

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



BOARD MEETING

**Friday 6 August 2021
at 12.30pm**

**Corporate Office Board Room
Greymouth**

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

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

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

EXECUTIVE SUPPORT

(Attendance dependent on Agenda items)

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*)
Dr Rob Ojala (*Executive Director for Infrastructure*)
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*)

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Friday 6 August 2021 commencing at 12.30pm

KARAKIA**12.30pm****ADMINISTRATION**

Apologies

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

REPORTS FOR NOTING**12.35pm**

- | | | |
|--|---|-------------------|
| 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
Verbal update | Clinical Leaders | 1.05pm – 1.15pm |
| 8. Maori Health Update | Gary Coghlan
<i>General Manager Maori Health</i> | 1.15pm – 1.25pm |
| 9. Resolution to Exclude the Public | <i>Governance Support</i> | 1.25pm – 1.30pm |

INFORMATION ITEMS

- Telemedicine Dashboard
- 2021 Meeting Dates

ESTIMATED FINISH TIME**1.30pm****NEXT MEETING:** 24 September 2021

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker Chair	<ul style="list-style-type: none"> 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 Partner employed by West Coast DHB 	Y Y Y	
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 West Coast DHB 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

	<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>Y</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	<p>Actual</p>
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MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at Board Room Corporate Office, Greymouth
on Friday 25 June 2021 commencing at 12.30pm

BOARD MEMBERS

Hon Rick Barker (Chair); Chris Auchinvole; Susan Barnett; Sarah Birchfield; Helen Gillespie; Edie Moke (via zoom), Peter Neame, Nigel Ogilvie and Francois Tumahai (via zoom)

APOLOGIES

Anita Halsall-Quinlan and Tony Kokshoorn

EXECUTIVE SUPPORT

Dr Peter Bramely (Chief Executive); Philip Wheble (General Manager, West Coast); James Allison (Chief Digital Officer), 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), Jacqui Lunday Johnstone (Executive Director, Allied Health), Tracey Maisey (Executive Director Planning, Funding & Decision Support); Rob Ojala (Executive Director Infrastructure) (via zoom) and Karalyn van Deursen (Executive Director Communications)

All those present said the karakia

Dr Peter Bramley, Chief Executive, took the opportunity to welcome the two new members of the Executive Management Team. Tracey Maisey the new Executive Director Planning & Funding and Decision Support and James Allison the new Chief Digital Officer.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Addition – Susan Barnett - Partner works for West Coast DHB

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 (14/21)

(Moved: Chris Auchinvole / seconded: Helen Gillespie – carried)

“That the minutes of the Meeting of the West Coast District Health Board held at Corporate Office Board Room on Friday 7 May 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, confirmed that a workshop covering ‘Health & Safety Obligations’ will be held at the next Board meeting scheduled for Friday 6 August.

4. CHAIR'S UPDATE

The Chair commented on the work being done by the COVID programme teams, with everything being on scheduled. He also made mention of antivac leaflets being put in letter boxes in Greymouth and the surrounding areas.

The NZNO nurses strike took place two weeks ago and with the help of staff, both clinical and non-clinical the patients were well looked after.

It is coming up first year anniversary of Te Nikau opening, Buller Health construction hasn't started yet but is due to in the near future. The Mental Health facility business case is being revised and will be presented to the Board for approval.

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 drew attention to the Occupational Therapy wait times for children, with 14 children on the waiting list and to date 8 have received appointments, the remaining 6 are still to be contacted. The waiting time is between 18-201 days.

Addendum After moving out of the public excluded section of the meeting this point was discussed further, it was asked why the top end of the waiting times was so high with it sitting at 201 days. Jane George, Director of Allied Health, Scientific & Technical West Coast District, explained that a lot of work has been carried out in this area in the last six months where previously wait times sat at over 1000 days.

There have been on-going consultations with the Karamea community regarding how their health service will look going forward.

After a brief discussion around patient travel, with a request was made for further information to be provided.

Resolution (15/21)

(Moved: Helen Gillespie / seconded: Edie Moke – carried)

That the Board:

- i. notes the General Manager's update.

6. FINANCE REPORT

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

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.

Resolution (16/21)

(Moved: Peter Neame / seconded: Helen Gillespie – 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 informed everyone that the WCDHB has been allocated Nursing Innovation Funding, this is for Rural Nurse Specialist, recruitment and retention as well as career pathways

The Chair asked about the Rural Generalism video mentioned at a previous meeting, it was to be a descriptive video showing the wide range of health professions included in Rural Generalism model and how they all lock into one another to provide a high standard of healthcare for the community. Mr Wheble confirmed the video is in production and once available the Board will get the opportunity to view it.

Resolution (17/21)

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

That the Board:

- i. notes the Clinical Leader's Update.

8. MAORI HEALTH UPDATE

Gary Coghlan, General Manager Maori Health, presented the update which was taken as read.

With the new Maori Health Authority being implemented it was asked if the West Coast DHB Maori Health Team were involved. Mr Coghlan advised that they were engaged and he had been to a hui and while there is still a lot of work to be done, there is a clear sense of direction.

Mr Coghlan was asked if there was any further update on the Maori 50th Birthday Health Checks. Mr Coghlan confirmed that there is a November 2021 start date and will initially run through to May 2022. There is a lot of work being carried out and it needs to be right, not rushed.

Resolution (18/21)

(Moved: Sarah Birchfield/ seconded: Rick Barker – carried)

That the Board:

- i. notes the Maori Health Update.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (19/21)

(Moved: Helen Gillespie /Nigel Ogilvie – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6., 7, 8, 9, 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”;

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 4.03pm.

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
	25 June 2021	Patient Travel	Further information to be brought back to the Board	6 August

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:

- notes the General Manager's update.



A: Reinvigorate the West Coast Health Alliance

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

- has benefited from the attendance of the Chief Executive (CE). The CE encouraged ALT to keep progressing outcomes and system change with greater focus across the West Coast. ALT will capitalise on the CE's willingness to support ALT plans for reinvigorating ALT and initiating revised ways of driving outcomes forward.
- The System Level Measures Improvement Plan (SLMIP) for 2021/22 is approved. For 2021/22, ALT will focus on ensuring the SLMIP targets are well socialised at all levels of the organisation, amongst health providers, stakeholders and others responsible for outcome delivery. Agreed plan(s) on how best to monitor and assist in achieving the SLMIP outcomes will be disseminated and discussed as appropriate.
- ALT notes the contents of the draft West Coast DHB Annual Plan for 2021/22 and supports the ongoing progress being made to finalise the plan following receipt of feedback from the MoH.

- ALT is supportive of continuing the Rural Service Level Alliance (RSLA) model of funding distribution as proposed by the RSLA.
- ALT endorses the Transalpine Oral Health Service Development Group's establishment of a rangatahi group to address poor oral health outcomes amongst youth is endorsed by ALT.

B: Build Primary and Community Capacity and Capability

Integrated Locality Services

▪ Integrated Health Services – Northern

- Over the last couple of weeks, the team in Westport have been managing the significant event that has impacted our team, our patients and the whole community of Westport. For those that were in Westport on the night of 17 July, their concerted efforts, working alongside our partners, St John, Civil Defence and the Defence Force, ensured that we were able to continue operating through this event. Since that day the team have been working hard to continue to support the community in unfamiliar and less than ideal circumstances and yet they have achieved this, continuing to provide both acute and primary care services for the community.
- We also acknowledge the teams from Grey and Christchurch who enabled us to support our Westport team. In a time where everyone is under pressure there was no hesitation in providing this support. There were also the teams such as ISG, facilities, support services and others that worked hard to support the team both to operate during the event and then return to the facilities as quickly as possible.
- The team are now moving back into our facilities and at the time of writing we have all services other than our Foote and acute assessment back in place.

