

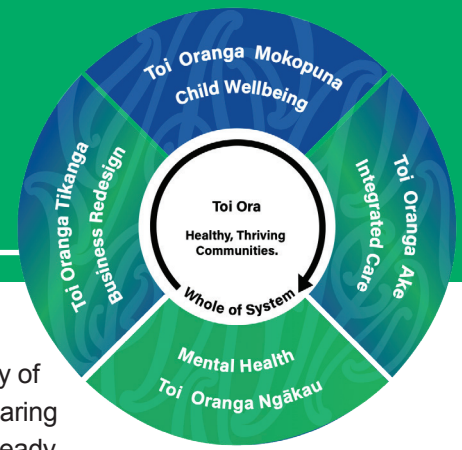


Excellence

CE Newsletter

Simon Everitt – Interim Chief Executive

11 Mar 2020



Sir Michael Cullen steps down as BOPDHB Chair

By now most of you will be aware of the sad news that Sir Michael Cullen has had to announce his resignation as Chair of the Bay of Plenty District Health Board and as a member of the Lakes District Health Board as of Sunday (8 March).

Sir Michael had taken on the roles wanting to make a difference in our health system in the Bay of Plenty and Lakes districts and said that ironically, it was totally unexpected news about his own health which led to his decision.

Sir Michael said: “What was initially a CT scan of my heart has resulted in a clear diagnosis of Stage IV small cell lung cancer with multiple secondaries in my liver. Chemotherapy is likely to extend my lifespan somewhat but it is clear to me I will not be in a fit state to carry on all that I have been doing in recent months.

“I have already stood down reluctantly from my long-held position as lead claims negotiator for Te Kotahitanga o Ngati Tuwharetoa. The only major role I will maintain in the meantime is as Chair of the Earthquake Commission (EQC) to see it through the release and the response to Dame Sylvia Cartwright’s report into EQC and the Christchurch Earthquake sequence. I expect to make a decision shortly about the timing of my departure from that position.”

Both District Health Boards express their sadness at this news, and wish Sir Michael, wife Anne and family their kind thoughts. Details in regard to the Chair’s replacement will be advised in the near future.

COVID - 19

As the global COVID – 19 outbreak continues I wanted to take the opportunity to thank all those involved so far in the response to this locally within our health service sector, and also to reassure all staff with regard to some of the details of that response, as well the key messages and actions staff should be aware of/taking.

Staff from across the health sector in the Bay of Plenty have been preparing to ensure that we are ready to care for someone with COVID-19 who requires hospital services, should a case be confirmed in the Bay of Plenty.

The majority of people who contract COVID-19 will experience an influenza type illness with fever, gastric upset or respiratory symptoms (cough or shortness of breath). Should symptoms become severe or prolonged they may have a complication such as pneumonia and require hospital level care. Similarly to influenza there will be people who become very unwell and who may die. With COVID-19 this appears to be older people or people with pre-existing health issues.

The key message for staff is to wash your hands, practice good cough etiquette and stay away from work if you are unwell with a temperature, coughing or gastric symptoms. At this stage it is unlikely that you will have COVID-19 however these things will help keep you, your family and patients safe from droplet transmitted infections and are good prevention tips for colds, flu and COVID-19.

Toi Te Ora – Public Health has established a Technical Advisory Group which meets regularly to monitor the situation and to update guidance for clinical staff in primary care and hospitals. Here at the DHB, an Incident Operations Centre has been activated and is working with Toi Te Ora and the PHO teams to ensure we follow recommendations from the Ministry of Health. Toi Te Ora is also working with other services in our community such as the Port, Councils, Aged Residential Care and tourism providers to ensure that they are informed and know what steps to take in the identification of an unwell person.

General Practices have been supplied with information and stocks of personal protective equipment (PPE) as required. At this time people who present in primary care are screened by Health Line and only referred to health services if they meet the current case definition – which is that they have travelled from a country with infection or have been in

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direct contact with a confirmed case AND have symptoms of the virus.

