

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



BOARD MEETING

**Friday 6 May 2022
at 10.00am**

**Corporate Office Board Room
Greymouth**

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

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Friday 6 May 2022 commencing at 10.00am

KARAKIA	10.00am
ADMINISTRATION	

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 25 March 2022
3. Carried Forward/Action List Items

REPORTS FOR NOTING	10.10am
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|----|--|---|-------------------|
| 4. | Chair's Update – Verbal Update | Hon Rick Barker
<i>Chair</i> | 10.10am – 10.20am |
| 5. | General Manager's Update | Philip Wheble | 10.20am – 10.30am |
| | - CAMHS Presentation | <i>General Manager – West Coast</i> | 10.30am – 10.40am |
| | - Older Persons Health Presentation & general discussion | | 10.40am – 11.15am |
| 6. | Finance Report | David Green
<i>Acting Executive Director, Finance & Corporate Services</i> | 11.15am – 11.25am |
| 7. | Clinical Leader's Update | Graham Roper
<i>Chief Medical Officer</i> | 11.25am – 11.35am |
| 8. | Hauora Maori Update | Kylie Parkin
<i>Acting General Manager Hauora Maori</i> | 11.35am – 11.45am |
| 9. | Resolution to Exclude the Public | <i>Governance Support</i> | 11.45am – 11.50am |

INFORMATION ITEMS

- 2022 Meeting Dates

ESTIMATED FINISH TIME	11.50am
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NEXT MEETING: THURSDAY 23 JUNE

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 West Coast Mental Health and Addictions System Collaborative Design – WCPHO CGC Rep – from consumer perspective representing the interests of parents, children and those living with a disability. 	N Y N N N N	Perceived

Helen Gillespie	<ul style="list-style-type: none"> • Secondment to West Coast DHB as Operational Support for the remainder of the 12 month period • 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 Y N	Actual
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	Actual

		N	
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. • Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. • Arahura Holdings Limited – Chief Executive • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director • Westland District Council – Councillor 	N N N N Y N N N N N N N N	Actual

MINUTES



MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING held at Board Room Corporate Office, Greymouth on Friday 25 March 2021 commencing at 11.30am

BOARD MEMBERS

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

APOLOGIES

Anita Halsall-Quinlan for lateness

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive); Philip Wheble (General Manager, West Coast); Norma Campbell (Executive Director Midwifery); Jo Domigan (Chief People Officer) (via zoom), David Green (Acting Executive Director, Finance & Corporate Services) (via zoom), Becky Hickmott (Executive Director Nursing), , Jacqui Lundy-Johnstone (Executive Director of Allied Health, Scientific & Technical) (via zoom); Melissa MacFarlane (Acting Executive Director Planning, Funding & Decision Support) and Dr Rob Ojala (Executive Director Infrastructure)

Francois Tumahai said the karakia

1. INTEREST REGISTER

Additions/Alterations to the Interest Register

Amendment – Helen Gillespie to read

Secondment to West Coast DHB for 12 months - Operation Support for the remainder of the 12 month secondment period

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 (8/22)

(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.

Resolution (9/22)

(Moved: Helen Gillespie /Sarah Birchfield Moke - carried)

“That the minutes of the Special Meeting of the West Coast District Health Board held via zoom on Thursday 24 February 2022 be confirmed as a true and correct record.

3. CARRIED FORWARD/ACTION LIST ITEMS

Philip Wheble, General Manager West Coast presented the carried forward items

1. Maori Health including Cultural Competency
Mr Wheble will work with the Maori Health Team
2. MAX – People & Capability Service Portal
The Chair requested this be presented to the next Board meeting
3. AF8 Group provide a presentation to Board
To be organised
4. Board to have a discussion regarding future workshops they would like presented
5. Aged Care
An item being presented in the public excluded section of this meeting

The carried forward/action list was noted.

4. CHAIR'S UPDATE

The Chair highlighted the following points of interest:

- The Minister of Health, the Hon Andrew Little visited Te Nikau this morning and was given a tour of the facility. Points highlighted were the Rural Generalist Model, level of engagement between WCDHB and CDHB staff, the site for the new mental health facility shown.
- The Chair acknowledged that the staff have stood strong over what has been an extremely trying time and would like a thank you on behalf of the Board be passed on to all staff by the CE and GM West Coast.
- Zimman House refurbishment is underway, staff training is underway and recruitment for vacancies is underway. The Board is committed to the reopening of Zimman House and the residents returning, to date all is running to schedule.
- Buller Health, both the Chair and CE had visited and had a tour of the work being done.
- Mental Health facility is on track, work will start in the not too distant future
- Health NZ is on track to take over on 30 June, the Chair informed everyone here is a new Chief Executive appointed for Health NZ.
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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 from the report:

- Planned care, addition support in plastics and orthopaedics have been secured
- The team providing care to those with COVID in the community are doing a great job, there are some issues with vacancies as there is some sickness amongst staff.
- EOC is running 7 days a week
- Planned care is being continued for as long as possible, the on-going risk is that while supporting other services planned care will need to be reduced

The Board noted that the re-engagement of staff, consumers and other stakeholders with the design team of the new mental health facility will likely commence in May 2022, it was asked whether this includes both disability and youth voices. Mr Wheble noted the query and will confirm.

The Chair acknowledged the resignation of Julie Lucas after 43 years of service and requested an acknowledgement of this be sent on behalf of the Board.

Mr Wheble provided a presentation, Caring for our Children, and how care can be improved for children, specifically vulnerable children on the Coast.

The presentation showed what is currently being done and what is being looked at in the near future and also further into the future. Covering areas such as mental health, child development and respite care.

The Board noted that the plan to partner with other organisations on the Coast to collectively provide better care for children, it was asked if there was a comprehensive list of those organisations available, Mr Wheble advised that currently there isn't a list, Chair requested the Board provide the names of any organisations they feel should be on the list to Mr Wheble.

It also was commented that the agencies listed in the presentation are agencies that health often works alongside across the life course, it was asked if there is ever any consultation with them on what they are seeing, concerns identified which could shape the next point of focus. Mr Wheble advised that there could be something happening in the near future, particularly with the new health structure.

It was asked if this item could form a standing item in the General Manager's Update providing the Board with an update on progress.

Resolution (10/22)

(Moved: Sarah Birchfield/ seconded: Helen Gillespie – carried)

That the Board:
notes the Chair's Update and the General Manager's Update.

6. FINANCE REPORT

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.

Mr Green highlighted the following

- A meeting had taken place with the MoH and discussion around the DHBs current financial position was had, they advised they are comfortable with this.
- Cashflow forecast has improved but additional support will be needed around late September early October, noting that is based on status quo as there has been no indicated as to funding/expenditure model post 30 June.

The Board noted that the Board financials are currently in a good position, it was asked if the March figures are likely to hold any surprises. Mr Green advised at this point there is no information available to give a clear picture.

The lack of budget for aged care was raised, Mr Green advised there has been an allowance made in the forecast going forward but whether that will be sufficient or not is not yet known. Peter Bramley, CE advised that sustainability and support of ARC is a critical issue at this time and will be discussed in the next section of the meeting.

Resolution (11/22)

(Moved: Peter Neame/ seconded: Chris Auchinvole– carried)

That the Board:
notes the financial result and related matters for the period ended 28 February 2022.

7. CLINICAL LEADER'S UPDATE

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

The points were discussed:

- What is in place for those expectant mothers in labour who may have tested positive for COVID? Ms Campbell advised that all LMC's have quantities of PPE in their car, RAT tests are used on all, whatever their status, all are screened. The woman is cared for at her planned place of delivery as long as she is well, which is always the caveat. If unwell, they are transferred down to Te Nikau.
- There will be an extensive campaign for non-COVID vaccinations, with borders having been closed and due to open up the population is more at risk. Influenza and RSV are something to be mindful of as well. The MMR and other childhood vaccinations are behind due to COVID.
- Currently staff absences due to COVID are not too high and general sickness is running at up to 10%. Most of the spread is coming from the schools as predicted, and as school numbers rise the staff members testing positive will also rise.
- The last two years has a long protracted period and has led to a tired workforce which is a considerable risk. ECC and EOC focus is currently on the welfare of staff at the moment.

Resolution (12/22)

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

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

8. HAUORA MAORI UPDATE

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

The challenge of accessing accurate data in the omicron response identified in the paper was queried. Mr Wheble explained that ethnicity data is captured for positive tests but here on the Coast a number are not registering the tests which in turns skews the data for all sections of the community.

