# *West Coast District Health Board*

## *Te Poari Hauora a Rohe o Tai Poutini*

# BOARD MEETING

## Friday 26 March 2021
## at 11.00am

## Ngati Waewae Arahura Marae,
## 1 Old Christchurch Rd, Arahura

**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 Peter Bramley (*Chief Executive)*
Gary Coghlan (*General Manager, Maori Health)*
David Green (*Acting Executive Director, Finance & Corporate Services)*
Brittany Jenkins (*Director of Nursing)*
Mary Johnston *(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 Ngati Waewae Arahura Marae,1 Old Christchurch Rd, Arahura***
***on Friday 26 March 2021 commencing at 11.30am***

| | | | |
|---|---|---|---|
| **KARAKIA** | | | ***11.00am*** |
| **ADMINISTRATION** | | | |
| | **Apologies** | | |
| 1. | **Interest Register** | | |
| 2. | **Confirmation of the Minutes of the Previous Meetings**<br>• *12 February 2021* | | |
| 3. | **Carried Forward/Action List Items** | | |
| **REPORTS FOR NOTING** | | | ***11.10am*** |
| 4. | **Chair's Update – Verbal Update** | Hon Rick Barker<br>*Chair* | *11.10am-11.20am* |
| 5. | **General Manager's Update** | Philip Wheble<br>*General Manager – West Coast* | *11.20am-11.40am* |
| 6. | **Finance Report** | David Green<br>*Acting Executive Director, Finance & Corporate Services* | *11.40am-11.50am* |
| 7. | **Clinical Leader's Update** | Clinical Leaders | *11.50pm-12.00pm* |
| 8. | **People Report** | Mary Johnston<br>*Chief People Officer* | *12.00pm-12.10pm* |
| 9. | **Resolution to Exclude the Public** | *Governance Support* | *12.10pm* |

**INFORMATION ITEMS**

- 2021 Meeting Dates

**ESTIMATED FINISH TIME** **12.10pm**

**NEXT MEETING:** 7 May 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<br>**Chair** | • **Deputy Chair - Hawke's Bay Regional Council**<br>• **Director - Napier Port**<br>• **Director - Hawke's Bay Regional Council Investment Company** | N<br>N<br>N | |
| Tony Kokshoorn<br>**Deputy Chair** | • **Dixon House, Greymouth** - Trustee<br>• **Greymouth Evening Star Newspaper**– Shareholder<br>• **Hokitika Guardian Newspaper** – Shareholder<br>• **Greymouth Car Centre** - Shareholder<br>• **MS Parkinsons Society** - Patron | N<br>Y<br>Y<br>N<br>N | |
| Chris Auchinvole | • **Justice of the Peace**<br>Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand<br>• **Daughter-in-law employed by Otago DHB** | N<br>N | |
| Susan Barnett | • **Employed by the West Coast DHB** as a Public Health Nurse based in Reefton (0.2FTE).<br>• **Son employed by Deloitte** – used for risk management auditing | Y<br>N | |
| Sarah Birchfield | • **Accessible West Coast Coalition Group** - Member<br>• **Canterbury/West Coast Disability Action Plan Committee** – Member<br>• **West Coast PHO Clinical Governance Committee** – Member | N<br>N<br>Y | Perceived |
| 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.<br>• **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 | Y<br>N | |

| | | | |
|---|---|---|---|
| | • **Kowhai Project Committee** – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. | N | |
| Anita Halsall-Quinlan | • Nothing to report | N | |
| Edie Moke | • **New Zealand Blood Service** - Board Member (appointed).<br>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<br>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.<br>• **Author and Publisher** of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books. | N<br>N | Perceived |
| Nigel Ogilvie | • **Westland Medical Centre** - Managing Director<br>• **Thornton Bruce Investments Ltd** - Shareholder/Director<br>• **Hokitika Seaview Ltd** - Shareholder<br>• **Tasman View Ltd** - Shareholder,<br>• **White Ribbon Ambassador for New Zealand**<br>• **Sister** is employed by Waikato DHB<br>• **Wife** is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre<br>• **Wife** is Board Member West Coast PHO<br>• **Southern ALT Workstream -** Chair | Y<br>N<br>N<br>N<br>N<br>N<br>Y<br>Y<br>N | Actual<br><br><br><br><br><br><br>Actual<br>Perceived |
| Francois Tumahai | • **Te Runanga o Ngati Waewae** – Chair<br>This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.<br>**Poutini Environmental** - Director<br>Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. | N<br>N | |

| | | | |
|---|---|---|---|
| | • **Arahura Holdings Limited** – Chief Executive | | |
| | • **West Coast Regional Council Resource Management Committee** – Member<br>Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. | N | |
| | • **Poutini Waiora Board** - Chair<br>Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. | N | |
| | • **Development West Coast** – Trustee<br>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. | Y | Actual |
| | • **West Coast Development Holdings Limited** – Director | N | |
| | • **Putake West Coast** – Director<br>This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. | N | |
| | • **Ngai Tahu Pounamu** – Director<br>Waewae Pounamu is the home of Ngāti Waewae Pounamu carving | N | |
| | • **Westland Wilderness Trust** – Chair | N | |
| | • **West Coast Conservation Board** – Board Member<br>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. | N | |
| | • **New Zealand Institute for Minerals to Materials Research (NZIMMR)** – Director | N | |
| | • **Westland District Council** – Councillor | N | |

# 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 Board Room Corporate Office, Greymouth**
**on Friday 12 February 2021 commencing at 10.00am**

## BOARD MEMBERS

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

## EXECUTIVE SUPPORT

Andrew Brant (Acting Chief Executive) (via zoom); Philip Wheble (General Manager, West Coast); Coghlan (General Manager Maori Health); Savita Devi (Acting Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services), Jane George (Director of Allied Health, Scientific & Technical West Coast District); 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*)*, Karalyn van Deursen (Executive Director, Communications)

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: Tony Kokshoorn /Sarah Birchfield - carried)
"That the minutes of the Meeting of the West Coast District Health Board held at Westport Bridge Club, 12A Lyndhurst Street, Westport, on Thursday 10 December 2020 be confirmed as a true and correct record.

Dr Andrew Brant (Acting CE) joined the meeting via zoom. Mr Brant spoke of the focuses of the WCDHB in the coming year, along with a new CE due to take up the role. A priority will be the filling of the vacant positions on the Executive Management Team, these positions have been shortlisted, but it is important to involve the WCDHB in the appointment process.

This is the last WCDHB Board meeting for Mr Brant in the Acting CE role, Mr Brant thanked both the Board and Executive Management Team for the support over his time in the position.

**Resolution (65/20)**
(Moved: Tony Kokshoorn /Rick Barker - carried)
That the Board:

i. Provides the following vote of thanks to Dr Brant

Our sincere thanks to Andrew Brant for the acting role of Chief Executive at the West Coast District Health Board. Andrew has delivered excellent outcomes during the transition to the new Te Nikau Hospital and Health Centre facilities as well as managing the heightened alert and uncertainty of the COVID-19 worldwide pandemic. The West Coast records a vote of thanks for Andrew's leadership in the provision of health care for the people of the West Coast. The Board wishes Andrew all the best for the future.

## 3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward/action list was noted.

## 4. WEST COAST INTERPERSONAL EDUCATION PROGRAMME 2021 UPDATE - Presentation

Dr Fiona Doolan-Noble, Programme Leader, introduced herself and the West Coast team members attending the meeting with her. Dr Doolan-Noble proceeded to provide a Power Point presentation detailing the purpose of the West Coast Interpersonal Education Programme (IPE), a programme run through the University of Otago.

The course consists of a five-week block, the first in-take of students for the West Coast is scheduled for March. Over 2021 there will be five blocks and a total of approximately 50 students from a wide range of learning institutions and disciplines attending. During the block the students live in shared accommodation and spend time in inter-professional placements observing different disciplines and seeing how they integrate to provide our health system. Dr Doolan-Noble said to date is has been found that out of 70 students 10% are likely to return to the area to work.

The During the five week block the students work on two activities and an assessement. These are

- Activity one:
  Rapid appraisal of determinants of health (socio-economic, cultural and environmental) likely to be impacting on the communities where they are based;
- Activity two:
  Case study: students will develop a shared care plan for a person living with clinical and social complexity;
- Assessment:
  A community project;

The Chair asked that any suggestions for the community project be provided to Governance Support.

The Chair thanked Dr Fiona Doolan-Noble for her presentation which the Board noted.

## 5. ALLIED HEALTH UPDATE - Presentation

Jacqui Lundy-Johnstone, Executive Director of Allied Health, Scientific and Technical presented a Power Point presentation entitled "Allied Health: The Value Propositon in 21st Centry Health & Disability System"

Ms Lundy-Johnstone explained that with life expectancy having increased people are spending more years in poor health, with both Maori and Pasifika tending to incurr conditions earlier. The 2020 Global Burden of Disease DALYs (disability-adjusted life year) show that over a third are associate with poor health and are potentially avoidable and around half DALYs from early death are potentially avoidable. The LifeCurve shows the slide of basic functions as cutting toenails to being able to eat independently and how this decline can be slowed by keeping active. Attitudes need to change and with the right encouragement the increase in life expectancy doesn't mean longer years in poor health. The Chair indicated a committee be set up to take charge of getting this message out to the community with the

following people: R Barker, H Gillespie, F Tumahai, G Coghlan, J Lunday-Johnstone, P Wheble and comms. A proposal to be provided to a future board meeting.

Ms Lundy-Johnstone introduce Charlene Tan-Smith, South Island Clinical Lead - Paed Keto Dietitian Clinical. Ms Tan-Smith talked about the Ketogenic Dietary Therapy (KDT) and the use in helping children with refractory epilepsy, and experiencing 100's of seizures per day. The introduction of KDT to New Zealand has made a profound difference. The example given in the presentation was of a 3 year old boy having clusters of seizures every 5-10 minutes, with constant hospital admissions and paralysed down his right side, he started on KDT in August 2016 and was sizure free from December 2016. It was explained and how this approach has successfully reduced admissions and in-turn costs while giving the children their lives back.

It was noted that this treatment should not be confused with a popular weight loss diet.

The Chair thanked both Ms Lundy-Johnstone and Ms Tan-Smith for their presentations

## 6. CHAIR'S UPDATE

The Chair informed everyone the new CE, Dr Peter Bramley will be attending the next Board meeting scheduled for Friday 26 March. This meeting will be held at Ngati Waewae Arahura Marae with a Powhiri for Dr Bramley preceeding the meeting. The Chair of the CDHB Board has also been invited to attend.

The Partnership Group which oversaw the build of Te Nikau has now been disbanded by the Minister as their task is complete. The build of the new Westport facility is proceeding well, this is being managed between the MoH and the DHB.

The opening of the new St John facility in Haast is currently being scheduled. The DHB's Haast Clinic are based in this new facility.

At a recent South Island Alliance meeting the South Island DHB Chairs and Chief Executives agreed to collaborate more closely and and in a manner that would have DHBs converge on technology, processes, administration and importantly service delivery. This could be taken as preparation for the expected reform of the health sector.

An invitation is to be extended to the Ministerof Health, Hon Andrew Little, to attend a future board meeting and view our new Te Nikau facility, to see how a rural health facility works.

The Chair handed over to Mr Ralph La Salle, Acting Executive Director Planning, Funding & Decision Support, to provide an update on COVID-19. Mr La Salle informed everyone he had taken over as the Executive Lead on the COVID Coorindated Reponse Group due to the resignation of the Sue Nightengale late last year.

Mr La Salle gave an overview of the Reponse Group and the 7 workstreams working under an Oversight Team, these workstreams are COVID-19 Readiness, Vaccine Readiness, Community Isolation, Community Testing, Workforce, Public Health & Contact Tracing and Pathology & Lab Response.

As announced today, vaccine rollout is due to start on 25 February, with Auckland being the first. This is will done in three tiers. Tier 1 is all border, managed isolation and quarantine workers, it should take 2-3 weeks to vaccinate border workers, followed by their household contacts. Tier 2 is all health workers, this section is split into A & B with triage and front line admin staff being in the A group. B consists of all other health workers both public and private. Tier 3 is the rest of the population, at this

point work is being done on how this will be structured. It could possibly take 6-8 months to vaccinate the entire population.

The Chair thanked Mr La Salle for his update.

The Chair's update was noted

## 7. GENERAL MANAGER'S UPDATE

Mr Philip Wheble, General Manager West Coast, presented the report which was taken as read.

Mr Wheble informed everyone the new GP that will be based in Buller has arrived in the country and is currently in quarantine and will be starting in March. One of the two Nurse Practitioners has completed her training and will be another support to Buller's primary care team.

Recruitment is taking place for another O&G specialist, this role will work across both WCDHB & CDHB spending approximately 80% of the time base on the Coast. This allows further development of skills by spending time in the larger CDHB facilities. Once in place this will be the most robust the service has been in a long time, with 2 O&G Specialist, 1 0.5 O&G Specialist and 2 Rural Generalists with extended scopes of practice in O&G.

The various roles currently being recruited for the mental health services was queried, it was also asked if these vacancies created a risk for clients. Mr Wheble said there will always be vacancies but the teams are currently staffed at a better level than experienced for some time.

A brief discussion around the new Maximo asset management system along with planned maintenance on Te Nikau for the building warrant of fitness (BWOF) along with items identified under the Defect Notification Period. A copy of the list provided by the WC Partnership Team was requested.

Aged Care and the aging population was discussed and it was asked if the DHB was confident they have the ability to cope with this and the added healthcare concerns. Dementia was an item of interest and it was asked why there is no dedicated person for this area, Mr Wheble explained the service is still there but not reliant on a single person.

The General Manager's report was noted.

## 8. FINANCE REPORT

David Green, Acting Executive Director Finance and Corporate Services presented report which was taken as read.

It was asked whether there had been any comment from the MoH regarding the $1M budget omission, Mr Green said there hadn't been any feedback to date.

The Chair indicated he was going to request QFARC drill down into the Holiday's Act and provide a better understanding of the situation.

After further discussion about some of the variances showing in the report, Mr Green said he will refer the items back to QFARC where they can be teased apart and clearer information provided.

The finance report was noted

## 9. CLINICAL LEADER'S UPDATE

Brittany Jenkins, Director of Nursing, presented the report which was taken as read.

