West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 7 May 2021
at 1.00pm

Corporate Office Board Room
Greymouth

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

MEMBERS

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 Board Room – Corporate Office - Greymouth
on Friday 7 May 2021 commencing at 1.00pm

KARAKIA			***1.00pm***
ADMINISTRATION			
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *26 March 2021* • *23 April 2021 – Special Meeting*		
3.	**Carried Forward/Action List Items**		
REPORTS FOR NOTING			***1.10pm***
4.	**Chair's Update – Verbal Update**	Hon Rick Barker *Chair*	*1.10pm-1.20pm*
5.	**General Manager's Update**	Philip Wheble *General Manager – West Coast*	*1.20pm-1.35pm*
6.	**Finance Report**	David Green *Acting Executive Director, Finance & Corporate Services*	*1.35pm-1.45pm*
7.	**Clinical Leader's Update**	Clinical Leaders	*1.45pm-1.55pm*
8.	**People Report**	Mary Johnston *Chief People Officer*	*1.55pm-2.05pm*
9.	**Resolution to Exclude the Public**	*Governance Support*	*2.05pm*

INFORMATION ITEMS

- Telehealth Dashboard
- Rural Generalist Update
- Older Persons Health Update – including Aging Well on the West Coast
- Tatau pounamu Chairs Update
- 2021 Meeting Dates

ESTIMATED FINISH TIME **2.05pm**

NEXT MEETING: 25 June 2021

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker **Chair**	• **Deputy Chair - Hawke's Bay Regional Council** • **Director - Napier Port** • **Director - Hawke's Bay Regional Council Investment Company**	N N N	
Tony Kokshoorn **Deputy Chair**	• **Dixon House, Greymouth** - Trustee • **Greymouth Evening Star Newspaper**– Shareholder • **Hokitika Guardian Newspaper** – Shareholder • **Greymouth Car Centre** - Shareholder • **MS Parkinsons Society** - Patron	N Y Y N N	
Chris Auchinvole	• **Justice of the Peace** Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand • **Daughter-in-law employed by Otago DHB**	N N	
Susan Barnett	• **Employed by the West Coast DHB** • **Son employed by Deloitte** – used for risk management auditing	Y N	
Sarah Birchfield	• **Accessible West Coast Coalition Group** - Member • **Canterbury/West Coast Disability Action Plan Committee** – Member • **West Coast PHO Clinical Governance Committee** – Member	N N 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. • **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 N 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.		
Anita Halsall-Quinlan	• Nothing to report	N	
Edie Moke	• **New Zealand Blood Service** - Board Member (appointed). The NZBS was founded in 1998, and is the only Blood service in NZ collecting all of the blood donations used in our hospitals. These blood donations are used to produce whole blood, plasma and platelet units used by our DHBs.	Y	Actual
Peter Neame	• **White Wreath Action Against Suicide** – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders. • **Author and Publisher** of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.	N N	Perceived
Nigel Ogilvie	• **Westland Medical Centre** - Managing Director • **Thornton Bruce Investments Ltd** - Shareholder/Director • **Hokitika Seaview Ltd** - Shareholder • **Tasman View Ltd** - Shareholder, • **White Ribbon Ambassador for New Zealand** • **Sister** is employed by Waikato DHB • **Wife** is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • **Wife** is Board Member West Coast PHO • **Southern ALT Workstream -** Chair	Y N N N N N Y Y N	Actual Actual Perceived
Francois Tumahai	• **Te Runanga o Ngati Waewae** – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. **Poutini Environmental** - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.	N N	

	• **Arahura Holdings Limited** – Chief Executive	N	Actual
	• **West Coast Regional Council Resource Management Committee** – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991.	N	
	• **Poutini Waiora Board** - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini.	Y	
	• **Development West Coast** – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of $92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future.	N	
	• **West Coast Development Holdings Limited** – Director	N	
	• **Putake West Coast** – Director 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 Waewae Pounamu is the home of Ngāti Waewae Pounamu carving	N	
	• **Westland Wilderness Trust** – Chair	N	
	• **West Coast Conservation Board** – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for 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 Ngati Waewae Arahura Marae,1 Old Christchurch Rd, Arahura
on Friday 26 March 2021 commencing at 11.00am

BOARD MEMBERS

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

EXECUTIVE SUPPORT

Dr Peter Bramely (Chief Executive); Philip Wheble (General Manager, West Coast); Norma Campbell (Director of Midwifery), Gary Coghlan (General Manager Maori Health); David Green (Acting Executive Director, Finance & Corporate Services) via zoom, Jane George (Director of Allied Health, Scientific & Technical West Coast District); Brittany Jenkins (Director of Nursing); Mary Johnston (Chief People Officer) via zoom, Melissa MacFarlane (Team Leader Planning & Performance) via zoom, Ralph La Salle (Acting Executive Director, Planning & Funding & Decision Support); Jacqui Lunday Johnstone (Executive Director, Allied Health), Karalyn van Deursen (Executive Director, Communications)

The Chair asked Gary Coghlan to say the karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
Amendment – Edie Moke – New Zealand Blood Service - change the Pecuniary to Y and the Conflict Type to Actual

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 (4/21)
(Moved: Tony Kokshoorn /Chris Auchinvole - carried)
"That the minutes of the Meeting of the West Coast District Health Board held at Board Room Corporate Office, Greymouth on Friday 12 February 2021 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward/action list was noted.

There was discussion around the increasing number of items sitting on the list along with the number of presentations that need to schedule. Peter Bramley, CE, along with the Chair will tidy the list up.

One item not listed which came out of the Allied Health presentation from the previous meeting, this was on how to keep the aging population well for longer. A committee consisting of the Chair, Jacqui Lundy-Johnstone, Philip Wheble, Gary Coghlan and Helen Gillespie was to be formed to work on how to get the message out to the community. Ms Lundy-Johnstone is to come back with a plan on how to move forward then the committee will meet.

4. CHAIR'S UPDATE

Deferred to later in the meeting

5. GENERAL MANAGER'S UPDATE

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

A discussion was had around the Ministry of Health regional workshops being held for DHB's and Iwi Partnership Boards, this will be in April-May and held in Dunedin. A conversation needs to be had regarding who has capcity to attend and how many can attend due to costs.

The lack of transport options for those living outside of Greymouth needing to attend appointments was discussed. The current transport between Westport and Greymouth is due to finish leaving no other options or a pathway forward. An update will be provided on this issue at the next meeting, it was also mentioned a letter be sent to the Regional Council as it is a public transport issue.

Parking at Te Nikau were mentioned again, and whether there was a plan showing desigated areas for both public and staff parking. Mr Wheble indicated that with the current demolition we are in a transition period where parking availability is concerned, once the site is cleared there will be more parking and he will request a proposed plan from the facilities team to bring to the Board, it was asked if consideration could be given to public bike park and possible e-bike charging facilities. He will also start discussions with the team regarding the lack of cover over the access ramp to Te Nikau.

The General Manager's Update was noted.

6. FINANCE REPORT

David Green, Executive Director Finance and Corporate Services, presented the report which was taken as read. Mr Green touch on points in the report along with those risks identified.

Draw downs of equity against the Crown Funding for the new Buller facility continue and the next claim will be requested in mid April for the final quarter of the year.

The 12 month rolling cash forecast is being finalised to support the request for an equity injection. Mr Green indicated he will be working with the MoH on this and will bring back the formal request to the next board meeting for approval. There may need to be a Special Board meeting via zoom scheduled if approval is needed prior to the 7 May meeting.

Clarification was requested on the Personnel Costs graph as it was showing actual FTE higher than budgeted FTE. Mr Green indicated he would bring back more details in the next report along with scale change to the graphs to make the information contained clearer. The figures will track along the same level for the reminder of the financial year, it is a challenge to keep personnel costs on track, sometimes without a direct correlation between actual costs and the acurred FTE. Mr Wheble will work with Mr Green to bring back to the Board clarity on Accurred, Contracted and Paid FTE giving the board visibility on known controllables, unknown controllables and non-controllables.

The Chair requested by the end of the month he be provided with a complete list of the WCDHB properties and a break down of contracts, both expenditure and revenue, for rental properties and tenants in WCDHB owned properites.

The Finance report was noted

7. CLINICAL LEADER'S UPDATE

Graham Roper, Chief Medical Officer, presented the report which was taken as read.

The National Bowel Screening Programme team had their MoH review during the week and were given a favourable report on progress, with a few minor actions to be completed before the go live date.

An incident management team has been set up for the international shortage of equipment needed for IVP pumps. The MoH is coordinating a response around the shortage and sourcing alternative suppliers.

Clarification on Maternity Quality Safety Programme was requested. Norma Campbell, Director of Midwifey, explained that it is a MoH initiative which has been in place for 10 years and was changed last year to align with the Prime Ministers workstream of the childs first 1000 Days. On-going community engagement is across a wide number of community groups, Ms Campbell indicated there will be an update/feedback provided to the next Board meeting.

It was requested that the board receive a update on the Rural Generalist programme showing how all professional roles fit together across the regions to provide our health service, also showing transalpine support and how it links in.

Mr Roper, indicated that Older Persons health is an area needing input and is currently part of transalpine discussions. It is being addressed by a number of transalpine services with some on-site nurse specialists and nurse practitioners that have an interest in cronic conditions and older persons health. Mr Roper advised that with the transalpine connection there is a community-based geriatrician who is supported by specialist nurses who do assessments in homes, this is separate to those admitted to Kauhangi for assessment. There has been a move away from single person roles as this has been seen to create access issues for some and created a fragile service if that person left, now there is a range of people to do the assessments, all interconnecting to ensure all facits of older persons care and wellbeing are covered.

Further information will be provided on Older Person's Health along with a paper detailing the aging population, the DHB's capacity to accommodate this and what resources would be required for either the 8 May or 25 June meeting.

The Clinicial Leaders Update was noted

4. CHAIR'S UPDATE

The Chair highlighted his trip down to the opening of the new St John facility where the DHB clinic is located, also that the Fire & Emergency team will also be co-located in the facility. The new Buller Health facility is moving along with the demolition now completed. He expressed concern about the condition of the DHB owned property located in Derby Street, he requested a list of all DHB owned properties and what rental agreements the DHB holds. The Chair spoke briefly about the pending changes to the NZ Health System, and that there is currently no clear indication of what that will look like.

Healthcare on the West Coast is enhanced because of and through the relationship we have with CDHB, as a DHB we would not be able to achieve what we have if not for the help received. The Chair introduced the Chair of CDHB Sir John Hansen. Sir John thanked everyone for both the invitation to attend the meeting and the welcome given to Dr Peter Bramley as the new Chief Executive for both CDHB and WCDHB. Sir John indicated he would like to see both DHBs continuing to work co-operatively. In finishing Sir John extended an invitation to the WCDHB members to attend a CDHB Board meeting.

It was brought to the Boards attention that the DHB owned properties had received valuations when the previous Board intended to look at them. The valuation report was provided in 2016. The Chair indicated he wanted to ensure all DHB properties were in good repair and in a usable condition now and going into the future.

The Chair's Update was noted

8. PEOPLE REPORT

Dr Bramley introduced Mary Johnston the new Chief People Officer. Ms Johnston presented the paper which was taken as read. The report showed the new appointment to the head of Talent, Leadership and Capability, Ms Johnston explained that recruitment has been shifted to go under this role and there will be more targeted recruitment statergies implemented, the team will be working directly with the business partners.

The current living wage changes were discussed and it was asked what the DHB was doing regarding implementation of this. The Chair requested a proposal be brought to the next Board meeting to move everyone to the minimum living wage.

The number of work related musculoskeleto injuries reported was queried. Brittany Jenkins, Director of Nursing, clarified this area informing everyone most of the reported incidents were directly related to moving into Te Nikau. There are tools available to staff which show safe handling practices, this is not just clinical staff. The Health & Safety team are currently working on a business case which will identify what resources are needed to move forward with a plan to reduce the incidence of injury. The Chair requested that this be a key part of the report to the next Board meeting.

The low number of completed exit surveys was commented on and when would be the best time for the Board to receive an update showing the system improving. Ms Johnston explained that the exit survey is only one why the information is capture. Ms Johnston informed everyone she is currently drafting a Staff Engagement Survey with a draft going to EMT next week and will be brought to the 25 June Board meeting. Results will be reported in the annual plan and will be followed up bi-annually. Ms Johnston indicated this is a better way than the voluntary exit survey currently in place.

The People Report was noted

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (5/21)
(Moved: Helen Gillespie/Sarah Birchfield – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7, 8, 9 & 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). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
4.	Clinical Leaders Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
5.	People & Capability Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)
6	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). Protect the privacy of natural persons	9(2)(j) S9(2)(a)

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

There being no further business the public open section of the meeting closed at 1:24pm. The Public Excluded section of the meeting commenced at 2:00pm and concluded at 3.45pm.

_____ _____

Hon Rick Barker, Chair Date

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD SPECIAL MEETING
held at via zoom
on Friday 23 April 2021 commencing at 11.00am

BOARD MEMBERS

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

APOLOGIES

Susan Barnett and Francois Tumahai

EXECUTIVE SUPPORT

Peter Bramley (Chief Executive), Rob Ojala (Executive Director Facilities) and Philip Wheble (General Manager, West Coast);

1. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (6/21)
(Moved: Tony Kokshoorn /Nigel Ogilvie – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1.

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:

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";

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Buller Health Centre Construction Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)

There being no further business the public open section of the meeting closed at 11:04am. The Public Excluded section of the meeting commenced at11:40am and concluded at 11.20am.

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 7 MAY 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	25 June
4.	7 August 2020	Suicide Prevention Update	Move to Advisory Committee 9 September	
5.	24 September 2020	AF8 Group provide a presentation to Board	To be added for future presentation	To be scheduled
6.	24 September 2020	2019/2020 Year in Review	Will be covered in workshop 7 May	7 May workshop
7.	10 December 2020	Health & Safety Obligations	To be added for future presentation	6 August
8.	10 December	Medical Oncology wait times for WCDHB patients	Ralph La Salle	Follow-up
9.	10 December	Annual Cost of Locums	In the GM Update 7 May	In today's papers
10.	12 February	Invitation to Minister of Health to attend future Board meeting and view Te Nikau	Governance Support	Actioned
11.	26 March	Paper – update on Aging Well on the WC and aging population		INFO 3 in today's papers

CARRIED FORWARD/ACTION ITEMS

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

	DATE RAISED/	ACTION	COMMENTARY	STATUS
12	26 March	Paper - Facilities Report	Including proposed car parking, bike parking/e-charging and covering of entrance ramp	May 7
13	26 March	Paper – Rural Generalism Update on how it all fits together across the organisation		May 7
14	26 March	Paper Update – Growing Up Well on the WC/First 1000 Days	Norma and Jane	May 7

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

A: Reinvigorate the West Coast Health Alliance

The Alliance Leadership Team did not meet in March, the next meeting is scheduled for 29 April 2021. At this meeting we will welcome our new West Coast Planning & Funding Portfolio Manager, Davina Ruru, who will support the Alliance as part of her portfolio.

The ALT will also review the progress of the locality workstreams against their local work plans and consider the Oral Health Service Development Group's workplan for 2021/22. The Oral Health Service Development Group is a transalpine collaboration with Canterbury which focusses on improving the delivery of oral health services (both community and hospital-based oral health services) with the aim of achieving equity of outcomes for our priority population.

