

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



BOARD MEETING

**Thursday 23 June 2022
at 10.00am**

**Corporate Office Board Room
Greymouth**

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

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 (Interim 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 (Team Leader Planning, Funding)
Tracey Maisey (Executive Director Planning, Funding & Decision Support)
Dr Rob Ojala (Executive Director for Infrastructure)
Kylie Parkin (Acting General Manager Hauora Maori)
Dr Graham Roper (Chief Medical Officer)
Karalyn van Deursen (Executive Director, Communications)
Philip Wheble (General Manager, West Coast)
Bianca Kramer (Governance Support)

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Thursday 23 2022 commencing at 10.00am

KARAKIA	10.00am
ADMINISTRATION	

Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 6 May 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
<i>General Manager – West Coast</i> | 10.20am – 10.30am |
| 6. Finance Report
Verbal Update on May Result | David Green
<i>Acting Executive Director, Finance & Corporate Services</i> | 10.30am – 10.40am |
| 7. Clinical Leader's Update | Graham Roper
<i>Chief Medical Officer</i> | 10.40am – 10.50am |
| 8. Hauora Maori Update | Kylie Parkin
<i>Acting General Manager Hauora Maori</i> | 10.50am – 11.00am |
| 9. Resolution to Exclude the Public | <i>Governance Support</i> | 11.00am – 11.05am |

ESTIMATED FINISH TIME	11.05am
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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. Poutini Waiora – employed as Mana Ake Kaiawhina Team Leader 	N Y N N N N Y	Perceived 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 N	Actual

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

MINUTES

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at Board Room Corporate Office, Greymouth
on Friday 6 May 2022 commencing at 10.00am

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)

EXECUTIVE SUPPORT

Dr Peter Bramley (Chief Executive); Philip Wheble (General Manager, West Coast); James Alison (Chief Digital Officer), 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); Tracey Maisey (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**

There were no additions or

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 (15/22)**

(Moved: Tony Kokshoorn/Sarah Birchfield - carried)

"That the minutes of the Meeting of the West Coast District Health Board held at Corporate Office Board Room on Friday 25 March 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 to discuss with team
2.	MAX – People & Capability Service Portal Presentation on Public Excluded agenda for today
3.	AF8 Group provide a presentation to Board Mr Wheble will discuss with the Chair
5.	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 Presentation on today's agenda as part of the GM Update

The carried forward/action list was noted.

4. CHAIR'S UPDATE

The Chair highlighted the following points of interest:

- The Chair advised he has been in regular contact with Philip Wheble, General Manager West for updates on Ziman House..
- Noted the DHB is now supporting both Dixon House and Granger House with staffing, CDHB is unable to help with this as they are also experiencing the same with their ARC facilities. We are approximately 1000 nurses short in New Zealand for ARC facilities, with approximately another 2500 short in general health.
- The National Chairs & CEs regular meeting with the Minister will once again bring to his attention the pay differential between ARC and general nurses is significant. The West Coast has the added problem of being remote.
- Both the Buller rebuild and the new mental Health facility are making progress.
- Health New Zealand are getting into position to take over as 1 July.

5. GENERAL MANAGER'S UPDATE

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

Mr Wheble provided an update on the Localities Pilot for Health New Zealand. The West Coast is one of nine localities chosen for the pilot and it is a positive for the Coast. It allows the community and providers to have an opportunity to have a say in what health care needs are to be delivered and how they will be delivered on the Coast, this is a much broader way to provide well being to the community. Partnering with IWI, other providers, local government, PHO/primary practices and a number government departments to co-design and implement the locality based approach. There will be no substantial changes on 1 July, and over the next months there will be engagement with the community and providers and then the designing of the plan.

Mr Wheble moved to his report and highlighted the following key points:

- The team has been working hard responding to COVID, the West Coast has been slow rising to the peak but looks to have reached it last week. The team are preparing for winter, with borders open it will also mean winter flu and other illnesses as well as COVID. The new business as normal encompasses managing COVID in the community going forward.
- The COVID Hub will transition to not just cover COVID but also winter planning and response.
- Planned care here was not disrupted as much as other centres with COVID/
- ESP2 Plastics have had a significant decrease, with extra funding work is being done around orthopaedics.

Dr Olaja advised that progress on the new mental health facility is currently out to market for the design team, as part of this user groups will be established including consumer representation to cover a broad range of input focused on the needs of the community. The Board also noted that IWI have been invited to join the governance group.

The Board noted the current nursing crisis and nationally the need of 1000 registered nurses for the ARC sector and 2000 for general nursing. Becky Hickmott, Executive Director of Nursing advised the Government is aware of the concerns over both shortage and the lack of pay parity for ARC nurses. As an international shortage of nurses is being experienced there is strong competition being seen internationally with incentives being offered to encourage suitably qualified nurses to move. This makes it hard for New Zealand with both the risk of losing current staff and to obtain staff from overseas.

GP waiting times for Buller was discussed briefly with Mr Wheble indicating currently things are looking ok, with GPs, nurse practitioners and rural generalists keeping things reasonable stable. There will be a 1.2 FTE needing to be filled shortly but work is being carried out for that.

Maternity services was discussed briefly, it was advised that when the new facility opening it is hoped there will be a stronger maternity presence removing the need for woman to travel down to Greymouth to birth. The Board was also advised that the antenatal classes are currently being provided as needed by the LMC.

Mr Wheble and Mardi Postal presented an overview of the next 10 years on the Coast and implications on the aged care services and facilities as requested by the Board. There is a 26% increase projected for the 2025/2027 period, though with people staying in their own homes longer lessening the need for rest home care. The need going forward will be for the dementia level beds/care with an estimated 20 additional dementia levels being required for the region.

The Board noted the national ARC funding review has not been implemented yet and the current funding doesn't work for rural areas receiving less per bed than other areas. With the review sitting with the MoH the ARC units on the Coast are left in a position where they are seriously struggling. It is hoped that this will go ahead this financial year, it would see the funding model change as well as pay parity for nursing staff.

With COVID in the community and the shortage of ARC staffing the WCDHB/CDHB are currently supporting 4 of the 5 ARC facilities on the Coast with nursing staff. CDHB are supporting with 8FTE as well as WCDHB staff deployed from other areas. If not supported they would be in breach and would have to closed. With a 5.6 nursing FTE per facility required to meet minimum requirements, staffing needs to be placed where they would be the most effective.

Respite care was discussed with concern expressed around the increasing number of people staying in their own homes being cared for by family. It was asked how the system will cope with their needs, and their carers need for respite. It was advised that prior to COVID there were a number of respite beds available on the Coast. Currently both here and nationally a number of facilities are closed to admission and making those beds unavailable. Going forward the care pathway would need added investment in respite care. There is also an option for in-home respite.

Holly Mason, Director of Nursing gave a brief presentation on current recruitment being carried out for nursing, including the Reefton ARC positions. Creative use of advertising and show casing the West Coast as desirable place to live.

Resolution (16/22)

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

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

6. FINANCE REPORT

David Green, Acting Executive Director Finance & Corporate Services presented the report which was taken as read.

The consolidated West Coast DHB financial result for the month of March 2022 was a deficit of \$1.050M, which was \$203k favourable to the annual plan. The year to date net 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.

In response to questions Mr Green advised excluding the flood costs the budget would be favourable to plan, there are still be some costs coming through in April but have slowed down. There are

monthly accruals being made for the Holidays Act compliance using the best information available, this liability will sit on the balance sheet and at 1 July will pass to Health NZ. The result for April is looking good at this stage.

Resolution (17/22)

(Moved: Tony Kokshoorn / seconded: Peter Neame – 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 Board noted that WCDHB flu vaccination uptake is up on last year, with the borders opening up and predictions of a potentially big flu season. Ms Campbell advised the MMR vaccination campaign is also being focused on. Using and building on the learnings from the COVID vaccination programme and how to access populations.

Resolution (18/22)

(Moved: Peter Neame / seconded: Helen Gillespie – 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. There was no further discussion.

Resolution (19/21)

(Moved: Chris Auchinvole / Helen Gillespie – carried)

That the Board:

notes the Hauora Maori Update.

9. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (20/22)

(Moved: Tony Kokshoorn / Peter Neame – carried)

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6.
- 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)

- 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 11:35pm. The Public Excluded section of the meeting commenced at 11:45pm and concluded at 1.25pm.

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
3	24 September 2020	AF8 Group provide a presentation to Board	To be added for future presentation	To be scheduled

GENERAL MANAGER UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager West Coast

DATE: 23 June 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 we begin to explore the development of the locality prototype for the West Coast. The future of the Alliance is yet to be confirmed. However, we expect many of the Alliance functions to be incorporated within the locality pilot.

