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



# **BOARD MEETING**

Friday 29 March 2019 at 1.00pm

St John Water Walk Road Greymouth

ALL INFORMATION CONTAINED IN THESE MEETING PAPERS IS SUBJECT TO CHANGE



#### **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

François Tumahai

#### **EXECUTIVE SUPPORT**

David Meates (Chief Executive)

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)

Jacqui Lunday-Johnstone (Executive Director, Allied Health)

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)

# AGENDA – PUBLIC



# WEST COAST DISTRICT HEALTH BOARD MEETING to be held at St John, Water Walk Road, Greymouth on Friday 29 March 2019 commencing at 1.00pm

KARAKIA 1.00pm

# **ADMINISTRATION**

**Apologies** 

- 1. Interest Register
- 2. Confirmation of the Minutes of the Previous Meetings
  - 15 February 2019
- 3. Carried Forward/Action List Items

REP	PORTS FOR DECISION		1.05pm
4.	Draft 2019/20 West Coast District Health Board Public Health Plan	Cheryl Brunton Medical Officer of Health Gail McLauchlan Regional Manager, Community & Public Health	1.05pm — 1.10pm
5.	Accessible West Coast	Kathy O'Neill Planning & Funding	1.10pm – 1.15pm
REP	PORTS FOR NOTING		1.15pm
6.	Chair's Update – Verbal Update	Jenny Black <i>Chair</i>	1.15pm — 1.20pm
7.	Chief Executive's Update	David Meates  Chief Executive	1.20pm — 1.40pm
8.	Finance Report	Justine White Executive Director, Finance & Corporate Services	1.40pm – 1.50pm
9.	Resolution to Exclude the Public	Board Secretary	1.50pm

# **INFORMATION ITEMS**

2019 Meeting Dates

ESTIMATED FINISH TIME 1.50pm

**NEXT MEETING:** Friday 10 May 2019

# **KARAKIA**

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

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

# WEST COAST DISTRICT HEALTH BOARD MEMBERS INTERESTS REGISTER



Name	Interests	Pecuniary (Y/N)	Type of Conflict (Actual / Perceived / Potential)
Jenny Black	Chair, Nelson Marlborough District Health Board	Y	Perceived
Chair	Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee.		
	Chair, South Island Alliance Board		Perceived
	The South Island Alliance enables the regions five DHBs to work collaboratively to	N	refeerved
	develop more innovative and efficient health services than could be achieved independently.		
	Chair, National DHB Chairs	N	Perceived
	Elected position from the National DHB Chairs.	1	
	• West Coast Partnership Group This is a Partnership Group set up by government to provide governance for the		D ' 1
	facilities development of the new Grey Hospital & Health Centre and a health facility	N	Perceived
	at Buller.		
	Health Promotion Agency (HPA) – Member		
	The Health Promotion Agency is an evidence-based health promotion organisation, influencing all sectors that contribute to health and wellbeing. Their key role is to lead	N	
	and support health promotion initiatives to: promote health and wellbeing and		
	encourage healthy lifestyles; prevent disease, illness and injury; enable environments that support health, wellbeing and healthy lifestyles; and reduce personal, social and		
	economic harm.		
Chris Auchinvole	Director Auchinvole & Associates Ltd	N	
	• Trustee, Westland Wilderness Trust	N	
	• Justice of the Peace	N	
	Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand	1N	
	Daughter-in-law employed by Otago DHB	N	
Kevin Brown	West Coast Electric Power Trust - Trustee	N	

	The West Coast Electric Power Trust was formed in 1992 as a consequence of the passing of the Energy Companies Act 1992. The six Trustees hold the shares of Westpower Ltd and the associated companies on behalf of the electricity consumers of the West Coast.  • Diabetes West Coast - Patron and Member  • West Coast Juvenile Diabetes Association - Trustee Diabetes West Coast provides services for people with diabetes.  • Greymouth Riverside Lions Club – Member  • Justice of the Peace  Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand  • West Coast Rugby League - Hon Vice President  West Coast Rugby League is a sporting organisation	N N N N	Perceived Perceived
Helen Gillespie	<ul> <li>Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature.</li> <li>Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team</li> <li>Accessible West Coast Coalition Group - Member - I represent the Department of Conservation in the Coalition Group. The Department, like many other agencies and organisations is seeking to create greater accessibility for people</li> <li>Kowhai Project Committee – Member - I am a member of this committee in a voluntary capacity and am able to share examples of nature in health settings to support patients, staff and visitors.</li> </ul>	N N N	
Michelle Lomax	<ul> <li>Daughter is a recipient of WCDHB Scholarship</li> <li>Daughter is part of the Rural Medicine Emerging Programme in Greymouth</li> <li>Community Law Canterbury - Part-time Advisor on Disability Issues</li> </ul>	N N N	
Chris Mackenzie  Deputy Chair	Development West Coast – Chief Executive     Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future.	N	

	<ul> <li>Horizontal Infrastructure Governance Group – Chair         A Memorandum of Understanding was agreed in September 2013 between the             Government and the Christchurch City Council to create this group to focus on             lessons learned from one of New Zealand's most challenging civil engineering             projects: rebuilding the earthquake damaged pipes, roads, bridges and retaining walls             in the city of Christchurch 2011 - 2016.     </li> <li>Mainline Steam Trust – Trustee</li> </ul>	N	
	<ul> <li>Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives.</li> <li>Christchurch Mayors External Advisory Group – Member         An External Advisory Group set up by Government and the Christchurch City Council to provide independent advice on Christchurch City Council's long-term capital works programme and related spending plans.     </li> </ul>	N N	
Edie Moke	<ul> <li>South Canterbury DHB – Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee</li> <li>Nga Taonga Sound &amp; Vision - Board Member (elected); Chair: Assurance and Risk Committee; and Member: Property Committee         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.</li> </ul>	Y N	Perceived
Peter Neame	<ul> <li>White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders.</li> <li>Author and Publisher of "Suicide, Murder, Violence Assessment and Prevention" 2017 and four other books.</li> </ul>	N N	Perceived
Nigel Ogilvie	<ul> <li>Westland Medical Centre - Managing Director</li> <li>Thornton Bruce Investments Ltd - Shareholder/Director</li> <li>Hokitika Seaview Ltd - Shareholder</li> <li>Tasman View Ltd - Shareholder,</li> <li>White Ribbon Ambassador for New Zealand</li> </ul>	Y N N N N	Actual

	<ul> <li>Sister is employed by Waikato DHB</li> <li>West Coast PHO - Board Member</li> <li>Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre</li> </ul>	Y Y Y	Perceived  Actual Perceived
	Wife is Board Member West Coast PHO		
Elinor Stratford	• Clinical Governance Committee, West Coast Primary Health Organisation The West Coast PHO Clinical Governance Committee (CGC) act as an advisory committee to its Board. The CGC's role is to assist the Board with any clinical aspects that relate to its business.	N	Perceived
	Active West Coast – Committee Member     Active West Coast (AWC) is a network of agencies and groups committed to improving the health of West Coasters through the promotion of healthy lifestyles such as physical activity, nutrition, smokefree, youth and older person's health.	N	Perceived
	West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson	N	Perceived
	Canterbury Neonatal Trust – Trustee  The primary focus of The Neonatal Trust (Canterbury) is to support families who are going through or have been through a neonatal journey.	N	Perceived
	• Arthritis New Zealand, Southern Regional Liaison Group – Member Arthritis New Zealand aims to improve the life of every person affected by arthritis. They are a national not-for-profit organisation focused on raising awareness, advocating for those with arthritis and providing advice and support.	N	Perceived
	<ul> <li>Accessible West Coast Coalition Group – Member         A group that works together to improve access to all aspects of the community.     </li> <li>Kowhai Project Committee - Chair</li> </ul>	N	Perceived
	The Kowhai Project, is a community project and is raising money to provide an inner courtyard for staff, patients and visitors including plantings for the entry and the parking areas at the new Te Nikau, Grey Hospital and Health Centre	N	Perceived
	MS - Parkinsons New Zealand – West Coast Committee Member     MS Parkinsons provides education, information and help people make informed decisions about living with Parkinson's.	N	Perceived
Francois Tumahai	• Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o	N	

