

*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

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# **BOARD MEETING**

**Friday 30 October 2020  
at 10.00am**

**Corporate Office Board Room  
Greymouth**

**ALL INFORMATION CONTAINED IN THESE MEETING  
PAPERS IS SUBJECT TO CHANGE**

## **WEST COAST DISTRICT HEALTH BOARD**

### **BOARD MEMBERS**

Rick Barker (Chair)  
Tony Kokshoorn (Deputy Chair)  
Chris Auchinvole  
Susan Barnett  
Sarah Birchfield  
Helen Gillespie  
Anita Halsall-Quinlan  
Edie Moke  
Peter Neame  
Nigel Ogilvie  
Francois Tumahai

### **EXECUTIVE SUPPORT**

*(Attendance dependent on Agenda items)*

Andrew Brant (*Acting Chief Executive*)  
Gary Coghlan (*General Manager, Maori Health*)  
David Green (*Acting Executive Director, Finance & Corporate Services*)  
Brittany Jenkins (*Director of Nursing*)  
Paul Lamb (*Acting Chief People Officer*)  
Ralph La Salle (*Acting Executive Director, Planning, Funding & Decision Support*)  
Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)  
Dr Graham Roper (*Interim Medical Director, Workforce, Legislative and National Representation*)  
Karalyn van Deursen (*Executive Director, Communications*)  
Stella Ward (*Chief Digital Officer*)  
Philip Wheble (*General Manager, West Coast*)  
Bianca Kramer (*Board Secretary*)

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held in Corporate Office Board Room**  
**on Friday 30 October 2020 commencing at 10.00am**

<b>KARAKIA</b>		<b>10.00am</b>
<b>ADMINISTRATION</b>		
Apologies		
1.	Interest Register	
2.	Confirmation of the Minutes of the Previous Meetings	
	• 24 September 2020	
3.	Carried Forward/Action List Items	
<b>PRESENTATION</b>		<b>10.15am</b>
4.	Maori Health Workforce	Gary Coghlan General Manager Maori Health 10.15am-10.25am
<b>REPORTS FOR DECISION</b>		<b>10.25am</b>
5.	Ventilator & Respiratory Equipment	David Green Acting Executive Director, Finance & Corporate Services 10.25am-10.35am
6.	Proposed Meeting Schedule for 2021	10.35am-10.45am
<b>REPORTS FOR NOTING</b>		<b>10.45am</b>
7.	Chair's Update – Verbal Update	Hon Rick Barker Chair 10.45am-10.55am
8.	Chief Executive's Update	Andrew Brant Acting Chief Executive 10.55am-11.10am
9.	Finance Report	David Green Acting Executive Director, Finance & Corporate Services 11.10am-11.20am
10.	Clinical Leader's Update	Clinical Leaders 11.20am-11.30am
11.	People Report	Paul Lamb Acting Chief People Officer 11.30am-11.40am
12.	Tracking TeleHealth	Ralph La Salle Acting Executive Director, Planning, Funding & Decision Support 11.40am-11.50am
13.	Annual Plan Update 2020/21	Melissa Macfarlane Team Leader, Planning & Performance 11.50am-12.00pm
14.	Resolution to Exclude the Public	Board Secretary 12.00pm

## AGENDA – PUBLIC



West Coast  
– District Health Board –  
*Te Poari Hauora a Rohe o Tai Poutini*

### INFORMATION ITEMS

- 2020 Meeting Dates

### ESTIMATED FINISH TIME

**12.00pm**

**NEXT MEETING:** Thursday 10 December 2020

## KARAKIA

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 Karamaea 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 MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker Chair	<ul style="list-style-type: none"> <li>Deputy Chair - Hawke's Bay Regional Council</li> <li>Director - Napier Port</li> <li>Director - Hawke's Bay Regional Council Investment Company</li> </ul>	N N N	
Tony Kokshoorn Deputy Chair	<ul style="list-style-type: none"> <li>Dixon House, Greymouth - Trustee</li> <li>Greymouth Evening Star Newspaper- Shareholder</li> <li>Hokitika Guardian Newspaper – Shareholder</li> <li>Greymouth Car Centre - Shareholder</li> <li>Daughter a Doctor at Christchurch Hospital</li> <li>MS Parkinsons Society - Patron</li> </ul>	N Y Y N N	
Chris Auchinvole	<ul style="list-style-type: none"> <li>Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand</li> <li>Daughter-in-law employed by Otago DHB</li> </ul>	N N	
Susan Barnett	<ul style="list-style-type: none"> <li>Employed by the West Coast DHB as a Public Health Nurse based in Reefton (0.2FTE).</li> <li>Son employed by Deloitte – used for risk management auditing</li> </ul>	Y N	
Sarah Birchfield	<ul style="list-style-type: none"> <li>Accessible West Coast Coalition Group - Member</li> <li>Canterbury/West Coast Disability Action Plan Committee – Member</li> <li>Active West Coast Committee – Member</li> <li>Growing Up Well On The West Coast Steering Group – Member</li> </ul>	N N N N	
Helen Gillespie	<ul style="list-style-type: none"> <li>Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature.</li> </ul>	Y N	

	<ul style="list-style-type: none"> <li>• <b>Accessible West Coast Coalition Group</b> - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people</li> <li>• <b>Kowhai Project Committee</b> – 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.</li> </ul>	N	
Anita Halsall-Quinlan	<ul style="list-style-type: none"> <li>• <b>Niece is a Student Doctor at Grey Hospital</b></li> </ul>	N	
Edie Moke	<ul style="list-style-type: none"> <li>• <b>Nga Taonga Sound &amp; Vision</b> - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.</li> <li>• <b>New Zealand Blood Service</b> - Board Member (appointed). The NZBS was founded in 1998, and is the only Blood service in NZ collecting all of the blood donations used in our hospitals. These blood donations are used to produce whole blood, plasma and platelet units used by our DHBs.</li> </ul>	N  Y	Actual
Peter Neame	<ul style="list-style-type: none"> <li>• <b>White Wreath Action Against Suicide</b> – 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.</li> <li>• <b>Author and Publisher</b> of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.</li> </ul>	N  N	Perceived
Nigel Ogilvie	<ul style="list-style-type: none"> <li>• <b>Westland Medical Centre</b> - Managing Director</li> <li>• <b>Thornton Bruce Investments Ltd</b> - Shareholder/Director</li> <li>• <b>Hokitika Seaview Ltd</b> - Shareholder</li> <li>• <b>Tasman View Ltd</b> - Shareholder,</li> <li>• <b>White Ribbon Ambassador for New Zealand</b></li> <li>• <b>Sister</b> is employed by Waikato DHB</li> <li>• <b>West Coast PHO</b> - Board Member</li> </ul>	Y N N N N N Y  Y	Actual      Perceived  Actual

	<ul style="list-style-type: none"> <li>• <b>Wife</b> is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> <li>• <b>Wife</b> is Board Member West Coast PHO</li> <li>• <b>Southern ALT Workstream</b> - Chair</li> </ul>	Y N	Perceived
Francois Tumahai	<ul style="list-style-type: none"> <li>• <b>Te Runanga o Ngati Waewae</b> – 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.</li> <li>• <b>Poutini Environmental</b> - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.</li> <li>• <b>Arahura Holdings Limited</b> – Chief Executive</li> <li>• <b>West Coast Regional Council Resource Management Committee</b> – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991.</li> <li>• <b>Poutini Waiora Board</b> - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini.</li> <li>• <b>Development West Coast</b> – Trustee 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.</li> <li>• <b>West Coast Development Holdings Limited</b> – Director</li> <li>• <b>Putake West Coast</b> – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business.</li> <li>• <b>Ngai Tahu Pounamu</b> – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving</li> <li>• <b>Westland Wilderness Trust</b> – Chair</li> <li>• <b>West Coast Conservation Board</b> – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region.</li> </ul>	N  N  N Y N  N N  N N	Actual



	<ul style="list-style-type: none"> <li>• <b>New Zealand Institute for Minerals to Materials Research (NZIMMR)</b> – Director</li> <li>• <b>Westland District Council</b> – Councillor</li> </ul>	N N	
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**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at Te Nikau Hospital & Health Centre, Water Walk Road, Greymouth**  
**on Friday 24 September 2020 commencing at 10.00am**

**BOARD MEMBERS**

Hon Rick Barker (Chair); Tony Kokshoorn (Deputy Chair); Chris Auchinvole; Susan Barnett; Sarah Birchfield; Helen Gillespie, Anita Halsall-Quinlan; Edie Moke (via zoom); Peter Neame; Nigel Ogilvie; and Francois Tumahai

**EXECUTIVE SUPPORT**

Peter Bramley (Chief Executive); Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager Maori Health); David Green (Executive Director, Finance & Corporate Services), Jane George (Director of Allied Health, Scientific & Technical West Coast District), Brittany Jenkins (Director of Nursing); Paul Lamb (Chief People Officer), Ralph La Salle (Executive Director, Planning & Funding & Decision Support); Jacqui Lunday Johnstone (Executive Director, Allied Health) (via zoom), Karalyn van Deursen (Executive Director, Communications) and Stella Ward (Chief Digital Officer)

Gary Coghlan said the karakia

The Chair welcomed everyone to the first Board meeting in the newly finished Te Nikau Hospital and Health Centre. The Chair commented on how impressed he was with the new fit for purpose facility.

**1. INTEREST REGISTER****Additions/Alterations to the Interest Register**

Add: Susan Barnett – Son works for Deloitte who will be providing Risk Management Audit

**Declarations of Interest for Items on Today's Agenda**

There were no declarations of interest for items on today's agenda

**Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

**2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING****Resolution (43/20)**

(Moved: Tony Kokshoorn / Chris Auchinvole - carried)

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 26 June 2020 be confirmed as a true and correct record", with the correction on Page 2 Point August 2019 reading 'Unanimous support given'.

**CONFIRMATION OF MINUTES OF THE SPECIAL BOARD MEETING****Resolution (44/20)**

(Moved: Chris Auchinvole / Tony Kokshoorn - carried)

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 26 June 2020 be confirmed as a true and correct record", with the addition of Susan Barnett as an attendee.

**3. CARRIED FORWARD/ACTION LIST ITEMS**

A brief discussion around the status of items on the carried forward list took place.

<b>Cultural Competency</b> – to be scheduled
<b>Progress around employment of more people with disabilities</b> – will be added to the next board paper (30 October)
<b>MAX – People &amp; Capability Service Portal</b> – to be scheduled
<b>Finance 101</b> – it was suggested this be run the same day as the committee meetings or as a stand alone workshop covering other items on the ‘Car Park’.
<b>Suicide Prevention</b> – it was noted that there would be a report back to the board in 12 months, but it was requested by the Chair that the report back is in six months with an update and also an update on the implementation of WAVES
<b>Update on occupational therapist vacancies</b> – update was provided by Mr Wheble at today's meeting
<b>Report on telehealth usage pre, during, and after COVID-19</b> – will be provided for the next board meeting (30 October)
<b>Report on services being performed at Te Nikau where patients no longer need to travel – number of KM saved</b> – will be provided for the next board meeting (30 October)

The carried forward items noted.

#### 4. **EMERGENCY MANAGEMENT - Presentation**

Mr Wheble, General Manager West Coast, introduced Jason MacAskill the WCDHB Emergency Response Planner. Mr MacAskill via a powerpoint presentation gave an overview of ‘What is Emergency Management’, ‘Emergency Management within the DHB, COVID-19 Resurgence Planning & Response’ and the ‘Health AF8 Project’.

Mr MacAskill talked the members through the process of what took place during the COVID-19 response, the preparedness started before there were any community based transmissions. A lot of work was carried out by DHB staff along with partnership agencies to ensure the West Coast was prepared if it arrived here. And the work kept on going after the country returned to a level 1 status.

The Alpine Fault response plan is a large piece of interagency work, the West Coast is likely to be alone for the first seven days before outside help can come in so we will be reliant on our preparedness. Mr MacAskill talked about the use of Te Nikau and how the injured would be handled.

It was asked whether the Grey District Council had been approached for the use of the Civic Centre for triaging purposes as the council had spent the money on the building to ensure it was earthquake safe. It is understood that the area has been allocated as a welfare point. Further discussion indicated that for the 1<sup>st</sup> 24 hours it was felt the building should be used for patients and this does need to be discussed prior to a large event. The Chair asked that this point could be followed up and reported back to a future meeting.

It was mentioned that the previous Board had had a presentation by the AF8 group and those present found it to be very worthwhile and they should be asked back to present again.

With centres throughout the West Coast region cut off, bridges will be gone so there will be no ready access in or out. It was asked about how communication would get into these pockets with the mobile phone network not being the best in some areas. Satellite phones are currently based in all but two rural clinics, though there is an issue with the phones that they can only be used outside and the weather conditions don't always allow this. There is a capex request in for external aerials. The other satellite phone system is the VStat which are fixed phones based in Greymouth, Hokitika, Buller and Reefton. It was asked what communication systems other agencies have in place for the more remote parts of the region. The Chair requested Mr MacAskill provide a report back to the Board on the communication vulnerabilities for the West Coast and how these can be mitigated.

Stella Ward, Chief Digital Officer, said the National CIO Forum have already highlighted this and are looking at all technology. Whether it is an option for central government to put pressure on telcos around the lack of a reliable cellular network on the West Coast.

**Action:** The AF8 Group are asked to provide a presentation to the Board

**Action:** Mr MacAskill to report back to a future meeting regarding the use of the Civic Centre in a large emergency

**Action:** Mr MacAskill to provide a report outlining communication vulnerabilities on the West Coast and a way forward

#### **Resolution (45/20)**

(Moved: Helen Gillespie / seconded Tony Kokshoorn – carried)

That the Board:

- i. note the Emergency Management presentation

### **5. BANK ACCOUNT DELEGATIONS**

This item had been reviewed by QFARC and provided to the Board for their approval. The delegations are for the position, not the individual.

#### **Resolution (46/20)**

(Moved: Helen Gillespie / seconded Tony Kokshoorn – carried)

That the Board

- i. approves the addition of the General Manager West Coast DHB as another position with authority to approve changes to the structure of bank accounts for all bank accounts in the name of West Coast District Health Board; and
- ii. notes that any changes will still require approval from two positions that have authority.

### **6. CHAIRS UPDATE**

The Chair introduced and welcomed Peter Bramley who is the Acting Chief Executive for both WCDHB and CDHB.

The new facility Te Nikau will be officially opened tomorrow by the Prime Minister.

The Buller Health rebuild is on track.

#### **Resolution (47/20)**

(Moved: Edie Moke / seconded Chris Auchinvole)

That the Board:-

- i. notes the Chairs update.

## 7. CHIEF EXECUTIVE'S UPDATE

Peter Bramley, Acting Chief Executive, introduced the acting members of the Executive Management Team present today, and commented that today would be Stella Ward, Chief Digital Officer, last board meeting as her resignation is effective at the end of October. Mr Bramley complemented the board on the great facility Te Nikau is and how well the teams had transitioned across to working in the new facility.

Mr Bramley said the 2019/2020 year did have a lot to celebrate. The 2019/2020 Year in Review will be added to the items the board would like to learn more about.

Mr Wheble commented that it is important to have a strong planned care capacity with short wait times (we aim for 2 days). Recently it has been difficult to staff this due to unavailability of locums. It is looking better as we progress forward and the new year will provide us with good capacity in Grey and improve capacity in Westport.

Management and clinical leads met with O'Connor Home trustees about service to their residents. It was a productive conversation and they were supportive of the DHB plans to have planned capacity from our Rural Generalist workforce in Grey supporting the Westport team.

A discussion around the problems being experienced by people coming to Te Nikau's main reception area. One point was the lack of information available regarding fees and what is considered Primary Care and what is treated in the Emergency Department. Another point was the bottleneck being experienced at the main reception, Mr Wheble informed everyone that the Phlebotomy service has been moved to another area to help lessen the congestion. There is now someone based in the main reception area who can point people in the right direction, this person is a volunteer from the friends of the hospital. If there is a patient presenting with anxiety and are overwhelmed the amount activity in the area this person can direct them a quiet area. The Chair suggested that the Consumer Council be invited to provide a presentation to the Advisory Committee.

A question was asked about the Maori DNA figures in the and whether there was any update. Mr Coghlan, General Manager Maori Health, said there is a lot of on-going work in this area and there has been a reduction and the current (August/September) figures are the lowest they have been for some time.

During a discussion around Buller nursing it was mentioned that while with a patient a Board member was able to hear private patient related conversations by staff members. Brittany Jenkins, Director of Nursing, indicated she would follow up on this.

Attention was drawn to the refurbishment of the DHB owned facility at Nancarrow Street, it was asked if a report could be provided on all houses the DHB owns and what investment is required to bring them all up to standard. The Chair indicated this should be an action point for QFARC to look at.

There was a brief discussion around the new Rural Generalists joining the WCDHB team and with Greymouth being fully recruited to, it can now be looked at how to support the other areas using the generalist role.

A question was asked whether the WCDHB carries out exit interviews for staff leaving. The Chair indicated he would like to see in the next P&C report that there is a policy to ensure these are carried out in future.

A question was asked about South Westland patients with high complex needs and what process was in place to ensure their needs are met. Jane George, Director of Allied Health, Scientific & Technical West Coast District, explained that recently a Service Level Agreement between CDHB and WCDHB had been signed. This is for clinicians with the specialist knowledge to visit the coast periodically for the more complex assessments, which they will do in partnership with local staff.

The Celo secure messaging app was briefly discussed, Celo can send real time messages, images etc by staff working out in the community to clinicians asking advice, or rural generalists to specialists in bigger centres for specialist advice/consults. This app is MoH approved and will be able to send the information into the HCS health record. If there is no cellular coverage in the area the information is usually held in the phone until the person is in range again.

The digital txt reminders were discussed briefly, with the lack of information provided in the txt. Stella Ward, Chief Digital Officer, is to look at the ability to add more information to the txt reminder.

**Action:** Consumer Council be invited to give a presentation at an Advisory Committee meeting

**Action:** 2019/2020 Year in Review to be added to the 'carpark list' of items the board would like to learn more about

**Action:** Brittany Jenkins for follow up patient related conversations being heard by the public

**Action:** report regarding the DHB owned houses and the investment required to bring them up to standard be provided to QFARC

**Action:** policy regarding exit interviews be provided in a future P&C report to the Board

**Action:** update on txt reminder, has more information been added

**Action:** presentation of the Allied Rural Model of Care to be scheduled for a future meeting within the next 6/12 months

#### **Resolution (48/20)**

(Moved: Peter Neame /seconded: Anita Halsall-Quinlan)

That the Board:

i notes the Chief Executive's update.

### **8. FINANCE REPORT**

David Green, Executive Director Finance & Corporate Support presented the paper which was taken as read. The consolidated West Coast District Health Board financial result for the month of July 2020 was a deficit of \$237k, which was \$15k unfavourable to annual plan.

The delay in up to date information was raised, the information in the report for the month ending 31 July and this meeting is on 24 September. More current information will be provided for the next meeting.

#### **Resolution (49/20)**

(Moved: Tony Kokshoorn /seconded Nigel Ogilvie)

That the Board:

i. notes the financial results for the period ended 31 July 2020

### **9. CLINICAL LEADERS UPDATE**

The recertification surveillance audit is currently taking place at the WCDHB and wraps up this afternoon.

The Clinical Board meet last week. It is yet to be established where the clinical board sits in relation to both EMT and the WCDHB Board.

There was a positive visit from TAS last week and the Safe Staffing Work Healthy Workplaces – CCDHM Programme consultant

**Resolution (50/20)**

(Moved: Chris Auchinvole /seconded: Sarah Birchfield – carried)

That the Board:

- i. notes the Clinical Leader's update.

## **10. PEOPLE REPORT**

Paul Lamb, Chief People Person, took the report as read. Mr Lamb spoke to the update on the Holidays Act Compliance Programme which is an on-going process being worked through.

With support for the current payroll system ceasing in 12-24 months a new one is needed.

The Chair drew attention to the Annual Leave balance which had been rising since the beginning of 2020. He asked why the leave wasn't being taken and how do we address this as it is then becomes a risk to the DHB. Mr Lamb indicated this is a challenge being faced by many DHBs but with the WCDHB the transition of moving into a new facility and COVID-19 have had a part to play in the rise.

It was asked once again why the information requested back at the board meeting held on 21 February 2020 was not included on the dashboard. This information relates to progress around the employment of more people with disabilities. Mr Lamb being new to the position was not aware of this but made a commitment to have it included in the dashboard for the next meeting.

The ethnicity profile in the dashboard was discussed briefly and it was requested that information showing what the DHB is doing about the low Maori staff numbers is brought back to the next meeting. Mr Coghlan, General Manager Maori Health, informed Mr Lamb that he is more than happy to work with P&C to bring a report back to the next meeting.

**Action:** information regarding the employment of more people with disabilities be added to the dashboard for the next meeting

**Action:** included in the paper for the next meeting an update on what work is being done around the ethnicity profile and the low numbers of Maori staff

**Resolution (51/20)**

(Moved: Sarah Birchfield /seconded: Helen Gillespie Nigel Ogilvie – carried)

That the Board:

- i. notes the People Report.