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.
 - We have been recently challenged in getting a consistent locum GP to provide services in Reefton for the next few months. The team have worked hard in looking at various options and we now have 3 out of the 5 days covered with either in person or telehealth consults. In addition to this we are rolling out a trial where our HUB will support services into Reefton planned for the week of 20 June that will provide additional consult time. On a positive note the nursing team at the Reefton Integrated Healthcare Facility has improve community health targets, including screening testing as cervical smears, diabetes checks and cardiovascular risk assessments. They have also been able to safely staff the PRIME/Emergency Medical Response for the community 24/7.
- ***Integrated Health Services – Central***
 - Since late February teams have been working hard to provide all their services whilst also managing the impact of COVID. It's been a challenging time and continues to be (with COVID impacts lingering and winter pressures appearing), but overall the teams have done a remarkable job.
 - The new INDICI electronic Patient Management System (PMS) rolled out across Te Nīkau Health Centre and the Emergency Department in late 2021 and is now well embedded. It's capturing a wealth of data which, once analysed, will help us to understand demand and build better services in the future. INDICI will be extended to the District Nursing and Allied Health Scientific & Technical teams in due course.
 - There has been a change in nursing leadership within the Te Nīkau Integrated Family Health Centre team, with a new Clinical Nurse Manager (CNM) starting on 11 May. They have been seconded into this role for 6 months and are already proactively leading on some key work.
 - The Te Nīkau Integrated Administration Team, formed into a new structure late last year, has gone from strength to strength. They have been operating as a flexible singular unit in coping with a series of roster gaps and challenges whilst also still providing reception, administration, telephony and other expert services to consumers and staff. Their efforts are greatly appreciated.

- Ensuring the continued provision of Primary Care services, in collaboration across the whole Coast, is a key focus area at present. Managing workforce gaps is challenging but improvements (linked to the on-boarding of new staff) are expected over the next 3-4 months.

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

- The South Westland Area Practice team has continued to actively support COVID-positive patients across the communities of South Westland. This has been ongoing activity in conjunction with the Hub.
- 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. In recent times, this has been characterised by a willingness to fill gaps arising due to COVID in Aged Residential Care facilities, in the Te Nikau General Ward and in the Central District Nursing team.
- The Clinical Nurse Manager (Southern) continues to actively seek additional Rural Nurse Specialists either on a casual or permanent basis. This remains a significant pressure-point. One position has just been filled by a candidate moving from Australia to take up the post.
- The WCDHB Decision Document regarding the structure of Home & Community Support Services is now in the implementation phase with services in the Southern Locality being transferred under the Allied Health Team Manager position. This is an exciting innovation and will be closely monitored as it progresses.
- The South Westland Area Practice has commenced its journey towards re-accreditation under the Cornerstone framework with audit due at the end of this year. This is an exhaustive process used to demonstrate quality systems across the activities of the practice.
- A permanent General Practitioner has been recruited to work in the South Westland Area Practice and is due to commence in early August. The appointee has previously worked in the area and it is very pleasing that he has sought to return on a permanent basis. This appointment is expected to further consolidate the services provided to the communities of South Westland and to address a major concern expressed by patients regarding a lack of continuity arising from being reliant on locum GPs. There will now be continuity in both nursing and GP input.



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 (BWO).

B: New Facilities Redevelopment Update

Buller

- Progress on site has been steady and the expected completion timeframe remains on target despite some severe weather over the past month.
- Roofing is now complete and the brickwork cladding is continuing around the building.
- HVAC Design & Build installation is now well underway, and continued coordination between trades is occurring throughout the build.
- All gib has been procured and is currently being installed with gib stoppers starting this week and painters to follow at the end of the month.
- Works scheduled for next month include continued gib installation, final window installation, completion of brickwork, tunnel strengthening and commencement of hard fill to the carpark.





Mental Health

- An evaluation process of interested design consultants for the new mental health facility on the Te Nikau campus has occurred. Contract negotiations with the preferred consultants are due to commence.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- Additional support for recruitment is being provided with nurse leaders across the coast meeting twice weekly to support nursing recruitment and to speed up processes around recruitment. There has been a good uptake with the CCU recruitment drive, 6 new nurses starting in the next few months in General ward/CCU. Our transport team is now fully recruited to. In the short term our focus is now on recruitment with Acute Zone, General Ward/CCU, aged residential care and rural vacancies. While recruitment for nurses is underway we have increased our casual HCA workforce to support the nurses to work at top of scope.
- Preparation for winter response is also ongoing and we are supporting the teams with patient flow.
- Our Duty Nurse Manager team fully recruited to and we have expressions of interest for casuals to join the team.

Rural Inpatients and Transalpine Service

Improving Capability and Capacity

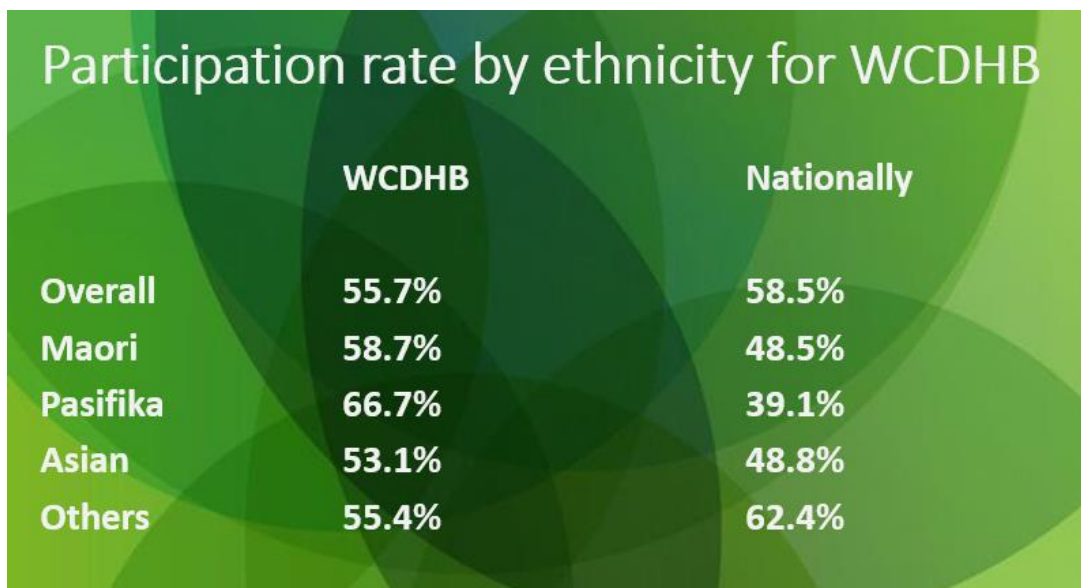
- During the Omicron wave a centralised Staffing Coordination Team proved to be very effective in assisting line managers to focus on day to day activities while the staffing team resolved medium term absences. We have decided to maintain this function and it is proving useful in helping us manage staff absences across the system.
- The Plastic Surgery clinic for 50 patients who were waiting for a First Specialist Assessment which was reported on in May, meant a number of patients needed to be waitlisted for surgery. We have contracted with a provider in Canterbury to ensure that the majority of these people will be seen by July and therefore experience no further delay.
- Additional Orthopaedic surgery capacity has also been contracted and this means that another 35 patients will receive surgery by the end of June

Equity

- We are maintaining our focus on enhancing the attendance of Maori, with a targeted booking approach and offering telehealth where appropriate.
- Protecting those more vulnerable to COVID with a targeted approach to face to face bookings has seen an increase in the use of Telehealth during the last 3 months however most services are now returning to face to face appointments.

Bowel Screening Programme

- The WCDHB National Bowel Screening Programme continues to meet all of its KPIs.



- We are continuing to plan for a promotion week. This will now be in July to align with a national promotion when we shall celebrate the first anniversary of the National Bowel Screening Programme here on the Coast.

Maternity

- Te Nikau Maternity is still busy and at times at capacity.
- We have one midwifery vacancy at Te Nikau. We are starting to offer clinical updates with time at Christchurch Women's. The first visit was our midwife who has an interest in Diabetes to look at the revised pathway used in CDHB and how that can be replicated on the Coast.
- The maternity team is supporting each other through COVID and other illness, also as well as some ACC which has proved challenging to staff some shifts.
- Our LMC workforce continue to be valuable members of our team who contribute well to our quality of service.
- Our medical workforce has remained stable with support from CDHB.
- Our new core midwife (0.8FTE) has commenced on Maternity and settled in well as part of the team. This has taken some pressure off the team with staff off on COVID leave.
- Our new Educator/Clinical Coach has also settled in well and recently held a PROMPT course in Buller, and this was well attended. Other education planned includes Newborn Life Support and Te Tiriti Workshop in mid-June.

- The Midwife Manager has been attending the Buller Health Workshop Project Team meetings, and is excited to see the plans for the new birthing room in Buller. We would like to encourage the women of Buller to utilise the new facility and are working with the current Buller LMC to support this.

Allied Health

- Allied Health continue to have rolling staff sickness which is creating challenges in providing services across the West Coast.
- We still have some vacancies in Occupational Therapy and Physiotherapy which are currently advertised.
- Our exciting new role for a Primary Health Physiotherapist is at the recruitment phase and we are hopeful to appoint someone into the role.
- Allied Health Southern are planning on participating in a lone worker trial to help improve staff safety in our community.

Mental Health

- Continued focus on recruitment across the service. Community teams are currently impacted by ongoing vacancies. Work is underway to review how we work and potential changes such as trialling Mental Health Assistants (MHA) to support case managers in the central teams, is being rolled out this month. We are also working on establishing if we can embed Enrolled Nurses into our community teams given the shortage of registered staff.
- Occupational Therapy vacancies continue to cause us challenges in regard to service delivery and specialist input.
- Understanding and supporting managers with leadership is also a focus. We have a planned leadership workshop this month.
- Continuum of care workshop is planned for contracted Non-Government Organisations (NGOs) and key mental health managers and staff. This workshop is being facilitated by Alison McDougall who is the project manager employed by the PHO to undertake a system-wide review of Primary Mental Health on the coast. Alison will be running independent co-designed workshops in July.
- Maori Mental health team hui is also planned for June which has been designed to provide the team with space to talk, engage and provide feedback as to service vision and opportunities to enable the leadership team an idea of where to from here.

