

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



BOARD MEETING

**Friday 10 December 2021
at 10.00am**

**Corporate Office Board Room
Greymouth**

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

AGENDA – PUBLIC

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at Board Room – Corporate Office - Greymouth
on Friday 10 December 2021 commencing at 10.00am

KARAKIA ADMINISTRATION	10.00am
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Apologies

1. Interest Register
2. Confirmation of the Minutes of the Previous Meetings
 - 5 November 2021
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 | David Green
<i>Acting Executive Director, Finance & Corporate Services</i> | 10.30am – 10.40am |
| 7. Clinical Leader's Update – Verbal Update | Graham Roper
<i>Chief Medical Officer</i> | 10.40am – 10.50am |
| 8. Hauora Maori Update | Kylie Parkin
<i>Hauora Maori Team Portfolio Manager</i> | 10.50am – 11.00am |
| 9. Resolution to Exclude the Public | <i>Governance Support</i> | 11.00am – 11.05am |

INFORMATION ITEMS

- 2022 Meeting Dates

ESTIMATED FINISH TIME	11.05pm
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NEXT MEETING: 11 February 2022

MEMBERS



WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

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

EXECUTIVE SUPPORT

(Attendance dependent on Agenda items)

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

KARAKIA

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

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

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



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

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

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

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CARRIED FORWARD/ACTION ITEMS

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

	DATE RAISED/ LAST UPDATED	CARRIED FORWARD	COMMENTARY	STATUS
1.	21 February 2020	Maori Health including Cultural Competency	Philip Wheble to discuss with Maori Health Team	To be scheduled
2..	21 February 2020	MAX – People & Capability Service Portal	Presentation to future meeting	To be scheduled
3	24 September 2020	AF8 Group provide a presentation to Board	To be added for future presentation	To be scheduled
5.	6 August 2021	Board to have a discussion regarding future workshops they would like presented	Chair and Philip Wheble to discuss members	
6.		Aged Care on the West Coast, the board requested an over view of the next 10 years on the West Coast and the implications for the aged care service and facilities, an approximate time frame for this piece of work to be completed to be brought back to the next meeting	Added back onto Action List – Planning & Funding Chair and Tracey Maisey to discuss to move this forward	

GENERAL MANAGER UPDATE

TO: Chair and Members
West Coast District Health Board

SOURCE: General Manager West Coast

DATE: 10 December 2021

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

The Alliance Support Group (ASG) is implementing a revised approach to increase focus on achieving the System Level Measure (SLM) outcomes at the workstream and whole-of-system level through:

- **Increased Inclusiveness:** Improved inclusion of working level and system support kaimahi in driving initiatives. It was identified by the Alliance Leadership Team (ALT) and the ASG that socialisation of the SLM outcomes and priorities at both the working and strategic level was key to ensuring all parts of the system are engaged in driving outcomes. Presentation of the 2020/21 results and 2021/22 SLM targets to teams, workstreams, PHO, CPH, localities and departments are being done.
- **Greater Feedback:** Increased monitoring and feedback of results to all contributing to the SLM outcome to increase engagement and better monitor the effectiveness of the contributory measures. A dashboard of the SLM outcomes has been crafted for ALT and ASG to provide input on.
- **Cross locality collaboration:** Formalising a cross-locality focus on driving each SLM outcome rather than locality-centric initiatives. The driver is how a locality is working to achieve a SLM outcome and leveraging off the work and experience of other localities. A revised tracking table has been circulated for workstreams to consider and populate with ASG support.
- **Simplified plans:** Workstream plans are to be simplified to focus on the SLM outcomes and limited locality deliverables or focus areas. The tracking table will be updated to include any items identified by individual workstreams as key for ASG and ALT focus.
- **Simplified reporting:** Simplification of the workstream reporting into a single snapshot document to better track and drive outcomes.

B: Build Primary and Community Capacity and Capability

- ***Integrated Locality Services - Northern***
 - A strong point for this month has been the turnaround in the permanent GP/NP FTE for Northern; with a newly registered Nurse Practitioner for Northern, our permanent FTE will be 6.74. With the support of the RHMs from Te Nīkau, this is a reassuring position for the clinical teams to be in and creates a real opportunity to be more Population Health focused leading into 2022.
 - INDICI Implementation has presented some challenges that are being worked through but the programme itself will have advantages across the continuum of patient care.
 - COVID Resilience planning is well under way with socialising of the plans across the region and awaiting staff feedback on these.
 - The rural clinics have moved to align with the weekend and afterhours systems that are already operating in South Westland and Central and this has been a 'change challenge' for those localities.
 - Telehealth capacity has been increased in Buller Health which will be of great assistance as we face increased COVID spread into the community

- Following recent emergencies, several of our staff have been to CIMS training in Greymouth and this increased skill set is noticeable across the team.
- Northern is currently working towards Cornerstone accreditation.
- The Buller Clinical team is further upskilling to support Northern Maternity services. This education is being organised by the Greymouth maternity team.

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

- Staff have been training and preparing for the new INDICI electronic Patient Management System (PMS), which goes live across Te Nīkau Health Centre and the Emergency Department on 15 November. It will later extend to District Nursing as well. INDICI will support a more connected and integrated approach to care for our communities.
- The Operational Leadership Group (OLG) has been working closely with WCDHB services and a wide range of local partners to prepare for providing COVID related care in the community, whilst also continuing to provide all other usual health services.
- We have commenced a consultation for change process relating to the Te Nīkau Integrated Administration Team. This aims to formalise a new team structure and ensure sustainable expert administrative services into the future.
- Providing paediatric services continues to be challenging due to staffing vacancies. We have been able to attract some new staff from overseas but some start dates have been delayed by visa and MIQ processes.
- The Central Consumer Council has continued to develop and grow, with a fifth member hopefully being appointed soon. The Council is chaired now by a consumer representative and the HQSC quality safety marker for consumer engagement will drive future work.

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

- The South Westland Area Practice team continue to work in collaboration with the WCDHB COVID Vaccination Programme team to encourage uptake of vaccinations. It is pleasing to note that the vaccination rate across Westland is at least as high as other areas of the Coast
- Managers within the Southern Locality team have managed the implementation of the national COVID vaccination mandate with a great deal of professionalism and empathy.
- The decision document outlining how Home & Community Services (HCSS) will operate in the future has been released and a meeting has been held with affected staff in Hokitika. Work is underway to map out a pathway to implement the changes decided. As noted previously, the Southern Locality is trialling an initiative whereby the HCSS team sit within the Allied Health portfolio with this fostering the development of a kaiāwhina-led (support worker-led) service. A leadership role, reporting through to the Southern Allied Health Team Leader, will shortly be advertised that will spearhead changes while managing the kaiāwhina, the co-ordinator, and the Registered Nurse for Home and Community Support Services.
- Pete Bleeker has commenced as Occupational Therapist based in Hokitika which restores the team to its permanent full complement of staff. The Southern team has been well supported by the Central Allied Health team during the period of this vacancy.

- Staff across the Southern Locality (particularly in South Westland and District Nursing) are becoming more familiar and confident with the new patient management system INDICI. Indications are that as we become increasingly familiar with the product it will offer a great deal of practical functionality.
- Clinical Governance processes within the South Westland Area Practice are currently being reviewed to strengthen the mechanisms for decision-making and to build upon the linkages with the Rural Generalist team based at Te Nīkau.



DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The Demolition of the old boiler house at Grey Base is progressing well and the services that previously ran under it, such as compressed air and emergency lighting, have been moved.
- Preparations have begun for the annual change from the coal boiler to the diesel boiler for the summer months on 1 December 2021
- Painting of wooden decks is being done to reduce the risk of slipping following the recent wet weather.
- Airflow directions and red and green patient areas have been assessed to mitigate the risks to staff and patients in Te Nīkau in the event of a COVID-19 outbreak.
- The roof on the company house at Reefton hospital has been replaced.

B: New Facilities Redevelopment Update

Te Nīkau and wider Greymouth Campus

- Boiler house demolition is well underway. Clearing of the old main hospital building is close to complete and the site will be reshaped and grassed. FCCL now expect the main carpark will be resurfaced in the New Year along with final road markings.
- Work on the loading dock canopy and the covered walkway is now complete. The ambulance bay scaffolding is due to be removed.
- Work on the Kowhai Trust sensory gardens at the northern end of the campus continues. Greymouth High School students, along with Elinor Stratford and Trish Rooney, have commenced planting and 4 December will see a day of community planting. When complete, this will provide a great space for our public.

Mental Health Business Case Revision

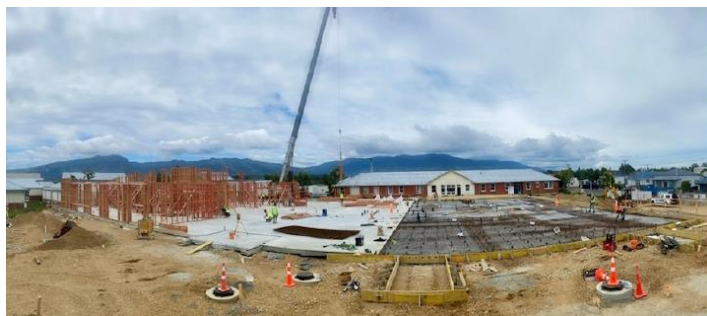
- The Capital Investment Committee has approved our revised Mental Health Business case at their meeting on 26 October 2021. Funding still requires Ministerial endorsement which we hope to gain this year.

