

ADVISORY COMMITTEE MEETING

10 March 2022

10.00am

Corporate Office Board Room Greymouth

AGENDA AND MEETING PAPERS

ALL INFORMATION CONTAINED IN THESE COMMITTEE PAPERS IS SUBJECT TO CHANGE



WEST COAST ADVISORY COMMITTEE MEETING To be held in the Corporate Board Room, Greymouth Thursday 10 March 2022 commencing at 10.00am

ADMINISTRATION 10.00am

Karakia

Apologies

1. Interest Register

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

- 2. Minutes of the Previous Meeting
 - 25 November 2021
- 3. Carried Forward/Action Items

REF	REPORTS									
4.	Community and Public Health	Cheryl Brunton Public Health Specialist, Community and Public Health	10.05am – 10.15am							
5.	Alliance Update	Philip Wheble General Manager, West Coast	10.15am – 10.25am							
6.	Operational Update	Philip Wheble General Manager, West Coast	10.25am – 10.35am							
7.	Hauora Māori Update	Kylie Parkin	10.35am – 10.45am							
		Portfolio Manager, Hauora Maori Health								
8.	General Business		10.45am – 10.55am							

ESTIMATED FINISH TIME 10.55am

INFORMATION ITEMS

• 2022 Schedule of Meetings

NEXT MEETING

Date of Next Meeting: Thursday 9 June 2022

COMMITTEE MEMBERS



WEST COAST DISTRICT HEALTH BOARD

ADVISORY COMMITTEE MEMBERS

Peter Neame (Chair)

Chris Auchinvole

Hon Rick Barker

Susan Barnett

Lynnette Beirne

Sarah Birchfield

Cheryl Brunton

Paula Cutbush

Helen Gillespie

Anita Halsall-Quinlan

Tony Kokshoorn

Chris Lim

Joseph Mason

Edie Moke

Nigel Ogilvie

Francois Tumahai

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive)

Norma Campbell (Executive Director Midwifery)

David Green (Acting Executive Director, Finance & Corporate Services)

Becky Hickmott (Executive Director Nursing)

Mary Johnston (Chief People Officer)

Jacqui Lunday-Johnstone (Executive Director, Allied Health)

Melissa MacFarlane (Acting Executive Director, Planning & Funding & Decision Support)

Kylie Parkin (Acting General Manager, Maori Health)

Graham Roper (Medical Director)

Karalyn van Deursen (Executive Director, Communications)

Philip Wheble (General Manager, West Coast)



E Te Atua i runga rawa kia tau te rangimarie, te aroha, ki a matou i tenei wa Manaaki mai, awhina mai, ki te mahitahi matou, i roto, i te wairua o kotahitanga, mo nga tangata e noho ana, i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend on us at this time so that we may work together in the spirit of oneness on behalf of the people of the West Coast.

WEST COAST DISTRICT HEALTH BOARD ADVISORY COMMITTEE MEMBERS INTEREST'S REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Peter Neame Chair	 White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders. Author and Publisher of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books. 	N N	Perceived
Chris Auchinvole Board Member	 Director Auchinvole & Associates Ltd Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand Daughter-in-law employed by Southern DHB Son is employed by Southern DHB 	N N	
Rick Barker Board Chairman	 Chair - Hawke's Bay Regional Council Director - Napier Port Director - Hawke's Bay Regional Council Investment Company 	N N N N	
Susan Barnett Board Member	 Employed by the West Coast DHB Son employed by Deloitte – used for risk management auditing Partner employed by West Coast DHB 	Y Y	
Lynnette Beirne	 Patron of the West Coast Stroke Group Incorporated Daughter employed as nurse for West Coast DHB Consumer Representative on WCDHB Stroke Coalition Committee Member, Accessible West Coast Coalition Group 	N N N N	Perceived

Sarah Birchfield	Member - Accessible West Coast Coalition Group	N	
Board Member	Member - West Coast PHO Clinical Governance Committee	N	
	Member - Project Search Steering Group	Y	Perceived
	Member - National Bowel Screening – Equity Advisory Group	N	
	Member – Disability Steering Group	N	
Cheryl Brunton	Medical Officer of Health for West Coast - employed by Community and Public Health, Canterbury District Health Board	N	
	Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)	N	
	Member - Public Health Association of New Zealand	N	
	Member - Association of Salaried Medical Specialists	N	
	Member - West Coast Primary Health Organisation Clinical Governance Committee	N	
	Member – National Influenza Specialist Group	N	
	Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation	N	
	Member – DISC Trust	N	
Paula Cutbush	Owner and stakeholder of Alfresco Eatery and Accommodation	N	
	Daughter involved in Green Prescriptions	N	
	Justice of the Peace	N	
Helen Gillespie Board Member	• Secondment to West Coast DHB as Programme Manager COVID Vaccination – for a period of 12 months	Y	
	Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a	Y	
	 with DOC is to lead Healthy Nature Healthy People – all littlative seeking to make a positive difference to the lives of all New Zealanders through nature. Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	N	
Anita Halsall-Quinlan Board Member	No interests to declare		
Tony Kokshoorn	Dixon House, Greymouth - Trustee	N	
Deputy Chair	Greymouth Evening Star Newspaper Shareholder	Y	
± ,	Hokitika Guardian Newspaper – Shareholder	Y	
	Greymouth Car Centre - Shareholder	N	

	Daughter a Doctor at Christchurch Hospital	N	
	Patron MS Parkinsons Society	N	
Chris Lim	No interests to declare		
Joseph Mason	 Representative of Te Runanga o Kati Wae Wae Arahura Tatau Pounamu – Committee Member 	N Y	Perceived
		Y	Perceived
Edie Moke	New Zealand Blood Service Board (NZBS) – Member	Y	Actual
Board Member	The Human Rights Commission Audit Committee - Member	Y	
Nigel Ogilvie	Westland Medical Centre - Managing Director	Y	Actual
Board Member	Thornton Bruce Investments Ltd - Shareholder/Director	N	
	Hokitika Seaview Ltd - Shareholder	N	
	Tasman View Ltd - Shareholder,	N N	
	White Ribbon Ambassador for New Zealand	N	
	Sister is employed by Waikato DHB	11	
	 Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre 	Y	Actual
	Wife is Board Member West Coast PHO	Y	Perceived
	Chair – South ALT Workstream	N	
Francois Tumahai Board Member	• Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.	N	
	 Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. 	N	
	 Arahura Holdings Limited – Chief Executive West Coast Regional Council Resource Management Committee – Member 	N	
	Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991.	N	
	 Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. 	Y	Actual