B: Build Primary and Community Capacity and Capability

Integrated Locality Services

- **Integrated Health Services – Northern**
  - We have seen some recent success in filling two clinical leadership roles. The position of Clinical Director for Northern has been filled and the person will be

commencing 10 May. In addition to this, interviews for the Allied Health Team Manager Northern have been undertaken with an appointment to the role expected next week.
    - The Westport COVID Vaccination clinic has commenced with the first clinic held on 23 April. This process has been well supported by the Greymouth team and this is much appreciated.
    - Flu Vaccination Clinics for >65 years are underway.
    - Preparation for the installation of the new electronic patient information platform is underway with the Indici Working Group and wider Buller team working towards a "Go Live' date of 31 May.
    - 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. A hui with our local Māori leaders is scheduled for 7 May in Westport.
- **Integrated Health Services – Central**
    - The Te Nikau Primary Care team are strengthening a Quality Improvement approach to practice management, undertaking quality improvement initiatives. As part of this the team are working with PHO and Central Consumer Council to undertake a longitudinal patient feedback review to see what the key opportunities are for improvement.
    - In the past month we have seen 10+ planned or routine appointments available almost daily.
    - In our mental health teams, the Pukenga Tiaki are now working directly with our crisis team. There is also significant work underway around improving our medical support for Mental Health. This includes exploring the potential role of Rural Generalism in the Mental Health Service with our Clinical Director Mental Health and Clinical Director overseeing Rural Generalism leading this.
- **Integrated Health Services – Southern**
    - Progress on initiatives in the Southern locality has been restricted in the last few weeks with both the Locality Manager and Clinical Nurse Manager being temporarily seconded to the COVID-19 Vaccination Programme pending the appointment of permanent staffing to that project.
    - Recruitment to several key vacancies is ongoing nevertheless. In particular, we are in the process of appointing a new Associate Clinical Manager to lead the Southern Community Mental Health team. This is an important appointment and is a key role in fostering the directions established in our Team Planning day held late in 2020.
    - The COVID-19 Vaccination Programme will provide an opportunity to partner with rural communities throughout the Southern Locality – and indeed across the entire WCDHB – and it is envisaged this activity will strengthen those relationships into the future.

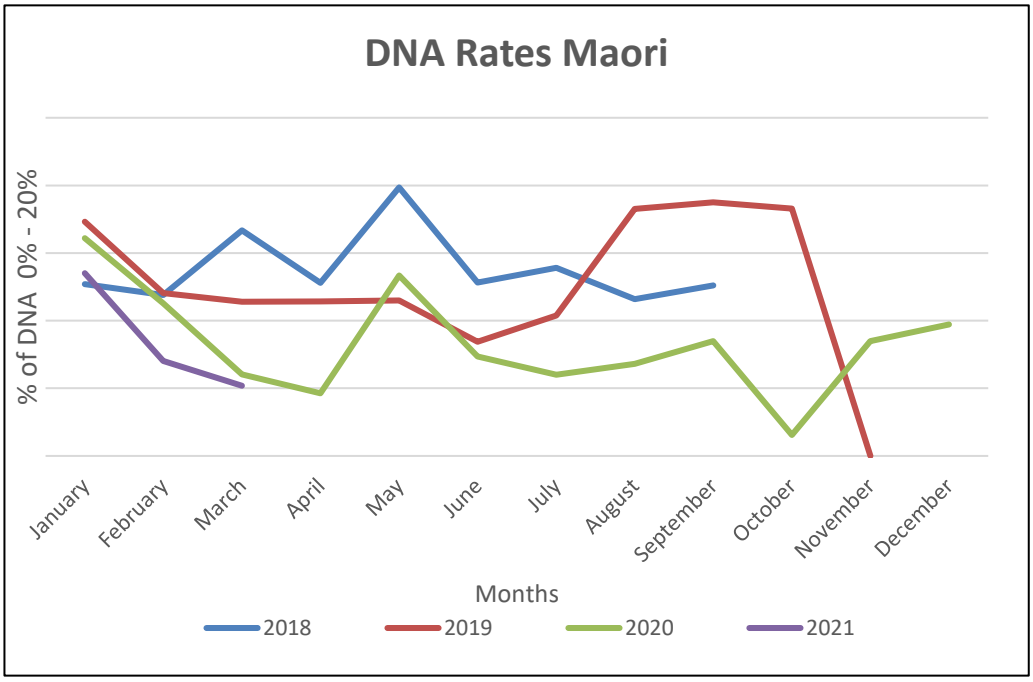
C: Hauora Māori Update

Improving DNA (Did not attend) rates for vulnerable populations

- A HEAT (Health Equity Assessment Tool) session held in May 2020 with the Central Booking Unit team identified a number of unintended consequences of current CBU booking practices. Hauora Māori began working with the team to monitor the number of

Māori patients who did not attend their outpatient appointments and to implement positive operational changes targeting communication and patient follow up.

- The group met regularly to check data and develop strategies to contact Māori patients. Reports received from ISG allowed continual live monitoring of bookings and the CBU team used this information to target potential DNA patients.



- The percentages of Māori DNA's (reported to the Ministry of Health) has historically been over 10%, with some months as high as 19%. For the first time since data has been collected and monitored (2014) the percentage of Māori DNA's for 8 of the 9 months of the project June 2020 – February 2021 was below 10%. The exception being January 2021. Note: Based on previous data January was identified as being potentially problematic.
- Going forward, the CBU team will be implementing a change in booking practices and make BAU the contact tracing process identified as being successful. Appointment communication has also been updated and CBU are taking full ownership of their service.
- The next stage of the project will investigate if there is any correlation between the numbers who DNA by WC Deprivation Index and compare those numbers with the Specialty Clinics.

Regional Workshops Iwi and DHB Partnership Boards

- Hauora Māori General Manager, Gary Coghlan, Tatau Pounamu Board Member Richelle Schaper and WCDHB Hauora Māori Portfolio Manager Marion Smith attended a 2-day regional workshop – Te Whanganui-a-tara in Wellington on 15/16 April. The 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.
- This workshop related directly to an action in Priority Area 2 Ngā Kaiārahi Māori/Māori leadership in Whakamaua.
- One highlight of the workshop was a presentation from John Whaanga – Deputy Director-General Māori Health Directorate on Te Tiriti and Māori Health Equity. The opportunity to network with our peer group from other DHB's and Māori Health Providers cannot be understated.
- The next Hui is being held in Dunedin on 29/30 April.

Annual Plan 2021/2022

- Hauora Māori received the green light from the Ministry of Health for next year's Annual Plan Actions and Milestones.

Training Programmes

- An annual training programme which includes workshops on Tikanga Best Practice and Tiriti o Waitangi has been developed and timetabled with input from Operational Managers.
- Hauroa Māori have run three Tikanga Best Practice workshops in 2021. A workshop in Greymouth held in March was attended by 10 new graduate nurses, another in Greymouth was run for Allied Health Kaiawhina with 13 kaimahi attending and a workshop held in Westport was attended by 13 staff.
- Further training options were discussed for Buller and Reefton and an equity workshop is currently in the planning stages for May.
- The following training workshops have been timetabled:
    - Four Tikanga Best Practice – Kawatiri and Mawhera
    - Three Te Tiriti o Waitangi – Kawatiri and Mawhera
    - Takarangi Cultural Competency – Arahura Marae
    - Kia ora Hauora Rangatahi Placement – Mawhera
    - HEAT Training – Westland, Kawatiri and Mawhera

Māori Staff Hui

- The first Māori staff hui for 2021 was held on 23 March and facilitated by Holly Weir the Project Manager: Māori Workforce Development for the South Island Alliance and supported by Gary Coghlan – Hauora Māori General Manager.
- Based on feedback from the November 2020 hui, the programme was designed to inform, educate and stimulate conversation. The hui was attended by 15 DHB Kaimahi.
- There are 3 hui planned for the later part of 2021

50th Birthday Initiative – Māori

- A scoping exercise is being undertaken to develop a concept of Māori receiving a free health check in their 50th year. Initial conversations with clinicians will define more clearly the clinical parameters and opportunities for targeted testing and begin the development of an assessment tool. It is imperative strong Māori consumer input is incorporated from the outset and multiple options for engagement by whānau are considered.
- Population data shows that there are 210 people between the ages of 45-49 and we can assume based on these numbers that the numbers eligible for the check will be 40-50. If we follow the bowel screening approach where participants are staggered over two years, the number is very manageable at 20-30 per year.
- Putea has been approved and the WCDHB Board and Chair and WCDHB Management support the project. This project will require considerable thinking to ensure it is designed and underpinned by Tikanga and Mātauranga Māori.

Pae ora o Tē Tai Poutini

- Fiona Pimm has been contracted to implement the next phase of the Pae ora o Tē Tai Poutini initiative. This will include working alongside Poutini Waiora, DHB, PHO and ngā whānau katoa to develop a service model that meets the needs of whānau for who the current model does not work for. The next phase of this initiative has been supported through the Ministry of Health, Te Ruinga category of Te Ao Auahatanga Hauora Māori: Māori Health Innovation Fund. Fiona has extensive experience working in governance roles in the health sector, government agencies, community NGOs, local iwi and runanga. She has

extensive health sector networks across Aotearoa, especially in the Primary Care sector and Māori Health sector.

COVID-19 and Flu Vaccination Funding

- WCDHB and Poutini Waiora have been successful with an MOH funding application for Māori Influenza and Covid-19 Vax rollouts. A project establishment group has been formed with the purpose to plan the outreach influenza immunisation rollout to Kaumatua from May 2021 in line with the general West Coast PHO/DHB immunisation programme. The group will also be involved with the COVID-19 vaccination rollout to Māori in line with the general West Coast Programme.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The team is still working with sub-contractors to establish maintenance schedules for Te Nikau.
- Te Nikau diesel boiler maintenance is happening now to allow it to come online and assist the coal boiler as the temperatures lower.
- Work continues on the WCDHB property at Power Road following a water leak from a cylinder.
- Maintenance staff have refurbished the vaccination area for COVID-19 vaccinations.

B: New Facilities Redevelopment Update

<u>Te Nikau</u>

Work in Progress

- On completion of the Stage 3 Asbestos Containing Material (ACM) removal works and issue of the ACM clearance certificate from the independent assessor, final demolition works will commence. Ongoing air quality testing for asbestos onsite reinforces the campus remains safe for all staff and visitors.
- Asphalting of the carpark and permanent lighting work will begin when demolition is complete.
- Due to ongoing works and demolition, communications are sent to remind staff to follow all traffic management advice and allow enough time for potential changes.
- The loading bay canopy is in place and final works are being carried out. Additional works to complete a covered walkway between Te Nikau and the transitional cottages are ongoing.
- The ambulance bay screen is progressing for an end of April completion and the medical gas enclosure will be finished once doors are installed. Chubb will be back on-site next week to finish the door hold-open work. Remedial work on the louvres is complete.
- Trenching works between Mental Health services and the old ED department are complete and access has been reinstated.

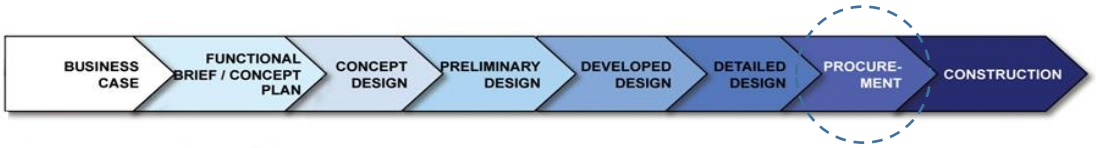
Cowper Hub

- A certificate of completion has been issued by the engineer of the contract. This means the building is out of its defect liability period and has been handed to the DHB facilities maintenance team.
- Several operational and building enhancements are being explored to address shared workspace operational issues.

RAGP

- On 8 March the RAGP building was successfully relocated to its Cowper Street site. Building works are close to completion. 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-May. Some internal fit out is necessary prior to the District Nurses moving in to meet their functional work requirements. Scope and costing have been ascertained and funding is being worked through.

Buller



- A milestone has been achieved with the completion of stage 1 demolition and asbestos removal works. The site will remain secure until a main contractor starts on site in May.
- A preferred contractor has been selected by the evaluation team and contract negotiations are underway. This is expected to be complete in the next couple of weeks.
- The Facilities team plan to re-engage with clinical and support staff in the next few weeks to step through operational requirements and systems for the new health centre. Planning has commenced for Information Communication Technologies (ICT) systems as well as furniture, fixtures and equipment (FF&E) for the new building.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- Discussions continue with the teams in Karamea and Ngakawau looking at community needs and service requirements. The GM, clinical leadership and Northern Manager will be meeting with the community in Karamea as a first step in the month of May.
- Care Capacity Demand Management (CCDM) is moving forward at a great pace. Recently, a timeline for the rollout of FTE calculations has been endorsed by Council and whilst we are slightly behind, we feel confident we will meet those timelines. The Inpatient Mental Health unit has begun their FTE calculations with data supplied for analysing. The core data set is progressing as expected. There are 23 measures with equal priority placed on quality patient care, quality work environment and best use of health resources.
- We welcomed a new Community CNM/NC (Holly Mason) to the team as Cheryl Hutchison steps into retirement. We would like to acknowledge her contribution to the WCDHB over the years. Cheryl's career spans a number of roles within the WCDHB; she is an exceptional clinician and will be missed by the teams she leads. Cheryl and Holly will have time for handover and orientation.

Rural Inpatients and Transalpine Service

- **SMO Recruiting:** An additional full time O&G Specialist was appointed mid-March, this completes our employment of Consultants to that team, reducing the reliance on locums and improving continuity of care for West Coast women. We have shortlisted applicants for the

General Surgeon vacancy we have had since January and shall be interviewing in April. Both applicants are from overseas and so it will take some time before the successful candidate can commence work. We continue to have a 0.7 FTE vacancy in Anaesthetics and this has been advertised.

- **Improving staff capability:** The nurses on General Ward have been completing a lot of training and progressing their professional development portfolios during this last month as well as orientating newly recruited staff. The Central Booking team held a team day in March which identified that it would be beneficial to review position descriptions to more accurately describe the complexity of the work they perform and the value this adds to the patient experience.
- **Equity:** The results from Central Booking Units Priority Populations Attendance project have been reviewed in conjunction with the Hauora Māori team and the teams are developing a plan to expand reach of the project. This project improved the attendance of Māori and Pasifika to equal that of the general population. The Pharmacy, Central Booking and National Screening Project teams have drafted an initiative to improve the way bowel prep is provided to people receiving a colonoscopy by enhanced use of standing orders, courier delivery and locality based pick up. This proposal values patient time and, annually, would result in 4-500 fewer patient journeys.
- **2020/21 Budgets:** In preparation for the 2021/22 budget setting all Team Leaders have had meetings with finance and the rosters and core assumptions for budgeting have been agreed. These changes better align the 2021/22 budgets to the structure of the workplace post the occupation of Te Nikau Hospital.
- **Becoming Paperlight:** The Medical Records team continue to champion the reliance upon paper based medical records in Te Nikau Hospital. To date they have moved ECG and Spirometry test results to being solely electronically stored. Exercise Tolerance Tests are the next item being looked at. Reducing our reliance on paper based records improves access to the patients' information and ensures that the most up to date records are available system wide – this improves clinical decision making and the care that is provided. The project to improve document security by electronic filing of procedure consent forms has stalled at implementation due to not being adequately consulted upon. In May the teams involved will revisit this project and work out how to bring all staff onboard with it.
- **Streamlining Systems:** The Supply Team and Orthotics are investigating ways to optimise the stock levels and minimise fluctuations in ordering. In March they instituted supply scanning for supplies held in Te Nikau and in May will apply a similar system to the main supplies held in the Orthotic Department. This should free up time for clinical staff and improve patient care by having the right stock on hand at all times.

Maternity

- Births for Te Nikau Maternity in March were 17. A quiet month for Gloriavale and Kawatiri with no births recorded.
- 5 May is International Midwives Day. Our team always celebrate with LMC and Core coming together and sharing the celebrations with women who are in the Maternity Units on the day or women who birth on the day.
- We continue to receive enquires from Midwives outside the Coast.
- The Clinical Midwife Manager joined Ara educators and NZ College of Midwives (NZCOM) Chairperson at a public information evening in April to encourage applications for the West Coast cohort in 2022. Ara is experienced at ensuring that students can have most of their

education on the West Coast but it has been a couple of years since we have had enough applicants to really form a West Coast cohort. The evening was well attended.

- Staff have commenced their COVID-19 vaccine.
- Education Update: We ran our first full day Newborn Life Support, which is New Zealand Resuscitation Council (NZRC) approved with our two Newborn Life Support instructors. Three of our PROMPT instructors attended a 2 day workshop in Christchurch in late March, and found this to be very informative and felt it was beneficial to meet the other PROMPT instructors. Our first PROMPT course was held on 20 April and was attended by 12 multi professional attendees. We are going to continue PROMPT and will hold one in Buller in May. We continue to hold our Newborn Life Support course.

