

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

---



# **BOARD MEETING**

**Friday 5 November 2021  
at 10.00am**

**Corporate Office Board Room  
Greymouth**

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

## **WEST COAST DISTRICT HEALTH BOARD**

### **BOARD MEMBERS**

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

### **EXECUTIVE SUPPORT**

*(Attendance dependent on Agenda items)*

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

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**to be held at Board Room – Corporate Office - Greymouth**  
**on Friday 5 November 2021 commencing at 10.00am**

**KARAKIA** **10.00am**  
**ADMINISTRATION**

Apologies

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

**PRESENTATION** **10.10am**

- |                              |  |                 |
|------------------------------|--|-----------------|
| 4. Child Development Service | Jacqui Lunday-Johnstone                  | 10.10am-10.30am |
|                              | <i>Executive Director, Allied Health</i> |                 |

**REPORTS FOR NOTING** **10.30am**

- |                                      |  |                   |
|--------------------------------------|--|-------------------|
| 5. Chair's Update – Verbal Update    | Hon Rick Barker  | 10.30am – 10.40am |
|                                      | <i>Chair</i>   |                   |
| 6. General Manager's Update          | Philip Wheble  | 10.40am – 10.50am |
|                                      | <i>General Manager – West Coast</i>                                |                   |
| 7. Finance Report                    | David Green  | 10.50am – 11.00am |
|                                      | <i>Acting Executive Director, Finance &amp; Corporate Services</i> |                   |
| 8. Clinical Leader's Update          | Graham Roper   | 11.00am – 11.10am |
|                                      | <i>Chief Medical Officer</i>                                       |                   |
| 9. Hauora Maori Update               | Gary Coghlan   | 11.10am – 11.20am |
|                                      | <i>General Manager Maori Health</i>                                |                   |
| 10. Resolution to Exclude the Public | Governance Support   | 11.20am – 11.30am |

**INFORMATION ITEMS**

- 2021 Meeting Dates

**ESTIMATED FINISH TIME** **11.30pm**

**NEXT MEETING:** 10 December 2021

## KARAKIA

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

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

# WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Rick Barker Chair	<ul style="list-style-type: none"> <li>Chair - Hawke's Bay Regional Council</li> <li>Director - Napier Port</li> <li>Director - Hawke's Bay Regional Council Investment Company</li> </ul>	N N N	
Tony Kokshoorn Deputy Chair	<ul style="list-style-type: none"> <li>Dixon House, Greymouth - Trustee</li> <li>Greymouth Evening Star Newspaper – Shareholder</li> <li>Hokitika Guardian Newspaper – Shareholder</li> <li>Greymouth Car Centre - Shareholder</li> <li>MS Parkinsons Society - Patron</li> </ul>	N Y Y N N	
Chris Auchinvole	<ul style="list-style-type: none"> <li>Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand</li> <li>Daughter-in-law employed by Southern DHB</li> <li>Son employed by Southern DHB</li> </ul>	N  N N	
Susan Barnett	<ul style="list-style-type: none"> <li>Employed by the West Coast DHB</li> <li>Son employed by Deloitte – used for risk management auditing</li> <li>Partner employed by West Coast DHB</li> </ul>	Y Y Y	
Sarah Birchfield	<ul style="list-style-type: none"> <li>Accessible West Coast Coalition Group - Member</li> <li>Canterbury/West Coast Disability Action Plan Committee – Member</li> <li>West Coast PHO Clinical Governance Committee – Member</li> <li>Project Search Steering Group – Member</li> <li>National Bowel Screening – Equity Advisory Group – Member</li> </ul>	N N Y	Perceived
Helen Gillespie	<ul style="list-style-type: none"> <li>Secondment to West Coast DHB as Programme Manager COVID Vaccination – for a period of 12 months</li> </ul>	Y	Actual

	<ul style="list-style-type: none"> <li>• <b>Department of Conservation</b> – 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.</li> <li>• <b>Kowhai Project Committee</b> – 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.</li> </ul>	Y	
Anita Halsall-Quinlan	<ul style="list-style-type: none"> <li>• Nothing to report</li> </ul>	N	
Edie Moke	<ul style="list-style-type: none"> <li>• <b>New Zealand Blood Service</b> - 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.</li> <li>• <b>The Human Rights Commission Audit Committee</b> - member</li> </ul>	Y  Y	Actual
Peter Neame	<ul style="list-style-type: none"> <li>• <b>White Wreath Action Against Suicide</b> – 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.</li> <li>• <b>Author and Publisher</b> of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books.</li> </ul>	N  N	Perceived
Nigel Ogilvie	<ul style="list-style-type: none"> <li>• <b>Westland Medical Centre</b> - Managing Director</li> <li>• <b>Thornton Bruce Investments Ltd</b> - Shareholder/Director</li> <li>• <b>Hokitika Seaview Ltd</b> - Shareholder</li> <li>• <b>Tasman View Ltd</b> - Shareholder,</li> <li>• <b>White Ribbon Ambassador for New Zealand</b></li> <li>• <b>Sister</b> is employed by Waikato DHB</li> <li>• <b>Wife</b> is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> <li>• <b>Wife</b> is Board Member West Coast PHO</li> <li>• <b>Southern ALT Workstream</b> - Chair</li> </ul>	Y N N N N N  Y Y  N	Actual



**MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING**  
**held at Board Room Corporate Office, Greymouth**  
**on Friday 24 September 2021 commencing at 10.00am**

## **BOARD MEMBERS**

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

## **EXECUTIVE SUPPORT**

Dr Peter Bramely (Chief Executive); Philip Wheble (General Manager, West Coast); James Allison (Chief Digital Officer) (via zoom); David Green (Acting Executive Director, Finance & Corporate Services) (via zoom), Jane George (Director of Allied Health, Scientific & Technical West Coast District) (via zoom); Mary Johnston (Chief People Officer) (via zoom), and Dr Rob Ojala (Executive Director Infrastructure) (via zoom)

## **APOLOGIES**

Brittany Jenkins (Director of Nursing), Gary Coghlan (General Manager Maori Health)

## **PRESENT**

Kylie Parkin (Hauora Maori Portfolio Manager) (via zoom) Davina Ruru (Planning & Funding Portfolio Manager) (via zoom)

Edie Moke led the karakia

## **1. INTEREST REGISTER**

### **Additions/Alterations to the Interest Register**

Addition – Edie Moke – The Human Rights Commission Audit Committee - Member

### **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 (26/21)**

(Moved: Tony Kokshoorn /Anitia Halsall-Quinlan - carried)

“That the minutes of the Meeting of the West Coast District Health Board held at Corporate Office Board Room on Friday 6 August 2021 be confirmed as a true and correct record.

## **3. CARRIED FORWARD/ACTION LIST ITEMS**

- |        |  |
|--------|--|
| Item 1 | Maori Health including Cultural Competency is to be rescheduled  |
| Item 7 | Patient Travel – Mr Wheble advised that Chair has signed a letter to the Regional Council requesting a conversation around how collectively we can support transport across the Coast. |



- Item 8     Correcting of Mental Health Data – Mr Wheble advised that he is expecting to finalise the corrections in October, then the previous three months will be looked at and corrections made, in time for the auditors due in November.
- Item 11    The process to add Consumer Council representation on the Advisory Committee was outlined, with the Consumer Council Chair advised he is to nominate a suitable person and provide that information, along with a current CV to the Advisory Committee Chair. The Chair asked the Consumer Council Chair who was present in the public gallery and he confirmed.

The following item is to be added back onto the list – Aged Care on the West Coast, 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 completed to be brought back to the next meeting.

The carried forward/action list was noted.

#### **4. PROPOSED MEETING SCHEDULE FOR 2022**

The paper was taken as read. Due to the schedule of QFARC meetings it was suggested with the transition to Health NZ in June 2022 if there are any matters which need QFARC input additional meetings can be scheduled.

##### **Resolution (27/21)**

(Moved: Chris Auchinvole /Helen Gillespie - carried)

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.
- iii. Confirms support for extra QFARC meetings, as and when required, if input from QFARC is required before the next scheduled meeting.

#### **5. CHAIR'S UPDATE**

The Chair highlighted some points of interest

- Advised he is in regular contact with Philip Wheble, General Manager West Coast around the vaccine roll out.
- He is also working with the MoH regarding the Mental Health Business Case which is to be discussed later in the meeting.
- A number of cars were lost in the recent flood in Westport, we currently borrowing cars from CDHB but the replacement process needs to be actioned as quickly as possible, the subsidy for electric vehicles was mentioned
- The Westport build is on track
- South Island Alliance are making good progress in preparing themselves to fold into the new entity Health NZ
- New Board members for the new Health NZ are in the process of being appointed
- The Chair noted that a number of staff have a feeling of uncertainty but advised 99.9% of health workers would not notice any difference with the transition to Health NZ as people will still come through the door requiring treatment.

The Chair asked Mr Wheble to provide an update on the COVID Vaccination Programme. Mr Wheble advised that over the last few weeks numbers have been around 1600 vaccinations per week due to constraints of numbers being able to come through the clinics, numbers are now escalating. During October the teams will be trying to get as many as possible in for vaccination particularly those in main centres.

After October the next phase will focus on those harder to reach people and those that haven't taken the opportunity to be vaccinated, this will be smaller numbers being vaccinated with a lot more effort being put in (due to location), weekly vaccination numbers will reflect this.

The West Coast region currently has 64% of the enrolled population having at least one vaccination and 43% of the enrolled population being fully vaccinated. Looking at other DHBs, the WCDHB is lower against the national average of 67% for those having at least one vaccination but higher for fully vaccinated. Mr Wheble clarified that the 64% also includes those 12-16 year olds that have recently been added.

It was asked how many vaccinations are needed to go from the current 64% to 90%. Ms Gillespie, Manager COVID Vaccination Programme explained that we currently have 8,000 eligible people who are neither vaccinated or booked to be vaccinated. 6,000 – 7,000 would need to be vaccinated to reach that 90% mark. Mr Wheble added that we will have capacity to vaccinate 100% by December.

A brief discussion around making the process a local one explaining why Coasters should be vaccinated, the use of champions and removing the barriers, with the capacity there now to catch those in the harder to get too and smaller places.

Incentives were mentioned, as the media has been talking about some non DHB incentives being offered in larger areas. Ms Gillespie, advised there are a number of other ways to incentivise the programme for example workplace incentives, an example given was some exporters as part of export contracts being required to have either a fully or percentage of workers vaccinated. Ms Gillespie explained that there is a lot of debate around whether incentives change behaviour giving the big Auckland Airport mass vaccination as an example that didn't change participation rates.

Ms Gillespie advised that the programme has been provided with the names and contract details of those unvaccinated members of the community and they have been provided to the national booking centre along with a WCDHB script so calls can be made informing there will be a clinic close by and whether they would like an appointment. The local team is also making calls locally to remove some of the barriers.

