

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



BOARD MEETING

**Friday 10 May 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
Francois 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*)
Brittany Jenkins (*Acting Director of Nursing*)
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*)

WEST COAST DISTRICT HEALTH BOARD MEETING
to be held at St John, Water Walk Road, Greymouth
on Friday 10 May 2019 commencing at 1.00pm

KARAKIA**1.00pm****ADMINISTRATION**

Apologies

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

REPORTS FOR DECISION**1.05pm**

- | | | | |
|----|--|--|-----------------|
| 4. | Annual Accounts Delegation | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 1.05pm – 1.10pm |
| 5. | Deficit Support/Equity Drawdown | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 1.10pm – 1.15pm |
| 6. | Inland Revenue – Appointment of Executive Office Holder | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 1.15pm – 1.20pm |

REPORTS FOR NOTING**1.20pm**

- | | | | |
|-----|---|--|-----------------|
| 7. | Chair's Update – Verbal Update | Jenny Black
<i>Chair</i> | 1.20pm – 1.25pm |
| 8. | Chief Executive's Update | David Meates
<i>Chief Executive</i> | 1.25pm – 1.40pm |
| 9. | Finance Report | Justine White
<i>Executive Director, Finance & Corporate Services</i> | 1.40pm – 1.50pm |
| 10. | Resolution to Exclude the Public | <i>Board Secretary</i> | 1.50pm |

INFORMATION ITEMS

- 2019 Meeting Dates

ESTIMATED FINISH TIME**1.50pm****NEXT MEETING:** Friday 28 June 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 Karamaea 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	<ul style="list-style-type: none"> Chair, Nelson Marlborough District Health Board Appointed as Chair for a third term by the Minister of Health. Member of Statutory Committees and Audit Committee. Chair, South Island Alliance Board The South Island Alliance enables the regions five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently. Chair, National DHB Chairs Elected position from the National DHB Chairs. West Coast Partnership Group This is a Partnership Group set up by government to provide governance for the facilities development of the new Grey Hospital & Health Centre and a health facility 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 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. 	Y N N N	Perceived Perceived Perceived Perceived
Chris Auchinvole	<ul style="list-style-type: none"> Director Auchinvole & Associates Ltd Trustee, Westland Wilderness Trust Justice of the Peace Justices of the Peace carry out important functions in the administration of documentation and justice in New Zealand Daughter-in-law employed by Otago DHB 	N N N N	
Kevin Brown	<ul style="list-style-type: none"> West Coast Electric Power Trust - Trustee 	N	

	<p>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.</p> <ul style="list-style-type: none"> • Diabetes West Coast - Patron and Member • West Coast Juvenile Diabetes Association - Trustee Diabetes West Coast provides services for people with diabetes. • Greymouth 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 	<p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p>	<p>Perceived</p> <p>Perceived</p>
Helen Gillespie	<ul style="list-style-type: none"> • Department of Conservation – Employee - Partnerships Manager. My current role with DOC is to lead Healthy Nature Healthy People – an initiative seeking to make a positive difference to the lives of all New Zealanders through nature. • Husband works for New Zealand Police – Based in Hokitika and currently working in the Traffic Safety Team • 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 • 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. 	<p>N</p> <p>N</p> <p>N</p> <p>N</p>	
Michelle Lomax	<ul style="list-style-type: none"> • Daughter is a recipient of WCDHB Scholarship • Daughter is part of the Rural Medicine Emerging Programme in Greymouth • Community Law Canterbury - Part-time Advisor on Disability Issues 	<p>N</p> <p>N</p> <p>N</p>	
Chris Mackenzie Deputy Chair	<ul style="list-style-type: none"> • 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. 	<p>N</p>	

	<ul style="list-style-type: none"> • 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. • Mainline Steam Trust – Trustee Mainline Steam is an organisation devoted to the restoration and operation of historic mainline steam locomotives. • 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. 	N N N	
Edie Moke	<ul style="list-style-type: none"> • South Canterbury DHB – Appointed Board Member; Chair: Disability Support Advisory Committee; Deputy Chair: Maori Health Advisory Committee; and Member: Audit and Assurance Committee • Nga Taonga Sound & 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. 	Y N	Perceived
Peter Neame	<ul style="list-style-type: none"> • White Wreath Action Against Suicide – Board Member and Research Officer White Wreath is a non-denominational, non-political and anti-discriminatory body supporting people who have been directly affected by suicide and those who are affected by mental illness/disorders. • Author and Publisher of “Suicide, Murder, Violence Assessment and Prevention” 2017 and four other books. 	N N	Perceived
Nigel Ogilvie	<ul style="list-style-type: none"> • Westland Medical Centre - Managing Director • Thornton Bruce Investments Ltd - Shareholder/Director • Hokitika Seaview Ltd - Shareholder • Tasman View Ltd - Shareholder, • White Ribbon Ambassador for New Zealand 	Y N N N N N	Actual

	<ul style="list-style-type: none"> • Sister is employed by Waikato DHB • West Coast PHO - Board Member • Wife is a General Practitioner casually employed with West Coast DHB and full time General Practitioner and Clinical Director at Westland Medical Centre • Wife is Board Member West Coast PHO 	Y Y Y	Perceived Actual Perceived
Elinor Stratford	<ul style="list-style-type: none"> • 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. • 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. • West Coast Sub-branch - Canterbury Neonatal Trust – Chairperson • 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. • 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. • Accessible West Coast Coalition Group – Member A group that works together to improve access to all aspects of the community. • Kowhai Project Committee - Chair 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 • 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 N N N N N N	Perceived Perceived Perceived Perceived Perceived Perceived Perceived
Francois Tumahai	<ul style="list-style-type: none"> • Te Runanga o Ngati Waewae – Chair This is one of 18 Ngai Tahu regional Papatipu Rūnanga which exist to uphold the mana of their people over the land, the sea and the natural resources. Te Rūnanga o 	N	

	<p>Ngāti Waewae is based at Arahura a short distance from Hokitika on the West Coast.</p> <ul style="list-style-type: none"> • Poutini Environmental - Director Poutini Environmental is the authorised body for resource management, cultural impact assessment and resource consent certification. • Arahura Holdings Limited – Chief Executive • West Coast Regional Council Resource Management Committee – Member Provides a broad direction and framework for managing the West Coast's natural and physical resources under the Resource Management Act 1991. • Poutini Waiora Board - Chair Poutini Waiora is a Maori Health and Social Service provider that delivers holistic care to whanau across Te Tai O Poutini. • Development West Coast – Trustee Development West Coast (DWC) was set up as a Charitable Trust in 2001 to manage, invest and distribute income from a fund of \$92 million received from the Government. It is governed by a Deed of Trust which specifies DWC's Objects - to promote sustainable employment opportunities; and generate sustainable economic benefits for the West Coast, both now and into the future. • West Coast Development Holdings Limited – Director • Putake West Coast – Director This is a joint venture between Development West Coast and Putake Honey to develop a West Coast wholesale honey business. • Ngai Tahu Pounamu – Director Waewae Pounamu is the home of Ngāti Waewae Pounamu carving • Westland Wilderness Trust – Chair • West Coast Conservation Board – Board Member The West Coast Tai Poutini Conservation Board serves a conservation advisory role, along with offering community perspective on conservation management issues for the West Coast region. • New Zealand Institute for Minerals to Materials Research (NZIMMR) – Director • Westland District Council – Councillor • Tatau Pounamu – Committee Member 	<p>N</p> <p>N</p> <p>N</p> <p>Y</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>N</p> <p>Y</p>	<p>Actual</p> <p>Perceived</p>
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MINUTES OF THE WEST COAST DISTRICT HEALTH BOARD MEETING
held at St John, Water Walk Road, Greymouth
on Friday 29 March 2019 commencing at 1.00pm

BOARD MEMBERS

Jenny Black (Chair); Chris Mackenzie (Deputy Chair); Chris Auchinvole; Michelle Lomax; Edie Moke (via Teleconference); Nigel Ogilvie (via teleconference); Elinor Stratford; and Francois Tumahai.

APOLOGIES

Apologies were received and accepted from Kevin Brown, Helen Gillespie & Peter Neame.

EXECUTIVE SUPPORT

Philip Wheble (General Manager, West Coast); Gary Coghlan (General Manager, Maori Health); Pradu Dayaram (Medical Director); Brittany Jenkins (Interim Director of Nursing); Diane Pizzato (Finance & Business Manager); Jenni Stephenson (Programme Manager, West Coast Alliance, Planning & Funding); Imogen Squires (Communications) and Kay Jenkins (Board Secretary).