•	Development West Coast – Trustee	N	
	Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage,		
	invest and distribute income from a fund of \$92 million received from the		
	Government. It is governed by a "Deed of Trust" which specifies DWC's Objects -		
	to promote sustainable employment opportunities; and generate sustainable economic		
	benefits for the West Coast, both now and into the future.	N	
•	West Coast Development Holdings Limited – Director		
•	Putake West Coast – Director	N	
	This is a joint venture between Development West Coast and Putake Honey to	N	
	develop a West Coast wholesale honey business.	IN .	
•	Ngai Tahu Pounamu – Director	N	
	Waewae Pounamu is the home of Ngāti Waewae Pounamu carving		
•	Westland Wilderness Trust – Chair	N	
•	West Coast Conservation Board – Board Member		
	The West Coast Tai Poutini Conservation Board serves a conservation advisory role,		
	along with offering community perspective on conservation management issues for	N	
	the West Coast region.	N	
•	New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director		
•	Westland District Council – Councillor		



DRAFT MINUTES OF THE WEST COAST ADVISORY COMMITTEE held via zoom on Thursday 25 November 2021 commencing at 10.00am

PRESENT

Peter Neame (Chairman); Hon Rick Barker, Lynnette Beirne; Sarah Birchfield; Dr Cheryl Brunton; Anita Halsall-Quinlan; Tony Kokshoorn, Chris Lim, Joseph Mason, Edie Moke, Nigel Ogilvie

APOLOGIES

Chris Auchinvole, Susan Barnett, Paula Cutbush, Helen Gillespie, Tony Kokshoorn and Francois Tumahai

EXECUTIVE SUPPORT

Philip Wheble (General Manager West Coast), Kylie Parkin (Portfolio Manager Maori Health), and Bianca Kramer (Governance Support).

The Chair requested Edie Moke opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

ADD – Sarah Birchfield – Disability Steering Group - Member

Declarations of Interest for Items on Today's Agenda

There were no interests declared for items on today's agenda.

Perceived Conflicts of Interest

There were no perceived conflicts of interest.

2. MINUTES OF THE PREVIOUS MEETING

Resolution (13/21)

Moved: Paul Cutbush/Seconded: Joe Mason

"That the minutes of the meeting of the West Coast Advisory Committee held on 9 September 2021 be confirmed as a true and correct record"

MATTERS ARISING

A brief discussion around the process for a consumer council member to join this committee. The Chair of the consumer council is to supply the name of the nominee and request a copy of their current CV. This then becomes an agenda item for the Board's consideration. It was requested this be presented at the next Board meeting.

Further information was requested on why there has been a sharp increase in self-harm hospitalisation for youth. Davina Ruru, Team Leader Planning & Funding advised lock-down and COVID has impacted severely on youth, the statistics equates to an increase in 4 youth self-harming and requiring hospitalisation. Strategic changes can impact the statistics quite quickly, it is an achievable goal to reduce these numbers.

3. CARRIED FORWARD/ACTION ITEMS

There were no items for this meeting

4. SUICIDE PREVENTION UPDATE

Claire Osborne, West Coast Suicide prevention and postvention coordinator, introduced herself to the committee and thanked the committee for inviting her back to provide an update on her previous presentation.

Ms Osborne presented her presentation, highlighting the following points

- Key Messages from the Suicide Prevention Office,
- Every Life Matters, the national strategy,
- Kia Manawanui Aotearoa the Long-term pathway to mental wellbeing
- In the year to 30 June 2021, 607 people died by suspected suicide, compared to 628 the year before, a decrease of 21 deaths.

• The Suicide Prevention Continuum: Promotion

Prevention Intervention Postvention

- Noting that West Coast Figures are numbers not rates due to smaller population on the Coast
- A strong focus has gone on Maori community suicide prevention over the past 12 months now with a with a Centre for Maori Suicide Prevention
- Suicide Support Service, there are now 3 providers on the West Coast, 1 in Westport and 2 in Greymouth, there has been good uptake of this service.
- West Coast Suicide Prevention and what is next
 - Intervention

Integrated Primary Mental Health & Addiction Services Caring Contacts & Manawa Suicide Safety Plan App

- Postvention

Build peer support networks e.g. Waves & 'volunteer bank' Support for Funeral Directors – MHF new resource

The current challenge is finding people to work in this area.

The importance of early intervention and making sure as a community we know how to look after ourselves and each other and are aware of the services and support that is there, including the police. A clear idea of who can help is needed and not just those in health.

5. COMMUNITY AND PUBLIC HEALTH UPDATE

Cheryl Brunton, Public Health Specialist presented the report which was taken as read.

Resolution (14/21)

Moved: Edie Moke /Seconded: Nigel Ogilvie

That the Advisory Committee

i. Note the Community and Public Health Update and

6. ALLIANCE UPDATE

Philip Wheble, General Manager West Coast, introduced Davina Rura as the person who supports the Alliance Leadership Team.

Ms Ruru advised the committee that the Alliance is moving to being more outcome focused, processes have been steamlined and the focus is on key outcomes which are identified in the System Level Measures Plan. With the following:

• **Increased Inclusiveness:** Improved inclusion of working level and system support kaimahi in driving initiatives.

- **Greater Feedback**: Increased monitoring and feedback of results to all contributing to the SLM outcome to increase
- **Cross locality collaboration**: Formalising a cross-locality focus on driving each SLM outcome rather than locality-centric initiatives
- **Simplified plans:** Workstreams plans are to be simplified to focus on the SLM outcomes and limited locality deliverables or focus areas
- **Simplified reporting:** Simplification of the Workstream reporting into a single snapshot document to better track and drive outcomes.

Working in this COVID environment it is difficult to focus but the Alliance are doing pieces of work, like the increase in youth self-harm rates, breast screening rates which have dropped so another key focus, there are some good things happening in the new adjusted plan.

