIRUS – PERFORMANCE MEASURES

393. What have been the performance measures per week for the following metrics for coronavirus positive cases :

1. *Notification to Case Interview(24h)*
2. *Case notification to isolation (48h)*
3. *Contact identification to isolation (24h)*
4. *Proportion of contacts traced (48h)*
5. *Contact follow ups daily (90% target)*
6. *Time from exposure event to contact identification (24h) Toi Te ora*

Performance measures for the 2021/22 financial year by week for Toi Te Ora Public Health (Bay of Plenty and Lakes Districts).

Note:

- Symbol '-' indicates there is no data for the period.
- Indicator P006 is not available prior to 2021-07-20.
- The performance indicator data ends 27/02/2022 . From the end of February 2022 the management of contacts change significantly. After this date most contacts of cases will not have been recorded in the NCTS.

Week Ending (Sunday)	**P001**: Time notification to case interview	**P002**: Time case notification to isolation / quarantine of contact	**P003**: Time from close contact identification to isolated / quarantined	**P004**: Proportion of contacts traced	**P005**: Regular monitoring and follow-up of cases and contacts completed	**P006**: Time from exposure event identification to contact identification
2021-06-06	-	100%	100%	100%	-	-
2021-06-13	-	-	-	-	-	-
2021-06-20	-	100%	100%	100%	-	-
2021-06-27	-	60%	100%	60%	95%	-
2021-07-04	-	-	-	-	-	-
2021-07-11	-	-	-	-	-	-
2021-07-18	-	-	-	-	-	-
2021-07-25	-	-	-	-	-	-
2021-08-01	-	-	-	-	-	-
2021-08-08	-	-	-	-	-	-
2021-08-15	-	17%	17%	17%	100%	100%
2021-08-22	-	3%	53%	79%	91%	5%
2021-08-29	-	3%	47%	76%	89%	10%
2021-09-05	-	0%	100%	100%	100%	0%
2021-09-12	-	50%	50%	50%	97%	-
2021-09-19	-	13%	75%	88%	99%	25%
2021-09-26	-	100%	100%	100%	0%	100%
2021-10-03	-	0%	20%	20%	89%	60%
2021-10-10	-	25%	50%	50%	72%	50%
2021-10-17	50%	23%	69%	85%	87%	85%
2021-10-24	89%	100%	100%	100%	89%	-
2021-10-31	74%	50%	50%	75%	83%	0%
2021-11-07	87%	100%	100%	100%	94%	100%
2021-11-14	94%	83%	62%	88%	90%	92%
2021-11-21	92%	72%	80%	87%	72%	87%

2021-11-28	88%	54%	54%	68%	55%	90%
2021-12-05	88%	60%	76%	95%	72%	32%
2021-12-12	100%	56%	74%	89%	67%	39%
2021-12-19	96%	54%	73%	89%	64%	84%
2021-12-26	83%	49%	64%	72%	75%	54%
2022-01-02	78%	54%	69%	80%	72%	76%
2022-01-09	73%	29%	56%	65%	61%	64%
2022-01-16	78%	15%	22%	23%	56%	62%
2022-01-23	72%	18%	48%	52%	77%	69%
2022-01-30	71%	12%	24%	29%	69%	22%
2022-02-06	85%	19%	39%	46%	86%	34%
2022-02-13	51%	24%	24%	29%	64%	75%
2022-02-20	50%	1%	1%	1%	38%	100%
2022-02-27	100%	0%	0%	0%	8%	-

CORONAVIRUS - ICU

394. Did the DHB make any requests for further ICU capacity, if so when, by what means and on what dates and to whom?

Operational Funding for Critical Care Capacity – Te Manawa Taki regional document dated 27 May 2022.

395. Has the DHB complained to Ministry officials or the minister about ICU capacity and if so, when and by what means?

No.

396. How many adult, non adult and total resourced ICU beds have there been in the past year listed by month?

Tauranga Hospital ICU has had 6 resourced Adult and non-adult ICU beds each month for the past year.

Whakatane Hospital ICU has had 2 resourced Adult and nonadult ICU beds each month for the past year.

397. Has there been a reduction in ICU beds over the past year at any point and if so when and why?

No reductions in ICU beds.

398. What has been the average occupancy of adult and non adult ICU beds listed by each type?

Adult Only 79.4%

399. What is the most common non coronavirus condition utilizing a non adult ICU bed?

The table shows a list of paediatric diagnosis. Bronchiolitis and Asthma would both need an isolation bed in the ICU facility.

Paediatric Condition	Admissions
Bronchiolitis	33
Asthma	12
Seizures	11
Pneumonia	5
Diabetes mellitus	4
Drug ingestion	3
Ortho surgery	2
Apnoea	2
Other	14
Total	86

400. How many ventilators have there been per month for the past year?

12, this includes 10 in Tauranga ICU and 2 in Whakatāne ACU – this capacity remains consistent over the 12-month period. Excludes transport ventilators.

401. Has the DHB had any new resourced ICU beds in the past year and if so how many and when?

No.

402. How many ICU nurses for adult ICU beds has there been in the past year listed as FTEs and headcount per month?

Tauranga Hospital

Tauranga ICU 2022	ICU RN FTE	ICU RN Headcount
January	33.4	46
February	34	47
March	35.8	48
April	33.4	44
May	33.1	47
June	32.7	46
July	34.1	43
August	34.1	44
September	35	45
October	37.2	46
November	39.2	51
December	39.6	50

Whakatane Hospital

Whakatane ACU 2022	ICU Capable FTE	ICU Capable Headcount
January	9.7	12
February	11	14
March	11	14
April	11	14
May	11	14
June	11	14
July	10.1	13
August	10.1	13
September	10.1	13
October	9.2	11
November	9.8	12
December	9.8	12

403. Has the DHB undertaken nurse upskilling for ICU credentialling to assist ICU nurse shortages and if so what was the nature of the upskilling including time and content?

Yes - Tauranga ICU/HDU and Whakatane ACU

In the last 12 months Tauranga ICU has had a clinical coach role established (FTE 0.8 since January 2022) this has ensured streamlined, consistent orientation for our staff. The role enables

new staff to be upskilled in fundamental HDU/ICU skills which are essential in ICU care. The role enables focused education and training at the bedside on each of Registered Nurse workdays for a continuity of support and training for new staff.

As of September 2022, Tauranga ICU appointed an additional parttime fixed term Nurse Educator at 0.8FTE until June 2023, in addition to the permanent 0.8 FTE role (this was funded by MOH through the critical care expansion funds). This has enabled the Tauranga hospital to meet the New Zealand Standards for Critical Care Nurse Staffing which states there should be at least one FTE nurse educator per 50 nurses on the roster (0.2 FTE per 10 nurses). Currently we have 81 nurses on our roster (including senior and regular flexi nurses that all required continued ICU training).

With this increased FTE for Nurse educators and addition of the clinical coach, we have been able to sustainably increase our ICU nursing education since beginning of 2022 and September 2022 respectively.

We have run critical care specific education days including upskilling in mechanical ventilation, advanced mechanical ventilation, continuous renal replacement therapy, and care of the critically ill child in the ICU setting. We have introduced regular in-services as well as establishing increased bedside education.

NB: Whakatane ACU has a 0.5FTE RN Clinical Coach providing ICU/HDU fundamental education support. ACU has had an open vacancy for nurse educator role, so Rotorua ICU education team has provided Ventilation training for Whakatane - 4 RNs, and Ventilator Training was provided by the Tauranga ICU nurse educators for 9 RNs from Whakatane.