Clarification was requested about the final bullet point which read "Agreement that as a Board there is an increasing clarity about the impact on our system and our responsibility to the Board", Ms Jenkins clarified that is was to mean the Clinical Board's responsibility to the WDHB Board.

The clinical leader's report was noted

## 10. PEOPLE REPORT

Mr Paul Lamb, Acting Chief People Officer, presented the report which was taken as read

The workforce diversity information was discussed, it was asked whether it was able to add the women in leadership roles.

The annual leave taken graph was discussed as the liability to the WCDHB with untaken leave is increasing and what was being done as it would become a Wellbeing issue. A lot of services shut down over the Christmas and New Year period to allow staff to take some time to rest and relax. Mr Lamb informed everyone that a discussive, rather than a directive, approach is needed to encourage people to use high leave balances.. It was also noted that sick leave is down.

It was asked if a further update on Exit Interviews and the proposed policy be provided at a future meeting.

The people report was noted

## 11. TELEHEALTH DASHBOARD

Ralph La Salle, Acting Executive Director, Planning & Funding & Decision Support presented the paper which was taken as read.

Currently the general practice information included in the dash board only covers one practice, Te Nikau Health Centre additional practices information will be added.

It was asked if there could be some further breakdown of the Recipient's Age table as 26-65 is a very wide range and holds the majority of users.

The telehealth dashboard was noted

## 12. ANNUAL PLAN REPORT QUARTER2 2020/21

Ralph La Salle (Executive Director, Planning & Funding & Decision Support presented the paper which was taken as read.

With regard to disability awareness training – it was requested that a breakdown of the 2,734 who have completed it be provided.

There was brief discussion around the security of centralised filing of patient records with the implementation of the new patient management system which will be accessible by external healthcare professionals. Mr Wheble explained with the was within the WCDHB's secure system so there was no concern.

The annual plan report quarter 2 2020/21 was noted

## 13. RESOLUTION TO EXCLUDE THE PUBLIC

**Resolution (66/20)**
(Moved: Tony Kokshoorn /Helen Gillespie – 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.

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).<br>Protect the privacy of natural persons. | 9(2)(j)<br>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).<br>Protect the privacy of natural persons. | 9(2)(j)<br>S9(2)(a) |
| 4. | Clinical Leaders Emerging Issues – Verbal Update | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Protect the privacy of natural persons. | 9(2)(j)<br>S9(2)(a) |
| 5. | People & Capability Emerging Issues – Verbal Update | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Protect the privacy of natural persons | 9(2)(j)<br>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";

There being no further business the public open section of the meeting closed at 12:53pm. The Public Excluded section of the meeting commenced at 1:34pm and concluded at 3.00pm.

_____ _____

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<br>Amended to six months | June 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. | 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 | Timeframe for high complex needs assessments to be completed | Jane George | |
| 4. | 10 December | Medical Oncology wait times for WCDHB patients | Ralph La Salle | |
| 5. | 10 December | Cyber Security and Infrastructure update | Savita Devi | On today's agenda |
| 6. | 12 February | Invitation to Minister of Health to attend future Board meeting and view Te Nikau | Governance Support | |
| 7. | 12 February | Paper detailing the aging population, the DHB's capacity to accommodate this and what resources would be required | Ralph La Salle | |
| 8. | 12 February | WC Partnership information to be provided detailing items identified under Defect Notification Period | | |
| 9. | 12 February | Build 'women in leadership roles' into dashboard | Paul Lamb | |
| 10. | 12 February | Exit Interview Update | Paul Lambe | In today's papers |
| 11. | 12 February | In the Telehealth Dashboard break down the 26-65 age group | Ralph La Salle | |

# 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:** **26 March 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 at 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 meeting in February, the Alliance Leadership Team (ALT):

- Noted that although the locality based workstreams are behind schedule, the workstreams are being encouraged to continue with their current plans and start to develop a sense of what they will work on next.
- Continue to see the establishment of using Shared Care Plans across the system as an important way forward. A presentation on Shared Care Plans is going to be developed and shared with other forums to demonstrate the value of these plans.
- Received a presentation by Dr Melissa Cragg on the qualitative evaluation of 'Pae Ora O Te Tai O Poutini'. This evaluation looked at improved access to health services for Māori through the provision of General Practice and Nurse led community clinics. The Alliance intends to incorporate other information regarding the results and sustainability of the pilots in a set of recommendations to take forward.

## B: Build Primary and Community Capacity and Capability

### *Integrated Locality Services*

- **Integrated Health Services – Northern**
  - There was an onsite visit by the Executive Lead and Acting Programme Director for Facilities to view the progress of the demolition. They appreciated the efforts of the current workforce providing services in the very small footprint of Buller Health while waiting for the new build.
  - The Indici Working Group is well underway regarding the new electronic patient information platform.
  - Consumer group education of the Rural Generalist model of care is being planned and we are working with the Northern Consumer Council to support this process.
  - In view of the future COVID Vaccination programme, the primary clinics are really focusing on reaching those requiring MMR vaccinations as soon as possible.
- **Integrated Health Services – Central**
  - The Integrated Quality Improvement (QI) Team in the unplanned acute care area, are meeting monthly tracking the impact of improvements to date and identifying next steps.
  - Clinical and administrative teams are proactively preparing for the roll-out of the new patient management system, Indici, later this year.
  - A primary care QI team has been established and is benefitting from external training, kindly provided by the PHO. This team includes medical, nursing and administrative representation; with oversight from the Central Operations Manager. An initial project has been identified, with further areas to be explored across all the Te Nikau Health Centre staff next month.
  - The Central Consumer Council is supporting the DHB to identify the community's most pressing healthcare concerns; the current key topics being primary care capacity and continuity, and mental health services.
  - The newly appointed central locality Clinical Director settled quickly into the role. They are working in partnership with a range of services and people to continue the focus on clinical safety, quality and integration.
- **Integrated Health Services – Southern**
  - Haast services successfully relocated in early December from the old Hannah's Clearing site into the Haast township. The newly refurbished facilities represent a dramatic improvement appreciated by the staff and very much noticed and commented upon by patients/community members. An official blessing ceremony has taken place on Friday 12 March. This blessing is an important acknowledgement of this new facility and of our ongoing partnership with Te Rūnaka o Makaawhio and the Haast community.
  - Relationships continue to be fostered throughout the Southern region including recently with the Safer Westland Coalition (via the Westland District Council's Community Development Advisor); Poutini Waiora via their newly appointed Houora Navigator who has met with the South Westland team and anticipates working collaboratively; the Westland Emergency Management Officer, and the South Westland Emergency Relief Fund Trust (SERF) which provides another

avenue of support to which South Westland patients can be referred by our Rural Nurses.

- Quality improvement activities are ongoing including, in particular, work to enhance the transfer of patients from hospital back to their home settings. This initiative endeavours to elevate the role of primary health services in the process of a patient's transfer from hospital back to home so that they complement the pre-discharge activities undertaken by the hospital team with the objective of facilitating more effective transfers. A further initiative now being bedded-in which does not have a particularly great impact on services but which can have a significant impact on individual patients, is a weekly scan of patients from the Southern area who have more than one future appointment scheduled. In consultation with the patient, efforts are made to align appointments dates and times to minimise the travel and cost burden on the person and their household, burdens which can rapidly escalate where a patient lives more remotely such as in South Westland. Clearly, changes are not always possible given the schedules of some specialty services however, where travel can be rationalised it can make a substantial impact for that person. There has been very positive feedback from the community at these efforts being made on behalf of, and with, patients.

**C: Hauora Māori Update**

**Regional Workshops Iwi and DHB Partnership Boards**

- MOH Planning is underway to run four 2-day regional workshops for DHB and Iwi Partnership Boards in April-May 2021. This is an action in Priority Area 2 Ngā Kaiārahi Māori/Māori leadership in Whakamaua.
- The Board workshops are the first step in a long-term commitment to support DHB and Iwi Partnership Boards build understanding of how best as governors and leaders to give effect to Titiri responsibilities and work together to achieve improved health and wellbeing for future generations.
- The Board workshops will be followed by the first Hui Whakaoranga – four regional 2-day events in May-June 2021 and a nationwide virtual hui in late June to coincide with Matariki. This is an action in Priority Area 4 Te Whakawhanaketanga o te rāngai hauora/Māori health sector development.
- Hui Whakaoranga is part of implementing Whakamaua: Māori Health Action Plan 2020-2025. It is intended that the hui will generate the next generation of Māori health and well-being development outcomes. These will support the overall aim of He Korowai Oranga of healthy futures for Māori - pae ora. Hui Whakaoranga provides an opportunity to invite shared planning and accountability for Māori health.

**Tatau Pounamu 2021 Strategic Planning Hui 11/3/21**

- A planning Hui held on 5 March has set the focus for key priorities for Tatau Pounamu for 2021. Going forward it was agreed there will be a strong focus on the New Zealand Health and Disability Review and on Whakamaua – Māori Health Action Plan 2020-2025.
- In his role as Alliance Leadership Group Chair and PHO Board Chair, Kevin Hague spoke of the need to better align the work of the PHO and Māori Health. An understanding of Whakamaua will help inform and grow that relationship. He also acknowledged there is still work to do with the WCDHB Workstreams, but overall was happy with the direction of travel. Kevin was very engaging and Tatau Pounamu members enjoyed his kōrero with them.

- The DHB Chief Executive Dr Peter Bramley attended briefly to meet members and Hauora staff. Peter has worked closely with Māori in his previous role as CEO for Nelson Marlborough DHB and Tatau Pounamu is looking forward to working with him and his team for Māori health equity.

**Registration of Interest - New Primary Kaupapa Māori Mental Health Services**

- Whakamaua, Māori Health Action Plan Priority 4 is: 'Māori Health Sector Development'. This priority is to support the creation of equitable and sustainable approaches to commissioning kaupapa Māori and whanau centred services and to support Māori health sector capability and capacity to innovate and deliver effective services for Māori communities.
- This week the Ministry of Health moved forward with the procurement process for New Kaupapa Māori Mental Health Primary care services and programmes. Poutini Waiora were successful in progressing through the first round of procurement within the Teina stream. The Ministry is working alongside the organisation to fully explain the requirements of the new service and to move through the development of the specifications collaborating and supporting the organisation so that the contract and service specifications fit the vision and capability of the Provider.
- This procurement process is a new way of working for the Ministry and shows a genuine commitment to following a partnership approach to commissioning with Māori. It is exciting regarding the possibilities in the future especially for Māori health providers.

**Pae ora Tē Tai o Poutini**

- A project brief was developed and submitted to the Ministry of Health, Māori Health Service Improvement team by Poutini Waiora to further progress the Pae ora o Tē Tai o Poutini model of care. The funding will be used to contract expertise to work alongside Māori, the DHB and other stakeholders to develop the Pae ora model of care. There is provision in the funding to connect with other Māori Providers who are delivering similar models of care to gather information and learn from their experiences. The funding comes from the Tē Ruinga category of Tē Ao Auahatanga Hauora Māori, Māori Health Innovation Funding. The Hauora Māori team have been working closely with Poutini Waiora to work up this proposal using the original evaluation report completed by Melissa Cragg PHD as the foundation for further development.

**Recruitment**

- The small Hauora team is heavily involved with the recruitment of new staff and the wider recruitment processes within the WCDHB. We continue to be available for interview panels and advising against the Changes in Recruitment Practices implemented at the beginning of 2021.

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| Settings | **DELIVERING MODERN FIT FOR PURPOSE FACILITIES** |

**A: Facilities Maintenance Report**

- The team is working with sub-contractors to establish maintenance schedules for Te Nikau.
- Te Nikau coal boiler maintenance is happening now to allow it to come online as the temperatures lower.
- The WCDHB property at Power Road is being refurbished following a water leak from a cylinder.

- The work at the new Haast clinic is coming to an end with fencing and signage to go.
- Reefton coal fired hot water boiler is undergoing major maintenance which includes boiler tube replacement and work on the fire box.
- Maintenance staff have been encouraged to reduce their leave balances so large blocks of Annual Leave are being taken.

**B: New Facilities Redevelopment Update**

**Te Nikau**

***Defecting***

Defecting is progressing well with a very low number of architectural defects remaining. Items still being stepped through are: air filter for the server room, louvres on the west side of the building, enhanced pipe work, solution to reduce the lag time for hot water in pathology. Chubb are expecting to complete works on facility wide doors next week following the final procurement of hardware. Manifold works and remedial actions by the consultant team have closed out the wind tunneling through the ground floor at this time.

***Work in Progress***

- Enclosure of the manifold is well progressed and close to completion.
- Scaffolding is insitu for the ambulance bay screen and Fletcher along with design consultant input are coordinating changes for some fixings to the wall to progress these works.
- Loading dock canopy works are expected to commence this month following a change to the design to align with other facility canopy finishings. The canopy is being pre-fabricated off site.
- Temporary lighting has been installed in the carpark to address security concerns from some night staff. The permanent lighting solution will be installed along with resealing and road marking of the campus at completion of stage 3 demolition which is expected to be at the end of May.
- Enabling works are underway across the main vehicle access to Kahurangi, Mental Health & Addiction Services. These works are expected to take 10 days. Contingency plans have been developed with each service to ensure the restricted vehicle access does not impact on health services.
- Demolition. Stage 1 waste has now been removed from site. Sequencing of works now involves final stages of removal of asbestos material from stage 2 & 3 demolition area. Once complete, final methodology of stage 2 & 3 will be endorsed, and works will commence.
- The DHB are working closely with the project team to accept warranties, as built drawings and final documentation.

***Cowper Hub***

Certificate of completion has been issued.

***RAGP***

On 8 March the RAGP building was successfully relocated to its Cowper Street site. Building works are underway and services are being connected. Following issue of code of compliance from the Council, the building will be ready to hand over to the DHB. Timing of this is likely mid-April.

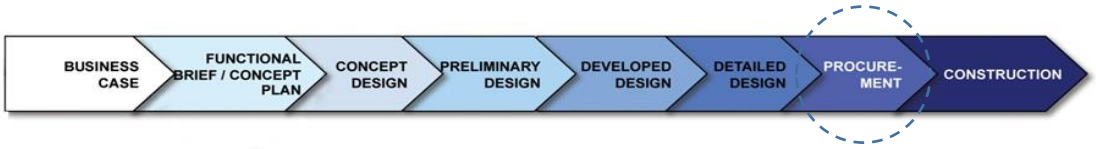
***Portacom 2***

The old Johnstaff portacom (Portacom 2) has been handed over to the DHB with a new acoustic fit out and is being occupied by People and Capability staff.