Resolution (15/21)

Moved: Lynette Beirne/Seconded: Anita Halsall-Quinlan

That the Advisory Committee

i. Note the Alliance Update

6. OPERATIONAL UPDATE

Philip Wheble, General Manager West Coast, presented the update which was taken as read. Mr Wheble highlighted the following points:

- Some really good success with our Rural Generalist recruitment, 5 people with the majority coming on board early February. This will provide a more robust medical team across the system.
- There are some challenges around workforce, in particularly around nursing vacancies. Paediatrics is now fully staffed through to January, continuing to recruit into the general ward, ED is fully staff.
- INDICI the new primary care programme, which replaces the old patient management system is being rolled out across the Coast, into a number of areas.
- COVID response has been a real focus, the last month in particular. The teams have been working on plans to care for people in the community setting.

Attention was drawn to the increase in falls, Mr Wheble advised these are predominately in Kahurangi, work is being carried out to identify causes and put plans in place to reduce this going forward.

ESPI 2 and ESPI 5 were queried and Mr Wheble commented that there is not one answer as it involves different services. Orthopaedics continues to be a challenge, work is being undertaken with Allied Health looking to provide a muscular skeletal service within primary care. Plastics is also a constrained resource, a rural generalists with plastics training will be doing minor op work in primary care setting. Dental was a timing issue, there will be a catch up in December. Some of the problem is workforce related and the mandatory vaccination order, locum anaesthetists due to cover leave were unable to. The new permanent anaesthetist will be starting in January.

Resolution (16/21)

(Moved: Rick Barker/ Anita Halsall-Quinlan)

That the Advisory Committee:

i. notes the Operational Update

7. MAORI HEALTH UPDATE

Kyle Parkin, Hauora Māori Portfolio Manager, presented the update which was taken as read.

Ms Parkin highlighted the following points

 Hauora Direct contract has just come through, the initiative is being run by Nelson Marlborough DHB and will be piloted across 3 DHBs. It brings 1 FTE Clinical and 1FTE highly skilled non clinical who will work as part of the team.

Hauora Direct in Nelson Marlborough was a mix of pop up clinics in the Maori communities, targeting those health and screening areas, long term conditions that don't seem to improve in reports. The lack of Maori FTE holds back initiatives being put into place. Over the last two weeks an initiative to get Maori and Pacifica women in for breast screening has been in place, 14 woman who had never engaged with the screening process before attended, they were also provided the option of a cervical screening appointment during their visit. This was held in Te Nikau after hours with the help of Breast Screen Aoteroa

The key points of 'resourcing, recruitment, capacity and the DHB understanding of the workforces to address Maori health needs' identified in the current Whakamaua – Māori Health Action Plan 2020-2025, it was asked if these cannot be addressed in the short-term will they be signalled to Health New Zealand and the Maori Health Authority when they take over 1 July 2022. Ms Parkin advised there is already a lot work with good results taking place in this area. Recruitment targeting Maori youth and those wanting to re-enter the workforce has taken place, seven positions will be filled from this recruitment drive. A solid Maori workforce is being developed, and as the transition starts to take place they can look at this and seeing it is working well and can be not only be continued but built on.

Resolution (11/21)

(Moved: Peter Neame / Edie Moke)

That the Advisory Committee:

i. notes both the Maori Health Update

8. GENERAL BUSINESS

The West Coast Disability Steering Group and have had their first meeting.

Youth Self Harm – Davina Ruru informed the committee this project has stalled a bit as it is difficult to access schools in level 2, surveys are being sent out in place of doing face to face.

INFORMATION ITEMS

2022 Schedule of Meetings

There being no further business the meeting concluded at 11.15am.

Confirmed as a true and correct record:		
 Peter Neame, Chairman	 Date	

COMMUNITY AND PUBLIC HEALTH UPDATE



TO: Chair and Members

West Coast Advisory Committee

SOURCE: Community and Public Health

DATE: 10 March 2022

Report Status – For:	Decision	Noting	Information	
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1. ORIGIN OF THE REPORT

This report is to provide the Committee with information regarding items of interest around Community and Public Health on the West Coast.

2. **RECOMMENDATION**

That the Advisory Committee:

i notes the Community and Public Health Update

3. APPENDICES

Appendix 1: Community and Public Health Update

Report approved for release by: Dr Cheryl Brunton, Public Health Specialist,

Community and Public Health

REPORT to JOINT COMMITTEE COMMUNITY AND PUBLIC HEALTH (CPH) February 2022

COVID-19 response

At the direction of the Ministry of Health all non-urgent public health work has been paused and all staff resource diverted to the Covid-19 response effort.

Community and Public Health West Coast has continued to support case investigation, contact tracing and contact monitoring for Covi-19 cases across the country and in particular the rising number of cases at the Christchurch border as the Omicron variant emerged.

Recently, case investigation and contact monitoring processes have changed nationally to reflect the shift to Phase 2 and Phase 3 of the Omicron response which has seen the focus of the Public Health Unit shift to managing only the most vulnerable cases and high-risk exposure events.

Community Supported Isolation and Quarantine

The Community Supported Isolation and Quarantine Coordinator has been working closely with WCDHB to operationalise the West Coast Integrated Covid Community Care Centre (the Hub) providing support particularly around the accommodation, transport and food needs of cases isolating on the Coast. While most people are well able to manage isolating in their own home without support, the Coordinator has built on the community engagement done in previous months to mobilise community support services such as Poutini Waiora, the MSD Community Connectors and Rural Support Trust to provide extra assistance where needed.

South Westland Psychosocial Support

The new South Westland Wellbeing & Events Coordinator will commence in early March and will work with iwi and community groups and agencies to establish a Steering Group to guide the development of this work. A number of projects that require funding have been proposed and will need to be considered by this group before commencing. Other projects that do not require funding alloctaion such as existing volunteer run events will be scoped and supported by this role.

Severe weather events Buller and South Westland

CPH staff, including the Medical Officer of Health, worked in support of the West Coast CDEM group, local councils and WCDHB response to recent adverse weather events. CPH ensured that Taumata Arowai, the new drinking water regulator was linked into the emergency response. Taumata Arowai continues to work with Buller District Council to resolve the current issues for the Westport water supply. The supply is under conserve water and boli water notices.