In 2022, Tauranga has facilitated

Training type	Number of study day	Length of study	Number of Nurses trained	Topics covered.
Continuous renal replacement therapy (Dialysis)	10	8 hours	23	Learners complete pre reading and theory based components prior to attending practical skills day. Practical skills: machine assembly, patient monitoring, commencing theory and ending of therapy Blooding of blood results. Preparation of dialysate fluid,
Ventilation (only been able to be delivered since September 2022)	5	8 hours	26	Indication for, the process of intubation, nursing care of the ventilated patient. Understanding complex medication that patient receive while intubated, for example sedation and inotropes. Ventilator modes and settings,
				troubleshooting alarms and issues. Equipment care, setting up of ventilator, calibration and testing.

Paediatric study days	2	8 hours	14	Anatomical and physiological status of paediatric patients Advanced paediatric assessment Paediatric fluid and electrolyte requirements Whānau support options Paediatric resources and consumables Starship protocols and resources Paediatric documentation AIRVO, Bubble CPAP, NGT feeding, IVT fluid management.
New Nurses that have received **clinical orientation** and support by Clinical Coach role.	Structure orientation programme	of 4-12 weeks depending on experience	19 staff Of which 9 had no ICU experience.	Key orientation topics, include, Environment, Equipment, patient management and care, medications management specific to ICU/HDU, procedures and processes, clinical skills update, Specific patient presentations and care Guidelines.

In 2023, our education team at Tauranga is planning on delivering

	Number of formal study days planned.	Approx. nurses to be educated per day
Paediatric study days	7 days	4-8
Continuous renal replacement therapy (Dialysis) practical skills workshop.	10 days	2

Ventilation	5 dates so far till June 2023 (5 additional dates to be confirmed for July onwards)	5-8
ICU discovery programme	January intake starts 17th Jan. July intake (to commence if additional Nurse educator FTE is made permanent)	Up to 8 per intake.

404. On what dates was ICU capacity critical in the past year?

(Capacity = ICU bed availability &/or ICU staffing resource).

Tauranga: Critical capacity occurred on 11 days, on these dates:
(*Source Daily VRM Report: 8 hours of Red VRM, or 4 hours Red VRM+ 8 hours of orange VRM)*

3 July 2021, 6 July 2021, 12 July 2021, 1 August 2021, 3 October 2021, 11 October 2021, 7 November 2021, 9 November 2021, 10 October 2021, 11 October 2021, 3 June 2022

Whakatane: ACU had a critical care capacity deficit on 9 days.
(*Source Daily VRM Report: 8 hours of Red VRM, or 4 hours Red VRM+ 8 hours of orange VRM)*

6 July 2021, 12 July 2021,13 July2021, 16 July 2021, 5 November 2021, 28 November 2021, 28 April 2022, 2 May 2022, 25 June 2022

Orange - Significant care capacity deficit

As per Yellow plus:
- Notifies DNM and requests specific resource e.g. additional staff or admit stop.
- During business hours where this is not already in place CNM/CMM take on floor co-ordination role.
- Ensure intentional patient rounding implemented.
- Team calls a huddle at the Patient Status at a Glance (PSAG) board.
- Consider overtime, extended shifts and/or calling in part-time staff.
- Consider transfer of patients.
- CNM/CMM / DNM consider utilisation of all staff on non-clinical duties/study leave (Includes designated senior nurses.)
- Ensure ward/unit MDT are aware of status.
- If family / whanau are present, assess if they are aboe / would like to assist with their relative's care.
- Compile activity sheets / smart 5 cards for staff coming to assist for short periods.
- Reassess status in 1 hour.
- Complete Incident Management form (Datix) once variance returns to yellow / green.

Red - Critical care capacity deficit

As per Orange plus:
- Via DNM, mandatory reporting to Nurse/Midwife Leader or, out of hours, Senior Manager on Call (SMOC).
- Arrange for staff to stop all non-clinical activities.
- In consultation with DNM implement "admit stop"
- Reassess status in 30 minutes.

405. Please attach any ICU crises plans for when ICU capacity is reached?

See Appendix Q405.

CORONAVIRUS – NEGATIVE PRESSURE ROOM CAPACITY

406. Did the DHB make any requests for further negative pressure or isolation room capacity, if so when, by what means and on what dates and to whom?

No

407. Has the DHB complained to Ministry officials or the minister about negative pressure room or ICU capacity and if so, when and by what means?

No

408. How many adult, non adult and total resourced negative pressure room and isolation rooms have there been in the past year listed by month?

Tauranga January 2021 – January 2022			
Ward	Negative Pressure side rooms No change in 12 months	Negative Air Flow bed areas	Other Standard Side Rooms iso capable
ED	1		5
APU	1		2
ICU	1	19 online from March 2022, an increase of **14** "beds" overall	
2A			6
2O	4		8
3A			6
3B			6
3C			8
4A	1	7 online from 7 January 2022	1 positive pressure
4C		24 online from 7 January 22	
Maternity			9
NICU			1
Health in Ageing			7
Total	**8**	**50**	**59**
Whakatane January 2021 – January 2022			
Ward	Negative Pressure No change in 12 months	Negative Flow	Other Standard Side Rooms No change in 12 months
ED	1		2
ACU	1	5 online January 22	
Med	1		8
Surg		4 online January 22	4
Paeds	1		4

Maternity			5
Total	**4**	**9**	**23**

409. Has there been a reduction in negative pressure or isolation rooms over the past year at any point and if so when and why?

No.

410. What has been the average occupancy of adult and non adult negative pressure and isolation rooms listed by each type?

Occupancy or isolation rooms is not captured at that level.

411. What is the most common non coronavirus negative pressure or isolation room condition utilizing a non adult ICU bed?

Tuberculosis, Measles, RSV.

412. Has the DHB had any new resourced negative pressure or isolation rooms in the past year and if so how many and when?

Please refer to response to Q408.

413. On what dates was negative pressure or isolation room capacity critical in the past year?

None.

CORONAVIRUS - PROCEDURES

414. How many inpatient and outpatient procedures have been cancelled, deferred or delayed listed in the following categories?

Planned Care Interventions			Other Inpatient		Outpatient Appointments					Totals			
Planned Care Inpatient cancellations	Planned Care Outpatient cancellations	Planned Care Community Setting cancellations	Non 'Planned Care Interventions' Elective/Arranged cancellations	Acute Care Inpatient cancellations	Planned Care Outpatient Cancellations	First Specialist Assessments & Follow Up cancellations	Other Outpatient cancellations	Endoscopy procedure cancellations	Diagnostic radiology scan cancellations - CT, MRI, Ultrasound	Total Planned Care Interventions Canllations	Total Other Inpatietn Cancellations	Total Outpatient Appointment cancellations	Total Cancellations
703	0	0	0	0		2173	1295	511	950	703	0	4929	5632

415. How many people have had their inpatient procedure cancelled, postponed or delayed within 24 hours of when that procedure was scheduled, listed by number as a percentage of all of those type of procedures?

663 Procedures. 7.3%

416. How many people in the Faster Cancer Treatment pathway have had an inpatient or outpatient procedure cancelled deferred or delayed due to coronavirus?

Nil.

CANCER

417. How is cancer tracked across inpatient and outpatient procedures viz: what reportable mechanisms are there for tracking and recording interventions for patients with cancer as their primary or provisional diagnosis including specialist appointments, radiology and operative procedures?

BOPDHB employs Cancer Coordinator Nurse specialists who utilise Cancer Patient Episode tracking (via Clinical Portal) to monitor progression from referral with high suspicion of cancer through diagnosis, MDM and treatment initiation.

418. How many people have been in the Faster Cancer Treatment pathway listed by month?

Month	Count
July	88
August	80
September	64
October	74
November	81
December	74
January	92
February	88
March	89
April	68
May	84
June	79
Total	**961**

419. How many people in the Faster Cancer Treatment pathway have had an inpatient or outpatient procedure cancelled deferred or delayed?

247.

420. How many chemo suite chairs are there and what is the average occupancy per year over the past 5 years where chair utilization is as a. patients per chair per day and b. percentage of time that a chair is occupied?