## **11. RESOLUTION TO EXCLUDE THE PUBLIC**

**Resolution (52/20)**

(Moved: Chris Auchinvole /seconded: Nigel Ogilvie – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under



Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 6 August 2020 and the Public Excluded Special meeting of 12 August	For the reasons set out in the previous Board agenda.	
2.	2020/2021 Capital Funding Allocation Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Briefing paper on HDC Outcome	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
4.	Chair and Chief Executive Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
5.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Internal Audit Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	National Bowel Screening Programme	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
8.	Clinical Leaders Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
9.	People & Capability Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
10.	Report from QFARC Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section



9(2)(g)(i) of the Official Information Act 1982”;

There being no further business the public open section of the meeting closed at 1:25pm. The Public Excluded section of the meeting commenced at 1:55pm and concluded at 3.03pm.

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Hon Rick Barker, Chair

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Date

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## CARRIED FORWARD/ACTION ITEMS



### WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 30 OCTOBER 2020

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	21 February 2020	Cultural Competency	Update for Board	To be scheduled
2.	21 February 2020	Progress around employment of more people with disabilities	Specific Commitment to be provided as part of report	30 October 2020
3.	21 February 2020	MAX – People & Capability Service Portal	Presentation to future meeting	To be scheduled
4.	27 March 2020	Finance 101	Presentation	To be re-scheduled
5.	7 August 2020	Suicide Prevention	Update for Board – 12 months from 7 August Amended to six months	To be scheduled
6.	7 August 2020	Update on occupational therapist vacancies	Update for Board	Provided 24 September – again at December meeting
7.	7 August 2020	Report on telehealth usage pre, during, and after COVID-19	Update for Board	In meeting papers for today
8.	7 August 2020	Report on services being performed at Te Nikau where patients no longer need to travel – number of KM saved	Update for Board	24 September
9.	24 September 2020	Emergency Management Presentation	Presenter to provide report back on use of Civic Centre and communication vulnerabilities on the West Coast and a way forward	Future date

## CARRIED FORWARD/ACTION ITEMS



10	24 September 2020	AF8 Group provide a presentation to Board	To be added to carpark list for future presentation	To be scheduled
11	24 September 2020	2019/2020 Year in Review	To be added to carpark list for future presentation	To be scheduled
12	24 September 2020	'TXT' reminders not holding enough information – only dates need location to be added	Update to the Board - CDO	October meeting
12	24 September 2020	P&C to provide update on Exit Interviews	To be provided as a report	October meeting
14	24 September 2020	Allied Rural Health Model of Care	To be added to carpark list for future presentation	Within next 6-12 months
15	24 September 2020	Low numbers of Maori staff and what is being done	Update to the board – P&C	October meeting

# VENTILATOR & RESPIRATORY EQUIPMENT



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Acting Executive Director, Finance & Corporate Services

**DATE:** 30 October 2020

Report Status – For:	Decision <input checked="" type="checkbox"/>	Noting <input type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is to request Board approval to accept equity funding provided for additional ventilators and respiratory equipment to improve hospital resilience as part of Covid-19 preparedness.

## 2. RECOMMENDATION

That the Board:

- i. notes that Cabinet has agreed to supply additional ventilators and respiratory equipment to DHBs as part of Covid-19 preparedness, free of capital charge,
- ii. notes the equipment allocated to West Coast District Health Board is valued at \$48,393 (Appendix 1),
- iii. approves equity funding of \$48,393.

## 3. DISCUSSION

Cabinet has agreed to additional funding for additional ventilators and respiratory equipment to improve New Zealand hospital resilience. The Ministry is coordinating the additional supply of ventilator and respiratory equipment for use in a possible COVID-19 surge (Appendix 2).

WCDHB have been allocated 8 items totalling \$48,393, and this is to be “paid for” by equity funding. This equity funding has been confirmed to be free of capital charge, although WCDHB will incur a depreciation expense for the equipment.

WCDHB is expected to acknowledge acceptance of the equipment and are responsible for all acceptance testing, regulatory requirements and take responsibility for managing all ongoing costs for the equipment allocated to them, including servicing and maintenance, depreciation and replacement based on the equipment’s list price and its manufacturers service life.

## 4. APPENDICES

Appendix 1	Equipment allocated to WCDHB
Appendix 2	MoH letter to CEO’s

Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

## APPENDIX 1:

### Equipment fair values as per each DHB allocation

#### DHB: West Coast

Model	Supplier Name	Warranty Terms	Allocation	Cost per unit \$	Fair Value \$
F&P 950	F&P Healthcare	24 months from date of delivery	3	2,940	8,820
F&P Airvo	F&P Healthcare	12 months from date of delivery	2	1,850	3,700
Lowenstein Prisma 30c	USL Medical	24 months from date of delivery	2	2,585	5,170
Philips V60+ respirators	Philips	12 months from date of delivery	1	30,703	30,703
<b>Grand Total</b>			<b>8</b>		<b>\$48,393</b>

DHB Chief Executives

## **COVID-19 HEALTH SYSTEM RESPONSE: VENTILATOR AND RESPIRATORY EQUIPMENT**

### **Purpose**

As part of COVID-19 response and recovery, Cabinet has agreed to additional funding for additional ventilators and NIV respiratory equipment to improve hospital resilience.

The Ministry is coordinating the additional supply of ventilator and respiratory equipment for use in a possible COVID-19 surge. The Hospital Response Group (HRG), which includes three DHB CEs, a COO and Ministry staff, has been overseeing this work.

The next step is for DHBs to agree how this equipment can best be deployed to improve New Zealand's ICU and respiratory capacity to manage any future COVID-19 surges.

It is not intended that the additional ventilators result in DHBs increasing their normal operating ventilated bed capacity. Where additional ventilated bed capacity and use of NIV equipment is required to be commissioned for COVID-19, all additional costs should be added to the COVID-19 cost tracker. Where DHBs choose to commission any of the new NIV equipment, any additional costs must be absorbed under existing funding and not contribute to a deterioration in your DHBs financial position.

### **Background**

#### Ventilators

On the advice of a national ICU clinical group led by Dr Andrew Stapleton (HVDHB) and working through New Zealand Health Partnerships Ltd (NZHP) and other sources, the Ministry has procured ICU-capable ventilators and related equipment (monitors, pumps and consumables).

Some ventilators have already arrived in the country and are being held in a store managed by NZHP. The remainder are expected to arrive in the country between now and the end of the year. I am also aware that some DHBs have ordered ventilators directly, for delivery over a similar period.

The national ICU Clinical Group, in collaboration with DHB ICU specialists, has developed a draft plan as outlined in Appendix A for allocating the bulk of these units to DHBs. The allocation plan builds on the current DHB fleet using modelled DHB ICU demand in a Covid-19 pandemic. It also takes DHB experience with the new equipment into account where possible.

Some machines will be retained centrally as a mobile resource should they be needed to support a location as part of the pandemic response.

### Respiratory equipment

On the advice of a working group of respiratory physicians led by Dr Andrew Brant (WDHB) and working through NZHP, the Ministry is procuring a range of non-invasive ventilation (NIV), continuous positive airway pressure (CPAP) and high flow nasal oxygen (HFNO) equipment and related equipment (humidifiers, masks, helmets, valves, filters and tubes). Some units have already arrived in the country and are being held in a store managed by NZHP. The remainder is expected to arrive in the country between now and the end of the year.

Dr Brant and fellow clinicians have developed a plan, see Appendix B, for allocating these to DHBs like that developed for the additional ventilators. Some machines will be retained centrally as a mobile resource should they be needed to support a particular location.

### **Distribution of Equipment**

It is intended that this equipment is provided to DHBs based on the developed distribution plans based on the following conditions:

1. Your acknowledgment that your DHB will be allocated the equipment listed in Appendix A and B.
2. The equipment is being made available free of capital cost delivered to each receiving DHB.
3. NZHP will arrange for the equipment to be delivered as soon as practicable.
4. Each DHB is responsible for managing acceptance testing and ensuring regulatory compliance of all equipment allocated to them.
5. All equipment will be available for operation if required to manage Covid-19 patients.
6. DHBs will not allow the additional ventilators to increase their resourced ventilated bed capacity, unless this has been agreed as a planned Service Change with the Ministry.
7. If DHBs choose to commission any of the new NIV equipment, other than for COVID-19, any increase in operational cost must be within budget.
8. Each DHB will assume responsibility for managing all ongoing costs for the equipment allocated to them, including servicing and maintenance, depreciation and replacement based on the equipment's list price and its manufacturers service life.
9. Each DHB will ensure that their staff are appropriately trained to use the equipment.
10. In the unlikely event that a DHB does not require some of the equipment specified, it will continue to be held centrally.
11. The Ministry will bear no responsibility for any costs in relation to equipment that has been ordered directly by DHBs.
12. The Ministry will work with DHBs and suppliers to ensure that warranties are transferred to DHBs.

### **Training**

Care has been taken to match ventilators with equipment that is already being used by DHBs to minimise the need for further training. The exception is Mindray equipment which

is not currently used in New Zealand. The Mindray distributor in New Zealand has offered to provide training to the DHBs concerned.

The respiratory working group has developed a potential training programme to support the use of the respiratory equipment, see Appendix C. Each DHB is responsible for ensuring appropriate training is undertaken and maintained.

### **National Reserve**

Some ventilators and respiratory equipment will be held in a national reserve to support a flexible Covid-19 response. The cost of operating this reserve will be met by the Ministry.

To enable an equipment rotation policy, DHBs are expected to purchase any additional or replacement ventilator or respiratory equipment they need from the Ministry's national reserve in the first instance. Reasons not to do this will need to be agreed with the Ministry.

The Ministry and DHBs will undertake further work to determine the need for retaining a national stock in the longer term, and if deemed necessary, how that would be managed.

### **Next Steps**

The Ministry wishes to start allocating available equipment as soon as possible, followed by ordered equipment as it comes into stock.

Can you please acknowledge your understanding that your DHB will be receiving the equipment outlined in Appendices A and B at no capital cost but subject to the conditions set out above.

While there will be operational costs to DHBs, the equipment will allow them to be better equipped for both Covid-19 and supporting patients with respiratory needs.

Please address your response and any questions to the programme lead, Roger Perkins - [roger.perkins@health.govt.nz](mailto:roger.perkins@health.govt.nz). Roger will be contacting you soon to arrange delivery schedules.

Yours sincerely



Michelle Arrowsmith  
Deputy Director-General  
DHB Performance, Support and Infrastructure



## Proposed ventilator allocation plan

	DHB allocation from MoH national supply	Model	Estimated delivery month
ADHB	18	Draeger Evita V800	Aug/Sep
Northland	7	Hamilton C6 (3) Hamilton T1 (2) Draeger Oxylog (2)	Aug/Sep Aug/Sep Oct/Nov
Waitemata	0		
Counties Manukau	15	GE Carescape	Jul/Aug
Bay of Plenty	1	Hamilton C6	Aug/Sep
Waikato	2	Hamilton T1	Aug/Sep
Tairāwhiti	3	Hamilton C6	Aug/Sep
Lakes	9	Draeger Evita V800(6) Hamilton T1 (1) Draeger Oxylog (2)	Aug/Sep Aug/Sep Oct/Nov
Taranaki	0		
Hawke's Bay	5	Hamilton C6 (3) Mindray SV800 (2)	Aug/Sep Aug/Sep
Whanganui	4	PB840(3) Hamilton T1 (1)	Jul/Aug Aug/Sep
MidCentral	6	Hamilton C6	Jul/Aug
Wairarapa	0		
Hutt	6	Hamilton C6 (3) Hamilton T1 (1) GE Carescape (2)	Aug/Sep Aug/Sep Aug/Sep
Capital & Coast	25	Mindray SV800	Jul/Aug
Nelson Marlborough	7	Mindray SV800 (4) Hamilton C6 (3)	Jul/Aug Aug/Sep
West Coast	0		
Canterbury	10	Mindray SV800	Jul/Aug
South Canterbury	3	Draeger Evita V800	Aug/Sep
Southern DHB - Dunedin + Invercargill	19	Mindray SV800	Jul/Aug
National Inventory (MoH)	156	Mindray SV800(44) Mindray SV600 (25) Draeger Evita V800(3) Hamilton T1 (34) Draeger Oxylog (46) GE Carescape (4)	

## Proposed respiratory equipment allocation plan

	NIV			CPAP			HFNO		
	DHB allocation from MoH national supply	Model	Estimated delivery month	DHB allocation from MoH national supply	Model	Estimated delivery month	DHB allocation from MoH national supply	Model	Estimated delivery month
ADHB	22	Philips V60+ (16) USL Prisma 50C (6)	Jul/Aug Jul/Aug	38	USL Prisma 30C	Sep	5	F&P Airvo	Aug/Sep
Northland	5	Philips Trilogy EVO	Sep/Oct	13	USL Prisma 30C	Sep	8	F&P Airvo	Aug/Sep
Waitemata	26	Philips V60+ (18) USL Prisma 50C (8)	Jul/Aug Jul/Aug	44	USL Prisma 30C	Sep	23	F&P Airvo	Aug/Sep
Counties Manukau	19	Philips V60+ (14) USL Prisma 50 C (5)	Jul/Aug Jul/Aug	40	USL Prisma 30C	Sep	15	F&P Airvo	Aug/Sep
Bay of Plenty	9	Philips V60+ (6) USL Prisma 50 C (3)	Sep/Oct Jul/Aug	17	USL Prisma 30C	Sep	5	F&P Airvo	Aug/Sep
Waikato	13	Philips V60+ (10) USL Prisma 50 C (3)	Sep/Oct Jul/Aug	30	USL Prisma 30C	Sep	16	F&P Airvo	Aug/Sep
Tairāwhiti	2	Philips Trilogy EVO	Sep/Oct	3	USL Prisma 30C	Sep	0		
Lakes	4	Philips Trilogy EVO	Sep/Oct	8	USL Prisma 30C	Sep	3	F&P Airvo	Aug/Sep
Taranaki	5	Philips Trilogy EVO	Sep/Oct	8	USL Prisma 30C	Sep	4	F&P Airvo	Aug/Sep
Hawke's Bay	7	Philips Trilogy EVO (5) USL Prisma 50C (2)	Sep/Oct Jul/Aug	12	USL Prisma 30C	Sep	6	F&P Airvo	Aug/Sep
Whanganui	3	Philips Trilogy EVO	Sep/Oct	5	USL Prisma 30C	Sep	5	F&P Airvo	Aug/Sep
MidCentral	7	Philips V60+ (5) USL Prisma 50C (2)	Sep/Oct Jul/Aug	13	USL Prisma 30C	Sep	10	F&P Airvo	Aug/Sep
Wairarapa	2	Philips Trilogy EVO	Sep/Oct	3	USL Prisma 30C	Sep	2	F&P Airvo	Aug/Sep
Hutt	6	Philips V60+ (4) USL Prisma 50C (2)	Sep/Oct Jul/Aug	11	USL Prisma 30C	Sep	8	F&P Airvo	Aug/Sep
Capital & Coast	13	Philips V60+ (9) USL Prisma 50C (4)	Sep/Oct Jul/Aug	22	USL Prisma 30C	Sep	17	F&P Airvo	Aug/Sep
Nelson Marlborough	6	Philips Trilogy EVO (4) USL Prisma 50C (2)	Sep/Oct Jul/Aug	11	USL Prisma 30C	Sep	7	F&P Airvo	Aug/Sep
West Coast	1	Philips Trilogy EVO	Sep/Oct	2	USL Prisma 30C	Sep	2	F&P Airvo	Aug/Sep
Canterbury	19	Philips V60+ (14) USL Prisma 50C (5)	Sep/Oct Jul/Aug	40	USL Prisma 30C	Sep	40	F&P Airvo	Aug/Sep
South Canterbury	2	Philips Trilogy EVO	Sep/Oct	4	USL Prisma 30C	Sep	4	F&P Airvo	Aug/Sep
Southern DHB - Dunedin + Invercargill	12	Philips V60+ (9) USL Prisma 50 C (3)	Sep/Oct Jul/Aug	23	USL Prisma 30C	Sep	22	F&P Airvo	Aug/Sep
National Inventory (MoH)	91	USL Prisma 50C	Jul/Aug	173	USL Prisma 30C Philips (113) Dreamstation (60)	Sep	101	F&P Airvo	Aug/Sep

**Possible training programme for respiratory equipment (including, but not only, in relation to COVID 19 resurgence preparedness).**

Respiratory therapy is usually administered in a hierarchical fashion with NIV being the most complex, followed in order by CPAP, HFNO and wall oxygen.

Given the number of staff to be trained in using this equipment, it would be pragmatic to train two cohorts, one to be able to deliver NIV/CPAP, and by default the lower specification HFNO and wall oxygen, and the other to deliver HFNO and wall oxygen only. The former group is anticipated to account for 41% of patients with respiratory failure and the latter 59%.

This following course outline is for training the higher complexity cohort and is illustrative only.

**Covid-19 preparations: NIV/CPAP/HFNO**

**Staff training requirements**

**(Nurses, doctors, physios and others not normally administering these therapies or caring for patients with acute respiratory failure)**

- Initial training required with quarterly refresher training. One course for all.
- Initial training requirements likely 1.5 – 2.0 days (former with pre-reading)
- Refresher training 1 day every 3 months.
- Ideally manual, YouTube videos and workbook

Suggested course content for discussion:

Day 1

90-120 mins anatomy and physiology

- Anatomy, dead-space, cilia and humidification
- Respiratory mechanics and change of these with posture (for proning)
- Respiratory failure, V/Q matching, work of breathing, PIFR vs gas supply flow rate, compliance, resistance and benefits of CPAP/PEEP, rebreathing

120 mins machine familiarisation - 3 machines used in the organisation x 40 mins each

240 mins lectures and practicals

- Hoods – putting on and off, safety anti-asphyxiation valve, flows and rebreathing, vomiting, viral filters on expiratory ports, wetting out of filters, pressure area care
- Masks – vented and unvented, optimal fit, adjustment, pressure areas, NGTs, putting them on and off and staff risks
- Circuits – single limb with vented masks, dual limb with non-vented masks, heated and cold, humidified and dry

- Humidification – set up, water, wetting out, loss of CPAP/PEEP on refilling on some models plus dangers of aerosolization and back flow during change
- Interface – trouble shooting everything between machine and lungs
- Proning – why, how, pressure areas, challenges e.g. obese, stomach compression etc
- Monitoring and work of breathing:
- Are patients improving or deteriorating?
- How do you know and what do you do?
- CO2 (ET and occasional ABG if extreme), FiO2, SpO2, NIBP, Heart rate
- Patient comfort – anxiolysis, analgesia, sedation
- Escalation of therapy
- De-escalation of therapy
- When to call for help
- Troubleshooting

What goes wrong and how to fix it:

- Disconnections
- Leaks,
- Pressure areas
- Vomiting and reflux
- Gastric/bowel distension
- Communication areas
- Managing delirious patient
- Gas supply failure
- Machine failure
- Worsening respiratory failure:
  - Equipment issues from machine/gas supply to patient
  - Covid-19
  - PTE
  - Pneumothorax
  - Superadded infection

## Day 2

Workshops:

- Setting up
- Trouble shooting
- Monitoring and documentation
- Review session - What do you do if multiple scenarios occur?
- Simulation of scenarios

Questions and clarifications

Feedback

# PROPOSED MEETING SCHEDULE - 2021



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Governance Support

**DATE:** 30 October 2020

Report Status – For:	Decision <input checked="" type="checkbox"/>	Noting <input type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2021 calendar year as required by the NZ Health and Public Disability Act 2000.

## 2. RECOMMENDATION

That the Board:

- i. Confirms support for the proposed schedule of meetings for 2021 (refer Appendix 1 attached); and
- ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

## 3. SUMMARY

The dates for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information and also the timing of Canterbury DHB and other significant national meetings. The suggested meeting dates for 2021 are based on the amended cycle of meetings as adopted by the Board for the latter part of 2018.

### **Background**

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2021 contained in Appendix 1 are based on the current cycle of meetings with the Board meetings on Friday's and quarterly the Advisory Committee and QFARC meetings.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

#### **4. APPENDICES**

Appendix 1: Proposed Schedule of Meetings - 2021

Report prepared by: Governance Support

**DRAFT**  
**WEST COAST DHB – MEETING SCHEDULE**  
**FEBRUARY – DECEMBER 2021**

DATE	MEETING	TIME	VENUE
Friday 12 February 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 11 March 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 11 March 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 26 March 2021	BOARD MEETING	10.10am	Board Room, Corporate Office
Friday 7 May 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 10 June 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 10 June 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Board Room, Corporate Office
Friday 25 June 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Friday 6 August 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 9 September 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 9 September 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Thursday 24 September 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Friday 5 November 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 25 November 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 25 November 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 December 2021	BOARD MEETING	10.00am	Board Room, Corporate Office

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

# CHIEF EXECUTIVE'S UPDATE



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Chief Executive

**DATE:** 30 October 2020

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

## 2. RECOMMENDATION

That the Board:

- i. notes the Chief Executive's update.



### A: Reinvigorate the West Coast Health Alliance

These key messages highlight the activity of our Alliance and include examples of leveraging our integration with Canterbury and the rest of the South Island to progress local development in areas of need. At their September meeting the Alliance Leadership Team:

- Progressed a discussion about development of a system-wide Quality Improvement approach.
- Noted the progress of the new locality workstreams and expect to be endorsing plans at the next meeting in October.
- Noted the drop in screening target performance for cervical screening across the region as a result of the pandemic. With primary care service having resumed these rates are expected to lift again in the coming quarter.
- Appreciated receiving the DHB Annual Plan report and noted the positive performance reflected, especially in light of the redeployment of staff across the system in response to the pandemic and in support of the migration to Te Nikau.