The top 3 reasons for non-vaccination given are complacency, not knowing what is in the vaccine and groups not having access due to timing of clinics. Data shows it is males in the age group 19-50, particularly Maori that make up the group where timing of clinics is a barrier. Ms Gillespie advised by changing how and where mobile clinics are held it is anticipated that those that have identified access issues will be reduced.

Ms Gillespie advised she had recently met with the PHO to plan on bringing the GP practices and pharmacies onboard next year, get them involved in the drive thru clinics which are planned so they can see what the process is as it is a little more complicated than a normal vaccine. If they are on board for the next flu season as both vaccines can now be given together so any strugglers can be captured and if boosters are required it can be done then.

### **Resolution (28/21)**

(Moved: Peter Neam /Tony Kokshoorn - carried)

That the Board:

- i. Notes the Chairs Update

## 6. GENERAL MANAGER'S UPDATE

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

Mr Wheble highlighted the following points:

- There has been a lot of work in the Northern region around the new Indici Electronic Patient Management system. Reefton is completed and Westport will be next followed by South Westland and then Te Nikau
- The nursing workforce is stretched with all vaccinators being used in the COVID Vaccination Programme

Clarification was requested around the Buller flood damage repairs and the power and heating for Kynnersly Home. Mr Weble advised after discussions with the Council Kynnersly was being made available for housing.

The Chair drew attention to the number of media releases and media requests coming in needing answering and how they are being handled well, an acknowledgement to Karalyn van Deursen, Executive Director Communications and her team.

### **Resolution (29/21)**

(Moved: Anita Halsall-Quinlan / seconded: Peter Neame – carried)

That the Board:

- i. notes the General Manager's update.

## 7. FINANCE REPORT

David Green, Acting Executive Director Finance & Corporate Services presented the report which was taken as read. 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. If both of those points are excluded, the August variance is \$218K unfavourable but with unplanned RSV (\$100K) and Buller Flood (\$220K) once those are taken out the result is largely on plan.

The question regarding COVID funding was raised again, Mr Green advised that we do get funding for the vaccination clinics and testing done and the intention is that MoH will fund for any additional COVID costs. That would either be funded directly or as deficit funding.

It was asked whether it had been possible to budget for the Holidays Act and COVID expenses. Mr Green advised the Holidays Act we had a high level estimated provided by Ernst & Young so we are making provisions on that advice. It is built into the budget but is kept separate from BAU reporting shown in the report as there is uncertainty around what the final figure will be.

Attention was drawn to the Older Persons Health costs being higher than that of Primary Care, the increase is noted in the risks. Davina Ruru, Team Leader Planning & Funding advised that the data to date indicates it is likely to continue. Mr Wheble advised that for the last number of years a large amount of support had been put into the community, keeping older people well in their own homes, then transitioning through to ARC it is now found that more hospital and dementia level care is required. This is being looked at closely to see how we can increase capacity.

The Chair asked that an update be provided to the Board on the project on keeping older people well that came out of the Allied Health presentation at the meeting held on 12 February.

### **Resolution (30/21)**

(Moved: Peter Neame / seconded: Tony Kokshoorn – carried)

That the Board:

- i. notes the financial result and related matters for the period ended 31 August/June 2021.

## **8. CLINICAL LEADER'S UPDATE**

Dr Graham Roper, Chief Medical Officer WCDHB presented the update which was taken as read. Mr Roper highlighted the following points

- At a national level there continues to be difficulty around supplies of disposables that we use in the hospital, weekly meetings with the MoH who are overseeing the procurement and distribution of a lot of these. Our good link with CDHB helps keeping use supplied with the items we need
- Mr Roper reiterated the current strain on the nursing service

Mr Roper was asked if we have a plan for buying equipment, particularly diagnostic equipment? It was voiced that having the best equipment will reduce travel off the Coast which is a saving. Mr Roper advised they are aware of the inconvenience of people having to travel across to Canterbury for a single test. Where the technology is appropriate to have here on the Coast, the Coast will get it. Often with advanced technology you need someone specifically trained to use the equipment. Where we do have the appropriate workforce we continue to get the correct equipment.

It was asked whether the sustainability and environmental component a consideration in our purchasing decision. Mr Roper confirmed that it is and it is becoming a feature of significant importance.

Clarification was requested around the section of the report regarding the merger of Children's Ward into the Critical Care Unit (CCU). Mr Roper, advised that the issue stems from the shortage of paediatric nurses, especially when we were not able to cover the separate paediatric ward area with the number of nursing staff required. The decision was made to amalgamate the other high care area (CCU). We are providing an environment where there are skilled experienced nurses supported by the smaller number of paediatric nurses continuing to look after the children until they are discharged or move over to Canterbury. This is not a case of moving children to an adult intensive care area but being able to provide nursing staff that have a broader experience in dealing with sick patients overall. and being able to safely staff an area to look after the children.

### **Resolution (31/21)**

(Moved: Sarah Birchfield / seconded: Anita Halsall-Quinlan– carried)

That the Board:

- i. notes the Clinical Leader's Update.

## **9. HAUORA MAORI HEALTH UPDATE**

The Chair advised the Board that Gary Coghlan is not able to be here with us today and requested that letter of best wishes and a speedy recovery is sent.

Philip Wheble, General Manager West Coast introduced Kylie Parkin, Hauora Maori Portfolio Manager who presented the update which was taken as read.

The Chair drew attention to the following section in the report and asked Ms Parkin what she thought was being done by the DHB to give this effectiveness, what is going to make it a reality?

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.

Ms Parkin advised the 3 new equity focused roles having been recruited and will sit under the People & Capability team, these new roles will help support and improve the 3 points mentioned. The Maori health team is working with them around some targeted recruitment strategies, by prioritising Maori through to interviews, working on how roles are promoted. Managing the recruitment and interview process for a more equitable playing field. The new equity focused team is based in Canterbury but will be working closing with the WCDHB team, they will be visiting in October.

Studentships, will be a tool to get young Maori into the health workforce. Getting the word out to Maori networks and in particular Kia ora Hauora, an organisation contracted to the MoH to work on programmes that encourage Maori from school into a health career. Every year a programme is run for highschool students years 12-13 where they come and spend time with a number of our services, this is then fed into Kia ora Hauora where they continue to help those in their chosen career pathway scholarships etc.

It was mentioned there is a need for more young Maori in leadership roles, it as asked whether there was a focus at the WCDHB to look at young Maori school leavers. Ms Parkin advised there were small pockets across the service/planning areas, like the new group to having input into the Oral Health Strategy, the key has been having support for those Maori so they are not afraid to speak up. Ms Parkin said it was something for Tatau Pounamu to look at some mentors.

It was asked if there was any further update on the Ra Whānau ki a Hauora – Māori 50th Health Check and whether any timelines had been put in place. Ms Parkin advised that they are working very closely with a nurse practitioner who has put her hand up to be involved and be the key clinician when it is rolled out. Drafting up what the navigation role is going to look like and what the additional costs may look like, discussions with Phil Wheble to see if the cost could potentially be worked into existing resource. Then the next step will be providing the scoping document to both the DHB and PHO Clinical Governance groups.

Maori DNA rates were discussed briefly and Ms Parkin advised that the numbers are small and improvement can be made quickly. The number of Maori being diagnosed with cancer when presenting at ED was discussed, Ms Parkin said that the Ra Whanau ki a Hauora will help with this as there are a number of tests that will be run during the course of the check-up.

The Chair advised he is looking forward to a presentation on the 50+ Health Check and doesn't feel it can start soon enough.

### **Resolution (32/21)**

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

That the Board:

- i. notes the Maori Health Update.



## 10. RESOLUTION TO EXCLUDE THE PUBLIC

### Resolution (32/21)

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

- 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 11:30am. The Public Excluded section of the meeting commenced at 11:40am and concluded at 1.55pm.

\_\_\_\_\_  
Hon Rick Barker, Chair

\_\_\_\_\_  
Date

## CARRIED FORWARD/ACTION ITEMS



### WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 5 November 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
4.	7 May 2021	Improving Workforce Wellbeing	Mary Johnson – update to next Board meeting	24 September
5.	6 August 2021	Board to have a discussion regarding future workshops they would like presented	Board members	
6.		Aged Care on the West Coast, the board requested 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 completed to be brought back to the next meeting	Added back onto Action List – Planning & Funding	
7.	24 September	Update on the Older Persons Health Project as discussed at previous meetings (12 February out of presentation by the Allied Health Team	Allied Health	



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

**SOURCE:** General Manager West Coast

**DATE:** 5 November 2021

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

## 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.

 	<b>DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY</b>
---	---

### A: Refocusing the West Coast Alliance

The Alliance Support Group (ASG) is implementing a revised approach to increase focus on achieving the System Level Measure (SLM) outcomes at the workstream and whole-of-system level through:

1. **Increased Inclusiveness:** Improved inclusion of working level and system support kaimahi in driving initiatives. It was identified by the Alliance Leadership Team (ALT) and the ASG that socialisation of the SLM outcomes and priorities at both the working and strategic level was key to ensuring all parts of the system are engaged in driving outcomes. Presentation of the 2020/21 results and 2021/22 SLM targets to teams, workstreams, PHO, CPH, localities and departments are being done.
2. **Greater Feedback:** Increased monitoring and feedback of results to all contributing to the SLM outcome to increase engagement and better monitor the effectiveness of the contributory measures. A dashboard of the SLM outcomes has been crafted for ALT and ASG to provide input on.
3. **Cross locality collaboration:** Formalising a cross-locality focus on driving each SLM outcome rather than locality-centric initiatives. The driver is how a locality is working to achieve a SLM

outcome and leveraging off the work and experience of other localities. A revised tracking table has been circulated for workstreams to consider and populate with ASG support.

4. **Simplified plans:** Workstream plans will be simplified to focus on the SLM outcomes and limited locality deliverables or focus areas. The tracking table will be updated to include any items identified by individual workstreams as key for ASG and ALT focus.
5. **Simplified reporting:** Simplification of the workstream reporting into a single snapshot document to better track and drive outcomes.

The ALT is supportive of reinvigorating the workstreams and changes which enable ASG, workstreams and the system to work in integrated ways. The focus is to achieve the priorities identified in the System Level Measures Plan and improved health outcomes.

## **B: Build Primary and Community Capacity and Capability**

### ***Integrated Locality Services***

#### **■ Integrated Health Services – Northern**

- The Indici Electronic Patient Management system update – Reefton had a favourable response to the programme going live on 6 September. 27 September was the ‘go live’ for Buller and at this stage the teams are working through the various challenges although there are clear advantages with the programme.
- Preparation for Cornerstone Accreditation for Northern continues with 12 November the date for presentation of the report.
- With an increasing potential for COVID transmission in the community, Northern is participating in resilience planning for the WCDHB and establishing pathways with our key partners for the local response.
- Vaccination rates continue to be an agenda item but it is reassuring to note that there is a regular uptake of vaccinations in Buller. Unbelievable as it sounds, whitebaiting and summer weather strongly influence behaviours.

