West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

BOARD MEETING

Friday 10 August 2018
at 1.00pm

St John
Water Walk Road
Greymouth

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE

KARAKIA

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

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

AGENDA – PUBLIC

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

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 10 August commencing at 1.00pm

KARAKIA			***1.00pm***
ADMINISTRATION			***1.05pm***
	Apologies		
1.	**Interest Register**		
2.	**Confirmation of the Minutes of the Previous Meetings** • *29 June 2018*		
3.	**Carried Forward/Action List Items**		
REPORTS FOR DECISION			***1.05pm***
4.	**Deficit Support & Equity Drawdown**	Justine White *Executive Director, Finance & Corporate Services*	*1.05pm – 1.10pm*
5.	**Audit New Zealand Fraud Risk Assessment**	Justine White *Executive Director, Finance & Corporate Services*	*1.10pm – 1.15pm*
REPORTS FOR NOTING			***1.15pm***
6.	**Chair's Update**	Jenny Black *Chair*	*1.15pm – 1.20pm*
7.	**Chief Executive's Update**	David Meates *Chief Executive*	*1.20pm – 1.35pm*
8.	**Clinical Leader's Update**	Karen Bousfield *Director of Nursing* Stella Ward *Executive Director of Allied Health* Pradu Dayaram *Medical Director*	*1.35pm – 1.40pm*
9.	**Finance Report**	Justine White *Executive Director, Finance & Corporate Services*	*1.40pm – 1.45pm*
10.	**Resolution to Exclude the Public**	*Board Secretary*	*1.45pm*
INFORMATION ITEMS			
•	2018 Meeting Dates		
ESTIMATED FINISH TIME			**1.45pm**

NEXT MEETING: Friday 28 September 2018

MEMBERS

WEST COAST DISTRICT HEALTH BOARD

BOARD MEMBERS

Jenny Black (Chair)
Chris Mackenzie (Deputy Chair)
Chris Auchinvole
Kevin Brown
Helen Gillespie
Michelle Lomax
Edie Moke
Peter Neame
Nigel Ogilvie
Elinor Stratford
Francois Tumahai

EXECUTIVE SUPPORT

David Meates (*Chief Executive)*
Karyn Bousfield *(Director of Nursing)*
Gary Coghlan (*General Manager, Maori Health)*
Mr Pradu Dayaram *(Medical Director, Facilities Development)*
Michael Frampton *(Chief People Officer))*
Carolyn Gullery *(Executive Director, Planning, Funding & Decision Support)*
Dr Cameron Lacey *(Medical Director, Medical Council, Legislative Compliance and National Representation)*
Dr Vicki Robertson (*Medical Director, Patient Safety and Outcomes)*
Karalyn van Deursen (*Executive Director, Communications)*
Stella Ward *(Chief Digital Officer)*
Philip Wheble (*General Manager, West Coast)*
Justine White (*Executive Director, Finance & Corporate Services)*
Kay Jenkins (*Board Secretary)*

WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER

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

Disclosure of Interests	
Jenny Black **Chair**	• Chair, Nelson Marlborough District Health Board • Life Member of Diabetes NZ • Chair, South Island Alliance Board • Chair, National DHB Chairs
Chris Auchinvole	• Director Auchinvole & Associates Ltd • Trustee, Westland Wilderness Trust • Trustee, Moana Holdings Heritage Trust • Justice of the Peace • Daughter-in-law employed by Otago DHB
Kevin Brown	• Trustee, West Coast Electric Power Trust • Wife works part time at CAMHS • Patron and Member of West Coast Diabetes • Trustee, West Coast Juvenile Diabetes Association • President Greymouth Riverside Lions Club • Justice of the Peace • Hon Vice President West Coast Rugby League
Helen Gillespie	• Employee, DOC – Healthy Nature, Healthy People Project Coordinator • Husband works for New Zealand Police • Member - Accessible West Coast Coalition Group • Member - Kowhai Project Committee
Michelle Lomax	• Daughter is a recipient of WCDHB Scholarship
Chris Mackenzie	• Development West Coast – Chief Executive • Horizontal Infrastructure Governance Group – Chair • Mainline Steam Trust – Trustee • Christchurch Mayors External Advisory Group - Member
Edie Moke	• South Canterbury DHB – Appointed Board Member • Nga Taonga Sound & Vision - Board Member (elected) Nga Taonga is the newly merged organisation that includes the following former organisations: The New Zealand Film Archive; Sounds Archives Nga Taonga Korero; Radio NZ Archive; The TVNZ Archive; Maori Television Service Archival footage; and Iwi Radio Sound Archives.
Peter Neame	• White Wreath Action Against Suicide – Board Member and Research Officer • Author and Publisher of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.
Nigel Ogilvie	• Managing Director, Westland Medical Centre • Shareholder/Director, Thornton Bruce Investments Ltd • Shareholder, Hokitika Seaview Ltd • Shareholder, Tasman View Ltd

Nigel Ogilvie Cont'd	• White Ribbon Ambassador for New Zealand • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Sister is employed by Waikato DHB • Board Member West Coast PHO • Wife is Board Member West Coast PHO
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation • Committee Member, Active West Coast • Chairperson, West Coast Sub-branch - Canterbury Neonatal Trust • Trustee, Canterbury Neonatal Trust • Member, Arthritis New Zealand, Southern Regional Liaison Group • President, New Zealand Federation of Disability Information Centres • Member, West Coast Coalition Group • Chair, Kowhai Project Committee • MS - Parkinsons New Zealand – West Coast Committee Member
Francois Tumahai	• Te Runanga o Ngati Waewae - Chair • Poutini Environmental - Director/Manager • Arahura Holdings Limited - Director • West Coast Regional Council Resource Management Committee - Member • Poutini Waiora Board - Co-Chair • Development West Coast – Trustee • West Coast Development Holdings Limited – Director • Putake West Coast – Director • Waewae Pounamu – General Manager • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member

MINUTES

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

MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 29 June 2018 commencing at 1.00pm

BOARD MEMBERS

Jenny Black (Chair); Chris Mackenzie (Deputy Chair); Chris Auchinvole; Kevin Brown; Michelle Lomax; Edie Moke; Peter Neame; Nigel Ogilvie; Elinor Stratford; and Francois Tumahai.

APOLOGIES

An apology was received and accepted from Helen Gillespie.

EXECUTIVE SUPPORT

David Meates (Chief Executive); Karen Bousfield (Director of Nursing); Michael Frampton (Chief People Officer); Melissa Macfarlane (Team Leader, Planning & Funding); Stella Ward (Chief Digital Officer); Philip Wheble (General Manager, West Coast); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

1. INTEREST REGISTER

Additions/Alterations to the Interest Register
There were no changes 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 THE PREVIOUS MEETINGS

Resolution (9/18)
(Moved Michelle Lomax/seconded Nigel Ogilvie – carried)

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 11 May 2018 be confirmed as a true and correct record."

3. CARRIED FORWARD/ACTION LIST ITEMS

A request was made for West Coast suicide statistics is to be added to the carried forward list.

The carried forward items were noted.

5. DELEGATION FOR APPORVAL OF DRAFT ANNUAL PLAN 2018/19

Melissa Macfarlane, Team Leader, Planning & Performance, presented this paper. The Board noted

that as of yesterday the due date for the submission of the draft Annual Plan has been extended from 16 July 2018 to 27 July 2018.

Resolution (10/18)
(Moved: Elinor Stratford/seconded: Nigel Ogilvie - carried)
That the Board:

i. Delegates to the Chair and Deputy Chair of the Board and the Chief Executive, sign-off of the first draft of the Annual Plan for submission to the Ministry of Health and notes the extension of the time frame to 27 July 2018.

6. POLICY & PROCEDURES REVIEW

Justine White, Executive Director, Finance & Corporate Services, presented this paper which was taken as read.

The Board noted that currently under the document control Policies and Procedures all procedures related to financial activities must be approved by the Board and it is proposed that operational procedures and policies be approved by the Chief Executive rather than requiring Board approval.

Resolution (11/18)
(Moved: Edie Moke/seconded: Chris Auchinvole - carried)
That the West Coast DHB Board:

i. approves the draft Asset Management Policy, the Asset Management Policy, the Fixed Asset Procedure and the Capital Expenditure Procedure; and
ii. approves operational procedures and policies being approved by the Chief Executive or EMT rather than requiring Board approval.

7. CHAIR'S UPDATE

The Chair, Jenny Black, commented that it has been a busy time nationally and that the new Director General has commenced in his role.

A team from the West Coast met yesterday with the Ministry of Health and Treasury in Wellington and an invitation was extended to Dr Ashley Bloomfield, Director General to visit the West Coast.

The Chair's update was noted

8. CHIEF EXECUTIVE'S UPDATE

David Meates, Chief Executive, took his report as read.

Mr Meates commented that the meeting with the Ministry of Health and Treasury was to enable them to get a better understanding of what the DHB is doing. He added that it would be fair to say that they are far better informed and understand more about how the West Coast has changed so much, particularly around Rural Generalism and Telehealth and it was also clear to them that this DHB knows where it is going.

The Chair added that she believes that they also now understand how different the West Coast is and the good solutions being developed here.

The Chief Executive also highlighted the following:

- The industrial action proposed for 6 & 12 July which poses many challenges for the DHB.
- The National Pharmacy Agreement is almost at the point of a national agreement.
- A second "Performance Under Pressure" workshop was held yesterday for the facilities teams and these have been important and performance levels on site have increased markedly.
- Stella Ward has been appointed Chief Digital Officer and a process is underway to recruit a new Director of Allied Health.

Discussion took place regarding resourcing and it was noted that there is a national challenge around a number of disciplines that would not normally have been under pressure.

Discussion also took place regarding South Westland Area Practice and it was noted that this will be moving back into the new facility in the short term but the DHB is working with St John regarding co-location.

The update was noted.

9. CLINICAL LEADERS UPDATE

Stella Ward, Executive Director of Allied Health, presented this report which was taken as read.

She applauded the outstanding news that Brendan Marshall. One of our Rural Hospital Medicine Specialists is the first New Zealand candidate to complete the Advanced Diploma of Obstetrics which is a major step in the move towards rural generalists working alongside specialists to deliver a safe and sustainable service on the West Coast.

The update was noted.

10. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, presented the finance report for the month ending 31 May 2018. The consolidated West Coast District Health Board financial result for the month of May 2018 was a deficit of $600k, which was $304k unfavourable to budget. The year to date position of a net deficit of $2.737m is $1.061m unfavourable to budget.

The Board noted that the result is still largely on track for the forecast submitted. There is still pressure on revenue (ACC); outsourcing and the tension around locums vs full time employees.

Discussion took place regarding the MECA and the implications of this.

The finance report was noted.

11. RESOLUTION TO EXCLUDE THE PUBLIC

Resolution 12/18)

(Moved Edie Moke seconded Nigel Ogilvie – carried)

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, & 7 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 New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 11 May 2018	For the reasons set out in the previous Board agenda.	
2.	Accountability Documents	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
3.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
4.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
5.	People Strategy Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
6.	Insurance Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
7.	Report from Committee Meeting – QFARC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	S9(2)(j) S9(2)(a)

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

There being no further business the public open section of the meeting closed at 2.10pm

The Public Excluded section of the meeting commenced at 2.10pm and concluded at 3.40pm

_____ _____

Jenny Black, Chair Date

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

WEST COAST DISTRICT BOARD – BOARD MEETING
CARRIED FORWARD/ACTION ITEMS AS AT 10 August 2018

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	11 May 2018	Buller Older Persons Health Consultation	Update on recommendations	Verbal Update today
2.	29 June 2018	Mental Health Update	Including Suicide Prevention and Statistics	September 2018

DEFICIT SUPPORT & EQUITY DRAWDOWN

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Finance**

DATE: **10 August 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

West Coast DHB is forecasting a deficit for the year ending 30 June 2018. This report seeks a recommendation from the Quality, Finance, Audit and Risk Committee to the Board to approve an equity draw down of deficit support from the Ministry of Health (MoH) up to the amount of the 2018 deficit.

2. RECOMMENDATION

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

i. approves an equity draw down up to the value of the West Coast DHB deficit at year end for 2018.

3. DISCUSSION

The 2017/18 Annual Plan approved by the West Coast District Health Board and the Ministry of Health is for a $2.041m deficit, largely related to Aged Residential Care and anticipated MECA settlements. At this stage we are forecasting a final year end result of $2.9m deficit, which is a deterioration on budget. A Board resolution is required to support an application to receive equity funding.

Under the OPF, DHBs need to apply for deficit support (refer to Appendix 1 for an applicable extract from the OPF).

This report recommends that West Coast DHB applies to the Ministry of Health for the maximum deficit funding available.

4. APPENDICES

Appendix 1 Operational Policy Framework – Section 12.15 Deficit Support

Approved for release by: Justine White, Executive Director, Finance and Corporate Services

APPENDIX 1: OPERATIONAL POLICY FRAMEWORK – SECTION 12.15 DEFICIT SUPPORT

12.15 Deficit support

12.15.1 There is a DHB deficit support appropriation that requires the joint approval of the Ministers of Health and Finance.