There are 30 chemo suite chairs across two sites in the Bay of Plenty (18 in Tauranga and 12 in Whakatane). We are unable to report on chair utilization or patients per chair per day as we do not collect this as data.

421. How many FTE chemo nurses are there?

	2021/22	2020/21	2019/20	2018/19	2017/18
Chemo Nurses (FTE)	15.32	14.4	14.41	13.48	13.04
Population	270,070	267,350	255,110	238,380	234,350
FTE Per 100,000	5.67	5.39	5.65	5.65	5.56

Previous year per capita responses have been restated using the most up to date population data for those prior years

422. How many children have had their chemotherapy under the 81b PHARMAC exception and what has been the cost?

Eleven (11) children/patients and the drug cost, including compounding and infusion fluid cost, was $ 24,681.29 excl GST.
Please note a large portion of this cost is claimed back from PHARMAC via the PCT claim.

REFORM TRANSITION

423. Please provide original copies of the information hand over that was sent to HealthNZ, and all supporting documentation, that responded to the questionnaire from Health NZ to each DHB that outlines matters considered material and pertinent to HNZ post the transition

Note: Any information relating patient or commercial sensitivity can be withheld where it would be a breach of privacy in the public space, however, additional context or explanation will need to be provided around why any information or documents are being excluded from the response.

See Appendix Q423 attached.

424. Please provide any service credentialing reports received, created by or submitted to the national credentialing committee in the past 3 years

Hauora a Toi Bay of Plenty does not have reports received from, created by or submitted to a national credentialing committee.

425. How many FTE and headcount clinical and non clinical staff were there annually in the past 5 years?

	21/22		20/21		19/20		18/19		17/18	
Clinical	**Contracted FTE**	**Head Count**	**Contracted FTE**	**Head Count**	**Contracted FTE**	**Head Count**	**Contracted FTE**	**Head Count**	**Contracted FTE**	**Head Count**
Clinical	2,457.6	3,413	2,305.1	3,157	2,161.5	2,983	2,009.7	2,793	1,952.8	2,688
Non-Clinical	776.5	976	701.3	887	623.0	806	606.0	761	598.5	746
Grand Total	**3,234.1**	**4,389**	**3,006.4**	**4,044**	**2,784.5**	**3,789**	**2,615.7**	**3,554**	**2,551.3**	**3,434**

426. When did the DHB form it's annual budget for the upcoming year and what was that budget broken down into hospital care and community care and including interdistrict flow and pharmacy especially as line items, and as a total budget figure? 1 July 2021 – 30 June 2022

The annual budget process for FY23 (2022/23) started in October 2021, with a first draft submitted in February 2022. Amendments based on feedback and instruction from Te Whatu Ora were incorporated into the budget as received, the budget being substantially finished by June 2022 with some final amendments in July 2022.
Inter-district flows were not budgeted in FY23 on instruction from Te Whatu Ora. It is important to note that there were a number of other changes in process, so the FY23 budget cannot be directly compared to prior year budgets at District level as it does not include costs budgeted for centrally, or revenue budgeted for centrally.
Of the total expenses budgeted ($1,052,086,596) approximately 41% was for community care contracts ($428,497,736). Note that this does not include the administration costs associated with the District managing these contracts (personnel, facilities, contractors etc.).

Revenue	**22,643,057**
Governance	10,350,353
Provider	613,238,508
Funder	428,497,736
TOTAL EXPENSES	**1,052,086,596**

Within the Funder: Personal Health there is a budget of $102,017,129 relating to Pharmaceuticals.

427. What estimate of resources were consumed in preparation for transition under the health reforms each year for the past 3 years estimated as FTEs and cost per year ?

Formal preparation for the health reforms transition began following the announcement of the final structural model of the reformed health system at the end of April 2021, consequently, our response to this question has focused on the resources allocated to transition preparation as from 1 July 2022 through to the cessation of the District Health Board on 30 June 2022.
A small number of staff were formally seconded to central agencies to work as part of the transition process – refer response to Question 86. In addition to these seconded staff, various other staff have been involved in preparing for the transition to Te Whatu Ora and Te Aka Whai Ora and the response below encompassing all these resources.

Estimated Resources 2021/22

Number of Staff - Headcount	36
Number of Staff – Full Time Equivalent	4.91
Estimated Hours of Involvement	10,219
Average Hourly Rate	$80
Estimated Cost 2021/22	$817,520

428. How many ICU nurses were recruited and left in the past 3 years?

Tauranga ICU	**2020**	**2021**	**2022**
Recruited RN	19	19	17
Resigned RN	7	20	9
Whakatane ACU	**2020**	**2021**	**2022**
Recruited RN	2	13	5
Resigned RN	3	8	4

429. What has been the theatre utilisation rate every year for the past 5 years?

	Tauranga	Whakatane	Combined
2017/18	93%	85%	91%
2018/19	92%	86%	90%
2019/20	89%	85%	88%
2020/21	87%	85%	86%
2021/22	82%	85%	83%

430. How many ICU nurses were recruited into employment specifically under the Kiwi Health Jobs critical care campaign for international ICU nurses that was announced in 2021 and commenced early 2022 in the periods where it was:

- *funded by DHBs that ended on 30 April 2022*
- *funded by the ministry that ended on 30 June 2022*
- *from what international countries were these nurses recruited*
- *how many recruitments had their first nursing registration with the NZ Nursing Council*

Reply 12344 (2022) has been answered
Portfolio: *Health (Hon Andrew Little)*
Question: *What period of time is covered by the $415,000 Kiwi Health Jobs recruitment campaign and when does the campaign formally conclude?*
Reply: *The district health boards (DHBs) funded $115,000 for the critical care campaign and this is due to end on 30 April 2022. This was a targeted three month campaign. The Ministry is committed to continuing and building on the current DHB-led campaign until 30 June 2022. There is $300,000 available to support the ongoing international recruitment of critical care nurses to 30 June 2022. This funding includes an evaluation component. The Ministry is aiming to finalise the funding agreement before the end of April 2022, when the current phase is due to end.*

- funded by DHBs that ended on 30 April 2022 **= 0**
- funded by the ministry that ended on 30 June 2022 = **0**
- from what international countries were these nurses recruited **= N/A**
- how many recruitments had their first nursing registration with the NZ Nursing Council? **= 0**

431. In what years over the past 5 years did the DHB reach the ceiling for funding under the population based funding formula viz more people were present in the region than funding was received under the formula, and what was the potential financial cost of not being funded, or, put another way, how much would have been received if the ceiling was not present and everyone had been fully funded?

Year	Funding Decrease to reach maximum ceiling for funding ($m)
2021/22	-26.0 M
2020/21	-36.9 M
2019/20	0.0
2018/19	0.0
2017/18	0.0

432. Which years since 2008 has unfunded PBFF cap calculations affected the DHB listed in order of fiscal implication?

BOP District funding envelope records date back to 2013/2014. No records prior to this date.

2020/21
2021/22

433. What assessment of staff morale is undertaken, how often, and what has been the major trends over the past 5 years?

The last staff survey was in 2018 and it hasn't been repeated since so we have no trends to comment on.

Please also refer to Q351.

434. What assessment has been made of staff morale in respect to transition to the health reforms and what do those assessments show?

There was a hold put on any kind of organisation wide survey, so no robust assessment was possible.

435. Was staff morale good at or around June 30 2022 and immediately before handing over to the health reforms?

We have no concrete data on this.

436. What do you consider to be the biggest risks associated with the health reforms?

- Conflict of resource attention - diversion of staff attention away from front line health activities at time of high acute demand, planned care backlogs and ongoing pandemic
- Delayed decision making due to uncertainty of delegated authorities and need for reassessment of local decisions and direction
- Loss of staff morale within services impacted by structural and personnel changes and impact of this on discretionary effort and overall performance
- Workforce vacancies due to inability to attract staff into the sector due to levels of uncertainty of roles
- Loss of motivated staff
- Loss of key staff and the impact of this on ability to continue to provide health services

Note: What is described below is a variation on agreed risks within Te Manawa Taki from a GM Māori view. Te Aka Whai Ora | Te Manawa Taki has a risk register that gets updated regularly and via the Regional Director we escalate risks to the DCE, ELT and or Board accordingly. The risk register captures reform related and patient / population related. District GM Māori continue to report via Datix as per the protocols.