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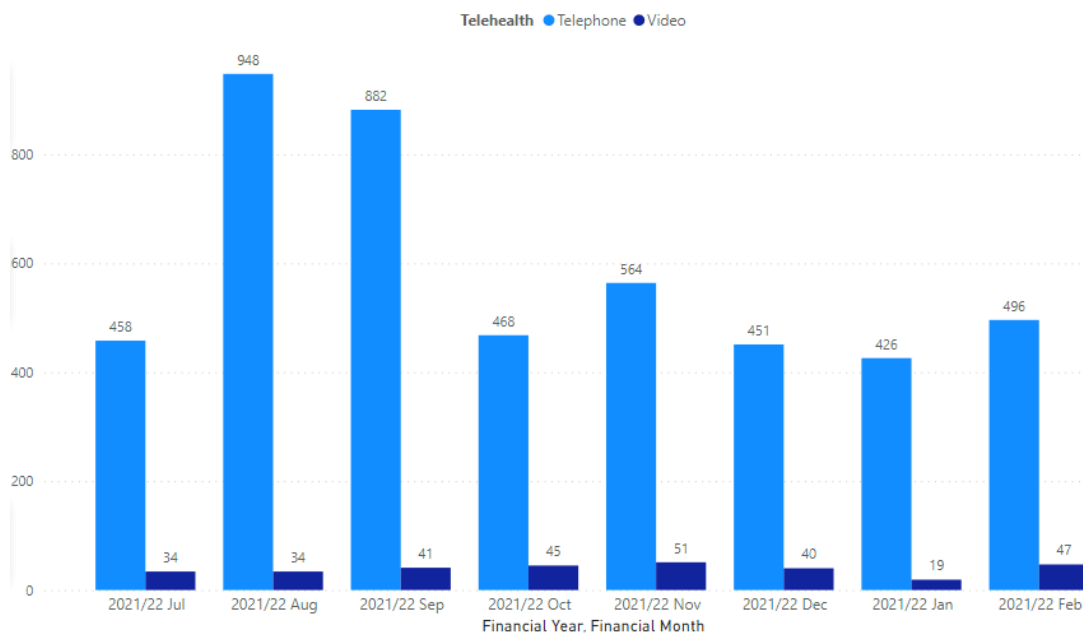
A: Improve Transport Options for Patient Transfers

- 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.
- Following successful negotiations, St John has agreed to take over from Red Cross Buller Branch in the provision of the community health transport services between Westport and Greymouth with effect from 1 June 2022. Red Cross set up the community health shuttle service in late 2012 as a community-driven initiative of willing volunteers. The Buller branch of the Red Cross continues to operate with support from the Buller-based Rural Education Activity Programme (REAP) for coordination of patient-requested bookings. The Red Cross

are transitioning away from providing this and similar community transport that they have run throughout the country; the Buller service being the last in this process. The service has been invaluable to those people who have faced transport issues over the years, and its continuity ahead is very much welcomed. Planning and Funding has issued a new contract to fund St John to operate the service on such days as volunteer drivers engaged by St John are available and able to staff it. The service - to be known as the Kawatiri Health Shuttle - will continue to be operated at no cost to passengers; although noted that passengers may make donations to the service if they chose to do so.

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.



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

Supporting older people to remain at home

Aged Residential Care

- While the peak of Omicron has past the lasting impacts of the wider COVID issues remain for our ARC facilities on the coast. All 4 private ARC Facilities either have current insufficient nursing staff or will have in the coming weeks.
- The DHB is working to assist with RN coverage where we can, with several FTE coming over from Canterbury to support, however this is not sustainability for the long term.

- Two Facilities have worked together to collocate the hospital level of care residents at 1 facility and prioritise the RN support there
- This is a national issue that is magnified in rural areas like the coast, with no easy answers

	BUILDING CAPACITY TO TRANSFORM THE SYSTEM
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A: Live Within our Financial Means

The consolidated West Coast DHB financial result, including the impacts of Covid-19 and Holidays Act compliance (\$238k unfavourable), for the month of April 2022 was a deficit of \$1.121M, which was \$231k unfavourable to the annual plan. The YTD result is \$592k unfavourable to the annual plan. This includes \$682k of flood related costs that, if factored in, would make us favourable to plan.

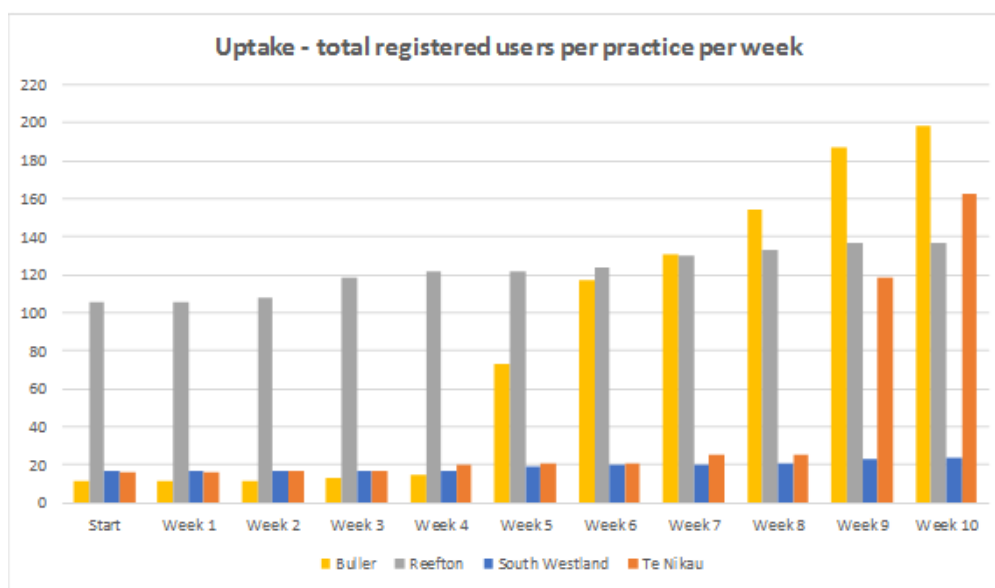
	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(124)	(139)	15	(1,324)	(1,481)	157
Funder Arm	(121)	512	(633)	2,953	4,698	(1,745)
Provider Arm	(876)	(1,263)	387	(11,587)	(12,583)	996
West Coast DHB Result	(1,121)	(890)	(231)	(9,958)	(9,366)	(592)
Covid-19 & Holidays Act	454	216	(238)	2,153	2,149	(4)
Consolidated Business as Usual Result	(667)	(674)	7	(7,805)	(7,217)	(588)

B: Effective Clinical Information Systems

- Community Patient Administration System implementation (Indici):***
Go live for District Nursing is scheduled for July, with training scheduled for late June noting enhancements for this module have been released into test and are currently undergoing validation. The phase 2 business case to continue improving community patient care IT systems has received security approval and is now proceeding through internal sign off. The patient portal roll-out is increasing – note progress below. Consultation notes will be visible from 21 June.

Patient Portal Enrolment

Breakdown by practice



■ **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	Apr	May
Training links sent for month	18	61	581	49	58	1024
Completed during month	3	17	85	9	4	298
Started but not completed during month	1	1	28	3	6	50
Not started during month	14	43	468	37	48	676
Total DHB staff (various month to month)	-	-	1058	1094	1096	1090
Total staff which have yet to complete any training	557	554	537	568	572	525

Firewall Replacement: The firewall project has been approved and hardware has been ordered. Project planning is underway with the go live date dependent on completion of Canterbury DHB’s roll-out.

Buller IFHC: Network equipment has been ordered. The design for an Audio Visual solution within meeting rooms is being finalised. Other capital items are being worked through for the business case.

Corporate AV replacement: Design completed by supplier, quotes received and capital funds to be submitted mid-June.

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.
- **Abortion Services communications:**
 - Staff and external stakeholder communications
 - [Media release](#)
 - [Website update](#)
- **MMR campaign:**
 - Facebook advertising to promote the importance of getting your MMR (measles, mumps and rubella) vaccination.
 - Combined CDHB and WCDHB media release planned for release in June 2022.
- **MyIndici communications:**
 - [Website content](#)
 - Posters, flyers and digital screens

Media

During May/June 2022, the majority of media enquiries received were about our COVID-19 response including modelling data, staff sickness and our COVID-19 Care in the Community hub. We also responded to enquiries regarding winter planning, aged residential care including Reefton's Ziman House, the Allied, Public Health, Scientific and Technical staff industrial action and about the West Coast being selected as one of nine localities prototypes as part of the transition to Health NZ.

