AGENDA – PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEETING
to be held via Zoom
Thursday, 19 May 2022 commencing at 10.45am

	Karakia		10.45am
Administration			
	Apologies		
1.	Conflict of Interest Register		
2.	Confirmation of Minutes – 21 April 2022		
3.	Carried Forward / Action List Items		
Overview			
4.	Chair's Update (Oral)	Sir John Hansen *Chair*	10.45-10.50am
5.	Chief Executive's Update	Dr Peter Bramley *Chief Executive*	10.50-11.10am
Reports for Decision			
6.	Bad Debt Write-Offs	David Green *Acting Executive Director, Finance & Corporate Services*	11.10-11.15am
Reports for Noting			
7.	Finance Report	David Green	11.15-11.20am
8.	Advice to Board: CPH&DSAC – 5 May 2022 (Oral)	Aaron Keown *Chair, CPH&DSAC*	11.20-11.25am
9.	Resolution to Exclude the Public		
ESTIMATED FINISH TIME – PUBLIC MEETING			**11.25am**
	Information Items: • Māori & Pacific Health Progress Report		

NEXT MEETING
Thursday, 16 June 2022 at 9.30am

ATTENDANCE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD MEMBERS

Sir John Hansen (Chair)
Gabrielle Huria (Deputy Chair)
Barry Bragg
Catherine Chu
Andrew Dickerson
James Gough
Jo Kane
Aaron Keown
Naomi Marshall
Fiona Pimm
Ingrid Taylor

Executive Support

Dr Peter Bramley – *Chief Executive*
James Allison – *Chief Digital Officer*
Norma Campbell – *Executive Director Midwifery & Maternity Services*
Jo Domigan – *Interim Chief People Officer*
David Green – *Acting Executive Director, Finance & Corporate Services*
Becky Hickmott – *Executive Director of Nursing*
Dr Jacqui Lunday-Johnstone – *Executive Director of Allied Health, Scientific & Technical*
Tracey Maisey – *Executive Director, Planning, Funding & Decision Support*
Hector Matthews – *Executive Director Maori & Pacific Health*
Tanya McCall – *Interim Executive Director, Community & Public Health*
Dr Rob Ojala – *Executive Lead of Facilities*
Dr Helen Skinner – *Chief Medical Officer*
Karalyn Van Deursen – *Executive Director of Communications*

Anna Craw – *Board Secretariat*
Kay Jenkins – *Executive Assistant, Governance Support*

BOARD ATTENDANCE SCHEDULE – 2022

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NAME	17/02/22 (Zoom)	17/03/22 (Zoom)	21/04/22 (Zoom)	19/05/22	16/06/22
Sir John Hansen (Chair)	#	√	√		
Gabrielle Huria (Deputy Chair)	√	√	^		
Barry Bragg	√	√	√		
Catherine Chu	√	#	√		
Andrew Dickerson	√	√	√		
James Gough	^	√	#		
Jo Kane	√	√	#		
Aaron Keown	√	√	√		
Naomi Marshall	√	√	√		
Fiona Pimm	√	√	^		
Ingrid Taylor	√	√	√		

√ Attended
x Absent
Absent with apology
^ Attended part of meeting
~ Leave of absence
* Appointed effective
** No longer on the Board effective

CONFLICTS OF INTEREST REGISTER CANTERBURY DISTRICT HEALTH BOARD (*CDHB*)

Canterbury District Health Board
Te Poari Hauora ō Waitaha

(As disclosed on appointment to the Board/Committee and updated from time-to-time, as necessary)

Sir John Hansen **Chair CDHB**	**Bone Marrow Cancer Trust** – Trustee **Brackenridge Services Limited** - Director **Canterbury Cricket Trust** - Member **Christchurch Casino Charitable Trust** - Trustee **Court of Appeal, Solomon Islands, Samoa and Vanuatu** **Dot Kiwi** – Director and Shareholder **Judicial Control Authority (*JCA*) for Racing** – Appeals Tribunal Member The JCA is an independent statutory authority constituted under the Racing Act. The JCA ensures that judicial and appeal proceedings in thoroughbred and harness racing are heard and decided fairly, professionally, efficiently and in a consistent and cost effective manner. **Rulings Panel Gas Industry Co Ltd** **Sir John and Ann Hansen's Family Trust** – Ingrid Taylor sits as independent Trustee; and provides legal services to the Trust and to Sir John and Ann Hansen.
Gabrielle Huria **Deputy Chair CDHB**	**Pegasus Health Limited** – Sister and Daughter are Directors Primary Health Organisation (*PHO*). **Rawa Hohepa Limited** – Director Family property company. **Sumner Health Centre** – Daughter is a General Practitioner (*GP*) Doctor's clinic. **Te Kura Taka Pini Limited** – General Manager **The Royal New Zealand College of GPs** – Sister is an "appointed independent Director" College of GPs. **Three Waters Governance Working Party** – Member A Crown appointed taskforce of Mayors and iwi representatives to recommend a governance framework for the four proposed new Water Services Entities. **Upoko Rawiri Te Maire Tau of Ngai Tuahuriri** - Husband
Barry Bragg	**Air Rescue Services Limited** - Director Subsidiary of the Canterbury West Coast Air Rescue Trust. Has gaming licenses with specified purpose of fundraising for air rescue services. **Canterbury West Coast Air Rescue Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air rescue and air ambulance services. Garden City Helicopters has a long-term

	air ambulance contract with the CDHB. **CMUA Project Delivery Limited** - Chair 100% owned by the Christchurch City Council and is responsible for the delivery of the Canterbury Multi-Use Arena project within agreed parameters. **Farrell Construction Limited** - Shareholder Farrell's Construction Limited is a commercial and light commercial construction company based in Christchurch. **New Zealand Flying Doctor Service Trust** – Trustee The Trust has a services agreement with Garden City Helicopters for the provision of air ambulance services. Garden City Helicopters has a long-term air ambulance contract with the CDHB. **Ngai Tahu Farming** – Chairman Farming interests in North Canterbury and Queenstown Lakes District and Forestry interests in Canterbury, West Coast and Otago regions. **Paenga Kupenga Limited** – Chair Commercial arm of Ngai Tuahuriri Runanga **Quarry Capital Limited** – Director Property syndication company based in Christchurch **Stevenson Group Limited** – Deputy Chairman Property interests in Auckland and mining interests on the West Coast. **Venues Ōtautahi** - Advisor A Christchurch City Council controlled organisation. Venues Ōtautahi is responsible for attracting, planning and delivering events for the Christchurch venues it owns, operates and manages. **Verum Group Limited** – Director Verum Group Limited provides air quality testing and asbestos sampling and analysis services; methamphetamine contamination testing; dust; gas and noise workplace monitoring services in New Zealand. There is the potential for future work with the CDHB.
Catherine Chu	**Christchurch City Council** – Councillor Local Territorial Authority **Riccarton Rotary Club** – Member **The Canterbury Club** – Member
Andrew Dickerson	**Canterbury Education and Research Trust for the Health of Older Persons** - Trustee Promotes and supports teaching and research in the care of older people. Recipients of financial assistance for research, education or training could include employees of the CDHB. **Canterbury Medical Research Foundation** - Member Provides financial assistance for medical research in Canterbury. Recipients of financial assistance for research, education or training could include employees of the CDHB.

	Heritage NZ - Member Heritage NZ's mission is to promote the identification, protection, preservation and conservation of the historical and cultural heritage of New Zealand. It identifies, records and acts in respect of significant ancestral sites and buildings. CDHB owns buildings that may be considered to have historical significance and Heritage NZ has already been involved with CDHB buildings. **Maia Health Foundation -** Trustee Is a charitable trust established to support health care in the CDHB area. Current projects include fundraising for a rooftop helipad and enhancements to the children's wards at Christchurch Hospital. **NZ Association of Gerontology** - Member Professional association that promotes the interests of older people and an understanding of ageing.
James Gough	**Amyes Road Limited** – Shareholder Formally Gough Group/Gough Holdings Limited. Currently liquidating. **Christchurch City Council** – Councillor Local Territorial Authority. Includes appointment to Fendalton/Waimairi/ Harewood Community Board **Christchurch City Holdings Limited (*CCHL*)** – Director Holds and manages the Council's commercial interest in subsidiary companies. **Civic Building Limited** – Chairman Council Property Interests, JV with Ngai Tahu Property Limited. **Gough Corporation Holdings Limited** – Director/Shareholder Holdings company. **Gough Property Corporation Limited** – Director/Shareholder Manages property interests. **Medical Kiwi Limited** – Independent Director Research and distribution company of medicinal cannabis and other health related products. **The Antony Gough Trust** – Trustee Trust for Antony Thomas Gough **The Russley Village Limited** – Shareholder Retirement Village. Via the Antony Gough Trust **The Terrace Car Park Limited** – (Alternate) Director Property company – manages The Terrace car park **The Terrace Christchurch Limited** – Director Property company – manages The Terrace **The Terrace On Avon Limited** – (Alternate) Director Property company – manages The Terrace on Avon

Jo Kane	**Christchurch Resettlement Services** - Member Christchurch Resettlement Services provides a range of services to people from refugee and migrant backgrounds. It works alongside refugee communities in delivering services that aim to achieve positive resettlement outcomes. **HurriKane Consulting** – Project Management Partner/Consultant A private consultancy in management, communication and project management. Any conflicts of interest that arise will be disclosed/advised. **Latimer Community Housing Trust** – Project Manager Delivers social housing in Christchurch for the vulnerable and elderly in the community. **NZ Royal Humane Society** – Director Provides an awards system for acts of bravery in New Zealand. It is not anticipated any conflicts of interest will arise.
Aaron Keown	**Christchurch City Council** – Councillor and Community Board Member Elected member and of the Fendalton/Waimairi/Harewood Community Board. **Christchurch City Council** – Chair of Disability Issues Group **Grouse Entertainment Limited** – Director/Shareholder
Naomi Marshall	**College of Nurses Aotearoa NZ** – Member **Riccarton Clinic & After Hours** – Employee Employed as a Nurse. Riccarton Clinic & After Hours provides general practice and after-hours care. It is part privately and PHO funded. The PHO receives funding from the CDHB.
Fiona Pimm	**Careerforce Industry Training Organisation** – Chair Provides training to kaiawhina workforce in health and disability sector, social services sector and building contractors sector (cleaners). **Fiona Pimm Whānau Trustee Company Limited** – Director Private family trust. **Interim Māori Health Authority** – Board Member **Kia Tika Limited** – Director & Employee **NZ Blood and Organ Donation Services** – Board Member Statutory organisation responsible for national supply of all blood products and management of organ donation services. **NZ Parole Board** – Board Member Statutory organisation responsible for determining prisoners' readiness for release on Parole. **Restorative Elective Surgical Services** – Chair Joint venture project piloting ACC funded Escalated Care Pathways with a collective of clinicians and private hospitals. **Te Runanga o Arowhenua Incorporated Society** – Chair Governance entity for Arowhenua affiliated whānau.

	Te Runanga o Ngāi Tahu – Director Governance entity of Ngāi Tahu iwi. **Whai Rawa Fund Limited** – Chair Ngāi Tahu investment and savings scheme for tribal members.
Ingrid Taylor	**Loyal Canterbury Lodge (*LCL*) – Manchester Unity** – Trustee LCL is a friendly society, administering funds for the benefit of members and often makes charitable donations. One of the recipients of such a donation may have an association with the CDHB. **Manchester Unity Welfare Homes Trust Board (*MUWHTB*)** – Trustee MUWHTB is a charitable Trust providing financial assistance to organisations in Canterbury associated with the care and assistance of older persons. Recipients of financial assistance may have an association with the CDHB. **Sir John and Ann Hansen's Family Trust** – Independent Trustee. **Taylor Shaw** – Partner Taylor Shaw has clients that are employed by the CDHB or may have contracts for services with the CDHB that may mean a conflict or potential conflict may arise from time to time. Such conflicts of interest will need to be addressed at the appropriate time. **The Youth Hub** – Trustee The Youth Hub is a charitable Trust established to provide residential and social services for the Youth of Canterbury, including services for mental health and medical care that may include involvement with the CDHB.

MINUTES

Canterbury District Health Board
Te Poari Hauora o Waitaha

DRAFT
MINUTES OF THE CANTERBURY DISTRICT HEALTH BOARD MEETING
held via zoom
on Thursday, 21 April 2022 commencing at 9.30am

BOARD MEMBERS
Sir John Hansen (Chairman); Gabrielle Huria, (Deputy Chair); Barry Bragg; Catherine Chu; Andrew Dickerson; Aaron Keown; Naomi Marshall; Fiona Pimm; and Ingrid Taylor.

CROWN MONITOR
Dr Lester Levy

APOLOGIES
Apologies for absence were received from: James Gough; Jo Kane; & Dr Andrew Brant (Clinical Advisor)
An apology for lateness was received from Gabrielle Huria (9.50am)
An apology was received from Fiona Pimm for absence during the meeting (11.00am – 11.30am)

EXECUTIVE SUPPORT
Dr Peter Bramley (Chief Executive); Norma Campbell (Executive Director, Midwifery & Maternity Services); Jo Domigan (Chief People Officer); Becky Hickmott (Executive Director of Nursing); Melissa Macfarlane (Acting Executive Director, Planning, Funding & Decision Support); Tanya McCall (Interim Executive Director, Community & Public Health); Hector Matthews (Executive Director Maori & Pacific Health); Mick O'Donnell (Communications); Dr Rob Ojala (Executive Director, Facilities & Infrastructure); Ali Sarginson (Deputy Chief Financial Officer); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support – Minute Taker).

APOLOGIES
Apologies for absence were received from: James Allison (Chief Digital Officer); David Green (Acting Executive Director, Finance & Corporate Services); Dr Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Tracey Maisey (Executive Director, Planning, Funding & Decision Support); Helen Skinner (Chief Medical Officer); and Karalyn van Deursen (Executive Director, Communications).

Hector Matthews opened the meeting with a Karakia.

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no additions or alterations to the Interest Register

Declarations of Interest for Items on Today's Agenda
There were no declarations of interest for items on today's agenda.

Perceived Conflicts of Interest
There were no perceived conflicts of interest.

2. CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS

Resolution (07/22)
(Moved: Sir John Hansen/seconded: Barry Bragg – carried)

"That the minutes of the meeting of the Canterbury District Health Board held on 17 March 2022 be approved and adopted as a true and correct record."

3. CARRIED FORWARD / ACTION LIST ITEMS

The carried forward/actions item were noted.

4. CHAIR'S UPDATE

Sir John Hansen, Chairman, commented that staff are under an enormous amount of pressure in this organisation and other organisations due to Omicron. He added that by in large this is following the modelling however it is it is expected that there will be a long tail.

Sir John also commented that staff have managed in a quite outstanding way throughout this period however now the winter season is coming with the threat of influenza. He commented that he was grateful to staff and also the facilities team who have managed the completion of the ICU Units and the PCU beds well inside the initial dates.

The Chair's update was noted.

5. CHIEF EXECUTIVE'S UPDATE

Dr Peter Bramley, Chief Executive, thanked Sir John for his comments and acknowledged the phenomenal effort taking place across the health system in terms of supporting both those impacted by COVID and also the wrap around welfare response supporting staff and their whanau during this COVID epidemic.

In regard to COVID Dr Bramley advised that we are still very much in an epidemic and we are still running an ECC seven days per week. This will be phased down over the coming weeks as numbers continue to drop. We will move to an emergency operations response for the ongoing tail of COVID and as we move into winter. We have 1702 cases notified across Canterbury today and we have been sitting around this number for the last 3 days and since Easter numbers have stayed reasonably high and we expect a long tail of cases. He added that we have 8965 active cases in our community, we have crossed the 100,000 mark with 101,000 cases having now been communicated across our community which translates to about 17% of the Christchurch City population. In addition he advised that soberingly Pacifica & Maori have been impacted at a higher level (28% Pacific and 20% Maori). He particularly thanked those supporting Maori & Pacific communities through this time.

Dr Bramley advised that our Emergency Department and our Acute care settings remain really busy 352 presentations to the Emergency Department in the last 24 hours. He added that there were 54 inpatients overnight – 50% because they have COVID and 50% presenting for something else but also have COVID.

He commented that we are not doing as much planned care but have 526 beds currently occupied which reflects a high acuity across our community so we have a Health System under pressure.

Dr Bramley advised that one of the most challenging issues is staffing with 260 CDHB staff off due to COVID (201 with COVID and the others as close contacts). He added that this is being seen right throughout the health system across Primary Care and Aged Residential Care as well. Our hospital settings are doing exceptionally well which reflects some amazing preparation, however in Aged Residential Care the impacts continue to be huge with 65 of 96 ARC settings effectively having an exposure event with 50% of their staff being off which is a big impact on some of our most vulnerable people. Thankfully virtually all of these residents are double vaccinated and boosted

which is phenomenal. He advised that the CDHB has been playing a very significant part in ensuring that there are staff redeployed to these areas and he is very thankful for the willingness of our staff who are going and working in different settings.

In regard to vaccinations Dr Bramley advised that 99% are pretty much through the second course but only 75% are boosted so we really need to encourage people to do this. He advised that we have 34% of 5 -11 year olds who now have their primary course of the vaccine. We are awaiting details around the second booster and that will be important also for our most vulnerable people.

Dr Bramley reminded the Board that there is the triple whammy – RSV, influenza and we will see a COVID resurgence with all of the modelling out of Australia and the Northern hemisphere indicating a second wave maybe around the corner maybe in July/August. He added that we go into winter on the back of staff who have done amazing mahi but they are tired so we need recognise that this is the same workforce that has been asked to step up time and time again and also we still have significant vacancies across our health workforce particularly in nursing and allied health who provide core care to our community. It was noted that there are lots of initiatives both locally and nationally trying to recruit in these areas.

Dr Bramley advised that Becky Hickmott, our Executive Director of Nursing, has generously put her hand up to be effectively our senior responsible officer for winter planning for the system. There will be an Operations Centre approach with a dedicated team supporting the health system and we will pretty much staff this now so we can get ahead of the challenges.

In regard to planned care he advised that there has been a reduction around what we have delivered due to the impact of staffing and redeployment to other clinical areas however there have been very high volumes of acute presentations so our theatres are still really busy.

Becky Hickmott provided the Board with some illustrations around system flow and acute flow in the hospital setting as there are lots of initiatives and lots of learnings from COVID as well. Dr Bramley commented that Board members will have noted that this is not just about a hospital response but is system wide and engages right across the system.

A comment was made that the messaging at a national level does not always reflect what we are seeing in Canterbury so it is important that we try to get that message across to our community. Dr Bramley acknowledged this and added that we were always going to lag the northern region and Auckland particularly saw Omicron take hold very early. He also added that our numbers will track down but we will see a longer tail.

A query was made as to whether nationally any consideration has been given to providing the influenza vaccine to more people at no cost as this can be a barrier for some people. Dr Bramley commented that at the moment focus is on those most vulnerable but he is sure that these discussions are taking place. He added that this is why we need to take note of the lessons from COVID and all of the smart Public Health messages like mask wearing, physical distancing etc are crucial for influenza as well.

Discussion took place regarding ensuring we have a sustainable model and embed this going forward.

The Chief Executive's update was noted.

6. FINANCE REPORT

Ali Sarginson, Deputy Chief Financial Officer, presented the Finance Report for the month of February 2022. She advised that this had been discussed in detail at the last QFARC meeting on 5 April 2022. An unfavourable variance of $1.8m for February of which the main driver was a

reduction in our planned care revenue which Peter explained earlier. This was as a result of COVID and we were just not able to maintain at the same levels due to staffing restraints.

Ms Sarginson advised that we also had an increase in the budgeted planned savings in February of $1.9m from the prior month however our savings programmes have also been impacted by COVID. Year to date our results are still favourable by $5.9 against budget as we continue to focus on managing our costs to budget.

The report was taken as read.

A query was made regarding planned care with a new phased target agreed on and whether this has impacted on our ability to receive full funding in this area. Ms Sarginson advised not at this stage however we are still waiting on advice from the Ministry as to what they will be funding. Dr Bramley commented that we are constantly assessing where the priority is in terms of where we need to focus in terms of addressing backlogs around planned care to ensure we minimise harm and make sure that people are getting the timely care that they need.

A query was made regarding what are doing to look at the medium to longer term issues relating to planned care that will go beyond the term of this Board as there is just a short time left in this financial year but the problem is very significant and compounding so are we doing anything in this area or are we leaving it to Health NZ. Dr Bramley advised that nationally a planned care task force that has been convened. Dan Coward from our DHB is playing a substantive role in this task force and we are anticipating that there will be a number of national initiatives encouraged to try to close this gap around planned care. Dr Bramley added that locally this has remained top priority for us and we have a peri-operative governance group which has been underway for around 2 months and they are providing oversight and leadership in this space. We have also appointed a dedicated peri-operative Service Manager who is doing amazing work, along with her colleagues, to focus efficiency and culture within that theatre world with a daily huddle for prioritisation attended by all the clinical leads. We are also improving reporting and strengthening the operations team that drives better theatre utilisation. We are also determining what we can achieve with our theatre schedules and what we need to aske out private providers to assist us with in closing some of that backlog.