Hauora a Toi transferred 21 staff to Te Aka Whai Ora in two phases in 2022. Nationally Hauora a Toi transferred the highest number of staff to the new entity and have left the largest quantum of Māori Health services and staff at the frontline in Te Whatu Ora.

1. Change management / transition processes suboptimal leading to increased anxiety, disruption and retention issues for Māori Health teams.
2. Communication plan and channels – delayed flow of information and or competing messages between entities leading to confusion.
3. Māori Health Leaders and team experiencing increased incidence of bias, discrimination and racism. Reports of toxic organisational culture being experienced by Māori teams is causing harm to Māori employees.
4. The absence of Māori leaders in Te Whatu Ora as a result of the transfers will impact the delivery of culturally safe and Te Tiriti responsive care for Māori, maintain the status quo of health inequities, result in the further deterioration of health outcomes in HSS for Māori. Monitoring HSS performance for Māori ensuring it is Te Tiriti compliant and dynamic is critical.

5. The safeguards that were in place for Māori workforce development and wellbeing are no longer there, locally and around the region this has resulted in distress to Maori staff remaining in Te Whatu Ora.
6. Absence of Tātou Waka Hourua Supply and Support Agreement between Te Aka Whai Ora and Te Whātu Ora, removes Māori leaders delegations, authority, influence and impact those leaders can have on Te Whatu Ora | HSS and Primary Care decision making. It places additional layers and barriers to deliver Māori health services in HSS in particular. It diminishes the mana of Māori Leaders in the health system who have to seek permission again from their Te Whatu Ora colleagues to utilise resources.
7. There is potential for the deterioration of Maori innovation, improvement work and workforce initiatives within HSS/ Primary care because Te Whatu Ora could ceases to invest in building Māori capacity, capability and effective leadership and or cease programs that are designed to reduce inequities for Māori and increase quality and safety for Māori who are accessing health services.
8. Paralysis / delays in decision making processes.
9. There is an absence of a quality system in either entity, this does not bode well for achieving the national Equity for Māori aims.
10. Deterioration of Iwi, community, Hauora ora partner relations for Te Whatu Ora.

437. What parts of the health sector was the DHB most concerned with eg aged residential care, immediately before transitioning to the health reforms?

- High vacancies of clinical staff within hospital & community services (particularly mental health and maternity)
- High proportion of birthing mothers unable to access LMC and the impact/increased risk to their antenatal, natal and post natal care in addition to the additional pressure this places on secondary services
- Staffing shortages within community care providers – delaying the ability to safely discharge people (particularly the elderly)
- Lack of Aged residential care beds – resulting in on average 20 inpatients waiting across district for access to residential care and unable to be discharged
- Increasing acute surgical demand and insufficient access to theatre facilities and the subsequent impact on planned care
- Renal patients choosing not to have dialysis due to requirement to travel to Waikato treatment
- Quality and Safety risks for Māori in HSS | Primary Care
- Maori workforce capacity and capability in Te Whatu Ora, Hauora/Kaupapa Māori providers
- Investment commitment, monitoring of HSS Māori acute demand and planned care improvement
- Equity of access, no kaupapa Māori options for home care support services and aged residential care.
- Equity of access to primary care for Māori
- Iwi led Strategic Programs of work lose momentum, are undermined.
- Ongoing support, commitment, the absence of undermining of local transformation programs Mental Health, Mokopuna (preconception to 24 years) across system
- Mental Health builds
- Renal
- Palliative care
- Māori adverse events and mortality
- Hospital capacity from growing population
- Aged Residential Care limited capacity impacting hospital discharges
- Reduced Home Based Support Services capacity impacting hospital discharges
- GP capacity
- Mental Health builds

- Workforce issues
- LMC's
- Renal

438. Immediately prior to June 30 2022, was the handover mechanism and governance structure for the reforms clear and in place?

- Risks, issues and comprehensive status information provided from the DHB Board to Te Whatu Ora Board as the new accountable entity in June 2022
- Interim District Director to lead the Bay Health Network through the first change phase
- Interim Regional Director took on the role of the former Board's accountabilities
- Local District level interim due diligence programme put into place to replicate the most important Board functions on a monthly basis

439. Did the DHB express to the Minister or Ministry of Health in writing over the past year any concerns with the health reforms and if so, on what dates, author and audience and what concerns were expressed?

- Not aware of any except the DHB Board correspondence to Te Whatu Ora Board as part of June handover.
- Not that we can recall unless we consider reforms related risks in our June risk register handover (pack is included in Q423).

440. What infrastructure projects have not been accepted by the Capital Investment Committee in the past 5 years listed by project and date of non acceptance?

Nil.

441. Has the DHB had major infrastructure projects greater than $500M reduced in scope by the capital investment committee or ministry officials and if so when and why?

None.

442. Does the DHB have any major infrastructure projects greater than $500M that on completion will not meet projected region capacity in the next 5, 10 or 20 years, and if so, which targets?

None.

443. Does the DHB have any major infrastructure projects greater than $500M that on completion will not meet any of the national health targets such as ED wait times, and if so, which projects?

None.

444. For any major infrastructure projects over $500M, describe any reduction in the number of beds being provided as part of the project listed by date the bed number changed and the bed number involved?

None.

445. List any seismic concerns the DHB may have including NBS levels supporting those concerns and when these concerns were expressed to the ministry?

In 21/22 we communicated with the Ministry that the following buildings are classified as earthquake prone buildings: Tauranga Hospital – T45, T46, T24, T28, T29, T50, T25.

446. How many aged residential care beds have there been every year for the past 5 years in total and in categories such as hospital level, dementia etc?

BOP Region - Bed Type	2017/18	2018/19	2019/20	2020/21	2021/22
Dedicated Rest Home	489	430	344	319	350
Dedicated Hospital	405	365	338	265	271
Dual Service	821	907	1030	1122	974
ORA Total	61	121	103	163	240
Dementia	221	238	252	253	252
Psychogeriatric	45	47	30	30	30
Dedicated YPD	3	0	0	0	0
Other	8	0	0	1	0
TOTAL CAPACITY	**2053**	**2106**	**2097**	**2097**	**2117**

447. Have people died because of long waiting times over the past 5 years including FSA, surgical, ED and cancer treatment?

To be able to provide an answer to this question, all BOP deaths over a 5 year period would require review. We are not able to answer this question.

448. Did the staffing of critical services such as ICU with potential list cancellations have a negative impact on waiting list times during peak coronavirus times during 2020?

Wait lists were negatively impacted during peak coronavirus times during 2020 due to reducing all non-urgent planned care and focusing on acute and cancer treatment, as hospitals tried to reduce occupancy to have capacity for covid patients, alongside managing a depleted workforce due to covid infections within the community.

449. Does the staffing of critical services such as ICU during the coronavirus pandemic, with potential list cancellations, have a negative impact on waiting list times today?

Due to the current resurgence of covid within the community, high hospital occupancy and unplanned leave within the workforce, theatre lists are managed closely including patients requiring HDU post operatively. Most planned care patients that require HDU postoperatively are able to access this.

450. What actions did the DHB take to reduce waiting list times and what further actions were entertained?

- review of all wait lists.
- telehealth appointments offered.
- outsourcing to private providers.
- review and scheduling of patients waiting >365 days for FSA & Treatment.
- additional sessions where possible, including weekends.
- close monitoring of wait lists and prioritisation of those patients with the highest clinical need.
- communication with patients who are waiting longer than the intended timeframe.
- regional conversations regarding capacity.
- new procedure room build at Whakatāne Hospital, realising additional capacity for procedures such as endoscopy, but also additional theatre capacity for surgical procedures.

