West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 12 February 2021
at 10.00am

Corporate Office Board Room
Greymouth

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

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

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)

Dr 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 *(Medical Director, Workforce, Legislative and National Representation)*
Karalyn van Deursen (*Executive Director, Communications)*
Savita Devi *(Acting Chief Digital Officer)*
Philip Wheble (*General Manager, West Coast)*
Bianca Kramer (*Governance Support)*

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Friday 12 February commencing at 10.00am

KARAKIA			***10.00am***
ADMINISTRATION			
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *10 December 2020*		
3.	**Carried Forward/Action List Items**		
PRESENTATION			***10.10am***
4.	**West Coast Interpersonal Education Programme 2021 - Update**	Dr Fiona Dolan-Noble *Programme Leader*	*10.10am-10.30am*
5.	**Allied Health Update**	Jacqui Lundy-Johnstone *Executive Director, Allied Health*	*10.30am-10.50am*
REPORTS FOR NOTING			
6.	**Chair's Update – Verbal Update**	Hon Rick Barker *Chair*	*10.50am-11.00am*
7.	**General Manager's Update**	Philip Wheble *General Manager – West Coast*	*11.00am-11.15am*
8.	**Finance Report**	David Green *Acting Executive Director, Finance & Corporate Services*	*11.15am-11.25am*
9.	**Clinical Leader's Update**	Clinical Leaders *Brittany Jenkins – Director of Nursing*	*11.25am-11.35am*
10.	**People Report**	Paul Lamb *Acting Chief People Officer*	*11.35am-11.45am*
11.	**Telehealth Dashboard**	Ralph La Salle *Acting Executive Director, Planning, Funding & Decision Support*	*11.45am-11.55am*
12.	**Annual Plan Report**	Ralph La Salle *Acting Executive Director, Planning, Funding & Decision Support*	*11.55am-12.05pm*
13.	**Resolution to Exclude the Public**	*Governance Support*	*12.05pm*

INFORMATION ITEMS

- 2021 Meeting Dates

ESTIMATED FINISH TIME **12.05pm**

NEXT MEETING: **26 March 2021**

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 Karamea tae noa atu ki Awarua.

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker **Chair**	• **Deputy Chair - Hawke's Bay Regional Council** • **Director - Napier Port** • **Director - Hawke's Bay Regional Council Investment Company**	N N N	
Tony Kokshoorn **Deputy Chair**	• **Dixon House, Greymouth** - Trustee • **Greymouth Evening Star Newspaper**– Shareholder • **Hokitika Guardian Newspaper** – Shareholder • **Greymouth Car Centre** - Shareholder • **Daughter a Doctor at Christchurch Hospital** • **MS Parkinsons Society** - Patron	N Y Y N N	
Chris Auchinvole	• **Justice of the Peace** Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • **Daughter-in-law employed by Otago DHB**	N N	
Susan Barnett	• **Employed by the West Coast DHB** as a Public Health Nurse based in Reefton (0.2FTE). • **Son employed by Deloitte** – used for risk management auditing	Y N	
Sarah Birchfield	• **Accessible West Coast Coalition Group** - Member • **Canterbury/West Coast Disability Action Plan Committee** – Member • **Active West Coast Committee** – Member • **Growing Up Well On The West Coast Steering Group** – Member	N N N N	
Helen Gillespie	• **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.	Y N	

	• **Accessible West Coast Coalition Group** - 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 • **Kowhai Project Committee** – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.	N N	
Anita Halsall-Quinlan	• Nothing to report	N	
Edie Moke	• **New Zealand Blood Service** - 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.	N	
Peter Neame	• **White Wreath Action Against Suicide** – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders. • **Author and Publisher** of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.	N N	Perceived
Nigel Ogilvie	• **Westland Medical Centre** - Managing Director • **Thornton Bruce Investments Ltd** - Shareholder/Director • **Hokitika Seaview Ltd** - Shareholder • **Tasman View Ltd** - Shareholder, • **White Ribbon Ambassador for New Zealand** • **Sister** is employed by Waikato DHB • **West Coast PHO** - Board Member • **Wife** is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • **Wife** is Board Member West Coast PHO • **Southern ALT Workstream -** Chair	Y N N N N N Y Y Y	Actual Perceived Actual Perceived
Francois Tumahai	• **Te Runanga o Ngati Waewae** – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the	N	

	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. **Poutini Environmental** - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. • **Arahura Holdings Limited** – Chief Executive • **West Coast Regional Council Resource Management Committee** – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • **Poutini Waiora Board** - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • **Development West Coast** – 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. • **West Coast Development Holdings Limited** – Director • **Putake West Coast** – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • **Ngai Tahu Pounamu** – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • **Westland Wilderness Trust** – Chair • **West Coast Conservation Board** – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • **New Zealand Institute for Minerals to Materials Research** (**NZIMMR)** – Director • **Westland District Council** – Councillor	N N N Y N N N N N N N N	Actual

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at Westport Bridge Club, 12A Lyndhurst Street, Westport
on Thursday 10 December 2020 commencing at 10.30am

BOARD MEMBERS

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

EXECUTIVE SUPPORT

Dr Andrew Brant (Acting Chief Executive); Philip Wheble (General Manager, West Coast);. Gary Coghlan (General Manager Maori Health); Savita Devi (Chief Digital Officer) Jane George (Director of Allied Health, Scientific & Technical West Coast District); David Green (Acting Executive Director, Finance & Corporate Services) (via zoom), Jane George (Director of Allied Health, Scientific & Technical West Coast District); Brittany Jenkins (Director of Nursing); Paul Lamb (Chief People Officer), Ralph La Salle (Acting Executive Director, Planning & Funding & Decision Support); Jacqui Lunday Johnstone (Executive Director, Allied Health*)* (via zoom), Melissa Macfarlane (Team Leader, Planning & Performance); Graham Roper (Chief Medical Officer) (via zoom) and Karalyn van Deursen (Executive Director, Communications) (via zoom)

Gary Coghlan said the karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations

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 (64/20)
(Moved: Peter Neame /Chris Auchinvole - carried)

"That the minutes of the Meeting of the West Coast District Health Board held at Corporate Office Board Room, on Friday 30 October 2020 be confirmed as a true and correct record.

Matters Arising

i. A request was made for the number of surgeries perform month to month be reported
ii. Request for an update on Buller GP job offers, along with current numbers going into the Christmas period. Mr Wheble responded by informing the Board that one job offer has been accepted and is currently progressing through the Medical Council, the second offer when going through the Medical Council had some issues identified. Cover wise for Christmas and New Year there is still a shortage of approximately 12 sessions. The two week Christmas period is covered by both permanent and locums, outside of that period Greymouth based Rural Generalists will be providing cover. Reefton will be covered by regular locums.
iii. It was asked what is the average wait time from someone to see a GP for non-urgent appointment in Westport. Mr Wheble explained the average wait time to see a GP is 4 days,

which is calculated by adding the wait time for each individual GP and averaging that total. Dependant on which GP you want to see, the shortest wait time was 1 day and the longest 9 days. Urgent visits to a GP are seen on the day.

iv. It was asked what our annual cost is for locums – Mr Wheble explained it is a significant amount, it also depends on what the locum is providing (primary or secondary). Somewhere between $1,400-$2,000 per day per locum.

3. CARRIED FORWARD/ACTION LIST ITEMS

A number of the items are showing 'to be scheduled' – Finance 101 to be made a priority. It was asked that specific meeting dates be allocated to items.

4. ALLIED HEALTH STRATEGIC DIRECTION - Presentation

Jacqui Lunday Johnstone, Executive Director, Allied Health introduced the presentation by informing the board that this shows the strategic direction for Allied Health with the presentation being an overview of work that has been done collectively.

Jane George, Director of Allied Health, Scientific & Technical West Coast District, took the accompanying paper as read and provided a presentation on the WCDHB Allied Health Strategic Direction. This covered the 14 services which make up the Allied Heath, Scientific & Technical area at the DHB.

Ms George spoke to the six key priorities which are as follows:

i. Workforce Development
ii. Enhancing Leadership
iii. Partnership, Participation and Empowerment
iv. Digital Optimisation
v. Professional Practice & Skills Development
vi. Research, Innovation & Improvement Science

Ms George expanded on the Stepped Model of Care which shifts the focus from predominantly specialist service provision to make better use of limited clinical resources targeting the resource where they make the most impact. This includes an equity focus as well as full utilisation of our Kaiawhina workforce, who undertake clinical tasks they have been specifically trained in to support the sustainable delivery of care and rehabilitation within local teams.

Over the last year, in partnership with the PSA a career framework has been built. The Framework has a focus on ensuring allied & public health staff are equipped to meet current and future health care needs. It is designed to be used across different professional groups and specialties (including generalists) areas so that a consistent approach to career progression is used for allied health across the five South Island DHBs.

Rural Generalism has been recognised as a specialist or designated role for allied health professionals within this framework.

Care Capacity Demand Management (CCDM) to date has mainly been in relation to Nursing and Midwifery, but now with the PSA there is a commitment to ensure safe staffing levels are achieved for allied health professions as well. There is work being done on how to operationalise CCDM, alongside TAS and the other DHBs.

The Chair thanked Ms George for her presentation and asked for questions.

It was asked what the scope of work was for the kaiawhina (clinical assistants not covered by a regulatory authority). Ms George explained that they are thoroughly trained to be able to undertake tasks safely under delegation from clinicians.

A question was asked about timeframes for those with high complex needs having assessments completed. Ms George indicated she would source that information and feed it back to the board.

It was asked has Consumer Council been engaged in this? Ms Lunday-Johnson explained that his model is not specific to any particular service but is a model that is recognised internationally as a way of shifting the focus to a preventative/early intervention and enablement that supports the people of all ages to get the help when they need it. Ms Lunday-Johnson went on to clarify that for child development the exploration of what a good model would like is in its infancy across the South Island.

After the recent criticism of the Rural Generalist role versus the Specialist role, Andrew Brant, Acting CE, indicated he sees this as key platform for enabling the Rural Generalist role, what is happening here on the Coast with medical, nursing and allied is a great sustainable model which will give consistent care to the community.

With DHB's working toward a Maori/Pacifica workforce that reflects the Maori/Pacifica population proportionally for the region by 2030, it was asked how this is being done within Allied Health areas, along with what is the current percentage of Maori/Pacifica employed in the area and what are the timeframes will that see a fairer representation. Ms George said Allied Health Directors are working together to develop a fairer framework. These targeted actions will increase the percentage due to making it easier by removing what could have been seen as barriers. It was asked that further down the line if numbers and percentages could be provided.

Resolution 65/20)

(Moved: Tony Kokshoorn / seconded Nigel Ogilvie – carried)

That the Board:

i. note the Allied Health Strategic Direction presentation

5. CHAIRS UPDATE

The Chair had some questions put to him by the West Coast local member of parliament Damien O'Connor regarding the Rural Generalist role and how it has been perceived by the community. There needs to be clear communications sent out to ensure the community understand the roles and any misconceptions are cleared up and confidence in the programme is built.

There is a need to keep an eye on reform in the health sector, there has been no movement on the implementation of the Heather Simpson report other than the Minister of Health stating the 5 year lead in period is too long.

An update on the new St John premises in Haast where the Haast clinic is relocating to, the move is due to take place and the clinic will be open.

The mental health unit, although it is on the backburner the Chair informed everyone he has been in discussions with the MoH and has asked them to call a meeting in Greymouth. They can view the current facility for themselves.

The new Buller Health facility is moving along, tenders have gone out and the build is running to schedule

The Chair said reflecting on 2020, COVID being a major disruption with planned actions not been carried out. 2021 will start a fresh with items not actioned being scheduled to take place. He indicated

there will be an informal discussion outside of the meeting to discuss and prioritise items so 2021 is more productive.

Community engagement was touched on briefly with the Chair stating the need for improvement. A community member approached the DHB saying he wanted to come to the meeting have 10 minutes to discuss an issue. He was informed, correctly, that agendas are set and standing orders require any public member wishing to speak at a meeting to put the request in no later than 10 days prior to a scheduled meeting. The Board member the gentleman went to see indicated he would be providing a report on his concerns and she would bring it to the board.

Resolution (66/20)

(Moved: Chris Auchinvole / seconded Tony Kokshoorn – carried)
That the Board:

i. notes the Chair's Update

6. GENERAL MANAGER'S UPDATE

Philip Wheble, General Manager West Coast, presented the report which was taken as read. Mr Wheble spoke about some key points:

Mr Wheble spoke to key points in Secondary is looking good with 108% of planned volumes

- Fewer services breaching of ESPIs 2 and 5 times – over the Christmas period times between clinics will be extended out so some breaches are expected
- Plastics have been a challenge – January will see everyone within the ESPI 2 but outside of ESPI 5
- Respiratory, cardiology both need to be kept an eye on.

Primary, something that has been cropping up is rosters going out to the community, rosters are pushed out for as long a period as possible, they aren't finalised any further 4-6 weeks out. Over the next 6 weeks the Greymouth based Rural Generalists will be providing 59 sessions in Westport, with 101 sessions in Greymouth.

As mentioned before, the Consumer Council is now split over the three areas (Northern, Central and Southern), and will be engaging with the community over the coming year. The Consumer Council is one of the listed groups the board have identified to provide a presentation at a future meeting. The Consumer Council is growing as well and have links in with other community groups which gives a flow of information. It was suggested that the Consumer Council be invited to the Board's planning day early next year.

With shortages in both urology and oncology services it was asked with the Transalpine Agreement how well are we being serviced as a DHB and how well are the West Coast population being prioritised. Mr Brant acknowledged that Medical Oncology is currently a service risk at CDHB, but work being done, new oncologists are coming on and a revised way of working is being implemented. Mr La Salle will provide the information once he has it, the impact of delays are being felt South Island wide not just at WCDHB. When a patient is referred to CDHB for oncology services they need a higher level of care, they are currently treating the most urgent and then those that have been on the list the longest until they can get back up to speed.

Mr Wheble added that the relationship between the two DHB's have additional benefits that need to be explored in a more formal way. O&G services we have a formal partnership which is based on joint governance, where a Rurally Focused Urban Specialist (RUFUS) comes over and works with our team just as our team goes over and works at CDHB.

Early in the New Year the Chair mentioned it is time to refresh and strengthen the relationship we have with CDHB, they are pivotal part of how we provide health care on the Coast.

Resolution (67/20)
(Moved: Sarah Birchfield / seconded Edie Moke - carried)
That the Board:
i. Notes the report

7. FINANCE REPORT

David Green, Acting Executive Director Finance and Corporate Services presented the report for the period ending 30 October which was discussed in detail at the QFARC meeting held on 26 November. Mr Green informed everyone that the including the impact of COVID and the Holidays Act the result is slightly favourable. Included in the result is 3 months of debt equity which skews the results.

Attention was drawn to the payroll costs again the outsourced personnel continues to be unfavourable with the continued use of locums across the D

Action: The 'Net Operating Results Year-to-Date' graph to be amended for the next report

The Annual Report is being worked on by Audit NZ, the deadline to have it signed is 18 December.

The amount of $7M was queried whether it was the cost of locums for the year, it was clarified that outsourced personnel covers both locums and visiting specialists.

Resolution (68/20)
(Moved: Rick Barker /seconded Anita Halsall-Quinlan – carried)
That the Board:
i. notes the financial results for the period ended 31 October 2020

The Chair welcomed Graham Roper, Chief Medical Officer, who joined the meeting via zoom. Mr Brant started the discussion around the Rural Generalist programme by saying it was a sustainable, high quality, consistent model, that needs to be fully supported. Everyone is learning about the model and being able to explain and debate it is going to be an on-going process. The goal is quality of care, that is safe and the West Coast should expect the same high standard of care as the rest of the country.

Mr Roper informed everyone that the strength of the model of care that is being worked on is boosting both primary and community based care, that is then backed up by hospital level care. Doctors with a core scope then learn supplementary skills which increases their scope to work across a different areas. The key is having links and strong connections of support with specialist, both locally and with CDHB. Mr Roper reminded everyone that while we are talking about medical generalists the model goes much further, it is the whole health system. The absolute key is people working within the scopes they have been trained in (O&G, anaesthesia, paediatrics etc) and making sure we have accurate measures of that. This ensures high quality, safe care is delivered to the community.

Mr Brant spoke about the events of the past few days where a leaving, short-term, surgeon spoke to the media questioning the rural generalist model and highlighting a clinical event. For the surgeon to discuss this in the media is totally inappropriate as was discussing/criticising colleagues. This has also created confusion in the minds of people reading what was published.

Mr Brant identified two things that need to happen, as a DHB we need to look at the professional behaviours of staff. As well as keeping the progress of the rural generalist model moving forward with clear communication, make sure the patient quality and safety framework is around it to give confidence and keep building connections with CDHB specialists.

The Chair summarised by saying that this is a mixed model and it is not to replace specialists. It is to be integrated, giving us a workforce of highly qualified doctors , some as GPs and others as GPs with greater

scopes of practice. It will strengthen the medical capacity on the West Coast. The Chair mentioned after reading the media article it seems there was a cover-up but on making further enquiries the matter had not been raised internally, going outside the organisation has caused damage to the DHB and the staff involved. A recent letter from the Minister of Health supported the programme, the only concern the Minister identified was the recruitment and retention of enough doctors to join the programme.

Mr Roper said the team needs to get the right message out to the community, clear information about the model and its strengths so they can understand how it is going to improve the model of care for the West Coast. Mr Brant mentioned both he and Mr Roper are working on an opinion piece for the weekend paper.

8. CLINICIAL LEADER'S UPDATE

Jane George, Director of Allied Health, Scientific & Technical**,** presented the report which was taken as read.

Resolution (69/20)
(Moved: Tony Kokshoorn /seconded Chris Auchinvole (carried)
That the Board:

i. notes the report.

9. PEOPLE REPORT

Paul Lamb, Acting Chief People Office, presented the report which was taken as read.

Mr Lamb spoke to some of the key points in the report, with the Holidays Act work progressing well. Pay equity where an offer has gone out to Clerical/Admin staff, currently working through what it will mean to the DHB numbers wise.

With the recent media coverage of Health & Safety issues being raised around the rescuers after the White Island eruption and pending actions, what is in place to cover those in the case of AF8 happening.

Action: Add Health & Safety Obligations to the list of presentations required by the Board.

A question was asked about the Culture and Leadership Development Programme. Mr Coghlan, General Manager Maori Health, replied that at the recent Maori staff hui this was a discussed and discussions are on-going.

It was asked if the recent changes in sick leave would affect the DHB, Mr Lamb informed everyone that most of the workforce are already covered by the minimum. The question has been asked and is being worked through for those that are currently receiving the suggested allocation and whether they will receive a corresponding increase.

Resolution (70/20)
(Moved: Sarah Birchfield /seconded: Susan Barnett – carried)
That the Board:

i. notes the Report.

10. CYBER SECURITY AND INFRASTRUCTURE UPDATE

Savita Devi, Chief Digital Officer, presented the report that was taken as read. Ms Devi highlighted points out of the report.

Apologies were received from Francois Tumahai, Graham Roper and Helen Gillespie who had to leave the meeting.

Ms Devi was asked if she felt whether cyber terrorists gaining access to the DHB system and shutting down the ability to provide a service to the West Coast community is seen as a potential issue. Ms Devi explained that when she took over the Chief Digital Officer position it was a concern to her but she has been working Health Alliance, identifying any gaps and using available tools to safeguard the system. Ms Devi indicated that a report back to the Board in February/March updating on the progress made.

Ms Devi said the DHBs have very good business continuity plans in place for all digital services.

The security of the personal e-mails being opened into the WCDHB systems was queried, there are protections in place for any incoming mail. Recently the MoH requested 2 degrees to run tests on the strength of the firewall protection and the result showed very good protection levels.

Resolution (71/20)
(Moved: Edie Moke /seconded: Tony Kokshoorn – carried)

That the Board:

i. notes that there continues to be a Transalpine approach to cyber security;
ii. notes that we aim to achieve the cyber security maturity target of Level 3 by 30 June 2021;
iii. notes that focus areas for the next 12 months, over and above continuous improvement are the implementation of an improved endpoint protection solution (in progress), firewall and web security replacement, continued security / email education, and improving identity / access management;
iv. notes that our security workload continues to be extremely high and we are taking a number of steps to address resourcing issues, so we can effectively respond to the increased cyber security threats and risk to the NZ Health Sector;
v. notes that infrastructure improvements have been implemented and more systems will be converged over time to benefit the West Coast DHB, via our Transalpine relationship with Canterbury DHB.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (71/20)
(Moved: Anita Halsall-Quinlan /seconded: Edie Moke – 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.
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.	Laboratory Solutions Pre-Analytical Handling & High Volume Analysers Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Collective Insurance MDBO Risk Sharing Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
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.	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)
6.	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)
7.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Rating Summary Update Q4 2019/20	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	QFARC Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

		Protect the privacy of natural persons	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";

The Chair requested that the Buller District Council receive a personal thank you for the use of their speaker for the meeting.

There being no further business the public open section of the meeting closed at 1:14pm. The Public Excluded section of the meeting commenced at 1:30pm and concluded at 2:37pm.

_____ _____

Hon Rick Barker, Chair Date

CARRIED FORWARD/ACTION ITEMS

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

WEST COAST DISTRICT BOARD – BOARD MEETING
CARRIED FORWARD/ACTION ITEMS AS AT 12 FEBRURARY 2021

	DATE RAISED/ LAST UPDATED	CARRIED FORWARD	COMMENTARY	STATUS
1.	21 February 2020	Cultural Competency	Update for Board	To be scheduled
2..	21 February 2020	MAX – People & Capability Service Portal	Presentation to future meeting	To be scheduled
3.	27 March 2020	Finance 101	Presentation	To be re-scheduled
4.	7 August 2020	Suicide Prevention	Update for Board – 12 months from 7 August Amended to six months	March Meeting
5.	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
7.	24 September 2020	AF8 Group provide a presentation to Board	To be added for future presentation	To be scheduled
8.	24 September 2020	2019/2020 Year in Review	To be added for future presentation	To be scheduled
9.	30 October 2020	Information relating to two successful funding applications	For Information Papers – Ralph La Salle	December meeting
10	10 December 2020	Health & Safety Obligations	To be added for future presentation	To be scheduled

CARRIED FORWARD/ACTION ITEMS

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

	DATE RAISED/	ACTION	COMMENTARY	STATUS
1.	10 December	Annual Cost of Locums to WCDHB	Philip Wheble to provide	
2..	10 December	All items carried forward to be scheduled for meetings in 2021	Board only discussion	
3.	10 December	Allied Health Update	Jacqui Lunday-Johnstone	On today's agenda
4.	10 December	Timeframe for high complex needs assessments to be completed	Jane George	
5.	10 December	Allied Health Maori/Pacifica numbers/percentages proportional to population	Jane George	
7.	10 December	Medical Oncology wait times for WCDHB patients	Ralph La Salle	
8.	10 December	Finance Report 'net operating results year to date' graph to be amended	David Green	
9.	10 December	Cyber Security and Infrastructure update	Savita Devi	March meeting

GENERAL MANAGER UPDATE

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

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

SOURCE: **General Manager West Coast**

DATE: **12 February 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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 General Manager West Coast and the leadership team 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.

2. RECOMMENDATION

That the Board:

i. notes the General Manager's update.

Health care Home / Māori Health	**DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY**

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 December meeting, the Alliance Leadership Team:

- Endorsed the plan of work proposed by the Healthy West Coast workstream for the remainder of the year and noted the impact of COVID-19 on their ability to meet this year's deliverables.
- Began to develop a guidance document that sets the long-term direction for System Level Measures planning and will hold a planning workshop early in 2021 to inform the development of the 2020/21 SLM Improvement Plan.
- Were pleased to note the positive progress reflected in the locality workstreams' reports and in the Quarter 1 report against the DHB Annual Plan.
- Were excited to hear about the collaboration between West Coast Primary Health Organisation (PHO), general practice and Suzanne Proudfoot to build capacity locally for supporting Quality Improvement projects.

B: Build Primary and Community Capacity and Capability

Integrated Locality Services

- **Integrated Health Services - Northern**
  - Recruitment of GPs for the Northern Region is ongoing with the successful recruitment of one permanent GP coming from the UK in mid-March 2021.
  - The Rural Generalist doctors being included in the medical team is benefitting both clinical support and a Coast-wide response to Population Health.
  - Out of the two RNSs on the pathway to becoming a Nurse Practitioner, one has qualified and will commence on the 9 February.
  - Interim staff are currently occupying a number of nursing leadership roles while recruitment processes are being progressed. These staff are functioning very well as a team and are making a very positive impact to the clinical and administration teams. The Clinical Director role for Northern is still to be finalised.
  - We continue to work towards building a strong Northern Workstream as part of ALT, with the purpose of transformational change for local Māori and patients living with long term conditions.
  - Telehealth continues to be maximised with 2 additional units making a total of 5 units.
  - We are fortunate to have a very enthusiastic and knowledgeable Northern Consumer Group and we are valuing working in partnership with these community members.
- **Integrated Health Services – Central**
  - The recently established Integrated Quality Improvement Team has now met twice and is particularly focussing on the unplanned acute care area. Improvements relating to electronic triage and a single waiting list have been introduced and further changes are planned.
  - Community engagement and information to explain entering the building (particularly out of hours), accessing clinical care and paying fees (where applicable) is ongoing.
  - Clinical and administrative teams are preparing for the roll-out of the new patient management system, Indici, later this year.
  - There have been changes in three Clinical Nurse Manager (CNM) post holders. A new CNM Acute Zone joined WCDHB on 5 January. We are currently interviewing for the CNM Primary role and are advertising for the CNM Community role. Once embedded these changes will provide stabilised leadership and opportunities for further improvements.
  - The majority of staff were able to take a summer holiday, much needed after the hard work in 2020 (e.g. managing COVID-19, migrating into Te Nikau and many other changes). Most team members are now well-rested and ready to face the exciting year ahead.
- **Integrated Health Services – Southern**
  - A Case Manager has been appointed to the Southern community mental health team. The appointee has an allied health professional qualification which brings a very helpful broadening of the team's professional base. A reorganisation of existing staffing FTE has seen an additional team member also added to the team which will increase the resilience of the team.

- Haast services relocated from the Hannah's Clearing site into the Haast township in mid-December and there has been very positive feedback from staff and many locals. A date for the formal opening is being identified.
- A number of further connections have been made with community groups and agencies aiming to foster the principle that the 'DHB' is 'within and of' the communities across the Southern Region. Recent contacts have included the Westland District Council Community Development Officer, the West Coast Regional Council's Emergency Management Coordinator plus meetings with the group coordinating South Westland Emergency Relief developed initially during COVID and an invitation to attend the Safer Westland Coalition Meeting in Hokitika on Friday 29 January 2021.

C: Hauora Maori Update

The Tumu Whakarae Targets and Equity Working Group met in early January: Members: Gary Coghlan (WCDHB, Tumu Whakarae), Mel Dooney (ADHB, GMsHR), Alexis Cameron (ADHB), Tracey Paterson (HBDHB, GMsHR), Jacque-Ann Heta (Taituāra Tumu Whakarae, TAS) Tracee Te Huia (MCDHB).

The kaupapa was to progress discussions on the Equity Workspace/Tumu Whakarae Workforce Targets.

Key points discussed were the consensus nationally in the recruitment target area, identifying opportunities to collaborate and document/audit practices and agreeing on/sharing best practice.

- The examples from CDHB and WCDHB were shared via a report from the West Coast GM Māori.
- It was agreed the producing of a set of national (practice) standards would be a good outcome and individual DHB's could contextualise these through their work with Iwi.
- Importance of connecting back to the GMsHR was highlighted and to look for ideas for opportunities to collaborate across the DHB systems.
- Important we continue to build communications around this mahi
- Important we connect better with the CEO's to ensure there is accountability measures both in terms of the work and in terms of mātauranga Māori.
- Leveraging the targets to connect to wider pieces of work such as growing and developing the Māori workforce.