Resolution (08/22)
(Moved: Barry Bragg/seconded: Fiona Pimm – carried)
That the Board:

i. notes the consolidated financial result YTD is favourable to plan by $5.910M;
ii. notes that the YTD impact of Covid-19 is $3.809M favourable to budget;
iii. notes that the YTD impact of the Holidays Act Compliance is an additional $10.780M expense which is in line with budget; and
iv. notes that excluding HAP and Covid-19, the YTD result is $2.080M favourable to budget.

7. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution (09/22)
(Moved: Ingrid Taylor/seconded: Naomi Marshall - carried)

That the Board:

i resolves 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, 11 & 12 and the information items contained in the report;
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 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 public excluded meetings – 17 March 2022	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	Service Change Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Anaesthetic Machines	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	SPECT CT	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
7.	Fit-Out of 14 PCU Beds in Old ICU Space in Parkside Building – Interim Funding Approval	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
8.	Asbestos Remediation – Hillmorton Hospital Campus	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
9.	Rēkohu/Wharekauri/Chatham Islands Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
10.	People Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
11.	Legal Report	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
12.	Advice to Board • QFARC Draft Minutes *5 April 2022*	For the reasons set out in the previous Committee agenda.	

iii notes that this resolution is made in reliance on 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 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

The Public meeting concluded at 10.05am

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Sir John Hansen, Chair Date of approval

CARRIED FORWARD/ACTION ITEMS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

CANTERBURY DISTRICT HEALTH BOARD
CARRIED FORWARD ITEMS AS AT 19 MAY 2022

DATE	ISSUE	REFERRED TO	STATUS
21 Apr 22	Fee for Service Contracts	Jo Domigan	Update to 16 June 22 meeting.

CHAIR'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

NOTES ONLY PAGE

CHIEF EXECUTIVE'S UPDATE

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Dr Peter Bramley, Chief Executive**

DATE: **19 May 2022**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing the latest update and overview of key organisational activities and performance from the Chief Executive to the Board of the Canterbury DHB. Content is provided by Operational General Managers, Programme Leads, and the Executive Management Team.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

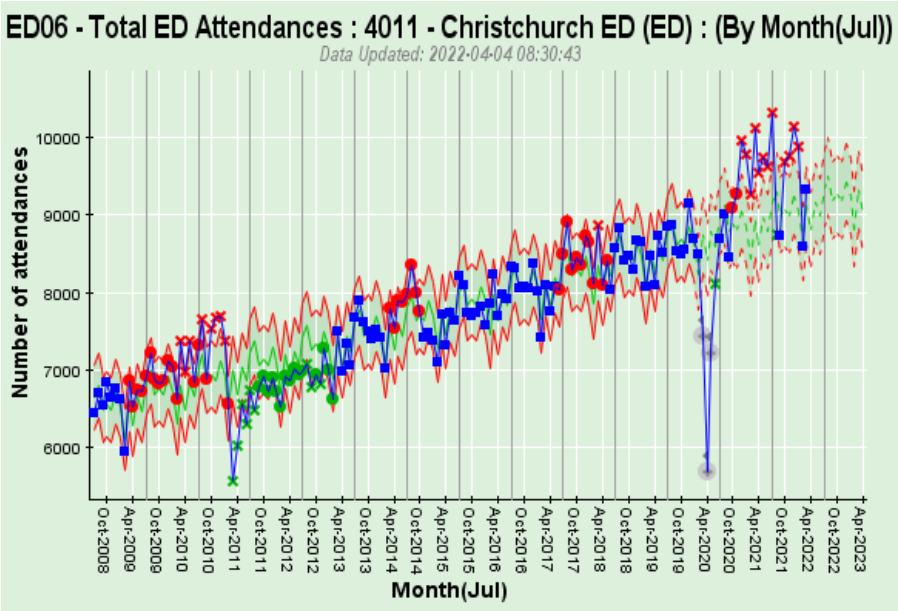
3. DISCUSSION

MEDICAL / SURGICAL SERVICES

- The hard work of teams across the health system and the coordination provided by the Emergency Coordination Centre and Emergency Operations Centres across the system has ensured effective patient care delivery to date during the Omicron outbreak. Decision making has been prompt and clear. Clearly stated priorities have enabled teams to understand the parts they are playing and the contribution they are making to the whole health system.
- Clinical teams at Christchurch Hospital have collaborated to create effective clinical pathways from both planned and acute presentation through to discharge home or rehabilitation. Screening, testing and streaming protocols have been clinically led and well stated.
- Flow to rehabilitation beds from acute beds has been more prompt than usual with long lists of patients waiting in acute beds almost reduced completely.

Emergency Department

- There were 9,318 attendances at the Christchurch Hospital Emergency Department during March 2022, around 800 less than forecast. The total volume of attendances was lower than the typical range seen since shifting to Waipapa, likely reflecting changed patterns of community activity and transmission of a range of communicable diseases as a result of COVID-19 associated restrictions.



- Despite the overall volume being lower than recent months the number of triage 1 and 2 attendances was at its highest point ever with 1,539 – compared with 1,388 in March 2021.
- When compared with March 2021 triage 1 and 2 attendances have increased by 11%, triage 3 attendances reduced by 1% and triage 4 and 5 attendances have reduced by 24%.
- 3,142 people were admitted to hospital from the Emergency Department – similar to March 2021.
- Our 6-hour performance has dropped to 80.9%, the lowest reported level. This is contributed to by the team's special efforts to get people home rather than admitting them to hospital.
- Two thirds of COVID-19 patients are being discharged.
- The department is concerned about winter volumes with the impact of COVID-19 and seasonal illness hitting Primary Care/General Practice and the Emergency Department.
- During February 2022 more than 6,600 non-face to face appointments were provided, approximately 1,600 more than in Feb 2021. While numbers are still stabilising during March 2022 there are, so far, more than 11,000 non-face to face events recorded. This approach ensures that care can continue to be provided while COVID-19 Omicron settings are in place.

Planned Care

- At the end of March 12,380 planned care discharges have been provided – 2,025 less than the phased target.
- Due to the restriction in planned activity as a part of the health system's response to the Omicron outbreak, March is a significant contributor to this deficit with 1,206 discharges provided against a plan of 1,852 – a deficit of 646 discharges.
- Neither internal nor outsourced elective volumes have been delivered at the planned rates.

Use of Theatre Capacity

- Elective operating was severely restricted in March 2022 as a part of the health system's response to the Omicron outbreak, which included restriction of theatre activity to acute and non-deferrable surgery only.
- There were 1,987 theatre events (acute and planned) in Christchurch Hospital during March 2022, 389 (16%) fewer operations than during March 2021.
- The volume of operating at Burwood was 51% lower in March 2022, with 148 operations provided during March 2022 and 301 in March 2021.

- When all operations provided by or for Canterbury District Health Board (including in house, outsourced and outplaced) 2,312 operations were provided during March 2022 – 624 less than the 2,936 provided during March 2021. Within this there were 57 more acute operations (5% increase) and 681 less elective operations (38% less).
- 3,125 people were waiting for longer than 120 days for first specialist assessment at the end of March. This is an increase of 76 from the end of February. The first two weeks of the month had shown small decreases in long waiting patients followed by significant increases in the final half of the month, reflecting changes in health system settings as a part of our response to the Omicron outbreak.
- The number of people waiting >120 days for surgery has also increased during March with 2,373 waiting at the end of month, an increase of 287 from 2,086 at the end of February.

MĀORI & PACIFIC HEALTH

- We would like to shine a spotlight on one of our Kaupapa Māori providers, Te Puawaitanga ki Ōtautahi Trust, due to it's great mahi as it has evolved its COVID response to meet the needs of whānau Māori in our rohe.
- Vaccinations continue to be offered through the Māui Clinic at The Hub Hornby, where to date Te Puawaitanga ki Ōtautahi Trust have vaccinated 43,508 people, including 4,215 Māori and 2,208 Pasifika (as of 4/4/22).
- The Trust has evolved services to meet the needs of client whānau and community, by:
  - Supporting the Canterbury Hauora Community Hub – direct referral pathway to support Māori not currently registered with a GP or provider in Ōtautahi (this includes hauora assessment and clinical support).
  - Setting up a temporary COVID Response Hauora Hub at Ōtautahi Sports Association on Tuam Street. This location is open Mon/Tues/Thurs/Fri 8.30am to 5pm as well as Sat and Sun 10am to 2pm. The Hub is available on Wed at Phillipstown Community Hub.
  - Supporting MOH and CDHB sprint events – providingCOVID vaccination in low uptake areas of Ōtautahi.
  - Providing support to whānau currently isolating. This includes manaakitanga and clinical support. From the 29 March to 3 April, the Trust supported 197 people with urupare tuatahi pouaka (Urgent response boxes). These contained: kai, hauora (wellness supplies), and RAT tests. Other urgent needs were also provided for as a stopgap until other services were onboard (for example, the trust supplied phone credit to whānau with no other means of communication).
  - Attaining Cold Chain Accreditation (ACC) to deliver COVID vaccination in the community. The Trust is extending this to be able to provide flu vaccinations.

SPECIALIST MENTAL HEALTH SERVICES

- The Minister of Health visited the construction site for Buildings 12 and 14 (Princess Margaret Hospital services). He also discussed Master Planning for the Hillmorton campus and the basis of the single stage business case for a new adult acute inpatient unit that is going to the Capital Investment Committee in April. The Minister also had the opportunity to engage with new nursing and allied NESPs (New Entry to Specialist Practice) about their journey to a career in mental health and how the new job was going.
- Coping with the Omicron surge has been the major focus over the last 10 weeks. Our teams have demonstrated flexibility to support key functions with services operating well in trying times. At the peak we had 65 COVID positive staff and four wards with COVID positive tangata whaiora.
- Staffing and Recruitment remain the most pressing issues facing Specialist Mental Health Services. Overtime and redeployment during the Omicron surge means that a safe roster has been maintained.

However, the underlying issue of roster gaps remains. Addressing deficits in staffing to ensure we have an experienced and skilled workforce will remain a focus through the next year.

- Demand on services remains high. Whilst the number of consumers under care in the adult inpatient wards dropped in March, the average number of consumers in the unit overnight has remained unchanged. Likewise, the average number of admissions the Child and Adolescent unit have remained stable in the last three months in addition to the challenge of managing an acutely unwell COVID-19 positive consumer.

Adult Acute Inpatients

- The Omicron surge has led to slight reduction in the bed occupancy of Te Awakura (adult acute inpatient) and fewer consumers under the care of inpatient teams, but there is greater acuity being supported within our community teams.

Adult Community

- 5066 contacts for adult community contacts in March were by telehealth. 1506 crisis contacts occurred in March which is a 7% increase on the previous month.

Child Adolescent and Family

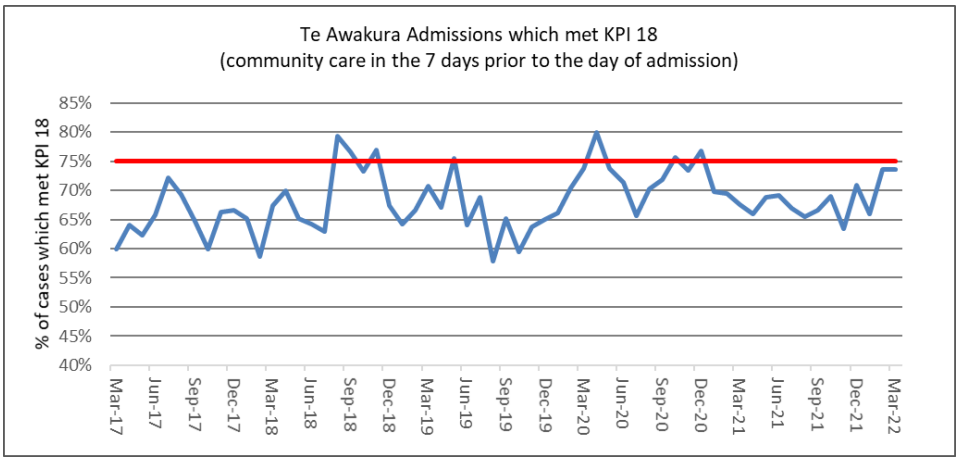
- Crisis contacts for Children and Adolescents increased by almost 50% the month of March for those aged 15-19 and increase by over 100% for those aged 10-14 which is unusual for this time of year.

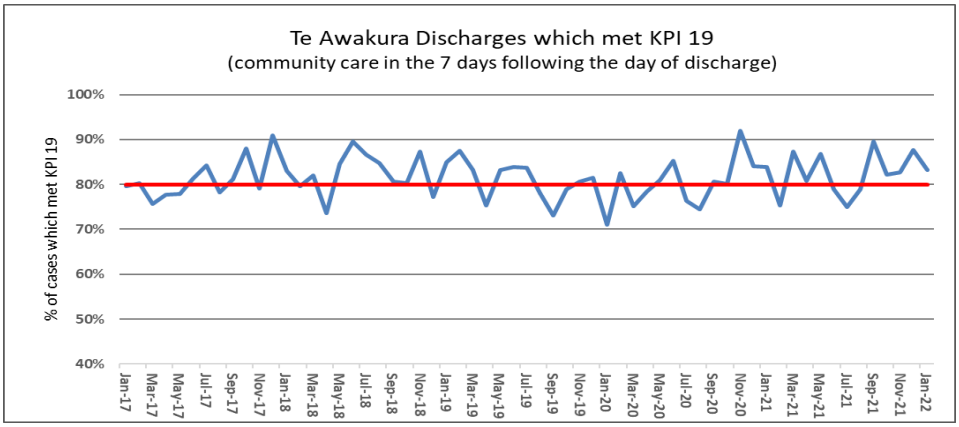
Forensic

- Our Forensic Mental Health Service remains under pressure due to staffing and high demand. Being at 100% of resourced capacity creates an issue with the Courts that may order an individual into medium-secure hospital care despite our lack of capacity.

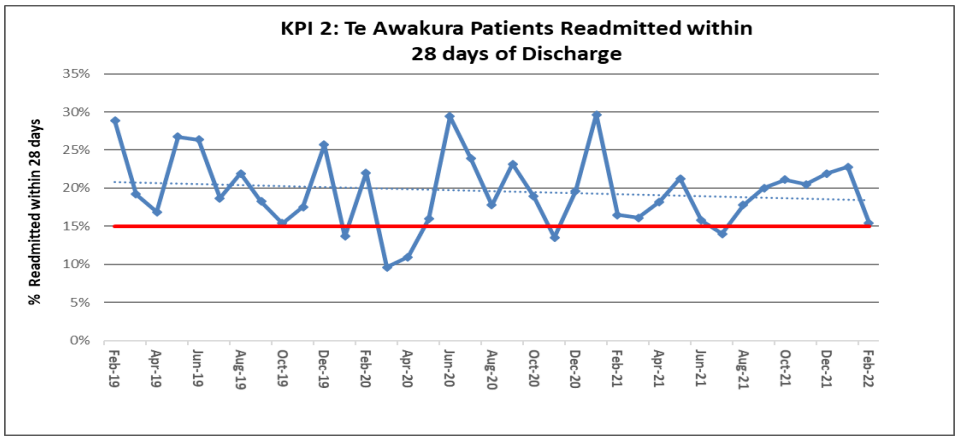
Quality and Safety

- The national Key Performance Indicator programme defines a number of measures of quality. Three key indicators are illustrated below.

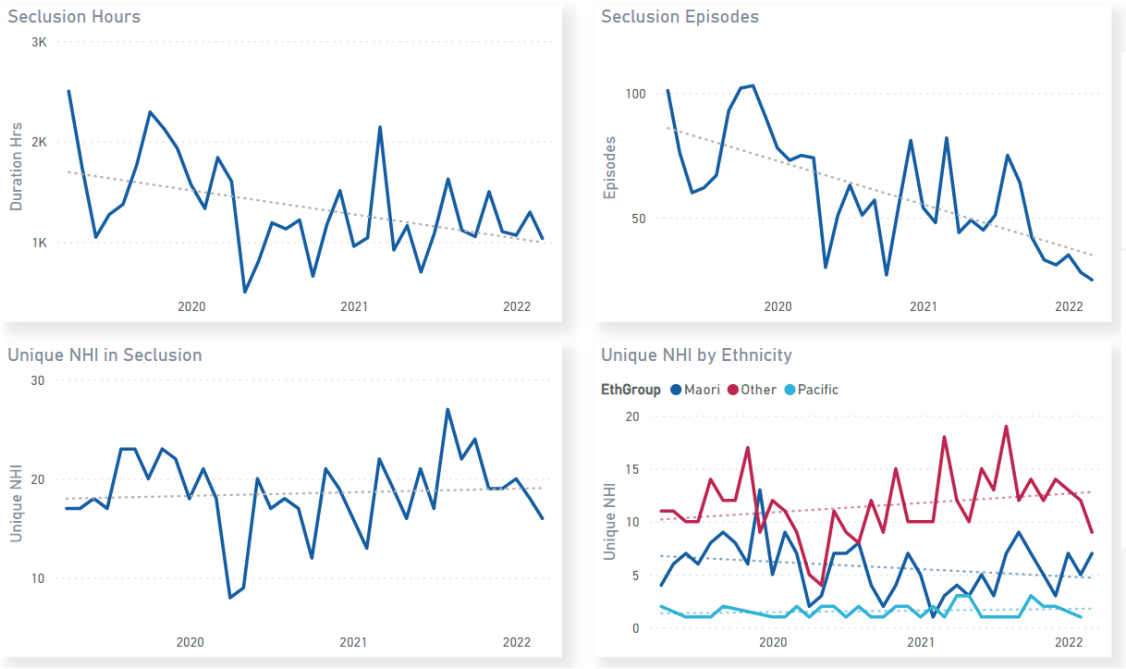




- Canterbury performs well on the seven-day post discharge indicator (7% above national average). We have processes in place to review anyone not followed up within seven days – usual reasons include decline follow-up, moved out of area. Occupancy levels often drive discharge rates, however early discharge may be linked to increased readmission rates.



- Reducing seclusion is a key focus for our restraint minimisation committee which aligns to the national Health Quality and Safety Commission campaign to reduce seclusion for inpatients. The overall trend of seclusion hours and seclusion episodes is downwards.



Equity

- There are two challenges facing Specialist Mental Health Services: the need for further developing our lived experience and family/whānau involvement particularly for our Maori and Pacific consumers; and building cultural leadership for Te Korowai Atawhai and across the Division. The direction for these developments has been identified in planning over the last two years.
- We are currently in a process to recruit more Pukenga Atawhai to provide cultural assessment and support which ensures de-escalation and safer environment for our Māori consumers. We are enthusiastic to be working with the Mana Taurite team from People and Capability in a new recruitment process to attract high calibre applicants. The aim is to have a full staffing complement to increase the number of tangata whaiora that receive this support.
- SMHS is recruiting for a new position, Pou Ako Mātauranga, which is responsible for providing cultural knowledge and expertise to support the development of Pukenga Atahwai and increase the cultural competency of all kaimahi. The role reflects the principles and partnership of the Te Tiriti o Waitangi as it is reflected in the operations of the SMHS, upholding a culture that is focused on learning, and is characterised by respect, inclusion, empathy, collaboration and safety.

NURSING

Christchurch Campus and Burwood Medical Teams Flow

- Key challenges for hospital providers identified:
  - Surgery needs to resume and increase as periop constraints allow to avoid further delays and risk of harm to those in our community needing surgical care.
  - Nursing is workforce constrained. Although additional general medical beds have been funded, and nursing is recruiting, increasing resourced beds will take time.
  - Allied health also has workforce constraints.

- Observations from Omicron – things that have worked:
  - Daily huddles/meetings improving understanding, collaboration and supporting load balancing/deployment of staff across system including between Burwood and Christchurch campuses.
  - 12 additional subacute beds at Burwood have made a big difference, described by nursing as having "transformed" the transfer to Burwood experience. The number might not be what we need to meet demand going forward, and other "not more beds" initiatives might be a better way to achieve the equivalent effect.
  - Additional registrar on nights, and house officer on weekends have made a significant difference to GM RMO ability to meet demand.
  - Increased OPH CNS resource has helped.
  - COVID/discharge navigators have helped.

- Continue:
  - Daily huddles/meetings, enhanced communication/collaboration/load balancing across sites.
  - GM additional registrar on nights.
  - GM additional house officer on weekends. Supports discharges (duty often busy).
  - Additional beds Burwood (noting 12 worked but demand down so more may be required) or achieve the equivalent with other initiatives (or a mix). Funding has been applied for by Burwood for winter flex
  - Actively managing IDF patients so waiting and recovery occurs at DHB of origin where appropriate.
  - Empower Allied Health and Nursing to have a stronger role, e.g. criteria led discharge. Criteria for discharge need to be more specific to support this.

