

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



BOARD MEETING

**Friday 24 September 2021
at 10.00am**

**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 24 September 2021 commencing at 10.00am

KARAKIA ADMINISTRATION	10.00am
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Apologies

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

REPORTS FOR DECISION	10.10am
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| 4. Proposed Meeting Schedule for 2022 | 10.10am-10.20am |
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REPORTS FOR NOTING	10.20am
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| 5. Chair's Update – Verbal Update | Hon Rick Barker
<i>Chair</i> | 10.20am – 10.30am |
| 6. General Manager's Update | Philip Wheble
<i>General Manager – West Coast</i> | 10.30am – 10.40am |
| 7. Finance Report | David Green
<i>Acting Executive Director, Finance & Corporate Services</i> | 10.40am – 10.50am |
| 8. Clinical Leader's Update | Graham Roper
<i>Chief Medical Officer</i> | 10.50am – 11.00am |
| 9. Hauora Maori Update | Gary Coghlan
<i>General Manager Maori Health</i> | 11.00am – 11.10am |
| 10. Resolution to Exclude the Public | <i>Governance Support</i> | 11.10am – 11.20am |

INFORMATION ITEMS	
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- 2021 Meeting Dates

ESTIMATED FINISH TIME	11.20pm
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NEXT MEETING: 6 November 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*)
Dr Rob Ojala (*Executive Director for Infrastructure*)
Dr Graham Roper (*Chief Medical Officer*)
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"> 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 Project Search Steering Group – Member National Bowel Screening – Equity Advisory Group – 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 	Y	Actual

	<ul style="list-style-type: none"> • 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. • 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. 	Y 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 	N	

	<p>Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.</p> <p>Poutini Environmental - Director 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>	<p>Actual</p>
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MINUTES



MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING held at Board Room Corporate Office, Greymouth on Friday 6 August 2021 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

Peter Neame

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); Dr Rob Ojala (Executive Director Infrastructure) (via zoom) and Karalyn van Deursen (Executive Director Communications)

APOLOGIES

Brittany Jenkins (Director of Nursing)

Gary Coghlan said the karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Addition – Sarah Birchfield – Project Search Steering Group

Addition – Sarah Birchfield – National Bowel Screening – Equity Advisory Group

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 (20/21)

(Moved: Chris Auchinvole /Sarah Birchfield - carried)

“That the minutes of the Meeting of the West Coast District Health Board held at Corporate Office Board Room on Friday 25 June 2021 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

The next workshop to be scheduled is the Maori Health / Cultural Competency. It was suggested the Board discuss any future workshops they would like to have provided.

There is a new piece of work around a Wellbeing Strategy currently being worked on, an update will be provided at the next meeting.

Aged Care on the West Coast, a topic discussed previously, and it was requested the board is provided with an over view of the next 10 years on the West Coast and the implications for the aged care service and facilities, an approximate time frame for this piece of work to be brought back to the next meeting

The carried forward/action list was noted.

4. CHAIR'S UPDATE

The Chair thanked Mr Wheble, General Manager West Coast for the updates provided over the course of the emergency event in Westport, he also informed everyone he had visited Westport yesterday and saw the devastating effects on both property and those affected. While in Westport the Chair visited the hospital and saw for himself the fabulous job the staff were doing working through all the issues relating to the flood,, the DHB should be justly proud of their efforts.

The new IFHC currently under construction in Westport was not affected by the flood, a pleasing point to note.

The business case new mental health facility is still being worked through, it is hoped a revised budget will be available shortly.

The Chair praised the work being done by the COVAX team, the COVID vaccination roll out is going well, while we are currently behind on plan we are one of the top in terms of progress. It is anticipated the vaccination process, for those wishing to be vaccinated, will be close to being finished by the end of the year.

The Chairs update was noted

5. GENERAL MANAGER'S UPDATE

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

Mr Wheble provided an update on the recent emergency situation in, and the continuing support of Westport residents. He explained the EOC process that was taken from the first warning of a possible adverse event, through the evacuation process, all the external organisations that had pulled together to ensure the safety and wellbeing of all residents during the event and now the on-going support being provided to Westport staff and residents.

Anita Halsall-Quinlan, Board member and Westport resident provided a vote of thanks on behalf of the community.

Resolution (21/21)

(Moved: Helen Gillespie / seconded: Nigel Ogilvie – carried)

That the Board:

- i. notes the General Manager's update.

6. FINANCE REPORT

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.

Mr Green advised the Board that the depreciation rate for Te Nikau's fixtures had been calculated at an incorrect lower rate and the cost is \$1.5M for the 2020/2021 year and with an approximate cost of \$1.7M for the new financial year. \$700K for IDF's and MECCA negotiations has also been added and will have an impact on the new financial year.

Resolution (22/21)

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

That the Board:

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

7. CLINICAL LEADER'S UPDATE

Dr Graham Roper, Chief Medical Officer WCDHB provided a verbal update on behalf of the clinical leaders.

Both Nurses and Midwives have advised of planned strike action, plans are currently being made to ensure adequate cover and life preserving services are in place if required.

Jane George, Director of Allied Health, Scientific & Technical West Coast District informed everyone that the DHB is currently involved with a number of external agencies in developing a recovery plan for Westport. Ms George advised she would provide a copy of the Psychosocial Tracker for distribution. One example of collaborative help for residents given was free GP visits for all enrolled with Buller Medical for the period 19-30 July and then followed with free GP visits for all enrolled at both practices for flood related issue from 5-August for 3 months.

The lack of secondary care Aged Residential Care of the West Coast and whether there is any work being done in this area was queried. Dr Roper advised that there is work being done on how to deliver this service at a local level and then it will move on to what resources are needed. Tracey Maisey, Executive Director Planning, Funding & Decision Support advised Planning & Funding have this on their radar as well as per the discussion had earlier in the meeting information of an expected timeline for this large piece of work is to come back to the next board meeting.

Resolution (23/21)

(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 paper which was taken as read.

Mr Coghlan spoke some of the points in the paper and was asked if the COVID vaccination rollout for Maori was on track. Mr Coghlan deferred to Helen Gillespie as the Programme Manager COVID-19 Vaccination Program. Ms Gillespie advised that they have been supporting the Poutini Waiora to ensure when a date is agreed they will be ready to start the vaccination process, to date Ms Gillespie is not aware of any venues approved by the MoH for vaccinations.

Resolution (24/21)

(Moved: Rick Barker / seconded: Tony Kokshoorn – carried)

That the Board:

- i. notes the Maori Health Update.

9. RESOLUTION TO EXCLUDE THE PUBLIC**Resolution (25/21)**

(Moved: Tony Kokshoorn /Susan Barnett – 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.
- 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”;

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

Hon Rick Barker, Chair

Date

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 24 September 2021

	DATE RAISED/ LAST UPDATED	CARRIED FORWARD	COMMENTARY	STATUS
1.	21 February 2020	Maori Health including Cultural Competency	Gary Coghlan to speak to presenter	Workshop 24 September – to be rescheduled
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
6.	7 May 2021	Improving Workforce Wellbeing	Mary Johnson – update to next Board meeting	24 September
7.	25 June 2021	Patient Travel - Further information to be brought back to the Board	Philip Wheble to write letter to Regional Council	6 August
8.	25 June 2021	Update on progress made with the correcting of Mental Health Data (Audit NZ 2020 Report)	Philip Wheble to supply update	24 September
9.	6 August 2021	Board to have a discussion regarding future workshops they would like presented	Board members	
11.	6 August 2021	Information on which DHB committees have Consumer Council representation on them	Philip Wheble to supply information	24 September

PROPOSED MEETING SCHEDULE - 2022

TO: Chair and Members
West Coast District Health Board

SOURCE: Governance Support

DATE: 24 September 2021

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

The purpose of this report is to seek the Board's confirmation and support to a schedule of meetings for the Board and its Committees, both statutory and non-statutory, for the 2021 calendar year as required by the NZ Health and Public Disability Act 2000.

2. RECOMMENDATION

That the Board:

- i. Confirms support for the proposed schedule of meetings for 2022 (refer Appendix 1 attached); and
- ii. Delegates authority to the Chief Executive, in consultation with the Chair of the Board and/or relevant Committee Chairperson, to alter the date, time or venue of a meeting, or cancel a meeting, should circumstances require this.

3. SUMMARY

The dates for Committee and Board meetings are to a large extent determined by the reporting cycle required to produce information and also the timing of Canterbury DHB and other significant national meetings. The suggested meeting dates for 2022 are based on the amended cycle of meetings as adopted by the Board for the latter part of 2018.

Background

If a DHB does not adopt an annual schedule of meetings then, in terms of the New Zealand Public Health and Disability Act 2000 (the Act) and in accordance with Standing Orders (Clause 1.14.2), members are instead required to be given written notice of the time and place of each individual meeting, not less than ten working days before each meeting.