12.15.2 The deficit support appropriation has limited funding. Ministers of Health and Finance agreed in 2015 that deficit support should be by way of equity injections, and should be limited to DHBs which are not able to fund their deficits from within their own balance sheets and would otherwise exhaust their cash resources.

12.15.3 The need and amount of equity should be signalled in a DHB's Annual Plan. The Annual Plan should detail separately equity planned for cash flow support (cash shortfalls on operations), capital spending up to the value of depreciation detailed in the Annual Plan and any capital spending that is greater than the value of depreciation. The combination of proper planning and good financial management should mean that requests for equity or debt not signalled in plans will be rare.

12.15.4 DHBs are requested to provide early advice of any changes in the deficit support requirements signalled in their Annual Plans so that the likely requests on the limited funding are known in advance.

12.15.5 Signalling the need for equity in the Annual Plan does not imply that an equity request will be approved. Applications for deficit support will be subject to a rigorous approval process.

12.15.6 DHBs should not expect approval of equity if any capital charge payments are overdue.

12.15.7 When requesting deficit support, DHBs must provide the Ministry with sufficient information to enable a clear identification of:

a. the DHB's projected financial position and cash flow showing when the DHB will exhaust its available cash resources. It must also clarify the extent to which it will utilise the available collective overdraft facility

b. whether there are alternatives to the provision of an equity injection.

12.15.8 The formal request for equity support should take the form of a letter from the DHB Chair that is:

a. addressed to the Ministry of Health (Attn: Director, DHB Performance)

b. supported by a Board resolution.

Requests should be provided to the NHB in electronic format, and hard copies provided of the letter from the Chair and the Board resolution.

12.15.9 The approval process can take up to two months from the time a formal request is received, as a DHB's cash position must be assessed to ensure it meets the tight criteria for an equity injection. It may take longer if additional information is required, inadequate information is provided or it is a complex request.

12.15.10 Once approval is given, distribution of the funds will be arranged between the NHB, the Ministry and the DHB. In general it takes 10 working days for deficit support to become available for distribution.

12.15.11 Where deficit support is released in instalments, DHBs must for each instalment provide a request that is supported by details of cash flows, both actual and forecast. Actual data should be provided for the 12 weeks prior to the date of deficit support request and weekly cash flow forecasts are required for either the period covered by the request or six months, whichever is longer.

12.15.12 This appropriation must only be used to fund cash requirements caused by operating deficits; capital expenditure must be limited to the level of depreciation planned in the most recently agreed Annual Plan. Long-term debt may not be used to fund either of these cash requirements, even if debt facilities are available. The 'DHB deficit support' appropriation must not be used to fund capital projects.

AUDIT NEW ZEALAND – FRAUD RISK ASSESSMENT

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Finance**

DATE: **10 August 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

The purpose of this report is to table a Client Fraud Questionnaire completed by management for Audit New Zealand.

2. RECOMMENDATION

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

i. notes the Client Fraud Questionnaire completed by management at the request of Audit New Zealand; and
ii. approves submission of the Client Fraud Questionnaire to Audit New Zealand.

3. SUMMARY

Audit New Zealand have requested that West Coast DHB complete the Client Fraud Questionnaire attached at Appendix 1. This has been completed by management and is now provided for approval.

4. APPENDICES

Appendix 1 Client Fraud Questionnaire
Appendix 2 Fraud Policy

Report approved for release by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1 Client Fraud Questionnaire

Client name : West Coast District Health Board
For the year ended : 30 June 2018

Questions	Response
1. How are fraud risks identified? What fraud risks have been identified? Have any disclosures been identified where there is a potential risk of fraud?	Risks are reported by the operational divisions and validated by the Operational Leadership Team before reporting via Executive Director, Finance & Corporate and tabled at QFARC and the Board. These are used as indicators of potential fraud risk areas. The risk registers are one of the sources used for setting the audits in the internal audit work program. Additionally, we have a Fraud Control Policy (Appendix 2) that requires all suspected fraud to be reported to management. The Fraud Policy refers to the Risk and Quality Manager and the Internal Auditor, this responsibility is now with the Canterbury DHB Manager Risk and Assurance, who now has responsibility for both Canterbury and West Coast DHBs. Further, finance staff (amongst other staff) are trained to be aware of potential areas of concern.
2. Has a formal fraud risk assessment been completed? If so, what procedures were performed and what were the results of this process? How often is this undertaken? Who is involved in this process?	As noted above, a risk register is maintained and regularly reported on.
Areas susceptible to a risk of material misstatement due to fraud	
3. What is management's assessment of the risk that the financial statements could include a material misstatement due to fraud? Where could this occur?	The assessment of a material misstatement to the financial statements due to fraud is low.
Communication about fraud	
4. How are fraud risks and the responses communicated to those charged with governance? Are those charged with governance involved in the risk assessment process?	The risk register/risk management report is regularly updated and tabled at QFARC. Manager, R&A collates the risk updates for Executive Director, Finance & Corporate Services who then provides the overall current risk context. The Fraud Control Policy is approved by the West Coast DHB Board (last reviewed October 2017).

5. How are expectations of appropriate business practice and ethical behaviour communicated to employees? What is done if employees are not behaving appropriately?	New staff go through an induction program. The Code of Conduct For Staff procedure and MoH Conflict of Interest Guidelines are published on the WCDHB intranet Policies and Procedures page.
Role in relation to fraud	
6. What role do those charged with governance (the Board) have in monitoring management's exercise of its fraud prevention responsibilities?	QFARC agree and review the internal audit program. The Manager, Risk & Assurance attends and provides regular updates to QFARC, as well as tabling final reports on areas of work. Internal audit focuses on the areas assessed as susceptible to the risk of fraud and the internal audit plan reflects this focus.
7. How does management communicate identified fraud risks? How do they provide assurance that anti-fraud controls are in place and operating?	Risks are communicated through EMT meetings, and regular general email communications (for example, when there is an increase in cyber attacks). Assurance is gained by utilising the internal audit function (the internal audit program is adjusted depending upon the most pressing needs), as well as gaining assurance through the external audit. The new Internal Audit Plan focusses on reviewing key controls, especially anti-fraud controls with an increasing emphasis on the use of data analytics to provide added assurance. Risk and Assurance is not aware of any fraud detection work undertaken by the previous internal auditors, Deloitte.
8. If a fraud risk assessment has been completed, what input did those charged with governance have? Do you consider that the fraud risk assessment was a robust process?	This Audit NZ fraud risk assessment is prepared by Finance, but circulated to the Manager, Risk & Assurance for comment, as well as submitting to QFARC and the Board for review and approval.
9. How are those charged with governance informed of actual, suspected or alleged frauds?	The Fraud Control Policy sets out the positions that are to be notified of suspected fraud.
Actual, suspected, or alleged frauds	
10. Have any frauds been identified or are there any suspected or alleged frauds?	None aware of.

11. What has been the result of any fraud investigations? How did the fraud occur? How was it identified? What happened to fraudster, how much was involved and were any monies or assets recovered? Please provide copies of any investigation reports for these.	None aware of.

Completed by Senior Management

Position: Executive Director, Finance & Corporate Services

Signature:

Those charged with governance: do you agree with management's responses?

Yes / No

If no, can you please provide more detail here:

Position:

Signature:

Internal auditor (if applicable): do you agree with management and those charged with governance's responses?

Yes / No

If no, can you please provide more detail here:

Position: Sai Choong Loo, Manager, Risk & Assurance

Signature:

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

Fraud Control Policy

1. Policy Statement

The West Coast District Health Board (WCDHB) will ensure that it has effective processes for the prevention, detection and management of fraud and for fair dealing in matters pertaining to fraud, including allegations of fraud.

2. Purpose

2.1 To ensure that management is aware of its responsibilities for identifying exposures to fraudulent activities and for establishing controls and procedures for preventing such fraudulent activity and/or detecting such fraudulent activity when it occurs.

2.2 To provide guidance to employees as to action which should be taken where they suspect any fraudulent activity.

2.3 To provide a clear statement to staff forbidding any illegal activity, including fraud for the benefit of the WCDHB.

2.4 To provide clear guidance as to responsibilities for conducting investigations into fraudulent activities.

2.5 To provide assurances that any and all suspected fraudulent activity will be fully investigated.

2.6 To provide adequate protection and guidance as to appropriate action to employees in circumstances where they are/could be victimised as a consequence of reporting, investigating or being a witness to, fraudulent activities.

2.7 To provide a suitable environment for employees to report matters that they suspect may concern corrupt conduct, criminal conduct, criminal involvement or serious improper conduct.

2.8 To encourage the prosecution of individuals involved in corrupt conduct, criminal conduct, criminal involvement or other illegal activities.

3. Application

This Policy applies to all WCDHB Board Members and Staff Members.

4. Responsibilities

For the purpose of this Policy, the

The *West Coast District Health Board* shall:

- ensure that WCDHB has a clear and effective system for the prevention,
- detection and management of fraud.

The *Chief Executive* (CE) shall:

- accept ultimate responsibility for the prevention and detection of fraud and will be responsible for ensuring that appropriate and effective internal control systems are in place.

All *WCDHB Executive and Operational Managers* shall:

- take responsibility for the prevention and detection of fraud and for the carriage of this Policy.

5. Definitions

For the purpose of this Policy:

Fraud means an intentional dishonest act or omission done with the purpose of deceiving. It includes any deliberate omissions or material misstatements arising from or relating to the misappropriation of assets or any deliberate omissions or misstatements arising from or relating to fraudulent financial reporting;

Theft means to dishonestly, and without claim or right, take or deal with any property with intent to deprive any owner permanently of the property or interest in it; and

Corruption is the abuse of entrusted power for private gain (such as soliciting or receiving gifts or other gratuities to perform an official duty or omit to perform an official duty).

6. Policy Principles

6.1 All Executive Managers must take responsibility for the prevention and detection of fraud and for the carriage of this Policy. Similarly, Operational Managers and all staff must share in that responsibility.

6.2 It is the responsibility of all Executive Managers to ensure that there are mechanisms in place within their area of control to:

i. assess the risk of fraud;
ii. promote employee awareness of ethical principles subscribed to by the WCDHB;
iii. educate employees about fraud prevention and detection; and
iv. facilitate the reporting, investigation, documentation and eventual prosecution of suspected fraudulent activities.

6.3 Executive Managers will be supported by relevant services offered by the Finance Department and Risk and Quality Manager. Although activities may be undertaken by others within their area of control, it is each Executive Manager's responsibility to actively support and encourage those activities and to be sure that they extend to his or her area of organisational responsibility. For this purpose they should incorporate into their annual planning processes, fraud management strategies covering risk assessment, awareness programs and training.

6.4 All WCDHB employees have the responsibility to report suspected fraud. Any WCDHB employee who suspects fraudulent activity must immediately notify their Manager or those responsible for investigations. In situations where the Manager is suspected of involvement in the fraudulent activity, the matter should be notified to the next highest level of supervision/management or to the persons nominated in the WCDHB's Protected Disclosure Policy.

6.5 Operational Managers are required to ensure that they:

i. Display a positive, appropriate attitude towards compliance with laws, rules and regulations;
ii. Are reasonably aware of indicators/symptoms of fraudulent or other wrongful acts (e.g. by participation in relevant staff training programs and/or consideration of relevant literature) and respond to those indicators as appropriate;
iii. Establish and maintain proper internal controls to provide for the security and accountability of WCDHB resources and prevent/reduce the opportunity for fraud, such as:
    - segregation of duties,
    - suitable recruitment procedures,
    - internal checking,
    - security (including physical and computer security),
    - documentation of procedures,
    - approvals with delegated authority,
    - budget control,
    - regular review of management reports,
    - reconciliations,
    - consideration of risk, and
    - quality assurance;

iv. Are aware of the risks and exposures inherent in their area of responsibility;
v. Respond to all allegations or indications of fraudulent or wrongful acts in a responsible manner; and
vi. Encourage the reporting of, investigation of, documentation of and eventual prosecution of any occurrences of suspected of fraud within the WCDHB.

6.6 The WCDHB Internal Auditor is responsible for:

i. assisting Executive Management and Operational Managers in strengthening internal controls;
ii. serving as the official contact for reporting fraudulent activity;
iii. the conducting of necessary initial reviews; and
iv. communicating incidents, findings and recommendations for action to the Quality, Finance, Audit and Risk Committee and relevant Executive Managers and Operational Managers;

6.7 The provisions of this Policy do not deny an individual from taking action under the terms of the industrial provisions prevailing at the time.

6.8 This Policy provides for strategies aimed at preventing, detecting and dealing fairly with matters pertaining to fraud which integrate the activity of management and staff at all levels across the diversity of operations and activities of the WCDHB.

6.9 Executive Managers and Operational Managers must create an environment and culture in which employees believe that dishonest acts will not be tolerated, and will be fully investigated where they are suspected. To this end, they must:

i. participate in in-house training programs covering fraud, fraud detection and fraud prevention, which are to be developed and run by the Finance Department/Internal Auditor;
ii. ensure that employees understand that the internal controls are designed and intended to prevent and detect fraud;
iii. encourage employees to report suspected fraud directly to those responsible for investigation without fear of disclosure or retribution; and
iv. as far as is practicable**,** require vendors and contractors to agree in writing as a part of the contract process, to abide by the relevant WCDHB Policies and Procedures, and thereby avoid any conflict of interest.