ALLIANCE UPDATE



TO: Chair and Members

West Coast Advisory Committee

SOURCE: Alliance Leadership Team

DATE: 10 March 2022

Report Status – For: Decision	Noting 🗹	Information \Box	
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1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made by the West Coast Alliance.

2. RECOMMENDATION

That the Advisory Committee;

i. Notes the Alliance Update.

3. **SUMMARY**

Alliance Leadership Team (ALT)

The ALT meetings have been on pause while opportunities to meet kanohi-ki-te-kanohi have been limited and the health system focussed on COVID-19 related response work.

Nevertheless, outcomes under the System Level Measure Improvement Plan 2021/22 (**SLMIP**) continue to be met. At the conclusion of the second quarter:

- 1. <u>ASH Rates 0-4 Year Olds:</u> Reduction of the 3-year average ratio between ASH rates for Māori children to below 1:1.23 was achieved with rates being 1:1.01.
- 2. Acute Hospital Bed Days: The milestone target of reduction of the Acute Bed Day Rate for Māori to below the current 3-year average rate of 328 per 1,000 of population and continuing to ensure the equity gap between Māori and total population is either negligible nor favourable to Māori was achieved. Acute Bed Day Rate for the year ending September 2021 was 314 for the total population and 330 for Māori with the three-year average being 297 and 295 respectively.
- 3. <u>Amenable mortality:</u> The target of maintaining the current downward trend for Amenable Mortality has flattened. Further investigation into causes is required.

Notably, the contributory measure of 70% of eligible women (in all population groups) having had a breast screen in the last two years has been met but not for the Maori and Pacifica populations. The Hauora Maori Team has implemented a new top and tail screening initiative which was well attended to attempt to address these priority population inequities.

4. Youth access to and utilisation of youth appropriate health services:

The milestone for this measure was to maintain a downward trend for self-harm hospitalisations to a rate of 32 per 10,000 population and continue to ensure the equity gap between Māori and

total population is negligible. The milestone has not been achieved with the total self-harm hospitalisations increasing from a baseline of 40 in 2019 to 53 in 2021 and the Māori self-harm rate increasing from 33 to 37. This trend continues from 2021.

An externally funded WestREAP fronted collaboration with Maori focussed NGO's, the DHB and the PHO has been formed to address Maori suicide rates on the West Coast and will action the first initiative in February (COVID permitted).

5. Babies living in smokefree homes: The milestone of reducing the equity gap between Māori and Non-Māori babies living in a smokefree home to less than a three-year average of 12% was achieved. The latest data (Jan-Jun 2021) shows there is no difference in equity for West Coast Māori versus Non-Māori. These results should be interpreted with caution as this data was impacted by submission issues.

Data relating to the SLMIP is drawn from the most recently available results.

Report prepared by: Davina Ruru, Team Leader, Planning and Funding (on behalf of

the West Coast Alliance)

Report approved for release by: Kevin Hague, Chair, Alliance Leadership Team

OPERATIONAL UPDATE



TO: Chair and Members

West Coast Advisory Committee

SOURCE: General Manager, West Coast DHB

DATE: 10 March 2022

Report Status – For:	Decision	Noting <a>V	Information	

1. ORIGIN OF THE REPORT

This is a standing report to the West Coast District Health Board Hospital Advisory Committee. It outlines progress in relation to service delivery across the District Health Board's Provider Arm.

2. **RECOMMENDATION**

That the West Coast Advisory Committee:

i. notes the Operational Update.

3. **SUMMARY**

This report is intended to:

- provide greater insights into the nature and flow of activity in, and through, the secondary care component of the West Coast health system;
- reflect a patient-centric view of services, being the 'patient journey' through the system; and
- provide greater clarity of, and focus on, key metrics.

The report is broken into four sections: 4.1 – Service Updates, 4.2 - Workforce Updates, 4.3 - Quality, 4.4 - Specific Requests [when applicable]. Further changes to graphics and content will occur as well, including the graphic representation of primary care in the acute patient's journey.

Months of planning and re-planning in preparation for COVID returning to Coast have now come to an end as we move into responding to COVID. Teams across the Coast, already under pressure with shortages in staff, are now responding to COVID while ensuring as much of our normal business continues.

As we progress through the event, modelling tells us that we will see over 100 of our staff off sick at any one time during the peak period. This, on top of existing shortages, will put significant pressure on the system. A whole of system approach has been undertaken to ensure we support primary care, ARC, maternity, mental health, emergency services and our response to provide care for those with COVID. An Emergency Operations Centre (EOC) for health is now running 7 days a week and we are managing workforce across the whole system, moving to support DHB and non-DHB services alike.

As we progress through this event the DHB will need to consolidate services and, in regard to planned elective care, reduce or stop services that are deferable.

The DHB, in conjunction with the PHO, Poutini Waiora, MSD and other agencies, have stood up a COVID Coordination Hub to support care in the community for people with COVID. The team includes clinical coordinators, kaiawhina and an equity lead to ensure we are supporting our community well and not creating any inequities in our response.

4. DISCUSSION

Our Vision

Our vision is of an integrated West Coast health system that is both clinically sustainable and financially viable; a health system that wraps care around the person and helps people stay well in their own community.

Our Values

Manaakitanga – hospitality generosity, showing respect caring for others, valuing others

Kōrero Pono – integrity, speak the truth, be honest

Tika – fairness, to be straight, direct, accountability

Our Strategic Focus Areas

Rural Generalism
Pae Ora
Community Partnership
Transalpine

4.1 Service Update

Northern Region Integrated Health Services

Stepping through the recent weather events commencing 2 February has been a considerable challenge to this small team. Fortunately, Cyclone DOVI did not deliver as forecasted on 10 February but the team was in a state of preparedness having evacuated the Buller facility for a second time within 10 days.

With that, the progress of the new facility is a pleasure to behold and is progressing at pace.

Having now stepped from the Omicron preparation phase and into the response phase at a significant velocity, implementing strategies and systems as well as communications to the teams and to the community has been challenging. The primary team is focused on the clinical management area and staff are on-boarding into the CCCM and NCTS, the patient management systems that support the management of care for people with COVID.