APOLOGIES

David Meates (Chief Executive); Michael Frampton (Chief People Officer); Carolyn Gullery (Executive Director, Planning & Funding and Decision Support); Dr Cameron Lacey (Medical Director); Dr Jacqui Lunday-Johnston (Executive Director of Allied Health); Karalyn van Deursen (Executive Director, Strategic Communications) Justine White (Executive Director, Finance & Corporate Services).

In recognition of the terrorist attack that took place in Christchurch on 15 March the Chair commenced the meeting with The Peace Prayer by St Francis of Assisi

*“Lord, make me an instrument of Thy peace;
Where there is hatred, let me sow love;
Where there is injury, pardon;
Where there is error, the truth;
Where there is doubt, the faith;
Where there is despair, hope;
Where there is darkness, light;
And where there is sadness, joy.*

*O Divine Master,
Grant that I may not so much seek
To be consoled, as to console;
To be understood, as to understand;
To be loved as to love.*

*For it is in giving that we receive;
It is in pardoning that we are pardoned;
And it is in dying that we are born to eternal life”*

The Board then observed a moments silence in respect of those who lost their lives in the attack.

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 (5/19)

(Moved: Chris Auchinvole/seconded: Elinor Stratford – carried)

“That the minutes of the Meeting of the West Coast District Health Board held at St John, on Friday 15 February 2018 be confirmed as a true and correct record.”

3. CARRIED FORWARD/ACTION LIST ITEMS

The carried forward items were noted.

4. DRAFT 2019/20 WEST COAST DISTRICT HEALTH BOARD PUBLIC HEALTH PLAN

There was no discussion on the 2019/20 West Coast District Health Board Public Health Plan which had been fully discussed at the Advisory Committee meeting and recommended to the Board for approval.

(Resolution 6/19)

(Moved Francois Tumahai seconded Chris Mackenzie – carried)

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

- i. endorse the draft West Coast DHB Public Health Annual Plan, 2019-20.

5. ACCESSIBLE WEST COAST

There was no discussion on the Accessible Te Tai Poutini West Coast Strategic Plan 2019-2022 which was discussed in detail at the Advisory Committee meeting resulting in a resolution to the Board.

(Resolution 7/19)

(Moved Michelle Lomax/seconded Elinor Stratford – carried)

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.

6. CHAIR'S UPDATE

The Chair had no further comments to make.

7. CHIEF EXECUTIVE'S UPDATE

Philip Wheble, General Manager, West Coast, presented the Chief Executive's update which was taken as read. Mr Wheble advised that four people from the West Coast had travelled to Christchurch to assist after the Terrorist attack with the team here being supported in a number of different ways.

Mr Wheble also provided an update on the storm that had hit South Westland where work is still continuing in the aftermath.

He informed the Board that a certification audit took place a couple of weeks ago resulting in nine corrective actions which is a good outcome.

Discussion took place regarding the comments in the update regarding the Maori Mental Health Review on page 3. It was noted that a lot of work has taken place locally around this and we are awaiting the outcome of the Minister's Mental Health Review.

Discussion also took place regarding the Telehealth & VC usage graphs on page 8

The Chief Executive's update was noted.

8. FINANCE REPORT

Philip Wheble, General Manager, West Coast, presented the finance report. 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.

The report highlighted that over the last few financial years the DHB has been in the process of implementing our new model of care in readiness for our new Grey Health Facility. The latest draft plan submitted was based on the building being completed in the 1st quarter of 2019, however further delays in the rebuild not only increase the cost of the build (influencing out-years capital charge and depreciation costs), but impact on operational expenditure where we have either factored savings; or the costs of embedding new models of care in our old facility. It was noted that these efficiencies are at risk as the facilities delays continue, and will impact detrimentally on our planned financial results.

The finance report was noted.

9. RESOLUTION TO EXCLUDE THE PUBLIC (Resolution 8/19)

(Moved Elinor Stratford/seconded Chris Auchinvole – 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 & 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)
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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 commercial and industrial negotiations).	9(2)(j)

- iii notes that this resolution is made in reliance on the New Zealand Public Health and Disability Act 2000 (the “Act”), Schedule 3, Clause 32 and that the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information for which good reason for withholding would exist under any of sections 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 1.50pm

The Public Excluded section of the meeting commenced at 1.50pm and concluded at 2.50pm.

Jenny Black, Chair

Date

CARRIED FORWARD/ACTION ITEMS



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

ANNUAL ACCOUNTS DELEGATIONS



TO: Chair and Members
Quality Finance Audit & Risk Committee

SOURCE: Finance

DATE: 10 May 2019

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

The purpose of this report is to endorse a recommendation from the Quality, Finance, Audit and Risk Committee in respect to a delegation to approve the final audited accounts for the 2018/19 financial year on the Board's behalf, if required, if the timing of these does not fit with Board or Committee meetings.

2. RECOMMENDATION

That the Committee, recommends to the Board that it:

- i. authorises either the Quality, Finance, Audit and Risk Committee Chair and the Board Chair or, if one of these should not be available, one of these two and a Board member to approve the final audited accounts for 2018/19 on the Board's behalf if required, should the timetable not fit with a Board or Committee meeting; and
- ii. notes that if this delegated authority is exercised the final accounts will be circulated to Committee and Board members; and
- iii. notes that the West Coast DHB Chair, Chief Executive and Executive Director, Finance and Corporate Services will sign the letter of representation required in respect to the 2018/19 Crown Financial Information System accounts which are required at the Ministry of Health in early August.

3. SUMMARY

The audited Crown Financial Information System (CFIS) accounts for the 2018/19 financial year are due with the Ministry of Health in early August to meet the Crown's financial reporting timetable. It should be noted that the West Coast DHB Board's August meeting is on 9 August 2019.

The CFIS accounts for the 2018/19 financial year will be signed on behalf of the Board by the West Coast DHB Chair, Chief Executive and Executive Director, Finance and Corporate Services and their letter of representation will accompany the accounts. Any change to the 'bottom line' result as reported to this Committee will be discussed with the Chair of the Quality, Finance, Audit and Risk Committee and/or the West Coast DHB Chair; with Committee members to be updated via email of any change.

The audit process is expected to be finished by early October 2019 with the final full audited accounts expected to be completed by the end of October 2019. In the event that the timing of the completion of these does not fit Board meetings it is recommended the Board be asked to delegate approval of the final 2018/19 audited accounts as per the recommendations contained in this report.

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

DEFICIT SUPPORT & EQUITY DRAWDOWN



TO: Chair and Members
Quality, Finance, Audit and Risk Committee

SOURCE: Finance

DATE: 10 May 2019

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

West Coast DHB is forecasting a deficit for the year ending 30 June 2019. 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 Quality, Finance, Audit and Risk Committee:

- i. recommends to the West Coast DHB Board that they approve an equity draw down up to the value of the West Coast DHB deficit at year end for 2019.

3. DISCUSSION

The 2018/19 Annual Plan approved by the West Coast District Health Board and the Ministry of Health is for a \$6.087m deficit, largely related to Aged Residential Care and anticipated MECA settlements. At this stage we are forecasting a year end result of \$6.071m, 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.

INLAND REVENUE – APPOINTMENT OF EXECUTIVE OFFICE HOLDER TO ACT ON BEHALF OF THE DHB



TO: Chair and Members
Quality, Finance, Audit and Risk Committee

SOURCE: Finance

DATE: 10 May 2019

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

The purpose of this report is to appoint the Finance and Business Manager, West Coast District Health Board to have Executive Office Holder status with Inland Revenue Department (IRD).

2. RECOMMENDATION

That the Committee recommends to the Board that they:

- i. approve the Finance and Business Manager to have Executive Office Holder status with Inland Revenue; and
- ii. note that the Executive Office Holder for IRD account will still be bound by any West Coast DHB instrument of delegation.

3. SUMMARY

An appointment of Executive Office Holder for the West Coast DHB is required with Inland Revenue. This will allow the day to day operation of the myIR secure online services account.

The Executive Office Holder status will mean the person holding this position will be able to act on behalf of the West Coast DHB with Inland Revenue. This will include making enquires, receiving statements, financial authority, registering for and managing the West Coast DHB myIR secure online services account.