BAD DEBT WRITE-OFFS

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Andrea Thompson, Accounts Department Supervisor, Corporate Finance**

APPROVED BY: **Alison Sarginson, Deputy Chief Financial Officer**

DATE: **19 May 2022**

Report Status – For:	Decision	☑	Noting	☐	Information	☐

1. ORIGIN OF THE REPORT

This paper is to advise of two write-offs relating to non-New Zealand resident inpatient debt as per our delegations of authority.

2. RECOMMENDATION

That the Board, as recommended by the Quality, Finance, Audit & Risk Committee:

i. approves the write-off of two ineligible patient debts totalling $330,808 (excluding GST);
ii. notes that the debts have been fully provided for as doubtful in our accounts, so there is no further financial impact to our results; and
iii. notes that this request is made on the basis that Canterbury DHB has taken all reasonable steps to recover the debt and there is unlikely to be any payment on these accounts.

3. DISCUSSION

Patient 1 - $221,707 (excluding GST)
This patient is a child . The parents have provided financial details showing they do not have the means to pay this debt. The CDHB service involved in this patient's treatment advises that they have serious concerns that if the debt is enforced it will prevent the family from seeking timely medical care for this child and their other children, potentially resulting in further unfavourable health outcomes and subsequent additional debt. Both parents are on student visas that expire in August 2022.

Patient 2 - $109,101 (excluding GST)
This patient has ongoing health issues following a serious event, and needed long term care to stabilize them until they were well enough to be repatriated to their home country. The patient is unable to work and has no other income or means of support to pay this debt.

FINANCE REPORT FOR THE PERIOD ENDED 31 MARCH 2022

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Gabrielle Gaynor, Corporate Finance Manager**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Services**

DATE: **19 May 2022**

Report Status – For: Decision ☐ Noting ☑ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i. notes the consolidated financial result YTD is favourable to plan by $1.923M;
ii. notes that the YTD impact of Covid-19 is $2.440M favourable to budget;
iii. notes that the YTD impact of the Holidays Act Compliance is an additional $12.150M expense which is in line with budget; and
iv. notes that excluding HAP and Covid-19, the YTD result is $0.537M unfavourable to budget.

3. FINANCIAL RESULTS EXECUTIVE SUMMARY

Summary DHB Group Financial Result – March 2022:

	MONTH			YEAR TO DATE		
	Actual	Budget	Variance	Actual	Budget	Variance
	$M	$M	$M	$M	$M	$M
Hospital & Specialist Service and Corporate	(6.910)	(7.387)	0.477	(33.300)	(53.421)	20.121
Community & Public Health	0.013	(0.061)	0.074	0.518	0.012	0.507
Total In-House Provider excl Subsidiaries	**(6.897)**	**(7.449)**	**0.552**	**(32.782)**	**(53.409)**	**20.627**
Add: Funder & Governance						
Funder Revenue	189.136	169.510	19.626	1,603.833	1,516.709	87.124
External Provider Expense	(94.151)	(71.685)	(22.466)	(705.354)	(638.305)	(67.049)
Internal Provider Expense	(105.777)	(103.881)	(1.897)	(975.107)	(934.939)	(40.168)
Total Funder	**(10.793)**	**(6.055)**	**(4.738)**	**(76.628)**	**(56.535)**	**(20.093)**
Governance & Funder Admin	0.196	(0.000)	0.196	1.567	0.000	1.567
Total Canterbury DHB (Parent)	**(17.493)**	**(13.504)**	**(3.989)**	**(107.843)**	**(109.945)**	**2.101**
Add: Subsidiaries						
NZ Health Innovation Hub	(0.002)	(0.029)	0.027	0.041	(0.051)	0.092
Brackenridge Services Ltd	0.137	0.057	0.080	0.293	0.216	0.077
Canterbury Linen Services Ltd	(0.028)	0.076	(0.104)	(0.549)	(0.201)	(0.348)
Canterbury DHB Group Surplus / (Deficit)	**(17.386)**	**(13.399)**	**(3.987)**	**(108.057)**	**(109.980)**	**1.923**

4. KEY FINANCIAL RISKS & EMERGING ISSUES

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

Planned care revenue is below budget due to Covid-19. Surgical activity has been reduced to a minimum; this will continue to impact the results until activity returns to more normal levels.

A portion of the reduction of sector-wide pharmaceutical funding is being returned to the sector. This is being allocated on a PBFF basis, rather than on an actual spend basis. .

Holidays Act Compliance - we are accruing a liability based on an assessment from EY (prepared when the programme was started); there is risk that the final amount differs significantly from this accrued amount. Additional Crown funding is expected, but we do not know the quantum on this funding.

Staffing - The transition to Health NZ as well as ongoing Covid-19 restrictions on international travel are creating disruptions to recruitment. The pool of potential employees that we can recruit from is currently very limited, and some positions continue to be difficult to recruit to. This is adversely impacting on personnel costs as it increases overtime, additional duty payments, and locum costs. Additionally, the transition to Health NZ adds to the level of uncertainty and the directive on restricting pay increases for employees earning over $100k is resulting in an increase in resignations as salary levels in numerous areas are significantly below market.

5. APPENDICES

Appendix 1	Financial Results
Appendix 2	Financial Result Before Indirect Revenue & Expenses
Appendix 3	Group Income Statement
Appendix 4	Group Statement of Financial Position
Appendix 5	Group Statement of Cashflow

APPENDIX 1: FINANCIAL RESULTS

The following table shows the financial results, the impact of Covid-19 and Holidays Act Provision (HAP) accrued:

	Period to date									Year to date								
March 2022 Results	Month Actual $000	Actual Covid-19 $000	Actual Holidays Act $000	BAU Actual $000	Month Budget $000	Budget Covid-19 $000	Budget Holidays Act $000	BAU Budget	BAU Variance	YTD Actual $000	Actual Covid-19 $000	Actual Holidays Act $000	YTD BAU Actual $000	YTD Budget $000	Budget Covid-19 $000	Budget Holidays Act $000	YTD BAU Budget	Underlying Variance
MOH Revenue	203,798	28,758		175,040	174,060	1,407		172,653	2,387	1,689,494	108,560		1,580,934	1,564,520	11,320		1,553,200	27,734
Patient related revenue	7,886	1,439		6,447	6,462	1,248		5,214	1,233	69,537	12,898		56,639	57,473	11,306		46,167	10,471
Other Revenue	4,462	1,187		3,275	5,480	1,025		4,455	(1,180)	47,936	18,784		29,152	41,862	9,224		32,638	(3,487)
Total Operating Revenue	216,146	31,384	-	184,762	186,001	3,680	-	182,321	2,440	1,806,966	140,242	-	1,666,724	1,663,855	31,850	-	1,632,005	34,719
Employee expenses	96,411	7,894	1,347	87,170	89,852	1,511	1,351	86,990	(180)	838,757	37,145	12,130	789,482	781,100	13,589	12,150	755,361	(34,120)
Treatment Related costs	18,302	1,552		16,750	16,298	699		15,599	(1,151)	160,853	10,292		150,561	156,199	6,287		149,912	(648)
External Provider costs	94,151	20,341		73,810	71,685	1,318		70,367	(3,443)	705,354	73,440		631,914	638,305	10,561		627,744	(4,170)
Other Expenses	13,048	2,884		10,164	10,195	151		10,044	(119)	105,117	15,103		90,014	94,186	1,364		92,822	2,808
Total Operating Expenditure	221,912	32,671	1,347	187,894	188,031	3,679	1,351	183,001	(4,893)	1,810,080	135,980	12,130	1,661,970	1,669,791	31,801	12,150	1,625,840	(36,130)
Operating result Surplus / (Deficit)	(5,766)	(1,287)	(1,347)	(3,132)	(2,029)	1	(1,351)	(679)	(2,453)	(3,114)	4,262	(12,130)	4,754	(5,936)	49	(12,150)	6,165	(1,411)
Total Indirect revenue and expenditure	(11,620)	(86)		(11,534)	(11,370)	(10)		(11,360)	(174)	(104,943)	(1,844)		(103,099)	(104,044)	(71)		(103,973)	874
Total - Surplus / (Deficit)	(17,386)	(1,373)	(1,347)	(14,666)	(13,399)	(9)	(1,351)	(12,039)	(2,627)	(108,057)	2,418	(12,130)	(98,345)	(109,980)	(22)	(12,150)	(97,808)	(537)

Covid-19 - Canterbury DHB's net result in relation to Covid-19 is a YTD surplus of $2.418M.

Covid-19 MoH revenue includes community surveillance and testing, Maori health support and vaccinations.

Covid-19 Patient related revenue includes revenue for MIQFs.

Covid-19 Other revenue is mainly generated by Canterbury Health Laboratories (CHL).

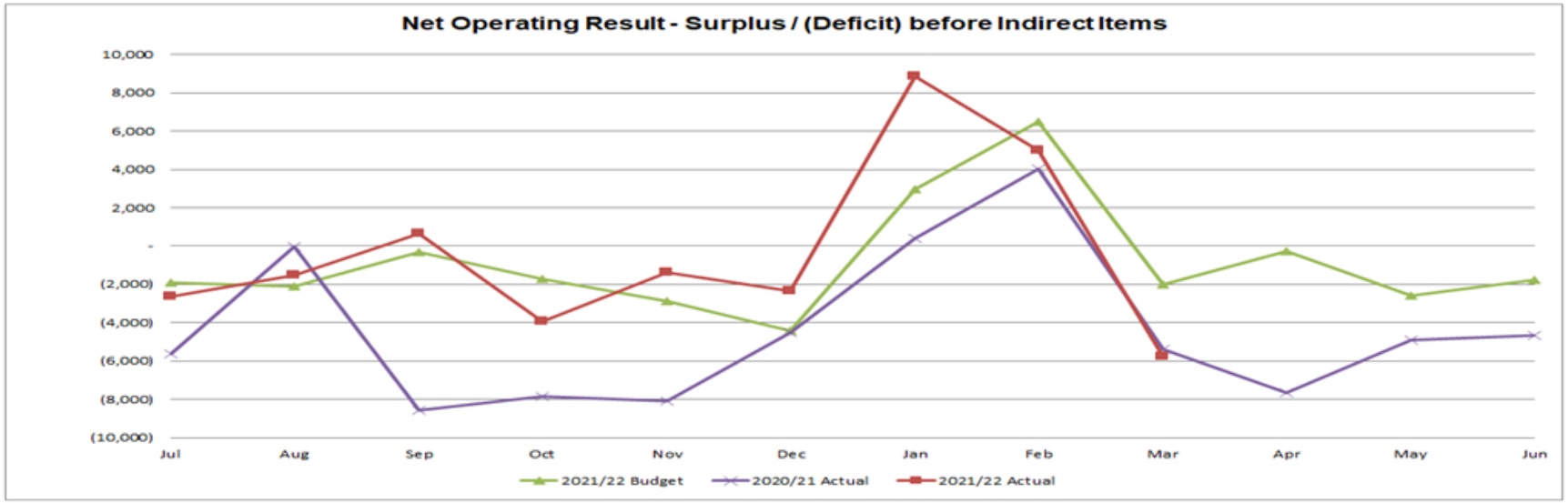
Variances to budget for Covid-19 are generally related to vaccination activity as this programme is not included in the budget (as per MoH instruction).

Our **Savings initiatives** for the full year total $42.2M, with $23.1M phased March YTD. Savings initiative activity has been disrupted by the impact of the Covid-19 outbreaks and lock-downs., thus we are not expecting to achieve the total $42.2M of savings that we had built into the budget, noting that $19.1M of savings are phased in the remaining months of the year.

APPENDIX 2: FINANCIAL RESULT BEFORE INDIRECT REVENUE & EXPENSES

FINANCIAL PERFORMANCE OVERVIEW BEFORE INDIRECT REVENUE & EXPENSES – PERIOD ENDED FEBRUARY 2022

	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		2020/21 Actual $'000	Yr End Budget $'000
Surplus/(Deficit) before Indirect items	(5,766)	(2,029)	(3,737)	184% ✗	(3,114)	(5,936)	2,822	-48% ✓	(50,211)	(10,568)

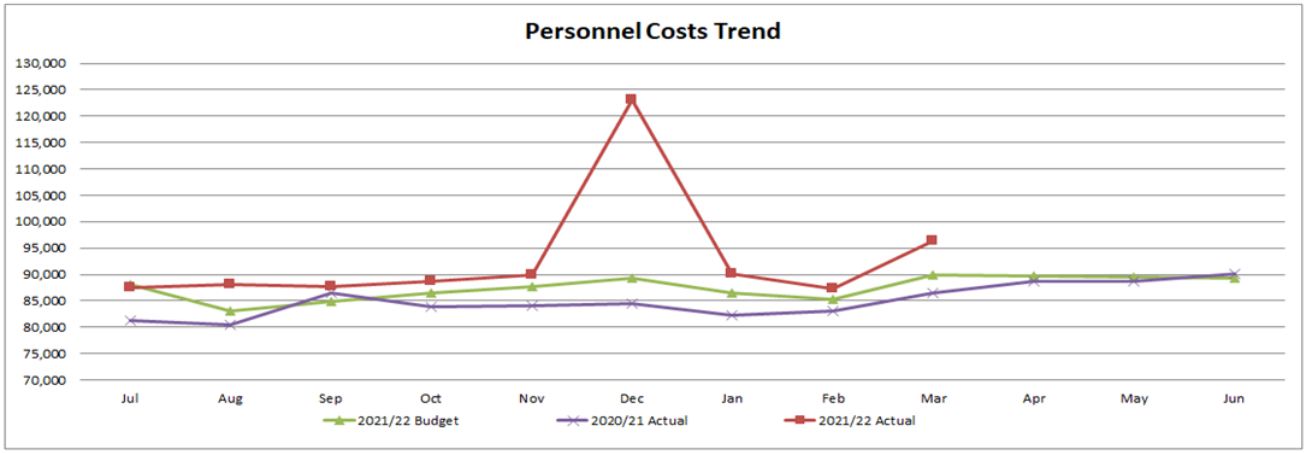


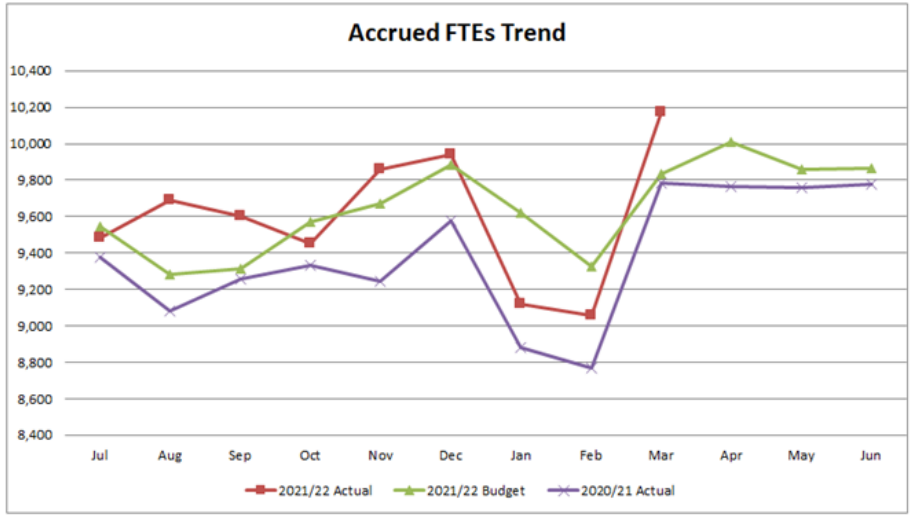
KEY POINTS

Our YTD result before indirect items is $2.822M favourable to budget. A recently renegotiated ACC contract is a contributor this this variance, and a backdated increase was invoiced to ACC in February. The main factors offsetting this favourable result include:

- Planned care revenue based on lower activity, due to the impact of Covid-19.
- Chatham Islands funding shortfall - $1.6M YTD, and $2.1M full year.
- RSV treatment costs ($0.5M in July), which increased staff costs, including cleaning resources.
- Treatment related costs, both price and volume.
- Capitation and After Hours additional costs.
- Savings activity disrupted by the impact of the Covid-19 outbreaks and lockdowns.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE



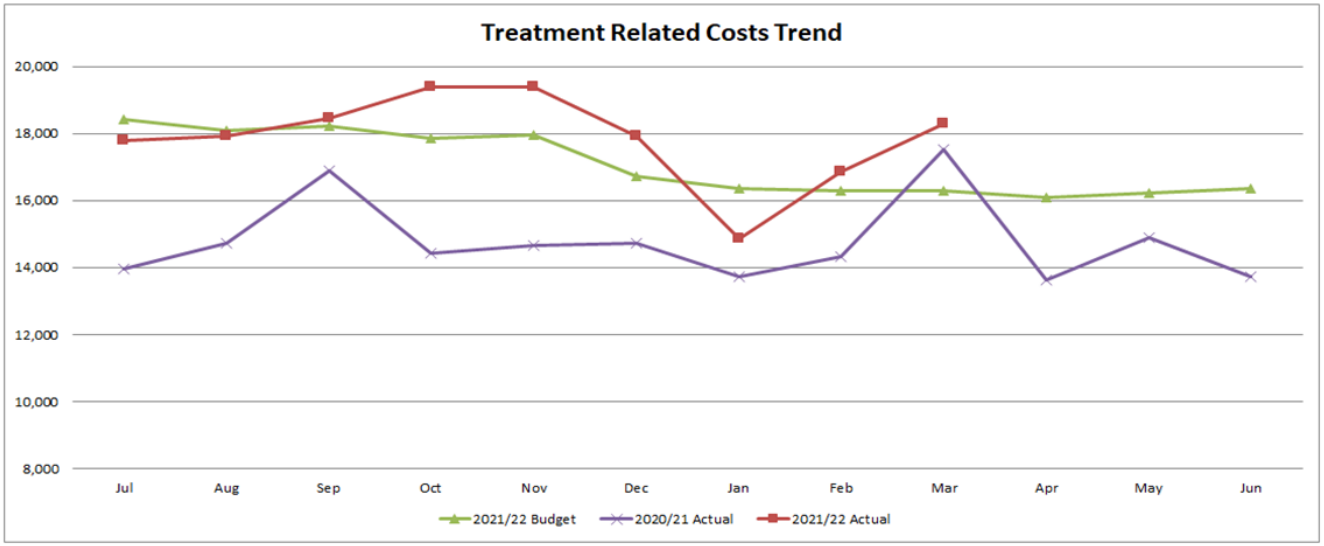


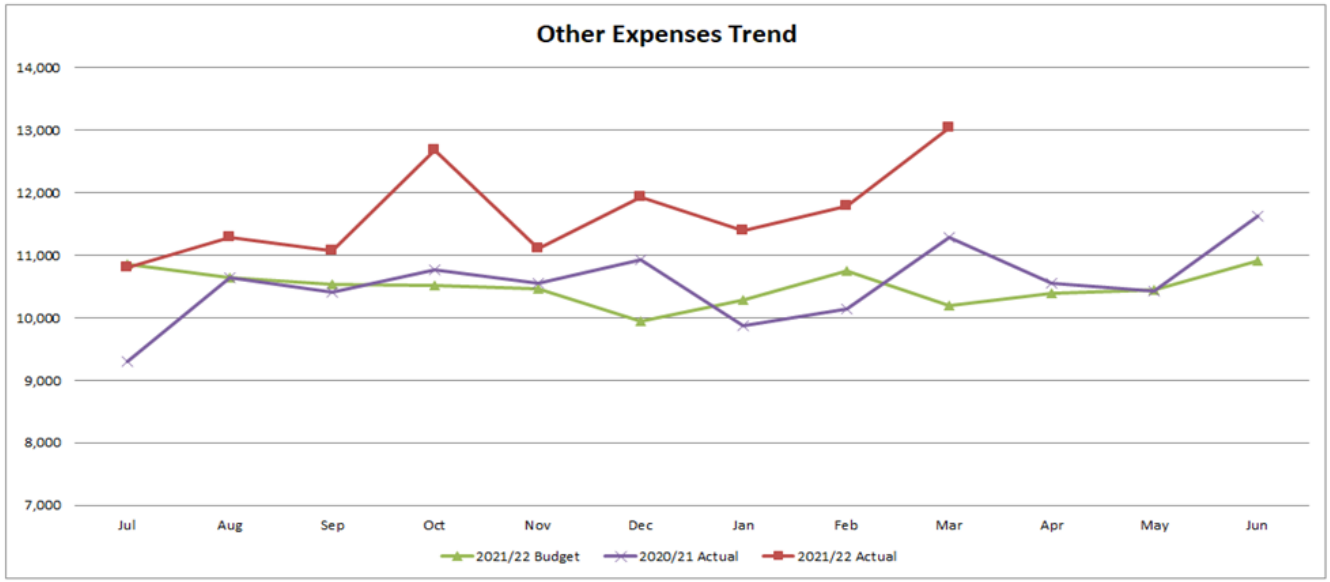
KEY POINTS

Personnel Costs are unfavourable to plan. $23.556M is related to Covid-19 however, Covid-19 costs are offset by additional revenue. The December variance relates to the interim pay equity settlement for Nurses and Midwives, which is offset by additional revenue.