- **Media releases:**
 - [Health news](#)
 - Greymouth Rest Homes work together to solve staffing shortage (26/04/2022)
 - Access to abortion services now more accessible for West Coasters (26/04/2022)
 - Delays expected in the return of residents to a refurbished Ziman House (03/05/2022)
 - Canterbury and West Coast DHBs preparing for planned PSA strike (09/05/2022)
 - Stay safe under Orange (10/05/2022)
 - West Coast DHB updates its visitor policy (17/05/2022)
 - Temporary changes to health care appointments at Lake Brunner Clinic (27/05/2022)
 - "Contact your general practice team first" is the message from clinicians as we head into winter (31/05/2022)
 - Westport's COVID-19 vaccination clinic set to close (01/06/2022)
 - Temporary changes to GP appointments at Reefton Health (07/06/2022)
 - Ngakawau Clinic update (10/06/2022)
 - Buller Health's Foote Ward closed for admission this weekend (10/06/2022).
- **Social media posts:**

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

- Daily COVID-19 in West Coast DHB region updates along with useful information regarding how to access, take and record RATs (rapid antigen tests) posted throughout May 2022.
- Mini campaign promoting the importance of getting vaccinated for MMR (measles, mumps, rubella) run during May/June 2022.
- Getting COVID-19 vaccines after testing positive (23/04/2022)
- Administrative Professionals Day (27/04/2022)
- Mental Health Foundation of New Zealand (28/04/2022)
- Today is World Health Organization Hand Hygiene Day (Rāngi Horoi Ringa)! (05/05/2022)
- Today is International Day of the Midwife! (05/05/2022)
- Where to get a rapid antigen test (06/05/2022)
- Allied, Public Health, Scientific and Technical staff industrial action (09/05/2022)
- Franz Josef Vaccination Clinic (09/05/2022)
- It's New Zealand Sign Language week! (11/05/2022)
- Ministry of Health post: isolation calendar (11/05/2022)
- International Nurses Day (12/05/2022)
- Blood Test Services (Phlebotomy) update (13/05/2022)
- Allied, Public Health, Scientific and Technical staff industrial action (14/05/2022)
- Allied, Public Health, Scientific and Technical staff industrial action (16/05/2022)
- Reefton COVID-19 vaccination clinic (20/05/2022)
- Pink Shirt Day (20/05/2022)
- Reefton COVID-19 vaccination clinic reminder (22/05/2022)
- Reefton COVID-19 vaccination clinic reminder (23/05/2022)
- Westport COVID-19 vaccination clinic update (26/05/2022)
- Whānau vaccination clinic promotion (27/05/2022)
- Lake Brunner Clinic update (27/05/2022)
- Bring your nursing career home (28/05/2022)
- Whānau vaccination clinic reminder (28/05/2022)
- “Contact your general practice team first” is the message from clinicians as we head into winter (31/05/2022)
- It's World Haemochromatosis Week (1-7 June)! (01/06/2022)
- Greymouth RAT collection site update (01/06/2022)
- Update regarding Westport's COVID-19 vaccination clinic (01/06/2022)
- It's officially winter (01/06/2022)
- Bring your nursing career home (04/06/2022)
- Is your iron too high or too low? Talk to your doctor (06/06/2022)
- Reminder regarding Westport's COVID-19 vaccination clinic (07/06/2022)
- Reefton Health update (07/06/2022)
- Ngakawau Clinic update (10/06/2022)
- Buller Health's Foote Ward closed for admission this weekend (10/06/2022).



PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

Key Achievements/Issues of Note

- **COVID-19 response:** Community and Public Health (C&PH) continues to support the national response by focusing on the investigation of high-risk exposure events. These have been reduced to vulnerable housing settings, 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 Supported Isolation and Quarantine Coordinator continues to work closely with the West Coast Integrated Covid Community Care Centre (the Hub). She has provided support particularly around the transport of medically stable patients and ad hoc needs of complex cases isolating on the Coast, where these are not supported by either Ministry of Social Development or Ministry of Business, Innovation and Employment. The Coordinator is also supporting the collection of feedback from whānau who have accessed support from the Hub during isolation.
- **South Westland Psychosocial Support:** The new South Westland Wellbeing and Events Coordinator has established a Steering Group to guide the development of this work and this group met for the first time in May. A number of projects that require funding have been proposed and there is a sense of positivity about the benefit of this work. Examples include a roving family movie event, support for small community dances and help to acquire various sports equipment. The Coordinator is also working with St John to secure dates for further Psychological First Aid training in Hari Hari, Franz Josef and Fox Glacier. Further courses will be offered in Haast and Whataroa towards the end of 2022.
- **Buller Wellbeing Survey:** C&PH are supporting the Buller Flood Recovery Office with the development and implementation of a Wellbeing survey with the Buller community. Some of the aims of the survey are; to provide a measure of people's level of wellbeing at this point in time, identify and understand key themes around people's wellbeing, in relation to their experience of the flooding events and recovery so far and to evaluate awareness of and the effectiveness of different types of help and agency support, including financial and housing support and health, psychosocial and wellbeing related support.
- **Health in All Policies:** C&PH have made written submissions on a number of central and local government policies including:
 - Te Tai o Poutini Plan - Exposure Draft (West Coast Regional Council)
 - Buller District Council Annual Plan
 - Westland District Council Annual Plan
 - Reducing Pokies Harm Public Discussion Document (Te Tari Taiwhenua/Internal Affairs)
 - Te Panoni i te Hangarua, Transforming Recycling (Manatū Mō Te Taiao/ Ministry for the Environment)
 - Te Mahere Urutaunga ā-Motu (Tuhinga Hukihuki) Draft national adaptation plan (including managed retreat) (Manatū Mō Te Taiao/Ministry for the Environment)

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

FINANCE REPORT FOR THE PERIOD ENDED 30 APRIL 2022



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 23 June 2022

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. notes the financial result and related matters for the period ended 30 April 2022.

3. DISCUSSION

Overview of April 2022 Financial Result

The consolidated West Coast DHB financial result for the month of April 2022 was a deficit of \$1.121M, which was \$231k unfavourable to the annual plan. The year to date net deficit of \$9.958M is \$592k 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 April is \$7k favourable to budget and \$588k unfavourable YTD – refer Appendix 5.

Excluding flood related costs, the month variance would be favourable by \$236k, and YTD \$90k favourable to plan.

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	15,784	14,783	1,001	6.8%	155,368	147,755	7,613	5.2%	177,329
Inter DHB Revenue	0	0	0	0.0%	14	0	14	0.0%	0
Inter District Flows Revenue	162	160	2	1.3%	1,653	1,600	53	3.3%	1,922
Patient Related Revenue	651	651	0	0.0%	6,676	6,540	136	2.1%	7,860
Other Revenue	54	76	(22)	(28.9%)	705	775	(70)	(9.0%)	925
Total Operating Revenue	16,651	15,670	981	6.3%	164,416	156,670	7,746	4.9%	188,035
Operating Expenditure									
Personnel costs	7,579	7,080	(499)	(7.0%)	76,428	71,150	(5,278)	(7.4%)	85,640
Outsourced Services - clinical	8	0	(8)	0.0%	49	0	(49)	0.0%	0
Treatment Related Costs	821	853	32	3.8%	8,643	8,517	(126)	(1.5%)	10,229
External Providers	4,273	3,951	(322)	(8.1%)	40,392	39,896	(496)	(1.2%)	47,988
Inter District Flows Expense	2,714	2,568	(146)	(5.7%)	25,457	25,688	231	0.9%	30,821
Outsourced Services - non clinical	289	123	(166)	(135.0%)	1,773	1,230	(543)	(44.1%)	1,476
Infrastructure and Non treatment related costs	1,071	931	(140)	(15.0%)	11,280	9,136	(2,144)	(23.5%)	11,007
Total Operating Expenditure	16,755	15,506	(1,249)	(8.1%)	164,022	155,617	(8,405)	(5.4%)	187,160
Result before Interest, Depn & Cap Charge	(104)	164	(268)	(163.5%)	394	1,053	(659)	(62.6%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	526	537	11	2.1%	5,342	5,249	(93)	(1.8%)	6,354
Capital Charge Expenditure	491	517	26	5.0%	5,010	5,170	160	3.1%	6,204
Total Interest, Depreciation & Capital Charge	1,017	1,054	37	3.5%	10,352	10,419	67	0.6%	12,558
Net Surplus/(deficit)	(1,121)	(890)	(231)	(26.0%)	(9,958)	(9,366)	(592)	(6.3%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(1,121)	(890)	(231)	(26.0%)	(9,958)	(9,366)	(592)	(6.3%)	(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.