### *Haast*

Formal opening of the Haast clinic took place on 12 March. Finishing touches to the clinic were undertaken by the facilities team prior to this. New signage that aligns with the new strategy is underway.

### Buller




Demolition of buildings is expected to be complete by next week. Site fencing will remain in place.

Procurement of a main contractor for the Buller Health Centre is progressing well and it is anticipated that the preferred candidate will be identified by the end of March.

The Facilities team plan to reengage with clinical and support staff in the next few weeks to commence stepping through operational requirements and systems for the new health centre.

## RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

***Nursing***

- A discussion was held with the teams in Karamea and Ngakawau around what our workforce should look like for the future. This came about with the two long standing Rural Nurse Specialists (RNS) leaving to take up new roles as Nurse Practitioners. With every service, it is important to look at the needs of the community and establish an understanding of how the service could be better run. This will be the start of a number of conversations over the next few months. We will be meeting with the community as well to establish their views.
- The DHBs Care Capacity Demand Management (CCDM) Council met in January and have a good plan in place to move implementation of this national programme forward. The CCDM Coordinator is working with the team from CDHB and the DHBs Programme Consultant to develop a dashboard that is easy to understand at a glance to not only staff but patients and visitors.
- Over the next few months nursing will be looking at succession planning for a number of roles and how we can ensure these roles will continue as staff move towards retirement. Infection Control and the Immunisation Coordinator roles will be a priority as we move forward.
- Our paediatric Nurse Consultant is working with CDHB colleagues looking at training opportunities such as bringing programmes and courses to the Coast for our teams.

***Rural Inpatients and Transalpine Service***

- The National Bowel Screening Programme readiness assessment day is scheduled for 24 March. The project team submitted plans for the 10 workstreams for the implementation of this programme on 1 March. These plans were developed in conjunction with consumers and community stakeholders, primary care, transalpine partners, laboratories, theatre and IT and representatives from all of these will be involved in the readiness assessment where a team

from the Ministry of Health will complete a day long audit to determine when we can 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. The plans developed in October 2020 for improving planned care delivery are on track for all services. In January and February we made further inroads to the Plastic Surgery new patient waiting list, however the consequence is that we now have a greater number of patients awaiting surgery.
- Neurology services provided from CDHB were on track to return to having face-to-face West Coast clinics as the shortage of Consultant Neurologists appeared to have eased in January. However, staff issues have meant we will need to continue to have patients seen via telehealth and in Christchurch through to the end of April at the earliest.
- Our Laboratory team have been processing an increased number of COVID tests and have sufficient capacity to cope with more.
- We have successfully recruited a Greymouth based O&G Consultant who has commenced fulltime work and we are in the process of shortlisting for a General Surgeon following a resignation late last year.

***Maternity***

- Births for Te Nikau Maternity in January were 17 (plus 2 in Gloriavale, 2 in Kawatiri and 3 homebirths). February was 23 births (plus 1 homebirth). There is a steady number of women booked to have their babies in Te Nikau over the coming months.
- Midwives are focusing on their Success and Development plans, working with the Clinical Midwife Manager (CMM) and Educator to achieve their goals this year.
- We welcome our student midwives from Christchurch, on their remote rural placement working alongside the Lead Maternity Carers (LMCs).
- The positive feedback continues from women and whanau appreciating our new facilities and supportive care from Maternity staff.
- Education recommenced in February, starting with Newborn Life Support updates; sessions were held in both Te Nikau and Westport. Midwives attended an Emergency Skills Day which is required for recertification. We continue to conduct reviews on the ward about interesting cases and this provides great learning opportunities and discussions with the O&G Specialists. The Christchurch Perinatal Maternal Mortality Review Committee (PMMRC) meetings are now being attended (via videoconferencing) by our West Coast midwives, both Core and LMCs. A full day Newborn Resuscitation course held by New Zealand Resuscitation Council is planned for March.

***Allied Health***

- An interim Clinical Lead Occupational Therapy (OT) will be joining the leadership team late March for a period of 6 months. We are continuing our recruitment efforts for a permanent appointment in this role.
- We have appointed to the newly created Allied Health Team Manager Central and are continuing to the Northern Team Manager position. The Director of Allied Health, Scientific and Technical and the Associate Director are continuing to support the Northern Allied Health team.
- To address the ongoing difficulties to recruit to the OT position in Northern, we have added the Northern locality to the new graduate rotations programme. We have recruited to three rotational OT positions and the first 6 month rotation in Northern has commenced.
- We have recruited to most AH vacancies, with 10 new staff members service wide on-boarded in the last 2 months, including Physiotherapy, OT, Dietetics, Social Work and Kaiawhina/Allied Health Assistants.

- There are still some vacancies in Physiotherapy and OT and these are being advertised.
- Allied Health Leaders have attended the HEAT tool training and projects within Pharmacy (Bowel Screening) and Dietetics (Diabetes) have been identified.

***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.
- The Southern Community Mental Health Team has successfully recruited to vacant case management roles resulting from staff retirement or reduction in work hours but is carrying a vacancy in the ACNM role following the resignation of the incumbent who finished at the end of February. Recruitment is underway.
- The Mental Health & Addiction Crises Support (MHACS) Clinical Educator role has been successfully recruited to. A registered nurse with extensive experience in mental health crisis work has been appointed to both this role and a 0.6 vacancy in crisis response which sits within the Central CMHT. She will work on building the capacity of our frontline staff to receive and care for those who present in emotional and mental distress in non-mental health and community settings.

## 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 and are still looking at this. In October 2020, Buller Taxis initiated a trial medical shuttle service from Westport to Nelson and to Greymouth at their own initiative.

National Travel Assistance (NTA) expenditure remains 8% below current year-to-date budget for the first seven months to the end of January. It is noted 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. The potential financial risk to the DHB in this area lies in the variability in timing of claims.

### B: Champion the Expanded use of Telemedicine Technology

The South Island Alliance's Telehealth Steering Committee is up-and-running and the West Coast is represented by our Chief Information Officer. This group is focussed on enacting the South Island Telehealth Strategy and part of their work is to enable consistent reporting of telehealth utilisation for all the South Island DHBs.

The next West Coast Telehealth Dashboard will be presented once the Q3 2020/21 data has been finalised.

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| | **INTEGRATING THE WEST COAST HEALTH SYSTEM** |

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

Enliven facilitates a Home Share initiative that 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. It also provides their care partners with a break. Home Share groups have started back following the lowering of the COVID-19 alert levels; this is helping to ease the carer stress which was noted in previous reports. Enliven are currently seeking more volunteers and welcome enquiries.

Several programs have been established to support our population with Dementia:

- 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 several 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 who care for clients who have unexpected behaviours from delirium or dementia.

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| | **BUILDING CAPACITY TO TRANSFORM THE SYSTEM** |

### A: Live Within our Financial Means

- The consolidated West Coast DHB financial result including the impacts of Covid-19 and Holidays Act compliance ($724k unfavourable) for the month of February 2021 was a deficit of $0.693M, which was $0.834M unfavourable to the annual plan. The YTD result is now $1.858M unfavourable to the annual plan.

| | Monthly Reporting | | | Year to Date | | |
|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance |
| | $'000 | $'000 | $'000 | $'000 | $'000 | $'000 |
| Governance Arm | (123) | (128) | 5 | (1,161) | (1,197) | 36 |
| Funder Arm | 478 | 944 | (466) | 3,986 | 4,077 | (91) |
| Provider Arm | (1,048) | (675) | (373) | (5,542) | (3,739) | (1,803) |
| **Consolidated Result** | **(693)** | **141** | **(834)** | **(2,717)** | **(859)** | **(1,858)** |

## B: Effective Clinical Information Systems

- **Community Patient Administration System implementation:** The contract with the vendor has been signed-off. Project kick off sessions have been conducted with the working group and sessions have been held on reporting and with District Nursing. Engagement with ED and Health Centres will be occurring during the first week in April.
- **Care Capacity Demand Management (CCDM):** The CCDM dashboard has been finalised, checked and presented. The graphical representation is being reworked in conjunction with CDHB to make it more easily usable. Work is continuing on sourcing the data for the Core Data set with a prototype available for the CCDM team to evaluate.
- **Update and improvement to antivirus system:** The Crown Strike AV solution has been fully deployed which gives us greater visibility of our security posture.
- **Windows 10 Roll-out:** All in scope machines have been completed – 275 approximately.
- **Outgoing Caller ID:** Outgoing calls from the DHB will soon display a caller ID identifying, in most cases, the department reception or the respective operator(s). Some analysis is being undertaken to check call volumes and make adjustments to call flow before implementing. Some technical issues have also been discovered, so we have revised the implementation date to late March.
- **Cyber security:** The Digital Security course within Healthlearn developed by the transalpine security team has been rolled out to WCDHB staff. During March and April we are also looking to adopt a friendly phishing campaign to improve staff education levels on phishing attacks. We have also automated the deactivation of unused accounts, expanding the process developed in CDHB to incorporate both DHBs. This has resulted in releasing 200 Microsoft 365 licences. Our security event and incident response plan has been refreshed so we can act on any events identified by Crowd Strike, the new antivirus system.

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

### *Communications and Engagement*

- Communications planning for the roll-out of the National Bowel Screening Programme.
- Preparation of publications:
    - March edition of the CE Update (see below).

***Media***

During February/March 2021, we responded to enquiries about COVID-19 regarding changes to the COVID-19 Alert Levels and the roll out of the COVID-19 vaccination programme. We also received enquiries about measles, the national travel assistance programme and the roll out of the National Bowel Screening Programme on the Coast.

- **Media releases:**
  - Changes to national Alert Levels a timely reminder to follow COVID-19 protocols (16/02/2021)
  - Surgery and outpatient appointments to go ahead at West Coast DHB facilities tomorrow (28/02/2021)
  - West Coast blood supplies in good stead (joint media release with West Coast Emergency Management – 02/03/2021)
  - West Coast DHB health facilities return to Alert Level 1 restrictions (08/03/2021)
  - Blessing of new Haast Health Centre set for tomorrow (11/03/2021).

- **Social media posts:**
  - Guardian of the Future – measles (MMR) campaign post (09/02/2021)
  - COVID-19 Alert Level 2 update (15/02/2021)
  - COVID-19 Alert Level 1 update (18/02/2021)
  - Guardian of the Future – measles (MMR) campaign post (22/02/2021)
  - COVID-19 Alert Level Update (28/02/2021)
  - Surgery and outpatient appointments to go ahead at West Coast DHB facilities tomorrow (28/02/2021)
  - COVID-19 Alert Level 1 update (07/03/2021)

***CE Update – March 2021 edition***

In this edition of the CE Update, Chief Executive Peter Bramley thanks everyone for his warm welcome to the West Coast DHB. He acknowledges the need to close the equity gaps along with ensuring that we continue to work in an integrated way with primary and community care and all the health care providers who make up the West Coast Health System.

Our stories focus on Rural Generalism and the importance of immunisation vaccination programmes.

- Diabetes Patient Management System implemented across the five South Island DHBs as part of a quality improvement project for children with Type 1 diabetes.
- Measles catch-up campaign underway highlights the importance of getting immunised against measles especially if you're in the target group.
- The lead story, 'Working as a Rural Generalist provides a flexible working environment' shines the spotlight on Rural Generalist Dr Sally Peet and her work with the West Coast DHB.
- The opinion piece, Extending the Rural Generalism model across the Coast outlines the steps taken by the West Coast DHB towards implementing the Rural Generalism model and how this will benefit delivery of health care services.
- Physiotherapy team extending their reach across the Buller Community highlights the services Buller Health's Physiotherapy team provides to the Buller community under the guidance of Clinical Lead Physiotherapist Marie Ryan.
- Persistence and dedication to studies lead to well desired qualification celebrates the achievements of Kaiawhina Allied Health Assistant Kay Wilson.

- Highlighting the importance of early childhood immunisation and health checks article outlines the role the DHB's Population Health team plays in connecting Coast children into publicly funded health care services prior to them starting school.
- Long serving nurse bids farewell after 47 years of nursing plays tribute to Gerontology Nurse Specialist Helen Rzepecky who recently retired after more than four decades with the DHB.
- Growing up well on the West Coast invites Coasters to share their views with the DHB to help inform and shape the way the DHB delivers and support other agencies to provide health and support to Coast communities.
- 2020 'whānau/family friendly' waiting room competition winners celebrates the efforts made by the Greymouth Community Mental Health team to turn their waiting room into welcoming family space.
- Demolition of the old Grey Base Hospital showcases a handful of photographs from the past couple of months showing the demolition progress.
- VOICES survey of bereaved people released links readers to the results of the South Island Alliance Palliative Care Workstream's first South Island VOICES (Views of Informal Carers Evaluation of Services) pilot survey of bereaved people.
- Scan, scan, scan – yes, you should even scan in when you arrive at work every day provides a timely reminder of the importance of using the government's COVID-19 Tracer app to scan in wherever you go.

***Regulars***

- One minute with…Vicky Youngman, Integrated Nutrition Services Clinical Leader/Southern Allied Health Team Manager
- Bouquets
- Notices
    - Health Quality & Safety Commission E-digest Issue 128
    - eCald newsletter
    - Something for you
    - South Island Alliance newsletter.

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| 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 Community & Public Health's regions have been linked to managed isolation and quarantine facilities. The West Coast team continues to support the team in Christchurch and Timaru as part of a roster for both COVID-19 Case Investigation (tracing the movements of people who test positive for COVID-19) and Contact Monitoring (regular calls to confirmed contacts to monitor for development of symptoms during their self-isolation). We have also recently provided support for Auckland colleagues managing the recent community outbreak.
- **Te Wheke Whakairo:** Community & Public Health is supporting 'Te Wheke' whakairo project at Reefton Area School, being led by Tony Manuel. Tony is working with 27 Māori, Pasifika and Filipino senior students, funded by Creatives in Schools. The concept of Te Wheke (the octopus) was developed by Dr Rose Pere to define family health. The head of the octopus represents te whānau, the eyes of the octopus as waiora (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health. Also

underpinning the kaupapa of this project are the teachings of Te Rangi Hiroa (Sir Peter Buck). Eight pou (poles) will be carved by the students for the school grounds. The creation of these pou will celebrate the stories of the great Polynesian explorers of the Pacific, explore the shared whakapapa of the Pacific and Māori akonga (students), and be a model of inclusiveness illustrating the interdependence of all things across the universe.