The plan for Buller is to maintain as many Business as Usual Services as possible, as long as possible, to minimise the backlog once we move through this emergency. Plans are in place to consolidate and support essential services in the Northern Regions as the expected impact on staffing is realised. This decision-making is being assisted by the EOC group.

Cornerstone and H&D Accreditation processes are on hold, but these will be required to be addressed during this current emergency process.

Telehealth capacity has been increased in Buller Health which will be of great assistance as we face increased COVID spread into the community.

Following recent emergencies, several of our staff have been to CIMS training in Greymouth and this increased skill set is noticeable across the team.

Central Region Integrated Health Services

The key focus since mid-December has been preparing for the provision of COVID related care in the community, whilst also continuing to provide other usual health services. Omicron, and considering the likely impact on workforce, has necessitated a review of these plans. All services have now defined their essential and deferrable work in greater detail.

The new INDICI electronic Patient Management System (PMS) rolled out across Te Nīkau Health Centre and Emergency Department approximately 2 months ago. INDICI will be extended to District Nursing in due course.

The decision paper relating to the Te Nīkau Integrated Administration Team was published in late 2021 and roles in the new structure filled. Work to develop the new team, and ensure sustainable expert administrative services into the future, will commence soon.

Quality improvement work across the Te Nīkau triage and unplanned areas is ongoing. Key long-standing staff are now working in this area, offering expert insights and greater continuity of care for our community.

Southern Region Integrated Health Services

Services are well prepared for the anticipated Omicron surge with the various 'layers of protection' (vaccination, mask use, hand sanitising, distancing, scanning, etc.) all well embedded in daily practice. Teams understand their varying patient demographics and will be able to manage any requirement to restrict levels of service provision so that those with higher levels of need continue to receive services. Attention has been paid throughout to ensure equity of outcome where changes are made.

Although we continue to seek additional permanent Rural Nurse Specialists to join the South Westland Area Practice, staffing across the Southern Locality is relatively stable. A new permanent receptionist has joined the team at Hokitika Health Centre and is establishing herself rapidly within the team.

The Community Mental Health team's whanau room initiative continues to progress.

Rural Inpatients & Transalpine Services

Improving Staff Capability

 To support preparation for Omicron, workshops on teamwork during times of pressure have been run.

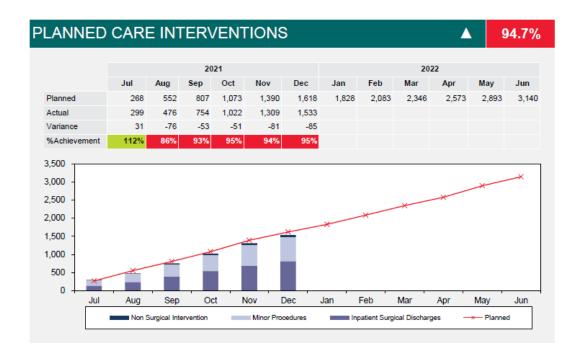
Equity

- Our Priority Populations Attendance project continues to be a focus for our booking teams and with Omicron preparation this work has positioned us well to pivot and focus on those groups of patients more vulnerable to exposure to COVID.
- Protecting those more vulnerable to COVID exposure will result in a targeted approach to face to face bookings with telehealth bookings becoming the norm. This protective measure

- will require our booking and clinical teams to adjust how they approach the booking of planned care.
- Te Nīkau's Blood Test Service has relocated to the Community Services Building (next to the COVAX centre) to give patients access to blood tests without having to enter the main hospital; this is part of our COVID response.

Bowel Screening Programme

- The WCDHB National Bowel Screening Programme continues to meet all of its KPIs. As at 28 January, 2600 invitations to participate have been sent and 1176 test kits (52%) have been returned with 70 of the returned kits having been positive (requiring clinical follow-up). We have detected 6 early stage cancers to date from patients who reported no symptoms this shows the programme is effective.
- The formal launch scheduled for the first week of October was postponed due to COVID-19 restrictions and was to be part of a promotional week in February 2022. However, due to the current red "traffic light" setting the promotion week will now be in June when we shall celebrate the first anniversary of the National Bowel Screening Programme here on the Coast.



Planned Care Delivery: West Coast DHB is at 94.7% of planned year-to-date PCI volumes as at the six months ended 31 December 2021, with reduced surgical volumes in terms of both raw inpatient and caseweight discharge throughputs. This has been particularly influenced by the impact of the COVID-19 lockdown restrictions on services both on the West Coast and in Canterbury in August and September. It is noted that even after travel and distancing restrictions were eased, Air New Zealand was not operating twice-daily flights in to the West Coast until 22 September, which impacted on visiting Specialists ability to travel to undertake surgery and a range of surgical and medical clinics. While use of telehealth was used wherever possible during this time, waiting time for planned care interventions and for specialist outpatients has been extended in some specialties in addition to those already impacted by pre-existing clinical capacity constraints.

West Coast DHB's target for the 2021/22 financial year is to deliver 3,140 Planned Care Interventions overall.

Elective Services Patient Indicators [ESPI Compliance]

ESPI 2 FSA (First Specialist Assessment)

There were 167 patients waiting over 120 days for their outpatient First Specialist Assessment (FSA) at the end of December 2021. The bulk were orthopaedic cases (92), along with plastics (33), general medicine (19), urology (8) and ophthalmology and respiratory (both at 7). Work continues to be undertaken to seek additional clinical capacity for services to reduce waiting times.

ESPI 5 (Treatment)

There were 87 patients waiting over 120-days from FSA to surgical treatment as at the end of December 2021. These were spread across orthopaedics (57), plastics (17), dental surgery (7), urology (3), ophthalmology (2) and general surgery (1). As with our outpatient waiting lists, there continues to be a concerted effort to reduce the number of people with prolonged waiting times to receive treatment. Extended waiting times for orthopaedics and plastics preceded the additional impact of COVID-19 lockdown restrictions, and have continued in subsequent months. Both services have continuing staffing constraints.