			1
Poutini Enviro	is based at Arahura a short distance from Hokitika on the West Coast.  onmental - Director	N	
impact assessm	ent and resource consent certification.		
Arahura Hold	ings Limited – Chief Executive	N	
	egional Council Resource Management Committee – Member d direction and framework for managing the West Coast's natural and		
	ces under the Resource Management Act 1991.	N	
Poutini Waior			
	is a Maori Health and Social Service provider that delivers holistic care	Y	Actual
	ss Te Tai O Poutini.		
	West Coast – Trustee	N	
	West Coast (DWC) was set up as a Charitable Trust in 2001 to manage,	11	
	ibute income from a fund of \$92 million received from the		
Government.	It is governed by a Deed of Trust which specifies DWC's Objects - to		
	nable employment opportunities; and generate sustainable economic		
	West Coast, both now and into the future.		
West Coast D	evelopment Holdings Limited – Director	N	
	Coast – Director		
	enture between Development West Coast and Putake Honey to	N	
	Coast wholesale honey business.		
1	unamu – Director	N	
	mu is the home of Ngāti Waewae Pounamu carving	N	
	lerness Trust – Chair	11	
West Coast Co	onservation Board – Board Member	N	
The West Coas	t Tai Poutini Conservation Board serves a conservation advisory role,	1	
	ring community perspective on conservation management issues for		
the West Coast	0 11 1		
	Institute for Minerals to Materials Research (NZIMMR) –	N	
Director	` '	N	
Westland Dist	rict Council – Councillor	Y	
Tatau Pounar	nu – Committee Member	ĭ	Perceived

# **MINUTES**



# MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING held at St John, Water Walk Road, Greymouth on Friday 15 February 2019 commencing at 1.00pm

#### **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; and François Tumahai.

#### **APOLOGIES**

There were no apologies.

#### **EXECUTIVE SUPPORT**

David Meates (Chief Executive); Gary Coghlan (General Manager, Maori Health); Melissa Macfarlane (Team Leader, Planning & Performance); Philip Wheble (General Manager, West Coast); Stella Ward (Chief Information officer); Justine White (Executive Director, Finance & Corporate Services); and Kay Jenkins (Board Secretary).

#### **APOLOGIES**

Michael Frampton (Chief People Officer); Carolyn Gullery (Executive Director, Planning & Funding and Decision Support); Pradu Dayaram (Medical Director); Brittany Jenkins (Interim Director of Nursing); Dr Cameron Lacey (Medical Director); Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); Karalyn van Deursen (Executive Director, Strategic Communications).

#### **IN ATTENDANCE**

Diane Pizzato (Finance & Business Manager); Jenni Stephenson (xxx); Sarah Ioannou (xxxx);

#### 1. INTEREST REGISTER

# Additions/Alterations to the Interest Register

There were no additions or alterations to the Interest Register

# Declarations of Interest for Items on Today's Agenda

There were no declarations of interest for items on today's agenda

#### **Perceived Conflicts of Interest**

There were no perceived conflicts of interest.

#### 2. CONFIRMATION OF MINUTES OF THE PREVIOUS MEETINGS

# Resolution (1/19)

(Moved: Elinor Stratford/seconded: Peter Neame – carried)

"That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 14 December 2018 be confirmed as a true and correct record."

#### 3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

#### 4. ADVISORY COMMITTEE REVISED TERMS OF REFERENCE

The Chair presented the revised Terms of Reference for the Advisory Committee. There was no discussion.

#### (Resolution 2/19)

(Moved Edie Moke seconded Helen Gillespie - carried)

That the Board:

i. Formally adopts the Terms of Reference for the West Coast Advisory Committee.

#### 5. HEALTHY FOOD AND BEVERAGE POLICY

Philip Wheble, General Manager, West Coast, presented this policy which was taken as read. It was noted that as part of the Annual Planning process that it is expected that DHBs will work with its contractors and providers to provide healthy food also.

# (Resolution 3/19)

(Moved Helen Gillespie/seconded Nigel Ogivie - carried)

That the Board:

- i. Formally endorses the West Coast DHB Health Food & Beverage Policy; and
- ii. Endorse the attached proposed communication plan for implementation.

#### 6. CHAIR'S UPDATE

Jenny Black, Chair, advised the Board that the West Coast DHB 2018/19 Annual Plan has been signed by the Minister.

The Chair's verbal update was noted

#### 7. CHIEF EXECUTIVE'S UPDATE

Before moving onto his report the Chief Executive tabled a communication prepared in response to an article in the Westport News around Orthopaedic Surgery. Discussion took place around this.

Mr Meates took his report as read and provided the following updates:

- The completion of the Grey Hospital is still unconfirmed with the level of activity on site being
  intermittent. At this stage the date being looked at is the end of July.

  It was noted that there are still some issues to be finalised and that this will be a disruptive site
  for quite some time yet.
- A Business Case for mental heath will be triggered during the year.
- The Clinical Support facility should be completed before the Grey Hospital facility.
- The responsibility for the Buller project has now shifted back to the DHB. We are looking to
  have the full design completed by September with construction commencing in 2020.
   User Group processes will commence during March from preliminary design through to detailed
  design.

Garry Howard will be the community representative on the team.

A query was made regarding parking at Grey Hospital and it was noted that the Sensory Garden and Rehabilitation will go ahead however the timing for this is not clear at the present time.

Chris Auchinvole, Board representative on the Tatau Pounamu Advisory Group advised the Board that the Advisory Group are grateful for having the Maori wording "Te Nikau" first in the name of the new Te Nikau Grey Hospital and Health Centre.

Discussion took place regarding the new facility at Buller and taking the community with us through the process. It was noted that it is expected that there will be a lot more visibility as construction commences.

Discussion also took place regarding the mental health business case and it was noted that this will come to the Board.

A query was made regarding the official opening and it was noted that no date has been set for this as yet.

The Chief Executive's update was noted.

#### 8. FINANCE REPORT

Justine White, Executive Director, Finance & Corporate Services, introduced Diane Pizzato, Finance Manager, and presented the finance report. The consolidated West Coast District Health Board financial result for the month of December 2018 was a deficit of \$691k, which was \$54k favourable to draft budget. The year to date net deficit of \$3,153 is \$127k favourable to draft budget (2<sup>nd</sup> submission).

Ms White advised that the January 2019 result was 71k favourable for the month and ytd 199k favourable.

It was noted that cost pressures are still the same including Aged Residential Care, risk around Pharmaceuticals.

It was also noted that fiscals will remain really challenging during the year and in particular the next 12 months.

The finance report was noted.

