

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



BOARD MEETING

**Friday 25 June 2021
at 12.30pm**

**Corporate Office Board Room
Greymouth**

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

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Friday 25 June 2021 commencing at 12.30pm

KARAKIA	12.30pm
ADMINISTRATION	

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 7 May 2021
3. Carried Forward/Action List Items

REPORTS FOR NOTING	12.35pm
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|--------------------------------------|---|-------------------|
| 4. Chair's Update – Verbal Update | Hon Rick Barker
<i>Chair</i> | 12.35pm – 12.45pm |
| 5. General Manager's Update | Philip Wheble
<i>General Manager – West Coast</i> | 12.45pm – 12.55pm |
| 6. Finance Report | David Green
<i>Acting Executive Director, Finance & Corporate Services</i> | 12.55pm – 1.05pm |
| 7. Clinical Leader's Update | Clinical Leaders | 1.05pm – 1.15pm |
| 8. Maori Health Update | Gary Coghlan
<i>General Manager Maori Health</i> | 1.15pm – 1.25pm |
| 10. Resolution to Exclude the Public | <i>Governance Support</i> | 1.25pm – 1.30pm |

INFORMATION ITEMS

- Growing up well on the West Coast
- 2021 Meeting Dates

ESTIMATED FINISH TIME	1.30pm
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NEXT MEETING: 9 September 2021

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*)
James Allison, (*Chief Digital Officer*)
Gary Coghlan (*General Manager, Maori Health*)
David Green (*Acting Executive Director, Finance & Corporate Services*)
Brittany Jenkins (*Director of Nursing*)
Mary Johnston (*Chief People Officer*)
Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)
Tracey Maisey (*Executive Director Planning, Funding & Decision Support*)
Rob Ojala (*Executive Director for Facilities*)
Dr Graham Roper (*Medical Director, Workforce, Legislative and National Representation*)
Karalyn van Deursen (*Executive Director, Communications*)
Philip Wheble (*General Manager, West Coast*)
Bianca Kramer (*Governance Support*)

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



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker Chair	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand Daughter-in-law employed by Southern DHB Son employed by Southern DHB 	N N N	
Susan Barnett	<ul style="list-style-type: none"> Employed by the West Coast DHB Son employed by Deloitte – used for risk management auditing 	Y N	
Sarah Birchfield	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Secondment to WCDHB as Programme Manager COVID Vaccination – for a period of 12 months Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. 	Y Y	Actual Perceived

	<ul style="list-style-type: none"> • Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	N	
Anita Halsall-Quinlan	<ul style="list-style-type: none"> • Nothing to report 	N	
Edie Moke	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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
Francois Tumahai	<ul style="list-style-type: none"> • 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 	N	

	<p>Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification.</p> <ul style="list-style-type: none"> • Arahura Holdings Limited – Chief Executive • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director • Westland District Council – Councillor 	<p>N</p> <p>N</p> <p>N</p> <p>Y</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	Actual
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MINUTES



MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING held at Board Room Corporate Office, Greymouth on Friday 7 May 2021 commencing at 1.00pm

BOARD MEMBERS

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

APOLOGIES

Peter Neame and Nigel Ogilvie;

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), Jane George (Director of Allied Health, Scientific & Technical West Coast District); 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), Communications)

The Chair asked Gary Coghlan to say the karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Addition – Chris Auchinvole – Son works for Southern DHB – Dunedin Hospital

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 (6/21)

(Moved: Rick Barker / seconded: Edie Moke – carried) “That the minutes of the Meeting of the West Coast District Health Board held at Ngati Waewae Arahura Marae on Friday 26 March 2021 be confirmed as a true and correct record. With the following amendment made Finance Report, Page 5, paragraph 4, correct spelling to read ‘accrued’.

CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

Resolution (7/21)

(Moved: Rick Barker / seconded: Edie Moke – carried)

“That the minutes of the Meeting of the West Coast District Health Special Board held via zoom on Friday 23 April 2021 be confirmed as a true and correct record

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward/action list was noted.

Philip Wheble, General Manager West Coast, advised that at the next Board meeting the Finance 101 workshop will be held, the Health & Safety workshop is scheduled for the August meeting. Mary Johnston, Chief People Office is to assist with the organisation of this workshop. Gary Coghlan will liaise with a provider for the Maori Health/Cultural Competency training and will provide an update

on progress at the next meeting. Going forward, Maori Health is to be added to the Board agenda as a separate item to ensure the Board is kept abreast of any concerns and updates on progress of items discussed. The suicide prevention presentation will now be provided at the Advisory Committee. There was a discussion around the timing of the scheduled workshops and when during the Board meeting day it is best to schedule them, once the two scheduled workshops discussed earlier take place the Board will discuss when they would prefer the workshops to start on the Board day.

4. CHAIR'S UPDATE

The successful contractor for the Buller Health rebuild was approved by special meeting and work will start in the near future.

The discussions around the mental health business case is still on-going with the MoH. Te Nikau car parking continues to raise issues but with the demolition it is hoped things will progress.

The Chair queried whether all WCDHB sites especially the rural clinics have generators, Philip Wheble confirmed they do.

COVID vaccination roll out is progressing well.

The Chair touched briefly on the implementation of Health New Zealand, and how the South Island will reduce from five DHBs to one large hub, he also voiced concern about how the community voice will be heard.

The Chairs update was noted

5. GENERAL MANAGER'S UPDATE

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

Mr Wheble highlighted that the COVID vaccination process with close to 1240 people having been vaccinated. The process is being expanded with Reefton starting next week. There will be further community information provided when the process rolls out to the wider community.

Norther Buller meetings are ongoing with the communities with discussion on how the healthcare for this area will look going forward.

Wait times for General Practice appointments are becoming more consistent across the board with there being a 7 day maximum wait.

The audit carried out by the Office of the Ombudsmen has had positive feedback, Mr Wheble commented that he doesn't have the final report yet.

Taumata Arowai will take over as the regulatory agency for water services regulation for all of the country, it was suggested that Cheryl Brunton, Medical Officer of Health for West Coast, provide a presentation regarding the changes.

It was asked about if there was any progress and what timeframes are being looked at for the initiative to provide a free 50th birthday GP visit to Maori in the community. Gary Coghlan, General Manager Maori Health, informed everyone he will provide an update/project plan to the next meeting. It was acknowledged that the Maori Health Team have put considerable effort into working with community groups to bring this closer to being rolled out.

It was noted that with that the Maori Health Team is working closely Poutini Waioara and the progress has been extremely encouraging.

The Chair requested an update on the outstanding 'build defects' for Te Nikau to be provided to the Board

Resolution (8/21)

(Moved: Helen Gillespie / seconded: Susan Barnett – carried)

That the Board:

- i. notes the General Manager's update.

6. FINANCE REPORT

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

Mr Green drew attention to some points in the report, the 823K unfavourable for the month and with the revenue capital charge of approximately 434K coming in will make a difference to next month's results, the Personnel and Outsourcing costs variance is with the cleaning being brought in-house, but he indicated that largely we are doing quite well.

The unsettled service claims mentioned in the report were queried, Ralph La Salle, Acting Executive Director, Planning, Funding & Decision Support explained these are old claims from the provider and are currently being worked through, there are 9 people in Buller where services were provided without a contract.

When asked about the \$0 Capital Charge amount, Mr Green explained this is only paid twice yearly and the last payment was in December and was a small amount of 60K due to the value of equity at that stage. The next payment is due 20 June, the payment is accrued monthly.

The Chair asked whether using the current figures show the end of year deficit being unacceptable against the budget, Mr Green explained he was cautious in saying excluding the Holidays Act and COVID he hoped that we would be on budget for the end of year deficit signed off by the MoH in the Annual Plan.

Resolution (10/21)

(Moved: Tony Kokshoorn / seconded: Anita Halsall-Quinlan – carried)

That the Board:

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

7. CLINICAL LEADER'S UPDATE

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

Ms Jenkins highlighted some points from the update

- Both International Midwives Day and International Nurses Day are in May
- Maternity Services are fully staffed
- The Life Curve App

Attention was drawn to the comment about the HQSC's patient deterioration programme, in-patients are fully involved and ensures they get answers to their questions

The Chair asked about the Growing Up Well on the West Coast. Norma Campbell, Director of Midwifery said she has a presentation ready to provide at the next Board meeting.

Resolution (11/21)

(Moved: Sarah Birchfield/ seconded: Edie Moke – carried)

That the Board:

- i. notes the Clinical Leaders' Update.

8. PEOPLE REPORT

Mary Johnston, Chief People Office, presented the report which was taken as read.

Further to the Safe Moving and Handling programme outlined in the paper, Ms Johnston said a paper will go to QFARC. There will also be a higher visibility of Health & Safety in future reports provided to the Board.

Ms Johnston informed everyone that the current payroll system is being de-supported but there is the option to purchase support of the software for two years, which is currently the better option due to the change to Health NZ where there is likely to be one payroll system for the country. There still needs two further upgrades so the Holidays Pay Act compliance can be completed.