## **B: Build Primary and Community Capacity and Capability**

### ***Integrated Locality Services***

#### **■ Integrated Health Services - Northern**

- Recruitment of GP's for the Northern team is ongoing with the successful recruitment of two new GP's with a third in the final stages of completion. Along with this we have our Rural Generalist support from Grey and two new Nurse Practitioners, who will be completing training at the end of the year.
- Work continues to improve care for our communities through a focus on long term conditions and reducing the wait time for planned appointments in primary care.

#### **■ Integrated Health Services – Central**

- Services continue to settle into Te Nikau, with work towards further integration ongoing. Community engagement and information to explain flow and charging (where applicable) is also ongoing.
- GP and NP FTE to support the enrolled population of Te Nikau Health Centre is stabilising, with January 2021 forecasted to be a period of permanent staffing providing the bulk of the necessary FTE.
- Our new permanent off-site GP (who joined the Te Nikau Health Centre team on 2 September) has settled into his role and the team well. He is working closely with on-site colleagues to shape and further develop our remotely provided services.
- The Central work stream of the West Coast Alliance met again in early October and were able to identify specific plans to support people living with Long Term Conditions.
- The Consumer Council locality group is further developing their plan to gather feedback from across the central area and use this to guide our priorities and actions.

#### **■ Integrated Health Services – Southern**

- Recruitment processes have been initiated to replace a long-serving member of the Community Mental Health team. The position is for a Case Manager and will be open to suitably qualified nursing and allied health professionals. The remaining team members will work hard to manage current caseloads during the inevitable gap between the retirement of the incumbent and the appointment of a new Case Manager.
- Processes have been set in motion to secure Clinical Psychology input where this is an essential treatment component noting that there is currently no employed Clinical Psychologist available.
- The Southern Alliance workstream has begun regular meetings with two clearly defined major initiatives under development: Enhancing patient transfer back home after hospitalisation, and Appointment Scanner (providing the option for those with multiple appointments to cluster them together, reducing travel time).
- The Southern Consumer Council has also established its regular meeting cycle with a draft workplan established to guide ongoing activity.
- The new Public Health Nurse Southern has commenced and is currently orientating to the role with Public Health Nurses from the Central team providing great assistance.
- The provision of additional District Nursing Southern (DNS) team support to the South Westland Area Practice RNS team is ongoing and continues to achieve positive results in managing RNS workloads and fostering collegial support.
- A Wi-fi network has been introduced at Hokitika Health Centre which will support the activity of visiting clinicians and facilitate flexible working arrangements. This is a welcome innovation.

## **C: Hauora Maori Update**

### **Workforce Development**

- The first cohort of DHB services will undertake HEAT tool training in October. A large contingent of staff from within Mental Health services and Quality will be the first teams to participate. The training will enable application of the tool to projects specific to the services. The sessions are structured to ensure the learning can affect organisational outcomes while increasing individual learning.
- Another successful Kia ora Hauora Rangatahi Placement has taken place with 14 students from Grey High, Westland High and for the first time John Paul II. A very sincere mihi to all the services and teams that pulled together engaging sessions for the group at very short notice as the placement was delayed due to COVID-19. The placement is a key part of the workforce pipeline with students from Year 11-13 participating and gaining first-hand knowledge of health career pathways.
- Treaty of Waitangi programme has been delivered.
- Recruitment pilot is progressing and outcomes are already showing improvement in access for Māori.
- Takarangi Cultural Competency Programme taking place at Te Tauraka Waka a Maui Marae in Bruce Bay in November with over 20 registrations.
- Māori Staff Hui set to be held at Arahura Marae on 9 November.
- Transalpine work primarily focused on Hiring Managers Toolkit, Recruitment policy and improvement of ethnicity data in relation to employees with 'unknown ethnicity' recorded.
- Māori Health, Gary Coghlan will be the National Tūmū Whakarae lead with the General Managers HR. Tūmū Whakarae are proposing an Equity working group to accelerate the National response to the Tūmū Whakarae position statement on workforce.

### **Kaupapa Māori Mental Health and Addictions**

Work is occurring with the Māori Health Provider to develop a Kaupapa Māori Mental Health and Addictions service. An ROI and proposal was submitted to the MoH and has been accepted to move through to the next phase of development. Almost 70 ROIs were received with approximately 35 applications specific to the Tēina stream accepted to move through to the next stage of the process.

### **Pae ora o Tai Poutini**

This project evaluated two pilot programmes delivered by Poutini Waiora; Whakakotahi and the GP, Nurse Prescriber, Kaiarataki Clinics. The aim of both programmes is to enable Whānau to more readily access primary health care on the West Coast. The evidence collected via this project indicates that this aim has been met.

A series of hui will take place in November to feedback to Whānau and stakeholders who participated in the evaluation. The findings will inform the provision of future service development.

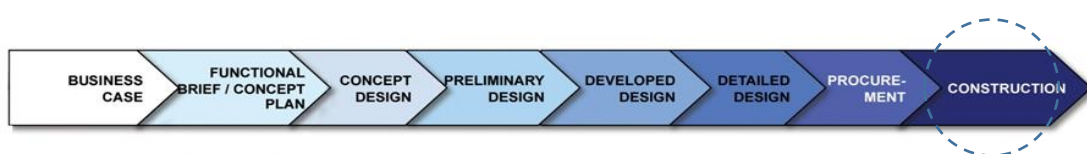


### A: Facilities Maintenance Report

- The main focus of the team is on rectifying defects and actioning change requests in Te Nikau.
- Planned maintenance schedules are being formulated for all plant and equipment in Te Nikau. This includes the migration to Maximo as an Asset Management Information System and the migration of all the As Built documentation and asset information. Warranties are dependent on this planned maintenance being successfully completed during the 12-month Defect Notification Period as is our Building Warrant of Fitness.
- Gardening staff have now been employed directly by the WCDHB and fall under the Facilities umbrella.
- We are working closely with the demolition team to ensure that our staff, patients and visitors remain safe and the other buildings are not adversely affected.

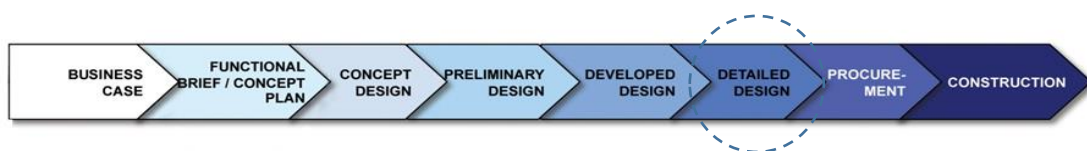
### B: New Facilities Redevelopment Update

#### Grey



- Rt Hon. Jacinda Ardern officially opened Te Nikau on Friday 25 September 2020 with the presentation of a plaque prepared by CCM Architects.
- Defecting Liability Period processes are working well with prompt attention from Fletchers to accepted construction defects.
- Design of the ambulance bay screen and dock canopy have been endorsed by the DHB. A proposed design for the walkway canopies has been issued.
- Demolition of the boiler house and chimney stack are expected to be complete in the coming weeks.
- Stage 1 demolition works are underway. Stage 2 and 3 demolition works planning has commenced.
- Trades block works are complete and WCDHB have received Certificate of Public Use (CPU) from council.

#### Buller



- Rt Hon. Jacinda Ardern completed the 'sod-turning' ceremony in Westport on 25th September 2020.
- Asbestos removal and demolition works are progressing to clear the site for the new Buller IFHC.
- Main contractor Expression of Interest (EOI) evaluation is complete and will now be moving to closed Request for Proposal (RFP).



### A: Rural Inpatient & Transalpine Services and Secondary Mental Health Services

#### Rural Inpatient & Transalpine Services

##### *Nursing*

- We welcome Julia Thurlow to the Acting CNM Acute Zone, central. The nursing leadership in Buller have interim solutions in place to ensure stability of the teams until such time permanent positions are filled.
- We are just finalising the appointment of a new CCDM coordinator who will be working closely with the Trendcare Coordinator to start FTE calculations. The SSHW unit has released extra FTE to assist the WCDHB to progress the programme. Our Trendcare Coordinator is starting back from parental leave next week and will receive handover from the incumbent who has done a great job at ensuring our data continues to be collected. We wish her well in her future role.
- Processes are being set up to enable CNM's to keep abreast of quality, paid FTE and other KPI's ensuring accountability of maintaining a well-run service.
- Recruitment continues for areas such as the Acute Assessment Unit, Emergency department, Mental health IPU and General practice.
- A couple of staff in Buller are keen to work in Greymouth and as a solution we are going to move staff eventually between each site for those who show an interest. An RN from Buller has indicated he would like to start in November, the CNM central is working to enable this.

##### *Rural Inpatients and Transalpine Service*

- Elective services have caught up more of their overdue first specialist appointments (these backlogged in April and May due to COVID-19). At the end of September only 22 patients were waiting more than 4 months for first specialist appointments (compared to 120 in May, 100 in June, 87 in July and 43 in August).
- Neurology Services are provided from CDHB and these are under pressure due to a national shortage of consultant Neurologists. Despite this, they continue to provide a service to West Coast patients and only one patient (a recent referral) is waiting to be booked for an appointment.
- Oncology Services are also under pressure due to a shortage of staff at CDHB and this is causing delays to some chemotherapy referrals across the upper South Island. The CDHB Oncology team is working hard to assess and manage all referrals so this has not yet affected our patients. The WCDHB Oncology Nurse Specialists are monitoring patients closely to ensure treatment is delivered when it should be.
- Our Laboratory took delivery of a rapid testing machine for COVID-19. This machine enables us to test high priority cases where a result is required in less than 24 hours. Staff have been receiving training for this during early October.
- Inpatient numbers during September picked up with more surgeries being performed. The general ward has reviewed the precautions with which any suspect case of COVID-19 will be managed in preparation for the laboratory being able to conduct urgent testing.
- The Respiratory Service has had an upgrade to its spirometry software. This enables the results to be electronically available in CDHB where they can be reported with less delay.

- Colonoscopy and gastroscopy reports to GPs were made electronically available (in colour) during September. This has removed delays in sending and inputting these to the primary care patient record and has also improved the quality of the images available to GPs.
- We have recruited two further Rural Generalists in September. Rural Generalists are deployed throughout our Rural Health System including the staffing of our general ward, alongside our General Physician, in Obstetrics as well as working urgent and primary care.

### ***Maternity***

- Births for Te Nikau Maternity in September total 30, this includes 2 babies born at Gloriavale and 3 homebirths.
- We had a retirement last month of one of our valued midwives after 47 years working in Grey Hospital. We are also losing another staff member end of December; again a long term and very valued staff member after 30+ years. One of our local LMC's is taking up a 0.6 FTE to replace one retirement, and we are advertising to replace the other.
- Education saw a good turnout in September for the Neonatal Skills days in both Greymouth and Buller. Upcoming education is Perinatal Anxiety & Depression Aotearoa (PADA) Seminar, National Perinatal Pathology Service Workshop and our STABLE (Stabilization Care of Sick Infants) Course. All have good numbers of attendees enrolled.
- We continue to get positive feedback from women and whanau around our new facilities and supportive staff.

### ***Allied Health***

#### Organisational Change Process

- Having completed the functions of the organisational change, we are now focusing on building the culture and new ways of working together in and across the teams.

#### Setting the Strategic Direction

- Our transalpine strategy framework for Allied Health, Scientific and Technical is now being translated into the WCDHB Innovation and Implementation plan, with engagement sessions underway with those who manage or lead AHST professionals.
- We continue to work in partnership with CDHB to develop leadership competencies across the workforce.

#### Workforce

- There are currently 3 leadership positions vacant.
- Recruitment is underway for a number of occupational therapy and physiotherapy roles.
- Work continues on the South Island Career Framework, an action from the last MECA. This framework aims to align the roles, role titles and remuneration bands across the region and is informed by the work being done in the Lower North Island.

#### Digital Health

- Allied Health therapies are partnering with ISG to replace paper referrals (faxes included) with an electronic referral process. This programme will on-board all referral processes over time, starting with referrals from outside the DHB such as from GPs and other community based providers.
- Workflows are currently being designed to standardise the ways that commonly used letters, contemporaneous notes and assessment documents are embedded into the eHR (Health Connect South). This is being designed to be used by all professions and services via a regional consultation process, and has been identified as a requirement for Allied Health ahead of our move to the new facilities which will not have capacity for paper files.
- With the suite of shared care record tools now available on the regional eHR (Health Connect South) for health clinicians and kaiawhina in all settings, work is underway to support Allied

Health staff to adopt their use. These tools will enable us to build on the remote and digital ways of working that were adopted during the pandemic response, as well as supporting Coasters by not needing to ask them to tell their stories repeatedly.

### ***Mental Health***

- Progress is being made with recruitment. Three new graduate nurses have moved to the Coast and have now started work. They will be working across Manaakitanga, Central Community Mental health and CAMHS; all three will be starting their NESP programme in the new year.
- We have an occupational therapist also moving to the Coast at the beginning of November. This role will aim to support the work in Manaakitanga and will progress out into the community teams. Work is ongoing with our partners in CDHB SMHS, including the occupational therapy clinical leads to ensure that we have support for the clinicians and to shape the role.
- A mental health and addictions crisis response capability plan has been submitted to the Ministry of Health as part of the funding for the new Mental Health & Addiction Crises Support (MHACS) Clinical Educator. This is a part-time role designed to support and educate front-line staff who are likely to be first responders to a mental health crisis. This may include administrative and clinical staff. For the West Coast, the target is not just front-line ED staff, but also primary care, NGOs and rural nurse specialists, among others. Recruitment is due to begin in the coming weeks, and we hope the role is taken up before the end of the year.
- Similarly, with new funding for a part-time Withdrawal Management Nurse in our AOD team, we hope to begin recruitment at the same time.
- Our AOD service is engaging with the local methamphetamine working group, including the police. This is a multi-agency approach to address the growing use of methamphetamine on the West Coast.

	<p style="text-align: center;"><b>DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES</b></p>
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### **A: Improve Transport Options for Patient Transfers**

- Several transport initiatives are in place to support the safe transfer of patients including the local St John community health shuttle, to assist people who require assistance getting to health appointments in Greymouth, and longer ambulance transfers for non-acute patients needing care in Christchurch.
- A new contract has been offered to the Buller Branch of the Red Cross to provide a subsidised community health shuttle service between Westport and Te Nikau. This contract will be in place until August 2021 and is a shorter-term contract as Red Cross have signalled they will be transitioning away from community transport. We will work with them to identify alternatives. In the meantime, Buller Taxis have initiated a free medical shuttle service from Westport to Nelson and to Greymouth at their own initiative. This service trial is commenced in October.
- September result indicated National Travel Assistance is tracking within budget for the 2020/21 Financial Year.



## B: Champion the Expanded use of Telemedicine Technology

- There is a telehealth paper included within the board pack which provides the information for this period.



## A: Older Persons Health Services

### Supporting older people to remain at home

The West Coast DHB's direction aligns to the national Healthy Ageing Strategy (developed by the Ministry of Health in 2016). The Healthy Ageing Strategy vision is that *“older people live well, age well, and have a respectful end of life in age-friendly communities”*. It takes a life-course approach that seeks to maximise health and wellbeing for all older people and sets a framework whereby policies, funding, planning and service delivery:

- Prioritise healthy ageing and resilience into and throughout people's older years
- Ensure people can live well with long-term conditions
- Better support people with high and complex needs
- Enable high quality acute and restorative care, for effective rehabilitation, recovery and restoration after acute events
- Provide respectful end-of-life care that caters to physical, cultural and spiritual needs.

The following local services and activity contribute to this delivery of the national Strategy:

- **Falls Prevention Services:** Falls are a major driver of hospital admission for older people and those who fall experience prolonged hospital stays, loss of confidence and independence and an increased risk of institutional care. To reduce the risk and severity of falls amongst older people and prioritise healthy ageing and resilience throughout people's older years, the West Coast DHB coordinates the availability of evidence-based strength and balance classes for people aged over 65. The DHB also coordinates and funds an in-home falls prevention programme, provided by a physiotherapist, for people with a higher level of complexity and risk who are unable to attend community classes. The West Coast Falls Prevention Coalition is currently organising a Falls Prevention Workshop in November to inform, engage, and promote linkages between stakeholders to strengthen and expand falls prevention. Current and potential community strength and balance class providers, community falls prevention partners, health providers, local council representatives and older persons' community group representatives will be invited to bring ideas and initiatives to the table.
- **The Complex Clinical Care Network (CCCN):** In 2013 the West Coast DHB established the CCCN, an inter-disciplinary team providing needs assessment, (primarily using the InterRAI<sup>1</sup> assessment tool), and establishing patient centred goal plans that our home-based support teams use to support people to maintain or recover their health and independence and remain safe and well in their own homes. The CCCN team also allocates carer support, day support and respite care to ensure carers have a break, assesses the needs of people who are identified as needing to enter

<sup>1</sup> The International Residential Assessment Instrument (InterRAI) is a suite of evidence-based geriatric assessment tools used to support clinical decision making and care planning, ensure assessments are of high quality and people receive appropriate and equitable access to services irrespective of where they live. This tool is used by all DHBs.

Aged Residential Care and links with the palliative care team to help provide respectful end-of-life care. This includes supporting Advanced Care Planning that caters to people's physical, cultural and spiritual needs at the end of their life. These plans are kept as part of a patient's electronic health record. People who have an advanced care plan are more likely to die in the place of their choosing usually at home or in ARC, not in hospital.

- **Home-Based Support Services (HBSS):** Once people's needs are assessed via the InterRAI assessment at the CCCN, nurses and support workers from either Coasters (the DHB's own HBSS) or Access Home Health (a local private non-government provider) provide home-based support in accordance with the patients' needs and goal plans. These services include: help with activities of daily living, house work, integration into social activities outside the home, and learning or re-learning life skills to enable someone to remain at home for as long as possible.
- **District Nursing Services:** Nurses employed by the West Coast DHB provide comprehensive nursing care in people's own homes which would otherwise have to be provided in hospital or at the person's general practice. This includes a higher level of more specialist nursing care for people with complex health needs including: medication management, wound care, stoma care and continence support.
- **Meals on Wheels Service:** Through the CCCN team people may also be assessed as needing additional support with meals as they recover from an acute event or due to illness or injury. This service ensures people access nutritional meals to support their continued health and wellbeing and the service is subsidised by the DHB.
- **The Flexible Integrated Rehabilitation Support Team (FIRST):** is a team response that supports earlier discharge from hospital or prevents an admission to hospital through the provision of a short term (up to 6 weeks) integrated team response which can include physiotherapy, occupational therapy, nursing and home-based support. Referrals to this service are made through the CCCN.
- **Home Share:** is a service that brings older people with shared interests together in the comfort of a host's private home or community facility. This service aims to reduce isolation amongst our older population and provides their carers with a break.
- **Day Support and Respite Care:** Following a needs assessment the CCCN may also allocate day support or respite care support that gives people and their carers a break to support them to remain in their own homes for longer. These services are mostly contracted through ARC providers.
- **Advanced Care Planning:** Advanced Care Planning (ACP) is a process of discussion and shared planning. It is focused on the individual and involves both the person and the health care professionals responsible for their care. It may also involve the person's family/whanau and/or carers if that is the person's wish. The planning process assists the individual to identify their personal beliefs and values and incorporate them into plans for their future health care. We store these plans on the electronic patient record, so it is visible to all those involved in a person's care and the person's wishes can be enabled. People who have an advanced care plan in place are more likely to die in the place of their choosing, usually home or ARC.

#### **Aged Residential Care (ARC) update:**

- The West Coast DHB is in receipt of the 'Management of a COVID or suspected COVID outbreak in a Canterbury Aged Residential Care Facility Plan'. This Plan is currently undergoing adaptation to provide a West Coast appropriate strategy and



response, led by Planning and Funding and the Emergency Operations Centre. Consultation on the Plan will be concluded in October.

- ARC Forums are held on a regular basis and attended by representatives from across the system including: community providers, ARC facilities, primary care, and the DHB. The forums are an opportunity to share information and ideas and support continuous improvement in the care and support of our older population. The most recent forum included presentations by:
  - Infection Prevention and Control Canterbury – focusing on notifiable diseases, outbreak reporting and nasopharyngeal swabs
  - Nursing Director, Older People – focusing on the ARC COVID Response Plan
  - West Coast DHB Emergency Response Planner/South Island Earthquake Response Coordinator – focusing on the South Island-wide Health Response and the role older person health services and ARC are expected to play, with discussion and consultation around the South Island Alpine Fault Earthquake Response (SAFER).



## A: Live Within our Financial Means

The consolidated West Coast District Health Board financial result for the month of September 2020 was a deficit of \$497k, which was \$490k unfavourable to the draft annual plan. The year to date net deficit of \$797k, is \$734k unfavourable to the draft annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(24)	(153)	129	(396)	(495)	99
Funder Arm	316	365	(49)	1,395	1,095	300
Provider Arm	(789)	(219)	(570)	(1,796)	(663)	(1,133)
<b>Consolidated Result</b>	<b>(497)</b>	<b>(7)</b>	<b>(490)</b>	<b>(797)</b>	<b>(63)</b>	<b>(734)</b>

## B: Effective Clinical Information Systems

**Facilities:** We are completing the remaining tasks to fully decamp all IT services out of the old Grey Hospital building.