The adoption of a meeting schedule allows for more orderly planning for the forthcoming year for the Board, Committees and staff. The proposed schedule also serves as advice to members that the meetings set out on the schedule are to be held.

The suggested meeting dates for 2022 contained in Appendix 1 are based on the current cycle of meetings with the Board meetings on Friday's and quarterly for the Advisory Committee and QFARC meetings.

In situations where additional meetings of the Board and its Committees are required, these will, in terms of the Act, be treated as special meetings. Notice of these meetings will be given to members in each case prior to the meeting. In addition, where workshops are required, which are not part of the regular meeting cycle, notice of these meetings will also be given to members prior to the workshop.

On occasions it may be necessary to alter the date, time or venue of a meeting or to cancel a meeting. It is recommended that the authority to do this be delegated to the Chief Executive in consultation with the Chair of the Board or the Committee Chairperson.

Meetings of the Board and its Statutory Committees will be publicly notified in accordance with Section 16 of Schedule 3 of the New Zealand Health and Disability Act 2000.

4. APPENDICES

Appendix 1: Proposed Schedule of Meetings - 2022

Report prepared by: Governance Support

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – JUNE 2022

DATE	MEETING	TIME	VENUE
Friday 11 February 2022	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 10 March 2022	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 10 March 2022	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 25 March 2022	BOARD MEETING	10.00am	Boardroom, Corporate Office
Friday 6 May 2022	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 9 June 2022	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 9 June 2022	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Board Room, Corporate Office
Thursday 23 June 2022 (Friday 24 th is Matariki)	BOARD MEETING	10.00am	Board Room, Corporate Office

The above dates and venues are subject to change. Any changes will be publicly notified.

GENERAL MANAGER UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager West Coast

DATE: 24 September 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.



A: Reinvigorate the West Coast Health Alliance

- The ALT was pleased to have achieved so many of the outcomes in the System Level Measure Framework 2020/21:
 - The following were achieved:
 - ASH Rates 0-4 Year Olds: Reduction of the 3-year average ratio between ASH rates for Māori children to below 1:1.23 was achieved with rates being 1:1.06
 - Acute Hospital Bed Days: The milestone target of reduction of the Acute Bed Day Rate for Māori to below the current 3-year average rate of 331 per 1,000 of population and continuing to ensure the equity gap between Māori and total population is either negligible or favourable to Māori was achieved. Acute Bed Day Rate for the year ending March 2021 was 147 for the total population and 144 for Māori.
 - Amenable mortality: The milestone for this measure was achieved. The current downward trend in amenable mortality with an anticipated rate, or close to, 70 amenable deaths per 100,000 people by June 2023 was maintained.

- The following were not achieved:
 - Youth access to and utilisation of youth appropriate health services: The milestone for this measure was to maintain a downward trend for self-harm hospitalisations to a rate of 32 per 10,000 population and continue to ensure the equity gap between Māori and total population is negligible. As at March 2021, the total population rate per 10,000 was 47.1 with the rate for Māori being 49.3. The milestone has not been achieved with a sharp increase for self-harm hospitalisations evident as against 2020 figures and the equity gap widened for Māori. This meant a net increase of 4 people but included an increase of 5 Māori, 2 Pacific Islanders and a decrease of 2 other, increasing the equity gap.
 - Babies living in smokefree homes: The milestone of reducing the equity gap between Māori and non-Māori babies living in a smokefree home to less than a three-year average of 12% was not achieved. The equity gap has increased and, as at March 2021, is 17.7%. Whilst a growing number of Māori pepi are living in smokefree homes (approximately 2% more 2020) the Alliance is focussed on significant change.
- The System Level Measures Improvement Plan for 2021/22 is approved by ALT.
 - The focus for ALT will be driving results and systemic change in 2021/22. ALT is considering what changes can be made to work better with the Locality Workstreams and ensure ALT has the right mix of members. Focus will also be on ensuring the SLMIP targets are well socialised at all levels of the organisation, amongst health providers, stakeholders and those responsible for outcome delivery. Any agreed ALT plan(s) on how best to monitor and assist in achieving the SLMIP outcomes will be disseminated and discussed as appropriate.

B: Build Primary and Community Capacity and Capability

Integrated Locality Services

- **Integrated Health Services – Northern**
 - Northern has been hit with two emergency situations including the flooding and level 4 COVID-19 lockdown. The workforce has responded admirably to maintain patient care while at the same time many have suffered with personal displacement, loss of homes and belongings and families who were also affected by the flooding. Learnings from COVID have been looking at improved data collation of services with an emphasis on representing inequities of access for Māori, the updating of Resurgence Plans, and defining red and green 'Pods'.
 - The Indici Electronic Patient Management system has gone live on 6 September in Reefton with a positive response from the teams. The next stage will be implementing Indici in the rest of the Northern Region 27 September.
 - Preparation for Cornerstone Accreditation for Northern WCDHB continues.
- **Integrated Health Services – Central**
 - In early September we fondly farewelled one of our long-standing GPs, as they left to take up the role of Rural-based Senior Lecturer with the University of Otago. The role involves rural-focused research and education with the underlying aim of promoting rural careers.

- We are advertising for another GP, as well as continuing to develop GP Registrars locally; so they are supported to achieve GP fellowship and stay within the West Coast primary care workforce.
- Providing sustainable paediatric services has recently been difficult due to staffing challenges. We have worked closely with both our local workforce and transalpine partners to temporarily establish a revised model of care. This is currently working well and will be reviewed in accordance with agreed timelines.
- The new manager for central locality Mental Health Services commenced in July. They bring a wealth of experience to the role and will be supporting central teams, as well as some coast-wide services (e.g. AOD & CAMHS).
- The Central Consumer Council has continued to develop and, as of August, is now chaired by a consumer representative. The HQSC quality safety marker for consumer engagement will drive future work.
- The CNM / Nurse Consultant Community has recently been partnering with senior leaders to gain experience of key roles within the DHB. Supporting developing leaders in this way helps build greater system resilience and aids succession planning.

▪ **Integrated Health Services – Southern**

- Clinical Nurse Manager (Maria Giles) has continued to support the ever-evolving COVID-19 Vaccination Programme roll-out lending her experience to the development of the mass-vaccination model (Greymouth aerodrome) and supporting partner-organisation, Poutini Waioara, in delivering the first Poutini-led marae-based vaccination sessions.
- Despite being interrupted by the most recent period of lockdown, follow-up from the recent HEAT Tool training has continued. In particular, there has been excellent consumer input into the establishment of a whānau room space at the Hokitika campus. A second work-stream is investigating connection between Hokitika/South Westland and Greymouth both in terms of supporting travel options for patients and their whānau and in terms of a suitable venue for wellbeing-focused groups to operate from and, in the absence of which those groups often do not provide services locally.
- Additional casual RNSs have been appointed and this is seeing a degree of easing in rostering challenges. Constructive planning is underway regarding our frameworks for supporting Registered Nurses into the Rural Nurse Specialist role.
- The Southern Community Mental Health team is back to a full Case Manager complement. A planning session (a follow up to a whole-of-team planning session late last year) is to be held shortly (re-scheduled due to lockdown) to review overall direction and progress with quality improvement initiatives previously identified.
- Connections have been established across various South Westland communities to facilitate regular liaison with those communities creating a direct line of communication. Although interrupted by the lockdown, an ongoing framework of meetings is being established to foster open and supportive links.
- The Southern Consumer Council has identified a specific initiative (reviewing the arrangements for the delivery of consumables to clients/patients receiving ongoing support) as a vehicle for developing and demonstrating a methodology of consumer engagement, consistent with the Consumer Engagement Quality Marker (QSM) framework, in the co-design (in this case co-redesign) of processes and arrangements. They are focusing on recruiting additional members as rotational

vacancies have arisen – continuing to use the framework as the basis for discussion and action.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- Maintenance Systems for Te Nikau still being progressed.
- The Grey Base Coal Boiler is being prepared to test run on wood pellets.
- Although the defect notification period is over at Te Nikau, we are still working through those that were not completed.
- Many contractors were reticent to attend site during level 4, causing some disruption to both planned and reactive maintenance.
- Work has begun on the evaluation of the fire egress routes for WCDHB buildings.
- Proposal to implement the first part of the Property Strategy has gone forward.
- All WCDHB sites have now achieved their annual building warrant of fitness
- The Buller flood damage repairs are almost complete, with power and heating for Kynnersley Home the only remaining tasks.

B: New Facilities Redevelopment Update

Te Nikau and wider Greymouth Campus

- Site works continue to progress with the ambulance bay, campus lighting and loading dock canopy nearing completion. The main access road has been sealed and final preparation works are continuing before the remaining site is sealed and grassed. Final site signage is expected to be installed in the next few weeks.
- With the national level 4 lockdown announced on 18 August, all works came to a halt. Contractors resumed on site in level 3 and work on the covered walkway between the ambulance bay and transitional care units commenced.
- Fletcher Construction and the DHB continue to work together to close out any outstanding defects.