The new section in the report relating to recruitment will allow the Board to keep an eye on the critical role vacancies. These are areas that we are struggling to recruit to or are a key strategic priority to the DHB, this new progress looks at different ways of advertising and if successful will be rolled out to the wider DHB recruitment..

The Chair noted that it is an international recruitment campaign for rural health generalists and asked whether we don't train enough doctors here in New Zealand for our population. Mr Wheble replied that in many cases we do not, with slightly different reasons for different doctors/specialists. There is also the challenge of competing with the private sector to fill these roles.

Jacqui Lundy-Johnstone, Executive Director Allied Health), Communications, mentioned the wider use of the multidisciplinary teams working with the doctors as a number of tasks/procedures being completed by the doctors are within scope of the wider team

Resolution (12/21)

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

That the Board:

- i. Notes the People Report.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (13/21)

(Moved: Tony Kokshoorn /Helen Gillespie – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 3a, 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”;

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 3.15pm.

Hon Rick Barker, Chair

Date

CARRIED FORWARD/ACTION ITEMS

**WEST COAST DISTRICT BOARD – BOARD MEETING
CARRIED FORWARD/ACTION ITEMS AS AT 25 JUNE 2021**

	DATE RAISED/ LAST UPDATED	CARRIED FORWARD	COMMENTARY	STATUS
1.	21 February 2020	Maori Health including Cultural Competency	Gary Coghlan to speak to presenter	Update Board 25 June. Workshop 9 September
2..	21 February 2020	MAX – People & Capability Service Portal	Presentation to future meeting	To be scheduled
3	24 September 2020	AF8 Group provide a presentation to Board	To be added for future presentation	To be scheduled
4.	10 December 2020	Health & Safety Obligations	Phil and Mary Johnston to work together on this	6 August
5.	10 December 2021	Medical Oncology wait times for WCDHB patients	Ralph La Salle	Follow-up
6.	7 May	Improving Workforce Wellbeing	Mary Johnson - Paper to QFARC	10 June 2021

GENERAL MANAGER UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager West Coast

DATE: 25 June 2021

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

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the 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.

 	DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY
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A: Reinvigorate the West Coast Health Alliance

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

- is keen to be centrally involved in the responses to the upcoming Health System change to ensure the West Coast community's needs are met;
- highlights to the Board that the General Practices are behind in the delivery of Cardiovascular Disease Risk Assessments (CVDRA) to eligible Māori men; and that the Diabetes Annual Reviews are not being provided as expected. A strong focus is required to improve these areas;
- is looking at opportunities to deliver the System Level Measures at all levels of the organisation; and
- approved the Oral Health Service Development Group Work Plan 2020-22.

B: Build Primary and Community Capacity and Capability

Integrated Locality Services

- Integrated Health Services – Northern

- The implementation of Indici, the electronic information platform, has been deferred until August. The final “Go Live” date is yet to be confirmed.
- The NZNO Strike day on Wednesday 9 June was well managed with support and excellent coordination of Emergency Operations Centre (EOC) in Greymouth.
- The hui with representatives from the local Māori community held on 7 May was well received. The recommendation from the hui was to provide ongoing education in the community in conjunction with what is being done at a national level.
- Our COVAX Clinic was interrupted this week with the NZNO strike. This service has now resumed as per the COVID-19 Vaccination Roll-out Project Team.
- We had the first of the User Reengagement meetings on 27 May to discuss Fixtures Fittings & Equipment for the new build. These meetings will take place on a regular basis.
- A Karamea Community Consultation Meeting was held in Karamea on Wednesday 12 May. A follow up with the Karamea Medical Association Trust has been set and our new Clinical Director, Dr Murray Wiggins will attend this.

8010 Episodes of Care in April 2021

Buller Medical – Presentations – 1789

(Planned and Unplanned)

GP	817
Nurse (incl Spirometry)	288
RNS	0
ACC	141
Script Line	543

Buller Medical – Waiting Times Average for April

	Min	Max	Av
GP	1	11	6
Nurse	4	9	6.5

Clinical Nurse Specialists – 363

Service	Individual Pts	No. of contacts
Cardiac	56	190
Diabetes	16	39
Respiratory	8	8
Oncology	18	60
Palliative Care	18	66
Sleep Disorder	0	0

Outpatients – 185 (incl Karamea and Ngakawau)

Clinic Groups	Appointments	Patients
10	Face-to-Face 172	160
6	Telehealth 13	13

Allied Health - 495

Physio Buller	186
Social Work Buller	81
OT Buller	40
Dietitian (Coast wide)	63
Speech Language (Coast wide)	125

Foote Ward Urgent/Acute Presentations - 278

Arrival Mode	Referral Source
Car	236 Self or Relative
Ambulance Buller	33 GP
Walk-In	7 Nurse
Blackball Ambulance	1 Int Health Care Prof
Other	1

District Nursing contacts	894
HCSS contacts	2519
CMH contacts	422
Phlebotomy contacts	320
Radiology	186

Ngakawau Clinic – Presentations - 248

(Planned and Unplanned)

GP	10
RNS/Nurse	90
DN	116
ACC	17
Script Line	15

Karamea Clinic – Presentations – 311

(Planned and Unplanned)

GP	95
Nurse/RNS	70
DN	82
ACC	40
Scripts	24

■ Integrated Health Services – Central

- The CNM Primary commenced in March 2021 and has been proactively supporting their team, as well as working with other leaders. They, and 5 other clinical and admin staff from our primary practice, have been attending monthly quality

improvement (QI) training at the PHO. They are working through an agreed project and will present the storyboard and outcomes later this year.

- We are continuing to identify and develop GP Registrars locally, with the ultimate goal of supporting them to achieve GP fellowship and stay within the West Coast primary care workforce.
- The CNM Community (who manages the District Nurses and Clinical Nurse Specialists) recently retired after 56 years of nursing. Their replacement is new to the region and brings a wealth of knowledge from a range of nursing roles elsewhere. They have quickly settled into the role and are already driving positive change.
- The Unplanned integrated care area of Te Nikau is working well, with teams working closely together to support our community and respond to variable demand. A recent example was meeting a temporarily increased need for COVID-19 swabs (for people who had been in Melbourne).

▪ **Integrated Health Services – Southern**

- A transition plan has been established to facilitate the return to Southern Locality activity of both the Locality Manager (David) and Clinical Nurse Manager (Maria) from their secondment to the COVID-19 Vaccination Programme. The teams working within the locality have maintained services well in the meantime. Ongoing developments and initiatives have all been interrupted but it is hoped that these can be re-energised in coming weeks.
- There has been turnover in the South Westland Rural Nurse Specialist team with recruitment underway.



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.
- The team is working with the coal boiler manufacturer to fine tune the boiler on maximum load.
- As we approach the end of the Defect Notification Period for Te Nikau we are working with the contractor to close out defects.
- New maintenance team appointed at Reefton following staff retirement.

B: New Facilities Redevelopment Update

Te Nikau and wider Greymouth Campus

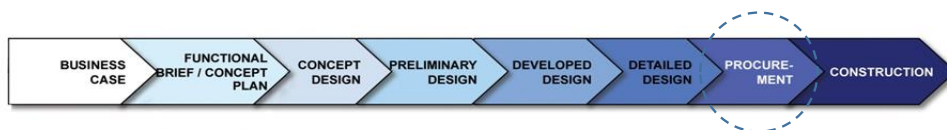
- Stage 3 demolition work is progressing well. When this is complete, final campus works will be actioned.
- Te Nikau Hospital and Health centre has now been operational for close to a year which signals the approaching end of the defect liability period. The DHB, Ministry of Health and project managers have been finalising outstanding defects and agreeing a way forward.
- Work across the campus including road markings, final signage, lighting, asphaltting, covered walkways, front entrance bollards and seating is programmed to be complete by September 2021.

- Enclosure of the manifold room and construction of the loading bay canopy are complete. We expect to see the ambulance bay screen completed in the next month.
- Door hardware improvements and adjustments are close to completion with only 3 outstanding doors requiring work.
- The relocated RAGP building code of compliance was issued in early June and the building handed over to the DHB. Lengthy procurement lead times have delayed the completion of this building fitout. The District Nursing service will be operating from this building once fitout is achieved.

Mental Health Business Case Revision

- Following feedback from the Ministry of Health and Capital Investment Committee an alternative approach is being taken to address issues outlined in the Mental Health Business Case.
- A consultant team has been reengaged to develop the revised business case. In addition, the DHB have contracted Aurecon to complete further structural analysis including a building condition assessment report. User group engagement recommenced in May 2021 and planning for Iwi input is underway.
- A revised business case is expected to be submitted to the Board for sign off in August 2021.

