

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



BOARD MEETING

**Friday 11 February 2022
at 10.00am**

**Corporate Office Board Room
Greymouth**

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

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Friday 11 February 2022 commencing at 10.00am

KARAKIA	10.00am
----------------	----------------

ADMINISTRATION	
-----------------------	--

Apologies

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

REPORTS FOR NOTING	10.10am
---------------------------	----------------

- | | | |
|-------------------------------------|---|-------------------|
| 4. Chair's Update – Verbal Update | Hon Rick Barker
<i>Chair</i> | 10.10am – 10.20am |
| 5. General Manager's Update | Philip Wheble
<i>General Manager – West Coast</i> | 10.20am – 10.30am |
| 6. Finance Report | David Green
<i>Acting Executive Director, Finance & Corporate Services</i> | 10.30am – 10.40am |
| 7. Clinical Leader's Update | Graham Roper
<i>Chief Medical Officer</i> | 10.40am – 10.50am |
| 8. Hauora Maori Update | Kylie Parkin
<i>Acting General Manager Hauora Maori</i> | 10.50am – 11.00am |
| 9. Resolution to Exclude the Public | <i>Governance Support</i> | 11.00am – 11.05am |

INFORMATION ITEMS	
--------------------------	--

- 2022 Meeting Dates

ESTIMATED FINISH TIME	11.05pm
------------------------------	----------------

NEXT MEETING: 25 March 2022	
------------------------------------	--

MEMBERS



WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

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

EXECUTIVE SUPPORT

(Attendance dependent on Agenda items)

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

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



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

	<ul style="list-style-type: none"> • Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. • Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors. 	Y N	
Anita Halsall-Quinlan	<ul style="list-style-type: none"> • Nothing to report 	N	
Edie Moke	<ul style="list-style-type: none"> • New Zealand Blood Service - Board Member (appointed). The NZBS was founded in 1998, and is the only Blood service in NZ collecting all of the blood donations used in our hospitals. These blood donations are used to produce whole blood, plasma and platelet units used by our DHBs. • The Human Rights Commission Audit Committee - member 	Y Y	Actual
Peter Neame	<ul style="list-style-type: none"> • White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders. • Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books. 	N N	Perceived
Nigel Ogilvie	<ul style="list-style-type: none"> • Westland Medical Centre - Managing Director • Thornton Bruce Investments Ltd - Shareholder/Director • Hokitika Seaview Ltd - Shareholder • Tasman View Ltd - Shareholder, • White Ribbon Ambassador for New Zealand • Sister is employed by Waikato DHB • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Wife is Board Member West Coast PHO • Southern ALT Workstream - Chair 	Y N N N N N Y Y N	Actual

Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast. 	N	Actual
	<ul style="list-style-type: none"> • Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. 	N	
	<ul style="list-style-type: none"> • Arahura Holdings Limited – Chief Executive 	N	
	<ul style="list-style-type: none"> • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. 	N	
	<ul style="list-style-type: none"> • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. 	Y	
	<ul style="list-style-type: none"> • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. 	N	
	<ul style="list-style-type: none"> • West Coast Development Holdings Limited – Director 	N	
	<ul style="list-style-type: none"> • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. 	N	
	<ul style="list-style-type: none"> • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving 	N	
	<ul style="list-style-type: none"> • Westland Wilderness Trust – Chair 	N	
	<ul style="list-style-type: none"> • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. 	N	
	<ul style="list-style-type: none"> • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director 	N	
	<ul style="list-style-type: none"> • Westland District Council – Councillor 	N	

MINUTES



MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING held at Board Room Corporate Office, Greymouth on Friday 10 December 2021 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

Helen Gillispie and Susan Barnett

EXECUTIVE SUPPORT

Dr Peter Bramely (Chief Executive) (via zoom); Philip Wheble (General Manager, West Coast); David Green (Acting Executive Director, Finance & Corporate Services) (via zoom), Jane George (Director of Allied Health, Scientific & Technical West Coast District); Mary Johnston (Chief People Officer) (via zoom), Jacqui Lundy-Johnstone (Executive Director of Allied Health, Scientific & Technical) (via zoom) Tracey Maisey (Executive Director Planning, Funding & Decision Support) and Dr Rob Ojala (Executive Director Infrastructure) (via zoom)

Francois Tumahai said the karakia

The Chair acknowledged the passing of Gary Coghlan (General Manager Maori Health), and also two board members having lost family members. Edie Moke sung a waiata tangi

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

There were no additions or alterations

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 (42/21)

(Moved: Tony Kokshoorn /Sarah Birchfield - carried)

"That the minutes of the Meeting of the West Coast District Health Board held at Corporate Office Board Room on Friday 5 November 2021 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

1. Maori Health including Cultural Competency
Mr Wheble will touch base with the team in the New Year.
 2. MAX – People & Capability Service Portal
Mr Wheble to confirm a suitable date with Ms Johnstone
 3. AF8 Group provide a presentation to Board
To be scheduled for the new year.
 4. Board to have a discussion regarding future workshops they would like presented
 5. Aged Care on the West Coast – scheduled for the public excluded section of today's meeting
- The carried forward/action list was noted.

4. CHAIR'S UPDATE

The Chair highlighted some points of interest

- Being in the midst of the COVID pandemic, with a huge vaccination process and a number of staff redeployed, business as usual requirements and a nationwide staff shortage, putting pressure on the system. The Chair praised the work and results of the vaccination team.
- Te Nikau has won a prize for the design, and it's pleasing to see the external areas being worked on and looking good.
- The Buller rebuild is making good progress.
- The new Mental Health facility is just waiting on confirmation from the MoH
- The Chair has been in close contact with Philip Wheble, General Manager West Coast regarding the Traffic Light system, to ensure people now what is required.
- Health NZ is quiet at the moment, both boards are in place and the first six months of the New Year will be busy with all the changes to be implemented

The Chair wished everyone a Merry Christmas and a Happy New Year.

The Chair's Update was noted

5. GENERAL MANAGER'S UPDATE

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

The focus has been on the COVID response, with a huge amount of work across the system to get plans developed, with on-going learnings from across the country being incorporated into our plans.

Jane George, Director of Allied Health, Scientific & Technical West Coast District; is taking the lead with the COVID Hub. This will be together a number of different internal and external services into the same place to work together. Plans are being taken out wider communicating what the plans look like at this point. The plans are being developed as the new business as usual, and will change as new learnings are available. The business as usual will bring in the ability of both pharmacies and general practices to provide vaccinations and boosters

There are some challenges regarding staffing which are impacting on the DHB but teams are working hard to minimise the impact and progress things going into the New Year..

The Chair advised that during his recent time taken talking to the community he found that people were generally positive regarding vaccinations. He then drew attention to a recent media article by Community Chair in Reefton/Inangahua regarding his comment about those vaccine hesitant residents and the effects it will have on the commercial businesses and the community. Mr Wheble advised that support from both the Buller Mayor and district council, he advised that it is important to work with community leaders to move forward.

It was asked how best to pick up Maori vaccination rates, young Maori in particular. Mr Wheble advised they are working very closely with the Maori Health provider Poutini Waiora, with support being a priority in this area. Ms Kylie Parkin, Hauora Maori Team Leader, advised that current figures show the 20-34 year old age group are the harder to reach. These are low numbers, with 162 Maori vaccinations needed to reach 90% and 118 being in the 20-34 age group. Ms Parkin commented on the work being done with Poutini Waiora as an attempt to capture as many people as possible.

With the nationwide increase in costs of building supplies it was asked if there had been any effect on the Buller Hospital rebuild. Dr Rob Ojala advised that at this point there hasn't been, but this area is being watched very closely.

It was asked that a letter of appreciation be sent to Elinor Stratford and the volunteers of the Kowhai Trust for the work they have done in the Sanctuary Garden.

The comment under the mental health section of the report commenting on several services running with 50% vacancy was queried, and whether there were increased wait times for consumers. Mr Wheble advised that the AOD's opioid service have just recruited into that area for the northern region. A leadership role at CAMHS is currently being recruited and he wasn't aware of any increase in wait times.

Resolution (43/21)

(Moved: Peter Neame / seconded: Sarah Birchfield – carried)

That the Board;
notes the General Manager's update.

6. 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 October 2021 was a deficit of \$860k, which was \$5k unfavourable to the annual plan. The year to date net deficit of \$3.961M is \$347k unfavourable to the annual plan. This result includes the impact of the Holidays Act compliance provision and the impact of Covid-19.

Mr Green highlighted the following points

- noted that some of the variances are driven by the revenues and costs associated with the vaccination programme, the MoH had requested that these not be included in annual budgets
- November results, excluding COVID and some flood costs still coming through Mr Green advised he is expecting it to be favourable for the month
- No changes to the Holidays Act since the last update
- Annual Audit which commenced on 29 November, later than usual. Due to the request for the deadline of 21 December it is a very tight target. The delegation of the Board Chair And QFARC Chair, as discussed at the June meeting will be used to get the A draft set of account will be loaded to diligent with any feedback to Mr Green as quickly as possible.
- Due to the tight timeframe there have been weekly meetings with Audit NZ, to date nothing of concern has come out of these meetings

- The role of Finance Manager has been offered to an applicant
- A favourable outcome for the month of November is anticipated, it was ask if he was as optimistic for December. Mr Green advised he would prefer to report Dec/Jan together as one unit but is optimistic of a result close to target.
- The budget process for the next financial year has started with meetings starting in the next week or so. Any issues will be brought to the board's attention.

Tracey Maisey, Executive Director Planning & Funding and Decision Support, added to Mr Green's comment about regarding the December/January reporting being a hard one to pick. With the Auckland borders opening next week and possible impact of the influx of tourists and the flow-on effect it has on budgets and expenditure.

Resolution (44/21)

(Moved: Peter Neame / seconded: Edie Moke – carried)

That the Board:

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

7. CLINICAL LEADER'S UPDATE

Dr Graham Roper, Chief Medical Officer WCDHB provided a verbal update highlighting the following points:

- Medical leadership – a lot of activity around COVID and the transition unit
- A new general surgeon has started
- A new anaesthetist has arrived in the country and is in MIQ
- On track for early 2022 with rural hospital medicine and primary care specialist that have been recruited to
- Allied Health – Jane George has been doing a lot of work with the self-isolation and community response.
- Nursing have a new clinical new manager, will be on site in January.
- Interviews for nursing vacancies are on-going, agency nurses are being used to fill gaps in the interim
- 5 casual healthcare assistant roles have been recruited
- Trying to keep bed occupancy down to help reduce pressure on staff
- Previously mentioned the merging of the paediatric and critical care unit while recruiting to the paediatric nurse vacancies

Norma Campbell, Executive Director Midwifery advised her teams have also been heavily involved in the COVID desktop exercises. There has been an impact on the service in Buller due to the mandatory vaccination requirement, locum midwives have been brought in to help. Recruitment into these vacant positions are proceeding well with applicants interested in moving to the West Coast.