Allied Health

- Successful collaboration with CDHB to provide Complex Wheelchair and Seating clinics to the West Coast has cleared the waiting list for this service. Clinics are quarterly and meet the needs of the community.
- We have recruited to an additional Community Occupational Therapist (OT) starting in May. They will be supporting both the Central and Southern localities. The use of a casual OT has reduced the waiting list significantly in Southern.
- Planning for bi-monthly visits from CDHB Child Development Services (CDS) specialists (OT and Physio) who support our clinicians, is well underway. We expect to see a reduction in waiting times and improved access to AH services for tamariki and their whānau.
- Following the resignation of two Physiotherapists in the Central and Southern locality, outpatient clinic activity has reduced. The recruitment process is progressing well and we are anticipate to appoint to these roles in a month.

Mental Health & Addictions

- The Clinical Manager Mental Health Services Central Region has resigned and worked his last day with WCDHB on 9 April. The Nurse Director Operations is supporting the service at this time pending advertising for and recruitment to the vacancy.
- Inspectors from the Office of the Ombudsmen have a planned visit to Manaakitanga Inpatient Unit scheduled between 20 and 23 April 2021 in accordance with their responsibilities under the Crimes of Torture Act. This will focus on the use of restrictive practice such as detention under the Mental Health (CAT) Act, seclusion and restraint. Much of the work to minimise restrictive practice within Manaakitanga has already been done through the HQSC Connecting Care to Zero Seclusion project.
- The Government has expanded the Mana Ake programme to include the West Coast DHB. The programme, which will be co-designed between WCDHB and our local communities, aims to provide mental health and wellbeing support for children in primary school years 1-8.
- Efforts are underway to support and grow the Allied Health workforce within the Mental Health and Addictions Service across the Coast. This includes a new Psychologist and second Occupational Therapist roles. Recruitment has commenced.

	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.

The community health shuttle service from Westport to Greymouth was set up in late 2012 as a community-driven initiative of willing volunteers from the Buller branch of the Red Cross and the Buller-based Rural Education Activity Programme (REAP). West Coast DHB has an agreement with the service to provide a small financial contribution toward the running costs of the vehicle, all other costs are covered by the Red Cross and REAP.

The Red Cross have signalled they will be transitioning away from providing community transport throughout the country and the agreement the DHB has with the service is due to end in August 2021. The Buller branch of the Red Cross have indicated they will continue to provide the Buller service while they look to identify potential alternatives to support the ongoing provision of this service. In October 2020, Buller Taxis initiated a trial of a medical shuttle service from Westport to Nelson and from Westport to Greymouth. We will be working with the services to understand alternative options.

National Travel Assistance (NTA) expenditure remains 7% below current year-to-date budget for the nine months to the end of March. 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 focussed on enabling the South Island Telehealth Strategy. Part of their work is to enable consistent reporting of telehealth utilisation for all the South Island DHBs. The Q3 2020/21 West Coast Telehealth Dashboard is a separate agenda item for today's Board meeting.

	INTEGRATING THE WEST COAST HEALTH SYSTEM

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

West Coast Falls Prevention: A West Coast Falls Action Plan has been drafted by the Falls Coalition Group to help prevent falls and fractures in our older population. The Action Plan has seven outcome areas (below) with associated actions being finalised by the Group in each area. Implementation will be supported by the Falls Coalition over the coming year.

1. Advice to reduce environmental risks at home and in the community
2. Access to and promotion of self-care tools
3. Identification and referral of those at risk of falls and fractures
4. Provision of community strength and balance classes
5. Provision of in-home strength and balance programmes
6. Appropriate use of medication to maximise bone health and minimise falls risk
7. Prompt surgical response and rehabilitation pathway including early supported discharge.

Dementia: The development of the Navigation Map of local services for consumers by the West Coast Dementia Stakeholders Group has prompted the drafting of a second Navigation Map for clinicians. Both Maps will incorporate te reo Māori and undergo consumer review prior to finalising.

Personalised Care Plans: Personalised Care Plans record a person's health priorities, goals, and what they and their care team are doing to achieve their goals, particularly if the person has complicated or long-term health problems. This supports engagement of people and their whānau in setting their health goals and supports the provision of consistent care by the health professionals engaged in a person's care, focusing on what matters to the patient in their care. These Personalised Care Plans are being introduced on the West Coast and training is being provided to clinical, nursing and allied health teams across the DHB to support the use of the Plans.

Respite Care: Enliven is part of the national not-for-profit Presbyterian Support Organisation and provides services for older people and people living with disability. On the West Coast, 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. The Home Share service aims to reduce social isolation amongst our older population and provides carers with a break. Enliven are currently seeking more volunteers and welcome enquiries (www.enliven.org.nz).

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

The consolidated West Coast DHB financial result excluding the impacts of Covid-19 and Holidays Act compliance for the month of March 2021 was a deficit of $1.321MM, which was $0.823M unfavourable to the annual plan. The YTD result is now $1.064M unfavourable to the annual plan. The table below shows the business as usual result, as well as the result including the impacts of Covid-19 and Holidays Act.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	$'000	$'000	$'000	$'000	$'000	$'000
Governance Arm	(148)	(141)	(7)	(1,309)	(1,338)	29
Funder Arm	338	944	(606)	4,324	5,020	(696)
Provider Arm	(1,511)	(1,301)	(210)	(5,436)	(5,039)	(397)
Consolidated Business as Usual Result	**(1,321)**	**(498)**	**(823)**	**(2,421)**	**(1,357)**	**(1,064)**
Covid-19 & Holidays Act	(194)	-	(194)	(1,811)	-	(1,811)
West Coast DHB Result	**(1,515)**	**(498)**	**(1,017)**	**(4,232)**	**(1,357)**	**(2,875)**

B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):** User engagement workshops to gather requirements have been completed and findings have been documented. Data clean-up is continuing, and configuration data is being prepared. The go-live date for Buller is scheduled for 31 May with staff training due to take place from 24 May.
- **Care Capacity Demand Management (CCDM):** The CCDM dashboard is being re-configured so it is more graphical in appearance and this is due to be finalised by the end of

April. Data for the Core Data Set has been sourced and the presentation of this is imminent. The business case for the implementation of the VIS tool is progressing through the approval process.

- **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). Further technical issues were identified during the last implementation attempt and the supplier will be onsite mid-May to resolve these.
- **Cyber security:** Our Phriendly Phishing campaign is due to be launched in late May. This training course will improve staff education levels around types of phishing attacks. The Ministry of Health and Government Communications Security Bureau requires DHBs to receive regular and appropriate security awareness and training, and this phish education work is part of our compliance programme.

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

Communications and Engagement

- COVID-19 Vaccination Programme communications planning and implementation as part of the Coast-wide roll-out:
  - Health workforce communications (internal and external)
  - Media release(s) and related enquiries
- Communications planning for the roll-out of the National Bowel Screening Programme
- Development of the following new collateral:
  - 'How your hospital & health centre works' flyer
  - 'Outreach Immunisation Service' pamphlet.

Media

During March/April 2021, we responded to enquiries about the roll out of the COVID-19 vaccination programme across the Coast. We also received enquiries about the roll-out of the National Bowel Screening Programme, funding of antenatal classes, provision of maternity services, eligibility criteria needed to access the National Travel Assistance Programme and wait-times for Child and Adolescent Mental Health Services.

- **Media releases:**
  - Health news
  - CE Update – 16 March 2021
  - COVID-19 vaccinations programme roll-out to commence on the Coast next week (09/04/2021).
- **Social media posts:**
  - Guardian of the Future – measles (MMR) campaign series (12/03/2021)
  - CE Update (16/03/2021)
  - Guardian of the Future – measles (MMR) campaign series (22/03/2021)
  - Measles (MMR) campaign series (06/04/2021)
  - Measles (MMR) campaign series (13/04/2021)
  - COVID-19 Vaccination Team vacancies post (14/04/2021)
  - Measles (MMR) campaign series (17/04/2021)

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 and Public Health's regions have been linked to managed isolation and quarantine facilities. The West Coast team continues to support the teams 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). Our Christchurch border staff have also been busy preparing for the advent of Quarantine-Free Travel from Australia which commenced on 19 April.
- **Wildfoods Festival 2021:** Community and Public Health's Alcohol Licensing and Smoke-free Health Promoter recently supported the Wildfoods Festival in Hokitika providing and installing smokefree signage for the event as well as assisting event organisers, Police and the Licensing Inspector to carry out alcohol monitoring throughout the day. Feedback was positive about both these aspects of the day. Unfortunately, COVID-19 Tracer App QR codes were not displayed at the entrance points before the start of the event, but once this was brought to the attention of the organisers it was rectified quickly. The Medical Officer of Health wrote to the organisers asking that this issue be raised at the event debrief and seeking assurance that this would not recur at future events.
- **Smokefree Environments:** Community and Public Health and the Cancer Society presented to the Buller District Council to advocate for a review of their Smokefree Environments Policy and the establishment of a "Fresh Air Project" in Westport in line with the smokefree outdoor dining policies already in place in the Grey and Westland districts. The opportunity was taken to also seek consideration of the inclusion of vapefree in the policy. The presentation was well received by the Council and they will review the policy within the next 12 months.
- **Taumata Arowai:** Community and Public Health's Drinking Water staff are currently preparing for the transition of Water Services regulation to the new Crown entity, Taumata Arowai, when the Water Services Bill passes into law. This is expected to be in the second half of 2021.
- **Health in All Policies:** Community and Public Health staff are currently working on submissions to:
    - District Council Long-Term Plans across the West Coast.
    - West Coast Regional Council cconsultation on the West Coast Regional Land Transport Plan
    - Smokefree Aotearoa 2025 Action Plan

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

FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 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: **7 May 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the financial result and related matters for the period ended 31 March 2021.

3. DISCUSSION

Overview of March 2021 Financial Result

The consolidated West Coast DHB financial result for the month of March 2021 was a deficit of $1.515M, which was $1.017M unfavourable to the annual plan. The year to date net deficit of $4.232M is $2.875M unfavourable to the annual plan. This result includes the impact of the Holidays Act compliance provision and the impact of Covid-19.

	Monthly Reporting				Year to Date				Full Year 20/21
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	13,595	13,405	190	1.4%	123,311	120,628	2,683	2.2%	160,834
Inter DHB Revenue	(29)	10	(39)	(396.6%)	22	88	(66)	(75.0%)	117
Inter District Flows Revenue	154	154	0	0.2%	1,464	1,384	80	5.8%	1,962
Patient Related Revenue	662	721	(59)	(8.1%)	5,888	6,380	(492)	(7.7%)	8,499
Other Revenue	58	681	(623)	(91.5%)	490	2,397	(1,907)	(79.6%)	4,312
Total Operating Revenue	14,440	14,970	(530)	(3.5%)	131,175	130,877	298	0.2%	175,725
Operating Expenditure									
Personnel costs	7,203	6,814	(389)	(5.7%)	61,014	58,123	(2,891)	(5.0%)	77,918
Outsourced Services	1	0	(1)	0.0%	11	1	(10)	0.0%	1
Treatment Related Costs	810	775	(35)	(4.5%)	7,381	6,898	(483)	(7.0%)	9,255
External Providers	3,761	3,732	(29)	(0.8%)	33,303	33,585	282	0.8%	44,781
Inter District Flows Expense	2,219	2,109	(110)	(5.2%)	20,087	18,978	(1,109)	(5.8%)	25,306
Outsourced Services - non clinical	119	121	2	1.7%	1,089	1,090	1	0.1%	1,453
Infrastructure and Non treatment related costs	976	840	(136)	(16.2%)	7,911	7,966	55	0.7%	10,495
Total Operating Expenditure	15,089	14,390	(699)	(4.9%)	130,796	126,640	(4,156)	(3.3%)	169,209
Result before Interest, Depn & Cap Charge	(649)	579	(1,228)	(212.0%)	379	4,237	(3,858)	(91.1%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	359	372	13	3.6%	3,030	2,969	(61)	(2.1%)	4,082
Capital Charge Expenditure	507	705	198	28.1%	1,581	2,625	1,044	39.8%	4,740
Total Interest, Depreciation & Capital Charge	866	1,077	211	19.6%	4,611	5,594	983	17.6%	8,822
Net Surplus/(deficit)	(1,515)	(498)	(1,017)	(204.2%)	(4,232)	(1,357)	(2,875)	(211.9%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(1,515)**	**(498)**	**(1,017)**	**(204.2%)**	**(4,232)**	**(1,357)**	**(2,875)**	**(211.9%)**	**(2,306)**

The underlying BAU variance (ie excluding Holidays Act compliance and Covid-19) for March is $823k unfavourable ($1.065M unfavourable YTD).

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.

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

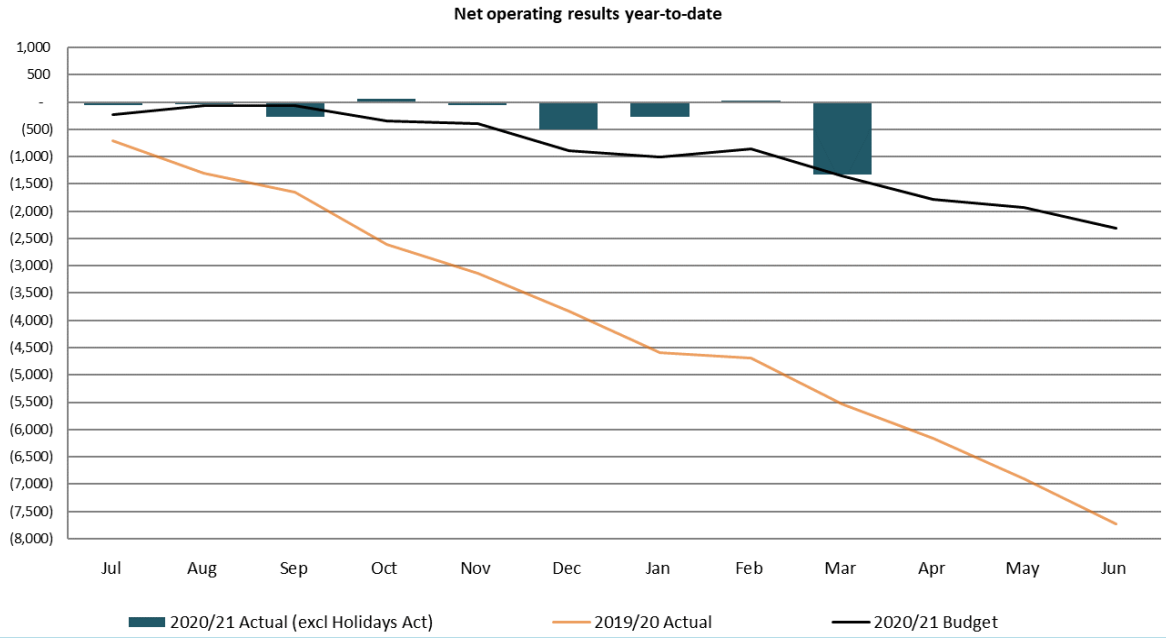
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – March 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)	(1,321)	(498)	(823)	-165% ✗	(2,421)	(1,357)	(1,064)	78% ✗



West Coast DHB has reported a deficit of $1.321M for the month of March 2021, excluding the impact of the Holidays Act and Covid-19. This is an unfavourable variance to the deficit in the annual plan for the month of $823k. The YTD variance is $1.064M unfavourable.