The person holding this status with Inland Revenue is bound by any existing West Coast DHB instrument of delegation.

4. APPENDICES

Appendix 1: IR401 - Appoint an Executive Office Holder to act on your behalf

Report prepared by: Diane Pizzato, Finance and Business Manager

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

Appoint an Executive Office Holder to act on your behalf

- Complete this form to appoint an executive office holder to act on behalf of your organisation with Inland Revenue. This includes making enquiries, receiving statements, financial authority and registering for and managing a myIR secure online services account for your organisation.

Business/Organisation Information

Organisation's name

Organisation's IRD number

(8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)

- Executive Office Holder** Please provide details of the person who will be the Executive Office Holder.

The Executive Office Holder is an individual who has an administrative or supervisory authority within the organisation:

- who has been specifically appointed to perform special duties in that regard and
- who has obtained specific written authority from the governing body to become an account owner for that non-individual organisation. (Note: this is different from a tax agent).

For a company, trust or partnership anyone can be appointed into an executive office holder position i.e. wages clerk.

For a club, society or school the Executive Office Holder must hold an official position which has a governance or leadership type role in the organisation i.e. chairman, president, chief executive officer, treasurer, secretary. **Documentation supporting their position must be attached.**

Name

First name(s)

Surname

IRD number

Phone number ()

Executive office holder's date of birth

Day Month Year

Street address

Street address (not a PO Box or Private Bag)

Suburb or RD

Town or city

Postcode

Current position occupied
(eg Chief Financial Officer)

- Owner** Please provide details of a valid owner who has the delegated authority to appoint an executive office holder.

Valid owners are:

- For a company – a director
- For a trust – a trustee with the delegated authority from the other trustees to act on all of their behalf. If no such authority has been given then all trustees must sign this form.
- For an ordinary partnership – a partner
- For a limited partnership – a general partner
- For an estate – the administrator or executor of the trust
- For a school – principal or chairperson of the school board of trustees
- For a Body Corporate – owner of the professional administration company, chairman or secretary of a body corporate
- For any other non individual – business owner, chairperson/president of the governing board or committee.

If you are not able to provide an IRD number and/or we have no record of the owner, documentation supporting their position must be attached.

Owner's Name

First name(s)

Surname

Owner's IRD number

Phone number ()

Owner's street address

Street address

Suburb or RD

Town or city

Postcode

Owner's position
(eg director, partner, etc)

By signing this form, you are confirming that you have the delegated authority to appoint an executive office holder on behalf of your organisation.

Owner's signature

- Appointing an executive office holder does not change your responsibilities. You are still responsible for you or your organisation's tax matters; for example you need to make sure that any returns are filed and tax paid by the due date.

Please print and sign the form. Once complete, attach any supporting documentation, and either:

- Scan and email the form to **executiveofficer@ird.govt.nz**
- Fax to 0800 473 329
- Post to: Inland Revenue, PO Box 39010, Wellington Mail Centre.

On receipt of the form, it will be processed within 5 working days (forms received by email within 48 hours).
You will receive a letter confirming the appointment of the Executive Office Holder.

CHIEF EXECUTIVE'S UPDATE



TO: Chair and Members
West Coast District Health Board

SOURCE: Chief Executive

DATE: 10 May 2019

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

This report is a regular report and standing agenda item, providing the latest update and overview of key organisational activities and progress from the 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.



A: Reinvalidate 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 the Alliance Leadership Team (ALT):

- Hosted good discussions with the South Island Alliance Programme Office members regarding closer collaboration between the regional and local alliances.
- Noted good progress on the integration of electronic shared care plans.
- Approved the draft System Level Measures Framework Improvement Plan to be sent to the Ministry of Health for feedback.
- Was pleased to note the winter planning discussions that have taken place and support the further development of this planning.
- Discussed the ongoing work regarding confidentiality within the integrated system and requested regular reporting on progress towards system wide consensus.

B: Build Primary and Community Capacity and Capability

Primary

■ Integrated Health Services - Northern Region

- There is a meeting scheduled with consumers for the Ngakawau Health working group on 9 May. This is in response to the public meeting that was held in March with the Ngakawau community and provides a communication engagement forum.
- Following a DHB & PHO meeting on 26 March, an Action Plan around Winter Preparation has been developed. It is inclusive of:
 - appropriate GP recruitment, visibility of gaps via Core Schedule;
 - long term conditions clinical management is to be maximised April-September;
 - rostering of medical, nursing and admin staff well in advance to ensure timely back filling; and
 - maximise staff health with flu vaccinations and other actions to be implemented in the face of staff shortages.
- Flight services to Karamea ceased March 2019 and discussions regarding clinical service support and provision are underway.
- Recruitment to targeted staffing levels across medical, nursing and administration teams is actively being pursued with positive results.

■ South Westland Area Practice (SWAP)

- The recent significant weather event (fifth one in 14 months) and the closure of the main road at the Waiho River Franz Josef meant the clinics have been quiet. The need for satellite phones was validated by this situation. Without the one at Fox Glacier, the local RNS would have been completely without communication for a couple of days. Numerous helicopter flights were required by staff and freight to ensure Doctor and RNS clinics continued. Telecommunications and the generator failed at Haast and IT staff were flown in to sort the IT issues. Central Otago businesses, i.e. Southern Community Labs and Wanaka Pharmacy, were contacted for support as required for Haast. However, with Grey Valley Freight going the long way round every couple of days, supplies to and from Grey Hospital were only minimally interrupted. SWAP is planning for a staff debrief regarding lessons learnt. Subsequently the local business continuity plan will be updated.
- With vacancies in South Westland, challenges continue to find RNS staff to cover the roster.
- The rover RNS is about to complete her orientation period and the new second RNS for Haast is about to start. However, we are still in the advertising stage for the Franz Josef RNS position.

■ Greymouth Medical Centre

- GMC have been very busy as usual with ever increasing numbers of patients. We have a period of GP shortage coming up over the winter period.
- A Nurse Practitioner, experienced in Long Term Conditions, has been recruited and will join the team at the end of May.
- Flu vaccine season is well underway.

Community

■ Public Health/B4School/Vision Hearing

- Full complement of staff at the moment. Currently working to have an efficient neo-

natal outreach service covered by a 1 Public Health Nurse in Buller and 1 Public Health Nurse in Hokitika. These 2 staff will orientate in the CDHB neo-natal unit and outreach services and then work closely with the Nurse Consultant Paediatrics. HEADDSS has been offered and accepted by John Paul II High School and we are just waiting for the finalising of the MOU. The newly appointed PHN Hokitika has spent time with CDHB PHN services and this has been very beneficial to cement the learnings.

- The newly appointed vision hearing technician has completed orientation and is now working independently. Some time as part of the orientation was in the CDHB VHT service and this was valuable.
- **District Nursing**
 - Workloads remain busy. Vascular clinics are working well with the team visiting from CDHB and supported here in Greymouth by the DN team. Staffing for Greymouth and Hokitika has a full complement of RN and ENs.
- **Clinical Nurse Specialists**
 - The Grey Diabetes Clinical Nurse Specialist with Prescribing Rights has had an initial and very successful clinic in Reefton practice for a number of patients that saved these patients travelling to Grey base to attend clinic. This is the first of many to follow, depending on demand.
 - Chemotherapy/Oncology and Palliative services are experiencing an increasing workload. This is partly due to the advent of a number of chemotherapeutic agents available for palliative patients that may improve quality and length of life.
- **Dental Service**
 - After a busy term, our therapists are on leave. The roster for term two has been completed and has a number of occasions where the Buller and Westland teams will be working in Greymouth as the patient numbers are higher at present.
- **Home Based Support Services**
 - HBSS orientation will occur from 27-29 May. This will involve all newly recruited support workers.
 - Medication management training is currently being conducted coast-wide to ensure client safety. This training is new to some staff and a revision for others.