Mental Health Business Case Revision

- Updated seismic and building condition reports have been received as well as full refurbishment and new build cost estimation reports to inform the revised business case.
- The consultant team, with significant input from mental health staff and community members, have completed a final draft business case revision. This has been disseminated to the Executive Management Team and appropriate Clinical Leads for review and feedback prior to presenting to the Board for endorsement hopefully at the upcoming September Board meeting.

Buller

- Construction work on the new Buller Health facility site recommenced on 1 September when local subcontractors returned to work after on-site work was temporarily suspended as a result of the national COVID-19 lockdown.
- West Coast DHB is currently working with Scott Construction, the main contractor, to determine the revised completion timeframe along with suitable options to make up for lost time.
- The DHB are also reviewing reports and data from the recent flood including engaging with the Buller District Council to understand any implications from this event.
- Works Completed to date:

- Gravel raft 100%
- Foundations for block wall
- Temporary block wall along the x-ray building
- Project Look Ahead:
 - Underfloor services to commence
 - Blockwork for retaining walls to be completed
 - Formwork and reinforcement steel for the slab to commence



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- Nursing remains extremely busy with high occupancy in most of the inpatient wards but also patients in the community. There are a number of vacancies and unplanned leave impacting on many services throughout the organisation with Paediatrics and CCU being hit hardest. To enable services to continue, we have become innovative in our approach. Part of this innovation was to move the paediatric service to our CCU. This approach was to have our high level skilled workforce co-located. CCU have always had paediatric patients in their area and paediatric nurses have always assisted with adult patients. We have been working with our transalpine colleagues and put in place education and processes to help staff with the change.
- The new clinical manager of mental health is working hard to keep the momentum going to improve the services. The clinical leadership team have reconvened and looked at Terms of Reference to ensure their colleagues in the Northern and Southern localities become part of that team. This ensures good flow of communication but also consistency of services.
- Support continues for our counterparts in Buller who were devastated by wide spread flooding. Staff have done an amazing job to keep services going whilst dealing with their own situations at home.
- COVID response for nursing has gone well with updates on most documentation needed and sorted. Staff have found the daily EOC operational meeting a useful way of communicating and keeping abreast of the flow of information.

Rural Inpatients and Transalpine Service

- Team Leaders are heavily involved in the Te Huarahi Hautū, Leadership Development Programme. Workshops delivered over the last 3 months have included Leading Self, How

We Hire and Difficult Conversations. The Building Effective Teams workshop is scheduled for September (subject to Covid-19 alert levels).

- The West Coast DHB joined the National Bowel Screening Programme at the end of May and is actively promoting NBSP and engaging with the community. We have held training sessions with all Rural Nurses, Primary Practices and have a formal launch scheduled for the first week of October. The initial results for the programme indicate the promotion and engagement is going to plan with over 50% of kits being returned; this is good for the initial 2-3 months of the programme.
- Strengthening the transalpine alliance continues with Dr David Smyth taking on the position of Transalpine Chief of Medicine and working alongside Dr Brendan Marshall the WCDHB Clinical Director of Rural Inpatients and Transalpine Services.
- Obstetric and Gynaecology Services are benefiting from the Rural Generalist Model and the transalpine alliance with waiting times being kept to a minimum despite recent disruptions due to flooding and COVID.
- General Surgery have a new consultant due to arrive from America in October and we are actively pursuing the formalisation of our relationship with the General Surgery Department in CDHB through a transalpine memorandum of understanding.

Maternity

- An extremely busy month in Maternity, some weeks at full capacity.
- We have appointed a Clinical Coach for Maternity who will work 0.5 FTE and starting in this role towards the end of September. They also work as one of our MQSP representatives.
- All staff have worked tirelessly during another Level 4 lockdown, ensuring the safety of the women and themselves.
- The Well Child Hui was postponed. Now that we are in Level 2 we have had our Growth Assessment Programme (GAP). This is by ZOOM due to the speakers being in lockdown.

Allied Health

- The Allied Health teams have been supporting the COVID response across the Coast, including swabbing in CBAC and managing green and red streams into our facilities.
- Current vacancies in Allied Health that we are recruiting to, include a Physiotherapist in Northern and Central and a Community Occupational Therapist in Southern.
- A six month secondment to the Mental Health Occupational Therapist position has commenced; they will share community and inpatient activity with the other Mental Health Occupational Therapist.
- Allied Health is fully engaged with the Interprofessional Education Programme, a collaboration with Otago University.
- Dietetics are engaging in the new specialist MDT diabetes monthly clinics.
- Allied Health have increased the number of people receiving Early Supported Discharge Services in Central and are leading the way in the usage of Personalised Care Plans on Health Connect South.
- New Occupational Therapy processes have been set up to create more equitable access to essential equipment for our community, including palliative care.

Mental Health

- The focus over the past few months has been on recruitment across the service and especially management roles. There has been some headway made in this area with the appointments in August and September of:

- Nurse Manager MHS Central
- Clinical Nurse Manager CAMHS (3 month secondment while recruitment process underway)
- Clinical Nurse Manager Manaakitanga Inpatient Unit
- Manaakitanga IPU, Northern Community, CAMHS and Crisis teams continue to recruit front line staff with small gains being made. Continued challenges in allied for Psychologist and medical for Psychiatrist (national shortage in both areas)
- The Mental Health Leadership Group continue to meet fortnightly. Terms of reference have been reviewed, updated, document controlled and uploaded onto the intranet. The group had a core membership with invitees. ISG and Planning & Funding have been standing invitees as the strategic focus has been on ISG PRIMHD data and clinical documentation requirements/processes/needs.
- The Mental Health Operations Group continues to meet weekly. Meetings have been redefined into two parts: part 1 - 30 minute focus on staffing, training and recruitment followed on by operational issues, challenges and opportunities and part 2 - 30 minute focus on development and understanding with a 4 week rotational invited department: week 1 ISG PRIMHD, week 2 P & C, week 3 Finance, week 4 P & F per month. The aim is to build knowledge and transparency for managers for these 4 areas. Terms of Reference are in draft and out for consultation/feedback.
- Quality meetings continue monthly and are generally well attended. The focus at the last meeting was building sustainable workstreams of frontline staff for the 2 HQSC projects (Zero Seclusion & Connecting Care), restraint, policy & procedure updates, equity issues, health & safety. There is now a 6 week mental health service staff newsletter to build staff awareness and connectivity
- Recruitment is well underway for the new Consult Liaison Nurse role and role function/ integration is in development stages. Initial meetings with NGO's are being set up with assistance from P & F. Talks are underway with Te Nikau around room 3 function and use. New funded position 0.4 FTE Mental Health Clinical Nurse Educator (CNE) role recruited to and functioning. Study days being offered across the Coast to DHB and other health providers by the CNE and external provider education sessions are also underway.
- The Office of the Ombudsman's crimes against torture act audit has occurred. A draft response has been provided by the Office and the DHB has responded. We are now awaiting the final report which will be published.

	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 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 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 Buller branch of the Red Cross have indicated they will continue to provide the Buller service in the forthcoming year while they continue to explore alternative providers within the Buller community to operate the service but will not look to renew beyond twelve months. A roll-over contract has been issued to Red Cross for continuation of the service to 31 July 2022. We will be working with the services to understand potential alternative options.

National Travel Assistance expenditure for the month July 2021 was 12% over year-to-date budget for 2021/22. The travel assistance claims are subject to late claiming by individuals and therefore there is a degree of uncertainty in the monthly movements. 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 project was formally approved for execution after the first steering group meeting held on 14 July 2021. Feedback from steering group members was collected and analyzed, ensuring the project delivery is aligned with the clinical and administrative requirements.

The project team initiated the requirement gathering and booking process alignment with clinical services like oncology, cardiology, urology, plastics, dermatology and paediatric nutritional services in the early stages of the project identifying the specific requirements for each service and how the new technology platform will provide a seamless experience to the users.

In August, oncology and paediatric nutrition services were trialed using the new telehealth platform and booking process, which was a great success. Both these services are now using the new platform for all video consultations.

By the end of September, cardiology, plastics and dermatology will also complete the trial phase and switch to the new platform in October, with other services to follow soon after.

In the last quarter paediatric medicine has been conducting more face to face consultation across the West Coast which has resulted in a drop of use of video consultations. Requirement gathering has already been completed and the trial for paediatric medicine will begin in mid-October, switching to the new platform in early November

Table showing progress of transitioning to Microsoft Teams platform

Row Labels	Telehealth					Grand Total
	MS Teams		Vidyo			
	July 21	August 21	June 21	July 21	August 21	
Cardiology			9	17	19	45
Dermatology	5		2		1	8
Diabetes - Nurse Led				1		1
Haematology			1			1
Nutrition Services	6	3	3	4		16

Oncology	7	15	26	3		51
Paediatric Medicine			1			1
Plastic Surgery			1	1	5	7
Respiratory Medicine			1	1		2
Urology			12		1	13
Grand Total	18	18	56	27	26	145



A: Older Persons Health Services

Supporting older people to remain at home

Aged Residential Care (ARC):

The Aged Residential Care facilities are being monitored and carefully managed as the West Coast has been experiencing high bed capacity over recent months. As anticipated, more people are being admitted into the facilities that have high and complex needs. This combination of patient complexity and increased demand is affecting bed numbers.