**Within the last month we:**

- Decommissioned the old Microsoft Exchange system
- Moved all home folders to a new file server
- Upgraded and moved the voice queuing system for telephony to a new environment
- Decommissioned the old backup system
- Migrated or decommissioned all remaining servers within the old server room in Grey Hospital
- Began preparation work for the core network switch migration.

**Steps remaining before demolition:** Completing core network switch migration to the new facility.

**Community Patient Administration System implementation:** Implementation dates will be confirmed once the business case and contract terms have been approved.

## **C: Effective two-way Communication and Stakeholder Engagement Activity Supporting Health System Transformation**

### ***Communications and Engagement***

- **Te Nīkau Hospital & Health Centre official opening – Friday, 25 September 2020**

On Friday, 25 September 2020, Te Nīkau Hospital & Health Centre was officially opened by the Rt. Hon Jacinda Ardern PM. The opening was attended by approximately 250 people and provided an opportunity to formally celebrate the completion of the West Coast DHB's newest facility.

The event was livestreamed on the West Coast DHB's Facebook page and has been viewed by more than 5,500 people - <https://bit.ly/352aHK3>



- **Buller Health sod turning event – Friday, 25 September 2020**

The Rt. Hon Jacinda Ardern PM also turned the first sod for the new Buller Health facility in Westport. This event was attended by approximately 150 people and provided a great opportunity to celebrate this significant milestone.



#### ▪ **Urgent Care communications plan**

We are currently working on implementing our Urgent Care communications aimed at increasing our West Coast community's understanding of how Te Nīkau Hospital & Health Centre works with a focus on how our Urgent Care service functions.

Communication activities will include information flyers, digital displays, media releases/advertorials, website and social media information as well as community meetings. For example, on Monday, 5 October, DHB staff attended the Probus Greymouth meeting to provide an update on the West Coast health system.

### ***Media***

During September/October 2020, we responded to enquiries about the delivery of our Urgent Care service at Te Nīkau Hospital & Health Centre. We also received enquiries about Rural Generalism, continuity of care and the recruitment of GPs to Buller Health.

#### ▪ **Media releases:**

- Catch up on your free vaccination to avoid catching measles (13/10/2020).

#### ▪ **Social media posts:**

- World Patient Safety Day (17/09/2020)
- You're invited to join our Facebook live event tomorrow (24/09/2020)
- You're invited to join our Facebook live event today (25/09/2020)
- Te Nīkau Hospital & Health Centre Facebook live event (25/09/2020)
- COVID-19 Alert Level 1 update (28/09/2020).



### Key Achievements/Issues of Note

- **COVID-19 response** - There have been no cases on the West Coast since the last report with the only cases in the CPH regions being those identified and managed in isolation and quarantine facilities in Christchurch. The West Coast team has supported this work to remain current with their training should they be needed for an outbreak. We are working with the WCDHB's Emergency Planner to provide organisations planning events with information to support them to develop robust event plans to reduce the risk of transmission of COVID-19 and assist contact tracing plans for activities such as the Greymouth motorcycle street race.
- **Drinking water** - The main focus for the last month has been assessing the Buller District Council's Reefton Water Safety Plan (WSP) under the new Ministry of Health Drinking-Water Safety Plan Framework 2018 which became compulsory for suppliers at the start of 2020. This is the first WSP on the West Coast to be assessed under the new Framework 2018. Assessments under the new Framework 2018 are more time intensive for Drinking Water Assessors so the Ministry has advised that there are no formal deadlines now for this work. Part of the assessment involves workshops and meeting with the suppliers. This ensures that we have up to date details about the forthcoming major improvement works to the Reefton water supply's rising main, main reservoir and reticulation improvements and how these will affect sufficiency of supply over the summer season. The main focus for the next month will be completing the reporting on the Annual Survey for Drinking Water which looks at compliance of drinking water supplies over the 2019-2020 year. Data from the survey are now complete and verified. This process was delayed due to the COVID19 response. The results are looking similar to last year with most non-compliance being related to supplies that are scheduled to be upgraded
- **Nutrition and food security** - CPH presented a nutrition session on one night as part of a six-week boot-camp for youth organised by the Police. There were around 35 youth and a few parents at the nutrition session. Lots of questions were asked and the teenagers took lots of the resources about eating well and eating on a budget home. CPH continues to facilitate the Food Security Network for the West Coast. There are three focus areas which are all gaining momentum: research and policy; food distribution; and community food supply. Many people have been connected via this network in the past few months to share their knowledge and skills, including the organisers of a couple of start-up community edible gardens. A Kawatiri-based community edible gardener was granted twenty thousand dollars' worth of funding through a Ministry of Social Development's "Food Secure Communities" grant to carry out a feasibility study over the next two years. This person initially presented their idea at an early Food Security Network meeting in 2019, then through subsequent conversations was directed toward this funding opportunity and supported to apply.
- **Smokefree** - We are continuing to increase Smokefree environments on the Coast, including supporting Westland District Council and Grey District Council with signage for their Smokefree Outdoor Dining Policies. Four cafés in Hokitika have become Smokefree Outdoor Dining Cafés. A range of Smokefree signage was provided to them to implement and promote this. We are continuing to identify and work with other local cafés to support Smokefree outdoor dining.

- **Health in All Policies** - We continue to engage around Housing with the West Coast Sector Forum. During this period, we also developed a submission on the National Air Quality Standards through Active West Coast forum.
- **Mental Wellbeing** - We continue to contribute to the West Coast Welfare Co-ordinating Group and at a recent meeting shared the resources and kits from the 'Getting Through Together' campaign run by AllRight? and the Mental Health Foundation. We are also supporting community workplace wellbeing workshops from the Mental Health Foundation, which will be run in Franz Josef, Greymouth and Westport on 22, 23 and 24 November, respectively.

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

Approved for release by: Andrew Brant, Acting Chief Executive



# FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2020



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Acting Executive Director, Finance & Corporate Services

**DATE:** 30 October 2020

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

The purpose of this paper is to provide a regular monthly report of the financial results of the West Coast District Health Board and other financial related matters.

## 2. RECOMMENDATION

That the Board:

- notes the financial result and related matters for the period ended 30 September 2020.

## 3. DISCUSSION

### Overview of September 2020 Financial Result

The consolidated West Coast District Health Board financial result for the month of September 2020 was a deficit of \$497k, which was \$490k unfavourable to the draft annual plan. The year to date net deficit of \$797k is \$734k unfavourable to the draft annual plan.

	Monthly Reporting				Year to Date				Full Year 20/21
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
<b>Operating Revenue</b>									
Crown and Government sourced	13,413	13,402	11	0.1%	40,496	40,212	284	0.7%	160,834
Inter DHB Revenue	5	10	(5)	(48.9%)	12	29	(17)	(59.1%)	117
Inter District Flows Revenue	154	154	0	0.2%	469	462	7	1.5%	1,962
Patient Related Revenue	680	701	(21)	(3.0%)	2,035	2,142	(107)	(5.0%)	8,499
Other Revenue	59	61	(2)	(3.6%)	137	183	(46)	(25.2%)	4,312
<b>Total Operating Revenue</b>	<b>14,311</b>	<b>14,328</b>	<b>(17)</b>	<b>(0.1%)</b>	<b>43,149</b>	<b>43,028</b>	<b>121</b>	<b>0.3%</b>	<b>175,725</b>
<b>Operating Expenditure</b>									
Personnel costs	6,703	6,296	(407)	(6.5%)	19,845	18,898	(947)	(5.0%)	77,918
Outsourced Services	0	0	0	0.0%	9	0	(9)	0.0%	1
Treatment Related Costs	823	767	(56)	(7.4%)	2,302	2,315	13	0.6%	9,255
External Providers	3,653	3,732	79	2.1%	10,771	11,195	424	3.8%	44,781
Inter District Flows Expense	2,209	2,109	(100)	(4.8%)	6,640	6,326	(314)	(5.0%)	25,306
Outsourced Services - non clinical	120	121	1	0.9%	360	363	3	0.9%	1,453
Infrastructure and Non treatment related costs	830	994	164	16.5%	2,831	3,030	199	6.6%	10,495
<b>Total Operating Expenditure</b>	<b>14,338</b>	<b>14,018</b>	<b>(320)</b>	<b>(2.3%)</b>	<b>42,758</b>	<b>42,127</b>	<b>(631)</b>	<b>(1.5%)</b>	<b>169,209</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(27)</b>	<b>309</b>	<b>(336)</b>	<b>(108.7%)</b>	<b>391</b>	<b>901</b>	<b>(510)</b>	<b>(56.6%)</b>	<b>6,515</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	401	231	(170)	(73.3%)	983	709	(274)	(38.6%)	4,082
Capital Charge Expenditure	69	85	16	18.8%	205	255	50	19.6%	4,740
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>470</b>	<b>316</b>	<b>(154)</b>	<b>(48.6%)</b>	<b>1,188</b>	<b>964</b>	<b>(224)</b>	<b>(23.2%)</b>	<b>8,822</b>
<b>Net Surplus/(deficit)</b>	<b>(497)</b>	<b>(7)</b>	<b>(490)</b>	<b>(7000.0%)</b>	<b>(797)</b>	<b>(63)</b>	<b>(734)</b>	<b>(1165.1%)</b>	<b>(2,306)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(497)</b>	<b>(7)</b>	<b>(490)</b>	<b>(7000.0%)</b>	<b>(797)</b>	<b>(63)</b>	<b>(734)</b>	<b>(1165.1%)</b>	<b>(2,306)</b>

#### **4. APPENDICES**

Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

Report prepared by: Alexis Bainbridge, Assistant Accountant

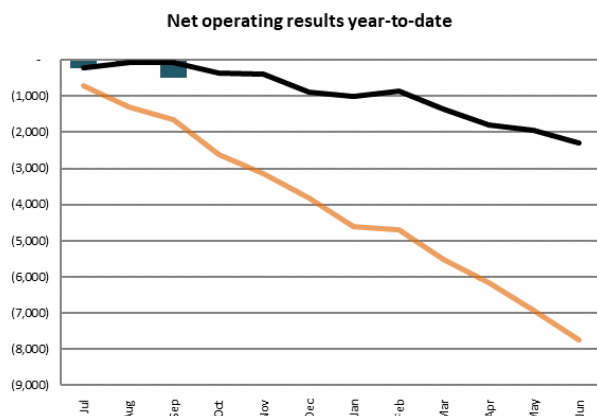
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – September 2020

#### Net operating results

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(497)	(7)	(490)	7000% X	(797)	(63)	(734)	1165% X



West Coast DHB has reported a deficit of \$497k for the month of September 2020; this is an unfavourable variance to the draft annual plan of \$490k. YTD unfavourable variance is \$734k.

The main drivers for the unfavourable variance are:

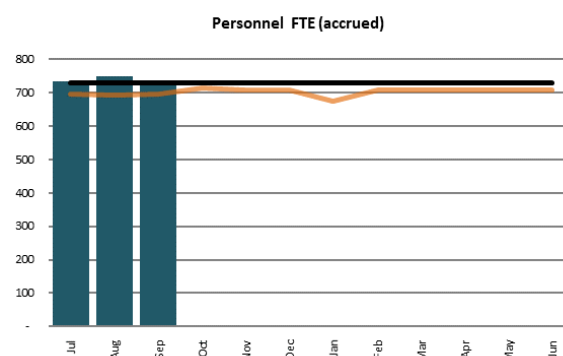
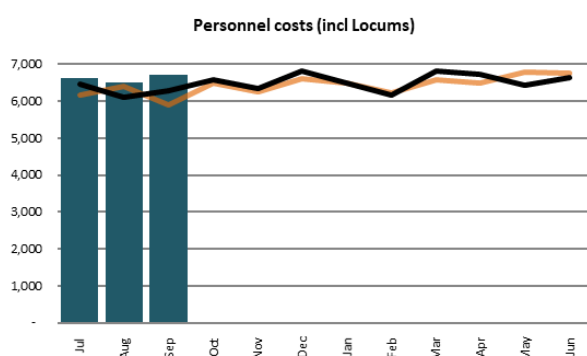
- **PTD & YTD - \$475k for additional Holidays Act** compliance provision for the 3 months of July to September 2020 – this was accrued in September and will be accrued monthly until remediation is complete. The full year impact would be \$2.0M, and this is not included in the draft Annual Plan.
- **PTD \$162k; YTD \$324k Depreciation** on Te Nikau hospital recognised two months in advance of budget. The variance is a permanent variance of \$324k to the annual plan for the year.
- **Personnel (excl Holidays Act compliance provision):** High use of medical locums due in part to leave and loss of permanent staff particularly in the GP area. Additional costs associated with training, back filling and overtime as staff moved to the new hospital. Also contributing to this variance is the cost of nurses recruited to help with the potential COVID 19 issues.
- **PTD \$83k; YTD \$250k IDF expenses:** Budget omission for the Transalpine agreement between CDHB and WCDHB which will continue for the remainder of the year.

Commentary is provided on variance to the draft Annual Plan that was submitted in July 2020, with the annual deficit of \$2.306m.



## Personnel costs (including Outsourced Personnel) & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,692	1,579	(113)	-7%	✗	5,083	4,635	(448)	-10% ✗
Nursing	2,899	2,715	(184)	-7%	✗	8,626	8,252	(374)	-5% ✗
Allied Health	1,135	1,046	(89)	-9%	✗	3,276	3,123	(153)	-5% ✗
Support	232	201	(31)	-15%	✗	691	617	(74)	-12% ✗
Management & Admin	745	755	10	1%	✓	2,169	2,270	101	4% ✓
<b>Total</b>	<b>6,703</b>	<b>6,296</b>	<b>(407)</b>	<b>-6%</b>	<b>✗</b>	<b>19,845</b>	<b>18,898</b>	<b>(947)</b>	<b>-5% ✗</b>



### KEY RISKS AND ISSUES:

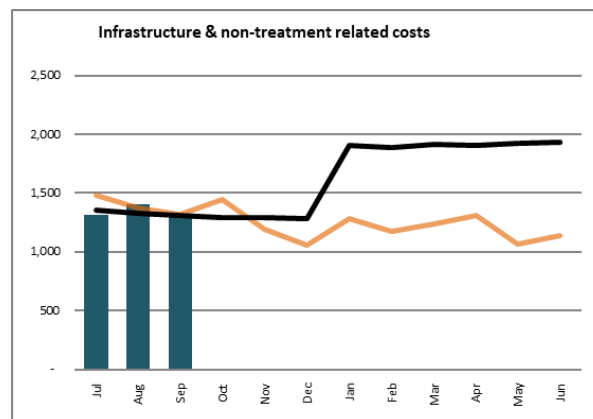
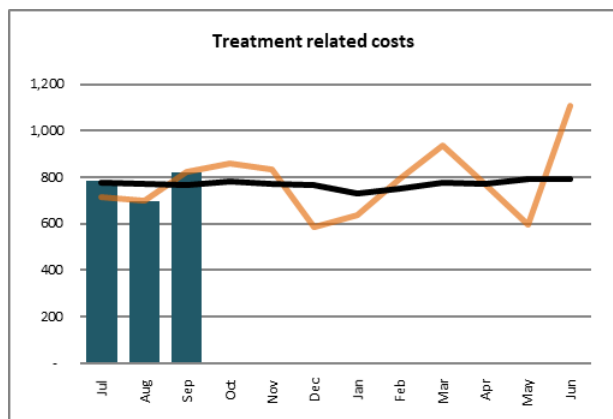
Better stabilised rosters and leave planning has been embedded within the business, but there remains reliance on short term placements, which are more expensive than permanent staff.

Nursing staff employed for Covid-19 also contribute to the variance for the month.

Personnel costs for the month are unfavourable due to a further provision of \$475k for Holidays Act compliance for the months of July, August & September 2020. The variance is \$68k favourable excluding this provision. No allowance was made in the Annual Plan for further Holidays Act compliance costs. This variance will continue monthly until remediation is complete, and would total \$2.0m for the full year.

## Treatment and non-treatment related costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Treatment related costs	823	767	(56)	-7%	✗	2,302	2,315	13	1%	✓
Non Treatment related costs	1,300	1,310	10	1%	✓	4,019	3,994	(25)	-1%	✗

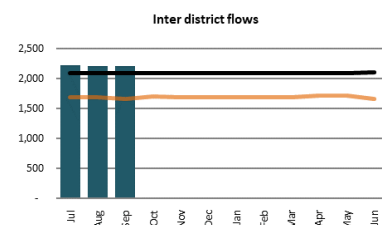
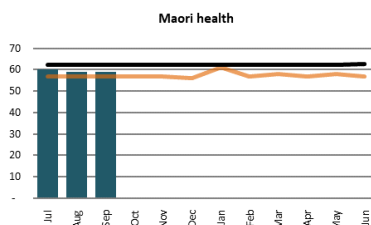
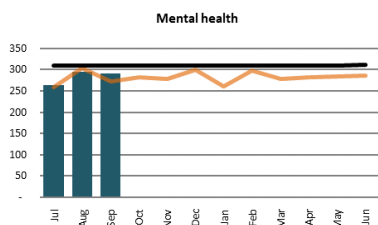
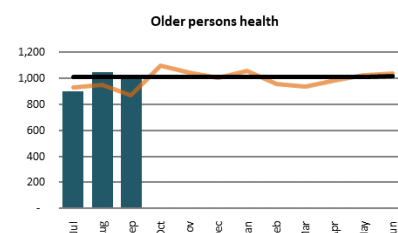
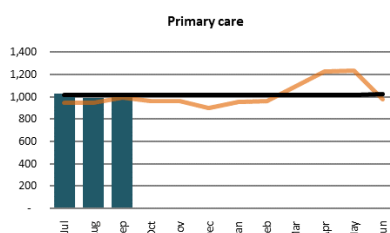
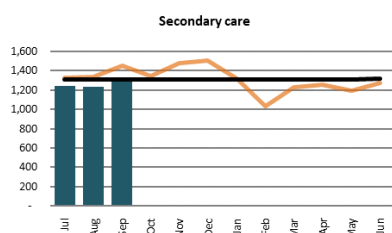


### KEY RISKS AND ISSUES:

Non treatment related costs are impacted by the extra 2 months of depreciation on the Te Nikau facility - \$162k for September, and \$364k YTD. This variance will continue for the remainder of the year.

## External provider & inter district flows costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Secondary Care	1,291	1,316	25	2%	✓	3,770	3,949	179	5%	✓
Primary Care	1,011	1,026	15	1%	✓	3,028	3,077	49	2%	✓
Older Person's Health	1,001	1,016	15	1%	✓	2,946	3,048	102	3%	✓
Mental Health	291	311	20	6%	✓	849	933	84	9%	✓
Maori Health	59	63	4	6%	✓	178	188	10	5%	✓
IDF	2,209	2,109	(100)	-5%	✗	6,640	6,326	(314)	-5%	✗
Outsourced Clinical	120	121	1	1%	✓	369	363	(6)	-2%	✗
<b>Total</b>	<b>5,982</b>	<b>5,962</b>	<b>(20)</b>	<b>0%</b>	<b>✗</b>	<b>17,780</b>	<b>17,885</b>	<b>105</b>	<b>1%</b>	<b>✓</b>



### KEY RISKS AND ISSUES:

#### Secondary Care

The volumes for Cataract surgery were low in July and August, the service provider has signalled a full schedule of volumes in the next coming months. Expenditure will trend unfavourable for the next few months until volumes catch up to contracted levels.

#### Older Persons Health

Our model of care continues to support people to stay well in their own homes. The trend in utilisation continues with both rest home level beds and hospital level beds operating under budget. The expectation is this will continue for this financial year.

#### Mental Health

There are budget placeholders for two new MoH targeted services that are currently being recruited to. Expenditure will align to the budget once these appointments are in place.

#### IDF

The variance is mainly driven by a budget issue which will continue for the remainder of the year.

## Financial position

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		Annual Budget \$'000
Equity	123,153	16,896	106,257	629% ✓	150,148
Cash	1,932	905	1,027	113% ✓	6,382
Capex	2,482	2,816	334	12% ✓	11,264

### KEY RISKS AND ISSUES:

**Variances to Equity** A \$120.9M equity injection from the MoH was transacted for the new Te Nikau facility. This was not budgeted in the Annual Plan until October 2020, and is offset by an equal variance in Property, Plant, & Equipment. A further \$11.3M Holidays Act compliance provision at June 2020 was not included in the Annual Plan opening Equity. A \$2m drawdown of equity for the Buller IFHC was in the draft annual plan for July, but this will now be drawn down in Quarter 2 of the financial year.