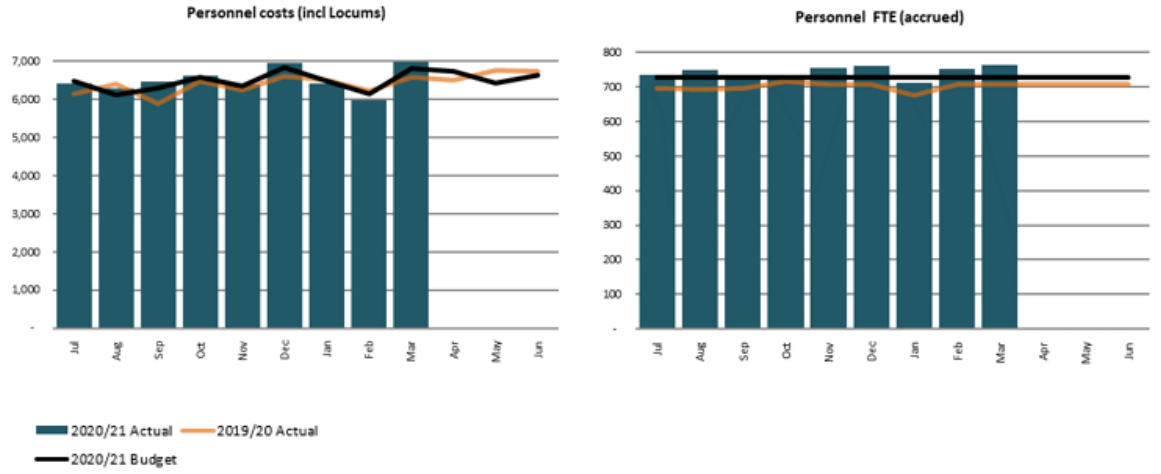
The main variances are:

- Outsourced Personnel is $200k unfavourable to budget due to reliance on locum usage.
- Blood Products, while favourable for the period, remain unfavourable YTD. Pharmaceuticals also 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 March is $1.4M. 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	1,732	1,655	(77)	-5%	✗	14,810	14,296	(514)	-4%	✗
Nursing	2,849	2,888	39	1%	✓	24,682	25,024	342	1%	✓
Allied Health	1,206	1,149	(57)	-5%	✗	9,376	9,506	130	1%	✓
Support	324	343	19	6%	✓	2,555	2,560	5	0%	✓
Management & Admin	863	778	(85)	-11%	✗	7,105	6,736	(368)	-5%	✗
Total	**6,974**	**6,814**	**(160)**	-2%	✗	**58,527**	**58,123**	**(405)**	-1%	✗



KEY RISKS AND ISSUES:

Personnel Costs:

Medical costs are unfavourable for the month. The main driver of this is in outsourced personnel where we 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 favourable to plan mainly as a result of recoding staff to Management and Admin - $20k PTD, $66k YTD.

Allied Health costs are unfavourable to plan for the month however favourable year to date. The month's unfavourable variance is due to a backdated accrual.

Support Services - we transitioned cleaning services from an outsourced model to in-house staffing in October. The favourable variance largely relates to cleaning supervisors whom are budgeted under Support, but actual costs are under Management and Admin.

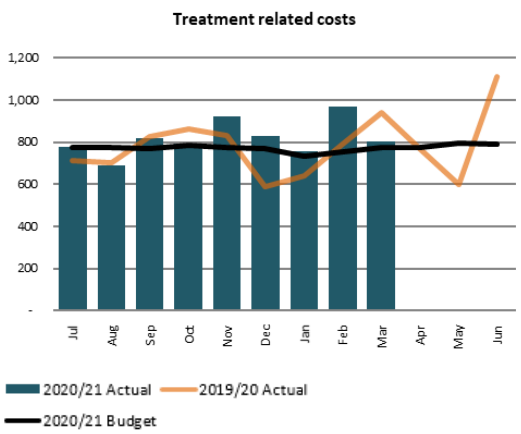
Management and Administration costs are unfavourable largely due to realignment of positions from other areas to Management and Admin.

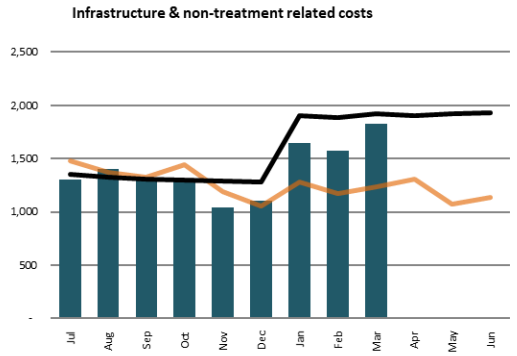
Holidays Act compliance

This provision is currently $18.610M ($2.126M YTD), and we will continue to increase the provision on a monthly basis until remediation is complete.

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	805	775	(30)	-4% ✗	7,357	6,898	(460)	-7% ✗
Non Treatment related costs	1,827	1,918	91	5% ✓	12,485	13,559	1,074	8% ✓





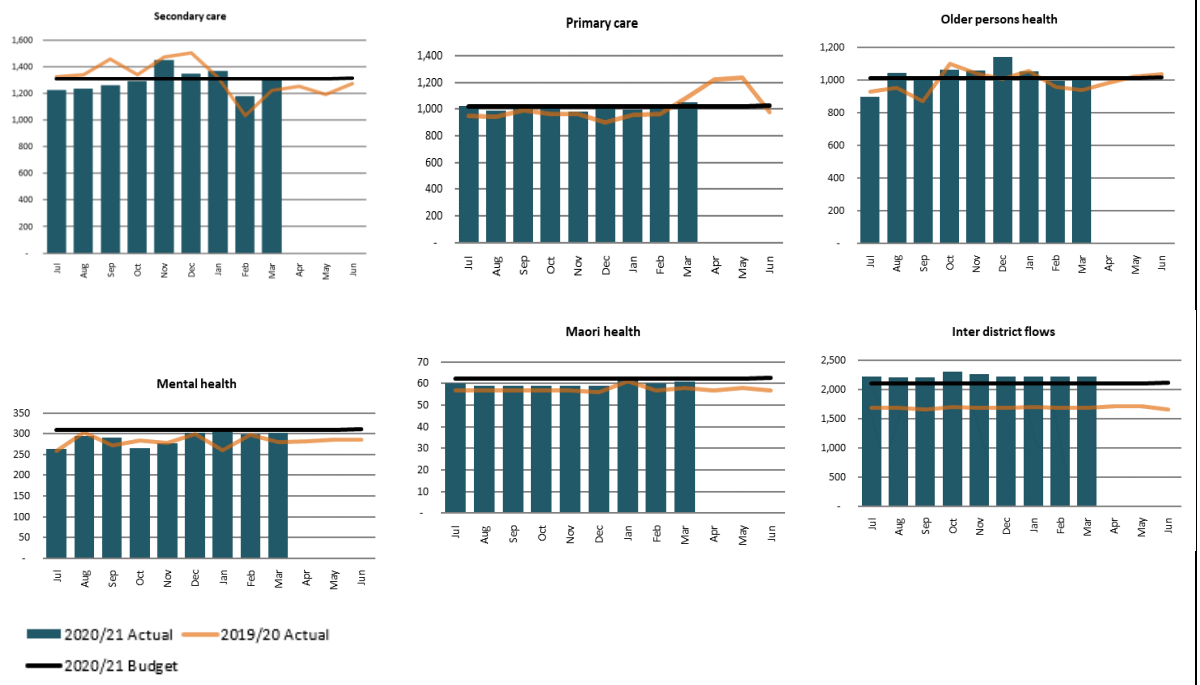
KEY RISKS AND ISSUES:

Treatment related costs:
High blood and infusion costs continue to have an impact on the result – although Blood Products was favourable for the month, the YTD variance is $197k unfavourable. Pharmaceuticals continue to be unfavourable, YTD $640k. These variances are expected to continue due to known ongoing patient treatment. Favourable variances are in theatre implants and air ambulance costs for the year.

Non-treatment related costs:
These are impacted by an extra two months of depreciation for Te Nikau. However, this is offset by favourable variances in depreciation of other assets, as well as favourable variances in hotel and laundry and facilities expenses. Although the capital charge expense has increased due to Te Nikau, it is favourable to the annual plan due to reduction in the rate 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	1,325	1,316	(9)	-1%	✗	11,697	11,846	149	1%	✓
Primary Care	1,053	1,026	(27)	-3%	✗	9,134	9,232	98	1%	✓
Older Person's Health	1,019	1,016	(3)	0%	✗	9,279	9,144	(135)	-1%	✗
Mental Health	303	311	8	3%	✓	2,607	2,799	192	7%	✓
Maori Health	61	63	2	3%	✓	539	563	24	4%	✓
IDF	2,219	2,109	(110)	-5%	✗	20,087	18,978	(1,109)	-6%	✗
Outsourced Clinical	120	121	1	1%	✓	1,100	1,090	(10)	-1%	✗
Total	6,100	5,962	(138)	-2%	✗	54,443	53,654	(789)	-1%	✗



KEY RISKS AND ISSUES:

Primary Care
This month's unfavourable result in non-devolved PHO capitated expenditure is offset by additional revenue from the MoH.

Older Person's Health
A number of patients have been identified with unsettled service claims which will have an impact on next month's results.

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	121,335	149,165	(27,830)	-19%	✗	150,148
Cash	2,352	7,302	(4,950)	-68%	✗	6,382
Capex	5,060	8,448	3,388	40%	✓	11,264

KEY RISKS AND ISSUES:

WCDHB had included a drawdown of equity for the Buller IFHC totalling $6M in the annual plan to be received in July, October and January – the total amount of these amounts has not been drawn down. In March WCDHB received $1.570M as a drawdown of costs based on actual spend to December plus forecast spend until 31 March, and a further drawdown has been requested in April.

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

For period ending 31 March 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	13,595	13,405	190	1.4%	123,311	120,628	2,683	2.2%	160,834
Inter DHB Revenue	(29)	10	(39)	(396.6%)	22	88	(66)	(75.0%)	117
Inter District Flows Revenue	154	154	0	0.2%	1,464	1,384	80	5.8%	1,962
Patient Related Revenue	662	721	(59)	(8.1%)	5,888	6,380	(492)	(7.7%)	8,499
Other Revenue	58	681	(623)	(91.5%)	490	2,397	(1,907)	(79.6%)	4,312
Total Operating Revenue	14,440	14,970	(530)	(3.5%)	131,175	130,877	298	0.2%	175,725
Operating Expenditure									
Personnel costs	7,203	6,814	(389)	(5.7%)	61,014	58,123	(2,891)	(5.0%)	77,918
Outsourced Services	1	0	(1)	0.0%	11	1	(10)	0.0%	1
Treatment Related Costs	810	775	(35)	(4.5%)	7,381	6,898	(483)	(7.0%)	9,255
External Providers	3,761	3,732	(29)	(0.8%)	33,303	33,585	282	0.8%	44,781
Inter District Flows Expense	2,219	2,109	(110)	(5.2%)	20,087	18,978	(1,109)	(5.8%)	25,306
Outsourced Services - non clinical	119	121	2	1.7%	1,089	1,090	1	0.1%	1,453
Infrastructure and Non treatment related costs	976	840	(136)	(16.2%)	7,911	7,966	55	0.7%	10,495
Total Operating Expenditure	15,089	14,390	(699)	(4.9%)	130,796	126,640	(4,156)	(3.3%)	169,209
Result before Interest, Depn & Cap Charge	(649)	579	(1,228)	(212.0%)	379	4,237	(3,858)	(91.1%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	359	372	13	3.6%	3,030	2,969	(61)	(2.1%)	4,082
Capital Charge Expenditure	507	705	198	28.1%	1,581	2,625	1,044	39.8%	4,740
Total Interest, Depreciation & Capital Charge	866	1,077	211	19.6%	4,611	5,594	983	17.6%	8,822
Net Surplus/(deficit)	(1,515)	(498)	(1,017)	(204.2%)	(4,232)	(1,357)	(2,875)	(211.9%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	**(1,515)**	**(498)**	**(1,017)**	**(204.2%)**	**(4,232)**	**(1,357)**	**(2,875)**	**(211.9%)**	**(2,306)**

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 31 March 2021

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	150,138	154,112	(3,974)	(2.6%)	23,397
Intangible assets	360	1,282	(922)	(71.9%)	497
Work in Progress	8,477	11,904	(3,427)	(28.8%)	11,929
Other investments	309	320	(11)	(3.4%)	320
Total non-current assets	159,284	167,618	(8,334)	(5.0%)	36,143
Current assets					
Cash and cash equivalents	2,352	7,302	(4,950)	(67.8%)	6,152
Patient and restricted funds	49	56	(7)	(12.5%)	47
Inventories	1,153	1,160	(7)	(0.6%)	1,044
Debtors and other receivables	5,143	4,491	652	14.5%	4,484
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	8,697	13,009	(4,312)	(33.1%)	11,727
Total assets	167,981	180,627	(12,646)	(7.0%)	47,870
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,445	2,399	(46)	(1.9%)	2,270
Other	63	62	(1)	(1.6%)	63
Total non-current liabilities	2,508	2,461	(47)	(1.9%)	2,333
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	12,289	11,694	(595)	(5.1%)	12,120
Employee entitlements and benefits	31,849	17,307	(14,542)	(84.0%)	30,367
Total current liabilities	44,138	29,001	(15,137)	(52.2%)	42,487
Total liabilities	46,646	31,462	(15,184)	(48.3%)	44,820
Equity					
Crown equity	216,376	229,422	13,046	5.7%	93,858
Other reserves	25,100	25,098	(2)	(0.0%)	25,100
Retained earnings/(losses)	(120,141)	(105,355)	14,785	14.0%	(115,908)
Trust funds	0	0	0	0.0%	0
Total equity	121,335	149,165	27,830	18.7%	3,050
Total equity and liabilities	**167,981**	**180,627**	**(12,646)**	**(7.0%)**	**47,870**

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 31 March 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	14,750	14,962	(212)	(1.4%)	131,237	130,805	432	0.3%
Cash paid to employees	(6,661)	(6,814)	153	2.2%	(59,357)	(58,123)	(1,234)	(2.1%)
Cash paid to suppliers	(3,270)	(1,738)	(1,533)	(88.2%)	(18,775)	(16,106)	(2,669)	(16.6%)
Cash paid to external providers	(3,971)	(3,732)	(239)	(6.4%)	(35,021)	(33,585)	(1,436)	(4.3%)
Cash paid to other District Health Boards	(2,009)	(2,109)	100	4.7%	(18,369)	(18,978)	609	3.2%
Cash generated from operations	(1,161)	570	(1,732)	(303.6%)	(285)	4,012	(4,297)	(107.1%)
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	(705)	705	100.0%	(60)	(2,625)	2,565	97.7%
Net cash flows from operating activities	(1,161)	(135)	(1,027)	762.9%	(345)	1,387	(1,732)	(124.9%)
Cash flows from investing activities								
Interest received	3	8	(5)	(62.5%)	34	72	(38)	(52.8%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(212)	(272)	60	22.1%	(4,957)	(7,504)	2,547	(33.9%)
Acquisition of intangible assets	198	0	198	0.0%	(103)	(936)	833	
Net cash flows from investing activities	(11)	(264)	253	(95.8%)	(5,026)	(8,368)	3,342	39.9%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	13,064	(13,064)	100.0%
Repayment of equity	1,570	0	1,570	0.0%	1,570	0	1,570	0.0%
Cash generated from equity transactions	1,570	0	1,570	0.0%	1,570	13,064	(11,494)	88.0%
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	1,570	0	1,570	0.0%	1,570	0	1,570	0.0%
Net increase in cash and cash equivalents	398	(399)	796	(199.8%)	(3,801)	6,083	(9,884)	(162.5%)
Cash and cash equivalents at beginning of period	1,954	7,700	(5,746)	(74.6%)	6,152	1,218	4,934	405.1%
Cash and cash equivalents at end of period	**2,352**	**7,302**	**(4,950)**	**(67.8%)**	**2,351**	**7,301**	**(4,950)**	**(67.8%)**

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	(13,349)	(13,174)	175			(13,349)	175	(121,158)	(118,563)	2,595			(121,158)	2,595
Non-Devolved Contracts	(85)	(93)	(8)			(85)	(8)	(823)	(831)	(8)			(823)	(8)
Inter-DHB & Internal Revenue	(125)	(164)	(39)			(125)	(39)	(1,486)	(1,472)	14			(1,486)	14
Other Revenue	(881)	(1,540)	(659)	(55)		(826)	(714)	(7,708)	(10,011)	(2,303)	(782)		(6,926)	(3,085)
Total Revenue	(14,440)	(14,971)	(531)	(55)	0	(14,385)	(586)	(131,175)	(130,877)	298	(782)	0	(130,393)	(484)
DHB Provided Expenditure														
Personnel	6,391	6,192	(199)	22	207	6,162	30	54,163	52,556	(1,607)	357	2,126	51,680	876
Outsourced Personnel & Support	812	622	(190)			812	(190)	6,851	5,567	(1,284)	3		6,848	(1,281)
Outsourced Services	120	121	1			120	1	1,100	1,090	(10)			1,100	(10)
Clinical Supplies	810	775	(35)	5		805	(30)	7,381	6,898	(483)	23		7,358	(460)
Infrastructure & Non-Clinical Supplies	1,842	1,918	76	15		1,827	91	12,522	13,560	1,038	37		12,485	1,075
Total DHB Provided Expenditure	9,975	9,628	(347)	42	207	9,726	(98)	82,017	79,671	(2,346)	420	2,126	79,471	200
Other Providers														
Personal Health	2,333	2,318	(15)			2,333	(15)	20,510	20,860	350			20,510	350
Mental Health	303	311	8			303	8	2,607	2,799	192			2,607	192
Public Health	45	24	(21)			45	(21)	368	219	(149)	47		321	(102)
DSS	1,019	1,016	(3)			1,019	(3)	9,279	9,144	(135)			9,279	(135)
Maori Health	61	63	2			61	2	539	563	24			539	24
IDFs	2,219	2,109	(110)			2,219	(110)	20,087	18,978	(1,109)			20,087	(1,109)
Total Other Providers	5,980	5,841	(139)	0	0	5,980	(139)	53,390	52,563	(827)	47	0	53,343	(780)
Total Expenditure	15,955	15,469	(486)	42	207	15,706	(237)	135,407	132,234	(3,173)	467	2,126	132,814	(580)
Total Consolidated Result Deficit/(surplus)	1,515	498	(1,017)	(13)	207	1,321	(823)	4,232	1,357	(2,875)	(315)	2,126	2,421	(1,064)

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: **7 May 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

A number of us will be attending the Health Quality & Safety Commission's (HQSC's) workshop around leading for systems improvement and will be looking for opportunities to bring back any learnings/insights that will enhance quality and patient safety across our health system.

