

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



BOARD MEETING

**Friday 25 March 2022
at 11.30am**

**Corporate Office Board Room
Greymouth**

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

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Friday 25 March 2022 commencing at 11.30am

KARAKIA	11.30am
ADMINISTRATION	

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 11 February 2022
 - 24 February 2022 – Special Board Meeting
3. Carried Forward/Action List Items

REPORTS FOR NOTING	11.40am
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|----|----------------------------------|---|-------------------|
| 4. | Chair's Update – Verbal Update | Hon Rick Barker
<i>Chair</i> | 11.40am – 11.50am |
| 5. | General Manager's Update | Philip Wheble
<i>General Manager – West Coast</i> | 11.50am – 12.00pm |
| 6. | Finance Report | David Green
<i>Acting Executive Director, Finance & Corporate Services</i> | 12.00pm – 12.10pm |
| 7. | Clinical Leader's Update | Graham Roper
<i>Chief Medical Officer</i> | 12.10pm – 12.20pm |
| 8. | Hauora Maori Update | Kylie Parkin
<i>Acting General Manager Hauora Maori</i> | 12.20pm – 12.30pm |
| 9. | Resolution to Exclude the Public | <i>Governance Support</i> | 12.40pm – 12.45pm |

INFORMATION ITEMS

- 2022 Meeting Dates

ESTIMATED FINISH TIME	12.45pm
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NEXT MEETING: 6 May 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*)
Jo Domigan (*Chief People Officer*)
David Green (*Acting Executive Director, Finance & Corporate Services*)
Becky Hickmott (*Executive Director Nursing*)
Jacqui Lunday-Johnstone (*Executive Director, Allied Health*)
Melissa MacFarlane (*Acting 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 11 February 2021 commencing at 10.00am

BOARD MEMBERS

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

APOLOGIES

Tony Kokshoorn, plus Francois Tumahai and Peter Neame for lateness

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive) (via zoom); Philip Wheble (General Manager, West Coast); David Green (Acting Executive Director, Finance & Corporate Services) (via zoom), Becky Hickmott (Executive Director Nursing) (via zoom), 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)

Edie Moke said the karakia

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 (1/22)**

(Moved: Sarah Birchfield/Edie Moke - carried)

“That the minutes of the Meeting of the West Coast District Health Board held at Corporate Office Board Room on Friday 10 December 2021 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

Peter Bramley, Chief Executive, presented the carried forward items and also introduced Becky Hickmott as the Executive Director Nursing for both CDHB and WCDHB and this will strengthen the clinical leadership that can support WCDHB delivery along with Holly Mason who has been appointed as the WCDHB interim Director of Nursing, he also advised Kylie Parkin has stepped into the role of Acting General Manager Hauora Maori and brings a lot of knowledge and passion to the role.

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
To be discussed in Public Excluded
Originally put on the carried forward/action points as it is not clear to the board that there is going to be capacity for aged care and dementia care on the Coast going forward, within a fortnight a link-up between Rick Barker, Peter Bramley, Philip Wheble and anyone else involved in this area to discuss who this and provide a briefing back to the board.

The carried forward/action list was noted.

4. CHAIR'S UPDATE

The Chair highlighted some points of interest:

- Commended Philip Wheble and his team for the prompt action putting plans in place for the second adverse event which Buller is currently experiencing.
- Media releases are providing a good briefing to all but if they could be a bit more specific regarding areas, the example given was 'capability to the south', for those outside the Coast they think of one point (one hospital, one clinic) but it covers a number of different sites
- Acknowledged the vaccination team and everyone else involved in getting the West Coast past the 90% double vaccinated.
- Approval has been received for the new mental health unit, it is hoped this will start moving quite quickly.
- Health NZ is progressing, with Sir John Hanson (current CDHB Chair) appointed as the South Island Alliance chair. There is still no clarity on structure.
- Acknowledged that current shortages of staff are not just a WCDHB concern, it is a national and even global issue.

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.

Mr Wheble highlighted the following key points:

- COVID is largest focus of the team going forward, particularly as the Omicron and Delta have different presentations, so planning has had to be adjusted accordingly.
- It is now a community/primary care focused approach with majority of people expected to present as asymptomatic and not requiring medical help, making sure vulnerable people in the community are captured and not slipping through any gaps. Modelling shows smaller numbers for hospital level care, but processes are in place if it is needed.

- The COVID Hub being set up to support the community response working with various groups, a key component is MSD working on the welfare of the community.
- Staff challenges across the coast are being worked on, nursing in particular is an area with shortages across the coast. With the response to COVID we are looking at ways to work differently and bringing those small teams together as a larger group.
- Quality Improvement work is being done in Te Nikau around the entrance and triaging area, new team structure in general medicine with a number of rural generalists in this area, Professor Brian Doolan is supporting the team and supporting the team in general ward.

Staff shortages, Mr Wheble advised different models of care are being used to help in this area. By bringing more kaiawhina and health care assistants into the workforce, they will provide care with the safe oversight of nursing/medical staff. . Becky Hickmott, Executive Director Nursing advised that it has been challenging with the shortages being both a national and international problem, there is currently a campaign running to attract nurses returning to the workforce, overseas nurses as well as new nurses.

A request that more information be supplied around the section 'Youth access to and utilisation of youth appropriate health services' and the Maori self-harm rate and the funding to WestREAP. Mr Wheble advised he will find a suitable person to speak to the board about this and what the outcomes and actions of the review are.

With the funding approved for the new mental health facility the next step is public consultations to ensure the design is fit for function.

Resolution (2/22)

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

That the Board:

notes the Chair and Chief Executives Update as well as the General Manager's update.

6. FINANCE REPORT

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.

Mr Green highlighted the following points:

- Year to date figures are impacted by the Buller Flood and RSV, if they are removed the result is slightly positive to plan
- Personnel costs, the nurses MECA settlement, costs largely offset by additional MoH funding for the portion not in the annual plan.
- Excluding COVID, Holidays Act and Nurses MECA, personnel costs are largely on plan
- Treatment and non-treatment costs are on plan year to date – flood costs pushing up non-treatment otherwise would be on budget
- January results are still being finalised, overall they look promising but revenue expectations for planned care are based on no wash up for under delivery of volumes – an update will be provided to the next QFARC meeting
- Annual Audit has not been finalised as a concern relating to the valuation of Te Nikau was found, this is being worked through
- First submission of draft budget, this will go to the next QFARC meeting

- Insurance submission has gone in
- The large number of Select Committee questions are being worked through.

It was asked whether after the recent event flooding costs would be the same again. Mr Green advised that time is needed to work through everything. A high cost for the first flood was both cars and infrastructure (wiring etc), fortunately these did not factor into this current flooding alert.

Resolution (3/22)

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

That the Board:

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

7. CLINICAL LEADER'S UPDATE

Norma Campbell, Executive Director Midwifery, presented the paper which was taken as read.

Ms Campbell highlighted the following points:

- Midwifery Buller has strong locums coming into the area, care is being provided and women continue to have home births along with birthing at both Kawatiri and Te Nikau.

It was asked if it was known how many woman birthed at Kawatiri, Ms Campbell advised that last year there were 2 and this year there have already been 1-2 along with home births.

Resolution (4/22)

(Moved: Chris Auchinvole / seconded: Francois Tumahai – carried)

That the Board:

notes the Clinical Leader's Update.

8. HAUORA MAORI HEALTH UPDATE

Kylie Parkin, Acting General Manager Hauora Maori, presented the report which was taken as read, the following points were highlighted:

- Recruitment – a main focus has been ensuring that while recruiting to the kaiawhina roles, particularly within the COVID response and recovery work, the right people are brought on board, Maori applicants have been supported to for the roles. The Calderdale framework provides a pathway for Kaiawhina to work alongside clinicians receiving clinical instruction and supervision. This way of working will take the pressure off our clinical teams, allows for time to build relationships with clients while also offering Kaiawhina exposure to different disciplines within the sector.
- The COVID Hub is another area of focus where also some more senior leadership roles being recruited, with successful Maori applicants.

Further to the query in the General Manager's Update regarding suicide prevention work, Ms Parkin clarified the involvement of WestREAP, the group that has been involved from Hokitika is Te Hono o nga Waka and they are supported by WestREAP.