Here at BOPDHB we have no confirmed cases of COVID-19, however we have been providing screening and advice around self-isolation to people who present with concerns and meet the MOH case definition. As you will be aware this case definition changes regularly as COVID-19 is identified in new countries – this means we now ask all people who have returned from anywhere overseas in the last 14 days, and who present with symptoms to identify themselves so that assessment for risk of COVID-19 can be undertaken. Just a reminder symptoms of COVID-19 can include a cough, fever, gastric symptoms and breathing difficulties

There has been a lot of misinformation on social media, in particular, about COVID-19 but also around events such as the redirection of a cruise ship to the Port of Tauranga. The facts are that we as a country are monitoring the situation closely, screening people who may be at risk of carrying COVID-19 virus and containing risk. We are also preparing

should the virus become more widespread. As a country we have a national pandemic plan and as the lead agency in New Zealand, the Ministry of Health website can be trusted to have the latest information.

We also have a **Bay of Plenty Pandemic Plan**. Our plan outlines the various groups involved in our response and their roles in managing should this become a pandemic. Just a reminder that every year we experience 'small' pandemics of influenza the difference with COVID -19 is that this is a new virus and therefore we do not have immunity within our population. This means that it may be transmitted more rapidly and impact on more people than we experience with seasonal influenza viruses. In addition there is no vaccination currently available for COVID- 19 and will not be for the next 12-18 months.

As you will have seen in the news we do have the ability to isolate and manage cases in New Zealand at this time.

We will be avoiding admitting all but those people who require specialist hospital level care.

Kaitiakitanga Framework endorsed and worm farms at the DHB

The Kaitiakitanga Framework for Environmental Sustainability has been endorsed by the Executive Committee which will help guide decision making moving forward adopting a holistic sustainability model.

Alongside the framework the Environmental Sustainability Action Plan through to 2022 was endorsed by the Sustainability Steering Group.

Our Sustainability Manager Vicktoria Blake is doing some great work in this space and current initiatives underway include working on our waste and looking at the DHB's vehicle fleet. The look at how we manage our waste at our hospitals has included taking a literal deep dive into our rubbish to understand what we are disposing of and where.

We are setting a goal of reducing our waste to landfill footprint by 10% by FY20/21. This will require us to change some of our practices and in order to understand what solutions might work, we need to understand our problems.

With regards to our vehicle fleet, we are again starting by first understanding how we are using the vehicles we have at BOPDHB, whether we are managing them appropriately, and how we can potentially reduce our carbon footprint related to work-related travel.

We want to ensure that any vehicles that we own as an organisation are being utilised to their highest potential, and that the data we collect relating to our vehicle use is accurate. We are working to get all of our vehicles to be recorded



Portfolio Manager Sarah Stevenson (left) and Sustainability Manager Vicktoria Blake (right) next to the worm farm outside the Planning and Funding building, in Tauranga.

through our Fleetwise system. This will allow for more accurate data. Once we understand how our vehicles are currently being used we can start to investigate possible solutions.

One of the things we are trialling at the moment is the installation of a number of worm farms to service our staff generated food waste at outlying buildings at Whakatāne and Tauranga Hospitals. An audit of Tauranga and Whakatāne Hospitals general waste late last year found that as much as 34% of our general waste could be organic. This means as much as 266 tonnes of organic waste disposed of in landfill each year.

When food scraps go to landfill they don't decompose

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A worm farm has been installed outside the CE building as well.

as nature intended. Starved of oxygen they break down anaerobically, producing methane gas - which is 30 times worse than carbon dioxide as a greenhouse gas. As if that wasn't enough, this process also produces leachates which toxify our soils and water.

Late last year the BOPDHB Exec team approved a six month trial for Why Waste to provide a worm farm service for our campuses. More than 25 worm farms have been installed and kitchenettes are having worm farm caddies delivered for staff related food scraps. Champions across both hospitals are putting up their hands to make sure the trial is a success by adopting their worm farms. Why Waste will visit the worm farms every 3 – 4 weeks to check on the health of the worms.

