

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

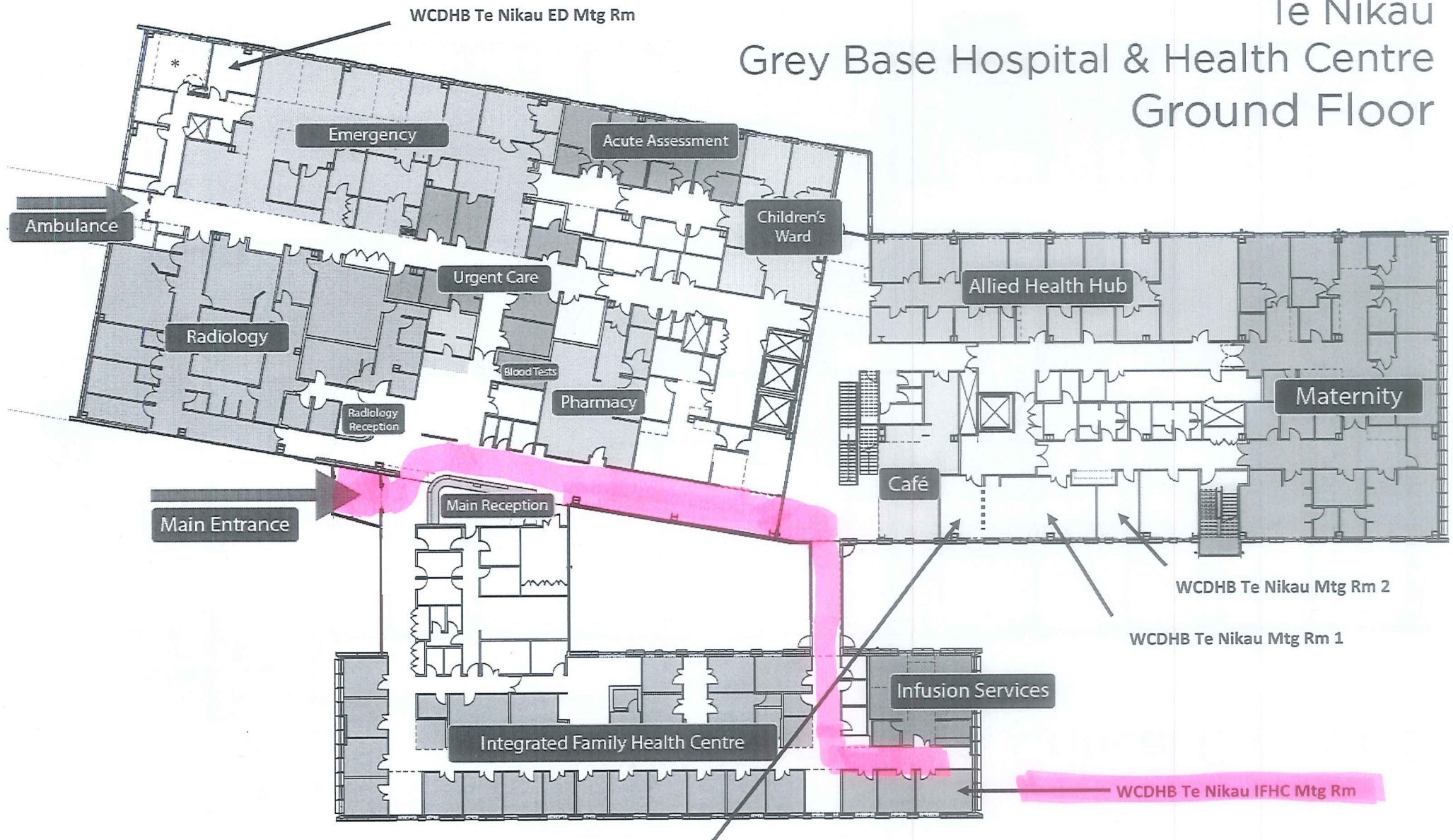
Friday 9 April 2021

@ 10.00 am Te Nikau Hospital – WCDHB IFHC Meeting Room

Agenda and Meeting Papers

**All Information Contained In These Committee Papers Is
Subject To Change**

Te Nikau Grey Base Hospital & Health Centre Ground Floor



Calendar Name: WCDHB Te Nikau Gnd Share Karakia-Chapel
 Note: no AV in this room but is expandable from Meeting Rm 1