Expectant mothers have voiced concern around the safety of COVID vaccinations while pregnant, Ms Campbell reiterated that the Phizter vaccine has been proved to be suitable for women while pregnant, there has been a lot of work being carried out in this area to reassure pregnant mothers. Ms Campbell advised that a long time midwife/education is retiring.

It was asked whether keeping the bed occupancy down will impact on elective surgery lists? Dr Roper advised that it has had very little effect as the focus has been on day stay surgery and when in-patient stays are required for some specialities it is ensured it can be managed for that period. Wait lists are being watched carefully.

It was mentioned how pleasing it was that that West Coast lifestyle was attracting midwifery interest, it was asked whether the Coast lifestyle was incorporated into the position advertising. Ms Campbell advised that there is a video, showing lifestyle and also the enticement of the transalpine agreement and being able to upskill in Canterbury. Mr Wheble advised that videos for other areas have either been made or in the planning process.

Resolution (45/21)

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

That the Board:
notes the Clinical Leader's Update.

8. HAUORA MAORI HEALTH UPDATE

Kylie Parkin, Hauora Maori Portfolio Manager, acknowledged Gary Coghlan's passing and the mana he brought to the role of General Manager Hauora Maori. Ms Parkin presented the report which was taken as read and highlighted the following points

- The team has been fully involved in the COVID planning and community response
- Business as usual is seeing a lot of activity in the training area, workshops for staff
- The partnership with the P&C Equity team is working well

Attention was drawn to the section of the report showing issues around resourcing, recruitment and capacity, it was asked of both the CE and Executive Director Finance and Corporate Services if there was any information available on resource issues. Mr Green advised that he has no information on what will be available when Health NZ is in place.

Bowl screening rates for Maori are looking very good.

Resolution (46/21)

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

That the Board:
notes the Maori Health Update.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (47/21)

(Moved: Tony Kokshoorn / Sarah Birchfield – carried)

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6., 7, 8, 9 & 10.
- ii. notes that the general subject of each matter to be considered while the public is excluded and the reason for passing this resolution in relation to each matter and the specific grounds under Schedule 3, Clause 32 of the New Zealand Public Health and Disability Act 2000 (the "Act") in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 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.	Electricity Supply Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	IEA Remuneration Strategy 2021/2022	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Chair & Chief Executive Emerging Issues - Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
7.	Clinical Leaders Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
9.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	Internal Audit Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10	Annual Plan Report – Quarter 1 2021/2022	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

There being no further business the public open section of the meeting closed at 11:16pm. The Public Excluded section of the meeting commenced at 11:23pm and concluded at 1.21pm.

Hon Rick Barker, Chair

Date

CARRIED FORWARD/ACTION ITEMS

**WEST COAST DISTRICT BOARD – BOARD MEETING
CARRIED FORWARD/ACTION ITEMS AS AT 10 DECEMBER 2021**

	DATE RAISED/ LAST UPDATED	CARRIED FORWARD	COMMENTARY	STATUS
1.	21 February 2020	Maori Health including Cultural Competency	Gary Coghlan to speak to presenter Philip Wheble to discuss with Maori Health team to progress	To be scheduled
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
5.	6 August 2021	Board to have a discussion regarding future workshops they would like presented	Chair and Philip Wheble to discuss	
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 Chair to have phone call with Tracey Maisey to discuss	

GENERAL MANAGER UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager West Coast

DATE: 11 February 2022

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.

Our Vision

Our vision is of an integrated West Coast health system that is both clinically sustainable and financially viable; a health system that wraps care around the person and helps people stay well in their own community.

Our Values

Manaakitanga – hospitality generosity, showing respect caring for others, valuing others

Kōrero Pono – integrity, speak the truth, be honest

Tika – fairness, to be straight, direct, accountability

Our Strategic Focus Areas

Rural Generalism

Pae Ora

Community Partnership

Transalpine



A: Refocusing the West Coast Alliance

The ALT meetings have been on pause while opportunities to meet kanohi-ki-te-kanohi have been limited and the health system focussed on COVID-19 related response work. Nevertheless, outcomes under the System Level Measure Improvement Plan 2021/22 (SLMIP) continue to be met. At the conclusion of the second quarter (data is drawn from the most recently available results):

- ASH Rates 0-4 Year Olds: Reduction of the 3-year average ratio between ASH rates for Māori children to below 1:1.23 was achieved with rates being 1:1.01.
- Acute Hospital Bed Days: The milestone target of reduction of the Acute Bed Day Rate for Māori to below the current 3-year average rate of 328 per 1,000 of population and continuing to ensure the equity gap between Māori and total population is either negligible nor favourable to Māori was achieved. Acute Bed Day Rate for the year ending September 2021 was 314 for the total population and 330 for Māori with the three-year average being 297 and 295 respectively.
- Amenable Mortality: The target of maintaining the current downward trend for Amenable Mortality has flattened. Further investigation into causes is required. Notably, the contributory measure of 70% of eligible women (in all population groups) having had a breast screen in the last two years has been met but not for the Māori and Pacifica populations. The Hauora Māori Team has implemented a new top and tail screening initiative which was well attended to attempt to address these priority population inequities.
- Youth access to and utilisation of youth appropriate health services: The milestone for this measure was to maintain a downward trend for self-harm hospitalisations to a rate of 32 per 10,000 population and continue to ensure the equity gap between Māori and total population is negligible. The milestone has not been achieved with the total self-harm hospitalisations increasing from a baseline of 40 in 2019 to 53 in 2021 and the Māori self-harm rate increasing from 33 to 37. This trend continues from 2021. An externally funded WestREAP fronted collaboration with Māori focussed NGO's, the DHB and the PHO has been formed to address Māori suicide rates on the West Coast and will action the first initiative in February (COVID permitted).
- Babies living in smokefree homes: The milestone of reducing the equity gap between Māori and Non-Māori babies living in a smokefree home to less than a three-year average of 12% was achieved. The latest data (Jan-Jun 2021) shows there is no difference in equity for West Coast Māori versus Non-Māori. These results should be interpreted with caution as this data was impacted by submission issues.

B: Build Primary and Community Capacity and Capability

- ***Integrated Locality Services – Northern***
 - Excellent progress with the new build. Comments from local community shows confidence around the build progress as well as positive comments around the size of the building.
 - The current challenges are nursing staffing in the Acute/Urgent environments. This shortage has been highlighted over several years and is not new but the reality of it,

is the catalyst to pull together as one clinical team which has been the long term goal for a number of years.

- Omicron preparation is the highest priority and developing the team around this has influenced our actions of being inclusive of the HCSS workforce as per the Decision Document. Working across the DHB as one team also influences our confidence of working with Omicron

▪ ***Integrated Health Services – Central***

- The key focus since mid-December has been preparing for the provision of COVID related care in the community, whilst also continuing to provide other usual health services. Omicron, and considering the likely impact on workforce, has necessitated a review of these plans. All services have now defined their essential and deferrable work in greater detail.
- The new INDICI electronic Patient Management System (PMS) rolled out across Te Nīkau Health Centre and Emergency Department approximately 2 months ago. There have been some challenges with links to other systems (e.g. HCS) but these are being worked through when identified. INDICI will be extended to District Nursing in due course.
- The decision paper relating to the Te Nīkau Integrated Administration Team was published in late 2021 and roles in the new structure filled. Work to develop the new team, and ensure sustainable expert administrative services into the future, will commence soon.
- Quality improvement work across the Te Nīkau triage and unplanned areas is ongoing. Key long-standing staff are now working in this area, offering expert insights and greater continuity of care for our community.
- Kahurangi Aged Residential Care (ARC) facility has benefited from some recent additional management input and is now on track for audit in mid-February.

▪ ***Integrated Health Services – Southern***

- The South Westland Area Practice team has continued to encourage uptake of vaccinations across the area.
- Southern teams have undertaken considerable planning in preparation for the impacts of an inevitable Omicron outbreak. This includes staff accessing booster vaccinations when possible as well as contingency planning for disruptions to operational activity the impacts of which will be keenly felt given our relatively sparsely distributed staff across the various communities of South Westland.
- Air purifier devices have been installed at 6 locations in the Southern locality (Hokitika, Hari Hari, Whataroa, Franz Josef, Fox Glacier & Haast). Staff have appreciated the signal this provides not only as an effort to keep them safe but also as it provides a tangible signal to our communities that can, in turn, trigger useful conversations.
- At short-notice recently, the Hokitika-based team was able to operationalise a COVID testing operation in response to the demand created by a local positive case. Fortunately, the impact was short-lived and staff were able to return to normal duties after a couple of days. The flexibility of the team, plus willing support from Te Nīkau made for a seamless activation.
- Implementation of the decision document outlining on Home & Community Services (HCSS) is underway with the development of a position description for the newly established leadership role, reporting through to the Southern Allied Health Team Leader.

- The impacts of COVID continue to be felt in various ways throughout the Southern team with a sequence of temporary secondments about to come into effect. Pleasingly, this arrangement will see formal back-filling of the Southern Allied Health Team Leader role which will hopefully minimise disruption and strain on staff.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The demolition of the old boiler house at Grey Base is progressing well, with alternative access to the tunnel being provided.
- The slippery wooden decks at Grey Base have been cleaned and coated with non-slip paint.
- The facilities team have been refurbishing 3 rooms in preparation for the Phlebotomy move.
- Changes to the airflow to extract directly to outside have been made in areas of Te Nikau in preparation for an Omicron outbreak.
- An additional exit from the clinic room in Karamea is being constructed.
- A shared bathroom in Reefton Health Clinic has been reconfigured to make it an ensuite for a COVID room.

B: New Facilities Redevelopment Update

Te Nikau

- Site demolition is 99% complete. The new landscape has been pegged out and is being contoured to final form. Topsoiling has begun at the north end of campus in preparation for hydro seeding.
- Updated drawings for work to the main carpark were issued to Fletcher Construction late December. Fletcher have confirmed they will advise pricing and programme in early February.
- Work on site is clearly progressing however firm completion dates and handover dates are yet to be agreed.