Buller



- Scott Construction have been awarded a letter of offer for the construction of the Buller Health Centre. The team is currently finalising the contract programme and planning logistics to mobilise as well as engage sub-contractors. Scott are expected to be visibly on site in June.
- The facilities team have met with the Buller leadership group to commence operational readiness work and finalise FFE and ICT requirements. Regular planning meetings will be ongoing.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES
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A: Rural Inpatient & Transalpine Services and Secondary Mental Health Services

Nursing

- We farewelled one of our senior nurses last month who has been with the organisation for 56 years. Cheryl Hutchison started her career as a young 17 year old at Westland hospital and has retired from her position as Nurse Consultant/Clinical Nurse Manager Community. She handed over the baton to Holly Mason who has joined the team from the East Coast. We wish Cheryl all the best in her retirement and have thanked her for her service to the West Coast community. She will be missed by all.
- The Nurse Director Operations has been doing some work with the mental health leadership team. The team have started a morning operational meeting which feeds into the whole of systems operational meeting. This is proving to be a great way of bringing the teams together and understanding each other's workloads within their service.
- Care Capacity Demand Management have completed the first full time equivalent (FTE) calculations in the mental health inpatient unit. This has shown staffing to be within a 1 FTE

assumption so very pleasing to see. This 1 FTE mainly sits with cover for the Clinical Nurse Manager annual leave requirement.

- Our Northern Nurse Practitioner (NP) is progressing well in her new role and continues to grow in confidence.
- As part of the Emergency Care Coordination team for the upper South Island, the group are looking at equity of service and the effects on patients and their families/whanau when moving from one facility to another. As part of this project the ECCT team will be visiting the WCDHB and local Iwi to understand the impact of the community when patients are moved further afield than CDHB.

Rural Inpatients and Transalpine Service

- **SMO Recruiting:** We have appointed a General Surgeon to the vacancy we have had since January and they are due to commence work in October. We have interviewed for a part time vacancy in Anaesthetics and are in the process of completing referee checks (if the candidate is suitable they will also commence work in October).
- **Improving staff capability:** Team leaders have commenced the Te Huarahi Hautū programme of manager development. This is a series of workshops which will enhance their leadership and manager skills.
- **Equity:** The Central Booking Unit are continuing to work with the Hauora Māori team to expand reach of the Priority Populations Attendance project. This project improved the attendance of Māori and Pasifika to equal that of the general population. The National Bowel Screening Project initiative to improve the way bowel prep is provided to people receiving a colonoscopy has commenced. This initiative uses standing orders, courier delivery and locality based pick up to value patient time and, annually, will result in 4-500 fewer patient journeys to Te Nikau.
- **2021/22 Budgets:** All Team Leaders have completed their budget planning for the 2021/22 budget cycle.
- **Service Continuity:** All teams have updated their Business Continuity Plans in light of the need for a focus on potential attack following the lessons learned by Waikato DHB. Our services will be able to continue acute work but the potential for medium term disruption is significant in the event of a complete shutdown of IT access. The Laboratory has reviewed its Mass Casualty and AF8 plans to ensure that in the event of a significant event essential blood products and laboratory functions remain available.
- **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. In May we identified a solution to the storage and retrieval of Exercise Tolerance Tests, however this has yet to be implemented due to the need for equipment upgrades. In the meantime the team are scanning and manually saving these tests to the electronic health record. The project to improve document security by electronic filing of procedure consent forms has stalled at implementation due to not being adequately consulted upon. The teams involved intended to revisit this project in May however due to staffing constraints they did not have the time and the project is paused.
- **Streamlining Systems:** The Supply Team and Orthotics have made changes to optimise the stock levels and minimise fluctuations in ordering. It was intended that this would free up time for clinical staff and improve patient care by having the right stock on hand at all times and it appears to have been successful. The next stage in this is to identify the best way to

provide off the shelf Orthoses and enable the Orthotic Service to focus on custom made and complex work.

- **National Bowel Screen Programme:** The National Bowel Screen Programme (NBSP) has commenced on the West Coast.

Maternity

- A steady month in Te Nikau Maternity in May with 23 babies being born, 18 being normal deliveries. A quiet month for Gloriavale and Kawatiri with no births recorded.
- We celebrated International Midwives Day on 5 May to recognise the excellent work our midwives (both LMC and core) do by having an afternoon tea. The birth of two baby girls that day made the celebration even more special.
- The Clinical Midwife Manager joined Ara educators and the 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.
- 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

- We welcomed a new Team Manager for the Allied Health Team in Northern (Marie Ryan). Marie will be adding this role to her existing role as Clinical Lead Physiotherapy.
- Bi-monthly visits from CDHB Child Development Services (CDS) specialists (OT and Physio) who support our clinicians, are well underway. Our teams are currently focusing on tamariki who have been waiting for an assessment the longest. Over the next few months, we expect to see a reduction in waiting times and improved access to AH services for tamariki and their whānau. We are gathering data to report to the Board at the next meeting.
- An experienced Physiotherapist has been appointed to the Southern team, providing outpatient and community based services. They will be starting on 4 July 2021.
- We are interviewing candidates for the Central Team Manager role.
- Current vacancies in AH that we are recruiting to, include a Physiotherapist in Northern and Central, Clinical Lead Occupational Therapy and an Occupational Therapist in Mental Health.
- Following AH leadership, other AH teams are now completing the HEAT training.
- Allied Health teams are collaborating with community and inpatient teams to enable the Early Supported Discharge pathway. The CDHB team have been providing training for using the Personalised Care Plan, a goal setting and e-documentation tool for clear communication between clinicians and teams.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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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 in 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 6% below current year-to-date budget for the ten months to the end of April. 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 Telehealth Steering Group and Reporting subgroup had its first meeting in June. One of the focus areas of this group includes refining a 'Power BP' dashboard created from National Non-Admitted Patient Collection data to reflect Key Performance Indicators (KPI). These Key Performance Indicators include Did Not Attend (Telehealth vs in-person Outpatient Appointments, by ethnicity), Patient Distance and Time Saved, and Patient and Workforce Satisfaction Survey data. With consistent reporting across the South Island and collaboration with Canterbury District Health Board under this initiative, we will be able to compare uptake with that in other regions. The Roadmap for this project indicates region-wide measurement of these KPIs will be achieved during the first quarter of 2021/22.

The next Telehealth Dashboard for the Board will provide data for Q4 2020/21.

	INTEGRATING THE WEST COAST HEALTH SYSTEM
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A: Older Persons Health Services

Supporting older people to remain at home

Home and Community Support Services (Coasters): The vision for the West Coast health system is one that wraps care around people and helps them to stay healthy and well in their own homes and community. At the heart of our vision is a fundamental re-orientation of our current service model to an integrated system that has the client firmly at the centre. The Proposal for Change for Home and Community Support Services (also known as Coasters) has gone out for review, feedback has been received, and it is due to be finalised shortly.

HCSS (Coasters) has recently undergone a routine surveillance audit with good outcomes. Some corrective actions were identified, and these are being addressed.

Complex Clinical Care Network: The Complex Clinical Care Network has recently employed two new Gerontology Nurse Specialists (GNS) who are located in Central. Initially one of the GNS will be the clinical lead for Advanced Care Plans, Dementia and End of Life care, with both eventually taking on these roles. Strategically, the two GNS will also support and liaise with the Aged Residential Care facilities on the West Coast to support best practice. Outcomes in other DHBs with this model of care have seen a reduction in admissions and length of stay in our acute hospital for the ARC cohort.

Aged Residential Care COVID-19 Vaccinations: Older Persons Health on the West Coast has supported the COVID-19 Mobile Vaccination team and Aged Residential Care facilities in the rollout of the COVID-19 vaccinations for both residents and staff. The majority of West Coast ARC facilities will have completed their first and second vaccinations by Wednesday 16 June 2021.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

The consolidated West Coast DHB financial result including the impacts of COVID-19 and Holidays Act compliance (\$68k favourable) for the month of May 2021 was a deficit of \$1.800M, which was \$1.647M unfavourable to the annual plan. The YTD result is now \$3.722M unfavourable to the annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(62)	(132)	70	(1,521)	(1,609)	88
Funder Arm	(108)	944	(1,052)	6,429	6,908	(479)
Provider Arm	(1,698)	(965)	(733)	(8,827)	(7,237)	(1,590)
Consolidated Business as Usual Result	(1,868)	(153)	(1,715)	(3,919)	(1,938)	(1,981)
Covid-19 & Holidays Act	68	-	68	(1,741)	-	(1,741)
West Coast DHB Result	(1,800)	(153)	(1,647)	(5,660)	(1,938)	(3,722)

B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):** The Buller go-live was put on hold until agreement was gained with Valentia in regards to the scope and timing of Indici security testing. Valentia have now committed to completion of the patient portal security testing on 23 July. The new Buller go live date, to be confirmed with

operations management, is expected to be mid-August. The new draft District Nursing module is under review by WCDHB.

- **Care Capacity Demand Management (CCDM):** First iteration of the core data set dashboard is completed and will be rolled out to the Executive Team, Operations Managers and Clinical Managers over the coming weeks.
- **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). All technical issues are resolved, working with the communications team to release some information to public on change before implementing.
- **Cyber security:** Our Phriendly Phishing campaign has launched. This training course will improve staff education levels around types of phishing attacks. The first part of the campaign is a baseline level to identify how susceptible staff are to phishing related attacks. Following this is an education and awareness campaign. This allows tracking against baseline to measure improvement in level of awareness and susceptibility. Firewall security updated and brought to latest patch level. Information from CERT from Waikato cyber-attack reviewed and being applied. Working closely with CDHB on cyber security.