6.10 All complaints of suspected fraudulent behaviour will be thoroughly and carefully investigated, whilst also providing for the protection of those individuals making the complaint and natural justice to those individuals being the subject of such complaint.

6.11 The WCDHB will make every effort to collect appropriate and sufficient evidence to support prosecution.

6.12 Members of the investigation team will have the authority to examine, copy and/or remove all or any portion of the contents of files, desks, cabinets, computers and other storage facilities on WCDHB controlled premises without prior knowledge or

consent of any individual who may use or have custody of any such WCDHB items or facilities when it is within the scope of their investigation.

6.13 The WCDHB, where possible and practicable, will pursue the collection of any funds lost through fraud.

6.14 The WCDHB Recruitment Policy and practice underpins fraud prevention. All staff and Operational Managers in particular, must support People and Capability recruitment strategies aimed at fraud prevention, which include:

i. applicants to provide a Police Clearance, where required in relation to the inherent requirements of the position and as guided by People and Capability;
ii. contacting previous employers and referees; and
iii. verifying transcripts, qualifications, publications and other certification or documentation.

6.15 Fraud prevention and detection issues will be included in other relevant staff development and induction activities.

6.16 No employment reference is to be provided for any employee who resigns or is dismissed for proven or admitted fraudulent activity.

6.17 There is also an option for members of the public or employees to report fraud or any other activities they are concerned about in the health system anonymously through the Health Integrity Line free phone number 0800 424 888.

7. Legislative Requirements

New Zealand Public Health and Disability Act (2000)

Public Finance Act (1989)

Protected Disclosure Act (2000)

8. Related Procedures

WCDHB Delegation of Authority Policy.

WCDHB Recruitment Procedure.

WCDHB Internal Audit Procedure.

WCDHB Code of Conduct

WCDHB Staff Discipline, Suspension and Dismissal Procedure

WCDHB Conflict of Interest Policy

9. Reference Documents

No reference documents are associated with this Procedure.

Revision History	**Version:**	8
	Developed By:	Chief Financial Manager
	Authorised By:	Board
	Date Authorised:	November 2017
	Date Last Reviewed:	October 2017
	Date of Next Review:	October 2020

CHIEF EXECUTIVE'S UPDATE

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Chief Executive**

DATE: **10 August 2018**

Report Status – For:	Decision ☐	Noting ☑	Information

1. ORIGIN OF THE REPORT

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the Chief Executive to the Board of the West Coast DHB.

Its format has been reorganised around the key organisational priorities that drive the Board and Executive Management Team's work programmes. Its content has been refocused on reporting recent performance, together with current and upcoming activity.

2. RECOMMENDATION

That the Board:

i. notes the Chief Executive's update.

Health care / Māori Health	**DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY**

A: West Coast Health Alliance

Alliance Leadership Team (ALT) Activity

At the last meeting in June the ALT:

- Commended Margot van Mulligan on her excellent presentation on Australasian Rehabilitation Outcomes Centre data and the issues identified, concerns raised, and recommendations submitted.
- Noted continued concerns in regards to workforce. The ALT plans to discuss this in depth at the August meeting.
- Congratulated those involved in the development of the System Level Measures Plan 18/19 and noted its completion and on time submission.
- Thanked Fran Cook for the excellent work she has done to date.
- Wished to highlight the risk identified with regards to project capacity to lead the Community Health Project meaning that it is now at risk.
- Thanked Stella Ward for her outstanding service in chairing the Alliance Leadership Team and wish her all the best in her new role.
- Noted that there will be recruitment of an independent chair for ALT.

B: Build Primary and Community Capacity and Capability

Primary

- **Integrated Health Services - Northern Region**
  - The new Administration Manager is now in place along with the new Manager Northern Region who starts 13 August. Along with the nursing leadership that has been in place for some months now this will provide strong leadership for our teams and support the great work they are undertaking in transforming our services.
  - We continue to struggle to recruit both permanent and longer term locums into the Buller Medical team that has meant waiting times for planned appointments is extending out significantly. The team continues to work hard to find additional GP's along with other options such as Nurse Practitioners.
- **South Westland Area Practice**
  - A project manager from CDHB has been to Haast for a site visit to view options for a new facility. Options are currently being reviewed, before being presented to EMT and the Haast community.
  - We have gone back to recruitment for two RNSs for South Westland (Haast and rover), as unsuccessful with first advertisement.
- **Greymouth Medical Centre**
  - Staff have vaccinated the rest home residents and Kahurangi patients plus staff for flu along with those patients who are eligible for Zostavac.
  - Annual Cornerstone accreditation has been submitted for Greymouth Medical Centre – we are awaiting feedback. Moana Clinic has been notified of completion and is awaiting the final report.
  - There is a shortfall in GP numbers over July and August which will impact on planned and unplanned care. This along with increasing patient numbers and complexity of those patients means continues to push us to look at new ways to provide the best services for our communities.
  - One area of focus continues to be the reducing of inequities in health outcomes for our Maori population. The team is working closely with Poutini Waiora and is undertaking cultural training as part of this commitment to reduce barriers.

Community

- **Public Health/B4School/Vision Hearing**
  - *Public Health Nursing* - This service continues to grow in the northern area with some really good initiatives being implemented in the high school. A weekly drop-in clinic is starting this week and approximately 505 HEADDSSS assessments have been completed for the year. Planning is underway to promote oral health in the schools this coming term. The newly appointed Public Health Nurse in Buller has completed the Youth Justice online learning and this is an asset to the team. There is not a huge demand for this service but it brings good revenue to the DHB. The Neonatal Outreach PHN has recently attended upskilling at the Neonatal Unit and Outreach Services with CDHB.
  - *B4School Service* – Great to meet target for this service. Compliments to the whole team but especially to the newly appointed coordinator who has worked consistently to understand the service to meet the MOH target for the end of financial year 2017/18. Planning is well underway with some improvements for service delivery going forward.

- **District Nursing**
  - Trendcare rostering is being used in some teams and progressing to get these across all District Nursing teams.
  - District Nursing clinic bookings in Greymouth are booked out Monday-Friday each week with full attendances for those patients who prefer, and are able, to come to the clinic.
  - ACC continues to maintain efficiencies gaining revenue from the DN community nursing contract. Community nursing has seen a steady increase in revenue over the last few years. This is due to a few things:
    - Our Treatment Injury Claims Management process (2015) – lodging claims for patients with post-operative wound infections
    - A continued focus on our ACC contract and ensuring we are adhering to our contractual requirements and managing our patient tracking and paperwork
    - A process for billing consumables
    - A process for billing subsequent injuries
    - Ongoing education and data support for the nursing teams.
- **Clinical Nurse Specialists**
  - Palliative Care Nurse Specialists have completed a second successful study day for the DHB, NGOs, Poutini Waiora and ARC facilities staff. They worked with Allied Health staff and utilised the PHO facility.
  - Our combined Rheumatology/Infusion service is getting very busy as infusions that would normally occur in Morice are done as an outpatient. Some of the medications are very expensive and these were previously done at CDHB so whilst the Pharmacy expense may be up, the patient does not need to leave the West Coast and we save on IDFs.
- **Dental Service** – the service has fallen below target for the under fives so this will be a major focus this school term.
- **Immunisation** – HPV School Based Programme Dose 1 completed. There were major issues sorting out the consent forms; parents were confused by the format (written in professional terms not layman).
- **Home Based Support Services**
  - HBSS has employed a new nurse for the Buller combined HBSS/DN position. This is a welcome addition to the Buller team. HBSS has also successfully recruited to the FIRST process in Buller. All staff positions are now filled and training can begin. Clients will be bought into the service shortly after.
  - Processes to future-proof HBSS and ensure timeliness of the service are ongoing.

C: Implement the Maori Health Plan

- **Takarangi Cultural Competency:** Anecdotal evidence suggests that the Takarangi Cultural Competency framework is impacting on everyday practice for those who have participated in the Wananga and it is also influencing their peers. We are continuing to work closely with participants by providing structured support in a group environment. This allows those working on portfolios to share experiences and draw on each others knowledge to progress the development of portfolios. We still have a cohort of participants who have yet to start and there continues to be ongoing challenges in engaging this group to support the development of their portfolios. As a DHB we require local level leadership and management to encourage the completion of portfolios; it will be through the development and sharing of

these portfolios that we will begin to see reflective practice that will embed the understanding and learning. That said the Maori health team are positive about the framework roll out to date and are strongly committed to continuing to build workforce critical mass using the Takarangi Cultural Competency Framework. We will consolidate the learning of the first two cohorts before moving on to another Wananga in 2019. On 23 July the GM Māori Health and the Associate Director of Allied Health presented to the Canterbury Clinical Network on the rollout of the Takarangi Cultural Competency Framework on the West Coast. There were in excess 150 people in attendance at the Hagley Netball Centre. There were also other presenters speaking about cultural competency. The feedback received was very heartening.

- **Maori Mental Health:** We have held two hui to look at the model for the delivery of Maori Mental Health Services on the West Coast and how we might improve access for Maori and delivery of this service. Over 40 people have attended to date and provided input into how the model may be improved for Maori engaging in DHB mental health services. A further hui will be held in the Buller and a separate opportunity for Maori whanau in July. It is intended that recommendations and next steps will be fed back in August.
- **Maori Health Workforce:** Cultural trainings have been held in the last month with a Treaty of Waitangi course being delivered in Buller to DHB staff and an education session with Grey Medical Practice to look at Maori Models of delivery with a specific focus on;
    - West Coast Maori population
    - Te Whare Tapa Wha
- **Improving the Maori Cancer Pathway:** Progress is being made on a series of hui 'Cancer Korero'. This is a chance for the public to learn more about the risk factors, treatments and prevention of Cancer. The planning for these hui is being undertaken collectively with Community Public Health, West Coast PHO, Poutini Waiora and the DHB. A 'Cancer Korero' Booklet will be launched at the hui. The booklet is written with Maori people in mind and includes sections on:
    - cancer definitions and terminology
    - how to reduce your risk of cancer
    - bowel screening
    - community supports

  Additionally we are planning a series of education sessions to deliver to Primary practice that will build cultural awareness and competency with GPs and Nurses. This will be delivered by Dr Melissa Cragg.
- **Health Equity Assessment Tool:** Preparation to undertake stage 2 of a HEAT tool session with the People and Capability Recruitment team is proceeding on 2 August. With contextual information given to the team identifying inequalities across Maori workforce recruitment and retention the scene has been set for the equity tool to be applied to recruitment processes. The desired outcome will be the development of a plan that will aim to increase the number of Maori workforce in the West Coast and Canterbury DHBs.

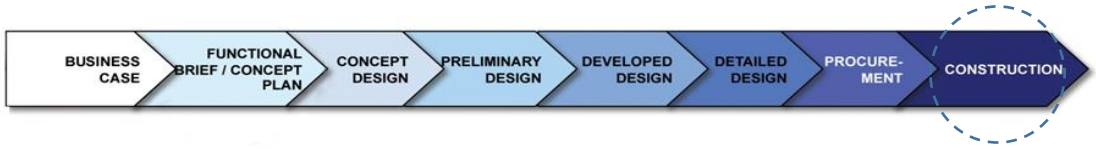
	DELIVERING MODERN FIT FOR PURPOSE FACILITIES

A: Facilities Maintenance Report

- The repairs to the weakened wall/fence around the Kahurangi building are progressing well with all materials now on site.
- The contract for the Grey Hospital Pedestrian Bridge has been awarded to GT Liddell Contracting Ltd and the first site meeting has taken place.

- Brent Woolhouse has been appointed as WCDHB Maintenance Manager.
- Grey Hospital Building Warrant of Fitness has been successfully renewed and all WCDHB buildings have a current certificate on display.
- The Police were unsuccessful in apprehending anyone for the break in and theft of copper pipe from the tunnel at Buller Hospital but we have subsequently improved the security and there have been no further incidents.
- A CDHB Project Manager has prepared a scope of work to help determine the feasibility of the Haast clinic being co-located with St John in their new building.

B: Partnership Group Update



Grey

- As with the previous month's report the DHB notes a considerable increase of activity on site and good progress being made on site in many areas with the façade installation now advancing as well as internal partitioning and services installation.
- Nu wall installation continues to be installed along the north wing ground floor and tile installation and flashing installation is progressing toward completion on the west side of the north wing.
- Wall linings to the theatre area on the lower ground floor north wing continue to be installed and the IFHC, maternity, allied health and general ward are being painted.
- Other areas of progress include the advancement of cabling installation, completion of radiology secondary steel work installation, flooring preparation and vinyl installation for wet areas in the ground level north wing.
- DHB procurement of furniture, fixtures and equipment is very well advanced and remains on track. WCDHB have submitted to the project an FFE delivery date schedule for high risk items and a contact list for third party suppliers and installers. This schedule signals that the majority of items have arrived and are in storage waiting installation.
- With increasing personnel on site daily, traffic can be busy, so please take care driving in the area. Staff and visitors are also reminded to please follow all traffic management and parking closures on the hospital campus, which will be well sign posted.
- A recent video tour of the facility has been uploaded onto the West Coast DHB website and facebook page. This video clearly shows construction progress to date.