Resolution (13/21)

(Moved: Chris Auchinvole / Edie Moke – carried)

That the Board:
notes the Hauora Maori Update.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (14/22)

(Moved: Tony Kokshoorn / Sarah Birchfield – carried)

- resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 1a, 2, 3, 4 & 5.
- 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)

- 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

CARRIED FORWARD/ACTION ITEMS



WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 6 MAY 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	An agenda item in PX today
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 discussion	An agenda item in PX today
7.	25 March 2022	Mental Health new facility consultation	Confirm both the Disability and Youth sectors are involved in the discussion with the design team	

GENERAL MANAGER UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager West Coast

DATE: 6 May 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 remained paused while (a) the health system is focussed on its response to COVID and Omicron and (b) the West Coast Alliance has received clarity on the role of Alliance's under the reformed Health New Zealand Structure.

Rural Service Level Alliance (SLA)

On 6 April WC PHO hosted the Rural SLA which recommended that the current funding formula for calculation and allocation of Rural Funding to eligible practices remained the same for FY22-23. This is currently being confirmed with practice owners.

B: Build Primary and Community Capacity and Capability

▪ ***Integrated Locality Services – Northern***

- There has been excellent progress with the new build. The Northern Leadership Team had a first walk through the facility on Wednesday 20 April. We were all very satisfied with both the size and the flow of the environment and the attention to detail given by the project and architect teams as we reviewed the build.
- Working with COVID across the staffing team has been manageable and all planned and urgent services have continued.
- There has been a minor lessening in staff pressure in the Acute/Urgent environment and we are encouraged with the calibre of nursing applications in the recruitment space.
- Reefton continues to be a work in progress and I am most appreciative of the efforts of the interim Practice Manager and Clinical Lead based in Reefton.

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

- All of the Central locality teams have worked really hard over the last 2 months when COVID has been prevalent. They have continued to provide for a wide range of healthcare needs, whilst also managing the impacts of COVID across staff. Their ability to adapt to the changing environment and manage through frequent uncertainty has been admirable.
- Two dental therapists retired at the end of March. There is a national shortage of dental therapists, so refilling these key roles has been challenging but the search continues. On a positive note, the role of Clinical Coordinator Community Dental has been appointed to. The successful candidate is due to start in July. They will work with the DHB and partner agencies in shaping the future of this service.
- Work to grow the permanent general practitioner workforce in Te Nīkau Health Centre is ongoing. We hope to welcome a new full-time team member from overseas in September.
- The Acute Zone nursing team (encompassing the Emergency Department, Acute Assessment Unit and Paediatrics) have had some recent turnover but are working hard to stabilise staffing in preparation for winter.

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

- The South Westland Area Practice team has continued to actively support COVID-positive patients in the community.
- The Clinical Nurse Manager (Southern) continues to seek additional Rural Nurse Specialists either on a casual or permanent basis. This remains a significant pressure-point.
- All members of the Southern Locality team have worked through the Omicron surge period with a marvellously positive, can-do approach ensuring continuity of support to patients and clients
- A significant component of strategic activity has been 'on hold' with the Locality Manager seconded to EOC duties – these will resume once the EOC commitment abates



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- A temporary generator is being installed to allow the main unit to be refurbished at the Southern end of the Greymouth campus.
- Repairs have been completed at Buller on the incoming water mains.
- Work has begun on the enhancement of rooms at Ziman House, Reefton.
- Capital works are progressing well with completion of the new sanitiser in Kahurangi, replacement of the roof on the Transport/Medical records building at Grey Base and the sewer separation at Buccleugh Street
- The Greymouth coal boiler is due to be relit at the completion on refractory repairs in the coming week
- Reefton has been issued with its yearly Building Warrant (BWOF).

B: New Facilities Redevelopment Update

Buller

- Construction of the new Buller Health facility continues to progress well.
- Activity on site has really ramped up with service trades now well into their work. First fix electrical, plumbing, HVAC, ICT and fire are all well underway. Roofing is predominantly complete with the outstanding area expected to be done on 26 April. Exterior brick work is also underway.
- Three bays of the old carpark building have now been removed, making way for hard fill and underground services to be completed.
- An updated programme shows the project is still on schedule and the expected completion timeframe remains the second quarter of 2023.



<p>Bricklaying commenced</p>	<p>Remaining trusses installed</p>
<p>External view of light well</p>	<p>Internal view of light well</p>



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- The Nursing leadership team continues to focus on the 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.
- Recruitment of nurses remains a priority for the nursing leadership team. Particular areas of focus are: Acute Zone (including paediatrics) General Ward, CCU, Buller (including Reefton) and Rural Nurse Specialists. A lot of work behind the scenes to enable rapid recruitment as many DHBs are seeking the same applicants.
- Holly Mason and Anne Spence are working in partnership with the Buller teams to support culture and model of care provision. Fortnightly visits to Buller are occurring at this stage.
- A second Nurse Practitioner is working out of Te Nikau primary care alongside our permanent primary care Nurse Practitioner with a supportive mentorship programme.
- 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.
- The national Critical Care Nurses recruitment drive via the platform Kiwi Health Jobs has been successful so far with interviews of six applicants who have indicated Te Nikau as their place of choice. We are hoping all will be successful so that we can inject our CCU service with these specialist trained staff.
- Six new casual health care assistants have entered the system in the past month to support the nursing teams
- A number of nursing staff moving across the system during Omicron have developed skills and opportunities that may not have been previously and in different areas.
- Some exciting new initiatives have also been born out of the Omicron phase, such as an electronic record of our transalpine ambulance service which is proving effective, and a new communication platform between management and the Duty Nurse Manager team.
- Development of the Acute Zone model of care including Paediatrics is ongoing and recruitment into this area continues. We have also moved Paediatric inpatients back to the Acute Zone to allow for COVID admissions to the General Ward/CCU area
- We farewelled Dot O'Connor who retired from her long-standing role in paediatrics and acknowledge her years of service and passion for the paediatric service and the tamariki in our communities.
- Winter planning continues and for what is our new normal post COVID.
- We would like to acknowledge the hard work of the nursing teams across the system during the Omicron phase and peak. It has been a challenging time for all.

Rural Inpatients and Transalpine Service

Improving Capability

- Our plans for COVID have been put to the test in the last 2 months and for the most part they have proven robust and as a result no elective activities had to be deferred due to COVID in the first 8 weeks of the outbreak.
- Throughout the services, team members have shown high levels of adaptability and teamwork. As a result, we were able to make the most of the opportunity to run an extra-large Plastic Surgery clinic for 50 patients who were waiting for a First Specialist Assessment which has significantly reduced the waiting list.

Equity

- We are maintaining our focus on enhancing the attendance of Māori, with a targeted booking approach and offering telehealth where appropriate.
- This methodology has also been used to protecting those more vulnerable to COVID exposure. Our booking and clinical teams have endeavoured to ensure that telehealth bookings are maximised
- The relocation of Te Nīkau's Blood Test Service to the Community Services building to patients accessing blood tests without having to enter the main hospital has proved successful in limiting numbers in Te Nīkau and therefore reducing risk for COVID spread. However, we are aware that for some patients the access to this building has not been as easy than it was when the service was in Te Nīkau and we are looking at how to address this.

Maternity

- Maternity has had a steady flow of new Mama's and pepi through and continue to have good numbers booked for the year.
- We have employed a new core midwife who comes to us from Ashburton and has settled into the Maternity team well. Unfortunately our other new midwife declined her offer of employment.
- Our new Educator/Clinical Coach has fitted well into her new role, and although all education was cancelled for March/April, she has a Practical Obstetric Multi-professional Training (PROMPT) workshop in Buller, also a Newborn Life Support (NBLs) course in Greymouth. Both will be well attended and booked for May. In the meantime she has been doing some in-house training with our new midwife and updating skills with our current midwives.
- Our midwife covering Buller on a 6 month contract has settled into the role, which will give the Buller women more assurance and continuity of care. We currently have around 30 pregnant Mama's in Buller. The LMC is working on supporting some of the Buller women birthing in Kawatiri again. Also hoping to start up some antenatal classes and we have the support from our Lactation Consultant based in Grey, through the PHO who travels to Buller for consults as required.
- We welcome back one of our LMC's who has been on maternity leave and along with her colleague is back supporting our South Westland population.
- Maternity staff have had some challenges with midwives/registered nurses being off with COVID. Our Maternity team including the Educator and Clinical Midwife Manager worked together to cover the shifts.