▪ Integrated Health Services – Central

- The Central District Nursing team successfully moved into their new building (on Cowper Street) on 19 July. This move provides them with a permanent base for years to come, and has also created some extra space the COVAX team can use.
- The Te Nikau Health Centre (TNHC) enrolled population continues to grow, recently reaching 10,100 registered patients. TNHC has been supported to update its Clinical Governance and Quality Improvement structures, with a greater emphasis on using data and also achieving Cornerstone requirements.
- After a period of significant turnover, the Acute Zone staffing has now stabilised and the current nursing FTE is fully recruited to.
- The new Mental Health Services Central Manager commenced in post on 19 July. They will work alongside the Clinical Director, Nurse Consultant and others to support the sustainability and future development of these specialist services.
- The Central Consumer Council is ultimately aiming to achieve partnership and shared leadership, in relation to the HQSC consumer engagement quality safety marker framework. We recently agreed a consumer member would take up the role of chair, working alongside the DHB Ops Manager. The new chair commences in August.

▪ Integrated Health Services – Southern

- Locality Manager (David Smith) has largely been freed from COVID-19 Vaccination Programme obligations returning to regular responsibilities in the Southern Locality.
- Clinical Nurse Manager (Maria Giles) remains committed to the COVID-19 Vaccination Programme pending staff employed to manage mobile vaccination clinics have commenced.
- The Hauora Māori team recently led a hui at the Hokitika Health Centre on the application of the HEAT Tool to foster an increased focus on equity for Māori consumers. The session was well attended with some concrete initiatives emerging from that work.
- Recruitment of RNSs continues but remains difficult with limited numbers of suitable applicants – ongoing reliance on temporary cover in the meantime.
- Newly appointed Community Mental Health Case Manager commences with the Southern team on Monday 2 August restoring the team to a full complement. Recent support from Central Locality colleagues during periods of short staffing have been appreciated.
- Recently increased Allied Health Assistant resource in the Southern Locality is assisting in managing waiting lists.
- Newly appointed Community Physiotherapist is making inroads into the waiting list that has arisen during the recruitment process.
- Southern Consumer Council is focusing on recruiting additional members as rotational vacancies have arisen – continuing to use the Consumer Engagement Quality Marker (QSM) framework as the basis for discussion and action.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- Annual air testing of the laboratory and isolation rooms has been successfully completed.
- The Te Nikau building has passed its first BWO
- The Defect Notification Period for Te Nikau has now ended and we are working with the contractor to complete the final defects
- The waiting area of the Greymouth COVID clinic has been refurbished.
- We are working with the contractor on the staging of the demolition at Grey Base.
- The team have replaced some windows at the Hokitika dental clinic and a new kitchen in the Cowper St District Nursing building.

B: New Facilities Redevelopment Update

Te Nikau and wider Greymouth Campus

- Works on site are progressing well and nearing completion. Out of scope items not yet completed include glass inserts in the ambulance bay, downpipes on the loading dock canopy and construction of the covered walkway between the main facility and the transitional care units. Campus lighting installation has commenced, and final civil works are being completed prior to sealing the main access road and carpark areas. Fletcher Construction have a minimal number of defects to close out. The DHB and Ministry of Health are working to agree solutions for a short list of items that do not sit with the main contractor.

- The District Nursing service was successfully relocated to 103 Cowper Street on Monday 19 July. The building interior has been modernised and fitted out with new furniture, blinds and a kitchen unit. Staff are excited and looking forward to working and delivering service from their new premises. The District Nurse move has allowed additional space for COVID vaccinations in the community service building. Facilities have worked with the COVAX team to understand their requirements and have re-configured the area to include an additional vaccination room as well as another wait space. Circulation and storage areas have also been cleared in readiness for increased activity.

Mental Health Business Case Revision

- The Mental Health business case revision is progressing as planned. Our DHB Mental Health user group has been reengaged and the Model of Care has been updated.
- Following additional user group engagement, it is anticipated the draft plan will be progressed to enable estimated costing to be worked through. Aurecon have assessed the current facility and a draft building report is due at the end of July.

Buller

- Scott Construction commenced site works on 28 June which was a significant project milestone. Several West Coast sub-contractors have been engaged to date.
- Initial civil works for the raft foundation have been completed and foundation works continue. Early indications show there have been no impact to site from the recent weather events although geotechnical testing completed on Tuesday 20 July will confirm this in a report due later this week.



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

Nursing

- No report available due to contributor being occupied with the Buller flooding.

Rural Inpatients and Transalpine Service

- No report available due to contributor being occupied with the Buller flooding.

Maternity

- Te Nikau Maternity has been very busy again this month.
- The Ministry of Health has announced funding for Midwifery Clinical Coaches in all DHBs. We have had an expression of interest from one of our midwives for the Clinical Coach position. WCDHB were allocated 0.5FTE by MOH for this role which is fully funded by the MOH for the first year and then lesser funding for two following years.
- Care Capacity Demand Management have completed the first full time equivalent (FTE) calculations in Maternity. This has shown that Maternity does require more FTE to cover leave and staff retirements.
- Sadly, Maternity lost one of its long term Enrolled Nurses, Barbara Roberts, who passed away peacefully at home on 22 June. Barb worked as an EN for 47 years, both in Buller and Greymouth. Barb was involved in the initiation of the Newborn Hearing Screening programme here on the West Coast and travelled to Buller and Gloriavale to screen babies. Barb is greatly missed by us all.
- The flooding in Buller required a response from Maternity for some women who became unwell during the event and had to be transferred to Christchurch. Some of the Te Nikau staff were also affected by the floods and had difficulty or were unable to get to the hospital or back home.
- The LMC midwives in Buller were both unable to get to Westport during the floods due to both bridges being flooded. It was with relief that the waters receded and they then checked in on all women. The LMC midwives maintained communication with women throughout this time and have been available to be contacted by women also. We are very grateful for this system of care that enables this to occur close to women's homes even in times of crisis.

Allied Health

- A new Team Manager for the Allied Health team in Central has been appointed, Peter Clarke will start at 0.5FTE on 3 August.
- The Community Occupational Therapy waiting list has been significantly reduced for both Southern and Central since the on-boarding of another Community OT and utilising casual staff.
- Current vacancies in AH that we are recruiting to, include a Physiotherapist in Northern and Central and an Occupational Therapist in Mental Health.
- While we are still recruiting to a permanent Clinical Lead OT, we have extended the Acting Clinical Lead contract for up to another 6 months, until mid-March 2022, unless permanent appointment occurs sooner.
- The AH team in Northern have been working hard to support the community following the devastating flood in collaboration with CCCN, District Nursing and other 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.

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

The Red Cross have signalled they will be transitioning away from providing community transport throughout the country. The formal agreement the DHB has with the service is in place until the end of August 2021; however the Buller branch of the Red Cross have indicated they will continue to provide the Buller service in the forthcoming year while they look to identify potential alternatives to support the ongoing provision of this service. We will be working with the services to understand alternative options.

In October 2020, Buller Taxis initiated a trial of a medical shuttle service from Westport to Nelson and from Westport to Greymouth at their own initiative.