Mental Health Business Case Revision

- In early January 2022 the Minister of Health announced approval of \$20m for a new Mental Health facility in Greymouth after a business case was presented by the WCDHB and approved in principal by the Capital Investment Committee back in October 2021.
- Next steps will see re-engagement of staff and consumers with the design team to ensure we achieve a facility that enables good work flow, is modern and fit for purpose and is adaptable to each consumer's journey.

Buller

- Scott Construction resumed work on site on 10 January after a 2-week break.

- Construction is progressing well and remains on target with programme for a completion date of May 2023. Scott Construction will provide a full programme update at the end of March 2022.
- The final trusses and pre-nail frames are expected to arrive on site by the end of the month in preparation for the roof install in February.
- There are no pending procurement issues at this point.
- Council inspections are up to date and going well with all inspections passed to date.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- Nursing has been working on COVID-19 readiness with surge training, mask fitting and processes being put in place.
- The new recruitment drive has had some positive results with a number of new staff being employed into the organisation.
- Preparation is well underway for the audit. Policy and procedure updates are in full swing.
- We welcomed Chrysanthia Pereira back to the WCDHB in a new role as CNM General Ward. This has been well received by the staff and already we are seeing an improvement.

- Lynley McInroe and Holly Mason have been supporting Reefton with the CNM moving into a District Nurse position. We would like to acknowledge the work Trish Loughnan has done over the years and wish her well as she steps to retirement.

Rural Inpatients and Transalpine Service

- Improving Staff Capability
 - Over the Christmas period staff leave was maximised in order to ensure people could approach this coming year as refreshed as possible. For many teams this meant team members took their leave differently to how they had planned (to accommodate their colleagues).
 - To support preparation for Omicron, workshops on teamwork during times of pressure have been run.
- Equity
 - Our Priority Populations Attendance project continues to be a focus for our booking teams and with Omicron preparation this work has positioned us well to pivot and focus on those groups of patients more vulnerable to exposure to COVID.
 - Protecting those more vulnerable to COVID exposure will result in a targeted approach to face to face bookings with telehealth bookings becoming the norm. This protective measure will require our booking and clinical teams to adjust how they approach the booking of planned care.
 - Te Nīkau's Blood Test Service has relocated to the Community Services Building (next to the COVAX centre) to give patients access to blood tests without having to enter the main hospital; this is part of our COVID response.
- Bowel Screening Programme
 - The WCDHB National Bowel Screening Programme continues to meet all of its KPIs. As at 28 January, 2600 invitations to participate have been sent and 1176 test kits (52%) have been returned with 70 of the returned kits having been positive (requiring clinical follow-up). We have detected 6 early stage cancers to date from patients who reported no symptoms - this shows the programme is effective.
 - The formal launch scheduled for the first week of October was postponed due to COVID-19 restrictions and was to be part of a promotional week in February 2022. However, due to the current red "traffic light" setting the promotion week will now be in June when we shall celebrate the first anniversary of the National Bowel Screening Programme here on the Coast.

Maternity

- December has been another steady month for Maternity, and already a busy January.
- We are advertising for core midwives to help fill our FTE. There has been interest from midwives overseas, but due to COVID and having to recertify to practice in NZ this does make it challenging to employ.
- There has been interest in our Midwifery Educator position, which will be combined with the Clinical Coach role. The successful applicant will commence at this stage in mid-February.
- The Maternity Quality & Safety Programme (MQSP) role is going to be advertised as our present MQSP co-ordinator resigned late last year. There has been interest in this role from one of our midwives who was supporting the MQSP co-ordinator.
- Education will commence late February once the new Educator has commenced her role
- Maternity are now the proud owner of two new Panda resuscitaire's and training was underway for them before Christmas. They are now in use and well accepted by staff.

- The CMM has been updating maternity surge plans in line with CDHB pathways, and staff feel ready to cope with any community spread in our pregnant women. Maternity does have an air scrubber if we have a COVID positive woman admitted.
- LMC's and core midwives are committed to increase our vaccine rates for pregnant and postnatal women.
- Unfortunately, due to the mandate we lost both our Buller LMC's. Locum midwives have covered Buller, and we have had interest from one of these LMC's to move permanently to Westport. Greymouth have been supporting these locum's as required.

Allied Health

- Allied Health is continuing to plan and prepare service delivery during a community COVID outbreak. As part of the planning, all Physiotherapists have attended training on respiratory cares and rehabilitation of COVID patients.
- We are pleased to welcome a Kaiarahi (Cultural Support Worker) for the Child Development Service at the start of February.
- Most of our areas are fully staffed and this month we have on-boarded a new graduate Dietitian and Physiotherapist to our teams. We are looking forward to welcoming an experienced Physiotherapist to the team late February. Recruitment to another 2 new graduate Physiotherapist is ongoing.

Mental Health

- Continued focus on recruitment across the service. Admin team is now fully staffed, IPU have increased their casual pool for both Registered Nurses and Mental Health Assistants, 2 new clinical staff for AOD/CAMHS teams. Buller community team remains challenging to recruit into. Clinical Psychologist position remains very challenging to fill. Considering transalpine approach. Crisis Response Team is also depleted, utilising community teams to support the roster.
- New Talking Therapist role commenced week of 24 January 2022, looking at how we can grow therapist roles given we do not have a clinical psychologist.
- Focusing on building the casual Mental Health Assistant (MHA) pool to support teams that currently are understaffed.
- Focused on equity for Māori consumers have employed to Māori Casual MHA

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
---	---

A: Improve Transport Options for Patient Transfers

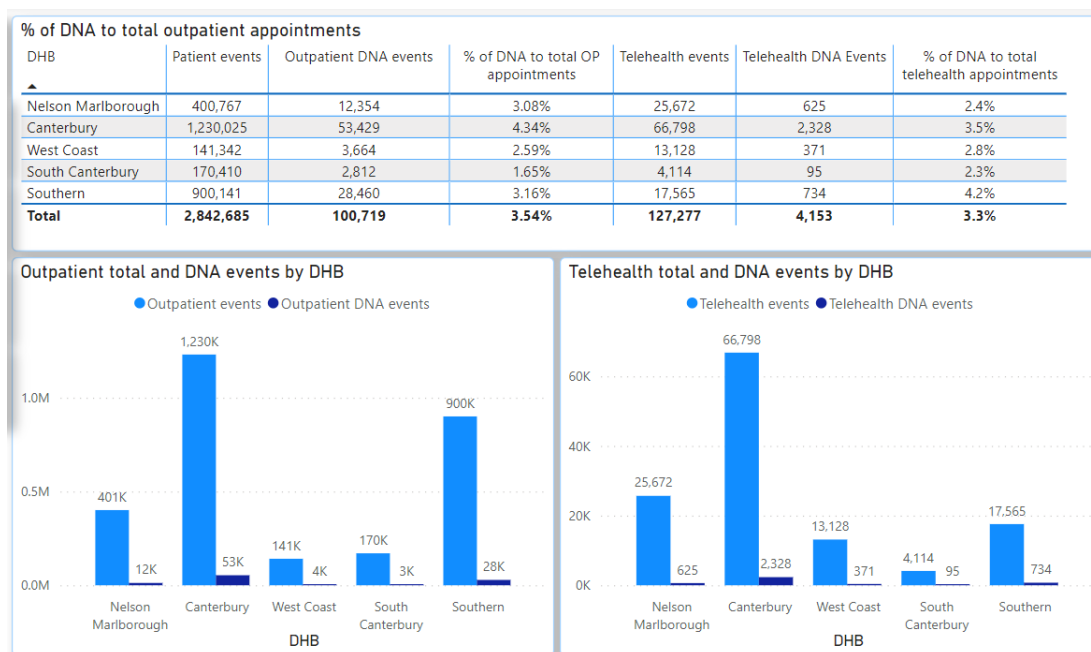
- Several transport initiatives are in place to support the safe transfer of patients. The Greymouth branch of St John operates a community health shuttle to assist people in the local area who require assistance getting to health appointments in Greymouth. St John also provides planned ambulance transfers for non-acute patients needing care in Christchurch.
- The community health shuttle service from Westport to Greymouth set up in late 2012 as a community-driven initiative of willing volunteers from the Buller branch of the Red Cross continues to operate with support from the Buller-based Rural Education Activity Programme (REAP), who coordinate the patient-requested bookings. The Red Cross are transitioning away from providing this and similar community transport that they run throughout the country. A roll-over contract is in place to Red Cross out to 31 July 2022 to help facilitate continuity for the Buller service in the transition period. Work on securing an alternative option is proceeding.

B: Champion the Expanded use of Telemedicine Technology

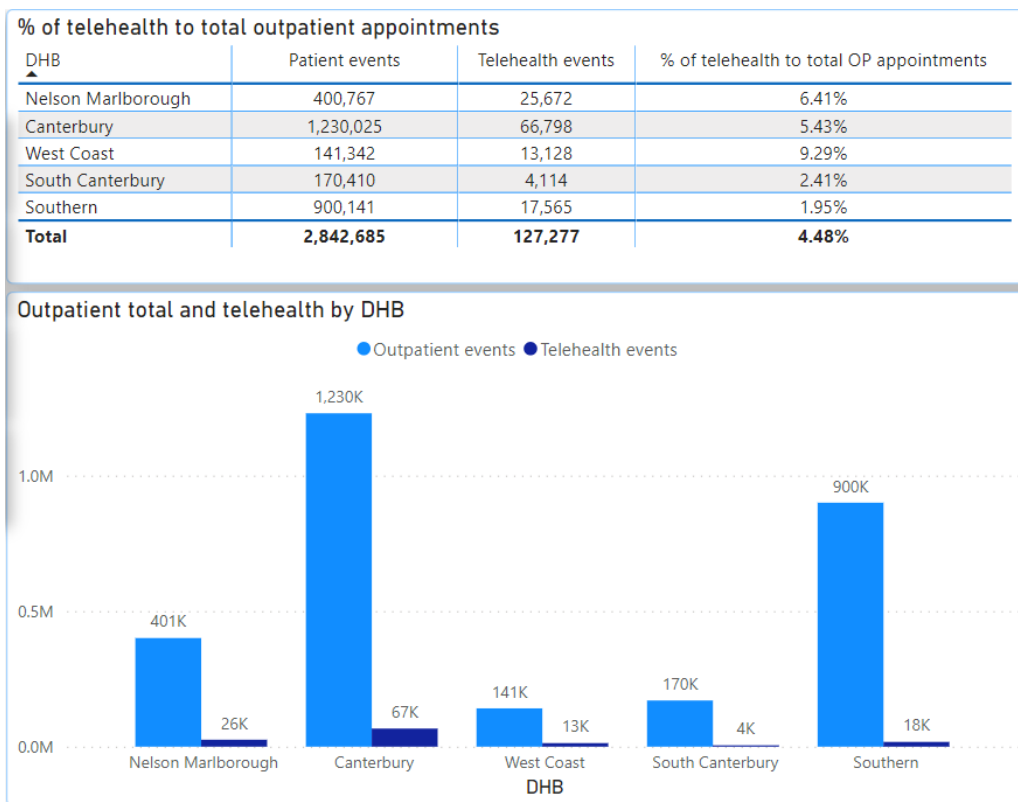
- The first phase of the Telehealth project has been completed; delivering telehealth capability and training to Cardiology, Dermatology, Diabetes, Haematology, Nutrition Services, Oncology, Orthopaedics, Paediatrics, Plastic Surgery, Respiratory Medicine and Urology.
- Phase two of the Telehealth project is acclimatising our patients' ability to have telehealth consultations from their home; addressing the challenges of internet connectivity, equipment and software, and cost. Phase two is due to start in February
- Below are updated statistics from a regional view covering the period from July 2020 to November 2021:

Outpatient and telehealth appointment DNAs by DHB July 2020 – Nov 2021

This graph shows DNA rate for outpatient appointments per DHB – in person and using telehealth. Overall the South Island has a lower DNA rate for telehealth outpatient appointments

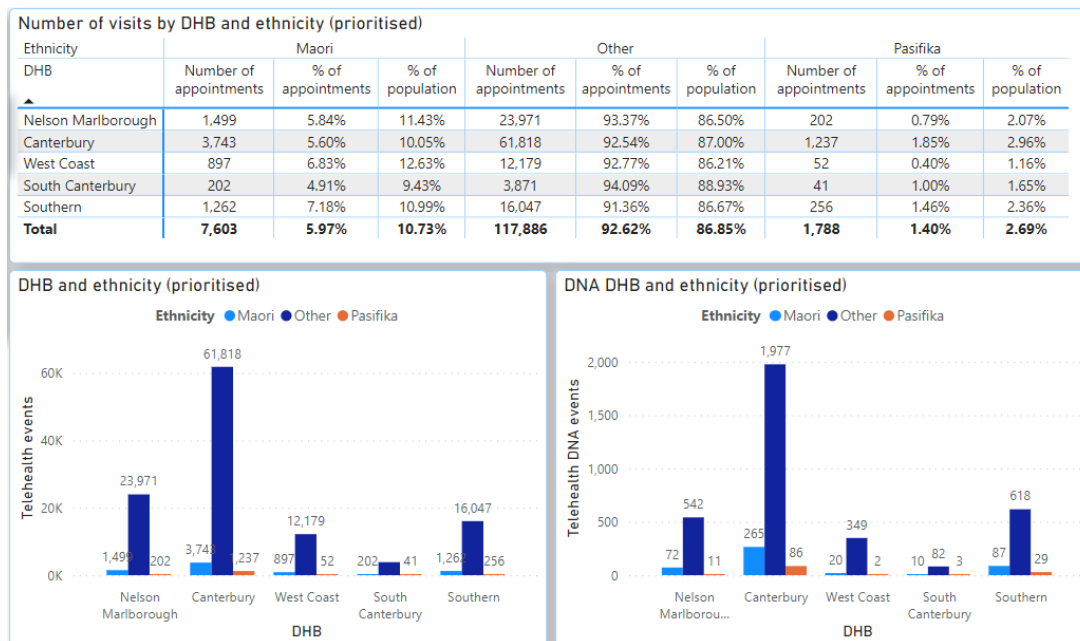


This graph shows total telehealth appointments per DHB against the total outpatient volumes. This provides an indication of the potential to grow this medium where clinically appropriate. For instance, West Coast DHB conducts 9.29% of its total outpatients as telehealth which is incidentally the highest in the region.



Telehealth appointment by ethnicity Jul 2020 – Nov 2021

This graph shows a split of ethnicity types (Maori and Pasifika) benefiting from Telehealth appointments.



Telehealth distance & carbon emissions avoided Jul 2020 – Nov 2021

This graph provides some indication of the potential benefit patients have received by saving the need to travel to appointments. West Coast patients have saved an average of 91 kilometers in travel per Telehealth appointment

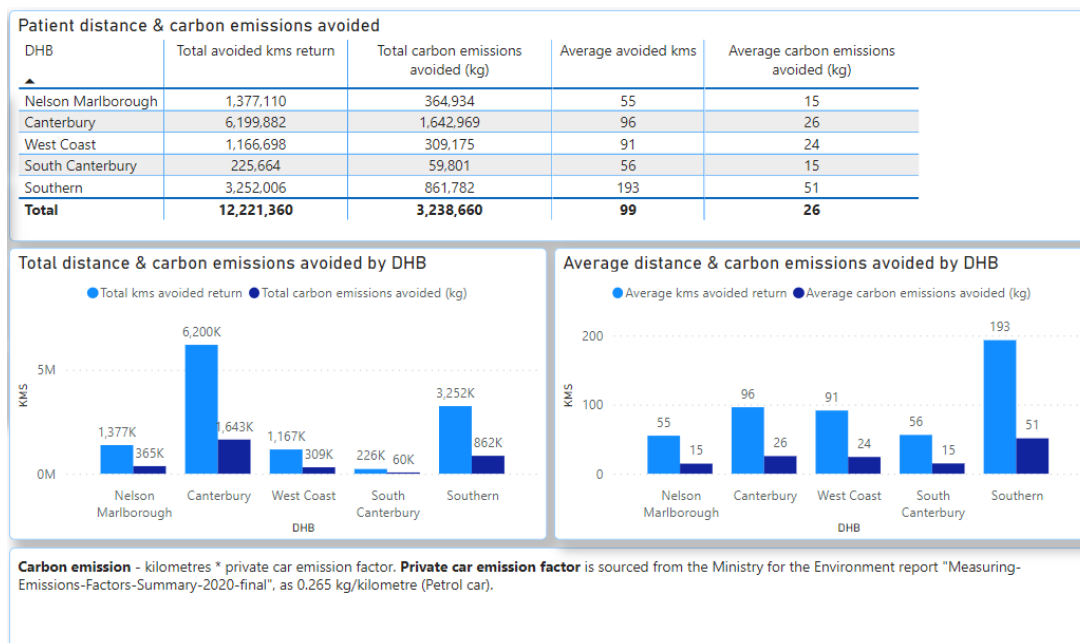


Table showing progress of transitioning to Microsoft Teams platform

The final graph shows the progress of transitioning West Coast DHB to the Microsoft Teams platform for Telehealth appointments.

	Telehealth								Grand Total
	MS Teams						Vidyo		
	December 21	November 21	October 21	September 21	August 21	July 21	August 21	July 21	
Cardiology	17	20	15	21			19	17	109
Dermatology	2	4	3	5		5	1		20
Diabetes - Nurse Led								1	1
Haematology		2		1					3
Nutrition Services	4	4	6	1	3	6		4	28
Oncology	15	18	13	11	15	7		3	82
Orthopaedic Surgery	5	6							11
Paediatric Medicine		3							3
Plastic Surgery	3	1	8	3			5	1	21
Respiratory Medicine		1		1				1	3
Urology			8				1		9
Grand Total	46	59	53	43	18	18	26	27	290



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

Supporting older people to remain at home

Aged Residential Care

- COVID-19 booster vaccines have been completed for our Aged Residential Care residents.
- The Older Persons Health team continue to meet regularly with ARC management, providing support and guidance where required; particularly around COVID-19 preparedness and response.

Complex Clinical Care Network and Home and Community Support Services

- The Complex Clinical Care Network (CCCN) have been providing training and education to CCCN staff and Home and Community Support Workers on the use of Personal Protective Equipment in anticipation of COVID-19 transmission in the community.
- Recruitment has been successful in the appointment of a further Clinical Assessor for Central and the CCCN is now fully staffed. The Gerontology Nurse Specialists continue to respond to clients with extremely complex needs and to requests for education in ARC.
- Home and Community Support Services (Coasters) are recruiting registered nurses, with a southern position (0.5FTE) being recruited to shortly.
- The CCCN are currently advertising the 'Walking in Another's Shoes' Educator's position.

Falls Prevention

- The provision of a Fracture Liaison Service (FLS) for the West Coast DHB is being designed and developed as a transalpine model, supported by the Canterbury DHB Fracture Liaison Service. The Canterbury DHB FLS provides a gold standard service to the Canterbury district and we look forward to the provision of this service within the West Coast in 2022.
- Early Supported Discharge services continue to develop within all three locations, northern, central and southern. Work is underway to improve transition from hospital to the community through ESD, by initiating Personalised Care Plans before discharge to the community and in-reach from the community team when appropriate.
- We are partnering with the Hauora Māori team to apply the HEAT tool to local and regional activity to ensure equitable outcomes for Māori and Pacific peoples under the 'Live Stronger for Longer' outcome framework.

West Coast Dementia Stakeholders Group

- The two Dementia/Mate Wareware Navigation Maps are currently undergoing finalising by graphic design, and upon completion a roadshow will go out to GP Practices and NGOs initially to outline the maps, discuss diagnoses of dementia, the usage of the Mini-Ace, and encourage referrals to Dementia Canterbury.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

The consolidated West Coast DHB financial result, including the impacts of Covid-19 and Holidays Act compliance (\$1k favourable), for the month of December 2021 was a deficit of \$1.367M, which was \$25k unfavourable to the annual plan. The YTD result is \$440k unfavourable to the annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(177)	(158)	(19)	(815)	(919)	104
Funder Arm	493	379	114	1,885	2,680	(795)
Provider Arm	(1,683)	(1,563)	(120)	(7,456)	(7,707)	251
West Coast DHB Result	(1,367)	(1,342)	(25)	(6,386)	(5,946)	(440)
Covid-19 & Holidays Act	215	216	1	1,202	1,283	81
Consolidated Business as Usual Result	(1,152)	(1,126)	(26)	(5,184)	(4,663)	(521)

B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):** Indici is becoming an established tool as users get more familiar with the new system. A number of enhancements have been raised with the vendor and are underway. The deployment for Central District Nursing is delayed as there are some refinements required for improved usability and reporting. The phase two business case is in preparation.
- **Cyber security:**
Phriendly Phishing: The Phriendly Phishing campaign is continuing with “test” phishing messages being sent to users and new users being sent video training links to complete.

Metrics for staff who have completed training.

Note: The results may be slightly skewed for November with a number of deactivations/ reactivations.