Allied Health

- Allied Health have been working together to support each other during COVID related absences. Teams with vacancies such as Occupational Therapy particularly have pulled together across the West Coast to achieve some fantastic work.
- Our new Child Health Coordinator has started and we look forward to the work and connections she will achieve in the role.
- We have successfully recruited a Kaiawhina in Mental Health to support the Occupational Therapy activities programme.
- We have also successfully recruited a new Dietitian and two Allied Health Kaiawhina to fill vacancies. We still have some vacancies in Occupational Therapy and Physiotherapy which are currently advertised.

- Our exciting new role for a Primary Health Physiotherapist is advertised and we hope to recruit an experienced physiotherapist with an interest in developing this role and leading the way.

Mental Health

- Continued focus on recruitment across the service. Key positions appointed to in the last few weeks are the Clinical Nurse Manager for the Inpatient Unit, UK Registered Nurse as a case manager for Northern Community Mental Health and Clinical Psychologist with a lengthy start date of January 2023. This is a key role to fill having been empty since 2016.
- Occupational Therapy vacancies continue to cause us challenges in regard to service delivery and specialist input.
- Focused on equity for Māori consumers having employed to Māori Casual Mental Health Assistant who is orientating to the Māori Mental Health Team this month. Also have successfully increased the manager role for this team from .5 to full time. This team will be supported via a workshop to review the vision and direction of this service as well as workforce roles
- Primary/secondary mental health service integration discussions underway with a combined workshop planned for June 2022.
- Ombudsman auditors have requested an update on the 16 recommendation and have acknowledged the team for work achieved to date.
- Health Quality Safety Commission, HQSC, Zero Seclusion project work continues with 50+ day's seclusion free. The HQSC Connecting Care project continues with the WCDHB being asked to provide information for a national case study project on work achieved during the project time.
- Our services have not been significantly impacted by COVID apart from the Alcohol and Other Drugs service (AOD), which has a higher proportion of positive cases with increased service delivery challenges all of which have been managed well.

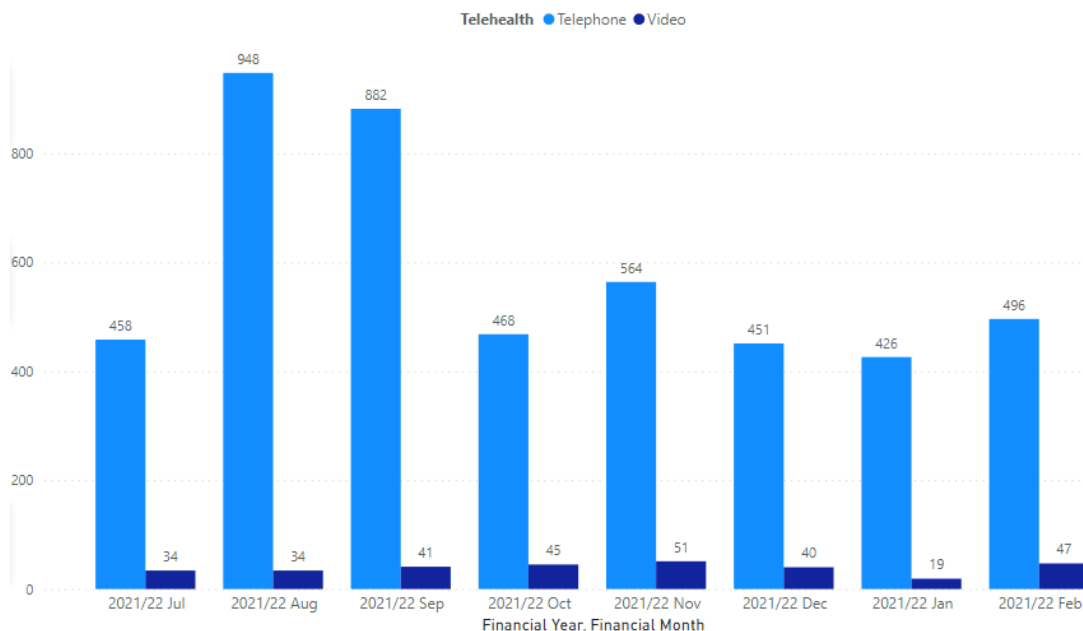
	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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A: Improve Transport Options for Patient Transfers

- 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

- We are recruiting for a replacement project manager which has delayed progress with phase two of the Telehealth project.



Shows the overall volume of telehealth activity by month for West Coast DHB.



A: Older Persons Health Services

Supporting older people to remain at home

Aged Residential Care

- Aged Residential Care (ARC) Facilities continue to feel the impact of the long West Coast COVID peak due to both staffing shortages and positive residents. Additional Registered Nurse (RN) resource has been received from Canterbury which has helped to temporarily alleviate some pressure and enable facilities to remain open. A long-term solution to sustainably deliver Aged Care services on the West Coast relies on successful recruitment and retention of West Coast based nurses however.
- Some West Coast ARC facilities have been closed to new admissions due to significant staffing shortages. This has worked well to reduce the impact on staff and residents but has consequently resulted in a number of West Coast residents who have not been able to access residential care beds.
- We continue to support ARC facilities with Infection Prevention and Control advice and appropriate PPE.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

The consolidated West Coast DHB financial result, including the impacts of COVID-19 and Holidays Act compliance (\$170k favourable), for the month of March 2022 was a deficit of \$1.050M, which was \$203k favourable to the annual plan. The YTD result is \$362k unfavourable to the annual plan. This includes \$687k 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	(172)	(150)	(22)	(1,200)	(1,342)	142
Funder Arm	495	425	70	3,074	4,186	(1,112)
Provider Arm	(1,373)	(1,528)	155	(10,711)	(11,319)	608
West Coast DHB Result	(1,050)	(1,253)	203	(8,837)	(8,475)	(362)
Covid-19 & Holidays Act	46	216	170	1,702	1,932	230
Consolidated Business as Usual Result	(1,004)	(1,037)	33	(7,135)	(6,543)	(592)

B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):**

Development of the Ministry of Health mandatory reporting, NNPAC for ED has now been completed and in production. Enhancements for the District Nursing module are due for release in June 2022. Key issues for the Patient Portal have now been resolved and we are moving into a soft launch phase. We are continuing with system improvements, particularly with the ED module. The phase 2 business case is prepared and going through formal approvals.

- **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.

Status	Dec	Jan	Feb	Mar
Training links sent for month	18	61	581	49
Completed during month	3	17	85	9
Started but not completed during month	1	1	28	3
Not started during month	14	43	468	37
Total DHB staff (various month to month)	-	-	1058	1094
Total staff which have yet to complete training	557	554	537	568

Firewall Replacement: Firewall project has been approved, hardware has been ordered. Project planning is underway with target of August for completion.

Buller IFHC: Network equipment has been ordered. Design being finalised for Audio Visual solution within meeting rooms.

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.

Media

During March/April 2022, most media enquiries received were about our COVID-19 response including modelling data, staff sickness, the COVID-19 Care in the Community hub and the temporary relocation of Reefton's Ziman House residents. We also responded to enquiries regarding our maternity services, dental services, the recent Buller flooding event and the COVID-19 vaccination programme.

▪ **Media releases:**

[Health news](#)

- Temporary changes to Lake Brunner Clinic hours starting from today (18/03/2022)
- West Coast patients to benefit from new CT scanner (18/03/2022)
- Novovax COVID-19 vaccine available this week (21/03/2022)
- West Coast DHB moves to support local Rest Home (31/03/2022)
- Changes to COVID-19 vaccination clinics (04/04/2022)
- Influenza vaccinations now available on the Coast (06/04/2022)
- West Coasters asked to be patient and kind when accessing their general practice for health care (08/04/2022)
- Changes to COVID-19 vaccination clinics (11/04/2022).