## APPENDIX 2: WEST COAST DHB STATEMENT OF COMPREHENSIVE REVENUE & EXPENSE

For period ending

30 September 2020

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 20/21
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
<b>Operating Revenue</b>									
Crown and Government sourced	13,413	13,402	11	0.1%	40,496	40,212	284	0.7%	160,834
Inter DHB Revenue	5	10	(5)	(48.9%)	12	29	(17)	(59.1%)	117
Inter District Flows Revenue	154	154	0	0.2%	469	462	7	1.5%	1,962
Patient Related Revenue	680	701	(21)	(3.0%)	2,035	2,142	(107)	(5.0%)	8,499
Other Revenue	59	61	(2)	(3.6%)	137	183	(46)	(25.2%)	4,312
<b>Total Operating Revenue</b>	<b>14,311</b>	<b>14,328</b>	<b>(17)</b>	<b>(0.1%)</b>	<b>43,149</b>	<b>43,028</b>	<b>121</b>	<b>0.3%</b>	<b>175,725</b>
<b>Operating Expenditure</b>									
Personnel costs	6,703	6,296	(407)	(6.5%)	19,845	18,898	(947)	(5.0%)	77,918
Outsourced Services	0	0	0	0.0%	9	0	(9)	0.0%	1
Treatment Related Costs	823	767	(56)	(7.4%)	2,302	2,315	13	0.6%	9,255
External Providers	3,653	3,732	79	2.1%	10,771	11,195	424	3.8%	44,781
Inter District Flows Expense	2,209	2,109	(100)	(4.8%)	6,640	6,326	(314)	(5.0%)	25,306
Outsourced Services - non clinical	120	121	1	0.9%	360	363	3	0.9%	1,453
Infrastructure and Non treatment related costs	830	994	164	16.5%	2,831	3,030	199	6.6%	10,495
<b>Total Operating Expenditure</b>	<b>14,338</b>	<b>14,018</b>	<b>(320)</b>	<b>(2.3%)</b>	<b>42,758</b>	<b>42,127</b>	<b>(631)</b>	<b>(1.5%)</b>	<b>169,209</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>(27)</b>	<b>309</b>	<b>(336)</b>	<b>(108.7%)</b>	<b>391</b>	<b>901</b>	<b>(510)</b>	<b>(56.6%)</b>	<b>6,515</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	401	231	(170)	(73.3%)	983	709	(274)	(38.6%)	4,082
Capital Charge Expenditure	69	85	16	18.8%	205	255	50	19.6%	4,740
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>470</b>	<b>316</b>	<b>(154)</b>	<b>(48.6%)</b>	<b>1,188</b>	<b>964</b>	<b>(224)</b>	<b>(23.2%)</b>	<b>8,822</b>
<b>Net Surplus/(deficit)</b>	<b>(497)</b>	<b>(7)</b>	<b>(490)</b>	<b>(7000.0%)</b>	<b>(797)</b>	<b>(63)</b>	<b>(734)</b>	<b>(1165.1%)</b>	<b>(2,306)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(497)</b>	<b>(7)</b>	<b>(490)</b>	<b>(7000.0%)</b>	<b>(797)</b>	<b>(63)</b>	<b>(734)</b>	<b>(1165.1%)</b>	<b>(2,306)</b>

### APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

30 September 2020

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	144,087	28,698	115,389	402.1%	20,620
Intangible assets	437	760	(323)	(42.5%)	497
Work in Progress	15,484	11,968	3,516	29.4%	14,715
Other investments	320	320	0	0.0%	320
<b>Total non-current assets</b>	<b>160,328</b>	<b>41,746</b>	<b>118,582</b>	<b>284.1%</b>	<b>36,152</b>
<b>Current assets</b>					
Cash and cash equivalents	1,932	905	1,027	113.5%	6,152
Patient and restricted funds	46	56	(10)	(17.9%)	47
Inventories	1,039	1,160	(121)	(10.4%)	1,130
Debtors and other receivables	5,258	4,491	767	17.1%	4,542
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>8,275</b>	<b>6,612</b>	<b>1,663</b>	<b>25.2%</b>	<b>11,871</b>
<b>Total assets</b>	<b>168,603</b>	<b>48,358</b>	<b>120,245</b>	<b>248.7%</b>	<b>48,023</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,319	2,399	80	3.3%	2,678
Other	63	62	(1)	(1.6%)	63
<b>Total non-current liabilities</b>	<b>2,382</b>	<b>2,461</b>	<b>79</b>	<b>3.2%</b>	<b>2,741</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	13,106	11,694	(1,412)	(12.1%)	12,122
Employee entitlements and benefits	29,962	17,307	(12,655)	(73.1%)	18,872
<b>Total current liabilities</b>	<b>43,068</b>	<b>29,001</b>	<b>(14,067)</b>	<b>(48.5%)</b>	<b>30,994</b>
<b>Total liabilities</b>	<b>45,450</b>	<b>31,462</b>	<b>(13,988)</b>	<b>(44.5%)</b>	<b>33,735</b>
<b>Equity</b>					
Crown equity	214,758	95,858	(118,900)	(124.0%)	93,858
Other reserves	25,100	25,098	(2)	(0.0%)	25,100
Retained earnings/(losses)	(116,705)	(104,061)	12,644	12.2%	(104,670)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>123,153</b>	<b>16,896</b>	<b>(106,257)</b>	<b>(628.9%)</b>	<b>14,288</b>
<b>Total equity and liabilities</b>	<b>168,603</b>	<b>48,358</b>	<b>120,245</b>	<b>248.7%</b>	<b>48,023</b>

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

30 September 2020

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
<b>Cash flows from operating activities</b>								
Cash receipts from Ministry of Health, patients and other revenue	14,074	14,320	(246)	(1.7%)	42,858	43,004	(146)	(0.3%)
Cash paid to employees	(6,435)	(6,296)	(139)	(2.2%)	(20,200)	(18,898)	(1,302)	(6.9%)
Cash paid to suppliers	(2,751)	(1,883)	(868)	(46.1%)	(6,999)	(5,854)	(1,145)	(19.6%)
Cash paid to external providers	(3,840)	(3,732)	(108)	(2.9%)	(11,371)	(11,195)	(176)	(1.6%)
Cash paid to other District Health Boards	(2,022)	(2,109)	87	4.1%	(6,040)	(6,326)	286	4.5%
<i>Cash generated from operations</i>	(974)	300	(1,274)	(424.4%)	(1,752)	731	(2,483)	(339.6%)
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	(85)	85	100.0%	0	(255)	255	100.0%
<b>Net cash flows from operating activities</b>	(974)	215	(1,189)	(552.5%)	(1,752)	476	(2,228)	(467.8%)
<b>Cash flows from investing activities</b>								
Interest received	4	8	(4)	(50.0%)	11	24	(13)	(54.2%)
(Increase) / Decrease in investments	2	0	2	0.0%	3	0	3	0.0%
Acquisition of property, plant and equipment	(710)	(272)	(438)	(161.0%)	(2,382)	(2,504)	122	(4.9%)
Acquisition of intangible assets	(100)	0	(100)	0.0%	(100)	(312)	212	
<b>Net cash flows from investing activities</b>	(804)	(264)	(540)	204.5%	(2,468)	(2,792)	324	11.6%
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	0	0	0.0%	0	2,000	(2,000)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	0	0	0.0%	0	2,000	(2,000)	100.0%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
<b>Net cash flows from financing activities</b>	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	(1,778)	(49)	(1,729)	3546.5%	(4,220)	(316)	(3,904)	1236.9%
Cash and cash equivalents at beginning of period	3,710	953	2,757	289.2%	6,152	1,218	4,934	405.1%
<b>Cash and cash equivalents at end of period</b>	<b>1,932</b>	<b>905</b>	<b>1,027</b>	<b>113.6%</b>	<b>1,932</b>	<b>902</b>	<b>1,030</b>	<b>114.1%</b>

**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Clinical Leaders

**DATE:** 30 October 2020

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast District Health Board as a regular update.

## 2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders' Update.

## 3. SUMMARY OF COLLECTIVE MAHI

This month, the Clinical Leaders have been contributing to updating the WCDHB Risk Register, which will include a mitigation strategy for managing risks related to inequity in health outcomes for tangata whenua Māori, as well as inequity in health outcomes for our rural communities.

We have been actively supporting the roll out of the Health Quality & Safety Commission's new Quality Safety Marker for consumer engagement, and will be meeting with the Commission's Director of Partners in Care on the 14 October to determine next steps. This new marker has also been incorporated into the DHB's Annual Planning process, with reporting commencing in Quarter 3 of the current plan.

We have also been supporting recruitment to the three positions associated with our Interprofessional Education (IPE) programme, which commences in March 2021.

## MATERNITY

Maternity is settling into their new space in Te Nikau. A long serving midwife (over 40 years) retired last month with great celebrations of her career. There is some FTE vacancy currently for Te Nikau maternity, but we are continuing to advertise including seeking a new graduate position for 2021.

We can confirm Dawn Kremers into the role as Charge Midwife Manager. Dawn stepped in when the previous Charge went on maternity leave and on her resignation following that leave we are delighted Dawn wishes to stay on in the role.

A PROMPT course was facilitated in maternity for a multi disciplinary team including St John's for obstetric emergencies specifically in the new unit. It was run by facilitators from CDHB and some of our own team also to assist everyone working together with common emergencies in the new space. The feedback was that it was really helpful at a number of levels including working with the two rural generalists who work in maternity.

Buller LMC midwives continue to work in this community with a number of women choosing to birth in Te Nikau. We suspected this may occur with the new build.



## **NURSING**

We are excited to announce that an appointment is in progress for the Nurse Director (Workforce) position. This role was revitalised as part of the organisational restructure and is responsible for leading nursing workforce development across the Coast, providing operational leadership to the Education/Development Cluster, and supporting/deputising for the Director of Nursing.

This month we have been working with the MS Society to explore how we might enable the Society's Community Education Nurse to provide interconnected support for Coasters living with neurological conditions by contributing to the shared electronic health record.

A Coast-wide Rural Nurse Specialist forum is set to occur on the 13 October, which will provide this highly skilled workforce with the opportunity to: connect with their peers and other colleagues, showcase innovations and clinical case learnings from their respective regions, and access other forms of professional development.

The Nurse Prescribing Governance Group is in the process of morphing into a Prescribing (Diagnostics & Medicines) Governance Group, which will be accountable to the Clinical Board and provide DHB-wide leadership and strategic direction regarding all aspects of requesting diagnostics and prescribing with the aim of reducing harm and ensuring safe and sustainable access to appropriate tests and medicines. Draft terms of reference are currently in progress.

## **4. CONCLUSION**

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by:

Clinical Leaders:

Brittany Jenkins, Director of Nursing

Gary Coghlan, GM-Hauora Māori

Graham Roper, Acting Chief Medical Officer

Heather McPherson, Clinical Director (Mental Health)

Jacqui Lunday-Johnstone, Executive Director of Allied Health

Jane George, Director of Allied Health

Norma Campbell, Director of Midwifery

**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** People and Capability

**DATE:** 30 October 2020

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

The West Coast DHB is building a motivated workforce committed to doing their best for the patient and the system. This includes:

- Promoting equity, fairness, and a safe and health workplace;
- Recruiting and retaining a sustainable health workforce;
- Delivering high quality care through generalist and specialist health; and
- Collaborating with CDHB to deliver transalpine healthcare.

This People Report reflects on the last quarter and includes an overview of the external factors that impact our people, progress against the key programmes that we've established to support the delivery of our People Objectives, and most importantly, the impact it's having on our people.

The monthly People Dashboard is also attached, providing an overview of our workforce, how it is changing, our Wellbeing, Health and Safety metrics and a newly developed overview of our workforce's diversity.

## 2. RECOMMENDATION

That the Board:

- Notes the People Report.

## 3. CONCLUSION

This report remains a work in progress as we refine our approach and content, dashboards, metrics and insights. We welcome feedback.

## 4. APPENDICES

Appendix 1:	WCDHB People Report –October 2020
Appendix 2:	WCDHB People Dashboard – September 2020

Report prepared by: Natasha Smith, Programme Manager, People Analytics, People and Capability

Report approved for release by: Paul Lamb, Chief People Officer



# People Report Quarterly Update

*October 2020*



West Coast  
– District Health Board –  
*Te Poari Hauora a Rohe o Tai Poutini*

# People Report: Quarterly Update | October 2020

## Our West Coast DHB Vision and People Objectives

### West Coast DHB Vision

*An integrated health system that is clinically sustainable and financially viable and wraps care around the patient to help them stay well*



### Our People Objectives

*Building a motivated workforce committed to doing their best for the patient and the system...*



Promoting equity, fairness, and a safe and healthy workplace



Recruiting and retaining a sustainable health workforce



Delivering high quality care through generalist and specialist health



Collaborating with CDHB to deliver transalpine healthcare

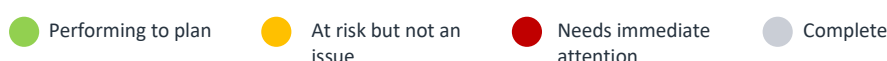
## About this Report

This *People Report* reflects on how our key people programmes have been doing over the last quarter. It includes an overview of the external factors that impact our people, progress against the key programmes that we've established to support the delivery of our People Objectives, and most importantly, the impact it's having on our people.

The monthly *People Dashboard* is also attached. This continues to provide an overview of our workforce and how it is changing, and our Wellbeing, Health and Safety metrics.

**This report remains a work in progress as we refine our approach and content, dashboards, metrics and insights. We welcome feedback.**

The following key is applicable to all roadmaps below:



# Macro Employment Environment

## New Zealand Employment | Workplace Relations Context

This section of the report sets out the New Zealand employment and workplace relations context, identifying those factors with the potential for impact on the DHB's operating environment.



### New Government Priorities

Following the election, we are likely to see progress within the first 6 – 8 months from the new government on a number of key policy areas, including:

- Introduction of Fair Pay Agreement legislation
- Increase in sick leave to 10 days per annum
- Amending the Holidays Act allow workers to have sick and annual leave entitlements accrue over time, rather than after 6 or 12 months of continuous employment
- Miscarriage/stillborn parental leave amendments
- Extend protections to dependent contractors, including by allowing them to collectively bargain and introducing a duty of good faith between the contracting parties

### Key impact for West Coast DHB

- The proposed changes may have resourcing and financial impacts on the DHB



### Fair Pay Agreements

The Labour Party has recently confirmed its commitment to enact Fair Pay Agreement ("FPA") legislation. The Minister of Workplace Relations received a Working Group report on FPAs in January, but this was shelved until the next parliamentary term.

FPAs are intended to set minimum employment terms and conditions for **all** workers across a whole industry or occupation. The intention of this legislation is to establish minimum rates of pay to apply on an industry wide basis and to prevent businesses competing against each other by driving down wages. Fair pay negotiations may also cover other terms and conditions such as hours of work, redundancy, leave, flexible work, leave and overtime.

There are a number of practical questions that will need to be addressed prior to establishing an FPA regime, including:

- How will employers and businesses coordinate effectively in relation to bargaining, given many will be competitors, with competing interests?
- How will employer groups actually undertake and resource negotiations, given that many employers do not currently engage in collective bargaining and will not have the expertise required for bargaining at this level?
- How will these negotiations be resourced and who will pay for them?
- How will small employers ensure they are heard and represented at the negotiating table, particularly given their bigger competitors could use the opportunity to squeeze out the competition?
- How will a fair ratification process be undertaken – can a simple majority bind a whole industry to specific terms and conditions?



- How do you account for regional variation? Should wages or conditions in our most populous (and expensive) centres be set the same as our poorer regions?

FPA's, if introduced, will create a paradigm shift in the employment relations landscape in New Zealand but there are a number of practical issues to be resolved in order for this system to be workable.

#### Key impact for West Coast DHB:

- Fair Pay Agreement negotiations are already underway for health administrators and nursing.
- Bargaining for Fair Pay Agreements is likely to be initiated on behalf of lower paid groups in the first instance. This could affect DHB cleaners, orderlies, administration staff and other support workers.
- Where employees are already covered by collective agreements, there may be some difficulty in determining how to recognise the overall value of the package in instances where minimum rates of pay and other conditions are being set. 93% of the West Coast DHB employees are paid as part of collective agreements
- The DHB may also need to consider what impact this could have on its contracting partners; where it contracts out services there could be some flow on financial impacts.



#### Covid19 Case Law Updates

In *Sandhu v Gate Gourmet New Zealand*, the Employment Authority considered one of the first cases regarding the application of the wage subsidy and ongoing employment obligations.

Gate Gourmet provided inflight catering to passenger aircraft. The issues arose during the Alert Level 4 lockdown. Despite being an essential service, Gate Gourmet's workload was significantly reduced and as a result it shutdown parts of its business.

Gate Gourmet proposed three options to its employees during this partial shutdown:

- Option One: Take annual leave until exhausted, and then move to option two;
- Option Two: Conditional on Gate Gourmet receiving the wage subsidy, pay the employee at a rate of at least 80% of their normal pay; or
- Option Three: Take option two, and use annual leave to supplement pay to a full 100%.

During this period, the minimum wage increased from \$17.70 to \$18.90 per hour. Gate Gourmet wrote to all its employees informing them that the new minimum wage rate would only be applied to those employees who were rostered on to work and that those who were not rostered on would continue to be paid the rate previously agreed, being 80% of their wage rate at the previous minimum wage.

After an objection from the union, Gate Gourmet agreed to also apply the new minimum wage rate to all employees, although still at only 80% of normal pay. The parties disagree on whether the union, on behalf of its employees, ever consented to the reduction in wages to 80%.

The Authority determined, regardless of whether consent was obtained, Gate Gourmet was required to pay its employees at least the minimum wage. Gate Gourmet was an essential service, its employees were ready, willing and able to work, and it was the employer's decision to not require those employees to come in to work.

This decision was appealed to the Employment Court, which convened a full bench to hear the case on 13 October 2020. The Chief Judge has acknowledged the importance of the issues and of providing certainty, and has undertaken to issue a decision as soon as practicable.

#### Key impact for West Coast DHB:

- The outcome of the appeal is unlikely to have any major impact for the West Coast DHB, however there may be flow on effects for a number of small service providers the DHB deals with, and its contracting partners.



### WorkSafe's approach to bullying and harassment matters

WorkSafe has several options available to address issues that come to its attention. To date, WorkSafe has not taken prosecution action in respect of bullying and harassment matters.

One of the options that WorkSafe is instead adopting in bullying and harassment cases is to assess the systems and processes that an organisation has in place to manage bullying and harassment. WorkSafe will review the systems and procedures to determine their adequacy and will determine whether they are being applied consistently and appropriately across the organisation. Where issues are identified, WorkSafe may undertake further follow up work and/or issue compliance notices.

A review of this kind would be undertaken in three stages:

- First, a request for information (relevant policies and procedures) pursuant to section 168 of the Health and Safety at Work Act 2015.
- Second, WorkSafe will provide a questionnaire to be completed by the organisation.
- Third, meetings will take place with key senior management, health and safety representatives, union representatives, and several workers.

#### Key impact for West Coast DHB:

- People and Capability are conducting a substantial programme of work to address bullying and harassment across the West Coast and Canterbury DHBs. This includes implementing new policies, a new Code of Conduct, and a new service to enable employees to speak up about harmful behaviour.



### Violence in the disability and health sectors

WorkSafe has recently released new guidelines for managing risks associated with violence in the disability and health sectors (including rest homes). The guidelines can be found here:

<https://worksafe.govt.nz/topic-and-industry/health-and-safety-in-healthcare/violence-in-the-health-and-disability-sector-guidance-for-pcbus/>

The guidelines describe its key points as:

- Persons conducting a business or undertaking (PCBU) must manage the risk so far as is reasonably practicable.
- Good systems provide structure for managing risk.
- Risk management includes support and care for workers and patients/clients.

#### Key impact for West Coast DHB:

- The DHB should review its policies and procedures to ensure that they meet the standards set out in the guidelines.



## Holidays Act Compliance Programme

In late 2019, West Coast DHB started their Holidays Act Compliance Programme alongside the other NZ DHBs. Like most NZ employers, we're not meeting the requirements of the Holidays Act 2003 and we must do two things to put it right:

1. Make changes to payroll systems and supporting business practises so that once we're compliant, we stay that way - this is the Rectification Phase.
2. Recalculate all leave transactions for current and former employees from 1 May 2010 to make sure they reflect what the Holidays Act expects. Where employees and/or former employees have been subject to under payments, remediation payments will be made – this is the Remediation Phase.

The Programme is expected to be able to make payments to employees who are shown to have been underpaid by mid to late 2021. The likelihood of being owed money will be influenced by some key circumstances with underpayments more likely to have been made if an employee:

- ✓ Regularly received payments over and above their normal salary, e.g. allowances and/or benefits.
- ✓ Have or had a variable working pattern.
- ✓ Have or had changed working hours, e.g. full to part time or vice versa.
- ✓ Have or had held a few different roles.
- ✓ Have or had been employed on a casual contract.

### Key impact for the West Coast DHB:

The West Coast project continues to progress and deliver as required within the prescribed National DHB Programme. All key milestones are being met, specifically in this last quarter:

- *The Rectification Phase* has commenced detailed analysis of the solutions needed to 'fix' areas of non-compliance. For some there is more than one way to remedy an issue, for others, just one solution. These potential solutions are soon to be discussed with business stakeholders, unions and Executive members so a clear way forward is agreed.
- *The Remediation Phase*, which is the most complex of the compliance work, has been scoped and sized and approval has been given to partner with EY to deliver it. Focus is shifting to detailed planning. EY will be working closely with the in-house Holidays Act compliance team to ensure that remediation and rectification phases are delivered concurrently, will be leading remediation calculation activities and managing and overseeing the remediation process for ex-employees.



## New Zealand Health Sector | Industrial Context

This section of the report sets out the current and most recently settled multiple employer collective agreement (MECA) and single employer collective agreement (SECA) bargaining, upcoming bargaining for the foreseeable future, and the impact it may have on the DHB's operating environment.



### NZNO MECA

In June 2020 NZNO initiated bargaining for a new national MECA. This workforce is the DHB's largest workforce and the negotiations in the last round of bargaining led to significant strike action.