# 9. RESOLUTION TO EXCLUDE THE PUBLIC

(Resolution 4/19)

(Moved Kevin Brown/seconded Edie Moke – 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 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)
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1.	Confirmation of minutes of the Public Excluded meeting of 14 December 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.	9(2)(j) S9(2)(a)
4.	Risk Management Report	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.	Annual Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
6.	Report from Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)

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

The Public Excluded section of the meeting commenced at 2.20pm and concluded at 3	.15pm.
Jenny Black, Chair Date	



# WEST COAST DISTRICT BOARD – BOARD MEETING CARRIED FORWARD/ACTION ITEMS AS AT 29 MARCH 2019

	DATE RAISED/ LAST UPDATED	ACTION	COMMENTARY	STATUS
1.	10 August 2018	Presentation re Digital Systems	It was determined that it would be useful for the Board to receive a presentation on Digital Systems on the West Coast.	On today's Public Excluded Agenda
2.	2 November 2018	Disability Steering Group	The Alliance Leadership Team requested that the Board consider the extension of the Canterbury Disability Steering Group to include West Coast membership. Some work to come back to a future meeting.	On today's agenda

# DRAFT WEST COAST DHB PUBLIC HEALTH PLAN 2019-20



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** Community and Public Health

**DATE:** 29 March 2019

Report Status 1 of Decision - 140ting - Information -	Report Status – For:	Decision	$\overline{\checkmark}$	Noting		Information		
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# 1. ORIGIN OF THE REPORT

The Public Health Annual Plan is generated as a Ministry of Health requirement. The attached Plan will be presented to the Ministry of Health as a first draft by 5<sup>th</sup> April and final draft by 21<sup>st</sup> June 2019.

# 2. **RECOMMENDATION**

That the Board, as recommended by the West Coast Advisory Committee: i. endorse the draft West Coast DHB Public Health Annual Plan, 2019-20.

# 3. **SUMMARY**

The draft West Coast DHB Public Health Annual Plan 2019-20 is prepared as part of the Community and Public Health (C&PH) contract with the Ministry of Health.

#### 4. DISCUSSION

The Plan is based on a template which was developed in 2017 by the South Island Public Health Services and agreed by the Ministry of Health. The majority of outcomes in the Plan are shared across the South Island Public Health Services, with the priorities and some outcomes tailored to the West Coast DHB.

The Plan has two functions:

- as a appendix document to the West Coast DHB Annual Plan 2019-20, as the West Coast DHB Public Health Annual Plan,
- as the basis of the Community & Public Health contract with the Ministry of Health.

# 5. APPENDICES

Appendix 1: The Draft West Coast DHB Public Health Plan 2019-20 was included in the

Advisory Committee papers for this morning's meeting.

Report prepared by: Daniel Williams, Public Health Specialist, Community & Public Health

Approved for release by: Evon Currie, General Manager, Community & Public Health

# **ACCESSIBLE WEST COAST**



TO: Chair and Members

**West Coast District Health Board** 

SOURCE: Allied Health

**DATE:** 29 March 2019

Report Status – For: Decision ✓ Noting □ Information □

# 1. ORIGIN OF THE REPORT

This paper introduces the Accessible West Coast Plan and seeks endorsement that the West Coast DHB will become a signatory to the Accessible West Coast Plan

# 2. RECOMMENDATION

That the Board, as recommended by the West Coast Advisory Committee:

- i. endorse the Accessible Te Tai Poutini West Coast Strategic Plan 2019–2022 and
- ii. agree that the West Coast DHB become a signatory to the plan.

# 4. **SUMMARY**

The draft Accessible West Coast Plan is detailed in Appendix 1 which was provided as part of the Advisory Committee papers this morning.

# 5. APPENDICES

Appendix 1: Draft Accessible West Coast Plan provided in this morning's Advisory

Committee papers.

Approved for release by: Jacqui Lunday-Johnstone, Executive Director, Allied Health

# CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** Chief Executive

**DATE:** 29 March 2019

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.





# DELIVERING COMPREHENSIVE STABLE AND SAFE SERVICES IN THE COMMUNITY

# A: Reinvigorate the West Coast Health Alliance

These key messages include examples of the Alliance leveraging our integration with Canterbury and the rest of the South Island to progress local development in areas of need. At their last meeting in February the Alliance Leadership Team (ALT):

- Reviewed the Transalpine Disability Steering Group paper and provided direction for this.
- Discussed the annual plan including discussion about rural inequity issues, not just ethnicity equity issues.
- Noted the need to improve the visibility of planning in the community.
- Reviewed the workplans and provided feedback to the workstreams including a reminder to
  ensure the workstreams are considering an aspect of diabetes for their population group.
- The ALT plan to review all workstreams to ensure they all meet the agreed priority needs and are fit for purpose.

#### B: Build Primary and Community Capacity and Capability

#### **Primary**

# Integrated Health Services - Northern Region

- O After a recruitment process for the Manager Northern Region, we now have a new manager in place. The new manager, Deb Wright, has come from our quality team and has been in the acting role for the last few months, supporting the team while we go through the recruitment process.
- O The team met with the Ngakawau community to talk about the services being provided for the community. This was a good discussion and we are committed to working with the community to provide a sustainable health service for them.

#### South Westland Area Practice

- O Clinics are extremely busy with the influx of tourists. We have been using RNs from Greymouth with primary experience to support the RNSs over this time. However, releasing a staff member from services which are also short staffed has not allowed this initiative to be as successful as hoped.
- o The new Rover RNS is half way through her two month orientation programme.
- O Gemma Hutton, Franz Josef RNS, finished at the end of February to take up a NP intern role in Twizel. Recruitment is underway and closed at the end of February. Several RNs have made contact with the Team Leader to discuss this role and the second Haast role (which has now been vacant for a year).
- A significant weather event in February resulted in the Hari Hari-Whataroa road being closed. Continuity business plans were put in place to ensure patients continued to have access to medical services as required.

# Greymouth Medical Centre

- Both a NETP and a second RN have started work at GMC and are orientating to the new roles.
- o Unplanned is working well, especially on Mondays with a NP and GP rostered to cover the increased demand on that day.

# **Community**

#### Immunisation

O Planning for the 2019 school based HPV Immunisation Programme is well underway and dates have been set. Consent forms have gone out to the first schools to be vaccinated.

#### Cervical Screening

- o An initial meeting with relevant stakeholders has been held regarding the regional NCSP (National Cervical Screening Programme) plan for 2019-2020.
- We are also looking at holding a Maori/Pacific Island smear clinic at the same time as the breast screening bus is in Westport.

# Clinical Nurse Specialists

- O Thirty staff from Allen Bryant hospital have had their first session on Fundamentals of Palliative Care and the feedback from participants has been very positive. The aim is to also provide this education to our HBSS staff who are caring for palliative patients in their own homes.
- O The Cardiac CNS is currently facilitating an 8 week cardiac rehabilitation programme supported by our allied health team. This is a community based group for patients who have had a cardiac event recently and aims to help them improve their cardiac

and general health so that they don't return as patients with further complication. This is a nationally accepted programme that is run three to four times a year based on demand.

#### Dental Service

O A recent Oral Health Model of Care consultation meeting showed a workable cohesive system for children overall. A couple of issues were raised around future succession planning for our three therapists which can make our service vulnerable and how we find and provide services to new children to the district. Not every new family to the Coast seeks out oral health care for their children and to a certain extent we rely on primary practice and our Rural Nurse team to refer people in.

# Home Based Support Services

- HBSS continue to recruit support workers coast-wide to meet an increasing client need. Six new employees are about to be orientated and begin work. All are of a high standard.
- o Two new FIRST Support Workers have recently been employed and the first of this years clients begins with the service next week.

# C: Hauora Maori Update

- Equity planning 2019/20 Annual Planning: This year the Maori health team are working towards engaging key priority leads to consider equity actions much earlier in the Annual Planning process. In 2019/20 there is a strong expectation that each service priority area will include 2 equity actions. We want to work alongside teams to make sure that equity is being considered from a whole of system perspective and that the activity planned is explicit, and deliberate and will make a difference to the health of our Maori population. We are currently developing a framework and working on a process that will focus on driving outcomes across the health spectrum and how equity is measured.
- Maori Mental Health Review: All feedback from the initial recommendations has been considered and a proposal for a new service is currently being written. This proposal will identify key elements of the future service and provide a scope that can be used to request proposals moving forward.
- National Rural Health Conference 2019: Our team will be attending the conference as presenters, sharing our knowledge and early experiences of introducing the Takarangi Cultural Competency framework at the West Coast DHB. Our presentation will focus on learnings from being the first DHB in the South Island to roll out a Maori cultural competency programme and examine both the positives and the challenges. Focus groups have been held with participants to hear their thoughts and experiences first hand and these quotes will be included in the presentation. Gary Coghlan and Moe Milne will be delivering with Brittany Jenkins and Kylie Parkin on hand to assist with any questions.