▪ **Social media posts:**

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

- 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).
- Getting through together (06/03/2022)
- When to call for help if you have COVID-19 (09/03/2022)
- Got any symptoms? (11/03/2022)
- Today is World Social Work Day! (15/03/2022)
- Give yourself permission to rest (17/03/2022)
- Temporary changes to Lake Brunner Clinic hours (18/03/2022)
- A reminder about COVID-19 and your medicines (18/03/2022)
- Anyone needing to pick up Rapid Antigen Tests (RATs) can find details here (20/03/2022)
- Novovax COVID-19 vaccine available this week (21/03/2022)
- Novovax COVID-19 vaccine available now (23/03/2022)
- A big shout out to our COVID-19 vaccination teams, health system partners and our West Coast communities! (25/03/2022)

- RAT pick up points (26/03/2022)
- Reminder re Novovax COVID-19 vaccine availability (26/03/2022)
- How to use a RAT, how to report it, how to know if you should be taking a RAT test (26/03/2022)
- Struggle got real? (26/03/2022)
- Karamea COVID-19 vaccination clinic (26/03/2022)
- Franz Josef COVID-19 vaccination clinic (26/03/2022)
- Need a RAT? Pick them up from the sites listed on Healthpoint (01/04/2022)
- How to report your RAT through My COVID Record (01/04/2022)
- Getting vaccinated after you've had COVID-19 (02/04/2022)
- Did you know that healthcare, including visits to your GP are free if you are being treated for COVID-19? (02/04/2022)
- Buller drive-through flu vaccination clinics (02/04/2022)
- How to use a Rapid Antigen Test (03/04/2022)
- Whānau with tamariki can find it tricky to get away to get vaxxed (03/04/2022)
- The West Coast DHB has started scaling down the number of mass COVID-19 vaccination sites, now that most West Coasters are fully vaccinated (03/04/2022)
- Flu vaccinations are available now at general practices, most pharmacies and other healthcare providers! (06/04/2022)
- West Coasters asked to be patient and kind when accessing their general practice for health care (08/04/2022)
- With the weather cooling down, the COVID-19 vaccination clinics are now moving back indoors (10/04/2022)
- Currently at Traffic Light Setting Orange (14/04/2022)
- Reminder re COVID-19 vaccination clinics moving back inside (14/04/2022)
- Looking for some help? (15/04/2022)
- Stay safe this Holiday Period (15/04/2022)
- Did you know that pēpi can be protected from serious diseases before they're even born? (18/04/2022).



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **COVID-19 response:** Community & Public Health (C&PH) continue to support the national response by focusing on the investigation of high-risk exposure events. These currently include vulnerable housing settings, faith-based places of worship, Aged Residential Care, Marae, tangihanga, prisons, and DHB healthcare settings which are managed in conjunction with the relevant DHB.
- **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) and continues to support the development of new and evolving pathways for people in our community to access supports to isolate safely.

- **Winter Planning:** Along with the rest of the health system, C&PH is now considering what capacity will be needed to manage future developments of the COVID pandemic as well as planning for the usual winter illnesses. This includes ongoing focus on vaccination for COVID as well as influenza and measles (MMR) which we expect to see more of this year as our borders re-open.
- **National Public Health Service Roadshows:** C&PH have been able to join the new regular National Public Health Roadshows presented via Zoom by the Transition Unit. These have allowed us to hear more about the direction for the new National Public Health service within Health New Zealand which we'll become part of from July this year. Two of C&PH's public health specialists are seconded part-time to provide input to the groups, including the Māori Health Authority, that are working on this transition.

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

FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2022



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 6 May 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:

- notes the financial result and related matters for the period ended 31 March 2022.

3. DISCUSSION

Overview of March 2022 Financial Result

The consolidated West Coast DHB financial result for the month of March 2022 was a deficit of \$1.050M, which was \$203k favourable to the annual plan. The year to date deficit of \$8.837M is \$362k 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 March is \$33k favourable to budget and \$592k unfavourable YTD – refer Appendix 5.

Excluding flood related costs, the month variance would be favourable by \$106k, and YTD \$95k favourable 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	15,753	14,785	968	6.5%	139,584	132,972	6,612	5.0%	177,329
Inter DHB Revenue	0	0	0	0.0%	14	0	14	0.0%	0
Inter District Flows Revenue	160	160	0	0.0%	1,491	1,440	51	3.5%	1,922
Patient Related Revenue	666	667	(1)	(0.1%)	6,025	5,889	136	2.3%	7,860
Other Revenue	(1)	80	(81)	(101.3%)	651	699	(48)	(6.9%)	925
Total Operating Revenue	16,578	15,692	886	5.6%	147,765	141,000	6,765	4.8%	188,035
Operating Expenditure									
Personnel costs	7,589	7,400	(189)	(2.6%)	68,844	64,070	(4,774)	(7.5%)	85,640
Outsourced Services - clinical	2	0	(2)	0.0%	42	0	(42)	0.0%	0
Treatment Related Costs	977	859	(118)	(13.7%)	7,823	7,664	(159)	(2.1%)	10,229
External Providers	4,041	4,037	(4)	(0.1%)	36,117	35,945	(172)	(0.5%)	47,988
Inter District Flows Expense	2,529	2,568	39	1.5%	22,743	23,120	377	1.6%	30,821
Outsourced Services - non clinical	162	123	(39)	(31.7%)	1,491	1,107	(384)	(34.7%)	1,476
Infrastructure and Non treatment related costs	1,300	912	(388)	(42.6%)	10,207	8,204	(2,003)	(24.4%)	11,007
Total Operating Expenditure	16,600	15,899	(701)	(4.4%)	147,267	140,110	(7,157)	(5.1%)	187,160
Result before Interest, Depn & Cap Charge	(22)	(207)	185	(89.4%)	498	890	(392)	(44.0%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	538	529	(9)	(1.7%)	4,816	4,712	(104)	(2.2%)	6,354
Capital Charge Expenditure	490	517	27	5.2%	4,519	4,653	134	2.9%	6,204
Total Interest, Depreciation & Capital Charge	1,028	1,046	18	1.7%	9,335	9,365	30	0.3%	12,558
Net Surplus/(deficit)	(1,050)	(1,253)	203	16.2%	(8,837)	(8,475)	(362)	(4.3%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,050)	(1,253)	203	16.2%	(8,837)	(8,475)	(362)	(4.3%)	(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 the finance team are liaising with operations managers to ensure all costs are captured and tracked in line with MoH advice.

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

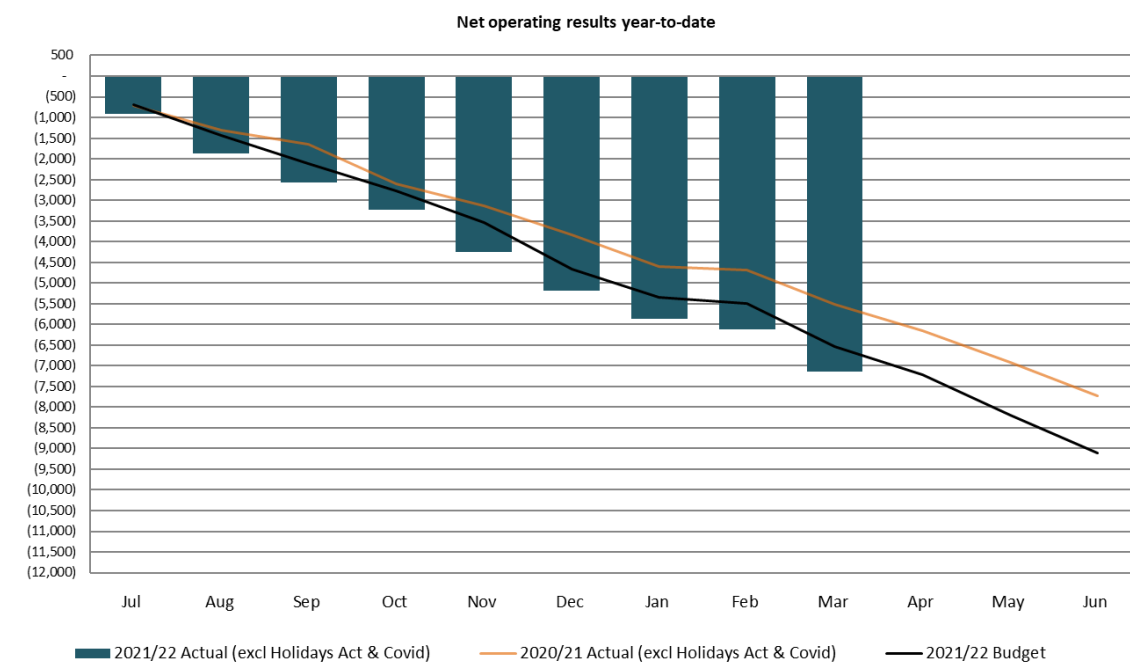
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – March 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)	(1,004)	(1,037)	33	-3%	✓	(7,135)	(6,543)	(592)	9%	✗



The favourable variance of \$33k for the month is driven by:

- Payments to Providers were \$122k favourable for the month primarily due to outsourced ophthalmology volumes being down on forecast in Personal Health (\$120k favourable).
- Outsourced Services were \$114k favourable driven by reduction in locums required in medical. This is a direct result of new hires coming on board at lower cost to the DHB.
- Flood costs of \$73k - if these extraordinary costs were removed we would be even more favourable to plan.
- Clinical Supplies were unfavourable \$71k (YTD favourable) driven primarily from pharmaceuticals with an increased demand in high cost infusions.
- Non-Clinical Supplies were also unfavourable for the month from travel (primarily CDHB staff to support WCDHB workforce) and facilities maintenance \$59k total.