Buller

- November has seen good progress on site and with stable weather, productivity is high. Scott Construction now have staff working on Saturdays and longer hours to keep the momentum continuous and productive. Onsite presence is up to 16 personnel and this is set to increase to around 20 in the New Year with the addition of sub-contractors. The strain on freight has eased with Auckland getting back to some normality and there are no supply challenges at this point. Construction is on target with programme.

Project Look Ahead:

- Under slab drainage is complete and civil drainage work continues.
- All the main slab concrete pours will be complete by the end of November.
- Framing and structural steel work continues.



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

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

Nursing

- Nursing continues to refine plans for our COVID-19 patient flows. Communication flows through to front-line staff regarding these plans and staff are encouraged to feedback and scenario test.
- Our nursing leadership team have been working closely with our P&C partners to improve our recruitment processes for nursing staff. Whilst we have been reasonably successful, it is a challenge in today's environment.
- The Acute Zone has been successful in filling the vacancies within the Paediatric service. A robust orientation package has been approved and we have our first RN on this package. Four RNs have been recruited for the Short Stay Unit. Once these staff arrive they will do a full orientation to paediatrics, prior to other parts of the system.
- Education continues for the CCU nurses aimed at care of patients on a ventilator and caring for paediatrics in their area.
- Surge training has commenced for staff at Te Nikau. This is for staff caring for inpatient COVID positive patients whilst it is not expected Buller and Reefton will take those cases we will be putting the education sessions on teams to the wider WCDHB
- Our Nurse Practitioner workforce have been working on a framework for nurse prescribers developing a better process for the future ensuring they go through the right path with the right support in place when they finish their training.
- Nursing leadership are also working to formulate an RNS framework to improve our RNS workforce across the coast and give staff a pathway forward into these specialised services.
- The nursing leadership team are working on a centralised roster which will give visibility over the whole DHB enabling the sharing of resources and better prediction of workloads.

Rural Inpatients and Transalpine Service

- Improving Staff Capability
 - The Te Huarahi Hautū Leadership Development Programme is continuing, however the Leading Effective Teams workshop (which was intended to have 20+ leaders at

it) was impacted by the need to focus on COVID-19 preparedness and will now be rerun in early 2022.

- Equity

- In June, the Priority Populations Attendance project had been expanded to include all people who experience barriers to attending and participating in appointments. However, attendance rates have not improved in recent months and the team is looking at further ways to support attendance. This initiative is the work of the Central Booking Unit and Hauora Maori teams.
- The Pharmacy, Central Booking and National Bowel Screening Project teams' initiative to improve the way bowel prep is provided to people receiving a colonoscopy has been very positive and is now part of business as usual having had no instances, since June, of patients not receiving their prep when needed. This project values patient time and, annually, should result in 4-500 fewer patient journeys to collect bowel prep.

- Bowel Screening Programme

- The WCDHB National Bowel Screening Programme has so far met all of the KPIs. As at 15 November, 1800 invitations to participate have been sent and 797 test kits have been returned with 51 of the returned kits having been positive (requiring clinical follow-up).
- The formal launch scheduled for the first week of October was postponed due to COVID-19 restrictions and will now be part of a promotional week in early 2022.

Maternity

- Maternity has been busy and at times at capacity. We are advertising to recruit to fulfil our FTE as we have had one midwife resign and one take up a new role.
- Maternity staff have been working tirelessly to fill gaps in the roster.
- Our midwife educator has resigned and we will be advertising her role shortly to commence in the New Year.
- The Midwife Clinical Coach has settled into her role and working with staff as required enhancing their skills. She has also been involved in the COVID surge plan with the Midwife manager and working through developing pathways.
- Staff have now all been fitted with their N95 masks.
- Education courses have been running including Newborn Life Support and Emergency Skills. The recent STABLE course was well attended, with 20 participants who learnt about stabilising babies for transfer.
- Maternity finally received their new CTG machine and all staff are competent in using the wireless foetal monitor.
- ACC approved funding for our Growth Assessment Programme (GAP), and all staff have attended a workshop via zoom and are now using the new GAP protocol to reduce the rate of intrauterine growth restriction/stillbirth in our newborns.

Allied Health

- We have successfully recruited to the vacancy of Community Occupational Therapist in Southern; they will start mid-November.
- We have conducted interviews for the two Rotational Physiotherapist vacancies and are hoping to appoint soon.
- Recruitment to the two new roles for Child Development Service has commenced and we are shortlisting applicants.

- Service Accreditation Training is continuing and most Kaiawhina/Allied health Assistants are now accredited to assess for basic equipment needs for people in the community.

Mental Health

- Continued focus on recruitment across the service especially with the recent vacancy of AOD manager.
- New Talking therapist role has been advertised with interviewing to occur in the coming weeks. This will provide additional support to clinical teams especially since we have been unable to date to recruit a Clinical Psychologist position
- Several services are running at 50% vacancy (CAMHS & AOD) this impacting on service delivery. Combined service response to shortages by flexing staff is covering and maintaining service delivery until positions are filled however this will not be sustainable
- The Mental Health Managers had a 3 hour workshop as part of a team building and development exercise. This was well received with a planned workshop to occur in January
- A workshop focused on Equity for access for Maori with Moe Milne was held in November, morning session was attended by MH staff and NGO's were invited to join in the afternoon session. Collaboration for service delivery and "any door is the right door" approach which will be a focus for 2022
- Primary Mental Health engagement around integrated service delivery is underway in several areas.

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

- Several transport initiatives are in place to support the safe transfer of patients. The Greymouth branch of St John operates a community health shuttle to assist people in the local area who require assistance getting to health appointments in Greymouth. St John also provides planned ambulance transfers for non-acute patients needing care in Christchurch.
- The community health shuttle service from Westport to Greymouth set up in late in 2012 as a community-driven initiative of willing volunteers from the Buller branch of the Red Cross continues to operate with support from the Buller-based Rural Education Activity Programme (REAP), who coordinate the patient-requested bookings. The Red Cross are transitioning away from providing this and similar community transport that they run throughout the country. A roll-over contract is in place to Red Cross out to 31 July 2022 to help facilitate continuity for the Buller service in the transition period. Work to understand potential alternative options is continuing.
- National Travel Assistance expenditure for the four months to 31 October was 1% under year-to-date budget for 2021/22 (down by \$4,000 from YTD budget of \$474,000). The travel assistance claims are subject to late claiming by individuals and therefore there is a degree of uncertainty in the monthly movements. It is noted that NTA claims can be lodged by eligible patients any time within 12 months of treatment, so expenditure against annual budget is not always evenly matched. The potential financial risk to the DHB in this area lies in the variability in timing of claims.

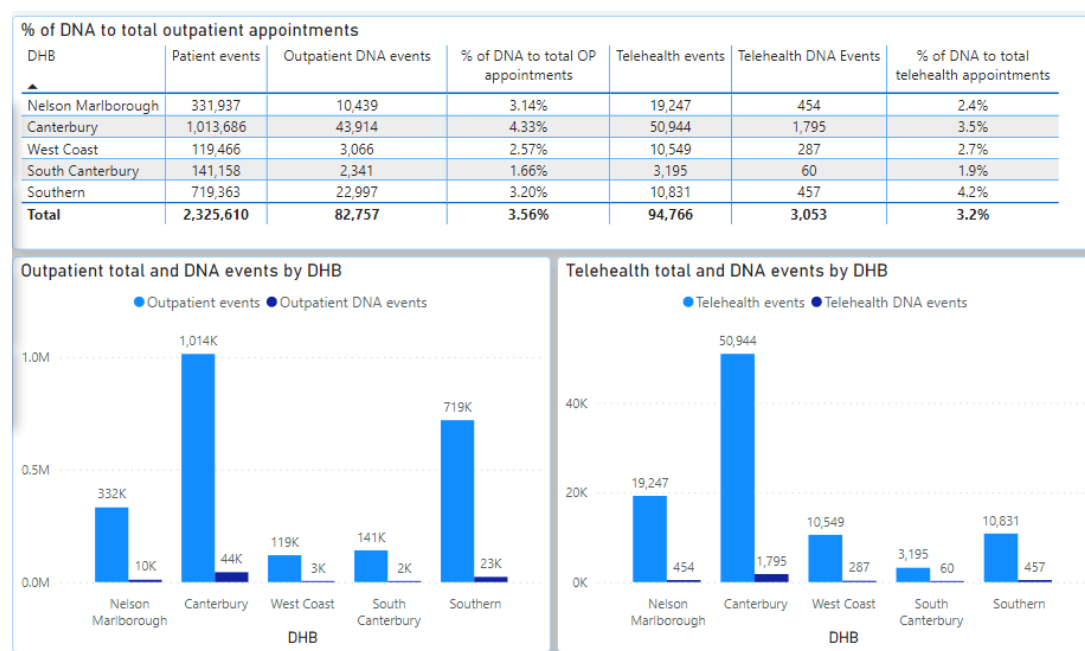
B: Champion the Expanded use of Telemedicine Technology

With improved patient experience and ease of use for clinicians being the drive, the Telehealth project is working closely with the clinicians in training and facilitating the telemedicine video consults. This is resulting in a positive uptake of telehealth by clinical services.