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

Communications and Engagement

- Communication activities (newspaper, radio and social media advertising) for the roll-out of the National Bowel Screening Programme
- 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.

Media

During May/June 2021, most media enquiries received related to the DHB's COVID-19 vaccination programme implementation. We also received enquiries about the roll-out of the National Bowel Screening Programme, appointments at Buller Medical Centre, delivery of health care services to the Karamea community and the 2021 influenza (flu) vaccination programme.

- **Media releases:**
 - [Health news](#)
 - COVID-19 vaccination programme roll-out expanding across the Coast (05/05/2021)
 - West Coast DHB appoints construction contractor for the new Buller Health facility (06/05/2021)
 - National Bowel Screening Programme coming to the West Coast (26/05/2021)
 - Contingency planning at Canterbury and West Coast DHBs for the 9 June NZNO strike well underway (28/05/2021)
 - Melbourne travellers asked to get tested and self-isolate (28/05/2021)
 - Contingency plans in place for NZNO strike at Canterbury and West Coast DHBs (08/06/2021).
- **Social media posts:**
 - Measles (MMR) campaign series (20/04/2021)

- Measles (MMR) campaign series (24/04/2021)
- Today is Hand Hygiene day! (05/05/2021)
- West Coast DHB will be expanding the roll-out of its COVID-19 vaccination programme (05/05/2021)
- West Coast DHB has finalised the appointment of the construction contractor for the new Buller Health facility (06/05/2021)
- Measles (MMR) campaign series (11/05/2021)
- Today is International Nurses Day (12/05/2021)
- Measles (MMR) campaign series (18/05/2021)
- National Bowel Screening Programme roll-out across the Coast (26/05/2021)
- Contingency planning for the NZNO strike on 9 June (28/05/2021)
- Melbourne travellers asked to get tested and self-isolate (28/05/2021)
- A visit from whānau and support people would be especially welcome during the nurses' strike (08/06/2021).



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).
- **Social Supply of Alcohol:** Following the success of the project relating to social supply of alcohol to teenagers at Greymouth High school, the project has now been extended to both Buller and Westland High Schools. The project highlights the harm alcohol can cause to teenage brain development as well as promoting the delay of the first drink. Information for parents includes busting common myths as well as strategies to discuss teen drinking with their rangatahi.
- **Early Childhood Nutrition:** Community and Public Health staff have recently supported the Heart Foundation to provide professional development sessions for Early Childhood Education workforce across Hokitika, Greymouth and Westport. Sessions focussed on supportive healthy food and drink policies in centres as well as including information supporting the link between health and good oral health in childhood.
- **Health in All Policies:** Community and Public Health staff are currently working on submissions to the West Coast Regional Council Long Term Plan.

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

FINANCE REPORT FOR THE PERIOD ENDED 31 MAY 2021



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 25 June 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 May 2021.

3. DISCUSSION

Overview of May 2021 Financial Result

The consolidated West Coast DHB financial result for the month of May 2021 was a deficit of \$1.800M, which was \$1.647M unfavourable to the annual plan. The year to date net deficit of \$5.660M is \$3.722M 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	14,873	13,402	1,471	11.0%	153,877	147,429	6,448	4.4%	160,834
Inter DHB Revenue	27	10	17	176.2%	27	108	(81)	(74.9%)	117
Inter District Flows Revenue	294	154	140	91.2%	1,914	1,691	223	13.2%	1,962
Patient Related Revenue	630	719	(89)	(12.4%)	7,149	7,799	(650)	(8.3%)	8,499
Other Revenue	55	678	(623)	(91.9%)	618	3,751	(3,133)	(83.5%)	4,312
Total Operating Revenue	15,879	14,963	916	6.1%	163,585	160,777	2,808	1.7%	175,725
Operating Expenditure									
Personnel costs	7,094	6,435	(659)	(10.2%)	75,402	71,286	(4,116)	(5.8%)	77,918
Outsourced Services	1	0	(1)	0.0%	12	1	(11)	0.0%	1
Treatment Related Costs	941	794	(147)	(18.5%)	9,171	8,464	(707)	(8.4%)	9,255
External Providers	3,759	3,732	(27)	(0.7%)	40,956	41,048	92	0.2%	44,781
Inter District Flows Expense	4,031	2,109	(1,922)	(91.2%)	26,342	23,196	(3,146)	(13.6%)	25,306
Outsourced Services - non clinical	120	121	1	0.9%	1,328	1,332	4	0.3%	1,453
Infrastructure and Non treatment related costs	884	850	(34)	(4.0%)	9,724	9,641	(82)	(0.9%)	10,495
Total Operating Expenditure	16,830	14,041	(2,789)	(19.9%)	162,935	154,968	(7,967)	(5.1%)	169,209
Result before Interest, Depn & Cap Charge	(951)	922	(1,873)	(203.1%)	651	5,809	(5,159)	(88.8%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	342	371	29	7.7%	3,715	3,712	(3)	(0.1%)	4,082
Capital Charge Expenditure	507	705	198	28.1%	2,595	4,035	1,440	35.7%	4,740
Total Interest, Depreciation & Capital Charge	849	1,076	227	21.1%	6,310	7,747	1,437	18.5%	8,822
Net Surplus/(deficit)	(1,800)	(153)	(1,647)	(1076.5%)	(5,660)	(1,938)	(3,722)	(192.0%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,800)	(153)	(1,647)	(1076.5%)	(5,660)	(1,938)	(3,722)	(192.0%)	(2,306)

The underlying BAU variance (i.e. excluding Holidays Act compliance and Covid-19) for May is \$1.715M unfavourable to budget (\$1.981M 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.