Accrued FTE are unfavourable to plan, primarily due to vaccination FTEs that are not included in the budget.

TREATMENT RELATED & OTHER COSTS (excluding Covid-19)





KEY POINTS

Treatment related costs include $4.005M of Covid-19 related costs offset by Covid revenue; the YTD BAU variance is unfavourable.

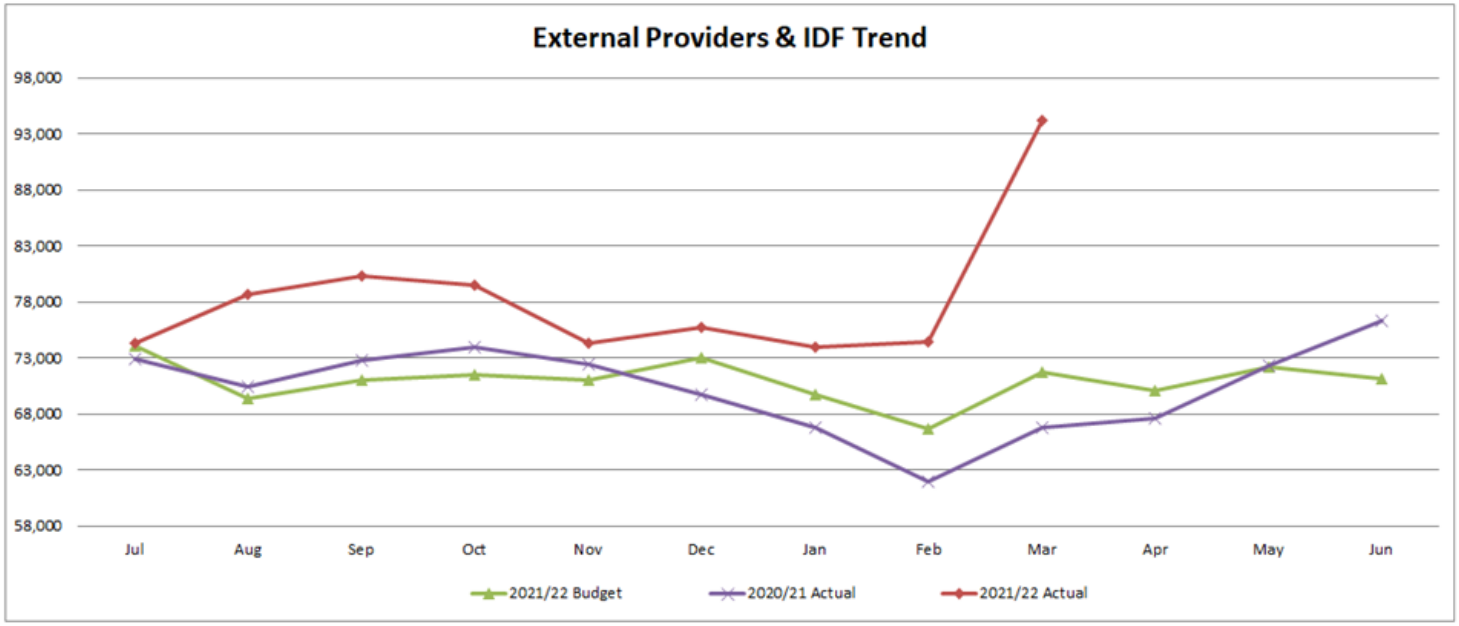
Supply and procurement are coming under continued pressure with sourcing product and price increases.

Outsourced clinical services are favourable YTD due in part to a focused effort on delivering more clinical services in-house as part of the cost saving initiatives.

Other Expenses are unfavourable to budget YTD; of this $12.221M relates to Covid-19 which is offset by additional revenue.

EXTERNAL PROVIDER COSTS (excluding Covid-19)

	Month Actual $'000	Month Budget $'000	Month Variance $'000			YTD Actual $'000	YTD Budget $'000	YTD Variance $'000			2020/21 Actual $'000	Yr End Budget $'000
External Provider Costs	94,151	71,685	(22,466)	-31%	✗	705,354	638,305	(67,049)	-11%	✗	844,188	851,785



KEY POINTS

The unfavourable variance is largely offset by additional MoH revenue and relates to Covid-19.

FINANCIAL POSITION – EQUITY & CASH

	YTD Actual $'000	YTD Budget $'000	Variance $'000		YTD Actual $'000	YTD Budget $'000	Variance $'000	Year End 20/21 $'000
Equity	1,149,396	1,228,344	78,948	Cash	93,936	150,907	(56,971)	50,775

APPENDIX 3: CANTERBURY DHB GROUP INCOME STATEMENT

The Group financial results include Canterbury DHB and its subsidiaries
For the 9 months ending 31 March 2022

Month					Year to Date					
21/22 Actual $000's	21/22 Budget $000's	20/21 Actual $000's	Variance to Budget $000's		21/22 Actual $000's	21/22 Budget $000's	20/21 Actual $000's	Variance to Budget $000's	21/22 Budget $000's	20/21 Actual $000's
203,798	174,060	169,437.21	29,738 ✓	MoH Revenue	1,689,494	1,564,520	1,486,945	124,974 ✓	2,086,388	1,991,657
7,886	6,462	5,545	1,424 ✓	Patient Related Revenue	69,537	57,473	52,635	12,063 ✓	76,994	73,244
4,462	5,480	4,782	(1,018) ✗	Other Revenue	47,936	41,862	38,033	6,073 ✓	58,295	48,140
216,146	**186,001**	**179,764**	**30,144**	**Total Operating Revenue**	**1,806,966**	**1,663,855**	**1,577,614**	**143,111**	**2,221,677**	**2,113,041**
96,411	89,852	86,406	(6,559) ✗	Personnel Costs	838,757	781,100	752,168	(57,656) ✗	1,049,643	1,019,771
18,302	16,298	17,507	(2,004) ✗	Treatment Related Costs	160,853	156,199	134,929	(4,653) ✗	204,873	177,141
94,151	71,685	66,759	(22,466) ✗	External Service Providers	705,354	638,305	627,851	(67,049) ✗	851,785	844,188
13,048	10,195	11,287	(2,852) ✗	Other Expenses	105,117	94,186	89,632	(10,931) ✗	125,943	122,152
221,912	**188,031**	**181,960**	**(33,881)** ✗	**Total Operating Expenditure**	**1,810,080**	**1,669,791**	**1,604,580**	**(140,289)** ✗	**2,232,245**	**2,163,252**
(5,766)	**(2,029)**	**(2,196)**	**(3,737)** ✗	**Total Surplus / (Deficit) Before Indirect Items**	**(3,114)**	**(5,936)**	**(26,967)**	**2,822** ✓	**(10,568)**	**(50,211)**
206	61	140	145 ✓	Interest Revenue	813	501	1,089	312 ✓	700	1,075
245	418	(2,219)	(174) ✗	Capital Charge Relief / Debt Equity Swap Funding	3,431	3,765	-	(334) ✗	5,020	8,940
302	430	238	(128) ✗	Donations	3,604	3,704	1,512	(100) ✗	5,010	2,384
2	-	1,235	2 ✓	Profit on Sale of Assets	10	-	1,762	10 ✓	-	1,653
-	-	-	-	Joint Venture Income	-	-	-	- ✓	-	25
755	**909**	**(607)**	**(154)** ✗	**Total Indirect Revenue**	**7,859**	**7,970**	**4,364**	**(112)** ✗	**10,730**	**14,078**
4,341	4,332	4,627	(9) ✗	Capital Charge	41,004	40,952	26,027	(52) ✗	53,949	39,871
7,788	7,706	8,698	(82) ✗	Depreciation	69,570	68,714	69,719	(855) ✗	92,104	94,651
241	236	234	(5)	Financing Component of Operating Leases	2,208	2,266	1,382	58	3,015	2,079
5	5	(13)	(0) ✗	Interest Expense & Forex Gains and Losses	(4)	82	426	86 ✓	100	60
-	-	-	- ✓	Loss on Sale of Assets	24	-	4,272	(24) ✗	-	4,336
12,374	**12,279**	**13,546**	**(96)** ✗	**Total Indirect Expenses**	**112,802**	**112,015**	**101,827**	**(787)** ✗	**149,168**	**140,998**
(17,386)	**(13,399)**	**(16,348)**	**(3,987)** ✗	**Total Surplus / (Deficit)**	**(108,057)**	**(109,980)**	**(124,429)**	**1,923** ✓	**(149,006)**	**(177,131)**

As instructed by the MoH, we have not budgeted for the vaccination programme.

Overall the vaccination revenue and expenses offset.

APPENDIX 4: CANTERBURY DHB GROUP STATEMENT OF FINANCIAL POSITION

as at 31 March 2022

Audited 30-Jun-21 $'000		Group Actual 31-Mar-22 $'000	Group Budget 31-Mar-22 $'000	Annual Group Budget 30-Jun-22 $'000
490,730	Opening Equity	1,124,844	1,124,844	1,125,762
178,139	Net Equity Injections / (Repayments) During Year	132,576	212,557	151,139
537,624	Other Movements	-	-	97,357
95,482	Reserve Movement for Year	34	-	-
(177,131)	Operating Results for the Period	(108,057)	(109,975)	(149,006)
1,124,844	**TOTAL EQUITY**	1,149,396	1,227,426	1,225,252
	Represented By:			
	Current Assets			
50,775	Cash & Cash Equivalents	93,936	150,907	120,487
750	Short Term Investments	1,750	750	750
107,157	Trade and Other Receivables	134,759	107,157	107,157
6,278	Prepayments	12,381	6,278	6,278
13,811	Inventories	15,928	13,811	13,811
15,095	Restricted Assets	14,884	15,094	15,094
193,866	**Total Current Assets**	273,639	293,997	263,577
	Less Current Liabilities			
1,682	Borrowings (Finance Leases Current)	1,692	1,682	1,682
159,296	Trade and Other Payables	175,670	169,133	155,218
15,111	Restricted Funds	14,839	15,111	15,111
381,697	Employee Benefits	417,774	381,696	381,696
557,786	**Total Current Liabilities**	609,974	567,622	553,707
(363,920)	**Working Capital**	(336,335)	(273,625)	(290,130)
	Non Current Assets			
16	Restricted Funds	16	16	16
4,253	Investment	3,983	4,253	4,253
1,541,081	Fixed Assets	1,537,647	1,553,368	1,567,699
1,545,350	**Term Assets**	1,541,646	1,557,637	1,571,968
	Non Current Liablilties			
7,544	Employee Benefits	7,830	7,544	7,544
49,042	Borrowings (Finance Leases Non Current)	48,085	49,042	49,042
56,586	**Term Liabilities**	55,915	56,586	56,586
1,124,844	**NET ASSETS**	1,149,396	1,227,426	1,225,252

Restricted Assets and Restricted Funds include funds held by the Māia Foundation on behalf of CDHB. We are in the process of transferring all trust funds to Māia by year end.

Investment in the Non Current Assets includes investment in NZHPL and Health One.

Borrowings in Current and Term Liabilities are the finance lease liability for the Manawa building and the CLS building and equipment. The lease costs of the buildings are also included in Fixed Assets.

APPENDIX 7: CANTERBURY DHB GROUP STATEMENT OF CASHFLOW

Audited 30-Jun-21 $'000		Actual 31-Mar-22 $'000	YTD Budget 31-Mar-22 $'000	Budget 30-Jun-22 $'000
	CASHFLOW FROM OPERATING ACTIVITIES			
(46,875)	**Net Cash from Operating Activities**	(24,893)	(28,265)	(56,903)
	CASHFLOW FROM INVESTING ACTIVITIES			
(78,847)	**Net Cash from Investing Activities**	(64,576)	(84,160)	(121,881)
	CASHFLOW FROM FINANCING ACTIVITIES			
183,463	**Net Cash from Financing Activities**	132,630	212,557	248,496
57,741	Overall Increase/(Decrease) in Cash Held	43,162	100,132	69,712
(6,966)	Add Opening Cash Balance	50,775	50,775	50,775
50,775	**Closing Cash Balance**	93,937	150,907	120,487

RESOLUTION TO EXCLUDE THE PUBLIC

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Anna Craw, Board Secretariat**

APPROVED BY: **David Green, Acting Executive Director, Finance & Corporate Support**

DATE: **19 May 2022**

Report Status – For: **Decision** ☑ **Noting** ☐ **Information** ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATIONS

That the Board:

i resolves that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5 & 6 and the information items contained in the report;

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 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 public excluded meetings – 21 April 2022	For the reasons set out in the previous Board agenda.	
2.	Chair's Update (Oral)	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
3.	Chief Executive - Emerging Issues	Protect the privacy of natural persons. To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(a) s9(2)(j)
4.	Maia Health Foundation – Trust Deed	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
5.	Audit NZ – Audit Arrangements	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	s9(2)(j)
6.	Advice to Board • QFARC Draft Minutes *3 May 2022*	For the reasons set out in the previous Committee agenda.	

iii notes that this resolution is made in reliance on 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 6, 7 or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982.

3. SUMMARY

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) and (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 form part of the minutes of the Board.

MĀORI AND PACIFIC HEALTH PROGRESS REPORT

Canterbury District Health Board
Te Poari Hauora ō Waitaha

TO: **Chair & Members, Canterbury District Health Board**

PREPARED BY: **Hector Matthews, Executive Director, Māori & Pacific Health**

APPROVED BY: **Dr Peter Bramley, Chief Executive**

DATE: **19 May 2022**

Report Status – For:	Decision ☐	Noting ☐	Information ☑

1. ORIGIN OF THE REPORT

This report provides an update on progress and activities pertaining to Māori and Pacific Health.

2. DISCUSSION

Equity for our Māori and Pasifika populations remains a high priority nationally, regionally and in our DHB.

COVID-19 Trends and Insights or Māori and Pasifika

COVID-19 has been the dominant feature in our health system for the past two years. Attached to this update is data from the Ministry of Health that reports on COVID-19 insights for Māori and Pasifika at CDHB and nationally (Appendix 1).

Equity of access to services and outcomes have been high priorities for NZ during this pandemic. During the 1918-19 flu pandemic the Māori infection rate was almost twice that of non-Māori but even more inequitable was the mortality rate for Māori, which was more than six times that of non-Māori. Armed with these data at the start of the COVID-19 pandemic it was well known that we had to be meticulous with our approach to equity for Māori (and Pasifika) if we were to avoid repeating our inequitable pandemic history.

Broadly speaking, despite having some early missteps, such as a one size fits all age-based national approach to vaccination, New Zealand and Canterbury have so far managed to avoid significant inequity for Māori and Pasifika in this current COVID-19 pandemic. The insights data shows that both Māori and Pasifika infection rates have been slightly higher than their respective population rates but not unexpected given the relative deprivation, housing and other social and economic determinants that increase their risk. Despite that, our very high vaccination rates, coupled with excellent primary care integration and risk stratification has meant those that needed access to secondary care, received appropriate care when needed and we managed to avoid significant inequity in both access to care and outcomes for Māori and Pasifika.

Health Indicator Dashboards

Attached to this report are the Māori and Pacific Dashboards (Appendices 2 & 3 respectively), compiled by our Decision Support Team. As always, these dashboards can be useful indicators to see how we are tracking in key areas, but they are only indicators and do not show all the activity of our health system that may be making gains for Māori and Pacific health.

Māori Health Dashboard

Much of our indicator data has remained static during the COVID-19 pandemic. However, there have been some noteworthy gains that have occurred despite the pandemic.

Our ASH (ambulatory sensitive hospitalisation) rates for both adults and children have steadily shown improvement and we a slowly getting closer to equity when compared with non-Māori.

Our B4 Schools checks have also managed to stay on track with no discernible difference between Māori and non-Māori, therefore we are achieving equity of access for our tamariki Māori.

Our mental health access target has also steadily improved over the past two years and we have hit the national target of 80% of people under 25 years old getting access to services within three weeks of referral.

However, our most troubling indicators are immunisation. The necessary emphasis on COVID-19 vaccination has stretched our existing vaccination workforce and our childhood vaccination and influenza rates have dropped. With winter approaching, boarders opening alongside other infectious diseases in the community, this remains a risk for both Canterbury and Aotearoa.

Pacific Health Dashboard

Similar to our Māori health indicators, we see parallels with our Pasifika indicators.

Much of our Pasifika indicator data has remained static during the COVID-19 pandemic. Like our Māori data there have been some noteworthy gains that have occurred despite the pandemic.

Pasifika ASH (ambulatory sensitive hospitalisation) rates for both adults and children have also steadily shown improvement and we a slowly getting closer to equity when compared with the rest of the population.

Our B4 Schools checks for Pasifika children have also managed to stay on track and similar to Māori, there is now very little difference between Pasifika and non-Pasifika, therefore we are achieving equity of access for our Pasifika children in this indicator.

Our mental health access target for Pasifika has likewise steadily improved over the past two years and we have 88% of Pasifika, which has far exceeded the national target of 80% of people under 25 years old getting access to services within three weeks of referral.

Like our Māori population, however, our most troubling indicators are also in immunisation. COVID-19 vaccinations have been very successful, but this has stretched our existing vaccination workforce and our childhood vaccination and influenza rates for Pasifika have also dropped. We anticipate that infectious diseases like flu, RSV, rhinovirus as well as COVID-19 will present a significant risk for Pasifika and Māori over the coming winter months. We have begun drives to increase childhood and flu vaccination but there seems to be some vaccination fatigue and resistance in the wake of COVID vaccine mandates, so this will remain a significant challenge for some time to come for our health service.

Kia Ora Hauora Māori Workforce Development Programme

Kia Ora Hauora (*KOH*), the 'Māori Health as a Career Programme' is a national Māori health workforce development programme that was established in 2009 to increase the overall number of Māori working in the health and disability sector. It supports growth in the Māori health workforce that is more reflective of the communities the workforce serves and supports.

Kia Ora Hauora engages with Māori students, current health workers, and community members seeking a career in health. It promotes health careers, both clinical and non-clinical. It is an information hub that provides knowledge, tools and resources to get started on a health career pathway.

Kia Ora Hauora provides increased opportunities for Māori to see the 'health sector in action' through mentoring and local events. This includes open days, hospital visits, science days, wānanga, café workshops and tertiary events.

The programme is sponsored by Tumu Whakarae, the National Reference Group of Māori Health Strategy Managers within District Health Boards and the Ministry of Health. Kia Ora Hauora is led by four regional District Health Board (*DHB*) hubs who actively deliver the programme within their regions.

Attached to this update is the quarterly report for Te Waipounamu from the Kia Ora Hauora Māori Workforce Development Programme (Appendix 4). Canterbury DHB is the Te Waipounamu regional lead for this programme which is delivered by our provider Mokowhiti. Canterbury DHB is also the lead DHB for the National Coordination Centre of Kia Ora Hauora which is correspondingly delivered by our provider Mokowhiti.

The update report has a plethora of information and data about the activity in the programme. Despite the challenges of the COVID-19 pandemic, the programme has continued to support Māori workforce growth in our health system.

Of particular note are the cumulative programme statistics on page 14 of the attached report and the current registration data for Te Waipounamu targets January - March 2022.