The YTD variance is driven by:

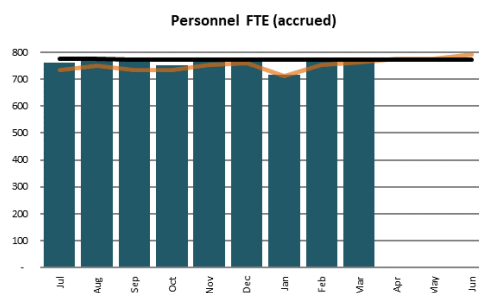
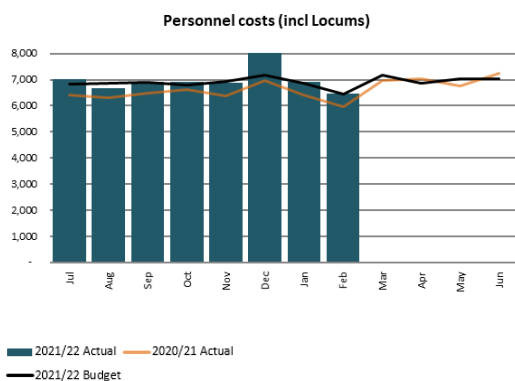
- Flood costs of \$687k YTD. We expect additional costs to continue to come over the coming months but at a lesser rate.
- Additional RSV associated costs in July.

Excluding these additional costs, we are tracking to plan.

Commentary is provided on the variance to the Annual Plan approved in November 2021, with the annual deficit of \$9.100M (excluding the Holidays Act)

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

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000			YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		
Medical	1,709	1,754	45	3%	✓	15,035	15,247	212	1%	✓
Nursing	2,867	2,940	73	2%	✓	28,265	25,694	(2,571)	-10%	✗
Allied Health	1,157	1,221	64	5%	✓	10,219	10,310	91	1%	✓
Support	329	333	4	1%	✓	2,916	2,839	(77)	-3%	✗
Management & Admin	956	922	(34)	-4%	✗	8,093	7,904	(189)	-2%	✗
Total	7,018	7,170	152	2%	✓	64,528	61,994	(2,534)	-4%	✗



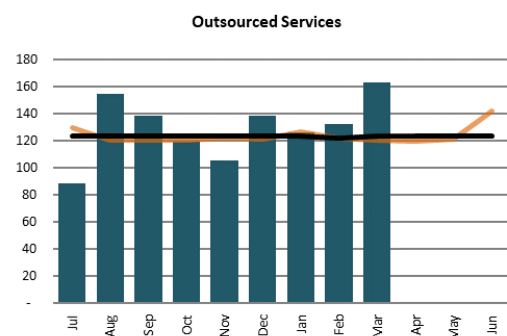
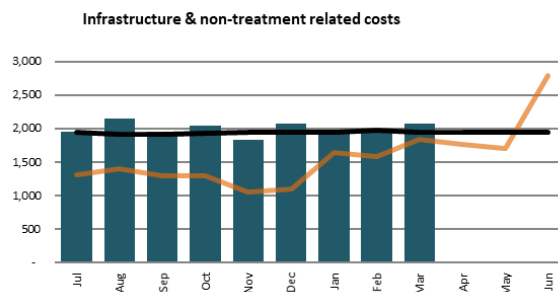
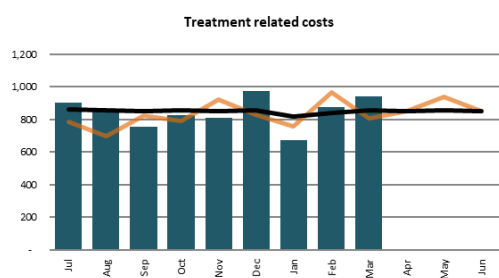
KEY RISKS AND ISSUES:

Management & Admin: The unfavourable variance relates to salary and relocation costs related to new recruitments.

Holidays Act compliance (not included in the amounts above): This provision is currently \$21.18M (\$215k for the month; \$1.94M YTD); 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	943	857	(86)	-10% X	7,628	7,650	22	0% ✓
Non Treatment related costs	2,066	1,949	(117)	-6% X	17,917	17,486	(431)	-2% X
Outsourced Clinical Services	163	123	(40)	-33% X	1,167	1,107	(60)	-5% X



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

KEY RISKS AND ISSUES:

Treatment related costs: Both Bloods and Pharmaceuticals drove this unfavourable variance. There was an increase in demand for infusions relating to MS/Cystic Fibrosis compared to prior months, these are high cost drugs and have a greater impact on cost.

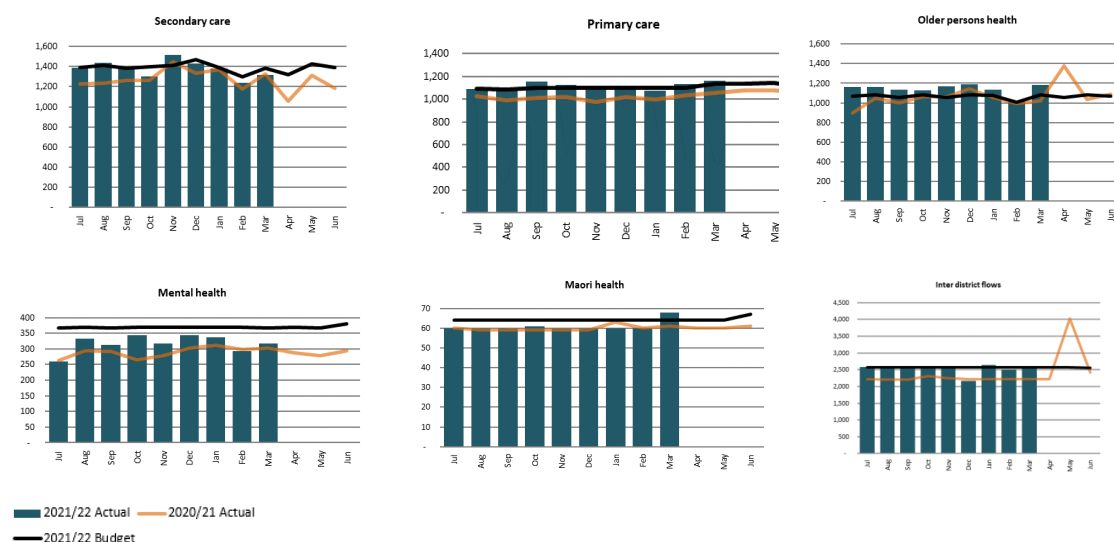
Non-treatment related costs:

Flood related costs in March make up \$73k of the \$117k unfavourable spend. Facilities maintenance costs and higher than expected travel costs make up the remainder of the month's unfavourable variance.

When the flood costs are excluded, YTD non-treatment related costs are \$18k unfavourable to plan.

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	1,317	1,385	68	5%	✓	12,405	12,538	133	1%	✓
Primary Care	1,160	1,139	(21)	-2%	✗	10,031	9,925	(106)	-1%	✗
Older Person's Health	1,180	1,081	(98)	-9%	✗	10,275	9,588	(687)	-7%	✗
Mental Health	318	368	50	14%	✓	2,859	3,318	459	14%	✓
Maori Health	68	64	(4)	-6%	✗	549	576	27	5%	✓
IDF	2,529	2,568	39	2%	✓	22,742	23,120	378	2%	✓
Total	6,571	6,605	34	1%	✓	58,861	59,065	204	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: In March there were one-off payments to service providers in recognition of increases to support worker wages required by the Support Workers (Pay Equity) Settlements Act 2017. These payments were fully funded by additional revenue received from the MoH.