Canterbury and West Coast DHBs Maori Health Profile:

- Canterbury and West Coast DHBs (C/WCDHB) are developing a baseline Māori Health Profile. The Māori Health Profile will provide a snapshot of the health and wellbeing status of Māori living in Waitaha/Canterbury and Tai Poutini/West Coast. We are fortunate to have models such as the Community Wellbeing Index and the 2015 Profiles. Whakamaua, Māori Health Action Plan 2020-25, Ministry of Health, will guide this work. The agreed indicators will set the scene for a quality improvement plan and for measuring our health systems' progress in responding to the needs of Māori and improving Māori health outcomes.
- Melissa MacFarlane, Team Leader Planning & Performance, C/WCDHB is the project sponsor. Hector Matthews, Executive Director of Māori and Pacific Health, CDHB, and Gary

Coghlan General Manager, Māori Health WCDHB will participate in the Kaitiaki Group as executive sponsors.

- A working group with the following membership will provide the analytical expertise and capability:

Name	Organisation	Responsibilities
Janice Donaldson	Interim Māori Portfolio Manager, CDHB	Project Lead, Chair
Gary Coghlan	General Manager, Māori Health WCDHB	Cultural and executive input
Kylie Parkin	Portfolio Manager, Hauroa Māori, WCDHB	Cultural input
Dr Maira Patu	Māori Clinical Advisor, P&F	Provide clinical and epidemiological input to the project
Dr Annabel Begg	Community & Public Health, C&WCDHBs	Clinical and epidemiological input to the project
Dr Melissa Kerdemelidis	Public Health Physician, P&F	Clinical and epidemiological input to the project
Simon Berry	Senior Information Analyst, P&F	Lead and coordinate analysis, drawing in other P&F, Decision Support analysts as required
Neroli Nicholson	Senior Advisor (Analytics), Decision Support	Support analysis
Soledad Labbe-Hubbard	Project Specialist, P&F	Support analysis
Ross Meade	Accountability Coordinator. WC/CDHB	Lead and coordinate indicators, measures reporting and accountability

- The Mäori Health Profile Kaitiaki group is being established to provide cultural support and guidance to the working group and assist in the development of the profile. The proposed membership is:

Dr Ramon Pink	Community & Public Health
Michelle Turrell	Chair Manawhenua ki Waitaha
Susan Wallace	Chair Tatau Pounamu ki Tai Poutini
Ana Su'a Hawkins	Chief Advisor to the CEO, Te Runanga o Ngai Tahu
Ngaire Button	Chair CCN Māori Caucus
Chair Te Matau a Maui Collective	
Professor Suzanne Pitama	Māori Indigenous Health Institute
Helen Leahy	Pouarahi, Te Putahitanga Whanau Ora Commissioning Agency

Poutini Waiora

- Clinical and Hauora Mäori Staff from the West Coast DHB are working with Poutini Waiora to develop a Clinical Managers role. A proposal for change process is being undertaken for Poutini Waiora that aims to restructure and streamline management and administration functions to further align to the aspirations of Poutini Ngai Tahu and better support contracted outcomes. It is anticipated the proposed changes will ultimately lead to greater and more positive health outcomes for whanau on Te Tai O Poutini. Collaboration between Poutini Waiora and the WCDHB is very positive. We welcome the opportunity to work alongside them.

- The current Kaihautu for Poutini Waiora, Carl Hutchby has resigned and he will be finishing on 5 February. Carl has made a significant contribution to Māori primary health care and Social Services on o Te Tai O Poutini and we wish him all the very best for the future.

Pōwhiri Project Manager Bowel Screening

- A Pōwhiri was held on 5 January for Mania Cunningham and his whanau to welcome them to Te Tai O Poutini. Mania has been appointed as the Project Manager of the bowel-screening programme. He brings a varied range of skills and experience to this position and we will tautoko him to build genuine relationships with Māori and to develop a comprehensive plan for engaging with Maori in relation to the bowel screening programme on Te Tai O Poutini.

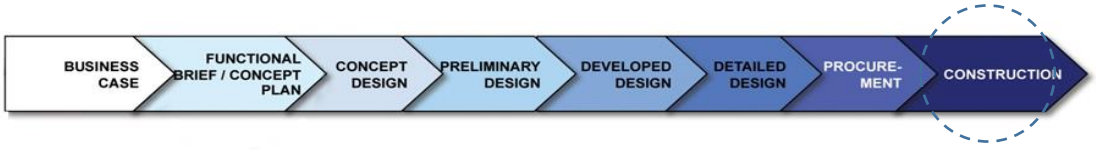
	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- Planned maintenance schedules are progressing 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.
- As Built Documentation and Maintenance Manuals for Te Nikau are still arriving, and the team are working on the planned maintenance schedules and Building Warrants of Fitness (BWOF).
- Staff are still collating and working with Contractor on the defects in the new buildings.
- 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.
- The diesel boiler in New Energy Centre is online and providing heat for the complete campus. It coped well with the load during the recent cold snap.
- The Facilities team are providing input to the Buller development.
- Reefton Coal Fired Hot Water Boiler is undergoing major maintenance which includes boiler tube replacement.
- Maintenance staff have been encouraged to reduce their leave balances so large blocks of Annual Leave are being taken during summer.

B: New Facilities Redevelopment Update

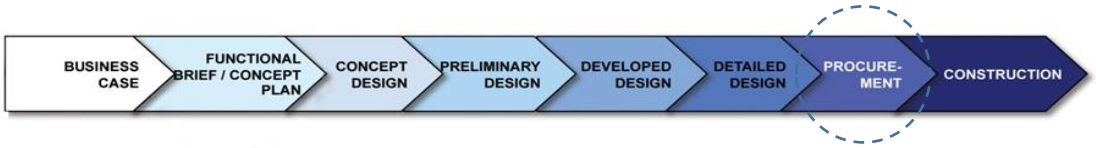
Grey



- Defecting Liability Period processes are continuing to work well with prompt attention from Fletchers to accepted construction defects.

- Noise and ventilation pressure effects as reported by the DHB in some areas of the hospital are being worked through. Remedial advice is expected within the next month.
- The relocation of the RAGP building to Cowper Street is scheduled to occur on the week of 09 February assuming building consent has been issued.
- The ambulance bay rain screen and the lower ground floor medical gas enclosure and loading bay canopy works are on track for completion at the end of February.
- Scope and pricing for the upcoming carpark resealing work is progressing well.
- Pricing for the covered walkways in the carpark area should be ready to submit to the Ministry for approval in late January.
- Stage 1 demolition works continue. Asbestos removal is complete and hard demolition commenced on 19 January.
- Stage 2 and 3 demolition works is underway. The DHB have handed this area over to FCCL and asbestos removal has commenced. FCCL are communicating and working with the DHB in respect to detailed day to day planning to enable works for retained buildings impacted by the demolition.

Buller



- Asbestos removal is still ongoing
- Demolition of buildings (cleared of asbestos) is underway
- Removal of contaminated material from Stage 1 area is complete and earthworks in relation to gravel raft are underway.
- Request for Proposal (RFP) for the main contractor closed 21 December 2020 and the evaluation process is underway.
- It is anticipated that a preferred contractor will be selected for contract negotiation by 05 February 2021.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- The permanent Clinical Nurse Manager (Acute Zone) has arrived and is settling into their new position.
- The DHB's Care Capacity Demand Management (CCDM) Council met in January and have a good plan in place to move implementation of this national programme forward rapidly. The

new CCDM Coordinator is working with the DHB's Programme Consultant on developing a dashboard, with a draft already visible to the Council. The Dashboards will enable whole-of-system visibility of variance and will supply data that will inform decision-making with regards to matching care resource to clinical demand.

- Inter-Rater Reliability (IRR) testing is completed in the mental health inpatient area, which is a process that helps us understand the quality of acuity data being recorded. The mental health inpatient area will be our first acute care department to commence FTE calculations. The CCDM and Trendcare Coordinators are implementing education sessions for staff in the area to ensure they are engaged in this process. Further areas are working on finalising their IRR testing with the integrated inpatient ward making exceptionally good progress.
- The daily whole of system operational meeting has been adjusted to reflect a more structured meeting in keeping with CCDM. Membership to this meeting will be established as per CCDM guidelines with an expectation of senior management attendance.
- We have two Rural Nurse Specialists from the Northern Region at the end of their study to become a Nurse Practitioner (NP). Both have submitted their portfolios and one has just been endorsed by the Nursing Council of New Zealand. Planning and preparation has gone into support for these new NPs to ensure a smooth transition into the role.
- A number of staff have complete their senior nurse portfolios which is pleasing to see. Success and Development plans, including education and training plans, are a major focus for the nursing teams this year.
- A Ministry of Health-funded Clinical Coach role has been recruited to and is already positively influencing the transition experience and skill development of our new graduate nurses.

Rural Inpatients and Transalpine Service

- National Bowel Screening Programme implementation is in full swing. The project team has developed plans for the 10 workstreams for the implementation of this programme and is now in the process of working with colleagues across the entire sector (including consumer and community stakeholders, primary care, transalpine partners, laboratories, theatre and IT) to refine and document the many processes and procedures that will lead to the successful delivery of this screening programme for 60 – 74 year olds. The Ministry of Health is coming to Greymouth on 24 March to complete a day long audit and assessment of readiness to commence the Programme (the provisional commencement month is May 2021).
- Elective services delivery has shown a steady improvement in wait times during the latter half of 2020. However, the Christmas break period has seen some of these gains eroded; this is an annual occurrence and the services will address this in the coming month.
- Neurology Services provided from CDHB remain on track to return to having face to face West Coast clinics now that the shortage of Consultant Neurologists has eased.
- Oncology services remain pressured due to a shortage of staff at CDHB and this is causing delays to some chemotherapy referrals across the upper South Island. We remain vigilant to pro-actively identify individual patients whose care may be affected by this and this work is being supported by our Oncology Nurse Specialists.
- Our Laboratory is equipped with 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 and, therefore,

enables us to respond quickly in these cases. With the recent 'Northland Case' reminding us all to remain vigilant it is good that we have this testing capability.

- We are recruiting for an O&G Consultant (3 candidates are to be interviewed in February) and are in the process of advertising for a General Surgeon following a resignation late last year.

Maternity

- Births for Te Nikau Maternity in November were 21 (plus 2 in Gloriavale and 1 homebirth). December was 17 (plus 1 in Gloriavale and 5 homebirths). Kawatiri had 1 birth each month in November and December. The caesarean rate is high, and we are working with Christchurch to look at our Misoprostol induction of labours, as well as reasons for inductions of labour.
- We had our second retirement in December of one of our long term (50+ years) enrolled nurses, who will be sadly missed by staff and the woman and babies she has cared for over the years. One of the LMCs has joined us on core doing 0.6 FTE; this helps our FTE after our 2 retirements late last year.
- Education Update – We held a Midwifery Skills Refresher day for midwife's recertification at the end of November. We continue to conduct case reviews on the ward about interesting cases and this provides great learning opportunities and discussion with the O&Gs. As from January we are preparing for a full-on year of ongoing education for staff. We acknowledged Safe Sleep day on 4 December by having a display on the ward.

Allied Health

- Storage for Allied Health prescribed equipment is under pressure, particularly for the larger items. We are partnering with CDHB on the broader equipment provision, storage and servicing options.
- There are currently two leadership positions vacant; Team Manager Northern and Clinical Leader Occupational Therapy. These ongoing vacancies are creating a level of risk to service delivery and clinical governance.
- New graduates have started, representing a range of professions. They will be working across the three localities, and Te Nikau and will be supported through the interprofessional new graduate programme (led by our Nursing Workforce colleagues) as well as by clinical leaders and team managers. Having a stronger support network for the new graduates has allowed us to recruit more than we have previously and will mean we can better provide Allied Health therapies into the communities.
- Most staff have been able to take leave over the Christmas Holidays.
- Work continues on the South Island Career Framework, an action from the last MECA.
- eRMS (electronic Referrals Management) goes live for Allied Health on 10 March. This extends across Speech Language Therapy, Occupational Therapy, Orthotics, and Medical Technicians. This has been tested with Physiotherapy and Nutrition/Dietetics already and is for GP referrals only for now.

Mental Health & Addictions

- There is ongoing development of the occupational therapy role in Manaakitanga. Plans are in place to develop resources and to support staff training with sensory modulation. We now have a vacancy for another occupational therapist and plans are in place to start recruitment soon.
- Engagement with the Mental Health Interagency Forum has been incredibly positive. The forum aims to bring together DHB, PHO and some of our NGO partners to ensure coordinated mental health services for children and adolescents.
- Work with the local Methamphetamine Impact Group is ongoing. Current aim is to ensure that those with methamphetamine addiction and misuse are supported through healthcare and avoid criminal justice where possible.
- A recruitment drive has begun for various roles. We are aiming to fill vacancies in our CAMHS service, recruit a clinical psychologist to the community mental health service, as well as a dual-diagnosis clinician to the Northern Region to work across the mental health and addictions spectrum.
- We hope to fill the Mental Health & Addiction Crises Support (MHACS) Clinical Educator role soon. They will work on building the capacity of our frontline staff to receive and care for those who present in emotional and mental distress.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Patient Transfers

- Several transport initiatives are in place to support the safe transfer of patients. The Greymouth branch of St John operates a community health shuttle to assist people in the local area who require assistance getting to health appointments in Greymouth. St John also provides planned ambulance transfers for non-acute patients needing care in Christchurch.
- An agreement with the Buller Branch of the New Zealand Red Cross to provide a subsidised community health shuttle service between Westport and Te Nīkau is in place until August 2021. This is a shorter-term agreement, as New Zealand Red Cross has signalled they will be transitioning away from providing community transport throughout the country. The New Zealand Red Cross have offered to help identify potential 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 commenced in October 2020.
- The December 2020 result indicated that National Travel Assistance (NTA) remains within budget for the 2020/21 Financial Year. NTA expenditure for the first six months of 2020/21 is 8% below year-to-date budget. Note that NTA claims can be lodged by eligible patients any time within 12 months of treatment, so expenditure against annual budget is not always evenly matched.

B: Champion the Expanded use of Telemedicine Technology

- The DHB received two sets of one-off national funding to assist in the digital response to COVID-19. The intention of this funding is to support General Practices and DHBs to deliver clinical telehealth services, tele-working solutions and provide tools and services that enable

digitally excluded populations to consume digital health services, collectively referred to as Digital Enablement. One portion of this funding was devolved to General Practice via the West Coast Primary Health Organisation based on enrolment figures. General Practices West Coast wide have used this additional funding to acquire hardware, software and broadband expansion. Plans to utilise the second portion of the Digital Enablement funding are underway, with a project to support the roll out of Microsoft Teams widely to all DHB Clinicians scheduled for quarter three and four. This will enable more clinicians to actively engage in providing telehealth services to patients using a universal platform.

- The South Island Regional Facilitator/Project Manager Telehealth continues to work with key people in our system to progress the South Island Alliance Telehealth Workplan.
- The West Coast DHB is represented on both the South Island Alliance's Telehealth Governance and Telehealth Steering groups.

	INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services - Supporting older people to remain at home

Aged Residential Care (ARC) COVID-19 Response

- The "Working Draft" COVID-19 Toolkit for ARC has been released by the Ministry of Health in response to the recommendations of the Independent Review of COVID-19 Clusters in ARC Facilities. It is intended as an accompanying resource to Policy to have on standby in the event of an outbreak over summer months and has been distributed to West Coast ARCs. The Toolkit will be updated by the Ministry early this year.

Supporting people with Dementia

- Enliven and their Home Share groups have started back following the lowering of the COVID-19 alert levels and this is helping to ease the carer stress which was noted in previous reports. Home Share brings older people with shared interests together in the comfort of a host's private home or community facility and aims to reduce social isolation amongst our older population; providing their care partners with a break. Enliven are currently seeking more volunteers and welcome enquiries.
- Dementia Canterbury support a number of clients throughout the West Coast. Clients who have been diagnosed with dementia are eligible for referral to Dementia Canterbury's services which include; home visits, contact support arrangements with other providers, and provide seven groups that keep people reasonably socially active. These groups include a Memory Group, Carer Support Group, Next Chapter Group and Café Group.
- Medi-map has been rolled out in the Kahurangi Dementia Unit and is proving very beneficial, particularly in liaising with General Practice. Medi-map is a platform that manages all aspects of medication in a facility-based environment.
- The West Coast Dementia Stakeholders Group is developing a Navigation Map of local services which will assist in ensuring all people affected by dementia are referred to the right services.
- 'Walking in Another's Shoes' continues to provide dementia education, with enrolments already received for the next course. The Complex Clinical Care Network (CCCN) team and the Walking in Another's Shoes' Dementia Educator are looking to start the process around Dementia Friendly environments in the health services. Walking in Another's Shoes' Dementia

Educator has developed quick reference cards to support staff when dealing with clients who have unexpected behaviours from delirium or dementia. These cards can be attached to health professional lanyards.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result, including the impacts of Covid-19 (192k favourable YTD) and Holidays Act compliance ($978k unfavourable YTD), for the month of December 2020 was a deficit of 680k which was $185k unfavourable, and YTD was a deficit of $1,653k, which was $771k unfavourable to draft annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	(166)	(150)	(16)	(915)	(937)	22
Funder Arm	367	365	2	2,911	2,190	721
Provider Arm	(881)	(710)	(171)	(3,649)	(2,135)	(1,514)
Consolidated Result	**(680)**	**(495)**	**(185)**	**(1,653)**	**(882)**	**(771)**

B: Effective Clinical Information Systems

- **Facilities:** IT services in Haast are now fully cut-over and functional.
- **Community Patient Administration System implementation:** The contract terms have been agreed with the vendor and it is now in sign-off. Project planning is underway with the project structure agreed, the core project team engaged, and a working group identified.
- **Care Capacity Demand Management (CCDM):** The contents of the dashboard have been agreed and a prototype delivered. Adjustments are underway for specific CCDM bed number requirements. Work on sourcing data for the Core Data Set is progressing.
- **Update and improvement to antivirus system:** Crowd Strike AV solution is 95% complete with some tail-end servers and laptops to be completed.
- **Dental system – Titanium:** The deployment of Titanium has now been completed on all mobile devices. Delphic, the COVID-19 upgrade, has been completed
- **Windows 10 Roll-out:** Targeting the end of February to complete all in-scope machines. An issues list has been compiled following user feedback and resolutions will be prioritised and planned with the technical team.
- **Outgoing Caller ID:** Outgoing calls from the DHB will soon display a caller ID, identifying, in most cases, the department reception or the respective operators. This is due to be implemented in February.

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

Communications and Engagement

- Preparation of publications:
    - 2020 Quality Accounts publication (finalised).

Media

During December 2020/January 2021, we responded to enquiries about Rural Generalism. We also received enquiries about Buller Health staffing levels, measles, serious adverse events, abortion services and the West Coast DHB's blood supplies.

- Media releases:
    - Demolition activities needed to make way for the new Buller Health Centre well underway (01/12/2020)
    - Move to new Haast Health Centre set for tomorrow (14/12/2020)
    - West Coast Serious Adverse Events 2019/20 (14/12/2020)
    - Focus on People – 2020 Quality Accounts Newsletter (21/12/2020)
    - Appointment of Chief Executive, Canterbury & West Coast DHBs (23/12/2020)
    - Serving up a festive treat for West Coast patients (24/12/2020).

- Social media posts:
    - Today is World Pressure Injury Prevention Day (19/11/2020)
    - Demolition activities needed to make way for the new Buller Health Centre well underway (02/12/2020)
    - Move to new Haast Health Centre set for tomorrow (14/12/2020)
    - Protect against measles (17/12/2020)
    - Focus on People – 2020 Quality Accounts Newsletter (22/12/2020)

    - Wise words from Canterbury DHB's Medical Officer of Health Dr Ramon Pink (24/12/2020).
    - Unstoppable Summer post re scanning QR codes (26/12/2020)
    - Reminder re having enough medication if going away on holiday (28/12/2020)
    - Unstoppable Summer post re turning on Bluetooth capability (29/12/2020)
    - Unstoppable Summer post re staying at home if you are unwell (31/12/2020)

- Unstoppable Summer post re practicing good hand hygiene (01/01/2021).

Quality Accounts – Focus on People 2020 stories

In this edition of Focus on People: Quality Accounts, Acting Chief Executive Andrew Brant acknowledges the input of our West Coast DHB teams and our health system colleagues to improve the health and wellbeing of Coasters throughout the past year.

- The lead story outlines the development and introduction of the '5R's Escalation Pathway' which is a tool used by the Manaakitanga Inpatient Mental Health Unit team to help detect consumer deterioration earlier.
- The 'Supporting Parents, Healthy Children' programme has been introduced across the West Coast to help strengthen parent-child relationships. It also focuses on improving the long-term health and wellbeing of the whole family.
- The 'Debriefing service introduced across the West Coast DHB' story talks about the importance of having a debriefing service designed to support staff to manage and prepare for any stressful reactions they may experience following a serious clinical incident or traumatic experience.
- 'Addressing the inequities of access to health care for Coast Māori' story highlights the importance of considering creative ways to engage with consumers to ensure that they continue to access health care especially during the COVID-19 pandemic lockdown.
- 'West Coast Facilities update' provides an update on the DHB's newest facilities – Te Nīkau Hospital & Health Centre and the Haast Health Centre as well as an update on the progress made on the new Buller Health Centre project.
- The 'ePharmacy now live across the five South Island DHBs' article outlines the collaborative work undertaken by hospital pharmacies across the South Island to enable hospital pharmacy inventory to be managed within a single system.
- 'Testing for COVID-19 – an integral part of the West Coast DHB's pandemic response' outlines the work undertaken across the Coast during the COVID-19 pandemic to set up and run COVID-19 Community-based Assessment Centres (CBACs) inclusive of mobile testing clinics.
- 'Infection Prevention and Control – gloved up and ready to go' highlights the importance of having robust infection prevention and control systems in place across the DHB to stop the spread of infections.
- 'Using telehealth for group programmes during the COVID-19 pandemic response' highlights how the introduction of online programmes enabled the DHB to continue to provide support to consumers during the national lockdown who under normal circumstances would have met face-to-face.
- 'Catch up on your free vaccination to avoid catching measles' encourages people between 15 and 30 years who haven't had their MMR (measles, mumps, rubella) vaccine to get their free immunisation now.
- 'The grubby days before hand washing, and how something so simple can stop infectious disease in its tracks' is a worthwhile read as it outlines how the link between unwashed hands and infections was initially identified – a really important link to today's infection prevention and control standards inclusive of good hand hygiene practices.

Healthy Environment & Lifestyles	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

Key Achievements/Issues of Note

- **COVID-19 response:** There have been no cases on the West Coast since our last report. The only cases in CPH's regions have been linked to managed isolation and quarantine facilities. The CPH team locally continue to support Canterbury colleagues with the responses relating to cases in managed isolation. We also continue to build capacity within the West Coast team to respond to COVID-19.
- **Māori health promotion:** The "Tuhono kia tu maia" project, reported on previously, has presented a great opportunity to talk with local social, education and support services about how they are engaging with Māori whānau on the West Coast and to highlight the experiences of whānau Māori.
  The C&PH Hauora Māori Health Promoter is also supporting the development of a Whare Manaaki in Greymouth. This will be a Kaupapa Māori space for the community and will provide a space for various programmes to run, e.g. Community kai, a Te Reo playgroup and an Awhi Rito parenting group.
- **Drinking water:** The C&PH Health Protection Officer continues to support Buller District Council as they work through the required upgrade to the Reefton supply including upgrade of the main reservoir and replacement of the old cast iron rising/falling main that feeds the reservoir. Council staff are providing regular sampling results through for ongoing monitoring.
- **Nutrition:** C&PH and the Heart Foundation continue to support Early Learning Services (ELSs) to develop and implement healthy kai policies. Approximately nine of sixteen ELSs who are engaged with C&PH across the West Coast have healthy kai policies and two of those have water-only statements within their current food policies.
  All ELSs on the West Coast have indicated they would like to use the oral health learning toolkit "Mene mene mai" in 2021.
- **Smokefree:** With the recent inclusion of vaping under the Smokefree Environments Act, the Smoke-free Enforcement Officer has completed tobacco and vape retailer compliance visits and completed Controlled Purchase Operations in Greymouth and Westport. There was one sale to a minor and this is being followed up by C&PH.
  C&PH is working with the event organisers of 'Hokitika Wildfoods Festival 2021' to again have a Smokefree and Vapefree policy in place for the event as in 2020 and to increase awareness of the festival's policy, particularly with external contractors.
- **Alcohol harm reduction:** C&PH staff continue to work on a social supply project (social supply is when under 18 year olds are supplied alcohol by parents, whānau, or friends) with Grey High School. Engagement by the school community with resources trialled on three digital platforms was high with posts reaching 40% of the schools followers and an average of 95 interactions per post. This suggests that the parents and the wider school community have a high level of interest in alcohol and young people.
  C&PH will continue working with GHS to create regular content about alcohol for their platforms, particularly near ball season and will approach other local high schools in the New Year to offer them the resources.
- **Health in All Policies:** C&PH continues to support the West Coast Cross Sector Forum. C&PH is a member of the Forum's Housing Working Group which has chosen to focus on housing for older people while maintaining a watching brief on emergency accommodation. The Housing Working Group has provided input into the development of an initial draft of the Tai Poutini Housing Strategy and the Tai Poutini Aged Care Strategy. Work will continue in the new year to finalise the draft before signoff by the Forum. Wider consultation will then occur.

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

FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2020

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

TO: **Chair and Members, Quality, Finance, Audit & Risk Committee**

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

DATE: **12 February 2021**

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 DHB and other financial related matters.

2. RECOMMENDATION

That the Board:

i. notes the financial result and related matters for the period ended 31 December 2020.

3. DISCUSSION

Overview of December 2020 Financial Result

The consolidated West Coast District Health Board financial result for the month of December 2020 was a deficit of 680k, which was $185k unfavourable to the annual plan. The year to date net deficit of $1.653M is $771k unfavourable to the annual plan.

This result includes the impact of the Holidays Act compliance provision and the impact of Covid-19.

Statement of comprehensive revenue and expense

For period ending 31 December 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
Operating Revenue									
Crown and Government sourced	13,769	13,405	364	2.7%	82,113	80,423	1,690	2.1%	160,834
Inter DHB Revenue	4	10	(6)	(59.1%)	24	59	(35)	(59.1%)	117
Inter District Flows Revenue	154	154	0	0.2%	1,000	922	78	8.4%	1,962
Patient Related Revenue	667	719	(52)	(7.2%)	4,003	4,280	(277)	(6.5%)	8,499
Other Revenue	45	60	(15)	(24.8%)	320	364	(44)	(12.1%)	4,312
Total Operating Revenue	14,639	14,347	292	2.0%	87,460	86,048	1,412	1.6%	175,725
Operating Expenditure									
Personnel costs	7,173	6,833	(340)	(5.0%)	40,474	38,667	(1,807)	(4.7%)	77,918
Outsourced Services	1	0	(1)	0.0%	12	0	(12)	0.0%	1
Treatment Related Costs	829	768	(61)	(8.0%)	4,846	4,638	(208)	(4.5%)	9,255
External Providers	3,875	3,732	(143)	(3.8%)	22,174	22,390	216	1.0%	44,781
Inter District Flows Expense	2,218	2,109	(109)	(5.2%)	13,424	12,652	(772)	(6.1%)	25,306
Outsourced Services - non clinical	120	121	1	0.9%	720	727	7	0.9%	1,453
Infrastructure and Non treatment related costs	761	819	58	7.1%	5,413	5,497	84	1.5%	10,495
Total Operating Expenditure	14,977	14,382	(595)	(4.1%)	87,063	84,572	(2,491)	(2.9%)	169,209
Result before Interest, Depn & Cap Charge	(338)	(34)	(304)	892.1%	398	1,476	(1,079)	(73.1%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	342	376	34	9.0%	1,990	1,848	(142)	(7.7%)	4,082
Capital Charge Expenditure	0	85	85	100.0%	60	510	450	88.2%	4,740
Total Interest, Depreciation & Capital Charge	342	461	119	25.8%	2,050	2,358	308	13.1%	8,822
Net Surplus/(deficit)	(680)	(495)	(185)	(37.4%)	(1,653)	(882)	(771)	(87.4%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(680)**	**(495)**	**(185)**	**(37.4%)**	**(1,653)**	**(882)**	**(771)**	**(87.4%)**	**(2,306)**

We have excluded the impact of the Holidays Act compliance provision and the impact of Covid-19 in the Appendix 2 tables and graphs.