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

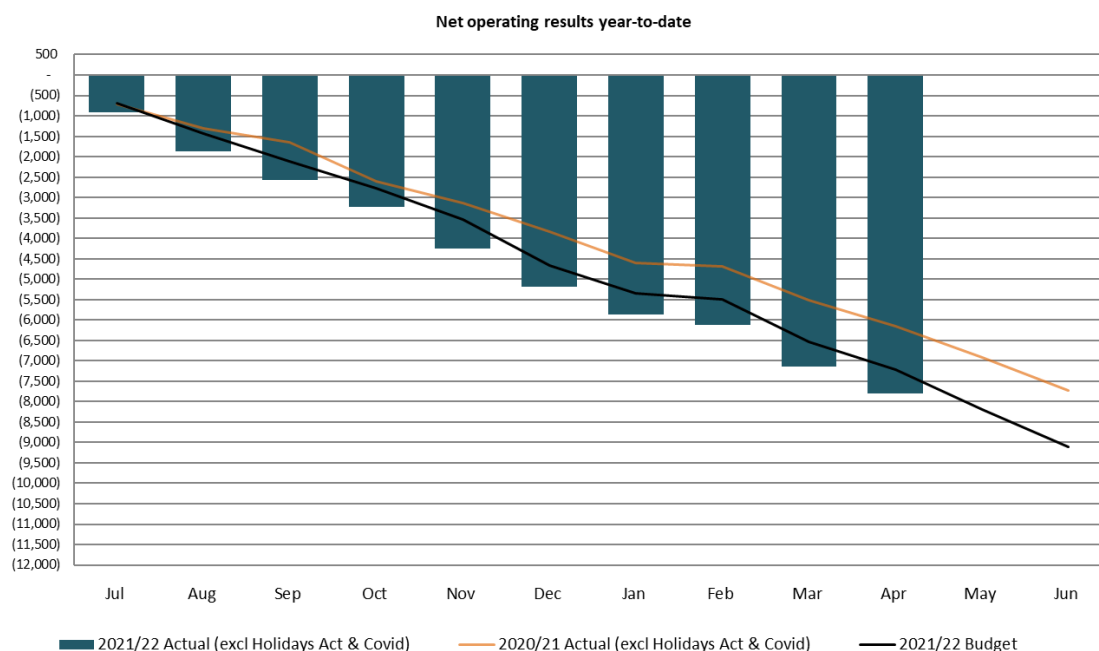
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – April 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)	(667)	(674)	7	-1%	✓	(7,805)	(7,217)	(588)	8%	✗



The favourable variance of \$7k for the month was driven by:

- Favourable results in:
 - Treatment related costs – primarily due to planned care and elective surgical activity being behind forecast.
 - Non-treatment related costs – Depreciation for April under budget due to several baseline capital expenditure projects delayed due to supply chain issues. Insurance costs continue to track favourable to plan.
- Offset by unfavourable results in:
 - Personnel costs – mainly RMO MECA accruals.
 - IDF washup.
- (Note that flood costs for April are a small negative amount due to a reversal.)

The YTD variance is driven by:

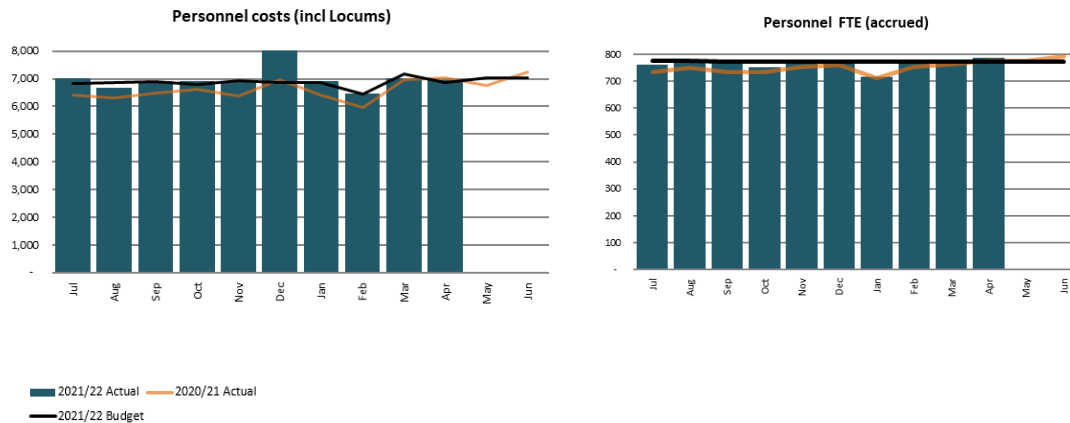
- Flood costs of \$682k YTD. In May we expect final costs from the flood in February to come in. There is \$133k of cost for rehoming aged care residents from Westport to Christchurch which includes accommodation and staffing.
- Additional RSV associated costs in July.

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	1,765	1,698	(67)	-4%	16,800	16,945	145	1%
Nursing	2,824	2,875	51	2%	31,089	28,569	(2,520)	-9%
Allied Health	1,163	1,126	(37)	-3%	11,382	11,436	54	0%
Support	316	309	(7)	-2%	3,232	3,148	(84)	-3%
Management & Admin	868	841	(27)	-3%	8,961	8,745	(216)	-2%
Total	6,936	6,849	(87)	-1%	71,464	68,843	(2,621)	-4%



KEY RISKS AND ISSUES:

Medical Personnel: The main cause for the \$67k unfavourable variance above is MECA accruals which are estimates based on the best information at hand. We will not have certainty around this until an agreement is ratified.

On a positive note we have increased our Medical workforce which has resulted in reduced outsourcing costs, however added relocation costs mean that cost efficiencies are not realised fully in April.

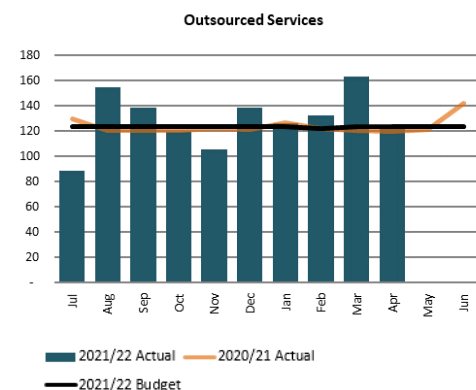
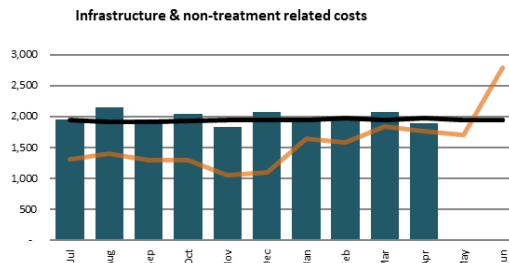
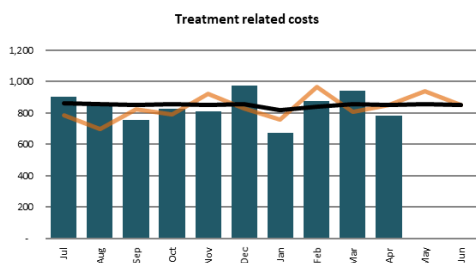
Nursing Personnel: Although favourable for the month, this is driven by staffing vacancies - recruitment is an area of focus.

Allied Health Personnel: We outsourced 2 FTE in psychology, and home-based support service demand was high in April.

Management and Administration Personnel: This variance relates to support service supervisors and Maternity Management. These positions have been instrumental in managing staffing issues brought on by COVID and include some relocation costs and staff travel reimbursements.

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	783	851	68	8%	✓	8,411	8,501	90	1% ✓
Non Treatment related costs	1,892	1,976	84	4%	✓	19,809	19,463	(346)	-2% ✗
Outsourced Clinical Services	124	123	(1)	-1%	✗	1,291	1,230	(61)	-5% ✗



KEY RISKS AND ISSUES:

Treatment related costs: Planned care and elective surgery activity continues to be lower than forecast, resulting in lower treatment costs. We have also reclassified some PPE costs from BAU to Covid costs. We expect these to increase as planned care and surgical activity increase in the coming months.

Non-treatment related costs:

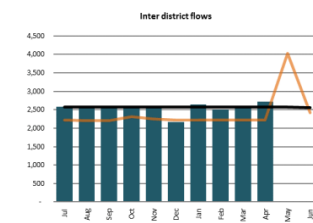
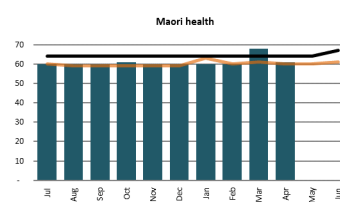
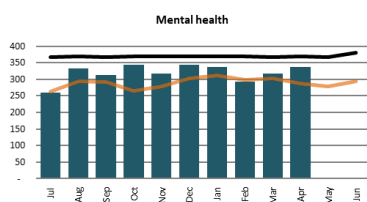
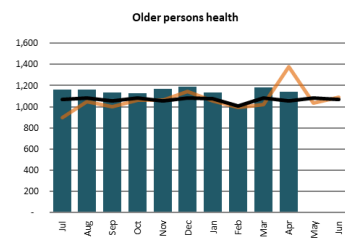
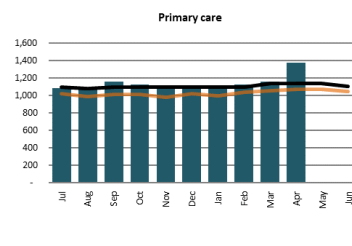
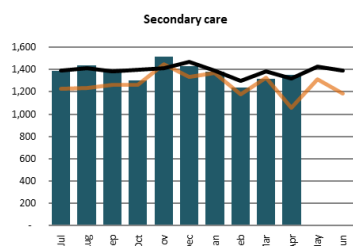
Depreciation is favourable to budget this month as baseline capital expenditure is lower than planned due to timing.

Insurance costs are \$30k under budget and will continue to be favourable in May and June. The insurance premium for Te Nikau was less than anticipated. Food costs for patients and on-site cafes was favourable to budget however this is offset by reduced café revenue.

Capital charge is also favourable to budget due to lower equity as a result of timing of capital expenditure.