AGENDA OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



TATAU POUNAMU MANAWHENUA ADVISORY MEETING

Boardroom <https://cdhbhealth.zoom.us/j/88207983799> Meeting ID: 882 0798 3799

Te Nīkau Hospital – WCDHB Te Nīkau IFHC Meeting Room

Friday 09 April 2021

10.00am – 12.45pm

KARAKIA

ADMINISTRATION

Apologies

1. Interest Register

Update Interest Register

2. Confirmation of Minutes of Previous Meetings

Previous meeting minutes – 09 October 2020 – *Chair*

10.00am

Previous meeting minutes – 18 December 2020 – *Chair*

3. Carried Forward/Action List Items

4. Discussion Items

- Strategic Planning Day – *Reflection and update*

10.15am

- Te Tiriti and Māori Health Equity Governance and Leadership Workshop – *Gary Coghlan*

10.20am

- Covid 19 Update – *Gary Coghlan*

10.35am

- Working group and committee vacancies.

10.50am

Vacancy on Tatau Pounamu – Mawhera Māori Representative

- Reports/General Business as below

11.00am

- Bowel Screening Presentation – *Manaia Cunningham, Bowel Screening Project Manager WCDHB*

11.30am

REPORTS

5. GM Māori Health Update

Gary Coghlan, *General Manager*

6. Chairs Update

Susan Wallace, *Chair*

INFORMATION ITEMS

ESTIMATED FINISH TIME 12.45pm

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Susan Wallace - Chair Te Runanga o Makaawhio	<ul style="list-style-type: none"> • Tumuaiki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Director, Kōhatu Makaawhio Ltd • Co-Chair, Poutini Waiora Board ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League ▪ Representative, Te Rununga O Ngai Tahu (Makaawhio) TRONT ▪ Member of Westland High School Board of Trustees ▪ Trustee, Te Pihopatanga O Aotearoa Trust
Ned Tauwhare	<ul style="list-style-type: none"> ▪ West Coast community Response Forum (MSD) Ngai Tahu Rep ▪ Te Rununga o Ngati Waewae Member ▪ Te Rununga o Ngati Waewae Advisor – Kawatiri Role ▪ Te Rununga o Ngati Waewae Advisor – Te Ha o Kawatiri ▪ Te Rununga o Ngati Waewae Advisor – Buller Inter Agency ▪ Te Rununga o Ngati Waewae Advisor – Reefton Partership Forum ▪ West Coast District Health Board Consumer Council – Maori Representative ▪ Te Whare Akoanga Committee (Grey High School)
Chris Auchinvole – Tatau Pounamu Board Representative	<ul style="list-style-type: none"> • Director Auchinvole & Associates Ltd • Justice of the Peace • Daughter-in-law employed by Otago DHB

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING FRIDAY 9 OCTOBER 2020 WEST COAST DHB, BOARD ROOM 10AM

ZOOM: Meeting ID: 882 0798 3799

PRESENT:

Chris Auchinvole, WCDHB Board Representative (Zoom)
Maree Mahuika, Forsyth, Te Runanga O Makaawhio Representative (In person)
Ned Tauwhare, Te Rūnanga O Ngāti Waewae (Zoom)
Richelle Schaper, Kawatiri Representative (Zoom)
Susan Wallace, Te Runanga o Makaawhio (Zoom)
Gary Coghlan, General Manager Maori Health (In person)
Marion Smith, Portfolio Manager, Maori Health (In person)
Anne Ginty, Mawhera Community Representative