Appendix 5 shows the YTD impact of the Holidays Act and Covid-19.

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
Appendix 5	YTD Result Excluding Holidays Act & Covid-19

Report prepared by: Alexis Bainbridge, Assistant Accountant

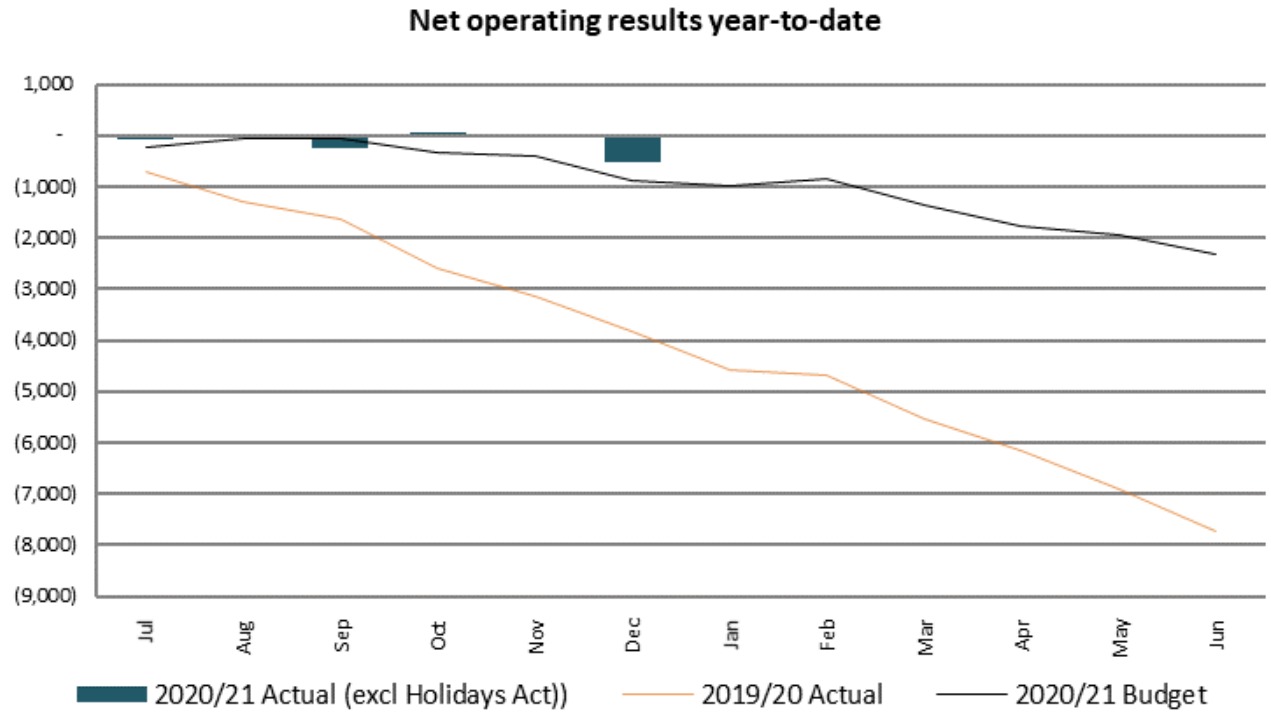
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – December 2020

Net operating results (excluding Holidays Act compliance provision & Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Surplus/(Deficit)	(507)	(495)	(12)	2% ✗	(867)	(882)	15	-2% ✓



West Coast DHB has reported a deficit of $507k for the month of December 2020, excluding the impact of the Holidays Act and Covid-19. This is an unfavourable variance to the deficit in the annual plan of $12k. The YTD variance is $15k favourable.

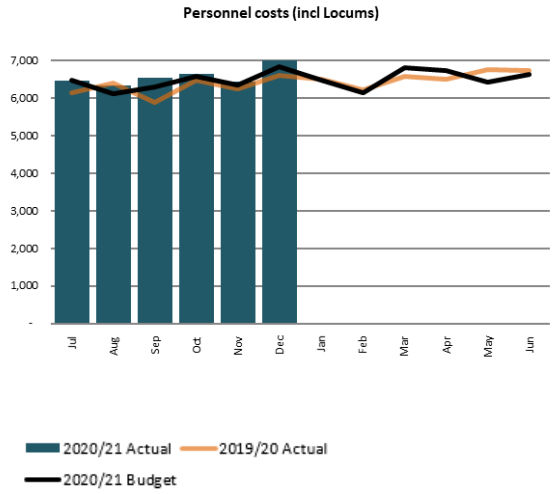
The main variances are:

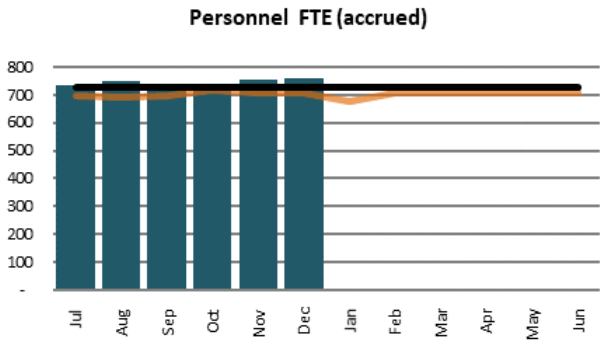
- Total Personnel costs including outsourced was unfavourable to plan by $127k for the month (excluding Holidays Act Compliance provision and Covid costs).
- Pharmaceuticals and Blood Products continue to be over budget due to higher cost medicine/infusions.
- The 19/20 IDF wash up was settled in October resulting in a net unfavourable impact for WCDHB of $47k. IDF expenditure is also unfavourable to budget by $83k per month due to a budgeting issue and will continue to be unfavourable for the remainder of the year. IDF expenditure is unfavourable to plan $772k YTD.
- Debt Equity revenue to December has been recorded as $788k. Additionally, we have reduced the capital charge expense to align with the expected payment in January.
- The YTD variance is impacted by $336k of depreciation expensed on the new hospital as the handover occurred 2 months earlier than planned. This is a permanent variance for the year and has been built into the forecast.

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

Personnel costs (including Outsourced Personnel) & FTE (excluding Holidays Act compliance provision & Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Medical	1,770	1,653	(117)	-7%	✗	10,172	9,497	(675)	-7%	✗
Nursing	2,879	2,928	49	2%	✓	16,787	16,697	(90)	-1%	✗
Allied Health	1,124	1,117	(7)	-1%	✗	6,330	6,321	(9)	0%	✗
Support	337	338	1	0%	✓	1,629	1,600	(29)	-2%	✗
Management & Admin	900	796	(104)	-13%	✗	4,578	4,552	(26)	-1%	✗
Total	**7,010**	**6,833**	**(177)**	-3%	✗	**39,496**	**38,667**	**(829)**	-2%	✗





KEY RISKS AND ISSUES:

With a relatively small Medical workforce (circa 37 FTE), any variation in the planned workforce can have a large impact. The WCDHB continues to rely on the use of Locums due to unavailability of new medical personnel and the continued coverage of existing staff absent due to long term illness.

Locums continue to be used to provide cover for medical personnel due to difficulties in sourcing permanent staff for the West Coast.

Offsetting this, better stabilised rosters and leave planning has been embedded within the business.

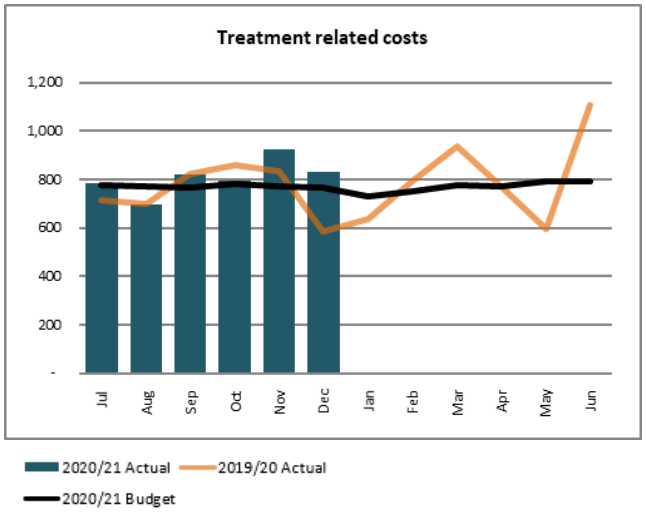
We transitioned cleaning services from an outsourced model to in-house staffing in October. This impacts Support and Management / Admin costs. Cleaning supervisors were budgeted under Support personnel, but actual costs are shown under Management / Admin costs ($18k PTD; $74k YTD).

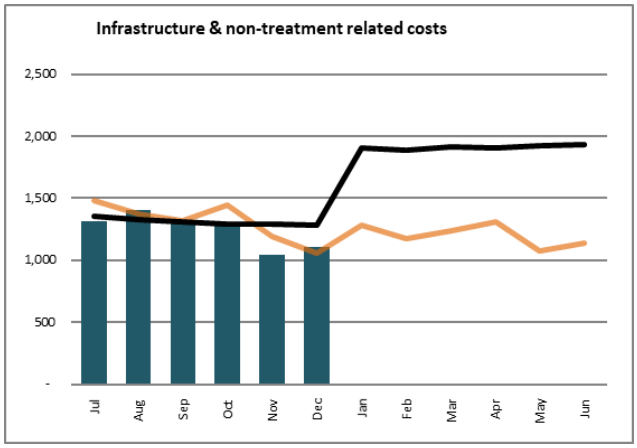
Holidays Act compliance

This provision is currently $12.1M. we will require additional cash support when remediation begins.

Treatment and non-treatment related costs (excluding Holidays Act compliance provision & Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000	
Treatment related costs	829	768	(61)	-8% ✗	4,828	4,638	(190)	-4% ✗
Non Treatment related costs	1,103	1,280	177	14% ✓	7,441	7,855	415	5% ✓





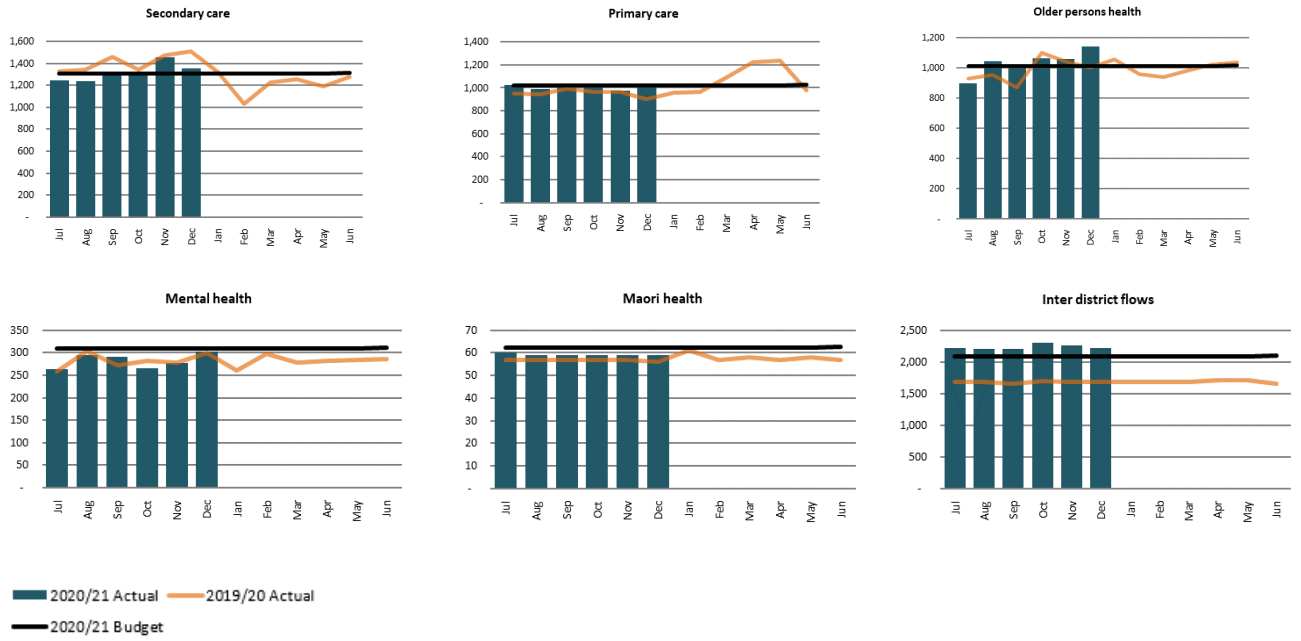
KEY RISKS AND ISSUES:

Treatment related costs: high blood and infusion costs continue to have an impact on results which have been offset by lower theatre implant costs for the year. Pharmaceuticals and Blood Products, $428k and $110k respectively are unfavourable YTD variances to plan. These costs are expected to continue due to known ongoing patient treatment.

Non-treatment related costs are impacted by the extra 2 months of depreciation on the Te Nikau facility - $364k YTD. This is offset by favourable depreciation in other areas, as well as YTD favourable variances particularly in hotel, laundry, & cleaning costs.

External provider & inter district flows costs (excluding Holidays Act compliance provision & Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Secondary Care	1,351	1,316	(35)	-3%	✗	7,820	7,897	77	1%	✓
Primary Care	1,021	1,026	5	0%	✓	6,046	6,155	109	2%	✓
Older Person's Health	1,142	1,016	(126)	-12%	✗	6,212	6,096	(116)	-2%	✗
Mental Health	302	311	9	3%	✓	1,694	1,866	172	9%	✓
Maori Health	59	63	4	6%	✓	355	375	20	5%	✓
IDF	2,218	2,109	(109)	-5%	✗	13,424	12,652	(772)	-6%	✗
Outsourced Clinical	74	121	47	39%	✓	732	727	(5)	-1%	✗
Total	6,167	5,962	(205)	-3%	✗	36,283	35,769	(514)	-1%	✗



KEY RISKS AND ISSUES:

Secondary Care

As previously commented on, expenditure related to Cataract volumes is catching up to budget.

Older Person's Health

A number of factors are impacting on Aged Residential Care (ARC)

- Post COVID Lockdown has seen an increase in carer stress, resulting in a slight increase in admissions to ARC.
- The 2020/21 budget uplift applied to ARC service was 1.0%, however the nationally agreed contract increase was 3%.
- Occupancy rates have been impacted as COVID has kept people inside and minimised the effect of a normal flu season.

IDFs

The variance is due to a budget omission which will continue for the remainder of the year.

Financial position (excluding Holidays Act compliance provision & Covid-19)

	YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			Annual Budget $'000
Equity	122,346	140,576	(18,231)	-13%	✗	150,148
Cash	16,424	409	16,015	3916%	✓	6,382
Capex	4,096	5,632	1,536	27%	✓	11,264

KEY RISKS AND ISSUES:

Variances to Equity

Drawdown of equity for the Buller IFHC totalling $4M was in the annual plan to be received in both July and October, but these have not yet been drawn down. A drawdown for costs to date will be made in February.

Cash variance is due to the timing of the January monthly funding received from the Ministry at the end of December.

A further $11.3M Holidays Act compliance provision at June 2020 was not included in the Annual Plan opening Equity.

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

For period ending 31 December 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
Operating Revenue									
Crown and Government sourced	13,769	13,405	364	2.7%	82,113	80,423	1,690	2.1%	160,834
Inter DHB Revenue	4	10	(6)	(59.1%)	24	59	(35)	(59.1%)	117
Inter District Flows Revenue	154	154	0	0.2%	1,000	922	78	8.4%	1,962
Patient Related Revenue	667	719	(52)	(7.2%)	4,003	4,280	(277)	(6.5%)	8,499
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Operating Expenditure									
Personnel costs	7,173	6,833	(340)	(5.0%)	40,474	38,667	(1,807)	(4.7%)	77,918
Outsourced Services	1	0	(1)	0.0%	12	0	(12)	0.0%	1
Treatment Related Costs	829	768	(61)	(8.0%)	4,846	4,638	(208)	(4.5%)	9,255
External Providers	3,875	3,732	(143)	(3.8%)	22,174	22,390	216	1.0%	44,781
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Infrastructure and Non treatment related costs	761	819	58	7.1%	5,413	5,497	84	1.5%	10,495
Total Operating Expenditure	14,977	14,382	(595)	(4.1%)	87,063	84,572	(2,491)	(2.9%)	169,209
Result before Interest, Depn & Cap Charge	(338)	(34)	(304)	892.1%	398	1,476	(1,079)	(73.1%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	342	376	34	9.0%	1,990	1,848	(142)	(7.7%)	4,082
Capital Charge Expenditure	0	85	85	100.0%	60	510	450	88.2%	4,740
Total Interest, Depreciation & Capital Charge	342	461	119	25.8%	2,050	2,358	308	13.1%	8,822
Net Surplus/(deficit)	(680)	(495)	(185)	(37.4%)	(1,653)	(882)	(771)	(87.4%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(680)**	**(495)**	**(185)**	**(37.4%)**	**(1,653)**	**(882)**	**(771)**	**(87.4%)**	**(2,306)**

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 December 2020

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	150,516	152,655	(2,139)	(1.4%)	20,620
Intangible assets	377	1,021	(644)	(63.1%)	497
Work in Progress	8,959	11,926	(2,967)	(24.9%)	14,715
Other investments	320	320	0	0.0%	320
Total non-current assets	160,172	165,922	(5,750)	(3.5%)	36,152
Current assets					
Cash and cash equivalents	16,424	409	16,015	3915.6%	6,152
Patient and restricted funds	49	56	(7)	(12.5%)	47
Inventories	1,170	1,160	10	0.9%	1,130
Debtors and other receivables	5,593	4,491	1,102	24.5%	4,542
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	23,236	6,116	17,120	279.9%	11,871
Total assets	183,408	172,038	11,370	6.6%	48,023
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,385	2,399	14	0.6%	2,678
Other	63	62	(1)	(1.6%)	63
Total non-current liabilities	2,448	2,461	13	0.5%	2,741
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	27,928	11,694	(16,234)	(138.8%)	12,122
Employee entitlements and benefits	30,687	17,307	(13,380)	(77.3%)	18,872
Total current liabilities	58,615	29,001	(29,614)	(102.1%)	30,994
Total liabilities	61,063	31,462	(29,601)	(94.1%)	33,735
Equity					
Crown equity	214,806	220,358	5,552	2.5%	93,858
Other reserves	25,100	25,098	(2)	(0.0%)	25,100
Retained earnings/(losses)	(117,561)	(104,880)	12,680	12.1%	(104,670)
Trust funds	0	0	0	0.0%	0
Total equity	122,346	140,576	18,231	13.0%	14,288
Total equity and liabilities	**183,408**	**172,038**	**11,370**	**6.6%**	**48,023**

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 December 2020

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	29,332	14,339	14,993	104.6%	102,353	86,000	16,353	19.0%
Cash paid to employees	(7,368)	(6,833)	(535)	(7.8%)	(40,028)	(38,667)	(1,361)	(3.5%)
Cash paid to suppliers	(1,002)	(1,709)	708	41.4%	(12,392)	(11,012)	(1,380)	(12.5%)
Cash paid to external providers	(3,867)	(3,732)	(135)	(3.6%)	(23,159)	(22,390)	(769)	(3.4%)
Cash paid to other District Health Boards	(2,226)	(2,109)	(117)	(5.6%)	(12,439)	(12,652)	213	1.7%
Cash generated from operations	14,870	(43)	14,913	(34647.3%)	14,335	1,279	13,056	1020.6%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	(85)	85	100.0%	0	(510)	510	100.0%
Net cash flows from operating activities	14,870	(128)	14,998	(11713.3%)	14,335	769	13,566	1763.6%
Cash flows from investing activities								
Interest received	2	8	(6)	(75.0%)	18	48	(30)	(62.5%)
(Increase) / Decrease in investments	5	0	5	0.0%	15	0	15	0.0%
Acquisition of property, plant and equipment	(398)	(272)	(126)	(46.3%)	(3,996)	(5,008)	1,012	(20.2%)
Acquisition of intangible assets	0	0	0	0.0%	(100)	(624)	524	
Net cash flows from investing activities	(391)	(264)	(127)	48.1%	(4,063)	(5,584)	1,521	27.2%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	4,000	(4,000)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
Cash generated from equity transactions	0	0	0	0.0%	0	4,000	(4,000)	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%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	14,479	(392)	14,871	(3793.2%)	10,272	(815)	11,087	(1360.7%)
Cash and cash equivalents at beginning of period	1,945	799	1,146	143.3%	6,152	1,218	4,934	405.1%
Cash and cash equivalents at end of period	**16,424**	**409**	**16,015**	**3911.6%**	**16,424**	**407**	**16,017**	**3933.3%**

APPENDIX 5: WEST COAST DHB YTD RESULT EXCLUDING HOLIDAYS ACT & COVID-19

	Month Actual $000	Month Budget $000	Month Variance	Covid-19 $000	Holidays Act $000	Excl Covid-19 & Hols Act $000	Underlying Variance	YTD Actual $000	YTD Budget $000	YTD Variance	Covid-19 $000	Holidays Act $000	Excl Covid-19 & Hols Act $000	Underlying Variance
Revenue														
Devolved Funding	(13,493)	(13,174)	319			(13,493)	319	(80,728)	(79,042)	1,686			(80,728)	1,686
Non-Devolved Contracts	(105)	(93)	12			(105)	12	(558)	(556)	2			(558)	2
Inter-DHB & Internal Revenue	(158)	(164)	(6)			(158)	(6)	(1,024)	(981)	43			(1,024)	43
Other Revenue	(883)	(917)	(34)	(41)		(842)	(75)	(5,150)	(5,470)	(320)	(617)		(4,533)	(937)
Total Revenue	(14,639)	(14,347)	292	(41)	0	(14,598)	251	(87,460)	(86,048)	1,412	(617)	0	(86,843)	795
DHB Provided Expenditure														
Personnel	6,401	6,211	(190)	50	163	6,188	23	35,716	34,965	(751)	335	978	34,403	562
Outsourced Personnel & Support	772	622	(150)			772	(150)	4,758	3,701	(1,057)	3		4,755	(1,053)
Outsourced Clinical Services	121	121	0			121	0	732	727	(5)			732	(5)
Clinical Supplies	829	768	(61)	0		829	(61)	4,846	4,638	(208)	18		4,828	(190)
Infrastructure & Non-Clinical Supplies	1,103	1,280	177	0		1,103	177	7,463	7,856	393	22		7,441	415
Total DHB Provided Expenditure	9,226	9,002	(224)	50	163	9,013	(11)	53,515	51,888	(1,627)	378	978	52,159	(271)
Other Providers														
Personal Health	2330	2,318	(12)			2,330	(12)	13,682	13,906	224			13,682	224
Mental Health	302	311	9			302	9	1,694	1,866	172			1,694	172
Public Health	42	24	(18)	1		41	(17)	231	146	(85)	47		184	(38)
DSS	1142	1,016	(126)			1,142	(126)	6,212	6,096	(116)			6,212	(116)
Maori Health	59	63	4			59	4	355	375	20			355	20
IDFs	2218	2,109	(109)			2,218	(109)	13,424	12,652	(772)			13,424	(772)
Total Other Providers	6,093	5,840	(253)	1	0	6,092	(252)	35,598	35,042	(556)	47	0	35,551	(509)
Total Expenditure	15,319	14,842	(477)	51	163	15,105	(263)	89,113	86,930	(2,182)	425	978	87,710	(780)
Total Consolidated Result Deficit/(surplus)	680	495	(185)	10	163	507	(12)	1,653	882	(771)	(192)	978	867	15

CLINICAL LEADERS UPDATE

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

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

SOURCE: **Clinical Leaders**

DATE: **12 February 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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

Since December, the Clinical/Professional Leaders have welcomed Dr Graham Roper as our newly appointed permanent Chief Medical Officer. Graham was previously in an acting position and with his appointment we now have a full complement of permanent leads.

Our Hauora Māori Team is in the process of standing up an equity subgroup, which is being actively supported by the Clinical Leaders and the wider organisational leadership team. The purpose of this group will be to translate the strategic priorities outlined in the Ministry of Health's Whakamaua|Māori Health Action Plan into a focussed strategy and programme of work for the District Health Board. Whakamaua is the Implementation Plan for He Korowai Oranga, the Māori Health Strategy, and was released in 2020.

The Clinical Board will be holding its third hui on 4 February and the members report they feel they are now settling into their roles and responsibilities well.

With the appointment of our new Chief Executive, the Clinical Leaders will be prioritising developing strong relationships with Peter and looking at how we further develop clinical governance and clinical leadership on the West Coast in partnership with our transalpine team.

NURSING

We are excited to announce that one of our Rural Nurse Specialists from the Northern Region has been officially endorsed by the Nursing Council of New Zealand to practice as a Nurse Practitioner. This advanced nursing scope of practice and associated skillset will work collaboratively to help ensure that community members within the Northern Region continue to have access to high-end clinical care, including diagnostics and medicines. The West Coast now has a total of five Nurse Practitioners, four of which are employed with the District Health Board.

Implementation of our local Care Capacity Demand Management (CCDM) programme has progressed from approximately 20% in late 2020 to 46% as at 20 January.

This rapid success is attributed to our new CCDM Coordinator and returning TrendCare Coordinator who have worked in partnership together to achieve a number of key milestones over the December/January period. We are aiming for 100% implementation by June 2021.

Poutini Waiora and our local Hauora Māori Team have invited input from Nursing and Allied Health with regard to Poutini Waiora's proposal for change that is currently out for consultation. Input has focused on collaborating around how clinical governance and clinical leadership could be maximally enabled in the proposed structure.

Planning is underway for developing a highly collaborative and contemporary Rural Nursing Workforce Strategy that, for the first time, will be built with our local communities, Iwi, and health providers from within the wider West Coast Health System. The strategy will also seek to incorporate principles from sources such as: He Korowai Oranga and Whakamaua, the New Zealand Health Strategy, the national nurse workforce strategy (currently in draft), transalpine workforce strategies, and our local rural generalism strategy.

ALLIED HEALTH, SCIENTIFIC & TECHNICAL (AHST)

The two key focus areas for AHST since our last report have been building the capacity and confidence of our Kaiāwhina workforce, and building our new graduate clinician programme (a partnership with the already highly regarded Nursing New Entry to Practice Programme).

During our presentation to the Board at our last meeting, we discussed our practice of offering interviews to Māori applicants had been in place for some time. Because our ethnicity data had not been robust historically, we do not know how much of an impact this has had. As requested, we can report the current percentage of our AHST workforce that is Māori is 3% for clinical roles and 7% for Kaiāwhina roles. This compares to Nursing (3%), Midwifery (6%), Medicine (0%).

CLINICAL BOARD

The Clinical Board are holding their third meeting on 4 February. Standing items for the Agenda are being established, e.g. National Bowel Screening Programme Updates. The key messages from the previous meeting held on 3 December are:

- Noting technology challenges that still exist on the West Coast that impacts staff connecting but also a challenge for remote provision of services
- The difference between planned and unplanned care in Te Nikau is still confusing for the community but improving
- Communication needs to be ongoing in regard to community understanding that whilst a great facility some care still has to be done in CDHB
- Agreement that as a Board there is an increasing clarity about the impact on our system and our responsibility to the Board

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, Chief Medical Officer
Heather McPherson, Clinical Director (Mental Health)
Jacqui Lunday-Johnstone, Executive Director of Allied Health
Jane George, Director of Allied Health, Scientific & Technical
Norma Campbell, Director of Midwifery

PEOPLE REPORT

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

SOURCE: **People and Capability**

DATE: **12 February 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

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 healthy 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.

We've changed our reporting to focus on these commitments, supported by our quarterly People Dashboard providing an overview of our workforce metrics (see Appendix 1).

2. RECOMMENDATION

That the Board:
i. Notes the People Report.

3. DISCUSSION

Promoting equity, fairness, and a safe and healthy workplace

Increasing the diversity of our workforce
Our current workforce has 5.8% of employees identifying as Māori, compared to the West Coast population of 12%. We have identified improving this representation as a high-priority and have implemented some changes to our recruitment strategy to ensure all Māori applicants who meet at least the minimum criteria are shortlisted for interviews.