It was asked whether there had been any update to the Whakamaui Maori Health Action Plan 2020-2025. Ms Parkin advised there have been no updates at the Ministry level, at a local level work on locality prototype proposals has started, with IWI partners involved in this work.

It was noted that breast screening targets for Maori and Pacifica are showing as being missed in the General Manager's report. Ms Parkin, advised the team is looking at bespoke ways to deliver both breast and cervical screening to Maori and Pacifica. Discussions are about to take place with Breast Screen South and Breast Screen Aotearoa about how work can be enhanced in partnership with them. Making sure Maori NGO partners are imbedded in this process so they can have the conversations with woman who have historically been disengaged from any service, this has already worked well for the pilot Mana wahine clinic held. By delivering in a different way it is hoped to improve uptake.

DNA by ethnicity, for Maori there have had significant improvement with recent work carried out. It was asked how the Pacifica were being targeted to improve their rates. Ms Parkin advised a Pacifica reference group is being established, though this change can be driven and also including Pacifica in the teams planning on how services are delivered as it's not just DNA rates. With low numbers of Pacifica on the Coast, sometimes the percentage figures can be misleading.

Further information on Priority Area 4 of the Maori Health Action Plan was requested, Ms Parkin advised that this is to support Poutini Waiora in the development of the Kaupapa Maori Mental Health Service, the team is working closely with Poutini Waiora and CDHB in this approach to redesign the primary mental health services with a Maori lens. This work has the support of the MoH.

The Board congratulated Ms Parkin on her appointment as Acting General Manager Hauora Maori.

Resolution (5/21)

(Moved: Edie Moke/ seconded: Chris Auchinvole – carried)

That the Board:
notes the Maori Health Update.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (6/22)

(Moved: Chris Auchinvole/ Nigel Ogilvie – 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.
- 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”;

There being no further business the public open section of the meeting closed at 11:09pm. The Public Excluded section of the meeting commenced at 11:09pm and concluded at 1.45pm.

Hon Rick Barker, Chair

Date

MINUTES**MINUTES OF THE WEST COAST DISTRICT HEALTH SPECIAL BOARD MEETING****Held via Zoom****on Thursday 24 February 2022 commencing at 5.15pm****BOARD MEMBERS**

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

APOLOGIES

Peter Neame

EXECUTIVE SUPPORT

Philip Wheble (General Manager, West Coast); Beck Hickmott (Executive Director Nursing); Tracey Maisey (Executive Director Planning, Funding & Decision Support); Holly Mason (Acting Director of Nursing); Melissa MacFarlane (Acting Executive Director Planning & Funding)

Francois Tumahai said a karakia

1. RESOLUTION TO EXCLUDE THE PUBLIC**Resolution (6/22)**

(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.
- 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)
4.	Reefton Aged Residential Care	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 5:20pm. The Public Excluded section of the meeting commenced at 5:20pm 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 25 MARCH 2022

	DATE RAISED/ LAST UPDATED	CARRIED FORWARD	COMMENTARY	STATUS
1.	21 February 2020	Maori Health including Cultural Competency	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 Aged Care – link up between Rick, Peter and Phil and those involved in aged care to discuss age care / dementia care capacity on the Coast going forward – with the view to a briefing paper back to the board which will be in public excluded	

GENERAL MANAGER UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager West Coast

DATE: 25 March 2022

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

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the General Manager West Coast and the leadership team to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes.

2. RECOMMENDATION

That the Board:

- i. notes the General Manager's update.

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

West Coast Alliance meetings have paused while the health system is focussed on its response to COVID and Omicron.

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.
- ***Integrated Health Services – Central***
 - Our focus on preparing for COVID related care in the community, whilst also continuing to provide other usual health services, has now shifted to actual provision of care. All services have defined their essential and deferrable work in detail and plans for considering workforce and/or service consolidation have been submitted to the EOC.
 - The few remaining challenges with the new INDICI electronic Patient Management System (PMS), rolled out across Te Nīkau Health Centre and Emergency Department approximately 2 months ago, are being worked through when identified. INDICI will be extended to other departments in due course.
 - Quality improvement work across the Te Nīkau triage and unplanned areas is ongoing. Key long-standing staff are now working in this area and focussing on the patient experience. Data will be available in due course but anecdotal feedback to date is positive.
- ***Integrated Health Services – Southern***
 - The South Westland Area Practice team is now actively supporting COVID-positive patients in the community. Effective linkages have been established with the COVID Hub
 - The Clinical Nurse Manager (Southern) continues to actively seek additional Rural Nurse Specialists either on a casual or permanent basis. This remains a significant pressure-point.
 - Despite the impact of the Omicron surge, work is continuing on implementation of the decision document outlining on Home & Community Services (HCSS). It is hoped that recruitment for the newly established leadership role, reporting through to the Southern Allied Health Team Leader, will commence shortly.

- A new permanent administrator/receptionist has been appointed to the Hokitika Health Services team and is rapidly settling into the team alongside our other highly experienced administrator/receptionist



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The demolition of the old boiler house at Grey Base is complete and alternative access to the tunnel is being installed.
- Planning has begun for enhancements of rooms at Reefton Medical Centre.
- Maintenance staff have been working with COVID response teams to ensure continuity of services. This includes the design and build of Generator Auto Start Units for remote sites to ensure Cold Chain reliability.
- Capex Projects are progressing, with contractor and material delays due to COVID. We are replacing the roof on the Transport/Medical records building, separating the sewers at two company houses, sound proofing Cowper meeting rooms and carrying out floor covering replacements at a number of sites.
- One of the 2 compressors on the chiller that serves the Mental Health building has failed and we are working on a solution.

B: New Facilities Redevelopment Update

Mental Health New Facility

- Preparation for consultant tender documentation for the new facility is well underway.
- Re-engagement of staff, consumers and other stakeholders with the design team will likely commence in May 2022.

Buller

- Construction of the new Buller Health facility continues to progress well. The roofing iron is currently being installed and the remainder of the framing is expected to be completed in the next couple of weeks.
- So far, around a quarter of the windows have been installed with the remaining windows expected to be installed shortly. Installation of plumbing and electrical services are set to commence in the coming weeks.
- The project is still on schedule and the expected completion timeframe remains the second quarter of 2023.





RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- Nursing is in a challenging space as we navigate our way through COVID and continue to focus on preparing and supporting staff for the omicron surge. As a positive, we have been able to support staff to learn different skills and to work in diverse ways.
- We have had some changes in the Nursing Leadership team, with interim roles being filled. We said farewell to Julie Lucas (Nurse Director Operations) after 43 years of service to the West Coast health system. We would like to acknowledge the work Julie has contributed over the years and wish her well with her move to Auckland. Anne Spence has stepped into the interim role.
- Holly Mason is our new interim Director of Nursing and working closely with the Executive DON from Canterbury. The Nurse Director leadership is focused on 6 key areas: recruitment, leadership support, culture, safe working environment, staff engagement and retainment.
- Challenges remain with recruitment and existing nurse vacancies, in line with the national and international nursing shortage. In light of this, we are bolstering our workforce with support staff such as Kaiawhina and health care assistants as we prepare for the peak of the omicron surge. We have had some much appreciated assistance from CDHB nurses working across areas of our DHB
- We would like to acknowledge the help and support of nursing teams that volunteered to assist the Buller community and those residents needing transfer to Christchurch ARC facilities in the February flooding events in Buller.
- Several nurses working in Te Nīkau CCU have completed education experience in Canterbury Waipapa ICU enabling them to care for ventilated patients.
- The new nurse recruitment drive has had some encouraging results with a number of interested applicants nationally and internationally and a number of new staff being employed into the organisation.

- Development of the Acute Zone model of care including Paediatrics is ongoing and recruitment into this area continues
- Amongst the work being done, we acknowledge we are in the middle of a pandemic and working in an emergency structure which is challenging for staff when also needing to address what is business as usual.