We are working in partnership with our local Quality Team to progress implementation of the HQSC's Kōrero Mai initiative. Kōrero Mai is one of many workstreams associated with the HQSC's patient deterioration programme, and is centred around enabling patients, family, and whānau to have clear mechanisms for communicating and escalating concerns around clinical deterioration. We have reviewed the draft project plan for this initiative and will be working with the leadership team to progress local implementation.

We are also supporting progress with a number of policies/procedures that will help promote safe use of medicines as well as document storage.

GROWING UP WELL ON THE WEST COAST

The Growing Up Well programme has really taken off in the past month with our two facilitators travelling throughout the West Coast, giving our communities the opportunity to feed back about what they are happy about and what is still missing to help their children to grow up well. Conversations have spanned the generations and ethnicities including into high schools to hear from our young people. We look forward to presenting the emerging themes and wider feedback to the Board once collated.

NURSING

We are currently preparing to celebrate International Nurses Day across the Coast on 12 May, and will be standing alongside our Midwifery colleagues as they celebrate International Midwives Day on 5 May.

We are delighted to announce that our local Care Capacity Demand Management (CCDM) Programme is now 52% implemented. A few other key milestones are nearly achieved, which will significantly boost our overall completion rate in the next quarter. One of these milestones, the Core Data Set, includes setting up systems and processes that will enable clinicians and leadership teams to review and monitor 23 measures across three categories: quality patient care, quality work environment, and best use of health

resources. Over time, this information will help us to understand relationships between the measures and will also help us make informed decisions around quality improvements and safe staffing.

In partnership with the leadership team, we have decided to postpone launching the development of a Nursing Workforce Strategy to 2022 to allow for a number of other workforce initiatives to be prioritised this year. Information generated from these initiatives will inform the review, and other workforce data will continue to be gathered in preparation of a formal launch in 2022.

An example of one of the previously mentioned workforce initiatives includes growing the paediatric skillset across the nursing workforce employed to the acute care settings in Greymouth. This is one of many examples where we are looking to further develop the concept of rural generalism in nursing, which will ultimately enable us to provide a more sustainable service for our communities and staff.

ALLIED HEALTH, SCIENTIFIC & TECHNICAL (AHST)

The Lifecurve app has been launched nationally in the last month, and we are working with our CDHB & Canterbury Clinical Network/Initiative Allied Health colleagues to develop localised launch plans. We invite the Board to download the app (which is free) and check it out.

The South Island Directors of Allied Health in partnership with the PSA continue to progress the Career Framework implementation, with WCDHB & CDHB having completed all role evaluations submitted to date. We intend to develop a business as usual process for future applications, in partnership with our People & Capability colleagues and MAX.

Thursday 22 April saw the local launch of the Rural Generalist AHST workforce conversations, with a workshop showcasing Rural Generalism in other professions as well as for Allied Health both in Aotearoa New Zealand and in Australia. We look forward to updating the Board as this work progresses.

MIDWIFERY

May 5 is International Midwives Day every year. Our team always celebrate with Lead Maternity Carers (LMCs) and core Midwives coming together and also sharing the celebrations with women who are in the maternity units on the day or women who birth on the day.

We continue to receive inquiries from midwives outside of the West Coast.

The Charge Midwife manager joined the Ara educators at a public meeting in April to encourage applications for a West Coast cohort in 2022. Ara is experienced at ensuring that students can have most of their education on the West Coast but it has been a couple of years since we have had enough applicants to really form a West Coast cohort. We will provide an update later in 2021.

MEDICAL WORKFORCE

A new group of Resident Medical Officers (RMOs) started at Te Nikau as part of the rotational cycle of jobs with CDHB. Our community based attachments are providing good experience and we are always looking at opportunities to develop these runs to give our junior doctor workforce exposure to the broader scope of rural work.

Recruitment

Ongoing recruitment is active for anaesthesia, general medicine and general surgery with interviews planned for general surgery applicants. Psychiatry and general practice also have vacancies due to resignations and a recruitment plan is being developed.

Transalpine Services

Work continues with the general physicians at CDHB to develop a transalpine medicine service. Linking our clinicians on the coast with Senior Medical Officer (SMO) education sessions at Christchurch

Hospital has started and is an opportunity to build relationships and provide support. Planning outpatient workload continues as part of the model of care. Recruiting a transalpine physician is ongoing.

Obstetrics and gynaecology service provision continues to strengthen with the current medical team and maternity has been busy this month.

Primary Care and Rural Medicine Specialists
Continue with the work to support Northern and Southern regions from Te Nīkau with a hub and spoke approach. This is providing support for the newly appointed GP in Buller and strengthens the medical workforce in our remote areas and supports the Nursing and Allied staff.

Mental Health
0.825 FTE Psychiatrist role to be recruited to.

CLINICAL BOARD

The Clinical Board are holding their fifth meeting on 29 April.

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

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: **7 May 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 the WCDHB. 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

Improving workforce diversity and equity

As an important part of realising our strategic diversity and equity goals, and our commitment to recognize and respect the principles of Te Tiriti o Waitangi, we are prioritizing and focusing on enhancing our capability to attract and engage candidates that more accurately reflect the community we serve. We also need to lift the cultural competency across our workforce. Accordingly, we are investing in three specialised equity roles – two Māori and one broader role serving a wider range of groups. These roles are being finalised in partnership with Gary Coghlan and Hector Matthews. and then will be advertised within the next two weeks. Headcount for the Māori roles was signed off by the CDHB EMT on 26 August 2020. These roles will support both the WCDHB and CDHB.

Improving Workforce Wellbeing

Safe Moving and Handling Programme

The Wellbeing, Health and Safety Team have been working with key stakeholders to design a Safe Moving and Handling Programme to address the high levels of harm resulting from manual handling and musculoskeletal injuries. The programme covers clinical and non-clinical workers across WCDHB and CDHB and incorporates training, risk assessments, ongoing competency assessments, as well as incorporating robust safety considerations for the purchase of facilities and equipment.

A business case to support the Safe Moving and Handling injury prevention programme has been developed and is currently being reviewed by Finance ahead of submission for approval in May as it involves an investment of approximately $100,000 per annum. Currently we are working with WCDHB to tailor the programme to suit WCDHB's specific needs which includes catering to the considerable number of community workers and the geographic spread of the workforce.

Safe Moving and Handling Trainers will be identified and trained followed by a planned roll out.

Optimising people resources

WCDHB Critical Role Vacancy Update

Role	Action being Taken	FTE#
Rural Health Generalist	An international recruitment campaign is underway to recruit Rural Health Generalists in the following fields Medicine/Obstetrics – International campaign focus predominantly in the Australian Market Primary Care – International campaign focus predominantly in the Australian Market General Practice – Target Search approach with a focus on the NZ talent pool. The WCDHB has also engaged with agencies to support us with appointing 3 candidates overseas. Internal Talent mapping and sourcing is currently underway.	3
Rural GPs	Advertising campaigns underway on seek, KHJ, trade-me, and GP job boards, currently on second round of recruitment.	3
Rural Nurse Specialist	Advertising campaign took place, no suitable candidates identified and have gone back to market for the permanent and casual positions.	1 FTE & 1 Casual

Improving Employee Engagement

Te Huarahi Hautù– Programme Update
The first 2 Leading Self workshops were to be delivered on the 8/9th of April. The 9th of April participants were asked to attend the 8th of April session due to a lack of participant numbers. Unfortunately, the 8th of April workshop was then cancelled on the day due to weather impacting the ability to travel.

This workshop has now been re-scheduled to the 10th of May with significantly higher participants signed up to attend. We will look to re-schedule another session later in the year to accommodate the increased number of participants.

To date 74% of WCDHB managers have begun the programme with an average completion of 11%.

Our People Survey
People and Capability are running a DHB wide 'engagement survey' with a launch date of May 10th The survey will cover both WCDHB and CDHB, will be the first full DHB wide measurement of employee engagement since 2018, will serve as a new baseline measurement, and help identify future strategic priorities. Full results from the survey aim to be released in June.

Reducing risk and ensuring compliance

Operation Technology
As previously advised, we have been given notice by Ascender the vendors of our payroll software (PSe), that the product does not feature in their future commercial offerings. This means that with

effect from the end of the notice period (June 2021) only critical level support will be provided. Defined Holidays Act Compliance work will continue until April 2022 after which time, following the final tax year end changes, no further work or support will be available. A paper outlining options for the future will be presented to the next QFARC meeting.

Holidays Act Compliance Programme

There will be a minimum six-month delay to the programme due to the setback with the PSe upgrade, a separate project which is a pre-cursor to core compliance solutions. Due to the recent notice of market withdrawal of PSe (payroll system), the upgrade scope must change and will take longer to deliver. Re-planning is underway and further information will be provided in the next report. In the short/mid-term, there will be no change to remediation approach and efforts which continue to deliver as planned.

4. APPENDICES

Appendix 1: WCDHB People Dashboard – 31 March 2021

Report prepared by: Lindsay Prescott, Business Writer, People & Capability

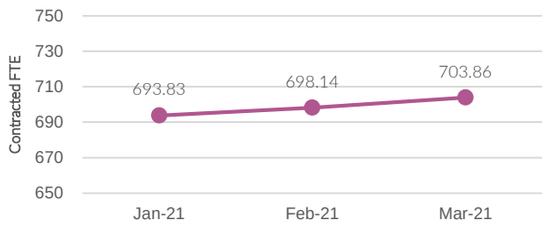
Report approved for release by: Mary Johnston, Chief People Officer

MONTHLY WCDHB PEOPLE ANALYTICS DASHBOARD

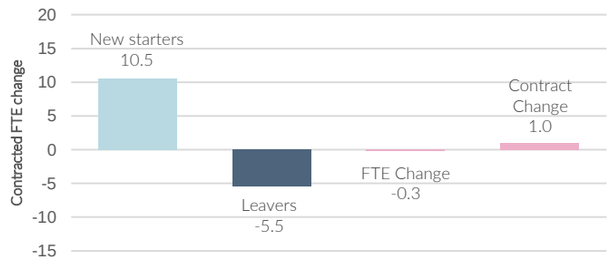
The dashboard provides an up to date overview of key workforce metrics.
Additional commentary may appear in the full board report where appropriate.

03 2021

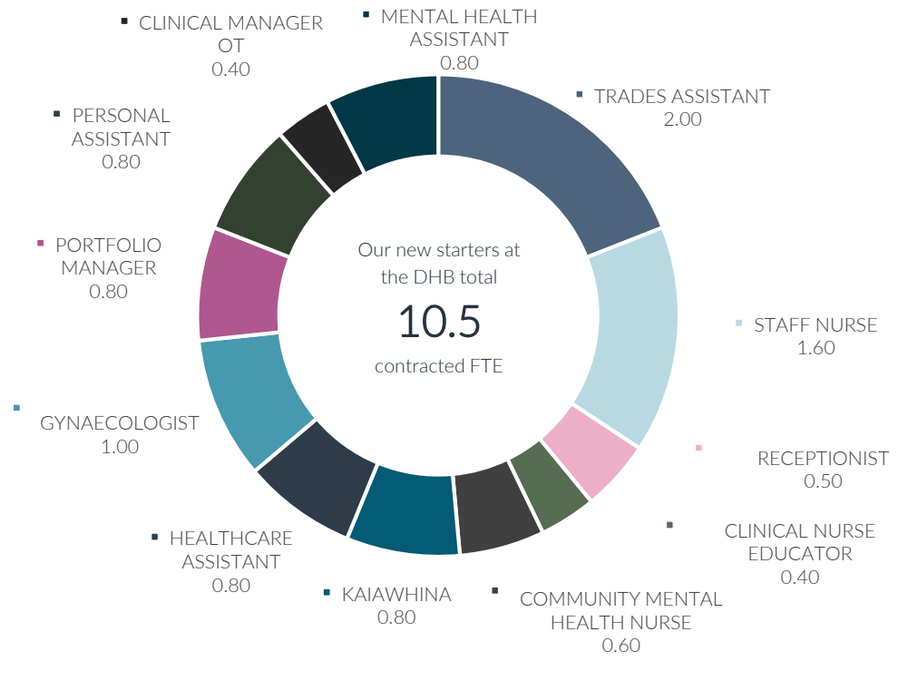
Contracted FTE Trend – *Last three months*



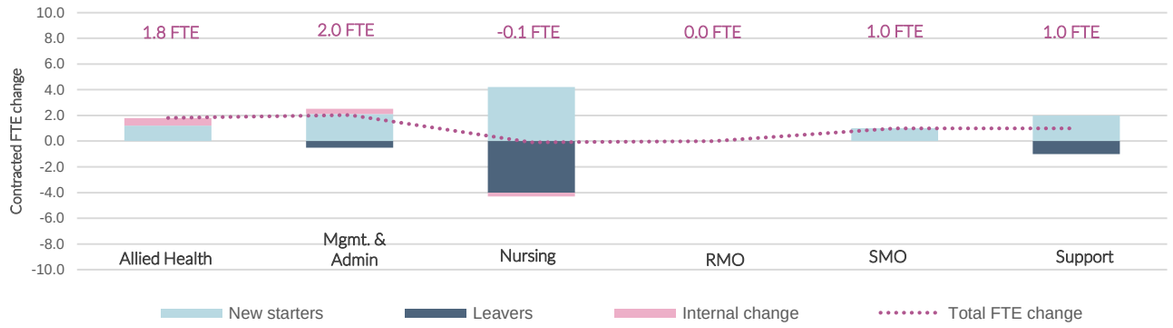
Appointment Changes by Type: *March 2021*



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



Contracted FTE Changes by Role: *March 2021*



Attrition Rate by Role over the last 12 months:

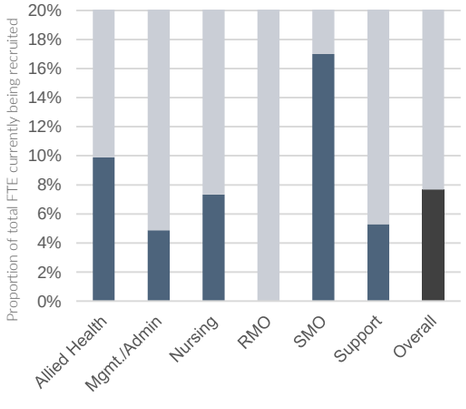
Attrition rate is an indicator of engagement. High rates can impact continuity of service provision and staff wellbeing for those carrying additional load

Our overall unplanned turnover rate is 9.5% (the same as last month). This is lower than the average unplanned turnover for the NZ public service sector (11.8% in 2019).