Buller

- Public feedback regarding the *Concept Design* continues to be received and collated. The email address to send comments to is newfacilities@wcdhb.health.nz.
- Please also check the West Coast facebook page and the West Coast DHB website for regular updates on this project.

	RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- Recruitment in ED has been extremely positive in the last month with the appointments of

three senior Registered Nurses. The CNM acute zone is still a work in progress. The Care Capacity Demand Management (CCDM) plan is now complete and signed off by NZNO. We continue to work towards the full roll-out of CCDM when we move into the new facility. All positions have been filled in the wards and departments, although we are still waiting for some staff to arrive.

- The nurses' strike on 12 July ran smoothly over the 24 hours due to the high level planning and excellent communication and organisation on the day. Volunteers did an amazing job and we thank them for their time. Staff on picket lines behaved well and culture returned to normal the next day which shows how positive the culture is within the DHB.
- Training has begun for nurse leaders within the DHB and is being gratefully received.
- We continue to excel in our targets for ED. While there is some work to do around smoking cessation, CNMs are working hard on this for the next month.

Medical

- Recruitment remains a focus for both General Surgery and General Medicine – we have stable locum cover and are working with some potential candidates. We have had some interest in our RHM positions and are moving to confirm some strong candidates for interviews in the coming weeks.
- The RMO recruitment is looking positive for 2019 and we are now seeing the results of our investment with a number of new Rural Hospital Medicine Specialists joining the team next year.

Allied Health

- Work is well underway to action the Audiology review recommendations. Working groups are considering ways to meet the testing and therapy standards as close to our communities as possible.
- Physiotherapy Services continue to be at high risk, due to ongoing challenges to recruit qualified Physiotherapists.
- Recruitment is also ongoing for Radiology, Psychology and Occupational Therapy across Hospital Services, Mental Health and Primary & Community teams.
- Consultation has concluded around Radiology provision at the Buller campus and the decision document is being presented to staff currently. The mixed model of service delivery that has been adopted will support a well qualified, sustainable service for the Buller community aligned to the DHB Model of Care.
- Front-line staff recruitment challenges continue to impact on the ability of Allied Health managers and leaders to focus on the non-clinical tasks of their roles such as budgets, change processes and workforce development.
- As reported last month, delays in the new build process are creating risk within our radiology service, as a number of imaging technologies reach their end of life. This means that the technology may become less reliable, equipment may no longer be able to be repaired, parts may no longer be available, and the levels of radiation emitted may become too high for staff or patient safety. These factors are being monitored regularly and this risk has been elevated on the risk register.
- Service details are being articulated with our CDHB Allied Health colleagues as we continue in our work to develop a RUFUS (rurally focused urban specialist) model of service delivery for all of our Child Development Services. This means that experienced clinicians, both from CDHB and from WCDHB, can support their transalpine colleagues to deliver the specialist care required for this high needs client group.
- The WCDHB and CDHB Clinical Leads from each of the therapy professions (Physiotherapy, Occupational Therapy, Social Work, Speech Language Therapy and

Dietetics) have been tasked with drafting up a proposed model for each profession to support new graduates to rotate throughout the various practice settings in both DHBs. This will allow us to better introduce new graduates to the full range of practice areas, and potentially increase our recruitment and retention as staff have more opportunities to learn and grow.

- This month the WCDHB ends their role as Enable contractor for the maintenance of Enable provided equipment to support daily living. Following Enable's tender process, the DHB have been able to support the transition to Y Mobility in Greymouth who will be taking on the contract. This type of contract is not usually held by a DHB and it now creates opportunities for our administration and Kaiawhina staff who undertook components of the contract to focus on our core business, freeing up clinicians from administration and clinical support/delegation tasks.

Mental Health

- ***Operational Excellence***
  - The new Psychologist for the CAMHS service continues her orientation to the team, service and country as well as starting to work actively with the clients of the service. She will shortly spend a week over with the psychology team in CDHB as part of her orientation and to strengthen the alliance between DHBs.
  - CDHB are supporting our CAMHS service through advertisement to their workforce for secondment opportunities to assist us here on the coast whilst we continue to seek to recruit staff to fill vacant positions.
  - The new Psychiatrist for the CAMHS service Dr Philippa Loan has commenced working this week and is presently undertaking orientation to the service and wider DHB. She brings a wealth of experience and knowledge to the team and will contribute greatly in moving the service forward. Recruitment of an additional Psychologist part time is still ongoing at the time of this report.
  - Buller community mental health team have as yet not been successful in recruiting to their ongoing vacancy. We continue to cover this through secondment of staff and the use of casual FTE. Mental health are working closely with People and Capability to maximise the appeal of any advertising for the role.
  - Data reporting, quality and accuracy continues to strengthen.
  - Bill Phillips has completed the training and is now an Authorised Officer for SACAT Addiction Act for Rata AOD Service.
  - The Maori Mental Health Review process is ongoing at this time.
  - The Nurse Practitioner role is being progressed with the planned areas of focus being finalised.
  - Following the resignation of the Clinical Nurse Manager for IPU recruitment processes have taken place and the role has been filled on a permanent basis. The new CNM has already been acting in the role and made many positive changes during that time and will continue to do so in the future.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES

A: Improve Transport Options for Patient Transfers

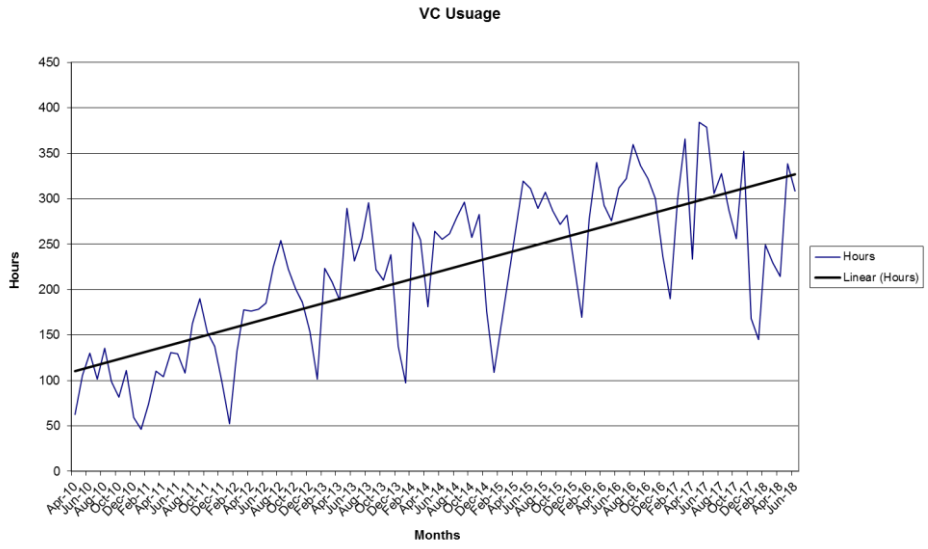
- The following transport initiatives are embedded:

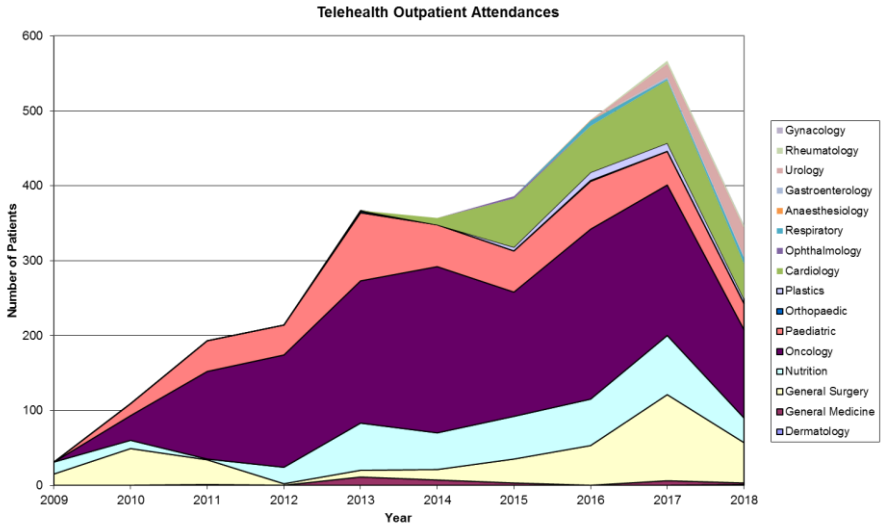
- Non-acute patient transport to Christchurch through ambulance transfer.
- St John community health shuttle to assist people who are struggling to get to health appointments in Greymouth.
- Extension of the Buller Red Cross contract, to provide a community health shuttle transport service between Westport and Grey Base Hospital, through to August 2020.

- The Ministry of Health's review of the National Travel Assistance (NTA) policy is continuing alongside the Ministry's work-through of its priorities and resourcing for the new financial year - 2018/19. Following a report on progress with the NTA Review to the Project Sponsor (Jill Lane, the Director of Service Commissioning), it has been decided that whilst the Review will continue, it will be at a slightly slower pace. The Ministry are now looking to provide a recommendations report to the Minister of Health in September 2018. This is to allow additional time to complete thorough detailed data modelling work fundamental to determine the volume of possible un-met needs around the country and costs associated with any improvements to NTA. In signalling the delay, the Ministry have noted the importance of doing this modelling properly and establishing a clear understanding of the numbers involved for the final options and recommended proposal.
- Final decisions about adoption and implementation of any proposed changes put forward will be made by the Minister of Health.

B: Champion the Expanded use of Telemedicine Technology

- WCDHB has expanded its video conferencing capacity considerably within the last several years; see below graph for monthly usage details.





INTEGRATING THE WEST COAST HEALTH SYSTEM

A: Older Persons Health Services

- Aged Residential Care (ARC) facility, Dixon House has been certified to provide Hospital Level of Care. This additional certification increases hospital level of care bed numbers across the West Coast and gives West Coast residents more options. The West Coast continues to have less capacity with regards to dementia level rest home beds and options are being explored with local ARC providers to improve access to dementia care for the West Coast community.
- The West Coast DHB was invited to be part of the Ministry of Health ARC funding model review; this took place in Christchurch on 17 July. The forum discussed how the existing funding model works and how a funding model can help shape where we want to be in the future.

BUILDING CAPACITY TO TRANSFORM THE SYSTEM

A: Live Within our Financial Means

- The consolidated West Coast District Health Board financial result for the month of June 2018 was a deficit of $212k, which was $154k favourable to budget. The year to date position of a net deficit of $2.949m is $908k unfavourable to budget.

	Monthly Reporting			Year to Date		
	Actual $'000	Budget $'000	Variance $'000	Actual $'000	Budget $'000	Variance $'000
Governance Arm	0	0	0	432	1	431
Funder Arm	77	419	(342)	3,510	4,899	(1,389)
Provider Arm	(289)	(785)	496	(6,891)	(6,941)	50
Consolidated Result	(212)	(366)	154	(2,949)	(2,041)	(908)

B: Effective Clinical Information Systems

- **eReferrals:** Stage 3 – electronic triage: eReferrals Stage 3, eTriage has gone live for nine

services including Plastics, Gynaecology, General Surgery, General Medicine, Diabetes, Nutrition, Podiatry, Cardiology and Neurology. Dermatology is the next service which is being planned to bring on board late August/September.

- **New Facility Work:** A procurement process involving a Request for Proposal (RFP) for a telephony system for the new facility has been completed. The new system has been implemented in Reefton, Hokitika, Greymouth and Buller campuses. The contract for a move to telephony over internet (SIP) has been approved and implementation is underway. Planning is underway for a move to SIP for Grey Base hospital on 9 August, with Buller the following week. Fibre optic and copper services are being laid into the new facility currently. Design for the new Audio Visual solution for 7 meeting rooms in the new facility has been completed with a business case to be prepared in the next month.
- **Telehealth RFQ:** A Telehealth Request for Quotation (RFQ) was submitted in July, closing in August. The capabilities this will introduce to WCDHB will allow increased mobility and expansion at a more sustainable price point. A business case and feasibility paper has been completed and approved. Implementation is underway with software being installed and hardware being configured. Progress is continuing and timeframes are still challenging, but extensions to end of life deadlines have been achieved.
- **IT Infrastructure update:** WCDHB has undergone a request for proposal (RFP) for its Wide Area Network (WAN). This is a joint RFP with CDHB to leverage greater buying power. The result once implemented will provide a large financial saving to WCDHB, with increases in bandwidth and improved resiliency across most sites. 17 sites have now been moved across to 2 Degrees with 6 sites remaining. All remaining sites are due to be completed within the next month.
- **ISG Disaster Recovery Plan (DRP):** The ISG Disaster Recovery strategy was completed in late 2017. The next phase of development is the creation of a DRP, now that the DR strategy has defined the scope of the DRP. CDHB is currently reviewing their DRP which WCDHB keep aligned with.
- **Patient Trak:** The electronic nursing observation tool, Patient Trak, widely deployed within the CDHB, is now also being deployed into WCDHB. Lessons learned from the CDHB implementation have been applied to the West Coast implementation. This has resulted in a change in scope with a final list of equipment recently approved by project sponsor. Ordering of equipment is currently underway.
- **eSign off for Radiology:** The project for enabling electronic sign off of results for radiology has kicked off. Weekly project reporting is established with background information gathering still underway. Statements of work have been received from supplier and are being reviewed before being signed off.