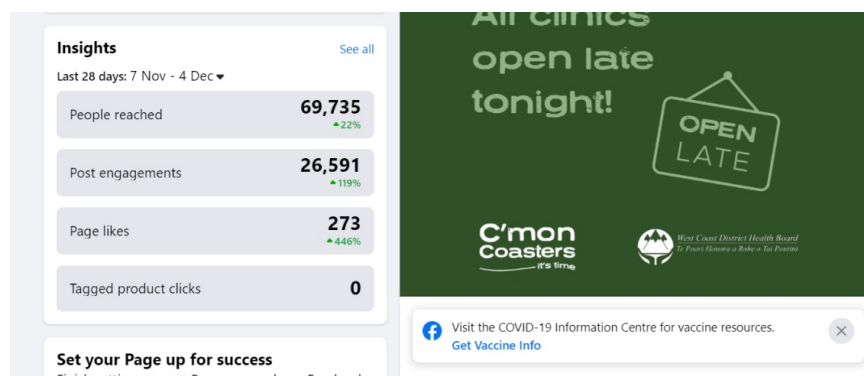
Status (cumulative totals)	September	October	November	December
Training links sent	1082	1104	1709	1671
Completed	343	350	440	437
Started but not completed	66	65	98	101
Not started	673	689	1171	1133

Firewall Replacement: The Firewall replacement project is in the planning phase. Go live for the West Coast will occur within the first Quarter of 2022.

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

Communications and Engagement

- **C'mon Coasters campaign** launched in late October 2021 to encourage West Coasters to get vaccinated received significant support and engagement from a wide range of people including community leaders across the Coast.
 The image below provides an insight into the level of engagement received across our Facebook page. This is a fantastic outcome.



▪ **Blood services (Phlebotomy) relocation communications activities:**

- Newspaper advertisements
- Staff and external stakeholder communications
- Collateral preparation – poster and map.

▪ **COVID-19 Vaccination Programme communications activities:**

- Health workforce communications (internal and external)
- Media release(s) and related enquiries
- Collateral preparation
- [Vaccination website](#) updates.

Media

During November/December 2021 and January 2022, 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 response planning with a focus on [Care in the Community](#).

▪ **Media releases:**

- [Health news](#)
- Encourage your staff to get vaccinated today! (01/12/2021)
- 24 hours to go! (02/12/2021)
- Introduction of the traffic light system is a timely reminder to get tested if you have visited a location of interest (03/12/2021)
- Coasters who are fully vaccinated still have a chance to win a car or ute (07/12/2021)
- West Coast's health agencies working together to support COVID-19 Care in the Community (21/12/2021)
- Bookings strongly recommended for tamariki COVID-19 immunisations (14/01/2022)
- West Coast location of interest offers a timely reminder to follow public health advice (18/01/2022)
- Surgical masks introduced for all DHB staff and visitors (24/01/2022)
- Te Nīkau Hospital & Health Centre blood test services set to relocate (25/01/2022)
- West Coast DHB welcomes funding confirmation for new Mental Health facility (25/01/2022).

▪ **Social media posts:**

- [West Coast District Health Board | Facebook](#)
- C'mon Coasters campaign posts promoting pop-up clinics and encouraging West Coasters to get vaccinated continued throughout November/December with post

interactions remaining steady throughout the campaign. This campaign also extended to our Instagram page - [West Coast DHB \(@westcoastvax\)](#) • [Instagram photos and videos](#)

- Car up for Jabs (30/11/2021)
- Introduction of the traffic light system is a timely reminder to get tested if you have visited a location of interest (03/12/2021)
- West Coast's health agencies working together to support COVID-19 Care in the Community (21/12/2021)
- Changes coming to the COVID-19 vaccine programme (23/12/2021)
- Stay safe this summer (24/12/2021)
- Support people and visitors must be well to attend ED (24/12/2021)
- 1737 – Need to Talk? (24/12/2021)
- Thank you to our Health Care staff (25/12/2021)
- Stay safe this summer (26/12/2021)
- Find a GP, medical practice, clinic or health centre (28/12/2021)
- Shorter gap for boosters (05/01/2022)
- Bookings strongly recommended for tamariki COVID-19 immunisations (14/01/2022)
- West Coast location of interest offers a timely reminder to follow public health advice (18/01/2022)
- Surgical masks introduced for all DHB staff and visitors (24/01/2022)
- Te Nīkau Hospital & Health Centre blood test services set to relocate (25/01/2022)
- West Coast DHB welcomes funding confirmation for new Mental Health facility (25/01/2022).



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

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

Community & Public Health (C&PH) continues to support the national response though more recently the majority of cases worked on are those being identified at the border as opposed to in the community.

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.

- **Community Supported Isolation and Quarantine:** At time of writing, there has been one community case identified on the West Coast, however, further investigation concluded this to be a historic infection rather than an active case.

The West Coast Integrated Community COVID Coordination Centre (the Hub) was activated for the case and a small number of close contacts were required to isolate for the period of the investigation. This model worked well to support the needs identified.

Community & Public Health continue to promote awareness of the importance of preparation for self-isolation with whānau via the networks established through community hui and this is now being extended to include reaching out to large employers on the Coast.

Planning for community spread of the Omicron variant is underway to prepare our PHU workforce for increasing case numbers.

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

FINANCE REPORT FOR THE PERIOD ENDED 31 DECEMBER 2021



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 11 February 2022

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of December 2021 Financial Result

The consolidated West Coast DHB financial result for the month of December 2021 was a deficit of \$1.367M, which was \$25k unfavourable to the annual plan. The year to date net deficit of \$6.386M is \$440k unfavourable to the annual plan. This result includes the impact of the Holidays Act compliance provision and the impact of Covid-19.

The underlying BAU variance (i.e. excluding Holidays Act compliance and Covid-19) for December is \$26k unfavourable to budget (\$520k unfavourable YTD).

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	17,936	14,779	3,157	21.4%	93,716	88,621	5,095	5.7%	177,329
Inter DHB Revenue	14	0	14	0.0%	14	0	14	0.0%	0
Inter District Flows Revenue	160	160	0	0.0%	1,011	960	51	5.3%	1,922
Patient Related Revenue	682	666	16	2.4%	4,103	3,931	172	4.4%	7,860
Other Revenue	(18)	76	(94)	(123.7%)	442	467	(25)	(5.4%)	925
Total Operating Revenue	18,774	15,681	3,093	19.7%	99,286	93,979	5,307	5.6%	188,035
Operating Expenditure									
Personnel costs	10,183	7,429	(2,754)	(37.1%)	46,989	42,899	(4,090)	(9.5%)	85,640
Outsourced Services - clinical	1	0	(1)	0.0%	40	0	(40)	0.0%	0
Treatment Related Costs	985	858	(127)	(14.8%)	5,243	5,140	(103)	(2.0%)	10,229
External Providers	4,124	4,082	(42)	(1.0%)	24,353	24,065	(288)	(1.2%)	47,988
Inter District Flows Expense	2,174	2,569	395	15.4%	15,077	15,414	337	2.2%	30,821
Outsourced Services - non clinical	218	123	(95)	(77.2%)	985	738	(247)	(33.5%)	1,476
Infrastructure and Non treatment related costs	1,414	918	(496)	(54.0%)	6,747	5,435	(1,312)	(24.1%)	11,007
Total Operating Expenditure	19,099	15,979	(3,120)	(19.5%)	99,434	93,691	(5,743)	(6.1%)	187,160
Result before Interest, Depn & Cap Charge	(325)	(298)	(27)	9.0%	(148)	288	(436)	(151.4%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	534	527	(7)	(1.3%)	3,191	3,132	(59)	(1.9%)	6,354
Capital Charge Expenditure	508	517	9	1.7%	3,047	3,102	55	1.8%	6,204
Total Interest, Depreciation & Capital Charge	1,042	1,044	2	0.2%	6,238	6,234	(4)	(0.1%)	12,558
Net Surplus/(deficit)	(1,367)	(1,342)	(25)	(1.9%)	(6,386)	(5,946)	(440)	(7.4%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,367)	(1,342)	(25)	(1.9%)	(6,386)	(5,946)	(440)	(7.4%)	(11,683)

In thousands of New Zealand dollars

4. **KEY RISKS & EMERGING ISSUES**

Holidays Act Compliance – the workstream to determine WCDHB’s liability under the Holidays Act is continuing. We have accrued a liability based on an assessment from EY; there is risk that the final amount differs significantly from this accrued amount. We will require MoH funding once the settlement process begins, and we have not accrued any funding to date.

Cashflow – We are forecasting that we will be using almost 80% of our borrowing facility as at 30 June 2022 (leaving a \$2M buffer). Depending upon the timing of capex expenditure, and MoH funding for Crown funded projects, as well as Covid expenditures and reimbursements, we may require additional support prior to the transition to Health NZ.

5. **APPENDICES**

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.

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: Simon Collins, Finance and Business Manager

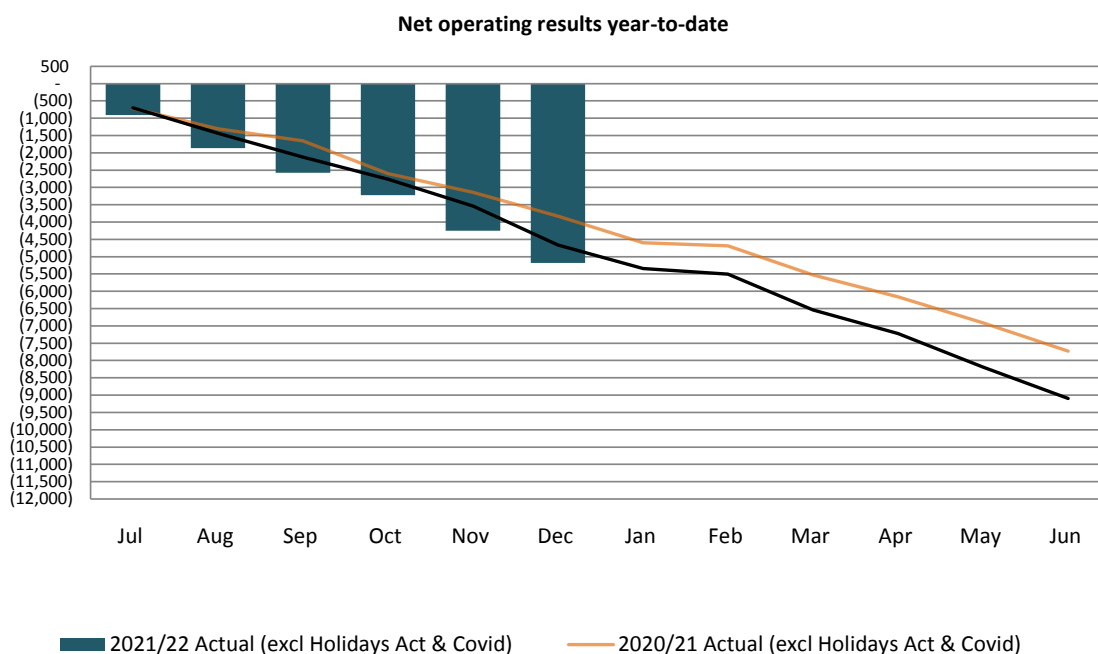
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – December 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)	(1,152)	(1,126)	(26)	2%	×	(5,183)	(4,663)	(520)	11%	×



WCDHB has reported a BAU deficit of \$1.152M for the month of December which is unfavourable to the annual plan deficit of \$1.126m. The YTD variance is \$520k unfavourable.