MoH Planned Care Measurement

Summary of Patient Flow Indicator (ESPI) results

DHB: West Coast

· ·		an	Fe	eb	M	lar	Α	pr	M	lay	Ju	n	J	ul	A	ug	Se	ep	0	ct	N	ov	D	ec
	Imp. Req	Status %	lmp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %	Imp. Req	Status %	lmp. Req	Status %	lmp. Req	Status %	Imp. Req	Status %
DHB services that appropriately acknowledge and process patient referrals within the required timeframe.	18 of 18	100.0 %	17 of 18	94.4%	18 of 18	100.0 %																		
 Patients waiting longer than four months for their first specialist assessment (FSA). 	27	3.1%	26	3.1%	53	6.2%	77	8.5%	51	6.3%	39	4.7%	89	9.4%	132	13.1%	135	13.8%	118	12.2%	134	14.1%	167	18.8%
 Patients waiting without a commitment to treatment whose priorities are higher than the actual treatment threshold (aTT). 	1	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%	1	0.1%	0	0.0%	0	0.0%	2	0.1%	1	0.1%
 Patients given a commitment to treatment but not treated within four months. 	53	16.2%	56	17.6%	61	18.2%	64	19.6%	51	15.4%	75	20.8%	83	24.6%	96	26.9%	116	32.6%	116	31.4%	99	27.1%	87	24.0%
The proportion of patients treated who were prioritised using nationally recognised processes or tools.	0	100.0 %																						

Notes:

- 1. From July 2016 the required timeframe for ESPI 1 is 15 calendar days.
- 2. From January 2015 the required timeframe for ESPI 2 and ESPI 5 is 4 months.
- 3. ESPI results do not include non-elective patients, or elective patients awaiting planned, staged or surveillance
- 4. Medical specialties are currently included in ESPI 1, ESPI 2 and ESPI 5 but excluded from other ESPIs.
- 5. ESPIs 4, 6 and 7 have all been retired and are no longer reported.

Please contact the Ministry of Health's Planned Care team if you have any queries about ESPIs (elective.services@health.govt.nz).

Data Warehouse Refresh Date: 6/02/2022

Report Run Date: 7/02/2022 Data up to: Dec 2021

ESPI Compliance Levels:

- DHB Level 'Non-compliant Red' staus for ESPI 1 is temporarily removed so from July 2016 ESPI 1 will be Green if 100%, and Yellow if less than 100%.
- 2. ESPI 2 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.39%, and Red if 0.4% or higher.
- 3. ESPI 3 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 4.99%, and Red if 5% or higher.
- 4. ESPI 5 will be Green if 0 patients, Yellow if greater than 0 patients and less than or equal to 10 patients or less than 0.99%, and Red if 1% or higher.
- 5. ESPI 8 will be Green if 100%, Yellow if between 90% and 99.9%, and Red if less than 90%.

4.2 Workforce Update

Nursing

- Nursing has been working on COVID-19 readiness with surge training, mask fitting and processes being put in place.
- The new recruitment drive has had some positive results with a number of new staff being employed into the organisation.
- We welcomed Chrysantha Pereira back to the WCDHB in a new role as CNM General
 Ward. This has been well received by the staff and already we are seeing an improvement.

Maternity

- Maternity again has been busy and at times to capacity.
- We have been successful in our recruiting and have 2 new core midwives apply and both were successful. They are moving with their young families to Greymouth. Maternity staff have been working tirelessly to fill gaps in the roster, so this will take the pressure off.
- We have been successful in recruiting a new Midwifery Educator/Clinical Coach, who took up her new position on 28 February 2022. So all Education will be up and running again ASAP.
- Buller is still a challenge but we may have been able to secure a LMC for a 3-month contract
 and may consider moving permanently after this. Until then Buller is being covered by
 locum LMC's
- Staff are working hard through this COVID surge to keep themselves and whanau safe. All complying with the regulations and surge plans.
- Our lactation consultant is again working tirelessly on keeping the WCDHB's BFHI status. We have our BFHI audit in August this year.

Allied Health, Scientific and Technical

- Our new Child Development Service Kaiarahi has started in her role. She will be the connection between whanau identifying as Maori within the CDS and our clinicians.
- We have recruited a Child Development Service coordinator and she will be starting with the team within the next couple of months.
- We have vacancies in our physiotherapy, occupational therapy and kaiāwhina teams and working on recruitment options.

Recruitment

Total Current Open Vacancies	78
Number of placements since last report	83
Average Time to Offer (days)	41

- Nursing The nursing campaign that was launched in December 2021 has been tracking well with a steady stream of nurses applying and interviewing. We continue to have a lot of gaps coming up in some areas, specifically General Ward at Te Nīkau and Reefton Hospital
- Allied We are struggling to recruit into the Oral Health Therapist roles in Greymouth and Hokitika. We have gone back out to market again earlier this month.

- <u>Corporate & Support</u> An extra payroll officer role has been approved and is now being advertised (this is a CDHB role based in Greymouth).
- Medical We have a GP interviewing 25 February which is looking very promising.

4.3 Quality



All West Coast DHB Incidents recorded in Safety1st for the 2021 year

Front Date Trand Month Name

West Coast DHB

All Incidents by General Event Type

Event date is Event Date is within Calendar 2021

	Event	Date - T	rend M	onth Na	ame								
General Event Type	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand
Blood Transfusion	1	1				1			1	1			5
Drain and Tube										2		1	3
Facilities and Building and Pr	7	2	5	7	7	4	6	4	2	6	6	3	59
Fall	19	15	8	13	16	17	24	18	25	28	28	15	226
Hazard Register		2	1	2	2	3		1		2	2	1	16
Infection	1	1	1				3	1			1		8
Intravascular Access Device	1										1		2
Labour and Delivery	3	3	4	4	2	1	2		3	5		2	29
Labs/Specimen	6	10	6	6	12	7	10	5	6	9	5	4	86
Medication and IV Fluids	18	8	15	25	18	17	10	26	10	9	22	11	189
Patient Behaviour	25	5	7	14	9	9	16	12	14	6	15	29	161
Privacy/Confidentiality	1	2	4	5	5	3	2	3	2	1	1	1	30
Provision of Care	13	11	10	12	12	9	21	11	17	16	9	11	152
Radiology	1	1	3		4	1	3	3	1			5	22
Restraint Register	17	9	3	8	15	10	6	21	1		1	2	93
Safe Staffing	2	3	8	7	12	16	11	12	12	11	7	2	103
Security	2	2	5	6	5	2	1	1	2	3	4	2	35
Skin/Tissue	9	8	5	9	5	5	7	6	2	2	7	1	66
Staff Health and Safety		1											1
Grand Total	126	84	85	118	124	105	122	124	98	101	109	90	1286