#### Te Waipounamu Maori Leadership Group for Cancer – key points from meeting:

- A quarterly dashboard has been revised to allow for comparison between DHBs for different tumour streams, ethnicities and treatment modalities and to also be able to longitudinally track progress.
- o An Equity Assessment Framework was endorsed for implementation across all aspects of the Southern Cancer Networks work.
- O Southern Cancer Network Planning for 2019/20 the Te Waipounamu Maori Leadership Group agreed to five themes that need to be embedded through the SCN workplan

- Equity across everything SCN is working on
- Ensuring equity of outcomes
- Cultural competency of the workforce
- Focus on prevention and early detection
- Equity focused monitoring and reporting including articulating the equity gap more explicitly
- National Bowel Screening Programme: The Ministry of Health has accepted the recommendation that the age range for Maori be extended to 50 years old.



# **DELIVERING MODERN FIT FOR PURPOSE FACILITIES**

# A: Facilities Maintenance Report

- Work by maintenance staff has begun on minor repairs and repainting of the exterior of the Reefton Hospital.
- The Grey Hospital Pedestrian Bridge is on site and design sign off for the altered access is still with the Grey District Council.
- Autoclaves in the Central Sterilisation Department have successfully completed their annual validation.
- A new Hazardous Substances and New Organisms contractor has been engaged to recertify the Grey Base site. Worksafe are being asked to re-consider our request for an exemption for the diesel tank location by the laundry.
- Blackout testing was completed successfully at Grey Hospital to allow the removal of the existing site emergency backup generator for transfer to the rebuild.

# B: Partnership Group Update



#### Grey

- Fletcher is currently projecting a hospital and IFHC handover date for mid 2019.
- The external cladding on the building is progressing with Nu wall and tile installation close to completion. Note, these external cladding materials are part of a façade build-up that includes a rain screen, which has already been installed meaning the building is weather tight.
- The boiler house flues have been installed and the in-ground services connections are progressing well.
- Fit out of the north end of the main building is advanced, with most internal walls painted, floor prep completed, ceiling grid and doors installed, particularly in the ground floor maternity area and first floor IPU.
- Fit out of the IFHC is close to finished, with most internal walls painted, doors installed and ceilings installed.
- Fit out in the south end of the building has been building momentum, with internal walls now lined in the emergency and radiology areas.
- FF&E contractors have been visiting the site in preparation for installation of the major

- equipment, particularly theatre and imaging. The surgical and anaesthetic pendants in the operating theatres have been installed by Getinge. The installation of the sterilising service new equipment is scheduled to commence at the end of March.
- Robust plans are being developed for the move of the existing hospital. Migration commissioning strategy work is ongoing with all parties progressing interface planning with existing services.
- An overarching macro-migration plan has been developed in consultation with each clinical and support service. This document will be supported by *Move Plans* which are specific for each clinical and support service and also include service continuity plans. The macro-migration plan will also be supported by *Daily Activity Schedules* and the *Patient Move Plan*.
- DHB migration planning meetings were held on 21 and 22 March with all clinical and support services.
- A new video tour of Te Nikau, Grey Hospital and Family Health Centre has been uploaded onto the DHB website

#### Buller

- On 19 November, the Minister of Health visited the existing facility in Buller and announced the joint Minister's approval of \$20M for the Buller IFHC. Following this announcement, the project management of the Buller IFHC has been transferred back to the West Coast DHB.
- Clinical and support service user groups will be re-engaged in early May to progress the next phases of the design. Additionally, the Buller District Mayor, as the District Council appointed representative for the design phase, will participate in this process.
- The consultant contracts have now been novated from the MoH back to the West Coast DHB. The project consultant design team includes:
  - o Warren and Mahoney, Architecture services
  - o Calibre Consulting, Structural engineering
  - Aecom, Mechanical and Electrical engineering
  - o WT Partnership, Quantity Surveying



#### RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

#### A: Hospital Services includes Secondary Mental Health Services

# **Hospital Services**

# Nursing

- Staff are working well together moving across all disciplines including Kahurangi to help when unexpected vacancies appear in the roster due to short notice sick leave. Communication between staff and patients has improved with the introduction of the care plan which has to have the patient's signature at the bottom. Staff are beginning to get excited about the new facility with some having the ability to walk through and see the progress; so far the feedback has been positive.
- A significant amount of staff were deployed out to other areas (trending up) which shows the embedding of the generalist workforce and a caring culture within Grey Base. We still have a number of vacancies in the Emergency Department due to staff changing positions which we are slowly filling and looking at different models for the maternity

- unit to ensure safe staffing levels.
- Overall, hospital occupancy for December was 72%, a 2% increase from January. Paediatrics had the biggest increase at 45%, whilst CCU was up 22%. Hospital services have seen an increase of 65% orientation hours largely down to the New Graduates joining the team. Sick leave has increased by 4%, 1:1 hours has decreased by 54%.

#### Allied Health

- Work continues to develop a robust audiology service within the district, that supports our commitment to delivering care as close to home as possible. Challenges include understanding the volumes of activity for the various services that are currently offered and limited regional resource particularly with paediatric audiologists.
- Occupational Therapy services are currently experiencing considerable pressure due to ongoing challenges with recruitment and increased requirement for Enable funding access.
- Recruitment remains ongoing for Radiology, Psychology, Pharmacy and Physiotherapy across Hospital Services, Mental Health and Primary & Community teams.
- As reported in previous months, 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.
- The transalpine Allied Health leaders continue to develop our 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 transalpine Allied Health leaders are also reviewing proposals for new graduate programmes that provide opportunities for therapists to work across the various campuses at CDHB and the WCDHB. The aim is to have these rotational programmes defined and ready for implementation at the beginning of 2020.
- Work is progressing on the ePharmacy programme that will align the electronic medication management systems with the SI-regional plan. This piece of work is crucial due to the current system Windose no longer being supported technically as of December 2019.
- A variety of 'test of change' processes are currently being shaped up to use Allied Health Assistants in new ways within inpatient and community settings, which support our Model of Care and commitment to releasing clinicians to work to the top of scope.
- A number of clinicians have participated in workshops with their CDHB colleagues in the last two months learning about new models of service delivery and ways they can lead at all levels of the organisation. Further workshop opportunities are planned, to engage the workforce in innovation and openness to change.

#### Mental Health

- We have contracted a clinical psychologist to provide psychometric testing to both clients of the CAMHS and adult service.
- We have a nurse that has joined the CAMHS service on her 12 month secondment from CDHB. She brings a wealth of knowledge and experience to the team and has made a

- positive impact already. Michelle is currently undergoing the new orientation process to the CAMHS service and will be able to provide valuable feedback on its contents and relevancy.
- The Mental Health Education role has been extended out further. There has been total support for this role amongst the workforce and it is evident that a meaningful and relevant training calendar is being devised to meet their needs.
- Two new appointments have been made to the Kahurangi unit; Clinical Nurse Manager and Associate Clinical Nurse Manager. Both are in post on 1 year fixed term positions. They bring with them a wealth of experience and knowledge. Both are participating in an orientation and training programme at present.
- We are recruiting for two new roles within AOD. The CEP (Co Existing Problems) nursing roles will afford better range of treatment options for clients.
- Kahurangi successfully passed the audit process recently with minimal recommendations made. It's a testimony to the staff for all the hard work they have put in over the last few months to ensure such an outcome.