The variance is driven by:

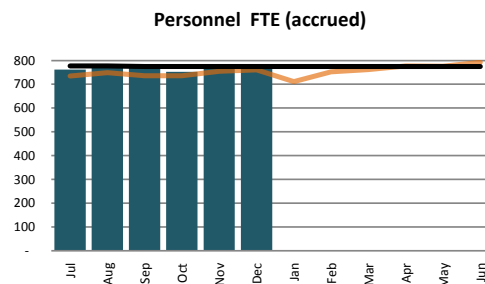
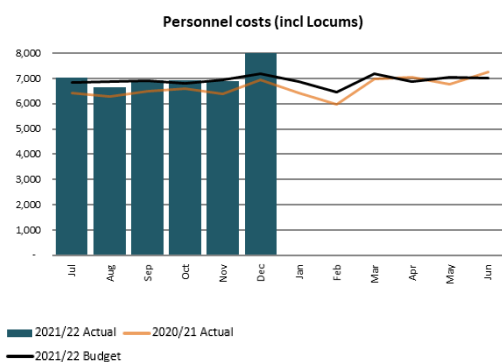
- Flood costs of \$30k for the month and \$495k YTD. Note there are additional costs in relation to the flood yet to come through.
- Additional RSV associated costs in July.

Excluding these additional costs, we are tracking to plan.

Commentary is provided on the variance to the Annual Plan approved in November 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	1,637	1,750	113	6%	✓	10,079	10,157	78	1%	✓
Nursing	5,551	2,991	(2,560)	-86%	✗	19,678	17,228	(2,450)	-14%	✗
Allied Health	1,224	1,213	(11)	-1%	✗	6,940	6,899	(41)	-1%	✗
Support	349	327	(22)	-7%	✗	1,971	1,906	(65)	-3%	✗
Management & Admin	911	918	7	1%	✓	5,457	5,326	(131)	-2%	✗
Total	9,672	7,199	(2,473)	-34%	✗	44,125	41,516	(2,609)	-6%	✗



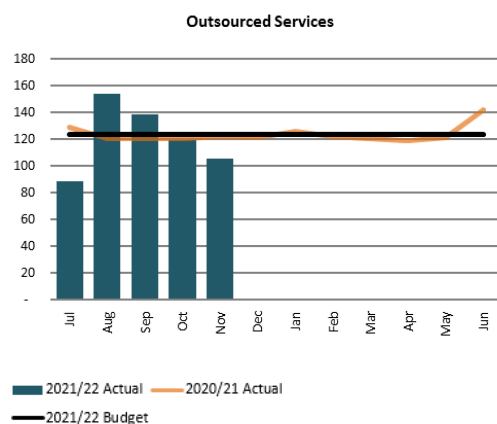
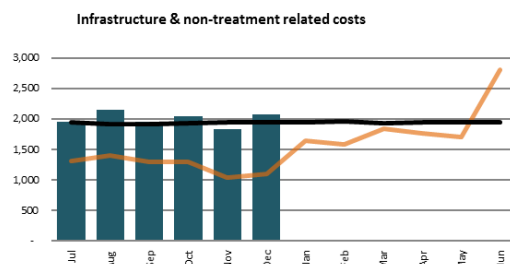
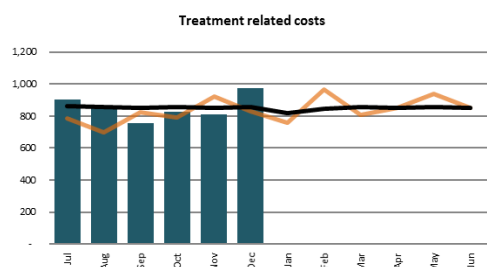
KEY RISKS AND ISSUES:

Personnel Costs: The unfavourable December variance is largely relating to the interim pay equity settlement for Nurses and Midwives that was paid out in December. The variance is offset by additional funding received from the MoH. The BAU variance excluding this settlement is \$47k (0.65%) unfavourable for the month, and \$183k (0.44%) unfavourable for the year.

Holidays Act compliance (not included in the amounts above): This provision is currently \$20.526M (\$215k for the month; \$1.290M 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	974	856	(118)	-14%	5,135	5,132	(3)	0%
Non Treatment related costs	2,078	1,953	(125)	-6%	11,967	11,613	(354)	-3%
Outsourced Clinical Services	138	123	(15)	-12%	746	739	(7)	-1%



KEY RISKS AND ISSUES:

Non-treatment related costs:

There were \$30k of flood related costs in December, \$495k YTD.

When the flood costs are excluded, costs are on plan YTD.

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	1,430	1,466	36	2%	✓	8,469	8,477	8	0%	✓
Primary Care	1,101	1,101	-	0%	✓	6,666	6,584	(82)	-1%	✗
Older Person's Health	1,189	1,081	(108)	-10%	✗	6,950	6,423	(527)	-8%	✗
Mental Health	344	370	26	7%	✓	1,910	2,214	304	14%	✓
Maori Health	60	64	4	6%	✓	361	384	23	6%	✓
IDF	2,174	2,569	395	15%	✓	15,078	15,412	334	2%	✓
Total	6,298	6,651	353	5%	✓	39,432	39,491	59	0%	✓



KEY RISKS AND ISSUES:

Secondary Care: Overall secondary care was \$36k favourable in December. Radiology (\$14k) and national travel assistance (\$62k) were favourable for the month whilst Pharmaceutical costs were \$20k unfavourable. COVID may impact these costs over the coming months. We will continue to monitor these impacts.

Primary Care: On track against budget for the month.

Older Person's Health: Overall \$108k over for the month. This variance is made up of increased demand for household personal care (\$23k), rest home costs (\$69k) and residential care in hospitals (\$31k).

Inter-District Flows: IDF expenditure is favourable YTD. On the basis that we will have a favourable washup, we have accrued the estimated washup.

Financial position

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		Annual Budget \$'000
Equity	118,595	127,966	(9,371)	-7% ✗	126,121
Cash	20,741	16,773	3,968	24% ✓	(5,299)
Capex	4,232	7,732	3,500	45% ✓	17,487

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

The \$9.3M variance relates to \$7M for the Buller Facility Project drawdown, and \$2.3M for deficit support. We have recently submitted a \$2.4M request for Buller, and we have received \$6M of equity support in January.

Variances to Cash

\$3.0M of this variance relates to capital charge, where the payment due date was extended by the MoH from December to January.

Variances to CAPEX

Capex spend is \$3.5M behind plan but expected to catch up including the purchase and installation of a new CT Scanner and further progress on the Buller facility.

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

(including Holidays Act and Covid-19)

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	17,936	14,779	3,157	21.4%	93,716	88,621	5,095	5.7%	177,329
Inter DHB Revenue	14	0	14	0.0%	14	0	14	0.0%	0
Inter District Flows Revenue	160	160	0	0.0%	1,011	960	51	5.3%	1,922
Patient Related Revenue	682	666	16	2.4%	4,103	3,931	172	4.4%	7,860
Other Revenue	(18)	76	(94)	(123.7%)	442	467	(25)	(5.4%)	925
Total Operating Revenue	18,774	15,681	3,093	19.7%	99,286	93,979	5,307	5.6%	188,035
Operating Expenditure									
Personnel costs	10,183	7,429	(2,754)	(37.1%)	46,989	42,899	(4,090)	(9.5%)	85,640
Outsourced Services - clinical	1	0	(1)	0.0%	40	0	(40)	0.0%	0
Treatment Related Costs	985	858	(127)	(14.8%)	5,243	5,140	(103)	(2.0%)	10,229
External Providers	4,124	4,082	(42)	(1.0%)	24,353	24,065	(288)	(1.2%)	47,988
Inter District Flows Expense	2,174	2,569	395	15.4%	15,077	15,414	337	2.2%	30,821
Outsourced Services - non clinical	218	123	(95)	(77.2%)	985	738	(247)	(33.5%)	1,476
Infrastructure and Non treatment related costs	1,414	918	(496)	(54.0%)	6,747	5,435	(1,312)	(24.1%)	11,007
Total Operating Expenditure	19,099	15,979	(3,120)	(19.5%)	99,434	93,691	(5,743)	(6.1%)	187,160
Result before Interest, Depn & Cap Charge	(325)	(298)	(27)	9.0%	(148)	288	(436)	(151.4%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	534	527	(7)	(1.3%)	3,191	3,132	(59)	(1.9%)	6,354
Capital Charge Expenditure	508	517	9	1.7%	3,047	3,102	55	1.8%	6,204
Total Interest, Depreciation & Capital Charge	1,042	1,044	2	0.2%	6,238	6,234	(4)	(0.1%)	12,558
Net Surplus/(deficit)	(1,367)	(1,342)	(25)	(1.9%)	(6,386)	(5,946)	(440)	(7.4%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,367)	(1,342)	(25)	(1.9%)	(6,386)	(5,946)	(440)	(7.4%)	(11,683)

in thousands of New Zealand dollars

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 December 2021

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	152,432	159,260	(6,828)	(4.3%)	155,220
Intangible assets	587	1,303	(716)	(55.0%)	741
Work in Progress	11,184	6,895	4,289	62.2%	6,886
Other investments	217	231	(14)	(6.1%)	231
Total non-current assets	164,420	167,689	(3,269)	(1.9%)	163,078
Current assets					
Cash and cash equivalents	20,741	16,773	3,968	23.7%	3,415
Patient and restricted funds	0	0	0	0.0%	0
Inventories	1,426	1,097	329	30.0%	1,311
Debtors and other receivables	5,980	5,865	115	2.0%	5,721
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	28,147	23,735	4,412	18.6%	10,447
Total assets	192,567	191,424	1,143	0.6%	173,525
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	1,987	1,857	(130)	(7.0%)	1,857
Other	63	63	0	0.0%	63
Total non-current liabilities	2,050	1,920	(130)	(6.8%)	1,920
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	35,097	27,148	(7,949)	(29.3%)	13,862
Employee entitlements and benefits	36,825	34,390	(2,435)	(7.1%)	34,389
Total current liabilities	71,922	61,538	(10,384)	(16.9%)	48,251
Total liabilities	73,972	63,458	(10,514)	(16.6%)	50,171
Equity					
Crown equity	218,302	227,017	8,715	3.8%	216,676
Other reserves	28,957	28,956	(1)	(0.0%)	28,956
Retained earnings/(losses)	(128,664)	(128,007)	657	0.5%	(122,278)
Trust funds	0	0	0	0.0%	0
Total equity	118,595	127,966	9,371	7.3%	123,354
Total equity and liabilities	192,567	191,424	1,143	0.6%	173,525