Rural Inpatients and Transalpine Service

- Improving Staff Capability
 - Planning of COVID has been key in recent months and the plans prepared are proving to be suitable to manage the present impact. Key to our plans were developing staff capability and resilience with workshops on teamwork during times of pressure. Staff have reported that these were very valuable to them.
- Equity
 - Our Priority Populations Attendance project has assisted our Omicron preparation. The work on this over the last 8 months has positioned us well to ensure there is focus on those groups of patients more vulnerable to exposure to COVID as we work through the current outbreak.
 - Protecting those more vulnerable to COVID exposure is part of our targeted approach to face-to-face and telehealth bookings. This protective measure requires our booking and clinical teams to ensure that only patients who require face-to-face appointments receive them and where possible telehealth is used.
 - The relocation of Te Nikau's Blood Test Service to the Community Services building has been completed and gives patients access to blood tests without having to enter the main hospital; this was part of our COVID response.

Maternity

- Again quite a busy couple of months, at times Maternity has been at capacity. This has been challenging with staff shortages in Maternity.
- Maternity received 2 applicants for the advertised positions of Registered Midwife, both will be offered the roles.
- We have filled the Midwifery Educator role and combined this with the Clinical Coach role. The new Midwifery Educator/Clinical Coach commenced in Maternity on 28 February. Although all education has been cancelled for March and April due to COVID, the Educator/Clinical Coach works in house so will ensure staff are updated as required.
- The Maternity Quality & Safety programme (MQSP) role has also been filled and is based in the Hub, although as this is now managed by Maternity they will be required to work on the ward if it is busy.
- Buller has been challenging but covered by locum LMC's 24/7. We have advertised for LMC's and have an LMC doing a 6 month contract.
- Our vaccine rates for our pregnant women is increasing.
- Maternity is working to ensure we are updated with surge plans as needed. Pregnant women and partners are RAT tested when admitted in labour. We are fortunate not to have had any COVID pregnant Mama's present in labour yet but are fully prepared when this happens.

Allied Health

- Allied Health are refining their plans around priorities and service delivery during the COVID outbreak. The team are coming together for a West Coast-wide Allied Health approach to support smaller teams and teams with vacancies.

- The Northern Allied Health Team went over and above to support the temporary DHB move and Buller community during the recent flooding event.
- We are pleased to announce we have offered the role of Child Development Service Coordinator to a successful applicant.
- We are in the process of recruiting an Activities Coordinator in Mental Health to support the Occupational Therapy team where we have vacancies.
- There has been some movement in the Allied Health Team in Greymouth and we now have two Physiotherapy, three Occupational Therapy, one Dietitian and three Kaiawhina/Allied Health Assistant vacancies. Three of these vacancies are the result of secondments into COVID roles.

Mental Health

- Continued focus on recruitment across the service. Key positions currently under recruitment is the Clinical Nurse Manager for the inpatient unit, RN for Inpatient unit, Crisis Response Team and Northern Community Mental Health.
- New Manager appointed to Rata AOD service.
- Clinical Psychologist interview and reference check process underway.
- Talking Therapist role is being well utilised across services.
- Occupational Therapy vacancy is causing us challenges in regard to service delivery and specialist input.
- Focused on equity for Māori consumers having employed to Māori Casual MHA.
- Primary/secondary mental health service integration discussions underway.
- Ombudsman report recently released, 16 recommendations which are well on the way to completion.
- Zero Seclusion project work continues with recent milestone of 194 days seclusion free.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Patient Transfers

- Several transport initiatives are in place to support the safe transfer of patients. The Greymouth branch of St John operates a community health shuttle to assist people in the local area who require assistance getting to health appointments in Greymouth. St John also provides planned ambulance transfers for non-acute patients needing care in Christchurch.
- The community health shuttle service from Westport to Greymouth 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 migration from Vidy to the Microsoft Teams platform has been completed, with the legacy system being decommissioned.

- We are recruiting for a replacement project manager which has delayed progress with phase two of the Telehealth project.
- Updated telehealth statistics will be available for the next report.



A: Older Persons Health Services

Supporting older people to remain at home

Aged Residential Care

- A number of Aged Residential Care (ARC) facilities throughout New Zealand are experiencing a severe shortage of staff, particularly in regard to Registered Nurses. This national shortage of staff is also impacting some of our West Coast rest homes, resulting in increasing difficulty to source, recruit and/or maintain cover to ensure the wellbeing of residents and staff.
- This staffing shortage situation and the threat of COVID-19 Omicron, which may also impact staff availability; has necessitated the West Coast DHB to make decisions to ensure that all ARC residents and staff are, and remain, as safe as possible. Subsequently, Ziman House (Reefton) residents have been temporarily relocated to other ARC facilities to maintain a safe environment for these precious members of our community in the interim.
- Older Persons Health continues to support all West Coast facilities where required, including the evacuation of O'Connor Home during the threat of the Buller floods at the beginning of February.

Complex Clinical Care Network and Home and Community Support Services

- The Complex Clinical Care Network (CCCN) and Home and Community Support Services (HCSS) continue to provide support to older people in our West Coast communities, and were very active in supporting our vulnerable older people in the Buller community during the flooding emergency.



A: Live Within our Financial Means

The consolidated West Coast DHB financial result, including the impacts of COVID-19 and Holidays Act compliance (\$28k unfavourable), for the month of February 2022 was a deficit of \$506k, which was \$123k unfavourable to the annual plan. The YTD result is \$565k unfavourable to the annual plan. This includes \$614k of flood related costs that, if factored in, would make us favourable to plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(110)	(134)	24	(1,027)	(1,192)	165
Funder Arm	221	624	(403)	2,578	3,762	(1,184)
Provider Arm	(617)	(873)	256	(9,338)	(9,792)	454
West Coast DHB Result	(506)	(383)	(123)	(7,787)	(7,222)	(565)
Covid-19 & Holidays Act	244	216	(28)	1,658	1,717	59
Consolidated Business as Usual Result	(262)	(167)	(95)	(6,129)	(5,505)	(624)

B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):** The messaging system connecting Indici to other regional systems went live in February which has improved performance. We are also close to finalising the development of the Ministry extract for ED information. Our focus is now shifting to resolving minor technical issues with the Patient portal.
- **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: We have reformatted the phishing training statistics, so they show the totals per month, rather than being cumulative. A concerted drive to educate staff was carried out during February, timed for when staff returned from leave.

Status	Dec	Jan	Feb
Training links sent for month	18	61	581
Completed during month	3	17	85
Started but not completed during month	1	1	28
Not started during month	14	43	468
Total DHB staff (various month to month)	-	-	1058
Total staff which have yet to complete training	557	554	537

Firewall Replacement: The Firewall replacement project is in the planning phase. Go live for the West Coast will shift to the third quarter of this calendar year to de-risk impacts to the organisation during our COVID response.

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

Communications and Engagement

- **COVID-19 Response Emergency Operations Centre (EOC) communications activities:**
 - Staff and external stakeholder communications
 - Media releases and responses
 - Daily updates regarding COVID-19 case numbers

- Collateral preparation.
- **West Coast weather event Emergency Coordination Centre (EOC) communications activities:**
 - Staff and external stakeholder communications
 - Media releases and responses
 - Regular updates to the community regarding our response
 - Collateral preparation.
- **COVID-19 Vaccination Programme communications activities:**
 - Media release(s) and related enquiries
 - Staff and external stakeholder communications
 - Collateral preparation
 - [Vaccination website](#) updates
 - Communication regarding the temporary relocation of the Greymouth vaccination clinic.

Media

During January/February 2022, we received media enquiries about our COVID-19 response including COVID-19 Care in the Community and the temporary relocation of Reefton's Ziman House residents. We also responded to enquiries regarding our COVID-19 vaccination programme and the West Coast DHB's response to the weather event which significantly impacted Buller Health.

- **Media releases:**
 - [Health news](#)
 - Public Health Warning – marine biotoxin in shellfish (28/01/2022)
 - Congratulations West Coast – 90% Fully Vaccinated! (28/01/2022)
 - West Coast DHB preparing for forecast severe weather (01/02/2022)
 - Health advice during severe weather event – update 2 (02/02/2022)
 - Health advice during severe weather event – update 3 (03/02/2022)
 - Buller Health is evacuating (04/02/2022)
 - Health advice during severe weather event – update 4 (04/02/2022)
 - West Coast weather event update, Saturday 5 February 12.30pm (05/02/2022)
 - West Coast weather event update, Saturday 5 February 7pm (05/02/2022)
 - Health advice during Buller flooding event – update 1 (10/02/2022)
 - Buller Health has evacuated (10/02/2022)
 - Health advice during Buller flooding event – update 2 (10/02/2022)
 - Buller Medical is open at the Masonic Lodge, 51 Russell Street, Westport (11/02/2022)
 - Buller Health services moving back Monday/Tuesday (13/02/2022)
 - Greymouth COVID-19 vaccination clinic to temporarily relocate (18/02/2022)
 - COVID-19 testing capacity set to increase today (23/02/2022)
 - West Coast DHB updates its visitor policy (25/02/2022)
 - Temporary relocation of Reefton's Ziman House residents (25/02/2022)
 - Tomorrow's industrial action called off – services starting to be reinstated at Canterbury and West Coast DHBs (03/03/2022)
 - RAT test collection sites open across Coast (04/03/2022).