APOLOGIES:

Joseph Mason, Ngati Waewae Representative (In person)

IN ATTENDANCE:

Peter McIntosh, Planning & Funding
Philip Wheble, General Manager West Coast District Health Board
Robyn Rutter-Baumann, Operations Manager Rural, Inpatients and Transalpine

MINUTE TAKER:

Kylie Parkin

Mihi Whakatau/Karakia

Gary Coghlan

AGENDA/APOLOGIES

1. DISCLOSURES OF INTEREST

Updates or amendments to be provided to Megan over email.

2. MINUTES OF LAST MEETING

The minutes from the last two Tatau Pounamu hui were agreed and finalised.

- 10 April 2020
- 24 April 2020

Moved: Marie Mahuika-Forsyth

Second: Anne Ginty

Chair

- Decision was made to change the agenda and discuss the administrative section to the end of hui.
- More focus moving forward on understanding the health system/structure – build the understanding of the māhī and where Māori health fits into the system.
- Members of TP identify areas to increase your understanding of the health system.
Opportunity to determine key focus areas and messaging for Tatau Pounamu.

3. ACTIONS POINTS FROM PREVIOUS MEETINGS

DNA

- Marion provided an update. Sustained improvement over three months.
- Good opportunity to demonstrate to the wider DHB the process undertaken for the DNA māhī with the CBU team. Identified that not huge amount of intervention can make a big difference to inequities. Can be used as a communication tool for the organisation. Celebrate success. Highlight the champions of the māhī. HEAT tool underpins the model and good relationships.

4. DISCUSSION ITEMS

A G E N D A

Phillip Wheble, GM Grey/Westland Update

- Ongoing settling in period to Tē Nīkau, constantly reviewing and adapting based on feedback from consumers and staff.
- Acknowledged Iwi involvement and support with the opening of Tē Nīkau.
- Engagement with Iwi is key – can Tatau Pounamu think about how we might do that? Introduce drivers of key pieces of work etc. Tatau can identify areas that they would want an update on. 11 Dec?

ACTION: Phil to provide a summary of the proposal, formally thank Iwi for their participation in the opening.

Robyn Rutter-Baumann & Peter McIntosh – Bowel Screening Update

- Roll out planning for May 2021
- Delay due to Covid-19
- Māori uptake still less than non-Māori but not as bad as other screening programmes
- Mortality rate for Māori will be higher as they will present later and often more unwell.
- Rate of kits returning positive is higher for Māori than non-Māori
- Urgency to recruit and begin work on promotion and community preparedness
- Working with Hauora Māori to guarantee Māori are priority
- Leadership and engagement with Māori vital to engagement

ACTION: Hauora Māori to be engaged in the communications

ACTION: Ensure Tatau Pounamu are informed prior to roll-out – guide sheet provided

Claire Robertson – Suicide Prevention Update

- Take report as read. Claire spoke to report and provided update.
- National leadership taking shape and providing continuity across what is occurring in the DHBs.
- Establishment of Māori Expert Panel.
- Focused on Whānau and Community.
- Additional resource for Suicide Prevention – 0.5 FTE.
- Establishment of wider group looking at Māori Suicide Prevention initiatives.
- Leadership from Iwi is critical moving forward – higher level leadership locally.
- A lot of progress being made in the development of a service for whānau bereaved by Suicide led by CASA and has come from He Ara Oranga. Many different approaches being scoped for local response to the identified gap/need.
- **ACTION:** Involvement of Police in this māhī is key

- ACTION: Rangatahi involvement in the use of technology and current digital resources to use in this māhi.
- Peer support programme - Te ahi ka Wairau – he waka tapu – Richelle
- ACTION: Bros for change making a difference in Kaikoura – understand how this model is working.
- ACTION: Suicide Governance Model – Understand best practice – identify local solution – need to understand how they can play their part – localise National strategy