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	1,355	1,322	(33)	-2%	13,760	13,860	100	1%
Primary Care	1,377	1,139	(238)	-21%	11,408	11,064	(344)	-3%
Older Person's Health	1,141	1,056	(85)	-8%	11,416	10,644	(772)	-7%
Mental Health	338	370	32	9%	3,197	3,688	491	13%
Maori Health	61	64	3	5%	610	640	30	5%
IDF	2,714	2,568	(146)	-6%	25,456	25,688	232	1%
Total	6,986	6,519	(467)	-7%	65,847	65,584	(263)	0%



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

KEY RISKS AND ISSUES:

Secondary Care: Included in Secondary Care Group are payments to GP practices for providing COVID 19 care in the community. This expenditure is directly offset by additional funding invoiced to MoH. (Note that these are Covid costs excluded from the above.)

Primary Care: In April, there were two items driving the unfavourable result. Community pharmacy was \$128k unfavourable for the month; we are waiting for confirmation that the MoH will release a further \$200k additional funding in June to cover the additional costs in community and PCT pharmaceuticals. The other unfavourable area was community radiology.

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

Older Person's Health: The April result is a continuation of the year where there has been higher demand for beds in Aged Residential Care both at rest home and hospital care levels.

Inter-District Flows: An adjustment was made in April to reflect the YTD volumes for the period July 2021 to March 2022. An options paper will be discussed at the next national GMs meeting on how the IDFs are to be washed-up for 2021/22.

Financial position

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000			Annual Budget \$'000
Equity	123,783	127,546	(3,763)	-3%	✗	126,121
Cash	8,851	692	8,159	1179%	✓	(5,299)
Capex	6,724	14,012	7,288	52%	✓	17,487

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

The key aspects that make up this YTD variance are:

- \$592k YTD unfavourable operating result.
- \$3.7M YTD variance in deficit funding. In January we received \$6M which was \$3.7M above Annual Plan.
- \$11M drawdown of equity for Buller Redevelopment project per Annual Plan. To date we have received \$4.387M against the Buller project (note we have requested a further \$3.245M on 5 May).

Variances to Cash

Our closing cash for the month was \$8.851M (Budget \$0.692M). This is primarily a result of \$7.3M unspent on capex (\$4.7M Buller Redevelopment and \$2.6M Baseline capex). We continue to monitor our cash position regularly.

Variances to CAPEX

Capex spend is \$7.288M behind plan as noted above.

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

(including Holidays Act and Covid-19)

For period ending	30 April 2022											
in thousands of New Zealand dollars												
	Monthly Reporting				Year to Date				Full Year			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	21/22			
									Budget			
Operating Revenue												
Crown and Government sourced	15,784	14,783	1,001	6.8%	155,368	147,755	7,613	5.2%	177,329			
Inter DHB Revenue	0	0	0	0.0%	14	0	14	0.0%	0			
Inter District Flows Revenue	162	160	2	1.3%	1,653	1,600	53	3.3%	1,922			
Patient Related Revenue	651	651	0	0.0%	6,676	6,540	136	2.1%	7,860			
Other Revenue	54	76	(22)	(28.9%)	705	775	(70)	(9.0%)	925			
Total Operating Revenue	16,651	15,670	981	6.3%	164,416	156,670	7,746	4.9%	188,035			
Operating Expenditure												
Personnel costs	7,579	7,080	(499)	(7.0%)	76,428	71,150	(5,278)	(7.4%)	85,640			
Outsourced Services - clinical	8	0	(8)	0.0%	49	0	(49)	0.0%	0			
Treatment Related Costs	821	853	32	3.8%	8,643	8,517	(126)	(1.5%)	10,229			
External Providers	4,273	3,951	(322)	(8.1%)	40,392	39,896	(496)	(1.2%)	47,988			
Inter District Flows Expense	2,714	2,568	(146)	(5.7%)	25,457	25,688	231	0.9%	30,821			
Outsourced Services - non clinical	289	123	(166)	(135.0%)	1,773	1,230	(543)	(44.1%)	1,476			
Infrastructure and Non treatment related costs	1,071	931	(140)	(15.0%)	11,280	9,136	(2,144)	(23.5%)	11,007			
Total Operating Expenditure	16,755	15,506	(1,249)	(8.1%)	164,022	155,617	(8,405)	(5.4%)	187,160			
Result before Interest, Depn & Cap Charge	(104)	164	(268)	(163.5%)	394	1,053	(659)	(62.6%)	875			
Interest, Depreciation & Capital Charge												
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0			
Depreciation	526	537	11	2.1%	5,342	5,249	(93)	(1.8%)	6,354			
Capital Charge Expenditure	491	517	26	5.0%	5,010	5,170	160	3.1%	6,204			
Total Interest, Depreciation & Capital Charge	1,017	1,054	37	3.5%	10,352	10,419	67	0.6%	12,558			
Net Surplus/(deficit)	(1,121)	(890)	(231)	(26.0%)	(9,958)	(9,366)	(592)	(6.3%)	(11,683)			
Other comprehensive income												
Gain/(losses) on revaluation of property												
Total comprehensive income	(1,121)	(890)	(231)	(26.0%)	(9,958)	(9,366)	(592)	(6.3%)	(11,683)			

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 April 2022					
in thousands of New Zealand dollars					
	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	148,452	162,848	(14,396)	(8.8%)	155,220
Intangible assets	521	1,878	(1,357)	(72.3%)	740
Work in Progress	13,391	6,895	6,496	94.2%	6,887
Other investments	208	231	(23)	(10.0%)	231
Total non-current assets	162,572	171,852	(9,280)	(5.4%)	163,078
Current assets					
Cash and cash equivalents	8,851	692	8,159	1179.0%	3,415
Patient and restricted funds	0	0	0	0.0%	49
Inventories	1,448	1,097	351	32.0%	1,311
Debtors and other receivables	7,744	5,864	1,880	32.1%	5,672
Assets classified as held for sale	3,178	0	3,178	0.0%	0
Total current assets	21,221	7,653	13,568	177.3%	10,447
Total assets	183,793	179,505	4,288	2.4%	173,525
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,062	1,857	(205)	(11.0%)	1,857
Other	63	63	0	0.0%	63
Total non-current liabilities	2,125	1,920	(205)	(10.7%)	1,920
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	19,792	15,649	(4,143)	(26.5%)	13,862
Employee entitlements and benefits	38,093	34,390	(3,703)	(10.8%)	34,389
Total current liabilities	57,885	50,039	(7,846)	(15.7%)	48,251
Total liabilities	60,010	51,959	(8,051)	(15.5%)	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)	(132,238)	(131,427)	811	0.6%	(122,281)
Trust funds	0	0	0	0.0%	0
Total equity	123,783	127,546	3,763	3.0%	123,354
Total equity and liabilities	183,793	179,505	4,288	2.4%	173,525

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending in thousands of New Zealand dollars		30 April 2022						
	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	15,801	15,669	132	0.8%	163,847	156,660	7,187	4.6%
Cash paid to employees	(6,363)	(6,380)	17	0.3%	(65,580)	(64,158)	(1,422)	(2.2%)
Cash paid to suppliers	(1,044)	(2,605)	1,561	59.9%	(27,997)	(25,866)	(2,131)	(8.2%)
Cash paid to external providers	(4,172)	(3,951)	(221)	(5.6%)	(40,293)	(39,896)	(397)	(1.0%)
Cash paid to other District Health Boards	(2,571)	(2,568)	(3)	(0.1%)	(25,312)	(25,688)	376	1.5%
<i>Cash generated from operations</i>	1,651	165	1,486	900.6%	4,665	1,053	3,612	343.2%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	(1)	0	(1)	0.0%	(3,047)	(3,102)	55	1.8%
Net cash flows from operating activities	1,650	165	1,485	900.0%	1,618	(2,049)	3,667	(178.9%)
Cash flows from investing activities								
Interest received	8	0	8	0.0%	83	0	83	0.0%
(Increase) / Decrease in investments	2	0	2	0.0%	72	0	72	0.0%
Acquisition of property, plant and equipment	(545)	(1,745)	1,200	68.8%	(6,191)	(12,612)	6,421	(50.9%)
Acquisition of intangible assets	(53)	0	(53)	0.0%	(533)	(1,400)	867	(61.9%)
Net cash flows from investing activities	(588)	(1,745)	1,157	(66.3%)	(6,569)	(14,012)	7,443	53.1%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	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>	0	0	0	0.0%	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	0	0	0	0.0%	10,387	0	10,387	0.0%
Net increase in cash and cash equivalents	1,062	(1,580)	2,642	(167.2%)	5,436	(2,722)	8,158	(299.7%)
Cash and cash equivalents at beginning of period	7,789	2,272	5,517	242.8%	3,415	3,414	1	0.0%
Cash and cash equivalents at end of period	8,851	692	8,159	1179.1%	8,851	692	8,159	1180.0%