The Complex Clinical Care Network (CCCN) are utilising the prioritisation tool to prioritise the most complex patients into ARC in a timely manner. The top three priorities are:

1. End of Life patients.
2. Person displaced by natural disaster or facility closure. This priority was actioned recently during the Westport floods.
3. Inpatient, crises in the community, or person in respite care and cannot go home.

Residential Care nursing and staffing levels are also being impacted by border restrictions and the flow on effect of nurses being recruited to the COVID-19 vaccination programme. These challenges are nationwide.

COVID-19 Lockdown Response:

The DHB Health of Older Persons team provided support and guidance as required to ARC facilities over the most recent COVID-19 lockdown. Overall ARC facilities have managed well over this time.

The CCCN and Home and Community Support Services have continued to provide support and essential care to our most vulnerable in the community during the varying levels of lockdown. CCCN have contacted all their clients on the vulnerable client list, and the process was well received.

The two Home and Community Support Services – ACCESS and Coasters have also managed well during the lockdowns.



A: Live Within our Financial Means

The consolidated West Coast DHB financial result including the impacts of floods, Covid-19 and Holidays Act compliance (\$213k unfavourable) for the month of August 2021 was a deficit of \$1.385M, which was \$431k unfavourable to the annual plan. The YTD result is \$593k unfavourable to the annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(140)	(152)	12	(332)	(306)	(26)
Funder Arm	255	434	(179)	590	896	(306)
Provider Arm	(1,500)	(1,236)	(264)	(2,719)	(2,458)	(261)
Consolidated Business as Usual Result	(1,385)	(954)	(431)	(2,461)	(1,868)	(593)
Covid-19 & Holidays Act	428	215	(213)	595	431	(165)
West Coast DHB Result	(957)	(739)	(218)	(1,866)	(1,438)	(428)

B: Effective Clinical Information Systems

- Community Patient Administration System implementation (Indici):** The Steering Group agreed new dates for the Buller and Reefton Indici implementations, due to the flooding in Westport giving rise to the postponement for Buller go-live. Reefton went live with Indici on 6 September with no serious issues and the staff have embraced the new system. Preparation has re-started for the Buller go-live due 27 September, followed by South Westland in October and Te Nikau in November.
- Cyber security:** Our Phriendly Phishing baseline campaign showed 21% of people sent a phishing email clicked the relevant link. Post initial training and education the percentage is currently 5%.

Metrics for who have completed training:

1082	training links sent
343	completed
66	started but not completed
673	not started

Now working with the cyber security team to create a process where staff who have not completed the campaign are followed up with via business as usual.

Firewall replacement project planning in progress.

Working from home security audit finalised with internal audit. Now working on action plan to address issues identified.

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

Communications and Engagement

- Public Information Management (PIM) support to the DHB's Emergency Coordination Centre (ECC) as part of the West Coast DHB's COVID-19 response.
 - Health workforce communications (internal and external)
 - Media release(s) and related enquiries
 - Collateral preparation
- PIM support as part of the West Coast's health system response to the recovery phase of the Buller flood event continued during August/September with a focus on psychosocial wellbeing.
- 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
- National Bowel Screening Programme communications planning focused on the programme launch planned for October 2021.

Media

During August/September 2021, the majority of media enquiries received related to the DHB's COVID-19 response to the national lockdown as well as the roll-out of the COVID-19 vaccination programme.

We also received enquiries about the planned NZNO strike, the number of nursing staff at Te Nikau Hospital and about the presence of RSV (Respiratory Syncytial Disease) in the community.

- **Media releases:**
 - [Health news](#)
 - Health advice following West Coast Floods – Update 5 – Wednesday 21 July, 6.00pm
 - Health advice following West Coast Floods – Update 6 – Friday 23 July, 6.00pm
 - Health advice following West Coast Floods – Update 7 – Monday 26 July, 2.00pm
 - All services back in Buller Health Centre from 4pm today (30/07/2021).
 - Access to free GP consultations for flood affected patients remain in place (06/08/2021).
 - Canterbury and West Coast DHBs planning for the 10/11 August MERAS midwives' strikes (09/08/2021).
 - Canterbury and West Coast DHBs planning for 19 August NZNO and MERAS strikes well underway (13/08/2021).
 - West Coast DHB Alert Level 4 information for visitors and patients (18/09/2021).
 - Auckland and Coromandel travellers asked to get tested and self-isolate (19/08/2021).
 - West Coast DHB planning drive-through COVID-19 vaccination events across the Coast (25/08/2021).
 - West Coast DHB's initial Greymouth drive-through COVID-19 vaccination event well attended (30/08/2021).
 - Appointments for this week's Greymouth drive-through COVID-19 vaccination events filling up (01/09/2021).
 - COVID-19 Alert Level 3 access to healthcare and visitor restrictions on the Coast (01/09/2021).

- COVID-19 Alert Level 2 access to healthcare and visitor restrictions on the Coast (07/09/2021).

■ **Social media posts:**

- Health advice following West Coast Floods – Update 5 – Wednesday, 21 July, 6.00pm
- Buller Medical Centre has temporarily relocated to 51 Russell Street, Westport (22/07/2021).
- Westport's COVID-19 vaccination clinic postponed (23/07/2021).
- Scam alert re people in Buller pretending to be from the Emergency Operations Centre (24/07/2021).
- Buller District flood event welfare support (25/07/2021).
- First staff move back into Buller Heath today (26/07/2021).
- All services back in Buller Health from 4pm today (30/07/2021).
- Please call your own General Practice (GP) team 24/7 for advice on where to go for a COVID-19 test (30/07/2021).
- Make time to take a breather this weekend (30/07/2021).
- Concerned about alcohol or drug use? (02/08/2021).
- Buller flood event update (05/08/2021).
- Good news for everyone aged 55 and over, you're now eligible to get protected (09/08/2021).
- West Coast DHB planning for the 10 August MERAS midwives strike (09/08/2021).
- COVID-19 vaccination programme update (13/08/2021).
- Our contingency planning for the NZNO and MERAS strike action is well underway (13/08/2021).
- Coming soon: an exciting new resource from the Health Quality & Safety Commission (15/08/2021).
- Introducing Whenua ki te whenua: A taonga for your whānau, a new advance care planning guide designed using kaupapa Māori processes (17/08/2021).
- New Zealand is moving to Alert Level 4 (17/08/2021).
- West Coast DHB Alert Level 4 information from visitors and patients (18/08/2021).
- At Alert Level 4, face coverings are mandatory (19/08/2021).
- West Coast DHB has set up COVID-19 testing stations in Hokitika, Greymouth and Westport (19/08/2021).
- Keep up to date on the locations of interest (19/08/2021).
- West Coast DHB will be recommencing its vaccination programme roll-out from Friday, 20 August when it reopens its Greymouth and Westport clinics (19/08/2021).
- West Coast DHB is currently planning drive-through COVID-19 vaccination events for various locations across the Coast (25/08/2021).
- Just a reminder that the West Coast DHB's COVID-19 testing clinics in Hokitika, Greymouth and Westport are still up and running (26/08/2021).
- COVID-19 vaccination programme update (28/08/2021).
- Series of wellbeing videos featuring various people from across the West Coast Health System (September 2021).
- COVID-19 Delta Alert Level 2 – access to healthcare and visitor restrictions on the Coast (07/09/2021).



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **COVID-19 response:** Following the change in National Alert levels in August and the outbreak in Auckland, the Ministry of Health advised all Public Health Units to immediately pause business as usual activities in order to direct resources to supporting contact tracing, contact monitoring and source investigation. Community & Public Health have been working closely with our Auckland Regional Public Health Service colleagues on all aspects of the response as well as supporting their continued need to respond with case investigation for border cases in managed isolation and quarantine. While there were no cases in the West Coast community during the outbreak, there were potential disease contacts from our community that had been at identified exposure events/locations of interest. C&PH have also continued to monitor and support aviation and maritime border work and the managed isolation and quarantine facilities based in Christchurch.

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

FINANCE REPORT FOR THE PERIOD ENDED 31 AUGUST 2021



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 24 September 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 August 2021.