Analysis of our latest recruitment information highlights opportunities to improve the diversity of the candidate pool and review our assessments of candidates to ensure we are being equitable across ethnicities. As of the 31 December 2020:

- 4.7% of applicants who have applied for positions in the last 3 months identify as Māori
- 1% of new starters (in the last 3 months) identify as Māori

Increasing the proportion of employees who have their ethnicity information recorded
As part of our national commitment to Te Tumu Whakarae – the GM / Executive Directors of Māori across the 20 DHBs, we agreed we will have 0% of employees who have their ethnicity recorded in their employee profile as "unknown". Following a number of campaigns to get employees to update their ethnicity information within our HR service portal, max., the proportion

of employees with ethnicity information recorded against their profiles has grown from 69.0% at the end of December 2019, to 80.4% at the end of September 2020.

To reach our 100% target, we are implementing a new digital application through our employee HR service portal that people joining the DHB can use to complete their joining documentation online. Using a digital onboarding process rather than paper forms will make capturing ethnicity information significantly easier, more accurate and can be made to be a mandatory field (with one of the options being 'prefer not to disclose').

Promoting a safe and health workforce

We have finally hired a replacement occupational health nurse, who starts in February. This will increase our wellbeing, health and safety resource on the West Coast (from 0.7 FTE to 1.2 FTE). The initial focus for the occupational health nurse will be rolling out influenza immunisation and supporting the COVID-19 immunisation once the delivery plan has been confirmed across both DHBs' clinical, public health and occupational health teams, and the Ministry of Health.

Over the last year, the number of accepted ACC workplace injuries has increased from 42 to 79, with 38% of this increase relates to musculoskeletal injuries, with manual handling the main contributing factor. Our Transalpine Wellbeing, Health and Safety team are developing training for manual handling, but the release of this is delayed until our fit testing and immunisation programmes are complete.

Our Safety team are encouraging people to record all workplace incidences, which is providing us with more data about where incidences are occurring. Other than manual handling, there are no significant areas or activities that are contributing to incidents or injuries, with analysis ongoing.

Recruiting and retaining a sustainable health workforce

Vacancy update

Vacancies across the organisation remain at steady levels post our Covid-19 response with the majority of current vacancies relating to our growing Rural Generalist Medical Officer Workforce (9 FTE).

We've had success in the past month placing eight Allied Health positions across a range of locations, plus another three Clinical Directors. These positions have historically been harder to fill than other positions. Appendix 2 contains a detailed breakdown of all our vacancies we are currently recruiting for across the West Coast DHB.

Ageing workforce

The West Coast DHB has an ageing workforce, with 29% of employees aged over 60. To ensure our workforce is sustainable over the next ten years, we are exploring a range of opportunities to increase the pipeline for future workers. This includes the Studentship programme we are running again this year, taking on 6 local health students to complete projects over 5 weeks.

Service delivery, risk management and compliance

Replacing our HRIS and payroll system

We are in the process of developing our capital bid to replace the payroll and HR Information Systems for both the West Coast and Canterbury DHBs. The following actions are underway:

- We are engaging with external vendors and the Department of Internal Affairs AOG marketplace for payroll systems to estimate the cost to replace our systems.

- We have identified the providers of expertise needed to complete the first phase of the project (develop the business case, identify requirements and develop the RFP)
- We have started the process to secure resources for phase one, which is high-priority as there are a number of other large organisations also replacing their HRIS and payroll systems who will also need the same scare resources.

In the next quarter we expect our capital bid to have been approved by the Ministry of Health. We also expect to have secured the expertise required to complete the first phase of the programme (development of the business case) and the programme will be underway.

Holidays Act Compliance Programme

The Programme continues to progress/deliver to plan with key milestones met as expected:

- *Employee engagement* – the programme team are running a series of staff forums 23-26 February to demystify the complicated subject of Holidays Act compliance. The forums will be a great opportunity for employees to hear from the project team, unions and senior leaders as key information is presented and the floor is opened for questions.
- *Rectification Phase* – focused on 'fixes' to payroll systems and business practises to ensure that future payroll activity complies with the Holidays Act:
    - Detailed design is underway for six key areas of non-compliance: How we hold annual leave; What is a week; Multi-job employees; Casual employees and working patterns; Term time employees and annual leave; Average Daily Pay (APD) and Relevant Daily Pay (RDP) for Bereavement, Alternative, Public holidays not worked, Sick and Family violence (BAPSF) leave; and BAPSF leave in days.
- *Remediation Phase* – a retrospective review of non-compliance and the sequential recalculation of all leave instances for current and former employees from 1 May 2010:
    - Over 25 million lines of WCDHB and CDHB data has been transferred to our strategic partner, EY, and remediation analysis is underway. This is approximately half of the whole data set.
    - A remediation delivery plan is defined for current employees. The plan for former employees will be defined next.
    - As reported previously, the major challenge with remediating West Coast DHB employee's historic pay is that time and attendance is only recorded at a day-level on paper timesheets, with week-level summaries entered into our payroll system. This means we don't hold the level of granularity needed to make accurate remediation calculations.
    - We've completed a sample data entry exercise entering timesheets from four pay runs to establish the size and complexity of capturing historic time and attendance information with results pending.

4. APPENDICES

Appendix 1:	WCDHB People Dashboard – 31 December 2020
Appendix 2:	WCDHB Current Vacancies Report
Report prepared by:	Natasha Smith, Programme Manager, People Analytics, People and Capability
Report approved for release by:	Paul Lamb, Chief People Officer

Monthly WCDHB People Analytics Dashboard – 31 December 2020

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

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

Transalpine Health Service · Transport · Settings · Health Care Home · Integrated Information Systems · Health Professionals · Healthy Environment & Lifestyles · Single Point of Referral for Complex Care · Māori Health

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- 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

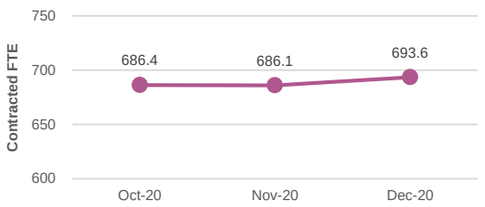
What's changing in our workforce?

Key Insights

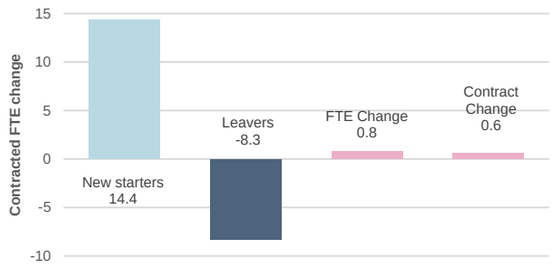
- This month has seen an increase of 7.5 contracted FTE. The majority of these are fixed term Studentship positions (6 FTE) in the Rural Learning Centre.
- This month has seen a decrease in 2.6 FTE for nursing employees. This follows a trend for the last 6 months where we have continuously had more nursing employees leave than join, resulting in a net decrease of 15 FTE. We currently have 24 FTE of Nursing positions we are actively recruiting for.

Contracted FTE

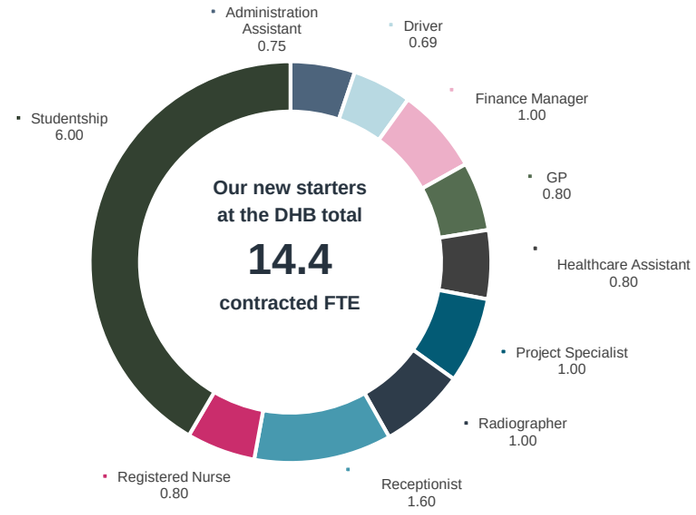
Contracted FTE Trend – *Last three months*



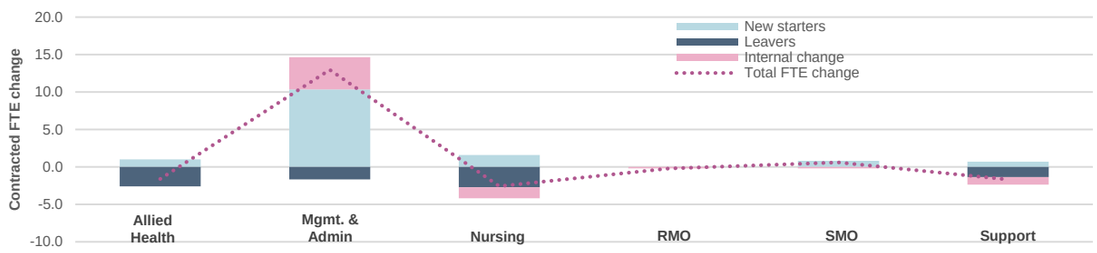
Appointment Changes by Type: *Dec. 2020*



Occupation breakdown of new starters at the West Coast DHB by FTE:
December 2020



Contracted FTE Changes by Role: *Dec. 2020*

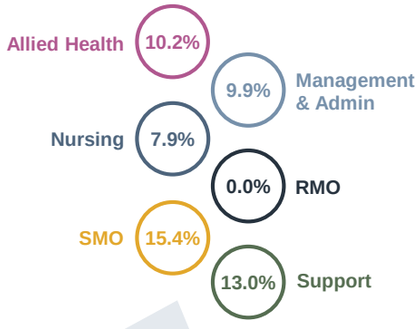


What's changing in our workforce?

Key Insights

- We're recruiting 9 FTE of Rural Generalist Medical Officers for Te Nikau Hospital, which is the main contributor to the high level of vacancies for our SMO workforce.
- In the lead up to Christmas, we were successful in placing a number of positions, reducing the average days vacant across our portfolio from 84.9 days to 59.6 days.
- More detail about our current vacancies is provided in Appendix 2 Vacancy Report.

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

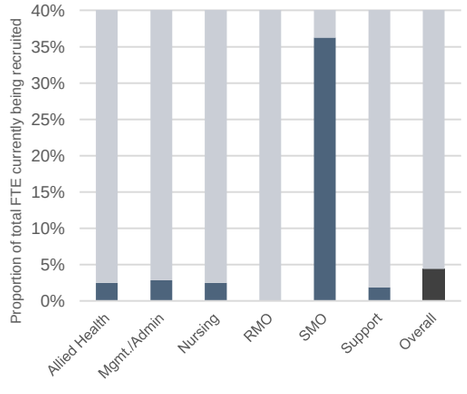
Our overall unplanned turnover rate is 9.2% (rising from 8.5% last month). This is lower than the average unplanned turnover for the NZ public service sector (11.8% in 2019).

Recruitment

Proportion of Vacancies Being Recruited For By Role:

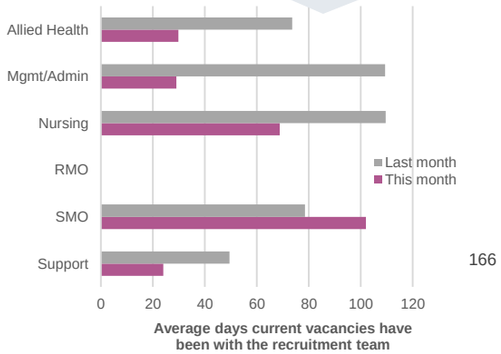
Vacancies are indicative of talent sourcing and development strategies. Higher vacancies can place operational pressures on our people.

32.0 **Vacancies [FTE]** as at 31 Dec.



Average Days Positions Vacant by Role:
November vs December 2020

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



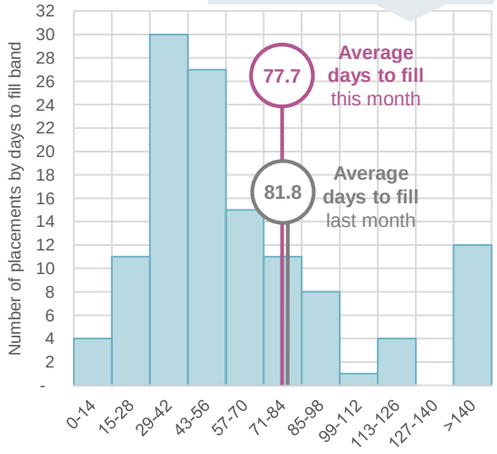
166

59.6 **Average days vacant [This month]**

84.9 **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.



Monthly WCDHB People Analytics Dashboard – 31 December 2020

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

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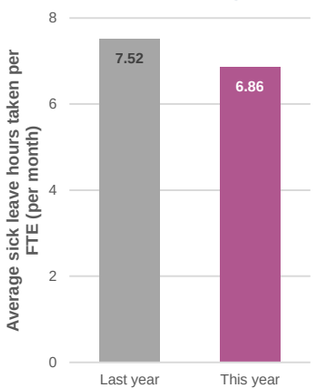
What's the impact of our Wellbeing, Health and Safety efforts?

Key Insights

- On average, our employees have taken 6.86 hours sick leave per month per FTE over the last 12 months; an improvement on the previous 12 month period (7.52 hours).
- A small number of SMOs on long-term illness or injury leave are skewing the average sick days taken per FTE for that workforce, with all others except for Support employees taking less sick leave this year compared to last year.
- Since April's lockdown, our people have taken less annual leave each month than last year, resulting in growing annual leave balances. We are running a campaign to encourage our people to take annual leave over the Summer months to reduce our annual leave balances.
- The number of musculoskeletal injuries in the past 12 months has doubled compared to last year (from 12 to 26). These injuries have occurred across a range of locations and activities, with no key contributing factors emerging from our analysis.
- We are developing manual handing training, which will be rolled out once our fit-testing and immunisation programmes have been completed.

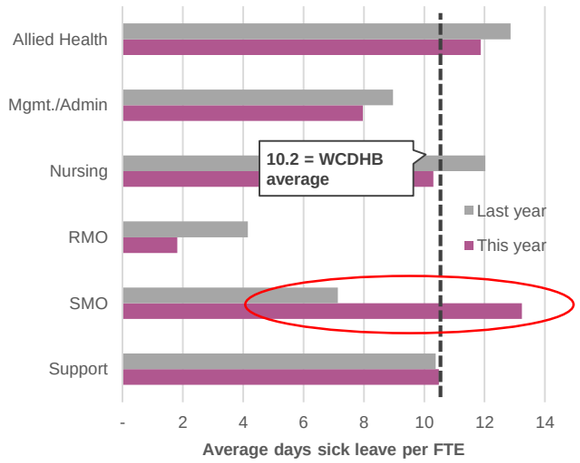
Average sick leave hours taken per FTE per month

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.

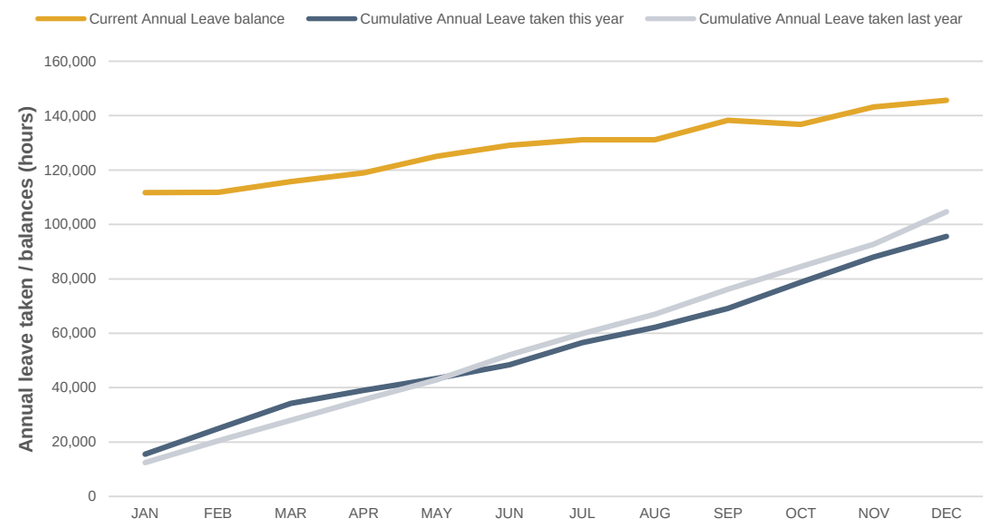


Sick leave days taken per FTE over 12 months by role

In the last 12 months, our employees took on average 10.2 days sick leave per FTE, compared to 11.3 days in the 12 months prior.

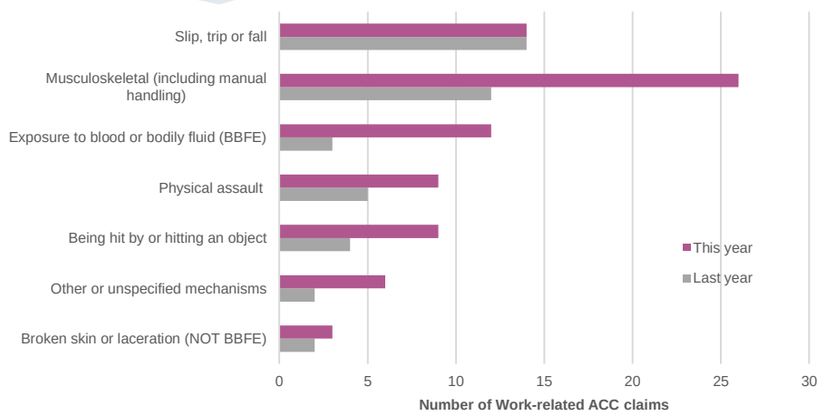


Annual Leave Taken hours and Balance for the last 24 months for the DHB:



Type of Harm: Work Injuries

Number of injuries in the last 12 month period compared to the previous 12 months. Note the small number of claims each year makes any increase appear substantial. *This is taken from data up to end of November 2020.*

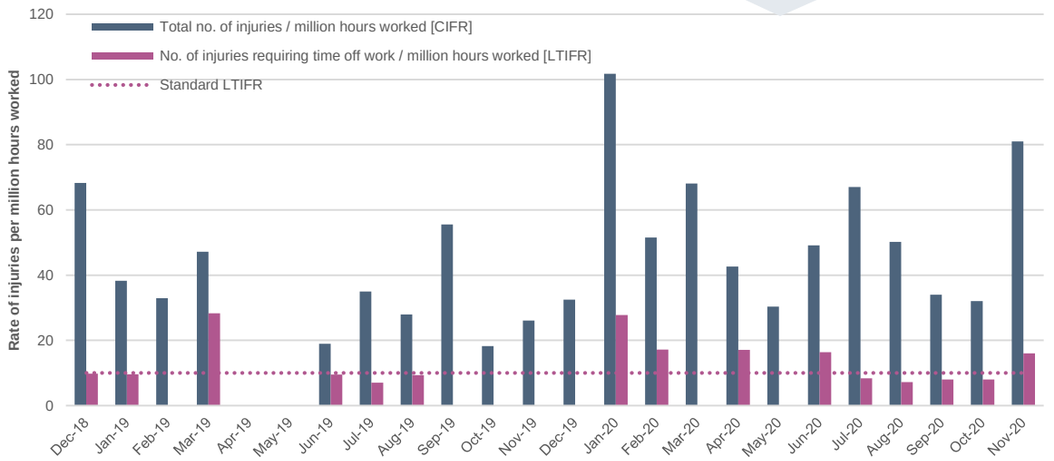


79 Total number of Work Injuries (This Year)

42 Total number of Work Injuries (Last Year)

Injury Frequency: Last two years

The Combined Injury Frequency Ratio [CIFR] is based on the number of all accepted ACC work-related injuries, normalised per million hours worked. The Lost Time Injury Frequency Ratio [LTIFR] is the number of injuries that have needed the employee to take time off work (normalised per million hours worked). We are currently slightly above our benchmark standard* of 10. *This is ACC data taken to end of November 2020.*



*Benchmark standard = the ACC Healthcare Levy Risk Group Average

Monthly WCDHB People Analytics Dashboard – 31 December 2020

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

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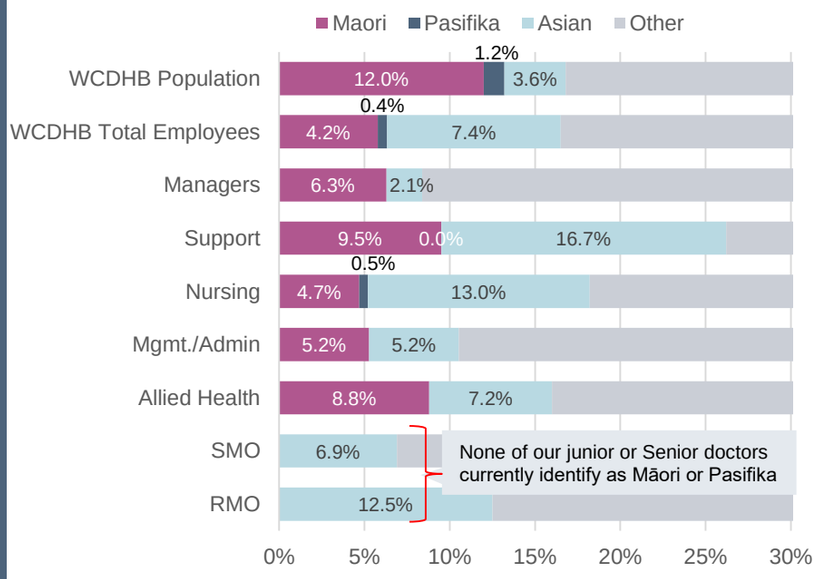
What does our workforce diversity look like?

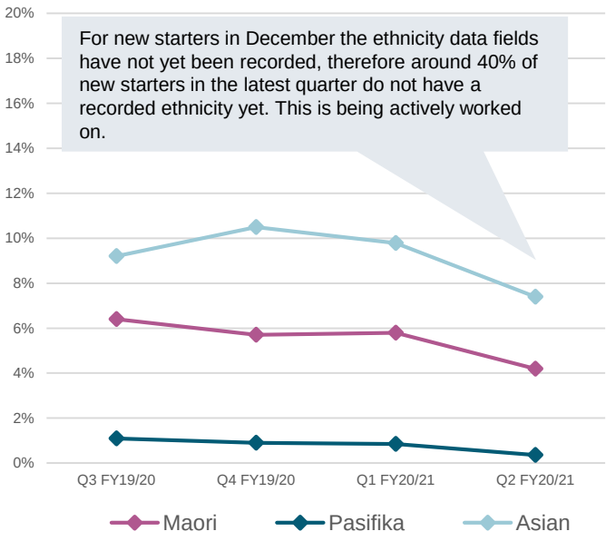
Key Insights

- More of our managers identify as Māori than the overall DHB workforce, however our managers also have a far higher proportion who identify as "other" ethnicities than the overall workforce and our community population.
- None of our current medical employees (RMO, SMO) identify as Māori or Pasifika. This has not changed since last quarter.
- We have committed to recording the ethnicity information for all our employees. We currently have a paper process for capturing this information which means it is sometimes missed. We're implementing a new digital way for people joining the DHB to complete their personal information online which will help enable us to hit our 100% target.
- Around 30% of our workforce remains in the soon to retire or past retirement age of 65. We are investigating ways to grow the pipeline of our potential workforce alongside ensuring we have succession plans in place for our key roles held by employees who are indicating they want to retire in the near future.
- This dashboard continues to be refined, with further measures to be included in future iterations.

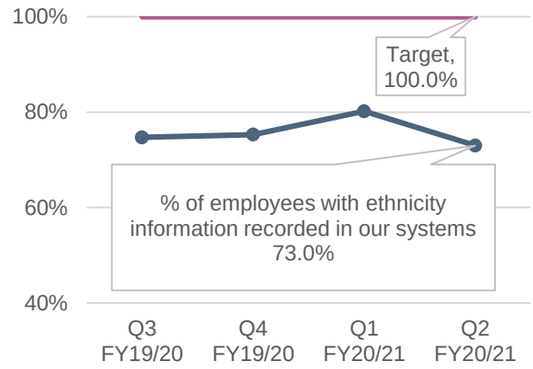
Ethnicity mix by occupation group



Ethnic diversity over time

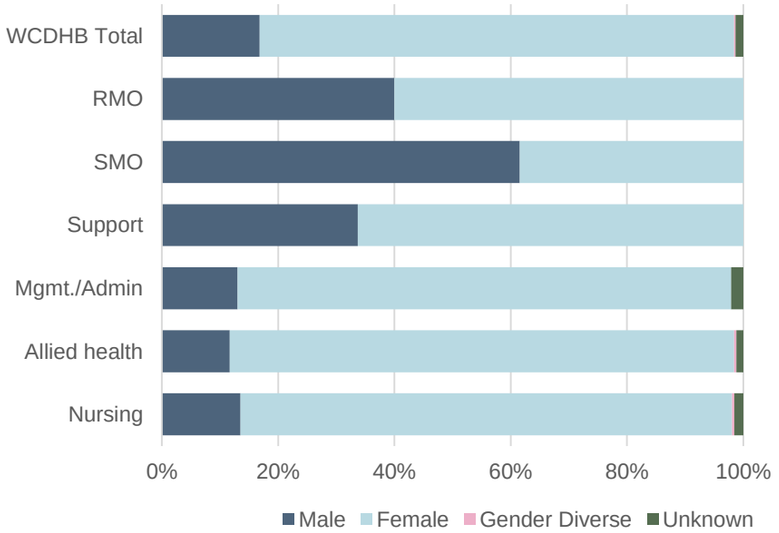


Completeness of ethnicity information for our employees

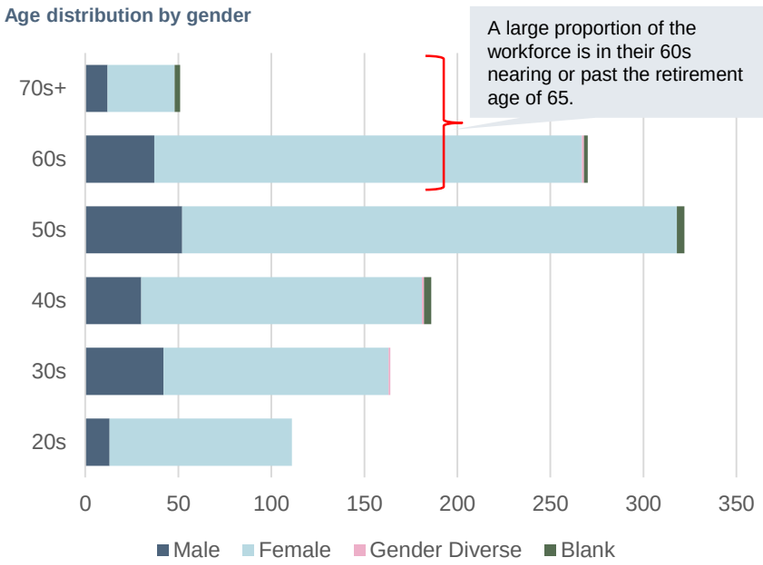


We have committed to ensuring we hold information about the ethnicity of all our employees as part of the national DHB *Te Tumu Whakarae* - GM/Executive Director Māori group*.

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

Yes	3.8%	Prefer not to Answer	3.6%
No	92.5%	Blank	0.1%

*Target One: Each DHB will have 0% of employees who have their ethnicity recorded in their employee profile as "unknown" by 30 June 2020.