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

Media interest

- **Vascular services on the Coast – the first clinic on the coast for many years was held recently:** West Coast DHB recently offered a vascular clinic to local patients, the first such clinic in several years and the result of many strands of our health system working together to ensure we deliver the right care to our community. The clinic involved senior doctors carrying out First Specialist Assessments (FSAs), and the Vascular Clinical Nurse Specialist (CNS) supporting the local nursing team to better manage chronic vascular conditions in the community. We are also ensuring our diagnostics are aligned and of appropriate quality (to

ensure good quality referrals), and building relationships so telehealth can be more effective. The clinic is part of a wider piece of work looking at vascular services across the South Island – ensuring consistency of treatment and equity of access to higher level treatments. The visiting vascular team was happy with how the clinic was conducted, and our local team enjoyed working with them. We aim to provide another vascular clinic to West Coast residents in the coming months.

- **There was interest in the number of rest home beds available on the Coast**: Currently on the West Coast there are three ARC facilities which have spare capacity. This capacity is in the Greymouth and Westport areas. Only one facility has a waiting list of three people and one client has recently transferred to an ARC facility in Canterbury to be near family, while awaiting an ARC facility of their choice. The three people who are awaiting ARC placement of their choice are residing in other ARC facilities on the West Coast and as stated one in Canterbury. We are lacking a dementia rest home level of care in Greymouth. Heritage Lifecare is aware of this need, but have not yet formally indicated to the DHB that they intend to open this service.
- **NZNO strike:** Communications were involved with the contingency planning for the strike and providing internal and external communications.

Publications

- The next issue of the CEO Update is being finalised and will be issued shortly.

Healthy Environment & Lifestyles	**PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES**

Key Achievements/Issues of Note

- **Nutrition:** Barrytown School has taken part in a "water and milk only" schools pilot project delivered weekly over Term 2 by CPH's nutrition health promoter. The full primary school has 26 students and two classes – one senior and one junior. Since the introduction of the programme, noticeable results can already be seen at the school, and parents have commented that their children are changing their habits at home, too. Runanga Primary School will be the next to take part in this project. CPH's staff were also busy providing nutrition education to other groups across the lifespan in June and July. A six week Appetite for Life Course for Kawatiri kaumātua facilitated by CPH staff with the assistance of Poutini Waiora was attended by 17 kaumātua. Everyone who attended enjoyed how the programme was adjusted to include hands on cooking lessons. Eating what was made was an added bonus. Learning how to plan easy, healthier meals was well received by all. In Hokitika, CPH's nutrition health promoter ran an education session (along with tasting of healthy recipes) for a joint session of the Westreap Mums'n'Bubs and Pipsqueaks groups. The session was attended by 24 parents (and their children!).
- **Alcohol:** CPH's Alcohol Licensing Officer, along with Police and the Westland District Licensing Inspector, have commenced discussion with 'Destination Westland Limited', who have taken over the organisation and operation of Hokitika Wildfoods Festival from Westland District Council, regarding the alcohol licensing aspects of the 2019 festival. Their aim is to ensure that the festival is an enjoyable event for all and alcohol-related harm is minimised.
- **Smoke-Free Enforcement:** Earlier this month, CPH's Smoke-free Enforcement Officer (SFEO) finished conducting six monthly compliance visits to tobacco retailers across the West Coast. This was followed by a Controlled Purchase Operation (CPO) later in the

month in South Westland. All eight tobacco retailers tested in this CPO refused to sell cigarettes to the under-age volunteer. It's important to remember that retailers are required to comply with the law, so 100% compliance is expected.

- **Healthy Public Policy:** CPH made several submissions to the Grey District Council, including on reviews of Speed Limits By-law, Class 4 Gaming Venue Policy, the TAB Board Venue Policy and the Parking Strategy. CPH requested that the Council undertake a Social Impact Assessment on their Gaming Venue and TAB Venue Policies and offered to assist with this, as we have done previously. We also made submissions on the draft Long Term Plans of the Grey and Westland District Councils and the West Coast Regional Council.
- **Youth Health Development:** CPH hosted and facilitated a Youth Development sector-wide networking day under the banner of Ara Taiohi (Ara means 'pathway, lane, and passage way to/from' and taiohi means 'young person'). A range of agencies and services attended from health, schools, councils, education, social services, justice, mental health, church and youth work.
- **Physical Activity:** CPH has worked with Cycle Advocates Network (CAN) and the Westland Safe Community Coalition and West Coast Road Safety members to arrange and promote safe cycle courses in Hokitika and Greymouth.

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

Approved for release by: David Meates, Chief Executive

West Coast DHB health target report

Quarter 3 2017/18: January - March 2018

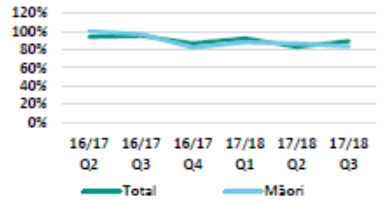
What are the health targets?

The health targets are a set of national performance measures specifically designed to improve performance of the health sector in areas that reflect significant public and government priorities. They provide a focus for action. Three of the six health targets focus on patient access, and three focus on prevention. Health targets are reviewed annually to ensure they align with health priorities and targets are set nationally for all DHBs.

DHBs report progress to the Ministry quarterly, who in turn publish the targets online and in newpapers via a national league table.

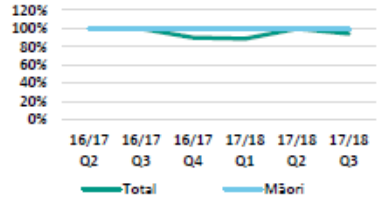
Supplementary indicators

Better help for smokers to quit: secondary smoking



This was previously the health target: better help for smokers to quit in public hospitals

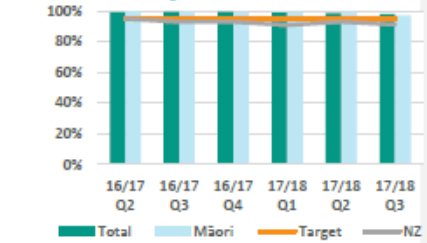
Better help for smokers to quit: maternity smoking



The Ministry sources this from the national Maternity Data Set. However, the source of this data only represents around 80% of all pregnancies nationally. Therefore the Ministry provides these results for information only and will not publish them online or in newspapers.

Shorter stays in ED — 98%

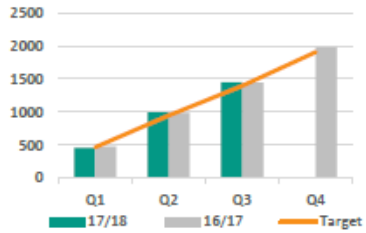
Patients admitted, discharged or transferred ED within six hours. Target: 90%



The West Coast continues to achieve the ED health target, with 98% of patients admitted, discharged or transferred from ED within 6 hours during quarter three.

Improved access to elective surgery — 104%

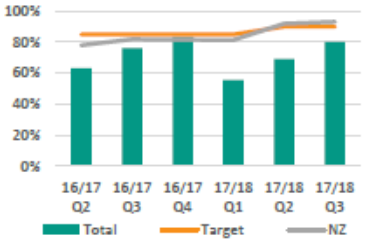
Patients receiving planned surgery
Year-end target: 1,905



This quarter, West Coast DHB provided 1,452 elective surgical discharges, delivering 104% of planned discharges.

Faster cancer treatment — 81%

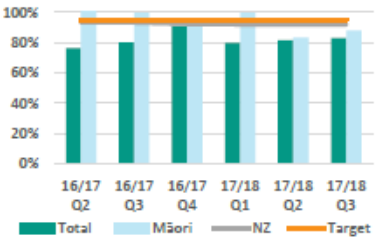
Patients getting their first cancer treatment within 62 days. Target: 90%



Performance against the health target continued to increase this quarter to 81% of patients receiving treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62 day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

Increased immunisation — 81%

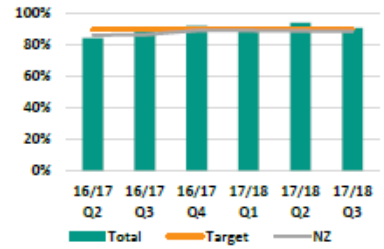
Eight-month-olds fully immunised



Six children were missed and 94% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamariki.

Better help for smokers to quit — 90%

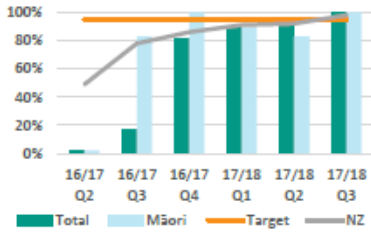
Patients in the community who smoke are offered help to quit. Target: 90%



The DHB continues to meet this health target . Three practices have shown significant improvements and have been supported by input from the Smokefree Services Coordinator and PHO Clinical Manager.

Raising healthy kids — 100%

Children with obesity referred for support
Target: 95%



100% of children identified as obese at their Before School Check (B4SC) were offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions for quarter three.

Updated 09/05/2018: Produced by Canterbury and West Coast DHB Planning and Performance team. PTO for data definitions.

CLINICAL LEADERS UPDATE

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Clinical Leaders**

DATE: **10 August 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This report is provided to the West Coast District Health Board as a regular update.

2. RECOMMENDATION

That the Board:
i. notes the Clinical Leaders' Update.

3. SUMMARY

WORKFORCE

A Nurse Entry to Practice Programme (NETP) workshop will run on 24 August for line managers who employ new graduate nurses. The purpose of the workshop is to refresh managers on the purpose of the NETP programme and to highlight the importance of the workforce pipeline. There will also be a section dedicated to supporting the sustainable recruitment and retention of new graduates. Within this will be elements such as transition shock, strategies for pastoral care and performance support, with scenarios used to assist skill development.

The South Island Workforce Development Hub is hosting a workshop on the rural health workforce on 21 August. The purpose of the day is to look at issues, vulnerabilities and gaps, and to showcase initiatives underway or in development. This day is also an opportunity to enable more regional collaboration. The West Coast will be presenting on the Rural Nurse Specialist workforce and Kaiawhina workforce, and the research that was presented at the International Health Workforce Collaborative about barriers and enablers to rural recruitment and retention.

The Service Accreditation programme which was rolled out across community Nursing and Allied Health staff is now well embedded with a number of trainees now accredited to assess and issue equipment to support activities of daily living and mobility.

Allied Health services have seen an increase in requests to host students in recent months, which is a great opportunity for us to introduce the value of working rurally. With good evidence that living rurally, and training rurally increases the likelihood that these professionals will choose rural employers, the WCDHB will continue to work with training providers to ensure high quality clinical placements.

QUALITY & SAFETY

The Canterbury and West Coast District Health Boards have partnered to implement a Pressure Injury Prevention Community of Practice Project. This is one of five nationally funded pilot ACC projects. The purpose of the project is to reduce the incidence of pressure injuries, improve their management and ultimately improve pressure injury outcomes for patients.

Part of the programme will be the development of 75 registered nurses across Canterbury and the West Coast, including community agencies, to become Pressure Injury Prevention Link Nurses. These nurses will undertake specialist education to become clinical leaders to advocate for and increase prevention, as well as developing wound care expertise.

A new graduate nurse, working in Public Health in Buller, has worked with the interprofessional team to implement two after school programmes for adolescent boys and girls aged 12 to 15 years. The boys 'rock and water' group is an eight week programme to support boys to build resilience, self confidence, social skills, emotional regulation and overall wellbeing. The girls 'soul sisters' programme is 10 weeks long and focuses on mental health, self esteem, self confidence, healthy bodies and relationships. The feedback from participants has been very positive and there is planning underway to implement further regular programmes.

Work is underway to develop and maintain a formal debriefing team for the WCDHB, inclusive of a debrief co-ordination role to co-ordinate the debrief teams, track events, log outcomes and generally support the process. This team will receive formal training and attend biannual workshops to maintain the skills required for effective debriefing. While we currently have debrief activity, the approach is sporadic and not consistent. It is important that we improve performance in this area so that staff are well supported following a major event.

On 31 July we held a workshop with the Health Quality and Safety Commission (HQSC) to support the reinstitution of the Clinical Board. This went into abeyance in April 2016 and work has been underway since early this year to get it up and running again. At the last meeting held in May participants agreed that we would run a workshop with the HQSC to identify what we need to do to make this a successful venture. A broad group of participants from across the health sector attended.

After this workshop the HQSC presented the Open for Leadership awards. All of the entries were of an extremely high standard, resulting in significant difficulties for the Alliance Leadership team in deciding the winner. The final winner was the nurse co-ordinator of the Endoscopy service. This nurse has successfully implemented a new service model that has increased standards, access, improved communication and information for patients.

4. CONCLUSION

The Clinical Leaders will continue to work across a range of activities to promote a sustainable West Coast health care service.