- **Social media posts:**

- [West Coast District Health Board | Facebook](#)
- Public Health Warning – marine biotoxin in shellfish (27/01/2022)
- Greymouth drive-through vaccination clinic (27/01/2022)
- Congratulations West Coast – 90% Fully Vaccinated! (28/01/2022)
- Today, Bruce Smith from 'The Coasters Club' caught up with Dr Graham Roper (WCDHB's Chief Medical Officer) for a chat about the use of surgical masks and the importance of getting vaccinated (01/02/2022)
- West Coast DHB preparing for forecast severe weather (01/02/2022)
- Health advice during severe weather event – update 2 (02/02/2022)
- Health advice during severe weather event – update 3 (03/02/2022)
- Shorter gap for COVID-19 boosters starts today (04/02/2022)
- Buller Health is evacuating (04/02/2022)
- Buller Health has evacuated (04/02/2022)
- Greymouth drive-through vaccination clinic (05/02/2022)
- West Coast weather event update, Saturday 5 February 12.30pm (05/02/2022)
- West Coast weather event update, Saturday 5 February 7pm (05/02/2022)
- Buller Health is evacuating (11/02/2022)
- Buller Health has evacuated (10/02/2022)
- Hokitika drive-through vaccination clinic (11/02/2022)
- Buller Medical is open at the Masonic Lodge, 51 Russell Street, Westport (11/02/2022)
- Buller Health services moving back Monday/Tuesday (13/02/2022)
- Greymouth COVID-19 vaccination clinic to temporarily relocate (22/02/2022)
- COVID-19 testing (24/02/2022)
- COVID-19 vaccination programme update (25/02/2022)
- COVID-19 testing update (26/02/2022)
- COVID-19 and pregnancy/breastfeeding information video (26/02/2022)
- COVID-19 testing update (27/02/2022)
- COVID-19 Leave Support Scheme – Work and Income (27/02/2022)
- COVID-19 and your medicine (27/02/2022)
- Congratulations West Coast – 90% Fully Vaccinated! (28/01/2022)
- West Coast DHB updates its visitor policy (01/03/2022)
- Tomorrow's industrial action called off – services starting to be reinstated at Canterbury and West Coast DHBs (03/03/2022)
- Hokitika RAT collection point post (05/03/2022)
- How to report your RAT through My COVID Record (05/03/2022)
- COVID-19 vaccination clinic update (06/03/2022)
- RAT collection points update (06/03/2022)
- Currently posting daily COVID-19 in West Coast DHB region updates along with useful information regarding how to access, take and record RATs (rapid antigen tests).



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 by focusing on the investigation of high-risk exposure events including residential housing, faith-based places of worship, Aged Residential Care, Marae & Tangihanga, prisons, DHB healthcare in conjunction with the relevant DHB and schools in conjunction with the Ministry of Education.

- **Community Supported Isolation and Quarantine:** The Community & Public Health SIQ Coordinator has been working as an integral member of the West Coast Integrated Community COVID Coordination Centre (the Hub) as this has been stood up to respond to cases of COVID in our community.

Supports provided so far include isolation kits for each household including pulse oximeters and thermometers as clinically appropriate, provision of alternative accommodation to support effective isolation and provision of welfare support in the first 24-48 hours of isolation until Ministry of Social Development supports are activated.

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

FINANCE REPORT FOR THE PERIOD ENDED 28 FEBRUARY 2022



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 25 March 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 28 February 2022.

3. DISCUSSION

Overview of February 2022 Financial Result

The consolidated West Coast DHB financial result for the month of February 2022 was a deficit of \$506k, which was \$123k unfavourable to the annual plan. The year to date net deficit of \$7.787M is \$565k unfavourable to the annual plan. This result includes the impact of the Holidays Act compliance provision, Covid-19 and the impact of our flood emergencies.

The underlying BAU variance (i.e. excluding Holidays Act compliance and Covid-19) for February is \$95k unfavourable to budget and \$624k unfavourable YTD – refer Appendix 5. Excluding flood related costs the month variance would be favourable by \$20k, and YTD \$10k unfavourable to plan.

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	
Operating Revenue									
Crown and Government sourced	15,013	14,782	231	1.6%	123,831	118,187	5,644	4.8%	177,329
Inter DHB Revenue	0	0	0	0.0%	14	0	14	0.0%	0
Inter District Flows Revenue	158	160	(2)	(1.3%)	1,331	1,280	51	4.0%	1,922
Patient Related Revenue	619	625	(6)	(1.0%)	5,359	5,222	137	2.6%	7,860
Other Revenue	150	76	74	97.4%	652	619	33	5.3%	925
Total Operating Revenue	15,940	15,643	297	1.9%	131,187	125,308	5,879	4.7%	188,035
Operating Expenditure									
Personnel costs	6,911	6,668	(243)	(3.6%)	61,259	56,672	(4,587)	(8.1%)	85,640
Outsourced Services - clinical	0	0	0	0.0%	40	0	(40)	0.0%	0
Treatment Related Costs	917	845	(72)	(8.5%)	6,845	6,805	(40)	(0.6%)	10,229
External Providers	3,738	3,838	100	2.6%	32,078	31,907	(171)	(0.5%)	47,988
Inter District Flows Expense	2,499	2,569	70	2.7%	20,212	20,552	340	1.7%	30,821
Outsourced Services - non clinical	206	123	(83)	(67.5%)	1,329	984	(345)	(35.1%)	1,476
Infrastructure and Non treatment related costs	1,154	939	(215)	(22.9%)	8,904	7,291	(1,613)	(22.1%)	11,007
Total Operating Expenditure	15,425	14,982	(443)	(3.0%)	130,667	124,211	(6,456)	(5.2%)	187,160
Result before Interest, Depn & Cap Charge	515	661	(146)	(22.1%)	520	1,097	(577)	(52.6%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	530	527	(3)	(0.6%)	4,278	4,183	(95)	(2.3%)	6,354
Capital Charge Expenditure	491	517	26	5.0%	4,029	4,136	107	2.6%	6,204
Total Interest, Depreciation & Capital Charge	1,021	1,044	23	2.2%	8,307	8,319	12	0.1%	12,558
Net Surplus/(deficit)	(506)	(383)	(123)	(32.1%)	(7,787)	(7,222)	(565)	(7.8%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(506)	(383)	(123)	(32.1%)	(7,787)	(7,222)	(565)	(7.8%)	(11,683)

4. **KEY RISKS & EMERGING ISSUES**

Covid-19 continues to have both a direct and indirect impact on our financial result and our ability to undertake business as usual activities.

The Readiness and Resilience programme has been setup and we are awaiting MoH advice on the funding process.

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.