Appendix 2: Current West Coast DHB Vacancies

Below is a summary of all West Coast DHB vacant positions with our recruitment team as at 31 December 2020

Service	Job	Appointment Type	Days Vacant	Remaining FTE	Total Applicants	Status
Allied Health Roles						
Integrated Health Services Central	Child & Adolescent Mental Health Manager	Permanent	24	1	0	Draft Advert- not advertised as-yet
	Community Mental Health Worker	Permanent	9	1	0	Draft Advert- not advertised as-yet
Integrated Health Services Northern	Dual Diagnosis Clinician / Alcohol & Other Drugs Professional	Permanent	71	1	4	Advertising
Rural Inpatient & Transalpine Management	Medical Laboratory Scientist	Permanent	15	1	14	Awaiting hiring manager
Management and Administration Roles						
Integrated Health Services Northern	Receptionist	Permanent	0	3	14	Awaiting hiring manager
West Coast Health Management	Service Manager - Integrated Health Services Central	Fixed Term	58	1	0	Draft Advert- not advertised as-yet
Nursing Roles						
Integrated Health Services Central	Registered Nurse	Permanent	24	1	0	Draft Advert- not advertised as-yet
Integrated Health Services Northern	Registered Nurse	Casual	97	1	5	Awaiting hiring manager
Rural Inpatient & Transalpine Management	Registered Nurse	Permanent	16	2	13	Reference checking
Rural Inpatient & Transalpine Services	Registered Midwife	Permanent	197	2	14	Advertising
West Coast Health Management	Registered Nurse	Permanent	10	2	36	Reference checking
Senior Medical Officer Roles						
Integrated Health Services Northern	General Practitioner	Permanent	141	4	8	Advertising
Rural Inpatient & Transalpine Management	Clinical Lead	Fixed Term	9	1	3	Awaiting hiring manager
Rural Inpatient & Transalpine Services	Medical Specialist	Permanent	38	1	8	Interviewing
West Coast Health Management	Rural Hospital Generalist Medical Officer	Permanent	220	9	10	Re-advertising after amendments to advert
Support Roles						
Facilities	Cleaner	Permanent	24	1	14	Awaiting hiring manager

TELEHEALTH DASHBOARD

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

SOURCE: **Planning and Funding**

DATE: **12 February 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The Board has requested a 'dashboard' indicating utilisation of telehealth.

2. RECOMMENDATION

That the Board notes the Telehealth Dashboard.

3. SUMMARY

Definitions and discussion around tracking telehealth at West Coast DHB were provided in a paper to the Board in October 2020. A standing report in the General Manager's Update (Developing Transport and Telemedicine Services, B: Champion the Expanded use of Telemedicine Technology) provides ongoing updates on developments in this area.

This dashboard quantifies telehealth appointments delivered during the last quarter. This is a fast-adapting area and measurement parameters are likely to change as digital enablement progresses.

Key points to note.
Remote general practice consultation volumes are now reported for Te Nīkau Health Centre. Over time we will build quarterly comparison data into the reporting. Understanding yearly trends will be vital in targeted support and decision making.

During Quarter Two 2020/21 (October, November and December 2020), volumes of outpatient appointments delivered by video were consistent with recent periods[1] with 141 out of 4,319 outpatient consultations delivered by video.

The DHB received two sets of one-off funding to assist in the digital response to COVID-19. The intention of this funding, set by the Ministry of Health, is to support general practices to deliver clinical telehealth services, tele-working solutions and provide tools and services that enable digitally excluded populations to access digital health services, collectively referred to as Digital Enablement. The West Coast was already making significant inroads in this space and this funding will support continued momentum.

In Quarter Two, 2020/21, telehealth sessions occurred at Karamea (3), Ngakawau (1) and Harihari (1), in addition to the DHB facilities in the main centres (Greymouth (74), Westport (55), Hokitika (11) and Reefton (4) for the same period. Demonstrating increasing access across our region.

[1] With the exception of Quarter Four 2019/20 which was impacted by lockdown at COVID-19 Alert Levels 3 and 4.

Video consultations are saving travel time. In Quarter Two 20/21, patients and whānau travelled, on average, 24 fewer kilometres return (21 minutes estimated travel time) to attend an outpatient consultation delivered via video compared with one attended in person. Over the 141 video consultations in this quarter, this difference could be extrapolated to a saving of 3,615 kilometres return and 3178 minutes (53 hours) estimated travel time. We anticipate more savings as people develop familiarity with digitally enabled services and we enable robust systems to support them.

The implementation of the new Practice Management System (Indici™) across general practice on the West Coast, is an opportunity to consolidate and automate the recording and reporting of telehealth for our health system. We expect to be able to influence the design of the specific parameters of the solution for our environment on the West Coast.

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

4. APPENDICES

Appendix 1: Telehealth Dashboard Q2 2020/21.

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

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

West Coast DHB: Telehealth Update Q2 2020/21

Telehealth in Primary Care

783

Number of general practice consultations delivered by telehealth

Practices included	Te Nīkau Health Centre
Months	October, November and December
Year	2020

Clinicians delivering telehealth

Provider type	Number of consultations
Resident medical officer	3
Nurse	5
Nurse practitioner	13
General practitioner	198
Offsite general practitioner	574

Recipient's ethnicity

	Number of consultations	Percentage
Māori	78	9.84%
Pacific	2	0.28%
Other	713	89.91%

(Data source: Patient Management System)

Recipient's age

Under 5 years	Age 5 to 14 years	Age 14 to 18 years	Age 18 to 25 years	Age 26 to 65 years	Age over 65 years
4	18	13	42	525	191
0.50%	2.27%	1.64%	5.30%	66.20%	24.09%

Telehealth for outpatient consultations

Video consultations by specialty

(Showing specialties averaging more than 1 consultation per quarter)

Specialty	2018	2019	2020	Quarterly average	Q2 2020/21
Oncology	205	202	229	53	41
Cardiology	109	134	121	30	39
General Surgery	120	84	32	20	2
Urology	72	82	72	19	23
Nutrition Services	59	56	65	15	23
Paediatric Medicine	66	73	25	14	0
Plastic Surgery	16	66	27	9	3
Dermatology	2	27	24	4	10
Respiratory Medicine	13	17	10	3	0
All video consultations	**670**	**748**	**622**	**170**	**141**
All outpatient consultations	16346	16639	15712	4058	4319

Travel time and distance

Average return travel Q2 2020/21	Distance (kms)	Time (mins)
In-person consultations	67	62
Video consultations	43	41
Saved	**24**	**21**

If average savings are applied over all video consultations in this period, an estimated total patient travel time saved is **3615 km** and **3148 minutes (52 hours)** could be inferred.

Facilities and clinics hosting video consultations

	2018	2019	2020	Quarterly Average	Q2 2020/21
Te Nīkau Grey Hospital	303	356	321	82	74
Buller Hospital	286	270	219	65	55
Hokitika Health Centre	30	60	47	11	11
Karamea Clinic	19	20	9	4	3
Reefton Hospital	7	14	11	3	4
Franz Josef Glacier Clinic	5	9	3	1	0
Haast Clinic	8	4	5	1	0
Harihari Clinic	8	7	1	1	1
Ngakawau Clinic	4	2	5	Less than 1	1
Fox Glacier Clinic	0	3	1	Less than 1	0
Whataroa Clinic	0	3	0	Less than 1	0

Telehealth Actions in the Annual Plan

Key Actions from the Annual Plan	Milestones	Status	Comments
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. (CRP)	Q1-Q2: Opportunities for introducing In-Home telehealth consultations captured.	✓	Two general practices (Buller Medical and Te Nīkau Health Centre) are offering appointments (where appropriate) with an off-site General Practitioner who consults directly with patients in their own environment. The video conferencing platform used by the West Coast DHB (Vidyo), can be used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During the lockdown period, many areas of our health system successfully delivered care to people in their own homes without an in-person presence. Appointments delivered via telehealth are captured in "IPM" (Inpatient Manager).
	Q2-Q3: Remote GP role implemented.	✓	
Investigate opportunities for introducing 'In-Home' telehealth consultations, including work with consumer groups and a review of outpatient booking forms to promote telehealth as the first option with face to face as a backup option.	Q2-Q3:	✓	
Expand telehealth capability within Te Nikau to support the new locality-based model of care and equity of access to services for our most remote populations. (EOA)	Q2:	✓	All consult rooms provided with Telehealth technology.

ANNUAL PLAN REPORT Q2 2020/21

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

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

SOURCE: **Planning & Funding**

DATE: **12 February 2020**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The attached report has been prepared to provide the Board with an update on progress against the initiatives, actions and targets highlighted in the DHB's Annual Plan for 2020/21. This report is circulated to Executive Management Team, Operational and Management Teams and shared with the Ministry of Health.

2. RECOMMENDATION

The Board notes the update on progress to the end of Quarter Two (October- December) 2020/21.

3. SUMMARY

The West Coast DHB teams have made significant efforts to begin working on activity and programmes that were delayed due to the COVID-19 pandemic in quarter two (October – December). This report reflects the traction being be gained by staff and local service providers as they commence their recovery plans.

Key Points to Note:

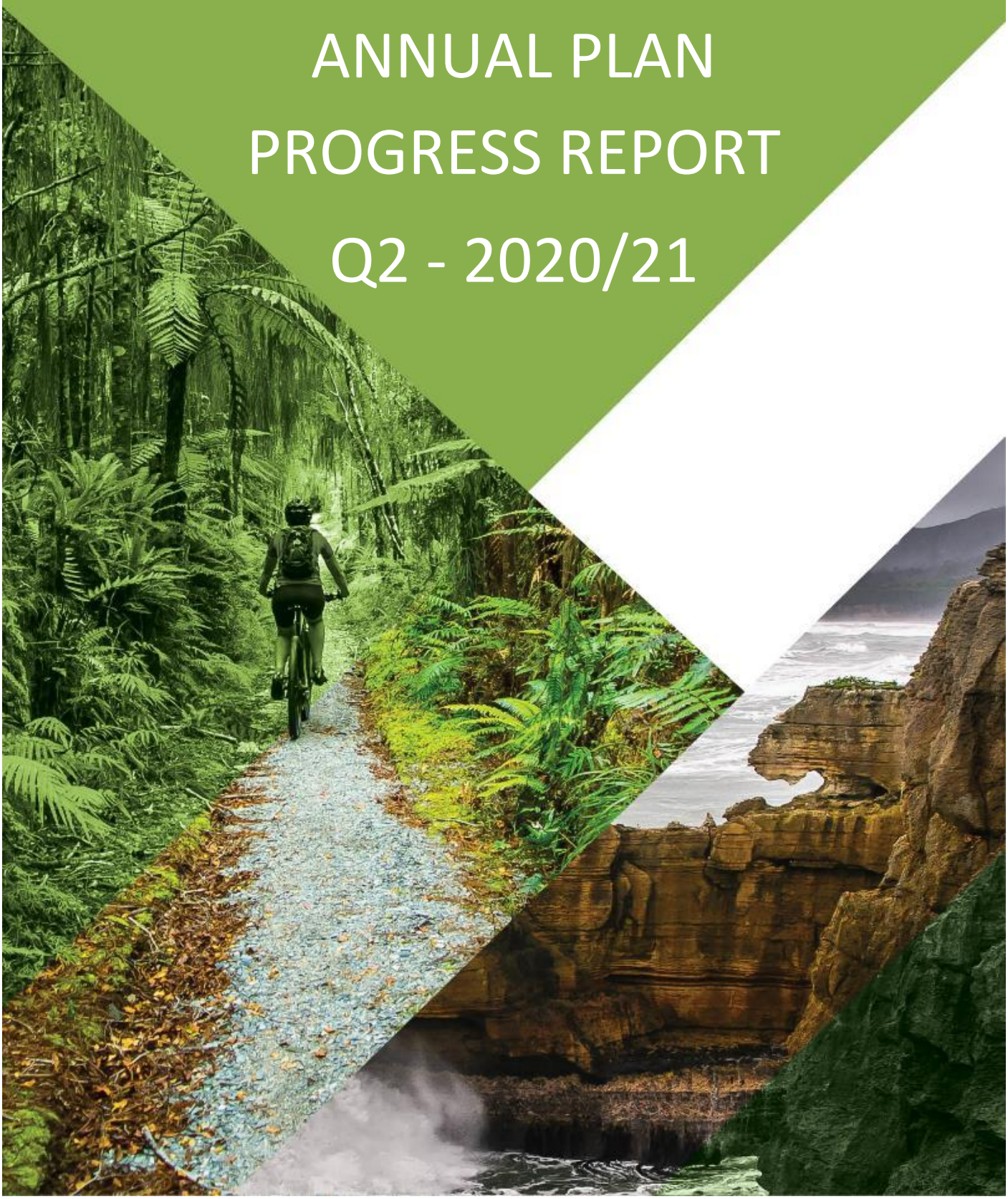
- The Takarangi Cultural Competency Hui that was previously delayed due to COVID-19 was held at Te Taurakawaka Marae during Q2. The feedback and impact of the Hui was so positive that further Hui's have been scheduled to support staff on the their Takarangi journey. (P3)
- The West Coast DHB were successful in securing funding for two applications from the National Sustainability Programme and Planned Care Initiative Funding Pool. This funding will provide the DHB opportunities to change the models of care, provide training to upskill staff and increase both capability and capacity across our system. (P5)
- Despite the significant redeployment of staff onto the COVID-19 response, the Violence Intervention Program team have received high praise nationally for consistently maintaining a result of 100% of staff trained and 100% programme delivery across the Power to Protect programme. (P8)
- Engagement with Te Ara Mahi commenced during Q2. This collaboration aims to increase service referrals and improve employment, education and training options for people with low prevalence mental health conditions. Te Ara Mahi staff are now attending client meetings and an Individual Placement and Support model being implemented in the Alcohol and other Addictions space. (P10)
- Several maternity forums have been held in localities across the Coast and these are being linked to the work underway to consult with our communities about early childhood services, especially in our most rural areas. Consultation is taking place in person - with Facebook, email and Instagram accounts also established to help attract ongoing consumer input and engagement. (P13)
- The project looking to prioritising employment of Maori and Pacific nurses is ahead of schedule, with a recruitment strategy being developed. This project looks at including how CCDM might identify roles and opportunities for Health Care Assistants and Enrolled Nurses, whose training pathways are currently more accessible and enable a step-stone to other careers in health. (P21)

4. APPENDICES

Appendix 1:	Annual Plan Report Quarter Two – 2020/21
Report prepared by:	Sarah Fawthrop, Accountability Coordinator, Planning & Funding
Report approved by:	Melissa Macfarlane, Team Lead, Planning and Performance

WEST COAST DHB

ANNUAL PLAN PROGRESS REPORT Q2 - 2020/21



1. Give Practical effect to He Korowai Oranga - The Māori Health Strategy

1.1. Engagement and Obligations as a Treaty Partner

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain our strategic relationship with Tatau Pounamu to promote Māori participation in the development of strategies to improve Māori health with regular performance reporting to inform strategic thinking and identify opportunities for improvement. (EOA)	Q1-Q4: Quarterly reporting on progress and performance.	✓	The Equity measures that form the Quarterly Annual Plan Report are presented to Tatau Pounamu.
In partnership with Tatau Pounamu, review the Memorandum of Understanding with the DHB Board to ensure it captures shared expectations and strategies to progress Māori health improvement and equity. (EOA)	Q3: MoU reviewed.		
	Q4: Refreshed MOU adopted.		
Design and make available a Māori Health Profile to support strategic thinking and action to address areas of inequity and track progress towards Pae Ora (Healthy Futures) for Māori on the West Coast. (EOA)	Q2: Māori health profile complete.	↺	Initially delayed by capacity with recruitment to Maori Portfolio Lead role in Canterbury now complete. Joint project team has been established with work underway for Q3.
	Q4: Key measures of Pae Ora agreed.		
In partnership with Tatau Pounamu, engage with iwi, hapū whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with national direction but targeting local priority areas. (EOA)	Q3: Consultation undertaken, and priorities identified.		
	Q4: Improvement Plan developed.		
Prepare a proposal for the DHB's Board on options for training in Te Tiriti o Waitangi, Māori health equity and outcomes. (EOA)	Q1: Proposal presented to Board.	↺	The GM Maori Health is in discussions with the Board Chair on appropriate training options.
	Q4: Training delivered.		

1.2. MHAP- Accelerate the spread and delivery of Kaupapa Māori Services

Key Actions from the Annual Plan	Milestones	Status	Comments
Invest in a local Hapū Wānanga (Kaupapa Māori antenatal education programme) that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. (EOA)	Q1: Contract for delivery of Hapū Wānanga in place.	✓	This is well underway with Poutini Waiora delivering their third Hapūtanga Wānanga in September 2020. Participants are keen to continue their antenatal education through a potential Wahakura Wānanga; planning is underway to arrange this for them.
Invest in an additional clinical mental health role to support increased capability and capacity within our Kaupapa Māori service provider and enhance mental health and addiction service options for Māori. (EOA)	Q2: New Kaupapa Māori mental health role in place.	✓	A contract is now in place with the Kaupapa Māori provider and recruitment for this role is underway.
Work with our Kaupapa Māori provider to identify the learnings from the COVID-19 response and invest national COVID-19 funding to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	
In partnership with Poutini Waiora and the West Coast PHO, complete the evaluation of the Pae Ora O Te Tai O Poutini Pilot and use the findings to support future development of the primary care model. (EOA)[1]	Q3: Evaluation findings and recommendations circulated.		

[1] The Pae Ora O Te Tai O Poutini Pilot aims to assist whānau to more readily access primary care on the Coast by enabling nurse and GP led clinics in Māori community settings. The evaluation of the pilot is being funded by the Ministry of Health's Te Ao Auahatanga Hauora Māori: Māori Health Innovation Fund.

1.3. MHAP- Shifting Cultural and Social Norms			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue to invest in the Takarangi Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice programmes to support our commitment to equity and improve the cultural competency of our workforce. (EOA)	Q2: Takarangi staff Hui held.	✓ ★	19 West Coast DHB and three Canterbury DHB staff attended the Takarangi Staff Hui at Te Taurakawaka Marae during Q2. Interest has been so high that an additional support Hui has been held and these will become a monthly event to support staff on their portfolio journey.
	Q4: ≥3 Treaty training sessions held.		
	Q4: ≥3 Tikanga Māori Beliefs and Practices sessions held		
Utilise the "Bias in Health Care" modules from the Health Quality and Safety Commission (HQSC), to highlight potential bias in clinical decision making as a learning tool for clinical staff. (EOA)	Q1: Bias in Health Care modules live on HealthLearn.	↺	This project is underway, and the HealthCare modules will be going live by Q3.
In partnership with the PHO, develop an education package to advance the skills our primary care staff to confidently and competently respond to Māori clients, improving outcomes for at risk groups in primary care settings. (EOA)	Q4: Cultural Safety education package developed and delivered to at least five practices.		

1.4. MHAP- Reducing Health Inequities- The Burden of Disease for Māori			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Rangatahi (Child Health and Wellbeing)			
Collaborate with Community & Public Health to advocate for, and support, policies that will improve oral health for our most vulnerable populations, including water fluoridation and reduced sugar/sugar free policies. (EOA)	Q3: Fluoridation and Sugar-Free Policies refreshed.		
Introduce a process to identify children being lost to recall and re-engage them and their whānau with school and community oral health services. (EOA)	Q2: New recall process in place.	↺	Introduction of the LinKIDS model has been approved for the West Coast. We are now in the process of identifying key processes to complete implementation.
Establish a pathway to facilitate improved access to hospital or specialist dental services on the West Coast for people with special dental or health conditions.	Q3: Pathway in place.		
Develop an Oral Health Promotion Programme (with a focus on Māori children) to increase engagement with services and promote good oral health habits. (EOA)	Q4: Promotion Programme in place.		
Mental Health and Wellbeing			
Invest in an additional clinical mental health role to support increased capability and capacity within our Kaupapa Māori service provider and enhance mental health and addiction service options for Māori. (EOA)	Q2: New Kaupapa Māori mental health role in place.	✓	A contract is now in place with the Kaupapa Māori provider and recruitment for this role is underway.
Partner with the PHO, Poutini Waiora and Te Putahitanga, to enhance our integrated approach to mental health and wellbeing with a bid for the next tranche of primary mental health and addiction initiative funding. (EOA)	Q2-Q3: Kaupapa Māori funding bid submitted.	✓	The West Coast bid has been submitted and positively received. Discussions are underway with the Ministry of Health to secure this funding.
Promote a 'by rangatahi for rangatahi' approach that is tikanga Māori and whānau centered to increase the responsiveness of suicide prevention activity. (EOA)	Q2: Action identified.	✓	Tai Poutini Maori Suicide Prevention work group has been established with strong representations from community, iwi, Maori providers and government agencies.
Planned Care			

Identify services with high Māori Did Not Attend (DNA) rates and support the service to take a whānau ora approach to identify and eliminate barriers to access. (EOA)	Q1: Priority services identified.	✓	Services with high levels of Māori DNAs have been identified as: 1. Paediatric Medicine 2. Gynecology 3. Nutrition Strategies are being developed to eliminate barriers to access with a range of networks being used to ensure contact is made with patients who do not confirm their appointment.
Introduce the tracking of DNA rates as a regular item on the agenda of GM and DHB Board agendas to support shared learnings and capture opportunities. (EOA)	Q1: DNA tracking live. Q3: Changes underway.	✓	A full report on DNA rates is included in the GM update for Tatau Pounamu. DNA for Māori has been under 10% for the last 5 months.

1.5. MHAP- Strengthening System Settings

Key Actions from the Annual Plan	Milestones	Status	Comments
Achieve a collective understanding of what equity is across the Operational Leadership Team and develop an equity framework to visibly measure service gaps and monitor improvement in equity over time. (EOA)	Q2: Equity position statement endorsed. Q4: Performance against equity framework on EMT and Board agendas.	↺	The Operational Leadership Team has been reformatted and an Equity focus is threaded throughout all three themes (leadership, strategy and culture).
Improve the consideration of Māori health equity and health outcomes in service planning by engaging the Hauora Māori team and applying the HEAT tool to all significant Clinical Quality Improvement projects and process redesign. (EOA)	Q2: Introduction of HEAT Tool to quality processes. Q4: Evidence of increased application of HEAT tools in decision-making.	✓	The Hauora Maori Team have held several HEAT Tool sessions enabling attendees to apply the Tool over processes and projects. A process for follow-up is in place, ensuring the Tool was used correctly and people are applying the learnings.
Redesign processes within the DHB's Planning & Funding Division to enhance the Māori voice in Resource Allocation and Funding decisions. (EOA)	Q1: New process in place.	✓	A new Resource Allocation and Funding Team includes Maori and Pacific Portfolio Leads to supported improved decision making.
Engage with Māori stakeholders and communities to better understand the priorities and issues for children and their whānau and develop a Rural Early Years Strategy to improve engagement with services, service options and outcomes for our most vulnerable populations. (EOA)	Q2: Engagement underway. Q4: Draft Strategy complete	✓	This work has been delayed with staff clearing the backlog after redeployment onto the COVID response and a recent resignation in the Planning & Funding team, but engagement is underway.

2. Improving Sustainability

2.1. Planning Priority: Improved Out Year Planning Processes

Key Actions from the Annual Plan	Milestones	Status	Comments
Financial Planning			
Implement a new finance reporting and forecasting tool to assist with improving financial forecasts and aligning financial forecasts with workforce planning.	Q1: Implementation complete. Q2: Forecasts aligned to workforce plans.	✓ ↺	Work to align forecasts has commenced. This is a considerable piece of work and achieving robust alignment will take longer than anticipated.
Enhance the business partnership model with Finance, to support the delivery of savings targets while ensuring ongoing operational performance.	Q1: New process in place to support delivery of savings targets.	✓	Management accountant FTE resource now dedicated to supporting the Rural Generalist workforce model project.
Workforce Planning			
Work towards full implementation of Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards by June	Q2: Acute mental health FTE calculations commence.	✓	Training to increase our number of IRR testers occurred in October and we are now starting the FTE calculation process.

2021, to better align workforce planning with service demand and patient acuity.	Q3: Core Data Set workplan approved.	↺	Our CCDM Coordinator started in the role in Q2 and is currently setting up our Data Council. This will assist us with drafting/progressing our Core Data Set workplan and Standard Operating Procedures for FTE calculations.
Progress the next steps in our Rural Generalist (medical) strategy to further embed Rural Generalists in Obstetrics & Gynaecology (O&G) and Internal Medicine as well as greater support for primary care.	Q1-Q2: Change proposal on Rural Generalist roster and ways of working complete.	✓	The Proposal for Change was released for consultation in November 2020. Feedback supported progression of the model and implementation is now progressing.
	Q3-Q4: Transalpine Clinical Directors in place for O&G and Internal Medicine.		

2.2. Planning Priority: Savings Plans - In-Year Gains

Key Actions from the Annual Plan	Milestones	Status	Comments
Advance our Rural Generalist workforce model, to support the development of a clinical and financially sustainable system by: enabling staff to work to the full extent of their scope, improving the continuity of care and reducing dependence on locums and contractors. (CRP)	Q1: Change proposal on Rural Generalist roster and ways of working complete.	✓	The Proposal for Change was released for consultation in November 2020. Feedback supported progression of the model, with the Decision to proceed made in December. Implementation is now progressing.
	Q2: Decision on change proposal made and implemented.	✓	
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. (CRP)	Q1-Q2: Opportunities for introducing In-Home telehealth consultations captured.	✓ ★	The video conferencing platform used by the West Coast DHB (Vidyo), can be used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During the lockdown, this enabled the delivery of care to people in their own homes without an in-person presence. Two general practices (Buller Medical and Te Nīkau Health Centre) are now offering telehealth appointments (where appropriate) with an off-site General Practitioner who consults directly with patients in their own environment. This is broadening options for our community and increasing capacity in primary care.
	Q2-Q3: Remote GP role implemented.	✓	
Complete the migration of services into Te Nikau, to support the realisation of key aspects of our integrated service delivery model, extended general practice hours and the streamlining and standardising of processes. (CRP)	Q1: Migration into Te Nikau.	✓	The Migration into Te Nikau is complete with new areas and ways of working operational. This includes extended hours of operation for primary care with the Te Nikau Health Centre (formerly Greymouth Medical Centre) now open from 8am-8pm.
	Q2: Integrated unplanned care area operational.	✓	
	Q3: Extended general practice opening hours.	✓	
Consider the provision of services in hospital settings that could be more sustainably delivered in the community, to capture opportunities to integrate and realign resources to provide the greatest return in terms of health gain.	Q1-Q2: Identified service shifts initiated.	↺	This work was initially delayed by the deferment of staff onto the COVID-19 response but is scheduled to resume in the coming quarter.
	Q3: Capacity for the migration of planned care into primary care settings identified.		
	Q4: Further areas of service change identified.		
Capture opportunities to optimise revenue opportunities for the West Coast health system.	Q1: Regional applications submitted for National Sustainability Programme funding.	✓ ★	The West Coast was successful in capturing national funding for two projects from the planned care initiative funding pool and one project through the Sustainability Funding Programme. The local bid for additional funding to support a Kaupapa Maori mental health service approach has also been positively
	Q2-Q3: Bid for the next tranche of primary mental health initiative funding submitted.	✓	

			received with discussions underway with the Ministry. This funding will provide the DHB will opportunities to change the models of care, provide training to upskill staff and increase both capability and capacity across our system.

2.3. Planning Priority: Savings Plans -Out-Year Gains			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Work towards independent implementation of the New Treatment and Technology's Programme by August 2022, using ECRI's Heath Technology Assessment service to support the business to acknowledge fiscal constraints when considering implementing new technologies, initiatives or services.	Q3-Q4: West Coast supported (by Canterbury DHB) to join ECRI.		
	Q3-Q4: Process mapped out for engagement with key projects.		
	Q3-Q4: Audit for evidence of mirrored change and collective purchasing.		
Consider the future use of all DHB-owned houses, facilities and land to optimise investment and reduce surplus assets.	Q2-Q3: Review underway.	✓	Planning has commenced to identify the current state and use of DHB owned houses, land and facilities.
	Q4: Proposal submitted.		
Review administrative resources following the move to Te Nikau with view to upskilling existing staff and developing universal administrative positions to make more efficient use of administrative resources across the organisation.	Q3: Review underway.		
	Q4: Proposal put to Operational Leadership Group for approval.		
Develop and promote workforce development / career development resources to support increased capability amongst our non-registered workforce to enhance their role in the care and support of our community. (EOA)	Q4: Career pathway and resources developed.		