#### **■ Integrated Health Services – Central**

- The Operations Manager has been working closely with a range of services and the Organisational Leadership Group (OLG) to plan for providing COVID related care.
- We have commenced a consultation for change process relating to the Te Nikau Integrated Administration Team. This aims to formalise a new team structure and ensure sustainable expert administrative services into the future.
- Providing paediatric services continues to be challenging due to staffing vacancies. We have been able to attract some new staff from overseas but cannot confirm start dates until visa and MIQ processes have been worked through. There is a temporarily revised model of care, co-designed with our local workforce and transalpine partners.
- Te Nikau Health Centre now has over 10,100 registered patients. Meeting all their primary care needs has been recently disrupted by staffing vacancies and COVID restrictions. The Health Centre team are now working on catching-up on any delayed work, as well as supporting usual business.
- The Central Consumer Council has continued to develop and is now chaired by a consumer representative. The HQSC quality safety marker for consumer engagement will drive future work.

## ■ Integrated Health Services – Southern

- ACNM Keith Knight continues to support the team with quality projects like the Whanau room, audit of care plans and notes, notice board specifically designed for education and quality initiatives.
- Work continues on transfer to the community patients from Te Nīkau with plans to have dedicated staff to enable an overview of how we can reduce the chance of readmissions.
- Indici has been introduced to Southern and there has been support from the Indici team and Buller.
- A stable RNS workforce continues to be a challenge but discussions are still ongoing with a program showing 'how to grow an RNS'.
- Southern will be trialling an initiative whereby the Allied Team Leader for Southern manages the co-ordinator, the support workers and the Registered Nurse for Home and Community Support Services
- Bowel screening has a dedicated staff member monitoring the positive FIT results which then allows the GP or RNS to send referral for colonoscopy within 10 days as per MOH guidelines
- COVID vaccination clinics continue in South Westland with reasonable uptake on first doses and the COVID team and RNS's are aware that there are pockets of resistance. The challenge is to find out what the barriers are then to identify who refuses a vaccine and then establish a mechanism where they are taken off vaccine phone lists
- Allied Health is working on improving services to South Westland with an Occupational Therapist and Physiotherapist making regular trips.
- The vacant Occupational Therapy role has been filled with the new person starting mid-November.



## DELIVERING MODERN FIT FOR PURPOSE FACILITIES

### A: Facilities Maintenance Report

- A broken pipe inside the hospital boundary caused Buller Hospital site to lose all water for 10 hours starting 1am 7 October.
- A broken pipe in Cowper St caused Grey Base Te Nīkau to lose the main water main at 4am 7 October 2021. The site was fed by the backup supply until the pipe was repaired the next day.
- Contractors, where required, have begun maintenance post warranty period in the Te Nīkau building.
- Power was lost to All WCDHB sites (except Haast) during the recent power outage on 30 September, and all standby generators performed well.
- Work is progressing on the evaluation of the fire egress routes for WCDHB buildings.
- The wood pellet test on the Grey Base Coal Boiler went well and the reports are being analysed

### B: New Facilities Redevelopment Update

#### Te Nīkau and wider Greymouth Campus

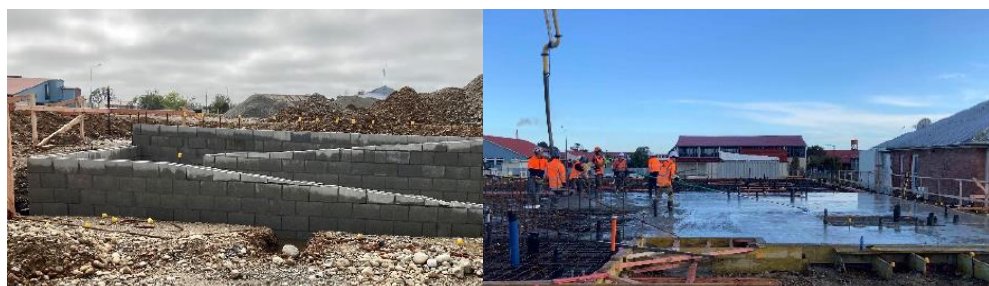
- The past few weeks have seen a series of MOH facility evaluation interviews completed. Post Implementation and Benefits Realisation interviews were conducted the week of 13 September. A number of Post Occupancy Evaluations were also undertaken on 15 and 16 September with a further full week of meetings on site the week of 04 October with Chris Watson – Team Architects. During the week Chris interviewed 81 people in 32 groups. He will report his findings to MOH to inform future projects.
- The campus is taking shape with stage 3 demolition progressing well. Boiler house demolition has commenced. The road and footpaths at the southern end of the campus outside Kahurangi and Manaakitanga have been sealed and 16 additional carparks have been created. The main access road for ambulance and drop offs was opened on Tuesday 19 October. FCCL expect the main carpark to be resurfaced in the second week of November followed by further road markings. Final signage was installed to site last week.
- Out of scope works including the dock canopy, the medical gas enclosure and the ambulance bay should be complete this week. Chubb was on site last week closing out work on the sprinklers. The ambulance bay scaffolding is due to be removed in the next couple of days. Work on the walkway canopy from the ambulance bay to the transitional care cottages is nearing completion.
- The Kowhai Trust has commenced works on the sensory garden at the northern end of the campus outside theatres.

### **Mental Health Business Case Revision**

- The Revised Mental Health Business case was presented to the Board at their last meeting and endorsed. The business case will be reviewed by the Capital Investment Committee at their next meeting on 26 October 2021.

### **Buller**

- Construction work on the new Buller Health facility is progressing well. The gravel raft for the foundations is complete as well as the block wall ramp area. In-ground services for quarter of the floor area were completed and concrete poured to this area on 13 October. Structural steel and pre-nail frames have been put into fabrication. Redesign of the mechanical heating/cooling system is being worked through.
- Project Look Ahead:
  - In-ground floor services continue. The next quarter of floor concrete is due to be poured on 27 October.
  - Structural steel and pre-nail timber frames for the finished concrete area will be delivered to site and erected.
  - Services to the boundary such as water, sewage, power, data etc. to commence.





	<b>RECONFIGURING SECONDARY AND TRANSALPINE SERVICES</b>
---	---

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

### ***Nursing***

- Recruitment of RN's seems to be progressing well with 4 of the 6 positions for the short-stay unit (SSU) filled. We have also successfully filled 3 FTE for the paediatric service, however two still need to get visas to come into the country so are at least 3 months away. We have also managed to fill some vacancies on the ward with two nurses orientating at present. Nursing would like to welcome Chrysantha Pereira back to the West Coast as CNM of the General Ward.
- The Paediatric and CCU services remain co-located for the next 6 months whilst we get staff into the country and orientated. We have worked hard to provide a robust orientation package in conjunction with CDHB. This will have our nurses going over to spend a couple of weeks on their paediatric wards enabling staff to get a more concentrated pool of different paediatric presentations to care for. There has also been a concentrated effort on education for CCU and Paediatric nursing staff.
- The Nurse Director Operations has started working with Reefton staff to improve culture and work on sustainable ways to provide services and allow staff breaks.
- Work continues on the response and resilience to COVID-19 delta variance. Planning is key to keeping our population and staff safe so big efforts have gone into documents around processes and safely caring for patients and the community.

### ***Rural Inpatients and Transalpine Service***

- Most Inpatient and Transalpine Services were able to do the majority of their work during the recent COVID-19 alert level changes and (except for orthopaedics and plastics) lost appointments have been recovered.
- All teams are now actively preparing for further instances of alert level change as well as making preparation for COVID-19 in the West Coast community.
- Team Leaders continue to be actively engaged in their development via Te Huarahi Hautū, Leadership Development Programme. The Building Effective Teams workshop which was scheduled for September was affected by COVID-19 alert levels and is now in early November
- The National Bowel Screening Programme is going according to plan. We used four local newspapers, local radio stations and Facebook to introduce the programme. Briefings have been made to the three District Councils and these presentations were also advertised in the local papers. The two Ngāi Tahu Marae on the West Coast have also been briefed and



whanau from both Marae are on the Equity Advisory Group and Steering Committee. 'Kai and korero' evenings at Arahura Marae have also been a platform to educate the communities about the programme and the General Practices, nurse and community champions network have been receiving regular education. The NBSP Clinical Lead and Nurse Specialist have spoken at Greymouth Rotary Club and Cancer Society meetings

- Strengthening the transalpine alliance continues with Dr Grant Coulter being appointed as Transalpine Clinical Director of General Surgery to work alongside Dr Brendan Marshall the WCDHB Clinical Director of Rural Inpatients and Transalpine Services. We also have a Transalpine Clinical Director of Obstetric and Gynaecology as well as a Transalpine Chief of Medicine.
- The Rural Generalist Model and the transalpine alliance has resulted in a Rural Generalist receiving training at Burwood Outpatient Plastics Unit and this should increase our capacity for skin lesion removal and melanoma monitoring in the near future.
- The appointed General Surgeon (Dr Black) has arrived in New Zealand (from America) and will commence work in the first week of November.
- Radiology bookings briefly disrupted due to the recent COVID-19 alert level change but have recovered within 2 weeks of move to level 2.
- The Te Nikau Laboratory is expanding its onsite COVID testing capacity to be able to process up to 12 samples per hour (previous capacity was 2 samples per hour)

### ***Maternity***

- Another extremely busy month for Maternity, some weeks at full capacity. Our latest Maternity Quality & Safety Governance Group meeting discussed the high caesarean section rate and felt the numbers and reasons were justified. There are ongoing audits around this.
- Our Clinical Coach for Maternity has settled into her position and working with both core midwives and LMC's. Training on the new CTG (foetal monitoring) machine which has arrived is undergoing, and staff are pleased to have a machine that is more accurate to monitor babies of high risk mothers. Our coach is also ensuring staff are being updated in correct PPE donning and doffing as well as N95 mask fitting.
- COVID surge plans for Maternity are well underway, ensuring they are relevant for our unit. The Clinical Maternity Manager has been in contact with our transalpine colleagues for support around the plans.
- A Maternity Consumer Council run by our consumer rep and Maternity Quality Safety Programme Co-ordinator has commenced. There has been six council members confirmed, which includes a good mixture of ethnicities (Indian, NZ Maori and European) covering Westport, Grey district and Hokitika. We are still looking to recruit extra members, to cover a diverse age group, specifically looking for members in the younger age group. As well as representatives from other support groups, including Whare Manaaki.
- All midwives are working together to support pregnant women to be vaccinated. This includes specific information around the COVID-19 vaccine pregnancy and postnatally.