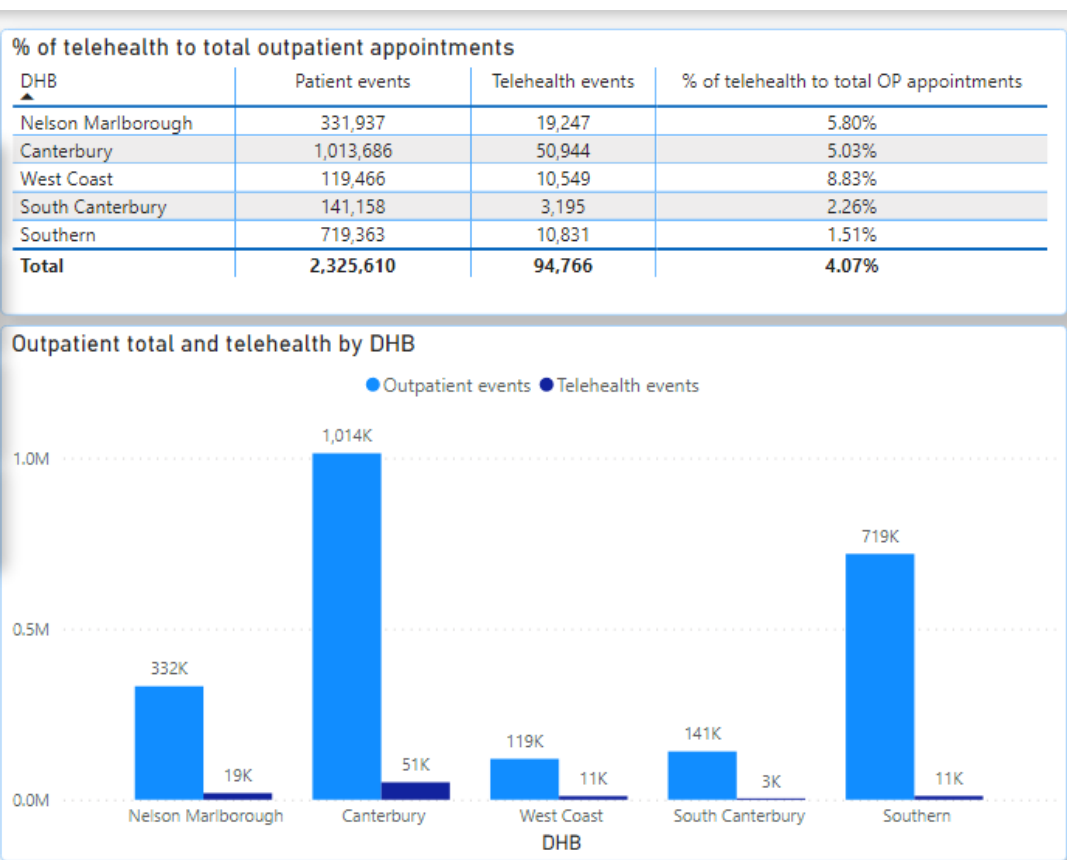
The region has been developing a Telehealth interactive dashboard capability, and below are some screen shots showing the capability. This is currently available for 50 staff across the region including some leaders from West Coast. The intent is to expand this wider.

Outpatient and telehealth appointment DNAs by DHB Jul 2020 – Aug 2021

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

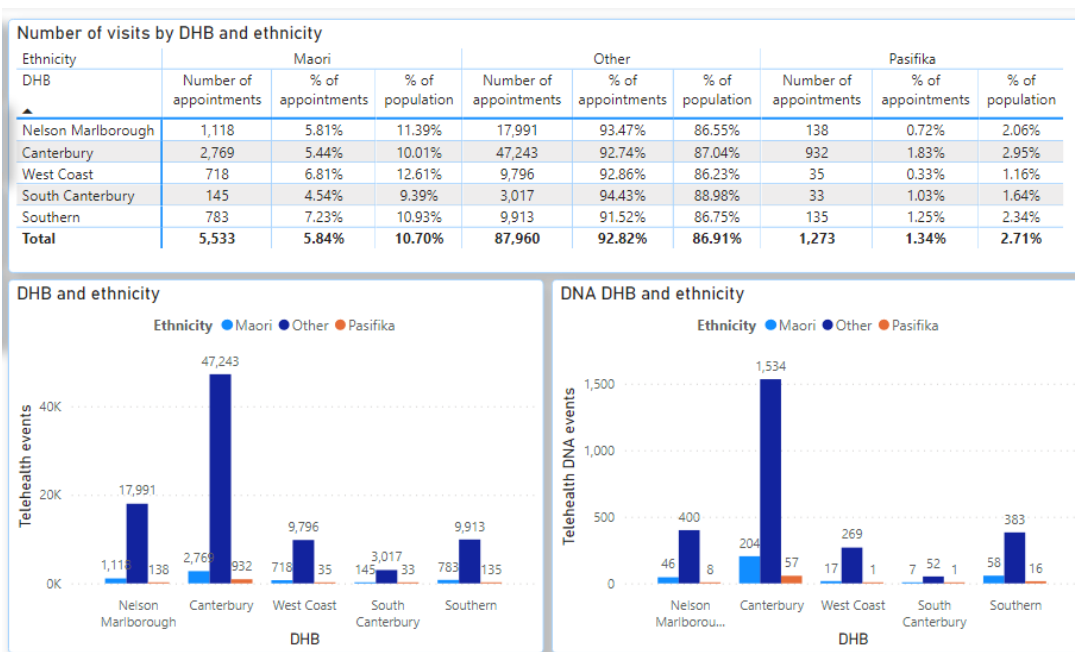


This graph shows total telehealth appointments per DHB against the total outpatient volumes. This provides an indication of the potential to grow this medium where clinically appropriate. For instance, West Coast DHB conducts 8.8% of its total outpatients as telehealth which is incidentally the highest in the region.



Telehealth appointment by ethnicity Jul 2020 – Aug 2021

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



Telehealth distance & carbon emissions avoided Jul 2020 – Aug 2021

This graph provides some indication of the potential benefit patients have received by saving the need to travel to appointments. West Coast patients have saved an average of 95 kilometers in travel per Telehealth appointment

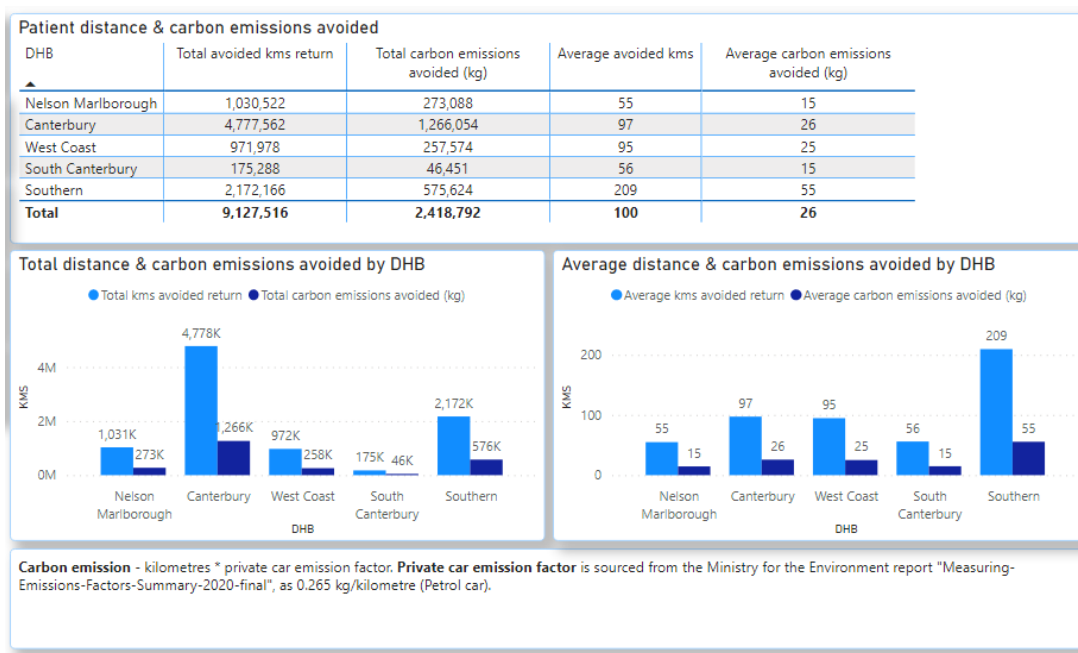


Table showing progress of transitioning to Microsoft Teams platform

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

	Telehealth							Grand Total
	MS Teams				Vidyo			
	October 21	September 21	August 21	July 21	August 21	July 21		
Cardiology	15	21			19	17	72	
Dermatology	3	5		5	1		14	
Diabetes - Nurse Led						1	1	
Haematology		1					1	
Nutrition Services	6	1	3	6		4	20	
Oncology	13	11	15	7		3	49	
Plastic Surgery	8	3			5	1	17	
Respiratory Medicine		1				1	2	
Urology	8				1		9	
Grand Total	53	43	18	18	26	27	185	



INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

Supporting older people to remain at home

Aged Residential Care

- It is six months since the Aged Residential Care (ARC) residents and staff received their second vaccinations and plans are in place to provide their COVID-19 booster vaccinations prior to Christmas.
- The Older Persons Health team are meeting regularly with ARC management and providing support and guidance where required.

Complex Clinical Care Network and Home and Community Support Services

- The Complex Clinical Care Network (CCCN) have been providing training and education to CCCN staff and Home and Community Support Workers on the use of Personal Protective Equipment in anticipation of COVID-19 transmission in the community.
- Recruitment is underway for a further Clinical Assessor for Central and upon appointment to this position the CCCN will be fully staffed. The Gerontology Nurse Specialists are responding to clients with extremely complex needs and to requests for education in ARC.
- Home and Community Support Services are continuing to recruit nursing staff.