6. GM Māori Health Update

- Report taken as read

7. Chairs Update

8. Equity Update

9. DNA Update

ACTION: send out the position description of vacancies for Disability Steering Group and Clinical Board

10. Anne Ginty and Joseph Mason nominated for the Central Alliance Workstream

DRAFT MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY

TATAU POUNAMU MANAWHENUA ADVISORY BOARD MEETING

Te Nīkau Hospital – Boardroom, Corporate Services

Friday 18 December 2020

10.00am – 1.00pm

PRESENT: Susan Wallace, Te Runanga o Makaawhio (Zoom) - CHAIR
Chris Auchinvole, WCDHB Board Representative (in person)
Maree Mahuika-Forsyth, Te Rūnanga O Makaawhio Representative (in person)
Ned Tauwhare, Te Rūnanga O Ngāti Waewae (in person)
Richelle Schaper, Kawatiri Representative (in person)
Joseph Mason, Ngati Waewae Representative (in person)
Gary Coghlan, General Manager Hauora Māori (in person)
Marion Smith, Portfolio Manager, Hauora Māori (in person)
Kylie Parkin, Portfolio Manager, Hauora Māori (in person)

APOLOGIES: Anne Ginty, Mawhera Community Representative

IN ATTENDANCE: Brittany Jenkins, WCDHB Director of Nursing
Russ Aiton, Consumer Council Chair, WCDHB
Philip Wheble, WCDHB General Manager
Brendan Marshall, Rural Generalist Medical Officer, WCDHB
Laura Aileone, Rural Generalist Project Manager, WCDHB
Dr Melissa Cragg, Principal Consultant - Pae Ora O Te Tai O Poutini (zoom)

MINUTE TAKER: Siobhan lafeta, Hauora Māori Personal Assistant

KARAKIA

Gary Coghlan

EMBEDDED DOCUMENTS



health-disability-sys whakamaua-maori-tem-review-final-rephealth-action-plan-Tatau Pounamu 181 Poutini Final Version



Pae Ora O Te Tai O Māori Representation on C



GM Maori TP Update.docx



Draft Terms of Reference QSM Ove ment-QSM-Framewc



Consumer-Engage ment-QSM-Framewc

ADMINISTRATION

Apologies

- 1. Interest Register**
Not discussed
- 2. Confirmation of the Minutes of the Previous Meeting**
Previous meeting minutes – 09 October 2020
Not discussed, carry over to the next meeting

3. Carried Forward/Action List Items

See above

4. Discussion Items

a) Presentation on the Health & Disability Review & Whakamaau – Māori Health Action Plan 2020 - 2025

Gary Coghlan
Kylie Parkin

- **ACTION:** Both Documents to be circulated to Tatau Pounamu members
- **ACTION:** Members to familiarise themselves with the review

b) *Health Quality Safety Committee (HQSC) 'Safety Marker' recommendation*

Brittany Jenkins
Russ Aiton

- Brief background: The goal of this Quality Safety Marker (QSM) is to measure consumer engagement and improve engagement overtime. It also seeks to address *what does successful consumer engagement look like, and (how) does it improve the quality and safety services?*
- A steering group will be established with a strong focus to aspire to the top tier QSM marker "Te mahi tahi me te kaiārahitanga nagātahi" (Partnership and shared leadership)
- Russ and Brittany, on behalf of the HQSC and future QSM steering group, request Māori Consumer and Tatau Pounamu representation, Tatau Pounamu agrees membership must include the voice of Coast due to the dynamic and different requirements of each area
- Tatau Pounamu members would like to see a higher rate of Māori representation across meetings
- Tatau Pounamu members asked, "could a Māori Consumer Council be established?" Consumer Council Chair is supportive to continue this discussion in the New Year
- It was noted the Māori voice is often not heard in meetings and a Consumer Council specifically for Māori would give members the confidence to speak up in their own forum
- Tatau advised the HEAT tool should be the underpinning knowledge for all engagement with Consumers and in all decision making for the DHB
- **ACTION:** Terms of Reference and HQSC measurement markers to be sent to Tatau Pounamu Members