- **Nutrition:** Community & Public Health continues to work with most of the Early Childhood Education (ECE) centres on the Coast working towards having nutrition and physical activity policies that are effective for whānau and children. In practise, for 0-5-year olds this covers how staff are collaborating with whanau with food and nutrition guidance, how they're teaching and learning with the children.
- **Oranga Hā – Tai Poutini:** Community & Public Health continues to host the Oranga Hā – Tai Poutini Stop Smoking Programme and are pleased to have recently appointed a replacement Stop Smoking Practitioner (SSP) to be based with Poutini Waiora in Westport. Recruitment is also underway to replace another SSP for the Greymouth and Hokitika districts.
- **Health in All Policies:** Community & Public Health staff are currently working on submissions on:
    - Consultation on the changes to the Smokefree Environments and Regulated Products Act 1990
    - Consultation on the Climate Change Commission's draft first package of advice to Government on the actions it must take to reach net-zero by 2050, and ensure a transition to a low-emissions, climate resilient and thriving Aotearoa

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

# FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2021

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

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

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

**DATE:** **26 March 2021**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
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## 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 28 February 2021.

## 3. DISCUSSION

### Overview of February 2021 Financial Result

The consolidated West Coast DHB financial result for the month of February 2021 was a deficit of $693k, which was $834k unfavourable to the annual plan. The year to date net deficit of $2.717M is $1.858M 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 28 February 2021
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 | 13,678 | 13,395 | 283 | 2.1% | 109,716 | 107,223 | 2,493 | 2.3% | 160,834 |
| Inter DHB Revenue | 7 | 10 | (3) | (28.4%) | 52 | 78 | (26) | (33.5%) | 117 |
| Inter District Flows Revenue | 153 | 154 | (1) | (0.5%) | 1,310 | 1,230 | 80 | 6.5% | 1,962 |
| Patient Related Revenue | 613 | 662 | (49) | (7.4%) | 5,226 | 5,660 | (434) | (7.7%) | 8,499 |
| Other Revenue | 66 | 675 | (609) | (90.2%) | 431 | 1,716 | (1,285) | (74.9%) | 4,312 |
| **Total Operating Revenue** | 14,517 | 14,896 | (379) | (2.5%) | 116,735 | 115,907 | 828 | 0.7% | 175,725 |
| **Operating Expenditure** | | | | | | | | | |
| Personnel costs | 6,756 | 6,156 | (600) | (9.7%) | 53,811 | 51,309 | (2,502) | (4.9%) | 77,918 |
| Outsourced Services | 1 | 0 | (1) | 0.0% | 10 | 1 | (9) | 0.0% | 1 |
| Treatment Related Costs | 967 | 752 | (215) | (28.6%) | 6,571 | 6,123 | (448) | (7.3%) | 9,255 |
| External Providers | 3,572 | 3,732 | 160 | 4.3% | 29,542 | 29,853 | 311 | 1.0% | 44,781 |
| Inter District Flows Expense | 2,219 | 2,109 | (110) | (5.2%) | 17,868 | 16,870 | (998) | (5.9%) | 25,306 |
| Outsourced Services - non clinical | 121 | 121 | (0) | (0.0%) | 970 | 969 | (1) | (0.1%) | 1,453 |
| Infrastructure and Non treatment related costs | 727 | 806 | 79 | 9.8% | 6,935 | 7,126 | 191 | 2.7% | 10,495 |
| **Total Operating Expenditure** | 14,363 | 13,676 | (687) | (5.0%) | 115,707 | 112,250 | (3,457) | (3.1%) | 169,209 |
| **Result before Interest, Depn & Cap Charge** | 154 | 1,220 | (1,066) | (87.4%) | 1,028 | 3,657 | (2,629) | (71.9%) | 6,515 |
| **Interest, Depreciation & Capital Charge** | | | | | | | | | |
| Interest Expense | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% | 0 |
| Depreciation | 340 | 374 | 34 | 9.1% | 2,671 | 2,596 | (75) | (2.9%) | 4,082 |
| Capital Charge Expenditure | 507 | 705 | 198 | 28.1% | 1,074 | 1,920 | 846 | 44.1% | 4,740 |
| **Total Interest, Depreciation & Capital Charge** | 847 | 1,079 | 232 | 21.5% | 3,745 | 4,516 | 771 | 17.1% | 8,822 |
| **Net Surplus/(deficit)** | (693) | 141 | (834) | 591.5% | (2,717) | (859) | (1,858) | (216.3%) | (2,306) |
| **Other comprehensive income** | | | | | | | | | |
| Gain/(losses) on revaluation of property | | | | | | | | | |
| **Total comprehensive income** | **(693)** | **141** | **(834)** | **591.5%** | **(2,717)** | **(859)** | **(1,858)** | **(216.3%)** | **(2,306)** |

We have excluded the impact of the Holidays Act compliance provision and the impact of Covid-19 in the Appendix 1 tables and graphs. Appendix 5 shows the YTD impact of the Holidays Act and Covid-19.

The underlying BAU variance (ie excluding Holidays Act compliance and Covid-19) for February is $110k unfavourable ($242k unfavourable YTD).

## 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

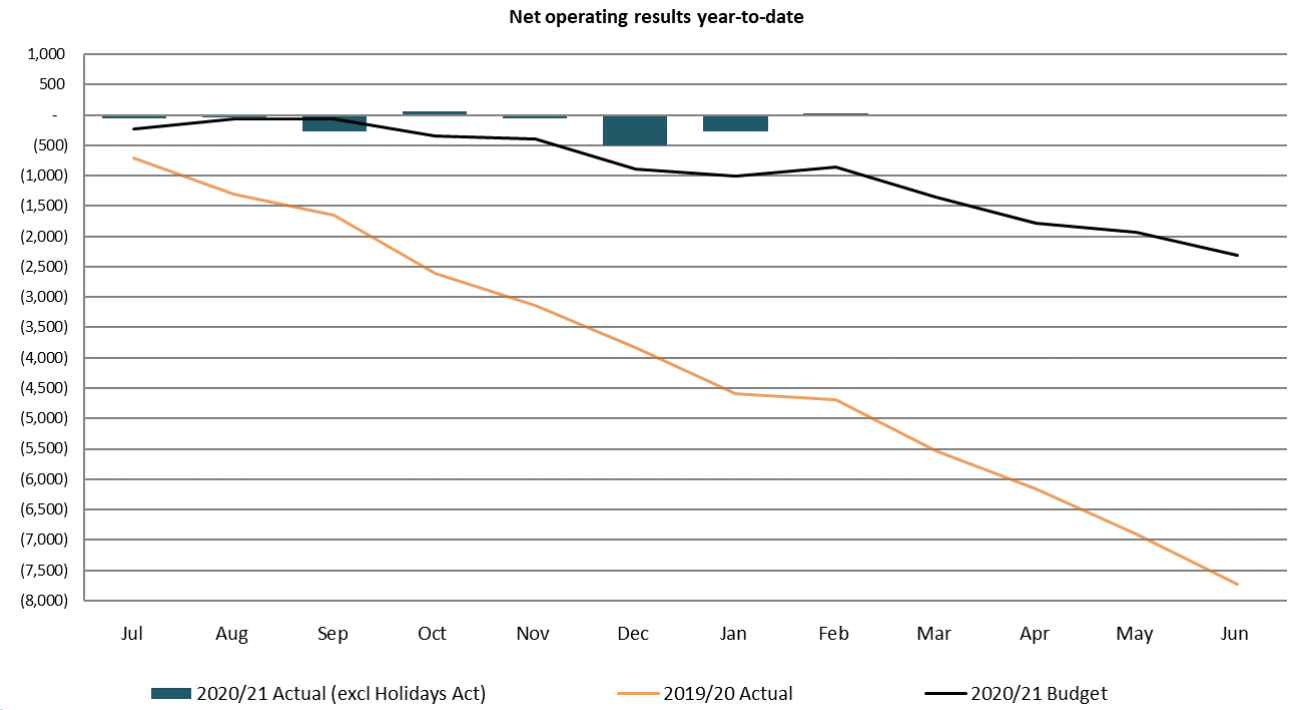
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

## APPENDIX 1: FINANCIAL RESULT

# FINANCIAL PERFORMANCE OVERVIEW – February 2021

## 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) | 31 | 141 | (110) | 78% ✗ | (1,101) | (859) | (242) | 28% ✗ |




West Coast DHB has reported a surplus of $31k for the month of February 2021, excluding the impact of the Holidays Act and Covid-19. This is an unfavourable variance to the surplus in the annual plan for the month of $141k. The YTD variance is $242k unfavourable.

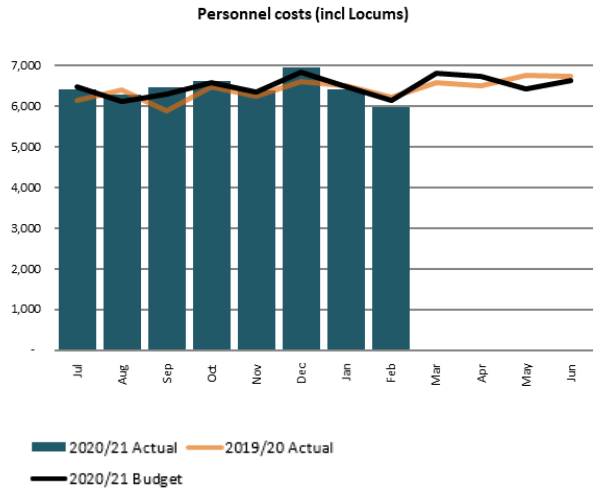
The main variances are:

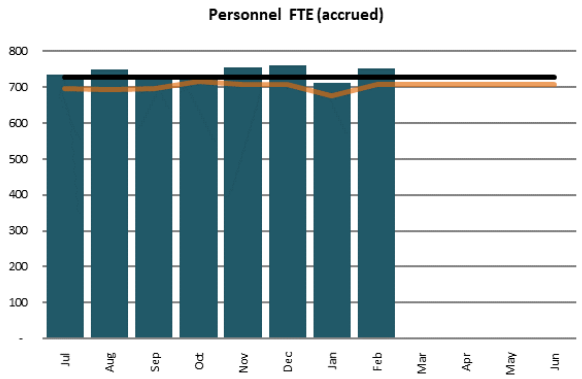
- Pharmaceuticals and Blood Products continue to be over budget due to higher cost medicine/infusions. These costs are expected to continue due to known ongoing patient treatment.
- The 2019/20 IDF wash up was settled in October resulting in a net unfavourable impact for WCDHB of $47k. IDF expenditure 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.
- Debt Equity revenue YTD to February is $1.1M ($158k for the month). Capital charge expense, although higher due to Te Nikau, is favourable to budget due to the reduction in the Capital Charge rate.
- The YTD variance is impacted by $336k of depreciation expensed on the new hospital as the handover occurred two 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 | 1,394 | 1,546 | 152 | 10% | ✓ | 13,078 | 12,641 | (437) | -3% | ✗ |
| Nursing | 2,688 | 2,620 | (68) | -3% | ✗ | 21,833 | 22,136 | 303 | 1% | ✓ |
| Allied Health | 864 | 1,004 | 140 | 14% | ✓ | 8,170 | 8,358 | 187 | 2% | ✓ |
| Support | 272 | 299 | 27 | 9% | ✓ | 2,230 | 2,217 | (13) | -1% | ✗ |
| Management & Admin | 760 | 688 | (72) | -10% | ✗ | 6,242 | 5,958 | (284) | -5% | ✗ |
| **Total** | **5,978** | **6,156** | **178** | 3% | ✓ | **51,553** | **51,309** | **(244)** | 0% | ✗ |




**KEY RISKS AND ISSUES:**

Personnel costs overall were favourable to plan.

Medical costs are favourable for the month, reducing the YTD unfavourable variance. 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.

Nursing costs are unfavourable noting that we have commenced a provision for the Nursing MECA settlement.

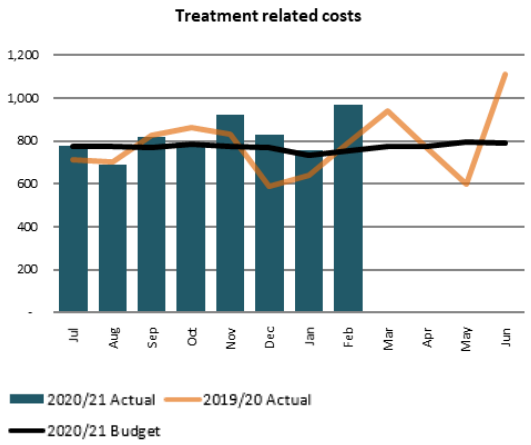
We transitioned cleaning services from an outsourced model to in-house staffing in October which is impacting on Support and Management & Admin costs. Cleaning supervisors were budgeted under Support personnel, but actual costs are shown under Management & Admin costs. (PTD $14k; YTD $108k). In addition to this change, there has also been a realignment of position descriptions which has moved 3 FTE from Nursing and Allied to Management & Admin.

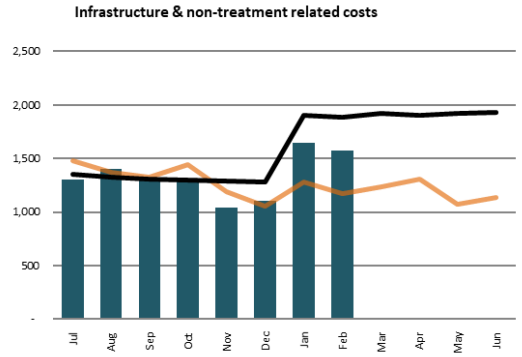
**Holidays Act compliance**

This provision is currently $18.407M, and we will continue to increase the provision on a monthly basis until remediation is complete. In February we revised the current year provision to allow for the increased costs of the remediation programme and included a one-off adjustment to prior months.