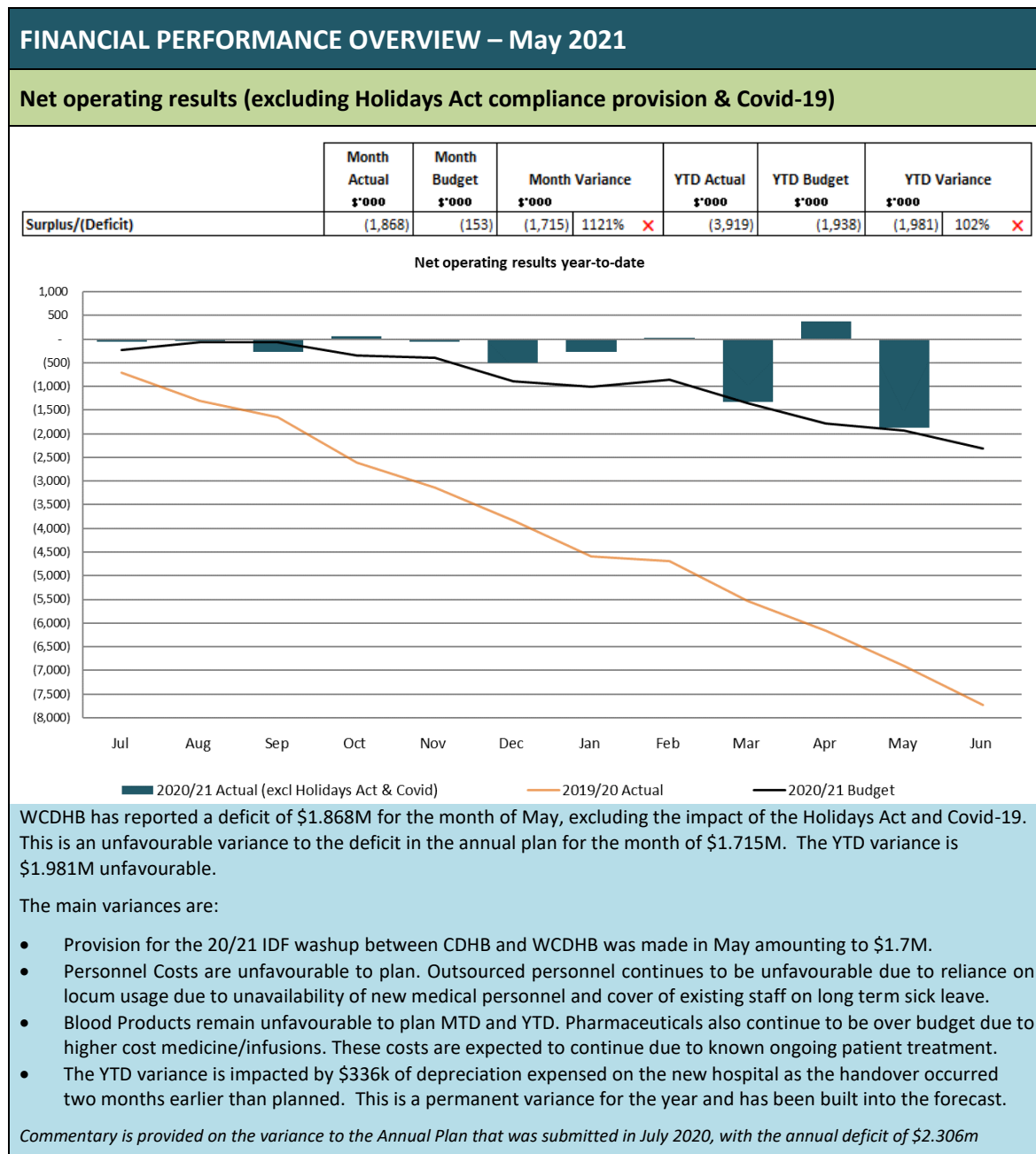
4. APPENDICES

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

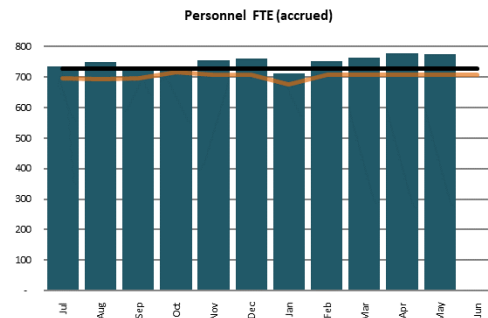
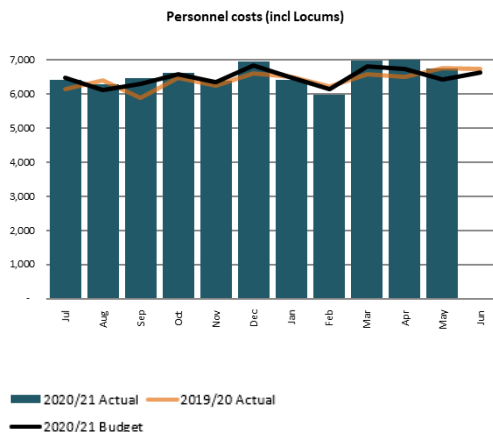
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT



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	1,489	1,606	117	7%	✓	18,011	17,526	(485)	-3%	✗
Nursing	2,967	2,716	(251)	-9%	✗	30,658	30,640	(17)	0%	✗
Allied Health	1,044	1,063	19	2%	✓	11,555	11,681	126	1%	✓
Support	334	331	(3)	-1%	✗	3,239	3,229	(10)	0%	✗
Management & Admin	924	720	(204)	-28%	✗	8,869	8,210	(659)	-8%	✗
Total	6,758	6,435	(323)	-5%	✗	72,332	71,286	(1,046)	-1%	✗



KEY RISKS AND ISSUES:

Personnel Costs:

Medical costs are favourable for the month but remain unfavourable YTD. The main driver of this is in outsourced personnel (YTD \$1.391M), 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 unfavourable to plan.

Allied Health is favourable to plan.

Support Services - we transitioned cleaning services from an outsourced model to in-house staffing in October.

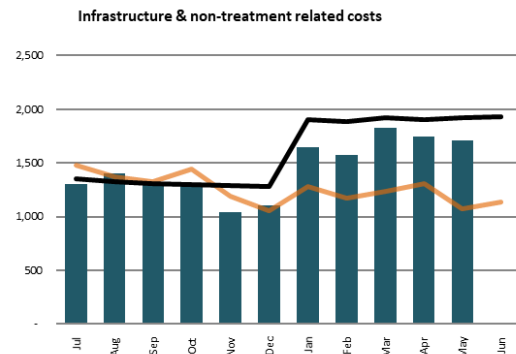
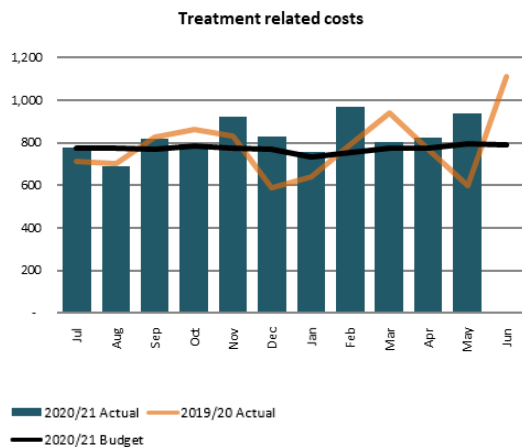
Management and Administration costs are unfavourable largely due to the realignment of positions that were budgeted in other areas to Management and Admin.

Holidays Act compliance

This provision is currently \$19.028M (\$2.54M YTD). 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			YTD Actual \$'000	YTD Budget \$'000	YTD Variance		
			\$'000	%				\$'000	%	
Treatment related costs	937	794	(143)	-18%	✗	9,117	8,464	(653)	-8%	✗
Non Treatment related costs	1,706	1,926	219	11%	✓	15,940	17,388	1,448	8%	✓



KEY RISKS AND ISSUES:

Treatment related costs:

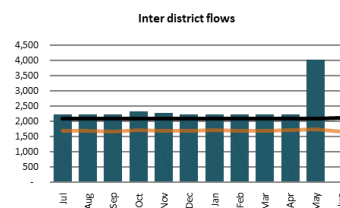
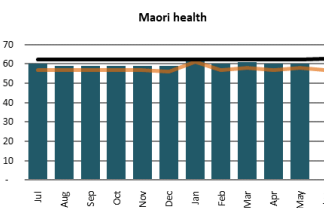
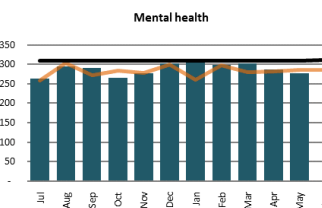
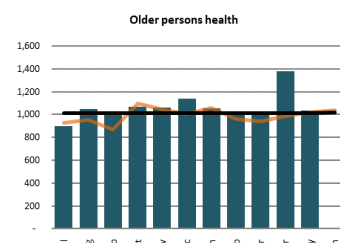
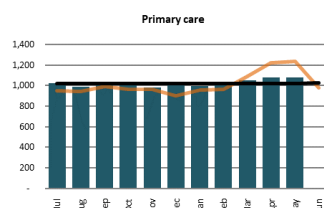
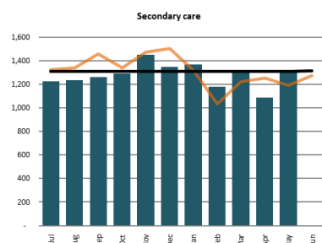
High blood and infusion costs continue to have an impact on the result – Blood Products were \$25k unfavourable for the month, the YTD variance is \$218k unfavourable. Pharmaceuticals continues to be unfavourable: MTD \$74k, YTD \$765k. These costs are expected to continue due to known ongoing patient treatment. The YTD variances in Blood and Pharmaceutical are partially offset by lower theatre implant 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 for other assets, Hotel & Laundry, and Facilities expenses. Although Capital Charge expense has increased due to Te Nikau, it is favourable to annual plan due to reduction in the calculation 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	1,312	1,316	4	0%	14,099	14,479	380	3%
Primary Care	1,076	1,026	(50)	-5%	11,286	11,284	(2)	0%
Older Person's Health	1,033	1,016	(17)	-2%	11,693	11,176	(517)	-5%
Mental Health	278	311	33	11%	3,172	3,421	249	7%
Maori Health	60	63	3	4%	659	688	29	4%
IDF	4,031	2,109	(1,922)	-91%	26,342	23,196	(3,146)	-14%
Outsourced Clinical	121	121	0	0%	1,340	1,333	(7)	-1%
Total	7,911	5,962	(1,949)	-33%	68,591	65,577	(3,014)	-5%



2020/21 Actual 2019/20 Actual
2020/21 Budget

KEY RISKS AND ISSUES:

Secondary Care

In April 21, community pharmacy was adjusted to reflect the latest estimates released by PHARMAC. This included an increase in the amount expected for community pharmacy rebates and a reduction in Ministry (MoH) funding for increased supply costs due to Covid-19.

Primary Care

The unfavourable monthly result in Primary care is due to non-devolved PHO capitated expenditure. This expenditure is offset by additional revenue provided by MoH.

IDFs

- Provision for the 20/21 IDF washup between CDHB and WCDHB was made in May amounting to a net impact of \$1.7M. The impact on IDF outflows for the month was \$1.8M.

Financial position

	YTD Actual	YTD Budget	YTD Variance		Annual Budget
	\$'000	\$'000	\$'000		\$'000
Equity	120,278	150,584	(30,306)	-20% ✗	150,148
Cash	7,828	6,920	908	13% ✓	6,382
Capex	5,844	10,992	5,148	47% ✓	11,264

KEY RISKS AND ISSUES:**Variances to Equity**

WCDHB had included a drawdown of equity for the Buller IFHC totalling \$8M in the annual plan to be received in July, October, January and April – the total amount has not yet been drawn down due to the timing of actual spend to date below than originally planned. WCDHB received \$1.570M in March and \$368k in April as a drawdown of costs based on actual spend against the Buller project. We have arranged with the MoH to draw down quarterly in advance based on Quantity Surveyor estimates, to ensure our cashflow is not significantly affected.