c) *Rural Generalist Presentation*

Brendan Marshall
Laura Aileone
Philip Wheble

- The current way of working is not sustainable in a sparsely occupied district
- The most common complaint from consumers is not having continuity of care, quality care and having to wait for long periods to get an appointment; Rural Generalism aims to improve these persistent workforce challenges.
- Tatau members understand we have a very isolated workforce, especially in the South Westland and support the intention of the model to foster a long term rural workforce that is trained and credentialed
- The PHO is in support of the Model of Care
- Tatau Pounamu supports the Rural Generalist Model of Care and understand the goal is 'highly skilled rural generalists connected to appropriate specialist workforce' that provides a more integrated approach to service delivery – not practicing in isolation, but being the core workforce for the WCDHB medical workforce strongly supported by specialist teams from Canterbury DHB
- **ACTION:** Presentation to be shared with Tatau Pounamu Members

- d) Pae-ora Presentation Dr Melissa Craig
- Dr Melissa Cragg spoke to Pae Ora O Te Tai O Poutini
 - **ACTION:** Presentation to be shared with Tatau Pounamu Members
- e) Working group and committee vacancies Gary Coghlan
- **ACTION:** GM Maori to forward through any recommendations of attendees to the rest of the Tatau Pounamu members
 - **ACTION:** Group members to be decided via email due to time restraints
- f) Reports/General Business as below Gary Coghlan
- Not discussed due to time restraints

REPORTS

5. **GM Māori Health Update** Gary Coghlan
- Not discussed, circulated to Tatau Pounamu Members prior to meeting
6. **Chairs Update** Susan Wallace
- Update to be discussed in the New Year

INFORMATION ITEMS

- g) 2021 Tatau Pounamu Meeting Dates (to be agreed via email)
- h) Māori Staff Hui – Summary of Evaluations (attached)

FINISH TIME 1.00pm

MINUTES OF THE TATAU POUNAMU MANAWHENUA STRATEGIC PLANNING DAY
Friday 5th March 2021
WEST COAST DHB, BOARD ROOM 10AM

Present: Joe Mason, Rachelle Schaper, Ned Tauwhare, Chris Auchinvole, Maire Mahuika- Forsyth.
Gary Coghlan, Kylie Parkin, Gary Coghlan

Apologies: Anne Ginty, Susan Wallace (for lateness)

Peter Bramley – Chief Executive Canterbury/West Coast DHB

- Challenging everyone to have an equity first approach
- CDHB does not appear to be a treaty responsive partner
- Some areas have been stubborn for far too long. We need to be clear about co-design and reprioritising investment
- Framework for assessing clinical quality and clinical governance.
- We need to continue to challenge and hold to account, insight from Manawhenua is critical.

Kevin Hague

- Attended - not representing PHO, ALT or MH Commission
- Workstreams are about the people on the ground working on transformational projects to address issues within the system
- Makes sense to have a capitation based system – amount of money goes with each person enrolled – funding attached to the person, different amounts depending on ethnicity, age, dep...
- Similar to DHB funding which is population based funding
- ¼ million people in the country not enrolled in any PHO – predominantly people with higher health need; Māori, Pacifica, Refugees,
- Individualistic models says that health is a result of individual choices that they make – does not support Holistic models – what really makes a difference is population health models
- Māori Health Funding Authority – more an advisory function as per the Simpson Review
- Strong pushback from Māori. Political pressure will enable a good look at a well-resourced authority.
- Some of the tricks we need to pull off collectively – push back against the low trust environment and create more wriggle room – Covid did show that communities know what is best for their people
- There is a lot of fragmentation – lets work collectively together
- Intersectorial collaboration – Ottawa charter boiled down to empowering communities and creating supportive communities around them – nothing about the formula that is explicitly about health. Who in our community is most impacted by poor educational outcomes, justice outcomes:
 - Māori
 - Decile 5,
 - Pacifica
- Support whānau ora – fundamentally about what does this whānau need.
- The Director General has been clear that we continue on within current systems until there is clear change. It will take some time for the changes to take effect.