Bike month results

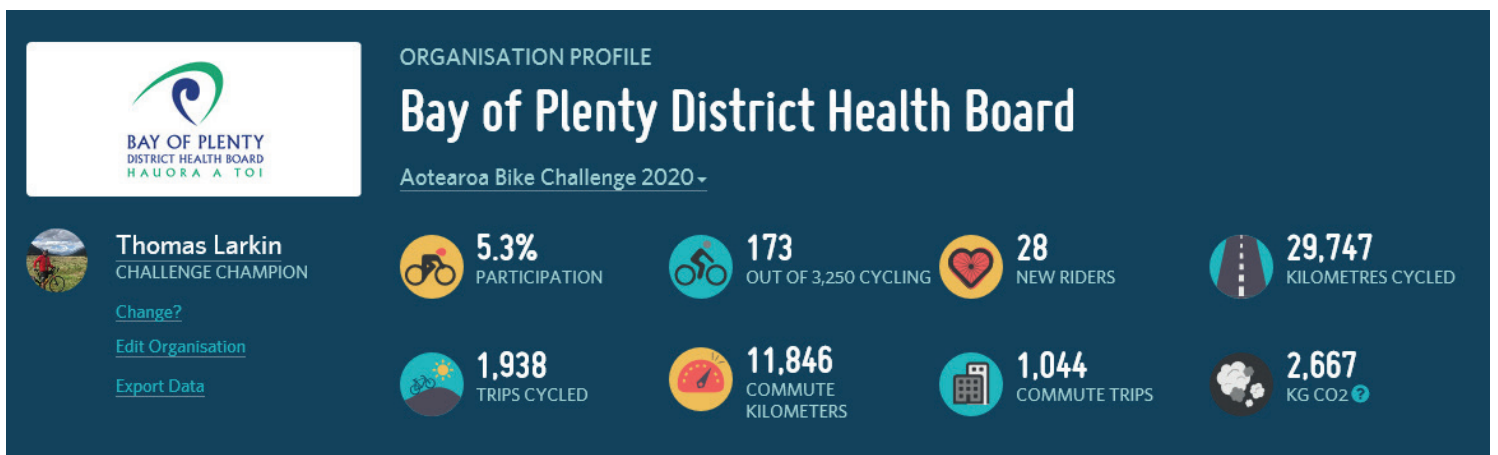
The results from February's Bike Month have been published and I wanted to congratulate all those who took part.

A total of 29747kms were covered by staff throughout February, with 11846 of those being for commuting to work. This in turn saved 2610.08 kg of CO2 emissions from vehicle trips to work.

We also had over 90 bikes ridden to work by staff over the two Go By Bike Days, in Whakatāne and Tauranga. Well done one and all.



Go By Bike Day in Tauranga was held on Wednesday 26 February.



Violence in the community and the impact on our staff

I recently had the opportunity of speaking at a public meeting in Tauranga on the issue of increasing violence, gangs and drugs in our community, and I chose to address that topic from the perspective of our staff and its impact on them.

Before I go into a little of what I shared at that meeting I wanted to reassure staff that this issue is one that the Executive Team and Board are very concerned about. We see it as a key risk for the organisation and we want to be as proactive as we can to support staff in these challenging environments.

It's unacceptable that staff should face violence, in whatever form that may take, whilst carrying out their daily jobs. But the reality is, is that it is happening.

Over the past year (2018/19) for example we had 253 reported cases of verbal, physical or threatening behaviours toward the health professionals and support staff who are trying to provide care for our sick and most vulnerable. Some of these incidents are related to medical or other conditions but other causal factors relate to altered mental states, the influence of alcohol and drugs and aggressive behaviours by family members.

As Chief Executive this is unacceptable and putting staff in harm's way when they are doing their best to care for patients is not on. We are doing everything we can to manage this include staff training programmes, temporary placement of additional security resources and other changes to our physical environment to protect our staff.

As a health system we are experiencing all of the negative impact of increasing violence in our community driven by a number of factors with the negative impact on our staff providing care through to the demand we are experiencing on health services to help people with their recovery and rehabilitation.

I noted at the meeting that this is a societal issue to resolve not simply a health system one but as Chief Executive, I want to ensure that we are doing all we can to help protect all of you as you go about your daily jobs. To that end I would appreciate staff input for any ideas you may have on how to improve staff safety on our hospital campuses.



“Public service must be more than doing a job efficiently and honestly. It must be a complete dedication to the people and to the nation.”

Former U.S. Senator Margaret Chase Smith (1897 – 1995)