2.4. Planning Priority: Working with Sector Partners to Support Sustainable System Improvements			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
In partnership with Tatau Pounamu, engage with iwi, hapū whānau and Māori in our community to develop a longer-term strategy for improving Māori health outcomes, in line with national direction but targeting local priority areas. (EOA)	Q3: Hui undertaken, and priority areas and actions identified.		
Work through the West Coast Alliance to develop and deliver on the System Level Measures (SLM) Improvement Plan for 2020/21.	Q1: SLM Approved and action underway.	✓	The 2020/21 SLM Plan was approved by the Alliance Leadership, Board and Ministry. Actions are on track.
Facilitate collaboration between DHB Palliative, Cardiac, Diabetic and Respiratory Clinical Nurse Specialists (CNS) and nurses from the DHB's Kaupapa Māori service provider to identify and manage early exacerbations of long-term conditions and reduce acute hospital presentations. (EOA)	Q2: Poutini Waiora nurses working alongside CNSs in the unplanned care area.	↺	This work has been delayed with staff redeployed to the COVID response and now catching up. Our Nurse Consultant community/primary is working with the CNS workforce to support people to better manage their Long-Term Conditions within primary care practices.
Collaborate regionally, through the South Island Alliance Operational Leadership Group, to develop 3-4 innovative change projects to put forward for National Sustainability Programme funding (one of which will be vascular-focused) to support equitable access to specialist services for our population. (EOA)	Q1: Applications submitted.	✓	The West Coast was successful in capturing national funding for two projects from the planned care initiative funding pool and one project through the Sustainability Funding Programme. A further transalpine respiratory project submitted by the Canterbury DHB will also support services on the Coast.

3. Improving Child Wellbeing- Improving maternal, child and youth wellbeing

3.1. Maternity and Midwifery Workforce			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Develop and implement LMC sustainability agreements to improve the recruitment and retention of LMC midwives in the region and ensure consistent access to services for women living on the West Coast.	Q1: Agreements in place.	✓	LMC Sustainability agreements are in place. The DHB is reviewing the developments of the Primary Maternity Notice to ensure future agreements are aligned to changes.
Develop a hub and spoke model, in collaboration with the Maternal Fetal Medicine team in Canterbury DHB, to improve service access for Coast women and their babies by reducing the burden of travel. (EOA)	Q2: Hub and spoke model developed	✓	Canterbury DHB is providing the hub for West Coast women. Work is now focusing on developing pathways that reduce the number of times women must travel to Christchurch including the provision of virtual appointments.
Define how new rural nurse specialists and rural generalist roles can support our midwifery workforce to provide maternity care for women living in the most remote parts of the West Coast. (EOA)	Q3: Roles in maternity care defined.		
Collaborate, through the SI Workforce Development Hub, to develop a strategy to recruit and retain midwives in rural settings, including development of a pathway to support a dual nursing/midwifery scope of practice. (EOA)	Q4: Dual scope pilot underway.	↺	The Midwifery Council has approved this way of working. We are now looking to advertise this opportunity and operationalize the pathway.

3.2. Planning Priority: Maternity and Early Years			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Refresh the Alliance's Child & Youth workstream to better enable a system-wide approach to support maternity and early years interventions that focus on achieving equitable health outcomes for Māori women and babies. (EOA)	Q2: New workstream membership and objectives established.	✓	The Alliance Workstreams have been refocused on the three locality bases with the portfolio specific workstreams being folded into these. In line with the new Maternity Quality & Safety Programme requirements and the DHB's Maternity Strategy, the local Maternity Operations Group membership is being reviewed to better address the continuum of pregnancy through to early parenting. The changes will include engaging additional consumer voices and stronger iwi voice.
Establish locality-based Maternity Consumer Hubs as a means of maintaining consumer engagement and understanding local issues and challenges as we progress the implementation of our Maternity Strategy.	Q1: Forums dates agreed for 2020/21.	✓	Maternity Consumer Hubs have been established with forums taking place both physically and virtually to ensure these are accessible by as many women as possible.
	Q2: First forum held.	✓	
Invest in a local Hapū Wānanga that promotes SUDI prevention and supports access to smoking cessation, safe sleep devices and breastfeeding support. (EOA)	Q1: Contract for delivery of Hapū Wānanga in place.	✓	This is well underway with Poutini Waiora delivering their third Hapūtanga Wānanga in September 2020. Participants are keen to continue their antenatal education through a potential Wahakura Wānanga; planning is underway to arrange this.
Audit the uptake and redistribution of whahakura or pepi pods to confirm they are being shared with whānau who have risk factors present for their pepi and that whānau understand the need for a safe sleep space.	Q3: Audit complete.		
	Q4: >68 safe sleep devices provided to at risk whānau.		
Establish a process to ensure general practice and other early childhood support services are notified when babies are discharged from NICU and Maternal Fetal Medicine services in Canterbury, to ensure a continuum of care and timely support is in place for Coast families. (EOA)	Q2: Notification process in place.	↺	The Newborn Multi-Enrolment Form process is being reviewed for these families to ensure it is completed soon after birth even if the baby is not returning to the Coast immediately. The team is also exploring how the Neonatal Outreach service, that supports these families on return to the Coast, could provide support for linking families to other services.

3.3. Planning Priority: Immunisation

Key Actions from the Annual Plan	Milestones	Status	Comments
Develop a process to identify women who have not been vaccinated during pregnancy, to support LMCs, GP teams and our Kaupapa Māori provider to reach women and better promote vaccinations, particularly to Māori and Pacific women where vaccination rates are lower. (EOA)	Q1-Q2: Process established and implemented.	↺	This work has been delayed due to the focus on COVID-19 and the DHB Measles programme. We now have access to national coverage data, which will assist us in providing a targeted response in Q3.
Use service data to refresh the childhood Immunisation Service Model to respond to current challenges within the system, with a focus on improving links between NIR and Outreach Services to ensure children moving in and out of the district are reached by service providers. (EOA)	Q1-Q2: Proposal for refresh of service model agreed and implemented.	↺	Work has been delayed with key members of the team redeployed on COVID-19 recovery and the DHB Measles programme.
Review the impact of COVID-19 on the delivery of childhood immunisations, with a focus on prioritising children who missed vaccinations during this time.	Q1: Rates reviewed and catch-up implemented.	✓	This work has taken place and the DHB's rates have remained consistent.
Implement the Immunisation Conversation Programme, trialed in Canterbury, to support LMCs, GP teams, Well Child and Kaupapa Māori providers to have difficult conversations with parents who are undecided about vaccinations.	Q4: Programme implemented.		
Implement the catch-up MMR programme for young people (15-29), with a focus on reaching young Māori and reducing the equity gap in uptake. (EOA)	Q1: MMR catch-up programme launched.	✓	This programmed has a slow start in Q1 as we waited on the national rollout but is now underway.
Engage with the Executive Director of Māori Health and the Hauora Māori Team to develop strategies and innovative solutions to maintain high immunisation rates amongst Māori children on the West Coast. (EOA)	Q1-Q4: Ongoing engagement with Māori leads.	✓	The Child and Youth team are engaged with the Hauora Maori Health Team. Strategies and solutions are being worked through.

3.4. School-Based Health Services

Key Actions from the Annual Plan	Milestones	Status	Comments
Monitor the delivery of SBHS in all decile one to five schools and alternative education settings across the Coast and provide quantitative reports on service performance to the Ministry in quarters 2 and 4.	Q2: Report provided.	✓	The DHB providers SBHS in all nine West Coast schools and quarterly monitoring reports are reviewed and submitted to the Ministry of Health.
	Q4: Report provided.		
Review service delivery to determine the impact of COVID-19, and work with the public health nursing team to agree a catch-up plan and prioritise assessments for young people identified by schools as higher need. (EOA)	Q1: Gaps identified and catch-up plan in place.	✓	The DHB has identified two high schools where the target may not be achieved due to pandemic lockdown and workforce vacancies. The Public Health Nurses are working with both schools to prioritise the remaining students for assessment.
	Q4: High need children prioritised for assessment.		
Provide schools with an annual overview of SBHS delivery and feedback from the student surveys to support the Framework for Continuous Quality Improvement.	Q2: Dashboard provided to schools.	✓	A survey dashboard has been completed and released to generate increased awareness and interest in the service.
Provide free sexual and reproductive consultations in general practice for young people under 25 years and promote access to low-cost Long-Acting Reversible Contraception to reduce cost barriers to access. (EOA)	Q1-Q4: Monitor uptake of sexual health consultations and LARC	✓	Free sexual and reproductive consultations continue to be provided in general practice for people under 25 years along with low-cost LARC for target groups.
Explore opportunities to improve access to contraceptives through Registered Nurse Prescribing, with a focus on nurses working with high schoolers.	Q2: RN interest scoped	✓	Interest is evident, and a plan is in place to commence contraception clinics in Buller High School. Scoping is underway for this to also occur at Reefton Area School.
	Q4: Options identified.	✓	
Provide quarterly reports to the Alliance Leadership Team and Ministry of Health on the progress of the Child & Youth workstream against the 2020/21 workplan.	Q1-Q4: Quarterly progress reports provided.	✓	The Alliance workstream structure has been refreshed with a move to a locality focus. Priority Child & Youth Health actions are included in the System Level Measures Plan and the Alliance receives monthly updates on the progress of these.

3.5. Planning Priority: Family Violence and Sexual Violence			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Maintain our commitment to the Violence Intervention Programme (VIP) and deliver regular training sessions to ensure staff understand their role in helping to identify and support people at risk of family violence.	Q1-Q4: Report on number of staff attending VIP Training sessions.	✓ ★	Despite the disruption over 2020, VIP CORE Training, Bridging/ Refresher sessions, eProsafe/ National Child Protection Alert sessions and Elder Abuse & Neglect Training has been delivered to a combined total of 80 participants. West Coast DHB have been praised nationally for consistently maintaining a result of 100% of staff trained and 100% programme delivery across the Power to Protect programme.
	Q1-Q4: Report on screening and disclosure rates across departments.	✓	The 2020 Ministry of Health VIP audit evidenced improved or stable screening rates for all services with eight out of nine priority departments achieving or sitting just under the target of 80% screening rate.
Collaborate with the Women's Refuge, MSD and the Te Rito Family Violence Network to support the Te Rito Community Champions Project, providing training and mentoring for local Community Champions, to increase community leadership in reducing violence in the home.	Q1: Community training and mentoring delivered.	↺	New Community Champions are currently being recruited with planning underway for training dates.
Collaborate with the Women's Refuge and Safe Men Safe Family to facilitate culturally inclusive education and support for Māori men who are perpetrators (and often victims) of Family Violence, to support behavioural change. (EOA)	Q1-Q4: Report on number of men accessing regular support and participating in programmes.	✓	A Community Hangi event was organised in Hokitika in December with collaboration between Safe Man, Safe Family, Women's Refuge and Arahura Marae. 13 Māori men currently attend the programme regularly.
Collaborate with the Te Rito Family Violence Network to establish a program of Equine Therapy for male survivors of trauma or sexual abuse, to help participants develop trust and manage post-traumatic stress and depression.	Q3-Q4: Two programmes offered.		
Take part in a SI Child Protection Forum, convened by the SI Child Health SLA, to support staff to gain confidence in identifying and managing child protection issues and working across disciplines and DHBs.	Q4: WCDHB representatives attend the South Island Child Protection Forum.		

4. Improving Mental Wellbeing

4.1. Planning Priority: Mental Health and Addiction System Transformation			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Placing People at the centre of all service planning, service implementation and monitoring programmes			
Map the number of lived experience and peer support workers supported or employed by the DHB, to identify strengths and gaps, with a focus on supporting Māori peer support and whānau roles. (EOA)	Q1: Stocktake complete.	✓	Stocktake identified a low number of peer workers across the Coast, especially Maori. Wider discussion will occur on initiatives to bolster this workforce in line with the He Ara Oranga Report.
Expand use of the Marama Real-Time survey in the Manaakitanga inpatient unit across other community services to capture a broad range of feedback from services users and identify themes for improvement, in observance of the Code of Health and Disability Consumers Services Rights.	Q2: Report on survey findings.	↺	This report has been delayed due to capacity issues but is underway and expected to be complete in the coming quarter.
Evaluate the success of the new in-reach model, where NGOs resource the Help Desk in the Inpatient Unit to connect consumers/whānau with wider community services, targeted at young people who find it hardest to access services. (EOA)	Q3: Evaluation recommendations implemented.		
Embedding a wellbeing and equity focus			
Using the model already adopted in Westport and Hokitika practices, encourage a further general practice to expand their Long-Term Conditions Management programme to include people with long-term mental health conditions, to support improved wellbeing and physical health outcomes for this high need group. (EOA)	Q4: Model expanded to a third and fourth general practice.		
Engage with Te Ara Mahi to increase service referrals and improve employment, education and training options for people with low prevalence conditions.	Q2: Update on engagement and activity.	✓ ★	A new Individual Placement and Support model is being implemented in the AOD area with Te Ara Mahi staff attending team meetings and receiving referrals from staff and clients directly.
Provide weekly cultural activity in the Manaakitanga Inpatient Unit, to better engage with Māori service users and provide opportunity for recovery through karakia, mihi and traditional activities. (EOA)	Q2-Q4: Weekly activities implemented.	✓	A new Occupational Therapist is in place assisting in Maori service user's recovery.
Implement a Supporting Parents Health Children audit tool to allow data collection and quality auditing to begin in the new year.	Q2: Audit tool in use.	↺	An audit tool has been designed but not yet finalised. This work will continue into Q3.
Develop and introduce Family Care Plans to mental health teams as part of the Supporting Parents Health Children initiative.	Q2: Family Care Plans in use.	↺	Family care plans have been finalised and are due to be added to the intranet. Once accessible, training and socialisation of the templates will be rollout out for each of the three locality bases.
Increasing access and choice of sustainable, quality, integrated services across the continuum			
Maintain the delivery of brief intervention counselling in primary care to support earlier intervention for people with mild to moderate mental health needs.	Q1-Q4: Number of people accessing BIC.	✓	
Complete the realignment of resources across our mental health services to strengthen community-based teams and support them to work alongside general practice teams as part of the locality-based service model, improving the continuity of care and access to respite services to reduce unsustainable acute demand.	Q1-Q4: Update on activity.	✓	Realignment has occurred with the change proposal being implemented. Recruitment to localities has been successful and increased respite options are currently being explored. A review of crisis response service provision is ongoing.
Invest in an additional clinical mental health role to support increased capacity and capability within our community-based Kaupapa Māori service provider and enhance service options for Māori. (EOA)	Q2: Role in place.	✓	Contract is in place and recruitment is underway.

Undertake an annual review of contract delivery and apply cost pressure funding to support the sustainable delivery of mental health services across the Coast.	Q1-Q4: Contract review.	✓	A contract review has been completed and cost pressure funding has been applied to support delivery of services on the Coast.
Partner with the PHO, our Kaupapa Māori provider and Te Putahitanga (the Māori Whānau Ora Commissioning Agency), to enhance our integrated approach to mental health and wellbeing, and strengthen the focus on promotion, prevention, identification and early intervention, with bid for the next tranche of primary mental health initiative funding. (EOA)	Q2-Q3: Bid completed.	✓	A bid has been submitted for new Kaupapa Māori Mental Health and Addictions funding. We understand that this has been positively received with discussions underway with the Ministry.
4. Suicide Prevention			
Identify actions to increase the responsiveness of suicide prevention activity for Māori and promote a 'by rangatahi for rangatahi' approach that is tikanga Māori and whānau centered and focused on earlier intervention. (EOA)[2]	Q2: Actions identified.	✓	Establishment of a Tai Poutini Maori Suicide Prevention work group. Representation includes; community, iwi, Maori providers and government agencies such as TPK.
Collaborate with the Office of Suicide Prevention and Clinical Advisory Services Aotearoa (CASA) to implement a new postvention counselling service pathway to improve access to counselling for people bereaved by suicide. (EOA)	Q3: Pathway established.	↺	During Q2 a provider information hui was delivered, followed by a provider training in Christchurch for those interested in delivering the service on the West Coast
Agree a Project Plan to support improved Mental Wellbeing with health promotion activities planned across West Coast communities.	Q4: Wellbeing promotion delivered.	↺	Establishment of the Governance Group will provide leadership in the development of a project plan.
Continue to gather data in support of the implementation of the national suicide prevention strategy 'Every Life Matters' and evaluate local initiatives to better to promote wellbeing, respond to suicidal behavior and offer support after a suicide.	Q1-Q4: Data reported.	✓	Local activity continues to align with the national strategy. The focus has been on reviewing the leadership structure to ensure a broad, cross-sector and community perspective.
5. Workforce			
Develop and promote workforce development / career development resources to support increased capability amongst our non-registered workforce to enhance their role in the care and support of our community. (EOA)	Q4: Career pathway and resources developed.		
Provide Talking Therapies training to enhance the skill set of our mental health workforce in helping people bring about the changes they want in their lives.	Q4: Four additional staff trained.		
Work with Te Pou to promote workforce development training to strengthen people's capabilities when working with people and whānau experiencing mental health and addiction issues.	Q1-Q4: Workforce development options promoted.	↺	West Coast DHB has liaised with Te Pou and once Clinical Educator and Clinical Nurse Specialist roles are filled, they will lead this work.
6. Forensics			
Provide input into the national Forensic Framework Project to improve the consistency and quality of current and future services as opportunities arise.	Q1-Q4: Input provided.	✓	Input from the West Coast DHB is ongoing with regular attendance at the regional forums.
Examine the feasibility of providing youth forensic capacity through the court liaison role, to increase service access for youth with mental health challenges. (EOA)	Q2: Opportunities considered.	✓	Feasibility undertaken, and plans are in place for our Forensic nurse to take on increased representation in the youth forensic service.
7. Commitment to demonstrating quality services and positive outcomes			
Track and monitor service utilisation data, and reporting into national systems (including PRIMHD), to support improved decision making and service planning.	Q1-Q4: Data provided.	↺	Work is ongoing to strengthen data reporting and utilisation with the creation of meaningful dashboards. This is being supported by the Planning & Funding and Decision Support team in Canterbury.

[2] This work was identified in 2019/20 but delayed due to staff capacity. A work group was established to lead the work, which will get underway this year.

4.2. Planning Priority: Mental Health and Addictions Improvement Activities

Key Actions from the Annual Plan	Milestones	Status	Comments
Develop a process to utilise, and make visible, the findings from file audits (of wellness and transition plans) to identify, inform and work with staff to address common areas that require improvement.	Q2: Audit themes visible to staff.	↺	Audit themes available with a plan to provide visibility to staff early in Q3.
Prioritise the completion of relapse prevention plans to increase the number of consumers arriving into the Manaakitanga Inpatient Unit with a plan in place.	Q1-Q4:	↺	This aligns with work going into the non-financial accountability reporting. Outcomes from a new audit tool prepared for this reporting will inform how we target this area.
Embed the first five competencies from the Takarangi Competency Framework into everyday practice to better respond to Māori patients and their whānau. (EOA)	Q2-Q4:	↺	Takarangi training has commenced.
Hold weekly review meetings, with support from the HQSC, to consider learnings from other DHBs and identify actions to further minimise restrictive care, with a focus on Māori as an over-represented group. (EOA)	Q1-Q4:	✓	This is embedded.
Embed a service wide analysis of every seclusion, personal and environmental event, with a focus on providing early intervention for deteriorating patients.	Q4: Process in place to provide event analysis for 80% of all events.	✓	An escalation pathway has been introduced, events have been minimal, and all events have been analysed.
Input into the new facility design and business case for Central Mental Health Services, including Manaakitanga, with an emphasis on environmental suitability that supports de-escalation and safety of patients and staff.	Q4: Business case completed.	✓	Business case has been submitted.

4.3. Planning Priority: Addiction

Key Actions from the Annual Plan	Milestones	Status	Comments
Review of the function of specialist Child and Adolescent Mental Health Service (CAMHS) in the context of the evolving locality-based approach, to strengthen connections between primary, community and specialist teams and build support for people across the full continuum.	Q3: Review completed.	↺	CAMHS have recruited a 0.5FTE position based in the Northern region. We have started a Child & Youth Interagency forum to facilitate cohesion and coordination between DHB, PHO and NGOs, this will evolve in the coming months.
Include dedicated clinical Co-Existing Problems FTE in locality-based teams, to strengthen connections and support people with the most complex issues. (EOA)	Q4: Dedicated FTE in place.		
Implement the review of the function of specialist Alcohol and Other Drug (AOD) service in the context of the evolving locality-based approach, and national model, and strengthen connections between teams to better meet service demand.	Q4: Review actions implemented.		
Track and monitor service utilisation data to maximise the use of the community-based Salvation Army AOD service, strengthening referral pathways and reducing waiting times. Focus particularly on access for Māori as a high need group. (EOA)	Q2: Service data evaluated.	✓	Service data shows a steady increase in referrals and groupwork occurring including a high level of engagement with both Māori consumers and Māori agencies.
Implement a quality framework for the service provision of Opioid Substitution Treatment, to improve the management of treatment and support an independent/high quality of life for people with addiction issues.	Q4: Quality framework in place.		
Collaborate with the other South Island DHBs to ensure the allocation of regional resource enhances access to community-based detoxification on the West Coast.	Q1-Q4: Report on activity.	↺	Recruitment has begun with the advert going live. The Canterbury based withdrawal management nurse is attending West Coast DHB Alcohol and Other Drugs Multi-Disciplinary Teams to provide advice and guidance.

4.4. Planning Priority: Maternal Mental Health Services			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with the PHO, Plunket and CDHB to maintain access to community-based and specialist level maternal mental health services for West Coast women and their partners, before and after the birth of a child.	Q1-Q4: Report on activity.	↺	The DHB is working with the regional Well Child Tamariki Ora Quality Improvement Manager to re-invigorate the local provider forum. This forum will provide the platform for monitoring maternal access to mental health services.
Socialise the revised Maternal Mental Health Pathway with Lead Maternity Cares, Well Child providers and primary care, highlighting links to infant mental health services and early parenting support to improve the whole-of-system response for women and their whānau in need of additional support.	Q1: Maternal Mental Health Pathway Live on HealthPathways.	↺	The Pathway has been developed and shared with stakeholders with stickers made for addition to the Parent Held Well Child Tamariki Ora Handbook. Publishing to Health Pathways has been delayed but will occur in Q3.
Establish locality-based Maternity Consumer Hubs, to provide an opportunity for women and their whānau to identify local challenges and strengthen links between providers working with women in the first 1,000 days.	Q2: First Consumer Hub forum held.	✓ ★	Several maternity forums have been held in localities across the Coast and these are being linked to the work also underway to consult with our communities about early childhood services, especially in our most rural areas. Consultation is taking place in person - with a Facebook page, email address and Instagram account established to help attract ongoing consumer input and engagement.
Engage with Poutini Waiora, Well Child and Whānau Ora nurses, to understand their training and education needs to support an improved response for Māori women experiencing mild-moderate mental health issues post pregnancy. (EOA)	Q3: Engagement underway.	`	

5. Improving Wellbeing through Prevention

5.1. Planning Priority: Environmental Sustainability			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Collaborate with the Canterbury DHB, through Transalpine Environmental Sustainability Governance Group (TESGG), to develop an Environmental Sustainability Policy and Implementation Plan.	Q1-Q4: Policy and Implementation plan under development.	↺	Work has been delayed by the operational response to the COVID-19. TESGG met in September and December. There are no actions for the West Coast currently.
Develop intranet sustainability pages to support the sharing of resources, initiatives and projects and encourage staff to make sustainable changes.	Q2: Pages live.	×	Development of the pages has been delayed due to COVID-19 focus, but work is continuing as time allows. The team aim to have them live in Q3.
Include environmental sustainably questions in procurement tenders to mitigate future environmental impacts on health by designing waste out of our system.	Q1-Q4: Questions included.	✓	
Commence reporting on Carbon Offsetting for travel carried out under Senior Medical Officer's Continuing Medical Education agreements.	Q1: Reporting underway.	↺	Carbon offsetting program is established, and reporting set up. However there has been minimal overseas travel by SMOs this year due to COVID-19. Work continues this project as time allows but the lack of flying has reduced its urgency.
In collaboration with EECA, employ a graduate engineer to assist with energy reduction activities and begin work towards obtaining CEMARs (Certified Emissions Measurement and Reduction Scheme) certification.	Q1: Graduate employed. Q3: Work underway.	✓ ↺	A Graduate has been employed and discussions regarding funding for CEMARs, now (renamed Toitū Reduce) are underway.
Establish pathways to monitor energy use across DHB sites and identify areas for energy savings.	Q2-Q4: Pathways in place.	↺	This continues to be a focus for the TESGG which provides a pathway for ideas to be shared but there is no dedicated resource to progress all identified projects.

5.2. Planning Priority: Antimicrobial Resistance (AMR)

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a pharmacy champion to work with Community & Public Health, the PHO and our Kaupapa Māori provider to develop and deliver a Coast-wide campaign for World Antibiotic Awareness week. (EOA)	Q1: Champion in place	✓	World Antibiotic Awareness week occurred on the same dates as Patient Safety and World Pressure Injury Prevention day. The decision was made to undertake an antibiotic awareness week at a later time, to ensure the message didn't get weakened through exposure to multiple campaigns.
	Q2: Campaign launched	✗	
Produce Antibiotic Awareness Week resources, for educational sessions, in both Te Reo and English to increase antibiotic health literacy amongst Māori. (EOA)	Q2: Resource Produced.	✗	See above.
Engage prescribers and pharmacy in the development of a policy to ensure a consistent method of documentation of antimicrobial indication and duration for inpatients across all DHB facilities (in line with national policies).	Q2: Policy development underway.	↺	An audit is underway to determine baseline rates of prescriber documentation, with policy development and promotion to occur on completion and review of results.
Conduct an annual audit on all cultures completed through the WC laboratory to ensure ongoing appropriateness of empiric antibiotic use. Refresh antimicrobial prescribing guidelines as required.	Q4: Audit complete.		
Maintain a continuous improvement cycle of auditing antimicrobial use against local guidelines, to identify areas to improve practice and update guidelines.	Q1: Audit undertaken.	✓	
	Q3: Update guidelines, re-establish practice.		
Analyse antimicrobial reports from ESR to identify sensitivity rates and support reporting from the Infection Prevention and Control Committee (IPC) to the Clinical Quality Improvement Team (CQIT) and DHB EMT to raise the organisational focus on antimicrobial resistance.	Q1-Q4: Reporting to leadership Teams in place.	↺	The IPC committee report is a standing agenda item at the CQIT meetings. AMS has been added as a standing agenda item at Medication Safety. Reporting lines to the DHB EMT are a work in progress and have been discussed with the Quality Team.
Deliver and report on the drinking water activities and measures in the MoH Environmental Health exemplar to ensure high quality drinking water.	Q2: Progress report	✓	This period has seen the completion of the Annual Survey for Drinking Water. Any non-compliance was largely used to plan improvements to drinking water systems.
	Q4: Progress report		
Provide technical advice on marae drinking water quality to local rūnanga to contribute to Māori health and wellbeing. (EOA)	Q1-Q4:	✗	No contacts this period with public health staff largely redeployed onto the COVID response.

5.3. Planning Priority: Environmental and Border Health

Key Actions from the Annual Plan	Milestones	Status	Comments
Deliver and report on the activities contained in the MoH Environmental and Border Health exemplar, including undertaking compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation, to improve the quality and safety of our physical environment.	Q2: Progress report	✓	Community & Public Health (C&PH) West Coast works with all three councils to ensure health issues are identified and considered in RMA processes. We receive and review a weekly list of resource consents by the West Coast Regional Council, none were submitted during this period. We also work with council to meet the appropriate application of the Health Act 1956 and the Environmental Health Protection Manual. The West Coast Regional Council maintains a monitoring procedure and programme for high use recreational water locations on the West Coast. They are monitored monthly and C&PH are in the consultation group as well as having agreed recreational
	Q4: Progress report		

			water protocols with WRDC to monitor and implement the procedure.
Maintain relationships with local rūnanga to support ongoing partnership in addressing environmental health issues. (EOA).	Q1-Q4. Number of contacts with rūnanga representatives.	×	No contacts this period. The two Maraes were in lockdown earlier in the year and have remained less open through this period as a precautionary approach.