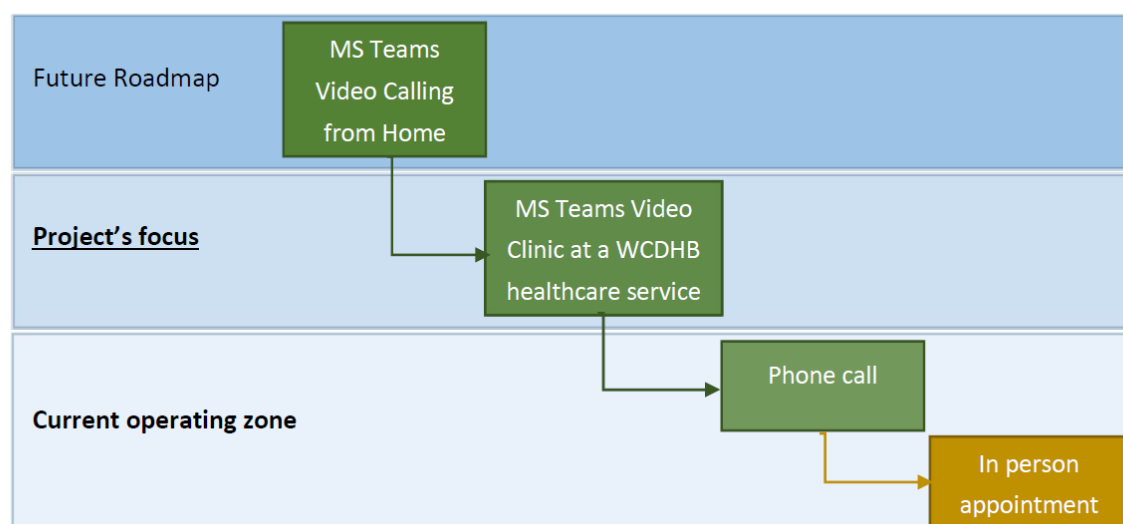
National Travel Assistance (NTA) expenditure remains on track to settle around 2% favourable against year-end budget. It is noted that NTA claims can be lodged by eligible patients any time within 12 months of treatment, so expenditure against annual budget is not always evenly matched. The potential 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 Telehealth Dashboard for Q4 2020/21 is presented in these papers.

As reported previously, the West Coast DHB received Digital Enablement funding from the Ministry of Health as part of a roll-out of measures designed to mitigate the impacts of COVID-19 in New Zealand. This is being used to deliver business transformation in the way we offer telehealth. We are enabling clinicians and administrative staff (West Coast and Transalpine) to conduct and facilitate video consultations from anywhere in New Zealand using a secure platform that is being adopted by DHBs across the South Island. Although the long-term goal is to routinely offer patients the flexibility of having video consultations in their own homes, this project will be a stepping stone towards that goal by ensuring healthcare facilities across the West Coast are fully functional in terms of video consultations and that telehealth users have confidence in the use of technology.

The following figure highlights the area of focus for this project



Feedback on the Project Initiation Document was invited at the first meeting of the project's Steering Group on 14 July 2021.

In addition, the West Coast DHB Chief Information Officer and Team Leader Planning and Funding continue to participate in the South Island Telehealth Steering Group.

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

Supporting older people to remain at home

West Coast Falls Prevention

The West Coast Falls Prevention Coalition Group has recently recruited key people (including a Gerontology Nurse Specialist, Physiotherapists, Clinical Nurse Leader, and Pharmacist) to its membership to assist in leading the seven main areas within the West Coast Falls and Fractures Prevention Strategy FY2021/22-2023/24 (which is close to completion).

The utilisation of Community Strength and Balance classes has seen a positive steady increase this year. Encouraging the establishment of new classes throughout the West Coast that meet the 'Live Stronger for Longer' criteria is an action within the West Coast Falls and Fractures Prevention Strategy.

Early Supported Discharge

Clients are being identified on the Te Nikau General Ward as appropriate for the Early Supported Discharge (ESD) service (as per the Non-Acute Rehabilitation community bundles), and referrals are put through to the Complex Clinical Care Network as single point of entry. Clients are then triaged and a co-ordinated response with appropriate services is put in place.

Aged Residential Care

All Aged Residential Care facilities on the West Coast have now completed both first and second COVID-19 vaccinations, with a high uptake amongst residents and staff.

West Coast Aged Residential Care facilities are currently experiencing nursing recruitment difficulties due to slow immigration processes, recruitment to vaccination programmes, and nurses taking up positions in secondary care where there are shortages.

The West Coast Primary Health Organisation (WCPHO) navigators are assisting people they support to attend the COVID vaccination clinic as required and also to receive their Influenza vaccinations where appropriate. With the rollout of the National Bowel Screening Programme, navigators are also showing their clients the envelope and kit they may be receiving in the mail; to mitigate any possible confusion with junk mail (the envelopes are brightly coloured).

The WCPHO have a well-established Long Term Conditions (LTC) programme in general practices, and practices actively identify people with chronic conditions who are eligible for the programme. They have health navigators for people with Cancer or LTCs, and a palliative care programme to support people in the last 6/12 months of life.

The WCPHO also has a Mental Health Brief Intervention programme, Green Prescriptions for those who are inactive and keen to improve activity (including sit and be fit and home strength based); community dietitians who do see anyone, but focus on diabetes, pre-diabetes, high cardiovascular risk and other LTCs; and they have Coast Quit. All of these are additional programmes by the PHO to the usual general practice medical provision. Many are available by self-referral; and all information is available to the public on the WCPHO website¹ and to clinicians via West Coast Community HealthPathways.

Dementia

The West Coast Dementia Stakeholders Group meets on a regular basis with representatives also partaking in the South Island Dementia Initiative meetings.

The Enliven HomeShare day activity service has employed a new Co-ordinator for the West Coast and Enliven continues to receive a number of referrals with five active groups running on the West Coast.

The Dementia Educator of the 'Walking in Another's Shoes' programme has two courses currently running; one in Greymouth and one in Westport. The Educator has also delivered in-service education at a local Aged Residential Care facility, and will also provide education to the facility's residents to foster better understanding towards fellow residents who have dementia.



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 (\$234k unfavourable) for the month of June 2021 was a deficit of \$1.273M, which was \$904k unfavourable to the annual plan. The YTD result is \$4.626M unfavourable to the annual plan.

¹ <https://www.westcoastpho.org.nz/>

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(153)	(138)	(15)	(1,674)	(1,746)	72
Funder Arm	1,069	944	125	7,497	7,852	(355)
Provider Arm	(1,954)	(1,175)	(779)	(10,723)	(8,413)	(2,310)
Consolidated Business as Usual Result	(1,039)	(369)	(670)	(4,900)	(2,307)	(2,593)
Covid-19 & Holidays Act	(234)	-	(234)	(2,033)	-	(2,033)
West Coast DHB Result	(1,273)	(369)	(904)	(6,933)	(2,307)	(4,626)

B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):** The recent flooding event has postponed the Indici go live date of 16 August. A new date will be discussed and agreed.
- **Outgoing Caller ID:** Outgoing calls from the DHB now display a caller ID number identifying, in most cases, the department reception or the respective operator(s).
- **Cyber security:** Our Phriendly Phishing campaign has launched with the base line exercise completed and training exercise now underway. We have also completed a replacement firewall procurement process with a Supplier selected. This will provide an improved layer of protection and forms an important part of our IT security strategy to manage global threats to our patients' data and overall system security.