Covid 19 has impacted on the ability on ARC facilities to be able to maintain sustainable work forces. Provisions were made in March anticipating sustainability payments will be required in order to maintain services.

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	124,904	128,436	(3,532)	-3%	✗	126,121
Cash	7,789	2,273	5,516	243%	✓	(5,299)
Capex	6,126	12,267	6,141	50%	✓	17,487

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

We received \$2.76M equity drawdown for Buller in March coupled with our net deficit of \$1.05M our Total Equity increased by \$1.71M our annual plan had forecast a \$1.747M movement with a capital injection of \$3M. We plan to submit our next drawdown request in April and expect to receive funds in May.

Variances to Cash

Buller Development costs are coming in slower than expected but we forecast these to increase in April and May. There is a payment due of \$1.18M towards the Buller Development at the end of April.

As per our revised cashflow forecast we expected a closing balance of 7.3M at the end of April, well above our annual plan which is \$692k.

Variances to CAPEX

Capex spend is \$6.141M behind but is expected to catch up including the purchase and installation of a new CT Scanner and further progress on the Buller facility. There are also several smaller AIP projects underway including a refurbishment to Ziman House, part of the Reefton Health Centre.

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

31 March 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	15,753	14,785	968	6.5%	139,584	132,972	6,612	5.0%	177,329
Inter DHB Revenue	0	0	0	0.0%	14	0	14	0.0%	0
Inter District Flows Revenue	160	160	0	0.0%	1,491	1,440	51	3.5%	1,922
Patient Related Revenue	666	667	(1)	(0.1%)	6,025	5,889	136	2.3%	7,860
Other Revenue	(1)	80	(81)	(101.3%)	651	699	(48)	(6.9%)	925
Total Operating Revenue	16,578	15,692	886	5.6%	147,765	141,000	6,765	4.8%	188,035
Operating Expenditure									
Personnel costs	7,589	7,400	(189)	(2.6%)	68,844	64,070	(4,774)	(7.5%)	85,640
Outsourced Services - clinical	2	0	(2)	0.0%	42	0	(42)	0.0%	0
Treatment Related Costs	977	859	(118)	(13.7%)	7,823	7,664	(159)	(2.1%)	10,229
External Providers	4,041	4,037	(4)	(0.1%)	36,117	35,945	(172)	(0.5%)	47,988
Inter District Flows Expense	2,529	2,568	39	1.5%	22,743	23,120	377	1.6%	30,821
Outsourced Services - non clinical	162	123	(39)	(31.7%)	1,491	1,107	(384)	(34.7%)	1,476
Infrastructure and Non treatment related costs	1,300	912	(388)	(42.6%)	10,207	8,204	(2,003)	(24.4%)	11,007
Total Operating Expenditure	16,600	15,899	(701)	(4.4%)	147,267	140,110	(7,157)	(5.1%)	187,160
Result before Interest, Depn & Cap Charge	(22)	(207)	185	(89.4%)	498	890	(392)	(44.0%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	538	529	(9)	(1.7%)	4,816	4,712	(104)	(2.2%)	6,354
Capital Charge Expenditure	490	517	27	5.2%	4,519	4,653	134	2.9%	6,204
Total Interest, Depreciation & Capital Charge	1,028	1,046	18	1.7%	9,335	9,365	30	0.3%	12,558
Net Surplus/(deficit)	(1,050)	(1,253)	203	16.2%	(8,837)	(8,475)	(362)	(4.3%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,050)	(1,253)	203	16.2%	(8,837)	(8,475)	(362)	(4.3%)	(11,683)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 March 2022

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	148,954	161,785	(12,831)	(7.9%)	155,220
Intangible assets	540	1,733	(1,193)	(68.8%)	740
Work in Progress	11,679	6,895	4,784	69.4%	6,887
Other investments	210	231	(21)	(9.1%)	231
Total non-current assets	161,383	170,644	(9,261)	(5.4%)	163,078
Current assets					
Cash and cash equivalents	7,789	2,273	5,516	242.7%	3,415
Patient and restricted funds	0	0	0	0.0%	49
Inventories	1,346	1,097	249	22.7%	1,311
Debtors and other receivables	6,823	5,864	959	16.4%	5,672
Assets classified as held for sale	3,144	0	3,144	0.0%	0
Total current assets	19,102	9,234	9,868	106.9%	10,447
Total assets	180,485	179,878	607	0.3%	173,525
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,044	1,857	(187)	(10.1%)	1,857
Other	63	63	0	0.0%	63
Total non-current liabilities	2,107	1,920	(187)	(9.7%)	1,920
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	15,889	15,132	(757)	(5.0%)	13,862
Employee entitlements and benefits	37,585	34,390	(3,195)	(9.3%)	34,389
Total current liabilities	53,474	49,522	(3,952)	(8.0%)	48,251
Total liabilities	55,581	51,442	(4,139)	(8.0%)	50,171
Equity					
Crown equity	227,064	230,017	2,953	1.3%	216,678
Other reserves	28,957	28,956	(1)	(0.0%)	28,957
Retained earnings/(losses)	(131,117)	(130,537)	580	0.4%	(122,281)
Trust funds	0	0	0	0.0%	0
Total equity	124,904	128,436	3,532	2.8%	123,354
Total equity and liabilities	180,485	179,878	607	0.3%	173,525

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

31 March 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	16,660	15,691	969	6.2%	148,046	140,991	7,055	5.0%
Cash paid to employees	(6,571)	(6,699)	128	1.9%	(59,216)	(57,778)	(1,438)	(2.5%)
Cash paid to suppliers	(3,705)	(2,593)	(1,112)	(42.9%)	(26,953)	(23,260)	(3,693)	(15.9%)
Cash paid to external providers	(4,041)	(4,037)	(4)	(0.1%)	(36,121)	(35,945)	(176)	(0.5%)
Cash paid to other District Health Boards	(2,529)	(2,568)	39	1.5%	(22,741)	(23,120)	379	1.6%
<i>Cash generated from operations</i>	(186)	(206)	20	(9.7%)	3,015	889	2,126	239.2%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	0	0	0	0.0%	(3,047)	(3,102)	55	1.8%
Net cash flows from operating activities	(186)	(206)	20	(9.7%)	(32)	(2,213)	2,181	(98.6%)
Cash flows from investing activities								
Interest received	13	0	13	0.0%	75	0	75	0.0%
(Increase) / Decrease in investments	2	0	2	0.0%	70	0	70	0.0%
Acquisition of property, plant and equipment	(957)	(1,745)	788	45.2%	(5,646)	(11,037)	5,391	(48.8%)
Acquisition of intangible assets	19	0	19	0.0%	(480)	(1,230)	750	(61.0%)
Net cash flows from investing activities	(923)	(1,745)	822	(47.1%)	(5,981)	(12,267)	6,286	51.2%
Cash flows from financing activities								
Proceeds from equity injections	2,761	3,000	(239)	8.0%	10,387	13,339	(2,952)	22.1%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	2,761	3,000	(239)	8.0%	10,387	13,339	(2,952)	22.1%
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	2,761	0	2,761	0.0%	10,387	0	10,387	0.0%
Net increase in cash and cash equivalents	1,652	1,049	603	57.5%	4,374	(1,141)	5,515	(483.3%)
Cash and cash equivalents at beginning of period	6,137	1,224	4,912	401.2%	3,415	3,414	1	0.0%
Cash and cash equivalents at end of period	7,789	2,273	5,515	242.6%	7,789	2,273	5,516	242.7%