Deficit support of \$7.1M was in the annual plan to be received in January 2021 but has not been received. We will be submitting an equity support request to this Board meeting.

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

(including Holidays Act compliance provision & Covid-19)

For period ending
in thousands of New Zealand dollars

31 May 2021

	Monthly Reporting				Year to Date				Full Year 20/21
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	14,873	13,402	1,471	11.0%	153,877	147,429	6,448	4.4%	160,834
Inter DHB Revenue	27	10	17	176.2%	27	108	(81)	(74.9%)	117
Inter District Flows Revenue	294	154	140	91.2%	1,914	1,691	223	13.2%	1,962
Patient Related Revenue	630	719	(89)	(12.4%)	7,149	7,799	(650)	(8.3%)	8,499
Other Revenue	55	678	(623)	(91.9%)	618	3,751	(3,133)	(83.5%)	4,312
Total Operating Revenue	15,879	14,963	916	6.1%	163,585	160,777	2,808	1.7%	175,725
Operating Expenditure									
Personnel costs	7,094	6,435	(659)	(10.2%)	75,402	71,286	(4,116)	(5.8%)	77,918
Outsourced Services	1	0	(1)	0.0%	12	1	(11)	0.0%	1
Treatment Related Costs	941	794	(147)	(18.5%)	9,171	8,464	(707)	(8.4%)	9,255
External Providers	3,759	3,732	(27)	(0.7%)	40,956	41,048	92	0.2%	44,781
Inter District Flows Expense	4,031	2,109	(1,922)	(91.2%)	26,342	23,196	(3,146)	(13.6%)	25,306
Outsourced Services - non clinical	120	121	1	0.9%	1,328	1,332	4	0.3%	1,453
Infrastructure and Non treatment related costs	884	850	(34)	(4.0%)	9,724	9,641	(82)	(0.9%)	10,495
Total Operating Expenditure	16,830	14,041	(2,789)	(19.9%)	162,935	154,968	(7,967)	(5.1%)	169,209
Result before Interest, Depn & Cap Charge	(951)	922	(1,873)	(203.1%)	651	5,809	(5,159)	(88.8%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	342	371	29	7.7%	3,715	3,712	(3)	(0.1%)	4,082
Capital Charge Expenditure	507	705	198	28.1%	2,595	4,035	1,440	35.7%	4,740
Total Interest, Depreciation & Capital Charge	849	1,076	227	21.1%	6,310	7,747	1,437	18.5%	8,822
Net Surplus/(deficit)	(1,800)	(153)	(1,647)	(1076.5%)	(5,660)	(1,938)	(3,722)	(192.0%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,800)	(153)	(1,647)	(1076.5%)	(5,660)	(1,938)	(3,722)	(192.0%)	(2,306)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 May 2021

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	149,534	155,750	(6,216)	(4.0%)	23,397
Intangible assets	320	1,456	(1,136)	(78.0%)	497
Work in Progress	8,853	11,893	(3,040)	(25.6%)	11,929
Other investments	302	320	(18)	(5.6%)	320
Total non-current assets	159,009	169,419	(10,410)	(6.1%)	36,143
Current assets					
Cash and cash equivalents	7,828	6,920	908	13.1%	6,152
Patient and restricted funds	50	56	(6)	(10.7%)	47
Inventories	1,138	1,160	(22)	(1.9%)	1,044
Debtors and other receivables	4,553	4,491	62	1.4%	4,484
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	13,569	12,627	942	7.5%	11,727
Total assets	172,578	182,046	(9,468)	(5.2%)	47,870
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,488	2,399	(89)	(3.7%)	2,270
Other	63	62	(1)	(1.6%)	63
Total non-current liabilities	2,551	2,461	(90)	(3.7%)	2,333
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	16,073	11,694	(4,379)	(37.4%)	12,120
Employee entitlements and benefits	33,676	17,307	(16,369)	(94.6%)	30,367
Total current liabilities	49,749	29,001	(20,748)	(71.5%)	42,487
Total liabilities	52,300	31,462	(20,838)	(66.2%)	44,820
Equity					
Crown equity	216,746	231,422	14,676	6.3%	93,858
Other reserves	25,100	25,098	(2)	(0.0%)	25,100
Retained earnings/(losses)	(121,568)	(105,936)	15,631	14.8%	(115,908)
Trust funds	0	0	0	0.0%	0
Total equity	120,278	150,584	30,306	20.1%	3,050
Total equity and liabilities	172,578	182,046	(9,468)	(5.2%)	47,870

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 May 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	17,127	14,955	2,172	14.5%	164,100	160,689	3,411	2.1%
Cash paid to employees	(6,134)	(6,435)	301	4.7%	(71,879)	(71,286)	(593)	(0.8%)
Cash paid to suppliers	(473)	(1,766)	1,293	73.2%	(19,322)	(19,592)	270	1.4%
Cash paid to external providers	(4,278)	(3,732)	(546)	(14.6%)	(40,427)	(41,048)	621	1.5%
Cash paid to other District Health Boards	(3,512)	(2,109)	(1,403)	(66.5%)	(26,871)	(23,196)	(3,675)	(15.8%)
Cash generated from operations	2,730	913	1,817	198.9%	5,601	5,566	35	0.6%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	(1)	(705)	704	99.9%	(61)	(4,035)	3,974	98.5%
Net cash flows from operating activities	2,729	208	2,521	1209.9%	5,540	1,531	4,009	261.8%
Cash flows from investing activities								
Interest received	4	8	(4)	(50.0%)	39	88	(49)	(55.7%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(253)	(272)	19	7.0%	(5,673)	(9,838)	4,165	(42.3%)
Acquisition of intangible assets	(39)	0	(39)	0.0%	(171)	(1,144)	973	
Net cash flows from investing activities	(288)	(264)	(24)	9.1%	(5,805)	(10,894)	5,089	46.7%
Cash flows from financing activities								
Proceeds from equity injections	370	0	370	0.0%	1,940	15,064	(13,124)	87.1%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
Cash generated from equity transactions	370	0	370	0.0%	1,940	15,064	(13,124)	87.1%
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	370	0	370	0.0%	1,940	0	1,940	0.0%
Net increase in cash and cash equivalents	2,811	(56)	2,867	(5149.5%)	1,676	5,701	(4,026)	(70.6%)
Cash and cash equivalents at beginning of period	5,017	6,975	(1,958)	(28.1%)	6,152	1,218	4,934	405.1%
Cash and cash equivalents at end of period	7,828	6,920	908	13.1%	7,828	6,919	908	13.1%

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	(14,598)	(13,174)	1,424			(14,598)	1,424	(151,147)	(144,910)	6,237			(151,147)	6,237
Non-Devolved Contracts	(216)	(90)	126			(216)	126	(1,110)	(1,010)	100			(1,110)	100
Inter-DHB & Internal Revenue	(321)	(164)	157			(321)	157	(1,941)	(1,799)	142			(1,941)	142
Other Revenue	(744)	(1,536)	(792)	(434)		(310)	(1,226)	(9,387)	(13,058)	(3,671)	(1,523)		(7,864)	(5,194)
Total Revenue	(15,879)	(14,964)	915	(434)	0	(15,445)	481	(163,585)	(160,777)	2,808	(1,523)	0	(162,062)	1,285
DHB Provided Expenditure														
Personnel	6,473	5,823	(650)	128	207	6,138	(315)	67,217	64,495	(2,722)	526	2,540	64,151	344
Outsourced Personnel & Support	621	612	(9)			621	(9)	8,185	6,791	(1,394)	3		8,182	(1,391)
Outsourced Services	121	121	0			121	0	1,340	1,333	(7)			1,340	(7)
Clinical Supplies	941	794	(147)	4		937	(143)	9,171	8,464	(707)	54		9,117	(653)
Infrastructure & Non-Clinical Supplies	1,733	1,926	193	27		1,706	220	16,034	17,388	1,354	94		15,940	1,448
Total DHB Provided Expenditure	9,889	9,276	(613)	159	207	9,523	(247)	101,947	98,471	(3,476)	677	2,540	98,730	(259)
Other Providers														
Personal Health	2,335	2,318	(17)			2,335	(17)	24,937	25,495	558			24,937	558
Mental Health	278	311	33			278	33	3,172	3,421	249			3,172	249
Public Health	53	24	(29)			53	(29)	495	268	(227)	47		448	(180)
DSS	1,033	1,016	(17)			1,033	(17)	11,693	11,176	(517)			11,693	(517)
Maori Health	60	63	3			60	3	659	688	29			659	29
IDFs	4,031	2,109	(1,922)			4,031	(1,922)	26,342	23,196	(3,146)			26,342	(3,146)
Total Other Providers	7,790	5,841	(1,949)	0	0	7,790	(1,949)	67,298	64,244	(3,054)	47	0	67,251	(3,007)
Total Expenditure	17,679	15,117	(2,562)	159	207	17,313	(2,196)	169,245	162,715	(6,530)	724	2,540	165,981	(3,266)
Total Consolidated Result Deficit/(surplus)	1,800	153	(1,647)	(275)	207	1,868	(1,715)	5,660	1,938	(3,722)	(799)	2,540	3,919	(1,981)

CLINICAL LEADERS UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 25 June 2021

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders' Update.