### ***Allied Health***

- We have successfully recruited to the vacancy of Community Occupational Therapist in Southern, they will start mid-November.
- We have conducted interviews for the two Rotational Physiotherapist vacancies and are hoping to appoint soon.
- Recruitment to the two new roles for the Child Development Service has commenced and we are shortlisting applicants.

- Service Accreditation Training is continuing and most Kaiawhina/Allied Health Assistants are now accredited to assess for basic equipment needs for people in the community.

### ***Mental Health***

- There has been continued focus over the past weeks on recruitment across the service. There has been some headway made in this area with the appointments in October of:
  - Clinical Nurse Manager CAMHS now permanent
  - Consult Liaison Nurse who will be based in ED
  - 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, MHLG, continue to meet fortnightly. The strategic focus has been on ISG PRIMHD data and clinical documentation requirements/processes /needs.
- The Mental Health Operations Group continues to meet weekly. Terms of Reference are in draft and out for consultation/feedback.
- Quality meetings continue monthly, attendee group has been broadened to include more allied health representatives, family support and consumer advisor.
- Marama real time feedback survey: The Quality Facilitator has been supported by the MHLG to roll out QR codes, website links and posters to increase consumer/whanau engagement and feedback
- Fundraising is underway to increase consumer funds account that was set up by a cohort of staff. Money has previously been donated by whanau and placed in an account. In 2020 it was decided to enhance these funds and developed a policy to guide staff in use of funds. Aim is to support consumers that are bereft of funds to enable life basics to be provided and narrow the equity gap.
- Mental health phone bank has been started. Staff can donate old or unwanted smart phones with chargers. Phones are factory reset and available for any consumer unable to buy their own phone. SIM cards are provided. This initiative was supported to assist with staff keeping in contact with consumers and addressing the equity imbalance of modern technology.
- Focus on increasing education opportunities across services. Routine risk training available monthly, Safe Practise Effective Communication, SPEC, training being organised for December with a training plan for 2022 being developed to ensure a sustainable timetable to maintain staff competencies in this area.

	<b>DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES</b>
---	---

### **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 who operate the transport, and the Buller-based Rural Education Activity Programme (REAP) who coordinate the patient-requested bookings made for the service. West Coast DHB has an agreement

with Red Cross 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.

The Red Cross have signalled they will be transitioning away from providing this and similar community transport that they run throughout the country. A roll-over contract has been issued to Red Cross for continuation of the Buller service out to 31 July 2022. Work to understand potential alternative options is continuing.

National Travel Assistance expenditure for the three months to 30 September was 5% over year-to-date budget for 2021/22 (up by \$17,000 to \$372,000). 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

With improved patient experience and ease of use for clinicians being the drive, the Telehealth project is working closely with the clinicians in training and facilitating the telemedicine video consults. This is resulting in a positive uptake of telehealth by clinical services.

In the months of September and October, more than 7 services transitioned completely from the old video consultation platform (Vidyo) to the new and easy to use platform (MS Teams). At the same time services are now conducting MDMs and MDTs using MS Teams, acting as a catalyst for other services to follow.

The region has been developing a Telehealth dashboard capability and we are hoping to share some snapshots for next board report.

**Table showing progress of transitioning to Microsoft Teams platform**

Clinical Services	Telehealth					
	MS Teams			Vidyo		
	September 21	August 21	July 21	August 21	July 21	June 21
Cardiology	21			19	17	9
Dermatology	5		5	1		2
Diabetes - Nurse Led					1	
Haematology	1					1
Nutrition Services	1	3	6		4	3
Oncology	11	15	7		3	26
Paediatric Medicine						1
Plastic Surgery	3			5	1	1
Respiratory Medicine	1				1	1
Urology				1		12
<b>Grand Total</b>	<b>43</b>	<b>18</b>	<b>18</b>	<b>26</b>	<b>27</b>	<b>56</b>



**INTEGRATING THE WEST COAST HEALTH SYSTEM**

## A: Older Persons Health Services



## Supporting older people to remain at home

### Complex Clinical Care Network and Home and Community Support Services

Education and training is being undertaken by West Coast DHB Older Persons Health teams to enhance their practice.

Three members of the Complex Clinical Care Network team recently attended the workshop on Pathophysiology related to Ageing via the Ara Institute of Canterbury. The Maori Health Clinical Assessor at CCCN is doing a certificate in Whanau Ora (Level 4).

### Falls Prevention

The West Coast Falls Prevention Coalition has a new Chair, being the Associate Director of Allied Health, Scientific and Technical. The Coalition has also refreshed membership and appointed key Leads in the seven action areas.

Some of the actions include: awareness and education on falls prevention, identification and referral of those at risk of falls and fractures, strength and balance (community and in-home), Nymbl App (online resource), and the Fracture Liaison Service.

The West Coast DHB has three Falls Champions, provided by locality: Southern, Central and Northern.

The Early Supported Discharge service is now established in the Central locality, developing in Southern, and planning is underway in Northern. Recent recruitment into key positions has enabled good progress in the provision of this service.

### Education

A Rural Learning study day is taking place early November covering Delirium prevention, different types of Dementia, UTT's, Parkinson's Disease, and person-centred approach in Dementia care. Invitations have been extended to providers including Aged Residential Care.

	<b>BUILDING CAPACITY TO TRANSFORM THE SYSTEM</b>
---	--

### A: Live Within our Financial Means

The consolidated West Coast DHB financial result including the impacts of Covid-19 and Holidays Act compliance (\$278k favourable) for the month of September 2021 was a deficit of \$641k, which was \$250k favourable to the annual plan. The YTD result is \$344k unfavourable to the annual plan.

	Monthly Reporting			Year to Date		
	Actual \$'000	Budget \$'000	Variance \$'000	Actual \$'000	Budget \$'000	Variance \$'000
Governance Arm	(170)	(155)	(15)	(581)	(460)	(121)
Funder Arm	323	493	(170)	994	1,391	(397)
Provider Arm	(794)	(1,229)	435	(3,514)	(3,688)	174
<b>Consolidated Business as Usual Result</b>	<b>(641)</b>	<b>(891)</b>	<b>250</b>	<b>(3,101)</b>	<b>(2,757)</b>	<b>(344)</b>
Covid-19 & Holidays Act	(74)	204	278	522	633	111
<b>West Coast DHB Result</b>	<b>(715)</b>	<b>(687)</b>	<b>(28)</b>	<b>(2,579)</b>	<b>(2,124)</b>	<b>(455)</b>

## B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):** Buller Health went live on 27 September, with South Westland following on 11 October. Detailed planning is underway for the Te Nikau go live on 15 November, with training starting on 1 November.
- **Cyber security:**  
Phriently Phishing: Our Phriently Phishing baseline campaign showed 21% of people sent a phishing email clicked the relevant link. Post initial training and education the percentage remains at 5%.

Metrics for staff who have completed training:

Status	September	October
Training links sent	1082	1104
Completed	343	350
Started but not completed	66	65
Not started	673	689

We will be working with the learning and development team to build this into mandatory training programmes. The ISG team also now require staff to complete this module before providing remote access. We are anticipating that these requirements will improve completion rates.

We are pleased to report that two internal audit recommendations have been completed by mandating the Healthlearn Digital Security training for all staff.

Firewall Replacement: The Firewall replacement project planning phase is in progress, with training occurring this week for the new product.

- **Service Impacts**  
ISG will now be reporting significant service outages as part of this Board report.

During October there was one significant outage lasting 10 minutes. We are working with the vendor to ensure this does not occur again.

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

### *Communications and Engagement*

- COVID-19 Vaccination Programme communications planning and implementation as part of the Coast-wide roll-out:
  - Health workforce communications (internal and external)
  - Media release(s) and related enquiries
  - Collateral preparation
- Wellbeing communications as part of West Coast DHB's Westport flood recovery response.
  - Collateral preparation

- Media release(s).

## **Media**

During September/October 2021, the majority of media enquiries received related to the roll-out of the DHB's COVID-19 vaccination programme as well as our COVID-19 resurgence planning.

We also received enquiries about the Westport floods, Mental Health services and our visitor policy.

### ■ **Media releases:**

- [Health news](#)
- Free stress and wellbeing training courses in Buller (20/09/2021)
- West Coast DHB confirms details of October drive-through COVID-19 vaccination events (23/09/2021)
- Buller community encouraged to book in for their free COVID-19 vaccinations (28/09/2021)
- Call to arms goes out to the Westport community to get their free COVID-19 vaccinations (30/09/2021)
- West Coast DHB's weekend COVID-19 vaccination clinics in Westport offered flexibility (05/10/2021)
- Appointment booking for this weekend's Hokitika COVID-19 vaccination clinics steady (06/10/2021)
- Buller Men's Health & Wellbeing: Adapting positively to a changed reality (08/10/2021)
- West Coast DHB calls on Coasters to get vaccinated against COVID-19 on Super Saturday (11/10/2021)
- West Coast DHB begins consultation on its proposal to dispose of surplus DHB property (13/10/2021)
- Come on West Coasters let's get ready for the summer holidays! (14/10/2021)
- Fresh mountain air and free vaccinations on offer at New Zealand's highest vaccination drive-through clinic (18/10/2021).

### ■ **Social media posts:**

We now have an Instagram account [West Coast DHB \(@westcoastvax\)](#) • [Instagram photos and videos](#) specifically for promoting the DHB's COVID-19 vaccination programme.