3. DISCUSSION

Overview of August 2021 Financial Result

The consolidated West Coast DHB financial result for the month of August 2021 was a deficit of \$1.385M, which was \$431k unfavourable to the annual plan. The year to date net deficit of \$2.461M is \$593k 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 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	14,788	14,550	238	1.6%	29,877	29,098	779	2.7%	178,465
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	159	160	(1)	(0.6%)	323	320	3	0.9%	1,922
Patient Related Revenue	693	645	48	7.4%	1,332	1,292	40	3.1%	7,640
Other Revenue	50	442	(392)	(88.7%)	103	896	(793)	(88.5%)	784
Total Operating Revenue	15,690	15,797	(107)	(0.7%)	31,635	31,606	29	0.1%	188,811
Operating Expenditure									
Personnel costs	7,204	7,237	33	0.5%	14,575	14,445	(130)	(0.9%)	86,593
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	1
Treatment Related Costs	864	872	8	0.9%	1,806	1,747	(59)	(3.4%)	10,347
External Providers	4,085	4,019	(66)	(1.6%)	8,046	8,003	(43)	(0.5%)	47,829
Inter District Flows Expense	2,566	2,568	2	0.1%	5,142	5,137	(5)	(0.1%)	30,821
Outsourced Services - non clinical	145	123	(22)	(17.9%)	243	246	3	1.2%	1,480
Infrastructure and Non treatment related costs	1,179	907	(272)	(30.0%)	2,217	1,844	(373)	(20.2%)	11,182
Total Operating Expenditure	16,043	15,726	(317)	(2.0%)	32,029	31,422	(607)	(1.9%)	188,252
Result before Interest, Depn & Cap Charge	(353)	71	(424)	(597.2%)	(394)	184	(578)	(314.1%)	559
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	524	508	(16)	(3.1%)	1,051	1,019	(32)	(3.1%)	6,042
Capital Charge Expenditure	508	517	9	1.7%	1,016	1,033	17	1.6%	6,200
Total Interest, Depreciation & Capital Charge	1,032	1,025	(7)	(0.7%)	2,067	2,052	(15)	(0.7%)	12,242
Net Surplus/(deficit)	(1,385)	(954)	(431)	(45.2%)	(2,461)	(1,868)	(593)	(31.7%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,385)	(954)	(431)	(45.2%)	(2,461)	(1,868)	(593)	(31.7%)	(11,683)

4. KEY RISKS & EMERGING ISSUES

The underlying BAU variance (i.e. excluding Holidays Act compliance and Covid-19) for August is \$218k unfavourable to budget (\$428k 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.

5. APPENDICES

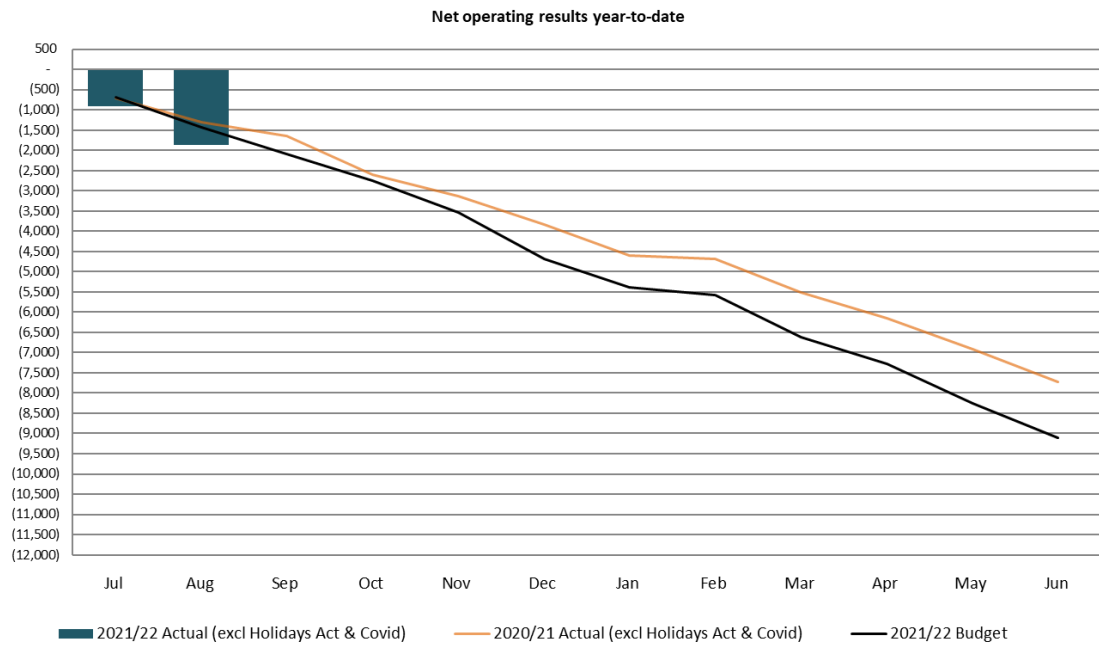
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow
Appendix 5	YTD Result Excluding Holidays Act & Covid-19

Report prepared by: Odette Rielly, Finance and Business Manager

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

APPENDIX 1: FINANCIAL RESULT**FINANCIAL PERFORMANCE OVERVIEW – August 2021****Net operating results (excluding Holidays Act compliance provision & Covid-19)**

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(957)	(739)	(218)	29%	×	(1,866)	(1,438)	(428)	30%	×



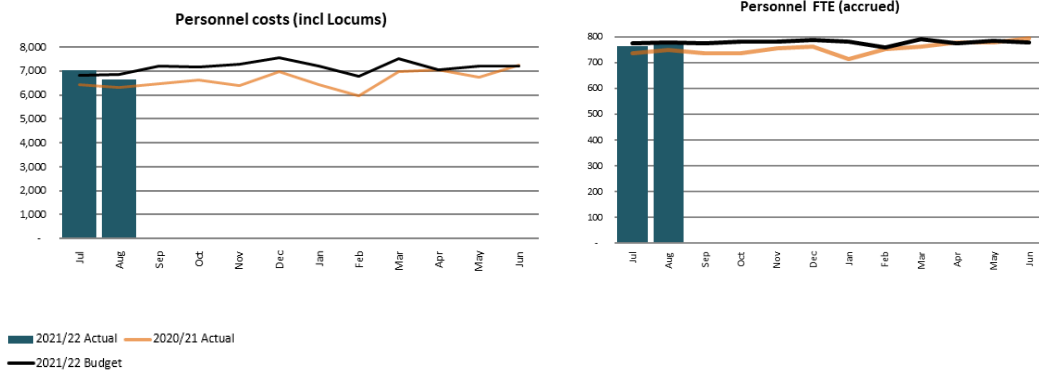
WCDHB has reported a deficit of \$957k for the month of August. This is an unfavourable variance to the deficit in the draft annual plan for the month of \$218k. The YTD variance is \$428k unfavourable.

The variance mainly relates to the flood costs (\$221k for MTD; \$289k YTD). Note there are additional costs in relation to the flooding yet to come through. There was also \$100k additional RSV associated costs in July.

Commentary is provided on the variance to the draft Annual Plan that was submitted in July 2021, with the annual deficit of \$9.100M (excluding the Holidays Act)

Personnel costs (including Outsourced Personnel) & FTE (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	
Medical	1,649	1,687	37	2%	3,303	3,372	69	2%
Nursing	2,702	2,862	160	6%	5,652	5,698	46	1%
Allied Health	1,151	1,109	(42)	-4%	2,302	2,206	(96)	-4%
Support	327	319	(8)	-2%	645	638	(7)	-1%
Management & Admin	829	883	54	6%	1,785	1,774	(11)	-1%
Total	6,659	6,860	201	3%	13,687	13,689	2	0%



KEY RISKS AND ISSUES:

Personnel Costs: August is favourable by \$201k which reverses the July unfavourable result. YTD we are on budget. Additionally, YTD costs include \$136k of flood related costs, as well as the impact of RSV.

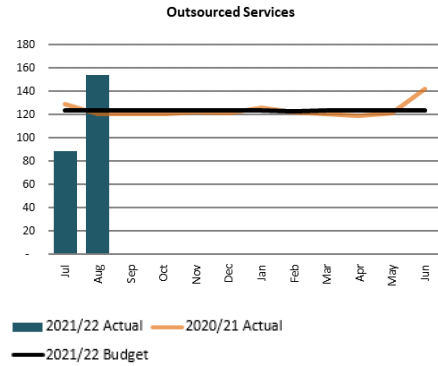
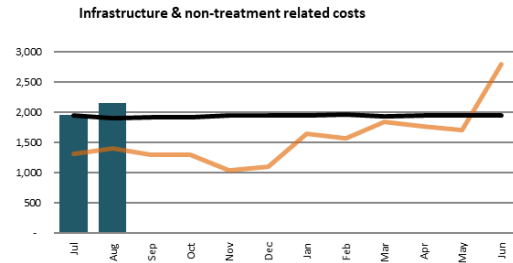
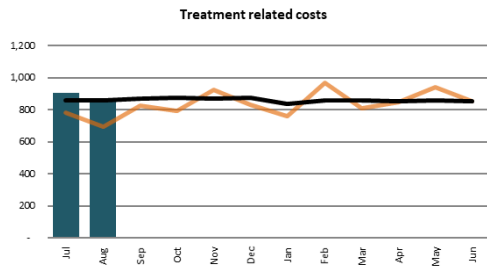
Allied Health: The major drivers for the deficit in Allied YTD are:

- Unplanned MECA Adjustment (\$52k) YTD;
- Unplanned Home-Based Support (\$21k above budget) YTD as changes in proposed structure have not yet come into fruition;
- High Radiology demand (\$18k above budget) YTD.