3. SUMMARY OF COLLECTIVE MAHI

We are currently working in collaboration with our colleagues in Canterbury to implement local processes that will support an agile response to emerging evidence regarding medical devices. To enable this, the Canterbury and West Coast District Health Boards have a shared membership to the Emergency Care Research Institute (ECRI), which is a non-profit, independent organisation based in the United States who independently evaluates medical devices used across the world. Using this organisation's research, we will be able to work with local consumers and clinical teams to make informed decisions around product purchasing to ensure that we have access to consumables that are: safe and effective for consumers, user-friendly for staff, and cost-effective.

We are working in collaboration with our Quality Team and a range of clinicians from the multidisciplinary team to target a number of areas related to medication safety, and are also engaged in supporting a range of improvements related to recent recertification audits.

We are working closely with the West Coast's rural interprofessional education programme run by the University of Otago and are currently exploring opportunities where we might be able to help enable maximum programme success.

GROWING UP WELL ON THE WEST COAST

We are pleased to update the Board on our progress with this mahi; see separate information item.

NURSING

We have been busy with contingency planning and all the preparations needed to safely manage the planned New Zealand Nurses' Organisation (NZNO) strike that took place on the 9 June. We would like to acknowledge all of the nurses, midwives, and healthcare assistants who provided a significant and highly valued contribution to the West Coast Health System and acknowledge our respect for NZNO members' right to take this action.

We would like to thank all of the staff volunteers for their assistance and would also like to thank our communities for their patience and support on the day.

Our local Care Capacity Demand Management (CCDM) Programme continues to progress rapidly with our first two FTE calculations completed and endorsed by the CCDM Council, and further FTE calculations underway. Progress with the other key milestones (Core Data Set and Variance Response Management) also continues to advance, which means we will be very close to achieving 100% implementation of the programme for nurses and midwives by 30 June. We will be signalling our interest in completing the national programme self-evaluation, which will help us to identify a clear gap analysis that will inform key actions needed in the following months to reach the 100% target (for nursing and midwifery).

We are looking to future-proof nursing's contribution to a variety of services, including: wound care, infection prevention & control, and neurology; and are working in collaboration with NGO partners and teams across the West Coast, as well as our colleagues in Canterbury, to explore a variety of innovations.

We are continuing to develop the concept of rural generalism in nursing and are excited to be granted innovation funding that may be used to support some targeted developments to the Rural Nurse Specialist career pathway, paediatric nurse workforce, and mental health nurse workforce. To support this work, we are also collaborating with People & Capability to host a recruitment/retention workshop to target fragile nursing roles.

We are working with the Ministry of Health's Chief Nurse, Lorraine Hetaraka, and with our local Hauora Māori Team and nursing teams to arrange for Lorraine to visit the West Coast later this year.

ALLIED HEALTH, SCIENTIFIC & TECHNICAL (AHST)

Work continues to promote the Lifecurve, with a stakeholder hui in Christchurch held to identify ways that the community, health partners and the social service sector can work together. Locally it is hoped to run similar sessions, which we will be seeking the support of our Consumer Council to develop.

We are also in the process of scheduling a planning session with the HealthPathways team at the Canterbury Clinical Network, who develop the Allied Healthways programme and content. This will support our clinical leaders across the Allied Health, Scientific & Technical professions, who are tasked with ensuring best practice clinical pathways are available to our clinical teams electronically.

Project Search, the internationally successful internship programme for young disabled people, has been presented to community groups, DHB leadership and the Mayors Taskforce, following the 'Tēnei au. This is me, here I am : Enabling Good Lives' Capability and Capacity Building Project and Gatherings. We look forward to updating the Board about the opportunities this presents the DHB, in upcoming Advisory Committee meetings.

The DHB have also contributed to the Waka Kotahi consultation on the future of the Total Mobility Scheme; often known as the taxi card service accessed via local councils for eligible community members.

MIDWIFERY

- The Maternity unit at Te Nikau has been very busy over this month reflecting similar patterns across Aotearoa. We celebrated International Midwives Day on 5 May to recognise the excellent work our midwives, both LMC and core do by having an afternoon tea. The birth of two baby girls that day made the celebration even more special
- Education Update: We ran a PROMPT Course in Buller this month which was well attended by all. Workshops coming up in June are Newborn Life Support and Emergency Skills Day
- We have been given 0.5 FTE for a midwifery clinical coach position fully funded by the Ministry of Health for the first year and then lesser funding for two following years. This role is part of the previous MECA ACCORD settlement for support and development of the profession

- We continue to receive inquiries from midwives outside of the West Coast who are interested in LMC and core work with some already moving to the West Coast
- The Director of Nursing and the Director of Midwifery did a road trip to visit all the Rural Nurse Specialist (RNS) Clinics in South Westland. This was to determine how the RNS and LMC workforces can support each other for the remote rural pregnant women in South Westland. Feedback to midwives at their next combined meeting

MEDICAL WORKFORCE

There is an SMO engagement day on Friday 11 June with a full morning of presentations and a workshop session. Visiting rural health experts and transalpine colleagues will be involved and the opportunity to maintain our focus as a rural health leader for New Zealand is a key goal.

Recruitment

Interviews and job offers have been made for a General Surgeon and an Anaesthetist. Interviews are booked for a Psychiatry position along with Rural Hospital medicine and General Practice. A transalpine General Physician role is currently advertised.

Transalpine Services

A formal agreement has been made which sees Dr David Smyth being the Chief of Medicine for CDHB and WCDHB. Planning continues with the implementation of the transalpine model for General Medicine. 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.

The Medical Leadership Team

The medical leadership team has been firmed up with the appointment of Dr Murray Wiggins as the Clinical Director (CD) for the Northern hub. Murray is an experienced GP and is on a part-time contract with his home base being Hawke's Bay.

Primary Care and Rural Medicine Specialists

Continuing with the work to support Northern and Southern regions from Te Nīkau with 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.

CLINICAL BOARD

The Clinical Board are holding their sixth meeting on 10 June.

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

MAORI HEALTH REPORT

TO: Chair and Members
West Coast District Health Board

SOURCE: Maori Health

DATE: 25 June 2021

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

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

2. RECOMMENDATION

That the Board:

- i. Notes the Maori Health Report

3. SUMMARY

Hui Professor's Roger and Sarah Strasser University Waikato

On the 11th of June professors Roger and Sarah Strasser from the University of Waikato met with some members of Tatau Pounamu and the Hauora Māori General Manager. Essentially Roger and Sarah are an authority on all things rural health.

They are working on a proposal to explore the creation of a new and different graduate-entry medical school specifically focused on training Primary care doctors for the under-served communities identified in the Health and Disability System Reform: Maori, Pasifika, and rural communities. This would reduce health inequality and lead to better health outcomes, while also reducing treatment costs through health problems being identified and treated earlier.

This new medical school will be based at the University of Waikato possibly in partnership with another University and will include satellite training centres based in regional New Zealand. Students would be trained in the communities they will serve so they have the cultural competence to meet their patients' needs. With 100 students graduating each year, this new medical school would provide immense opportunity to fill the gap within the Health workforce and reduce the reliance on international medical graduates, with the benefit being that we are growing our own workforce.

At this stage, they are seeking the Government's support to investigate this proposal as part of the Health and Disability System Reform and develop the concept more fully. It was agreed further kōrero with Ngai Tahu is key and there is a firm commitment to include Iwi in the development of the proposal.

Consumer Council Hui with Tatau Pounamu.

Recently the Chair of the Consumer Council, Russ Alton and Deputy Chair, Christine Robertson met with Tatau Pounamu members to begin a korero about what a genuine Treaty Partnership model with the Consumer Council would look like. The meeting and korero was robust and rich with great intent by both groups to work together. It was agreed that a sensible next step would be to wānanga, inviting other members of the Council to participate, to review the current Terms of Reference. We

will use the Tē Tiriti and the consumer engagement QSM framework as a guide for facilitating this process.

Ra whanau kia koe – Māori 50th Health Check

A small group has been formed to work through a co-design process with Māori to progress the concept of offering Māori a free health check on their 50th birthday. Initially expertise has been provided by two GP's to scope the clinical boundaries and understand the flow on impact of the health check. Scenarios have been developed, the next step will be undertaking a comprehensive cost analysis and understanding workforce implications. Once this mahi has been concluded we will provide a report to Tatau Pounamu and the DHB Board, our timeframe to have this completed and reported back to these groups is August.

Pae ora o Te Tai o Poutini

The Pae ora o Te Tai Poutini, Project Manager will present the first scoping report to the Steering Group on the 28th June. Fiona Pimm who has been contracted by Poutini Waioara to work alongside partners to design the Pae ora Model of Care has been consulting with key partners and undertaking further review and analysis of the current pathways for Māori, what the strengths and weaknesses are, what works well and what doesn't work well. This project has been funded through the Te Ruinga category of Te Ao Auahatanga Hauora Māori: Māori Health Innovation Fund.