Several bargaining days were held towards the end of September, however, these did not lead to the parties reaching an agreement.



### STONZ MECA

The Specialty Trainees of New Zealand (SToNZ) union representing junior doctors, initiated bargaining on 12 October 2020. SToNZ is one of two Unions that our RMO workforce belong to. Bargaining dates have not yet been set and there are no specific West Coast DHB related risks to report at this stage.



### PSA Home Based Support Services SECA

The PSA Home Based Support Services SECA has recently been concluded by the parties in September this year. The WCDHB is now working on implementing this agreement.



### PSA Allied and Public Health MECA

On the 8 September 2020 PSA initiated bargaining for their Allied and Public Health document, of which WCDHB is a party.

Bargaining has not yet commenced in respect of this SECA but claims have been exchanged between the PSA and the DHB Advocates.



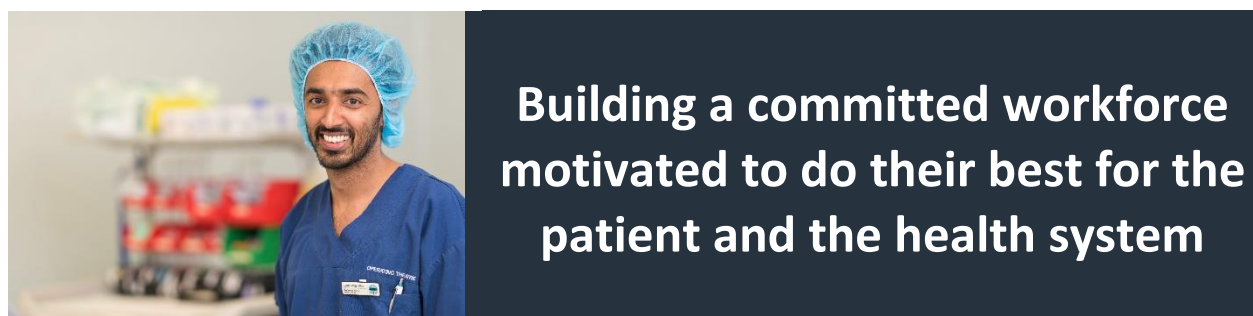
### E Tū Support Services

The E Tū Support Services SECA expired in March 2020. Due to COVID the parties have not yet met for their first bargaining session however, bargaining is due to commence shortly.

# People and Capability Programmes of Work

## Progress updates

This section of the report sets out our key People and Capability initiatives against each of our people objectives, including our achievements this quarter, and our goals for the next three months.



### Initiative: Care Starts Here

*Care Starts Here* is about who we are and how we take care of ourselves and those around us. It's about enabling our people values:

<i>Doing the Right Thing</i>	<i>Being and Staying Well</i>	<i>Valuing Everyone</i>
<i>He tika te tika</i>	<i>Oranga tonutanga</i>	<i>Mana Tangata</i>

The programme has four components:

- **Understanding what matters** – engaging our people in a conversation about “what we care about” and “how things are done around here”.
- **Setting direction and boundaries** – strengthening and developing core people policies and processes, including our *Code of Conduct*.
- **Supporting positive behaviour** – developing tools and resources to help people live our values and how we do things around here.
- **Ensure all our people feel they belong** – making real progress towards understanding and delivering what our people need to feel like they belong.

### Achievements this quarter:

- ✓ Consulted staff on new Recruitment Policy, Leave Policy and Drug and Alcohol Policy to our union partners for consultation
- ✓ Delivered first restorative process for West Coast
- ✓ Scoped divisional needs relating to culture and conduct (including active bystander online learning)



**3.0%**  
Of employees  
identify as having a  
disability\*



**82.5%**  
Employees with a  
recorded ethnicity

**0.6%**  
Increase since last  
quarter

*\*Of those who have answered “yes”, “no” or “prefer not to say”*

### Goals for next quarter:

- Implement new Recruitment Policy, Leave Policy and Drug and Alcohol Policy
- Further improve ethnicity and disability declaration percentage for all our employees
- Initiate change in recruitment practise to take Māori and people who live with disabilities who met minimum requirements to interview
- Implement changes to job adverts including incorporation of Te Reo Māori in job adverts and job title translations
- Support restorative conferences on an as needed basis and deliver team and culture interventions for divisions in need
- Work with the Operational Leadership Group (OLG) to further action plan on the back of *Our Say, Our Future* survey results

### Initiative: max. HR Service Portal

Our **max.** service portal is leading the way in the digital transformation of our HR service. By adopting an unrelenting focus on the employee experience and an iterative, continual improvement delivery model or new and enhanced services in weeks rather than months, we're fundamentally changing the way our people experience work.

The **max.** digital transformation is committed to maximising service delivery efficiency and reducing administrative burden for all our people - clinical and corporate areas alike.

### Roadmap:



### Achievements this quarter:

Professional Expense Claim service is now live and available for all Senior Medical Officers. Features of the service include

- Capturing the Annual Practising Certificate (APC) number and expiry to hold against the employee's max. profile so managers and the employee will receive alerts at 10 and 3 days prior to the renewal date.
- Reimbursements can be claimed as soon payment has been made rather than waiting until the end of the quarter.
- Reimbursement will be paid in the next pay cycle once it's approved so there's no wait time
- Using the max. mobile app, reimbursements can be claimed from anywhere in the world, so there's no need to be onsite at work.

Based on workshops we held back in 2019 improvements to the 'Appoint a New Staff Member' service were released. A new 'Internal Appointment Service' is now live to be used for internal movements across and within the West Coast DHB. The service is tailored for internal movements of staff and thus makes it easier and faster.



**755**  
Unique users in  
the last 30 days



**112**  
Downloads of the  
**max.** app in the  
last 30 days



**23**  
Knowledge  
articles published



**1,838**  
Total Leave  
Requests



**3,582**  
Total HR Cases

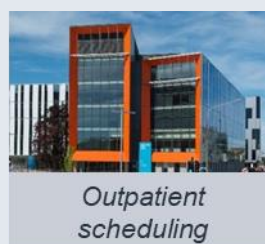
#### Goals for next quarter:

- Release new candidate portal for Onboarding and hiring manager experience
- Enhance our annual credentialing service for our Senior Medical Officers through automatically pulling information about registration directly from the Medical Council of New Zealand's website.
- Develop workflow services for managing approvals of other key business documents, including approvals for business cases, minor capital expenditure, and contracts with vendors.

#### Initiative: Bringing to life the *Now of Work*

We're going beyond HR to deliver solutions 'in the flow of work' using technology to improve the way we work. Using the same technology platform our max. service portal is built on, we've designed and delivered a transalpine IT service management solution and new way of working for the Oracle finance and procurement support team.

We will continue to expand our solutions across the organisation. This includes investigating how we can use the outpatient scheduling service developed for the new Christchurch Outpatients building on the West Coast, including looking at the design and flow of work.



#### Roadmap:



#### Achievements this quarter:

- ✓ iSupport service expanded to replace the previous IT service portal (Cherwell), for a one-stop place for IT services
- ✓ MagiQ User Access Service released for the Oracle finance and procurement support team

## Goals for next quarter:

- Implementing a ServiceNow Idea Portal for iSupport and HR to streamline demand and project teams' work
- Work closely with Planning and Funding to design a contract management solution for managing our community health service contracts

## Initiative: Improving our core people operating systems and processes

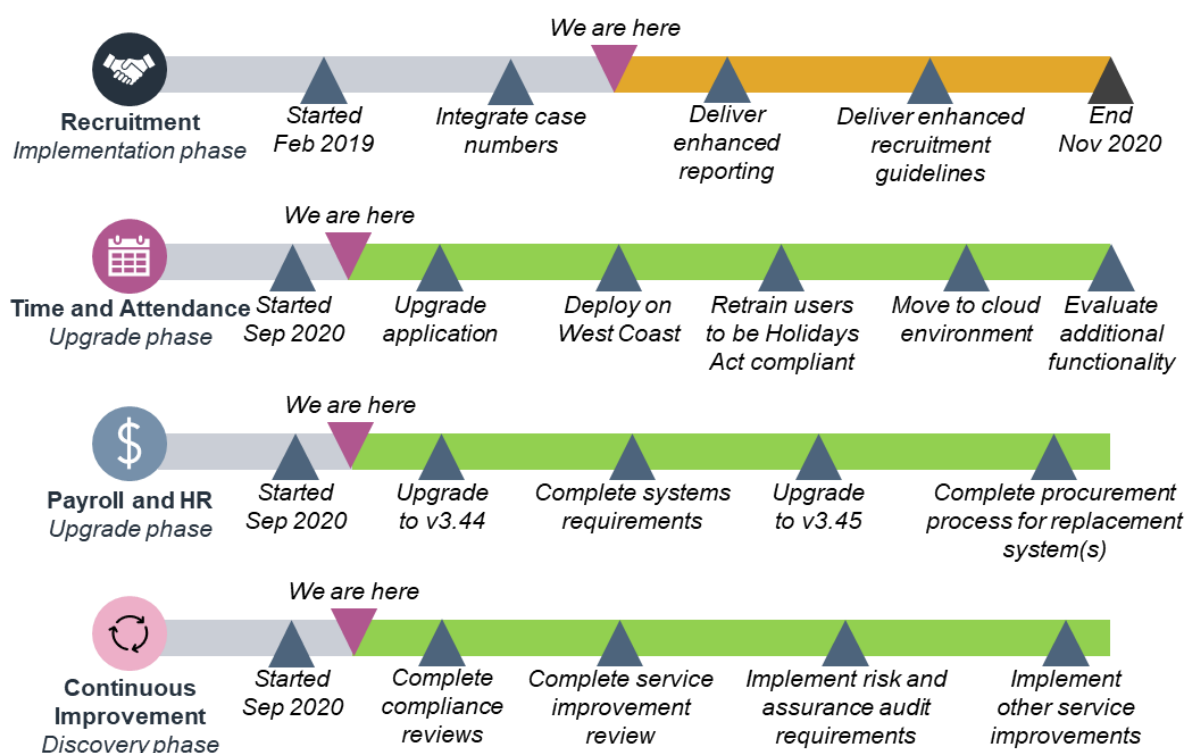
We're continuing to work on significant improvements to our core people technology systems including our recruitment system, payroll and rostering systems, alongside improving our ways of working across our core people operations team. Significant focus is on reducing manual interventions to rostering and payroll approvals and processing across the organisation and reducing the volumes of changes requiring processing by People and Capability.

We are currently upgrading our two main systems to enable Holidays Act compliance and enhance our capabilities. This includes both our HR and Payroll system, PSe, and our rostering and time and attendance system, Microster.

Microster is the master time and attendance system for Canterbury DHB, and includes integration with our payroll system for payments. West Coast DHB currently uses a range of scheduling and rostering systems, but record time and attendance using paper timesheets. We are implementing Microster at West Coast DHB to enable electronic recording of time and attendance, which is a requirement for the Holidays Act. The implementation of Microster at West Coast DHB will not replace existing electronic scheduling systems, as these will be able to interface with Microster then into PSe.

In September, we received notification from our HR and Payroll system vendor that they will not be supporting our current system in 24 months' time, requiring a full replacement solution to be procured and implemented prior to that date. We are working with other organisations also using our current system to identify solution requirements, and we're part of an optional All of Government marketplace being developed for payroll vendors which will support our procurement process.

## Roadmap:



## Achievements this quarter:

### Recruitment systems and processes:

- ✓ Updated salutations into Te Reo in all customised and standard correspondence issued from the system
- ✓ Integrated approval case numbers from our HR service portal, max., into our recruitment system to enable end to end tracking of recruitment for positions
- ✓ Transitioned support into Technology team

### Payroll and HR system [PSe]:

- ✓ Agreed project plan for upgrade to single instance across both DHBs and cloud migration
- ✓ Statement of Work for the upgrade has been signed by vendor and includes upgrades to both version 3.44 and then to version 3.45, which is required for Holidays Act compliance
- ✓ Completed privacy analysis
- ✓ Commenced investigations into replacement of our HR and Payroll systems

### Rostering and time and attendance system [Microster]:

- ✓ Appointed a Project Manager for the system upgrade and rollout to the West Coast DHB
- ✓ Submitted scope change for approval

## Goals for next quarter:

### Recruitment systems and processes:

- Develop and implement regular, customised reporting
- Develop and provide access to dashboards and reports for hiring manager users
- Deliver recruitment guidelines incorporating reporting

### Payroll and HR system [PSe]:

- Complete payroll requirements for the AOG marketplace
- Launch PSe version 3.44 and use in a business as usual capacity.

### Rostering and time and attendance system [Microster]:

- Develop project plan
- Deliver stage 1

### Continuous Improvement Programme

- Complete compliance reviews and implement improvements within workflows
- Commence service improvement review in payroll processing
- Complete implementation of improvements required within recruitment resulting from Risk and Assurance audit
- Implement Public Service Commission's Workforce Assurance Model Standards required changes in recruitment and exit processes



## Promoting equity, fairness, and a safe and healthy workplace

### Initiative: Health and Safety systems improvement

This programme of work is to deliver the balance of recommendations from the 2016 external review of our health and safety systems. The 2019-2022 Health and Safety Management Systems Improvement Plan has been drafted and submitted for GM consultation and Union engagement in November, and focusses on:

- Enhancing our culture of safety
- Building the capability of our people to be proactive in health, safety and wellbeing
- Enhancing our wellbeing, health and safety intelligence
- Understanding and managing our risk

This work is ongoing and focuses on our current health and safety technology solutions, as well as our compliance with the Occupational Health and Safety Standard ISO 45001S.

The aim of the Health and Safety improvement programme is to:



Improve hazard and risk management



Enhance incident reporting and analysis



Provide the ability to self-review against policies and procedures



Enable timely access to health and safety information to aid decision-making

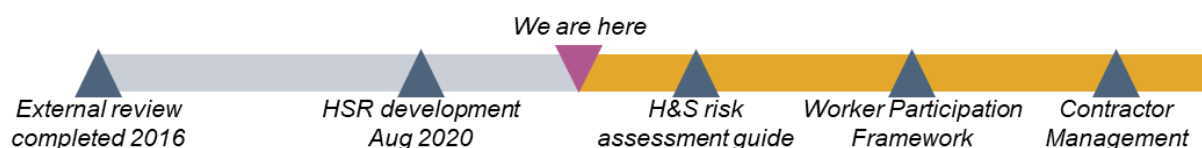


Provide confidence to DHB leadership that our obligations are discharged



Build Health and Safety capability within the WCDHB

### Roadmap:



Our work defining the roles and responsibilities is currently on-hold until the organisational changes have been confirmed across the West Coast DHB and once COVID-19 activity has reduced.

### Achievements this quarter:

- ✓ Developed, tested and delivered health and safety components for Te Nikau orientation and migration, including duress alarm and emergency procedures and flip charts. We also completed the Accreditation Audit
- ✓ Developed Fit testing of N95 Masks, commenced training of fit testers and fit testing of staff in priorities areas such as ED, ICU and Theatres
- ✓ Completed on consultation of the Final Draft Asbestos Policy and Asbestos Management Procedures



- ✓ Launched the Health and Safety Representative (HSR) training module on our South Island-wide electronic learning system, HealthLearn
- ✓ Finalised the Deloitte Safety Management Systems Review report

#### Goals for next quarter:

- Complete fit testing across the DHB for all appropriate roles
- Complete consultation on worker participation guidelines
- Commence implementation of Deloitte Safety Managements Systems Review recommendations
- Publish Risk Management Reference Guide
- Ensure all Health and Safety Representatives complete the new online learning module and required Unit Standard
- Conduct Health and Safety Representative inhouse induction and capability uplift workshops
- Publish the Asbestos Management Procedures and updated Policy

#### Initiative:

#### Refresh Health and Wellbeing [Occ Health] Service Vision and Strategy

The Health and Wellbeing Service Vision and Strategy builds on a review conducted in 2017 to identify how we might better support the current and future needs of our people.

COVID-19 has further highlighted opportunities to improve the services and value delivered by Health and Wellbeing, including:

- The opportunity to work more closely with clinical stakeholders in the co-design of services
- Ensuring appropriate clinical guidance
- Consideration of both physical and mental health
- Identifying those with overlapping accountabilities and agree roles and responsibilities, including Community and Public Health, Infection Prevention and Control, Infectious Diseases and Microbiology
- Improving our ability to manage exposure risks

We have also identified opportunities to improve and digitise our services, including:

- Influenza and other vaccination programme
- Immunisation status including pre-employment processes
- Respiratory protection equipment fit testing

#### Roadmap:



This programme of work is currently delayed as we pivot resources to supporting the COVID-19 response across West Coast and Canterbury DHBs.



#### Achievements this quarter:

- ✓ Developed and tested max. app to digitise influenza vaccination processes
- ✓ Completed consultation on Drug and Alcohol policy, Testing procedure and Rehabilitation guidelines

#### Goals for next quarter:

- Complete COVID-19 After Action Review
- Ensure staff are adequately supported following the release of the HDC investigation findings.
- Fill our Occupational Health Nurse vacancy, which has been challenging to fill because the position is only 0.5 FTE.
- Conduct research into Occupational Health functions in other organisations and other DHBs.



## Recruiting and retaining a sustainable health workforce

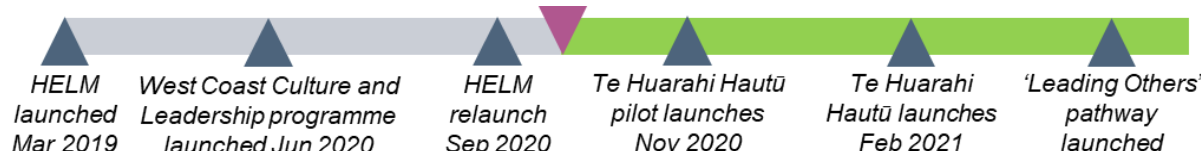
### Initiative:

### Developing our Leadership Capability

We're implementing a systematic approach to managing talent and developing leaders and leadership. This approach aims to not only support the development of all our people but to provide managers and the organisation with tools to identify, support and advance key talent.

**HELM** is a learning initiative designed to support everyone to lead through blended learning solutions while targeted development programmes such as the **West Coast Culture and Leadership Programme** and **Te Huarahi Hautū** address key areas of development need.

### Roadmap:



### Achievements this quarter:

- ✓ Finalised the Purpose and Strategy document and supported OLG to implement the new ways of working
- ✓ Completed user testing of available online learning and *helmleaders.org* website
- ✓ Completed a communications and engagement approach to relaunch *helmleaders.org* across the DHB
- ✓ Developed and released the 'Leading Self' learning pathway with learning content for everyone aligned to the Public Services Commission leadership framework



**60%**  
of managers completed at least 1 HELM course in the past year



**+32**  
Average Net Promoter Score across all HELM courses



**70**  
Leaders attending deep dive learning



**3,475**  
Total course completions in the past year.



**9,719**  
Users have visited HELM.org since August 2019



**67%**  
Average completion rate across all our courses

### Goals for next quarter:

- Complete a pilot phase of Te Huarahi Hautū for feedback and refinement
- Release Te Huarahi Hautū in February 2021 for the DHB

## Initiative: Enhancing the Talent Lifecycle

We're implementing a systematic approach to managing talent and developing leaders and leadership. This approach aims to not only support the development of all our people but to provide managers and the organisation with tools to identify, support and advance key talent.

Through this work we are; identifying essential leadership capabilities across all roles within our organisation and embedding these in role **Statements of Accountability**, providing our people the opportunity to discuss their development through a formal **Success and Development** conversation with their manager and be directed to targeted development resources, and building tools to support **succession planning** and **talent identification** both within teams and across the wider organisation.

The team are discovering, building and maintaining additional pipelines for more diverse range of talent to come into our organisation, particularly increasing Māori, Pasifika and people who live with a disability's participation in our workforce.

### Roadmap:



### Achievements this quarter:

- ✓ Appointment of a number of medical staff to roles across the DHB including in the Rural Hospital Generalist space and a Nurse Director for Workforce.
- ✓ Reviewed recruitment interview templates and have embedded cultural competence questions into recruitment interviews
- ✓ Designed and released a new Statement of Accountability framework

### Goals for next quarter:

- Identify suitable applicants for our hard to recruit roles, specifically our Rural Health Generalist doctors
- Complete cultural uplift programme for our Talent Management team
- Deliver Success and Development Conversation workshops for our Māori employees and all West Coast people managers

# Quarterly WCDHB People Analytics Dashboard – 30 September 2020

## Our Vision

An integrated health system that is clinically sustainable and financially viable and wraps care around the patient to help them stay well



## Our People Objectives

Building a motivated workforce committed to doing their best for the patient and the system...



Promoting equity, fairness, and a safe and healthy workplace



Recruiting and retaining a sustainable health workforce



Delivering high quality care through generalist and specialist health



Collaborating with CDHB to deliver transalpine healthcare

## What does our workforce look like?

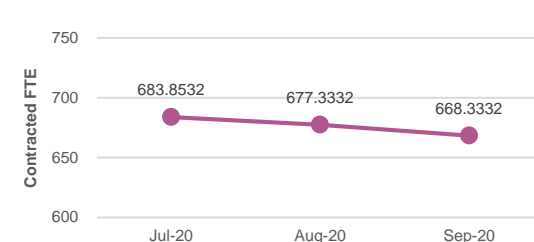
### Key Insights

- There has been a continual decrease in FTE over the past couple of months, with a drop of 9 FTE between August and September. The largest decrease was within nursing with a combined decrease of 5.1 FTE.
- We're continuing to grow the completeness of our ethnicity records, with ethnicity information now recorded for 82.5% of our employees, up from 49% 12 months ago.
- More information about our Māori workforce strategy can be found in the Quarterly Report.