## 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 | 966 | 752 | (214) | -28% | ✗ | 6,552 | 6,123 | (430) | -7% | ✗ |
| Non Treatment related costs | 1,574 | 1,885 | 311 | 16% | ✓ | 10,658 | 11,642 | 984 | 8% | ✓ |



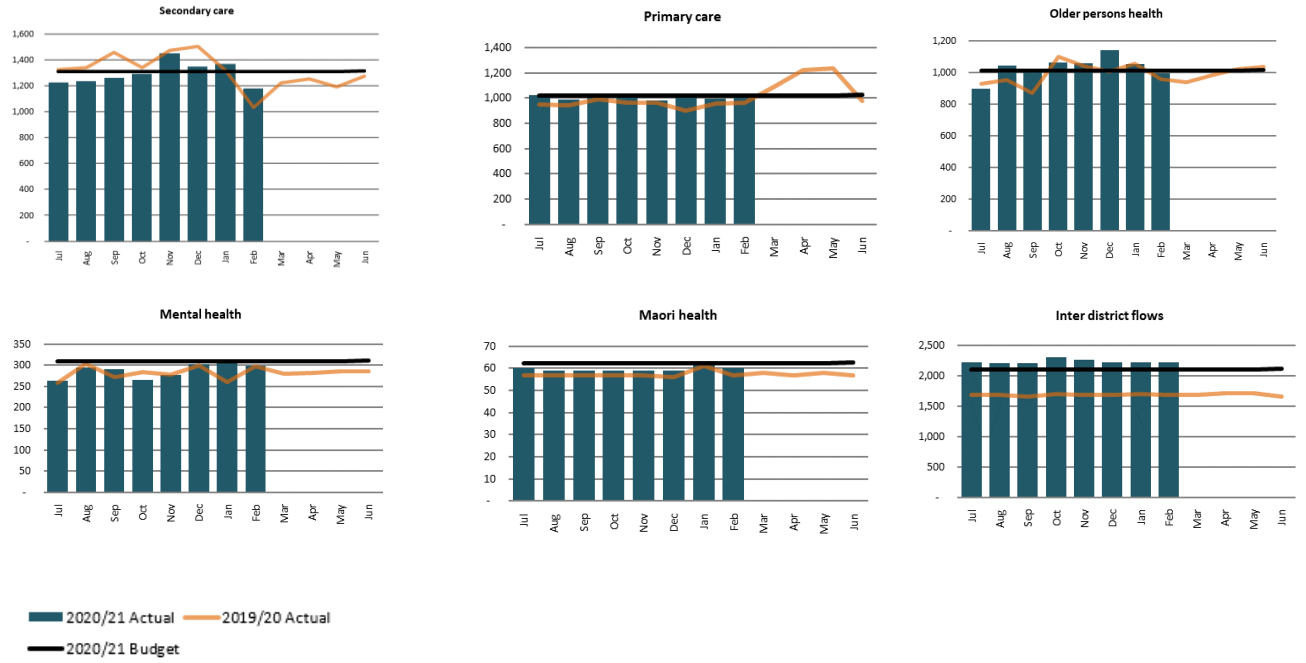

### KEY RISKS AND ISSUES:

**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, $550k and $226k respectively are unfavourable YTD variances to plan. These costs are expected to continue due to known ongoing patient treatment.

**Non-treatment related costs:**
These are impacted by the extra two months of depreciation on the Te Nikau facility - $364k YTD. However, this is offset by favourable depreciation for other assets, as well as YTD favourable variances particularly in hotel, laundry, & cleaning costs. Capital charge expense has increased due to Te Nikau, however is favourable due to Capital Charge rate reduction to 5%.

## 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 | 1,182 | 1,316 | 134 | 10% | ✓ | 10,372 | 10,530 | 158 | 2% | ✓ |
| Primary Care | 1,036 | 1,026 | (10) | -1% | ✗ | 8,081 | 8,207 | 126 | 2% | ✓ |
| Older Person's Health | 996 | 1,016 | 20 | 2% | ✓ | 8,260 | 8,128 | (132) | -2% | ✗ |
| Mental Health | 298 | 311 | 13 | 4% | ✓ | 2,304 | 2,488 | 184 | 7% | ✓ |
| Maori Health | 60 | 63 | 3 | 4% | ✓ | 478 | 501 | 23 | 4% | ✓ |
| IDF | 2,219 | 2,109 | (110) | -5% | ✗ | 17,868 | 16,870 | (998) | -6% | ✗ |
| Outsourced Clinical | 122 | 121 | (1) | -1% | ✗ | 980 | 969 | (11) | -1% | ✗ |
| **Total** | 5,913 | 5,961 | 48 | 1% | ✓ | 48,343 | 47,692 | (650) | -1% | ✗ |




### KEY RISKS AND ISSUES:

**Secondary Care**

Although there was a good result in Secondary Care this month, the community pharmaceutical budget is forecast to be over budget by $400k - $500k at year end. This increase is partially offset by additional revenue provided by MoH.

**Older Person's Health**

As previously commented on 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

| | YTD Actual $'000 | YTD Budget $'000 | YTD Variance $'000 | | | Annual Budget $'000 |
|---|---|---|---|---|---|---|
| Equity | 121,281 | 149,663 | (28,382) | -19% | ✗ | 150,148 |
| Cash | 1,954 | 7,700 | (5,746) | -75% | ✗ | 6,382 |
| Capex | 5,046 | 8,176 | 3,130 | 38% | ✓ | 11,264 |

**KEY RISKS AND ISSUES:**

Drawdown of equity for the Buller IFHC totalling $6M was in the annual plan to be received in July, October and January but these have not yet been drawn down. A drawdown for costs to date was made in February based on actual spend to December plus forecast spend until 31 March.

Deficit support of $7.1M was in the annual plan to be received in January 2021 - we will be submitting an equity support request in the near future to ensure we have sufficient cash reserves in the new financial year.

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

Statement of comprehensive revenue and expense

For period ending 28 February 2021
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 | 13,678 | 13,395 | 283 | 2.1% | 109,716 | 107,223 | 2,493 | 2.3% | 160,834 |
| Inter DHB Revenue | 7 | 10 | (3) | (28.4%) | 52 | 78 | (26) | (33.5%) | 117 |
| Inter District Flows Revenue | 153 | 154 | (1) | (0.5%) | 1,310 | 1,230 | 80 | 6.5% | 1,962 |
| Patient Related Revenue | 613 | 662 | (49) | (7.4%) | 5,226 | 5,660 | (434) | (7.7%) | 8,499 |
| Other Revenue | 66 | 675 | (609) | (90.2%) | 431 | 1,716 | (1,285) | (74.9%) | 4,312 |
| **Total Operating Revenue** | 14,517 | 14,896 | (379) | (2.5%) | 116,735 | 115,907 | 828 | 0.7% | 175,725 |
| **Operating Expenditure** | | | | | | | | | |
| Personnel costs | 6,756 | 6,156 | (600) | (9.7%) | 53,811 | 51,309 | (2,502) | (4.9%) | 77,918 |
| Outsourced Services | 1 | 0 | (1) | 0.0% | 10 | 1 | (9) | 0.0% | 1 |
| Treatment Related Costs | 967 | 752 | (215) | (28.6%) | 6,571 | 6,123 | (448) | (7.3%) | 9,255 |
| External Providers | 3,572 | 3,732 | 160 | 4.3% | 29,542 | 29,853 | 311 | 1.0% | 44,781 |
| Inter District Flows Expense | 2,219 | 2,109 | (110) | (5.2%) | 17,868 | 16,870 | (998) | (5.9%) | 25,306 |
| Outsourced Services - non clinical | 121 | 121 | (0) | (0.0%) | 970 | 969 | (1) | (0.1%) | 1,453 |
| Infrastructure and Non treatment related costs | 727 | 806 | 79 | 9.8% | 6,935 | 7,126 | 191 | 2.7% | 10,495 |
| **Total Operating Expenditure** | 14,363 | 13,676 | (687) | (5.0%) | 115,707 | 112,250 | (3,457) | (3.1%) | 169,209 |
| **Result before Interest, Depn & Cap Charge** | 154 | 1,220 | (1,066) | (87.4%) | 1,028 | 3,657 | (2,629) | (71.9%) | 6,515 |
| **Interest, Depreciation & Capital Charge** | | | | | | | | | |
| Interest Expense | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% | 0 |
| Depreciation | 340 | 374 | 34 | 9.1% | 2,671 | 2,596 | (75) | (2.9%) | 4,082 |
| Capital Charge Expenditure | 507 | 705 | 198 | 28.1% | 1,074 | 1,920 | 846 | 44.1% | 4,740 |
| **Total Interest, Depreciation & Capital Charge** | 847 | 1,079 | 232 | 21.5% | 3,745 | 4,516 | 771 | 17.1% | 8,822 |
| **Net Surplus/(deficit)** | (693) | 141 | (834) | 591.5% | (2,717) | (859) | (1,858) | (216.3%) | (2,306) |
| **Other comprehensive income** | | | | | | | | | |
| Gain/(losses) on revaluation of property | | | | | | | | | |
| **Total comprehensive income** | **(693)** | **141** | **(834)** | **591.5%** | **(2,717)** | **(859)** | **(1,858)** | **(216.3%)** | **(2,306)** |

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

As at 28 February 2021

in thousands of New Zealand dollars

| | Actual | Budget | Variance | %Var | Prior Year |
|---|---|---|---|---|---|
| **Assets** | | | | | |
| **Non-current assets** | | | | | |
| Property, plant and equipment | 149,952 | 154,293 | (4,341) | (2.8%) | 20,620 |
| Intangible assets | 337 | 1,195 | (858) | (71.8%) | 497 |
| Work in Progress | 9,309 | 11,910 | (2,601) | (21.8%) | 14,715 |
| Other investments | 312 | 320 | (8) | (2.5%) | 320 |
| **Total non-current assets** | 159,910 | 167,718 | (7,808) | (4.7%) | 36,152 |
| **Current assets** | | | | | |
| Cash and cash equivalents | 1,954 | 7,700 | (5,746) | (74.6%) | 6,152 |
| Patient and restricted funds | 49 | 56 | (7) | (12.5%) | 47 |
| Inventories | 1,122 | 1,160 | (38) | (3.3%) | 1,130 |
| Debtors and other receivables | 5,525 | 4,491 | 1,034 | 23.0% | 4,542 |
| Assets classified as held for sale | 0 | 0 | 0 | 0.0% | 0 |
| **Total current assets** | 8,650 | 13,407 | (4,757) | (35.5%) | 11,871 |
| **Total assets** | 168,560 | 181,125 | (12,565) | (6.9%) | 48,023 |
| **Liabilities** | | | | | |
| **Non-current liabilities** | | | | | |
| Interest-bearing loans and borrowings | 0 | 0 | 0 | 0.0% | 0 |
| Employee entitlements and benefits | 2,427 | 2,399 | (28) | (1.2%) | 2,678 |
| Other | 63 | 62 | (1) | (1.6%) | 63 |
| **Total non-current liabilities** | 2,490 | 2,461 | (29) | (1.2%) | 2,741 |
| **Current liabilities** | | | | | |
| Interest-bearing loans and borrowings | 0 | 0 | 0 | 0.0% | 0 |
| Creditors and other payables | 13,462 | 11,694 | (1,768) | (15.1%) | 12,122 |
| Employee entitlements and benefits | 31,327 | 17,307 | (14,020) | (81.0%) | 18,872 |
| **Total current liabilities** | 44,789 | 29,001 | (15,788) | (54.4%) | 30,994 |
| **Total liabilities** | 47,279 | 31,462 | (15,817) | (50.3%) | 33,735 |
| **Equity** | | | | | |
| Crown equity | 214,806 | 229,422 | 14,616 | 6.4% | 93,858 |
| Other reserves | 25,100 | 25,098 | (2) | (0.0%) | 25,100 |
| Retained earnings/(losses) | (118,625) | (104,857) | 13,768 | 13.1% | (104,670) |
| Trust funds | 0 | 0 | 0 | 0.0% | 0 |
| **Total equity** | 121,281 | 149,663 | 28,382 | 19.0% | 14,288 |
| **Total equity and liabilities** | **168,560** | **181,125** | **(12,565)** | **(6.9%)** | **48,023** |

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 28 February 2021

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 | 14,525 | 14,888 | (362) | (2.4%) | 116,487 | 115,843 | 644 | 0.6% |
| Cash paid to employees | (5,908) | (6,156) | 248 | 4.0% | (52,696) | (51,309) | (1,387) | (2.7%) |
| Cash paid to suppliers | (1,144) | (1,680) | 537 | 31.9% | (15,505) | (14,368) | (1,136) | (7.9%) |
| Cash paid to external providers | (3,639) | (3,732) | 93 | 2.5% | (31,050) | (29,853) | (1,197) | (4.0%) |
| Cash paid to other District Health Boards | (2,152) | (2,109) | (43) | (2.1%) | (16,360) | (16,870) | 510 | 3.0% |
| *Cash generated from operations* | 1,683 | 1,211 | 472 | 39.0% | 877 | 3,442 | (2,565) | (74.5%) |
| Interest paid | 0 | 0 | 0 | 0.0% | 0 | 0 | 0 | 0.0% |
| Capital charge paid | (60) | (705) | 645 | 91.5% | (60) | (1,920) | 1,860 | 96.9% |
| **Net cash flows from operating activities** | 1,623 | 506 | 1,117 | 220.8% | 817 | 1,522 | (705) | (46.3%) |
| **Cash flows from investing activities** | | | | | | | | |
| Interest received | 8 | 8 | 0 | 0.0% | 31 | 64 | (33) | (51.6%) |
| (Increase) / Decrease in investments | (21) | 0 | (21) | 0.0% | 0 | 0 | 0 | 0.0% |
| Acquisition of property, plant and equipment | (284) | (270) | (14) | (5.2%) | (4,745) | (7,336) | 2,591 | (35.3%) |
| Acquisition of intangible assets | (52) | 0 | (52) | 0.0% | (301) | (832) | 531 | |
| **Net cash flows from investing activities** | (349) | (262) | (87) | 33.2% | (5,015) | (8,104) | 3,089 | 38.1% |
| **Cash flows from financing activities** | | | | | | | | |
| Proceeds from equity injections | 0 | 0 | 0 | 0.0% | 0 | 13,064 | (13,064) | 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 | 13,064 | (13,064) | 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 | 1,274 | 244 | 1,030 | 422.5% | (4,198) | 6,482 | (10,680) | (164.8%) |
| Cash and cash equivalents at beginning of period | 680 | 7,456 | (6,776) | (90.9%) | 6,152 | 1,218 | 4,934 | 405.1% |
| **Cash and cash equivalents at end of period** | **1,954** | **7,700** | **(5,747)** | **(74.6%)** | **1,954** | **7,700** | **(5,746)** | **(74.6%)** |