Proportion of Vacancies by Role:

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

58.6
Vacancies [FTE] as at 31 Mar.



Average Days Positions Vacant by Role:

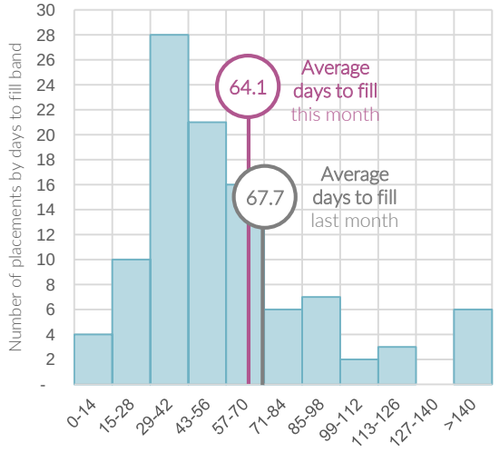
Average days positions are vacant highlights which professions have been vacant the longest. Increases in days to fill will reduce the average days vacant.

66.1 Average days vacant [This month]

78.9 Average days vacant [Last month]

Days to Fill Vacancy from Notification:
Previous 6 Months

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



Prepared by: People Analytics, Core People Operations, CDHB

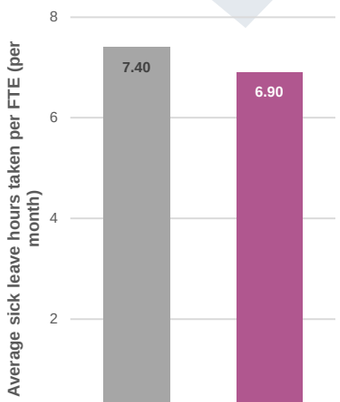
MONTHLY WCDHB PEOPLE ANALYTICS DASHBOARD

The dashboard provides an up to date overview of key workforce metrics.
Additional commentary may appear in the full board report where appropriate.

03 2021

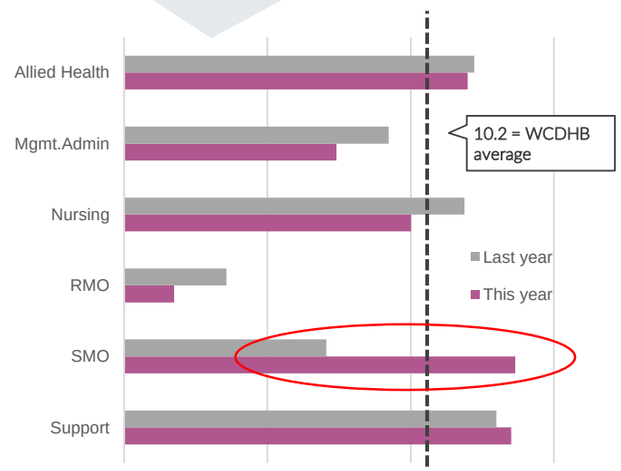
Average sick leave hours taken per FTE per month

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.

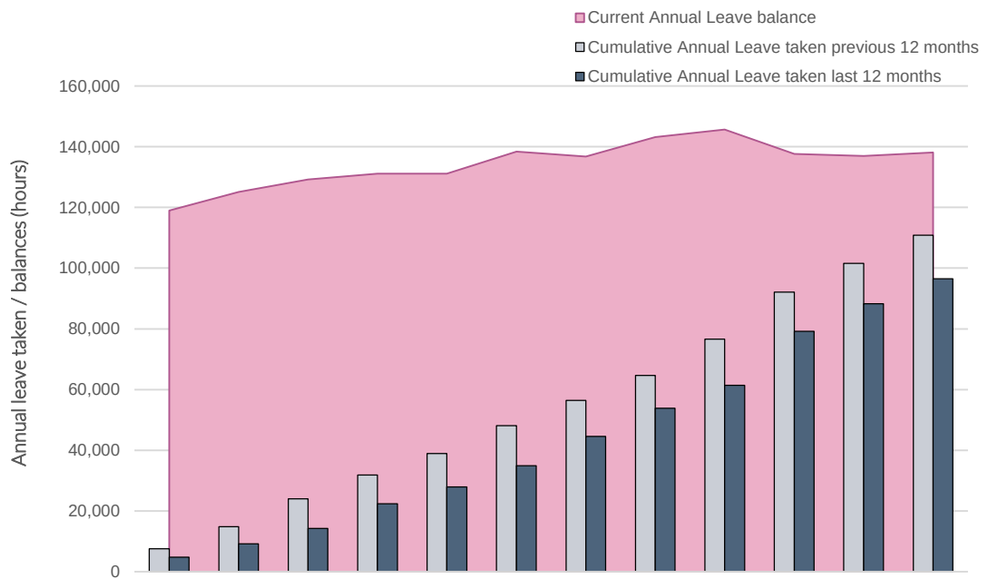


Sick leave days taken per FTE over 12 months by role

In the last 12 months, our employees took on average 10.2 days sick leave per FTE, compared to 11.1 days in the 12 months prior.

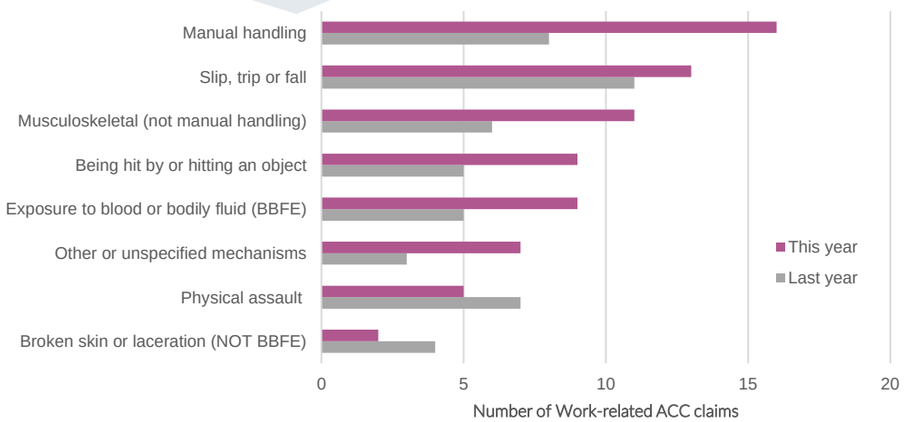


Annual leave taken hours and balance for the last 2 years:



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 February 2021.*

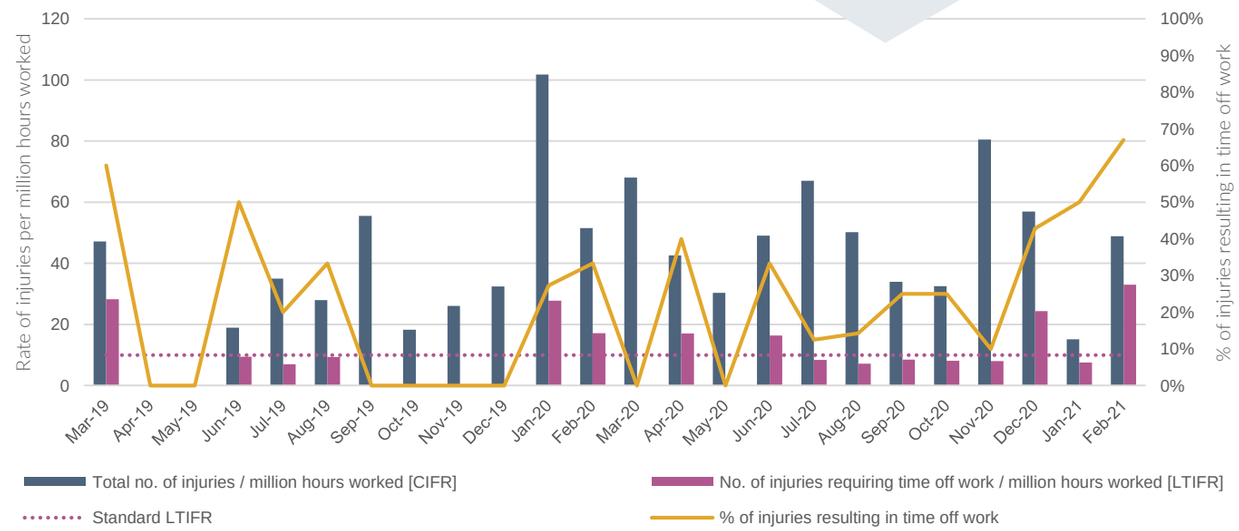


72 Total number of Work Injuries (This Year)

49 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 February 2021.*



Benchmark standard = the ACC Healthcare Levy Risk Group Average

Prepared by: People Analytics, Core People Operations, CDHB

RESOLUTION TO EXCLUDE THE PUBLIC

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

SOURCE: **Governance Support**

DATE: **7 May 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.

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	Insurance Renewal Strategy 2021/22	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3	Equity Support Drawdown	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3a	Living Wage	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Chair and Chief Executive Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
5.	Clinical Leaders Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)

6.	People & Capability Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)

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

TELEHEALTH DASHBOARD

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

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

SOURCE: **Planning and Funding**

DATE: **7 May 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board notes the Telehealth Dashboard.

3. SUMMARY

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

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

Key points to note.
Remote general practice consultation volumes are now reported for Te Nīkau Health Centre (590) and Buller Medical (225). A material difference in the number of remote consultations delivered by Te Nīkau Health Centre (from 783 last quarter) is attributed to both general practitioners who deliver high volumes of remote consultations taking annual leave during the quarter. In addition, some sessions were completed onsite by the 'offsite' general practitioner.

During Quarter Three 2020/21 (January, February, March 2020), 117 out of 4,148 (2.8%) outpatient consultations were delivered via video. We note the proportion of video consultations is lower than the average over the last 3 calendar years and believe it to be a result of intermittent faults with interoperability between the various videoconferencing systems. As previously reported, one-off national funding (termed "Digital Enablement" funding) is being used for a fixed term project manager to champion the roll out of Microsoft Teams widely to all DHB clinicians. This will enable more clinicians to actively engage in providing telehealth services to patients using a universal platform. In addition, the Transalpine Telehealth Governance group is considering a needs assessment to understand business challenges around telehealth between Canterbury and West Coast DHBs.

In this quarter, video consultations occurred at Franz Josef Glacier Clinic, Haast Clinic and Harihari clinic, in addition to the DHB facilities in the main centres (Greymouth, Westport, Hokitika and Reefton), providing patients with access to video-enabled healthcare closer to home.

Video consultations are saving travel. In Quarter Three 20/21, patients and whānau travelled, on average, 27 fewer kilometres return (23 minutes estimated travel time) to attend an outpatient

consultation delivered via video compared with one attended in person. Over the 117 video consultations in this quarter, this difference could be extrapolated to a saving of 2980 kilometres return and 2628 minutes (44 hours) estimated travel time. We anticipate more savings as people develop familiarity with digitally enabled services and we enable robust systems to support them.

The new Practice Management System (Indici™) will start to be implemented over the West Coast in the next quarter. This system has inbuilt functionality to record and report the nature of the consultation whether in-person or via telehealth. Training for the new system will encourage consistency of approach throughout the DHB owned general practices.

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

4. APPENDICES

Appendix 1:	Telehealth Dashboard Q3 2020/21.

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

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

West Coast DHB: Telehealth Update Q3 2020/21

Telehealth in Primary Care

815

Number of general practice consultations delivered by telehealth

Practices included	Te Nīkau Health Centre, Buller Medical
Months	January, February, March
Year	2021

Clinicians delivering telehealth

Provider type	Number of consultations
Registered	5
Nurse practitioner	17
General practitioner	128
Offsite general practitioner	665

Recipient's ethnicity

	Number of consultations	Percentage
Māori	87	10.67%
Pacific	8	0.98%
Other	720	88.34%

(Data source: Patient Management System)

Recipient's age

Under 5 years	Age 5 to 13 years	Age 14 to 17 years	Age 18 to 25 years	Age 26 to 44 years	Age 45 to 64 years	Age 65 to 74 years	Age 75+ years
2	19	15	64	218	299	119	79
0.25%	2.33%	1.84%	7.85%	26.75%	36.69%	14.60%	9.69%

Telehealth for outpatient consultations

Video consultations by specialty

(Showing specialties averaging more than 1 consultation per quarter)

Specialty	Calendar year			Quarterly average	Q3 2020/21
	2018	2019	2020		
Oncology	205	202	229	53	30
Cardiology	109	134	121	30	27
General Surgery	120	84	32	20	0
Urology	72	82	72	19	17
Nutrition Services	59	56	65	15	11
Paediatric Medicine	66	73	25	14	8
Plastic Surgery	16	66	27	9	5
Dermatology	2	27	24	4	11
Respiratory Medicine	13	17	10	3	2
All video consultations	**670**	**748**	**622**	**170**	**112**
All outpatient consultations	16346	16639	15712	4058	4148

Travel time and distance

Average return travel Q3 2020/21	Distance (kms)	Time (mins)
In-person consultations	68	63
Video consultations	41	40
Saved	**27**	**23**

If average savings are applied over all video consultations in this period, an estimated total patient travel time saved is **2628 minutes (44 hours)** and a distance saved of **2979 kilometres** could be inferred.

Facilities and clinics hosting video consultations

	Calendar year			Quarterly Average	Q3 2020/21
	2018	2019	2020		
Te Nīkau Grey Hospital	303	356	321	82	62
Buller Hospital	286	270	219	65	27
Hokitika Health Centre	30	60	47	11	17
Karamea Clinic	19	20	9	4	0
Reefton Hospital	7	14	11	3	3
Franz Josef Glacier Clinic	5	9	3	1	1
Haast Clinic	8	4	5	1	1
Harihari Clinic	8	7	1	1	1
Ngakawau Clinic	4	2	5	Less than 1	0
Fox Glacier Clinic	0	3	1	Less than 1	0
Whataroa Clinic	0	3	0	Less than 1	0

Telehealth Actions in the Annual Plan

Key Actions from the Annual Plan	Milestones	Status	Comments
Optimise investment in shared electronic systems and telehealth technology, to reduce delays in care, sessions where patient do not attend appointments, and the time specialist, clinical staff and patients waste travelling. (CRP)	Q1-Q2: Opportunities for introducing In-Home telehealth consultations captured.	✓	Two general practices (Buller Medical and Te Nīkau Health Centre) are offering appointments (where appropriate) with an off-site General Practitioner who consults directly with patients in their own environment. The video conferencing platform used by the West Coast DHB (Vidyo), can be used by practitioners in the system to perform video consultations, by sending a secure link directly to a capable device in the patient's own environment. During the lockdown period, many areas of our health system successfully delivered care to people in their own homes without an in-person presence. Appointments delivered via telehealth are captured in "IPM" (Inpatient Manager).
	Q2-Q3: Remote GP role implemented.	✓	
Investigate opportunities for introducing 'In-Home' telehealth consultations, including work with consumer groups and a review of outpatient booking forms to promote telehealth as the first option with face to face as a backup option.	Q2-Q3:	✓	
Expand telehealth capability within Te Nikau to support the new locality-based model of care and equity of access to services for our most remote populations. (EOA)	Q2:	✓	All consult rooms provided with Telehealth technology.

Rural Generalist Model Implementation - April Update

Date	20th April 2021
Title	Rural Generalist Model Implementation Update
Purpose	Update on implementation to date, reminder of rationale for change to date, overview of how the model works to support all professions within a system approach
For	WCDHB Board and executive
From	Clinical Leaders WCDHB, Clinical Director Transalpine and Rural

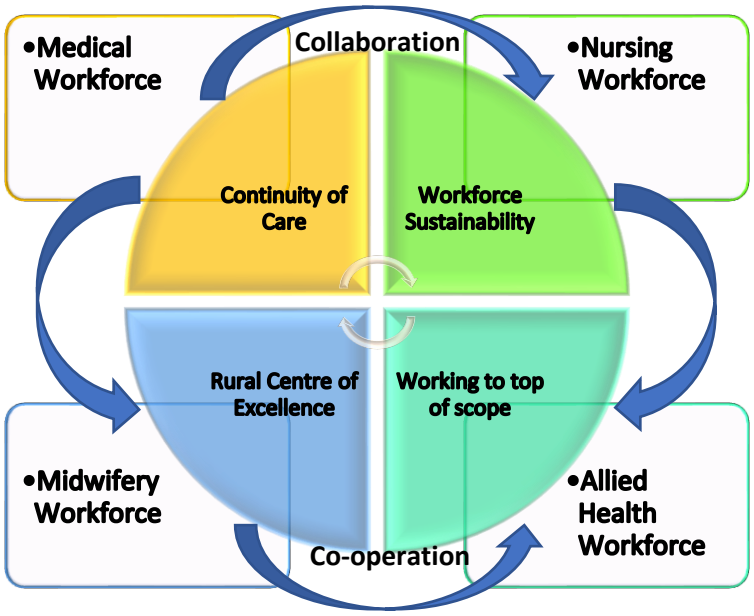
Reminder of Context

What were the key issues / questions we were trying to address with implementation of a Rural Generalist model?