#### [West Coast District Health Board | Facebook](#)

- World Physiotherapy Day (08/09/2021)
- West Coast DHB Studentship Programme (13/09/2021)
- If you need health help in Kawatiri, go to Buller Health video (16/09/2021)
- Brain Week (20/09/2021)
- Free stress and wellbeing training courses in Westport (20/09/2021)
- World Alzheimer's Day (21/09/2021)
- Walk-ins welcome at our Greymouth COVID-19 vaccination clinic (21/09/2021)
- National IT Professionals Day (21/09/2021)
- Westport vaccination drive-through events reminder post (22/09/2021)
- Aotearoa New Zealand Social Workers' Day (22/09/2021)
- West Coast DHB confirms details of October drive-through COVID-19 vaccination events (23/09/2021)
- The start of daylight savings is a great time for Coasters to gear up against Legionella! (25/09/2021)

- Speech Language Therapy Awareness Day (27/09/2021)
- Westport vaccination drive-through events reminder post (27/09/2021)
- Want to book your COVID-19 vaccination appointment? 28/09/2021)
- Walk-in vaccination appointments available (29/09/2021)
- Buller Flood Recovery office website (29/09/2021)
- Call to arms goes out to the Westport community to get their free COVID-19 vaccinations (30/09/2021)
- Reminder re submitting Studentship Programme applications (01/10/2021)
- Westport vaccination drive-through events reminder post (01/10/2021)
- Westport vaccination drive-through event reminder post (02/10/2021)
- Westport vaccination drive-through event posts x 2 (03/10/2021)
- Appointment booking for this weekend's Hokitika COVID-19 vaccination clinics steady (06/10/2021)
- Hokitika vaccination drive-through event promotional post (07/10/2021)
- Hokitika vaccination drive-through event posts x 4 (09/10/2021)
- West Coast DHB calls on Coasters to get vaccinated against COVID-19 on Super Saturday (11/10/2021)
- Details of vaccination clinics across the Coast (11/10/2021)
- New Zealand Red Cross are running two free half day 'Starting with Mental Health' courses in Westport (11/10/2021)
- Red Cross are running a free Youth Psychological First Aid course in Westport (11/10/2021)
- West Coast DHB begins consultation on its proposal to dispose of surplus DHB property (13/10/2021)
- Need a ride to get vaccinated on Super Saturday? (14/10/2021)
- Come on West Coasters let's get ready for the summer holidays! (14/10/2021)
- Greymouth vaccination drive-through promotional video (15/10/2021)
- Greymouth vaccination drive-through moving indoors (17/10/2021)
- Fresh mountain air and free vaccinations on offer at New Zealand's highest vaccination drive-through clinic (18/10/2021)
- Buller Men's Health & Wellbeing series 'Adapting Positively to a Changed Reality' (19/10/2021)
- Kawatiri Men's Health Group reminder post (20/10/2021)
- Arthur's Pass vaccination clinic reminder post (20/10/2021)
- Thank Your Cleaner Day (20/10/2021)
- Celebrating our Environmental Services team (Thank Your Cleaner Day) (21/10/2021)

	<b>PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES</b>
---	--

### Key Achievements/Issues of Note

- **COVID-19 response:** At the direction of the Ministry of Health all non-essential business has been paused and all staff resource diverted to the COVID-19 response effort.

Community & Public Health (C&PH) are now operating as a virtual team of Auckland Regional Public Health service and supporting case investigation, contact tracing and contact monitoring.

C&PH continue to investigate all cases identified at the Christchurch borders via the international airport and the port and provide Medical Officer of Health support to the clinical teams at the Managed Isolation and Quarantine Facilities in Christchurch.

At time of writing, no community cases have been identified on the West Coast however, C&PH are working with the WCDHB to develop processes and protocols for providing supported isolation and quarantine options for both cases and identified contacts of cases. This service will operate under the supervision of the Medical Officer of Health and will provide clinical and welfare support to cases and their whānau as deemed necessary and appropriate.

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

# FINANCE REPORT FOR THE PERIOD ENDED 30 SEPTEMBER 2021



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

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

**DATE:** 05 November 2021

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

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

## 2. RECOMMENDATION

That the Board:

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

## 3. DISCUSSION

### Overview of September 2021 Financial Result

The consolidated West Coast DHB financial result for the month of September 2021 was a deficit of \$641k, which was \$250k favourable to the annual plan. The year to date net deficit of \$3.101M is \$344k 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 Budget
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	
<b>Operating Revenue</b>									
Crown and Government sourced	15,427	14,654	773	5.3%	45,304	43,752	1,552	3.5%	177,329
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	160	160	0	0.0%	483	480	3	0.6%	1,922
Patient Related Revenue	711	653	58	8.9%	2,043	1,945	98	5.0%	7,860
Other Revenue	71	(126)	197	(156.3%)	172	771	(599)	(77.7%)	925
<b>Total Operating Revenue</b>	<b>16,369</b>	<b>15,341</b>	<b>1,028</b>	<b>6.7%</b>	<b>48,002</b>	<b>46,948</b>	<b>1,054</b>	<b>2.2%</b>	<b>188,035</b>
<b>Operating Expenditure</b>									
Personnel costs	7,398	6,842	(556)	(8.1%)	21,940	21,284	(656)	(3.1%)	85,640
Outsourced Services - clinical	22	0	(22)	0.0%	32	0	(32)	0.0%	0
Treatment Related Costs	766	824	58	7.0%	2,572	2,572	0	0.0%	10,229
External Providers	4,057	3,976	(81)	(2.0%)	12,099	11,979	(120)	(1.0%)	47,988
Inter District Flows Expense	2,569	2,568	(1)	(0.0%)	7,712	7,704	(8)	(0.1%)	30,821
Outsourced Services - non clinical	158	123	(35)	(28.5%)	422	370	(52)	(14.1%)	1,476
Infrastructure and Non treatment related costs	1,004	832	(172)	(20.7%)	3,222	2,678	(544)	(20.3%)	11,007
<b>Total Operating Expenditure</b>	<b>15,974</b>	<b>15,165</b>	<b>(809)</b>	<b>(5.3%)</b>	<b>47,999</b>	<b>46,587</b>	<b>(1,412)</b>	<b>(3.0%)</b>	<b>187,160</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>395</b>	<b>176</b>	<b>219</b>	<b>124.4%</b>	<b>3</b>	<b>361</b>	<b>(358)</b>	<b>(99.2%)</b>	<b>875</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	528	550	22	4.0%	1,580	1,568	(12)	(0.8%)	6,354
Capital Charge Expenditure	508	517	9	1.7%	1,524	1,550	26	1.7%	6,204
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>1,036</b>	<b>1,067</b>	<b>31</b>	<b>2.9%</b>	<b>3,104</b>	<b>3,118</b>	<b>14</b>	<b>0.4%</b>	<b>12,558</b>
<b>Net Surplus/(deficit)</b>	<b>(641)</b>	<b>(891)</b>	<b>250</b>	<b>28.1%</b>	<b>(3,101)</b>	<b>(2,757)</b>	<b>(344)</b>	<b>(12.5%)</b>	<b>(11,683)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(641)</b>	<b>(891)</b>	<b>250</b>	<b>28.1%</b>	<b>(3,101)</b>	<b>(2,757)</b>	<b>(344)</b>	<b>(12.5%)</b>	<b>(11,683)</b>

## 4. KEY RISKS & EMERGING ISSUES

The underlying BAU variance (i.e. excluding Holidays Act compliance and Covid-19) for September is \$28k unfavourable to budget (\$455k 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

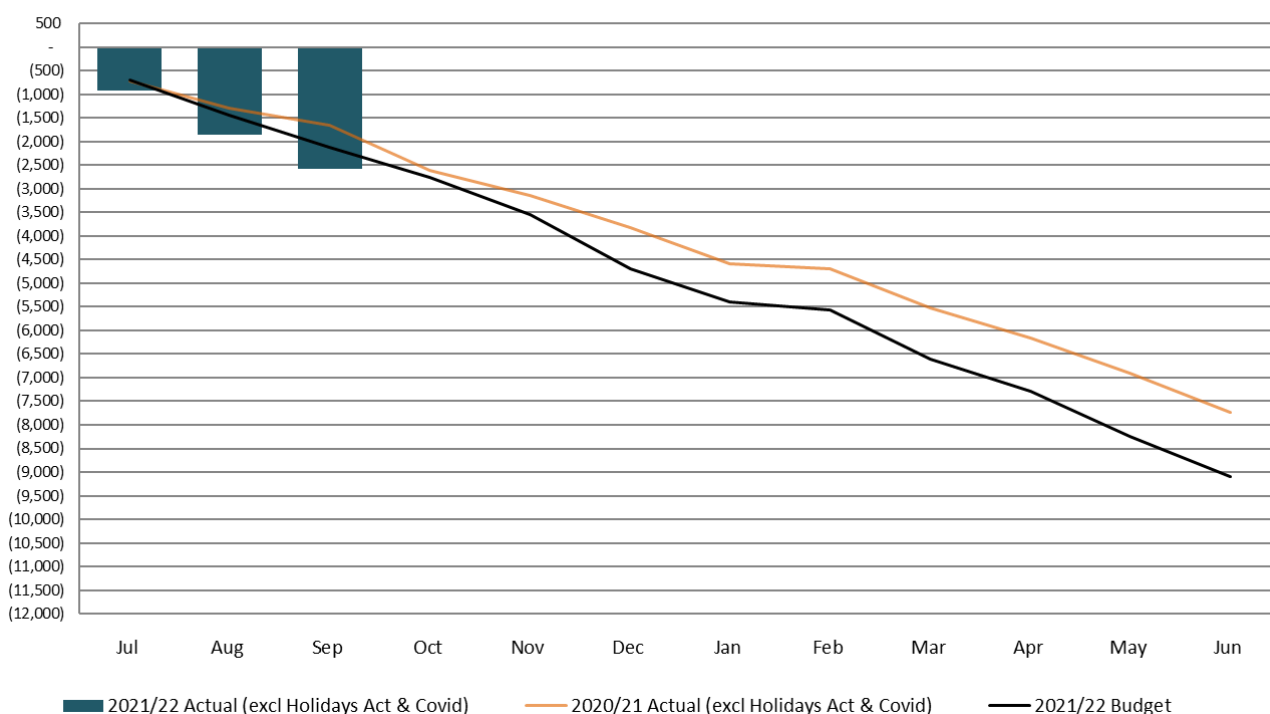
## APPENDIX 1: FINANCIAL RESULT

### FINANCIAL PERFORMANCE OVERVIEW – September 2021

#### Net operating results (excluding Holidays Act compliance provision & Covid-19)

	Month Actual \$'000	Month Budget \$'000	Month Variance			YTD Actual \$'000	YTD Budget \$'000	YTD Variance		
Surplus/(Deficit)	(715)	(687)	(28)	4%	X	(2,579)	(2,124)	(455)	21%	X

Net operating results year-to-date



WCDHB has a deficit of \$715k for the September month. This is unfavourable to the draft annual plan by \$28k (YTD \$455k unfavourable).

The variance is driven by flood costs of \$51k for the month and \$345k 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. Adjusting for these unplanned and extraordinary events, our result is tracking to plan.