## 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 | (13,418) | (13,174) | 244 | | | (13,418) | 244 | (107,809) | (105,389) | 2,420 | | | (107,809) | 2,420 |
| Non-Devolved Contracts | (100) | (89) | 10 | | | (100) | 10 | (738) | (738) | (1) | | | (738) | (1) |
| Inter-DHB & Internal Revenue | (160) | (164) | (4) | | | (160) | (4) | (1,362) | (1,308) | 53 | | | (1,362) | 53 |
| Other Revenue | (840) | (1,469) | (629) | (55) | | (785) | (684) | (6,827) | (8,471) | (1,644) | (727) | | (6,100) | (2,371) |
| **Total Revenue** | (14,517) | (14,896) | (378) | (55) | 0 | (14,462) | (433) | (116,735) | (115,907) | 828 | (727) | 0 | (116,008) | 101 |
| **DHB Provided Expenditure** | | | | | | | | | | | | | | |
| Personnel | 6,142 | 5,535 | (607) | | 778 | 5,364 | 170 | 47,772 | 46,364 | (1,408) | 335 | 1,919 | 45,518 | 846 |
| Outsourced Personnel & Support | 614 | 622 | 8 | | | 614 | 8 | 6,039 | 4,945 | (1,094) | 3 | | 6,036 | (1,091) |
| Outsourced Clinical Services | 122 | 121 | (1) | | | 122 | (1) | 982 | 969 | (13) | | | 982 | (13) |
| Clinical Supplies | 967 | 752 | (215) | 1 | | 966 | (214) | 6,570 | 6,123 | (447) | 18 | | 6,552 | (429) |
| Infrastructure & Non-Clinical Supplies | 1,574 | 1,885 | 311 | | | 1,574 | 311 | 10,680 | 11,642 | 962 | 22 | | 10,658 | 984 |
| **Total DHB Provided Expenditure** | 9,419 | 8,914 | (505) | 1 | 778 | 8,640 | 273 | 72,043 | 70,043 | (2,000) | 378 | 1,919 | 69,746 | 297 |
| **Other Providers** | | | | | | | | | | | | | | |
| Personal Health | 2,149 | 2,318 | 169 | | | 2,149 | 169 | 18,177 | 18,542 | 365 | | | 18,177 | 365 |
| Mental Health | 298 | 311 | 13 | | | 298 | 13 | 2,304 | 2,488 | 184 | | | 2,304 | 184 |
| Public Health | 69 | 24 | (45) | | | 69 | (45) | 323 | 195 | (128) | 47 | | 276 | (81) |
| DSS | 996 | 1,016 | 20 | | | 996 | 20 | 8,260 | 8,128 | (132) | | | 8,260 | (132) |
| Maori Health | 60 | 63 | 3 | | | 60 | 3 | 478 | 501 | 23 | | | 478 | 23 |
| IDFs | 2,219 | 2,109 | (110) | | | 2,219 | (110) | 17,868 | 16,870 | (998) | | | 17,868 | (998) |
| **Total Other Providers** | 5,791 | 5,840 | 49 | 0 | 0 | 5,791 | 49 | 47,410 | 46,723 | (687) | 47 | 0 | 47,363 | (640) |
| **Total Expenditure** | 15,210 | 14,755 | (455) | 1 | 778 | 14,431 | 323 | 119,453 | 116,766 | (2,686) | 425 | 1,919 | 117,109 | (343) |
| **Total Consolidated Result Deficit/(surplus)** | 693 | (141) | (834) | (54) | 778 | (31) | (110) | 2,717 | 859 | (1,858) | (302) | 1,919 | 1,101 | (242) |

# 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:** **26 March 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

We are delighted to welcome our new Chief Executive to the role and will continue to work closely with Peter to explore opportunities for growing and strengthening clinical leadership and clinical governance – both from a West Coast and transalpine perspective.

We are searching out, promoting, and booking learning opportunities that will help us to grow our individual capability in quality, patient safety, and clinical governance, as well as the capability of the organisation.

We have been supporting the question and answer sessions that have been held with staff around our local Holidays Act compliance programme.

We have also been supporting the development of systems, processes, and budget to ensure our administrative colleagues have access to professional development opportunities.

We are working in collaboration with our Canterbury partners to refine our COVID-19 readiness and continue to progress preparations for the vaccine.

## GROWING UP WELL ON THE WEST COAST

The Growing Up Well program continues to work to recruit community members to provide us with feedback on the strengths & opportunities within our communities to improve the experience of children and whanau accessing health and health adjacent services. The steering group has this month welcomed representatives for each of the mayors of the district. We are appreciative to have that voice at our table.

We continue to promote opportunities to connect with people and to hear their stories in order to surface all the issues. Our overriding goal continues to be to keep as open an agenda as possible in these consultation sessions, to hear the things that matter to Coasters, rather than to try and be overly specific or narrow in our scope, such as only asking about health services such as CAMHS or dental services, or disability and child development services.

The Maternity Quality Safety Programme has identified a benefit to partnering with the Growing Up Well program and has been established as a sub-set of the consultation process. This allows us to share resources and reduce the amount of consulting we are asking our communities to participate in. The Ministry of Health has identified key target areas for the Maternity Quality Safety Programme (MQSP) in consultation with the National Maternity Monitoring Group (NMMG), or the Maternal Morbidity Working Group (MMWG); subgroup of the Perinatal and Maternal Mortality Review Committee (PMMRC). All DHBs must report achievement against these quarterly.

The following MQSP "projects" in particular relate well with the GUWOTWC engagement process:

- Encourage low-risk women to birth at home or in a primary facility; promotion of primary birthing facilities
- Equitable access to post-partum contraception
- Equitable access to primary mental health services; maternal mental health referral and treatment pathway
- Reduce preterm birth and neonatal mortality (tied to early intervention, diet, lifestyle, etc.)
- Monitor key maternity indicators by ethnicity to identify variations in outcome
- Co-design models of care to meet the needs of Indian women
- Co-design models of care to meet the needs of women <20 yrs

The MQSP Co-ordinator is co-facilitating the Growing Up Well hui with community groups and recording and participants will be asked their interest in joining the maternity consumer group and feeding into that process separately.

## NURSING

We want to begin by acknowledging and congratulating the current nursing management in Westport for providing high quality, stable clinical leadership that has enabled safe, seamless/integrated care to be delivered to our Northern community members.

We are working in collaboration with our Hauora Māori team to prioritise support for Māori staff who are interested in becoming Enrolled Nurses via the current fees-free scheme that is in place for the Diploma of Enrolled Nursing. We are also exploring opportunities for how we would enable planned employment of these staff.

We are working in collaboration with our transalpine Older Persons Health team to explore growing Rural Generalism in our local Geriatric Nurse Specialist (GNS) workforce.

We are progressing Standard Operating Procedures that will support local FTE calculations in our acute care areas as part of the national safe staffing/healthy workplaces programme known as Care Capacity Demand Management (CCDM).

## ALLIED HEALTH, SCIENTIFIC & TECHNICAL (AHST)

We are making progress with the development of our Transalpine Child Development Service (CDS). The team leaders from Canterbury and West Coast, together with the Paediatricians and Associate Director of Allied Health, West Coast, have met to discuss the development of Allied Healthways for children on the West Coast along with a range of other support service development and build skills for practitioners and Kaiāwhina based on the Coast.

We have our three Kaiāwhina now in post and work is underway regarding the establishment of a CDS Consultant with support from the South Island CDS Project Team.

## MIDWIFERY

Our workforce is relatively stable with movement mainly related to maternity leave for our LMC workforce and retirements for our employed. We have a standing advertisement and are getting more responses this year than previously from other parts of New Zealand.

Buller Maternity has seen a reduction in pregnancies overall and also a reduction in women birthing in Buller, preferring instead to come to Te Nīkau or stay at home to birth.

We are continuing discussions with ARA and received a good response to the Open day late last year, with some of those who attended still considering how they may be able to undertake the education and then be a satellite programme under ARA.

We are expecting funding announcement for midwifery education at the end of March specifically for Māori and Pacific students.

## MEDICAL WORKFORCE

Medical Leadership structure

- Set up regular meetings
- Looking to appoint a Northern Clinical Director
- Still to advertise the Associate CMO role

Primary Care / GP / RHM

- Continue to develop the network of support from Te Nīkau with hub and spoke approach. This is providing continuity and skill sharing
- Interviewed potential GP for Northern hub
- Need to establish combined peer review
- Latest GP appointment has orientated in Te Nīkau and is orientating through Buller now

Anaesthesia

- 0.7FTE short with advertisement going out

General Medicine

- Continue development of the transalpine model and a transalpine physician role
- Mapped out workloads and clinics versus inpatient work requirements
- Engaging with medicine subspecialties to provide the broad range of skills and clinics

General Surgery

- Recruitment ongoing
- National Bowel Screening is major project at present

Obstetrics and Gynaecology

- Team is working well with good transalpine cooperation and planning
- New transalpine consultant started with majority of time West Coast based

## CLINICAL BOARD

The Clinical Board are holding their fourth meeting on 18 March

## 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, Scientific and Technical
Jane George, Director of Allied Health, Scientific & Technical
Norma Campbell, Director of Midwifery

Appendix 1: Rural Generalist Model Implementation

## Rural Generalist Model Implementation – Board Update March 2021

**Current focus: January – March 2021**

| Rural Generalist Model Implementation | Multidisciplinary Focus | Active Recruitment | National Engagement | Transalpine Service and Governance Development with Canterbury District Health Board |
|---|---|---|---|---|
| •Implementation of the proposal for change decision document with all affected staff<br>•Overall plan for all medical workforce regarding how roles will be supported in RG model | •Working with all professional groups regarding Rural Generalist roles required<br>•Nursing roles within General Medicine Outpatient Clinics explored | •Focused recruitment drive for Rural Generalist medical workforce<br>•Identification and progression of the next Advanced DRANZCOG candidate for 2022 | •National engagement with key stakeholders interested in national applicability of the model for wider New Zealand<br>•Ministry of Health, Medical Council, Health Quality and Safety Commission, Royal New Zealand College of General Practitioners | •Transalpine service development to improve service delivery for the West Coast community<br>•Strengthening of clinical support and clinical governance for specific services |

**Focus for Next 6-8 weeks March – May 2021:**

- Recruitment of Rural Generalist doctors
- National engagement – Medical Council, Health Quality and Safety Commission and Royal New Zealand College of General Practitioners
- General medicine clinicians WCDHB linked into CDHB grand rounds and peer review virtually
- Active monitoring of planned care access changes due to model implementation
- Multidisciplinary focus with outline of where and how multidisciplinary Rural Generalist roles can be supported and grown – Nursing, Midwifery, Allied Health
- Implementation of Nursing roles within General Medicine clinics as and where clinically appropriate
- Formalisation of governance and clinical arrangements with CDHB for specific services
- Ongoing discussions with CDHB Chiefs and Chairs to progress transalpine service discussions and to discuss if / where and how we can provide increased support between both DHBs to improve service delivery for the WCDHB community
- Advanced DRANZCOG candidate identification progression – individual identified and has planned visit to see suitability of potential 2022 training for Advanced DRANZCOG qualification in April
- Interim reporting for MOH funding due for submission

# PEOPLE REPORT

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

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

**SOURCE:** **People and Capability**

**DATE:** **26 March 2021**

| Report Status – For: | Decision ☐ | Noting ☑ | Information ☐ |
|---|---|---|---|

## 1. ORIGIN OF THE REPORT

Our People and Capability team are committed to improve outcomes for our workforce and DHB. This monthly people report discusses our key achievements towards these outcomes supported by our monthly 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 proportion of women in leadership positions

Of our 61 people managers across the West Coast DHB, 44 (72.1%) are female. WCDHB female leaders are most likely to occupy mid-level management positions (Tier 4).

| Management Tier | Male | Female | Total |
|---|---|---|---|
| 2 (reports to CEO) | 11.8% | - | **3.3%** |
| 3 | 29.4% | 22.7% | **24.6%** |
| 4 | 23.5% | 54.5% | **45.9%** |
| 5 | 17.6% | 15.9% | **16.4%** |
| 6 | 17.6% | 6.8% | **9.8%** |
| **Headcount** | **17** | **44** | **61** |

*Data as at 01 March 2021. Source: Payroll*

Promoting a safe and health workforce

Over the last year, the number of accepted ACC workplace injuries has increased from 42 to 79, with 38% of this increase relating to musculoskeletal injuries, with manual handling the main contributing factor. Our Transalpine Wellbeing, Health and Safety team is developing a business case for investment in a safe moving and handling programme. The programme is scheduled to commence in the 2021/2022 Financial Year following approval for funding.

### Improving Workforce Wellbeing

Employee's earning below the Living Wage

West Coast DHB is not currently a Living Wage employer. We currently have 117 employees (10.8%) with a base salary below the living wage ($22.10 per hour). Of these, 34 (29%) are on individual employment agreements (IEAs), while 83 (71%) are employed on collective agreements.

Of the 34 IEA employees, 8 are on permanent or fixed term contracts and 26 are on casual contracts. To increase the base salaries of the 8 permanent and fixed term IEA employees would cost **$16,135.20** per year (based on their contracted hours). The cost for the 26 casual IEA employees will vary depending on how many hours they work, but we estimate costs in the region of **$33,000** per year (based on the average paid FTE for casuals of 0.35 FTE). This equates to a total of **$49,000** per year (rounded) to move all IEA employees to the Living Wage.

The situation for our 83 employees on collective agreements is less straightforward as it would require negotiation with NZNO, E Tū, and PSA unions and there may be varying levels of appetite for the conversation.