Falls Prevention

- The provision of a Fracture Liaison Service (FLS) for the West Coast DHB is being designed and developed as a transalpine model, supported by the Canterbury DHB Fracture Liaison Service. The Canterbury DHB FLS provides a gold standard service to the Canterbury district and we look forward to the provision of this service within the West Coast in 2022.

West Coast Dementia Stakeholders Group

- The West Coast Dementia Stakeholders Group has designed two Dementia/Mate Wareware Navigation Maps for West Coast (in consultation with key parties). One map is designed for the person with dementia and their whanau to understand the dementia pathway on the West Coast, and the second is designed for clinicians.
- We have been successful in gaining copyright permission to include a 'Guide to Achieving Te Oranga Wairua for Maori' graphic and table within both maps which provides a sound equity lens. Once finalised by graphic design, the Dementia Stakeholders Group will provide a roadshow to GP Practices and NGOs initially, to outline the maps and discuss diagnoses of Dementia, the Mini-Ace Tool and referrals.



BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

The consolidated West Coast DHB financial result, including the impacts of COVID-19 and Holidays Act compliance (\$1k favourable), for the month of October 2021 was a deficit of \$860k, which was \$5k unfavourable to the annual plan. The YTD result is \$347k unfavourable to the annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(119)	(148)	29	(542)	(608)	66
Funder Arm	503	450	53	1,339	1,840	(501)
Provider Arm	(1,244)	(1,157)	(87)	(4,758)	(4,846)	88
West Coast DHB Result	(860)	(855)	(5)	(3,961)	(3,614)	(347)
Covid-19 & Holidays Act	215	216	1	736	850	114
Consolidated Business as Usual Result	(645)	(639)	(6)	(3,225)	(2,764)	(461)

B: Effective Clinical Information Systems

- **Community Patient Administration System implementation (Indici):** Te Nīkau went live with Indici in the Emergency Department and General Practice setting. Central district nursing is now targeted for completion before end of January 2022. The patient portal is being tested and planning is underway for phase 2 of the project.
- **Cyber security:**
Phriendly Phishing: Our Phriendly Phishing baseline campaign showed 21% of people sent a phishing email clicked the relevant link. Post initial training and education the percentage remains at 5%.

Metrics for staff who have completed training.

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

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

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

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

Communications and Engagement

- **C'mon Coasters campaign** was launched in late October to encourage West Coasters to get vaccinated. The campaign has received significant support and engagement from a wide range of people including community leaders across the Coast. The campaign has used social media channels (Facebook, Instagram and TikTok); newspaper and radio advertising; media releases and collateral such as posters and pull-up banners to promote the key messages.



Our mobile vans also have the C'mon Coasters messaging across the outside too!



You can support the **C'mon Coasters** campaign by:

- Encouraging your friends, family and whānau to get vaccinated at various clinics across the West Coast. Clinics information can be found [here](#).
- Share the campaign via social media. Download social media tiles [here](#).
- Print and post campaign posters in your workplace. Download posters [here](#).

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

- Health workforce communications (internal and external)
- Media release(s) and related enquiries
- Collateral preparation.

Media

During October/November 2021, the majority of media enquiries received related to the roll-out of the DHB's COVID-19 vaccination programme as well as our COVID-19 resurgence planning.

We also received enquiries about aged residential care, the new Buller Health facility, the disposal of DHB property and maternity services.

■ **Media releases:**

- [Health news](#)
- West Coast DHB's COVID-19 vaccination team is heading to Runanga and Hokitika later this week (27/10/2021)
- Cases of Delta COVID-19 in Canterbury a timely reminder to get tested if you are unwell (28/10/2021)
- West Coast DHB's COVID-19 testing clinics (29/10/2021)
- Push to lift vaccination rates on the South Island's West Coast (04/11/2021)
- Funding available for community wellbeing initiatives (05/11/2021)
- Double vaxxed before Christmas – the deadline is looming (23/11/2021).

■ **Social media posts:**

- [West Coast District Health Board | Facebook](#)
- C'mon Coasters campaign posts promoting pop-up clinics and encouraging West Coasters to get vaccinated have continued daily throughout October/November. Interaction with these posts have been steady. This campaign has also extended to our Instagram page - [West Coast DHB \(@westcoastvax\) • Instagram photos and videos](#)
- Occupational Therapy (OT) week (28/10/2021)
- Need a COVID-19 test? West Coast DHB have set up testing clinics in Westport, Greymouth and Hokitika (29/10/2021)
- Get tested if you are experiencing COVID-19 symptoms (02/11/2021)
- What COVID-19 and vaccinations means for hapū/breastfeeding māmā and whānau? (03/11/2021)
- Wellbeing Coordinator opportunity in South Westland (05/11/2021)
- International Accounting Day (10/11/2021)
- Health Care Assistant career opportunities (11/11/2021)
- Aotearoa Patient Safety Day (17/11/2021)
- STOP Pressure Injury Day (18/11/2021).

CE Update – November 2021 edition

You can read our CE Update from cover to cover or download the full copy via ISSUU or PDF on our [website](#). You can also navigate straight to this edition via the link below.

In this edition, Chief Executive Peter Bramley talks about the importance of looking after ourselves and using the available supports when needed. He acknowledges the introduction of the National Bowel Screening Programme to the Coast and the mahi behind its rollout. He also touches on the efforts of our West Coast people and staff in supporting the rollout of the COVID-19 vaccination programme. [Read more](#)

Our stories – Ā tātou kōrero

- [Push to lift vaccination rates on the South Island's West Coast](#) article introduces our C'mon Coasters campaign which was launched to help lift the region's vaccination rates.
- [Bowel Screening Programme well underway on the Coast](#) article focuses on the roll-out of the programme across the Coast and encourages 60-74 year old Coasters to take a little test that could save their lives.
- [STOP – Pressure Injury Prevention – 'Help me heal, check my heels'](#) offers importance advise to health care professionals about key actions that help to prevent pressure injuries.

- [Home dialysis taken to a new level](#) is a wonderful story of how a local community found an innovative solution to help out of their own who needed regular dialysis close to home.
- [COVID-19 false and misleading information and scams](#) highlights the steps to follow to report false or misleading information and scams related to COVID-19.
- [Five ways to boost your wellbeing](#) offers up five key actions, that if done regularly are scientifically proven to lift your wellbeing.
- [The evolution of Whare Manaaki](#) highlights the fantastic services and supports provided in this Kaupapa Māori community space for Mawhera (Greymouth) locals.
- [Breast Cancer Awareness](#) promotes the importance of breast screening and taking action if you notice any changes.

In the spotlight

- [Celebrating 56 years of service to nursing with the West Coast District Health Board](#) acknowledges the contribution of Cheryl Hutchinson to the West Coast health system and our communities.
- [A Tribute to Shane McKerrow – Flight Liaison Officer Canterbury Air Retrieval](#) recognises the role Shane McKerrow played in the establishment of the air retrieval service which has benefited many Coasters.
- [Are you glove aware?](#) offers a timely reminder about the importance of hand hygiene.

Regulars – Kōrero ai

- [One minute with...Manaia Cunningham, West Coast DHB's National Bowel Screening Programme Project Manager](#)
- [Bouquets](#)
- [Big Shout Out](#)
- [Photo board](#)

Notices – Pānui

- [Health Quality & Safety Commission E-digest Issue 131](#)
- [eCald newsletter](#)
- [Maternity Quality and Safety Programme Annual Report](#)
- [South Island Alliance update](#)
- [The end game should not be just Smokefree 2025 but also Vapefree](#)
- [Something for you](#)

 <p>Healthy Environments & Lifestyles</p>	<p>PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES</p>
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Key Achievements/Issues of Note

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

Community & Public Health (C&PH) are still operating as a virtual team of Auckland Regional Public Health service and supporting case investigation, contact tracing and contact monitoring.

C&PH continue to investigate all cases identified at the Christchurch borders via the international airport and the port and provide Medical Officer of Health support to the clinical teams at the Managed Isolation and Quarantine Facilities in Christchurch.

- **Community Supported Isolation and Quarantine:** At time of writing, no community cases have been identified on the West Coast. However, CPH are working with the WCDHB to develop processes for providing supported isolation and quarantine options for both cases and identified contacts of cases. This service will operate under the supervision of the Medical Officer of Health and will provide public health, clinical and welfare support to cases and their whānau as deemed necessary and appropriate as part of the integrated model currently being designed.

Three hui have been held so far in Greymouth, Fox Glacier and Westport to talk to communities about this service and establishing local supports for successful isolation at home. Further sessions are being planned for other communities including Franz Josef on 30 December and Reefton on 8 December.

Feedback from communities and community agencies has been positive with hui participants appreciating the chance to understand more about the isolation process and provide local solutions to the challenges presented in each community, e.g. consideration needed for those in emergency accommodation as a result of the Westport flooding event, ongoing economic impacts for small business owners needing to isolate in their place of business, especially those in South Westland already facing dramatic reduction in revenue, and challenges of isolating in locations with poor or no telecommunications.