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	(14,499)	-	-	(14,499)	(14,524)	-	-	(14,524)	(25)	-	-	(25)
Non-Devolved Contracts	(1,161)	(870)	-	(291)	(130)	(25)	-	(105)	1,031	845	-	186
Inter-DHB & Internal Revenue	(162)	-	-	(162)	(160)	-	-	(160)	2	-	-	2
Other Revenue	(829)	4	-	(833)	(856)	-	-	(856)	(27)	(4)	-	(23)
Total Revenue	(16,651)	(866)	-	(15,785)	(15,670)	(25)	-	(15,645)	981	841	-	140
DHB Provided Expenditure												
Personnel	6,933	404	215	6,314	6,380	15	215	6,150	(553)	(389)	-	(164)
Outsourced Personnel & Support	654	32	-	622	700	-	-	700	46	(32)	-	78
Outsourced Clinical Services	289	165	-	124	123	-	-	123	(166)	(165)	-	(1)
Clinical Supplies	821	38	-	783	853	2	-	851	32	(36)	-	68
Infrastructure & Non-Clinical Supplies	2,088	196	-	1,892	1,985	9	-	1,976	(103)	(187)	-	84
Total DHB Provided Expenditure	10,785	835	215	9,735	10,041	26	215	9,800	(744)	(809)	-	65
Other Providers												
Personal Health	2,421	-	-	2,421	2,436	-	-	2,436	15	-	-	15
Mental Health	337	-	-	337	370	-	-	370	33	-	-	33
Public Health	315	270	-	45	25	-	-	25	(290)	270.0	-	(20)
DSS	1,139	-	-	1,139	1,056	-	-	1,056	(83)	-	-	(83)
Maori Health	62	-	-	62	64	-	-	64	2	-	-	2
IDFs	2,713	-	-	2,713	2,568	-	-	2,568	(145)	-	-	(145)
Total Other Providers	6,987	270	-	6,717	6,519	-	-	6,519	(468)	(270)	-	(198)
Total Expenditure	17,772	1,105	215	16,452	16,560	26	215	16,319	(1,212)	(1,079)	-	(133)
Total Consolidated Result Deficit/(surplus)	1,121	239	215	667	890	1	215	674	(231)	(238)	-	7

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	YTD 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	(146,863)	-	-	(146,863)	(145,207)	-	-	(145,207)	1,656	-	-	1,656
Non-Devolved Contracts	(7,113)	(5,753)	-	(1,360)	(1,261)	(266)	-	(995)	5,852	5,487	-	365
Inter-DHB & Internal Revenue	(1,653)	-	-	(1,653)	(1,600)	-	-	(1,600)	53.0	-	-	53
Other Revenue	(8,787)	4	-	(8,791)	(8,602)	-	-	(8,602)	185	(4)	-	189
Total Revenue	(164,416)	(5,749)	-	(158,667)	(156,670)	(266)	-	(156,404)	7,746	5,483	-	2,263
DHB Provided Expenditure												
Personnel	69,515	2,543	2,152	64,820	64,158	155	2,152	61,851	(5,357)	(2,388)	0	(2,969)
Outsourced Personnel & Support	6,913	269	-	6,644	6,992	-	-	6,992	79	(269)	-	348
Outsourced Clinical Services	1,822	531	-	1,291	1,230	-	-	1,230	(592)	(531)	-	(61)
Clinical Supplies	8,643	232	-	8,411	8,517	16	-	8,501	(126)	(216)	-	90
Infrastructure & Non-Clinical Supplies	21,632	1,823	-	19,809	19,555	92	-	19,463	(2,077)	(1,731)	-	(346)
Total DHB Provided Expenditure	108,525	5,398	2,152	100,975	100,452	263	2,152	98,037	(8,073)	(5,135)	0	(2,938)
Other Providers												
Personal Health	24,315	-	-	24,315	24,674	-	-	24,674	359	-	-	359
Mental Health	3,192	-	-	3,192	3,688	-	-	3,688	496	-	-	496
Public Health	857	352	-	505	250	-	-	250	(607)	352.4	-	(255)
DSS	11,417	-	-	11,417	10,644	-	-	10,644	(773)	-	-	(773)
Maori Health	611	-	-	611	640	-	-	640	29	-	-	29
IDFs	25,457	-	-	25,457	25,688	-	-	25,688	231	-	-	231
Total Other Providers	65,849	352	-	65,497	65,584	-	-	65,584	(265)	352.4	-	87
Total Expenditure	174,374	5,750	2,152	166,472	166,036	263	2,152	163,621	(8,338)	(5,487)	0	(2,851)
Total Consolidated Result Deficit/(surplus)	9,958	1	2,152	7,805	9,366	(3)	2,152	7,217	(592)	(4)	0	(588)

CLINICAL LEADERS UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: Clinical Leaders

DATE: 23 June 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

For staff who have become ill with Covid before they were due their booster, an exemption has needed to be sought from the Ministry of Health. Our transalpine occupational health team, and the Covid return to work team are supporting staff to apply for exemptions.

We are also encouraging and supporting all staff to access this year's influenza vaccination.

Community Wellbeing

Work continues in partnership with the Buller Flood Recovery Team and Community Public Health in regards the flood recovery and South Westland Covid impacts respectively. This includes working with the Civil Defence Emergency Management team to reconnect with members of the West Coast Welfare Network, to reflect on activations over the last two years, and make recommendations on how welfare and psychosocial wellbeing for our communities should be embedded in our Localities prototyping.

Maternity

Maternity in both Buller and the rest of the Coast has been reasonably stable over the past month. We have one midwifery vacancy at Te Nikau. We are starting to offer clinical updates trans alpine with time at Christchurch Womens. The first to visit was our midwife who has an interest in Diabetes to look at the revised pathway used in CDHB and how that can be replicated on the Coast. We continue to see mama who have Covid but obviously less than during the surge.

We also continue to have staff getting Covid and other illness also now as well as some ACC which has proved challenging to staff some shifts. Our LMC workforce continues to be valuable members of our team who contribute well to our quality of service.

Our medical workforce has remained stable with support from CDHB.

Medical Leaders

The move to an Incident Management Team (IMT) from the EOC structure has allowed the medical leaders to focus on more of the usual activity. Planned Primary Care is still a significant pressure point for staffing with Reefton and South Westland being especially vulnerable. The Buller GP team have stepped up and are covering Reefton with a combination of remote clinics and day visits to provide a face to face service. The Nursing support is providing the continuity of care and ensuring the community continues to have a primary care team that is responsive to their needs.

South Westland will be better placed when a fulltime GP starts in September. Maria Giles and the RNS workforce are working hard to provide the continuity for our very remote clinics in the south. Brendan Marshall continues to have a role with HNZ representing rural healthcare and this combined with the Coast as a locality places the Coast in a great position to shape the model of care that fits our community. Brendan truly walks the Rural Generalist path and as the TransAlpine medical director supports the surgical and medical teams to work collaboratively and co-dependently across the Alps.

Andrew Laurenson has been progressing the inpatient medicine team structure. Having a team based model provides continuity of care, robustness and has an inherent flexibility in being able to cover the specialist roles. Andrew is also the lead for Primary Care in the Central area and he has been very busy supporting the introduction of the Indici electronic system. Murray Wiggins in Northern has supported the Indici project and brought valuable experience to the process and has been driving the patient portal to enhance our community engagement and empowerment.

Our Mental Health lead, Heather McPherson, oversees and coordinates the service and takes on a high clinical workload at Manaakitanga inpatient unit. Heather has made positive changes within the mental health model of care and has focused on quality and safety as the drivers.

Recruitment and retention of our medical workforce is always our big challenge and takes much of our time. During the recent periods of staff sickness, all areas have been under stress. The leadership group are looking at quality of care as a priority, and with the new quality and safety team structure there is great opportunity for us to align with the new health and disability standards.

Nursing

As we transition from COVID response to winter and long-term workforce planning, a number of projects are being lead across the senior nursing leadership team to address patient flow and capacity challenges as well as ensuring safe staffing.

Recruitment

In response to the growing competitive nature in nursing recruitment nationally and internationally, the WCDHB has set up a Nursing Recruitment focus group. We are working alongside our colleagues in the People & Capability recruitment, external recruitment agencies and the West Coast Development team on how we can reinvigorate our campaign and strategies for attracting Nurses to work on the West Coast.

As well as targeted social media content, updated promotional material and streamlining how we receive and process applications there is also work looking at incentive options for new staff.

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.

Winter Planning

Winter planning is well underway with the sustainability of our workforce being the main driver of changes happening on the West Coast.

Due to a sudden increase in Covid and Winter-related sickness, an Incident Management Team (IMT) was stood up to address immediate safe staffing challenges.

The Staffing Response Team under the oversight of the IMT has been created to support all workforces across the West Coast as we see fluctuating staff absences over the coming months adding to a depleted base FTE across many different workforces.

The Staffing Response function will help frame up the bones of the CCDM Nursing Coordination Centre which will provide West Coast-wide Nursing staffing support. This centre will focus on CCDM and Safe Staffing Co-ordination, Centralised Rostering and an ongoing recruitment and retainment focus. Ensuring a sustainable Nursing workforce moving forward and achieving improved visibility, data driven decision making and reporting are all key drivers in the development of this team.

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 review of the current state of Cultural Safety and Education within nursing Te Tiriti O Waitangi within the CDHB and WCDHB. This will form a solid platform which gives meaningful effect to Te Tiriti o Waitangi and the safe cultural care of patients and whanāu within our system.

Allied Health, Scientific & Technical

Our workforces continue to respond 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.

We are starting to step into paused or new activity as the outbreak recedes where staffing allows. Some of these areas include our Child Health Coordination service and Safe Staffing (including CCDM). Both of these areas of work will offer a level of visibility to the system that we have not had before and will improve access for our community to Allied Health Services.