5.4. Planning Priority: Healthy Food and Drink

Key Actions from the Annual Plan	Milestones	Status	Comments
Audit the implementation of the DHB's Healthy Food and Drink Policy, and ensure alignment to national policy, to ensure the DHB is taking a lead in creating supportive environments to promote healthy eating and healthy choices.	Q4: Audit of DHB sites.		
Track and report on the number and proportion of provider contracts that include the clause stipulating providers will develop a Healthy Food and Drink Policy that aligns to national policy.	Q2: Report on progress. Q4: Report on progress.	✓	Provider contracts now include the required clauses.
Collaborate with education providers in early learning settings, primary, intermediate and secondary schools to support the adoption of water-only (including plain milk) and healthy food policies in line with national Healthy Active Learning Initiative, with an emphasis on education providers with higher proportions of Māori, Pacific, and/or lower socioeconomic status students. (EOA)	Q2:Q4: Report on adoption of policies.	✓	Approximately nine of sixteen Early Learning Centres (ELC) who are engaged with C&PH on the West Coast have Healthy Food Policies and two of those have Water-Only Statements within their current Food Policies. Continued engagement with ELCs has occurred throughout 2020 to support their implementation of Healthy Kai Policies, including their communications with whānau. Work continues with schools to engage in this area with the groundwork done we expect good progress in 2021. This work has been impacted by COVID-19 for both schools and C&PH.

5.5. Planning Priority: Smokefree 2025

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waiora and Oranga Ha - Tai Poutini to maintain delivery of a range of smoking cessation support options, with a deliberate focus on Māori, hapū wāhine and whānau of children under 5. (EOA)	Q1-Q4:	✓	A range of smoking cessation options continue to be offered across the Coast with providers approaching people who are referred to discuss whether they have whānau who also need support to quit. The DHB continues to support the Smokefree Pregnancy and Newborn Incentive Programme focussing on the whole household being smokefree.
Review referrals to stop smoking services by LMC midwives to identify and address gaps and barriers to women accessing these services, as a priority area. (EOA)	Q1: Review complete.	✓	The review completed in Q2 highlighted a small number of LMCs who have not been regularly referring to the Incentive Programmme. The Smokefree Services Coordinator has reached out and reminded these few about the programme and the benefits of referral for their women who are smokers.
Promote quit options for patients with mental health concerns who are enrolled in the primary care Long-Term Conditions Management programme. (EOA)	Q2-Q3:	✓	Smoking brief advice and cessation are included in the Long-Term Conditions Mental Health programme annual reviews and nurses are using this process to have a conversation with patients and refer to cessation for those consenting.

Through the West Coast Tobacco-free Coalition, inform submissions on tobacco-related issues including the proposed vaping legislation.	Q1-Q4:	↺	There have been no submissions made this quarter however the Coalition have been actively sharing information about progress of the vaping amendment Bill and are keen to contribute to the pending review of the Smokefree 2025 Action Plan.
Undertake compliance activities relating to the Smokefree Environments Act 1990, including delivering and 6-monthly reporting on the activities relating to the public health regulatory performance measures.	Q1-Q4:	✓	Work is underway in preparation for the new vaping legislation and what this means for current local retailers. Compliance visits have been conducted at all Hokitika tobacco retailers. This was successful with no tobacco sales made to underage purchasers
Collaborate with the Cancer Society, CPH and the PHO to advance Fresh Air Project Smokefree Outdoor Dining initiatives in Westport and Greymouth.	Q1-Q4:	✓	We are continuing to increase Smokefree environments on the Coast. Premises with Smokefree Outdoor Dining in Grey and Westland districts are being encouraged and supported by C&PH to include vapefree in their signage. Four cafés in Hokitika have become Smokefree Outdoor Dining Cafés. The West Coast Tobacco Free Coalition is supporting the Cancer Society to re-approach the Buller District Council to seek support for Smokefree Outdoor Dining Policy implementation in line with Grey and Westland.
Track and monitor the delivery of smokefree advice and activity across all settings, to identify service and equity gaps and opportunities for further focus.	Q2: Report on activity	✓ ★	The DHB and PHO continue to monitor ABC performance in both the primary care and hospital settings with results reported back monthly to individual services and practices. The West Coast achieved 91% against the 90% target for ABC delivered in primary care with similar results for Māori (90%) and our High Needs populations (93%). The Maternity app QlikSense is providing some insight into rates of smoking at 1st registration with the YTD result showing 9% of women who have birthed in 2020 reported smoking at first registration compared with 15% for the 2019 year.
	Q4: Report on activity		

5.6. Planning Priority: Breast Screening

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with BreastScreen South and the PHO to identify overdue priority women and those not enrolled in the national breast screening programme at a practice level and provide practices with targeted follow-up to lift rates. (EOA)	Q2: Shared BSS/PHO reporting in place.	✓	Breast Screen South undertake data-matching with the West Coast PHO to identify women not enrolled within the national breast screening programme. There is also continued collaboration with Poutini Waiora to share information and collectively support whānau to attend clinics and appointments.
BreastScreen South will prioritise Māori and Pacific wāhine when allocating screening appointments to reduce equity gaps. (EOA)	Q1-Q4:	✓	
BreastScreen South will reduce recall time to 20 months to assist with 'on time' screening for Māori and Pacific wāhine. (EOA)	Q1-Q4:	✓	

Collaborate with the PHO to deliver query build training to general practices to assist them to set and track targets for reaching priority group women. (EOA)	Q3: Query Build training delivered.		
Deliver education to practices to support an understanding of barriers that affect participation in screening particularly for Māori and Pacific wāhine. (EOA)	Q3: Education delivered to >5 practices.		
Collaborate with CPH, the PHO, Poutini Waiora and BreastScreen South to deliver a 'Top and Tail' programme – a clinic that will combine breast and cervical screening, whānaungatanga, kai and education targeting Māori and Pacific wāhine. (EOA)	Q4: Pilot 'Top and Tail' clinic held in Greymouth.	✓	There have been 2 'double-up' clinics run in the community to encourage Māori, Pacific and other minority/vulnerable women to undergo screening for breast and cervical cancer simultaneously.

5.7. Planning Priority: Cervical Screening

Key Actions from the Annual Plan	Milestones	Status	Comments
Meet quarterly with the PHO and Poutini Waiora to review screening data and coordinate efforts to improve rates for priority women. (EOA)	Q1-Q4:	✓	Our DHB high needs cervical screener provides clinics from the Poutini Waiora premises in Hokitika and the Poutini Waiora clinical team refer Maori to that service.
Deploy the DHB's Māori Pathway Navigator to support practices with overdue women with recalls and holding bi-monthly cervical screening clinics. (EOA)	Q1-Q4:	✓	
Encourage practices to engage with Poutini Waiora's Māori RN smear taker, who will work in practices to focus on delivery of screening for Māori wāhine. (EOA)	Q1-Q4:	✓	
Collaborate with the PHO to deliver query build training to general practices to assist them to set and track targets for reaching priority group women. (EOA)	Q3: Query Build training delivered.		
Deliver education to practices to support an understanding of barriers that affect participation in screening particularly for Māori, Pacific and Asian women. (EOA)	Q3: Education delivered to >5 practices.		
Collaborate with CPH, the PHO, Poutini Waiora and Breastscreen South to deliver a 'Top and Tail' programme – a clinic that will combine breast and cervical screening, whānaungatanga, kai and education targeting Māori and Pacific wāhine. (EOA)	Q4: Pilot 'Top and Tail' clinic held in Greymouth.	✓	There have been 2 'double-up' clinics run in the community to encourage Māori, Pacific and other minority/vulnerable women to undergo screening for breast and cervical cancer simultaneously.
Following migration to the new Te Nikau facility, utilise the extended general practice opening hours to introduce evening screening clinics to target women who struggle to access general practice during business hours. (EOA)	Q3:		

5.8. Planning Priority: Reducing Alcohol Related Harm

Key Actions from the Annual Plan	Milestones	Status	Comments
Undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012, including delivering and reporting on the activities relating to the public health regulatory performance measures.	Q1-Q4:	✓	C&PH have met with 10 premises looking to renew licenses or apply for new ones C&PH actioned 48 applications from licensees wanting to renew licenses or apply for new licenses.
Maintain and support intersectoral alcohol accords in our district.	Q1-Q4: Number of active alcohol accords.	↺	No formal alcohol accords are in place; however, we are remaining involved in discussion with stakeholders including licensees, inspectors, Police and Hospitality NZ to work collaboratively to develop alcohol accords in Westland and Grey districts.
Identify and begin to work with Māori partners and organisations on the West Coast to strengthen the Māori voice in alcohol licensing decision-making, including local alcohol policies. (EOA)	Q1: Engagement underway.	↺	Engagement has been delayed by the team's deployment onto the COVID-19 response but is planned for upcoming

			quarters. The engagement process is still to be finalised.

5.9. Planning Priority: Sexual Health			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Provide free condom packs and health promotion information via the West Coast Community Health Information Centre (EOA).	Q1-Q4: Report on activity.	✓	C&PH continues to provide condom packs to locations across the West Coast including cafés, rural clinics, other NGOs and schools. Further packs are available if people drop in to the C&PH office.
Provide free sexual and reproductive health consultations in general practice for young people under 25 years and promote access to low-cost Long-Acting Reversible Contraception to reduce cost barriers for young people. (EOA)	Q1-Q4: Report on uptake.	✓	The DHB continues to support these free consultations for young people across the Coast via the PHO and General Practice.
Explore opportunities to improve access to contraceptives through Registered Nurse Prescribing with a focus on nurses working with Māori and Pacific populations, high schoolers and our more remote communities. (EOA)	Q2: RN interest scoped.	✓	Interest has been established and a plan is in place to commence contraception clinics in Buller High School. Scoping is underway for this to also occur at Reefton Area School.
	Q4: Options identified.	✓	
Establish a Syphilis Working Group with CDHB and CPH to ensure actions to prevent new syphilis cases and congenital syphilis are aligned across the two regions and support the National Syphilis Action Plan.	Q2: Working Group Established.	✓	

5.10. Planning Priority: Communicable Diseases			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Monitor and report communicable disease trends and outbreaks.	Q1-Q4:	✓	45 cases of communicable disease monitored and investigated with no outbreaks.
Follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	✓	Follow up of the 45 cases above has been undertaken to limit further spread and identify possible sources.
Identify and control communicable disease outbreaks, with a focus on culturally appropriate responses. (EOA)	Q1-Q4:	✓	Two communicable disease outbreaks were followed up and controlled as per C&PH protocols and Communicable Disease Control Manual.
Develop and deliver public health information and education to improve public awareness and understanding of communicable disease prevention.	Q1-Q4:	✓	C&PH have an ongoing involvement in the response to COVID-19. C&PH also assisted the Greymouth Motorcycle Street Race and the Agfest events to develop a COVID-19 response plan. Public health advice was provided to an early childhood centre during gastrointestinal diseases outbreak to help control the outbreak. All Greymouth Garden Centres were visited by a health protection officer and provided advice on legionella, including information pamphlets and legionella posters. Similar visits will be conducted by the health protection officer in Hokitika and Westport.

5.11. Planning Priority: Cross Sectoral Collaboration including Health in All Policies			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Deliver Broadly Speaking training (including the use of HEAT and other equity tools) to staff from the DHB and	Q1-Q4: Number of non-health agencies attending	✗	Plans to deliver Broadly Speaking across the region are on hold due to the

other health and social service agencies, to support and grow Health in All Policies work in our region. (EOA)	Broadly Speaking training sessions.		instability of alert levels and social distancing and capacity to deliver. We will review again in 2021 but are committed to delivery.
Collaborate with the member organisations of the West Coast Alliance (CPH, the PHO, Poutini Waiora and Sport West Coast) to develop and deliver a joint workplan, to support collaborative work and improve health outcomes in our region. (EOA)	Q1-Q4:	↺	A formal joint work plan is not currently a priority given capacity being redirected to COVID-19 but we remain engaged in Healthy West Coast and the West Coast Cross sector forum which has identified several priorities to work together on. Currently we are working with the housing stream of the forum who is developing a strategy for the region. We are also engaged in the consultations for a Single District Plan for the West Coast.
Through CPH, develop DHB submissions related to policies impacting on our community's health. (EOA)	Q1-Q4:	✓	During Q2 submissions were prepared as part of Active West Coast: one on Reducing the impact of plastic on our environment: moving away from hard-to-recycle and single-use items, and the second to the Westland District Council's 2020 Review of Westland District Council Speed Limits Register

6. Better Population Health Outcomes Supported by a Strong and Equitable Public Health & Disability System

6.1. Planning Priority: Delivery of Whānau Ora

Key Actions from the Annual Plan	Milestones	Status	Comments
Prioritise two clinical areas where Māori are repeatedly presenting to services, and design and implement a whānau ora approach to enable a more integrated response to care for the person and their whānau. (EOA)	Q2: Areas identified.	✓	Oral Health and Respiratory have been identified as the two clinical priority areas.
	Q3: Changes underway.		
Implement a new approach to the co-design of an Early Years Strategy to better capture the voice and contribution of people that experience inequities. (EOA)	Q2-Q4: Approach implemented.	✓	The early Years Strategy is a wide-scale community engagement process asking the communities across the Coast to share their aspirations for children growing up here. These thoughts and ideas are anticipated to help the DHB figure out the best structure for all services that support child health & wellbeing and help the DHB identify other providers of services that the DHB can support to continue to do that, rather than the DHB trying to deliver every service to every community. The approach to consult with communities over the summer 2020/21 has begun and following the feedback from his, development of an Early Years Strategy will commence.
Identify services with high Did Not Attend (DNA) rates and support services to take a whānau ora approach to identify and eliminate barriers to access, with emphasis on Māori and Pacific patients and those living in low decile areas. (EOA)	Q1: DNA tracking live.	✓	A full report on DNA rates is included in the GM update for Tatau Pounamu. DNA for Māori has been under 10% for the last 5 months. Pacific patient DNA's are low in terms of numbers, but high as a percentage. We are using a range of networks to ensure contact is made with patients who do not confirm their appointment with these services.
	Q2: Opportunities identified.	✓	
	Q3: Changes underway.	✓	
Partner with the PHO, Poutini Waiora and Te Putahitanga (the Māori Whānau Ora Commissioning Agency), to enhance our integrated approach to mental	Q2-Q3: Joint Bid submitted.	✓	A bid has been submitted for new Kaupapa Māori Mental Health and Addictions funding. We understand that

health and wellbeing with a joint bid for the next tranche of primary mental health and addiction support initiative funding. (EOA)			this has been positively received and discussions are underway with the Ministry of Health.

6.2. Planning Priority: Ola Manuia 2020-2025: Pacific Health and Wellbeing Plan

Key Actions from the Annual Plan	Milestones	Status	Comments
Review the national Pacific Health and Wellbeing Action Plan to identify key actions for the West Coast and complete an action plan to support delivery.	Q3-Q4:		

6.3. Planning Priority: Care Capacity Demand Management (CCDM)

Key Actions from the Annual Plan	Milestones	Status	Comments
Provide formal partnership training for the Care Capacity Demand Management (CCDM) Council members and adopt a Council charter to assist with effective governance level decision-making.	Q1: CCDM Council charter in place.	✓	Partnership training was provided/attended by CCDM Council members on the 16 November 2020 and a charter was drafted.
Engage the Directors of Nursing and Midwifery in the CCDM Council to ensure variance response management is enabled in the Maternity ward.	Q1: DOM and DON engaged in CCDM.	✓	
Provide Takarangi and/or Tipu Ora cultural competency training for the CCDM Coordinator, TrendCare Coordinator, and CCDM administrator to promote cultural safety within our CCDM Programme. (EOA)	Q2: Training underway.	✓	Both our CCDM Coordinator and TrendCare Coordinator are now in position and all three CCDM staff are in the process of booking training to occur in 2021.
Deliver monthly progress reports to the CCDM Council, including progress on Core Data Set development, Variance Response Management plan implementation and FTE calculations.	Q1-Q4:	✓	With the appointment to our CCDM Coordinator position, the working group is being reinvigorated and will provide an improved report to the January CCDM Council meeting.
Pending Variance Response Management stocktake and Inter-Rater Reliability (IRR) testing results, commence FTE calculations for the acute mental health inpatient ward (not impacted by migration to new facilities).	Q2: Acute mental health FTE calculations commence.	✓	Training to increase our number of IRR testers occurred in late October and we are now starting the FTE calculations process.
Following migration to new facilities in Greymouth, commence patient acuity refresher training for staff in the newly integrated acute care departments to ensure accurate patient acuity data in our new model of care.	Q3: Refresher training underway.	✓	Training is already underway.
Following migration to new facilities in Greymouth, utilise the Core Data Set stocktake to develop a Core Data Set workplan for CCDM Council approval.	Q3: Core Data Set workplan approved.		
Communicate agreed Core Data Set workplan and process to staff.	Q4:		
Following migration to new facilities in Greymouth, complete the Variance Response Management stocktake.	Q4: Variance stocktake completed.		
Following migration to new facilities in Greymouth, commence an FTE calculation stocktake to prepare FTE calculations in our new acute care wards.	Q4: acute care FTE stocktake complete.		
Prioritise employment of Māori and Pacific nurses into any identified vacancies resulting from implementation of the CCDM Programme to increase the cultural diversity and responsiveness of our workforce. (EOA)	Q3-Q4:	✓ ★	This work is already underway and on track, with a recruitment strategy being developed in partnership with our Hauora Māori Team and our People & Capability Team. This includes looking at how CCDM might identify roles/opportunities for Health Care Assistants and Enrolled Nurses, whose training pathways are currently more accessible and can enable a step-stone to other careers in health.

6.4. Planning Priority: Disability Action Plan

Key Actions from the Annual Plan	Milestones	Status	Comments
Through the Disability Steering Group, and working with consumers and key stakeholders, complete the refresh of the Transalpine (Canterbury/West Coast) Disability Action Plan to improve health outcomes for disabled people. (EOA)	Q2: Updated Plan approved.	↺	Updated Plan completed. Publishing the updated plan is delayed to Q3 due to ensuring input from tangata whenua and the timing of Board meetings. Next meeting is March 2021.
	Q3: Disability Action Plan published.		

6.5. Planning Priority: Disability

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the Disability Working Group and other key stakeholders to continue developing the Diversity and Inclusion Framework.	Q1: Diversity and Inclusion Hui held.	✓	Collaboration with the Chair of the disability steering committee has been completed with the identification of an initial learning module. This work has been launched at the disability steering committee with feedback included and further consultation around wider feedback is the next step.
	Q4: Framework developed.		
Continue to provide disability training (via HeathLearn) for staff on what needs to be considered when interacting with a person with a disability (while the Diversity and Inclusion Framework is developed).	Q1-Q4: Number and percentage of staff completing training.	✓	2,734 completions of disability awareness training (year to date) for Canterbury and the West Coast.
Engage with primary care, Māori and residential providers to advocate the use of electronic Shared Care plans for people with a disability, particularly for those with intellectual disability and/or communication challenges. (EOA)	Q1-Q4:	✓	Primary Care teams continue to be encouraged and supported to create care plans with their most vulnerable patients.
Make key health information to the public available on the front page of the DHB website (including public health alerts) and vet all new content to ensure compliance with national Web Accessibility Standards. (EOA)	Q1-Q4:	✓	The DHB has created several templates and a set of icons/images for common health warnings and immunisation advice.
Train the Communications Team in the use of Easy Read, to improve the accessibility of key health communications provided by the DHB. (EAO)	Q2: Training delivered.	✓	Members of Communications team and staff from other areas responsible for producing communications, attended internal training and the MSD Accessible Information Training.
Track the number of key public health information messages, health alerts and warnings the DHB issues each year, and the number translated into New Zealand Sign Language.	Q4: Report on volumes.		

6.6. Planning Priority: Planned Care

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage with the Consumer Council, Alliance Leadership Team and Tatau Pounamu around the model of service delivery for planned care services in the new facility in Greymouth, to identify further opportunities to align direction with local need and consumer priorities and ensure a clear focus on equity. (EOA)	Q1-Q3:	✓	Consumer Council, Alliance Leadership Team and Tatau Pounamu have given feedback on the model of care. Waiting/reception area refinements have been implemented, in response to patient experience and community feedback received since the opening, with a review and further refinements planned in Q3.
Ensure all planned care services (in primary and secondary settings) are using the National Prioritisation Scoring System to align access with other regions. (EOA)	Q1-Q4:	✓	Services are set up to access the National Prioritisation Tool and the Central Booking Team is monitoring consistency of use.

Complete implementation of the orthopaedic and plastic surgery ESPI recovery plan to reduce delays in treatment in these pressure areas.	Q1-Q4:	✓	Orthopaedic and Plastics recovery plans have been implemented with a significant improvement in ESPI 2 results in slight improvement on ESPI 5.
Track and monitor delivery of planned care interventions in primary care to ensure delivery of agreed intervention targets.	Q1-Q4:	↺	Development of an Automated Planned Care intervention reporting system has been deferred to Q4 to coincide with the implementation of the Indici patient management system. Manual monitoring is in place but is not "real time".
Implement the DNA Action Plan to help people better navigate the system and improve attendance at planned clinics, with emphasis on Māori and populations living in low decile areas. (EOA)	Q2: Implementation underway.	✓	DNA Action Plan for Maori has been successfully implemented and we are seeing positive results with DNA rates lower than less vulnerable groups.
Following the opening of the new Te Nikau facility, expand planned care delivery hours in general practice in Greymouth (8am to 8pm).	Q3:	✓	Completed ahead of schedule.
Engage with the West Coast PHO Clinical Governance Committee to explore options for further migration of planned care services into primary care settings to optimise sector capability and build future capacity.	Q3: Further capacity identified.		
Partner with Poutini Waiora to explore opportunities for the delivery of general practice/nurse-led clinics in Māori community settings to increase access to planned care services for Māori. (EOA)[3]	Q4:		

6.7. Acute Demand

Key Actions from the Annual Plan	Milestones	Status	Comments
Implement SNOMED coding in the Emergency Department to enable submission into national data collections by 2021, alongside the implementation of our new integrated South Island Patient Information Care System (PICS).	Q1: Value proposition for implementing SNOMED into our old IPM system.	✓	West Coast DHB have decided not to implement SNOMED coding in the current IPM system and to focus our resources on preparing for coding alongside the roll out of the new patient management system.
	Q2: SNOMED training and education held.	×	
	Q3: SNOMED built into our new system.	×	
Establish a voluntary team (friends of the Hospital) to meet and greet patients, utilising local Iwi and kaumatua to establish connections with Māori and Pacific whānau who are frequent attenders to ED. (EOA)	Q2: Team established.	✓	
Establish an unplanned care area within the new Te Nikau facility with primary care, allied, mental health and secondary services working together to ensure patients are seen by the right person, in the right service, at the right time.	Q2: Unplanned area operational.	✓	Unplanned area is underway. This area is still needing some small tweaks, but continuous improvement is underway with consumer feedback helping to drive change. Areas of improvement include: privacy of patients, technology supporting clinical staff and the amount of traffic in area such as the waiting area. Triage training occurred in Buller during quarter two with staff from Greymouth and Buller acute zones and primary care attending. Training on Medtech is underway for staff having to use two systems until our new system arrives. Workforce FTE is being adjusted to the needs of our patients.
	Q3: Gaps in skills and training identified.	↺	
	Q4: Workforce and FTE needs refined.	↺	
Facilitate collaboration between DHB Palliative, Cardiac, Diabetic and Respiratory Clinical Nurse Specialists and Poutini Waiora nurses to identify and manage early	Q2: Poutini Waiora nurses working alongside CNS	↺	This work has been delayed with staff redeployed to the COVID response and now catching up. Our Nurse Consultant

[3] This was identified in 2019/20 but was delayed until planned care pathways were fully embedded in general practice and capacity was better understood.

exacerbations of long-term conditions to reduce acute presentations. (EOA)	within the integrated unplanned care area.		community/primary is working with the CNS workforce to support people to better manage their Long-Term Conditions within primary care practices.
Following the opening of the Te Nikau facility, expand planned care delivery hours in the general practice (8am to 8pm).	Q3: Opening hours extended.	✓	Extended hours in place.
	Q4: Identify demand for further extended hour services.		

6.8. Planning Priority: Rural health

Key Actions from the Annual Plan	Milestones	Status	Comments
Engage clinical and Māori health leads, stakeholders and consumers in the development of a Rural Early Years Strategy to better understand the priorities and issues for children and their whānau across our three localities and improve access and engagement with services.(EOA)	Q2: Engagement underway.	✓	
	Q4: Draft complete.		
Investigate opportunities for introducing 'In-Home' telehealth consultations, including work with consumer groups and a review of outpatient booking forms to promote telehealth as the first option with face to face as a backup option.	Q2-Q3:	↺	The video conferencing platform used by the West Coast DHB (Vidyo), can be used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During the lockdown, this enabled the delivery of care to people in their own homes without an in-person presence. Two general practices (Buller Medical and Te Nīkau Health Centre) are now offering telehealth appointments (where appropriate) with an off-site General Practitioner who consults directly with patients in their own environment. This is broadening options for our community and increasing capacity in primary care.
Following the opening of the new Te Nikau facility, expand planned care delivery hours in general practice in Greymouth (8am to 8pm).	Q3: Opening hours extended.	✓	Extended hours in place.

6.9. Planning Priority: Healthy Ageing

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the ACC, Aged Residential Care (ARC) providers and general practice, through the local Falls Coalition, to embed a pathway that supports automatic referral to the Falls Prevention Service for all patients post a fractured neck of femur (NOF) or humerus.[4]	Q4: Pathway embedded.	✓	West Coast Health Pathways has an established 'Falls Prevention' pathway. The Complex Clinical Care Network receives referrals and patients are triaged to the Falls Prevention Clinical Leads for further provision of services.
Expand the implementation of ACC non-acute rehabilitation (NAR) bundles of care, to target those living in the Buller region who would benefit from accessing the Earlier Supported Discharge service. (EOA)	Q4:	✓	The community bundles of care flow charts are being used in the inpatient wards to help identify patients that would benefit from an Early Supported Discharge response across the Coast.
Collaborate with the Technical Advisory Service and the Ministry of Health to align local service specifications and implement the National Framework for HCSS, when it is formally released.[5]	Q1-Q4:	✓	The West Coast DHB has been using the UoA Caseemix methodology for their model of care for some time now and at the last contract rollover the contracted

[4] Patients referred to the West Coast falls prevention programme are triaged by the falls champion, with those able to attend a community Strength and Balance class referred to one and those who are frailer seen by the falls champion who delivers the modified Otago exercise programme in their home.

[5] The West Coast DHB has already implemented the Auckland University case mix model and uses the service information collected to help enable and inform a restorative model of care for older people on the Coast. West Coast DHB is well positioned to implement the national specifications when they are released.

			provider (Access) moved to case mix bulk funding also.
Track and monitor service delivery to ensure that all clients in receipt of HCSS for more than six weeks (long-term) have had a needs assessment using the InterRAI geriatric assessment tool, and progressively implement the proposed national review and re-assessment timeframes for those long-term clients.	Q1-Q4: Quarterly review of delivery of InterRAI assessments.	✓	HCSS and InterRAI data continues to be monitored at the monthly Operational Management Group meetings. The proposed review and re-assessment timeframes will be considered by the operational management group. Access has had difficulty recruiting nurses on the coast and has fallen behind on InterRAI assessments. We are working with them and the nursing schools to help catch them up on these assessments.
Appoint a Māori clinical assessor as part of the Complex Clinical Care Network team to support an increase in the number of InterRAI assessments delivered for older Māori. (EOA)	Q1: Māori assessor appointed.	✓	A Māori clinical assessor has been appointed as a member of the Complex Clinical Care Network team. The Māori clinical assessor is working collaboratively and with integration with Poutini Waiora to identify and target older Māori requiring InterRAI assessment and has completed nine InterRAI assessments thus far for older Māori.
	Q2: Cohort identified and targeted.	✓ ★	
Investigate practical solutions to issues raised by the Dementia Stocktake, to promote timely dementia diagnoses - including implementing a new diagnosis tool (M-ACE) in general practice and scoping Specialist Dementia Nurses roles.	Q3: M-ACE tool introduced.	✓	Training via HealthLearn is readily available and Complex Clinical Care Network staff have completed this. Training information and the M-ACE tool has been circulated to all Practice teams. The use/roll-out of M-ACE with Rural Nurse Specialists is also being supported.
	Q4: Roles scoped.		
Identify a "frail" cohort of patients (via interRAI) and trial a referral process that supports access to appropriate services to reduce acute demand and restore function, including Strength and Balance programs where appropriate.	Q2: Cohort identified.	✓	West Coast Health Pathways now has a 'Frailty' Pathway with a scoring tool included. This pathway supports access to approved services and the process is in place.
	Q3: Pathway developed.	✓	
	Q4: Process in place.	✓	

6.10. Planning Priority: Improving Quality

Key Actions from the Annual Plan	Milestones	Status	Comments
Improving Equity			
Retrospectively review cases of children presenting to ED with respiratory conditions, who are not admitted, to identify barriers to earlier intervention and opportunities to improve referrals to the DHB's Clinical Nurse Specialist (CNS) service for support.	Q1-Q2: Review completed.	↺	A working group has been formed with repository nurse specialist, public health nurses, Poutini Waiora, Planning and Funding. This group will undertake the review and address inequities and care of children with asthma and initiate a Whanau Ora response.
Working with Paediatrics, general practice and the CNS Service, use data from the case review to map the optimal referral pathway for respiratory presentations.	Q2-Q3: Pathway mapped.	↺	NHI level Data is being reviewed to support a Whanau Ora response led by Poutini Waiora supported by the Clinical Teams.
Establish a Multi-Disciplinary Team to provide ongoing oversight of respiratory presentations and evaluate the impact of the revised pathway for Māori. (EOA)	Q4: Team in place.		
Improving Consumer Engagement			
Engage the West Coast Consumer Council in the governance role to guiding implementation of the quality and safety marker, with support from the Quality Team.	Q1-Q4:	↺	Steering Group Terms of Reference complete.
Agree the process for information collection and reporting against the marker.	Q2:	↺	Data collection is underway.