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	(14,565)	-	-	(14,565)	(14,524)	-	-	(14,524)	41	-	-	41
Non-Devolved Contracts	(1,057)	(904)	-	(153)	(132)	(25)	-	(107)	925	879	-	46
Inter-DHB & Internal Revenue	(160)	-	-	(160)	(160)	-	-	(160)	-	-	-	0
Other Revenue	(796)	-	-	(796)	(876)	-	-	(876)	(80)	-	-	(80)
Total Revenue	(16,578)	(904)	-	(15,674)	(15,692)	(25)	-	(15,667)	886	879	-	7
DHB Provided Expenditure												
Personnel	6,992	315	215	6,462	6,701	15	215	6,471	(291)	(300)	-	9
Outsourced Personnel & Support	596	40	-	556	699	-	-	699	103	(40)	-	143
Outsourced Clinical Services	164	1	-	163	123	-	-	123	(41)	(1)	-	(40)
Clinical Supplies	977	34	-	943	859	2	-	857	(118)	(32)	-	(86)
Infrastructure & Non-Clinical Supplies	2,329	263	-	2,066	1,958	9	-	1,949	(371)	(254)	-	(117)
Total DHB Provided Expenditure	11,058	653	215	10,190	10,340	26	215	10,099	(718)	(627)	-	(91)
Other Providers												
Personal Health	2,403	-	-	2,403	2,497	-	-	2,497	94	-	-	94
Mental Health	318	-	-	318	370	-	-	370	52	-	-	52
Public Health	74	82	-	(8)	24	-	-	24	(50)	82.0	-	32
DSS	1,180	-	-	1,180	1,082	-	-	1,082	(98)	-	-	(98)
Maori Health	66	-	-	66	64	-	-	64	(2)	-	-	(2)
IDFs	2,529	-	-	2,529	2,568	-	-	2,568	39	-	-	39
Total Other Providers	6,570	82	-	6,488	6,605	-	-	6,605	35	82.0	-	117
Total Expenditure	17,628	735	215	16,678	16,945	26	215	16,704	(683)	(709)	-	26
Total Consolidated Result Deficit/(surplus)	1,050	(169)	215	1,004	1,253	1	215	1,037	203	170	-	33

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	(132,364)	-	-	(132,364)	(130,682)	-	-	(130,682)	1,682	-	-	1,682
Non-Devolved Contracts	(5,953)	(4,882)	-	(1,071)	(1,130)	(241)	-	(889)	4,823	4,641	-	182
Inter-DHB & Internal Revenue	(1,491)	-	-	(1,491)	(1,440)	-	-	(1,440)	51.0	-	-	51
Other Revenue	(7,957)	-	-	(7,957)	(7,748)	-	-	(7,748)	209	-	-	209
Total Revenue	(147,765)	(4,882)	-	(142,883)	(141,000)	(241)	-	(140,759)	6,765	4,641	-	2,124
DHB Provided Expenditure												
Personnel	62,584	2,142	1,937	58,505	57,779	139	1,937	55,703	(4,805)	(2,003)	0	(2,802)
Outsourced Personnel & Support	6,261	237	-	6,024	6,291	-	-	6,291	31	(237)	-	268
Outsourced Clinical Services	1,533	366	-	1,167	1,107	-	-	1,107	(426)	(366)	-	(60)
Clinical Supplies	7,823	195	-	7,628	7,664	14	-	7,650	(159)	(181)	-	22
Infrastructure & Non-Clinical Supplies	19,542	1,625	-	17,917	17,569	83	-	17,486	(1,973)	(1,542)	-	(431)
Total DHB Provided Expenditure	97,742	4,565	1,937	91,240	90,410	236	1,937	88,237	(7,332)	(4,329)	0	(3,003)
Other Providers												
Personal Health	21,893	-	-	21,893	22,237	-	-	22,237	344	-	-	344
Mental Health	2,855	-	-	2,855	3,321	-	-	3,321	466	-	-	466
Public Health	542	82	-	460	224	-	-	224	(318)	82.4	-	(236)
DSS	10,278	-	-	10,278	9,587	-	-	9,587	(691)	-	-	(691)
Maori Health	549	-	-	549	576	-	-	576	27	-	-	27
IDFs	22,743	-	-	22,743	23,120	-	-	23,120	377	-	-	377
Total Other Providers	58,860	82	-	58,778	59,065	-	-	59,065	205	82.4	-	287
Total Expenditure	156,602	4,647	1,937	150,018	149,475	236	1,937	147,302	(7,127)	(4,411)	0	(2,716)
Total Consolidated Result Deficit/(surplus)	8,837	(235)	1,937	7,135	8,475	(5)	1,937	6,543	(362)	230	0	(592)

CLINICAL LEADERS UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 6 May 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 now be boosted.

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

Our Integrated Community Care Hub has continued to develop and respond to the various Omicron outbreaks across the district over the last month.

Our Kaiāwhina workforce initiate contact with all those people who are recorded as Covid positive in the district, or registered to a WC based primary care provider. In partnership with primary practices, and our interprofessional clinical team in the hub, conversations are held with those isolating to ensure they are well enough to be at home, have the knowledge and skills to recognise when they need to seek further help, and are supported to stay home with practical and wellbeing resources.

While we continue to recruit to our Pae Ora Educator role (a key component of developing our Kaiāwhina workforce, using the Calderdale Framework clinically appropriate delegation tools) our Hauora Māori and Allied Health workforce teams are providing key supports to ensure education for the Hub team aligns with our clinical governance processes.

Community Wellbeing

In addition to the ways that the Integrated Community Care Hub is supporting community wellbeing, we continue to facilitate conversations and programmes of work in partnership with the Buller Flood Recovery Team and Community Public Health in regards the flood recovery and South Westland Covid impacts respectively. The role of DHBs to co-ordinate the psychosocial response for any emergency situation has been more complex over the last two years with Covid weaving through other disaster situations. This has also given us opportunities to knit our historically separate and time pressured responses together and we look forward to taking some time to review how doing things differently has worked both from a community and a health system perspective, as the outbreak eases.

Maternity

The maternity team are part of a new regional initiative utilising a Kaiāwhina workforce. This model has been tested and evaluated in Lakes District Health Board.

The West Coast team will be taking the learnings from our Covid Hub, and the work already underway with our CDS service remodel, to develop the model into a great fit for West Coast whanau.

Medical Leaders

The WCDHB Omicron Emergency Operations Centre (EOC) is still impacting the workload for the medical leadership group.

The RHM workforce continue to demonstrate the value in their abilities by working across areas and supporting the Emergency Department and unplanned areas of Te Nikau.

Recruitment and appointment of our senior medical workforce is ongoing as well as strengthening primary care for South Westland.

The Clinical Leaders continue to provide oversight to all aspects of the health system resurgence planning.

Nursing

The Nursing leadership team continues to focus on the key areas of: recruitment, leadership support, culture, safe working environment, staff engagement and retention. We would like to acknowledge the hard work of the nursing teams across the system during the Omicron phase and peak. It has been a challenging time for all.

Omicron Response

We have had some much-appreciated assistance from CDHB nurses working across areas of our DHB including Aged Residential Care (ARC).

Some exciting new initiatives through the Omicron response include an electronic record of our transalpine ambulance service which is proving very effective, and a new communication platform between management and the Duty Nurse Manager team has improved visibility and response.

Recruitment

Challenges remain with recruitment into existing nurse vacancies for hospital, community and ARC services due to national and international nursing shortages. To address this, we are bolstering our workforce with support staff such as Kaiawhina and health care assistants (HCAs) as we prepare for the peak of the omicron surge. Six new casual HCAs have recently commenced to support the nursing teams.

Recruitment priority areas are: Acute Zone (including Paediatrics) General Ward, CCU, Buller (including Reefton) and Rural Nurse Specialists. A rapid recruitment process has been instigated as many DHBs are contesting for the same applicants.

The National Critical Care Nurses recruitment drive via the Kiwi Health Jobs platform has been successful so far with interviews of six applicants next week who have indicated Te Nikau as their place of choice.

A second Nurse Practitioner is now working out of primary care at Te Nikau alongside our permanent primary care Nurse Practitioner with a supportive mentorship programme.

Development of the Acute Zone model of care including Paediatrics is ongoing and recruitment into this area continues. We have moved Paediatric inpatients back to the acute zone and streaming Covid admissions to the General Ward/CCU area. To support this move, we have welcomed Paediatric staffing resource including Clinical Nurse Educators from Canterbury who are providing much needed training and support. Short, Medium and Long term planning continue around the development of a sustainable Paediatric nursing team within the Acute Zone.

Winter Planning

Winter planning is underway to prepare the health system for the expected RSV, influenza and new COVID variants. This includes resourcing and opening the AAU as part of the Acute Zone and increasing staffing to the medical areas to prepare for the increased admissions. Primary Care will be pivotal in supporting our community.