451. Is the DHB fully effective and operational with the bowel screening program and if not why not?

Yes – Hauora a Toi Bay of Plenty went live with NBSP in May 2022 and is fully operational in all aspects of screening and ongoing management programme.

452. Does the DHB have enough colonoscopy capacity to meet requirements of the bowel screening program?

Yes – Hauora a Toi Bay of Plenty is meeting colonoscopy requirement for NBSP and ongoing symptomatic referrals.

453. Was the DHB part of the Rapid Hospital Improvement program announced in December 2021 and if so, what announcements were relevant and what is the progress as scope, cost and schedule against those announcements?

No

454. What are the top 3, in order, most important capital item infrastructure requirements for the DHB?

See response to Q138.

455. What would be the top 3 policy initiatives, in order, that you would undertake to address:

- *Smoking*
- *Alcohol*
- *Diet*
- *Exercise*
- *Mental Health*

See response to Q138.

456. What would be the top 3 policy initiatives, in order, that you would undertake to address womens health?

See response to Q138.

457. What would be the top 3 policy initiatives, in order, that you would undertake to address rural health?

See response to Q138.

Rural healthcare actions in Te Pae Tata include:

- Review the Primary Response in Medical Emergencies model with ACC and develop integrated and responsive rural ambulance programmes to improve access to primary and community care services.
- Determine how to scale digital telehealth services to provide rural communities with reliable and sustainable afterhours access. Introduce and expand specialist advice models for virtual consultations with both whānau, and primary and community services providers.
- Commission a national telehealth medical and specialist liaison service, with a specific focus to support rural areas and drive equity of access across key populations.
- Ensure locality planning in rural areas improves access to healthcare in the most appropriate and sustainable way.

458. What would be the top 3 policy initiatives, in order, that you would undertake to address concerns in the aged residential care sector?

See response to Q138.

An action within Te Pae Tata, under stronger primary and community care, is to Review the aged care, home and community support services models to improve the sustainability of services and ensure equity of access and outcome.

459. What would be the top 3 policy initiatives, in order, that you would undertake to address womens health?

As the former Bay of Plenty District Health Board is now a part of Te Whatu Ora, we are unable to answer this question, given we were aware that we would no longer be operating as an individual DHB, the information does not exist.
However, Te Pae Tata | interim New Zealand Health Plan 2022 is the formal document that sets out the first two years of action for Te Whatu Ora and Te Aka Whai Ora as we transform healthcare in Aotearoa New Zealand.
Over the next two years we will be focusing on the following areas:

- Pae ora – Better health and wellbeing in our communities
- Kahu Taurima – Maternity and the early years
- Mate pukupuku – People living with cancer
- Māuiuitanga taumaha – People living with chronic health conditions
- Oranga hinengaro – People living with mental distress, illness and addictions
- Improve equity of health outcomes – Deliver on improving pae ora for Māori, Pacific people and Tāngata whaikaha | Disabled people.

460. What would be the top 3 policy initiatives, in order, that you would undertake to address cancer?

See response to Q459.

461. What would be the top 3 policy initiatives, in order, that you would undertake to address diabetes?

See response to Q138.

Māuiuitanga taumaha | people living with chronic health conditions includes diabetes and Te Pae Tata has actions to:

- implement accessible and nationally-consistent clinical pathways, including for diabetes, supporting specialist teams to integrate with primary and community care providers to create seamless pathways for whānau.
- develop a Pacific whānau-focused diabetes integrated care model
- evaluate current Pacific whānau-focused diabetes integrated care models
- establish a programme to support the training and employment of Pacific nurse specialists in priority clinical areas of maternity and early years care and diabetes.

462. What would be the top 3 policy initiatives, in order, that you would undertake to address respiratory conditions?

See response to Q459.

463. What would be the top 3 policy initiatives, in order, that you would undertake to address cardiac conditions?

See response to Q138.

The Māuiuitanga taumaha | people living with chronic health conditions initiative has an action to implement accessible and nationally consistent clinical pathways, including for cardiovascular diseases, supporting specialist teams to integrate with primary and community care providers to create seamless pathways for whānau.

464. What would be the top 3 policy initiatives, in order, that you would undertake to address foetal alcohol syndrome?

See response to Q459.

465. What would be the top 3 policy initiatives, in order, that you would undertake to address mental health?

See response to Q138.

Actions under Oranga hinengaro include:

- Implement a nationally-consistent approach to the integration of specialist community mental health and addiction teams with NGOs, primary and community care.
- Design and expand Te Ao Māori mental health service solutions, including primary mental health and wellbeing, access and choice services.
- Urgently progress the mental health inpatient unit approved builds and ensure the construction programme meets the agreed milestones.
- Develop solutions with communities, including with NZ Police, to support people who are in mental distress or experiencing an acute mental health and addiction episode to access timely care and support.
- Work with the Ministry of Housing and Urban Development and the Ministry of Social Development in developing solutions with Kainga Ora, housing providers to improve access to quality, safe and affordable housing with support services, to transition people from inpatient mental health units into the community.
- Continue the He Ara Oranga partnership between police, mental health and addiction services, community groups and Iwi service-providers giving methamphetamine-users the opportunity to get therapeutic help and employment support.

466. What would be the top 3 policy initiatives, in order, that you would undertake to address womens cancers?

See response to Q138.

Mate pukupuku actions include:

- Improve Māori and Pacific participation in breast, cervical and bowel screening through targeted approaches with Māori and Pacific community providers.
- Develop new, joined-up pathways to facilitate rapid diagnosis of suspected cancer, beginning in primary care to support equitable access to cancer diagnostic and treatment options.
- Establish the agreed radiotherapy satellite sites for linear accelerator services (LINAC rollout) to improve people's access to treatment in their communities, and ensure equity of access to radiotherapy.

- Implement national pathways to access transport and accommodation to support the equitable completion of cancer treatment.

467. What would be the top 3 policy initiatives, in order, that you would undertake to address ambulatory sensitive hospital admssions (ASH)?

See response to Q138.

468. What would be the top 3 policy initiatives, in order, that you would undertake to address health workforce shortages?

See response to Q138.

469. What would be the top 3 policy initiatives, in order, that you would undertake to address hospital waiting lists?

See response to Q459.

470. How many MRIs are there and in which hospitals are they located?

Hauora a Toi Bay of Plenty do not own or operate any MRI scanners. There is an MRI scanner located at Tauranga hospital that is owned and operated by a private radiology company.

By December 2023 there will be an MRI scanner located at Whakatane hospital that is owned and operated by a private radiology company.

471. Are they all fully operational?

Not applicable.

472. For each scanner, what make and model are they, when were they purchased, what is their average age, average utilisation rate and what software are they running, is the software fully upgraded to the latest version and when does or did hardware or software support expire?

Not applicable.

MENTAL HEALTH

473. Did you receive a letter of expectation from the Minister of Health for mental health? If yes, what did it say?

No.

474. What instructions have you received from the Ministry of Health about mental health?

Ministry of Health instructions about Mental Health were not received.

475. What was the total amount of ring-fenced funding your region received for mental health in 2021/22?

$76.4m.

476. What is the total amount of ring-fenced funding your region received for mental health each year for the last 5 years?

Year	Mental Health Ringfence ($m)
2021/22	76.4
2020/21	74.8
2019/20	73.0
2018/19	69.2
2017/18	62.0

477. What was the average wait time for Child and Adolescent Mental Health Services for 2021/22?

The waiting time is the number of days between the date the client was referred to an organisation and the first in-scope activity (face-to-face or activity of a clinical nature) the client attended at that organisation. The first in-scope activity may be on the initial referral or on a subsequent referral as long as that subsequent referral is to a team within the same organisation. Referrals that should not be counted such as declined referrals are excluded from the report.
Provider Arm Referral Data has been used to calculate how long clients wait to be seen by Mental Health and Addiction Services.
The table below shows the average wait time in days from referral date to first face-to-face contact for referrals to the Provider Arm CAMHS teams that were closed within the reporting period.