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

FINANCE REPORT FOR THE PERIOD ENDED 31 OCTOBER 2021



TO: Chair and Members, West Coast District Health Board

SOURCE: Acting Executive Director, Finance & Corporate Services

DATE: 10 December 2021

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

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

3. DISCUSSION

Overview of October 2021 Financial Result

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

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	15,141	14,780	361	2.4%	60,445	59,066	1,379	2.3%	177,329
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	208	160	48	30.0%	691	640	51	8.0%	1,922
Patient Related Revenue	695	666	29	4.4%	2,738	2,612	126	4.8%	7,860
Other Revenue	209	76	133	175.0%	382	311	71	22.8%	925
Total Operating Revenue	16,253	15,682	571	3.6%	64,256	62,629	1,627	2.6%	188,035
Operating Expenditure									
Personnel costs	7,409	7,035	(374)	(5.3%)	29,348	28,317	(1,031)	(3.6%)	85,640
Outsourced Services - clinical	0	0	0	0.0%	32	0	(32)	0.0%	0
Treatment Related Costs	839	858	19	2.2%	3,412	3,430	18	0.5%	10,229
External Providers	3,959	4,014	55	1.4%	16,056	15,980	(76)	(0.5%)	47,988
Inter District Flows Expense	2,616	2,569	(47)	(1.8%)	10,327	10,276	(51)	(0.5%)	30,821
Outsourced Services - non clinical	119	123	4	3.3%	547	492	(55)	(11.2%)	1,476
Infrastructure and Non treatment related costs	1,142	900	(242)	(26.9%)	4,360	3,596	(764)	(21.2%)	11,007
Total Operating Expenditure	16,084	15,499	(585)	(3.8%)	64,082	62,091	(1,991)	(3.2%)	187,160
Result before Interest, Depn & Cap Charge	169	183	(14)	(7.6%)	174	538	(364)	(67.7%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	522	521	(1)	(0.2%)	2,104	2,084	(20)	(1.0%)	6,354
Capital Charge Expenditure	507	517	10	1.9%	2,031	2,068	37	1.8%	6,204
Total Interest, Depreciation & Capital Charge	1,029	1,038	9	0.9%	4,135	4,152	17	0.4%	12,558
Net Surplus/(deficit)	(860)	(855)	(5)	(0.6%)	(3,961)	(3,614)	(347)	(9.6%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(860)	(855)	(5)	(0.6%)	(3,961)	(3,614)	(347)	(9.6%)	(11,683)

in thousands of New Zealand dollars

The underlying BAU variance (i.e. excluding Holidays Act compliance and Covid-19) for October is \$6k unfavourable to budget (\$461k unfavourable YTD).

4. **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: Odette Rielly, Finance and Business Manager

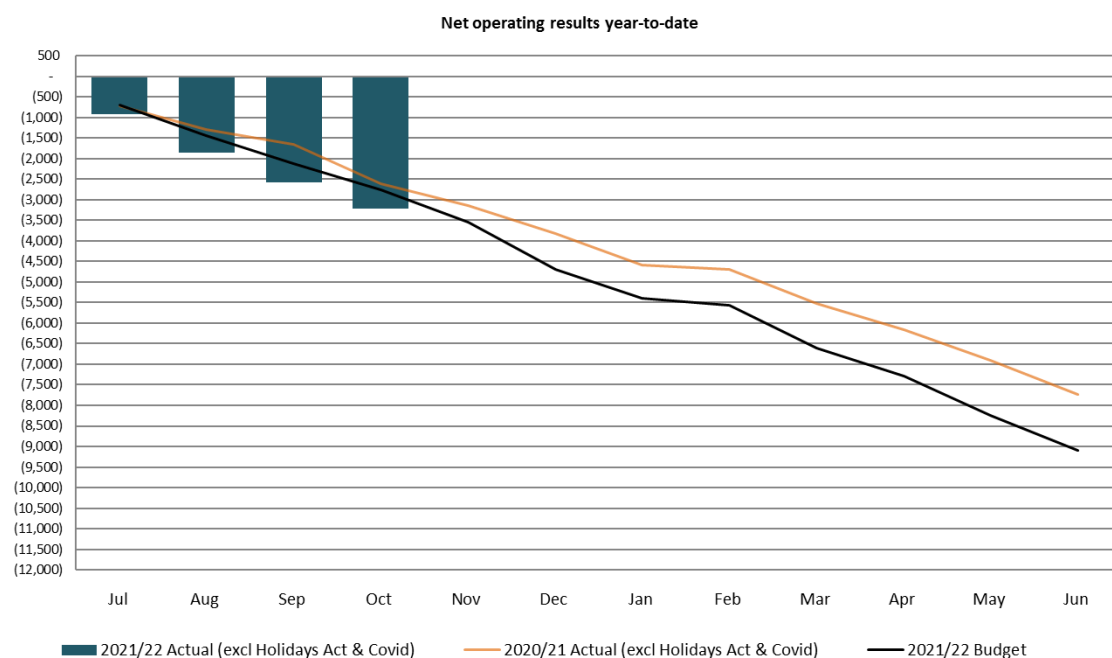
Report approved by: David Green, Acting Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – October 2021

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)	(645)	(639)	(6)	1%	×	(3,225)	(2,764)	(461)	17%	×



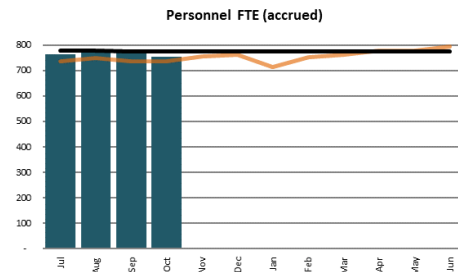
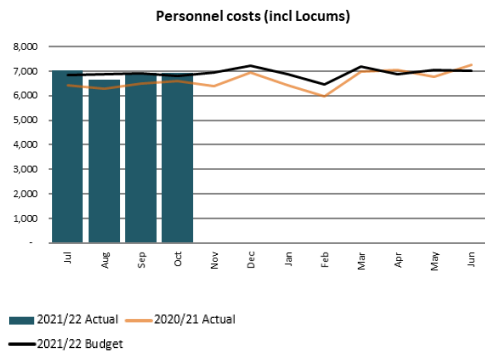
WCDHB has reported a BAU deficit of \$645k for the month of October, which is unfavourable to the draft annual plan deficit by \$6k. The YTD variance is \$461k unfavourable.

The variance is driven by flood costs of \$83k for the month and \$428k for the YTD. Note there are additional costs in relation to the flooding yet to come through. Westport flood damaged vehicle disposals provided a \$68k gain on sale. There were additional RSV associated costs in July.

Commentary is provided on the variance to the Annual Plan that was submitted in October 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	1,666	1,666	-	0%	6,741	6,715	(26)	0%
Nursing	2,956	2,848	(108)	-4%	11,310	11,366	56	0%
Allied Health	1,123	1,117	(6)	-1%	4,591	4,524	(67)	-1%
Support	331	311	(20)	-6%	1,284	1,264	(20)	-2%
Management & Admin	845	861	16	2%	3,619	3,523	(96)	-3%
Total	6,921	6,803	(118)	-2%	27,545	27,392	(153)	-1%



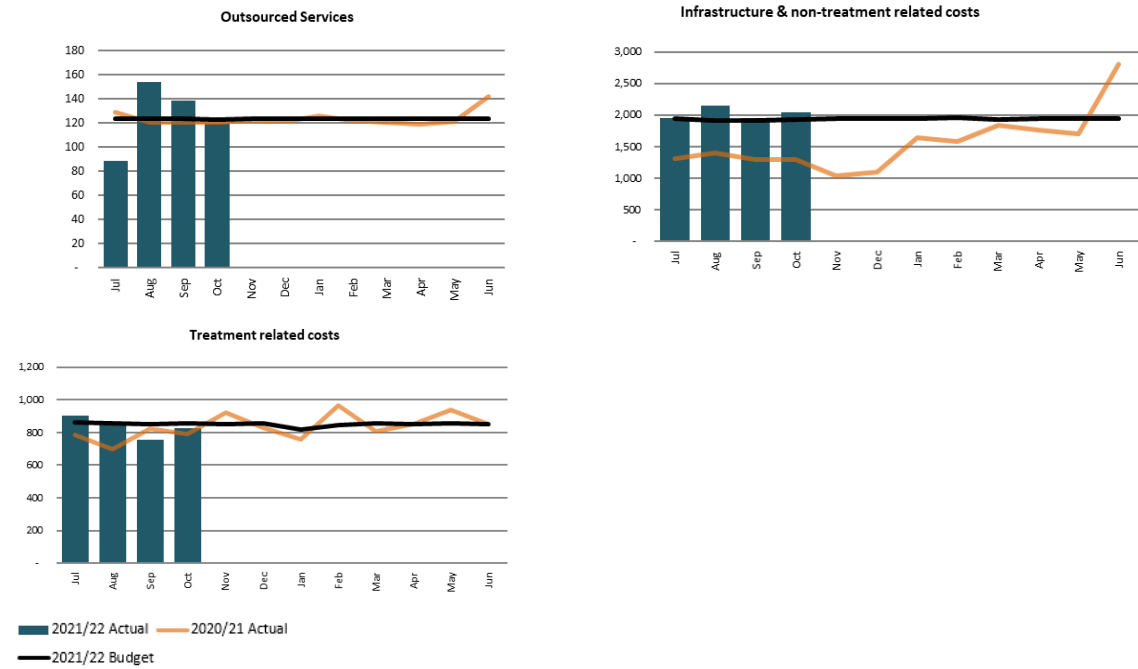
KEY RISKS AND ISSUES:

Personnel Costs: October is over budget, with an additional accrual to cover future potential MECA payments.

Holidays Act compliance (not included in the amounts above): This provision is currently \$20.741M (\$215k for the month; \$861k YTD); we will continue to increase the provision monthly until remediation is complete.