CLINICAL BOARD

The Clinical Board met on Thursday 9 June. The next meeting will be on Thursday 21 July.

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: 23 June 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:

- Notes the Hauora Māori Report

Tērā a Matariki
Tērā a Matariki ka rewā I te pae
Nau mai, haere mai te hua o te tau hou.
Tākiri ko tea ta, ka pua te ata
Korihi te manu, tino awatea.
Tūi, tūi, tuituia.
Ko te tangi mai o te kō, kō korimako.
I te atatū, tū ka takatū
Koia rā e Rongo, whakairihia ake ki runga.
Tūturu whakamaua kia tina! Tina!
Hui e! Tāiki e!

Yonder sits Matariki, suspended on the horizon.
Welcome the fruits of the New Year.
The dawn breaks, a new day is born
The dawn chorus sounds.
Come together,
The bellbird chimes.
Be alert, seize the day.
Let peace reign.
Tis absolute, fixed in place.
We are united as one.

WORKFORCE

Education Perfect (EP)

The WCDHB has partnered with Education Perfect (EP) -- the largest online learning platform in Aotearoa, to support cultural competency and Te Reo Māori goals by giving Hauora Kaimahi an opportunity to undertake an online Te Ao Māori for Professionals' course.

This course is underpinned by Te Ao Maori and comprises pronunciation, office objects, corporate roles and useful language for the home including daily language and instructions, general tikanga, kīwaha (colloquial sayings or slang) & whakatauki, the production of a mihimihi, as well as units on significant cultural events such as Matariki & Te Tiriti o Waitangi. The programme is supported by a robust reporting and analysis platform allowing us to see where our participants are at with their learning journey.

There has been enormous interest from our DHB and our partner organisations with 112 kaimahi registered within a week for the year long programme: Poutini Waioara, Te Ha o Kawatiri, Whare Manaaki and Te Hono o Ngā waka are also joining the WCDHB to undertake this course.

The programme is currently being delivered across all South Island DHB's and is likely to go national.

Training

1. Hector Matthews; Executive Director of Māori & Pacific Health, Canterbury District Health Board will be delivering cultural education to WCDHB staff 28 June. There will be a specific workshop held for RMO's/SMO's targeting Tikanga Best Practice. Hector is an experienced presenter and can adapt his subject depending on the audience.
2. A wananga for health and social services to improve understanding of the effects of decolonisation is being run for WCDHB staff by Ariana Stephens on 18th August. Included in the day will be the history of Ngāti Waewae on Te Tai Poutini, kōrero about intergenerational trauma and decolonization and the basics of Te Reo and Tikanga. We will work with the facilitators to ensure that the messages are targeted to the health sector.
3. Takarangi Cultural Competency Workshop is being held 16th / 17th August at Arahura Marae and facilitated by Moe and Tukaha Milne. 23 kaimahi are registered from the following organisations: WCDHB, CDHB, CPH and the PHO.

Tū Tangata Tū Rangatira – Growing Māori Leaders

CDHB and the WCDHB have launched the Tū Tangata Tū Rangatira – Growing Māori Leaders programme with the first noho taking place in July. The nine month programme provides an opportunity to develop leadership skills, engage with Mana Whenua, and grow knowledge of Te Ao Māori /The Māori world in an engaging and positive way. The programme is designed to equip kaimahi for the challenges Rangatiratanga/leadership face in our diverse and changing future within Hauora.

Applications closed 15th June with 45 Kaimahi Māori applying; WCDHB (10) and CDHB (35) a panel from WCDHB Hauora Māori and CDHB Mana Taurite/Hauora Māori will shortlist for 20 approved places. The panel has acknowledged the high calibre of applicants and additional resource has been requested to increase the number of places available. A 'mini' Leadership Programme will be offered to those who have been unsuccessful to ensure they stay engaged with the view of reapplying on the next intake in 2023.

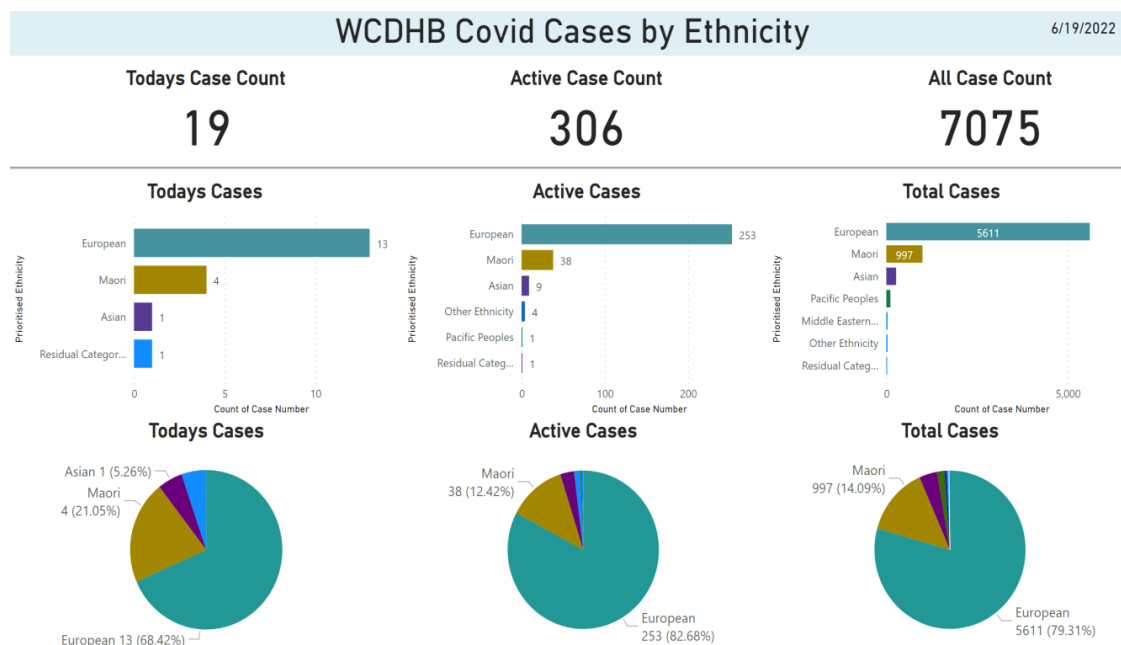
The Programme is endorsed by Te Tumu Whakarae the GM's Māori across the DHB's and the CEO and Senior Executive of both CDHB and WCDHB. Tū Tangata Tū Rangatira is key part of the DHB's strategic initiative to make the Tiriti o Waitangi partnership real and engaging and to grow the layers of Maori leadership across the sector.

Hauora Maori Team – New Appointment

Ko Uawa te awa, Ko Titirangi I te maunga, Ko Tereainini te waka, Ko te Aitanga-a-hauiti, ko Ngāti Porou ōku iwi

We are delighted to share that Davina Ruru has accepted the role of Portfolio Manager, Hauora Māori. Davina brings great energy, passion and demonstrated commitment towards improving outcomes for Māori, and has built strong relationships across the sector in the time she has been working in health. Davina is a welcome addition to our team and has strong skills that will be invaluable as we make the transition across to the Maori Health Authority.

Covid 19



Māori make up 14% (997) of all Covid cases on the West Coast as at 19/6/2022. By comparison Māori make up 12% of the West Coast total population. Approximately 25% of the Māori population have had Omicron.

NZ European make up 79% (5611) of all cases on the West Coast as at 19/6/22. By comparison NZE make up 85% of the West Coast total population. 20% of the NZE total population have had Omicron.

Te Mana Hauora Maori - Maori Health Authority

Te Tumu Whakarae, GMs Hauora Maori are working alongside the IMHA providing expertise, input and support to several national workstreams including; national work programmes, workforce development, commissioning and support and supply agreements.

Iwi Maori Partnership Boards

Te Tauraki is the designated name for the IMPB within the Ngai Tahu takiwā.

“Kia maiea te kupu tauraki” (To fulfil the promise).

Te Rūnanga have held strategic discussions and have developed seven core principles to guide the approach to the reform.

The Board will be supported by a Regional Advisory Group comprised of Papatipu Rūnanga representatives from each of the regional clusters, these representatives will be directly engaged in the development and review of Locality Plans for their areas.

The multi-layered approach endeavours to ensure that there is the direct and comprehensive input from Papatipu Rūnanga about the issues and needs of their whānau and communities and the development of the Locality Plans, an advisory group with a focus on the regional lens across service provision and hauora outcomes, and then the Board applying a strategic overview for the entire takiwā and whole of health system performance and outcomes for Māori and Ngai Tahu iwi. It is proposed that the meeting structures and schedules for each layer will support information flows up and down, as well as across these groups.

The new system provides Papatipu Rūnanga with the opportunity to lead the development of locality plans, influencing the geographic boundaries of the localities and influencing the outcomes they want to see for their community.

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: 23 June 2022

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 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 A.	Audit NZ – Fraud Risk Assessment	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3 B.	Health New Zealand Letter of Representation	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)
7.	Revaluation & Impairment for the Year Ended 30 June 2022	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
9.	Due Diligence Letter & Management Representations Questionnaire	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10	Property Disposal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

3. **SUMMARY**

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

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

Clause 33 of the Act also further provides:

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

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

Report Prepared by: Governance Support