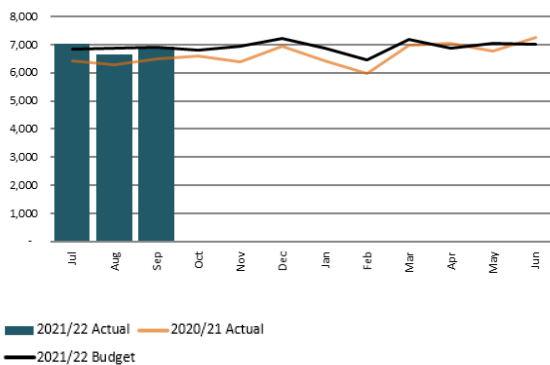
*Commentary is provided on the variance to the draft Annual Plan that was submitted in October 2021, with the annual deficit of \$9.100M (excluding the Holidays Act)*



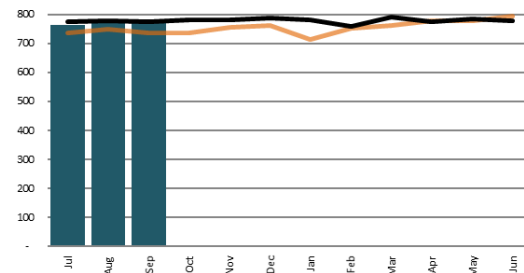
## Personnel costs (including Outsourced Personnel) & FTE (excluding Holidays Act compliance provision & Covid-19)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,772	1,676	(96)	-6%	✗	5,076	5,048	(28)	-1%	✗
Nursing	2,701	2,823	122	4%	✓	8,354	8,521	167	2%	✓
Allied Health	1,164	1,199	35	3%	✓	3,466	3,406	(60)	-2%	✗
Support	306	314	8	3%	✓	952	954	2	0%	✓
Management & Admin	991	890	(101)	-11%	✗	2,775	2,662	(113)	-4%	✗
<b>Total</b>	<b>6,934</b>	<b>6,902</b>	<b>(32)</b>	<b>0%</b>	<b>✗</b>	<b>20,623</b>	<b>20,591</b>	<b>(32)</b>	<b>0%</b>	<b>✗</b>

Personnel costs (incl Locums)



Personnel FTE (accrued)



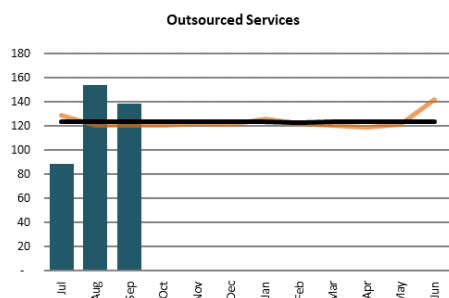
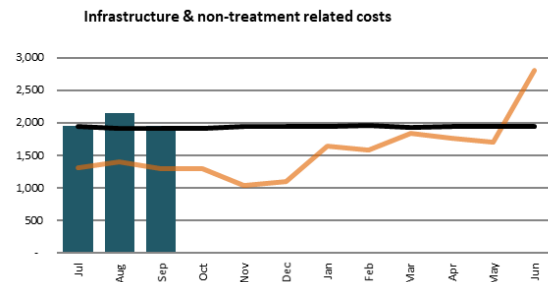
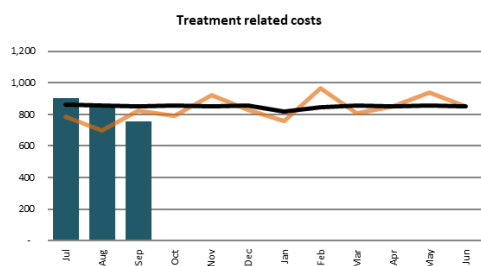
### KEY RISKS AND ISSUES:

**Personnel Costs:** September is slightly over budget, however includes a catch-up of charges from the CDHB, as well as the impact of a number of FY21 final adjustments as we prepare for the Audit. However, note that we have incurred additional costs for RSV that explains the YTD variance.

**Holidays Act compliance** (not included in the amounts above): This provision is currently \$19.880M (\$215k for the month; \$646k 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	754	852	98	12%	✓	2,516	2,570	54	2%	✓
Non Treatment related costs	1,946	1,918	(28)	-1%	✗	6,044	5,768	(276)	-5%	✗
Outsourced Clinical Services	138	123	(15)	-12%	✗	377	370	(7)	-2%	✗



■ 2021/22 Actual 
 — 2020/21 Actual 
 — 2021/22 Budget

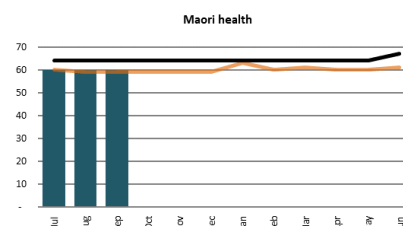
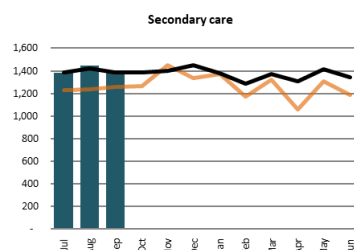
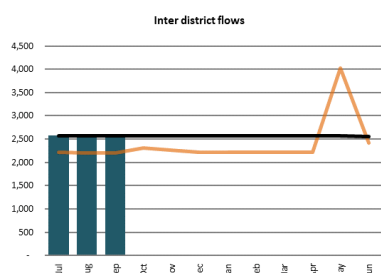
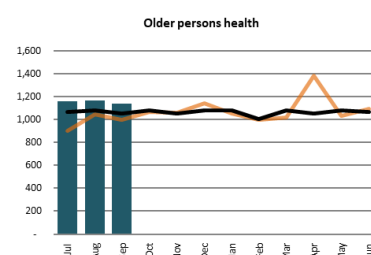
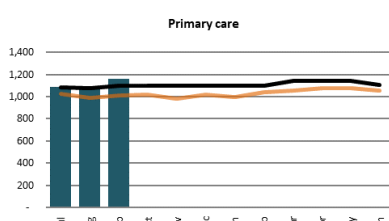
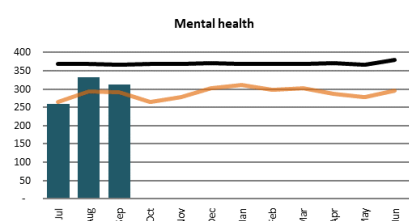
### KEY RISKS AND ISSUES:

#### Non-treatment related costs:

There were \$51k of flood related costs in September, \$345k YTD. Outside of this (and RSV), overall we continue to perform on par with budget.

## 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	1,386	1,388	2	0%	✓	4,219	4,200	(19)	0%	✗
Primary Care	1,158	1,101	(57)	-5%	✗	3,332	3,267	(65)	-2%	✗
Older Person's Health	1,137	1,055	(82)	-8%	✗	3,464	3,204	(260)	-8%	✗
Mental Health	313	367	54	15%	✓	904	1,106	202	18%	✓
Maori Health	60	64	4	6%	✓	180	192	12	6%	✓
IDF	2,569	2,569	-	0%	✓	7,712	7,705	(7)	0%	✗
<b>Total</b>	<b>6,623</b>	<b>6,544</b>	<b>(79)</b>	<b>-1%</b>	<b>✗</b>	<b>19,811</b>	<b>19,683</b>	<b>(128)</b>	<b>-1%</b>	<b>✗</b>



■ 2021/22 Actual
 — 2020/21 Actual
 — 2021/22 Budget

### KEY RISKS AND ISSUES:

**Primary Care:** While over budget, we have been advised this is fully funded by the Ministry of Health, the revenue received for these services is passed through to Primary Care Practices.

**Older Person's Health:** This is the third month running of overspend due to higher than budgeted occupancy. This is expected to continue throughout the year at this stage.

**Mental Health:** Again, 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	121,525	121,854	(329)	0%	✗	126,121
Cash	5,336	1,712	3,624	212%	✓	(5,299)
Capex	1,366	3,097	1,731	56%	✓	17,487

### KEY RISKS AND ISSUES:

#### Variances to Equity

There are no major variances to equity in FY22.

#### Variances to CAPEX

Capex spend is \$1.731m behind plan but expected to catch up dependent on the progress on the Buller facility.

#### Variances to Cash

The closing cash is favourable to plan due to our opening balance being higher than budgeted.

## 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
<b>Operating Revenue</b>									
Crown and Government sourced	15,427	14,654	773	5.3%	45,304	43,752	1,552	3.5%	177,329
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	160	160	0	0.0%	483	480	3	0.6%	1,922
Patient Related Revenue	711	653	58	8.9%	2,043	1,945	98	5.0%	7,860
Other Revenue	71	(126)	197	(156.3%)	172	771	(599)	(77.7%)	925
<b>Total Operating Revenue</b>	<b>16,369</b>	<b>15,341</b>	<b>1,028</b>	<b>6.7%</b>	<b>48,002</b>	<b>46,948</b>	<b>1,054</b>	<b>2.2%</b>	<b>188,035</b>
<b>Operating Expenditure</b>									
Personnel costs	7,398	6,842	(556)	(8.1%)	21,940	21,284	(656)	(3.1%)	85,640
Outsourced Services - clinical	22	0	(22)	0.0%	32	0	(32)	0.0%	0
Treatment Related Costs	766	824	58	7.0%	2,572	2,572	0	0.0%	10,229
External Providers	4,057	3,976	(81)	(2.0%)	12,099	11,979	(120)	(1.0%)	47,988
Inter District Flows Expense	2,569	2,568	(1)	(0.0%)	7,712	7,704	(8)	(0.1%)	30,821
Outsourced Services - non clinical	158	123	(35)	(28.5%)	422	370	(52)	(14.1%)	1,476
Infrastructure and Non treatment related costs	1,004	832	(172)	(20.7%)	3,222	2,678	(544)	(20.3%)	11,007
<b>Total Operating Expenditure</b>	<b>15,974</b>	<b>15,165</b>	<b>(809)</b>	<b>(5.3%)</b>	<b>47,999</b>	<b>46,587</b>	<b>(1,412)</b>	<b>(3.0%)</b>	<b>187,160</b>
<b>Result before Interest, Depn &amp; Cap Charge</b>	<b>395</b>	<b>176</b>	<b>219</b>	<b>124.4%</b>	<b>3</b>	<b>361</b>	<b>(358)</b>	<b>(99.2%)</b>	<b>875</b>
<b>Interest, Depreciation &amp; Capital Charge</b>									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	528	550	22	4.0%	1,580	1,568	(12)	(0.8%)	6,354
Capital Charge Expenditure	508	517	9	1.7%	1,524	1,550	26	1.7%	6,204
<b>Total Interest, Depreciation &amp; Capital Charge</b>	<b>1,036</b>	<b>1,067</b>	<b>31</b>	<b>2.9%</b>	<b>3,104</b>	<b>3,118</b>	<b>14</b>	<b>0.4%</b>	<b>12,558</b>
<b>Net Surplus/(deficit)</b>	<b>(641)</b>	<b>(891)</b>	<b>250</b>	<b>28.1%</b>	<b>(3,101)</b>	<b>(2,757)</b>	<b>(344)</b>	<b>(12.5%)</b>	<b>(11,683)</b>
<b>Other comprehensive income</b>									
Gain/(losses) on revaluation of property									
<b>Total comprehensive income</b>	<b>(641)</b>	<b>(891)</b>	<b>250</b>	<b>28.1%</b>	<b>(3,101)</b>	<b>(2,757)</b>	<b>(344)</b>	<b>(12.5%)</b>	<b>(11,683)</b>