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

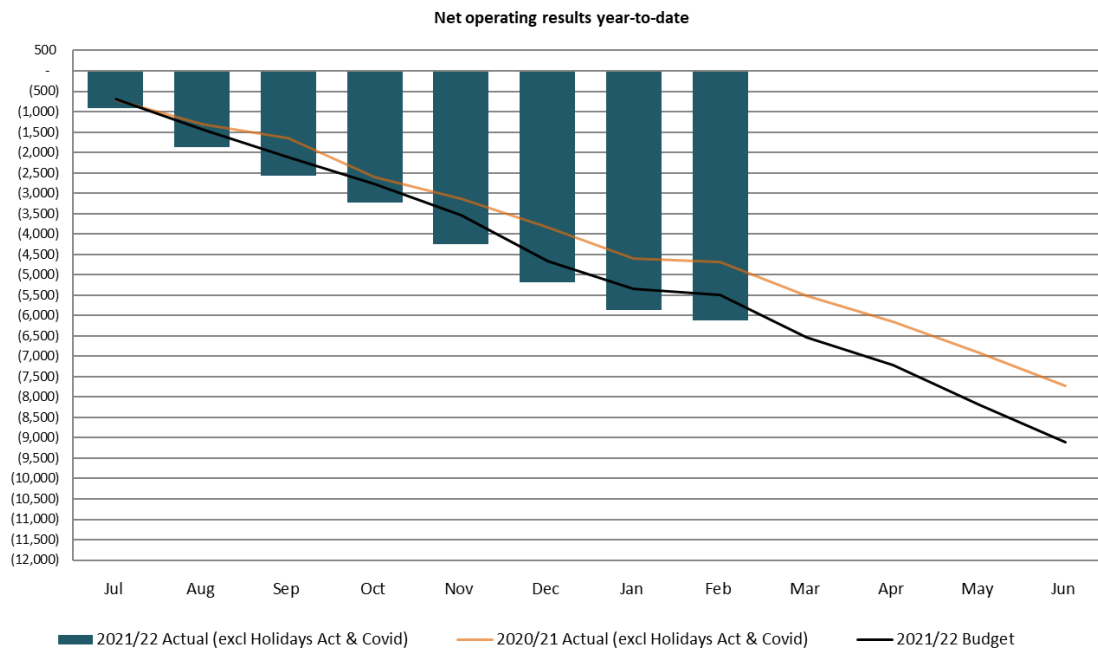
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – February 2022

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

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Surplus/(Deficit)	(262)	(167)	(95)	57%	X	(6,129)	(5,505)	(624)	11%	X



The variance is driven by:

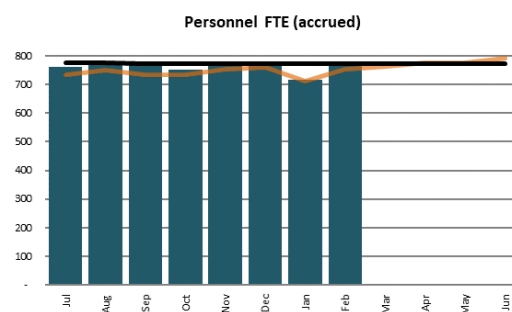
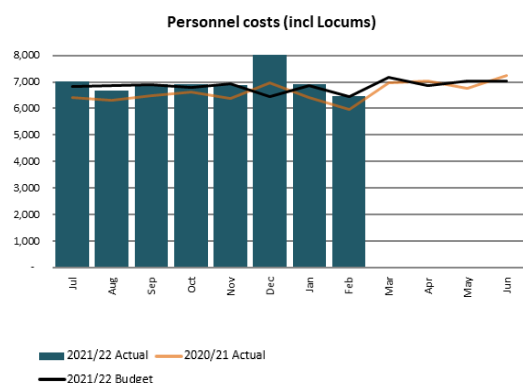
- Flood costs of \$115k for the month and \$614k YTD. We expect additional costs to continue to come over the coming months due to the two significant weather events in February.
- Additional RSV associated costs in July.

Excluding these additional costs, we are tracking largely 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			YTD Actual \$'000	YTD Budget \$'000	YTD Variance		
			\$'000	%				\$'000	%	
Medical	1,541	1,645	104	6%	✓	13,326	13,493	167	1%	✓
Nursing	2,747	2,622	(125)	-5%	✗	25,398	22,754	(2,644)	-12%	✗
Allied Health	1,038	1,071	33	3%	✓	9,062	9,089	27	0%	✓
Support	263	289	26	9%	✓	2,587	2,506	(81)	-3%	✗
Management & Admin	871	809	(62)	-8%	✗	7,137	6,982	(155)	-2%	✗
Total	6,460	6,436	(24)	0%	✗	57,510	54,824	(2,686)	-5%	✗



KEY RISKS AND ISSUES:

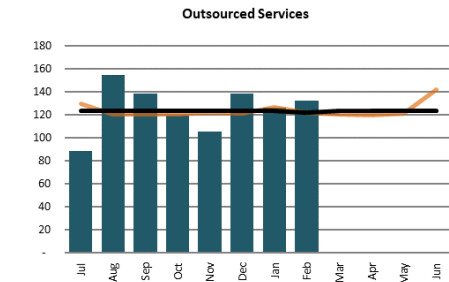
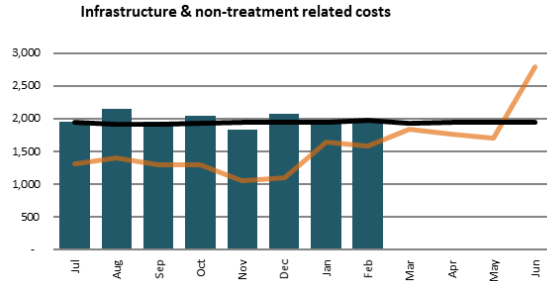
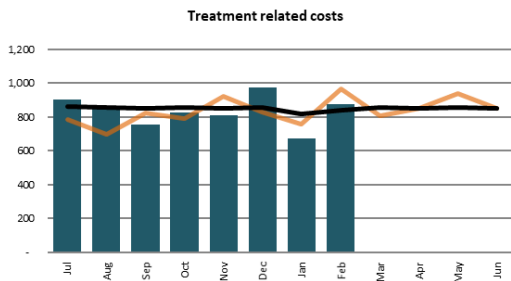
Nursing Personnel Costs: MECA lump sum payments applied for by staff who left prior to December were paid out. The pay-equity settlement in December has a monthly impact however the increase in cost is fully funded.

Management & Admin: Outsourced management consulting and training required at Kahurangi to support service improvement. This added cost will produce future benefits and will be phased out as management develop.

Holidays Act compliance (not included in the amounts above): This provision is currently \$20.96M (\$215k for the month; \$1.72M 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	875	843	(32)	-4%	6,685	6,793	108	2%
Non Treatment related costs	1,960	1,975	15	1%	15,846	15,537	(309)	-2%
Outsourced Clinical Services	132	122	(10)	-8%	1,004	984	(20)	-2%



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

KEY RISKS AND ISSUES:

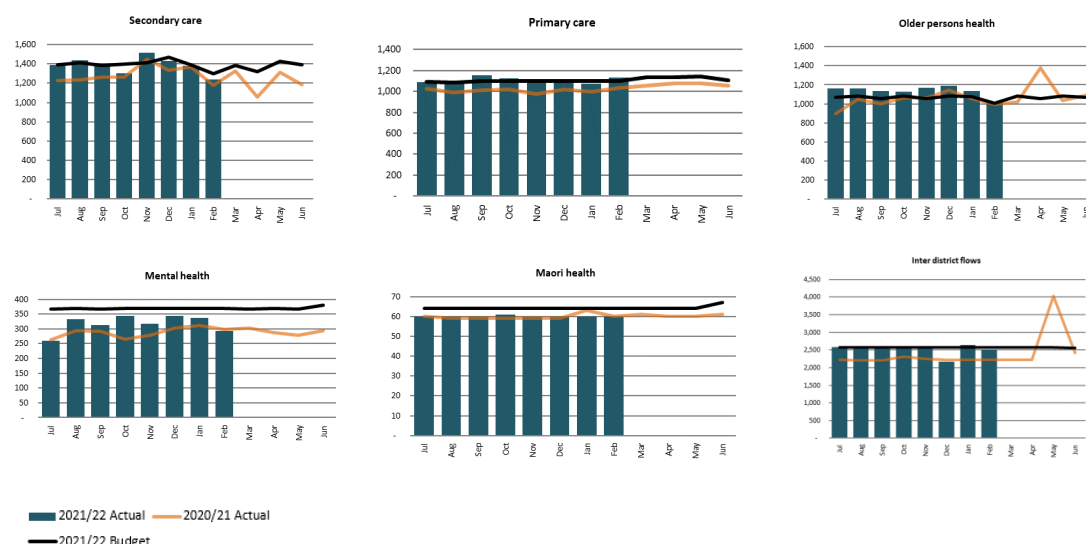
Non-treatment related costs:

Flood related costs in February are covered by favourable variances in other areas. The YTD variance is the result of flood costs.