Financial Year Referral Closed	Average of Wait time to First Face to Face (Days)
2021-22	24.5
Grand Total	**25**

478. What was the average wait time for Child and Adolescent Mental Health Services for each year for the last 5 years?

The waiting time is the number of days between the date the client was referred to an organisation and the first in-scope activity (face-to-face or activity of a clinical nature) the client attended at that organisation. The first in-scope activity may be on the initial referral or on a subsequent referral as long as that subsequent referral is to a team within the same organisation. Referrals that should not be counted such as declined referrals are excluded from the report.

Provider Arm Referral Data has been used to calculate how long clients wait to be seen by Mental Health and Addiction Services.

The table below shows the average wait time in days from referral date to first face-to-face contact for referrals to the Provider Arm CAMHS teams that were closed within the reporting period broken down by the financial year.

Financial Year Referral Closed	Average of Wait time to First Face to Face (Days)
2017-18	16.1
2018-19	16.7
2019-20	18.5
2020-21	21.7
2021-22	24.5
Grand Total	**19**

479. What were the average individual wait times for Child and Adolescent Mental Health acute services, community services and other service settings?

Note there is no differentiation between acute, community, and other service settings for Child and Adolescent Mental Health, so please refer to answers provided in Q477 and Q478.

480. What was the average costs incurred due to workforce issues in Mental Health in 2021/22?

We are unable to answer this question as our HRIS does not capture all costs and there is no consistent definition of what “workforce issue” costs are in order to collect this data from multiple sources in a consistent manner.

481. What is the number of people receiving in-patient Mental Health services for each year for the last 3 years?

The table below shows the number of unique patients who were inpatients for each financial year.

	2019/20	2020/21	2021/22
Distinct Inpatient Count	669	715	597

Note: this count only includes discharged events so inpatients from these financial years who have not been discharged are not included in the count.

482. How many Mental Health staff have been employed by your region each year for the last 5 years?

Provider Arm FTE

FTE is measured as accrued FTE for all personnel types in the Provider Arm Mental Health Division. Mental Health Division includes supporting management and admin staff as well as all patient facing teams.

FTE Actual	Fiscal Year				
Personnel Type	2018	2019	2020	2021	2022
ALLIED HEALTH PERSONNEL 2402	91.53	95.49	99.84	103.87	99.06
MANAGEMENT ADMIN PERSONN 2802	35.87	37.01	39.12	40.59	45.66
MEDICAL PERSONNEL 2002	26.61	28.62	30.76	33.80	33.83
NURSING PERSONNEL 2202	169.31	171.89	176.71	179.19	179.95
SUPPORT PERSONNEL 2602		0.14	0.03	0.02	0.03
Grand Total	**323.32**	**333.11**	**346.46**	**357.49**	**358.53**

483. What was the total amount spent on drug and alcohol treatment in 2021/22?

Provider Arm:

The table below shows the amount funded through the PVS for alcohol and drug related purchase units in 2021/22.

Purchase Unit	Contract Revenue	Cost Total
MHAD14C MHCoexDisord(MH+Add)(NurAll)	$ 245,663.12	$ 305,695.95
MHD69 MH Alc&Drug OpSubs PrimSuppt	$ 16,784.10	$ 62,567.19
MHD69C MH Alc&Drug OpioidSubsTre(GP)	$ 122,831.56	$ 114,280.86
MHD70A MH Alc&Drug OpioidSubsTre(SMO)	$ 214,399.23	$ 224,303.96
MHD70C MH Alc&Drug OpioidSubs(NurAll)	$ 479,044.96	$ 182,618.89
MHD74A Cty Alc&Drug (SMO)	$ 153,140.73	$ 218,481.12
MHD74C MH Cty Alc&Drug (NurAllied)	$ 1,535,399.52	$ 1,522,066.64
MHD74Ca MH Cty Alc&Drug (Triage)	$ 122,831.55	$ 121,987.52
MHD77 MH IP Managed Withdrawal	$ 301,906.10	$ 124,927.47
MHD78C MH A&D MgeWthdrwl Cty (NurAll)	$ 184,248.08	$ 1,442.55
MHDI48C Cty Alc&DrugChildYth (NurAlld)	$ 368,496.15	$ 144,235.23
MHDI48Cx CtyAlc&DrugChildYth(NurAlld Cx	$ 194,073.64	$ 228,707.35
MHDI50C Cty Alc&Drug&MH (Coexist)	$ 278,671.14	$ 262,636.90
MHFFd MH Flexi Fund Addiction	$ 7,195.68	$ 15,591.12
MHFFf MH Flexi SACAT AuthsdOfficers	$ 19,999.99	$ 19,143.33
Grand Total	**$ 4,244,685.53**	**$ 3,548,686.08**

484. What was the average number of places available in residential programmes for alcohol and drug problems in 2021/22?

BOPDHB accesses residential AOD services from a variety of providers as part of the Midland DHBs regional approach to the provision of services to allow for choice. Contracting is via beds rather than places. While costs have varied slightly over the past 4 years depending on utilisation by each provider, availability has remained substantially the same.

Programme	Location	Midland Bed Capacity	Duration	Age range	Model of care	Points of difference
Te Whare Oranga Ngākau	Rotorua	15	12wks (longer if indicated)	18+	Therapeutic community (TC) Kaupapa Māori	Kaupapa Māori (for Māori & Non-Māori) Access to whānau ora workers Short /no wait time
The Salvation Army Bridge Midland (excludes Taranaki)	Hamilton	13	8wks	18+	Evidence based model 4 key elements	Less intensive than Therapeutic Community (TC) Residential managed withdrawal (social) part of programme if needed
Nova Lodge	Christchurch	4	12-26wks (reviewed at 12wks)	20+	Work-based programme – lower intensity	Provides Work-based programme

BOPDHB also directly contracts services with:

1. Odyssey, Auckland - equivalent two beds
2. Springhill, Hawkes Bay- equivalent 6 completed programmes

485. What is the number of people treated for Mental Health each year for the last 5 years?

Using Provider Arm Data, the table below shows a count of unique patients treated by financial year. We have interpreted "treated" as either having contact with the community mental health service (all T codes except "T35 did not attend") or having a mental health related inpatient admission during the year.

	2017/18	2018/19	2019/20	2020/21	2021/22
Distinct Count of People Treated	9,059	9,447	9,284	9,545	8,905

486. What is the increase in numbers people being referred for treatment for eating disorders in specialist eating disorder services over the last 5 years?

Using Provider Arm data; the below table summarises the distinct patient count of referrals to the Provider Arm Eating Disorders Team that were closed in each of the past five financial years.

Patient Count	
Close Date Financial Year	**Total**
2018	143
2019	125
2020	142
2021	169
2022	167

487. What is the wait time for treatment for children, for adults in all services, for the last 5 years?

The waiting time is the number of days between the date the client was referred to an organisation and the first in-scope activity (face-to-face or activity of a clinical nature) the client attended at that organisation. The first in-scope activity may be on the initial referral or on a subsequent referral as long as that subsequent referral is to a team within the same organisation. Referrals that should not be counted such as declined referrals are excluded from the report.
Provider Arm Referral Data has been used to calculate how long clients wait to be seen by Mental Health and Addiction Services.
The table below shows the average wait time in days from referral date to first face-to-face contact for referrals to the Provider Arm CAMHS teams that were closed within the reporting period broken down by the financial year.