Treatment and non-treatment related costs (excluding Holidays Act compliance provision & Covid-19)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Treatment related costs	825	856	31	4% ✓	3,340	3,426	86	3% ✓
Non Treatment related costs	2,035	1,927	(108)	-6% ✗	8,082	7,699	(383)	-5% ✗
Outsourced Clinical Services	119	123	4	3% ✓	497	493	(4)	-1% ✗



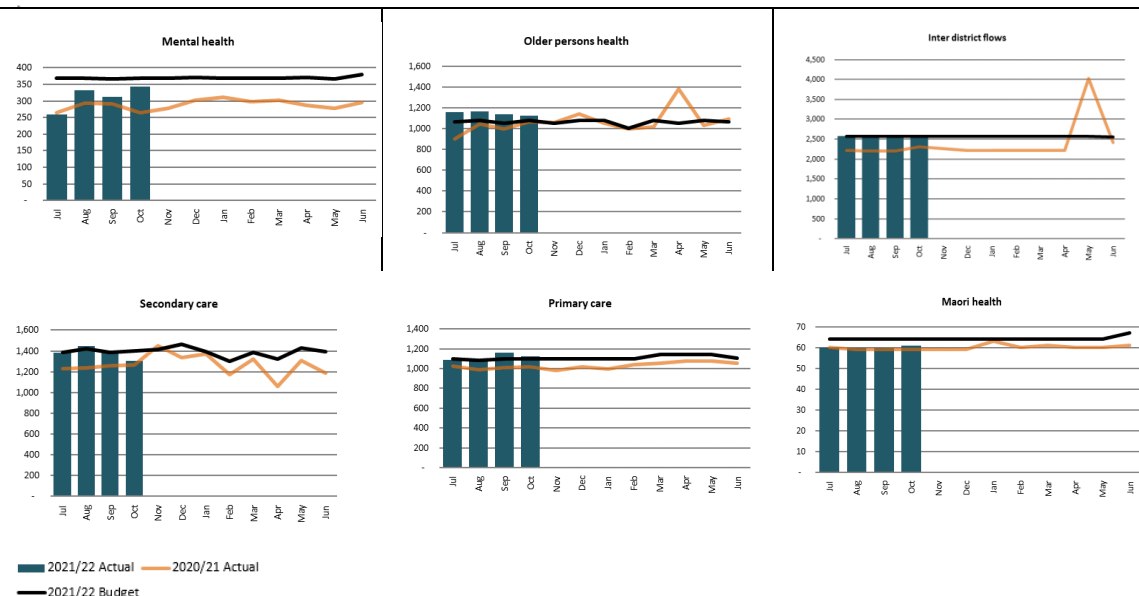
KEY RISKS AND ISSUES:

Non-treatment related costs:

There were \$83k of flood related costs in October, \$428k YTD.

External provider & inter district flows costs (excluding Holidays Act compliance provision & Covid-19)

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Secondary Care	1,302	1,400	98	7%	5,520	5,598	78	1%
Primary Care	1,127	1,101	(26)	-2%	4,459	4,382	(77)	-2%
Older Person's Health	1,125	1,082	(43)	-4%	4,589	4,286	(303)	-7%
Mental Health	344	369	25	7%	1,248	1,475	227	15%
Maori Health	61	64	3	5%	241	256	15	6%
IDF	2,616	2,569	(47)	-2%	10,328	10,274	(54)	-1%
Total	6,575	6,585	10	0%	26,383	26,268	(115)	0%



KEY RISKS AND ISSUES:

Secondary Care was favourable for the month, which is likely to be impacted by COVID. We will continue to monitor these impacts.

Primary Care: While over budget, we have been advised this is fully funded by the Ministry of Health, the revenue received for these services is passed through to Primary Care Practices.

Older Person's Health: The high demand for Hospital Level Beds continues.

Inter-District Flows: The 2020/21 wash-up was finalised in October resulting in an unfavourable outflow which is directly offset by a favourable inflow.

Financial position

	YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000		Annual Budget \$'000
Equity	120,432	123,999	(3,567)	-3% ✗	126,121
Cash	4,662	3,349	1,313	39% ✓	(5,299)
Capex	1,722	4,642	2,920	63% ✓	17,487

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

The variance relates to \$3M in the annual plan this month for drawdown on Buller Facility project.

Variances to CAPEX

Capex spend is \$2.920M behind plan but expected to catch up dependent on the progress on the Buller facility.

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

	Monthly Reporting				Year to Date				Full Year 21/22
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	15,141	14,780	361	2.4%	60,445	59,066	1,379	2.3%	177,329
Inter DHB Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Inter District Flows Revenue	208	160	48	30.0%	691	640	51	8.0%	1,922
Patient Related Revenue	695	666	29	4.4%	2,738	2,612	126	4.8%	7,860
Other Revenue	209	76	133	175.0%	382	311	71	22.8%	925
Total Operating Revenue	16,253	15,682	571	3.6%	64,256	62,629	1,627	2.6%	188,035
Operating Expenditure									
Personnel costs	7,409	7,035	(374)	(5.3%)	29,348	28,317	(1,031)	(3.6%)	85,640
Outsourced Services - clinical	0	0	0	0.0%	32	0	(32)	0.0%	0
Treatment Related Costs	839	858	19	2.2%	3,412	3,430	18	0.5%	10,229
External Providers	3,959	4,014	55	1.4%	16,056	15,980	(76)	(0.5%)	47,988
Inter District Flows Expense	2,616	2,569	(47)	(1.8%)	10,327	10,276	(51)	(0.5%)	30,821
Outsourced Services - non clinical	119	123	4	3.3%	547	492	(55)	(11.2%)	1,476
Infrastructure and Non treatment related costs	1,142	900	(242)	(26.9%)	4,360	3,596	(764)	(21.2%)	11,007
Total Operating Expenditure	16,084	15,499	(585)	(3.8%)	64,082	62,091	(1,991)	(3.2%)	187,160
Result before Interest, Depn & Cap Charge	169	183	(14)	(7.6%)	174	538	(364)	(67.7%)	875
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	522	521	(1)	(0.2%)	2,104	2,084	(20)	(1.0%)	6,354
Capital Charge Expenditure	507	517	10	1.9%	2,031	2,068	37	1.8%	6,204
Total Interest, Depreciation & Capital Charge	1,029	1,038	9	0.9%	4,135	4,152	17	0.4%	12,558
Net Surplus/(deficit)	(860)	(855)	(5)	(0.6%)	(3,961)	(3,614)	(347)	(9.6%)	(11,683)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(860)	(855)	(5)	(0.6%)	(3,961)	(3,614)	(347)	(9.6%)	(11,683)

in thousands of New Zealand dollars

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 October 2021

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	153,361	157,507	(4,146)	(2.6%)	155,220
Intangible assets	635	1,014	(379)	(37.4%)	741
Work in Progress	8,960	6,895	2,065	29.9%	6,886
Other investments	222	231	(9)	(3.9%)	231
Total non-current assets	163,178	165,647	(2,469)	(1.5%)	163,078
Current assets					
Cash and cash equivalents	4,662	3,349	1,313	39.2%	3,415
Patient and restricted funds	0	0	0	0.0%	0
Inventories	1,343	1,097	246	22.4%	1,311
Debtors and other receivables	6,048	5,865	183	3.1%	5,721
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	12,053	10,311	1,742	16.9%	10,447
Total assets	175,231	175,958	(727)	(0.4%)	173,525
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	1,940	1,857	(83)	(4.5%)	1,857
Other	63	63	0	0.0%	63
Total non-current liabilities	2,003	1,920	(83)	(4.3%)	1,920
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	16,120	15,649	(471)	(3.0%)	13,862
Employee entitlements and benefits	36,676	34,390	(2,286)	(6.6%)	34,389
Total current liabilities	52,796	50,039	(2,757)	(5.5%)	48,251
Total liabilities	54,799	51,959	(2,840)	(5.5%)	50,171
Equity					
Crown equity	217,715	220,717	3,002	1.4%	216,676
Other reserves	28,956	28,956	0	0.0%	28,956
Retained earnings/(losses)	(126,239)	(125,674)	565	0.4%	(122,278)
Trust funds	0	0	0	0.0%	0
Total equity	120,432	123,999	3,567	2.9%	123,354
Total equity and liabilities	175,231	175,958	(727)	(0.4%)	173,525

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending
in thousands of New Zealand dollars

31 October 2021

	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	17,111	15,681	1,430	9.1%	64,672	62,625	2,047	3.3%
Cash paid to employees	(5,699)	(6,335)	636	10.0%	(24,096)	(25,521)	1,425	5.6%
Cash paid to suppliers	(5,156)	(2,580)	(2,576)	(99.8%)	(12,263)	(10,310)	(1,953)	(18.9%)
Cash paid to external providers	(3,959)	(4,014)	55	1.4%	(16,056)	(15,980)	(76)	(0.5%)
Cash paid to other District Health Boards	(2,616)	(2,569)	(47)	(1.8%)	(10,327)	(10,276)	(51)	(0.5%)
<i>Cash generated from operations</i>	(319)	183	(502)	(274.3%)	1,930	538	1,392	258.7%
Interest paid	0	0	0	0.0%	0	0	0	0.0%
Capital charge paid	1	0	1	0.0%	0	0	0	0.0%
Net cash flows from operating activities	(318)	183	(501)	(273.8%)	1,930	538	1,392	258.7%
Cash flows from investing activities								
Interest received	0	0	0	0.0%	17	0	17	0.0%
(Increase) / Decrease in investments	2	0	2	0.0%	9	0	9	0.0%
Acquisition of property, plant and equipment	(317)	(1,545)	1,228	79.5%	(1,562)	(4,262)	2,700	(63.4%)
Acquisition of intangible assets	(41)	0	(41)	0.0%	(186)	(380)	194	(51.1%)
Net cash flows from investing activities	(356)	(1,545)	1,189	(77.0%)	(1,722)	(4,642)	2,920	62.9%
Cash flows from financing activities								
Proceeds from equity injections	0	3,000	(3,000)	100.0%	1,039	4,039	(3,000)	74.3%
Repayment of equity	0	0	0	0.0%	0	0	0	0.0%
<i>Cash generated from equity transactions</i>	0	3,000	(3,000)	100.0%	1,039	4,039	(3,000)	74.3%
Borrowings raised								
Repayment of borrowings	0	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	1,039	0	1,039	0.0%
Net increase in cash and cash equivalents	(674)	1,638	(2,312)	(141.1%)	1,247	(65)	1,312	(2019.0%)
Cash and cash equivalents at beginning of period	5,336	1,711	3,625	211.8%	3,415	3,414	1	0.0%
Cash and cash equivalents at end of period	4,662	3,349	1,313	39.2%	4,662	3,349	1,313	39.2%