Of the 83 collective agreement employees, 55 are on permanent or fixed term contracts and 28 are on casual contracts. To increase the base salaries of the 55 permanent and fixed term employees would cost **$73,498.82** per year (based on contracted hours). As above, costs for the 28 casuals on collective agreements will vary and we have estimated costs in the region of **$28,000** per year (based on the average paid FTE for casuals of 0.35 FTE). This is a total of **$101,500** (rounded) per year.

| Agreement type | Permanent / Fixed-term employees* | Projected costs | Casual employees ** | Projected costs | Total |
|---|---|---|---|---|---|
| IEA | 8 (6.40 FTE) | $16,135.20 | 26 | $33,000 | **$49,135.20** |
| Collective Agreement | 55 (35.29 FTE) | $73,498.82 | 28 | $28,000 | **$101,498.82** |
| **Total** | **63 (41.69 FTE)** | **$89,634.02** | **54** | **$61,000** | **$150,633.20** |

**figure in brackets is contracted FTE*
***where casual hours worked per year is estimated at 0.35 FTE (based on the average paid FTE for casuals below the Living Wage as at 22 February 2021).*

*Note: Data as at 1 March 2021. Source: Payroll*

## Recruiting and retaining a sustainable health workforce

Exit Survey update

Following a review of our employee exit survey process, we have redesigned and relaunched the survey. Appendix 2 provides an update on the new process and initial analysis of completed surveys.

Vacancy update

Vacancies across the organisation have experienced a small rise this year due to the usual new year movements of candidates seeking new roles.

We've had success in the past month placing two Senior Medical Officers into roles with our team with one Obstetrician and Gynaecologist Specialist and the other as the Clinical Lead for the National Bowel Screening Programme. These are two critical roles in the SMO team to ensure that our communities are receiving high levels of care. Appendix 3 contains a detailed breakdown of all our vacancies we are currently recruiting for across the West Coast DHB.

## Improving Employee Engagement

Te Huarahi Hautū – Programme Launch

A new Leadership Development Programme Te Huarahi Hautū has been launched across the Canterbury and West Coast DHBs. All 617 managers across both DHBs with direct reports, rostering, or financial responsibility have been enrolled into the programme. The

programme contains approximately 30 hours of content and is expected to be completed by all participants within the next 12 months. 62% of participants have already begun the programme.

New Appointment – Head of Talent, Leadership & Capability

Jo Domigan has been appointed as Head of Talent, Leadership (TLC) and Capability. Furthermore, Jo assumes responsibility for our Business Partners who have recently joined the TLC team. This is a positive step in the on-going transformation of our service delivery model. Having our Business Partners connected into the critical work that TLC will be doing in the future will enable us to strengthen our vision for workforce development, especially as we consider a Transalpine view of services.

## 4. APPENDICES

| | |
|---|---|
| Appendix 1: | WCDHB People Dashboard – 31 January 2021 |
| Appendix 2: | WCDHB Employee Exit Survey Update – March 2021 |
| Appendix 3: | WCDHB Current Vacancies Report |
| Report prepared by: | Natasha Smith, Programme Manager, People Analytics, People and Capability |
| Report approved for release by: | Mary Johnston, Chief People Officer |

# Monthly WCDHB People Analytics Dashboard – 31 January 2021

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

**Our People Objectives** *Building a motivated workforce committed to doing their best for the patient and the system…*

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

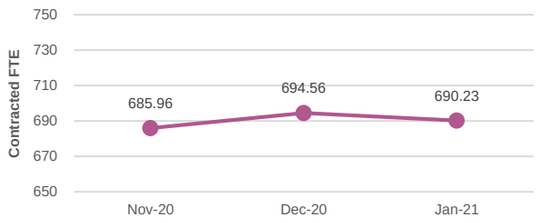
## What's changing in our workforce?

### Key Insights

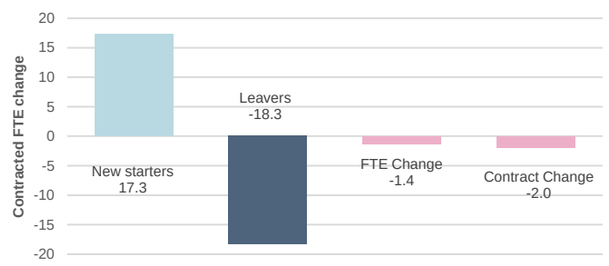
- This month has seen a decrease of 4.3 contracted FTE. This is made up of:
  - +17.3 FTE new joiners to the DHB
  - -18.3 FTE of leavers
  - -3.4 FTE of internal movements (including changes in hours and movements from casual to / from permanent etc.)
- 53% of our new joiners were nurses (9.20 FTE) while 32% were Allied Health (5.6 FTE)

## Contracted FTE

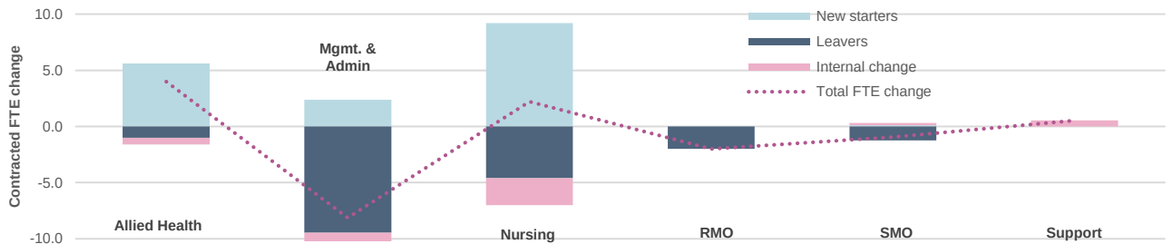
**Contracted FTE Trend –** *Last three months*



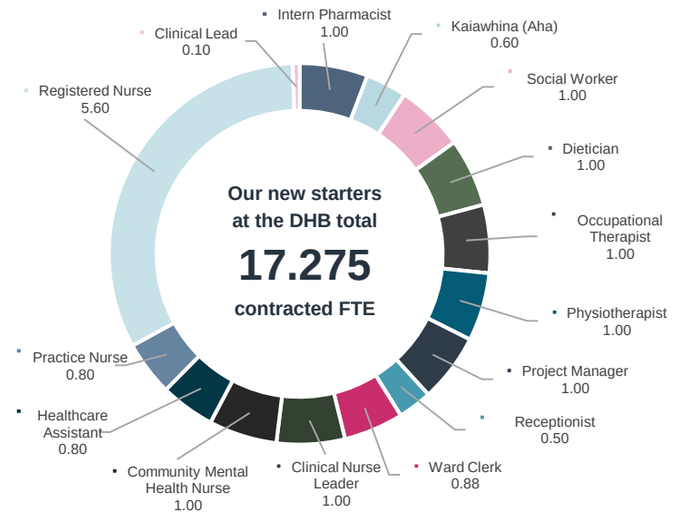

**Appointment Changes by Type:** *January 2021*




**Contracted FTE Changes by Role:** *Jan 2021*




**Occupation breakdown of new starters at the West Coast DHB by FTE:**
*January 2021*



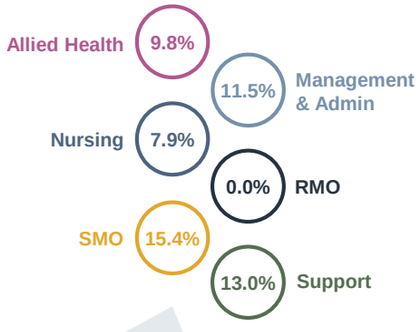

## What's changing in our workforce?

### Key Insights

- Our attrition rate was higher in January compared to December, but is still below the NZ Public Service Average. We are now analysing exit survey results to better understand why our people leave our DHB.
- We're recruiting 5 FTE of Rural Generalist Medical Officers for Te Nikau Hospital, alongside 3 GP positions, which are the main contributor to the high level of vacancies for our SMO workforce.
- More detail about our current vacancies is provided in Appendix 2 Vacancy Report.

## Recruitment

**Attrition Rate by Role over the last 12 months:**



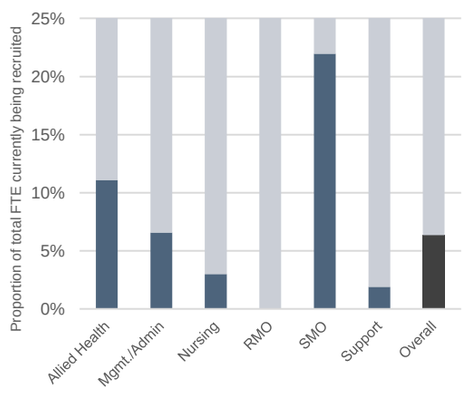

Attrition rate is an indicator of engagement. High rates can impact continuity of service provision and staff wellbeing for those carrying additional load

Our overall unplanned turnover rate is 9.4% (rising from 9.2% last month). This is lower than the average unplanned turnover for the NZ public service sector (11.8% in 2019).

**Proportion of Vacancies Being Recruited For By Role:**

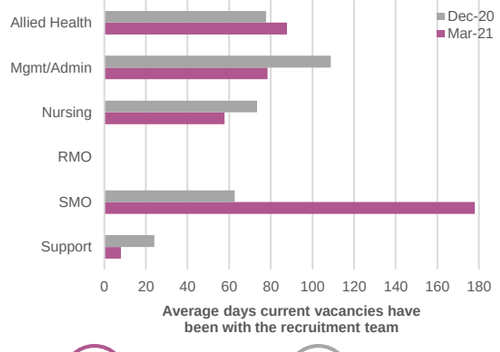
Vacancies are indicative of talent sourcing and development strategies. Higher vacancies can place operational pressures on our people.

46.87 **Vacancies [FTE] as at 10 Mar 2021**




**Average Days Positions Vacant by Role:**
*March 2021 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.

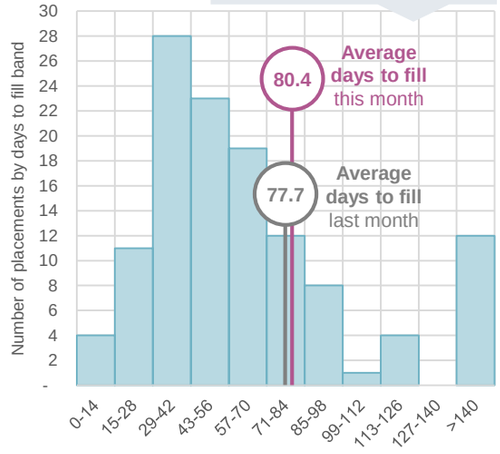



82.6 **Average days vacant [Mar 2021]**

76.9 **Average days vacant [Dec 2020]**

**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 January 2021

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

**Our People Objectives** *Building a motivated workforce committed to doing their best for the patient and the system…*

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

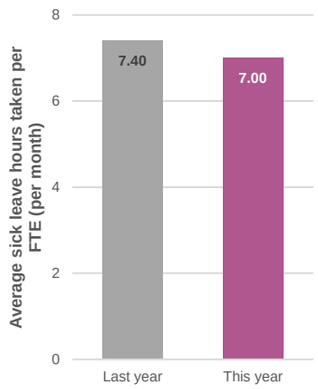
## What's the impact of our Wellbeing, Health and Safety efforts?

### Key Insights

- On average, our employees have taken 7.0 hours sick leave per month per FTE over the last 12 months; an improvement on the previous 12 month period (7.4 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 continue to encourage our people to take annual leave to reduce our liability.
- 22% of work injuries occurring in the past 12 months have resulted in the employee taking time off work. This is up from 18% the year before. The average days lost for injuries in the past year is 2.4 days.
- The number of musculoskeletal manual handling 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 the key contributing factors including moving equipment and patient handling.

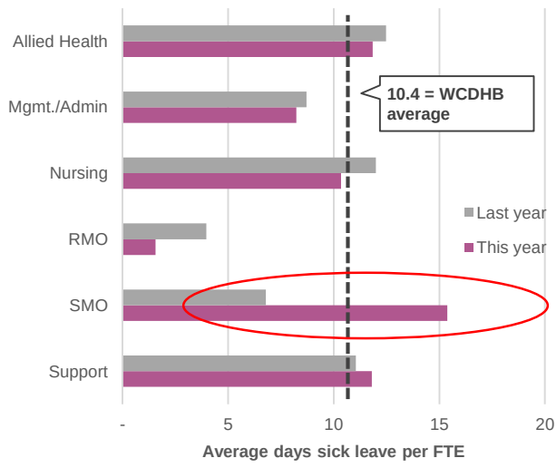
### Average sick leave hours taken per FTE per month

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.

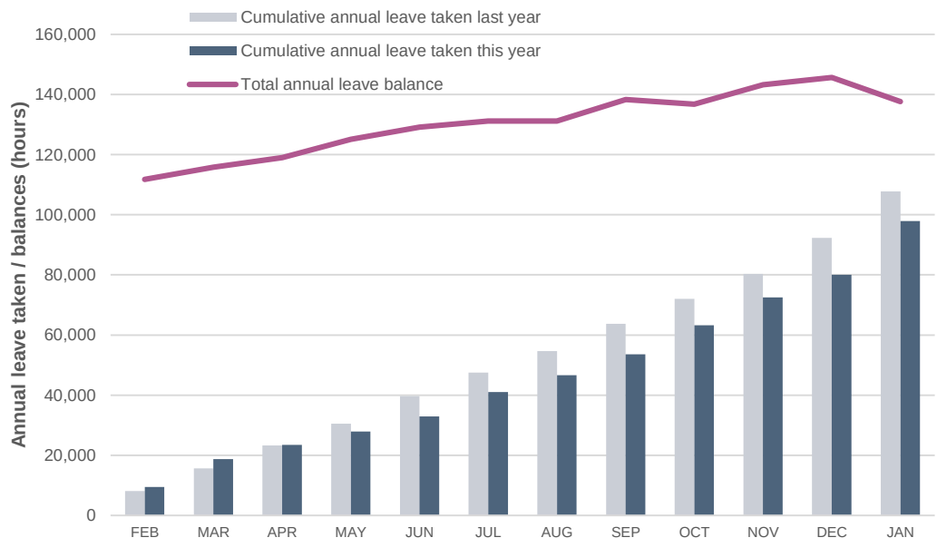



### Sick leave days taken per FTE over 12 months by role

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.