Financial Year Referral Closed	Average of Wait time to First Face to Face (Days)
2017-18	16.1
2018-19	16.7
2019-20	18.5
2020-21	21.7
2021-22	24.5
Grand Total	**19**

The table below shows the average wait time in days from referral date to first face-to-face contact for referrals to the Provider Arm Adult and Elderly Teams that were closed within the reporting period broken down by the financial year.

Financial Year Referral Closed	Average of Wait time to First Face to Face (Days)
2017-18	24.7
2018-19	21.5
2019-20	35.4
2020-21	34.9
2021-22	37.8
Grand Total	**30**

488. What is the wait time for treatment for children, for adults in all services, for eating disorder treatment for the last 5 years?

Provider Arm Referral Data has been used to calculate how long clients wait to be seen by Mental Health and Addiction Services - Eating Disorders Team
The table below shows the average wait time in days from referral date to first face-to-face contact for referrals to the Provider Arm Eating Disorders team that were closed within the reporting period broken down by the financial year.

Financial Year Referral Closed	Average of Wait time to First Face to Face (Days)
2017-18	27.22
2018-19	27.94
2019-20	29.12
2020-21	32.36
2021-22	38.44
Grand Total	**31.2**

489. What is the increase in hospitalisations for eating disorders over the last five years?

Provider Arm Inpatient data has been used to summarise the number of Inpatient Discharges by Financial year with the principal diagnosis as described.

Discharges Count		Adm Fisc Year				
PrincipalDxCode	PrincipalDxDesc	2018	2019	2020	2021	2022
F50.0	ANOREXIA NERVOSA	13	8	10	21	30
F50.1	ATYPICAL ANOREXIA NERVOSA	1				2
F50.2	BULIMIA NERVOSA		3		1	
F50.5	VOMITING ASSOCIATED WITH OTHER PSYCHOLOGICAL DISTURBANCES		1			1
F50.8	OTHER EATING DISORDERS		1	1	3	1
F50.9	EATING DISORDER, UNSPECIFIED	2	4	3	4	5
Grand Total		**16**	**17**	**14**	**29**	**39**

Note: This count only includes discharged events so inpatients from these financial years who have not been discharged are not included in the count. This count also excludes discharges from the Emergency Department.

490. What is the increase in funding for staffing in the specialist ED services over the last five years?

Provider Arm Price Volume Schedule

BOP Code	Purchase Unit Description	Unit of Measure	17/18 Vol	18/19 Vol	19/20 Vol	20/21 Vol	21/22 Vol
MHE29C	Clinical outpatient services for eating disorders - Nursing and/or allied health staff	FTE	0.75	1.00	1.00	1.00	1.00
MHE30C	Community Service for eating disorders Nursing/Allied Staff	FTE	0.50	0.50	0.50	0.50	0.50
MHE30C A	Community service for eating disorders - Nursing and/or allied health staff	FTE	1.00	1.00	0.00	0.00	0.00
MHFF c	Mental Health Flexi Fund - Eating Disorders	Programme	1.00	1.00	1.00	1.00	1.00
MHI44C D	Infant, child, adolescent & youth community mental health services - Nursing/allied health staff (eating disorders)	FTE	0.75	1.00	1.00	1.00	1.00
MHWF a	Mental Health Workforce - Eating Disorders	Programme	1.00	1.00	1.00	1.00	1.00

491. What funding has specifically been put into eating disorder services throughout the last 12 months?

Provider Arm Price Volume Schedule

BOP Code	Purchase Unit Description	Unit of Measure	21/22 Vol
MHE29C	Clinical outpatient services for eating disorders - Nursing and/or allied health staff	FTE	1.00
MHE30C	Community Service for eating disorders Nursing/Allied Staff	FTE	0.50
MHE30C A	Community service for eating disorders - Nursing and/or allied health staff	FTE	0.00
MHFF c	Mental Health Flexi Fund - Eating Disorders	Programme	1.00
MHI44C D	Infant, child, adolescent & youth community mental health services - Nursing/allied health staff (eating disorders)	FTE	1.00
MHWF a	Mental Health Workforce - Eating Disorders	Programme	1.00

492. What mental health services, functions or outputs have been cut, reduced, or had funding reprioritised from in the last financial year? Describe the service or function concerned and estimate the cost saving.

No secondary MH&AS or Non-DHB community-based services were subject to cuts,reducitions, or reprioritisation decisions in the last financial year.

493. What mental health programmes or projects, if any, were delayed in the 2021/22 financial year and what was the reason for any delay in delivery or implementation?

Please refer to response in Q494.

494. How much funding for specific mental health projects, policies or programmes has been carried forward from the 2021/22 financial year to the current financial year? For each, please provide the following details:

a. Name of project, policy or programme
b. Amount of funding brought forward
c. Amount of funding already spent
d. Amount of funding originally budgeted for the project e. Estimation completion date.

Contract	Description	Amount of Funding brought Forward to 2022/23	Amount of Funding Spent in 21/22	Funding originally budgeted for the project	Estimated Completion date	Comments
367921	Mental Health and Addiction System Collaborative Design and Implementation Support	102,587.00	393,111.02	495,698.02	30/06/2024	The contract has been renewed for an additional 2 years. End date 30/06/2024. Additional funding is 521,440.00 for FY23 and FY24

495. How many mental health projects or contracts that were due to be completed in 2021/22 were shelved, curtailed or pushed into out years? For each, what was the project name, what was the total budgeted cost, what is the actual cost to date, what was its purpose and why it was it not completed in 2021/22?

Nil.

496. How much was spent on mental health infrastructure renovation, refurbishment or redecoration projects in the 2021/22 financial year? Please provide the following details:

i. A description of the renovation carried out
ii. Location of the project
iii. Name of provider(s) or manufacturer(s)
iv. Type of product or service generally provided by the above
v. Cost of the project
vi. Completion date

Nil.

497. Please provide copies of the current work plan for mental health.

There is no specific document for this in MH&AS.

498. Please list mental health projects and major policy initiatives progressed in 2021/22.

Work has been focused on the development of business cases for both inptatient units – Te Toki Maurere and Te Whare Mainangiangi.

499. How many evaluations of mental health policies or programmes were completed in 2021/22? Please provide details of who carried out the evaluation, the cost of the evaluation, the date completed, and its main findings.

None in MH&AS.

500. How much was spent on EAP or workplace counselling for frontline mental health workers in the 2020/21 financial year and how did that compare to each of the previous four financial years?

For confidentially reasons, services and costs provided by EAP Services Limited are not allocated to workforce units. A summary of costs that have been directly incurred by and charged to the Provider Arm Mental Health Division under "STAFF SUPPORT AND COUNSELLING" for the past five financial years is below:

ActualQty	Fiscal Year				
CE Account Desc	2018	2019	2020	2021	2022
5695 STAFF SUPPORT AND COUNSELLING	$894.98	$0.00	$1,482.16	$3,234.09	$4,448.48
Grand Total	**$894.98**	**$0.00**	**$1,482.16**	**$3,234.09**	**$4,448.48**

501. What was the staff turnover for 2021/22 within the mental health sector and what was the staff turnover for each of the previous four financial years by workforce unit? Please provide this information both as a percentage and in numerical terms. Is the turnover rate cause for any concern, if so, what are the major issues and how will these be addressed in 2021/22?

Percentage of Headcount is measured quarterly as the number of voluntary resignations over the headcount at the beginning of each quarter. The annual percentage shown below is an average of each quarters turnover percentage.

	Financial year				
Turnover	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2020/22**
Number of Voluntary Resignations	42	38	32	41	39
Percentage of Headcount	3.71%	3.30%	2.53%	3.03%	2.88%

502. What was the average length of service for psychologists and psychiatrists in the 2021/22 financial year and each of the previous four financial years? Please also provide this information broken down by age and gender.

Overall length of service for Psychologists and Psychiatrists (in years) for the last 5 years is shown below – firstly by gender and then by age bands.