C: Hauora Maori Update

- **Health Workforce New Zealand – Non Regulated Hauora Maori Training Fund:**
The training agreement between the Ministry of Health and Maori Health West Coast DHB is underway for the 2019/20 study year. The purpose of the Hauora Maori Non-regulated Training Fund is to provide access to formal accredited training programmes for the non-regulated Maori Health and disability workforce. The training supports the non-regulated workforce to develop formal competencies in their current roles, and develop their potential move into other health sector roles. Maori whanau who are users of health services benefit from Maori health staff/trainees that complete their programme of study by having access to a workforce that safely meets their cultural needs. This year we have approximately 7 staff who are participating in the training fund and they will be completing the following papers:
 - Diploma in Social Work
 - Business Management
 - Certificate in Hauora Maori
 - NZ Diploma in Child Protection

- Diploma in Hauora Maori
- **Kia ora Hauora Rangatahi Placement:** West Coast DHB in collaboration with Kia ora Hauora will once again be hosting students for the Rangatahi placement. There has been greater collaboration with schools and principals for this placement which will take place on 5-8 August. Heads of department continue to embrace this opportunity for our rangatahi in providing interactive and engaging sessions.
- **Health Career Exposure Day:** We are also delighted to be running an exposure day in June for Year 10/11 students at Grey High School. For the first time Grey High School has a high number of Year 10 Maori students studying Te Reo and these rangatahi will be a key part of this day. This is a pilot trial and is being led by Kia ora Hauora in partnership with the High School aiming to engage students, and in particular Maori students to consider a career in the health sector early to allow them to be supported along the pathway.
- **Maori Workforce Development:** People and Capability have sent out a draft Maori and Pacific workforce plan for further feedback. The West Coast DHB has been pivotal in accelerating this work with People and Capability through the facilitation of equity and planning workshops, and subsequent meetings between the GM Maori and the Chief People Officer. This work has been further prioritised by the Governments and CEO expectations for DHBs to include an explicit focus on achieving Maori health equity and the Workforce Strategy Group alongside Te Tumu Whakarae have recommended three priority actions for DHBs:
 - Growing the proportion of Maori health workforce to reflect the ethnic makeup of NZ society
 - Realise cultural competence throughout the entire workforce
 - Make our environment conducive to greater uptake by Maori to improve recruitment and retention of Maori

The Maori health team look forward to providing leadership and guidance in this area, working alongside People and Capability to set shared expectations around workforce development that supports the elimination of Maori health inequity.

- **Te Waipounamu Maori Leadership group – Southern Cancer Network**
 - **Cancer Pathway update:** The group requested updates from DHBs on the ongoing work resulting from the Ministry of Health funded 'Improving the Maori Cancer Pathway' project that was undertaken under the umbrella of the Nelson Marlborough DHB. The West Coast DHB was able to provide a comprehensive report on work undertaken to date and ongoing work. Some areas for further consideration moving forward for the West Coast will be the Routes to Diagnosis findings and how we are using that review to shape and improve our responsiveness to Maori.
 - **Southern Cancer Network – Annual Plan 19/20:** The SCN draft plan was shared and has a good focus on equity with the equity assessment framework being used across the plan. It was agreed that the plan should be built on the following five themes:
 - Equity across everything SCN is working on
 - Ensuring equity of outcomes
 - Cultural competence of the workforce
 - Prevention and early detection

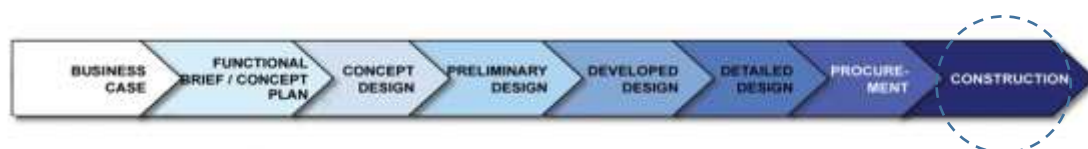
- Equity focused monitoring and reporting, including articulating the equity gap more explicitly
- **Hospital Kaiawhina:** Poutini Waioara has recruited Suzie Gibb to the role of Hospital Kaiawhina. This role works in the hospital to improve Māori access to resources and services that can positively impact on their wellbeing. It is intended that they will work as an integral part of the wider hospital multi-disciplinary team and act as a connector to the many other services that can be provided in the community setting by the Maori Health Provider, Poutini Waioara. Suzie is very well known to the hospital; she is Ngai Tahu with whakapapa from both local hapu, Ngati Mahaki and Ngati Wae Wae.
- **Equity Action Team:** In 2019/20 the West Coast DHB are committed to strengthening the equity focus in the Annual Plan and to supporting the establishment of a team to lead the action and accountability for equity. The team will be made up of service leads, Planning and Funding Canterbury and West Coast and will use a multi-pronged approach to achieving equity. We will look at developing a plan to ensure the equity actions in the Annual Plan are driven and accountable and we will also develop a plan that will be more aspirational and delivered over a longer timeframe.

	DELIVERING MODERN FIT FOR PURPOSE FACILITIES
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A: Facilities Maintenance Report

- Reefton Hospital windows have been painted and work has begun on external timber repairs, both by in house staff
- The Grey Hospital Pedestrian Bridge end ramps are currently being installed.
- Building Warrants of Fitness have been issued for Reefton Hospital and Grey Medical Clinic sites.
- Worksafe have issued an Improvement Notice regarding our request for an exemption for the diesel tank location by the Laundry.

B: Partnership Group Update



Grey

- Fletcher is currently projecting a hospital and health centre handover date for mid 2019. The DHB plans to migrate 8-10 weeks following the handover of the hospital and health centre and the boiler house. During this period of time the facility will be clinically cleaned, stocked and staff orientation and training will occur.
- Fit-out of the north end of the main building is close to completion. Fletcher have cleaned a number of areas including the IFHC and maternity areas and have commenced the defects process.
- Fit out in the south end of the building has been building momentum, with internal walls now lined in the Emergency and radiology areas and services are progressing.
- 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 April.

- Roof replacement scaffold is erected and solid progress has been made replacing roofing, which was damaged on the southern end of the roof during cyclone Fehi.
- Siteworks have also shown progress this reporting period with the eastern upper level ready to be asphalted and the south east entry block foundations have been poured.
- Kerb channel is being completed to the west side of the main building and asphalt will be completed once the roof replacement crane is offsite.
- Commissioning of the boilers is planned to commence within next weeks.
- Planning for the demolition of the existing hospital building to allow for parking and direct facility access has also commenced and will be progressed over the coming months.
- 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 is supported by *Move Plans* which are specific for each clinical and support service and also include service continuity plans.

Buller

- Final Concept Design has progressed and is close to completion.
- Clinical and support service user groups re-engaged with meetings in Buller on 1 and 2 May to progress the next phases of the design.
- The consultant contracts have now been novated from the MoH back to the West Coast DHB. The project consultant design team includes:
 - Warren and Mahoney, Architecture services
 - Calibre Consulting, Structural engineering
 - Aecom, Mechanical and Electrical engineering
 - WT Partnership, Quantity Surveying



RECONFIGURING SECONDARY AND TRANSALPINE SERVICES

A: Hospital Services includes Secondary Mental Health Services

Hospital Services

Nursing

- April saw the start of the stocktake and setting up of CCDM (Care Capacity Demand Management). Rebecca Oaks from the Safe Staffing Unit, Marie Jones Project Manager CCDM, and Julia Anderson and Lynda Boyd from NZNO came to the WCDHB to start the engagement process and help set up the Council. Rebecca will be working closely with our newly appointed CCDM Coordinator to move the programme forward. Communications will be out on a regular basis regarding progress and data produced from our acuity tool Trendcare.
- Staff are starting to get excited around the new facility with many of them getting the opportunity to see inside the facility. To date, staff feedback has been positive.
- We continue to have vacancies in the ED department; however we have filled two positions successfully recruiting two senior ED nurses who are due to join the team within the next month. The WCDHB is seeing an increase of interest for positions. According to staff interviewed, this is due to the good culture fostered and interest in the model of care we are working towards.

- Both Grey hospital and Buller Health saw increases in occupancy over the last month. The teams, at this stage, are looking at the drivers for these increases. CCU and Paediatrics also had moderate increases in occupancy.
- Staff sick leave continued to rise last month as a second wave of flu-type symptoms hit the community.
- Orientation hours were up due to the new intake of nurse graduates.

Medical

- Work continues to develop our rural generalist medical strategy and we now have support from a Rural Generalist that has led rural generalism work in Australia. He is supporting the team around progressing how we implement the strategy alongside the medical teams on the West Coast and in Christchurch. Our current focus is to look at progressing the work already started in obstetrics and the implementation of the rural generalist model into general medicine.
- Significant work is underway with the recruitment team around a new recruitment strategy for our rural generalists and GP's. This is looking at new ways to attract doctors that are interested in working in a rural environment and with the unique opportunity (in New Zealand) to work across both primary and secondary care with a single role.