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

As at  
in thousands of New Zealand dollars

30 September 2021

	Actual	Budget	Variance	%Var	Prior Year
<b>Assets</b>					
<b>Non-current assets</b>					
Property, plant and equipment	153,929	156,627	(2,698)	(1.7%)	155,220
Intangible assets	661	870	(209)	(24.0%)	741
Work in Progress	8,183	6,895	1,288	18.7%	6,886
Other investments	224	231	(7)	(3.0%)	231
<b>Total non-current assets</b>	<b>162,997</b>	<b>164,623</b>	<b>(1,626)</b>	<b>(1.0%)</b>	<b>163,078</b>
<b>Current assets</b>					
Cash and cash equivalents	5,336	1,712	3,624	211.7%	3,415
Patient and restricted funds	0	0	0	0.0%	0
Inventories	1,321	1,097	224	20.4%	1,311
Debtors and other receivables	6,976	5,864	1,112	19.0%	5,830
Assets classified as held for sale	0	0	0	0.0%	0
<b>Total current assets</b>	<b>13,633</b>	<b>8,673</b>	<b>4,960</b>	<b>57.2%</b>	<b>10,556</b>
<b>Total assets</b>	<b>176,630</b>	<b>173,296</b>	<b>3,334</b>	<b>1.9%</b>	<b>173,634</b>
<b>Liabilities</b>					
<b>Non-current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	1,916	1,857	(59)	(3.2%)	1,857
Other	63	63	0	0.0%	63
<b>Total non-current liabilities</b>	<b>1,979</b>	<b>1,920</b>	<b>(59)</b>	<b>(3.1%)</b>	<b>1,920</b>
<b>Current liabilities</b>					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	17,391	15,132	(2,259)	(14.9%)	13,737
Employee entitlements and benefits	35,735	34,390	(1,345)	(3.9%)	34,389
<b>Total current liabilities</b>	<b>53,126</b>	<b>49,522</b>	<b>(3,604)</b>	<b>(7.3%)</b>	<b>48,126</b>
<b>Total liabilities</b>	<b>55,105</b>	<b>51,442</b>	<b>(3,663)</b>	<b>(7.1%)</b>	<b>50,046</b>
<b>Equity</b>					
Crown equity	217,715	217,717	2	0.0%	216,676
Other reserves	28,956	28,956	0	0.0%	28,956
Retained earnings/(losses)	(125,146)	(124,819)	327	0.3%	(122,044)
Trust funds	0	0	0	0.0%	0
<b>Total equity</b>	<b>121,525</b>	<b>121,854</b>	<b>329</b>	<b>0.3%</b>	<b>123,588</b>
<b>Total equity and liabilities</b>	<b>176,630</b>	<b>173,296</b>	<b>3,334</b>	<b>1.9%</b>	<b>173,634</b>

## APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending  
in thousands of New Zealand dollars

30 September 2021

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
<b>Cash flows from operating activities</b>								
Cash receipts from Ministry of Health, patients and other revenue	15,534	15,339	195	1.3%	47,562	46,944	618	1.3%
Cash paid to employees	(6,648)	(6,143)	(505)	(8.2%)	(18,397)	(19,186)	789	4.1%
Cash paid to suppliers	(3,497)	(2,481)	(1,016)	(41.0%)	(7,109)	(7,729)	620	8.0%
Cash paid to external providers	(4,057)	(3,970)	(87)	(2.2%)	(12,097)	(11,966)	(131)	(1.1%)
Cash paid to other District Health Boards	(2,569)	(2,569)	0	0.0%	(7,711)	(7,707)	(4)	(0.1%)
<i>Cash generated from operations</i>	(1,237)	176	(1,413)	(802.8%)	2,248	356	1,892	530.7%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	0	0	0.0%	0	0	0	0.0%
<b>Net cash flows from operating activities</b>	(1,237)	176	(1,413)	(802.8%)	2,248	356	1,892	530.7%
<b>Cash flows from investing activities</b>								
Interest received	9	0	9	0.0%	17	0	17	0.0%
(Increase) / Decrease in investments	2	0	2	0.0%	7	0	7	0.0%
Acquisition of property, plant and equipment	(324)	(1,095)	771	70.4%	(1,245)	(2,887)	1,642	(56.9%)
Acquisition of intangible assets	(89)	0	(89)	0.0%	(145)	(210)	65	(31.0%)
<b>Net cash flows from investing activities</b>	(402)	(1,095)	693	(63.3%)	(1,366)	(3,097)	1,731	55.9%
<b>Cash flows from financing activities</b>								
Proceeds from equity injections	0	0	0	0.0%	1,039	1,039	0	0.0%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	0	0	0.0%	1,039	1,039	0	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%
<b>Net cash flows from financing activities</b>	0	0	0	0.0%	1,039	0	1,039	0.0%
Net increase in cash and cash equivalents	(1,639)	(919)	(720)	78.3%	1,921	(1,702)	3,623	(212.9%)
Cash and cash equivalents at beginning of period	6,975	2,631	4,344	165.1%	3,415	3,414	1	0.0%
<b>Cash and cash equivalents at end of period</b>	<b>5,336</b>	<b>1,712</b>	<b>3,624</b>	<b>211.7%</b>	<b>5,336</b>	<b>1,712</b>	<b>3,624</b>	<b>211.6%</b>

## 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
<b>Revenue</b>												
Devolved Funding	(14,497)			(14,497)	(14,524)	(27)	(43,421)			(43,421)	(43,539)	(118)
Non-Devolved Contracts	(794)	(686)		(108)	(89)	19	(1,473)	(1,210)		(263)	(270)	(7)
Inter-DHB & Internal Revenue	(160)			(160)	(160)	0	(483)			(483)	(480)	3
Other Revenue	(915)			(915)	(879)	36	(2,625)			(2,625)	(2,569)	56
<b>Total Revenue</b>	(16,366)	(686)	0	(15,680)	(15,652)	28	(48,002)	(1,210)	0	(46,792)	(46,858)	(66)
<b>DHB Provided Expenditure</b>												
Personnel	6,597	217	215	6,165	6,204	39	19,803	672	646	18,485	18,495	10
Outsourced Personnel & Support	800	31		769	698	(71)	2,169	31		2,138	2,096	(42)
Outsourced Clinical Services	180	42		138	123	(15)	422	45		377	370	(7)
Clinical Supplies	766	12		754	852	98	2,572	56		2,516	2,570	54
Infrastructure & Non-Clinical Supplies	2,041	95		1,946	1,918	(28)	6,326	281		6,044	5,768	(276)
<b>Total DHB Provided Expenditure</b>	10,384	397	215	9,772	9,795	23	31,292	1,085	646	29,560	29,299	(261)
<b>Other Providers</b>												
Personal Health	2,500			2,500	2,462	(38)	7,380			7,380	7,400	20
Mental Health	312			312	370	58	900			900	1,109	209
Public Health	44			44	24	(20)	171			171	73	(98)
DSS	1,139			1,139	1,056	(83)	3,467			3,467	3,205	(262)
Maori Health	60			60	64	4	181			181	192	11
IDFs	2,568			2,568	2,568	(0)	7,712			7,712	7,704	(8)
<b>Total Other Providers</b>	6,623	0	0	6,623	6,544	(79)	19,811	0	0	19,811	19,683	(128)
<b>Total Expenditure</b>	17,007	397	215	16,395	16,339	(56)	51,103	1,085	646	49,371	48,982	(389)
<b>Total Consolidated Result Deficit/(surplus)</b>	<b>641</b>	<b>(289)</b>	<b>215</b>	<b>715</b>	<b>687</b>	<b>(28)</b>	<b>3,101</b>	<b>(125)</b>	<b>646</b>	<b>2,579</b>	<b>2,124</b>	<b>(455)</b>



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

**SOURCE:** Clinical Leaders

**DATE:** 5 November 2021

---

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
----------------------	-----------------------------------	--	--------------------------------------

---

## 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

The primary focus of the Clinical Leaders Group since our last report has been to prepare our workforce, systems and community to respond to a future state where Covid-19 coronavirus is present in our communities, as other respiratory illnesses such as influenza and RSV are now. The following are a summary of key areas of activity:

### Equity

General Manager Hauora Māori, Gary Coghlan and his team have been supporting the Clinical Leaders to ensure that all clinical and workforce Covid-19 planning includes targeted conversations around improving the experience and health outcomes for Māori.

### Building Community Confidence in Vaccination

On 8 September, Director of Midwifery (DOM), Norma Campbell partnered with Dr Alan Pithie (CDHB) to present a Facebook Live event about vaccination in the context of pregnancy. More than ten thousand (10k) views have been logged via the CDHB & WCDHB Facebook pages. Our maternity consumers continue to express concerns about Covid-19, vaccinations and what it means for them as hapū and breastfeeding mama and the potential impact on their wider whānau, so a further event is to be held next Tuesday 2 November at 7.00pm. Our Clinical Midwife Manager, Dawn Kremers will join Norma and Alan for this session which will cover COVID-19, vaccinations in pregnancy and whilst breastfeeding, how to prevent illness, mitigate risk to pepi and ways to protect the wider whānau. The presentation will be followed by a question and answer session, and the session will be available to watch later via our website and social media. Please share the link and feel free to join us on the night <https://cdhbhealth.zoom.us/j/85026266492>

### Supporting Mandatory Vaccination of Health Workforce

The Covid Public Health Response Order has now been amended to require mandatory vaccination for workers in the health and disability sector. A key role of the Clinical Leadership will be to support our workforce to comply with this order, and to provide support to our people leaders who will be overseeing the process for those staff still to achieve full vaccination status.

#### Clinical care of Mild to Moderate Covid via Primary Care

Chief Medical Officer (CMO), Graham Roper is leading a whole of system working group to roll out the clinical care pathways currently under development by the Ministry of Health, for those Covid symptomatic patients well enough to remain at home. This is a key component of protecting our IFHC and Hospital environments for those people needing acute, high level intervention. It is also a pillar for the DHB to support those who are isolating or in quarantine in their own homes (or other suitable local environments).

#### Supported Isolation & Quarantine (SIQ) in place

Director of Allied Health, Scientific & Technical (DAHST), Jane George is supporting the establishment of a Community SIQ service, which will be co-ordinated by the Community & Public Health team when individuals or whanau are deemed suitable by the Medical Officer of Health to isolate in place. Recruitment is in the final stages for the SIQ co-ordinator and a number of components of our plan are well advanced, such as kits which will be provided to households to support their health & wellbeing, and to support remote clinical monitoring where required.

Welfare is a key component of the SIQ programme, and we are working with the Civil Defence Emergency Management Welfare Network to ensure we can wrap supports around those who are needing to isolate in place.

#### Community Wellbeing

Through the welfare network, and aligned to the psychosocial sub-function co-ordination which the DHB provide, we have stood up a specific group to support the South Westland community. This is similar to the group we are already hosting for the Buller community following the floods.

#### Covid Resurgence Planning

The Clinical Leaders continue to provide oversight to all aspects of the health system resurgence planning, as we prepare for the possibility of Covid-19; Delta variant on the West Coast.