	2022		2021		2020		2019		2018	
Gender	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**
F	7.9	3.2	7.9	5.3	8.7	5.1	7.1	4.8	6	4.9
M	9.8	10	8.3	9.5	7.3	11.2	8	11.8	10	11
Average	9.0	4.9	8.1	6.5	7.9	6.6	7.6	6.6	7.6	6.7

	2022		2021		2020		2019		2018	
Age Bands	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**	**Psychiatrist**	**Psychologist**
20-29 Years		2.4		0.9		1.3		1.3		0.3
30-39 Years	3.2	1.8	2.2	2.4	5.7	2.2	4.7	1.7	0.4	2.4
40-49 Years	7	1.9	6	0.7	5.7	7.3	6.3	4.8	7.8	4.3
50-59 Years	10.4	3	8.3	9.5	9.5	8.2	7	12.4	8.9	13.3
60-69 Years	11.2	18.4	13.6	22	12.4	21	15.1	19	9.3	23
70+ Years		0.2	3		2.2		5.3		2.2	12.5

503. How many frontline mental health staff resigned during 2021/22, what were the reasons provided, and what are the possible implications for the agency or organisation? Please also provide the number broken down by age and gender.

The table below shows the number of resignations from the Provider Are Mental Health Division for the FY21/22. It includes all staff resignations (Frontline vs non-frontline) however Occupation Group and Job title have been added for clarity. Reasons provided are only recorded at a high

level – as shown in the table. NB Mandatory Health Order resignations are considered as involuntary and therefore have not been included in any turnover calculations.

Reason for Leaving	Occ Group	Job Title	Count of Resignations FY21/22
Mandatory Health Order	Allied Health	CASE MANAGER	1
		PROGRAMME TEAM LEADER	1
		CLINICAL LEADER	1
		OCCUPATIONAL THERAPIST	1
		HEALTH WORKER	2
		CLINICIAN	1
	Nursing	HEALTH CARE ASSISTANT	1
		REGISTERED HEALTH PROFESSIONAL	1
		REGISTERED NURSE	1
		CASE MANAGER	1
Mandatory Health Order Total			**11**
Normal Retirement	Admin/Management	ADMINISTRATION SUPPORT	1
		CO-ORDINATOR	1
	Allied Health	COUNSELLOR	1
	Nursing	REGISTERED NURSE	1
	Senior Medical	PSYCHIATRIST	1
Normal Retirement Total			5
Resignation	Admin/Management	ADMINISTRATION SUPPORT	1
		CLINICAL CO-ORDINATOR	1
	Allied Health	PSYCHOLOGIST	7
		REGISTERED HEALTH PROFESSIONAL	1
		SOCIAL WORKER	2
		CASE MANAGER	2
	Nursing	ENROLLED NURSE	2
		HEALTH CARE ASSISTANT	2
		REGISTERED NURSE	14
		CASE MANAGER	1
		CLINICAL NURSE SPECIALIST	1
Resignation Total			34
Grand Total			50

504. What mental health inpatient unit infrastructure renovations, refurbishment or redecoration projects does your DHB have scheduled for 2021/22 or have begun but have not yet completed? Please provide the following details:

i. A description of the renovation being carried out
ii. Location of the project
iii. Name of provider(s) or manufacturer(s)
iv. Cost of the project
v. Estimated Completion date
vi. Size of the unit
vii. Number of beds in the unit
viii. Has the Ministry of Health agreed on proposed number of beds, if not, why not

A business case and plans were developed in relation to upgrading current facilities. These are now being reviewed and considered by Health New Zealand. Routine maintenance has been carried out in the meantime.

505. What was done to increase the mental health workforce, by profession, for 2021/22?

Secondary services

Nursing - Trendcare and Care Capacity Demand programme FTE calculations to meet inpatient demands on all inpatient units (Te Toki Maurere, Te Whare Maiangiangi and Mental Health Services for Older Persons).

Business case for introduction of Intensive Home Based Treatment Team in adult services – included administration, SMO, nursing and allied health.

Business case (combined with all services in BOPDHB) for increased SMO and RMO FTE to implement appropriate rest period cover.

506. How many vacancies, for each mental health profession, were there at the start and end of the 2021/22 financial year?

Recruitment Software does not allow for vacancy reporting in the requested parameters; therefore, the below summary has been compiled using General Ledger values for the Mental Health and Addiction Services Division. NB Actual FTE is inclusive of Accrued Leave so Jun-22 position will be an overstatement against true vacancies. Also, as ward/roster-based FTE is generally worked any vacancies will be understated in the below figures. A Separate table outlining IP Ward Nursing Vacancies only is below.

Account Object	Jul-21			Jun-22		
	FTE Actual	FTE Budget	FTE Variance Actual to Budget	FTE Actual	FTE Budget	FTE Variance Actual to Budget
2005 SPECIALIST MEDICAL OFFICER	18.04	22.28	4.24	18.11	22.28	4.17
2015 MOSS	3.07	1.00	-2.07	3.39	1.00	-2.39
2035 REGISTRARS	10.76	10.50	-.26	8.94	10.50	1.56
2045 HOUSE OFFICERS	4.06	3.00	-1.06	3.29	3.00	-.29
2204 NURSE PRACTITIONERS	3.60	1.00	-2.60	3.53	1.00	-2.53
2205 SNR NURSE	16.00	23.70	7.70	22.90	23.70	.80
2210 REGISTERED NURSES	122.36	142.68	20.32	119.36	142.68	23.32
2215 ENROLLED NURSES	2.76	3.01	.25	1.45	3.01	1.56
2230 BUREAUX NURSE	3.95	0.00	-3.95	2.90	0.00	-2.90
2235 HLTH SERV ASS	29.24	26.72	-2.52	33.91	26.72	-7.19
2412 OCCUPATIONAL THERAPISTS	15.38	18.58	3.20	14.67	18.58	3.91
2420 THERAPIST AIDS/ASSISTANTS	3.23	1.94	-1.29	3.05	1.94	-1.11
2434 Case Mgr	16.72	16.75	.03	18.93	16.75	-2.18
2436 Comm Support Workers	3.67	3.50	-.17	2.75	3.50	.75
2438 Cultural Workers	4.76	6.00	1.24	2.73	6.00	3.27
2448 PSYCHOLOGISTS	19.93	22.50	2.57	18.22	22.50	4.28
2454 Social Wrkrs	37.26	33.36	-3.90	39.61	33.36	-6.25
2456 TRAINEE PSYCHOLOGISTS	2.65	0.50	-2.15	0.77	0.50	-.27
2610 Drivers	0.03	0.00	-.03	0.05	0.00	-.05
2815 Managrs	5.55	2.00	-3.55	6.42	2.00	-4.42
2824 PROFESSIONAL EMPLOYEES	4.61	3.50	-1.11	9.76	3.50	-6.26
2830 ADMINISTRATIVE EMPLOYEES - CLINICAL	29.28	28.16	-1.12	31.95	28.16	-3.79
2832 ADMINISTRATIVE EMPLOYEES - NONCLINICAL	3.00	3.00	.00	3.25	3.00	-.25
	359.91	**373.68**	**13.77**	**369.94**	**373.68**	**3.74**

MH IP Nusrsing Vacancies Jul 21			
Ward	**Vacancy**	**Recruit To FTE**	**Vacancy Proportion**
1063 MHSOP (Older Persons IP Ward)	0.85	21.65	4%
1021 TWM (Adult Acute IP Ward Tga)	6.48	46.97	14%
1023 TTM (Adult Acute IP Ward Whk)	1.51	26.57	6%

MH IP Nusrsing Vacancies June 22			
Ward	**Vacancy**	**Recruit To FTE**	**Vacancy Proportion**
1063 MHSOP (Older Persons IP Ward)	7.55	21.65	35%
1021 TWM (Adult Acute IP Ward Tga)	10.77	46.97	23%
1023 TTM (Adult Acute IP Ward Whk)	6.67	26.57	25%