



Helen Mason

Healthy, thriving communities, Kia Momoho Te Hāpori Ōranga.



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Staff forums – What’s happening? BOPDHB world view

We recently held staff forums in both Whakatāne and Tauranga and I had the opportunity to outline our current position as an organisation and where we are headed. Both of these events were very well attended and it was great to see so many people there.

I’ve decided to use this newsletter to convey some of the key points covered in those forums for those who were unable to attend.

I began by giving some detail about the new role I’m taking up later this year in Australia (covered further down this newsletter) but also to explain a little about my decision to leave. As with most things in life, the decision was really about timing.

I’ve enjoyed 21 happy and fulfilling years at the BOPDHB, having started as a Flexi nurse at Tauranga Hospital all those years ago. I’m also coming up to four years in the CE role and I feel it’s a good time and opportunity for the DHB to embark on a change of leadership. The role I’ve been offered is also a good opportunity for me to challenge myself in a completely different country and environment. On a personal level, as some of you may know, I also have family members living in Melbourne.

Why are we having an Interim CE for six months?

I thought it might be helpful to explain some of the reasons why the Board has appointed an Interim CE for six months. Again it’s about timing, and this time it’s because of the Board elections on 12 October.

The Board’s most important job is to appoint a new CE and an outgoing Board cannot do that. The incoming Board will have new Board members, perhaps around four or five, and there will also be a new Board Chair. The first proper Board meeting is in January and there will be a period of bedding in, and deciding the process to be used for appointing to the CE role. All of that means that it makes sense to have an Interim CE in place during this period of transition for the Board.

Simon Everitt as Interim CE

I would like to put on record how pleased I am that the Board has appointed Simon Everitt as Interim CE. Simon has been with our organisation for five years and held executive roles with three other DHBs previously. Simon knows the DHB well, he exemplifies our CARE values and has regularly been Acting CE.

The Board had choices in terms of Interim CE, which included whether to go external or internal. Going internal was a real signal from the Board

of confidence in our 3,500 staff, confidence in our executive team, and confidence in the strength of that team. It was a very positive signal.

Does new Board, new Chair, new CE, equal lots of changes for BOPDHB?

One question I have been asked quite a lot is that, given we’re getting a new Board, new Chair, and new CE, does this mean there will be a whole lot of change for BOPDHB?

We’ve been doing a lot of work to ensure that’s not the case in the short term. So, whilst there’s nothing to guarantee the new Board won’t come in with new ideas, we’re not anticipating huge change over the short-term. We’ve been working on stability for the year ahead especially and I’ve been liaising closely with Simon on handover and continuity.

The most important aspect for this continuity is that we have our four strategic priorities identified: Child Wellbeing; Business Redesign; Integrated Care; Mental Health.



These priorities are based on our Strategic Health Services Plan and on Te Toi Ahorangi and were identified through the work our COO Pete Chandler undertook on evolution.

Pete spent his time on evolution looking at all the things we’ve committed to and how we’re going to get more traction on them. Where do we need to put resource, what do we need to focus on? He distilled this work down to a list of 12 transformational actions. At the same time Te Toi Ahorangi has been developed and we’ve had 8 specific actions, Ngā Au Rangi, emanating from that.

continued over

“When we whakamana whānau and uphold the scared mana and mauri of all mokopuna – the whole of Te Moana ā Toi will flourish. It’s about aroha and every decision made must work towards restoring balance and mana to tangata whenua.”

General Manager Māori Health Gains and Development and Executive Lead Te Toi Ahorangi Tricia Keelan.

Strategic Priorities

Te Toi Ahorangi 2030

UPHOLD TE TIRITI O WAITANGI
& OUR INDIGENOUS RIGHTS

BE A TOI ORA CHANGE LEADER

ILLUMINATE & ADVANCE TOI
ORA SYSTEM PERFORMANCE

ELEVATE WAI ORA & REDUCE
ACUTE DEMAND

WHAKAMANA WHĀNAU WITH
SOLUTIONS EMBEDDED IN
AROHA

SUPPORT IWI LED
DEVELOPMENT

DEVELOP OUR TOI ORA
LEADERS, WORKFORCE &
PROVIDERS

INVEST IN TOI ORA INNOVATION



Strategic Health Services Plan

COMMUNITY BASED ACUTE CARE

AVOIDABLE HOSPITAL ADMISSIONS

CARE IN THE COMMUNITY

AMBULATORY CHILD HEALTH

MENTAL HEALTH & ADDICTIONS REDESIGN

EVOLVING OUR CULTURE

AGILE BUSINESS CULTURE & PROCESSES

WORKFORCE WELLBEING SUPPORT TEAM

COORDINATED TRANSFORMATION

LEADERSHIP EVOLUTION

FINANCIAL SUSTAINABILITY

QUALITY & SAFETY IMPROVEMENT

These processes have been about identifying the things which are most important for us to concentrate on to move us forward strategically. The Board and Executive Team are very committed to these strategic priorities and we see the year ahead as being about delivering on those. The focus of the year ahead is continuity.

The Executive Leads for four new strategic priorities are as follows:

Child Wellbeing – Chief Operating Officer Pete Chandler

Business Redesign – Director of Nursing Julie Robinson

Integrated Care – Allied Health Executive Director Sarah Mitchell

Mental Health – General Manager Māori Health Gains and Development Tricia Keelan

The role of each Executive Lead is to ensure good progress is being made in these areas. That will include understanding what our teams are currently doing in this space, what resources are needed, and bringing any decisions which need to be made to the Executive Team.

My new role

Some people have expressed interest in the new role that I will be taking up in Australia. The position is Executive Director Health Systems Policy and Commissioning, Department of Health and Human Services, with the Victorian Government.

To put what the department encompasses into a New Zealand perspective, it covers the Ministry of Health, Oranga Tamariki, Infrastructure and Recreation. I'm in the Health and Wellbeing part of the organisation. The easiest way to describe the role is that it's akin to being Systems Chief Operating Officer for the Victorian health system.

There are 79 different health services across Victoria; 15 large metros, 6 large regional and a range of other regional and rural services. This role is about overseeing the delivery of services through those organisations.

In closing....

In closing I would like to say that, as I prepare to leave the DHB after such a long time, I feel really optimistic about where the organisation is heading. That includes how we're focusing our resources on what's most important for our communities. I'm confident BOPDHB will make substantial progress on our new strategic priorities in the coming year and years.