# **DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES**

# A: Improve Transport Options for Patient Transfers

The following transport initiatives are in place to support the safe transfer of patients:

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

On 27 February 2019, the Ministry of Health published The National Travel Assistance Scheme<sup>1</sup>: Policy Recommendations Report, examining the way patients and whānau are supported with travel and accommodation costs within the health system.

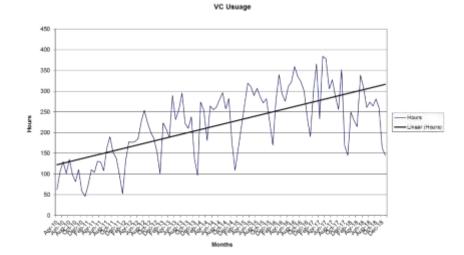
The need for equity and flexibility were key findings. Recommendations around improving the current scheme included governance, information technology and sustainable planning/commissioning by DHBs. There were also recommendations for further work to enable more ambitious change including expanding eligibility and scope.

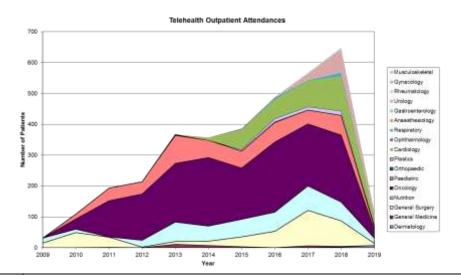
# B: Champion the Expanded use of Telemedicine Technology

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

Item7-BoardPublic-29March2019-CEUpdate

<sup>&</sup>lt;sup>1</sup> The National Travel Assistance Scheme was designed to help with transport and accommodation costs for people who need to travel long distances, or often, for specialist hospital treatment.







# INTEGRATING THE WEST COAST HEALTH SYSTEM

#### A: Older Persons Health Services

Dementia Services Across the West Coast: An education session was held by Dr Mathew Croucher and Dr Jackie Broadbent earlier this month to highlight the revised Cognitive Impairment Pathway and support clinicians to diagnose and refer people with dementia to appropriate services. This evening presentation, delivered via video conference, was attended by a total of 81 primary care clinicians and stakeholders from around the West Coast. As the World Health Organisation anticipates a doubling in numbers of dementia diagnoses by 2050, it is timely for us to continue developing services that help people to live well with dementia and keep them well at home. The Health of Older People Workstream have prioritised the dementia journey in their 2019-20 workplan:

- Prevention: Promoting healthy lifestyles proven to reduce the incidence of cognitive decline
- Early diagnosis and support: Enabling general practice to achieve and convey a dementia diagnosis, and make appropriate referrals.
- Specialist care: Investigating the possibility of specialist nurses to support general practices
  to deliver dementia best practice in a similar way to how a diabetes specialist nurse might
  work.

#### **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 February 2019 was a deficit of \$456k, which was \$2k favourable to budget. The year to date net deficit of \$4,179k is \$200k favourable to budget.

	M	Monthly Reporting			Year to Date	
	Actual	Actual Budget Variance			Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(133)	(138)	5	(1,154)	(1,182)	28
Funder Arm	99	213	(114)	646	627	19
Provider Arm	(422)	(533)	111	(3,671)	(3,824)	153
Consolidated Result	(456)	(458)	2	(4,179)	(4,379)	200

# **B:** Effective Clinical Information Systems

- **eReferrals**: Stage 3 electronic triage: eReferrals Stage 3, eTriage has gone live for fourteen services including Plastics, Gynaecology, General Surgery, General Medicine, Diabetes, Nutrition, Podiatry, Cardiology, Neurology, Dermatology, Sarcoma, Neurosurgery, Nephrology, with Orthopaedic Paediatrics going live February 2019. Rheumatology is due to go live early April. Urology, Paediatrics and Physiotherapy to go live in May.
- New Facility Work: The dual fibre optic network into the new building is now live which is an important milestone, as it is the first time a healthcare facility on the West Coast has had a fully diverse fibre optic network. Audio Visual capex request has been approved and order placed with supplier.
- **Desktop refresh**: In conjunction with the Canterbury DHB a complete refresh of the computer desktop experienced by staff is underway. This will result in a move to modern operating system on all end user devices, including the first time ever West Coast DHB has been able to implement a recent version of the Microsoft office productivity tool.
- Telehealth Replacement: The new Telehealth system is progressing slowly. Some discussions with suppliers have resulted in renewed focus and most issues bring resolved. Timeframes will be cleared in next reporting period.
- Patientrak: The electronic nursing observation tool, Patientrak, widely deployed within the Canterbury DHB went live in February at West Coast DHB.
- eOrders: Scoping has been completed with the implementation of radiology eOrders. This will allow safer process for ordering of radiology tests, allowing clinical staff to order electronically and then providing electronic sign off. Capital request has been approved with statement of work going through sign off. Project kick off to occur within May.
- Titanium: Capex request completed and within sign off for the implementation of Titanium dental software into West Coast DHB for both hospital based dental treatment and community.
- Mental Health emergency call: An analysis of options has been completed on technology to alert should staff need an immediate assistance in a mental health area. A short term tactical solution has been selected with the longer term solution still to be determined. The supplier has been engaged with implementation timeframes to be

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

#### Media interest

- Releases
  - West Coast DHB announces high level Buller Health facility timeline
  - O Public Health Warning Marine biotoxin in shellfish from Hector South to Greigs
  - West Coast DHB introduces Patientrack across the Coast
  - o Shellfish biotoxin alert between Hector and Greymouth extended

#### Enquiries

- o Potential privacy breach
- o Orthopaedic services
- o Aged Care services update
- o Cataract surgeries on the Coast
- o Equipment sterilisation procedures
- o Update on physiotherapy services in Hokitika
- o Buller Medical services phones
- o Runanga water supply issues

# Social media posts

- Ovarian Cancer Awareness month (1<sup>st</sup> February 28<sup>th</sup> February 2019)
- Endometriosis Awareness week (3<sup>rd</sup> February 9<sup>th</sup> March 2019)
- World Tinnitus Awareness week (4<sup>th</sup> February 10<sup>th</sup> February 2019)
- Congenital Heart Defect Awareness day 7<sup>th</sup> February 2019
- International Women's Day celebrations 8<sup>th</sup> March 2019
- Living Streets Aotearoa Walk2Work day 13<sup>th</sup> March 2019
- Public Health warning re shellfish biotoxin along West Coast (Hector to Greymouth)
- Various posts (Facebook and Twitter) promoting current West Coast DHB vacancies

#### **Publications**

■ CE Update – March 2019



#### PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES

# Key Achievements/Issues of Note

Measles: There is currently a large community outbreak of measles in Canterbury. As at the time of compiling this report there had been no confirmed cases of measles on the West Coast. CPH has sent an advisory to West Coast primary care practices. This advised healthcare workers to check that they are immune and to continue to carry out MMR (measles, mumps, rubella) vaccinations as usual. Children aged between 12-15 months can have their first MMR dose any time after 12 months of age. We have also worked with our Canterbury colleagues and the Ministry to ensure that supplies of MMR vaccine to the Coast are disrupted as little as possible by the enhanced vaccination programme being put in place in Canterbury, though temporary delays are likely. Doctors and nurses have also been asked to be vigilant and notify us promptly of any suspected cases of measles.