- The key issue we were grappling with was how could we address the huge unmet need in primary care? And deliver secondary care services in a sustainable way into the future, across all professional groups?
- There was general agreement that a rural generalist model was the most sustainable workforce model for the population of the coast
- There was robust international evidence that a rural generalist model was clinically appropriate, evidence based and safe as an alternative to the status quo
- The model demonstrated that it could address rural locality recruitment and retention issues and offer substantive benefits to primary care
- It would allow us to leverage off the key workforces which were already working in a generalist way and better support them to continue in this model i.e. Rural Nurse Specialists, Midwives etc
- The model would also allow West Coast DHB to be a Rural Health centre of excellence, demonstrated through the ways we build workforce capacity and capability

System Approach

How Does this Model Provide a System Approach across all professions?



The diagram above highlights how Rural Generalism as a model relies on all the professional groups to be working together, in a collaborative and complementary way in order to support a 'whole of systems approach' to this model of care. When all professions work to the top of their scope, they enable system change with a focus on continuity of care, workforce sustainability and in turn help build a rural centre / health system of excellence.

Whilst each profession has its own next steps regarding the progression of a Rural Generalist model, they are all committed to work together to provide a model of care which is based on our rural communities needs.

Medical Workforce Update

The current phase of the medical Rural Generalist implementation focuses on building on existing Rural Generalist medical workforce development within the Obstetrics and Gynaecology (O&G) service and department of General Medicine. The implementation is seeing the building of robust clinical governance and leadership across both WCDHB and CDHB through formalised transalpine arrangements and a more integrated approach to service delivery than we have previously had. It means clinicians will spend time at both DHBs to get the volumes they need to maintain their skill sets and be exposed to a variety of clinical scenarios. Applying this generalist approach allows greater workforce and patient accessibility to skilled medical professionals, stronger primary / secondary integration, reduced overall healthcare costs and a more tailored approach to the needs of the West Coast health system than currently exists.

We are also focused on transalpine medical appointments shared across both DHBs, again this allows individuals to maintain skill sets and have strong relationships with clinicians on both sides of the alps. This further strengthens the health system at WCDHB.

A hub and spoke model for the medical workforce means we have greater workforce stability across the whole WCDHB system, with Rural Generalists covering remote clinics and also travelling from Te Nikau to Buller, Reefton and South Westland. This provides greater continuity of care and assurance of service provision and also reduces the need for locums doctors.

Midwifery Workforce Update

Midwives at WCDHB were already working in a rural generalist way, providing both primary and secondary care to women and their babies and covering from Karamea to Haast with a small group of LMCs supported by the team based at Te Nikau and the rural nurse specialists in the community.

Moving to a whole-of-system rural generalist model has meant that the Midwifery model is now further supported by ensuring improved Obstetric and Gynaecology service coverage on the West Coast. The changes are already providing a more permanent medical workforce rather than relying on locums, so midwives have stronger working relationships and more confidence when they refer for medical input for women in their care. It also means that the stable medical workforce better know the midwifery workforce and better understand the capabilities of these rural/ remote rural midwives.

The move to a rural generalist framework across the Coast supports midwifery to be fully autonomous but is also supported by a wider workforce who all expect to work closely together as the model describes and so provides a wider and larger multidisciplinary team better able to support maternity services and more importantly mama, pepi and whanau across the coast.

Nursing Workforce Update

Nurses on the West Coast are already rural generalists, drawing on a broader skillset than is typically required by their colleagues located in more urban areas. Rural nurses care for a smaller volume of people within the context of highly integrated clinical services. This requires them to develop a more diverse skillset, and to regularly work to the full breadth of their scope of practice in order to provide the best possible care for people in our rural communities.

Rural Nurse Specialists have worked in a generalist way for many years and provide a core workforce to support the implementation of the Rural Generalist model across the coast. They work collaboratively with all professional groups, including medical Rural Generalists, often providing sole cover within localities and a broad range of clinical skills to support service delivery in remote rural locations.

Working in a generalist way is fundamental to Nursing across the continuum of care at WCDHB and will be further supported through the growth in the medical rural generalist workforce and continual wider multidisciplinary partnership with Midwifery and Allied Health colleagues.

Allied Health, Scientific & Technical (Allied Health) Workforce Update

Rural Generalism as a model supports the development of a highly skilled Allied Health workforce and enhance opportunities for interprofessional care in rural healthcare teams.

The Allied Health workforce is already skilled and experienced in working in multi-disciplinary teams flexing to the needs of clients in community and in acute settings. A rural generalist model builds on this, enhancing transdisciplinary care, and leveraging off professional specialist expertise, locally and from wider networks. Rural Generalism is an extra skillset that will sit alongside current practice, not replace it.

Allied Health rural generalists have, or are developing, broad clinical competencies in their profession, plus one or more specialist skills that align with a specific service priority or community need. A Rural Generalist approach further supports the Allied Health workforce to work to top of scope and encourages additional skill sets that better meet rural community need and population health requirements.

Summary

Benefits for the community

- Rural Generalism enables continuity of care and service integration, meaning a seamless experience for patients and whanau at WCDHB.
- This change is in addition to what we currently have in place. We are not losing services under this new model, we are building on what we have currently and strengthening it further.
- We are focused on providing as many services as possible on the Coast wherever possible in line with our goal to provide more care closer to home.

Support for the entire WCDHB system

- Rural Generalism as a model supports the entire health system; it provides a hub and spoke model for all health professions and also all geographic areas.

- With a Rural Generalist model we are able to provide greater service assurance (the ability to provide care), not less, remembering we are building on what we currently have and enhancing it.
- We are creating a more sustainable workforce for our community - the model ensures we utilise the workforces we have, attract staff who are keen to upskill to the Coast, and helps us achieve a sustainable, integrated health care system.
- Most importantly, the model ensures primary care is at the heart of our health system and supports people to stay well.

Benefits for staff

- Rural Generalism provides variety for clinicians and allows them to work to the top of their scopes of practice. It also promotes increased job satisfaction as evidence shows that investment in professional development is a key factor that contributes to the enjoyment and retention of the health workforce.
- Developing a rural generalist workforce is reinforcing West Coast DHB's reputation as a Rural Health Centre of Excellence that offers training and academic opportunities for all professions.
- This implementation is strengthening our existing transalpine arrangements with CDHB, with more transalpine departments and clinical governance frameworks in place than ever before.

What are our Next Steps?

- We are actively engaging with our staff and wider community and key stakeholders to implement this workforce change.
- We continue to actively recruit
- We continue to work alongside our staff to enable this change and ensure that the process is seamless for both them and consumers accessing health care within our DHB system
- We continue to focus on building a workforce aligned to community need.

OLDER PERSON'S HEALTH UPDATE

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

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

SOURCE: **Planning and Funding**

DATE: **7 May 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

The Board requested a briefing about the current state of aged care on the West Coast and what the future challenges/opportunities around providing quality aged care to our population might be.

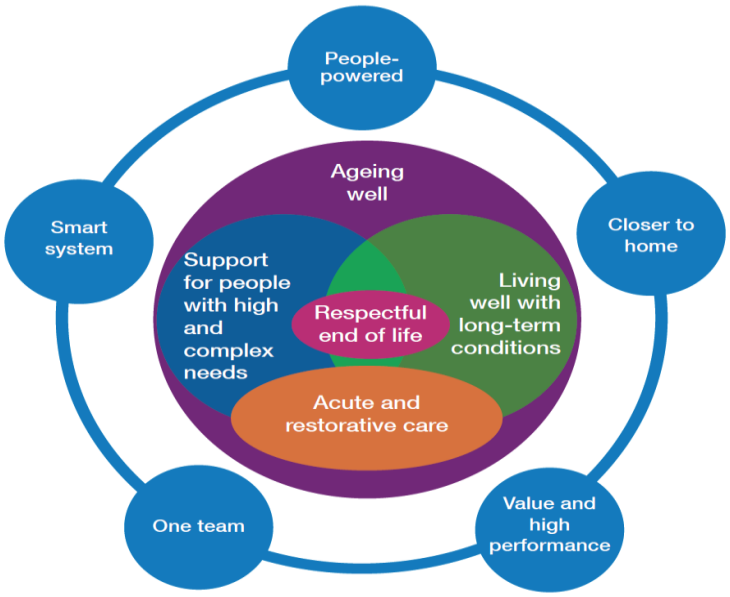
2. RECOMMENDATION

That the Board:

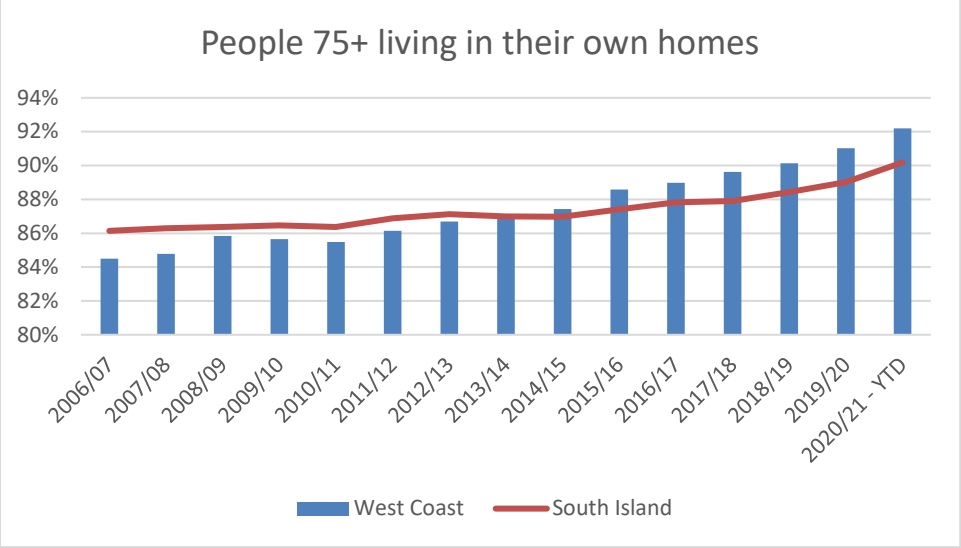
i. Note the paper

3. SUMMARY

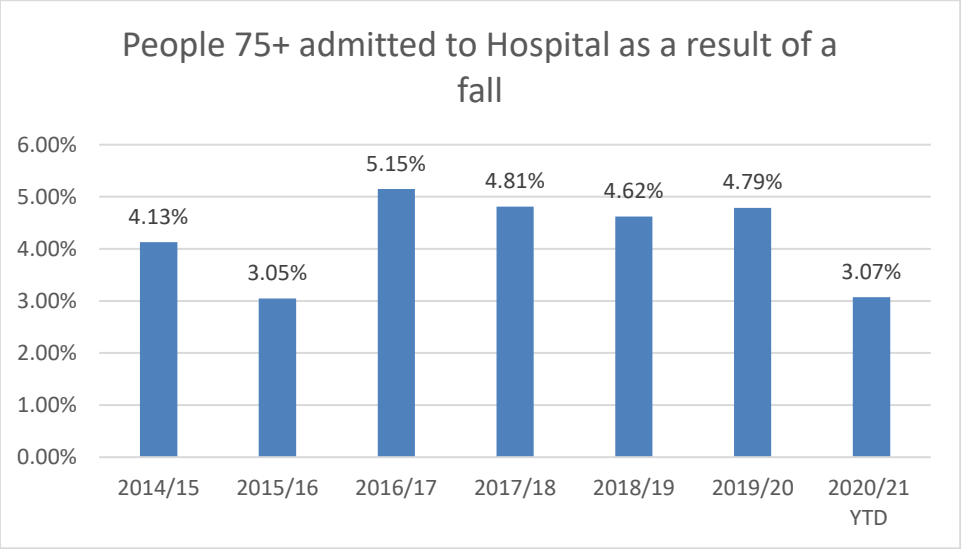
The WCDHB follows the MOH Healthy Aging Strategy (2016). This strategy sets out a framework whereby policies, funding, planning and service delivery enable older people to live well, age well and have a respectful end of life in age-friendly communities.



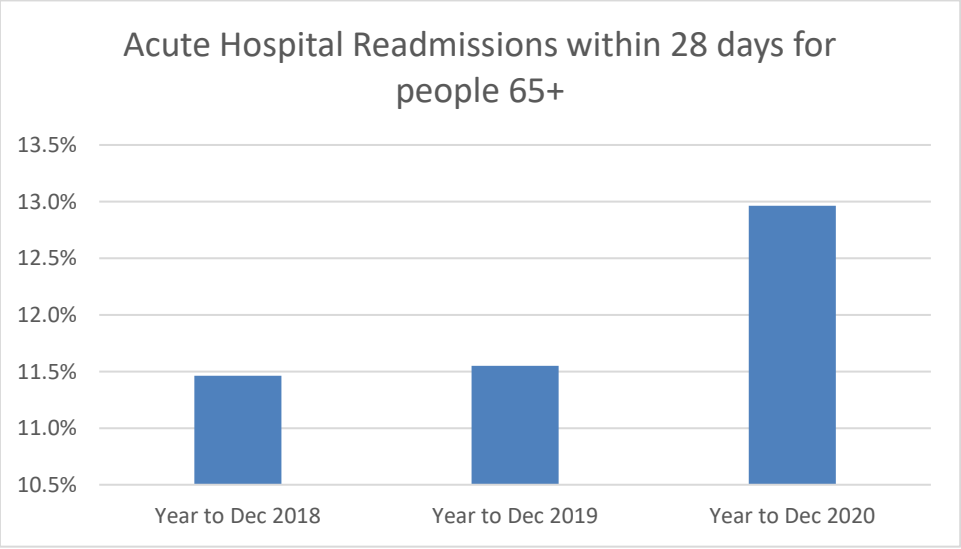
Measuring our results:



The percentage of people 75+ living in their own homes continues to increase with the YTD (March) figures showing 92% of people living in their own home (not in an ARC facility).



The proportion of the 75+ population admitted to Hospital as a result of a fall has remained stable of the past four years with 4.79% of the population admitted in 2019/20. YTD 2020/21 results are tracking to show a significant improvement when compared with prior years. The increase between 15/16 & 16/17 is due to a focus on coding for falls.



The Acute Hospital Readmission rate (within 28 days) for people 65 and older increased from 11.5 to 13% between December 2018 and December 2020. While these numbers are relatively small it is important for our teams to note this increase and respond appropriately.

4. CURRENT STATE

Currently there are a range of services across our health system that support older people to live and age well in our community and contribute to the results above.

How do we know what people's needs are?

The Complex Clinical Care Network (CCCN):

A community based interdisciplinary (IDT) team that provides assessment (usually the interRAI assessment) and patient-centred goal plans that support people with high and complex needs to remain in their own homes. They also allocate carer support, day support and respite to ensure carers have a break. The CCCN assesses people who need to enter Aged Residential Care (ARC); all these people entering ARC have an interRAI assessment and are signed off by the IDT (including by a geriatrician) prior to entering the appropriate level of ARC. The CCCN link with the palliative care team to help provide respectful end-of-life care that caters to physical, cultural and spiritual needs. CCN may work with clients around Advance Care Planning to ensure their wishes are recorded and respected at the end of life.

InterRAI

All older people in NZ who require care and support will have a form of interRAI assessment. This suite of electronic assessments are conducted by registered health professionals (nurses, physiotherapists, occupational therapists etc.) who have received specialised training to become interRAI assessors. The assessments vary in length and complexity and are tailored to different situations according to the needs of the person.

interRAI assessments focus on ability: what a person can do, not what they can't. Each assessment builds a picture of a person's capability and needs, which can be used to form the basis of a care plan both in a community setting or an aged residential care setting.

At a DHB level we match interRAI data with other data sets we collect across the system, such as home and community support data collected from providers, which gives us a more informed view of who is living in our community and the kind of supports that are being implemented. These data sets also contribute to some of our key system level outcome measures, such as the proportion of people living in their own home, acute admissions to hospital, reduced length of stay and acute readmission rates.