When the flood costs are excluded, costs are favourable to 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	1,240	1,299	59	5%	11,088	11,153	65	1%
Primary Care	1,131	1,101	(30)	-3%	8,871	8,786	(85)	-1%
Older Person's Health	1,012	1,005	(7)	-1%	9,095	8,506	(589)	-7%
Mental Health	294	369	75	20%	2,541	2,950	409	14%
Maori Health	60	64	4	6%	481	512	31	6%
IDF	2,499	2,569	70	3%	20,213	20,552	339	2%
Total	6,237	6,407	170	3%	52,290	52,459	169	0%



KEY RISKS AND ISSUES:

Primary Care: PHO Non-Devolved capitation expenditure will continue to be unfavourable to budget for the remainder of the year. This category of expenditure (Low-Cost Access, Care Plus and Community Services Card) is fully funded, the revenue received for these services is passed through to Primary Care Practices.

Mental Health: favourable result is due to budgeted new investment and positions yet to commence or be filled.

Older Person's Health: As previously reported, there has been higher demand for beds in Aged Residential Care both at rest home and hospital care levels. However, in December 2021, January 2022 and part of February 2022 actual expenditure has reduced in line with forecasts.

Inter-District Flows: The favourable result for the year-to-date is based on volumes for July 2021 to January 2022.

Financial position						
	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000			Annual Budget \$'000
Equity	123,194	126,690	(3,496)	-3%	✗	126,121
Cash	6,137	1,225	4,912	401%	✓	(5,299)
Capex	5,188	10,522	5,334	51%	✓	17,487

KEY RISKS AND ISSUES:

Variances to Equity
The MoH have now confirmed a continuation of the capital drawdown agreement for Buller – they have reinstated our ability to receive payments in advance. The first is expected in March.

Variances to Cash
We are in a favourable position against budget primarily as a result of delayed capital expenditure. Buller Development CAPEX costs are coming in slower than expected but we forecast these to increase in March, April and May. We also have several budget CAPEX projects that are still to get underway due to COVID and Buller flood delays. Future cashflow forecasts have improved with the Buller drawdown agreement reconfirmed. We are continuously reviewing the assumptions behind our cash forecast, and future cash support is likely to be needed in the near future, but this will depend on the future funding which is not yet known.

Variances to CAPEX
Capex spend is \$5.3M behind but is 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)

For period ending
in thousands of New Zealand dollars

28 February 2022

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	15,013	14,782	231	1.6%	123,831	118,187	5,644	4.8%	177,329
Inter DHB Revenue	0	0	0	0.0%	14	0	14	0.0%	0
Inter District Flows Revenue	158	160	(2)	(1.3%)	1,331	1,280	51	4.0%	1,922
Patient Related Revenue	619	625	(6)	(1.0%)	5,359	5,222	137	2.6%	7,860
Other Revenue	150	76	74	97.4%	652	619	33	5.3%	925
Total Operating Revenue	15,940	15,643	297	1.9%	131,187	125,308	5,879	4.7%	188,035
Operating Expenditure									
Personnel costs	6,911	6,668	(243)	(3.6%)	61,259	56,672	(4,587)	(8.1%)	85,640
Outsourced Services - clinical	0	0	0	0.0%	40	0	(40)	0.0%	0
Treatment Related Costs	917	845	(72)	(8.5%)	6,845	6,805	(40)	(0.6%)	10,229
External Providers	3,738	3,838	100	2.6%	32,078	31,907	(171)	(0.5%)	47,988
Inter District Flows Expense	2,499	2,569	70	2.7%	20,212	20,552	340	1.7%	30,821
Outsourced Services - non clinical	206	123	(83)	(67.5%)	1,329	984	(345)	(35.1%)	1,476
Infrastructure and Non treatment related costs	1,154	939	(215)	(22.9%)	8,904	7,291	(1,613)	(22.1%)	11,007
Total Operating Expenditure	15,425	14,982	(443)	(3.0%)	130,667	124,211	(6,456)	(5.2%)	187,160
Result before Interest, Depn & Cap Charge	515	661	(146)	(22.1%)	520	1,097	(577)	(52.6%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	530	527	(3)	(0.6%)	4,278	4,183	(95)	(2.3%)	6,354
Capital Charge Expenditure	491	517	26	5.0%	4,029	4,136	107	2.6%	6,204
Total Interest, Depreciation & Capital Charge	1,021	1,044	23	2.2%	8,307	8,319	12	0.1%	12,558
Net Surplus/(deficit)	(506)	(383)	(123)	(32.1%)	(7,787)	(7,222)	(565)	(7.8%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(506)	(383)	(123)	(32.1%)	(7,787)	(7,222)	(565)	(7.8%)	(11,683)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

28 February 2022

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	149,172	160,712	(11,540)	(7.2%)	155,220
Intangible assets	539	1,590	(1,051)	(66.1%)	741
Work in Progress	10,975	6,895	4,080	59.2%	6,886
Other investments	212	231	(19)	(8.2%)	231
Total non-current assets	160,898	169,428	(8,530)	(5.0%)	163,078
Current assets					
Cash and cash equivalents	6,137	1,225	4,912	401.0%	3,415
Patient and restricted funds	0	0	0	0.0%	0
Inventories	1,364	1,097	267	24.3%	1,311
Debtors and other receivables	6,596	5,865	731	12.5%	5,721
Assets classified as held for sale	3,144	0	3,144	0.0%	0
Total current assets	17,241	8,187	9,054	110.6%	10,447
Total assets	178,139	177,615	524	0.3%	173,525
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,027	1,857	(170)	(9.2%)	1,857
Other	63	63	0	0.0%	63
Total non-current liabilities	2,090	1,920	(170)	(8.9%)	1,920
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	15,672	14,615	(1,057)	(7.2%)	13,862
Employee entitlements and benefits	37,183	34,390	(2,793)	(8.1%)	34,389
Total current liabilities	52,855	49,005	(3,850)	(7.9%)	48,251
Total liabilities	54,945	50,925	(4,020)	(7.9%)	50,171
Equity					
Crown equity	224,302	227,017	2,715	1.2%	216,676
Other reserves	28,957	28,956	(1)	(0.0%)	28,956
Retained earnings/(losses)	(130,065)	(129,283)	782	0.6%	(122,278)
Trust funds	0	0	0	0.0%	0
Total equity	123,194	126,690	3,496	2.8%	123,354
Total equity and liabilities	178,139	177,615	524	0.3%	173,525

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

28 February 2022

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	15,793	15,642	151	1.0%	131,435	125,300	6,135	4.9%
Cash paid to employees	(5,972)	(5,969)	(3)	(0.1%)	(52,631)	(51,079)	(1,552)	(3.0%)
Cash paid to suppliers	(2,957)	(2,605)	(352)	(13.5%)	(23,260)	(20,666)	(2,594)	(12.6%)
Cash paid to external providers	(3,738)	(3,838)	100	2.6%	(32,080)	(31,907)	(173)	(0.5%)
Cash paid to other District Health Boards	(2,499)	(2,569)	70	2.7%	(20,212)	(20,552)	340	1.7%
<i>Cash generated from operations</i>	627	661	(34)	(5.1%)	3,252	1,096	2,156	196.6%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	0	0	0.0%	(3,048)	(3,102)	54	1.7%
Net cash flows from operating activities	627	661	(34)	(5.1%)	204	(2,006)	2,210	(110.2%)
Cash flows from investing activities								
Interest received	15	0	15	0.0%	62	0	62	0.0%
(Increase) / Decrease in investments	2	0	2	0.0%	18	0	18	0.0%
Acquisition of property, plant and equipment	(583)	(1,545)	962	62.3%	(4,689)	(9,462)	4,773	(50.4%)
Acquisition of intangible assets	(34)	0	(34)	0.0%	(499)	(1,060)	561	(52.9%)
Net cash flows from investing activities	(600)	(1,545)	945	(61.2%)	(5,108)	(10,522)	5,414	51.5%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	7,626	10,339	(2,713)	26.2%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	0	0	0.0%	7,626	10,339	(2,713)	26.2%
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%	7,626	0	7,626	0.0%
Net increase in cash and cash equivalents	27	(884)	911	(103.1%)	2,722	(2,189)	4,911	(224.4%)
Cash and cash equivalents at beginning of period	6,110	2,109	4,001	189.7%	3,415	3,414	1	0.0%
Cash and cash equivalents at end of period	6,137	1,225	4,912	401.1%	6,137	1,225	4,912	400.8%