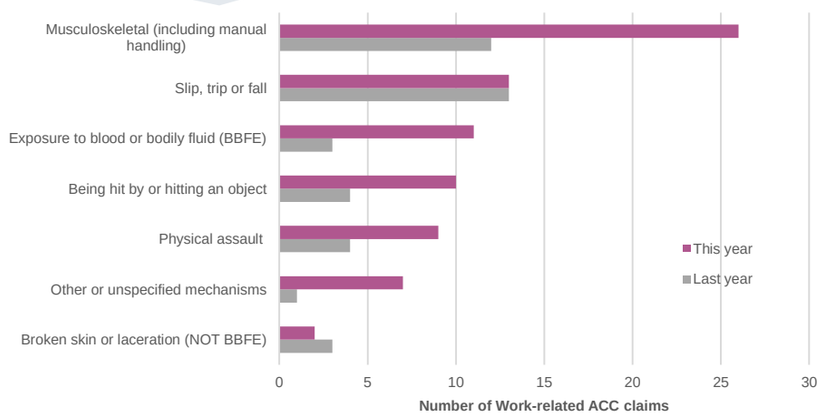



### Annual leave taken hours and balance for the last 2 years:




### 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 December 2020.*

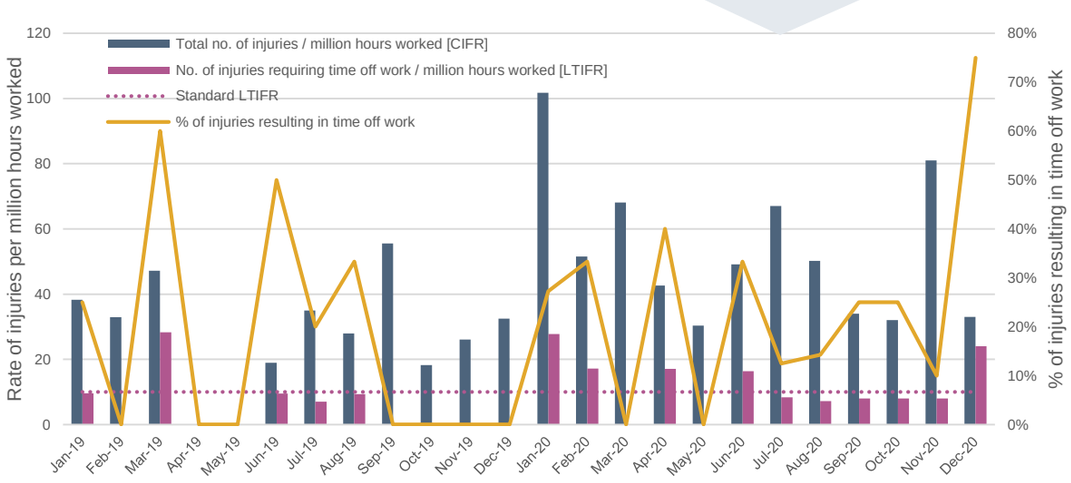



**78** Total number of Work Injuries (This Year)

**40** 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 December 2020.*




**Benchmark standard = the ACC Healthcare Levy Risk Group Average*

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

# Employee Exit Survey Process

## Board Update

March 2021

# The New Exit Survey

We have revised and improved our existing **employee exit survey process.** It went live on 18 February 2021 through our HR service portal, max.

The purpose of the revamp was to increase uptake of the survey, improve data quality and have visibility over any immediate concerns that are impacting our staff (e.g. Health and Safety concerns that may cause our staff to leave).

As a result, we have designed and implemented a new process for surveying our leavers about their time at West Coast DHB. Changes include:

- Improved survey questions to allow for better data quality, analysis and theming.
- Earlier and better communication to leavers to complete the survey, thereby encouraging better uptake of the survey.
- New triaging process to address any immediate health and safety concerns, and ensure follow-up conversations are had with all people who request it.
- New aggregated analysis and reporting, including quarterly reporting to the Operational Leadership Group (OLG), action planning and outcome reporting to the Board

Our new process for surveying leavers follows.

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

# Employee Exit Survey Process

**Process commenced**

Manager completes *Exit My Employee* service within **max.** once notification of resignation received

**Survey completed**

Exiting employee immediately receives an invite to complete an exit survey via **max.** Reminder invite sent one week prior to termination date.

**Survey triaged**

Completed surveys are sent to the People and Capability Service Hub, where they are reviewed and triaged within 1 business day

**Results analysed**

Survey results aggregated and analysed by People Analytics on a quarterly basis, including identifying opportunities and issues

**Interventions agreed**

Aggregate survey results reported to Operational Leadership Group (OLG) on a quarterly basis where improvement actions are agreed

**Outcomes reported**

Aggregate survey results and agreed improvement actions are reported to the Board on a quarterly basis, alongside retention information over time

**Triage options:**

**1 No follow-up**

- No issues flagged and no follow-up contact requested
- Survey goes straight to People Analytics for analysis

**2 Follow-up with HR Business Partnering**

- Exiting employee requests follow up OR role has been identified by People and Capability / Operational Leadership as critical
- Senior Advisor contacts employee for follow-up Senior Advisor reports detailed feedback to People Analytics

**3 Serious issue requires action**

- Appropriate team notified of issue
- Appropriate team responds to issue including notifying exiting employee of outcome

Quarterly reporting will be summarised by occupation group (nursing, medical, allied health, management etc.) and by operational service area (Northern, Central etc.), and will include:

- Previous and current attrition rates
- Key reasons for leaving
- Key issues raised
- Key areas for improvement

Operational and professional leaders will be provided summaries for their areas (providing enough responses to ensure individuals cannot be identified) on a quarterly basis, with immediate issues being shared as they are raised.

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

# Exit Survey Results

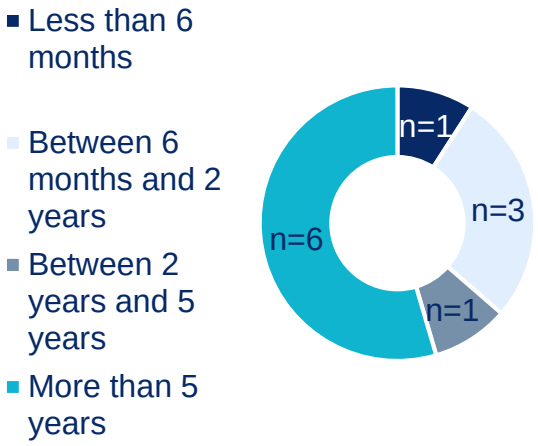
## West Coast DHB Attrition since December 2018

- Between **1 December 2018 and 10 March 2021**, 337 employees left the West Coast DHB, after on average 6.2 years of service.
- A total of **11* exit surveys have been completed** in the same timeframe, yielding a survey response rate of **3%**.

** Only 1 completion was recorded since the new survey went live on 18 February 2021.*

## Summary Findings**

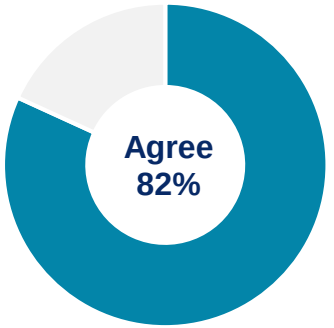
### LOS at WCDHB




### Reasons for Leaving


### Experience while Working for WCDHB

**Overall Experience Positive**




**Top 3 Aspects**


*** At this stage and while the achieved survey sample remains low, results are indicative only. No subgroup comparisons or detailed breakdowns can be provided to protect individual respondent anonymity.*

## Appendix 3: Current West Coast DHB Vacancies

Below is a summary of all West Coast DHB vacant positions with our recruitment team as at 10 March 2021

| Service | Job | Appointment Type | Days Vacant | Remaining FTE | Total Applicants | Status |
|---|---|---|---|---|---|---|
| **Allied Health Roles** | | | | | | |
| **Community Public Health** | Stop Smoking Practitioner | Permanent | 22 | **0.6** | 1 | Open - Advertising |
| **Integrated Health Services Central** | Child & Adolescent Mental Health Professional | Permanent | 41 | **2** | 5 | Open - Advertising |
| | Community Mental Health Professional | Permanent | 225 | **3** | 9 | Open - Advertising |
| | Dental Assistant | Permanent | 20 | **0.41** | 24 | Open - With Hiring Manager |
| | Occupational Therapy Clinical Leader | Permanent | 183 | **1** | 2 | Open - Advertising |
| | Physiotherapist | Permanent | 286 | **0.5** | 4 | Open - Advertising |
| **Integrated Health Services Northern** | Clinical Assessor | Permanent | 27 | **1** | 2 | Open - With Hiring Manager |
| | Dual Diagnosis Clinician / Alcohol & Other Drugs Professional | Permanent | 140 | **3** | 5 | Open - Advertising |
| | Occupational Therapist | Permanent | 169 | **2** | 7 | Open - Advertising |
| | Team Leader | Permanent | 21 | **0.5** | 2 | Open - Advertising |
| **Integrated Health Services Southern** | Associate Clinical Manager | Permanent | 15 | **1** | 5 | Open - Advertising |
| | Occupational Therapist | Permanent | 37 | **1** | 3 | Open - With Hiring Manager |
| **Rural Inpatient & Transalpine Services** | Anaesthetic Technician | Permanent | 56 | **1** | 3 | Open - Reference Checking |
| | Medical Laboratory Scientist | Permanent | 19 | **1** | 10 | Open - Advertising |
| | Trainee Sterile Service Theatre Technicians | Permanent | 56 | **1.8** | 33 | Open - Advertising |
| **Management and Administration Roles** | | | | | | |
| **Finance** | Finance Manager | Permanent | 356 | **1** | 46 | On Hold |
| **Information Services Group** | Business Systems Analyst | Permanent | 51 | **1** | 34 | Open - Offer Made |
| | Project Manager | Permanent | 51 | **1** | 14 | Open - Advertising |
| **Integrated Health Services Central** | Child & Adolescent Mental Health Manager | Permanent | 93 | **1** | 0 | On Hold |
| | Clinical Manager | Permanent | 35 | **1** | 0 | On Hold |
| | Personal Assistant | Permanent | 6 | **1** | 1 | Open - With Hiring Manager |
| **Integrated Health Services Northern** | Receptionist | Permanent | 51 | **0.75** | 12 | Open - Advertising |
| | Receptionist | Permanent | 69 | **1** | 14 | Open - With Hiring Manager |
| **Māori Health** | Personal Assistant | Permanent | 29 | **0.4** | 5 | Open - Interviewing |
| **West Coast Health Management** | Service Manager | Permanent | 44 | **1** | 10 | On Hold |
| **Medical Roles** | | | | | | |
| **Integrated Health Services Northern** | General Practitioner | Permanent | 210 | **3.76** | 9 | Open - Advertising |
| **Rural Inpatient & Transalpine Services** | General Surgeon | Permanent | 35 | **1** | 5 | Open - Advertising |
| **West Coast Health Management** | Rural Hospital Generalist Medical Office | Permanent | 289 | **5** | 13 | Open - Advertising |

| Service | Job | Appointment Type | Days Vacant | Remaining FTE | Total Applicants | Status |
|---|---|---|---|---|---|---|
| **Nursing Roles** | | | | | | |
| **Integrated Health Services Central** | Clinical Nurse Manager | Permanent | 42 | **1** | 3 | Open - Interviewing |
| | Clinical Nurse Specialist | Permanent | 27 | **1** | 4 | Open - With Hiring Manager |
| | Clinical Nurse Specialist | Permanent | 51 | **1** | 1 | Open - With Hiring Manager |
| | Health Care Assistant | Casual | 2 | **0** | 4 | Open - Advertising |
| | Registered Nurse | Casual | 16 | **0** | 2 | Open - Advertising |
| | Registered Nurse | Permanent | 44 | **0.75** | 1 | Open - Advertising |
| **Integrated Health Services Northern** | Rural Nurse Specialist | Permanent | 40 | **0.9** | 4 | Open - Interviewing |
| **Rural Inpatient & Transalpine Services** | Registered Midwife | Permanent | 266 | **1** | 17 | Open - Advertising |
| | Registered Nurse | Permanent | 5 | **0.5** | 0 | Open - Advertising |
| | Registered Nurse | Permanent | 85 | **1** | 28 | Open - Offer Made |
| **Support Roles** | | | | | | |
| **Support Services** | Orderly | Permanent | 8 | **1** | 1 | Open - With Hiring Manager |

# 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:** **26 March 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, 8, 9 & 10.

ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

| | GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED | GROUND(S) FOR THE PASSING OF THIS RESOLUTION | REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9) |
|---|---|---|---|
| 1. | Confirmation of minutes of the Public Excluded meeting of 12 February 2021 | For the reasons set out in the previous Board agenda. | |
| 2 | Holidays Act Remediation Approach | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | 9(2)(j) |
| 3. | Chair and Chief Executive Emerging Issues – Verbal Update | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Protect the privacy of natural persons. | 9(2)(j)<br>S9(2)(a) |
| 4. | Clinical Leaders Emerging Issues – Verbal Update | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Protect the privacy of natural persons. | 9(2)(j)<br>S9(2)(a) |
| 5. | People & Capability Emerging Issues – Verbal Update | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Protect the privacy of natural persons | 9(2)(j)<br>S9(2)(a) |

| | | | |
|---|---|---|---|
| 6 | Risk Management Report | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | 9(2)(j) |
| 7. | Annual Plan Update | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | 9(2)(j) |
| 8. | Rating Summary Quarter 2 | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | 9(2)(j) |
| 9. | Cyber Security Update | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). | 9(2)(j) |
| 10. | QFARC Report | To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).<br>Protect the privacy of natural persons | 9(2)(j)<br>S9(2)(a) |

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

## 3. SUMMARY

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

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

Clause 33 of the Act also further provides:
*"(1) Every resolution to exclude the public from any meeting of a Board must state:*
*(a) the general subject of each matter to be considered while the public is excluded; and*
*(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and*
*(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)*

*(2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board".*

Report Prepared by: Governance Support

# WEST COAST DHB – MEETING SCHEDULE
# FEBRUARY – DECEMBER 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 | 11.30am | Ngati Waewae Arahura Marae,1 Old Christchurch Rd, Arahura |
| 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.