Additionally, the interRAI data sets can help us with disaster planning, in that we know how many vulnerable people we support, and of these, who is living alone or with brittle social supports and where these vulnerable people are located.

interRAI and Te Ao Māori: interRAI assessments are designed to fit flexibly into local cultural context wherever they are used around the world. Here on the West Coast we have a designated Maori clinical assessor who delivers the assessment, and all our assessors are trained to use the interRAI assessment in conjunction with the Meihana Model. Additionally, assessors are expected to adhere to standards of cultural competency as set out by their relevant professional bodies.

How do we meet our people's needs?

General Practice:

The general practice team is the centre of a person's health journey, particularly in our rural areas.

Home and community Support:

Home and Community Support Services (HCSS) are a key component of achieving the long-term vision of the Healthy Ageing Strategy by supporting older people to live well, age well and have a respectful end of life in age-friendly communities.

The purpose of Home and Community Support Services is to provide restorative Client-centred, culturally appropriate support to older people that maintains or enhances the functional ability, health and social connectivity of older people living in the community. The support services provided by HCSS providers include interRAI assessment and reassessment, service planning, resource allocation, service

review, personal care and support, household management and case management to facilitate achievement of goal-based outcomes that are co-designed and owned by the Client.

Early Supported Discharge (ESD):

Evidence shows that older people rehab best in their own homes, not in the hospital setting. The ESD is a team response that enables high quality acute and restorative care, for effective rehabilitation, recovery and restoration after acute events for up to 6 weeks, in a person's home. Early supported discharge teams are proven to reduce length of stay in our acute hospitals and can prevent admission to hospital when a person is referred directly from the primary care team. This is a relatively new service response on the West Coast and as the evidence suggests should reduce our readmission rates.

District Nursing services

District Nurses provide a range of supports including wound care, medication oversight, diabetes support and dialysis supervision, as well as supporting people with injuries or acute illness, and delivering palliative care at the end of life. They may source and provide equipment and may support individuals with case management to ensure other clinical and even social needs are met.

District Nursing is an essential element of equitable service delivery to those living rurally, ensuring even those who are located very remotely can receive nursing care.

Falls Prevention:

For those people with a falls risk, the WCDHB coordinates the availability of evidenced based strength and balance classes for those over 65, and for those who can't get to a community class an in-home programme (the Modified Otago Exercise Programme) is provided by a physiotherapist. These services have evidence of significantly reducing falls and therefore hip fractures.

Home Share:

Home Share is a service that brings older people with shared interests together in the comfort of a host's private home or community facility. This provides respite and a break for carers.

Aged residential Care:

There are 6 aged residential care facilities across the West Coast, 2 owned and managed by the DHB and 4 owned and managed by private providers.

Currently there are 258 beds with occupancy at 93% being stable over recent years.

Aged residential care (ARC) providers are contracted by DHBs to provide residential care services including respite for older people assessed as requiring long-term residential care in rest homes and continuing care hospitals.

While we are reasonably comfortable with the number of rest home and hospital level care beds, going forward we need to consider the delivery of aged related dementia and psychogeriatric services in the context of our model of care, which supports service delivery in community settings, closer to family and whanau. We also need to consider the increasing need for these type of services as our population ages, equity of access across the wider West Coast region, and the sustainability of the model we have in place.

DHBs have a responsibility under the NZPHD Act to ensure that services are available that meet the needs of older people whilst supporting independence of the individual. It is hard to do formal modelling on demand due to the small size of the population, but while Stats NZ projections indicate our population will remain relatively static to 2025, the proportion of our population over 65 will continue to grow.

The DHB has been contracting with O'Conor Home since 2018, to provide 14 dementia level beds in Westport. This is a capacity-based contract put in place to ensure options were available for people wanting to remain closer to their local communities.

What are the some of the enablers?

Service Accreditation

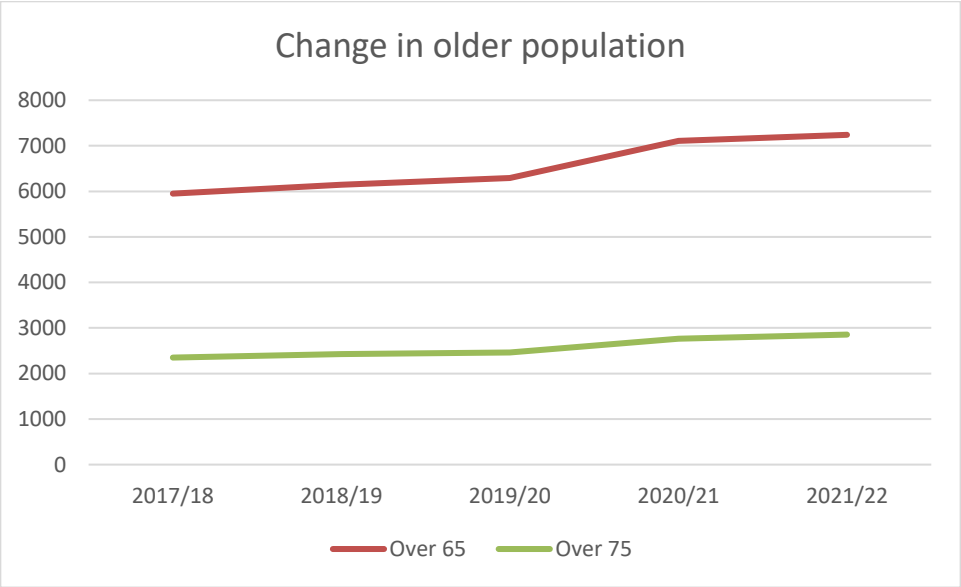
The aim of Service Accreditation is to enable a wider range of health professionals to identify and prescribe low cost, low risk and high-volume equipment for clients, thereby providing intervention sooner and allowing them to gain faster access to equipment which impacts on a person's daily functioning and safety. Service accreditation training has now been completed widely across the coast for our Falls Champions, Practice Nurses, District Nurses, and home and community support teams.

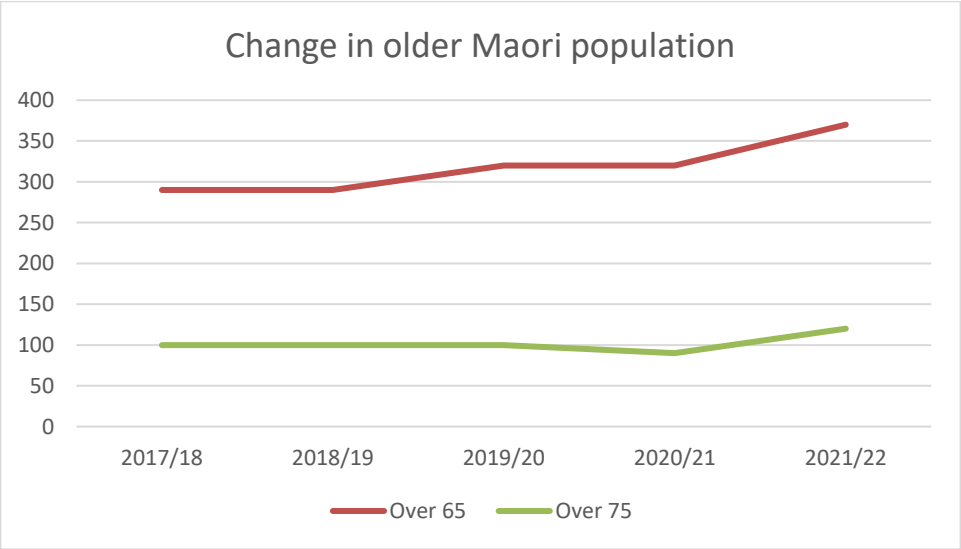
Shared Care Plans

Shared Care Planning describes a way of working which involves community, primary and secondary health services working together to proactively manage and plan care with patients who have complex needs. Shared care plans enable coordination and improved communication between primary, secondary and community health services and real time information sharing. The shared care plans are accessed through HealthOne and Health Connect South and include the Acute Plan and the Personalised Care Plan.

.5. CHALLENGES & OPPORTUNITIES

Ageing population





The older population on the West Coast has grown significantly in the past 5 years with the total funded 65+ population up 22% compared with 2017/18. The 75+ population has also grown by 21% in this time. In 2021/22 the 65+ population is projected to make up 22% of the overall population on the Coast.

The Maori 65+ population has grown by 28% and will make up 9% of the total Maori population on the Coast.

This presents a challenge in terms of the provision of Aged Residential Care, and in terms of supporting people to continue living in the community.

Workforce

Filling health professional vacancies across the West Coast continues to be a significant issue for the health system

Dementia care

The demand for dementia care across New Zealand is growing exponentially. Care for people with very advanced dementia cannot be delivered safely in the community or in standard ARC facilities. Specialised ARC facilities with appropriate staffing models are required to care for this cohort of patients – currently many people requiring this kind of care are forced to move away from the Coast and away from their familiar community.

The ARC sector (especially the dementia care area) is heavily audited and prescribed. Over past, and more recent years, our own DHB facility has struggled in trying to meet the requirements of an aged residential care audit and the formal hospital audit. Private ARC providers have proved to be specialists in this area of expertise and the DHB would welcome the opportunity to support the private sector in the development of new Dementia beds, particularly in Greymouth. As described above we have successfully done this with O'Connor home in Westport.

Aged Residential Care funding:

Considering the current capacity and utilisation of dementia and psychogeriatric beds in Westport and Greymouth we estimate a minimum of 5-7 extra Dementia / PG beds are needed to provide service through to 2025.

With the above in mind we have completed an expression of interest from providers wanting to build new beds, with no tangible results. Providing aged care on the West Coast within the current funding model is difficult for providers, due to low numbers and the relativity low average house price making the traditional village model favoured by bigger providers not financially sustainable.

We are not alone in this problem and DHBs and the ARCs across the country are facing some significant challenges as the population changes and demand for older people services grow. Such changes have major policy, funding and planning implications. Currently over one in six older people are living with three or more long-term conditions with people entering residential care with more acute and more complex health care needs.

Nationally current demand forecasts indicate significant growth in the number of people aged 65+ growing from 607,000 (census in 2013) to an estimated 1.6 million by 2063. Of this 607,000 population on average 31,000 were residents in an aged residential care facility. This number is projected to increase to c. 58,000 by 2031/32; an 87% increase.

Planning for such growth is fundamental. This includes the methodology used to fund the assessed service needs of this population. In late 2017, the Ministry of Health and the 20 District Health Boards commissioned a Review of the current funding model for aged residential care to see if it was keeping pace with the changes in the sector, and to look at whether it would be able to support the needs of the sector in the longer term. The Review focused on how the funding model allocates funds across the sector – the amount of government funding provided to the aged care sector was not considered in this Review.

The primary recommendations from the Review are to expand the care categories in the funding model using the interRAI Resource Utilisation Group (RUG-III) to more equitably distribute funding relative to resident need. Further, that loadings be included within the funding model that take account of capital costs along with adjustors that recognize diseconomies of scale and/or scope for ARC facilities of special character / strategic importance and a turnover payment for long, and or, short stay care.

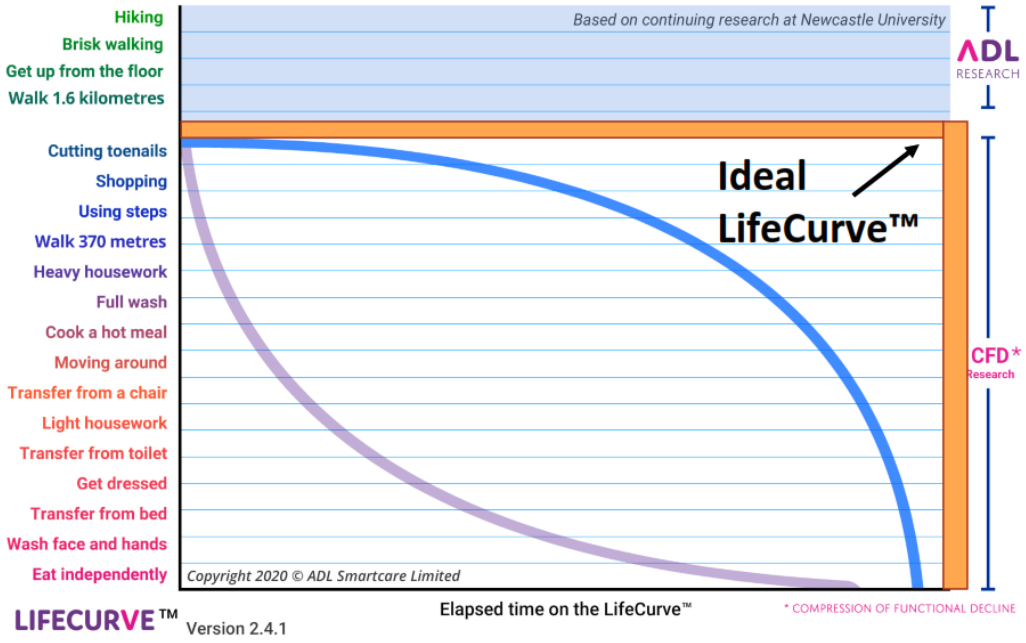
We are hopeful this funding model change (expected in 21/22) will enable our current and/or future ARC providers to once again consider the West Coast as a place that represents a sustainable investment in the aged care sector.

Community models of care

A growing number of people with complex care needs are electing to stay in their homes until they die rather than enter an Aged Residential Care facility. How we respond to this need with the limited (and ageing) workforce and our ongoing recruitment issues remains a challenge.

As indicated in the graphs above, our Maori elder population will continue to grow, we know kaumatua prefer to age in place rather than enter aged residential care and our focus will need to shift to working with kaupapa Maori providers to ensure appropriate and equable services for our kaumatua into the future.

Our aging population numbers do not have represent people losing abilities and function, as frailty is not inevitable; aging is only 25% genetic. How you believe you will age (i.e. badly or well) is a fair prediction of your future reality, so attitude matters. We will be investigating how the LifeCurve™ app (illustrated below) could help older adults with practical ways to maintain health and function through their adult life. Other health systems have used LifeCurve™ to successfully engage people with health promoting activity in their primary care and community settings.



6. CONCLUSION

While we have several core services and enablers in place to meet the needs of our ageing population, we need to continue to invest (and to refocus current investment) into further local community-based initiatives to enable our population to age in place with supports to meet their increasing complex needs. This is a question of equity for our ageing population, most of whom, wish to continue living in their own homes as long as possible.

We continue to work at a national level to align with the new National Home and Community Support Framework and the National ARC funding model review, both of which aim to ensure all people across New Zealand have a more equitable home and community support provision and access to ARC no matter their ethnicity or geographical location.

Report Prepared by: Mardi Postill and Jacqui Lundy Johnstone
Report approved by: Philip Wheble and Ralph La Salle

TATAU POUNAMU CHAIR'S UPDATE

TO: **Board**
Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **May 2021**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the Board as an update from the recent Tatau Pounamu hui that was held on 9 April 2021.

2. RECOMMENDATION

That the West Coast District Health Board notes the report.

Suicide Prevention

Tatau Pounamu recognises the seriousness of this issue for Māori and will discuss further at the next hui what their involvement might be in relation to mate whakamomori. Claire Robinson, Suicide Prevention Co ordinator will be invited to attend the Hui to discuss strategies moving forward.

Te Tiriti and Maori Health Equity Governance and Leadership Workshop

A very important event and Tatau Pounamu and WCDHB Board members are encouraged to attend kanohi ki te kanohi hui. The Zoom in June Hui is an option for those unable to travel.

Consumer Council (Tirohanga Whānui)

Tatau Pounamu is aspirational in its view that it would be advisable to significantly increase Māori representation on the Consumer Council. The consensus is that there is currently too few Maori on the Council. There will be further discussion about this with the Consumer Council in the future. It is important to ensure equity is at the forefront of any consumer conversation.

Bowel Screening

Following a presentation by the Bowel Screening Programme Manager the Bowel Screening Kaupapa, Tatau Pounamu acknowledged the work of Manaia Cunningham and the team he works with to gain MOH approval for the rollout of the Bowel Screening programme. Tatau Pounamu stressed it was important the Hauora Māori team to actively engage in the communication processes and to support and participate within the Equity Advisory Group. This group is made up of members from Iwi, Clinicians and Hauora Māori.

Recommendation

The Tatau Pounamu Chair report and the Hauora Māori General Manager report be a standalone report within the Board Papers.

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.