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

Communications and Engagement

- COVID-19 Vaccination Programme communications planning and implementation as part of the Coast-wide roll-out:
 - Health workforce communications (internal and external)
 - Media release(s) and related enquiries
 - Collateral preparation
 - Co-ordination of bulk mail-out to eligible Group 3 people (9,500).
- Communication activities (newspaper, radio and social media advertising) for the roll-out of the National Bowel Screening Programme.
- Public Information Management (PIM) support to the DHB's Emergency Coordination Centre (ECC) as part of the West Coast's health system response to the declared state of emergency in Buller.

Media

During June/July 2021, the majority of media enquiries received related to the DHB's COVID-19 vaccination programme implementation followed enquiries related to the evacuation of Buller Health as part of the declared state of emergency in Buller.

We also received enquiries about the presence of RSV (Respiratory Syncytial Disease) in the community, audiology services on the Coast, Rural Generalism, provision of Child and Adolescent Mental Health Services (CAMHS) and the new Buller Health facility.

■ **Media releases:**

- [Health news](#)
- West Coast DHB set to turn on Caller ID across the Coast (21/06/2021)
- Mobile COVID-19 vaccination clinics ready to visit rural Coast communities (23/06/2021)
- Help keep our tamariki well by keeping bugs like RSV away from babies/pēpi (10/07/2021)
- West Coast DHB makes changes to visiting as cases of respiratory illness rise in community (13/07/2021)
- West Coast DHB invites remaining Group 3 Coasters to book their COVID-19 appointments (15/07/2021)
- Please keep Te Nīkau Hospital free for those who need urgent care (17/07/2021)
- Buller Health has been evacuated (17/07/2021)
- Boil water notice in place for Westport, Carters Beach and Surrounds (18/07/2021)
- An Urgent Care health clinic is being held in Westport from 11am – 1pm today (18/07/2021)
- Health advice following West Coast Floods – Update 1 – Sunday 18 July, 11.30am (18/07/2021)
- A second Urgent Care health clinic is being held in Westport from 2pm – 4pm this afternoon (18/07/2021)
- Health advice following West Coast Floods – Update 2 – Sunday 18 July, 8.00pm (18/07/2021)
- Health advice following West Coast Floods – Update 3 – Monday 19 July, 8.00pm (19/07/2021)
- Health advice following West Coast Floods – Update 4 – Tuesday 20 July, 6.00pm (20/07/2021).

■ **Social media posts:**

- West Coast DHB set to turn on Caller ID across the Coast (21/06/2021)
- Mobile COVID-19 vaccination clinics ready to visit rural Coast communities (23/06/2021)
- Locations of interest (Wellington) (24/06/2021)
- Video highlighting the mahi if Coast wāhine during last year's national COVID-19 lockdown (30/06/2021)
- It's not spam post re texting Coasters identified as being in Group 3 for the COVID-19 vaccination rollout (01/07/2021)
- Help us keep RSV (Respiratory Syncytial Disease) from spreading (10/07/2021)
- Visitor restrictions due to viral illnesses (13/07/2021)
- West Coast DHB invites remaining Group 3 Coasters to book their COVID-19 appointments (15/07/2021)
- Please keep Te Nīkau Hospital free for those who need urgent care (17/07/2021)
- Buller Health has been evacuated (17/07/2021)
- Boil water notice in place for Westport, Carters Beach and Surrounds (18/07/2021)
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- A second Urgent Care health clinic is being held in Westport from 2pm – 4pm this afternoon (18/07/2021)
- Meals on Wheels for Buller recipients (18/07/2021)
- Health advice following West Coast Floods – Update 2 – Sunday 18 July, 8.00pm (18/07/2021)
- Primary health care: pop-up drop-in clinic to open in Westport (19/07/2021)
- Health advice following West Coast Floods – Update 3 – Monday 19 July, 8.00pm (19/07/2021)
- Health advice following West Coast Floods – Update 4 – Tuesday 20 July, 6.00pm (20/07/2021).

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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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).
- **Westport Flood Event:** At the time of writing Community and Public Health is supporting the response to the Westport flooding event linking with the DHB Emergency Coordination Centre, Civil Defence Emergency Management (CDEM) Team in Westport and the CDEM Welfare Coordination Group.

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

FINANCE REPORT FOR THE PERIOD ENDED 30 JUNE 2021



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 06 August 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:

- notes the financial result and related matters for the period ended 30 June 2021.

3. DISCUSSION

Overview of June 2021 Financial Result

The consolidated West Coast DHB financial result for the month of June 2021 was a deficit of \$1.273M, which was \$905k unfavourable to the annual plan. The year to date net deficit of \$6.932M is \$4.626M 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	14,645	13,405	1,240	9.2%	168,522	160,834	7,688	4.8%	160,834
Inter DHB Revenue	3	10	(7)	(69.3%)	30	117	(87)	(74.4%)	117
Inter District Flows Revenue	317	154	163	106.1%	2,231	1,845	386	20.9%	1,962
Patient Related Revenue	647	701	(54)	(7.7%)	7,796	8,499	(703)	(8.3%)	8,499
Other Revenue	252	678	(426)	(62.8%)	870	4,429	(3,559)	(80.4%)	4,312
Total Operating Revenue	15,864	14,948	916	6.1%	179,449	175,725	3,724	2.1%	175,725
Operating Expenditure									
Personnel costs	7,209	6,631	(577)	(8.7%)	82,611	77,918	(4,693)	(6.0%)	77,918
Outsourced Services	0	0	0	0.0%	12	1	(11)	0.0%	1
Treatment Related Costs	851	791	(60)	(7.5%)	10,022	9,255	(767)	(8.3%)	9,255
External Providers	3,689	3,733	44	1.2%	44,645	44,781	137	0.3%	44,781
Inter District Flows Expense	2,422	2,110	(312)	(14.8%)	28,764	25,306	(3,458)	(13.7%)	25,306
Outsourced Services - non clinical	142	121	(21)	(17.1%)	1,470	1,453	(17)	(1.2%)	1,453
Infrastructure and Non treatment related costs	651	854	203	23.8%	10,374	10,495	121	1.2%	10,495
Total Operating Expenditure	14,963	14,240	(722)	(5.1%)	177,897	169,209	(8,688)	(5.1%)	169,209
Result before Interest, Depn & Cap Charge	902	707	194	27.5%	1,552	6,516	(4,964)	(76.2%)	6,515
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	1,667	370	(1,297)	(350.2%)	5,382	4,082	(1,300)	(31.9%)	4,082
Capital Charge Expenditure	507	705	198	28.1%	3,102	4,740	1,638	34.6%	4,740
Total Interest, Depreciation & Capital Charge	2,174	1,075	(1,099)	(102.2%)	8,484	8,822	338	3.8%	8,822
Net Surplus/(deficit)	(1,273)	(368)	(905)	(245.9%)	(6,932)	(2,306)	(4,626)	(200.6%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,273)	(368)	(905)	(245.9%)	(6,932)	(2,306)	(4,626)	(200.6%)	(2,306)

The underlying BAU variance (i.e. excluding Holidays Act compliance and Covid-19) for June is \$671k unfavourable to budget (\$2.592M unfavourable YTD).

While the depreciation variance this month is high (discussed in Appendix 1), the operational performance this month provided a net surplus of \$0.194M (refer Appendix 5).

As per prior months 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.