Allied Health

- Our dietetic service welcomed two new team members this month; one experienced dietician and a new graduate who will work as an intern initially. Their arrival signals the beginning of our formal partnership with the PHO to provide integrated dietetic and nutrition services on the Coast.
- Allied Health leads had the opportunity to tour the new facility last month, to explore their clinical areas and further their migration planning. This has prompted another round of 'dump the junk' and rehousing of equipment that will no longer be required.
- Allied Health farewelled our Orthotist this month, at the end of 45 years of service. Steve was held in high regard by our community and it has been a pleasure to hear all the great stories of the positive difference he has made in the lives of West Coasters. We are currently undertaking a process to secure ongoing orthotist services on the Coast, either through recruitment or partnering with a specialist service, such as nine other DHBs do.
- Work is underway to implement the Healthy Food and Beverage Policy which the Board endorsed.

Mental Health

- Stability and continuity for psychometric testing for both child and adult clients identified as needing this has been secured for the next 12 months, during which time it is anticipated this skill set will be developed with a view to future provision coming from our existing services.
- The CAMHS service still faces challenges regarding recruitment to the team. It is noted though, this is not a reflection on the service or Coast; this is a problem for CAMHS services nationally. During the past month one staff member left, but we also successfully recruited another experienced clinician who will join the service in June. Recruitment activities for clinicians within the team will continue.
- Mental Health Education for the workforce continues to remain a strong focus for the service; training needs are being identified for both the whole service and for individual teams to meet their specific areas of focus. In addition educationally a full comprehensive training and education programme has been developed for those in management and leadership roles.
- AOD services remain pressured due to both the volume of referrals and a shortfall in

staffing due to sickness and unfilled vacancies. It is noted though that recruitment processes are nearing conclusion and an offer of appointment is to be made for an AOD clinician. It is anticipated next months report will indicate a positive outcome.

- AOD CEP (Co-Existing Problems) roles were advertised, recruitment processes are concluding and it is anticipated that in next months report we can advise a positive outcome with the appointment of one RN to this new role. We will continue to advertise the remaining vacancies both nationally and internationally.
- Mental Health's Nurse Practitioner continues to develop their role within the service meeting a positive reception from both clients, whānau and staff alike. Work to date has included consultation, liaison, medication reviews, and brief one-off assessments with clients which have led to positive outcomes and removed the need for entry into secondary services. Much more besides is being done, this just gives a flavour of the direct impact and benefits for our clients.
- Work to provide an appropriate alarm system within the IPU is nearing completion, this will provide a further level of security and safety for the staff and improve response capability and times for those occasions when assistance is required.

	DEVELOPING TRANSPORT AND TELEMEDICINE SERVICES
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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.

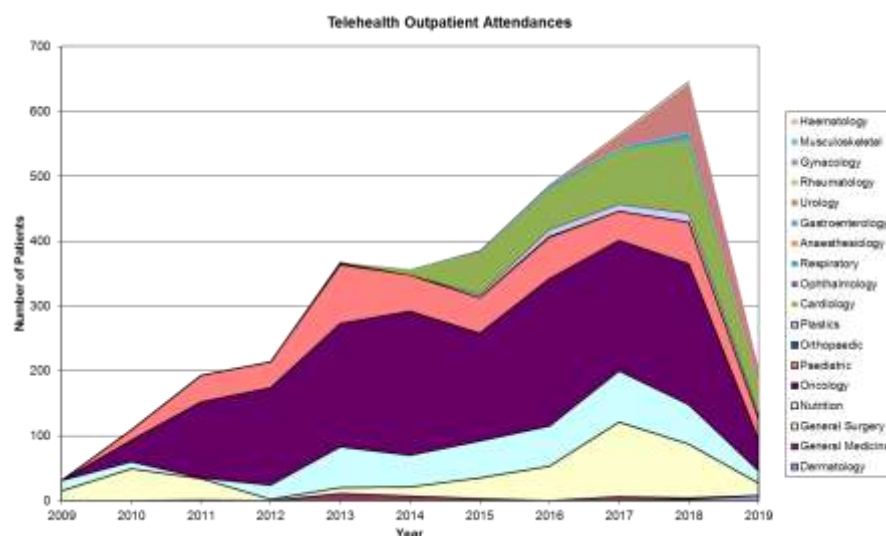
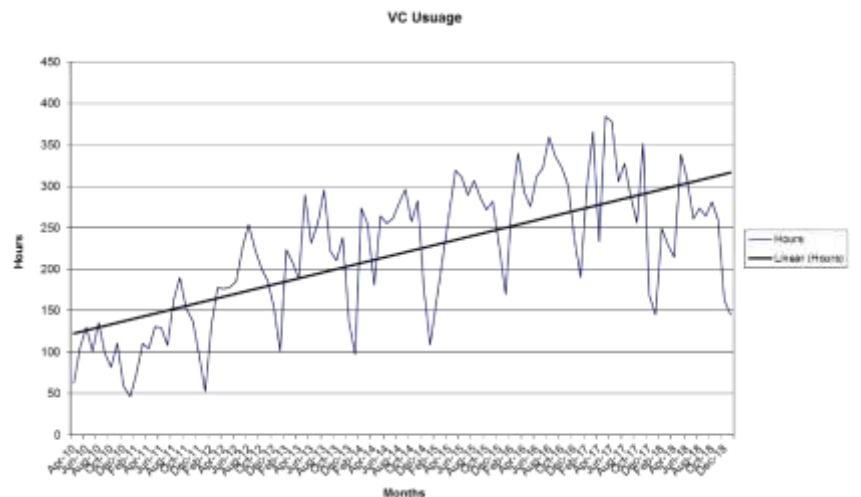
On 27 February 2019, the Ministry of Health published The National Travel Assistance Scheme¹: Policy Recommendations Report, examining the way patients and whānau are supported with travel and accommodation costs within the health system.

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. The report is currently before the Minister of Health for consideration.

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. We are looking at how we can report on travel time saved through telehealth once more in a more sustainable way.

¹ 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

The West Coast DHB is working closely with Poutini Waioa and their kaumātua to incorporate health needs assessment into their individual client contacts. The Māori clinical assessor position remains vacant and recruitment continues. While CCCN, the PHO and Poutini Waioa are meeting to look at options to bridge this particular area, CCCN continue to provide an interRAI service to all clients.

The West Coast DHB has added a compulsory field to its ED admission information “Was this event as a result of a fall Y/N”. This enables us not only to capture the information from a data point of view but also to target those who are a falls risk in hospital and those who may benefit from community falls prevention on discharge, in home or class based program.

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 March

2019 was a deficit of \$564k, which was \$52k favourable to annual plan. The year to date net deficit of \$4.743m is \$252k favourable to annual plan.

	Monthly Reporting			Year to Date		
	Actual	Budget	Variance	Actual	Budget	Variance
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Governance Arm	(173)	(146)	(27)	(1,327)	(1,328)	1
Funder Arm	408	120	288	1,054	747	307
Provider Arm	(799)	(590)	(209)	(4,470)	(4,414)	(56)
Consolidated Result	(564)	(616)	52	(4,743)	(4,995)	252

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, Orthopaedic Paediatrics, with Rheumatology going live in April. Gastroenterology, Musculoskeletal, Paediatric Medicine, Physiotherapy are to go live in May.
- **New Facility Work:** Work is ramping up with server infrastructure move to new environments about to commence. Printing approach has been finalised and Ricoh to supply a number of new devices into new build. Site visit occurred for suppliers providing new AV solution.
- **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 has been fully tested and first unit deployed to Buller. Any mobile device can now be enabled to use the new system. Remaining deployment planning is underway. 12 fixed endpoints should be fully deployed by next reporting period.
- **eOrders:** Scoping has been completed with the implementation of radiology eOrders. This will allow a safer process for ordering of radiology tests, allowing clinical staff to order electronically and then providing electronic sign off. Capital request and statement of work has been approved. Project kick-off to occur start of May.
- **Titanium:** Capex request has been approved to implement the Titanium dental software into West Coast DHB for both hospital based dental treatment and into 3 community clinics and 3 mobile sites. Equipment ordering underway and timeframes are being planned for implementation. Potential target is going live at the end of the term 3 holidays.
- **Mental Health emergency call:** Deployment of a short term tactical solution for mental health emergency assist function has begun, with onsite install and training to occur last week in April.
- **Transalpine Service Desk:** A successful merging of the service desk function at WCDHB and CDHB occurred on 15 April. This means the service desk team member which resides within the West Coast is now virtually part of the combined Transalpine service desk. This provides a number of benefits for leave/sick cover and moves to answering calls rather than staff members leaving a message and a return call being made.
- **ePharmacy:** Capex request to replace legacy pharmacy management system currently proceeding through sign off. The project will take approximately 9 months to implement

and will mean WCDHB moves onto the regional ePharmacy solution hosted by Canterbury DHB alongside Nelson Marlborough DHB.