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	36,737	29,246	7,491	25.6%	116,429	107,540	8,889	8.3%
Cash paid to employees	(10,511)	(6,730)	(3,781)	(56.2%)	(40,145)	(38,705)	(1,440)	(3.7%)
Cash paid to suppliers	(3,051)	(2,597)	(454)	(17.5%)	(16,920)	(15,502)	(1,418)	(9.1%)
Cash paid to external providers	(4,124)	(4,082)	(42)	(1.0%)	(24,355)	(24,065)	(290)	(1.2%)
Cash paid to other District Health Boards	(2,174)	(2,569)	395	15.4%	(15,077)	(15,414)	337	2.2%
<i>Cash generated from operations</i>	16,877	13,268	3,609	27.2%	19,932	13,854	6,078	43.9%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	(3,102)	3,102	100.0%	0	(3,102)	3,102	100.0%
Net cash flows from operating activities	16,877	10,166	6,711	66.0%	19,932	10,752	9,180	85.4%
Cash flows from investing activities								
Interest received	9	0	9	0.0%	39	0	39	0.0%
(Increase) / Decrease in investments	2	0	2	0.0%	14	0	14	0.0%
Acquisition of property, plant and equipment	(1,107)	(1,545)	438	28.3%	(3,850)	(7,012)	3,162	(45.1%)
Acquisition of intangible assets	(81)	0	(81)	0.0%	(435)	(720)	285	(39.6%)
Net cash flows from investing activities	(1,177)	(1,545)	368	(23.8%)	(4,232)	(7,732)	3,500	45.3%
Cash flows from financing activities								
Proceeds from equity injections	0	4,000	(4,000)	100.0%	1,626	10,339	(8,713)	84.3%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	4,000	(4,000)	100.0%	1,626	10,339	(8,713)	84.3%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	1,626	0	1,626	0.0%
Net increase in cash and cash equivalents	15,700	12,621	3,079	24.4%	17,326	13,359	3,967	29.7%
Cash and cash equivalents at beginning of period	5,041	4,152	889	21.4%	3,415	3,414	1	0.0%
Cash and cash equivalents at end of period	20,741	16,773	3,968	23.7%	20,741	16,773	3,968	23.7%

in thousands of New Zealand dollars

APPENDIX 5: WEST COAST DHB RESULT EXCLUDING HOLIDAYS ACT & COVID-19*Month Result excluding Holidays Act and Covid-19*

	Month Actual \$000	Month Covid-19 \$000	Month Holidays Act \$000	Excl Covid-19 & Hols Act \$000	Month Budget	Budgeted Covid-19	Budgeted Holidays Act	Month Budget Excl Covid & Hols Act \$000	Month Variance	Covid-19 Variance	Holidays Act Variance	Month Variance Excl Covid & Hols Act \$000
Revenue												
Devolved Funding	(16,893)	-	-	(16,893)	(14,524)	-	-	(14,524)	2,369	-	-	2,369
Non-Devolved Contracts	(884)	(764)	-	(120)	(126)	(25)	-	(101)	758	739	-	19
Inter-DHB & Internal Revenue	(160)	-	-	(160)	(160)	-	-	(160)	-	-	-	0
Other Revenue	(837)	-	-	(837)	(871)	-	-	(871)	(34)	-	-	(34)
Total Revenue	(18,774)	(764)	-	(18,010)	(15,681)	(25)	-	(15,656)	3,093	739	-	2,354
DHB Provided Expenditure												
Personnel	9,548	268	215	9,065	6,731	15	215	6,501	(2,817)	(253)	-	(2,564)
Outsourced Personnel & Support	636	27	-	609	698	-	-	698	62	(27)	-	89
Outsourced Clinical Services	218	80	-	138	123	-	-	123	(95)	(80)	-	(15)
Clinical Supplies	985	11	-	974	858	2	-	856	(127)	(9)	-	(118)
Infrastructure & Non-Clinical Supplies	2,456	378	-	2,078	1,962	9	-	1,953	(494)	(369)	-	(125)
Total DHB Provided Expenditure	13,843	764	215	12,864	10,372	26	215	10,131	(3,471)	(738)	-	(2,733)
Other Providers												
Personal Health	2,471	-	-	2,471	2,543	-	-	2,543	72	-	-	72
Mental Health	344	-	-	344	316	-	-	316	(28)	-	-	(28)
Public Health	60	-	-	60	24	-	-	24	(36)	-	-	(36)
DSS	1,189	-	-	1,189	1,082	-	-	1,082	(107)	-	-	(107)
Maori Health	60	-	-	60	64	-	-	64	4	-	-	4
IDFs	2,174	-	-	2,174	2,622	-	-	2,622	448	-	-	448
Total Other Providers	6,298	-	-	6,298	6,651	-	-	6,651	353	-	-	353
Total Expenditure	20,141	764	215	19,162	17,023	26	215	16,782	(3,118)	(738)	-	(2,380)
Total Consolidated Result Deficit/(surplus)	1,367	-	215	1,152	1,342	1	215	1,126	(25)	1	-	(26)

YTD Result excluding Holidays Act and Covid-19

	YTD Actual \$000	YTD Covid-19 \$000	YTD Holidays Act \$000	YTD Excl Covid-19 & Hols Act \$000	YTD Budget	Budgeted Covid-19	Budgeted Holidays Act	Month Budget Excl Covid & Hols Act \$000	YTD Variance	YTD Covid-19 Variance	YTD Holidays Act Variance	YTD Excl Covid & Hols Act \$000 Variance
Revenue												
Devolved Funding	(89,136)	-	-	(89,136)	(89,136)	-	-	(89,136)	-	-	-	0
Non-Devolved Contracts	(3,754)	(3,067)	-	(687)	(687)	(165)	-	(522)	3,067	2,902	-	165
Inter-DHB & Internal Revenue	(1,011)	-	-	(1,011)	(1,011)	-	-	(1,011)	-	-	-	0
Other Revenue	(5,385)	-	-	(5,385)	(3,145)	-	-	(3,145)	2,240	-	-	2,240
Total Revenue	(99,286)	(3,067)	-	(96,219)	(93,979)	(165)	-	(93,814)	5,307	2,902	-	2,405
DHB Provided Expenditure												
Personnel	42,715	1,453	1,293	39,969	38,706	93	1,292	37,321	(4,009)	(1,360)	(1)	(2,648)
Outsourced Personnel & Support	4,314	159	-	4,155	4,193	-	-	4,193	(121)	(159)	-	38
Outsourced Clinical Services	985	239	-	746	739	-	-	739	(246)	(239)	-	(7)
Clinical Supplies	5,243	108	-	5,135	5,140	8	-	5,132	(103)	(100)	-	(3)
Infrastructure & Non-Clinical Supplies	12,985	1,017	-	11,967	11,668	55	-	11,613	(1,317)	(962)	-	(354)
Total DHB Provided Expenditure	66,242	2,976	1,293	61,972	60,446	156	1,292	58,998	(5,796)	(2,820)	(1)	(2,974)
Other Providers												
Personal Health	14,809	-	-	14,809	14,897	-	-	14,897	88	-	-	88
Mental Health	1,907	-	-	1,907	2,212	-	-	2,212	305	-	-	305
Public Health	323	-	-	323	150	-	-	150	(173)	-	-	(173)
DSS	6,952	-	-	6,952	6,422	-	-	6,422	(530)	-	-	(530)
Maori Health	362	-	-	362	384	-	-	384	22	-	-	22
IDFs	15,077	-	-	15,077	15,414	-	-	15,414	337	-	-	337
Total Other Providers	39,430	-	-	39,430	39,479	-	-	39,479	49	-	-	49
Total Expenditure	105,672	2,976	1,293	101,402	99,925	156	1,292	98,477	(5,747)	(2,820)	(1)	(2,925)
Total Consolidated Result Deficit/(surplus)	6,386	(91)	1,293	5,183	5,946	(9)	1,292	4,663	(440)	82	(1)	(520)

CLINICAL LEADERS UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 11 February 2022

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 continues to be supporting the organisation to prepare our workforce, systems and community to respond to the imminent arrival of the Omicron variant of the coronavirus. The following are a summary of key areas of activity:

Equity

The West Coast Integrated Covid Community Co-ordination Centre (aka The Hub) has been designed from a Hauora Māori perspective with significant emphasis during recruitment on workforce ability to engage well with Māori, workflow design aligned to the Pae Ora model and Te Whare Tapa Wha. The Hauora Māori team continue to support the Clinical Leaders to ensure that all wider clinical and workforce Covid-19 planning includes targeted conversations around improving the experience and health outcomes for Māori.

Supporting our Health Workforce to get 'Boosted'

Following the enactment of the Covid Public Health Response Order requiring mandatory vaccination for workers in the health and disability sector, our focus is now on supporting our workforce to have their vaccination booster as soon as they are eligible

Clinical care of Mild to Moderate Covid via Primary Care

Chief Medical Officer (CMO), Graham Roper continues to lead 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

Our SIQ programme has advanced well since our last report, with an SIQ co-ordinator now in post and further technology and clinical equipment being secured to be deployed along with SIQ kits.

The welfare component of the SIQ programme has now been transitioned to MSD, and we have been working closely with them to ensure the kaupapa of our Hub model works well across the various ministries.

Community Wellbeing

We continue to host two specific psychosocial sub-function hui; South Westland and Buller, as part of our responsibilities to the Ministry of Health as part of the Emergency Management Welfare Response.