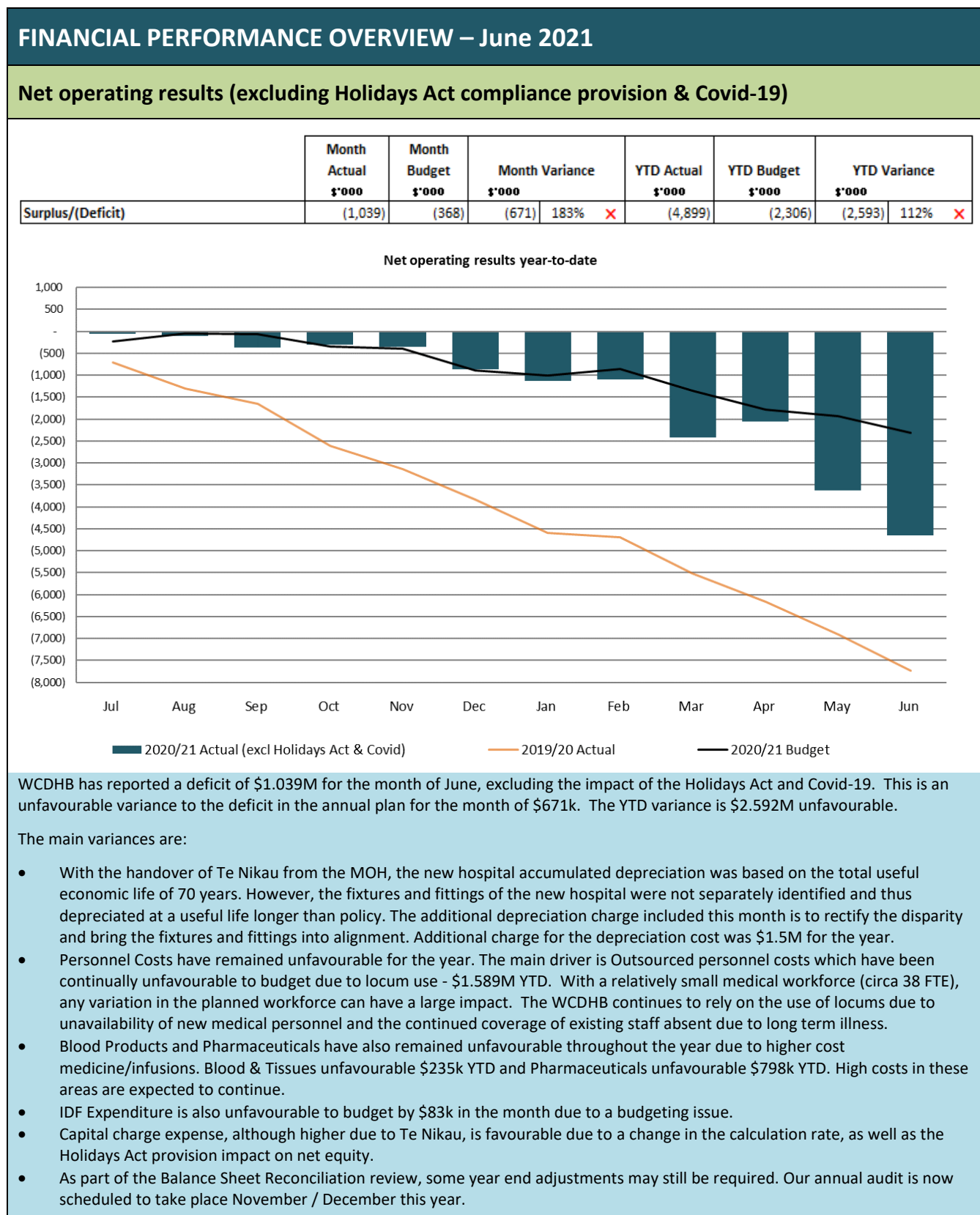
4. APPENDICES

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

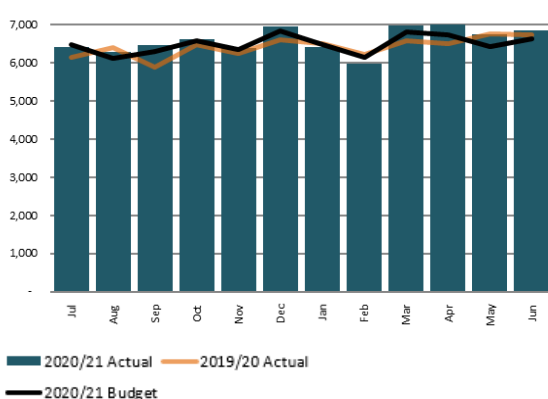
APPENDIX 1: FINANCIAL RESULT



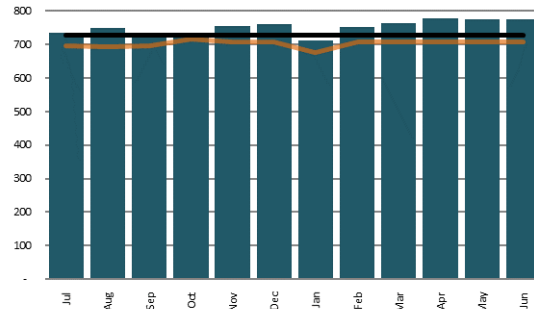
Personnel costs (including Outsourced Personnel) & FTE (excluding Holidays Act compliance provision & Covid-19)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,675	1,628	(47)	-3%	×	19,686	19,154	(532)	-3% ×
Nursing	2,856	2,798	(58)	-2%	×	33,515	33,438	(77)	0% ×
Allied Health	1,098	1,112	14	1%	✓	12,648	12,793	145	1% ✓
Support	335	339	4	1%	✓	3,575	3,568	(7)	0% ×
Management & Admin	894	754	(139)	-18%	×	9,762	8,964	(798)	-9% ×
Total	6,858	6,631	(226)	-3%	×	79,186	77,918	(1,269)	-2% ×

Personnel costs (incl Locums)



Personnel FTE (accrued)



KEY RISKS AND ISSUES:

Personnel Costs:

Medical costs are unfavourable MTD and YTD. The main driver of this is in outsourced personnel (YTD \$1.589M), 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.

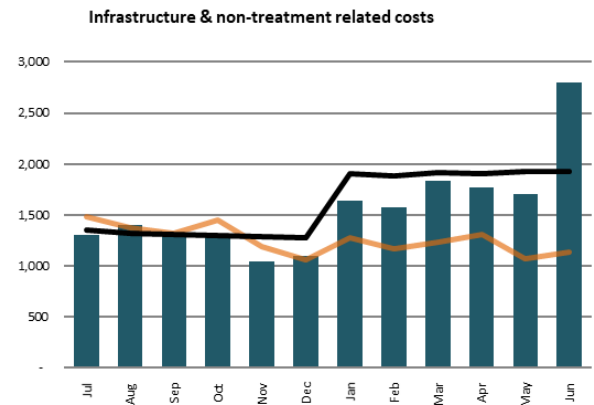
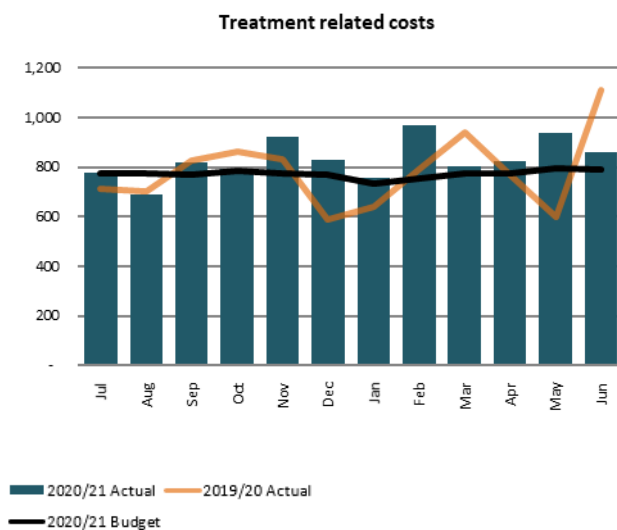
Management and Administration costs are unfavourable largely due to the realignment of positions that were budgeted in other areas to Management and Admin.