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

Media interest

▪ *Enquiries*

- Measles update
- Ngakawau Community meeting outcomes
- Orthopaedic services
- Involvement of West Coast DHB staff in the Christchurch response
- South Westland health services contingency plans as a result of the rain event
- Patient referrals to Turning Point in Brightwater
- Summary of the outcomes of the internal Change Proposals (being managed through OIA process)
- Seismic Report (being managed through OIA process)
- Norovirus outbreak at Grey Base Hospital

▪ *Advertisements*

- Flu vaccination advertisements (Westport and Reefton flu clinics)

Social media posts

- World Delirium Awareness Day (13 March 2019)
- Purple Day promoting Epilepsy Awareness (26 March 2019)
- Weather and road warnings due to significant rain event (26 March 2019)
- Advance Care Planning Day (5 April 2019)
- Parkinson's Disease Awareness Day (11 April 2019)
- Administrative Professionals Day (17 April 2019)
- Various posts (Facebook and Twitter) promoting current West Coast DHB vacancies

Publications

- CE Update – 9 April 2019 (NB: initially planned for March 2019 but delayed release due to Christchurch mosque shootings)
- Reefton Health Centre information brochure update

	PROMOTING HEALTHY ENVIRONMENTS AND LIFESTYLES
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Key Achievements/Issues of Note

- **Measles:** The measles outbreak in Canterbury appears to be abating. At the time of reporting, there have still been no confirmed cases of measles on the West Coast and the number of cases in Canterbury remains at 38. West Coast doctors and nurses have remained vigilant and notified us promptly of any suspected cases of measles. The Medical Officer of Health has also given a presentation about the outbreak at vaccinator training held on the Coast earlier this month.
- **Nutrition:** Community Public Health (CPH) are currently delivering two Appetite for Life courses in Greymouth and Hokitika, with 15 people in attendance. Thus far, the sessions have covered topics including breaking the diet cycle, types of fats, the importance of breakfast and dietary fibre. CPH staff also worked recently alongside the Greymouth Police (Prevention Team) and Plunket at two free 'car seat checks' outside an Early Childhood

Education centre and at The Warehouse promoting healthy kai and living smokefree. This was extremely valuable, with good attendance from the public and continuing conversations with the Police about other collaborative work, particularly CPH's involvement with the Youth Bluelight Bootcamps. CPH staff facilitated a follow-up meeting on Food Security, with the intention of establishing a working group. This was valuable as it allowed us to gauge any changes to the food landscape and the interest and capability of our key stakeholders to meet on a regular basis to address this issue on the West Coast.

- **Smokefree:** World Smokefree Day is on 31 May and is celebrated throughout the month of May. To promote this, our Smokefree Health Promoter wrote an Ask A Professional article that was published in March in the West Coast Messenger with tips about how people could get involved and services to contact for quit support. Activities planned in collaboration with West Coast Tobacco Free Coalition include: a display at Grey High School with information and quizzes about smoking with the aim of reducing the number of young people taking up smoking, as well as a stand at the Warehouse on 30 May to raise awareness and provide information about cessation services to those wanting to quit smoking.
- **Draft Accessible Te Tai Poutini/West Coast Strategy Update:** This has now been endorsed by the four Councils, two Runanga and the West Coast DHB. A meeting of the Coalition will be arranged in the near future.
- **Class 4 Gaming Venue in Reefton:** As a member of Active West Coast, CPH coordinated a written objection to the Gaming Machine Venue application. CPH also presented at a hearing of the application at the Buller District Council. We have been advised Council has declined the application.
- **Health Promoting Schools:** CPH's Health Promoting Schools (HPS) Coordinator has been working with a number of high schools (including area schools) to facilitate professional development for teachers around responding to students who are experiencing distress. This has continued to be rolled out during Term 2 in partnership with the West Coast Primary Health Organisation and school pastoral teams, with sessions at South Westland Area School planned and offered to the Mawhera Kahui Ako. The HPS Co-coordinator is also involved in the Mawhera Kahui Ako inquiry into wellbeing, and planned responses. This includes a 'Sparklers' professional development session for teachers on 7 May 2019, facilitated by Michelle Cole, Sunny Panapa (Child and Adolescent Mental Health Services), and the HPS coordinator. The HPS Coordinator, alongside Whaea Michelle Gibson, recently ran a Pā Harakeke re-establishment project at Barrytown School, where selected plants from the Rene Orchiston collection of harakeke were replanted. This is a community resource, with whānau and community involved in the planting. Students learnt of the whakapapa and tikanga of harakeke, as well as the history of Barrytown's local flax industry, and participated in raranga (weaving). The students are taking their role as kaitiakitanga very seriously.

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

Approved for release by: David Meates, Chief Executive

FINANCE REPORT



TO: Chair and Members
West Coast District Health Board

SOURCE: Executive Director, Finance & Corporate Services

DATE: 10 May 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 31 March 2019.

3. DISCUSSION

The consolidated West Coast District Health Board financial result for the month of March 2019 was a deficit of \$564k, which was \$52k favourable to annual plan. The year to date net deficit of \$4.743m is \$252k favourable to annual plan.

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,168	11,980	188	1.6%	108,031	107,291	740	0.7%	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%	1,392	1,304	88	6.7%	1,735
Patient Related Revenue	626	564	62	11.0%	5,445	5,204	241	4.6%	6,860
Other Revenue	21	62	(41)	(66.1%)	496	563	(67)	(11.9%)	740
Total Operating Revenue	12,960	12,750	210	1.6%	115,372	114,362	1,010	0.9%	152,552
Operating Expenditure									
Personnel costs	5,850	5,871	21	0.4%	52,261	52,272	11	0.0%	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	753	660	(93)	(14.1%)	5,714	5,820	106	1.8%	7,750
External Providers	3,477	3,395	(82)	(2.4%)	30,574	30,375	(199)	(0.7%)	40,523
Inter District Flows Expense	2,046	1,870	(176)	(9.4%)	17,620	16,838	(782)	(4.6%)	22,455
Outsourced Services - non clinical	137	111	(26)	(23.4%)	1,014	1,001	(13)	(1.3%)	1,334
Infrastructure and Non treatment related costs	1,026	986	(40)	(4.1%)	8,990	8,837	(153)	(1.7%)	12,566
Total Operating Expenditure	13,289	12,893	(396)	(3.1%)	116,174	115,143	(1,031)	(0.9%)	153,751
Result before Interest, Depn & Cap Charge	(329)	(143)	(186)	130.1%	(802)	(781)	21	(2.7%)	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	110	344	234	68.0%	2,815	3,078	263	8.5%	3,400
Capital Charge Expenditure	125	129	4	3.1%	1,126	1,137	11	1.0%	1,488
Total Interest, Depreciation & Capital Charge	235	473	238	50.3%	3,941	4,215	274	6.5%	4,888
Net Surplus/(deficit)	(564)	(616)	52	8.4%	(4,743)	(4,995)	252	5.0%	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(564)	(616)	52	8.4%	(4,743)	(4,995)	252	5.0%	(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

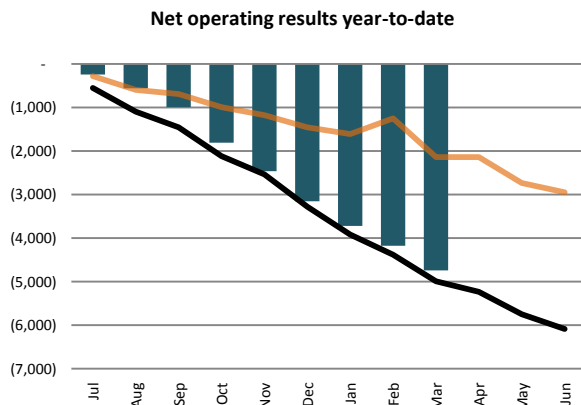
Report prepared by: Justine White, Executive Director, Finance & Corporate Services