- Nutrition: CPH staff delivered two nutrition sessions with ten Workcare clients as part of their 12 week pilot programme for getting back into work. The sessions covered nutrition for work; the importance of nutrition; lunchbox and meal ideas, and sharing clients' tips and tricks for eating on the West Coast (considering food cost and access). The sessions promoted also the Appetite for Life courses coming up in April (in Greymouth and in Hokitika) and a cooking skills class and our referral process with Workcare was agreed.
- Physical Activity: Tai Chi classes supported by CPH have restarted after the Christmas break. Some classes are experiencing a growth in numbers of participants. Recently CPH arranged a visit to one of the classes by a Chinese Tai Chi practitioner. She gave a brief outline of her Tai Chi knowledge and a demonstration of the '24 Forms' to the group. CPH is already in discussion with her about providing some opportunities for instructor training as she will be on the Coast until the end of the year.
- Alcohol Licensing: Thorough preparation is a key strategy in managing large events to reduce alcohol related harm, and this was no more evident than at the Hokitika Wildfoods Festival held on 9 March 2019. Prior to the event representatives of NZ Police, the Medical Officer of Health and the event coordinator met with the groups controlling the Special Licence areas at the event. CPH staff also took part in regular monitoring on the day of the special licence areas and the festival grounds to assess levels of intoxication. A controlled purchase operation was also conducted at the Festival and alcohol outlets in Hokitika. There were no sales to the underage volunteers.
- Smokefree: Our health promoter worked with the Events Manager for the Wildfoods Festival to make the event Smoke and Vape-Free and implemented a policy to support this. Smokefree signage and flags were put up at the event to inform attendees that the event is Smokefree. We are currently evaluating how successful this was and plan to work with the Event Manager to make other events organised by Destination Westland Smoke and Vape-free.
- CPH also co-ordinated West Coast Tobacco Free Coalition's submission on the Draft Westland Tai Poutini National Park Management Plan. This advocated for Smokefree signage to be implemented at all public facilities and areas such as lookouts, picnic areas, shelters, car parks and the gondola amenities area should that go ahead). It also suggested changing the current Smokefree signage at DOC Huts to a standalone internationally recognised Smokefree sign.

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

Approved for release by: David Meates, Chief Executive

# **West Coast DHB national performance measures report**

Quarter 2 2018/19: October - December 2018



#### What are the national performance targets?

This report presents current performance against the national performance measures formerly referred to as national health targets. A new set of highlevel measures are being developed, however these have not been released to

These measures still reflect Canterbuy's performance in a reas of significant public and government interest and continue to be tracked by the Ministry as part of the DHB's quarterly performance reporting suite. The targets remain in place until the new high-level measures set is released. We will continue to present performance a cross these priority a reas. Three of the measures focus on patient access and three focus on prevention.





■ Māori ■ Tota l







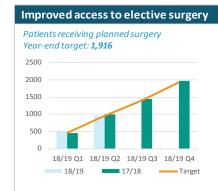




# Shorter stays in ED Patients admitted, discharged or transferred ED within six hours. Target: 90% 100% 90% 80% 70% 60% 50% 17/18 Q3 17/18 Q4 18/19 Q1 18/19 Q2 Total Māori Target NZ

97%

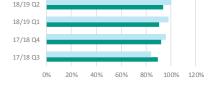
The West Coast continues to achieve the national ED target, with 97% of patients admitted, discharged or transferred from ED within 6 hours during quarter two.



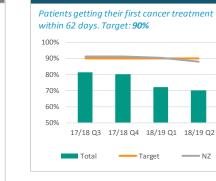
102%

The West Coast DHB provided 963 elective surgical discharges, higher than anticipated. delivering 102% of planned discharges for quarter two.





This measures reflects patients in our hospitals, identified as smokers, being offered advice and help to auit smoking.

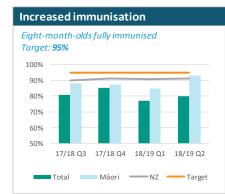


Faster cancer treatment

This quarter 70% of patients received treatment on time. Small numbers are challenging with this result reflecting only seven patients who were not seen within the 62 day period.

70%

A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

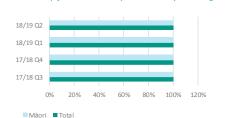


Three children were missed this quarter, a drop in performance compared to last quarter.

80%

Overall, 96% of eligible (consenting) 8-month-olds were fully immunised. Strong results were a chieved for Asian (100%) children.

#### Better help for smokers to quit: maternity smoking



The Ministry sources this data for DHBs from the national Maternity Data Set. It should be noted that the source of the data only represents around 80% of all pregnancies nationally and the measure is still considered developmental. Results are provided for information only.

# Better help for smokers to quit

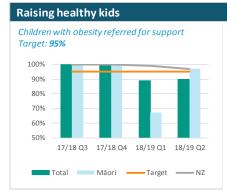




West Coast health practitioners have reported giving 4,669 s mokers cessation a dvice in the 15 months ending December 2018. This represents 89.8% of smokers against the 90% target.

90%

88.4% of Mā ori and 83.3% of our Pacific populations were given brief advice to quit smoking.



90%

During quarter one, 21 children were identified as obese and offered referrals for support. Fourteen of these were an acknowledged referral with one child already under care. Four declined a referral.

Two children were referred but acknowledgement was received outside of the 30 day target. Work with the primary practices will continue to highlight the importance of acknowledging referralsina timely way.

Produced by Canterbury and West Coast DHB Planning and Performance team. PTO for data definitions.

# FINANCE REPORT



TO: Chair and Members

**West Coast District Health Board** 

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

DATE: 29 March 2019

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 notes the financial results for the period ended 28 February 2019.

# 3. <u>DISCUSSION</u>

# **Overview of February 2019 Financial Result**

The consolidated West Coast District Health Board financial result for the month of February 2019 was a deficit of \$456k, which was \$2k favourable to budget. The year to date net deficit of \$4,179k is \$200k favourable to budget.

#### Statement of comprehensive revenue and expense

For period ending 28 February 2019

		Monthly Rep	orting			Year to Da	ate		Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	11,905	11,961	(56)	(0.5%)	95,863	95,311	552	0.6%	143,217
Inter DHB Revenue	0	0	0	0.0%	8	0	8	0.0%	0
Inter District Flows Revenue	145	144	1	0.7%	1,247	1,160	87	7.5%	1,735
Patient Related Revenue	639	511	128	25.0%	4,819	4,640	179	3.9%	6,860
Other Revenue	56	53	3	5.7%	475	501	(26)	(5.2%)	740
Total Operating Revenue	12,745	12,669	76	0.6%	102,412	101,612	800	0.8%	152,552
Operating Expenditure									
Personnel costs	5,526	5,844	318	5.4%	46,411	46,401	(10)	(0.0%)	69,123
Outsourced Services	0	. 0	0	0.0%	0	. 0	0	0.0%	0
Treatment Related Costs	609	587	(22)	(3.7%)	4.961	5,160	199	3.9%	7,750
External Providers	3,511	3,299	(212)	(6.4%)	27,097	26,980	(117)	(0.4%)	40,523
Inter District Flows Expense	2,043	1,874	(169)	(9.0%)	15,574	14,968	(606)	(4.1%)	22,455
Outsourced Services - non clinical	111	111	Ó	0.0%	877	890	13	1.4%	1,334
Infrastructure and Non treatment related costs	978	939	(39)	(4.2%)	7,964	7,851	(113)	(1.4%)	12,566
Total Operating Expenditure	12,778	12,654	(124)	(1.0%)	102,885	102,250	(635)	(0.6%)	153,751
Result before Interest, Depn & Cap Charge	(33)	15	(48)	(320.0%)	(473)	(638)	(165)	25.9%	(1,199)
Result before interest, Depir & Cap Charge	(33)	13	(40)	(320.070)	(473)	(030)	(103)	23.570	(1,155)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	298	344	46	13.4%	2,705	2,734	29	1.1%	3,400
Capital Charge Expenditure	125	129	4	3.1%	1,001	1,008	7	0.7%	1,488
Total Interest, Depreciation & Capital Charge	423	473	50	10.6%	3,706	3,742	36	1.0%	4,888
Net Surplus/(deficit)	(456)	(458)	2	0.4%	(4,179)	(4,379)	200	4.6%	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(456)	(458)	2	0.4%	(4,179)	(4,379)	200	4.6%	(6,087)