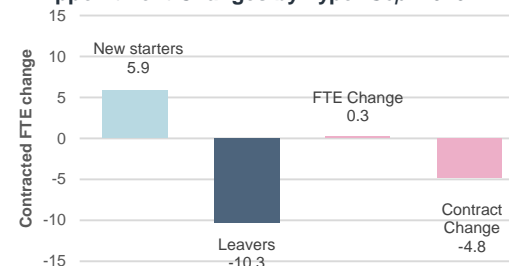
### FTE | Payroll | Demographics

### Diversity

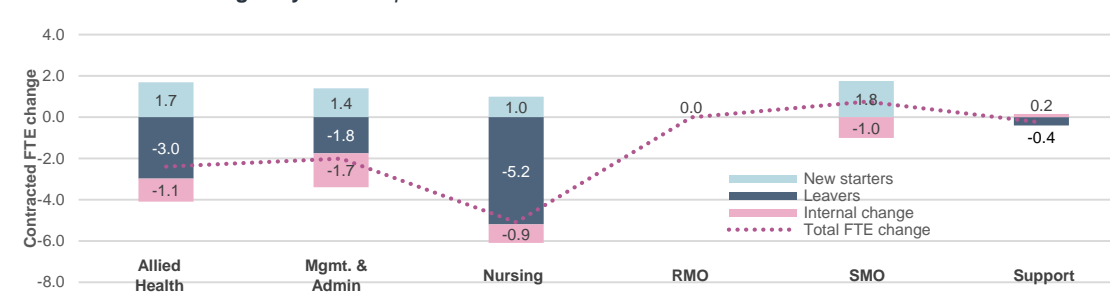
#### Contracted FTE Trend – Last three months



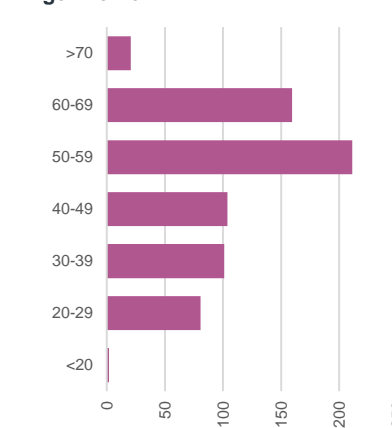
#### Appointment Changes by Type: Sep. 2020



#### Contracted FTE Changes by Role: Sep. 2020

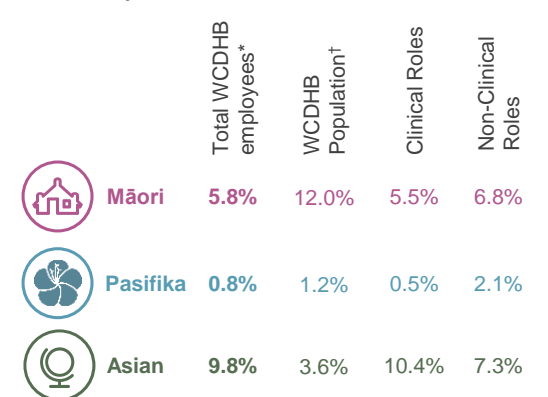


#### Age Profile



We face pressure around our aging workforce, with 57.7% of our workforce aged 50 or over.

#### Ethnicity Profile



The proportion of people leaders in our workforce who identify as Māori or Pasifika are underrepresented. Also, the majority of Pasifika within the workforce are employed in non-clinical roles.

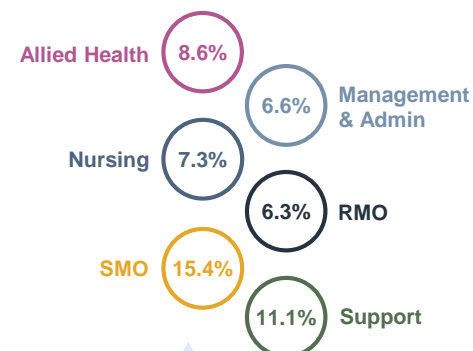
Note: The ethnicity figures do not include 17.5% of employees who do not hold ethnicity information on. We have a programme of work underway to increase our ethnicity records

## What's changing in our workforce?

### Key Insights

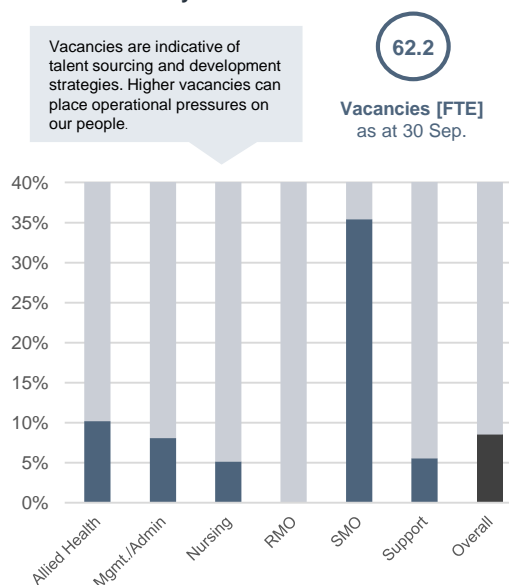
- Our overall unplanned turnover rate is 8.0% (rising from 7.4% last month). This is lower than the average unplanned turnover for the NZ public service sector (11.8% in 2019).
- We have placed a number of SMO vacancies in September, reducing our days to fill significantly. Our SMO talent acquisition strategy continues to focus on GPs and Rural Generalists. See the Quarterly Report for more information.
- Of our vacancies in Allied Health, 7 FTE relate to new Occupational Therapist positions.

#### Attrition Rate by Role over the last 12 months



Attrition rate is an indicator of engagement. High rates can impact continuity of service provision and staff wellbeing for those carrying additional load

#### Proportion of Vacancies Being Recruited For By Role

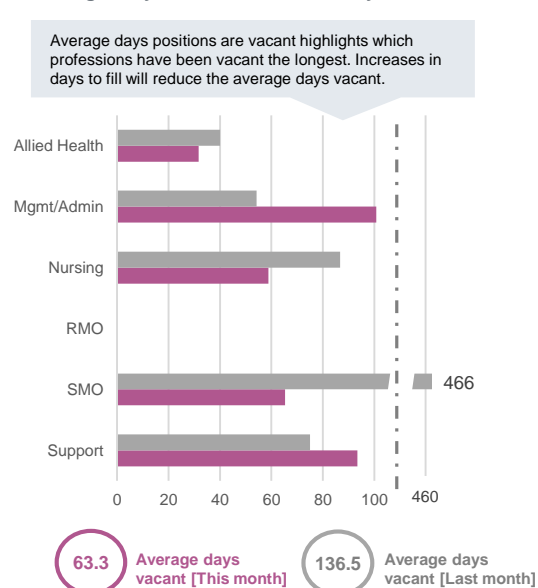


Vacancies are indicative of talent sourcing and development strategies. Higher vacancies can place operational pressures on our people.

62.2

Vacancies [FTE] as at 30 Sep.

#### Average Days Positions Vacant by Role

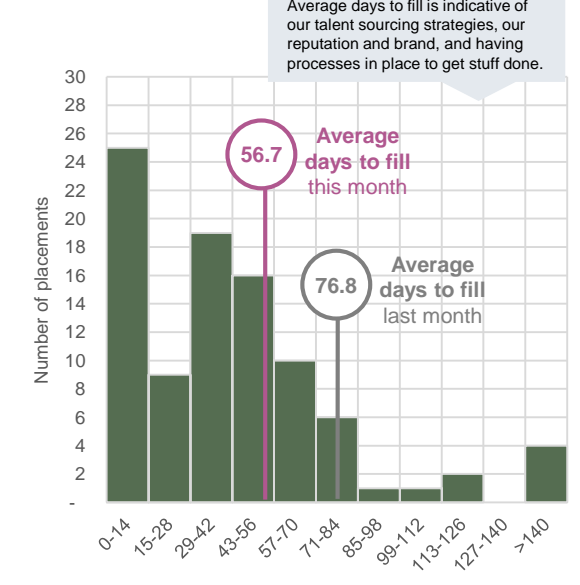


Average days positions are vacant highlights which professions have been vacant the longest. Increases in days to fill will reduce the average days vacant.

63.3 Average days vacant [This month]

136.5 Average days vacant [Last month]

#### Days to Fill Vacancy from Notification: Previous 6 Months



Average days to fill is indicative of our talent sourcing strategies, our reputation and brand, and having processes in place to get stuff done.

Average days to fill this month

Average days to fill last month

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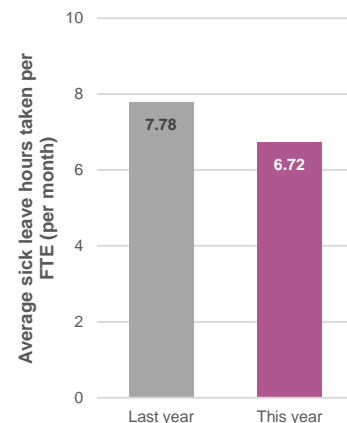
## What's the impact of our Wellbeing, Health and Safety efforts?

### Key Insights

- On average, our employees have taken 6.72 hours sick leave per month per FTE over the last 12 months; an improvement on the previous 12 month period (7.78 hours). This is reflective of national trends in low flu numbers during the COVID-19 pandemic.
- Small numbers of FTE in our RMO, SMO and Support workforces (all less than 30) mean our average days sick leave per FTE is easily skewed by 1-2 individuals on long-term illness or injury leave.
- With the exception of July, our people have taken less annual leave since lockdown in April this year, resulting in increased annual leave balances. This follows national trends in a COVID-19 environment, and we are running a campaign to encourage our people to take annual leave in the months before Christmas.
- During the past 12 months there has been an increase in the number of musculoskeletal injuries, driving targeted injury prevention programmes.
- We have also seen an increase in BBFE incidents, including 6 needle sticks, which are managed by Infection Prevention and Control

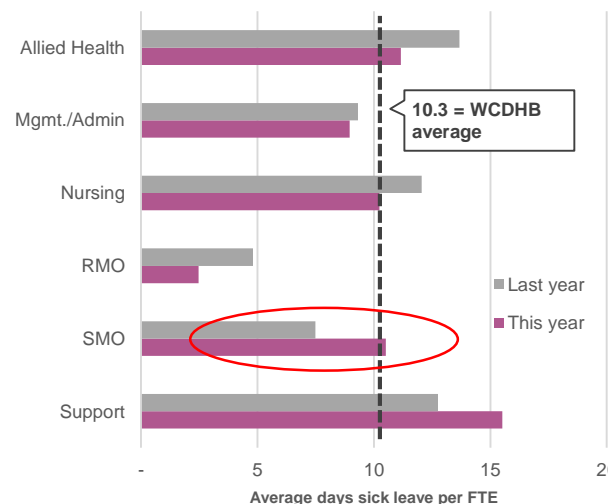
### Average sick leave hours taken per FTE per month

Sick leave utilisation can be considered a proxy for the general wellbeing of our workforce and the success of our efforts to support our people to be and stay well.



### Sick leave days taken per FTE over 12 months by role

In the last 12 months, our employees took on average 10.3 days sick leave per FTE, compared to 11.7 days in the 12 months prior.



### Mechanism of Harm: Work Injuries

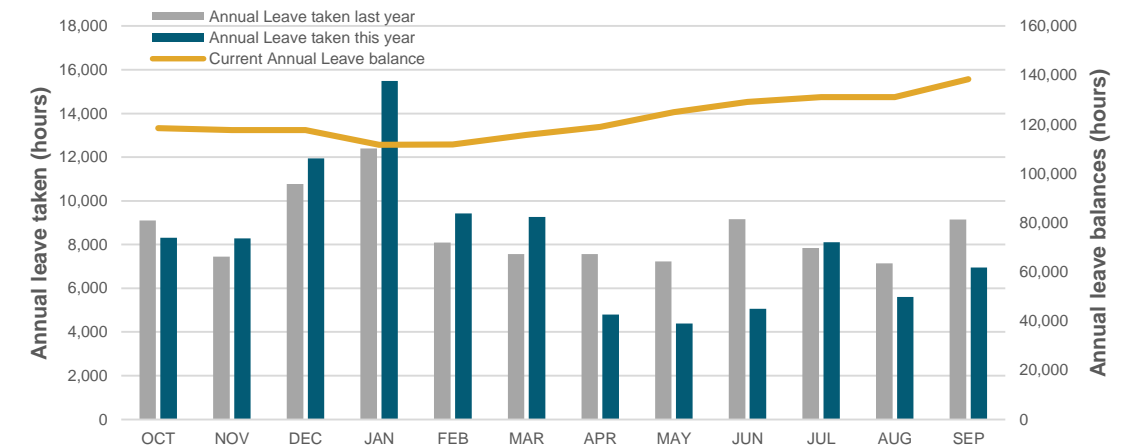
Number of injuries in the last 12 month period compared to the previous 12 months. This is taken from data up to end of August 2020.



73 Total number of Work Injuries (This Year)

48 Total number of Work Injuries (Last Year)

### Annual Leave Taken hours and Balance for the last 24 months for the DHB:



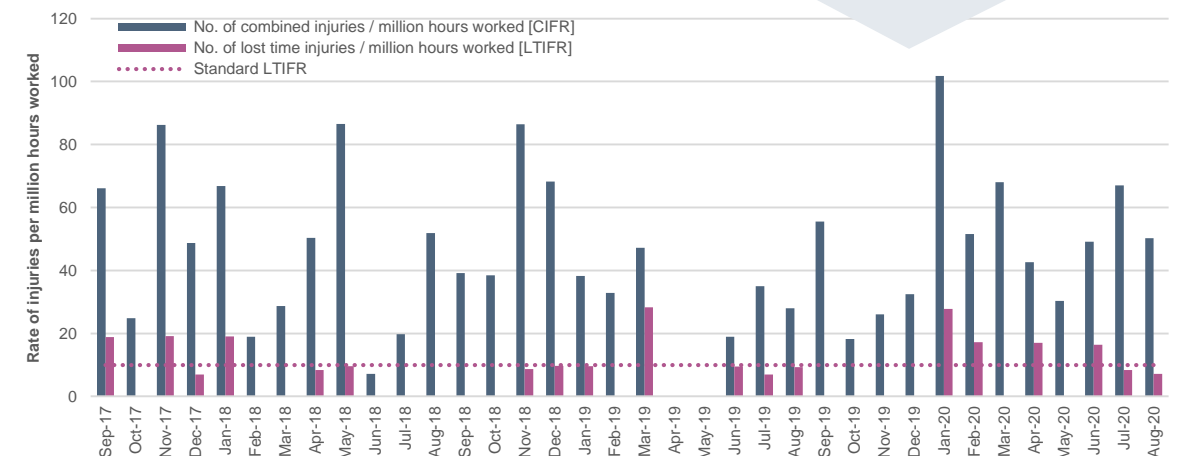
### WorkSafe Notifiable Events

WorkSafe have decided not to investigate or assign an inspector to follow up any of the notified events in the last three months.

Event type	Notifiable Events			Duty Holder Review [WorkSafe]		
	Jul-20	Aug-20	Sep-20	Jul-20	Aug-20	Sep-20
Death	-	-	-	-	-	-
Notifiable illness or injury	-	-	-	-	-	-
Notifiable incident	-	-	-	-	-	-

### Combined & Lost Time Injury Frequency: Last three years

The Combined Injury Frequency Ratio [CIFR] is based on the number of all ACC accepted medical treatment claims per million hours worked. The Lost Time Injury Frequency Ratio [LTIFR] is the Number of lost time injuries to million hours; it continues to be above the ACC Healthcare Levy Risk Group Average (Standard) of 10. This is ACC data taken to end of August 2020.





# Quarterly WCDHB People Analytics Dashboard – 30 September 2020

## Our Vision

An integrated health system that is clinically sustainable and financially viable and wraps care around the patient to help them stay well



## Our People Objectives

Building a motivated workforce committed to doing their best for the patient and the system...



Promoting equity, fairness, and a safe and healthy workplace



Recruiting and retaining a sustainable health workforce



Delivering high quality care through generalist and specialist health



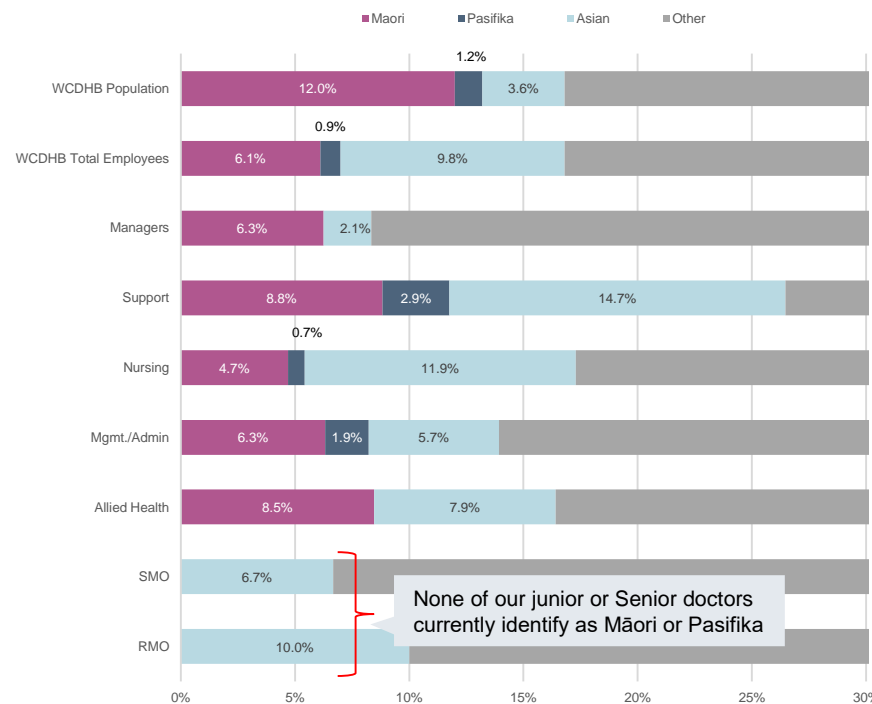
Collaborating with CDHB to deliver transalpine healthcare

## What does our workforce diversity look like?

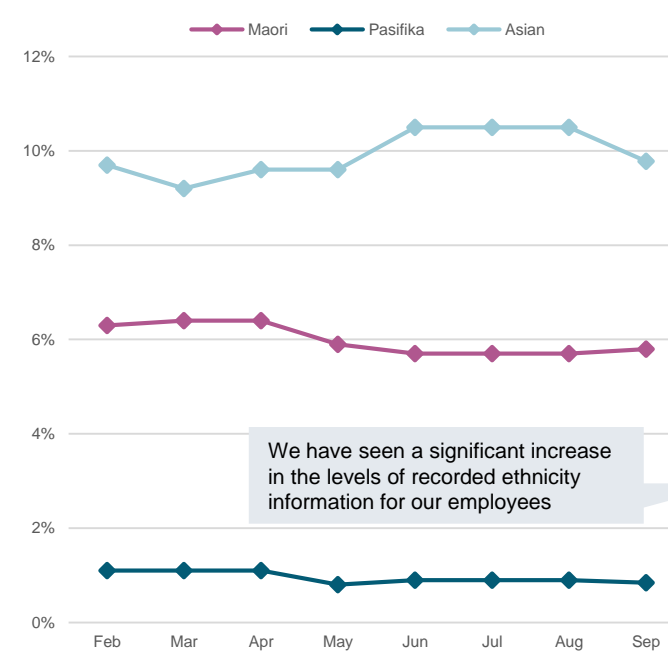
### Key Insights

- Our ethnic diversity varies significantly across our occupational groups, with our support occupations being the most diverse group.
- We have a strategic talent programme to increase the recruitment of Māori across our clinical, non-clinical and management roles.
- We currently have slightly above the average representation of Māori amongst our people managers (compared to our overall workforce).
- Our West Coast Culture and Leadership programme and Te Huarahi Huatū are providing leadership development opportunities for our Māori workforce.
- Around 30% of our workforce is soon to retire or past retirement age of 65. Succession plans are critical to ensure service delivery remains sustainable on the West Coast.
- Our workforce is predominately female, with 85.9% of employees identifying as wāhine, compared to a 12.4% tāne, and 0.3% gender diverse.
- Work is ongoing to encourage people to update their demographic and diversity information through our HR service portal, max., to provide further insights into our workforce.