Holidays Act compliance (not included in the amounts above): This provision is currently \$19.665M (\$232k for the month; \$432k YTD) and we will continue to increase the provision monthly until remediation is complete.

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

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Treatment related costs	856	857	1	0%	1,763	1,717	(46)	-3%
Non Treatment related costs	2,147	1,908	(239)	-13%	4,098	3,851	(247)	-6%
Outsourced Clinical Services	154	123	(31)	-25%	240	246	6	2%



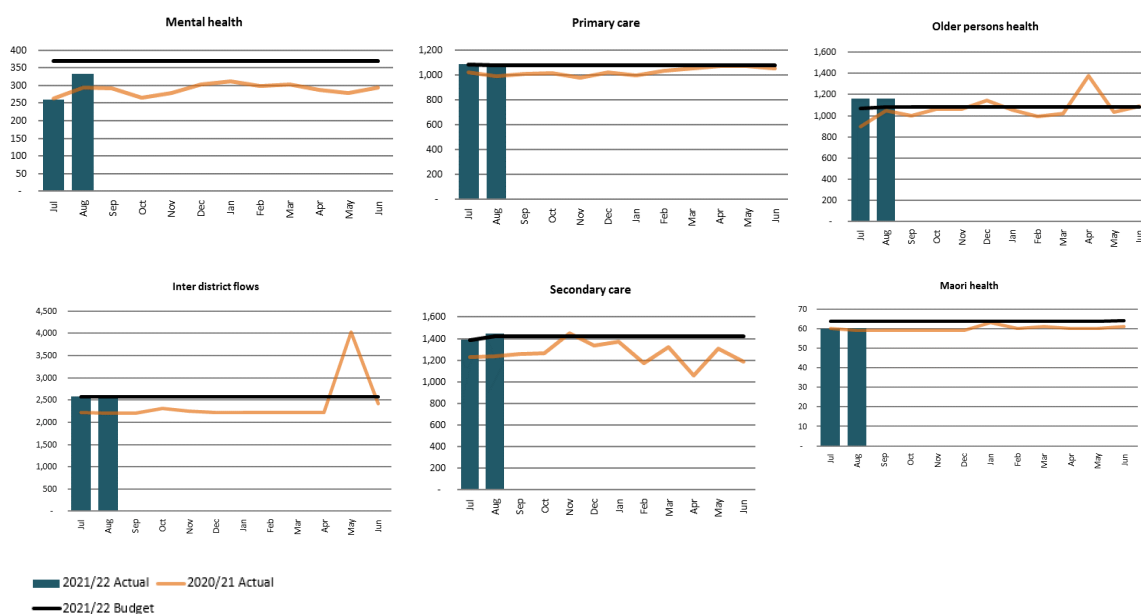
KEY RISKS AND ISSUES:

Non-treatment related costs:

There were \$121k of flood related costs in August, \$153k YTD. Other variances include IT expenses \$44k over budget YTD relating to database administration cover, remote location network costs, and additional line rental costs.

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

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Secondary Care	1,447	1,424	(23)	-2%	2,833	2,812	(21)	-1%
Primary Care	1,084	1,079	(6)	-1%	2,174	2,166	(9)	0%
Older Person's Health	1,165	1,082	(83)	-8%	2,327	2,148	(179)	-8%
Mental Health	332	370	38	10%	591	739	148	20%
Maori Health	60	64	4	6%	120	128	7	6%
IDF	2,567	2,568	2	0%	5,143	5,137	(6)	0%
Total	6,655	6,587	(68)	-1%	13,188	13,141	(47)	0%



KEY RISKS AND ISSUES:

Secondary Care: Includes a \$32k reclassification of fully funded Maori Vaccinations readiness programme.

Primary Care: Including the above reclassification, there is a \$23k deficit on community pharmaceuticals.

Older Person's Health: There was an increase in demand for community home support and aged care residential. We will need to ascertain as to whether these increased levels are likely to continue over the next quarter. There is a price and a volume variance occurring.

Mental Health: We are favourable PTD and YTD against budget due to the delay in recruitment for non-ringfenced Mental Health contracts.

Financial position

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000			Annual Budget \$'000
Equity	122,117	120,920	1,197	1%	✓	122,506
Cash	6,975	889	6,086	685%	✓	(2,713)
Capex	976	2,002	1,026	51%	✓	11,102

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

WCDHB received \$1.039M as a drawdown against the Buller IFHC redevelopment project in August. The equity variance relates to an additional \$1M adjustment to the revaluation of Te Nikau as at 30 June.

Variances to CAPEX

Capex spend is \$1.026M behind plan but expected to catch up dependent on the progress on the Buller facility.

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

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	14,788	14,550	238	1.6%	29,877	29,098	779	2.7%	178,465
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	159	160	(1)	(0.6%)	323	320	3	0.9%	1,922
Patient Related Revenue	693	645	48	7.4%	1,332	1,292	40	3.1%	7,640
Other Revenue	50	442	(392)	(88.7%)	103	896	(793)	(88.5%)	784
Total Operating Revenue	15,690	15,797	(107)	(0.7%)	31,635	31,606	29	0.1%	188,811
Operating Expenditure									
Personnel costs	7,204	7,237	33	0.5%	14,575	14,445	(130)	(0.9%)	86,593
Outsourced Services		0	0	0.0%		0	0	0.0%	1
Treatment Related Costs	864	872	8	0.9%	1,806	1,747	(59)	(3.4%)	10,347
External Providers	4,085	4,019	(66)	(1.6%)	8,046	8,003	(43)	(0.5%)	47,829
Inter District Flows Expense	2,566	2,568	2	0.1%	5,142	5,137	(5)	(0.1%)	30,821
Outsourced Services - non clinical	145	123	(22)	(17.9%)	243	246	3	1.2%	1,480
Infrastructure and Non treatment related costs	1,179	907	(272)	(30.0%)	2,217	1,844	(373)	(20.2%)	11,182
Total Operating Expenditure	16,043	15,726	(317)	(2.0%)	32,029	31,422	(607)	(1.9%)	188,252
Result before Interest, Depn & Cap Charge	(353)	71	(424)	(597.2%)	(394)	184	(578)	(314.1%)	559
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	524	508	(16)	(3.1%)	1,051	1,019	(32)	(3.1%)	6,042
Capital Charge Expenditure	508	517	9	1.7%	1,016	1,033	17	1.6%	6,200
Total Interest, Depreciation & Capital Charge	1,032	1,025	(7)	(0.7%)	2,067	2,052	(15)	(0.7%)	12,242
Net Surplus/(deficit)	(1,385)	(954)	(431)	(45.2%)	(2,461)	(1,868)	(593)	(31.7%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,385)	(954)	(431)	(45.2%)	(2,461)	(1,868)	(593)	(31.7%)	(11,683)

in thousands of New Zealand dollars

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	154,424	155,233	(809)	(0.5%)	155,220
Intangible assets	688	727	(39)	(5.4%)	741
Work in Progress	7,362	6,895	467	6.8%	6,895
Other investments	226	231	(5)	(2.2%)	231
Total non-current assets	162,700	163,086	(386)	(0.2%)	163,087
Current assets					
Cash and cash equivalents	6,975	889	6,086	684.6%	3,415
Patient and restricted funds	0	49	(49)	(100.0%)	0
Inventories	1,162	1,097	65	5.9%	1,097
Debtors and other receivables	6,363	6,626	(263)	(4.0%)	5,865
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	14,500	8,661	5,839	67.4%	10,377
Total assets	177,200	171,747	5,453	3.2%	173,464
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	1,898	2,506	608	24.3%	1,857
Other	63	63	0	0.0%	63
Total non-current liabilities	1,961	2,569	608	23.7%	1,920
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	17,320	14,919	(2,401)	(16.1%)	13,618
Employee entitlements and benefits	35,802	33,339	(2,463)	(7.4%)	34,389
Total current liabilities	53,122	48,258	(4,864)	(10.1%)	48,007
Total liabilities	55,083	50,827	(4,256)	(8.4%)	49,927
Equity					
Crown equity	217,715	216,678	(1,037)	(0.5%)	216,676
Other reserves	28,957	29,618	661	2.2%	28,956
Retained earnings/(losses)	(124,555)	(125,376)	(821)	(0.7%)	(122,095)
Trust funds	0	0	0	0.0%	0
Total equity	122,117	120,920	(1,197)	(1.0%)	123,537
Total equity and liabilities	177,200	171,747	5,453	3.2%	173,464