GM UPDATE TATAU POUNAMU



TO: Tatau Pounamu Chair & Members

SOURCE: General Manager, Hauora Māori

DATE: Friday 9 April 2021

Report Status – For:

Decision ☐

Noting ☒

Information ☐

ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group updates on the Covid19 response.

WEST COAST DHB COVID RESPONSE

The Hauora Māori team are very involved in the Covid 19 vaccination rollout. We are members of the steering group who meet regularly and have developed a set of operating guidelines for DHB and providers. The following equity statement is being developed to ensure equity is at the forefront of every decision, during this process.

“COVID-19 is a serious threat to Māori in Aotearoa. Throughout time pandemics have impacted indigenous peoples significantly. This was evident during the 1918 influenza pandemic where high mortality rates were experienced across the Pacific. Within Aotearoa, influenza impact was significant with alarmingly high death rates reported amongst Māori.

The West Coast District Health Board (Te Poari Hauora a Rohe o Tai Poutini) is committed to ensuring equity is at the forefront of all decision making during our response to the Covid-19 pandemic and the rollout of the vaccination programme on the West Coast. We will take a partnership approach with our Maori Health and Primary Health Providers to delivering COVID-19 vaccines on the West Coast.

In Tier 2 where frontline health workers identify as Maori or Pacific Islanders we will take a whole whānau approach by vaccinating the whole family at the same time.

Embedding equity for Māori and the principles of Te Tiriti as a structuring framework for COVID-19 is critical to ensuring that existing inequitable outcomes are not exacerbated; and that tangata whenua are actively protected; and the injustices wrought by previous pandemics in Aotearoa New Zealand are not repeated.

Mana Whenua, Poutini Ngai Tahu, Poutini Waiora and Hauora Māori will be included at all levels of planning and the operationalising of the immunisation roll out. Decisions are occurring in a rapidly evolving, complex environment and will be transparent and inclusive.

Without an equity-centred pandemic response, Māori may experience multiple negative outcomes from this event. This is not acceptable."

Working with the Nurse Director (Workforce) we are talking to Māori clinical staff with the intention to increase the number of Māori vaccinators on the West Coast.

FUNDING APPLICATION

The Ministry of Health is funding Māori health providers who have existing vaccinator capabilities, to ensure they are prepared and ready to be responsive and sustainable during COVID-19 vaccinations roll-out.

Notification of this funding application was received on the 30th March – with a deadline back to the Ministry of Friday 2nd April. Due to the very tight timeframes we worked with the Planning and Funding team from CDHB – and Canterbury and West Coast Māori Health Providers on a joint submission to ensure we met the timeframe, and also the requirements outlined in the specification document.

Separate funding will be provided by District Health Boards (DHBs) for the COVID-19 immunisation services.

BACKGROUND

The Ministry of Health recognises Māori are a priority population and are particularly vulnerable to the impacts of COVID-19.

Māori whānau and communities may be hesitant about the vaccine and it is anticipated that the higher numbers of Māori will not elect to have the vaccine. Vaccination and support through Māori providers will help to address these concerns around the vaccine, and support whānau iwi, hapū in uptake of the vaccine.

Māori COVID-19 immunisation delivery implementation strategies will be adopted. These strategies will include communication campaigns, a range of delivery service options to address any access issues, funding Māori health providers to deliver the vaccinations, the training of existing Māori frontline staff and the recruitment of new staff.