#	NATIONAL TARGET	QUARTER 1 RESULT	QUARTER 2 RESULT	QUARTER 3 RESULT	QUARTER 4 RESULT	QUARTER TARGET	ANNUAL TARGET
1	New Māori on health study pathway	43	5	4		40	160
2	Recruit & support into tertiary	40	27	86		10	40
3	Support transition to employment	3	0	65		10	40

As at Quarter 3 there are currently 3,883 Māori registered on the programme. Of that 829 are Te Waipounamu registered which comprises of 21% of programme total. Demographics of registered users for Te Waipounamu are:

- 829 (100%) Māori
- 654 (79%) female, 161 (19%) male and 4 (1%) non-binary

The spread of Māori registered per DHB region within the programme is shown in the table below, as per Region &DHB:

DHB	TOTAL AS OF MAR 2022	% AS MAR 2022
South Canterbury District Health Board	16	1.93%
West Coast District Health Board	41	4.95%
Nelson Marlborough District Health Board	93	11.22%
Canterbury District Health Board	319	38.48%
Southern District Health Board	360	43.43%
TOTAL	**829**	**100%**

The spread of Māori secondary school students registered within the programme is shown in the table below, as per the Te Waipounamu region & education year:

Year 9	Year 10	Year 11	Year 12	Year 13	Total
0	9	12	16	78	115

The spread of Māori tertiary students registered within the programme is shown in the table below, as per Education Level:

First Year	Second Year	Third Year	Fourth, Fifth, Sixth Year	Final Year	Total Tertiary
197	131	75	116	73	592

3. APPENDICES

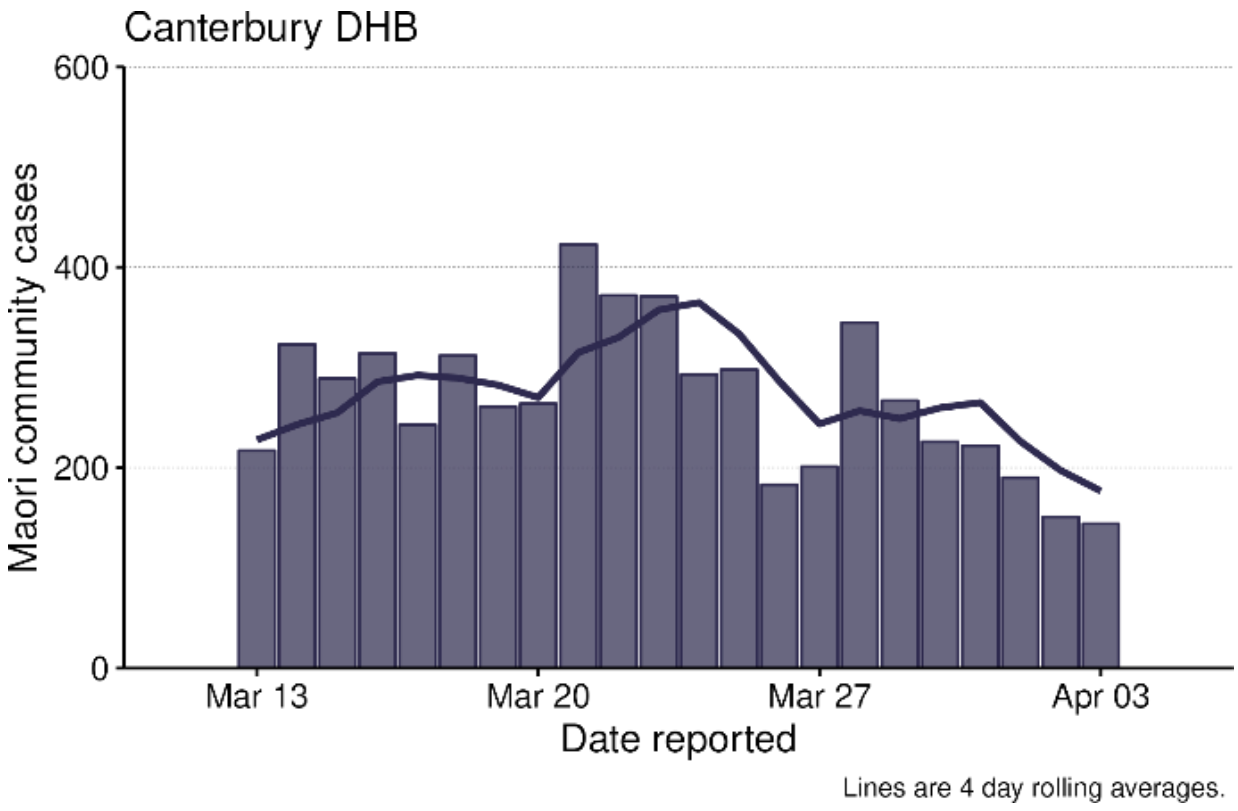
Appendix 1: Canterbury DHB Māori and Pasifika COVID-19 Insights April 2022
Appendix 2: Māori Dashboard - Canterbury April 2022
Appendix 3: Pasifika Dashboard - Canterbury April 2022
Appendix 4: Kia Ora Hauora Te Waipounamu Quarterly Report Q3 Jan-Mar 2022

Canterbury DHB Māori COVID-19 insights as 3 April 2022

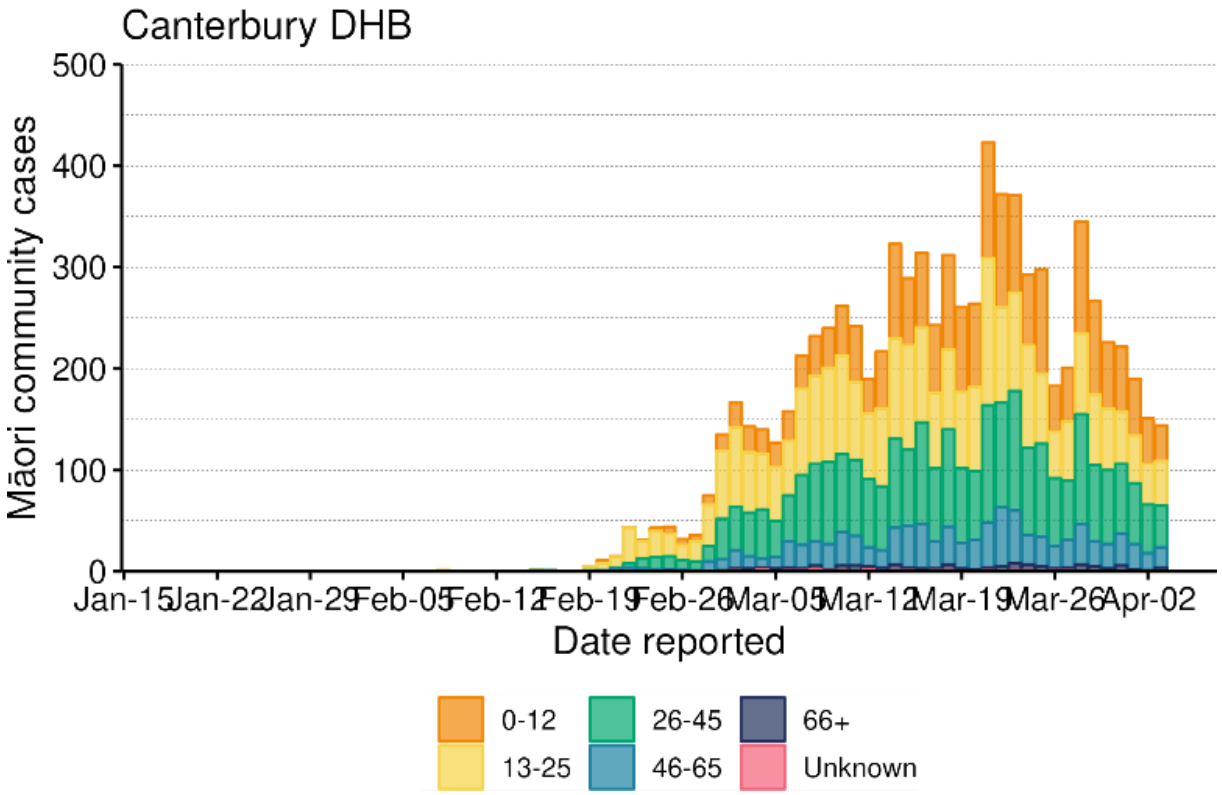
COVID-19 vaccination	5-11 years first dose	5-11 years second dose	5+ years second dose	18-34 years booster	35-49 years booster	50-64 years booster	65+ years booster
All Māori uptake	44% (+0%)	13% (+3%)	80%	46% (-1%)	62% (+0%)	81% (+0%)	93% (+0%)
Tāngata whaikaha			90%				
Tāngata whaiora mental health			81%				
Tāngata Whaiora addictions			75%				

Childhood immunisations	6 months	8 months	12 months	18 months	24 months	54 months	5 years
	74.0%	86.5%	89.6%	65.1%	80.1%	62.7%	86.3%

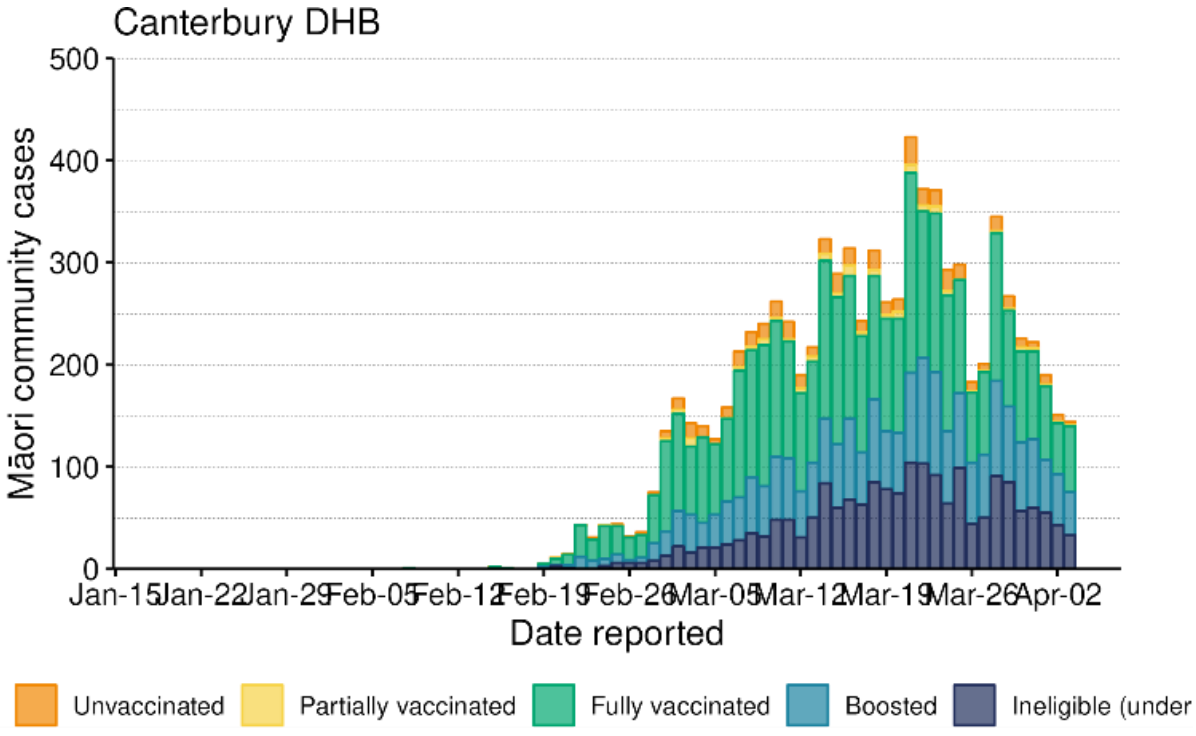
Case Numbers



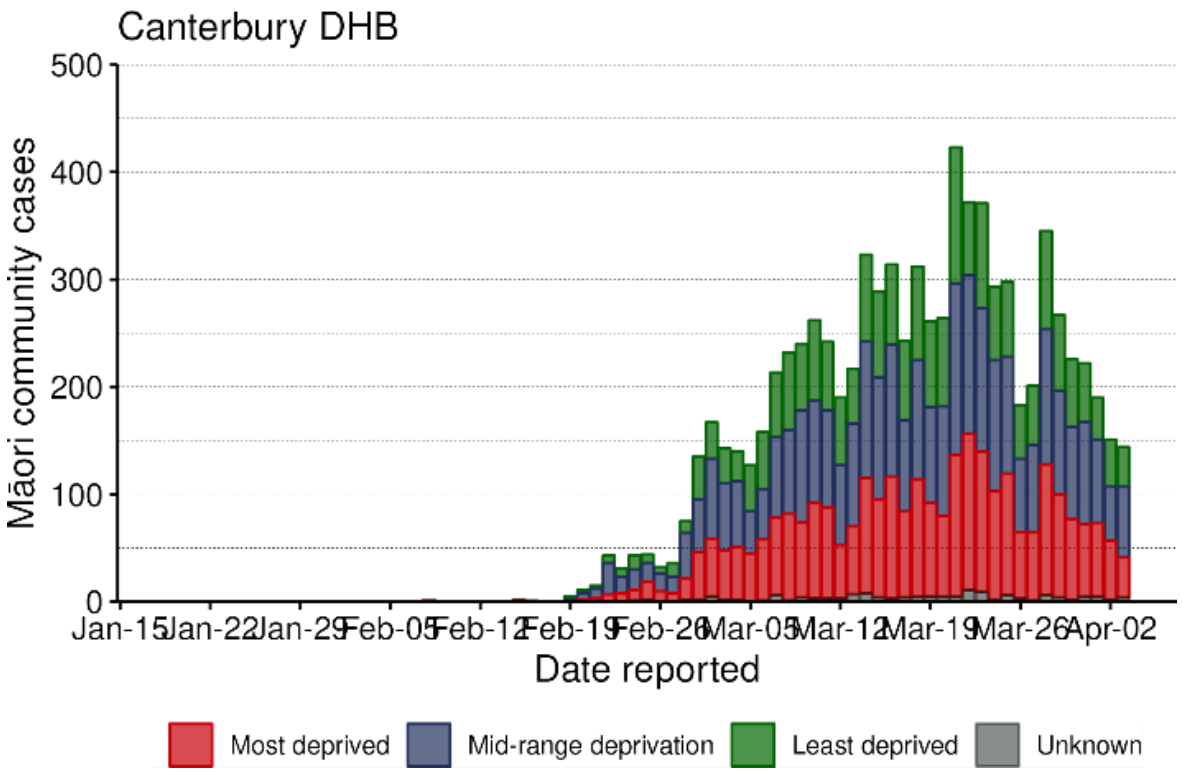
Age of Cases



Vaccinated status of cases



Housing deprivation of case



COVID and Whānau Māori Nationwide

Cases

- Reported cases who identified as Māori decreased to 18,283 in the last week from the 23,050 reported the previous week. The proportion of cases in the pandemic identified as Māori was 20.5%
- Trends varied by DHB: the Auckland DHBs, Hutt Valley and Capital and Coast showed a definite downward trend; Northland and all the South Island DHBs had increased daily case numbers; and all other DHBs, had relatively stable numbers
- There were 30 less whānau Māori cases in hospital on 03 April: 210, down from 240 last week; in a continuation of the trend in previous weeks, more males of all ethnicities (including Māori) were in ICU: 77 compared to 45 females.
- Twenty four further cases identified as Māori died over the week, 15 more than last week. Males continue to be over-represented in total deaths
- 1,263 (49%) of reported high priority setting exposure events in the last 7-days were at Aged Residential Care Facilities and 613 (24%) were at places of worship, 382 (14.9%) at temporary accommodation and 125 (4.8%) at marae
- Northland (3,861), Waikato (4,756), Bay of Plenty (3,306), Hawke's Bay (3,796) and Canterbury (3,686) had the highest number of cases over the last fortnight with Hawke's Bay also having had the highest case rates per 1000 (along with Whanganui, South Canterbury, and Taranaki) making high workloads very likely for Māori health providers and community services in these regions

Vaccination

- There appears to be a nation-wide hesitancy and/or stalling of the 5-11 year vaccination roll-out. This maybe a consequence of the high case numbers in children and inability to be vaccinated until three months after recovery
- National Immunisation Booking System future bookings for the age group 5-11 (all ethnicities) showed 29 first dose bookings and 16,184 second dose bookings.
- There was no change in first dose vaccination uptake for tamariki aged 5-11 in the last week with 35% having received their first dose compared to 62% non-Māori non-Pacific. Second dose uptake did increase 2%, however, the 5% increase in second dose uptake for non-Māori non-Pacific ethnicities is widening the equity gap between the two populations
- Disabled children of all ethnicities aged 5-11 continue to have vaccine uptake at a similar rates to non-Māori non-Pacific rates
- Booster uptake shows that there is wide variation between uptake rates dependent on age. Eligible Kaumatua aged 65+ have high and nearly equal coverage at 89% but eligible rangatahi aged 18-34 years only have 37% coverage
- Disabled people have received a high rate of boosters which is very positive for this hāpori. As yet these figures are not broken down into ethnic groups but will be reported when this is available
- Of the 7,025 whānau Māori 12 years and over who receive government support for their disability, there were 1,090 tāngata whaikaha yet to receive a 1st or 2nd dose. These whānau may need additional protection if COVID-19 reaches their communities
- There does remain a gap of 15-20% in coverage between the general Māori population and tāngata whaiora

Reconnecting Aotearoa New Zealand

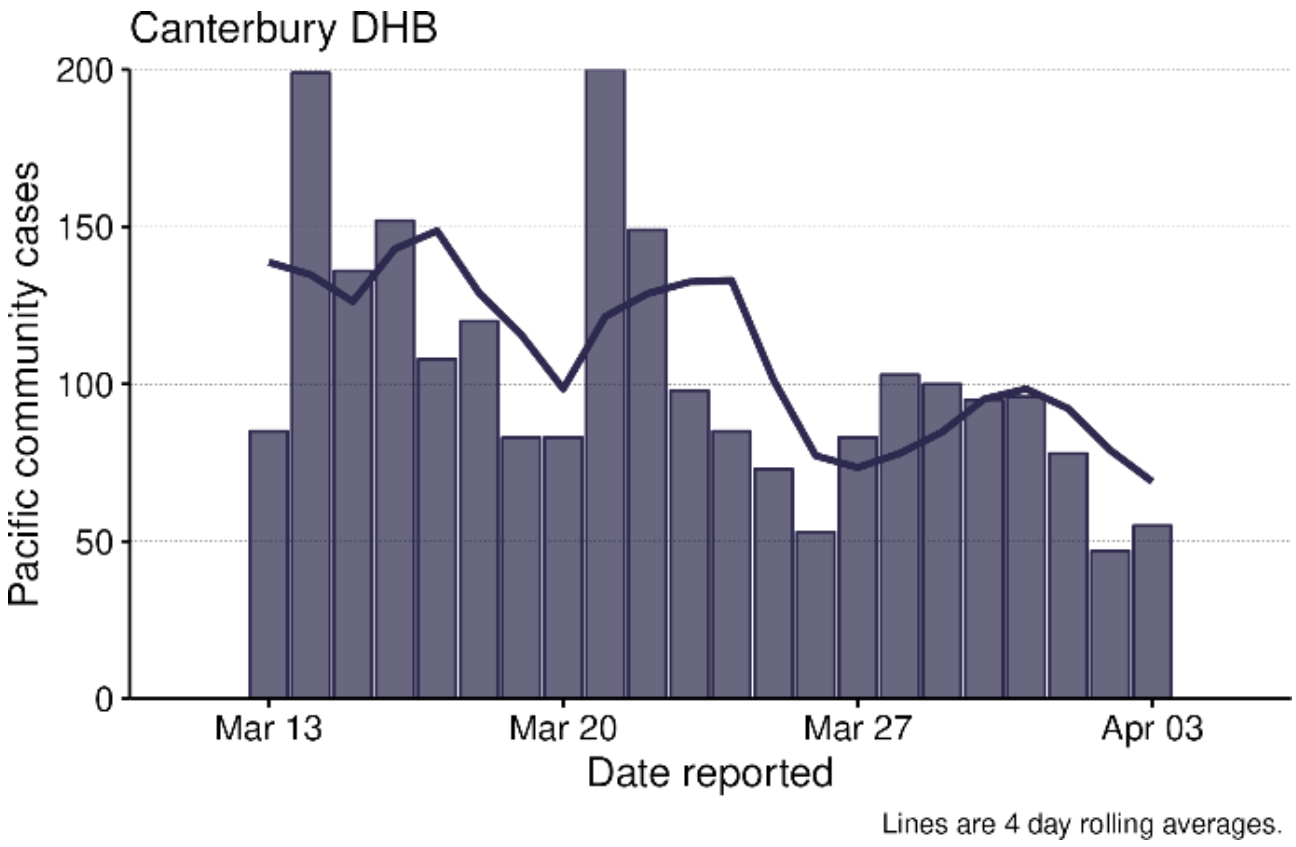
- There were 20 more Māori cases related to the border in the last week with a total of 326 cases imported or related to imported cases in the pandemic to 3 April 2022. In comparison European/Other ethnicities had the highest number of import-related cases with 200 reported for the week, and 2618 cases in total.
- Australia reported an overall increasing trend in confirmed cases in NSW, QLD, SA, and NT which may raise risks for whānau and friends of travellers from Australia, border workers and whānau living near international airports
- With the resumption of global travel and loosened testing and vaccination requirements there is increased risk of COVID-19 as well as other infectious diseases and viruses such as influenza, Respiratory Syncytial Virus (RSV) and measles entering Aotearoa over our winter season
- The 2022 influenza vaccination programme commenced on 1st April 2022. Vaccination against influenza is free for Māori who are 55-64 years of age, all pregnant women, people with certain health conditions, such as chronic asthma or diabetes and young children with a history of severe respiratory illness. In 2021 62.0% of Māori aged over 65 years had an influenza vaccination but very few under this age received the immunisation despite being at risk and eligible for free vaccination
- Childhood immunisation coverage of December 2021 is showing gaps for children aged 18 months for all ethnicities, likely due to the disruption of the pandemic. Only 49.3% of tamariki Māori in this age group completed their age-appropriate immunisations at the end of 2021.