Holidays Act compliance (not included in the amounts above)

This provision is currently \$19.235M (\$2.74M YTD) and as per prior commentary will continue to increase monthly until this is remediated.

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

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Treatment related costs	859	791	(68)	-9%	×	9,977	9,255	(722)	-8%	×
Non Treatment related costs	2,798	1,929	(869)	-45%	×	18,768	19,317	549	3%	✓



KEY RISKS AND ISSUES:

Treatment related costs:

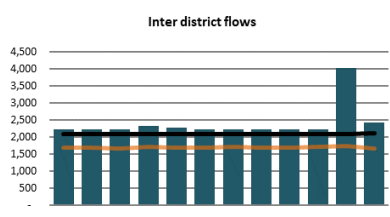
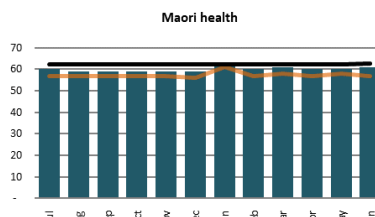
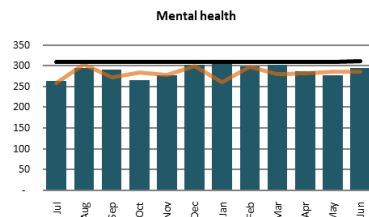
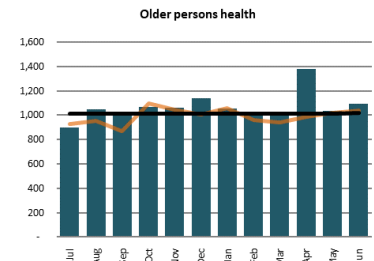
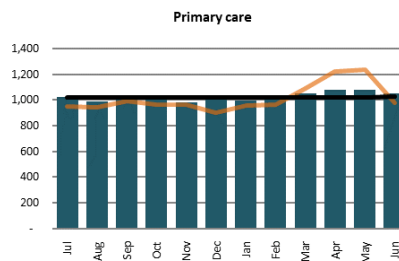
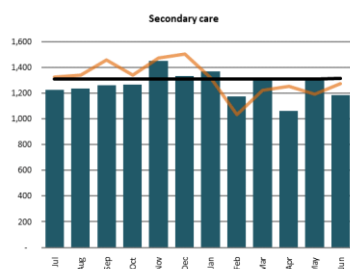
High blood and infusion costs continue to have an impact on the result – Blood products were \$16k unfavourable for the month, the YTD variance is \$235k unfavourable. Pharmaceuticals continues to be unfavourable – for the month of June \$34k; YTD \$798k. The unfavourable variance is partially offset by \$340k YTD favourable variance in Air Ambulance costs.

Non-treatment related costs:

With the handover of Te Nikau from the MOH, the new hospital accumulated depreciation based on the total useful economic life of 70 years. However, the fixtures and fittings of the new hospital were not separately identified and thus depreciated at a useful life longer than policy. The additional depreciation charge included this month is to rectify the disparity and bring the fixtures and fittings into alignment. Additional charge for the depreciation cost was \$1.5M for the year. This is offset YTD by the favourable variance in capital charge due to the reduced calculation rate of 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	1,185	1,317	132	10%	✓	15,199	15,795	596	4%	✓
Primary Care	1,053	1,026	(26)	-3%	✗	12,339	12,310	(28)	0%	✗
Older Person's Health	1,093	1,016	(77)	-8%	✗	12,786	12,193	(593)	-5%	✗
Mental Health	295	311	16	5%	✓	3,467	3,732	265	7%	✓
Maori Health	61	63	2	3%	✓	720	751	31	4%	✓
IDF	2,422	2,110	(312)	-15%	✗	28,764	25,306	(3,458)	-14%	✗
Outsourced Clinical	144	121	(23)	-19%	✗	1,568	1,454	(114)	-8%	✗
Total	6,252	5,964	(288)	-5%	✗	74,843	71,541	(3,302)	-5%	✗



■ 2020/21 Actual
 — 2019/20 Actual
 — 2020/21 Budget

KEY RISKS AND ISSUES:

IDFs

The provision was adjusted to reflect the IDF wash up estimates released by the Ministry of Health.

Financial position

	YTD Actual	YTD Budget	YTD Variance		Annual Budget
	\$'000	\$'000	\$'000		\$'000
Equity	123,456	150,148	(26,692)	-18% ✗	150,148
Cash	3,414	6,383	(2,969)	-47% ✗	6,382
Capex	5,038	11,264	6,226	55% ✓	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 of these amounts 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, and we will be requesting a further drawdown in the near future.

Deficit support of \$7.1M was in the annual plan to be received in January 2021 but has not been received. The application for Equity to support the value of our deficit is now being prepared for the MoH and will be completed in August.

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

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

For period ending

30 June 2021

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 20/21
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	14,645	13,405	1,240	9.2%	168,522	160,834	7,688	4.8%	160,834
Inter DHB Revenue	3	10	(7)	(69.3%)	30	117	(87)	(74.4%)	117
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Treatment Related Costs	851	791	(60)	(7.5%)	10,022	9,255	(767)	(8.3%)	9,255
External Providers	3,689	3,733	44	1.2%	44,645	44,781	137	0.3%	44,781
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Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	1,667	370	(1,297)	(350.2%)	5,382	4,082	(1,300)	(31.9%)	4,082
Capital Charge Expenditure	507	705	198	28.1%	3,102	4,740	1,638	34.6%	4,740
Total Interest, Depreciation & Capital Charge	2,174	1,075	(1,099)	(102.2%)	8,484	8,822	338	3.8%	8,822
Net Surplus/(deficit)	(1,273)	(368)	(905)	(245.9%)	(6,932)	(2,306)	(4,626)	(200.6%)	(2,306)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,273)	(368)	(905)	(245.9%)	(6,932)	(2,306)	(4,626)	(200.6%)	(2,306)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at
in thousands of New Zealand dollars

30 June 2021

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	154,220	155,569	(1,349)	(0.9%)	23,397
Intangible assets	741	1,543	(802)	(52.0%)	497
Work in Progress	6,895	11,888	(4,993)	(42.0%)	11,929
Other investments	231	320	(89)	(27.8%)	320
Total non-current assets	162,087	169,320	(7,233)	(4.3%)	36,143
Current assets					
Cash and cash equivalents	3,414	6,383	(2,969)	(46.5%)	6,152
Patient and restricted funds	49	56	(7)	(12.5%)	47
Inventories	1,097	1,160	(63)	(5.4%)	1,044
Debtors and other receivables	6,626	4,491	2,135	47.5%	4,484
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	11,186	12,090	(904)	(7.5%)	11,727
Total assets	173,273	181,410	(8,137)	(4.5%)	47,870
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,506	2,399	(107)	(4.5%)	2,270
Other	63	62	(1)	(1.6%)	63
Total non-current liabilities	2,569	2,461	(108)	(4.4%)	2,333
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	13,909	11,494	(2,415)	(21.0%)	12,120
Employee entitlements and benefits	33,339	17,307	(16,032)	(92.6%)	30,367
Total current liabilities	47,248	28,801	(18,447)	(64.0%)	42,487
Total liabilities	49,817	31,262	(18,555)	(59.4%)	44,820
Equity					
Crown equity	216,678	231,354	14,676	6.3%	93,858
Other reserves	27,956	25,098	(2,858)	(11.4%)	25,100
Retained earnings/(losses)	(121,178)	(106,304)	14,874	14.0%	(115,908)
Trust funds	0	0	0	0.0%	0
Total equity	123,456	150,148	26,692	17.8%	3,050
Total equity and liabilities	173,273	181,410	(8,137)	(4.5%)	47,870