Report prepared by: Clinical Leaders

FINANCE REPORT

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Executive Director, Finance & Corporate Services**

DATE: **10 August 2018**

Report Status – For:	Decision ☐	Noting ☑	Information ☐

1. ORIGIN OF THE REPORT

This is a regular report and standing agenda item providing an update on the latest financial results and other relevant financial matters of the Board of the West Coast District Health Board.

2. RECOMMENDATION

That the Board:

i. notes the financial results for the period ended 30 June 2018.

3. DISCUSSION

Overview of June 2018 Financial Result

The consolidated West Coast District Health Board financial result for the month of June 2018 was a deficit of $212k, which was $154k favourable to budget. The draft full year position of a net deficit of $2.949m is $908k unfavourable to budget.

The table below provides the breakdown of June's result.

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
REVENUE								
Provider	7,028	6,980	48	√	86,087	84,108	1,979	√
Governance & Administration	90	68	22	√	1,342	827	515	√
Funder	5,341	5,269	72	√	61,659	63,318	(1,659)	X
	12,459	12,317	142	√	149,088	148,253	835	√
EXPENSES								
Provider								
Personnel	5,210	5,657	447	√	66,648	65,083	(1,565)	X
Outsourced Services	7	12	5	√	120	142	22	√
Clinical Supplies	458	650	192	√	8,777	8,288	(489)	X
Infrastructure	1,284	1,039	(245)	X	13,135	12,649	(486)	X
	6,959	7,358	399	√	88,680	86,162	(2,518)	X
Governance & Administration	90	68	(22)	X	910	826	(84)	X
Funder	5,264	4,850	(414)	X	58,149	58,419	270	√
Total Operating Expenditure	12,313	12,276	(37)	X	147,739	145,407	(2,332)	X
Surplus / (Deficit) before Interest, Depn & Cap Charge	146	41	105	√	1,349	2,846	(1,497)	X
Interest, Depreciation & Capital Charge	358	407	49	√	4,298	4,888	590	√
Net surplus/(deficit)	(212)	(366)	154	√	(2,949)	(2,041)	(908)	X

4. APPENDICES

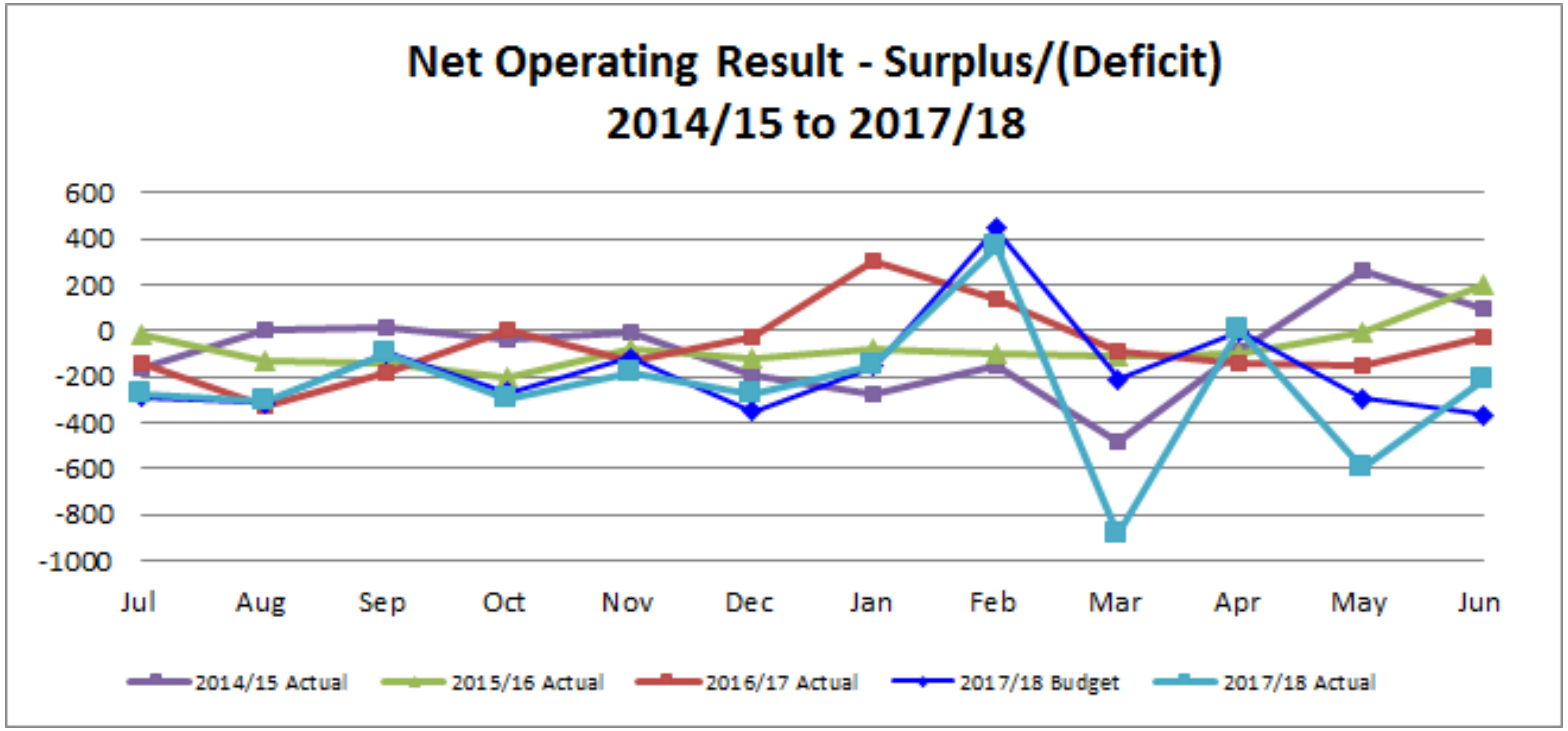
Appendix 1	Financial Result Report
Appendix 2	Statement of Comprehensive Revenue & Expense
Appendix 3	Statement of Financial Position
Appendix 4	Statement of Cashflow

Report prepared by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

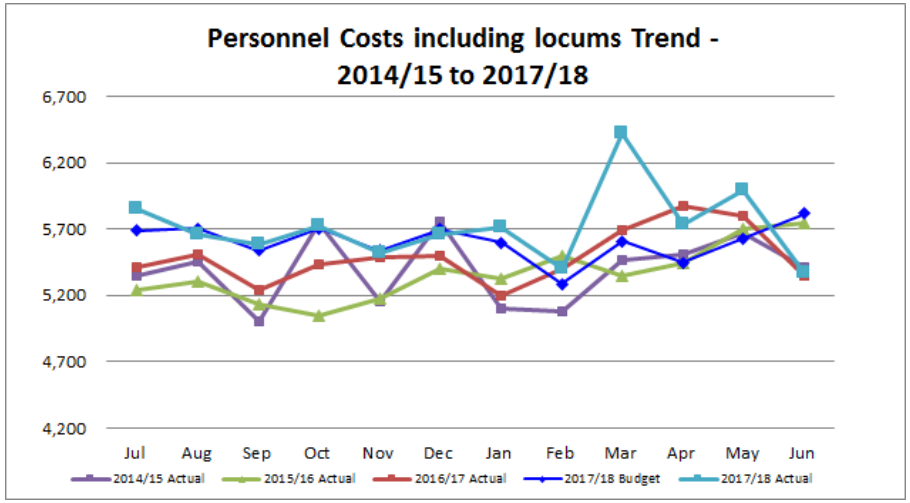
FINANCIAL PERFORMANCE OVERVIEW – JUNE 2018

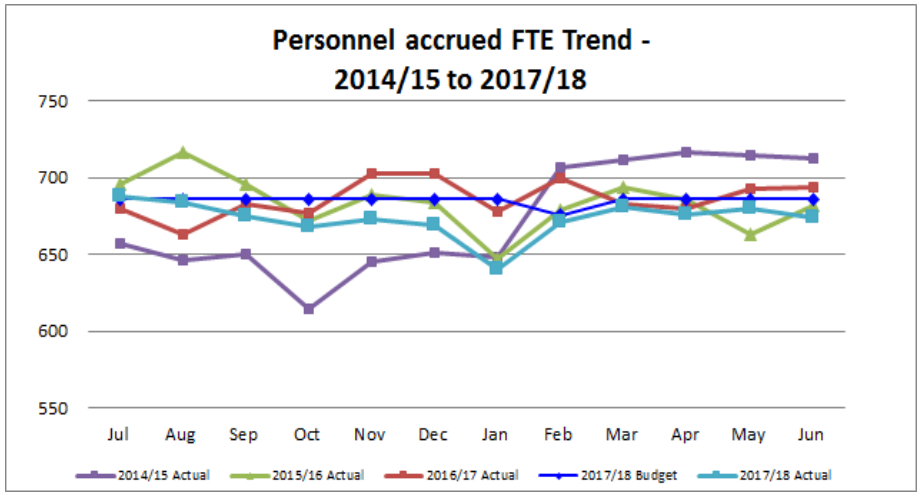
	Month Actual $'000	Month Budget $'000	Month Variance $'000		YTD Actual $'000	YTD Budget $'000	YTD Variance $'000		
Surplus/(Deficit)	(212)	(366)	154	-42% ✓	(2,949)	(2,041)	(908)	44%	✗



We have submitted an Annual Plan with a planned deficit of $2.041m, which reflects the financial results anticipated in the facilities business case, after adjustment for known adjustments such as the increased revenue as notified in May 2016, the actual funding provided for the 2017/18 year, and the anticipated delays in regard to plans for ARC/Dunsford Ward in Buller. At this stage we are forecasting a final year end result of a $2.9m deficit, largely related to Aged Residential Care and anticipated MECA settlements.

PERSONNEL COSTS/PERSONNEL ACCRUED FTE

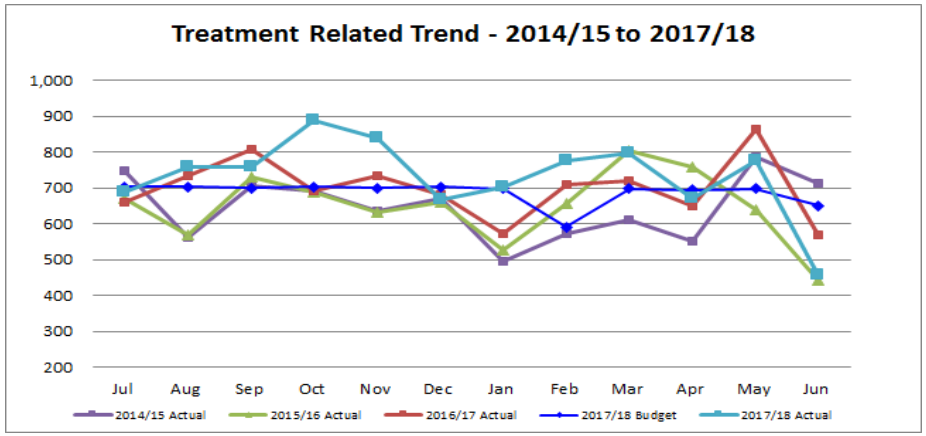


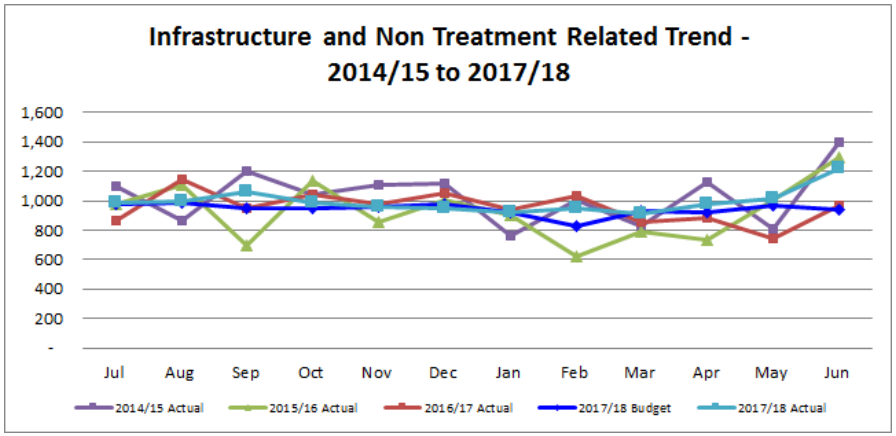


KEY RISKS AND ISSUES: Although better use of stabilised rosters and leave planning has been embedded within the business, there remains reliance on short term placements, which are more expensive than permanent staff.

The Ministry of Health has a keen focus on ensuring DHBs do not exceed their management and administration staff FTE numbers. There are many ways FTE can be calculated, depending on the purpose. Using Ministry of Health calculations we remain under our overall management and administration staff cap. Expectations from the Ministry of Health are that we should be reducing management and administration FTE each year. This is an area we continue to monitor intensively to ensure that we remain under the cap, especially with the anticipated facilities development programme.