OBJECTIVES

- Enabling choice for whānau
- Encouraging collaboration between providers, and reduction of competition and duplication (ensuring alignment with local DHB vaccinations roll-out)
- Maximisation of resources in communities
- Tailoring of services at the most local level
- Enabling innovative approaches

THE SERVICES

The Services to be provided or purchased must relate to supporting COVID-19 immunisation and vaccination. Funding is to be primarily utilised in the following focus areas:

1. Training for staff who are eligible to be trained as vaccinators, and upskilling of current vaccinators on COVID-19 processes and protocols (includes backfill of staff who are undertaking training)
2. Localised communication and promotional vaccination activity, in line with the national COVID-19 vaccination campaign.
3. Resources to operationalise the organisation approach to the vaccination programme. This may include additional fixed-term staff to support with coordination and planning
4. Support to carry out requirements to prepare for vaccination as per the COVID-19 Vaccine Operating Guidelines for DHBs and Providers. This may include health and safety/infection control items, signage, training for staff on the COVID-19 Immunisation Register (CIR) data entry software, etc.
5. Purchase of capital items to support vaccination process, and to ensure robust information collection during vaccination. Capital items may for example, include onsite vaccine fridges, dividers screens for patient privacy, PPE, tablets and connectivity related items. The purchase of larger capital items such as vehicles is not included though these may be leased.
6. To support providers to adapt and evolve with the ability to respond to unforeseen disruption and long-term challenges
7. To continue to develop ways of working that will improve engagement, access, equity and quality of health care for Māori.

Gary Coghlan

GENERAL MANAGER HAUROA MĀORI

GM UPDATE TATAU POUNAMU



TO: Tatau Pounamu Chair & Members

SOURCE: General Manager, Maori Health

DATE: Friday 9 April 2021

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

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update

Regional Workshops Iwi and DHB partnership boards.

MOH Planning is underway to run four 2-day regional workshops for DHB and Iwi Partnership Boards in April-May 2021. This is an action in Priority Area 2 Ngā Kaiārahi Māori/Māori leadership in Whakamaua.

The Board workshops are the first step in a long-term commitment to support DHB and Iwi Partnership Boards build understanding of how best as governors and leaders to give effect to Te Tiriti responsibilities and work together to achieve improved health and wellbeing for future generations.

Tatau Pounamu member Richelle Schaefer has enrolled on this workshop in Wellington and will be joined by Gary Coghlan and Marion Smith. Hauora Maori staff will feed back any relevant and important information received at this hui.

The Board workshops will be followed by the first Hui Whakaoranga – four regional 2-day events in May-June 2021 and a nationwide virtual hui in late June to coincide with Matariki. This is an action in Priority Area 4 Te Whakawhanaketanga o te rāngai hauora/Māori health sector development.

Hui Whakaoranga is part of implementing Whakamaua: Māori Health Action Plan 2020-2025. It is intended that the hui will generate the next generation of Māori health and well-being development outcomes. These will support the overall aim of He Korowai Oranga of healthy futures for Māori- pae ora. Hui Whakaoranga provides an opportunity to invite shared planning and accountability for Māori health.

Mental Health

Registration of Interest - New Primary Kaupapa Maori Mental Health Services

Whakamaua, Maori Health Action Plan Priority 4 is: 'Maori Health Sector Development'. This priority is to support the creation of equitable and sustainable approaches to commissioning kaupapa Maori and whanau centred services and to

support Maori health sector capability and capacity to innovate and deliver effective services for Maori communities.

This week the Ministry of Health moved forward with the procurement process for New Kaupapa Maori Mental Health Primary care services and programmes. Poutini Waiora were successful in progressing through the first round of procurement within the Teina stream. The Ministry is working alongside the organisation to fully explain the requirements of the new service and to move through the development of the specifications collaborating and supporting the organisation so that the contract and services specifications fit the vision and capability of the Provider.

This procurement process is a new way of working for the Ministry and shows a real genuine commitment to following a partnership approach to commissioning with Maori. It is exciting regarding the possibilities in the future especially for Māori health providers.