COVID19 – Vaccinations Readiness:

The Ministry of Health is funding Māori health providers who have existing vaccinator capabilities to ensure they are prepared and ready to be responsive and sustainable during the COVID-19 vaccinations roll-out and Hauora Maori are supporting Poutini Waioara through this development phase of the Tranche 1 contract.

The objectives are:

- Enabling choice for whānau, hapu, iwi and communities
- Encouraging collaboration between providers, and reduction of competition and duplication (ensuring alignment with local DHB vaccinations roll-out)
- Maximisation of resources in communities
- Tailoring of services at the most local level
- The recruitment of new staff

The MoH has also provided funding to DHB's through Tranche 2 funding for Māori vaccination support. The funding is intended to support the roll-out programme by increasing access to vaccinations for whānau Māori, hapu, iwi and communities.

These objectives are:

- Whānau Māori, hapu, iwi and communities are enabled to access the vaccine services with ease
- Wrap-around holistic support is provided with the delivery vaccinations
- Whānau Māori, hapu, iwi and communities are enabled with a choice to access kaupapa Māori vaccinators
- Reduction of competition and duplication through collaboration between providers and local DHB's
- Resources are maximised in communities
- Services are tailored at the most local level and innovative approaches are enabled.

Hauora Māori are also liaising with Te Kahui who are a newly formed group of South Island Māori Health Providers to ensure oversight and input into the Hauora Māori Covid vaccination and rollout response.

Governance and Partnership

A steering group has been developed involving all stakeholders; PHO, Community and Public Health, Māori Health Provider, Iwi and DHB to develop strategy and implement Covid-19 Vaccination roll-out.

The Hauora Māori Covid Lead is meeting regularly with the Māori Health Provider, Te Runaka o Makaawhio and Te Runaka o Ngatiwaewae to ensure ongoing input and feedback to the operational aspects of the rollout.

Targeted Vaccination Approach

To date the majority of effort has focused on establishment of the static clinic within the DHB in both Mawhera and Kawatiri, and all workforce, IT and protocols surrounding that. Māori whanau/households of frontline workers who were eligible for the vaccine were offered vaccination as part of a 'whole of whanau' strategy. The Whanau strategy identified Māori whanau of Groups 1 or 2 including all household members (over 16) and offered vaccination. This strategy also included anyone identified as being part of a vulnerable group.

In Greymouth a Kaiarahi position has been established with the purpose of supporting Māori whanau to engage in the Covid-19 clinic, and ensure the experience is a good one. A process to gain feedback from vaccinated Māori is being undertaken by the Kaiarahi to ensure quality improvement is based on robust consumer feedback.

The next phase of the rollout will focus on outreach vaccination clinics with a trial already taking place in Reefton. Ngā Whanau Māori are consulted prior to the clinics to ensure the information was disseminated amongst Māori.

One third of our community live outside the catchment area of our static clinic coverage and planning is underway to begin outreach clinics in the regions. As well as Māori, we have identified other communities of interest, i.e. Gloriavale Christian community, Industry groups, socioeconomic areas and isolated areas where outreach clinics will be operating to ensure we achieve maximum coverage.

Ministry data is distributed daily identifying ethnicity uptake and is shared with the Hauora Maori Portfolio Lead, this will enable timely responsiveness of specifically tailored Māori approaches where uptake is slow.

Māori Health and Disability Provider support

The Hauora Maori team are supporting our Poutini Waiora – our Māori Health Provider to develop a Covid preparedness strategy that will ensure workforce readiness, innovative approaches for whanau, collaboration across the sector, minimize duplication and tailoring services at the most local level.

A number of Hauora Māori clinics will be held building on flu vaccination clinics run by Poutini Waiora - Maori Health Provider. These clinics are underpinned by whānau ora with health navigators, bowel screening kaimahi and the Covid19 team attending the clinics to offer education and support to whānau in all areas of health and well-being.

Opportunities to build capacity across the NGO sector to enable multiple touch points for Māori whanau to engage in the vaccination programme and build knowledge about the vaccine are being explored and will be further developed as the programme rolls out further.

Workforce Development

A collaborative effort between the Māori Health Provider and the DHB has resulted in a number of Māori nurses being identified to complete the IMAC training and registration to begin building a pool of Māori vaccinators. Additionally, Poutini Waiora employ three current vaccinators.

Options for WCDHB clinical workforce to work under the Poutini Waiora umbrella to offer vaccination support and clinical backfill as a key part of the Maori response strategy are currently being investigated. Recruitment is a challenge on the West Coast and the Provider are looking to work closely with the DHB to partner on innovative solutions to address this.

Tailored Communications

In April, with MOH support, the WCDHB Beginning 1st June, all Māori over 16 will now be eligible for vaccinations and we are using our iwi and Māori provider network to advise whānau.

Iwi and Poutini Waiora are currently doing online training that will allow them to become booking champions within this network to give whānau another support option when booking appointments. This approach allows supported uptake for whanau as we can easily identify and track whanau who have booked. Te Rongoa Arai mate Korona – The Covid-19 vaccination communication strategy targeting Māori is being distributed widely across Te Tai o Poutini.

Report prepared by: Maori Health Team

Report approved by: Gary Coghlan, (*General Manager, Maori Health*)

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Governance Support

DATE: 25 June 2021

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6., 7, 8, 9, 10, 11, 12, 13 & 14
- 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 7 May 2021	For the reasons set out in the previous Board agenda.	
2.	NZHP FPIM Service Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Audit Arrangement Year Ended 30 June 2021	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Annual Accounts Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) Protect the privacy of natural persons.
5.	CEO Delegations	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.	Equity Support Drawdown	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	2021/2022 Draft Annual Plan	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Property Strategy	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	Chair & 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)
10.	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)
11.	People 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)
12.	Asbestos Containing Material Management – Grey	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
13.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
14.	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”;

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

GROWING UP WELL UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Jane George, Director of Allied Health Scientific & Technical
Norma Campbell, Director of Midwifery

DATE: 25 June 2021

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

This report is provided to the West Coast District Health Board as an update on our community conversations about Growing Up Well on the West Coast.

2. SUMMARY OF PROGRAMME TO DATE

As at June 12th, our facilitators have met with 16 groups and more than 150 people from Karamea, through to Haast. We aim to complete the consultation by the end of June, with groups in Greymouth and the immediate rural areas.

The most common words that appear in the transcripts and notes from these sessions are presented visually here.



Analysis undertaken during this discovery phase has been focused on making sure we have had as broad a reach possible in terms of demographics, localities, types of groups and so forth.

The demographics of those people we have heard from are as follows:

Ethnicity	Number	%
NZ Māori	30	20%
NZ European	95	63%
Pacifica	2	1%
Samoaan	2	1%
Fijian	2	1%
Other		
European	6	4%
Indian	3	2%
American	3	2%
Other	5	3%
Tongan	2	1%
Grand Total	150	100%

Age	Number	%
<15	39	26%
15-19	38	25%
20-24	1	1%
25-29	3	2%
30-34	18	12%
35-39	23	15%
40-44	7	5%
45-49	9	6%
50-54	4	3%
55-59	1	1%
60-64	4	3%
65-70	2	1%
70+	1	1%
Grand Total	150	100%

Gender	Number	%
Female	99	66%
Male	48	32%
Gender diverse	3	2%
Grand Total	150	100%

While we do not yet have themes to share formally, there have been a number of messages from our communities that have stood out from the transcripts. These include:

- A sense of lack of food security
- Boredom felt by rangatahi
- Desire to see a greater use of Te Reo Māori
- How hard it can be navigating services/ knowing what is available and how to access it
- Technology challenges
- Lots of travel required to link kids with 'normal' activities
- Patchy access to a wide range of services

Once the final sessions have been conducted, a thorough analysis of the feedback (data) will be undertaken.

3. **NEXT STEPS**

A benefit of the Growing Up Well Steering Group being made up of representatives from a variety of agencies, community providers and members is that the wide range of feedback and opportunities that fall beyond the DHB's scope will be able to reach the appropriate organisations.

For the DHB, we expect to use the feedback to respond to 'quick win' suggestions for improvement, provide awareness raising education for staff and influence the development of service delivery strategy such as in our First 1000 days and broader Child and Youth Health Strategies. The feedback already is, and will continue to be vital to our Maternity Quality Safety Programme goals, and is demonstrating valuable insights into working across contract silos and services.

Finally, we will also undertake an analysis of the process of consultation, as part of the Health Research Council (HRC) grant requirements, which have helped us fund the facilitation of these hui. We can

already see the impact we are having by going to our communities and being open to hear whatever their feedback is. The HRC funded research will allow us to formally report on this and share our findings with other communities and health systems, in academically validated ways.

Report prepared by: **Clinical Leaders:** Norma Campbell, Director of Midwifery
Jane George, Director of Allied Health, Scientific & Technical

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	1.00pm	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.