Nicky Graham has joined the Executive Director of Nursing (EDON) office on a 4 month secondment in the role of Nursing Director - COVID support. As a part of this role Nicky will be supporting the roll-out of Hospital Variance Response Management (VRM) across the system, working with the West Coast Director of Nursing (DoN), CCDM team, Duty Nurse Managers and the Clinical Team Coordinators.

Hospital Variance Response

Work has commenced with the West Coast DoN and Nursing Directors to progress next steps in the space of Care Capacity Demand Management (CCDM). The VRM is a set of tools that examines the variance between patient demand and the capacity to care. It includes a variance indicator score (VIS) which is a traffic light system that captures poor skill mix, care rationing, etc. The VIS tool will be launched shortly alongside the Capacity at a Glance Screen (CAAG) which will provide a visible signal to the healthcare teams across the Coast to enable a variance response to meet the safe staffing need and ensure the right care is provided. More information can be found on the national CCDM website [PowerPoint Presentation \(ccdm.health.nz\)](https://ccdm.health.nz)

Duty Nurse Manager and Clinical Team Coordinator team

Discussions have commenced for the West Coast Senior Nursing teams to work alongside and spend time with the Christchurch campus Duty Nurse Manager and Clinical Team Coordinators as part of their professional development to assist in further strengthening the West Coast model.

Kaihautū Tapuhi

Kylie Clark has recently accepted a secondment to focus on equity for Māori and Cultural Safety within nursing. Kylie is currently conducting an overview of the current state of Cultural Safety Education within nursing as it relates to Māori within the CDHB and WCDHB. This will form a solid platform which gives meaningful effect to Te Tiriti o Waitangi.

Allied Health, Scientific & Technical

Our workforces have responded with such professionalism to the demands of the Omicron outbreaks across the district, being responsive and willing to work in very different ways to ensure that those who most need our input have access while supporting the wider health system demands. While there are significant shortages across many professional groups, and leadership gaps due to ongoing recruitment and secondments, our workforces continue to prioritise safe clinical care, through the use of triaging, skill sharing and delegation tools and staying connected across their transalpine professional groups and local interprofessional teams.

As we prepare to step from high omicron case numbers into our other seasonal surges (such as influenza, whooping cough and RSV) we are beginning to have conversations about the ways we can take what has worked into our 'new normal' business activity.

CLINICAL BOARD

The Clinical Board will next meet on Thursday 28 April.

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

Hauora Maori Update



TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager, Maori Health

DATE: 6 May 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.

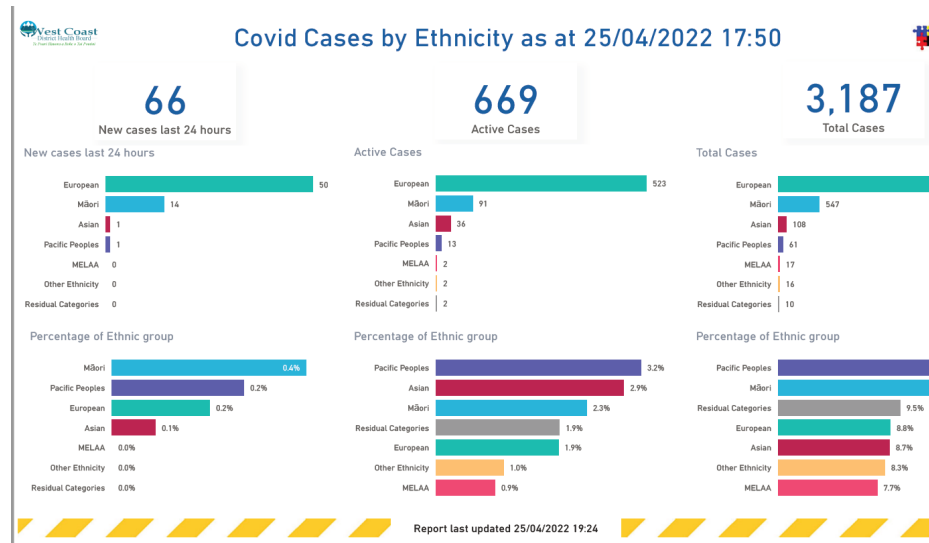
The content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

- i. Notes the Hauora Māori Report

Covid - Omicron



Māori make up 22% (547) of all Covid cases on the West Coast as at 25/4/2022. By comparison Māori make up 12% of the West Coast total population. 14% of Māori population have had Omicron.

NZ European make up 76% (2428) of all cases on the West Coast as at 25/4/2022. By comparison NZE make up 85% of the West Coast total population. 8.8% of the NZE total population have had Omicron.

Proportionally Māori sit at 14% of their population having had Covid with Pacifica 14.8%.

Covid Hub & Māori pathway

The Equity Pathway for Māori has been embedded in the Hub process. Key components of the Hub pathway;

- all Māori will receive a call from the Hub Kaiawhina irrespective of their acuity rating
- dedicated Māori kaiawhina workforce in place to connect with Māori over the phone and complete initial assessment
- Māori Providers receive intel at a daily hui that is convened by the Equity lead in the Hub
- Welfare support mobilised as quickly as possible – assessment made within 4 hours of notification

Intangible outcomes as a result of this model of care.

- Improved connectivity between Māori Providers and the system
- Improved connectivity between Māori Providers
- Building trust with Māori – Goal of the Hub is that Māori/Pacifica are left better off after Covid
- Building a workforce within the Hub model who understand Equity and are supported to deliver a pro-equity approach

Maori Health Authority – Iwi Maori Partnership Boards

The MHA's future organisational structure has been designed along functional lines and the five core functional building blocks. It has been organised into six directorates:

1. System Strategy & Transformation
2. System Policy
3. Service Development & Relations
4. Governance & Advisory
5. Corporate Services
6. Mātauranga Maori

Māori Health Leadership and establishment of functions in Māori Health Authority is the next piece of work that the Leadership team are undertaking. Māori health capacity and capability is to be established with Tūmū Whakarae – GMs Māori Health National.

The first Iwi-Māori Partnership Board has been announced. The Āti Awa Toa Iwi-Māori Partnership Board has been appointed by a panel of representatives from Ngāti Toa and Tē Āti Awa. The establishment of Iwi-Māori Partnership Boards is a fundamental part of the transformed health system. IMPBs will play an important role in working with other organisations to determine health and wellbeing priorities for their local areas. They will engage with whānau about local health needs and share insights with the Māori Health Authority, Health NZ and other health entities. The membership of other IMPBs will be confirmed over the next few months ahead of their formal establishment on 1 July this year.

Population Health

- Immunisations and Vaccination programme - co-ordinating resources for increased uptake of flu, MMR and covid booster vaccinations between primary care, covid vax team and Poutini Waiora
- Kaiawhina led fluoride application for Māori whanau - proposal approved by the National Rural Calderdale Framework Project Group to proceed with programme.
- Bowel Screening programme - planning underway for Hauora Māori to lead Bowel Screening programme on the West Coast

Localities

The West Coast Locality will provide an opportunity to partner with mana whenua on health outcomes, to the extent that we have never seen, and to lead a transformational change to our system with equity for Māori at the very core. While the approach holds great promise for all, Māori whānau are particularly encouraged and hopeful that this change, and the absolute attention and intention to partner with Māori, and to do things differently will mean a model that improves outcomes and access. With the reforms and strengthening of our Māori Provider sector to respond to Covid I believe that we are in a very strong position to lead out a locality model that will significantly improve equity outcomes.

Workforce

The increase in the number of Māori in Kaiawhina, Health Care, Allied Health and Mental Health Assistant roles has been significant. A piece of work is being discussed to align all MHA, AHA, MHA and Kaiawhina irrelevant of what service they work in. The aim is twofold, to support them as a critical workforce that will enable our health strategy and to deliver an education and training programme and consistent leadership across this pivotal workforce.

The Māori Mental Health team have increased FTE with the recruitment of 1.0 FTE Mental Health Assistant and an increase in the Māori Mental Health Manager FTE from 0.5 to 1.0. This will have a huge impact

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: 6 May 2022

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

The following agenda items for the meeting are to be held with the public excluded. This section contains items for discussion that require the public to be excluded for the reasons set out below. The New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and 33, and the West Coast DHB Standing Orders (which replicate the Act) set out the requirements for excluding the public.

2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6.
- 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.	
2.	Carried Forward/Action Points	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Health New Zealand Annual Accounts Requirements & Delegation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	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)
5.	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)

6.	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.