in thousands of New Zealand dollars

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

	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	15,720	15,795	(75)	(0.5%)	32,027	31,605	422	1.3%
Cash paid to employees	(5,629)	(6,539)	910	13.9%	(11,749)	(13,046)	1,297	9.9%
Cash paid to suppliers	(1,842)	(2,608)	765	29.3%	(3,609)	(5,251)	1,642	31.3%
Cash paid to external providers	(4,085)	(3,986)	(99)	(2.5%)	(8,042)	(7,971)	(71)	(0.9%)
Cash paid to other District Health Boards	(2,566)	(2,568)	2	0.1%	(5,142)	(5,137)	(5)	(0.1%)
<i>Cash generated from operations</i>	1,598	95	1,503	1584.3%	3,485	200	3,285	1646.4%
Interest paid	0	(0)	0	100.0%	0	(0)	0	100.0%
Capital charge paid	(0)	(12)	12	98.8%	(0)	(24)	23	98.8%
Net cash flows from operating activities	1,597	83	1,514	1824.9%	3,485	176	3,309	1881.9%
Cash flows from investing activities								
Interest received	4	0	4	0.0%	8	0	8	0.0%
(Increase) / Decrease in investments	2	0	2	0.0%	5	0	5	0.0%
Acquisition of property, plant and equipment	(563)	(910)	347	38.1%	(921)	(1,962)	1,041	(53.1%)
Acquisition of intangible assets	(28)	0	(28)	0.0%	(56)	(40)	(16)	39.0%
Net cash flows from investing activities	(585)	(910)	325	(35.7%)	(963)	(2,002)	1,039	51.9%
Cash flows from financing activities								
Proceeds from equity injections	1,039	0	1,039	0.0%	1,039	0	1,039	0.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	1,039	0	1,039	0.0%	1,039	0	1,039	0.0%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	1,039	0	1,039	0.0%	1,039	0	1,039	0.0%
Net increase in cash and cash equivalents	2,052	(827)	2,879	(348.1%)	3,560	(1,826)	5,386	(294.9%)
Cash and cash equivalents at beginning of period	4,923	1,716	3,207	186.9%	3,415	2,715	700	25.8%
Cash and cash equivalents at end of period	6,975	889	6,085	684.4%	6,975	889	6,086	684.5%

in thousands of New Zealand dollars

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

	Month Actual \$000	Covid-19 \$000	Holidays Act \$000	Excl Covid-19 & Hols Act \$000	Month Budget \$000	Underlying Variance	YTD Actual \$000	Covid-19 \$000	Holidays Act \$000	Excl Covid-19 & Hols Act \$000	YTD Budget \$000	Underlying Variance
Revenue												
Devolved Funding	(14,438)			(14,438)	(14,508)	(70)	(28,923)			(28,923)	(29,015)	(92)
Non-Devolved Contracts	(214)	(178)		(36)	(91)	(55)	(678)	(525)		(153)	(181)	(28)
Inter-DHB & Internal Revenue	(159)			(159)	(160)	(1)	(323)			(323)	(320)	3
Other Revenue	(881)			(881)	(837)	44	(1,711)			(1,711)	(1,689)	22
Total Revenue	(15,692)	(178)	0	(15,514)	(15,596)	(82)	(31,635)	(525)	0	(31,110)	(31,205)	(95)
DHB Provided Expenditure												
Personnel	6,548	306	232	6,010	6,162	152	13,205	455	432	12,318	12,291	(27)
Outsourced Personnel & Support	650	1		649	698	49	1,370	1		1,369	1,398	29
Outsourced Clinical Services	154	0		154	123	(31)	243	3		240	246	6
Clinical Supplies	862	6		856	857	1	1,806	43		1,763	1,717	(46)
Infrastructure & Non-Clinical Supplies	2,208	61		2,147	1,908	(239)	4,284	186		4,098	3,851	(247)
Total DHB Provided Expenditure	10,422	374	232	9,816	9,748	(68)	20,908	688	432	19,788	19,503	(285)
Other Providers												
Personal Health	2,475			2,475	2,478	3	4,880			4,880	4,938	58
Mental Health	332			332	369	37	590			590	739	149
Public Health	56			56	26	(30)	127			127	49	(78)
DSS	1,165			1,165	1,082	(83)	2,328			2,328	2,149	(179)
Maori Health	60			60	64	4	121			121	128	7
IDFs	2,567			2,567	2,568	1	5,142			5,142	5,137	(5)
Total Other Providers	6,655	0	0	6,655	6,587	(68)	13,188	0	0	13,188	13,139	(49)
Total Expenditure	17,077	374	232	16,471	16,335	(136)	34,096	688	432	32,976	32,643	(333)
Total Consolidated Result Deficit/(surplus)	1,385	196	232	957	739	(218)	2,461	163	432	1,866	1,438	(428)

CLINICAL LEADERS UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 24 September 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 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 continue to work 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 continue to work 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 continue to work closely with the West Coast's rural interprofessional education programme run by the University of Otago and continue to identify opportunities to maximise programme success for students, our workforce and the community.

GROWING UP WELL ON THE WEST COAST

Due to the redeployment of the research team to respond to the Buller Floods and the latest Covid outbreak, we have been unable to progress this work in the last 8 weeks. The team are looking forward to finalising the data analysis and having more to share next month.

NURSING

The nursing workforce industrial action scheduled for 19 August did not occur as a result of the Covid outbreak. A large amount of contingency planning occurred with a number of our team involved in that planning.

We have been busy with workforce and delivery of care contingency planning and all the preparations needed to safely manage the current Covid outbreak.

Moving quickly to Level 4 was a challenge that everyone rose to, as was the subsequent resurgence planning. We would like to acknowledge the nurses, midwives and healthcare assistants who provide a significant and highly valued contribution to the West Coast Health System – none more so than during the Covid outbreak response.

Work is ongoing to support nurses following the merger of Children's Ward into the Critical Care Unit (CCU). Education and support is being provided from a number of teams here and in Canterbury. Planning continues to ensure those recruited to the Children's Ward roles are supported into our Rural Generalist Model.

Despite some recent recruitments, the General Ward remains under FTE and covering the base roster remains difficult. Currently without a Clinical Nurse Manager – a position that is being recruited into. The Ward is being lead by the two Associate Nurse Managers who have faced the Covid outbreak with a great deal of determination and hard work.

Our local Care Capacity Demand Management (CCDM) programme continues to progress rapidly. Progress with the other key milestones (Core Data Set and Variance Response Management) also continues to advance, which means we were very close to achieving 100% implementation of the programme for nurses and midwives by 30 June. We have signalled 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 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)

The Allied Health, Scientific & Technical clinical leaders and managers met with the HealthPathways team at the Canterbury Clinical Network recently, to discuss how we can better utilise the suite of pathways, and particularly the Allied Healthways programme and content. Facilitating access to best practice clinical pathways for to our clinical teams electronically is a key component of supporting community based clinicians.

Focus has otherwise been on responding to the Covid outbreak, adjusting the ways we provide assessment and treatment services and contributing to the development of clinical and professional guidance to the Emergency Response.

MIDWIFERY

- During the past month we had strike action on 10 August and then had been preparing for strike action on August 19 when a national lockdown was announced on 17 August
- The team at Te Nikau moved quickly into Level 4 precautions as required
- During the Lockdown the unit was very busy at times as babies continue to be born regardless
- This along with resurgence planning has fully occupied the team over the past month

- 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 advertised and interviewed via Zoom for this role and Natalia Mendoza has been announced as the new Clinical Coach. Two coaches have also been appointed in CDHB and we will work with all three to ensure these new roles are supported and transalpine are able to work together on projects etc
- A key focus of the roles is retention, support of graduates and new staff and supporting midwives who are undertaking a Return to Practice Programme of work. Monthly reports are required to the Midwifery Council of New Zealand
- We continue to advertise both for one core Midwife vacancy and two Lead Maternity Carers (LMCs)

MEDICAL WORKFORCE

The medical workforce area of the rural generalist and transalpine model continues to progress. For General Surgery we now have the Clinical Director of General Surgery at CDHB now as the Clinical Director for General Surgery for both DHBs. The key functions with the role will be in providing governance and strategic support for general surgery services on the West Coast, but will leave operational activity very much in our hands at Te Nikau. A transalpine General Surgical position is also being recruited to and this will facilitate stronger links and clinical support for the SMOs on site in Greymouth.

Successful recruitment and appointment of rural generalists with primary care skills for the new year has continued. Improving our primary care workforce underpins our model and supports our community with better sustainable healthcare.

Work continues with the General Medicine service and the transalpine model and still exploring the role of a transalpine physician.

Recruitment to the Psychiatric position has not been successful to date. Significant concern around lack of SMO workforce for older persons, mental health and the alcohol and drug addiction services remains, with some short term cover in place at present.