West Coast DHB Incidents recorded in Safety1st for 2022

	Event Date - Trend Month Name		
General Event Type	Jan		
Drain and Tube	1		
Facilities and Building and Pr	4		
Fall	22		
Labour and Delivery	2		
Labs/Specimen	8		
Medication and IV Fluids	18		
Patient Behaviour	18		
Privacy/Confidentiality	2		
Provision of Care	6		
Radiology	2		
Restraint Register	3		
Safe Staffing	1		
Security	3		
Skin/Tissue	8		
Grand Total	98		

Report prepared by: Philip Wheble, General Manager West Coast DHB

HAUORA MAORI UPDATE



TO: Chair and Members West Coast Advisory Committee

SOURCE: General Manager, Maori Health

DATE: 10 March 2022

Report Status - For:	Decision	Noting	$\overline{\checkmark}$	Information	

1. ORIGIN OF THE REPORT

The purpose of this report is to provide a regular update on and overview of key organisational activities and progress.

The framework used for this report is "Whakamaua – Māori Health Action plan 2020 – 2025" the implementation plan for He Korowai Oranga, New Zealand's Māori Health Strategy.

Whakamaua is underpinned by the Ministry's Te Tiriti o Waitangi Framework, which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

The content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. Notes the Hauora Māori Report

Priority Area	Key Activities	Progress Update	Risks/Issues		
Priority Area 1: Māori Crown partnerships	Tatau Pounamu is actively involved in the completion of a West Coast Health Profile	Profile presented to Tatau Pounamu and actions agreed to have the plan completed.	Concern resourcing has not been allocated.		
	Tē Tiriti Partnership – Consumer Engagement	Initiate joint hui to work up the partnership approach.			
	lwi/DHB Governance partnership established to oversee Mental Health work programmes.	Governance established to oversee MH programmes inclusion of Iwi.			
	Build up a pool of Māori who can provide Māori Health leadership at all levels of the health and disability system.	Working with Tatau Pounamu and P & C Equity Leads on building Māori Leadership capacity and capability.			
Priority Area 2: Māori Leadership	Mana Taurite Workplan – work with the Workforce Equity team to implement Māori Leadership Programme.	Vision: Grow Māori Leadership at all Levels. Māhī progressing supported by Mana Taurite team.	 Possible cost/budget allocation. Covid19 outbreak redeployment of kaimahi involved. 		
		A set of metrics and a timeline has been agreed to run November – April.	No signoff from WCDHB to continue.		
	Hold at least 3 hui for kaimahi Māori to participate in whakawhanauga, share māhī and listen to inspirational key speakers.	Māori staff hui planned for 2 nd March. Programme developed to ensure feedback and recommendations from previous hui are covered. A further three occurrences have been programmed			
	Facilitate opportunities for kaimahi Māori to access funding through HWNZ to further their education and training.	Beginning in February, Tipu Ora – the Training Provider wing of Manaaki Ora will deliver the first of 6 Wananga as part of the Certificate in Whānau Ora Level 4 on the West Coast.	A change in Covid19 Levels may affect this provision.		
		Thirty two (32) kaimahi have confirmed their enrolled: WCDHB (12), Te Ha o Kawatiri (2), Poutini Waiora (11), WestREAP (2) and Whare Manaaki (5).			
		A stair casing opportunity onto the Diploma of Whānau Ora will be offered either late 2022 or early 2023.			
		Hauora Māori Staff are funded through HWNZ.			
Priority Area 3: Māori Health and Disability Workforce	People & Capability Leads recruited Maori Workforce Plan in place and key initiatives for increasing Māori workforce agreed and implemented.	Hauora Māori staff with the CDHB Equity team contributed to the development of the Mana Taurite Draft Work plan	Availability of suitable facilitators may delay		
	5		delivery.		

Priority Area	Key Activities	Progress Update	Risks/Issues
	WCDHB Training schedule delivered HEAT Te Tiriti o Waitangi Takarangi Recruitment Policy implemented and embedded across the DHB Kia ora Hauora Programmes delivered.	Supported by the Mana Taurite team Te Tiriti o Waitangi and Tikanga Best Practice training was delivered in Greymouth and Westport. Both programmes have been timetabled for 2022. Takarangi planned for March at Arahura – 19 kaimahi registered: PHO (4), CDHB (3) WCDHB (12) Worked with the Mana Taurite team. P&C on a very successful recruitment campaign for Health Care Assistants, targeting Māori and Pasifika. Six kaimahi will begin work on 17th January.	Facilitator from the Far North – risk of covid restricted travel. Hauora Māori to investigate alternative options to access training, i.e. online through Health Learn.
		Dates for the Kia ora Hauora Rangatahi Placement and Exposure programmes have been timetabled for 2022.	A change in Covid19 Levels could affect this provision.
Priority Area 4: Māori Heath Sector Development	Support Poutini Waiora to develop a Primary Kaupapa Māori Mental Health Service. Support Poutini Waiora to fully stand up an accredited vaccination programme allowing them to manage vaccination from end to end.	Poutini Waiora awaiting service specs from MoH. Clinical MH FTE appointed in Poutini Waiora Poutini Waiora progressing their vaccination status and working through accreditation.	Recruitment challenges.
	Partner with Poutini Waiora to develop the Pae ora o Tē Tai Poutini Model of Care. Pilot Rā Whānau – free health check for 50+	Focus sessions held with Clinical Leads. Consultant working up the model to present back to steering group. Aligning with Rural Generalist Model. Hui planned Slow progression, clinical lead has been identified. Will require dedicated Kaiawhina as a core component of the workforce.	DHB workforce understanding the model and their role in bringing in to life. No Kaiawhina workforce to implement the initiative.
	Pilot Mana Wāhine Clinics – Breast and Cervical screening for Māori and Pacifica Hāpū Wānanga enhanced	In partnership with Breastscreen South, Poutini Waiora and our WCDHB Cervical Screening team clinics have been scheduled for November – innovative approach. Funding received through Commisioning Agency to enhance current hapu wananga programme facilitated by Poutini Waiora.	