Upload the marker data onto the Health Quality and Safety Commission's consumer engagement HQSM dashboard, using the SURE framework as a guide	Q3-Q4:		
Evaluate the impact on the quality and safety of service provision by reporting against the framework twice yearly.	Q2: Report completed.	↺	First report is being prepared.
	Q4: Report completed.		

6.11. Planning Priority: New Zealand Cancer Action Plan 2019-2029

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waiora, Community & Public Health, Cancer Society and Tatau Pounamu to offer local support to Māori whānau to engage in screening, seek early advice and understand cancer diagnosis to reduce inequity of outcomes. (EOA)	Q1: Cancer kōrero booklet promoted.	✓	The Cancer Kōrero booklet was published in a printed format, and subsequently posted on the West Coast DHB's website. It will continue to be periodically updated as required to serve as an active resource to support conversations with Maori patients and their whanau around cancer screening, diagnosis and treatment.
Use data/intelligence systems to monitor the 62-day and 31-day wait times for access to cancer treatment and undertake a breach analysis for every patient who waits longer than target to identify emergent systems issues and capture opportunities to reduce process delays.	Q1-Q4:	✓	Monitored quarterly; both internally and using Ministry of Health results analysis. Our Cancer Nurse Coordinator liaises with clinical teams in Canterbury to look at breaches for individual patients to monitor for any emergent issues that might be able to be resolved.
Engage our cancer workforce in Tikanga and Takarangi training to improve cultural competency and support our goal of ensuring cultural safety and reducing bias in clinical decision making. (EOA)	Q1-Q4	↺	Regular training is being offered to DHB staff, with training delivered by the DHB's Maori Health team. Our Cancer Nurse Coordinator has undertaken the training, but wider cancer workforce has yet to be engaged in the training programme.

6.12. Planning Priority: Bowel Screening and Colonoscopy Wait Times

Key Actions from the Annual Plan	Milestones	Status	Comments
Refresh data systems to ensure the DHB complies with new reporting requirements under the Ministry's framework for monitoring symptomatic colonoscopy and bowel screening performance.	Q1:	✓	Data systems are compliant with the Provation Database system being updated in August.
Undertake monthly waiting list review of colonoscopy wait lists and wait times to identify any emergent systems delays and prompt corrective actions and management, through our Endoscopy User Group.	Q1-Q4:	✓	The Endoscopy User Group monitors waiting times at each monthly meeting.
Embed dedicated theatre session time to provide timely access to colonoscopy.	Q1-Q4:	✓	Production planning work has quantified the number of sessions required and these are embedded in rosters.
Provide training and education to community nurses and general practice teams in preparation for the roll-out of the National Bowel Screening Programme, to ensure that symptomatic patients are promptly triaged and processed. (EOA)	Q1-Q4:	↺	The first stage of training and education was formally commenced with a National Bowel Screening Establishment Day in September 2020. Further training is planned for Q3 with provisional 'go-live' in May 2021.
Collaborate with the PHO, Poutini Waiora and Community & Public Health to deliver bowel cancer awareness health promotion initiatives through primary and community care networks with a focus on Māori communities, to de-stigmatise the screening process and to encourage uptake of bowel screening checks among Māori as a target population. (EOA)	Q1-Q4: Health Hui delivered in Māori settings.	↺ ★	NBSP Establishment Day was 22 Sept 2020 and involved PHO, Poutini Waiora and Community & Public Health. Presentations on the NBSP have been made to Tatau Pounamu, along with a request made to them to seek representatives to further support the programme among local iwi and iwi

			networks. Further hui is planned for Q3 with provisional 'go-live' in May 2021.
Undertake the 'Phase Two' work identified in the 'Phase One' plan for the roll-out of the National Bowel Screening Programme, linking in with key partner organisations and the National and Southern Regional Bowel Screening Centres.	Q1-Q4:	↺	Phase two work has commenced. The Establishment day was in September and Project Manager was recruited in November 2020. The Steering Group has been established and National and Regional Centres are closely involved.
Subject to meeting the prerequisites of the readiness assessment, commence implementation of the National Bowel Screening Programme on the West Coast.	Q4:		

6.13. Planning Priority: Workforce – Workforce Diversity			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
DHB Workforce Priorities			
Collaborate, with training bodies, high schools and local iwi to promote health careers locally.	Q2: Hui held to consider recommendations made by our 2019 Studentship/Scholarship recipients.	↺	Recommendations have been prepared for presentation to the local leadership team for approval-in-principle in Q3.
	Q4: Studentship recommendations implemented.		
Develop a prioritisation strategy to support uptake of rural training placement opportunities, prioritising opportunities for Māori and Pacific students. (EOA).	Q2: Placement prioritisation strategy developed and approved.	↺	This work has been delayed with staff redeployed to the COVID recovery. A date has been set to commence drafting this prioritisation strategy in the coming quarter.
	Q3: DHB-subsidised housing promoted to education providers and students considering training placements on the Coast.		
Implement our Rural Generalist model to support a more sustainable service model and provide continuity of care for our population.	Q1: Opportunities identified to support the obstetrics pathway on the Coast in line with the Rural Generalist Model.	✓	Transalpine development of O&G pathway underway and an SLA established with Canterbury DHB. RUFUS role now in place with O&G from Canterbury DHB providing clinical activity for agreed blocks as visiting clinician to WCDHB. Rural Generalists currently working in obstetrics and part of agreed roster.
	Q2: Opportunities identified to support general medicine on the Coast in line with the Rural Generalist Model.	✓	
	Q4: Pathway to support a dual nursing/midwifery scope of practice developed and pilot underway.		
Build on the work begun in 2019, to support access to continued professional development for Nurse Practitioners.	Q1: Support for two Northern Region Nurse Practitioner interns to complete their training and submit portfolios.	✓	Two Nurse Practitioner candidates are currently being supported to prepare their portfolios for submission to Nursing Council. The Director of Nurses have discussed reviewing the various professional development packages for Nurse Practitioners. Locally, a meeting will be held with our current Nurse Practitioners to look at improving the existing package in the coming quarter.
	Q2: Review the professional development package (updated in 2019) with Nurse Practitioners and other DHBs.	↺	
	Q3: Identify opportunities to improve the development package.		
Develop and promote workforce development resources to support the increased capability of our non-registered workforce. (EOA)	Q4: Career pathway / workforce development resources developed and promoted.		
Use the six targets outlined by Te Tumu Whakarae (the national Māori GMs Group) to inform our actions to improve equity and increase participation in our health workforce.			
Build business intelligence infrastructure to track progress towards equity outcomes for Māori. (EOA)	Q1: Set of metrics and data requirements to measure progress against Te Tumu Whakarae targets developed.	✓	In collaboration with CDHB, the metrics have been developed and a dashboard showing outcomes has been created which will be updated quarterly.
	Q2: Dashboards for first set of metrics implemented.	✓	

	Q4: Metrics and dashboards reviewed and refined.		The dashboard will be presented to EMT the operational leadership group and Tatau Pounamu.
Implement affirmative action measures to increase the number of Māori, Pacific people and people living with disabilities in our workforce. (EOA)	Q1: Process for people who meet minimum requirements to go to interview stage developed and tested.	↺	Hauora Māori are working with People and Capability on a process to ensure Māori applicants (who meet minimum requirements) go straight to interview. A trial was undertaken for a position within Population Health where four Māori applicants were interviewed.
	Q2: Hiring managers educated on best practice for hiring for diversity and guidelines that reduce bias in hiring process implemented.	↺	
In partnership with Māori, improve the cultural competency of our workforce and leaders. (EOA)	Q1: Hui held to co-design cultural competency learning pathway.	✓	Cultural Competency training offered: • Tikanga Best Practice • Takarangi Cultural Competency (Modules 1, 2 and 3) • HEAT (Health Equity Assessment Tool) Hauora Māori team are working with People and Capability team from CDHB on a strategy to support our people to better equip themselves for cultural responsiveness. The West Coast DHB Workforce Development Team has begun work on a draft Cultural Competency Framework, which will be discussed at the Tatau Pounamu Planning Hui in March.
	Q2: Cultural competency integrated into the self-learning pathway.	✓	
	Q3: Te Reo Māori incorporated into all Talent, Leadership, and Capability-building Learning Material.		
	Q4: Leaders that have completed Takarangi cultural training identified and a plan in place for further training opportunities.		

6.14. Planning Priority: Workforce - Health Literacy

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with the PHO, Poutini Waiora, Community & Public Health, Cancer Society and Tatau Pounamu to promote the Cancer kōrero (booklet) to support Māori to better understand the risk factors for cancer, engage in screening, seek early advice and understand their cancer diagnosis. (EOA)	Q1: Cancer kōrero promoted.	✓	The online Cancer Kōrero booklet will be periodically updated as required to serve as an active resource to support conversations with Maori patients and their whanau around cancer screening, diagnosis and treatment.
Identify a Health Literacy Champion to build health literacy within the DHB and across the wider health and disability system.	Q2: Health Literacy Champion identified.	✓	Health Literacy Champion has been identified.
Following on from the health literacy review conducted in Canterbury 2019/20, develop a Health Literacy Action Plan for the West Coast identifying short, medium and long-term service improvements.	Q3: Action Plan development underway.		

6.15. Planning Priority: Workforce – Cultural Safety

Key Actions from the Annual Plan	Milestones	Status	Comments
Continue to invest in the Takarangi Competency Framework, Te Tiriti o Waitangi and Tikanga Best Practice programmes to support our commitment to equity and improve the cultural competency of our workforce. (EOA)	Q2: Takarangi Hui held for next intake of staff.	✓	19 West Coast DHB and three Canterbury DHB staff attended the Takarangi Staff Hui at Te Taurakawaka Marae during Q2. Interest has been so high that an additional support Hui has been held and these will become a monthly event to support staff on their portfolio journey.
	Q4: ≥3 Te Tiriti o Waitangi training sessions held.		
	Q4: ≥3 Tikanga Māori Beliefs & Practices sessions.		
Work with the PHO to develop an education package to advance the skills of primary care staff to respond to the needs of Māori clients, improving outcomes for at risk groups in primary care setting. (EOA)	Q4: Cultural Safety education package developed and delivered to at least five general practices.		

Advance the skill development of Nurse Practitioner and Clinical Nurse Specialist (mental health) roles to confidently and competently respond to Māori clients presenting with mental illness. (EOA)	Q2: Cultural safety training options discussed and documented in success and development plans.	✓	Our Nurse Practitioner (Mental Health) has completed Tipu Ora the Clinical Nurse Specialist role is currently vacant.
	Q4: Agreed cultural safety training commenced.		

6.16. Planning Priority: Workforce - Leadership

Key Actions from the Annual Plan	Milestones	Status	Comments
Develop the Hub for the Essentials of Leadership and Management (HELM) and increase uptake from West Coast audiences.	Q2: Relevant learning packages available on HELMLEADERS.ORG.	✓	Recently completed a communications campaign to boost engagement with HELM content. 3,530 total HELM course completions. (year to date) 5% of West Coast DHB managers have completed at least one HELM course. 13,100 users have visited HELMLEADERS.ORG. (year to date).
Launch 'leading-self' leadership pathway to support leaders and those with leadership potential including links to relevant content and the Our Leadership Koru.	Q2. Leading Self pathway on HELMLEADERS.ORG.	✓	Released the Leading Self Pathway in September 2020. The pathway contains nine eLearning modules and one face to face workshop totaling over 12 hours of development time. 116 Pathway enrolments. Three Pathway Completions.
Scope the work required for developing a 'Leading-Others' leadership pathway, including determining work with internal and external partners.	Q2: Content review complete.	✓	Leading Others Initial scoping was completed. Leading Others Pathway Development has been postponed until after the Te Huarahi Hautū Pathway launch. Noting that Te Huarahi Hautū contains some Leading Others content and will be delivered to all line managers across the DHB.
	Q3: Gap analysis of current learning content complete.		
In partnership with Māori, develop a leadership development programme to progress Māori into leadership roles. (EOA)	Q2: Hui held to co-design programme.	✓	Consultation has occurred with key Māori representatives from SIAPO, West Coast DHB, Canterbury DHB and Southern DHB to identify current leadership programmes and to review as a sector a more collaborative approach. Success and Development is also a key priority to ensure our Māori staff have mapped out their career pathway.
	Q3: First phase agreed.		
Deploy the success and development framework to support succession planning and role progression.	Q2: Success and development learning resources released.	✓	
Assess areas with a low number of success and development plans and put in place a plan to increase uptake.	Q3: Plan to increase uptake in place.		

6.17. Planning Priority: Workforce – COVID-19

Key Actions from the Annual Plan	Milestones	Status	Comments
Establish a West Coast multiagency Psychosocial Recovery and Wellbeing Committee to support the implementation of *Kia, Kaha, Kia Maia, Kia Ora Aotearoa – COVID-19 psychosocial and mental wellbeing recovery plan* to support our community to adapt and thrive over the next year.	Q1: Committee established.	✓	The Director of Allied Health is responsible for West Coast DHB's psychosocial response in emergencies including planning for and coordinating recovery, she sits on the Ministry of Health psychosocial leaders' group as well as the West Coast Welfare Network
	Q1: Focus area leads facilitate implementation.	✓	

			(coordinated by CDEM). In March 2020 a multiagency group was stood up in response to the COVID-19 pandemic, this group was very active during levels four and three particularly. As all members are part of the welfare network, the group has rolled committee work into the network forums. There will be a presentation of the most recent version of Kia Kaha to the network at the March meeting. At this meeting it will be decided how the group can best support our communities, agencies and community groups to implement the plan.
Engage regionally with Canterbury and South Canterbury DHBs, through the Regional Recovery and Wellbeing Committee to respond to the national direction and recovery.	Q1: Regional plan developed.	✓	
Work with community providers and public health services to update our cross-sector pandemic plan, incorporating the learnings from the COVID-19 response.	Q1: Pandemic plan updated.	✓	
Work with our Kaupapa Māori provider to identify the learnings from the COVID-19 response and invest the national COVID-19 funding (through Te Herenga Hauora) to embrace new ways of working. (EOA)	Q1: Opportunities captured.	✓	Opportunities identified.

6.18. Planning Priority: Data and Digital			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Continue the roll-out of the regionally shared Electronic Referral Management System implementing e-triage within the DHB.	Q2:	↺	Targeting mid 2021 for completion with high level plan developed for remaining services migration.
Complete implementation of the Regional Service Provider Index.	Q2:	↺	This is scheduled for coming quarters
Deliver ISG support to ensure Te Nikau hospital and IFHC are fully operational with all ISG functions in place to support clinical teams.	Q2:	✓	
Expand telehealth capability within Te Nikau to support the new locality-based model of care and equity of access to services for our most remote populations. (EOA)	Q2:	✓	All consult rooms provided with Telehealth technology.
Implement the (single) South Island Patient Information Care System (PICS), aligning the West Coast with Canterbury and Nelson Marlborough DHBs.	Q3: PICS live.		
Commence implementation of our faxing replacement solution including completing the RFI process and addressing change management.	Q3		
Collaborate with the PHO and general practice to implement the new Community System which in Phase 1 replaces the legacy primary care patient management system and in Phase 2 supports implementation of patient portals to provide consumers with greater access to their health information.	Q4: Legacy system replaced.		
Build on the digital maturity assessment completed in December 2019, with implementation of Phase 2 of the community system and ongoing work with Canterbury DHB to provide greater integration of systems and processes.	Q1-Q4.	↺	Business case completed for a new system, final approval is pending.
Improve Application Portfolio asset management by implementing cloud first systems and completing the migration of remaining Citrix environments to the data centre (cloud provider).	Q4: New Community system is cloud based.		

Support implementation of the National Bowel Screening Programme to support equity of access to services for our population. (EOA)	Q4: System is live.		
In alignment with Canterbury DHB, implement the following activities to improve our IT Security Maturity to Level 3: Procurement of a phishing education tool, Development and delivery of security awareness training for staff and Moving our email environment onto Office 365 – Exchange online.	Q4:		
Work with the Ministry of Health on implementation of the National Health Information Platform (nHIP).	Q4:		
Submit quarterly reports to the Ministry of Health on the DHB ICT Investment Portfolio on data and digital.	Q1-Q4:	✓	Reporting is in place.

6.19. Planning Priority: Implementing the New Zealand Health Research Strategy			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Identify a champion within the West Coast DHB to work with the Ministry of Health to design a programme of work to support the implementation of the New Zealand Health Research Strategy by supporting local research and innovation capability.	Q1: Champion Identified.	✓	
Formalise a Transalpine Research Partnership with the Canterbury DHB to create pathways for staff to engage in research and innovation and identify regional priorities for research activity.	Q2: Transalpine partnership in place.	↺	We are currently determining how existing CDHB research structures can be implemented in a Transalpine way.
Develop research policies and procedures to provide a supportive framework for clinical staff to engage in research and innovation activities, which gives priority to reducing inequity for Māori in our communities. (EOA)	Q2: Research and Innovation framework developed.	↺	See above.
Work with the South Island Alliance Programme Office to develop a plan for how we will work regionally to create research and analytics networks.	Q4: Regional plan developed.		
Provide a summary update on progress to the Board and Ministry of Health.	Q4: Summary provided.		

6.20. Planning Priority: Delivery of Regional Service Plan Priorities			
Key Actions from the Annual Plan	**Milestones**	**Status**	**Comments**
Review and update the local Hepatitis C HealthPathway to ensure access to diagnostics and treatment is aligned with national recommendations.	Q2:	✓	BAU Process: Pathways also reviewed to ensure equity focus
Collaborate with the Canterbury DHB and regional Hepatitis C Coordinator to develop a multidisciplinary transalpine clinical network to ensure effective collaboration and messaging between primary and secondary care.	Q2: Network in place	↺	Key stakeholders have been identified. Meetings will be arranged in Q3 to ensure effective collaboration and consistent messaging.
Engage with Poutini Waiora and work in partnership to identify and treat at risk or 'treatment naive' Māori living with hepatitis C. (EOA)	Q3: Partnership established		
Collaborate with local providers and the regional Hepatitis C Coordinator to identify economic barriers to accessing testing and treatment and if appropriate, consider options for implementation of a financial assistance programme.	Q4:		

7. Better Population Health Outcomes Supported by Primary Health Care

7.1. Planning Priority: Primary Health Care Integration

Key Actions from the Annual Plan	Milestones	Status	Comments
Complete a reorientation of the West Coast Alliance workstreams to align with the DHB locality model and to improve focus on primary care integration priorities in each locality. Ensure Te Ao Māori views are represented in each locality and DHB membership is complemented by membership from NGO to ensure a strong equity focus. (EOA)	Q1: Alliance workstreams re-oriented.	✓	The new workstreams, Northern, Central and Southern, are now established with membership mostly confirmed. Workplans have been reviewed and endorsed by the Alliance Leadership team.
	Q1: Membership re-oriented.	✓	
Review Māori enrolment rates and the quality of ethnicity data following the COVID-19 pandemic and lockdown and work with the West Coast PHO to develop a recovery plan where required. (EOA)	Q1: Rates reviewed and responded to.	✓	As at December 2020 enrolment registers on the West Coast PHO have 3,506 Māori enrolled, up from 3,329 at the beginning of the year. This reflects 90% of the projected population of 3,890 meeting the national target. The West Coast PHO is work closely with Poutini Waiora who ensures any whanau that they work with are registered with the PHO and the increase is a positive result. Practice Managers receive a register management report each month that identifies people with no or 'unknown' ethnicity recorded. This is reviewed and rectified by contacting patients directly or when they next visit the practice. Current performance remains pleasing with 'Unknown' ethnicity for Quarter 2 (Oct-Dec 2020) at 0.20% (62 unknowns from 30,600 enrolments).
Implement alternative options for Māori men aged 35-44 years who are due for their Cardiovascular Disease risk assessment to increase access and uptake of screening – offering appointments outside of normal business hours, physically in the new Te Nikau facility or virtually via telehealth. (EOA)	Q2: Recall process updated to reflect alternative options.	✓	The Whānau Ora nurses at Poutini Waiora are providing Pulsewave clinics on weekends each quarter to make CVD risk assessments more available to these men of working age.
Using Emergency Department data relating to respiratory presentations in young children (age 0-4 years), work with primary care, paediatrics, Clinical Nurse Specialists and our Kaupapa Māori provider to review and map the optimal referral pathway for acute respiratory episodes.	Q2: Draft pathway for acute respiratory episodes developed.	↺	A small working group has been convened and all admissions for acute respiratory issues are currently being clinically reviewed to identify gaps in the current care pathway and opportunities for improvement. The group includes the DHB Hauora Māori team and the work is focused on finding whānau centred solutions.
	Q4: Pathway in place.		

7.2. Planning Priority: Emergency Ambulance Centralised Tasking

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain our commitment to the 10-year plan to achieve a high functioning and integrated National Air Ambulance service and actively participate through the National Ambulance Collaborative to achieve this. Support changed governance arrangements to improve the partnership with DHBs, MOH and ACC across all elements of the National Ambulance Sector Office (NASO) work programme and support the design and planning for tasking and coordination of aeromedical services.	Q1-Q4: Ongoing commitment maintained.	↺	Ongoing commitment maintained.

7.3. Planning Priority: Pharmacy

Key Actions from the Annual Plan	Milestones	Status	Comments
Collaborate with pharmacists to achieve a locally consistent, clinically-informed process for pharmacists completing medicines reconciliation in general practice.	Q4: Process agreed.		
Enable pharmacists to provide Medicines Therapy Assessments (MTAs) to general practitioners for people likely to have potentially harmful polypharmacy.	Q4: MTA enabled.	↺	Three pharmacists are accredited to provide MTAs. Proposal for DHB to fund this service in development.
Identify opportunities to engage pharmacists in interdisciplinary team meetings (IDTs) where complex individual cases are discussed to ensure older people living in the community and ARC to have access to the medicine's optimisation. (EOA)	Q1-Q2: IDT meetings, in an increased number of settings, have access to pharmacist expertise.	↺	Baseline established: Pharmacists attended IDT meetings in Greymouth and Hokitika at the rate of approximately one IDT per quarter per region. IDTs are held every two weeks.
Commission pharmacies to provide funded influenza and MMR immunisations, in collaboration with general practice, to improve the uptake of vaccinations amongst more vulnerable groups in the community. (EOA)	Q1-Q4: Vaccinations reported quarterly by ethnicity.	✓	Pharmacies gave 554 flu vaccinations up to Q2, including 27 to Maori.
Engage a community pharmacist as a member of the West Coast Immunisation Advisory Group to support system-wide influenza vaccination planning.	Q1:	✓	The West Coast Immunisation Advisory Group has invited a community pharmacist to join the group.
Extend access to the DHB's cultural training programmes to non-clinical pharmacy staff to improve the interactions with Māori visiting pharmacies. (EOA)	Q2: Options identified and promoted.	↺	Availability of DHB staff cultural training programme for community pharmacy teams agreed. Promotion occurring in Q3.
Survey pharmacies on the resilience of their services to pandemics, natural disasters and other civil emergencies, including identified vulnerabilities and mitigating measures, to build on strengths and improve system planning.	Q1: Survey complete.	×	The survey is currently being developed and Pharmacies will be contacted during Q3 to complete.
	Q2: Follow-up actions identified.	×	
Engage with general practices to shift further prescription and pharmacy referral flows to digital transmission, using the New Zealand electronic prescription service (NZePS), to enable timely low-contact healthcare.	Q2-Q4: report NZePS uptake.	✓	All West Coast practices except one use NZePS. The exception has a practice management system which cannot connect to NZePS.

7.4. Planning Priority: Long-term Conditions including Diabetes

Key Actions from the Annual Plan	Milestones	Status	Comments
Maintain the primary-care-led Long-Term Conditions Management (LTCM) Programme, to prevent, identify and enhance the management of cardiovascular disease, diabetes and chronic obstructive pulmonary disease, with a focus on Māori, Pacific people and those in high deprivation areas. (EOA).	Q1-Q4:	✓ ★	The primary care led Long-Term Conditions Management (LTCM) Programme continues to be provided. PHO and practice level data is reviewed quarterly to identify emerging issues and barriers to access. Referral and follow-up pathway process mapping for gestational diabetes that was delayed from Q4 in 2019/20, has now been undertaken.
Though the PHO, provide Safe Effective Clinical Outcomes training to practice nurses, including improved understanding and consideration of health literacy needs from the perspective of the patient and their whānau.	Q1-Q4:	✓	Safe Effective Clinical Outcomes training to practice nurses is being actively provided by West Coast PHO.
Progressively expand the Whakakotahi whānau ora model across general practices, to better engage with high need, low access, Māori patients and provide wrap-around support to them and their whānau. (EOA)	Q4: Model expanded to a third practice.	✓	The Whakakotahi Whanau Ora model is well embedded with support for its expansion having endorsed by the West Coast Alliance. The model is now being actively used at General Practices West Coast wide. The model in Greymouth includes fortnightly Nurse Led clinics which are directly supported by a GP from the Practice, a local community

			pharmacist, and a Whanau Ora Registered Nurse from Poutini Waiora.
Share PHO/practice level data with Poutini Waiora to enable their Māori nurses to contact and engage with Māori men who are eligible for cardiovascular disease and diabetes risk assessments to lift the rates for this high-risk population. (EOA)	Q1-Q4:	↺	Poutini Waiora Nurses are working with General Practice in Long-Term Conditions Management programme to increase connection and engagement with Maori patients.
Deploy diabetes nurse specialists to work with Poutini Waiora and GP teams to support highly complex patients (with existing complications) who are not regularly accessing services to improve the continuity of care. (EOA)	Q1-Q4:	↺	Poutini Waiora are actively reviewing and supporting Māori patients with complex diabetes care needs using Whakakotahi Whanau Ora model as part of an inter-agency approach within the PHO's Long-Term Conditions programme, with support from the Diabetes Nurse Specialists for clinical advice and support.
Collaborate with the PHO and Poutini Waiora to deliver culturally-appropriate, community-based initiatives and Diabetes Self-Management Education (DSME) to help people make lifestyle changes and reduce risk factors associated with their condition. (EOA)	Q1-Q4: Three diabetes courses delivered.	↺	Community-based initiatives and Diabetes Self-Management Education programmes are in place. Retinal screening expos are also underway. The West Coast PHO dieticians are seeing Poutini Waiora patients with Poutini Waiora nurses.
	Q1-Q4: Four retinal screening expos held.	↺	
Use outcomes data to evaluate the uptake and effectiveness of the DSME for Māori, to identify gaps and inform opportunities for quality improvement. (EOA)	Q2-Q4:	×	Work has yet to commence due to capacity constraints.

RESOLUTION TO EXCLUDE THE PUBLIC

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

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

SOURCE: **Governance Support**

DATE: **12 February 2021**

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.

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 10 December 2020	For the reasons set out in the previous Board agenda.	
2.	Chief Executive Delegation	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)
3.	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)
4.	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)
5.	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)

6.	Annual Planning Expectations	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	Maori Bowel Screening Initiative – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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 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.