APPENDIX 1: FINANCIAL RESULT

FINANCIAL PERFORMANCE OVERVIEW – March 2019

Net operating results

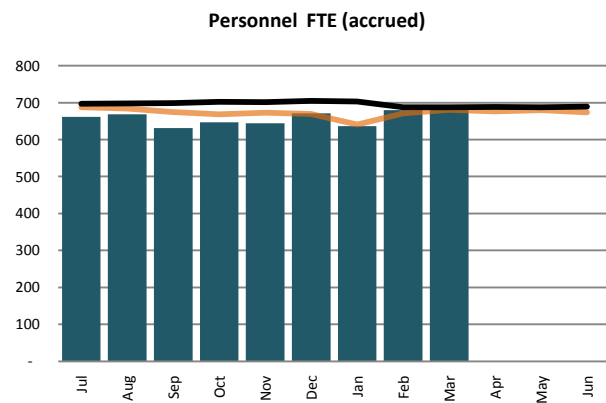
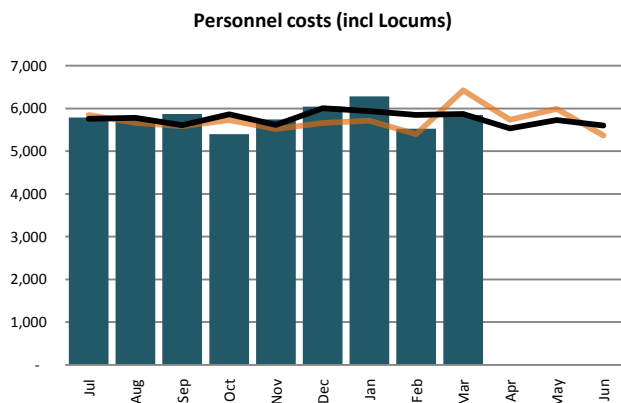
	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Surplus/(Deficit)	(564)	(616)	52	-8%	(4,743)	(4,995)	252	-5%



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 costs & FTE

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Medical	1,672	1,543	(129)	-8%	14,258	13,641	(617)	-5%
Nursing	2,453	2,499	46	2%	22,720	22,969	249	1%
Allied Health	943	1,062	119	11%	8,570	8,893	323	4%
Support	85	96	11	11%	860	861	1	0%
Management & Admin	697	671	(26)	-4%	5,852	5,907	55	1%
Total	5,850	5,871	21	0%	52,260	52,271	11	0%



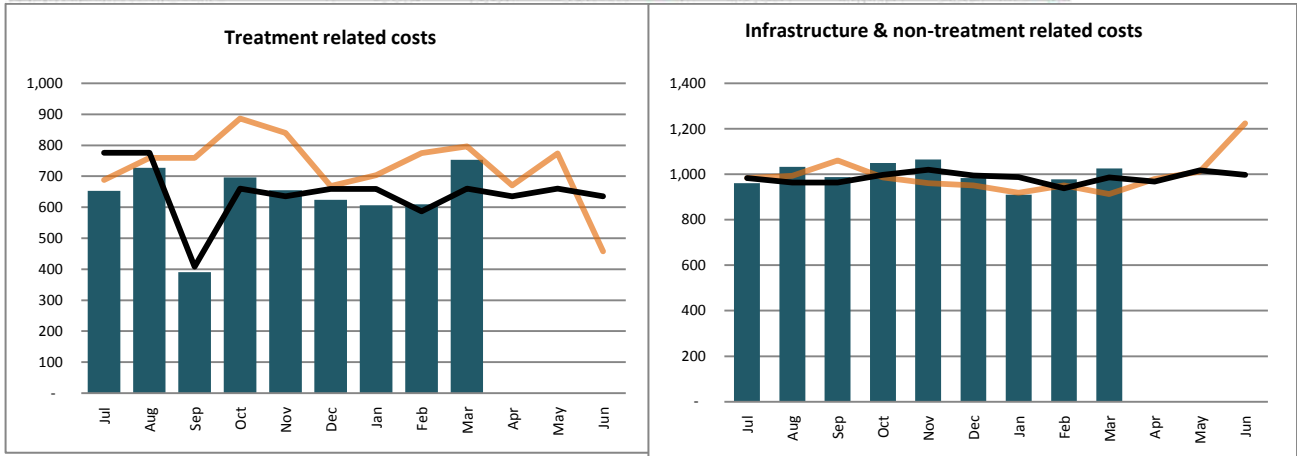
KEY RISKS AND ISSUES

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 and non-treatment related costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Treatment related costs	753	660	(93)	-14%	5,714	5,820	106	2%
Non Treatment related costs	913	931	18	2%	8,720	8,492	(228)	-3%



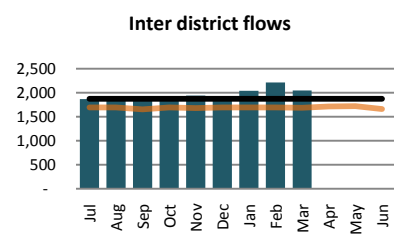
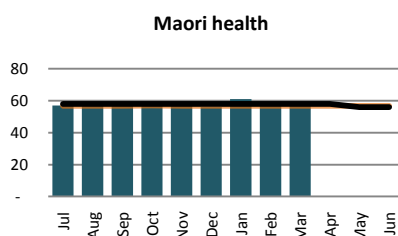
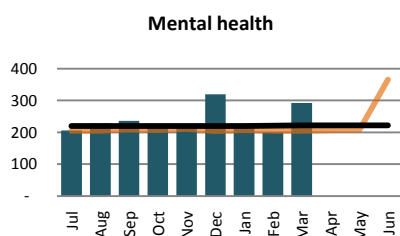
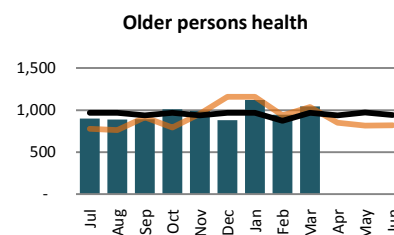
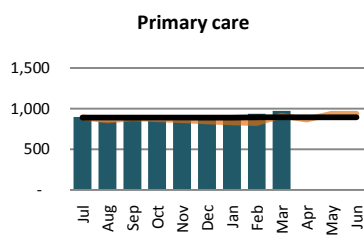
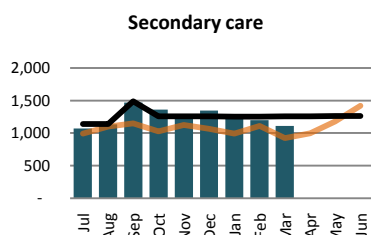
KEY RISKS AND ISSUES:

Treatment related costs favourable variance is driven from lower volumes of high cost pharmaceuticals and PCTs. This expenditure is too variable to bank these YTD savings, as this may reverse. 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 where possible.

External provider & inter district flow costs

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		YTD Actual \$'000	YTD Budget \$'000	YTD Variance \$'000	
Secondary Care	1,112	1,255	143	11%	11,245	11,300	55	0%
Primary Care	972	892	(80)	-9%	8,009	8,015	6	0%
Older Person's Health	1,043	968	(75)	-8%	8,661	8,555	(106)	-1%
Mental Health	292	222	(70)	-32%	2,142	1,983	(159)	-8%
Maori Health	58	58	-	0%	517	522	5	1%
IDF	2,046	1,870	(176)	-9%	17,620	16,838	(782)	-5%
Outsourced Clinical	137	111	(26)	-23%	1,014	1,001	(13)	-1%
Total	5,660	5,376	(284)	-5%	49,208	48,214	(994)	-2%



KEY RISKS AND ISSUES:

YTD Provider payments are showing an unfavourable result to draft plan of \$8K. In September 2018 WCDHB received a payment from PHARMAC for hospital pharmaceuticals (reported in Treatment supplies above). This payment was funded from the community pharmaceuticals rebate and our accrual for PHARMAC rebate estimation has been adjusted accordingly. The YTD favourable variance of \$195K in older person's health is driven by lower bed occupancy in ARC facilities. This may turn around depending on a change in occupancy in ARC, which is currently driving an unfavourable variance. IDF expenditure is expected to remain high for the remainder of the year.