APPENDIX 5: WEST COAST DHB YTD 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 Excl Covid & Hols Act \$000
Revenue									
Devolved Funding	(14,424)			(14,424)	(14,524)			(14,524)	(100)
Non-Devolved Contracts	(598)	(423)		(175)	(126)	(25)		(101)	74
Inter-DHB & Internal Revenue	(208)			(208)	(160)			(160)	48
Other Revenue	(1,023)			(1,023)	(870)			(870)	153
Total Revenue	(16,253)	(423)	0	(15,830)	(15,680)	(25)	0	(15,655)	175
DHB Provided Expenditure									
Personnel	6,664	230	215	6,219	6,335	15	215	6,105	(114)
Outsourced Personnel & Support	739	37		702	698			698	(4)
Outsourced Clinical Services	125	6		119	123			123	4
Clinical Supplies	839	14		825	858	2		856	31
Infrastructure & Non-Clinical Supplies	2,171	136		2,035	1,936	9		1,927	(108)
Total DHB Provided Expenditure	10,538	423	215	9,900	9,950	26	215	9,709	(191)
Other Providers									
Personal Health	2,393			2,393	2,477			2,477	84
Mental Health	344			344	370			370	26
Public Health	36			36	24			24	(12)
DSS	1,125			1,125	1,082			1,082	(43)
Maori Health	61			61	64			64	3
IDFs	2,616			2,616	2,568			2,568	(48)
Total Other Providers	6,575	0	0	6,575	6,585	0	0	6,585	10
Total Expenditure	17,113	423	215	16,475	16,535	26	215	16,294	(181)
Total Consolidated Result Deficit/(surplus)	860	0	215	645	855	1	215	639	(6)

YTD Result excluding Holidays Act and Covid-19

	YTD Actual \$000	YTD Covid-19 \$000	YTD Holidays Act \$000	YTD Excl Covid- 19 & Hols Act \$000	YTD Budget	Budgeted Covid-19	Budgeted Holidays Act	Month Budget Excl Covid & Hols Act \$000	YTD Excl Covid & Hols Act \$000 Variance
Revenue									
Devolved Funding	(57,846)			(57,846)	(58,064)			(58,064)	(218)
Non-Devolved Contracts	(2,070)	(1,633)		(437)	(486)	(115)		(371)	66
Inter-DHB & Internal Revenue	(691)			(691)	(641)			(641)	50
Other Revenue	(3,648)			(3,648)	(3,438)			(3,438)	210
Total Revenue	(64,255)	(1,633)	0	(62,622)	(62,629)	(115)	0	(62,514)	108
DHB Provided Expenditure									
Personnel	26,466	900	861	24,705	25,521	63	861	24,597	(108)
Outsourced Personnel & Support	2,908	68		2,840	2,795	0		2,795	(45)
Outsourced Clinical Services	548	51		497	493	0		493	(4)
Clinical Supplies	3,410	70		3,340	3,430	4		3,426	86
Infrastructure & Non-Clinical Supplies	8,501	419		8,082	7,736	37		7,699	(383)
Total DHB Provided Expenditure	41,833	1,508	861	39,464	39,975	104	861	39,010	(454)
Other Providers									
Personal Health	9,771			9,771	9,877			9,877	106
Mental Health	1,245			1,245	1,478			1,478	233
Public Health	207			207	97			97	(110)
DSS	4,591			4,591	4,287			4,287	(304)
Maori Health	242			242	256			256	14
IDFs	10,327			10,327	10,273			10,273	(54)
Total Other Providers	26,383	0	0	26,383	26,268	0	0	26,268	(115)
Total Expenditure	68,216	1,508	861	65,847	66,243	104	861	65,278	(569)
Total Consolidated Result Deficit/(surplus)	3,961	(125)	861	3,225	3,614	(11)	861	2,764	(461)

HAUORA MAORI REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: Hauora Maori

DATE: 24 September 2021

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. .

The framework used for this report is “Whakamaui – Māori Health Action plan 2020 – 2025” the implementation plan for He Korowai Oranga, New Zealand’s Māori Health Strategy.

Whakamaui is underpinned by the Ministry’s Te Tiriti o Waitangi Framework, which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

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

2. RECOMMENDATION

That the Board:

- i. Notes the Hauora Māori Report

Whakamaui – Māori Health Action Plan 2020-2025 WCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
Priority Area 1: Māori Crown partnerships	<p>Tatau Pounamu is actively involved in the completion of a West Coast Health Profile</p> <p>Tē Tiriti Partnership – Consumer Engagement</p> <p>Iwi/DHB Governance partnership established to oversee Mental Health work programmes.</p> <p>Build up a pool of Māori who can provide Māori Health leadership at all levels of the health and disability system.</p>	<p>Profile presented to Tatau Pounamu and actions agreed to have the plan completed.</p> <p>Initiate joint hui to work up the partnership approach.</p> <p>Governance established to oversee MH programmes inclusion of Iwi.</p> <p>Working with Tatau Pounamu and P & C Equity Leads on building Māori Leadership capacity and capability.</p>	<p>Concern resourcing has not been allocated. This has not been progressed. .</p>
Priority Area 2: Māori Leadership	<p>Mana Taurite Workplan – work with the Workforce Equity team to implement Māori Leadership Programme.</p> <p>Hold at least 3 hui for kaimahi Māori to participate in whakawhanaunga, share māhi and listen to inspirational key speakers.</p> <p>Facilitate opportunities for kaimahi Māori to access funding through HWNZ to further their education and training.</p>	<p>Vision: Grow Māori Leadership at all Levels. Māhi progressing supported by Mana Taurite team.</p> <p>A set of metrics and a timeline has been agreed to run November – April.</p> <p>Hauora Māori are working with Tipu Ora to provide Whānau Ora training on the West Coast. A Certificate Programme will be delivered early in 2022 with the option for kaimahi to staircase onto the Diploma late in the year.</p> <p>Hauora Māori Staff are funded through HWNZ</p> <p>Confirmed 22 WCDHB/Poutini Waiora staff have been registered and 11 from other health providers: WesREAP, Te Ha o Kawatiri and Whare Manaaki.</p>	<ul style="list-style-type: none"> • Possible cost/budget allocation. • Covid19 outbreak redeployment of kaimahi involved. • No signoff from WCDHB to continue. <p>A change in Covid19 Levels could affect this provision.</p> <p>The vaccination status of kaimahi may be an issue.</p>
Priority Area 3: Māori Health and Disability Workforce	<p>People & Capability Leads recruited</p> <p>Maori Workforce Plan in place and key initiatives for increasing Māori workforce agreed and implemented.</p> <p>WCDHB Training schedule delivered</p>	<p>Hauora Māori staff with the CDHB Equity team contributed to the development of the Mana Taurite Draft Work plan. This is now waiting final approval.</p>	

Whakamaua – Māori Health Action Plan 2020-2025 WCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
	<ul style="list-style-type: none"> HEAT Te Tiriti o Waitangi Takarangi <p>Recruitment Policy implemented and embedded across the DHB</p> <p>Kia ora Hauora Programmes delivered.</p>	<p>Te Tiriti o Waitangi training timetabled for Greymouth and Westport has been postponed due to the unavailability of our trainer.</p> <p>Takarangi planned for November at Arahura – 20 registered.</p> <p>Takarangi did not take place. Rescheduled for February 2022</p> <p>Mana Taurite to lead education with Hiring Managers. (See narrative at end of report)</p> <p>Dates for the Kia ora Hauora Rangatahi Placement and Exposure programmes have been timetabled for 2022.</p>	<p>Availability of suitable facilitators may delay delivery.</p> <p>Facilitator from the Far North – risk of covid restricted travel.</p> <p>Hauora Māori to investigate alternative options to access training, i.e. online through Health Learn.</p> <p>A change in Covid19 Levels could affect this provision.</p>
Priority Area 4: Māori Health Sector Development	<p>Support Poutini Waiora to develop a Primary Kaupapa Māori Mental Health Service.</p> <p>Support Poutini Waiora to fully stand up an accredited vaccination programme allowing them to manage vaccination from end to end.</p> <p>Partner with Poutini Waiora to develop the Pae ora o Tē Tai Poutini Model of Care.</p> <p>Pilot Rā Whānau – free health check for 50+</p> <p>Pilot Mana Wāhine Clinics – Breast and Cervical screening for Māori and Pacifica</p> <p>Hāpū Wānanga enhanced</p> <p>Māori Smoking Cessation plan revised and updated</p>	<p>Poutini Waiora awaiting service specs from MoH. Clinical MH FTE appointed in Poutini Waiora</p> <p>Poutini Waiora progressing their vaccination status and working through accreditation.</p> <p>Focus sessions held with Clinical Leads. Consultant working up the model to present back to steering group. Aligning with Rural Generalist Model. Hui planned</p> <p>Slow progression, clinical lead has been identified. Will require dedicated Kaiawhina as a core component of the workforce.</p> <p>Funding received through Commissioning Agency to enhance current hapu wananga programme facilitated by Poutini Waiora.</p> <p>Plan revised and updated. Working with Heath West Coast, CPH and Tobacco Free Coalition Group re the implementation plan. National Vaping in Schools survey pending and Grey High Survey completed prior to lockdown. Results/analysis pending.</p>	<p>Recruitment challenges.</p> <p>Ongoing. Working with WCDHB to progress.</p> <p>DHB workforce understanding the model and their role in bringing in to life.</p> <p>No Kaiawhina workforce to implement the initiative.</p> <p>A change in Covid19 Levels could affect this provision.</p>