# 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

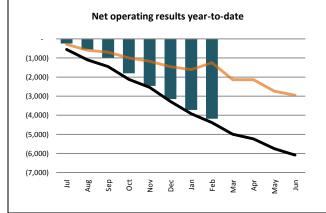
Report prepared by: Justine White, Executive Director, Finance & Corporate Services

#### APPENDIX 1: FINANCIAL RESULT

# FINANCIAL PERFORMANCE OVERVIEW – February 2019

#### Net operating results

	Month Actual	Month Budget \$'000	Month	Variano	e	YTD Actual	YTD Budget	YTD V	ariance	
	¥ 000	• •••	• • • • •			<b>¥</b> 000	<b>V</b> 000	* ****		
Surplus/(Deficit)	(456)	(458)	2	0%	~	(4,179)	(4,379)	200	-5%	~



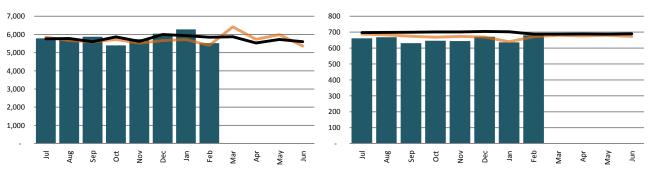
Over the last few financial years West Coast DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Hospital/IFHC. Full implementation needs to be co-ordinated with the completion of the new facility. New ways of working need to be embedded before we move into the new facility. Our draft plan has been submitted based on the building being completed in the 1st quarter of 2019, delays in the rebuild not only increase the cost of the build (influencing out-years capital charge and depreciation costs), but will impact operational expenditure where we have either factored savings; or periods costs of embedding new models of care in our old facility in our draft plan. These efficiencies are at risk as the facilities delays continue, and will impact detrimentally on our planned financial results.

Personnel FTE (accrued)

#### **Personnel costs & FTE**

	Month Actual	Month Budget	Month	Variance	e	YTD Actual	YTD Budget	YTD V	ariance	
	\$.000	\$.000	\$.000			\$.000	\$.000	\$.000		
Medical	1,431	1,404	(27)	-2%	X	12,586	12,098	(488)	-4%	X
Nursing	2,406	2,810	404	14%	~	20,267	20,470	203	1%	~
Allied Health	943	938	(5)	-1%	X	7,627	7,831	204	3%	
Support	127	86	(41)	-48%	X	775	765	(10)	-1%	X
Management & Admin	619	606	(13)	-2%	X	5,155	5,236	81	2%	~
Total	5,526	5,844	318	5%	V	46,410	46,400	(10)	0%	X

#### Personnel costs (incl Locums)



#### **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.

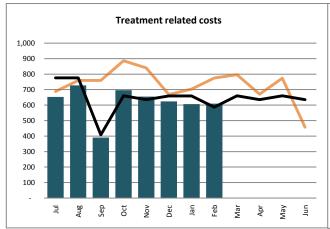
2018/19 YTD Actual

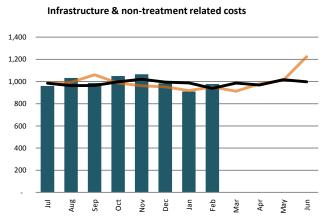
-2017/18 YTD Actual

-2018/19 YTD Budget

# Treatment and non-treatment related costs

	Month Actual \$'000	Month Budget \$'000	Month	Varianc	e	YTD Actual	YTD Budget	\$:000 \$TD V	ariance	
Treatment related costs	609	587	(22)	-4%	X	4,961	5,160	199	4%	
Non Treatment related costs	951	830	(121)	-15%	X	7,807	7,561	(246)	-3%	X





#### **KEY RISKS AND ISSUES:**

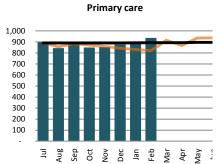
Treatment related costs favourable variance is driven from lower volumes of high cost pharmaceuticals and PCTs. It is still too early in the year to bank these YTD savings. Our DHB has low volumes of these types of drugs and if we have one or two patients prescribed these high cost medicines our pharmaceuticals cost will increase significantly.

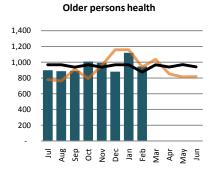
Overall we are continuing to monitor to ensure overspend in **non-treatment related costs** to ensure this is limited wherever possible.

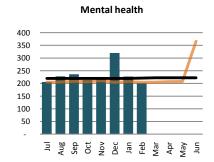
# **External provider & inter district flows costs**

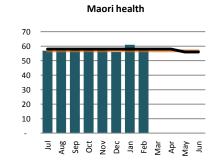
	Month	Month								
	Actual	Budget	Month	Varianc	e	YTD Actual	YTD Budget	YID V	ariance	ļ
	\$.000	\$.000	\$.000			\$.000	\$.000	\$.000		ļ
Secondary Care	1,200	1,254	54	4%	~	10,133	10,045	(88)	-1%	X
Primary Care	936	892	(44)	-5%	×	7,037	7,123	86	1%	~
Older Person's Health	945	874	(71)	-8%	X	7,618	7,587	(31)	0%	X
Mental Health	200	221	21	10%	-	1,850	1,761	(89)	-5%	X
Maori Health	57	58	1	2%	-	459	464	5	1%	~
IDF	2,216	1,874	(342)	-18%	×	15,574	14,968	(606)	-4%	X
Outsourced Clinical	111	111	-	0%	V	877	890	13	1%	~
Total	5,665	5,284	(381)	-7%	Х	43,548	42,838	(710)	-2%	×

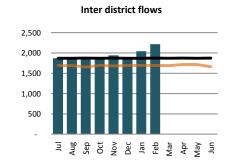
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# **KEY RISKS AND ISSUES:**

YTD Provider payments are showing an unfavourable result to draft plan of \$710K, with the main drivers being Inter district flows, hospital level ARC bed days and community pharmaceuticals. Capacity constraints within the system require continued monitoring of trends and demand for services. We are also currently seeing a high demand for referred radiology, which we will monitor closely.

#### **Financial position**

	Month Actual \$'000	Month Budget \$'000	Month Variance		Annual Budget \$'000	
Equity	21,530	21,329	201	1%	~	100,302
Cash	10,320	10,989	(669)	-6%	X	10,630

#### **KEY RISKS AND ISSUES:**

West Coast DHB has not received deficit support funding as budgeted (2.9m), which is driving the unfavourable result.