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	(14,162)	-	-	(14,162)	(14,524)	-	-	(14,524)	(362)	-	-	(362)
Non-Devolved Contracts	(643)	(541)	-	(102)	(129)	(25)	-	(104)	514	516	-	(2)
Inter-DHB & Internal Revenue	(158)	-	-	(158)	(160)	-	-	(160)	2.0	-	-	(2)
Other Revenue	(977)	-	-	(977)	(830)	-	-	(830)	147	-	-	147
Total Revenue	(15,940)	(541)	-	(15,399)	(15,643)	(25)	-	(15,618)	297	516	-	(219)
DHB Provided Expenditure												
Personnel	6,330	215	215	5,900	5,970	15	215	5,740	(360)	(200)	-	(160)
Outsourced Personnel & Support	581	24	-	557	698	-	-	698	117	(24)	-	141
Outsourced Clinical Services	206	74	-	132	122	-	-	122	(84)	(74)	-	(10)
Clinical Supplies	917	42	-	875	845	2	-	843	(72)	(40)	-	(32)
Infrastructure & Non-Clinical Supplies	2,175	215	-	1,960	1,984	9	-	1,975	(191)	(206)	-	15
Total DHB Provided Expenditure	10,209	570	215	9,424	9,619	26	215	9,378	(590)	(544)	-	(46)
Other Providers												
Personal Health	2,279	-	-	2,279	2,375	-	-	2,375	96	-	-	96
Mental Health	294	-	-	294	370	-	-	370	76	-	-	76
Public Health	93	-	-	93	25	-	-	25	(68)	-	-	(68)
DSS	1,012	-	-	1,012	1,004	-	-	1,004	(8)	-	-	(8)
Maori Health	60	-	-	60	64	-	-	64	4	-	-	4
IDFs	2,499	-	-	2,499	2,569	-	-	2,569	70	-	-	70
Total Other Providers	6,237	-	-	6,237	6,407	-	-	6,407	170	-	-	170
Total Expenditure	16,446	570	215	15,661	16,026	26	215	15,785	(420)	(544)	-	124
Total Consolidated Result Deficit/(surplus)	506	29	215	262	383	1	215	167	(123)	(28)	-	(95)

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	(117,799)	-	-	(117,799)	(116,158)	-	-	(116,158)	1,641	-	-	1,641
Non-Devolved Contracts	(4,895)	(3,978)	-	(917)	(999)	(215)	-	(784)	3,896	3,763	-	133
Inter-DHB & Internal Revenue	(1,331)	-	-	(1,331)	(1,280)	-	-	(1,280)	51.0	-	-	51
Other Revenue	(7,162)	-	-	(7,162)	(6,871)	-	-	(6,871)	291	-	-	291
Total Revenue	(131,187)	(3,978)	-	(127,209)	(125,308)	(215)	-	(125,093)	5,879	3,763	-	2,116
DHB Provided Expenditure												
Personnel	55,594	1,826	1,723	52,045	51,079	124	1,723	49,232	(4,515)	(1,702)	0	(2,813)
Outsourced Personnel & Support	5,665	197	-	5,468	5,593	-	-	5,593	(72)	(197)	-	125
Outsourced Clinical Services	1,369	365	-	1,004	984	-	-	984	(385)	(365)	-	(20)
Clinical Supplies	6,845	160	-	6,685	6,805	12	-	6,793	(40)	(148)	-	108
Infrastructure & Non-Clinical Supplies	17,211	1,364	-	15,846	15,610	73	-	15,537	(1,601)	(1,291)	-	(309)
Total DHB Provided Expenditure	86,684	3,912	1,723	81,048	80,071	209	1,723	78,139	(6,613)	(3,703)	0	(2,909)
Other Providers												
Personal Health	19,493	-	-	19,493	19,738	-	-	19,738	245	-	-	245
Mental Health	2,538	-	-	2,538	2,952	-	-	2,952	414	-	-	414
Public Health	468	-	-	468	200	-	-	200	(268)	-	-	(268)
DSS	9,097	-	-	9,097	8,505	-	-	8,505	(592)	-	-	(592)
Maori Health	482	-	-	482	512	-	-	512	30	-	-	30
IDFs	20,212	-	-	20,212	20,552	-	-	20,552	340	-	-	340
Total Other Providers	52,290	-	-	52,290	52,459	-	-	52,459	169	-	-	169
Total Expenditure	138,974	3,912	1,723	133,338	132,530	209	1,723	130,598	(6,444)	(3,703)	0	(2,740)
Total Consolidated Result Deficit/(surplus)	7,787	(66)	1,723	6,129	7,222	(6)	1,723	5,505	(565)	60	0	(624)

CLINICAL LEADERS UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 25 March 2022

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

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

2. RECOMMENDATION

That the Board:

- i. notes the Clinical Leaders' Update.

3. SUMMARY OF COLLECTIVE MAHI

The ongoing focus of the Clinical Leaders Group since our last report has been to provide a response to the increasing numbers of Covid positive people in our various communities. This has required a range of responses as will be outlined in the various clinical lead reports below. As outlined in our previous report there are a number of key principles which remain a focus for us when we consider some of the changes and our response.

Equity

The Clinical Leaders continue to ensure, with the support of our Hauora Maori Team, that all clinical and workforce Covid-19 planning includes targeted conversations around improving the experience and health outcomes for Māori.

Vaccination

This last quarter has seen a new vaccine mandate for our team. All staff must be boosted now. There were three deadline dates and for many staff they are still awaiting their booster deadline which our managers are all monitoring.

We continue to encourage our community to be vaccinated and boosted including now the 5- 11 year olds.

Hauora Community Hub update: Clinical care of Mild to Moderate Covid via Primary and Community Care

Chief Medical Officer (CMO), Graham Roper is leading a whole of system working group to roll out the clinical care pathways currently under development by the Ministry of Health, for those Covid positive patients well enough to remain at home. The Hub also focuses on the whānau and the principle of Paeora with maintaining wellness. This model is key to protecting our IFHC and Hospital environments for those people needing acute, high level intervention and continuing access to usual primary care services. 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) and with linking to SIQ we are achieving this outcome.

Lee Tuki commenced in the role of Hub Kaiwhakahaere and the activities around recruitment, roles and responsibilities, governance and quality data are a focus for the Hub steering group which has met twice to date. Bringing in our new data analyst will be a huge benefit.

Supported Isolation & Quarantine (SIQ) in place

Director of Allied Health, Scientific & Technical (DAHST), Jane George is supporting the establishment of a Community SIQ service, which will be co-ordinated by the Community & Public Health team when individuals or whanau are deemed suitable by the Medical Officer of Health to isolate in place. Fixed accommodation and mobile camper vans have been used to provide safe isolation for members of households. The home packs with PPE and monitoring have been delivered to those that require them. The most frequent requests are for kai, and a good network with CPH, MSD, MPI, and local providers has been established to support whānau.

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

Community Wellbeing

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

Covid Resurgence Planning

Maternity

We have continued to be busy in both Te Nikau and also in Buller. Our midwives have started to catch Covid and are also recovering from it and returning to work. We had hoped they would catch it slow and steady rather than all at once and this has been the case.

The good news with the Omicron variant is that it is less problematic for most hapu mama compared with Delta and so far that has also been our experience. We have worked with CDHB for the transalpine triage process and tool for our mama in regard to who may need to be seen more. This has translated well also for the Coast.

The CCDM data highlighted after one year of data that we needed two additional FTE for Te Nikau. This was approved by the CCDM Board and both roles have now been filled. Buller has had amazing support from locum midwives since the vaccine mandate in November left us with no local midwives. I am pleased to announce that we have now recruited a midwife for the next 6 months who is a remote rural midwife wanting a change of scene and excited to be moving into Buller with her partner.

Medical Leaders

The establishment of the WCDHB Omicron EOC has impacted on the workload for the medical leadership group. Dr Roper has been assigned as one of two Incident Controllers (Philip Wheble is the other) and cover for his CMO activity is needed. Drs Marshall, Wiggins, McPherson and Laurenson have all stepped into additional roles to ensure the DHB continues to have CMO representation and decision making. This additional work is hugely appreciated.