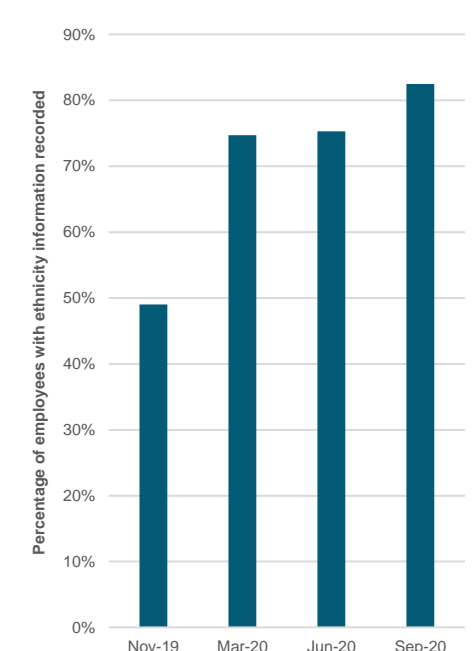
### Ethnicity mix by occupation group



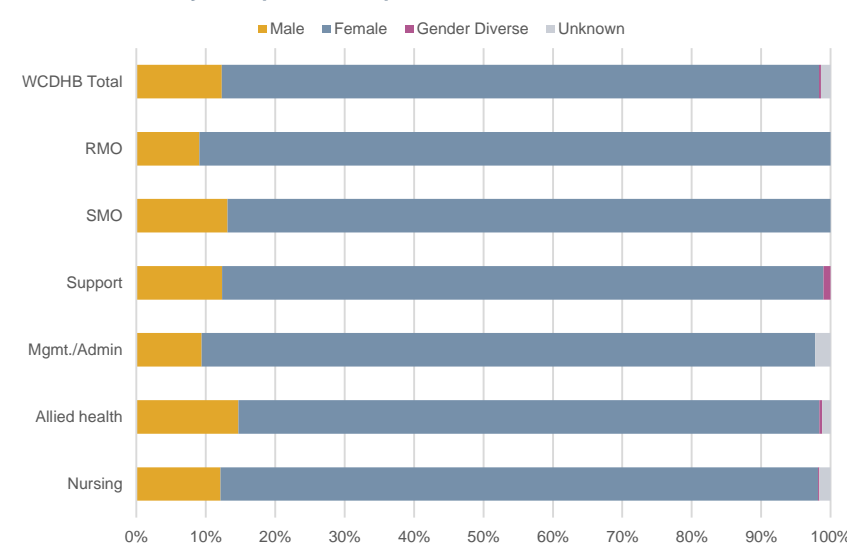
### Ethnic diversity over time



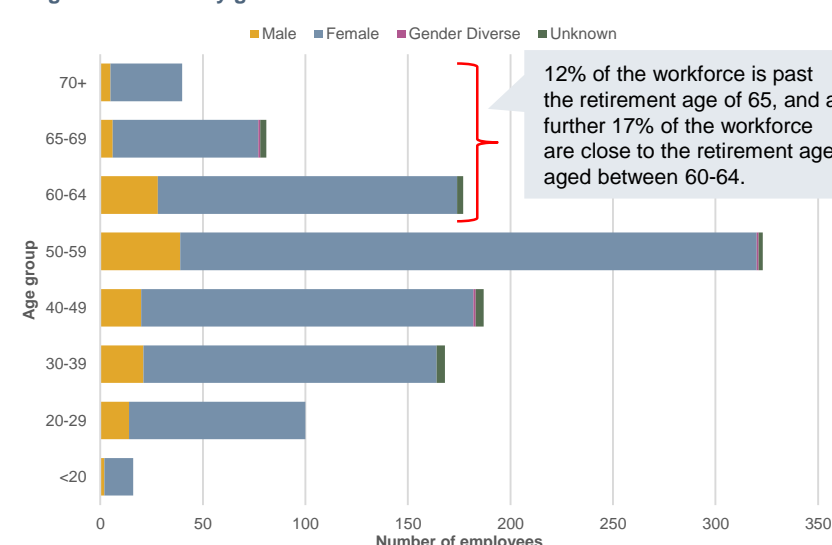
### Capturing ethnicity information



### Gender mix by Occupation Group



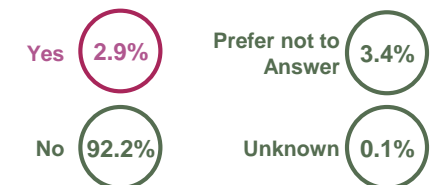
### Age distribution by gender



### Self-reported disability in our workforce

We have more of our employees identifying as having a disability than previously.

In our 2018 Annual Report we had zero employees who identified as having a disability



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Planning and Funding

**DATE:** 30 October 2020

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This paper is to answer the following action point from the meeting held on 7 August 2020:

**ACTION:** The Chair asked that as a regular report we track the movements of telehealth, the usage prior to COVID, during COVID and now. Also reports pre and post Te Nikau move showing that number of operations taking place, the range of operations, along with the journeys saved with patients not having to travel.

## 2. RECOMMENDATION

That the Board notes the preliminary information on telehealth requested, along with insights.

## 3. SUMMARY

This paper provides an initial look at how the WCDHB captures telehealth appointments and provides some insights for the period from 01 January 2020 through end of September 2020. Overall the Board will see slight increased usage of telehealth from January with extensive usage during the lockdown period. Post lockdown the use of telehealth is increasing, and the challenge is to maintain that level of usage and extend it when appropriate.

The paper also provides a high-level view of surgery. For a more detailed view, the readers are directed to the information provided to the QFARC committee.

An area of opportunity exists in developing ways to capture the uptake of telehealth in primary care. Offering telehealth as a formal option to deliver primary healthcare appointments, where applicable and safe to do so, can deliver material benefits to patients and to the system considering the volume of appointments currently delivered in primary care.

Utilising and measuring telehealth remains an ongoing focus at West Coast DHB to maximise benefits to patients and reduce unnecessary need for travel.

## 4. APPENDICES

Appendix 1: Tracking Telehealth.

Report prepared by: Ginny Brailsford, Team Leader, Planning and Funding  
Report approved for release by: Ralph La Salle, Acting Executive Director Planning, Funding and Decision Support

# TRACKING TELEHEALTH PRIOR TO COVID, DURING COVID AND NOW

“The West Coast District Health Board (WCDHB) aims to optimise investment in shared electronic systems and telehealth technology, to reduce delays in care, sessions where patient do not attend appointments, and the time specialist, clinical staff and patients waste travelling. (Annual Plan Report 2020/2021)”

A full description of the benefits and challenges involved in delivering telehealth is beyond the scope of this paper. We are continuing to refine ways to visualise the impact of telehealth.

## **TELEHEALTH DEFINITION**

Telehealth has a broad definition. The New Zealand Telehealth Forum<sup>1</sup> defines telehealth as “... the use of information and communication technologies to deliver health care when patients and care providers are not in the same physical location.”

For example, telehealth includes telephone and video consultations. To be effective, telehealth relies on fast broadband internet services. Healthcare related education, research and evaluation can also take place using telehealth facilities.

The term ‘in-person’ for appointments where a patient is physically present in the same room as the clinician is preferred to ‘face-to-face’ as video conferences are considered to involve a ‘face to face’ interaction.



To provide a high-level view of the impact of telehealth on our health system, this paper is divided into the following sections:

1. Outpatient appointments
2. General Practice
3. Surgeries (pre- and post-COVID and Te Nīkau move)

For context, dates of the first COVID lockdown periods were:

- Level Three Lockdown – 23rd to 25th March
- Level Four Lockdown – 25th March to 27th April
- Level Three Lockdown – 28th April to 12th May
- Level Two Lockdown – 14th May to 8th June

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<sup>1</sup> <https://www.telehealth.org.nz/telehealth-forum/what-is-telehealth/>



## 1. OUTPATIENT APPOINTMENTS

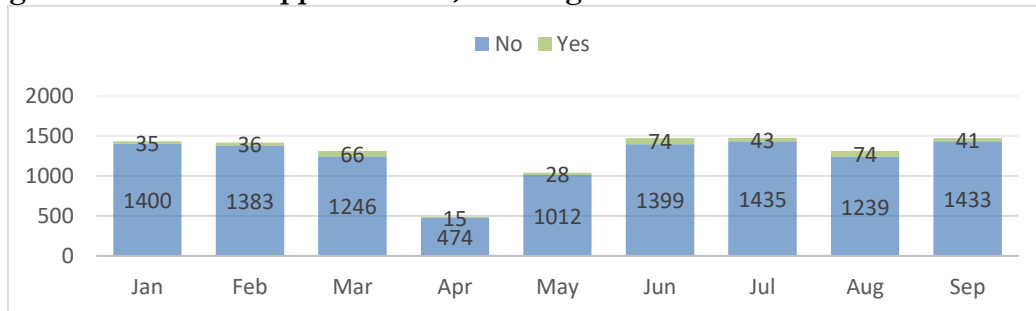
The data and graphs which follow track telehealth for the 2020 calendar year.

### a) Suitability for telehealth

When accepting a referral for an appointment, clinicians flag whether the appointment is suitable to be delivered via telehealth.

The graph below shows the number of appointments in blue vs the number of appointments deemed suitable for telehealth in grey for this calendar year to the end of September

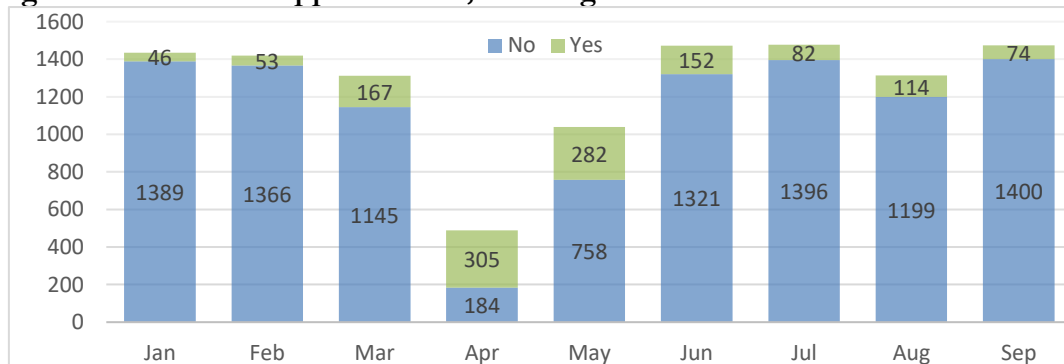
**Figure 1: Number of appointments, showing those considered suitable for telehealth**



### b) Delivery via telehealth

When New Zealand was in lockdown, the delivery of outpatient appointments at the WCDHB was predominantly via telehealth. The number of appointments delivered by telehealth are in grey.

**Figure 2: Number of appointments, showing those delivered via telehealth**



On balance, prior to COVID lockdown, clinicians were moving to providing more telehealth delivery than planned (31% [46/35] in January and 47% in February). The COVID lockdown obviously increased telehealth usage. Since lockdown we are seeing a higher percentage of appointments delivered via telehealth than before. The challenge is to continue to get clinicians to identify those appointments which are suitable for telehealth and we are working on ways to do that in our triaging. We are also looking at what changes their minds from triaging through delivery.

### c. Journeys saved

**Figure 4: Distance matters**

In September 2020

How many patients travelled for longer than 60 minutes to their appointment?	How far did patients travel to appointments? (return trip distance for all appointments)	What is the maximum potential saving if all patients only travelled as far as their closest WCDHB clinic?
39.8% (586 out of 1474)	86,430 kms	50,695 kms

‘Travel to nearest clinic’ is shown as there may be a requirement for the telehealth appointment to be held in a clinic space (for example with a nurse or other skilled professional alongside the patient to provide assessment or observations to the remote clinician).

Patients may also choose to travel to a clinic other than their nearest clinic for a consultation or, if technology allows, the consultation can be conducted in the home.

### d) Targeting follow-ups

First Specialist Appointments are usually delivered in-person. A lesser-known expectation, for example, is that the Medical Council expects that a practitioner has an in-person consultation with the patient before prescribing a medicine for the first time (Medical Council of New Zealand Statement on Telehealth, March 2020), unless there are extenuating circumstances.

We can see opportunities exist to further utilise telehealth for follow-up appointments where it is appropriate. Below is a representation of how many follow-ups were delivered in a month, and how many of these were delivered by telehealth.

**Figure 5: Follow-up appointments**

In September 2020

Total appointments	Follow-up appointments	Follow-up appointments delivered by telehealth
1474	50.7% (748 out of 1474)	5.2% (39 out of 748)

## 2) GENERAL PRACTICE

HealthPathways provides some necessary guidance on telehealth suitability via the “COVID-19 Practice Management” and “COVID-19 Impact on Clinical Care and Local Services” pathways. The New Zealand Telehealth Resource Centre has so far provided a series of 8 webinars discussing telehealth applicable to primary care in the new environment (first one was 30<sup>th</sup> April).

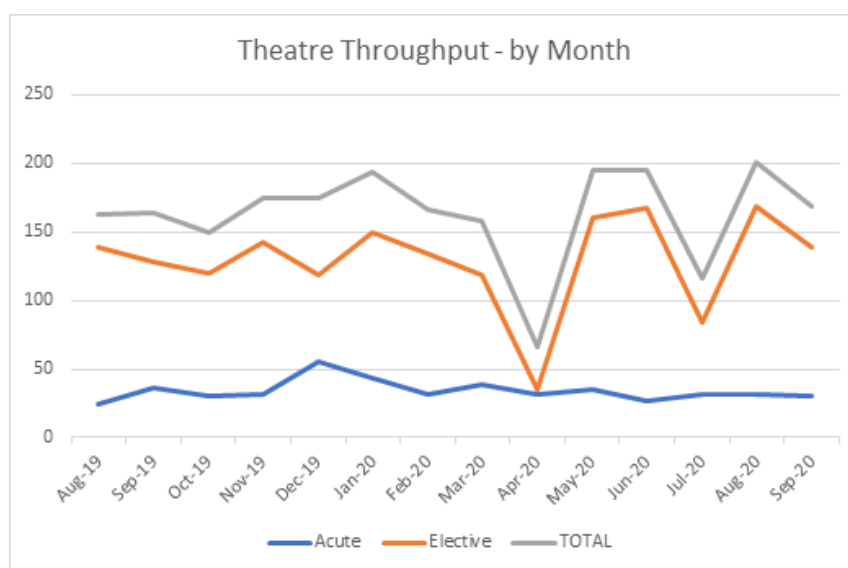
The DHB-owned general practices did not specifically track telehealth appointments before or during the COVID-19 lockdown. A guide for standardised recording in the patient management system that a primary healthcare appointment has occurred via telehealth was shared with our general practices in September 2020.

There are now two off-site general practitioners working for our general practices. Appointments conducted by these practitioners will be via telehealth so we anticipate an increase in the numbers of telehealth appointments in the months to follow.

The West Coast Primary Health Organisation (PHO) conducted a survey of patients’ and clinicians’ experiences with virtual consultations during the first COVID-19 lockdown. The results included responses from over 600 enrolled patients and 35 clinicians. Whilst results point towards a favourable experience considering the extenuating circumstances, the PHO observes that training and support for practices is necessary to assure safety, success and acceptability of this care delivery method from general practice in the long term.

### 3) **SURGERIES (PRE- AND POST- COVID AND TE NĪKAU MOVE)**

A high-level view of theatre activity for the last 12 months is shown below. Please note that the Board receives detailed reports on elective surgery type and progress of the planned care initiative via the Quality, Finance, Audit and Risk Committee.



**Interpretation:** The dip in elective procedures during April can be attributed to the COVID-19 lockdown and the dip in July to the move to Te Nīkau. The graph shows increased activity after both of these periods with a return to the previous trend during September. We have confirmed that coding is up to date.

**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Planning and Funding

**DATE:** October 30, 2020

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Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This paper has been prepared to provide the Board with confirmation that the West Coast District Health Board (DHB) Annual Plan for 2020/21 has been approved and signed by the Minister of Health.

## 2. RECOMMENDATION

That the Board:

- i. Notes the letter of approval from the Minister of Health.

## 3. SUMMARY

The final version of the West Coast DHB's 2020/21 Annual Plan was submitted to the Ministry of Health (following Board approval) in August 2020, alongside the final 2020/21 Statement of Performance Expectations and System Level Measures Improvement Plan.

On 1 October the DHB received advice that the Minister of Health had approved and signed the West Coast DHB's Annual Plan. The Minister's letter of approval is attached for the Board, as Appendix 1 and a copy has also been included, as requested, in the Annual Plan itself.

The 2020/21 Annual Plan and the 2020/21 Statement of Performance Expectations and 2020/21 System Level Measures Improvement Plan, both appendices to the Annual Plan, are now available on the DHB's website.

The Statement of Performance Expectations for 2020/2021 will also be tabled in Parliament, alongside the DHB's 2019/2020 Annual Report, before the end of the year.

## 6. APPENDIX

Appendix 1: The Minister of Health's Letter of Approval for the 2020/21 Annual Plan

Prepared by: Sarah Ioannou, Senior Advisor, Planning & Performance

Approved by: Ralph La Salle, Acting Executive Director Planning, Funding & Decision Support  
Andrew Brant, Acting Chief Executive

## Appendix 1: Minister of Health's Letter of Approval

### Hon Chris Hipkins

MP for Remutaka

Minister of Education

Minister of Health

Minister of State Services

Leader of the House

Minister Responsible for Ministerial Services



25 September 2020

Hon Rick Barker  
Chair  
West Coast District Health Board

Dear Rick

#### West Coast District Health Board 2020/21 Annual Plan

This letter is to advise you that I have approved and signed West Coast District Health Board's (DHB's) 2020/21 Annual Plan (Plan) for one year.

I am pleased that your plan provides a strong platform to deliver on the priorities identified in the 2020/21 letter of expectation and focuses on equity, sustainability and addressing the population groups with the highest needs.

I encourage you to continue discussions with your fellow Chairs about how you can share skills and expertise in order to ensure that your financial performance is consistent with the agreed plan. I particularly encourage you to ensure that your senior executives maintain the tight fiscal controls that will be necessary to sustain improvements in the out years. Your focus on strengthening financial management and performance, including through collaboration with your fellow Chairs, remains critical to creating a sustainable financial path.

The Ministry will shortly engage with you on the \$18.8 million of sustainability funding for DHB led improvement projects, that has been made available by the Government. I encourage you to accept offers from the Ministry to utilise this funding.

Please note that approval of your Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health, including changes in FTE. I expect you to continue to engage with the Ministry of Health to ensure you have a strong rationale for any adjustment to planned FTE during the year. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan does not constitute approval of any capital business cases or requests for equity support that have not been approved through the normal process.

+64 4 817 8706

Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand

c.hipkins@ministers.govt.nz

beehive.govt.nz

I am aware that an extension was provided to the requirements for finalising DHB planning documents required by the Crown Entities Act 2004 due to the impacts of COVID-19. If required, please update your published Statement of Performance expectations and Statement of Intent (if applicable) to align with your approved Plan.

Please also ensure that a copy of this letter is attached to any copies of your signed Plan that are made available to the public.

Thank you for the work you and your team are doing to support equitable health outcomes for New Zealanders, during a time when our system has faced additional pressures from COVID-19.

I look forward to seeing further positive progress as you deliver your Plan.

Ngā mihi nui

A handwritten signature in blue ink, appearing to be 'CH', representing Hon Chris Hipkins.

Hon Chris Hipkins  
Minister of Health

# RESOLUTION TO EXCLUDE THE PUBLIC



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Governance Support

**DATE:** 30 October 2020

Report Status – For: Decision ☒ Noting ☐ Information ☐

## 1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

## 2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, & 9.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the “Act”) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 6 August 2020 and the Public Excluded Special meeting of 24 September 2020	For the reasons set out in the previous Board agenda.	
2.	Ministry of Health Quarterly Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	NZHP FPIM Service Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	2020-21 IEA Remuneration Strategy	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Chair and Chief Executive Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)



7.	Draft Annual Accounts	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	
6.	Rating Summary Update Q4 2019/20	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Clinical Leaders Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
9.	People & Capability Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 5, 8, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”;

### 3. **SUMMARY**

The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 provides: *“A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that: (a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982”.*

In addition Clauses (b) (c) (d) (e) of Clause 32 provide further grounds on which a Board may exclude members of the public from a meeting, which are not considered relevant in this instance.

Clause 33 of the Act also further provides:

- “(1) Every resolution to exclude the public from any meeting of a Board must state:*
- (a) the general subject of each matter to be considered while the public is excluded; and*
  - (b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and*
  - (c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)*
- (2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board”.*

Report Prepared by:

Governance Support



## WEST COAST DHB – MEETING SCHEDULE

### FEBRUARY – DECEMBER 2020

DATE	MEETING	TIME	VENUE
Friday 21 February 2020	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	Advisory Committee Meeting	9.45am	St John, Water Walk Rd, Greymouth
Thursday 12 March 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 27 March 2020	BOARD MEETING	10.15am	Zoom
Friday 8 May 2020	BOARD MEETING	TBC	Zoom
Thursday 11 June 2020	Advisory Committee Meeting	9.45am	St John, Water Walk Rd, Greymouth
Thursday 11 June 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Board Room, Corporate Office
Friday 26 June 2020	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth
Friday 7 August 2020	BOARD MEETING	10.00am	Te Nikau – Meeting Room 1
Thursday 10 September 2020	Advisory Committee Meeting	9.45am	Te Nikau – Meeting Room 1
Thursday 10 September 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Thursday 24 September 2020	BOARD MEETING	10.00am	Te Nikau – Meeting Room 1
Friday 30 October 2020	BOARD MEETING	10.00am	TO BE CONFIRMED
Thursday 26 November 2020	Advisory Committee Meeting	9.45am	TO BE CONFIRMED
Thursday 26 November 2020	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Thursday 10 December 2020	BOARD MEETING	10.00am	Bridge Club - Westport

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