TREATMENT & NON TREATMENT RELATED COSTS

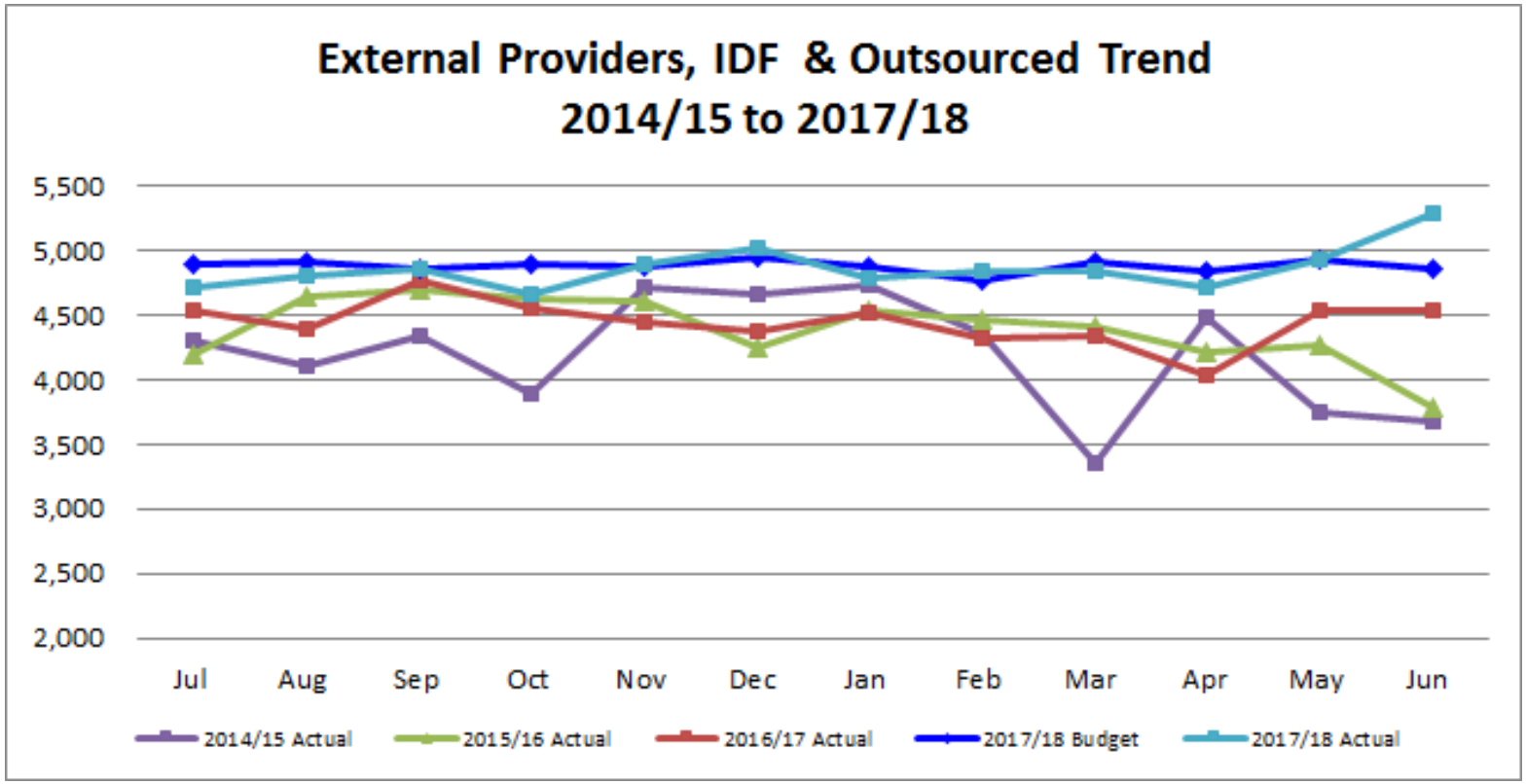




KEY RISKS AND ISSUES: High cost treatment particularly in oncology and rheumatology medicines continue to cause significant concern, we are continuing to review to define areas for cost reductions.

Timing influences this category significantly, however overall we are continuing to monitor to ensure overspend is limited where possible.

EXTERNAL PROVIDER COSTS

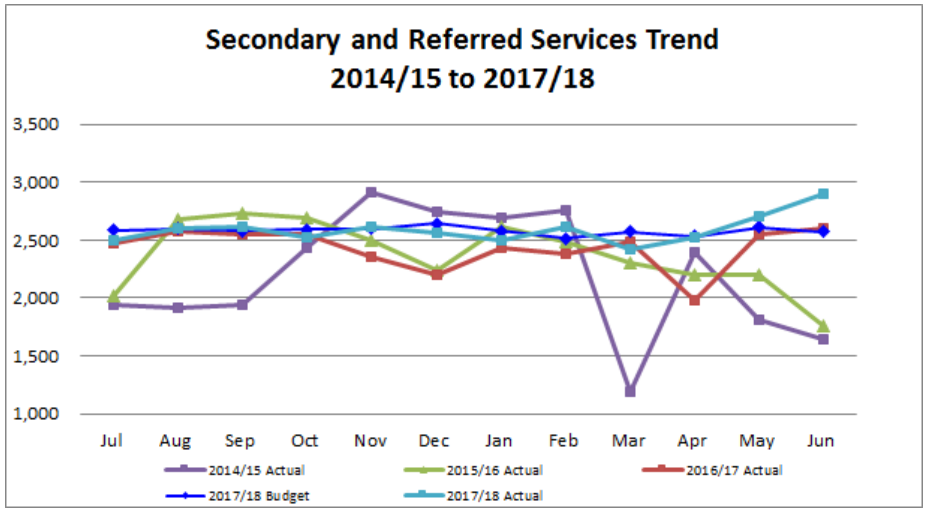


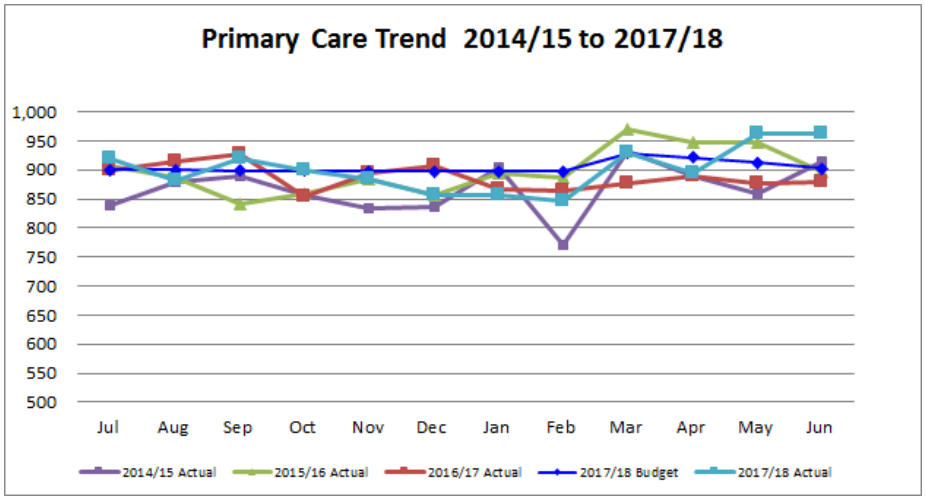
KEY RISKS AND ISSUES: Capacity constraints within the system require continued monitoring of trends and demand for services.

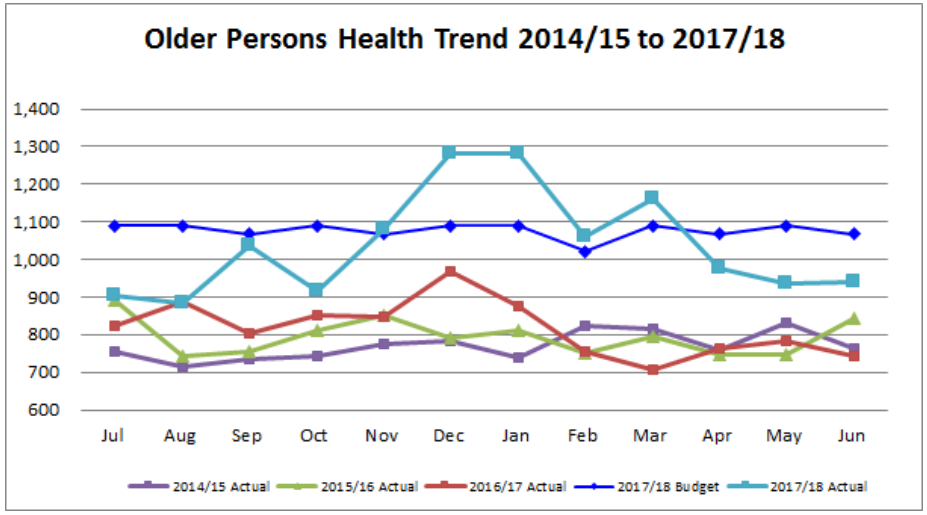
PLANNING AND FUNDING DIVISION
Month Ended June 2018

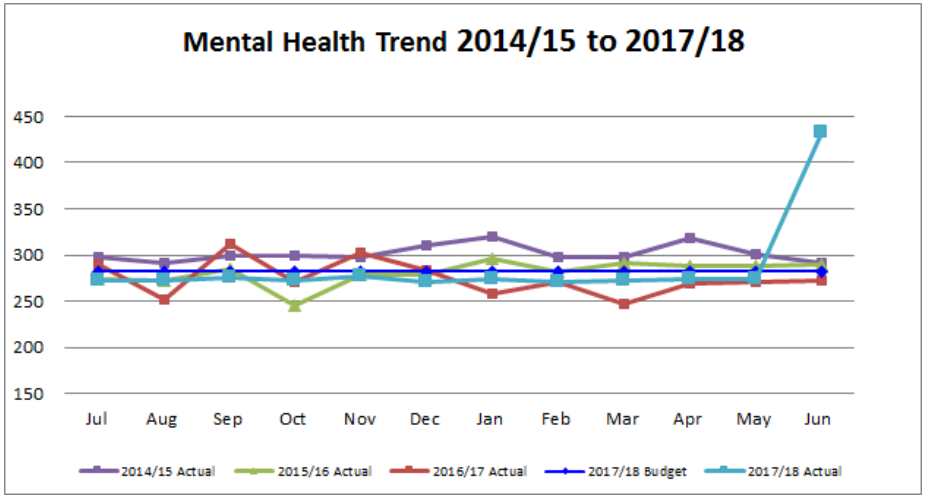
Current Month Actual $000	Budget $000	Variance $000	%		SERVICES	Year to Date Actual $000	Budget $000	Variance $000	%		2017/18 Annual Budget $000
					Primary Care						
35	29	-7	-24%	✗	Dental-school and adolescent	274	315	41	13%	✓	344
20	22	2	9%	✓	Maternity	230	237	7	3%	✓	259
1	1	0	21%	✓	Pregnancy & Parent	15	14	-1	-5%	✗	15
0	0	0		✓	Sexual Health	0	0	0		✓	0
1	5	4	84%	✓	General Medical Subsidy	33	50	17	33%	✓	55
595	526	-69	-13%	✗	Primary Practice Capitation	5,805	5,788	-17	0%	✗	6,314
98	98	0	0%	✓	Primary Health Care Strategy	1,078	1,079	1	0%	✓	1,177
87	88	1	1%	✓	Rural Bonus	962	970	8	1%	✓	1,059
4	4	0	-3%	✗	Child and Youth	54	46	-8	-16%	✗	50
14	8	-5	-62%	✗	Immunisation	121	118	-3	-3%	✗	126
5	5	0	2%	✓	Maori Service Development	52	53	1	2%	✓	57
52	52	0	1%	✓	Whanau Ora Services	573	577	3	1%	✓	629
10	14	4	28%	✓	Palliative Care	50	153	103	67%	✓	167
-3	8	11	135%	✓	Community Based Allied Health	100	93	-8	-9%	✗	101
17	14	-3	-21%	✗	Chronic Disease	189	156	-33	-21%	✗	170
26	28	1	5%	✓	Minor Expenses	317	303	-14	-5%	✗	330
963	**902**	**-60**	**-7%**	✗		**9,853**	**9,951**	**98**	**1%**	✓	**10,853**
					Referred Services						
25	28	3	12%	✓	Laboratory	280	310	30	10%	✓	338
872	611	-156	-26%	✗	Pharmaceuticals	6,661	6,835	175	3%	✓	7,446
792	**639**	**-153**	**-24%**	✗		**6,941**	**7,145**	**204**	**3%**	✓	**7,784**
					Secondary Care						
241	174	-67	-39%	✗	Inpatients	1,936	1,914	-22	-1%	✗	2,088
181	155	-26	-17%	✗	Radiolgy services	1,602	1,700	97	6%	✓	1,854
103	105	2	2%	✓	Travel & Accommodation	1,170	1,159	-11	-1%	✗	1,265
1,472	1,499	26	2%	✓	IDF Payments Personal Health	16,521	16,485	-36	0%	✗	17,984
1,997	**1,933**	**-65**	**-3%**	✗		**21,229**	**21,258**	**29**	**0%**	✓	**23,191**
3,752	**3,474**	**-278**	**-8%**	✗	**Primary & Secondary Care Total**	**38,023**	**38,354**	**331**	**1%**	✓	**41,828**
					Public Health						
19	13	-6	-47%	✗	Nutrition & Physical Activity	219	142	-78	-55%	✗	155
11	11	0	1%	✓	Tobacco control	122	123	1	1%	✓	135
30	**24**	**-6**	**-25%**	✗	**Public Health Total**	**342**	**265**	**-77**	**-29%**	✗	**289**
					Mental Health						
7	7	0	1%	✓	Dual Diagnosis A&D	78	79	1	1%	✓	86
0	0	0		✓	Inpatients	0	0	0		✓	0
20	20	0	1%	✓	Child & Youth Mental Health Services	220	222	2	1%	✓	242
5	8	3	34%	✓	Mental Health Work force	72	83	11	13%	✓	91
72	61	-11	-18%	✗	Day Activity & Rehab	411	675	264	39%	✓	736
21	11	-11	-98%	✗	Advocacy Consumer	120	119	-1	-1%	✗	129
200	82	-118	-145%	✗	Other Home Based Residential Support	1,132	899	-233	-26%	✗	981
21	11	-10	-92%	✗	Advocacy Family	121	122	1	1%	✓	133
19	16	-3	-18%	✗	Community Residential Beds	117	176	59	33%	✓	192
67	67	0	0%	✓	IDF Payments Mental Health	732	732	0	0%	✓	798
433	**282**	**-150**	**-53%**	✗		**3,003**	**3,107**	**104**	**3%**	✓	**3,389**
					Older Persons Health						
0	0	0		a	Needs Assessment	0	0	0		a	0
136	151	26	17%	✓	Home Based Support	1802	1657	-145	-9%	✗	1,807
4	6	2	40%	✓	Caregiver Support	50	65	14	22%	✓	71
211	273	62	23%	✓	Residential Care-Rest Homes	2,385	3,004	619	21%	✓	3,277
13	8	-5	-66%	✗	Residential Care-Community	156	89	-68	-76%	✗	97
435	482	47	10%	✓	Residential Care-Hospital	5,383	5,304	-79	-1%	✗	5,786
10	10	0	2%	✓	Day programmes	108	112	4	3%	✓	122
2	12	10	84%	✓	Respite Care	161	135	-26	-19%	✗	148
7	1	-6	-465%	✗	Community Health	70	14	-56	-392%	✗	15
0	1	1	100%	✓	Minor Disability Support Expenditure	45	14	-31	-222%	✗	15
123	131	8	6%	✓	IDF Payments-DSS	1,353	1,444	92	6%	✓	1,576
941	**1,076**	**144**	**13%**	✓		**11,513**	**11,837**	**324**	**3%**	✓	**12,913**
1,363	**1,359**	**-6**	**0%**	✗	**Mental Health & OPH Total**	**14,516**	**14,944**	**428**	**3%**	✓	**16,302**
5,144	**4,856**	**-288**	**-6%**	✗	**TOTAL EXPENDITURE**	**52,881**	**53,563**	**683**	**1%**	✓	**58,419**