Whakamaua – Māori Health Action Plan 2020-2025 WCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
	<p>Long term conditions prevention and management initiatives agreed on and in place.</p> <p>First 2000 days has strong equity focus.</p>	<p>Smoking cessation Practitioners continue to be accessible to Māori clients in a range of locations and settings.</p> <p>Maori inclusion in steering group and in the community consultation.</p>	
Priority Area 5: Cross Sector Action	<p>South Westland Psychosocial Response</p> <p>Disability Steering Group</p> <p>Cross-govt COVID-19 response to mitigate the impacts of COVID 19 on whanau, hapu, iwi and Maori communities</p>		
Priority Area 6: Quality and Safety	<p>Build the capacity of Māori providers to participate in the WCDHB Telehealth project.</p> <p>Work with P&C Equity Leads to design and implement a programme of work to address racism and discrimination in the health system.</p> <p>Deliver Health Equity Assessment Tool (HEAT) across the system as required.</p> <p>Implementation of the Health and Disability service standards.</p>	<p>Co-ordinating a hui with Poutini Waiora and DHB Maori kaimahi to understand the opportunities for Maori. ISG working with Maori Provider to ensure they have the required hardware and licensing for Microsoft teams.</p> <p>Applying a diverse and inclusive lens over the mahi undertaken by the Equity, Recruitment and People Partnering team has been identified as a BAU activity for the Equity Leads.</p> <p>Programme for HEAT training will be agreed with Service areas for delivery early 2022.</p> <p>Nga Paerewa Health and Disability Standards has been completed and a gap analysis is being undertaken.</p>	Capacity of the Provider to participate.
Priority Area 7: Insights and evidence	<p>Bowel Screening Equity for Maori</p> <p>Oral Health</p>	<p>Contract kaupapa Maori services to engage whanau in the screening programme and incorporate research process to evidence difference in approach.</p> <p>Partnering with South Island Workforce Development Hub to trial a Kaiawhina led model of intervention, applying fluoride to children's teeth bi-annually in the home.</p>	
Priority Area 8:	Dashboard development across services	Still in development, needs input and refining	

Whakamaua – Māori Health Action Plan 2020-2025 WCDHB Report Hauora Māori			
Priority Area	Key Activities	Progress Update	Risks/Issues
Performance and Accountability			
COVID Response & Recovery	Working with iwi providers, resourcing for communications, manaaki, vaccination services, blended team approach (DHB primary care and iwi providers), locality specific, and whole of whanau approach.	<p>Primarily working in partnership with the DHB.</p> <p>Developing contract with Poutini Waiora to enable them to reach whanau in the way that works for them.</p> <p>Ensuring lessons learnt from vaccination rollout are informing the Managed & Self Isolation and managing covid in the community planning.</p>	
Health & Disability Sector Review	<p>Assessment tool completed</p> <p>Transition Plan completed</p> <p>IMPB establishment process understood</p>	<p>Establishment of IWI Māori Partnership Boards (IMPs)</p> <p>Tatau Pounamu members undertook a MoH self-assessment to identify member skill/capacity levels and Hauora Māori team are supporting the Chair to create an Establishment Plan which will identifying tasks IWI need to perform to form the new IMPB.</p> <p>Ideally the Board will be formed by April 2022 latest so that work can be done to recognise the Board within legislation from 1 July 2022.</p>	Availability of Staff to progress.
Emerging Initiatives	Social Equity Adjustment Policy/Protocol for Equity in Planned Care (non-acute services)	Initial hui planned with clinical leads to better understand the opportunities.	

Training

- Maori Staff hui held 17th November with 20 WCDHB Kaimahi attending.
- Te Tiriti o Waitangi workshop run in Mawhera with 19 WCDHB Kaimahi attending. Workshop was lead by Lee Tuki - Kaimātai Mahi Māori, Workforce Development Partner – Mana Taurite
- With support from the Mana Tauriti Tima from CDHB the following workshops are planned:
 - Tikanga by the bedside for the RMO workforce (Mawhera)
 - Tikanga Best Practice Workshop (Mawhera)
 - Te Tiriti of Waitangi Workshop (Kawatiri).

Covid-19 – Māori Responsiveness

- Equity has been at the forefront of planning for the next phase of Covid Preparedness. The Resilience Plan provides a solid foundation that will enable genuine input from Māori at all levels of the planning and implementation.
- Iwi Partnership progressing and pathways for provision of input into planning being developed
- Māori Advisory Group embedded and meeting weekly
- FTE for Equity roles confirmed and PDs being developed
- Hauora Māori input into SIQ preparedness with input from Iwi
- Hauora Māori input into Table top scenario planning - currently developing options for input from Māori NGOs

Hauora Direct

WCDHB Hauora Māori are participating in a prototype project aimed at improving outcomes for Māori across 12 health target areas where there has been little or no gain made for Māori over many years. Three DHBs are participating in the project; Nelson Marlborough, West Coast and Southern. The initiative aims to deliver bespoke pop up events and connect Māori into services that they are not currently engaging in using a multi-pronged approach. A small targeted team will include a Registered Nurse and a highly skilled Kai Manaaki, clinical oversight will be through the DHB Planned care Nurse Practitioner. NMDHB will provide initial and ongoing training for staff to deliver the Hauora Direct services and independent evaluation will be undertaken.

Recruitment

Working with the Mana Taurite Tima and the People and Capability teams from CDHB and WCDHB we supported a recruitment campaign targeting Māori and Pasifika into Health Care Assistant positions within the WCDHB. Applicants attended an information session which ensured they understood the role. They were introduced to kaimahi who are employed and pathway opportunities explained. This session was followed with the candidates being put through formal interviews and referee reports are now being conducted.

Based on its success, this recruitment model will be replicated for other non-clinical roles within both DhB's.

Mana Wāhine Clinic

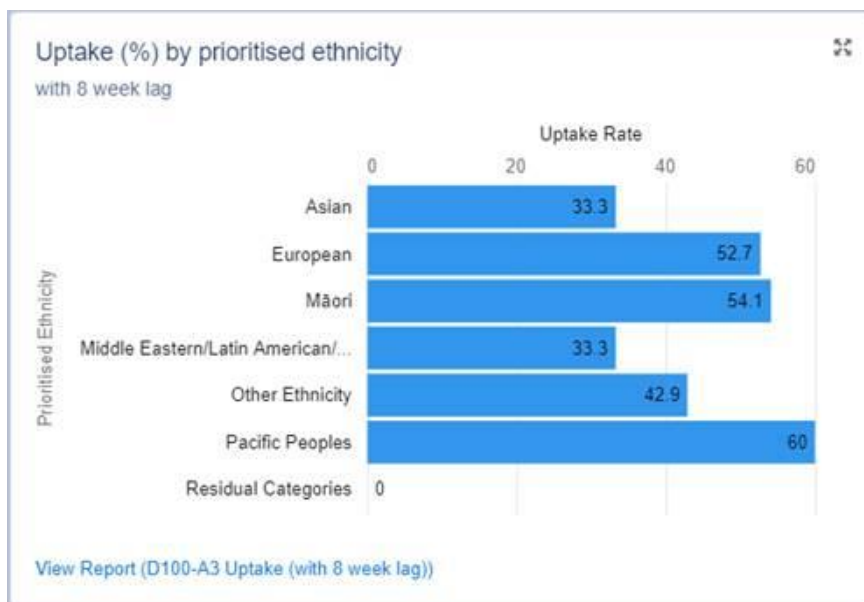
In partnership with BreastScreen South, Poutini Waioara and our WCDHB Cervical Screening team clinics we ran two successful clinics November. Using an innovative approach we targeted wāhine who had not engaged in either service we offered goodie bags and provided kai and experts were on hand to offer advice/support to navigate what is a challenging area for some.

The numbers were not significant, we screened 11 women – 10 Māori and 1 Pasifika but in terms of percentage this was 17% of those on the DNA list.

Working again with BreastScreen South, we are planning to run three clinics in 2022.

Bowel Screening

Superb results for bowel screening uptake for both Māori and Pasifika.



RESOLUTION TO EXCLUDE THE PUBLIC

TO: Chair and Members
West Coast District Health Board

SOURCE: Governance Support

DATE: 10 December 2021

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 7 May 2021	For the reasons set out in the previous Board agenda.	
2.	Carried Forward/Action Points	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
3.	Electricity Supply Contract	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
4.	IEA Remuneration Strategy 2021/2022	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
6.	Chair & Chief Executive Emerging Issues - Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
7.	Clinical Leaders Emerging Issues – Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including	9(2)(j)

		commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(a)
8.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
9.	Risk Management Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10.	Internal Audit Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
10	Annual Plan Report – Quarter 1 2021/2022	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

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

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