Nursing have been busy with workforce and delivery of care contingency planning and all the preparations needed to safely manage the current Covid outbreak. Within the workforce, Surge education planning continues. A new programme to deliver education to primarily Critical Care Unit (CCU) nurses on the care of intubated and ventilated patients has begun. This will see CCU nurses complete a theory component and work within CDHB Intensive Care Unit (ICU) to gain further experience.

### **CLINICAL BOARD**

The Clinical Board will next meet on 25 November.

## **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:**

Jane George, Director of Allied Health, Scientific & Technical  
Norma Campbell, Director of Midwifery  
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  
Sarah Gilsean, Acting Director of Nursing

**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"/>
----------------------	----------	--------------------------	--------	-------------------------------------	-------------	--------------------------

---

## 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 framework used for this report is “Whakamaui – Māori Health Action plan 2020 – 2025” the implementation plan for He Korowai Oranga, New Zealand’s Māori Health Strategy.

Whakamaui is underpinned by the Ministry’s Te Tiriti o Waitangi Framework, which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

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

## Whakamaua – Māori Health Action Plan 2020-2025

### WCWCDHB Report Hauora Māori

Priority Area	Key Activities	Progress Update	Risks/Issues
<b>Priority Area 1:</b> Māori Crown partnerships	<p>Tatau Pounamu is actively involved in the completion of a West Coast Health Profile</p> <p>Tē Tiriti Partnership – Consumer Engagement</p> <p>Iwi/DHB Governance partnership established to oversee Mental Health work programmes.</p> <p>Build up a pool of Māori who can provide Māori Health leadership at all levels of the health and disability system.</p>	<p>Profile presented to Tatau Pounamu and actions agreed to have the plan completed.</p> <p>Initiate joint hui to work up the partnership approach.</p> <p>Governance established to oversee MH programmes inclusion of Iwi.</p> <p>Working with Tatau Pounamu and P &amp; C Equity Leads on building Māori Leadership capacity and capability.</p>	<p>Concern resourcing has not been allocated.</p>
<b>Priority Area 2:</b> Māori Leadership	<p>Mana Taurite Workplan – work with the Workforce Equity team to implement Māori Leadership Programme.</p> <p>Hold at least 3 hui for kaimahi Māori to participate in whakawhanaunga, share māhī and listen to inspirational key speakers.</p> <p>Facilitate opportunities for kaimahi Māori to access funding through HWNZ to further their education and training.</p>	<p><b>Vision:</b> Grow Māori Leadership at all Levels. Māhī progressing supported by Mana Taurite team.</p> <p>A set of metrics and a timeline has been agreed to run November – April.</p> <p>2 Maori staff hui held and 1 planned for November</p> <p>Hauora Māori are working with Tipu Ora to provide Whānau Ora training on the West Coast. A Certificate Programme will be delivered early in 2022 with the option for kaimahi to staircase onto the Diploma late in the year.</p> <p>Hauora Māori Staff are funded through HWNZ</p>	<ul style="list-style-type: none"> <li>• Possible cost/budget allocation.</li> <li>• Covid19 outbreak redeployment of kaimahi involved.</li> <li>• No signoff from WCDHB to continue.</li> </ul> <p>A change in Covid19 Levels could affect this provision.</p>
<b>Priority Area 3:</b> Māori Health and Disability Workforce	<p>People &amp; Capability Leads recruited</p> <p>Maori Workforce Plan in place and key initiatives for increasing Māori workforce agreed and implemented.</p> <p>WCDHB Training schedule delivered</p> <ul style="list-style-type: none"> <li>• HEAT</li> <li>• Te Tiriti o Waitangi</li> <li>• Takarangi</li> </ul>	<p>Hauora Māori staff with the CDHB Equity team contributed to the development of the Mana Taurite Draft Work plan. This is now waiting final approval.</p> <p>Te Tiriti o Waitangi training timetabled for Greymouth and Westport has been postponed due to the unavailability of our trainer.</p> <p>Takarangi planned for November at Arahura – 20 registered</p>	<p>Availability of suitable facilitators may delay delivery.</p> <p>Facilitator from the Far North – risk of covid restricted travel.</p>

## Whakamaua – Māori Health Action Plan 2020-2025

### WCWCDHB Report Hauora Māori

Priority Area	Key Activities	Progress Update	Risks/Issues
	<p>Recruitment Policy implemented and embedded across the DHB</p> <p>Kia ora Hauora Programmes delivered.</p>	<p>HEAT applied to Oral Health research mahi</p> <p>Mana Taurite to lead education with Hiring Managers.</p> <p>Dates for the Kia ora Hauora Rangatahi Placement and Exposure programmes have been timetabled for 2022.</p>	<p>Hauora Māori to investigate alternative options to access training, i.e. online through Health Learn.</p> <p>A change in Covid19 Levels could affect this provision.</p>
<b>Priority Area 4:</b> Māori Health Sector Development	<p>Support Poutini Waiora to develop a Primary Kaupapa Māori Mental Health Service.</p> <p>Support Poutini Waiora to fully stand up an accredited vaccination programme allowing them to manage vaccination from end to end.</p> <p>Partner with Poutini Waiora to develop the Pae ora o Tē Tai Poutini Model of Care.</p> <p>Pilot Rā Whānau – free health check for 50+</p> <p>Pilot Mana Wāhine Clinics – Breast and Cervical screening for Māori and Pacifica</p> <p>Hāpū Wānanga enhanced</p> <p>Māori Smoking Cessation plan revised and updated</p>	<p>Poutini Waiora awaiting service specs from MoH. Clinical MH FTE appointed in Poutini Waiora</p> <p>Poutini Waiora progressing their vaccination status and working through accreditation.</p> <p>Focus sessions held with Clinical Leads. Consultant working up the model to present back to steering group. Aligning with Rural Generalist Model. Hui planned</p> <p>Slow progression, clinical lead has been identified. Will require dedicated Kaiawhina as a core component of the workforce.</p> <p>In partnership with Breastscreen South, Poutini Waiora and our WCDHB Cervical Screening team clinics have been scheduled for November – innovative approach.</p> <p>Funding received through Commissioning Agency to enhance current hapu wananga programme facilitated by Poutini Waiora.</p> <p><b>Plan revised and updated.</b> Working with Heath West Coast, CPH and Tobacco Free Coalition Group re the implementation plan. National Vaping in Schools survey pending and Grey High Survey completed prior to lockdown. Results/analysis pending.</p> <p>Smoking cessation Practitioners continue to be accessible to Māori clients in a range of locations and settings.</p>	<p>Recruitment challenges.</p> <p>DHB workforce understanding the model and their role in bringing in to life.</p> <p>No Kaiawhina workforce to implement the initiative.</p> <p>A change in Covid19 Levels could affect this provision.</p>

## Whakamaua – Māori Health Action Plan 2020-2025

### WCWCDHB Report Hauora Māori

Priority Area	Key Activities	Progress Update	Risks/Issues
	<p>Long term conditions prevention and management initiatives agreed on and in place.</p> <p>First 2000 days has strong equity focus.</p>	Maori inclusion in steering group and in the community consultation.	
<b>Priority Area 5:</b> Cross Sector Action	<p>South Westland Psychosocial Response</p> <p>Disability Steering Group</p> <p>Cross-govt COVID-19 response to mitigate the impacts of COVID 19 on whanau, hapu, iwi and Maori communities</p>		
<b>Priority Area 6:</b> Quality and Safety	<p>Build the capacity of Māori providers to participate in the WCDHB Telehealth project.</p> <p>Work with P&amp;C Equity Leads to design and implement a programme of work to address racism and discrimination in the health system.</p> <p>Deliver Health Equity Assessment Tool (HEAT) across the system as required.</p> <p>Implementation of the Health and Disability service standards.</p>	<p>Co-ordinating a hui with Poutini Waiora and DHB Maori kaimahi to understand the opportunities for Maori. ISG working with Maori Provider to ensure they have the required hardware and licensing for Microsoft teams.</p> <p>Applying a diverse and inclusive lens over the mahi undertaken by the Equity, Recruitment and People Partnering team has been identified as a BAU activity for the Equity Leads.</p> <p>Programme for HEAT training will be agreed with Service areas for delivery early 2022.</p> <p>Nga Paerewa Health and Disability Standards has been completed and a gap analysis is being undertaken.</p>	Capacity of the Provider to participate.
<b>Priority Area 7:</b> Insights and evidence	<p>Bowel Screening Equity for Maori</p> <p>Oral Health</p>	<p>Contract kaupapa Maori services to engage whanau in the screening programme and incorporate research process to evidence difference in approach.</p> <p>Partnering with South Island Workforce Development Hub to trial a Kaiawhina led model of intervention, applying fluoride to children's teeth bi-annually in the home.</p>	
<b>Priority Area 8:</b> Performance and Accountability	Dashboard development across services	Still in development, needs input and refining	



## Whakamaua – Māori Health Action Plan 2020-2025

### WCWCDHB Report Hauora Māori

Priority Area	Key Activities	Progress Update	Risks/Issues
COVID Response & Recovery	Working with iwi providers, resourcing for communications, manaaki, vaccination services, blended team approach (DHB primary care and iwi providers), locality specific, and whole of whanau approach.	<p>Primarily working in partnership with the DHB.</p> <p>Developing contract with Poutini Waioira to enable them to reach whanau in the way that works for them.</p> <p>Ensuring lessons learnt from vaccination rollout are informing the Managed &amp; Self Isolation and managing covid in the community planning.</p>	
Health & Disability Sector Review	<p>Assessment tool completed</p> <p>Transition Plan completed</p> <p>IMPB establishment process understood</p>	<p><b>Establishment of IWI Māori Partnership Boards (IMPs)</b></p> <p>Tatau Pounamu members undertook a MoH self-assessment to identify member skill/capacity levels and Hauora Māori team are supporting the Chair to create an Establishment Plan which will identifying tasks IWI need to perform to form the new IMPB.</p> <p>Ideally the Board will be formed by April 2022 latest so that work can be done to recognise the Board within legislation from 1 July 2022.</p>	
Emerging Initiatives	Social Equity Adjustment Policy/Protocol for Equity in Planned Care (non-acute services)	Initial hui planned with clinical leads to better understand the opportunities.	

# RESOLUTION TO EXCLUDE THE PUBLIC



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

**SOURCE:** Governance Support

**DATE:** 5 November 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.
- 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.	Fire Maintenance Services – Contract Extension	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	DHBs and the Smokefree Aotearoa 2025 Goal	To enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations	S 9(2)(j)
5.	DHBs Position on the Sale and Supply of Alcohol Act	To enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations	S 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.	NZHP Agreements Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	Cyber Security Response Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

### 3. **SUMMARY**

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

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

Clause 33 of the Act also further provides:

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

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

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

## 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.