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

For period ending

28 February 2019

		Monthly Rep	orting			Year to Da	ate		Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	11,905	11,961	(56)	(0.5%)	95,863	95,311	552	0.6%	143,217
Inter DHB Revenue	0	0	0	0.0%	8	0	8	0.0%	0
Inter District Flows Revenue	145	144	1	0.7%	1,247	1,160	87	7.5%	1,735
Patient Related Revenue	639	511	128	25.0%	4,819	4,640	179	3.9%	6,860
Other Revenue	56	53	3	5.7%	475	501	(26)	(5.2%)	740
Total Operating Revenue	12,745	12,669	76	0.6%	102,412	101,612	800	0.8%	152,552
Operating Expenditure									
Personnel costs	5,526	5,844	318	5.4%	46,411	46,401	(10)	(0.0%)	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	609	587	(22)	(3.7%)	4,961	5,160	199	3.9%	7,750
External Providers	3,511	3,299	(212)	(6.4%)	27,097	26,980	(117)	(0.4%)	40,523
Inter District Flows Expense	2,043	1,874	(169)	(9.0%)	15,574	14,968	(606)	(4.1%)	22,455
Outsourced Services - non clinical	111	111	0	0.0%	877	890	13	1.4%	1,334
Infrastructure and Non treatment related costs	978	939	(39)	(4.2%)	7,964	7,851	(113)	(1.4%)	12,566
Total Operating Expenditure	12,778	12,654	(124)	(1.0%)	102,885	102,250	(635)	(0.6%)	153,751
Result before Interest, Depn & Cap Charge	(33)	15	(48)	(320.0%)	(473)	(638)	(165)	25.9%	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	298	344	46	13.4%	2,705	2,734	29	1.1%	3,400
Capital Charge Expenditure	125	129	4	3.1%	1,001	1,008	7	0.7%	1,488
Total Interest, Depreciation & Capital Charge	423	473	50	10.6%	3,706	3,742	36	1.0%	4,888
Net Surplus/(deficit)	(456)	(458)	2	0.4%	(4,179)	(4,379)	200	4.6%	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(456)	(458)	2	0.4%	(4,179)	(4,379)	200	4.6%	(6,087)

# APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

28 February 2019

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	22,862	102,184	(79,322)	(77.6%)	25,341
Intangible assets	492	421	71	17.0%	446
Work in Progress	6,830	4,796	2,034	42.4%	4,796
Otherinvestments	605	604	1	0.2%	519
Total non-current assets	30,789	108,004	(77,215)	(71.5%)	31,102
Current assets					
Cash and cash equivalents	10,320	10,989	(669)	(6.1%)	11,724
Patient and restricted funds	(11)	54	(65)	(120.4%)	54
Inventories	1,077	1,058	19	1.8%	1,058
Debtors and other receivables	3,531	3,726	(195)	(5.2%)	3,725
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	14,917	15,827	(910)	(5.7%)	16,561
Total assets	45,706	123,831	(78,125)	(63.1%)	47,663
Total assets	43,700	123,031	(70,123)	(03.170)	47,003
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,758	2,443	(315)	(12.9%)	2,443
Other	72	71	(1)	(1.4%)	71
Total non-current liabilities	2,830	2,514	(316)	(12.6%)	2,514
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	10,348	8,503	(1,845)	(21.7%)	8,503
Employee entitlements and benefits	10,998	10,736	(262)	(2.4%)	10,939
Total current liabilities	21,346	19,239	(2,107)	(11.0%)	19,442
Total liabilities	24,176	21 752	(2,423)	(11.1%)	21,956
Total habilities	24,170	21,753	(2,423)	(11.1%)	21,930
Equity					
Crown equity	85,994	85,994	0	0.0%	85,994
Other reserves	25,681	25,681	0	0.0%	25,681
Retained earnings/(losses)	(90,145)	(90,346)	(201)	(0.2%)	(85,968)
Trust funds	0	0	0	0.0%	0
Total equity	21,530	21,329	(201)	(0.9%)	25,707
				_	
Total equity and liabilities	45,706	43,082	2,624	6.1%	47,663

# APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending 28 February 2019

		Monthly Rep	porting			Year to D	ate	
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities			i i					
Cash receipts from Ministry of Health, patients and		0.000				0.000.000.000		
other revenue	13,160	12,644	516	4.1%	103,904	101,362	2,542	l
Cash paid to employees	(5,737)	(6,044)	307	5.1%	(45,543)	(46,604)	1,061	2.3%
Cash paid to suppliers	(2,341)	(1,637)	(704)	(43.0%)	(13,716)	(13,522)	(194)	(1.4%)
Cash paid to external providers	(2,657)	(3,299)	642	19.5%	(25,175)	(26,980)	1,805	6.7%
Cash paid to other District Health Boards	(2,888)	(1,874)	(1,014)	(54.1%)	(17,943)	(14,968)	(2,975)	(19.9%)
Cash generated from operations	(463)	(210)	(253)	120.1%	1,527	(712)	2,239	(314.4%)
Interest paid	0	(0)	О	100.0%	o	(0)	0	100.0%
Capital charge paid	0	(129)	129	100.0%	(751)	(1,008)	257	25.5%
Net cash flows from operating activities	(463)	(339)	(124)	36.4%	776	(1,720)	2,497	(145.1%)
Cash flows from investing activities								
Interest received	27	27	0	0.0%	226	242	(16)	(6.6%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	О	0.0%
Acquisition of property, plant and equipment	(549)	(723)	174	24.1%	(2,133)	(4,394)	2,261	(51.5%)
Acquisition of intangible assets	1	0	1	0.0%	(191)	0	(191)	
Net cash flows from investing activities	(531)	(696)	165	(23.7%)	(2,098)	(4,152)	2,054	49.5%
Cash flows from financing activities								
Proceeds from equity injections	0	o	О	0.0%	0	2,949	(2,949)	100.0%
Repayment of equity	0	o	О	0.0%	0	0	О	0.0%
Cash generated from equity transactions	0	0	0	0.0%	0	2,949	(2,949)	100.0%
Borrowings raised								
Repayment of borrowings	0	o	o	0.0%	о	0	О	0.0%
Payment of finance lease liabilities	0	0	o	0.0%	o	0	О	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	
Net increase in cash and cash equivalents	(994)	(1,036)	41	(4.0%)	(1,321)	(2,925)	1,604	(54.8%)
Cash and cash equivalents at beginning of period	11,312	12,026	(714)	(5.9%)	11,724	11,727	(3)	(0.0%)
Cash and cash equivalents at end of period	10,318	10,990	(672)	(6.1%)	10,403	8,802	1,601	18.2%

# RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members

**West Coast District Health Board** 

**SOURCE:** Board Secretary

**DATE:** 29 March 2019

Report Status – For:	Decision 🔽	Noting	Information		
report otatas 1 or.	Decision	r toting 🖿	imomation	_	

# 1. ORIGIN OF THE REPORT

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

# 2. RECOMMENDATION

That the Board:

- i resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6, 7 & 8 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 15 February 2019	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.	Annual Planning Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
4.	Rating Summary Update	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	S9(2)(j)
5.	Clinical Leaders Emerging Issues	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  Protect the privacy of natural persons.	9(2)(j) S9(2)(a)
6.	People Report	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).  Protect the privacy of natural persons.	9(2)(j) S9(2)(a)

7.	Information Services Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
8.	FPIM Business Case	To carry on, without prejudice or disadvantage, negotiations (including	9(2)(j)
		commercial and industrial negotiations).	

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 Secret
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# WEST COAST DHB – MEETING SCHEDULE FEBRUARY – DECEMBER 2019

DATE	MEETING	TIME	VENUE
Thursday 7 February 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 15 February 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 15 February 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	Advisory Committee Meeting	11.30am	St John, Water Walk Rd, Greymouth
Friday 29 March 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 2 May 2019 (in place of ANZAC Day)	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 10 May 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 10 May 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Tuesday 18 June 2019	Special QFARC Teleconference	2.30pm	Boardroom, Corporate Office
Friday 28 June 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 28 June 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 25 July 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 9 August 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 9 August 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 27 September 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 24 October 2019	QFARC Meeting	1.30pm	Boardroom, Corporate Office
Friday 1 November 2019	Advisory Committee Meeting	10.30am	St John, Water Walk Rd, Greymouth
Friday 1 November 2019	BOARD MEETING	1.00pm	St John, Water Walk Rd, Greymouth
Thursday 28 November 2019	QFARC Teleconference (if required)	1.30pm	Boardroom, Corporate Office
Friday 13 December 2019	BOARD MEETING	10.00am	St John, Water Walk Rd, Greymouth