Capacity constraints within the system require continued monitoring of trends and demand for services.

Financial position

	Month Actual \$'000	Month Budget \$'000	Month Variance \$'000		Annual Budget \$'000
Equity	20,966	20,713	253	1%	100,302
Cash	10,862	10,480	382	4%	10,630

KEY RISKS AND ISSUES:

The equity and cash position compared to budget reflect the delay in commencing the Grey Base rebuild. Our available cash is reflecting the artificial inflation due to the delayed capex spend due to the delay in the Grey rebuild.

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

For period ending

31 March 2019

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date				Full Year 18/19
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var	Budget
Operating Revenue									
Crown and Government sourced	12,168	11,980	188	1.6%	108,031	107,291	740	0.7%	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%	1,392	1,304	88	6.7%	1,735
Patient Related Revenue	626	564	62	11.0%	5,445	5,204	241	4.6%	6,860
Other Revenue	21	62	(41)	(66.1%)	496	563	(67)	(11.9%)	740
Total Operating Revenue	12,960	12,750	210	1.6%	115,372	114,362	1,010	0.9%	152,552
Operating Expenditure									
Personnel costs	5,850	5,871	21	0.4%	52,261	52,272	11	0.0%	69,123
Outsourced Services	0	0	0	0.0%	0	0	0	0.0%	0
Treatment Related Costs	753	660	(93)	(14.1%)	5,714	5,820	106	1.8%	7,750
External Providers	3,477	3,395	(82)	(2.4%)	30,574	30,375	(199)	(0.7%)	40,523
Inter District Flows Expense	2,046	1,870	(176)	(9.4%)	17,620	16,838	(782)	(4.6%)	22,455
Outsourced Services - non clinical	137	111	(26)	(23.4%)	1,014	1,001	(13)	(1.3%)	1,334
Infrastructure and Non treatment related costs	1,026	986	(40)	(4.1%)	8,990	8,837	(153)	(1.7%)	12,566
Total Operating Expenditure	13,289	12,893	(396)	(3.1%)	116,174	115,143	(1,031)	(0.9%)	153,751
Result before Interest, Depn & Cap Charge	(329)	(143)	(186)	130.1%	(802)	(781)	21	(2.7%)	(1,199)
Interest, Depreciation & Capital Charge									
Interest Expense	0	0	0	0.0%	0	0	0	0.0%	0
Depreciation	110	344	234	68.0%	2,815	3,078	263	8.5%	3,400
Capital Charge Expenditure	125	129	4	3.1%	1,126	1,137	11	1.0%	1,488
Total Interest, Depreciation & Capital Charge	235	473	238	50.3%	3,941	4,215	274	6.5%	4,888
Net Surplus/(deficit)	(564)	(616)	52	8.4%	(4,743)	(4,995)	252	5.0%	(6,087)
Other comprehensive income									
Gain/(losses) on revaluation of property									
Total comprehensive income	(564)	(616)	52	8.4%	(4,743)	(4,995)	252	5.0%	(6,087)

in thousands of New Zealand dollars

APPENDIX 3: WEST COAST DHB STATEMENT OF FINANCIAL POSITION

As at

31 March 2019

in thousands of New Zealand dollars

	Actual	Budget	Variance	%Var	Prior Year
Assets					
Non-current assets					
Property, plant and equipment	22,776	102,082	(79,306)	(77.7%)	25,341
Intangible assets	476	415	61	14.6%	446
Work in Progress	7,137	4,796	2,341	48.8%	4,796
Other investments	605	604	1	0.2%	519
Total non-current assets	30,994	107,897	(76,903)	(71.3%)	31,102
Current assets					
Cash and cash equivalents	10,862	10,480	382	3.6%	11,724
Patient and restricted funds	(10)	54	(64)	(118.5%)	54
Inventories	1,091	1,058	33	3.1%	1,058
Debtors and other receivables	2,668	3,726	(1,058)	(28.4%)	3,725
Assets classified as held for sale	0	0	0	0.0%	0
Total current assets	14,611	15,318	(707)	(4.6%)	16,561
Total assets	45,605	123,215	(77,610)	(63.0%)	47,663
Liabilities					
Non-current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Employee entitlements and benefits	2,784	2,443	(341)	(14.0%)	2,443
Other	72	71	(1)	(1.4%)	71
Total non-current liabilities	2,856	2,514	(342)	(13.6%)	2,514
Current liabilities					
Interest-bearing loans and borrowings	0	0	0	0.0%	0
Creditors and other payables	10,606	8,503	(2,103)	(24.7%)	8,503
Employee entitlements and benefits	11,177	10,736	(441)	(4.1%)	10,939
Total current liabilities	21,783	19,239	(2,544)	(13.2%)	19,442
Total liabilities	24,639	21,753	(2,886)	(13.3%)	21,956
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)	(90,709)	(90,962)	(253)	(0.3%)	(85,968)
Trust funds	0	0	0	0.0%	0
Total equity	20,966	20,713	(253)	(1.2%)	25,707
Total equity and liabilities	45,605	42,466	3,139	7.4%	47,663

APPENDIX 4: WEST COAST DHB STATEMENT OF CASHFLOW

For period ending

31 March 2019

in thousands of New Zealand dollars

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance	%Var	Actual	Budget	Variance	%Var
Cash flows from operating activities								
Cash receipts from Ministry of Health, patients and other revenue	13,778	12,721	1,057	8.3%	117,682	114,083	3,599	3.2%
Cash paid to employees	(5,637)	(5,871)	234	4.0%	(51,180)	(52,475)	1,295	2.5%
Cash paid to suppliers	(1,792)	(1,757)	(35)	(2.0%)	(15,508)	(15,279)	(229)	(1.5%)
Cash paid to external providers	(3,203)	(3,395)	192	5.7%	(28,378)	(30,375)	1,997	6.6%
Cash paid to other District Health Boards	(2,317)	(1,870)	(447)	(23.9%)	(20,260)	(16,838)	(3,422)	(20.3%)
Cash generated from operations	829	(172)	1,001	(581.2%)	2,356	(884)	3,240	(366.4%)
Interest paid	0	(0)	0	100.0%	0	(0)	0	100.0%
Capital charge paid	0	(129)	129	100.0%	(751)	(1,137)	386	34.0%
Net cash flows from operating activities	829	(301)	1,130	(375.1%)	1,605	(2,022)	3,627	(179.4%)
Cash flows from investing activities								
Interest received	19	30	(11)	(36.7%)	245	272	(27)	(9.9%)
(Increase) / Decrease in investments	0	0	0	0.0%	0	0	0	0.0%
Acquisition of property, plant and equipment	(318)	(237)	(81)	(34.3%)	(2,438)	(4,631)	2,192	(47.3%)
Acquisition of intangible assets	0	0	0	0.0%	(191)	0	(191)	
Net cash flows from investing activities	(286)	(207)	(79)	38.3%	(2,384)	(4,359)	1,975	45.3%
Cash flows from financing activities								
Proceeds from equity injections	0	0	0	0.0%	0	2,949	(2,949)	100.0%
Repayment of equity	0	0	0	0.0%	0	0	0	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	0	0	0.0%	0	0	0	0.0%
Payment of finance lease liabilities	0	0	0	0.0%	0	0	0	0.0%
Net cash flows from financing activities	0	0	0	0.0%	0	0	0	0.0%
Net increase in cash and cash equivalents	543	(508)	1,051	(206.9%)	(778)	(3,433)	2,655	(77.3%)
Cash and cash equivalents at beginning of period	10,320	10,989	(669)	(6.1%)	11,724	11,727	(3)	(0.0%)
Cash and cash equivalents at end of period	10,863	10,480	383	3.7%	10,946	8,293	2,653	32.0%

RESOLUTION TO EXCLUDE THE PUBLIC



TO: Chair and Members
West Coast District Health Board

SOURCE: Board Secretary

DATE: 10 May 2019

Report Status – For: Decision ☒ Noting ☐ Information ☐

1. ORIGIN OF THE REPORT

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

2. RECOMMENDATION

That the Board:

- i. resolve that the public be excluded from the following part of the proceedings of this meeting, namely items 1, 2, 3, 4, 5, 6 & 7 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 29 March 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.	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)
5.	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)
6.	Information Services Presentation	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)

7.	Report from Committee	To carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations).	9(2)(j)
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- 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

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

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