EXTERNAL PROVIDER COSTS









FINANCIAL POSITION

	Month Actual $'000	Month Budget $'000	Month Variance $'000			Annual Budget $'000
Equity	22,368	24,431	(2,063)	-8%	✗	104,272
Cash	11,540	12,687	(1,147)	-9%	✗	12,687

KEY RISKS AND ISSUES: The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild.

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

For period ending 30 June 2018

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 17/18	Prior Year
	Actual	Budget	Variance	%Variance	Actual	Budget	Variance	%Variance	Budget	Actual
Operating Revenue										
Crown and Government sourced	11,657	11,546	111	1.0%	138,824	138,695	128	0.1%	138,695	137,591
Inter DHB Revenue	1	1	0	0.0%	14	1	13	1310.7%	1	2
Inter District Flows Revenue	142	143	(1)	(0.7%)	1,709	1,706	3	0.2%	1,706	1,661
Patient Related Revenue	554	557	(3)	(0.5%)	7,187	7,017	171	2.4%	7,017	2,666
Other Revenue	105	70	35	49.1%	1,354	834	520	62.4%	834	851
Total Operating Revenue	12,459	12,317	142	1.2%	149,088	148,252	836	0.6%	148,252	142,771
Operating Expenditure										
Personnel costs	5,368	5,818	451	7.7%	68,626	67,069	(1,557)	(2.3%)	67,073	65,887
Outsourced Services	0	0	0	0.0%	3	0	(3)	0.0%	0	(9)
Treatment Related Costs	458	650	192	29.6%	8,778	8,288	(490)	(5.9%)	8,288	8,402
External Providers	3,723	3,159	(564)	(17.8%)	39,293	38,162	(1,132)	(3.0%)	38,162	35,843
Inter District Flows Expense	1,540	1,690	150	8.9%	18,856	20,258	1,401	6.9%	20,258	17,317
Outsourced Services - non clinical	25	19	(6)	(32.1%)	248	214	(34)	(15.9%)	214	229
Infrastructure and Non treatment related costs	1,224	940	(284)	(30.2%)	11,934	11,416	(518)	(4.5%)	11,412	11,446
Total Operating Expenditure	12,337	12,276	(61)	(0.5%)	147,739	145,406	(2,333)	(1.6%)	145,406	139,116
Result before Interest, Depn & Cap Charge	122	41	81	197.8%	1,349	2,846	1,497	52.6%	2,846	3,655
Interest, Depreciation & Capital Charge										
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0	343
Depreciation	218	283	65	23.0%	2,911	3,400	488	14.4%	3,400	3,373
Capital Charge Expenditure	115	124	9	7.1%	1,387	1,488	101	6.8%	1,488	739
Total Interest, Depreciation & Capital Charge	333	407	74	18.2%	4,298	4,888	590	12.1%	4,888	4,455
Net Surplus/(deficit)	(212)	(366)	154	42.1%	(2,949)	(2,041)	(908)	(44.5%)	(2,041)	(800)
Other comprehensive income										
Gain/(losses) on revaluation of property										
Total comprehensive income	(212)	(366)	154	42.1%	(2,949)	(2,041)	(908)	(44.5%)	(2,041)	(800)

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at 30 June 2018

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Variance	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	21,853	97,908	(76,055)	(77.7%)	23,623
Intangible assets	404	306	98	31.9%	636
Work in Progress	4,723	5,822	(1,099)	(18.9%)	3,194
Other investments	567	567	0	0.0%	0
Total non-current assets	27,547	104,603	(77,056)	(73.7%)	27,453
Current assets					
Cash and cash equivalents	11,540	12,687	(1,147)	(9.0%)	10,811
Patient and restricted funds	57	74	(17)	(23.4%)	72
Inventories	1,094	1,007	87	8.7%	1,060
Debtors and other receivables	3,913	5,123	(1,210)	(23.6%)	4,992
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	16,604	18,891	(2,287)	(12.1%)	16,935
Total assets	44,151	123,494	(79,343)	(64.2%)	44,387
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,960	2,703	(257)	(9.5%)	2,779
Other	71	70	(1)	(1.3%)	70
Total non-current liabilities	3,031	2,773	(258)	(9.3%)	2,848
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	8,478	6,885	(1,592)	(23.1%)	6,875
Employee entitlements and benefits	10,274	9,564	(710)	(7.4%)	9,557
Total current liabilities	18,752	16,450	(2,303)	(14.0%)	16,431
Total liabilities	21,783	19,223	(2,561)	(13.3%)	19,280
Equity					
Crown equity	86,062	87,426	1,364	1.6%	86,062
Other reserves	22,082	22,082	0	0.0%	22,082
Retained earnings/(losses)	(85,776)	(85,077)	699	0.8%	(83,036)
Trust funds	0	0	0	0.0%	0
Total equity	22,368	24,431	2,063	8.4%	25,108
Total equity and liabilities	44,151	43,653	498	1.1%	44,387

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 30 June 2018

in thousands of New Zealand dollars

	Monthly Reporting					Year to Date			
	Actual	Budget	Variance	%Variance	Prior Year	Actual	Budget	Variance	%Variance
Cash flows from operating activities									
Cash receipts from Ministry of Health, patients and other revenue	12,544	12,284	261	2.1%	11,356	149,498	147,798	1,700	1.2%
Cash paid to employees	(5,435)	(5,691)	256	4.5%	(5,777)	(67,854)	(67,906)	52	0.1%
Cash paid to suppliers	(1,503)	(1,510)	6	0.4%	(938)	(20,710)	(19,429)	(1,281)	(6.6%)
Cash paid to external providers	(4,325)	(3,180)	(1,145)	(36.0%)	(2,679)	(36,621)	(38,161)	1,541	4.0%
Cash paid to other District Health Boards	(365)	(1,688)	1,323	78.4%	(1,388)	(19,816)	(20,258)	441	2.2%
Cash generated from operations	916	215	701	326.6%	574	4,497	2,044	2,453	120.0%
Interest paid	0	0	0	0.0%	(57)	0	0	0	0.0%
Capital charge paid	(609)	(124)	(485)	(391.1%)	(68)	(1,296)	(1,488)	192	12.9%
Net cash flows from operating activities	307	91	216	238.4%	449	3,201	556	2,645	475.5%
Cash flows from investing activities									
Interest received	31	31	(0)	(0.7%)	41	420	416	4	0.9%
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0	0.0%
Acquisition of property, plant and equipment	(224)	(212)	(12)	(5.9%)	(29)	(2,779)	(2,500)	(279)	11.2%
Acquisition of intangible assets		0	0		0		0	0	
Net cash flows from investing activities	(194)	(181)	(13)	7.0%	12	(2,359)	(2,084)	(275)	(13.2%)
Cash flows from financing activities									
Proceeds from equity injections	68	2,041	(1,973)	96.7%	0	68	3,473	(3,405)	98.0%
Repayment of equity	0	(68)	68	100.0%	0	0	(68)	68	100.0%
Cash generated from equity transactions	68	1,973	(1,905)	96.6%	0	68	3,405	(3,337)	98.0%
Borrowings raised					0				
Repayment of borrowings	0	0	0	0.0%	0	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%		0	0	0	0.0%
Net cash flows from financing activities	68	0	68	0.0%	0	68	0	68	0.0%
Net increase in cash and cash equivalents	181	1,883	(1,702)	(90.4%)	461	909	1,875	(966)	(51.5%)
Cash and cash equivalents at beginning of period	11,540	10,804	736	6.8%	8,733	10,811	10,811	(0)	(0.0%)
Cash and cash equivalents at end of year	11,721	12,687	(966)	(7.6%)	9,194	11,720	12,686	(966)	(7.6%)

RESOLUTION TO EXCLUDE THE PUBLIC

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

TO: **Chair and Members**
West Coast District Health Board

SOURCE: **Board Secretary**

DATE: **10 August 2018**

Report Status – For:	Decision ☑	Noting ☐	Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4 & 5 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 New Zealand Public Health and Disability Act 2000 (the "Act) in respect to these items are as follows:

	GENERAL SUBJECT OF EACH MATTER TO BE CONSIDERED	GROUND(S) FOR THE PASSING OF THIS RESOLUTION	REFERENCE – OFFICIAL INFORMATION ACT 1982 (Section 9)
1.	Confirmation of minutes of the Public Excluded meeting of 11 May 2018	For the reasons set out in the previous Board agenda.	
2.	Emerging Issues Verbal Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
3.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons.	S9(2)(j) S9(2)(a)
4.	Buller Facilities Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Report from Committee Meeting – QFARC	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations). Protect the privacy of natural persons	S9(2)(j) S9(2)(a)

iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 and that the public conduct of the whole or the

relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982";

3. SUMMARY

The New Zealand Public Health and Disability Act 2000 (the "Act"), Schedule 3, Clause 32 provides:

"A Board may by resolution exclude the public from the whole or any part of any meeting of the Board on the grounds that:

(a) the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 6,7, or 9 (except section 9(2)(g)(i) of the Official Information Act 1982".

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

Clause 33 of the Act also further provides:

"(1) Every resolution to exclude the public from any meeting of a Board must state:

(a) the general subject of each matter to be considered while the public is excluded; and

(b) the reason for the passing of that resolution in relation to that matter, including, where that resolution is passed in reliance on Clause 32(a) the particular interest or interests protected by section 6 or 7 or section 9 of the Official Information Act 1982 which would be prejudiced by the holding of the whole or the relevant part of the meeting in public; and

(c) the grounds on which that resolution is based(being one or more of the grounds stated in Clause 32)

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

Report Prepared by: Board Secretary

REVISED FEBRUARY 2018

WEST COAST DHB – MEETING SCHEDULE

FEBRUARY – DECEMBER 2018

DATE	MEETING	TIME	VENUE
~~Friday 9 February 2018~~	BOARD MEETING	10.15am	St John, Water Walk Rd, Greymouth
~~Friday 23 March 2018~~	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
~~Friday 23 March 2018~~	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
~~Thursday 26 April 2018~~	QFARC Meeting	1.30pm	Boardroom, Corporate Office
~~Friday 11 May 2018~~	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
~~Friday 11 May 2018~~	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
~~Thursday 7 June 2018~~	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
~~Friday 29 June 2018~~	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
~~Friday 29 June 2018~~	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
~~Thursday 26 July 2018~~	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 August 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 August 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 13 September	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 28 September	Workshop	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 September 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 October 2018	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 2 November 2018	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 2 November 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 6 December 2018	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 14 December 2018	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth

The above dates and venues are subject to change. Any changes will be publicly notified.

REVISED FEBRUARY 2018