Canterbury DHB Pasifikia COVID-19 insights as 3 April 2022

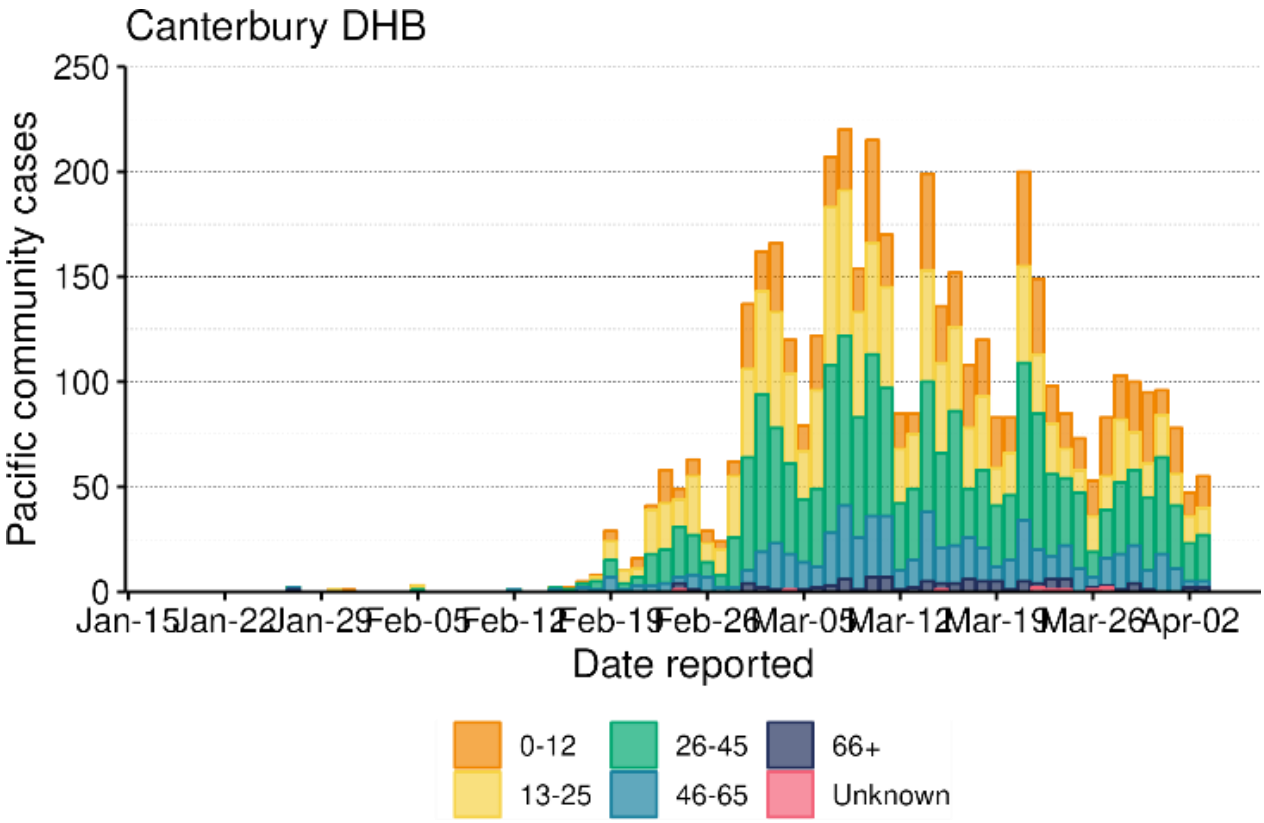
COVID-19 vaccination	5-11 years first dose	5-11 years second dose	5+ years second dose	18-34 years booster	35-49 years booster	50-64 years booster	65+ years booster
All Pacific uptake	52% (+1%)	11% (+3%)	85%	45% (-1%)	65% (+0%)	81% (+0%)	89% (+0%)
Pacific Disabled People			86%				
Pacific tāngata whaiora mental health1			88%				
Pacific tāngata Whaiora addictions1			76%				

Childhood immunisations	6 months	8 months	12 months	18 months	24 months	54 months	5 years
Pacific children coverage	74.2%	90.1%	93.2%	72.0%	94.0%	73.0%	91.5%

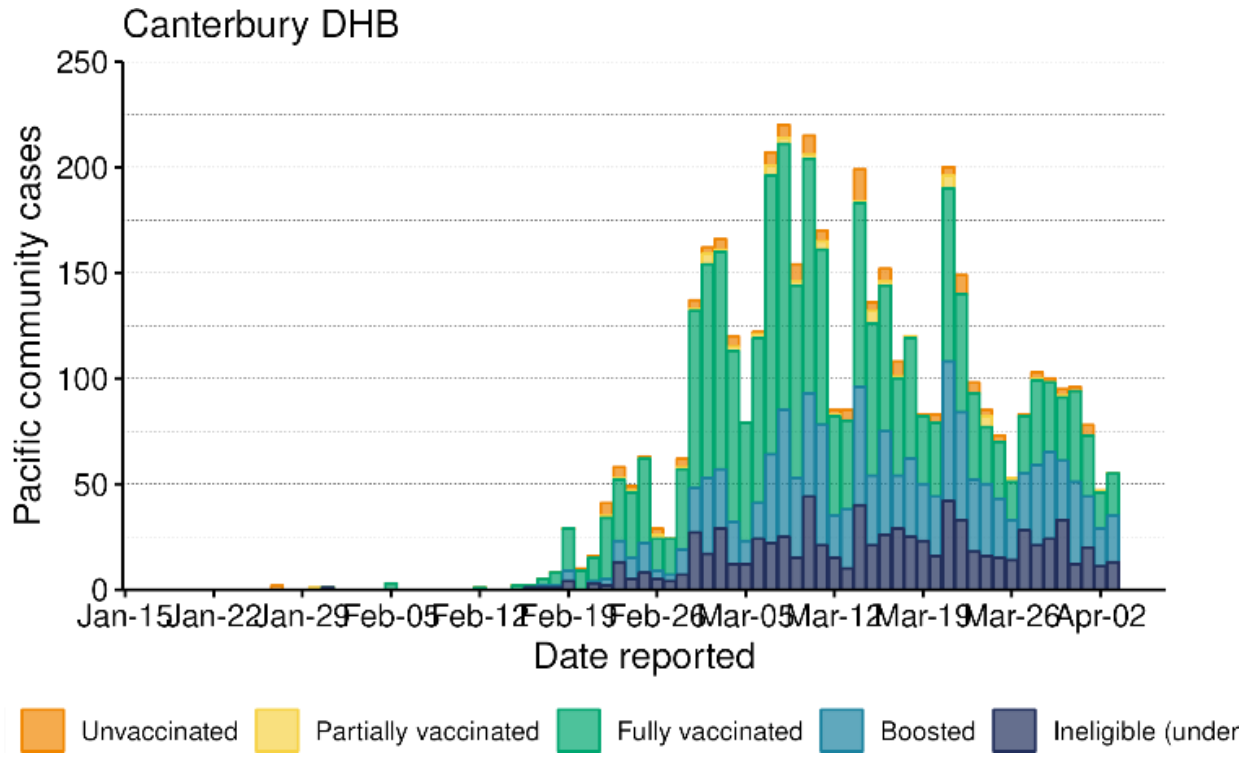
Case Numbers



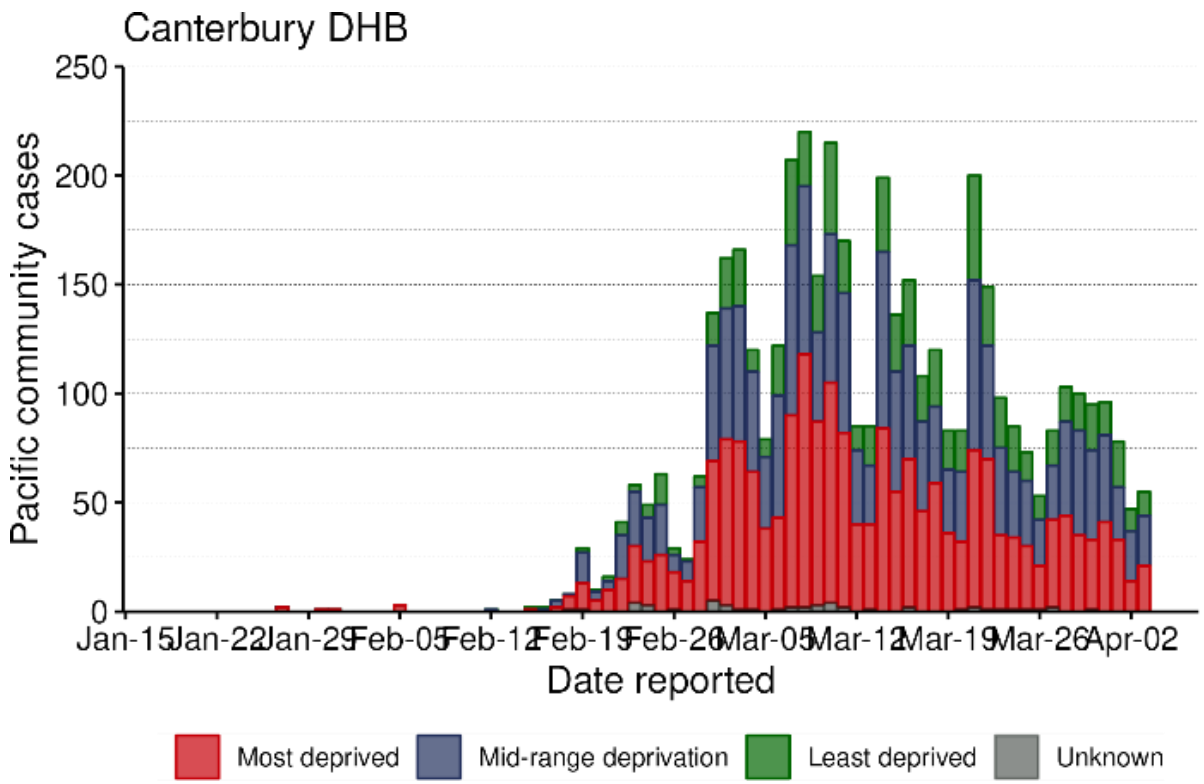
Age of Cases



Vaccinated status of cases



Housing deprivation of case



COVID and Pasifika Peoples Nationwide

Cases

- Pacific case numbers have continued to drop substantially over the last week with 5,282 cases compared to the 7,432 last week
- All the Pacific ethnicities continued to report less case numbers over the last week however for Tokelauans this was minimal
- Counties Manukau (2,763) had the highest number of reported cases over the last fortnight followed by Canterbury (1315), Waitemata (1,233) and Auckland (1,130). Capital and Coast (1,185), Hawkes Bay (755) and Southern (719) also have reported high case numbers
- Nelson Marlborough had the highest case rate in the fortnight per 100,000, notably more than any other region, which is likely increasing the workload for Pacific health and community services in the region
- Of the 2,559 exposure events in high priority settings in the last 7-days reported by the National Contact Tracing Service, 1263 (49%) were at Aged Residential Care Facilities and 613 (24%) were at places of worship
- 204 Pacific Peoples were in hospital over the week, 81 less than last week. Pacific admissions remain a high percent of the total hospital admissions at 33%. More males (of all ethnicities) continue to be admitted to ICU
- 20 more deaths of Pacific Peoples occurred in the last 7 days, 8 more than last week. Males (all ethnicities) continue to be over- represented in total deaths with 209 males passing away compared to 154 females

- Over the Delta & Omicron outbreaks 26.9% of Tongans, 24.5% of Samoans and 25.6% of Tuvaluans, Kiribati, Tahitians and members of Other Pacific Island ethnic group have been diagnosed as a case

Vaccination

- There appears to be a nation-wide hesitancy and/or stalling of the 5-11 year vaccination roll-out which may be a consequence of the high case numbers in children and inability to be vaccinated until three months after recovery
- As at 3 April 2022 in the National Immunisation Booking System there were 29 first dose bookings and 16,184 second dose bookings for the age group 5-11 (all ethnicities)
- First doses for all children aged 5-11 showed no change again this week. Pacific children remain at 47% uptake compared to 62% non-Māori non-Pacific. Second doses did change to 10% uptake but remains well behind the non-Māori non-Pacific uptake of 24%.
- Pacific ethnicities not further defined (32%), Cook Island Māori (39%) and Niuean (40%) children aged 5-11 continue to have the least uptake of first dose vaccination with no change in uptake reported in the last week. Fijian 5-11 year old children continue to have high first dose (62%) and second dose vaccination coverage (18%)
- Disabled children of all ethnicities aged 5-11 continue to slowly increase first dose uptake, now at 55.1%, and second doses are continuing with 20.9% coverage now reached of children in this age group.
- The booster uptake had little change in any age group for Pacific Peoples. Pacific young people aged 18-34 are showing the least uptake at 42% of the eligible population which is similar to the 49% uptake rate for non-Māori non-Pacific young people in this age group.
- Booster uptake is lowest for the age group 50-64 years in Tongan (68%), Other Pacific (73%) and Pacific not further defined (72%) and also may be impacted by high case numbers in Pacific Peoples causing delay in ability to be boosted

Reconnecting Aotearoa New Zealand

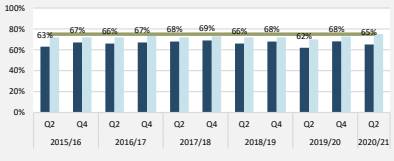
- There were 22 new import related Pacific cases reported in the last week. In comparison the highest ethnicity, European/Other, had 200 cases detected this week
- At the same time as a general loosening of travel restrictions to enter Aotearoa New Zealand occurring, there has been reported increases of COVID-19 in Australia and several Pacific Nations such as the Cook Islands, American Samoa, Samoa, Vanuatu and Niue
- From 8 April Cook Islands, Samoa, American Samoa and Vanuatu arrivals will be shifted to the 'testing on arrival' pathway due to ongoing community transmission in their countries and as part of a simplification of travel pathways to Aotearoa New Zealand
- With the resumption of global travel there is increased risk of COVID-19 as well as other infectious diseases and viruses such as influenza, Respiratory Syncytial Virus (RSV) and measles entering Aotearoa over our winter season
- The 2022 influenza vaccination programme commenced on 1st April 2022. In 2021 59.5% of Pacific Peoples aged over 65 years had an influenza vaccination but very few under 65 received one
- Vaccination against influenza is additional protection against COVID-19 and is free for Pacific peoples who are 55-64 years of age, all pregnant people, people with certain health conditions, such as chronic asthma or diabetes and young children with a history of severe respiratory illness
- Only 63.4% of Pacific children age 18 months completed their age-appropriate immunisations at the end of 2021, un-immunised children are at risk if diseases enter Aotearoa through traveller movements.

Canterbury DHB Māori Health Dashboard
April 2022

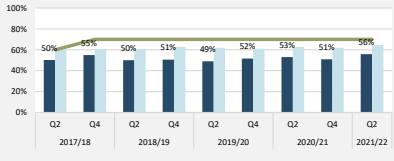
The target is met for Māori
The target has not been met for Māori however performance is improving
The target has not been met and performance is declining

Tamariki Health and Wellbeing

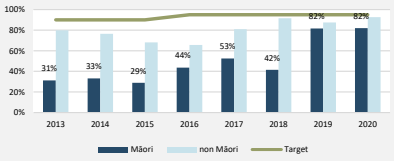
BREASTFEEDING
Babies exclusively / fully breastfed at LMC discharge



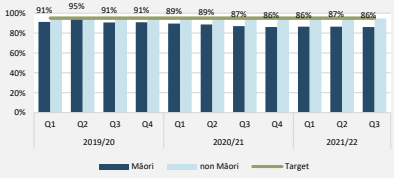
BREASTFEEDING
Babies exclusively / fully breastfed at 3 months old



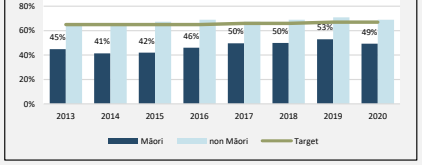
ORAL HEALTH
Pre-school children (aged 0-4 years) enrolled with school and community dental services



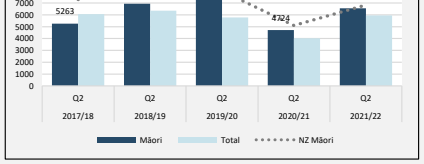
IMMUNISATION
Eight month old children fully vaccinated



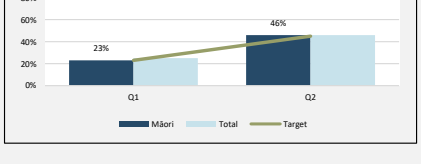
ORAL HEALTH
Children caries free (no holes or fillings) at age 5 years



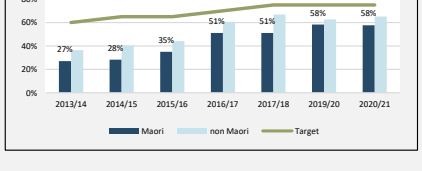
EARLY INTENTION
ASH children (aged 0-4), rate per 100 000 people



B4SCHOOL CHECK
Children receiving a B4SC by age 4 years

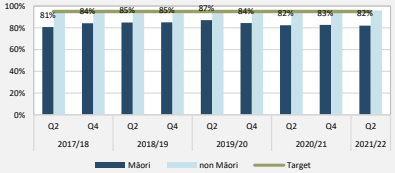


IMMUNISATON
Eligible girls receiving final dose of the HPV vaccination

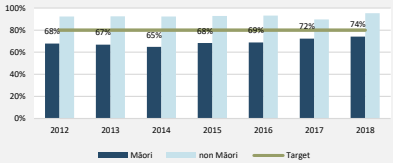


Adult Health and Wellbeing

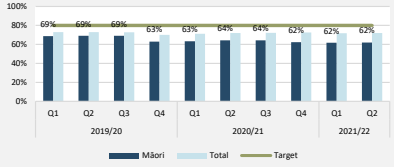
ENGAGEMENT
Population enrolled with a PHO



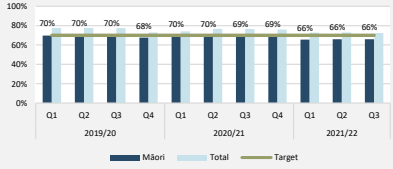
SMOKING
Women smokefree at two weeks postnatal



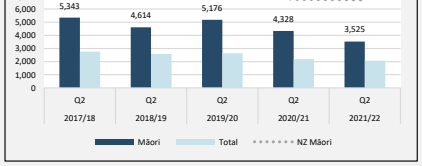
CANCER
Women aged 25-69 years who had a cervical screen in the previous three years



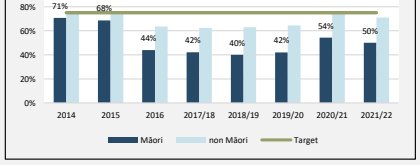
CANCER
Women aged 45-69 years who had a breast screen in the previous two years



EARLY INTERVENTION
ASH adults (aged 45-64), rate per 100 000 people

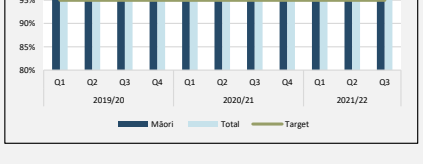


IMMUNISATION - INFLUENZA
People aged over 65 who have had a seasonal influenza vaccination

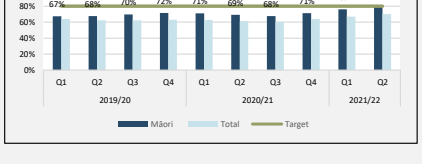


Enablers to support Improved Health and Wellbeing

B4 SCHOOL CHECK
Children with a BMI >98th percentile are referred to a health specialist



MENTAL HEALTH ACCESS
People <25 access specialist mental health services within 3 weeks of referral

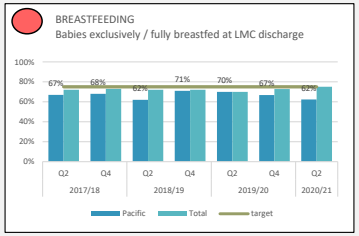


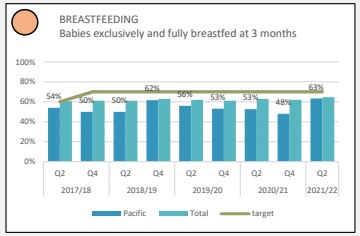
Kia whakakotahi te hoe o te waka
WE PADDLE OUR WAKA AS ONE