Covid Resurgence Planning

The Clinical Leaders continue to provide oversight to all aspects of the health system resurgence planning, as we prepare for the arrival of Covid-19; Omicron 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 team, surge education planning continues DHB wide. Planning is underway to respond to the impact to workforce across the board. Recruitment continues into the General Ward with a new cohort of NetPs, an Enrolled Nurse new to practice and a Registered Nurse beginning their Competency Assessment Programme all starting last week. Becky Hickmott Executive Director of Nursing WCDHB has visited Te Nikau and Buller sites and met with workforce teams.

Allied Health clinicians, particularly physiotherapists, have also undergone an education programme to refresh/upskill them to provide respiratory care related to Covid. This will complement the nursing workforce education, and extend the capacity of our workforce to care for Covid impacted patients both in Te Nikau and their communities.

Midwifery and Maternity Update

As we head into Omicron we have reviewed all of the pathways that were written for Delta and updated them. The biggest issue with Omicron aside from infectivity being high is that it will also seriously impact our workforce.

Medical workforce feel they have sufficient backup plans due to transalpine relationships being strong but also with the rural generalist model also having a strong role in this space. Trying to secure one of the Rural Generalist (RG) who generally comes to us for 3 months over the outbreak timing.

Midwifery

One vacancy for a midwife in Te Nikau but that is now being filled. LMC workforce have a zoom session week of 31 January and they already have committed to stepping in to support if sick leave becomes high in the unit. Lead Maternity Carer (LMC) workforce very united with our core workforce so they all feel they can back each other up.

Buller: Whilst midwives left in November with the vaccination order we have in the main had the same locums covering almost all days since.. When there has been a “gap” local midwives have covered to ensure care is provided to women. Births are occurring in Buller again and even with previous midwives this had stopped after the opening of Te Nikau so women are feeling supported. We are currently trying to secure two of the locums for the next 6 months with an agreement so we have them through this outbreak and whilst we continue to recruit permanently to the area.

CLINICAL BOARD

The Clinical Board will next meet on Thursday 17 March.

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
Becky Hickmott, Executive Director of Nursing
Norma Campbell, Executive Director of Midwifery & Maternity Services
Graham Roper, Chief Medical Officer
Heather McPherson, Clinical Director (Mental Health)
Jacqui Lunday Johnstone, Executive Director of Allied Health, Scientific and Technical
Kylie Parkin, Portfolio Manager - Hauora Māori

HAUORA MAORI UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Acting General Manager, Maori Health

DATE: 11 February 2022

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 “Whakamaua – Māori Health Action plan 2020 – 2025” the implementation plan for He Korowai Oranga, New Zealand’s Māori Health Strategy.

Whakamaua 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
Priority Area 1: 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 profile completed. This will inform the new IMPB on local priorities.</p> <p>Initiate joint hui to work up the partnership approach. Approach Maori identified by Tatau Pounamu to join Consumer Council.</p> <p>CDHB/WCDHB joint Governance established to oversee MH programmes.</p> <p>Working with Tatau Pounamu and P & C Equity Leads on building Māori Leadership capacity and capability.</p>	<p>Concern resourcing has not been allocated.</p>
Priority Area 2: 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>Vision: 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>Māori staff hui planned for 2nd March. Programme developed to ensure feedback and recommendations from previous hui are covered. A further three occurrences have been programmed</p> <p>Beginning in February, Tipu Ora – the Training Provider wing of Manaaki Ora will deliver the first of 6 Wananga as part of the Certificate in Whānau Ora Level 4 on the West Coast.</p> <p>Thirty two (32) kaimahi have confirmed their enrolled: WCDHB (12), Te Ha o Kawatiri (2), Poutini Waiora (11), WestREAP (2) and Whare Manaaki (5).</p> <p>A stair casing opportunity to the Diploma of Whānau Ora will be offered either late 2022 or early 2023.</p> <p>Hauora Māori Staff are funded through HWNZ.</p>	<ul style="list-style-type: none"> • Possible cost/budget allocation. • Covid19 outbreak redeployment of kaimahi involved. • No signoff from WCDHB to continue. <p>A change in Covid19 Levels may affect this provision.</p>
Priority Area 3:	People & Capability Leads recruited	Hauora Māori staff with the CDHB Equity team contributed to the development of the Mana Taurite Draft Work plan	

Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
Māori Health and Disability Workforce	<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"> • HEAT • Te Tiriti o Waitangi • Takarangi <p>Recruitment Policy implemented and embedded across the DHB</p> <p>Kia ora Hauora Programmes delivered.</p>	<p>Supported by the Mana Taurite team Te Tiriti o Waitangi and Tikanga Best Practice training was delivered in Greymouth and Westport. Both programmes have been timetabled for 2022.</p> <p>Takarangi planned for March at Arahura – 19 kaimahi registered: PHO (4), CDHB (3) WCDHB (12)</p> <p>Worked with the Mana Taurite team. P&C on a very successful recruitment campaign for Health Care Assistants, targeting Māori and Pasifika. Six kaimahi will begin work on 17th January.</p> <p>Dates for the Kia ora Hauora Rangatahi Placement and Exposure programmes have been timetabled for 2022.</p>	<p>Availability of suitable facilitators may delay delivery.</p> <p>Facilitator from the Far North – risk of covid restricted travel.</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>
<p>Priority Area 4:</p> <p>Māori Health Sector Development</p>	<p>Support Poutini Waiora to develop a Primary Kaupapa Māori Mental Health Service.</p>	<p>Purapura Whetū Trust Kaupapa Māori Mental Health and Social services has been identified by Canterbury District Health Board and supported by Ngai Tahu to provide a kaupapa project management team for the Waitaha and Te Tai Kā Poutini region. It is the intention of the project management team to work with Iwi and Hapu, lived experience and whānau communities, Kaupapa specialist and NGO services, training providers and other allied partners to co-design a Māori mental health and addiction action plan 2022 - 2025 for the Waitaha and Te Tai Kā Poutini rohe.</p> <p>Purapura Whetū intends to build on current national Māori health frameworks, government and tribunal inquiry reports and recommendations to inform the development of the Kā Pou Whenua Māori mental health and addiction action plan 2022-2025, bringing together local outcomes relevant to the Waitaha and Te Tai Kā Poutini region and whānau.</p> <p>To achieve this, the project management team will undertake several priority actions which includes the establishment of the Kā Pou Whenua Kaitiaki steering komiti. A further action will be to undertake MH&A Māori lived experience, whānau and provider stakeholder engagement noho (including virtual noho) across the rohe. Other</p>	<p>Key will be to ensure strong links built between Purapura Whetū and Te Tai o Poutini whānau and</p>

Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
	<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>engagement strategies with whānau and providers will be to include the utilization of multiple social media platforms.</p> <p>Poutini Waiora are still working through the accreditation process, they continue to work with the WCDHB partnering to make sure Maori are provided with multiple access pathways for vaccination.</p> <p>A workshop will be held on the 12th February with the Poutini Waiora teams. First draft of the model will be presented.</p> <p>Slow progression, clinical lead has been identified. Will require dedicated Kaiawhina as a core component of the workforce. An opportunity to progress this initiative through the Hauora Direct contract has arisen with recruitment for a Maori RN and Kaimanaaki to be undertaken.</p> <p>The initiative and first Mana Wahine clinic was successful, the partnership with the Canterbury Breastscreen South team is a key factor and we continue to build on the initial concept together. The next Mana Wahine Clinic will be held in April with joint approaches for Westport when the Mobile Bus will be back in the Buller during March.</p> <p>Funding received through Commissioning Agency to enhance current hapu wananga programme facilitated by Poutini Waiora. Collective group forming to plan a collaborative approach between Plunket Kaiwahina, Whare Manaaki and Poutini Waiora.</p> <p>Plan revised and updated. 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 to roles delayed due to Covid HUB taken priority. (this also provides us an opportunity to recruit Maori to Kaiawhina roles and staircase them in to deliberate and focused equity work post Covid)</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.	A change in Covid19 Levels could affect this provision.
Priority Area 5: 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>	<p>The response to Covid19 has offered an opportunity to better understand how we genuinely partner with others. Iwi, MSD and Primary care are critical partners in the development and ongoing management of the HUB (Care in the Community) model and we will continue to work together to ensure the HUB is effective in supporting whanau as Covid becomes prevalent in our community. The steering group will meet weekly to provide direction to the response and consists of DHB, Iwi, MSD, Primary care. An Equity Response Lead has been recruited and will start on the 14th February. The Maori Advisory Group continues to meet weekly.</p>	
Priority Area 6: Quality and Safety	<p>Build the capacity of Māori providers to participate in the WCDHB Telehealth project.</p> <p>Work with P&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>Working with Telehealth Manager and Poutini Waioara to prepare and enable Telehealth consults to take place in the event of Covid and understand how we can partner with them to understand the opportunities for better connecting Maori into Telehealth consults.</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.
Priority Area 7: Insights and evidence	<p>Bowel Screening Equity for Maori</p> <p>Oral Health</p>	<p>Maori uptake of bowel screening is at a higher rate than non-Maori. Additional funding provided by the Ministry will look to build on work currently underway and to ensure that Maori and Pacifica uptake of screening is well managed and supported.</p>	

Whakamaua – Māori Health Action Plan 2020-2025 WCWCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
		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 and in rural settings.	
Priority Area 8: Performance and Accountability	Dashboard development across services	Still in development, needs input and refining	
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>Developed contract with Poutini Waiora to enable them to reach whanau in the way that works for them.</p> <p>Ensure lessons learned from vaccination rollout are informing the Managed & Self Isolation and managing covid in the community planning.</p> <p>Hauora Māori member of the Steering Group to develop the WCICCCC (West Coast Integrated Covid-19 Community Co-ordination Centre – aka "The Hub"). Flow chart, systems and processes have been agreed and staffing for roles within the Hub are currently being filled. Equity has underpinned the development and continued implementation and management of the HUB.</p>	
Health & Disability Sector Review	<p>Assessment tool completed</p> <p>Transition Plan completed</p> <p>IMPB establishment process understood</p>	<p>Establishment of IWI Māori Partnership Boards (IMPBs)</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>A draft establishment plan has been developed and will be tabled at the next Tatau Pounamu meeting for further discussion.</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: 11 February 2022

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.
- 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 10 December 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.	CT (Computed Tomography) Scanner Replacement	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	Reefton Aged Residential Care	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Chair & Chief Executive Emerging Issues - Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)

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

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

3. **SUMMARY**

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

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

Clause 33 of the Act also further provides:

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

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

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

Report Prepared by:

Governance Support

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – JUNE 2022

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

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