Priority Area	Key Activities	Progress Update	Risks/Issues
	Māori Smoking Cessation plan revised and updated	Plan revised and updated. Working with Heath West Coast, CPH and Tobacco Free Coalition Group re the implementation plan. National Vaping in Schools survey pending and Grey High Survey completed prior to lockdown. Results/analysis pending. Smoking cessation Practitioners continue to be accessible to Māori clients in a range of locations and settings.	A change in Covid19 Levels could affect this provision.
	Long term conditions prevention and management initiatives agreed on and in place. First 2000 days has strong equity focus.	Maori inclusion in steering group and in the community consultation.	
Priority Area 5:	South Westland Psychosocial Response		
Cross Sector Action	Disability Steering Group		
	Cross-govt COVID-19 response to mitigate the impacts of COVID 19 on whanau, hapu, iwi and Maori communities		
Priority Area 6: Quality and Safety	Build the capacity of Māori providers to participate in the WCDHB Telehealth project.	Co-ordinating a hui with Poutini Waiora and DHB Maori kaimahi to understand the opportunities for Maori. ISG working with Maori Provider to ensure they have the required hardware and licensing for Microsoft teams.	Capacity of the Provider to participate.
	Work with P&C Equity Leads to design and implement a programme of work to address racism and discrimination in the health system.	Applying a diverse and inclusive lens over the mahi undertaken by the Equity, Recruitment and People Partnering team has been identified as a BAU activity for the Equity Leads.	
	Deliver Health Equity Assessment Tool (HEAT) across the system as required.	Programme for HEAT training will be agreed with Service areas for delivery early 2022.	
	Implementation of the Health and Disability service standards.	Nga Paerewa Health and Disability Standards has been completed and a gap analysis is being undertaken.	
Priority Area 7: Insights and evidence	Bowel Screening Equity for Maori Oral Health	Contract kaupapa Maori services to engage whanau in the screening programme and incorporate research process to evidence difference in approach.	

Priority Area	Key Activities	Progress Update	Risks/Issues
		Partnering with South Island Workforce Development Hub to trial a Kaiawhina led model of intervention, applying fluoride to children's teeth bi-annually in the home.	
Priority Area 8: Performance and Accountability	Dashboard development across services	Still in development, needs input and refining	
COVID Response & Recovery Health & Disability Sector Review	Working with iwi providers, resourcing for communications, manaaki, vaccination services, blended team approach (DHB primary care and iwi providers), locality specific, and whole of whanau approach. Assessment tool completed Transition Plan completed IMPB establishment process understood	Primarily working in partnership with the DHB. Developed contract with Poutini Waiora to enable them to reach whanau in the way that works for them. Ensure lessons learned from vaccination rollout are informing the Managed & Self Isolation and managing covid in the community planning. Hauora Māori member of the Steering Group to develop the WCICCCC (West Coast Integrated Covid-19 Community Co-ordination Centre — aka "The Hub"). Flow chart, systems and processes have been agreed and staffing for roles within the Hub are currently being filled. Establishment of IWI Māori Partnership Boards (IMPs) Tatau Pounamu members undertook a MoH self-assessment to identify member skill/capacity levels and Hauora Māori team are supporting the Chair to create an Establishment Plan which will identifying tasks IWI need to perform to form the new IMPB. A draft establishment plan has been developed and will be tabled at the next Tatau Pounamu meeting for further discussion.	
		Ideally the Board will be formed by April 2022 latest so that work can be done to recognise the Board within legislation from 1 July 2022.	
Emerging Initiatives	Social Equity Adjustment Policy/Protocol for Equity in Planned Care (non-acute services)	Initial hui planned with clinical leads to better understand the opportunities.	

Covid - Omicron

Hauora Maori have been working closely on the design and standing up the Hub. Recruitment has been a priority to ensure the workforce within the Hub understand equity and achieving equitable outcomes for those most vulnerable. Key positions have been filled with Lee Tuki being recruited into the role of Kaiwhakahaere, starting on Monday 7th.

Rachael Forsyth, Kati Mahaki ki Makaawhio has been recruited to the Equity Lead role, Poutini Waiora will be positioned in the Hub to connect Maori into MSD services if required, and with the Clinical team and the Kaiawhina coming on stream the Hub workforce are a dynamic and competent team who understand our health system and our West Coast Community and population very well.

The Maori Provider network and the Iwi Health Provider are well positioned to respond to the Omicron surge and work in partnership with the Hub to wrap around care to whanau who require support to isolate successfully. Poutini Waiora, Whare Manaaki, Te Hono o nga Waka and Te Haa o Kawatiri are able to pivot and respond to need as directed by whanau or the Hub and all hold various contracts with the Ministry of Health and MSD to enable them to continue with this important mahi.

RAT Testing

All of the above Maori Health Providers are stood up as collection sites for RAT testing with Poutini Waiora being a listed site with offices in Kawatiri, Mawhera and Hokitika.

Workforce

Despite Covid restrictions being in place we have delivered the following training:

Te Tiriti o Waitangi Mawhera Te Tiriti o Waitangi Kawatiri Tikanga Best Practice Mawhera

This training was provided by Lee Tuki from the Mana Taurite Tima from CDHB. Evaluations from kaimahi attending the training have been really positive and we will build on this training going forward.

Māori Staff Hui Mawhera – held at Arahura Marae.

Facilitated by Moe and Tukaha Milne and although not well attended in terms of numbers, the feedback has been positive. It is important we continue to engage with our Māori rupu and to deliver meaningful learning opportunities.

Report prepared by: Hauora Maori

Report approved for release by: Kylie Parkin

General Manager – Hauora Maori

WEST COAST DHB – MEETING SCHEDULE FEBRUARY – JUNE 2022

DATE	MEETING	TIME	VENUE
Friday 11 February 2022	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 10 March 2022	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 10 March 2022	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 25 March 2022	BOARD MEETING	10.00am	Boardroom, Corporate Office
Friday 6 May 2022	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 9 June 2022	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 9 June 2022	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Board Room, Corporate Office
Thursday 23 June 2022 (Friday 24 th is Matariki)	BOARD MEETING	10.00am	Board Room, Corporate Office

The above dates and venues are subject to change. Any changes will be publicly notified.