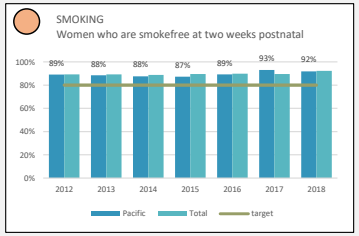
Indicator Full Name	Data Source	Data Notes	Additional Notes
Apr-22	National Maternity Collection (MAT)	Data may be incomplete, LMC data is usually delayed. This may exclude data where records have no status	
Infants are exclusively or fully breastfed at three months	Well Child Tamariki Ora (WCTO) National Dataset	Well Child data for the latest period has been delayed by the Ministry.	
Percentage of Infants fully vaccinated at eight months	National Immunisation Register		
Children aged 0-4 years are enrolled with the Community Oral Health Service	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in April 2022	Due a change in calculation method Māori Oral health results for the 2018 year are not directly comparable with prior years. Results have been included as they are the nationally reported result.
ASH rates per 100,000 Children 0-4 years old	National Minimum Dataset (NMDS)		
B4SCs are started before children are 4½ years	B4 School Check		
Percentage of children caries-free for 5 years	Canterbury DHB Community Oral Health Service database "Titanium"	Results are provided annually in line with the school year. The next release is expected in April 2022	Due a change in calculation method Māori Oral health results for the 2018 year are not directly comparable with prior years. Results have been included as they are the nationally reported result.
Percentage of eligible girls receiving final dose of the HPV immunisation	National Immunisation Register	The HPV result for for 2018/19 was incorrectly calculated by the Ministry of Health. The reporting of these results would be significantly misleading and as such we have excluded them from reporting.	
Percentage of Women Smokefree at two weeks postnatal	National Maternity Collection (MAT)	MAT data can take up to two years to show all events which may explain deviation between reports	
Population under Mental Health Act: section 29 Community Treatment Orders, rate per 100 000 population	Project for the Integration of Mental Health Data (PRIMHD)	Data is provided 3 months in arrears for each reporting quarter	
Women aged 25-69, who have had a cervical smear once in the last three years	National Screening Unit	Screening data has been recalculated retrospectively by the National Screening Unit, taking into account changes in ethnicity. We have elected at this time to maintain the results as reported at the time.	
Women aged 50-69, who have had a breast screen once in the last two years	National Screening Unit		
ASH rates per 100,000 Adults 45-64 years old	National Minimum Dataset (NMDS)		The result for ASH 45-64 has been given an orange rating as performance is significantly better than the national rate. Our expectation is to close the gap between Māori and non-Māori over time.
Percentage of population (65+years) who have had a seasonal influenza vaccination	National Immunisation Register	This measure has changed from using PHO enrolled population data to census population data. The reporting dates have changed from 2016, the reporting period now covers Mar- Sep where previously this was Jan-Dec. Results are not directly comparable between 2017 and previous years.	
Percentage of the population enrolled with a PHO	Canterbury DHB data Q2 onwards PHO Enrolment Collection		
Children with a BMI >98th percentile are referred to a health specialist	B4 School Check		

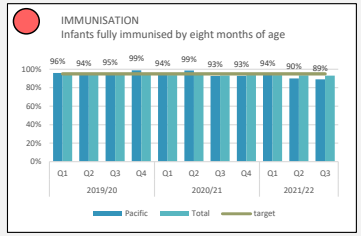
Canterbury DHB Pacific Health Dashboard
April 2022

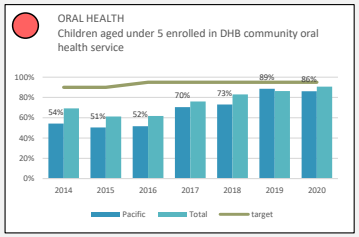
The target is met for Pacific
The target has not been met for Pacific however the trend is improving
The target has not been met for Pacific and performance is decreasing or there is significant inequity

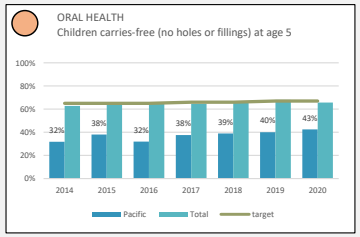


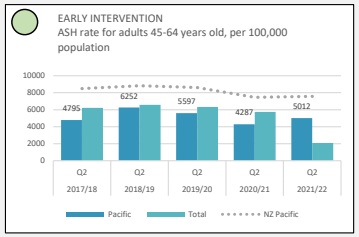


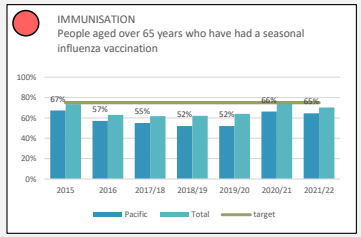


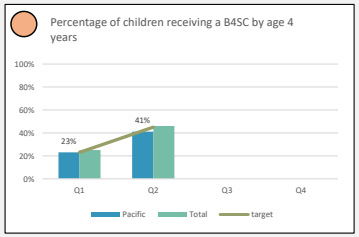


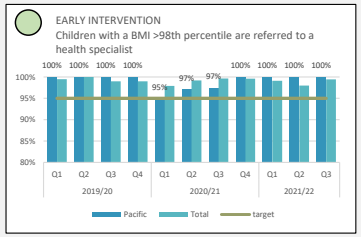


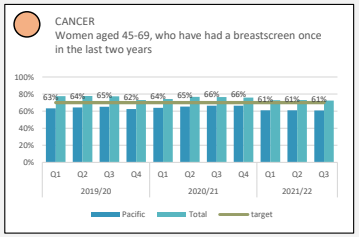


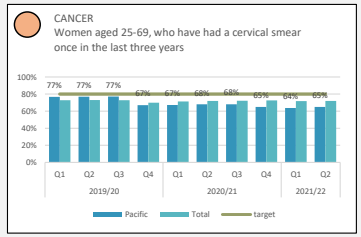


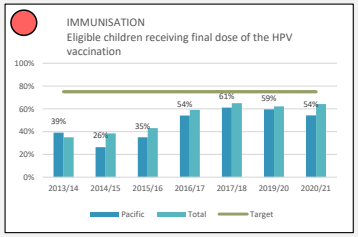


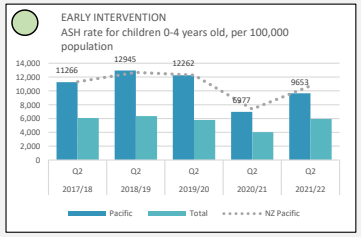


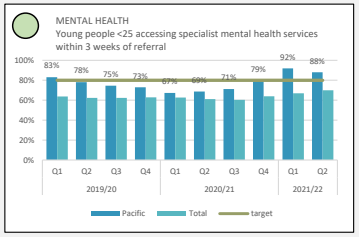


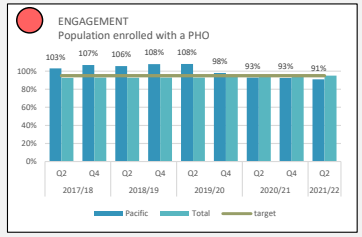












Data Source	Latest Reporting Period	Data Notes	Additional Notes
National Maternity Collection (MAT)	Jul - Dec 2020	Data may be incomplete, excluding data where records have no status	
Well Child Tamariki Ora (WCTO) National Dataset	Jan - Jun 2021		
National Immunisation Register	Oct - Dec 2021		
Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2020	Results are provided annually in line with the school year. The next release is expected in April 2022	Due a change in calculation method Pacific Oral health results for the 2018 year are not directly comparable with prior years.
National Minimum Dataset (NMDS)	Sep 2017 - Sep 2021		
B4 School Check	Jul - Dec 2021		
Canterbury DHB Community Oral Health Service database "Titanium"	Jan - Dec 2020	Results are provided annually in line with the school year. The next release is expected in April 2022	Due a change in calculation method Pacific Oral health results for the 2018 year are not directly comparable with prior years.
National Immunisation Register	Jul - Jun 2021		Since 2019/20 HPV reporting has included boys as well as girls - results are not directly comparable.
National Maternity Collection (MAT)	Jan - Dec 2018	MAT data can take up to two years to show all events which may explain deviation between reports	
National Screening Unit	Oct - Dec 2021	Screening data has been recalculated retrospectively by the National Screening Unit, taking into account changes in ethnicity. We have elected at this time to maintain the results as reported at the time.	
National Screening Unit	Oct - Dec 2021		These result have been aligned to the national definition which includes women from 45-69. The 50-60 series has been replaced.
National Minimum Dataset (NMDS)	Sep 2017 - Sep 2021		
National Immunisation Register	Mar - Sep 2021	Results are not directly comparable between 2017 and previous years.	
Ministry of Health	Oct - Dec 2021		
B4 School Check	Oct - Dec 2021		
PRIMHD (National Mental Health and Addiction data collection)	Jul - Sep 2021		

Kia Ora Hauora
Supporting Māori into Health

QUARTERLY REPORT

Q3 1 JAN 2022 - 31 MAR 2022

TE WAIPOUNAMU

Whakamau, Whakaū, whakaora i te ao Māori

Recruit, Retain and Revitalise the Māori Health Workforce

Nelson Marlborough Health

Canterbury District Health Board
Te Poari Hauora ō Waitaha

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

South Canterbury District Health Board

Southern Health
He hauora, he kuru pounamu

02

CONTENTS

1. CONTRACT DETAILS

PROVIDER

Mokowhiti Ltd

PROGRAMME

Promotion of Māori as a Career Programme

CONTRACT NUMBER

Provider Code: 573057
Agreement ID: 334162/02

REPORT NUMBER AND TYPE

Quarterly reports submitted to the Canterbury District Health Board, National Coordination Centre and The Ministry of Health

REPORT DUE DATE

20 April 2022

REPORTING PERIOD

1 January 2022 - 31 March 2022

ATTENTION

Karen Koopu
Ministry of Health
PO Box 5013
Wellington 6011.
Karen.koopu@moh.govt.nz

PROGRAMME SPONSOR

Hector Matthews
Executive Director, Māori & Pacific Health
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REPORT AUTHOR

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Te Waipounamu Regional Coordinator
trudy@mokowhiti.co.nz

2. KEY HIGHLIGHTS

Kia Ora Hauora Te Waipounamu presented at the following events and organisations during this reporting period 1 January - 31 March 2022.

KEY ACTIVITIES THIS QUARTER:

- KOH Te Waipounamu Support grants
- Regional KOH zoom
- WCDHB: Inspire to Aspire Careers and Youth Events: Cancelled
- OP's Hui: Zoom
- Merchandise promotion
- Southern Hospital Work Placement: Cancelled
- Timaru Hospital Programme: Cancelled
- Christchurch Hospital Work Placement: : Cancelled
- MoH Hauora Māori Scholarship workshops.
    - University of Otago x 6: Zoom
    - Ara Institute of Canterbury Ltd x 2 nursing:
    - Ara Institute of Canterbury Ltd Midwifery: Zoom
    - Ara Institute of Canterbury Ltd Social Work
    - Nelson Marlborough Technology: Zoom
    - Southern Institute of Technology: Zoom
    - Otago Polytechnic: Zoom
    - Personal one of one: Zoom x 10

3. OVERVIEW OF KEY HIGHLIGHTS

A. WORKSTREAM ONE – NGĀ KAWAINGA

MERCHANDISE PROMOTION

As an alternative to having not been able to run events in secondary schools or within the tertiary sector during COVID, KOH TW have run online promotional events. As a part of the promotion of Kia Ora Hauora, we have posted out KOH merchandise care packages which included long sleeve T's, USB's, Lanyards, Facemasks, and hand sanitizer. It has been an incredibly tough start to the year for tauira so the idea behind the care packages is just to let our tauira know we are thinking of them and are here in the background if they need any support. Tauira have been very thankful to receive a koha of goodness. We also asked for update of personal details for our database e.g. physical address, year of study, study pathway and contact details.

Quotes from tauira: *"Thanks so much! Love the crew neck and long sleeve and I needed a new lanyard, such great timing it's tough this year and we are all a little broke"*

"thank you for the merch! I've been living in it since it was delivered, it's so comfy, crazy thoughtful"

B. WORKSTREAM TWO – TE ATA PŌ

HOSPITAL WORK PLACEMENT PROGRAMMES 2022

In this reporting period KOH TW was booked to run work placements at the following DHB's

- Southern DHB
- South Canterbury DHB
- Canterbury DHB

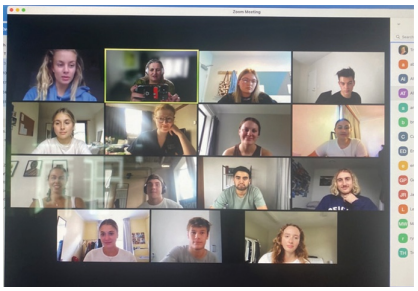
Due to COVID-19 all have been postponed until further notice. We still hope to run these events at some stage in 2022, however we will have to consider the secondary school timetable as well be aware of the pressure we would add to an already strained health sector.

WCDHB: INSPIRE TO ASPIRE CAREERS AND YOUTH EVENTS:

Cancelled for the year due to COVID

C. WORKSTREAM THREE - TE ATA MAHINA

MINISTRY OF HEALTH HAUORA MĀORI SCHOLARSHIP 2022



We started the process of the MoH HMS attending Ara to present in person workshops to tauira studying a Bachelor of Nursing, Bachelor of Midwifery and a Bachelor of Social Work. Early March with a number of the tertiary providers within Te Waipounamu moving to on line classes we quickly moved to online zoom sessions. We set up a platform where students could pre-register and select from 8 session dates and time this has proved to be a very popular process. Online is a common medium in the tertiary sector in this current environment. Feedback was that tauira missed the in person catch up but found the information presented to be comprehensive. The online zoom hui were offered to the following tertiary providers

- University of Otago x 6 - Zoom
- Southern Institute of Technology - Zoom
- Ara Institute of Canterbury Satellite Midwifery Students
- Otago Polytechnic
- Otago Polytechnic Satellite Midwifery Students

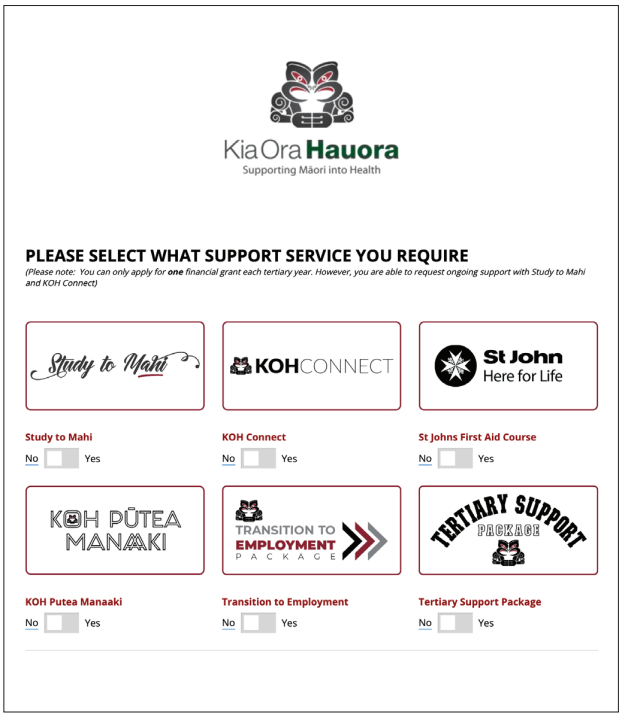
Nelson Marlborough Technology: This campus is open to tauira, however they were not having manuhiri presenting or attending the campus. At NMIT a number of the tauira only attend campus once a fortnight. To support the tauira and as a request from Te Puna Manaaki the decision was made to run a class room zoom session with tauira in attendance. In the current environment whakawhanaungatanga is a very important part of our tauira succeeding in tertiary. With the support of Te Puna Manaaki team the zoom session was very successful day with 26 tauira in attendance.

We also ran on line sessions with both the Otago Polytechnic and Ara Institute of Canterbury Satellite Midwifery students.

Total KOH Te Waipounamu has presented to:

Pre-registration	143
NMIT	26
Ara Social Work	10
Ara Satellite Midwifery	22
OP Satellite Midwifery	27
One on one session	7
Total	**235**

See Communications Section, page 16



See Communications Section, page 15

KOH TE WAIPOUNAMU SUPPORT GRANTS

During this reporting period we have grown our KOH Te Waipounamu support grants.

In 2021 we offered Putea Manaaki and St John first aid courses. This year we have added Transition to Employment which is designed to support tauira with Final examination fees. Registration, Levy, VCAs, Equipment requirements for employment and Immunisation & Screening Training. Tertiary Support Package - designed to support tauira with Accommodation support, Uniform requirements, Laptop/ books and Travel assistances.

The grants opened on the 23 February 2022 to date we have supported 16 tauira with a total spend of $9,500.00.

D. WORKSTREAM FIVE – KA AWATEA:

OPERATIONS HUI

During this reporting time we have held all KOH operations hui via zoom, as well the KOH regional coordinators have run zoom hui on database training for the new coordinators and administration staff.

CDHB ENGAGEMENT

Online Teams hui held with the Māori and Equity People and Capability team to see how KOH Te Waipounamu can support their ongoing recruitment opportunities within their Māori and Pasifika school leavers in to paid employment programme. KOH has promoted on our social media networks and through our KOH database and share holders list.

4. SUMMARY OF ACTIVITIES

QUARTER 3: JANUARY - MARCH 2022

The following table provides a summary of activities completed for the last quarter. This table is taken directly out of the Annual Plan.

DATES	SUMMARY OF ACTIVITIES	DHB	LOCATION	TARGET GROUP	WORK STREAM
Jan	Update and roll over of KOH database	All	All	All	All
Jan	KOH operations hui x 2 days	All	All	All	All
Feb	Otago Polytechnic: Midwifery Students • Hauora Maori Scholarship • Study 2 Mahi	SDHB	Otago	Tertiary Transition to employment	3 & 5
Feb	Inspire to Aspire: Careers and youth event	WCDHB	Te Tai Poutini	Promote Health	2 & 4
Feb	Inaugural: Southern Hospital Work Place-ment 4 days	SDHB	Otago	Secondary	2
Feb	Inaugural: Timaru Hospital Work Place-ment3 days	SCDHB	Timaru	Secondary	2
Feb	Christchurch Work Placement Programe	CDHB	Ōtautahi	Secondary	2
Feb	Christchurch Girls High School Careers Expo	CDHB	Ōtautahi	Secondary	2
Feb	Christchurch Boys High School Careers Expo	CDHB	Ōtautahi	Secondary	2

= **CANCELLED DUE TO COVID**

5. SUMMARY OF ACTIVITIES

QUARTER 4: APRIL - JUNE 2022

The following table provides a summary of activities planned within Te Waipounamu, during the next quarter reporting period. Due to COVID the below in events will more than likely not happen we will move to more zoom-based events and hui.

DATES	SUMMARY OF ACTIVITIES	DHB	LOCATION	TARGET GROUP	WORK STREAM
April	NMDHB Work Placement programme	NMDHB		Te Ata Pō	2
April	CDHB: Kia Mataara programme	NMDBH	Ōtautahi	Te Ata Pō Ka Awatea	2 & 5
April	WCDHB Junior exposure day	WCDHB	Te Tai Poutini	Te Ata Pō	2
April	Engagement with Careers Teams	All	All	Te Ata Pō	2
May	Nelson Tasman Careers Expo 17-19 May	NMDHB		Te Ata Pō	2
May	Darfield Expo day	CDHB	Ōtautahi	Te Ata Pō	2
May	WCDHB Work Placement Programme 24-27 May 2022	WCDHB	Te Tai Poutini	Te Ata Pō	2
May	Study to Mahi	All	All	Te Ata Mahina	4
June	Christchurch Careers Expo 26-28 May 2022	CDHB	Ōtautahi	Te Ata Pō	2
June	Dunedin Careers Expo 1-2 June 2022	SDHB	Ōtepoti	Te Ata Pūao	3

6. PROGRAMME REGISTRATION AND DATA

Te Waipounamu RCC Progress local KOH targets January - March 2022.

#	NATIONAL TARGET	QUARTER 1 RESULT	QUARTER 2 RESULT	QUARTER 3 RESULT	QUARTER 4 RESULT	QUARTER TARGET	ANNUAL TARGET
1	New Māori on health study pathway	43	5	4		40	160
2	Recruit & support into tertiary	40	27	86		10	40
3	Support transition to employment	3	0	65		10	40

As at **Quarter 3** there are currently 3,883 Māori registered on the programme. Of that 829 are Te Waipounamu registered which comprises of 21% of programme total.

*Demographics of registered users for **Te Waipounamu** are*

- 829 (100%) Māori
- 654 (79%) female, 161 (19%) male and 4 (1%) non-binary
- The spread of **Māori registered per DHB region** within the programme is shown in the table below, as per Region & DHB.

DHB	TOTAL AS OF MAR 2022	% AS MAR 2022
South Canterbury District Health Board	16	1.93%
West Coast District Health Board	41	4.95%
Nelson Marlborough District Health Board	93	11.22%
Canterbury District Health Board	319	38.48%
Southern District Health Board	360	43.43%
TOTAL	**829**	**100%**

- The spread of **Māori secondary school students registered** within the programme is shown in the table below, as per the Te Waipounamu region & education year.

YEAR 9	YEAR 10	YEAR 11	YEAR 12	YEAR 13	TOTAL
0	9	12	16	78	115

- The spread of **Māori tertiary students registered** within the programme is shown in the table below, as per Education Level.

FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH, FIFTH, SIXTH YEAR	FINAL YEAR	TOTAL TERTIARY
197	131	75	116	73	592

*Please note this figure is from across the years

7. RBA REPORTING

Completed/Reported Every Qtr 1,2,3,4 | Completed/Reported 6 Mthly - July, Jan | Completed/Reported Ann -Jan

HOW MUCH? (#) (Quarterly): Jan-Mar, Apr-Jun, Jul-Sept, Oct-Dec			
PERFORMANCE OBJECTIVE	**QUANTITY (BASED ON CONTRACT)**	**REPORTING SOURCE**	**COMMENTS**
#829 of KOH students (clients) registered on the programme	Numerator = #**35** of new Māori registered in the Qtr Denominator = **(per quarter)**	Infographic	
#128 of KOH secondary school students (clients) engaged in the programme	Numerator = **#21** engaged Denominator = Total secondary school students	Infographic	Due to COVID all events have been cancelled in TW
#536 of KOH Māori tertiary students (clients) engaged in the programme	Numerator = **#17** engaged Denominator = Total tertiary students		Numbers have grown due to MoH HMS zoom hui
Secondary school science KOH activities/programmes	**#2** Implemented in **Qtr 1** **#5** Planned activities for **Qtr 2**	All planned events cancelled due to COVID	All planned events cancelled due to COVID
#1 tertiary KOH activities/ programmes	**#1** Implemented in **Qtr 1** **#1** Planned activities in **Qtr 1**	Infographic • Moh HMS zoom • Tertiary Support Grants	

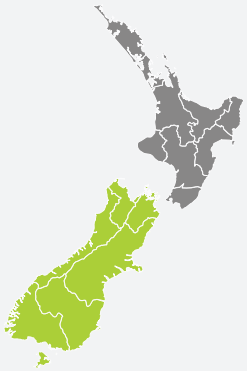
8. COMMUNICATIONS

Kia Ora Hauora
Supporting Māori into Health

PROGRAMME STATISTICS | Q3 JAN-MAR 2022

96

MĀORI REGISTERED THIS QUARTER IN
TE WAIPOUNAMU



GENDER:

71% 68 | 20% 19

NON-BINARY: 1 BLANK/NOT ANSWERED: 8

AGE:

UNDER 25	26-40YRS	41+YRS
63% 60	21% 20	14% 13

BLANK/NOT ANSWERED: 3

TE REO FLUENCY:

60%	BEGINNER 58
17%	CONVERSATIONAL/ FLUENT 16
18%	NO/DIDN'T ANSWER 17

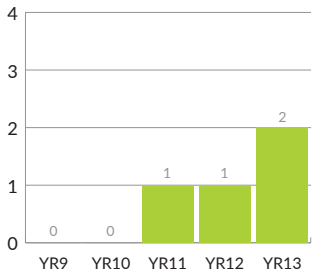
CURRENT STATUS:

EMPLOYED HEALTH SECTOR	EMPLOYED OTHER SECTOR	SECONDARY STUDENT	TERTIARY STUDENT	COMMUNITY GAP YEAR
0% (0)	0% (0)	4% (4)	90% (86)	6% (6)

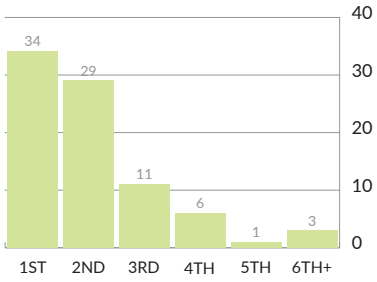
AREA OF STUDY:

NURSING	OCCUPA-TIONAL THERAPY	PHYSIO-THERAPY	MIDWIFERY	SOCIAL WORK	PSYCH-OLOGY	ORAL HEALTH	SURGEON	HEALTH PROMO	PHARM-ACIST	PARA-MEDIC
15	2	9	8	5	3	5	2	3	3	0

SECONDARY:



TERTIARY:



HEALTH STUDY PATHWAY:

YES	41 / 43%
INTERESTED	9 / 9%
NO/NOT STATED	46 / 48%

DISTRICT HEALTH BOARD:

Nelson Marlborough Health	West Coast District Health Board	Canterbury District Health Board	South Canterbury District Health Board	Southern Health
7	0	29	2	58

Kia Ora Hauora
Supporting Māori into Health

TOTAL CUMULATIVE PROGRAMME STATS - MAR 2022

829

MĀORI REGISTERED WITH KOH IN THE

TE WAIPOUNAMU REGION:

GENDER:

BLANK/NOT ANSWERED: 10

- 19% 161
- 79% 654
- 1% 4

AGE:

BLANK/NOT ANSWERED: 5

UNDER 25	26-40YRS	41+YRS
65% 535	28% 231	7% 58

TE REO FLUENCY:

BLANK/NOT ANSWERED: 15

BEGINNER	CONVERSATIONAL	FLUENT	NO
60% 494	14% 119	3% 27	21% 174

YEARS REGISTERED WITH KOH

1 YEAR	2 YEARS	3 YEARS	4 YEARS	5+ YEARS
31% 258	17% 139	19% 155	12% 96	22% 181

TOP FOUR IWI:

Ngāti Kahungunu Iwi · Ngāpuhi Te Rūnanga-Ā-Iwi O Ngāpuhi · Te Rūnanga o Ngāi Tahu · Te Arawa

CURRENT STATUS:

EMPLOYED - HEALTH SECTOR	116	14%
EMPLOYED - OTHER SECTOR	15	2%
SECONDARY STUDENT	128	15%
TERTIARY STUDENT	536	65%
COMMUNITY - GAP YEAR	34	4%

HEALTH STUDY PATHWAY:

YES	489 / 59%
INTERESTED	98 / 12%
NO/NOT STATED	242 / 29%

AREA OF STUDY:

NURSING	DOCTOR GP	PHYSIO-THERAPY	MIDWIFERY	SOCIAL WORK	PSYCHOLOGY	ORAL HEALTH	SURGEON	HEALTH PROMO	PHARMACIST	OCCUPA-TIONAL THERAPY
162	116	51	48	58	42	41	53	15	18	11

DISTRICT HEALTH BOARD:

Nelson Marlborough Health	11%	93
West Coast District Health Board	5%	41
Canterbury District Health Board	38%	318
South Canterbury District Health Board	2%	13
Southern Health	44%	365

EMPLOYMENT:

116 STUDENTS EMPLOYED

84 CLINICAL ROLES

17 NON-CLINICAL ROLES

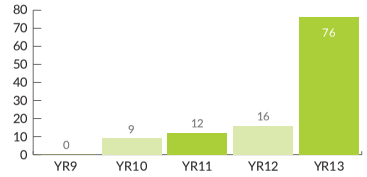
94 FULL-TIME · 7 PART-TIME

62 DHB

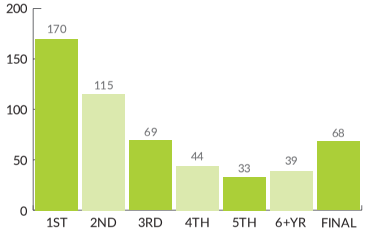
26 PHO / NGO

28 OTHER EMPLOYER

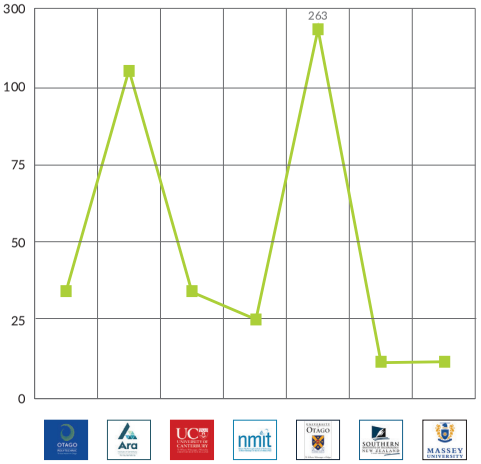
SECONDARY STUDENTS:



TERTIARY STUDENTS:

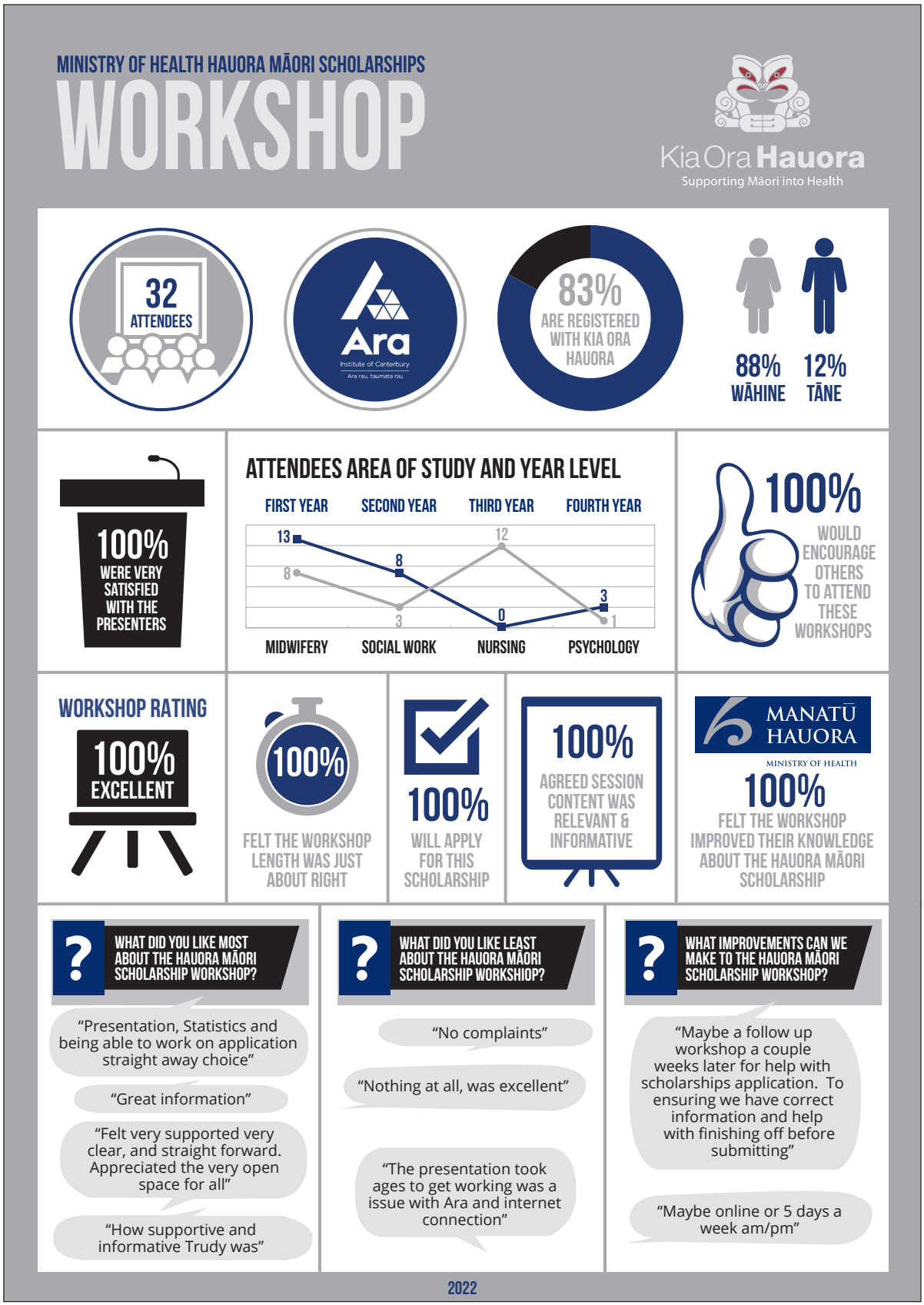


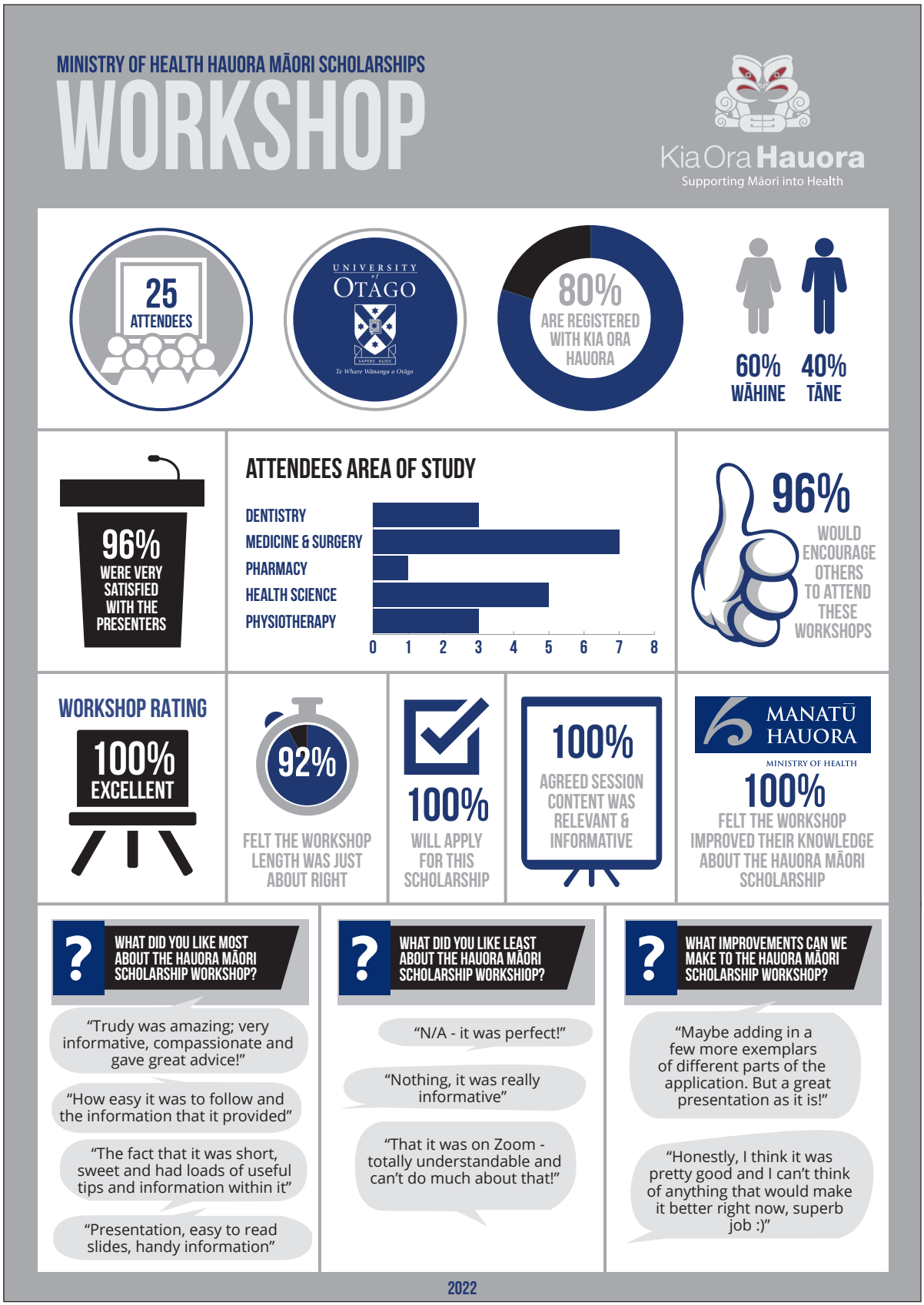
TERTIARY INSTITUTE:



Otago Polytechnic · Ara · University of Canterbury · nmit · University of Otago · Southern Institute of Technology · Massey University

Kia Ora Hauora
Supporting Māori into Health
TE WAIPOUNAMU SUPPORT GRANTS | JANUARY - MARCH 2022
19
STUDENTS SUPPORTED
$500
PER GRANT
$9,500
TOTAL SUPPORT AMOUNT
TERTIARY PROVIDER
UNIVERSITY OF OTAGO
6
32%
UC UNIVERSITY OF CANTERBURY
1
5%
Ara
10
53%
SOUTHERN
1
11%
COURSE OF STUDY
2
11%
BACHELOR OF MIDWIFERY
1
5%
BACHELOR OF MEDICINE &SURGERY
2
11%
BACHELOR OF OCCUPATIONAL THERAPY
1
5%
FIRST YEAR HEALTH SCIENCE
1
5%
BACHELOR OF DENTAL SURGERY
11
58%
BACHELOR OF NURSING
1
5%
PUBLIC HEALTH
GENDER
18 WĀHINE
1 TĀNE
SUPPORT REQUESTED
KOHCONNECT
0
0%
KOH PŪTEA MANAAKI
2
11%
St John first to care
0
0%
Study in Māori
0
0%
KIA ORA MAHORI
MAORI TERTIARY SUPPORT GROUP ASSISTANCE
0
0%
TRANSITION TO EMPLOYMENT PACKAGE
0
0%
TERTIARY SUPPORT PACKAGE
17
89%


MINISTRY OF HEALTH HAUORA MĀORI SCHOLARSHIPS
WORKSHOP
Kia Ora Hauora
Supporting Māori into Health
32
ATTENDEES
Ara
Institute of Canterbury
Ara rau, taumata rau
83%
ARE REGISTERED WITH KIA ORA HAUORA
88% WĀHINE
12% TĀNE
100%
WERE VERY SATISFIED WITH THE PRESENTERS
ATTENDEES AREA OF STUDY AND YEAR LEVEL
FIRST YEAR
SECOND YEAR
THIRD YEAR
FOURTH YEAR
13
8
8
3
12
0
3
1
MIDWIFERY
SOCIAL WORK
NURSING
PSYCHOLOGY
100%
WOULD ENCOURAGE OTHERS TO ATTEND THESE WORKSHOPS
WORKSHOP RATING
100%
EXCELLENT
100%
FELT THE WORKSHOP LENGTH WAS JUST ABOUT RIGHT
100%
WILL APPLY FOR THIS SCHOLARSHIP
100%
AGREED SESSION CONTENT WAS RELEVANT & INFORMATIVE
MANATŪ HAUORA
MINISTRY OF HEALTH
100%
FELT THE WORKSHOP IMPROVED THEIR KNOWLEDGE ABOUT THE HAUORA MĀORI SCHOLARSHIP
WHAT DID YOU LIKE MOST ABOUT THE HAUORA MĀORI SCHOLARSHIP WORKSHOP?
"Presentation, Statistics and being able to work on application straight away choice"
"Great information"
"Felt very supported very clear, and straight forward. Appreciated the very open space for all"
"How supportive and informative Trudy was"
WHAT DID YOU LIKE LEAST ABOUT THE HAUORA MĀORI SCHOLARSHIP WORKSHIOP?
"No complaints"
"Nothing at all, was excellent"
"The presentation took ages to get working was a issue with Ara and internet connection"
WHAT IMPROVEMENTS CAN WE MAKE TO THE HAUORA MĀORI SCHOLARSHIP WORKSHOP?
"Maybe a follow up workshop a couple weeks later for help with scholarships application. To ensuring we have correct information and help with finishing off before submitting"
"Maybe online or 5 days a week am/pm"
2022


MINISTRY OF HEALTH HAUORA MĀORI SCHOLARSHIPS
WORKSHOP
Kia Ora Hauora
Supporting Māori into Health
25
ATTENDEES
UNIVERSITY of OTAGO
Te Whare Wānanga o Otāgo
80%
ARE REGISTERED WITH KIA ORA HAUORA
60% WĀHINE
40% TĀNE
96%
WERE VERY SATISFIED WITH THE PRESENTERS
ATTENDEES AREA OF STUDY
DENTISTRY
MEDICINE & SURGERY
PHARMACY
HEALTH SCIENCE
PHYSIOTHERAPY
0 1 2 3 4 5 6 7 8
96%
WOULD ENCOURAGE OTHERS TO ATTEND THESE WORKSHOPS
WORKSHOP RATING
100%
EXCELLENT
92%
FELT THE WORKSHOP LENGTH WAS JUST ABOUT RIGHT
100%
WILL APPLY FOR THIS SCHOLARSHIP
100%
AGREED SESSION CONTENT WAS RELEVANT & INFORMATIVE
MANATŪ HAUORA
MINISTRY OF HEALTH
100%
FELT THE WORKSHOP IMPROVED THEIR KNOWLEDGE ABOUT THE HAUORA MĀORI SCHOLARSHIP
WHAT DID YOU LIKE MOST ABOUT THE HAUORA MĀORI SCHOLARSHIP WORKSHOP?
"Trudy was amazing; very informative, compassionate and gave great advice!"
"How easy it was to follow and the information that it provided"
"The fact that it was short, sweet and had loads of useful tips and information within it"
"Presentation, easy to read slides, handy information"
WHAT DID YOU LIKE LEAST ABOUT THE HAUORA MĀORI SCHOLARSHIP WORKSHIOP?
"N/A - it was perfect!"
"Nothing, it was really informative"
"That it was on Zoom - totally understandable and can't do much about that!"
WHAT IMPROVEMENTS CAN WE MAKE TO THE HAUORA MĀORI SCHOLARSHIP WORKSHOP?
"Maybe adding in a few more exemplars of different parts of the application. But a great presentation as it is!"
"Honestly, I think it was pretty good and I can't think of anything that would make it better right now, superb job :)"
2022

Kia Ora **Hauora**

Supporting Māori into Health