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

30 June 2021

	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	16,128	14,940	1,188	8.0%	180,228	175,629	4,599	2.6%
Cash paid to employees	(7,517)	(6,631)	(885)	(13.3%)	(79,396)	(77,918)	(1,478)	(1.9%)
Cash paid to suppliers	(4,557)	(1,967)	(2,590)	(131.6%)	(24,015)	(21,559)	(2,455)	(11.4%)
Cash paid to external providers	(3,257)	(3,733)	476	12.8%	(43,684)	(44,781)	1,098	2.5%
Cash paid to other District Health Boards	(2,854)	(2,110)	(744)	(35.3%)	(29,725)	(25,306)	(4,419)	(17.5%)
<i>Cash generated from operations</i>	(2,056)	498	(2,554)	(512.7%)	3,409	6,065	(2,655)	(43.8%)
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	(3,109)	(705)	(2,404)	(341.0%)	(3,170)	(4,740)	1,570	33.1%
Net cash flows from operating activities	(5,165)	(207)	(4,958)	2397.9%	239	1,325	(1,085)	(81.9%)
Cash flows from investing activities								
Interest received	13	8	5	62.5%	52	96	(44)	(45.8%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	818	(270)	1,088	403.0%	(4,855)	(10,004)	5,149	(51.5%)
Acquisition of intangible assets	(12)	0	(12)	0.0%	(183)	(1,248)	1,065	(85.3%)
Net cash flows from investing activities	819	(262)	1,081	(412.6%)	(4,986)	(11,156)	6,170	55.3%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	1,940	15,064	(13,124)	87.1%
Repayment of equity	(68)	(68)	0	0.0%	68	(68)	136	200.0%
<i>Cash generated from equity transactions</i>	(68)	(68)	0	0.0%	2,008	14,996	(12,988)	86.6%
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	(68)	0	(68)	0.0%	2,008	0	2,008	0.0%
Net increase in cash and cash equivalents	(4,414)	(537)	(3,877)	722.3%	(2,738)	5,165	(7,903)	(153.0%)
Cash and cash equivalents at beginning of period	7,828	6,920	908	13.1%	6,152	1,218	4,934	405.1%
Cash and cash equivalents at end of period	3,414	6,383	(2,969)	(46.5%)	3,414	6,383	(2,969)	(46.5%)

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	(14,079)	(13,180)	899	43		(14,122)	942	(165,226)	(158,090)	7,136	(1,305)		(163,921)	5,831
Non-Devolved Contracts	(423)	(89)	334	(173)		(250)	161	(1,533)	(1,099)	434	(325)		(1,208)	109
Inter-DHB & Internal Revenue	(320)	(164)	156			(320)	156	(2,262)	(1,962)	300			(2,262)	300
Other Revenue	(1,042)	(1,515)	(473)	(8)		(1,034)	(481)	(10,429)	(14,573)	(4,144)	(30)		(10,399)	(4,174)
Total Revenue	(15,864)	(14,948)	916	(138)	0	(15,726)	778	(179,450)	(175,724)	3,726	(1,660)	0	(177,790)	2,066
DHB Provided Expenditure														
Personnel	6,398	6,019	(379)	143	207	6,048	(29)	73,615	70,514	(3,101)	674	2,747	70,194	320
Outsourced Personnel & Support	811	612	(199)	1		810	(198)	8,996	7,403	(1,593)	4		8,992	(1,589)
Outsourced Services	142	121	(21)			142	(21)	1,482	1,454	(28)			1,482	(28)
Clinical Supplies	851	791	(60)	(8)		859	(68)	10,022	9,255	(767)	45		9,977	(722)
Infrastructure & Non-Clinical Supplies	2,825	1,929	(896)	27		2,798	(869)	18,859	19,317	458	91		18,768	549
Total DHB Provided Expenditure	11,027	9,472	(1,555)	163	207	10,657	(1,185)	112,974	107,943	(5,031)	813	2,747	109,414	(1,471)
Other Providers														
Personal Health	2,207	2,320	113	2		2,205	115	27,144	27,813	669			27,144	669
Mental Health	295	311	16			295	16	3,467	3,732	265			3,467	265
Public Health	32	24	(8)			32	(8)	527	292	(235)	133		394	(102)
DSS	1,093	1,016	(77)			1,093	(77)	12,786	12,193	(593)			12,786	(593)
Maori Health	61	63	2			61	2	720	751	31			720	31
IDFs	2,422	2,110	(312)			2,422	(312)	28,764	25,306	(3,458)			28,764	(3,458)
Total Other Providers	6,110	5,844	(266)	2	0	6,108	(264)	73,408	70,087	(3,321)	133	0	73,275	(3,188)
Total Expenditure	17,137	15,316	(1,821)	165	207	16,765	(1,449)	186,382	178,030	(8,352)	946	2,747	182,689	(4,659)
Total Consolidated Result Deficit/(surplus)	1,273	368	(905)	27	207	1,039	(671)	6,932	2,306	(4,626)	(714)	2,747	4,899	(2,593)
Total Consolidated Result Deficit/(surplus)	1,273	368	(905)	27	207	1,039	(671)	6,932	2,306	(4,626)	(714)	2,747	4,899	(2,593)
Depreciation	1,667	370	(1,297)			1,667		5,382	4,082	(1,300)			5,382	
Interest	0	0	0			0		0	0	0			0	
Capital Charge	507	705	198			507		3,102	4,740	1,638			3,102	
Total Depreciation, Interest & Capital Charge	2,174	1,075	1,099			2,174		8,484	8,822	338			8,484	
Result before Depreciation, Interest & Capital Charge	(901)	(708)	193			(1,135)	427	(1,552)	(6,516)	(4,964)			(3,585)	(2,931)

TO: Chair and Members
West Coast District Health Board

SOURCE: Maori Health

DATE: 06 August 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

Consumer Council Hui with Tatau Pounamu

A small group from the Consumer Council and Tatau Pounamu will work together to progress a partnership model for consumer engagement. A principles and values document has been developed with emphasis on the following principles as the foundational guide for the partnership.

- Tino rangatiratanga: The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery and monitoring of health and disability services
- Equity: The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- Active protection: The principle of active protection, which required the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that its agents and its Treaty partner are well informed on the extent and maturity of both Māori health outcomes and efforts to achieve Māori health equity.
- Options: The principle of options, which requires the Crown to properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognizes and supports the expression of Hauora Maori models of care.
- Partnership: The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of health and disability services. Māori must be co-designers, with the crown, of the primary health system for Maori.

Ra whanau kia koe – Māori 50th Health Check

The Hauora Māori team were asked by the WCDHB to design a 50+ health check for Māori. The programme will specifically seek to address the need for earlier intervention to health screening for Māori evidenced by data that shows Māori are more likely to develop health need at an earlier age. Our team is working through developing the pathway and identifying what is required in addition to health checks already covered by the current system. The planning and project management has

followed an equity based approach and used Pae ora as a guiding principal, underpinned by Hauora Māori models of care.