The RHM workforce have demonstrated the value in their abilities to work across areas and support the ED and unplanned areas of Te Nikau. The ability of senior clinicians to work in the ED area and support the Nursing workforce through this time is of great value to the team.

Recruitment and appointment of our senior medical workforce continues with two RHMS having started at Te Nikau and provide services in both inpatient and primary care areas. The inpatient medicine service has developed into the team based model which will provide resilience, continuity of care and a stable medical workforce.

Strengthening of primary care for South Westland is happening through further progression of our “hub and spoke” model along with a new rural GP appointment – expected to be here in 6 months time.

The trans-alpine general surgeon is becoming well embedded in his role and the new CD of general surgery CDHB, will be making an onsite visit later this month. CDHB are providing general surgical cover when required as the service has been impacted by COVID.

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

Nursing

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

CLINICAL BOARD

The Clinical Board will next meet on 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, Acting 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: General Manager, Maori Health

DATE: March 2022

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

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

As with other services BAU for Hauora Maori has largely been delayed due to pivoting our team to supporting the Omicron response.

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

Covid - Omicron

Lee Tuki started in the role of Kaiwhakahaere last week and has provided support to the WCCIC Hub and the workforce. Marion Smith from the Hauora Maori team has been redeployed to work alongside Lee and Rachael Forsyth, Equity Lead, as there is an urgency to embed the Equity pathways, operationalise the Maori pathway and deliver education and training to the workforce. Hauora Maori work closely with the Hub team to refine and embed pathways for vulnerable populations, including developing quality review processes, building in robust consumer feedback from whanau and to ensure data is available and relevant to inform and prioritise the mahi.

Access to accurate data in the Omicron response continues to be a challenge, to that end we are working with the national Data and Digital team to fully understand the opportunities within the current CCCM platform and with CDHB to learn from their data tools and our local ISG team to build a reporting tool that is unique to the West Coast.

Our Iwi Health Provider and the broader Maori Provider network continue to provide responsive welfare and manaaki support to whanau in isolation. The collaboration between these providers to ensure that the right people are responding in the right way and at the right time shows a model that could inform hauora for whanau under the new MHA and HNZ environment. These providers are trusted by whanau and have provision to deliver kai, medical supplies, RAT tests and to link whanau up with other services.

Maori Health Authority – Iwi Maori Partnership Boards

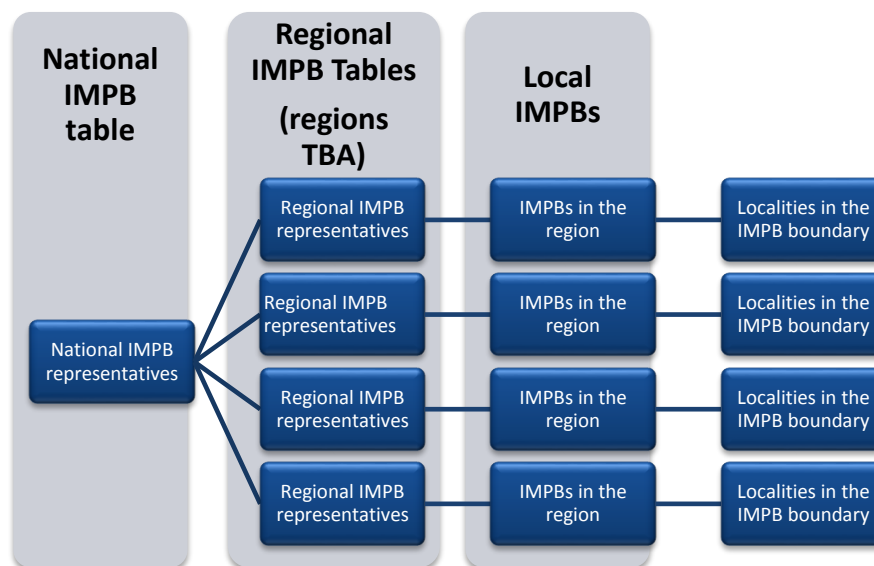
- IMPBs come into effect 1 July 2022 with passing of Pae Ora legislation
- Current Māori Relationship Boards expected to cease when DHBs cease by 30 June
- MHA currently building Maori health capacity to enable functionality
- MHA organisational structure and operating models being designed

Function of IMPBs

- exercise **tino rangatiratanga** as the tangata whenua partner in planning around health priorities and services at the locality level, within their rohe or coverage area;
- ensure the **voices of whānau Māori** are elevated and made visible within the health system
- embed **mātauranga Māori** within locality plans, which then influences and informs national planning
- To engage with whanau and hapu, and share resulting insights and perspectives with HNZ, the MHA and others
- To assess and evaluate the current state of hauora Maori in their locality or localities, and to determine priorities for improving hauora Maori
- To agree local priorities and plans with HNZ and the MHA
- To monitor the performance of the health system in their locality or localities
- To engage with the MHA to support its stewardship of hauora Maori and its priorities for kaupapa Maori investment and innovation
- To report on their own activities to whanau and hapori Maori and other partners

Mana whenua will appoint members to IMPBs based on selecting those persons they deem have the right skills and expertise. Minimum requirements were determined as:

- That IMPB geographic boundaries must be mutually exclusive (no two boards may have the same area within their boundary)
- That the IMPB must give all recognised mana whenua within its geographic boundary the opportunity to nominate a member to the board
- That each IMPB must include or invite representation for hapori (including mātā waka) and appropriate hauora Māori expertise, in a form appropriate for each board



Workforce

Maori Staff Hui

Our Maori Staff Hui went ahead as planned at Arahura Marae on the 2nd March. The programme had been developed based on evaluations from previous hui and was facilitated by Moe and Tukaha Milne, with 10 WCDHB kaimahi attending. We were fortunate to have Jamie Whittle provide korero about the carvings in the Whare Tipuna explaining the whakapapa of each carving.

There is ongoing support for our staff to develop their pepeha and time was allocated for the kaimahi to practice in a safe environment. The evaluations of this hui were extremely positive, and we will use these to develop the next programme. We are working with CDHB People and Capability team to determine accuracy of the WCDHB staff list, and we continue to look for innovative ways to reach our staff roopu, difficult in these Covid times.

Cultural Training

In February there were three Te Tiriti o Waitangi workshops, two in Mawhera and one in Kawatiri and two Tikanga Best Practice workshops, one in Mawhera and one in Kawatiri. Feedback as always has been positive, and more training is timetabled for March.

Cultural supervision continues to be delivered for Clinical Staff funded by our Health Workforce New Zealand contract.

Certificate in Whanau Ora – Tipu Ora

This six-month programme began in February with 26 Kaimahi enrolled. Four are from Whare Manaaki; two from West REAP; one from Te Ha o Kawatiri; eight from Poutini Waioara and nine from the West Coast DHB.

The programme consists of monthly wananga; Wananga Tauatahi was held as a 3-day kanohi ke te kanohi workshop in Hokitika. Due to Covid restrictions Wananga Tauarua was conducted as an online forum. Despite having to deal with technology which was a challenge for some, overall the experience was positive and a credit to the programme facilitators.

Recruitment

Members of the Hauora tima have been working alongside People and Capability to lead the recruitment of Casual Health Care Assistants and Kaiawhina for the West Coast Integrated Covid Community Coordination Centre (WCICCCC) and the broader Covid response. The contribution of the Kaiawhina workforce is key to delivering our future model of care. A Kaiawhina workforce plan will be developed and will focus on the following pou:

- Building cultural capability
- Connecting Kaiawhina and building leadership

- Accelerating new ways of working
- Creating workforce knowledge and data
- Supplying and developing the workforce

Priority Areas for Hauora Maori for the remainder of 2021/22

- Localities Planning – Pae ora & Rural Generalism
- Hauora Direct
- Bowel Screening
- Population Health approaches
- Workforce development – Kaiawhina led care
- Supporting Hub and Covid Care in the Community model
- Immunisation & Vaccination programme

Report prepared by: Hauora Maori

Report approved for release by: Kylie Parkin
General Manager – Hauora Maori

RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Governance Support

DATE: 25 March 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, 1a, 2, 3, 4 & 5.
- 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 11 February 2022	For the reasons set out in the previous Board agenda.	
1a	Confirmation of minutes of Special Public Excluded meeting of 24 February 2022	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.	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)
4.	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)

5.	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)
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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.