Pae ora Tē Tai o Poutini

A project brief was developed and submitted to the Ministry of Health, Māori Health Service Improvement team by Poutini Waiora to further progress the Pae ora o Tē Tai o Poutini model of care. The funding will be used to contract expertise to work alongside Māori, the DHB and other stakeholders to develop the Pae ora model of care. There is provision in the funding to connect with other Māori Providers who are delivering similar models of care to gather information and learn from their experiences. The funding comes from the Tē Ruinga category of Tē Ao Auahatanga Hauora Māori, Māori Health Innovation Funding. The Hauora Māori team have been working closely with Poutini Waiora to work up this proposal using the original evaluation report completed by Melissa Cragg PHD as the foundation for further development.

Recruitment

The Hauora team is heavily involved with the recruitment of new staff and the wider recruitment processes within the WCDHB. We continue to be available for interview panels and advising against the Changes in Recruitment Practices implemented at the beginning of 2021.

Training Programmes

An annual training program which includes workshops on; Tikanga Best Practice and Tiriti o Waitangi has been developed and timetabled with input from Operational Managers.

A Tikanga Best Practice targeting new graduate nurses was held in early March and was attended by ten nursing staff.

Another Tikanga Best Practice workshop was held at Buller Hospital and attended by 13 Kaimahi. Facilitated by Gary Coghlan the korero was based on “doing the right thing with the right people in the right way, the first time”.

Further training options were discussed with and an equity workshop is currently in the planning stages for May.

Maori Staff Hui

The first Maori staff Hui for 2021 was held on the 23rd of March at the St Johns Rooms and facilitated by Holly Weir the Project Manager: Māori Workforce Development for the South Island Alliance and supported by Gary Coghlan – Hauora Māori General Manager.

Based on feedback (attached) from the November 2020 Hui the programme was designed to inform, educate and stimulate conversation.

The Hui was attended by 15 DHB Kaimahi.

Tatau Pounamu Member

A resignation has been received from Anne Ginty, who is the representative of the Mātāwaka Mawhera rohi. A process to replace the member will need to be put in place.

Gary Coghlan

GENERAL MANAGER HAUORA MĀORI

Māori Staff Hui Arahura Marae – 9th November 2020

Anonymous Feedback

1. Did you enjoy our Māori Staff Hui?

- Yes – 93.33% (14)
- No – 6.67% (1)

2. What could the Māori Health team have done to help prepare you for the hui?

- Nothing, staff were excellent in keeping us informed, appreciate the info for people not familiar with powhiri (11 respondents)
- Discussed the topics we would talk about, and set an agenda
- More regular catch ups
- I did personally forget to bring a koha but that could have been because I thought they were probably charging the DHB
- Would have been good to have had a time to practice the waiata we were to sing at the marae or have known the tune via a video link of some sort

3. Would you be interested in attending a planning hui for 2021??? i.e. History of Te Tai Poutini, Mihi/Pepeha, Māori Educational Opportunities etc.

- Yes – 93.33% (14)
- No – 6.67% (1)

4. Is there anything else you would like to learn about?

- Tikanga, way of Māori, collective support/tautoko work colleagues (3 x respondents)
- Te Reo lessons as a permanent option at the DHB (6 respondents)
- How to educate staff that do not acknowledge Māori ways?
- Mihi lessons
- Found after the hui there were comments of why doesn't "x" ethnicity get their own things like this, why is it only the Māori staff. it would be good to know how to answer these type of questions.
- What steps the DHB are taking to include & help Māori and Pacific peoples journey through the Health system.
- How to encourage more Māori staff to attend hui?

5. How many hours should we spend at our next hui?

- 2 hours – 0% (0)
- 4 hours – 50% (7)
- 8 hours – 50% (7)

6. How often should our Māori staff get together for a hui?

- Monthly – 28.57% (4)
- Quarterly – 50% (7)
- 6 Monthly – 21.43% (3)