COVID-19 and worker related risks has been a challenge for some of the SMOs. Utilisation of the risk matrix, vaccination and advice from Dr Pithie are being used as a package to support individuals. Waiting on a national agreement on how to manage unvaccinated workers when COVID reaches the community.

The northern region has new GPs commencing from now through to the new year, and the “hub and spoke” model of central and northern continues to develop. Weekend GP clinics, PRIME call cover and working in Foote ward create a challenge for SMOs.

Medical Leadership Team

Recent focus is on staffing models and getting the right skill sets for the model of care. Work being progressed on the position descriptions for some SMOs to truly reflect their role and areas of work. Handover between shifts and SMO input is another area of work. Establishing rules and attendance is key to addressing potential gaps in care within the Hospital setting and also compliance with MCNZ regulations and junior doctors supervision and support.

CLINICAL BOARD

The Clinical Board are holding their seventh meeting on 14 October.

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 Midwifer

HAUORA MAORI REPORT

TO: Chair and Members
West Coast District Health Board

SOURCE: Hauora Maori

DATE: 24 September 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. .

The format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. The content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

- i. Notes the Hauora Māori Report

3. SUMMARY

Tē Tiriti Partnership Model – Consumer Council Consumer Engagement

A co-design process will be undertaken between Tatau Pounamu and the Consumer Council with a view to exploring a partnership model that will be underpinned by Tē Tiriti o Waitangi. The Consumer engagement quality and safety marker framework will provide a guide to the co-design process. Both parties agree and understand that an organisation which understands and upholds the principles of Tē Tiriti is more likely to demonstrate strong consumer engagement.

Ra Whānau ki a Hauora – Māori 50th Health Check

Project planning is on track for this initiative. An expert advisory group has met to provide feedback to the scoping document to date. Main points for consideration and feedback; initiative to be presented to both the PHO and DHB Clinical Governance, robust consumer engagement to be undertaken with Maori, caution against too many investigatory tests, buy in from private practices will be critical, controlled suite as a starting point with further assessment, agreed that there is scope within existing FTE to manage the initiative. Support for the initiative was given with a clear direction of next steps.

Transitioning to the new health system

The first of many hui has been held with the existing Iwi Partnership Boards to understand the programme of work required for the transition to the new health system. The transition unit has developed and defined a very clear road map for the boards to guide them through the process. Iwi Māori Partnership Boards will have statutory powers to influence the system locally, regionally and nationally.

Purposes of Iwi Maori Partnership Boards (IMPBs)

1. Exercise Tino Rangatiratanga as the tangata whenua partner with HNZ and MHA, in planning around health priorities and services at the locality level, within their rohe or coverage area. IMPBs will approve Locality Plans for the localities in their coverage area.
2. Ensure the voices of whanau Māori are elevated and made visible within the health system.
3. Embed mātauranga Māori within locality plans, which then influences regional and national planning.

The transition Unit and MoH have resources available to support IMPBs to undertake the transition work and will allow for unique circumstances such as large coverage geography. There is immediate work to be undertaken to develop and submit a Transition Plan. DHBs are encouraged to support IMPBs to develop and implement their Transition Plans where possible.

Transition planning and resources

The Transition Unit and Ministry of Health have resources available to fund IMPBs to undertake their transition work. Allocation of available funds will be carried out in a manner that is equitable to each IMPB and allowing for unique circumstances such as large coverage geography (requiring extended engagement costs and travel); higher population numbers; and developmental needs.

The Transition Unit also plans to convene two further rounds of engagement with IMPBs to check in on progress with implementation of Transition Plans and to understand any challenges or issues faced by IMPBs.

People and Capability – Equity roles – West Coast and Canterbury DHBs

Three new roles have been developed and recruited to within People and Capability, Equity, Recruitment and People Partnering team. The roles are:

- Workforce Development Partner – Māori and Equity
- Workforce Development Lead – Māori and Equity
- Kaimātai – Mana Taurite me Kanorau (Workforce Development Partner – Equity and Diversity)

These roles are a culmination of years of māhi led by Tē Herenga Hauora (GMs Māori South Island) that aimed to address the startling disparities within ethnicity of the Health workforce between Māori and other ethnicities, retention and recognition of Māori who work in the sector and the cultural competency of DHB workforce.

The DHB welcomed the successful applicants to the roles with a mihi whakatau in August. The Hauora Māori team are looking forward to working closely with the team to develop strategies that aim to achieve the following objectives as laid out by Tē Tūmū Whakarae (GMs Māori Health) in a Position Statement on Māori Workforce endorsed by all DHB CEs across the country in 2019:

1. All DHBs will actively grow their Māori workforce to achieve a Māori workforce that reflects the proportionality for their Māori population,
2. All DHBs will set in place steps to significantly and meaningfully realise cultural competence for all clinical staff, the Board and other staff groups that have regular contact with patients and whānau.
3. All DHBs will measure and report on the recruitment and retention of Māori staff in clinical and non-clinical occupations.

WCDHB Studentship Programme

A Steering Group consisting of representatives from Hauora Maori, Allied Health, Nurse Educators, the Team Administrator Workforce and the Nurse Director Workforce Development proposed a change to the strategic direction for the WCDHB's Studentship programme.

The changes opened the Studentship to both clinical and non-clinical applicants with the vision to foster relationships between applicants and the WCDHB and to promote engagement across a broader range of study options rather than targeting tertiary study.

Six studentships of \$5,000 will be offered and students will undertake activities at the WCDHB, which benefit both the student's learning experience and advance or assist a WCDHB project/event. The students will be at the DHB for four to five weeks, over the summer between mid-November and January.

A new initiative will see unsuccessful applicants offered an opportunity to meet with a person currently in their role of interest and where possible work experience will be offered to those who are unsuccessful.

Māori Workforce

Unfortunately due to Covid19 restrictions we had to postpone our Māori Staff Hui set for the 25th August and the Takarangi Cultural Competency workshop planned for 26th and 27th August at Arahura Marae. Both events had been well supported with 31 WCDHB kaimahi registered for the staff hui and there was a full programme developed – the content of the day was based on feedback received from previous hui. Moe Milne was our headline presenter who was to lead the korero on 'Na wai te Mātauranga' – who does this knowledge belong to, and 'Te Kaikiri'. Racism, he aha te Rongoa. What is the message?

There were 12 kaimahi registered for Takarangi, 11 from WCDHB and one from CDHB. Moe was again the lead facilitator for this event. The success of these programmes hinges on the support of the managers of our Māori staff, and their continued backing is appreciated.

Both programmes have been rescheduled for November – Covid willing!

Māori Did Not Attend – Quality Improvement Project

Following the success of the DNA project which looked at Māori Patients who did not attend outpatient appointments the CBU team implemented changes in booking practices and contact tracing processes. Appointment communication has been updated and CBU staff are totally invested in the process. On average DNA numbers continue to be under 10% and work continues to reduce this number. As expected there was a spike in January (17%) due to holidays and there will be a flag noted for next year.

Clinics with the highest DNA rates:

- Paediatric Medicine
- Gynaecology
- Nutrition Services
- Emergency Medicine
- Otorhinolaryngology (ENT)
- Ophthalmology
- General Medicine

Administrative and clinical staff in these areas are working with CBU to ensure all avenues are explored to enable patients to attend, especially those clinics which affect children. There is work being done to cross reference the deprivation index data with the DNA figures to see if there are any areas that need special attention. This work is continuing.

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: 24 September 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.	Mental Health Facility Business Care	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	2021/22 Capital Funding Allocation Proposal	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
5.	Buller Health Centre Construction Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	9(2)(j) S9(2)(a)

6.	Audit New Zealand Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
7.	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)
8.	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)
9.	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)
10.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
11.	Going Concern Assessment Year Ended 30 June 2021	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
12.	Cyber Response Plan Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations)..	9(2)(j)
13.	QFARC Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	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) S9(2)(a)

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

3. **SUMMARY**

The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 provides:

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

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

Clause 33 of the Act also further provides:

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

- (a) the general subject of each matter to be considered while the public is excluded; and*
 - (b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and*
 - (c) the grounds on which that resolution is based (being one or more of the grounds stated in Clause 32)*
- (2) Every resolution to exclude the public must be put at a time when the meeting is open to the public, and the text of that resolution must be available to any member of the public who is present and from part of the minutes of the Board”.*

Report Prepared by:

Governance Support

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2021

DATE	MEETING	TIME	VENUE
Friday 12 February 2021	BOARD MEETING	10.00am	Board Room, Corporate Office
Thursday 11 March 2021	Advisory Committee Meeting	10.00am	Board Room, Corporate Office
Thursday 11 March 2021	Quality, Finance, Audit & Risk Committee Meeting	1.30pm	Boardroom, Corporate Office
Friday 26 March 2021	BOARD MEETING	11.30am	Ngati Waewae Arahura Marae, 1 Old Christchurch Rd, Arahura
Friday 7 May 2021	BOARD MEETING	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
Friday 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.