The initial design comprises three key components including skilled case managers (Kai Manaaki) who will work with whānau in response to health need, a cross-sector network of services to who whānau can be referred to address the wider determinants of health and the clinical team; GP/Kaupapa Māori Nurse.

Quality improvement and robust qualitative and quantitative data will be used to evaluate the benefits of the programme for whānau in an initial two year pilot. The programme will be available over five months within a year – Nov, Feb, March, April and May to ensure clinical availability throughout the flu season. Options for the Kai Manaaki and Nurse to be absorbed by the DHB where possible will be explored. There is still a lot of exploratory work to be undertaken and consultation with whānau Māori and Māori leadership will be a key part of the next phase of development.

Pae ora o Te Tai o Poutini

The first scoping report was presented to the Steering Group with feedback informing the next stage of the Pae ora model of care. Focus groups will be held with Clinical Nurse Specialists, Rural Generalists and Primary practice clinicians to further understand the potential for partnership and inform the clinical model. Engagement data for Māori at a practice and individual level is complex and difficult to access but is crucial to build a picture of current engagement rates for Māori.

COVID19 – Vaccinations Readiness:

The Hauora Māori team are actively involved with the WCDHB Covid-19 Vaccination rollout meeting regularly with Covid Management to discuss opportunities to increase the vaccinations for Māori. Input into the timing of and venues for mobile clinics was agreed and other options are being explored to raise the vaccination profile.

Poutini Waiora have been supporting the WCDHB rollout with their staff working alongside DHB vaccinators. They are tracking well re their Covid Readiness plan and have (3) vaccinators and five (5) CIR trained staff ready to begin. Four (4) staff recently visited Southland to work with Awarua Health & Social Services and were actively involved in running clinics in Hokonui Rununga; Pou Awhina Mo 'Tatou 'Tipuna Milton and Arai Te Uru Whare Hauora. This exposure and experience will be invaluable once they have set up their clinics and begin their rollout.

In partnership with Poutini Waiora a whānau day was run in July at the DHB with manaakitanga front and centre. This collaboration was invaluable by providing a positive experience and including kai and korero just adds to the day.

Report approved for release by: Gary Coghlan – General Manager Hauora Maori

RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members
West Coast District Health Board

SOURCE: Governance Support

DATE: 6 August 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.
- 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.	Carried Forward/Action Points	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Cyber Security Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	NZHP HSC PRE-PAID Services Agreement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Te Nikau Coal Conversion	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

6.	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)
7.	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)
8.	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)
9.	Annual Plan (Verbal update)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	Te Nikau Defect Liability Period	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.	Disposal of DHB Land 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)
12.	Crown Financial Information System (CFIS) Reporting (Verbal Update)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
13.	NZHP FPIM Service Agreement (Verbal Update)	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

3. **SUMMARY**

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

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

Clause 33 of the Act also further provides:

“(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)

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

Report Prepared by:

Governance Support

TO: Chair and Members
West Coast District Health Board

SOURCE: Planning and Funding

DATE: 6th August 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

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

2. SUMMARY

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

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

Key points to note.

Remote general practice consultation volumes are now reported for all four practices and can be distinguished by delivery mode (phone or video). This quarter, Te Nikau Health Centre provided 778 appointments, Buller Medical 80, Reefton 40 and South Westland 5. The Reefton consults were conducted via video by a general practitioner who was within managed isolation at the time and the South Westland appointments occurred when a nurse practitioner situated in Haast had capacity to contact patients elsewhere in South Westland and meet their needs remotely. 87% (787) of the remote general practice consultations were conducted by phone and 13% (116) by video. The total number of consultations reported for primary care is increasing at 903 (from 815 last quarter and 783 for Quarter Two 2020/21).

During Quarter Four 2020/21 (April, May, June 2021), 148 out of 4,365 (3.4%) outpatient consultations were delivered via video. By comparison, this figure was 2.8% last quarter. Video consultations for oncology have picked up again at 67, up from 30 last quarter and a long-term average of 52. We attribute this to the support team ironing out some intermittent interoperability faults.

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

Video consultations are saving travel. In Quarter Four 20/21, patients and whānau travelled, on average, 29 fewer kilometres return (27 minutes estimated travel time) to attend an outpatient consultation delivered via video compared with one attended in person. Over the 148 video consultations in this quarter, this difference could be extrapolated to a saving of 4218 kilometres

return and 4056 minutes (68 hours) estimated travel time. We anticipate more savings as people develop familiarity with digitally enabled services and we enable robust systems to support them.

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

3. APPENDICES

Appendix 1: Telehealth Dashboard Q4 2020/21.

Report prepared by: Ginny Brailsford, Team Leader, Planning and Funding

Report approved for release by: Tracey Maisey, Executive Director Planning, Funding and Decision Support



Telehealth in Primary Care

903

Number of general practice consultations delivered by telehealth

Practices included	Te Nīkau Health Centre, Buller Medical, Reefton, South Westland.
Months	April, May, June
Year	2021

Clinicians delivering telehealth

Provider type	Number of consultations
Registered Nurse	2
Nurse practitioner	142
General practitioner	230
Offsite general practitioner	629

Recipient's ethnicity*

	Number of consultations	Percentage
Māori	69	7.64%
Pacific	4	0.44%
Other	830	91.92%

(*Data source: Patient Management System)

Recipient's age

Under 5 years	Age 5 to 13 years	Age 14 to 17 years	Age 18 to 25 years	Age 26 to 44 years	Age 45 to 64 years	Age 65 to 74 years	Age 75+ years
6	13	12	67	207	363	149	86
0.66%	1.44%	1.33%	7.42%	22.92%	40.20%	16.50%	9.52%

Telehealth for outpatient consultations

Video consultations by specialty

(Showing specialties averaging more than 1 consultation per quarter)

Specialty	Calendar year			Quarterly average	Q4 2020/21
	2018	2019	2020		
Oncology	205	202	229	52	67
Cardiology	109	134	121	32	26
General Surgery	120	84	32	19	1
Urology	72	82	72	14	24
Nutrition Services	59	56	65	15	15
Paediatric Medicine	66	73	25	12	1
Plastic Surgery	16	66	27	9	3
Dermatology	2	27	24	6	9
Respiratory Medicine	13	17	10	3	1
All video consultations	670	748	622	164	148
All outpatient consultations	16346	16639	15712	4058	4365

Travel time and distance

Average return travel Q4 2020/21	Distance (kms)	Time (mins)
In-person consultations	65	60
Video consultations	36	33
Saved	29	27

If average savings are applied over all video consultations in this period, an estimated total patient travel time saved is **4056 minutes (68 hours)** and a distance saved of **4218 kilometres** could be inferred.

Facilities and clinics hosting video consultations

	Calendar year			Quarterly Average	Q4 2020/21
	2018	2019	2020		
Te Nīkau Grey Hospital	303	356	321	82	81
Buller Hospital	286	270	219	65	47
Hokitika Health Centre	30	60	47	11	16
Karamea Clinic	19	20	9	4	0
Reefton Hospital	7	14	11	3	2
Franz Josef Glacier Clinic	5	9	3	1	0
Haast Clinic	8	4	5	1	1
Harihari Clinic	8	7	1	1	1
Ngakawau Clinic	4	2	5	Less than 1	0
Fox Glacier Clinic	0	3	1	Less than 1	0
Whataroa Clinic	0	3	0	Less than 1	0

Telehealth Actions in the Annual Plan

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

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.